

PROVIDER MEMO

To: SCFHP Providers – OB/GYNs
From: Dr. Laurie Nakahira, Chief Medical Officer
Date: October 1, 2021
Subject: SCFHP's Healthy Moms, Healthy Babies Program

Dear providers,

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

To encourage members to get 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 incentives. The following incentives are being offered to members this year:

1. Diaper bag with a co-sleeper:
 - a. Members can qualify by completing a prenatal visit in their 1st trimester AND attending SCFHP's Virtual Baby Shower. Virtual Baby Shower is hosted via Zoom every month.
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 on how to register for the baby shower and how they can qualify for the incentives.

If you have any questions, please e-mail healthed@scfhp.com.

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

MEDI-CAL PRENATAL PROGRAM

Ask your doctor to complete this form and fax it to SCFHP Health Education at **408-874-1959**. Visit 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
<input type="checkbox"/> Trimester 1		
<input type="checkbox"/> Trimester 2		
<input type="checkbox"/> Trimester 3		