

Health Partners Plans Maternity Program



Health Partners Plans Staff

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Agenda

- Opening Remarks
- ONAF
- Perinatal Depression Screening
- Prenatal Smoke Screening
- Baby Partners
- Maternity Quality Plus Program
- Feedback and Recommendations for Future Webinars
- Q&A



Obstetrical Needs Assessment Form (ONAF)

- The ONAF provides a streamlined, standardized way for OB providers to communicate the member's clinical information with HPP.
- All ONAFs are submitted through the Optum portal, <https://obcare.optum.com/>.
- The ONAF is carefully reviewed for new clinical information, and possible alternate phone number.

Obstetrical Needs Assessment Form (ONAF)

- The first ONAF should be submitted within 14 days of the member's first OB visit. This submission helps HPP to connect the member and the OB provider and summarizes her history and current status.
- The next submission is due at 28-32 weeks gestation – usually when the gestational diabetes screen has been completed. This gives us a clinical update and helps us to stratify risk.
- The third submission details the birth and postpartum visit, and lists all the prenatal visits.
- You can also submit an update at any time, using the Risk template.

Obstetrical Needs Assessment Form (ONAF)

- You may have noticed that the ONAF was recently revised with input from NCQA.
- The sections on depression screening and tobacco use are now more detailed.
- These changes make the information shared more understandable and useful.
- Please make sure what is documented on the ONAF is can be found in the medical record

Pennsylvania Performance Measures: Perinatal Depression Screening and Prenatal Screening for Smoking and Treatment Discussion During a Prenatal Visit

- The State of Pennsylvania collects information annually on several different performance measures to monitor health plan performance. All but two measures are collected electronically. The following measures can be collected by chart review:
 - Perinatal Depression Screening
 - Prenatal Screening for Smoking

Perinatal Depression Screening (PDS)

- A study published by the CDC in 2020 reported:
 - 1 in 5 women were not asked about depression during a prenatal visit
 - 50% of pregnant women with depression were not treated
 - 1 in 8 women reported symptoms of depression after giving birth
- The State's PDS measures is looking for the number of women in their post prenatal period who:
 - Screened for depression in the prenatal period
 - Screened for depression in the prenatal period using a validated tool
 - Screened for depression in the first two prenatal visits
 - Screened positive for depression during any prenatal visit
 - Screened positive for depression in the prenatal period and received treatment

Perinatal Depression Screening (PDS)

- The State's PDS measures is looking for the number of women in their post partum period who:
 - Screened for depression during a postpartum care visit
 - Screened for depression during a postpartum care visit using a validated tool
 - Screened for depression in during a postpartum care visit
 - Screened positive for depression during a postpartum care visit
 - Screened positive for depression during a postpartum care visit and received treatment

Perinatal Depression Screening (PDS)

- HPP's most recent submission to the State in the summer of 2021 (2020 look back period) showed:
 - 84% of our sampled members were screened for depression in the prenatal period; 79% were screened in the first two prenatal:
 - 73% of those who had a depression screening were screened with a validated tool
 - 8% screened positive for depression
 - 92% received follow-up care
 - 78% of our sampled members were screened for depression in the postpartum period:
 - 60% had a screening with a validated tool
 - 7% screened positive for depression
 - 90% received follow-up care

Perinatal Depression Screening (PDS)

Please document:

- All screenings for depression at all prenatal and post partum visits.
- The name of the validated screening tool if one was used:
 - Some practices have a validated tool built into their EMR systems.
- Document any positive findings.
- Refer anyone who screens positive for treatment.

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

- The State's PSS measure is looking for the number of women:
 - Prenatal period
 - Screened for smoking during one of their first two prenatal visits.
 - Screened for environmental tobacco smoke exposure during one of their first two visits.
 - Screened positive for smoking in one of their first two prenatal visits (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 the pregnancy.
 - Screened positive for environmental tobacco smoke exposure in one of their first two prenatal visits, and were given counseling/advice or a referral during the time frame of any prenatal visit during the pregnancy.
 - Screened for smoking in one of their first two prenatal visits and found to be a smoker and stopped smoking anything during their pregnancy.

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

Examples of acceptable screening and counseling include:

- Smoking cessation counseling given.
- Documentation that a patch for smoking cessation was ordered.
- Information given directing member to smoking cessation hotlines or websites.
- Documentation that direction to “stop smoking” was given.
- Documentation that direction was given to the member to prohibit any persons that live with or visit the member to smoke indoors.

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

Examples of Unacceptable Screening and Counseling include:

- Documentation of education alone.
- Documentation that member is taking Wellbutrin that does not include the indication for why the drug was prescribed to the member.

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

A member is considered **positive** if she smoked 6 months prior to or anytime during pregnancy. Example of positive smoking status include:

- Member admits she smokes
- Member admits she has smoked during this pregnancy
- Member admits she quit smoking when she learned she was pregnant
- Member admits she smoked 6 months prior to pregnancy

A member is considered **negative** if:

- Member admits she “used to smoke”
- Member admits she quit one year ago
- Member admits she is an ex-smoker
- Member denies she ever smoked

Baby Partners Program

- Baby Partners addresses the physical, behavioral, and social needs of our pregnant members and their newborns to help them achieve optimum wellness.
- We connect with our pregnant members and their newborns, from first notification until 84 days postpartum. We engage by telephone, email, and through social media. The Baby Partners care coordinator is the member's advocate within the health plan.
- Our identification and referral sources:
 - ONAF forms submitted by **providers**
 - New member enrollment file from **DHS**
 - UM, the HRA and other departments within **HPP**
 - **Member** self-report
 - **Claims** mining

Services Provided by Baby Partners

- We assess our members' needs and set member specific goals:
 - Physical, behavioral and social needs, including SPMI
 - Screening and referral for
 - tobacco and substance use
 - intimate partner violence
 - SDOH needs
- We remove barriers to care:
 - Assisting with appointment scheduling and reminders
 - Finding a provider
 - Helping with transportation to appointments
 - Follow up on SDOH referrals
- **We reinforce the guidance and education given by the OB provider to ensure the member understands her plan of care.**

Enhanced Services

- Doula support in labor to help them have the best possible birth experience
- Connection to Nurse-Family Partnership
- Two postpartum clinical nursing visits to assess maternal/child wellbeing
- Enrollment in a non-clinical home visiting program which provides connections to needed resources and guidance on child development and parenting
- Incentives for completing a timely first prenatal visit, a postpartum visit and the baby's first well visit
- Screening and referral for perinatal mood and anxiety disorders and for tobacco use
- Cribs for Kids, the Kohl's Car Seat Program, WIC, and many other agencies
- HPP's Aunt Bertha application offers a robust data base for referral to thousands and thousands of resources

Maternity Quality Care Plus (MQCP)

- **What is the MQCP?**

- The MQCP is an incentive program designed to recognize and reward quality performance of maternity care practices serving HPP Medicaid members.
- It incentivizes performance related to the measures under HEDIS, timely submission of the ONAF, and DHS' guidance regarding cesarean-sections.

- **Who is Eligible?**

- Any licensed provider (nurse midwives, OB-GYNs, CRNPs, PCPs) is eligible to participate; the practice must be accepting new Health Partners maternity patients.
- Maternity care practices that have at least 15 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.

Maternity Quality Care Plus (MQCP)

Quality Performance Measures:

- **Prenatal Care in the First Trimester:** percentage of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment in Health Partners.
- **Postpartum Care:** percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.
- **Obstetrical Needs Assessment Form (ONAF):** providers are required to submit the following 2 ONAF sections to be considered complete:
 - **Timeliness of Prenatal Care:** within 14 days of initial visit
 - **Ongoing Prenatal Care and Postpartum Care:** within 12-14 weeks of delivery
- **C-section Rate:** the percentage of Health Partners member deliveries in the measurement period that were c-sections.

Maternity Quality Care Plus (MQCP)

Calculation Methodology:

- Incentive payments are based on how well your practice meets predefined benchmarks.
- Set by industry standards and have been specifically calibrated to reflect historical performance and averages of MQCP-eligible practices.
- There are two benchmark tiers: *Good performers (Tier 1)* and *Highest Achievers (Tier 2)*.

Measurement Period & Reporting:

- Measurement performance determines a practice's monthly per-delivery rewards:
 - **April 2022 calculation:** measurement period from January 1, 2021 – December 31, 2021.
- MQCP scores are updated annually.

Maternity Quality Care Plus (MQCP)

Resources:

MQCP Manual	<ul style="list-style-type: none">• Includes an overview of performance measures; program requirements; FAQs; proper coding, and pregnancy hot topics.• Updated annually.
Network Account Manager (NAM)	<ul style="list-style-type: none">• Main point of contact who can provide support, review reports with you, and connect you to the right resources within HPP.• Ongoing support.



COVID Vaccinations and Testing

- Pennsylvania's DOH issued guidance in accordance with the CDC on 09.30.2021 regarding COVID-19 Vaccination for Pregnant People to Prevent Serious Illness, Deaths, and Adverse Pregnancy Outcomes from COVID-19 <https://www.healthpartnersplans.com/media/100702408/2021-600-9-30-adv-vaccinepregnancy.pdf>
 - The CDC and PA DOH strongly recommends women receive a COVID-19 vaccine either before pregnancy or during pregnancy
 - Discuss the benefits of receiving a COVID-19 with your all of your patients (non-pregnant, pregnant and postpartum)
 - Discuss the risks associated with contracting COVID-19 during pregnancy and the possible adverse outcomes pregnancy and neonatal outcomes
 - If a woman receives an mRNA COVID-19 vaccine (i.e., PfizerBioNTech, Moderna) explain the importance of returning for their second dose and support all efforts for her to receive the second dose and a booster if applicable

COVID Vaccinations and Testing

- Refer all patients for COVID-19 testing if they exhibit symptoms
 - Review symptoms of COVID-19 with all patients
 - Offer patients a list of testing sites if they need to be tested such as local pharmacies or urgent care centers. Phila: <https://www.phila.gov/covid-testing-sites/>
- For patients who do not receive the vaccine:
 - Reinforce the importance of other preventative measures
 - Conversations about risk and potential exposure should take into consideration the individual patient's values and perceived risk of various outcomes, and should respect and support autonomous decision-making.

Best Practices

- Coding: Please refer to the Maternity QCP Manual for codes.
- Submitting a completed ONAF that includes all the data points.
- Ideas that work for your practice?
- Barriers you experience in your practice.