PROVIDER*Update*





NEWS & ANNOUNCEMENTS

| FEBRUARY 8, 2018

UPDATE 18-069

3 PAGES

Perinatal Notification Incentive Program Continues in 2018

For CalViva Health members, Health Net Community Solutions, Inc. (Health Net) is continuing to offer the Perinatal Notification Incentive Program (PNIP) in 2018. The PNIP is a financial incentive program that recognizes and rewards participating Medi-Cal providers for ensuring timely access to care for pregnant and postpartum women.

The Department of Health Care Services (DHCS) requires timely prenatal and postpartum care. These requirements are also part of the Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures for Medi-Cal members.

Providers are encouraged to submit PNIP forms for all 2017 dates of service and corrections before February 14, 2018. PNIP forms for services performed in 2017 received after February 14, 2018, will not be accepted.

Obstetricians and gynecologists (OB/GYNs), other prenatal care specialists and primary care physicians (PCPs) can earn two separate incentive payments of \$50 each for documenting prenatal and postpartum care visits on the PNIP forms: the Timely Prenatal Visit and Pregnancy Notification Form and the Postpartum Care Notification Form. The PNIP forms are attached for reference.

On a quarterly basis, Health Net, on behalf of CalViva Health, will pay \$50 for each complete and accurate form faxed to Health Net prior to the close of the quarter. OB/GYNs and other prenatal care specialists must meet the minimum requirements of the PNIP to qualify for this supplemental compensation, which include:

- Currently contracting with CalViva Health or Health Net under the Medi-Cal program.
- Providers who have no licensing or credentialing restrictions and are in good standing with CalViva Health and their participating physician groups (PPGs).
- Accurately completing, in its entirety, and returning the Timely Prenatal Visit and Pregnancy Notification Form or the Postpartum Care Notification Form within the required time frames. Signatures must be included.
- For providers new to the program who have not yet submitted a W-9 form, completing and faxing a W-9 form to 1-877-783-0287.

The PNIP is not considered part of the base provider compensation under the Medi-Cal *Provider Participation Agreement (PPA)* and is separate from contracting rates with PPGs. The PNIP is supplemental compensation offered to providers. PCPs who submit PNIP forms for the incentive will be paid for the correctly completed PNIP forms, but will not be paid for the same measure under the PCP HEDIS Improvement Program, which would create a duplicate payment. By accurately completing a Postpartum Care Notification Form for timely postpartum visits per HEDIS, the member will also receive a \$25 gift card from Health Net, on behalf of CalViva Health.

For additional information about the PNIP, contact Juli Coulthurst by telephone at (661) 321-3916 or via email at juli.b.coulthurst@healthnet.com.

THIS UPDATE APPLIES TO MEDI-CAL PROVIDERS:

• Physicians

- Participating Physician Groups • Hospitals
- Ancillary Providers

PROVIDER SERVICES

1-888-893-1569 provider.healthnet.com

CalViva Health plan in California that provides services to Medi-Cal enrollees in Fresno, Kings and Madera counties. CalViva Health contracts with Health Net Community Solutions, Inc. to provide and arrange for network services. Health Net Community Solutions, Inc. is a subsidiary of Health Net, Inc. and Centene Corporation. Health Net is a registered service mark of Health Net, Inc. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved. CONFIDENTIALITY NOTE FOR FAX TRANSMISSION: This facsimile may contain confidential information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information contained in this transmission is strictly prohibited. If you have received this transmission in error, please notify the sender immediately by telephone or by return fax and destroy this transmission, along with any attachments. OTH018284EH00 (2/18)





TIMELY PRENATAL VISIT and PREGNANCY NOTIFICATION FORM

To qualify for the incentive:

- > Complete this form for CalViva Health members only and fax within seven days of the visit.
- > This form must be signed by a primary care physician (PCP), OB/GYN, nurse practitioner, or certified nurse midwife.
- > A timely prenatal visit is in the first trimester of pregnancy or within 42 days of enrollment into CalViva Health.
- This form must be kept in the patient's medical record.

Fax to 1-877-783-0287

Date of prenatal visit:																				
Member Information																				
First name:							Last name:													
							D	ate of birt	h:											
Medi-Cal ID # (CIN #):																				
0								Telephone number:												
9																				
Address:								С	ity:			ZIP o	code:							
Medical group name (also known as IPA or PPG):																				
Primary Language																				
□English □Spanish □Vietnamese □ Mandarin □Farsi □Korean □Arabic □Other																				
Pregnancy Information – Required																				
Pregnancy diagnosis confirmed: Yes																				
Pregn	ancy di	agnos	sis co	ntirme	ea: 📋	res		Is	Is this a high-risk pregnancy?											
LMP:				or ED	D:					.ge p										
Gravid	a:	Pa	ra:		Abo	tions:		G	Gestational age: Fetal heart rate (pos. or neg.)				Fundal height	::						
							OR				(pos. or neg.)									
Provid	der Inf	ormai	tion						weeks	days				cm						
Provider Information Practitioner name:							Clinic name:													
Practiti	oner NF	0 -			Snecial	tv (OB/GY		IP. Clinic address:												
Practitioner NPI: Specialty (OB/GYN, PCP, N or CNM):																				
Office contact name:							City:				0	County:								
Office telephone number:							ZIP code:													
-																				
I confirm that this document is also filed in the member's legal health/outpatient record.																				
Practitioner signature:							Date signed:													
									_											

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POSTPARTUM CARE NOTIFICATION FORM

To qualify for the incentive:

- > Complete this form for CalViva Health members only and fax within seven days of the visit.
- > This form must be signed by a primary care physician (PCP), OB/GYN, nurse practitioner, or certified nurse midwife.
- > The postpartum visit must be between three and eight weeks (21 to 56 days) after delivery.
- > This form must be kept in the patient's medical record.

Fax to 1-877-783-0287

Date of postpartum visit:												
Member Information												
First name:								Last name:				
					Date of birth:							
Medi-Cal ID #	(CIN #):		1 1									
9					Telephone number:							
Address:					City:			ZIP code:				
Medical group name (also known as IPA or PPG):												
Primary Language												
□English □Spanish □Vietnamese □ Mandarin □Farsi □Korean □Arabic □Other:												
Postpartum Assessment												
Date of delivery: Hospital:												
	B		Weight:									
Abdomen	☐ Normal ☐ Abnormal			Comme	ants:							
Breasts	Normal			Comme	ents:							
	Breastfeed	ding										
OR												
	Uterus:				Pap test: (optional)							
Pelvic	Cervix:					🗌 Norma	al	Abnormal				
	Other comme	nts:										
Additional cor	nments/visit not	tes:				Į						
Provider Information												
Practitioner na			Clinic name:									
Practitioner NPI: Specialty (OB/GYN, PCP, N CNM):					P, NP, or	or Clinic address:						
Office contact	name:			City: County:			County:					
Office telepho		ZIP code:										
I confirm that this document is filed in the member's legal health/outpatient record.												
Practitioner si		Date signed:										