

# Bridges to Excellence®

## Maternity Care Recognition

### Program Guide

Please note that Telehealth and Home visit temporary codes for the Public Health Emergency of the COVID-19 Pandemic were added to “Face-to-Face Visits” found in Table 2 on page 36. These codes may be used for visits on or after April 1, 2020.

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## INTRODUCTION

Altarum is excited to offer the opportunity for clinicians to participate in the Bridges to Excellence (BTE) recognition program and its automated EMR/Registry performance assessment system. The BTE EMR/Registry performance assessment system allows for rapid and independent medical record-based clinician performance evaluations by connecting local and national medical record data sources to a network of performance assessment organizations. Altarum's goals are to: reduce the reporting burden for clinicians; leverage existing reporting/data aggregation initiatives; reduce data collection and reporting costs; facilitate the connection between quality improvement and incentives; and speed up cycle times between reporting, improvement and reporting. Clinicians who meet BTE performance thresholds may be eligible for BTE incentives through participating health plans, employers and coalitions. In addition, participation in any BTE program qualifies for "medium" status points for Improvement Activity (IA\_PSPA\_14) in the MIPS scoring system under QPP.

The Maternity Care Recognition Program is a BTE Clinician Recognition Program intended to identify clinicians who deliver high-value Maternity care to patients 15 to 45 years of age. The program is designed with an understanding that patients may seek care from various types of practitioners— primary care (PCPs), family physicians, OB/GYN and others—for treatment and management of their maternity care. Accordingly, the measures reflect that clinicians should do the following:

- Deliver high-quality care from the outset of patient contact
- Understand and consider previous treatment history to help adequate care during the current pregnancy and avoid gaps in care.

The program comprises a set of measures, based on available clinical evidence, that promote a model of care that includes the following criteria:

- Comprehensive patient assessment and appropriate and timely provision of services
- Patient education and engagement
- Shared decision making

BTE's Maternity Care requirements assess clinical measures representing standards of care for maternity patients. BTE believes that the BTE Maternity Care Recognition program has the potential to significantly improve the quality of care experienced by pregnant patients 15 to 45 years of age, and to improve outcomes for both the mother and her newborn child.

To earn Maternity Care Recognition, clinicians and medical practices voluntarily submit medical record data documenting the care provided to maternity patients. Altarum evaluates clinician data based on standard measures to publicly recognize those that meet the BTE Maternity Care performance thresholds. Those clinicians not meeting the BTE Maternity Care performance thresholds remain anonymous to BTE's health plan licensees. BTE's Maternity Care Recognition Program has three performance thresholds which give physicians star ratings, based on their performance compared to their peers.

## Clinician Benefits of Recognition

- Clinicians can demonstrate to the public and to their professional peers that they meet the standards of care assessed by the program by issuing a press release, as well as having their recognition achievements posted on BTE's, [INQUIREhealthcare](#)® website and communicated to health plans, employers and health coalitions.
- Where applicable, clinicians can establish eligibility for pay-for-performance bonuses or differential reimbursement or other incentives from payers and health plans.
- Clinicians may use BTE Recognition(s) to demonstrate that they meet the standards of care assessed by the program when contracting with health organizations and purchasers of health services.
- Clinicians can identify areas of their practice that vary from the performance criteria and take steps to improve quality of care.
- Eligible clinicians may use their BTE Recognition(s) to qualify for “medium” status points for Improvement Activity (IA\_PSPA\_14) for the Merit-Based Incentive Payment System (MIPS) scoring system under QPP.
- Clinicians may use their BTE Recognition(s) to receive Maintenance of Certification (MOC) Part IV: Improvement in Medical Practice points from various medical specialty boards.

## Background on the Measurement Criteria

Eligible clinicians and medical practices voluntarily apply for BTE Recognition by submitting information on how they treat and manage their patients with regard to the following.

### Clinical Measures<sup>1</sup>

1. Frequency of Prenatal & Postpartum Visits
2. Risk-Appropriate Screening During Pre-Natal Care Visits
3. Expanded Carrier Screenings
4. Pre-Natal Immunizations
5. Low-Dose Aspirin for Prevention of Pre-Eclampsia
6. Performed Ultrasound at 18–22 weeks of Pregnancy
7. Antibiotic Prophylaxis if GBS (Group B streptococcus) Positive
8. Optimal Antenatal Corticosteroid Administration
9. Vaginal Birth After Cesarean (VBAC) Consent
10. Primary C-Section Rates (NTSV Rates)
11. VLBW Babies Managed in NICU Level 3 or 4
12. Postpartum Depression Screening (optional)
13. Drug and Alcohol Screening (optional)
14. Interpersonal Violence Screening (optional)

Clinicians who demonstrate high-quality performance based on these measures are awarded BTE Maternity Care Recognition.

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<sup>1</sup> Clinical measures evaluate performance based on care provided to a sample of individual patients and documented in the medical records of those patients. Clinical measures are scored based on the percentage of the sample (denominator) which meet or comply (numerator) with the measure threshold.

## Recognition Program Structure

Given the evidence in the literature advocating the creation of clinician quality reward programs that promote continuous quality improvement amongst its participants, the BTE Maternity Care Recognition Program is designed for clinicians to achieve BTE recognition status based on their performance summed up across all maternity related measures.

Assessment for recognition is based upon data submitted on the Maternity measures listed above. The BTE recognition program focuses on a clinician-centric view of measurement, looking at individual metrics summed to produce a composite score.

**Three Stars:** Program recognition threshold has been set to focus on above average performance.

**Four Stars:** Program recognition threshold is set to focus on excellent performance.

**Five Stars:** Program recognition threshold is set to focus on exceptional performance.

## What Recognition Requires

To seek BTE Maternity Care Recognition, clinician applicants must submit medical record data that demonstrates they meet BTE's Maternity Care performance requirements. Each measure has an assigned maximum available point value (Table 1). A clinician achieves points for a measure based on the percentage of their patient sample that meets or exceeds the set thresholds for that measure.

Bridges to Excellence (BTE) awards recognition to clinicians who achieve at minimum:

3-Stars:	50 - 64 points
4-stars:	65 - 84 points
5-stars:	85 points and above

**Table 1: Maternity Care Measures, Performance Criteria and Scoring**

Measure	Total Possible Points	Level of Evidence	Source
Frequency of Prenatal & Postpartum Visits	20	C	Expert Opinion
Risk-Appropriate Screenings During Pre-Natal Care Visits	10	C, Level II, Level III	Expert Opinion
Expanded Carrier Screenings: Cystic Fibrosis, Spinal Muscular Atrophy and Hemoglobinopathies	10	C	Expert Opinion
Pre-Natal Immunizations	5	Level I, II	ACOG
Low-Dose Aspirin for Prevention of Pre-Eclampsia	5	B	ACOG USPSTF
Performed Ultrasound at 18–22 Weeks of Pregnancy	5	C, Level III	Expert Opinion & ACOG
Antibiotic prophylaxis if GBS (Group B streptococcus) Positive	5	A	ACOG
Optimal Antenatal Corticosteroid Administration	5	A, B	Cochrane
Vaginal Birth After Cesarean (VBAC) Consent	5	A	
Primary C-Section Rates (NTSV Rates)	10		NQF, Health people 2020
VLBW Babies Managed in NICU Level 3 or 4	20	B	
Postpartum Depression Screening (Optional)	2.5	B	USPSTF
Drug and Alcohol Screening (Optional)	2.5	B	USPSTF
Interpersonal Violence Screening (Optional)	2.5	B	USPSTF
Total Possible Points	107.5		

ACOG= The American College of Obstetrics and Gynecologists

NQF=National Quality Forum

USPSTF= US Preventive Services Task Force

## Eligibility for Clinician Participation

Clinicians may apply for BTE Maternity Care Recognition as individuals or as part of a medical practice. To be eligible, applicants must meet the following criteria.

- Applicants must be licensed as a medical doctor (M.D. or D.O.), nurse practitioner (N.P.), or physician assistant (P.A.).
- Applicants must provide continuing care for maternity patients and be able to meet the minimum patient sample sizes.
- Applicants must complete all application materials and agree to the terms of the program by executing a data use agreement and authorization with a data aggregator partner or direct submission via Altarum's provider portal.
- Applicants must submit the required data documenting their delivery of care for a minimum sample size of consecutive eligible patients in their full patient panel.
- Applicants must use provider assessment organization (PAO) supplied or approved methods for submitting data electronically.

### Individual Clinician Applicant

An individual clinician applicant represents one licensed clinician practicing in any setting who provides continuing care for maternity patients, 15 years of age and older.

### Medical Practice Applicant

A medical practice applicant represents any practice with three or more licensed clinicians who, by formal arrangement, share responsibility for a common panel of patients and practice at the same site, defined as a physical location or street address. For purposes of this assessment process, practices of two clinicians must apply as individual applicants.

### Minimum Requirements

To be eligible for recognition, clinicians must have a minimum of 25 patients for the denominator for individual clinician applicants, and a minimum of 10 patients for the denominator for each individual clinician in a practice level applicant, with a minimum practice average of 25 patients per clinician.

Table 1 (page 6) shows the program measures and the associated point values for scoring clinicians' performance.

## How to Submit for Recognition

### Step One:

Decide which program(s) to participate in by visiting the Bridges to Excellence website, <http://www.bridgestoexcellence.org/recognition-programs>.

#### BRIDGES TO EXCELLENCE (BTE) RECOGNITION PROGRAMS



Asthma Care



Cardiac Care



COPD Care



Depression Care



Diabetes Care



Heart Failure Care



Hypertension Care



IBD Care



Maternity Care

### Step Two:

Once you have selected the program(s) you would like to participate in, become familiar with the program structure, chronic care recognition program clinical measures and the associated requirements, the recognition process and patient eligibility criteria.

### Step Three:

Determine which performance assessment pathway suites best. There are **two pathway options** for submitting the data to be scored.

Option One: Submit data directly via Altarum's BTE Web Portal, <https://portal.bridgestoexcellence.org/login>.

Option Two: Have your EMR vendor pull the data and submit it for scoring. You have this option if you use one of the following EMR providers that partners with BTE: Athena Health, eClinicalWorks, MediTab, or Meridios. The EMR will submit data for all of your patients who meet the program parameters. EMR contact information is listed below.

Vendor	Contact Information
Athena Health	ClinicalQualityPrograms@athenahealth.com
eClinicalWorks	IncentivePrograms@ecclinicalworks.com
MediTab	info@meditab.com
Meridios	info@meridios.com



## BTE Maternity Care Recognition Clinical Measures

The following examples illustrate the format used for clinical measures.

Evaluation Program Title: Maternity Care Recognition Program

### Clinical Measures

Clinical measures are standard measures with a numerator and denominator that reflect performance across a sample of eligible patients based on medical record documentation.

The following items are listed for each clinical measure.

<b>Description:</b>	A statement of what is being measured specifically.
<b>Data Source:</b>	A list of the data sources accepted for the clinical measure.
<b>Explanation:</b>	Additional information about the clinical measure.
<b>Denominator:</b>	A description of a subset of the applicant's eligible patients (domain denominator) for whom a particular measure is relevant (measure denominator).
<b>Numerator:</b>	A description of patients in the applicant's eligible patients (denominator) who fulfil the measure criteria or standard.
<b>Frequency:</b>	Time frames associated with the numerator requirements.
<b>Scoring:</b>	Performance level (percentage of patients meeting or complying with the measure) translated to points total for the clinical measure.

Information on the Domain Denominator is consistent across all the clinical measures and is listed under "Patient Eligibility Criteria", beginning on page 35.

# Maternity Care Recognition Program Measurement Set

## Frequency of Prenatal & Postpartum Visits

**Description:** Percentage of female patients aged 15-45 years of age who were seen for obstetric care and who had an adequate number of prenatal visits and one (1) post-partum visit during the reporting period.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of those patients receiving obstetric care for denominator, and for the assessment and classification information for the numerator.

**Explanation:** The American College of Obstetricians and Gynecologists (ACOG) in Guidelines for prenatal care states that pregnant women who receive early and regular prenatal care are more likely to have healthy infants. Women with uncomplicated pregnancies should be seen every 4 weeks for the first 28 weeks, every 2 weeks until 36 weeks, weekly after 36 weeks until delivery and have at least one post-partum visit.<sup>1</sup>

**Denominator:** See “Patient Eligibility Criteria”, beginning on page 35, for information on codes to identify maternity patients (Table 3, page 36 ).

**Numerator:** Patients in the denominator who had a total of 12 prenatal and 1 postpartum visit.

**DATA Collection:** The patient is numerator compliant only if the patient had a total of 14 visits, thirteen (13) obstetric and one (1) postpartum, during within 6 weeks of delivery during the reporting period, which must include at minimum, the following:

- One initial visit in the first trimester (0-12 weeks)
- One visit every 4 weeks (0-28 weeks)
- One visit every 2 weeks (30-36 weeks)
- One visit weekly (36-40 weeks)
- One *final* post-partum visit within 3-8 weeks (21 to 26 days) of delivery

The following codes may be used to identify prenatal visits:

CPT: 0500F, 0501F, 0503F, 0525F, 0526F, 59400, 59510, 59610, 59618

HCPC: H1000, H1001, H1005,

ICD10: The complete list of diagnosis codes maybe found in Table 3, page 36.

**Medical Record Collection:** Patient is numerator compliant if they had documentation of following in the medical record:

- Associated prenatal and post-partum visits

**Frequency:** Not Applicable.

**Scoring:** (Numerator/Denominator) \* Total Possible Points

<sup>1</sup> <https://www.acog.org/Clinical-Guidance-and-Publications/Guidelines-for-Perinatal-Care>

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If patient entered late into prenatal care, the expected points will be adjusted from both the numerator and denominator.

**Source and Level of Evidence:** C, Expert Opinion

## Risk-Appropriate Screenings During Pre-Natal Care Visits

- Description:** Percentage of female patients aged 15-45 years of age who were seen for obstetric care and who received risk-appropriate screenings within specific time frames during the reporting period.
- Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of those patients receiving obstetric care for denominator, and medical record data for the assessment and classification information for the numerator.
- Explanation:** The American College of Obstetricians and Gynecologists recommends in multiple publications listed below screening for medical conditions, infectious diseases and recurrent pregnancy complications. In addition, all pregnant patients should be offered screening for fetal aneuploidy. Each set of tests occurs at specified points during prenatal care based on risk.<sup>2</sup>
- Denominator:** See “Patient Eligibility Criteria”, beginning on page 35, for information on codes to identify maternity patients (Table 3, page 36).
- Numerator:** Patients in the denominator that received appropriate prenatal risk screenings during the reporting period.

**DATA Collection:** The patient is numerator compliant only when the patient received the following prenatal risk screenings during the reporting period.

<u>10-12 weeks:</u>	<u>15-22 weeks:</u>	<u>24-28 weeks:</u>	<u>35-37 weeks or at Delivery:</u>
<ul style="list-style-type: none"> <li>- ABO / Rh (86900/86901)</li> <li>- CBC (85025 or 85027)</li> <li>- VDRL &amp; STDs (86592)</li> <li>- Chlamydia (87491)</li> <li>- Gonorrhea (87591)</li> <li>- HIV (87536)</li> <li>- Urine culture &amp; sensitivity (87086)</li> <li>- HbA1C (83036)</li> <li>- Rubella (86762)</li> <li>- Fetal Aneuploidy Screening (81420)</li> </ul>	<ul style="list-style-type: none"> <li>- AFP (alpha-fetal protein) testing (82105)</li> <li>- Quad Screen for late entry to prenatal care (82105, 82677, 84702 &amp; 86336)</li> </ul>	<ul style="list-style-type: none"> <li>- CBC (85025 or 85027)</li> <li>- Diabetes Screen* (82950)</li> <li>- Antibodies Screen if Rh Negative (86870, 86886, 86905)</li> <li>- RhoGAM, if appropriate (G8809, 90384)</li> </ul>	<ul style="list-style-type: none"> <li>- Group B Strep screening** (3294F, 87653)</li> </ul>

\*Must be performed in order to receive full points.

\*\*Must be performed in order to receive full points, unless patient had a positive Urine Culture and Sensitivity, Penicillin Allergy and/or it was performed at the hospital.

**Medical Record Collection:** Patient is numerator compliant if they had documentation of following in the medical record:

<sup>2</sup> <https://www.acog.org/Clinical-Guidance-and-Publications/Guidelines-for-Perinatal-Care>  
<https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Obstetrics/Screening-for-Fetal-Aneuploidy>  
<https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Obstetrics/Gestational-Diabetes-Mellitus>  
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5910a1.htm>  
<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Prevention-of-Early-Onset-Group-B-Streptococcal-Disease-in-Newborns>

1. All prenatal tests, screenings, labs were ordered, performed and documented.
2. Medical records from another provider, lab company or specialist.

The following is not acceptable documentation:

- Patient self-reporting

**Frequency:** Risk-screenings during active pregnancy.

**Scoring:** 10-12 weeks: 2.5 points  
15-22 weeks: 2.5 points  
24-28 weeks: 2.5 points  
35-37 weeks: 2.5 points  
(Numerator/Denominator) \* Total Possible Points

**Source and Level of Evidence:** C Expert Opinion, Level II-2 and Level III

## Genetic Carrier Screenings

- Description:** Percentage of female patients aged 15-45 years of age who were seen for obstetric care and who received appropriate genetic carrier screenings during the reporting period.
- Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of those patients receiving obstetric care for denominator, and medical record data for the assessment and classification information for the numerator.
- Explanation:** The American College of Medical Genetics (ACMG) and the American College of Obstetricians and Gynecologists (ACOG) recommends all providers of obstetric care establish a consistent, standard approach to genetic carrier screening that is offered to all women. At a minimum all women should be offered screening for cystic fibrosis, spinal muscular atrophy and a complete blood count to assess risk for hemoglobinopathies due to the high incidence of carrier status in the general population. Additional screening for genetic carrier conditions can be based on ethnicity or pan ethnic/expanded carrier screening.
- Denominator:** See “Patient Eligibility Criteria”, beginning on page 35, for information on codes to identify maternity patients (Table 3, page 36).
- Numerator:** Patients in the dominator who were offered expanded carrier screenings that include, *at a minimum*, screening for cystic fibrosis, Spinal Muscular Atrophy (SMA) , and for hemoglobinopathies during the reporting period.

**DATA Collection:** The patient is numerator compliant only when the patient received the following:

Cystic Fibrosis Screening: (CPT) 81220

Spinal Muscular Atrophy (SMA): (CPT): 81401

Hemoglobinopathies: (ICD-10-CM): Z13.0

AND

Pan Ethnic /Expanded Carrier Screenings 81200; 81205; 81209; 81220; 81232; 81242; 81243; 81250; 81251; 81255; 81260; 81290; 81330; 81361; 81400(x6); 81401(x5); 81402(x2); 81479- These are the codes commonly included in an expanded carrier panel, example is LabCorp Inheritest comprehensive panel, test code 451950

or

Have been assessed before (once in lifetime).

**Medical Record Collection:** Patient is numerator compliant if they had documentation of following in the medical record:

1. Genetic Carrier Screenings
2. Pan Ethnic /Expanded Carrier Screenings

The following is not acceptable documentation:

- Patient self-reporting

**Frequency:** Once per pregnancy

**Scoring:** (Numerator/Denominator) \* Total Possible Points

**Source and Level of Evidence:** C Expert Opinion

## Pre-Natal Immunizations

- Description:** Percentage of female patients aged 15-45 years of age who were seen for obstetric care and who received prenatal immunizations during the reporting period.
- Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of those patients receiving obstetric care for denominator, and medical record data for the assessment and classification information for the numerator.
- Explanation:** According to the CDC immunization remains an important part of adult health care. Pregnant women, due to the changes in the immune system, are at increased risk for complications from an acute influenza infection. All pregnant women should receive an inactivated influenza vaccine during flu season. In addition, pregnant women should receive TDAP vaccine between 27-36 weeks' gestation to provide passive transfer of antibodies to the fetus. Both vaccines should be given with every pregnancy.<sup>3</sup>
- Denominator:** See "Patient Eligibility Criteria", beginning on page 35, for information on codes to identify maternity patients (Table 3, page 36).
- Numerator:** Patients in the denominator who received an influenza immunization (any time during flu season) and a Tetanus, Diphtheria, Pertussis (Tdap) immunization in their 27<sup>th</sup> to 35<sup>th</sup> weeks of pregnancy and during the reporting period.

**DATA Collection:** The patient is numerator compliant only when the patient received the following immunizations during the reporting period:

- Influenza (CPT): 90630, 90653, 90654, 90655, 90656, 90657, 90661, 90662, 90672, 90673, 90674, 90682, 90685, 90686, 90687, 90688
- Tetanus (CPT): 90714, 90715
- Diphtheria (CPT): 90696, 90697, 90698, 90700, 90702
- Pertussis (Tdap) (CPT): 90698

**Medical Record Collection:** Patient is numerator compliant if they had documentation of following in the medical record:

1. Immunization(s) were ordered, performed and documented.
2. Immunization Records obtained from the State Immunization Registry.
3. Immunization Records from other provider or specialist office(s).

The following is not acceptable documentation:

- Patient self-reporting

- Frequency:** Once per pregnancy
- Scoring:** (Numerator/Denominator) \* Total Possible Points

**Source and Level of Evidence:** ACOG: Influenza vaccine-Leve I, TDAP- Level II

<sup>3</sup> <https://www.cdc.gov/vaccines/pregnancy/hcp/guidelines.html>  
<http://immunizationforwomen.org/providers/resources/toolkits/maternalimmunizations.php>



## Low-Dose Aspirin for Prevention of Pre-Eclampsia

<b>Description:</b>	Percentage of female patients aged 15-45 years of age who were seen for obstetric care and who received a low-dose aspirin for prevention of pre-eclampsia during the reporting period.
<b>Data Source:</b>	Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of those patients receiving obstetric care for denominator, and medical record data for the assessment and classification information for the numerator.
<b>Explanation:</b>	The US preventive services Task Force (USPSTF) and the American College of Obstetricians and Gynecologists (ACOG) recommend screening patients for risk factors for development of preeclampsia. Patients with identified risk factors should be prescribed low dose aspirin during the pregnancy. Low dose aspirin. Ideally should be started prior to 16 weeks and continue until delivery. <sup>4</sup>
<b>Denominator:</b>	See "Patient Eligibility Criteria", beginning on page 35, for information on codes to identify maternity patients (Table 3, page 36) and who have a history of pre-eclampsia that required a preterm delivery at less than 34 weeks or preeclampsia in one (1) or more previous pregnancies.  <b>DATA Collection:</b> The patient is denominator compliant only when the patient has the following code (s): <ul style="list-style-type: none"> <li>• Personal history of other complications of pregnancy, childbirth and the puerperium: (ICD-10-CM): Z87.59</li> <li>• Pre-existing hypertension: (ICD-10-CM): O11.1, O11.2, O11.3, O11.4, O11.5, O11.9</li> </ul> <b>Medical Record Collection:</b> Patient is numerator compliant if they had documentation of following in the medical record: <ul style="list-style-type: none"> <li>• History of pre-eclampsia that required a preterm delivery at less than 34 weeks</li> <li>• History of preeclampsia in one (1) or more previous pregnancies</li> </ul> The following is not acceptable documentation: <ul style="list-style-type: none"> <li>• Patient self-reporting</li> </ul>
<b>Numerator:</b>	Patients in the denominator that received outpatient low-dose aspirin prophylaxis before delivery.  <b>Medical Record Collection:</b> Patient is numerator compliant if they had documentation of receiving a low-dose aspirin prophylaxis before delivery and in an outpatient setting.
<b>Frequency:</b>	Not Applicable
<b>Scoring:</b>	(Numerator/Denominator) * Total Possible Points
<b>Source and Level of Evidence:</b>	ACOG: B Moderate, USPSTF: B Moderate

<sup>4</sup> <https://www.acog.org/Clinical-Guidance-and-Publications/Task-Force-and-Work-Group-Reports/Hypertension-in-Pregnancy>  
<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/low-dose-aspirin-use-for-the-prevention-of-morbidity-and-mortality-from-preeclampsia-preventive-medication>  
<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Low-Dose-Aspirin-Use-During-Pregnancy>  
<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Low-Dose-Aspirin-Use-During-Pregnancy>

## Performed Ultrasound at 18–22 weeks of Pregnancy

- Description:** Percentage of female patients aged 15–45 years of age who were seen for obstetric care and had an ultrasound was performed in the 18<sup>th</sup> to 22<sup>nd</sup> weeks of pregnancy during the reporting period.
- Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of those patients receiving obstetric care for denominator, and medical record data for the assessment and classification information for the numerator.
- Explanation:** The American College of Obstetricians and Gynecologists (ACOG) recommends that all pregnant women be offered at least one ultrasound during the pregnancy. The optimal time for this ultrasound is between 18–22 weeks gestation. This timing allows for a survey of fetal anatomy and accurate estimate of gestational age.<sup>5</sup>
- Denominator:** See “Patient Eligibility Criteria”, beginning on page 35, for information on codes to identify maternity patients (Table 3, page 36).
- Numerator:** Patients in the denominator who received an ultrasound in their 18<sup>th</sup> to 22<sup>nd</sup> weeks of pregnancy during the reporting period.

**DATA Collection:** The patient is numerator compliant only when the patient document that they obtained the following procedure during the reporting period:  
Ultrasound, pregnant (CPT): 76815

**Medical Record Collection:** Patient is numerator compliant if they had the following documentation in the patient’s medical record:

1. Radiologist report indicating an ultrasound was performed in the 18<sup>th</sup> to 22<sup>nd</sup> weeks of pregnancy.
2. Medical records documenting ultrasound being performed during performed in the 18<sup>th</sup> to 22<sup>nd</sup> weeks of pregnancy.
3. Ultrasound performed in the provider office and documented in the patient’s medical record.

The following is not acceptable documentation:

- Patient self-reporting

- Frequency:** Once during 18–22 pregnancy
- Scoring:** (Numerator/Denominator) \* Total Possible Points

Source and Level of Evidence: **ACOG: B Moderate, USPSTF: B Moderate**

<sup>5</sup> <https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Obstetrics/Ultrasound-in-Pregnancy>

## Antibiotic Prophylaxis if GBS (Group B Streptococcus) Positive

**Description:** Percentage of female patients aged 15-45 years of age who were seen for obstetric care and who were prescribed an antibiotic prophylaxis for those that tested positive for Group B Streptococcus.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of those patients receiving obstetric care for denominator, and medical record data for the assessment and classification information for the numerator.

**Explanation:** The Center for Disease control (CDC) and the American College of Obstetricians and Gynecologists (ACOG) recommend that all pregnant women have a culture for Group B streptococcus between 35-37 weeks' gestation. All patients with an allergy to Penicillin should have a culture with sensitivities for clindamycin and erythromycin to determine resistance to these antibiotics. All patients with a positive test, including positive urine cultures, need to be prescribed antibiotics during labor. A detailed treatment algorithm is available through the links listed below.<sup>6</sup>

**Denominator:** See "Patient Eligibility Criteria", beginning on page 35, for information on codes to identify maternity patients (Table 3, page 36) and who tested positive for GBS (Group B Streptococcus).

**DATA Collection:** Patient is denominator compliant if the patient had a positive GBS result.

Group B Streptococcus Positive=(CPT): 87653,87208, Z36.85

Streptococcus B carrier (ICD-10-CM): O99.820, O99.824, O99825

**Medical Record Collection:** Patient must have the following documentation as part of their medical record:

1. Group B Streptococcus screening performed, and results documented.
2. Group B Streptococcus results from another provider, lab company or specialist documented in medical record.

The following is not acceptable documentation:

- Patient self-reporting

**Numerator:** Patients in the denominator and whom were treated with an Antibiotic prophylaxis (See Table 5 for a list of appropriate medications) between 35- and 37-weeks gestation.

**DATA Collection:** Patient is numerator compliant if they were treated with an Antibiotic prophylaxis between 35- and 37-weeks gestation.

Weeks of Gestation= 35-37 (ICD-10-CM): Z3A.35, Z3A.36, Z3A.37

<sup>6</sup> <https://www.cdc.gov/mmwr/pdf/rr/rr5910.pdf>

<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Prevention-of-Early-Onset-Group-B-Streptococcal-Disease-in-Newborns>

**Medical Record Collection:** Patient must have the following documentation as part of their medical record:

- Documentation of an Antibiotic prophylaxis dispensed or prescribed between 35- and 37-weeks gestation.

The following is not acceptable documentation:

- Patient self-reporting

**Frequency:** Not Applicable

**Scoring:** (Numerator/Denominator) \* Total Possible Points

**Source and Level of Evidence:** ACOG: A

## Optimal Antenatal Corticosteroid Administration

- Description:** Percentage of female patients aged 15-45 years of age who were seen for obstetric care, delivered between 24 0/7 and 33 6/7 weeks of gestation and/or delivered between 34 weeks and 36 6/7 weeks and who received at least one dose of steroids within 7 days of delivery during the reporting period.
- Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of those patients receiving obstetric care for denominator, and medical record data for the assessment and classification information for the numerator.
- Explanation:** The national institute of Health (NIH) and the American College of Obstetricians and Gynecologists (ACOG) recommend a single course of corticosteroids for pregnant women between 24 weeks 0 days and 33 weeks 6 days gestation that are at risk of preterm delivery within 7 days of evaluation. Women with preterm premature rupture of membranes and multiple gestations are included in this treatment group. A single course of repeat corticosteroid can be considered if the patient is less than 34 weeks 0 days gestation, delivery is imminent, and the initial treatment was at least 7 days prior to the anticipated delivery.<sup>7</sup>
- Denominator:** See “Patient Eligibility Criteria”, beginning on page 35, for information on codes to identify maternity patients (Table 3, page 36) and who delivered between 24 0/7 and 33 6/7 weeks of gestation and/or delivered between 34 weeks and 36 6/7 weeks.
- The following codes may be used to identify the patient’s week of gestation at time of delivery:
- ICD-10-CM: Z3A.34, Z3A.35, Z3A.36
- Numerator:** Patients in the denominator who received at least one dose of steroids at the time of presentation with pre-mature labor, at preterm premature rupture of the membranes (PPROM) or within 7 days of delivery during the reporting period.

**DATA Collection:** The patient is numerator compliant if the patient received at minimum (1) one dose of steroids at the time of presentation with pre-mature labor, at preterm premature rupture of the membranes (PPROM) or within (7) seven days of delivery.

**Medical Record Collection:** Evidence of one of the following is present in the eligible patient’s health record:

1. Documentation of steroids being given to the patient at the time of presentation with pre-mature labor, at preterm premature rupture of the membranes (PPROM) or within (7) seven days of delivery in the patient’s medical record.
2. Hospital documentation of steroids being given to the patient at the time of presentation with pre-mature labor, at preterm premature rupture of the membranes (PPROM) or within

<sup>7</sup> <https://consensus.nih.gov/2000/2000AntenatalCorticosteroidsRevised112PDF.pdf>

<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Antenatal-Corticosteroid-Therapy-for-Fetal-Maturation>  
<http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD004454.pub3/epdf/standard>

(7) seven days of delivery in the patient's medical record.

The following is not acceptable documentation:

- Patient self-reporting

**Frequency:** Not Applicable

**Scoring:** (Numerator/Denominator) \* Total Possible Points

**Source and Level of Evidence:** A Strong, Cochrane: B Moderate

## Vaginal Birth After Cesarean (VBAC) Consent

<b>Description:</b>	Percentage of female patients aged 15-45 years of age who were seen for obstetric care, have a history of a previous cesarean birth and had a birth plan and/or a delivery decision making consultation performed with the provider during the reporting period
<b>Data Source:</b>	Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of those patients receiving obstetric care for denominator, and medical record data for the assessment and classification information for the numerator.
<b>Explanation:</b>	The National Institute of Health (NIH) and the American College of Obstetricians and Gynecologists (ACOG) recommend that women who had one previous low transverse cesarean section are candidates for Vaginal Birth After cesarean section (VBAC). These patients should be counseled and offered a Trial of Labor (TOLAC). The published success rate of VBAC is 60-80%. Scoring systems and prediction models for successful VBAC are detailed in the publications in the links below. <sup>8</sup>
<b>Denominator:</b>	<p>See “Patient Eligibility Criteria”, beginning on page 35, for information on codes to identify maternity patients (Table 3, page 36) and have a history of having a previous cesarean birth.</p> <p><b>Medical Record Collection:</b> Patient is denominator compliant if they had the following documentation in the patient’s medical record during the reporting period:</p> <ol style="list-style-type: none"> <li>1. Documentation in medical record of a previous cesarean birth.</li> <li>2. Indications of a previous cesarean birth in medical records from other provider or specialist office(s).</li> </ol>
<b>Numerator:</b>	<p>Patients in the denominator who had a Birth Plan or Delivery Decision making consultation performed with provider during the reporting period.</p> <p><b>Medical Record Collection:</b> Patient is numerator compliant if they had the following documentation in the patient’s medical record during the reporting period:</p> <ol style="list-style-type: none"> <li>1. Decision making consultation</li> <li>2. Birth Plan</li> </ol> <p>The following is <u>not</u> acceptable documentation:</p> <ul style="list-style-type: none"> <li>• Patient self-reporting</li> </ul>
<b>Frequency:</b>	Once per pregnancy
<b>Scoring:</b>	(Numerator/Denominator) * Total Possible Points

**Source and Level of Evidence: A Strong**

<sup>8</sup> [https://consensus.nih.gov/2010/images/vbac/vbac\\_statement.pdf](https://consensus.nih.gov/2010/images/vbac/vbac_statement.pdf)  
<https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Obstetrics/Vaginal-Birth-After-Cesarean-Delivery>

## Primary C-Section Rates (NTSV Rates)

- Description:** Percentage of female patients aged 15-45 years of age who were seen for obstetric care, were NTSV mothers and had an elective cesarean section during the reporting period.
- Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of those patients receiving obstetric care for denominator, and medical record data for the assessment and classification information for the numerator.
- Explanation:** The Center for disease control (CDC) and the National Quality Forum (NQF) have established benchmarks for healthy people 2020 to Improve the delivery of health care to women. One of the measures is to reduce cesarean births among low risk women. The population selected was nulliparous singleton women at term with a baby in the vertex presentation (NTSV). This population was selected because it was a homogeneous group with the most opportunity for improvement. The target rate is 23.9%. Detailed explanations of the measure are available in the links below.<sup>9</sup>
- Denominator:** See “Patient Eligibility Criteria”, beginning on page 35, for information on codes to identify maternity patients (Table 3, page 36) and were NTSV mothers (nulliparous, term, singleton, vertex). (look for codes for NTSV)

**Medical Record Collection:** Patient is denominator compliant if they had the following documentation in the patient’s medical record during the reporting period:

1. Documentation identifying patient as a nulliparous, term, singleton, vertex (NTSV) mother.

- Numerator:** Patients in the denominator who had an elective cesarean section (not marked as medical reason) during the reporting period.

**Data Collection:** Patient is numerator compliant if had an elective cesarean section (not marked as medical reason) during the reporting period. The following codes may be used to identify elective cesarean births:

ICD-10-CM: O82

- Frequency:** Not Applicable

- Scoring:** Points awarded according to  $(1 - \text{ratio/threshold}) \times \text{points}$ , on a scale within the threshold of 0% = 20 points and >10% = 0 points

**Source and Level of Evidence:** NQF Health people 2020

<sup>9</sup> <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>, this objective is 7.1  
<https://manual.jointcommission.org/releases/TJC2017B2/MIF0167.html>



## VLBW Babies Managed in NICU level 3 or 4

- Description:** Percentage of female patients aged 15–45 years of age who delivered a live-born infant at less than 26 weeks who weighed less than 1500 g; and where mother stayed at a center for greater than or equal to 24 hours prior to delivery; and where all occurred during the reporting period.
- Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of those patients receiving obstetric care for denominator, and medical record data for the assessment and classification information for the numerator.
- Explanation:** The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) recommend that pregnant women in preterm labor with risk of delivery of a VLBW infant (i.e. gestational age less than 26 weeks or EFW of less than 1500gms) be delivered in a level 3 or 4 nursery. If the pregnant woman presents to a hospital with a lower level of nursery services, they should be transferred to a hospital offering a higher level of pediatric services as long as delivery is not imminent. Numerous studies have shown improved outcomes for these infants when delivered in a hospital with a Neonatal Intensive Care unit (NICU) offering a higher level of services.<sup>10</sup>
- Denominator:** See “Patient Eligibility Criteria”, beginning on page 35, for information on codes to identify maternity patients (Table 3, page 36) and who delivered a live-born infant at less than 26 weeks who weighed less than 1500 g; and where mother stayed at a center for greater than or equal to 24 hours prior to delivery; and where all occurred during the reporting period.

**DATA Collection/Medical Record Collection:** Patient is denominator compliant only when there is evidence of one of the following is present in the eligible patient’s health record:

1. Documentation in the patient’s medical record of delivery of a live-born infant at less than 26 weeks who weighed less than 1500 g; and where mother stayed at a center for greater than or equal to 24 hours prior to delivery; and where all occurred during the reporting period.
2. Hospital medical record/documentation of delivery of a live-born infant at less than 26 weeks who weighed less than 1500 g; and where mother stayed at a center for greater than or equal to 24 hours prior to delivery; and where all occurred during the reporting period.

The patient is NOT denominator compliant if:

- Patient self-reporting

**Numerator:** Patients in the denominator who were managed at NICU level 3 or 4.

**DATA Collection/Medical Record Collection:** Patient is numerator compliant only when there is evidence of one of the following is present in the eligible patient’s health record: Documentation in the patient’s medical record of care in NICU level 3 or 4.

<sup>10</sup> <https://jamanetwork.com/journals/jama/article-abstract/186516>  
<http://pediatrics.aappublications.org/content/130/3/587.long>  
<https://www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Levels-of-Maternal-Care>

1. Hospital medical record/documentation of care in NICU level 3 or 4.

The following is not acceptable documentation:

- Patient self-reporting

**Frequency:** Not Applicable

**Scoring:** (Numerator/Denominator) \* Total Possible Points

**Source and Level of Evidence:** B Moderate

## Postpartum Depression Screening (optional)

<b>Description:</b>	Percentage of female patients aged 15–45 years of age who were seen for a post-partum visit and were screened for post-partum depression during the reporting period.
<b>Data Source:</b>	Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of those patients receiving obstetric care for denominator, and medical record data for the assessment and classification information for the numerator.
<b>Explanation:</b>	The American College of Obstetricians and Gynecologist (ACOG) and the US preventive services Task Force (USPSTF) recognize the post-partum depression is one of the most common complications of pregnancy. Both organizations recommend that pregnant women be screened at least once during the post-partum period between 48 hours to 6 weeks post-partum. Several screening tools are available. The most commonly used tool is the Edinburgh Postnatal Depression Scale. Women who screen positive should be offered additional services such as cognitive behavioral therapy or antidepressant medication. <sup>11</sup>
<b>Denominator:</b>	See “Patient Eligibility Criteria”, beginning on page 35, for information on codes to identify maternity patients (Table 3, page 36)
<b>Numerator:</b>	<p>Patients in the denominator who were screened within 48 hours of delivery to 6 weeks of postpartum using the Edinburgh Screening and was conducted during the reporting period</p> <p><b>Medical Record Collection:</b> Acceptable forms of drug and alcohol screening methods/resources include dated documentation of patient receiving/ participating in at least one of the following:</p> <ol style="list-style-type: none"> <li>1. Written or web-based Edinburgh screening in the provider’s office</li> </ol> <p>The patient is <u>NOT</u> numerator compliant if:</p> <ol style="list-style-type: none"> <li>1. Self-reporting</li> <li>2. Usage of any other Depression screening tool other than the Edinburgh screening tool.</li> </ol>
<b>Frequency:</b>	Once per pregnancy
<b>Scoring:</b>	(Numerator/Denominator) * Total Possible Points
<b>Source and Level of Evidence:</b>	USPSTF grade level B

<sup>11</sup> <https://www.uspreventiveservicestaskforce.org/Page/Document/evidence-summary-primary-care-screening-for-and-treatment-of-depression-in-adults-screening1>  
<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Screening-for-Perinatal-Depression>

## Drug and Alcohol Screening (optional)

<b>Description:</b>	Percentage of female patients aged 15-45 years of age who were seen for obstetric care and who received a drug and alcohol screening during the reporting period.
<b>Data Source:</b>	Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of those patients receiving obstetric care for denominator, and medical record data for the assessment and classification information for the numerator.
<b>Explanation:</b>	The US Preventive services task force (USPSTF) and the American College of Obstetricians and Gynecologists (ACOG) recommend that all pregnant women be screened, using one of the validated screening tools, for misuse of alcohol and substance use. Patients identified as abusing drugs or alcohol should be referred for treatment.
<b>Denominator:</b>	See “Patient Eligibility Criteria”, beginning on page 35, for information on codes to identify maternity patients (Table 3, page 36)
<b>Numerator:</b>	<p>Patients in the denominator who received a screen for drug or alcohol use at some point during the pregnancy during the reporting period. Urine drug screen, SOAPPR, ORT, 4P, SBIRT or DIRE.</p> <p><b>Medical Record Collection:</b> Acceptable forms of drug and alcohol screening methods/resources include dated documentation of patient receiving/ participating in at least one of the following:</p> <ol style="list-style-type: none"> <li>1. Written or web-based drug and alcohol screening in the provider’s office.</li> </ol> <p>The patient is <u>NOT</u> numerator compliant if:</p> <ol style="list-style-type: none"> <li>1. Self-reporting</li> </ol>
<b>Frequency:</b>	Once per pregnancy
<b>Scoring:</b>	$(\text{Numerator/Denominator}) * \text{Total Possible Points}$
<b>Source and Level of Evidence:</b>	USPSTF grade level B

## Interpersonal Violence Screening (optional)

**Description:** Percentage of female patients aged 15-45 years of age who were seen for obstetric or post-partum care and who received an interpersonal violence screening during the reporting period.

**Data Source:** Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of those patients receiving obstetric care for denominator, and medical record data for the assessment and classification information for the numerator.

**Explanation:** The US preventive services task force (USPSTF), Center for disease control (CDC) and the American College of Obstetricians and Gynecologists (ACOG) all recommend that reproductive age women be screened for intimate partner violence. It is recommended that pregnant women be screened at the initial prenatal visit and at least once each trimester and post-partum. Intimate partner violence during pregnancy is associated with preterm birth, low birth weight and other adverse pregnancy outcomes. Patients that screen positive should be offered ongoing support and information on community resources and other appropriate referrals. Additional information on national organizations offering educational material and screening tools is available in the links below.<sup>12</sup>

**Denominator:** See “Patient Eligibility Criteria”, beginning on page 35, for information on codes to identify maternity patients (Table 3, page 36)

**Numerator:** Patients in the denominator who were screened for Interpersonal Violence (with any tool) during the reporting period.

**Medical Record Collection:** Acceptable forms of interpersonal violence screening methods/resources include dated documentation of patient receiving/ participating in at least one of the following:

1. Written or web-based interpersonal violence screening in the provider’s office

The patient is NOT numerator compliant if:

1. Self-reporting

**Frequency:** Once per pregnancy

**Scoring:** (Numerator/Denominator) \* Total Possible Points

**Source and Level of Evidence:** USPSTF grade level B

<sup>12</sup> <https://www.cdc.gov/violence-prevention/pdf/ipv-technicalpackages.pdf>

<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6302a4.htm>

<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Intimate-Partner-Violence>

<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/intimate-partner-violence-and-abuse-of-elderly-and-vulnerable-adults-screening>

## Recognition Process

### Applying for Recognition

Clinician applicants opt to voluntarily submit their data to a performance assessment organization (PAO) through the Maternity Care Recognition program. Participating clinicians must execute a data use agreement with the data aggregator partner through which they plan to submit data for BTE's automated performance assessment process. All data aggregator partners have data use agreements executed with their partnering PAO. All necessary steps will be taken by the data aggregator and PAO to protect the confidentiality of patient data, as required by The Health Insurance Portability and Accountability Act of 1996 (HIPAA). To assist with clinician compliance with HIPAA, the data aggregator partner provides a Business Associate addendum referenced in the data use agreement, which states that both the data aggregator and the clinician applicant will comply with HIPAA requirements.

Clinicians considering applying for recognition should:

1. Determine eligibility. See "Eligibility for Clinician Participation" for more information on page 35.
2. Familiarize themselves with the BTE Maternity Care measures and specifications. See "What Recognition Requires".
3. Determine whether to apply as an individual clinician or medical practice.

Clinicians submitting through an electronic data aggregator partner are required to submit medical record data for all eligible patients across their full patient population on a quarterly calendar schedule. Clinicians are required to continue submitting data for all eligible patients each quarter unless they cease using the data aggregator's electronic system.

Clinicians that are new to an electronic data aggregator partner's system, where the system is not yet fully integrated in the clinicians' office and patient records have not been back loaded, are required to prospectively enter all eligible patients from their full patient panel into the data aggregator's electronic system. For individual applicants, clinician assessment will automatically be triggered after all required data is submitted through the data aggregator's electronic system for the minimum requirement of 25 eligible patients. For practice level applicants, assessment will automatically be triggered after all required data is submitted through the data aggregator's electronic system for 10 patients per individual clinician and a practice average of 25 patient's per clinician. It is assumed that after one full year of usage of the data aggregator's electronic system that all eligible patients enrolled in the practice at that time will be included.

Completed applications are processed for compliance with performance requirements, and applicant-specific reports with results for all Maternity Care measures are produced within 30 days. BTE releases an official award certificate for each recognized clinician or medical practice via the BTE web page, <http://www.bridgestoexcellence.org>.

Additionally, BTE reserves the right to complete an audit of any individual or practice application for Recognition. PAO or specified local organization subcontractors conduct audits of at least 5 percent of the recognized clinicians from each data aggregator partner each year. Audits may be completed by fax, mail, electronically or on site, as determined by the PAO. The remainder of the five percent will be identified by a single methodology that randomizes the medical groups who submit to the data aggregator and then sequentially selecting medical groups. The number of medical groups selected is dependent on the total number of recognized clinicians in each medical group, enough groups will be selected to account for 5% of total recognized clinicians submitted by the data aggregator.

The PAO will notify the data aggregator, which will notify the applicant if their application is chosen for audit, ascertain that audit personnel have no conflict of interest with the audited organization and provide instructions on audit requirements. Obtaining final Recognition results takes longer than usual for applicants chosen for audit. For those applicants selected for audit, final Recognition determination will be made within 60 days of the date of data submission. Upon passing an audit, the applicant's recognition dates are assigned retroactively to the date the applicant's data was scored. Failure to pass an audit or failure to respond to an audit request and complete the audit within 30 days results in no further consideration for the program for six months to two years (depending on the audit score) from the date of submission of the application.

### Duration of Recognition

The Maternity Care Recognition Program has a duration of two years from the date on which the recognition was awarded; regardless of the pathway by which the clinician achieved the recognition – electronic data submission, or direct data submission to Altarum via the provider portal.

For continuously assessed applicants who maintain their current level of recognition, new begin and end recognition dates will be assigned at the time of the most recent assessment. Recognition determinations are made on the basis of a specific patient population. Recognition status remains in effect for the duration of recognition as long as the clinician maintains their current practice and patient base. Clinicians are responsible for informing the data aggregator within 30 days who will inform the PAO if they move or change practices.

### Changes in Recognition Levels

Continuous data submission applicants are eligible for changes in recognition level. Clinicians who achieve at least Three Star Maternity Care Recognition will maintain their Maternity Care Recognition for the duration of recognition outlined above. However, during this time it is possible for the recognition status to move between program levels (3, 4, or 5 Stars) based on changes in clinical data from quarter to quarter. Changes to program level and recognition dates occur according to the following rules:

- Clinicians who achieve a higher level of recognition for two consecutive assessment periods will have their recognition level changed effective the date of the most recent assessment.
- Clinicians recognized at Four Stars or Five Stars can drop in levels of recognition based on lower scoring results for two consecutive assessment periods.
- Each time a clinician's recognition status changes levels in either direction a new begin recognition date is assigned for the date of the most recent assessment and a new end recognition date is calculated.
- Clinicians who drop below Three Stars for two consecutive quarterly assessments will be assigned or maintain Three Star Maternity Care Recognition status and maintain their current begin and end recognition dates.

### Example 1

- A provider submitted for Q1 and was assessed at a 3 Star Rating
  - The providers 'Current Recognition' Level is a 3 Star Rating
- The provider was submitted in Q2 and was assessed at a 5 Star Rating
  - The providers 'Current Recognition' Level is a 3 Star Rating
- The provider was submitted in Q3 and was assessed at a 4 Star Rating
  - The providers 'Current Recognition' Level is now a 4 Star Rating

#### How this works:

If a provider's assessment level increases for 2 consecutive assessments, the new recognition level equals the lower of the 2 most recent assessment levels.

Assessment Date	Assessed Rating	Recognition Rating	Recognition Dates
Q1	3	3	01/21/2016 - 01/20/2018
Q2	5	3	04/21/2016 - 04/20/2018
Q3	4	4	07/21/2016 - 07/20/2018

### Example 2

- A provider submitted in Q1 and was assessed at a 5 Star Rating
  - The providers 'Current Recognition' Level is a 5 Star Rating
- The provider submitted in Q2 and was assessed at a 4 Star Rating
  - The providers 'Current Recognition' Level is a 5 Star Rating
- The provider submitted in Q3 and was assessed at a 3 Star Rating
  - The providers 'Current Recognition' Level is now a 4 Rating

#### How this works:

If a provider's assessment level decreases for 2 consecutive assessments, the new recognition level equals the higher of the 2 most recent assessment levels.

Assessment Date	Assessed Rating	Recognition Rating	Recognition Dates
Q1	5	5	01/21/2016 - 01/20/2018
Q2	4	5	04/21/2016 - 04/20/2018
Q3	3	4	07/21/2016 - 07/20/2018



### Example 3

- A provider submitted for Q1, Q2, and Q3, and was assessed at a 5 Star Rating all three submissions
  - The providers 'Current Recognition' Level remains unchanged and will be a 5 Star Rating

### How it works:

If a provider's assessment level remains the same for 2 consecutive assessments, the recognition level is unchanged.

Assessment Date	Assessed Rating	Recognition Rating	Recognition Dates
Q1	5	5	01/21/2016 - 01/20/2018
Q2	5	5	04/21/2016 - 04/20/2018
Q3	5	5	07/21/2016 -07/20/2018

## Reporting Results to BTE and Its Partners

As part of Altarum's mission to identify and promote quality, the PAO report results to the following:

- To the data aggregator partner through which the recognition application was submitted. The data aggregator is required to share results reports with the clinician applicant to facilitate quality improvement.
- To BTE: Only Recognized statuses are reported to BTE for display on Altarum's BTE web site: [www.bridgestoexcellence.org](http://www.bridgestoexcellence.org) and transmission to BTE-licensed health plans for associated rewards payments. Once the final decision is made, the PAO will reveal the identity, program name and program rating of the recognized clinicians only. No clinical data is shared with BTE at any point in the process.

## Terms of Recognition

When communicating with patients, third-party payers, managed care organizations (MCOs) and others, clinicians or practices who receive BTE Maternity Care Recognition may represent themselves as BTE-recognized and meeting NQF/AQA quality measure requirements; however, clinicians or practices may not characterize themselves as "NQF/AQA-Approved" or "NQF/AQA- Endorsed." The use of this mischaracterization or other similarly inappropriate statements will be grounds for revocation of status.

## Revoking Recognition

PAO may revoke a Recognition decision if any of the following occurs:

- The clinician or practice submits false data or does not collect data according to the procedures outlined in this manual, as determined by discussion with the clinician or practice or audit of application data and materials.
- The clinician or practice misrepresents the credentials of any of its clinicians.
- The clinician or practice misrepresents its Recognition status.
- The clinician or any of the practice's clinicians experience a suspension or revocation of medical licensure.
- The clinician or practice has been placed in receivership or rehabilitation and is being liquidated.
- State, federal or other duly authorized regulatory or judicial action restricts or limits the clinician or practice's operations.
- BTE identifies a significant threat to patient safety or care.

## Data Use Terms

Data use terms are outlined in the data use agreement that the applicant signs with the selected data aggregator partner.

## Patient Eligibility Criteria

An eligible Maternity patient is one who meets all three criteria:

1. Female patients aged 15–45 years of age<sup>2</sup>, during the measurement period.
2. Has had a documented diagnosis of pregnancy (as defined in Table 3 below) within the last 12 months, from the last day of the reporting period.
3. Has been under the care of the applicant within the last 12 months. This is defined by documentation of one or more face-to-face visits for Maternity care between the clinician and the patient: one (1) face-to-face visit within 12 months of the last day of the reporting period. (as defined in Table 2 below)

There are two accepted data sources that can be used to identify patients that were pregnant during the reporting period:

Claims/Encounter data: Patient is denominator compliant if the patient is female and 15–45 years of age during the measurement period, with a documented pregnancy diagnosis listed on the problem list, has had at least one (1) face-to-face encounter in an ambulatory setting and has been under the care of the applicant for at least 12 months. See Table 3 for further information on diagnoses to identify patients that were pregnant during the reporting period and Table 2 for further information on procedural codes to identify a face-to-face visit.

Medical Record data: Patient is denominator compliant if the patient is female and 15–45 years of age during the measurement period, with a documented pregnancy diagnosis listed on the problem list, has had at least one (1) face-to-face encounter in an ambulatory setting and has been under the care of the applicant for at least 12 months. See Table 3 for further information on diagnoses to identify patients that were pregnant during the reporting period and Table 2 for further information on procedural codes to identify a face-to-face visit.

**Exclusions:** None

Please note that Telehealth and Home visit temporary codes for the Public Health Emergency of the COVID-19 Pandemic were added to “Face-to-Face Visits” found in Table 2 on page 36. These codes may be used for visits on or after April 1, 2020.

<sup>2</sup> As of the last day of the reporting period. Patients known to be deceased should be excluded.

## Relevant Procedural and Diagnosis Codes for Maternity Care Measurement Set

**Table 2: Face-to-Face Visits and OB Services**

Procedural Codes
<p>CPT: 99201-99215</p> <p>Value Set Authority-Value Set Name - Office Visit - OID - 2.16.840.1.113883.3.464.1003.101.12.1001</p> <p>CPT: 59400, 59409, 59410, 59412, 59414, 59425, 59426, 59430, 59510, 59514, 59515, 59525, 59610, 59612, 59614, 59618, 59620, 59622</p> <p>SNOMEDCT: 185463005, 185464004, 185465003, 30346009, 3391000175108, 37894004, 439740005</p> <p>Value Set Authority-Value Set Name - Delivery Live Births - OID: 2.16.840.1.113883.3.464.1003.111.11.1026</p> <p><b>Temporary Addition for Telehealth Services for Est Patients for the COVID-19 Pandemic (Added 04/2020)</b></p> <p>CPT: 98966, 98967, 98968, 99441, 99442, 99443</p> <p>Value Set Authority-Value Set Name - Telehealth Services - OID - 2.16.840.1.113883.3.464.1003.101.12.1031</p> <p><b>Temporary Addition for the PHE for the COVID-19 Pandemic (Added 04/2020)</b></p> <p>CPT: Patient Evaluations - 97161, 97162, 97163, 97164,</p> <p>CPT: Home Visits - 99347, 99348, 99349, 99350, 99341, 99342, 99343, 99344, 99345</p>

**Table 3: Obstetrics Diagnosis Codes**

Diagnosis Codes
<p>ICD-10-CM: O00.00, O00.01, O00.101, O00.102, O00.109, O00.111, O00.112, O00.119, O00.201, O00.202, O00.209, O00.211, O00.212, O00.219, O00.80, O00.81, O00.90, O00.91, O01.0, O01.1, O01.9, O02.0, O02.1, O02.81, O02.89, O02.9, O03.0, O03.1, O03.2, O03.30, O03.31, O03.32, O03.33, O03.34, O03.35, O03.36, O03.37, O03.38, O03.39, O03.4, O03.5, O03.6, O03.7, O03.80, O03.81, O03.82, O03.83, O03.84, O03.85, O03.86, O03.87, O03.88, O03.89, O03.9, O04.5, O04.6, O04.7, O04.80, O04.81, O04.82, O04.83, O04.84, O04.85, O04.86, O04.87, O04.88, O04.89, O07.0, O07.1, O07.2, O07.30, O07.31, O07.32, O07.33, O07.34, O07.35, O07.36, O07.37, O07.38, O07.39, O07.4, O08.0, O08.1, O08.2, O08.3, O08.4, O08.5, O08.6, O08.7, O08.81, O08.82, O08.83, O08.89, O08.9, O09.00, O09.01, O09.02, O09.03, O09.10, O09.11, O09.12, O09.13, O09.211, O09.212, O09.213, O09.219, O09.291, O09.292, O09.293, O09.299, O09.30, O09.31, O09.32, O09.33, O09.40, O09.41, O09.42, O09.43, O09.511, O09.512, O09.513, O09.519, O09.521, O09.522, O09.523, O09.529, O09.611, O09.612, O09.613, O09.619, O09.621, O09.622, O09.623, O09.629, O09.70, O09.71, O09.72, O09.73, O09.811, O09.812, O09.813, O09.819, O09.821, O09.822, O09.823, O09.829, O09.891, O09.892, O09.893, O09.899, O09.90, O09.91, O09.92, O09.93, O09.A0, O09.A1, O09.A2, O09.A3, O10.011, O10.012, O10.013, O10.019, O10.02, O10.03, O10.111, O10.112, O10.113, O10.119, O10.12, O10.13, O10.211, O10.212, O10.213, O10.219, O10.22, O10.23, O10.311, O10.312, O10.313, O10.319, O10.32, O10.33, O10.411, O10.412, O10.413, O10.419, O10.42, O10.43, O10.911, O10.912, O10.913, O10.919, O10.92, O10.93, O11.1, O11.2, O11.3, O11.4, O11.5, O11.9, O12.00, O12.01, O12.02, O12.03, O12.04, O12.05, O12.10, O12.11, O12.12, O12.13, O12.14, O12.15, O12.20, O12.21, O12.22, O12.23, O12.24, O12.25, O13.1, O13.2, O13.3, O13.4, O13.5, O13.9, O14.00, O14.02, O14.03, O14.04, O14.05, O14.10, O14.12, O14.13, O14.14, O14.15, O14.20, O14.22, O14.23, O14.24, O14.25, O14.90, O14.92, O14.93, O14.94, O14.95, O15.00, O15.02, O15.03, O15.1, O15.2, O15.9, O16.1, O16.2, O16.3, O16.4, O16.5, O16.9, O20.0, O20.8, O20.9, O21.0, O21.1, O21.2, O21.8, O21.9, O22.00, O22.01, O22.02, O22.03, O22.10, O22.11, O22.12, O22.13, O22.20, O22.21, O22.22, O22.23, O22.30, O22.31, O22.32, O22.33, O22.40, O22.41, O22.42, O22.43, O22.50, O22.51, O22.52, O22.53, O22.8X1, O22.8X2, O22.8X3, O22.8X9, O22.90, O22.91, O22.92, O22.93, O23.00, O23.01, O23.02, O23.03, O23.10, O23.11, O23.12, O23.13, O23.20, O23.21, O23.22, O23.23, O23.30, O23.31, O23.32, O23.33, O23.40, O23.41, O23.42, O23.43, O23.511, O23.512, O23.513, O23.519, O23.521, O23.522, O23.523, O23.529, O23.591, O23.592, O23.593, O23.599, O23.90, O23.91, O23.92, O23.93, O24.011, O24.012, O24.013, O24.019, O24.02,</p>

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Value Set Authority-Value Set Name – Obstetrics - OID: 2.16.840.1.113883.3.117.1.7.1.335 – Steward – The Joint Commission



## Relevant Medication Lists for Maternity Care Measurement Set

Table5: Antibiotic prophylaxis

Drug Names
Ampicillin
Cefazolin
Clindamycin
Erythromycin
Penicillin
Vancomycin

## APPENDICES

### Appendix A: Audit Methodology

The PAO is responsible for conducting three levels of audit pertaining to applicant submissions for BTE Maternity Care Recognition:

- Level 1: Data Aggregator (DA) Data Extraction code review
- Level 2: Data Validation (Load Summary) see table below
- Level 3: Clinician Chart Audit

Detailed audit policies are included in the BTE Clinician Assessment Policy and Procedures Manual.

The following data validation checks are used in creating the load summary provided to the data aggregator after each data file submission to identify any missing or invalid data values:

#### Clinician Identifier Data

Data Field	Data Field Specifications and Acceptable/Valid Data Range(s)
Clinician_ResplD	(Required field) Alphanumeric value up to 26 characters in length
Clinician_NPI	(Required field) Numeric value 10 characters in length
Clinician_DEA	Alphanumeric value 9 characters in length First letter must be "A", "B", "F" or "M".
Clinician_MedicalLicense	Alphanumeric value up to 10 characters in length
Clinician_LastName	(Required field) Alpha value up to 50 characters in length
Clinician_FirstName	(Required field) Alpha value up to 50 characters in length
Clinician_MiddleName	Alpha value up to 30 characters in length
Clinician_Degree	(Required field) Numeric value 01 = M.D. 02 = D.O. 03 = N.P. 04 = P.A.
Clinician_PracticeAddress1	(Required field) Alphanumeric value up to 100 characters in length
Clinician_PracticeAddress2	Alphanumeric value up to 100 characters in length
Clinician_PracticeCity	(Required field) Alpha value up to 100 characters in length
Clinician_PracticeState	(Required field) Alpha value 2 characters in length

Clinician_PracticeZipCode	Numeric value 5 (#####), 9 (#####) or 10 characters (#####-####) in length
Clinician_emailaddress	Example smith@email.com
Clinician_PracticePhone	Alphanumeric value up to 30 characters in length
Clinician_DateofBirth	Numeric value: MM/DD/YYYY
Clinician_Gender	F = Female M = Male U = Unknown
Clinician_Specialty	01 = Allergy/Immunology 02 = Cardiology 03 = Critical Care Services 04 = Dermatology 05 = Endocrinology 06 = Gastroenterology 07 = Gen/Fam Practice 08 = Geriatric Medicine 09 = Hematology 10 = Infectious Disease 11 = Internal Medicine 12 = Nephrology 13 = Neurology 14 = Neurosurgery 15 = Obstetrics/Gynecology 16 = Occ. Medicine 17 = Oncology 18 = Ophthalmology 19 = Orthopedics 20 = Otolaryngology 21 = Pediatrics 22 = Phys/Rehab Medicine 23 = Psychiatry 24 = Psychopharmacology 25 = Pulmonary Medicine 26 = Rheumatology 27 = Surgery 28 = Urology 29 = Other – not listed
Practice ID	(Required field) Alphanumeric value up to 26 characters in length
PracticeName	(Required field) Alpha value up to 100 characters in length
Individual_Group	(Required Field) Alpha value "I" - Individual Scoring or "G" - Group Scoring

Group_GroupID	If yes, Provide the Group ID that the Individual Provider wishes to be associated with. Numeric value 10 characters in length
Data Submission through CCHIT /Meaningful Use Certified System	Yes/No
Full Patient Panel	Yes/No

## Clinical Measures Data

Data field	Data field specifications	Data Values
ResponsibleProviderID	Internal provider ID that matches with the ID in the physician file	Any unique combination of characters and numbers
NPI	Responsible Provider NPI	Alphanumeric value 10 characters in length
groupID	The unique identifier that will identify the providers within a group applying for recognition together.	Alphanumeric value up to 50 characters in length
individualGroup	G if the provider is applying as part of a group for recognition. I if the provider is applying individually.	I or G - blank will default to I
ChartID	Unique patient or chart ID	Alphanumeric value up to 50 characters in length
DeliveryDate	Delivery Date	MM/DD/YYYY - cannot be after the end of the reporting period
PatientDOB	The date of birth, or year of birth, of the patient. must be 15-45 years old during the reporting period	MM/DD/YYYY
patientGender	Patient's Gender	Female
patientRace	The chosen race that the patients identify themselves with.	<ul style="list-style-type: none"> <li>American Indian or Alaskan Native</li> <li>Asian</li> <li>Black or African American</li> <li>Native Hawaiian or Other Pacific Islander</li> <li>Other Race</li> <li>White</li> <li>Declined to Identify</li> </ul>

medicarePartB	Is the patient a Medicare Part B Fee-For-Service (FFS) beneficiary (includes Railroad Retirement Board, Medicare Secondary Payer, and Critical Access Hospitals method II; does not include Medicare Advantage beneficiaries)?	YES, NO
LMP	Last Menstrual Period	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
DueDate	Expected Due Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
InitialVisitDate	Initial visit to establish pregnancy care.	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
2TriVisitdate1 2TriVisitdate2 2TriVisitdate3 2TriVisitdate4	OB visits occurring once every four (4) weeks	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
2TriVisitdate5 2TriVisitdate6 3TriVisitdate1 3TriVisitdate2	OB visits occurring once every two (2) weeks	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
3TriVisitdate3 3TriVisitdate4 3TriVisitdate5 3TriVisitdate6 3TriVisitdate7	OB visits occurring once a week	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
PostPartumVisitDate	Post-partum visit date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
ABO_RhScreenDate	ABO/RH Lab Screen Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
RhFactor	RhFactor Lab Screen Date	Rh Positive or Rh Negative
CBCDate1	CBC Lab Date 1	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.

VDRLScreenDate	VDRL Screen Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
ChlamydiaScreenDate	Chlamydia Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
GonorrheaScreenDate	Gonorrhea Screen Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
HIVScreenDate	HIV Screen Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
Urineculturesensitivity	Urine Culture Sensitivity Lab	Positive or Negative
UrineculturesensitivityDate	Screen Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
HbA1Cdate	HbA1 Lab Screen Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
RubellaScreenDate	Rubella Screen Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
FetalAneuploidyScreenDate	Fetal Aneuploidy Screen Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
AFPScreenDate	Alpha-Fetoprotein Screen Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
QuadScreenDate	Quad Lab Screen Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
CBCDate2	CBC Lab Date 2	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
GlucoseScreenDate	Glucose Screen Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
AntibodiesScreenDate	Antibodies Screen Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
RhoGAMScreenDate	RhoGAM Screen Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.

GroupBStrep	Screening results of patient's Group B Strep.	Positive or Negative
GroupBStrepScreenDate	Group B Strep Screen Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
CysticFibrosisScreeningDate	Cystic Fibrosis Screen Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
SpinalMuscularAtrophyDate	Spinal Muscular Atrophy Screen Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
HemoglobinopathiesDate	Hemoglobinopathies Screen Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
PanEthnic_ExpandedCarrierScreenDate	PanEthnic Expanded Carrier Screen Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
GeneticCarrierScreen	Has this patient been assessed before?	Yes or No; Blank will default to No
InfluenzaDate	Date this patient received an influenza immunization.	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
TetanusDate	Date this patient received a Tetanus vaccination.	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
DiphtheriaDate	Date this patient received a Diphtheria vaccination.	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
Pertussis_TdapDate	Date this patient received a Pertussis and Tdap vaccination.	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
Hxpreeclampsia	Does this patient have a history of preeclampsia?	Yes or No; Blank will default to No
HxPretermdelivery	Does this patient have a history of Preterm delivery?	Yes or No; Blank will default to No
LowDoseAspirinDate	Most recent prescription or refill date for a Low Dose Aspirin prophylaxis.	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
UltrasoundDATE	Ultrasound Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.

AntibioticProphylaxisDate	Antibiotic Prophylaxis Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
CorticosteroidDate	Corticosteroid Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
HxCSection	Does this patient have a history of previous C-Sections?	Yes or No; Blank will default to No
BirthPlanDate	Birth Plan Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
DecisionMakingConsultDate	Decision Making Consult Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
NTSV	NTSV mothers (nulliparous, term, singleton, vertex).	Yes or No; Blank will default to No
electivecsectionDate	Elective C-Section Date	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
infantweight	Infant weight at birth in grams.	Numeric Value
NICUlevel	NICU Level	Numeric Value 1-4
PostPartumDepressionScreenDate	Was the patient screened for Post-Partum Depression? If so, what date was this done.	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
DrugAlcoholScreenDate	Was the patient screened for Drug and Alcohol abuse? If so, what date was this done.	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.
InterpersonalViolenceScreenDate	Was the patient screened for Interpersonal Violence? If so, what date was this done.	MM/DD/YY or MM/DD/YYYY - cannot be after the end of the reporting period.



## Measures Specifications

### Frequency of Prenatal & Postpartum Visits

#### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

patientGender= Female

PatientAge= 15-45 (at the time of the reporting period)

DeliveryDate= date is present and within reporting period (12 months)

#### NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

InitialVisitDate = date is present and within reporting period (12 months)

AND

2TriVisitdate1= date is present and within reporting period (12 months)

and

2TriVisitdate2 = date is present and within reporting period (12 months)

and

2TriVisitdate3 = date is present and within reporting period (12 months)

and

2TriVisitdate4 = date is present and within reporting period (12 months)

and

2TriVisitdate5 = date is present and within reporting period (12 months)

and

2TriVisitdate6 = date is present and within reporting period (12 months)

and

3TriVisitdate1 = date is present and within reporting period (12 months)

and

3TriVisitdate2 = date is present and within reporting period (12 months)

and

3TriVisitdate3 = date is present and within reporting period (12 months)

and

3TriVisitdate4 = date is present and within reporting period (12 months)

and

3TriVisitdate5= date is present and within reporting period (12 months)

and

3TriVisitdate6= date is present and within reporting period (12 months)

and

3TriVisitdate7 = date is present and within reporting period (12 months)

AND

PostpartumVisitDate= date is present and within reporting period and must be 21 to 56 days from  
DeliveryDate

SCORING:

Score=(numerator/denominator) x Total Possible Points

*If patient entered late into prenatal care, the expected points will be adjusted from both the numerator  
and denominator.*

*(Numerator/Denominator) \* Total Possible Points*

## Risk-Appropriate Screenings During Pre-Natal Care Visits

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

patientGender= Female

PatientAge= 15-45 (at the time of the reporting period)

DeliveryDate= date is present and within reporting period (12 months)

### NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

ABO\_RhScreenDate = date is present, must have occurred in the 10<sup>th</sup> to 12<sup>th</sup> gestational week period and within reporting period (12 months)

and

CBCDate1 = date is present, must have occurred in the 10<sup>th</sup> to 12<sup>th</sup> gestational week period and within reporting period (12 months)

and

VDRLScreenDate= date is present, must have occurred in the 10<sup>th</sup> to 12<sup>th</sup> gestational week period and within reporting period (12 months)

and

ChlamydiaScreenDate= date is present, must have occurred in the 10<sup>th</sup> to 12<sup>th</sup> gestational week period and within reporting period (12 months)

and

GonorrheaScreenDate= date is present, must have occurred in the 10<sup>th</sup> to 12<sup>th</sup> gestational week period and within reporting period (12 months)

and

HIVScreenDate= date is present, must have occurred in the 10<sup>th</sup> to 12<sup>th</sup> gestational week period and within reporting period (12 months)

and

UrineculturesensitivityDate= date is present, must have occurred in the 10<sup>th</sup> to 12<sup>th</sup> gestational week period and within reporting period (12 months)

and

HbA1CDate= date is present, must have occurred in the 10<sup>th</sup> to 12<sup>th</sup> gestational week period and within reporting period (12 months)

and

RubellaScreenDate= date is present, must have occurred in the 10<sup>th</sup> to 12<sup>th</sup> gestational week period and within reporting period (12 months)

and

FetalAneuploidyScreenDate = date is present, must have occurred in the 10<sup>th</sup> to 12<sup>th</sup> gestational week period and within reporting period (12 months)

AND

AFPScreenDate= date is present, must have occurred in the 15<sup>th</sup> to 22<sup>th</sup> gestational week period and within reporting period (12 months)

OR

QuadScreenDate= date is present, must have occurred in the 15<sup>th</sup> to 22<sup>th</sup> gestational week period and within reporting period (12 months)

AND

CBCDate2= date is present, must have occurred in the 24<sup>th</sup> to 28<sup>th</sup> gestational week period and within reporting period (12 months)

and

GlucoseScreenDate= date is present, must have occurred in the 24<sup>th</sup> to 28<sup>th</sup> gestational week period and within reporting period (12 months)

and

AntibodiesScreenDate= date is present, must have occurred in the 24<sup>th</sup> to 28<sup>th</sup> gestational week period and within reporting period (12 months)

and

RhoGAMScreenDate= date is present, must have occurred in the 24<sup>th</sup> to 28<sup>th</sup> gestational week period and within reporting period (12 months)

AND

GroupBStrepScreenDate= if Urineculturesensitivity=Negative, then date must be present, must have occurred in the 35<sup>th</sup> to 37<sup>th</sup> weeks of gestation or at delivery date and within reporting period (12 months)

### SCORING:

Score=(numerator/denominator) x Total Possible Points

10-12 weeks: 2.5 points

15-22 weeks: 2.5 points

24-28 weeks: 2.5 points

35-37 weeks: 2.5 points

(Numerator/Denominator) \* Total Possible Points

## Genetic Carrier Screenings

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

patientGender= Female

PatientAge= 15-45 (at the time of the reporting period)

DeliveryDate= date is present and within reporting period (12 months)

### NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

CysticFibrosisScreeningDate = date is present and within reporting period (12 months)

and

SpinalMuscularAtrophyDate = date is present and within reporting period (12 months)

and

HemoglobinopathiesDate = date is present and within reporting period (12 months)

And

PanEthnic\_ExpandedCarrierScreenDate = date is present and within reporting period (12 months)

OR

GeneticCarrierScreen = Yes

### SCORING:

Score=(numerator/denominator) x Total Possible Points

## Pre-Natal Immunizations

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

patientGender = Female

PatientAge = 15-45 (at the time of the reporting period)

DeliveryDate= date is present and within reporting period (12 months)

### NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

InfluenzaDate = date is present and within reporting period (12 months)

AND

TetanusDate = date is present, must have occurred in 27<sup>th</sup> to 35<sup>th</sup> the gestational week period and within reporting period (12 months)

and

DiphtheriaDate = date is present, must have occurred in 27<sup>th</sup> to 35<sup>th</sup> the gestational week period and within reporting period (12 months)

and

Pertussis\_TdapDate = date is present, must have occurred in 27<sup>th</sup> to 35<sup>th</sup> the gestational week period and within reporting period (12 months)

### SCORING:

Score=(numerator/denominator) x Total Possible Points

## Low-Dose Aspirin for Prevention of Pre-Eclampsia

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

patientGender= Female

PatientAge= 15-45 (at the time of the reporting period)

DeliveryDate= date is present and within reporting period (12 months)

HxPreeclampsia = YES

HxPretermdelivery = <=34

### NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

LowDoseAspirinDate = date is present and within reporting period (12 months)

### SCORING:

Score=(numerator/denominator) x Total Possible Points

## Performed ultrasound at 18–22 weeks of pregnancy

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

patientGender = Female

PatientAge = 15-45 (at the time of the reporting period)

DeliveryDate= date is present and within reporting period (12 months)

### NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

UltrasoundDATE= date is present, must have occurred in the 18<sup>th</sup> to 22<sup>nd</sup> gestational week period and within reporting period (12 months)

### SCORING:

Score=(numerator/denominator) x Total Possible Points



## Antibiotic Prophylaxis if GBS (Group B Streptococcus) Positive

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

patientGender = Female

PatientAge = 15-45 (at the time of the reporting period)

DeliveryDate= date is present and within reporting period (12 months)

GroupBStrep=Positive

### NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

AntibioticProphylaxisDate = date is present, must have occurred in 35<sup>th</sup> to 37<sup>th</sup> the gestational week period  
and within reporting period (12 months)

### SCORING:

Score=(numerator/denominator) x Total Possible Points

## Optimal Antenatal Corticosteroid Administration

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

patientGender= Female

PatientAge= 15-45 (at the time of the reporting period)

DeliveryDate= date is present and within reporting period (12 months)

WeeksGestationDelivery= between 24 and 0/7 and 36 and 6/7

or

WeeksGestationDelivery = between 34 weeks and 36 6/7 weeks

### NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

CorticosteroidDate = date is present and within reporting period (12 months)

### SCORING:

Score=(numerator/denominator) x Total Possible Points

## Vaginal Birth After Cesarean (VBAC) Consent

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

patientGender= Female

PatientAge= 15-45 (at the time of the reporting period)

DeliveryDate= date is present and within reporting period (12 months)

HxCSection=Yes

### NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

BirthPlanDATE= date is present, before the delivery date and within reporting period (12 months)

Or

DecisionMakingConsultDATE = date is present, before the delivery date and within reporting period (12 months)

### SCORING:

Score=(numerator/denominator) x Total Possible Points

## Primary C-Section Rates (NTSV Rates)

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

patientGender= Female

PatientAge= 15-45 (at the time of the reporting period)

DeliveryDate= date is present and within reporting period (12 months)

NTSV=YES

### NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

electivecsectionDate = date is present and within reporting period (12 months)

### SCORING:

Score=(numerator/denominator) x Total Possible Points

## VLBW Babies Managed in NICU level 3 or 4

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

patientGender = Female

PatientAge = 15-45 (at the time of the reporting period)

DeliveryDate= date is present and within reporting period (12 months)

WeeksGestation = equal to or less than 26 weeks

### NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

Infantweight = less than 1500

and

NICUlevel = 3 or 4

### SCORING:

Score=(numerator/denominator) x Total Possible Points

## Postpartum Depression Screening (optional)

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

patientGender = Female

PatientAge = 15-45 (at the time of the reporting period)

PostPartumVisitDate = date is present and within reporting period (12 months)

### NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

PostPartumDepressionScreenDate = date is present and within reporting period (12 months)

### SCORING:

Score=(numerator/denominator) x Total Possible Points

## Drug and Alcohol Screening (optional)

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

patientGender= Female

PatientAge= 15-45 (at the time of the reporting period)

DeliveryDate= date is present and within reporting period (12 months)

### NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

DrugAlcoholScreenDate = date is present and within reporting period (12 months)

### SCORING:

Score=(numerator/denominator) x Total Possible Points

## Interpersonal Violence Screening (optional)

### DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

patientGender = Female

PatientAge = 15-45 (at the time of the reporting period)

DeliveryDate= date is present and within reporting period (12 months)

### NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

InterpersonalViolenceScreenDate = date is present and within reporting period (12 months)

### SCORING:

Score=(numerator/denominator) x Total Possible Points