

Pregnancy notification process using the Benefit Look-Up Tool

Amerigroup Community Care aims to identify all pregnant members early in their pregnancy so they can take full advantage of the education, support, resources, and incentives available through the New Baby, New LifeSM program we offer.

Amerigroup uses the Benefit Look-Up Tool in the Availity* Portal to generate timely information about newly identified pregnant women. Early intervention helps improve birth outcomes and assists members with accessing additional benefits as soon as possible.

How it works

During the eligibility and benefits inquiry, if the member is of childbearing age, the office associate will be prompted to answer if the member is pregnant. If the response is yes, the system will ask the due date, and a *Maternity* form is generated. Providers are asked to complete the form and provide additional information including the dates of the first prenatal and postpartum care visits. Just follow these simple steps:

1. Perform an eligibility and benefits request on a member of childbearing age and choose one of the following benefit service types: maternity, obstetrical, gynecological, or obstetrical/gynecological.
2. Before you see the benefit results screen, you will be asked if the member is pregnant and given a *Yes* or *No* option. If you indicate *Yes*, you will be asked what the estimated due date is. Fill in that date if you have an estimate or leave it blank if you do not.
3. After you submit your answer, you will be taken to the benefits page. In the background, a *Maternity* form will be generated for the member in the maternity application in *Payer Spaces* for Amerigroup.

Provider frequently asked questions

What is the purpose of the Availity Portal pregnancy notification process?

Amerigroup aims to identify all pregnant members early in their pregnancy so they can take full advantage of the education, support, resources, and incentives available through maternity programs like New Baby, New Life.

When will the maternity screening questions display?

In the Availity Portal, the provider must choose one of four maternity service types (maternity, obstetrical, gynecological, and/or obstetrical/gynecological) during the eligibility and benefits inquiry. For members 15 to 44 years of age, the system will then display a maternity screening consisting of two required questions. If the provider confirms the patient is pregnant, a *Maternity* form is generated. If the patient is not pregnant, the desired eligibility and benefits information displays, and no further action is required.

* Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care.

What information is required on the maternity screening in the Availity Portal?

The following questions are required: *Is the patient pregnant?* and *What is the estimated due date?* If the estimated due date is not yet known, that question can be skipped; it will appear the next time a provider uses the eligibility and benefits lookup.

How is the information on the *Maternity* form used?

The *Maternity* form helps identify pregnant women so that maternity programs can be offered to them. As part of the process, all identified pregnant women receive an OB high-risk screening as well as appropriate prenatal, postpartum, and well-child health education. Therefore, it is important that pregnancy data is correctly entered into the Availity Portal.

The *Maternity* form is optional, but completing it is highly recommended so pregnancy support can be offered to members. For example, if Amerigroup sees that a member has not yet had important prenatal and postpartum visits, we can help the member schedule these visits. It also notifies us if a pregnancy has ended prematurely so we can turn off pregnancy-related health education messaging.

How should the provider respond when a member presents as a transfer from another OB provider?

You should answer the member pregnancy questions and complete the *Maternity* form as usual. Even though the first prenatal visit question typically relates to prenatal care in the first trimester or within 42 days of plan enrollment, you can enter the date you first provided prenatal care for the patient.

If a member transfers out of our practice during her prenatal course, how should the provider complete the *Maternity* form?

You can leave the *Maternity* form in pending status as it still provides us with pertinent prenatal care information up to the point the patient transfers out of the practice. The form remains in place until it is automatically retired 19 months later.

If we have confirmed the patient is pregnant but suffers an early miscarriage or chooses to terminate their pregnancy, how should the provider communicate this information?

Select the option on the *Maternity* form that states *This pregnancy ended or the baby delivered prior to 20 weeks*. This action allows the office to close out and submit the *Maternity* form for this pregnancy. This will also notify us that any previously initiated maternity programs should be stopped.

Do I have to answer all questions on the *Maternity* form at the same time?

No, the workflow is designed so you can enter and save information as it becomes available at multiple times during the pregnancy. After entering the delivery and postpartum visit dates, you are given the option to complete and submit the attestation. Until you are ready to submit the attestation, you may save information and continue with other tasks.

Is there an easy way for me to obtain a list of all patients for whom I need to enter prenatal or postpartum visit dates?

Yes, you will receive two notifications to complete the *Maternity* form:

- The notification to complete the form and enter the first prenatal visit date is posted at the time the form is created.
- The second notification alerts you to schedule the postpartum visit and to enter the postpartum visit date. This alert is posted 14 days prior to the estimated due date.

You can access the work queue at any time under *Payer Spaces*. Select the payer title from the list and select **Maternity**.

How can I get additional help, support, or training?

- Availity offers integrated help and on-demand training demonstrations (select **Help** or **Find Help** and search using the keyword *maternity*).
- You can launch a training demo from associated help topics as well as the *Maternity* work queue.
- If you have technical difficulties related to the *Maternity* workflow, contact Availity support at **800-282-4548**.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your assigned Provider Experience associate or call Provider Services at **800-454-3730**.