



The Maternity Quality Enhancement Program

Improving quality care and health outcomes

2024



8040 Carlson Road, Suite 500
Harrisburg, PA 17112

Dear AmeriHealth Caritas Pennsylvania Provider:

To support your efforts in providing high-quality maternity care, the Maternity Quality Enhancement Program (MQEP) was introduced as a unique compensation program that provides practices with incentives for providing timely prenatal and postpartum care. The MQEP's reimbursement system was developed for participating obstetricians, midwives, and family practice practitioners to deliver high-quality, cost-effective, and timely care to our pregnant members.

AmeriHealth Caritas Pennsylvania will work with your practice so you can maximize your revenue while providing quality and cost-effective care to our members.

Thank you for your continued participation in our network and for your commitment to our members. If you have any questions, please contact your Provider Account Executive.

Sincerely,

Michael J. Baer, MD, CPC

Michael Baer, MD, CPC
Plan Medical Director

Steve Orndorff

Stephen E. Orndorff
Director
Provider Network Management

Coverage by AmeriHealth First.

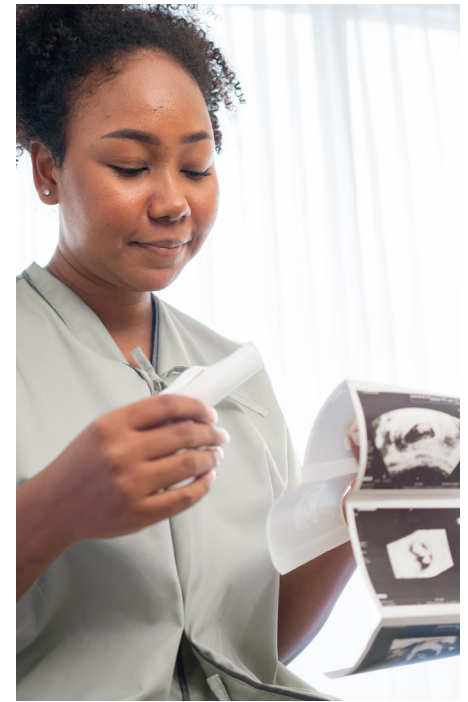
www.amerihealthcaritaspa.com

Introduction

The Maternity Quality Enhancement Program (MQEP) is a unique reimbursement system developed by AmeriHealth Caritas Pennsylvania (the Plan) for participating obstetricians, midwives, and family practice practitioners who provide obstetric care.

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

The MQEP provides financial incentives over and above the Provider group's base compensation for prenatal and postpartum care service. Incentive payments are not based on individual Provider performance, but rather the performance of the overall practice in providing comprehensive prenatal and postpartum care services in accordance with quality metrics outlined in the MQEP.



Program eligibility

Practices must meet the minimum live-birth delivery criteria listed below to be eligible for program participation.

Program overview

Providers must manage a minimum of 30 deliveries for the first payment cycle and 40 deliveries for the second, third, and fourth payment cycles.

Quality performance is the determinant of the additional compensation. The incentive payment is based on the completion of the quality measures for women who have delivered and received the quality measures. These measures are based upon services rendered during the reporting period and require accurate and complete encounter and clinical reporting.

Payment will be made according to the schedule in the table below.

Payment cycle	Deliveries	Claims paid through	Payment date
1	30	June 30, 2024	September 1, 2024
2	40	September 30, 2024	December 1, 2024
3	40	December 31, 2024	March 1, 2025
4	40	March 31, 2025	June 1, 2025

Quality Performance

The quality performance measures were selected based on national and state areas of focus and predicated on AmeriHealth Caritas Pennsylvania's Preventive Health Guidelines and other established clinical guidelines.

These measures are based upon services rendered during the reporting period and require accurate and complete encounter reporting.



1. Prenatal Care First Trimester — Providers will receive credit for the prenatal visit if the member receives the visit in the first trimester or within 42 days of enrollment with AmeriHealth Caritas Pennsylvania.

- Eligible members: No specific age.
- Continuous enrollment: 43 days prior to delivery through 60 days after delivery.
- Allowable gap: No allowable gap during the continuous enrollment period.
- Measure description: The percentage of live-birth deliveries in the measurement period that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the Plan.

2. Postpartum Care — Providers will receive credit for the postpartum care if the identified birthing member receives the visit on or between 7 and 84 days after delivery.

- Eligible members: No specific age.
- Continuous enrollment: 43 days prior to delivery through 60 days after delivery.
- Allowable gap: No allowable gap during the continuous enrollment period.
- Anchor date: Date of delivery.
- Measure description: The percentage of live-birth deliveries in the measurement period that received a postpartum visit on or between 7 to 84 days after delivery.

Overall practice score calculation

Results will be calculated for each of the quality performance measures for each practice and then aggregated for a total score for both measures. Relative scaling at 5% intervals begins with the 50th percentile up to the 95th percentile; the aggregate score for the measures is compared to peers.

Overall practice scores will be calculated as the ratio of members who received the services as evidenced by claim and/or encounter information (numerator) to those members who were eligible to receive the services based upon the definitions (denominator). This score will then be compared to peers to determine the percentile ranking.

CPT II code electronic submission

Claims submitted electronically containing a diagnosis related to pregnancy with any of the following eligible CPT II codes will be reimbursed according to the fees set forth below:



CPT II code	Description	Rate
0500F	Initial prenatal visit	\$10
0502F	Subsequent prenatal care	\$10
0503F	Postpartum care visit	\$10
3725F	Depression screening	\$10

Health equity component

OB/GYN groups at the 65th percentile rank or higher when compared to their peers will be awarded an additional increase in their total earned per delivery payment with regard to the following measures for their African American population: prenatal care first trimester and postpartum care. This component will be paid during the fourth and final cycle of the 2024 program year.

Obstetrical Needs Assessment Form (ONAF) Component

OB/GYN groups will be incentivized and paid at the contracted rate for the timely and accurate electronic submission of their members' complete series of the ONAF forms via the Optum OB Care website and are required to complete the following series:

1. **Initial:** Within seven business days of the initial prenatal visit (prenatal visit should be performed in the first trimester or within 42 days of enrollment to Plan).
2. **Third trimester:** Again at the 28 – 32 week visit, updating all areas as needed and adding dates of additional prenatal visits throughout pregnancy.
3. **Post-delivery:** The postpartum visit (within seven – 84 days of delivery) with all postpartum information and any additional visit dates as needed.

This incentive will be paid during the fourth and final cycle of the program year.

Provider appeal of ranking determination

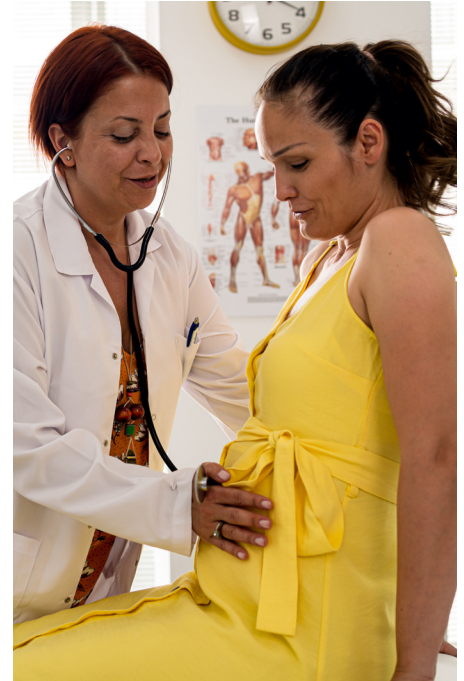
If a Provider wishes to appeal their percentile ranking on any or all incentive components, this appeal must be in writing.

The written appeal must be addressed to the AmeriHealth Caritas Pennsylvania Market Chief Medical Officer and specify the basis for the appeal.

The appeal must be submitted within 60 days of receiving the overall ranking from AmeriHealth Caritas Pennsylvania.

The appeal will be forwarded to the AmeriHealth Caritas Pennsylvania MQEP Review Committee for review and determination.

If the MQEP Review Committee determines that a ranking correction is warranted, an adjustment will appear on the next payment cycle following committee approval.





AmeriHealth Caritas™

Pennsylvania

Coverage by AmeriHealth First.

Our Mission

We help people get care, stay well,
and build healthy communities.

We have a special concern for those
who are poor.

Our Values

Advocacy	Dignity
Care of the Poor	Diversity
Compassion	Hospitality
Competence	Stewardship



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