2019-20 Perinatal Quality Improvement Program (QIP) – Extended Pilot Measure Specifications

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Program Overview

Partnership HealthPlan of California (PHC) has value-based payment programs in the areas of primary care, hospital care, specialty care, palliative care, perinatal care, long-term care, community pharmacy, and mental health. These value-based programs align with PHC's organizational mission to help our members and the communities we serve be healthy.

Starting October 1, 2019, the 2019-20 Perinatal Quality Improvement Program (Perinatal QIP) – Extended Pilot will continue to offer substantial financial incentives to participating Comprehensive Perinatal Services Program (CPSP) and select non-CPSP providers providing quality and timely prenatal and postpartum care to PHC members. Providers participate by submitting a signed Letter of Agreement to Partnership HealthPlan. For this incentive program, a simple and meaningful measurement set was developed with PCPs and OB/GYNs in mind and includes the following measures:

- Timely Tdap and Influenza Vaccine
- Timely Prenatal Care
- Timely Postpartum Care

Participating CPSP and non-CPSP providers meeting a threshold of 50 deliveries per year, and who are not eligible for The Department of Health Care Service's (DHCS) Value-Based Payment (VBP) Program through California Proposition 56 are eligible for participation in our Perinatal Quality Incentive Program (QIP), and can submit for the three measures. Sites that are eligible for the DHCS VBP are only permitted to participate in the Perinatal QIP through submissions for the Timely Prenatal Care measures and the influenza portion of the Vaccine measure; this includes sites not eligible for Prospective Payment System (PPS) payments (e.g. non-FQHCs, non-RHCs and non-Tribal Health Clinics – Partnership will provide more information on eligibility as it becomes available to us). 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: https://www.dhcs.ca.gov/provgovpart/Pages/VBP_Measures_19.aspx

This portion of the Extended Pilot will last for 9 months. This document pertains to the requirements of the extended pilot program.

Eligibility Requirements

All CPSP and select non-CPSP perinatal providers with more than 50 deliveries per year are invited to participate in this portion of the Extended Pilot. Providers are only eligible for one prenatal care and one postpartum care QIP payment per patient per pregnancy. In order to qualify for payment for the prenatal and postpartum measures, a site must submit at least 10 attestations or claims for each measure. The following requirements must be met in order to be eligible for the 2019-20 Perinatal QIP:

1. Providers must sign an amendment to their current Letter of Agreement (LOA) by September 1, 2019.

2. Providers must complete a Perinatal QIP Provider Survey by September 1, 2019. Surveys will be distributed to all current participants with LOAs July 2019.

In addition to the above requirements, participating providers should be in good standing with state and federal regulators as of the month the payment is to be disbursed. Good standing means that the provider site is open, solvent, and not under financial sanctions from the state of California or Centers for Medicare & Medicaid Services.

Payment Methodology

The Perinatal QIP – Extended Pilot Part II will use an Excel submission template, where eligible providers will enter member-level information regarding delivery of Timely Prenatal Care and Timely Postpartum Care services. For services occurring October 1st or later, **providers must submit perinatal services for incentive by completing and securely sending the Perinatal QIP Submission Template to the Perinatal QIP by the 30th of each month.** PHC requires all components included in the attestation forms to be addressed during the visit to qualify as a comprehensive and timely perinatal service. For each submitted service, provider is attesting to having completed the following:

For Prenatal Visits:

- 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 IV for guidance)

For Postpartum visits:

- Weight (lbs) and Blood Pressure
- Abdomen description (normal/abnormal)
- Breast and lactation evaluation (normal/abnormal, breastfeeding status)
- Discussion of family planning
- Depression Screening (see Appendix IV for guidance)

All submissions are subject to an audit to verify the timely and comprehensive services of members included in Excel submissions. If audited, PHC will request documentation to verify services rendered, which can include medical records and/or completed attestation forms. Documentation should contain indication that all required components (above) were

addressed during the service. Attestation forms previously mailed to PHC (Appendix I, Appendix II) can be kept in the medical chart as documentation of services rendered.

Tdap and Influenza data will be extracted from PHC's claims database. Summary reports will be produced at the conclusion of the extended pilot program, at which time providers will be asked to verify submitted attestations. Providers should expect to receive final statements and payments 4 months after the end of the extended pilot.

Timeline

The 2019 – 2020 Perinatal QIP will run for 9 months: October 1, 2019 to June 30, 2020. Payment will be distributed at the end of the measurement period.

Task	Due Date
Last day to meet eligibility requirements: • **Submit signed LOA (Letter of Agreement) or Amendment LOA** • **Complete Perinatal QIP Provider Survey**	September 1, 2019
First day of program	October 1, 2019
Last day of program	June 30, 2020
Payment distributed for measurement period	October 31, 2020

2019-20 Perinatal QIP Summary of Measures

Measure	Dollar Amount per submission	Documentation Source
Timely Tdap vaccine **and Influenza Vaccine**	$37.50 $12.50	PHC claims database **(must be provided and billed)**
Timely Prenatal Care (< 14 weeks gestation)	$75	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 (1st visit) $50 (2nd visit)	Participating providers submit an attestation form indicating services provided at reported visits.

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 pregnancy[1]. 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, vs. 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).

Measurement Period

October 1, 2019 to June 30, 2020 – 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:

1) Identifying all women who delivered a live birth during the measurement period
2) Identifying Influenza vaccine codes billed for these women any time within the 40 weeks prior to the delivery date

Codes Used

For delivery diagnosis, delivery procedure, Tdap codes, and Influenza codes, please refer to Appendix IV.

If vaccine information is unable to be billed to PHC but has been entered into CAIR, PHC will provide incentives for these members if providers send a secure email to the Perinatal QIP (PerinatalQIP@partnershiphp.org) with the member information (first name, last name, DOB, vaccine type (Tdap or Influenza) and date of administration.

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.

Providers who are able to participate in the DHCS' VBP are not eligible for the TDAP portion of this incentive.

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 women'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

October 1, 2019 to June 30, 2020

Specifications

Prenatal care visit to an OB/GYN or other prenatal 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 estimate date of delivery (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
    - For more information about depression screening, please refer to Appendix III.

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 Perinatal QIP Submission Template.

Reporting

Providers are to submit the Perinatal QIP 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.

Measurement Period

October 1, 2019 to June 30, 2020

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.

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" components of a physical exam 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 the first postpartum visit and $50 for the second visit, totaling $75 for each member receiving 2 timely visits, with all required elements documented in medical record and submitted using the Perinatal QIP Submission Tracker.

Reporting

Providers who are able to participate in the DHCS' VBP are not eligible for this incentive

Eligible providers are to submit the Perinatal QIP Submission Tracker to PHC by email to PerinatalQIP@partnershiphp.org. All submitted attestation forms are subject to audit by PHC.

Appendix I. *Depression Screening*

Measure Summary

According to the ACOG, perinatal depression is the occurrence of a major or minor depressive episode during pregnancy or up to one year after childbirth. Identifying women with depression during pregnancy and postpartum is important because if untreated, this can have devastating effects on them, their infants, and their families.[6]

Specifications

During Pregnancy:

- Women must receive a depression screening using one of the appropriate tools below during their Timely Prenatal Care visit. Documentation should be sent to PHC using the Perinatal QIP Submission Tracker. Documentation of the depression screening tool used and score must be included in the medical record.

Postpartum:

- Women must receive a depression screening using one of the appropriate tools below during each of their Timely Postpartum Care visits. Documentation should be sent to PHC using the Perinatal QIP Submission Tracker. Documentation of the depression screening tool used and score must be included in the medical record.

Appropriate Tools for Depression Screening	
Instruments for Adolescents (12–17 years)	
Tool	Positive Finding
Patient Health Questionnaire (PHQ-9)®	Total Score ≥5
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	Total Score ≥5
PRIME MD-PHQ2®	Total Score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®*	Total Score ≥4
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥10
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥9
PROMIS Depression	Total Score ≥52.5
Instruments for Adults (18+ years)	
Patient Health Questionnaire (PHQ-9)®	Total Score ≥5
PRIME MD-PHQ2®	Total Score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®*	Total Score ≥4
Beck Depression Inventory (BDI-II)	Total Score ≥14
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥10
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥9
My Mood Monitor (M-3)®	Total Score ≥5
PROMIS Depression	Total Score ≥52.5
Clinically Useful Depression Outcome Scale (CUDOS)**	Total Score ≥11
*Proprietary; may be cost or licensing requirement associated with use.	

Reporting

Participating providers are to submit the Perinatal QIP Submission Tracker to PHC by email to PerinatalQIP@partnershiphp.org. All submitted attestation forms are subject to audit by PHC.

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

2. Stuebe, A., Borders, A. “Optimizing Postpartum Care.” The American College of Obstetricians and Gynecologists: Committee Opinion No.666 (2016). Web. 3 May 2017.

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. 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/

5. The Committee on Obstetric Practice. “Presidential Task Force on Redefining the Postpartum Visit.” The American College of Obstetricians and Gynecologists: Committee Opinion (2018). Web.

6. The Committee on Obstetric Practice. “Screening for Perinatal Depression.” The American College of Obstetricians and Gynecologists: Committee Opinion No. 757 (2018). Web