

Qualified Health Plan Certification Application
Section 19 - Quality Improvement Strategy
QHP Attachment M5 - QIS 5 Work Plan - Appropriate Use of C-Sections

QIS Goal: Applicant will: 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 low-risk 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) Include NTSV C-Section rate into contracting criteria so that all hospitals either meet the 23.9% goal, or if not, the plan has rationale for continued inclusion. 4) Adopt a payment methodology structured to support only medically necessary care with no financial incentive to perform C-sections for all contracted physicians and hospitals serving enrollees by year end 2022. 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 models or inclusion in Integrated Delivery System, ACO or similar financial accountability arrangement.

Complete the following table to describe updates on progress made since the previous QIS submission for each component of the QIS goals and planned activities. Address each of the following:

- Description of how Applicant engages with its network hospitals to reduce NTSV C-Section rates to 23.9% or less by year end 2022
- Description of its adjustments to payment strategy in alignment with Smart Care California guidelines so that no hospitals or physicians are incentivized to perform an NTSV C-Section by year end 2022
- Description of how NTSV C-section rates are included in network hospital and provider contracting criteria
- Description of how Applicant promotes and encourages all in-network hospitals that provide maternity services to use the resources provided by California Maternal Quality Care Collaborative (CMQCC) and enroll in the CMQCC Maternal Data Center (MDC)
- Updates to hospital participation in CMQCC and hospital engagement in maternity care quality improvement, particularly those with a NTSV rate higher than 23.9%
- List any known or anticipated barriers in implementing QIS activities and progress of mitigation activities

Applicant may submit any supporting documentation as an additional attachment.

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	Response
2020 Aim Statement: <i>Describe what the Applicant is aiming to accomplish the QIS goals. Aim statements are time-specific and measurable.</i>	
2020 Plan and Strategy: <i>Describe what changes the Applicant implemented and the rationale for implementing this change.</i>	

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<p>Activities Conducted: <i>Describe the activities conducted and progress made in implementing the 2020 plan and strategy and achieving the identified aim.</i></p>	
<p>Measures: <i>Describe what measures the Applicant is using to determine if the change implemented results in an improvement. Measures can be qualitative and quantitative.</i></p>	

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<p>Assessment of Results: <i>Describe the results of the change based on the measures including an assessment of the success of the 2020 strategy.</i></p>	
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<p>2021 Strategy and Goals: <i>Describe what changes the Applicant plans to implement in 2021 based on the results in 2020 and what goals can be achieved in the coming year. Include any anticipated barriers and mitigation activities.</i></p>	
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<p>Supplemental information: <i>Provide any supplemental information necessary to address all aspects of the QIS.</i></p>	
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