



2025 Maternity Quality Incentive Program (MQIP)

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Message From Our Senior Vice President, Medical Management

Dear colleagues,

We appreciate the invaluable role that maternity care practitioners, including obstetricians (OB/GYNs), midwives, certified registered nurse practitioners (CRNPs), and primary care providers (PCPs) play in improving birth outcomes. Thank you for providing accessible, effective, and efficient care to our members.

We are excited to announce a new incentive for OB/GYN providers, called the Maternity Quality Incentive Program (MQIP), which offers incentives for improving the quality of care for members during their pregnancy and postpartum period. This program aims to improve access to essential care services and support providers in delivering exceptional maternal health outcomes.

This program is set to launch in 2025, with payout in 2026.

The incentive structure focuses on:

- **Quality performance measures**, including timeliness of prenatal and postpartum care visits with the **goal of improving pregnancy, birth, and postpartum outcomes.**
- Completion of an **Obstetrical Needs Assessment Form (ONAF)**, which plays a crucial role in **capturing comprehensive patient data.**

Our Quality Incentive Programs are built on the following guiding principles:

- **Recognizing and rewarding providers** with a highly competitive payout structure for delivering exceptional care and improved health outcomes of their patients.
- **A shared commitment to support women and families in achieving healthier pregnancies and staying well.**

By rewarding providers who prioritize preventive care, we collectively contribute to a healthier population. Your dedication to delivering high-quality care remains the foundation of our vision for a robust and sustainable health care system.

Collaboration is pivotal to achieve our shared goals of improved quality of care and health care outcomes. To support you in this program, EmblemHealth is committed to:

- Establishing a regular cadence of meetings to review performance metrics and identify key areas for improvement and opportunity.
- Providing actionable data and reports with insight into your specific member-level gaps in care as part of this program.
- Providing the resources you need to be successful.

If you have any questions regarding this program, please reach out to quality_providerengagement@emblemhealth.com.

This brochure explains the 2025 MQIP program and highlights what you need to know to maximize your incentive payments. We look forward to the positive impact this program will have on both providers and the communities they serve.

Thank you for your continued commitment to your patients and to EmblemHealth.

Abdou Bah
Senior Vice President, Medical Management & Chief Health Equity Officer

Program Overview

Eligibility and program requirements

Participation in the Maternity Quality Incentive Program (MQIP) is extended to all EmblemHealth participating OB/GYN providers.

Qualifications for the MQIP include:

- 1. Eligibility criteria** (between January and December of the measurement year):
 - Maternity care practices with at least **10 deliveries** in the reporting period.
 - All patients must have completed **75% of their prenatal visits** with the provider group during the performance measurement period.
 - Meet at least quarterly with EmblemHealth's Quality team to review your performance and discuss additional member-level opportunities.
 - Remain in good standing under the contract with your health plan throughout the performance measurement period.
 - **Line of business eligibility:** Have patients that are active in Medicaid/Child Health Plus (CHPlus)/Essential Plan/Commercial lines of business.
- 2. Supplemental data/Medical record access:**
 - **Supplemental data:** Providers are required to submit supplemental data to participate in the program. We understand you are committed to submitting accurate claims for your patients. However, there are instances when essential documentation is missing, which leads to gaps in quality.
 - **Medical record access:** Authorization to view medical records must be provided to EmblemHealth, at no charge, for quality reviews related to this MQIP program, as well as for Healthcare Effectiveness Data and Information Set (HEDIS®) and other regulatory initiatives. Failure to do so will render you ineligible for the program. This authorization will enable our team to review charts that contribute to your performance and quality measures.

To confirm eligibility for the MQIP, we encourage you to reach out to us at quality_providerengagement@emblemhealth.com.

Measurement period and payment

Incentive payments will be made one time in May 2026.

- Measurement period is January through December 2025.
- Payment is based on each eligible patient who receives services, or claims we receive for services rendered. Payments will be made in EmblemHealth's sole discretion.
- If EmblemHealth determines a payment is appropriate, provider groups will be paid based on **membership as of Dec. 31, 2025**.
- Payments will be sent to the **Taxpayer Identification Number (TIN) identified where patients receive care**.

Measures and Targets

Medicaid/CHPlus/Essential Plan/Commercial Targets

Providers are evaluated on quality measures that are consistent with those published by the National Committee for Quality Assurance (NCQA). Below is a list of measures included in the MQIP and associated payment tiers.

Measures	Incentive Targets*			Incentive Payment**		
	Tier 1	Tier 2	Tier 3	Tier 1	Tier 2	Tier 3
Timeliness of Prenatal Care 0-14 weeks	88%	89%	91%	\$150	\$175	\$200
Postpartum Care between 7-84 days after delivery	84%	85%	86%	\$150	\$175	\$200
Prenatal Immunization Status	26%	30%	37%	\$50	\$75	\$125
Postpartum Depression Screening and Follow Up	6%	9%	14%	\$50	\$75	\$125
Obstetrical Needs Assessment Form (ONAF)	\$75 per submission (2 max per member)					

* Targets are based on benchmarks published by the New York State Department of Health, historical performance data, and additional industry-standard benchmarks.

** Once the Tier 1, Tier 2, or Tier 3 target is achieved, the provider will earn the respective incentive payment for each eligible member who received appropriate treatment.



Measure descriptions and submission requirements

Measure Name	Timeliness of Prenatal Care (PPC 1)		
Measure Goal/Description	Complete a prenatal intake visit in the first trimester or within 42 days of enrollment with us. Visits occurring prior to the member's enrollment with the plan also count if they occurred within the first trimester.		
Who's included in the measure?	Female members who are continuously enrolled 43 days before delivery through 56 days after delivering a live birth.		
Codes for compliance	Initial Prenatal Visit	CPT:	99201-99205, 99211-99215, 99241-99245, 99483, 99500, 0500F, 0501F, 0502F
		HCPCS:	T1015, H1000, H1001, H1002, H1003, H1004, G0463
		ICD-10:	Any appropriate pregnancy diagnosis code. Examples: Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93, Z36

Measure Name	Prenatal Immunization Status (PRS-E)		
Measure Goal/Description	Ensure members have received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations <i>prior to delivery</i> in the measurement period.		
Who's included in the measure?	Deliveries during the measurement period where the member also meets the criteria for participation of 28 days prior to the delivery date through the delivery date. Exclude deliveries that occurred at less than 37 weeks gestation.		
Codes for compliance	<p>Influenza vaccinations must be received on or between July 1 of the year prior to the measurement year and the delivery date.</p> <p>CPT/CPTII: 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756</p> <p>CVX: 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205</p> <p><i>Anaphylaxis due to the influenza vaccine</i></p> <p>Tdap vaccinations must be received during the pregnancy (including the delivery date).</p> <p>CPT: 90715</p> <p><i>Anaphylaxis due to diphtheria, tetanus, or pertussis vaccine</i></p> <p><i>Encephalitis due to diphtheria, tetanus, or pertussis vaccine</i></p>		

Measure Name	Postpartum Care (PPC 2)		
Measure Goal/Description	Complete a postpartum visit between seven and 84 days after delivery.		
Who's included in the measure?	Female members who are continuously enrolled 43 days before delivery through 84 days after delivering a live birth.		
Codes for compliance	Postpartum Visit	CPT:	0503F, 57170, 58300, 59400**, 59410**, 59430, 59510**, 59515, 59610**, 59614**, 59618**, 59622**, 99501 ** Please note that global billing or bundling codes must include DOS on claim form.
		HCPCS:	T1015, H1000, H1001, H1002, H1003, H1004, G0463
		ICD-10:	Examples: Z39.1, Z39.2
	Telephone Visits	CPT:	68966-38968, 99441-99443
	Telehealth Modifier		95, GT

Measure Name	Postpartum Depression Screening and Follow Up (PDS-E ECDS)		
Measure Goal/Description	Screen members for clinical depression during the postpartum period and, if screened positive, ensure member receives follow-up care.		
Who's included in the measure?	Deliveries during the measurement period where the member also meets the criteria for participation of 28 days prior to the delivery date through the delivery date. Exclude deliveries that occurred at less than 37 weeks gestation.		
Codes for compliance	A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:		
	Instruments for Adolescents (≤17 years)	Total Score LOINC Codes*	Positive Finding
	Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥10
	Patient Health Questionnaire Modified for Teens (PHQ-9M) [®]	89204-2	Total score ≥10
	Patient Health Questionnaire-2 (PHQ-2) ^{®1}	55758-7	Total score ≥3
	Beck Depression Inventory-Fast Screen (BDI-FS) ^{®1,2}	89208-3	Total score ≥8
	Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
	Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥10
	PROMIS Depression	71965-8	Total score (T Score) ≥60
	Instruments for Adults (18+ years)	Total Score LOINC Codes*	Positive Finding
	Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥10
	Patient Health Questionnaire-2 (PHQ-2) ^{®1}	55758-7	Total score ≥3
	Beck Depression Inventory-Fast Screen (BDI-FS) ^{®1,2}	89208-3	Total score ≥8
	Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
	Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
	Duke Anxiety-Depression Scale (DUKE-AD) ^{®2}	90853-3	Total score ≥30
	Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥10
	My Mood Monitor (M-3) [®]	71777-7	Total score ≥5
	PROMIS Depression	71965-8	Total score (T Score) ≥60
	Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31
	¹ Brief screening instrument. All other instruments are full-length.		
	² Proprietary; may be cost or licensing requirement associated with use.		
	Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, guidance on local resources for monitoring and support, and follow-up. Ensure documentation in medical records are clear and concise related to screening, interventions, counseling, and/or all appropriate care rendered to mother.		
	*not an all inclusive list of codes		

Measure Name	Obstetrical Needs Assessment Form (ONAF)
Measure Goal/Description	<p>Timely and adequate prenatal and postpartum care can set the stage for the long-term health and well-being of new mothers and their infants. The Obstetrical Needs Assessment Form (ONAF) facilitates communication between EmblemHealth and providers once a pregnancy is identified.</p> <p>The process requires the provider to complete the ONAF form by including current and accurate member demographics, any high-risk pregnancy indicators identified during the office visit, and basic pregnancy information.</p> <p>Once the requested information is received, we will provide support for your patients through care management and social support services as needed.</p> <p>To qualify for reward, you must:</p> <ol style="list-style-type: none"> 1. Schedule initial prenatal visit within 3-5 days of positive pregnancy test ensuring access to prenatal care before 14 weeks. 2. Thoroughly complete form right after the first prenatal visit for first incentive payment. 3. Preschedule postpartum visit during patient's 38-week OB/GYN visit. 4. Thoroughly complete postpartum visit information for second incentive payment. 5. Promptly send form by fax to 212-510-4970 or email to hfpregnancyprogram@emblemhealth.com. 6. Email your W-9 to quality_providerengagement@emblemhealth.com. To take part in this program, we need to obtain a current W-9 from you so we can process incentive payments quarterly.
ONAF Form	The form can be accessed at emblemhealth.com/onafform .
Criteria	<p>Incentives are based on timely submission of the ONAF form as outlined below:</p> <ul style="list-style-type: none"> • Submission 1: \$75 Visit completed and form received during first trimester (within 0-14 weeks' gestation): <ul style="list-style-type: none"> — Estimated due date (EDD), date of first prenatal visit. — Recent Pap/HPV screening with results. — Recent chlamydia screening with results. — Flu (if applicable). — Depression screening. — Prenatal risk assessment. • Submission 2: \$75 Visit completed and form received verifying postpartum visit (within 7-84 days after delivery): <ul style="list-style-type: none"> — Date of delivery. — Date of postpartum visit. — Tdap. — Flu (if applicable). — Depression screening.

Measure Name	Obstetrical Needs Assessment Form (ONAF) (Continued)
Form Completion and Submission	<ul style="list-style-type: none"> • Form must contain visit details regarding certain test results (see form for required fields). • Form must be complete, including the member’s name, date of birth, member ID, name of the OB/GYN provider, and the provider’s TIN and NPI. • Duplicate forms will not qualify for multiple incentives. • Incomplete form will result in nonpayment. • Fill out by using fillable PDF or print to hand-write. Fax completed forms to 212-510-4970 or email: hfpregnancyprogram@emblemhealth.com
Payment Contingencies	<ul style="list-style-type: none"> • The NPI and TIN fields on the form MUST be filled out to receive payment. • If you are working in multiple locations (have multiple TINs), you must use the address where the patient was serviced to bill claims for that visit. • Payments will be made quarterly based on TIN provided on the assessment form. • Payments will be made by check to the associated TIN. • Submit your current W-9 form to receive payment.



Patient/Provider Program Resources

Fertility navigator program

EmblemHealth's dedicated navigator team plays a key role in supporting our whole health strategy by guiding members through their infertility benefits. They provide education and information on various procedures, answer questions from both members and providers, and offer personalized support. If necessary, they can transfer callers to a clinical resource to answer any specific clinical questions, or they facilitate referrals to high-risk pregnancy programs, ensuring comprehensive care assistance throughout the healthcare journey. For patient questions, please refer them to the phone number on the back of their insurance card. For provider questions, please submit through provider portal.

EmblemHealth maternity programs

Our pregnancy programs offer comprehensive, integrated, family-centered, holistic, seamless, and clinically robust care management services to mother and child. There are two key components to the program:

- **Healthy Futures Program**

This maternity management program serves as an extension to physician care. It connects pregnant members with important information and resources, offering support throughout the pregnancy, childbirth, and postpartum care. It also assists with family planning and newborn care. Our skilled nurse professionals (with added support from our team of dietitians, social workers, pharmacists, health educators, and other health professionals) help participants understand their condition, their doctor's orders, and how to best manage their maternal journey and associated needs for mother and baby. In addition, the program includes comprehensive phone assessments to determine care needs, including comorbidities and behavioral health and substance use disorder issues.

- **High-Risk Maternity Program**

This high-touch program, with outreach at least every four to six weeks focuses on identifying and managing pregnant people at risk for pregnancy-related complications to help expectant members carry babies to term. It incorporates additional risk factors and predictive modeling, actively monitors and supports mothers to ensure the best possible outcomes for them and their baby.

You can refer members to these programs by:

- Email us at hfpregnancyprogram@emblemhealth.com.
- Call us at **800-447-0768**, 9 a.m. to 5 p.m., Monday through Friday.

Rewards program for your patients

Members are rewarded for taking good care of their health. Your role remains unchanged — continue providing care and sending patients for important screenings such as mammograms. Medicaid members can receive a \$50 reward for completing a postpartum care visit between seven and 84 days after delivery.

To participate, members must register for our Member Rewards program at emblemhealthrewards.nationsbenefits.com and complete the postpartum care visit.

In-home screening partners/vendors

We recognize your commitment to our members' well-being and understand that treating patients in your office isn't always feasible. To complement your care, we collaborate with an in-home health care provider, DocGo, to complete postpartum care in the home, at no extra cost.

Gaps-in-care report

We also provide you with comprehensive gaps-in-care reports. This data can help you identify patients who may benefit from proactive outreach and intervention.

Quality Measure Resource Guide

The Quality Measure Resource Guide is a valuable reference tool. It gives you detailed information including codes and actionable steps to close gaps in care. Find the guide at emblemhealth.com/providers/clinical-corner/quality or request a copy from your provider network manager.





For more information about the EmblemHealth Maternity Quality Incentive Program, please contact your provider relationship manager or visit the provider portal at emblemhealth.com/providers.

**Delivering excellence
to your patients**