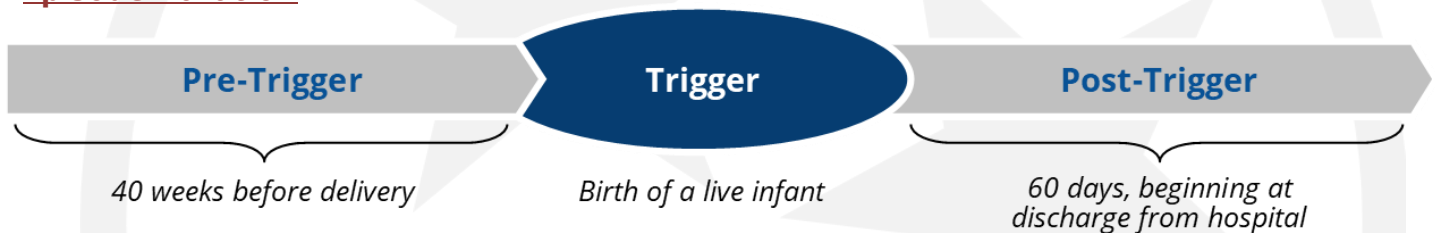# Perinatal Episode
Executive Summary

Episode Design

- **Trigger:** birth of a live infant
- **Quarterback type:** professional (provider who delivers live birth)
- **Care included:** 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

Sources of Value

- Appropriate and effective mix of prenatal care (e.g., screening for opioid usage, necessity of ultrasounds and testing, education on breastfeeding and contraception)
- Decreased utilization of elective interventions (e.g., early elective inductions, C-sections)
- Reduced readmissions
- Appropriate length of stay
- Increased promotion of desired post-natal practices (e.g., long-term contraception, breastfeeding)

Episode Duration

Pre-Trigger	Trigger	Post-Trigger
40 weeks before delivery	Birth of a live infant	60 days, beginning at discharge from hospital

Quality Metrics

Tied to Gain-Sharing
- Screening for HIV (higher rate is better)
- Screening for Group B streptococcus (higher rate is better)
- C-section (lower rate is better)

Informational Only
- Screening for gestational diabetes
- Screening for asymptomatic bacteriuria
- Tdap vaccination rate
- Primary C-section
- Genetic testing
- MFM Services
- Screening for hepatitis C

Making Fair Comparisons

Exclusions
- Business exclusions: third-party liability, dual eligibility, FQHC/RHC, no PAP ID, incomplete episodes, overlapping episodes
- Clinical exclusions: different care pathway (e.g., 3+ gestations, multiple sclerosis, HIV, blood clotting disorders, active cancer management, DCS custody, no claims assigned to the pre-trigger window)
- Patient exclusions: age (less than 12 or greater than 64 years old), death, left against medical advice
- High-cost outlier: episodes with risk-adjusted spend greater than three standard deviations above the average risk-adjusted episode spend for valid episodes are excluded.
- MFM exclusion: episodes for which the quarterback is a maternal fetal medicine specialist are excluded.

Risk adjustment is used to ensure appropriate comparisons between patients.

To learn more about the episode's design, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html.

Corresponds with DBR and Configuration V7.0