



Complete Summary

TITLE

Maternity care: percent of patients who received testing for HIV during the look-back period (MEDDIC-MS).

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS. Medicaid encounter data driven improvement core measure set. Madison (WI): State of Wisconsin; 2003 Jan 1. 47 p.

Brief Abstract

DESCRIPTION

This measure assesses access to human immunodeficiency virus (HIV) testing during pregnancy.

RATIONALE

The vast majority of adults in Medicaid are young women of childbearing age or pregnant women. Consequently, the target elements are of high frequency and clinical impact in the low income population served by Medicaid.

PRIMARY CLINICAL COMPONENT

Pregnancy; human immunodeficiency virus (HIV) testing

DENOMINATOR DESCRIPTION

The number of unduplicated deliveries resulting in live births by age cohort among women who were enrolled with the health maintenance organization (HMO) as of the delivery date and at least 30 days subsequent to delivery (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

The number of unduplicated enrollees in the denominator who received testing for human immunodeficiency virus (HIV) during the look-back period

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Access

EVIDENCE SUPPORTING THE MEASURE

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

Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 1, 2002 HMO aggregate performance data. Wisconsin Medicaid and BadgerCare programs. Milwaukee (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 31 p.

Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 3, 2002 HMO-specific performance data. Wisconsin Medicaid and BadgerCare programs. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 36 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Decision-making by consumers about health plan/provider choice
External oversight/Medicaid
External oversight/State government program
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age less than or equal to 65 years

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

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Unduplicated deliveries resulting in live births by age cohort among women who were enrolled with the health maintenance organization (HMO) as of the delivery date and at least 30 days subsequent to delivery.

Measure end date: The last date by which measured services can be rendered to be included in the measure numerator. This is the date from which the look-back period begins.

Measure look-back period: 12 months (365 days) from the measure end date. Services provided prior to enrollment in the HMO are not counted in the numerator. Only HMO encounter data are used for the measure. The measure look-back period may vary as specified by the Chief Medical Officer according to program needs.

Measure data extraction date: The date(s) determined by the department for extraction of data from the data warehouse for the purposes of reporting the measure. This will be at least 182 days after the measure end date.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Clinical Condition
Patient Characteristic

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of unduplicated deliveries resulting in live births by age cohort among

women who were enrolled with the health maintenance organization (HMO) as of the delivery date and at least 30 days subsequent to delivery

Refer to the original measure documentation for Diagnosis-Related Groups (DRG), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), and Current Procedural Terminology (CPT-4) codes.*

*Note: If any code that could be associated with a live birth occurs more than once for any given unduplicated enrollee, use the earliest occurring date associated with the code as the delivery date.

Exclusions

Deliveries resulting in still birth or fetal demise and deliveries erroneously coded on the infant's records should not be included in the denominator.

Refer to the original measure documentation for International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes.

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of unduplicated enrollees in the denominator who received testing for human immunodeficiency virus (HIV) during the look-back period

Refer to the original measure documentation for Current Procedure Terminology (CPT-4/2001) codes.

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR TIME WINDOW

Episode of care

DATA SOURCE

Administrative data

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

Six age cohorts are reported:

- 11 years and under
- 12 to 14 years
- 15 to 20 years
- 21 to 34 years
- 35 to 49 years
- 50 to 65 years

STANDARD OF COMPARISON

External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

This measure was tested and validated by an independent third party and subject to internal review in 2002.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Innovative Resources Group (IRG). Measure testing/validation reports for MEDDIC-MS. Brookfield (WI): Innovative Resources Group (IRG); 2002.

Identifying Information

ORIGINAL TITLE

Maternity care. Deliveries with HIV test.

MEASURE COLLECTION

[MEDDIC-MS \(Medicaid Encounter Data Driven Improvement Core Measure Set\). Rapid-cycle performance improvement measures system for Medicaid managed care.](#)

MEASURE SET NAME

[MEDDIC-MS \(Medicaid Encounter Data Driven Improvement Core Measure Set\). Measures applicable to AFDC/HS \(Medicaid\) and SCHIP \(BadgerCare\).](#)

MEASURE SUBSET NAME

[Monitoring Measures](#)

DEVELOPER

State of Wisconsin, Department of Health and Family Services

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS. Medicaid encounter data driven improvement core measure set. Madison (WI): State of Wisconsin; 2003 Jan 1. 47 p.

MEASURE AVAILABILITY

The individual measure, "Maternity care. Deliveries with HIV test," is published in "Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS)."

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COMPANION DOCUMENTS

The following are available:

- Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 1, 2002 HMO aggregate performance data. Wisconsin Medicaid and BadgerCare programs. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 31 p. This document is available in Portable Document Format (PDF) from the [Wisconsin Medicaid Managed Care Web site](#).
- Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 2, 2002 HMO performance data. Medicaid program data and BadgerCare program data compared. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 25 p. This document is available in PDF from the [Wisconsin Medicaid Managed Care Web site](#).
- Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 3, 2002 HMO-specific performance data. Wisconsin Medicaid and BadgerCare programs. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 36 p. This document is available in PDF from the [Wisconsin Medicaid Managed Care Web site](#).

NQMC STATUS

This NQMC summary was completed by ECRI on May 17, 2004. The information was verified by the measure developer on May 27, 2004.

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