

Pilot Program on Performance-Based Maternity Payments (P-BMP)

Revision: C-21, March 1, 2018

1.0 PURPOSE

The purpose of the P-BMP pilot is to meet requirements set forth in the NDAA FY 2017, Section 705(a) which authorizes the implementation of value-based incentive programs to encourage health care providers under the TRICARE program (including physicians, hospitals, and other persons and facilities involved in providing such health care services) to improve the following:

- The quality of health care provided to covered beneficiaries under the TRICARE program;
- The experience of covered beneficiaries in receiving health care under the TRICARE program; and
- The health of covered beneficiaries.

2.0 BACKGROUND

VBP is an emerging strategy in the health care industry that seeks to reward better health outcomes, enhance the beneficiary's experience of care, and reduce health care costs over time. The P-BMP pilot is a value-based initiative that seeks to improve health outcomes for mothers and babies via an increased emphasis on maternity care quality in the TRICARE networks. Phase I of the pilot will implement beneficiary-friendly tools to promote greater transparency regarding the quality of maternity care delivered by hospitals in the TRICARE network. This initial phase of the pilot will help beneficiaries understand the risks associated with specific delivery choices and facilitate meaningful dialogue with health care providers during this pivotal time in a woman's life. Phase II of the pilot (currently under development) will incorporate performance-based payments to network hospitals related to network maternity care.

3.0 APPLICABILITY

The P-BMP pilot is applicable to hospitals that are in the TRICARE network.

4.0 PILOT PROGRAM OVERVIEW

4.1 The P-BMP pilot incorporates quality metrics and survey findings from the Leapfrog Group, a national nonprofit organization established in 2000 to drive improvements in health care quality and safety. Leapfrog conducts an annual Hospital Survey and compares reported hospital performance

against nationally-recognized benchmarks for five maternity care measures (early elective deliveries, C-sections, episiotomies, maternity care processes, and high-risk deliveries). Leapfrog posts its survey results on a public website that clearly shows how each hospital performed on each reported measure in comparison to Leapfrog's posted target measure.

4.2 DHA has designated the first four Leapfrog measures (early elective deliveries, C-sections, episiotomies, and maternity care processes) as core metrics (key and essential elements) for the P-BMP pilot. Network hospitals assigned a performance rating of "Fully Meets the Standard" by Leapfrog on three core metrics (as evidenced by Leapfrog survey results) will be awarded a **Value** tier rating. Network hospitals that achieve a satisfactory performance rating on all four core metrics will be awarded a **High Value** tier rating. The fifth Leapfrog measure (**High-Risk Deliveries**) only applies to hospitals meeting a minimum threshold of very-low birth weight deliveries per year, as designated by Leapfrog. As such, hospital performance on **High-Risk Deliveries** is not considered a core metric for the P-BMP pilot.

4.3 P-BMP performance ratings (**Value**, **High Value**, and **High-Risk Deliveries**) will be based upon the most current survey data posted by Leapfrog on its public website.

4.4 Upon implementation of the pilot, and on an ongoing basis thereafter, the contractor shall obtain the most current Leapfrog Annual Hospital Survey results for maternity care and identify all network hospitals that achieved **Value**, **High Value**, and **High-Risk Delivery** ratings during the survey rating period. Based on the contractor's review of the Leapfrog survey data and their identification of **Value**, **High Value**, or **High-Risk Delivery** ratings, the contractor shall update their web-based network Provider Directory with unique provider designation symbols that will effectively communicate the hospital's quality rating and P-BMP pilot status to beneficiaries within 30 days that it is posted by Leapfrog on its public website. Specific Provider Directory designation processes are described in [paragraph 6.1.2](#).

5.0 POLICY CONSIDERATIONS

5.1 The implementation of the P-BMP pilot does not limit or change normal TRICARE reimbursement methodologies or claims submission policies and processes. Hospital claims for maternity care services will continue to be processed following normal TRICARE reimbursement rules. Nothing in this pilot changes the beneficiary's right to choose their network provider.

5.2 Participation in the annual Leapfrog Hospital Survey is voluntary. Alternative forms of evidence for hospital quality will not be accepted for P-BMP pilot purposes. Hospitals will not be reimbursed by the Government for any administrative costs associated with participation in the Leapfrog survey.

5.3 In order to be eligible for designation symbols, identifying Gold and Silver Stork Facilities, including **High-Risk Delivery**, hospitals must have completed a provider network agreement with the appropriate regional contractor on the date that a specific P-BMP action is taken. Hospitals with TRICARE network agreements that are in process, but not yet completed, are not eligible for the P-BMP pilot.

6.0 CONTRACTOR RESPONSIBILITIES

6.1 Phase I - Quality Transparency For Beneficiaries

6.1.1 Upon commencement of the P-BMP pilot, and on an ongoing basis thereafter (following publication of Leapfrog findings), the contractor shall obtain the most current Leapfrog survey results and determine which TRICARE network hospitals in its respective region have achieved a **Value** or **High Value** rating. The contractor shall also use this survey data to identify **Value** and **High Value** tier hospitals that also met the established target for the **High-Risk Delivery**.

6.1.2 Not later than June 1, 2018, using the most recent data available, the contractor shall have annotated their web-based Provider Directory with unique provider designation symbols for hospitals who achieved a **Value**, **High Value**, or **High-Risk Delivery** rating during the preceding year (e.g., "Silver Stork" for **Value** tier; "Gold Stork" for **High Value** tier, etc.). The contractor shall update their Provider Directory at least once a year or whenever the Leapfrog data is refreshed as specified in [paragraph 4.4](#), to maintain consistency with Leapfrog's website. The contractor shall select the specific symbols to be used for this purpose. The contractor shall include clarifying information on the Provider Directory to ensure that beneficiaries understand how to interpret these symbols that aligns with posted Leapfrog methodology. As new hospitals are added to the TRICARE network, the Provider Directory shall be refreshed to ensure that any appropriate P-BMP quality designation symbols are included within 30 calendar days of the hospital joining the network.

6.1.3 Since participation in the Leapfrog survey is voluntary, the lack of a P-BMP quality designation symbol on the provider directory does not infer that a particular hospital provides low quality care. The contractor shall provide clarifying information on the provider directory to preclude any misinterpretation of the data by beneficiaries such as a construing that a hospital without a stork rating is somehow considered low value.

6.1.4 The contractor shall provide the Government with a Performance-Based Maternity Payment (P-BMP) Report, identifying those hospitals which have been designated as **Value**, **High Value**, with an additional endorsement for **Value** or **High Value** in the **High-Risk Delivery** category on the network provider directory. Details for reporting are identified in DD Form 1423, Contract Data Requirements List (CDRL) located in Section J of the applicable contract.

6.2 Phase II - Performance-Based Hospital Incentives (Reserved For Future Use)

7.0 EXCLUSIONS

7.1 Hospitals located outside the 50 United States and the District of Columbia (DC).

7.2 Hospitals in Maryland that are not reimbursed under the Medicare Severity-Diagnosis Related Group (MS-DRG) system, although they may participate in the Provider Directory designation.

7.3 Critical Access Hospitals (CAH) not paid under the DRG reimbursement methodology.

7.4 Beneficiaries with Other Health Insurance (OHI) are excluded.

7.5 Designated Providers (DPs) under the Uniformed Services Family Health Plan (USFHP).

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Chapter 29, Section 4

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8.0 EFFECTIVE AND TERMINATION DATES

Phase I of the P-BMP pilot will commence on April 1, 2018. Effective date for Phase II will be communicated via a separate manual change. The P-BMP pilot will continue through the last day of health care delivery of a Region's current contract, or three years from the start of the pilot project, whichever comes first, subject to the Government's discretion under [Section 1, paragraph 4.2](#).

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