PROVIDER MEMO

To: Santa Clara Family Health Plan Providers

From: Laurie Nakahira, Chief Medical Officer

Date: May 5, 2021

Subject: 2021 Medi-Cal Healthy Moms, Healthy Babies Program

Dear providers,

Santa Clara Family Health Plan (SCFHP) is committed to working with healthcare professions to improve timely prenatal and postpartum care. You play an important role in educating your pregnant patients about the care they need.

To encourage timely prenatal and postpartum care, SCFHP offers a **Healthy Moms, Healthy Babies (HMHB)** program that connects members to community resources and provides support. Members can also receive rewards. This year, the following rewards are being offered to members:

1. Car Seat or Sleep Pod (Co-sleeper):
    a. Members can qualify by completing a prenatal visit in their 1st trimester AND attending SCFHP's Virtual Baby Shower.*
2. $40 Gift Card
    a. Members can qualify by completing a postpartum visit within 7-84 days after delivery.

Enroll your patients today!

1. Fill out the attached Enrollment Form.
2. Attach the member's medical records indicating they received prenatal care in the 1st trimester.
3. Fax the form and medical records to SCFHP's Health Education team at **1-408-874-1959**.

SCFHP's Health Education team will follow-up with the member with more information on how to register for the baby shower and how they can qualify for rewards.

If you have any questions, please email healthed@scfhp.com.

Thank you for your continued partnership and the care you provide to our members.

*** Note:** SCFHP will offer the virtual baby shower temporarily due to the COVID-19 pandemic. As such, car seats will not be available at this time. Car seats will not be available until SCFHP resumes the baby shower in-person.

Attachments:

- Medi-Cal Prenatal Program Form

Santa Clara Family Health Plan™

PO Box 18880, San Jose, CA 95158
1.800.260.2055 | TTY 711
www.scfhp.com

MEDI-CAL PRENATAL PROGRAM

Ask your doctor to complete this form and fax it to SCFHP Health Education at **408-874-1959**. Visit https://www.scfhp.com/healthy-moms-babies/ for more information and resources.

MEMBER INFORMATION:		
Your Name:		
Birth Date:	**SCFHP ID #:**	
Street Address:		
City:	**State:**	**Zip Code:**
Phone:		
Email:		

DOCTOR INFORMATION:	
Date of Initial Prenatal Checkup:	**Due Date:**
Doctor's Name:	
Clinic Name:	
Clinic Contact:	
Phone #:	**Fax #:**

Visit	Date of Visit	Doctor's Signature
☐ **Trimester 1**		
☐ **Trimester 2**		
☐ **Trimester 3**		