

Table PPC-AD. Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 21 and 56 Days after Delivery, as Submitted by States for the FFY 2018 Adult Core Set Report (n = 37 states)

State	Population	Methodology	Denominator	Rate
State Mean				58.5
State Median				61.3
California	Medicaid; CHIP	Administrative & Hybrid	205,755	61.3
Connecticut	Medicaid; CHIP	Hybrid	348	66.4
Delaware	Medicaid; CHIP	Hybrid	411	63.8
Dist. of Col.	Medicaid; CHIP; Dual Eligibles	Administrative	3,690	42.2
Florida	Medicaid	Administrative & Hybrid	83,312	64.5
Hawaii	Medicaid	Administrative & Hybrid	5,361	52.4
Illinois	Medicaid; CHIP	Administrative	66,751	56.0
Iowa	Medicaid	Administrative	11,026	36.4
Kansas	Medicaid; Dual Eligibles	Hybrid	1,214	61.1
Kentucky	Medicaid; CHIP; Dual Eligibles	Hybrid	2,020	56.4
Louisiana	Medicaid; CHIP	Hybrid	2,016	64.0
Maryland	Medicaid; CHIP	Hybrid	3,089	73.8
Massachusetts	Medicaid; CHIP	Hybrid	2,167	67.7
Michigan	Medicaid	Administrative	39,650	57.6
Minnesota	Medicaid; CHIP; Dual Eligibles	Administrative	27,206	40.5
Mississippi	Medicaid	Hybrid	799	57.1
Missouri	Medicaid; CHIP	Administrative	25,000	42.1
Nevada	Medicaid	Hybrid	799	60.6
New Hampshire	Medicaid	Hybrid	724	65.4
New Jersey	Medicaid; CHIP	Hybrid	1,952	62.7
New Mexico	Medicaid	Hybrid	1,629	57.2
New York	Medicaid; CHIP	Hybrid	6,718	71.1
North Carolina	Medicaid	Administrative	41,038	68.7
Ohio	Medicaid; CHIP	Hybrid	2,026	64.4
Oklahoma	Medicaid; Dual Eligibles	Administrative	24,129	21.2
Oregon	Medicaid; Dual Eligibles	Hybrid	5,702	49.9
Pennsylvania	Medicaid	Hybrid	3,699	67.7
Rhode Island	Medicaid; CHIP	Hybrid	732	76.8
South Carolina	Medicaid; CHIP	Administrative	25,699	57.8
Tennessee	Medicaid	Hybrid	3,954	60.3
Texas	Medicaid	Administrative & Hybrid	138,076	67.7
Utah	Medicaid; Dual Eligibles	Hybrid	1,551	65.7
Virginia	Medicaid; CHIP	Hybrid	NR	64.5
Washington	Medicaid	Hybrid	26,470	58.8
West Virginia	Medicaid	Hybrid	1,644	65.4
Wisconsin	Medicaid	Hybrid	6,278	67.3
Wyoming	Medicaid; Dual Eligibles	Administrative	1,956	28.3

Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle. More information on the Adult Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set/index.html>.

Notes: This measure identifies the percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a postpartum visit on or between 21 and 56 days after delivery.

The term "states" includes the 50 states and the District of Columbia.

Means are calculated as the unweighted average of all state rates.

Unless otherwise specified, states used Adult Core Set specifications, based on National Committee for Quality Assurance 2018 specifications. The following states used National Committee for Quality Assurance 2017 specifications: NV and OR.

Unless otherwise specified, the measurement period for this measure was November 1, 2016 to November 30, 2017. NV reported data for CY 2017.

Table PPC-AD (continued)

The Adult Core Set specifications include guidance for calculating this measure using the administrative method or the hybrid method. The hybrid method uses a combination of administrative and medical records data to identify services included in the numerator or to determine exclusions from the denominator based on diagnoses or other criteria. Unless otherwise specified, administrative data sources are the state's MMIS and/or data submitted by managed care plans; medical record data sources are paper and/or electronic health records.

Denominators are assumed to be the measure-eligible population for states using the administrative method; states using the hybrid method often reported the sample size for the medical chart review rather than the measure-eligible population. Some states reported exclusions from the denominator, as noted in the state-specific comments below.

AHRQ = Agency for Healthcare Research and Quality; CCO = Coordinated Care Organization; CHIP = Children's Health Insurance Program; CMS = Centers for Medicare & Medicaid Services; CMO = Care Management Organization; CY = Calendar Year; ED = Emergency Department; EHR = Electronic Health Record; EQRO = External Quality Review Organization; FFS = Fee for Service; FFY = Federal Fiscal Year; HEDIS = Healthcare Effectiveness Data and Information Set; HMO = Health Maintenance Organization; ICD = International Classification of Diseases; LOINC = Logical Observation Identifiers Names and Codes; MACPro = Medicaid and CHIP Program System; MCO = Managed Care Organization; MMIS = Medicaid Management Information System; NCQA = National Committee for Quality Assurance; NR = Not Reported; PCCM = Primary Care Case Management; PCP = Primary Care Practitioner.

State-Specific Comments:

- CA: Rate includes FFS and managed care populations (26 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Rate was derived using both administrative and hybrid method data. Twenty-six MCOs used the hybrid method. State used the administrative method for FFS population and for managed care enrollees who were not in the same MCO for the entire continuous enrollment period. In addition to specified codes, the numerator includes additional local codes to identify postpartum visits. Denominator is the measure-eligible population.
- CT: Rate includes FFS population. Rate excludes Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 10,862. Rate was audited by a certified HEDIS auditor.
- DE: Rate includes managed care population (1 MCO), representing 72 percent of the population. Rate excludes FFS population and enrollees in one MCO, representing 28 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 2,031.
- DC: Rate includes FFS and managed care populations (4 MCOs). MCO rates were audited in internal validation.
- FL: Rate includes managed care population (17 MCOs), representing 67 percent of the population. Rate excludes FFS population, representing 33 percent of the population, and Medicare-Medicaid Dual Eligibles. Rate was derived using both administrative and hybrid method data. Two MCOs used the administrative method and 15 MCOs used the hybrid method. Denominator is the measure-eligible population. MCO rates were audited by a certified HEDIS auditor.
- HI: Rate includes managed care population (5 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Rate was derived using both administrative and hybrid method data. One MCO used the administrative method and four MCOs used the hybrid method. Denominator is the measure-eligible population. Rate was validated by the state's EQRO.
- IL: Rate includes FFS, PCCM, and managed care populations (13 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Rate was validated by the state's EQRO.
- IA: Rate includes FFS and managed care populations (3 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Rate includes only non-bundled payment visits that can be verified using claims data.
- KS: Rate includes managed care population (3 MCOs). Denominator is the sample size; measure-eligible population is 12,261.
- KY: Rate includes managed care population (5 MCOs), representing 90 percent of the population. Rate excludes FFS population, representing 10 percent of the population. Denominator is the sample size; measure-eligible population is 24,540. Rate was validated by the state's EQRO.
- LA: Rate includes managed care population (5 MCOs), representing 95 percent of the population. Rate excludes FFS population, representing 5 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 31,873. Rate was calculated using HEDIS-certified code and the state conducted an internal validation of the data.
- MD: Rate includes managed care population (8 MCOs), representing 83 percent of the population. Rate excludes FFS population, representing 17 percent of the population, and Medicare-Medicaid Dual Eligibles.

Table PPC-AD (continued)

	Denominator is the sample size; measure-eligible population is 21,360. Rate was audited by certified HEDIS auditors.
MA:	Rate includes PCCM and managed care populations (5 MCOs), representing 63 percent of the population. Rate excludes FFS population, representing 37 percent of the population, but most FFS beneficiaries would not be eligible for the measure, including beneficiaries who have other insurance (commercial or Medicare), reside in a long-term care institution, or receive limited or temporary Medicaid benefits. Denominator is the sample size; measure-eligible population is 19,573. Rate was validated by the state's EQRO.
MI:	Rate includes FFS and managed care populations (11 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. State used vital records combined with claims and encounter data to identify live births.
MN:	Rate includes FFS and managed care populations (8 MCOs). Rate includes paid claims only. Rate was audited by a certified HEDIS auditor.
MS:	Rate includes managed care population (2 MCOs), representing 64 percent of the population. Rate excludes FFS population, representing 36 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 18,423.
MO:	Rate includes FFS and managed care populations (3 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles.
NV:	Rate includes managed care population (3 MCOs). Rate excludes FFS population and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 11,330.
NH:	Rate includes managed care population (2 MCOs), representing 86 percent of the population. Rate excludes FFS population, representing 14 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 2,323. MCO rates were audited by certified HEDIS auditors.
NJ:	Rate includes managed care population (5 MCOs), representing 91 percent of the population. Rate excludes FFS population, representing 9 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 23,305.
NM:	Rate includes managed care population (4 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 11,607. MCO rates were audited by certified HEDIS auditors.
NY:	Rate includes managed care population (18 MCOs), representing 77 percent of the population. Rate excludes FFS population, representing 23 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 90,026. State conducted an internal validation of the data.
NC:	Rate includes FFS and PCCM populations. Rate excludes Medicare-Medicaid Dual Eligibles. Rate includes visits with an obstetrician/gynecological provider within 21 to 56 days after delivery date, but does not require the visit to be billed as a postpartum visit due to incomplete use of this code in the state's data.
OH:	Rate includes managed care population (5 MCOs), representing 82 percent of the population. Rate excludes FFS population, representing 18 percent of the population, and Medicare-Medicaid Dual Eligibles who are not enrolled in the state's Medicare-Medicaid demonstration program. Denominator is the sample size; measure-eligible population is 50,389. MCO rates were audited by a certified HEDIS auditor.
OK:	Rate includes FFS and PCCM populations. Rate excludes home- and community-based services waiver enrollees. The majority of the state's providers use global codes for prenatal and postpartum visits and these claims are excluded from the rate because they do not include the information needed to calculate the numerator. As a result, the rate is underestimated. State's rate with global billing codes included is 68.1 percent.
OR:	Rate includes managed care population (16 MCOs), representing 82 percent of the population. Rate excludes FFS population, representing 18 percent of the population. Denominator is the sample size; measure-eligible population is 15,714.
PA:	Rate includes managed care population (9 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 43,112. Data were submitted by MCOs and compiled by the state's EQRO.
RI:	Rate includes managed care population (2 MCOs), representing 91 percent of the population. Rate excludes FFS population, representing 9 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 4,091.
SC:	Rate includes managed care population (5 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles.
TN:	Rate includes managed care population (4 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 34,617.

Table PPC-AD (continued)

TX:	Rate includes FFS and managed care populations (34 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Rate was derived using both administrative and hybrid method data. The rates for the state's FFS population and sixteen MCOs were calculated using the administrative method. Eighteen MCOs used the hybrid method. Denominator is the measure-eligible population. Rate was validated by the state's EQRO.
UT:	Rate includes managed care population (4 MCOs), representing 75 percent of the population. Rate excludes FFS population, representing 25 percent of the population. Denominator is the sample size; measure-eligible population is 7,144. MCO rates were audited by certified HEDIS auditors.
VA:	Rate includes managed care population (6 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. State obtained rate from the NCQA Quality Compass and denominator is not available.
WA:	Rate includes managed care population (5 MCOs), representing 87 percent of the population. Rate excludes FFS population, representing 13 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 26,470. Rate was audited by the state's EQRO.
WV:	Rate includes managed care population (4 MCOs), representing 80 percent of the population. Rate excludes FFS population, representing 20 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 8,615. Rate was validated by the state's EQRO.
WI:	Rate includes managed care population (18 MCOs), representing 54 percent of the population. Rate excludes FFS population, representing 46 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is not available.
WY:	Rate includes FFS population.