



FREQUENTLY ASKED QUESTIONS

FAQ'S FOR PROVIDERS

The OB P4P program provides an opportunity for OB/GYN Providers to earn a financial reward for improving the quality of maternity care for IEHP's pregnant and postpartum Members. We hope this Frequently Asked Questions (FAQs) document for the OB P4P Program will be beneficial. Detailed program specifics can be found in the OB P4P Program Guide on the IEHP website at <https://www.iehp.org/en/providers/p4p-prop56-gemt#P4POBGYN>.

- Q.** How can the Provider ensure they receive the full payment for OB P4P services?
- A.** To receive full benefits of the P4P incentive payments, you must bill the exact amount of the P4P incentive that you expect to receive. Failure to follow this billing guidance will result in the office not receiving full P4P incentive payments.
- Q.** For lab-based services included in the OB P4P Program (e.g., “Perinatal Chlamydia Screening,” “Postpartum Diabetes Screening,”) should I submit for the P4P incentive when the lab is ordered, or result is received?
- A.** You should submit for the incentive once you have received the lab results. The date of service (DOS) on your claim form should be the day the lab was ordered. (Example: Member was seen on 1/1/2022 and Chlamydia test was ordered. Result reviewed by Provider on 1/8/2022. Claim for OB P4P incentive submitted by Provider on or after 1/8/2022 with DOS 1/1/2022.)
- Q.** Which screening tool do you recommend for the “Perinatal Depression Screening” measure?
- A.** Any depression screening tool that has been validated for pregnant and postpartum women is appropriate. Examples include: Patient Health Questionnaire-9 (PHQ-9), PHQ-2, and the Edinburgh Postnatal Depression Scale (available on the IEHP website at <https://www.iehp.org/en/providers/p4p-prop56-gemt#P4POBGYN>).

FAQ's to the OB/GYN P4P Program will be posted on the IEHP website in the Provider section. Any questions related to this program can be sent to IEHP's Provider Call Center at (909) 890- 2054.

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- Q.** Can I submit multiple claims (for the OB P4P Program incentives and routine billing) on one paper or electronic CMS 1500 form?
- A.** For IEHP Direct Members, you can submit to IEHP on the same claim form for all services and the P4P incentive. Make sure that procedure codes for the OB P4P Program services have the “ZZ” modifier as applicable. Your OB P4P Program Guide contains detailed coding instructions. For IPA Members, a separate claim needs to be sent to IEHP for the P4P incentive. You should bill your IPA for other services as usual.
- Q.** How do I submit for incentive payments if my patient is assigned to an IPA?
- A.** You will need to submit two separate claim forms. First, bill your IPA for rendered services through standard claim submission protocol. Then, send claim(s) for the OB P4P Program services with the “ZZ” modifier as applicable to the measure directly to IEHP to receive your incentive payment(s).
- Q.** When I submit claims for the OB P4P Program incentives, do I need to attach additional documentation or proof of services?
- A.** No. However, OB P4P claims are subject to retrospective medical record data validation and must pass all quality assurance checks. Recoupment of incentive payments may occur if retrospective review of submitted claims fails medical record validation.
- Q.** Can a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) participate in the OB P4P Program?
- A.** No. Due to the design of the OB P4P Program, and to be compliant with DHCS Policy for Incentive Payments, FQHCs and RHCs are not eligible to participate in the OB P4P Program.

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- Q.** Will IEHP reimburse for the Tdap vaccine serum?
- A.** Yes. IEHP reimburses for the Tdap vaccine serum for adults via standard billing directly to IEHP. The Tdap serum is not part of the OB P4P program. The \$90 incentive is for the “Tdap Vaccine” measure is for vaccine administration done in your office. Below is the code and amount reimbursed for the Tdap serum:
Serum Code: 90715 Amount: \$36.80
- Q.** When I submit claims for the OB P4P Program incentives, are there certain diagnosis codes I need to select to accompany procedure codes listed in the Program Guide?
- A.** Yes – for some measures. Specific diagnosis codes are required for two measures: *Postpartum Blood Pressure Screening* and *Postpartum Diabetes Screening*. For these incentives, you must select the appropriate diagnosis code to describe your patient’s condition from the code lists in the Program Guide. This diagnosis code will be submitted along with the designated procedure code and the “ZZ” modifier as applicable (not applicable to diastolic blood pressure level codes). See program guide for details.
- Q.** How will I be paid for providing the OB P4P Program services?
- A.** Payments for eligible OB P4P Program services will be made as part of IEHP’s regular check runs that occur on a weekly basis and the incentive payments will be processed according to standard claims remittance timeliness standards.
- Q.** Am I eligible to bill claims for the “Tdap Vaccine” measure if I don’t administer the Tdap vaccine in my office (e.g., I send my patients to a pharmacy or their PCP)?
- A.** No. The incentive only counts for vaccines administered in your office.

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