Timeliness of Prenatal and Postpartum Care
Link to finalized OHA technical specifications

A Note on Meeting This Metric
Although CCOs must submit data for timeliness of both prenatal and postpartum care, the 2023 CCO incentive measure and quality pool payments are tied to the Postpartum Care rate. Services provided via telephone, e-visit or virtual check-in are eligible for use in reporting both rates.

Prenatal Care

Who: Patients who had a live delivery with estimated delivery date (EDD) between October 8 of the year prior to the measurement year October 7 of the measurement year (i.e., October 8, 2023 – October 7, 2024) and who meet continuous enrollment criteria.

Why: Appropriate perinatal service and education are crucial components of a healthy birth. Preventing complications that can affect the health of both parent and baby before, during and after pregnancy is equally important. The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) recommend at least one exam during the first trimester for prenatal care in an uncomplicated pregnancy and one exam no later than 12 weeks after birth for postpartum care.[1]

What: A prenatal visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment, to an OB/GYN or other prenatal care practitioner, or PCP.

How: A prenatal visit with an OB/GYN practitioner or midwife, family practitioner or PCP can satisfy this measure. Visits with a PCP require a diagnosis of pregnancy. Documentation of prenatal care in the medical record must include a note indicating the date of the prenatal care visit and *at least one* of the following:

1. Documentation indicating the patient is pregnant or references to the pregnancy. See example list in technical specifications.

2. A basic physical obstetrical examination that includes auscultation for the fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height.

3. Evidence that a prenatal care procedure was performed such as:
   - Screening test in the form of an obstetric panel
   - TORCH antibody panel alone, or
   - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or
   - Ultrasound of a pregnant uterus.

Postpartum Care

Who: Patients who had a live delivery between October 8, 2023–October 7, 2024.

What: A postpartum visit for a pelvic exam or postpartum care on or between 7–84 days (1–12 weeks) after delivery.

How: A postpartum visit with an OB/GYN practitioner or midwife, family practitioner or other PCP (in-person, telephone, e-visit or virtual check-in) can satisfy this measure. Postpartum care provided in acute inpatient settings does not count towards this measure. Documentation of postpartum care in the medical record must include the date of the postpartum care visit and *at least one* of the following:

1. Pelvic exam.

2. Evaluation of weight, blood pressure, breasts, and abdomen.
   - Notation of "breastfeeding" is acceptable for the "evaluation of breasts" component.

3. Notation of postpartum care, including, but not limited to:
   - 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.

4. Perineal or cesarean incision/wound check.

5. Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders.

6. Glucose screening for patients with gestational diabetes.

7. Documentation of any of the following topics:
   - Infant care or breastfeeding.
   - Resumption of intercourse, birth spacing or family planning.
   - Sleep/fatigue.
   - Resumption of physical activity.
   - Attainment of healthy weight.

Telehealth: This measure is telehealth eligible for both prenatal and postpartum care if the required service components are identified.

Exclusions/Exceptions: Exclusions and exceptions include:
- Non-live births.
- Patients in hospice.
- Patients who died any time during the measurement year.

Frequently Asked Questions: Timeliness of Postpartum Care

Q: My clinic does not provide prenatal care, does this measure affect us?
A: Yes, you should still encourage patients to seek timely prenatal care from a prenatal provider. In addition, some of the services that qualify as "prenatal care" are appropriate for primary care and may even improve the quality of the referral to OB/GYN.

Q: Can a behavioral health clinic (BHC) support these visits?
A: A Behavioral Health Clinician (BHC) visit on its own does not count for the measure. However, the provider and BHC could structure a joint appointment where the BHC provides some of the services to support the provider (e.g., evaluation and intervention related to components of a postpartum visit—sleep/fatigue, screening for depression, tobacco use, anxiety, substance use, or other pre-existing mental health concerns). By the BHC providing those services, the provider can focus on the physical exam aspects and the patient is able to have a complete and robust appointment. The BHC can document in a separate or combined note with the PCP depending on clinic preferences.

Q: We only offer RN visits during the first trimester; will that count for the measure?
A: An RN visit on its own does not count for the measure. However, if a provider signs off on the RN visit note and/or the claim is billed under the provider we would consider this compliant, as the provider is evaluating the visit information and is ultimately responsible for the assessment.

Q: Will a Pap test alone count for the postpartum care visit?
A: Yes. Although a Pap test alone does not count as a prenatal care visit for the Timeliness of Prenatal Care rate, it will count for the Postpartum Care measure.

Q: How is this measure ultimately scored?
A: This measure is ultimately scored through a random sample from the OHA of the denominator (those who have had a live birth in the measurement year). The percentage from this sample list (appropriate visits within the 7- 84 days) must meet the target.

Performance Measure Set: ☒CCO Incentive Metric ☐Medicare Star Measure
Quality Measurement Type: ☐Structure ☒Process ☐Outcome ☐Patient Experience
Data Type: ☒Claims ☒Chart Documentation ☐eCQM ☐Survey ☐Other: ALERT IIS Registry
State Benchmark: Postpartum Care – 85.9% (MY2022 national Medicaid 90th percentile hybrid)