

Pregnancy Incentive Reimbursement Form



Date: _____

Member Demographics

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| Patient's name: _____ | | EDC : _____ |
| Medicaid ID #: _____ Address: _____ Home Phone: - - _____ | Alternate Contact Information: Cell Phone: - - _____ Work Phone: - - _____ | |
| Pregnancy Confirmed by (check applicable box): <input type="checkbox"/> US <input type="checkbox"/> Urine Test <input type="checkbox"/> Blood test <input type="checkbox"/> other _____ Date of Test: _____ | | |
| Anticipated Delivery (check applicable box): <input type="checkbox"/> NSVD <input type="checkbox"/> Cesarean Delivery | | |

Referring Provider

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| Type of Provider (check applicable box): <input type="checkbox"/> OB <input type="checkbox"/> Family Practitioner <input type="checkbox"/> Perinatologist |
| Practice Name: _____ Tax Identification #: _____ |
| Referring Provider / Practice Name : _____ Phone: - - _____ |
| Address: _____ City/State: _____ Fax: - - _____ |

General Instructions

- This form should only be submitted for incentive reimbursement requests. A copy of the actual **Georgia Families Pregnancy Notification Form** must accompany each submission.
- Member must be eligible for Peach State Health Plan benefit at the time the form is submitted for provider to be eligible for incentive reimbursement.
- Incentive payment will be mailed to participant on the 15th day of the month following submission.

• Incentive Program Incentive Reimbursement Type (check applicable box)

Notification of Pregnancy Referral (payable to MD office staff, only)

- All submissions should be emailed to: **PSHP17PNOPOB@CENTENE.COM** or fax to: **1-866-532-8835**
 - **ATTN: Pregnancy Incentive Program Reimbursement**
 - **Note:** Doctor office staff should continue to fax the Georgia Families Pregnancy Notification forms to our **Case Management Department at 1-866-681-5125**. A copy of this form can be found www.pshp.com. **Incentive will only be paid out upon verification that the form has been submitted.**
- A copy of the Georgia Families Pregnancy Notification form must be attached to the Pregnancy Incentive Reimbursement form in order for the incentive to be paid.

17P Program Referral (payable to the physician, only)

- All submissions should be emailed to: **PSHP17PNOPOB@CENTENE.COM** or fax to: **1-866-532-8835**
 - **ATTN: Pregnancy Incentive Reimbursement Unit**
- A copy of Peach State Health Plan prior authorization form for 17P treatment must be attached to the Pregnancy Incentive Reimbursement Form in order for incentive to be paid.

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| 17P Program Incentive | Georgia Families Notification of Pregnancy form |
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| <p>Must meet both of the following (please check):</p> <p><input type="checkbox"/> Member Gestational Age between 16 – 20 weeks</p> <p><input type="checkbox"/> Member with history of Spontaneous Preterm Delivery</p> <p>Physician Name (please print): _____</p> <p>Physician Signature: _____ (must be signed by the treating physician)</p> <p>Note: This signature must match signature on Georgia 17P referral form.</p> | <p>Check the applicable box:</p> <p><input type="checkbox"/> \$25 Visa gift card per form submitted during the 1st & 2nd month of pregnancy</p> <p><input type="checkbox"/> \$20 Visa gift card per form submitted during the 3rd & 4th month of pregnancy</p> <p><input type="checkbox"/> \$15 Visa gift card per form submitted during the 5th & 6th month of pregnancy</p> <p>Physician Office Staff Name (please print): _____</p> <p>Physician Office Signature: _____</p> <p>Note: Signature must match signature on pregnancy notification form. The maximum annual incentive payout is \$600.00 per staff member.</p> |
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Do not write below this line: For PSHP Medical Management Department use only

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| <p><input type="checkbox"/> Verified NOP's received date by PSHP Corporate</p> <p><input type="checkbox"/> Verified EDC date <input type="checkbox"/> Copy of NOP attached</p> | <p><input type="checkbox"/> Gift Card Serial # _____</p> <p><input type="checkbox"/> Check # _____</p> | <p><input type="checkbox"/> Reconciliation Log updated</p> <p><input type="checkbox"/> Date Mailed : _____</p> <p>CM# _____</p> |
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