

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS

BT201425

MAY 22, 2014

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## ***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<sup>®1</sup>) 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).

<sup>1</sup> CPT copyright 2012 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Figure 1 – Eligibility Inquiry screen

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).

Figure 2 – NOP Begin screen

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

Figure 3 – NOP General Information screen

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**.

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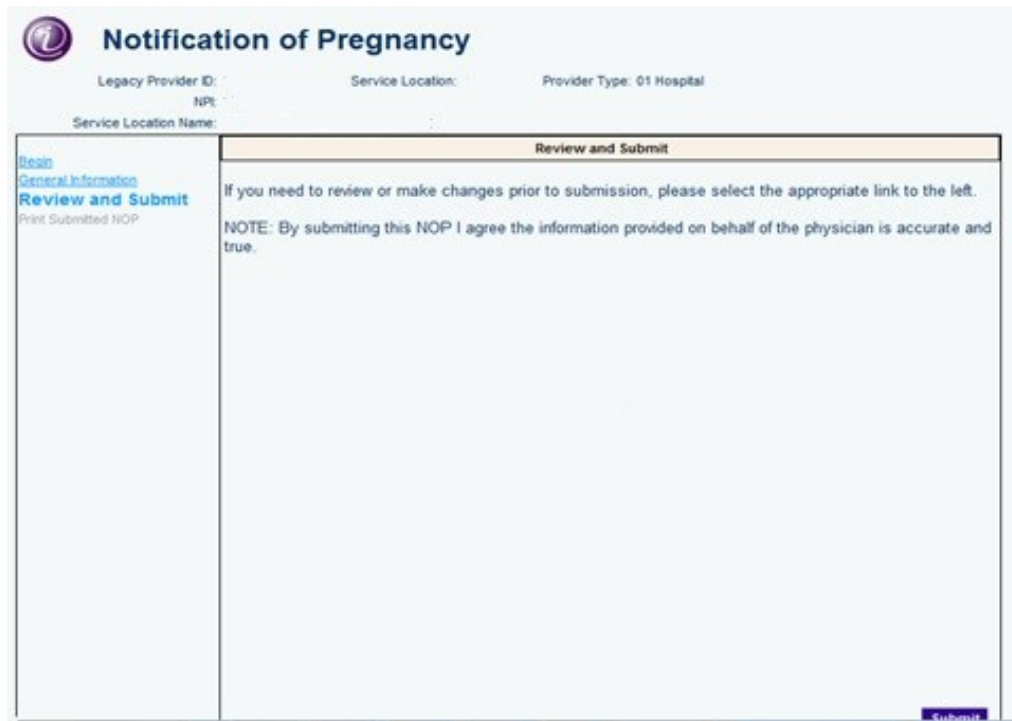
**\*Note: The name, address, and telephone number information is prepopulated from the member eligibility file. If the prepopulated information is incorrect, please obtain the correct information from the member at the time of completion of the NOP to ensure the MCE will be able to contact the member 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.**

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

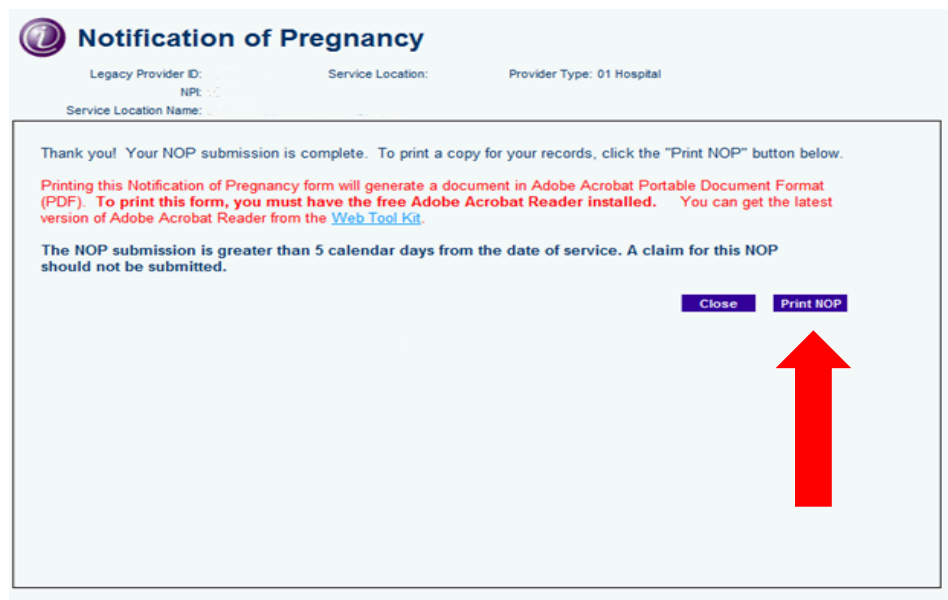


Figure 4 – NOP Review and Submit screen



- 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).


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 Information:    Date of Service:** \_\_\_\_\_

RID #: \_\_\_\_\_ DOB: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Email address: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2 \_\_\_\_\_

If ANY member contact information has changed, the member **must** call DFR at 1-800-403-0864.

**Hoosier Healthwise Health Plan (Please select one)**

MHS     Anthem     MDWise

**Provider Information**

Name: \_\_\_\_\_

Provider NPI/LPI: \_\_\_\_\_ Phone: \_\_\_\_\_

Person completing the form: \_\_\_\_\_  
(Physician or Office Staff)

Date: \_\_\_\_\_ Form must be submitted within five (5) days of date of service.  
IHCP Providers may be eligible for reimbursement for successful submission of this form.

**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.

**Important Notice!** Uninsured pregnant women, including those with pending IHCP applications, should be referred to qualified providers so that presumptive eligibility can be established. Contact the Hoosier Healthwise Enrollment Broker at 1-800-859-9949 or go to the Provider Search page at [indianamedicaid.com](http://indianamedicaid.com).

**Required Medical Info:**

LMP: \_\_\_\_\_ EDC: \_\_\_\_\_

# of weeks pregnant: \_\_\_\_\_

**Current Tobacco User:** yes / no

**Other Risk Indicators:**

\_\_\_\_ Obstetrical History


\_\_\_\_ Medical History/Exam

\_\_\_\_ Mental Health

\_\_\_\_ Substance Abuse

\_\_\_\_ Environmental/Social

[www.IN.gov/fssa](http://www.IN.gov/fssa)  
Equal Opportunity/Affirmative Action Employer



**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 [Provider Search](#) page at [indianamedicaid.com](http://indianamedicaid.com).**

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**QUESTIONS?**

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