



**State Medicaid/CHIP Quality Metrics and Performance-Based Incentives for Women’s Health Services to Improve Birth Outcomes
50 State Environmental Scan - June 2017**



State Medicaid Performance Measures, Improvement Projects, & Incentives Promoting Women’s Health Services

State	Early Elective/Low Risk Cesarean Deliveries	BMI Screening/Weight Control Among Pregnant Women	STI Screening/Treatment	Controlling High Blood Pressure Among Pregnant Women	Postpartum Care	Frequency of Ongoing Prenatal Care	Timeliness of Prenatal Care/Early Prenatal Care Entry	Dental Services for Pregnant Women	Well Woman Visit	Diabetes Screening for Pregnant Women/Gestational Diabetes	Smoking Cessation Among Pregnant Women	Contraceptive Use (LARC/Other)	Behavioral Health Risk Assessment (BHRA) for Pregnant Women / Depression Screening	Domestic Violence Screening for Pregnant Women	Alcohol/Opioid/Substance Use Screening for Pregnant Women
*Alabama ¹	X		X (CH)		X	X	X								
*Alaska			X (CH)												
Arizona ²			X (CH)		X		X								
*Arkansas ³	X (episode of care)		X (CH, HIV, HPB, episode of care) ⁴		X					X (episode of care)					
*California	X	X (overweight/obesity) ⁵	X (CH) ⁶	X ⁷	X (PIP ⁸)	X	X (PIP ⁹)			X ¹⁰	X	X ¹¹	X (Postpartum depression)		X (Substance use) ¹²
Colorado ¹³	X		X (CH)		X ¹⁴		X				X ¹⁵		X (Postpartum depression ¹⁶)		
*Connecticut			X (CH)	X	X (PIP ¹⁷)	X (PIP ¹⁸)	X (PIP ¹⁹)	X (Not specified)	X						
*Delaware	X	X	X (CH & HIV)	X	X	X	X		X	X	X	X	X (BHRA)	X	X (Not specified)
*District of Columbia			X (CH)		X	X	X						X (Not specified)	X	X (Not specified)
*Florida			X (CH) ²⁰		X ²¹	X ²²	X ²³ (PIP)								
*Georgia ²⁴	X		X (CH)		X ²⁵ (PIP ²⁶)	X	X		X				X (BHRA)		
Hawaii			X (CH)		X	X	X								
Idaho					X										
*Illinois			X (CH) ²⁷		X (PIP ²⁸)	X ²⁹	X ³⁰	X (Preventative & restorative)			X ³¹		X ³² (Depression screening)		
*Indiana			X (CH)		X	X	X								
*Iowa	X		X (CH)		X	X	X					X	X (BHRA)		
*Kansas			X (CH & HPV)		X	X	X								
*Kentucky ³³			X (CH)		X (PIP, MCO incentive)	X (PIP, MCO incentive)	X				X ³⁴				
Louisiana	X		X (CH)		X	X	X								
*Maine ³⁵															
*Maryland			X (CH) ³⁶		X ³⁷	X ³⁸	X ³⁹	X ⁴⁰ (Preventative & restorative)			X				
*Massachusetts	X (PIP, Hospital P4P ⁴¹)		X (CH)	X	X (PIP ⁴²)	X ⁴³ (PIP)	X			X		X (PIP ⁴⁴)			



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*Michigan	X		X (CH) ⁴⁵		X (PIP ⁴⁶)	X ⁴⁷	X(PIP ⁴⁸)					X			
*Minnesota			X (CH PIP)		X								X (Postpartum depression) ⁴⁹		
*Mississippi	X		X (CH)		X	X	X		X		X	X			
Missouri			X (CH)		X		X								
*Montana			X (CH)		X										
*Nebraska	X				X				X						
*Nevada					X	X									
New Hampshire	X				X		X (PIP ⁵⁰)								
*New Jersey			X (CH) ⁵¹		X ⁵²	X ⁵³	X ⁵⁴	X (PIP ⁵⁵)							
*New Mexico			X (CH)		X (PIP ⁵⁶)	X (PIP ⁵⁷)	X								
New York	X		X (CH)		X	X	X						X (BHRA)		
North Carolina ⁵⁸	X (PMH)				X (PMH incentive)						X (PMH)			X (PMH)	
North Dakota															
*Ohio ^{59 60}	X (PIP ⁶¹)		X (HIV, CH, episode-based payment)		X (MCO incentive, CPC episode-based payment)	X (episode of care)	X (MCO incentive, CPC ⁶² , episode-based payment)			X (PIP ⁶³ , episode-based payment)	X (PIP ⁶⁴)				X (Opioid PIP ⁶⁵)
*Oklahoma			X (CH)		X	X	X								
Oregon ^{66 67}	X		X (CH)		X (PIP ⁶⁸)		X ^{69 70} (PIP, CCO incentive)	X (PIP ⁷¹)				X (CCO incentive ⁷²)	X (BHRA PIP ⁷³)		X (Substance use PIP ⁷⁴)
Pennsylvania ⁷⁵	X		X (CH)		X	X	X				X ⁷⁶		X(BHRA) ⁷⁷	X ⁷⁸	X (Alcohol & Illicit Drug) ⁷⁹
*Rhode Island	X		X (CH PIP)		X	X	X								
*South Carolina ⁸⁰	X				X	X	X				X	X	X (BHRA)	X	X (Alcohol & Opioid)
South Dakota															
*Tennessee			X (HIV ⁸¹ , CH, HPB ⁸² , perinatal episode)		X ⁸³	X	X			X ⁸⁴ (perinatal episode)					
Texas			X (CH) ⁸⁵		X ⁸⁶ (PIP ⁸⁷)	X	X ⁸⁸								
Utah															
*Vermont			X (CH)		X ⁸⁹		X ⁹⁰					X			
*Virginia					X	X	X ⁹¹	X (Preventative and restorative) ⁹²							
*Washington	X		X (CH)	X	X	X	X					X			X (Alcohol use)



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*West Virginia	X		X (CH)		X (PIP ⁹³)	X (PIP ⁹⁴)	X				X ⁹⁵	X	X (Postpartum depression)		
*Wisconsin	X (Hospital P4P) ⁹⁶				X (PIP, HMO P4P) ⁹⁷	X	X (PIP, HMO P4P) ⁹⁸				X ⁹⁹		X (Postpartum depression)		
*Wyoming			X (Not specified)		X	X	X	X (Not specified)			X	X			X (Not specified)
Total	23	2	39	5	46	34	39	7	5	6	14	12	14	5	9

Acknowledgement:

This chart is a joint publication of the National Academy for State Health Policy (NASHP) and the National Institute for Children’s Health Quality (NICHQ). This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) (under grant # UF3MC26524, Providing Support for the Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality, \$2,918,909, no NGO sources).

Sources:

2015 Annual Report on the Quality of Care for Children in Medicaid and CHIP, <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2015-child-sec-rept.pdf>; 2015 Annual Report on the Quality of Care for Adults in Medicaid, <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2015-adult-sec-rept.pdf>; 2016 Perinatal Care in Medicaid and CHIP, <https://www.medicaid.gov/medicaid/quality-of-care/downloads/secretarys-report-perinatal-excerpt.pdf>

Additional Information:

*The Information NASHP compiled about this state was reported or confirmed by the State’s Medicaid Agency. The information NASHP compiled about the following states has not yet been confirmed by the State’s Medicaid agency: Arizona, Colorado, Hawaii, Idaho, Louisiana, Missouri, New Hampshire, New York, North Carolina, North Dakota, Oregon, Pennsylvania, South Dakota, Texas, Utah. NASHP did not identify information from available resources for the following states: North Dakota, South Dakota, and Utah.

The measures in this chart represent: CMS Adult Core Set¹⁰⁰ (Elective Delivery, Contraceptive Care, and STI Screening/Treatment, Chlamydia Screening in Women); HEDIS Quality Measures¹⁰¹ (Postpartum Care, Frequency of Ongoing Prenatal Care, and Timeliness of Prenatal Care/Early Prenatal Care Entry); a state specific measure¹⁰² (Diabetes Screening for Pregnant Women/Gestational Diabetes); and CMS Child Core Set¹⁰³ (Contraceptive Care and Behavioral Health Risk Assessment for Pregnant Women).

Title V Programs track several related measures using alternate (non-Medicaid) data: HRSA National Performance Measures¹⁰⁴ (Dental Services for Pregnant Women and Well Woman Visit) and a HRSA National Outcome Measure¹⁰⁵ (Alcohol Use During Pregnancy).

Endnotes

¹ AL: Evaluates key performance measures (e.g., postpartum care, frequency of ongoing prenatal care, and timeliness of prenatal care/early prenatal care entry) for pregnant women once their Regional Care Organizations are implemented in October 2017.
² AZ: CYE 2017 Performance Measure Crosswalk, https://www.azahcccs.gov/resources/Downloads/PerformanceMeasures/CYE2017_PerformanceMeasureCrosswalk.pdf
³ AR: Episode of Care: Perinatal Care Episode Design Summary 2017, <http://www.paymentinitiative.org/episodesOfCare/Documents/Episode%20Design%20Summary%20-%20PERINATAL%20-%202017-01-17.pdf>
⁴ AR: In the perinatal episode of care, a minimum threshold of 80% of episodes must include HIV screening and chlamydia screening to be linked to gain sharing eligibility for the Principal Accountable Provider.
⁵ CA: 2011 Medi-Cal Birth Statistics http://www.dhcs.ca.gov/dataandstats/statistics/Documents/22_Birth_Report_2011.pdf

KEY:	ACC= Accountable Care Collaborative	BMI = Body Mass Index	CCO = Coordinated Care Organization	CH = Chlamydia	CPC = Comprehensive Primary Care	HIV = Human Immunodeficiency Virus	HMO = Health Maintenance Organization
	HPB = Hepatitis B	LARC = Long Acting Reversible Contraceptives	MCO = Managed Care Organization	PIP = Performance Improvement Project	PMH = Pregnancy Medical Home	P4P = Pay-For-Performance	STI = Sexually Transmitted Infection



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- ⁶ CA: Medi-Cal Managed Care Health Plans Chlamydia Screening in Women and Data Validation Study, http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/Studies_Quality_Strategy/Chlamydia_Study_CA.pdf and DHCS Strategy for Quality Improvement in Health Care 2016, http://www.dhcs.ca.gov/services/Documents/DHCS_Quality_Strategy_2016.pdf
- ⁷ CA: 2011 Medi-Cal Birth Statistics http://www.dhcs.ca.gov/dataandstats/statistics/Documents/22_Birth_Report_2011.pdf
- ⁸ CA: Nine health plans conducted PIPs on the topic of timely postpartum visit care in 2015. The Community Health Group Partnership Plan offers members a \$25 incentive gift card for completing a postpartum visit during required time frame. California Department of Health Care Services Medi-Cal Managed Care Quality Strategy Comprehensive Review October 2016, http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/Studies_Quality_Strategy/QualityStrategyRpt_2016.pdf
- ⁹ CA: PIP aims to improve timeliness of prenatal and postpartum care. Prenatal and Postpartum Care—Timeliness of Prenatal Care, <http://www.dhcs.ca.gov/dataandstats/Pages/PrenatalandPostpartumCare.aspx>
- ¹⁰ CA: 2011 Medi-Cal Birth Statistics http://www.dhcs.ca.gov/dataandstats/statistics/Documents/22_Birth_Report_2011.pdf
- ¹¹ CA: DHCS Strategy for Quality Improvement in Health Care 2016, http://www.dhcs.ca.gov/services/Documents/DHCS_Quality_Strategy_2016.pdf
- ¹² CA: Maternity Care in California: Delivering the Data, 2016, <http://www.chcf.org/~media/MEDIA%20LIBRARY%20FILES/PDF/PDF%20M/PDF%20MaternityCareCalifornia2016.pdf>
- ¹³ CO: Colorado Medicaid Health Specific Measures 2016 Data Report, <https://www.colorado.gov/pacific/sites/default/files/2016%20QHI%20Data%20Report.pdf>
- ¹⁴ CO: Incentive measure for postpartum follow up care was introduced in 2014; measures the percentage of eligible members who had an outpatient postpartum visit following a live birth. RCCOs and Primary Care Medical Providers (PCMPs) can earn back the withheld money from Medicaid (\$1 per member per month) by performing well on Key Performance Indicators. A RCCO must perform well enough to qualify for the incentive in order for a PCMP to receive an incentive payment. ACC Annual Report 2015, <https://www.colorado.gov/pacific/sites/default/files/Supporting%20a%20Culture%20of%20Coverage%20Accountable%20Care%20Collaborative%202014-15%20Annual%20Report.pdf>
- ¹⁵ CO: Health First Colorado's (Medicaid) Prenatal Plus Program is a prenatal service program for high-risk pregnant women. Medicaid collects data on enrollees' amount of smoking in the first and last trimesters of pregnancy.
- ¹⁶ CO: Medicaid Maternal Health, <https://www.colorado.gov/pacific/sites/default/files/Medicaid%20Maternal%20Health.pdf>
- ¹⁷ CT: Amerigroup's PIP aimed to increase the number of new mothers that had a postpartum visit on or before 21 and 56 days after delivery. Connecticut Performance Improvement Projects Status Report 2011, https://www.cga.ct.gov/med/council/2011/0114/20110114ATTACH_AmeriChoice%20PIPs%20Presentation.pdf
- ¹⁸ CT: Amerigroup's PIP aimed to increase the percentage of mothers who had greater than 81% of expected prenatal visits. Connecticut Performance Improvement Projects Status Report 2011, https://www.cga.ct.gov/med/council/2011/0114/20110114ATTACH_AmeriChoice%20PIPs%20Presentation.pdf
- ¹⁹ CT: Amerigroup's PIP aimed to increase the percentage of pregnant members who received a prenatal care visit in the first trimester, or within 42 days of enrollment into the health plan. Connecticut Performance Improvement Projects Status Report 2011, https://www.cga.ct.gov/med/council/2011/0114/20110114ATTACH_AmeriChoice%20PIPs%20Presentation.pdf
- ²⁰ FL: 2017 Comprehensive Quality Strategy, http://www.fdhc.state.fl.us/medicaid/Policy_and_Quality/Quality/docs/CQS_Final_Draft_2017_03-02-2017.pdf
- ²¹ FL: Health plans are required to report on the postpartum care HEDIS measure and implement validated PIPs on this topic. Additionally, in order to reduce poor birth outcomes, health plans are required to provide prenatal services such as nutrition counseling and tobacco cessation support. 2017 Comprehensive Quality Strategy, http://www.fdhc.state.fl.us/medicaid/Policy_and_Quality/Quality/docs/CQS_Final_Draft_2017_03-02-2017.pdf
- ²² FL: Health plans are required to report on the frequency of prenatal care HEDIS measure and implement validated PIPs on this topic. Additionally, in order to reduce poor birth outcomes, health plans are required to provide prenatal services such as nutrition counseling and tobacco cessation support. 2017 Comprehensive Quality Strategy, http://www.fdhc.state.fl.us/medicaid/Policy_and_Quality/Quality/docs/CQS_Final_Draft_2017_03-02-2017.pdf
- ²³ FL: Health plans are required to report on the timeliness of prenatal care HEDIS measure and implement validated PIPs on this topic. Additionally, in order to reduce poor birth outcomes, health plans are required to provide prenatal services such as nutrition counseling and tobacco cessation support. 2017 Comprehensive Quality Strategy, http://www.fdhc.state.fl.us/medicaid/Policy_and_Quality/Quality/docs/CQS_Final_Draft_2017_03-02-2017.pdf
- ²⁴ GA: Georgia Department of Community Health Quality Strategy 2016, <https://dch.georgia.gov/sites/dch.georgia.gov/files/2016-Quality-Strategic-Plan-Final-6.17.16.pdf>
- ²⁵ GA: To improve member outreach and education, one Care Management Organization (CMO) implemented the following: reminder calls for scheduled postpartum appointments; provided members an incentive for completing a timely visit; and a "maternity rewards program" where members could select a stroller or play yard after completing of a timely postpartum visit. Member outreach was facilitated by OB social workers.
- ²⁶ GA: In 2015, three CMOs ([Amerigroup Community Care](#), [Peach State Health Plan](#), and [WellCare of Georgia Inc.](#)) implemented PIPs to improve postpartum visit rates.
- ²⁷ IL: CHIPRA Core Set of Children's Health Care Quality Measures for Medicaid and CHIP: Illinois' Performance CY 2009-2012, <https://www.illinois.gov/hfs/SiteCollectionDocuments/20092012CHIPRADatabook.pdf>
- ²⁸ IL: The primary aim of the PIP is to improve the timeliness of prenatal care and postpartum care. A secondary aim is to improve the percentage of women who are screened for depression and receive the appropriate treatment during the prenatal and/or postpartum period. To improve member outreach, a MCO conducted hospital discharge follow-up calls to assist women with scheduling a postpartum visit and arrange transportation. 2015 Annual Report on the Quality of Care for Children in Medicaid and CHIP, <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2015-child-sec-rept.pdf>
- ²⁹ IL: CHIPRA Core Set of Children's Health Care Quality Measures for Medicaid and CHIP: Illinois' Performance CY 2009-2012, <https://www.illinois.gov/hfs/SiteCollectionDocuments/20092012CHIPRADatabook.pdf>
- ³⁰ IL: The primary aim of the PIP is to improve the timeliness of prenatal care and postpartum care. A secondary aim is to improve the percentage of women who are screened for depression and receive the appropriate treatment during the prenatal and/or postpartum period. MCOs also implemented incentive programs to increase the number of prenatal visits, such as gift cards, coupons for a free baby photo, and a rewards program for participants who completed the recommended number of visits. Two MCOs implemented a provider incentive program that paid providers for notifying the MCO of pregnant members. 2015 Annual Report on the Quality of Care for Children in Medicaid and CHIP, <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2015-child-sec-rept.pdf>
- ³¹ IL: Tobacco Cessation Counseling Services and Pharmacotherapy for pregnant and postpartum women age 21 and over, and children through age 20, <https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn140826a.aspx>
- ³² IL: MCOs implemented an educational intervention for providers on the importance of depression screening for pregnant members.
- ³³ KY: Kentucky currently has 4 PIPs on postpartum care and a state specific performance measure on Prenatal and Postpartum Risk Assessment and Education/Counseling. All 5 MCOs report HEDIS measures including: Breast Cancer Screening, Cervical Cancer Screening, Chlamydia Screening, Timeliness of Prenatal Care, Postpartum Care, Frequency of Prenatal Care, Maternity Discharges/1000MM, OBGYN Board Certification, Weeks of Pregnancy at Time of Enrollment, and Non-Recommended Cervical Cancer Screening. KY offers member screening incentives, gift cards for prenatal rewards, cribs, diaper bags, car seats and free baby showers, and MCO incentives related to prenatal care.
- ³⁴ KY: The Department of Medicaid Services conducted a study on prenatal smoking to assess smoking prevalence among the Medicaid Managed Care population and evaluate prenatal and postpartum interventions. Commonwealth of Kentucky Department for Medicaid Services Division of Program Quality and Outcomes Focused Study: Prenatal Smoking, http://chfs.ky.gov/NR/rdonlyres/5C8A00D0-F72D-4756-9BCA-4CD56B103B61/0/KY_Prenatal_Smoking_Study_Final71216.pdf
- ³⁵ ME: The state is not tracking or reporting this information.
- ³⁶ MD: Statewide Executive Summary Health Choice Participating Organizations HEDIS 2015, <https://mmcp.dhmf.maryland.gov/healthchoice/Documents/DHMH%202015%20HEDIS%20Executive%20Summary%20Report.pdf>
- ³⁷ MD: Statewide Executive Summary Health Choice Participating Organizations HEDIS 2015, <https://mmcp.dhmf.maryland.gov/healthchoice/Documents/DHMH%202015%20HEDIS%20Executive%20Summary%20Report.pdf>



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- ³⁸ MD: Statewide Executive Summary Health Choice Participating Organizations HEDIS 2015, <https://mmcp.dhmm.maryland.gov/healthchoice/Documents/DHMH%202015%20HEDIS%20Executive%20Summary%20Report.pdf>
- ³⁹ MD: Statewide Executive Summary Health Choice Participating Organizations HEDIS 2015, <https://mmcp.dhmm.maryland.gov/healthchoice/Documents/DHMH%202015%20HEDIS%20Executive%20Summary%20Report.pdf>
- ⁴⁰ MD: 2015 Annual Oral Health Legislative Report, <http://phpa.dhmm.maryland.gov/oralhealth/Documents/2015LegislativeReport.pdf>
- ⁴¹ MA: Elective delivery is included as a quality metric in the MassHealth Acute Hospital Pay for Performance Program. Performance on the quality measures in the P4P program impacts a portion of hospital payments.
- ⁴² MA: MassHealth requires its contracted MCOs to develop and implement PIPs on selected topics. Currently, MCOs are required to design and implement a PIP to improve postpartum visits.
- ⁴³ MA: To support improvement in prenatal care, MassHealth continues to share information on the availability of Text4Baby (which provides messages encouraging access to timely prenatal care), and is in the process of developing resource sheets for providers to encourage members to access prenatal care services, and to share information with providers on resources for their patients.
- ⁴⁴ MA: PIP aims to increase contraceptive use by women ages 15-44 and contraceptive use postpartum.
- ⁴⁵ MI: 2013-2014 External Quality Review Technical Report for Medicaid Health Plans, http://www.michigan.gov/documents/mdhhs/MI2013-14_PH-MHP_EQR-TR_Sec1-3_F1_552683_7.pdf
- ⁴⁶ MI: Several Michigan Health Plans implemented PIPs to improve postpartum care. To improve performance on HEDIS measures, Meridian Health Plan offers financial incentives to providers for completing a postpartum visit between 21-56 days. 2013-2014 External Quality Review Technical Report for Medicaid Health Plans, http://www.michigan.gov/documents/mdhhs/MI2013-14_PH-MHP_EQR-TR_Sec1-3_F1_552683_7.pdf and Meridian Health Plan Obstetrical Care Bonus Program, <https://corp.mhplan.com/ContentDocuments/default.aspx?x=HLNCAF7d82a716Vcr53yuPVy/2ffa7F3BWfyR47pFPJYvn10onPttYlEtOYHbV14jV62jAQmL7B2Kf1nmMJEa>
- ⁴⁷ MI: To improve performance on HEDIS measures, Meridian Health Plan offers financial incentives to providers for completing prenatal visits. Meridian Health Plan Obstetrical Care Bonus Program, <https://corp.mhplan.com/ContentDocuments/default.aspx?x=HLNCAF7d82a716Vcr53yuPVy/2ffa7F3BWfyR47pFPJYvn10onPttYlEtOYHbV14jV62jAQmL7B2Kf1nmMJEa> and 2013-2014 External Quality Review Technical Report for Medicaid Health Plans, http://www.michigan.gov/documents/mdhhs/MI2013-14_PH-MHP_EQR-TR_Sec1-3_F1_552683_7.pdf
- ⁴⁸ MI: Several Michigan Health Plans implemented PIPs to improve timeliness of prenatal care. 2013-2014 External Quality Review Technical Report for Medicaid Health Plans, http://www.michigan.gov/documents/mdhhs/MI2013-14_PH-MHP_EQR-TR_Sec1-3_F1_552683_7.pdf
- ⁴⁹ MN: Postpartum Depression Screening Quality Improvement Project, <http://www.health.state.mn.us/divs/cfh/topic/pmad/qi.cfm> and Case Study: How Minnesota Uses Medicaid Levers to Address Maternal Depression and Improve Healthy Child Development 2017, <http://nashp.org/wp-content/uploads/2017/03/Minnesota-PPDQIP-Case-Study1.pdf>
- ⁵⁰ NH: PIP aims to improve performance on timeliness of prenatal care.
- ⁵¹ NJ: Division of Medical Assistance and Health Services Quality Strategy 2014, http://www.state.nj.us/humanservices/dmahs/home/MLTSS_Quality_Strategy-CMS.pdf
- ⁵² NJ: Division of Medical Assistance and Health Services Quality Strategy 2014, http://www.state.nj.us/humanservices/dmahs/home/MLTSS_Quality_Strategy-CMS.pdf
- ⁵³ NJ: Division of Medical Assistance and Health Services Quality Strategy 2014, http://www.state.nj.us/humanservices/dmahs/home/MLTSS_Quality_Strategy-CMS.pdf
- ⁵⁴ NJ: Division of Medical Assistance and Health Services Quality Strategy 2014, http://www.state.nj.us/humanservices/dmahs/home/MLTSS_Quality_Strategy-CMS.pdf
- ⁵⁵ NJ: Amerigroup's PIP aims to increase the rate of dental visits in pregnant enrollees.
- ⁵⁶ NM: PIP aims to improve the percentage of women who delivered a live birth who had a postpartum visit on or between 21 and 56 days after delivery.
- ⁵⁷ NM: PIP aims to improve the frequency of prenatal visits to improve birth outcomes.
- ⁵⁸ NC: Community Care of North Carolina Pregnancy Medical Home, <http://www.ccwic.com/pregnancy%20medical%20home.asp>
- ⁵⁹ OH: Introduction to Ohio's Episode-Based Payment Model 2015, <http://www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=effiGhaJYNQ%3D&tabid=226> and Medicaid quality metrics and spend thresholds after inflationary adjustments for performance period 1, 2016 – Perinatal, <http://www.medicaid.ohio.gov/Portals/0/Providers/PaymentInnovation/Threshold/Perinatal-Thresholds.pdf> and Patient Journey, Perinatal Episode, <http://medicaid.ohio.gov/Portals/0/Providers/PaymentInnovation/DEF/Perinatal.pdf>
- ⁶⁰ OH: Difference between Principal Accountable Provider average risk-adjusted episode reimbursement and commendable cost threshold (for a positive incentive) or acceptable cost threshold (negative incentive). State threshold: perinatal rate must have average risk-adjusted perinatal episode cost below \$3210 for positive incentives and Principal Accountable Providers with average episode cost above \$4405 incur negative incentive. Introduction to Ohio's Episode-Based Payment Model 2015, <http://www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=effiGhaJYNQ%3D&tabid=226>
- ⁶¹ OH: PIP aimed to decrease elective deliveries prior to 39 weeks gestation; PIP was active during state fiscal years 2016-2017.
- ⁶² OH: Comprehensive Primary Care (CPC) clinical quality measure, <http://medicaid.ohio.gov/Portals/0/Providers/PaymentInnovation/CPC/qualityMetricSpecs.pdf>
- ⁶³ OH: PIP aims to improve postpartum care among women with gestational diabetes mellitus; PIP will be active during state fiscal year 2018.
- ⁶⁴ OH: PIP aims to reduce smoking among family members during infant's first year of life; PIP will be active during state fiscal year 2018.
- ⁶⁵ OH: PIP aims to improve treatment protocols for opioid addicted pregnant women and infants with neonatal abstinence syndrome; PIP will be active during state fiscal year 2018.
- ⁶⁶ OR: Oregon's Health System Transformation: CCO Metrics 2015 Final Report, <https://www.oregon.gov/oha/Metrics/Documents/2014%20Final%20Report%20-%20June%202015.pdf> and Oregon Health Authority Measure Sets, <http://www.oregon.gov/oha/analytics/CCODData/2017%20Measures.pdf>
- ⁶⁷ OR: To receive incentive payments, a CCO must meet the performance threshold for any 12 of the incentive metrics and have at least 60 percent of their members enrolled in a PCMH (known as a Patient Centered Primary Care Home or PCPCH in Oregon).
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