



To: Medi-Cal IPAs
From: IEHP – Provider Relations
Date: December 30, 2019
Subject: **RETIRED- Pre-Existing Pregnancy Program (P3)**

The Inland Empire Health Plan (IEHP)'s Pre-Existing Pregnancy Program (P3) (MC_19D) is retiring effective **January 1, 2020**.

IPAs will have 180 days to submit the P3 report for each qualifying Member who delivers by DOS December 31, 2019.

Attached is a copy of the 2019 policy MC_19D for a full description of the program.

Thank you for your continued partnership in providing quality healthcare to IEHP's Members.

As a reminder, all communications sent by IEHP can also be found on our Provider portal at: www.iehp.org > For Providers > Plan Updates > Correspondence.

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.

Enclosure: MC_19D - Pre-Existing Program

19. FINANCIAL AND REIMBURSEMENT

D. Pre-Existing Pregnancy Program

APPLIES TO:

- A. This policy applies to all Medi-Cal Members.

POLICY:

- A. IEHP has created the Pre-Existing Pregnancy Program (P3) to reduce the financial impact to Providers for pregnant Members assigned to the Provider late in their pregnancy.
- B. If a Member enrolls with the assigned Provider within ninety (90) days prior to delivery, upon delivery the assigned IPA and Hospital are both eligible to receive a global sum of \$350 from IEHP.

PROCEDURES:

- A. Every month, Providers can complete the Pre-Existing Pregnancy Program Submission Form (See Attachments, “Pre-Existing Pregnancy Submission Form” and “Pre-Existing Pregnancy Submission Form Instructions” in Section 19) or develop their own reports, provided they contain the information in the same format, and submit it to IEHP,

IEHP Claims Department P3
10801 6th St.
Rancho Cucamonga, CA 91730

- B. The report must contain the following information:
1. Member’s Name
 2. Member’s Social Security Number or IEHP assigned Member identification number
 3. Provider Effective Date
 4. Baby’s Date of Birth (Date of Service)
 5. Name of facility where Member delivered
- C. IEHP pays the assigned Provider that submits a P3 report \$350 for each Member who enrolls with the assigned Providers within ninety (90) days of delivery.
- D. IEHP verifies delivery by checking the Member’s claim history. If a Member’s admission is not reflected in IEHP’s claim history file, a request for proof of admission is sent to the Provider before further processing.
- E. P3 payments are paid monthly, separate from the capitation payment, and include a copy of the Submission Form indicating the reimbursable Members.
- F. P3 Submission Forms must be received by IEHP within one hundred eighty (180) days of the delivery in order to obtain reimbursement.

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This policy and corresponding attachments will be retired due to inactivity and other incentive programs that are in place.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: <i>Signature on file</i>	Original Effective Date:	September 1, 1996
Chief Title: Chief Network Officer	Revision date:	January 1, 2019