



**Perinatal Quality Improvement Program
FY 2024-2025 Kick-Off Webinar
July 25, 2024**

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About Us



Partnership began in Solano County in 1994 and now provides care to over 900,000 members across 24 Northern California counties.

Mission

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

Vision

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

Focus

- Quality in everything we do
- Operational excellence
- Financial stewardship



How We Are Organized

Partnership is a County Organized Health Systems (COHS) Plan

Non-Profit Public Plan

Low administrative rate allows for Partnership to have a higher provider reimbursement rate and support community initiatives.

Local Control and Autonomy

A local governance is sensitive and responsive to the area's health care needs.

Community Involvement

Advisory boards participate in decision-making regarding the direction of the plan.



Agenda

- QIP Background
- Program
 - FY2023-24 Close-Out Timeline
 - FY2024-25 Overview
- Growing Together Program
- Clinical Pro-Tips & Best Practices
- Q & A





Perinatal QIP Background

- The Perinatal Quality Improvement Program (PQIP) is an invitation only, value-based program. Starting with humble beginnings in 2017, the PQIP ran an extensive pilot period from July 1, 2017 through June 30, 2020. The program was officially adopted as a pay-for-performance program in July 2020.
- PQIP offers financial incentives to participating Comprehensive Perinatal Services Program (CPSP) and non-CPSP providers providing quality care in the spectrum of perinatal services to include timely prenatal care, immunization and postpartum care to PHC members.

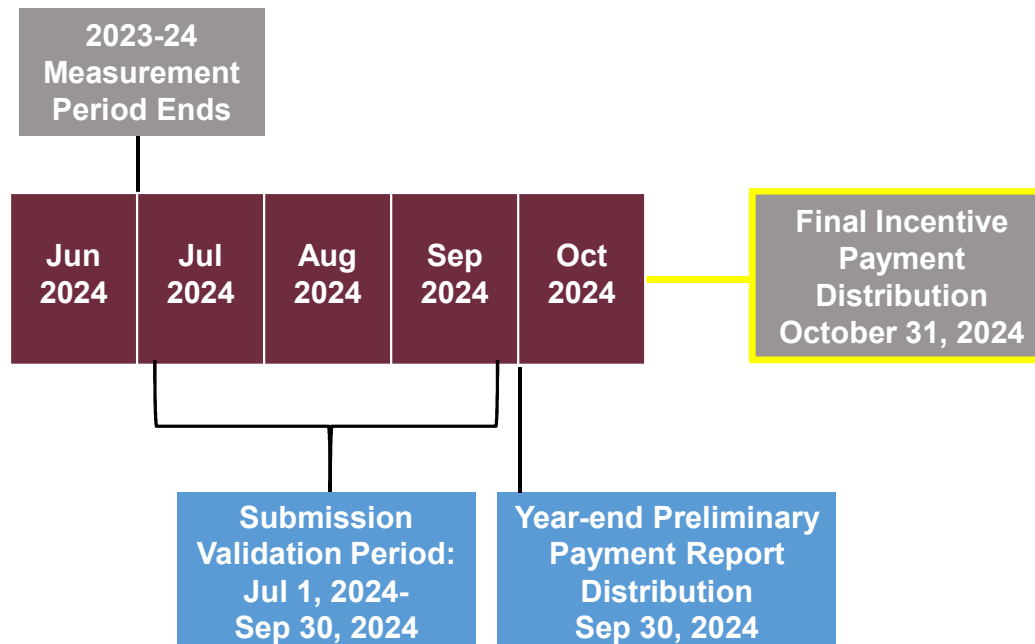


Provider Eligibility

- 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.



FY2023-2024 Measurement Period Close-out Timeline



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PQIP Measurement Set



**Fiscal Year
2024-2025**

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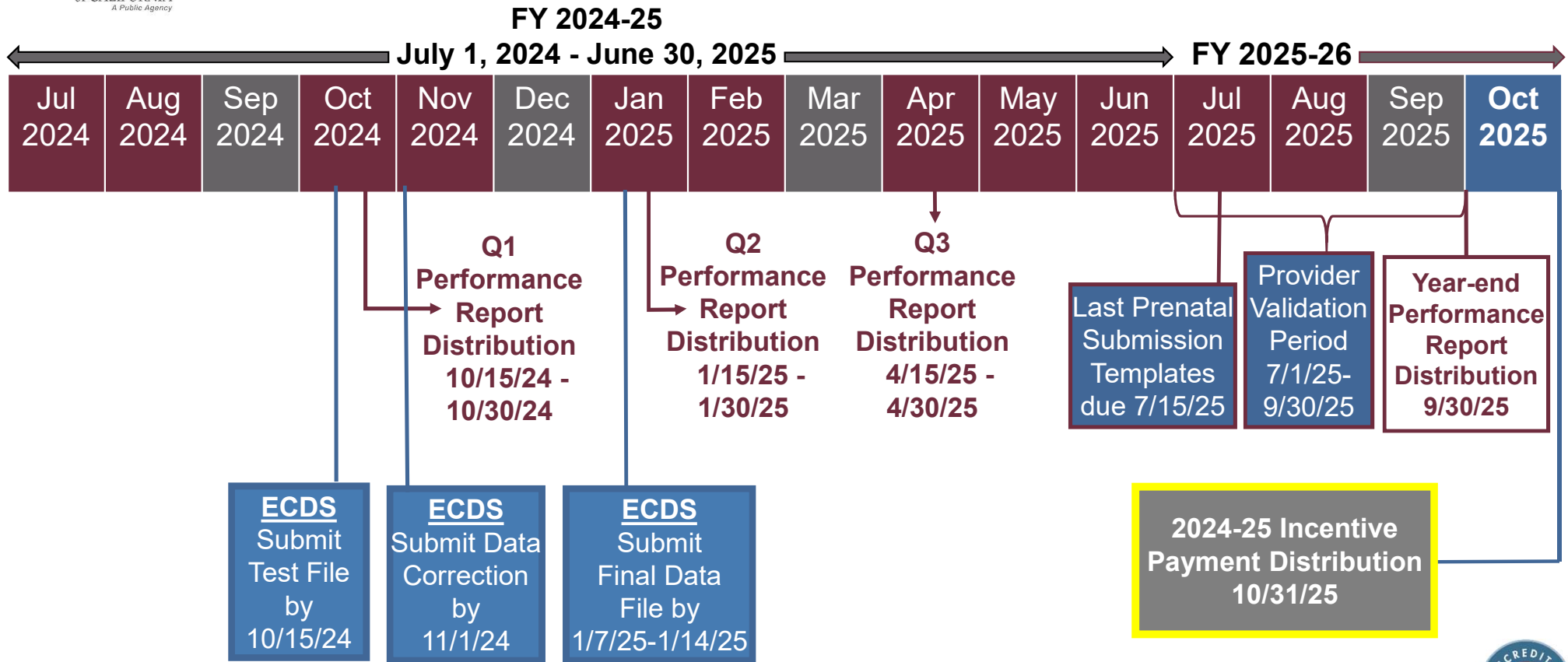
FY 2024-25 PQIP Measurement Set

- 1 Electronic Clinical Data System (ECDS)
- 2 Prenatal Immunization Status
- 3 Timely Prenatal Care Visit
- 4 Depression Screening at First Prenatal Visit
- 5 Timely Postpartum Care





FY2024-25 Measurement Period Timeline





1

Electronic Clinical Data System (ECDS)

Measure Description

Electronic Clinical Data Systems (ECDS) allows for data exchange from EHR to PHC to capture depression screening and follow-up care. ECDS implementation is a vital component of furthering PHC's technical advancement toward 100% administrative data capture, and furthering the quality of care for covered PHC members.

Incentive Amount

\$5,000 per Parent Organization – with EHR vendor support

\$10,000 per Parent Organization – without EHR vendor support





Electronic Clinical Data System (ECDS)

Reporting Requirement

- Generate ECDS output and submit **test file** via Secure File Transfer Protocol (sFTP) by **October 15, 2024**.
- Any **corrections** to the data must be completed 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: Payment for this measure will only be issued if the PHC HEDIS and IT teams are able to accept and ingest both a test file in Autumn of 2024 and the final year-end file in January of 2025.





2

Prenatal Immunization Status

Measure Description

Pregnant members who had one dose of the tetanus, diphtheria, acellular pertussis vaccine (Tdap) within 30 weeks before delivery date AND an influenza vaccine during pregnancy (i.e. within 40 weeks of delivery date) will be considered for incentive payment.

Incentive Amount

- \$37.50 for each Tdap vaccination
- \$12.50 for each influenza vaccine administered

Reporting Requirement

Providers are not required to submit documents for this measure. Partnership will capture data from our claims system. The above immunizations must be provided and billed through claims.





3

Timely Prenatal Care Visit

Measure Description

Prenatal care visits to an OB/GYN or other perinatal care practitioner or PCP in the first trimester, defined as less than 14 weeks of gestation, will be eligible for the incentive payment.

Incentive Amount

- \$100 for each visit

Reporting Requirement

Providers must submit the *Prenatal Timely Visit Submission Template* monthly to Partnership by **SECURE** email to PerinatalQIP@partnershiphp.org.

All submissions are subject to audit by Partnership.

NOTE: Providers are only eligible for one prenatal care visit per patient per pregnancy.





4

Depression Screening at First Prenatal Visit

Measure Description

Prenatal care services rendered to pregnant Partnership members after the first trimester, defined as 14 or more weeks of gestation, will be eligible for the incentive payment.

Incentive Amount

- \$25 for each visit

Reporting Requirement

Providers must submit “Depression Screen at First Prenatal Visit Submission Template” monthly to PHC by **SECURE** email to PerinatalQIP@partnershiphp.org.

All submissions are subject to audit by Partnership.

NOTE: Providers are only eligible for one prenatal care visit per patient per pregnancy.





5

Timely Postpartum Care

Measure Description

Two (2) timely postpartum care services rendered to PHC members with one service occurring within 21 days after delivery and the other service occurring between 22 and 84 days after delivery will be eligible for incentive payment.

Measurement Period

April 8, 2024 - April 7, 2025: Index period by which women with live births are identified.

Incentive Amount

- \$25 for first postpartum visit
- \$50 for second postpartum visit

Reporting Requirement

Providers are not required to submit documents for this measure. PHC will capture data from our claims system.

NOTE: Providers are only eligible for up to two postpartum care visits per patient per pregnancy.





PQIP Contacts & Resources

Contact Us:

PerinatalQIP@partnershiphp.org

Amy McCune, Manager of Quality Incentive Programs

Deanna Watson, Program Manager

Visit our Perinatal QIP webpage:

<https://www.partnershiphp.org/Providers/Quality/Pages/Perinatal-QIP.aspx>

Program Specifications, Timely Prenatal Care Submission Templates, and kick-off webinar presentation and recording and past newsletters .



Population Health



Growing
Together
Program

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PARTNERSHIP

HEALTHPLAN
of CALIFORNIA

A Public Agency

Population Health Growing Together Program

Monika Brunkal Rph
Associate Director of
Population Health



Growing Together Program

- Perinatal Growing Together
 - Prenatal
 - Postpartum
- Healthy Babies Growing Together
- Healthy Kids Growing Together
 - Healthy Kids Transitions



Perinatal Growing Together

- **For pregnant members or recently postpartum members**

Prenatal

- 3 phone call check ins
 - Initial enrollment call
 - 26 weeks
 - Educational Packet
 - 32 weeks
- Incentive - \$25 gift card
 - Receiving a Tdap vaccine between 26 weeks & delivery
 - Receiving influenza immunization while pregnant

Postpartum

- 2 phone call check ins
 - 3 weeks postpartum
 - 60 days postpartum
- Incentive - \$50 gift card
 - For each of 2 Postpartum exams between 7- 84 days



Prenatal Educational Packet


- Prenatal Immunizations
- Post-Partum Care
- Perinatal Mood Disorder (PMD)
- 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



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 body goes through lots of changes. Hormones can change your mood. You may worry about that come with being a new mom can feel anxious, angry, or upset.

How do you know if you have it?
If you have felt any of these in the past 12 weeks after you have had a baby:

- 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


- Schedule a postpartum check-up**
More information at [Schedule Your Postpartum Check-up](#)
- Learn about mood changes**
You can find information at [www.partnershipofcalifornia.com](#)
- Find a parenting support group**
Visit [www.partnershipofcalifornia.com](#) to find a support group in your county.

What can you do?
Do not wait to ask for help. You can also call 1-800-869-1189 or 1-800-869-1189 or 1-800-869-1189.


After birth
Schedule a postpartum check-up with your doctor within the first 3 weeks after you had your baby. You should have your first postpartum check-up within the first 3 weeks after you had your baby. You should have your first postpartum check-up within the first 3 weeks after you had your baby.

What happens at the postpartum check-up?

- Physical examination. Your doctor will check to see if you are healing properly.
- Feeding your baby. Your doctor will help you get started with breastfeeding or formula.
- Family spacing and birth control. Your doctor will help you decide what kind of birth control is best for you.
- Your mood and feelings. Many women feel overwhelmed, anxious, or other feelings you may not expect.



SCHEDULE YOUR POSTPARTUM CHECK-UPS!




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 at 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 the 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. Contraception 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 option is best for you. If you need help scheduling an appointment, call PIRC's Care Coordination team at (800) 869-1189, 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

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!
M - F, 8 a.m. - 8 p.m.
(800) 863-4155
TTY (800) 735-2929
or 711

<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"/> 9 Months Anemia
<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	<input type="checkbox"/> Yearly Visits A, Flu Shot, Fall

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

Yuba
Social Services
(877) 699-6808

Trinity
Health and Human Services
(800) 851-5658

Yolo
Health and Human Services
(855) 278-1594

Parents' Guide to Taking Care of Baby



Partnership HealthPlan of California



Healthy Babies

- For babies new to PHC less than 24 months
- Phone call check ins happen at:
 - Enrollment
 - 3 months
 - 7 months
 - 14 months
 - 22 months
 - 26 months
 - 30 months Plus additional if needed
- Incentive - \$25 gift card x4
 - 2 Well Child visits with shots before 3 months
 - 2 Well Child visits with shots before 9 months
 - 2 Well Child visits with shots between 9-15 months
 - 2 Well Child visits with shots between 15-30 months
- Incentive - \$100 gift card
 - For All required immunizations, (including 2 flu) by 24 months.





Healthy Kids

- For kids ages 3-6
- PHC staff will send reminder booklets to all children
- PHC Staff will make follow-up calls to authorized representative
 - Offer assistance to schedule next well-child visit
 - Call after scheduled appointment to confirm attendance at visit
- PHC will provide a \$25 gift card per year
 - PHC will mail to member based on member attestation
- Community Resources as needed



Healthy Kids Postcard

It's That Time Again!

Take your child to their well-child visit and get a **\$25** gift card!



A well-child visit is an important part of taking care of your child's health. Their primary care provider will spend time during the visit:

- Doing a head-to-toe physical exam
- Giving vaccines that your child may need
- Screening for development, oral health, vision, hearing and nutrition
- Testing for lead levels
- Answering questions you may have about your child's health



Get a gift card for taking your child to their well-child visit!

PHC is here to support the health of your child. Call today to learn how to get your gift card **(855) 798-8764**. TTY users can call the California Relay Service at **(800) 735-2929**.



Additional Support

- Case Management referrals for at-risk moms or babies
 - Complex Case Management
 - Access to Care
- Carelon referrals for mental health services
 - Perinatal mood disorders
 - Postpartum depression
 - Behavioral concerns for child
 - Anxiety / depression in child



Healthcare Transitions

HEALTH CARE TRANSITION:

GETTING READY FOR HEALTH CARE AS AN ADULT!



PARTNERSHIP HEALTHPLAN OF CALIFORNIA



Common Changes Seen in Preteens: 9-11 Years Old
 Preteens will start going through many stages as their bodies start to change.

Some of the changes or struggles preteens may go through when they are 9 to 11 years old are:

- Wanting to spend more time with friends
- Peer pressure
- Noticing their bodies changing
- School work getting harder
- Having their own points of view


What is Health Care Transition?
 Health care transition is how children get ready for health care as an adult.

The American Academy of Pediatrics suggest parents and their child's doctor(s) plan for this change as early as age 12.

During childhood, parents/guardians might have helped their preteen(s) with their health and health care needs by:

- Going to their visits with them
- Asking their doctor questions about their health
- Scheduling visits and getting their medicines for them
- Keeping track of their health issues, medications, and allergies

As children get older, they will be in charge of their own health care needs. Parents/guardians can help their child or children learn how to make this change from child health care to adult health care!




What is the Goal of Health Care Transition?
 The goal is to help preteens learn the skills to take charge of their own health care as they grow up.

The role of a parent/guardian will go from taking care of the preteen/teen's health care needs to supporting them if they ask. The doctor may want to start seeing the preteen alone during a doctor's visit.

Common topics the doctor might want to talk about are:

- Overall health
- Services about health and experiences
- Body changes
- Human papillomavirus (HPV) vaccine, which helps protect against a virus that can cause different cancers
- Bullying
- Other topics about health, behavior, or feelings

Common Changes Seen in Preteens/Teens: 12-14 Years Old
 Preteens/teens will keep going through many stages as their bodies change.

Some of the changes or struggles preteens/teens may go through when they are 12 to 14 years old are:

- Caring about how they look or struggles with self-image
- Changes in mood
- Changes in how they treat family
- Stress from school
- Possible issues with how they think about food and eating of sadness or depression
- Possible changes in mental health, such as feelings of sadness or depression
- Being better at explaining their feelings
- Having their struggles with their friends or other adults
- Having a stronger sense of what is right or wrong





Clinical Pro-Tips & Best Practices



Presented by
Dr. Colleen
Townsend

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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

- 2023-24 Perinatal QIP Specifications:
<http://www.partnershiphp.org/Providers/Quality/Pages/Perinatal-QIP.aspx>
- Contact us for the FY23-24 Code Set
- ECDS – On demand recorded webinar:
<http://www.partnershiphp.org/Providers/Quality/Pages/Perinatal-QIP.aspx>



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Contact Us

Visit our website:

www.partnershiphp.org

Email us:

PerinatalQIP@partnershiphp.org

Perinatal QIP Team:

Amy McCune, Manager of Quality Improvement Programs

Deanna Watson, Program Manager

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Questions

Thank you for attending!

**This presentation
will be added
to the PQIP
webpage soon.**

