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® 2019 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, 2018 and November 5, 2019.

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)
2017 Prenatal Care Benchmark: 91.0%; 2016 national Medicaid 90th percentile (hybrid)
2018 Prenatal Care Benchmark: 91.7%; 2017 national Medicaid 90th percentile (hybrid)
2019 Prenatal Care Benchmark: 90.8%; 2018 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)
2017 Postpartum Care Benchmark: 67.5%; 2016 national Medicaid 75th percentile (hybrid)
2018 Postpartum Care Benchmark: 69.4%; 2017 national Medicaid 75th percentile (hybrid)
2019 Postpartum Care Benchmark: 69.3%; 2018 national Medicaid 75th percentile (hybrid)

2019 Postpartum Improvement Targets: Minnesota method with 3 percentage point floor

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 2018 to 2019:

- In administrative specifications, HEDIS 2019 deleted prenatal visits with internal organization codes for LMP/EDD and obstetrical history/risk assessment counseling from Decision Rule 3. Internal organization codes are supplemental data and are in the scope of the hybrid specifications.
- HEDIS 2019 clarified that documentation in the medical record of gestational age with either prenatal risk assessment and counseling/education or complete obstetrical history meets criteria for the Timeliness of Prenatal Care numerator.
- HEDIS clarified in the Notes that nonancillary services must be delivered by the required provider type.
- OHA reorganized the specification sheet for the denominator and separate numerator sections for prenatal and postpartum measures. OHA also added more detail on how the estimated delivery dates (EDD) are determined from delivery claims, how CCOs' self-reported EDD and delivery dates are used. These updates are clarifications, which are not changes to how OHA produces the measure.

OHA continues to adopt the full HEDIS hybrid specifications for 2019. 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 2019 specifications for allowable codes and measure logic.
2) If using medical record data to identify numerator compliance, CCOs must follow HEDIS 2019 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 2019 in fall 2019. 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 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 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 with estimated delivery date (EDD) in the 'intake period': between November 6 of the year prior to the measurement year, and November 5 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 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 2019 Hospice Value Set, with claims within the measurement year. (See HEDIS 2019 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 days after EDD.

What are allowable gaps in enrollment: None.

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

Timeliness of Prenatal Care Numerator:

Administrative method – A first prenatal visit within the eligible timely window and required service components. See HEDIS® 2019 Technical Specifications for Health Plans (Volume 2) for details.

Medical Record Review – Prenatal care services:
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**
    - Ultrasound 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

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.

Postpartum Care Numerator:

Administrative method – A postpartum visit for a pelvic exam or postpartum care on or between 21 and 56 days after delivery. See HEDIS® 2019 Technical Specifications for Health Plans (Volume 2) for details.

Medical Record Review – Postpartum Care:
A postpartum visit to an OB/GYN practitioner or midwife, family practitioner or other PCP. 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.

Eligible window for postpartum care visit:

Between 21 and 56 days after delivery.

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.*
- *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.*
- *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 2019 Appendix 3 for the definition of PCP and OB/GYN and other prenatal practitioners.*