PERINATAL QUALITY IMPROVEMENT PROGRAM

DETAILED SPECIFICATIONS

2024-2025

MEASUREMENT YEAR

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PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

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Program Overview

Partnership HealthPlan of California (PHC) offers a diverse managed care pay for performance (P4P) portfolio that includes key healthcare services. The P4P portfolio includes performance measures in the following types of patient care: primary, hospital, specialty, palliative, perinatal, long-term care, and behavioral health. These patient-centric value-based program offerings center on quality driven measures that support the PHC's organizational mission to help our members and the communities we serve be healthy.

The Perinatal Quality Improvement Program (PQIP) is an invitation P4P program that offers financial incentives to participating Comprehensive Perinatal Services Program (CPSP) and select non-CPSP practitioners that provide quality and timely prenatal and postpartum care to PHC members. The PQIP is developed and designed with primary care providers (PCP) and OB/GYN providers in mind who drive measurable health outcomes through a concise and meaningful measurement set focused on the following measures:

- Timely TDaP and Influenza Vaccine
- Timely Postpartum Care
- Timely Prenatal Care
- Electronic Clinical Data System (ECDS)
- Depression Screening at First Prenatal Visit

Participation Requirements

Perinatal QIP 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.

Eligible providers must have a PHC contract within the first three (3) months of the measurement year (**by October 1**). Providers must remain contracted through **June 30, 2025** (end of Measurement Year) and be considered in Good Standing *as of the month* the Perinatal QIP incentive payment is to be disbursed (**October**).

PHC has the sole authority to determine if a provider is in Good Standing based on the criteria set forth below:

1. Provider is open for services for PHC members.
2. Provider is financially solvent (not in bankruptcy proceedings).
3. Provider is not under financial or administrative sanctions, exclusion or disbarment from the State of California, including the Department of Health Care Services (DHCS) or the federal government including the Centers for Medicare & Medicaid Services (CMS). If a provider appeals a sanction and prevails, PHC will consider a request to change the provider status to in Good Standing.
4. Provider is not pursuing any litigation or arbitration against PHC.

5. Provider has not issued or threatened to issue a contract termination notice, and any contract renewal negotiations are not prolonged.
6. Provider has demonstrated the intent to work with PHC on addressing community and member issues.
7. Provider is adhering to the terms of their contract (including following PHC policies, quality, encounter data completeness, and billing timeliness requirements).
8. Provider is not under investigation for fraud, embezzlement or overbilling.
9. Provider is not conducting other activities adverse to the business interests of PHC.

Incentive Payment Requirements and Conditions

Providers shall remain under contract with assigned members for at least **NINE (9)** months of the measurement year. Provider site closures within a measurement year must have at least nine (9) months of *continuous* program participation to qualify for program incentives.

Perinatal Quality Improvement Letter of Agreement (LOA)
Providers with an LOA in effect are no longer required to renew an LOA for each measurement year. Only new participating providers or providers that have had a break in program participation will be required to complete an LOA.

Providers must sign and submit an LOA by **August 15, 2024.** Providers who do not submit an LOA will be removed from program participation within the measurement period.

Program Reporting Requirements by Measure

Measure 1 – Electronic Clinical Data Systems (ECDS)

The ECDS measure is a multi-step data exchange process that has strict protocol and a data validation process involving the PHC HEDIS team. Reporting requirements are detailed in the measure specifications beginning on page 8.

Measure 2 – Prenatal Immunization Status

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 four (4) months after the end of the measurement period.

Measure 3 & 4 – Timely Prenatal Visits, Depression Screening at First Prenatal Visit

For consideration of Measure 3, *Timely Prenatal Visit* and Measure 4, *Depression Screening at First Prenatal Visit*, providers must submit **monthly** (by the 10th day following each reporting month) an attestation submission template (Excel format) provided by PHC. Submission

templates must be complete, and missing data could result in a reduction of incentive dollars. Member submissions containing empty fields will not earn incentive credit.

Submission corrections must be sent in the monthly submission template, and provide a written notice in the body of the submission email. Incomplete submissions will be returned for correction/resubmission. Upon notification, providers are required to resubmit a SECURE resubmission email within **five (5)** business days to: perinatalqip@partnershiphp.org.

SECURE email exchanges containing member PHI are HIPPA mandatory. Providers must email the completed PHC Excel template with prenatal visit data in a SECURE encrypted email format to PerinatalQIP@partnershiphp.org by the **10th day following each reporting month.** This template must include:

- Member level information regarding clinical services of timely prenatal care occurring during the measurement year. **Detailed data requirements are outlined below**.
- All entry fields on the submission template must be complete for each member, including: PHC member's CIN, Expected Delivery Date (EDD), Date of Birth (DOB), correct spelling of members First Name and Last Name
- Monthly submission shall consist of visits that are rollover dates of service from previous month or current month dates of service. No future dates are accepted.

Data Requirements:

PHC requires each prenatal attestation submission to include all measure requirements performed during the visit and EHR/MHR charted accordingly to qualify as a comprehensive and timely prenatal service.

For each submitted timely prenatal care visit, the submitting provider is **attesting** to the completion of 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 must be included to receive measure incentive (see Appendix I for guidance).

Measure 5 – 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 four (4) months after the end of the measurement period.

Medical Record Audits

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.
- 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.

Growing Together Perinatal Program

During FY2024-25 Measurement Period, **ALL** eligible members submitted in the PQIP through Timely Prenatal Care attestation submissions will be automatically referred to PHC's Growing Together Program (GTP). Through this program, PHC members will receive additional health benefits and participation incentives including care coordination if they choose to enroll.

PROGRAM OFFERINGS HIGHLIGHTED BELOW:

COORDINATION OF PERINATAL CARE

- Connection/referral to resources
- Perinatal mental health
- Postpartum support
- Member Incentive is offered for GTP participation

COORDINATION OF INFANT CARE

- Well-baby visits
- Access and utilization of PHC services
- Immunizations
- Member Incentive is offered for GTP participation

EDUCATIONAL SUPPORT

- Prenatal immunizations
- Postpartum care

- Perinatal Mood Disorder (PMD)
- Well-baby visits
- Well-baby immunizations
- Diseases prevented
- Family planning
- Medi-Cal enrollment for baby

NOTE: *If after speaking to a member about the GTP the member would not like to be referred to a GTP Care Coordinator, the provider* is encouraged to send a SECURE email to PopHealthOutreach@partnershiphp.org to notify the PHC's Population Health Team that the member has requested to OPT-OUT of the GTP. Emails should include the PHC member's CIN number, first and last name, and date of birth.

Timeline

The Perinatal QIP is a Fiscal Year(FY) Quality Incentive Program. The FY 2024-25 PQIP will run for 12 months starting: July 1, 2024 to June 30, 2025. Qualifying incentive payments are distributed ***four (4)*** months after the end of the measurement period (**October**).

TASK	DUE DATE
Start of new measure period	**July 1, 2024**
PQIP Provider Participants: Last day to meet eligibility requirements:** • Submit signed Letter of Agreement (LOA) or Amended LOA ***Only applies to providers who are new or rejoining (break in participation)	**August 15, 2024**
Last day of measurement period	**June 30, 2025**
Last day to submit Prenatal Submissions	**July 15, 2025**
Final quarterly report	**September 30, 2025**
Payment distributed for measurement period	**October 31, 2025**

FY 2024-25 PQIP Summary of Measures

Measure	Incentive Amount Per Submission	Documentation Source
Electronic Clinical Data System (ECDS)	$5,000 per Parent Organization with EHR vendor support $10,000 per Parent Organization with no EHR vendor support	Depression Screening data submitted twice per measurement year on ECDS template via sFTP
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)	$100	Participating providers submit a **monthly** (by the 10th day following each reporting month) attestation template via SECURE email indicating services provided at reported visit.
Prenatal Care - Depression Screening at First Prenatal Visit (**≥14** weeks gestation)	$25	Participating providers submit a **monthly** (by the 10th day following each reporting month) attestation template via SECURE email indicating services provided at reported visit.
Timely Postpartum Care 2 visits: One (1) visit < 21 days after delivery, and one (1) visit between 22 and 84 days after delivery	$25 (1st visit) $50 (2nd visit)	PHC claims system **(must be provided and billed)**

Measure 1. Electronic Clinical Data Systems (ECDS)

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 data capture and is a vital component of furthering the quality of care for covered PHC members.

Measure Requirements

Participating providers in the ECDS measure may earn $5,000 or $10,000 per Parent Organization if sites successfully submit data requirements directly to PHC on the following measure:

Depression Screening

PLEASE NOTE: Updated ECDS specifications, ECDS template, SQL coding and HEDIS Roadmap template are available now. Please send an email to the Perinatal QIP team to receive this package via SECURE email: perinatalqip@partnershiphp.org

The HEDIS Roadmap must be requested separately from the HEDIS team at: squichocho@partnershiphp.org

Submission Process

Incentive for the ECDS measure includes a multi-step process and can be achieved by participating in the following criteria:

- Generate ECDS output and submit test file via Secure File Transfer Protocol (sFTP) by **October 15, 2024**.
- Complete any corrections to the data by **November 1, 2024**.
- Submit final data file (using the exact programming used for the test file) via sFTP between **January 7, 2025** and **January 14, 2025.**

NOTE for OCHIN Members: OCHIN members can request a report for ECDS data directly from OCHIN. Please use the following Jira language to request this report:

We are hereby requesting a ECDS report, please reference the OPT-122198.

ECDS Data Submission Criteria:

1. Acceptance by PHC IT department of a test file using updated 2023 ECDS specifications by **October 15, 2024;** this submission also requires completion of the HEDIS Roadmap 5 template. **Please note the Roadmap must be requested from the HEDIS Team at: squichocho@partnershiphp.org.** The test file must

be completed using the PHC approved 2023 updated ECDS template and should include data from **January 1, 2024 – date the data is run**. No modifications to the template or manually manipulated data will be accepted.

2. The test file will be validated by the PHC HEDIS team. If data errors are found or the template has been modified, the HEDIS team will notify the PCP site. Sites will have until **November 1, 2024** to fix the data and/or correct the ECDS template.
3. A final report based on all patients seen who are covered by PHC (whether assigned or direct members) for **all of 2024**, must be submitted between **January 7, 2025** and **January 14, 2025**. The reporting programming and template format must be the same as the final approved version of the **test file** outlined in number 1 above. No manually manipulated final data will be accepted.
4. PHC's HEDIS team will be randomly auditing a few records from each provider to validate the mapping process in the fall of 2024 and the winter of 2025 known as Primary Source Verification. Sites must cooperate with PHC HEDIS team Primary Source Verification to qualify for the ECDS incentive.

Validation and Audit Process

Providers will be required and available for timely collaboration to validate data submissions ***prior*** to PHC data integration and be available ***after*** data integration to collaborate with PHC HEDIS team to conduct data audit and validation activities.

STEP-BY-STEP

ECDS Process for Implementation, Data Submission and Data Acceptance

(NOTE: Providers who have already completed Steps 1 & 2, please start with Step 3)

A Note for OCHIN Members: OCHIN members can request a report for ECDS data directly from OCHIN. Please use the following Jira language to request this report:

We are hereby requesting a ECDS report, please reference the OPT-122198.

Step 1: Contact the Perinatal QIP team to advise us of your intent to implement ECDS and set-up an sFTP account: perinatalqip@partnershiphp.org

- Please provide the following details in an email to the Perinatal QIP inbox:
  - Name of Parent Organization
  - Contact name (**one (1) contact per parent organization**)
  - Contact phone number
  - Contact email address

****The Perinatal QIP team will send the ECDS specifications, template, SQL code to you via SECURE email****

Step 2: sFTP Account Set-Up (Must be completed by **October 1, 2024)**

- Once your contact information is received, an account will be generated in order to submit test files using the PHC ECDS Depression Screening template.
    - An email will be sent to you from PHC's EDI team with log-in credentials to access your new sFTP account.

Step 3: Test File Submission (Data for January 1, 2024 – date the data is run)

- Acceptance of test file *and* HEDIS Roadmap 5 template via sFTP is due by **October 15, 2024**.
- The test file must include all data elements on the ECDS Depression Screening template.
- The PHC HEDIS team will provide confirmation your test file has been received.
- If the test file data does not pass the HEDIS review, PCP sites will have until **November 1, 2024** to correct the data.
- In November and December, the PHC HEDIS team will reach out to PCPs to perform preliminary Primary Source Verification on a sample of data submitted.

Step 4: Final Data File Submission (Data for all of 2024)

- For incentive of the ECDS measure, acceptance of the final data file via sFTP is due between **January 7, 2025 – January 14, 2025**.
- Final data files must include all data elements on the ECDS Depression Screening template for **ALL of 2024 (January 1 – December 30).**
- All PCP sites submitting final data are required to participate in the PHC HEDIS team Primary Source Verification Process.

What is the HEDIS Roadmap and Primary Source Verification?

Yearly completion of the current Roadmap is a required component of the NCQA HEDIS Compliance Audit process. The Roadmap's tables provide auditors with the preliminary information they need to conduct the NCQA HEDIS Compliance Audit.

All information requested in the Roadmap is essential to the HEDIS audit process, and auditors require the PHC to answer or update each question accurately and completely.

- All Roadmap questions relate to the measurement year systems and processes, unless otherwise indicated.
- **Template for *Roadmap Section 5 will be required from ECDS Providers** in order to obtain HEDIS Auditor approval to integrate the data for HEDIS regulatory compliancy. *Please email the Perinatal QIP team for a SECURE email with the HEDIS Roadmap template.

5. Supplemental Data.	Complete a separate Section 5 for each supplemental data source. Vendor data described in Section 1 does not need to be added here.

The HEDIS team will be responsible to contact and work with each ECDS provider to facilitate and support the completion of the HEDIS ROADMAP process for successful Primary Source Verification. The HEDIS Roadmap must be requested from the HEDIS team at: squichocho@partnershiphp.org.

Thresholds

Incentive amount paid at the Parent Organization (PO):

1. $10,000 per PO for sites with no support from their Electronic Medical Record (EMR) vendor, and thus need to use an outside vendor to extract the data.
2. $5,000 for POs whose EMR vendor generates the report for ECDS data submission
3. The payment will *only* be made if the PHC HEDIS and IT team is able to accept and ingest both a test file in Autumn of 2024 *and* the final year-end file in January of 2025.

Measure 2. 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 pregnancy[1]. 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, 2024 to June 30, 2025: 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:
3) Identifying Influenza vaccine codes billed for these women any within the 40 weeks before 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, TDaP, 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 accept these members if providers send a SECURE email to the PQIP with member information (first name, last name, DOB, vaccine type (TDaP or Influenza) and date of administration.

Measure 3. Timely Prenatal Care (<14 weeks of Gestation)

Timely prenatal care is proven to improve health outcomes of pregnancy for mothers and their children.[3] Increased access to care during pregnancy and childbirth can prevent pregnancy-related deaths and diseases. A pregnant woman'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, 2024 to June 30, 2025

Specifications

Prenatal care visits 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.

A diagnosis of pregnancy must be present. Documentation in the medical record must include:

- A note indicating the date when the prenatal care visits occurred
- Documentation of estimated due date (EDD) and gestational age in weeks
- Comprehensive physical/obstetrical exam including weight, blood pressure AND *one* of the following:
    - Auscultation for fetal heart tone
    - Pelvic exam with obstetric observations
    - Measurement of fundus height (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 $100 for each timely visit, with all required elements documented in medical record and submitted using the Submission Template. Components of care may occur in separate visits (i.e., telemedicine and in-person) but must occur within the required timeframe and the results referenced in the timely face to face.

Reporting

Providers are to submit the Prenatal Timely Visit Submission Template **monthly (by the 10th day following each reporting month)** to PHC by SECURE email to the Perinatal QIP team at PerinatalQIP@partnershiphp.org. All submitted attestation forms are subject to audit by PHC.

Exception

Providers not utilizing electronic health record systems are exempt from this requirement.

Measure 4. Depression Screening at First Prenatal Visit (≥14 weeks Gestation)

Increased access to care during pregnancy and childbirth can prevent pregnancy-related deaths and diseases. Data needs for prenatal care should include data submitted for the first prenatal visit to include all visits, regardless of the timeliness, to enable calculation of rates, and to avoid missing appointments that do qualify by virtue of a change in MediCal status.

Measure Summary

Prenatal care services rendered to pregnant PHC members after the first trimester, defined as equal to or greater than 14 weeks of gestation.

Measurement Period

July 1, 2024 to June 30, 2025

Specifications

Prenatal care visits to an OB/GYN or other perinatal care practitioner or PCP after the first trimester (equal to or greater than 14 weeks of gestation, as documented in the medical record) will be eligible for the incentive payment. A diagnosis of pregnancy must be present.

Documentation in the medical record must include:

- A note indicating the date when the prenatal care visits occurred
- Documentation of estimated due date (EDD) and gestational age in weeks
- Comprehensive physical/obstetrical exam including weight, blood pressure AND *one* of the following:
    - Auscultation for fetal heart tone
    - Pelvic exam with obstetric observations
    - Measurement of fundus height (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 $25 for each visit, with all required elements documented in medical record and submitted using the Submission Template. Components of care may occur in separate visits (i.e., telemedicine and in-person) but must occur within the required timeframe and the results referenced in the timely face to face.

Reporting

Providers are to submit the Depression Screen at First Prenatal Visit Submission Template **monthly (by the 10th day following each reporting month)** to PHC by SECURE email to PerinatalQIP@partnershiphp.org. All submitted attestation forms are subject to audit by PHC.

Exception

Providers not utilizing electronic health record systems are exempt from this requirement.

Measure 5. 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, 2024 to April 7, 2025: Index period by which women with live births are identified.

Specifications

Two *timely* postpartum visits to an OB/GYN practitioner, midwife, family practitioner or PCP. One occurring within 21 days of delivery, and another between 22 and 84 days after delivery.

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, 2024 to April 7, 2025
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 captured by claims, 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 notation of the following:
    - Weight, blood pressure, and evaluation of the abdomen and breasts.
        - "Normal"/"abnormal" components of medically necessary physical exam
        - Abdominal exam as: "normal" / "abnormal" or "not clinically indicated"
        - "Breastfeeding" is acceptable for the "evaluation of breasts."
- 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 = 1st postpartum visit/$50 for 2nd visit, totaling $75 per member.

Codes Used

For delivery diagnosis, delivery procedure, TDaP codes, and Influenza codes, please refer to the code list.

Appendix I

TOOLS FOR DEPRESSION SCREENING

See ECDS documents for details on how to use this.

Instruments for Adolescents (12–17 years)	
Tool	Positive Finding
Patient Health Questionnaire (PHQ-9)®	Total Score ≥5
Patient Health Questionnaire Modified for Teens (PHQ-9M)®	Total Score ≥5
PRIME MD-PHQ2®	Total Score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®*	Total Score ≥4
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥10
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥9
PROMIS Depression	Total Score ≥52.5

Instruments for Adults (18+ years)	
Tool	Positive Finding
Patient Health Questionnaire (PHQ-9)®	Total Score ≥5
PRIME MD-PHQ2®	Total Score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS)®*	Total Score ≥4
Beck Depression Inventory (BDI-II)	Total Score ≥14
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥10
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥9
My Mood Monitor (M-3)®	Total Score ≥5
PROMIS Depression	Total Score ≥52.5

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

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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/