Postpartum Follow-Up

Measure Description

Rate of eligible deliveries in which patients have received postpartum follow-up care (note- there can be multiple deliveries per client during the measurement year).

Evaluation Period

Rolling 12 month; 90 days claims run out

Numerator

Deliveries included in the denominator who received a postpartum visit.

Condition Description	# Event	Detailed Criteria	Criteria Connector	Timeframe
Deliveries included in the denominator	1			Date of Service = between >=21 and <=56 days from Delivery Date. Note: care delivered before RCCO enrollment is included.
A Postpartum Visit (Postpartum Visits and Cervical Cytology Value Set)	1	CPT Procedure Code in: (57170, 58300, 59430, 99501, 0503F, 88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175)	or	
		HCPCS Procedure Code in (G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091)	or	
		ICD-9 Diagnosis Codes in: (V24.1, V24.2, V25.11,V25.12, V25.13, V72.31, V72.32, V76.2)	or	
		ICD-10 Diagnosis Codes in (Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2)	or	
		ICD-9 Procedure Code = 89.26		

Denominator

Members will be counted in the denominator if they meet the following criteria:

- Are enrolled in the ACC as the Enrollment Date (defined above)
- All women with a global bill or hospital delivery codes (CPT, ICD-9, ICD-10, DRG, APR-DRG)

Denominator Units: Distinct count of members meeting the above criteria

Denominator Eligibility/Enrollment Inclusion Criteria:

Condition Description	# Event	Detailed Criteria	Timeframe
Women with delivery Procedure codes	1	CPT Procedure Code in: (59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622)	Delivered a live birth on or between 56 days prior to the first day of the reporting period and 56 day prior to the last day of the reporting period (i.e. for the reporting period ending 12/31/2016, the denominator date range would be 11/05/15 to 11/06/16.
		ICD-9 Procedure Code in (72.0, 72.1, 72.21, 72.29, 72.31, 72.39, 72.4, 72.51, 72.52, 72.53, 72.54, 72.6, 72.71, 72.79, 72.8, 72.9, 73.01, 73.09, 73.1, 73.21, 73.22, 73.3, 73.4, 73.51, 73.59, 73.6, 73.8, 73.91, 73.92, 73.93, 73.94, 73.99, 74.0, 74.1, 74.2, 74.4, 74.99)	*Note: If there are service dates within 60 days of each other, set the Delivery Date as the first date. Deliveries more than 60 days apart are considered separate delivieries.*
		ICD-10 Procedure Code in (10D00Z0, 10D00Z1, 10D00Z2, 10D07Z3, 10D07Z4, 10D07Z5, 10D07Z6, 10D07Z7, 10D07Z8, 10D17ZZ, 10D18ZZ, 10D27ZZ, 10D28ZZ, 10E0XZZ)	
		ICD-9 Diagnosis Code in (640.01, 640.81, 640.91, 641.01, 641.11, 641.21, 641.31, 641.81, 641.91, 642.01, 642.02, 642.11, 642.12, 642.21, 642.22, 642.31, 642.32, 642.41, 642.42, 642.51, 642.52, 642.61, 642.62, 642.71, 642.72, 642.91, 642.92, 643.01, 643.11, 643.21, 643.81, 643.91, 644.21, 645.11, 645.21, 646.01, 646.11, 646.12, 646.21, 646.22, 646.31, 646.41, 646.42, 646.51, 646.52, 646.61, 646.62, 646.71, 646.81, 646.82, 646.91, 647.01, 647.02,	

	647.11, 647.12, 647.21, 647.22, 647.31, 647.32, 647.41, 647.42, 647.51, 647.52, 647.61, 647.62, 647.81, 647.82, 647.91, 647.92, 648.01, 648.02, 648.11, 648.12, 648.21, 648.22, 648.31, 648.32, 648.41, 648.42, 648.51, 648.52, 648.61, 648.62, 648.71, 648.72, 648.81, 648.82, 648.91, 648.92, 649.01, 649.02, 649.11, 649.12, 649.21, 649.22, 649.31, 649.32, 649.41, 649.42, 649.51, 649.61, 649.62, 649.71, 649.81, 649.82, 650, 651.01, 651.11, 651.21, 651.31, 651.41, 651.51, 651.61, 651.71, 651.81, 651.91, 652.01, 652.11, 652.21, 652.31, 652.41, 652.51, 652.61, 652.71, 652.81, 652.91, 653.01, 653.11, 653.21, 653.31, 653.41, 653.51, 653.61, 653.71, 653.81, 653.91, 654.01, 654.02, 654.11, 654.12, 654.21, 654.31, 654.32, 654.41, 654.42, 654.51,654.52, 654.61,654.62, 654.71, 654.72, 654.81,654.82 ,654.91, 654.92, 655.01, 655.11, 655.21, 655.31, 655.41, 655.51, 655.61, 655.71, 655.81, 655.91, 656.01, 656.11, 656.21, 656.31, 656.51, 656.61, 656.71, 656.81, 656.91, 657.01, 658.01, 658.11, 658.21, 658.31, 658.41, 658.81, 658.91, 659.01, 659.11, 659.21, 659.31, 659.41, 659.51, 659.61, 659.71, 659.81, 659.91, 660.01, 660.11,660.21, 660.31, 660.41, 660.51, 660.61, 660.71, 660.81, 660.91, 661.01, 661.11, 661.21, 661.31, 661.41, 661.91,662.01, 662.11, 662.21, 662.31, 663.01, 663.11, 663.21, 663.31, 663.41, 663.51, 663.61, 663.81, 663.91, 664.01, 664.11, 664.21, 664.31, 664.41, 664.51,664.61, 664.81, 664.91, 665.01, 665.11, 665.22, 665.31, 665.41, 665.51, 665.61, 665.71, 665.72, 665.81, 665.82, 665.91, 665.92, 666.02, 666.12, 666.22, 666.32, 667.02, 667.12, 668.01, 668.02, 668.11, 668.12, 668.21, 668.22, 668.81, 668.82,	

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| Enrolled in the ACC | 1 | Eligibility effective date <= enrollment date
Eligibility end date >= enrollment date | Last month of the 12-month rolling evaluation period |

Denominator Exclusions

Members will be excluded from the denominator if they meet the following criteria:

- Members who are dually eligible or enrolled in the ACC. Medicare-Medicaid Program (MMP).
- Members who were enrolled in any physical health managed care plan for more than 3-month anytime during the evaluation period.
- Members with less than 3 months of Medicaid eligibility.

Notes

- The Postpartum Bundled Services Value Set is not used in the numerator, because the date the post-partum was rendered is not identifiable.
- The Deliveries Infant Record Value Set is not included in the denominator.
- All diagnosis codes on the claim will be considered, not just the primary diagnosis.
- Only PAID claims will be considered as part of the numerator/denominator/exclusion criteria.