Aetna Better Health® of Florida

Maternal Health Notification of Pregnancy Provider Incentive

Statewide Medicaid Managed Care (SMMC)

Maternal Health Incentive Grid

Incentive	Provider Action / Requirement	Reward Amount	Provider Notes
Notice of Pregnancy (NOP)	• **Immediate** submission of a completed NOP form. • **$100 incentive** for submission of a completed Notification of Pregnancy (NOP) for members identified and form received during the **first trimester of pregnancy**. Use code 99199 with modifier U1 to bill for the incentive. • **$50 incentive** for submission of a completed Notification of Pregnancy (NOP) for members identified and form received during the **second or third trimester of pregnancy**. Use code 99199 with modifier U2 to bill for the incentive.	**$100 or $50**	Providers should submit a completed Notice of Pregnancy (NOP) form and submit a claim with approved code and modifier **immediately after a member is identified or confirmed to be pregnant**
Prenatal Care Timeliness	Reward per compliant member when completed by the provider. One time incentive per pregnancy. **Codes and Diagnosis Approved to Bill**: CPT: 99500, 0500F-0502F H1000-H1004 **Approved Telehealth Codes and Diagnosis:** CPT: Audio/Video 99202–99205, 99211–99215 Audio Only 98008-98015 **when appropriately billed as telehealth per payer requirements* **Dx: Z34.xx or O09.xx** **Telehealth visits must have a dx of pregnancy on claim to qualify for the incentive.* **Telehealth Billing:** Report the appropriate telehealth code, modifier "GT" and place of service (POS) in accordance with applicable payer billing requirements. Telehealth services may be used for PPC reporting when all applicable HEDIS numerator, timing and documentation requirements are met.	**$100**	Prenatal visit **must** be completed within the first trimester or within 42 days of member's enrollment with the plan

Postpartum Care Timeliness	Reward per compliant member when completed by the provider. One time incentive per pregnancy. **Codes and Diagnosis Approved to Bill**: CPT: 57170, 58300, 59430, 99501,0503F Dx: Z39.2, Z39.1 **Approved Telehealth Codes and Diagnosis:** CPT: Audio/Video 99202–99205, 99211–99215 Audio Only 98008-98015 **when appropriately billed as telehealth per payer requirements* **Dx: 39.1, 39.2** **Telehealth visits must have a postpartum dx on claim to qualify for the incentive.* **Telehealth Billing:** Report the appropriate telehealth code, modifier "GT" and place of service (POS) in accordance with applicable payer billing requirements. Telehealth services may be used for PPC reporting when all applicable HEDIS numerator, timing and documentation requirements are met.	**$100**	Postpartum visit **must** be completed **between 7-84 days after delivery**

Important Program Notes

- Incentives are subject to applicable program guidelines and validation of qualifying services.
- Plan-specific enrollment, documentation, and performance measure requirements may apply.
- Providers should retain documentation supporting each qualifying activity or service.

Questions? Please contact your Aetna Better Health of Florida Provider Engagement Representative or email: FLProviderEngagement@aetna.com.

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