



PERINATAL EPISODE

Overview of a perinatal episode

The perinatal episode revolves around women with low- to medium-risk pregnancies. The trigger event is the birth of a live infant. All pregnancy-related care including prenatal visits, lab tests, ED visits, medications, ultrasound imaging, delivery of the baby (professional and facility components) and post-partum care are included in the perinatal episode. A complete perinatal episode begins 40 weeks prior to the delivery and ends 60 days after the mother is discharged from the hospital following the birth her infant.

Sources of Value

During the perinatal period, health care providers have multiple opportunities to improve the quality and cost of care. For example, identifying and addressing risk factors during the prenatal period may reduce the risk of complications during labor and delivery. Choice of delivering facility may impact episode cost and provider decisions regarding the use of elective interventions (e.g., early elective deliveries) have been demonstrated to have an influence on health outcomes. During an inpatient hospitalization, health care providers can facilitate patient education and support in important areas such as breast feeding. In the post-partum period, the provider plays a key role in the provision of family planning services. The delivery of high quality care throughout the perinatal period reduces the likelihood of avoidable complications, readmissions, and the total cost of perinatal care. Further, providing high-quality care during the perinatal episode may ultimately improve neonate outcomes, which is a major source of value, although this is not captured directly within the perinatal episode.

Principal Accountable Provider

The Principal Accountable Provider (also referred to as the Quarterback) of the episode is the specific health care provider deemed to have the greatest accountability for the quality and cost of care for a patient. To state it differently, the Quarterback is the provider who has the greatest ability to influence all of the health care delivered in a given episode. For a perinatal episode, the Principal Accountable Provider is the provider or provider group that is responsible for the delivery. All Principal Accountable Providers will receive reports according to their tax ID number.

Claim exclusions and risk adjustment

The episode model is designed to be fair to providers and incentivize best practices without penalizing providers who care for sicker patients. As such, important aspects of the model are:

- Exclusion of episodes when clinical circumstances create the likelihood that the case will deviate substantially from the typical care path or when claims data is likely to be incomplete, and
- Risk adjusting to account for the cost of more complicated patients.

Examples of exclusion criteria specific to the perinatal episode include patients in active cancer management or patients with HIV. Also, all care associated with the neonate is excluded.

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Other exclusions apply to any type of episode, i.e., are not specific to the perinatal episode. For example, an episode would be excluded if more than one payer was involved in covering a single episode of care, the patient was not continuously insured by the payer between the day of the earliest claim included in the episode and the end of the episode or the patient had a discharge status of “left against medical advice”.

For the purposes of determining the cost for each episode of care, the actual reimbursement for the episode will be adjusted to reflect risk and/or severity factors captured in recent claims data in order to be fair to providers caring for more complicated patients. A few examples of perinatal episodes with factors likely be impacted by risk adjustment are: early labor, preeclampsia/eclampsia and behavioral health conditions. Over time, a payer may add or subtract risk factors in line with new research and/or empirical evidence. Furthermore, there may be some factors with a low prevalence or significance that would make accurate risk adjustment difficult and may be used to exclude patients completely instead of adjusting their costs. The final risk adjustment methodology decisions will be made at the discretion of the payer after analyzing the data.

Quality metrics

The episode reimbursement model is designed to reward providers who deliver cost effective care AND who meet certain quality thresholds. A Principal Accountable Provider must meet or exceed all established benchmarks for any quality metric tied to gain sharing in order to be eligible to receive monetary rewards from the episode model. Quality metrics tied to gain sharing are referred to as threshold metrics. Other quality metrics may be tracked and reported for quality improvement purposes but may not be tied directly to gain sharing.

The threshold quality metrics for the perinatal episode (i.e. the quality metrics tied to gain sharing) are: screening rates for HIV and Group B streptococcus and the overall C-section rate.

The quality metrics that will be tracked and reported to providers for the perinatal episode, but that are not directly tied to gain sharing, are: the screening rate for gestational diabetes, the percentage of women screened for asymptomatic bacteriuria, the screening rate for hepatitis B specific antigen, and the Tdap vaccination rate.

It is important to note that quality metrics are calculated by each payer on a per Principal Accountable Provider basis across all of a Principal Accountable Provider’s episodes covered by that payer. Failure to meet all quality benchmarks tied to gain sharing will render a Principal Accountable Provider ineligible for gain sharing from that payer for the performance period under review.