



Missouri Care Delivery and Newborn Birth Notification Form
All required information noted with (*) must be included at time notification is made.
 Fax Form to: (866) 946-2052

Mothers Name* _____ Medicaid ID Number* _____ DOB* _____

Home Address* _____ Mothers Phone* _____

Delivery Outcome Information*

Facility Name*: _____ Delivering Provider* _____

Admission Date * __/__/__ Delivery Date* __/__/__ Time* ____

Delivery type*: NSVD Primary C-Section Repeat C-section

VBAC

Indicate Reason for C-Section: Scheduled Dystocia Breech presentation Fetal Distress

Other (please specify) _____

Admission Level* Post-Partum ICU Telemetry Other

An authorization number for any admission level other than post-partum will not be released until the supporting clinical information on the member's admission and current clinical status is received. Missouri Care requires this clinical documentation within (1) business day of the mom's admission beyond the post-partum unit to determine medical necessity, anticipate discharge planning needs, and

Missouri Care must receive the MO HealthNet Sterilization Consent form within (1) business day of the delivery admission to insure the appropriate informed consent procedures were followed. Authorization for the sterilization procedure will only be approved when the MO HealthNet Sterilization Consent requirements and conditions have been met.

Newborn Birth and Admission Information*

Newborn Name: _____ (if known)

Sex* Male Female Gestational Age* _____ weeks/days Birth Weight* _____ grams

Apgar Scores* 1 minute _____ 5 minute _____ Fetal Demise

Admission Level* Well Newborn Nursery Neonatal Intensive Care

The authorization number for any NICU level admission or transfer admission from the Well Newborn Nursery will not be released until Missouri Care receives the supporting clinical information on the newborn's admission and current status. Missouri Care requires this clinical documentation within (1) business day of the newborn's admission to the NICU to determine medical necessity, anticipate discharge planning needs, and initiate care coordination.

Transfer Facility Name:* _____ Transfer Date* __/__/__

Failure to notify Missouri Care of an inpatient admission within (24) hours of the post-stabilization period may result in a denial for late notification.