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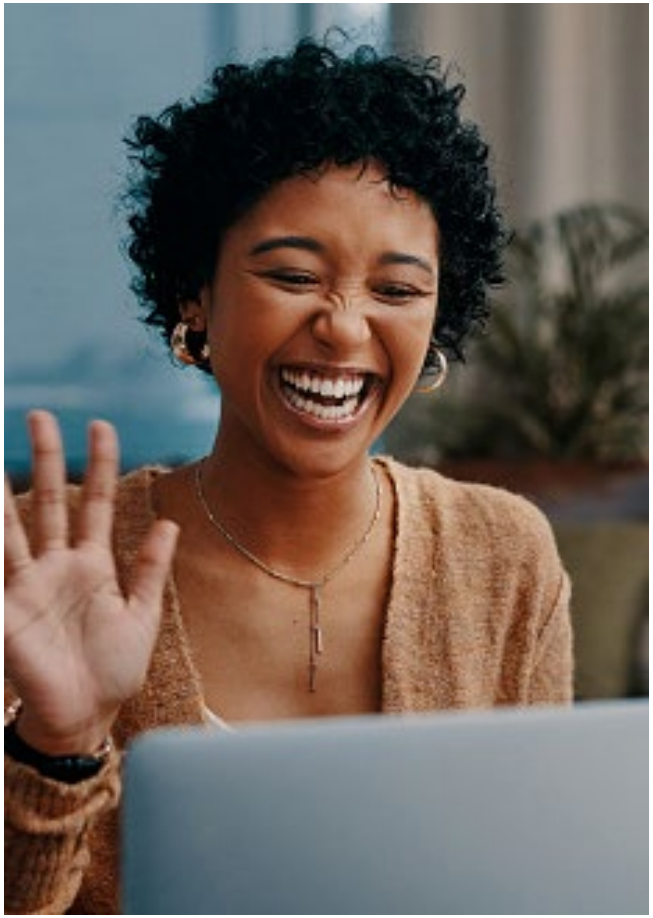

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- **Participants are muted**: All participants are muted with the exception of the facilitator, host and panelists.
- **Q and A:** If you have a questions, please use the Q&A Panel. We will try to answer all questions during the discussion (time permitting).
- **Chat**: You can also chat with us if you are having technical issues or want to express any comments. WebEx gives you the option of whom you would like to chat with.
- **Additional questions**? Any questions we are unable to address today will be answered at a later time.

Health Partners Plans

Women's Healthcare Webinar

A Discussion on Prevention and Screening Measures

Introductions

- **Teresa McKeever, MS, BSN, RN,** Director of Quality and Clinical Management
- **Libby Cohen, MSN, RN,** Manager, Baby Partners

Objectives

Today's webinar will cover the following topics:

- Women's Health HEDIS Measures
  - Breast Cancer Screening
  - Cervical Cancer Screening
  - Chlamydia Screening
  - Long-Acting Reversible Contraception
  - Opioid Use Disorder
- Reducing Disparities in Health Care
- Baby Partners

Women’s Health HEDIS Measures

Women's HEDIS Measures for Measurement Year 2023

- Breast Cancer Screening (BCS-E)
- Cervical Cancer Screenings (CCS)
- Chlamydia Screening in Women (CHL)
- Prenatal and Postpartum Care (PPC)
- PA State Measures
  - Smoke screenings
  - Depression screenings

Breast Cancer Screening (BCS-E)

- 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)

- BCS-E is measured as the percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.

- Exclusions:
  - Bilateral mastectomy;
  - Patient in hospice or using hospice services any time during the measurement period.

Breast Cancer Screening (BCS-E)

- HPP reported the following rates for the BCS measure for HEDIS 2022.
  - Medicaid: 51.67%
  - Medicare: 75.35%

- The national 95th percentile benchmarks as per the 2022 Quality Compass:
  - Medicaid: 65.42%
  - Medicare: 81.25%

- According to the CDC, the incidence of female breast cancer has risen slightly from 2015-2019 in the state of Pennsylvania and the rate of breast cancer death has decreased slightly in the same timeframe.

Cervical Cancer Screenings (CCS)

- 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) cotesting 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.

Cervical Cancer Screenings (CCS)

- HPP reported the following rates for the CCS measure for HEDIS 2022.
  - Medicaid: 57.55%
- The national 95th percentile benchmarks as per the 2022 Quality Compass:
  - Medicaid: 69.85%
- According to the CDC, the incidence of cervical cancer has slightly decreased from 2015-2019 in the state of Pennsylvania as did the rate of cervical cancer deaths in the same timeframe.

Chlamydia Screening in Women (CHL)

- CHL is an administrative measure.

- CHL is measured as 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.

Chlamydia Screening in Women (CHL)

- HPP reported the following rates for the CHL measure for HEDIS 2022:
  - Medicaid:
    - 16-20 years old: 68.64%
    - 21-24 years old: 71.92%
    - Total: 70.29%
  - CHIP: 46.64%
- The national 95th percentile benchmarks as per the Quality Compass:
  - Medicaid:
    - 16-20 years old: 73.09%
    - 21-24 years old: 73.26%
    - Total: 73.31%
- According to the CDC:
  - Chlamydia in females has decrease in 2020 from 619 per 100,000 to 616.5 per 100,000.
  - Chlamydia in males has decrease in 2020 from 363.1 per 100,000 to 339.4 per 100,000.

Chlamydia Screening in Women (CHL)

- The United States Preventive Services Task Force (USPSTF) 2021 recommends for chlamydia testing are as follows:
  - All sexually active women 24 years old and younger
  - Women 25 years and older who are at an increased risk of infection
    - Increased risk includes as:
      - Having a new sex partner
      - More than one partner
      - A partner who has had more than one partner
      - Partners with an STI
      - Inconsistent condom use
      - Having a previous or co-existing Sexually Transmitted Infection (STI)

Prenatal and Postpartum Care (PPC)

- 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, 2021, and October 7, 2022. 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, 2021, or after October 7, 2022;
  - Women who had nonviable births in the timeframe.

Prenatal and Postpartum Care (PPC)

- HPP reported the following rates for the BCS measure for HEDIS 2022.
  - Medicaid:
    - Timeliness of Prenatal Care: 90.75%
    - Postpartum Care: 82.48%

- The national 95th percentile benchmarks as per the 2022 Quality Compass:
  - Medicaid:
    - Timeliness of Prenatal Care: 93.27%
    - Postpartum Care: 87.79%

- According to CDC statistics from 2011–2015:
  - Approximately 700 women die from pregnancy-related complications each year in the US.
    - 31% during pregnancy
    - 36% during delivery and up to one week afterward
    - 33% one week to one year after delivery
  - Three in five of these death may be able to be prevented with prenatal and postpartum care.
  - Black and American Indian/Alaska Native women were about 3 times as likely to die from a pregnancy-related cause as White women.

Pennsylvania State External Quality Review (EQR) Measures as of 2022

- Pennsylvania has two EQR medical record review measures that are reported on annually:
  - Perinatal Depression Screening (PDS)
  - Prenatal Screening for Smoking and Treatment Discussion During a Prenatal Visit (PSS)
- These measures are 100% medial 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
- The sample is the same as the HEDIS Prenatal and Postpartum Care sample.
- The measure specifications are finalized during either the 4th quarter of the measurement year or the 1st quarter of the reporting year.

Perinatal Depression Screening (PDS)

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.

Perinatal Depression Screening (PDS)

- 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)
  - Hamilton Rating Scale for Depression (HRSD)
  - General Health Questionnaire (GHQ-D)
  - Postpartum Depression Screening Scale (PDSS)
  - Hospital Anxiety and Depression Scale (HADS)
- Any documentation in the medical record that the women is in active treatment for depression counts as a positive screening and treatment referral.

* Historically, these are the most frequently seen depression screening tools during chart review.

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

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)

- 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.

Opioid Use Disorder and Centers of Excellence (COE)

- COE services include:
  - One to one counseling
  - Intensive group therapy and education
  - Case management, screenings and assessments
- Your patient can visit a COE without talking to you, but your involvement helps increase the success of his or her recovery from opioid addiction.
- When our members visit a COE, they should bring their Health Partners Plans ID card. They can schedule an appointment or walk in but are encouraged to check the hours and days of operation before visiting a center. They will receive treatment at no cost to them. The COE will send claims directly to HPP for payment.
- Please refer to HPP provider website for more information for COE and OUD:
  - https://www.healthpartnersplans.com/providers/resources/the-opioid-epidemic

Opioid Use Disorder in Pregnancy

- Pregnancy is a powerful motivator towards recovery.
- At the same time, women are afraid to disclose and treat their OUD for fear of involvement with Child Protectives Services.
- Multiple social stressors, stigma and shame become barriers to engaging in both prenatal care and recovery.
- The best possible outcome for the woman, the baby and the family is achieved if the woman receives Medication Assisted Therapy (MAT) during the pregnancy.

Long-Acting Reversible Contraception

Definition and Methods

- LARC is contraception that provides long-lasting pregnancy prevention and is easily reversible.
- The two commonly available methods are
  - intrauterine devices, one of the oldest contraceptive methods known
  - contraceptive implants, the newest method in current usage

Practical Considerations

- Prior authorization is not required; under the Affordable Care Act of 2010, health plans must cover these services without charging a copayment or coinsurance when provided by an in-network provider.
- All LARC methods are covered by HPP.
- HPP's Baby Partners team encourages members to choose their contraceptive method prior to delivery and to initiate it during the maternity stay.

Immediate Postpartum Contraception

- LARC may be initiated immediately following vaginal or cesarean birth. Expulsion rates are most favorable with immediate (post-placental) placement.
- The contraceptive implant can be placed prior to discharge following a delivery.

ACOG Recommendations and Conclusions

The American College of Obstetricians and Gynecologists (ACOG) makes the following recommendations and conclusions:

1. Long-acting reversible contraceptives have higher efficacy, higher continuation rates, and higher satisfaction rates compared with short-acting contraceptives among women who choose to use them.
2. Complications of intrauterine devices (IUDs) and contraceptive implants are rare and differ little between adolescents and women, which makes these methods safe for adolescents.
3. Patient choice should be the principal factor driving the use of one method of contraception over another.

Reducing Disparities in Health Care

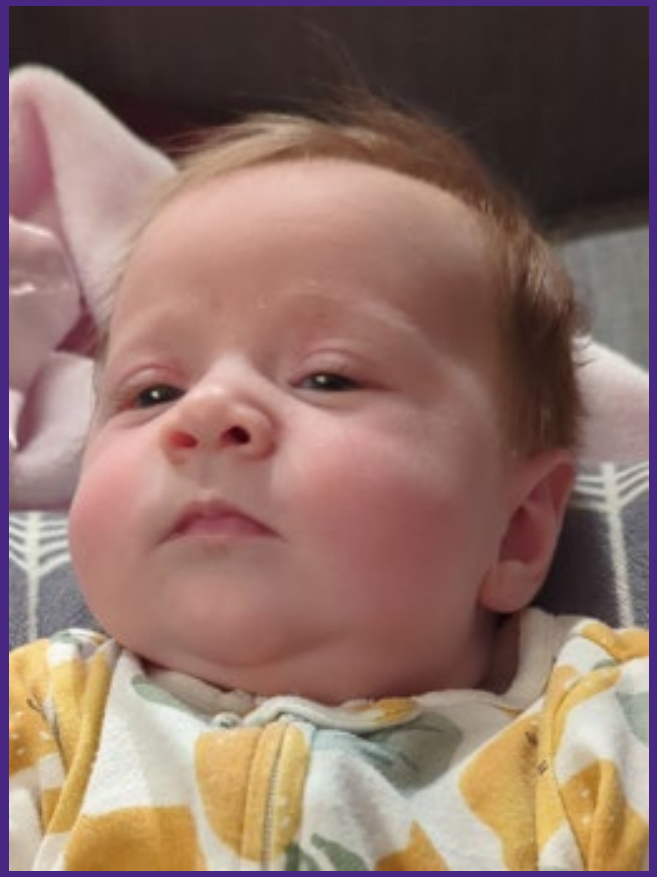
Reducing Disparities in Health Care

- All pregnant HPP members may receive equipment to measure their blood pressure at home.
- Doula support in labor is offered to members with limited social support or clinical risk factors.
- Almost all delivery facilities offer Heart Safe Motherhood to women with gestational hypertension in labor.
- In neighborhoods with a very low rate of postpartum compliance, HPP does drive by/popup visits provide a postpartum checkup (SE zone only currently).

POST-BIRTH Resources

- The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) has developed a standardized approach to ensuring that postpartum parents are empowered to recognize and act on signs of potentially life-threatening postpartum complications.
- The POST-BIRTH Warning Signs online course and resources educate healthcare professionals about the significance of postpartum maternal mortality and severe morbidity and how to provide consistent parent education aimed at reversing this trend.
- Online resources are available at https://www.awhonn.org/education/hospital-products/post-birth-warning-signs-education-program/

HPP Resources



ONAF Reimbursement Program

- New FFS program for 2023! Effective 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.
  - 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	$125.00
Postpartum/Final ONAF	$75.00

Baby Partners

- HPP's Baby Partners program provides support for your patients throughout pregnancy and postpartum. Our care coordination team is here to support your patient's health care needs by helping them manage their care.
- Our Baby Partners team provides:
  - Ongoing telephonic care management by a nurse or social worker
  - Doula support in labor for high-risk members
  - Assistance with scheduling appointments
  - 24/7 breastfeeding helpline
  - Transportation services to medical and behavioral health appointments
  - Referrals to community resources for cribs, car seats and other help
  - Connection to a Home Visiting Program
  - Manna meals
  - Coordination with the Behavioral Health MCO

Utilization Management

- **Elements required to be given to HPP for a birth event to be approved:**
  - Type of birth: live, multiple, stillborn, unknown
  - Delivery type (vaginal or cesarean section, VBAC)
  - Delivery date
  - Term or Preterm delivery
  - Total number of babies
  - Number of live babies
  - Number of stillborn babies
  - Baby's gender
  - Discharge date

- **Prior authorization is <u>not</u> required for the following home care visits:**
  - Home care visits performed by an in-network home care agency
  - High-risk prenatal home care visits
  - Postpartum well visits for mother and baby
  - Nutritionist home care visits during the prenatal period

HPP is developing a policy on maternity billing and reimbursement guidelines. Visit **HPPlans.com/PolicyBulletins** for updates.

Member Rewards During Pregnancy

- HPP members (Medicaid and CHIP) who are pregnant can earn rewards points for healthy behaviors:
  - Early prenatal care
  - Postpartum checkup
  - Baby's first well visit in the first month of life
  - Dental checkup during the pregnancy
- Points can be redeemed for baby supplies, household items and recreational equipment.

Contact Us

HPPlans.com

Health Partners Plans
1-888-991-9023
(TTY 1-877-454-8477)

Thank You!

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Resources

- https://www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception
- https://www.plannedparenthood.org/planned-parenthood-mar-monte/patient-resources/long-acting-reversible-contraception-2
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4183267
- https://www.nwhn.org/larcs/