

Dear OB provider colleagues,

Thank you for the valuable care you provide to our Western Sky Community Care (WSCC) members. Submission of WSCC's Notification of Pregnancy (NOP) form has a financial benefit to you and has been a proven benefit to our members and your patients. This information helps us get your patients the services they may need. Notification of pregnancy, early pregnancy care, effective post-partum care, pregnancy spacing, breastfeeding, culturally competent prenatal care and implementing the 5 A's in smoking cessation counseling are very important to WSCC Health Plan as we all work to improve New Mexico's infant mortality rate.

As a reminder, providers are eligible for reimbursement for the submission of any Notification of Pregnancy Forms. The address for claims submission is:

Western Sky Community Care

Attn: Claims Department

P. O. Box 8010

Farmington, MO 63640

Western Sky EDI Payer ID is 68069 (electronic submission)

A copy of the Notification of Pregnancy form is included for your reference. This form may also be found on the Provider Portal ([hyperlink here](#)), Please submit to the Start Smart for Your Baby® team via FAX 1-844-583-2117:

Reimbursement is as follows:

- First trimester- 59899 U1- \$75
- Second trimester- 59899 U2- \$50
- Third trimester- 59899 U3- \$25
- A second NOP can be reimbursed regardless of the trimester – 59899 U4 - \$25

Discussions you have with all reproductive age women at every opportunity about their intent for pregnancy will help us tremendously. We look forward to working together to prevent the devastating effects of pregnancy related complications for our mothers, Babies, families and communities, thereby serving our purpose of "Transforming the Health of Our Community One Person at a Time." Please do not hesitate to contact me with thoughts on how Western Sky Community Care can help you care for our members.

Sincerely,

Latha N Raja Shankar, M.D

Chief Medical Director, MED-Medical Affairs