



Arizona Health Care Cost Containment System (AHCCCS)
AHCCCS Complete Care (ACC) and ACC Regional Behavioral Health Agreement (RBHA)¹
ACC and SMI Populations

Performance Improvement Project:
Prenatal and Postpartum Care²

Creation Date: September 2022

Implementation Date: January 1, 2022

Background:

According to the Centers for Disease Control and Prevention (CDC), at least 50,000 women in the United States are affected by severe morbidity due to unexpected pregnancy-related health problems. In addition, more than 700 women die each year from pregnancy-related problems or delivery complications. Racial disparities exist amongst pregnancy-related deaths, as the CDC reports “American Indian, Alaska Native, and Black women are two to three times more likely to die of pregnancy-related causes than white women.” Every death related to pregnancy is a tragedy, especially considering the CDC found that four in five of the deaths are preventable.

According to Healthy People 2030, “women’s health before, during, and after pregnancy can have a major impact on infants’ health and well-being.” Strategies, such as maintaining a healthy lifestyle, receiving proper health care, and adopting healthy habits before and during pregnancy helps prevent pregnancy complications and improve health outcomes for women and their babies. In addition, these strategies may assist in promoting infant health, development, and overall well-being.

Purpose:

To improve health outcomes for members and infants, this performance improvement project focuses on increasing the number and percent of members with live birth deliveries that 1) received a prenatal care visit, and 2) received a postpartum visit.

Project Aim:

The goal of this project is to demonstrate a statistically significant increase in the number and percent of members with live birth deliveries that 1) received a prenatal care visit, and 2) received a postpartum visit, followed by sustained improvement for one consecutive year.

¹ Referred to as Regional Behavioral Health Authority prior to October 1, 2022.

² PIP selected based on consideration of statewide and Contractor performance and inclusion of measure within the CMS (Adult and Child) Core Sets.



Measurement Periods:

Baseline Measurement	January 1, 2022 through December 31, 2022
Intervention Year	January 1, 2023 through December 31, 2023
First Re-measurement	January 1, 2024 through December 31, 2024
Second Re-measurement	January 1, 2025 through December 31, 2025

Care 1st ACC-RBHA (RBHA Population Only)

Baseline Measurement	January 1, 2023 through December 31, 2023
Intervention Year	January 1, 2024 through December 31, 2024
First Re-measurement	January 1, 2025 through December 31, 2025
Second Re-measurement	January 1, 2026 through December 31, 2026

Study Question:

What is the number and percent, overall and by Contractor, of members with live birth deliveries that 1) received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment, and 2) had a postpartum visit on or between 7 and 84 days after delivery?

Data Collection Methodology and Validation:

Data shall be collected annually by the Contractors for the purposes of this PIP. Contractors shall utilize the hybrid methodology (including all allowable data sources) to determine the indicator rates outlined within the *Project Indicators* section, in accordance with the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. Contractor-calculated performance measure (indicator) results, data collection methodology, and data sources will be validated by the External Quality Review Organization (EQRO) in alignment with the Centers for Medicare and Medicaid Services (CMS) External Quality Review (EQR) Protocol 2.

Confidentiality Plan

AHCCCS, as well as its EQRO and Contractors, maintains compliance with the Health Insurance Portability and Accountability Act (HIPAA) requirements. AHCCCS employees and EQRO staff who analyze data for this project may have access to study data. Member names are never identified or used in AHCCCS reporting; AHCCCS PIP data are used only for the purposes of performing health care operations, conducting oversight of the health care system, or conducting research.

Eligible Population:

Members with live birth deliveries on or between October 8 of the year prior to the measurement year and October 7 of the measurement year (inclusive of members who delivered in any setting), in alignment with the associated measure specifications.

Population Exclusions:

As outlined within the associated measure specifications.



Population Stratification:

The population shall be stratified and reported by race and ethnicity in accordance with the associated measure specifications.

Sample Frame:

All members that meet the eligibility criteria (as outlined within the associated measure specifications) at the Contractor-specific level to determine the eligible population.

Sample Selection:

Population sampling to be conducted in accordance with the associated measure specifications. Note: the sample size may not be adjusted based on previous year performance.

Project Indicator(s):

Indicator 1: Timeliness of Prenatal Care	
Indicator 1: The percentage of members with live birth deliveries that received a prenatal care visit in the in the first trimester, on or before the enrollment start date, or within 42 days of enrollment.	Numerator: The number of members with live birth deliveries that received a prenatal care visit in the in the first trimester, on or before the enrollment start date, or within 42 days of enrollment.
	Denominator: A systematic sample drawn from the eligible population.

Indicator 2: Postpartum Care	
Indicator 2: The percentage of members with live birth deliveries that had a postpartum visit on or between 7 and 84 days after delivery.	Numerator: The number of members with live birth deliveries that had a postpartum visit on or between 7 and 84 days after delivery.
	Denominator: A systematic sample drawn from the eligible population.

Analysis Plan:

The study data will be analyzed in the following ways:

- The numerators will be divided by the denominators to determine the indicator rates.
- Results will be analyzed by line of business (roll-up), and individual Contractor.

Comparative Analysis:

For the purpose of comparative analyses, the following will be considered when applicable and meaningful to improvement:

- Results will be compared with prior years’ results to identify changes and trends.
- Individual Contractor results will be compared with each other, the statewide aggregate, and the NCQA Medicaid Mean.



- Total and stratified results will be compared to identify any significant disparities. The results may be analyzed by other stratifications, as deemed appropriate (i.e., age and geographic location).
- Results may be compared to the results of any other comparable studies, if available.
- In the future, differences between overall baseline study results and overall re-measurement results will be analyzed for statistical significance and relative change.

Limitations:

None noted at this time.

AHCCCS Key Contacts:

For general questions regarding this methodology, please contact Jamie Robin, AHCCCS Quality Improvement Manager, at jamie.robin@azahcccs.gov. For technical questions regarding this methodology, please contact Lindsey Irelan, AHCCCS Lead Quality Improvement Coordinator, at lindsey.irelan@azahcccs.gov.



Works Cited

- "About the Campaign." *Centers for Disease Control and Prevention*, 16 Feb. 2022. Accessed 2 Aug. 2022. <https://www.cdc.gov/healthier/about-the-campaign/index.html>.
- "CMS External Quality Review (EQR) Protocols." *Medicaid.gov*, Oct. 2019. Accessed 2 Aug. 2022. <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>.
- "Four in 5 pregnancy – related deaths in the U.S. are preventable." *Centers for Disease Control and Prevention*, 19 Sept. 2022. Accessed 19 Sept. 2022. <https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html>.
- "Pregnancy-Related Deaths in the United States." *Centers for Disease Control and Prevention*, 16 Feb. 2022. Accessed 2 Aug. 2022. <https://www.cdc.gov/healthier/pregnancy-related-deaths/index.html>.
- "Pregnancy and Childbirth." *Healthy People 2030, U.S. Department of Health and Human Services*. Accessed 2 Aug. 2022. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth#:~:text=Women's%20health%20before%2C%20during%2C%20and%20after%20pregnancy%20can%20have%20a,and%20to%20have%20healthy%20babies.>

