

Obstetrical Incentive Programs

Effective March 1, 2013, Absolute Total Care launched two obstetrical related Incentive Programs. The first program is related to the early identification of pregnancies. Your OB office staff will be reimbursed for the completion and submission of Pregnancy Notification Forms. ***The incentive is payable only on new 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.***

Office Staff Incentive

- \$25.00 check for each form submitted during the first and second month of pregnancy
- \$20.00 check for each form submitted during the third and fourth month of pregnancy
- \$15.00 check for each form submitted during the fifth and sixth month of pregnancy

Important: Please continue to fax the South Carolina Notification of Pregnancy Form to our Case Management Department at 1-866-681-5125.

To obtain your check, you must submit a copy of the **South Carolina Notification of Pregnancy Form** along with the **Pregnancy Incentive Program Reimbursement Form** to:

Attention: Pregnancy Incentive Program Reimbursement Unit, fax number 1-866-918-4451

You will receive your incentive check in the month following our receipt of your forms. For questions related to the Notification of Pregnancy Incentive Program, contact Absolute Total Care's Case Management Department by telephone at 1-866-433-6041.

Please Note: The maximum annual incentive payout is \$500.00 per office staff member.

Physician Incentive

The second incentive program is for OB providers that enroll members into Absolute Total Care's

17P/Makena Program. Providers will be reimbursed \$100.00 for each eligible member enrolled in the program. Eligibility is determined by the following:

- Member is actively enrolled as an Absolute Total Care member
- Gestational age between 16 and 26 weeks
- Member has a history of Previous Spontaneous Preterm Delivery

To obtain your incentive, you must complete and submit a copy of the Absolute Total Care prior authorization form (available on our website) authorizing the 17P/Makena treatment along with the Pregnancy Incentive Program Reimbursement Form to:

Attention: Pregnancy Incentive Program Reimbursement Unit, email
OBINCENTIVES@CENTENE.COM or fax to 1-866-918-4451.

Thank you for partnering with us to better serve our pregnant members, enhance the pregnancy experience, optimize birth outcomes and improve the rate of full term deliveries.

Sincerely,

Madonna Lumsden, RN, MSHA
VP, Medical Management

Pregnancy Incentive Reimbursement Form

Notification Date: _____

Member Demographics	
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	
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: Address:	Phone: - - Fax: - -
City/State/Zip:	
General Instructions	

- Member must be eligible for Absolute Total Care benefit at the time the form is submitted for provider to be eligible for incentive reimbursement.

Incentive Program Incentive Reimbursement Type (check applicable box)	
<input type="checkbox"/> OB Incentive Reimbursement (payable to MD office staff, only) <ul style="list-style-type: none"> • Please send the Pregnancy Incentive Reimbursement Form along with a copy of the South Carolina Notification of Pregnancy Form to 1-866-918-4451 or OBINCENTIVES@CENTENE.COM. *Note: In addition, the South Carolina Notification of Pregnancy Forms should continue being faxed to our Case Management Department at 1-866-681-5125. 	
<input type="checkbox"/> 17P/Makena Program Referral (payable to the physician, only) <ul style="list-style-type: none"> • All submissions should be emailed to: OBINCENTIVES@CENTENE.COM OR Faxed to 1-866-918-4451 ATIN: Pregnancy Incentive Reimbursement Unit • A copy of the Absolute Total Care prior authorization form for 17P/Makena treatment or Alere Referral form must be attached to the Pregnancy Incentive Reimbursement Form in order for incentive to be paid. 	
17P/Makena Program Incentive	South Carolina Families Notification of Pregnancy form
Must meet both of the following (please check): <input type="checkbox"/> Member Gestational Age between 16 – 26 weeks <input type="checkbox"/> Member with history of Spontaneous Preterm Delivery Physician Name (please print): _____ Physician Signature: _____ <i>(must be signed by the treating physician)</i> Note: This signature must match signature on South Carolina 17P/Makena referral form. *Providers will be reimbursed \$100.00 for each eligible member enrolled in the program.	Check the applicable box: <input type="checkbox"/> \$25 check per form submitted during the 1st & 2 nd month of pregnancy <input type="checkbox"/> \$20 check per form submitted during the 3rd & 4 th month of pregnancy <input type="checkbox"/> \$15 check per form submitted during the 5th & 6th month of pregnancy Office Staff Name (please print): _____ Physician Office Signature: _____ Note: Signature must match signature on pregnancy notification form. The maximum annual incentive payout is \$500.00 per staff member.

Do not write below this line: For ATC Medical Management Department use only		
<input type="checkbox"/> Verified NOP's received date by ATC Corporate <input type="checkbox"/> Verified EDC date <input type="checkbox"/> Copy of NOP attached	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Reconciliation Log updated <input type="checkbox"/> Date Mailed : _____ CM# _____