



HEDIS[®] Lunch & Learn

Prenatal and Postpartum Care

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Timeliness of Prenatal Care (TOPC)

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Timeliness of Prenatal Care (TOPC) - Criteria

Who is in the measure (denominator)?

- The percentage of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year.

What makes the member compliant (numerator)?

- The percentage of deliveries that received a prenatal care visit (with an OB/GYN or PCP) in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.

Hybrid
methodology

Claims + chart
review



Timeliness of Prenatal Care (TOPC) - Criteria (cont.)

What makes the member compliant (cont.)?

If chart review needed:

Documentation must include the visit date and evidence of one of the following:

- Documentation indicating pregnancy, such as:
 - Documentation in a standardized prenatal flow sheet, documentation of LMP, EDD or gestational age, a positive pregnancy test result, documentation of gravidity and parity, or documentation of prenatal risk assessment and counseling/education
- A basic physical obstetrical examination that includes:
 - Auscultation for fetal heart tone, pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used)
- Prenatal Care Procedure, such as:
 - obstetric panel, TORCH antibody panel alone, rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or ultrasound/echography



**Prenatal Care
Member Incentive**

Member Incentive Programs

Timeliness of Prenatal Care (TOPC)

- **Pregnant members that complete 6 or more prenatal visits**
- **Receive a Pack-N-Play for completion**
- **Neonatal Abstinence Syndrome (NAS) Case Management Program – educational toy**



Provider Incentive Programs

Timeliness of Prenatal Care (TOPC)

- **Completion and receipt of Pregnancy Risk Screening Instrument (PRSI)**
https://www.wvdhhr.org/mcfh/WV_PrenatalRiskScreeningInstrument2016.pdf
- **\$20 for completion and sending to ABHWV (also required to go to State)**





Postpartum Care (PPC)



Postpartum Care (PPC)

Who is in the measure (denominator)?

- The percentage of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year (same as prenatal).

What makes the member compliant (numerator)?

- The percentage of deliveries that received a POSTPARTUM visit between 7-84 days after delivery (OB/GYN or PCP type).

Hybrid
methodology

Claims + chart
review

Postpartum Care (PPC)

What makes the member compliant (cont.)?

Postpartum visit on or **between 7 & 84 days** after delivery (OB/GYN or PCP)

If chart review needed:

Documentation must indicate visit date & evidence of one of the following:

- Pelvic exam, *or*
- Examination of breasts (or notation of breastfeeding), abdomen, weight and BP, *or*
- Notation of postpartum care, including “postpartum care”, “PP care”, “PP check”, “6-week check”, or a preprinted “Postpartum Care” form in which information was documented during the visit, *or*
- Perineal or cesarean incision/wound check, *or*
- Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders, *or*
- Glucose screening for women with gestational diabetes, *or*
- Documentation of any of the following topics:
 - Infant care or breastfeeding, resumption of intercourse, birth spacing or family planning, sleep/fatigue, resumption of physical activity, or attainment of healthy weight





**Postpartum Care
Member and Provider
Incentive**

Member Incentive Programs

Postpartum Care (PPC)

- Pregnant members that complete postpartum visits 7-84 days after delivery
- Earn **\$50** for completion

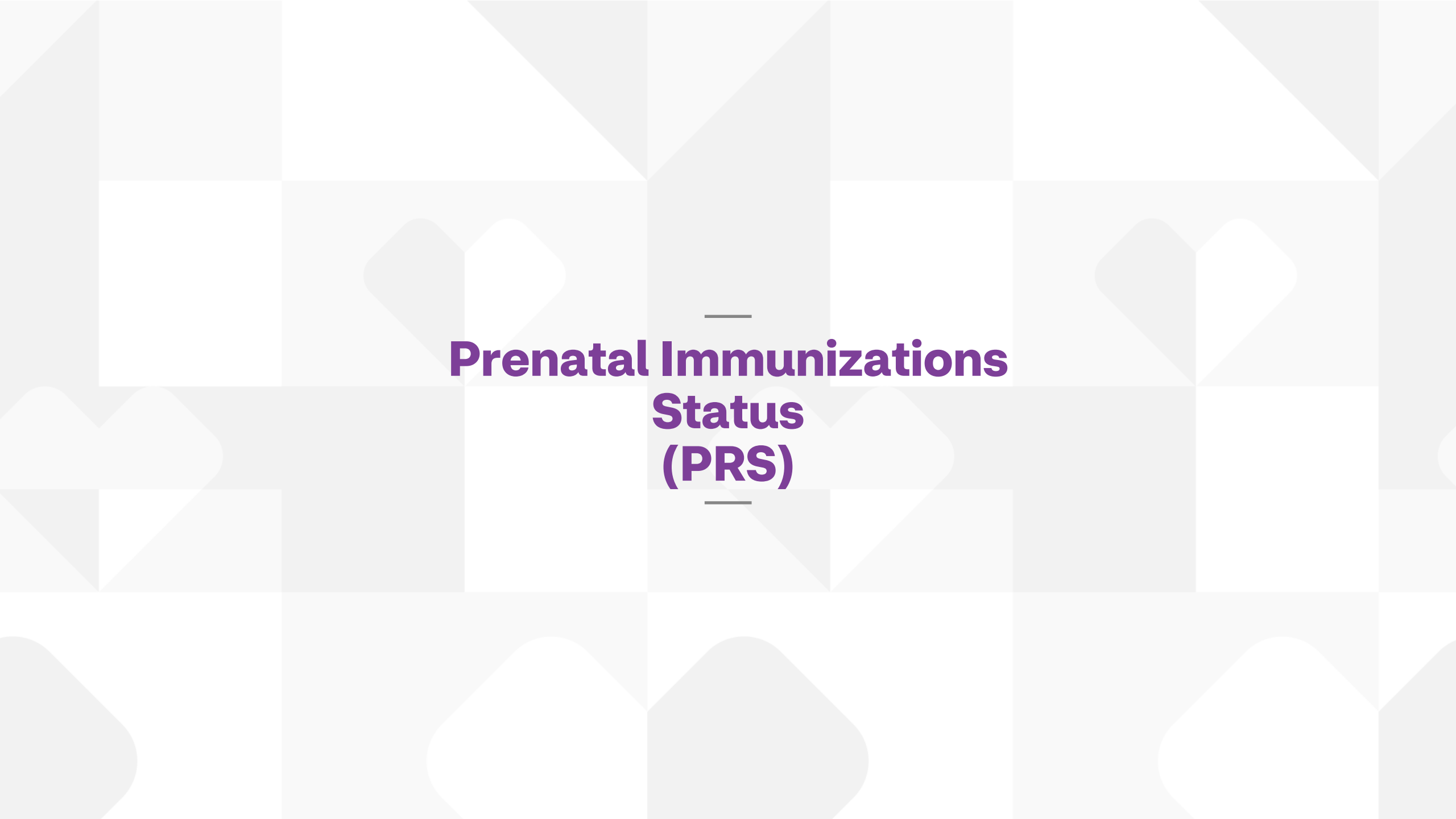


Provider Incentive Programs

Postpartum Care (PPC)

- **Members that complete a postpartum visit 7-84 days after delivery**
- **Receive \$75.**
- **Claim must be billed with a valid CPT code by provider/group**





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Prenatal Immunizations Status (PRS)

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Prenatal Immunization Status (PRS)

Who is in the measure (denominator)?

- Deliveries in the measurement period (January 1 – December 31).

What makes the member compliant (numerator)?

- The percentage deliveries in the Measurement Period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.
- Exclusions:
 - Deliveries that occurred at less than 37 weeks gestation
 - Hospice services any time in the measurement period
 - Members who passed away in the measurement period

Administrative
methodology

No chart
review



Coding Information

Postpartum: Providers will need to bill the delivery code and the postpartum visit code separately to be reimbursed. Use code **59430** to indicate that a postpartum visit occurred.

Refer to the **Provider Toolkit** for additional coding information.

PRS: For a list of codes, please email us at ABHVVHEDIS@aetna.com.

Prenatal and Postpartum Gaps in Care

Challenges

Why Gaps in Care?



PRENATAL

- No-show appointments requiring rescheduling resulting in late or missed opportunities for optimal number of prenatal care visits
- Late or no prenatal care due to behavioral health and/or substance use conditions, impacting member motivation/ability to schedule/attend appointments
- Potentially behavioral health and/or substance use appointments taking priority for the member during the prenatal period
- Difficulties arranging childcare to attend appointments
- Member has labs or ultrasound only within time period w/out a visit, and does not return until after prenatal time frame
- Seen in ER only during prenatal time frame



POSTPARTUM

- No-show appointments requiring rescheduling resulting in late or missed opportunities for postpartum appointment
- Difficulties arranging childcare to attend appointments
- Potentially behavioral health and/or substance use appointments taking priority for the member during the postpartum period
- Members may perceive that a postpartum appointment is not necessary if they feel fine, and/or if have had prior pregnancies and feel only needed for first time moms.
- May come for wound check prior to 7 days after delivery and not return

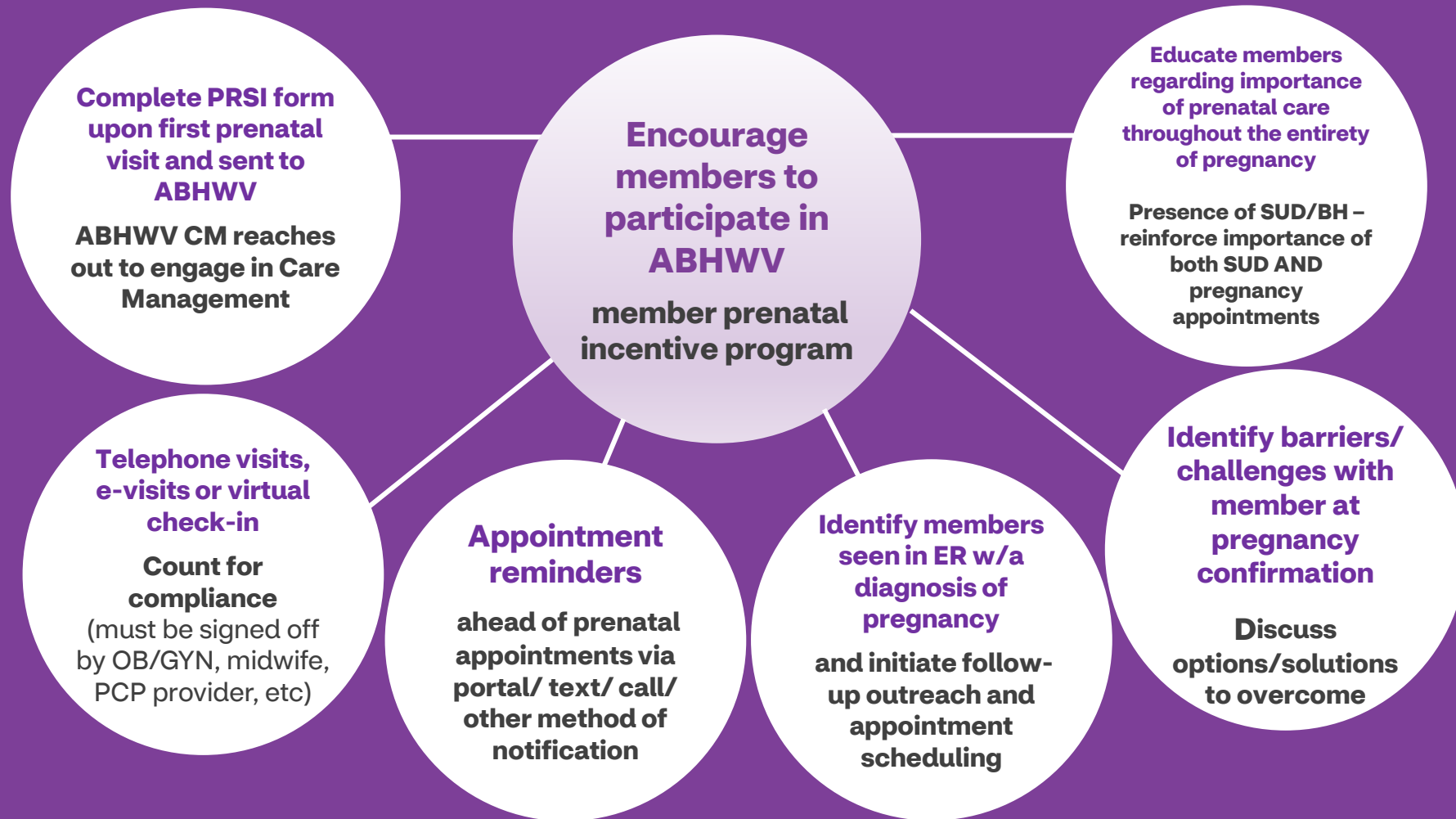


PRENATAL IMMUNIZATIONS

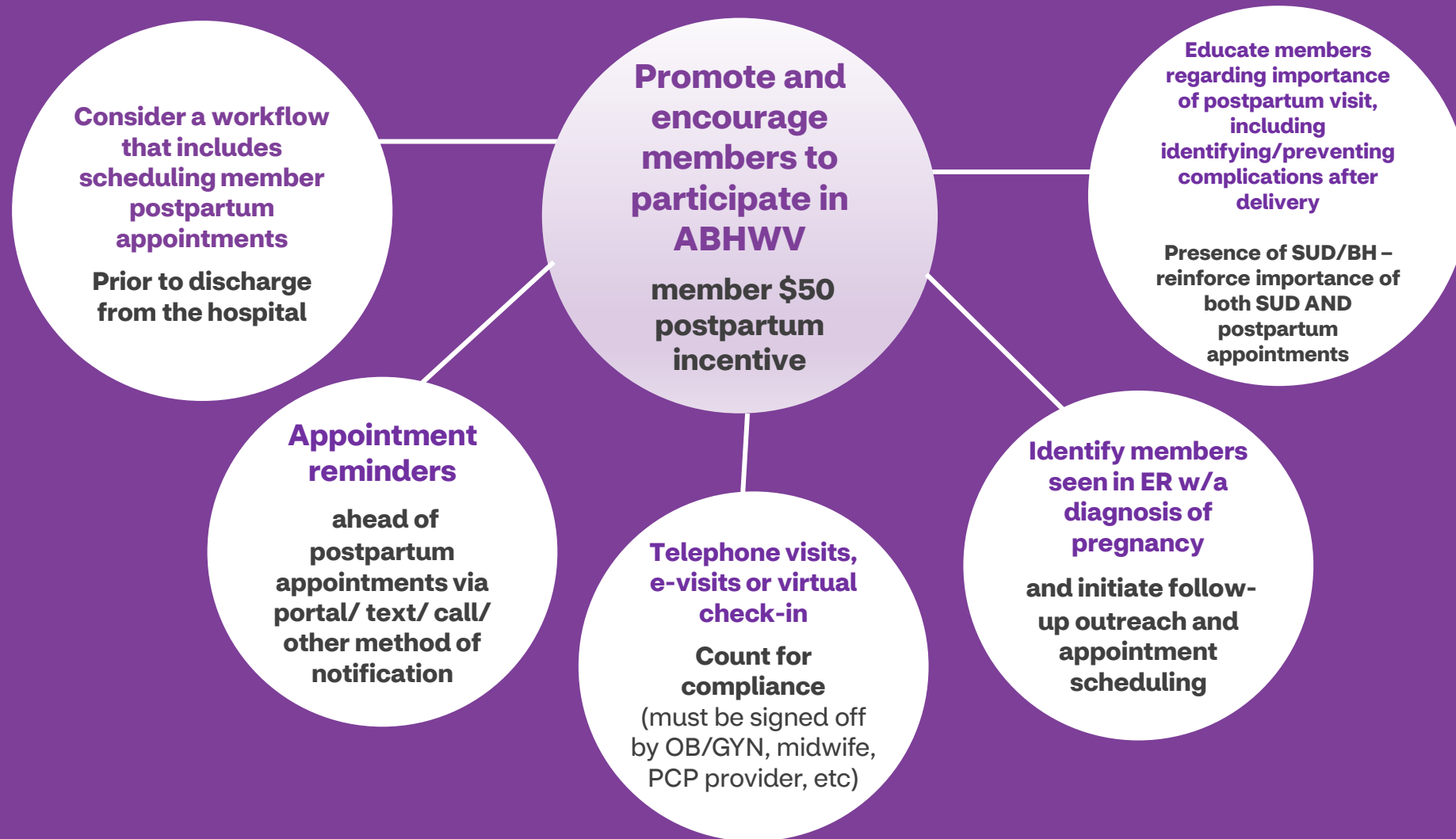
- Member lack of understanding the importance of prenatal immunizations/ how serious illnesses can be if not vaccinated
- Member fear/uncertainty/anxiety regarding safety of receiving vaccinations, fear of adverse effects while pregnant
- Potentially if not provided in the OB/GYN office as part of prenatal appointments, or if member needs to come to OB/GYN for a separate appointment
- Provider offering/recommending prenatal immunizations consistently

**Prenatal and Postpartum
Care
Take-aways**

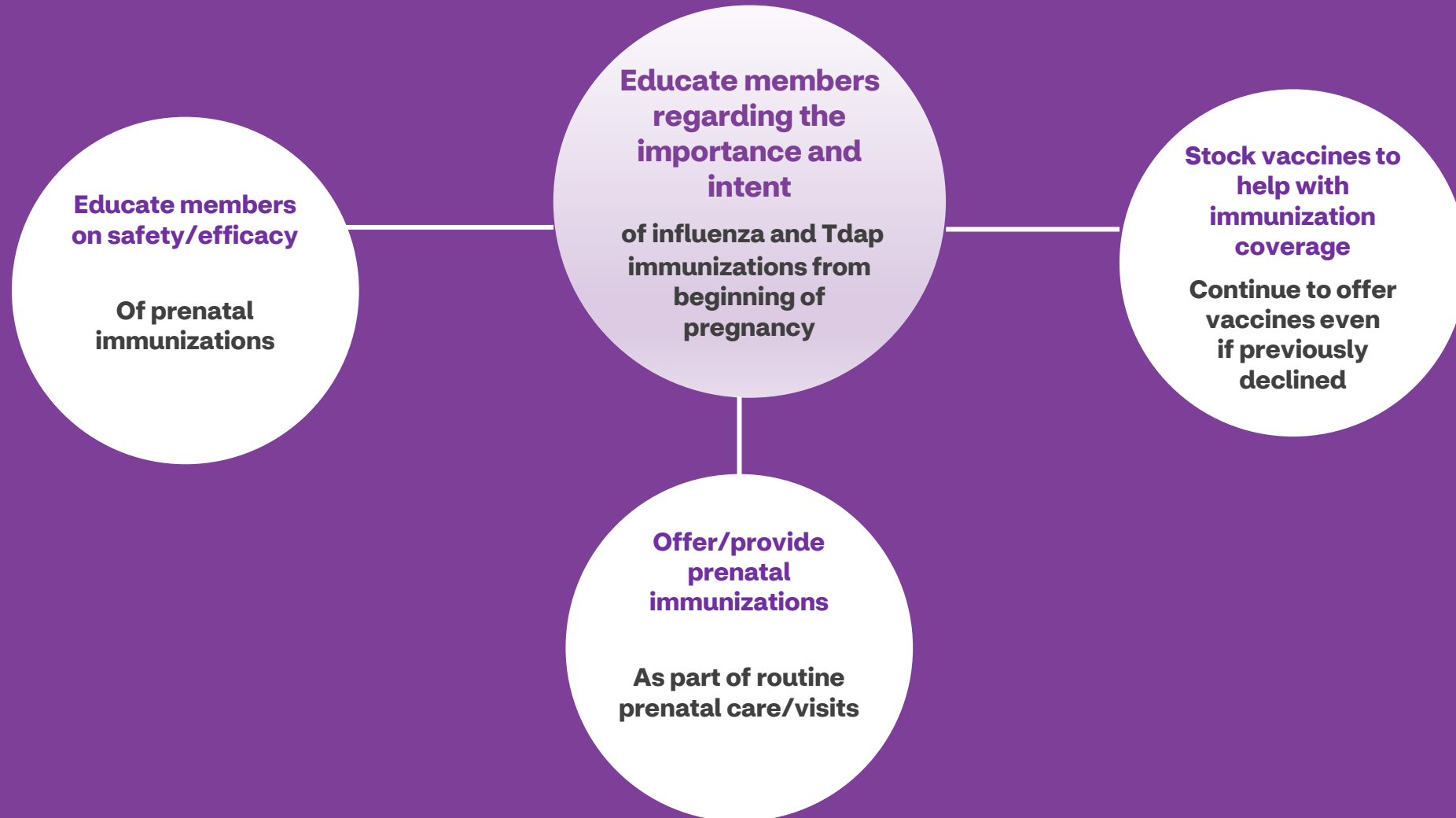
Take-Away Actions – Timeliness of Prenatal Care



Take-Away Actions – Postpartum Care



Take-Away Actions – Prenatal Immunizations



ABHWV website - Provider HEDIS Section

There is a HEDIS tab within the Provider Tab on the ABHWV website. The following are now available:

1. **What is HEDIS?** – a short description of HEDIS
2. **HEDIS News You Can Use** –emailed to providers each month and will be available on the website, including current and prior months
3. **HEDIS Toolkit For Provider Offices** – comprehensive document of all HEDIS measures, including a coding/billing section. This is updated annually or sooner as needed.
4. **HEDIS Lunch and Learn Webinars For Providers** – monthly webinars such as the one today. Links for past webinars and invite information for the next upcoming Lunch and Learn will be here.

<https://www.aetnabetterhealth.com/westvirginia/providers/hedis.html>

Closing Thoughts and Resources

Members trust you!

Parents consider you their most trusted source of medical information.

Your guidance and encouragement is critical in their prenatal and postpartum care management.

Allow time for discussion and questions. Hearing your answers can help patient feel confident and more comfortable.

ABHWV Quality Partnerships

Melani McNinch, Senior Mgr, ABHWV Quality HEDIS Manager

- ABHWVHEDIS@aetna.com

Sherry Griffith, ABHWV Quality HEDIS Project Manager

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EMR data file transfer and YR MRR options

- **Tosha Morris, HEDIS Project Manager**
ABHWVHEDIS@aetna.com
304-348-2003

Wellness Event Partnering

- **David Roberts, Prevention & Wellness**
ABHWVHEDIS@aetna.com
304-539-9046

Quality Practice Liaison

- **Alana Hoover**
ABHWVHEDIS@aetna.com
860-900-6090

Other Resources

ABHWV Integrated Care Management

Refer member to Aetna Better Health of West Virginia Case Management:

- Fax to 844-330-1001
- Call 1-888-348-2922

Great Resources:

<https://www.acog.org/-/media/project/acog/acogorg/files/pdfs/reports/strategies-for-integrating-immunizations.pdf>

<https://www.acog.org/>

https://www.wvdhhr.org/mcfh/WV_PrenatalRiskScreeningInstrument2016.pdf

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9956150/>

Questions?

**Thank you
for making a
difference!**



