



nh healthy families™

Notification of Pregnancy (NOP) Incentive Program

New Hampshire Healthy Families to Launch a NOP Incentive Program Effective July 1, 2015

- The NH Healthy Families' Notification of Pregnancy (NOP) Incentive Program will reward \$15-\$25 to participating Primary Care Providers for completing and submitting NOP forms in a timely manner. The earlier the form is submitted, the greater the reward. The incentive is payable only for the first identification of each pregnant member. Please see the following flyer for more information.
- To get your reward, you must fax the **NOP Incentive Program Cover Sheet** and include a roster of members for whom you have completed the NOP form to:

Attention: Notification of Pregnancy (NOP) Incentive Program (1-877-301-8595).

Please continue to fax New Hampshire Healthy Families' NOP forms to our Medical Management Department: (1-866-681-5125)

Please direct any other questions to New Hampshire Healthy Families Medical Management Department: (1-866 -769-3085)



Notification of Pregnancy (NOP) Incentive Program

Effective July 1, 2015, New Hampshire Health Families (NHHF) will be expanding our Notification of Pregnancy (NOP) related Incentive Program. NHHF NOP Incentive Program rewards participating OB/GYNs and midwives and will now offer the same incentive to primary care for completing and submitting NOP forms in a timely manner. NOP forms help NHHF identify pregnant members who may have a history of preterm delivery, psychosocial issues or other conditions that may complicate the course of their pregnancy. Provider offices will be reimbursed for the completion and submission of NOP forms. The incentive is payable for pregnant members initially identified by the provider office. This means any member identified prior to your submission of the form from another source would not be eligible for the incentive program.

The following criteria will be used to determine incentive eligibility:

- NOP forms must be completed following the initial OB visit or as early as possible during the course of the pregnancy.
- NOP forms must be completely filled out, including the member's name, date of birth, member ID, name of the OB Provider and the Provider's Tax ID Number (TIN).
- NOP forms must be submitted early as possible during the course of the pregnancy. Form submissions can be made through the NHHF Secure Web Portal or faxed to: 1-866-681-5125

Provider Group Incentive Rewards

- \$25 for each form submitted during the first and second month of pregnancy.
- \$20 for each form submitted during the third and fourth month of pregnancy.
- \$15 for each form submitted during the fifth and sixth month of pregnancy.

Important: Please continue to fax NHHF NOP forms to our Medical Management Department at 1-866-681-5125 or submit via the NHHF Provider Secure Web Portal.

To obtain your check, you must fax the **NOP Incentive Program Cover Sheet** and include a roster of the members for whom you have completed the NOP form.

Please fax the **NOP Incentive Program Cover Sheet** (see following page) and roster to:

Attention: NOP Incentive Program (1-877-301-8595)

NOP payments will be issued on a quarterly basis. Incentive checks will be issued in January, April, July, and October for the prior quarter. Please contact NHHF's Medical Management Department at 1-866-769-3085 at extension 63426 if you have any questions related to the NOP Incentive Program.

Thank you for your support of this important program.

Important Numbers

NOP Form – Fax #: 1-866-681-5125 or NHHF Secure Web Portal
NOP Incentive Program Cover Sheet – Fax #: 1-877-301-8595
Questions related to NOP Program 1-866-769-3085 at extension 63426

Notification of Pregnancy (NOP) Incentive Program Cover Sheet

This form is only for incentive payment purposes. To ensure incentive payments are addressed to the appropriate provider or provider group. Please complete this cover sheet and fax it to: **1-877-301-8595**

Date:	
Provider Name:	
Provider NPI:	
Provider Group Name and/or Practice Name:	
Tax ID:	
Group NPI:	
Number of NH Healthy Families Pregnancy Notification Forms Submitted (please fill out Roster below):	
Contact Name:	
Contact Phone Number:	
Address to Mail Incentive Payment To (including ATTN To: if applicable):	
Return Fax Number:	

Patient Roster

Member Name	Medicaid ID	Member DOB	Last Date of Service	EDC Date	NOP Form submitted via fax or Web Portal* DATE

*PLEASE NOTE: New Hampshire Healthy Families NOP Forms should be submitted via the following methods:

- Fax to: 1-866-681-5125
- Via the Secure Provider Web Portal at www.nhhealthyfamilies.com