

PROVIDER Update



NEWS & ANNOUNCEMENTS

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UPDATE 18-658

2 PAGES

Reduce High-Risk Preterm Deliveries with CalViva Health Pregnancy Program

Pregnant CalViva Health members can receive assistance in navigating their pregnancy with the CalViva Health Pregnancy Program. Successful results have been shown from pregnancy management programs in reducing high-risk preterm deliveries.¹

The CalViva Health Pregnancy Program includes:

- Case management for high-risk members to help educate and navigate care.
- A gift for members after they complete a risk assessment.
- Resources for members, such as *The Mother's Guide to Pregnancy* book, a wellness survey and *The Mother's Guide to Life After Delivery* book.

REFER MEMBERS

To refer pregnant members to the CalViva Health Pregnancy Program, follow these instructions:

- Complete the attached Timely Prenatal Visit and Pregnancy Notification Form.
- If the pregnancy is high risk, mark "Yes" on the *Timely Prenatal Visit and Pregnancy Notification Form*. CalViva Health case managers will contact the pregnant member to offer the Case Management Program.
- Submit the completed form via fax at 1-877-783-0287.

\$50 PER PROGRAM REFERRAL

For each correctly completed *Timely Prenatal Visit and Pregnancy Notification Form*, providers will receive \$50.

The program referral fee is paid on a quarterly basis. Forms must be submitted prior to the close of the quarter. OB/GYNs, primary care physicians (PCPs) and other prenatal care specialists must meet the minimum requirements of the Perinatal Notification Incentive Program (PNIP) to qualify for this supplemental compensation. For more information on PNIP, log in to provider.healthnet.com and select *Working with Health Net > Quality > Perinatal Notification Incentive Program*.

ADDITIONAL INFORMATION

Providers may also contact the Case Management Department at 1-866-801-6294 to refer pregnant members of any risk type.

If you have questions regarding the information contained in this update, contact CalViva Health at 1-888-893-1569.

¹ *Effects of a Pregnancy Management Program on Birth Outcomes in Managed Medicaid*. Available from: www.researchgate.net/publication/51108946_Effects_of_a_Pregnancy_Management_Program_on_Birth_Outcomes_in_Managed_Medicaid.

THIS UPDATE APPLIES TO
MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

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



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:				
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									
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Mandarin <input type="checkbox"/> Farsi <input type="checkbox"/> Korean <input type="checkbox"/> Arabic <input type="checkbox"/> Other _____									
Pregnancy Information – Required									
Pregnancy diagnosis confirmed: <input type="checkbox"/> Yes					Is this a high-risk pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No				
LMP: _____ or EDD: _____									
Gravida:	Para:	Abortions:	OR		Gestational age:		Fetal heart rate: (pos. or neg.)	Fundal height:	
					weeks	days		cm	
Provider Information									
Practitioner name:					Clinic name:				
Practitioner NPI:			Specialty (OB/GYN, PCP, NP, or CNM):		Clinic address:				
Office contact name:					City:			County:	
Office telephone number:					ZIP code:				
<input type="checkbox"/> I confirm that this document is also filed in the member's legal health/outpatient record.									
Practitioner signature:					Date signed:				