Attachment K2 – QHP QIS 2 Work Plan – Appropriate Use of C-Sections

According to the World Health Organization, maternal health refers an individual's health during pregnancy, childbirth, and the postpartum period. Covered California is committed to addressing all three phases to provide a comprehensive approach to maternal health. Cesarean sections (C-sections) can be lifesaving, but significant numbers of low-risk, first-time pregnancies are undergoing this invasive surgery when it is not medically necessary. Reducing the rate of unnecessary C-sections improves health outcomes and patient safety.

Applicant must:

1. Progressively adopt physician and hospital payment strategies so that revenue for labor and delivery only supports medically necessary care and no financial incentive exists to perform a non-medically necessary Nulliparous Term Singleton Vertex (NTSV) Cesarean Section (C-Section).
2. Promote improvement work through the California Maternal Quality Care Collaborative (CMQCC) Maternal Data Center (MDC), so that all maternity hospitals achieve an NTSV C-Section rate of 23.9% or lower or are at least working toward that goal.
3. Consider a hospital's NTSV C-section rate, improvement trajectory, and willingness to engage in coaching as part of its maternity hospital contracting decisions and terms. Covered California does not expect Contractor to base poor performance, and potential network removal decisions, on one measure alone.

Smart Care California has outlined three payment strategies to align payment with medically necessary use of C-sections:

- Adopt a blended case rate payment for both physicians and hospitals;
- Include a NTSV C-section metric in existing hospital and physician quality incentive programs; and
- Adopt population-based payment models, such as maternity episode payment modelsor inclusion in Integrated Delivery System, ACO, or similar financial accountability arrangement.

This workplan must address the following:

1. Description of how Applicant engages with its network hospitals to reduce non-medically necessary NTSV C-Section rates to 23.9% or less by year end 2023
2. Description of its adjustments to payment strategy in alignment with Smart Care California guidelines so that no hospitals or physicians are incentivized to perform a non-medically necessary NTSV C-Section by year end 2023
3. Description of how NTSV C-section rates are included in network hospital and provider contracting criteria
4. Description of how Applicant promotes and encourages all in-network hospitals that provide maternity services to use the resources provided by CMQCC and enroll in the CMQCC MDC
5. Updates to hospital participation in CMQCC and hospital engagement in maternity carequality improvement, particularly those with a NTSV rate higher than 23.9%
6. How Applicant encourages providers with high rates of NTSV C-section delivery to pursue CMQCC coaching
7. List any known or anticipated barriers in implementing QIS activities and progress of mitigation activities

Use this form to provide the baseline details for and to describe your quality improvement strategy (QIS) for appropriate use of C-Sections. Please retain a copy of this completed QIS Work Plan so that it is available for future reference when reporting on activities conducted to implement the QIS. Covered California will also keep each QIS Work Plan on file as a reference while this particular QIS is in place.

For any fields that do not apply, please simply leave them ***blank****. There is no need to indicate "NA" or "not applicable" unless specifically instructed to do so for that criterion.*

Part A. QIS Work Plan Applicability

1. Select the relevant product types to which the QIS applies. Check all that apply.[1]

- ☐ Health Maintenance Organization (HMO)
- ☐ Preferred Provider Organization (PPO)
- ☐ Exclusive Provider Organization (EPO)

[1] The issuer must ensure all eligible issuer-products are covered by an existing or new QIS work plan for each strategy. If issuer has different quality improvement strategies for each of their products, they must submit new QIS work plan for each.

Part B. Data Sources Used for Goal Identification and Monitoring Progress

2. Data Sources

Indicate the data sources used for identifying QHP enrollee population needs and supporting the QIS rationale. Check all that apply.

Data Sources
☐ Internal issuer enrollee data
☐ Medical records
☐ Claim files
☐ Surveys (enrollee, beneficiary satisfaction, other)
☐ Plan data (complaints, appeals, customer service, other)
☐ Registries
☐ Census data Specify Type (e.g., block, tract, ZIP Code):
☐ Area Health Resource File (AHRF)
☐ All-payer claims data
☐ State health department population data
☐ Regional collaborative health data
☐ Other: Please describe. Do not include company identifying information in your data source description. *(100 words)*

Part C. QIS Work Plan Summary

3. QIS Title – QIS 2 Work Plan – Appropriate Use of C-Sections

4. QIS Description[2]

Provide a brief description of the Applicant's QIS for appropriate use of C-sections.

(200 words)

[2] Issuers may use existing strategies employed in non-Exchange product lines (e.g., Medicaid, commercial) if the existing strategies are relevant to their Covered California enrollee populations and meet the QIS requirements and criteria.

5. QIS Goals

Describe the overall goals of the QIS.

QIS Goal 1:

Note: Goal 1 must address Applicant's ability to engage with its network hospitals to reduce non-medically necessary NTSV C- Section rates to 23.9% or less.

(200 words)

QIS Goal 2:

Note: Goal 2 must address Applicant's payment strategy implementation in alignment with Smart Care California guidelines so that no hospitals or physicians are incentivized to perform a non-medically necessary NTSV C-Section.

(200 words)

Part D. QIS Work Plan Requirements

6. Market-based Incentive Type(s)

Select the sub-type of market-based incentive(s) the QIS includes. Check all that apply. If either "In-kind incentives," "Other provider market-based incentives," or "Other enrollee market-based incentives" is selected, provide a brief description in the space provided.

Provider Market-based Incentives:

☐ Increased reimbursement

☐ Bonus payment

☐ In-kind incentives (Provide a description in the space below.)

(100 words)

☐ Other provider market-based incentives (Provide a description in the space below.)

(100 words)

Enrollee Market-based Incentives:

☐ Enrollee incentive program (Provide a description in the space below.)

(100 words)

7. Rationale for QIS

Provide a rationale for the QIS that describes:

- The issuer's current QHP enrollee population(s) and
- How the QIS will address the needs of the current QHP enrollee population(s).

(200 words)

8. Activity(ies) That Will Be Conducted to Implement the QIS

8a. List the activities that will be implemented to achieve the goals described.

(200 words)

8b. Describe how the activities listed in 8a relate to the market-based incentive(s) selected in Question 6.

(200 words)

9. Goal(s), Measure(s), and Performance Target(s) to Monitor QIS Progress

QIS Goal 1:

For Goal 1, Applicant must address its ability to engage with its network hospitals to reduce non-medically necessary NTSV C- Section rates to 23.9% or less.

Applicant must answer Certification Application questions 18/19/20/21.4.4.3 in Attachment J to provide the data for reporting to CMQCC MDC.

QIS Goal 2:

For Goal 2, Applicant must address its implementation of payment strategies in alignment with Smart Care California guidelines so that no hospitals or physicians are incentivized to perform a non-medically necessary NTSV C-Section.

Applicant must answer Certification Application questions 18/19/20/21.4.4.4 in Attachment J to provide the data for reporting Payment Strategies for Maternity Services.

10. Timeline for Implementing the QIS Work Plan

10a. QIS Initiation/Start Date:

10b. Describe the milestone(s) and provide the date(s) for each milestone (i.e., when activities described in Question 9 will be implemented). At least one milestone is required.

(50 word limit per milestone)

	Milestone(s)	Date for Milestone(s)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

11. Risk Assessment

11a. List all known or anticipated barriers to implementing QIS activities.

(200 words)

If no barriers were identified, describe how you assessed risk in the box below. If barriers were identified above, this box should be left blank.

(200 words)

11b. Describe the mitigation activities that will be incorporated to address **each** barrier identified in 12a. If there were no barriers identified, this box should be left blank.

(200 words)