Notification of Pregnancy

Indiana Health Coverage Programs
Gainwell Technologies
April 2021

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

Eligibility Verification Request

* Indicates a required field.

Enter the member information. If Member ID is not known, enter SSN and Birth Date, or Last Name, First Name, and Birth Date.

Member ID		Last Name		First Name	
SSN ❶		Birth Date ❶			
*Effective From ❶	02/02/2021	Effective To ❶			

Submit   **Reset**

Verifying Eligibility

Benefit Details

Coverage	Description	Effective Date	End Date
Medicaid Rehabilitation Option	Medicaid Rehabilitation Option services	02/02/2021	02/02/2021
Package A-Standard Plan	Package A-Standard Plan	02/02/2021	02/02/2021

Member must be eligible

Limit Details

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

Service Limits	Limit	Remaining
6012 MEDICAL SERVICES 30 PER YEAR	30	28
6209 FULL MOUTH OR PANORAMIC X-RAYS LIMIT ONCE /3	1	-

Managed Care Assignment Details

Managed Care Program		Primary Medical Provider	Provider Phone
Hoosier Healthwise Managed Care			
Effective Date	**End Date**	**MCO / CMO Name**	**MCO / CMO Phone**
02/02/2021	02/02/2021	MANAGED HEALTH SERVICES	1-877-647-4848
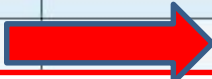
Member must be assigned to an MCE

NOP – Physician Information

All fields must be competed.

Member in Focus:		Change	ID:		Return to Member Focus Close Member Focus	☒

Physician Information

*Provider Name	[dropdown ⌄]
Provider ID	—
Provider Telephone	
*Person Completing Form	[ ]

- Use the drop-down option to choose the rendering provider name
- Add name of person keying the NOP into the Provider Healthcare Portal

NOP – Member Information

Member Information

Member ID

Member Name

Member Address

City, State, Postal Code

Date of Birth

Member Phone 1 —   Member Phone 2 —

Member Email —

Medicaid Status   Healthy Indiana Plan Managed Care

If Member contact information is not current, please provide the member's current address, telephone number(s) and/or email address. Add current contact information for this member? ☐

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

Address Line 1

Address Line 2

City   State   Indiana   Postal Code θ

Phone 1 θ   Phone 2 θ

Email θ

*Date of Service θ

*LMP θ   *EDC θ
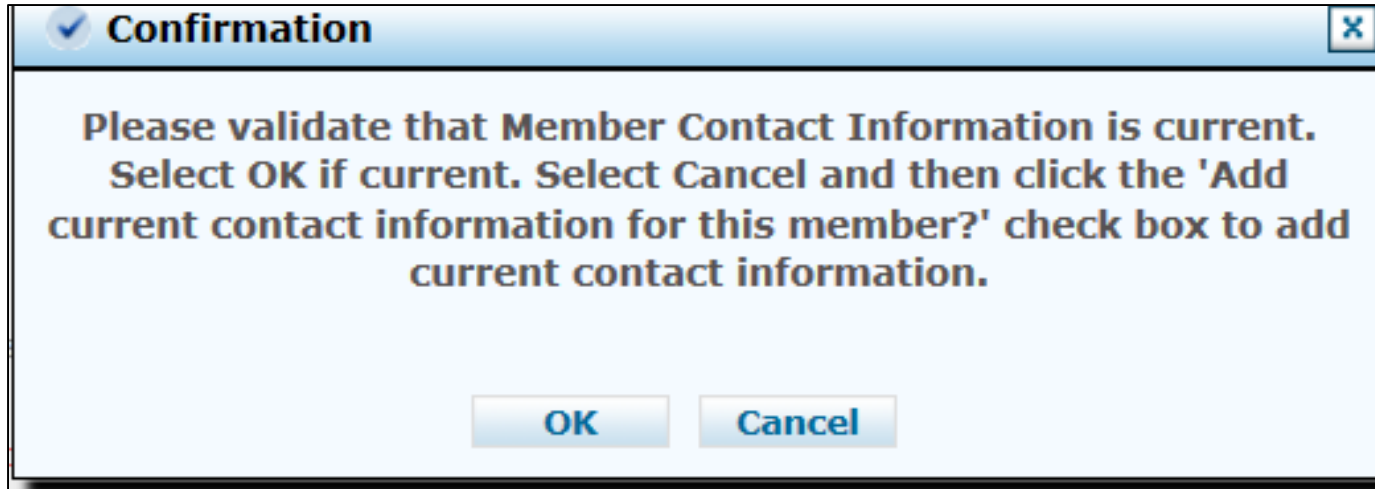
*# Weeks Pregnant   *Current Tobacco User ○ Yes ○ No

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

NOP – Address Verification

Confirmation

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.

OK   Cancel

NOP – Other Risk Indicators

Indicate ALL risks that apply

Other Risk Indicators

Select all that apply.

☐ Obstetrical History ☐ Medical History/Exam ☐ Mental Health ☐ Substance Abuse ☐ Environmental/Social

Submit   **Cancel**

NOP – High Risk

- 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

NOP Submission   ☒

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**

NOP – Confirmation Print

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)

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.

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»

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.*

> 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.

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

Form MGD-NOPR-O

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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 in.gov/medicaid/providers
  - *Provider Reference Materials*
- 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 in.gov/medicaid/providers
- Secure correspondence via the Provider Healthcare Portal
- Written Correspondence

  Gainwell – Written Correspondence
  P.O. Box 7263
  Indianapolis, In 46207-7263

Questions