

Obstetrical Needs Assessment Form Commonly Asked Questions and Answers

Questions	Answers
Do I have to complete this form at each visit?	No. Complete the form at the patient's first visit to your office, update the form at the 28-32 week visit and complete the form for the postpartum visit. If the risk level changes at any other time during her pregnancy, update the form and fax it to the appropriate Health Plan.
What should I do if information that I think is important is not on the form?	Write the information legibly in the "Other Medical Issues" space provided or in the "Comments" section of the form.
How will we know if the patient is high risk?	AmeriHealth Mercy Health Plan: We will notify you by phone Gateway Health Plan: No notification Three Rivers/MedPLUS+: We will notify you by fax UPMC for You: No notification
What should we do if the patient's risk status changes?	Update the form and send it to the appropriate Health Plan.
Will we be notified when you receive the form?	No
How much time do we have to send in the Obstetrical Needs Assessment Form?	Between 2 – 5 business days after the initial prenatal appointment
Should we use up the old forms first?	No. As of May 3, 2004, you should use the new form for new pregnancies. If you already have an old form started on a patient, you may continue to use that form through her postpartum visit.
What do we do if we began with an old form but the reassessment is after May 3, 2004?	If you have already started an old form, you may continue to use that form for updates through the postpartum visit.
Will you accept the old forms after May 3?	Yes, under the circumstances noted above.
Who do we call to reorder the forms?	Any of the 4 MCOs with whom you participate. Please remember that it may take a couple of days for the mail to arrive or for your Provider Representative to be in your area.
When should we reorder the forms?	When your supply is low.
May we copy the form?	Yes

Even if the patient has not yet chosen her insurance coverage, please complete the form and maintain it in her chart until insurance coverage has been finalized.

If you have specific questions, contact your Provider Relations Representative at the appropriate Health Plan.