Prenatal and Postpartum Care
(NQF 1517)

Measure Basic Information

This specification sheet contains information for both Timeliness of Prenatal Care and Postpartum Care, the two rates associated with the NQF measure Prenatal and Postpartum Care. The CCO incentive measure and quality pool payments are only tied to the Timeliness of Prenatal Care rate; Postpartum Care is not a CCO incentive measure.

Name and date of specifications used:
HEDIS® 2016 Technical Specifications for Health Plans (Volume 2).

URL of Specifications: N/A

Measure Type:
HEDIS ■ PQI☐ Survey☐ Other☐ Specify:

Measure Utility:
CCO Incentive■ Core Performance☐ CMS Adult Set■ (Postpartum) CHIP Set■ (Prenatal)
State Performance■ Other☐ Specify:

Data Source: MMIS/DSSURS, medical records

Measurement Period: OHA is using the HEDIS® measurement period without modification. The measure looks for live births between November 6, 2015 and November 5, 2016.

2013 Prenatal Care Benchmark: 69.4%; 2012 National Medicaid 75th percentile, administrative data only
2014 Prenatal Care Benchmark: 90.0%; 2013 National Medicaid 75th percentile (hybrid)
2015 Prenatal Care Benchmark: 90.0%; 2014 National Medicaid 75th percentile (hybrid)
2016 Prenatal Care Benchmark: 93.0%; 2015 national Medicaid 90th percentile (hybrid)

2013 Postpartum Care Benchmark: 43.1%; 2012 National Medicaid 75th percentile, administrative only
2014 Postpartum Care Benchmark: 71.0%; 2013 National Medicaid 75th percentile (hybrid)
2015 Postpartum Care Benchmark: 71.0%; 2014 National Medicaid 75th percentile (hybrid)
2016 Postpartum Care Benchmark: 71.0%; 2015 national Medicaid 75th percentile (hybrid)

Note: The CCO incentive measure and quality pool payments are only tied to the Timeliness of Prenatal Care rate; however CCOs must submit data for both prenatal and postpartum care to be eligible to earn any quality pool funds associated with Timeliness of Prenatal Care.

Incentive Measure changes in specifications from 2015 to 2016:
OHA is using HEDIS 2016 specifications for all 2016 measurement. Changes from HEDIS 2015 to 2016 include:

- Deleted the use of infant claims to identify deliveries;

- Clarified the tests that must be included to meet criteria for an obstetric panel.

OHA continues to adopt the full HEDIS hybrid specifications for 2016. It is the CCO's responsibility to identify numerator compliance using any of the data sources allowed under the HEDIS hybrid method. Information may be abstracted from administrative data (claims), paper medical records, and audited supplemental databases or from automated systems such as electronic medical records (EMRs), registries or claims systems.

- If using administrative data to identify numerator compliance, CCOs must follow HEDIS 2016 specifications for allowable codes and measure logic.
- If using medical record data to identify numerator compliance, CCOs have the option of using the chart review forms OHA has created or following HEDIS 2016 specifications to conduct the chart review.

See the guidance document for additional information on allowable data sources. OHA will provide sampling frames and updated guidance to CCOs on the hybrid methodology for 2016 in fall 2016. Guidance will be posted online at http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx

HEDIS specifications are written for multiple lines of business and include a broad set of codes that could be used for measurement. Codes OHA is not using include, but are not limited to, LOINC, CPT, and HCPCS codes that are not open to Medicaid in Oregon. A general rule of thumb is that only CPT/HCPCS codes associated with the prioritized list will be used to calculate the measures; however as some measure specifications include denied claims, a claim that was denied because it included codes not on the prioritized list might still be counted toward the measure.

OHA is following HEDIS guidelines for Effectiveness of Care, Access/Availability of Care, Experience of Care, and Utilization measures to determine which services count. OHA is not using all codes listed in the HEDIS specifications.

Denied claims: Included ■ Not included ☐

Member type: CCO A ■ CCO B ■ CCO G ☐

Measure Details

Data elements required denominator: All live birth deliveries from members of the organization, who meet the continuous enrollment criteria. OHA will identify the live birth deliveries from administrative data and provide CCOs with a sampling frame for the chart review.

Required exclusions for denominator:
See HEDIS® 2016 Technical Specifications for Health Plans (Volume 2) for details.

Deviations from cited specifications for denominator:
None.

Data elements required numerator:
A prenatal visit in the first trimester or within 42 days of enrollment, depending on the date of

enrollment in the organization and the gaps in enrollment during the pregnancy. Include only visits that occur while the member was enrolled.

See also **medical record review** section below.

Required exclusions for numerator:
See HEDIS® 2016 Technical Specifications for Health Plans (Volume 2) for details.

Deviations from cited specifications for numerator:
None.

What are the continuous enrollment criteria:
43 days prior to the Estimated Date of Delivery (EDD) through 56 days after EDD.

What are allowable gaps in enrollment:
None.

Define Anchor Date (if applicable):
Estimated Date of Delivery (EDD). In some cases a woman had service dates that were wide-apart. If claims show services provided more than 180 days apart, it could be evidence of two different deliveries. If multiple EDD are estimated, the most recent date is used.

Medical Record Review – Prenatal Care:
Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:

- A basic physical obstetrical examination that includes auscultation for fetal heart tone, **or** pelvic exam with obstetric observations, **or** measurement of fundus height (a standardized prenatal flow sheet may be used).
- Evidence that a prenatal care procedure was performed, such as:
    - Screening test in the form of an obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing) **or**
    - TORCH antibody panel alone, **or**
    - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, **or**
    - Echography of a pregnant uterus.
- Documentation of LMP or EDD in conjunction with *either* of the following.
    - Prenatal risk assessment and counseling/education.
    - Complete obstetrical history

Notes:

- *For women whose last enrollment segment was after 219 days prior to delivery (i.e., between 219 days prior to delivery and the day of delivery) and women who had a gap during the first trimester, count documentation of a visit to an OB/GYN, family practitioner, or other PCP with a principal diagnosis of pregnancy.*

- *When counting prenatal visits, include visits with physicians assistants, nurse practitioners, midwives and registered nurses, provided that a co-signature by a physician is present, if required by state law.*
- *Services that occur over multiple visits count toward this measure as long as all services are within the measurement timeframe. Ultrasound and lab results alone are not considered a visit; they must be linked to an office visit with an appropriate practitioner in order to count for this measure.*

Postpartum Care Measure Details

Data elements required denominator: All live birth deliveries from members of the organization, who meet the continuous enrollment criteria. OHA will identify the live birth deliveries from administrative data and provide CCOs with a sampling frame for the chart review.

See HEDIS® 2016 Technical Specifications for Health Plans (Volume 2) for details.

Required exclusions for denominator:
See HEDIS® 2016 Technical Specifications for Health Plans (Volume 2) for details.

Deviations from cited specifications for denominator:
None.

Data elements required numerator:
A postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days after delivery.

See HEDIS® 2016 Technical Specifications for Health Plans (Volume 2) for details. Also see **medical record review** section.

Required exclusions for numerator: See HEDIS® 2016 Technical Specifications for Health Plans (Volume 2) for details.

Deviations from cited specifications for numerator:
None.

What are the continuous enrollment criteria:
43 days prior to the Estimated Date of Delivery (EDD) through 56 days after EDD.

What are allowable gaps in enrollment:
None.

Define Anchor Date (if applicable):
Estimated Date of Delivery (EDD). In some cases a woman had service dates that were wide-apart. If claims show services provided more than 180 days apart, it could be evidence of two different deliveries. If multiple EDD are estimated, the most recent date is used.

Medical Record Review – Postpartum Care:
Documentation in the medical record must include a note indicating the date on which a postpartum visit occurred and *one* of the following:

- Pelvic exam, or
- Evaluation of weight, blood pressure, breasts and abdomen, or
- Notation of postpartum care, including, but not limited to the following:
    - Notation of "postpartum care," "PP care," "PP check," or "6-week check"
    - A preprinted "Postpartum Care" form in which information was documented during the visit.
- A Pap test alone does not count as a prenatal care visit, but is acceptable for the Postpartum Care measure.