Division of TennCare

Health Care Innovation Initiative

Executive Summary

Perinatal Episode

Corresponds with DBR and Configuration V3.0

Updated January 17, 2019

OVERVIEW OF A PERINATAL EPISODE

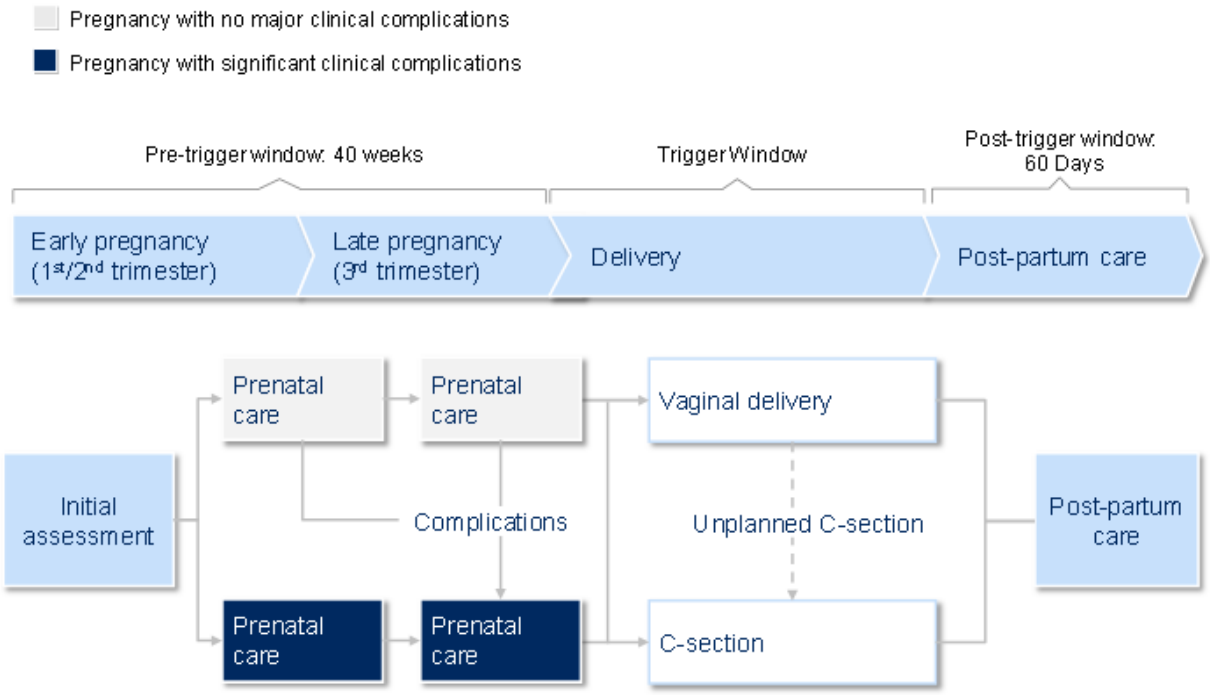
The perinatal episode revolves around women who give birth, and the trigger event is the birth of a live infant. All pregnancy-related care including prenatal visits, lab tests, ED visits, medications, ultrasound imaging, delivery of the baby (professional and facility components) and post-partum care are included in the perinatal episode. A complete perinatal episode begins 40 weeks (280 days) prior to the delivery and ends 60 days after the mother is discharged from the hospital following the birth of her infant. Women with a high-risk pregnancy may be subject to a clinical exclusion, and episodes for which the rendering provider of the trigger claim is a maternal fetal medicine (MFM) specialist are also excluded.

CAPTURING SOURCES OF VALUE

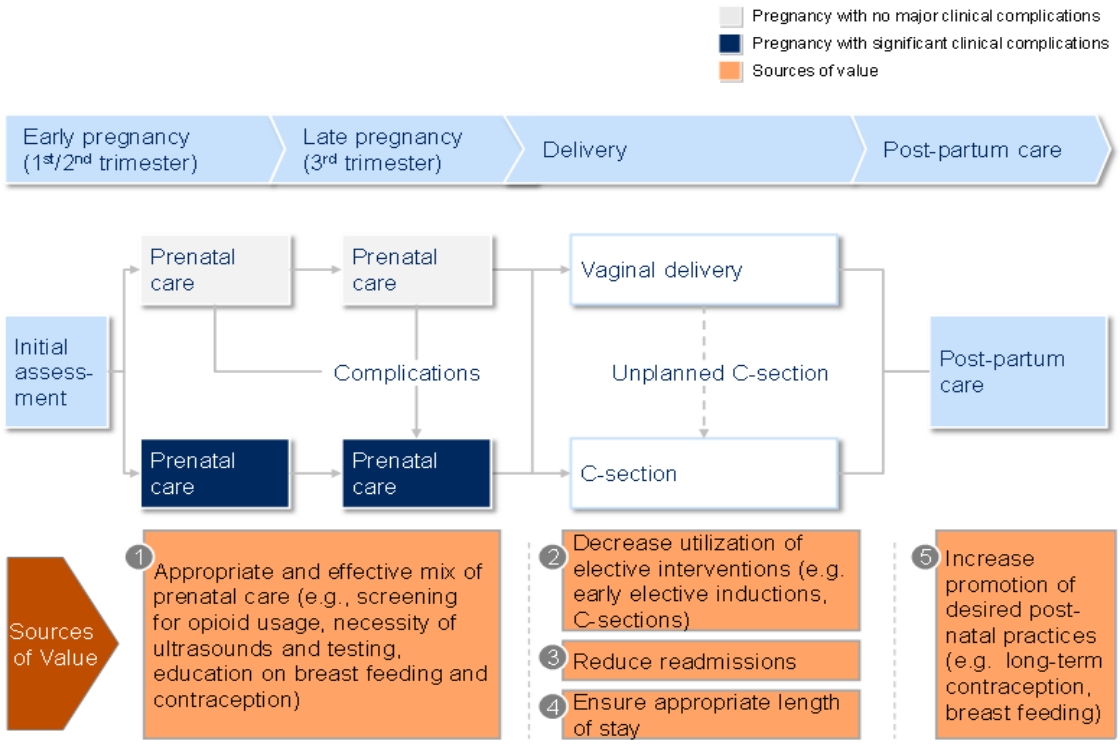
During the perinatal period, health care providers have multiple opportunities to improve the quality and cost of care. For example, providing an appropriate and effective mix of prenatal care may reduce complications during labor and delivery. The provider can also influence the utilization of elective interventions (e.g., C-sections). During a hospital stay, the provider can influence the use of appropriate support during labor and delivery and a suitable length of stay. In the post-partum period, the provider can ensure appropriate post-partum care, including education on desired post-natal practices such as proper nutrition and breast feeding. In general, these practices could reduce 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.

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.

Illustrative Patient Journey



Potential Sources of Value



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ASSIGNING ACCOUNTABILITY

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 the perinatal episode, the quarterback is the provider or provider group that is responsible for the delivery. All quarterbacks will receive reports according to their contracting entity or tax identification number.

MAKING FAIR COMPARISONS

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.

Some exclusions apply to any type of episode, i.e., are not specific to the perinatal episode. For example, an episode would be excluded if the episode cannot be associated with a quarterback ID or if the patient had a discharge status of "left against medical advice". Other examples of exclusion criteria specific to the perinatal episode include patients in active cancer management or patients with HIV. Episodes will also be excluded if the rendering provider of the trigger claim is a Maternal Fetal Medicine (MFM) specialist.

For the purposes of determining the cost for each episode of care, the actual reimbursement for the episode will be adjusted to reflect risk factors captured in recent claims data in order to be fair to providers caring for more complicated patients. 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.

MEASURING QUALITY

The episode reimbursement model is designed to reward providers who deliver cost effective care AND who meet certain quality thresholds. A quarterback 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 quality metrics linked to gain sharing for the perinatal episode are:

- **Screening for HIV:** Percent of valid episodes where the patient is screened for HIV within the episode window (higher rate indicative of better performance).

- **Screening for Group B streptococcus (GBS):** Percent of valid episodes with gestational age of 35 weeks or greater at the time of delivery where the patient is screened for Group B streptococcus within the episode window (higher rate indicative of better performance).

- **C-section:** Percent of valid episodes where the patient undergoes a C-section within the trigger window (lower rate indicative of better performance).

The quality metrics that will be tracked and reported to providers but that are not directly tied to gain sharing are:

- **Screening for gestational diabetes:** Percent of valid episodes where the patient is screened for gestational diabetes within the episode window (higher rate indicative of better performance).

- **Screening for asymptomatic bacteriuria:** Percent of valid episodes where the patient is screened for asymptomatic bacteriuria within the episode window (higher rate indicative of better performance).

- **Screening rate for hepatitis B specific antigens:** Percent of valid episodes where the patient is screened for hepatitis B specific antigens within the episode window (higher rate indicative of better performance).

- **Tdap vaccination rate:** Percent of valid episodes where the patient is given a Tdap vaccination within the episode window (higher rate indicative of better performance).

- **Primary C-section:** Percent of valid episodes where the patient undergoes a C-section within the trigger window without a history of prior C-section (lower rate indicative of better performance).

- **Genetic testing:** Percent of valid episodes with a patient who is 35 years old or older at delivery where the patient receives genetic testing during the episode window (higher rate indicative of better performance).

- Percent of valid episodes with diagnosis of diabetes where the patient receives services from a Maternal Fetal Medicine (MFM) provider during the episode window (rate not indicative of performance).

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