home state health

An important message from Provider Relations



Important Update
New Notice of Pregnancy Requirement

As part of Home State Health's commitment to care management, **effective January 1, 2018**, Home State Health will require a **Notice of Pregnancy (NOP) form on file prior to reimbursement of obstetrical prenatal claims (E&M codes with/without TH modifier and/or obstetrical diagnosis code).** Denials will be reflected on the remittance advice as "EXnn Deny-No Notice of Pregnancy on File".

Attached is Home State Health's NOP form. This form can also be found on our Website at www.HomeStateHealth.com. Please complete clearly in black ink and fax to 1-866-681-5125 or submit by logging in to the secure portal at www.HomeStateHealth.com and completing the NOP form under "Assessments" on the member's record.

Submission of the NOP allows Home State's care management team to coordinate the member's care and identify any possible high risk pregnancies. Our obstetric care management staff wants to complement and support the care you provide to Home State Health members in your office.

Questions?
Contact Provider Relations at 1-855-694-4663.

Notification of Pregnancy Form

Start Smart for Your Baby®

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. **Please complete clearly in black ink and fax to: 1-866-681-5125.**

MEMBER INFO

*Required Field

Member ID*

Last Name* First Name*

DOB* (mmddyyyy) Mailing Address

City State Zip

Home Phone – – Cell Phone – –

Email Address

Primary Insurance (for mom or baby) other that Medicaid? Yes O No O

Due Date* (mmddyyyy) Date of last Chlamydia Screening: (mmddyyyy)

Date of first Prenatal Visit (mmddyyyy) Date of last Pap Smear (mmddyyyy)

Race/Ethnicity (fill in all that apply) White O Black/African American O Hispanic/Latina O American Indian/Native American O

Asian O Hawaiian/Pacific Islander O Other O Please specify

Preferred Language (if other than English)

Number of Full Term Deliveries Number of Stillbirths Height ' "

Number of Preterm Deliveries Enrolled in WIC? Yes O No O Pre-Pregnancy Weight

Number of Miscarriages/Abortions Planning to breastfeed? Yes O No O Pre-Pregnancy BMI

Pregnancy risk assessment

Are any of the following risk factors present?* If there are no known risk factors, please fill in here O

History (fill in all that apply):

Previous Preterm (<37 weeks) delivery? O
If yes, was the delivery spontaneous? O
Currently on 17P? O
Recent delivery (within past 12 months)? O
(within past 6 months)? O
Previous C-Section? O
Previous severe preeclampsia? O
Diabetes (prior to pregnancy)? O
Sickle Cell? O
Asthma? O
Worse symptoms during pregnancy? O
High Blood Pressure (prior to pregnancy)? O
Well controlled? O
Previous neonatal death or stillborn? O
Associated with maternal health condition? O
HIV positive? O HIV negative? O Testing refused? O
AIDS? O
Seizure disorder? O
Seizure within the last 6 months? O
Previous alcohol or drug abuse? O

Current Pregnancy (fill in all that apply):

Preterm labor this pregnancy? O
Current placenta previa? O
Vaginal bleeding after 14 weeks? O
Shortened Cervix < 23 weeks this pregnancy? O
Length
Current gestational diabetes? O
Current preeclampsia? O
Current oligohydramnios? O
Twins? O Triplets? O Discordant? O
Current fetal growth restriction? O
Current congenital anomalies? O
BMI <20 or poor weight gain this pregnancy? O
UTI/Pyelo/Bacteriuria this pregnancy? O
Current severe hyperemesis? O
Current mental health concerns? O
List
Current STD? O List
Current tobacco use? O Amount
Current alcohol use? O Amount
Current street drug use? O

For any questions regarding this form or the Start Smart program, please call 1-855-694-HOME (4663).

Notification of Pregnancy Form

Last Name* First Name*

DOB* (mmddyyyy)

Any social needs? Yes O No O Please list below

Other Significant Risk Factors Yes O No O Please list below

Date (mmddyyyy)

OB Provider Name*

TIN/ID Number* **Phone Number** – –

Mailing Address

City **State** **Zip Code**

Approved September 5, 2012