

## EXHIBIT B(7)

### MATERNITY CARE BUNDELED PAYMENT

1. Maternity Care Bundle: As part of VBP, the PH-MCO must utilize a Maternity Care Bundled Payment for Network Providers that elect to take part in the model, use a maternity care team, and have at least twenty (20) births annually attributed to the maternity care team. A PH-MCO utilizing a Maternity Care Bundled Payment must require that the Network Provider use a maternity care team that:
  - a. Includes at least one (1) clinician (physician, CRNP, CNW, or other) who is qualified and licensed to provide prenatal care to pregnant women.
  - b. Includes at least one (1) clinician (physician, CRNP, CNW, or other) who is qualified and licensed to assist in vaginal delivery of babies.
  - c. Includes at least one (1) clinician (physician, CRNP, CNW, or other) who is qualified and licensed to provide newborn services.
  - d. Provides access to at least one (1) physician who is qualified to treat women with high-risk pregnancies, to treat complications experienced during pregnancy or childbirth, and to perform cesarean sections.
  - e. Provides access to at least one (1) hospital that has the capability to perform cesarean sections and treat common complications of labor and delivery.
  - f. Provides access to at least one (1) Anesthesiology practice.
  - g. Provides access to at least one (1) physician practice, hospital, clinical laboratory, or other entity that has the ability to perform laboratory tests or imaging studies needed as part of prenatal care, labor and delivery, and postpartum care.
  - h. Includes at least one (1) individual, such as a social worker, or peer recovery specialist, to coordinate the care of the pregnant woman to address other needs, including behavioral health, substance use disorder, and Social Determinants of Health.
  - i. Includes at least one (1) Doula, who can be independent or health system affiliated. If available, doula services must be provided to any women who requests doula services.
  - j. Includes at least one (1) community health worker.
2. Payment to the Maternity Care Team: The target price of the bundle shall be prospectively developed with the maternity care team. The PH-MCO shall pay the maternity care team the applicable fee-for-service payments and perform a retrospective review to compare the fee-for-service payments to the target price. If the fee-for-service payments made for the services included in the bundle are less than the target price, the PH-MCO shall include the difference in a pool of shared savings. On an annual basis, the PH-MCO shall determine the amount of shared savings to be paid to a Network Provider using a maternity care team as specified in section 9.

The PH-MCO must base the prospectively developed target price on:

- a. The trimester in which the pregnant woman engaged in care;
- b. Historical spending, with factors taken into consideration that reflect patient acuity.

In addition, the PH-MCO may base the prospectively developed target price on:

Blended regional prices of vaginal births, cesarean section rates, including prenatal, postpartum, and newborn services for up to sixty (60) days postpartum, with a proportion of cesarean sections set for 2022 at:

- i. 25.50% cesarean sections in the Southeast Zone
  - ii. 25.75% cesarean section in the Southwest Zone
  - iii. 27.25% cesarean sections in the Lehigh/Capital Zone
  - iv. 29.00% cesarean sections in the Northeast Zone
  - v. 29.75% cesarean sections in the Northwest zone
3. Services included in the bundle: The PH-MCO must develop a target payment that includes all services provided during pregnancy episode: prenatal care, labor and delivery, care coordination services, and up to sixty (60) days postpartum for the mother and newborn, other than contraceptive care.
  4. Services excluded from the bundle: Contraceptive care, including placement of long-acting reversible contraception.
  5. Pregnancies excluded from the bundle: Non-singleton pregnancies.
  6. Stop loss mechanism: If the cost of the maternity care episode (including services provided during pregnancy, labor and delivery, and postpartum) for a member exceeds 300% of the target price of the maternity care bundle, then no costs over 300% of the target price of the bundle will be attributed to the Maternity Care Team.
  7. Quality Measures: The PH-MCO shall use the following quality measures to determine its incentive payments:
    - a. Social Determinants of Health Screening: Complete at least one (1) Social Determinants of Health screening using a Nationally recognized tool, during the episode duration with submission of G9919 (positive screening result) or G9920 (negative screening result) Procedure Codes. Claims must include appropriate ICD-10 Z-codes when relevant those determinant areas as defined by Social Determinants of Health. The PH-MCO may use associated Logical Observations Identifier Names (LOINC) codes instead of the G and Z-codes.
    - b. Timeliness of Prenatal Care
    - c. Postpartum Care
    - d. Prenatal Depression Screening Follow Up

- e. Postpartum Depression Screening Follow Up
  - f. Prenatal Immunization Status – Combination
8. Scoring of Quality Measures: Point totals for each quality measures are listed below. Virtual or telehealth visits should count for calculation of quality scores.
- a. Social Determinants of Health:
    - i. 0.5 points for screening 50% of Members
    - ii. 1 point for screening 75% of Members
    - iii. 1.5 points for screening 90% of Members
  - b. Timeliness of Prenatal Care:
    - i. 0.5 points for reaching NCQA 50<sup>th</sup> percentile
    - ii. 1 point for reaching NCQA 75<sup>th</sup> percentile
    - iii. 1.5 points for reaching NCQA 90<sup>th</sup> percentile
  - c. Postpartum Care
    - i. 0.5 points for reaching NCQA 50<sup>th</sup> percentile
    - ii. 1 point for reaching NCQA 75<sup>th</sup> percentile
    - iii. 1.5 points for reaching NCQA 90<sup>th</sup> percentile
  - d. Prenatal Depression Screening Follow Up
    - i. 1 point for reaching or exceeding the goal of 77.27%
  - e. Postpartum Depression Screening Follow Up
    - i. 1 point for reaching or exceeding the goal of 86.94%
  - f. Prenatal Immunization Status - Combination
    - i. 0.5 points for reaching NCQA 50<sup>th</sup> percentile
    - ii. 1 point for reaching NCQA 75<sup>th</sup> percentile
    - iii. 1.5 points for reaching NCQA 90<sup>th</sup> percentile
  - g. Health Equity score: Points are awarded for the following quality measures:, Timeliness of Prenatal Care, Postpartum Care, and Prenatal Immunization Status - Combination as follows:
    - i. 0.5 points for reaching NCQA 75<sup>th</sup> percentile for one (1) out of the three (3) measures within the Black/ African American community
    - ii. 1 point for reaching NCQA 75<sup>th</sup> percentile for two (2) out of the three (3) measures within the Black/ African American community
    - iii. 1.5 points for reaching NCQA 75<sup>th</sup> percentile for three (3) out of the three (3) measures within the Black/ African American community
9. Shared Savings Incentive Payment: The PH-MCO will pay eligible Network Providers the following percentage of shared savings based on the Network Provider’s performance:

- a. (0-1 points): 0% of shared savings
  - b. (1.5-2.0 points): 25% of shared savings
  - c. (2.5-3.5 points): 50% of shared savings
  - d. (4.0-6.0 points): 75% of shared savings
  - e. (6.5-9.5 points): 100% of savings
- A. Incentive Payment Attestation: The PH-MCO shall make a maternity care shared savings incentive payment to Network Providers using a maternity care team contingent upon assurances by the Provider that the payment will be received by the individuals responsible for achieving the outcomes incented by the maternity care shared savings program.

The PH-MCO must direct the full amount of the incentive payment to a Network Provider, defined at the TIN level. Of the incentive payment amount, the PH-MCO shall require that no less than 80% of the incentive payment be dispersed to the individuals whose services contributed to the achievement of outcomes incented by the maternity care shared savings program, and that no more than 20% of those funds may be used by the Provider at the TIN level for general administrative purposes. Individuals eligible to receive incentive payments include licensed and unlicensed practitioners, and clinical and support staff. The PH-MCO may not mandate the specific recipients or purposes of incentive funds; the recipient Provider must identify the staff eligible to receive the incentive payments and allocate it to those individuals in a manner the Provider determines is appropriate. Examples of permissible uses of incentive payments include supplemental salary support (i.e., bonuses); costs of attending trainings, including travel expenses; environmental enhancements; equipment to improve operations; and IT or personnel resources to assist the staff who achieved the incented outcomes. The PH-MCO shall submit an attestation by June 30th of the subsequent calendar year that all Providers that received maternity care shared savings incentive payments have complied with this requirement. Upon request, the PH-MCO must provide to the Department verification of their Incentive Payment Attestation to validate that the maternity care shared savings incentive payments were received by eligible staff for permissible purposes.

10. Attestation for The Joint Commission Standards: The PH-MCO must attest by July 31, 2025 that each Maternity Care Bundle practice meets The Joint Commission Standard PC.06.01.01 (Reduce the likelihood of harm related to maternal hemorrhage Requirement EP 2) and Standard PC.06.01.03 (Reduce the likelihood of harm related to maternal severe hypertension/preeclampsia Requirement EP

2). The link to The Joint Commission is: [https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3\\_24\\_maternal\\_safety\\_hap\\_9\\_6\\_19\\_final1.pdf](https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3_24_maternal_safety_hap_9_6_19_final1.pdf). The Department may waive this requirement upon receipt of information from the PH-MCO.

11. Quality measures for MY2024/RV2025 that will be reported to DHS by PH-MCOs: This is the list of quality measures that PH-MCOs will report to the Department at the aggregate level for their Maternity Care Bundle population and non-Maternity Care Bundle population. The PH-MCO must track these quality measures for the Maternity Care Bundle population at the Practice level and report to the Department, as requested.

- a. Timeliness of Prenatal Care: The PH-MCO needs to provide the percentage of patients that received a prenatal care visit in the first trimester. The MCO will provide the Timeliness of Prenatal Care rate for their Maternity Care Bundle population and non-Maternity Care Bundle population.
- b. Postpartum visit follow-up: The PH-MCO needs to provide the percentage of patients who had a postpartum visit between 7 and 84 days after delivery for their Maternity Care Bundle population and non-Maternity Care Bundle population.
- c. Prenatal Depression Screening Follow Up- The PH-MCO needs to provide the percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care for their Maternity Care Bundle population and non-Maternity Care Bundle population.
- d. Postpartum Depression Screening Follow Up- The PH-MCO needs to provide the percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care for their Maternity Care Bundle population and non-Maternity Care Bundle population.
- e. Prenatal Immunization Status – Combination- The PH-MCO must report the percentage of deliveries in the measurement period in which members had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations for their maternity care bundle population and non-maternity care bundle population.
- f. Birth Weight outcomes: The PH-MCO must report the percent of low birth weight and very low birth weight for their Maternity Care Bundle population and non-Maternity Care Bundle population.
- g. Average Length of Stay: The PH-MCO will report the average inpatient length of stay of all neonates for their Maternity Care Bundle population and non-Maternity Care Bundle population.

NOTE: The Quality Measures and Quality Measure Reporting may be revised based upon NCQA technical specifications, PA Perinatal Quality Collaborative feedback and

data reporting from the PH-MCOs. The Department may waive this reporting requirement upon receipt of information from the PH-MCO.

13. The PH-MCO will provide the following to DHS using the required reporting template by July 31, 2025:

- a. An attestation to the completion of maternity care bundled payment arrangements described in this Exhibit with providers that account for 25% of the PH-MCO's live births in calendar year 2024
- b. Reporting of the quality measures listed in Section 12 of this Exhibit