



**BRIGHT**START

*... a program for Pregnant Members*

# Provider Training Guide

## April 2022



Delivering the Next  
**Generation**  
of Health Care

# Training Objectives

- Present comprehensive overview of the *Bright Start Care Coordination* program services & support
- Increase provider & ACDE collaborative efforts focused on healthy pregnancy, delivery & newborn
- Explain OB Notification forms & the importance of completion & submission
- Review *Bright Start-related* incentive options for both members & providers



# Bright Start Program\* ~ Overview

- Dedicated team of case managers & resource coordinators
- Early identification of pregnant members
- Promote healthy behaviors
- Facilitate access to needed services & resources
- Provide education & associated reference tools on various applicable various issues; i.e., pregnancy, delivery, post partum, contraception, well child visits, immunizations, etc.
- Reduce/prevent risk factors during pregnancy
- Increase delivery of healthy, full-term infants



*\*Member participation is voluntary*

# Bright Start Program ~ Key Elements



- 1) Early identification & engagement of pregnant members
- 2) Partner with maternal child focused community-based organizations
- 3) Improve maternal child health outcomes
- 4) Increase support to network providers
- 5) Reduce health disparities

# 1) Early Identification & Engagement

- **Comprehensive claims data integration**
  - Pharmacy data
  - Medical claims information
  - Provider assessment submissions
- **Provider referral**
  - Complete & submit OB Authorization & Assessment
  - Reimbursement for completing & submitting OB Auth & Assessment form
- **24/7 Nurse call line referral**
  - Member calls to 24/7 Nurse Call Line
- **Self-referral promotion**
  - Welcome card, magnet, newsletter & toll-free number
- **Early engagement**
  - Member seamless access to early & quality prenatal care



## 2) Partnerships with Maternal Child Organizations

- Partner with cultural & geographic relevant organizations
- Connect pregnant members to necessary social services
- Secure resources to positively impact birth & infant health
- Decrease social vulnerability & social determinants of health (SDoH) gaps
- Monitor effectiveness of community-based organization performance in conjunction with other interventions



## 3) Improve Maternal Child Health Outcomes

- Enhance education & connections to resources that support Member's development of healthy behaviors
- Collaborate with obstetrical providers to improve & support programs focused on prenatal & postpartum care, risk assessment & promotion of healthy behaviors
- Verify Member adherence to prenatal, postpartum & well-child appointment schedule
- Support providers in managing SDoH & identification of applicable community resources
- Monitor maternal child health outcomes
- Analyze emerging trends & modify interventions accordingly



## 4) Increase Support to Network Providers

- Strengthen relationships with providers to improve maternal healthcare
- Offer comprehensive suite of tools, education & support
- Supply resources to assist members with provider appointment scheduling & transportation needs
- Expand clinical & quality services & tools
- Establish new provider partnerships as deemed necessary & valuable



## 5) Reduce Health Disparities



- Programs focused on reducing risks related to race, ethnicity & linguist
- Train on culturally appropriate communications, translation & biases within healthcare
- Analyze current healthcare disparities & develop innovative solutions to remove barriers

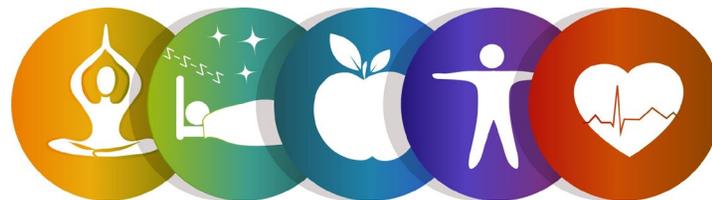
# Interventions to Improve Outcomes

- **Member outreach**
  - Low-Risk members
    - Telephonic outreach
    - Resource Coordinator contact each trimester & postpartum
    - Relevant educational information mailed to member
  - High-Risk members
    - Telephonic outreach
    - Specific team of Clinical Care Coordinators
    - Management of high risk needs, i.e. medical, behavioral, substance use, social gaps & insecurities
    - Assessment, care plan and ongoing support target specific high risk need(s)
    - Coordinate care between OB, PCP and other medical and/or behavioral health specialists

# Interventions to Improve Outcomes *(cont)*

- **Health Education**

- Information, counseling & educational materials on various pregnancy-related topics
  - Healthy habits during pregnancy
  - Pregnancy warning signs
  - Managing behavioral & other health concerns
  - Importance of prenatal, post partum & well child visit schedules
  - Signs of depression & anxiety in pregnancy or post partum
  - Smoking & alcohol cessation
  - Substance use co-morbidities in pregnancy



# Neonatal Care Coordination Program

- Complimentary program
- Infants with hospital stays in NICU
- Assist with discharge planning
- Coordinate pediatric services for baby
- Address barriers to care
- Ensure screenings & early intervention programs are engaged
- Collaborate with parent/guardian, Utilization Management nurse & hospital Care Manager during newborn's inpatient stay & post-discharge
- Identification of pregnant members with prior known opioid use
  - Education on Neonatal Abstinence Syndrome (NAS)



# Additional Services & Support



- **Keys to Your Care (KTYC)**

- One-direction texting campaign
- Educational information specific to member's current gestational age in pregnancy & post partum



- **Two Way Texting**

- Bi-directional texting between Member & clinical staff
- Removes barriers to time constraints

- **Optum OB Homecare**

- Preterm Birth Prevention
- Nausea & Vomiting Program
- Hypertension/Pre-eclampsia
- Diabetes in Pregnancy



# Additional Services & Support *(cont)*

- **Mom's Meals (*Food as Medicine*)**
  - Food & meals delivered to Member homes based on diagnosis & recent newborn delivery
- **Community Based Partnerships**
  - Help meet the diverse needs of Members
  - Develop new partnerships as needed
- **Network Development**
  - Create provider tools & education according to clinical practice guidelines
  - Share member data via provider portal & similar technologies
  - Notice of Pregnancy (NOP) & Obstetrical Notification Assessment Forms critical to identifying risk(s)

- **Clinical Practice Guidelines & Pathways**
  - Use of American College of OB/GYN (ACOG) nationally accepted standards of care, key treatment elements & evidence-based tools
  - Incorporated into
    - Member education materials
    - Prenatal & post partum care periodicity schedules,
    - Clinical management & outreach protocols
    - Aids for network providers



# Program Components *(cont)*

- **Data Methodology & Integration**

- ACDE information technology platforms & clinical management systems
- Identify member enrollment in other clinical care programs
- Data available includes:

- 24 hr Nurse Call Line calls & referrals

- UM data

- Authorizations
- Admissions
- Emergency Room visits
- Medical, behavioral health & pharmacy claims
- Lab results
- Health Risk Assessment
- SDoH
- Electronic Health Record information



- **Health Equity in Maternal & Child Health Outcomes**
  - Reduce health disparities
  - Create foundation for multicultural population stratification
  - Promote holistic patient centered care
  - Reduce/prevent maternal-related mortality
  - Community engagements based on population demographics
    - Race
    - Ethnicity
    - Social identity
    - Language preferences



# Support for Providers

- Robust data sharing
- Comparative cost & quality reporting
- Practice transformation support
- Access to evidenced-based guidelines
- Value-based contract arrangements
- Information & education
  - Provider Manual
  - Access to member care plans via NaviNet
  - Updates in Provider Newsletters & Bulletins
  - Account Executives outreach & visits
  - Webinars & other educational sessions



# Member Outreach & Interventions

- Care coordination services via telephone & face-to-face
- Face-to-face visits conducted “where they are”
- Telephonic outreach conducted immediately upon notification of pregnancy
- Complete health risk assessment (HRA) & maternity low risk survey or maternity assessment during initial call
- Assist with scheduling first prenatal appointment (as applicable)
- High-risk members are referred to Clinical Care Coordinator for monitoring & clinical interventions
- Consistent communication with member throughout pregnancy & post partum periods
- Ongoing education & outreach conducted via various channels
  - Text message
  - Direct mail
  - Email
  - Live telephone calls



# Member Education Materials & Topics

- What to expect during pregnancy?
- Standards for prenatal care
- Importance of prenatal care appointments
- Identifying medical & behavioral health co-morbidities that affect pregnancy
- Signs of depression during pregnancy & after delivery
- Other pertinent pregnancy & infant topics:
  - Breastfeeding benefits
  - Contraception & child spacing
  - Infant care & safety



# Obstetrical Needs Assessment Form (ONAF) Provider Incentive Program



## Obstetrical Needs Assessment Form (ONAF) Incentive Program

### Overview

1. The requested clinical information helps AmeriHealth Caritas Delaware identify members who have increased risk early in pregnancy and during pregnancy.
2. Bright Start® is the Care Coordination program offered by AmeriHealth Caritas Delaware in partnership with providers to help mothers maintain a healthy pregnancy.

### Completing and submitting the ONAF

#### 1. Review the ONAF.

This form can serve as the initial notification of a member's pregnancy to the AmeriHealth Caritas Delaware Bright Start program. 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, medical, or mental health condition was noted.
- Checked boxes indicate that the condition was identified in that trimester.
- Unchecked boxes indicate that the risk was not identified.
- **Please check "No" when appropriate** to indicate that each section was reviewed. Additional information can be written in the Comments section.
- Please fill in the dates of all visits, including the postpartum visit.
- The ONAF does not need to be completed by the provider; it can be completed by any designated staff within the practice.
- The ONAF can also be used any time throughout the pregnancy to notify AmeriHealth Caritas Delaware of 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.
- If the pregnant member develops new risks, please resubmit an updated form or call the Bright Start maternity program at **1-833-669-7672**.

#### 2. Educate on the submission of the ONAF and discuss the time frame and appropriate billing codes (see below).

#### Maternity

- Bill an appropriate office visit code with a pregnancy diagnosis in addition to T1001-U9.
- \$100 for the ONAF — T1001-U9.
  - If received within seven calendar days of the prenatal visit.
  - ONAFs not meeting the seven-calendar-day submission requirement will not be reimbursed for T1001-U9.
  - Paid only once during a pregnancy.
- **The last menstrual period (LMP) is a required field to be submitted on all claim types.**
- The completed ONAF must be faxed to Bright Start at **1-855-558-0488** within seven calendar days of the date of the prenatal visit as indicated on the form.
- The provider is eligible for the prenatal outreach bonus (99429):
  - \$50 for the outreach bonus — 99429.
  - Eligible if received within seven calendar days of the prenatal visit for a visit that was within the first trimester and billed in conjunction with a pregnancy diagnosis and an appropriate office visit code.
  - Paid only once during a pregnancy.

#### Postpartum: Render the postpartum visit within seven to 84 days after delivery.

- Fax the ONAF again to the Bright Start department **1-855-558-0488** with all postpartum information and any additional visit dates as needed.
  - \$50 for the postpartum visit — 99429.
  - Procedure code 99429, the appropriate postpartum diagnosis codes, and the appropriate postpartum visit code (59430) must be reported and billed together on the same claim form within 7 – 84 days after the delivery date to receive payment.
  - Appropriate postpartum diagnosis codes and the appropriate postpartum visit code (59430) within 7 – 84 days after the delivery and form submitted to Bright Start maternity program at **1-855-558-0488**.
  - Paid only once during a pregnancy.

## Obstetrical Needs Assessment Form (ONAF) Incentive Program



### AmeriHealth Caritas Delaware contacts

Provider Account Executives (PAEs)	Bright Start Care Coordination
<b>Latasha Smith</b> New Castle County Physician Groups <a href="mailto:lsmith@amerihealthcaritasde.com">lsmith@amerihealthcaritasde.com</a>	<b>1-833-669-7672</b>
<b>Kristina Peden</b> Kent and Sussex County Physician Groups <a href="mailto:kpeden@amerihealthcaritasde.com">kpeden@amerihealthcaritasde.com</a>	
<b>Stephanie Miller</b> Director, Provider Network Management <a href="mailto:smiller@amerihealthcaritasde.com">smiller@amerihealthcaritasde.com</a>	

ACDE-211435900

[www.amerihealthcaritasde.com](http://www.amerihealthcaritasde.com)



# ONAF Form



## Obstetrical Needs Assessment Form (ONAF)

Phone: 1-833-669-7672  
Fax: 1-855-558-0488

### FAX INFORMATION

Date initially faxed:	28 – 32 week fax date:	Postpartum fax date:
-----------------------	------------------------	----------------------

### PROVIDER INFORMATION

Provider name:	Provider number:
Practice phone number:	Practice fax number:

### MEMBER INFORMATION

Member name (first, middle initial, last):		
Date of birth:	Member ID number or Medical Assistance recipient number:	
Home phone number:		Alternate phone number:
Hospital for delivery:		
Gestational age first visit:	Date of first prenatal visit:	
Estimated date of confinement (EDC):	Date of last Pap test:	
Date last chlamydia screen:	Gravida:	Para:
Depression screen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Live births:	TAB:
17-P candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Women, Infants, and Children (WIC): <input type="checkbox"/> Yes <input type="checkbox"/> No	Dental visit past six months? <input type="checkbox"/> Yes <input type="checkbox"/> No

### PAST OB COMPLICATIONS

<input type="checkbox"/> No past OB complications	<input type="checkbox"/> Postpartum depression	<input type="checkbox"/> Preterm delivery 32 – 36 weeks
<input type="checkbox"/> Gestational diabetes	<input type="checkbox"/> Pre-eclampsia or eclampsia	<input type="checkbox"/> Preterm labor < 32 weeks
<input type="checkbox"/> Incompetent cervix	<input type="checkbox"/> Premature rupture of membranes (ROM)	<input type="checkbox"/> Previous cesarean section
<input type="checkbox"/> Intrauterine growth restriction	<input type="checkbox"/> Preterm delivery < 32 weeks	<input type="checkbox"/> Recurrent second trimester loss

### PRENATAL VISIT DATES


SOCIAL, ECONOMIC, AND LIFESTYLE RISKS	TRIMESTER		
	First	Second	Third
No social, economic, or lifestyle concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently using tobacco, with cessation services offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating disorder (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English is not primary language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioid therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use: alcohol, street, or Rx drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen pregnancy, with head of household aware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other social issues (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT RISKS	TRIMESTER		
	First	Second	Third
No current risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second or third trimester bleeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal placenta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gestational diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple gestations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missed prenatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perinatal depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Periodontal disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor weight gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-eclampsia or eclampsia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premature ROM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preterm dilation of cervix (> 1.5 cm) or preterm labor (< 32 weeks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous delivery within one year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Obstetrical Needs Assessment Form (ONAF)



ACTIVE MEDICAL OR MENTAL HEALTH CONDITIONS	TRIMESTER		
	First	Second	Third
No active medical or mental health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anemia HbA1C < 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bipolar disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac disease (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clotting disorder (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes, pregestational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renal disease (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizure disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sickle cell disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STD (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid disease (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other medical issues:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DELIVERY INFORMATION
Delivery date:
At _____ weeks of gestation
Elective delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean section
Vertex: <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth weight:
Viable: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Neonatal intensive care unit (NICU) admission
Antenatal steroids: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Postpartum visit (Should be between seven and 84 days after delivery)</b>
Date of postpartum visit:
Feeding method: <input type="checkbox"/> Breast <input type="checkbox"/> Bottle <input type="checkbox"/> Both
Postpartum depression present: <input type="checkbox"/>
Postpartum contraception discussed: <input type="checkbox"/>
Quit tobacco during pregnancy: <input type="checkbox"/>
Remains tobacco free: <input type="checkbox"/>
Comments:
Community referrals made:

### ONAF instructions for completion

This form serves as the initial notification of a member's pregnancy to the AmeriHealth Caritas Delaware Bright Start program. Prompt submission from your office allows us to enroll the member into our Bright Start maternity program 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 or mental health 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 postpartum visit.
- The ONAF does not need to be filled out by a physician.
- The ONAF 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 to the Bright Start program as soon as possible after the initial office visit to enable enrollment into our maternity care management program.

The requested clinical information helps AmeriHealth Caritas Delaware risk-stratify our members to make appropriate referrals into our care coordination program.

Phone: 1-833-669-7672  
Fax: 1-855-558-0488

[www.amerhealthcaritasde.com](http://www.amerhealthcaritasde.com)



# Obstetrical Delivery Notification Form



## Obstetrical Delivery Notification Form

Please complete this form and fax it to **1-866-497-1384**.

**Please print — accuracy is important.**

Provider information			
Referring provider name:			
Contact name:			
Contact phone number:		Contact fax number:	
NPI:	Provider Medicaid ID:	<input type="checkbox"/> Par <input type="checkbox"/> Non-par	

Treating provider or facility name:			
Contact name:			
Contact phone number:		Contact fax number:	
NPI:	Provider Medicaid ID:	<input type="checkbox"/> Par <input type="checkbox"/> Non-par	

Member information			
Medicaid ID number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Member last name:		Member first name:	
Member address:			
Date of birth:	ICD-10 codes:	Member phone number:	

Type of request: <input type="checkbox"/> Obstetrical delivery
Appearance, pulse, grimace, activity, and respiration (APGAR):
Weight:

HCPCS and CPT codes				
HCPCS/CPT	Code description	Units	Dates of service	
			From (mm/dd/yyyy)	Through (mm/dd/yyyy)

**Other clinical information**  
If this is an out-of-network request, please provide an explanation and complete the nonparticipating provider form.

**Important payment notice**  
Please note that reimbursement to any rendering provider is determined by satisfying the mandatory requirement to have a valid Delaware Medical Assistance (MA) provider ID. However, effective January 1, 2018, any claim submitted by a rendering provider will be denied if it is submitted without the ordering/prescribing/referring provider's Delaware MA enrolled NPI, or if the NPI does not match that of a Delaware MA enrolled provider.

To check the Delaware MA enrollment status of the provider who is ordering, referring, or prescribing the service you are providing, visit the Delaware Department of Health and Social Services (DHS) provider look-up portal at: <https://medicaid.dhss.delaware.gov/provider>.

### Obstetrical Delivery Notification Form



**Notes**

# Breast Pumps



## Breast Pump Authorization Form

Date: \_\_\_\_\_ Fax this completed form to **1-855-558-0488**.

### Member information

Mother's name:	
Mother's birth date:	Member ID:
Baby's estimated due date:	Baby's birth date:
Gestational age:	Weight (grams or lb. oz.):
Mother's phone number:	
Alternate phone number and contact name if not the mother:	
Member's email address:	
Mother's address:	
Deliver pump to this address:	

### Provider information

Ordering provider's name:
Ordering provider's NPI:
Ordering provider's signature:
Ordering provider's phone number:

## Breast Pump Authorization Form

### Select pump type

<input type="checkbox"/> <b>Manual</b> Specific brand/product requested: _____	This is the basic equipment for a breast-feeding mom to maintain adequate breast milk. It can meet the needs of a mom separated from her baby for short and irregular intervals.
<input type="checkbox"/> <b>Basic double-sided, single-phase electric pump</b> Specific brand/product requested: _____	This equipment is designed to meet the breast-feeding needs of a mom whose baby is detained in the hospital for two to four weeks: <ul style="list-style-type: none"> <li>• Who is separated from her baby regularly due to work or school.</li> <li>• With a clinically significant breast engorgement.</li> <li>• Whose baby may be briefly and temporarily detained in the hospital with:                         <ul style="list-style-type: none"> <li>– Jaundice (neonatal or physiologic).</li> <li>– Receiving antibiotics.</li> </ul> </li> <li>• With a breast abscess.</li> <li>• With mastitis.</li> <li>• With retracted or inverted nipples.</li> <li>• Whose nipples are cracked or have fissures.</li> </ul>
<input type="checkbox"/> <b>Neonatal intensive care unit (NICU)-level double-sided/double-phase electric pump</b> Specific brand/product requested: _____	This equipment is designed to meet the breast-feeding needs of a mom whose baby is expected to be in the hospital for more than four weeks: <ul style="list-style-type: none"> <li>• Who has cardiac anomalies or whose baby has cardiac anomalies.</li> <li>• Who gave birth prematurely at 32 weeks or less.</li> <li>• Who has a multiple birth.</li> <li>• Who has a chronic or serious neonatal anomaly or condition.</li> <li>• Whose baby is detained in the NICU.</li> </ul>
<input type="checkbox"/> <b>Preferred vendor for breast pump</b>	

If you have questions about whether a patient qualifies for a breast pump, please call the Bright Start program at **1-833-669-7672**.

# Questions?



