

1. Preface

1.1 Transmittal Title Page

State	Indiana
Demonstration Name	Healthy Indiana Plan
Approval Date	February 1, 2018
Approval Period	February 1, 2018 – December 31, 2020
Demonstration Goals and Objectives	Improving quality, accessibility, and health outcomes.

Version 2 updates include:

- Appendix X, Table 2: Data correction for the Breast Cancer Screening preventive measure for MCE 1
- Appendix X, Table 12: Data correction for Prenatal and Postpartum Care measures for MCE 4.

2. Executive Summary

In response to the COVID-19 Public Health Emergency (PHE), HIP policies have been temporarily changed to ensure HIP members maintain coverage. We explain these changes further in Section 9 below. Indiana’s Community Engagement program, Gateway to Work, went live January 1, 2019. Effective October 31, 2019, those reporting requirements were no longer enforced for HIP coverage.

3. Enrollment

- (Required) The state has attached the required enrollment metrics in Appendix X.
- (If applicable) The state does not have any issues to report related to enrollment metrics in Appendix X and has not included any narrative on this topic in the section that follows.

In this quarter, we saw a 18.9 percent increase in the total number of HIP enrollees. Due to Indiana’s COVID-19 response, HIP members were not disenrolled for the month of March and will not be disenrolled for the duration of the PHE. More information can be found in Section 9 below.

As of June 30, 2020, 71% of overall HIP enrollees are enrolled in the PLUS program compared to 24% who are enrolled in the HIP-Basic program. There was a 22.3% increase in PLUS enrollment and nine percent increase in Basic enrollment when compared to Q1 2020.

Similarly, members enrolled in the HIP Maternity category saw a 25.4% increase in total enrollment. This increase is due to members not being disenrolled from their current coverage category.

3.2 Anticipated Changes to Enrollment

- The state does not anticipate changes to enrollment at this time.

The state expects increases in enrollment throughout the duration of the PHE since members will not be disenrolled. This is explained further in Section 9 below.

4. Benefits

- (Required) The state has attached completed the benefit metrics in Appendix X.
- (If applicable) The state does not have any issues to report related to the benefits metrics in Appendix X and has not included any narrative.

4.1 Benefit Issues: New and Continued

4.2 Anticipated Changes to Benefits

- The state does not anticipate changes to benefits at this time.

All new HIP members will receive HIP Plus benefits at the time of enrollment during PHE.

5. Demonstration-related Appeals

- (Required) The state has attached completed the appeals metrics in Appendix X.
- (If applicable) The state does not have any issues to report related to the appeals metrics in Appendix X and has not included any narrative.

5.1 Appeal Issues: New and Continued

5.2 Anticipated Changes to Appeals

- The state does not anticipate changes to appeals at this time.

The Office of Hearings and Appeals is putting cases where HIP members receiving continued benefits on hold, so members can continue to receive health coverage during the PHE.

6. Quality

- (Required) The state has attached the quality measures in Appendix X.
- (If applicable) The state does not have any issues to report related to the quality measures in Appendix X and has not included any narrative.

6.1 Quality Issues: New and Continued

6.2 Anticipated Changes to Quality

- The state does not anticipate changes related to quality at this time.

7. Other Demo Specific Metrics

- (If applicable) The state has attached completed the other metrics in Appendix X.

- (If applicable) The state does not have any issues to report related to the other metrics in Appendix X and has not included any narrative.

7.1 Other Metric Issues: New and Continued

7.2 Anticipated Changes to Other Metrics

- The state does not anticipate future changes to other metrics at this time.

8. Financial/Budget Neutrality

Indiana has adopted the new Budget Neutrality workbook that CMS released on September 30, 2019. This workbook has been uploaded under its own deliverable in PMDA and as directed by CMS is not included in Appendix X due to the new formatting structure.

- (Required) The state has attached completed the budget neutrality workbook in Appendix X.

8.1 Financial/Budget Neutrality Issues: New and Continued

8.2 Anticipated Changes to Financial/Budget Neutrality

- The state does not anticipate future changes to budget neutrality at this time.

9. Demonstration Operations and Policy

The following policy changes have been made in response to the COVID-19 Public Health Emergency:

Member Eligibility

HIP member health coverage will not be terminated during the PHE. Member coverage will only end if a member voluntarily withdraws or moves out of the state. It does not apply to presumptive eligibility. This decision was implemented after letters were sent to members whose coverage was set to close on March 31. Those closures did not take place, and new letters were sent.

Redetermination of Eligibility

The State ensured that no HIP members would be closed for not complying with redetermination requirements or not meeting eligibility criteria at redetermination during the PHE.

Cost Sharing

All cost sharing is suspended for the duration of the PHE. Premiums and POWER Account contributions will be waived for the months of March-August 2020. All members who made payments for the month of March or any future months will have those payments applied as credits on their account when payments are required again. Member coverage will start when eligibility is determined and will not require a first payment in order to begin. Fast Track payments are not

required during PHE. All new HIP members who enroll during the PHE will automatically be enrolled in HIP Plus.

Pharmacy

Pharmacies are now allowed to fill prescriptions with name brand drugs in the event that the generic drug the member takes is out of supply. Pharmacies can also now fill some prescriptions early and can fill maintenance prescriptions for 90-days, if requested.

Telehealth

Telehealth restrictions and requirements for face-to-face encounters for various health care services and prescribing requirements have been suspended. This permits increased use of telehealth for statewide services, included Medicaid covered services, mental health and SUD treatment and prescribing.

Hearings and Appeals

The Office of Hearings and Appeals is putting cases where HIP members receiving continued benefits on hold, so members can continue to receive health coverage during the PHE.

10. Implementation Update

11. Demonstration Evaluation Update

In early March 2020 (Q1), CMS provided written comments to the State followed by meetings to discuss feedback on the Interim Evaluation Report. The State and evaluator met to discuss the recommendations included in these comments to respond to CMS within 60 days. The State will submit responses and a revised Interim Evaluation Report by the end of April 2020 (Q2). In June 2020, CMS approved the Interim Evaluation Report and the State submitted a final 508 Interim Evaluation Report. It is also posted on the State’s website and can be found at the following: <https://www.in.gov/fssa/hip/2624.htm>

In late March 2020 (Q1), CMS provided written comments to the State on the evaluation plan. The State and evaluator met to discuss the recommendations included in these comments to respond to CMS within 60 days. The State will submit responses and a revised evaluation plan to CMS in May 2020 (Q2).

In March 2020 (Q1), the State began developing strategies to respond to the COVID-19 public health emergency. Effective April 30, 2020 (Q2), the State will indefinitely stop all community engagement activities in response to the COVID-19 public health emergency and the stay in the federal lawsuit involving Indiana Medicaid. As a result, the evaluator will not include analyses related to community engagement in the Summative Evaluation Report.

Type of Evaluation Deliverable	Due Date	State Notes or Comments	Description of Any Anticipated Issues
<i>Revised Interim Evaluation Report</i>	<i>4/29/20 6/22/20 (508)</i>	<i>Updated report in response to CMS’ feedback received in March 2020.</i>	<i>N/A</i>

<i>Revised Evaluation Plan</i>	<i>5/22/20</i>	<i>Updated plan in response to CMS' feedback received in March 2020.</i>	<i>N/A</i>
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12. Other Demonstration Reporting

None to report during this quarter.

12.1 Post Award Public Forum

If applicable within the timing of the demonstration, the state should provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicate any resulting action items or issues. A summary of the post-award must be included in the monitoring report for the period during which the forum was held and in the annual report pursuant to 42 CFR § 431.428 .

- The state has provided the summary of the post-award forum (due for the period during reporting during which the forum was held and in the annual report).
- There was not a post-award public forum held during this reporting period and this is not an annual report.

13. Notable State Achievements and/or Innovations

None to report during this quarter.

Appendix X

1. Enrollment Metrics

Table 1. HIP Enrollment

Reporting Period: April 1, 2020 – June 30, 2020

FPL Levels	BASIC				PLUS				MATERNITY		TOTAL PROGRAM	
	State	Regular	Total	Percentage	State	Regular	Total	Percentage	TOTAL	Percentage	TOTAL	Percentage
<5%	48,630	34,007	82,637	29.0%	112,346	76,005	188,351	66.1%	13,677	4.8%	284,665	57.8%
5%-10%	570	235	805	22.7%	1678	876	2,554	72.0%	185	5.2%	3,544	0.7%
11%-22%	1,497	519	2,016	22.5%	4,187	2169	6,356	71.2%	551	6.1%	8,923	1.8%
23%-50%	2,111	4,750	6,861	22.2%	6,851	15,131	21,982	71.2%	2,022	6.5%	30,865	6.3%
51%-75%	2,461	6,373	8,834	21.1%	8,914	21,732	30,646	73.5%	2,204	5.2%	41,684	8.5%
76%-100%	2,730	7,023	9,753	19.6%	10,644	26,611	37,255	75.1%	2,557	5.1%	49,565	10.1%
Total <101%	57,999	52,907	110,906	26.4%	144,620	142,524	287,144	68.4%	21,196	5.0%	419,246	85.2%
101%-138%	2,430	4,093	6,523	9.6%	16,746	41,126	57,872	85.6%	3,162	4.6%	67,557	13.7%
>138%	145	500	645	11.6%	2,885	1,456	4,341	78.5%	543	9.8%	5,529	1.1%
Grand Total	60,574	57,500	118,074	23.9%	164,251	185,106	349,357	70.9%	24,901	5.0%	492,332	100.0%

*Source: FSSA Data & Analytics

2. Benefits Metrics

Table 2. Preventive Services and Chronic Care

Reporting Period: April 1, 2020 – June 30, 2020

Table 2 data is reported quarterly by Managed Care Entities (MCEs) for a 12 month rolling period.

Service	MCE	Data Description	Basic	Plus	State Plan
Adults' Access to Preventive/ Ambulatory Services	MCE 1	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	38.7%	73.7%	82.0%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	33.2%	78.8%	92.0%
	MCE 2	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	41.7%	74.1%	82.3%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	32.0%	79.0%	92.6%
	MCE 3	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	49.3%	77.3%	86.4%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	46.0%	79.2%	93.6%
	MCE 4	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	46.6%	77.8%	86.9%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	39.10%	82.3%	94.4%
Breast Cancer Screening	MCE 1	Number of women age 52-74 years at the end of the measurement period who had one or more mammograms any time in the two years prior to the measurement period	162	2,749	3,224
		Number of female members ages 52-74 at the end of the measurement period	593	4,674	5,306
		Percent of women ages 52-74 at the end of the measurement period not excluded from measure who had a mammogram	27.3%	58.8%	60.8%
	MCE 2	Number of women age 52-74 years at the end of the measurement period who had one or more mammograms any time in the two years prior to the measurement period	16	345	281
		Number of female members ages 52-74 at the end of the measurement period	468	2558	1478
		Percent of women ages 52-74 at the end of the measurement period not excluded from measure who had a mammogram	3.4%	13.5%	19.0%
	MCE 3	Number of women age 52-74 years at the end of the measurement period who had one or more mammograms any time in the two years prior to the measurement period	38	1089	2012
		Number of female members ages 52-74 at the end of the measurement period	456	4115	5256

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		Percent of women ages 52-74 at the end of the measurement period not excluded from measure who had a mammogram	19.7%	53.4%	61.5%	
	MCE 4	Number of women age 52-74 years at the end of the measurement period who had one or more mammograms any time in the two years prior to the measurement period	30	888	1,515	
		Number of female members ages 52-74 at the end of the measurement period	372	3,544	3,694	
		Percent of women ages 52-74 at the end of the measurement period not excluded from measure who had a mammogram	25.1%	41.1%	34.6%	
Cervical Cancer Screening	MCE 1	Women who had one or more PAP tests, ages 21 - 64 years	2,980	11,046	23,764	
		Women enrolled with the MCE, ages 21 - 64 years	11,017	38,586	62,164	
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	44.1%	54.3%	59.1%	
	MCE 2	Women who had one or more PAP tests, ages 21 - 64 years	449	2,124	3,005	
		Women enrolled with the MCE, ages 21 - 64 years	3,784	10,948	12,070	
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	11.9%	19.4%	24.9%	
	MCE 3	Women who had one or more PAP tests, ages 21 - 64 years	950	6,868	13,755	
		Women enrolled with the MCE, ages 21 - 64 years	4,731	20,613	35,581	
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	32.6%	52.8%	53.1%	
	MCE 4	Women who had one or more PAP tests, ages 21 - 64 years	597	4,430	10,568	
		Women enrolled with the MCE, ages 21 - 64 years	2,999	14,573	26,042	
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	20.2%	31.0%	42.1%	
Comprehensive Diabetes Care	MCE 1	Number of members ages 18-75 with diabetes who had an HbA1c test	398	2,668	7,902	
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	799	4,612	11,350	
		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	49.8%	57.8%	69.6%	
	MCE 2	Number of members ages 18-75 with diabetes who had an HbA1c test	60	509	908	
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	193	1,344	1,816	
		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	31.1%	37.9%	50.0%	
	MCE 3	Number of members ages 18-75 with diabetes who had an HbA1c test	129	1,339	4,541	
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	289	2,252	6,219	
		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	64.5%	83.8%	85.6%	
			Number of members ages 18-75 with diabetes who had an HbA1c test	94	924	3,221

	MCE 4	Number of members ages 18-75 at the end of the measurement period identified with diabetes	133	1074	3725
		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	73.4%	86.9%	88%

**Source: OMPP Quality and Reporting*

Table 3. Emergency Room Utilization

Reporting Period: April 1, 2020 – June 30, 2020

The Emergency Room Utilization data is collected on a paid basis not an incurred basis, meaning that this data reflects the claims paid during the experience period with a 90 day claims lag time. This table show the claims payment activity for July 1, 2019- September 30, 2019 for HIP Plus, HIP Basic, and HIP State Plan.

Plan	Number of ER visits adjudicated for the experience period	Number of ER visits deemed emergent	Number of visits deemed non-emergent	Number of Adjudicated ER claims per 1,000 members	Percent of claims deemed emergent	Percent of claims deemed non-emergent
HIP Plus	98,685	43,390	56,295	53	44.0%	57.0%
HIP Basic	43,615	18,529	25,086	70	42.5%	57.5%
HIP State Plan	249,751	114,533	135,218	108	45.9%	54.1%

3. Appeals Metrics

Table 4. Hearings Opened

Reporting Period: April 1, 2020 – June 30, 2020

Hearings Opened	Count	Percent of Opened	Average Days
Opened	776		
Pending	7	0.9%	
Rejected	3	0.4%	3
Accepted	766	98.7%	6.7

**Source: FSSA Data & Analytics*

Table 5. Hearings Accepted

Reporting Period: April 1, 2020 – June 30, 2020

Hearings Accepted	Count		Average Days
In Process	224	29.2%	
Dismissed	468	61.1%	29.1
Hearings Held	74	9.7%	37.3

**Source: FSSA Data & Analytics*

Table 6. Hearings Held

Reporting Period: April 1, 2020 – June 30, 2020

Hearings Held	Count		Percent of Released	Average Days
Awaiting Decision	19	25.7%		
Released	55	74.3%		57.7
Withdrawn	14		25.5%	
Favorable to State	25		45.5%	
Favorable to Appellant	18		32.7%	

**Source: FSSA Data & Analytics*

Table 7. Top 5 Appeal Reasons

Reporting Period: April 1, 2020 – June 30, 2020

Count	Reason
415	004 Unable to Determine eligibility
205	001 Financially Ineligible
71	027 Other
55	021 Effective Date of Assistance
24	047 Non Payment of Power Account

**Source: FSSA Data & Analytics*

4. Quality Measures

Table 8. New Member Health Needs Screen

Reporting Period: April 1, 2020 – June 30, 2020

Data Description	MCE 1	MCE 2	MCE 3	MCE 4	Total/Average %
Number of New Members Enrolled During the Reporting Period	18,911	5,318	8,556	8,787	1,036
Number of Members in Item #1 that Terminated Within their First 90 Days of Enrollment	223	127	217	293	860
New Members Net of Terminated	18,688	5,191	8,339	8,494	40,712
Number of Members in Item #1 that have been Classified as Unreachable	11,100	1,036	2,245	378	14,759
New Members Net of Terminated and Unreachable	7,588	1,455	6,094	8,116	23,253
Number of Members in Item #1 that were Screened Within their First 90 Days of Enrollment	7,551	1,681	5,768	6,133	21,133
Performance Measure #1: % Screened Within 90 Days (all except Terminated)	40.4%	32.4%	69.2%	72.2%	53.6%
Performance Measure #2: % Screened Within 90 Days (excluding Terminated and Unreachable)	99.5%	40.5%	94.7%	75.6%	77.6%

**Source: OMPP Quality and Reporting*

Table 9. Physical Health Complex Care Management

Reporting Period: April 1, 2020 – June 30, 2020

Condition	Total Identified (through any method) in the Reporting Period	Total Identified through HNS or NOP Specifically in the Reporting Period	Total Opt Outs (Refusals) in the Reporting Period	Total Active Ever Enrolled in the Reporting Period	Total Participation Days in the Reporting Period Represented by the Active Ever Enrolled	Total Disenrolled in the Reporting Period	Total Enrolled at the End of the Reporting Period
Asthma	2,030	581	9	428	11,619	102	334
Diabetes	4,553	512	23	900	27,308	333	573
COPD	1,501	152	13	407	10,252	94	316
Coronary Artery Disease	368	1	7	155	4,334	11	146
Congestive Heart Failure	778	53	7	223	4,947	62	161
Chronic Kidney Disease	692	47	5	212	5,892	55	155

**Source: OMPP Quality and Reporting*

Table 10. Behavioral Health Complex Care Management

Reporting Period: April 1, 2020 – June 30, 2020

Condition	Total Identified (through any method) in the Reporting Period	Total Identified through HNS or NOP Specifically in the Reporting Period	Total Opt Outs (Refusals) in the Reporting Period	Total Active Ever Enrolled in the Reporting Period	Total Participation Days in the Reporting Period Represented by the Active Ever Enrolled	Total Disenrolled in the Reporting Period	Total Enrolled at the End of the Reporting Period
Depression	5,061	1,332	103	1,252	57,330	323	939
ADHD	273	1,323	0	36	1,961	6	31
Autism/Pervasive Developmental Disorder	238	1,320	0	43	2,216	10	34
Inpatient Discharges from Psychiatric Hospital	3,305	1,320	15	2,272	126,857	744	1,530
Bipolar Disorder	1,776	1,321	28	448	22,756	102	349

Table 11 and Table 12. Prenatal and Postpartum Care

Reporting Period: April 1, 2020 – June 30, 2020

Table 11 assesses the weeks of pregnancy at the time of enrollment in to the MCE for women who delivered a live birth during the previous 12 months, as well as the average number of prenatal visits during the enrollment.

MCE	Data Description	Prior to Week 15 of Pregnancy	Weeks 15 through 28 of Pregnancy	Weeks 29 through 36 of Pregnancy	Week 37 or later of Pregnancy
MCE 1	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	5,563	2,160	706	289
	Prenatal visits in Weeks 1-14	10,144			
	Prenatal visits in Weeks 15-28	23,050	5,555		
	Prenatal visits in Weeks 29-36	23,686	9,015	1,581	
	Prenatal visits in Week 37 and later	22,145	8,466	2,588	556
	Average number of visits in Weeks 1-14	1.8			
	Average number of visits in Weeks 15-28	4.1	2.6		
	Average number of visits in Weeks 29-36	4.3	4.2	2.2	
Average number of visits in Weeks 37 and later	4.0	3.9	3.7	1.9	
MCE 2	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	779	1059	381	180
	Prenatal visits in Weeks 1-15	511			
	Prenatal visits in Weeks 15-29	3450	3496		
	Prenatal visits in Weeks 29-37	3115	4116	1008	
	Prenatal visits in Week 37 and later	2876	3863	1255	402
	Average number of visits in Weeks 1-15	0.7			

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	Average number of visits in Weeks 15-29	4.4	3.3		
	Average number of visits in Weeks 29-37	4.0	3.9	2.6	
	Average number of visits in Weeks 37 and later	3.7	3.6	3.3	2.2
MCE 3	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	4,439	1,855	492	171
	Prenatal visits in Weeks 1-16	4,075			
	Prenatal visits in Weeks 15-30	13,262	3,442		
	Prenatal visits in Weeks 29-38	17,542	7,023	1,015	
	Prenatal visits in Week 37 and later	21,967	8,785	2,138	480
	Average number of visits in Weeks 1-16	0.9			
	Average number of visits in Weeks 15-30	3.0	1.9		
	Average number of visits in Weeks 29-38	4.0	3.8	2.1	
	Average number of visits in Weeks 37 and later	4.9	4.7	4.3	2.8
MCE 4	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	2,923	1,644	498	212
	Prenatal visits in Weeks 1-17	4,621			
	Prenatal visits in Weeks 15-31	140	3,823		
	Prenatal visits in Weeks 29-39	106	96	1,029	
	Prenatal visits in Week 37 and later	40	61	17	308
	Average number of visits in Weeks 1-17	1.6			
	Average number of visits in Weeks 15-31	0.0	2.3		
	Average number of visits in Weeks 29-39	0.0	0.1	2.1	
	Average number of visits in Weeks 37 and later	0.0	0.0	0.0	1.5

*Source: OMPP Quality and Reporting

Table 12 assesses timeliness of prenatal care and postpartum care among women who delivered a live birth during the previous 12 months.

MCE Prenatal & Postpartum Care	Data Description	Basic	Plus	State
MCE 1	Percent of women who delivered that received a prenatal care visit as a member of the MCE in the first trimester or within 42 days of enrollment with the MCE	74.5%	84.6%	86.8%
	Percent of women who delivered that received a postpartum visit as a member of the MCE on or between 21 and 56 days after delivery	63.8%	73.8%	70.6%
MCE 2	Percent of women who delivered that received a prenatal care visit as a member of the MCE in the first trimester or within 42 days of enrollment with the MCE	75.7%	78.8%	75.7%
	Percent of women who delivered that received a postpartum visit as a member of the MCE on or between 21 and 56 days after delivery	72.6%	81.2%	69.8%
MCE 3	Percent of women who delivered that received a prenatal care visit as a member of the MCE in the first trimester or within 42 days of enrollment with the MCE	68.4%	82.5%	78.6%
	Percent of women who delivered that received a postpartum visit as a member of the MCE on or between 21 and 56 days after delivery	57.3%	77.6%	67.7%
MCE 4	Percent of women who delivered that received a prenatal care visit as a member of the MCE in the first trimester or within 42 days of enrollment with the MCE	81.3%	100.0%	88.4%
	Percent of women who delivered that received a postpartum visit as a member of the MCE on or between 21 and 56 days after delivery	56.3%	71.4%	70.0%

*Source: OMPP Quality and Reporting