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 care[1]

- 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 complications[1]
(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

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
- Supportive services may include psychosocial evaluation, counseling and education on topics including nutrition and breast feeding

Appropriate and effective mix of prenatal care

Delivery

- The delivery, either vaginal or C-
- include induction, anesthesia/epidural, episiotomy, additional testing / screening
- Supportive services may include

Decrease utilization of elective interventions

Ensure appropriate length of stay

Postpartum care[1]

- The mother receives postpartum

Increase promotion of desired post-natal practices

health planning including contraception

Potential complications[1]

Reduce unnecessary readmissions

1 Episode only includes care for the mother after delivery

Perinatal episode definition (1/2)

Area	Episode base definition
1 **Episode trigger**	▪ A delivery Px code and a confirmatory live birth Dx on any claim type[1]
2 **Episode window**	▪ Episodes begin **280 days** before the date of delivery ▪ Episodes end **60 days** after discharge from the delivery facility
3 **Claims included[2]**	▪ **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**	▪ 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
5 **Risk adjustment and episode exclusion**	▪ **Risk adjustment:** 77 factors for use in risk adjustment including obesity, previous C-section, STI, and anemia[1] ▪ **Episode exclusion:** There are three types of exclusions: – Business exclusions: ▫ 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: ▫ Members with any of 8 clinical factors[1] ▫ Members with an unusually large number of comorbidities[1] ▫ 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)
6 **Quality metrics**	▪ **Quality metrics linked to gain-sharing:** – 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:** – 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