

Table CCP-CH. Percentage of Postpartum Women Ages 15 to 20 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 Child Core Set Report (n = 31 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				4.4	37.4	2.4	15.8
State Median				3.4	40.8	1.4	16.3
Alabama	Medicaid only	Administrative	4,030	3.2	45.5	0.9	13.1
Alabama	CHIP only	Administrative	97	NR	23.7	NR	18.6
Alaska	Medicaid & CHIP	Administrative	230	17.8	46.1	14.8	29.6
Arizona	Medicaid only	Administrative	3,487	1.1	31.4	0.6	10.7
Arkansas	Medicaid & CHIP	Administrative	2,353	0.1	7.4	0.0	4.0
California	Medicaid & CHIP	Administrative	29,576	1.6	9.1	0.6	3.5
Colorado	Medicaid only	Administrative	1,416	1.9	37.9	1.1	24.9
Delaware	Medicaid & CHIP	Administrative	232	15.1	42.7	12.1	21.6
Florida	Medicaid only	Administrative	6,991	1.0	35.6	0.0	7.4
Illinois	Medicaid & CHIP	Administrative	5,976	1.0	24.8	0.8	12.1
Indiana	Medicaid & CHIP	Administrative	3,799	3.5	32.1	2.7	13.9
Iowa	Medicaid only	Administrative	1,362	6.2	40.8	3.5	16.7
Kentucky	Medicaid only	Administrative	3,074	3.4	47.9	1.5	14.1
Louisiana	Medicaid & CHIP	Administrative	3,703	3.2	50.1	2.3	15.0
Massachusetts	Medicaid & CHIP	Administrative	1,415	8.1	50.7	5.7	24.5
Michigan	Medicaid only	Administrative	5,144	4.9	28.8	0.4	9.2
Minnesota	Medicaid & CHIP	Administrative	1,689	2.7	42.5	1.4	18.2
Missouri	Medicaid only	Administrative	2,519	6.8	47.4	2.1	17.9
Missouri	CHIP only	Administrative	41	12.2	56.1	2.4	22.0
Nevada	Medicaid only	Administrative	1,545	0.6	30.8	0.2	6.5
Nevada	CHIP only	Administrative	44	2.3	38.6	0.0	2.3
New Hampshire	Medicaid & CHIP	Administrative	199	5.0	48.2	1.5	23.1
New York	Medicaid only	Administrative	6,637	3.9	31.2	2.3	10.7
North Carolina	Medicaid only	Administrative	5,641	3.6	47.0	0.5	21.1
Oklahoma	Medicaid & CHIP	Administrative	10,981	6.5	19.1	1.6	4.0
Pennsylvania	Medicaid & CHIP	Administrative	4,249	7.6	37.8	3.2	13.7
South Carolina	Medicaid & CHIP	Administrative	3,426	9.7	44.7	6.2	16.3
South Dakota	Medicaid & CHIP	Administrative	514	3.7	38.7	2.5	25.3

Table CCP-CH (continued)

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
Tennessee	Medicaid only	Administrative	4,405	5.1	50.6	0.4	17.4
Tennessee	CHIP only	Administrative	419	5.5	43.0	0.5	17.9
Texas	Medicaid only	Administrative	23,410	2.1	43.8	0.7	21.4
Vermont	Medicaid & CHIP	Administrative	154	3.2	29.2	3.2	22.7
Washington	Medicaid & CHIP	Administrative	2,327	3.1	43.6	1.0	21.0
West Virginia	Medicaid only	Administrative	1,226	0.5	44.9	0.5	10.4
Wyoming	Medicaid only	Administrative	264	0.4	28.0	0.4	21.2

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

Notes: This measure identifies the percentage of postpartum women ages 15 to 20 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. When a state reported separate rates for its Medicaid and CHIP populations, the mean and median rates were calculated using the rate for the larger measure-eligible population.

Unless otherwise specified, states used Child 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 Child 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.

ADHD = Attention-Deficit/Hyperactivity Disorder; CCO = Coordinated Care Organization; CHIP = Children's Health Insurance Program; CMS = Centers for Medicare & Medicaid Services; CPT = Current Procedural Terminology; CY = Calendar Year; ED = Emergency Department; EPSDT = Early and Periodic Screening, Diagnostic, and Treatment; 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: Medicaid rates include FFS and PCCM populations.

AL: CHIP rates include separate CHIP population. Rates exclude children enrolled in Medicaid-expansion CHIP; these children are included in the state's Medicaid rates.

AK: Rates include FFS population.

AZ: Rates include managed care population (6 MCOs), representing 92 percent of the population. Rates exclude FFS population, seriously mentally ill population, Children's Rehabilitative Services (CRS) population, and state long-term care elderly, physically, or developmentally disabled population, representing 8 percent of the population. State conducted an internal validation of the data.

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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). Data sources are MMIS and vital records.
CO:	Rates include FFS, PCCM, and managed care populations (2 MCOs).
DE:	Rates include managed care population (1 MCO), representing 86 percent of the population. Rates exclude FFS population and enrollees in one MCO, representing 14 percent of the population.
FL:	Rates include managed care population (17 MCOs), representing 94 percent of the population. Rates exclude FFS population, representing 6 percent of the population. MCO rates were audited by a certified HEDIS auditor.
IL:	Rates include FFS, PCCM, and managed care populations (13 MCOs). Rates were validated by the state's EQRO.
IN:	Rates include managed care population (4 MCOs), representing more than 90 percent of the population. Rates exclude FFS population, representing less than 10 percent of the population. MCO rates were audited by certified HEDIS auditors.
IA:	Rates include FFS and managed care populations (3 MCOs) as well as enrollees in the state's family planning program.
KY:	Rates include managed care population (5 MCOs), representing 95 percent of the population. Rates exclude FFS population, representing 5 percent of the population. Rates were validated by certified HEDIS auditors.
LA:	Rates include FFS and managed care populations (5 MCOs).
MA:	Rates include FFS, PCCM, integrated care model, and managed care populations (5 MCOs).
MI:	Rates include managed care population (11 MCOs), representing 80 percent of the population. Rates exclude FFS population, representing 20 percent of the population.
MN:	Rates include FFS and managed care populations (8 MCOs). Rates include paid claims only.
MO:	Medicaid rates include FFS and managed care populations (3 MCOs).
MO:	CHIP rates include FFS and managed care populations (3 MCOs).
NV:	Medicaid rates include FFS and managed care populations (3 MCOs).
NV:	CHIP rates include FFS and managed care populations (3 MCOs).
NH:	Rates include managed care population (2 MCOs), representing 88 percent of the population. Rates exclude FFS population, representing 12 percent of the population.
NY:	Rates include FFS and managed care population (17 MCOs). State conducted an internal validation of the data.
NC:	Rates include FFS and PCCM populations.
OK:	Rates include FFS and PCCM populations. Rates exclude enrollees in home- and community-based services waivers.
PA:	Rates include managed care population (19 MCOs). Data were submitted by MCOs and compiled by the state's EQRO.
SC:	Rates include managed care population (5 MCOs).
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:	Medicaid rates include managed care population (4 MCOs).
TN:	CHIP rates include the CHIP Health Plan Administrators and Medical Benefits Managers population.
TX:	Rates include FFS and managed care populations (29 MCOs). 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.
WA:	Rates include FFS, PCCM, and managed care populations (5 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles and women with full third party liability. State used Generic Product Identifier (GPI) codes instead of National Drug Codes (NDCs) to identify the applicable NDCs for specific contraceptive methods.
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.