

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

- Medical Group/ IPA/MSO**

Primary Care

- IPA/MSO
- Directs

Specialists

- Directs
- IPA

 Hospitals**Ancillary**

- CBAS
- SNF/LTC
- DME
- Home Health
- Other

FOR QUESTIONS CALL**PROVIDER SERVICES:**

(855) 322-4075, Extension:

Los Angeles/Orange Counties122233 117079
120104 127657**Riverside/San Bernardino Counties**128010 127709
127684**Sacramento County**126232 121360
121031**San Diego County**120056 121588
120630**Imperial County**

125682 120153

PREGNANCY NOTIFICATION FORM (PNF) UPDATED FORM & EMAIL

Molina Healthcare of California (MHC) has recently updated the Pregnancy Notification Form and email. Please make a note of the updated information for submitting these PNFs to the plan and discontinue the use of the old form.

NEW EMAIL: MHCHEDISPPC@molinahealthcare.com

MHC's Quality Improvement and Health Plan Effectiveness Data and Information Set (HEDIS) department provide oversight and will be the primary recipient of this data/PNF information. Having HEDIS department as the primary recipient of the submitted PNF and ensuring receipt of this information from network providers will be critical in not only identifying pregnant members, but also implementing appropriate interventions to ensure they receive timely prenatal and postpartum care.

PNF Submission Process:

Please be sure you are following the below process to submit PNFs:

1. Complete all member information.
2. Complete the Provider Information section with the name of the OB/GYN to whom the member was referred for prenatal care.
3. Fax the form to (855) 556-1424 or email to Molina's HEDIS department at MHCHEDISPPC@molinahealthcare.com
4. If you have any questions or need some assistance with the form, please contact us at **(877) 665-4628**.

The following page is the Pregnancy Notification Form to be utilized.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075.



Pregnancy Notification Form

Upon confirmation of a positive pregnancy test, please complete the form including how you met the first prenatal visit requirements. Fax toll free to (855) 556-1424. If you have questions or need help, call (877) 665-4628.

Member Information

Today's Date: _____

Member's Name: _____ Member ID/CIN: _____ Member DOB: _____

Preferred Language: _____ Phone #: _____ Alternate Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Pregnancy Diagnosis: LMP: _____ EDC: _____

- Z34.91 – Normal pregnancy, first trimester
- Z34.90 – Normal pregnancy, unspecified trimester

Prenatal Visit

1st Trimester Documentation (please fill out boxes below)*

Complete obstetric history
G: _____ P: _____ A: _____

Prenatal risk assessment w/ education

Fundal height: _____

Additional Services completed

- Pelvic exam w/ OB observations
- Echo of pregnant uterus
- OB Panel (OB/GYN use only)
- TORCH panel (PCP or OB/GYN)
- Rubella antibody test w/ Rh incompatibility

*PCPs need to include a pregnancy related diagnosis code with one of the above

High Risk Conditions (Check all that apply)

Current Pregnancy

- Hypertension
- Gestational Diabetes
- Excessive Nausea/Vomiting
- 17 P Candidate (If +PTD)
- Pre-term Labor
- Multiple Gestation
- N/A
- Other: _____

Past Pregnancy History

- N/A
- Gestational Diabetes
- Pre-term labor
- Pre-term delivery
- Fetal Demise
- Pre-eclampsia or Toxemia
- N/A
- Other: _____

Provider Information

Practitioner's Name: _____ Practitioner's NPI: _____

Practitioner's Address: _____ Phone # _____

Referred to OB/GYN Practitioner: _____ Phone #: _____

I confirm that this document is also filed with the member's legal health/outpatient record.

Provider Signature: _____