HEDIS measure description

**FPC:** The percentage of deliveries of live births between 11/06/2018 and 11/05/2019 that had the following number of expected prenatal visits:
- <21 percent of expected visits
- 21 percent–40 percent of expected visits
- 41 percent–60 percent of expected visits
- 61 percent–80 percent of expected visits
- ≥81 percent of expected visits.

*Note: FPC has been retired from HEDIS, but is still a performance measure for the state of Pennsylvania.

**PPC:** The percentage of deliveries of live births between 11/06/2018 and 11/05/2019. For these women, the measure assesses the following facets of prenatal and postpartum care:

- **Timeliness of Prenatal Care:** The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization. Care occurring on date of enrollment will be considered adherent.
- **Postpartum Care:** The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

**Eligible population**

**Ages:** There is no specified age.

**Strategies for improvement**

- Utilize NCQA coding tips to actively reflect care rendered.
- Educate staff to schedule visits within the guideline time frames.
- Educate members on how important prenatal care is to healthy development and maternal health screening.
- Include anticipatory guidance and teaching in every visit.
- Encourage postpartum visit between 21 and 56 days after delivery for follow-up care.

**Provider incentive**

Aetna Better Health® of Pennsylvania wishes to reward providers in our network for providing comprehensive quality care to our members who have deliveries between 11/06/2018 and 11/05/2019.

- **Panel Requirement:** No panel requirement
- **Incentives–Frequency of Ongoing Prenatal Care >81%:** Providers will receive a $100 payment once per member who completes >81% of recommended prenatal visits.
- **Incentives–Timeliness of Prenatal Care:** Providers will receive a $100 payment once per member who completes a prenatal visit in the first trimester or within 42 days of enrollment in the plan.
- **Incentives–Postpartum Care:** Providers will receive a $150 payment once per member who completes a postpartum visit 21-56 days after delivery.

*Note: Payments to be made quarterly in 2019.

*Note: Payments are based on funding from the state and may stop at any time.
Oral healthcare during pregnancy

Advise expectant mothers that oral health is important for them as well as their baby during pregnancy and after giving birth.

**It is very important to refer expectant mothers to a dental provider.** Have a list of area dentists available for referral.

- Hormonal changes during pregnancy can increase chances of developing gum disease
  - Gums will be tender and can bleed easily
- Stomach acids from vomiting can damage tooth enamel and increase risk of tooth decay. Take the following steps when combatting vomiting while pregnant.
  - Rinse your mouth thoroughly with plain tap water
  - Follow up with a fluoridated mouthwash OR use a dab of fluoridated toothpaste on your finger and smear it over your teeth
  - Rinse thoroughly with water
  - Brush teeth last to be sure stomach acids are rinsed from teeth first (stomach acids can scratch enamel when brushing)

- Routine oral healthcare decreases the risk of preterm delivery and low birth weight babies, as well as improves overall oral and physical health for expectant mothers

- Inform the expectant mothers that dental radiographs, check-ups and cleanings are safe for an expecting mother.

- And don’t forget to give basic information about the oral health of the baby-to-be:
  - “Baby” teeth are important for many reasons. They contribute to proper speech and function in mastication. They have the same risk of developing caries and abscesses, which needs to be avoided to allow for proper development.
  - And that per the American Academy of Pediatric Dentistry that every child needs to see a dental provider by the eruption of first tooth or latest by the age of 1.

Numerator codes

The simplest method of capturing prenatal visits is through standalone prenatal visit codes.

<table>
<thead>
<tr>
<th>CPT</th>
<th>99500, 0500F, 0501F, 0502F</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td>H1000- H1004</td>
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</tbody>
</table>

Additionally, prenatal care may be captured by the combination of one of the following prenatal visits codes ACCOMPANIED BY a pregnancy related diagnosis:

<table>
<thead>
<tr>
<th>CPT</th>
<th>99201-99205, 99211-99215, 99241-99245</th>
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</thead>
<tbody>
<tr>
<td>CPT</td>
<td>80055, 80081</td>
</tr>
<tr>
<td>CPT</td>
<td>76801, 76805, 76811, 76813, 76815, 76816</td>
</tr>
<tr>
<td>ICD-10</td>
<td>O09.00–O09.03, O09.10–O09.13, O09.211–O09.213</td>
</tr>
</tbody>
</table>

*Note: if using a code from the prenatal visit set, it must be combined with a pregnancy related diagnosis code.*

For post-partum visit PPV capture either a post-partum visit OR a cervical cytology CC code satisfies the HEDIS requirements.

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Z01.411, Z01.419, Z01.42, Z30.430, Z39.1- Z39.2</th>
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<tr>
<td>CPT</td>
<td>57170, 58300, 59430, 99501, 0503F</td>
</tr>
<tr>
<td>CPT</td>
<td>88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175, 57170, 58300, 59430, 99501, 0503F</td>
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<tr>
<td>HCPICS</td>
<td>G0123-G0124, G0141, G0143-G0145, G0147-G0148</td>
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<td>LOINC</td>
<td>10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9</td>
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<td>UBREV</td>
<td>923</td>
</tr>
<tr>
<td></td>
<td>Cervical Cytology</td>
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