

## 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 or before the enrollment start date or within 42 days of enrollment.

**Metric specification version:** HEDIS® Measurement Year 2020 & 2021 Technical Specifications for Health Plans, NCQA (modified), and 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 2022 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 <sup>th</sup> Percentile
DY 4/performance year 2 (2020)	92.63% 2018 NCQA Quality Compass National Medicaid, 90 <sup>th</sup> Percentile
DY 5/performance year 3 (2021)	92.35% 2019 NCQA Quality Compass National Medicaid, 90 <sup>th</sup> Percentile

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

### DSRIP Metric Details

## Timeliness of Prenatal Care

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). See HEDIS® for specific instructions.

#### *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 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.

## Timeliness of Prenatal Care

*Data elements required for numerator:* 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 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 our 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 15<sup>th</sup> of the month to spread out bias for administrative vs actual start of enrollment.

### Version Control

**August 2020 update:** Changes include allowing for visits that occur before the enrollment start date.