

Patient journey: Perinatal episode

■ Potential episode trigger event

Patient suspects pregnancy, may take a home test, and makes appointment to confirm pregnancy



Prenatal care

- The expecting mother receives prenatal care such as office visits, screening and testing (e.g., genetic screening, drug tests)
- Factors influencing prenatal care quality include level of patient-centered care (e.g., PCMH, birth centering), timeliness and frequency of visits and risk-assessment (to make appropriate referrals and minimize ED visits)
- Supportive services may include psychosocial evaluation, counseling and education on topics including nutrition and breast feeding



Delivery

- The delivery, either vaginal or C-section, typically occurs in an IP setting and may involve varying levels of care
- Procedures performed may include induction, anesthesia/epidural, episiotomy, additional testing / screening
- Supportive services may include discussion of ancillary support, formal consultations, neonatal support, transportation



Postpartum care¹

- The mother receives postpartum care such as follow-up visits, mental health evaluations, referrals, and education and counseling on topics including breast feeding and reproductive health planning including contraception



Potential complications¹

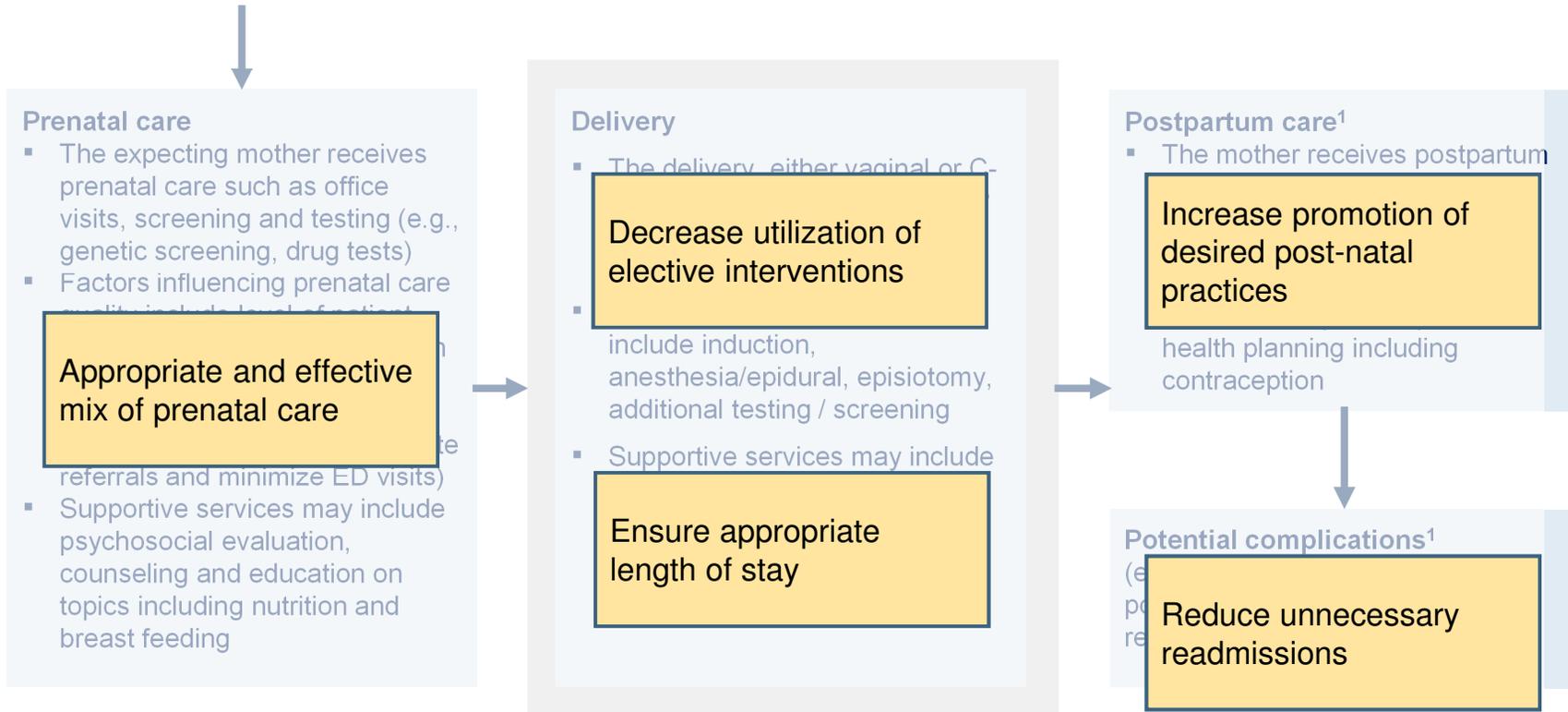
(e.g., bleeding, urination issues, postpartum depression, readmissions)

¹ Episode only includes care for the mother after delivery

Sources of value: Perinatal episode

■ Potential episode trigger event

Patient suspects pregnancy, may take a home test, and makes appointment to confirm pregnancy



¹ Episode only includes care for the mother after delivery

Perinatal episode definition (1/2)

Area	Episode base definition
1 Episode trigger	<ul style="list-style-type: none"> A delivery Px code and a confirmatory live birth Dx on any claim type¹
2 Episode window	<ul style="list-style-type: none"> Episodes begin 280 days before the date of delivery Episodes end 60 days after discharge from the delivery facility
3 Claims included ²	<ul style="list-style-type: none"> During the pre-trigger window: All inpatient, outpatient, professional, and pharmacy claims tied to relevant prenatal care (e.g. screening, examinations) and complications (e.g. placenta previa, pre-eclampsia, vomiting, etc.) less excluded medications During the trigger window: All inpatient, outpatient, professional, and pharmacy claims less excluded medications During post-trigger window: Same claims and medications as pre-trigger window, all inpatient admissions during the first 30 days less specific exclusions
4 Principal accountable provider	<ul style="list-style-type: none"> The PAP is the physician or physician group responsible for billing the delivery procedure The billing provider ID on the claim with the procedure will be used to identify the PAP Payers may alternatively choose to identify the PAP based on the contracting entity responsible for the triggering claim

1 The live birth code and delivery procedure code can occur on different claims but must occur within 7 days of each other

2 A full list is available in the detailed business requirements

Perinatal episode definition (2/2)

Area	Episode base definition
<p>5 Risk adjustment and episode exclusion</p>	<ul style="list-style-type: none"> ▪ Risk adjustment: 77 factors for use in risk adjustment including obesity, previous C-section, STI, and anemia¹ ▪ Episode exclusion: There are three types of exclusions: <ul style="list-style-type: none"> – Business exclusions: <ul style="list-style-type: none"> ▫ Members under 12 years old and over 49 years old ▫ Others: Multiple payers, third party liability, inconsistent enrollment, PAP out of State, no PAP, dual eligibility, long-term care, long hospitalization, missing APR-DRG, missing indicated facility, and incomplete episodes – Clinical exclusions: <ul style="list-style-type: none"> ▫ Members with any of 8 clinical factors¹ ▫ Members with an unusually large number of comorbidities¹ ▫ Members who left treatment against medical advice or died – High cost outlier exclusions: Episode’s risk adjusted spend is 3 standard deviations above the mean (after business and clinical exclusions)
<p>6 Quality metrics</p>	<ul style="list-style-type: none"> ▪ Quality metrics linked to gain-sharing: <ul style="list-style-type: none"> – Prenatal HIV screening rate – Prenatal GBS screening rate – C-section rate – Percent of episodes with follow-up visit within 60 days ▪ Quality metrics for reporting only: <ul style="list-style-type: none"> – Percent of episodes with prenatal gestational diabetes screening – Percent of episodes with prenatal hepatitis B screening – Number of ultrasounds – Percent of episodes with chlamydia screening

¹ A full list is available in the detailed business requirements