

PERINATAL QUALITY IMPROVEMENT PROGRAM

2021-2022 MEASUREMENT YEAR



Presented by

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Webinar Instructions

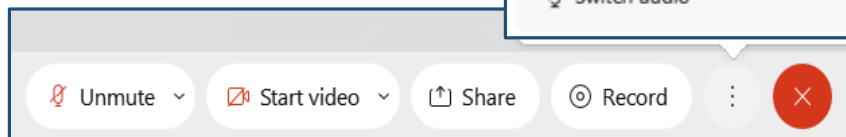
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Figure 1

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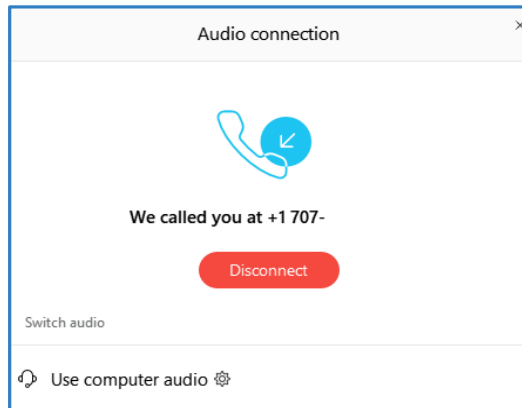
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Figure 2

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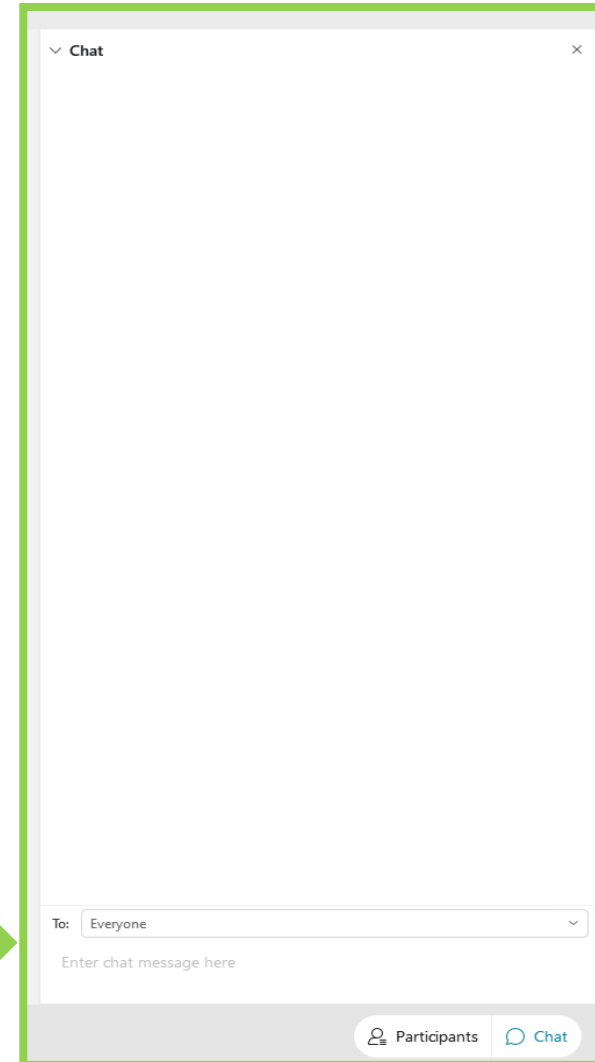


Webinar Instructions

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- All attendees have been muted to eliminate any possible noise/ interference/distraction.
- Please take a moment and open your chat box by clicking the chat icon found at the bottom right-hand corner of your screen and as shown in **Figure 1**.
- If you have any questions, please type your questions into the chat box, and they will be answered at the end of the presentation.
- Be sure to select “Everyone” when sending a message.



Figure 1



About Us



Mission:

To help our members, and the communities we serve, be healthy.

Vision:

To be the most highly regarded managed care plan in California.

Agenda

- ❑ QIP Background
- ❑ Program
 - Timelines
 - Overview
 - Growing Together Program
- ❑ Best Practices with Dr. Colleen Townsend
- ❑ Audit Preparation
- ❑ Q & A



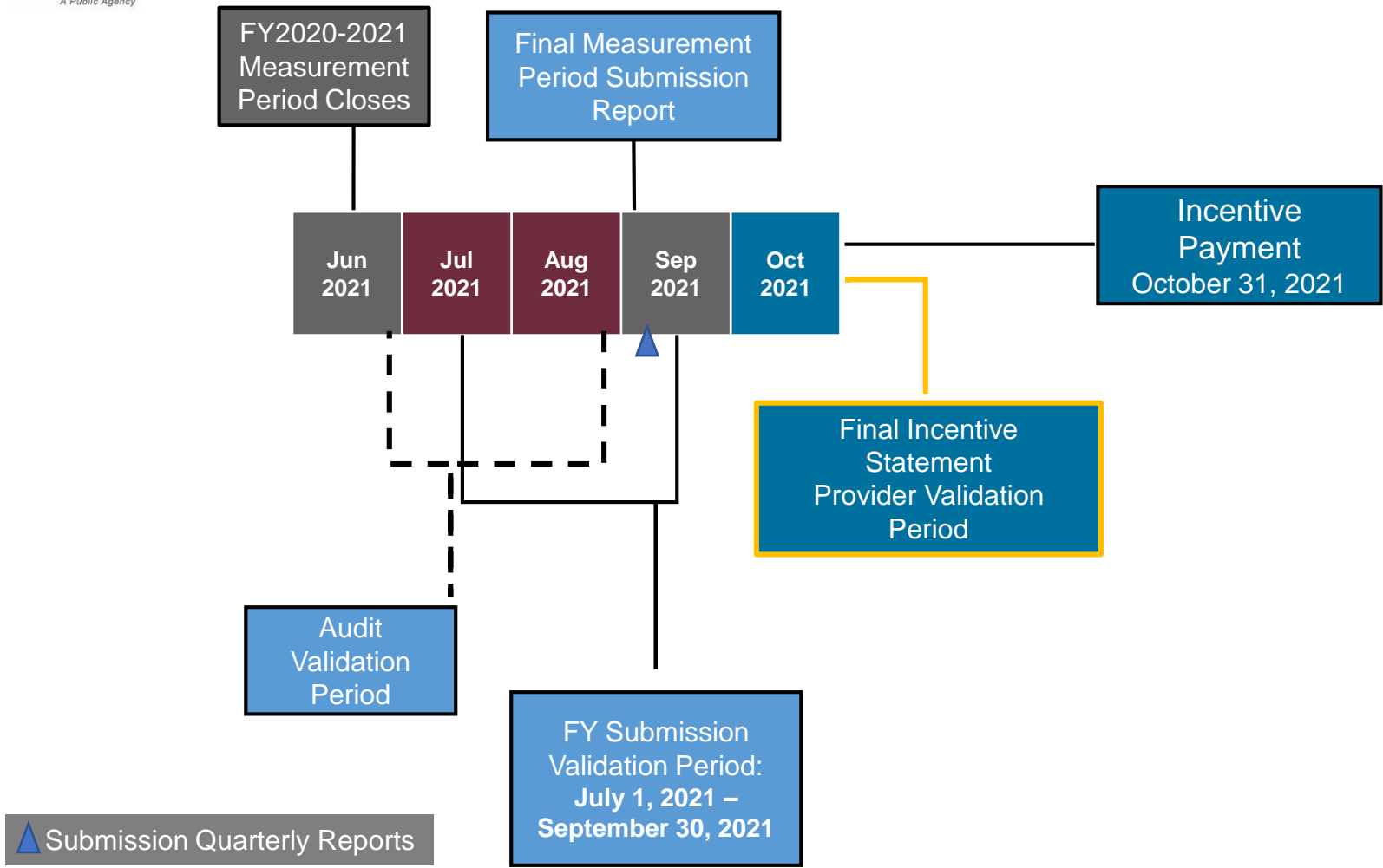
Perinatal QIP Background

- The Perinatal Quality Improvement Program (PQIP) is an invitational value-based program. Starting with humble beginnings the PQIP ran an extensive pilot period from July 1, 2017 through June 30, 2020. The program was officially adopted to the pay-for-performance QIP offerings in July 2020.

What is it?

- PQIP offers financial incentives to participating Comprehensive Perinatal Services Program (CPSP) and select non-CPSP providers providing quality care in the spectrum of perinatal services to include timely prenatal, immunization and postpartum care to PHC members.

FY2020-2021 Measurement Period Close-out Timeline



Measurement Set



**Fiscal Year
2021-2022**

Summary of Programmatic Changes

KEY:

Change to Measure Design

2020-21 Measurement Set	2021-22 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

Provider 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.
- 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
- 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.

Provider Eligibility – Prop. 56

- 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?	
If Yes, You Are Eligible for the Following Incentives:	If No, You Are Eligible for the Following Incentives:
<ul style="list-style-type: none"> Prenatal Immunization Status <ul style="list-style-type: none"> ONLY Influenza vaccine Timely Prenatal Care 	<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

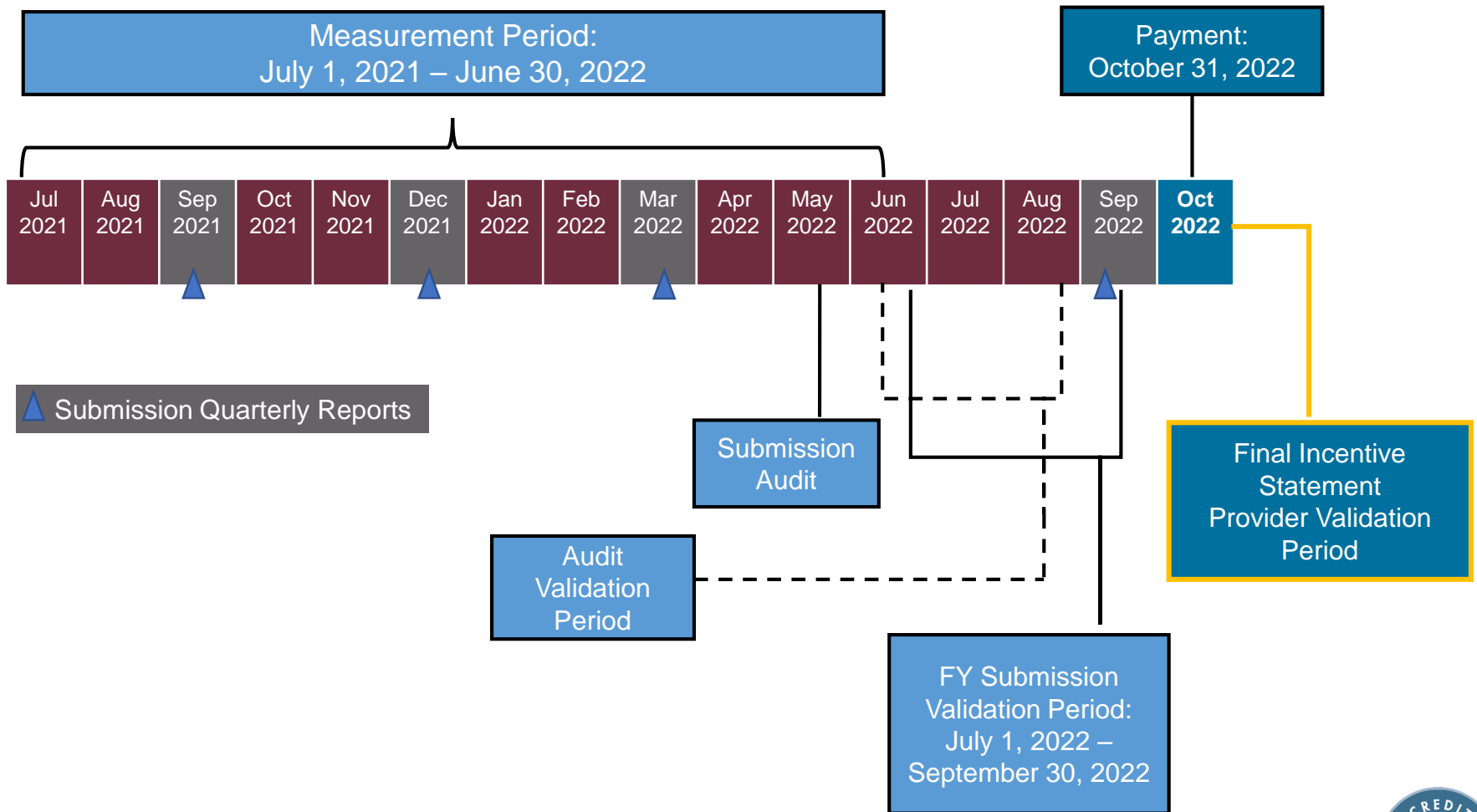


FY21-22 Measurement Period Timeline

TASK	DUE DATE
Start of new measurement period	July 1, 2021
<p>*PQIP Provider Participants: Last day to meet eligibility requirements:</p> <ul style="list-style-type: none"> • Submit signed Letter of Agreement (LOA) or Amended LOA <p>*Only applies to providers who are new or rejoining (break in participation)</p>	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



FY21-22 Measurement Period Timeline



Clinical Core Measurement Set

- Prenatal Immunization Status
- Timely Prenatal Care
- Timely Postpartum Care



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)**

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 Monthly Submission Template

- Monthly Submissions are due on the last day of each month



- Providers are required to email prenatal submission template in a “SECURE” encrypted format to PerinatalQIP@partnershiphp.org
- 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.

Prenatal Timely Visit Submission Template

- Monthly Submissions are due on the last day of each month
- Updates should be submitted using the monthly Prenatal Timely Visit Submission Template

Perinatal QIP: Prenatal Timely Visit Submission Template

For visits completed during: **July 1, 2021 and June 30, 2022**. 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

REQUEST PHC SECURE EMAIL

In accordance with HIPPA Privacy and Partnership HealthPlan of California (PHC) policy, failure to secure member personal health information (PHI) is subject to PHC Regulatory Affairs and Compliance & DHCS incident reporting and Perinatal program suspension. It is MANDATORY that this submission template be sent in a secure email/encrypted format. If your organization does not provide this option, please request a SECURE email from the QIP team.

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:
Castle Clinic	1234	Minnie Mouse	12345678A1	12/1/1928	10/8/2020	5/3/2021	Patient Health Questionnaire (PHQ-9) [®]	4.00	10 3/7	
Castle Clinic	1234	Daisy Duck	12345678B2	12/16/1940	10/19/2020	1/29/2021	Patient Health Questionnaire Modified for Teens (PHQ-9M) [®]	1.00	25 3/7	
Castle Clinic	1234	Ursula	12345678C3	6/1/1989	10/19/2020	4/24/2021	PRIME MD-PHQ2 [®]	5.00	13 2/7	FOLLOW UP NEEDED
Castle Clinic	1234	Wendy Darling	12345678D4	2/5/1953	10/20/2020	5/7/2021	Beck Depression Inventory-Fast Screen (BDI-FS) ^{®*}	6.00	11 4/7	
Castle Clinic	1234	Belle	12345678E5	9/29/1991	10/21/2020	4/20/2021	Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	1.00	14 1/7	
Castle Clinic	1234	Princess Jasmine	12345678F6	11/25/1992	10/25/2020	5/10/2021	PROMIS Depression	1.00	11 6/7	
Castle Clinic	1234	Tiana	12345678G7	11/25/2009	10/26/2020	6/25/2021	My Mood Monitor (M-3) [®]	4.00	5 3/7	
Castle Clinic	1234	Maleficent	12345678H8	5/28/2014	10/28/2020	5/22/2021	Beck Depression Inventory (BDI-II)	15.00	10 4/7	
Castle Clinic	1234	Esmelda	12345678I9	6/21/1996		5/3/2021	Patient Health Questionnaire (PHQ-9) [®]	4.00		
Castle Clinic	1234	Princess Aurora	12345678J1	1/29/1959	10/8/2020		Patient Health Questionnaire (PHQ-9) [®]	4.00	6341 5/7	

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)**

Unit of Service Measure

Electronic Clinical Data System (ECDS)





Electronic Clinical Data System (ECDS)

Measure Description

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.

Incentive Amount Per Submission \$5,000

- 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.

Documentation

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

Population Health



Growing
Together
Program

Growing Together Perinatal Program Version 1.0

- Prenatal / Postpartum Outreach
- Phone call check ins x 3
- \$25 incentives x 2
 - Prenatal care before 14th week
 - Postpartum exam before 84 days
- Case Management follow-up for at-risk moms

Growing Together 2.0

- Moms Growing Together
 - Prenatal
 - Postpartum

- Healthy Babies Growing Together

GTP 2.0 Program Features

- Phone call check ins
 - Prenatal x 2
 - Postpartum x 2
 - Healthy Babies up to x7
- \$25 incentives x 4
 - Prenatal care before 14th week
 - Postpartum exam before 84 days
 - Well Child visits with shots before 3 months
 - Well Child visits with shots between 4-7 months
- Case Management follow-up
 - At-Risk Moms
 - At-Risk Babies

GTP 2.0 Program Features (continued)

- Educational Packet with information on:
 - Prenatal Immunizations
 - Post-Partum Care
 - Perinatal Mood Disorder (PMD)
 - Well-Baby Visits
 - Well-Baby Immunizations
 - Diseases Prevented
 - Family Planning
 - Medi-Cal Enrollment for Baby

GTP 2.0 Program Features (continued)

- Educational Packet with information on:
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 - Well-Baby Visits
 - Well-Baby Immunizations
 - Diseases Prevented
 - Family Planning
 - Medi-Cal Enrollment for Baby

Educational Packet



GROWING TOGETHER PROGRAM

Guide for Taking Care of You and Your Baby

CHECKLIST FOR YOU



- Schedule a postpartum check-up. More information at *Schedule Your Post*.
- Learn about mood changes. You can find information.
- Find a parenting support group. Visit www.partnershipofcalifornia.org. Select your county.



- Encourage your partner.



PERINATAL MOOD DISORDER (PMD)



Many women have mood swings and depression during and after pregnancy. You may have heard it called the "Baby Blues" or "Postpartum Depression." Severe PMD can last only a few weeks or early makes a difference.

What causes Perinatal Mood Disorder?

There are many reasons a woman may have a PMD. Her body goes through lots of changes. Hormones can change your mood. You may worry about the baby. You may be a new mom and feel anxious, angry, or upset.

How do you know if you have a PMD?

- If you have felt any of these in the past two weeks:
- I have been unable to laugh and see the funny side of things.
 - I have not looked forward to things I used to enjoy.
 - I have blamed myself when things go wrong.
 - I have been anxious or worried for no reason.
 - I have felt scared or panicky for no reason.
 - Things have been getting the best of me.
 - I have been so unhappy that I have had thoughts of harming myself.
 - I have felt sad or miserable.
 - I have been so unhappy that I cry often.
 - I have thought of harming myself, or myself or my baby.



What can you do?

Do not wait to ask for help. You can also call 1 (800) 809-1350 or your doctor.

SCHEDULE YOUR POSTPARTUM CHECK-UPS!



You should have your first postpartum check-up within the first 3 weeks after you had your baby. You should have 12 weeks after you have had a baby.

What is a postpartum check-up?

A postpartum check-up is a visit you have with your doctor to make sure you and your baby are doing well. Hormone changes, lack of sleep, stress, and more are just some of the things that can happen after having a baby. Even if you think you are doing fine, it is an important time for you and your doctor to talk about all the changes you are experiencing.

Preparing for your visit:

Make a list of questions and concerns you have. Write down how you are feeling. Bring a list of all the medicines you are taking. Tell your doctor about any bleeding you have. Tell your doctor about any pain in your pelvic area to go away. If you are having trouble breastfeeding, tell your doctor.

What happens at the postpartum check-up?

- Physical examination. Your doctor will check your blood pressure, weight, and how you are feeling.
- Feeding your baby. Your doctor will check if your baby is getting enough food.
- Family spacing and birth control. Your doctor will talk to you about when you want to have another child and what kind of birth control you want.
- Your mood and feelings. Many women have mood swings and depression during and after pregnancy. You may have heard it called the "Baby Blues" or "Postpartum Depression." Severe PMD can last only a few weeks or early makes a difference.



After the check-up:

Schedule your next check-up. Call your doctor to schedule your next check-up. Call your doctor to schedule your next check-up.

FAMILY PLANNING

What is family planning?

Family planning is deciding how many children you and your partner would like to have and how many years you would like between each birth.



When is a good time to think about family planning?

Now is the perfect time to think about family planning. As you get near the end of your pregnancy, let your doctor know you would like to talk about birth control options. Talk to your doctor again about family planning in your postpartum check-ups. There are many different kinds of birth control. There are also options for women who are breastfeeding.



What kind of birth control would be best for me?

Some birth control methods are the pill, the patch, the ring, and an injection. For these methods to work the best they can, they need to be taken by the directions. For instance, the pill needs to be taken every day while the injection is every 3 months. Long-acting reversible contraceptives, also called LARCs, are another option. LARCs include IUDs (intrauterine device) and hormonal contraceptive implants. Condoms can help but do not work as well as other kinds of birth control. Condoms do protect you from sexually transmitted diseases (STDs). You have lots of options for how you plan for your next baby. Talk with your doctor to choose what will work best for you.

How do I talk to my doctor about family planning?

Call your doctor's office to schedule an appointment to talk about which family planning options are best for you. If you need help scheduling an appointment, call PHC's Care Coordination team at (800) 809-1350, Monday - Friday 8 a.m. to 5 p.m. TTY (800) 735-2929 or 711.



Educational Packet

MAKE SURE YOUR BABY IS ELIGIBLE FOR MEDI-CAL

After your baby is born, it is very important that you fill out the **Newborn Referral Form (MC 330)** located in this packet. This form confirms your baby's eligibility for Medi-Cal. Mail or fax the form to the office that processes Medi-Cal applications for the county you live in. You can also call your eligibility worker to tell them your baby was born.

If you have questions, call PHC's Member Services Department at (800) 863-4155, TTY users call the California Relay Service at (800) 735-2929 or 711. You can also call your county office. County phone numbers are listed below.

Del Norte Health and Human Services (707) 464-3191	Napa Health (800)
Humboldt Health and Human Services (877) 410-8809	Shasta Health (877)
Lake Social Services (800) 628-5288	Siskiyou Social (530)
Lassen WORKS and Community Social Services (530) 251-8152	Solano Health (800)
Marin Health and Human Services (877) 410-8817	Sonoma Hum (877)
Mendocino Health and Human Services (707) 463-7700	Trinity Health (800)
Modoc Social Services (530) 233-6501	Yolo Health (855)



Protect Your Baby

Schedule a Well-Child Visit!

PHC's Member Services can help!

At well-child visits, your child's doctor will:

- Measure their height, weight, and head
- Talk about developmental milestones
- Give all recommended immunizations (shots)
- Screen for blood lead at 12 and 24 months
- Ask about your child's eating habits and how your family is doing

<input type="checkbox"/> 3 - 5 days HepB	<input type="checkbox"/> 2 Months DTaP, HepB, Hib, PCV, IPV, Rotavirus	<input type="checkbox"/> 4 Months DTaP, Hib, PCV, IPV, Rotavirus	<input type="checkbox"/> 6 Months DTaP, HepB, Hib, PCV, IPV, Rotavirus, Dental Fluoride, Varnish, Flu shot
<input type="checkbox"/> 12 Months MMR, HepA, Varicella	<input type="checkbox"/> 15 Months DTaP, Hib, PCV	<input type="checkbox"/> 18 Months HepA, Autism Screening	<input type="checkbox"/> 24 Months Anemia Test, Autism Screening

Vaccination Key

Hep - Hepatitis	IPV - Polio	Varicella - Chicken Pox
DTaP - diphtheria, tetanus, pertussis	Hib - Haemophilus b	
MMR - measles, mumps, rubella	PCV - pneumococcal disease	

Parents' Guide to Taking Care of Baby

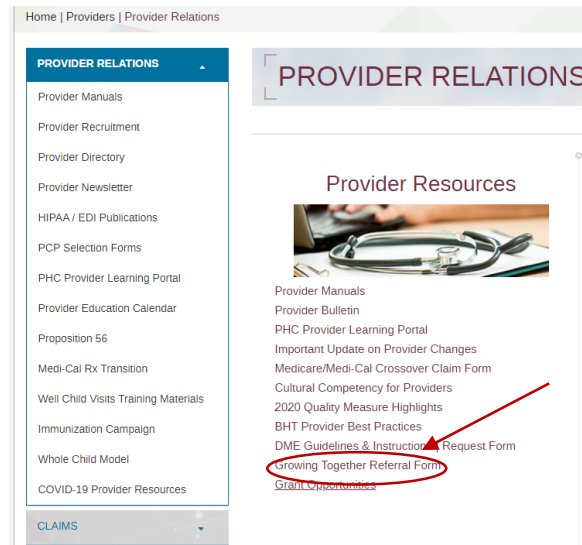
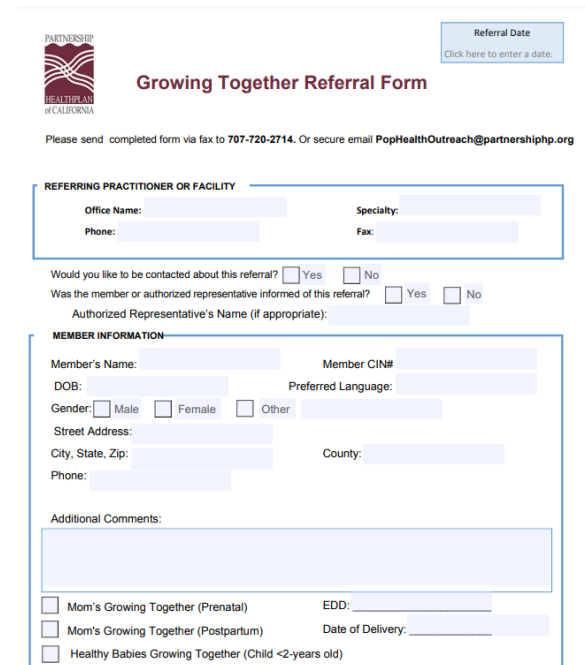
Partnership HealthPlan of California

GTP 2.0 Benefits

- HEDIS / QIP Alignment
 - Prenatal / Post-Partum Visits
 - Early Well-Child Visits
 - Immunization Rates (both mom and baby)
- Reinforce Member / Provider Relationship
- Pharmacist support for immunization education

How to Refer

- As of July 1, 2021, PQIP patients will be automatically enrolled into the Growing Together Program
- Best practice – mention the program and notify patients that someone will be contacting them
- If patient doesn't want to be enrolled, send an email to Population Health letting us know the member is opting out

Referral Date
Click here to enter a date.

Growing Together Referral Form

Please send completed form via fax to 707-720-2714. Or secure email PopHealthOutreach@partnershiphp.org

REFERRING PRACTITIONER OR FACILITY

Office Name: _____ Specialty: _____
Phone: _____ Fax: _____

Would you like to be contacted about this referral? Yes No
Was the member or authorized representative informed of this referral? Yes No
Authorized Representative's Name (if appropriate): _____

MEMBER INFORMATION

Member's Name: _____ Member CIN# _____
DOB: _____ Preferred Language: _____
Gender: Male Female Other _____
Street Address: _____
City, State, Zip: _____ County: _____
Phone: _____

Additional Comments:

Mom's Growing Together (Prenatal) EDD: _____
 Mom's Growing Together (Postpartum) Date of Delivery: _____
 Healthy Babies Growing Together (Child <2-years old)

In all programs, we observe patient confidentiality at all times.
Population Health Management | (855) 798-8764

PopHealthOutreach@partnershiphp.org

Clinical Pro-Tips



Best Practices
Presented by
Dr. Colleen
Townsend

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

Best Practices Timely Prenatal Care

- Use pregnancy calculators by office staff when scheduling first trimester
- Offering PHC sponsored patient incentives to engage patient in timely 1st prenatal
- Discuss benefits of PHC Growing Together with patient
 - Mention incentives to encourage care
- Complete monthly submission of prenatal attestation sheets
- Effective documentation for PQIP reimbursement
 - EDD and date of visit
 - Physical Exam
 - FHT Auscultation, US, Fundal height OR pelvic exam
 - Depression screening - tool and score
 - Correct use of pregnancy surveillance codes

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

Best Practices Timely Postpartum Care

- Schedule visit prior to discharge from hospital
- Use telehealth for **ONE** of these visits
- Refer all prenatal patients to Growing Together Program and as needed to PHC Care Coordination
 - These programs will support scheduling and keeping appointments
 - Incentives for follow-up appointments
- Effective Documentation
 - Delivery date and confirmation of birth outcome
 - Depression screen (valid tool)
 - Assessment and physical exam as indicated
 - Use of correct codes

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

Audit Preparation

- 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; however, anticipate receiving a records request beginning in May.
- 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 Resources

- 2021-22 Perinatal QIP Specifications:
<http://www.partnershiphp.org/Providers/Quality/Pages/Perinatal-QIP.aspx>
- Contact us for the FY21-22 Code Set
- ECDS – On demand recorded webinar:
<http://www.partnershiphp.org/Providers/Quality/Pages/Perinatal-QIP.aspx>



Contact Us

Visit our website:

www.partnershiphp.org

Email us:

PerinatalQIP@partnershiphp.org

Perinatal QIP Team:

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Deanna Watson, Project Coordinator

Questions

If you have a question:

- **Access Chat Box (see Figure 1)**
- **Type your question in Chat Box (see Figure 2)**

Figure 1

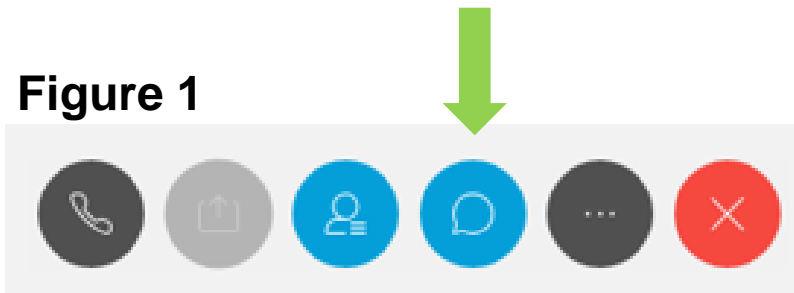
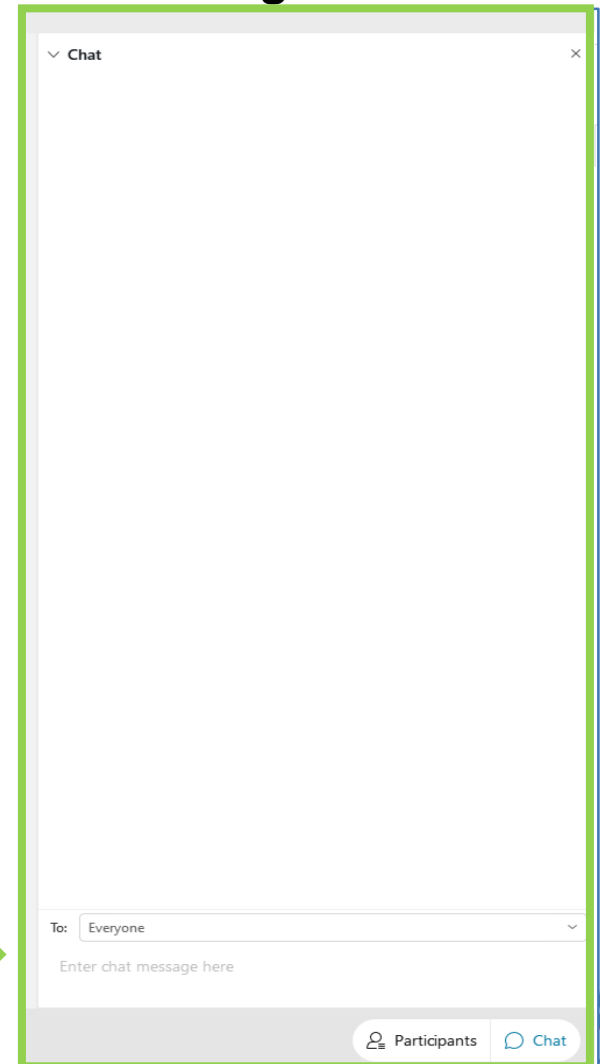


Figure 2





Questions

**Please contact the PQIP
Team at:**

PerinatalQIP@partnershiphp.org

Thank you!

