

Appendix D: Provider Infrastructure Payments (PIP)

The Provider Infrastructure Payments may only be used by Partner Providers and Partner Care Delivery Locations for activities approved by CMS, including but not limited to the activities listed below and subject to final CMS approval:

- **Patient Safety Initiatives and Maternal Care Assessment:**
 - Implementation of the PQC-led AIM patient safety bundles; such payments may not duplicate or supplant funds provided by Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), or any other federal or state source for the same purpose.
 - Planning, patient-flow revision, acquisition of electronic health record (EHR) systems or coding changes or other activities required to effectively use medical and non-medical risk assessments to drive risk appropriate care.
- **Quality Measure Reporting:**
 - Provider surveys
 - Data reporting on the below model quality measures
 - Low-risk cesarean delivery
 - Screening for maternal depression and follow-up
 - Severe obstetric complications
 - Timeliness of prenatal and postpartum care
 - Data reporting on additional quality assurance measures (Note: CMS will specify which measures Recipients will need to report and provide technical assistance where needed.)
- **Data integration**
 - EHR upgrades and data infrastructure improvement, as needed, to meet model data collection and reporting requirements
 - Connections to enable EHRs to exchange data
 - Integration with CBOs to share screening and referral information (and for CBOs to share notifications back to the referring provider to meet social, health, and mental needs in compliance with state and federal data privacy laws)
- **Team-based care**
 - Support regular and ongoing interprofessional care team meetings and planned quality assurance and improvement activities. In addition to obstetricians and other physicians and registered nurses, the maternal care team may include doulas, Perinatal Community Health Workers, CHWs, midwives, physician assistants and behavioral health providers, as appropriate.
- **Enhanced access to care:**
 - Offer one or more alternatives to traditional office visits to increase access to care in ways that best meet the needs of the population. This may include Home Monitoring for diabetes and hypertension or other telehealth initiatives, group perinatal visits, home visits, alternate location visits, or expanded early morning, evening, and/or weekend hours.

- **Connections to CBOs to address upstream drivers of health and mental health needs:**
 - Identification of local entities that can help address non-medical (food insecurity, transportation, housing, etc.) and/or mental health (e.g., perinatal depression and anxiety), or tobacco or substance use disorder-related needs of patients insured by Medicaid & CHIP and integrate them into screening, referral and follow-up activities, where legally permissible and appropriate to do so.