Completed by:

<div align="center">

MEASURE SUMMARY
CHIPRA Core Set Candidate Measures

</div>

A. **Control #**: PHP-2

B. **Measure Name**: Frequency of ongoing prenatal care

C. **Measure Definition**

      a. Numerator: Adolescents in the denominator sample who had an unduplicated count of less than 21%, 21%-40%, 41%-60%, 61%-80%, or $\geq$ 81% of the number of expected visits, adjusted for the month of pregnancy at time of enrollment and gestational age

      b. Denominator: Medicaid-enrolled adolescents who delivered a live birth on or between November 6 of the year prior to the measurement year and November 5 of the measurement year

D. **Measure Type**:   ✓ Process   _____ Outcome   _____ Structure   _____ Efficiency

E. **Measure collected using:**   _____ EMR   _____ CPOE   _____ Other HIT   _____ N/A ✓ NR

F. **Evidence of measure validity submitted?**   ✓ Yes   _____ No

G. **Level of evidence supporting the measure (**if submitted): (see Oxford University CEBM Levels of Evidence)

    Oxford CEBM = 2, 5 (Cohort studies, Expert consensus; Level 2 for some versus no pre-natal care: 25.6 percent of women who did not receive prenatal care delivered preterm infants vs. 9.2 percent of women who received even a minimum amount of prenatal care (Vintzileos AM et al., 2002); Level 5 – expert consensus for frequency of visits).

H. **USPSTF Grade** if applicable:

I. **Measure Specifications Submitted**?   ✓ Yes   _____ No   _____ Yes, but insufficient detail provided

J. **Data Source**:

   ✓ Admin   ✓ MR   _____ Survey   _____ Other (specify):   _____ NR

K. **Evidence of measure reliability submitted?**   ✓ Yes   _____ No

L. **List of <u>entity types</u> currently <u>using measure</u>:**

M. **Addresses area of care mandated in legislation?**

Yes (specify):	No

N. **Documented variation in performance (*by race/ethnicity, language spoken, insurance type*, etc)?**

   _____ Yes   _____ No   _____ NR

O. **Measure used/data are collected in <u>racial/ethnic populations</u> *other than non-Hispanic white?***

   _____ Yes   _____ No   _____ NR