EL PASO FIRST
Health *Plans*, inc.

Memo

To: Providers

From: El Paso First Health Plans

Date: August 5, 2014

Re: Prenatal – Postpartum Care Visit Verification Online Tool

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El Paso First adheres to the National Committee for Quality Assurance (NCQA) and Healthcare Effectiveness Data Information Set (HEDIS) guidelines for Prenatal and Postpartum Care (PPC). The criteria being monitored includes: the percent of prenatal care visits that occur within the first trimester or within 42 days of enrollment with El Paso First and the percent of postpartum visits that take place between 21 to 56 days after the delivery.
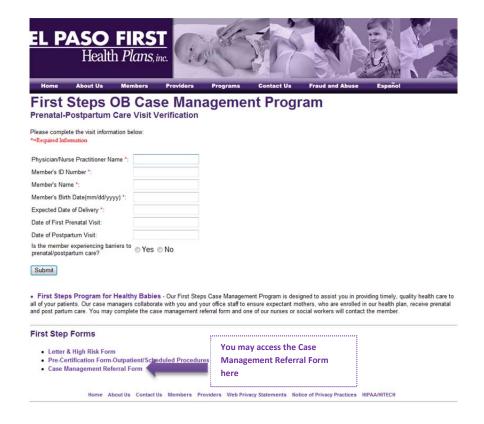
In collaboration with you and your staff, we want to ensure expectant mothers who are enrolled in our health plan receive appropriate prenatal and post-partum care. El Paso First has created an online tool for you to report when members attend their first prenatal and postpartum visits to support the case management efforts that encourage timely and quality health care. We are asking providers to submit the member's information on a secure online tool that is available at www.epfirst.com.

Providers may also indicate if a member is experiencing any barriers to their prenatal or post-partum care, which prompts us to contact the Member. Furthermore, providers have the option to refer a member for Case Management by selecting the Case Management Referral Form from the First Steps OB Case Management Program page.

We appreciate your collaboration and the services you provide to our members. If you have any questions or concerns, please feel free to contact Stacy Arrieta, Provider Relations Representative, at 915-532-3778 ext. 1059.

Prenatal – Postpartum Care Visit Verification Online Tool

This reporting tool is used to capture the member's first prenatal and postpartum visits.

- Required fields:
    - Physician/Nurse Practitioner Name
    - Member's ID Number
    - Member's Name
    - Member's Birth Date
    - Expected Date of Delivery
    - Date of First Prenatal Visit *(first visit after becoming eligible with EP First)*
        OR
    - Date of Postpartum Visit

- If the member is experiencing barriers to prenatal or postpartum care, select "Yes" to notify us so we may contact the member for assistance.

- Submit