# IT-8.5: Frequency of Ongoing Prenatal Care

| **Measure Title** | **IT-8.5 Frequency of Ongoing Prenatal Care** |
| --- | --- |
| **Description** | Percentage of deliveries in year prior to the measurement year that received ≥ 81% of expected prenatal visits |
| **NQF Number** | 1391 |
| **Measure Steward** | National Committee for Quality Assurance (NCQA) |
| **Link to measure citation** | <https://www.qualityforum.org/QPS/1391> |
| **Measure type** | Non Stand-Alone (NSA) |
| **Performance and Achievement Type** | Pay for Performance (P4P) - QSMIC   |  |  |  |  | | --- | --- | --- | --- | |  | Baseline | DY4 | DY5 | | Achievement Level Calculations | Baseline below MPL | MPL | MPL + 10%\* (HPL-MPL) | | Baseline above MPL | Baseline + 10%\*(HPL - Baseline) | Baseline + 20%\*(HPL - Baseline) | |
| **Benchmark Description** | |  |  | | --- | --- | | NCQA 2013 Quality Compass | | | HPL (90th Percentile) | 81.75% | | | MPL (25th Percentile) or 10th if applicable | 52.55% | | |
| **DSRIP-specific modifications to Measure Steward’s specification** | The Measure Steward’s specification has been modified as follows:   * Removed language specifying Medicaid deliveries; * Removed the November measurement period reference * Removed all other percentage of expected visits except ≥ 81 |
| **Denominator Description** | Deliveries in year prior to the measurement year. |
| **Denominator Inclusions** | The Measure Steward does not identify specific denominator inclusions beyond what is described in the denominator description. |
| **Denominator Exclusions** | Non-live births |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)   * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed. * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases. * For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases. |
| **Numerator Description** | Women who had an unduplicated count of ≥ 81 percent of the number of expected visits, adjusted for the month of pregnancy at time of first medical contact with provider and gestational age. |
| **Numerator Inclusions** | The Measure Steward does not identify specific numerator inclusions beyond what is described in the numerator description. |
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| **Setting** | Ambulatory |
| **Data Source** | Administrative/Clinical data sources |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome |