



2026 Maternal Health Tool Kit



WHAT IS HEDIS®?

HEDIS® (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) to objectively measure, report, and compare quality across health plans. NCQA develops HEDIS® measures through a committee represented by purchasers, consumers, health plans, healthcare providers, and policy makers.

HOW ARE RATES CALCULATED?

HEDIS® rates are collected in several ways: administrative data and hybrid (medical record review data). Administrative data consists of claim or encounter data submitted to the health plan.

Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but were not reported to the health plan through claims or encounter data.

Accurate and timely claim/encounter data reduces the need for medical record review. If services are not billed or billed inaccurately, they are not included in the calculation.

WHAT ARE THE SCORES USED FOR?

As state and federal governments move toward a quality-driven healthcare industry, HEDIS® rates are becoming more important for both health plans and individual providers. State purchasers of healthcare use aggregated HEDIS® rates to evaluate health insurance companies' efforts to improve preventive health outreach for members.

Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS® score determines your rates for physician incentive programs that pay you an increased premium — for example Pay for Performance or Quality Bonus Funds.

MEDICAL RECORD RETRIEVAL

When administrative data (claim or encounter data submitted to the health plan) is not available, the health plan may use other sources to collect data about their members and about delivery of health services to members. To ease the burden on provider offices and staff, especially during the HEDIS® season, our Quality Improvement team works to capture HEDIS® data through medical record retrieval the entire year.

Methods of Medical Record Collection During HEDIS® Season (February through April)

Our Quality Improvement team works to capture HEDIS® measures throughout the entire year. Medical records are collected by the following:

- **Remote Access:** Provider offices allow electronic medical record (EMR) access to our clinical quality team during HEDIS® season and for required year around Medicare and Marketplace Risk Adjustment Charts.
- **Fax:** Provider offices can fax records to the Quality Improvement Team for review at: 1-844-265-6885.

End-of-Year Supplemental Data Collection for Gap Closure (June through 2nd Week of December) *No guarantee medical records will be reviewed the last two weeks of December.

Providers can submit medical records for end-of-year supplemental data collection by the following:

- **MHS Provider Portal:** Provider offices can upload records directly through the provider portal <http://www.mhsindiana.com/login>.
- **Fax:** Provider offices can fax records to the Quality Improvement department by faxing: 1-866-912-4254.

Other Means of Data Collection to Close Care Gaps

• Supplemental Data System (SuDS)

SuDS is a proprietary application focused on end-to-end SDS process management. Supplemental data allows for discrete events and procedures that occur during patient encounters. Data is captured for gap closure that would not close through claims submission alone. Once the data files are set up and validated, files can be submitted to MHS weekly, bi-weekly, monthly, or quarterly.

• EMR Sharing Platforms (Azara, EPIC Payor Platform, Healow Insights)

These are platforms that help providers and health plans work together more effectively to close patient care gaps. It is automated within the provider's EMR system and allows real-time data exchange securely via electronic connection.

• Web-based Application (Avality)

Avality is a Clinical Quality Validation (CQV) system that providers log on via the internet. It is not within a providers EMR system. Its functionality is primarily the same as other platforms which is to close care gaps.

HOW CAN I IMPROVE MY HEDIS® SCORES?

- ✓ Speak with your patients about the availability of a transportation benefit (if applicable).
- ✓ Ensure that patients are aware of the option for mail-order prescription refills.
- ✓ Submit supplemental data throughout the measurement year.
- ✓ Conduct preventive care visits annually and ensure your patients are up to date with their recommended screenings (i.e., mammograms, colonoscopies, etc.).
- ✓ Assist members with scheduling preventive services while in the office.
- ✓ Have members address their own reminder postcards for future appointments before leaving the office.
- ✓ Submit claim/encounter data for each service rendered.
- ✓ Make sure that chart documentation reflects all services billed.
- ✓ Ensure that all claim/encounter data is submitted in an accurate and timely manner.
- ✓ Include CPT II codes to provide additional details and reduce medical record requests.
- ✓ Respond timely to medical records requests.
- ✓ Speak with members about any barriers to medication adherence.
- ✓ Early Engagement with Pharmacy Adherence is key — once a member loses days on a prescription, those days cannot be recovered.
- ✓ Consider utilizing RxEffect — a free online portal for our network providers that will prioritize medication adherence for high-risk Medicare and Marketplace patients. This will save on resources as it lists your patients at highest risk for non-adherence.

MHS QUALITY PROVIDER INCENTIVE PROGRAMS

PAY-FOR-PERFORMANCE (P4P)

The P4P program's goal is to enhance care quality through Primary Medical Provider driven pay for performance with a focus on preventive and screening services. The program runs from January 1st to December 31st of the measurement year. Monthly performance scorecards and care gap reports will be placed on the MHS Provider Portal via “Provider Analytics.” Based on program performance, providers are eligible to earn compensation in addition to what you are paid through your participating provider agreement.

RISK MANAGEMENT: Continuity of Care (CoC) Program

The CoC program is designed to support provider outreach to members for annual visits and chronic condition management, which will help us better identify members who are eligible for case management. Providers earn bonus payments for proactively coordinating preventive medicine and for thoroughly addressing patients’ current conditions to improve health and clinical quality of care. *Please contact your Provider Engagement Account Manager (PEAM) for details.

PARTNERSHIP FOR QUALITY (P4Q)

This initiative aims to recognize and reward Primary Care Physicians (PCPs) for improving healthcare quality and closing gaps in care for our Medicare population. Providers can earn a bonus by successfully closing care gaps by scheduling and conducting appointments, reviewing medications, performing/ordering preventive services, and strategizing a plan for maintaining your patient’s well-being. Monthly performance scorecards and care gap reports will be placed on the MHS Provider Portal via “Provider Analytics.” Care gap reports will also be provided by your Quality Practice Advisor.

Breast Cancer Screening (BCS-E)

The percentage of women 40–74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.

Allowable Time Frame:

October 1 two years prior to the measurement year through December 31 of the measurement year.

HEDIS TIPS, DOCUMENTATION & SAMPLE CODES

Best Practices:

- Schedule member's mammogram screening.
- Document the date and the specific procedure completed when reviewing the patient's history.
- Submit applicable codes.
- Submit the appropriate ICD-10 diagnosis code for history of bilateral mastectomy (Z90.13).

Documentation:

- Include documentation of mammogram or exclusions.

Exclusion:

Bilateral mastectomy at any time during the member's history.

Sample Codes:

CPT: 77061–77063, 77065–77067

ICD-10 (Bilateral Mastectomy): Z90.13

HCPCS: G9054

Cervical Cancer Screening (CCS-E)

This measure demonstrates the percentage of members 21–64 years of age who were screened for cervical cancer using either of the following:

- Members 21–64 who had cervical cytology within the last 3 years
- Members 30–64 who had cervical high-risk HPV (hrHPV) testing within the last 5 years
- Members 30–64 who had cervical cytology/hrHPV co-testing within the last 5 years

Allowable Time Frame:

- Pap: Measurement year and 2 prior years
- hrHPV: Measurement year and 4 prior years

HEDIS TIPS, DOCUMENTATION & SAMPLE CODES

Best Practices:

- Help members schedule routine cervical cancer screening.
- Document the date and specific procedure completed when reviewing patient history.
- Submit applicable codes.

Documentation:

- Document and code if member had a hysterectomy with no residual cervix or absence of cervix. Documentation should include “total, complete, radical, vaginal or abdominal hysterectomy.”

Exclusions:

- Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix.
- Hospice or palliative care.

Sample Codes:

Cervical Cytology Lab Tests (Ages 20–64)

CPT: 88141–88143, 88147, 88148, 88150, 88152–88153, 88164–88167, 88174, 88175

HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091

HPV Tests (Ages 30–64)

CPT: 87624, 87625

HCPCS: G0476

Chlamydia Screening (CHL)

Measure evaluates the percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.

- Meet with teens and young adults separately from their parents to allow open conversation.
- Inform patients that chlamydia screenings can be performed through a urine test. Offer this as an option for patients.
- Add chlamydia screening as a standard lab for sexually active women 16–24 years old.
- Advise members during wellness visits or when they are seen for birth control to get screened for chlamydia.
- Complete chlamydia screening test annually.
- Place chlamydia swab next to Pap test or pregnancy detection materials.
- Submit applicable codes.

Sample Codes:

CPT: 87110, 87270, 87320, 87490–87492, 87810, 0455U

Prenatal Depression Screening PND-E

Measure evaluates the percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

- **Depression Screening:** The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized treatment.
- **Follow-Up on Positive Screen:** The percentage of deliveries in which members received follow-up care within 30 days of positive depression screen finding.

Measurement Period: January 1- December 31

HEDIS TIPS, DOCUMENTATION & SAMPLE CODES

Best Practices:

- Discuss the treatment plan with the patient and educate about options and possible side effects.
- Address barriers or concerns about treatment options.
- Train staff on the importance of depression screenings and how to recognize the risk factors for depression in pregnancy.
 - o It's important to ask the screening questions exactly as written.
 - o Use understanding and non-judgmental language.
 - o Risk factors can include personal or family history of depression and anxiety, premenstrual dysphoric disorder (PMDD), financial stress, marital stress, inadequate support, complications in pregnancy, birth, or breastfeeding, thyroid imbalance and any form of diabetes.
- Coordinate follow-up care for members with a positive screening.
- Explore non-medical treatments such as counseling and relaxation techniques, if appropriate.
- Ensure all services conducted during the visit are coded appropriately, including depression screenings.

Eligible screening tools:

- Patient Health Questionnaire - PHQ-9, PHQ-9M, PHQ-2
- Beck Depression Inventory - BDI-FS, BDI-III
- Center for Epidemiologic Studies Depression Scale Revised-CESD-R
- Edinburgh Postnatal Depression Scale EPDS
- PROMIS Depression
- My Mood Monitor M-3
- Clinically Useful Depression Outcome Scale CUDOS

Sample Codes:

CPTII: 3725F

ICD-10: O99.340-O99.343, F32, F33

HCPCS: G0444, G8431, G8510

LOINC Codes:

BDI: 89208-3, 89209-1

CESD-R: 89205-9

EPDS: 71354-5

Phq-2: 55758-7

Phq-9: 44261-6

Phq-9m: 89204-2

PROMIS: 71965-8

CUDOS: 90221-3

M3: 71777-7

Postpartum Depression Screening PDS-E

Measure evaluates the percentage of deliveries in which members were screened for clinical depression during the postpartum period and, if screened positive, received follow-up care.

- **Depression Screening:** The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period.
- **Follow-Up on Positive Screen:** The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.

Measurement Period: January 1- December 31

HEDIS TIPS, DOCUMENTATION & SAMPLE CODES

Best Practices:

- Discuss the treatment plan with the patient and educate about options and possible side effects.
- Address barriers or concerns about treatment options.
- Train staff on the importance of depression screenings and how to recognize the risk factors for depression in pregnancy.
 - o It's important to ask the screening questions exactly as written.
 - o Use understanding and non-judgmental language.
 - o Risk factors can include personal or family history of depression and anxiety, premenstrual dysphoric disorder (PMDD), financial stress, marital stress, inadequate support, complications in pregnancy, birth, or breastfeeding, thyroid imbalance and any form of diabetes.
- Coordinate follow-up care for members with a positive screening.
- Explore non-medical treatments such as counseling and relaxation techniques, if appropriate.
- Ensure all services conducted during the visit are coded appropriately, including depression screenings.

Eligible screening tools:

- Patient Health Questionnaire- PHQ-9, PHQ-9M, PHQ-2
- Beck Depression Inventory -BDI-FS, BDI-III
- Center for Epidemiologic Studies Depression Scale Revised-CESD-R
- Edinburgh Postnatal Depression Scale EPDS
- PROMIS Depression
- My Mood Monitor M-3
- Clinically Useful Depression Outcome Scale CUDOS

Sample Codes:**CPT:** 96161**CPTII:** 3725F**ICD-10:** Z13.32,O99.340-O99.343, F32, F33**HCPCS:** G0444, G8431, G8510**LOINC Codes:****BDI:** 89208-3, 89209-1**CESD-R:** 89205-9**EPDS:** 71354-5**Phq-2:** 55758-7**Phq-9:** 44261-6**Phq-9m:** 89204-2**PROMIS:** 71965-8**CUDOS:** 90221-3**M3:** 71777

Prenatal and Postpartum Care (PPC)

Prenatal

Measure evaluates percentage of deliveries of live births on or between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year. For these members, the measure assesses the following facets of prenatal care.

Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization.

HEDIS TIPS, DOCUMENTATION & SAMPLE CODES

Best Practices:

- Schedule an initial prenatal visit within the first 12 weeks of pregnancy with an OB/GYN, PCP, or CNM (certified nurse midwife).
- Educate members on the importance of prenatal care throughout their pregnancy to include the postpartum visit.
- Ensure prenatal flow sheets and/or ACOGs (American College of Obstetricians and Gynecologists) are fully complete, with dates of services and provider initials (if applicable).
- Submit applicable codes.

Documentation of pregnancy:

Documentation in a standardized prenatal flow sheet or Documentation of LMP (last menstrual period), EDD (estimated date of delivery) or gestational age or a positive pregnancy test result or documentation of gravidity and parity or documentation of complete obstetrical history or documentation of prenatal risk assessment and counseling/education

Sample Codes:

Prenatal Care:

Providers must bill for the individual maternity care services for quality tracking and HEDIS guidelines.

Stand Alone Prenatal Visits:

CPT: 99500

CPT-CAT-II: 0500F, 0501F, 0502F (if billing global-not the preferred method)

HCPCS: H1000, H1001, H1002, H1003, H1004

Prenatal Visits with Diagnosis of Pregnancy:

Office Visit (A prenatal visit must be paired with a pregnancy-related diagnosis code)

CPT/CPT II: 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99483

HCPCS: G0463, T1015

Pregnancy Diagnosis Codes (ICD10):

Z03.71-Z03.75, Z03.79, Z32.01, Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36, Z36.0-Z36.5, Z36.81-Z36.89, Z36.8A, Z36.9

Telephone Visits with a Diagnosis of Pregnancy – Telephone Visit:

CPT/CPT II: 98966, 98967, 98968, 98008-98011, 98012-98015

Online Assessment (E-Visit/Virtual Check-in) with a Diagnoses of Pregnancy – Online Assessment:

CPT/CPT II: 98970, 98971, 98972, 99421, 99422, 99423, 99457

HCPCS: G0071, G2010, G2012, G2061, G2062, G2063

Prenatal and Postpartum Care (PPC)

Postpartum

The percentage of deliveries that had a postpartum visit 7 – 84 days after delivery.

HEDIS TIPS, DOCUMENTATION & SAMPLE CODES

Best Practices:

- Educate members on the importance of postpartum care.
- Schedule postpartum visits prior to discharge after delivery.

Exclusions: A delivery that did not result in a live birth.

Sample Codes:

Postpartum Care

Providers must bill for the individual maternity care services for quality tracking and HEDIS guidelines. We require those claims to be submitted for postpartum care.

Postpartum Visits

CPT: 57170, 58300, 59430, 99501

CPT-CAT-II: 0503F (if delivery was coded global, you must bill this additional code when postpartum visit is complete)

HCPCS: G0101

ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2

Telephone Visits

CPT/CPT II: 98966, 98967, 98968, Telephone POS: 02

Online Assessment (E-Visit/Virtual Check-in)

CPT/CPT II: 98970, 98971, 98972, 99421, 99422, 99423, 99457

HCPCS: G0071, G2250

Cervical Cytology

CPT/CPT II: 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175

Prenatal Immunization Status (PRS-E)

Measure evaluates the percentage of deliveries in the measurement period in which members received influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations.

Measurement period: January 1- December 31

HEDIS TIPS, DOCUMENTATION & SAMPLE CODES

Best Practices:

- Ensure that both the name of the vaccine and date of administration are recorded in the members medical records.
- Educate members on the benefits of receiving timely vaccines.
- Assist members in scheduling appointments for care and vaccine administration.

Exclusions:

Deliveries that occurred at less than 37 weeks' gestation. Length of gestation can be identified by one of two methods:

- Gestational age assessment (SNOMED CT code 412726003; value <37 weeks),
or
- Gestational age diagnosis (Weeks of Gestation Less Than 37 Value Set).

Sample Codes:

Adult Influenza Vaccine Procedure

CPT: 90637, 90638, 90653, 90656, 90658, 90661-90662, 90673-90674, 90682, 90686, 90688-90689, 90694, 90756

Tdap Immunization

CVX: 115

Tdap Vaccine Procedure

CPT: 90715

Adult Influenza Immunization

CVX: 88, 135, 140-141, 144, 150, 153, 155, 158, 166, 168, 171, 185-186, 197, 205

RESOURCES

MEMBER & PROVIDER SERVICES

If you would like to speak with a Managed Health Services (MHS) representative call us at 1-877-647-4848 (TTY 1-800-743-3333). We are here to help.

For the 24-Hour Nurse Advice Line, members may call 1-877-647-4848.

All MHS members get unlimited transportation to:

- Doctor Visits
- Dental Visits
- Vision Visits
- Pharmacy after provider visits
- Behavioral Health appointments

Members can reach MHS' transportation vendor through MHS Member Services at 1-877-647-4848 (TTY: 1-800-743-3333). The member will follow the prompts and choose "Transportation" which will route them to WellTrans directly. You can speak to a live transportation representative between 8 a.m. - 8 p.m. EST Monday through Friday. Transportation is scheduled through a message system after hours and on weekends. All messages are returned within one day.

Call to schedule your ride two (2) business days before your scheduled doctor's visit. If your doctor's visit is on Monday, you must call for a ride no later than the Tuesday before. Weekend days and holidays do not count.

MY HEALTH PAYS® REWARDS

All MHS members receive a rewards card. Members can earn My Health Pays® rewards when they complete healthy activities like a yearly wellness exam, annual screenings, tests and other ways to protect their health,

My Health Pays® rewards can be used to help pay for:

- Utilities
- Transportation
- Telecommunications
- Childcare services
- Education
- Rent
- POWER Account Contributions

Or they can be used to shop at Walmart for everyday items such as clothing, shoes, groceries, and this card may not be used to purchase alcohol, tobacco, or firearms products. <https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/My-Health-Pays-Flyer-508.pdf>

INDIANA PREGNANCY PROMISE PROGRAM (IPPP)

State led program working closely with members who are experiencing opioid misuse or have a history of opioid misuse throughout pregnancy and 1 year post delivery.

Program Goals:

- Support pregnant members to achieve sustained recovery through maternal and infant engagement.
- Reduce negative consequences of opioid use disorder (OUD) in pregnancy for the member and their infants.
- Reduction of neonatal abstinence syndrome/neonatal opioid withdrawal symptoms.

NOTIFICATION OF PREGNANCY

The Notification of Pregnancy (NOP) form identifies pregnant members, collects risk information, and automatically enrolls members into the Start Smart for Baby program.

Although we identify some pregnancies through claims data, there are 3 main things the NOP form provides that claims cannot.

- Due Date- this helps us prioritize interventions to the appropriate stage of pregnancy.
- Medical and Social Risk factors not coded on claims.
- Updated contact information.

1. Complete a Notification of Pregnancy (NOP) form for your pregnant patients.

The NOP is comprised of four simple questions about member demographics, high-risk pregnancy indicators, and basic pregnancy information,

2. Submit the NOP form via Provider Healthcare Portal.

<https://www.mhsindiana.com/providers/login.html>

NOP must be submitted within five calendar days of the date of service and at less than 30 weeks' gestation. It must not be a duplicate submission for same member and pregnancy.

3. Earn \$60 per completed NOP.

Providers must bill MHS for NOP incentive payment using CPT code 99354 with modifier TH. The date of service on NOP claim should be the date of the office visit on which the information on the NOP is based.

START SMART FOR YOUR BABY (SSF)

Start Smart for Your Baby is an evidenced-based maternity program to improve pregnancy and birth outcomes. Start Smart for Your Baby program promotes education and communication between pregnant members and our case managers to ensure a healthy pregnancy and healthy babies through their first year of life.

- Members receive educational packets throughout their pregnancy and postpartum period.
- Members are auto enrolled upon completion of a notification pregnancy,
- Members can opt into text message and email program,

SPECIAL DELIVERIES

Telephonic complex obstetric (OB) care management program that aims to achieve optimal health in pregnant members and reduce rates of adverse maternal and neonatal outcomes,

Eligibility:

- All identified MHS members with a completed Notification of Pregnancy (NOP-member/provider)
- Members identified as high-risk through claims reports
- Self-referrals

Focused Quality Measures: 5

- PPC – Timeliness of prenatal and postpartum appointments
- PND-E – Prenatal Depression Screening and Follow-Up
- PRS-E – Prenatal Immunization Status

DOULA AND ME PROGRAM

Provides culturally appropriate support, advocacy, education and resources throughout pregnancy, birth and one year postpartum.

Program details:

- Doula and Me Team comprised of Maternal Community Health Workers and Doulas.
- Engage high-risk pregnant members in the highest-risk counties for maternal mortality.
- The program currently serves the following:
 - o Allen County
 - o Crawford County
 - o Elkhart County
 - o Fayette County
 - o Grant County
 - o Jay County
 - o Lake County
 - o Madison County
 - o Marion County
 - o Parke County
 - o St. Joseph County
 - o Switzerland County
 - o Vanderburgh County
 - o Wayne County
- Encourage members to engage in preventative maternal outpatient healthcare for any condition that does not require emergency inpatient care.

<https://www.mhsindiana.com/pdfs/doula-and-me.html>

POST-DELIVERY

Postpartum outreach delivered members to provide postnatal support.

Postpartum follow-up includes:

- Education to abnormal postpartum symptoms
- Postpartum self-care
- Medication reconciliation
- Family management Planning
- Maternal and newborn appointments scheduled and attended
- Social Drivers of Health
- Depression screening

Focused Quality Measures:

- PPC- Timeliness of Postpartum Appointments
- PDS-E – Postpartum Depression Screening and Follow-up

FIRST YEAR OF LIFE PROGRAM

This program focuses on prevention and wellness for mother and baby. It is designed to help guide parents/caregivers through the developmental milestones to keep their babies healthy and thriving.

Program details:

- Healthy members 0-15 months of age.
- Educate to expected milestones, wellness visits, safety, and immunization.
- Aim to reduce maternal and infant mortality.
- Educate to importance of medical home.
- Reduce improper utilization of emergency room.

Focused Quality Measures:

- W30 – Well-Child Visits in the First 30 Months of Life
- PDS-E – Postpartum Depression Screening and Follow-up
- LSC-E – Lead Screening in Children

https://www.mhsindiana.com/content/dam/centene/mhsindiana/medicaid/pdfs/FYOL_flyer_508.pdf

MHS BABY SHOWER

This special event is designed to support and educate our members on prenatal and postpartum care, baby health and wellness. Members can join us for a fun and informative experience that will help prepare them for their journey as parents.

Event overview:

MHS Baby Showers are two to three-hour events hosted at provider offices or local community centers. These events aim to educate members on the importance of prenatal and postpartum care as well as necessary immunizations.

Here's what members can expect:

- **Educational Sessions:** Learn about MHS programs, including OB and Behavioral Health Case Management, and how they support members during pregnancy and beyond.
- **Guest Speakers:** Hear from community organizations that offer services to pregnant women and new moms. They will share valuable resources available to help members.
- **Games and Prizes:** Enjoy interactive games and the chance to win amazing prizes, including baby health and safety kits.
- **Food and Drinks:** Light refreshments will be provided for members to enjoy while networking and learning.
- **Health & Safety Tips:** Receive expert advice on baby care, safety, and wellness to ensure the well-being of both members and baby.
- **Gift Bags:** Every member who attends will receive a gift bag filled with helpful goodies, including a pack of diapers.

ADDITIONAL RESOURCES

- **Moms Helpline** [Health: MOMS Helpline: Moms Helpline](#)
- **Nurse Family Partnership** [Health: MCH: Nurse Family Partnership \(NFP\)](#)
- **MHS Community Connect** [MHS Indiana Community Connect by find help - Search and Connect to Social Care](#)

