

EL PASO FIRST

Health Plans, inc.

Dear Provider:

El Paso First Health Plans, Inc. is excited to announce a new initiative designed to help better serve our members with high risk pregnancies, while concurrently facilitating the process of delivering care for our providers. Starting August 1st, 2011 prior authorization for ultrasounds performed on members who have been identified as being at high risk for complications of pregnancy will no longer be required.

Identification of a member requires the submission of the, "High Risk Pregnancy Notification," form to El Paso First via facsimile. Upon receipt of the notification form, the Prior Authorization Unit will enter an authorization into the health plans computer information management system, which will allow the subsequent claims for the ultrasounds to process for payment without any further administrative requirements from the provider.

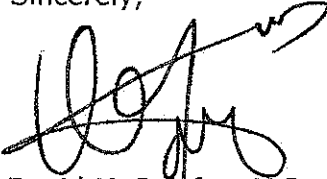
The limit of four ultrasounds for members who are not at high risk will remain in place. If additional ultrasounds are performed without prior submission of the high risk identification form or prior authorization for the fifth ultrasound, the claim will deny in accordance with current utilization management policies.

It is the intent of this revision in policy to identify members who are at high risk for complications related to pregnancy more efficiently, thus expediting their enrollment into El Paso First's High Risk Pregnancy Case Management Program, while at the same time facilitating the delivery of care by their providers.

A copy of the, "High Risk Pregnancy Notification Form," has been attached to this letter of notification. El Paso First has devoted a portion of our next quarterly Provider Orientation Program to review this process in greater detail. The Provider Orientation is scheduled on July 14th, 2011 at 8:30 a.m. If you have any questions regarding this initiative prior to our quarterly Provider Orientation Program, please contact your provider representative or the Health Services Department.

El Paso First appreciates the excellent care you provide for our members and is hopeful this process improvement will lead to the provision of timely care with less administrative requirements.

Sincerely,



David M. Palafox, M.D.
Medical Director

PRIOR AUTHORIZATION FORM HIGH RISK PREGNANCY



Please attach clinical documentation.

Date: _____

To: **Edna Martinez**
OB Case Manager

Fax: 915.298.7866

From: _____

Fax: _____

Approved DOS: _____

No. of Pages: _____

Authorization No.: _____

(including cover sheet)

Member Information

Name: _____

DOB: _____

Phone No.: () _____

Health Plan ID#: _____

Expected due date: _____

IC9-Codes: _____

Patient has been diagnosed with any of the following conditions:

- | | |
|---|--|
| <input type="checkbox"/> Pre-term delivery (<37 weeks/previous pregnancy)
Year and Gestation age of PTL: _____ | <input type="checkbox"/> GDM (Type I/II)
HgA1C: _____ |
| <input type="checkbox"/> Multiple Gestation | <input type="checkbox"/> Hypertensive disorders of pregnancy
Recent B/P: _____ |
| <input type="checkbox"/> Obesity Complicating Pregnancy
BMI > 35 Weight _____ | <input type="checkbox"/> Birth defect detected
Specify: _____ |
| <input type="checkbox"/> Young primigravida < 16 | <input type="checkbox"/> Advanced Maternal Age
Age 35 for singleton
Age 33 for multiples |
| <input type="checkbox"/> HX of Mental Disorders
Specify: _____
Medication: _____ | <input type="checkbox"/> Late prenatal care (after 20 weeks) |
| <input type="checkbox"/> Toxic Habits (Alcohol/Drug use)
Specify: _____ | <input type="checkbox"/> HIV/HSV/ Hepatitis |
| <input type="checkbox"/> IUGR | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Placenta previa (persistent in 3 rd trimester) | |

Information

Physician's Name: _____

Office contact person: _____

Phone No.: () _____

*If you have any questions please contact the OB Case Management program
at (915) 532-3778 extension 1500.*