

Perinatal

Episode Definition

Episode Trigger

A live birth delivery on a facility claim.

Episode Duration

The episode begins 40 weeks prior to delivery and ends 60 days after delivery.

Episode Services

The episode will include the following services rendered within the duration of the episode:

- All medical services with a pregnancy related diagnosis code.
- The medical and diagnostic services for pregnancy related screenings and procedures: chlamydia screening, gestational diabetes screening, Group B strep screening, Hepatitis B screening, HIV screening, whooping cough vaccination, ultrasound, amniocentesis, genetic screening.

Principal Accountable Provider

The Principal Accountable Provider (PAP) for a Perinatal Care Episode is the provider or provider group that performs the delivery.

Episode Exclusions

In addition to the *Global Exclusions* for all episodes, episodes meeting any of the following criteria will be excluded:

- All episodes without a confirming professional claim for delivery (PAP is not identified)
- No prenatal care provided
- Limited prenatal care provided only within 60 days prior to delivery.
- Delivering PAP did not provide any prenatal services.
- Under provided prenatal care by PAP (defined as fewer than 4 prenatal visits).
- The following pregnancy related conditions: amniotic fluid embolism, obstetric blood clot embolism, placenta previa, severe preeclampsia, multiple gestation greater than or equal to three, late effect complications of pregnancy/childbirth, puerperal sepsis, suspected damage to fetus from viral disease in mother, cerebrovascular disorders.
- Additional comorbidities such as: cancer, cystic fibrosis, congenital cardiovascular disorders.

Episode Adjustments

For the purposes of determining a PAP's performance, the total cost attributable to the PAP for a prenatal care episode is adjusted based on:

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| • Abnormal forces of labor | • Fetopelvic disproportion | • Prolonged rupture of membranes |
| • Amniotic fluid disorders | • Fever | • Prolonged labor |
| • Cervical incompetence | • Hemorrhage | • Puerperal infection |
| • Chromosome abnormalities | • Malposition | • Twin pregnancy |
| • Diabetes | • Peripartum cardiomyopathy | • Wound infection |
| • Drug induced disorders | • Placental disorder | |
| • Eclampsia | • Pre-eclampsia | |
| • Emesis | • Preterm labor | |

Quality and Utilization Measures

The following measures are tracked for informational reporting purposes:

- Percentage of episodes with asymptomatic bacteriuria screening.
- Percentage of episodes with chlamydia screening.
- Percentage of episodes with gestational diabetes screening.

Quality and Utilization Measures, continued

- Percentage of episodes with Group B strep screening.
- Percentage of episodes with Hepatitis B screening.
- Percentage of episodes with HIV screening.
- Percentage of episodes excluded for limited prenatal care.
- Percentage of episodes excluded for no prenatal care.
- Percentage of episodes excluded for PAP not providing prenatal care.
- Percentage of episodes excluded for under provided prenatal care by PAP.
- Percentage of episodes for which a C-section was performed.
- Average length of inpatient admission stay per delivery with a C-section.
- Average length of inpatient admission stay per Non C-section delivery.
- Average number of emergency department visits per episode.
- Percentage of episodes with an ultrasound.
- Percentage of episodes with amniocentesis screening
- Percentage of episodes with genetic screening.
- Percentage of episodes with a whooping cough vaccination.