

# HEDIS® News You Can Use

Aetna Better Health® of West Virginia

July 2025



## Let's Improve Prenatal and Postpartum Care Together!

### Prenatal and Postpartum Care (PPC)

#### Timeliness of Prenatal Care

##### **i** Measure Requirements:

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

##### **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, complete obstetrical history 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 of a pregnant uterus.

### Prenatal and Postpartum Care (PPC) Postpartum Care

##### **i** Measure Requirements:

**Postpartum** - The percentage of postpartum visits on or **between 7 & 84 days** after delivery (with an OB/GYN, PCP, or prenatal care practitioner)

##### **Documentation must indicate visit date and 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.



## Prenatal Immunization Status (PRS-E)

### Measure Requirements:

The percentage of deliveries in the Measurement Period (Jan 1 - Dec 31) in which women had received:

- **Influenza vaccine** on or between July 1 of the year prior to the measurement period and the delivery date
- **Tetanus, diphtheria toxoids and acellular pertussis (Tdap)** were members had received at least one Tdap vaccine during their pregnancy preferably during the early part of **gestational weeks 27–36**, regardless of prior history of receiving Tdap

### Reward Programs

#### Member Rewards:

##### Prenatal Care

Enroll in the Moms and Babies program to earn a cribette or baby carrier. Complete 6 or more prenatal visits to earn a cribette.

##### Postpartum Care

- Earn a \$50 Reward by attending a postpartum visit completed 7-84 days after delivery.
- Complete the Moms and Babies program to receive a toy for your baby's first birthday: Complete the Moms and babies program.

### Common Reasons for Gaps in Care

- Members' lack of understanding the importance of prenatal immunizations or fear regarding receiving vaccinations while pregnant
- Difficulties arranging childcare to attend appointment
- Members may perceive that a postpartum appointment is not necessary if they feel healthy
- No-show appointments requiring rescheduling resulting in late or missed opportunities for a postpartum appointment
- Potential substance use issues impacting member motivation/ability to schedule and attend a postpartum appointment
- Potentially behavioral health and/or substance use appointments taking priority for the member during the postpartum period

### Here for you!

**Thank you for the care you provide to our members!**

For questions or for more information, please contact Aetna Better Health Quality at [ABHWVHEDIS@aetna.com](mailto:ABHWVHEDIS@aetna.com).

### Great Resources

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

<https://www.acog.org/news/news-releases/2018/04/acog-redesigns-postpartum-care>

[https://www.wvdhhr.org/mcfh/WV\\_PrenatalRiskScreeningInstrument2016.pdf](https://www.wvdhhr.org/mcfh/WV_PrenatalRiskScreeningInstrument2016.pdf)



## Best Practices

- Remember telephone visits, e-visits or virtual check-ins can now count for compliance.
- Include diagnosis of pregnancy, last menstrual period or estimated due date in the medical record.
- Educate members regarding the importance of influenza and Tdap immunizations during pregnancy.
- Consider a practice workflow that includes scheduling member postpartum appointments before discharge from the hospital.
- Consider reminder phone calls prior to postpartum visit date.
- Educate members throughout pregnancy and prior to delivery regarding the importance of a postpartum visit, and assess understanding.
- Refer to and use the ACOG sheets to help ensure PPC measure compliance.
- Follow members who have or had a substance use or mental health diagnosis and initiate appropriate referrals.
- Encourage members to participate in Aetna Better Health of West Virginia prenatal and postpartum member reward programs.