Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Quality of Care for Children in Medicaid and CHIP: Findings from the 2022 Child Core Set

Chart Pack

January 2024

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. This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.

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About the FFY 2022 Child Core Set

Together, Medicaid and the Children's Health Insurance Program (CHIP) covered approximately 39 million children in 2021, representing more than 1 in 3 children in the United States and covering 41 percent of all births (Calendar year 2021 corresponds to federal fiscal year (FFY) 2022 Core Set reporting).[1,2,3] As the U.S. Department of Health & Human Services agency responsible for ensuring quality health care coverage for Medicaid and CHIP beneficiaries, the Centers for Medicare & Medicaid Services (CMS) plays a key role in promoting quality health care for children in Medicaid and CHIP. CMS's 2022 core set of health care quality measures for children in Medicaid and CHIP (referred to as the Child Core Set) supports federal and state efforts to collect, report, and use a standardized set of measures to improve the quality of care provided to children covered by Medicaid and CHIP. The 2022 Child Core Set includes 25 measures.[4]

The Child Core Set measures address the following domains of care:

- Primary Care Access and Preventive Care
- Maternal and Perinatal Health
- Care of Acute and Chronic Conditions
- Behavioral Health Care
- Dental and Oral Health Services
- Experience of Care

25

measures that address key aspects of health care access and quality for children and pregnant women covered by Medicaid and CHIP

[1] Medicaid and CHIP enrollment data for FFY 2022 (calendar year 2021) is available at https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMS-Fast-Facts/index.html.

[2] The percentage of children covered by Medicaid and CHIP in calendar year 2021 is available at https://www2.census.gov/programs-surveys/demo/tables/health-insurance/time-series/hic/hhi02.xlsx.

[3] Data on births covered by Medicaid and CHIP in calendar year 2021 is available at https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-01.pdf.

[4] Two measures were retired from the 2021 Child Core Set and four measures were added. Information about the updates to the 2022 Core Sets is available at https://www.medicaid.gov/sites/default/files/2021-12/cib121021_0.pdf.

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About the FFY 2022 Child Core Set (continued)

This Chart Pack summarizes state reporting on the quality of health care furnished to children covered by Medicaid and CHIP during FFY 2022, which generally covers care delivered in calendar year 2021. 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.[5] The Chart Pack includes detailed analysis of state performance on 24 publicly reported measures.[6]

For most measures, the performance reflects services provided in calendar year 2021, which was during the COVID-19 pandemic. Due to substantial disruptions in health care during calendar years 2020 and 2021, this Chart Pack does not compare performance reported by states for FFY 2022 with performance reported for prior years.

More information about the Child Core Set, including measure performance tables, 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.

[5] Performance data reported for publicly reported measures exclude states that indicated they did not use Core Set specifications ("other specifications") or if they reported a denominator less than 30. Additionally, some state rates were excluded because data cannot be displayed per the CMS cell-size suppression policy, which prohibits the direct reporting of data for beneficiary and record counts of 1 to 10 and values from which users can derive values of 1 to 10.

[6] The count of 24 publicly reported measures includes the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey measure. State-specific performance data are not available for this measure.

OVERVIEW OF STATE REPORTING OF THE FFY 2022 CHILD CORE SET

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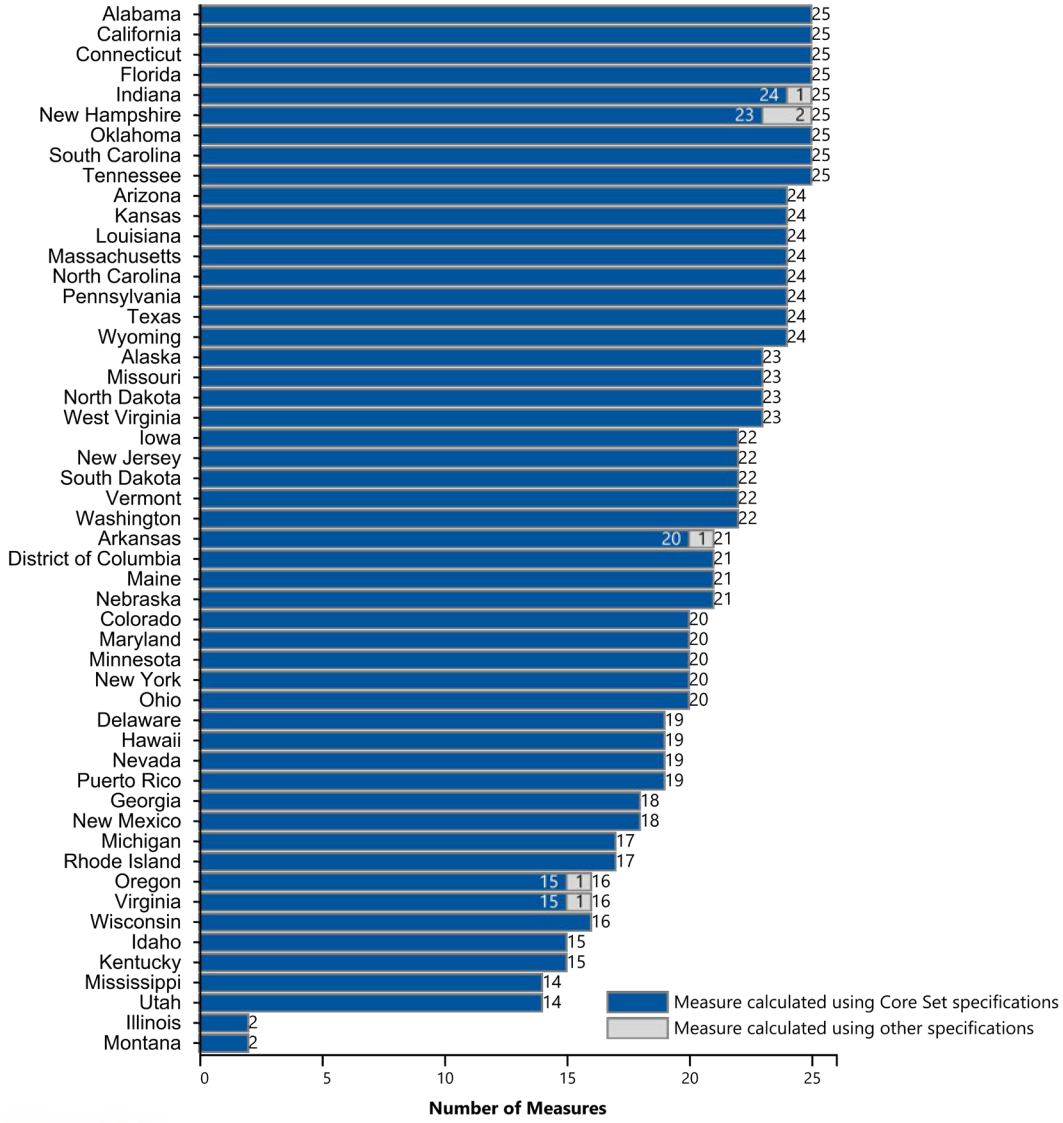
Number of Child Core Set Measures Reported by States, FFY 2022



States reported a median of

21.5

Child Core Set measures for FFY 2022

Sources: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023 and the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2021 as of February 2, 2023.

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

The 2022 Child Core Set includes 25 measures. This chart includes all Child Core Set measures for the FFY 2022 reporting cycle.

The state median includes the total number of measures reported by each state. Unless otherwise specified, states used Child Core Set specifications to calculate the measures. Some states calculated Child Core Set measures using “other specifications.” Measures were denoted as using “other specifications” when the state deviated substantially from the Child Core Set specifications, such as using alternate data sources, different populations, or other methodologies.

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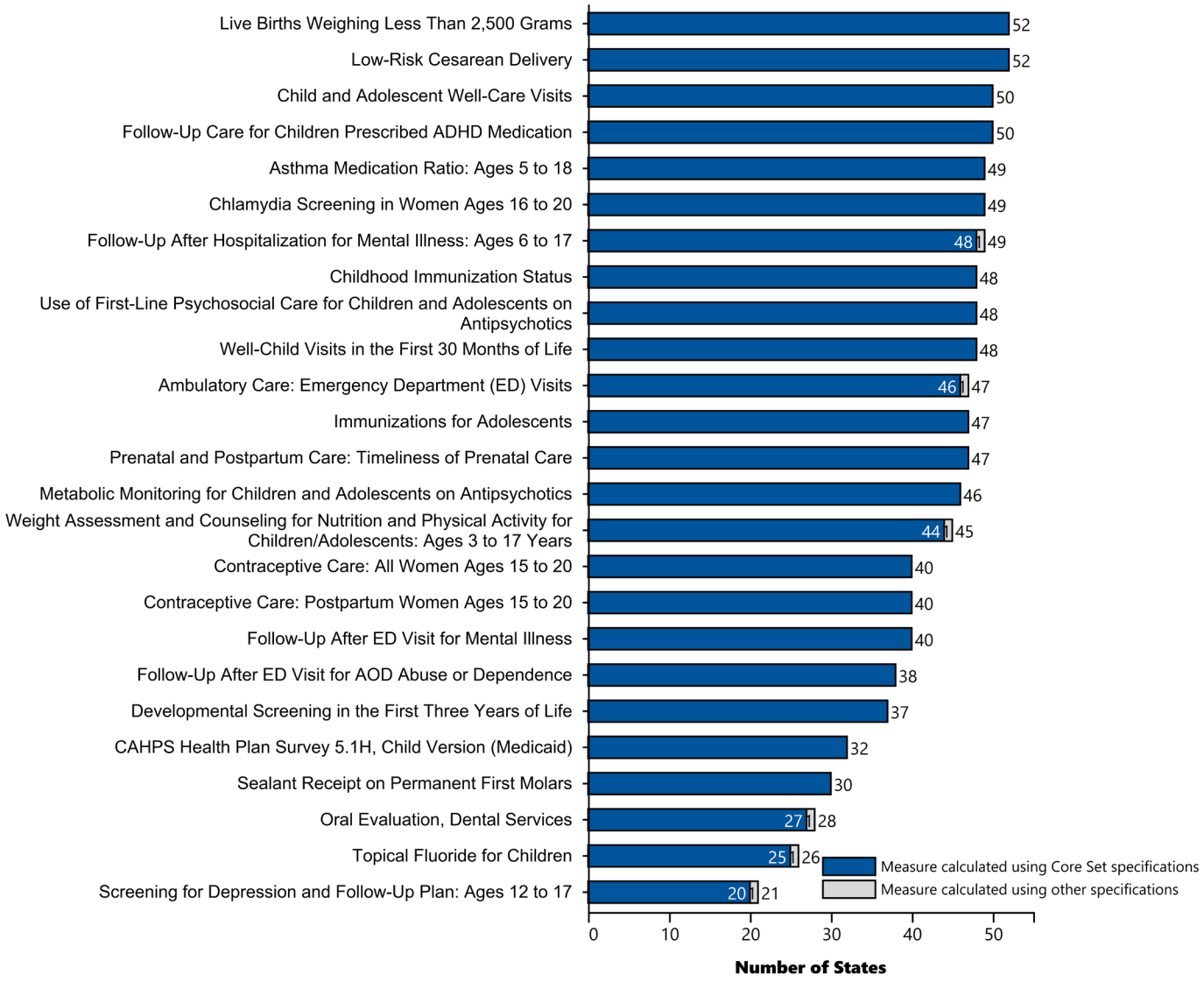
Number of States Reporting the Child Core Set Measures, FFY 2022



40 states reported more Child Core Set measures for FFY 2022 than for FFY 2021

Sources: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023 and the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2021 as of February 2, 2023.

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

The 2022 Child Core Set includes 25 measures. This chart includes all Child Core Set measures that states reported for the FFY 2022 reporting cycle.

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

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Number of States Reporting the Child Core Set Measures, FFY 2020–FFY 2022

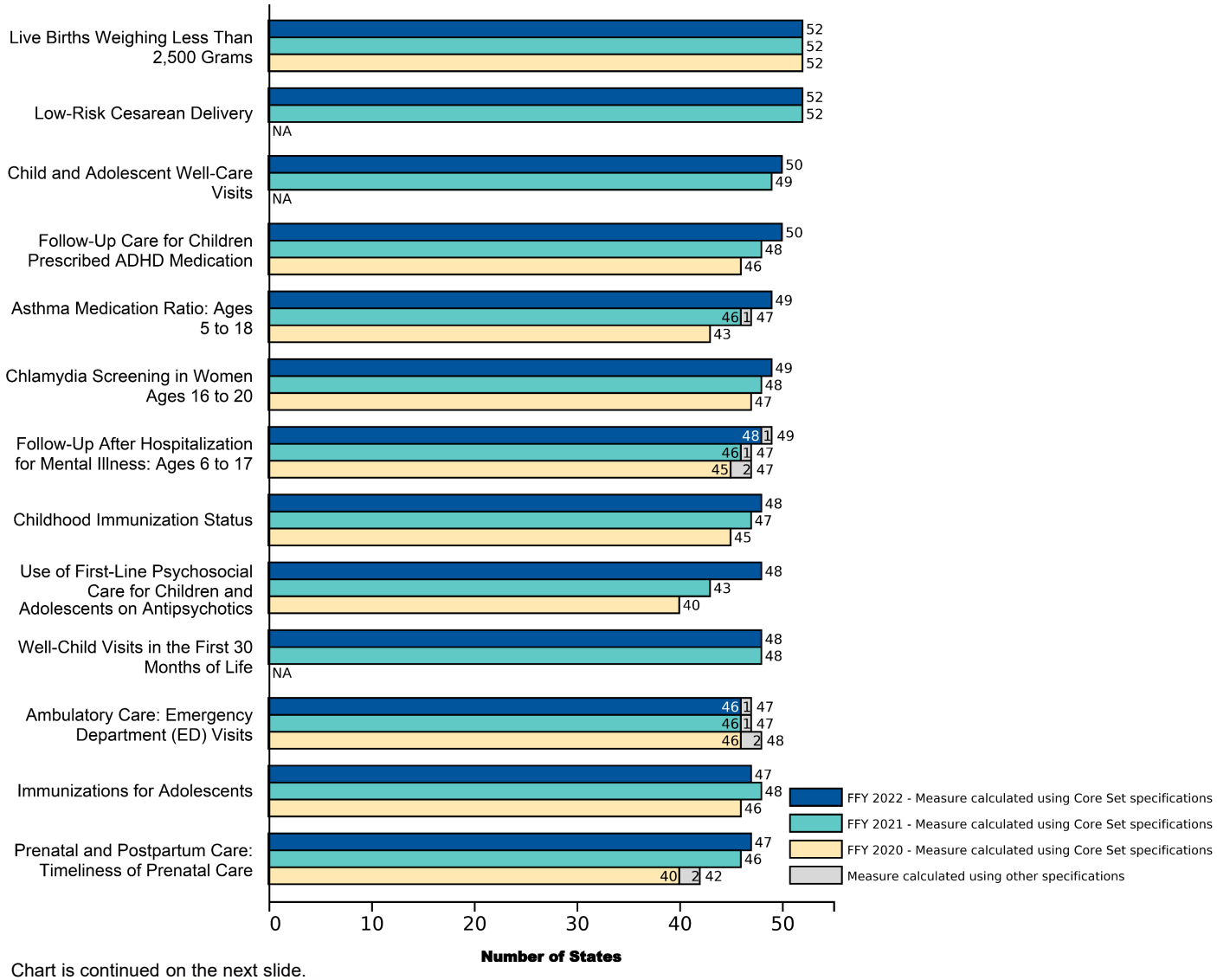

Chart is continued on the next slide.

State reporting increased for

14 of the 17 measures included in the Child Core Set for all three years

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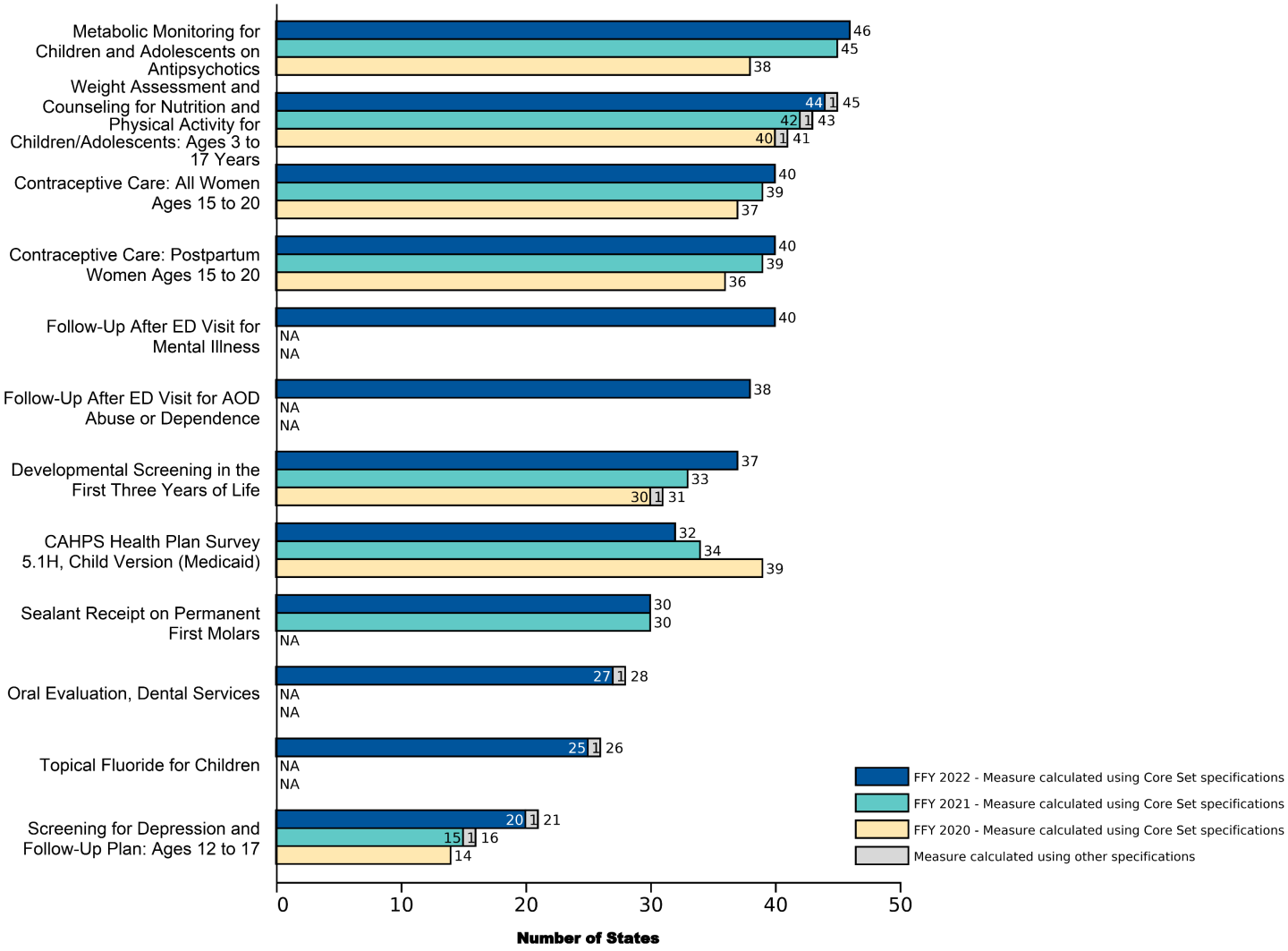
Number of States Reporting the Child Core Set Measures, FFY 2020–FFY 2022 (continued)



Sources: Mathematica analysis of FFY 2020 MACPro reports; FFY 2021 and 2022 QMR system reports and the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) for calendar years 2020 - 2022.

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

The 2022 Child Core Set includes 25 measures. This chart includes all Child Core Set measures that states reported for the FFY 2022 reporting cycle.

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

Data from previous years may be updated based on new information received after publication of the 2021 Chart Pack.

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

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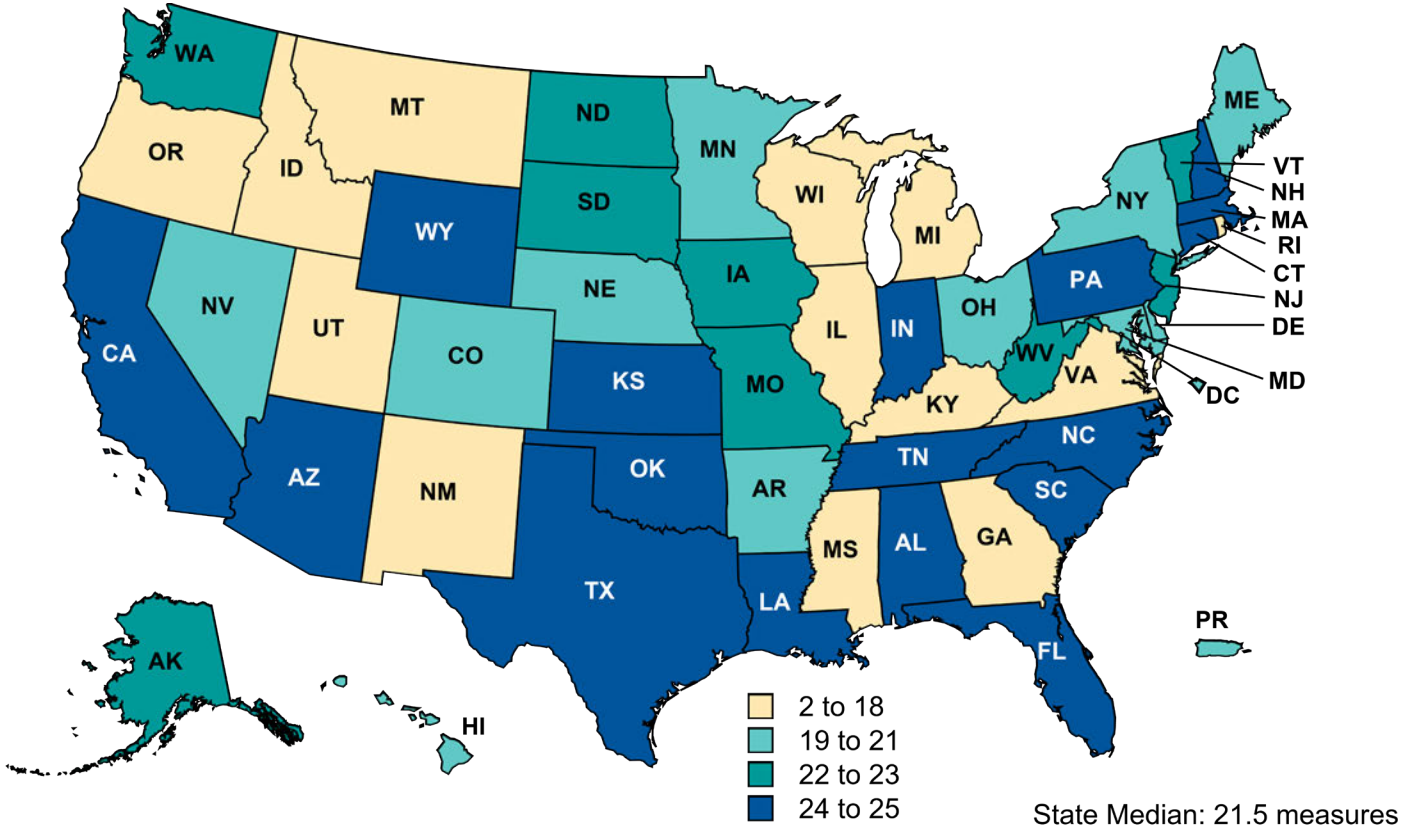
Geographic Variation in the Number of Child Core Set Measures Reported by States, FFY 2022



State Median: 21.5 measures

17 states reported at least 24 of the 25 Child Core Set measures for FFY 2022

Sources: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023 and Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2021 as of February 2, 2023.

Notes: The term "states" includes the 50 states, the District of Columbia, and Puerto Rico. The 2022 Child Core Set includes 25 measures.

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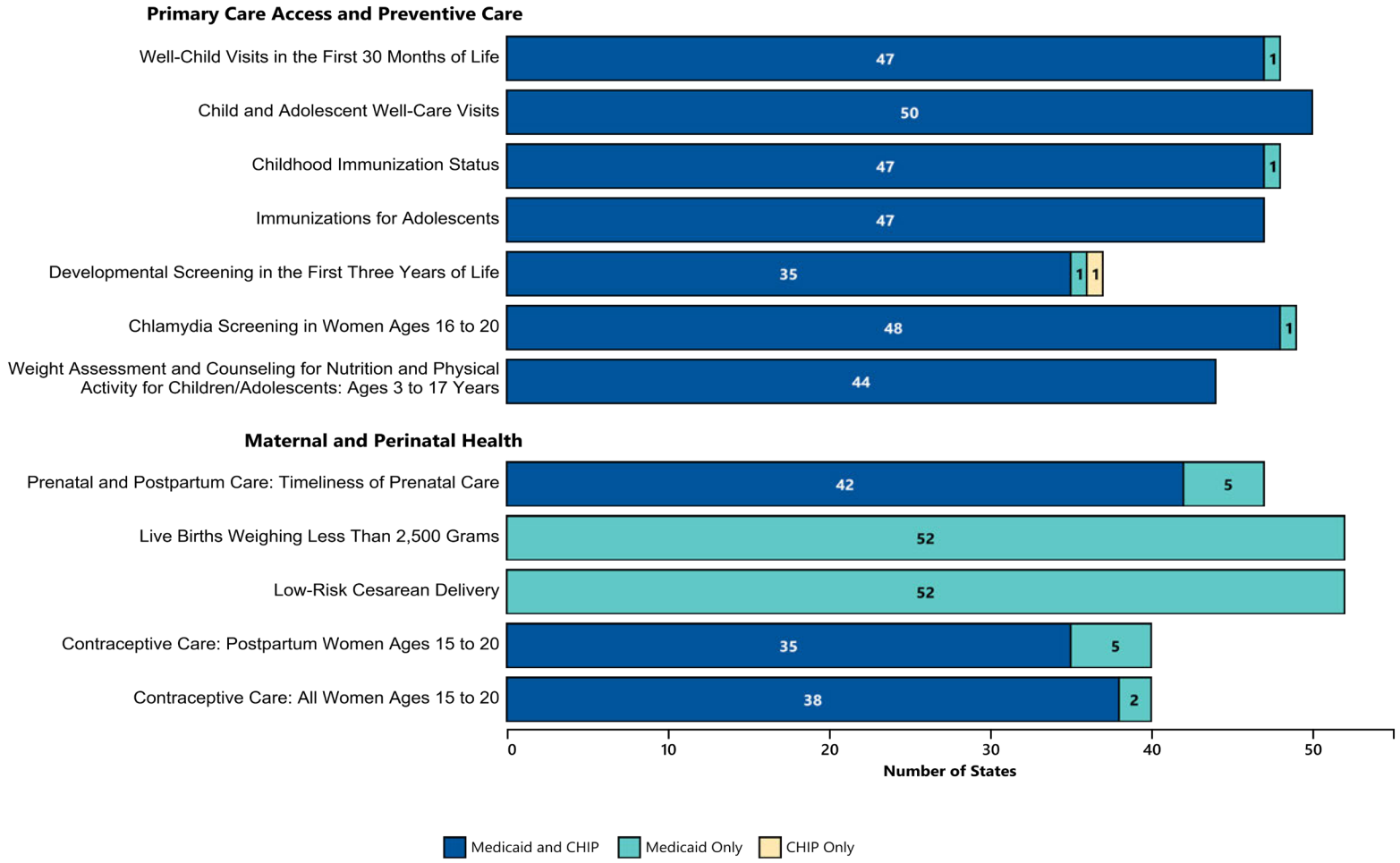
Populations Included in Frequently Reported Child Core Set Measures for FFY 2022, By Domain



For all states, the Live Births Less than 2,500 Grams and Low-Risk Cesarean Delivery measures were calculated by CMS using natality data submitted by states and compiled by the National Center for Health Statistics (NCHS) in CDC WONDER. Some states may include CHIP beneficiaries in these data.

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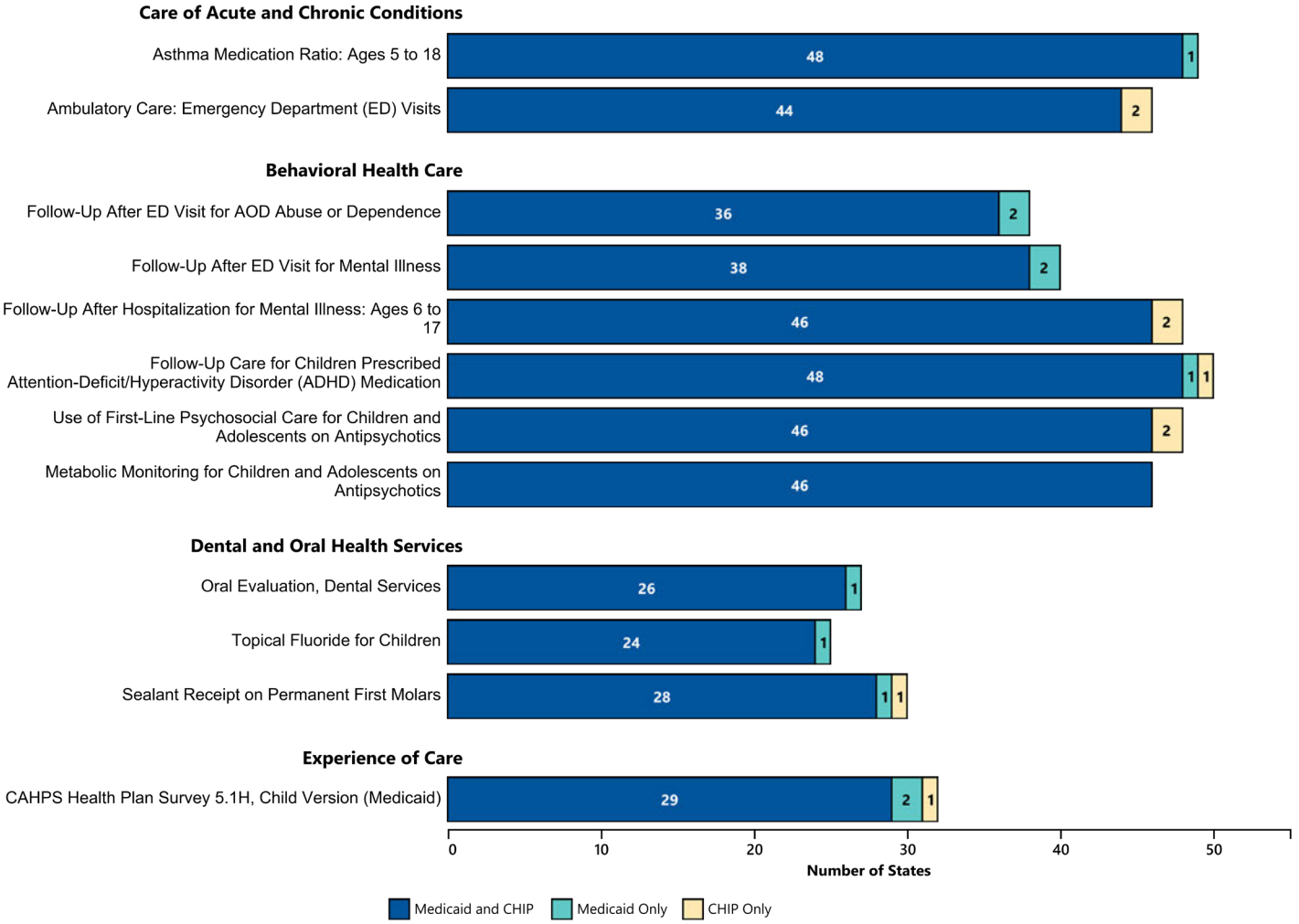
Populations Included in Frequently Reported Child Core Set Measures for FFY 2022, By Domain (continued)



Sources: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023 and the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2021 as of February 2, 2023.

Note: This chart includes measures that were reported by at least 25 states for FFY 2022 that met CMS standards for data quality.

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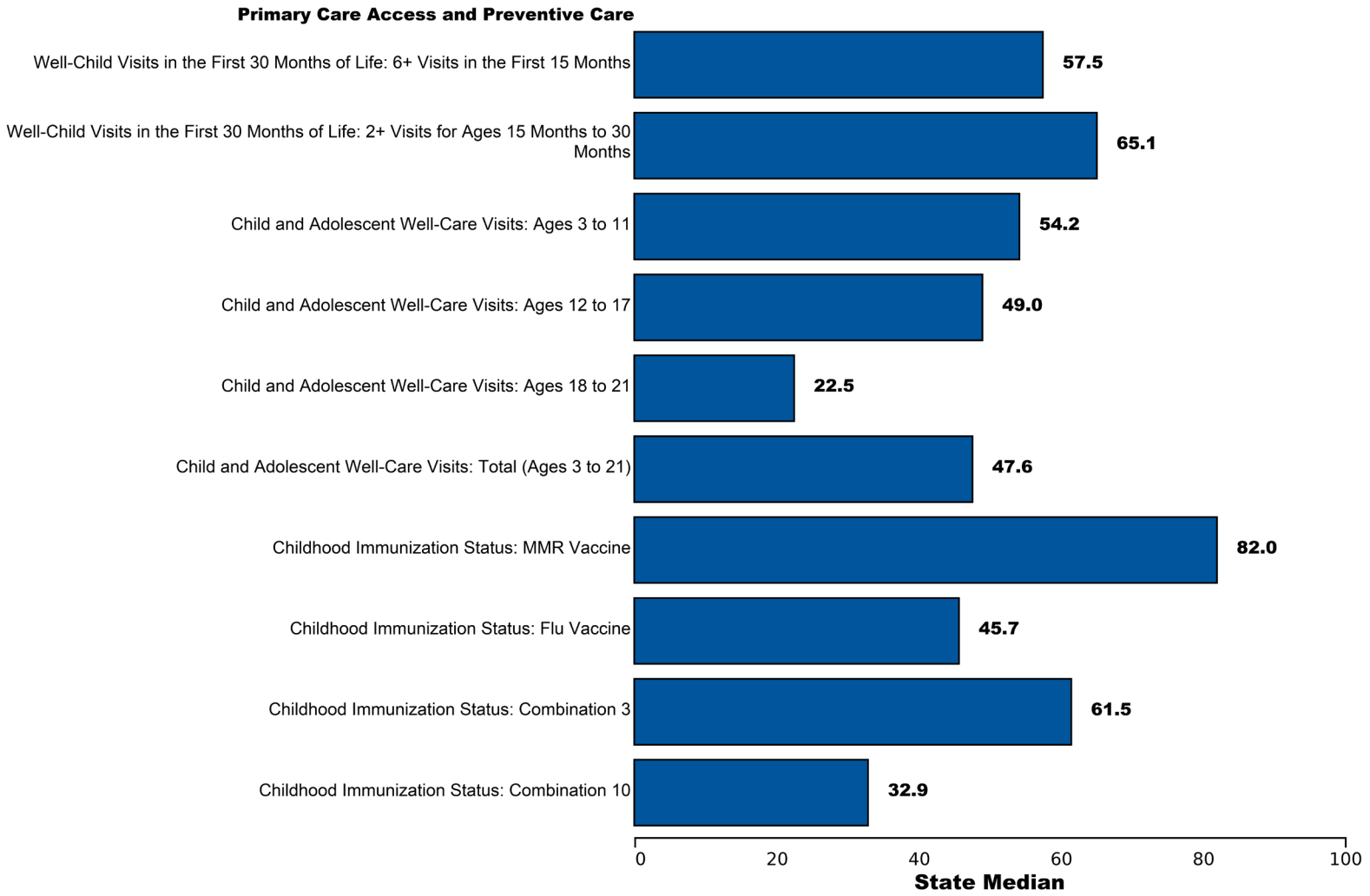
Median Performance Rates on Frequently Reported Child Core Set Measures, FFY 2022, By Domain



All medians are reported as percentages for all measures except for Ambulatory Care: ED Visits, which is reported as a rate per 1,000 beneficiary months.

Chart is continued on the next slide.

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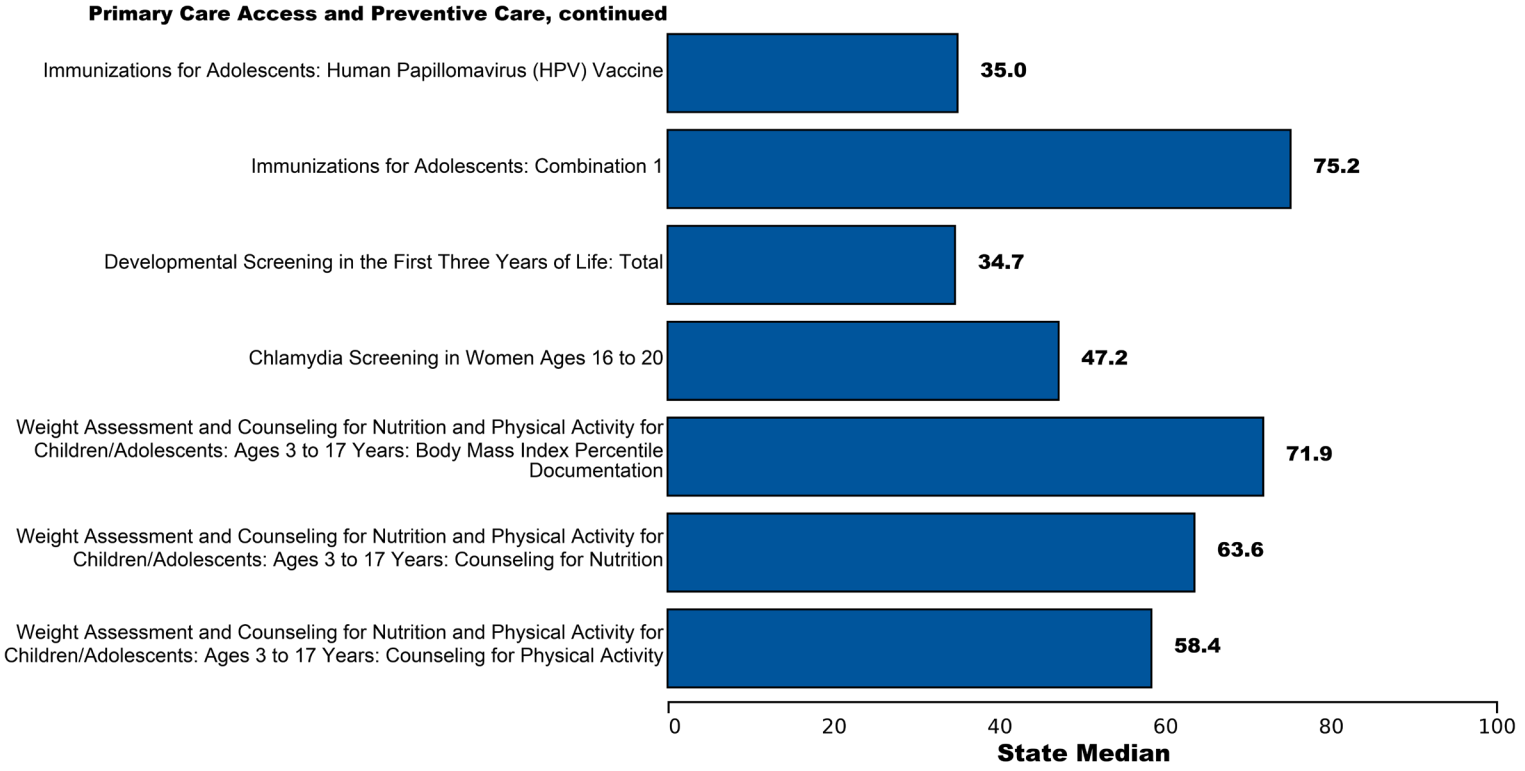
Median Performance Rates on Frequently Reported Child Core Set Measures, FFY 2022, By Domain (continued)



All medians are reported as percentages for all measures except for Ambulatory Care: ED Visits, which is reported as a rate per 1,000 beneficiary months.

Chart is continued on the next slide.

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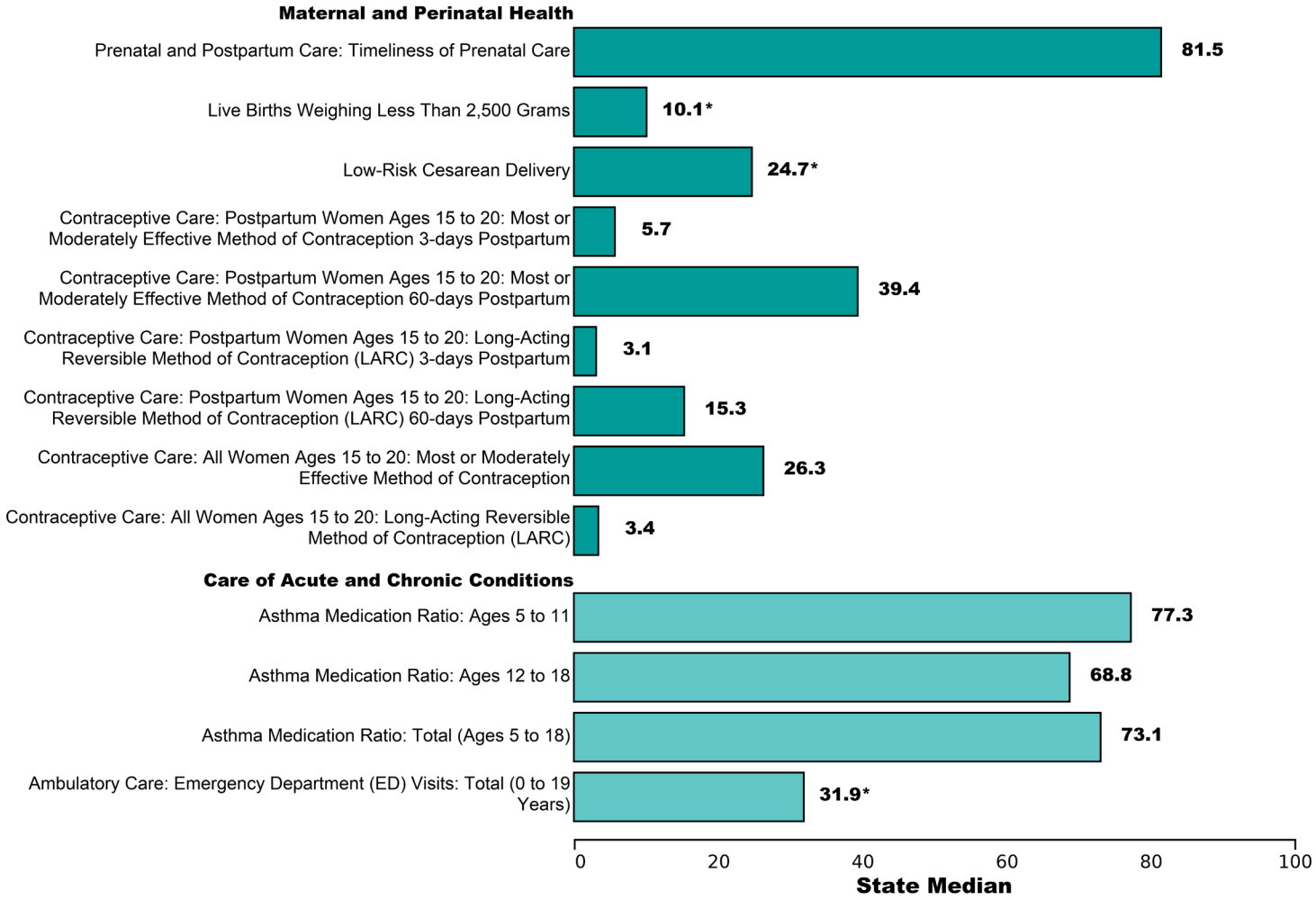
Median Performance Rates on Frequently Reported Child Core Set Measures, FFY 2022, By Domain (continued)



All medians are reported as percentages for all measures except for Ambulatory Care: ED Visits, which is reported as a rate per 1,000 beneficiary months.

*Lower rates are better for this measure.

Chart is continued on the next slide.

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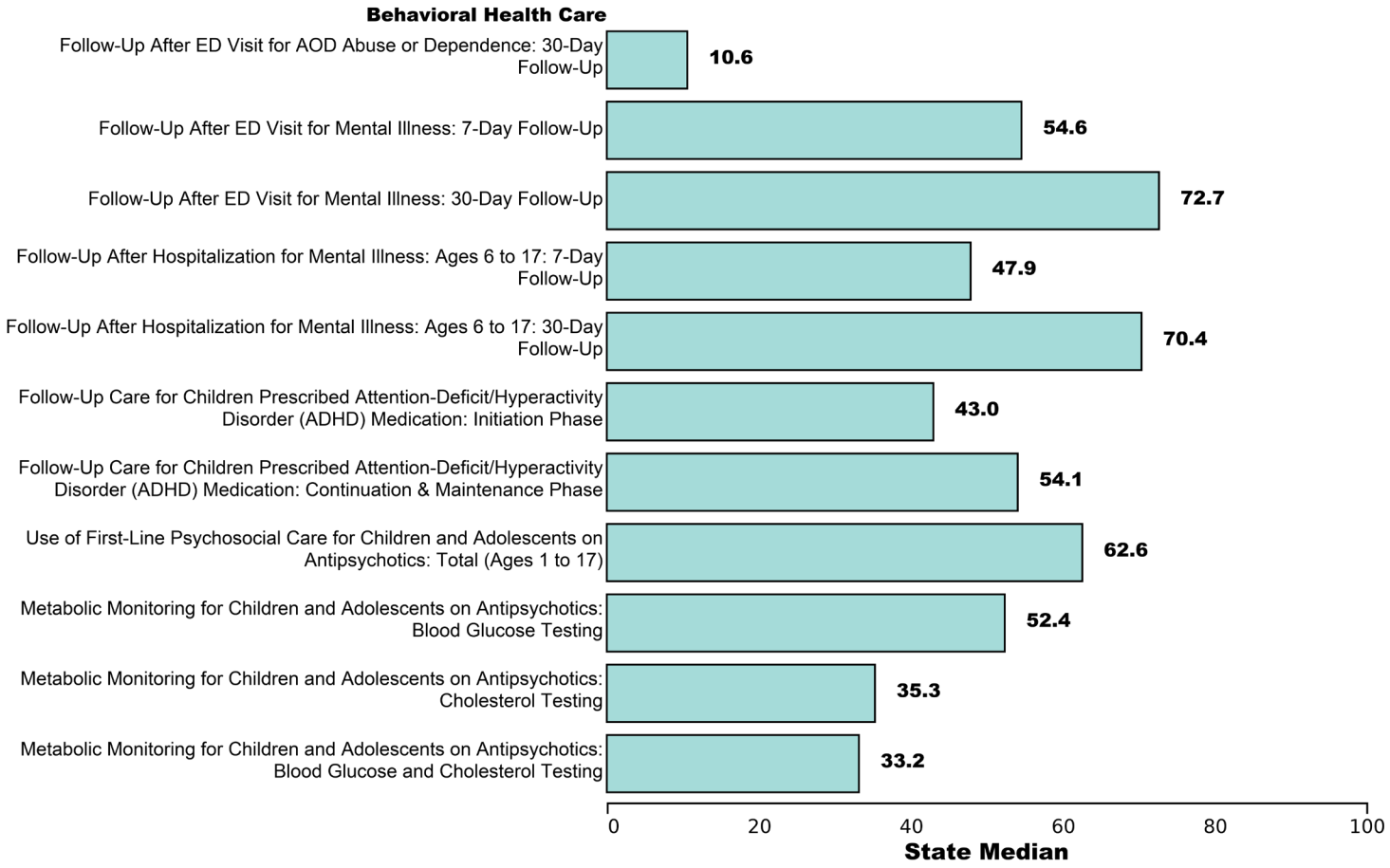
Median Performance Rates on Frequently Reported Child Core Set Measures, FFY 2022, By Domain (continued)



All medians are reported as percentages for all measures except for Ambulatory Care: ED Visits, which is reported as a rate per 1,000 beneficiary months.

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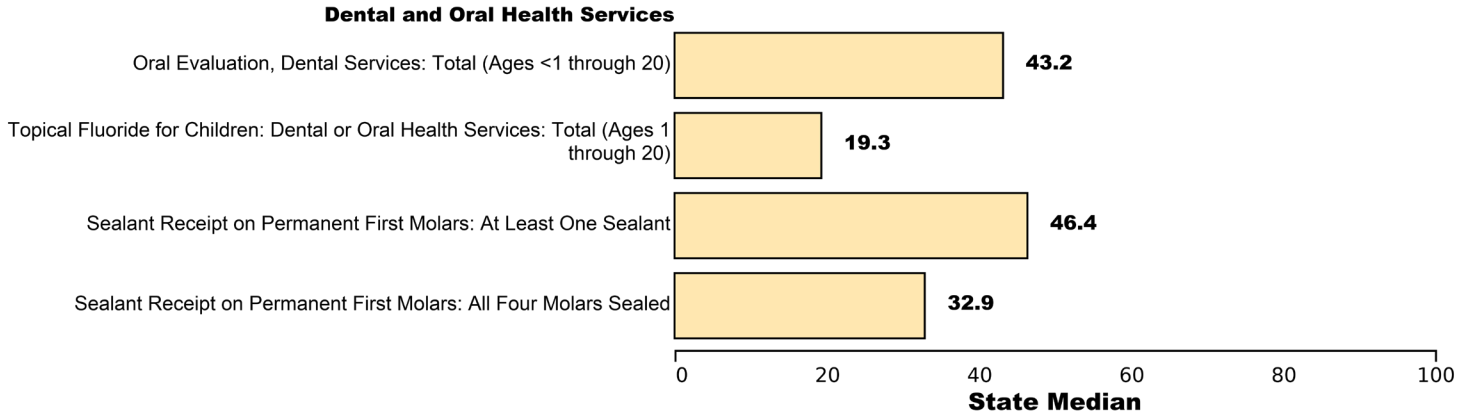
Median Performance Rates on Frequently Reported Child Core Set Measures, FFY 2022, By Domain (continued)



Sources: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023 and Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2021 as of February 2, 2023.

Notes: This chart includes measures that were reported by at least 25 states for FFY 2022 that met CMS standards for data quality. All medians are reported as percentages for all measures except for Ambulatory Care: ED Visits, which is reported as a rate per 1,000 beneficiary months. This chart excludes the CAHPS Health Plan Survey measure because state-specific performance data are not available for this measure.

Primary Care Access and Preventive Care

Medicaid and CHIP provide access to well-child visits and other preventive health care services, including immunizations, screenings, and counseling to support healthy living. The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit is key to ensuring that children and adolescents covered by Medicaid receive appropriate preventive, dental, mental health, developmental, and specialty services. Access to regular primary care and services can prevent infectious and chronic disease and other health conditions, help people live longer, healthier lives, and improve the health of the population.

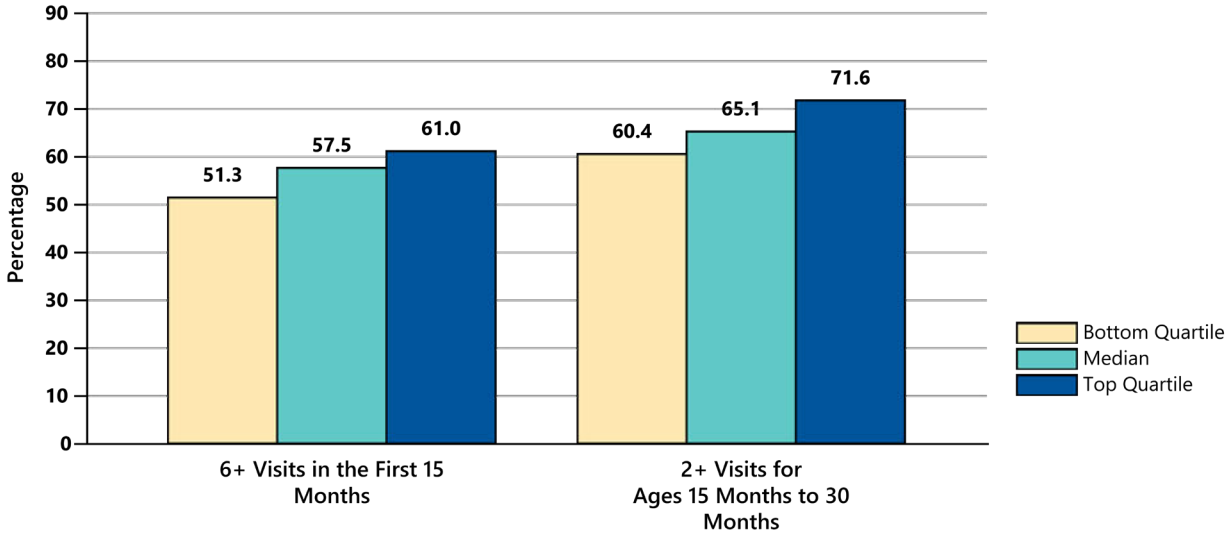
Seven Child Core Set measures of primary care access and preventive care were available for analysis for FFY 2022. These measures are among the most frequently reported measures in the Child Core Set.

- Well-Child Visits in the First 30 Months of Life
- Child and Adolescent Well-Care Visits
- Childhood Immunization Status
- Immunizations for Adolescents
- Developmental Screening in the First Three Years of Life
- Chlamydia Screening in Women Ages 16 to 20
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

Well-Child Visits in the First 30 Months of Life

The American Academy of Pediatrics and Bright Futures recommend nine or more well-child visits by the time a child turns 15 months of age, and two or more well-child visits for children between 15 and 30 months of age. Well-child visits should include a health history, physical exam, immunizations, vision and hearing screening, developmental/behavioral assessment, oral health risk assessment, and parenting education on a wide range of topics.

Percentage of Children Receiving 6 or More Well-Child Visits with a Primary Care Practitioner in the First 15 Months of Life or 2 or More Well-Child Visits from Ages 15 Months to 30 Months of Life (W30-CH), FFY 2022 (n = 48 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of children who had well-child visits with a primary care practitioner (PCP) during the first 30 months of life. Two rates are reported: (1) children who turned age 15 months during the measurement year and who had six or more well-child visits; and (2) children who turned age 30 months during the measurement year and who had two or more well-child visits from ages 15 months to 30 months. Beginning in FFY 2021, this measure was adapted by the measure steward from the retired measure: Well-Child Visits in the First 15 Months of Life (W15-CH). Due to specification changes, rates reported for this measure are not comparable with rates reported for the W15-CH measure for previous years. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

A median of

58 percent

of children received six or more well-child visits in the first 15 months of life and

65 percent

of children received two or more well-child visits between 15 and 30 months of life (48 states)

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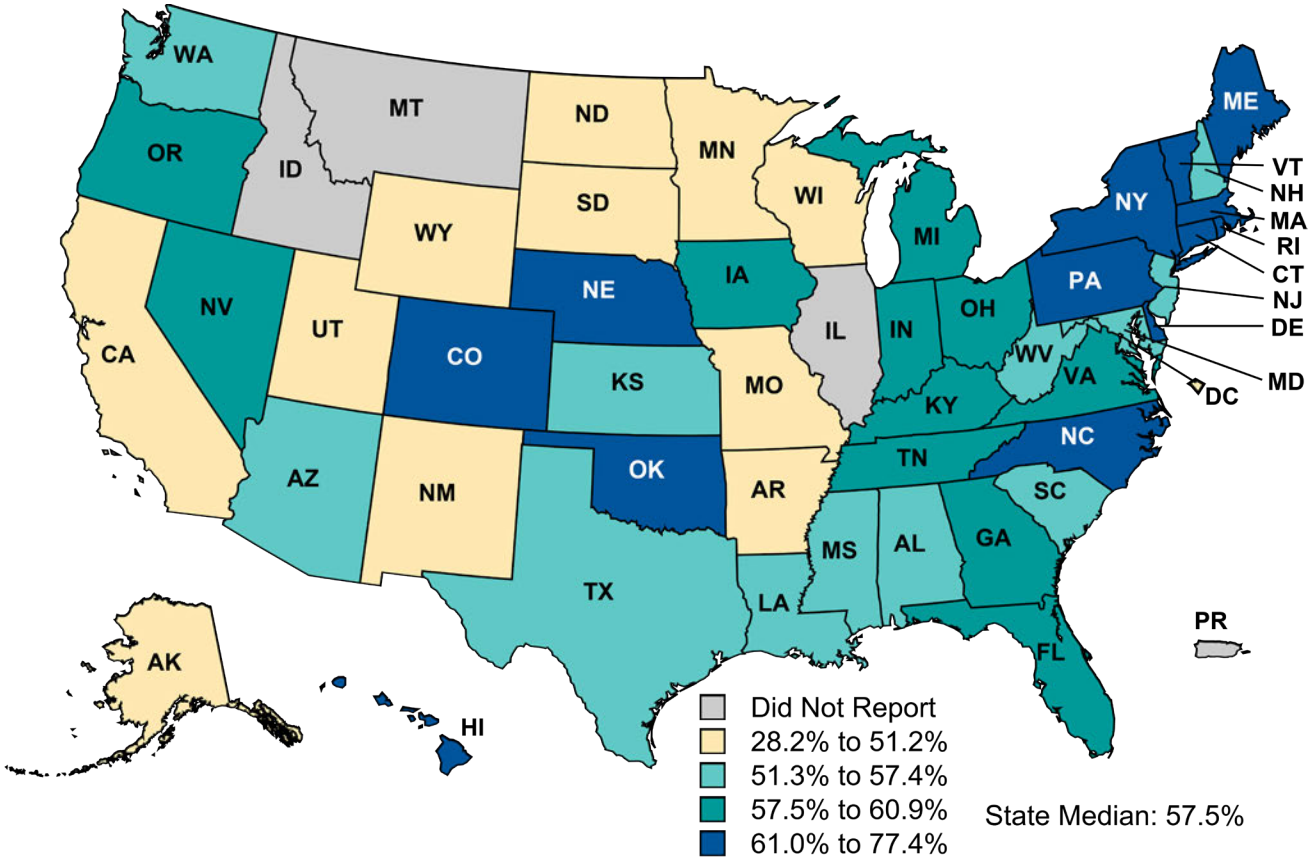
Well-Child Visits in the First 30 Months of Life (continued)

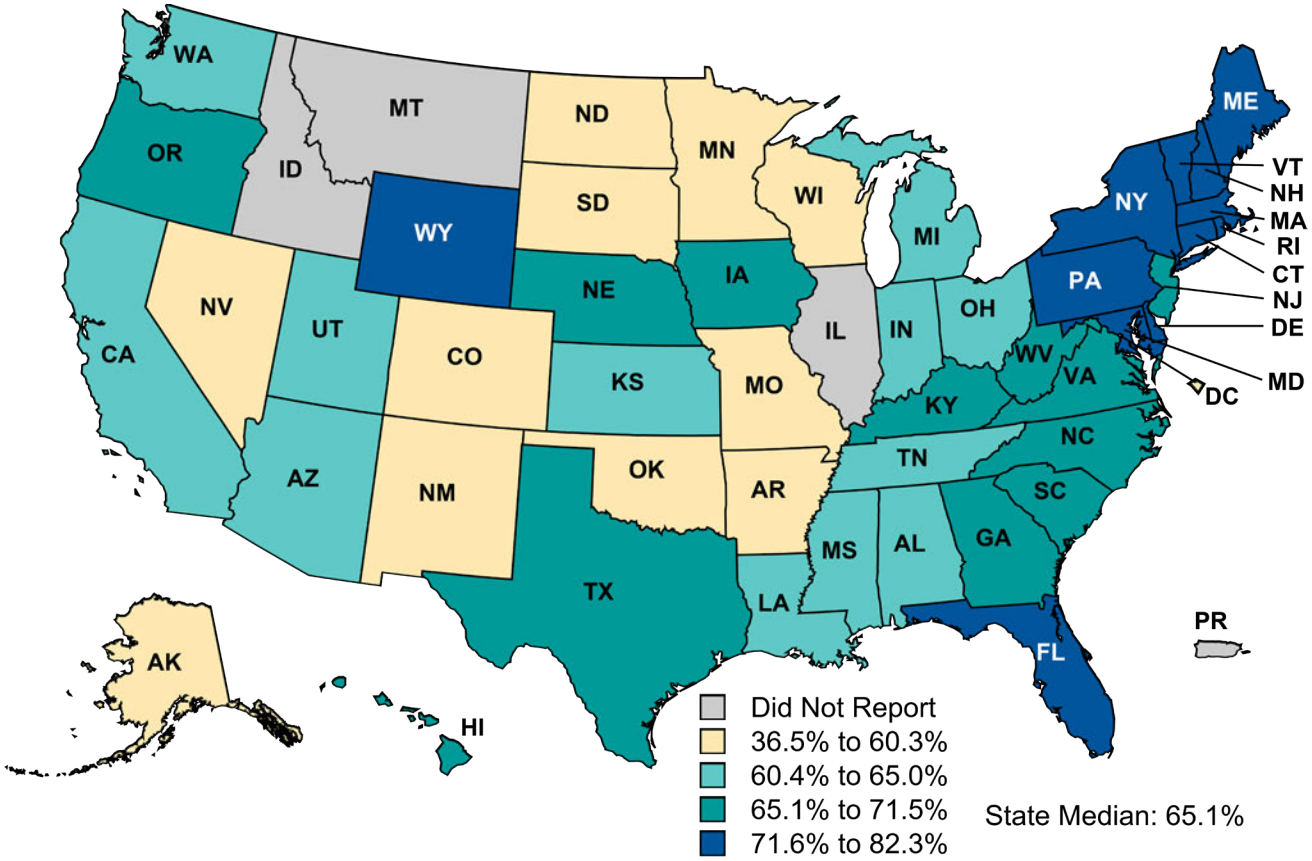
Geographic Variation in the Percentage of Children Receiving 6 or More Well-Child Visits with a Primary Care Practitioner in the First 15 Months of Life (W30-CH), FFY 2022 (n = 48 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.
Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Well-Child Visits in the First 30 Months of Life (continued)

Geographic Variation in the Percentage of Children Receiving 2 or More Well-Child Visits with a Primary Care Practitioner from Ages 15 Months to 30 Months (W30-CH), FFY 2022 (n = 48 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

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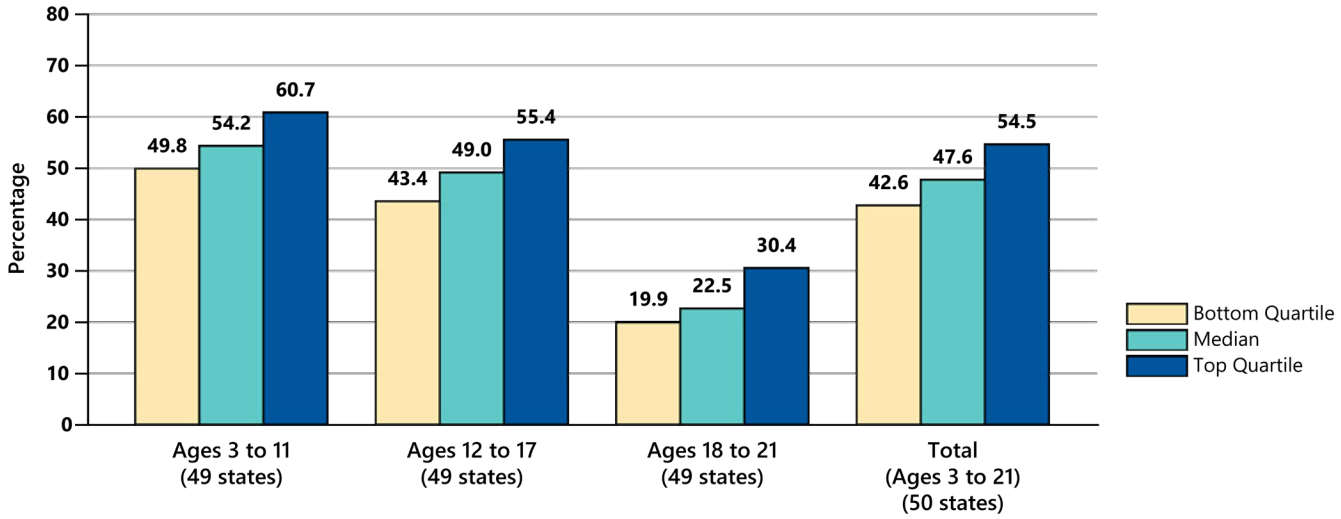
Child and Adolescent Well-Care Visits

The American Academy of Pediatrics and Bright Futures recommend that children and adolescents have comprehensive annual well-care visits. Comprehensive well-care visits should include a health history, physical exam, immunizations, vision and hearing screening, developmental/behavioral assessment, oral health assessment, and parenting education on a wide range of topics.

Percentage of Children and Adolescents Ages 3 to 21 Receiving at Least One Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist (WCV-CH), FFY 2022



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of children and adolescents ages 3 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement year. Beginning in FFY 2021, the Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34-CH) and Adolescent Well-Care Visits (AWC-CH) measures were modified by the measure steward into this combined measure that includes rates for ages 3 to 11, 12 to 17, 18 to 21, and a total rate (ages 3 to 21). Due to specification changes, rates reported for this measure are not comparable with rates reported for the W34-CH and AWC-CH measures for previous years. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

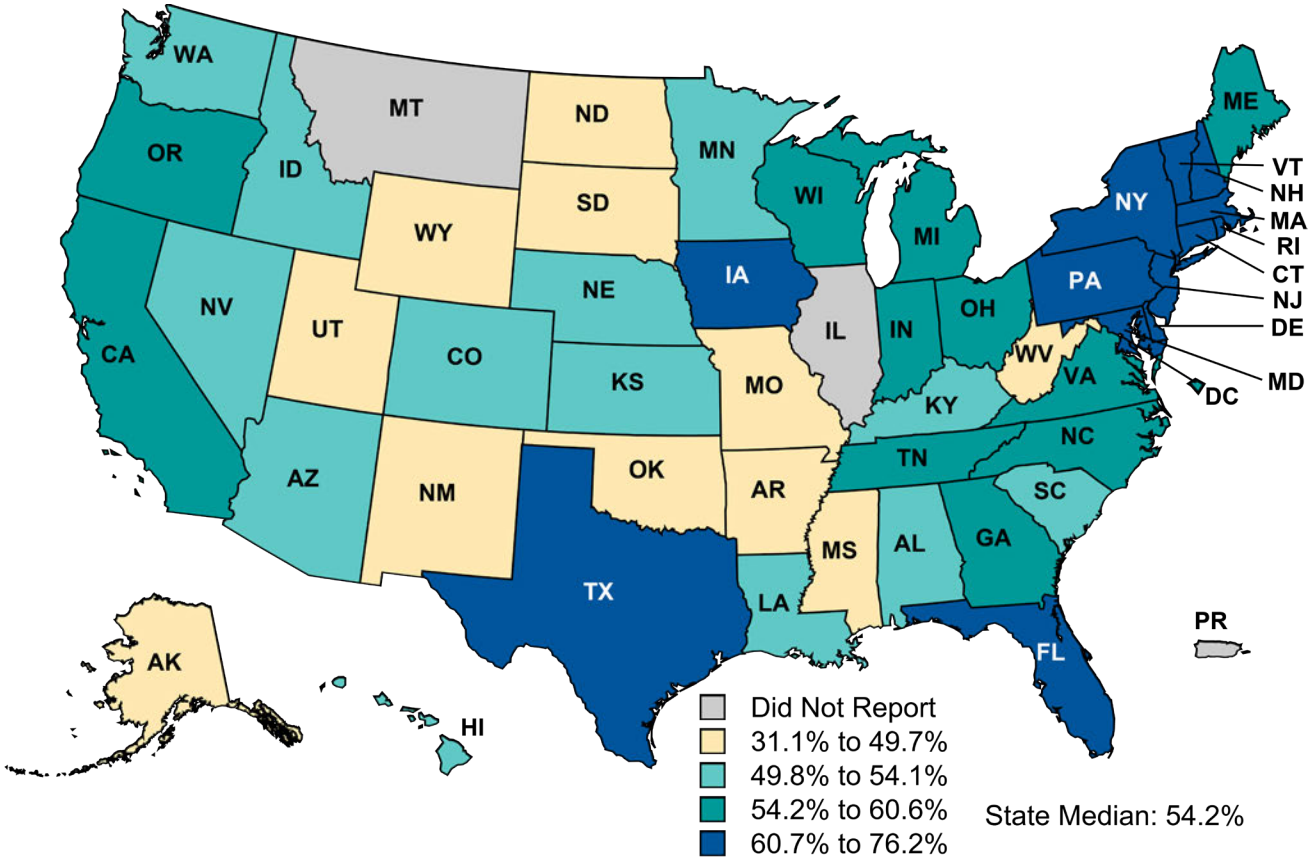
A median of

48 percent

of children and adolescents ages 3 to 21 had at least one well-care visit (50 states)

Child and Adolescent Well-Care Visits (continued)

Geographic Variation in the Percentage of Children and Adolescents Ages 3 to 11 Receiving at Least One Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist (WCV-CH), FFY 2022 (n = 49 states)

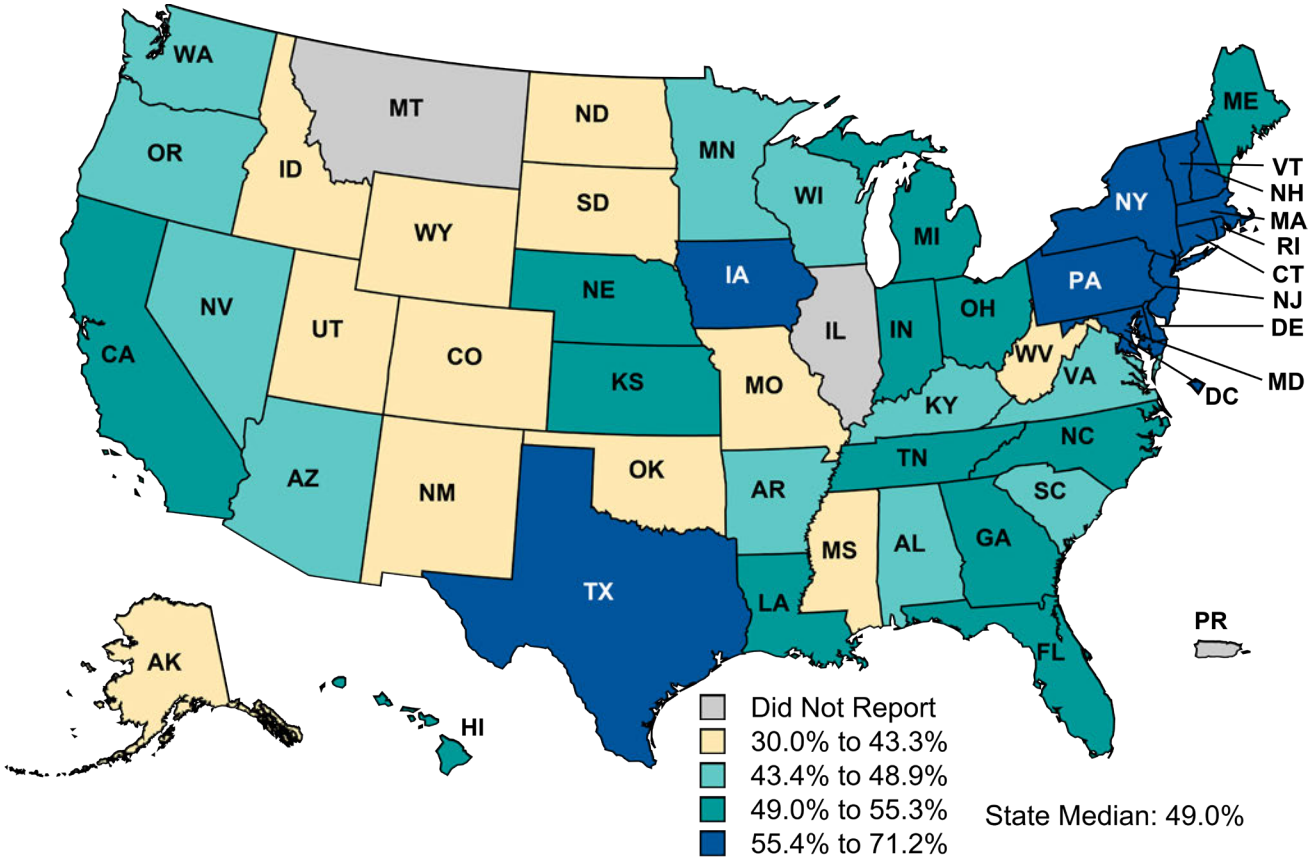


Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This chart excludes Puerto Rico, which reported the measure but did not provide data for the Ages 3 to 11 rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Child and Adolescent Well-Care Visits (continued)

Geographic Variation in the Percentage of Children and Adolescents Ages 12 to 17 Receiving at Least One Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist (WCV-CH), FFY 2022 (n = 49 states)

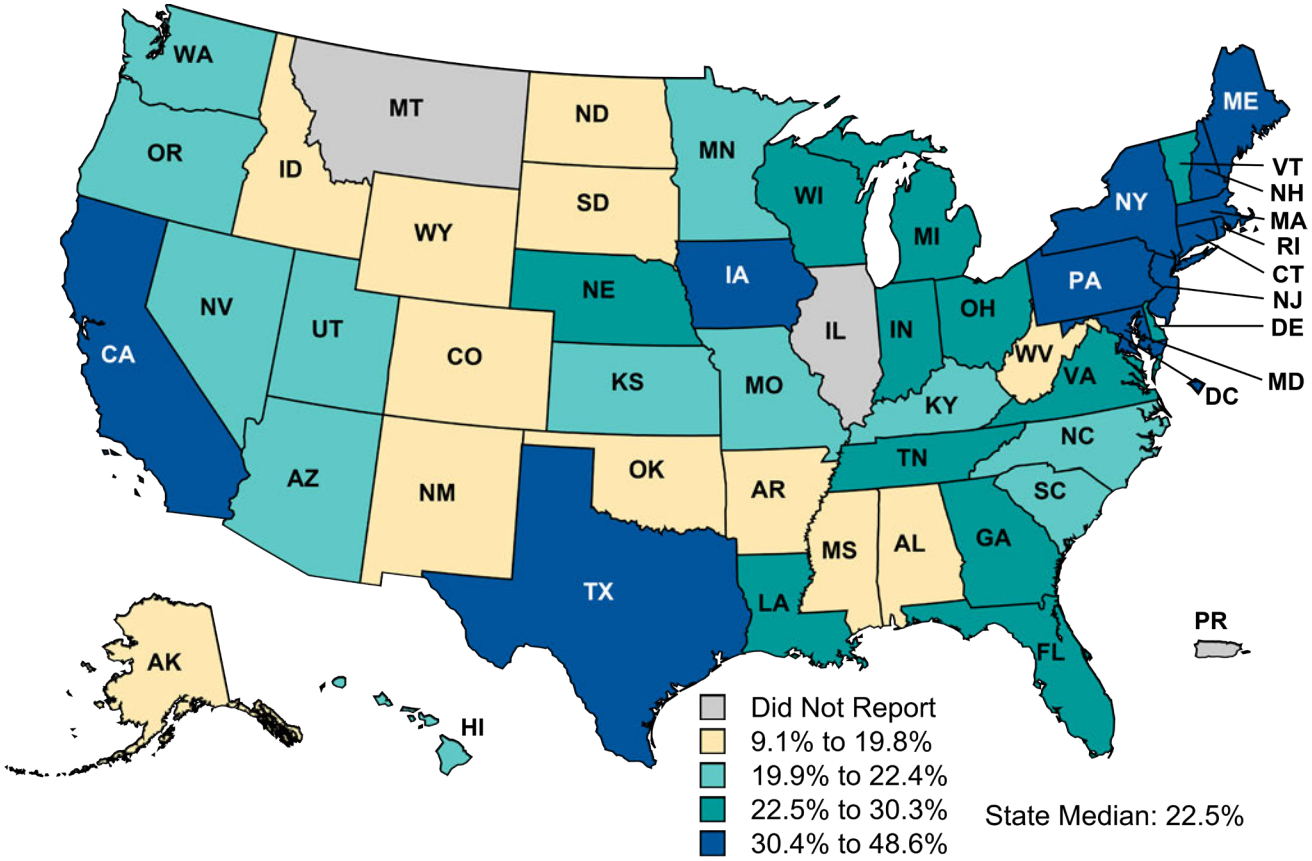


Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This chart excludes Puerto Rico, which reported the measure but did not provide data for the Ages 12 to 17 rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Child and Adolescent Well-Care Visits (continued)

Geographic Variation in the Percentage of Children and Adolescents Ages 18 to 21 Receiving at Least One Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist (WCV-CH), FFY 2022 (n = 49 states)

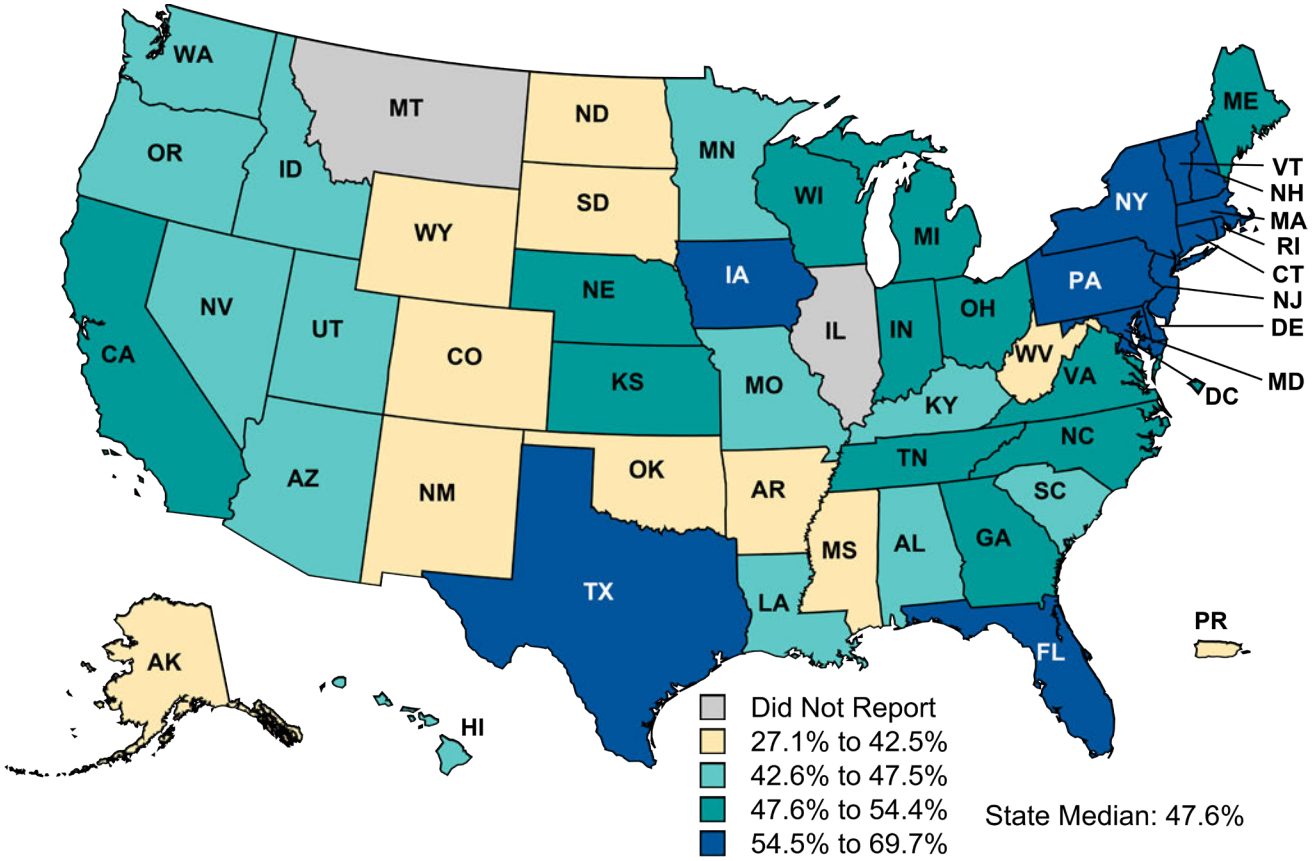


Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This chart excludes Puerto Rico, which reported the measure but did not provide data for the Ages 18 to 21 rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Child and Adolescent Well-Care Visits (continued)

Geographic Variation in the Percentage of Children and Adolescents Ages 3 to 21 Receiving at Least One Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist (WCV-CH), FFY 2022 (n = 50 states)

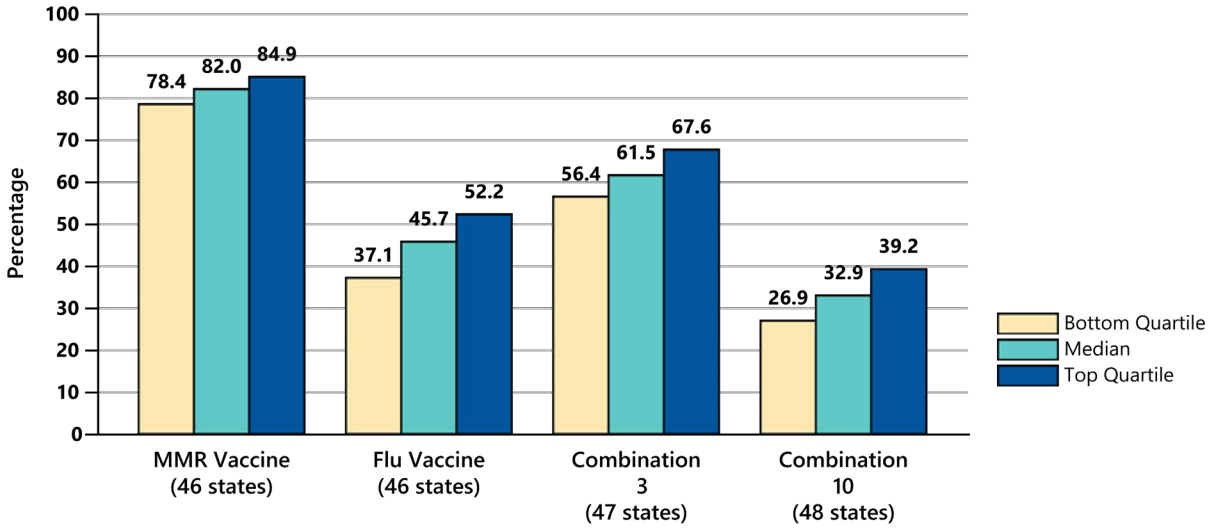


Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.
Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Childhood Immunization Status

The frequency of recommended preventive care services, including immunizations and screenings, can be used to indicate the clinical quality of primary care. A key indicator of the continuity of primary care is whether children are up to date on their immunizations. The childhood immunization measure includes 10 individual vaccine rates and 9 combination rates.

Percentage of Children Up to Date on Recommended Immunizations (Measles, Mumps, and Rubella [MMR], Influenza, Combination 3, and Combination 10) by their Second Birthday (CIS-CH), FFY 2022



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of children age 2 during the measurement year who had specific vaccines and combinations of vaccines by their second birthday. This chart shows reporting for the measles, mumps, and rubella (MMR) vaccination rate; the influenza (flu) vaccination rate; the Combination 3 rate, which includes four doses of diphtheria, tetanus, and acellular pertussis (DTaP) vaccines, three doses of polio vaccine (IPV), one dose of MMR vaccine, three doses of haemophilus influenza type B (HiB) vaccine, three doses of hepatitis B (Hep B) vaccine, one dose of varicella zoster virus (VZV) vaccine, and four doses of pneumococcal conjugate vaccine (PCV); and the Combination 10 rate, which includes the vaccines included in the Combination 3 rate plus one hepatitis A (Hep A) vaccine, two or three rotavirus (RV) vaccines, and two influenza vaccines. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

By their second birthday, a median of

82 percent of children had an MMR vaccine (46 states),

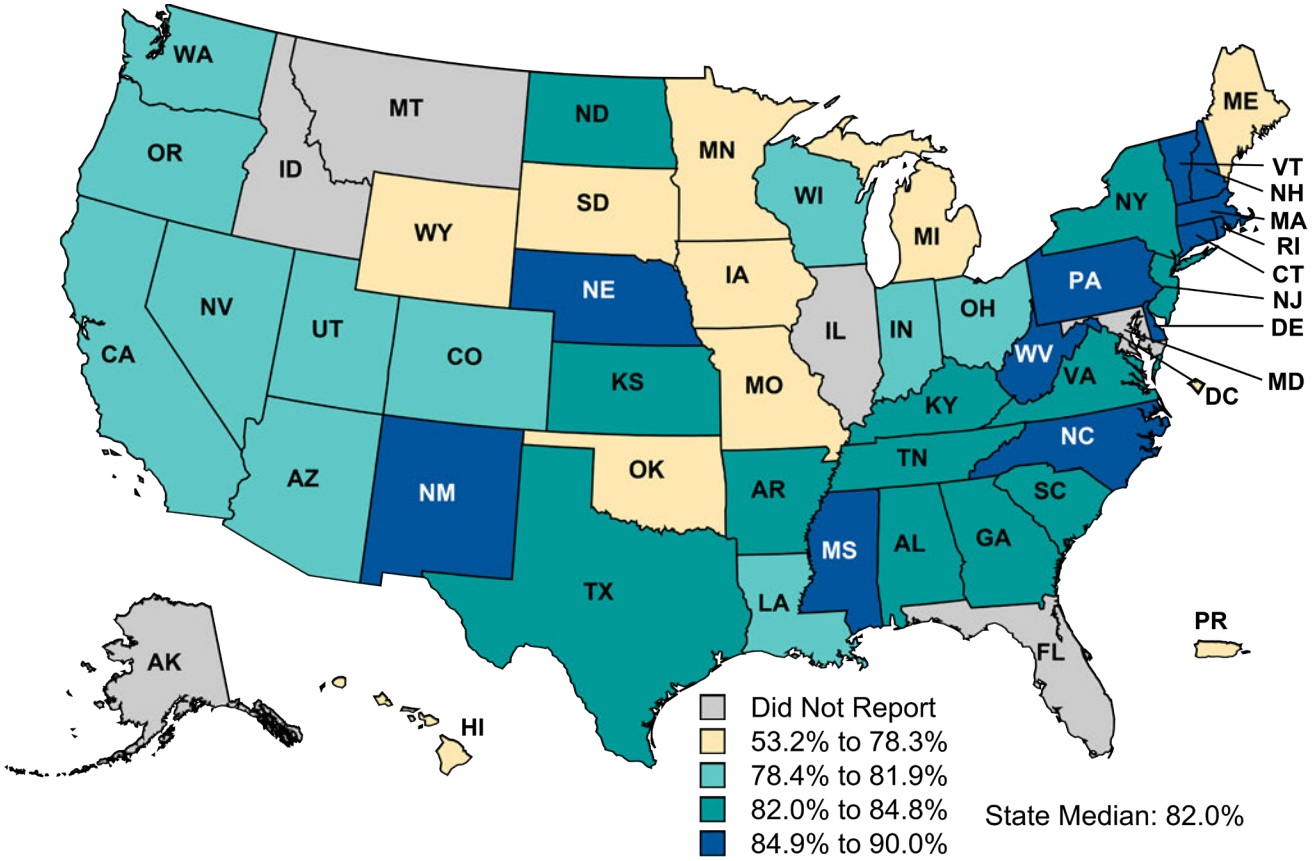
46 percent had a flu vaccine (46 states), and

62 percent were up to date on recommended immunizations (Combination 3) (47 states)

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Childhood Immunization Status: Measles, Mumps, and Rubella (MMR) Vaccination Rate (continued)

Geographic Variation in the Percentage of Children who had a Measles, Mumps, and Rubella (MMR) Vaccination by their Second Birthday (CIS-CH), FFY 2022 (n = 46 states)



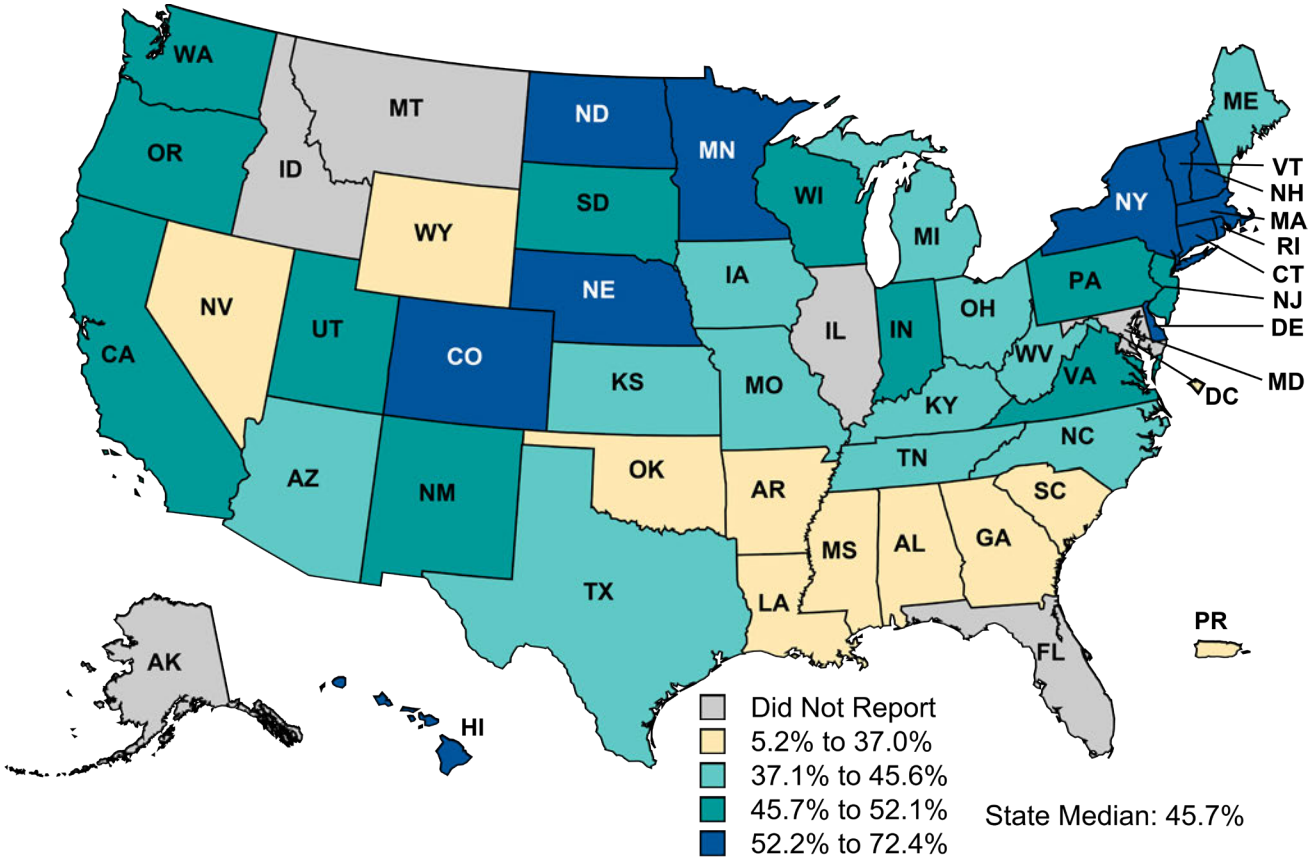
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This chart excludes Florida and Maryland, which reported the measure but did not provide data for the MMR rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Childhood Immunization Status: Influenza Vaccination Rate (continued)

Geographic Variation in the Percentage of Children who had at Least Two Flu Vaccinations by their Second Birthday (CIS-CH), FFY 2022 (n = 46 states)



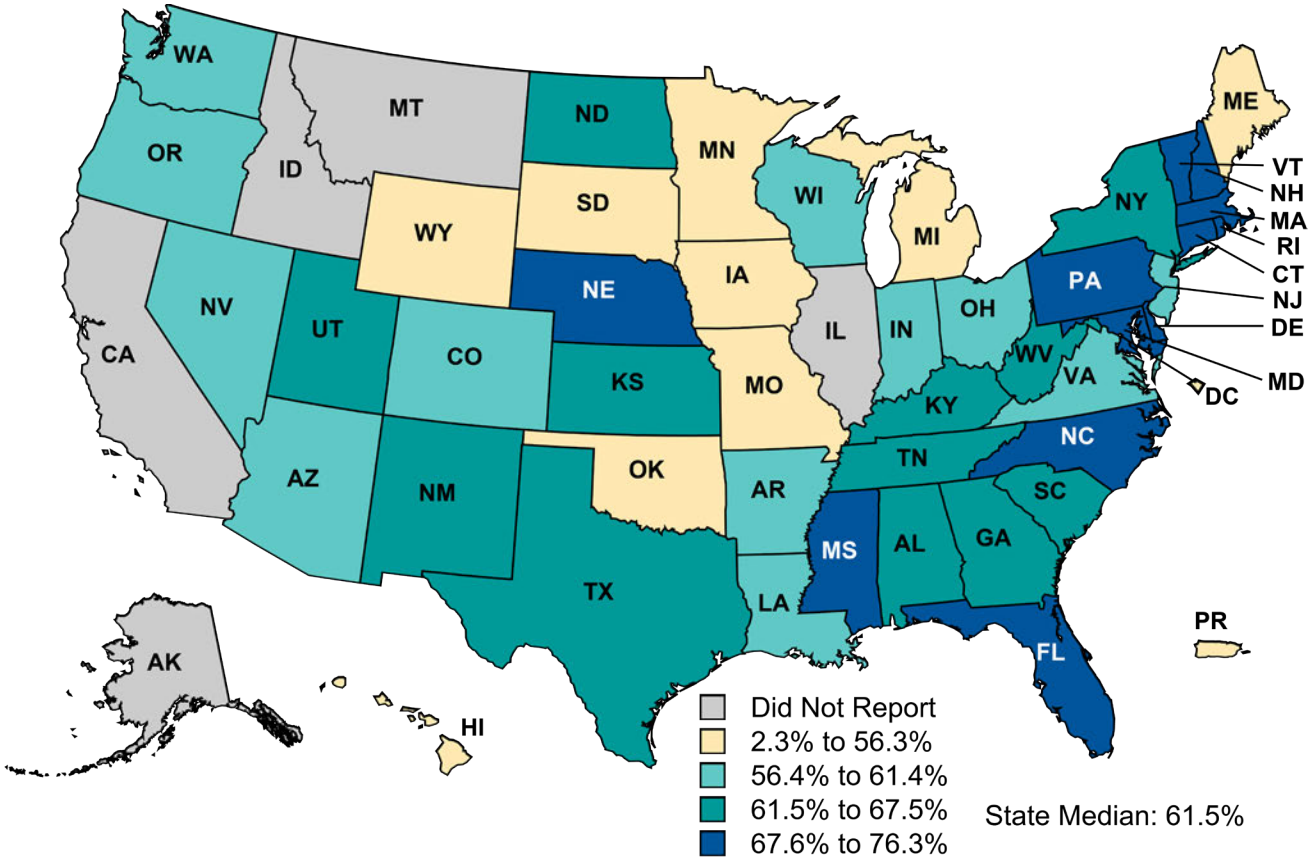
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This chart excludes Florida and Maryland, which reported the measure but did not provide data for the Influenza rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Childhood Immunization Status: Combination 3 Rate (continued)

Geographic Variation in the Percentage of Children Up to Date on Recommended Immunizations (Combination 3) by their Second Birthday (CIS-CH), FFY 2022 (n = 47 states)



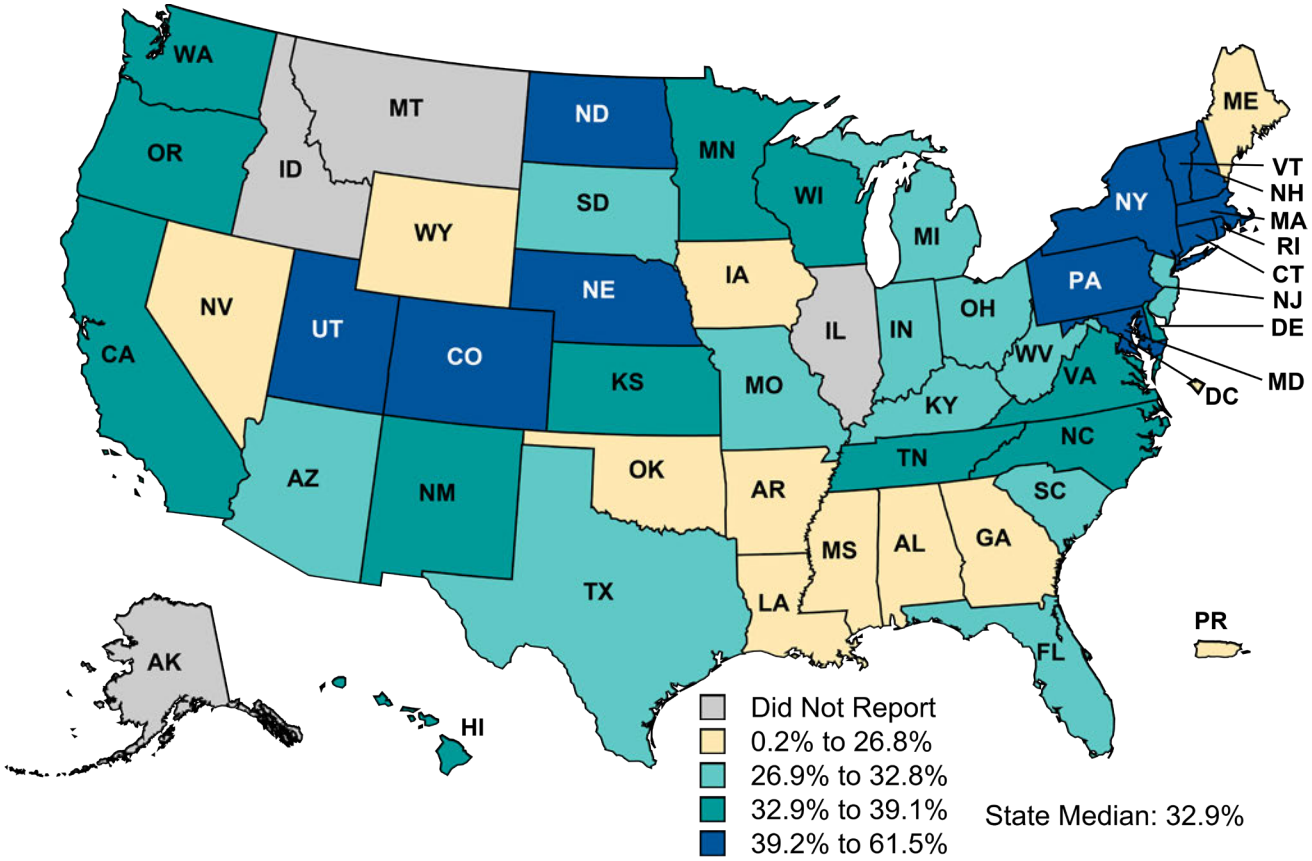
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This chart excludes California, which reported the measure but did not provide data for the Combination 3 rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Childhood Immunization Status: Combination 10 Rate (continued)

Geographic Variation in the Percentage of Children Up to Date on Recommended Immunizations (Combination 10) by their Second Birthday (CIS-CH), FFY 2022 (n = 48 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

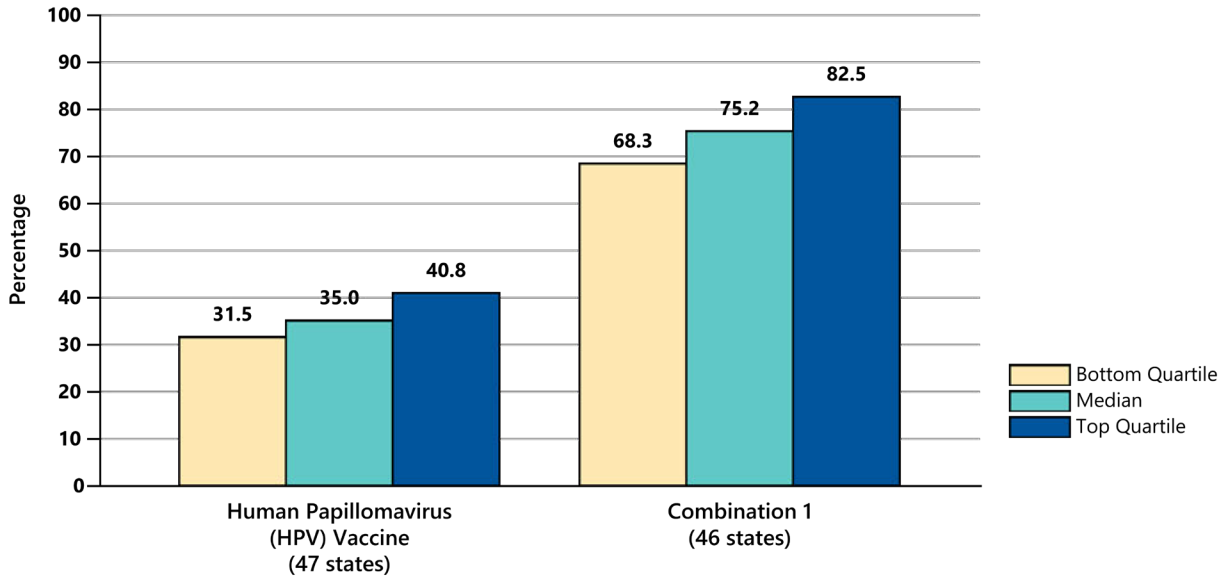
Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Immunizations for Adolescents

A key indicator of the continuity of primary care is whether adolescents are up-to-date on their immunizations. The adolescent immunization measure includes three individual vaccine rates: (1) Meningococcal vaccine, (2) Tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap), and (3) human papillomavirus (HPV) vaccine. In the Child Core Set, state performance is measured as the percentage of adolescents receiving the HPV vaccine and the recommended doses of both the meningococcal and Tdap vaccines (Combination 1).

Percentage of Adolescents Up to Date on Recommended Immunizations (Human Papillomavirus Vaccine and Combination 1) by their 13th Birthday (IMA-CH), FFY 2022



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of adolescents age 13 who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and the complete human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates. This chart shows state reporting for the HPV vaccine rate and the Combination 1 rate (percentage receiving both meningococcal and Tdap vaccines). When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

A median of

35 percent

of adolescents were up to date on the HPV vaccine (47 states) and

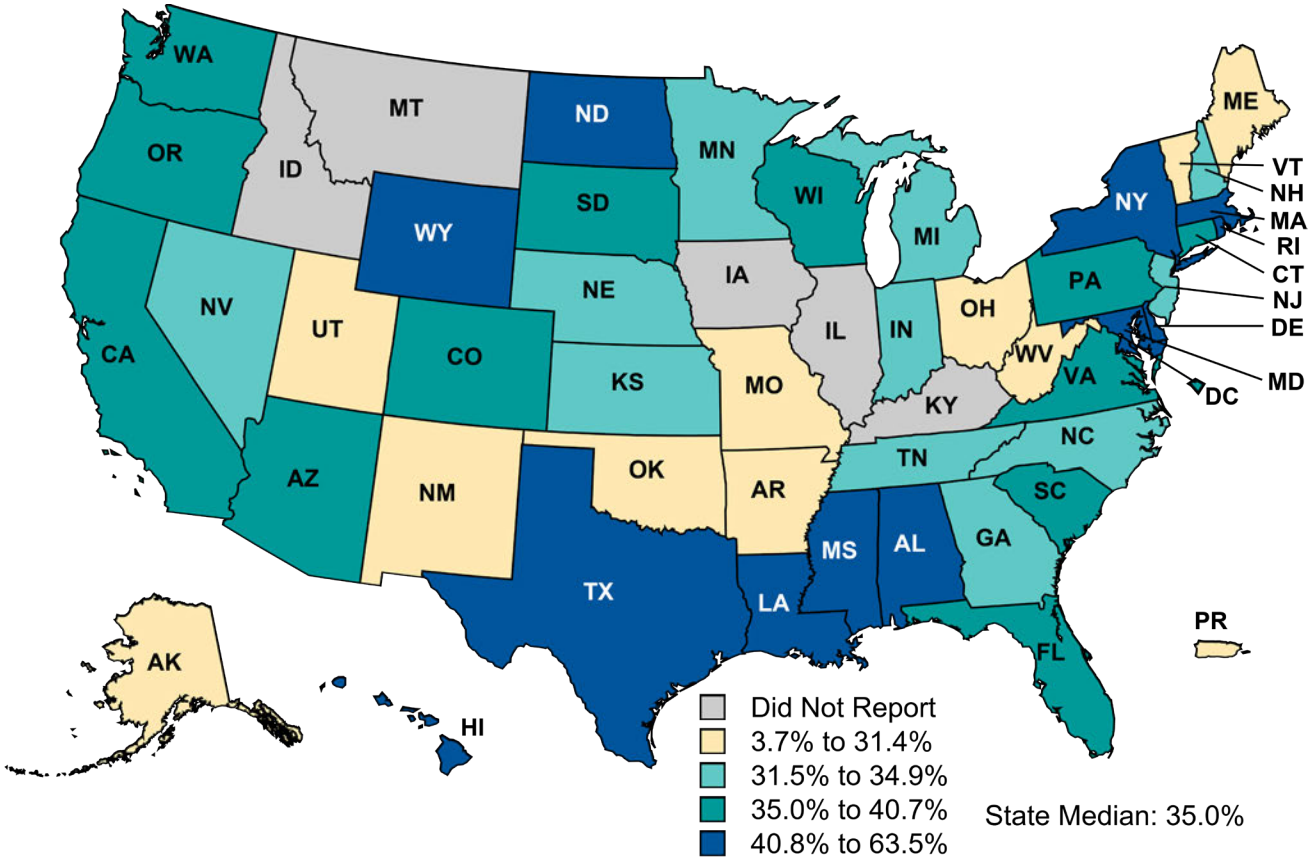
75 percent

were up to date on Combination 1 immunizations by their 13th birthday (46 states)

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Immunizations for Adolescents: Human Papillomavirus (HPV) Vaccination Rate (continued)

Geographic Variation in the Percentage of Adolescents who Completed the Human Papillomavirus (HPV) Vaccine Series by their 13th Birthday (IMA-CH), FFY 2022 (n = 47 states)

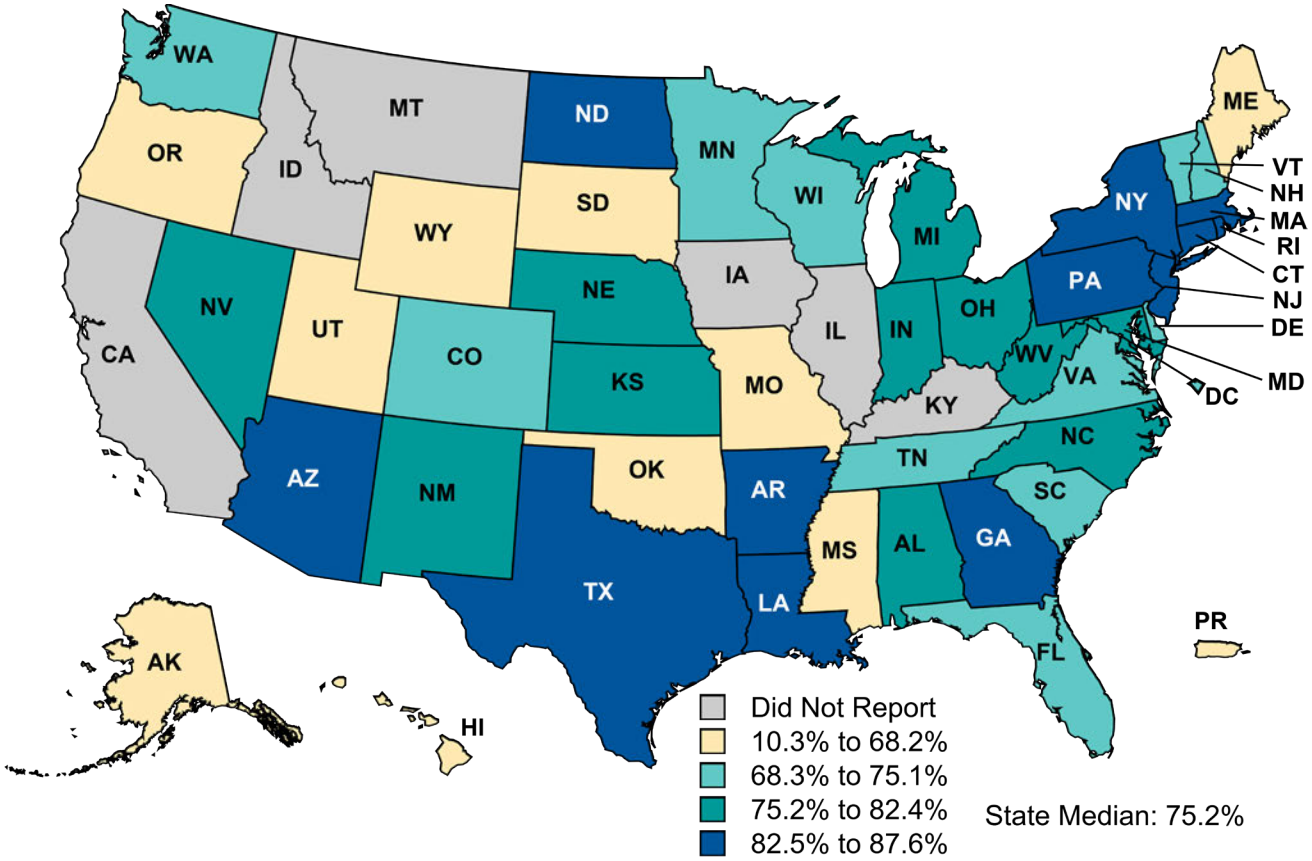


Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Immunizations for Adolescents: Combination 1 Rate (continued)

Geographic Variation in the Percentage of Adolescents Up to Date on Recommended Immunizations (Combination 1) by their 13th Birthday (IMA-CH), FFY 2022 (n = 46 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

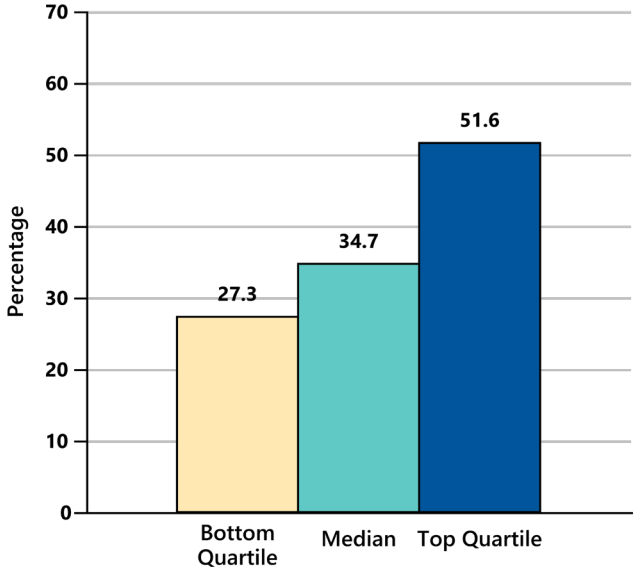
Notes: This chart excludes California, which reported the measure but did not provide data for the Combination 1 rate (percentage receiving both meningococcal and Tdap vaccines). When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Developmental Screening in the First Three Years of Life

Early detection of developmental delays and early intervention programs can greatly improve a child's health, social, and academic outcomes. The American Academy of Pediatrics and Bright Futures recommend that developmental screening tests be administered at the 9-, 18-, and 30-month well-child visits. In the Child Core Set, state performance is measured as the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

Percentage of Children Screened for Risk of Developmental, Behavioral, and Social Delays Using a Standardized Screening Tool Preceding or on their First, Second, or Third Birthday (DEV-CH), FFY 2022 (n = 37 states)



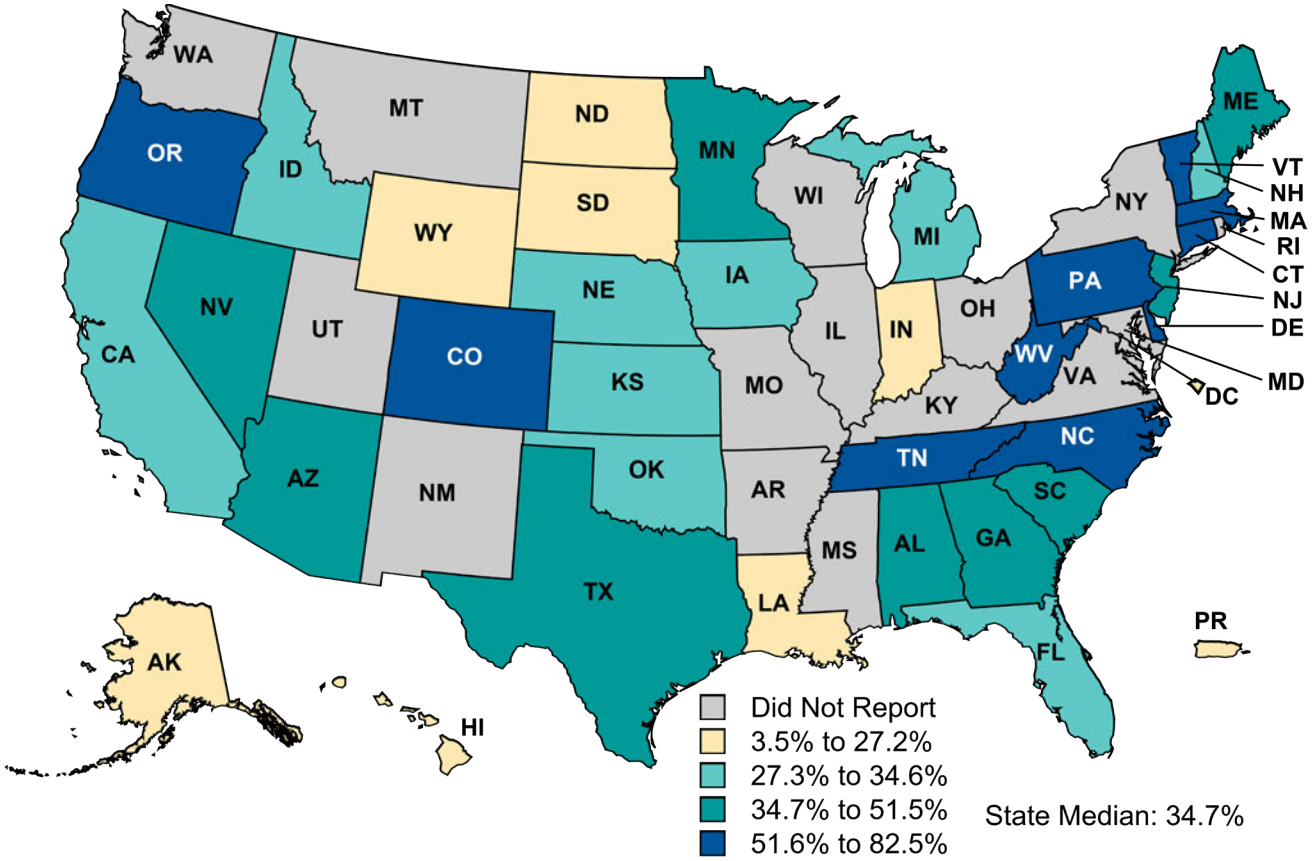
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of children screened for risk of developmental, behavioral, or social delays using a standardized screening tool for global developmental screenings in the 12 months preceding or on their first, second, or third birthday. Rates for some states also include non-global developmental screenings. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

A median of **35** percent of children were screened for risk of developmental, behavioral, and social delays using a standardized tool in the 12 months preceding or on their first, second, or third birthday (37 states)

Developmental Screening in the First Three Years of Life (continued)

Geographic Variation in the Percentage of Children Screened for Risk of Developmental, Behavioral, and Social Delays Using a Standardized Screening Tool Preceding or on their First, Second, or Third Birthday (DEV-CH), FFY 2022 (n = 37 states)



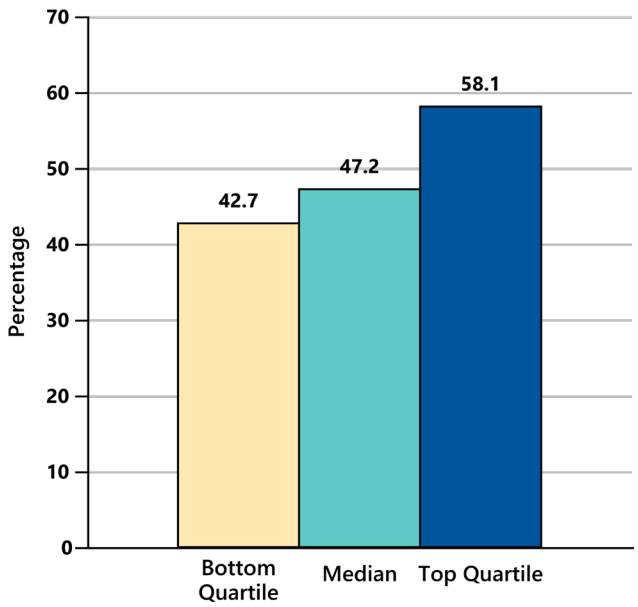
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Chlamydia Screening in Women Ages 16 to 20

Chlamydia is the most commonly reported sexually transmitted infection and is easy to cure when it is detected. However, most people have no symptoms and are not aware they are infected. Left untreated, chlamydia can affect a woman's ability to have children. Recommended well care for young adult women who are sexually active includes annual screening for chlamydia. The Child Core Set reports chlamydia screening rates for women ages 16 to 20.

Percentage of Sexually Active Women Ages 16 to 20 who were Screened for Chlamydia (CHL-CH), FFY 2022 (n = 49 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

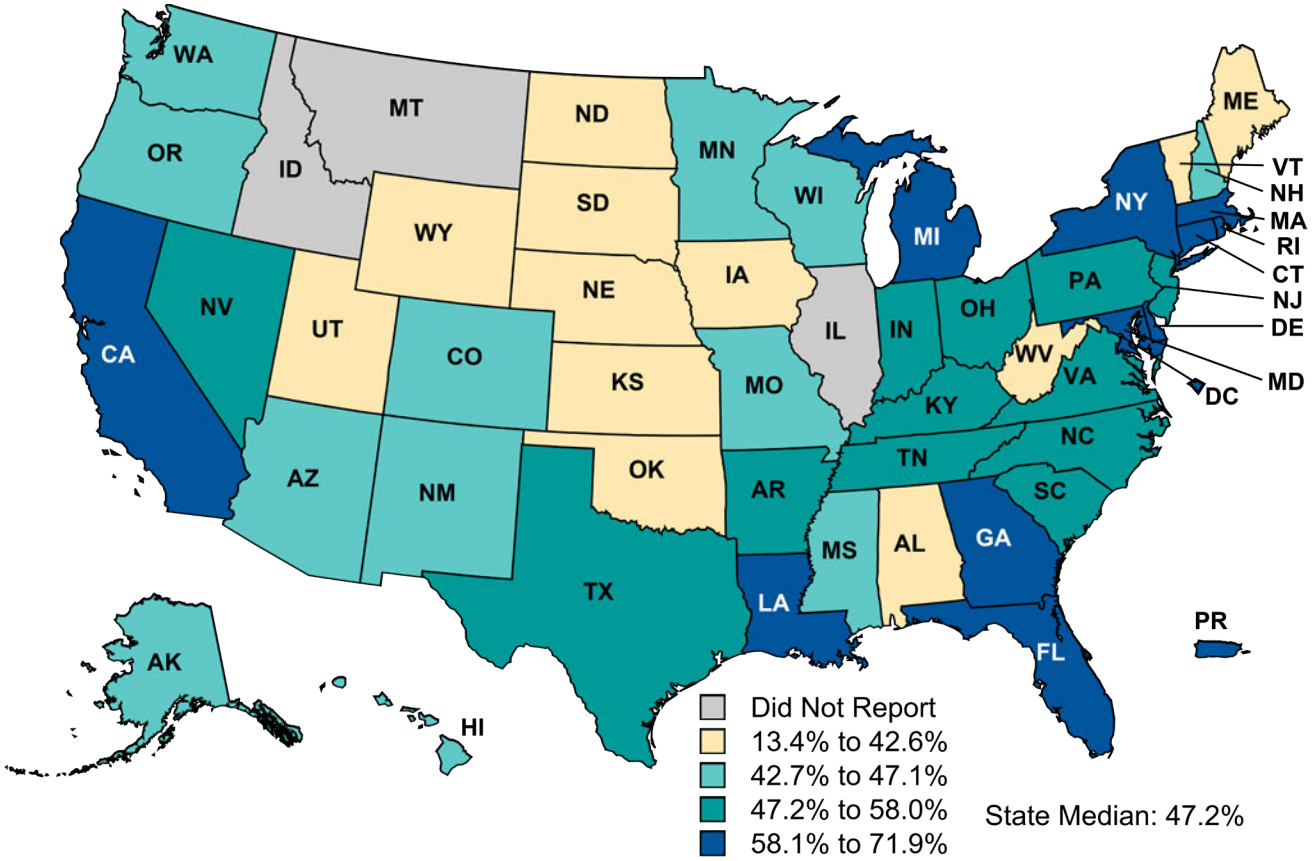
Notes: This measure shows the percentage of women ages 16 to 20 who were identified as sexually active and who had at least one test for chlamydia during the measurement year. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

A median of **47** percent of sexually active women ages 16 to 20 were screened for chlamydia (49 states)

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Chlamydia Screening in Women Ages 16 to 20 (continued)

Geographic Variation in the Percentage of Sexually Active Women Ages 16 to 20 who were Screened for Chlamydia (CHL-CH), FFY 2022 (n = 49 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

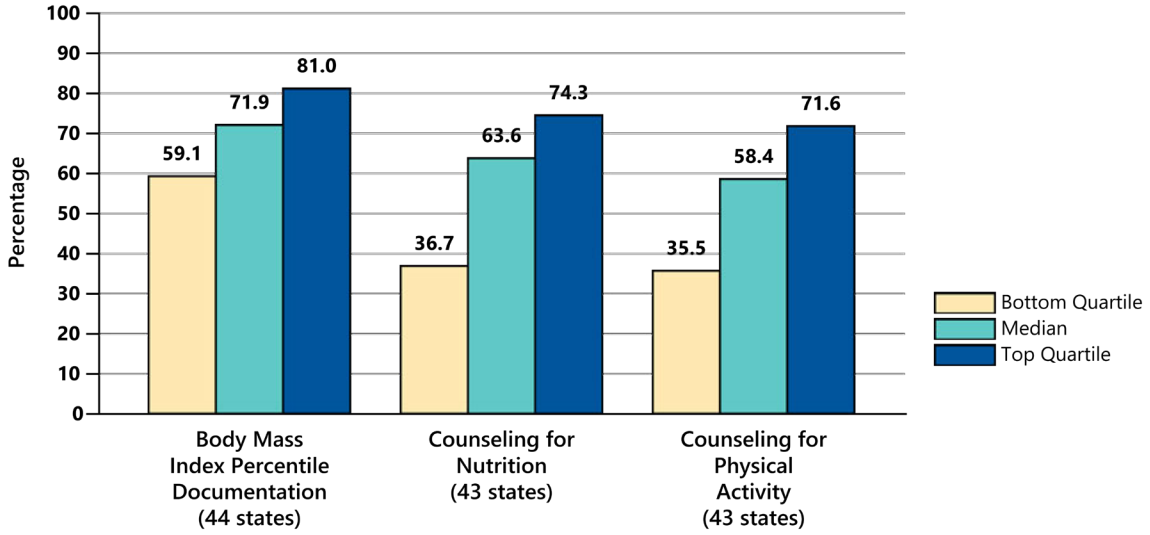
Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Obesity affects about one in five children and adolescents in the United States. Monitoring of BMI helps providers identify children who are overweight or obese and at increased risk for related health complications. Additionally, counseling for nutrition and physical activity may play an important role in reducing the risk of obesity and related diseases. This measure shows the percentage of children and adolescents who had an outpatient visit with evidence of BMI percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year.

Percentage of Children Ages 3 to 17 who had an Outpatient Visit and whose Body Mass Index Percentile, Counseling for Nutrition, and Counseling for Physical Activity is Documented in the Medical Record (WCC-CH), FFY 2022



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of children and adolescents ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrician/gynecologist (OB/GYN) and who had evidence of the following during the measurement year: (1) body mass index (BMI) percentile documentation; (2) counseling for nutrition; (3) counseling for physical activity. This chart excludes Arkansas, which calculated the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

A median of **72** percent of children and adolescents ages 3 to 17 with a primary care visit had their BMI percentile documented, (44 states),

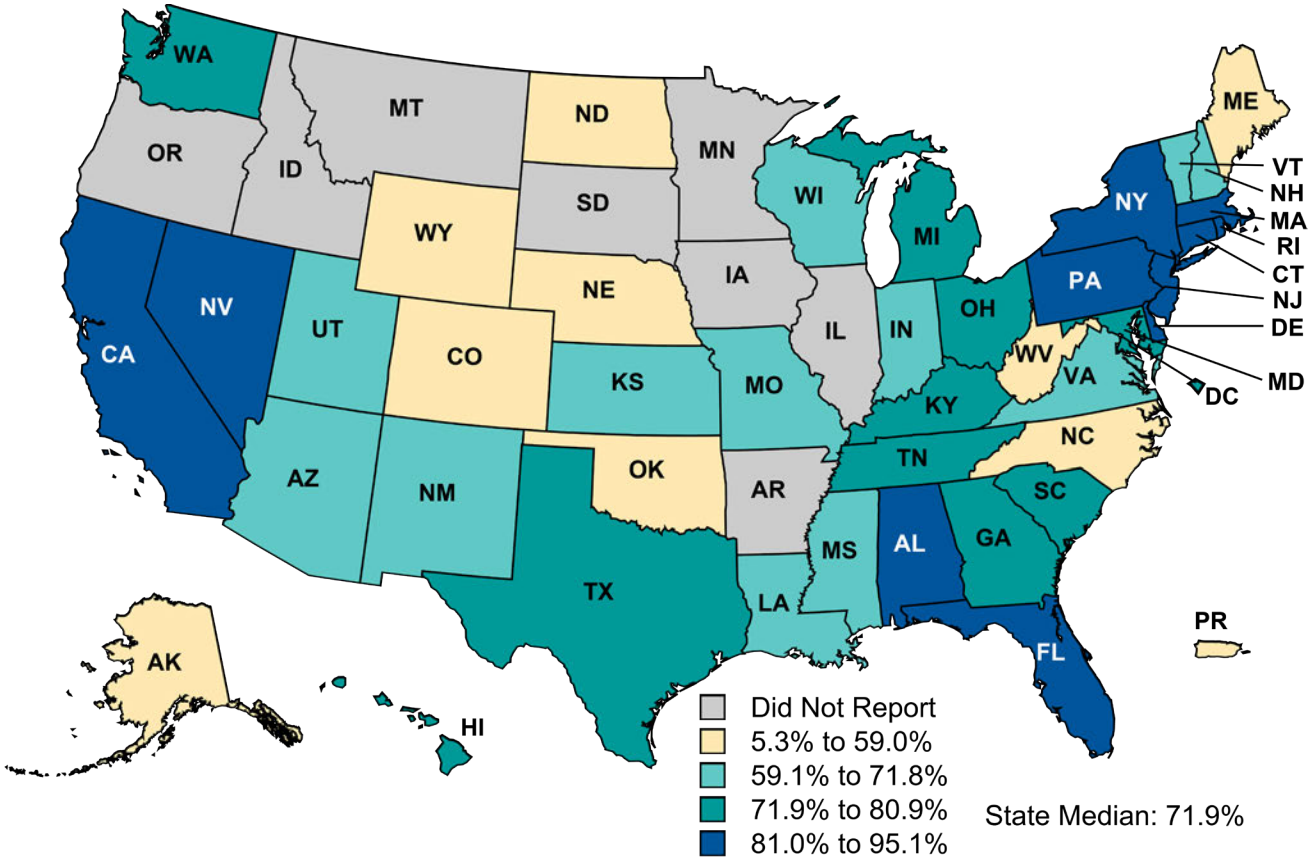
64 percent received counseling for nutrition (43 states), and

58 percent received counseling for physical activity (43 states)

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Percentile Documentation

Geographic Variation in the Percentage of Children Ages 3 to 17 who had an Outpatient Visit and whose Body Mass Index Percentile is Documented in the Medical Record (WCC-CH), FFY 2022 (n = 44 states)



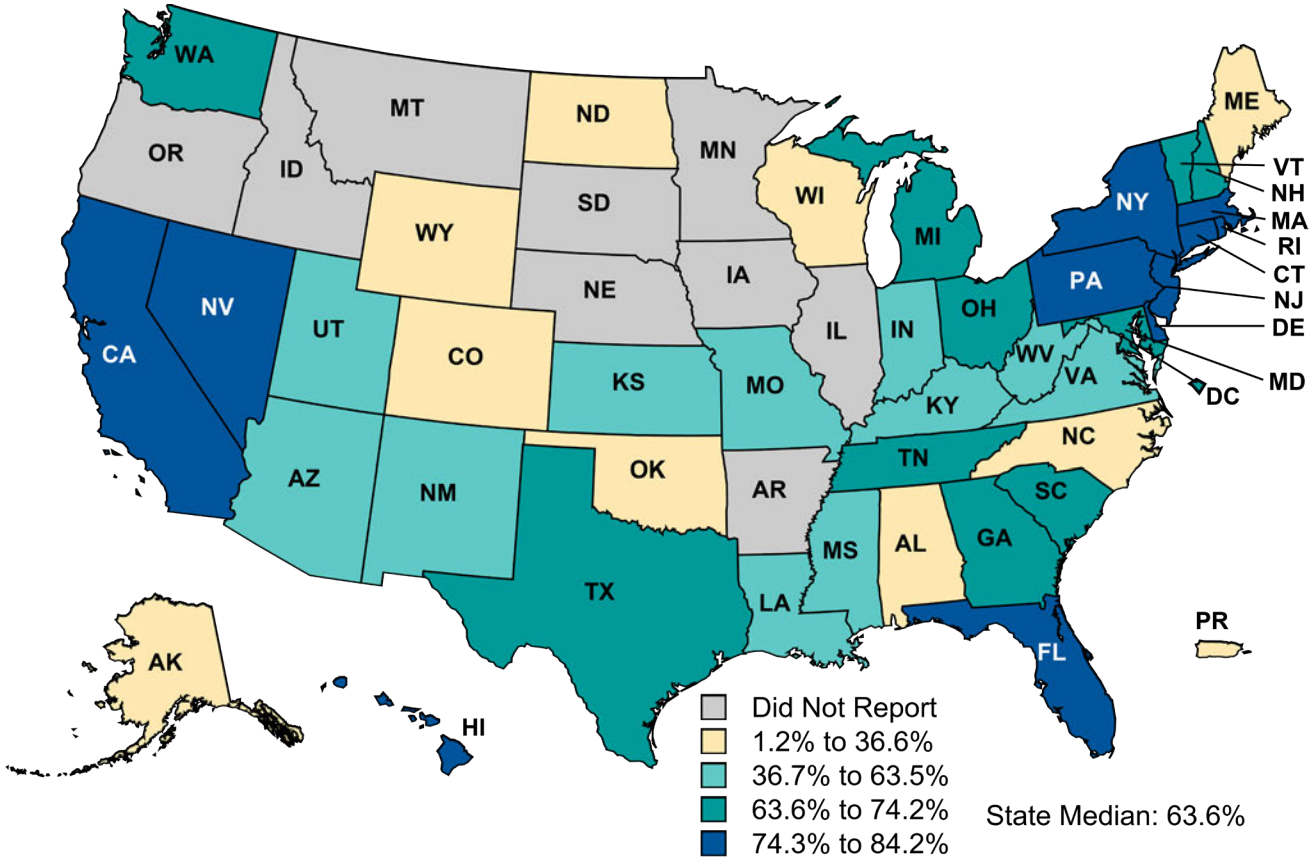
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This chart excludes Arkansas, which calculated the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Counseling for Nutrition

Geographic Variation in the Percentage of Children Ages 3 to 17 who had an Outpatient Visit and whose Counseling for Nutrition is Documented in the Medical Record (WCC-CH), FFY 2022 (n = 43 states)



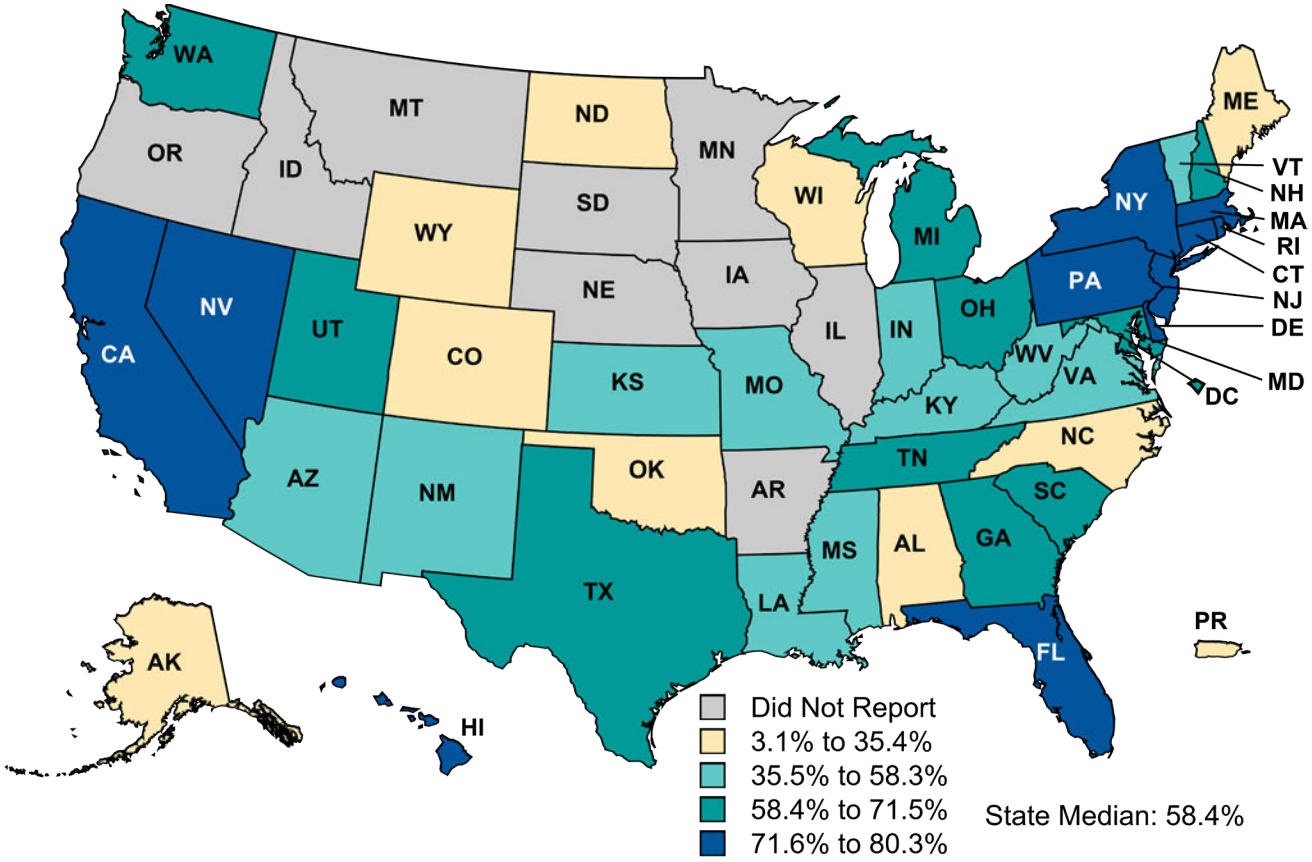
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This chart excludes Arkansas, which calculated the measure but did not use Child Core Set specifications. This chart also excludes Nebraska, which reported the measure but did not provide data for the Counseling for Nutrition rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Counseling for Physical Activity

Geographic Variation in the Percentage of Children Ages 3 to 17 who had an Outpatient Visit and whose Counseling for Physical Activity is Documented in the Medical Record (WCC-CH), FFY 2022 (n = 43 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This chart excludes Arkansas, which calculated the measure but did not use Child Core Set specifications. This chart also excludes Nebraska, which reported the measure but did not provide data for the Counseling for Physical Activity rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Maternal and Perinatal Health

As the largest payer for maternity care in the United States, Medicaid has an important role to play in improving perinatal health outcomes. 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.[1] The health of a child is affected by a mother's health and the care received 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.

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-infant-health-care-quality/index.html.

Five Child Core Set measures of maternal and perinatal health were available for analysis for FFY 2022.

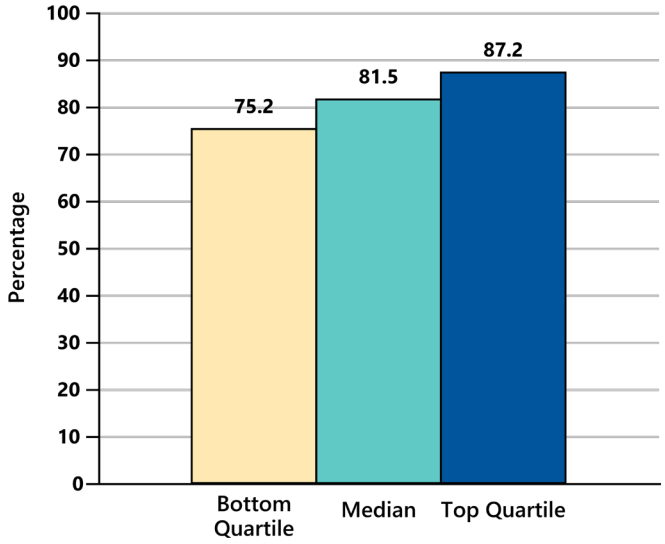
- Prenatal and Postpartum Care: Timeliness of Prenatal Care
- Live Births Weighing Less Than 2,500 Grams
- Low-Risk Cesarean Delivery
- Contraceptive Care: Postpartum Women Ages 15 to 20
- Contraceptive Care: All Women Ages 15 to 20

[1] https://www.medicaid.gov/medicaid/quality-of-care/downloads/mih-beneficiary-profile.pdf

Prenatal and Postpartum Care: Timeliness of Prenatal Care

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, on or before the enrollment start date, 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, on or Before the Enrollment Start Date, or within 42 Days of Enrollment in Medicaid or CHIP (PPC-CH), FFY 2022 (n = 47 states)



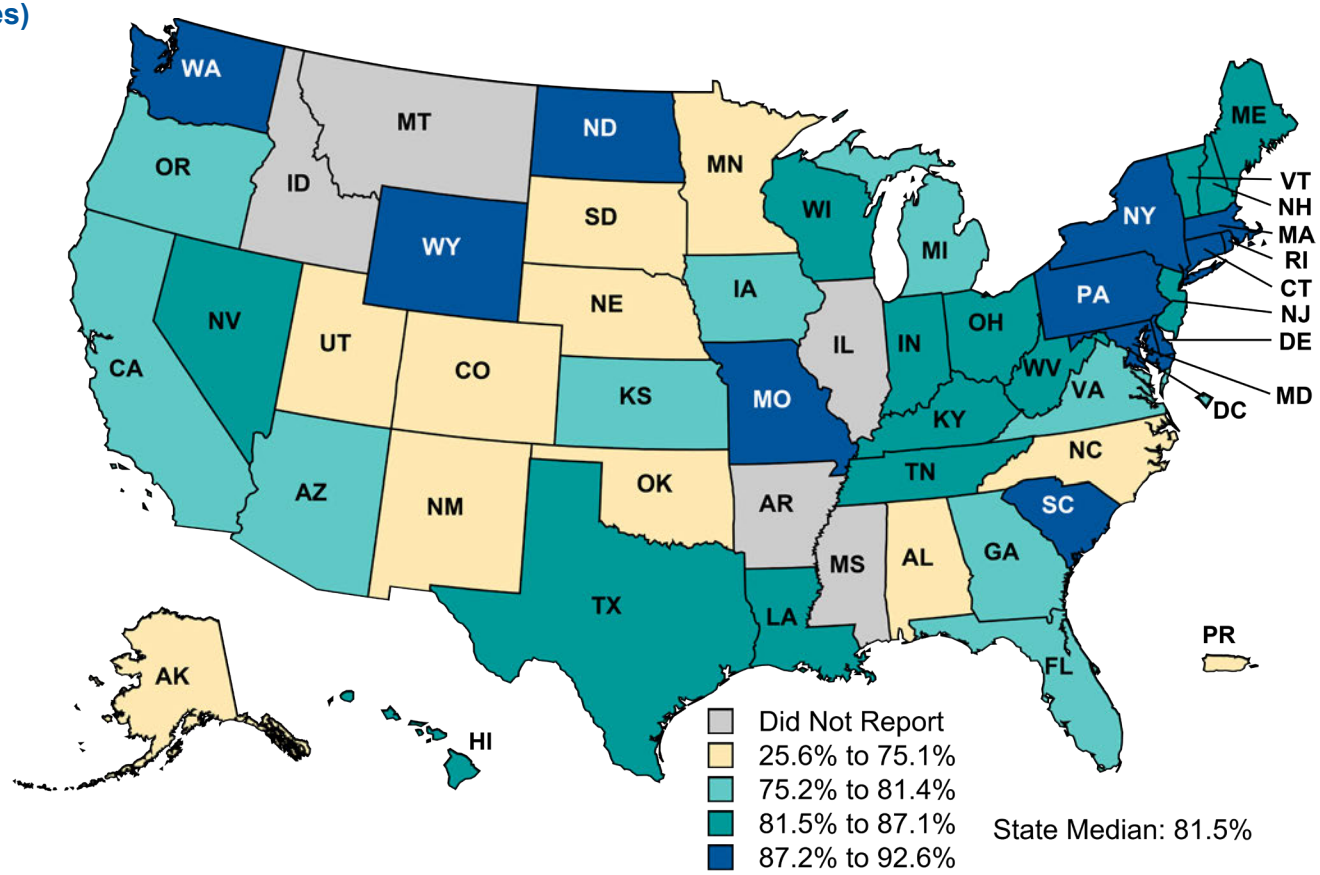
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a prenatal care visit in the first trimester, on or before 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 quartiles were calculated using the rate for the program with the larger measure-eligible population.

A median of **82** percent of women delivering a live birth had a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of Medicaid or CHIP enrollment (47 states)

Prenatal and Postpartum Care: Timeliness of Prenatal Care (continued)

Geographic Variation in the Percentage of Women Delivering a Live Birth with a Prenatal Care Visit in the First Trimester, on or Before the Enrollment Start Date, or within 42 Days of Enrollment in Medicaid or CHIP (PPC-CH), FFY 2022 (n = 47 states)



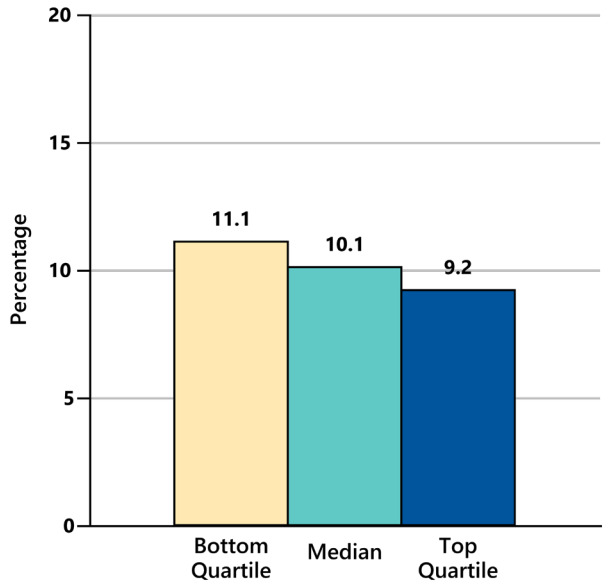
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Live Births Weighing Less Than 2,500 Grams

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 2022 (n = 52 states) [Lower rates are better for this measure]



Sources: Mathematica analysis of the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2021 as of February 2, 2023.

Notes: This measure shows the percentage of live births that weighed less than 2,500 grams at birth during the measurement year. For all states for FFY 2022, state-level rates were calculated for this measure using natality data submitted by states and compiled by the National Center for Health Statistics (NCHS) in CDC WONDER. The term "states" includes the 50 states, the District of Columbia, and Puerto Rico.

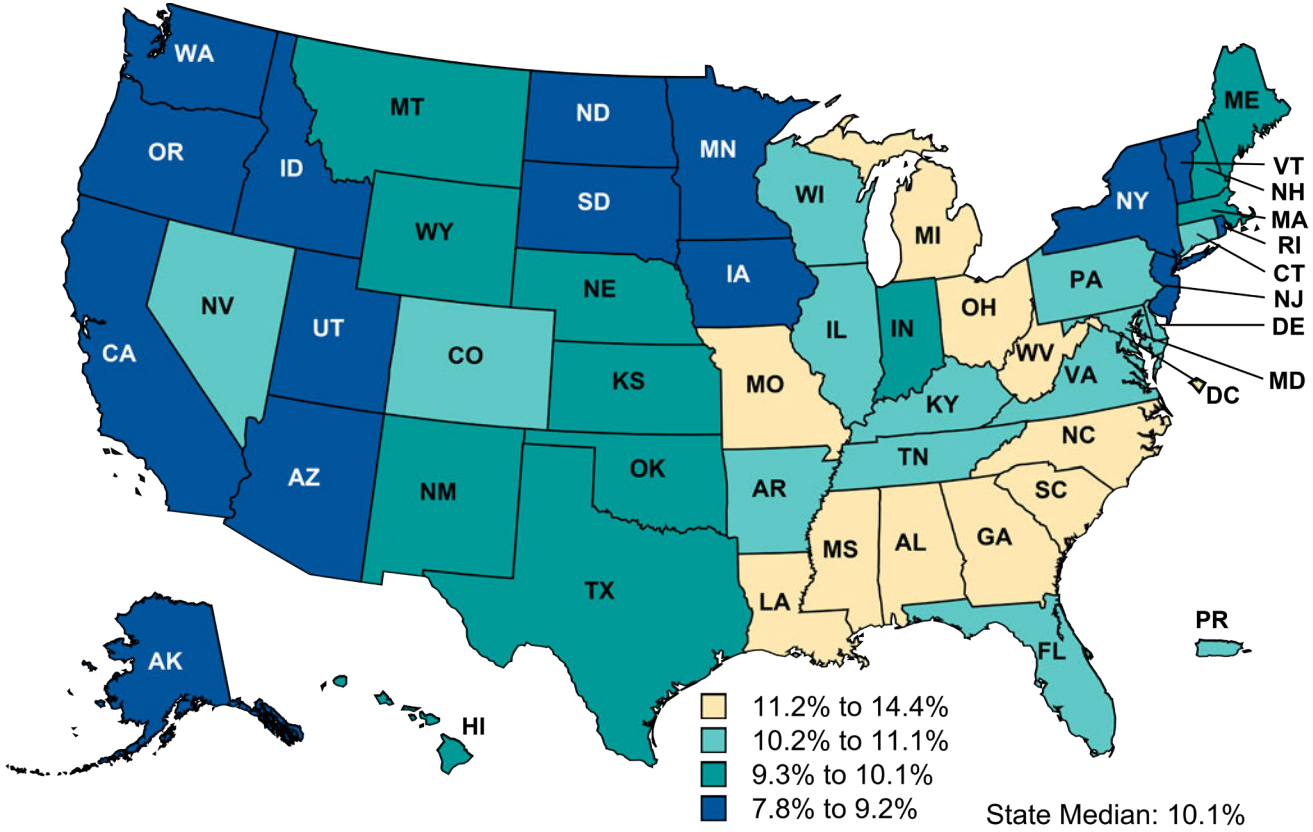
A median of

10

percent of live births financed by Medicaid or CHIP weighed less than 2,500 grams at birth (52 states)

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

Geographic Variation in the Percentage of Live Births Weighing Less Than 2,500 Grams (LBW-CH), FFY 2022 (n = 52 states) [Lower rates are better for this measure]



Sources: Mathematica analysis of the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2021 as of February 2, 2023.

Note: The term "states" includes the 50 states, the District of Columbia, and Puerto Rico.

Centers for Medicare & Medicaid Services
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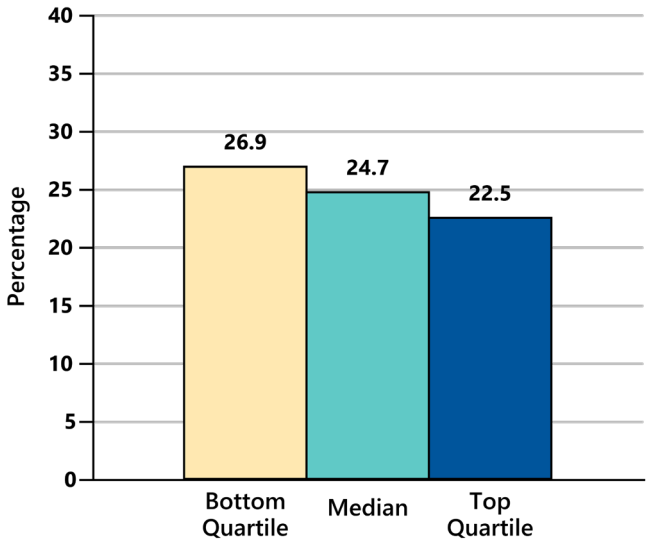
Health Care Quality Measures

Low-Risk Cesarean Delivery

Cesarean deliveries place birthing individuals and infants at higher risk for adverse outcomes. Reducing the rate of cesarean deliveries among low-risk individuals provides an opportunity to improve both maternal and infant health. Low-risk deliveries are defined as nulliparous (first birth), term (37 or more completed weeks based on the obstetric estimate), singleton (one fetus), in a cephalic presentation (head-first). As the largest single payer of pregnancy-related services, state Medicaid and CHIP agencies have an important role to play in reducing the number of low-risk cesarean delivery births, reducing disparities, and improving health equity.

Percentage of Nulliparous, Term, Singleton, in a Cephalic Presentation Births Delivered by Cesarean (LRCD-CH), FFY 2022 (n = 52 states) [Lower rates are better for this measure]



A median of

25

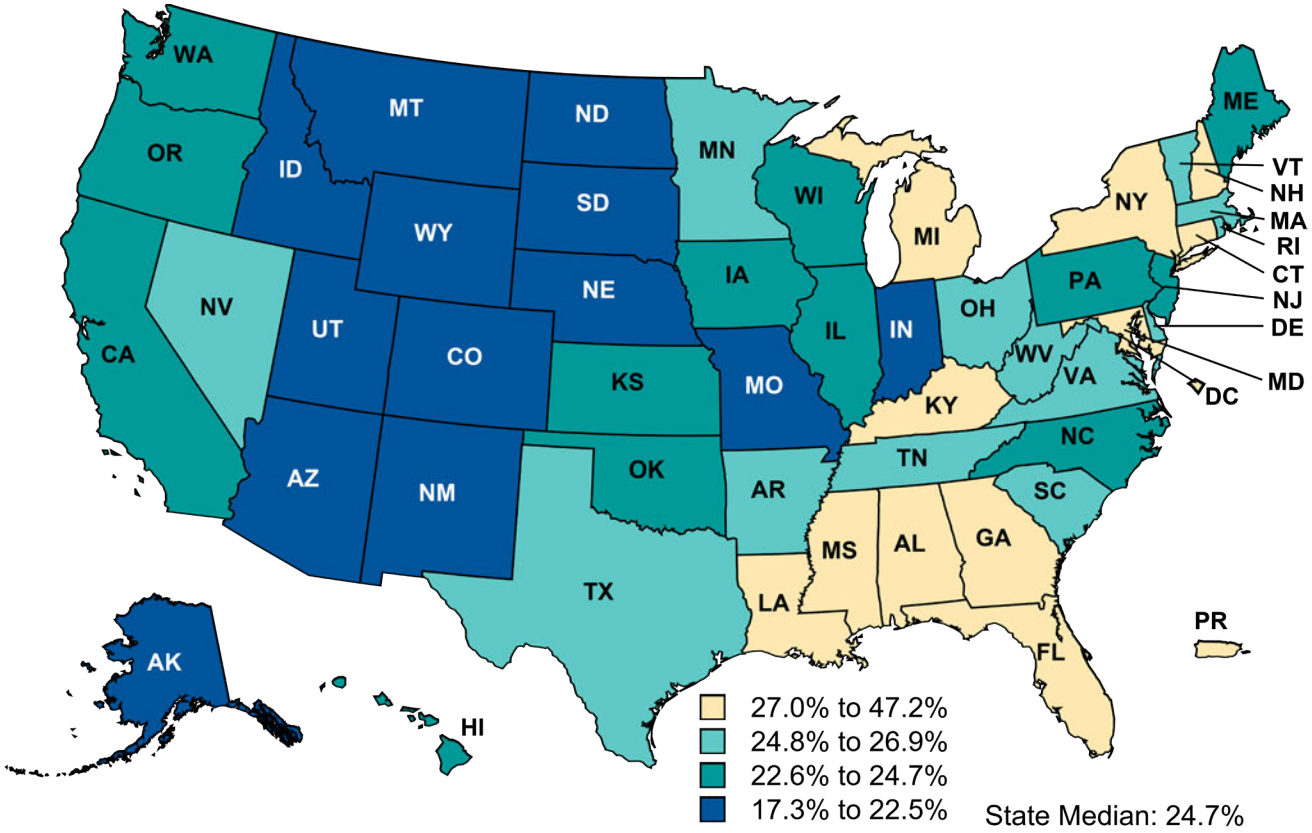
percent of low-risk births were delivered by cesarean (52 states)

Sources: Mathematica analysis of the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2021 as of February 2, 2023.

Notes: This measure shows the percentage of nulliparous (first birth), term (37 or more completed weeks based on the obstetric estimate), singleton (one fetus), in a cephalic presentation (head-first) births delivered by cesarean during the measurement year. For all states for FFY 2022, state-level rates were calculated for this measure using natality data submitted by states and compiled by the National Center for Health Statistics (NCHS) in CDC WONDER. The term "states" includes the 50 states, the District of Columbia, and Puerto Rico.

Low-Risk Cesarean Delivery (continued)

Geographic Variation in the Percentage of Nulliparous, Term, Singleton, in a Cephalic Presentation Births Delivered by Cesarean (LRCD-CH), FFY 2022 (n = 52 states) [Lower rates are better for this measure]



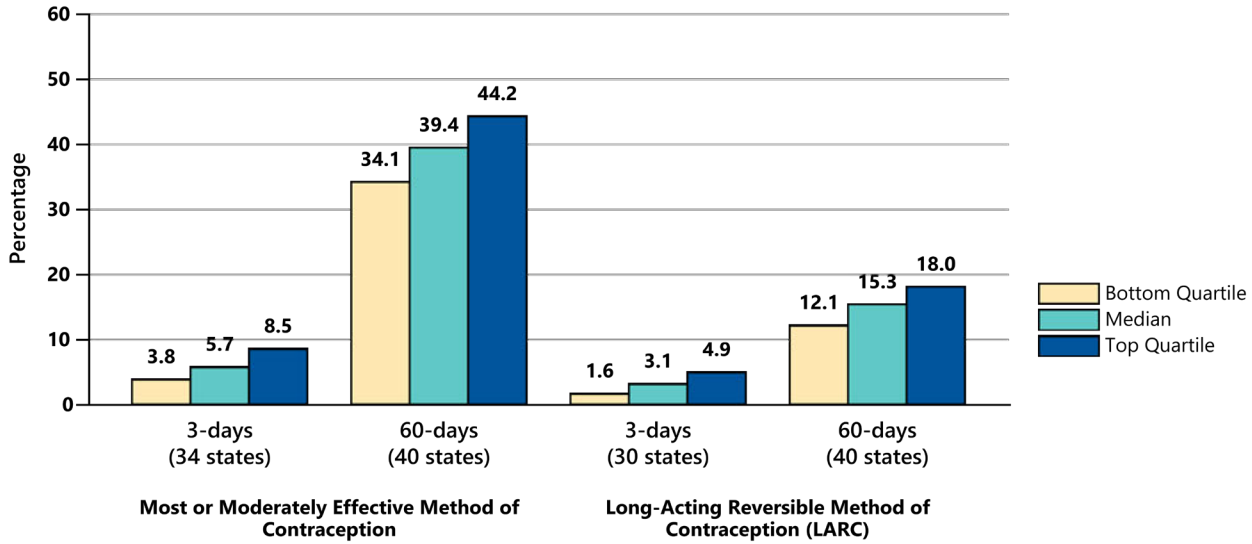
Sources: Mathematica analysis of the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2021 as of February 2, 2023.

Note: The term "states" includes the 50 states, the District of Columbia, and Puerto Rico.

Contraceptive Care: Postpartum Women Ages 15 to 20

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 2022



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

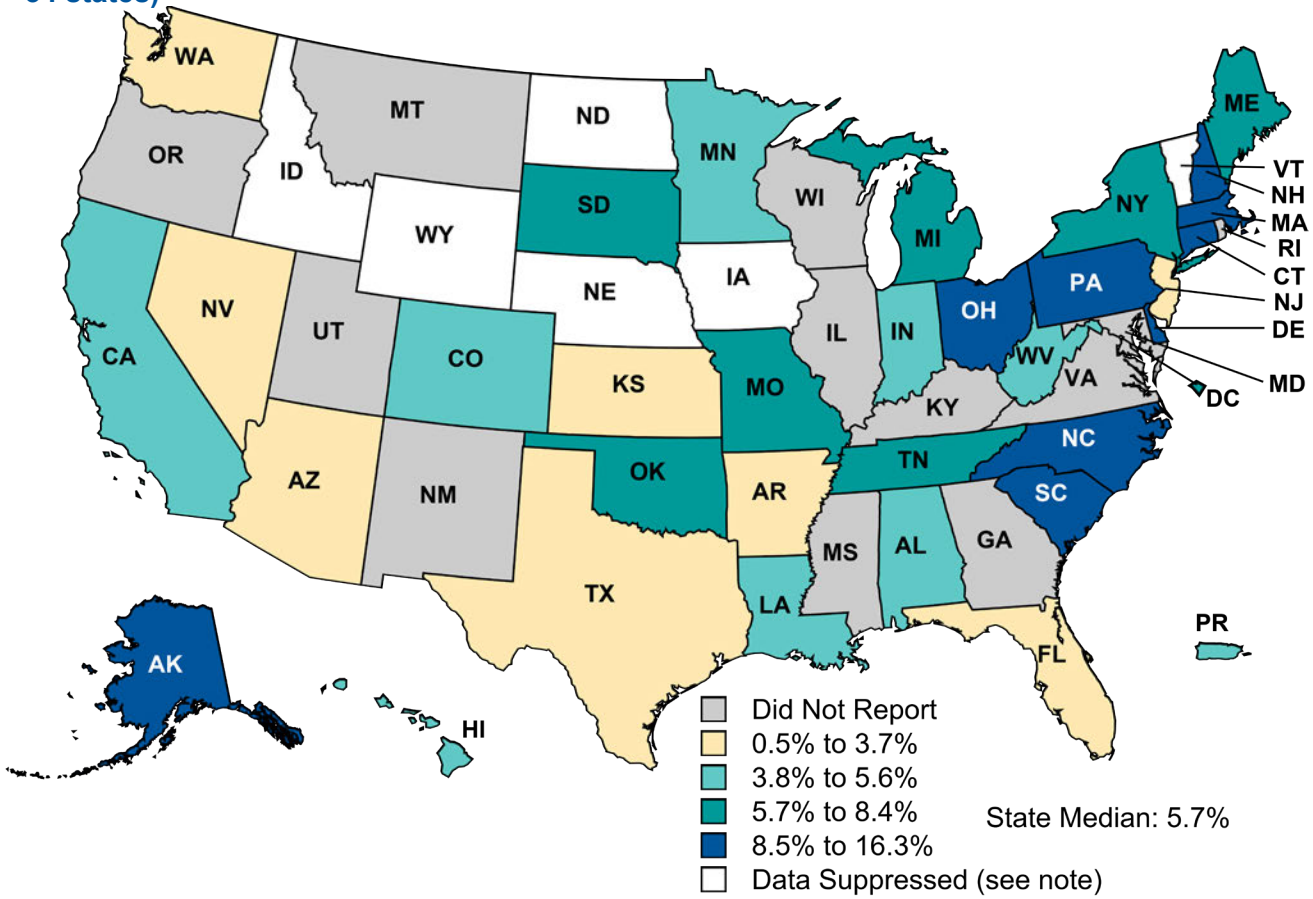
Notes: This measure shows the percentage of postpartum women ages 15 to 20 who had a live birth and who were provided: (1) a most effective or moderately effective method of contraception within 3 and 60 days of delivery; (2) a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

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

39 percent received a most or moderately effective method of contraception within 60 days of delivery (40 states)

Contraceptive Care: Postpartum Women Ages 15 to 20: Most or Moderately Effective Method of Contraception 3-days Postpartum (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 2022 (n = 34 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: Data were suppressed for the most or moderately effective method 3-days postpartum rate for the following states due to small cell sizes: Idaho, Iowa, Nebraska, North Dakota, Vermont, and Wyoming. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
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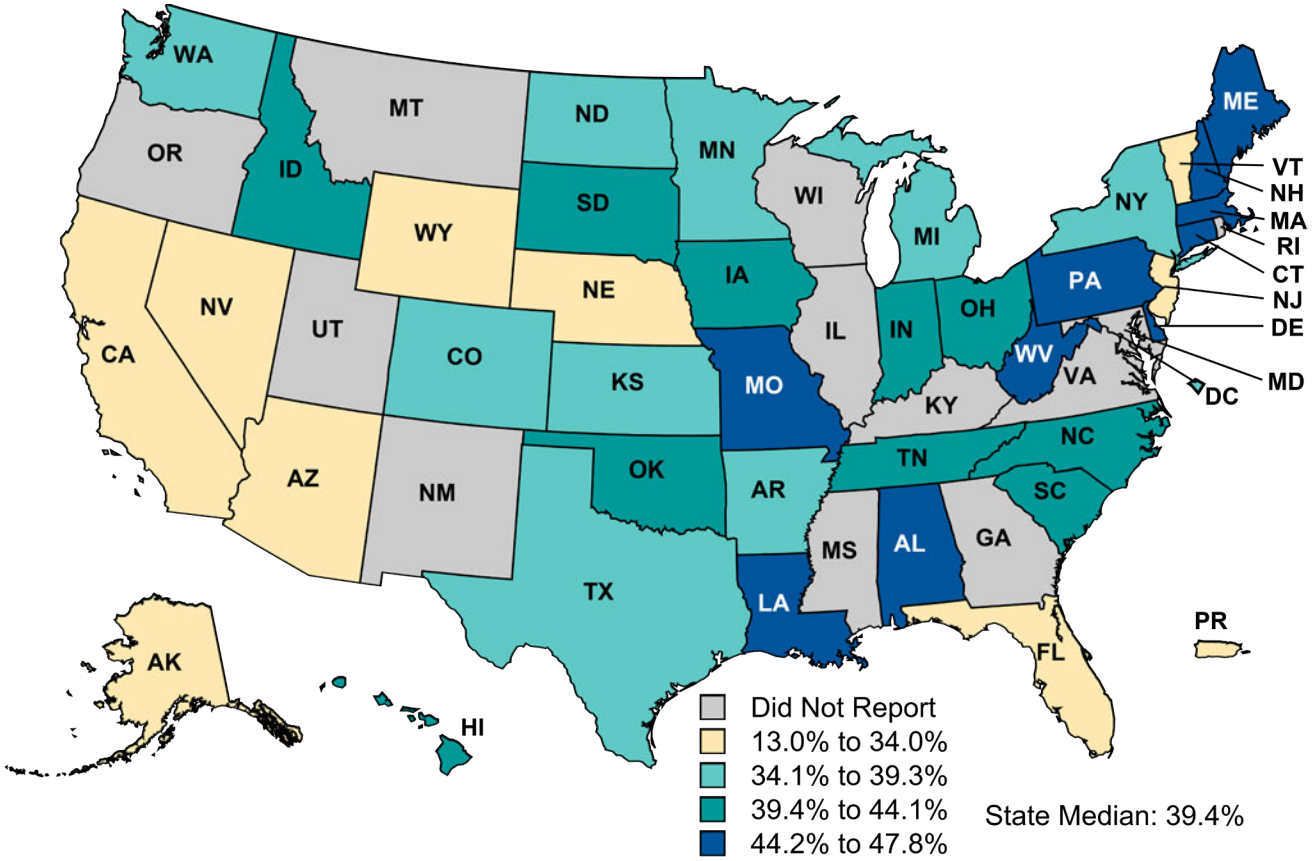
Contraceptive Care: Postpartum Women Ages 15 to 20: Most or Moderately Effective Method of Contraception 60-days Postpartum (continued)

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 2022 (n = 40 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

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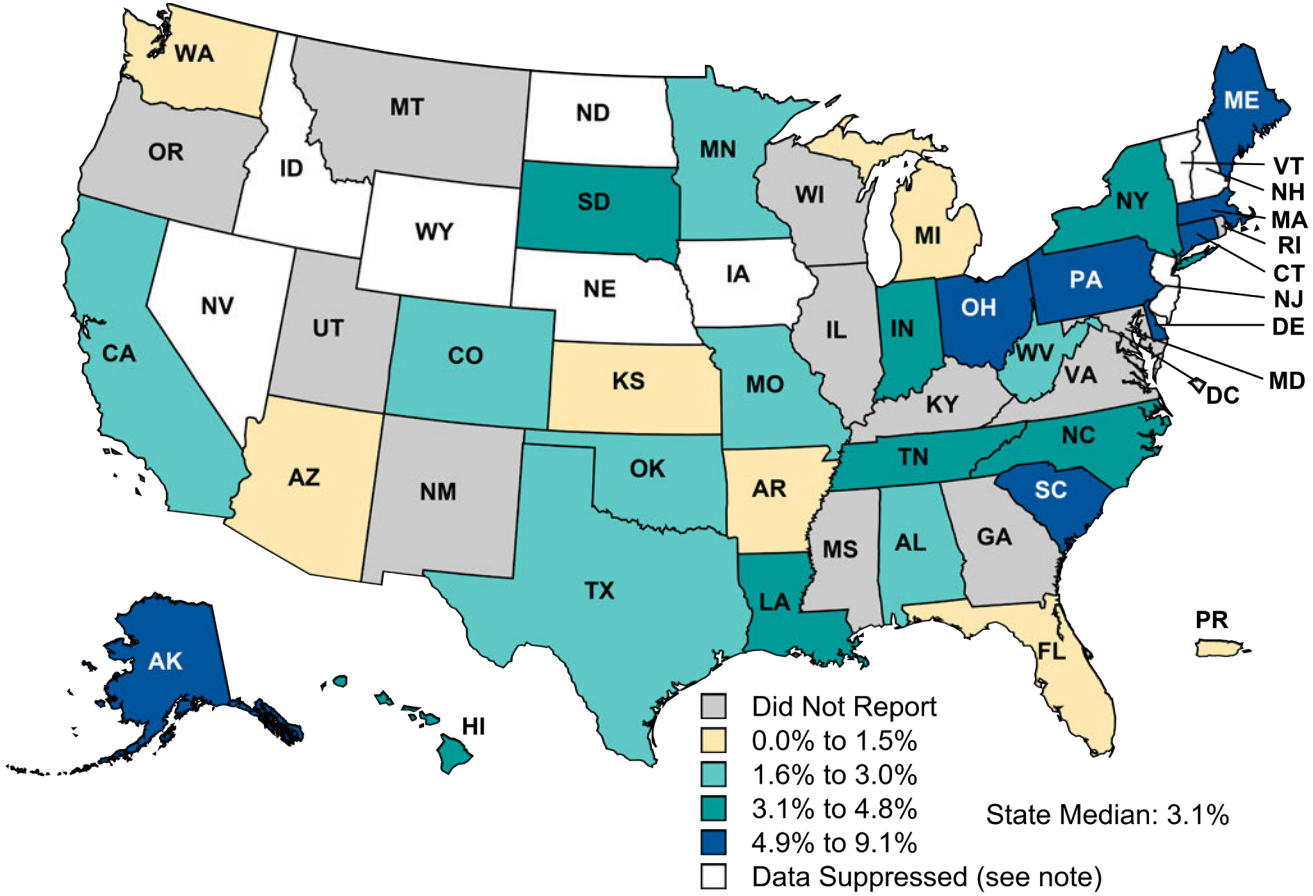
Health Care Quality Measures

Contraceptive Care: Postpartum Women Ages 15 to 20: LARC 3-days Postpartum (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 2022 (n = 30 states)

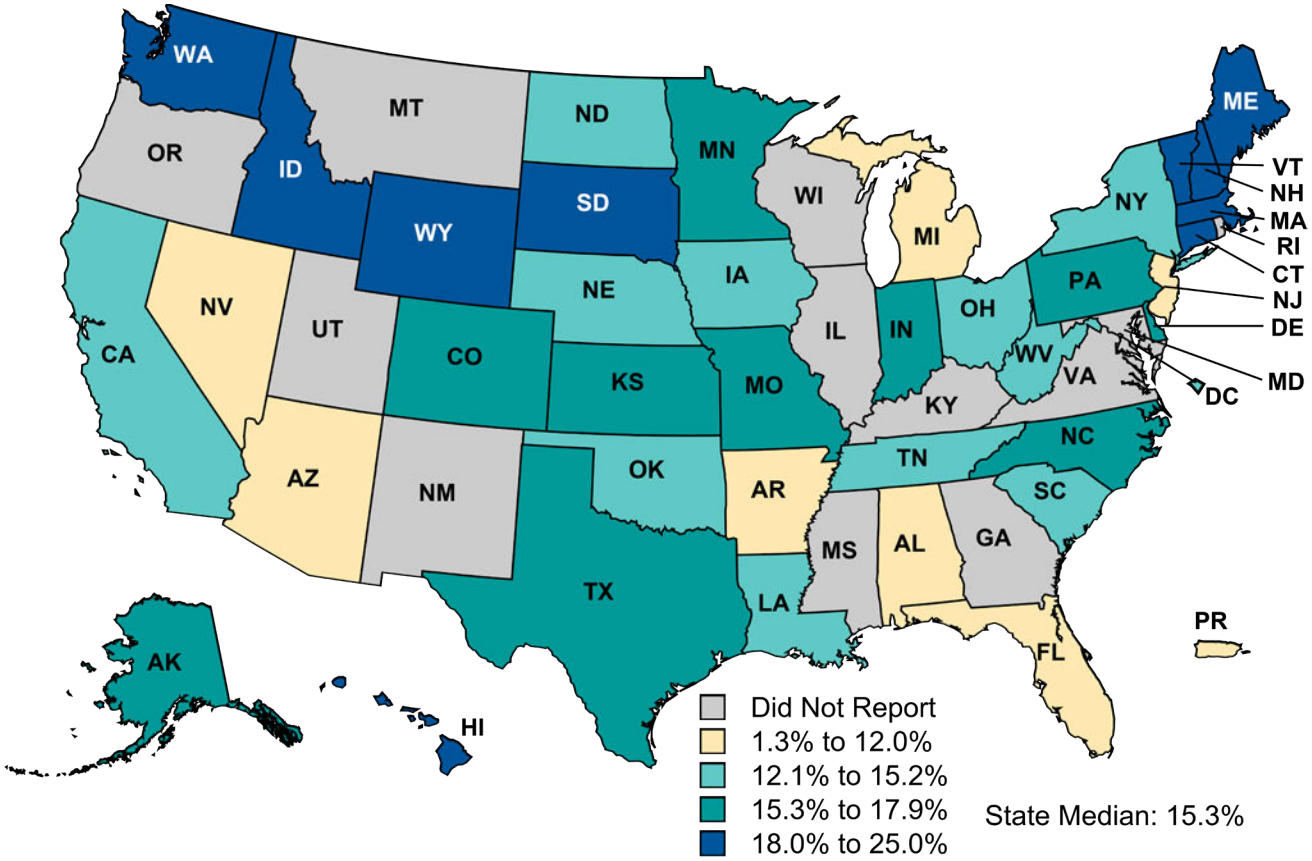


Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: Data were suppressed for the LARC 3-days postpartum rate for the following states due to small cell sizes: District of Columbia, Idaho, Iowa, Nebraska, Nevada, New Hampshire, New Jersey, North Dakota, Vermont, and Wyoming. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Contraceptive Care: Postpartum Women Ages 15 to 20: LARC 60-days Postpartum (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 2022 (n = 40 states)



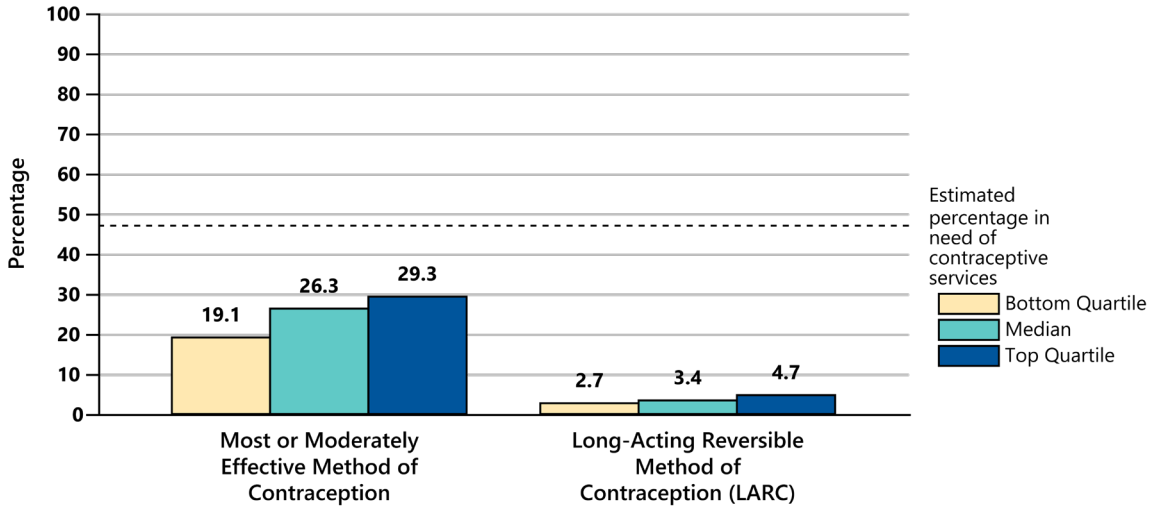
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Contraceptive Care: All Women Ages 15 to 20

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 All 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 2022 (n = 40 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

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 quartiles were calculated using the rate for the program with the larger measure-eligible population.

[1] More information is available at: https://opa.hhs.gov/sites/default/files/2020-07/interpreting-rates-for-contraceptive-care-measures.pdf.

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

26 percent

received a most or moderately effective method of contraception (40 states)

Centers for Medicare & Medicaid Services
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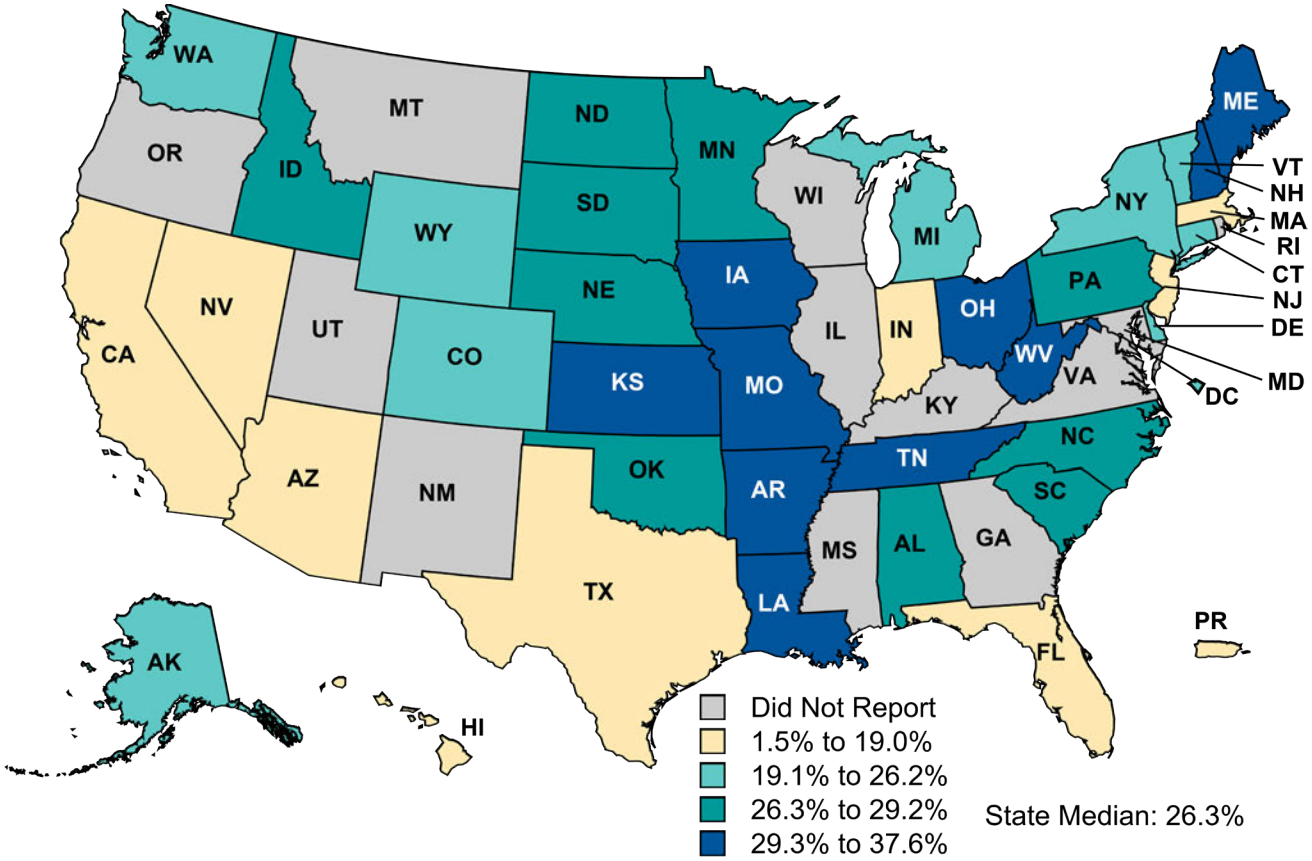
Contraceptive Care: All Women Ages 15 to 20: Most or Moderately Effective Method of Contraception (continued)

Geographic Variation in the Percentage of All 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 2022 (n = 40 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

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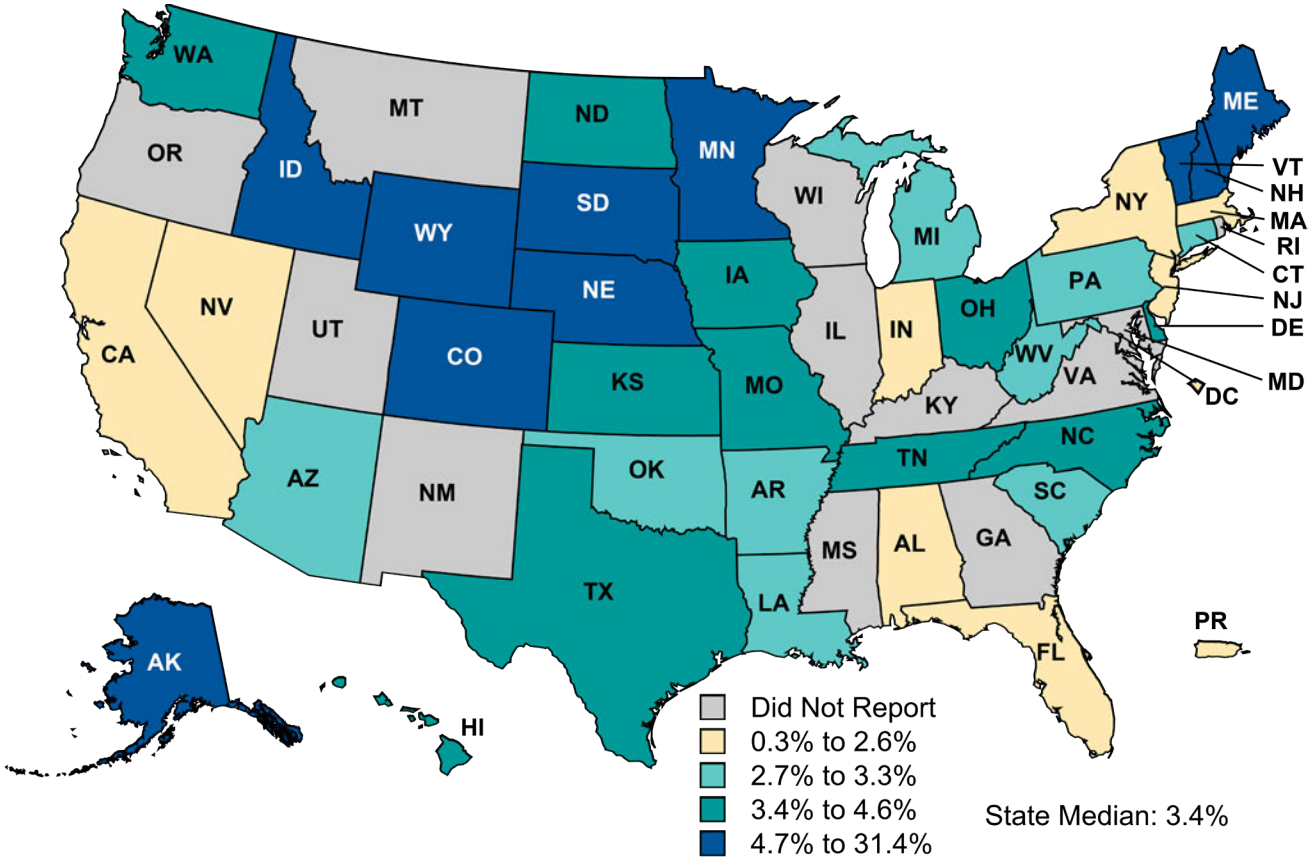
Contraceptive Care: All Women Ages 15 to 20: LARC (continued)

Geographic Variation in the Percentage of All Women Ages 15 to 20 at Risk of Unintended Pregnancy who were Provided a Long-Acting Reversible Method of Contraception (LARC) (CCW-CH), FFY 2022 (n = 40 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Care of Acute and Chronic Conditions

The extent to which children receive safe, timely, and effective care for acute and chronic conditions is a key indicator of the quality of care provided in Medicaid and CHIP. Visits for routine screening and monitoring play an important role in managing the health care needs of people with acute and chronic conditions, potentially avoiding or slowing disease progression, and reducing costly avoidable hospital admissions and emergency department visits. Children covered by Medicaid have higher rates of physical, developmental, and intellectual health problems than privately insured children.[1] Ensuring that children receive timely, quality care may reduce the need for more costly care later and improve their chances of leading healthy, productive lives.

Two Child Core Set measures of the care of acute and chronic conditions were available for analysis for FFY 2022.

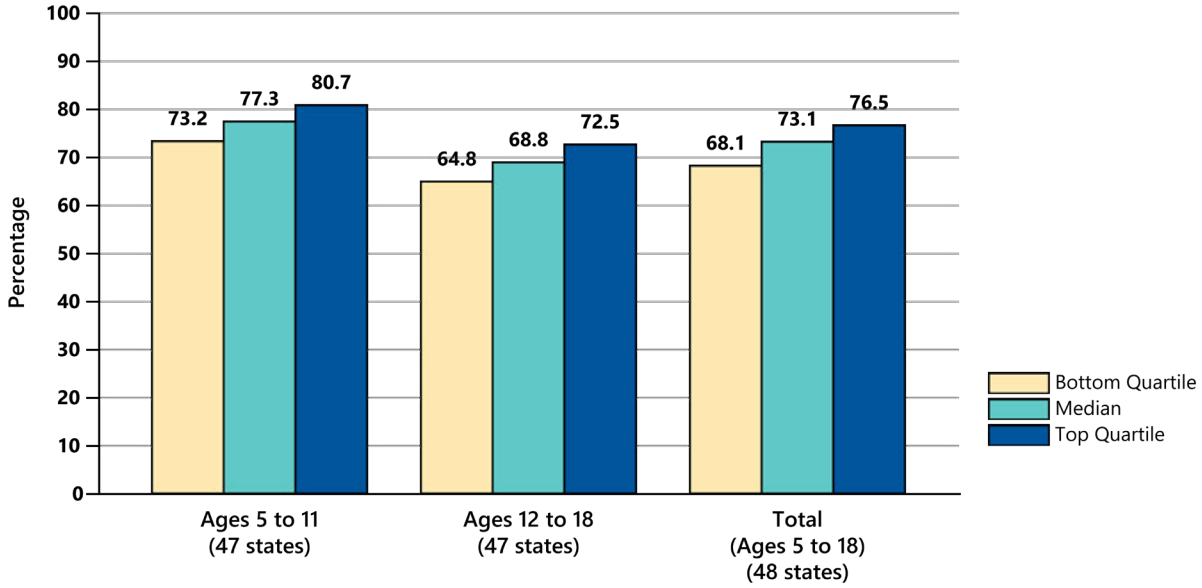
- Asthma Medication Ratio: Ages 5 to 18
- Ambulatory Care: Emergency Department Visits

[1] https://firstfocus.org/wp-content/uploads/2014/05/Medicaid-Works.pdf

Asthma Medication Ratio: Ages 5 to 18

Asthma affects more than 4 million children under age 18 in the United States. Uncontrolled asthma among children can result in emergency department (ED) visits, hospitalizations, lost school days, and a higher risk of falling behind in school. The National Heart Lung and Blood Institute recommends long-term asthma control medications for children with persistent asthma. This measure assesses the percentage of children with persistent asthma who were dispensed appropriate asthma controller medications.

Percentage of Children Ages 5 to 18 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater (AMR-CH), FFY 2022



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of children and adolescents ages 5 to 18 who were identified as having persistent asthma and who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. Three rates are reported: (1) ages 5 to 11; (2) ages 12 to 18; and (3) a total rate for ages 5 to 18. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

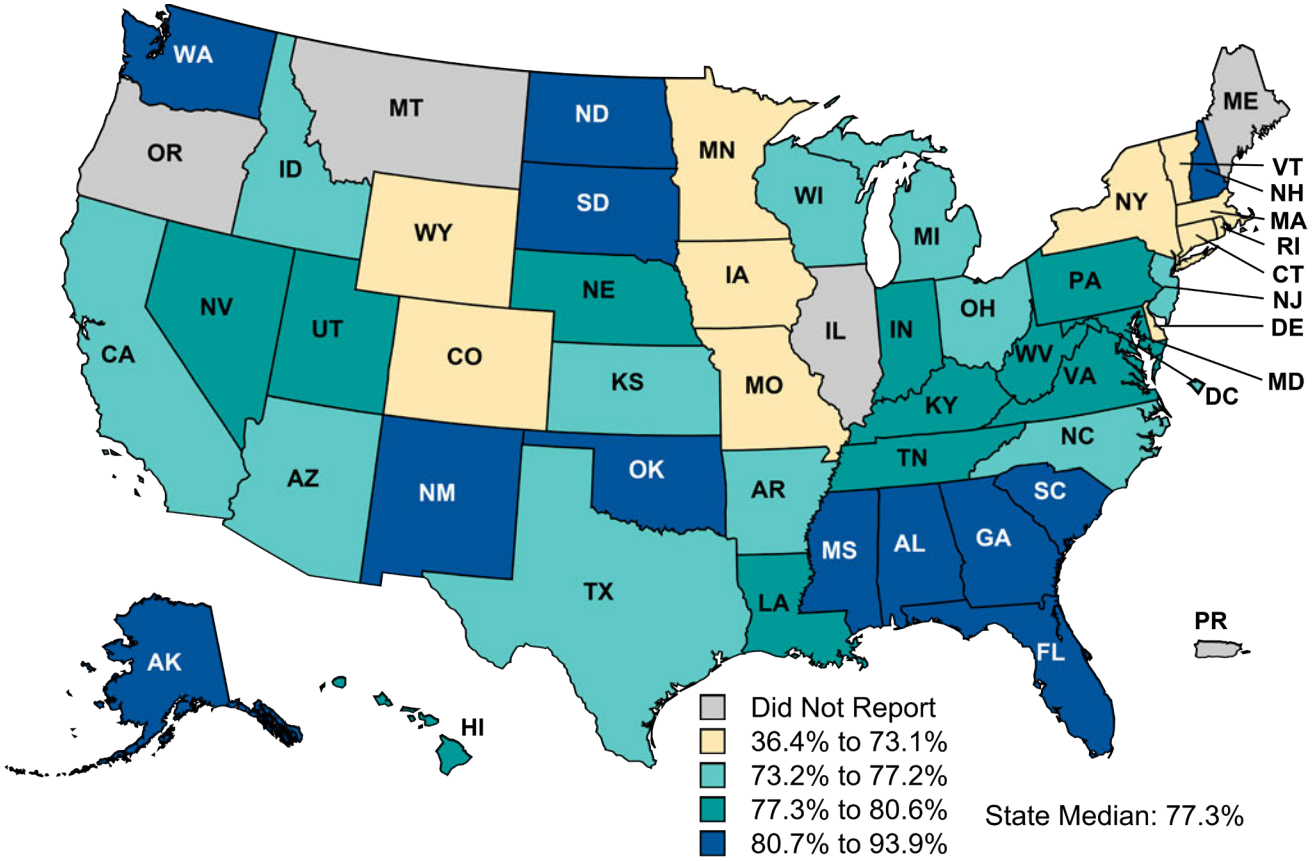
A median of

73

percent of children ages 5 to 18 with persistent asthma had a ratio of controller medications to total asthma medications of 0.50 or greater (48 states)

Asthma Medication Ratio: Ages 5 to 11 (continued)

Geographic Variation in the Percentage of Children Ages 5 to 11 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater (AMR-CH), FFY 2022 (n = 47 states)

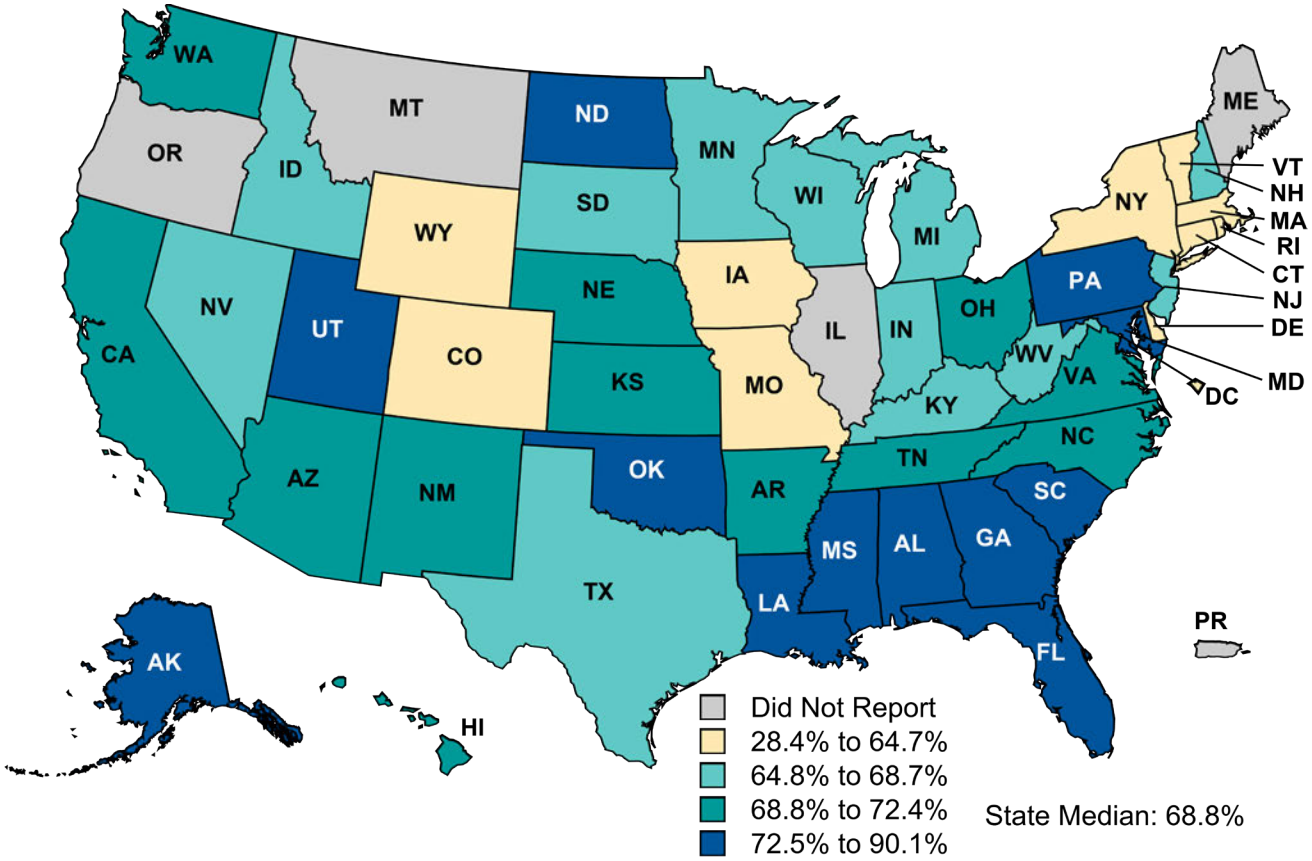


Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This chart excludes Maine and Puerto Rico, which reported the measure but did not provide data for the Ages 5 to 11 rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Asthma Medication Ratio: Ages 12 to 18 (continued)

Geographic Variation in the Percentage of Children Ages 12 to 18 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater (AMR-CH), FFY 2022 (n = 47 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This chart excludes Maine and Puerto Rico, which reported the measure but did not provide data for the Ages 12 to 18 rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
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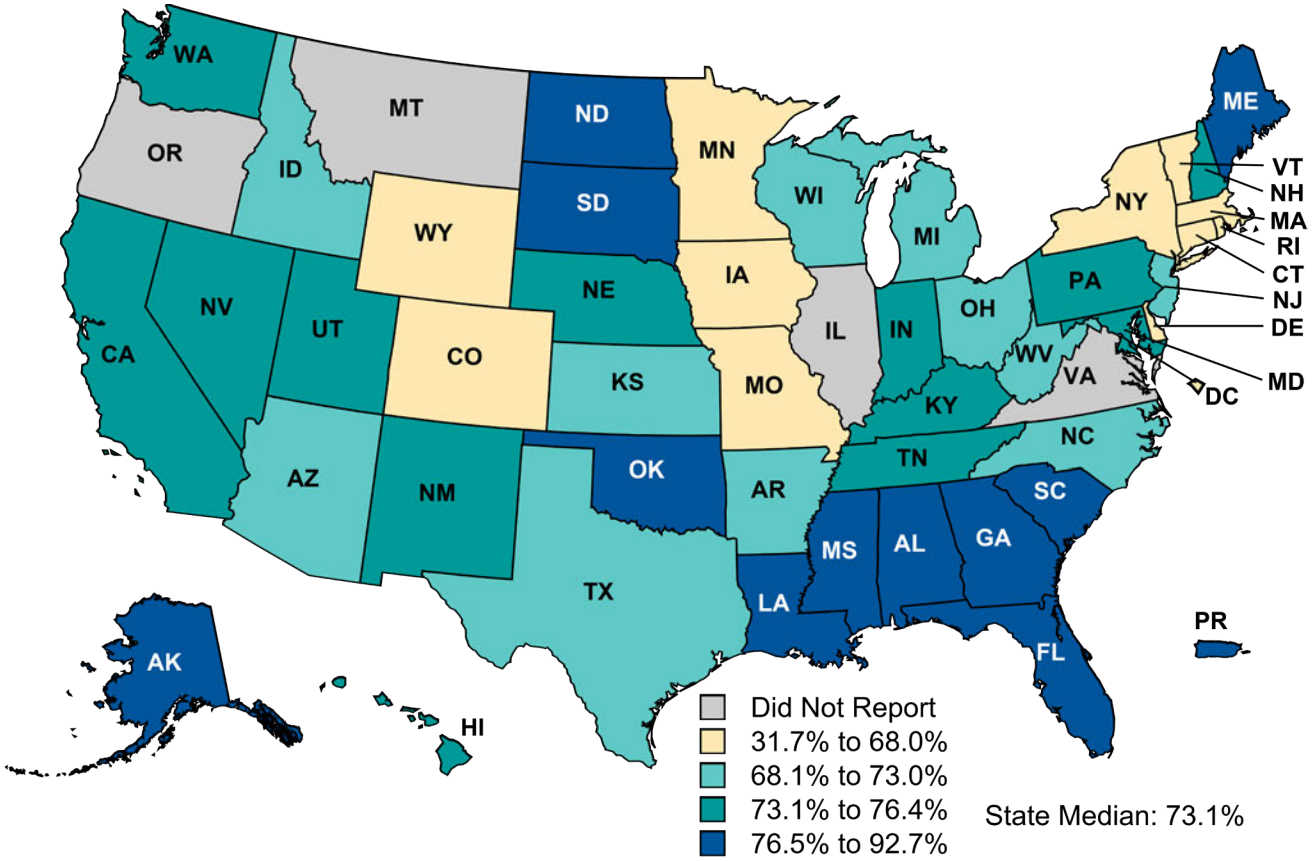
Asthma Medication Ratio: Ages 5 to 18 (continued)

Geographic Variation in the Percentage of Children Ages 5 to 18 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater (AMR-CH), FFY 2022 (n = 48 states)



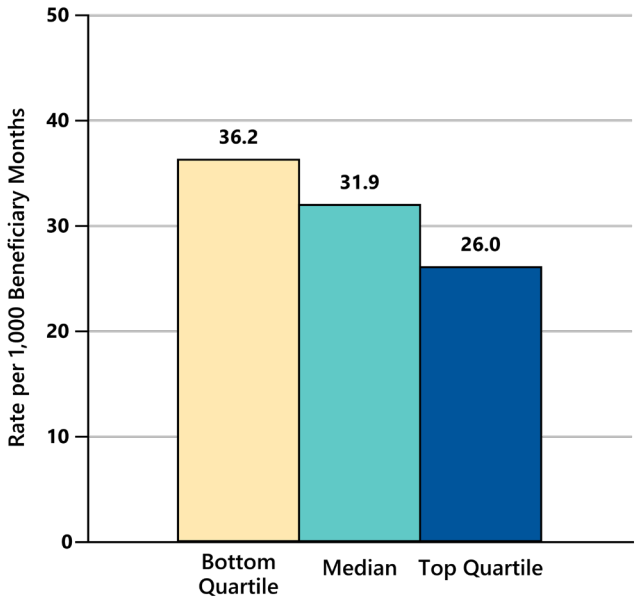
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This chart excludes Virginia, which reported the measure but did not provide data for the Total (Ages 5 to 18) rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Ambulatory Care: Emergency Department (ED) Visits

Unnecessary visits to a hospital ED may indicate lack of access to more appropriate sources of medical care, such as primary care providers or specialists. Excessive visits to the ED can result in overcrowding and increased ED wait time. Understanding the rate of ED visits among children covered by Medicaid and CHIP can help states identify strategies to improve access to and utilization of appropriate sources of care.

Rate of Emergency Department Visits per 1,000 Beneficiary Months for Children Ages 0 to 19 (AMB-CH), FFY 2022 (n = 46 states) [Lower rates are better]



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the rate of emergency department visits per 1,000 beneficiary months among children up to age 19. This chart excludes Virginia, which calculated the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

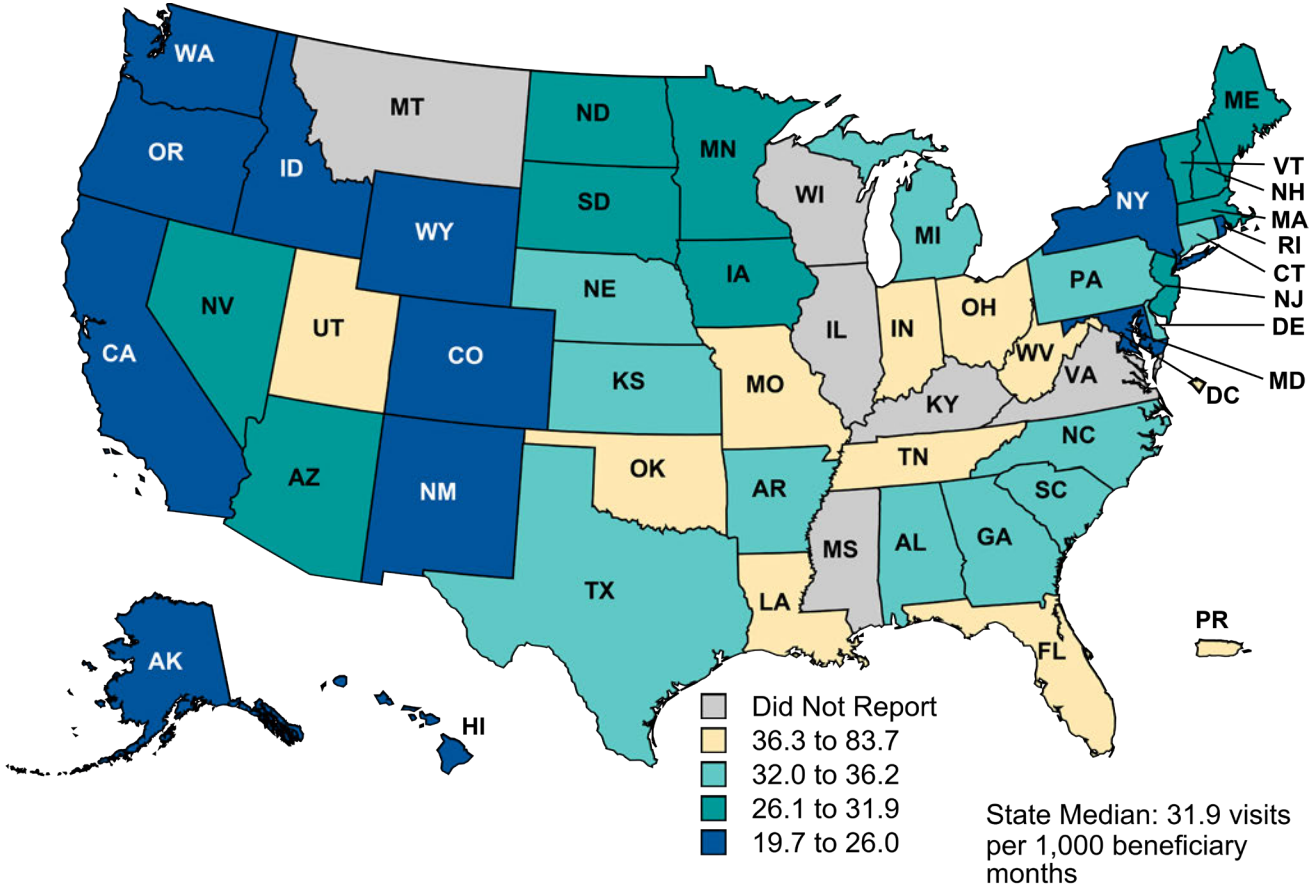
Children ages 0 to 19 had a median of

32

emergency department visits per 1,000 beneficiary months (46 states)

Ambulatory Care: Emergency Department (ED) Visits (continued)

Geographic Variation in the Rate of Emergency Department Visits per 1,000 Beneficiary Months for Children Ages 0 to 19 (AMB-CH), FFY 2022 (n = 46 states) [Lower rates are better]



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This chart excludes Virginia, which calculated the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
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Behavioral Health Care

As the single largest payers for mental health services in the United States, Medicaid and CHIP play an important role in providing behavioral health care and monitoring the effectiveness of that care. For the purpose of the Child Core Set, the term “behavioral health care” refers to treatment of mental health conditions and other behavioral conditions, such as attention-deficit/hyperactivity disorder (ADHD). Improvement of benefit design and service delivery for behavioral health care in Medicaid and CHIP is a high priority for CMS, in collaboration with other federal agencies, states, providers, and consumers.

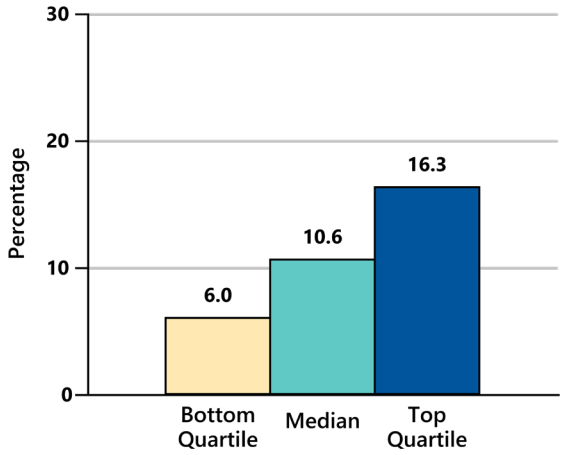
Six Child Core Set measures of behavioral health care were available for analysis for FFY 2022.

- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Ages 13 to 17
- Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17
- Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17
- Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
- Metabolic Monitoring for Children and Adolescents on Antipsychotics

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Ages 13 to 17

Timely follow-up care after an emergency department (ED) visit for alcohol or other drug (AOD) abuse or dependence may reduce repeat ED visits, prevent hospital admissions, and improve health outcomes. The period immediately after the ED visit is important for engaging individuals in substance use treatment and establishing continuity of care. This measure shows the percentage of ED visits for adolescents with a follow-up visit with any practitioner within 7 and 30 days of an ED visit for AOD abuse or dependence. Performance on this measure is being publicly reported for the first time for the Child Core Set for FFY 2022.

Percentage of Emergency Department (ED) Visits for Adolescents Ages 13 to 17 with a Principal Diagnosis of Alcohol or Other Drug (AOD) Abuse or Dependence with a Follow-Up Visit for AOD Abuse or Dependence within 30 Days of the ED Visit (FUA-CH), FFY 2022 (n = 25 states)



Source: Mathematica analysis of QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of emergency department (ED) visits for adolescents ages 13 to 17 years with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence that had a follow-up visit for AOD abuse or dependence. States report 7-day and 30-day follow-up rates for this measure. The 7-day follow-up rate is not reported because there were fewer than 25 states with reportable data for this rate for FFY 2022. This chart shows state reporting for the 30-day follow-up rate. Data were suppressed for the 30-day rate for the following states due to small cell sizes: Alabama, Alaska, Arkansas, Connecticut, Louisiana, Maine, Maryland, New Hampshire, Rhode Island, South Dakota, Vermont, West Virginia, and Wyoming. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

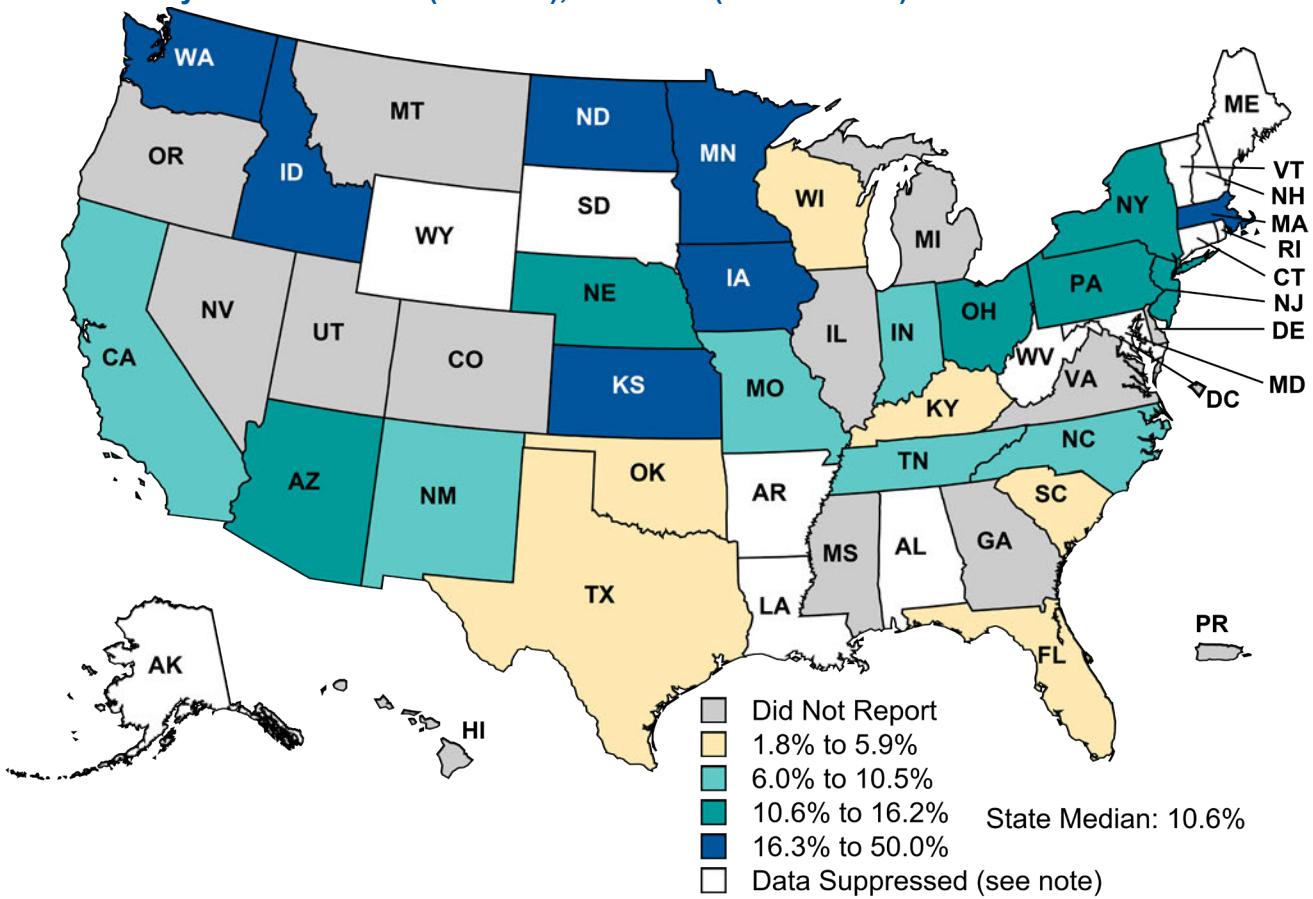
A median of

11

percent of ED visits for adolescents ages 13 to 17 with a diagnosis of AOD abuse or dependence had a follow-up visit within 30 days of the ED visit (n = 25 states)

Follow-Up After Emergency Department Visit within 30 days for Alcohol and Other Drug Abuse or Dependence (continued)

Geographic Variation in the Percentage of Emergency Department (ED) Visits for Adolescents Ages 13 to 17 with a Principal Diagnosis of Alcohol or Other Drug (AOD) Abuse or Dependence with a Follow-Up Visit for AOD Abuse or Dependence within 30 Days of the ED Visit (FUA-CH), FFY 2022 (n = 25 states)



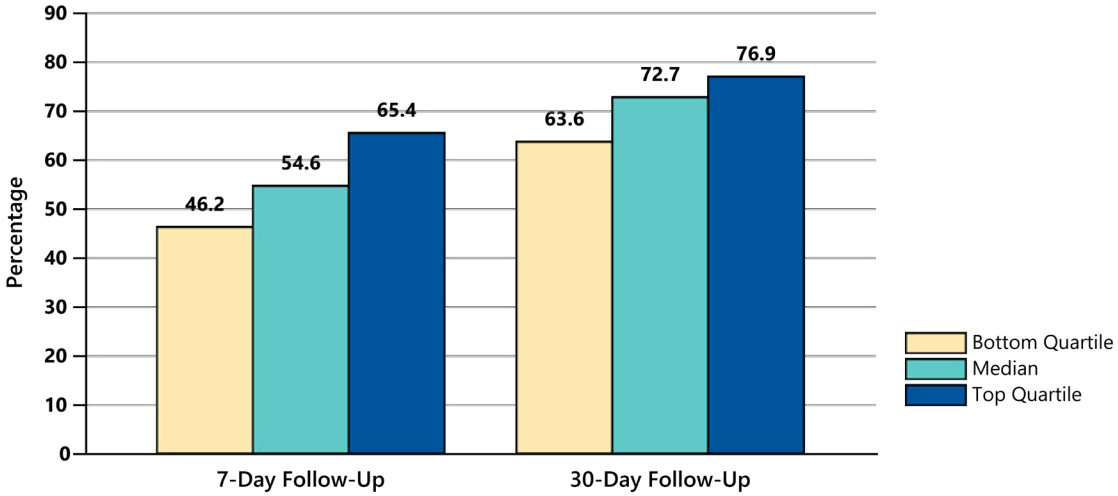
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: Data were suppressed for the 30-Day rate for the following states due to small cell sizes: Alabama, Alaska, Arkansas, Connecticut, Louisiana, Maine, Maryland, New Hampshire, Rhode Island, South Dakota, Vermont, West Virginia, and Wyoming. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17

Timely follow-up care after an emergency department (ED) visit for mental illness or intentional self harm may reduce repeat ED visits, prevent hospital admissions, and improve health outcomes. The period immediately after the ED visit is important for engaging individuals in mental health treatment and establishing continuity of care. This measure shows the percentage of beneficiaries who had a follow-up visit with any practitioner within 7 and 30 days of an ED visit for mental illness or intentional self-harm. Performance on this measure is being publicly reported for the Child Core Set for the first time for FFY 2022.

Percentage of Emergency Department (ED) Visits for Children and Adolescents Ages 6 to 17 who had a Principal Diagnosis of Mental Illness or Intentional Self-Harm with a Follow-Up Visit within 7 Days and 30 Days of the ED Visit (FUM-CH), FFY 2022 (40 states)



Source: Mathematica analysis of QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of emergency department (ED) visits for children ages 6 to 17 with a principal diagnosis of mental illness or intentional self-harm that had a follow-up visit for mental illness. Two rates are reported: (1) the percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit; and (2) the percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

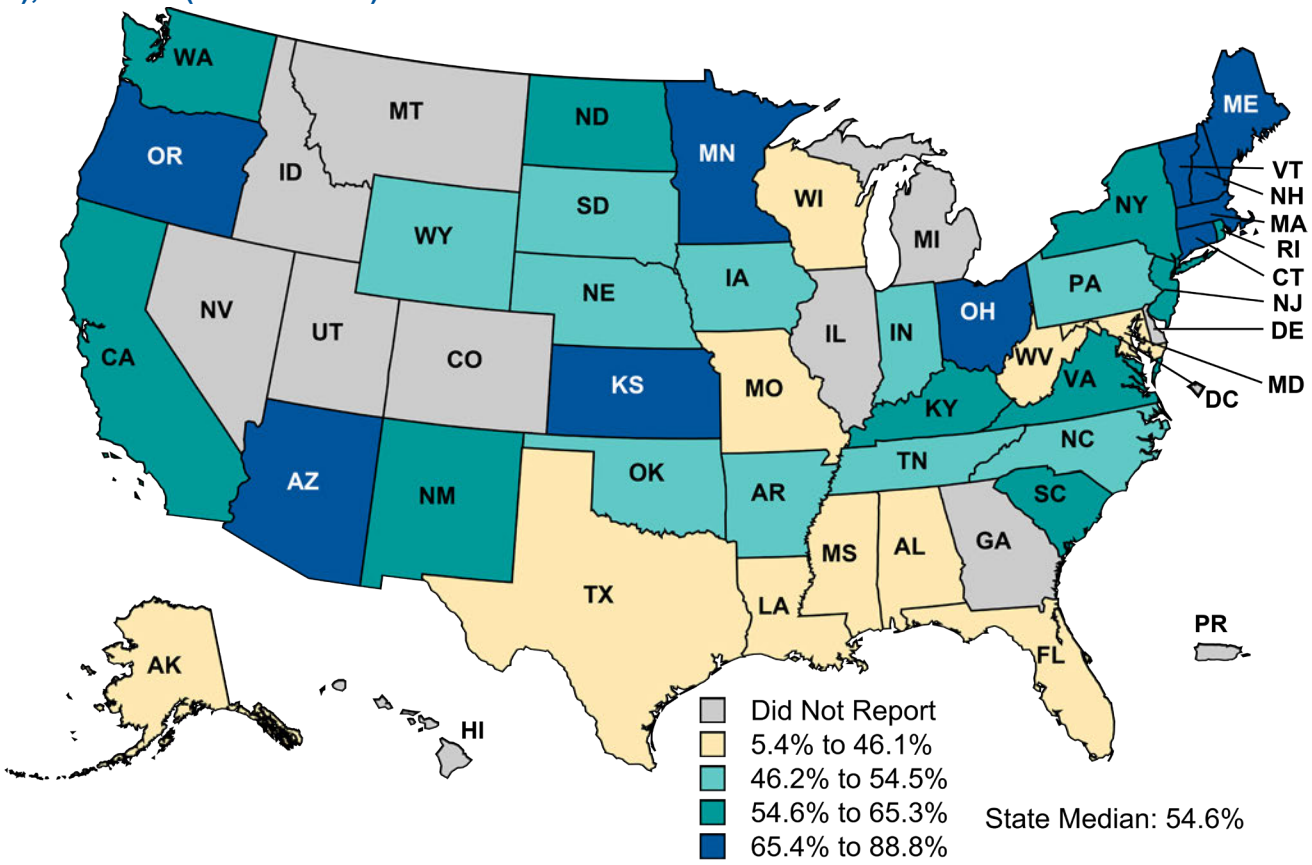
A median of

55 percent of ED visits for children and adolescents ages 6 to 17 with mental illness or intentional self-harm diagnoses had a follow-up visit within 7 days and

73 percent had a follow-up visit within 30 days (40 states)

Follow-Up After Emergency Department Visit for Mental Illness Within 7 Days of the ED Visit (continued)

Geographic Variation in the Percentage of Emergency Department (ED) Visits for Children and Adolescents Ages 6 to 17 who had a Principal Diagnosis of Mental Illness or Intentional Self-Harm with a Follow-Up Visit within 7 Days of the ED Visit (FUM-CH), FFY 2022 (n = 40 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.
Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
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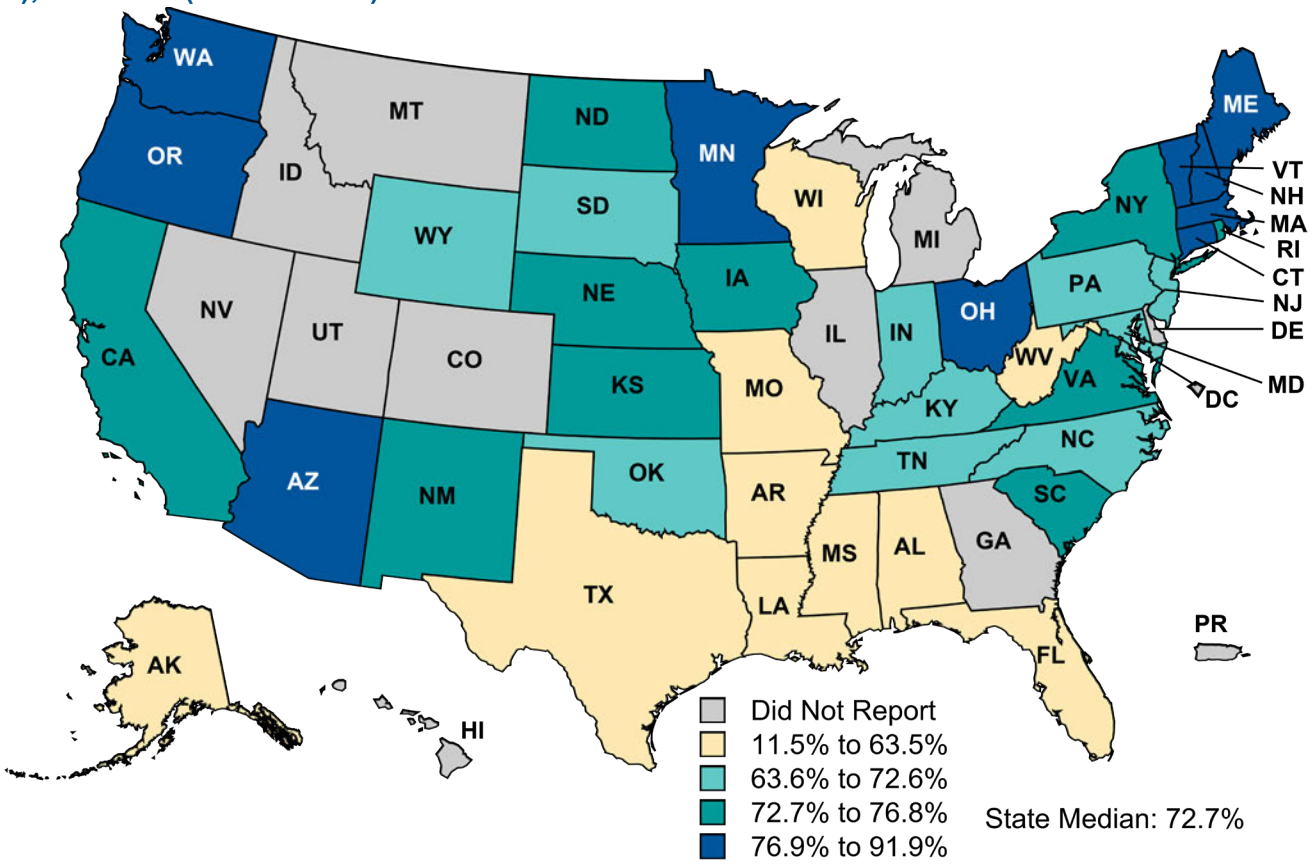
Follow-Up After Emergency Department Visit for Mental Illness Within 30 Days of the ED Visit (continued)

Geographic Variation in the Percentage of Emergency Department (ED) Visits for Children and Adolescents Ages 6 to 17 who had a Principal Diagnosis of Mental Illness or Intentional Self-Harm with a Follow-Up Visit within 30 Days of the ED Visit (FUM-CH), FFY 2022 (n = 40 states)

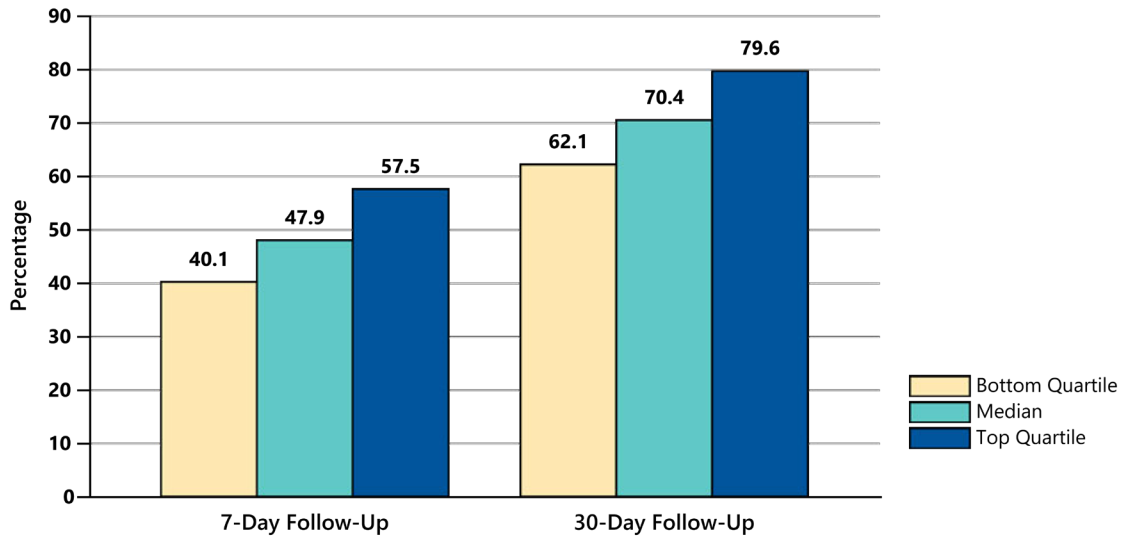


Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.
Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17

Follow-up care after hospitalization for mental illness or intentional self-harm helps improve health outcomes and prevent readmissions in the days following discharge from inpatient mental health treatment. Recommended post-discharge treatment includes a visit with an outpatient mental health provider within 30 days after discharge but ideally, within 7 days after discharge.

Percentage of Discharges for Children Ages 6 to 17 Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit with a Mental Health Provider within 7 and 30 Days After Discharge (FUH-CH), FFY 2022 (n = 48 states)



Source: Mathematica analysis of QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported: (1) the percentage of discharges for which the beneficiary received follow-up within 7 days after discharge; and (2) the percentage of discharges for which the beneficiary received follow-up within 30 days after discharge. This chart excludes Oregon, which reported the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

A median of

48 percent

of discharges for children ages 6 to 17 who were hospitalized for treatment of mental illness or intentional self-harm and had a follow-up visit within 7 days after discharge and

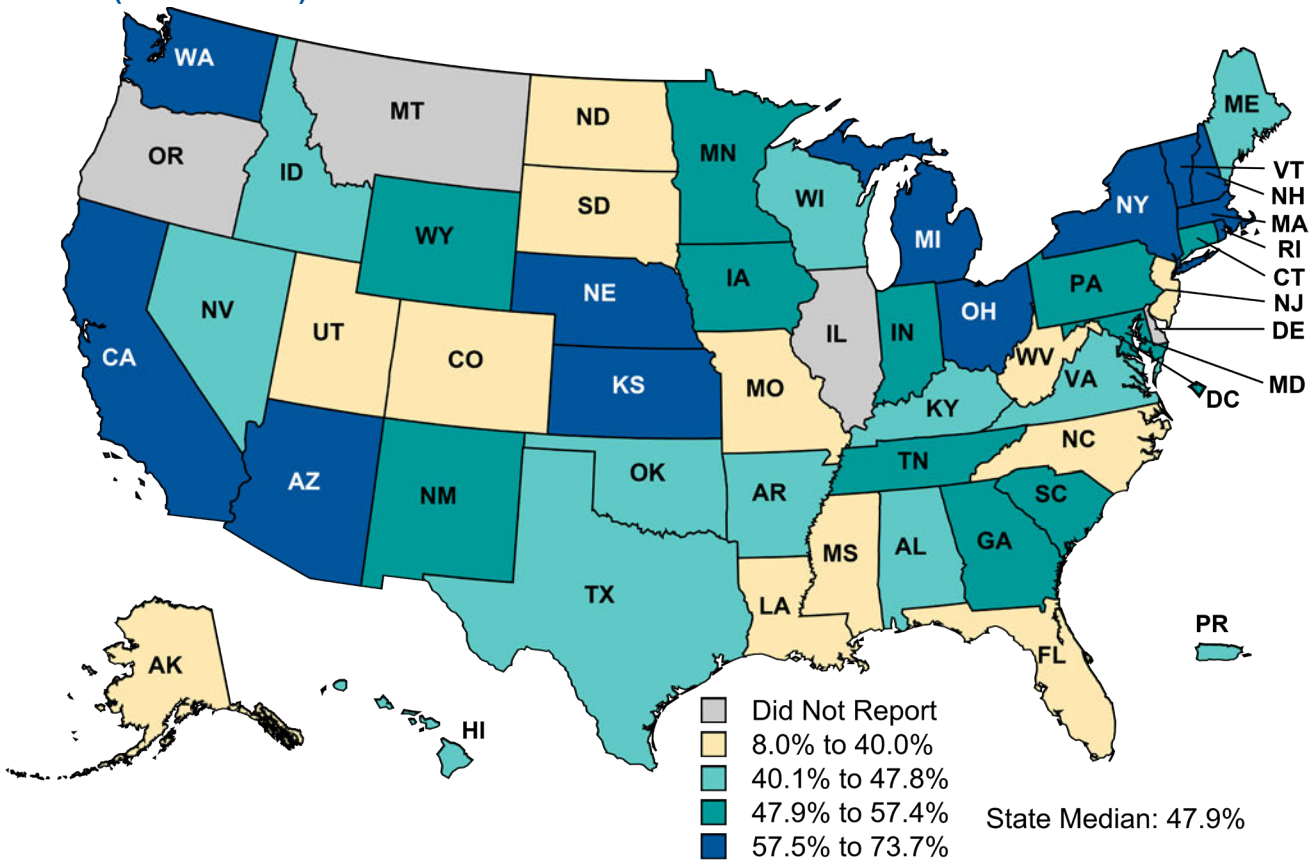
70 percent

had a follow-up visit within 30 days after discharge (48 states)

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Follow-Up After Hospitalization for Mental Illness Within 7 Days After Discharge (continued)

Geographic Variation in the Percentage of Discharges for Children Ages 6 to 17 Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit with a Mental Health Provider within 7 Days After Discharge (FUH-CH), FFY 2022 (n = 48 states)



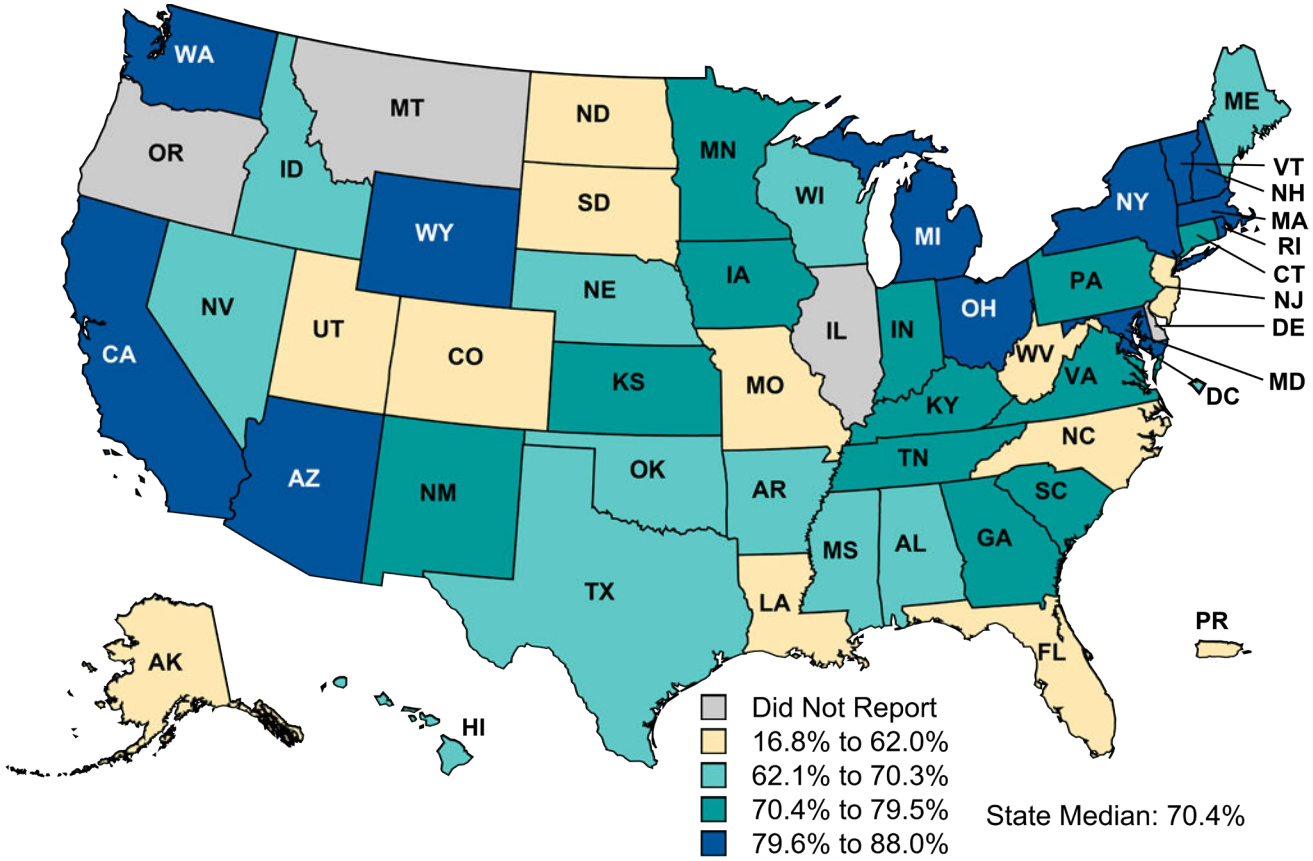
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This chart excludes Oregon, which reported the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Follow-Up After Hospitalization for Mental Illness Within 30 Days After Discharge (continued)

Geographic Variation in the Percentage of Discharges for Children Ages 6 to 17 Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit with a Mental Health Provider within 30 Days After Discharge (FUH-CH), FFY 2022 (n = 48 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

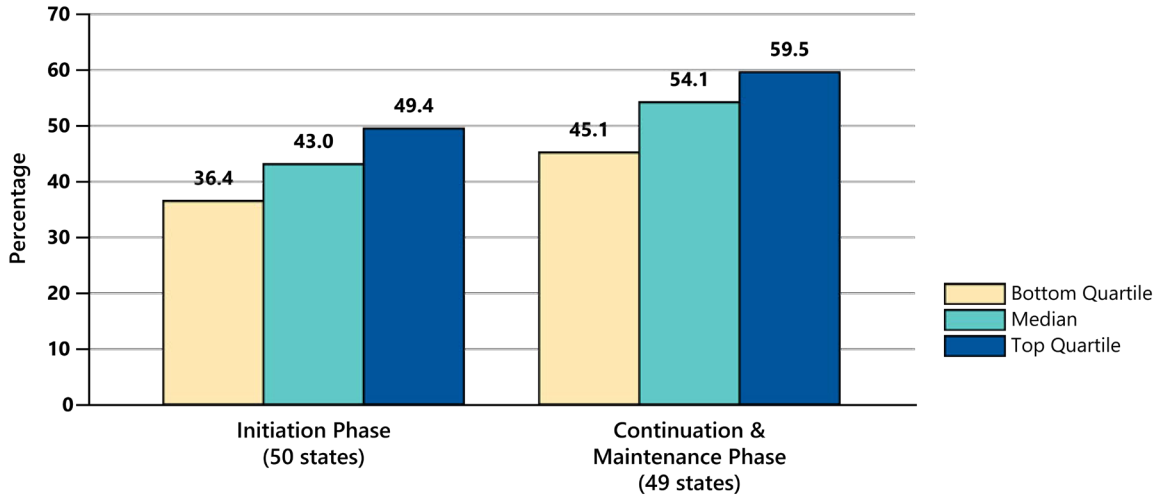
Notes: This chart excludes Oregon, which reported the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

ADHD is a common chronic condition among school-age children that is often treated with medication. Follow-up care for children prescribed ADHD medication is an indicator of the continuity of care for children with a chronic behavioral health condition. Among those newly prescribed an ADHD medication, clinical guidelines recommend a follow-up visit within the first 30 days (the Initiation Phase) for medication management. Among those remaining on ADHD medication, two additional visits are recommended during the 9-month Continuation and Maintenance Phase for ongoing medication management and assessment of the child's functioning.

Percentage of Children Ages 6 to 12 Newly Prescribed Medication for ADHD who had at Least One Visit During the 30-Day Initiation Phase and at Least Two Visits During the 9-Month Continuation and Maintenance Phase (ADD-CH), FFY 2022



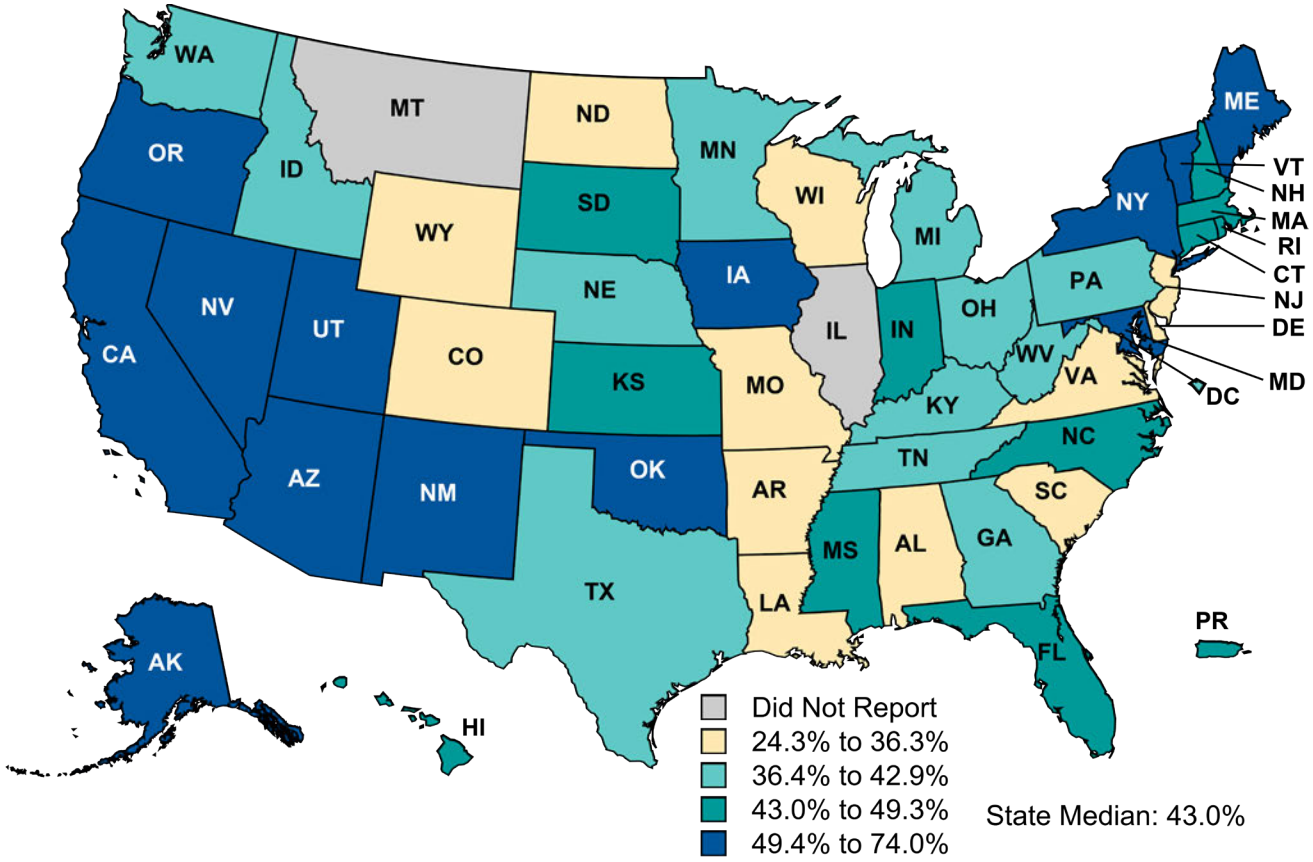
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of children ages 6 to 12 who were newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication and who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispersed. Two rates are reported: (1) the percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase; and (2) the percentage of children who remained on the medication for at least 210 days after the Initiation Phase ended and who had at least two additional follow-up visits within 270 days (9 months) during the Continuation and Maintenance phase. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

A median of **43** percent of children ages 6 to 12 newly prescribed ADHD medication had a follow-up visit during the 30-day initiation phase (50 states) and **54** percent had at least two follow-up visits during the 9-month continuation and maintenance phase (49 states)

Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication: Initiation Phase (continued)

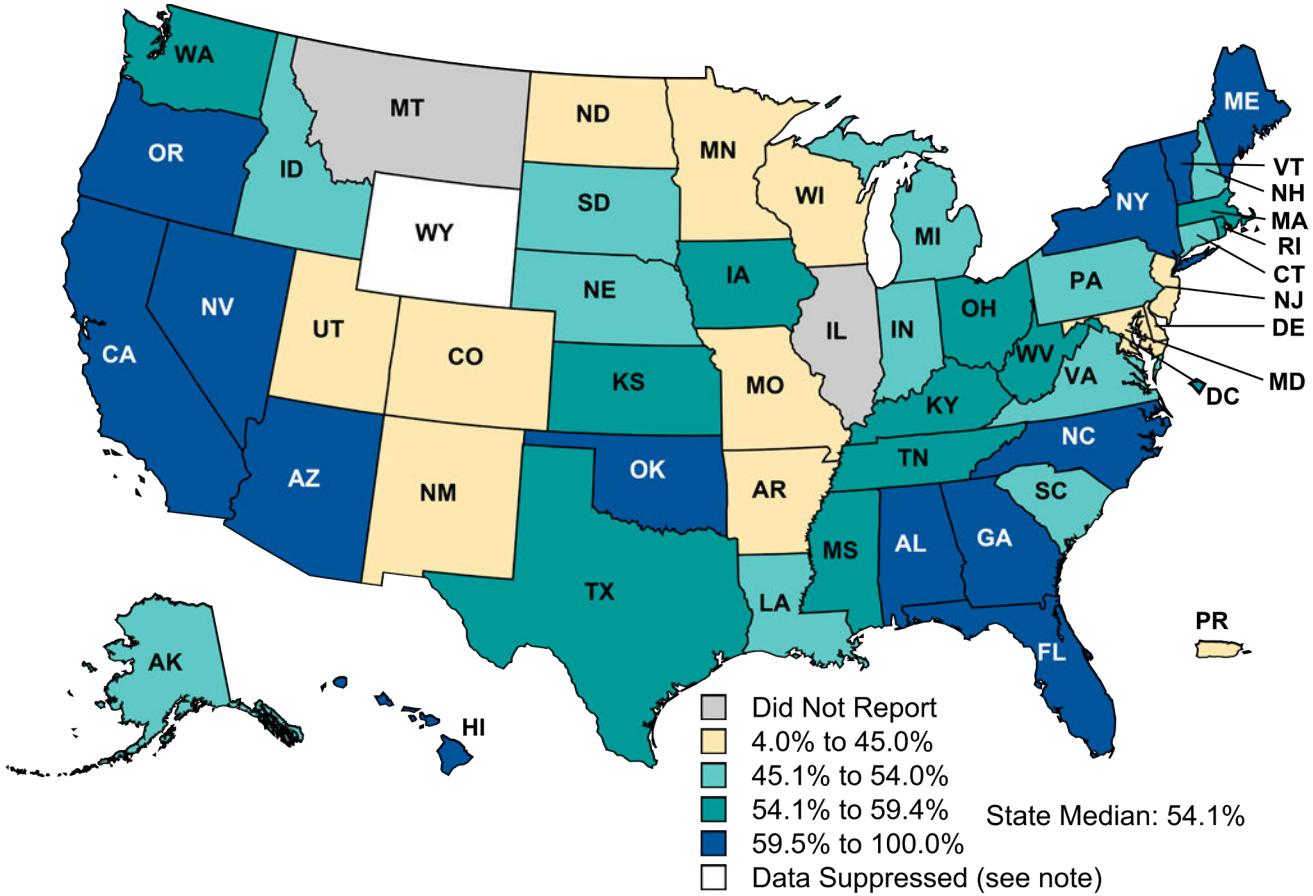
Geographic Variation in the Percentage of Children Ages 6 to 12 Newly Prescribed Medication for ADHD who had at Least One Visit During the 30-Day Initiation Phase (ADD-CH), FFY 2022 (n = 50 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.
Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication: Continuation and Maintenance Phase (continued)

Geographic Variation in the Percentage of Children Newly Prescribed Medication for ADHD who had at Least Two Visits During the 9-Month Continuation and Maintenance Phase (ADD-CH), FFY 2022 (n = 49 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

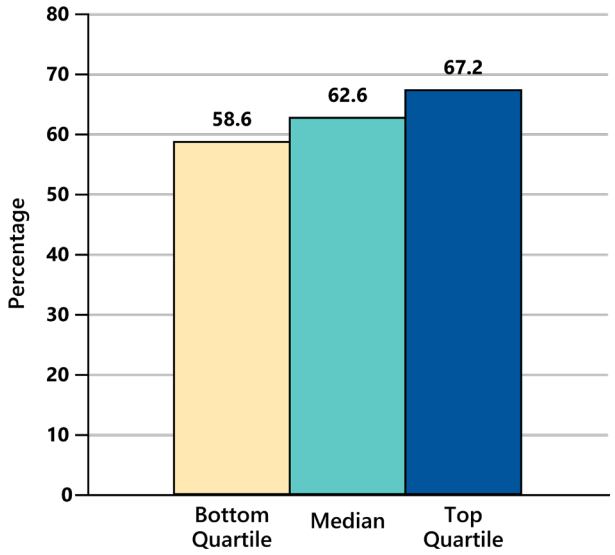
Notes: Data were suppressed for Wyoming due to small cell sizes. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

To avoid the risks associated with unnecessary use of antipsychotic medications, psychosocial care is recommended as the first-line treatment for most psychiatric conditions in children and adolescents. This measure assesses whether children and adolescents with conditions for which antipsychotic medications are not indicated had documentation of psychosocial care as first-line treatment before being prescribed an antipsychotic medication.

Percentage of Children and Adolescents Ages 1 to 17 who had a New Prescription for an Antipsychotic Medication and had Documentation of Psychosocial Care as First-Line Treatment (APP-CH), FFY 2022 (n = 47 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. Data were suppressed for Utah due to small cell sizes. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

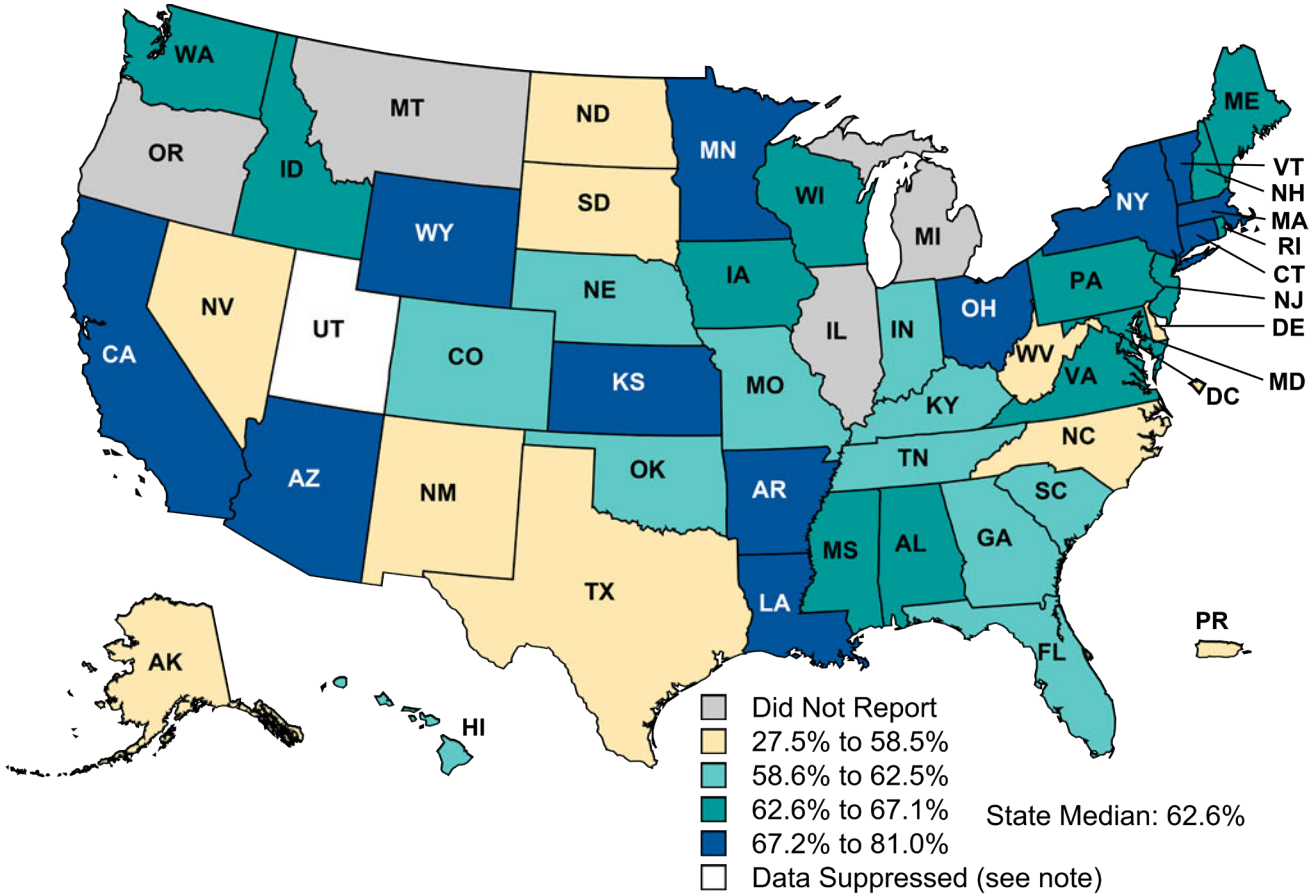
A median of

63

percent of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication had documentation of psychosocial care as first-line treatment (47 states)

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (continued)

Geographic Variation in the Percentage of Children and Adolescents Ages 1 to 17 who had a New Prescription for an Antipsychotic Medication and had Documentation of Psychosocial Care as First-Line Treatment (APP-CH), FFY 2022 (n = 47 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

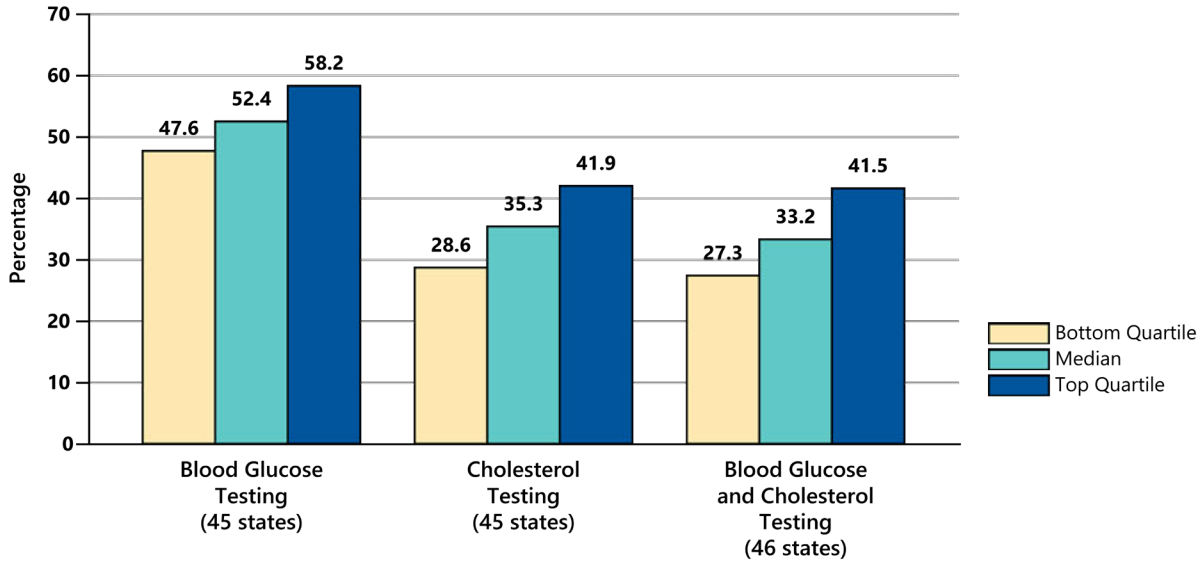
Notes: Data were suppressed for Utah due to small cell sizes. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Metabolic Monitoring for Children and Adolescents on Antipsychotics

Antipsychotic medications can elevate a child's risk for developing serious metabolic health complications and poor cardiometabolic outcomes in adulthood, including type 2 diabetes. As a result, children who are prescribed these medications should be monitored for weight and metabolic changes. This measure assesses the percentage of children and adolescents with two or more antipsychotic prescriptions who had blood glucose and cholesterol testing during the measurement year.

Percentage of Children and Adolescents Ages 1 to 17 who had Two or More Antipsychotic Prescriptions and had Metabolic Testing for Blood Glucose, Cholesterol, and Both Blood Glucose and Cholesterol (APM-CH), FFY 2022



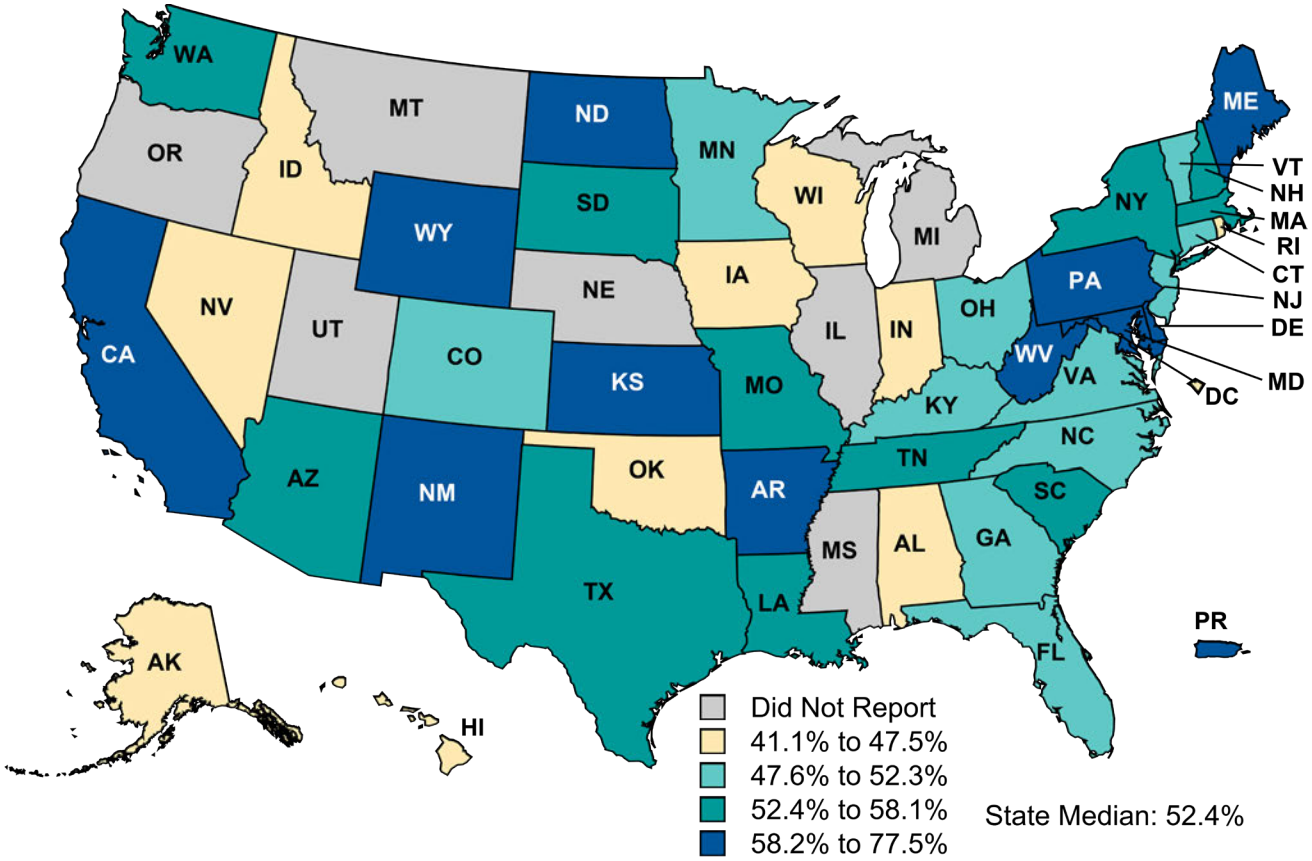
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions and had metabolic testing during the measurement year. Three rates are reported: (1) the percentage who received blood glucose testing; (2) the percentage who received cholesterol testing; and (3) the percentage who received both blood glucose and cholesterol testing. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

A median of **33** percent of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions had metabolic testing for both blood glucose and cholesterol (46 states)

Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose Testing (continued)

Geographic Variation in the Percentage of Children and Adolescents Ages 1 to 17 who had Two or More Antipsychotic Prescriptions and had Metabolic Testing for Blood Glucose (APM-CH), FFY 2022 (n = 45 states)

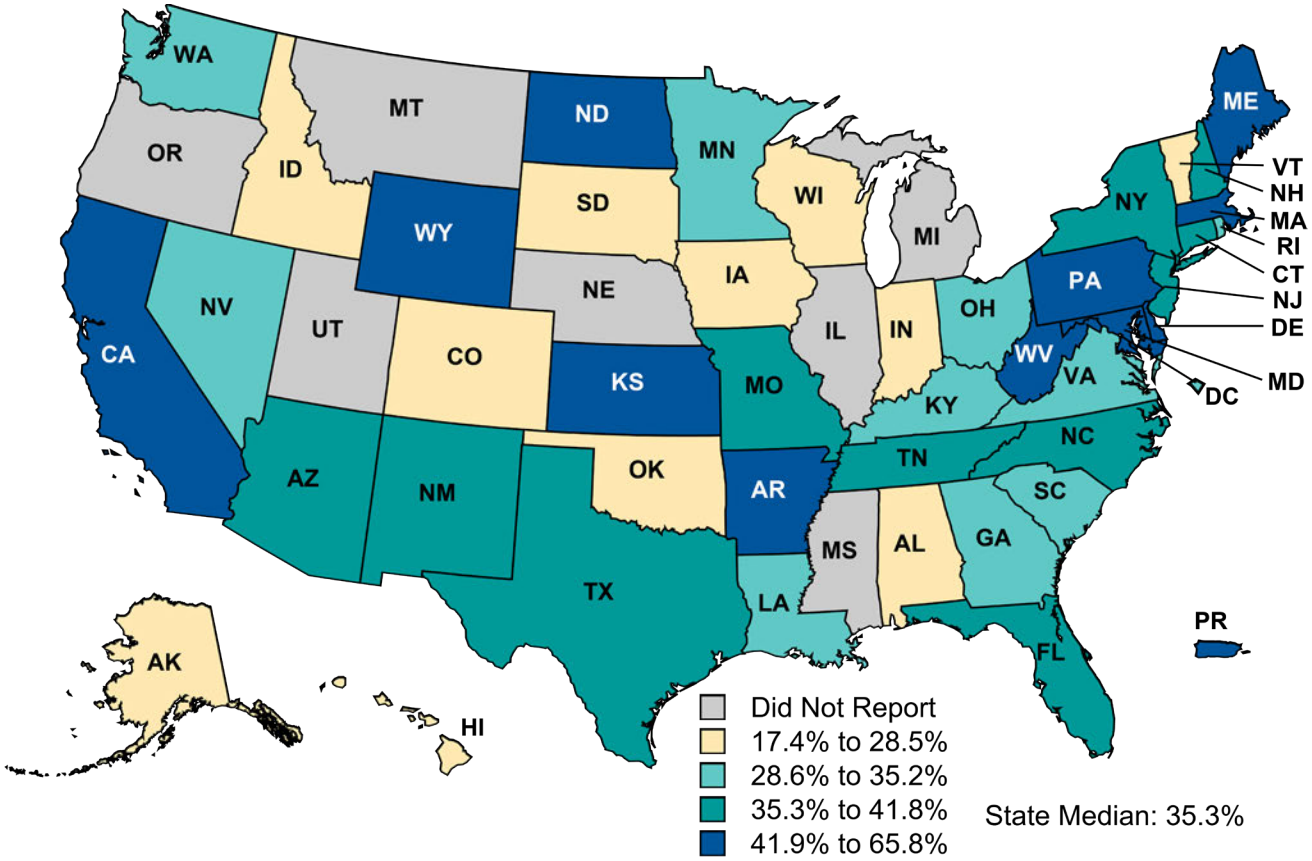


Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This chart excludes Nebraska, which reported the measure but did not provide data for the Blood Glucose Testing rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Metabolic Monitoring for Children and Adolescents on Antipsychotics: Cholesterol Testing (continued)

Geographic Variation in the Percentage of Children and Adolescents Ages 1 to 17 who had Two or More Antipsychotic Prescriptions and had Metabolic Testing for Cholesterol (APM-CH), FFY 2022 (n = 45 states)



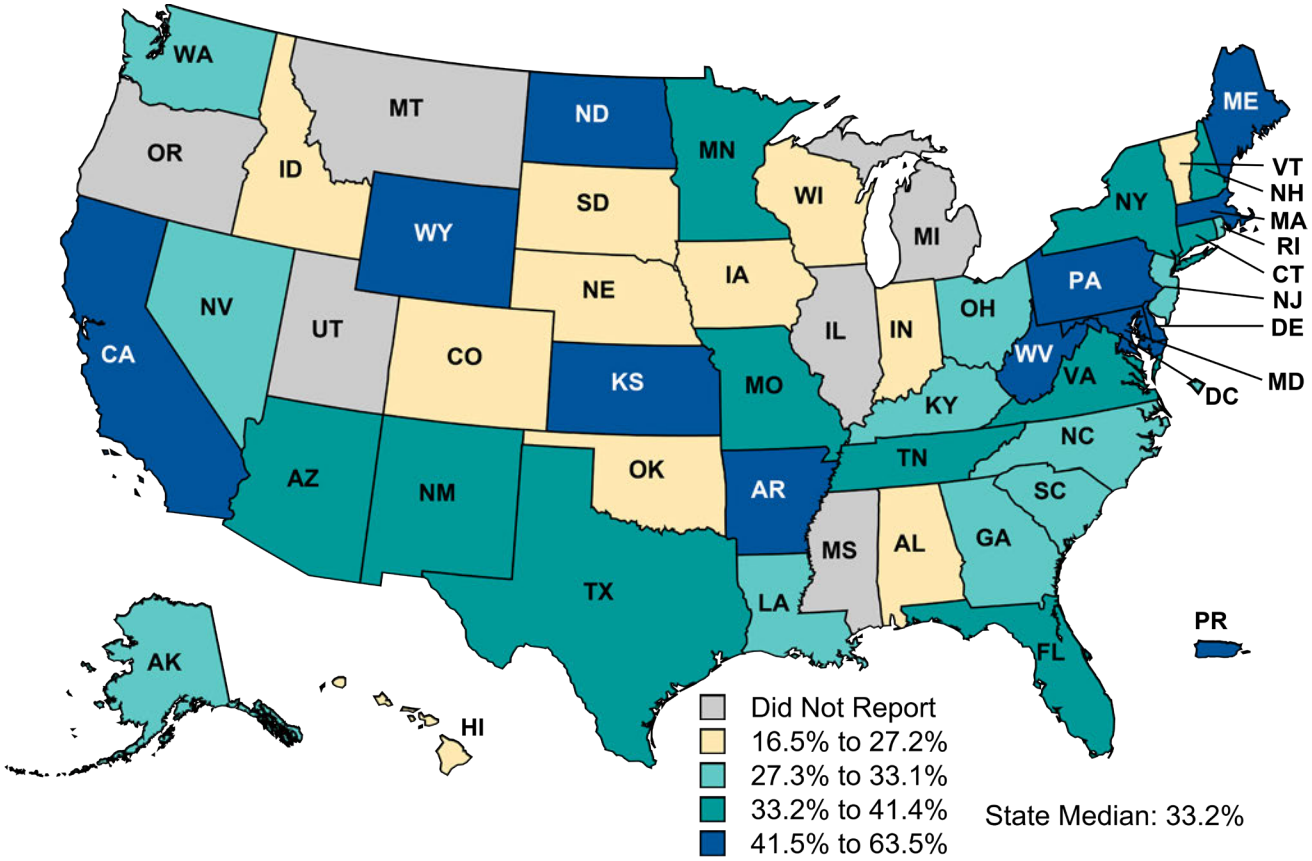
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This chart excludes Nebraska, which reported the measure but did not provide data for the Cholesterol Testing rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing (continued)

Geographic Variation in the Percentage of Children and Adolescents Ages 1 to 17 who had Two or More Antipsychotic Prescriptions and had Metabolic Testing for Blood Glucose and Cholesterol (APM-CH), FFY 2022 (n = 46 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.
Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Dental and Oral Health Services

All children in Medicaid and CHIP have coverage for dental and oral health services. Children's oral health is important to their overall health, both in childhood and later in adulthood. Improving children's access to oral health care in Medicaid and CHIP continues to be a focus of federal and state efforts.

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

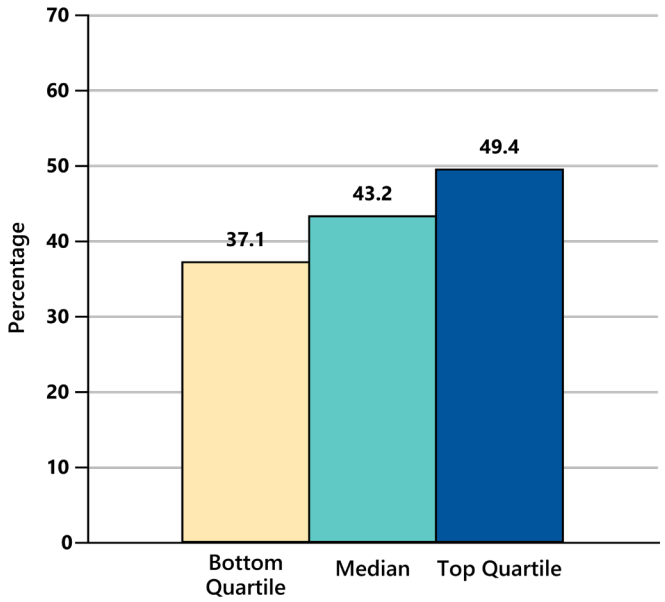
Three measures of dental and oral health services were available for analysis for FFY 2022.

- Oral Evaluation, Dental Services
- Topical Fluoride for Children
- Sealant Receipt on Permanent First Molars

Oral Evaluation, Dental Services

Tooth decay, or dental caries, is one of the most common chronic diseases in children. It is almost entirely preventable through a combination of good oral health habits at home, a healthy diet, and early and regular use of preventive dental services. This measure shows the percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the measurement year. Performance on this measure is being publicly reported for the first time for FFY 2022.

Percentage of Enrolled Children Under Age 21 Who Received a Comprehensive or Periodic Oral Evaluation within the Measurement Year (OEV-CH), FFY 2022 (n = 27 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

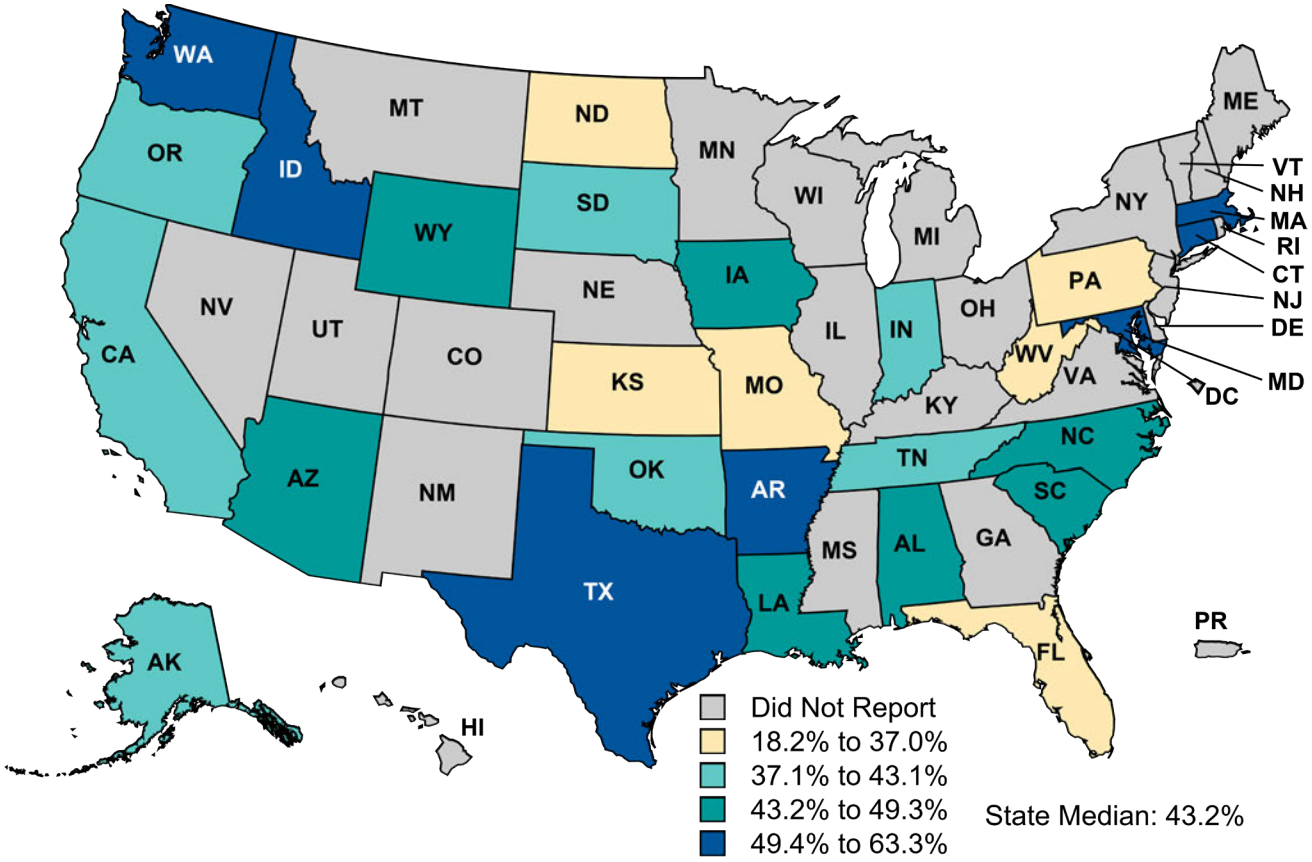
Notes: This measure shows the percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the measurement year. This chart excludes New Hampshire, which reported the measure but did not use Child Core Set specifications to calculate the measure. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

A median of

43 percent of enrolled children under age 21 received a comprehensive or periodic oral evaluation (n = 27 states)

Oral Evaluation, Dental Services (continued)

Geographic Variation in the Percentage of Enrolled Children Under Age 21 Who Received a Comprehensive or Periodic Oral Evaluation within the Measurement Year (OEV-CH), FFY 2022 (n = 27 states)



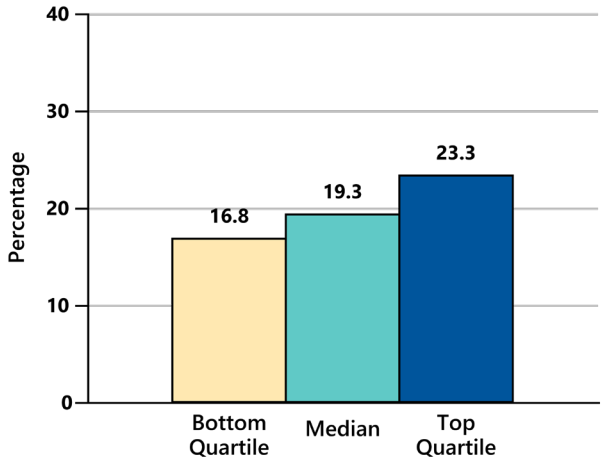
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This chart excludes New Hampshire, which reported the measure but did not use Child Core Set specifications to calculate the measure. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Topical Fluoride for Children

Clinical recommendations suggest applying topical fluoride to children's teeth every three to six months reduces the risk of dental caries. This measure assesses the percentage of enrolled children ages 1 through 20 who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year. Performance on this measure is being publicly reported for the first time for FFY 2022.

Percentage of Enrolled Children Ages 1 to 20 who Received at Least Two Topical Fluoride Applications as Dental or Oral Health Services Within the Measurement Year (TFL-CH), FFY 2022 (n = 25 states)



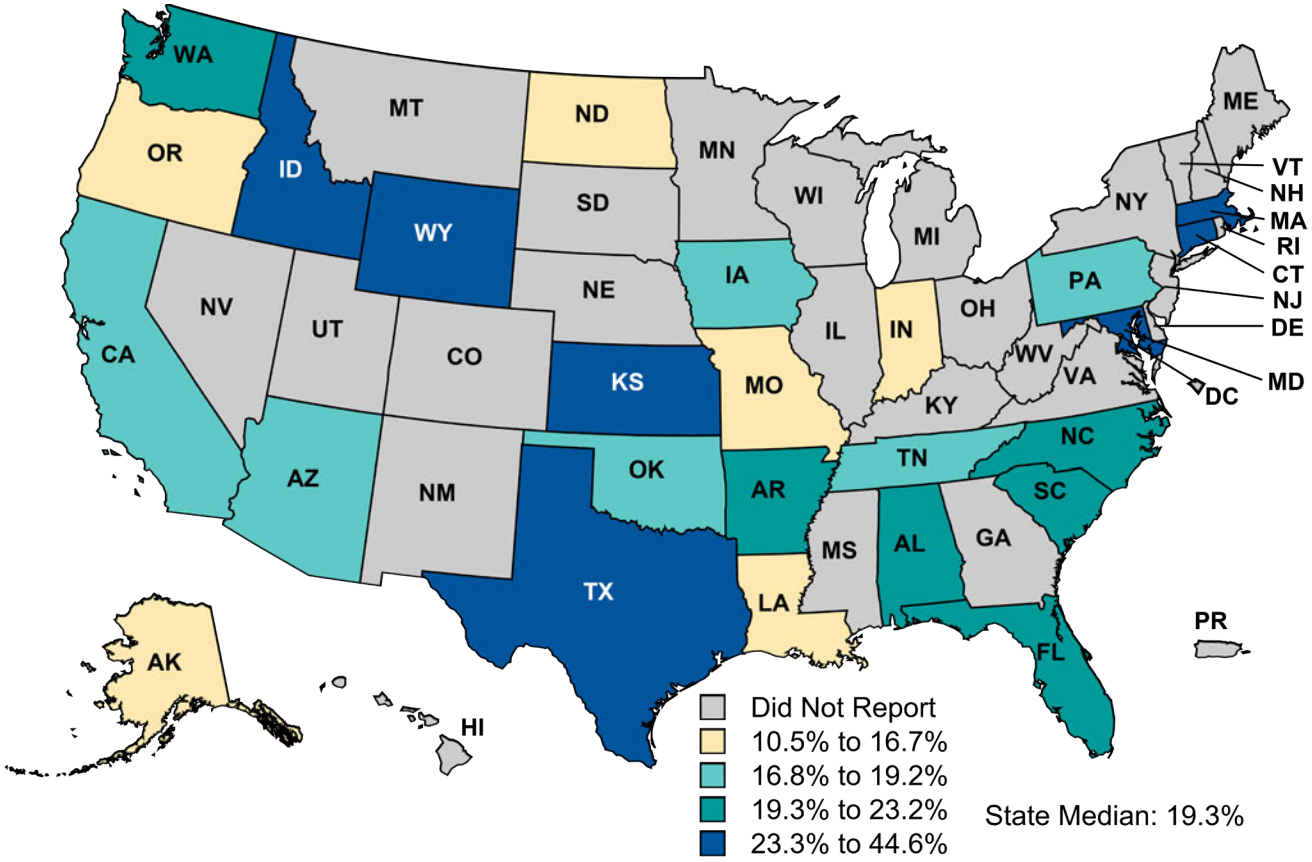
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of enrolled children ages 1 through 20 who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year. "Dental" services refer to services provided by or under the supervision of a dentist. "Oral health" services refer to services provided by other personnel, such as primary care providers, who are not under the supervision of a dentist. This chart shows state reporting for the dental or oral health services rate. The dental services and oral health services rates are not reported because there were fewer than 25 states with reportable data for these rates for FFY 2022. This chart excludes New Hampshire, which reported the measure but did not use Child Core Set specifications to calculate the measure. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

A median of **19** percent of enrolled children ages 1 to 20 received at least two topical fluoride applications (n = 25 states)

Topical Fluoride for Children (continued)

Geographic Variation in the Percentage of Enrolled Children Ages 1 to 20 who Received at Least Two Topical Fluoride Applications as Dental or Oral Health Services Within the Measurement Year (TFL-CH), FFY 2022 (n = 25 states)



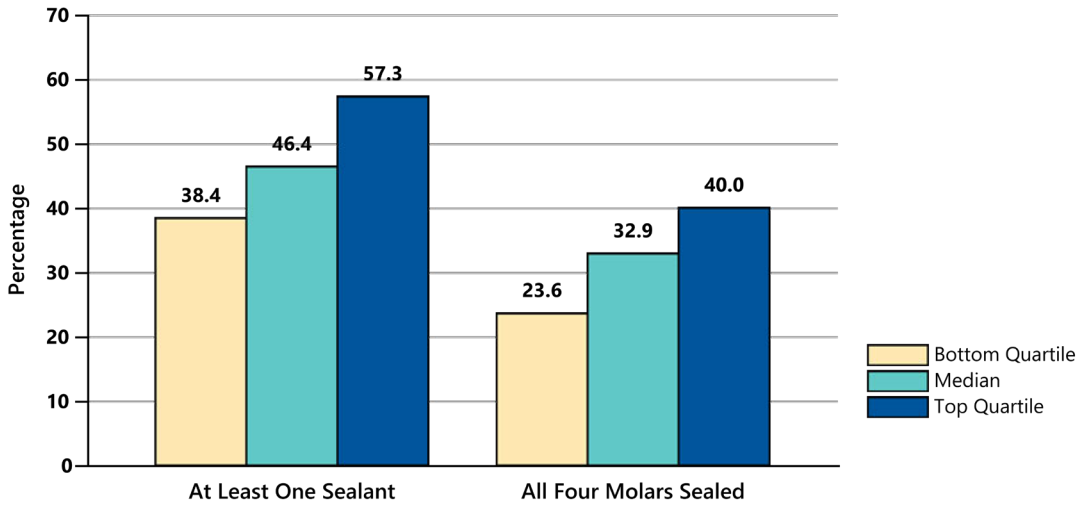
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This chart excludes New Hampshire, which reported the measure but did not use Child Core Set specifications to calculate the measure. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Sealant Receipt on Permanent First Molars

Dental sealants that are applied to molars can prevent cavities (tooth decay) for many years. Once applied, sealants protect against 80 percent of cavities for two years and continue to protect against 50 percent of cavities for up to four years. Sealants prevent the most cavities when applied soon after permanent molars come into the mouth. This measure assesses the percentage of children who received a sealant on at least one and all four permanent molars by their tenth birthday.

Percentage of Children who have ever Received Sealants on Permanent First Molar Teeth by their 10th Birthday (SFM-CH), FFY 2022 (n = 30 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of enrolled children who have ever received sealants on permanent first molar teeth. Two rates are reported: (1) at least one sealant and (2) all four molars sealed by the 10th birthday. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

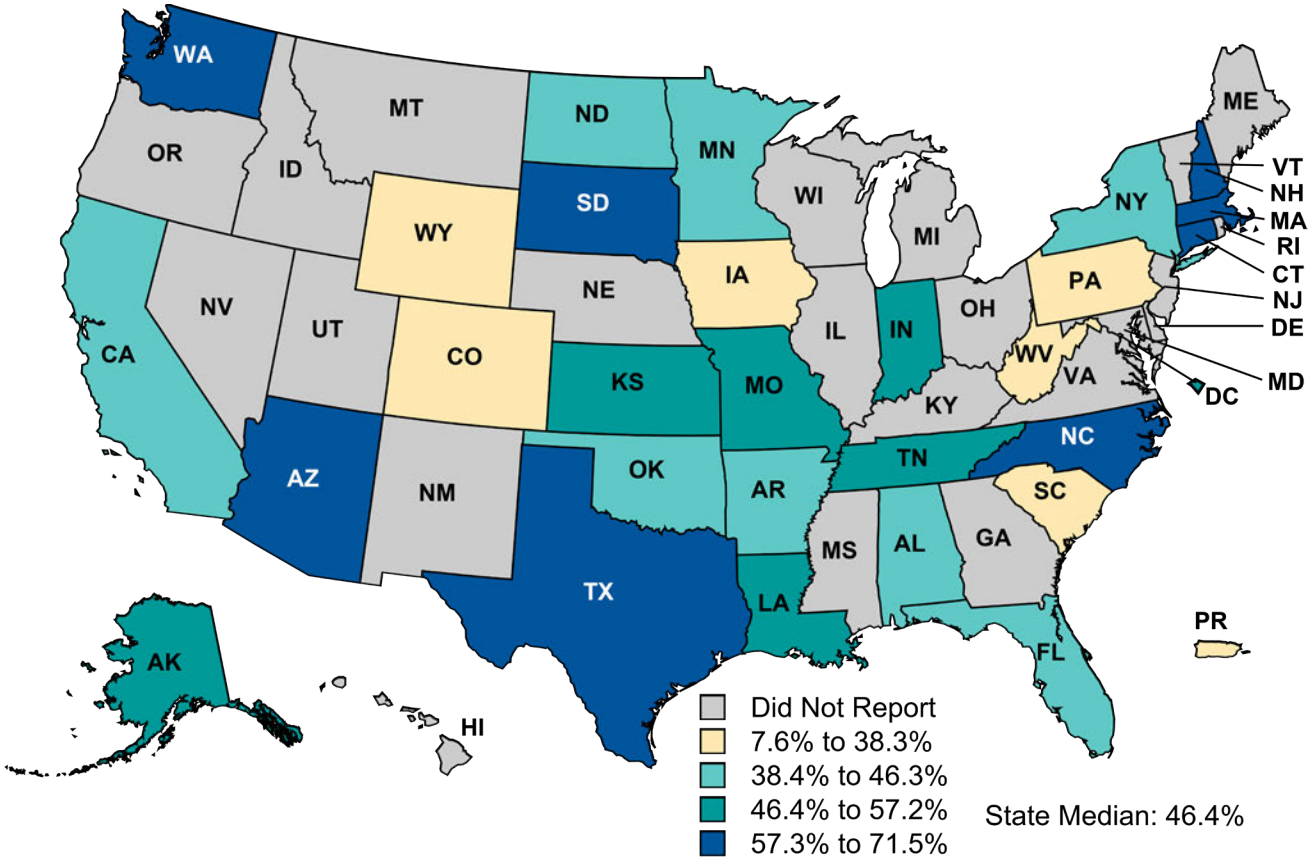
A median of

46 percent of children have received at least one sealant on a permanent first molar tooth by their 10th birthday and

33 percent have received sealants on all four permanent first molars by their 10th birthday (30 states)

Sealant Receipt on Permanent First Molars: At Least One Sealant (continued)

Geographic Variation in the Percentage of Children who have ever Received at Least One Sealant on a Permanent First Molar Tooth by their 10th Birthday (SFM-CH), FFY 2022 (n = 30 states)



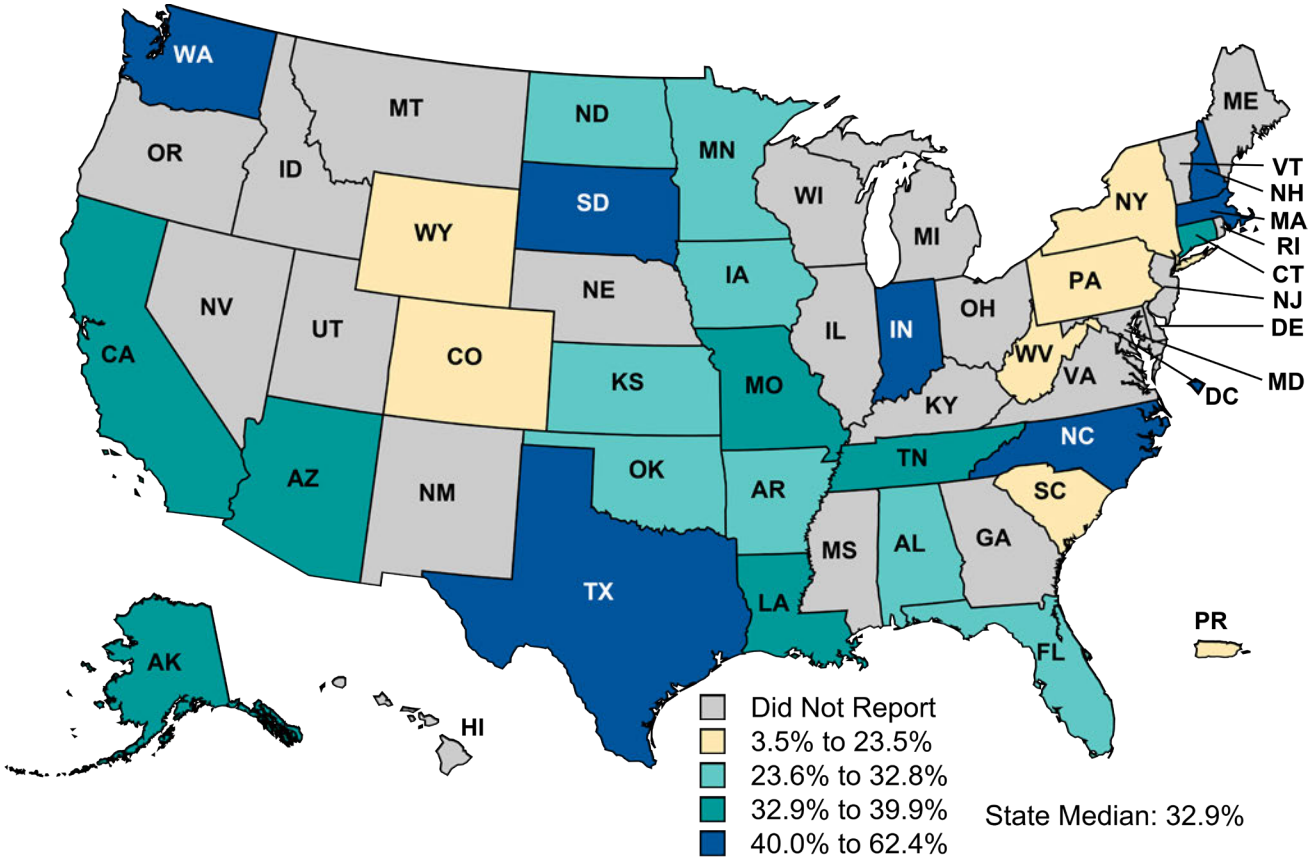
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Sealant Receipt on Permanent First Molars: All Four Molars Sealed (continued)

Geographic Variation in the Percentage of Children who have ever Received Sealants on All Four Permanent First Molars by their 10th Birthday (SFM-CH), FFY 2022 (n = 30 states)

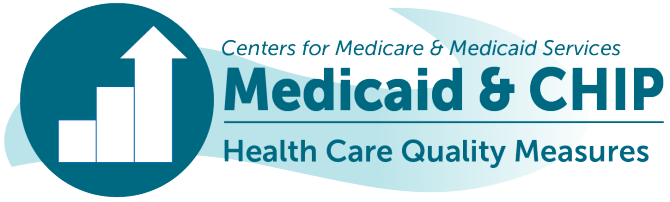


Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

REFERENCE TABLES AND ADDITIONAL RESOURCES



Overview of State Reporting of the Child Core Set Measures, FFY 2022

	Number of Measures Reported	State Reported at Least One Measure for Both Medicaid and CHIP Populations	Screening for Depression and Follow-Up Plan: Ages 12 to 17	Well-Child Visits in the First 30 Months of Life	Child and Adolescent Well-Care Visits	Childhood Immunization Status	Immunizations for Adolescents	Developmental Screening in the First Three Years of Life	Chlamydia Screening in Women Ages 16 to 20	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Prenatal and Postpartum Care: Timeliness of Prenatal Care	Live Births Weighing Less Than 2,500 Grams	Low-Risk Cesarean Delivery	Contraceptive Care: Postpartum Women Ages 15 to 20	Contraceptive Care: All Women Ages 15 to 20	Asthma Medication Ratio: Ages 5 to 18	Ambulatory Care: Emergency Department (ED) Visits	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Ages 13 to 17	Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17	Follow-Up After Hospitalization for Mental Illness	Follow-Up Care for Children Prescribed ADHD Medication	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Oral Evaluation, Dental Services	Topical Fluoride for Children	Sealant Receipt on First Permanent Molars	CAHPS Health Plan Survey 5.1H, Child Version (Medicaid)
Total	21.5 (Median)	50	21	48	50	48	47	37	49	45	47	52	52	40	40	49	47	38	40	49	50	48	46	28	26	30	32
Alabama	25	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Alaska	23	X	--	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Arizona	24	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Arkansas	21	X	--	X	X	X	X	--	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--
California	25	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Colorado	20	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	X	X	X	X	--	--	X	--
Connecticut	25	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Delaware	19	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	--	X	X	X	--	--	--	X
Dist. of Col.	21	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	X	X	X	X	--	--	X	X
Florida	25	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Georgia	18	X	X	X	X	X	X	X	X	X	X	X	X	--	--	X	X	--	--	X	X	X	X	--	--	--	X
Hawaii	19	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	X	X	X	X	--	--	--	--
Idaho	15	X	--	--	X	--	--	X	--	--	--	X	X	X	X	X	X	X	--	X	X	X	X	X	X	--	--
Illinois	2	-	--	--	--	--	--	--	--	--	--	X	X	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Indiana	25	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Iowa	22	X	X	X	X	X	--	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--
Kansas	24	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--
Kentucky	15	X	--	X	X	X	--	--	X	X	X	X	X	--	--	X	--	X	X	X	X	X	X	--	--	--	--
Louisiana	24	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Maine	21	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	--	X

Table is continued on the next slide.

Overview of State Reporting of the Child Core Set Measures, FFY 2022 (continued)

	Number of Measures Reported	State Reported at Least One Measure for Both Medicaid and CHIP Populations	Screening for Depression and Follow-Up Plan: Ages 12 to 17	Well-Child Visits in the First 30 Months of Life	Child and Adolescent Well-Care Visits	Childhood Immunization Status	Immunizations for Adolescents	Developmental Screening in the First Three Years of Life	Chlamydia Screening in Women Ages 16 to 20	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Prenatal and Postpartum Care: Timeliness of Prenatal Care	Live Births Weighing Less Than 2,500 Grams	Low-Risk Cesarean Delivery	Contraceptive Care: Postpartum Women Ages 15 to 20	Contraceptive Care: All Women Ages 15 to 20	Asthma Medication Ratio: Ages 5 to 18	Ambulatory Care: Emergency Department (ED) Visits	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Ages 13 to 17	Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17	Follow-Up After Hospitalization for Mental Illness	Follow-Up Care for Children Prescribed ADHD Medication	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Oral Evaluation, Dental Services	Topical Fluoride for Children	Sealant Receipt on First Permanent Molars	CAHPS Health Plan Survey 5.1H, Child Version (Medicaid)
Maryland	20	X	--	X	X	X	X	--	X	X	X	X	X	--	--	X	X	X	X	X	X	X	X	X	X	--	X
Massachusetts	24	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--
Michigan	17	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	X	X	--	--	--	--	--	X
Minnesota	20	X	--	X	X	X	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	X	--
Mississippi	14	X	--	X	X	X	X	--	X	X	--	X	X	--	--	X	--	--	X	X	X	X	--	--	--	--	X
Missouri	23	X	--	X	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Montana	2	-	--	--	--	--	--	--	--	--	--	X	X	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Nebraska	21	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	--	X
Nevada	19	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	X	X	X	X	--	--	--	X
New Hampshire	25	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
New Jersey	22	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	--	X
New Mexico	18	X	--	X	X	X	X	--	X	X	X	X	X	--	--	X	X	X	X	X	X	X	X	--	--	--	X
New York	20	X	--	X	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	X	--
North Carolina	24	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
North Dakota	23	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--
Ohio	20	X	--	X	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	--	X
Oklahoma	25	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Oregon	16	X	--	X	X	X	X	X	X	--	X	X	X	--	--	--	X	--	X	X	X	--	--	X	X	--	X
Pennsylvania	24	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Puerto Rico	19	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	X	X	X	X	--	--	X	--

Table is continued on the next slide.

Overview of State Reporting of the Child Core Set Measures, FFY 2022 (continued)

	Number of Measures Reported	State Reported at Least One Measure for Both Medicaid and CHIP Populations	Screening for Depression and Follow-Up Plan: Ages 12 to 17	Well-Child Visits in the First 30 Months of Life	Child and Adolescent Well-Care Visits	Childhood Immunization Status	Immunizations for Adolescents	Developmental Screening in the First Three Years of Life	Chlamydia Screening in Women Ages 16 to 20	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Prenatal and Postpartum Care: Timeliness of Prenatal Care	Live Births Weighing Less Than 2,500 Grams	Low-Risk Cesarean Delivery	Contraceptive Care: Postpartum Women Ages 15 to 20	Contraceptive Care: All Women Ages 15 to 20	Asthma Medication Ratio: Ages 5 to 18	Ambulatory Care: Emergency Department (ED) Visits	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Ages 13 to 17	Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17	Follow-Up After Hospitalization for Mental Illness	Follow-Up Care for Children Prescribed ADHD Medication	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Oral Evaluation, Dental Services	Topical Fluoride for Children	Sealant Receipt on First Permanent Molars	CAHPS Health Plan Survey 5.1H, Child Version (Medicaid)
Rhode Island	17	X	--	X	X	X	X	--	X	X	X	X	X	--	--	X	X	X	X	X	X	X	X	--	--	--	--
South Carolina	25	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
South Dakota	22	X	--	X	X	X	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	X
Tennessee	25	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Texas	24	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Utah	14	X	--	X	X	X	X	--	X	X	X	X	X	--	--	X	X	--	--	X	X	X	--	--	--	--	--
Vermont	22	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	--	X
Virginia	16	X	--	X	X	X	X	--	X	X	X	X	X	--	--	X	X	--	X	X	X	X	X	--	--	--	--
Washington	22	X	--	X	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--
West Virginia	23	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	X
Wisconsin	16	X	--	X	X	X	X	--	X	X	X	X	X	--	--	X	--	X	X	X	X	X	X	--	--	--	--
Wyoming	24	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--

Sources: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023 and the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2021 as of February 2, 2023.

Notes: The term "states" includes the 50 states, the District of Columbia, and Puerto Rico. The 2022 Child Core Set includes 25 measures. Two measures were retired from the 2022 Child Core Set and four measure were added. Information about the updates to the 2022 Core Sets is available at https://www.medicaid.gov/sites/default/files/2021-12/cib121021_0.pdf. This table includes all Child Core Set measures for the FFY 2022 reporting cycle, including measures that were reported by states using "other" specifications and measures for which the rates are not publicly reported due to CMS data suppression rules.

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

Performance Rates on Frequently Reported Child Core Set Measures, FFY 2022

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Primary Care Access and Preventive Care						
Well-Child Visits in the First 30 Months of Life	Percentage who had 6 or More Well-Child Visits with a Primary Care Practitioner during the First 15 Months of Life	48	55.7	57.5	51.3	61.0
Well-Child Visits in the First 30 Months of Life	Percentage who had 2 or More Well-Child Visits with a Primary Care Practitioner during the 15th to 30th Months of Life	48	64.9	65.1	60.4	71.6
Child and Adolescent Well-Care Visits	Percentage with at Least 1 Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist: Ages 3 to 11	49	54.8	54.2	49.8	60.7
Child and Adolescent Well-Care Visits	Percentage with at Least 1 Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist: Ages 12 to 17	49	49.6	49.0	43.4	55.4
Child and Adolescent Well-Care Visits	Percentage with at Least 1 Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist: Ages 18 to 21	49	25.2	22.5	19.9	30.4
Child and Adolescent Well-Care Visits	Percentage with at Least 1 Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist: Ages 3 to 21	50	48.3	47.6	42.6	54.5
Childhood Immunization Status	Percentage who had a Measles, Mumps, and Rubella (MMR) Vaccination by their Second Birthday	46	80.3	82.0	78.4	84.9
Childhood Immunization Status	Percentage who had at Least Two Flu Vaccinations by their Second Birthday	46	45.1	45.7	37.1	52.2
Childhood Immunization Status	Percentage Up to Date on Recommended Immunizations (Combination 3) by their Second Birthday[a]	47	57.9	61.5	56.4	67.6
Childhood Immunization Status	Percentage Up to Date on Recommended Immunizations (Combination 10) by their Second Birthday[b]	48	32.6	32.9	26.9	39.2

Table is continued on the next slide.

Performance Rates on Frequently Reported Child Core Set Measures, FFY 2022 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Primary Care Access and Preventive Care (continued)						
Immunizations for Adolescents	Percentage who completed the Human Papillomavirus (HPV) Vaccine Series by Their 13th Birthday	47	35.6	35.0	31.5	40.8
Immunizations for Adolescents	Percentage Up to Date on Recommended Immunizations (Combination 1) by Their 13th Birthday[c]	46	72.2	75.2	68.3	82.5
Developmental Screening in the First Three Years of Life	Percentage Screened for Risk of Developmental, Behavioral, and Social Delays Using a Standardized Screening Tool: Ages 0 to 3	37	39.9	34.7	27.3	51.6
Chlamydia Screening in Women Ages 16 to 20	Percentage of Sexually Active Women Screened for Chlamydia: Ages 16 to 20	49	47.8	47.2	42.7	58.1
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Percentage with an Outpatient Visit and Body Mass Index Percentile Documented in the Medical Record: Ages 3 to 17	44	63.0	71.9	59.1	81.0
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Percentage with an Outpatient Visit and Counseling for Nutrition Documented in the Medical Record: Ages 3 to 17	43	55.2	63.6	36.7	74.3
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Percentage with an Outpatient Visit and Counseling for Physical Activity Documented in the Medical Record: Ages 3 to 17	43	52.3	58.4	35.5	71.6
Maternal and Perinatal Health						
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Percentage of Women Delivering a Live Birth with a Prenatal Care Visit in the First Trimester, on or Before the Enrollment Start Date, or within 42 Days of Enrollment in Medicaid or CHIP	47	76.5	81.5	75.2	87.2
Live Births Weighing Less Than 2,500 Grams	Percentage of Live Births Weighing Less Than 2,500 Grams [Lower rates are better]	52	10.2	10.1	11.1	9.2
Low-Risk Cesarean Delivery	Percentage of Nulliparous, Term, Singleton, in a Cephalic Presentation Births Delivered by Cesarean [Lower rates are better]	52	24.7	24.7	26.9	22.5

Table is continued on the next slide.

Performance Rates on Frequently Reported Child Core Set Measures, FFY 2022 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Maternal and Perinatal Health (continued)						
Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women with a Live Birth Provided a Most Effective or Moderately Effective Method of Contraception Within 3 Days of Delivery: Ages 15 to 20	34	6.5	5.7	3.8	8.5
Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women with a Live Birth Provided a Most Effective or Moderately Effective Method of Contraception Within 60 Days of Delivery: Ages 15 to 20	40	38.3	39.4	34.1	44.2
Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women with a Live Birth Provided a Long-Acting Reversible Method of Contraception Within 3 Days of Delivery: Ages 15 to 20	30	3.6	3.1	1.6	4.9
Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women with a Live Birth Provided a Long-Acting Reversible Method of Contraception Within 60 Days of Delivery: Ages 15 to 20	40	14.9	15.3	12.1	18.0
Contraceptive Care: All Women Ages 15 to 20	Percentage of All Women at Risk of Unintended Pregnancy Provided a Most Effective or Moderately Effective Method of Contraception: Ages 15 to 20	40	24.1	26.3	19.1	29.3
Contraceptive Care: All Women Ages 15 to 20	Percentage of All Women at Risk of Unintended Pregnancy Provided a Long-Acting Reversible Method of Contraception: Ages 15 to 20	40	4.3	3.4	2.7	4.7
Care of Acute and Chronic Conditions						
Asthma Medication Ratio: Ages 5 to 18	Percentage with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater: Ages 5 to 11	47	75.6	77.3	73.2	80.7
Asthma Medication Ratio: Ages 5 to 18	Percentage with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater: Ages 12 to 18	47	67.7	68.8	64.8	72.5
Asthma Medication Ratio: Ages 5 to 18	Percentage with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater: Ages 5 to 18	48	72.1	73.1	68.1	76.5

Table is continued on the next slide.

Performance Rates on Frequently Reported Child Core Set Measures, FFY 2022 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Care of Acute and Chronic Conditions (continued)						
Ambulatory Care: Emergency Department Visits	Emergency Department Visits per 1,000 Beneficiary Months: Ages 0 to 19 [Lower rates are better]	46	33.8	31.9	36.2	26.0
Behavioral Health Care						
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Ages 13 to 17	Percentage of Emergency Department (ED) Visits for Alcohol and Other Drug Abuse or Dependence with a Follow-Up Visit Within 30 Days of the ED Visit: Ages 13 to 17	25	13.2	10.6	6.0	16.3
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17	Percentage of Emergency Department (ED) Visits for Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 7 Days of the ED Visit: Ages 6 to 17	40	55.7	54.6	46.2	65.4
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17	Percentage of Emergency Department (ED) Visits for Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 30 Days of the ED Visit: Ages 6 to 17	40	70.1	72.7	63.6	76.9
Follow-Up After Hospitalization for Mental Illness Ages 6 to 17	Percentage of Discharges for Children Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 7 Days after Discharge: Ages 6 to 17	48	48.2	47.9	40.1	57.5
Follow-Up After Hospitalization for Mental Illness Ages 6 to 17	Percentage of Discharges for Children Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 30 Days after Discharge: Ages 6 to 17	48	69.3	70.4	62.1	79.6

Table is continued on the next slide.

Performance Rates on Frequently Reported Child Core Set Measures, FFY 2022 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Behavioral Health Care (continued)						
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Percentage Newly Prescribed ADHD Medication with at Least One Follow-Up Visit During the 30-Day Initiation Phase: Ages 6 to 12	50	43.8	43.0	36.4	49.4
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Percentage Newly Prescribed ADHD Medication with at Least Two Follow-Up Visits in the 9-Month Continuation and Maintenance Phase: Ages 6 to 12	49	51.5	54.1	45.1	59.5
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Percentage who had a New Prescription for an Antipsychotic Medication and had Documentation of Psychosocial Care as First-Line Treatment: Ages 1 to 17	47	62.0	62.6	58.6	67.2
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage with Two or More Antipsychotic Prescriptions that had Metabolic Testing for Blood Glucose: Ages 1 to 17	45	53.8	52.4	47.6	58.2
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage with Two or More Antipsychotic Prescriptions that had Metabolic Testing for Cholesterol: Ages 1 to 17	45	36.6	35.3	28.6	41.9
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage with Two or More Antipsychotic Prescriptions that had Metabolic Testing for Blood Glucose and Cholesterol: Ages 1 to 17	46	34.8	33.2	27.3	41.5

Table is continued on the next slide.

Performance Rates on Frequently Reported Child Core Set Measures, FFY 2022 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Dental and Oral Health Care Services						
Oral Evaluation, Dental Services	Percentage of Enrolled Children Under Age 21 Who Received a Comprehensive or Periodic Oral Evaluation: Ages <1 through 20	27	42.6	43.2	37.1	49.4
Topical Fluoride for Children	Percentage of Enrolled Children who Received at Least Two Topical Fluoride Applications as Dental or Oral Health Services: Total (Ages 1 through 20)	25	21.9	19.3	16.8	23.3
Sealant Receipt on Permanent First Molars	Percentage who Received a Sealant on at Least One Permanent First Molar Tooth by their 10th Birthday	30	45.0	46.4	38.4	57.3
Sealant Receipt on Permanent First Molars	Percentage who Received Sealants on All Four Permanent First Molars by their 10th Birthday	30	30.8	32.9	23.6	40.0

Sources: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023 and the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2021 as of February 2, 2023.

Notes: The term "states" includes the 50 states, the District of Columbia, and Puerto Rico.

This table includes measures that were reported by at least 25 states for FFY 2022 and that met CMS standards for data quality. This table includes data for states that indicated they used Child Core Set specifications to report the measures. It excludes states that indicated they used "other specifications", did not report the measures for FFY 2022, or if they reported a denominator of less than 30. Additionally, some states were excluded because data cannot be displayed per the Centers for Medicare & Medicaid Services' cell-size suppression policy, which prohibits the direct reporting of data for beneficiary and record counts of 1 to 10 and values from which users can derive values of 1 to 10. State means are calculated as the unweighted average of all state rates. When a state reported separate rates for its Medicaid and CHIP populations, the state mean and state median rates were calculated using the rate for the program with the larger measure-eligible population. Measure performance tables are 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.

The CAHPS Health Plan Survey measure is excluded from this table because it uses a summary statistic different from those in this table.

[a] Combination 3 includes DTaP; three doses of IPV; one dose of MMR; three doses of HiB; three doses of Hep B, one dose of VZV; and four doses of PCV.

[b] Combination 10 rate includes the vaccines included in the Combination 3 rate plus one hepatitis A (Hep A) vaccine, two or three rotavirus (RV) vaccines, and two influenza vaccines.

[c] Combination 1 includes one dose of meningococcal vaccine and Tdap vaccine.

Acronyms

ADHD	Attention-Deficit/Hyperactivity Disorder
BMI	Body Mass Index
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CDC	Centers for Disease Control and Prevention
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
DTaP	Diphtheria, Tetanus, and Pertussis
ED	Emergency Department
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
FFY	Federal Fiscal Year
Hep B	Hepatitis B
HiB	Haemophilus Influenzae Type B
HPV	Human Papillomavirus

Acronyms (continued)

IPV	Inactivated Polio Vaccine
LARC	Long-acting reversible contraception
MACPro	Medicaid and CHIP Program System
MMR	Measles, Mumps, and Rubella
OB/GYN	Obstetrician/gynecologist
PCP	Primary Care Practitioner
PCV	Pneumococcal Conjugate Vaccine
QMR	Quality Measure Reporting
Tdap	Tetanus, Diphtheria Toxoids and Pertussis Vaccine
VZV	Varicella-Zoster Virus
WONDER	Wide-ranging Online Data for Epidemiologic Research

Additional Resources

Additional resources related to the Child Core Set are 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.

These resources include:

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

For more information about the Child Core Set, please contact MACQualityTA@cms.hhs.gov.

Centers for Medicare & Medicaid Services
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