

Table PPC-CH. Percentage of Women Delivering a Live Birth with a Prenatal Care Visit in the First Trimester or within 42 Days of Enrollment in Medicaid or CHIP, as Submitted by States for the FFY 2018 Child Core Set Report (n = 39 states)

State	Population	Methodology	Denominator	Rate
State Mean				76.3
State Median				80.6
Alabama	CHIP only	Administrative	91	62.6
California	Medicaid & CHIP	Administrative & Hybrid	205,755	56.0
Connecticut	Medicaid & CHIP	Hybrid	348	89.4
Delaware	Medicaid & CHIP	Hybrid	411	77.1
Dist. of Col.	Medicaid & CHIP	Administrative	3,690	60.5
Florida	Medicaid & CHIP	Administrative & Hybrid	82,796	81.9
Hawaii	Medicaid & CHIP	Hybrid	5,361	71.3
Illinois	Medicaid & CHIP	Administrative	66,751	54.2
Indiana	Medicaid & CHIP	Hybrid	1,561	86.8
Iowa	Medicaid only	Administrative	10,292	79.7
Kansas	Medicaid & CHIP	Hybrid	1,214	69.3
Kentucky	Medicaid & CHIP	Hybrid	2,020	72.4
Louisiana	Medicaid & CHIP	Hybrid	2,016	78.4
Maine	Medicaid & CHIP	Administrative	5,115	89.2
Maryland	Medicaid & CHIP	Hybrid	3,089	85.3
Massachusetts	Medicaid & CHIP	Hybrid	2,167	86.5
Michigan	Medicaid only	Hybrid	3,778	80.2
Mississippi	Medicaid only	Hybrid	799	88.5
Missouri	Medicaid & CHIP	Hybrid	3,210	83.8
Nevada	Medicaid only	Hybrid	799	75.5
New Hampshire	Medicaid & CHIP	Hybrid	724	84.7
New Jersey	Medicaid & CHIP	Hybrid	1,952	81.2
New Mexico	Medicaid & CHIP	Hybrid	1,629	73.1
New York	Medicaid & CHIP	Hybrid	5,886	87.9
North Carolina	Medicaid only	Administrative	41,038	70.0
Ohio	Medicaid & CHIP	Hybrid	2,026	82.9
Oklahoma	Medicaid & CHIP	Administrative	24,129	22.5
Oregon	Medicaid & CHIP	Hybrid	5,702	90.9
Pennsylvania	Medicaid only	Hybrid	3,699	86.6
Rhode Island	Medicaid & CHIP	Hybrid	732	91.4
South Carolina	Medicaid & CHIP	Administrative	25,699	62.0
South Dakota	Medicaid & CHIP	Administrative	4,114	41.3
Tennessee	Medicaid only	Hybrid	3,543	79.2
Tennessee	CHIP only	Hybrid	398	81.7
Texas	Medicaid only	Administrative & Hybrid	138,076	86.1
Utah	Medicaid only	Hybrid	1,551	82.1
Virginia	Medicaid & CHIP	Hybrid	NR	80.9
Washington	Medicaid & CHIP	Administrative	33,788	79.0
West Virginia	Medicaid only	Hybrid	1,644	86.3
Wisconsin	Medicaid & CHIP	Administrative & Hybrid	NR	80.6

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 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 prenatal care visit in the first trimester or within 42 days of enrollment in Medicaid or CHIP.

The term “states” includes the 50 states and the District of Columbia.

Table PPC-CH (continued)

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 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. ME, NV and WA reported data for CY 2017.

The Child 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.

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: Rate includes separate CHIP population. Rate excludes children enrolled in Medicaid-expansion CHIP. Rate was calculated using CHIP claims data matched with state vital records. Markers of prenatal care are not available in claims data, so the state used the month of gestation when prenatal care began, as recorded in state vital records, to determine whether prenatal care began during the first trimester.
- CA: Rate includes FFS and managed care populations (26 MCOs). Rate was derived using both administrative and hybrid method data. The hybrid method was used by the 26 MCOs; the administrative method was used for the FFS population and for managed care enrollees who were not in the same MCO for the entire continuous enrollment period. Denominator is the measure eligible population. In addition to specified codes, the numerator includes additional local codes to identify prenatal visits.
- CT: Rate includes FFS population. 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 86 percent of the population. Rate excludes FFS population and enrollees in one MCO, representing 14 percent of the population. Denominator is the sample size; measure-eligible population is 2,031.
- DC: Rate includes FFS and managed care populations (3 MCOs), representing 74 percent of the population. Rate excludes one MCO, representing 26 percent of the population. Rate was audited in internal validation.
- FL: Rate includes FFS, PCCM, and managed care populations (21 MCOs). Rate was derived using both administrative and hybrid method data. Rates for the FFS population and three MCOs were calculated using the administrative method, while rates for 18 MCOs were calculated using 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). Denominator is the measure-eligible population; sample size is not available. Rate was validated by the state's EQRO.
- IL: Rate includes FFS, PCCM, and managed care populations (13 MCOs). State did not use LOINC codes. Rate excludes deliveries covered by bundled payments because they do not have the prenatal visit dates. Rate was validated by the state's EQRO.
- IN: Rate includes managed care population (4 MCOs), representing more than 90 percent of the population. Rate excludes FFS population, representing less than 10 percent of the population. Denominator is the sample size; measure-eligible population is 19,741. MCO rates were audited by certified HEDIS auditors.

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IA:	Rate includes FFS and managed care populations (3 MCOs). State calculated rate using Medicaid claims linked to birth certificates because trimester documentation is not available in claims data.
KS:	Rate includes managed care population (3 MCOs). Denominator is the sample size; measure-eligible population is 12,261. Rate was validated by the state's EQRO.
KY:	Rate includes managed care population (5 MCOs), representing 95 percent of the population. Rate excludes FFS population, representing 5 percent of the population. Denominator is the sample size; measure-eligible population is 24,540. Rate was validated by certified HEDIS auditors.
LA:	Rate includes managed care population (5 MCOs), representing 95 percent of the population. Rate excludes FFS population, representing 5 percent of the population. 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. State attributes rate increase from FFY 2017 to quality improvement efforts related to prenatal care.
ME:	Rate includes FFS population. Rate was calculated by combining the self-reported month of first prenatal visit in vital records with administrative claims data.
MD:	Rate includes managed care population (8 MCOs), representing 95 percent of the population. Rate excludes FFS population, representing 5 percent of the population. 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 74 percent of the population. Rate excludes FFS population, representing 26 percent of the Medicaid population and 18 percent of the CHIP population, but the majority of these children would not have been measure-eligible, including children who have other primary insurance, children with limited Medicaid benefits, children in premium assistance programs, new enrollees who have not yet enrolled in an MCO, and children in state custody. Denominator is the sample size; measure-eligible population is 19,573.
MI:	Rate includes managed care population (11 MCOs), representing 80 percent of the population. Rate excludes FFS population, representing 20 percent of the population. Denominator is the sample size; measure-eligible population is 33,906. MCO rates were validated by the state's EQRO.
MS:	Rate includes managed care population (2 MCOs), representing 64 percent of the population. Rate excludes FFS population, representing 36 percent of the population. Denominator is the sample size; measure-eligible population is 18,423.
MO:	Rate includes managed care population (3 MCOs), representing 72 percent of the Medicaid population and 49 percent of the CHIP population. Rate excludes FFS population as well as enrollees who did not meet continuous enrollment requirements for an MCO, representing 28 percent of the Medicaid population and 51 percent of the CHIP population. Denominator is the sample size; measure-eligible population is 12,473. MCO rates were audited by a HEDIS certified vendor.
NV:	Rate includes managed care population (3 MCOs). Rate excludes FFS population. Denominator is the sample size; measure-eligible population is 11,330.
NH:	Rate includes managed care population (2 MCOs), representing 88 percent of the population. Rate excludes FFS population, representing 12 percent of the population. 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 93 percent of the population. Rate excludes FFS population, representing 7 percent of the population. Denominator is the sample size; measure-eligible population is 23,305.
NM:	Rate includes managed care population (4 MCOs). 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 more than 90 percent of the population. Rate excludes FFS population, representing less than 10 percent of the population. Denominator is the sample size; measure-eligible population is 89,161. State conducted an internal validation of the data.
NC:	Rate includes FFS and PCCM populations.
OH:	Rate includes managed care population (5 MCOs), representing 93 percent of the population. Rate excludes FFS population, representing 7 percent of the population. Denominator is the sample size; measure-eligible population is 50,389.
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 70.0 percent.

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OR:	Rate includes managed care population (16 CCOs), representing 88 percent of the population. Rate excludes FFS population, representing 12 percent of the population. Denominator is the sample size; measure-eligible population is 15,714.
PA:	Rate includes managed care population (9 MCOs). 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 85 percent of the population. Rate excludes FFS population, representing 15 percent of the population. Denominator is the sample size; measure-eligible population is 4,091.
SC:	Rate includes managed care population (5 MCOs).
SD:	Rate includes FFS population. Rate excludes 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 rate includes managed care population (4 MCOs). Denominator is the sample size; measure-eligible population is 34,617. Rate was validated by the state's EQRO.
TN:	CHIP rate includes the CHIP Health Plan Administrators and Medical Benefits Managers population. Denominator is the sample size; measure-eligible population is 5,412. Rate was validated by the state's EQRO.
TX:	Rate includes FFS and managed care populations (34 MCOs). Rate was derived using both administrative and hybrid 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 85 percent of the population. Rate excludes FFS population, representing 15 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). State obtained rate from the NCQA Quality Compass and denominator is not available.
WA:	Rate includes FFS, PCCM and managed care populations (5 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles and those with full third party liability. State used vital records as an additional source for indication of first trimester care or date of first prenatal visit. State evaluated first trimester based on gestational age at birth in addition to the specified 176-180 days before delivery. Denominator excludes records with missing birth certificate information about when prenatal care began that also had no prenatal care claims within 42 days of Medicaid enrollment (about 5.8 percent of births). Rate was calculated using the 15th of the month as the eligibility start date. Rate includes the following taxonomy codes as service provider to identify prenatal care and not emergent care: Family Medicine, General Practice, OB/GYN, Obstetric, Midwife, Lay Midwife, Advanced Practice Midwife, Nurse Family Practitioner, OB/GYN Nurse Practitioner, Primary Care Nurse Practitioner, and Physician Assistant. State did not use the bundled OB codes to identify prenatal care via claims or encounters.
WV:	Rate includes managed care population (4 MCOs), representing 86 percent of the population. Rate excludes FFS population, representing 14 percent of the population. 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 80 percent of the population. Rate excludes FFS population, representing 20 percent of the population. Rate was derived using administrative and hybrid method data. One MCO used the administrative method and 17 MCOs used the hybrid method. Measure-eligible population is not available.