



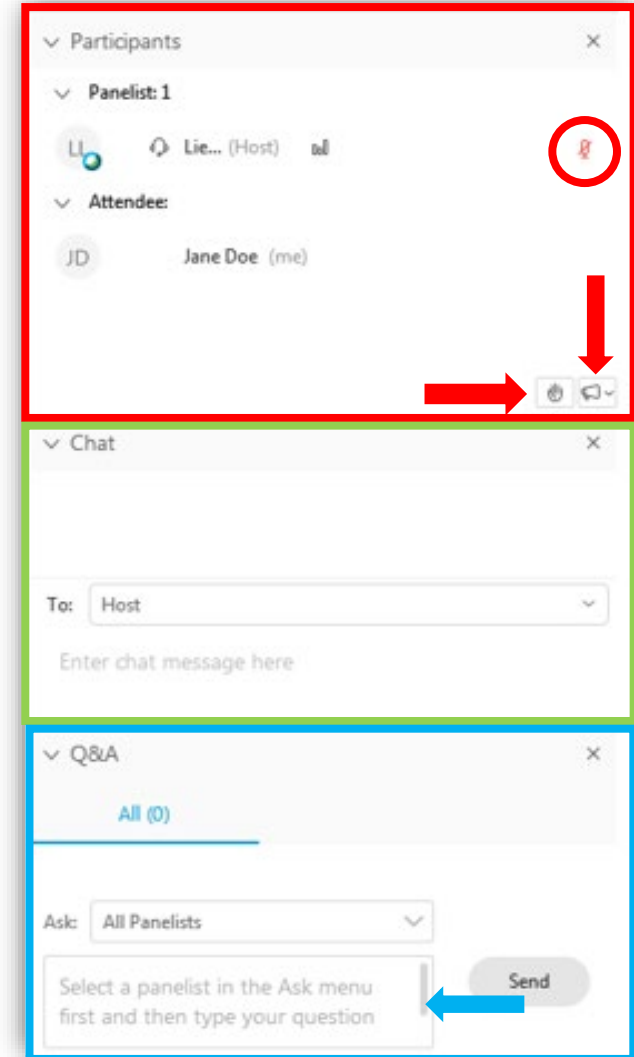
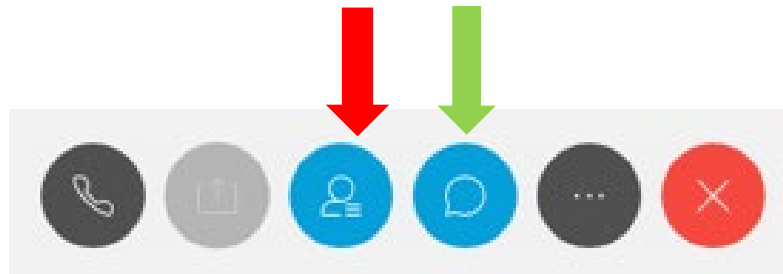
Perinatal Quality Improvement Program (QIP)

2020-21 Measurement Year Kick-off



Technical Instructions

- This webinar will be recorded.
- All participants have been muted to eliminate any possible noise interference/distraction.
- During the Q&A session, if you have a question, **please type your question in the “Q&A” box or click on the “raised hand” icon located in the Participants box.**

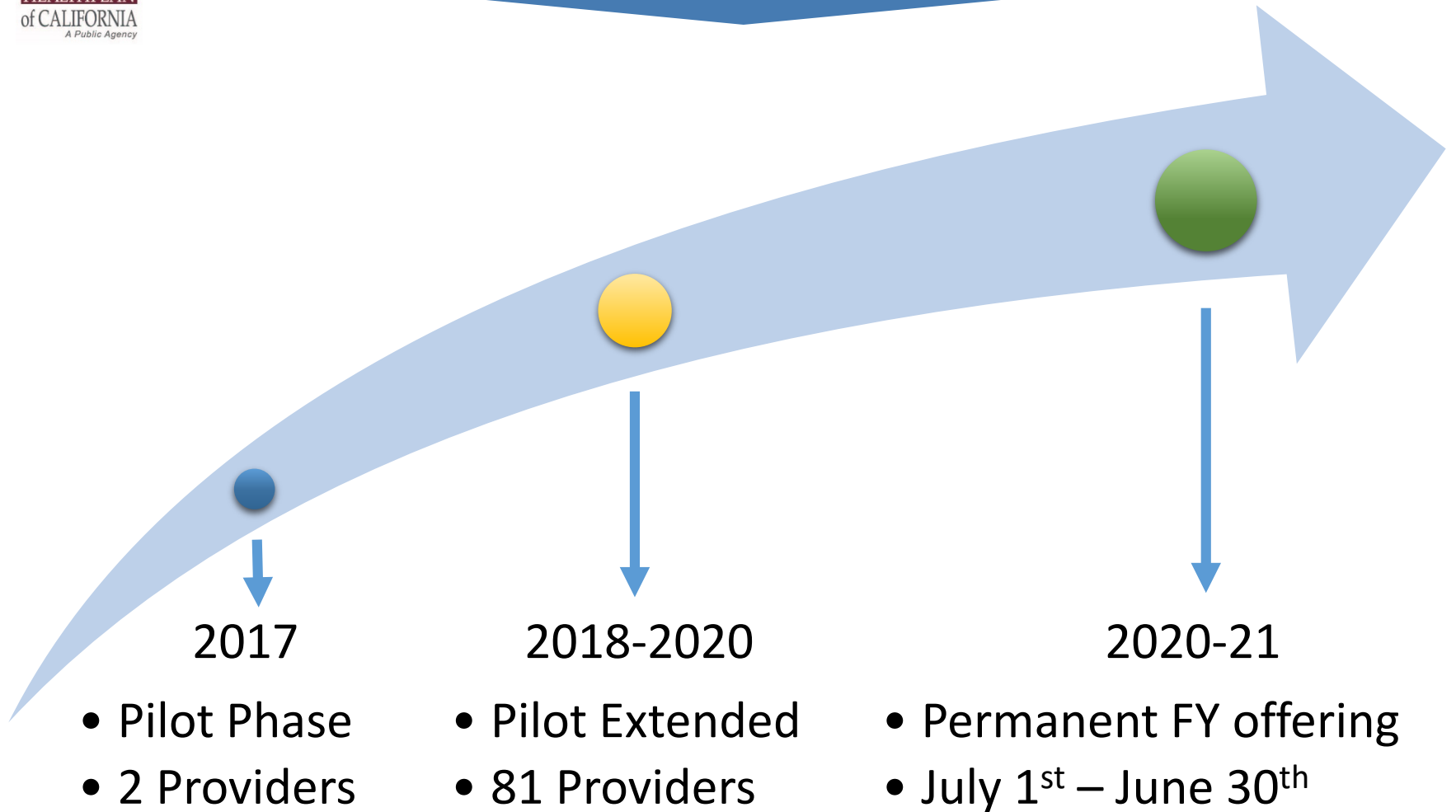


Agenda

- QIP Background
- Timeline
- Measures/Best Practices
- Monthly Submissions
- Quarterly Summary Reports
- Questions



Perinatal QIP History





Perinatal QIP Background

- The Perinatal QIP offers 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
- Program offers a simple and meaningful measurement set and was developed with PCPs and OB/GYNs in mind



Provider Eligibility

- In order to be eligible for the 2020-21 Perinatal QIP, providers must sign a Letter of Agreement (LOA) by **August 15, 2020**
- Providers are only eligible for one prenatal care visit and up to two postpartum care visits 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



2019 Pilot Recap

- October 1, 2019 – June 30, 2020
- Last Day to Send Submissions: July 15, 2020
- Validation Period: July 1, 2020 – September 30, 2020
- Payments and Final Reports Sent: October 30, 2020



2020-2021 Timeline

Measurement Period:
July 1, 2020 – June 30, 2021

Payment:
October 31, 2020

Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021
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Last Day to
Submit LOA:
August 15, 2021

Validation Period:
July 1, 2021 – September 30, 2021

- Quarterly Reports

Summary of Measures

KEY:

New Suggested Measure || Change to Measure Design || ~~Measure removed~~

2019 Measurement Set	2020 – 2021 Measurement Set
<ul style="list-style-type: none"> ● Prenatal Immunization Status ● Timely Prenatal Care ● Timely Postpartum Care 	<ul style="list-style-type: none"> ● Prenatal Immunization Status ● Timely Prenatal Care ● Timely Postpartum Care ● ECDS Implementation



Prenatal Immunization Status

Measure Description

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

Incentive Amount Per Submission

- Tdap Vaccine: \$37.50
- Influenza Vaccine: \$12.50

Documentation Source

- PHC claims system **(must be provided and billed)**

Best Practices – Prenatal Immunizations

Best Practices for Prenatal Immunizations



Best Practices – Prenatal Immunizations

- Discuss vaccination throughout pregnancy and identify reasons for hesitance
- Educate pregnant women that vaccinations protect mom **AND** baby
- Infants cannot be fully vaccinated until after 6 months of age
- Young infants carry the **HIGHEST** risk of complications
- All pregnancies are affected by at least **ONE** flu season
- Vaccinate with Tdap in second trimester if you are concerned about timely and regular visits from the mom



Timely Prenatal Care

Measure Description

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

Incentive Amount Per Submission

- \$75

Documentation Source

- Providers are to submit submission template to PHC. All submitted attestation forms are subject to audit by PHC



Prenatal Submission Template

- Monthly Submissions are due on the last day of each month
- Updates should be submitted using the monthly submission template

Perinatal QIP: Prenatal Timely Visit Submission Template

For visits completed during the Extended Pilot between July 1, 2020 and June 30, 2021. All information provided here is subject to an audit by Partnership HealthPlan of California. See specifications for details.
Timely Prenatal Visit: < 14 weeks gestation, or within 42 days of enrollment

Provider Site Name (Physical Site)	Provider Number	Patient Name	CIN	DOB	Date of Service	Estimated Delivery Date	Depression Screening Tool Used	Score	Gestational Age	Follow Up Needed:
	1234	Minnie Mouse	12345678A1	12/1/1928	10/8/2019	5/3/2020	Patient Health Questionnaire (PHQ-9) [®]	4.00	10 2/7	
	1234	Daisy Duck	12345678B2	12/16/1940	10/19/2019	1/29/2020	Patient Health Questionnaire Modified for Teens (PHQ-9M) [®]	1.00	25 3/7	
	1234	Ursula	12345678C3	6/1/1989	10/19/2019	4/24/2020	PRIME MD-PHQ2 [®]	15.00	13 1/7	FOLLOW UP NEEDED
	1234	Wendy Darling	12345678D4	2/5/1953	10/20/2019	5/7/2020	Beck Depression Inventory-Fast Screen (BDI-FS) ^{®**}	16.00	11 3/7	FOLLOW UP NEEDED
	1234	Esmerelda	12345678I9	6/21/1996		5/3/2020	Patient Health Questionnaire (PHQ-9) [®]	4.00		
	1234	Princess Aurora	12345678J1	1/29/1959	10/8/2019		Patient Health Questionnaire (PHQ-9) [®]	4.00	6289 3/7	

Best Practices – Timely Prenatal Care

Best Practices for Timely Prenatal Care



Best Practices – Timely Prenatal Care

- Train Front Office/ Phone staff to use pregnancy wheels/ calculators to schedule first visits in appropriate time frame
- Use PHC sponsored patient incentives to engage patient in first and post partum visits

Timely Prenatal Care – Compliant Documentation

Documentation in the medical record must include:

- A note indicating the date when the prenatal visit occurred
- Documentation of estimate delivery 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
 - Fundus height measurement (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



Timely Postpartum Care

Measure Description

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

Incentive Amount Per member

- First postpartum visit: \$25
- Second postpartum visit: \$50

Documentation Source

- PHC claims system **(must be provided and billed)**

Best Practices – Timely Postpartum Care

Best Practices for Timely Postpartum Care



Best Practices – Timely Postpartum Care

- Schedule visit prior to discharge from hospital
 - Develop weekend and holiday discharge call back system
- **ONE** of these can be a Telehealth visit
- Use PHC patient incentive program to encourage patient follow up
- Enroll at risk patients in PHC Care Coordination



Timely Postpartum Care – Compliant Documentation

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
- The provider also attests that the following evaluation occurred:
 - Evaluation of lactation (if breastfeeding)
 - Discussion of family planning



Electronic Clinical Data System (ECDS)

Measure Description

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.

Incentive Amount Per Submission

- \$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

Documentation

- Providers should send a single file to PHC only including PHC members



Next Steps and Resources

- **Important:** Please send “SECURE” emails if PHC-member information (PHI) is contained in the emailed body or attachment
- Email: PerinatalQIP@PartnershipHP.org
- 2020-21 Perinatal QIP Specifications:
<http://www.partnershiphp.org/Providers/Quality/Pages/Perinatal-QIP.aspx>



Questions

**Please feel free
to contact PHC's
QIP Team at:**

QIP@PartnershipHP.org

