



## Attention Physician Specialists: Your Patients Could Benefit from a Free Maternity Care Management Program

Eligible HAP Fully Insured Commercial, HAP Empowered Medicaid, and Henry Ford Health employees are benefitting from the ProgenyHealth® Maternity Care Management program delivered by HAP, especially members with pre-existing conditions that affect pregnancy risk. **The program has experienced high enrollment and engagement rates, as women discover the valuable education and support offered.**

[ProgenyHealth](#) is a nationally recognized maternal and infant care management expert. They conduct health risk assessments; develop care plans; and offer education, support, and referrals to additional services. They also keep you apprised of any concerns that may arise with your patient.

### Enrollment Options

Whether tracking their pregnancy in the included Ovia Health™ app or speaking with one of ProgenyHealth's Nurse Case Managers, the program provides robust support to your patients. It is voluntary, enrollment is easy, and **there is no cost to you or your patients.**

- Members can:
  - Call ProgenyHealth at **(855) 231-4730**  
8:30 a.m. to 5 p.m., Monday – Friday EST
  - Download and enroll in the program through the Ovia Health™ enterprise mobile app via [GooglePlay](#) or [App Store](#).
- Providers can:
  - Make a referral by calling ProgenyHealth at **(855) 231-4730**  
8:30 a.m. to 5 p.m., Monday – Friday EST
  - Submit a referral via secure fax using the attached form

### Resources

Here are helpful resources for providers and members:

HAP fully insured commercial members and Henry Ford Health employees	<a href="https://www.hap.org/health-programs/maternity">https://www.hap.org/health-programs/maternity</a>
HAP Empowered Medicaid members	<a href="https://www.hap.org/pregnancy">https://www.hap.org/pregnancy</a>
Providers	<ul style="list-style-type: none"><li>• Log in at <b>hap.org</b>; select <i>Resources; Caring for Your Patients; Maternity Care Management &amp; Medically Complex Newborn programs</i></li><li>• Visit: <a href="https://info.progenyhealth.com/provider">https://info.progenyhealth.com/provider</a></li></ul>

Thank you for your ongoing partnership. We look forward to supporting you and your patients through this impactful program.

# ProgenyHealth Maternity Services Patient Referral Form

For HAP Empowered Medicaid, HAP Fully Insured Commercial,  
and Henry Ford Health Employees

Referral Date: \_\_\_/\_\_\_/\_\_\_\_\_

## MEMBER INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Last Menstrual Period (LMP): \_\_\_/\_\_\_/\_\_\_\_\_ Estimated Date of Delivery: \_\_\_/\_\_\_/\_\_\_\_\_

Gravida \_\_\_\_\_ Para \_\_\_\_\_

## Insurance information

Health Plan: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_

## PROVIDER INFORMATION

Name: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Main Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

## Provider Specialty:

- OB/GYN       Maternal-fetal Specialist       Midwife/Doula  
 Family Practitioner       Internal Medicine       Other: \_\_\_\_\_

## Reason for referral to ProgenyHealth Maternity Services:

- High-Risk Diagnosis – Specify: \_\_\_\_\_  
 Maternal Mental Health Concerns – Specify: \_\_\_\_\_  
SDoH concerns:  Financial Strain  Housing Concerns  Transportation Barriers  
 Domestic Violence  Other: \_\_\_\_\_

**SECURE FAX TO:**  
**866.469.4868**

**PROGENYHEALTH**  
450 Plymouth Road, Suite 200 • Plymouth Meeting, PA 19462  
Toll-free: 1-855-231-4730 • 8:30AM – 5:00PM Monday – Friday

