



Perinatal Quality Improvement Program (QIP) – FY 2020-2021

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 July 1, 2020, the Perinatal Quality Improvement Program (Perinatal QIP) will be added as a permanent fiscal year offering in PHC's value based payment programs and continue to offer 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
- Electronic Clinical Data System (ECDS) Implementation

[Eligibility Requirements](#)

Provider participation is by invitation: Participating CPSP and select non-CPSP perinatal providers with more than 50 deliveries per year are invited to participate in the Perinatal QIP. 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 of those measures. In order to be eligible for the 2020-21 Perinatal QIP, providers must sign a Letter of Agreement (LOA) by August 15, 2020.

In addition, participating providers should be in good standing with state and federal regulators as of the month payment is to be disbursed. Good standing means that the provider site is currently contracted with PHC for the delivery of services, not currently in contract negotiations, not pursuing any litigation or arbitration against PHC at the time of program application or at the time of program application or at the time additional funds may be payable, and has demonstrated the intent, in PHC's sole determination, to continue to work together on addressing community and member issues. Providers must also be contracted with members assigned for at least nine (9) 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.

[Payment Methodology](#)

The Perinatal QIP will use an Excel submission template, where eligible providers will enter member-level information regarding delivery of Timely Prenatal Care. For services occurring

July 1st or later, **providers must submit timely prenatal care visits for incentive by completing the Perinatal QIP Submission Template and email in “SECURE” HIPPA email format to PerinatalQIP@partnershiphp.org by the last day 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 timely prenatal care visit, the submitting provider is attesting to having completed 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)

[Submissions](#)

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.

[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 4 months after the end of the measurement period.

[Attestation Requirements](#)

- Monthly Submissions are due on the last day of each month
- Updates should be submitted using the monthly submission template
- Content in the monthly submission shall consist of member visits within the month being submitted
- Do not submit records without member CIN Numbers
- Eligibility verification requires valid CIN numbers, DOB, correct spelling of first and last name
- Expected Delivery date must be included
- Depression screening tool and score must be included

Timeline

The 2020 – 2021 Perinatal QIP will run for 12 months: July 1, 2020 to June 30, 2021. Payment will be distributed 4 months after the end of the measurement period.

Task	Due Date
First day of program	July 1, 2020
Last day to meet eligibility requirements: <ul style="list-style-type: none">• Submit signed LOA (Letter of Agreement) or Amendment LOA	August 15, 2020
Last day of program	June 30, 2021
Payment distributed for measurement period	October 31, 2021

2020-21 Perinatal QIP Summary of Measures

Measure	Incentive Amount Per Submission	Documentation Source
Prenatal Immunization Status (Timely Tdap vaccine and Influenza vaccine)	\$37.50 \$12.50	PHC claims system (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 (1 st visit) \$50 (2 nd visit)	PHC claims system (must be provided and billed)

Measure	Incentive
ECDS Implementation	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).

Measurement Period

July 1, 2020 to June 30, 2021 – 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

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 diagnosis, delivery procedure, Tdap codes, 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 provide incentives for these members if providers send a secure email to the Perinatal QIP (PerinatalQIP@partnershiphp.org) 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 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

July 1, 2020 to June 30, 2021

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 [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

April 8, 2020 to April 7, 2021 – 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, 2020 and April 7, 2021
- 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.

If the live birth date was not captured by PHC, but a postpartum visit still took place, providers are able to complete the postpartum tracker during the last month of the Measurement Year and send to PHC for inclusion of those members.

Measure 4. Electronic Clinical Data Systems (ECDS) Implementation

Electronic Clinical Data Systems (ECDS) implementation allows for data exchange from Provider Electronic Health Records to PHC in order to capture depression screening and follow-up care.

Measure Requirements

An incentive of \$5,000 will be awarded for participating in the ECDS Implementation of EHR data collection by the end of the measurement year. The incentive is available once per Parent Organization.

Submission Process

Providers should send a single file to PHC only including PHC members including the data fields detailed in [Appendix II](#). The file should be downloaded from your EHR (not manual entry) and sent to PHC by July 14, 2021. The PHC Data Interchange group must be able to absorb this file successfully, by September 30, 2021 to be eligible for the incentive.

If you have any questions about how to pull this information out of your EHR, please feel free to reach out to our team, and we would be happy to direct you.

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. "Committee Opinion No. 666 Summary." *Obstetrics & Gynecology*, vol. 127, no. 6, 2016, pp. 1192–1193., doi:10.1097/aog.0000000000001487.
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/>