

Date

Dear (MPW Case):

You told us that you want to have your baby at home. We want to be sure that you have all the facts you need. In the box below are some points that we want to make sure you know about. Please read them and sign so we know that you have this.

- I got facts from my MC+ Managed Care health plan about safely giving birth and healthy babies.
 - I got facts from my MC+ Managed Care health plan about other places to have my baby.
 - I know that my MC+ Managed Care health plan will not cover home births.
 - I know that I will be disenrolled from my MC+ Managed Care health plan if I want to have a home delivery.
 - I know that I must find an approved provider, if I want Medicaid/MC+ to pay for a home birth.
 - I know I will not be enrolled in a MC+ Managed Care health plan after giving birth unless I am eligible for other MC+ benefits.
 - I know I need to contact my Family Support Division caseworker after giving birth, so my baby can get enrolled in MC+.
-
- I need a list of approved providers.
 - I still want to have a home birth.
 - I have changed my mind.

Signature _____

Date _____

Please return this in the envelope provided. You do not need a stamp. We will let you know if you will be disenrolled from your MC+ Managed Care health plan and when that will happen. If you have any questions, please call Betty Council at 800-392-2161 or 573-751-6683.

Date

Dear (Non MPW Case):

You told us that you want to have your baby at home. We want to be sure that you got all the facts you need. In the box below are some points that we want to make sure you know about. Please read them and sign so we know that you have this.

- I got facts from my MC+ Managed Care health plan about safely giving birth and healthy babies.
 - I got facts from my MC+ Managed Care health plan about other places to have my baby.
 - I know that my MC+ Managed Care health plan will not cover home births.
 - I know that I will be disenrolled from my MC+ Managed Care health plan if I want to have a home delivery.
 - I know that I must find an approved provider, if I want Medicaid/MC+ to pay for a home birth.
 - I know I will not be enrolled in a MC+ Managed Care health plan after giving birth unless I am eligible for other MC+ benefits.
 - I know I need to contact my Family Support Division caseworker after giving birth, so my baby can get enrolled in MC+.
-
- I need a list of approved providers.
 - I still want to have a home birth.
 - I have changed my mind.

Signature _____

Date _____

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