Methodology:
Comprehensive Maternal Care (CMC) Measures

Last Revised July 28, 2022

General Eligibility and Inclusion Criteria

Eligible Providers and Members:

- Eligible providers are defined as all practices participating in the CMC program during the reporting period.
- If an individual is attributed to more than one CMC provider during the analysis period for a measure, use the provider to which a member was most recently attributed.
- Some measures have continuous enrollment criteria in addition to the attribution requirement. The additional criteria for these measures are described within the measure specification.
- Measures are at the pregnancy-level. A member may contribute to a measure more than once if they have multiple pregnancies during the period of interest and each pregnancy meets the measure criteria.

General Methodological Notes

Data Sources:

- Vital Statistics birth records linked to Medicaid administrative data are the core dataset for CMC measures. Available Vital Statistics linked data is limited to birth occurrences in Ohio. Please note that this means the population for quality measures is limited to individuals who are attributed to a CMC provider and are in the VS-claims linked files.
- Inpatient, professional, outpatient, pharmaceutical, and dental claims are used for claims-based measure components unless noted otherwise.
- Only final paid claims are considered for claims-based measure components unless the measure steward is NCQA HEDIS (unaudited, adjusted). Those measures also incorporate final denied claims.
- Measure calculations are updated quarterly. See Appendix 1 for a calendar of the cadence of updates for contributing datasets.
Measure Components:

- The Anchor Date establishes a date around which numerator and denominator windows are created.
- Payment status specifies which measures are used to determine compensation for services. There are three options for payment status:
  - For payment
  - Information only
  - Information only for year 1
- The following constructed variables will be measured as follows:
  - **Number of Weeks Gestation** is measured using birth certificate fields. OWGEST should be used first, and if that is missing, then use GEST_COMB, and if both are missing, use GEST_CALC.
  - **Onset of Pregnancy** is measured using date of delivery according to birth records and number of weeks gestation according to birth records (OWGEST, should be used first, and if that is missing, then use GEST_COMB, and if both are missing, use GEST_CALC).
  - **Live Birth** is defined by the existence of a birth certificate. For postpartum measures focused on infant care, the infant must be alive during the entire measurement period. This is identified by either continuous enrollment of the infant or a death of death on the birth certificate after the end of the measurement period or not indicated (use DATE_OF_DEATH and DEATH_OCCURRED).
  - **Race of mother** is defined using the field MOM_RACE on the birth certificate first, then CDE_RACE from Medicaid demographic data. Defer to Medicaid when race is missing from birth certificates, or race for mother is inconsistent across birth certificates from the same pregnancy. Categories are Black (MOM_RACE = 2; CDE_RACE B or N), White (MOM_RACE = 1, CDE_RACE C or O), and Other race (MOM_RACE between 3-8, CDE_RACE not equal to B, N, C, O, 7, 8).
Postpartum Care

Measure Description: The percentage of women with live births with at least one postpartum visit between 7 and 84 days after delivery.

Anchor Date: Date of Delivery

Payment Status: For payment

Medicaid Enrollment Requirement: Continuous enrollment 30 days prior to delivery through 90 days after delivery.

Denominator: Members who were attributed to a CMC provider for at least six months during their pregnancy (need not be continuous) and who had a live birth.

Numerator: Members in the denominator with at least one postpartum care visit between 7 and 84 days after delivery.

Post-Partum Follow-up Visits: Identify a follow-up visit as a post-partum event, procedure, or diagnosis with a date in claims between 7 and 84 days following the date of delivery (value sets Postpartum Visits, Cervical Cytology Lab Test) in either a professional medical (claim type “M”) or outpatient (claim type “O”) setting.

Data Sources: Medicaid administrative data linked to Vital Statistics Birth records.

Measurement Period: Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

Measure Steward: NCQA HEDIS (unaudited, adjusted)
HIV Screening

Measure Description: The percentage of women with live births who received an HIV screening during pregnancy.

Anchor Date: Date of Delivery

Payment Status: For payment

Denominator: Members who were attributed to a CMC provider for at least six months during their pregnancy (need not be continuous).

Numerator: Members in the denominator with an HIV screening (value set HIV Screening) on or between estimated onset date of pregnancy and delivery.

Exclusions: Mother has HIV diagnosis in the twelve months prior to the estimated onset date of pregnancy (value set HIV Diagnosis).

Data Sources: Medicaid administrative data linked to Vital Statistics Birth records.

Measurement Period: Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

Measure Steward: Perinatal Episode of Care (CY 2020, modified)

References: Centers for Disease Control
https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm
https://www.cdc.gov/hiv/group/gender/pregnantwomen/opt-out.html
https://www.cdc.gov/nchhstp/pregnancy/screening/clinician-timeline.html
Hepatitis B Screening

**Measure Description:** The percentage of women with live births who received a Hepatitis B screening during pregnancy.

**Anchor Date:** Date of Delivery

**Payment Status:** For payment

**Denominator:** Members who were attributed to a CMC provider for at least six months during their pregnancy (need not be continuous).

**Numerator:** Members in the denominator with a Hepatitis B screening (value set [Hepatitis B Screening](#)) on or between estimated onset of pregnancy and delivery.

**Exclusions:** Mother has Hepatitis B diagnosis in the twelve months prior to the estimated onset date of pregnancy (value set [Hepatitis B Diagnosis](#)).

**Data Sources:** Medicaid administrative data linked to Vital Statistics Birth records.

**Measurement Period:** Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

**Measure Steward:** Perinatal Episode of Care (CY 2020, modified)

**References:** Centers for Disease Control

Tdap Vaccinations (Information Only)

Measure Description: The percentage of women with a live birth who received a Tdap vaccine during the third trimester of pregnancy.

Anchor Date: Date of Delivery

Payment Status: Information only for year 1

Denominator: Members who were attributed to a CMC provider for at least six months during their pregnancy (need not be continuous) whose pregnancy resulted in a live birth with gestational age of at least 28 weeks.

Numerator: Members in the denominator who had a Tdap vaccine (value set Tdap Vaccine) between the 27th and 36th week of pregnancy, inclusive of the 27th and 36th week.

Data Sources: Medicaid administrative data linked to Vital Statistics Birth records.

Measurement Period: Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

Measure Steward: CMC-specific measure using CDC guidance

References:
https://www.cdc.gov/pertussis/pregnant/mom/get-vaccinated.html
Tdap Vaccinations (For Payment)

Measure Description: The percentage of women with a live birth who received a Tdap vaccine or vaccine counseling during the third trimester of pregnancy.

Anchor Date: Date of Delivery

Payment Status: For Payment

Denominator: Members who were attributed to a CMC provider for at least six months during their pregnancy (need not be continuous) whose pregnancy resulted in a live birth with gestational age of at least 28 weeks.

Numerator: Members in the denominator who had a Tdap vaccine (value set Tdap Vaccine) or received vaccine counseling (value set Vaccine Counseling) between the 27th and 36th week of pregnancy, inclusive of the 27th and 36th week. Note the vaccine counseling code is not in broad use until October 2021.

Data Sources: Medicaid administrative data linked to Vital Statistics Birth records.

Measurement Period: Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

Measure Steward: CMC-specific measure using CDC guidance

References:
https://www.cdc.gov/pertussis/pregnant/mom/get-vaccinated.html
Tobacco Cessation

*Measure Description:* The percentage of women with live births who received a screening for tobacco use OR cessation counseling during pregnancy.

**Anchor Date:** Date of Delivery

**Payment Status:** For payment

**Denominator:** Members who were attributed to a CMC provider for at least six months during their pregnancy (need not be continuous) except for individuals with an exclusion (see below).

**Numerator:** Women who were either screened for tobacco use during the last two years who and were determined to be nonsmokers or who screened positive for tobacco use and received tobacco cessation treatment if identified as a smoker (value set Tobacco Screening Cessation).

**Exclusions:** There is documentation during pregnancy of medical reason(s) for not screening for tobacco use or receipt of cessation intervention if identified as a tobacco user (value set Tobacco Screening and Cessation Exclusion). If an individual has one claim with an exclusion in the two-year analysis period, they are excluded from the denominator.

**Data Sources:** Medicaid administrative data linked to Vital Statistics Birth records.

**Measurement Period:** Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

**Measure Steward:** ODM

**References:**

https://medicaid.ohio.gov/static/Providers/ManagedCare/ProgramAppendix/2019/Non-HEDIS-Performance-Measures.pdf
Primary Care Visits for Mother

*Measure Description:* The percentage of women with live births who have a primary care visit with a primary care provider between four and twelve weeks after birth.

**Anchor Date:** Date of Delivery

**Payment Status:** For payment

**Medicaid Enrollment Requirement:** Continuous enrollment 30 days prior to delivery through 90 days after delivery.

**Denominator:** Members who were attributed to a CMC provider for at least six months during their pregnancy (need not be continuous).

**Numerator:** Members in the denominator who have a primary care visit (value set Primary Care) between 28 and 84 days after delivery. The visits must be with a primary care provider (Appendix 2) in an outpatient (claim type “O”) or professional medical (claim type “M”) setting. Note that to count as a visit to a primary care provider, the claim must have a billing provider in the Provider Type list, AND a billing or rendering provider specialty code in the Provider Specialty list.

**Data Sources:** Medicaid administrative data linked to Vital Statistics Birth records.

**Measurement Period:** Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

**Measure Steward:** CMC-specific measure derived from ACOG guidance

**References:**
Prenatal Visit by Nine Weeks Gestation

Measure Description: The percentage of women who attended a prenatal care visit by week 9 of pregnancy.

Anchor Date: Date of Delivery

Payment Status: Information only for year 1

Denominator: Members who were attributed to a CMC provider for at least six months during their pregnancy (need not be continuous) and who were enrolled in Medicaid by the end of the 8th week of gestation.

Numerator: Members in the denominator who had a prenatal visit (value sets Stand Alone Prenatal Visits) or had a prenatal visit (value sets Prenatal Visits, Telephone Visits, Online Assessments) with a pregnancy-related diagnosis code (value set Pregnancy Diagnosis) by week 9 of pregnancy. The visit must be in an outpatient (claim type “O”) or professional medical (claim type “M”) setting.

Data Sources: Medicaid administrative data linked to Vital Statistics Birth records.

Measurement Period: Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

Measure Steward: CMC-specific measure
Breastfeeding

 Measure Description: The percentage of women with deliveries of live births in which breastfeeding occurred during the 90 days after delivery.

 Anchor Date: Date of Delivery

 Payment Status: Information only for year 1

 Denominator: Members who were attributed to a CMC provider for at least six months during their pregnancy (need not be continuous) and whose pregnancy resulted in a live birth (birth records) and whose infant reached their 90th day of life.

 Numerator: Members in the denominator who breastfed or gave their neonates human milk during the 90 days after delivery. An indication of breastfeeding in one or more of the following value sets is numerator compliant:

  - VS Breastfeeding
  - Breastfeeding Procedures in the 90 days following delivery
  - Breastfeeding Diagnoses in the 90 days following delivery
  - Lactation Consultant in the 90 days following delivery
  - Lactation Counseling Procedures with a Lactation Counseling Modifier in the 90 days following delivery

 Exclusions: Exclude the delivery if the mother has an HIV diagnosis in the nine months prior to delivery or in the 90 days following delivery (value set HIV Diagnosis). Also exclude deliveries in which all infants were deceased within 90 days following delivery.

 Data Sources: Medicaid administrative data linked to Vital Statistics Birth records.

 Measurement Period: Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

 Measure Steward: Perinatal Episode of Care (CY 2020, modified)

 References: American Academy of Pediatrics

 https://pediatrics.aappublications.org/content/129/3/e827#sec-20
Preterm Birth

Measure Description: The percentage of women who delivered live births before 37 weeks of gestation during the measurement year. All preterm and very preterm births are included.

Anchor Date: Date of Delivery

Payment Status: Information only

Denominator: Members who were attributed to a CMC provider for at least six months during their pregnancy (need not be continuous) and whose pregnancy resulted in a live birth (birth records).

Numerator: Members in the denominator with a live birth at less than 37 weeks of gestation as identified on the birth certificate.

Exclusions: Deliveries that result in multiple infants according to birth records (using the field PLUR).

Data Sources: Medicaid administrative data linked to Vital Statistics Birth records.

Measurement Period: Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

Measure Steward: ODM-IM
Percentage of Low Birthweight Births

Measure Description: The percentage of women who delivered live births less than 2,500 grams during the measurement year.

Anchor Date: Date of Delivery

Payment Status: Information only

Denominator: Members who were attributed to a CMC provider for at least six months during their pregnancy (need not be continuous) and whose pregnancy resulted in a live birth (birth records).

Numerator: Number of members in the denominator who delivered a child weighing less than 2,500 grams at birth according to birth records (using the field BWG).

Exclusions: Deliveries that result in multiple infants according to birth records (using the field PLUR).

Data Sources: Medicaid administrative data linked to Vital Statistics Birth records.

Measurement Period: Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

Measure Steward: CHIPRA
NTSV Cesarean Birth Rate

Measure Description: The percentage of nulliparous, full-term, singleton, vertex-presenting deliveries of live births that were cesarean births.

Anchor Date: Date of Delivery

Payment Status: Information only for year 1

Denominator: Members who were attributed to a CMC provider for at least six months during their pregnancy (need not be continuous), whose pregnancy resulted in a live birth, and whose pregnancy and delivery met the following additional criteria:

- nulliparous (VS birth fields PLBL = N and PLBD = N)
- full-term (gestational age at delivery between 37 and 42 weeks)
- singleton birth (VS birth field PLUR = 1)
- vertex presentation – exclude cases with a non-vertex presentation diagnosis (value set Non-Vertex Presentation with a service date within 14 days of the delivery date)

Numerator: Number of women with a Cesarean section (value set Cesarean Section) in the 14 days before or after delivery, or with delivery method ‘primary cesarean section’ according to birth records (value set VS Primary Cesarean).

Data Sources: Medicaid administrative data linked to Vital Statistics Birth records.

Measurement Period: Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

 Measure Steward: ODM

References:  
High Risk Composite: Overview and Calculation

The High Risk Composite measure includes four sub-measures: Behavioral Services, Preterm Birth Interventions (Progesterone Administration), Average Total MME Dispensed per Delivery, and Opioid Use Disorder Treatment. For a provider to pass the composite measure, they must pass the minimum thresholds for at least 50% of the component metrics (two out of four).

Anchor Date: Date of Delivery

Payment Status: Information only for year 1

High Risk Composite: Behavioral Services

Measure Description: The percentage of women with a serious behavioral health condition during pregnancy who received behavioral health services during pregnancy.

Denominator: Members who were attributed to a CMC provider for at least six months during their pregnancy (need not be continuous), whose pregnancy resulted in a live birth (birth records) and who had a diagnosis of a serious BH condition during pregnancy (value set BH Conditions).

Numerator: Members in the denominator who received any of the following services during pregnancy:

- A behavioral health service (value set BH Services) with a BH condition diagnosis (value set BH Conditions)
- An antipsychotic medication injection (value set Antipsychotic Injections)
- A pharmacy-dispensed antipsychotic prescription (value set Antipsychotic Medications)
- A pharmacy-dispensed antidepressant prescription (value set Antidepressant Medications), excluding those with NDCs in value set St. John’s Wort
- A pharmacy-dispensed prescription for Other BH Medications
- Medication for OUD (MOUD) dispensed in a professional medical, outpatient, or inpatient setting. Any of the following meet criteria:
  - Procedure code in value set Office Dispensed OUD Medication
  - Procedure Code S5000, S5001, or T1502 billed by a Provider Type 95
  - Procedure Code J8499 or T1502 with an NDC in value set Medication for OUD on the same line
- A pharmacy-dispensed prescription for MOUD indicated by an NDC in value set Medication for OUD

Data Sources: Medicaid administrative data linked to Vital Statistics Birth records.

Measurement Period: Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

Measure Steward: Perinatal Episode of Care (CY 2020, modified)
High Risk Composite: Preterm Birth Intervention (Progesterone Administration)

Measure Description: The percentage of women at elevated risk for preterm birth who received progesterone treatment while pregnant to reduce the risk of preterm delivery.

Denominator: Members attributed to a CMC provider for at least six months during pregnancy (need not be continuous), whose pregnancy resulted in a live birth, and who were at elevated risk of preterm birth during pregnancy as defined by ever having an indication of:

Prior Preterm Birth. As indicated in birth records (the field PPB) or any claims (value set Prior Preterm Birth), or

Shortened Cervix. As indicated in claims (value set Shortened Cervix).

Numerator: The number of women in the denominator who received progesterone treatment during pregnancy to reduce the likelihood of preterm birth (value set Progesterone).

Data Sources: Medicaid administrative data linked to Vital Statistics Birth records.

Measurement Period: Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

Measure Steward: Perinatal Episode of Care (CY 2020, modified)
High Risk Composite: Average Total MME Dispensed Per Delivery

Measure Description: The average total solid dose morphine milligram equivalent dispensed in the 14 days following delivery, stratified by delivery type.

Denominator: Members attributed to a CMC provider for at least six months during their pregnancy (need not be continuous), whose pregnancy resulted in a live birth. Note that the denominator for this measure is the same as the numerator for the Rate of Solid Dose Opioids Dispensed Following Delivery measure.

Numerator: Average total solid dose morphine milligram equivalent (MME) dispensed per delivery to members in the denominator beginning on the date of delivery and in the 14 days after delivery (value set Solid Dose Opioid Medication). Two stratifications are calculated: deliveries via Cesarean section or with a third- or fourth-degree perineal laceration (value sets VS Cesarean, Cesarean Section, Perineal Laceration Diagnosis); and deliveries with neither a C-section nor a significant perineal laceration.

First, identify opioid prescriptions dispensed in the window following delivery. The MME is then calculated per prescription as:
MME per Rx = quantity dispensed * strength * conversion factor

The MME per Rx is then summed across all deliveries, and then divided by the number of deliveries.

Data Sources: Medicaid administrative data linked to Vital Statistics Birth records.

Measurement Period: Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

Measure Steward: ODM

References:
https://www.jabfm.org/content/31/6/944.long
High Risk Composite: Opioid Use Disorder Treatment

Measure Description: The percentage of women with deliveries of a live birth who had an Opioid Use Disorder diagnosis (OUD) during pregnancy and received medication for opioid use disorder during pregnancy.

Denominator: Members who were attributed to a CMC provider for at least six months during their pregnancy (need not be continuous), whose pregnancy resulted in a live birth (birth records), and who had an OUD diagnosis during pregnancy (value set OUD Diagnosis).

Numerator: Members in the denominator who received medication for OUD (MOUD) during pregnancy as indicated by a claim meeting any of the criteria below:
- Medication for OUD (MOUD) dispensed in a professional medical, outpatient, or inpatient setting. Any of the following meet criteria:
  - Procedure code in value set Office Dispensed OUD Medication
  - Procedure Code S5000, S5001, or T1502 billed by a Provider Type 95
  - Procedure Code J8499 or T1502 with an NDC in value set Medication for OUD on the same line
- A pharmacy‐dispensed prescription for MOUD indicated by an NDC in value set Medication for OUD

Data Sources: Medicaid administrative data linked to Vital Statistics Birth records.

Measurement Period: Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

Measure Steward: ODM
Rate of Solid Dose Opioids Dispensed Following Delivery

Measure Description: The percentage of women with deliveries of a live birth who had a solid dose opioid prescription filled during the 14 days after delivery, stratified by delivery type.

Anchor Date: Date of Delivery

Payment Status: Information only for year 1

Denominator: Members attributed to a CMC provider for at least six months during their pregnancy (need not be continuous), and whose pregnancy resulted in a live birth.

Numerator: Members in the denominator who were dispensed a solid opioid prescription on the date of delivery or in the 14 days after delivery (value set Solid Dose Opioid Medication). Two stratifications are calculated: women who either had a Cesarean section as indicated in birth records (value set VS Cesarean) or claims (value set Cesarean Section) or who have a third- or fourth-degree perineal laceration (value set Perineal Laceration); and women who have neither a C-section nor a significant laceration.

Data Sources: Medicaid administrative data linked to Vital Statistics Birth records.

Measurement Period: Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

Measure Steward: ODM

References:
https://www.jabfm.org/content/31/6/944.long
Dental Visit

Measure Description: The percentage of women with deliveries of a live birth who had a dental visit during their pregnancy or in the six months prior to their pregnancy.

Anchor Date: Date of Delivery

Payment Status: Information only

Denominator: Members who were attributed to a CMC provider for at least six months during their pregnancy (need not be continuous) whose pregnancy resulted in a live birth.

Numerator: Members in the denominator who had a visit with a dental practitioner (value set Dental Provider) from professional, outpatient, and dental claims during pregnancy or in the six months prior to the onset of pregnancy. Note that a provider type or provider specialty code counts as a valid dental visit. The provider can also be a billing or a rendering provider.

Data Sources: Medicaid administrative data linked to Vital Statistics Birth records.

Measurement Period: Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

Measure Steward: NCQA HEDIS (unaudited, adjusted)
Infant Well-Care Visits

Measure Description: The percentage of infants born to CMC-attributed women who had at least two well-care visits after initial discharge and during the 90 days after delivery.

Anchor Date: Date of Delivery

Payment Status: Information only

Denominator: Infant members who are continuously enrolled for the first 90 days of life. Infants’ mothers must be attributed to a CMC provider for at least six months during pregnancy (need not be continuous). Mother-infant dyads are identified using the VS-births linked file; both a mother and a baby Medicaid ID must be present.

Numerator: Infant members with at least two well-care visits after initial discharge and during the 90 days after delivery (value set Well-Care). The visits must:
  • occur in an outpatient (claim type “O”) or professional medical (claim type “M”) setting
  • have at least a 14-day gap between service dates
  • be with a primary care provider (Appendix 2)

Note that to count as a visit to a primary care provider, the claim must have a billing provider in the Provider Type list, AND a billing or rendering provider specialty code in the Provider Specialty list.

Data Sources: Medicaid administrative data linked to Vital Statistics Birth records.

Measurement Period: Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

Measure Steward: ODM

References:
PERIODICITY SCHEDULE 2021.indd (aap.org)
AAP Schedule of Well-Child Care Visits - HealthyChildren.org
Flu Vaccinations

Measure Description: The percentage of women with deliveries of a live birth who had an influenza vaccine administered while they were pregnant or during the six months prior to pregnancy.

Anchor Date: Date of Delivery

Payment Status: Information only

Denominator: Members who were attributed to a CMC provider for at least six months during their pregnancy (need not be continuous) whose pregnancy resulted in a live birth.

Numerator: Members in the denominator who had an influenza vaccination during pregnancy or in the six months prior to pregnancy (value set Influenza Vaccination).

Data Sources: Medicaid administrative data linked to Vital Statistics Birth records.

Measurement Period: Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

Measure Steward: ODM

References:
https://www.cdc.gov/vaccines/pregnancy/hcp-toolkit/pregnant-coverage-estimates.html
Maternal Depression Screening

Measure Description: The percentage of women with deliveries of a live birth who had a depression screening during their pregnancy or postpartum period.

Anchor Date: Date of Delivery

Payment Status: Information only for year 1

Denominator: Members who were attributed to a CMC provider for at least six months during their pregnancy (need not be continuous) whose pregnancy resulted in a live birth.

Numerator: Members in the denominator who received a maternal depression screening (value set Depression Screening) during their pregnancy or within 90 days after delivery.

Data Sources: Medicaid administrative data linked to Vital Statistics Birth records.

Measurement Period: Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

Measure Steward: ODM

References:
https://pediatrics.aappublications.org/content/143/1/e20183260
https://publications.aap.org/pediatrics/article/123/6/e982/71614/Screening-for-Postpartum-Depression-at-Well-Child
Severe Obstetric Complications

Measure Description: The percentage of women with severe obstetric complications which occur during the inpatient delivery hospitalization.

Anchor Date: Date of Delivery

Payment Status: Information only

Denominator: Members attributed to a CMC provider for at least six months during their pregnancy (need not be continuous), with a gestational age at delivery of at least 20 weeks, and with an inpatient hospital admission (claim type “I”) within 7 days before or after the delivery date

Numerator: Members whose denominator qualifying claim meets any of the following criteria:

- A delivery or obstetric complication (value set Complications of Delivery and Obstetrics Diagnosis) with either a Severe Maternal Morbidity Diagnosis or a Severe Maternal Morbidity Procedure
- A standalone severe maternal morbidity diagnosis (value set Standalone Severe Maternal Morbidity Diagnosis)
- Discharge disposition of expired (value set Discharge Disposition of Expired).

Exclusions: Members whose denominator qualifying claim meets any of the following criteria:

- Inpatient hospitalizations for patients with a diagnosis of COVID-19 (value set COVID-19 Diagnosis) who have either a COVID-related Respiratory Procedure or a COVID-related Respiratory Diagnosis on the same hospitalization
- A Severe Maternal Morbidity Diagnosis or Standalone Severe Maternal Morbidity Diagnosis that is present on inpatient admission (value set Present on Admission

Data Sources: Medicaid administrative data linked to Vital Statistics Birth records.

Measurement Period: Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.


References: https://ecqi.healthit.gov/ecqm/eh/pre-rulemaking/2023/cms1028v1
Enrolled in Women, Infants, and Children (WIC)

Measure Description: The percentage of women with live births who received Women, Infants and Children (WIC) benefits during pregnancy.

Anchor Date: Date of Delivery

Payment Status: Information only for year 1

Denominator: Members who were attributed to a CMC provider for at least six months during their pregnancy (need not be continuous) and who had a live birth.

Numerator: Members in the denominator with at least one month of WIC program participation on or between estimated onset of pregnancy and date of delivery as identified by flag (Attribution field WIC = 1) on the monthly attribution file.

Data Sources: Medicaid administrative data linked to Vital Statistics Birth records. Ohio WIC records integrated into the monthly attribution file.

Measurement Period: Rolling 12-month measurement period updated on a quarterly basis, based on the latest accurate data available. The date of delivery must occur in the measurement period for inclusion in this measure.

Measure Steward: ODM

References:
https://www.fns.usda.gov/wic/wic-eligibility-requirements
Enrolled in Evidence-Based Home Visiting (On hold)
Appendix 1: Measure Calculation Update Schedule

This annual calendar details the quarterly refresh schedule for measure calculation. Blue indicates the month a refresh takes place. ODM Claims data and Attribution data are updated monthly. The VS-Claims linkage is updated quarterly. Measure Calculation refreshes take place the month following a VS-Claims linkage refresh.

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Appendix 2: Primary Care Provider Type and Specialty Combinations

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