

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.

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 an 8.9 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 September 30, 2020, 72% of overall HIP enrollees are enrolled in the PLUS program compared to 22% who are enrolled in the HIP-Basic program. There was a 10.7% increase in Plus enrollment since all members enrolling into HIP will automatically enroll in Plus throughout the duration of the PHE. Due to this policy, the basic enrollment decreased compared to Q2 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.

Eighty-four percent of HIP members completed a Health Needs Screen within 90 days of enrollment with their MCE (excluding the terminated and unreachable members). This is quite a large increase from 77.6% members in Q2 2020. This is reasonable since new members could have a better understanding of health coverage if they are no longer employed due to the COVID-19 pandemic but previously had employer-sponsored/commercial coverage.

Compared to Q2 2020, enrollment in the complex case management of physical health conditions program increased on average by 37%. Complex case management for behavioral health increased for members identified with depression, Autism/Pervasive Developmental Disorder, and inpatient discharges from psychiatric hospitals. Members with identified behavioral health conditions such as ADHD and bipolar disorder decreased in the MCEs complex case management programs compared to Q2.

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 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 and submitted a response summary and a revised evaluation plan to CMS in May 2020 (Q2) and September 2020 (Q3). The State anticipates CMS approval of the evaluation plan in Q4 2020.

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.

In June 2020 (Q2), the evaluator began discussions with the State to develop a Tableau Data Dashboard for Indiana HIP Enrollment and Disenrollment. The Dashboard included data from the Interim Evaluation and allowed the State to filter and sort data based on selected criteria. The evaluator delivered the final Dashboard to the State in September 2020 (Q3).

Type of Evaluation Deliverable	Due Date	State Notes or Comments	Description of Any Anticipated Issues
<i>Ad Hoc Report: Data Dashboard</i>	<i>September 2020</i>	<i>The evaluator developed a Tableau Data Dashboard for Indiana HIP Enrollment and Disenrollment</i>	<i>N/A</i>
<i>CMS approval of the Evaluation Plan</i>	<i>N/A</i>	<i>The State anticipates CMS approval with the waiver renewal application approval in Q4 2020.</i>	<i>N/A</i>

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.

The 1115 demonstration waiver post award forum was held on July 30, 2020 during a special meeting of the Medicaid Advisory Committee and was open to the public. Due to the ongoing nature of the COVID-19 PHE, this meeting was held virtually. The state presented on HIP eligibility and enrollment and gave an update of the operational status. In addition, updates were provided for the Serious Mental Illness (SMI) waiver, the Substance Use Disorders (SUD) waiver, and the Maternal Opioid Misuse Indiana Initiative (MOMII) waiver.

Due to the virtual nature of this year’s public comment, the four managed care entities (MCEs) provided written comments in support of the HIP, SMI, and SUD waivers. An MCE commented that the HIP program enhancement has enabled them to further support their members by focusing on social determinants of health through programs addressing such issues as housing, education, and employment. These sentiments were echoed across all the MCEs. In addition, all four of the MCEs were supportive

about the start of Workforce Bridge Account Program which will help HIP members transition to commercial coverage if they disenroll for increased income. The WBA program is not currently active since HIP member coverage will not be terminated until disenrollment policies are re-established post the public health emergency and members are given ample notice.

Most questions received were in the “chat box” feature of the virtual meeting where guests of the meeting could type in questions and a moderator would repeat the question to the presenters. Questions were related to understanding HIP eligibility, POWER Accounts, results regarding the disparities found in the Interim HIP Evaluation, and ongoing operational and policy updates in response to COVID-19. The State also discussed its actions towards addressing the disparities found in the Interim Evaluation by establishing the Office of Healthy Opportunities which is focused on addressing the social determinants of health that our members and all Hoosiers face. In addition, the FSSA will interview for a new Chief Health Equity and ADA Officer to lead this office. In summary, Indiana addressed questions to satisfaction.

13. Notable State Achievements and/or Innovations

None to report during this quarter.

Appendix X

1. Enrollment Metrics

Table 1. HIP Enrollment

Reporting Period: July 1, 2020 – September 30, 2020

FPL Levels	BASIC				PLUS				MATERNITY		TOTAL PROGRAM	
	State	Regular	Total	Percentage	State	Regular	Total	Percentage	TOTAL	Percentage	TOTAL	Percentage
<5%	48,044	32,585	80,629	26.6%	124,264	80,168	204,432	67.4%	18,201	6.0%	303,262	56.5%
5%-10%	620	199	819	21.4%	1,889	914	2,803	73.2%	209	5.5%	3,831	0.7%
11%-22%	1,847	554	2,401	21.6%	5,447	2,521	7,968	71.8%	731	6.6%	11,100	2.1%
23%-50%	3,442	4,518	7,960	21.5%	8,988	17,530	26,518	71.6%	2,580	7.0%	37,058	6.9%
51%-75%	3,268	5,962	9,230	19.7%	10,650	24,508	35,158	75.2%	2,384	5.1%	46,772	8.7%
76%-100%	2,867	6,170	9,037	17.9%	11,237	27,543	38,780	76.8%	2,684	5.3%	50,501	9.4%
Total <101%	60,088	49,988	110,076	24.3%	162,475	153,184	315,659	69.8%	26,789	5.9%	452,524	84.3%
101%-138%	2,602	4,247	6,849	9.6%	17,705	43,365	61,070	85.6%	3,452	4.8%	71,371	13.3%
>138%	519	1,073	1,592	12.6%	4,885	5,181	10,066	79.7%	972	7.7%	12,630	2.4%
Grand Total	63,209	55,308	118,517	22.1%	185,065	201,730	386,795	72.1%	31,213	5.8%	536,525	100.0%

*Source: FSSA Data & Analytics

2. Benefits Metrics

Table 2. Preventive Services and Chronic Care

Reporting Period: July 1, 2020 – September 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	52.4%	77.6%	86.8%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	51.1%	84.0%	93.7%
	MCE 2	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	36.1%	70.4%	79.9%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	30.8%	75.4%	90.3%
	MCE 3	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	46.2%	74.5%	84.4%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	40.9%	76.6%	92.1%
	MCE 4	Percentage of Preventive or Ambulatory visits, ages 19 - 44 years	42.5%	74.0%	85.0%
		Percentage of Preventive or Ambulatory visit, ages 45 - 64 years	36.2%	78.2%	93.5%
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	165	2,714	3,440
		Number of female members ages 52-74 at the end of the measurement period	1,412	12,020	10,630
		Percent of women ages 52-74 at the end of the measurement period not excluded from measure who had a mammogram	26.7%	56.8%	59.1%
	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	19	460	361
		Number of female members ages 52-74 at the end of the measurement period	380	2737	1592
		Percent of women ages 52-74 at the end of the measurement period not excluded from measure who had a mammogram	18.1%	55.3%	47.6%
	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	31	998	2125
		Number of female members ages 52-74 at the end of the measurement period	494	4394	5777

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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	14.9%	51.1%	59.4%	
	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	23	783	1,684	
		Number of female members ages 52-74 at the end of the measurement period	381	3,704	4,317	
		Percent of women ages 52-74 at the end of the measurement period not excluded from measure who had a mammogram	54.6%	64.2%	48.2%	
Cervical Cancer Screening	MCE 1	Women who had one or more PAP tests, ages 21 - 64 years	2,812	11,146	27,619	
		Women enrolled with the MCE, ages 21 - 64 years	10,371	43,774	73,807	
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	41.7%	52.6%	58.3%	
	MCE 2	Women who had one or more PAP tests, ages 21 - 64 years	417	2,126	3,682	
		Women enrolled with the MCE, ages 21 - 64 years	3,254	11,086	12,982	
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	28.2%	44.3%	48.6%	
	MCE 3	Women who had one or more PAP tests, ages 21 - 64 years	920	6,330	15,535	
		Women enrolled with the MCE, ages 21 - 64 years	4,659	21,983	41,808	
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	30.20%	49.70%	51.40%	
	MCE 4	Women who had one or more PAP tests, ages 21 - 64 years	549	4,034	12,248	
		Women enrolled with the MCE, ages 21 - 64 years	2,984	15,326	31,165	
		Percentage of women who had one or more PAP tests, ages 21 - 64 years	52%	58.4%	42.6%	
Comprehensive Diabetes Care	MCE 1	Number of members ages 18-75 with diabetes who had an HbA1c test	385	2,651	7,720	
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	844	5,107	11,632	
		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	69.6%	84.3%	83.2%	
	MCE 2	Number of members ages 18-75 with diabetes who had an HbA1c test	194	239	1,368	
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	177	227	1,107	
		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	77.9%	74.7%	76.4%	
	MCE 3	Number of members ages 18-75 with diabetes who had an HbA1c test	127	1,211	4,820	
		Number of members ages 18-75 at the end of the measurement period identified with diabetes	319	2,239	6,823	
		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	58.5%	80.7%	83.5%	
			Number of members ages 18-75 with diabetes who had an HbA1c test	76	803	3,580

	MCE 4	Number of members ages 18-75 at the end of the measurement period identified with diabetes	131	940	3812
		Percent of members ages 18-75 at the end of the measurement period identified with diabetes who had an HbA1c test	61.3%	85.7%	86.3%

**Source: OMPP Quality and Reporting*

Table 3. Emergency Room Utilization

Reporting Period: July 1, 2020 – September 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 April 1, 2020- June 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	92,514	40,821	51,773	50	44.1%	56.0%
HIP Basic	40,695	17,061	23,634	64	41.9%	58.1%
HIP State Plan	249,585	116,298	133,287	100	46.6%	53.4%

3. Appeals Metrics

Table 4. Hearings Opened

Reporting Period: July 1, 2020 – September 30, 2020

Hearings Opened	Count	Percent of Opened	Average Days
Opened	328		
Pending	1	0.9%	
Rejected	0	0.4%	0
Accepted	327	98.7%	8

**Source: FSSA Data & Analytics*

Table 5. Hearings Accepted

Reporting Period: July 1, 2020 – September 30, 2020

Hearings Accepted	Count	Average Days
In Process	9	2.8%
Dismissed	262	80.1%
Hearings Held	56	17.1%

**Source: FSSA Data & Analytics*

Table 6. Hearings Held

Reporting Period: July 1, 2020 – September 30, 2020

Hearings Held	Count		Percent of Released	Average Days
Awaiting Decision	5	8.9%		
Released	51	91.1%		41
Withdrawn	7		13.7%	
Favorable to State	22		43.1%	
Favorable to Appellant	22		43.1%	

**Source: FSSA Data & Analytics*

Table 7. Top 5 Appeal Reasons

Reporting Period: July 1, 2020 – September 30, 2020

Count	Reason
122	004 Unable to Determine eligibility
116	001 Financially Ineligible
51	027 Other
34	021 Effective Date of Assistance
2	044 Change in HIP Health Plan

**Source: FSSA Data & Analytics*

4. Quality Measures

Table 8. New Member Health Needs Screen

Reporting Period: July 1, 2020 – September 30, 2020

Data Description	MCE 1	MCE 2	MCE 3	MCE 4	Total/Average %
Number of New Members Enrolled During the Reporting Period	21,363	5,406	13,880	10,238	50,887
Number of Members in Item #1 that Terminated Within their First 90 Days of Enrollment	93	131	260	220	704
New Members Net of Terminated	21,270	5,275	13,620	10,018	50,183
Number of Members in Item #1 that have been Classified as Unreachable	11,092	1,529	5,262	675	18,558
New Members Net of Terminated and Unreachable	10,178	3,746	8,358	9,343	31,625
Number of Members in Item #1 that were Screened Within their First 90 Days of Enrollment	10,165	2,215	8,231	7,336	27,947
Performance Measure #1: % Screened Within 90 Days (all except Terminated)	47.8%	42.0%	60.4%	73.2%	55.9%
Performance Measure #2: % Screened Within 90 Days (excluding Terminated and Unreachable)	99.9%	59.1%	98.5%	78.5%	84.0%

*Source: OMPP Quality and Reporting

Table 9. Physical Health Complex Care Management

Reporting Period: July 1, 2020 – September 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	2,174	344	5	496	10,278	91	407
Diabetes	5,753	377	34	1,092	35,474	384	808
COPD	1,955	138	11	558	11,931	105	453
Coronary Artery Disease	613	24	6	252	5,235	25	227
Congestive Heart Failure	1,019	49	9	327	6,910	82	245
Chronic Kidney Disease	896	57	16	244	5,803	74	168

**Source: OMPP Quality and Reporting*

Table 10. Behavioral Health Complex Care Management

Reporting Period: July 1, 2020 – September 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	6,015	1,014	107	1,327	72,057	278	1,052
ADHD	305	934	0	30	1,820	3	27
Autism/Pervasive Developmental Disorder	282	928	0	46	2,645	8	38
Inpatient Discharges from Psychiatric Hospital	4,022	933	15	2,521	156,793	624	1,896
Bipolar Disorder	2,057	951	36	435	24,115	127	309

Table 11 and Table 12. Prenatal and Postpartum Care

Reporting Period: July 1, 2020 – September 30, 2020

Table 11 assesses the weeks of pregnancy at the time of enrollment into 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)	5,473	2,228	749	312
	Prenatal visits in Weeks 1-14	10,095			
	Prenatal visits in Weeks 15-28	22,911	5,574		
	Prenatal visits in Weeks 29-36	23,008	9,113	1,695	
	Prenatal visits in Week 37 and later	21,468	8,537	2,694	617
	Average number of visits in Weeks 1-14	1.8			
	Average number of visits in Weeks 15-28	4.2	2.5		
	Average number of visits in Weeks 29-36	4.2	4.1	2.3	
Average number of visits in Weeks 37 and later	3.9	3.8	3.6	2.0	
MCE 2	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	747	1,077	405	180
	Prenatal visits in Weeks 1-15	501			
	Prenatal visits in Weeks 15-29	3,403	3,564		
	Prenatal visits in Weeks 29-37	2,997	4,110	1,061	
	Prenatal visits in Week 37 and later	2,739	3,834	1,291	397
	Average number of visits in Weeks 1-15	0.7			

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	Average number of visits in Weeks 15-29	4.6	3.3		
	Average number of visits in Weeks 29-37	4.0	3.8	2.6	
	Average number of visits in Weeks 37 and later	3.7	3.6	3.2	2.2
MCE 3	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	4,202	1,867	630	260
	Prenatal visits in Weeks 1-16	3,967			
	Prenatal visits in Weeks 15-30	12,088	3,388		
	Prenatal visits in Weeks 29-38	15,902	6,856	1,265	
	Prenatal visits in Week 37 and later	20,319	8,791	2,743	712
	Average number of visits in Weeks 1-16	0.9			
	Average number of visits in Weeks 15-30	2.9	1.8		
	Average number of visits in Weeks 29-38	3.8	3.7	2.0	
	Average number of visits in Weeks 37 and later	4.8	4.7	4.4	2.7
MCE 4	Number of mothers who began enrollment with the MCE in (time period based on week in pregnancy)	2,815	1,669	525	231
	Prenatal visits in Weeks 1-17	4,395			
	Prenatal visits in Weeks 15-31	11,592	3,922		
	Prenatal visits in Weeks 29-39	10,543	5,755	1,077	
	Prenatal visits in Week 37 and later	9,069	5,091	1,488	326
	Average number of visits in Weeks 1-17	1.6			
	Average number of visits in Weeks 15-31	4.1	2.3		
	Average number of visits in Weeks 29-39	3.7	3.4	2.1	
	Average number of visits in Weeks 37 and later	3.2	3.1	2.8	1.4

*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	57.4%	73.0%	78.2%
	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	45.2%	64.6%	58.8%
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	77.9%	74.7%	76.4%
	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	71.1%	70.9%	61.8%
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	69.2%	79.2%	81.7%
	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	51.7%	71.0%	60.3%
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	82.4%	100.0%	88.5%
	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	58.8%	85.7%	68.0%

*Source: OMPP Quality and Reporting