

Table CCP-AD. Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Most Effective or Moderately Effective Method of Contraception or Long-Acting Reversible Method of Contraception (LARC) Within 3 or 60 Days of Delivery, as Submitted by States for the FFY 2018 Adult Core Set Report (n = 29 states)

State	Population	Methodology	Denominator	Rate			
				Most or Moderately Effective Contraceptive 3-days Postpartum	Most or Moderately Effective Contraceptive 60-days Postpartum	LARC 3-days Postpartum	LARC 60-days Postpartum
State Mean				10.4	36.8	1.3	11.6
State Median				10.6	39.4	0.8	12.9
Alabama	Medicaid	Administrative	13,501	5.7	38.5	0.8	9.4
Arizona	Medicaid	Administrative	23,519	7.6	33.4	0.2	9.0
Arkansas	Medicaid; CHIP; Dual Eligibles	Administrative	7,282	7.6	13.2	0.0	2.5
California	Medicaid; CHIP	Administrative	152,377	2.2	12.1	0.6	4.2
Colorado	Medicaid; Dual Eligibles	Administrative	15,085	7.1	32.9	0.8	15.2
Delaware	Medicaid	Administrative	1,544	18.3	45.7	7.6	16.7
Florida	Medicaid	Administrative	59,789	10.8	39.4	0.0	6.6
Illinois	Medicaid; CHIP	Administrative	49,467	7.7	26.5	0.7	11.2
Iowa	Medicaid	Administrative	11,354	12.7	41.7	2.0	13.0
Kentucky	Medicaid; CHIP	Administrative	17,225	10.6	45.6	1.3	11.7
Louisiana	Medicaid; CHIP	Administrative	22,861	12.5	51.4	1.9	12.9
Massachusetts	Medicaid; CHIP; Dual Eligibles	Administrative	18,887	11.5	46.5	2.7	16.9
Michigan	Medicaid	Administrative	35,364	3.5	22.7	0.3	8.5
Minnesota	Medicaid; CHIP; Dual Eligibles	Administrative	20,099	8.2	39.3	0.6	14.0
Missouri	Medicaid; CHIP	Administrative	18,686	12.8	46.4	2.0	14.6
Nevada	Medicaid	Administrative	12,219	8.6	31.3	0.2	4.4
New Hampshire	Medicaid	Administrative	2,002	12.8	47.0	0.9	16.3
New York	Medicaid	Administrative	86,652	9.0	32.2	2.0	8.4
North Carolina	Medicaid	Administrative	38,527	10.8	43.7	0.3	14.9
Oklahoma	Medicaid; Dual Eligibles	Administrative	14,630	4.2	12.8	1.4	3.8
Pennsylvania	Medicaid	Administrative	34,449	13.8	39.3	2.1	10.6
South Carolina	Medicaid; CHIP	Administrative	17,172	19.9	48.4	4.6	12.9
South Dakota	Medicaid; CHIP; Dual Eligibles	Administrative	3,088	10.1	41.0	1.5	15.4
Tennessee	Medicaid	Administrative	27,397	13.2	48.1	0.4	12.6
Texas	Medicaid	Administrative	95,212	13.7	48.5	0.4	15.8
Vermont	Medicaid; CHIP	Administrative	1,785	9.5	32.4	1.3	18.3
Washington	Medicaid	Administrative	22,733	9.0	40.0	0.8	15.3
West Virginia	Medicaid; Dual Eligibles	Administrative	7,079	15.8	45.0	0.6	7.0
Wyoming	Medicaid; Dual Eligibles	Administrative	1,380	13.0	23.1	0.1	15.6

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>.

Table CCP-AD (continued)

Notes: This measure identifies the percentage of postpartum women ages 21 to 44 who had a live birth and who were provided: (1) a most effective or moderately effective method of contraception within 3 and 60 days of delivery; or (2) a long-acting reversible method of contraception (LARC) within 3 and 60 days of 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 U.S. Office of Population Affairs 2018 specifications.

Unless otherwise specified, the measurement period for this measure was January 1, 2017 to October 31, 2017. AZ reported data for FFY 2016.

The Adult Core Set specifications include guidance for calculating this measure using the administrative method. Unless otherwise specified, the administrative data source is the state's MMIS and/or data submitted by managed care plans, including behavioral health plans.

Denominators are assumed to be the measure-eligible population for states using the administrative method. 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; 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:

AL:	Rates include FFS and PCCM populations. Rates exclude Medicare-Medicaid Dual Eligibles.
AZ:	Rates include managed care population (6 MCOs), representing 78 percent of the population. Rates exclude FFS population, Medicare-Medicaid Dual Eligibles, seriously mentally ill population, and state long-term care elderly, physically, or developmentally disabled population, representing 22 percent of the population. State conducted an internal validation of the data.
AR:	Rates include FFS and PCCM populations. Rates were audited by the state's data contractor.
CA:	Rates include FFS and managed care populations (26 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles. Data sources are MMIS and vital records data.
CO:	Rates include FFS, PCCM, and managed care populations (2 MCOs).
DE:	Rates include managed care population (1 MCO), representing 72 percent of the population. Rates exclude FFS population and enrollees in one MCO, representing 28 percent of the population, and Medicare-Medicaid Dual Eligibles. State attributes higher rates on this measure to statewide initiative.
FL:	Rates include managed care population (17 MCOs), representing 67 percent of the population. Rates exclude FFS population, representing 33 percent of the population, and Medicare-Medicaid Dual Eligibles. MCO rates were audited by a certified HEDIS auditor.
IL:	Rates include FFS, PCCM, and managed care populations (13 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles. Rates were validated by the state's EQRO.
IA:	Rates include FFS and managed care populations (3 MCOs) as well as enrollees in the state's family planning program. Rates exclude Medicare-Medicaid Dual Eligibles.
KY:	Rates include FFS and managed care populations (5 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles. Rates were validated by the state's EQRO.
LA:	Rates include FFS and managed care populations (5 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.
MA:	Rates include FFS, PCCM, integrated care model, and managed care populations (5 MCOs).
MI:	Rates include FFS and managed care populations (11 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.
MN:	Rates include FFS and managed care populations (8 MCOs). Rates include paid claims only.
MO:	Rates include FFS and managed care population (3 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.
NV:	Rates include FFS and managed care populations (3 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.

Table CCP-AD (continued)

NH:	Rates include managed care population (2 MCOs), representing 85 percent of the population. Rates exclude FFS population, representing 15 percent of the population, and Medicare-Medicaid Dual Eligibles.
NY:	Rates include FFS and managed care populations (41 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles. State conducted an internal validation of the data.
NC:	Rates include FFS and PCCM populations. Rates exclude Medicare-Medicaid Dual Eligibles.
OK:	Rates include FFS and PCCM populations. Rates exclude home- and community-based services waiver enrollees.
PA:	Rates include managed care population (9 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles. Data were submitted by MCOs and compiled by the state's EQRO.
SC:	Rates include managed care population (5 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.
SD:	Rates include FFS population. Rates exclude services provided by Indian Health Service and may not capture all services reimbursed on a per diem basis, such as those provided by Rural Health Clinics and Federally Qualified Health Centers.
TN:	Rates include managed care population (4 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.
TX:	Rates include FFS and managed care populations (23 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles. Rates were validated by the state's EQRO.
VT:	Rates include statewide 1115 waiver population enrolled in a public non-risk prepaid inpatient health plan population, representing the total Medicaid population. Rates exclude Medicare-Medicaid Dual Eligibles.
WA:	Rates include FFS and managed care populations (5 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.
WV:	Rates include FFS and managed care populations (4 MCOs). For women with more than one delivery during the measurement year, rates include only the first live birth.
WY:	Rates include FFS population.