



This slide deck will cover the Prenatal Postpartum Care HEDIS measure for the measurement year 2025.

Objectives

- Overview
- Exclusions
- Medical record
- Requirements
- Tips

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The four main objectives being covered will be a broad overview of the Prenatal Postpartum Care HEDIS measure, the members that are excluded per the National Committee for Quality Assurance (NCQA) specification guidelines, the medical record requirements for both rates Mercy Care is asked to report, and a few tips regarding our medical record requests being sent to your offices.

Overview

The percentage of deliveries of live births on or between October 8, 2024, and October 7, 2025. For these members, 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 in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization
- **Postpartum care.** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery

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On this slide you will see the measurement period in which the delivery of the member needs to occur to meet criteria for being included in the PPC measure. This will be captured through claims. We are asked to report on two rates by the NCQA during the HEDIS audit for the PPC measure. Timeliness in which the member received prenatal care during their first trimester and whether the member received a postpartum visit between 7 and 84 days after delivery.

Acceptable practitioner type

- OB/GYN
- Certified nurse midwives, nurse practitioners or physician assistants who deliver prenatal care services in a specialty setting (under the direction of an OB/GYN certified or accredited provider)
- Primary care practitioner (PCP) meaning a physician or nonphysician (e.g., nurse practitioner, physician assistant, certified nurse midwife) who offers primary care medical services

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Most provider types are acceptable for this PPC HEDIS measure even if you only provide primary care services. As the PCP, you may be the first provider to see the member for their pregnancy so ensure you are following the appropriate charting requirements by using the following slides as your guide. As an OB/GYN, most visits will qualify as compliant if they are within the measurement period.

Required exclusions

- Members who use hospice services or elect to use a hospice benefit anytime during the measurement period
- Member who die any time during the measurement year

The members we are required to exclude from the PPC measure are those in hospice or those who have died during the measurement year.

Prenatal visit definition

Prenatal care visit to an OB/GYN or another prenatal practitioner, or PCP. For visits to a PCP, a diagnosis of pregnancy must be present.

Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of **one** of the following on the next slide.



The definition of a prenatal care visit, per the NCQA specification guidelines, is one that is performed by an acceptable provider type as aforementioned, and where a diagnosis of pregnancy occurred. The next 3 slides will discuss what evidence we are looking for in a chart as acceptable compliance for a prenatal care visit. Ensure you have at least one form of evidence during the visit to meet the requirement.

Prenatal visit documentation requirements

Documentation indicating the member is pregnant or references to the pregnancy, for example:

- Documentation in a standardized prenatal flowsheet, **or**
- Documentation of LMP, EDD or gestational age, **or**
- A positive pregnancy test result, **or**
- Documentation of complete obstetrical history, **or**
- Documentation of prenatal risk assessment and counseling/education, **or**



Any one of the above bullet points would meet the requirement for a prenatal care visit if it occurred during the measurement period. Refer to the next two slides for additional criteria that would also meet compliance.

Prenatal visit documentation requirements

A basic physical obstetrical examination that includes auscultation for

- fetal heart tone, **or**
- pelvic exam with obstetrical observations, **or**
- measurement of fundus height (a standardized prenatal flow sheet may be used)



Here are additional bullet points which would meet requirements that a prenatal care visit was performed if it occurred during the measurement period. Refer to the next slide as well for further options.

Prenatal visit documentation requirements

Evidence that a prenatal care procedure was performed such as:

- Screening test in the form of an obstetrical panel (must include all the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), **or**
- TORCH antibody panel alone, **or**
- A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, **or**
- Ultrasound of a pregnant uterus



These would also meet criteria if they were performed by the appropriate provider type and during the measurement period.

Postpartum visit definition

Postpartum visit to an OB/GYN or another prenatal care practitioner, or PCP **on or between 7 and 84 days after delivery.**

Do not include postpartum care provided in an acute inpatient setting.

Documentation in the medical record must include a note indicating the date when the postpartum visit occurred and one of the following on the next slide.

The definition of a postpartum visit would be one in which it was performed by an appropriate provider type as aforementioned, and that it occurred between 7 and 84 days after delivery. Refer to the next slide for criteria that would meet compliance.

Postpartum visit documentation requirements

- Pelvic exam, **or**
- Evaluation of weight, BP, breasts and abdomen, **or**
- Notation of postpartum care or a pre-printed “postpartum care” form, **or**
- Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders, **or**
- Perineal or cesarean incision/wound check, **or**
- Glucose screening for members with gestational diabetes, **or**
- Documentation of any of the following topics: infant care, breastfeeding, resumption of intercourse, birth spacing, family planning, sleep/fatigue, resumption of physical activity, attainment of healthy weight)

A postpartum visit that occurred between 7 and 84 days after delivery and was performed by an appropriate provider would meet compliance if any of the above bullet points were addressed during the visit. Worth mentioning, is that a nurse visit could meet compliance for an incision check if the notes are co-signed by a MD/OB/GYN. Certain behavioral health providers apart from BHT and LCSW could be considered compliant if any of the bullet points were addressed during the postpartum measurement period.

Helpful tips

- Services that occur over multiple visits count toward this measure if all services are within the time frame established in the measure. Ultrasound and lab results alone are not considered a visit; they must be combined with an office visit with an appropriate practitioner to count.
- A Pap test **does not count as a prenatal care visit for *Timeliness of Prenatal Care rate* but is acceptable for the *Postpartum Care rate*** as evidence of a pelvic exam. A colposcopy alone is not numerator compliant for either rate.
- The intent is that a prenatal visit is with a PCP or OB/GYN or other prenatal practitioners. Ancillary services (lab, US) may be delivered by an ancillary provider. Nonancillary services (fetal heart tone, prenatal risk assessment) must be delivered by the required provider type.
- The intent is to assess whether prenatal and preventative care was rendered on a routine, outpatient basis rather than assessing treatment for emergent events.
- Telephone visits, e-visit or virtual check-in meet criteria if the prenatal or postpartum criteria is met.

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Some helpful tips to consider when sending records would be to include all visits, labs and ultrasounds. NCQA allows us to combine services performed over several visits to assure compliance if the criteria is met during the measurement period. Worth noting is that a Pap test is considered compliant for a postpartum visit but not a prenatal visit. The intent of the PPC measure is that prenatal and preventative care was rendered on a routine, outpatient basis rather than assessing treatment for emergent events.

An ACOG antenatal or prenatal visit form with visit documentation (any notes from the visit) and evidence of the appropriate provider type and in the appropriate timeframe meet criteria for reporting. Because the form indicates antenatal care or prenatal care, it is considered evidence of a diagnosis of pregnancy. Other examples that are considered documentation of a pregnancy diagnosis include: documentation of weeks of gestation, documentation of gravida and parity, and documentation of a positive pregnancy test.

Record requests from offices

- Ensure you are faxing/mailing/uploading all visits between 2023-2024
- Include all ACOG forms, ultrasound reports, and labs in 2023-2024
- Include list of appointments which may include if a member “no showed”, cancelled or was “late to care”
- Send back requested charts within 14 days of receipt as per your Mercy Care contract
- If you do not have a chart for a member listed on the requested list, ensure you notate that on the pull list and return that to Mercy Care
- Mercy Care does not reimburse for medical records when required for quality audits such as HEDIS. Please check with your provider relations representative or review your provider contract with Mercy Care if there are any questions.

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You will receive a member pull list and medical record documentation guide from Mercy Care. Under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, data collection for HEDIS® measures is permitted and the release of this information requires no special patient consent or authorization. Be assured our members' personal health information is maintained in accordance with all federal and state laws. Data is reported collectively without individual identifiers. Ensure you are including all 2023 and 2024 office visits as well as an appointment printout showing if the member may have “no showed”, cancelled or was “late to care”. Per your Mercy Care contract, we are requesting records free of charge and be returned no later than 14 days of receipt of the pull list. Thank you for helping us to collect this important data.

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