



Maternity Quality Care Plus

An Incentive Program for Maternity Care Practitioners | 2025 Edition



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 2025 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: Health Partners Plans Medicaid, Health Partners Plans CHIP, Jefferson Health Plans Medicare Advantage, and/or Jefferson Health Plans 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 Health Partners Plans 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

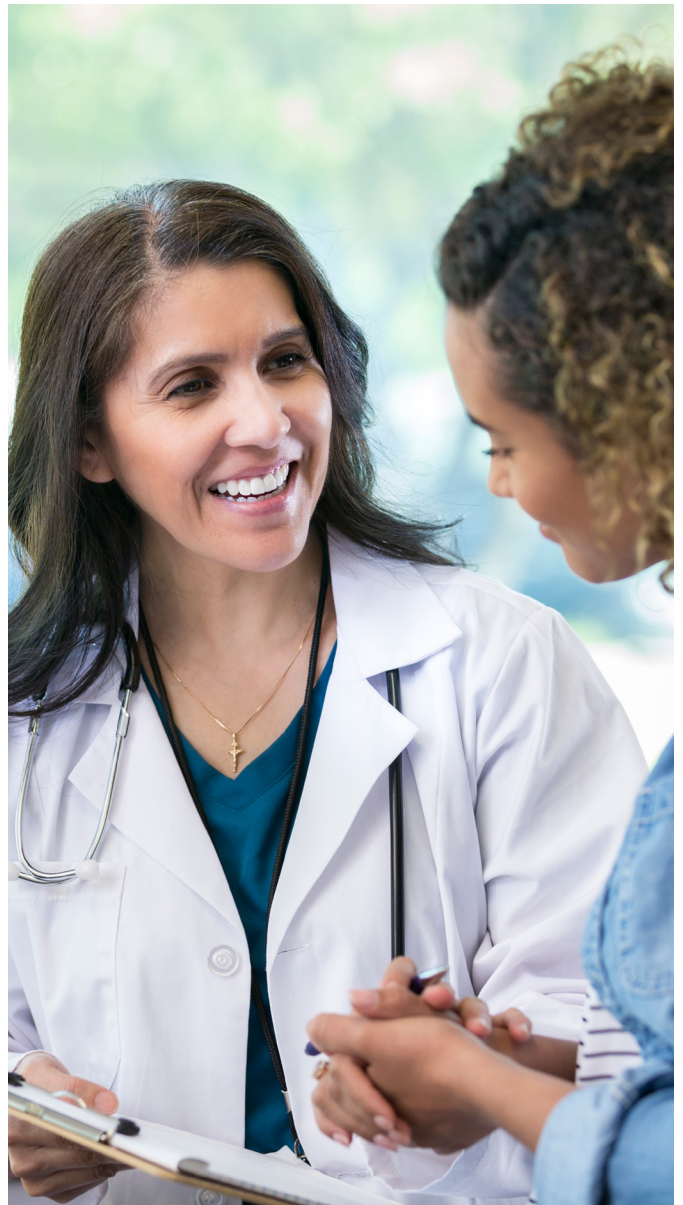
There are **two** incentive opportunities that are based on HEDIS criteria.

1. Timeliness of first prenatal visit:

The percentage of deliveries that received a prenatal care visit as a Health Partners Plans 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 2025 for their African American population.

2. Postpartum care:

The percentage of Health Partners Plans 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 2025 for their African American 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 Health Partners Plans 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 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 2025 recalculation:

Measurement period from January 1, 2024 to December 31, 2024

April 2026 recalculation:

Measurement period from January 1, 2025 to December 31, 2025

April 2025 recalculation will impact payments from May 2025 – April 2026.

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. Practice groups 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 practice composition affect your MQCP program eligibility and incentive payments.

Practice Scenario	Scoring and Payment Impact
Practice Merger – Same TIN	Practice groups that close and transfer the full membership to another site within the same TIN will continue to receive the same MQCP bonus payments as prior to practice group closure.
Practice Merger – Different TIN	Practice groups that close and transfer the full membership to a different TIN but primary care physicians remain the same and continue to follow membership will continue to receive the same MQCP bonus payments as prior to practice group closure.
Practice Closure	Practice group locations that close and transfer membership to multiple practice groups and/or multiple TINs will be excluded from the MQCP bonus.

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Practice Scenario	Scoring and Payment Impact
<p align="center">Panel Closure</p>	<p>Practice groups that voluntarily close their panel permanently will no longer be eligible for MQCP reimbursement.</p> <p>Health Partners Plans may allow select high-performing practice groups that request to temporarily close their panels to remain in the program with a 50% deduction to the practice group's total MQCP reimbursement.</p> <p>If during the payment period the practice group(s) decide to re-open their panel, full MQCP reimbursement will be reinstated upon notification. Retroactive payment will not be considered for the months the panel closure was in place.</p>
<p align="center">Termination of Provider Agreement</p>	<p>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.</p>
<p align="center">Participation in Value-Based Contract</p>	<p>Currently, a practice group is eligible to participate in a value-based contract in addition to the MQCP program.</p>

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

Benchmarks for January 1 through December 31, 2025

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 Plans Medicaid.

Tier Category	2024 Benchmark	2024 PMPM	2025 Benchmark	2025 PMPM
<p align="center">Tier 1</p>	<p align="center">88.00%</p>	<p align="center">\$15</p>	<p align="center">88.00%</p>	<p align="center">\$15</p>
<p align="center">Tier 2</p>	<p align="center">92.00%</p>	<p align="center">\$25</p>	<p align="center">92.00%</p>	<p align="center">\$25</p>

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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	2024 Benchmark	2024 PMPM	2025 Benchmark	2025 PMPM
Tier 1	80.00%	\$15	82.00%	\$15
Tier 2	85.00%	\$25	87.00%	\$25

Improvement Incentive

An improvement incentive will continue to be offered to practices that achieve a 5% improvement compared to their own baseline rate (MY 2024) for both the Timeliness of Prenatal Care and Postpartum Care measures. Practices are eligible to earn a \$5 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 2024) to be eligible for the improvement incentive.

Improvement Rate	PMPM
Less than 5% over baseline in both measures	\$0
5% improvement over baseline in one measure	\$5
5% improvement over baseline in both measures	\$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 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	2025 Benchmarks		2025 PMPM	
	Tier 1	Tier 2	Tier 1	Tier 2
Prenatal	88.00%	92.00%	\$5.00	\$10.00
Postpartum	82.00%	87.00%	\$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)

Health Partners Plans 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
Z55.8	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

Problems related to housing and economic circumstances (Z59)	
Z59.00	Homelessness unspecified
Z59.01	Sheltered homelessness
Z59.02	Unsheltered homelessness
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
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)
Z59.9	Problem related to housing and economic circumstances, unspecified
Insufficient social insurance and welfare support (Z59.7)	
Z59.71	Insufficient health insurance coverage
Z59.72	Insufficient welfare support
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
Z62.819	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

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 April 2025. The April 2025 recalculation will include the measurement period from January 1, 2024 through December 31, 2024, that will impact the payment period May 2025 to April 2026. Since most of the measures depend on claims data, the measure calculations will incorporate any data received by February 15 for the April 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 Health Partners Plans 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?

Health Partners Plans has partnered with vybe urgent care to offer postpartum visits to members who need more flexibility in scheduling. vybe has 15 locations conveniently located throughout 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 Health Partners Plans 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.

Member Rewards Program

Encouraging members to take an active role in managing their own health through additional benefits and incentive programs are an effective way to encourage healthy lifestyles to our members. Health Partners Plans Medicaid members are automatically enrolled in the member rewards programs. Members will receive an automated phone message when Health Partners Plans confirms the reward activity was completed. Members will need to verify mailing address prior to sending the reward.

Our Health Partners Plans Medicaid members can earn rewards for completing certain prenatal and postpartum visits. To learn more about the rewards we offer to our members, visit hpplans.com/rewards.

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 Health Partners Plans Medicaid member, email the Baby Partners Manager at mtrafrican@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/cuff. All pregnant and postpartum Health Partners Plans 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](https://www.JeffersonHealthPlans.com)

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Health Partners Plans, Inc. (HPP), uses Jefferson Health Plans as the marketing name for some of its lines of business. Current lines of business are: Jefferson Health Plans Individual and Family Plans, Jefferson Health Plans Medicare Advantage, Health Partners Plans Medicaid, and Health Partners Plans CHIP. All communications will specify the impacted line of business within the content of the message.