Jefferson Health Plans

Women's Healthcare Webinar

February 28, 2024

Introductions

- **Valerie Van Buren,** Director, Quality Improvement and Performance
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- **Dr. Merleen Harris-Williams, MD, MBA,** Senior Medical Director
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Objectives

Today's webinar will cover the following topics:

- Maternity Quality Care Plus Program (MQCP)
- ONAF Program
- Baby Partners Perinatal Program
- Women's Health Screening Measures: HEDIS Measures and Pennsylvania External Quality Review (EQR) Measures
  - Breast Cancer - HEDIS
  - Cervical Cancer - HEDIS
  - Chlamydia Screening – HEDIS
  - Prenatal and Postpartum Care – HEDIS
  - Perinatal Smoke Screening - EQR
  - Prenatal Depression Screening - EQR
- Maternity Self-Monitoring Blood Pressure Initiative

Maternity Quality Care Plus Program (MQCP)

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What is MQCP?

Maternity Quality Care Plus (MQCP) is our incentive program designed to recognize and reward the quality performance of maternity care practices serving Health Partners (Medicaid) members.

This program incentivizes performance related to HEDIS measures, timely prenatal and postpartum care.

Eligibility Requirements and Measurement Period

- **Eligibility Requirements:**
  - Maternity care practices must have at least 20 deliveries in the reporting period.
  - All patients must be seen by the practice for at least 75% of each patient's prenatal visits.
  - Must accept new Health Partners maternity patients.

- **Measurement period** = 1/1/24-12/31/24. Results are recalculated based on performance of the prior year to determine new monthly payments which are issued beginning in May of the recalculation year. Payments for MY 2024 start in May 2025.

2024 Quality Measures and Benchmarks

- **Prenatal Care in the First Trimester**
  - This measure looks at the percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment in Health Partners.

Tier Category	2023 Benchmark	2023 PMPM	2024 Benchmark	2024 PMPM
Tier 1	89.00%	$15	88.00%	$15
Tier 2	92.00%	$30	92.00%	$25

- **Postpartum Care**
  - This measure looks at the percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

Tier Category	2023 Benchmark	2023 PMPM	2024 Benchmark	2024 PMPM
Tier 1	80.00%	$15	80.00%	$15
Tier 2	90.00%	$30	85.00%	$25

New Improvement Incentive Measure

In 2024, a new improvement incentive will be offered to practices that achieve a 5% improvement compared to their own baseline rate (MY 2023) for both the Timeliness of Prenatal Care and Postpartum Care measures.

Practices are eligible to earn a **$5 PMPM incentive** for either or both measures.

Improvement Rate	PMPM
Less than 5% over baseline in both measures	$0
5% improvement over baseline in one measure	$5
5% improvement over baseline in both measures	$10

Note: Practices must have qualified for MQCP in MY 2023 to be eligible for this incentive.

Health Equity Bonus

We will continue to offer a health equity bonus payment for meeting Tiers 1 and 2 on the following disparity measures for African American members:

- Timeliness of Prenatal Care
- Postpartum Care

These bonus payments are in addition to the payments received for measures covering the entire population.

Health Equity Bonus	2024 Benchmarks		2024 PMPM	
	Tier 1	Tier 2	Tier 1	Tier 2
Prenatal	88.00%	92.00%	$5.00	$10.00
Postpartum	80.00%	85.00%	$5.00	$10.00

ONAF Reimbursement Program

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ONAF Reimbursement Program

New FFS program implemented 01/01/2023.

Details:

- The ONAF measure has been removed from the Maternity Quality Care Plus (MQCP) program.
- Providers are eligible for a maximum of $200 total incentive for submission of **one** complete prenatal *and* **one** complete postpartum ONAF form for their Health Partners (Medicaid) members.
- All ONAFs must be submitted and accepted electronically via Optum.
- Providers will receive payments quarterly.
- Prenatal ONAFs must be submitted within 7 days of initial visit.

Form	Reimbursement
Prenatal/Initial ONAF*	$125
Postpartum/Final ONAF	$75

*Must be submitted within 7 days of initial prenatal visit.

Baby Partners Perinatal Program

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Care Coordination and Collaboration

- The Baby Partners team offers telephonic care coordination to all pregnant members of our Plan, and their newborns, from early pregnancy through 12 weeks postpartum.
- The member and care coordinator work together to develop a personalized care plan. This might include
  - An Integrated Care Plan for members living with Severe Persistent Mental Illness
  - Connection to community resources
  - Referral to a Home Visiting Program
  - Making and keeping appointments
  - Transportation assistance
  - Doula care, Manna meals, classes and programs
  - Removing barriers to care
  - *not all benefits are applicable to all lines of business

Member Rewards

Our members earn rewards for healthy behaviors.

- **The Baby Bundle (Medicaid):**
  - Early prenatal care
  - The postpartum checkup
  - Taking the baby for the first well visit in the first 30 days of life
  - Taking the baby for a lead screening between 9 and 12 months of age

  The member receives a pre-paid $25 debit card for each activity.

  CHIP members are also eligible for a $25 reward for early prenatal care, the postpartum visit and the well-child visit within 30 days of birth.

  TRIP:

  Medicaid Members actively participating in care coordination for at least 60 days earn a $50 Uber card.

Women’s Health Screening Measures

Breast Cancer (BCS-E) - HEDIS Updated

- HEDIS measure that is one of the Electronic Clinical Data Systems (ECDS) measures
  - The ECDS are a network of data containing a plan member's personal health information and records of their experiences within the health-care system. Examples of data systems that may be used for HEDIS ECDS reporting are:
    - Electronic Health Record (EHR)
    - Personal Health Record (PHR)
- This measure is not a chart review measure.
- The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.
  - The measurement period is January 1 – December 31
  - For this measure to be satisfied a woman would need to have had one or more mammograms occurring between October 1 two years prior to the measurement period and the end of the measurement period.
  - For HEDIS 2025 which would be Measurement year 2024 the mammogram must occur between October 1, 2022, through December 31, 2024.
- Exclusions:
  - Patients that have had a bilateral mastectomy before December 31 of the measurement year.
  - Patients in hospice or using hospice services any time during the measurement period.

Cervical Cancer (CCS)- HEDIS

- HEDIS measure that is a hybrid measure:
  - Administratively via claims data
  - Medical record review (MRR) via chart review
- CCS is measured as the percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:
  - Women 21–64 years of age who had cervical cytology performed within the last 3 years.
  - Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
  - Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years.
- Exclusions:
  - Total, complete or radical hysterectomy
  - Women in hospice or using hospice services any time during the measurement year
  - Women receiving palliative care any time during the measurement year

Chlamydia Screening (CHL) - HEDIS

- CHL is an administrative measure only; no MRR can occur
- CHL is measured by the percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
  - Sexually active is measured in two ways; the MCO must use both methods to identify the population, but a woman only has to be identified by one method:
    - Pharmacy Data: Members who were dispensed prescription contraceptives during the measurement year.
    - Claims/encounter Data: Members who had a claim or encounter indicating sexual activity during the measurement year
- Exclusions
  - Women in hospice or using hospice services anytime during the measurement year

Prenatal and Postpartum Care (PPC) - HEDIS

- HEDIS measure that is a hybrid measure:
  - Administratively via claims data
  - Medical Record Review (MRR) via chart review
- PPC is measured as percentage of deliveries of live births on or between October 8, 2022, and October 7, 2023. For these women, the measure assesses the following:
  - Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.
  - Postpartum Care. The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.
- Exclusions:
  - Women in hospice or using hospice services anytime during the measurement year
  - Women who received palliative care during the intake period through the end of the measurement year
  - Women who delivered before October 8, 2022, or after October 7, 2023
  - Women who had nonviable births in the timeframe

Prenatal Screening for Smoking and Treatment Discussion During a Prenatal Visit (PSS) – EQR

- This measures is 100% medical record review measures. Information may be abstracted from outpatient records, such as:
  - Outpatient progress notes, signed and dated
  - Obstetrical Needs Assessment Forms with the corresponding progress note, signed and dated
  - American College of Obstetrics and Gynecology forms (ACOG), signed and dated
  - Healthy Beginnings Plus form, signed and dated

Prenatal Screening for Smoking and Treatment Discussion During a Prenatal Visit (PSS) - EQR

- PSS assess the percentage of members that were:
  - Screened for smoking during the time frame of one of their first two prenatal visits or during the time frame of their first two visits.
  - Screened for environmental tobacco smoke exposure during the time frame of one of their first two prenatal visits or during the time frame of their first two visits on or following initiation of eligibility with the MCO.
  - Screened for smoking in one of their first two prenatal visits who smoke (i.e., smoked six months prior to or anytime during the current pregnancy), that were given counseling/advice or a referral regarding during the time frame of any prenatal visit during pregnancy.
  - Screened for environmental tobacco smoke exposure in one of their first two prenatal visits and found to be exposed, that were given counseling/advice or a referral during the time frame of any prenatal visit during pregnancy.
  - Screened for smoking in one of their first two prenatal visits and found to be a smoker and stopped smoking anytime during their pregnancy.

Prenatal Screening for Smoking and Treatment Discussion During a Prenatal Visit (PSS) - EQR

- A smoker is defined as having smoked 6 months prior to or anytime during the current pregnancy.
- This measure includes e-cigarette use; vaping would be as a positive smoking screening.
- This measure allows the terms environmental tobacco smoke (ETS) and secondhand smoke to be used interchangeably.
- N/A written across the smoking assessment is not acceptable and would not count as the member being screened for smoking and found to be a non-smoker

Prenatal Depression Screening (PDS)- EQR

- This measure is 100% medical record review measures. Information may be abstracted from outpatient records, such as:
  - Outpatient progress notes, signed and dated
  - Obstetrical Needs Assessment Forms with the corresponding progress note, signed and dated
  - American College of Obstetrics and Gynecology forms (ACOG), signed and dated
  - Healthy Beginnings Plus form, signed and dated

Prenatal Depression Screening (PDS)- EQR

- PDS assess the percentage of members that were screened for depression during:
  - An outpatient prenatal care visit. – Screened for depression during a prenatal care visit using a validated depression screening tool.
  - An outpatient postpartum care visit. – Screened for depression during a postpartum care visit using a validated depression screening tool.
- PDS also access the percentage of members that were screened positive for depression during:
  - An outpatient prenatal care visit.
  - An outpatient prenatal care visit and had evidence of further evaluation or treatment or referral for further treatment.
  - An outpatient postpartum care visit.
  - An outpatient postpartum care visit and had evidence of further evaluation or treatment or referral for further treatment.

Prenatal Depression Screening (PDS)- EQR

- All documentation must be signed by the provider (MD, DO, CRNP or PA)
  - Examples of validated depression tools:
    - The Edinburgh Postnatal Depression Scale (EPDS)*
    - Patient Health Questionnaire (PHQ)-2 and PHQ-9 Tools*
    - Beck Depression Inventory (BDI 1a, II)
    - General Health Questionnaire (GHQ-D)

    *Historically, these are the most frequently seen depression screening tools during chart review.
- Any documentation in the medical record that the women is in active treatment for depression counts as a positive screening and treatment referral.

Maternity Self-Monitoring Blood Pressure Initiative

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Maternity Self-Monitoring Blood Pressure Initiative

- **Background:**
  - According to the Centers for Disease Control and Prevention (CDC), high blood pressure happens in 1 in every 12 to 17 pregnancies among women ages 20 to 44 in the United States and African American women are 2-3 times more likely to die from pregnancy-related complications than white women (with most being preventable).[1]

- **What is the initiative?**
  - It is aimed to assist maternity providers with educating pregnant patients on:
    - importance of self-monitoring blood pressure,
    - how to use blood pressure equipment,
    - sharing results with their clinicians,
    - and increasing their knowledge about possible complications of hypertension.

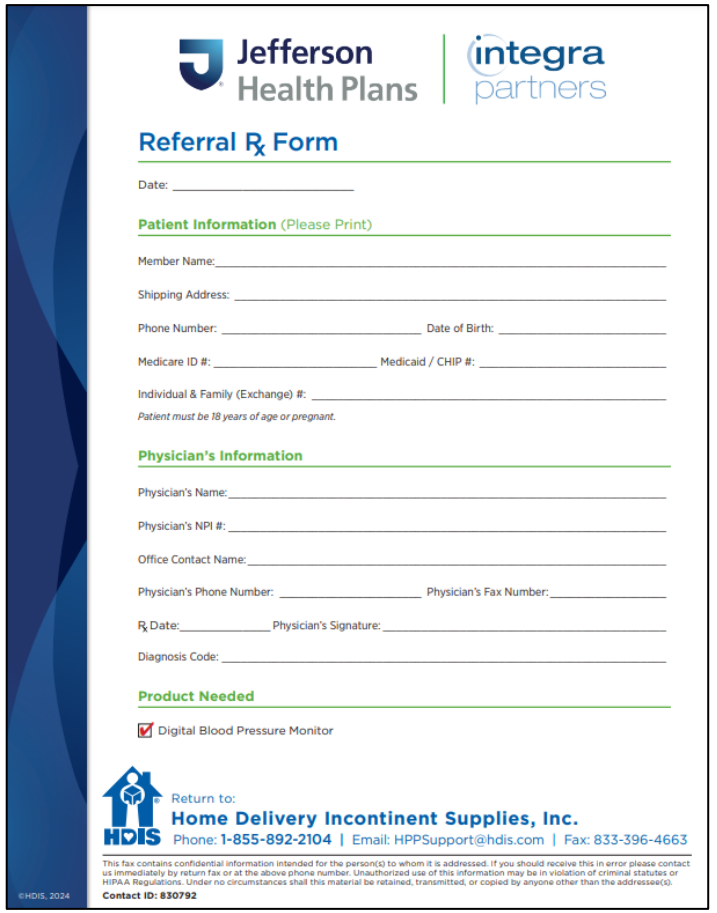
- **Who is the target population?**
  - All maternity patients are eligible, but the targeted population are African American patients (Medicaid)

[1]https://www.cdc.gov/bloodpressure/pregnancy.htm

Maternity Self-Monitoring Blood Pressure Initiative

- **How to get involved:**
  - Blood pressure cuffs are available to all pregnant patients; however, our Plan will be contacting providers with a high rate of AA pregnant patients for involvement in the initiative.
- **How to order the self-monitoring device:**
  - Use the blood pressure monitor referral form and follow the instructions located at https://www.healthpartnersplans.com/media/100945697/hdis-blood-pressure-monitor-referral-form-2024.pdf
- **How to educate your patients:**
  - Share this infograph: https://targetbp.org/tools_downloads/how-to-accurately-measure-blood-pressure-2/
- **How to bill:**

Code	Description
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration



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Referral Rx Form

Date: _____

Patient Information (Please Print)

Member Name: _____

Shipping Address: _____

Phone Number: _____ Date of Birth: _____

Medicare ID #: _____ Medicaid / CHIP #: _____

Individual & Family (Exchange) #: _____

Patient must be 18 years of age or pregnant.

Physician's Information

Physician's Name: _____

Physician's NPI #: _____

Office Contact Name: _____

Physician's Phone Number: _____ Physician's Fax Number: _____

Rx Date: _____ Physician's Signature: _____

Diagnosis Code: _____

Product Needed

☑ Digital Blood Pressure Monitor

Return to:
Home Delivery Incontinent Supplies, Inc.
Phone: 1-855-892-2104 | Email: HPPSupport@hdis.com | Fax: 833-396-4663

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