# Maternity Quality Care Plus

## An Incentive Program for Maternity Care Practitioners | 2026 Edition

**Jefferson** Health Plans | **HPP** **Health** **Partners** Plans

We appreciate the invaluable role that maternity care practitioners, including obstetricians (OB-GYNs), midwives, certified registered nurse practitioners (CRNPs) and primary care physicians (PCPs), play in improving birth outcomes.

Thank you for providing accessible, effective, and efficient care to our members.

Our Maternity Quality Care Plus (MQCP) incentive program is designed to recognize and reward performance throughout the year. This manual explains the 2026 MQCP program and highlights what you need to know to maximize your incentive payments.

Thank you for being a valued provider for members in one or more of our health plans: Medicaid, CHIP, Medicare Advantage, and/or Individual and Family Plans.

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# What is the MQCP Program?

Maternity Quality Care Plus (MQCP) is an incentive program designed to recognize and reward the quality performance of maternity care practices serving Medicaid members. The MQCP incentive program was implemented in 2016. This program incentivizes performance related to the measures under the Healthcare Effectiveness Data and Information Set (HEDIS), including timely prenatal and postpartum care. Practices must meet program requirements in order to participate.

**MQCP Measures**

There are **two** incentive opportunities that are based on HEDIS criteria.

## 1. Timeliness of First Prenatal Visit:

The percentage of deliveries that received a prenatal care visit as a Medicaid member either in the first trimester or within 42 days of enrollment in our health plan. Providers will have the opportunity to earn a bonus payment for hitting Tier 1 and Tier 2 on this measure in 2026 for their African American and/or Hispanic/Latino population.

## 2. Postpartum Care:

The percentage of Medicaid members that had a postpartum visit between 7 and 84 days after delivery. Providers will have the opportunity to earn a bonus payment for hitting Tier 1 and Tier 2 on this measure in 2026 for their African American and/or Hispanic/Latino population.

# Program Requirements

To qualify for a monthly incentive, the maternity care practice must have at least 20 deliveries in the reporting period and all patients must be seen by the practice for at least 75 percent of each patient's prenatal visits. Any licensed provider who meets the criteria (nurse midwives, OB-GYNs, CRNPs, PCPs) is eligible to participate. The practice must also accept new Medicaid maternity patients.

**We will continue to offer a bonus payment for meeting Tier 1 and 2 on the following disparity measures for African American and/or Hispanic/Latino members:**

- Timeliness of Prenatal Care
- Postpartum Care

This is in addition to the payments received for measures covering the entire population.

# Monthly Payments to Maternity Care Practice (TIN Level)

## Measurement Period and Reporting

Measurement performance determines a practice's monthly per-delivery rewards:

**April 2026 recalculation:**
Measurement period from January 1, 2025 to December 31, 2025

**April 2027 recalculation:**
Measurement period from January 1, 2026 to December 31, 2026

April 2026 recalculation will impact payments from May 2026 – April 2027.

## Calculation Methodology

Incentive payments are based on how well your practice meets predefined benchmarks. These benchmarks are set by industry standards (e.g., NCQA HEDIS results) and have been specifically calibrated to reflect the historical performance and averages of our MQCP-eligible practices.

There are two benchmark tiers: Good Performers (Tier 1) and Highest Achievers (Tier 2). The exact rates needed to reach each tier are detailed in the table below. There is no limit to the number of practices that can earn the maximum reward.

Payments are based on the percentage of members meeting each measure's specifications during the 12-month measurement period. The incentives will be paid using a per member per month (PMPM) calculation, which is based on the number of attributed deliveries to the practice during the measurement period.

There are several exceptions that we will consider. TINs that close during the payment period will be considered ineligible for MQCP participation and bonus payments will cease upon notification.

**Please refer to the grid below to review how changes to your TIN affect your MQCP program eligibility and incentive payments.**

| Scenario | Scoring and Payment Impact |
|---|---|
| **TIN Closure or Termination of Provider Agreement** | If notified of termination of your Participating Agreement with us, participation in the MQCP program and payments made to you in the program will end 90 days prior to the termination date or immediately upon notification if within 90 days of termination date. |
| **Participation in Value-Based Contract** | Currently, a TIN is eligible to participate in a value-based contract in addition to the MQCP program. |

Note: Capitated and fee-for-service practices are eligible to participate.

## Benchmarks for January 1 through December 31, 2026

### 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 Medicaid.

| Tier Category | 2025 Benchmark | 2025 PMPM | 2026 Benchmark | 2026 PMPM |
|---|---|---|---|---|
| Tier 1 | 88.00% | $15 | 89.78% | $15 |
| Tier 2 | 92.00% | $25 | 91.97% | $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 | 2025 Benchmark | 2025 PMPM | 2026 Benchmark | 2026 PMPM |
|---|---|---|---|---|
| Tier 1 | 82.00% | $15 | 85.15% | $15 |
| Tier 2 | 87.00% | $25 | 88.32% | $25 |

### Improvement Incentive

An improvement incentive will continue to be offered to practices that achieve greater than a 3% improvement compared to their own baseline rate (MY 2025) for both the Timeliness of Prenatal Care and Postpartum Care measures. Practices are eligible to earn a $5 or $10 per member per month (PMPM) incentive for either or both measures.

**Please note**: Practices must have qualified for MQCP during the previous measurement period (MY 2025) to be eligible for the improvement incentive.

| Improvement Rate | PMPM |
|---|---|
| 3 – 4.999% Improvement in Prenatal and/or Postpartum | $5 |
| >5% Improvement in Prenatal and/or Postpartum | $10 |
| 95% or Higher in Prenatal and/or Postpartum | $10 |

## Health Equity Bonus

We will continue to offer a bonus payment for meeting Tier 1 and 2 on the following disparity measures for African American and/or Hispanic/Latino members: Timeliness of Prenatal Care and Postpartum Care. This is in addition to the payments received for measures covering the entire population.

| Health Equity Bonus | 2026 Benchmarks | | 2026 PMPM | |
|---|---|---|---|---|
| | Tier 1 | Tier 2 | Tier 1 | Tier 2 |
| **Prenatal** | 89.78% | 91.97% | $5.00 | $10.00 |
| **Postpartum** | 85.15% | 88.32% | $5.00 | $10.00 |

By participating in the MQCP program, provider organizations agree that 80% of the incentive payment will be dispersed to the provider and/or care team that completed the MQCP requirements and/or care for the members and no more than 20% of those funds will be used for general administrative purposes, per DHS Exhibit B(3), Section III, D.

Please note: In alignment with the HEDIS calculation methodology, performance rates are not rounded up for any performance measures.

# MQCP Monitoring Measures

## Health-Related Social Needs (HRSN)

Medicaid will continue to monitor factors that may create barriers to health and well-being beyond access to medical services. Social determinants of health (SDOH) refers to these factors at a community level. However, the specific factors that impact individuals directly are called "health-related social needs" (HRSN). Health providers can take steps to address HRSN by screening patients and referring them to community-based services.

The HRSN monitoring measure is included in the MQCP report cards for informational purposes only. At the end of the current measurement period, we will evaluate if we will include HRSN as a tracking measure that impacts MQCP incentives in future measurement periods.

In addition to claims, we use data from the ONAF under the Social, Economic & Lifestyle section for monitoring purposes.

1. If the HRSN assessment is completed and positive (barriers identified), submit HCPCS Code **G9919** and the appropriate HRSN Diagnosis Code(s) listed below.

2. If the HRSN assessment is completed and negative (no barriers identified), submit HCPCS Code **G9920**.

| Problems related to education and literacy (Z55) | |
|---|---|
| Z55.0 | Illiteracy and low-level literacy |
| Z55.1 | Schooling unavailable and unattainable |
| Z55.2 | Failed school examinations |
| Z55.3 | Underachievement in school |
| Z55.4 | Educational maladjustment and discord with teachers and classmates |
| Z55.5 | Less than a high school diploma |
| Z55.6 | Problems related to health literacy |
| Z55.8 | Other problems related to education and literacy |
| Z55.9 | Problems related to education and literacy, unspecified |

| Problems related to employment and unemployment (Z56) | |
|---|---|
| Z56.0 | Unemployment, unspecified |
| Z56.1 | Change of job |
| Z56.2 | Threat of job loss |
| Z56.3 | Stressful work schedule |
| Z56.4 | Discord with boss and workmates |
| Z56.5 | Uncongenial work environment |
| Z56.6 | Other physical and mental strain related to work |
| Z56.9 | Unspecified problems related to employment |
| **Other problems related to employment (Z56.8)** | |
| Z56.81 | Sexual harassment on the job |
| Z56.82 | Military deployment status |
| Z56.89 | Other problems related to employment |

| Occupational exposure to risk factors (Z57) | |
|---|---|
| Z57.0 | Occupational exposure to noise |
| Z57.1 | Occupational exposure to radiation |
| Z57.2 | Occupational exposure to dust |
| Z57.4 | Occupational exposure to toxic agents in agriculture |
| Z57.5 | Occupational exposure to toxic agents in other industries |
| Z57.6 | Occupational exposure to extreme temperature |
| Z57.7 | Occupational exposure to vibration |
| Z57.8 | Occupational exposure to other risk factors |
| Z57.9 | Occupational exposure to unspecified risk factor |
| **Occupational exposure to other air contaminants (Z57.3)** | |
| Z57.31 | Occupational exposure to environmental tobacco smoke |
| Z57.39 | Occupational exposure to other air contaminants |

| Problems related to physical environment (Z58) | |
|---|---|
| Z58.6 | Inadequate drinking-water supply |
| **Other problems related to physical environment (Z58.8)** | |
| Z58.81 | Basic services unavailable in physical environment |
| Z58.89 | Other problems related to physical environment |

## Problems related to housing and economic circumstances (Z59)

**Homelessness (Z59.0)**

| | |
|---|---|
| Z59.00 | Homelessness unspecified |
| Z59.01 | Sheltered homelessness |
| Z59.02 | Unsheltered homelessness |

**Inadequate housing (Z59.1)**

| | |
|---|---|
| Z59.10 | Inadequate housing, unspecified |
| Z59.11 | Inadequate housing, environmental temperature |
| Z59.12 | Inadequate housing, utilities |
| Z59.19 | Other inadequate housing |
| Z59.2 | Discord with neighbors, lodgers, and landlord |
| Z59.3 | Problems related to living in residential institution |

**Lack of adequate food (Z59.4)**

| | |
|---|---|
| Z59.41 | Food insecurity |
| Z59.48 | Other specific lack of adequate food |
| Z59.5 | Extreme poverty (100% FPL or below) |
| Z59.6 | Low income (200% FPL or below) |

**Insufficient social insurance and welfare support (Z59.7)**

| | |
|---|---|
| Z59.71 | Insufficient health insurance coverage |
| Z59.72 | Insufficient welfare support |
| Z59.9 | Problem related to housing and economic circumstances, unspecified |

**Other problems related to housing and economic circumstances (Z59.8)**

| | |
|---|---|
| Z59.82 | Transportation insecurity |
| Z59.86 | Financial insecurity |
| Z59.87 | Material hardship |
| Z59.89 | Other problems related to housing and economic circumstances *(billable)* |

**Housing instability, housed (Z59.81)**

| | |
|---|---|
| Z59.811 | Housing instability, housed with risk of homelessness |
| Z59.812 | Housing instability, housed, homelessness in past 12 months |
| Z59.819 | Housing instability, housed unspecified |

## Problems related to social environment (Z60)

| | |
|---|---|
| Z60.0 | Problems of adjustment to life-cycle transitions |
| Z60.2 | Problems related to living alone |
| Z60.3 | Acculturation difficulty |
| Z60.4 | Social exclusion and rejection |
| Z60.5 | Target of (perceived) adverse discrimination and persecution |
| Z60.8 | Other problems related to social environment |
| Z60.9 | Problem related to social environment, unspecified |

## Problems related to upbringing (Z62)

| | |
|---|---|
| Z62.0 | Inadequate parental supervision and control |
| Z62.1 | Parental overprotection |
| Z62.3 | Hostility toward and scapegoating of child |
| Z62.6 | Inappropriate (excessive) parental pressure |
| Z62.9 | Problem related to upbringing, unspecified |

**Upbringing away from parents (Z62.2)**

| | |
|---|---|
| Z62.21 | Child in welfare custody |
| Z62.22 | Institutional upbringing |
| Z62.23 | Child in custody of non-parental relative |
| Z62.24 | Child in custody of no-relative guardian |
| Z62.29 | Other upbringing away from parents |

**Other specified problems related to upbringing (Z62.8) & Personal history of abuse in childhood (Z62.81)**

| | |
|---|---|
| Z62.810 | Personal history of physical and sexual abuse in childhood |
| Z62.811 | Personal history of psychological abuse in childhood |
| Z62.812 | Personal history of neglect in childhood |
| Z62.813 | Personal history of forced labor or sexual exploitation in childhood |
| Z62.814 | Personal history of child financial abuse |
| Z62.815 | Personal history of intimate partner abuse in childhood |
| Z62.819 | Personal history of unspecified abuse in childhood |

**Parent-child conflict (Z62.82)**

| | |
|---|---|
| Z62.820 | Parent-biological child conflict |
| Z62.821 | Parent-adopted child conflict |
| Z62.822 | Parent-foster child conflict |
| Z62.823 | Parent-step child conflict |

**Non-parental relative or guardian-child conflict (Z62.83)**

| | |
|---|---|
| Z62.831 | Non-parental relative-child conflict |
| Z62.832 | Non-relative guardian-child conflict |
| Z62.833 | Group home staff-child conflict |

**Other specified problems related to upbringing (Z62.89)**

| | |
|---|---|
| Z62.890 | Parent-child estrangement not elsewhere classified |
| Z62.891 | Sibling rivalry |
| Z62.892 | Runaway (from current living environment) |
| Z62.898 | Other specified problems related to upbringing |

## Other problems related to primary support group, including family circumstances (Z63)

| | |
|---|---|
| Z63.0 | Problems in relationship with spouse or partner |
| Z63.1 | Problems in relationship with in-laws |
| Z63.4 | Disappearance and death of family member |
| Z63.5 | Disruption of family by separation and divorce |
| Z63.6 | Dependent relative needing care at home |
| Z63.8 | Other specified problems related to primary support group |
| Z63.9 | Problem related to primary support group, unspecified |

**Absence of family member (Z63.3)**

| | |
|---|---|
| Z63.31 | Absence of family member due to military deployment |
| Z63.32 | Other absence of family member |

**Other stressful life events affecting family & household (Z63.7)**

| | |
|---|---|
| Z63.71 | Stress on family due to return of family member from military deployment |
| Z63.72 | Alcoholism and drug addiction in family |
| Z63.79 | Other stressful life events affecting family and household |

| Problems related to certain psychosocial circumstances (Z64) | |
|---|---|
| Z64.0 | Problems related to unwanted pregnancy |
| Z64.1 | Problems related to multiparity |
| Z64.4 | Discord with counselors |

| Problems related to other psychosocial circumstances (Z65) | |
|---|---|
| Z65.0 | Conviction in civil and criminal proceedings without imprisonment |
| Z65.1 | Imprisonment and other incarceration |
| Z65.2 | Problems related to release from prison |
| Z65.3 | Problems related to other legal circumstances |
| Z65.4 | Victim of crime and terrorism |
| Z65.5 | Exposure to disaster, war and other hostilities |
| Z65.8 | Other specified problems related to psychosocial circumstances |
| Z65.9 | Problem related to unspecified psychosocial circumstances |

| Problems related to life management difficulty (Z73) | |
|---|---|
| Z73.3 | Stress not elsewhere classified |
| Z91.120 | Patient's intentional underdosing of medication regimen due to financial hardship |

| Personal history of psychological trauma, not elsewhere classified (Z91.4) | |
|---|---|
| Z91.42 | Personal history of forced labor or sexual exploitation |
| **Personal history of adult abuse (Z91.41)** | |
| Z91.410 | Personal history of adult physical and sexual abuse |
| Z91.411 | Personal history of adult psychological abuse |
| Z91.412 | Personal history of adult neglect |

| Encounter for screening, unspecified | |
|---|---|
| Z13.9 | Encounter for screening, unspecified |

# Frequently Asked Questions

**Where can I learn more about the ONAF program?**

Visit the **Pay for Performance: QCP and MQCP** page on our website to learn more about the ONAF reimbursement program. Visit the "Form and Supply Requests" page of our website at **hpplans.com/forms** to learn more about the ONAF forms and submission process. Select "Maternity Care Forms" in the left navigation, and then select the ONAF hyperlink for more information and to download a user guide for the online Optum tool. You can also call Optum's toll-free customer service support number at **1-800-765-6808**.

**Who should I contact with questions about the ONAF program?**

Contact our Provider Services Helpline at **1-888-991-9023** with any questions.

**Can I complete prenatal or postpartum visits via telehealth?**

Yes, both prenatal and postpartum visits can be completed via telehealth. Prenatal visits must include a pregnancy diagnosis and need to occur in the first trimester or within 42 days of enrollment with us. One of the following provider types can complete the visit: OB/GYN, midwives, PCP, CRNP or a PA. Postpartum visits can also be completed within 7-84 days of delivery via telehealth. There is no provider type requirement for claim submission. Telehealth visits must be submitted with a 95 or GT modifier.

**How is the maternity care incentive plan payment calculated?**

The incentive compensation is based on how well your practice meets predefined benchmarks on two measures. There are two benchmark tiers: Good Performers (Tier 1) and Highest Achievers (Tier 2). All practices are eligible for the maximum incentive if they meet the highest performance benchmarks.

**What is the lag time on results being included in our MQCP scores?**

MQCP scores are updated annually. There will be one recalculation cycle in May 2026. The May 2026 recalculation will include the measurement period from January 1, 2025 through December 31, 2025, that will impact the payment period May 2026 to April 2027. Since most of the measures depend on claims data, the measure calculations will incorporate any data received by February 15 for the May calculations.

**What should I do if I believe that my scores are incorrect?**

Please contact our Provider Services Helpline as soon as you identify potential incorrect scores and/or payments. All appeals must be made in writing and submitted no later than 90 days after MQCP scores are released. Appeals will only be considered in the event of errors made by Medicaid that are beyond the providers' control or previously communicated technical issues.

## What is the difference between SDoH and HRSN?

Per CMS, the way communities and individuals experience health and health care is not just based on access to medical services. It is also impacted by other factors that may support or create barriers to health and well-being. At a community level, these factors are referred to as "social drivers of health" (SDOH) and may also be referred to as "social determinants of health." Examples of SDOH include economic stability, access to quality education and health care, and the neighborhood and built environment.

The specific factors that impact individuals directly are called "health-related social needs" (HRSN). Examples of HRSN include lack of stable or affordable housing and utilities, financial strain, lack of access to healthy food, personal safety, and lack of access to transportation. SDOH and HRSN can coincide and overlap, for instance, in the case of a household with income below the federal poverty line (an individual-level HRSN) in an area with poor economic conditions (a community-level SDOH). Health providers can take steps to address HRSN by understanding the needs of their patients and referring them to community-based services.

SDOH and HRSN are what commonly lead to health disparities—that is, different health outcomes in different groups of people. Addressing SDOH and HRSN is an important component of efforts to overcome disparities and achieve health equity for individuals and communities.

## Are there other scheduling opportunities for my patients if my practice does not have availability at a date and time that is convenient for them?

We partnered with vybe urgent care to offer postpartum visits to members who need more flexibility in scheduling. vybe has 15 locations conveniently located across the greater Philadelphia area. They offer same-day and walk-in appointments, online scheduling options, and can accommodate telehealth. vybe will send a clinical summary to you after each visit. Any services that are provided by vybe will be reflected in your care gap reports and will positively affect your quality performance. If both you and vybe provide the same service, claims will not be denied. For more information or to access services, your members can visit **vybe.care/locations** or call **267-831-0899**, which is a dedicated phone line for our members.

# MQCP Quick Reference Coding Sheet

| Measure Name | Timeliness of First Prenatal Visit | | |
|---|---|---|---|
| **Measure Goal/ Description** | Prenatal intake visit in the first trimester or within 42 days of enrollment with us. Visits occurring prior to the member's enrollment with the plan also count if they occurred within the first trimester. | | |
| **What are the inclusion criteria?** | Female Medicaid patients who are continuously enrolled 43 days before delivery through 56 days after delivering a live birth. | | |
| **Codes for compliance** | **Initial Prenatal Visit** | **CPT** | 99201–99205, 99211–99215, 99241–99245, 99483, 99500, 0500F, 0501F, 0502F |
| | | **HCPS** | T1015, H1000, H1001, H1002, H1003, H1004, G0463 |
| | | **ICD-10 Diagnosis** | Any pregnancy diagnosis code. Examples: Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36 |

| Measure Name | Postpartum Care Visit | | |
|---|---|---|---|
| **Measure Goal/ Description** | Postpartum visit between 7 and 84 days after delivery. | | |
| **What are the inclusion criteria?** | Female Medicaid patients who are continuously enrolled 43 days before delivery through 84 days after delivering a live birth. | | |
| **Codes for compliance** | **Postpartum Visit** | **CPT** | 0503F, 59430, 99501, 57170, 58300 |
| | | **HCPS** | G0101 |
| | | **ICD-10 Diagnosis** | Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 |

# ONAF Reimbursement Program

Effective for Calendar Year 2023, ONAF was removed from MQCP as a program measure. In the new ONAF Program, providers are eligible for a maximum of $200 total incentive for submission of one prenatal and one postpartum ONAF form. All ONAFs must be submitted electronically via Optum. Providers will receive payments quarterly.

Please contact our Provider Services Helpline at **1-888-991-9023** with any questions.

# Tips for Success

- Work with the member to schedule a prenatal visit as soon as possible following a positive pregnancy test.

- Encourage pregnant members to enroll in our Baby Partners program by calling **215-967-4690.**

- If you have concerns about a pregnant Medicaid member, email the Baby Partners Manager at **mtrafican@jeffersonhealthplans.com** or call our Baby Partners Provider Hotline at **1-833-705-3751.**

- When barriers to care are identified, contact the Baby Partners program for assistance at **215-967-4690** or **askbabypartners@jeffersonhealthplans.com**.

- Provide members with instructions about how to access after-hours care.

- Complete and submit ONAFs in a timely manner so that our Baby Partners team can reach out to provide additional prenatal and postpartum care and support.

- Request an electric breast pump for members at **hpplans.com/forms**. All members are eligible to receive an electric breast pump any time after the beginning of the third trimester.

- Request a blood pressure cuff for members at **hpplans.com/forms**. All pregnant and postpartum Medicaid members are eligible to receive home blood pressure monitors.

**Jefferson Health Plans/Health Partners Plans**

**1-888-991-9023 (Provider Services Helpline)**

**JeffersonHealthPlans.com**

**Jefferson Health Plans**

**@jeffersonhealthplans**

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