HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

UPDATE

October 28, 2019

Dear Obstetrical Provider,
We have exciting news to share with you! Effective immediately, Health Plan of Nevada Medicaid has updated the terms and conditions to the current bonus/reward program for prenatal and postpartum services for your patients. The total reward value has increased and you now have the potential to earn **$60 total.**

The changes include:

- Unbundling the initial prenatal visit and Maternity Risk Screen Form (MRSF). You are now eligible to receive $25 for the *initial prenatal* visit **and** $10 for the *MRSF submission*.
- Retospective claims submission: HPN Medicaid will allow retrospective claim submission for timely prenatal visits that occurred prior to MCO eligibility. The prenatal visit must meet the PPC PRE HEDIS requirements.

Each service will be paid separately when the following requirements are met:

Initial Prenatal Care Visit:

- Submit a complete claim for CPT Category II code 0500F when one of the three qualifying guidelines has been met:
    1. First prenatal care visit within the first trimester of pregnancy, submit the claim within 30 days.
    2. First prenatal care visit is within 42 days of eligible benefits, submit the claim within 30 days.
    3. If the member had a prenatal care visit in the first trimester but benefits were ineligible at time of service.
- The claim must include an EDC and/or LMP to receive ***$25* per member, per pregnancy.**

Maternity Risk Screen Form (MRSF):

- Fax a completed Maternity Risk Screen Form (MRSF) required by the Division of Health Care Financing and Policy (DHCFP) to 702-804-3732 within 30 days of the initial prenatal care visit and receive ***$10* per member, per pregnancy**. You may find the form on our website at myhpnmedicaid.com/Provider > I Need Help With > Provider Memos, Letters and Forms or enclosed with this letter.

Postpartum care visit:

- Submit CPT Category II code 0503F for a postpartum visit that takes place 7-84 days after delivery and receive ***$25* per member, per pregnancy.**
- Submit the claim within 30 days of the postpartum care visit.

Bonus payments will be made quarterly. Providers can retroactively bill for the CPT category II codes that appropriately and accurately meet the criteria from: October 1, 2019 – present.

If you have any questions, please visit myHPNmedicaid.com or call 844-851-7830, Monday through Friday, from 8 a.m. to 5 p.m. local time.

Sincerely,
The Health Plan of Nevada Team
Medicaid Operations

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Fax Completed Form: 702-804-3732

MATERNITY RISK SCREENING FORM

Member Information:

Member Name (first, middle initial, last):

Member ID #: Member's Date of Birth:

Estimated Date of Delivery (EDD): Trimester of Pregnancy: ☐1st☐2nd☐3rd Date of First Visit:

Last Menstrual Period:

Provider Information:

Provider Name (first, middle initial, last):

Provider ID Number:

Additional Comments from Provider:

Please check all that apply:

A. OBSTETRICAL/MEDICAL	
☐ Advanced maternal age > 35 yrs.	☐ Periodontal disease
☐ Anemia	☐ Previous fetal death
☐ Cardiac condition	☐ Previous preterm birth before 37 weeks
☐ Gestational diabetes/diabetes	☐ Asthma/Respiratory condition
☐ Hepatitis	☐ Sickle cell/Clotting disorders
☐ HIV+/AIDS	☐ STD (specify):
☐ Hypertension, chronic or pregnancy induced	☐ 17-P Candidate: ☐Yes ☐No
☐ Multiple gestation (twins, triplets)	☐ Other, please specify:

B. PSYCHOSOCIAL	
☐ Abuse/domestic violence during pregnancy	☐ Substance abuse: Prescription Opiates, Street drugs, Bath salts, Incense, etc.
☐ Anxiety / Depression / Mental Health disorder	☐ Teenager 18 years or younger
☐ Homeless / Unstable housing	☐ Tobacco / Alcohol use
☐ Lack of food	☐ Transportation
☐ Last delivery within 1 year of EDD	☐ Other Social Concerns:
☐ Current Methadone Treatment	

REFERRALS AND/OR SERVICE PLAN	
☐ Care Coordination	☐ Parenting/Childbirth Classes
☐ Glucose Monitor w/nutrition counseling	☐ Perinatologist/Specialist
☐ Home Health	☐ Substance Abuse TX
☐ Mental Health	☐ Tobacco Cessation (Rx or Referral given)
☐ Nutritional Counseling	

PROVIDER SIGNATURE/STAMP_____ **DATE**_____

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-962-8074 (TTY: 711).