

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. Prior to 2019, the CCO incentive measure and quality pool payments were only tied to performance on Timeliness of Prenatal Care against benchmarks and improvement targets. Starting in 2019, the Metrics and Scoring Committee decided to change and use the Postpartum Care rate performance against the benchmark for incentive measure purposes. However, CCOs are still required to report on both parts of the measure for the Quality Incentive Program.

Name and date of specifications used:

HEDIS® 2020 Technical Specifications for Health Plans (Volume 2).

URL of Specifications: N/A

Measure Type:

HEDIS ☒ PQI ☐ Survey ☐ Other ☐ Specify:

Measure Utility:

CCO Incentive ☒ (Postpartum) State Quality ☒ CMS Adult Core Set ☒ (Postpartum)

CMS Child Core Set ☒ (Prenatal) Other ☐ Specify:

Data Source: MMIS/DSSURS, medical records

Measurement Period: OHA is using the HEDIS® measurement intake period without modification. The measure looks for live births with estimated delivery date (EDD) on or between ~~November 6~~ **October 8** of the year prior to the measurement year and ~~November 5~~ **October 7** of the measurement year.

Benchmark for OHA measurement year	2013	2014	2015	2016	2017	2018	2019	2020
PPC_Prenatal	69.4%	90.0%	90.0%	93.0%	91.0%	91.7%	90.8%	TBD
Source:	Prior year national Medicaid 75th percentile (hybrid)			Prior year national Medicaid 90th percentile (hybrid)				
PPC_Postpartum	43.1%	71.0%	71.0%	71.0%	67.5%	69.4%	69.3%	61.3%
Source:	Prior year national Medicaid 75th percentile (admin)	Prior year national Medicaid 75th percentile (hybrid)						2018 CCO statewide average

2020 Postpartum Improvement Targets: ~~None~~, benchmark-only.

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

Incentive Measure changes in specifications from 2019 to 2020:

- Revised the timing of the event/diagnosis criteria.
- Revised the *Timeliness of Prenatal Care* numerator to allow for visits that occur before the enrollment start date.
- Revised the timing of the *Postpartum Care* numerator.
- Added a *Definitions* section.
- Revised the *Continuous Enrollment* criteria.
- Added a *Note* to step 1 of the event/diagnosis to clarify that the date of service or, for inpatient claims, the date of discharge is used if the date of delivery cannot be interpreted on the claim.
- Deleted the decision rules and standardized the prenatal care visit requirements in the *Timeliness of Prenatal Care* numerator.
- Clarified in the *Timeliness of Prenatal Care* and *Postpartum Care* numerators to not count visits that occur on the date of delivery.
- Updated the *Postpartum Care* numerator to exclude services provided in an acute inpatient setting.
- Updated the Hybrid specification to indicate that sample size reduction is not allowed.
- Added bullets to the Hybrid Specification of the *Postpartum Care* numerator to meet criteria.

OHA continues to adopt the full HEDIS hybrid specifications for 2020. 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 (EMR/EHR), registries or claims systems.

- 1) If using administrative data to identify numerator compliance, CCOs must follow HEDIS 2020 specifications for allowable codes and measure logic.
- 2) If using medical record data to identify numerator compliance, CCOs must follow HEDIS 2020 specifications to conduct the chart review.

See the annual chart review guidance document for additional information on allowable data sources. OHA will provide sampling frames and updated guidance to CCOs on the hybrid methodology for 2020 in fall 2020. Guidance will be posted online at <http://www.oregon.gov/oha/HPA/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 are not using include, but are not limited to, LOINC, CPT, and HCPCS codes that are not open to Medicaid in Oregon. A general rule 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

Definitions:

First trimester	280–176 days prior to delivery (or EDD).
Enrollment segment	A period of continuous enrollment with no gaps in enrollment.
Last enrollment segment	The enrollment segment during the pregnancy with the start date that is closest to the delivery date.

Data elements required denominator: All live birth deliveries with estimated delivery date (EDD) in the ‘intake period’: between **October 8** of the year prior to the measurement year, and **October 7** of the measurement year, and the members of the organization who meet the continuous enrollment criteria.

For adopting the HEDIS hybrid method, OHA identifies the live birth deliveries from administrative data and provide CCOs with a random sample delivery list for the chart review. CCOs should perform hybrid record review for all cases in the sample, for both prenatal and postpartum measures.

OHA follows the HEDIS method to identify deliveries:

Step1: Identify all deliveries in the measurement intake period using Deliveries Value Set.

Step2: Exclude non-live births using Non-live Births Value Set.

Step3: Identify continuous enrollment (from 43 days prior to estimated delivery date through **56 60** days after EDD, with no gaps).

HEDIS gives specific directions on counts of multiple births in a year, and counting one delivery per pregnancy (of twins, triplets, etc). However, HEDIS is not prescriptive on how to address the issue when a ‘single pregnancy and delivery’ results in multiple service dates on the delivery claims that are close together, especially with twins and triplets. To address this, OHA uses a ‘180-day rule’ which determines separate deliveries if the delivery service dates are more than 180 days apart; each separate delivery is eligible for being randomly sampled. When the delivery service dates are within 180 days apart, OHA considers them as a cluster, and uses the latest delivery service date as a single EDD.

In the chart review data submission, OHA also allows CCOs to report the original EDD from the prenatal care providers' perspective, which would help address early or late delivery issues. When a different EDD is reported by the CCO, the eligible window for timely prenatal care is recalculated. If the CCO self-reported EDD is outside of the intake period, the case is excluded.

Required exclusions for denominator:

Members in hospice are excluded from this measure. These members are identified using HEDIS 2020 Hospice Value Set, with claims within the measurement year. (See HEDIS 2020 General Guideline 17 for detail.)

OHA also allows CCOs to report 'no confirmed live birth' in the data submission and excludes the cases accordingly.

Deviations from cited specifications for denominator:

See OHA's implementation of the 180-day delivery service date rule, and CCO self-reported EDD sections above.

What are the continuous enrollment criteria:

43 days prior to the Estimated Date of Delivery (EDD) through 56-60 days after EDD.

What are allowable gaps in enrollment: None.

Define Anchor Date: Estimated Date of Delivery (EDD).

Timeliness of Prenatal Care Numerator:

Administrative method – A first prenatal visit within the eligible time window and required service components. See HEDIS® 2020 Technical Specifications for Health Plans (Volume 2) for details.

Hybrid Medical Record Review – Prenatal care services:

A prenatal visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment, depending on the date of enrollment in the organization and gaps in enrollment during the pregnancy. Do not count visits that occur on the date of delivery.

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 diagnosis of pregnancy.
- 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**

- Ultrasound of a pregnant uterus.
- Documentation of LMP, EDD or gestational age in conjunction with *either* of the following.
 - Prenatal risk assessment and counseling/education.
 - Complete obstetrical history

Eligible window for timely first prenatal visit:

For women continuously enrolled during the first trimester (176-280 days before delivery with no gaps), the organization has sufficient opportunity to provide prenatal care in the first trimester. Any enrollment gaps in the second and third trimesters are incidental.

For women who were not continuously enrolled in the first trimester:

- If the last enrollment segment started on or between 219 and 279 days before delivery, the organization has sufficient opportunity to provide prenatal care by the end of the first trimester.
- If the last enrollment segment started less than 219 days before delivery, the organization has sufficient opportunity to provide prenatal care within 42 days after enrollment.

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.

Postpartum Care Numerator:

Administrative method – A postpartum visit for a pelvic exam or postpartum care **on or between 21 7 and 56-84 days after delivery**. See HEDIS® 2020 Technical Specifications for Health Plans (Volume 2) for details.

Hybrid Medical Record Review – Postpartum Care:

Postpartum visit to an OB/GYN or other prenatal care practitioner, or PCP on or between 7 and 84 days after delivery. Do not include postpartum care provided in an acute inpatient setting.

Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and *one* of the following:

- Pelvic exam.
- Evaluation of weight, BP, breasts and abdomen.
 - Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component.
- Notation of postpartum care, including, but not limited to:
 - Notation of “postpartum care,” “PP care,” “PP check,” “6-week check.”
 - A preprinted “Postpartum Care” form in which information was documented during the visit.
- Perineal or cesarean incision/wound check.
- Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders.
- Glucose screening for women with gestational diabetes.
- Documentation of any of the following topics:

- Infant care or breastfeeding.
- Resumption of intercourse, birth spacing or family planning.
- Sleep/fatigue.
- Resumption of physical activity and attainment of healthy weight

Eligible window for postpartum care visit:

On or between ~~21~~ 7 and ~~56~~ 84 days after delivery.

Notes:

- *Services that occur over multiple visits count toward this measure as long as all services are within the measurement timeframe. Ultrasounds 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.*
- *HEDIS allows using EDD for identifying the first trimester for timeliness of prenatal care, and the delivery date for the postpartum care. OHA allows CCOs to confirm live births and submit different dates for EDD and the date of delivery. When different EDD or delivery date is report by the CCO, the original claims-based EDD is not used.*
- *A Pap test does not count as a prenatal care visit for the administrative and hybrid specification of the Timeliness of Prenatal Care rate, but is acceptable for the Postpartum Care rate as evidence of a pelvic exam. A colposcopy alone is not numerator compliant for either rate.*
- *The intent is that a visit is with a PCP, OB/GYN, or other prenatal practitioner. Ancillary services (lab, ultrasound) may be delivered by an ancillary provider. Nonancillary services (e.g. fetal heart tone, prenatal risk assessment) must be delivered by the required provider type.*
- *The intent is to assess whether prenatal and preventive care was rendered on a routine, outpatient basis rather than assessing treatment for emergent events.*
- *Refer to HEDIS 2020 Appendix 3 for the definition of PCP and OB/GYN and other prenatal practitioners.*