



The Perinatal Quality Enhancement Program
Improving Quality Care and Health Outcomes

October 2020

www.amerihealthcaritasla.com


AmeriHealth Caritas[™]
Louisiana

Dear Obstetrics Provider:

AmeriHealth Caritas Louisiana is pleased to offer a Perinatal Quality Enhancement Program (PQEP). The PQEP is an incentive reimbursement system developed for participating obstetric, midwife, and family practice practitioners to deliver quality, cost-effective, and timely care to our pregnant members.

The program provides an opportunity for obstetric practitioners to enhance revenue, while providing quality and cost-effective care in the following measures:

1. Prenatal/postpartum care:

- Timeliness of prenatal care.
- Injectable progesterone initiation (17P).
- Cesarean section rate for nulliparous, singleton, vertex, low-risk pregnancies
- Postpartum care.

2. Sexually transmitted infection (STI) screening:

- Chlamydia screening in women during pregnancy.
- Gonorrhea screening in women during pregnancy.
- Syphilis screening in women during pregnancy.
- HIV screening in women during pregnancy.

3. Third trimester syphilis screening.

4. Severity of illness.

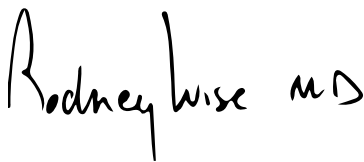
5. Access to electronic health records (EHRs).

AmeriHealth Caritas Louisiana is excited to work with your practice to advocate for and encourage the delivery of healthy babies.

Thank you for your continued participation in our network and your commitment to our members. Together, we can improve perinatal outcomes in Louisiana.

If you have any questions, please contact your Provider Network Management account executive or Provider Services at **1-888-922-0007**.

Sincerely,



Dr. Rodney Wise, M.D. FACOG
Market Chief Medical Officer



Stacie Zerangue
Director, Provider Network Management

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Introduction

The Perinatal Quality Enhancement Program (PQEP) is a reimbursement system developed by AmeriHealth Caritas Louisiana for participating obstetric, midwife, and family practice practitioners who provide obstetric care.

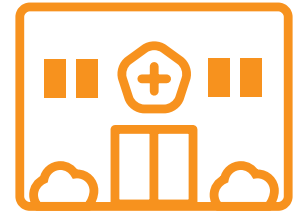
The PQEP is intended to be a fair and open system that provides incentives for high-quality and cost-effective care, and submission of accurate and complete health data.

The PQEP provides financial incentives beyond a provider group's base compensation for the provision of services to attributed members. Incentive payments are not based on individual provider performance, but rather the performance of your practice in providing services for prenatal, intrapartal, and postpartum care in accordance with the quality metrics outlined in the PQEP.

Program Overview

To be eligible for participation in this program, a provider must have a minimum number of live-birth deliveries in each measurement period. The incentive payments are distributed quarterly, based on deliveries occurring during the measurement period, with a focus on treating the delivery as an episode of care. See table below for details.

Quality performance determines any incentive payment received through this program and quality performance is based on the completion of specific quality measures. Measures are fulfilled by rendering clinically appropriate services during the reporting period, and by submitting accurate and complete encounter and clinical data via claims. Practices that have alternate incentive arrangements or risk-sharing arrangements with AmeriHealth Caritas Louisiana are not eligible for participation in the PQEP.



To be eligible for participation in this program, a provider must have a minimum of 15 attributed live-birth deliveries in the six-month measurement period.

Cycle	Measurement period	Payment date	Qualifying deliveries
1	10/8/2019 – 6/30/2020	September 2020	22
2	10/8/2019 – 9/30/2020	December 2020	22
3	10/8/2019 – 10/7/2020	March 2021	30
4	10/8/2019 – 10/7/2020	June 2021	30

Quality Performance Measures

The Quality Performance Measures were selected based on national and state areas of focus, and predicated on AmeriHealth Caritas Louisiana’s Preventive Health Guidelines and other established clinical guidelines.

These measures are based on services rendered to eligible members during the reporting period, and require accurate and complete encounter reporting.

1. Prenatal/postpartum care	
Timeliness of Prenatal Care	<p>Measurement description: The percentage of live-birth deliveries during the measurement period who received a prenatal care visit as a member of the health plan in the first trimester, on the enrollment start date or within 42 days of enrollment in the plan.</p> <p>Eligible members: No specific age.</p> <p>Continuous enrollment: 43 days prior to delivery through 56 days after delivery.</p> <p>Allowable gap: No allowable gap during the continuous enrollment period.</p>
Initiation of Injectable Progesterone for Preterm Birth Prevention (17P)	<p>Measure description: The percentage of women 15 – 45 years of age with evidence of a previous preterm singleton birth event (24 – 36 weeks completed gestation) who received one or more progesterone injections between the 16th and 24th week of gestation for deliveries during the measurement period.</p> <p>Eligible members: Women 15 – 45 years of age as of date of delivery during the measurement period.</p> <p>Continuous enrollment: Week 16 through date of delivery.</p> <p>Allowable gap: No allowable gap during the continuous enrollment period.</p> <p>Anchor date: Date of delivery.</p>
Cesarean Rate for Low-Risk First Birth Women	<p>Measure description: Percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section (C-section) during the measurement period. <i>A lower rate indicates a better performance.</i></p> <p>Eligible members: Women with no previous pregnancies who have evidence of a singleton birth in the measurement period. Baby must be in vertex presentation (cephalic) at time of birth. Member must be Medicaid eligible for the month of delivery, gestational age ≥ 37 weeks.</p>
Postpartum Care	<p>Eligible members: No specific age.</p> <p>Continuous enrollment: 43 days prior to delivery through 56 days after delivery.</p> <p>Allowable gap: No allowable gap during the continuous enrollment period.</p> <p>Anchor date: Date of delivery.</p> <p>Measure description: The percentage of live-birth deliveries during the measurement period who received a postpartum visit on or between 21 and 56 days after delivery.</p>

Note: The submission of accurate and complete claims is critical in order for your practice to receive a correct score and practice ranking, based on the appropriate delivery of services for AmeriHealth Caritas Louisiana members.

Quality Performance Measures (continued)

2. Sexually transmitted infection (STI) screening	
Chlamydia Screening in Women During Pregnancy	<p>Measurement description: The percentage of women ages 16 years and older who delivered a live birth during the measurement period and had at least one test for chlamydia during pregnancy.</p> <p>Eligible members: Women ages 16 years and older.</p> <p>Continuous enrollment: 43 days prior to delivery through 56 days after delivery.</p> <p>Anchor date: Date of delivery</p>
Gonorrhea Screening in Women During Pregnancy	<p>Measurement description: The percentage of women ages 16 years and older who delivered a live birth during the measurement period and had at least one test for gonorrhea during pregnancy..</p> <p>Eligible members: All members age 16 years and older.</p> <p>Continuous enrollment: 43 days prior to delivery through 56 days after delivery.</p> <p>Anchor date: Date of delivery</p>
Syphilis Screening in Women During Pregnancy	<p>Measurement description: The percentage of women ages 16 years and older who delivered a live birth during the measurement period and had at least one test for syphilis during pregnancy.</p> <p>Eligible members: All members age 16 years and older.</p> <p>Continuous enrollment: 43 days prior to delivery through 56 days after delivery.</p> <p>Anchor date: Date of delivery</p>
HIV Screening in Women During Pregnancy	<p>Measurement description: The percentage of women ages 16 years and older who delivered a live birth during the measurement period and had at least one test for HIV during pregnancy.</p> <p>Eligible members: All members age 16 years and older.</p> <p>Continuous enrollment: 43 days prior to delivery through 56 days after delivery.</p> <p>Anchor date: Date of delivery</p>

3. Third trimester syphilis screening

Congenital syphilis is a severe, disabling, and often life-threatening infection seen in infants. A pregnant mother who has syphilis can spread the disease through the placenta to the unborn infant. Due to the fact that many STIs, including syphilis, are without symptoms in adults, it is critical that women who are pregnant be tested and treated for syphilis. Louisiana has one of the highest rates of congenital syphilis in the United States. Therefore, testing is recommended not only early in pregnancy, but all pregnant women should have repeat testing in the third trimester and at delivery. In 2014, Louisiana enacted law to require that physicians also offer opt-out syphilis testing early in the third trimester.

The third trimester syphilis screening rate, based on claims, will be compared for all obstetrical practices.

4. Severity of illness

Ten percent of the incentive program pool will be allocated to the severity of illness component. The intent of this measure is to compensate practices that are treating higher-risk panels than their peers.

Overall practice ranking

The risk-adjusted practice score is ranked against the scores for all practices.

Severity of illness incentive

The severity of illness incentive payment is based on your ranking. This incentive is paid quarterly on a PMPM basis, based on the number of AmeriHealth Caritas Louisiana members on your panel as of the first of each month during the measurement year.

5. Access to electronic health records (EHRs)

Use of EHRs results in improved care coordination, practice efficiencies and cost savings, and overall improved patient care and outcomes. For practices that allow AmeriHealth Caritas Louisiana access to their EHRs for AmeriHealth Caritas Louisiana members an additional 5% of the total PMPM will be earned. This access by dedicated AmeriHealth Caritas Louisiana staff will be utilized for operations, quality, and HEDIS scores and care management. Access to practice EHRs will be verified by AmeriHealth Caritas Louisiana staff who require specific member information.

Practice Score Calculation

The Quality Performance incentive payment is based on your peer percentile ranking of live deliveries during the measurement period that meeting the selected quality and severity of illness measures.

Results will be calculated for each of the above Quality Performance measures for each practice, and then aggregated for a total score. Overall practice scores will be calculated as the ratio of attributed members who received the above services, as evidenced by claim or encounter information (numerator), to those members receiving obstetrical care who were eligible to receive these services (denominator). This score will then be compared to the score for all practices providing obstetrical care to determine the practice percentile ranking.

Practices can receive additional compensation for meeting the access to EHRs goal.



The Quality Performance incentive payment is based on your peer percentile ranking of attributed live deliveries meeting selected quality measures during the measurement period.

Reconsideration of Ranking Determination

- Providers desiring a reconsideration of their ranking determination must submit a written request.
- The written reconsideration request must be addressed to AmeriHealth Caritas Louisiana's medical director and specify the basis for the reconsideration.
- The reconsideration request must be submitted within 60 days of receiving a performance report card from AmeriHealth Caritas Louisiana.
- The reconsideration request will be forwarded to AmeriHealth Caritas Louisiana's PQEP Review Committee for review and determination.
- If the PQEP Review Committee determines that a correction is warranted, providers will be notified of the adjustment amount and findings of the committee. If approved, an adjustment will appear on the next payment cycle following committee approval.



Providers desiring a reconsideration of their ranking determination must submit a written request.

Important Notes and Conditions

1. The PQEP may be further revised, enhanced, or discontinued. AmeriHealth Caritas Louisiana reserves the right to modify the program at any time and shall provide written notification of any changes.
2. The Quality Performance measures are subject to change at any time, upon written notification. AmeriHealth Caritas Louisiana will continuously improve and enhance its Quality Management and Quality Assessment Systems. As a result, new quality variables will periodically be added, and criteria for existing quality variables will be modified.
3. The sum of the incentive payments under the PQEP will not exceed 33% of the total compensation for medical and administrative services.



**AmeriHealth Caritas Louisiana
will continuously improve
and enhance its Quality
Management and Quality
Assessment Systems.**

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