The Maternity Quality Enhancement Program
Improving quality care and health outcomes
2019
Dear AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast Provider:

The Maternity Quality Enhancement Program (MQEP) was established to support our providers in their efforts to provide quality maternity care to our members. The MQEP reimbursement system was developed for participating obstetricians, midwives, and family practice practitioners for their delivery of high-quality, cost-effective, and timely prenatal and postpartum care.

We are excited about this program and 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,

Gaspere C. Geraci, M.D.
Market Chief Medical Officer

Stephen E. Orndorff
Director, Provider Network Management
Introduction

The Maternity Quality Enhancement Program (MQEP) is a reimbursement system developed by AmeriHealth Caritas Pennsylvania and AmeriHealth Caritas Northeast (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 20 deliveries for the first payment cycle, 30 deliveries for the second payment cycle, and 40 deliveries for the 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 on 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.

<table>
<thead>
<tr>
<th>Payment cycle</th>
<th>Deliveries</th>
<th>Claims paid through</th>
<th>Payment date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20</td>
<td>June 30, 2019</td>
<td>September 1, 2019</td>
</tr>
<tr>
<td>2</td>
<td>30</td>
<td>September 30, 2019</td>
<td>December 1, 2019</td>
</tr>
<tr>
<td>3</td>
<td>40</td>
<td>December 31, 2019</td>
<td>March 1, 2020</td>
</tr>
<tr>
<td>4</td>
<td>40</td>
<td>March 31, 2020</td>
<td>June 1, 2020</td>
</tr>
</tbody>
</table>
1. Quality Performance

The Quality Performance measures were selected based on national and state areas of focus and predicated on the Plan’s Preventive Health Guidelines and other established clinical guidelines.

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

1. **Prenatal Care 1st 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 the Plan.
   - Eligible members: No specific age.
   - Continuous enrollment: 43 days prior to delivery through 56 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. **Frequency of Ongoing Prenatal Care (FPC ≥81%)** — Providers will receive credit for the frequency measures if the member receives the expected amount of visits as established in the table on the next page and in the qualifying time frame.
   - Eligible members: No specific age.
   - Continuous enrollment: 43 days prior to delivery through 56 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 ≥81 percent of expected visits.

3. **Postpartum Care** — Providers will receive credit for the postpartum care if the identified birthing member receives the visit on or between 21 and 56 days after delivery.
   - Eligible members: No specific age.
   - Continuous enrollment: 43 days prior to delivery through 56 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 21 and 56 days after delivery.
Table FPC-A: Expected number of prenatal care visits for a given gestational age and month member enrolled in the organization

<table>
<thead>
<tr>
<th>Gestational age in weeks</th>
<th>0–1st month</th>
<th>2nd month</th>
<th>3rd month</th>
<th>4th month</th>
<th>5th month</th>
<th>6th month</th>
<th>7th month</th>
<th>8th month</th>
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<tr>
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<td>13</td>
<td>11</td>
<td>10</td>
<td>9</td>
<td>7</td>
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</tbody>
</table>

*Members who enroll during their ninth month of pregnancy would not be eligible for this measure, given the continuous enrollment criterion of 43 days prior to delivery through 56 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 all three measures. Relative scaling at 5 percent 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. See sample report card below.
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:

<table>
<thead>
<tr>
<th>CPT II code</th>
<th>Description</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>0500F</td>
<td>Initial prenatal visit</td>
<td>$10</td>
</tr>
<tr>
<td>0502F</td>
<td>Subsequent prenatal care</td>
<td>$10</td>
</tr>
<tr>
<td>0503F</td>
<td>Postpartum care visit</td>
<td>$10</td>
</tr>
<tr>
<td>3725F</td>
<td>Depression screening</td>
<td>$10</td>
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</table>

Provider appeal of ranking determination

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

The written appeal must be addressed to the Plan’s 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 us.

The appeal will be forwarded to our 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.

Important notes and conditions

1. The sum of incentive payments will not exceed 33 percent of the total compensation for medical and administrative services.

2. The quality performance measures are subject to change at any time upon written notification. We will continuously improve and enhance our quality management and quality assessment systems. As a result, new quality variables may be periodically added, and criteria for existing quality variables may be modified.

3. For computational and administrative ease, no retroactive adjustments will be made to incentive payments.

4. Percentile rankings and scores are used solely and exclusively for the MQEP.
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

AmeriHealth Caritas Pennsylvania

AmeriHealth Caritas Northeast

www.amerihealthcaritaspa.com  www.amerihealthcaritasnortheast.com