Eric Holcomb, Governor
State of Indiana

Indiana Health Coverage Programs

Gainwell Technologies
950 North Meridian Street, Suite 1150
Indianapolis, IN 46204

800-457-4584
www.in.gov/medicaid

NOP ID: «nop/nopid»

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 Provider Healthcare Portal: https://portal.indianamedicaid.com)

Member Information:	**Date of Service**:
	«nop/dateofservice»
RID #: «member/memberid»	DOB: «member/dateofbirth»
Member Name: «member/name»	
Address1: «member/address1»	
Address2: «member/address2»	
City: «member/city»	State: «member/state» Zip: «member/zip»
Email address: «member/email»	
Phone #1: «member/phone»	
	Phone #2: «member/altphone»

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

Health Plan

«pro/mcename»

Provider Information

Name: «pr/name»
Provider NPI/LPI: «pr/npi»   Provider NPI/LPI: «pr/npi»
Person completing the form: «nop/name»
                              (Physician or Office Staff)
Date: «nop/signdate»   Date: «nop/signdate»
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 the Provider Healthcare Portal @ https://portal.indianamedicaid.com. IHCP Provider Healthcare Portal Help Desk: 1-800-457-4584.

Important Notice! *Uninsured pregnant women, including those with pending IHCP applications, should be referred to qualified providers so that presumptive eligibility can be established. Go to the Provider Search page at https://portal.indianamedicaid.com.*

Required Medical Info:	
LMP: «nop/lmp»	EDC: «nop/edc»
# of weeks pregnant: «nop/weeks»	
Current Tobacco User: «nop/tab»	

Other Risk Indicators:	
«no	Obstetrical History
«no	Medical History/Exam
«no	Mental Health
«no	Substance Abuse
«no	Environmental/Social

Children's Health Insurance Program ▪ Healthy Indiana Plan ▪ Hoosier Care Connect Hoosier Healthwise ▪ M.E.D. Works ▪ Traditional Medicaid