

**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 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

## 2023 Pregnancy Notification Form

This is an advisory notification to Molina Healthcare of California (MHC) network providers.

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

MHC's Quality Improvement and Health Plan Effectiveness Data and Information Set (HEDIS) department provides oversight and will be the primary recipient of this data/PNF information. Having the 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.

**Molina will pay a \$75 incentive per PNF form (up to one payment per pregnancy) and all qualifying submissions will be issued in the second 2nd reporting period (Jul 1st – Dec 31st) in accordance with our P4P (Pay-For-Performance) Program.**

**Please reach out to your County's assigned Practice Transformation Specialist to coordinate a training on the PNF form:**

- Inland Empire:
  - Avery Slaughter: [Avery.Slaughter@molinahealthcare.com](mailto:Avery.Slaughter@molinahealthcare.com)
  - Michelle Mora: [Michelle.Mora@molinahealthcare.com](mailto:Michelle.Mora@molinahealthcare.com)
- Imperial:
  - Fernanda Garate: [Fernanda.Garate@molinahealthcare.com](mailto:Fernanda.Garate@molinahealthcare.com)
- Los Angeles:
  - Rocio Chavez: [Rocio.Chavez1@molinahealthcare.com](mailto:Rocio.Chavez1@molinahealthcare.com)
  - Michelle Mora: [Michelle.Mora2@molinahealthcare.com](mailto:Michelle.Mora2@molinahealthcare.com)
- Sacramento:
  - Elizabeth Hill: [Elizabeth.Hill@molinahealthcare.com](mailto:Elizabeth.Hill@molinahealthcare.com)
- San Diego:
  - Cindy Santa Cruz: [Cindy.Cruz@molinahealthcare.com](mailto:Cindy.Cruz@molinahealthcare.com)

**PNF Submission Process:**

*Please be sure you are following the below process to submit PNFs within 14 days of pregnancy diagnosis:*

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](mailto: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 contains the Pregnancy Notification Form to be utilized.**

**QUESTIONS**

If you have any questions regarding the notification, please contact your Molina Provider Services Representative. Please refer to the phone numbers listed below:

Service County Area	Provider Services Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster	909-577-4351	<a href="mailto:Deletha.Foster@molinahealthcare.com">Deletha.Foster@molinahealthcare.com</a>
	Shelly Lilly	858-614-1586	<a href="mailto:Michelle.Lilly@molinahealthcare.com">Michelle.Lilly@molinahealthcare.com</a>
Los Angeles	Clemente Arias	562-517-1014	<a href="mailto:Clemente.Arias@molinahealthcare.com">Clemente.Arias@molinahealthcare.com</a>
	Christian Diaz	562-549-3550	<a href="mailto:Christian.Diaz@molinahealthcare.com">Christian.Diaz@molinahealthcare.com</a>
Los Angeles / Orange County	Maria Guimoye	562-549-4390	<a href="mailto:Maria.Guimoye@molinahealthcare.com">Maria.Guimoye@molinahealthcare.com</a>
Sacramento	Jennifer Rivera Carrasco	562-542-2250	<a href="mailto:Jennifer.RiveraCarrasco@molinahealthcare.com">Jennifer.RiveraCarrasco@molinahealthcare.com</a>
San Bernardino	Luana McIver	909-501-3314	<a href="mailto:Luana.Mciver@molinahealthcare.com">Luana.Mciver@molinahealthcare.com</a>
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	<a href="mailto:Vanessa.Lomeli2@molinahealthcare.com">Vanessa.Lomeli2@molinahealthcare.com</a>
Riverside County	Mimi Howard	562-549-3532	<a href="mailto:Smimi.Howard@molinahealthcare.com">Smimi.Howard@molinahealthcare.com</a>
San Diego / Imperial County	Briana Givens	562-549-4403	<a href="mailto:Briana.Givens@molinahealthcare.com">Briana.Givens@molinahealthcare.com</a>
	Carlos Liciaga	858-614-1591	<a href="mailto:Carlos.Liciaga@molinahealthcare.com">Carlos.Liciaga@molinahealthcare.com</a>
	Salvador Perez	562-549-3825	<a href="mailto:Salvador.Perez@molinahealthcare.com">Salvador.Perez@molinahealthcare.com</a>

*If you are not contracted with Molina and wish to opt out of the Just the Fax, email: [mhcproviderjustthefax@molinahealthcare.com](mailto:mhcproviderjustthefax@molinahealthcare.com)  
Please include provider name and fax number and you will be removed within 30 days.*



# Pregnancy Notification Form

Upon confirmation of a positive pregnancy test, please complete the form including how you met the first prenatal visit requirements within 14 days of diagnosis. Fax toll free to (855) 556-1424. If you have questions or need help, call (877) 665-4628. Receipt of form is eligible for \$75 payout EOY. (FQHCs/RHCs not eligible)

## Member Information

Today' Date: \_\_\_\_\_

Member's Name: \_\_\_\_\_ Member ID/CIN: \_\_\_\_\_ 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

### Prenatal Visit

**1<sup>st</sup> 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
- Dental Exam/Referral/ Education

### High Risk Conditions

<p><b>Current Pregnancy</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hypertension</li> <li><input type="checkbox"/> Gestational Diabetes</li> <li><input type="checkbox"/> Excessive Nausea/Vomiting</li> <li><input type="checkbox"/> 17 P Candidate (If +PTD)</li> <li><input type="checkbox"/> Pre-term Labor</li> <li><input type="checkbox"/> N/A</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<p><b>Past Pregnancy History</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> N/A</li> <li><input type="checkbox"/> Gestational Diabetes</li> <li><input type="checkbox"/> Pre-term Labor</li> <li><input type="checkbox"/> Pre-term Delivery</li> <li><input type="checkbox"/> Fetal Demise</li> <li><input type="checkbox"/> Pre-eclampsia or Toxemia</li> <li><input type="checkbox"/> N/a</li> <li><input type="checkbox"/> Other: _____</li> </ul>
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## 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:** \_\_\_\_\_