

Targeted Investments 2.0 Program

TIP Measure Details Guide:

Timeliness of Prenatal Care (PPC)

The AHCCCS Targeted Investments Program (TIP) Quality Improvement Collaborative (QIC) evaluates TI-participating Providers' performance on select quality measures and assists providers in performance improvement efforts. This guide is for TI-participating providers to help them understand the Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care measure. [PPC](#) is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure designed and maintained by the National Committee for Quality Assurance (NCQA).

Why It Matters

Preventive medicine is fundamental to prenatal care. Ensuring early initiation of prenatal care is an important component of programs that aim to improve maternal and infant health outcomes. Inadequate prenatal care raises the risk of adverse birth outcomes, potentially because the health care provider has fewer opportunities to identify and manage conditions that can have a negative impact.

Lack of prenatal care is often considered a high-risk factor for neonatal complications and post-neonatal death. The goal of the prenatal contact is to exchange information and identify existing risk factors that may impact the pregnancy. According to the National Institutes of Health (NIH), prenatal care can minimize the risk of pregnancy complications and negative birth outcomes.¹ Joint guidelines published by ACOG and the American Academy of Pediatrics (AAP) recommend a prenatal visit in the first trimester of pregnancy.²

What We Measure

Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care: 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.

Your performance is reported as a percentage calculated as the $\frac{\text{numerator}}{\text{denominator}}$.

TI Area of Concentration	Denominator Definition	Numerator Definition
Adult PCP	Deliveries for members who gave birth during the reporting period	Members in the denominator who received a prenatal care visit in the first trimester (280 to 176 days before delivery) or within 42 days of enrollment

Note: Members must be continuously enrolled for medical benefits 43 days prior to the episode start date through the 60 days after delivery.

What Is the Reporting Period?

- A HEDIS® measure's reporting period is a continuous 12-month window.
- TIP Provider Dashboards show your organization's performance on the selected measure for 12 consecutive, overlapping report periods, where each report period is a 12-month period ending in the month and year shown on the X-axis. Your performance levels for 12 report periods are provided so you can track how your performance changes across time.
- TI incentive payments are based on your performance for the Federal Fiscal Years (October 1st September 30th).

Which Members Are in my Denominator?

To understand the members that you are accountable for and who are attributed to you (i.e., in your denominator) for this measure, you need to know the denominator definition (above), as well as the AHCCCS member population assessed, and the attribution method used.

Member Population Assessed

- Members enrolled in one of the seven AHCCCS Complete Care (ACC) health plans
- Members with SMI enrolled in an ACC Regional Behavioral Health Agreement (RBHA) health plan are included

Member Population and Event Exclusions

- ACC and ACC-RBHA members who utilized hospice services or died
- Non-live births
- Note: only one eligible delivery is allowed per each 150 day period.

Attribution Methods

- In TI 2.0 Year 4, attribution is done at the billing and servicing provider ID level. For a detailed explanation about the provider IDs used and examples, please see the [TI 1.0 Provider Identification Methodology video and slides](#).
 - If you have any questions about the billing and servicing provider IDs used for your organization, please contact the AHCCCS Targeted Investments team (targetedinvestments@azahcccs.gov).
- Attribution is re-evaluated each month for all report periods displayed on the dashboard. The attribution method used is specific to each AOC. Review the attribution method specific to the TI AOC you are enrolled in:

TI Area of Concentration	Attribution Method
Adult PCP	<ul style="list-style-type: none"> • Prenatal and Postpartum Care - Timeliness of Prenatal Care attribution is based on claims and primary care provider-member assignments. • Members are attributed to the primary care provider with whom they have the strongest relationship in the approximate 15-month period prior to the end of the first trimester, as documented by claims. If multiple relationships exist, attribution will consider the frequency of visits, MCO primary care provider assignment, and the member's most recent primary care provider visit during the 15-month period. If no established relationship is documented, members are attributed to their

TI Area of Concentration	Attribution Method
	<p>MCO-assigned primary care provider for the final month of the report period. The most recent member assignments at the report period end are used.</p> <ul style="list-style-type: none"> These assignments are provided monthly by health plans and AHCCCS. Milestone performance is calculated based on member-level attribution aggregated to the Organizational (Tax ID) level for participating sites.

What Services Qualify for the Numerator?

Billing Codes

- TI 2.0 Year 4 use HEDIS® Measurement Year 2025 measure definitions.
- Due to licensing agreements, we are not able to publish a list of all qualifying services codes. However, we can direct you to resources containing the billing codes.
 - Please see these Arizona Health Plan Measure Guides. You do not have to be contracted with the plan to access these resources.
 - United Healthcare - [HEDIS® MY 2025 Reference Guide](#)
 - Mercy Care – [HEDIS® MY 2025 Reference Guide](#)
 - Mercy Care – [PPC Best Practices \(Definitions Only\)](#)
 - For more information on HEDIS measures or to get your own license, see the [NCQA HEDIS® site](#).
 - Value sets and codes used in HEDIS MY 2025 measure calculations are available at no cost. Download the 2025 Quality Rating System (QRS) HEDIS Value Set Directory from the [NCQA store](#).

What Services Do Not Qualify for the Numerator?

Any procedure code not listed in the previous section does not qualify.

How Do I Document Services to Get Credit on the Measure?

TI performance measurement relies on claims data. Hybrid chart review does not apply.

What Is My TI Performance Target?

The table below shows the TI target set for the PPC measure. For your organization's specific target, please see your dashboard or the email received from the AHCCCS TI team.

TI Area of Concentration	Measure	Target
Adult PCP	PPC - Prenatal	48% 61% 75%

How Were the Performance Targets Determined?

Please see the [TIPQIC website](#) for details on target setting.

Additional TIP Guides

Please see the other [TIP measure Details Guides](#) on our website, as well as [best Practice Audit Guides](#). For example, TIP Best Practice Audit: Building Capacity for Performance Excellence provides best practices for an organizational QI system, which is needed to optimize your organization's QI efforts for this measure.

Questions? Contact the ASU TIPQIC Team (TIPQIC@asu.edu) or AHCCCS Targeted Investments Team (targetedinvestments@azahcccs.gov) with questions or to request further assistance.

References

1. Institutes of Health (NIH). 2012. Eunice Kennedy Shriver National Institute of Child Health and Human Development. What Is Prenatal Care & Why Is It Important?
www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/Pages/prenatal-care.aspx
2. American Academy of Pediatrics, American College of Obstetricians and Gynecologists. 2017. Guidelines for Perinatal Care. 8th Ed. Elk Grove Village, Ill. American Academy of Pediatrics, and Washington, DC.