



Presumptive Eligibility for Pregnant Women

Presented by EDS Provider Relations



May 2009



Agenda

- Overview
- Who Can Be a Qualified Provider for PE
- How the Process Works and Group Exercises
- DFR Modernized Counties
- Eligibility Verification Systems and PE
- Notification of Pregnancy
- Helpful Tools
- Questions



Presumptive Eligibility – An Overview

Overview

Presumptive Eligibility – What is it?

- What is presumptive eligibility?
 - For a limited period of time, a pregnant woman, who has been determined by a Qualified Provider (QP) to be 'presumptively eligible' may receive ambulatory prenatal services while her Hoosier Healthwise application is being processed
 - Presumptive Eligibility will be identified as "Package P" on the eligibility verification systems
 - Inpatient care, hospice, long term care, delivery services, post partum and services unrelated to the pregnancy or birth outcome are not covered
- Implementation of presumptive eligibility begins July 1, 2009

Overview

Benefit Packages

- Package A – Standard Plan
- Package B – Pregnancy Coverage
- Package C – Children’s Health Plan
- Package E – Emergency Services Only
- Package P – Presumptive Eligibility for Pregnant Women

Overview

Presumptive Eligibility – Who is eligible?

- To be eligible for Presumptive Eligibility (PE), a pregnant woman must:
 - Be pregnant, as verified by a professionally administered pregnancy test
 - Not be a current Medicaid member
 - Be an Indiana resident
 - Be a U.S. citizen or a qualified non-citizen
 - Not be currently incarcerated
 - Have gross family income less than 200% of the federal poverty level

Overview

Presumptive Eligibility – Income Standards

Family Size	Monthly Income	Annual Income
2	2,429	29,148
3	3,052	36,624
4	3,675	44,100
5	4,299	51,588
6	4,922	59,064
7	5,545	66,540
8	6,169	74,028
	Add \$624/mo for each additional person	Add \$7,476/yr for each add'l person

Weekly income should be multiplied by 4.3 to determine monthly income

Bi-weekly income should be multiplied by 2.15 to determine monthly income

Overview

Presumptive Eligibility – Why is it important?

- Early enrollment in Medicaid is associated with better birth outcomes
 - PE may help lower one of the barriers that prevent low income, uninsured women from seeking early prenatal care
- Allows providers to be reimbursed for prenatal services provided earlier in a woman's pregnancy
- Public Law 218-2007 (HEA 1678) was passed by the State Legislature and signed by the Governor in 2007. Section 55 of this law directed OMPP to apply for federal approval of presumptive eligibility for pregnant women



Qualified Providers

Who Can Be a QP?

Many of the requirements for QPs are mandated by Federal Medicaid regulations:

1. Must be enrolled in Medicaid
2. Must provide outpatient hospital, rural health clinic, or clinic services as defined in sections 1905 (a)(2)(A) or (B), 1905(a)(9), and 1905(l)(1) of the Social Security Act
3. Must be trained and certified by the state (or designee) to perform PE functions

State-specific requirements include:

1. Must be able to verify pregnancy via a professionally administered pregnancy test
2. Must have internet, phone, printer, and fax access that is available to facilitate the PE and Medicaid application process
3. Must have Administrator access to Web interChange
 1. Complete the Administrator Request Form to set up an administrator

Who Can Be a QP?

- QPs may include the following provider types/specialties:
 - Family or general practitioner
 - Pediatrician
 - Internist
 - Obstetrician or gynecologist
 - Certified nurse midwife
 - Advanced practice nurse practitioner
 - Federally-qualified health care center
 - Medical clinic
 - Rural health clinic
 - Outpatient hospital
 - Local health department
 - Family planning clinic

How To Locate a Qualified Provider

- IHCP Web site
 - www.indianamedicaid.com
 - Click Provider Services → Provider Search
 - Click the “Yes” radio button beside *“Show only Presumptive Eligibility Qualified Providers?”*
- EDS Customer Assistance
 - 317-655-3240 or 800-577-1278



Presumptive Eligibility – How it Works

How the PE Process Works

- QP professionally administers a pregnancy test or accepts pregnancy test administered by another professional to determine if the patient is pregnant (Step 1)
 - Over the counter pregnancy tests cannot be used to determine pregnancy for PE
- Check for any existing Medicaid coverage using the Eligibility Inquiry feature of Web interChange (Step 2)
- If the patient is not covered by Medicaid, a QP-trained staff member accesses the PE Application by clicking the “PE Application for Pregnant Women” button (Step 3)
 - The PE Application window is available during the following business hours:
 - Monday-Friday – 8 a.m. to 6 p.m. (eastern time)
 - Saturday – 8 a.m. to Noon (eastern time)

NOTE: If applicable, the non-QP refers the patient to a QP to complete the PE application process

Verify Eligibility for Medicaid

Eligibility Inquiry - Microsoft Internet Explorer provided by EDS Indiana Title XIX

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Refresh Mail Print Address Bar

Address: https://dmz-model-interchange.indianamedicaid.com/Member/EligInquiryHIPAA.aspx?servLoc=&sakProv=&EBOpen=N&provtype=N&ProvID=&LocCode=&NPI=1291291296&taxonomy=&zipCode=&zipExt=&SearchFlag=R&R: Go Links

Eligibility Inquiry

- interChange Home
- Indiana Medicaid
- Administration Menu
- Birth Expenditures
- Check Inquiry
- Claim Inquiry
- Claim Submission
- Eligibility Inquiry
- File Exchange
- HH Open Enrollment
- PA Inquiry
- PA Submission
- PE Assignment
- Provider Profile
- User Lists
- User Profile
- Help
- FAQ
- How to Obtain an ID
- Contact Us
- Logon
- Logoff
- Change Password

Query Information

Search For: NPI Legacy Provider ID

NPI: 1291291296 Taxonomy Code: []

Search Criteria: By Member ID [v]

Member ID: 123123123123

From Date: 03/17/2009 To Date: 03/17/2009

Search

75 - Subscriber/Insured Not Found.

Eligibility Information

Managed Care Information

Third Party Carrier Information

County Information

Benefit Limits Reached For Inquiring Provider Type

Helpful Hints

- Use the [NPI Reporting Tool](#) to report your National Provider Identifier (NPI) to IHCP.
- Click on any field label to get more information about the field.
- Review the [Help Page](#) to find more information about how to use this site.
- Please direct comments, problems or suggestions concerning using this site to [Indiana Medicaid](#).

PE Application for Pregnant Women

[TPL Update Request](#)

Step 2

May search by Name/DOB, SSN, or Medicare ID. Users with Web interChange access to multiple office locations must be sure to select the *actual* location that is an enrolled QP. Perform eligibility inquiry to verify the woman is not already eligible for Medicaid

Step 3

Click here to complete the PE Member Application

Done Local intranet

Complete PE Member Application

https://dmz-model-interchange.indianamedicaid.com - PE Member Application - Microsoft Internet Explorer provided by EDS Indiana

PE Member Application

Cancel

Identifying Information

First Name: M.I.: Last Name:
SSN: Date of Birth (mm/dd/yyyy):

Address Information

Home Address:

Address:

City / State / Postal Code: , IN - County: Choose Indiana County...

Mailing Address (if different than home address):

Address:

City / State / Postal Code: IN -

Phone Numbers

Note: At least one phone number is required.

Home Phone: Cell Phone:
Work Phone: Other Phone:

Other Eligibility Information

Gender: Female Male
Marital Status: Married Single Separated Divorced Widowed Unknown
Race: White Black Asian Indian Hispanic Other
Ethnicity: Hispanic Other
Indiana Resident?: Yes No ?
Incarcerated?: Yes No ?
Medically Verified Pregnancy?: Yes No ?
Number of people in family: ?
U.S. Citizen?: Yes No
Gross Income: Monthly Annually ?

Step 3
Enter responses on the
PE Member Application

Move your pointer over each
field for convenient HELP text,
or click on the question mark
where available

Complete PE Member Application

https://dmz-model-interchange.indianamedicaid.com - PE Member Application - Microsoft Internet Explorer provided by EDS Indiana



Home Address:

Address:

City / State / Postal Code: , IN - County:

Mailing Address (if different than home address):

Address:

City / State / Postal Code: IN -

Phone Numbers

Note: At least one phone number is required.

Home Phone: Cell Phone:
Work Phone: Other Phone:

Other Eligibility Information

Gender: Female Male

Marital Status: Married Single Separated Divorced Widowed Unknown

Race: White Black Asian Indian Hispanic Other

Ethnicity: Hispanic Other

Indiana Resident?: Yes No

Incarcerated?: Yes No

Medically Verified Pregnancy?: Yes No

Number of people in family:

U.S. Citizen?: Yes No

Gross Income: Monthly Annually

Pending Medicaid/Hoosier Healthwise Application?: Yes No

Move your pointer over each field for convenient HELP text, or click on the question mark where available

Step 3
Click
"Submit Application"

Disclaimer

I attest that I have been trained to process applications for Presumptive Eligibility for Pregnant Women.

Submit Application

PE Approval
Determination

Your PE Enrollment has been successfully accepted and approved!

RID: 550000001146

Enrollee Name: **JANE P ADAMS**

Print the Determination Letter and Hoosier Healthwise Application.

Step 4
Print the PE Determination
and Hoosier Healthwise
Application



"People helping people help themselves"

Mitchell E. Daniels, Jr., Governor
State of Indiana

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

Anne Waltermann Murphy, Secretary

PE Approval Letter

Date

PE Member First and Last Name

Address 1

Address 2 (or blank if not needed)

City, State Zip code

Dear <Member First Name> <Member Last Name>:

You have been determined eligible for Presumptive Eligibility for Pregnant Women. You are now able to receive services related to your pregnancy, such as: visits to your doctor, lab work, prescriptions, and other pregnancy related care. Remember to take this letter with you to your doctor visits.

There are a few things that you **must** do so that you may keep your coverage:

- Complete and submit a Hoosier Healthwise (HHW) application before you leave today. Have your doctor fax your application to HHW.
- If you can not complete the application today or you need help, please call HHW at 1-800-889-9949.
- Call HHW at 1-800-889-9949 within the next month (30 days) if you have not heard anything about your application. This is to make sure you have a pending HHW application.

IMPORTANT: If you have not submitted a HHW application by <INSERT DATE>, your PE coverage will end.

The doctor you selected at today's visit is:

PMP Name: _____

PMP Address: _____

PMP Phone: _____

Your PE ID number is 550*****

Your doctor is in a health plan called:

- Anthem 1-866-408-6131
- MDWise 1-800-356-1204
- MHS 1-877-647-4848

PE applicant should write her PMP and MCO selections here

Sincerely,
The Presumptive Eligibility for Pregnant Women Program

Si usted tiene alguna pregunta por favor llame a linea de ayuda del Programa de Hoosier Healthwise al 1-800-889-9949.



PE Denial
Determination

Your Presumptive Eligibility enrollment has been denied.

RID: 55000001145

Enrollee Name: JANE P ADAMS

Reason for Denial: **Applicant is incarcerated**

Print the Determination Letter and Hoosier Healthwise Application.

Step 4
Print the PE Determination and
Hoosier Healthwise
Application



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

Anne Waltermann Murphy, Secretary

PE Denial Letter

Date

PE Member First and Last Name

Address 1

Address 2 (or blank if not needed)

City, State Zip code

Dear <Member First Name> <Member Last Name>:

It has been determined that you are not eligible for Presumptive Eligibility for Pregnant Women. The reason for your denial is <INSERT DENIAL REASON>. You may apply for Hoosier Healthwise (HHW) if you still believe you should be eligible.

To apply for HHW coverage you may do the following:

- Complete and submit a HHW application before you leave today. Have your doctor fax your application to HHW.
- If you can not complete the application today or you need assistance in applying, please call HHW at 1-800-889-9949.

Sincerely,

The Presumptive Eligibility for Pregnant Women Program

Si usted tiene alguna pregunta por favor llame a línea de ayuda del Programa de Hoosier Healthwise al 1-800-889-9949.

Letter notifies applicant of
the initial reason for denial and
advises to fax the Hoosier Healthwise
application to the DFR



How the PE Process Works

- QP enters the following information based on responses from the patient (Step 3):
 - Applicant name, social security number, date of birth, home address, mailing address, contact phone, gender, marital status, gross income, family size and race
- QP also answers “yes” or “no” to the following (Step 3):
 - Indiana residency, incarceration status, verification of pregnancy, U.S. citizenship, and whether or not an application for Medicaid/Hoosier Healthwise is pending
- Applicant responses are to be accepted by the QP without asking for verification documents
 - If presented, verification documents may be faxed with the Hoosier Healthwise application

How the PE Process Works

- Requirements for completion of the PE Application are as follows:
 - First Name – up to 13 characters
 - Last Name – up to 15 characters
 - SSN – Must be nine digits in the format ###-##-####
 - DOB – No slashes needed; mmddyy (or, yyyy) format
 - Home Address – up to 30 characters
 - City – up to 15 characters
 - State – Select from drop-down list
 - Postal Code – five digits
 - Phone Numbers – At least one phone number required; ten digits

How the PE Process Works

- Requirements for completion of the PE Application are as follows:
 - Gender – Select with radio button
 - Marital Status – Select with radio button
 - Race – Select with radio button
 - Ethnicity – Select with radio button
 - Indiana Residency – Select with radio button
 - Incarcerated – Select with radio button
 - Verified Pregnancy – Select with radio button
 - Number of People in Family – up to two-digit numeric
 - U.S. Citizen – Select with radio button
 - If non-citizen, select the correct status from the available options

How the PE Process Works

- Requirements for completion of the PE Application are as follows:
 - Gross Income – Select radio button for Monthly or Annually; up to six-digit numeric
 - Multiply weekly income by 4.3 to determine the monthly income
 - Multiply bi-weekly income by 2.15 to determine the monthly income (bi-weekly is every two weeks)
 - Pending Medicaid/Hoosier Healthwise Application – Select with radio button
 - Read the attestation and click in the check box for the QP attestation

How the PE Process Works

- QP clicks the “Submit” button (Step 3) and receives an immediate determination indicating “approved” or “denied”
 - Denied determinations include the initial reason for denial
 - A warning message will identify required information that is missing from the PE application
- QP prints the PE determination and the Hoosier Healthwise application (Step 4)
 - The PE RID prints on both the approved and denied determinations
 - PE RID begins with “550”
 - QP gives the PE determination to the woman
 - PE eligibility may begin on the date the QP makes the approval determination, if approved
 - The printed Hoosier Healthwise application pre-populates with the following: name, date of birth, social security number, marital status, race, sex, U.S. citizenship, home address, phone number, mailing address, and Indiana residency

Group Exercises

- How to determine family size
- How to determine gross income

How the PE Process Works

- QP provides the woman with access to a phone to contact the enrollment broker (MAXIMUS)
 - Enrollment Broker Phone: 1-800-889-9949
- MAXIMUS explains the selection process to the woman and assists in her selection of a PMP and MCO
 - The enrollment broker will identify women who are exempt from choosing a PMP due to lack of access
 - These members, if approved for Hoosier Healthwise, will be assigned to fee-for-service (Traditional Medicaid)
- QP ensures the woman's PMP and MCO choices are written on her PE determination notice for reference
- MAXIMUS activates the patient's PE number
 - Web interChange receives the patient's selections from MAXIMUS on a daily basis
- **If, on that day, the woman fails to contact MAXIMUS to make her PMP and MCO selections, her PE eligibility will terminate that day and the QP will receive no reimbursement for prenatal services**

How the PE Process Works

- The applicant is responsible for reviewing the printed Hoosier Healthwise application and providing additional responses as appropriate
- QP ensures the patient signs the Hoosier Healthwise application and faxes it to the DFR. QP also faxes a statement signed by the physician or nurse indicating the woman is pregnant and the date the pregnancy began (Step 7)
 - Modernized counties:
 - Questions about the Hoosier Healthwise application are directed to the DFR Document Center at 1-800-403-0864
 - Fax is sent to the DFR Service Center at 1-800-403-0864
 - NOTE: A listing of the Modernized counties begins on slide 33
 - Non-Modernized counties:
 - Questions about the Hoosier Healthwise application are directed to the local DFR office
 - <http://www.in.gov/fssa/dfr/2999.htm>
 - »Click “Where Do I Apply”, then click on woman’s county of residence to locate county DFR phone and fax information
 - Fax is sent to the local DFR county office

How the PE Process Works

- PE Considerations:
 - The above functions occur on the **same day**
 - There is no PE coverage if the woman, who has been determined to be presumptively eligible, does not select a PMP and MCO with the Enrollment Broker
 - Women are eligible for PE only one time per pregnancy
 - QP enrollment activities are performed on a voluntary basis
 - QPs should allow approximately 15 minutes to complete PE functions

How the PE Process Works

- PE Considerations

- PE coverage begins the same day a QP determines a pregnant woman to be presumptively eligible and the woman selects a PMP and MCO with the Enrollment Broker
- PE eligibility is terminated the last day of the second month of eligibility if no Hoosier Healthwise application is pending with the DFR
 - Example: Pregnant woman is determined presumptively eligible on July 14 and she does not submit a Hoosier Healthwise application - her PE coverage will end on August 31
- Failure of the member to cooperate with DFR to complete the enrollment process will result in termination of PE eligibility
 - A termination notice is sent to the applicant 10-13 days prior to termination of PE if no Hoosier Healthwise application is on file
- PE eligibility is terminated on the day after the DFR determines the woman as either eligible or ineligible for Hoosier Healthwise

How the PE Process Works

- DFR makes its eligibility determination for Hoosier Healthwise
 - Applicants must comply with the Medicaid application process (e.g., documentation submission and interview)
 - If the Hoosier Healthwise application is received by the DFR before the last day of the month after PE was applied, the woman's PE will not end until the Hoosier Healthwise determination is completed
 - This ensures there is no gap in coverage
 - IndianaAIM receives eligibility determinations from DFR on a daily basis

DFR Modernized Counties as of April 2009

Fax Hoosier Healthwise application to 1-800-403-0864

Adams	Allen	Blackford	Carroll	Cass
Clark	Clay	Crawford	Daviess	Dearborn
Dekalb	Delaware	Dubois	Floyd	Fountain
Gibson	Grant	Greene	Harrison	Howard
Huntington	Jackson	Jay	Jefferson	Jennings
Knox	Kosciusko	Lawrence	Madison	Martin
Miami	Monroe	Noble	Ohio	Orange
Owen	Parke	Perry	Pike	Posey
Putnam	Randolph	Ripley	Scott	Spencer

DFR Modernized Counties as of April 2009

Fax Hoosier Healthwise application to 1-800-403-0864

Steuben	Sullivan	Switzerland	Tipton	Vanderburgh
Vermillion	Vigo	Wabash	Warren	Warrick
Washington	Wells	White	Whitley	



Eligibility Verification Systems and PE

Eligibility Verification Systems and PE

- The eligibility verification systems (EVS) will communicate information about women with PE **the day following** the determination by the QP and activation by MAXIMUS:
 - Web interChange
 - <https://interchange.indianamedicaid.com/Administrative/logon.aspx>
 - Omni machine
 - Automated Voice Response (AVR)
 - 317-692-0819 or 800-738-6770
- Only Web interChange can be used to submit a member application for PE

Questions

This marks the conclusion of the Presumptive Eligibility portion of the presentation.

Information regarding Notification of Pregnancy follows.



| Notification of Pregnancy

Notification of Pregnancy

What is NOP?

The OMPP, MCOs, the Indiana State Department of Health (ISDH), and other Medicaid stakeholders worked jointly to develop a universal assessment for pregnant women to capture:

- Maternal Obstetrical History
- History of Prior Births (Still birth, Pre-term, Low Birth Weight)
- Diagnosis of Pregnancy Risk
- Maternal Medical History (including conditions that require management during pregnancy - Hypertension, Diabetes)
- Current Medications
- Mental Health History and Current Conditions
- Substance Abuse/Use History
- Tobacco Use History
- Social Risk Factors
- Needed Referrals

Notification of Pregnancy (NOP)

Medicaid Goals:

- Identify health risk factors in Medicaid eligible women
- Monitor risk factors and outcomes for Medicaid pregnancies
- Increase the percentage of pregnant women assessed within the first trimester
- Increase the average birth weight of babies
- Reduce smoking rates for pregnant women
- Reduce the number of pre-term deliveries

IMPROVEMENT OF BIRTH OUTCOMES IN INDIANA

Notification of Pregnancy (NOP)

Access the NOP Form

- Step 1: Log in to Web interChange at <https://interchange.indianamedicaid.com> and select *Eligibility Inquiry*
- Step 2: On the *Eligibility Inquiry* screen, the recognized provider will have access to two buttons: **Go to NOP** and **Print Blank NOP**
 - Select **Go to NOP** and complete the online form. The online form pre-populates with basic member data as contained in the eligibility verification system
 - Select **Print Blank NOP** to display and print a PDF version of the hardcopy NOP form with no pre-populated data

Notification of Pregnancy (NOP)

Form Requirements

At the header level, enter biographical information

- Section 1: Maternal Obstetrical History
- Section 2: Previous Infant/Findings
- Section 3: Maternal Medical History
- Section 4: List All Current Medications
- Section 5: Psycho-Neurological History
- Section 6: Substance Abuse/Use History
- Section 7: Tobacco History
- Section 8: Social Risk Factors
- Section 9: Diagnosis of Pregnancy Risk
- Section 10: Referrals

Notification of Pregnancy (NOP)

- The blank PDF NOP form cannot be submitted electronically via Web interChange. Therefore, the information documented on the hardcopy form must be entered by the provider onto the electronic NOP form and submitted via Web interChange.
- If the system identifies a potential duplicate NOP submission, the provider will be notified on-screen and may attest that there is no duplication by selecting one of the following reasons:
 - Member abortion
 - Member pre-term delivery, or
 - Member miscarriage

Notification of Pregnancy (NOP)

Access to NOP

Eligibility Inquiry - Microsoft Internet Explorer provided by EDS Indiana Title XIX

Address: https://interchange.indianamedicaid.com/Member/EligInquiry-HIPAA.aspx?provtype=N&ProvID=&LocCode=&NPI=1063471639&taxonomy=282

Eligibility Inquiry

interChange Home
Indiana Medicaid
Birth Expenditures
Check Inquiry
Claim Inquiry
Claim Submission
Eligibility Inquiry
File Exchange
PA Inquiry
Provider Profile
User Lists
User Profile
Help
FAQ
How to Obtain an ID
Contact Us
Logon
Logoff
Change Password

Query Information

Search For: NPI Legacy Provider ID

NPI: 1063471639 Taxonomy Code: 282N00000X Postal Code: -

Search Criteria: By Member ID

Member ID:

From Date: 02/13/2009 To Date: 02/13/2009

Search **Reset**

Eligibility Information

Member is Eligible from 02/13/2009 to 02/13/2009 for PACKAGE A STANDARD PLAN

Inquiry completed at 2:20:05 PM on 2/13/2009

Member Name		Member ID	
Address			
Date of Birth	11/10/1966		
Spend Down	No		
Medicare	No	Medicare Number	
Nursing Home Resident	No	Patient Liability	\$0.00
Restricted	No		
GMB	No		
Other Private Insurance	Yes		

Go to NOP
Print blank NOP

Managed Care Information

Done Local intranet

Click here to access the NOP online form



Notification of Pregnancy

How To Begin

Notification of Pregnancy - Microsoft Internet Explorer provided by EDS Indiana Title XIX

http://localhost:2866/Member/NOP.aspx

File Edit View Favorites Tools Help

Notification of Pregnancy

Notification of Pregnancy

Legacy Provider ID: 100268850 Service Location: A Provider Type: 01 Hospital
NPI: 1568407310
Service Location Name: WISHARD MEMORIAL HOSPITAL

Begin

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 >

Done Local intranet 100%

Click "Next" to begin

Notification of Pregnancy (NOP)

Completing the NOP

Notification of Pregnancy - Microsoft Internet Explorer provided by EDS Indiana Title XIX

http://localhost:2866/Member/NOP.aspx

Notification of Pregnancy

Notification of Pregnancy

Legacy Provider ID: 100268850 Service Location: A Provider Type: 01 Hospital
NPI: 1568407310
Service Location Name: WISHARD MEMORIAL HOSPITAL

Maternal Obstetrical History

Check All That Apply

Pre-Term Labor: Hx Current PROM: Hx Current
Tocolytics Used: Hx Current @ [] weeks gestation
Gestational Diabetes: Hx Current Preg - Ind HTN: Hx Current
Placenta Previa: Hx Current Placenta Abruption: Hx Current
Multiple Gestation: Hx Current Pre-Eclampsia: Hx Current
Eclampsia: Hx Current Incompetent Cervix: Hx Current
Cervical Placement: Hx Current Cervix Dialation >2cm <35 wks: Hx Current
Lack of Maternal weight gain: Hx Current SABS/TABS: < 3x >= 3x

History of Cone Biopsy Reduction w/ or w/out complications
 Current Hyperemesis < 10lbs wt loss Current Hyperemesis > 10lbs wt loss
 Current Vaginal Bleeding > 2 episodes Prior C-Section
 Rh Negative Previous Fetal/Neonatal Demise

If none of the above apply, please check here < 12 months between births? Yes No

< Previous Next >

Click on the appropriate responses. Then click "Next"

Notification of Pregnancy (NOP)

Provider completes
the NOP...

Then what?



Notification of Pregnancy (NOP)

- Data is sent to the member's MCO
- MCOs provide additional support services (e.g., nurse case management, home visits) depending on needs of member
- MCO can also help with coordination between the physician's office and member
- OMPP will use the data to monitor outcomes of births and to develop programming that better meets the needs of pregnant women in Medicaid

Notification of Pregnancy (NOP)

Billing Guidelines

- Submit a claim to the appropriate managed care organization to request reimbursement for completion of a valid NOP form using procedure code 99354 with modifier TH
- Providers are reimbursed \$60 for submission of a valid NOP form.
- Reimbursement is made for submission of one NOP form per pregnancy
- A valid NOP form must be submitted via Web interChange within five calendar days of the date of service in order to be reimbursed
 - There is no reimbursement when the NOP form is submitted more than five calendar days from the date of service

Notification of Pregnancy (NOP)

Billing Guidelines

- Duplicate NOPs (same woman, same pregnancy) do not qualify for the \$60 reimbursement. Providers will receive an on-screen message if the NOP appears to be a duplicate
- The pregnant member gestation must not be greater than 29 weeks gestation for NOP reimbursement



| Helpful Tools

Helpful Tools

Avenues of Resolution

- IHCP Web site at www.indianamedicaid.com
- E-mail: PEhelp@fssa.in.gov
- Presumptive Eligibility Bulletin [BT200910](#)
- Written Correspondence
P.O. Box 7263, Indianapolis, IN 46207-7263
- Field Consultant for Presumptive Eligibility/Notification of Pregnancy
317-488-5363
- Provider Relations Field Consultant
 - View a current territory map and contact information online at
http://www.indianamedicaid.com/ihcp/ProviderServices/pr_list_frameset.htm

Helpful Tools

Avenues of Resolution

- To set up an administrator for Web interChange
 - Access the login screen for web interChange at <https://interchange.indianamedicaid.com/Administrative/logon.aspx>
 - Click “How To Obtain an ID”
 - Select the link for the interChange Administrator Request Form
 - Complete the form and mail to:
 - EDS Electronic Solutions Help Desk
 - 950 N. Meridian Street, Suite 1150
 - Indianapolis, IN 46204-4288



Questions

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950 N. Meridian St., Suite 1150
Indianapolis, IN 46204

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