



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® 2015 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

Starting in 2014 and continuing in 2015, OHA is using the HEDIS® hybrid methodology for this measure. The prenatal care numerator is determined through chart review, not administrative data (claims). Administrative data is only used to identify the live births in the denominator.

Measurement Period: OHA is using the HEDIS® measurement period without modification. The measure looks for live births between November 6, 2014 and November 5, 2015.

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)

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)

Note: The CCO incentive measure and quality pool payments are only tied to the Timeliness of Prenatal Care rate.

Incentive Measure changes in specifications from 2014 to 2015:

OHA is using HEDIS 2015 specifications for all 2015 measurement.



Changes from HEDIS 2013 to HEDIS 2015 include:

- Consolidated the steps for identifying numerator events and decision rules (HEDIS 2014), and reversed step 6 and step 7 in the diagram (HEDIS 2015) – No major impact in the algorithm or to the medical record review.
- Removed the references to “family practitioner” and “midwife” because they were included in the definition of PCP and OB/GYN practitioners (HEDIS 2014).
- Removed the note allowing registered nurses to conduct prenatal and postpartum visits (HEDIS 2015) – No impact; OHA had already deviated from the provider specialty requirement to recognize services from all providers.

OHA continues to adopt the full HEDIS hybrid specifications for 2015. CCOs must conduct chart review, use registry information, or extract this information from electronic medical records and provide data to OHA for this measure. CCOs are responsible for all aspects of chart review. As chart review for both the prenatal and postpartum care rates included in the HEDIS® measure can be done at the same time (i.e., same charts will be open), OHA is asking CCOs to conduct chart review for both prenatal and postpartum care. OHA will provide sampling frames and additional guidance to CCOs later in 2014 on the hybrid methodology for 2015.

Guidance will be posted online at <http://www.oregon.gov/oha/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. OHA is not using all codes listed in the HEDIS specifications. 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.

Denied claims: Included Not included

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® 2015 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. Includes only visits that occur while the member was enrolled.

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

Required exclusions for numerator:

See HEDIS® 2015 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 (e.g. hematocrit, differential WBS 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.

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® 2015 Technical Specifications for Health Plans (Volume 2) for details.

Required exclusions for denominator:

See HEDIS® 2015 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® 2015 Technical Specifications for Health Plans (Volume 2) for details. Also see **medical record review** section.

Required exclusions for numerator: See HEDIS® 2015 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.