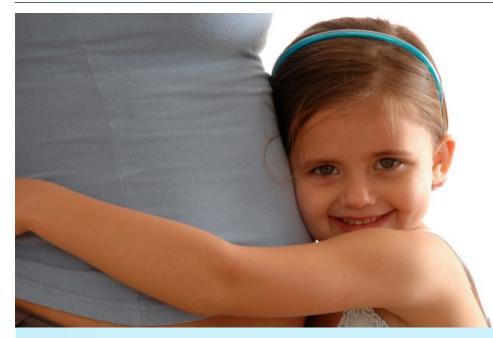
IHCP bulletin

INDIANA HEALTH COVERAGE PROGRAMS

BT201425 MAY 22, 2014



Notification of Pregnancy Form and process revised

Effective June 25, 2014, the Indiana Health Coverage Programs (IHCP) will revise the *Notification of Pregnancy Form* (NOP) and process. The changes are ultimately intended to improve birth outcomes in the state of Indiana.

The NOP is being modified to serve as a simplified means of communication between a member's provider and managed care entity (MCE) when a pregnancy is identified. The provider will no longer be required to complete an extensive risk assessment on the NOP; however, the provider will be required to communicate the pregnancy to the member's MCE – Anthem, Managed Health Services (MHS), or MDwise. The MCE will subsequently conduct a risk-level assessment.

The revised process requires the provider to complete the NOP by including current and accurate member demographics, any high-risk pregnancy indicators identified during the office visit, and basic pregnancy information. The MCE receiving the NOP is responsible for contacting the member to complete a comprehensive pregnancy health risk assessment within 21 days. Based on a stratified risk-level assessment (high/low), the MCE will develop a care management plan for those women at high risk. The care plan will outline the outreach and support strategies that will be needed for the duration of the pregnancy to ensure the best birth outcomes for mother and baby.

A copy of the revised NOP as well as information explaining the revised process and detailed instructions for completing NOP information on Web interChange are provided in this bulletin for your reference.

Reimbursement for the NOP risk assessment

The NOP is used by all IHCP MCEs. Prenatal care providers that electronically complete and submit the NOP in adherence with IHCP guidelines and using Web interChange may be eligible for a \$60 incentive payment.

To be eligible for the incentive payment:

- The pregnant woman must be enrolled with an MCE.
- The woman's pregnancy must be less than 30 weeks gestation at the time of the office visit on which the NOP is based.
- The NOP must be submitted via Web interChange no more than five calendar days from the date of the office visit on which the NOP is based.

Providers must bill the MCE for the NOP incentive payment using Current Procedural Terminology (CPT^{®1}) code 99354 with modifier TH. The date of service (DOS) on the NOP claim should be the date of the office visit on which the information on the NOP is based.

Only one NOP per member, per pregnancy, is eligible for reimbursement. NOPs for presumptively eligible pregnant women enrolled with an MCE may be submitted and are eligible for reimbursement. Uninsured pregnant women, including those with pending IHCP applications, should be referred to qualified providers so that presumptive eligibility can be established. To find a qualified provider, uninsured pregnant women should be directed to the Hoosier Healthwise Enrollment Broker at 1-800-889-9949 or to the *Provider Search* page at indianamedicaid.com.

If you have questions regarding the completion of the NOP, please contact your IHCP Provider Relations field consultant.

NOP process and instructions

The simplified NOP requires information about the provider that is completing the form as well as specific information about the member, including:

- Member name, address, telephone number, and email address, if applicable
- Hoosier Healthwise health plan
- Date of service
- Dates of last menstrual cycle
- Number of weeks pregnant
- Current tobacco use and other risk indicators

The MCE will use this information to identify and address risk factors and to develop a care management plan.

To access and complete the NOP via Web interChange:

1. Log on to Web interChange.

2. Select Eligibility Inquiry; the Eligibility Inquiry screen displays (Figure 1).

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Figure 1 – Eligibility Inquiry screen					
Eligibility Inquiry					
interChange Home	Cuery Information				
Indiana Medicaid	Search For: NPI O Legacy Provider ID				
1915(i) Inquiry	NPI Taxonomy Code Postal Code -				
Administration Menu					
Birth Expenditures	Search Criteria By Member ID				
Check/RA Inquiry	Member ID				
Claim Inquiry	From Date 04/14/2014				
Claim Submission	Search Reset				
CS Notif Inquiry	Search Reser				
Eligibility Inquiry	- Eligibility Information				
File Exchange	Member is Eligible from 04/14/2014 to 04/14/2014 for PACKAGE A STANDARD PLAN				
HH Open Enrollment	Inquiry completed at 4:49:54 PM on 4/14/2014				
MRO Inquiry					
NOP Inquiry	Member Name Member ID				
PA Inquiry	Address INDIANAPOLIS, IN				
PA Submission	Date of Birth				

- 3. Click the radio button to search for NPI or Legacy Provider number and enter the selected number.
- 4. Enter the search criteria for the member (member number, Social Security number, name and date of birth, or Medicare number).
- 5. Click Search.
- 6. Select Enter NOP.
- 7. The NOP Begin screen displays (Figure 2).



Legacy Provider ID NPI Service Location Name		
Begin	Begin	
Seneral Information Internal Obstetrical History revious Infant/Findings Disgnosis of Pregnancy Risk Infarmal Medical History Jurrent Medications Psycho-Neurological History Substance Abuse Use History Jobacon Fistory Social Risk Factors Elefernais Review and Submit Print Submitted NOP	To complete Notification of Pregnancy (NOP) information for a recipient, get started by clicking on the "Next" button below. After completing the NOP information for each step, click the "Next" button to continue. You can always return to a step by clicking on the appropriate link in the side menu bar on the left. After completing all the steps, you will have the opportunity to review and/or change any information you have entered before submitting the data.	Next>

8. Click Next; the NOP General Information screen displays (Figure 3).

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Notifi	cation of Pregnancy	
Legacy Provider ID		
NPI: Service Location Name:		
Begin	General Information	
General Information Review and Submit Print Submitted NOP	Physician Information Provider Name: Provider NPI/LPI: Provider Telephone: * Person Completing Form:	
	Member Information Member RID: Member Name: Member Address: City, State, Postal Code: Date of Birth: Member Phone 1: Member Email: Medicaid Status: If Member contact information above is not current, please provide the member's current address,	
	telephone number(s) and/or email address. Add current contact information for this member?	
	Address Line 1:	
	Address Line 2:	
	City, State, Postal Code: , IN - Phone 1: Phone 2:	
	Email:	
	* Date of Service:	
	* LMP: * EDC:	
	*#Weeks Pregnant: * Current Tobacco User: \Ves \No	
	(*) Asterisk indicates a required field.	
	Other Risk Indicators (Select all that apply)	
	Obstetrical History Medical History/Exam Mental Health Substance Abuse	

- 9. Enter the information that is not prepopulated on the NOP General Information screen. An asterisk (*) indicates that a field is required.
- 10. Click Next.

*Note: The name, address, and telephone number information is prepopulated from the member eligibility file. If the prepopulated information is incorrect, please obtain the correct information from the member at the time of completion of the NOP to ensure the MCE will be able to contact the member timely. If any member contact information has changed, the member must contact the Division of Family Resources (DFR) at 1-800-403-0864 to report the changes.

11. Review the information entered on the NOP via the NOP Review and Submit screen (Figure 4).



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N Service Location Nam	R
Beals	Review and Submit
General Information Review and Submit	If you need to review or make changes prior to submission, please select the appropriate link to the le
Print Submitted NOP	NOTE: By submitting this NOP I agree the information provided on behalf of the physician is accurate true.

- 12. If you need to review and make changes to the form prior to submitting, click **Review and Submit**. If you have no changes, click **Submit**.
- 13. You will receive confirmation that the NOP was successfully submitted.
- 14. You have the option to print the NOP for your records from the NOP print screen (Figure 5).

Notification of Pregnancy
Legacy Provider ID: Service Location: Provider Type: 01 Hospital
Service Location Name:
Thank you! Your NOP submission is complete. To print a copy for your records, click the "Print NOP" button below. Printing this Notification of Pregnancy form will generate a document in Adobe Acrobat Portable Document Format (PDF). To print this form, you must have the free Adobe Acrobat Reader installed. You can get the latest version of Adobe Acrobat Reader from the <u>Web Tool Kit</u> .
The NOP submission is greater than 5 calendar days from the date of service. A claim for this NOP should not be submitted.
Close Print NOP

Figure 5 – NOP print screen

NOTE: If the NOP is submitted after five calendar days, you will receive a message indicating that the submission is more than five days from the date of service.

You have the option to print the NOP for your records but it is not required. If you choose to print the NOP, all the information that was entered will be printed.

Figure 6 – NOP



Michael R. Pence, Governor State of Indiana

Indiana Family and Social Services Administration 402 W. WASHINGTON STREET, P.O. BOX 7083 INDIANAPOLIS, IN 46207-7083

Indiana Health Coverage Programs

Early prenatal care can address potential health risks that contribute to poor birth outcomes. The earliest possible completion of this form allows us to best use our resources and services to help you and your patient achieve a healthy pregnancy outcome.

Notification of Pregnancy Form

(Submitted via Web interChange: https://interchange.indianamedicaid.com)

Member Informatio	Important Nation	
	DOB:	Important Notice! Uninsured pregnant women, including those with pending IHCP applications, should be
	First Name:	referred to qualified providers so that presumptive eligibility can be established
Address:	City	Contact the Hoosier Healthwise Enrollme Broker at 1-800-889-9949 or go to the Provider Search page at
Email address:		indianamedicaid.com.
Phone #1:	Phone #2	
If ANY member contac	ct information has changed, the member <u>must</u> call DFR at 1-800-403-0864.	
Hoosian H	aalthwiga Haalth Dlan (D)	Required Medical Info: LMP: EDC:
Hoosier Healthwise Health Plan (Please select one)		# of weeks pregnant:
MHS	AnthemMDwise	Current Tobacco User: yes /
	Provider Information	Other Risk Indicators:
Name:		Obstetrical History
Provider NPI/LPI:	Phone:	Medical History/Ex
Person completing th	Mental Health	
	(Physician or Office Staff)	Substance Abuse
Date: IHCP Providers may be eligibl	Form must be submitted within five (5) days of date of service. le for reimbursement for successful submission of this form.	Environmental/Soc
	(it)	THE CONTRACTOR OF THE CONTRACT

Equal Opportunity/Affirmative Action Employer



A message to you from Indiana Health **Coverage Programs:**

This Notification of Pregnancy Form (NOP) will be used to determine areas for additional follow-up care and services.

Online Submission -Recognized providers can submit the NOP electronically via Web interChange @ https://interchange.indianamedicaid.com Help desk: 1-877-877-5182.

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NOTE: You cannot complete the NOP on uninsured and IHCP-pending pregnant women. These women should be referred to a Presumptive Eligibility for Pregnant Women (PEPW) qualified provider. PEPW is short-term coverage of outpatient prenatal care to women with low income while an IHCP application is pending. Contact the Hoosier Healthwise Enrollment Broker at 1-800-889-9949 or go online to the <u>Provider Search</u> page at indianamedicaid.com.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-577-1278.

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