PROVIDER*Update*

NEWS & ANNOUNCEMENTS

FEBRUARY 8, 2018

UPDATE 18-070

Perinatal Notification Incentive Program Continues in 2018

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 and is also part of the Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures for Medi-Cal members.

Providers should use the attached PNIP forms for dates of service beginning January 1, 2018. 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.

Health Net 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 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 Health Net or a Health Net participating physician group (PPG) under the Medi-Cal program.
- Providers who have no licensing or credentialing restrictions and are in good standing with Health Net and their 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 Health Net at 1-877-783-0287.

The PNIP is not considered part of the base provider compensation under the Health Net Medi-Cal *Provider Participation Agreement (PPA)* and is separate from contracting rates with Health Net's 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 the forms for timely prenatal or postpartum visits per HEDIS, the Health Net member will also receive a \$25 gift card from Health Net.

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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 CALIFORNIA PROVIDERS:

- Physicians
- Participating Physician Groups
- HospitalsAncillary Providers

LINES OF BUSINESS:

- HMO/POS/HSP
- PPO
- EPO
- Medicare Advantage (HMO)
- Medi-Cal
 - Kern
 - Los Angeles
 - Molina
 - Riverside
 - Sacramento
 - $^{\odot}$ San Bernardino
 - San Diego
 - $^{
 m O}$ San Joaquin
 - Stanislaus ○ Tulare

PROVIDER SERVICES

1-800-675-6110 provider.healthnet.com

PROVIDER COMMUNICATIONS provider.communications@ healthnet.com fax 1-800-937-6086

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TIMELY PRENATAL VISIT and PREGNANCY NOTIFICATION FORM

To qualify for the incentive:

- > Complete this form for Health Net Medi-Cal members only and fax to Health Net 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 Health Net Medi-Cal.
- > This form must be kept in the patient's medical record.

Fax to Health Net at 1-877-783-0287

Date of prenatal visit:										
Member Information										
First name:				Last name:						
				Date of birth:						
Medi-Cal ID # (CIN #):										
0				Telephone number:						
9										
Address:	lress:			City:		ZIF	code:			
Medical group na	me (also kr	own as IPA or PPG):								
Primary Langua	ige									
□English □Spanish □Vietnamese □ Mandarin □Farsi □Korean □Arabic □Other										
Pregnancy Inf	ormation	– Required								
Pregnancy diag	nosis con	irmed: 🗌 Yes			• □.					
				Is this a h	igh-risk p	regnancy?	es 🗌 No			
LMP: or EDD:										
Gravida:	Para:	Abortions:		Gestational age: Fetal h		Fetal heart rate:	ate: Fundal height:			
						(pos. or neg.)				
			OR							
				weeks	days		cm			
Provider Infor	mation			weeks	days		ст			
Provider Infor Practitioner name				weeks Clinic n			cm			
							cm			
Practitioner name		Specialty (OB/GY		Clinic n	ame:		cm			
		Specialty (OB/GY or CNM):		Clinic n	ame:		cm			
Practitioner name Practitioner NPI:	9:			Clinic n	ame:					
Practitioner name	9:			Clinic n	ame:		County:			
Practitioner name Practitioner NPI:	9:			Clinic n	ame:					
Practitioner name Practitioner NPI:	e: me:			Clinic n	ame: ddress:					
Practitioner name Practitioner NPI: Office contact na	e: me:			Clinic n P, Clinic ad City:	ame: ddress:					
Practitioner name Practitioner NPI: Office contact na Office telephone	me: number:	or CNM):	N, PCP, N	Clinic n P, Clinic a City: ZIP cod	ame: ddress: e:		County:			
Practitioner name Practitioner NPI: Office contact na Office telephone	e: me: number: at this doc		N, PCP, N	Clinic n P, Clinic a City: ZIP code	ame: ddress: e: al health/o	utpatient record	County:			
Practitioner name Practitioner NPI: Office contact na Office telephone	e: me: number: at this doc	or CNM):	N, PCP, N	Clinic n P, Clinic a City: ZIP cod	ame: ddress: e: al health/o	utpatient record	County:			
Practitioner name Practitioner NPI: Office contact na Office telephone	e: me: number: at this doc	or CNM):	N, PCP, N	Clinic n P, Clinic a City: ZIP code	ame: ddress: e: al health/o	utpatient record	County:			



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POSTPARTUM CARE NOTIFICATION FORM

To qualify for the incentive:

- > Complete this form for Health Net Medi-Cal members only and fax to Health Net 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 Health Net at 1-877-783-0287

Date of postpartum visit:											
Member Information											
First name:			Last name:								
Medi-Cal ID # (CIN #):			Date of birth:								
9			Telephone number:								
Address:			City:		ZIP code:						
Medical group name (also known as IPA or PPG):											
Primary Language											
□English □Spanish □Vietı	namese 🛛 🗆 Mandarin	⊡Farsi	□Korear	n ⊡Arabic ⊡Othe	r:						
Postpartum Assessment											
Date of delivery: Hospital:											
Confirmation of live birth BP: Weight:											
Abdomen Dormal		nts:									
Breasts December 2012 Comments:											
OR											
Uterus: Pelvic Cervix: Other comment				Pap test: (optional)							
Additional comments/visit notes:											
Provider Information											
Practitioner name:			Clinic name:								
Practitioner NPI:	Specialty (OB/GYN, PCF CNM):	P, NP, or	Clinic address:								
Office contact name:			City: County:								
Office telephone number:			ZIP code:								
☐ I confirm that this document is filed in the member's legal health/outpatient record.											
Practitioner signature:	ient is filed in the mem	ber's leg	Date signe	•							