

Attachment K1: QHP QIS 1 Work Plan – Comprehensive Pregnancy and Postpartum Care

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 Pregnancy and Postpartum 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. Ensure that pregnancy and postpartum patients have the autonomy to share their treatment preferences and goals, actively participating in shared decision-making processes with their care team. Contracted QHP Issuers are required to ensure that patients' choices are respected and seamlessly integrated into their personalized care plans in order to achieve these goals.
2. Promote improvement work through the California Maternal Quality Care Collaborative (CMQCC) Maternal Data Center (MDC), to address maternal health disparities.
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.

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 23.6% or less by year end 2026
2. Description of how Applicant is promoting autonomy in pregnancy and postpartum care choices by increasing the number of in-network Midwives and Doulas for prenatal, labor, delivery and postpartum care as well as providing referrals to group prenatal care or community-centered care, nutrition consultants, and in-home lactation support to Covered California Enrollees. Provide a detailed description of how these specified services are promoted to members, and how these resources can be located and accessed by Enrollees.
3. Description of how local social support services such as food, housing, and transportation programs and other resources are available to members in need of additional support after childbirth and/or the postpartum period after pregnancy.
4. Description of how Applicant promotes and encourages all in-network hospitals that provide Pregnancy and Postpartum health services to use the resources provided by CMQCC and enroll in the CMQCC MDC.
5. How Applicant encourages providers with high rates of NTSV C-section delivery to pursue CMQCC coaching and how this strategy has improved NTSV C-section rates from prior QIS submissions.
6. List any known or anticipated barriers in implementing QIS activities and progress of mitigation activities

Note: Refer to Appendix M for hospital C-section rates.

Certification Application Qualified Health Plan
Plan Year 2028
Quality Improvement Strategy

Use this form to provide the baseline details for and to describe your quality improvement strategy (QIS) for Comprehensive Pregnancy and Postpartum Care. 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.*

Certification Application Qualified Health
Plan Plan Year 2028
Quality Improvement Strategy

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.

Certification Application Qualified Health
Plan Plan Year 2028
Quality Improvement Strategy

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 – Comprehensive Pregnancy and Postpartum Care

4. QIS Description²

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.

Certification Application Qualified Health Plan
Plan Year 2028
Quality Improvement Strategy

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 23.6% or less.

(200 words)

QIS Goal 2:

Note: Goal 2 must address Applicant's strategy for promoting autonomy in pregnancy and postpartum healthcare choices by increasing the number of in-network Midwives and Doulas for prenatal, labor, delivery and postpartum care as well as providing referrals to group prenatal care or community-centered care, nutrition consultants, and in-home lactation support to Covered California Enrollees. Include how these items are promoted to members and how resources can be located and accessed by Enrollees.

(300 words)

QIS Goal 3:

Note: Goal 3 must address Applicant's strategy to promote local social support services such as food, housing, and transportation programs and other resources are available to members in need of additional support in the postpartum period.

(200 words)

Certification Application Qualified Health
Plan Plan Year 2028
Quality Improvement Strategy

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)

Certification Application Qualified Health
Plan Plan Year 2028
Quality Improvement Strategy

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).

(300 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.

(300 words)

Certification Application Qualified Health
Plan Plan Year 2028
Quality Improvement Strategy

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

(200 words)

Certification Application Qualified Health
Plan Plan Year 2028
Quality Improvement Strategy

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 23.6% or less.

Applicant must answer Certification Application questions 18/19/20/21.4.3.1 and 18/19/20/21.4.3.2 in Attachment J to provide the data for reporting to CMQCC MDC.

QIS Goal 2:

For Goal 2, Applicant must address its implementation of promoting autonomy in pregnancy and postpartum healthcare choices by increasing the number of in-network Midwives and Doulas for prenatal, labor, delivery and postpartum care as well as providing referrals to group prenatal care or community-centered care, nutrition consultants, and in-home lactation support to Covered California Enrollees.

Certification Application Qualified Health Plan
Plan Year 2027
Quality Improvement Strategy

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)

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

Certification Application Qualified Health Plan
Plan Year 2027
Quality Improvement Strategy

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)

Certification Application Qualified Health Plan
Plan Year 2027
Quality Improvement Strategy

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

(200 words)