

CLARIFICATION #2**2006 Quality Assurance Reporting Requirements Specifications (QARR)**

January 24, 2007

Dear Colleague:

This is to inform you of three updates to the 2006 Quality Assurance Reporting Requirements (QARR) Specifications Manual. The updates include:

1. Table 3, AP-DRGs for HEDIS Measures with DRGs has three revisions – (Attachment 1)
 - a. There were incomplete DRGs listed for the Initiation and Engagement of Alcohol and Other Drug Dependence Treatment measure, in the domain Access and Availability of Care. The DRGs should match the DRGs listed under the Use of Services domain for the same measure (DRGs 743 – 751).
 - b. Annual Monitoring for Patients with Persistent Medications allows for an optional exclusion of members with inpatient stays. The DRGs in the table relate to the reference table for inpatient stays used in HEDIS (Table IPU – A).
 - c. The Cholesterol Management measure had a DRG for stable angina and a DRG for ischemia. Both DRGs apply and should be in the ischemia category. The stable angina category was eliminated.

2. Adolescent Preventive Care measure specifications have been revised. Based on an analysis of records by IPRO, three numerator specifications were revised. The single numerator for nutrition AND exercise has been split into two separate numerators to improve consistency in applying the specifications. Preventive care for sexual activity has been revised to include assessment as part of evidence towards this numerator. Clarifications have been added to the depression screening measure to distinguish between global mental health statements and evidence of depression screening. **The changes to the specifications will alter the file layout for the required member-level file. The revised file layout follows the specifications.** (Attachment 2)

3. Relative Resource Use (RRU) for People with Asthma will be collected for Child Health Plus enrollees. Due to the age cohorts for this measure, the enrollees will be limited to 5 – 17 years of age. This is different from the 5 – 18 years used for the Appropriateness of Asthma Medication measure. Due to intricacies of programming, we have decided to

remain with the RRU cohort ages rather than have plans ask their software programmers for modifications. (Attachment 3)

Please refer to the attached materials for the documents specifying the revisions. If you have any questions, please contact me at (518) 486-9012 (email: ams13@health.state.ny.us).

Sincerely,

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Enclosures

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Table 3. AP-DRGs for HEDIS measures with DRGs included in the specifications

Measure	Description	NYS AP-DRG
Effectiveness of Care		
Antidepressant Medication Management	Major Depression	426
	Prior Depressive Episodes	426
Beta Blocker Treatment After Heart Attack	AMI	121, 122, 808,853
Persistence of Beta Blocker Treatment After Heart Attack	AMI	121, 122, 808,853
Cholesterol Management for Patients With Cardiovascular Conditions	AMI (Inpatient only)	121, 122, 808
	PTCA	112, 808, 852-854
	CABG (Inpatient only)	106, 107, 109, 546
	Ischemia	140, 832
Comprehensive Diabetes Care	Diabetes Diagnosis	294, 295
	Evidence of Diagnosis of or treatment for nephropathy	316, 317, 568
Follow-Up After Hospitalization for Mental Illness	Identify Mental Health Diagnosis	426, 430
Annual Monitoring for Patients on Persistent Medications	Identify Total Inpatient Discharges (for optional exclusion)	1-2, 6-25, 34-46, 47, 48, 49-80, 82-90, 92-97, 99-183,185-189, 191-213, 216-230, 232-335,336-345, 346-382, 392-395,397-399, 401-404, 406-410, 413-423, 439-455, 461,462, 463-469,470,471, 476-480, 482, 491, 493-494, 530-536, 538-541,543-587, 588, 589, 602, 603, 604, 605, 606, 607, 608, 609-624, 626-631, 633-634, 635, 636, 637- 641, 650-652, 700-716, 730-734, 737-740, 743-751,752-787, 789-829, 832-833, 836-839, 849-854, 864-867, 874-876, 877-886
Access and Availability of Care		
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Identify Inpatient Services	743-751
Prenatal and Postpartum Care Measures	Identify Live Births	370-375, 650-652
Use of Services		
Births & ALOS: Newborns	Identify Total Newborns	602-624, 626-630, 635, 637-641
Chemical Dependency Utilization-Inpatient Discharges and ALOS	Identify Inpatient Services	743-751
Discharges and ALOS: Maternity Care	C-Sections and Vaginal Deliveries	650-652,370-375
Mental Health Utilization-Inpatient Discharges and ALOS	Identify Inpatient Services	424-432, 753
Frequency of Selected Procedures	Angioplasty (PTCA)	112, 808, 852-854
	Back Surgery	806, 807, 836, 837
	Cardiac catheterization	104, 124-125, 849, 850
	Cholecystectomy, open & closed	195-198
	Coronary artery bypass graft (CABG)	106-107, 109, 546
	Dilation & Curettage	363,364
	Hysterectomy, vaginal and	353

Attachment 1

Measure	Description	NYS AP-DRG
	abdominal	
	Lumpectomy	259, 260, 262
	Mastectomy	257, 258
	Myringotomy	61,62
	Prostatectomy	306, 307
	Tonsillectomy	57,58,59,60
Identification of Alcohol and Other Drug Services	Identify Inpatient Services	743-751
Inpatient Utilization -Non Acute Care	Identify -Non Acute Care	462
Inpatient Utilization: General Hospital/Acute Care	Total Inpatient	1-2, 6-25, 34-46, 47, 48, 49-80, 82-90, 92-97, 99-183,185 189, 191-213, 216-230, 232-335,336-345, 346- 382, 392-395, 397-399, 401-404, 406-410, 413-423, 439-455, 461,463-468, 469,470 471, 476- 480, 482, 491, 493-494, 530-536, 538-541, 543-589, 631,633-634, 636, 650-652, 700-716, 730-734, 737-740, 752-787, 789-829, 832-833, 836-839, 849-854, 864-867, 874-876, 877-886
	Maternity	370-382, 650-652
	Surgery	1-2, 6-8, 36-42, 49-63, 75-77, 103-120, 146-171, 191-201, 209-213, 216-230, 232-234, 257-270, 285-293, 302-315, 334-345, 353-365, 392-394, 401-402, 406-408, 415, 439-443, 461, 468, 471, 476-480, 482, 491, 493-494, 530-531, 534, 536, 538-539, 545-550, 553-556, 558-559, 564-565, 567, 571, 573, 575, 579, 581, 583, 585, 700-704, 730-732, 737-739, 755-759, 786-787, 789-793, 795-798, 803-809, 811, 817-819, 821, 823-824, 829, 833, 836-839, 849-854, 864-867, 874-875,877-878, 879,883-885,
Medicine	9-25, 34-35, 43-46,47-48, 64-74, 78-80, 82-90, 92-97, 99-102, 121-145, 172-183, 185-189 , 202-208, 235-256, 271-284, 294-301, 316-333, 346-352, 366-369,395,397-399, 403-404, 409-410, 413-414, 416-423, 444-455, 463-467, 469, 470,532-533, 535, 540-541,543-544, 551-552, 557, 560-563, 566, 568-570, 572, 574, 576-578, 580, 582, 584, 586-587,588,589, 631, 633-634, 636, 705-716, 733-734, 740, 752-754, 760-785, 794, 799-802, 810, 812-816, 820, 822, 825-828, 832, 876, 880-882, 886	

V. New York State-Specific Measures

ADOLESCENT PREVENTIVE CARE MEASURES **Commercial, Medicaid, and Child Health Plus**

Description

The percentage of adolescents ages 14 to 18 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an OB/GYN practitioner during the measurement year, receiving the following seven components of care during the measurement year:

1. Body Mass Index (BMI) screening,
2. Assessment or counseling or education on nutrition
3. Assessment or counseling or education on physical activity,
4. Assessment or counseling or education on risk behaviors associated with sexual activity and preventive actions,
5. Assessment for depression,
6. Assessment or counseling or education about the risks of tobacco usage, and
7. Assessment or counseling or education about the risks of substance use (including alcohol and excluding tobacco).

Note:

- The health plan may count services that occur over multiple visits toward this measure as long as all services occur within the measurement year and were provided by a PCP or OB/GYN.
 - The health plan may include sick visits that occur within the measurement year.
 - The health plan is encouraged to include all visits and records in this review, even if the visits were provided by a practitioner other than the one to which the member is assigned.
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Eligible Population

Product lines: Commercial, Medicaid, and Child Health Plus

Age: Adolescents 14 to 18 years old as of December 31, 2006

Continuous Enrollment: The measurement year (Jan. 1 – Dec. 31, 2006)

Allowable Gap: For Commercial, the member may have no more than one gap in enrollment of up to 45 days during the measurement year. For Medicaid and Child Health Plus, the member may not have more than a 1-month gap in coverage.

Anchor Date: Enrolled as of December 31 of the measurement year.

Event: Administrative data of at least one well care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year. The primary care practitioner does not have

to be assigned to the member. Adolescents who had a claim or encounter with a primary care practitioner or OB/GYN practitioner with one of the codes listed below are considered to have received a well care visit. (Table AWC-A: Codes to Identify Adolescent Well-Care Visits from HEDIS® 2007, Volume 2).

CPT Codes	ICD-9-CM Codes
99383 – 99385, 99393 - 99395	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Denominator

Step 1: For each product line, members who are 14 to 18 years old as of December 31, 2006 and who met the continuous enrollment criteria with the respective gap allowances for each product, who were enrolled as of December 31, 2006 and had a well care visit in administrative data with a PCP or OB/GYN during the measurement year.

Step 2: Remove from the denominator members who are identified as being pregnant during the measurement year. Codes to identify pregnant members can be found in HEDIS® 2007, Volume 2 - Disease Modifying Anti-Rheumatic Drug Therapy Measure, Table ART-D: Codes to Identify Exclusions – Pregnancy only.

Step 3: A systematic sample drawn from the MCO's eligible population. The measure will be based on 100 eligible members, with a 10% oversample. If the eligible population is less than 110, the entire eligible population should be used.

Random Number (RAND) for the Adolescent Preventive Care Measures

Measure	RAND
Adolescent Preventive Care Measures	.67

Step 4: If a member is identified through medical record review to have had pregnancy related care, beyond a test for pregnancy during the measurement year, the member should be removed from the denominator and substituted with a record from the oversample.

Screening Tools

Notation that a particular tool was used without noting which areas were assessed, counseled or discussed, would not be a positive numerator finding. If a checklist is used and included in the medical record or there is a reference to the areas covered, the notations would be positive numerator events. For example, a notation that AMA GAPS was done would not be acceptable. If the notation stated the tool was used and physical activity, diet, sexual activity, mental health, tobacco and substance use were reviewed; these would be considered positive numerator findings for the six topic areas.

Numerator 1: Screening for a Weight Issue Using Body Mass Index (BMI)

Documentation in the medical record of a BMI or BMI percentile during the measurement year.

Any of the following elements are positive findings:

- Notation of BMI calculation in the medical record
- Notation of BMI percentile in the medical record
- Notation of BMI on graph
- Notation of BMI percentile on graph

The following are not positive findings:

- No evidence of BMI calculation or percentile written in medical record or plotted on graph
- BMI noted prior to or after the measurement year
- Documentation of weight/height only

Numerator 2: Assessment or Counseling or Education on Nutrition

Documentation in the medical record of assessment or counseling or education on nutrition being provided during the measurement year. Any of the following elements are positive findings:

- Notations of assessment of current behaviors (e.g. eating habits, dieting behaviors)
- Use of a checklist indicating nutrition was addressed
- Notation of counseling or referral (includes community programs known to address nutrition, such as Weight Watchers)
- Distribution of educational materials to the member, specifically geared towards nutrition
- Notation of “anticipatory guidance” for nutrition

The following are not positive findings:

- No assessment/ Counseling/ Education on nutrition
- Assessment/ Counseling/ Education prior to or after the measurement year
- Notation of “health education” or “anticipatory guidance” without any mention of specifics indicating that nutrition was addressed

Numerator 3: Assessment or Counseling or Education on Physical Activity

Documentation in the medical record of assessment or counseling or education on physical activity being provided during the measurement year. Any of the following elements are positive findings:

- Notations of assessment of current behaviors (e.g. exercise routine, participation in sports activities, exam for sport participation)
- Use of a checklist indicating physical activity was addressed
- Notation of counseling or referral (includes community programs known to address physical activity, such as fitness centers)
- Distribution of educational materials to the member, specifically geared towards physical activity
- Notation of “anticipatory guidance” for physical activity

The following are not positive findings:

- No assessment/ Counseling/ Education on physical activity
- Notation of “cleared for gym class” alone without any of the above mentioned documentation
- Assessment/ Counseling/ Education prior to or after the measurement year
- Notation of “health education” or “anticipatory guidance” without any mention of specifics indicating that physical activity was addressed

Numerator 4: Assessment or Counseling or Education on Risk Behaviors Associated with Sexual Activity and Preventive Actions

Documentation in the medical record of assessment or counseling or education on preventive actions and risk behaviors associated with sexual activity during the measurement year.

Discussion on **abstinence, family planning, condom use, contraceptives, HIV, STDs, pregnancy prevention, and safe sex** are positive findings. The documentation can include:

- Use of a checklist indicating any of the above noted topics were discussed
- Notation of assessment or counseling or referral for treatment or testing for HIV/STDs
- Notation of a prescription or dispensing for contraceptives with any of the above mentioned documentation
- Notation of discussion on “sex”, “safe dating”
- Distribution of educational materials to the member, specifically geared towards risk behaviors and preventive actions

The following are not positive findings:

- No evidence of Assessment or Counseling or Education on risk behaviors associated with sexual activity and preventive actions
- Assessment or Counseling or Education prior to or after the measurement year
- A pregnancy test alone or an STD or HIV test alone, without any of the above mentioned documentation
- Notation of a prescription or dispensing for contraceptives, without any of the above mentioned documentation
- Notation of “health education” or “anticipatory guidance” without any mention of specifics indicating that sexual activity topics were addressed

Numerator 5: Assessment for Depression

Documentation in the medical record of an assessment for depression during the measurement year. The documentation can include:

- Notation from a health assessment about the adolescent’s depressive symptoms during the measurement year
- Notation of assessment for behavior and mood (may include findings related to depressive symptoms such as sleep, stress, coping)
- Use of a checklist indicating that depression or symptoms of depression were

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- addressed (sad, down, hopeless or suicidal ideation, behavior and mood)
- Inquiry of depression (e.g. “denies depression”, “depression – none”, “depression-yes or no”)
- Inquiry as to whether the member felt down, depressed, hopeless or suicidal ideation
- Inquiry as to whether the member felt little interest or pleasure in doing things
- Notation of counseling or referral for treatment
- Diagnosis of depression during the measurement year
- Prescription of antidepressant medications or discussion of antidepressants (for depression and not for off label uses such as smoking cessation)
- Notation of treatment for depression in the measurement year

The following are not positive findings:

- No assessment for depression
- Mental health treatment for other conditions (e.g. ADHD)
- Assessment for depression prior to or after the measurement year
- Use of ‘psychiatric’ or ‘mental health’ check boxes or global statements of ‘normal’ without indication that depression screening specifically included
- Use of a checklist indicating mental health was addressed, without specific reference to depression
- Prescription of antidepressant medications for smoking cessation

Numerator 6: Assessment or Counseling or Education About the Risks of Tobacco Usage

Documentation in the medical record of assessment or counseling or education about the risks of tobacco use during the measurement year. Tobacco use includes, but is not limited to, cigarettes, chew, or cigars. The following elements are positive findings:

- Notations about current or past behavior regarding tobacco use
- Use of a checklist indicating topic was addressed
- Notation of counseling or treatment referral
- Notation of prescription for smoking cessation medication
- Distribution of educational materials to the member, pertaining to tobacco use
- Notation of “anticipatory guidance” for tobacco use
- Notation of discussion of exposure to secondhand smoke

The following are not positive findings:

- No Assessment/ Counseling/ Education about the risks of tobacco usage
- Assessment/ Counseling/ Education prior to or after the measurement year
- Prescription or dispensing of medications that have uses beyond cessation (such as antidepressants) without any of the above documentation.
- Notation of “health education” or “anticipatory guidance” without any mention of specifics indicating that tobacco use was addressed

Numerator 7: Assessment or Counseling or Education About the Risks of Substance Use (Including Alcohol and Excluding Tobacco Use)

Documentation in the medical record of an assessment or counseling or education about the risks of substance use during the measurement year. Substance use includes, but is not limited to, alcohol, street drugs, non-prescription drugs, prescription drugs, and inhalant use. The following elements are positive findings:

- Notations about current or past behavior regarding substance use or alcohol use.
- Use of a checklist indicating topic was addressed
- Notation of counseling or treatment referral
- Distribution of educational materials to the member pertaining to substance or alcohol use (not tobacco)
- Notation of “anticipatory guidance” for substance use or alcohol use
- Only one topic is needed for a positive numerator finding. For example assessments do not need to include both alcohol and marijuana to count.

The following are not positive findings:

- No Assessment/ Counseling/ Education about the risks of substance use
- Assessment/ Counseling/ Education about tobacco use only
- Assessment/ Counseling/ Education prior to or after the measurement year
- Notation of “health education” or “anticipatory guidance” without any mention of specifics indicating that substance use was addressed

Measure	Data Elements – MEDICAID ONLY	Fields	File Name
Adolescent Preventive Care Measures	OMC Plan ID (Refer to NYS DSS)	1-7	AdolPrev.prn
	CIN	8-15	
	Included in Numerator1 for BMI? (1=Yes; 0=No)	16	
	Included in Numerator2 for Nutrition? (1=Yes; 0=No)	17	
	Included in Numerator3 for Physical Activity? (1=Yes; 0=No)	18	
	Included in Numerator4 for Sexual activity and Preventive actions? (1=Yes; 0=No)	19	
	Included in Numerator5 for Depression? (1=Yes; 0=No)	20	
	Included in Numerator6 for Tobacco usage? (1=Yes; 0=No)	21	
	Included in Numerator7 for Substance use? (1=Yes; 0=No)	22	

Attachment 3

Table 1: 2006 QARR/HEDIS 2007 - Table of Required Measures

Measure	Commercial	Medicaid	CHPlus	Specifications	Additional Comments
Effectiveness of Care					
Childhood Immunization	NR	NR	NR	HEDIS 2007	Rotated for 2006 reporting per HEDIS.
Lead Testing	NR	NR	NR	NYS-Specific	Rotated for 2006 reporting per HEDIS.
Appropriate Treatment for Children with Upper Respiratory Infection	✓	✓	✓	HEDIS 2007	
Appropriate Testing for Children with Pharyngitis	✓	✓	✓	HEDIS 2007	
Colorectal Cancer Screening	NR	NR	NR	HEDIS 2007	Rotated for 2006 reporting per HEDIS.
Breast Cancer Screening	✓	✓	NR	HEDIS 2007	
Cervical Cancer Screening	✓	✓	NR	HEDIS 2007	Enhancement file optional for Medicaid.
Chlamydia Screening in Women	✓	DOH	NR	HEDIS 2007	Calculated using MEDS by DOH for the Medicaid population only. LOINC file optional for Medicaid
Controlling High Blood Pressure	✓	✓	NR	HEDIS 2007	Medicaid Member-level file required.
Beta Blocker Treatment after Heart Attack	NR	NR	NR	HEDIS 2007	Rotated for 2006 reporting per HEDIS.
Persistence of Beta-Blocker Treatment	✓	NR	NR	HEDIS 2007	
Cholesterol Management for Patients with Cardiovascular Conditions	✓	✓	NR	HEDIS 2007	Medicaid Member-level file required.
Comprehensive Diabetes Care	✓	✓	NR	HEDIS 2007	Medicaid Member-level file required.
Use of Appropriate Medications for People with Asthma	✓	✓	✓	HEDIS 2007	
Medical Assistance with Smoking Cessation	✓	NR	NR	CAHPS 4.0H	
Follow-Up After Hospitalization for Mental Illness	✓	✓	NR	HEDIS 2007	Enhancement file optional for Medicaid.
Antidepressant Medication Management	✓	✓	NR	HEDIS 2007	Medicaid Member-level file required.
Use of Imaging Studies for Low Back Pain	✓	✓	NR	HEDIS 2007	
Use of Spirometry Testing in The Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease	✓	✓	NR	HEDIS 2007	
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	✓	✓	NR	HEDIS 2007	

Attachment 3

Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	✓	✓	✓	HEDIS 2007	First year measure for Continuation and Maintenance measure.
Annual Monitoring for Patients on Persistent Medications	✓	✓	NR	HEDIS 2007	
Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis	✓	✓	NR	HEDIS 2007	
Adolescent Screening and Counseling Measures	✓	✓	✓	NYS-Specific	Medicaid Member-level file required.
Access / Availability of Care					
Adult Access to Preventive/Ambulatory Care	✓	✓	NR	HEDIS 2007	
Children's Access to PCPs	✓	✓	✓	HEDIS 2007	
Prenatal and Postpartum Care	✓	✓	NR	HEDIS 2007	
Annual Dental Visit	NR	✓	✓	HEDIS 2007	
Initiation and Engagement of Alcohol & Other Drug Dependence Treatment	✓	NR	NR	HEDIS 2007	
Health Plan Descriptive Information					
Board Certification	✓	✓	NR	HEDIS 2007	
Enrollment by County	✓	✓	✓	NYS-Specific	Include Family Health Plus membership under Medicaid line of business.
Cost of Care					
Relative Resource Use for People with Diabetes	✓	✓	NR	HEDIS 2007	New Measure for 2006 Reporting
Relative Resource Use for People with Asthma	✓	✓	✓(5 - 17)	HEDIS 2007	New Measure for 2006 Reporting
Relative Resource Use for People with Acute Low Back Pain	✓	✓	NR	HEDIS 2007	New Measure for 2006 Reporting
Use of Services					
Well-Child Visits in the First 15 Months of Life	NR	DOH	NR	HEDIS 2007	Rotated for 2006 reporting per HEDIS. Calculated using MEDS by DOH for the Medicaid population only.
Well-Child Visits in the 3rd, 4th, 5th & 6th Year	NR	DOH	NR	HEDIS 2007	Rotated for 2006 reporting per HEDIS. Calculated using MEDS by DOH for the Medicaid population only.
Adolescent Well-Care Visits	NR	DOH	NR	HEDIS 2007	Rotated for 2006 reporting per HEDIS. Calculated using MEDS by DOH for the Medicaid population only.

Attachment 3

Frequency of Ongoing Prenatal Care	NR	✓	NR	HEDIS 2007	
Frequency of Selected Procedures					
Myringotomy	✓	✓	✓	HEDIS 2007	
Tonsillectomy	✓	✓	✓	HEDIS 2007	
Dilation & Curettage	✓	✓	NR	HEDIS 2007	
Hysterectomy, vaginal & abdominal	✓	✓	NR	HEDIS 2007	
Cholecystectomy, open & closed	✓	✓	NR	HEDIS 2007	
Back Surgery	✓	✓	NR	HEDIS 2007	
Angioplasty (PTCA)	✓	NR	NR	HEDIS 2007	
Cardiac Catheterization	✓	NR	NR	HEDIS 2007	
Coronary Artery Bypass Graft (CABG)	✓	NR	NR	HEDIS 2007	
Prostatectomy	✓	NR	NR	HEDIS 2007	
Mastectomy	✓	✓	NR	HEDIS 2007	
Lumpectomy	✓	✓	NR	HEDIS 2007	
Inpatient Utilization	✓	✓	✓	HEDIS 2007	
Ambulatory Care	✓	✓	✓	HEDIS 2007	
Discharges and ALOS Maternity Care	✓	✓	NR	HEDIS 2007	
Births and ALOS Newborns	✓	✓	NR	HEDIS 2007	
Inpatient Mental Health Utilization	✓	✓	NR	HEDIS 2007	
Inpatient Chemical Dependency Utilization	✓	✓	NR	HEDIS 2007	
Identification of Alcohol and Other Drug Services	✓	NR	NR	HEDIS 2007	
Satisfaction with the Experience of Care					
Satisfaction Survey	✓	NR	NR	CAHPS 4.0H	Commercial plans will submit CAHPS results for their adult membership.
NYS-Specific Prenatal Care Measures					
Risk-Adjusted Low Birth Weight Prenatal Care in the First Trimester Access to Facilities for High-Risk Deliveries	These prenatal care measures will be calculated by the Office of Managed Care using the birth data submitted by plans and the Department's Vital Statistics Birth File.				