Notification of Pregnancy
What Is NOP?

- The Notification of Pregnancy (NOP) facilitates communication between an Indiana Health Coverage Programs (IHCP) member’s provider and the managed care entity (MCE) when a pregnancy is identified.
- The 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.
What Is NOP?

- The MCE receives the NOP and is responsible for contacting the pregnant member to complete a comprehensive pregnancy health-risk assessment within 21 days. The MCE then assigns a risk level of high or low.
- The MCE develops a care management plan for members determined to be high risk, providing the necessary outreach and support through the pregnancy to ensure the best birth outcome for mother and baby.
Goals of the NOP

- Identify health-risk factors in IHCP-eligible pregnant women
- Monitor risk factors and outcomes for IHCP 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 preterm deliveries
- **Improved birth outcomes in Indiana**
Reimbursement for NOP

Providers may receive $60 for one NOP per managed care member, per pregnancy. The following requirements must be met for a provider to be eligible for reimbursement for submitting an NOP:

- The NOP must be submitted via the Portal no more than five calendar days from the date of the office visit on which the NOP is based. The NOP cannot be submitted on paper.
- The member’s pregnancy must be less than 30 weeks’ gestation at the time of the office visit on which the NOP is based.
- The member must be enrolled with a managed care entity (MCE) through HIP, Hoosier Care Connect, or Hoosier Healthwise.
- The NOP cannot be a duplicate of a previously submitted NOP.
NOP – Frequency

- Only one NOP per member, per pregnancy is eligible for reimbursement
- If the system identifies a potential duplicate NOP submission, the provider is notified onscreen and may attest that there is no duplication by selecting one of the following reasons for the subsequent NOP submission:
  - Member abortion
  - Member preterm delivery
  - Member miscarriage
Completing the Notification of Pregnancy
Verify Eligibility

Verify eligibility to ensure that the qualifications are met:

- Verify eligibility for date of service
- Member is assigned an MCE
Verifying Eligibility

**Benefit Details**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Description</th>
<th>Effective Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Rehabilitation Option</td>
<td>Medicaid Rehabilitation Option services</td>
<td>01/23/2018</td>
<td>01/23/2018</td>
</tr>
</tbody>
</table>

**Limit Details**

The Dollar Limits and Service Limits may not reflect recent claims.

<table>
<thead>
<tr>
<th>Service Limits</th>
<th>Limit</th>
<th>Remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>6012 MEDICAL SERVICES 30 PER YEAR</td>
<td>30</td>
<td>28</td>
</tr>
<tr>
<td>6209 FULL MOUTH OR PANORAMIC X-RAYS LIMIT ONCE /3</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>

**Managed Care Assignment Details**

<table>
<thead>
<tr>
<th>Managed Care Program</th>
<th>Primary Medical Provider</th>
<th>Provider Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoosier Healthwise Managed Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective Date</td>
<td>End Date</td>
<td>MCO / CMO Name</td>
</tr>
<tr>
<td>01/23/2018</td>
<td>01/23/2018</td>
<td>MANAGED HEALTH SERVICES</td>
</tr>
</tbody>
</table>

*Member must be eligible*

*Member must be assigned to a MCE*
NOP – Physician Information

All fields must be competed.

- Use the drop-down option to choose the rendering provider name
- Add name of person keying the NOP into the Provider Healthcare Portal
The name, address, and telephone number is prepopulated from the member eligibility file. If the prepopulated information is incorrect, please obtain the correct information from the member when you complete the NOP to ensure that the MCE is able to contact the member timely.

Members should be informed to contact the DFR with any updates.
Please validate that Member Contact Information is current. Select OK if current. Select Cancel and then click the 'Add current contact information for this member?' check box to add current contact information.
## NOP – Other Risk Indicators

Indicate ALL risks that apply

<table>
<thead>
<tr>
<th>Other Risk Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetrical History</td>
</tr>
<tr>
<td>Medical History/Exam</td>
</tr>
<tr>
<td>Mental Health</td>
</tr>
<tr>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Environmental/Social</td>
</tr>
</tbody>
</table>

[Submit] [Cancel]
To document high-risk pregnancies for managed care members, providers may retain a copy of the submitted NOP in the patient’s record for retrospective review. NOPs can be completed at any time during the pregnancy, preferably during the initial visit, to document and monitor pregnancy conditions.

If a normal pregnancy becomes high-risk at any time during the pregnancy, providers should use the NOP to document the change.
NOP – Review and Submit

Thank you! Your NOP submission is complete. To print a copy for your records, click the 'Print NOP' button below.

This NOP has been successfully submitted.

[Print NOP] [Close]
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

(Sentential via Provider Healthcare Portal: https://portal.indianamedicaid.com)

Member Information:  Date of Service:  DOB:
RID #:  Member Name:  
Address:  Address:  
City:  State:  Zip:  
Phone #1:  Phone #2:  

If any member contact information has changed, the member must call DFR at 3-800-404-0964.

Health Plan

Provider Information

Name:  Provider NP/LPN:  Phone:  
Person completing the form:  (Physician or Office Staff)  
Date:  

Required Medical Info:  
LMP:  EDC:  
# of weeks pregnant:  
Current Tobacco User:  

Other Risk Indicators:  
Obstetrical History  Medical History/Exam  Mental Health  Substance Abuse  Environmental/Social

A message to you from Indiana Health Coverage Programs:

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

Online Submission - Required members can submit the NOP electronically via the Provider Healthcare Portal at https://portal.indianamedicaid.com. 

Important Notice! Uninsured pregnant women, including those with pending iPod applications, should be referred to qualified providers as their presumptive eligibility can be established. Contact the Member Services Enrollment Team at 1-866-309-9944 or go to the Provider Search page at indianamedicaid.com.
NOP Inquiry

NOP Inquiry allows the user to search for NOPs on a member’s behalf using one of three search criteria:

- Any date
- Date of service
- Date submitted
Helpful Tools

- IHCP website at indianamedicaid.com
  - IHCP Provider Reference Modules
  - Medical Policy Manual
- Customer Assistance available 8 a.m.– 6 p.m. EST Monday – Friday
  - 1-800-457-4584
- IHCP Provider Relations Field Consultants
  - See the Provider Relations Field Consultants page at indianamedicaid.com
- Secure correspondence via the Provider Healthcare Portal
- Written Correspondence
  - DXC Technology Provider Written Correspondence
    P.O. Box 7263
    Indianapolis, In 46207-7263
Questions