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Medicaid & CHIP
Health Care Quality Measures

Quality of Maternal and Perinatal Health Care in Medicaid and CHIP: Findings from the 2019 Maternity Core Set

December 2020

Chart Pack

This chart pack is a product of the Technical Assistance and Analytic Support for the Medicaid and CHIP Quality Measurement and Improvement Program, sponsored by the Center for Medicaid and CHIP Services. The technical assistance team is led by Mathematica, in collaboration with the National Committee for Quality Assurance, Center for Health Care Strategies, AcademyHealth, and Aurrera Health Group.

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About the 2019 Core Set of Maternal and Perinatal Health Measures (Maternity Core Set)

As the largest payer for maternity care in the United States, covering 42 percent of all births, Medicaid has an important role to play in improving maternal and perinatal health outcomes.[1] Despite improvements in access to coverage and care, the rate of births reported as preterm or low birth weight among women in Medicaid is higher than the rate for those who are privately insured.[2] The health of a child is affected by a mother's health and the care she receives during pregnancy. When women access the health care system for maternity care, an opportunity is presented to promote services and behaviors to optimize their health and the health of their children.

As the U.S. Department of Health & Human Services agency responsible for ensuring quality health care coverage for Medicaid and Children's Health Insurance Program (CHIP) beneficiaries, the Centers for Medicare & Medicaid Services (CMS) plays a key role in promoting quality maternal and perinatal health care for children and adults in Medicaid and CHIP. To support maternal and perinatal health-focused efforts, CMS identified a core set of 12 measures for voluntary reporting by state Medicaid and CHIP agencies (Maternity Core Set), which includes 8 measures from CMS's Child Core Set and 4 measures from the Adult Core Set. CMS uses this Maternity Core Set to measure and assess progress on improving maternal and perinatal health care in Medicaid and CHIP.

This Chart Pack summarizes state reporting on the quality of maternal and perinatal health care covered by Medicaid and CHIP during FFY 2019, which generally covers care delivered in calendar year 2018. The Chart Pack includes analysis of state performance on 8 publicly reported measures. For a measure to be publicly reported, data must be provided to CMS by at least 25 states and meet CMS standards for data quality.

More information about CMS's efforts to improve maternal and infant health care quality is available at https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-and-infant-health/index.html.

12

measures address key aspects of health care access and quality related to maternal and perinatal health covered by Medicaid and CHIP

More information about the Child Core Set is available at: https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html.

More information about 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-health-care-quality-measures/index.html.

[1]Data on births covered by Medicaid and CHIP is available at https://www.cdc.gov/nchs/data/databriefs/db387-H.pdf.

[2] https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-18-2014.pdf

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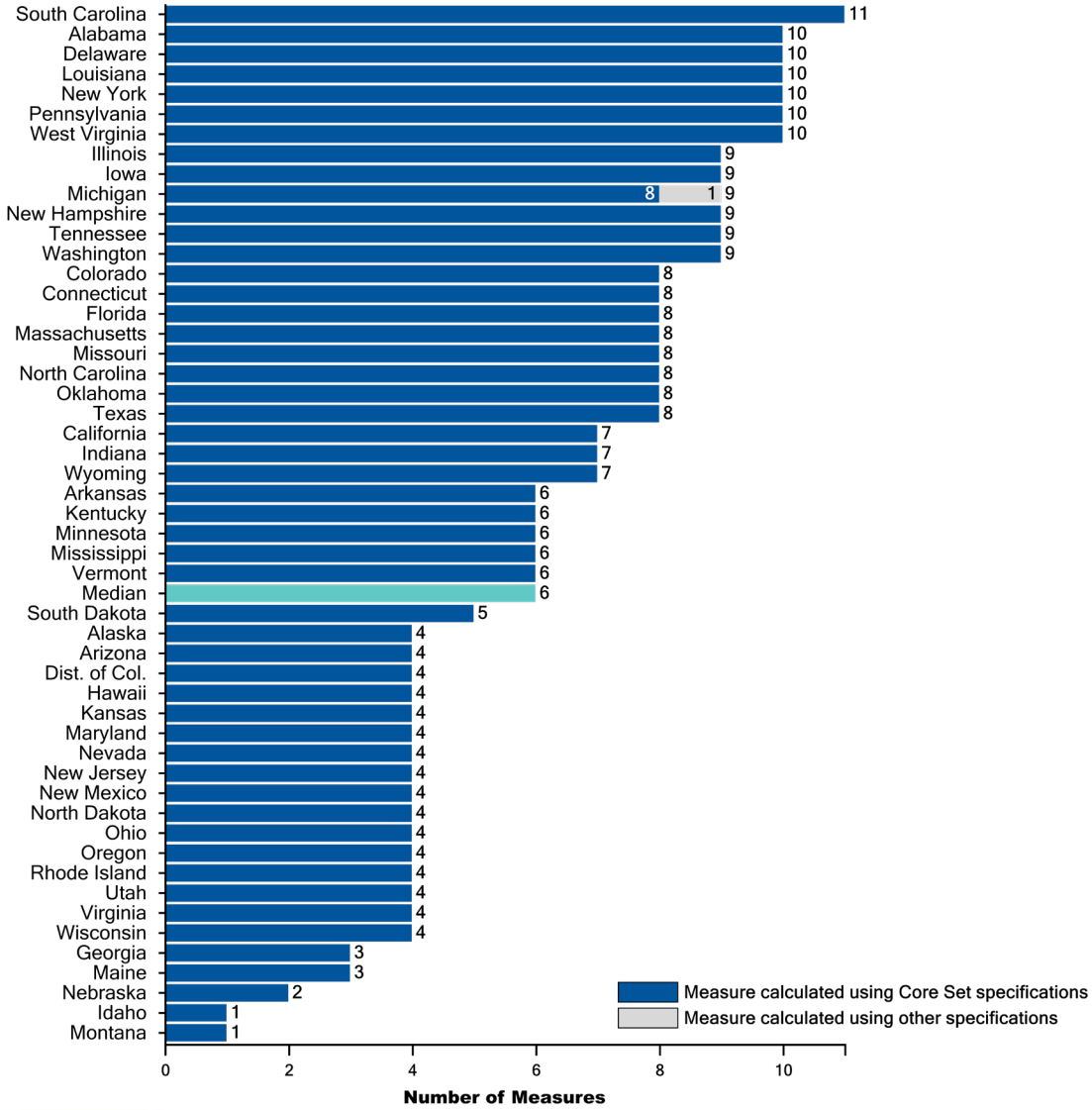
OVERVIEW OF STATE REPORTING OF THE 2019 MATERNITY CORE SET

Number of Maternity Core Set Measures Reported by States, FFY 2019



States reported a median of

6 Maternity Core Set measures for FFY 2019

Sources: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020 and Centers for Disease Control and Prevention Wide-ranging ONline Data for Epidemiologic Research (CDC WONDER) for calendar year 2018.

Notes: The term “states” includes the 50 states and the District of Columbia. The 2019 Maternity Core Set includes 12 measures. This chart includes all the Maternity Core Set measures for the FFY 2019 reporting cycle, except the CLABSI measure, which is obtained from CDC’s National Healthcare Safety Network, and uses a different statistic.

Unless otherwise specified, states used Core Set specifications to calculate the measures. Some states calculated measures using “other specifications.” Measures were denoted as using “other specifications” when the state deviated substantially from the Core Set specifications, such as using alternate data sources, different populations, or other methodologies.

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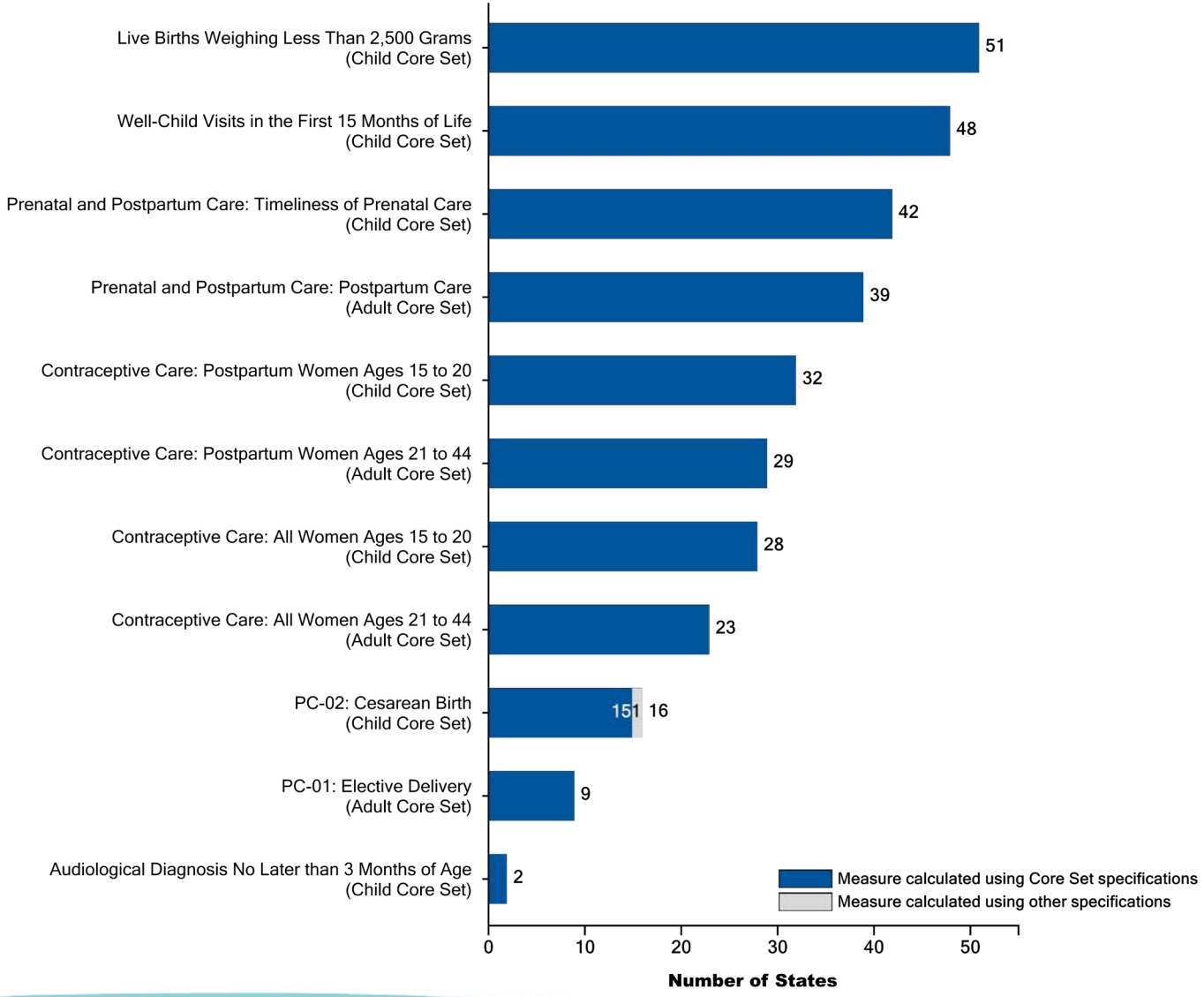
Number of States Reporting the Maternity Core Set Measures, FFY 2019



51

states voluntarily reported at least one Maternity Core Set measure for FFY 2019

Sources: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020 and Centers for Disease Control and Prevention Wide-ranging ONline Data for Epidemiologic Research (CDC WONDER) for calendar year 2018.

Notes: The term "states" includes the 50 states and the District of Columbia. The 2019 Maternity Core Set includes 12 measures. This chart includes all the Maternity Core Set measures for the FFY 2019 reporting cycle, except the CLABSI measure, which is obtained from CDC's National Healthcare Safety Network, and uses a different statistic.

Unless otherwise specified, states used Core Set specifications to calculate the measures. Some states calculated measures using "other specifications." Measures were denoted as using "other specifications" when the state deviated substantially from the Core Set specifications, such as using alternate data sources, different populations, or other methodologies.

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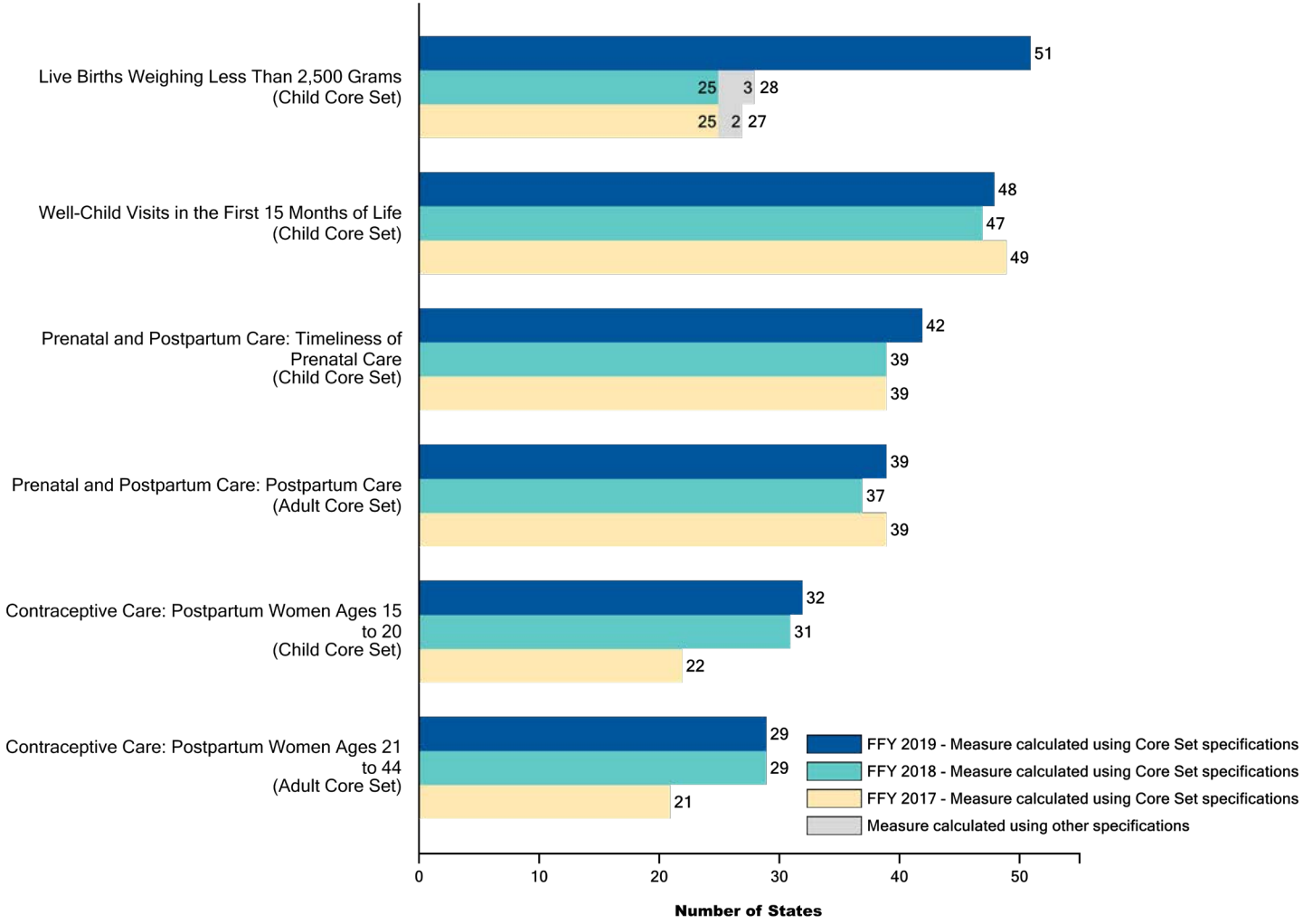
Number of States Reporting the Maternity Core Set Measures, FFY 2017–2019



State reporting remained consistent or increased for

8 of the 12 measures included in the Maternity Core Sets for all three years

Note: For states that did not report the Live Births Weighing Less Than 2,500 Grams measure using Child Core Set specifications for FFY 2019, CMS calculated the measure using birth certificate data submitted by states and compiled by the National Center for Health Statistics (NCHS) in CDC WONDER. States that reported the measure using Core Set specifications could also elect to use CDC WONDER.

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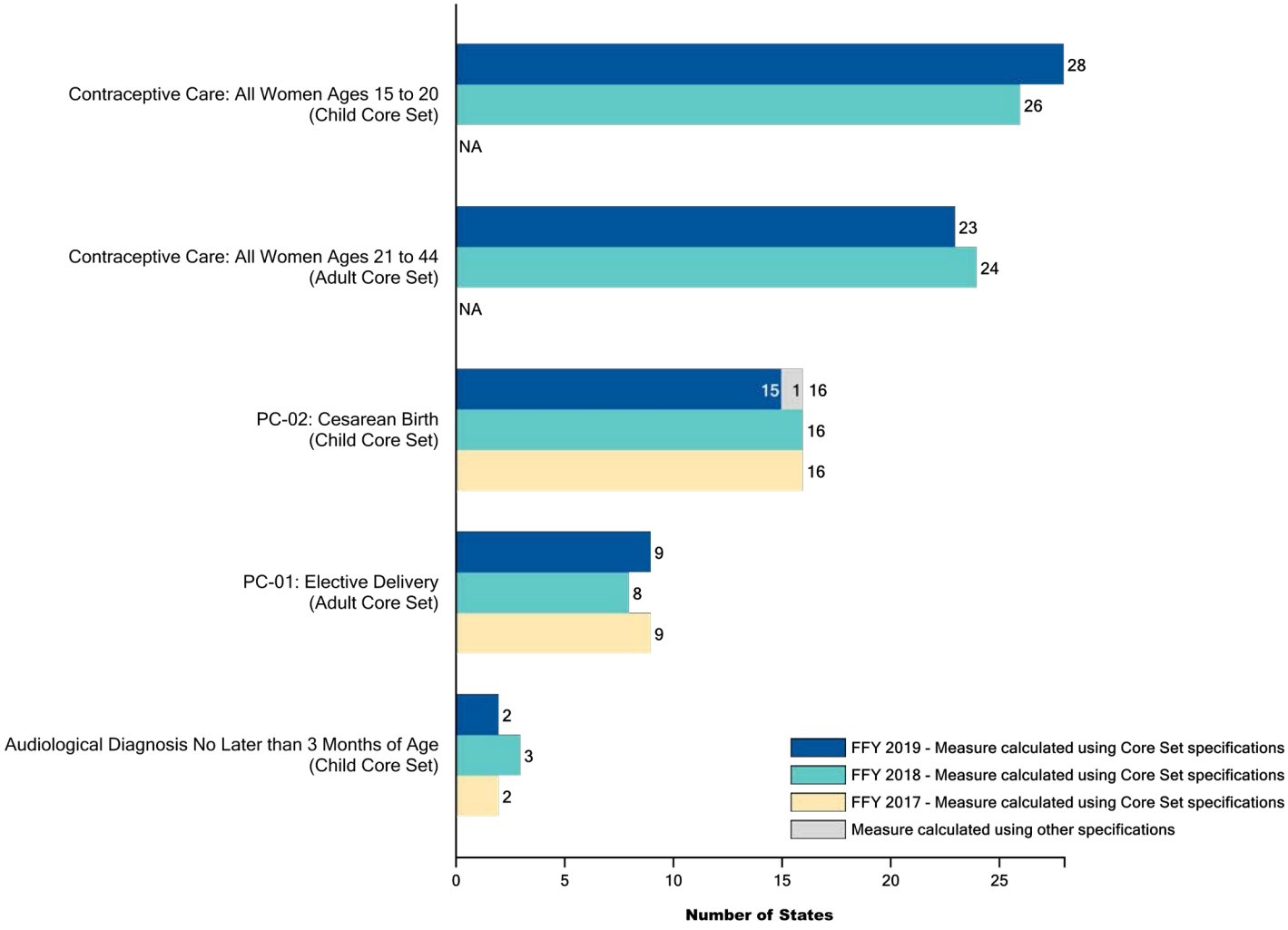
Number of States Reporting the Maternity Core Set Measures, FFY 2017–2019 (continued)



Sources: Mathematica analysis of FFY 2017–FFY 2019 MACPro reports and the Centers for Disease Control and Prevention Wide-ranging ONline Data for Epidemiologic Research (CDC WONDER) for calendar year 2018.

Notes: The term “states” includes the 50 states and the District of Columbia. The 2019 Maternity Core Set includes 12 measures. This chart includes all the Maternity Core Set measures for the FFY 2019 reporting cycle, except the CLABSI measure, which is obtained from CDC’s National Healthcare Safety Network, and uses a different statistic.

Unless otherwise specified, states used Core Set specifications to calculate the measures. Some states calculated Core Set measures using “other specifications.” Measures were denoted as using “other specifications” when the state deviated substantially from the Core Set specifications, such as using alternate data sources, different populations, or other methodologies.

NA = not applicable; measure not included in the Core Set for the reporting period.

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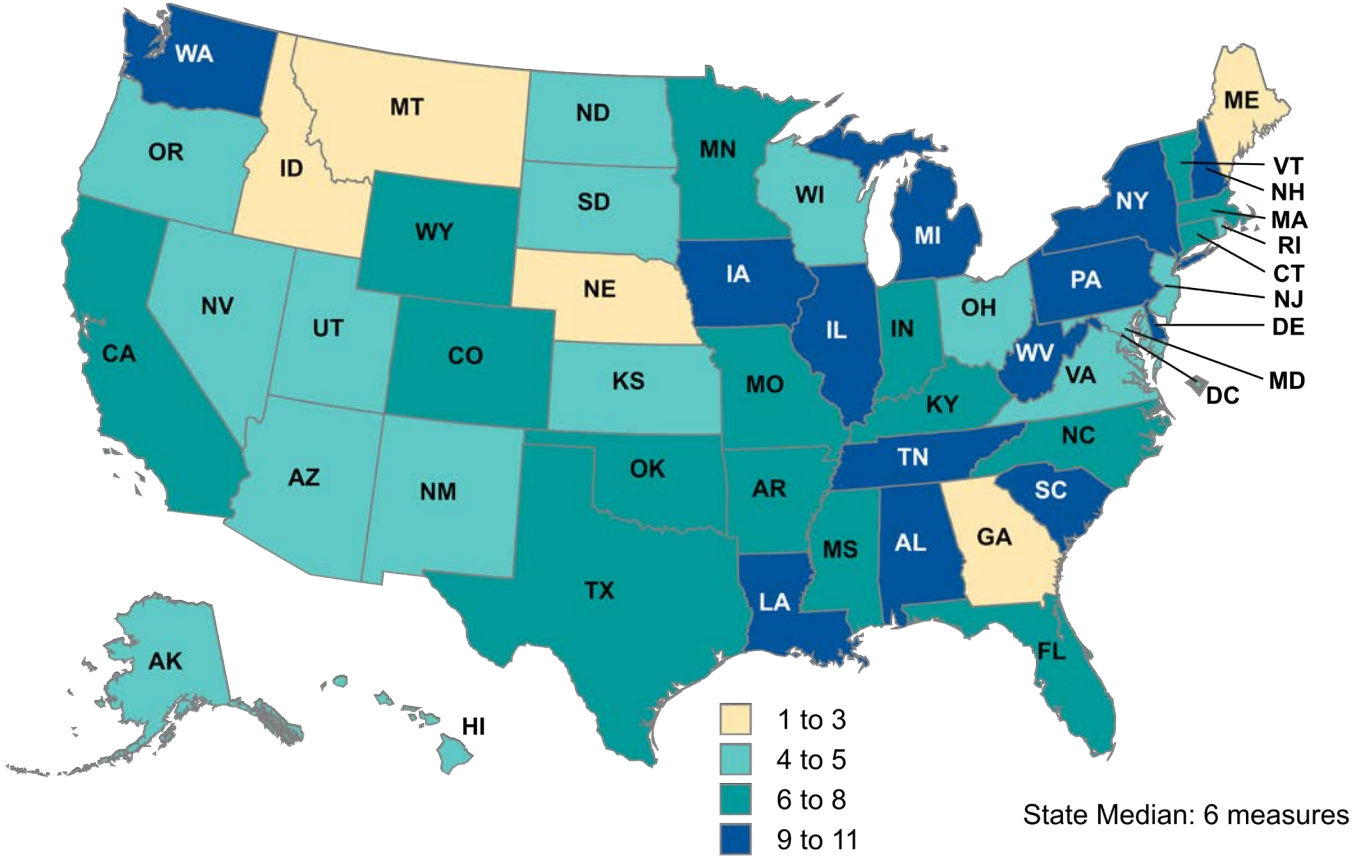
Geographic Variation in the Number of Maternity Core Set Measures Reported by States, FFY 2019



State Median: 6 measures

13 states reported at least 9 Maternity Core Set measures for FFY 2019

Sources: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020 and Centers for Disease Control and Prevention Wide-ranging ONline Data for Epidemiologic Research (CDC WONDER) for calendar year 2018.

Notes: The term "states" includes the 50 states and the District of Columbia. The 2019 Maternity Core Set includes 12 measures. This chart includes all the Maternity Core Set measures for the FFY 2019 reporting cycle, except the CLABSI measure, which is obtained from CDC's National Healthcare Safety Network.

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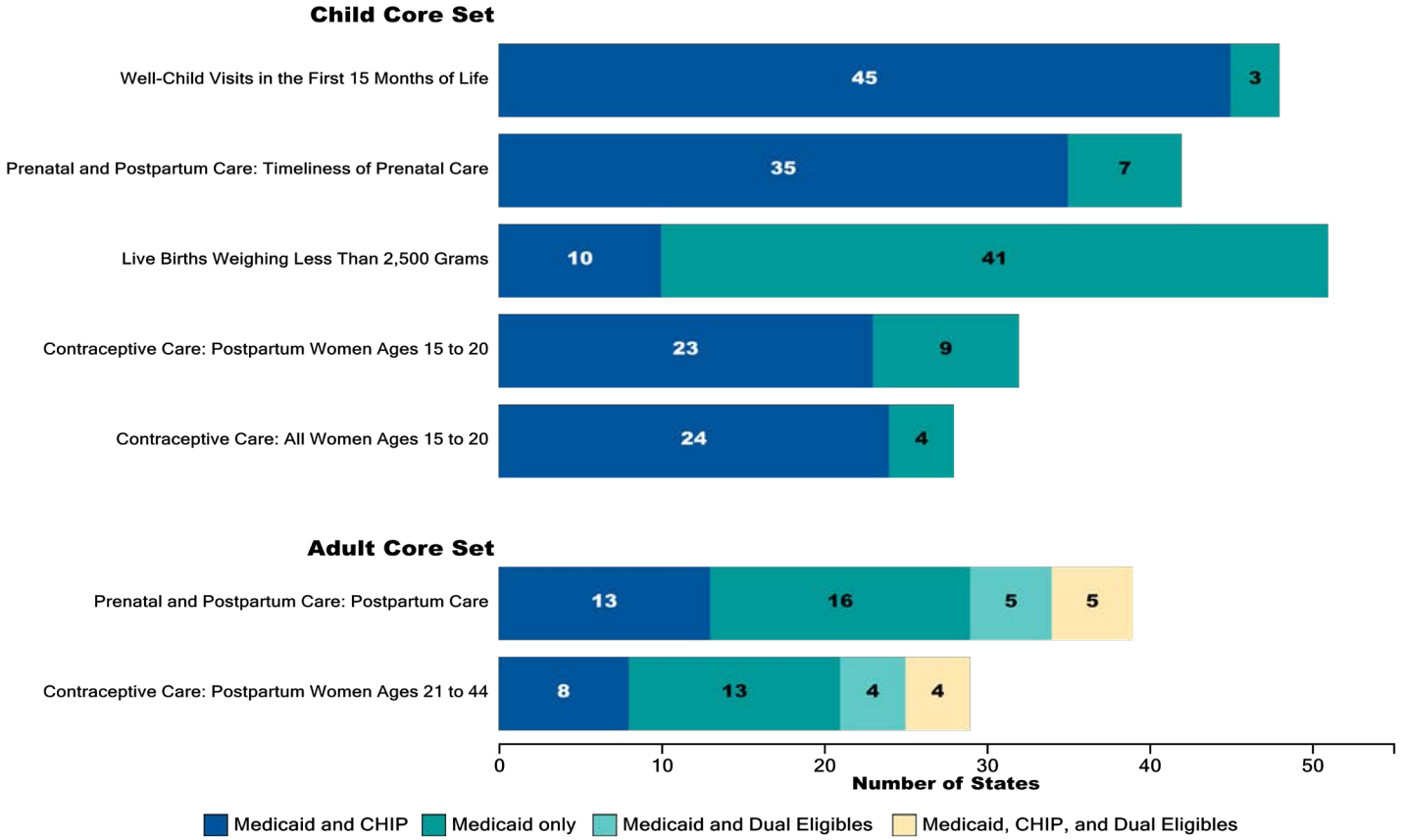
Frequently Reported Maternity Core Set Measures, FFY 2019

Eight Maternity Core Set measures were available for analysis for FFY 2019. These measures were reported by at least 25 states for the Child or Adult Core Set for FFY 2019 and met CMS standards for data quality.

- Well-Child Visits in the First 15 Months of Life (Child Core Set)
- Prenatal and Postpartum Care: Timeliness of Prenatal Care (Child Core Set)
- Prenatal and Postpartum Care: Postpartum Care (Adult Core Set)
- Live Births Weighing Less Than 2,500 Grams (Child Core Set)
- Pediatric Central Line-Associated Blood Stream Infections (Child Core Set)
- Contraceptive Care: Postpartum Women Ages 15 to 20 (Child Core Set)
- Contraceptive Care: Postpartum Women Ages 21 to 44 (Adult Core Set)
- Contraceptive Care: All Women Ages 15 to 20 (Child Core Set)

Populations Included in Frequently Reported Maternity Core Set Measures for FFY 2019



Sources: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020 and Centers for Disease Control and Prevention Wide-ranging ONline Data for Epidemiologic Research (CDC WONDER) for calendar year 2018.

Notes: This chart includes measures that were reported by at least 25 states for FFY 2019 and that met CMS standards for data quality. This chart includes all the Maternity Core Set measures for the FFY 2019 reporting cycle, except the CLABSI measure, which is obtained from CDC's National Healthcare Safety Network, and uses a different statistic. For 39 states, the Live Births Weighing Less than 2,500 Grams measure was calculated by CMS using birth certificate data submitted by states and compiled by the National Center for Health Statistics in CDC WONDER. Some states may include CHIP beneficiaries in these data.

"Dual Eligibles" refers to beneficiaries dually enrolled in both Medicare and Medicaid. States can include different populations for Child and Adult Core Set reporting.

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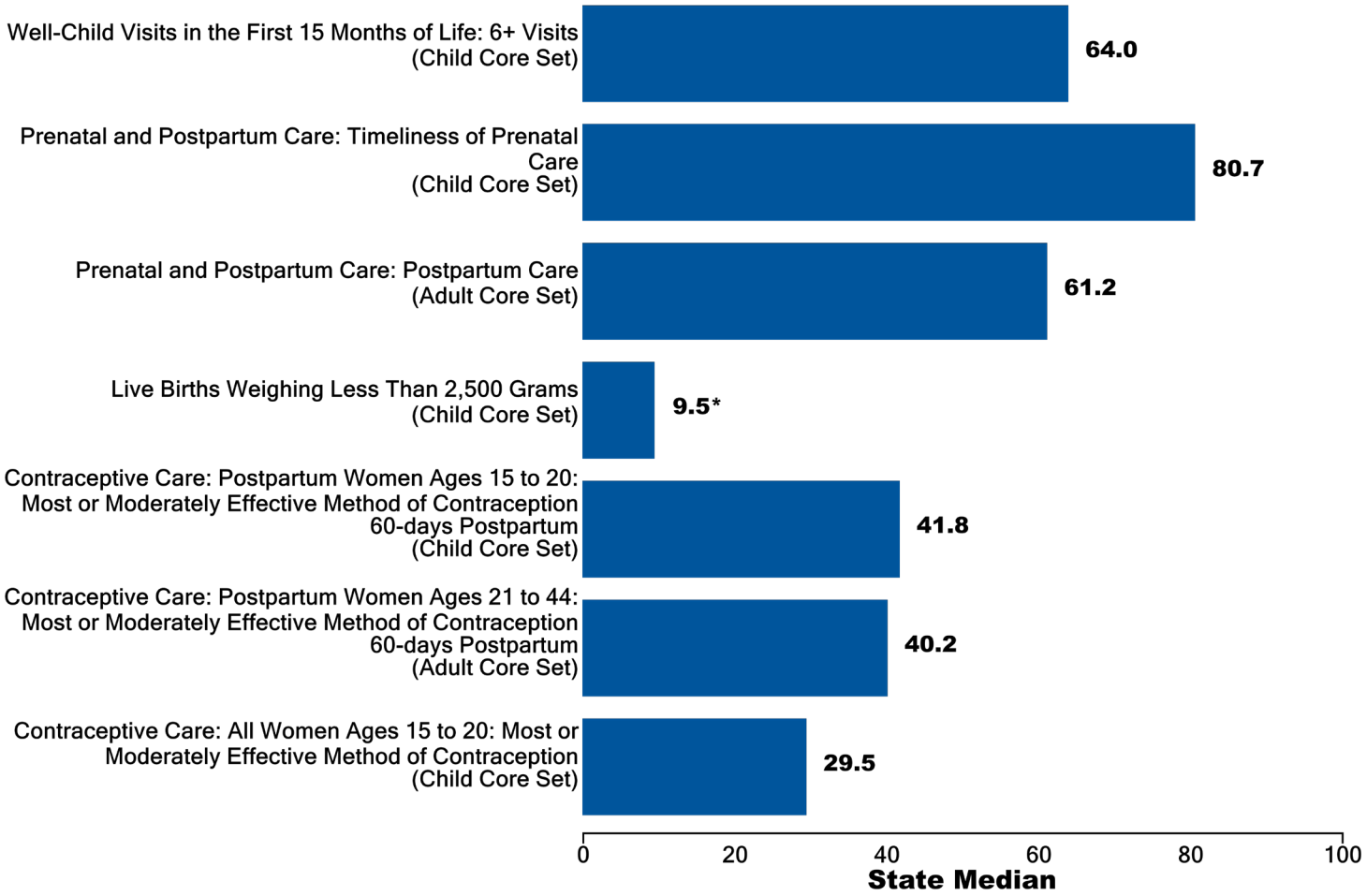
Median Performance Rates on Frequently Reported Maternity Core Set Measures, FFY 2019



Sources: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020 and Centers for Disease Control and Prevention Wide-ranging ONline Data for Epidemiologic Research (CDC WONDER) for calendar year 2018.

Notes: This chart includes measures that were reported by at least 25 states for FFY 2019 and that met CMS standards for data quality. This chart excludes the CLABSI measure, which is obtained from CDC's National Healthcare Safety Network, and uses a different statistic.

*Lower rates are better for this measure.

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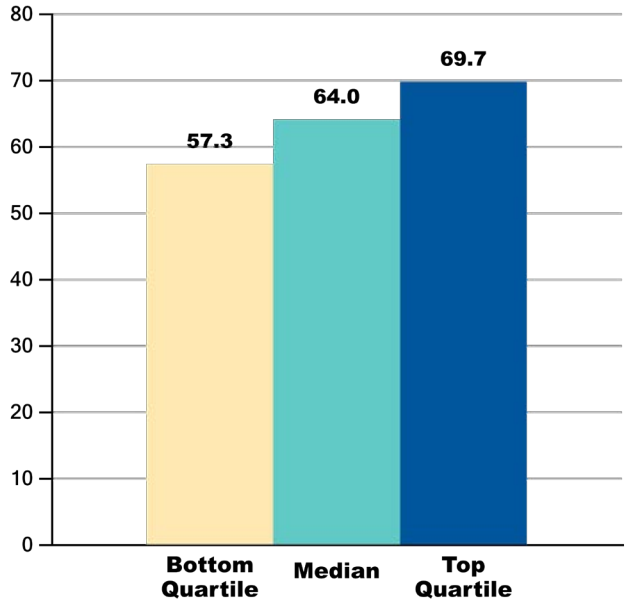
Well-Child Visits in the First 15 Months of Life (Child Core Set)

The American Academy of Pediatrics and Bright Futures recommend nine well-care visits by the time children turn 15 months of age. These visits should include a health history, physical examination, immunizations, vision and hearing screening, developmental/ behavioral assessment, an oral health risk assessment, as well as parenting education on a wide range of topics. In the Child Core Set, state performance is measured as the percentage of children who received six or more visits by 15 months.

Percentage of Children Receiving Six or More Well-Child Visits in the First 15 Months of Life (W15-CH), FFY 2019 (n = 48 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: This measure shows the percentage of children who turned 15 months old during the measurement year and who had the following number of well-child visits with a primary care practitioner (PCP) during their first 15 months of life: 0, 1, 2, 3, 4, 5, and 6 or more visits. This chart shows state reporting for the percentage with 6 or more well-child visits. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

A median of

64 percent

of children received six or more well-child visits in the first 15 months of life (48 states)

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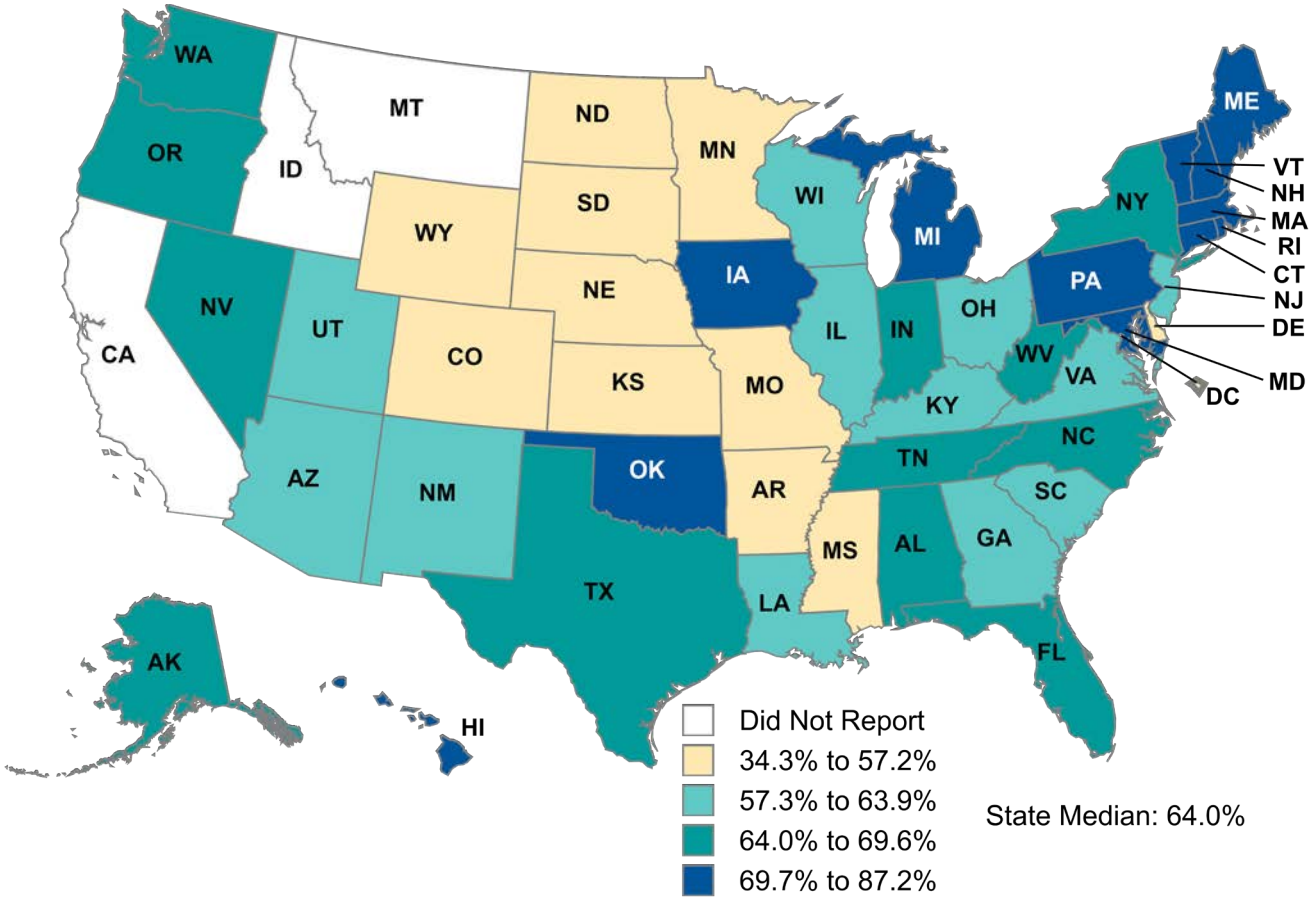
Well-Child Visits in the First 15 Months of Life (Child Core Set) (continued)

Geographic Variation in the Percentage of Children Receiving Six or More Well-Child Visits in the First 15 Months of Life (W15-CH), FFY 2019 (n = 48 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

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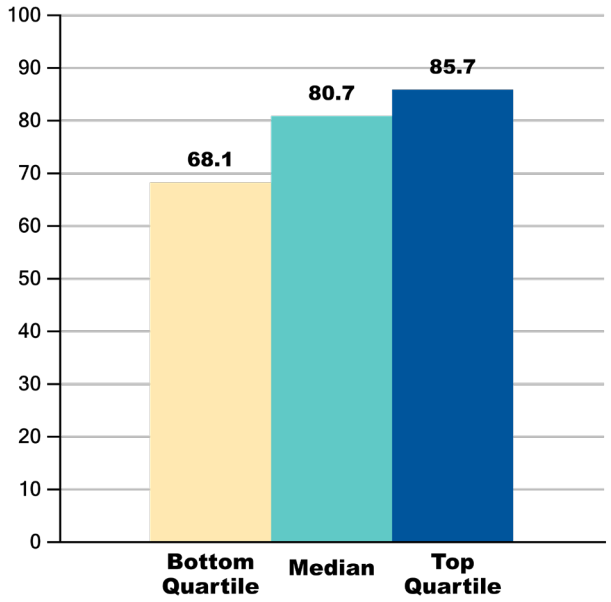
Prenatal and Postpartum Care: Timeliness of Prenatal Care (Child Core Set)

Initiation of prenatal care during the first trimester of pregnancy facilitates a comprehensive assessment of a woman's health history, pregnancy risk, and health knowledge. Early screening and referrals for specialized care can prevent pregnancy complications resulting from pre-existing health conditions or promote access to recommended care. The prenatal care measure assesses how often pregnant women received timely prenatal care (during the first trimester or within 42 days of Medicaid or CHIP enrollment).

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 (PPC-CH), FFY 2019 (n = 42 states)



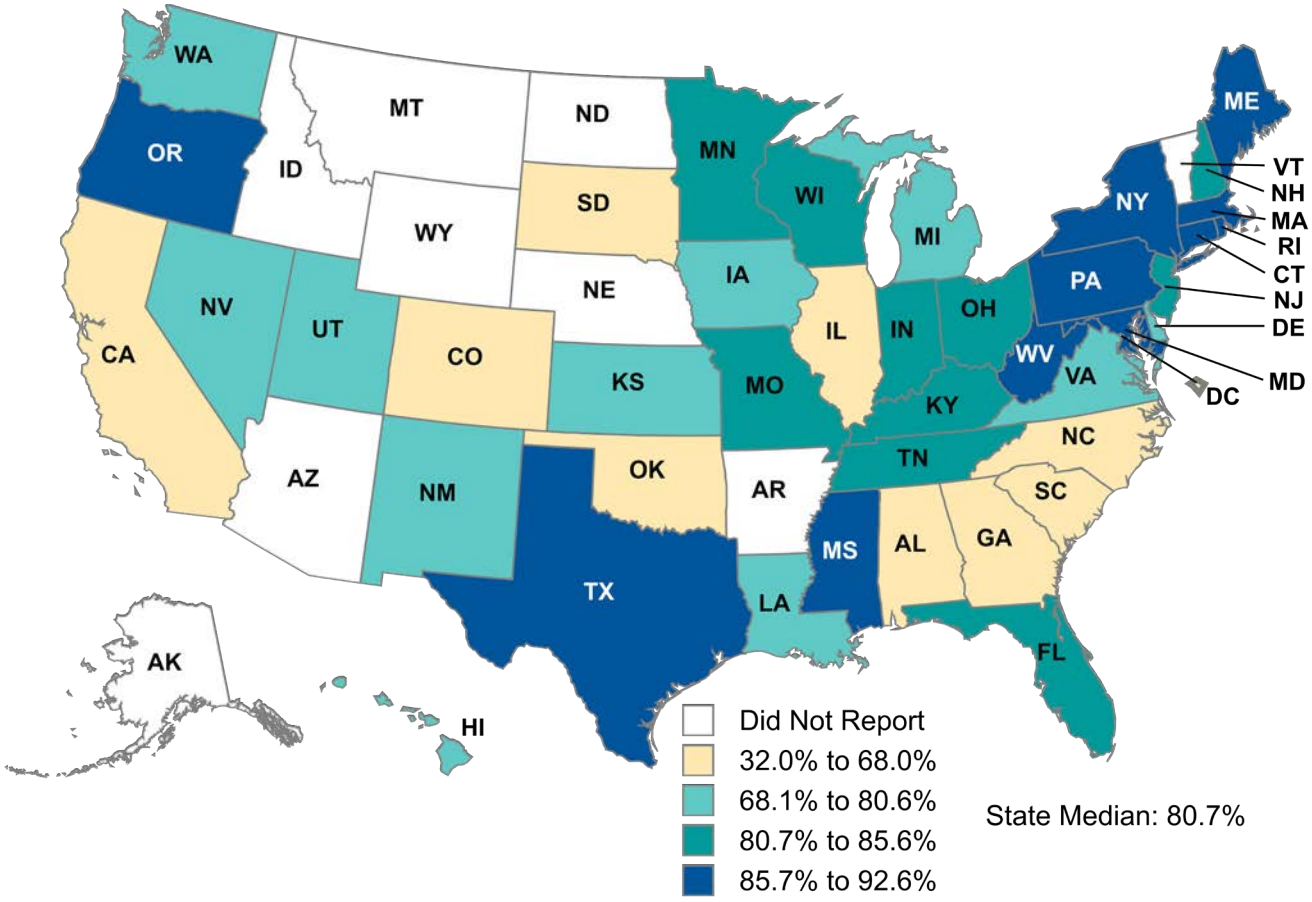
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: This measure shows 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, on the enrollment start date, or within 42 days of enrollment in Medicaid or CHIP. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

A median of **81** percent of pregnant women had a prenatal care visit in the first trimester or within 42 days of Medicaid or CHIP enrollment (42 states)

Prenatal and Postpartum Care: Timeliness of Prenatal Care (Child Core Set) (continued)

Geographic Variation in the Percentage of Women Delivering a Live Birth with a Prenatal Care Visit in the First Trimester or within 42 Days of Medicaid or CHIP Enrollment (PPC-CH), FFY 2019 (n = 42 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

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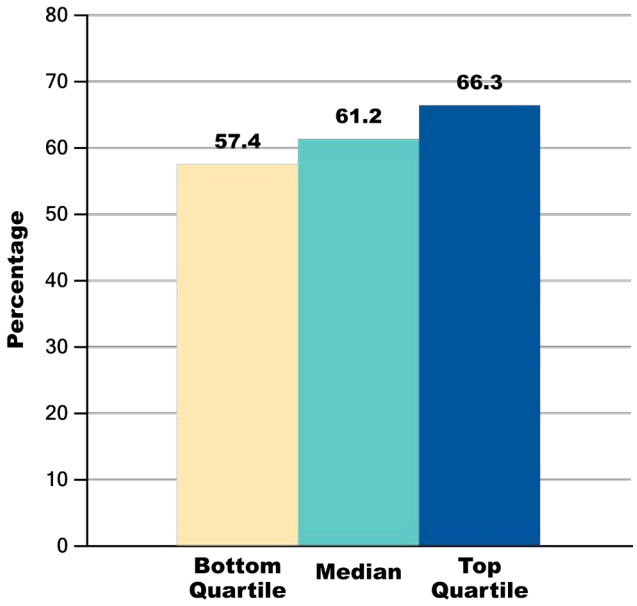
Prenatal and Postpartum Care: Postpartum Care (Adult Core Set)

Postpartum visits provide an opportunity to assess women's physical recovery from pregnancy and childbirth, and to address chronic health conditions (such as diabetes and hypertension), mental health status (including postpartum depression), and family planning (including contraception and inter-conception counseling). The postpartum care measure assesses how often women delivering a live birth received timely postpartum care (between 21 and 56 days after delivery).

Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 21 and 56 Days after Delivery (PPC-AD), FFY 2019 (n = 39 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
Note: This measure shows 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 postpartum visit on or between 21 and 56 days after delivery.

A median of **61** percent of women delivering a live birth had a postpartum care visit on or between 21 and 56 days after delivery (39 states)

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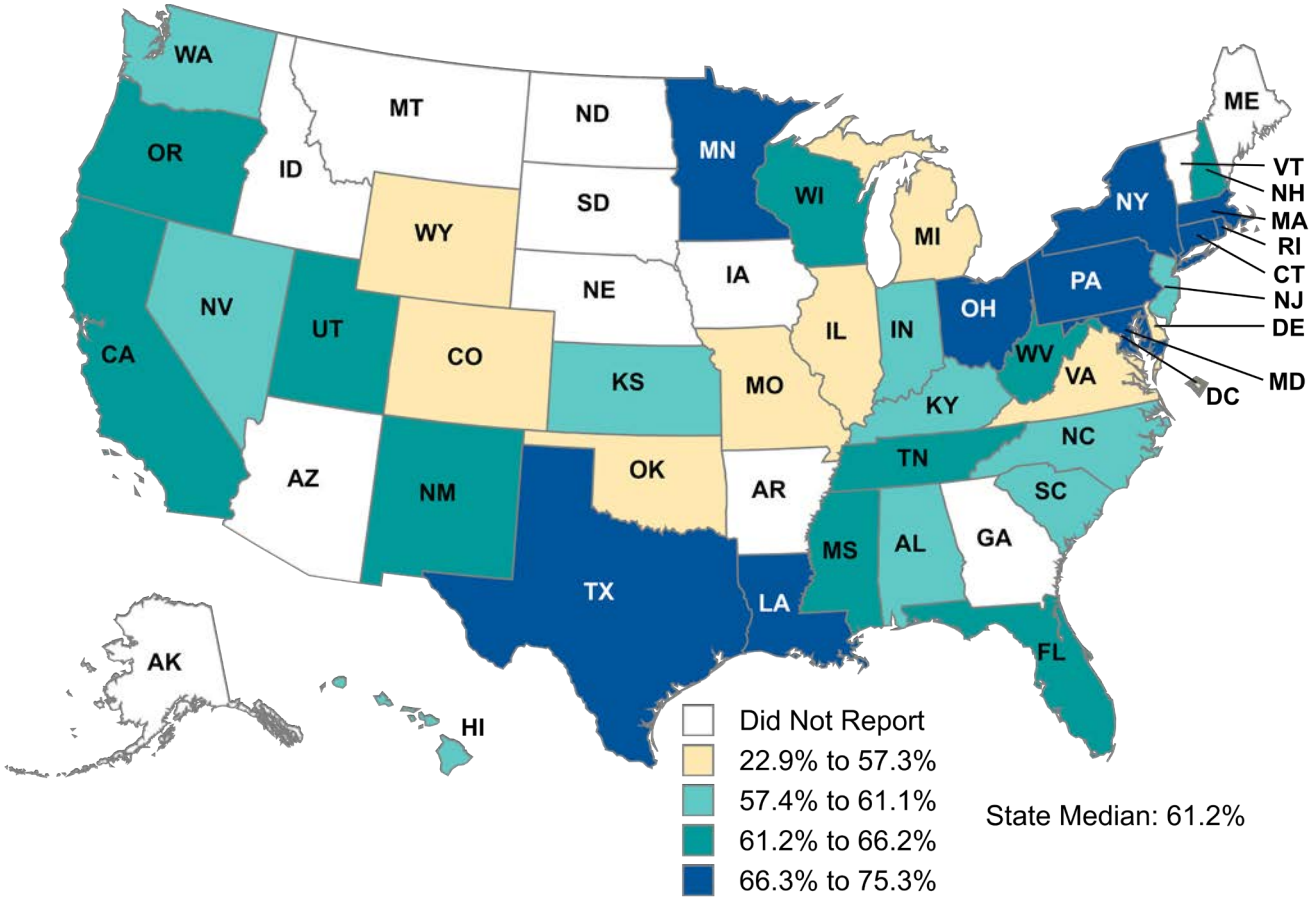
Prenatal and Postpartum Care: Postpartum Care (Adult Core Set) (continued)

Geographic Variation in the Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 21 and 56 Days after Delivery (PPC-AD), FFY 2019 (n = 39 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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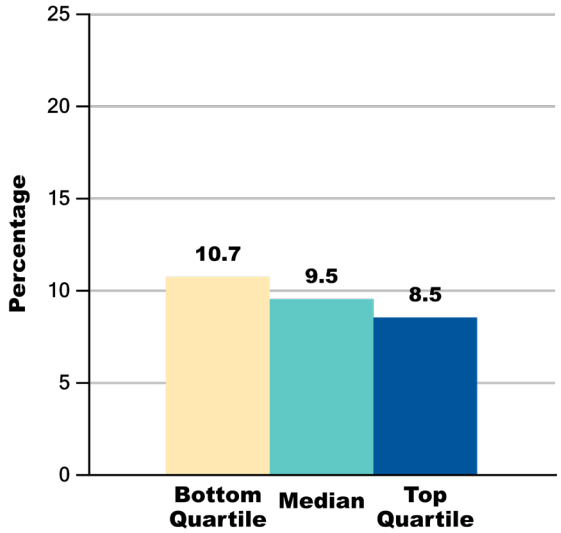
Live Births Weighing Less Than 2,500 Grams (Child Core Set)

An infant's birth weight is a common measure of infant and maternal health and well-being. Infants weighing less than 2,500 grams at birth may experience serious and costly health problems and developmental delays. Pregnant women are at higher risk of a low birth weight baby if they have chronic health conditions (such as high blood pressure or diabetes), low weight gain during pregnancy, high stress levels, or high-risk behaviors (such as drinking alcohol, smoking cigarettes, or using drugs).

Percentage of Live Births Weighing Less Than 2,500 Grams (LBW-CH), FFY 2019 (n = 51 states) [Lower rates are better for this measure]



Sources: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020 and National Vital Statistics System Natality data obtained through Centers for Disease Control and Prevention Wide-ranging ONline Data for Epidemiologic Research (CDC WONDER) for calendar year 2018.

Notes: This measure shows the percentage of live births that weighed less than 2,500 grams at birth. For FFY 2019, the data source used for some states changed; CMS calculated rates using CDC WONDER data for states that did not report the measure in MACPro using Child Core Set specifications as well as states that reported using Child Core Set specifications and opted to use the CDC WONDER rate. These rates may not be comparable with rates reported in previous years. The term "states" includes the 50 states and the District of Columbia. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

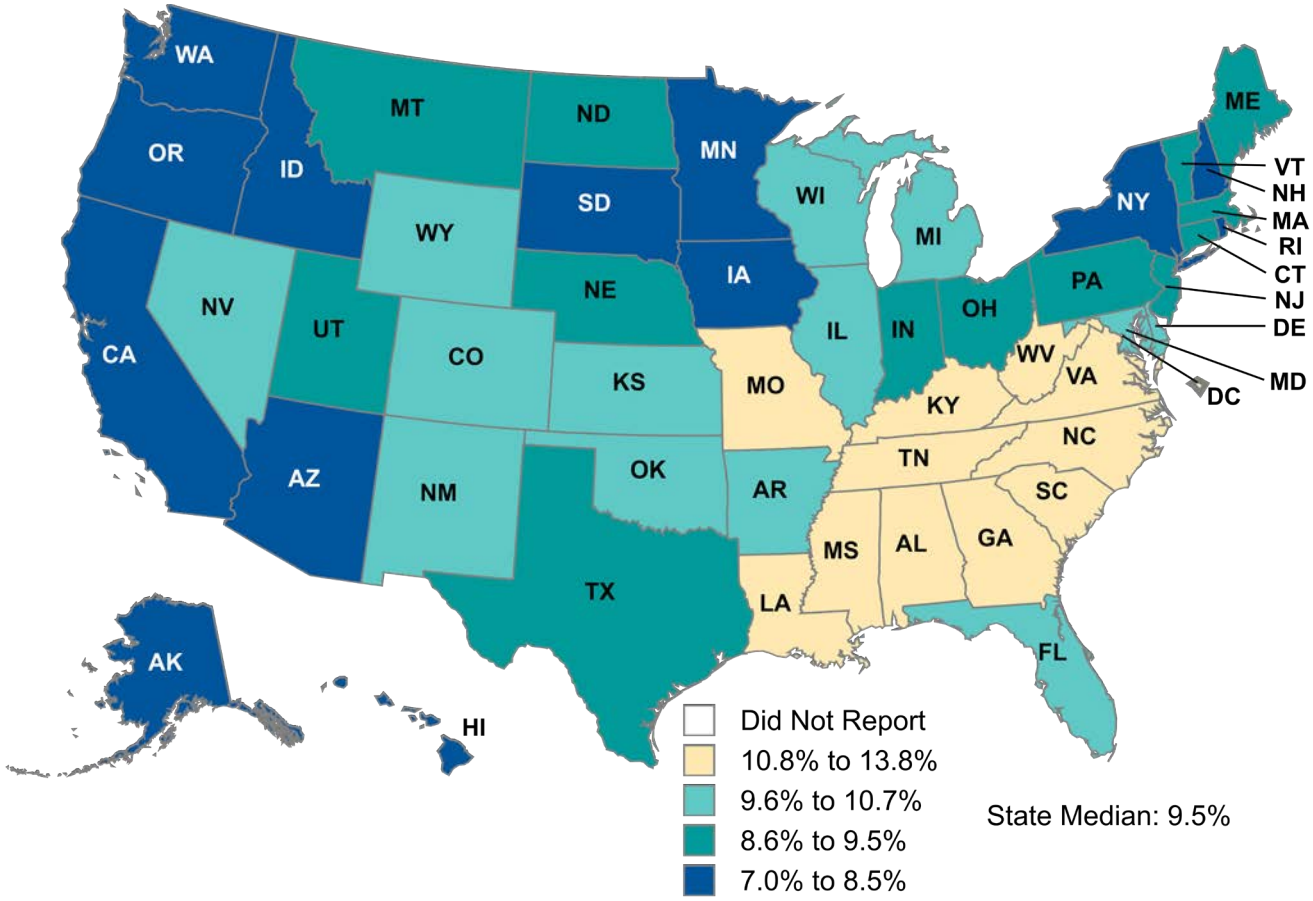
A median of

9.5

percent of live births financed by Medicaid or CHIP weighed less than 2,500 grams at birth (51 states)

Live Births Weighing Less Than 2,500 Grams (Child Core Set) (continued)

Geographic Variation in the Percentage of Live Births Weighing Less Than 2,500 Grams (LBW-CH), FFY 2019 (n = 51 states) [Lower rates are better for this measure]



Sources: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020 and National Vital Statistics System Natality data obtained through Centers for Disease Control and Prevention Wide-ranging ONline Data for Epidemiologic Research (CDC WONDER) for calendar year 2018.

Notes: The term "states" includes the 50 states and the District of Columbia. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

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Pediatric Central Line-Associated Bloodstream Infections (Child Core Set)

Central Line-Associated Bloodstream Infections (CLABSIs) are a significant cause of mortality and morbidity in hospital neonatal intensive care units (NICUs). Premature infants in NICUs are particularly susceptible to infection because of their immature immune systems. This measure reports the rate of CLABSIs in NICUs. The CLABSI measure is obtained from data reported by hospitals to the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN). This measure includes all neonatal CLABSI incidents in NICUs, not just those for infants covered by Medicaid or CHIP.

The standardized infection ratio (SIR) compares the observed number of infections reported to the NHSN during 2018 to the predicted number of infections based on the updated 2015 national baseline and risk adjustment calculations. SIRs are only calculated for a state when at least five health care facilities reported 2018 data, and/or at least one infection is predicted to occur. SIRs were assessed for statistical significance using a mid-p exact test. CDC updated the SIR baselines and risk models using 2015 data reported to the NHSN due to (1) several modifications to the NHSN surveillance protocols since the historical baseline time periods, and (2) changes in the size and service characteristics of facilities reporting to NHSN since that time. More information on the updated national baseline is available at https://www.cdc.gov/nhsn/2015rebaseline/index.html.

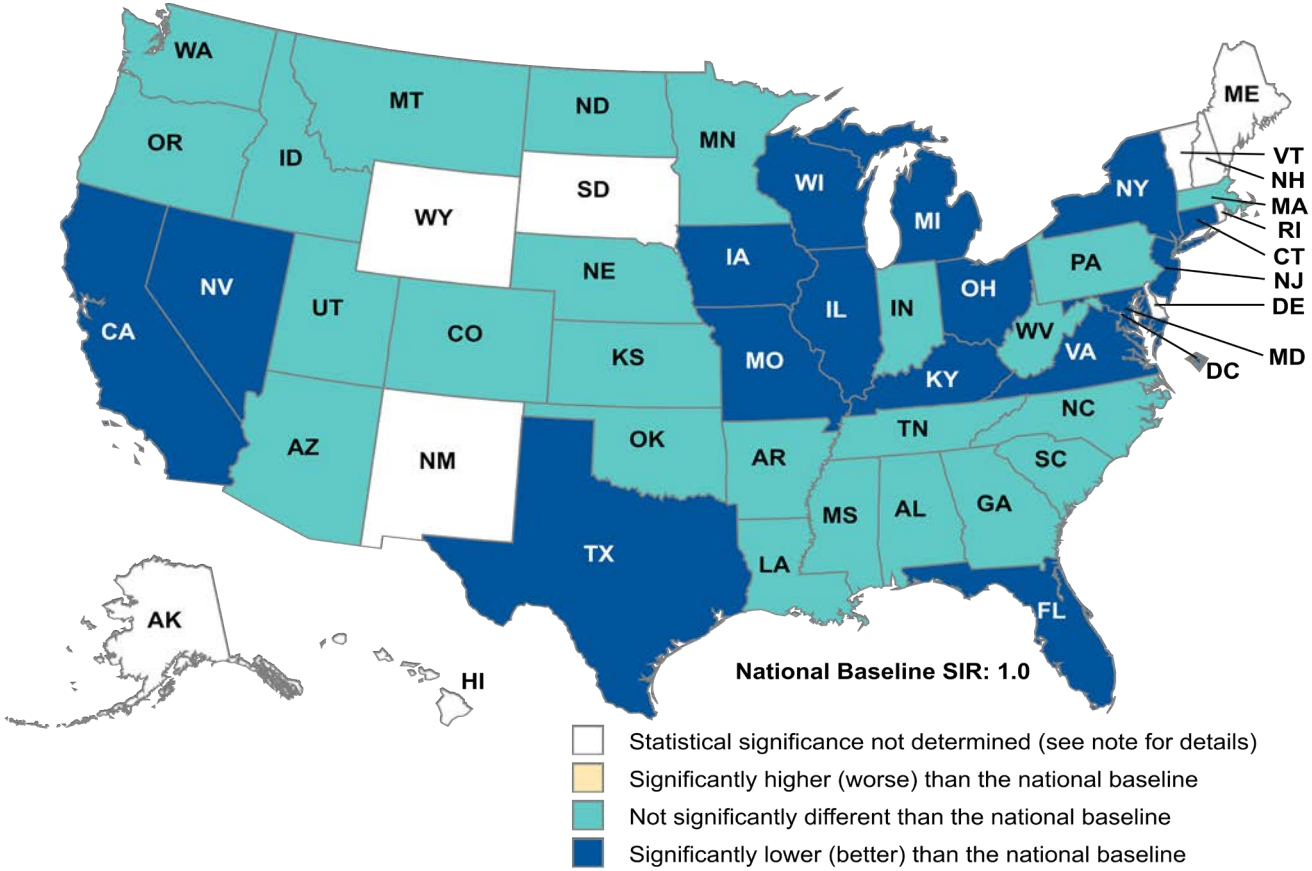
Among the 41 states with CLABSI rates for 2018, the SIRs ranged from 0.261 to 1.244. An SIR significantly lower than 1.0 means that fewer infections occurred than predicted given the 2015 baseline data. An SIR significantly higher than 1.0 means that more infections occurred than predicted given the 2015 baseline data. An SIR not significantly different from 1.0 means that the number of infections is no different than predicted given the 2015 baseline data.

More information on the methods used to assess state performance is available at https://www.cdc.gov/hai/data/portal/progress-report.html. More information on the risk adjustment methodology is available in NHSN's SIR Guide at https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf.

17 states had a significantly lower (better) standardized infection ratio (SIR) than the national baseline (41 states with an SIR calculated)

Pediatric Central Line-Associated Bloodstream Infections (Child Core Set) (continued)

Geographic Variation in State Performance on Pediatric Central Line-Associated Bloodstream Infections (CLABSIs): Number of Infections (Reported and Predicted) and Standardized Infection Ratio (SIR) (CLABSI-CH), 2018 (n = 41 states)



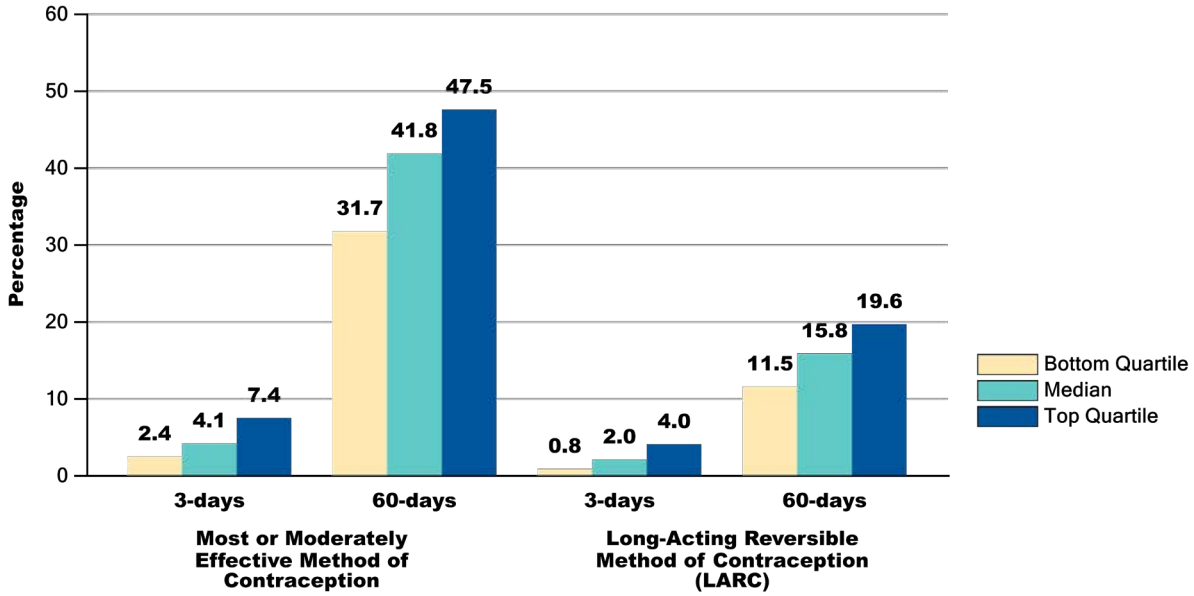
Source: Centers for Disease Control and Prevention (CDC), 2018 National and State Healthcare-Associated Infections Progress Report, Table 3d, available at https://www.cdc.gov/hai/excel/hai-progress-report/2018-SIR-ACH.xlsx.

Note: This chart indicates whether each state's infection rate, as measured by the SIR, is higher, lower, or not significantly different relative to the 2015 national baseline. Ten states (AK, DE, HI, ME, NH, NM, RI, SD, VT, and WY) had fewer than five facilities report so data are not displayed.

Contraceptive Care: Postpartum Women Ages 15 to 20 (Child Core Set)

Access to effective contraceptive care during the postpartum period can improve birth spacing and timing and improve the health outcomes of women and children. This measure assesses access to contraceptive care, including the percentage of postpartum women ages 15 to 20 who were provided a most or moderately effective method of contraception as well as the percentage who were provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.

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 and the Percentage who were Provided a Long-Acting Reversible Method of Contraception (LARC) Within 3 and 60 Days of Delivery (CCP-CH), FFY 2019 (n = 32 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: This measure shows 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; (2) a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

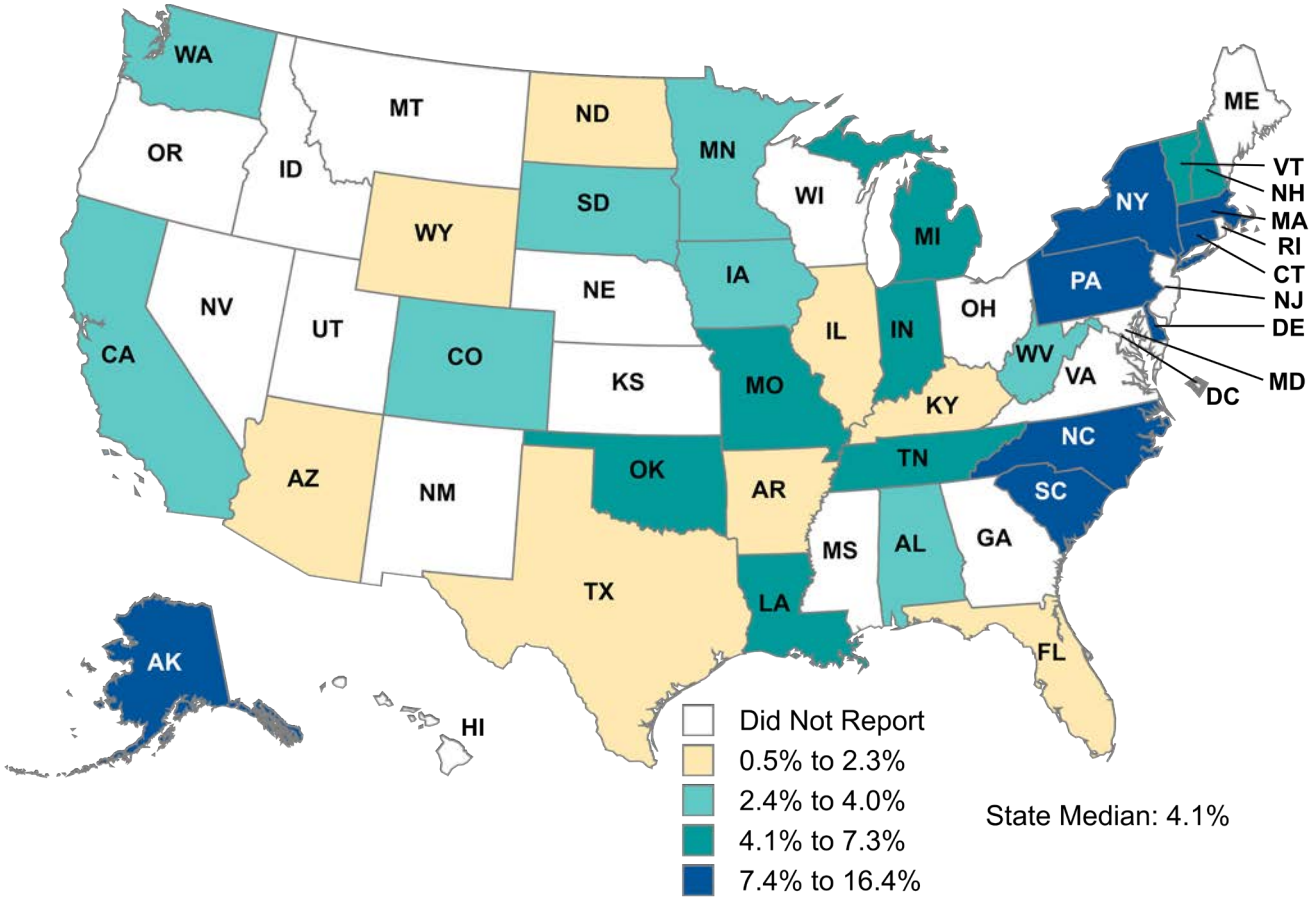
Among postpartum women ages 15 to 20 who had a live birth, a median of

42 percent

received a most effective or moderately effective method of contraception within 60 days of delivery (32 states)

Contraceptive Care: Postpartum Women Ages 15 to 20: Most or Moderately Effective Method of Contraception 3-days Postpartum (Child Core Set) (continued)

Geographic Variation in the 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 Within 3 Days of Delivery (CCP-CH), FFY 2019 (n = 32 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

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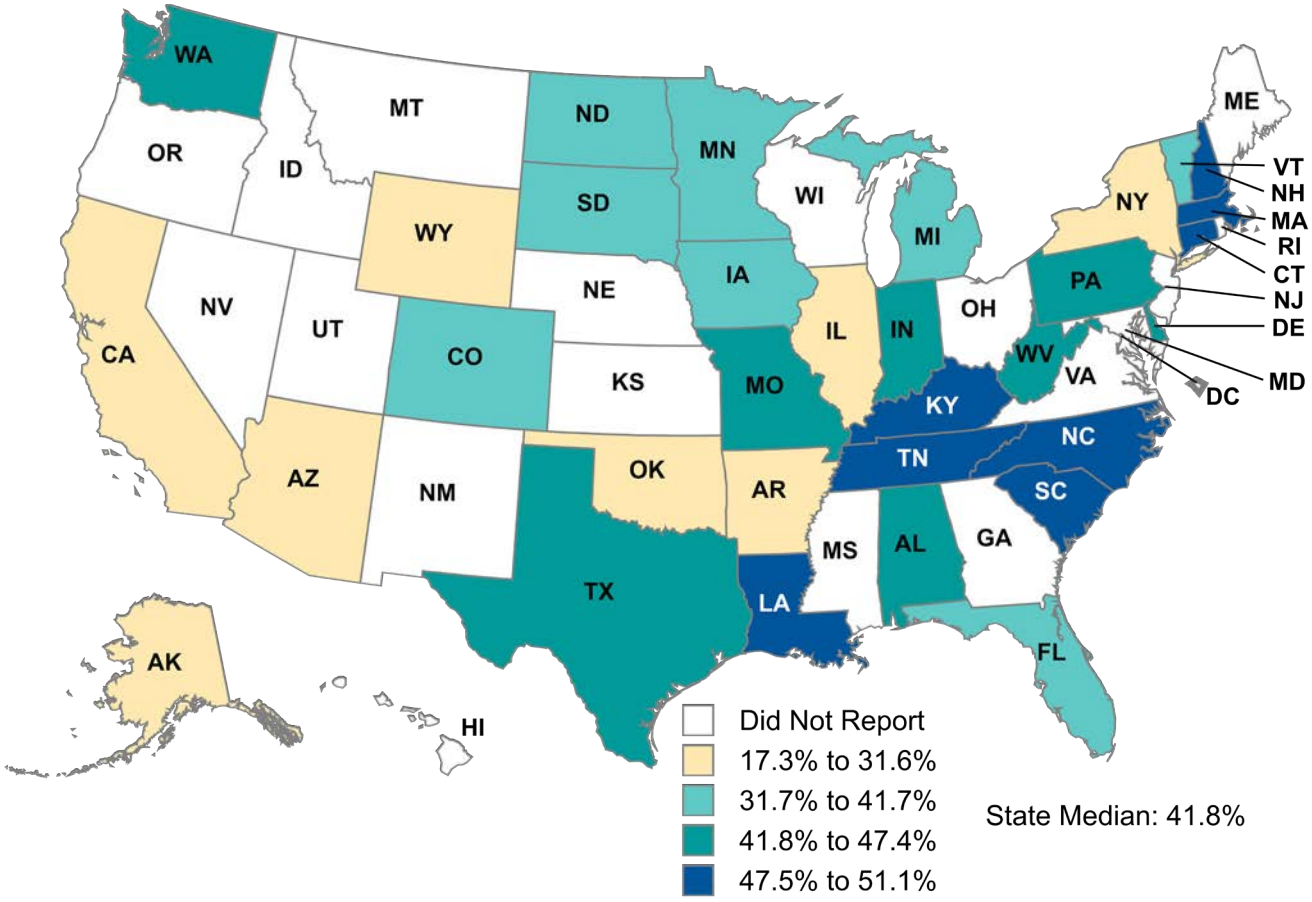
Contraceptive Care: Postpartum Women Ages 15 to 20: Most or Moderately Effective Method of Contraception 60-days Postpartum (Child Core Set) (continued)

Geographic Variation in the 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 Within 60 Days of Delivery (CCP-CH), FFY 2019 (n = 32 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

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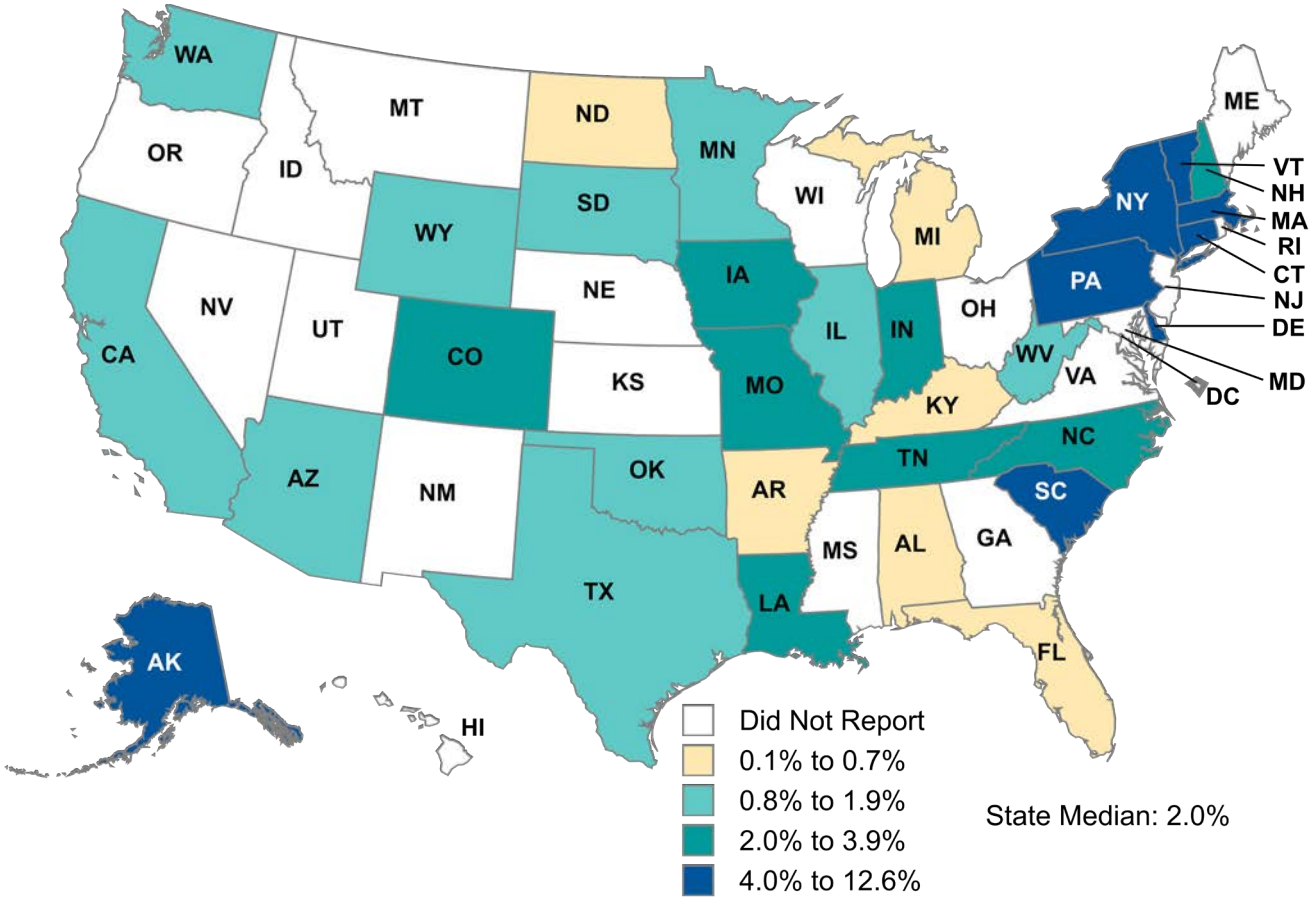
Contraceptive Care: Postpartum Women Ages 15 to 20: LARC 3-days Postpartum (Child Core Set) (continued)

Geographic Variation in the Percentage of Postpartum Women Ages 15 to 20 who had a Live Birth and who were Provided a Long-Acting Reversible Method of Contraception (LARC) Within 3 Days of Delivery (CCP-CH), FFY 2019 (n = 32 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

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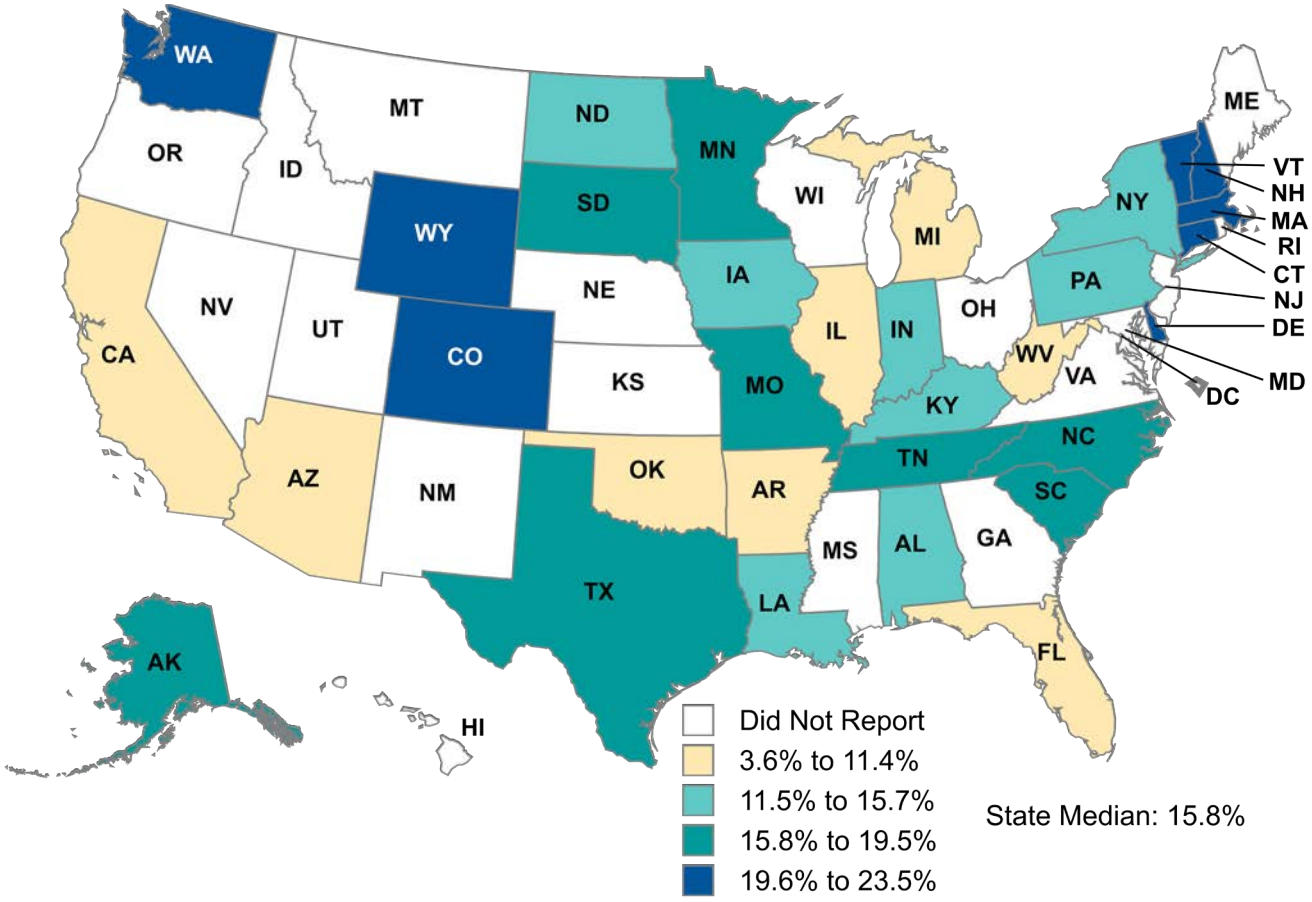
Contraceptive Care: Postpartum Women Ages 15 to 20: LARC 60-days Postpartum (Child Core Set) (continued)

Geographic Variation in the Percentage of Postpartum Women Ages 15 to 20 who had a Live Birth and who were Provided a Long-Acting Reversible Method of Contraception (LARC) Within 60 Days of Delivery (CCP-CH), FFY 2019 (n = 32 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

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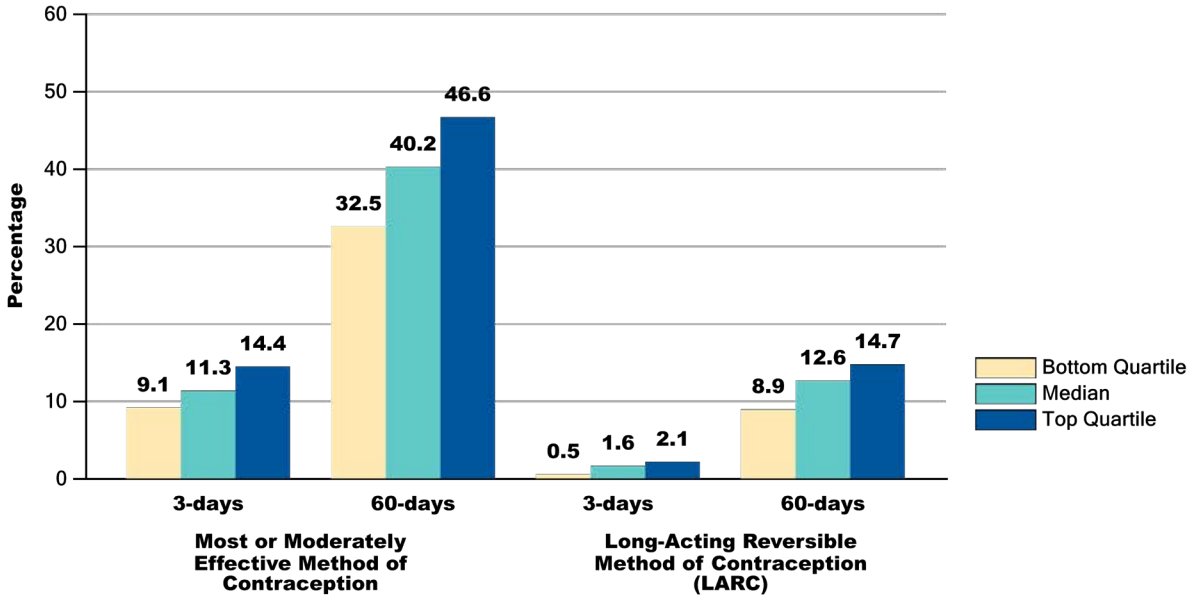
Contraceptive Care: Postpartum Women Ages 21 to 44 (Adult Core Set)

Access to effective contraceptive care during the postpartum period can improve birth spacing and timing and improve the health outcomes of women and children. This measure assesses access to contraceptive care, including the percentage of postpartum women ages 21 to 44 who were provided a most or moderately effective method of contraception as well as the percentage who were provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.

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 and the Percentage who were Provided a Long-Acting Reversible Method of Contraception (LARC) within 3 and 60 Days of Delivery (CCP-AD), FFY 2019 (n = 29 states)



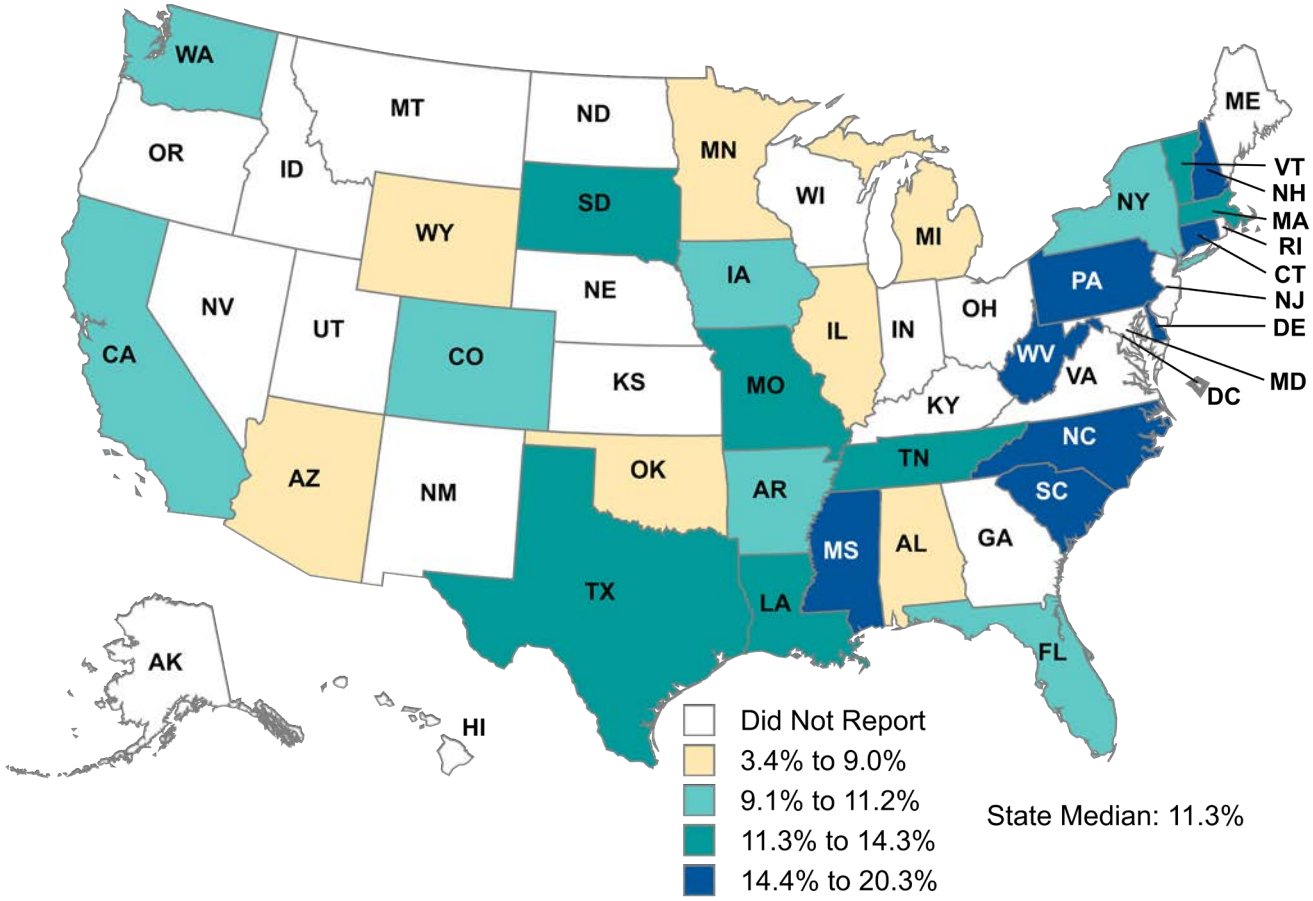
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Note: This measure shows 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; (2) a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.

Among postpartum women ages 21 to 44 who had a live birth, a median of **40** percent received a most effective or moderately effective method of contraception within 60 days of delivery (29 states)

Contraceptive Care: Postpartum Women Ages 21 to 44: Most or Moderately Effective Method of Contraception 3-days Postpartum (Adult Core Set) (continued)

Geographic Variation in the 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 within 3 Days of Delivery (CCP-AD), FFY 2019 (n = 29 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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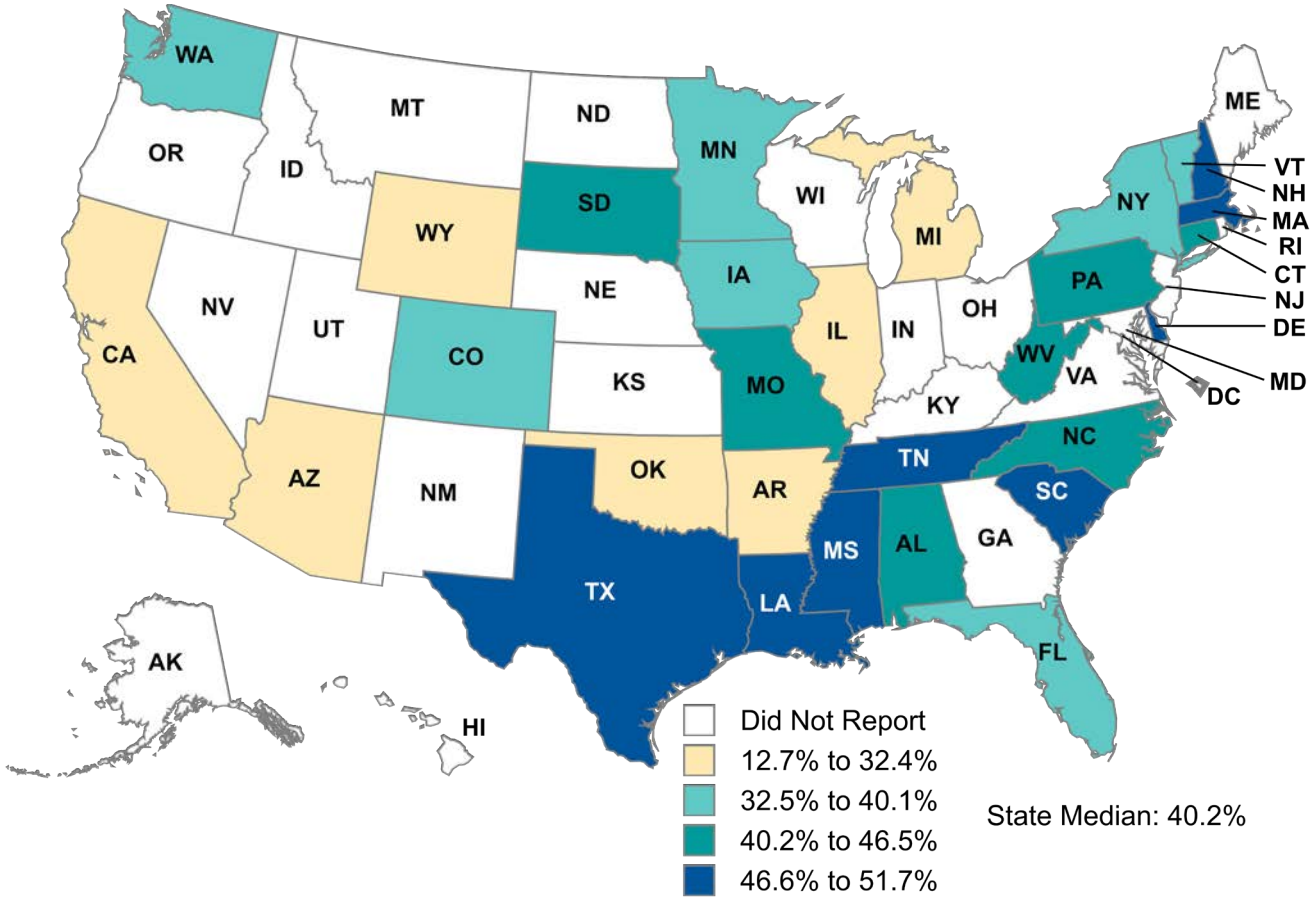
Contraceptive Care: Postpartum Women Ages 21 to 44: Most or Moderately Effective Method of Contraception 60-days Postpartum (Adult Core Set) (continued)

Geographic Variation in the 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 within 60 Days of Delivery (CCP-AD), FFY 2019 (n = 29 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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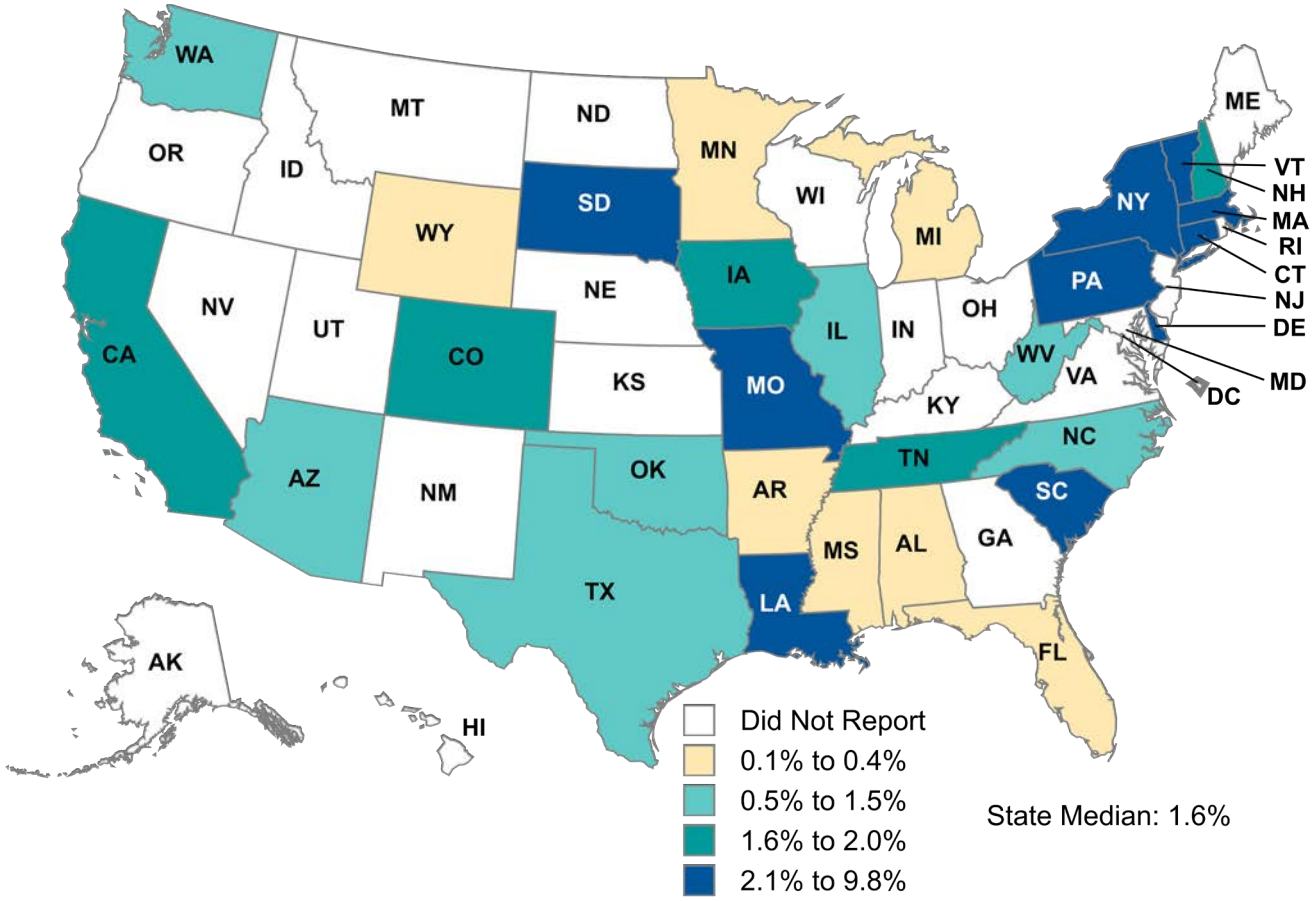
Contraceptive Care: Postpartum Women Ages 21 to 44: LARC 3-days Postpartum (Adult Core Set) (continued)

Geographic Variation in the Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Long-Acting Reversible Method of Contraception (LARC) within 3 Days of Delivery (CCP-AD), FFY 2019 (n = 29 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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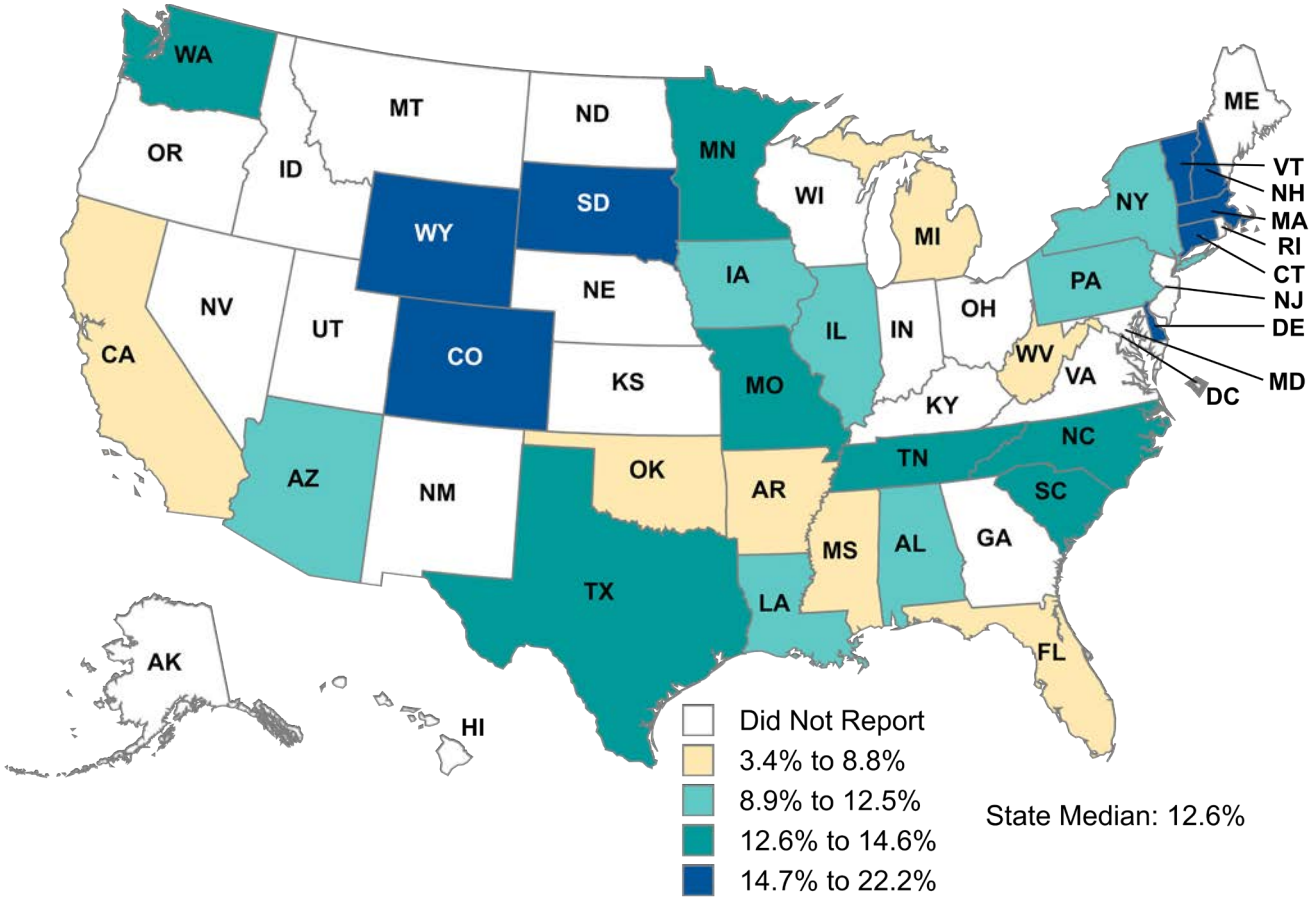
Contraceptive Care: Postpartum Women Ages 21 to 44: LARC 60-days Postpartum (Adult Core Set) (continued)

Geographic Variation in the Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Long-Acting Reversible Method of Contraception (LARC) within 60 Days of Delivery (CCP-AD), FFY 2019 (n = 29 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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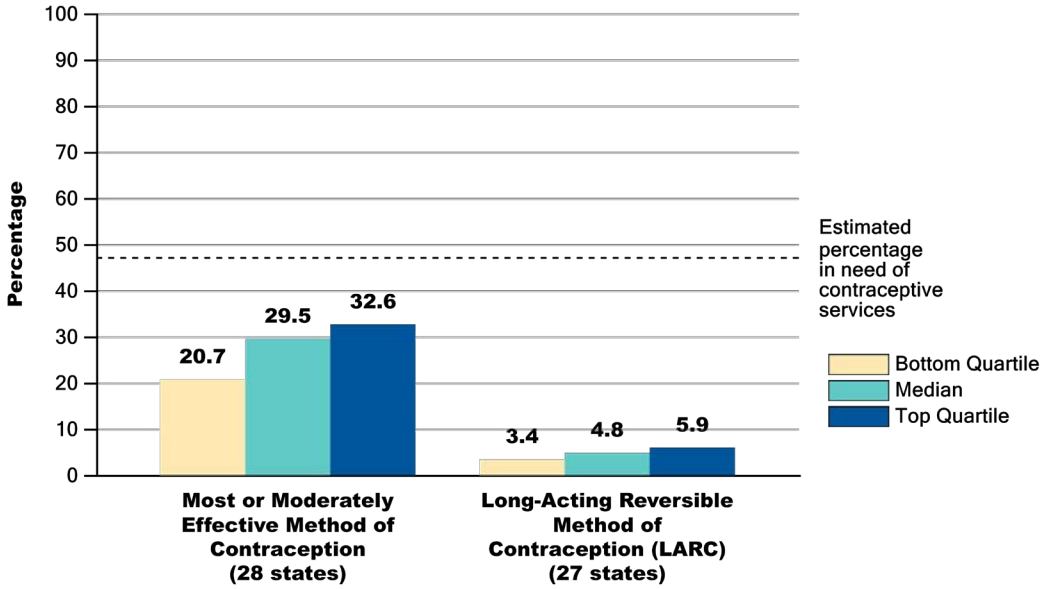
Contraceptive Care: All Women Ages 15 to 20 (Child Core Set)

Increasing access to effective forms of contraception is a strategy for reducing unintended pregnancy. This measure assesses the percentage of women ages 15 to 20 at risk of unintended pregnancy who were provided a most or moderately effective method of contraception as well as the percentage who were provided a long-acting reversible method of contraception (LARC). The goal of this measure is to provide an indicator to assess the provision of most or moderately effective contraceptive methods and see where there is room for improvement. Research suggests that about 53 percent of women ages 15 to 20 enrolled in Medicaid are not at risk of unintended pregnancy, which should be considered when assessing the potential for improvement on this measure.[1]

Percentage of Women Ages 15 to 20 at Risk of Unintended Pregnancy who were Provided a Most Effective or Moderately Effective Method of Contraception and the Percentage who were Provided a Long-Acting Reversible Method of Contraception (LARC) (CCW-CH), FFY 2019



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: This measure shows the percentage of women ages 15 to 20 at risk of unintended pregnancy who were provided: (1) a most effective or moderately effective method of contraception; (2) a long-acting reversible method of contraception (LARC). When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

[1] More information is available at: https://www.hhs.gov/opa/sites/default/files/interpreting-rates-for-contraceptive-care-measures.pdf .

Among women ages 15 to 20 at risk of unintended pregnancy, a median of

30 percent

received a most or moderately effective method of contraception (28 states)

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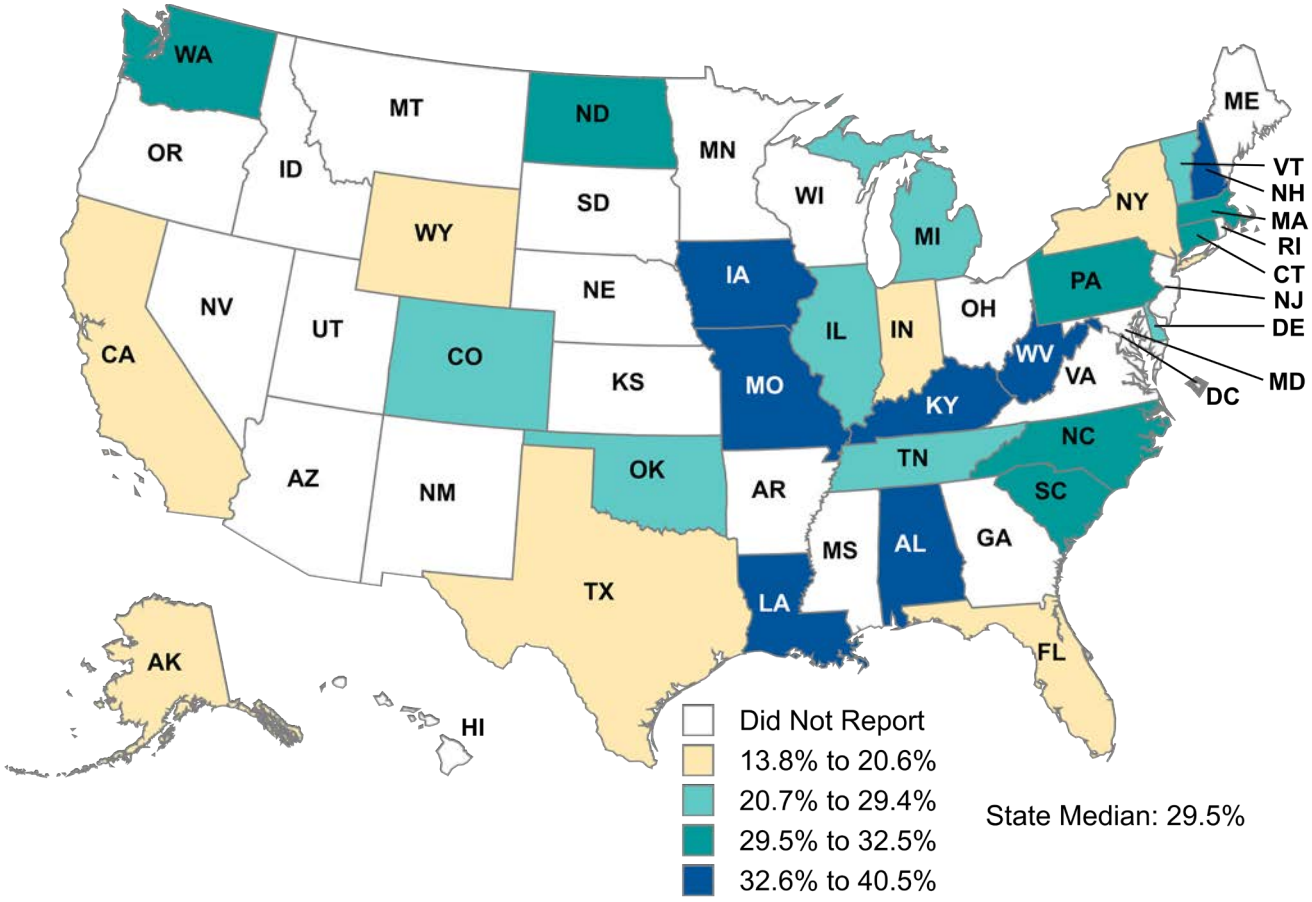
Contraceptive Care: All Women Ages 15 to 20: Most or Moderately Effective Method of Contraception (Child Core Set) (continued)

Geographic Variation in the Percentage of Women Ages 15 to 20 at Risk of Unintended Pregnancy who were Provided a Most Effective or Moderately Effective Method of Contraception (CCW-CH), FFY 2019 (n = 28 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

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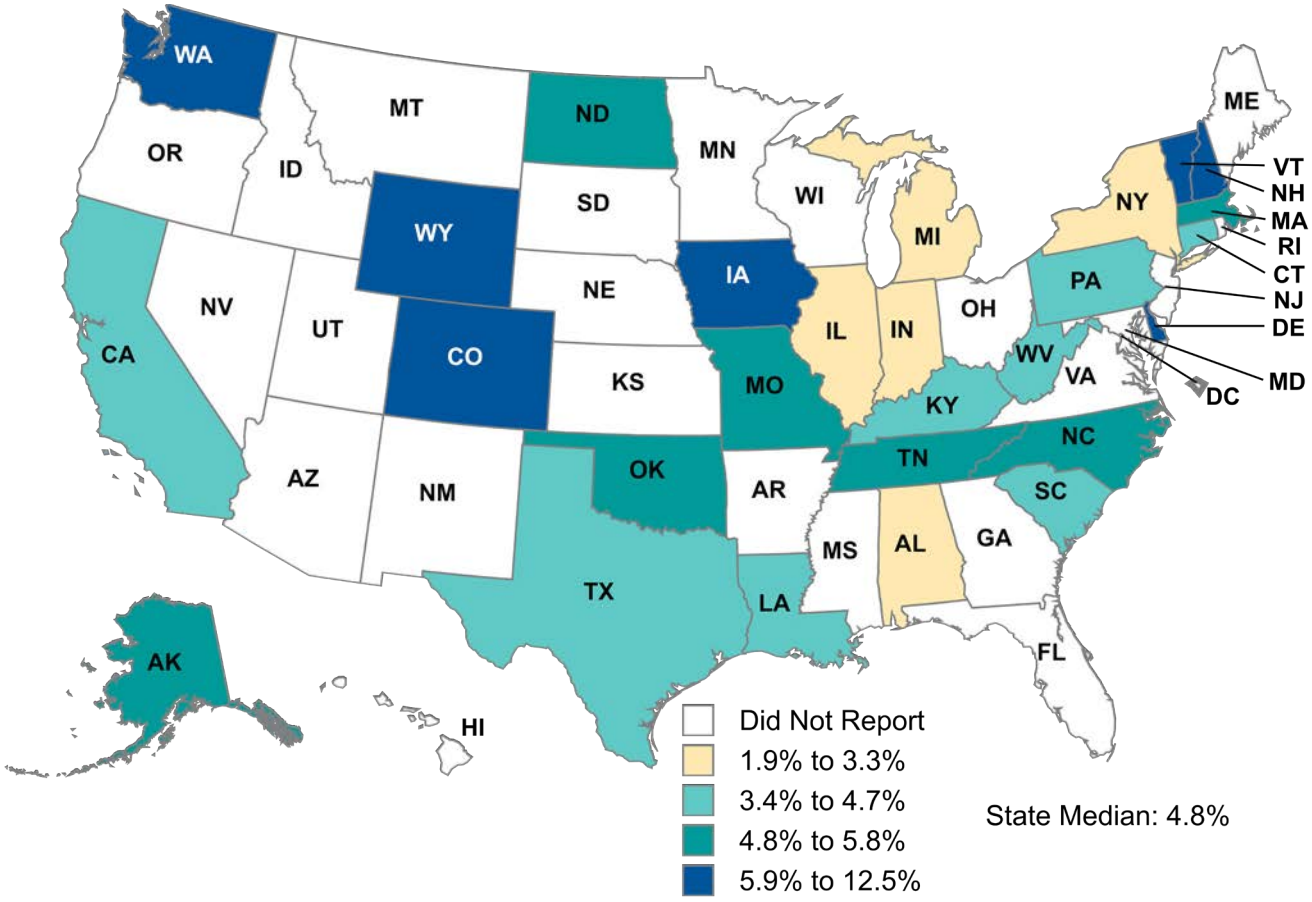
Contraceptive Care: All Women Ages 15 to 20: LARC (Child Core Set) (continued)

Geographic Variation in the Percentage of Women Ages 15 to 20 at Risk of Unintended Pregnancy who were Provided a Long-Acting Reversible Method of Contraception (LARC) (CCW-CH), FFY 2019 (n = 27 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: This chart excludes Florida, which reported the measure but did not provide data for the LARC rate. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

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TRENDS IN STATE PERFORMANCE, FFY 2017–FFY 2019

Trends in State Performance, FFY 2017–FFY 2019: Introduction

CMS assessed trends in median state performance on three Maternity Core Set measures that were publicly reported from FFY 2017 to FFY 2019.[1] To be trended, each measure must meet the following three criteria:

- The measure was publicly reported for each of the most recent three years. To be publicly reported, a measure must be reported by at least 25 states using Core Set specifications and must meet CMS standards for data quality.
- The measure was reported by a set of at least 20 states that used Core Set specifications in all three years.
- The measure specifications were comparable for all three years (no specification changes occurred during the three-year period that would make results incomparable across years).

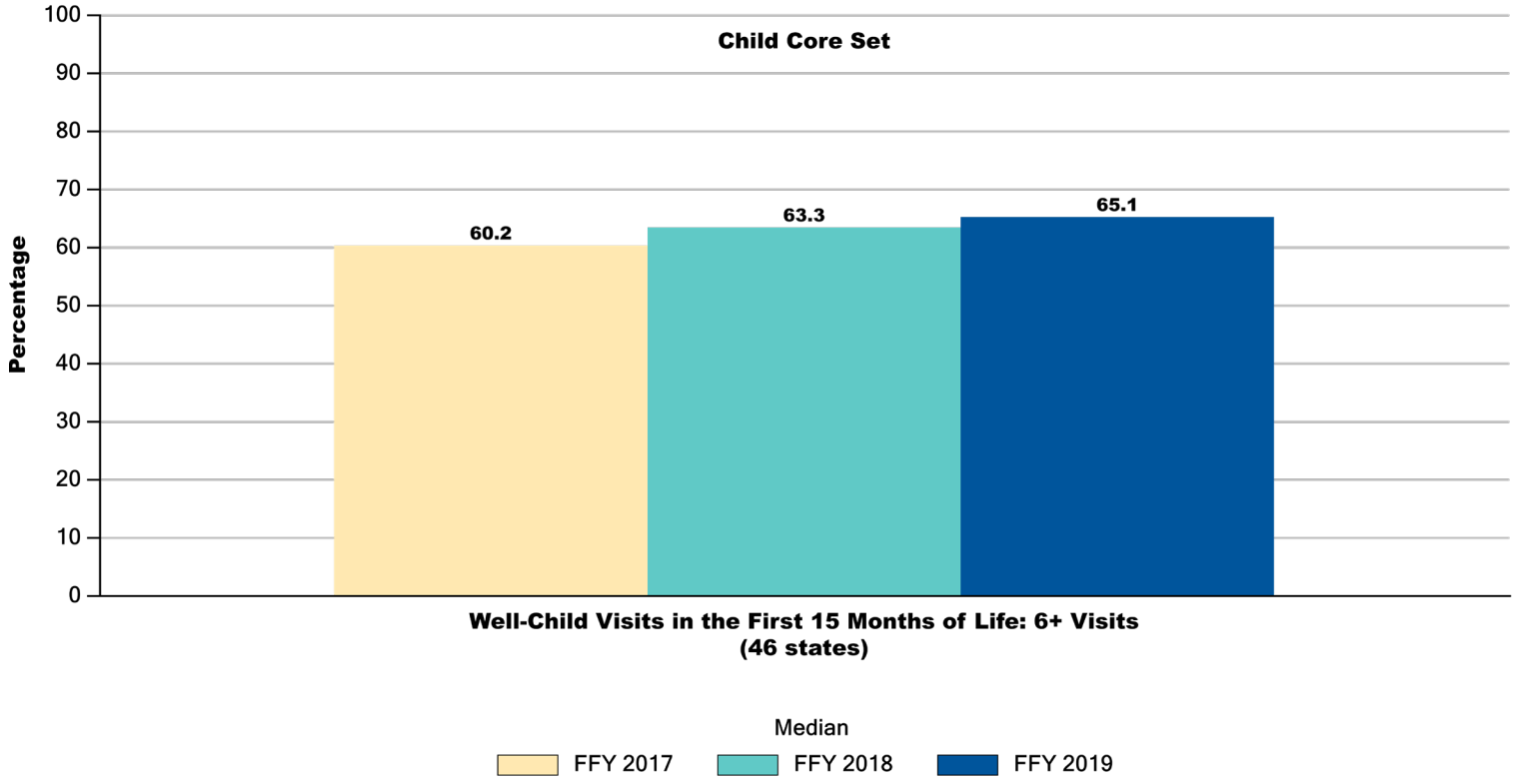
Many factors may affect changes in the performance rates reported by states on the Core Set measures. While shifts in access and quality may account for some of the changes in performance over time, other factors noted by states include changes in:

- The method and data used to calculate the measures
- The populations included in the measures (such as managed care versus fee-for-service)
- Other aspects of their Medicaid program that could affect reporting (such as transitions in data systems or delivery systems).

[1] A methods brief describing the criteria for trending performance on the Child and Adult Core Set measures from FFY 2017 to FFY 2019 is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/methods-brief-ffy-2019.pdf. Statistical significance was determined using the Wilcoxon Signed-Rank test ($p<.05$).

Trends in State Performance, FFY 2017–FFY 2019

Median performance on the Well-Child Visits in the First 15 Months of Life measure increased significantly from FFY 2017 to FFY 2019 among the states reporting the measure for all three years.

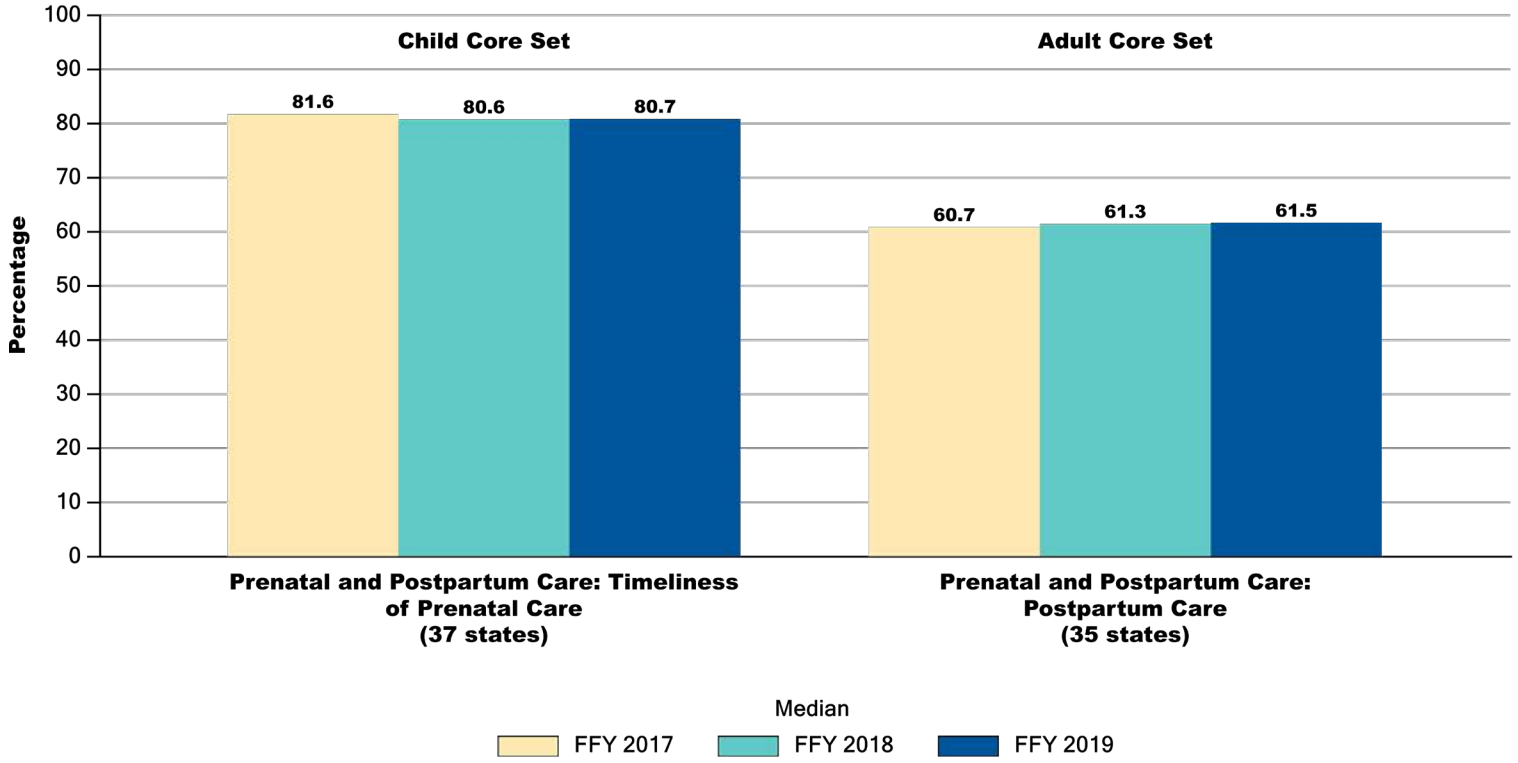


Source: Mathematica analysis of FFY 2017–FFY 2019 MACPro reports.

Notes: This chart includes the states that reported each measure using Child Core Set specifications for all three years. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

Trends in State Performance, FFY 2017–FFY 2019 (continued)

Median performance on the Timeliness of Prenatal Care and Postpartum Care measures did not change significantly from FFY 2017 to FFY 2019 among the states reporting the measures for all three years.



Source: Mathematica analysis of FFY 2017–2019 MACPro reports.

Note: This chart includes the states that reported each measure using Core Set specifications for all three years. When a state reported separate rates for its Medicaid and CHIP populations for the Child Core Set, the rate for the larger measure-eligible population was used.

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REFERENCE TABLES AND ADDITIONAL RESOURCES

Overview of State Reporting of the Maternity Core Set Measures, FFY 2019

	Number of Measures Reported	Well-Child Visits in the First 15 Months of Life (Child Core Set)	Audiological Diagnosis No Later Than 3 Months of Age (Child Core Set)	Prenatal and Postpartum Care: Timeliness of Prenatal Care (Child Core Set)	Prenatal and Postpartum Care: Postpartum Care (Adult Core Set)	Live Births Weighing Less Than 2,500 Grams (Child Core Set)	PC-01: Elective Delivery (Adult Core Set)	PC-02: Cesarean Birth (Child Core Set)	Contraceptive Care: Postpartum Women Ages 15 to 20 (Child Core Set)	Contraceptive Care: Postpartum Women Ages 21 to 44 (Adult Core Set)	Contraceptive Care: All Women Ages 15 to 20 (Child Core Set)	Contraceptive Care: All Women Ages 21 to 44 (Adult Core Set)
Total	6 (Median)	48	2	42	39	51	9	16	32	29	28	23
Alabama	10	X	X	X	X	X	--	X	X	X	X	X
Alaska	4	X	--	--	--	X	--	--	X	--	X	--
Arizona	4	X	--	--	--	X	--	--	X	X	--	--
Arkansas	6	X	--	--	--	X	X	X	X	X	--	--
California	7	--	--	X	X	X	--	--	X	X	X	X
Colorado	8	X	--	X	X	X	--	--	X	X	X	X
Connecticut	8	X	--	X	X	X	--	--	X	X	X	X
Delaware	10	X	--	X	X	X	X	X	X	X	X	X
Dist. of Col.	4	X	--	X	X	X	--	--	--	--	--	--
Florida	8	X	--	X	X	X	--	X	X	X	X	--
Georgia	3	X	--	X	--	X	--	--	--	--	--	--
Hawaii	4	X	--	X	X	X	--	--	--	--	--	--
Idaho	1	--	--	--	--	X	--	--	--	--	--	--
Illinois	9	X	--	X	X	X	--	X	X	X	X	X
Indiana	7	X	--	X	X	X	--	X	X	--	X	--
Iowa	9	X	--	X	--	X	X	X	X	X	X	X
Kansas	4	X	--	X	X	X	--	--	--	--	--	--
Kentucky	6	X	--	X	X	X	--	--	X	--	X	--
Louisiana	10	X	--	X	X	X	X	X	X	X	X	X
Maine	3	X	--	X	--	X	--	--	--	--	--	--
Maryland	4	X	--	X	X	X	--	--	--	--	--	--
Massachusetts	8	X	--	X	X	X	--	--	X	X	X	X
Michigan	9	X	--	X	X	X	--	X	X	X	X	X
Minnesota	6	X	--	X	X	X	--	--	X	X	--	--
Mississippi	6	X	--	X	X	X	X	--	--	X	--	--
Missouri	8	X	--	X	X	X	--	--	X	X	X	X

Table is continued on the next slide.

Overview of State Reporting of the Maternity Core Set Measures, FFY 2019 (continued)

	Number of Measures Reported	Well-Child Visits in the First 15 Months of Life (Child Core Set)	Audiological Diagnosis No Later Than 3 Months of Age (Child Core Set)	Prenatal and Postpartum Care: Timeliness of Prenatal Care (Child Core Set)	Prenatal and Postpartum Care: Postpartum Care (Adult Core Set)	Live Births Weighing Less Than 2,500 Grams (Child Core Set)	PC-01: Elective Delivery (Adult Core Set)	PC-02: Cesarean Birth (Child Core Set)	Contraceptive Care: Postpartum Women Ages 15 to 20 (Child Core Set)	Contraceptive Care: Postpartum Women Ages 21 to 44 (Adult Core Set)	Contraceptive Care: All Women Ages 15 to 20 (Child Core Set)	Contraceptive Care: All Women Ages 21 to 44 (Adult Core Set)
Montana	1	--	--	--	--	X	--	--	--	--	--	--
Nebraska	2	X	--	--	--	X	--	--	--	--	--	--
Nevada	4	X	--	X	X	X	--	--	--	--	--	--
New Hampshire	9	X	--	X	X	X	--	X	X	X	X	X
New Jersey	4	X	--	X	X	X	--	--	--	--	--	--
New Mexico	4	X	--	X	X	X	--	--	--	--	--	--
New York	10	X	--	X	X	X	X	X	X	X	X	X
North Carolina	8	X	--	X	X	X	--	--	X	X	X	X
North Dakota	4	X	--	--	--	X	--	--	X	--	X	--
Ohio	4	X	--	X	X	X	--	--	--	--	--	--
Oklahoma	8	X	--	X	X	X	--	--	X	X	X	X
Oregon	4	X	--	X	X	X	--	--	--	--	--	--
Pennsylvania	10	X	--	X	X	X	X	X	X	X	X	X
Rhode Island	4	X	--	X	X	X	--	--	--	--	--	--
South Carolina	11	X	X	X	X	X	X	X	X	X	X	X
South Dakota	5	X	--	X	--	X	--	--	X	X	--	--
Tennessee	9	X	--	X	X	X	--	X	X	X	X	X
Texas	8	X	--	X	X	X	--	--	X	X	X	X
Utah	4	X	--	X	X	X	--	--	--	--	--	--
Vermont	6	X	--	--	--	X	--	--	X	X	X	X
Virginia	4	X	--	X	X	X	--	--	--	--	--	--
Washington	9	X	--	X	X	X	--	X	X	X	X	X
West Virginia	10	X	--	X	X	X	X	X	X	X	X	X
Wisconsin	4	X	--	X	X	X	--	--	--	--	--	--
Wyoming	7	X	--	--	X	X	--	--	X	X	X	X

Sources: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020 and Centers for Disease Control and Prevention Wide-ranging ONline Data for Epidemiologic Research (CDC WONDER) for calendar year 2018.

Notes: The term "states" includes the 50 states and the District of Columbia. The 2019 Maternity Core Set includes 12 measures. This chart excludes the CLABSI measure, which is obtained from CDC's National Healthcare Safety Network.

X = measure was reported by the state; -- = measure was not reported by the state.

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Performance Rates on Frequently Reported Maternity Core Set Measures, FFY 2019

Core Set	Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Child	Well-Child Visits in the First 15 Months of Life	Percentage who had 6 or More Well-Child Visits with a PCP during the First 15 Months of Life	48	62.8	64.0	57.3	69.7
Child	Prenatal and Postpartum Care: Timeliness of Prenatal Care	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	42	75.7	80.7	68.1	85.7
Adult	Prenatal and Postpartum Care: Postpartum Care	Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 21 and 56 Days after Delivery	39	59.1	61.2	57.4	66.3
Child	Live Births Weighing Less Than 2,500 Grams	Percentage of Live Births that Weighed Less than 2,500 Grams [Lower rates are better]	51	9.7	9.5	10.7	8.5
Child	Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women Provided a Most Effective or Moderately Effective Method of Contraception Within 3 Days of Delivery: Ages 15 to 20	32	5.3	4.1	2.4	7.4
Child	Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women Provided a Most Effective or Moderately Effective Method of Contraception Within 60 Days of Delivery: Ages 15 to 20	32	39.1	41.8	31.7	47.5
Child	Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women Provided a Long-Acting Reversible Method of Contraception Within 3 Days of Delivery: Ages 15 to 20	32	2.8	2.0	0.8	4.0
Child	Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women Provided a Long-Acting Reversible Method of Contraception Within 60 Days of Delivery: Ages 15 to 20	32	15.5	15.8	11.5	19.6
Adult	Contraceptive Care: Postpartum Women Ages 21 to 44	Percentage of Postpartum Women Provided a Most Effective or Moderately Effective Method of Contraception Within 3 Days of Delivery: Ages 21 to 44	29	11.4	11.3	9.1	14.4
Adult	Contraceptive Care: Postpartum Women Ages 21 to 44	Percentage of Postpartum Women Provided a Most Effective or Moderately Effective Method of Contraception Within 60 Days of Delivery: Ages 21 to 44	29	38.4	40.2	32.5	46.6
Adult	Contraceptive Care: Postpartum Women Ages 21 to 44	Percentage of Postpartum Women Provided a Long-Acting Reversible Method of Contraception Within 3 Days of Delivery: Ages 21 to 44	29	1.9	1.6	0.5	2.1
Adult	Contraceptive Care: Postpartum Women Ages 21 to 44	Percentage of Postpartum Women Provided a Long-Acting Reversible Method of Contraception Within 60 Days of Delivery: Ages 21 to 44	29	12.1	12.6	8.9	14.7

Table is continued on the next slide.

Performance Rates on Frequently Reported Maternity Core Set Measures, FFY 2019 (continued)

Core Set	Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Child	Contraceptive Care: All Women Ages 15 to 20	Percentage of Women at Risk for Unintended Pregnancy Provided a Most Effective or Moderately Effective Method of Contraception: Ages 15 to 20	28	27.9	29.5	20.7	32.6
Child	Contraceptive Care: All Women Ages 15 to 20	Percentage of Women at Risk for Unintended Pregnancy Provided a Long-Acting Reversible Method of Contraception: Ages 15 to 20	27	4.9	4.8	3.4	5.9

Sources: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020 and Centers for Disease Control and Prevention Wide-ranging ONline Data for Epidemiologic Research (CDC WONDER) for calendar year 2018.

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

This table includes measures that were reported by at least 25 states for FFY 2019 and that met CMS standards for data quality. This table includes data for states that indicated they used Core Set specifications to report the measures and excludes states that indicated they used other specifications and states that did not report the measures for FFY 2019. Additionally, states were excluded if they reported a denominator of less than 30. Means are calculated as the unweighted average of all state rates. In cases where a state reported separate rates for its Medicaid and CHIP populations, the rate for the program with the larger measure-eligible population was used. Measure-specific tables are available at https://www.medicaid.gov/medicaid/quality-of-care/quality-of-care-performance-measurement/adult-and-child-health-care-quality-measures/index.html.

The CLABSI measure is excluded from this table because it uses a summary statistic different from those in this table.

Trends in Performance Rates on Frequently Reported Maternity Core Set Measures, FFY 2017–FFY 2019

Core Set	Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications FFY 2017–FFY 2019	FFY 2017 Median	FFY 2018 Median	FFY 2019 Median
Child	Well-Child Visits in the First 15 Months of Life	Percentage who had 6 or More Well-Child Visits with a PCP during the First 15 Months of Life	46	60.2	63.3	65.1
Child	Prenatal and Postpartum Care: Timeliness of Prenatal Care	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	37	81.6	80.6	80.7
Adult	Prenatal and Postpartum Care: Postpartum Care	Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 21 and 56 Days after Delivery	35	60.7	61.3	61.5

Source: Mathematica analysis of FFY 2017–FFY 2019 MACPro reports.

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

This table includes measures that each met the following criteria: (1) the measure was publicly reported for each of the most recent three years. To be publicly reported, a measure must be reported by at least 25 states using Core Set specifications and must meet CMS standards for data quality; (2) the measure was reported by a set of at least 20 states that used Core Set specifications in all three years; (3) the measure specifications were comparable for all three years.

Measure-specific tables are available at https://www.medicaid.gov/medicaid/quality-of-care/quality-of-care-performance-measurement/adult-and-child-health-care-quality-measures/index.html.

Acronyms

CDC	Centers for Disease Control and Prevention
CHIP	Children's Health Insurance Program
CLABSI	Central Line-Associated Bloodstream Infection
CMS	Centers for Medicare & Medicaid Services
FFY	Federal Fiscal Year
LARC	Long-Acting Reversible Method of Contraception
MACPro	Medicaid and CHIP Program System
NHSN	National Healthcare Safety Network
NICU	Neonatal Intensive Care Unit
NCHS	National Center for Health Statistics
PC	Perinatal Care
PCP	Primary Care Practitioner
SIR	Standardized Infection Ratio
WONDER	Wide-ranging ONline Data for Epidemiologic Research

Additional Resources

Additional resources related to the Child and Adult Core Set measures are available on Medicaid.gov:

- Child Core Set: https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html

- Adult Core Set: https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures/index.html

Resources available for each Core Set include:

- Technical Specifications and Resource Manuals
- Technical assistance resources for states
- Other background information on the Child and Adult Core Sets.

For more information about the Child and Adult Core Sets please contact MACQualityTA@cms.hhs.gov.

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