



To: AmeriHealth Caritas Louisiana Providers
Date: June 9, 2016
Subject: **Notice of Pregnancy (NOP) Form**

Summary: The Department of Health and Hospitals has instituted a standardized Notice of Pregnancy (NOP) form for all Bayou Health Plans. Effective immediately, providers should use this form in place of previous plan specific forms, such as AmeriHealth Caritas Louisiana's Obstetrical Needs Assessment Form (ONAF).

The NOP form should be completed as early as possible in pregnancy for each expectant patient who is an AmeriHealth Caritas Louisiana member. Completed AmeriHealth Caritas NOP forms should be faxed to our Bright Start® Maternity Program at 1-888-877-5925. Providers will receive a \$15.00 payment for each completed form submitted. The NOP gives our Bright Start® maternity care management team the best opportunity to appropriately assist with managing our maternity members. The form is available online at: www.amerhealthcaritasla.com > providers > provider forms > Notice of Pregnancy.

Questions:

Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana's Provider Services department at 1-888-922-0007 or your Provider Network Management Account Executive.



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If there are no known risk factors, Please fill in here 0

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