

PRENATAL/POSTPARTUM CARE (PPC) QUALITY DEMONSTRATION INCENTIVE PROGRAM FINAL CHART SUBMISSION

The Monroe Plan for Medical Care Provider Incentive Program rewards providers for the demonstration of quality care according to QARR/HEDIS standards. *Please complete this form and submit along with prenatal and postpartum chart to Monroe Plan for Medical Care as soon as your patient has been seen for her postpartum visit.* Submit this encounter form (no later than 8 weeks from delivery date) through our portal at https://monroeplan.com/provider-portal/ or fax to 1-877-244-3771

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Provider Name (Please Pr	int) Group NPI	Tax Identification
Member Name	Member ID #	Member Phone #
/ /		Delivery Date of Delivery
Member Date of Birth	Estimated Date of	Delivery Date of Delivery
	Practice Name	
Prenatal Visit Date:	<u>/</u>	Postpartum Visit Date:/
Postpartum Issues Identifi	ed:	
Patient has been referred t	o Monroe Plan for Medical Care Case Mo	anagement Program (Y/N)
Please fax to:	1 (877) 244-3771	
or submit through portal a	t https://monroeplan.com/provider-port	tal/
or Mail:	Attn: Prenatal Quality	
	5400 Sheridan Drive	
	Williamsville, NY 14221	