



PERINATAL

QUALITY IMPROVEMENT PROGRAM SPECIFICATIONS

2021- 2022

MEASUREMENT YEAR

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Program Overview

Partnership HealthPlan of California (PHC) offers a diverse managed care pay for performance (P4P) portfolio that includes key healthcare services. The P4P portfolio includes performance measures in the following types of patient care: primary, hospital, specialty, palliative, perinatal, long-term care, and behavioral health. These patient-centric value-based program offerings center on quality driven measures that support the PHC's organizational mission to help our members and the communities we serve be healthy.

The Perinatal Quality Improvement Program (PQIP) is an invitation P4P program that offers financial incentives to participating Comprehensive Perinatal Services Program (CPSP) and select non-CPSP practitioners that provide quality and timely prenatal and postpartum care to PHC members. The PQIP is developed and designed with primary care providers PCPs (PCP) and OB/GYN providers in mind that drive measurable health outcomes through a concise and meaningful measurement set focused on the following measures:

- Timely Tdap and Influenza Vaccine
- Timely Prenatal Care
- Timely Postpartum Care
- Electronic Clinical Data System (ECDS)

PHC Program Eligibility

Eligible providers must have a PHC contract within the first three months of the Perinatal Quality Improvement Program (PQIP). The provider must remain contracted through the end of the Measurement Year, **July 1, 2021 to June 30, 2022**, or contract period to be eligible for incentive payment.

Eligible providers must be in Good Standing continuously during the measure period starting on **July 1, 2021 to June 30, 2022**, and up to incentive payment distribution at the end of October.

Definition of Good Standing

PHC has the sole authority to determine if a provider is in Good Standing based on the criteria set forth below:

1. Provider is open for services for PHC members.
2. Provider is financially solvent (not in bankruptcy proceedings).
3. Provider is not under financial or administrative sanctions, exclusion or disbarment from the State of California, including the Department of Health Care Services (DHCS) or the federal government including the Centers for Medicare & Medicaid Services (CMS). If a provider appeals a sanction and prevails, PHC will consider a request to change the provider status to good standing.
4. Provider is not pursuing any litigation or arbitration against PHC.
5. Provider has not issued or threatened to issue a contract termination notice, and any contract renewal negotiations are not prolonged.

6. Provider has demonstrated the intent to work with PHC on addressing community and member issues.
7. Provider is adhering to the terms of their contract (including following PHC policies, quality, encounter data completeness, and billing timeliness requirements).
8. Provider is not under investigation for fraud, embezzlement or overbilling.
9. Provider is not conducting other activities adverse to the business interests of PHC.

Perinatal Quality Improvement Program (PQIP) Eligibility

Provider participation is by invitation. Participating CPSP and select non-CPSP perinatal providers with more than 50 deliveries per year may be invited to participate in the PQIP.

Participating providers in the PQIP, who are eligible for the Department of Health Care Service’s (DHCS) Value-Based Payment (VBP) Program through California Proposition 56, may participate in both programs. NOTE: providers receiving Proposition 56 incentives may only earn incentives for specific measures in the PQIP.

Providers **not** eligible for Proposition 56 participation are eligible to receive an incentive for **all** of the measures in the PQIP and may earn QIP incentives for **two** immunizations (**one** TDaP and **one** influenza vaccine), one prenatal care visit, and up to **two** postpartum care visits, per patient per pregnancy.

Providers eligible for the DHCS VBP (Prop. 56) are only permitted to participate in the PQIP through submissions for the **Timely Prenatal Care** measure, the influenza portion of the Prenatal Immunization Status measure, and the ECDS measure. We encourage all sites that are eligible for participation in the DHCS VBP to review the measures and corresponding billing codes on the [DHCS website](#).

ARE YOU ELIGIBLE FOR PROP 56?	
YES	NO
INCENTIVE ELIGIBLE FOR THESE MEASURES	INCENTIVE ELIGIBLE FOR THESE MEASURES
<ul style="list-style-type: none"> • Prenatal Immunization Status <ul style="list-style-type: none"> ○ ONLY Influenza vaccine • Timely Prenatal Care • ECDS 	<ul style="list-style-type: none"> • Prenatal Immunization Status <ul style="list-style-type: none"> ○ TDaP AND Influenza vaccine • Timely Prenatal Care • Timely Postpartum Care • ECDS

Incentive Payment Requirements and Conditions

- Each provider site must submit within the measurement period at least **TEN** attestations or claims for prenatal and postpartum measures.

- Providers shall remain under contract with assigned members for at least **NINE** months of the measurement year. Provider site closures within a measurement year must have at least 9 months of continuous program participation to qualify for program incentives.
- **Perinatal Quality Improvement Letter of Agreement (LOA)**. Providers with an LOA in effect are no longer required to renew an LOA for each measurement year. Only new participating providers or providers that have had a break in program participation will be required to complete an LOA.
- Providers must signed and submitted an LOA by **August 15, 2021**. Providers who do not submit an LOA will be removed from program participation within the measurement period.

Monthly Prenatal Submission Requirement

The PQIP will use an attestation submission template (Excel format), where eligible providers will enter PHC member-level information regarding clinical services of timely prenatal care occurring during the measure period, July 1, 2021 - June 30, 2022. For incentive consideration, providers must securely submit timely prenatal care visits by completing the Perinatal QIP Prenatal Timely Visit Submission Template.



Providers are required to email prenatal submission template in a “SECURE” encrypted format to PerinatalQIP@partnershiphp.org by the last day of each month. In order to receive the incentive associated with the prenatal submission, for each member all entry fields on the submission template must be complete. **Note member submissions containing empty fields will not earn incentive credit.**

PHC requires each prenatal attestation submission to include all measure requirements performed during the visit and EHR/MHR charted accordingly to qualify as a comprehensive and timely prenatal service. For each submitted timely prenatal care visit, the submitting provider is attesting to the completion of the following:

- Weight (lbs) and Blood Pressure
- One of the following:
 - Auscultation for fetal heart tone
 - Measurement of fundus height
 - Pelvic Exam
 - Ultrasound
- Assessment of Medical and Social History, including:
 - History of Gestational Diabetes
 - Use of drugs, alcohol, or tobacco during this pregnancy
 - C-Section prior to this pregnancy
 - Issues with previous pregnancy
- Depression Screening (see Appendix I for guidance)

Medical Record Audits

All submissions are subject to an audit to verify the timely and comprehensive services of members included in Excel submissions and postpartum visits captured administratively.

- Within the measurement period, PHC may request documentation to verify services rendered.
- Documentation must indicate that all required components outlined in the measure specification were addressed during the service, including a depression screening tool and score.
- Sites unable to demonstrate program compliance are subject to incentive reductions or suspension of program participation.

Program Reporting

Prenatal Immunization Status and Timely Postpartum Care data will be extracted from PHC's claims system. Summary reports will be produced quarterly and emailed to providers to inform them of what has been received. Providers should expect to receive final statements and payments **four** months after the end of the measurement period.

Prenatal Attestation Requirements

[Open Form](#)

- Monthly submissions are due on the last day of each month. Monthly submissions may contain any past or present dates of service within measure period and not contain future dates of service.
- Submission corrections must be sent in the monthly submission template, and provide a written notice in the body of the submission email.
- Incomplete submissions will be returned for correction/resubmission. Upon notification, providers are required to resubmit a secure resubmission email within **five** business days to: PerinatalQIP@partnershiphp.org
- Monthly submission shall consist of visits that are rollover dates of service from previous month or current month dates of service and no future dates are accepted.
- **SECURE** email exchanges containing member PHI are HIPPA mandatory.
- **Do not submit records without complete member CIN numbers.**
- Eligibility verification requires valid CIN numbers, date of birth, and correct spelling of first and last name.
- Expected delivery date must be included.
- Depression screening tool and score must be included in order to receive incentive credit.

NEW Growing Together Perinatal Program

Starting FY2021-22 Measurement Period, **ALL** eligible members submitted in the PQIP through Timely Prenatal Care attestation submissions will be automatically referred to PHC's Growing Together Program (GTP). Through this program, PHC members will receive additional health benefits and participation incentives including care coordination if they choose to enroll.

PROGRAM OFFERINGS HIGHLIGHTED BELOW:

COORDINATION OF PERINATAL CARE

- Connection/referral to resources
- Perinatal mental health
- Postpartum support
- Member Incentive is offered for GTP participation

COORDINATION OF INFANT CARE

- Well-baby visits
- Access and utilization of PHC services
- Immunizations
- Member Incentive is offered for GTP participation

EDUCATIONAL SUPPORT

- Prenatal immunizations
- Postpartum care
- Perinatal Mood Disorder (PMD)
- Well-baby visits
- Well-baby immunizations
- Diseases prevented
- Family planning
- Medi-Cal enrollment for baby



NOTE: *If after speaking to a member about the GTP and they would not like to be referred to a GTP Care Coordinator, the provider is encouraged to send a **SECURE** email to: PopHealthOutreach@partnershiphp.org to notify the GTP that the member has requested to OPT-OUT of the GTP. Emails should include the PHC member CIN number, first and last name, and date of birth.*

Timeline

The FY2021-22 PQIP will run for 12 months starting: July 1, 2021 to June 30, 2022. Qualifying incentive payments are distributed **four** months after the end of the measurement period.

TASK	DUE DATE
Start of new measure period	July 1, 2021
*PQIP Provider Participants: Last day to meet eligibility requirements: <ul style="list-style-type: none"> Submit signed Letter of Agreement (LOA) or Amended LOA <i>*Only applies to providers who are new or rejoining (break in participation)</i>	August 15, 2021
Annual Audit	May 10, 2022
Last day of measurement period	June 30, 2022
Last day to submit Prenatal Submissions	July 15, 2022
Final quarterly report	September 30, 2022
Payment distributed for measurement period	October 31, 2022

2021-22 PQIP Summary of Measures

Measure	Incentive Amount Per Submission	Documentation Source
Prenatal Immunization Status (Timely Tdap- vaccine and Influenza vaccine)	\$37.50	PHC claims system (must be provided and billed)
	\$12.50	
Timely Prenatal Care (< 14 weeks gestation)	\$75.00	Participating providers submit an attestation form indicating services provided at reported visit.
Timely Postpartum Care (2 visits: one visit < 21 days after delivery and one visit between 22 and 84 days after delivery)	\$25 (1 st visit)	PHC claims system (must be provided and billed)
	\$50 (2 nd visit)	
Measure	Incentive	
Electronic Clinical Data System (ECDS)	An incentive of \$5,000 for providers who successfully complete ECDS implementation. The incentive is available once per Parent Organization.	

Measure 1. Prenatal Immunization Status

The Advisory Committee on Immunization Practices (ACIP) recommend that all women who are pregnant or who might be pregnant in the upcoming influenza season receive influenza vaccines and at least one dose of TDaP during pregnancy¹. The Tetanus, diphtheria, acellular pertussis (TDaP) vaccine is a combination booster shot that protects adults, pregnant women, and newborns against three diseases: tetanus, diphtheria, and pertussis (or whooping cough). Since the amount of antibodies from the vaccine decreases over time, getting it during the third trimester is the best way to help protect babies from whooping cough in the first few months of life. Nonetheless, there is some benefit to receiving the vaccine earlier in pregnancy over not receiving it all, and the recommended age range for the TDaP vaccine in Europe extends through the entire 2nd trimester. For this reason, PHC will count vaccines given in the second trimester for the purposes of this incentive.

Measure Summary

The number of women who had one dose of the tetanus, diphtheria, acellular pertussis vaccine (TDaP) within 30 weeks before delivery date and an influenza vaccine during their pregnancy (i.e. within 40 weeks of delivery date).

NOTE: Providers participating in the DHCS Value-Based Payment (VBP) Prop 56 are not eligible for TDaP incentive in the PQIP (Refer to Eligibility section, page 3)

Measurement Period

July 1, 2021 to June 30, 2022: Index period by which women with live births are identified.

Specifications

PHC will calculate the total number of women who had one dose of TDaP vaccine within 30 weeks before delivery by:

- 1) Identifying all women who delivered a live birth during the measurement period
- 2) Identifying TDaP codes billed for these women within 30 weeks before the delivery date
PHC will calculate the total number of women who had one dose of influenza during their pregnancy by:
- 3) Identifying Influenza vaccine codes billed for these women any within the 40 weeks before the delivery date

Providers are able to receive a financial incentive of \$37.50 for each TDaP vaccination and \$12.50 for each influenza vaccine administered, for a total potential \$50 for each member who received both vaccinations.

Codes Used

For delivery, TDaP, and Influenza codes, please refer to the code list. If vaccine information is unable to be billed to PHC but has been entered into CAIR, PHC will accept these members if providers send a secure email to the PQIP with member information (first name, last name, DOB, vaccine type (TDaP or Influenza) and date of administration.

Measure 2. Timely Prenatal Care

Timely prenatal care is proven to improve health outcomes of pregnancy for mothers and their children.³ Increased access to health care during pregnancy and childbirth can prevent pregnancy-related deaths and diseases. A pregnant woman's contact with her provider is more than a simple PCP visit because it establishes care and support throughout the pregnancy.⁴

Measure Summary

Timely prenatal care services rendered to pregnant PHC members in the first trimester, as defined as less than 14 weeks of gestation, or within 42 days of enrollment in the organization.

Measurement Period

July 1, 2021 to June 30, 2022

Specifications

Prenatal care visit to an OB/GYN or other perinatal care practitioner or PCP in the first trimester (less than 14 weeks of gestation, as documented in the medical record) will be eligible for the incentive payment. New members seen within 42 days of enrollment regardless of gestational age (e.g. if greater than 14 weeks), will also be eligible for this measure. A diagnosis of pregnancy must be present. Documentation in the medical record must include:

- A note indicating the date when the prenatal care visit occurred
- Documentation of estimated due date (EDD) and gestational age in weeks
- A comprehensive physical and obstetrical examination that includes weight (lbs), blood pressure, and **one** of the following:
 - Auscultation for fetal heart tone
 - Pelvic exam with obstetric observations
 - Measurement of fundus height (a standardized prenatal flow sheet may be used)
 - Ultrasound
- Assessment of a complete medical and social history including but not limited to:
 - History of gestational diabetes
 - Use of drugs, alcohol, or tobacco during pregnancy
 - C-section prior to the pregnancy
 - Issues with previous pregnancy
- Depression screening using one of the approved tools

Providers are able to receive a financial incentive of \$75 for each timely visit, with all required elements documented in medical record and submitted using the PQIP Submission Template. Components of this care may occur in separate visits (for example Depression Screening in a Telephone visit) but must occur within the required timeframe and the results referenced in the timely face to face.

Reporting

Providers are to submit the [PQIP Submission Template](#) to PHC by email to PerinatalQIP@partnershiphp.org. All submitted attestation forms are subject to audit by PHC.

Measure 3. Timely Postpartum Care

Timely postpartum care is a measure of quality care and can contribute to healthier outcomes for women after delivery. The postpartum visit is an important opportunity to educate new mothers on expectations about motherhood, address concerns, and reinforces the importance of routine preventive health care.² The American College of Obstetricians and Gynecologists (ACOG) recommends that a timely postpartum visit be used to assess the health of the infant, mother's medical and psychological condition, breastfeeding, and contraceptive plan.²

Measure Summary

Two timely postpartum care services rendered to PHC members with one occurring within 21 days after delivery and the other occurring between 22 and 84 days after delivery.

NOTE: Providers participating in the DHCS Value-Based Payment (VBP) Prop 56 are not eligible for this incentive in the PQIP (Refer to Eligibility section, page 3)

Measurement Period

April 8, 2021 to April 7, 2022: Index period by which women with live births are identified.

Specifications

Two postpartum visits to an OB/GYN practitioner or midwife, family practitioner or other PCP with one occurring within 21 days of delivery, and another occurring between 22 and 84 days after delivery will be eligible for the incentive payment.

PHC will calculate the total number of women who had a postpartum visit by:

- 1) Identifying all women who delivered a live birth between April 8, 2021 to April 7, 2022
- 2) Identifying Postpartum visit codes billed for these women occurring within 21 days of the live birth date and occurring between 21 and 84 days after the live birth date

While this will be an administrative measure, documentation in the medical record must include a note indicating the date when a postpartum visit occurred and the following:

- Date of delivery and live birth confirmation
- A complete postpartum visit that includes all of the following:
 - Weight, blood pressure, and evaluation of the abdomen and breasts.
 - Notation of “normal” / “abnormal” components of a medically necessary physical exam
 - Notation of abdominal exam as: “normal” / “abnormal” or “not clinically indicated”
 - Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component.
- Depression screening using one of the approved tools at each visit
 - For more information about depression screening, please refer to Appendix I.
- The provider also attests that the following evaluation occurred:
 - Evaluation of lactation (if breastfeeding)

- Discussion of family planning

Financial Incentive of \$25 for completion of a first postpartum visit and \$50 for a second visit, totaling \$75 for each member receiving 2 timely visits.

Codes Used

For delivery diagnosis, delivery procedure, TDaP codes, and Influenza codes, please refer to the code list.

Measure 4. Electronic Clinical Data Systems (ECDS)

Electronic Clinical Data Systems (ECDS) allows for data exchange from Provider Electronic Health Records to PHC in order to capture depression screening and follow-up care. ECDS implementation is a vital component of furthering PQIP technical advancement toward 100% administrative through the capture of claims and ECDS data directly exported from participating providers Electronic Health Records (EHR) systems.

Measure Requirements

Participating providers in the (ECDS) measure may earn \$5,000 if sites successfully submit data requirements directly to PHC, consisting of at least **three** sequential months of data defined: **June, July and August 2022** and **monthly** thereafter. The incentive is available per Parent Organization.

Submission Process

Providers should send a single file to PHC monthly only including PHC members. The initial file and setup is to be exported from provider EHR (**no manual entry**) and uploaded by **Secure File Transfer Protocol (SFTP)** to PHC by June 30, 2022.

The PHC Data Interchange group must be able to absorb files successfully, by **September 30, 2022** to be eligible for the incentive.

For additional technical requirements or questions contact: PerinatalQIP@partnershiphp.org .

Validation and Audit Process

Providers will be required and available for timely collaboration with the PHC Data Interchange group to validate data submissions **prior** to PHC data integration and be available **after** data integration to collaborate with PHC HEDIS team to conduct data validation activities, typically done in the October-February timeframe.

Works Cited

1. Centers for Disease Control and Prevention. (2016). National Center for Immunization and Respiratory Diseases (NCIRD): Division of Bacterial Diseases. Retrieved from: <https://www.cdc.gov/features/tdap-in-pregnancy>
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3. U.S. Department of Health and Human Services Health Resources and Services Administration (2015). Clinical Quality Measures: Prenatal – First Trimester Care Access. Web. 3 May 2017. Retrieved from: <https://www.hrsa.gov/quality/toolbox/508pdfs/prenatalmoduleaccess.pdf>
4. World Health Organization. (2017). Sexual and Reproductive Health: New guidelines on antenatal care for a positive pregnancy experience. Retrieved from: <http://www.who.int/reproductivehealth/en/>