



## Obstetrical Needs Assessment Form – Instructions for Completion

This form serves as the initial notification of a member's pregnancy to her Health Plan. Prompt submission from your office allows us to enroll the member into our Maternity Management Programs as early as possible.

- **Please fill in the demographics section in its entirety for the first submission.**
- **Please complete the clinical section in its entirety for each submission by checking the trimester in which the risk or medical condition was noted.**
  - **Checked boxes indicate that the condition *was* identified by the provider's office in that trimester.**
  - **Unchecked boxes indicate the risk *was not* identified.**
- **Please fill in the dates of all visits including the post partum visit.**
- **The ONAF form does not need to be filled out by a physician.**
- **The ONAF form can also be used to notify us regarding additional prenatal visits and newly identified risk factors. You do not need to complete the top part of the form each time. Simply add the new office visit(s) or risk factor(s) to the original form and fax it again.**
- **Please FAX the ONAF form to the member's health plan ASAP after initial office visit in order to enable enrollment into our Pregnancy Case / Care Management Programs.**

The clinical information requested on the bottom of the form allows each Plan to risk-stratify our members to make appropriate referrals into our case management / care management programs. Updates to the form have been made based on feedback from many network OB Providers. The ***Current Risks*** and ***Active Maternal Medical Disorders*** sections have been expanded to better identify specific risks that could impact a pregnancy. A ***Community Referrals*** section was added at the request of Providers who want to let us know what they have already done for the member. This will enable our Maternity Case Managers to better reinforce your treatment plans when they contact the member by telephone.

### **FAX Numbers and Phone Numbers for Questions Regarding the ONAF Form**

<b>UnitedHealthcare® Community Plan</b>
<b>FAX: 1-877-353-6913</b>
<b>Healthy First Steps Program 1-800-599-5985</b>