

Prenatal Engagement Key Performance Indicator (KPI)

Objective: To determine an improved methodology for the Prenatal Engagement KPI to more accurately assess the frequency or timeliness of prenatal visits or access to prenatal care.

Challenge: The current KPI for prenatal engagement (defined below) is calculated using code sets that include bundled services, which is how these services are reimbursed. That means a prenatal visit can include other services such as post-partum care or delivery, and do not provide specific data related to prenatal care. Because of these codes, the Prenatal Engagement KPI currently looks for “evidence of prenatal visit” because it is not possible to determine frequency or timeliness in the data.

Current Definition of the Prenatal Engagement KPI:

- High level definition: Percent of members who received a prenatal visit during pregnancy.
- Numerator: Members must have at least one prenatal visit in the 40 weeks prior to delivery and be enrolled in Medicaid at least 30 days prior to delivery.
- Denominator: Number of deliveries. Member must still be enrolled in the last month of the evaluation period. Deliveries must meet the deliveries code value sets (see attachment).
- This measure only captures physical health services, not behavioral health
- Exclusions: Members enrolled in MCO plans, pregnancies not ending in live births
- Refer to the KPI Methodology Document for more details: <https://bit.ly/30LdRkI>
- Also refer to the code value sets to pair with the above methodology document to understand the numerator and denominator for this KPI.

Other Related Medicaid Measures:

- Performance Pool: Premature birth rate
 - Definition: Number of premature births (< 37 weeks) per total live births within the measurement period
 - Data source: CDPHE Vital Statistics birth certificate data
 - Status: Measure not yet implemented. The Department and RAEs are finalizing the data source and baseline now.
- CMS Core Measures: Low birth weight
 - Definition: Live Birth’s weighing less than 2500 grams (NQF 1382)
 - Source: CDPHE Vital Statistics birth certificate data
 - Status: This measure is to be calculated quarterly but won’t be required to be reported to CMS until 2024.
- Maternity Programs: 5 Components that RAEs must report on bi-annually
 - The Department requires that RAEs track maternity programs offered by RAEs, PCMPs, and available in the community to Medicaid members.
 - There should be a standard level of care and access to programming.
 - 5 components of maternity programs: (1) member identification and risk stratification (2) culturally competent care teams (3) facilitate access to services (4) delivery of evidence-based programs and promising practices (5) measure and report results
- Maternity VBP Bundle: Measures are still to be determined.

Potential Discussion Questions:

- What outcomes do Medicaid members most care about in terms of prenatal care? (*Prenatal care can be defined broadly and does not have to be limited to how the KPI has been defined previously.*)
- Measuring visits isn’t feasible because of the way services are bundled. What else can we measure and what data sources are available?
- Do you have suggestions for how this measure should align with other maternity Medicaid measures?
- Do you have other questions or ideas about how to change or improve this measure?