

# OB P4P

## Pay for Performance (P4P) Program Technical Guide



**Contact:** [QualityPrograms@iehp.org](mailto:QualityPrograms@iehp.org)

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# TABLE OF CONTENTS

<b>Introducing the IEHP OB/GYN Quality Pay-for-Performance (P4P) Program.....</b>	<b>1</b>
<b>Provider Eligibility and Participation .....</b>	<b>1</b>
<b>Eligible Members .....</b>	<b>1</b>
<b>Minimum Data Requirements .....</b>	<b>2</b>
<b>P4P Measures .....</b>	<b>2</b>
<b>Quality Incentive Payments.....</b>	<b>3</b>
<b>Payment Timeline.....</b>	<b>4</b>
<b>Reporting of Measures Performed .....</b>	<b>4</b>
<b>P4P Measure Specifications and Codes .....</b>	<b>4</b>
<b>Getting Help.....</b>	<b>5</b>
<b>Program Terms and Conditions .....</b>	<b>5</b>
<b>Appendix: Measure Specifications and Codes .....</b>	<b>6</b>



## Introducing the IEHP OB/GYN Quality Pay-for-Performance (P4P) Program

Inland Empire Health Plan (IEHP) is pleased to announce the OB/GYN Quality Pay-for-Performance (P4P) program for IEHP's OB/GYN Providers. The OB/GYN Quality P4P program provides an opportunity for OB/GYN Providers to earn a financial reward for improving the quality of maternity care for IEHP's pregnant and postpartum Members.

The OB/GYN Quality P4P Program includes performance-based incentives for the provision of specific prenatal and postpartum services. Payments will be administered for select services performed by eligible Providers to IEHP Members who meet the program criteria. This technical guide is designed to support OB/GYN practices to earn financial incentives for quality performance.

Thank you for your continued partnership in providing quality health care to IEHP Members. IEHP will regularly assess this performance-based incentive program and make updates consistent with our aim to improve the quality of care and health outcomes for our Members.

Any questions related to this program can be sent to IEHP's Provider Relations at (909) 890-2054 or to IEHP's Quality Department at [QualityPrograms@iehp.org](mailto:QualityPrograms@iehp.org).

## Provider Eligibility and Participation

IEHP Providers credentialed to provide obstetrical and/or gynecological services are eligible to participate in the P4P Program. Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are not eligible to participate in the IEHP OB/GYN P4P Program.

## Eligible Members

The population for this P4P program includes IEHP's Medi-Cal Members who are pregnant. Note that the Member must be active with IEHP on the date the services are performed (DOS).

## Minimum Data Requirements

- Procedure Codes and Modifiers: Specified procedure codes and modifiers for each OB/GYN Quality P4P measure must be submitted to IEHP on a CMS-1500 form within two months of the DOS. Please reference information provided in the Appendix to assist with proper coding to meet measure requirements.
- Immunizations: To maximize performance in immunization-based measures, IEHP strongly encourages all Providers to report all immunizations via the California Immunization Registry (CAIR2). For more information on how to register for CAIR2, please visit <http://cairweb.org>. IEHP is working closely with CAIR2 in establishing a data sharing arrangement to be used in OB/GYN Quality P4P reporting.
- Validation: P4P data is subject to retrospective data validation and must pass all quality assurance checks. Recoupment of incentive payments may occur if retrospective review of submitted claims fail medical record validation.

## P4P Measures

There are eight maternity care measures, including postpartum care measures, for which OB/GYN Providers are eligible to receive a financial incentive. IEHP identified these as plan-wide areas of opportunity to improve the care and outcomes of Members receiving pregnancy-related health care services.

Measures are listed below, in alphabetical order, and technical specifications and details for each P4P measure are included in the Appendix.

1. Initial Prenatal Visit
2. Perinatal Chlamydia Screening
3. Perinatal Depression Screening
4. Postpartum Blood Pressure Screening\*
5. Postpartum Diabetes Screening\*
6. Early Postpartum Visit
7. Later Postpartum Visit
8. Tdap Vaccine

*\*Postpartum Blood Pressure Screening and Postpartum Diabetes Screening are condition-specific and only apply to certain subpopulations of women for whom such a screening is indicated. See the Appendix for details.*

## Quality Incentive Payments

Eligible Providers will receive payment for each targeted measure provided to an IEHP Member who meets the criteria to be included in the IEHP OB/GYN Quality P4P program. Table 1 below indicates the amount a Provider will receive per service delivered to a qualifying Member. The pregnancy-related measures that were selected for inclusion in the OB/GYN Quality P4P program are spread across the full pregnancy term (e.g., chlamydia screening generally occurs at the first prenatal visit; Tdap is indicated in the third trimester).

TABLE 1: PAYMENT PER P4P MEASURE	
P4P Measure	Financial Incentive
1. Initial Prenatal Visit	\$ 90
2. Perinatal Chlamydia Screening	\$ 75
3. Perinatal Depression Screening	\$ 75
4. Postpartum Blood Pressure Screening	\$50
5. Postpartum Diabetes Screening	\$ 75
6. Early Postpartum Visit (7 - 21 days postpartum)	\$ 75
7. Later Postpartum Visit (22 - 84 days postpartum)	\$ 75
8. Tdap Vaccine	\$ 90

IEHP recognizes that some of the included pregnancy-related measures are dependent on Member engagement and therefore may require more time spent between Member and Provider for education and to address the Member's questions or concerns. IEHP also acknowledges that some measures require more administrative time to report. For those reasons, IEHP will provide a higher financial incentive payment for completion of the initial prenatal visit and administration of the Tdap vaccine, as indicated in the table above.

The OB P4P incentive for a given P4P measure is available only once per calendar year per Member, even if a Member has more than one pregnancy in a calendar year. Reminder: the Member's OB Provider receives their contractually agreed upon payment for services rendered for that Member for each pregnancy and the OB P4P incentive is provided only as an incentive according to the terms of the OB P4P program.

Members must be active with IEHP on the date the service was completed (DOS).

## ✓ Payment Timeline

IEHP will issue incentive payments to Providers through their regular claims remittance. OB/GYN P4P claims are processed through the same claims process as traditional claims.

## ✓ Reporting of Measures Performed

Providers must complete and submit codes with required modifiers for P4P services by means of electronic claim submission (CMS-1500) to IEHP via their clearinghouse or by submitting a paper CMS-1500 form to IEHP's Claims Department:

**Inland Empire Health Plan**  
**ATTN: Claims Department**  
**P.O. Box 4349**  
**Rancho Cucamonga, CA 91729-4349**

CMS-1500 forms must be submitted **within two months of the date of services (DOS) and meet coding requirements as noted in the Appendix** to be eligible for an incentive payment.

To avoid possible bundling of codes, P4P incentive claims should be billed separately from claims for routine services.

**To receive full benefits of the P4P incentive payments, you must bill the exact amount of the P4P incentive that you expect to receive. Failure to follow this billing guidance will result in your office not receiving full P4P incentive payments.**

Providers must submit claims denial disputes to IEHP Claims Appeal Resolution Unit:

**Inland Empire Health Plan**  
**ATTN: Claims Appeal Resolution Unit**  
**P.O. Box 4319**  
**Rancho Cucamonga, CA 91729-4319**

## ✓ P4P Measure Specifications and Codes

The Appendix includes P4P measure specifications and the codes Providers must submit to be eligible for incentive payments.

It is important to note that, in the program, all procedure codes require a "ZZ" modifier. The "ZZ" modifier is not required for program diagnosis codes. This will indicate that this billing is for the OB/GYN Quality P4P Program and should be processed according to the terms of the program. Claims submitted without the complete set of required codes and modifiers as noted in the Appendix will not be payable under the P4P program.

## ✓ Getting Help

Any questions related to this program can be sent to IEHP's Provider Relations at (909) 890-2054 or to IEHP's Quality Department at [QualityPrograms@iehp.org](mailto:QualityPrograms@iehp.org).

## ✓ Program Terms and Conditions

- **Good Standing:** A Provider currently contracted with Plan for the delivery of services, not pursuing any litigation or arbitration or has a pending claim pursuant to the California Government Tort Claim Act (Cal. Gov. Code Sections 810, et seq.) filed against Plan at the time of program application or at the time additional funds may be payable, and has demonstrated the intent, in Plan's sole determination, to continue to work together with Plan on addressing community and Member issues. Additionally, at the direction of the CEO or their designee, Plan may determine that a Provider is not in good standing based on relevant quality, payment, or other business concerns.
- Participation in the IEHP OB/GYN Quality P4P Program, as well as acceptance of incentive payments, does not in any way modify or supersede any terms or conditions of any agreement between IEHP and Providers or independent physician associations (IPAs), whether that agreement is entered into, prior to or subsequent to, the date of this communication.
- There is no guarantee of future funding for, or payment under, any IEHP Provider incentive program. The IEHP OB/GYN Quality P4P Program and/or its terms and conditions may be modified or terminated at any time, with or without notice, at IEHP's sole discretion.
- Criteria for calculating incentive payments are subject to change at any time, with or without notice, at IEHP's sole discretion.
- In consideration of IEHP's offering of the IEHP OB/GYN Quality P4P Program, participants agree to fully and forever release and discharge IEHP from any and all claims, demands, causes of action, and suits, of any nature, pertaining to or arising from the offering by IEHP of the IEHP OB/GYN Quality P4P Program.
- The determination of IEHP regarding performance scoring and payments under the IEHP OB/GYN Quality P4P Program is final.
- As a condition of receiving payment under the IEHP OB/GYN Quality P4P Program, Providers must be credentialed and contracted with IEHP or one of IEHP's contracted IPAs.





# Appendix 1: Measure Specifications and Codes

## 1. Initial Prenatal Visit (\$90)

IEHP seeks to ensure that pregnant Members receive timely prenatal care. IEHP will provide an incentive payment for completion of an initial prenatal visit prior to 15 weeks of gestation.

The following coding standards must be met to be eligible for an incentive payment for this service:

Service	Code	Code Description	Modifier
Initial Prenatal Visit	0500F	Initial prenatal care visit	ZZ

- This code must be submitted with the “ZZ” modifier.
- Both the CPT code **AND** the modifier are required for payment.
- Maximum incentive is one per Member per year.
- **To receive full benefits of the P4P incentive payments, you must bill the exact amount of the P4P incentive that you expect to receive.**

## 2. Perinatal Chlamydia Screening (\$75)

IEHP seeks to ensure pregnant Members undergo a chlamydia screening during pregnancy.

The following coding standards must be met to be eligible for an incentive payment for this service:

Service	Code	Code Description	Modifier
Perinatal Chlamydia Screening	87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	ZZ

- This code must be submitted with the “ZZ” modifier.
- Both the CPT code **AND** the modifier are required for payment.
- Maximum incentive is one per Member per year.
- **To receive full benefits of the P4P incentive payments, you must bill the exact amount of the P4P incentive that you expect to receive.**

### 3. Perinatal Depression Screening (\$75)

IEHP seeks to ensure that pregnant Members are screened for depression during pregnancy.

Providers must submit **one** of the following codes to be eligible for an incentive payment for this service:

Service	Code	Code Description	Modifier
Perinatal Depression Screening (Negative for Depressive Symptoms Result)	3351F	Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool	ZZ
Perinatal Depression Screening (Mild Depressive Symptoms Result)	3353F	Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool	ZZ
Perinatal Depression Screening (Major Depressive Symptoms Result)	3090F	Major depressive disorder, severe without psychotic features	ZZ
Perinatal Depression Screening (Major Depressive Symptoms with Psychotic Features Result)	3091F	Major depressive disorder, severe with psychotic features	ZZ

- The appropriately selected code must be submitted with the “ZZ” modifier.
- Both the CPT code **AND** the modifier are required for payment.
- Maximum incentive is one per Member per year.
- **To receive full benefits of the P4P incentive payments, you must bill the exact amount of the P4P incentive that you expect to receive.**

## 4. Postpartum Blood Pressure Screening (\$50)

IEHP seeks to ensure that pregnant Members diagnosed with hypertension during pregnancy receive a blood pressure screening within 10 days after birth. This screening will apply to any IEHP Member who is pregnant **AND** diagnosed with hypertension during pregnancy. The blood pressure screening must be completed in an outpatient setting.

It is important to note that there are three code tables below: Systolic Blood Pressure Level Codes, Diastolic Blood Pressure Level Codes and Qualifying Blood Pressure Diagnosis Codes. **In order to qualify for the P4P financial incentive, a code must be selected and submitted from each table and submitted on the same CMS-1500 form.**

### Blood Pressure Diagnosis

ICD- 10 Code	Code Description
O10.011	Pre-existing essential hypertension complicating pregnancy, <i>first trimester</i>
O10.012	Pre-existing essential hypertension complicating pregnancy, <i>second trimester</i>
O10.013	Pre-existing essential hypertension complicating pregnancy, <i>third trimester</i>
O10.019	Pre-existing essential hypertension complicating pregnancy, unspecified trimester
O10.411	Pre-existing secondary hypertension complicating pregnancy, <i>first trimester</i>
O10.412	Pre-existing secondary hypertension complicating pregnancy, <i>second trimester</i>
O10.413	Pre-existing secondary hypertension complicating pregnancy, <i>third trimester</i>
O10.419	Pre-existing secondary hypertension complicating pregnancy, unspecified trimester
O11.1	Pre-existing hypertension with pre-eclampsia, <i>first trimester</i>
O11.2	Pre-existing hypertension with pre-eclampsia, <i>second trimester</i>
O11.3	Pre-existing hypertension with pre-eclampsia, <i>third trimester</i>
O11.9	Pre-existing hypertension with pre-eclampsia, unspecified trimester
O13.1	Gestational [pregnancy-induced] hypertension without significant proteinuria, <i>first trimester</i>
O13.2	Gestational [pregnancy-induced] hypertension without significant proteinuria, <i>second trimester</i>

ICD- 10 Code	Code Description
O13.3	Gestational [pregnancy-induced] hypertension without significant proteinuria, <i>third trimester</i>
O13.9	Gestational [pregnancy-induced] hypertension without significant proteinuria, unspecified trimester
O14.00	Mild to moderate pre-eclampsia, unspecified trimester
O14.02	Mild to moderate pre-eclampsia, <i>second trimester</i>
O14.03	Mild to moderate pre-eclampsia, <i>third trimester</i>
O14.10	Severe pre-eclampsia, unspecified trimester
O14.12	Severe pre-eclampsia, <i>second trimester</i>
O14.13	Severe pre-eclampsia, <i>third trimester</i>
O14.20	HELLP syndrome (HELLP), unspecified trimester
O14.22	HELLP syndrome (HELLP), <i>second trimester</i>
O14.23	HELLP syndrome (HELLP), <i>third trimester</i>
O14.90	Unspecified pre-eclampsia, unspecified trimester
O14.92	Unspecified pre-eclampsia, <i>second trimester</i>
O14.93	Unspecified pre-eclampsia, <i>third trimester</i>
O15.00	Eclampsia complicating pregnancy, unspecified trimester
O15.02	Eclampsia complicating pregnancy, <i>second trimester</i>
O15.03	Eclampsia complicating pregnancy, <i>third trimester</i>
O15.9	Eclampsia, unspecified as to time period <i>Eclampsia NOS</i>
O16.9	Unspecified maternal hypertension, unspecified trimester

AND

## Systolic Blood Pressure Level Codes

Service	Code	Code Description	Modifier
Postpartum Blood Pressure Screening (Systolic)	3074F	Systolic blood pressure less than 130 mm Hg	ZZ
Postpartum Blood Pressure Screening (Systolic)	3075F	Systolic blood pressure 130 - 139 mm Hg	ZZ
Postpartum Blood Pressure Screening (Systolic)	3077F	Systolic blood pressure greater than or equal to 140 mm Hg	ZZ

AND

## Diastolic Blood Pressure Level Codes

Service	Code	Code Description	Modifier
Postpartum Blood Pressure Screening (Diastolic)	3078F	Most recent diastolic blood pressure less than 80 mm Hg	ZZ
Postpartum Blood Pressure Screening (Diastolic)	3079F	Most recent diastolic blood pressure 80 - 89 mm Hg	ZZ
Postpartum Blood Pressure Screening (Diastolic)	3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg	ZZ

- Providers must submit **three codes** to be eligible for an incentive payment for this measure:
  - One code billed for the appropriate hypertension diagnosis for the Member,
  - One code billed for systolic blood pressure level with a “ZZ” modifier, **AND**
  - One code billed for diastolic blood pressure level with a “ZZ” modifier.
- Maximum incentive is one per Member per year.
- The \$50 incentive payment will only pay on the systolic blood pressure level code line. Providers should expect to see the diastolic blood pressure level code line pay zero as the full incentive payment of \$50 has been paid.
- **To receive full benefits of the P4P incentive payments, you must bill the exact amount of the P4P incentive that you expect to receive.**

## 5. Postpartum Diabetes Screening (\$75)

IEHP seeks to ensure that pregnant Members diagnosed with gestational diabetes during pregnancy receive a diabetes screening on or between 42 - 84 days after birth. This screening will apply to any IEHP Member who is pregnant **AND** diagnosed with gestational diabetes during pregnancy.

Use the following coding tables to select the **two appropriate codes** based on performance of diabetes screening and qualifying gestational diabetes diagnosis:

### Gestational Diabetes Diagnosis Codes

ICD- 10 Code	Code Description
O24.410	Gestational diabetes mellitus in pregnancy, <i>diet controlled</i>
O24.414	Gestational diabetes mellitus in pregnancy, <i>insulin controlled</i>
O24.415	Gestational diabetes mellitus in pregnancy, <i>controlled by oral hypoglycemic drugs</i>
O24.419	Gestational diabetes mellitus in pregnancy, <i>unspecified control</i>

**AND**

### Diabetes Screening Code

Code	Code Description	Modifier
82951	Glucose; tolerance test (GTT), 3 specimens	ZZ

- Providers must submit **two codes** to be eligible for an incentive payment for this service:
  - One code billed for diabetes screening with “ZZ” modifier **AND**
  - One code billed for gestational diabetes diagnosis.
- Maximum incentive is one per Member per year.
- **To receive full benefits of the P4P incentive payments, you must bill the exact amount of the P4P incentive that you expect to receive.**

## 6. Early Postpartum Visit (\$75)

IEHP seeks to ensure that pregnant Members receive an early postpartum visit on or between 7 - 21 days after delivery.

The following coding standards must be met to be eligible for an incentive payment for this service:

Service	Code	Code Description	Modifier
Early Postpartum Visit	59430	Postpartum care	ZZ

- This code must be submitted with the “ZZ” modifier.
- Both the CPT code **AND** the modifier are required for payment.
- Maximum incentive is one per Member per year.
- **To receive full benefits of the P4P incentive payments, you must bill the exact amount of the P4P incentive that you expect to receive.**

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## 7. Later Postpartum Visit (\$75)

IEHP seeks to ensure that pregnant Members receive a later postpartum visit on or between 22 - 84 days after delivery.

The following coding standards must be met to be eligible for an incentive payment for this service:

Service	Code	Code Description	Modifier
Later Postpartum Visit	59430	Postpartum care	ZZ

- This code must be submitted with the “ZZ” modifier.
- Both the CPT code **AND** the modifier are required for payment.
- Maximum incentive is one per Member per year.
- **To receive full benefits of the P4P incentive payments, you must bill the exact amount of the P4P incentive that you expect to receive.**

## 8. Tdap Vaccine (\$90)

IEHP seeks to ensure that pregnant Members receive a Tdap vaccination during pregnancy (recommended between 27 - 36 weeks of gestation).

The following coding standards must be met to be eligible for an incentive payment for this service:

Service	Code	Code Description	Modifier
Tdap Vaccine	90715 (1 unit)	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap)	ZZ

- This code must be submitted with the “ZZ” modifier.
- Only one (1) unit of the Tdap vaccination procedure code may be billed per Member.
- Both the CPT code **AND** the modifier are required for payment.
- Maximum incentive is one per Member per year.
- Only one (1) unit of the Tdap vaccination procedure code may be billed per Member.
- **To receive full benefits of the P4P incentive payments, you must bill the exact amount of the P4P incentive that you expect to receive.**







**PROVIDER RELATIONS TEAM**  
[909] 890-2054  
Monday-Friday, 8am-5pm

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