



Maternity Quality Care Plus

An Incentive Program for
Maternity Care Practitioners
2022 Edition

Health Partners Plans



Health Partners Plans (HPP) appreciates 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 great performance throughout the year. This manual explains the 2022 MQCP program and highlights what you need to know to maximize your incentive payments.

This is a confidential and proprietary document for discussion solely between HPP and participating maternity care practitioners.





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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 Health Partners (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), the Pennsylvania Department of Human Services' (DHS) guidance regarding cesarean-section (C-section) rates and timely submission of all parts of the Obstetrical Needs Assessment Form (ONAF). Practices must meet program requirements in order to participate.

MQCP MEASURES

There are four rewards criteria that are drawn from HEDIS measures, submission of the online ONAF, and the Cesarean section (C-section) rate:

Timeliness of first prenatal visit: The percentage of deliveries that received a prenatal care visit as a Health Partners member either in the first trimester or within 42 days of enrollment

in Health Partners. Providers will have the opportunity to earn a bonus payment for hitting tier 2 on this measure in 2022 for their African-American population.

Postpartum care: The percentage of Health Partners members that had a postpartum visit between seven and 84 days after delivery. Providers will have the opportunity to earn a bonus payment for hitting tier 2 on this measure in 2022 for their African-American population.

ONAF submission: The percentage of Health Partners members for whom two ONAF sections are submitted online.

Cesarean section rate: The percentage of Health Partners member deliveries in the measurement period that were cesarean sections.



Program Requirements

To qualify for a monthly incentive, the maternity care practice must 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. Any licensed provider who meets the criteria (nurse midwives, OB-GYNs, CRNPs, PCPs) is eligible to participate. The practice must also accept new Health Partners maternity patients.

Beginning with the January 1, 2022-December 31, 2022 measurement period, HPP will offer a bonus payment for certain disparity measures among the African American population. Providers will have an opportunity to earn a bonus payment for meeting tier 2 on the following disparity measures for African American members:

- Timeliness of Prenatal Care
- Postpartum Care

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

Obstetrical Needs Assessment Form (ONAF) Submission

The ONAF form is intended to report on perinatal care received by Medicaid recipients participating in a HealthChoices Voluntary or Mandatory Managed Care Organization (MCO), the ACCESS Plus Program or the fee-for-service delivery system.

The ONAF must be submitted online via Optum OB Care at **obcare.optum.com**. Practices need to register online with Optum to use the form. After submitting the initial section of the ONAF, the subsequent section will be prepopulated with data entered from the previous visit, eliminating the need to duplicate information each time you submit a patient’s ONAF. Optum sends completed information to HPP each day.

ONAF Section	Description/Requirement	HPP Review
<p>First Prenatal Visit</p>	<p>Provider must complete all sections of the ONAF including smoking and depression screenings. The name of the screening tool used must be included. <i>Submit within 14 days of the initial visit.</i></p>	<p>HPP will review clinical data provided on the ONAF and contact the member to enroll in the Baby Partners program if not already enrolled.</p>
<p>28-32 Week Visit and Risks</p>	<p>Provider must indicate new issues or problems that have developed since the first ONAF was submitted. <i>Submit at 28-32 weeks gestation or when risks are identified.</i></p>	<p>HPP will review the member’s clinical situation and identified risks, and will adjust member outreach if indicated.</p>
<p>Postpartum Visit</p>	<p>Provider must list all the prenatal appointments that the member completed on the ONAF. Provider must also complete the “postpartum visit” section of the ONAF and include the delivery data. The visit must take place between seven and 84 days after delivery. <i>Submit at 12-14 weeks of delivery.</i></p>	<p>HPP will review the ONAF for documentation of prenatal visits. HPP will also review that the postpartum section has been fully completed and that the visit is within the specified time frame.</p>

Note: Two sections of the ONAF must be completed.

Monthly Payments to Maternity Care Practice (TIN Level)

MEASUREMENT PERIOD AND REPORTING

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

April 2022 timeframe: Measurement period from January 1, 2021 to December 31, 2021

April 2023 timeframe: Measurement period from January 1, 2022 to December 31, 2022

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.

Upon notification of termination of your Health Partners Plans Participating Agreement, participation in the QCP program and payments made to you in the program will end 90 days prior to the termination date.

Benchmarks for January 1 through December 31, 2022

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	2021 Benchmark	2021 PMPM	2022 Benchmark	2022 PMPM
Tier 1	90.00%	\$15	89.00%	\$15
Tier 2	95.00%	\$30	92.00%	\$30

Postpartum Care

This measure looks at the percentage of deliveries that had a postpartum visit on or between seven and 84 days after delivery.

Tier Category	2021 Benchmark	2021 PMPM	2022 Benchmark	2022 PMPM
Tier 1	78.00%	\$15	80.00%	\$15
Tier 2	90.00%	\$30	90.00%	\$30

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

Tier Category	2021 Benchmark	2021 PMPM	2022 Benchmark	2022 PMPM
Tier 1	65.00%	\$30	50.00%	\$10
Tier 2	N/A	N/A	75.00%	\$15

Cesarean Section Rate

The C-section rate is the percentage of Health Partners member deliveries in the measurement period that were cesarean sections (this includes all deliveries).

Tier Category	2021 Benchmark	2021 PMPM	2022 Benchmark	2022 PMPM
Tier 1	25.50% or below	\$20	25.50% or below	\$20
Tier 2	N/A	N/A	N/A	N/A

MQCP Monitoring Measures

All previous monitoring metrics have been removed.

NEW MONITORING – SDOH

- Coding for Social Determinants of Health (SDOH) at least once during the member’s pregnancy will be included as a monitoring metric. Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- The SDOH monitoring measure will be added to the MQCP report cards for informational purposes only. At the end of the current measurement period, HPP will evaluate if we will include SDOH as a tracking measure that impacts QPC incentives in future measurement periods.

HPP is exploring including data from the ONAF under the Social, Economic & Lifestyle section for monitoring purposes. At this time, the following codes must be submitted via claims to count for compliance:

1. If the SDoH assessment is completed and positive (barriers identified), submit HCPCS Code **G9919** and the appropriate SDoH Diagnosis Code(s) listed below.
2. If the SDoH 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
Z55.8	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 housing and economic circumstances (Z59)	
Z59.0	Homelessness
Z59.1	Inadequate housing
Z59.2	Discord with neighbors, lodgers and landlord
Z59.3	Problems related to living in residential institution
Z59.4	Lack of adequate food and safe drinking water
Z59.5	Extreme poverty (100% FPL or below)
Z59.6	Low income (200% FPL or below)
Z59.7	Insufficient social insurance and welfare support
Z59.8	Other problems related to housing and economic circumstances
Z59.9	Problem related to housing and economic circumstances, 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 towards 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
Z62.29	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
Z62.819	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

Other specified problems related to upbringing (Z62.89)	
Z62.890	Parent-child estrangement not elsewhere classified
Z62.891	Sibling rivalry
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
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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
Z91.419	Personal history of unspecified adult abuse

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



Frequently Asked Questions

WHERE CAN I LEARN MORE ABOUT THE ONAF?

Visit the “Tools and Resources” page of our website at hpplans.com/providers/resources and select “Form and Supply Requests” and choose “Perinatal Assessment Forms” 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 THIS PROGRAM?

Contact your HPP Network Account Manager. His or her name and contact information appear on the report that accompanies your monthly incentive check.

HOW IS THE MATERNITY CARE INCENTIVE PLAN PAYMENT CALCULATED?

The incentive compensation is based on how well your practice meets predefined benchmarks on four 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 April 2022 which includes measurement period January 1, 2021 through December 31, 2021. The April 2023 recalculation cycle will include the measurement period from January 1 2022 through December 31, 2022. Since most of the measures depend on claims data, the measure calculations will incorporate any data received by February 15 for the April calculations.

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 HPP. 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 seven 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

Maternity Member Incentive Programs

Encouraging members to take an active role in managing their own health through incentive programs is an effective way to teach healthy lifestyles to our members. Members are automatically enrolled in the HPP Rewards program; however, members must register through HPP Rewards, our online member portal, (www.HPPRewards.com) to view and use their rewards points.

Oral health is an important part of general health and should be maintained even during pregnancy. Routine dental treatment such as radiographs, restorations, extractions and preventive services have been established as safe throughout all stages of pregnancy and should not be avoided. Women should be counseled and encouraged to seek regular dental visits for their own health as well as the future health of their child.

Pregnant members can earn reward points to redeem popular household items, including baby products, by completing the following:

- **First Prenatal Care Visit:** Members can earn 250 points for completing a prenatal care visit in the first trimester or within 42 days of enrollment. Members are eligible to receive this incentive once per pregnancy.
- **First Baby Outpatient Visit:** Members can earn 250 points for completing a well-baby visit in the first 30 days post-delivery. Members are eligible to receive this incentive once per pregnancy.
- **Postpartum Visit:** Members can earn 250 points for attending a postpartum office appointment between seven and 84 days after the baby's birth. Members are eligible to receive this incentive once per pregnancy.
- **Maternity Dental:** Members can earn 200 points for completing a comprehensive or periodic dental exam while pregnant. Members are eligible to receive this incentive once per pregnancy.



Pregnancy Hot Topics and Resources

MATERNITY HOME VISITING

HPP offers all new mothers enrollment in an evidence-informed home visiting program. The maternity home visits are conducted by a registered nurse and focus on child development, parenting skills and the family's connection to resources. The program is individualized, strengths-based and family-focused. The visits are currently being conducted by video or phone call.

Any HPP member may participate in the program, and first-time parents, parents of NICU graduates and families living with substance use, tobacco use, intimate partner violence or serious mental illness are especially encouraged to participate.

Members are presented information about the program during their care coordination calls with Baby Partners and are urged to enroll. Providers are encouraged to refer their members as well by emailing BPatHome@phmc.org.

LONG ACTING REVERSIBLE CONTRACEPTION (LARC)

LARCs are now covered on the Medicaid preferred drug list for Pennsylvania. LARC is effective first-line choice of birth control for patients according to clinical guidelines from the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP). Other methods of contraception covered in the Medicaid preferred drug list include: monophasic, polyphasic, continuous, progestin only, injectable, patch, and vaginal rings. We ask that you continue to remind patients that LARCs, oral and injectable contraceptions do not protect against sexually transmitted diseases and condoms should also be used every time they have sex. The pharmacy department can be contacted at **215-991-4300**

with any questions. (Full list of covered medications can viewed on the Pennsylvania preferred drug list here: <https://papdl.com/preferred-drug-list>)

Pharmacy Formulary: hpplans.com/formulary

BREAST PUMPS

All breastfeeding members may receive an electric breast pump after the birth of the baby. Please refer to hpplans.com/breastpump for more information. The pump may be supplied by any network DME provider. You can find an updated list of DME providers at hpplans.com/directory. The pump may be ordered by any physician involved in the member's care—hospitalist, obstetrician, pediatrician, PCP, etc. Remember that DHS requires that the prescription for the equipment be signed by a physician.

WIC: <https://www.fns.usda.gov/wic>

MONITORING FOR GESTATIONAL HYPERTENSION

HPP has partnered with Integra Partners and Domtar Personal Care- HDIS, a division of Domtar Personal Care, to provide blood pressure cuffs to your patients. The purpose is to encourage the use of self-monitoring for blood pressure in conjunction with outpatient and/or telehealth visits.

Blood pressure cuffs will be sent to eligible members when ordered by their OB Provider. Providers need to fax HDIS with these orders at **1-833-396-4663**. HDIS will ship the blood pressure cuff, with operating instructions to the member. Members who develop gestational hypertension during their labor admission may also receive blood pressure equipment before they are discharged from their inpatient stay. No authorization is required.

DOULA SUPPORT IN LABOR

HPP, in partnership with the Maternity Care Coalition (MCC), offers doula support to laboring women. A doula is a trained companion who provides non-clinical support in labor. The doula complements the role of the healthcare professionals who provide the client's medical care; doula support in labor is proven to improve clinical outcomes and reduce perinatal mortality and morbidity. Women attended by a labor doula experience greater satisfaction with their birth experience and decreased rates of perinatal mood and anxiety disorder.

The referral process is simple. Your member's Baby Partners care coordinator can make the connection, or you can make the referral to MCC at **215-972-0700** or <https://maternitycarecoalition.org>.

The Philadelphia Department of Public Health also offers doulas to Philadelphia residents. Here is a link for referrals: <https://redcap.phila.gov/surveys/?s=3MJWMKWJTN>.

THE IMPORTANCE OF SEXUAL HEALTH SCREENINGS

Obstetricians and Gynecologists play a key role in sexual health education. Sexual health screenings include checking for chlamydia and gonorrhea, the most commonly reported sexually transmitted diseases in the United States.

Urine chlamydia testing is a reliable diagnostic test covered by Quest Laboratories. We encourage you to make chlamydial testing a part of your health assessment tools to help keep your patients in optimal health.

Chlamydia is often asymptomatic in women, however, an asymptomatic infection may

lead to pelvic inflammatory disease (PID) and its associated complications: ectopic pregnancy, infertility and chronic pelvic pain. The United States Preventive Task Force (USPSTF) recommends screening for chlamydia in sexually active women age 24 years and younger and in older women who are at increased risk for infection. According to the USPSTF, screenings reduce complications of chlamydial infection in women who are at increased risk, with a moderate magnitude of benefit.[†]

Chlamydia infection responds to treatment with antibiotics. The Centers for Disease Control and Prevention (CDC) guidelines for treatment of sexually transmitted diseases (STDs) and expedited partner therapy are available at cdc.gov/std/treatment and cdc.gov/std/ept.

[†] <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/chlamydia-and-gonorrhea-screening>

PREVENTIVE MEDICINE COUNSELING (CPT CODE 99401)

CPT 99401 reported by family planning providers with the FP modifier (service provided as part of a family planning program) for genetic risk assessment counseling is payable **ONCE per lifetime**, mirroring DHS guidelines. Counseling for contraceptive use and STD education should be included in the Evaluation and Management (E&M) code for a family planning office visit.

SMOKING DURING PREGNANCY

Smoking during pregnancy increases the risk for pregnancy complications and tobacco smoke harms babies before and after they are born, according to the U.S. Department of Health and Human Services. Pennsylvania's Free Quitline Pregnancy/Post-Partum Protocol can help pregnant women quit smoking.

Patients receive coaching during and after their pregnancy. Encourage patients to call **1-800-784-8669** to learn more.

PA Free Quitline: 1-800-QUIT-NOW (784-8669) or 1-855-DÉJELO-YA (335-3569)

SUBSTANCE USE DISORDER (SUD)/ OPIOID USE DISORDER (OUD)

Pregnancy can be a powerful motivator for women with SUD/OUD to consider entering a recovery program. ACOG recommends that all pregnant women be screened for SUD/OUD during pregnancy. Pennsylvania has a strong network of OUD Centers of Excellence (COEs) to which women can be referred for treatment. Baby Partners can help you in the referral process; call Baby Partners at **215-967-4690**, or call the Baby Partners care coordinator assigned to the member. The care coordinator's contact information appears on the letter sent when the member enrolls in Baby Partners.

POSTPARTUM DEPRESSION AND PERINATAL MOOD AND ANXIETY DISORDERS

The Centers for Disease Control and Prevention (CDC) estimates that about one in nine women experience symptoms of postpartum depression.² ACOG recommends that all pregnant women be screened at least once

during the pregnancy and again postpartum. The Baby Partners team screens each member for depression at each encounter and refers to behavioral health treatment, the OB or community resources as appropriate. Providers should report their screening and referral efforts on the ONAF.

² Centers for Disease Control and Prevention, June 28, 2018, <https://www.cdc.gov/reproductivehealth/depression/index.htm>.

PERINATAL QUALITY COLLABORATIVE

The Pennsylvania Perinatal Quality Collaborative (PA PQC) launched in April 2019, as an action arm of the Maternal Mortality Review Committee (MMRC) to address causes of pregnancy-associated deaths in Pennsylvania. Over 60 birth sites and NICUs and over 10 health plans across the Commonwealth are actively identifying perinatal processes that need to be improved and quickly adopting best practices to achieve the common aims. The focus areas include maternal Opioid Use Disorder (OUD), Neonatal Abstinence Syndrome (NAS), contraceptive care, maternal depression and severe hypertension. See their website: **<https://www.whamglobal.org/papqc>** for more details.

RESOURCES

Baby Partners Program: hplans.com/BabyPartners

Healthier YOU Fitness Membership to YMCA: hplans.com/fitness

Pharmacy Formulary: hplans.com/formulary

PA Free Quitline: 1-800-QUIT-NOW (784-8669) or 1-855-DÉJELO-YA (335-3569)

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 HPP's Baby Partners program by calling **(215-967-4690)**.
- If you have urgent concerns about a pregnant HPP member, email the Baby Partners Manager at **ecohen@hpplans.com** or call **215-967-4592**.
- When barriers of care are identified, contact HPP's Baby Partners program for assistance at **215-967-4690** or **askbabypartners@hpplans.com**.
- Provide members with directions about how to access after-hours care.

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

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