

Prenatal and Postpartum Care (PPC)

Measure title	Prenatal and Postpartum Care	Measure ID	PPC
Description	The percentage of deliveries of live births on or between October 8 of the year prior to the measurement period and October 7 of the measurement period. For these persons, the measure assesses the following facets of prenatal and postpartum care: • <i>Timeliness of Prenatal Care.</i> The percentage of deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the organization. • <i>Postpartum Care.</i> The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.		
Measurement period	January 1–December 31.		
Copyright and disclaimer notice	Refer to the complete copyright and disclaimer information at the front of this publication. NCQA website: www.ncqa.org. Submit policy clarification support questions via My NCQA (https://my.ncqa.org).		
Clinical recommendation statement/ rationale	According to the National Institutes of Health (NIH), prenatal care can minimize the risk of pregnancy complications and negative birth outcomes. Similarly, comprehensive postpartum care is critical for setting the stage for the long-term health and well-being of new mothers and their infants. Common issues after birth include lack of sleep, fatigue, pain, stress, breastfeeding difficulties, mental health disorders and pre-existing health and social concerns. In addition, more than half of maternal deaths occur after birth. Joint guidelines published by ACOG and the American Academy of Pediatrics (AAP) recommend a prenatal visit in the first trimester of pregnancy. In May 2018, ACOG published a committee opinion recommending that all women have an initial assessment with a maternal care provider within 21 days after birth to address acute postpartum issues. The initial assessment should then be followed by ongoing care as needed and conclude with a comprehensive visit within 12 weeks after birth. The Department of Defense, Veteran's Administration (DoD/VA) clinical practice guidelines recommend a postpartum visit within 6 weeks, and no later than 8 weeks, after delivery. Refer to the HEDIS Measure Library & Historical Data measure web page for additional information about the clinical rationale.		
Citations	National Institutes of Health (NIH). 2012. Eunice Kennedy Shriver National Institute of Child Health and Human Development. <i>What Is Prenatal Care & Why Is It Important?</i> https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care		

	American College of Obstetricians and Gynecologists (ACOG). 2018. "Optimizing Postpartum Care." ACOG Committee Opinion No. 736. <i>Obstet Gynecol</i> 131:140–50. Kassebaum, N., A. Bertozzi-Villa, M. Coggeshall, K. Shackelford, C. Steiner, K. Heuton, and D. Gonzalez-Medina. 2015. "Global, Regional, and National Levels and Causes of Maternal Mortality During 1990-2013." <i>Obstetric Anesthesia Digest</i> 35(4), 196–7. doi:10.1097/01.aoa.0000472714.57328.86. American Academy of Pediatrics, American College of Obstetricians and Gynecologists. 2017. <i>Guidelines for Perinatal Care</i>. 8th Ed. Elk Grove Village, Ill. American Academy of Pediatrics, and Washington, DC. Department of Veteran's Affairs. Department of Defense. 2018. VA/DoD <i>Clinical Practice Guideline for Management of Pregnancy</i>. https://www.healthquality.va.gov/CPGArchives.asp
Characteristics	
Scoring	Proportion.
Type	Process.
Product lines	• Commercial. • Medicaid.
Stratifications	Race. (Refer to <u>General Guideline Race and Ethnicity Stratification.</u>) • American Indian or Alaska Native. • Asian. • Black or African American. • Middle Eastern or North African. • Native Hawaiian or Pacific Islander. • White. • Other Race. • Two or More Races. • Asked But Declined. • Unknown. Ethnicity. (Refer to <u>General Guideline Race and Ethnicity Stratification.</u>) • Hispanic or Latino. • Not Hispanic or Latino. • Asked But Declined. • Unknown.
Risk adjustment	None.
Improvement notation	Increased score indicates improvement.

Guidance	Data collection methodology: Administrative and hybrid. (Refer to General Guideline Data Collection Methods for additional information.) Date specificity: Dates must be specific enough to determine the event occurred in the period being measured. Which services count? • When using claims, include all paid, suspended, pending and denied claims. • Services that occur over multiple visits count toward this measure if all services are within the time frame established in the measure. Ultrasound and lab results alone are not considered a visit; they must be combined with an office visit with an appropriate practitioner in order to count for this measure. Other guidance: • Criteria for identifying prenatal care for persons who were not enrolled during the first trimester allow more flexibility than criteria for persons who were enrolled. – <i>For persons who were enrolled at least 219 days before delivery</i>, the organization has sufficient opportunity to provide prenatal care by the end of the first trimester. – <i>For persons who were not enrolled at least 219 days before delivery</i>, the organization has sufficient opportunity to provide prenatal care within 42 days after enrollment. • Refer to Appendix 1: Glossary for the definition of <i>PCP</i> and <i>OB/GYN and other prenatal care practitioner</i>. • Ancillary services (lab, ultrasound) may be delivered by an ancillary provider. Nonancillary services (e.g., fetal heart tone, prenatal risk assessment) must be delivered by the required provider type. • For both rates and for both Administrative and Hybrid data collection methods, services provided during a telephone visit, e-visit or virtual check-in are eligible for use in reporting. • For each person, the organization must use one date (date of delivery or estimated delivery date [EDD]) to define the start and end of the first trimester. If multiple EDDs are documented, the organization must define a method to determine which EDD to use, and use that date consistently. If the organization elects to use EDD, and the EDD is not on or between October 8 of the year prior to the measurement period and October 7 of the measurement period, the person is removed as a valid data error and replaced by the next person in the oversample. The LMP may not be used to determine the first trimester. • The EDD may be used to identify the first trimester for the Timeliness of Prenatal Care rate and use the date of delivery for the Postpartum Care rate. • The measure is based on deliveries; therefore, it is possible for denominator to include multiple deliveries for the same person.
Definitions	
First trimester	280–176 days prior to delivery (or estimated delivery date [EDD]).

Initial population	<i>Measure item count:</i> Episode. <i>Attribution basis:</i> Enrollment. • <i>Benefits:</i> Medical. • <i>Continuous enrollment:</i> 43 days prior to delivery through 60 days after delivery. • <i>Allowable gap:</i> None. <i>Ages:</i> None. Event: Deliveries. Live birth deliveries in any setting on or between October 8 of the year prior to the measurement period and October 7 of the measurement period. Step 1. Identify all persons with a delivery (<u>Deliveries Value Set</u>) on or between October 8 of the year prior to the measurement period and October 7 of the measurement period. Note: <i>Delivery Date: The intent is to identify the date of delivery using the date as of the end of the delivery procedure; when available, use that date. When using inpatient claims to identify delivery date, use the following hierarchy to determine the date:</i> • <i>When a procedure date or date of service is available, use that date.</i> • <i>When a procedure date or date of service is not available, use the discharge date from the inpatient claim.</i> Step 2. Remove non-live births (<u>Non Live Births Value Set</u>). Step 3. Identify continuous enrollment. Determine if enrollment was continuous 43 days prior to delivery through 60 days after delivery, with no gaps. Step 4. Remove multiple deliveries in a 180-day period. If a person has more than one delivery in a 180-day period, include only the first eligible delivery. Then, if applicable, include the next delivery that occurs after the 180-day period. Identify deliveries chronologically, including only one per 180-day period. Note: <i>The initial population for this measure is based on deliveries, not on persons. All eligible deliveries that were not removed in steps 1–4 remain in the initial population.</i>
Denominator exclusions	Deceased persons. Persons who died any time on or before the last day of the measurement period, identified using data sources determined by the organization. Method and data sources are subject to review during the HEDIS audit. Persons in hospice or using hospice services. Persons who use hospice services (<u>Hospice Encounter Value Set</u>; <u>Hospice Intervention Value Set</u>) or elect to use a hospice benefit any time during the measurement period. Organizations that use the Monthly Membership Detail Data File to identify these persons must use only the run date of the file.

Denominator	ADMINISTRATIVE The initial population minus denominator exclusions. HYBRID A systematic sample drawn from the administrative denominator. Organizations may reduce the sample size using the current year's administrative rate or the prior year's audited, product line-specific rate for the lower of the two indicators. Refer to the <u>Guidelines for Calculations and Sampling</u> for information on reducing the sample size.
Numerator	ADMINISTRATIVE Numerator 1: Timeliness of prenatal care. A prenatal visit during the required time frame. Follow the steps below to identify numerator compliance. Step 1. Identify persons who were continuously enrolled (with no gaps) from at least 219 days before delivery (or EDD) through 60 days after delivery. These persons must have a prenatal visit during the first trimester. Step 2. Identify persons who were not continuously enrolled from at least 219 days before delivery (or EDD) through 60 days after delivery. These persons must have a prenatal visit any time during the period that begins 280 days prior to delivery and ends 42 days after the enrollment start date. Do not count visits that occur on or after the date of delivery. Visits that occur prior to the person's enrollment start date during the pregnancy meet criteria. Step 3. Identify prenatal visits that occurred during the required time frame (the time frame identified in step 1 or 2). Any of the following, where the practitioner type is an OB/GYN or other prenatal care practitioner or PCP, meet criteria for a prenatal visit: • A bundled service (<u>Prenatal Bundled Services Value Set</u>) where the organization can identify the date when prenatal care was initiated (because bundled service codes are used on the date of delivery, these codes may be used only if the claim form indicates when prenatal care was initiated). • A visit for prenatal care (<u>Stand Alone Prenatal Visits Value Set†</u>). • A visit (<u>Prenatal and Postpartum Care Visits Value Set</u>) with either a pregnancy-related diagnosis code (<u>Pregnancy Diagnosis Value Set</u>) or a modifier that indicates maternity care (HCPCS Modifier code TH). Numerator 2: Postpartum care. A postpartum visit on or between 7 and 84 days after delivery. Any of the following meet criteria: • A postpartum visit (<u>Postpartum Care Value Set†</u>). • An encounter for postpartum care (<u>Encounter for Postpartum Care Value Set*</u>).

- A visit (Prenatal and Postpartum Care Visits Value Set) **with** a modifier that indicates maternity care (HCPCS Modifier code TH).
- Cervical cytology (Cervical Cytology Lab Test Value Set; Cervical Cytology Result or Finding Value Set).
- A bundled service (Postpartum Bundled Services Value Set) where the organization can identify the date when postpartum care was rendered (because bundled service codes are used on the date of delivery, not on the date of the postpartum visit, these codes may be used only if the claim form indicates when postpartum care was rendered).

Exclude services provided in an acute inpatient setting (Acute Inpatient Value Set; Acute Inpatient POS Value Set).

Note: The practitioner requirement only applies to the Hybrid Specification. The organization is not required to identify practitioner type in administrative data.

Coding Guidance

*Do not include laboratory claims (claims with POS code 81).

†Do not use codes with a modifier (CPT CAT II Modifier Value Set).

HYBRID

Administrative: Refer to administrative specifications to identify positive numerator hits from administrative data.

Numerator 1: Timeliness of prenatal care.

A prenatal visit during the required time frame. Refer to *Administrative Specification* to identify the required time frame for each person based on the date of enrollment in the organization and the gaps in enrollment during the pregnancy.

Medical record: Prenatal care visit to an OB/GYN or other prenatal care practitioner, or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred and evidence of one of the following.

- Documentation indicating the person is pregnant or references to the pregnancy.
For example:
 - Documentation in a standardized prenatal flow sheet, **or**
 - Documentation of last menstrual period (LMP), EDD or gestational age, **or**
 - A positive pregnancy test result, **or**
 - Documentation of gravidity and parity, **or**
 - Documentation of complete obstetrical history, **or**
 - Documentation of prenatal risk assessment and counseling/education.
- A basic physical obstetrical examination that includes auscultation for fetal heart tone, **or** pelvic exam with obstetric observations, **or** measurement of fundus height (a standardized prenatal flow sheet may be used).

- Evidence that a prenatal care procedure was performed, such as:
 - Screening test in the form of an obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), **or**
 - TORCH antibody panel alone, **or**
 - A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, **or**
 - Ultrasound of a pregnant uterus.

Numerator 2: Postpartum care.

A postpartum visit on or between 7 and 84 days after delivery, as documented through either administrative data or medical record review.

Medical record: Postpartum visit to an OB/GYN or other prenatal care practitioner, or PCP on or between 7 and 84 days after delivery. Do not include postpartum care provided in an acute inpatient setting.

Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and *one* of the following:

- Pelvic exam.
- Evaluation of weight, BP, breasts and abdomen.
 - Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component.
- Notation of postpartum care, including, but not limited to:
 - Notation of “postpartum care,” “PP care,” “PP check,” “6-week check.”
 - A preprinted “Postpartum Care” form in which information was documented during the visit.
- Perineal or cesarean incision/wound check.
- Screening for depression, anxiety, tobacco use, substance use disorder or preexisting mental health disorders.
- Glucose screening, for persons with gestational diabetes.
- 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.

Note

- *A Pap test does not count as a prenatal care visit for the administrative and hybrid specification of the Timeliness of Prenatal Care rate but is acceptable for the Postpartum Care rate as evidence of a pelvic exam. A colposcopy alone is not numerator compliant for either rate.*
- *Services that occur over multiple visits count toward this measure if all services are within the time frame established in the measure. Ultrasound and lab results alone are not considered a visit; they must be combined with an office visit with an appropriate practitioner in order to count for this measure.*

	<i>The intent is to assess whether prenatal and preventive care was rendered on a routine, outpatient basis rather than assessing treatment for emergent events.</i>																																																																																							
Summary of changes	- Updated the race and ethnicity stratification categories and data element tables to capture declinations and unknown race and/or ethnicity more precisely. - Added a note to step 1 of the initial population. - Updated value sets to align with 2027 changes to maternity billing.																																																																																							
Data element tables	Organizations that submit HEDIS data to NCQA must provide the following data elements. Table PPC-A-1/2: Data Elements for Prenatal and Postpartum Care <table><tr><th>Metric</th><th>Data Element</th><th>Reporting Instructions</th><th>A</th></tr><tr><td>TimelinessPrenatalCare</td><td>CollectionMethod</td><td>For each Metric</td><td>✓</td></tr><tr><td>PostpartumCare</td><td>InitialPopulation*</td><td>For each Metric</td><td>✓</td></tr><tr><td></td><td>Exclusions*</td><td>For each Metric</td><td>✓</td></tr><tr><td></td><td>Denominator*</td><td>Repeat per Metric</td><td>✓</td></tr><tr><td></td><td>NumeratorByAdminDenom</td><td>For each Metric</td><td></td></tr><tr><td></td><td>CYAR</td><td>(Percent)</td><td></td></tr><tr><td></td><td>MinReqSampleSize</td><td>Repeat per Metric</td><td></td></tr><tr><td></td><td>OversampleRate</td><td>Repeat per Metric</td><td></td></tr><tr><td></td><td>OversampleRecordsNumber</td><td>(Count)</td><td></td></tr><tr><td></td><td>ExclusionValidDataErrors</td><td>Repeat per Metric</td><td></td></tr><tr><td></td><td>ExclusionEmployeeOrDep</td><td>Repeat per Metric</td><td></td></tr><tr><td></td><td>OversampleRecsAdded</td><td>Repeat per Metric</td><td></td></tr><tr><td></td><td>NumeratorByAdmin</td><td>For each Metric</td><td>✓</td></tr><tr><td></td><td>NumeratorByMedicalRecords</td><td>For each Metric</td><td></td></tr><tr><td></td><td>Rate</td><td>(Percent)</td><td>✓</td></tr></table> Table PPC-B-1/2: Data Elements for Prenatal and Postpartum Care: Stratifications by Race <table><tr><th>Metric</th></tr><tr><td>TimelinessPrenatalCare</td></tr><tr><td>PostpartumCare</td></tr></table> <table><tr><th>Race</th><th>Data Element</th><th>Reporting Instructions</th><th>A</th></tr><tr><td>AmericanIndianOrAlaskaNative</td><td>CollectionMethod</td><td>For each Metric, repeat per Stratification</td><td>✓</td></tr><tr><td>Asian</td><td>Denominator*</td><td>For each Stratification, repeat per Metric</td><td>✓</td></tr><tr><td>BlackOrAfricanAmerican</td><td>Numerator</td><td>For each Metric and Stratification</td><td>✓</td></tr><tr><td>MiddleEasternOrNorthAfrican</td><td>Rate</td><td>(Percent)</td><td>✓</td></tr></table>	Metric	Data Element	Reporting Instructions	A	TimelinessPrenatalCare	CollectionMethod	For each Metric	✓	PostpartumCare	InitialPopulation*	For each Metric	✓		Exclusions*	For each Metric	✓		Denominator*	Repeat per Metric	✓		NumeratorByAdminDenom	For each Metric			CYAR	(Percent)			MinReqSampleSize	Repeat per Metric			OversampleRate	Repeat per Metric			OversampleRecordsNumber	(Count)			ExclusionValidDataErrors	Repeat per Metric			ExclusionEmployeeOrDep	Repeat per Metric			OversampleRecsAdded	Repeat per Metric			NumeratorByAdmin	For each Metric	✓		NumeratorByMedicalRecords	For each Metric			Rate	(Percent)	✓	Metric	TimelinessPrenatalCare	PostpartumCare	Race	Data Element	Reporting Instructions	A	AmericanIndianOrAlaskaNative	CollectionMethod	For each Metric, repeat per Stratification	✓	Asian	Denominator*	For each Stratification, repeat per Metric	✓	BlackOrAfricanAmerican	Numerator	For each Metric and Stratification	✓	MiddleEasternOrNorthAfrican	Rate	(Percent)	✓
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	Race	Data Element	Reporting Instructions	A
	NativeHawaiianOrPacificIslander			
	White			
	OtherRace			
	TwoOrMoreRaces			
	AskedButDeclined			
	Unknown			
Table PPC-C-1/2: Data Elements for Prenatal and Postpartum Care: Stratifications by Ethnicity				
Metric	Ethnicity	Data Element	Reporting Instructions	A
TimelinessPrenatalCare	HispanicOrLatino	CollectionMethod	For each Metric, repeat per Stratification	✓
PostpartumCare	NotHispanicOrLatino	Denominator*	For each Stratification, repeat per Metric	✓
	AskedButDeclined	Numerator	For each Metric and Stratification	✓
	Unknown	Rate	(Percent)	✓
*Repeat the InitialPopulation, Exclusions and Denominator values for metrics using the Administrative Method.				
Rules for Allowable Adjustments	Copyright and use: The “Rules for Allowable Adjustments of HEDIS” (the “Rules”) describe how NCQA’s HEDIS measure specifications can be adjusted for other populations, if applicable. The Rules, reviewed and approved by NCQA measure experts, provide for expanded use of HEDIS measures without changing their clinical intent.			
	Adjusted HEDIS measures may not be used for HEDIS health plan reporting.			
	The Rules do not apply to the hybrid portion of the measure; only the administrative sections may be changed.			
	ADJUSTMENTS ALLOWED			
	• <i>Product lines.</i> Organizations are not required to use product line criteria; product lines may be combined, and all (or no) product line criteria may be used. • <i>Ages.</i> There are no ages specified for this measure. • <i>Attribution.</i> Organizations are not required to use enrollment criteria. • <i>Benefits.</i> Organizations are not required to use a benefit.			

- **Other.** Organizations may use additional initial population criteria to focus on an area of interest defined by gender, race, ethnicity, socioeconomic or sociodemographic characteristics, geographic region or another characteristic.
- **Measurement period adjustments.** Organizations may adjust the measurement period.
- **Stratifications:** Race and ethnicity stratification. The race and ethnicity stratification is not required. Organizations may adjust this stratification as needed.
- **Exclusions.** The hospice and deceased person exclusions are not required.
- **Telehealth.** Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth.
- **Supplemental data.** Supplemental data may be used to identify initial population, denominator, exclusion and numerator events.

ADJUSTMENTS ALLOWED WITH LIMITS

- **Initial population:** Event. Organizations may not change the logic, but may change the delivery date and account for the impact on other date-dependent events. Organizations may assess at the person level (vs. discharge level) by applying measure logic appropriately (i.e., percentage of persons with deliveries). Only events that contain (or map to) codes in the value sets may be used to identify visits. The value sets and logic may not be changed.
- **Numerator:** Timeliness of prenatal care. Organizations may remove the continuous enrollment criteria in steps 1 and 2 and assess for a prenatal care visit that occurs any time during the pregnancy. Value sets may not be changed. If the delivery-date range is changed, all numerator events must be measured in relation to the new range.

Note: Use caution when making adjustments to the timeliness of the prenatal visit. Assessing for visits outside of the first trimester should be used to assess gaps in care for the patient.

ADJUSTMENTS NOT ALLOWED

- **Numerator:** Postpartum care. Value sets and logic may not be changed. If the delivery-date range is changed, all numerator events must be measured in relation to the new range.