



Complete Summary

TITLE

Prenatal care: percentage of women who received a prenatal care visit as a member of the managed care organization (MCO) in the first trimester or within 42 days of enrollment in the MCO.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

Brief Abstract

DESCRIPTION

This measure assesses the timeliness of prenatal care among women who delivered a live birth between November 6 of the year prior to the measurement year and November 5 of the measurement year and who were continuously enrolled at least 43 days prior to delivery through 56 days after delivery.

This measure is a component of a composite measure; it can also be used on its own.

RATIONALE

Early and adequate prenatal care provides a means to identify mothers at risk of delivering a preterm or growth-retarded infant and to provide an array of available medical, nutritional, and educational interventions. Despite the difficulty collecting data for this measure, plans find the measure meaningful to assess the timeliness of prenatal and postpartum care services received by pregnant women. Consumers, especially pregnant women, are especially concerned about prenatal care, and preventing possible complications from pregnancy. Medicaid agencies find access to prenatal care an important area to assess as many Medicaid members enroll later during their pregnancy period.

PRIMARY CLINICAL COMPONENT

Pregnancy; prenatal care

DENOMINATOR DESCRIPTION

Women who delivered a live birth on or between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were

continuously enrolled at least 43 days prior to delivery through 56 days after delivery with no gaps in enrollment during the continuous enrollment period (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

The number of women from the denominator who received a prenatal care visit as a member of the managed care organization (MCO) in the first trimester or within 42 days of enrollment in the MCO (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Access

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2003: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 61 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Managed Care Plans
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Nurses
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Women who delivered a live birth on or between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were continuously enrolled at least 43 days prior to delivery through 56 days after delivery with no gaps in enrollment during the continuous enrollment period

DENOMINATOR (INDEX) EVENT

Clinical Condition
Patient Characteristic

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Women who delivered a live birth on or between November 6 of the year prior to the measurement year and November 5 of the measurement year, who were continuously enrolled at least 43 days prior to delivery through 56 days after delivery with no gaps in enrollment during the continuous enrollment period

Managed care organizations (MCOs) should follow the steps below to identify the eligible population.

- Step 1: Identify live births (refer to the original measure documentation for International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9-CM] codes to identify live births).
- Step 2: Identifying deliveries and verifying live births (refer to the original measure documentation for Current Procedure Terminology [CPT], ICD-9-CM and Diagnosis Related Groups [DRGs] codes to identify deliveries and verify live births).

Women who delivered in a birthing center should be included in this measure.

Multiple births. Women who had two separate deliveries (different dates of service) between November 6 of the year prior to the measurement year and November 5 of the measurement year should count twice. Women who have multiple live births during one pregnancy should be counted once in the measure.

Exclusions
Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of women from the denominator who received a prenatal care visit as a member of the managed care organization (MCO) in the first trimester or within 42 days of enrollment in the MCO

Women are identified as having timely prenatal care if they have either a prenatal visit in the first trimester or a prenatal visit within 42 days of enrollment, depending on the day of enrollment in the MCO and any gaps in enrollment during the pregnancy. Thus, MCOs should only include visits that occurred while the member was enrolled in the MCO. Refer to the original measure documentation for steps to determine enrollment status and allowable markers for prenatal care.

Exclusions
Unspecified

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for Medicaid and commercial plans.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Prenatal and postpartum care.

MEASURE COLLECTION

[HEDIS® 2004: Health Plan Employer Data and Information Set](#)

COMPOSITE MEASURE NAME

[Prenatal and Postpartum Care](#)

DEVELOPER

National Committee for Quality Assurance - Private Nonprofit Organization

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2001 Jan

REVISION DATE

2002 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

MEASURE AVAILABILITY

The individual measure, "Prenatal and Postpartum Care," is published in "HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on August 7, 2003. The information was verified by the measure developer on October 24, 2003.

COPYRIGHT STATEMENT

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For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to HEDIS Volume 2: Technical Specifications, available from the NCQA Web site at www.ncqa.org.

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