

PERINATAL QUALITY IMPROVEMENT PROGRAM

SUMMER 2025 NEWSLETTER

MEDICAL DIRECTOR HIGHLIGHT



Dr. Colleen Townsend
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Pregnancy brings an image of healthy happy individuals considering their future of parenting and growing their family. However, common conditions such as high blood pressure and diabetes increase the risk of complications during pregnancy. Alarming, one in three women of reproductive age have at least one chronic condition that can negatively impact pregnancy. This fact underscores the need for comprehensive care and management before, during and after pregnancy. Research shows that 80% of pregnancy-related deaths in California are preventable when individuals have access to timely and effective intervention. Early detection of conditions such as high blood pressure and diabetes improved the pregnancy and birth experience birthing process; it can also be potentially lifesaving. Accessing health care before becoming pregnant, early in pregnancy and regularly during and after pregnancy is needed for timely screening for these conditions which subsequently limits problems related to these conditions.

Understanding and addressing the key causes of preventable maternal deaths and pregnancy complications — such as heart disease, severe bleeding, and infections — are essential for improving outcomes and saving lives. Individuals who can become pregnant can identify and address their risk for medical conditions even before planning or becoming pregnant. People who are sexually active can consider their overall health, physical activity and family history that can increase the risks for pregnancy complications. Visiting a medical provider can identify and reduce risks for conditions that impact a future pregnancy. Individuals who struggle with weight management are at higher risk for problems with blood sugar (diabetes) and blood pressure (hypertension). Both conditions increase a person's risk for pregnancy related complications. However, management of weight, blood sugar and blood pressure before, during and after pregnancy significantly decreases risk for serious problems.

If you are thinking of becoming pregnant consider talking, your health care provider to better understand how to prepare for pregnancy and to support the health of mom and baby. Regardless of known risks or conditions, a visit with a health care provider before pregnancy can help start pregnancy in the direction of health. IF you are thinking about getting pregnant in the next two years, contact your health care provider to set yourself on a path to a healthy pregnancy.

Sincerely,

Dr. Colleen Townsend

2025-26 MEASURE HIGHLIGHTS

Save the Date!

2025-26 Measurement Year Perinatal QIP Kickoff Webinar

Be sure to join us for the Perinatal QIP Kickoff Webinar from **9 – 10 a.m. on July 16**. During the Webinar we will go over the 2025-26 measurement set and give helpful tips for a successful year. [Click here to register](#). The measures below are just a few of the highlights we will cover during the webinar.

Gateway Measure 1: Electronic Clinical Data Systems (ECDS) – DataLink Implementation

The ECDS measure supports the allowance of data exchange from provider Electronic Health Records to Partnership to capture clinical screenings, follow-up care and outcomes. ECDS participation is a vital component of furthering the quality of care for covered Partnership members. Partnership partnered with DataLink (a qualified HEDIS data aggregator) who can pull a much larger scope of measures than what is currently required for the Perinatal QIP. As NCQA continues to convert most hybrid measures to ECDS measures in the coming years, and DHCS continues to make Partnership accountable for several ECDS measures, the ECDS process is moving into the next phase of implementation. For the 2025-26 measurement year, connection with DataLink is becoming a gateway measure to receive payment for the participants in the Perinatal QIP.

ECDS Changes for the 2025-26 Measurement Year

DataLink contracting was incentivized in the 2024-25 measurement year. In measurement year 2025-26, the ECDS measure will now be a **Gateway Measure** requirement for perinatal providers to receive incentive dollars. Some providers may have completed this during the 2024-25 measurement year. However, if a perinatal provider did not complete a contract and implementation with DataLink during the 2024-25 measurement period, they must complete all **Implementation Phases** and **Participation Requirement Steps** by June 30, 2026, to be eligible for incentive payment in the 2025-26 measurement year.

Implementation Phases:

Phase 1: DataLink's Interoperability Specialist will coordinate outreach with providers to schedule Discovery Meetings with targeted providers. Discovery Meetings will be to discuss connectivity, benefits of the data extraction and the extraction process. Discovery meetings will include the QIP team, Partnership IT team and the DataLink team.

Phase 2: DataLink's Interoperability Specialist will work one-on-one with each practice to set up the Data Generation and Data Upload via sFTP

Phase 3: DataLink will parse and ingest the provider's Continuity of Care Documents (CCD) and create the output file for both quality and risk.

Phase 4: DataLink will deliver to Partnership via sFTP the output file for validation and processing.

Participation Requirements

The ECDS measure includes a multi-step process. The process below must be followed for providers that did not contract with DataLink during the 2024-25 Measurement Year.

Step 1: Notify the PQIP team at perinatalqip@partnershiphp.org of your Parent Organization's intention to sign a contract/data share agreement with DataLink and include the following details:

- Name and email of your organization's assigned point of contact.
- The name of your current EMR.
- How long have you been using your current EMR?
- If recently transitioned to a new EMR, who was the previous EMR.
- If there are any plans in the near future to transition to a new EMR vendor (within the next couple of years) and if so, what new EMR vendor?

Step 2: Request a copy of the DataLink contract by emailing perinatalqip@partnershiphp.org. After the contract is signed, please send the contract to the DataLink Legal Team and perinatalqip@partnershiphp.org.

Step 3: Once the contract is received and approved, the DataLink team will then coordinate onboarding meetings for all providers wanting to participate in the ECDS measure. Meetings will include the DataLink, HEDIS and QIP teams.

Measures 3 & 4: Prenatal Care Attestation Template Updates

Manual Submissions

For FY2025-26: Even though we are working toward capturing data through DataLink, we are not at the point in the implementation where 100% capture is possible. Therefore, submissions for both Timely Prenatal Care measures will continue utilizing the Excel templates with SECURE submission to the Perinatal QIP inbox monthly. We have updated our template for the 2025-26 measurement year to include a tab for each month of the year. **After the new year begins**, please be sure to use the new template found on our [Perinatal QIP Website](#) under Submission Templates.

Since choosing the correct attestation template to use can be confusing, it is important to recognize that the difference lies within the gestational weeks as shown in the chart below.

Attestation Template	Use for Members
Prenatal Timely Visit Submission Template	Less than 14 gestational weeks
Depression Screen at First Prenatal Visit Submission Template	14 or more gestational weeks

Don't forget to submit your template(s) as soon as possible and no later than the 10th of every month. Templates must be sent using a SECURE (encrypted) method. Reach out to the Perinatal QIP Team at PerinatalQIP@Partnershiphp.org if you need assistance.

****New** Monitoring Measure 6: Timely Comprehensive Assessments**

A new measure has been added to the 2025-26 measurement set, which is a monitoring only measure, without any incentive dollars attached.. This measure may be developed into an incentive measure in future.. Partnership will monitor claims data looking for members receiving full psychosocial, nutritional, and behavioral health assessments each trimester of pregnancy and once postpartum (up to 1 year after delivery).

Coding Tips for Comprehensive Assessments

We understand that coding can sometimes be tricky. Therefore, please review the coding tips below to help ensure your assessments are able to be monitored properly.

Providers should use the following Z Codes to bill for assessments:

- Comprehensive Health Ed Services category of Perinatal Services.
- Z6402: Initial health education assessment and development of care plan, individual initial 30 minutes.
- Z6406: Follow up antenatal psychosocial assessment/treatment/intervention, individual. This code is billed in **15 minutes** increments and can be used up to 72 times in a pregnancy.
- Z6414: Post partum health education assessment/treatment/intervention, individual.

When monitoring claims, Partnership will be looking for the Z Codes noted below.

A typical coding scenario for a member who is seen in each trimester and postpartum, would be for Partnership to receive one (1) Z6402 code for the first prenatal visit, a minimum of two (2) Z6406 codes for follow-up visits and one (1) Z6414 code billed for an assessment postpartum.

Quarterly Performance Reports

The Perinatal QIP team distributes Quarterly Performance Reports with the intent to provide you with visibility of progress made within each of the measures throughout the fiscal year. It also allows your organization to reconcile submissions on a quarterly basis instead of at the end of the measurement period. FY2024-25 Quarter 3 reports which included visit counts, screenings, and immunizations from all three quarters, were sent to providers in May 2025. Overall volume of all measures has increased since last year! Keep up the good work!

Please contact us PerinatalQIP@partnershiphp.org with any questions. We also welcome your valued feedback on the usability of these reports.

Perinatal QIP Webpage

Visit the [Perinatal QIP webpage](#) to access helpful resources.

- Measure Specifications
- Monthly Prenatal Care Templates
- Perinatal QIP Kick-Off Webinar presentation and slides
- Previous newsletters

FY 2024-25 Perinatal QIP Payment

FY 2024-25 Quarter 4 Performance Reports, which is also known as Preliminary Payment Reports, will be sent out in October with a one-week period for providers to share any questions or concerns about their report results. Final incentive payments will be processed and are scheduled to be mailed out in November.

YOUR PERINATAL QIP TEAM

Amy McCune, Manager of Quality Incentive Programs

Troy Foster, Program Manager

We wish to thank you for your ongoing engagement in the Perinatal QIP. You have and continue to play a vital role in providing quality care to our members, and we appreciate all you do. Please contact us at PerinatalQIP@Partnershiphp.org with any questions or feedback regarding the Perinatal QIP.