

PERINATAL QUALITY IMPROVEMENT PROGRAM

2022-2023 MEASUREMENT YEAR



Presented by

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Webinar Instructions

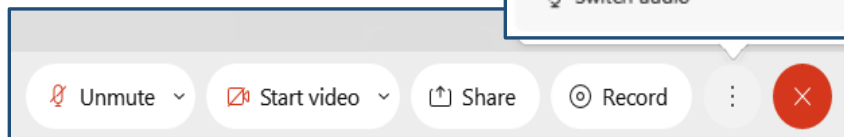
To avoid echoes and feedback, we request that you use the telephone audio instead of your computer audio for listening and speaking during the webinar.

Figure 1

Click Switch Audio

You're using computer for audio

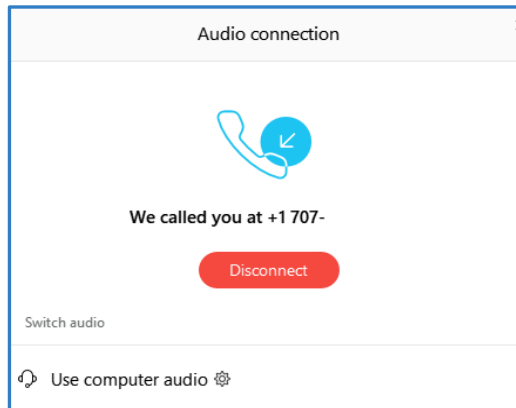
Switch audio



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Figure 2

Enter telephone number

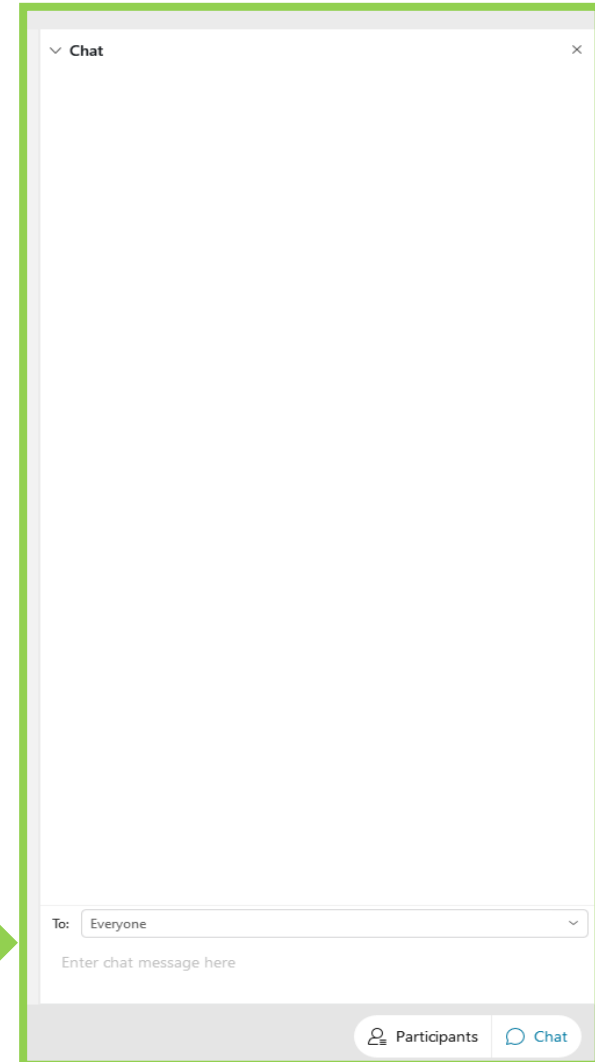


Webinar Instructions

- This webinar will be recorded.
- 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
- ❑ Q & A



Perinatal QIP Background

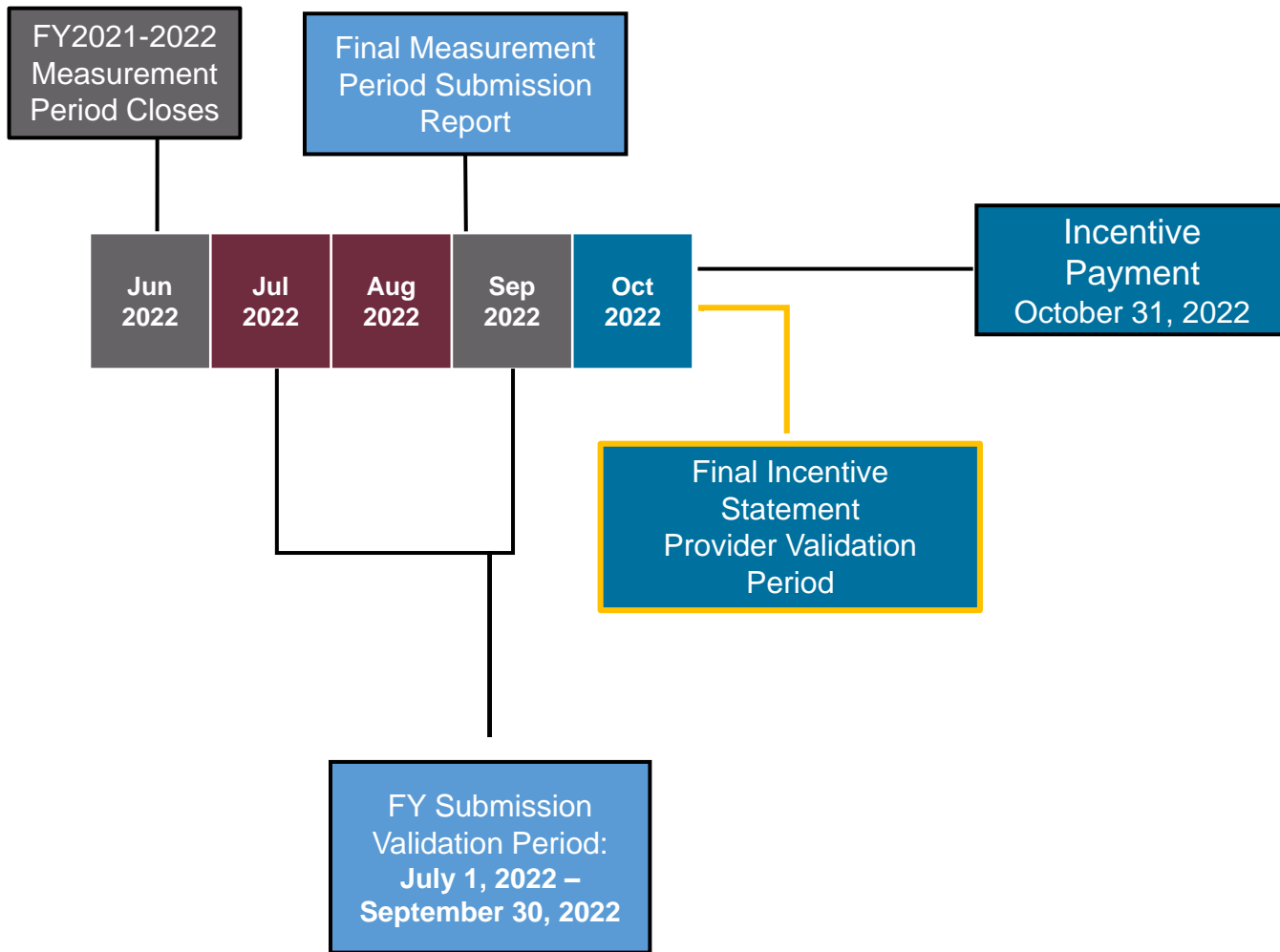
- The Perinatal Quality Improvement Program (PQIP) is an invitational value-based program. Starting with humble beginnings the PQIP ran an extensive pilot period from July 1, 2017 through June 30, 2020. The program was officially adopted to the pay-for-performance QIP offerings in July 2020.

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.



FY2021-2022 Measurement Period Close-out Timeline





Measurement Set



**Fiscal Year
2022-2023**



Summary of Programmatic Changes

KEY:

Change to Measure Design

2021-22 Measurement Set	2022-23 Measurement Set
<ul style="list-style-type: none">• Prenatal Immunization Status• Timely Prenatal Care• Timely Postpartum Care• ECDS Implementation	<ul style="list-style-type: none">• ECDS Becomes Gateway• Prenatal Immunization Status• Timely Prenatal Care• Timely Postpartum Care

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

NEW: For the 2022-23 measurement year implementation of an Electronic Clinical Data System (ECDS) data exchange with provider electronic health records is a program pre-requisite for participation in the PQIP.

Proposition 56

- The Department of Health Care Service's (DHCS) Value-Based Payment (VBP) Program through California Proposition 56 is discontinued after July 1, 2022.

NOTE: Providers previously receiving Proposition 56 incentives were only able to earn incentives for specific measures in the PQIP.

With the discontinuation of Prop 56, all eligible providers can earn incentives for all PQIP measures.



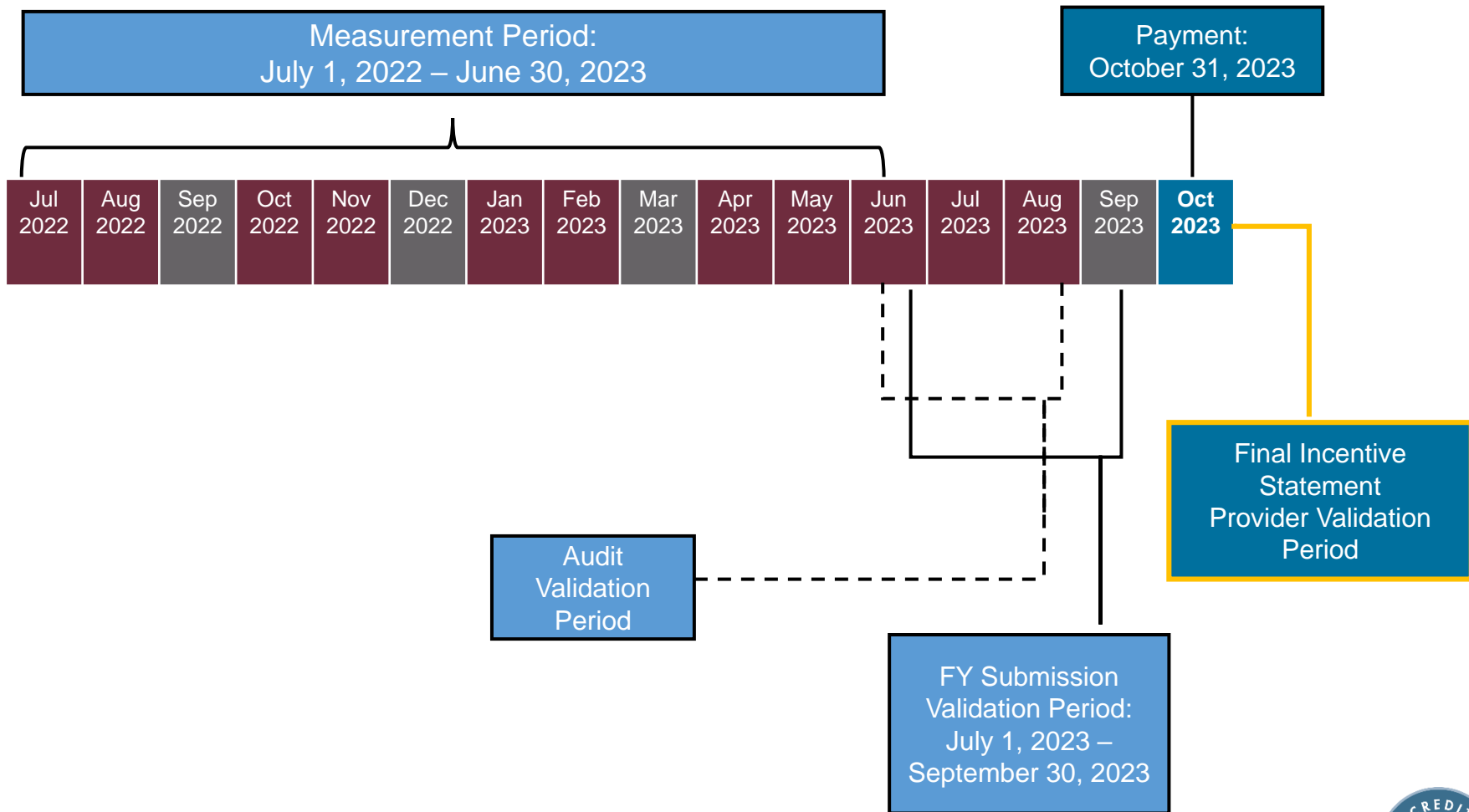
FY22-23 Measurement Period Timeline

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TASK	DUE DATE
Start of new measurement period	July 1, 2022
*PQIP Provider Participants: Last day to meet eligibility requirements: Submit signed Letter of Agreement (LOA) or Amended LOA <i>*Only applies to providers who are new or rejoining (break in participation)</i>	August 15, 2022
Last day to for Manual Submissions	December 31, 2022
Successful receipt of ECDS test file to us	December 15, 2022
ECDS Implementation: Data submissions via ECDS begins	January 2023
Last day of measurement period	June 30, 2023
Year end preliminary report	September 30, 2023
Payment distributed for measurement period	October 31, 2023



FY22-23 Measurement Period Timeline



Electronic Clinical Data System (ECDS)

Measure Description

For the 2022-23 measurement year implementation of an Electronic Clinical Data System (ECDS) data exchange with provider electronic health records is a **program pre-requisite** for participation in the PQIP.

What does this mean?

The PHC Data Interchange group must be able to absorb files successfully, by **January 2023** to be eligible for any incentive opportunities offered within the Perinatal Quality Improvement Program.

Maintaining thereafter an Electronic Clinical Data Systems allowing for monthly data exchange from Provider Electronic Health Records to PHC in order to capture depression screening and follow-up care is required for program participation.

Electronic Clinical Data System (ECDS)

What does this mean (cont'd)?

- Until the ECDS monthly data feed is live (test file received no later than December 15, 2022), the PQIP will accept an attestation submission templates (Excel format), where eligible providers will enter PHC member-level information regarding clinical services of timely prenatal care occurring during the measure period
- **Pro Tip for PCPs:** The Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), Breast Cancer Screening (BCS-E) and Unhealthy Alcohol use Screening and Follow-Up (ASF-E) measures are not required for the Perinatal QIP, but if your organization does primary care in addition to prenatal care, we recommend doing the entire set of measures, as this larger set is now part of the PCP QIP

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 not yet reporting through ECDS are to submit the PQIP Submission Template to PHC by email to PerinatalQIP@partnershiphp.org. As of January 1, 2023 ECDS implementation must be complete for continued PQIP participation.

Prenatal Monthly Submission Template

- Monthly Submissions are due on the last day of each month
 - **Prior to January 2023:** 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: Manual prenatal submissions will not be accepted after December 31, 2022

Prenatal Timely Visit Submission Template

- Monthly Submissions are due on the last day of each month until December 31, 2022
- Updates should be submitted using the monthly Prenatal Timely Visit Submission Template pictured below

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	Esmerelda	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)**

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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 - 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 at [www.partnershipofcalifornia.org](#).
- Find a parenting support group. Visit [www.partnershipofcalifornia.org](#) to find a group in your county.



- Encourage your partner to get help if needed.



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 longer. Early treatment 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 your 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, you may have a PMD.
- 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 or my baby.
 - I have felt sad or miserable.
 - I have been so unhappy that I cry often.
 - I have thought of harming myself, or my baby.

What can you do?

Do not wait to ask for help. You can also call 1-800-809-1350 or visit [www.partnershipofcalifornia.org](#).



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. You should have 6 months 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 are recovering well 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 going through.

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. Bring a list of all the symptoms you are having. Bring a list of all the questions you have. Bring a list of all the things you want to talk about.

What happens at the postpartum check-up?

- Physical examination. Your doctor will check your blood pressure, heart rate, and weight.
- 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 baby and what kind of birth control you want to use.
- Your mood and feelings. Many women have mood swings and depression during and after pregnancy. Your doctor will talk to you about how you are feeling and if you need help.



After the check-up:

Schedule your next check-up. Call your doctor if you have any questions or concerns. Call your doctor if you are having any problems. Call your doctor if you are feeling any symptoms.



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

Humboldt
Health and Human Services
(877) 410-8809

Lake
Social Services
(800) 628-5288

Lassen
WORKS and Community Social Services
(530) 251-8152

Marin
Health and Human Services
(877) 410-8817

Mendocino
Health and Human Services
(707) 463-7700

Modoc
Social Services
(530) 233-6501

Napa
Health
(800)

Shasta
Health
(877)

Siskiyou
Social
(530)

Solano
Health
(800)

Sonoma
Hum
(877)

Trinity
Health
(800)

Yolo
Health
(855)



Protect Your Baby
Schedule a Well-Child Visit!

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

PHC's Member Services can help!

<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



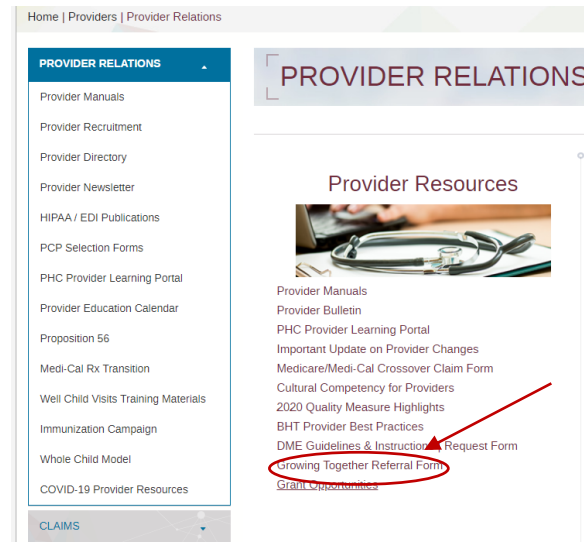
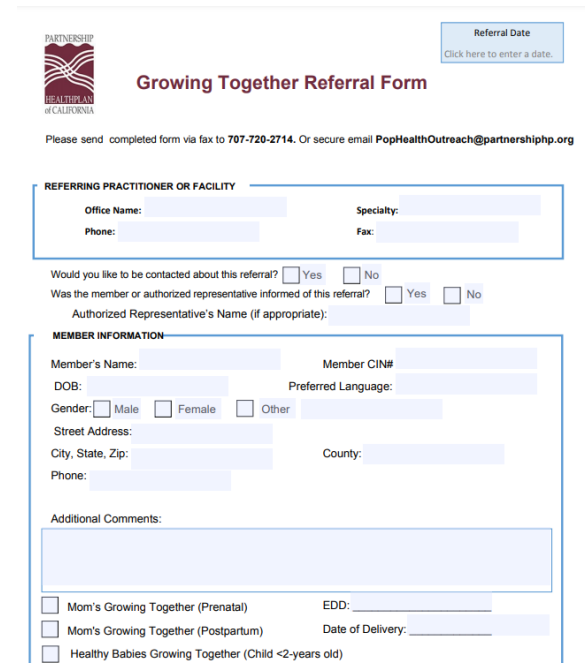
Partnership HealthPlan of California

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



Program Resources

- 2022-23 Perinatal QIP Specifications:
<http://www.partnershiphp.org/Providers/Quality/Pages/Perinatal-QIP.aspx>
- Contact us for the FY22-23 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

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Questions

Thank you!

