

Timeliness of prenatal care

Metric Information

Metric description: The percentage of live birth deliveries that received a prenatal care visit in the first trimester, on the enrollment start date or within 42 days of enrollment.

Metric specification version: HEDIS® 2019, NCQA, Core Set of Children’s Health Care Quality Measures for Medicaid and Chip (Child Core Set) Technical Specifications and Resource Manual for Federal Fiscal Year 2019 Reporting.

Data collection method: Administrative only.

Data source: ProviderOne Medicaid claims/encounter and enrollment data; Vital statistics records (used to link mothers and babies, prenatal care information).

Claim status: Include only final paid claims or accepted encounters in metric calculation.

Identification window: Measurement year and the year prior (in order to identify prenatal care for deliveries in the measurement year).

Direction of quality improvement: Higher is better.

URL of specifications: <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>

DSRIP Program Summary

Metric utility: ACH Project P4P ACH High Performance DSRIP statewide accountability

ACH Project P4P – Metric results used for achievement value: Single metric result.

ACH Project P4P – improvement target methodology: gap to goal.

ACH Project P4P gap to goal - absolute benchmark value:

DY 3/performance year 1 (2019)	92.89% 2017 NCQA Quality Compass National Medicaid, 90 th Percentile
DY 4/performance year 2 (2020)	92.63% 2018 NCQA Quality Compass National Medicaid, 90 th Percentile
DY 5/performance year 3 (2021)	TBD 2019 NCQA Quality Compass National Medicaid, 90 th Percentile

ACH regional attribution: Residence in the ACH region from 43 days prior to delivery through 56 days after delivery (consistent with eligibility requirement).

Timeliness of prenatal care

DSRIP Metric Details

Eligible Population	
Age	All ages.
Gender	Females.
Minimum Medicaid enrollment	43 days prior to delivery through 56 days after delivery during the measurement year.
Allowable gap in Medicaid enrollment	No allowable gap during the continuous enrollment period.
Medicaid enrollment anchor date	Date of delivery.
Medicaid benefit and eligibility	Includes Medicaid beneficiaries with comprehensive medical benefits. Excludes beneficiaries that are eligible for both Medicare and Medicaid and beneficiaries with primary insurance other than Medicaid.

Denominator:

Data elements required for denominator: Women who delivered a live birth during the measurement year (Deliveries Value Set). Include women who delivered in any setting. Women who had two separate deliveries (different dates of service) during the measurement year count twice. Women who had multiple live births during one pregnancy count once. Exclude non-live births (Non-live Births Value Set).

Value sets required for the denominator.

Name	Value Set
Deliveries Value Set	See HEDIS®
Non-live Births Value Set	See HEDIS®

Required exclusions for denominator.

- Eligible population exclusions are listed in the eligible population table above.
- Metric specific exclusions:
 - o Beneficiaries in hospice care.
 - o Beneficiaries with non-live births.

Deviations from cited specifications for denominator.

- HEDIS® specifies live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year. To maintain consistency with all other metrics, timing is adjusted to the measurement year. In other words, if the measurement year matches the calendar year, live births on or between January 1 and December 31.
- Live Births are identified from Vital Records rather than claims/encounters.
- Excludes records with missing Birth Certificate information about when prenatal care began that were not otherwise in the numerator. Birth certificate information about the onset of

Timeliness of prenatal care

prenatal care enhances the ability to capture prenatal care initiation for cases where encounter data may not be complete, or for bundled prenatal care services.

Numerator:

Beneficiaries must qualify for inclusion in the denominator to be eligible for inclusion in the numerator.

Data elements required for numerator: A prenatal visit in the first trimester, on the enrollment start date or within 42 days of enrollment, depending during the measurement year. See HEDIS® decisions rules titled “*Identifying Prenatal Care for Women Continuously Enrolled During the First Trimester*” and “*Identifying Prenatal Care for Women Not Continuously Enrolled During the First Trimester*” to identify prenatal visits to include in the numerator.

Required exclusions for numerator.

- None

Deviations from cited specifications for numerator.

- Evaluated first trimester based on gestational age at birth in addition to the specified 176-280 days before delivery, so that pregnancies that do not adhere to the 40-week standard are not shortchanged on first trimester determination.
- Since administrative records always have an enrollment start date of the first of the month, for this analysis estimation of 42 days from enrollment start has been calculated from the 15th of the month to spread out bias for administrative vs actual start of enrollment.

Version Control

July 2018 release: The specification was updated to HEDIS® 2018 specifications.

January 2019 update: Minor formatting updates were made to the metric specification sheet. This includes updating the URL of the source specification and changing HEDIS™ to HEDIS®. No substantive changes were made to the specification.

August 2019 update: The specification sheet has been updated to reflect the current version of the HEDIS® technical specification (from HEDIS® 2018 to HEDIS® 2019). No substantive changes were made to the DSRIP Metric Details. Note that while the names of the value sets included in the specifications have not changed, the underlying values may have been updated. See HEDIS® for specific instructions. DY 4/performance year 2 (2020) benchmark value(s) have been added to the DSRIP Program Summary section.