



# Quality of Care for Children in Medicaid and CHIP: Findings from the 2023 Child Core Set

## Chart Pack

December 2024

■ This chart pack is a product of the Technical Assistance and Analytic Support Contract for the Medicaid and CHIP Quality Measurement and Improvement Program, sponsored by the Center for Medicaid and CHIP Services, and led by Mathematica. This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.

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# About the 2023 Child Core Set

Together, Medicaid and the Children's Health Insurance Program (CHIP) covered approximately 42 million children during calendar year 2022 (the general time period when services were provided for the 2023 Core Set), representing more than 1 in 3 children in the United States and covering 41 percent of all births.<sup>1,2,3</sup> As the U.S. Department of Health & Human Services agency is 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 2023 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 2023 Child Core Set includes 27 measures.<sup>4</sup>

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

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# 27

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

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<sup>1</sup> Medicaid and CHIP enrollment data for the 2023 Core Set (services provided in calendar year 2022) is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMS-Fast-Facts/index.html>.

<sup>2</sup> The percentage of children covered by Medicaid and CHIP in calendar year 2022 is available at <https://www2.census.gov/programs-surveys/demo/tables/health-insurance/time-series/hic/hhi02.xlsx>.

<sup>3</sup> Data on births covered by Medicaid and CHIP in calendar year 2022 is available at <https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-02.pdf>.

<sup>4</sup> No measures were retired from the 2022 Child Core Set and two measures were added. Information about the updates to the 2023 Core Sets is available at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib111522.pdf>.

# About the 2023 Child Core Set (continued)

This Chart Pack summarizes state reporting on the quality of health care furnished to children covered by Medicaid and CHIP for the 2023 Core Set, which generally covers care delivered in calendar year 2022. This Chart Pack includes an overview of performance on measures reported by at least 25 states and that met CMS's standards for data quality.<sup>5</sup> The Chart Pack includes detailed analysis of state performance on 26 publicly reported Child Core Set measures.

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>.

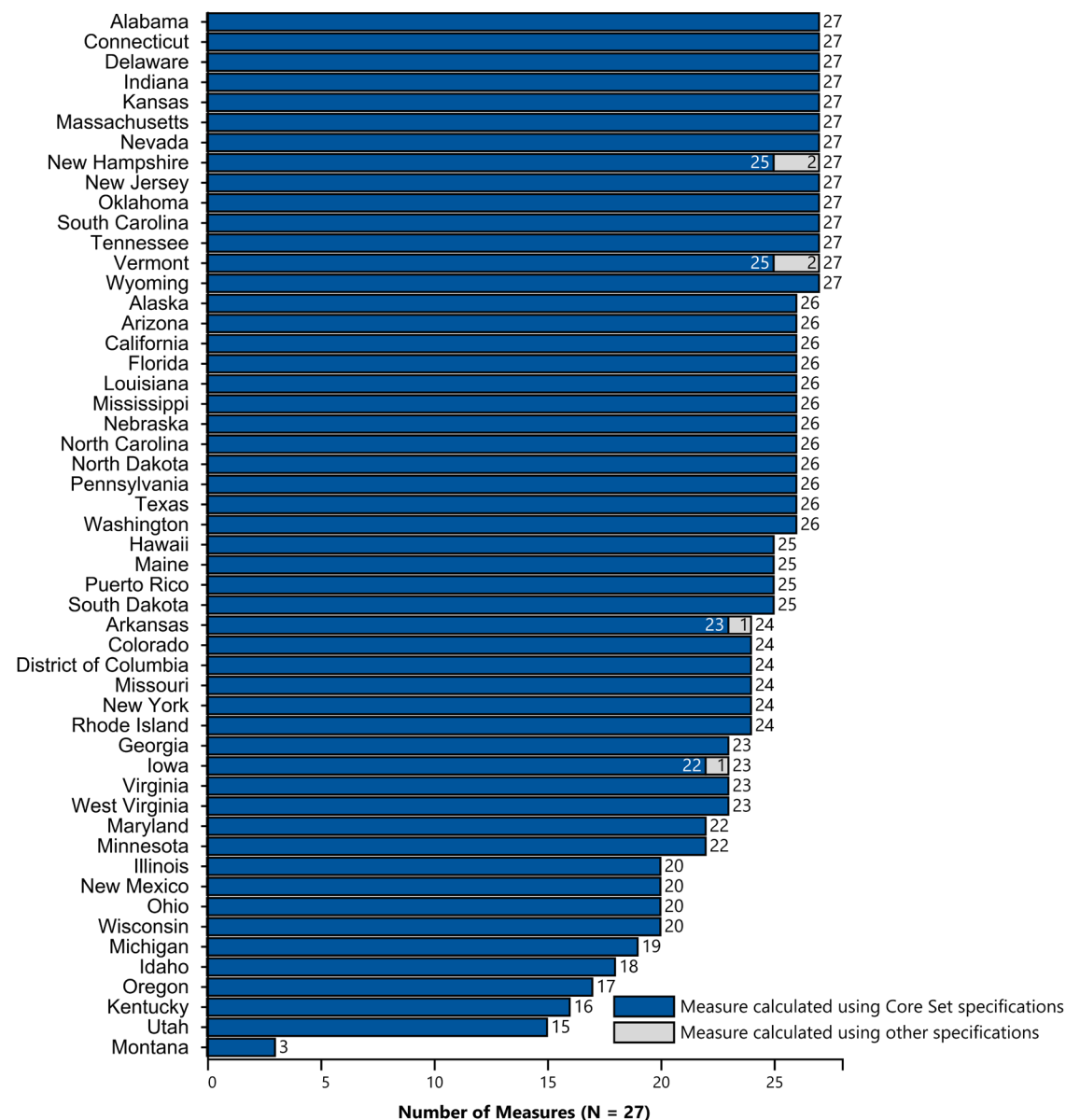
A Child and Adult Trend Analysis that shows performance trends for measures that were publicly reported from the 2021 to 2023 Core Sets is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/Child-and-Adult-Core-Sets-Trends-2023.pdf>.

<sup>5</sup> 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.

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# **OVERVIEW OF STATE REPORTING OF THE 2023 CHILD CORE SET**

# Number of 2023 Child Core Set Measures Reported by States



States reported a median of

25.5

of the 27 Child Core Set measures for 2023.

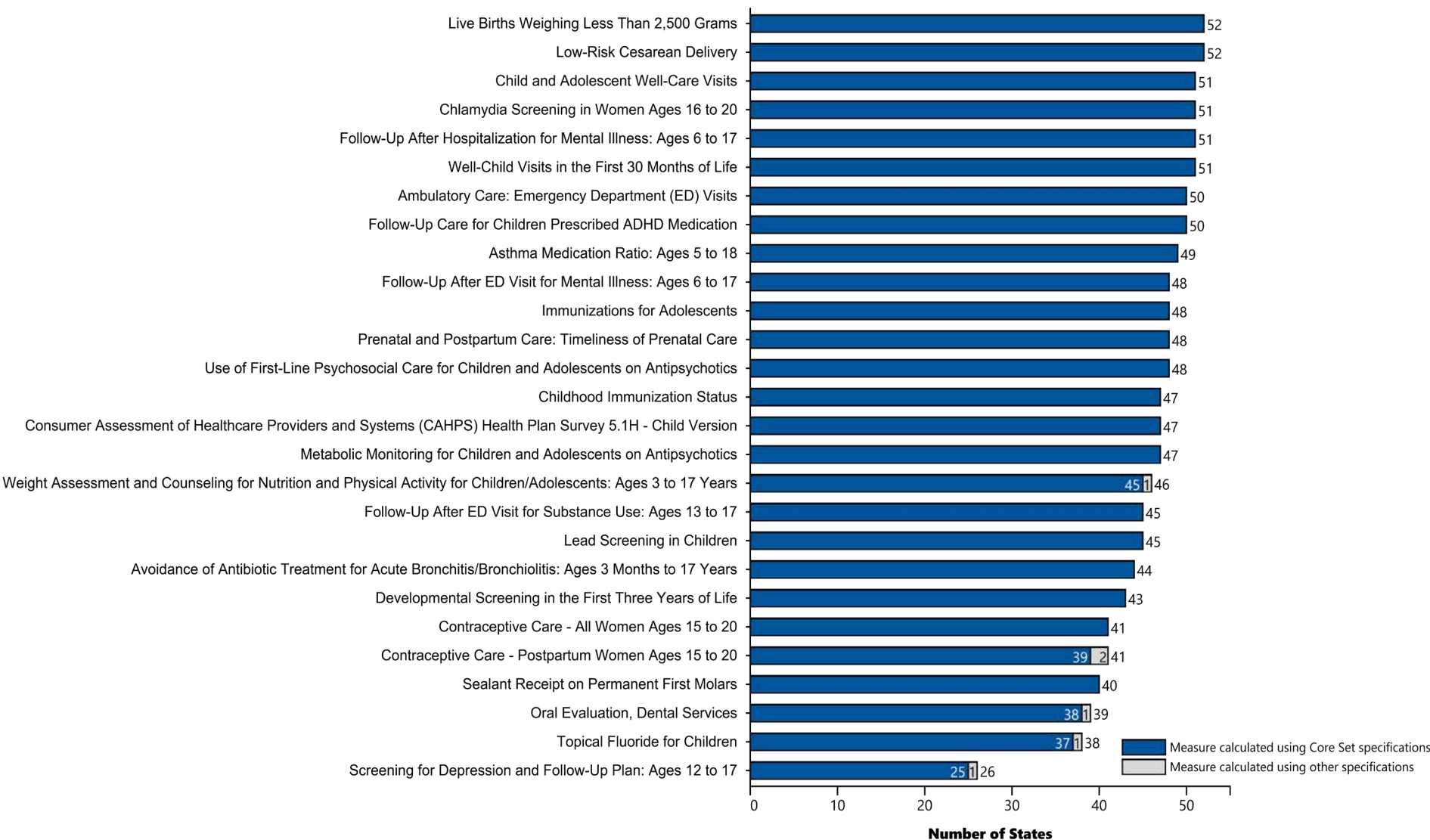
Sources: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024; Mathematica analysis of CDC WONDER data for calendar year 2022 as of October 26, 2023; and AHRQ and CMS analysis of the AHRQ CAHPS Database for the July 2022 to June 2023 data collection period as of January 24, 2024.

Notes: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico. The QMR system is a CMS database that collects state-reported Core Set data.

The 2023 Child Core Set includes 27 measures. This chart includes all Child Core Set measures for the 2023 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.

# Number of States Reporting the 2023 Child Core Set Measures



**50** states  
reported more Child  
Core Set measures for  
2023 than for 2022.

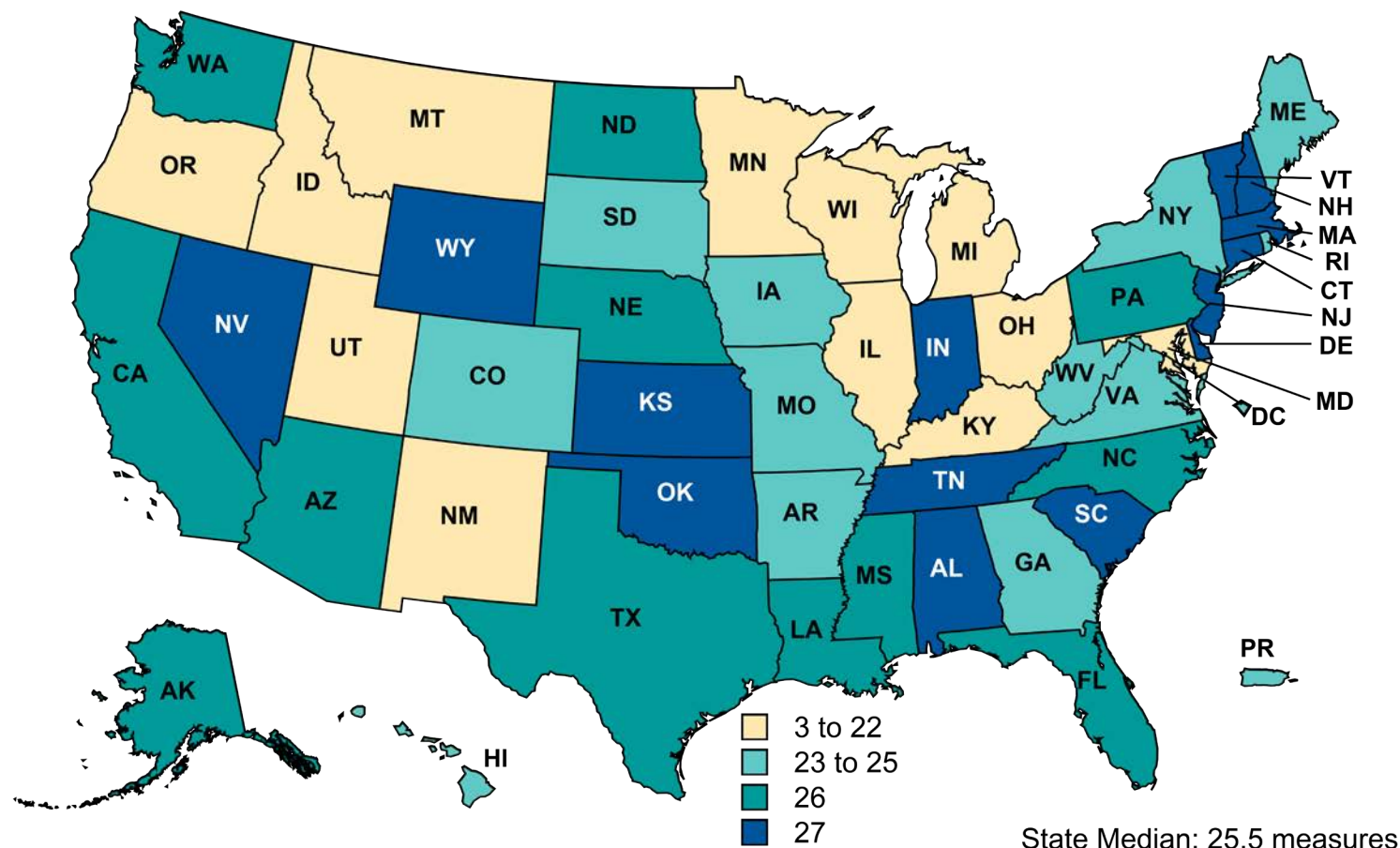
Sources: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024; Mathematica analysis of CDC WONDER data for calendar year 2022 as of October 26, 2023; and AHRQ and CMS analysis of the AHRQ CAHPS Database for the July 2022 to June 2023 data collection period as of January 24, 2024.

The 2023 Child Core Set includes 27 measures. This chart includes all Child Core Set measures that states reported for the 2023 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.

CAHPS = Consumer Assessment of Healthcare Providers and Systems; ADHD = Attention-Deficit/Hyperactivity Disorder; ED = Emergency Department; SUD = Substance Use Disorder

# Geographic Variation in the Number of 2023 Child Core Set Measures Reported by States

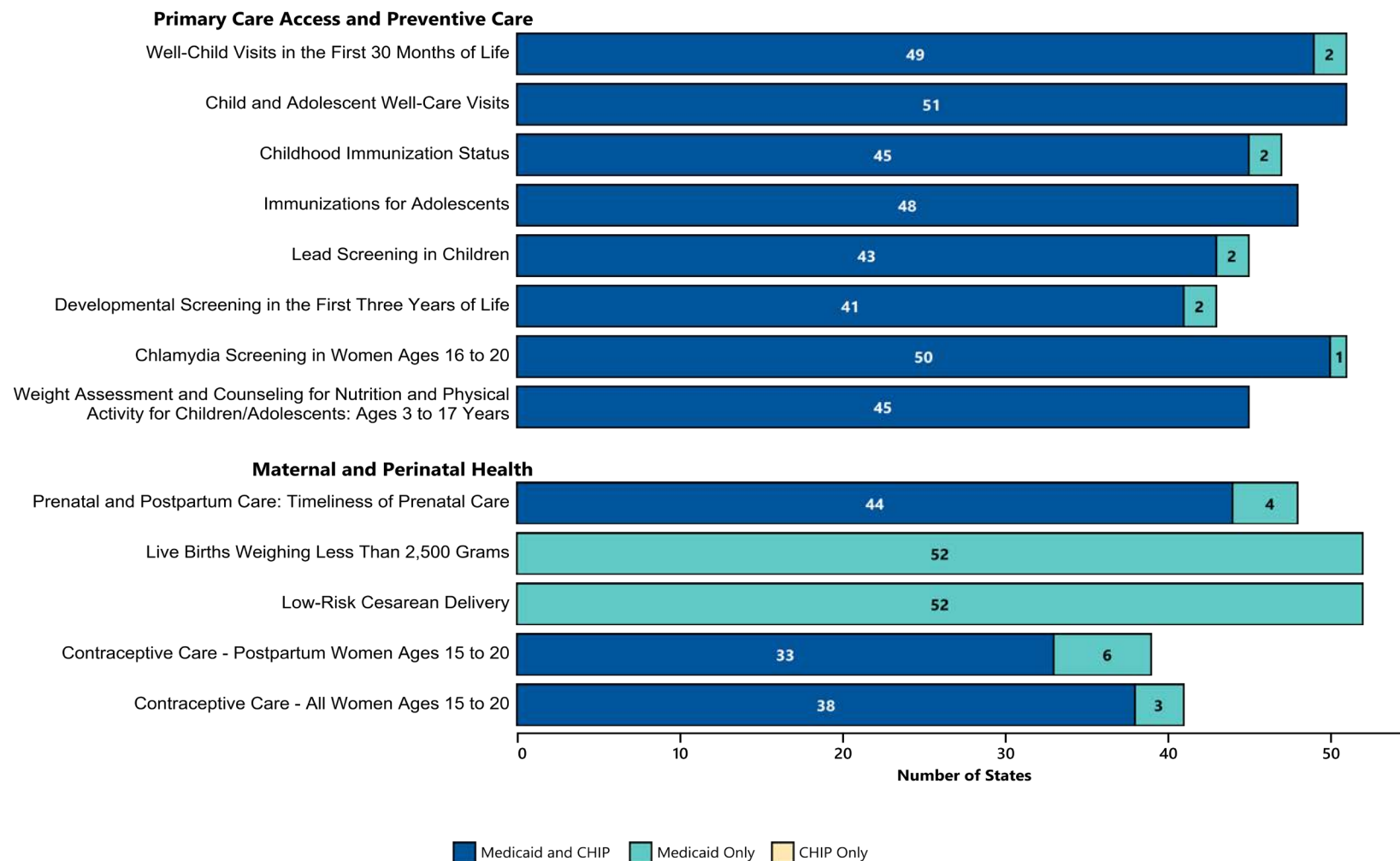


**14** states  
reported all 27  
measures in the 2023  
Child Core Set.

Sources: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024; Mathematica analysis of CDC WONDER data for calendar year 2022 as of October 26, 2023; and AHRQ and CMS analysis of the AHRQ CAHPS Database for the July 2022 to June 2023 data collection period as of January 24, 2024.

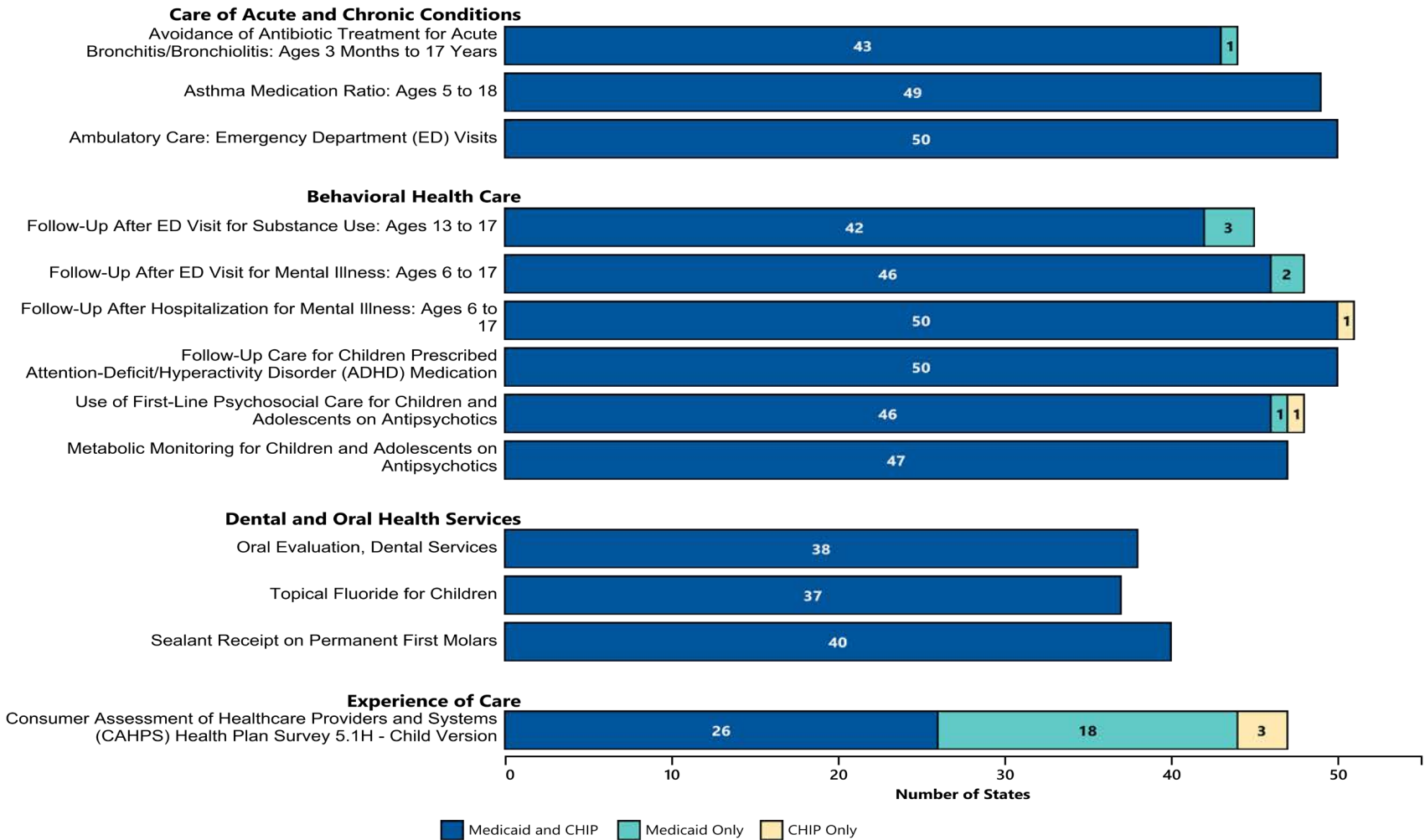
Notes: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico. The 2023 Child Core Set includes 27 measures.

# Populations Included in Publicly Reported 2023 Child Core Set Measures, 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. Chart is continued on the next slide.

# Populations Included in Publicly Reported 2023 Child Core Set Measures, By Domain (continued)



Sources: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024; Mathematica analysis of CDC WONDER data for calendar year 2022 as of October 26, 2023; and AHRQ and CMS analysis of the AHRQ CAHPS Database for the July 2022 to June 2023 data collection period as of January 24, 2024.

Note: This chart includes measures that were reported by at least 25 states for 2023 that met CMS standards for data quality. This chart only includes states that reported measures using Core Set specifications.

# 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.

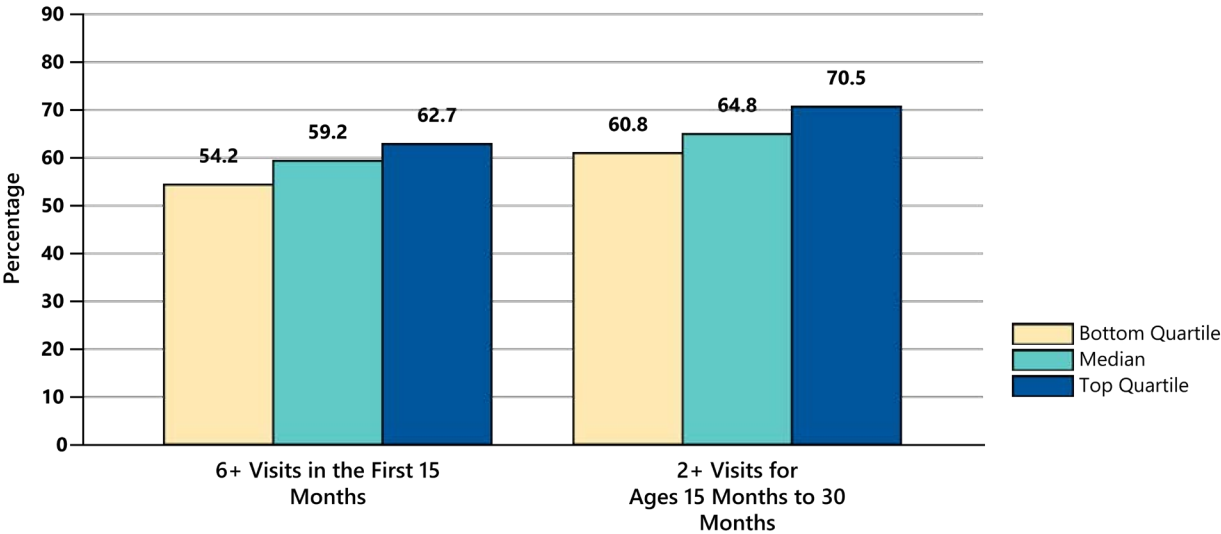
Eight Child Core Set measures of primary care access and preventive care were available for analysis for 2023. These measures are among the most frequently reported measures in the Child Core Set.

- Well-Child Visits in the First 30 Months of Life
- Child and Adolescent Well-Care Visits
- Childhood Immunization Status
- Immunizations for Adolescents
- Lead Screening in Children
- 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 six 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. Early intervention increases overall wellness and reduces medical costs. 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 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), 2023 Core Set (n = 51 states)**

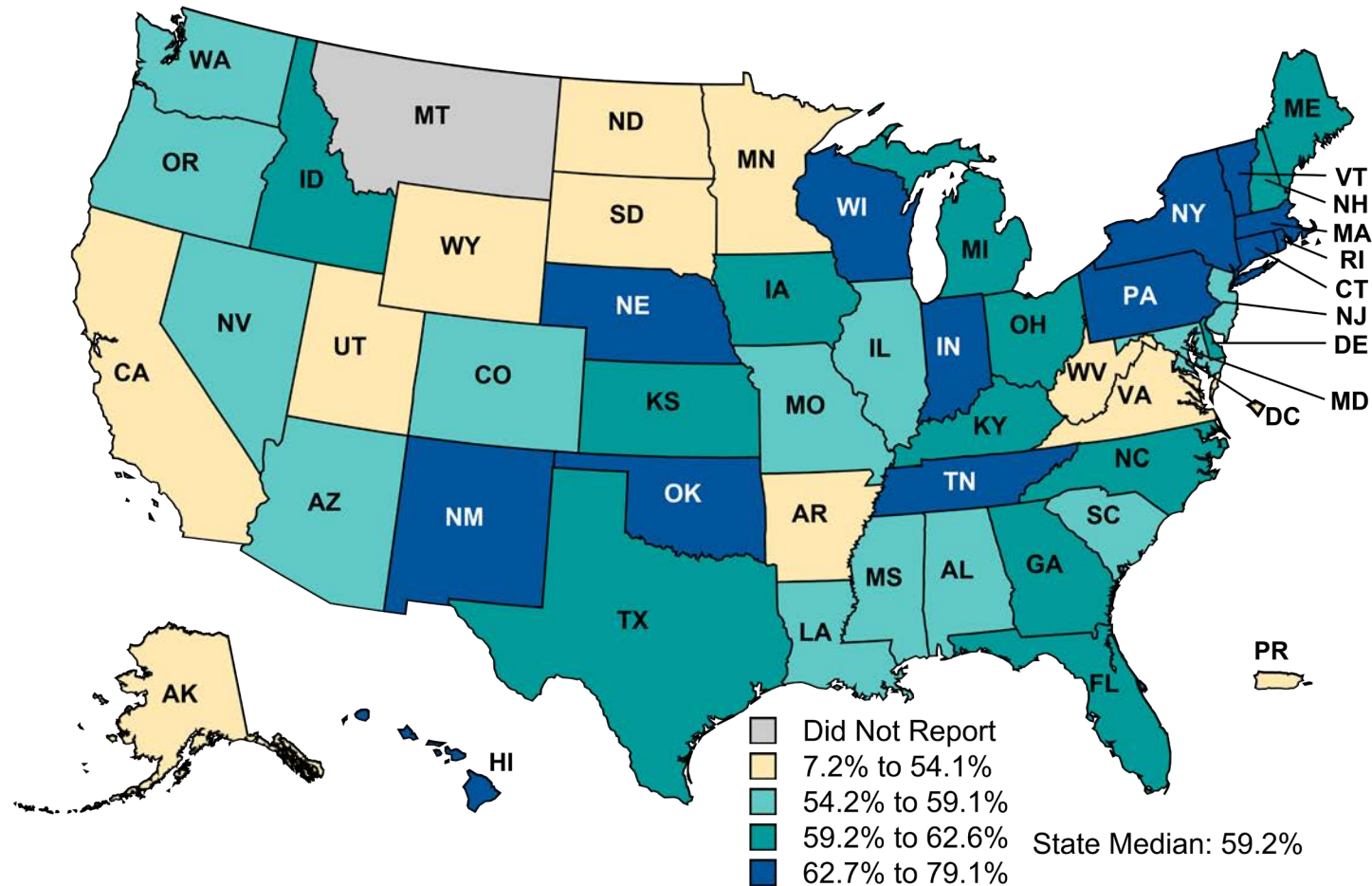


A median of **59** percent of children who turned age 15 months during calendar year 2022 received six or more well-child visits in the first 15 months of life and **65** percent of children who turned age 30 months during calendar year 2022 received two or more well-child visits between 15 and 30 months of life.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This measure shows the percentage of children who had well-child visits with a primary care practitioner (PCP) during the last 15 months. Two rates are reported: (1) children who turned age 15 months during calendar year 2022 and who had six or more well-child visits from birth to age 15 months; and (2) children who turned age 30 months during calendar year 2022 and who had two or more well-child visits from age 15 months to 30 months. 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.

## Percentage of Children Receiving 6 or More Well-Child Visits in the First 15 Months of Life (W30-CH), 2023 Core Set (n = 51 states)

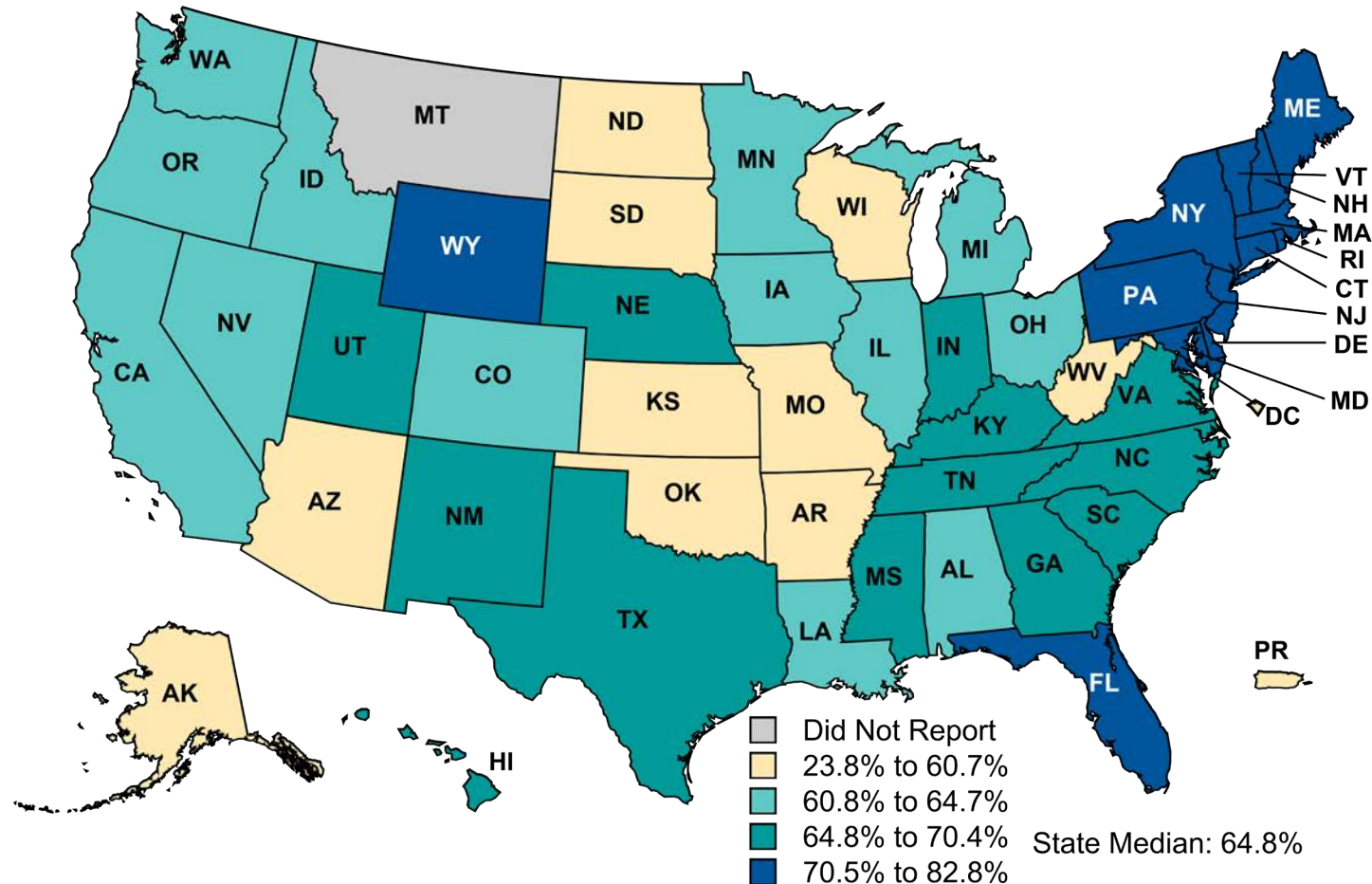


A median of  
**59** percent  
of children who turned  
age 15 months during  
calendar year 2022  
received six or more  
well-child visits in the  
first 15 months of life.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the Well-Child Visits in the First 15 Months of Life rate for the Well-Child Visits in the First 30 Months of Life 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.

## Percentage of Children Receiving 2 or More Well-Child Visits in the 15th to 30th Months of Life (W30-CH), 2023 Core Set (n = 51 states)



A median of  
**65** percent  
of children who turned  
age 30 months during  
calendar year 2022  
received two or more  
well-child visits  
between 15 and 30  
months of life.

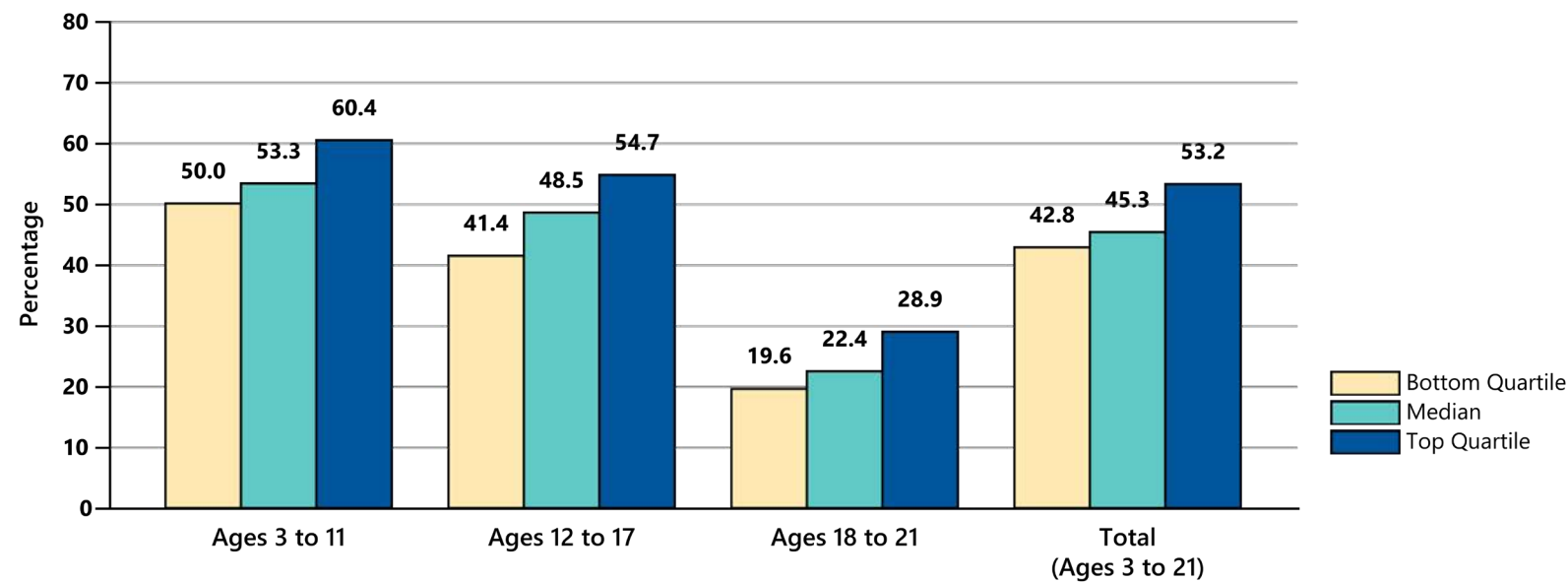
Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the Well-Child Visits in the 15th to 30th Months of Life rate for the Well-Child Visits in the First 30 Months of Life 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.

# 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. Early intervention increases overall wellness and reduces medical costs. 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.

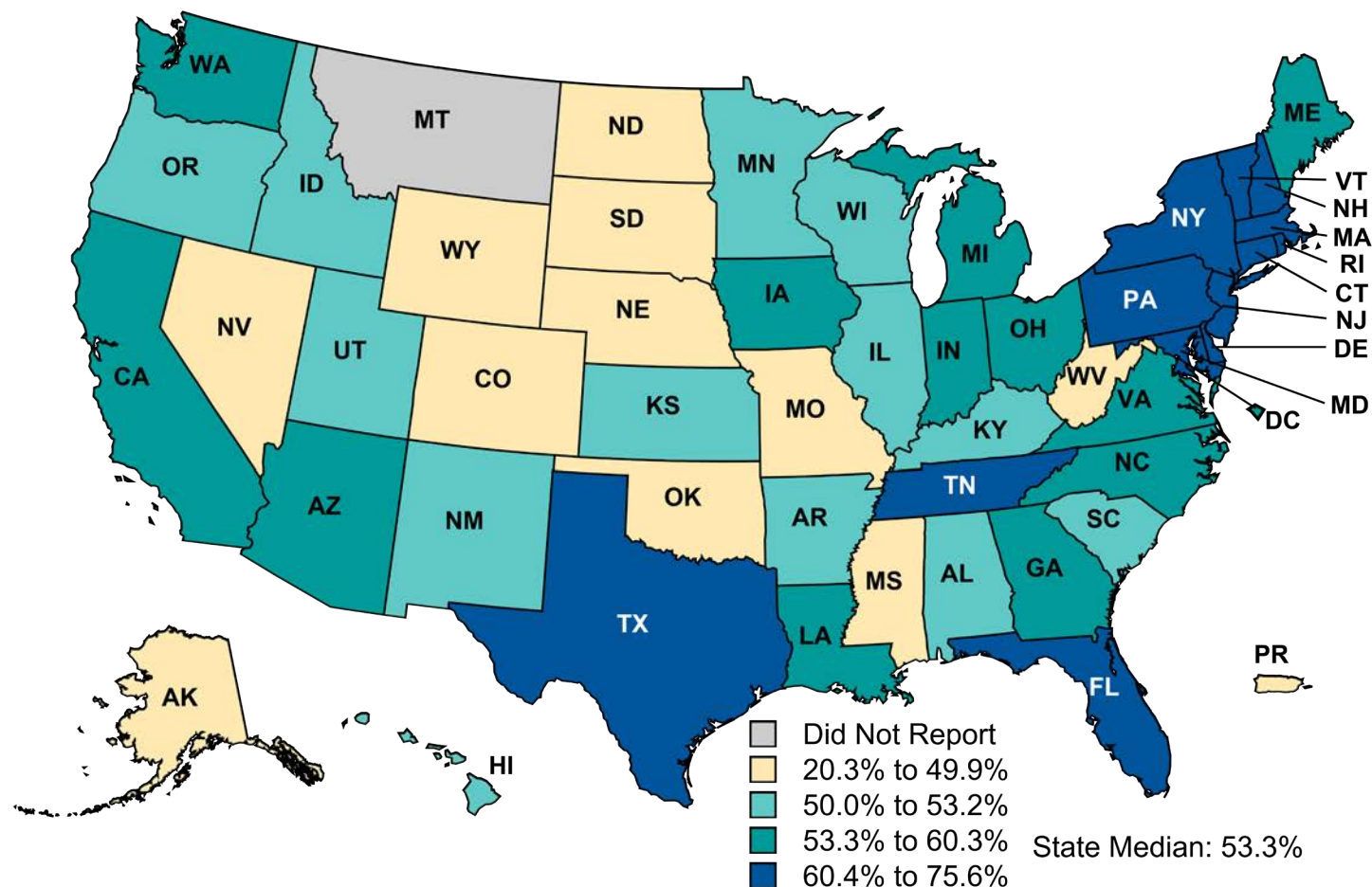
**Percentage of Children and Adolescents Ages 3 to 21 Receiving at Least One Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist (WCV-CH), 2023 Core Set (n = 51 states)**



A median of **45** percent of children and adolescents ages 3 to 21 had at least one well-care visit during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.  
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 calendar year 2022. 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.

# Percentage of Children Ages 3 to 11 Receiving at Least One Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist (WCV-CH), 2023 Core Set (n = 51 states)

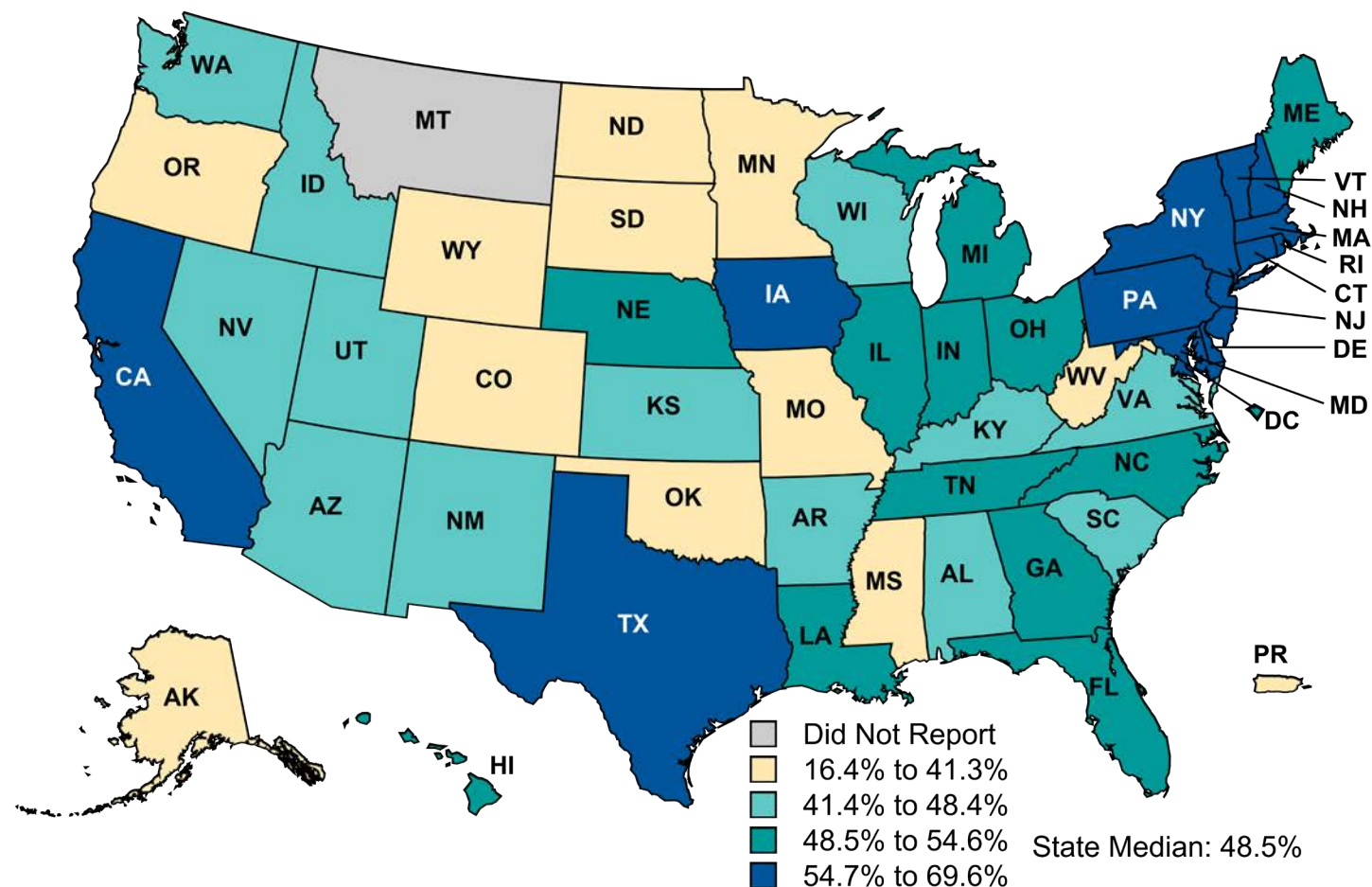


A median of  
**53** percent  
 of children ages  
 3 to 11 had at least  
 one well-care visit  
 during calendar year  
 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the Ages 3 to 11 rate for the Child and Adolescents Well-Care Visits 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.

# Percentage of Adolescents Ages 12 to 17 Receiving at Least One Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist (WCV-CH), 2023 Core Set (n = 51 states)

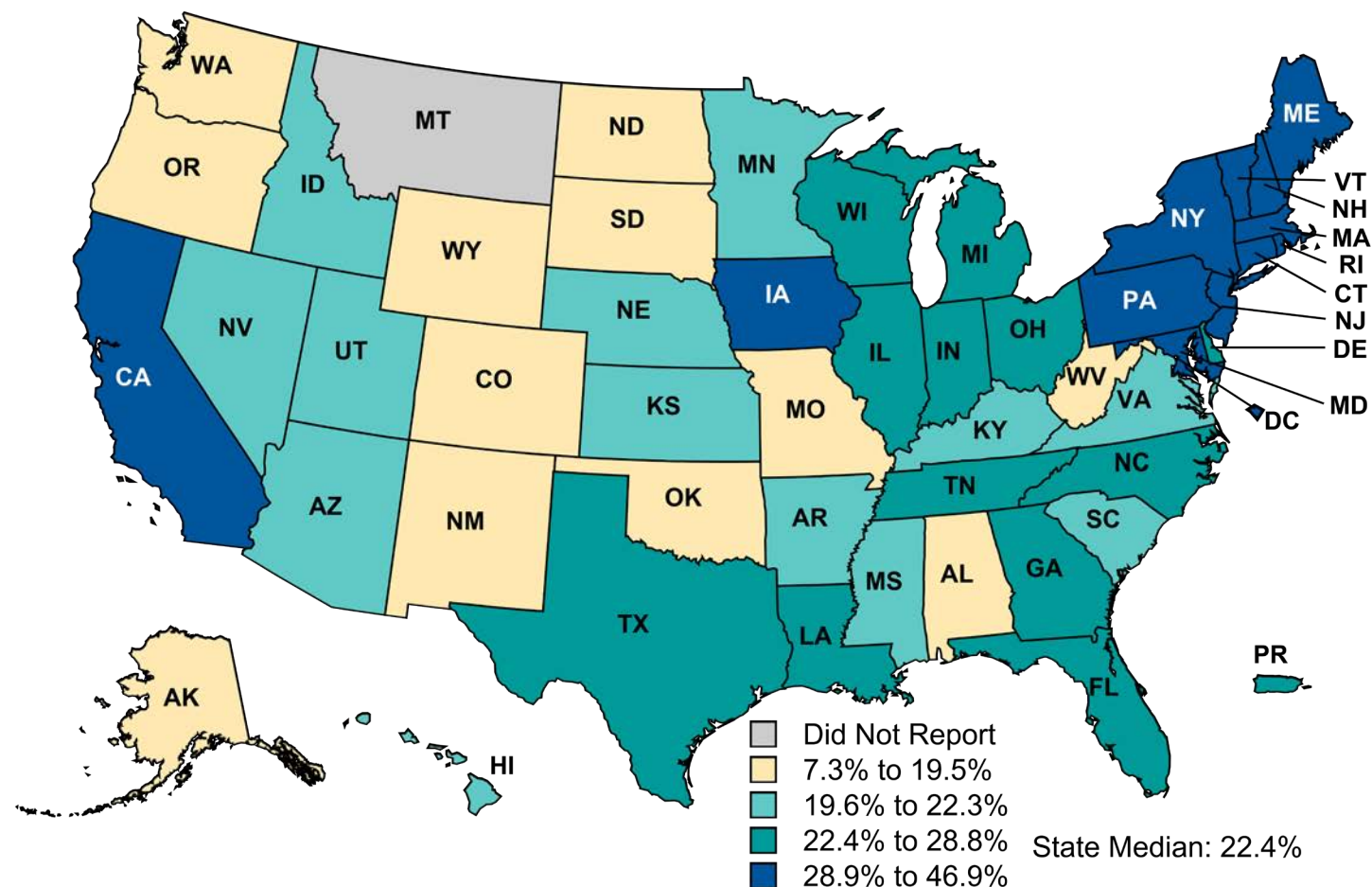


A median of  
**49** percent  
of adolescents ages  
12 to 17 had at least  
one well-care visit  
during calendar year  
2022.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the Ages 12 to 17 rate for the Child and Adolescents Well-Care Visits 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.

# Percentage of Adolescents Ages 18 to 21 Receiving at Least One Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist (WCV-CH), 2023 Core Set (n = 51 states)

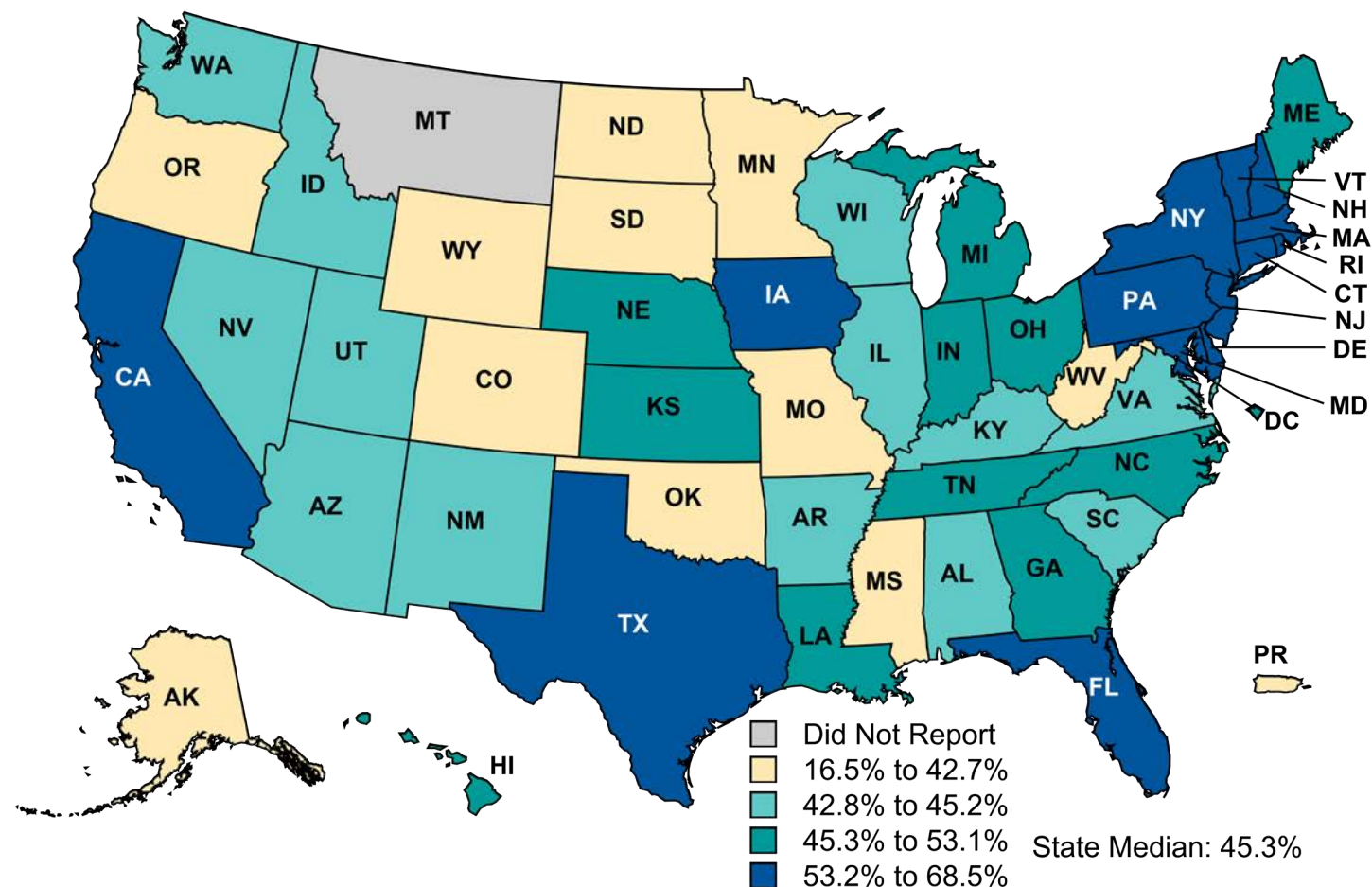


A median of  
**22** percent  
of adolescents ages  
18 to 21 had at least  
one well-care visit  
during calendar year  
2022.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the Ages 18 to 21 rate for the Child and Adolescents Well-Care Visits 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.

# 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), 2023 Core Set (n = 51 states)



A median of  
**45** percent  
of children and  
adolescents ages  
3 to 21 had at least  
one well-care visit  
during calendar year  
2022.

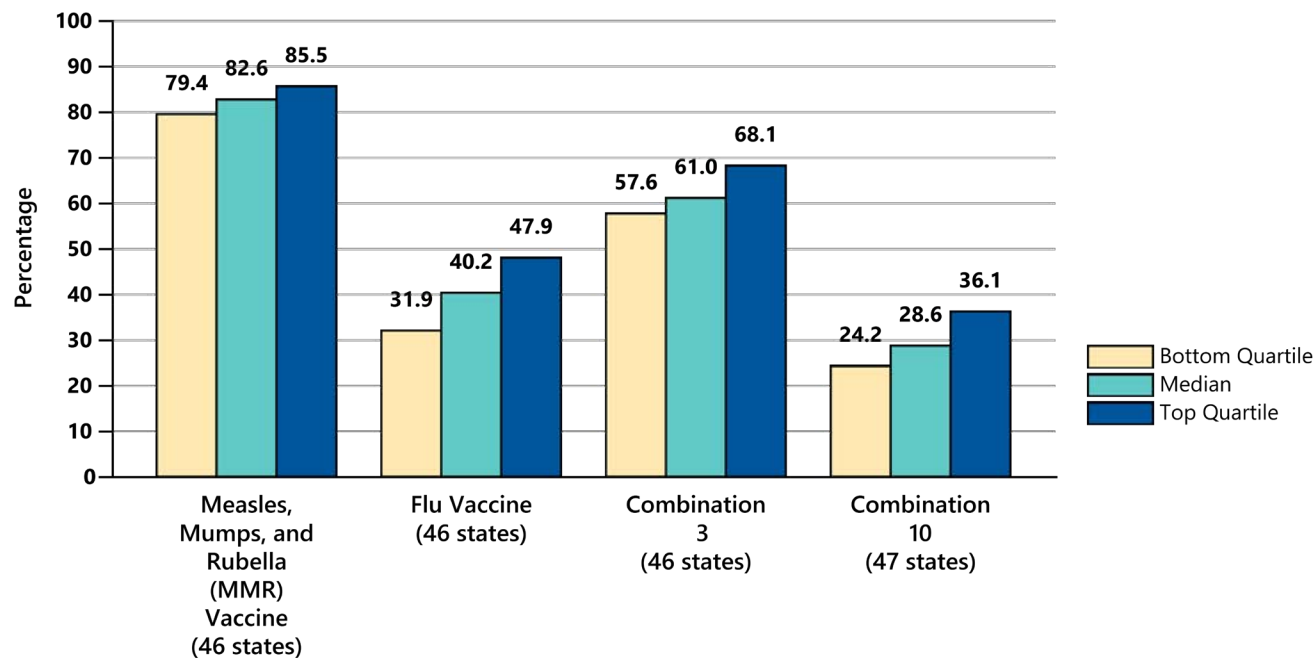
Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the Ages 3 to 21 rate for the Child and Adolescents Well-Care Visits 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.

# 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 3 combination rates.

## Percentage of Children who are Up to Date on Recommended Immunizations (Measles, Mumps, and Rubella [MMR], Influenza, Combination 3, and Combination 10) by their Second Birthday (CIS-CH), 2023 Core Set



Children who turned age 2 during calendar year 2022 had the following vaccines by their second birthday: a median of

**83** percent had an MMR vaccine,

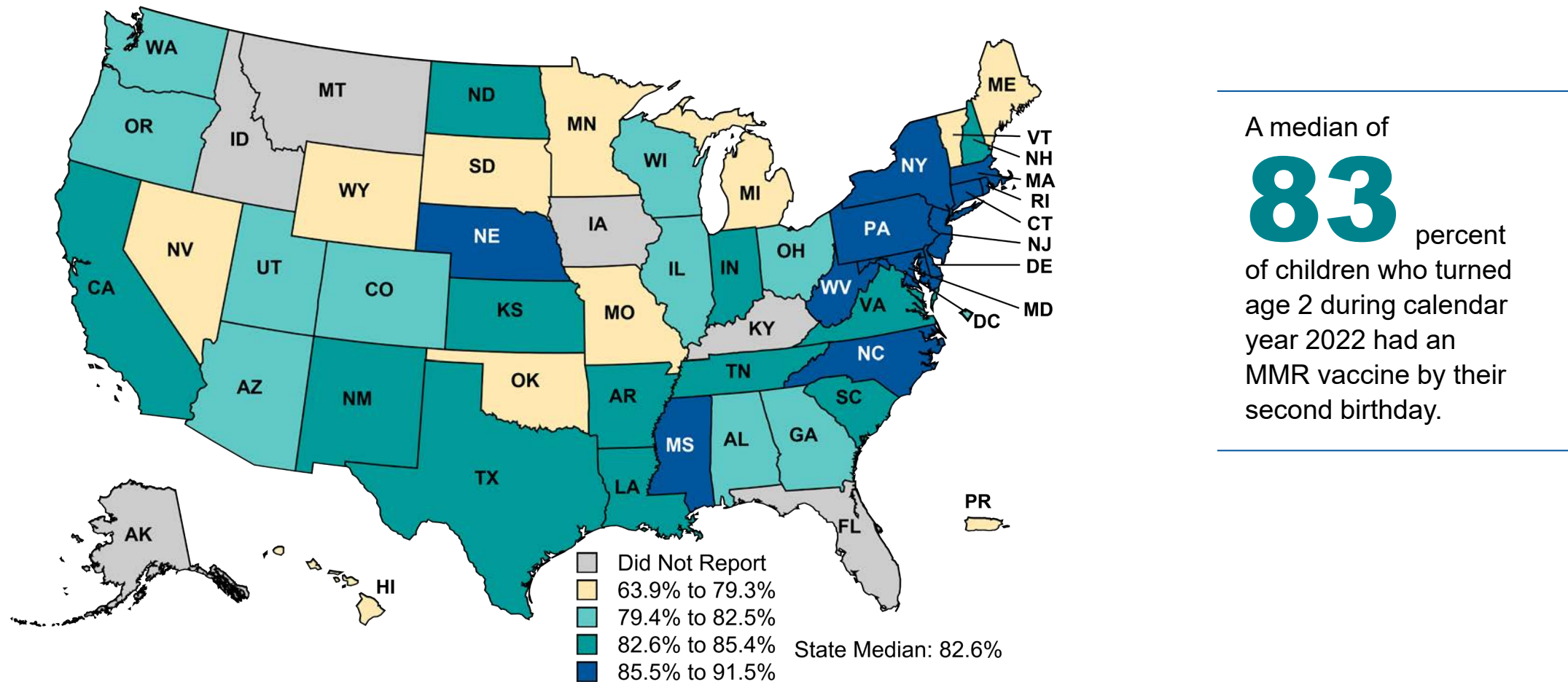
**40** percent had a flu vaccine, and

**61** percent were up to date on recommended immunizations (Combination 3).

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This measure shows the percentage of children who turned 2 during calendar year 2022 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.

# Percentage of Children who had a Measles, Mumps, and Rubella (MMR) Vaccination by their Second Birthday (CIS-CH), 2023 Core Set (n = 46 states)



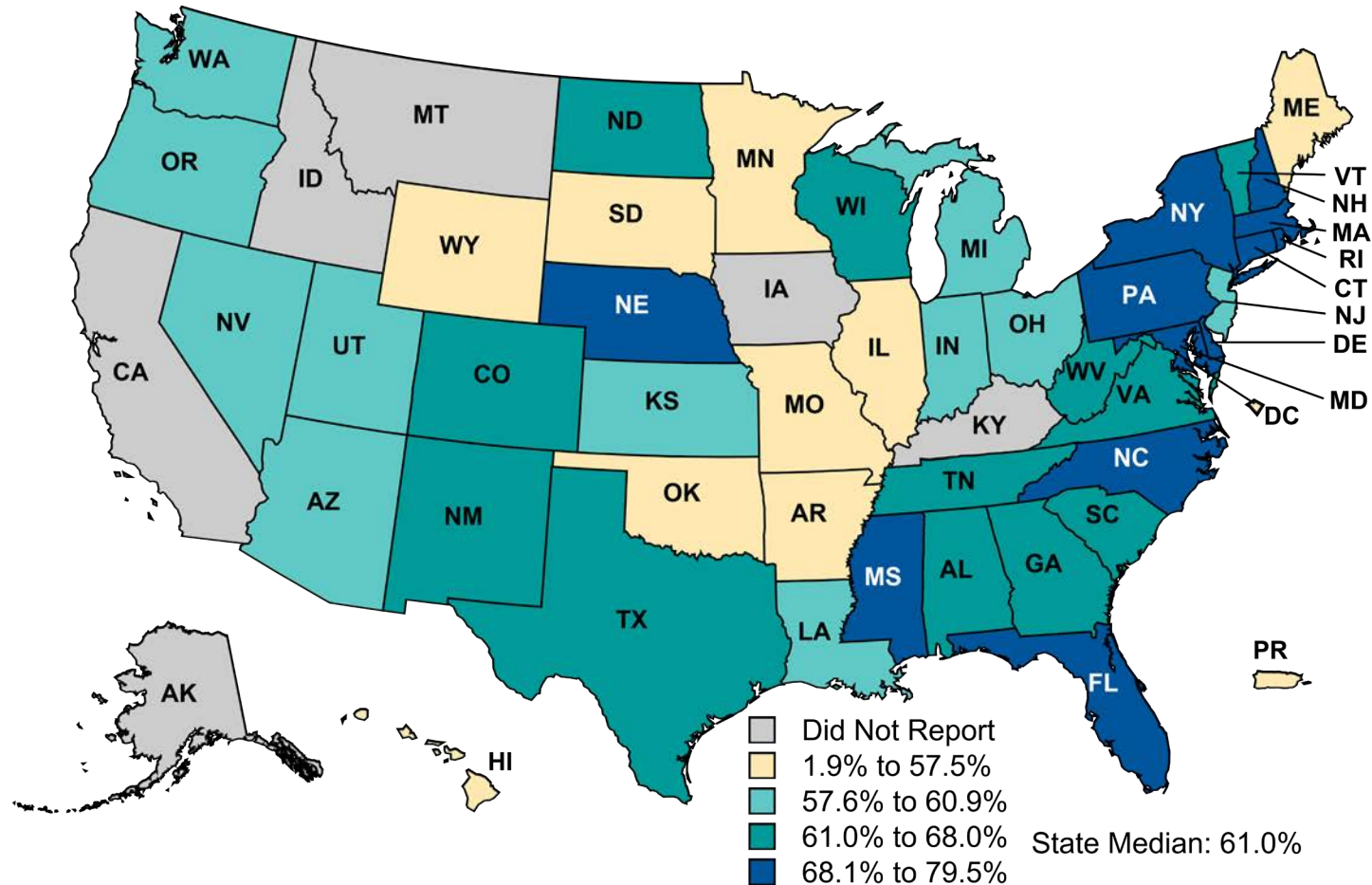
Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the MMR Vaccination rate for the Childhood Immunization Status measure. This chart excludes Florida, 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.

23



# Percentage of Children who are Up to Date on Recommended Immunizations (Combination 3) by their Second Birthday (CIS-CH), 2023 Core Set (n = 46 states)

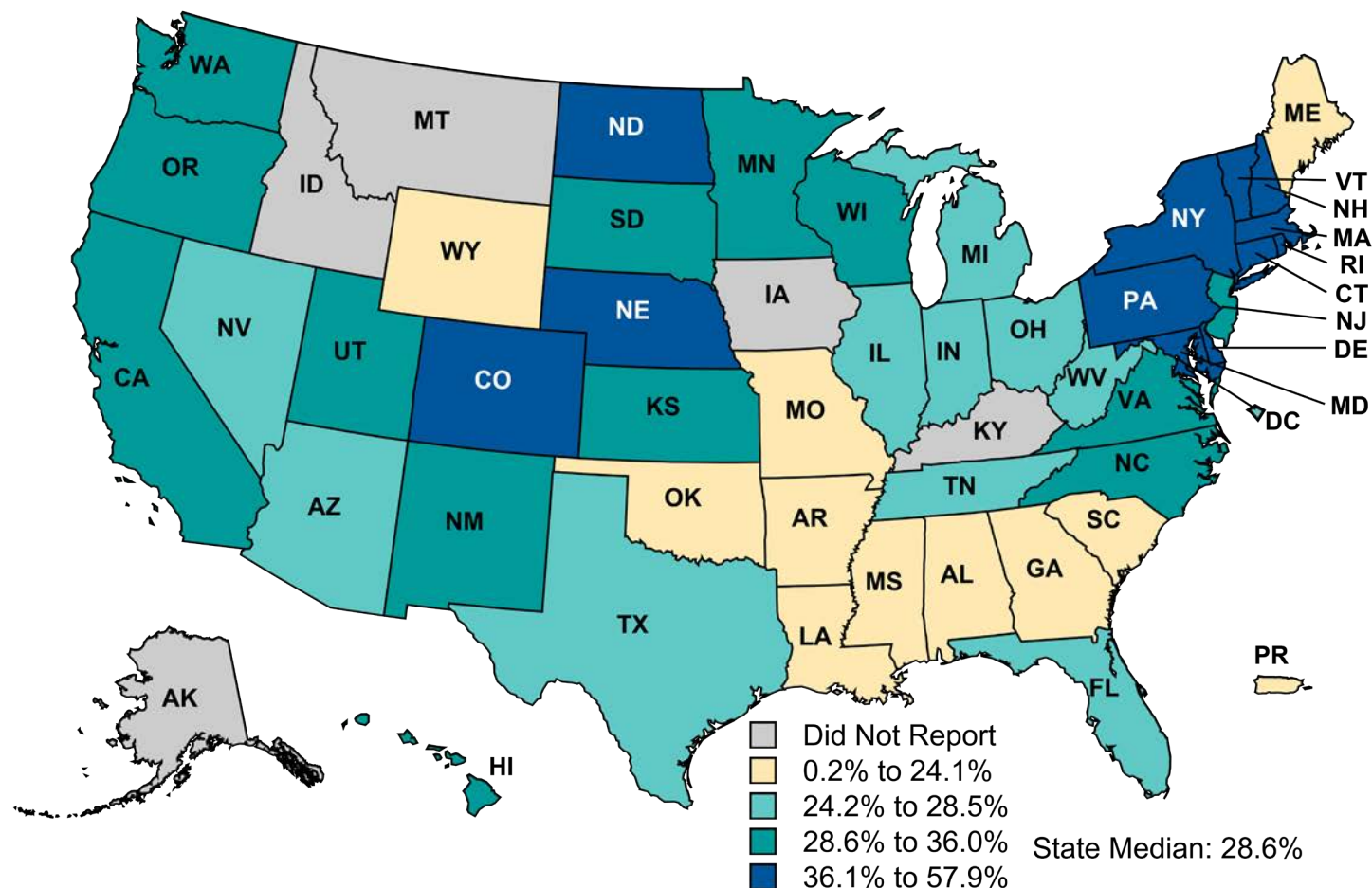


A median of **61** percent of children who turned age 2 during calendar year 2022 were up to date on recommended immunizations (Combination 3) by their second birthday.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the Combination 3 rate for the Childhood Immunization Status measure. The Combination 3 rate 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). 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.

# Percentage of Children who are Up to Date on Recommended Immunizations (Combination 10) by their Second Birthday (CIS-CH), 2023 Core Set (n = 47 states)



A median of **29** percent of children who turned age 2 during calendar year 2022 were up to date on recommended immunizations (Combination 10) by their second birthday.

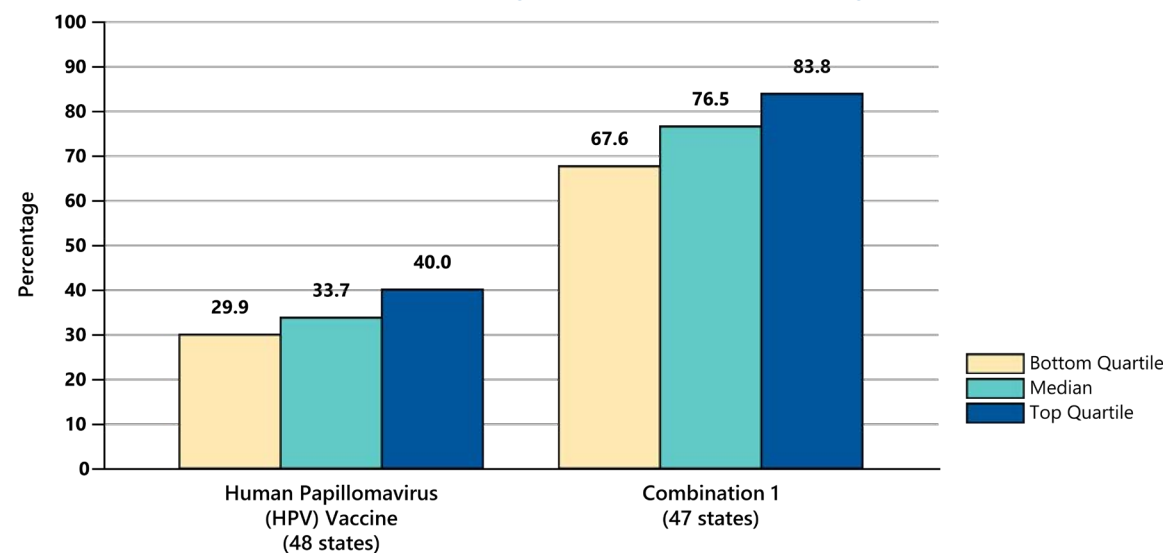
Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the Combination 10 rate for the Childhood Immunization Status measure. The Combination 10 rate 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, four doses of pneumococcal conjugate vaccine (PCV); 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.

# Immunizations for Adolescents

A key indicator of the continuity of primary care is whether adolescents are up to date on their immunizations. Continuity of primary care is essential for high-quality, cost-effective patient care. 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 who are Up to Date on Recommended Immunizations (Human Papillomavirus Vaccine and Combination 1) by their 13th Birthday (IMA-CH), 2023 Core Set



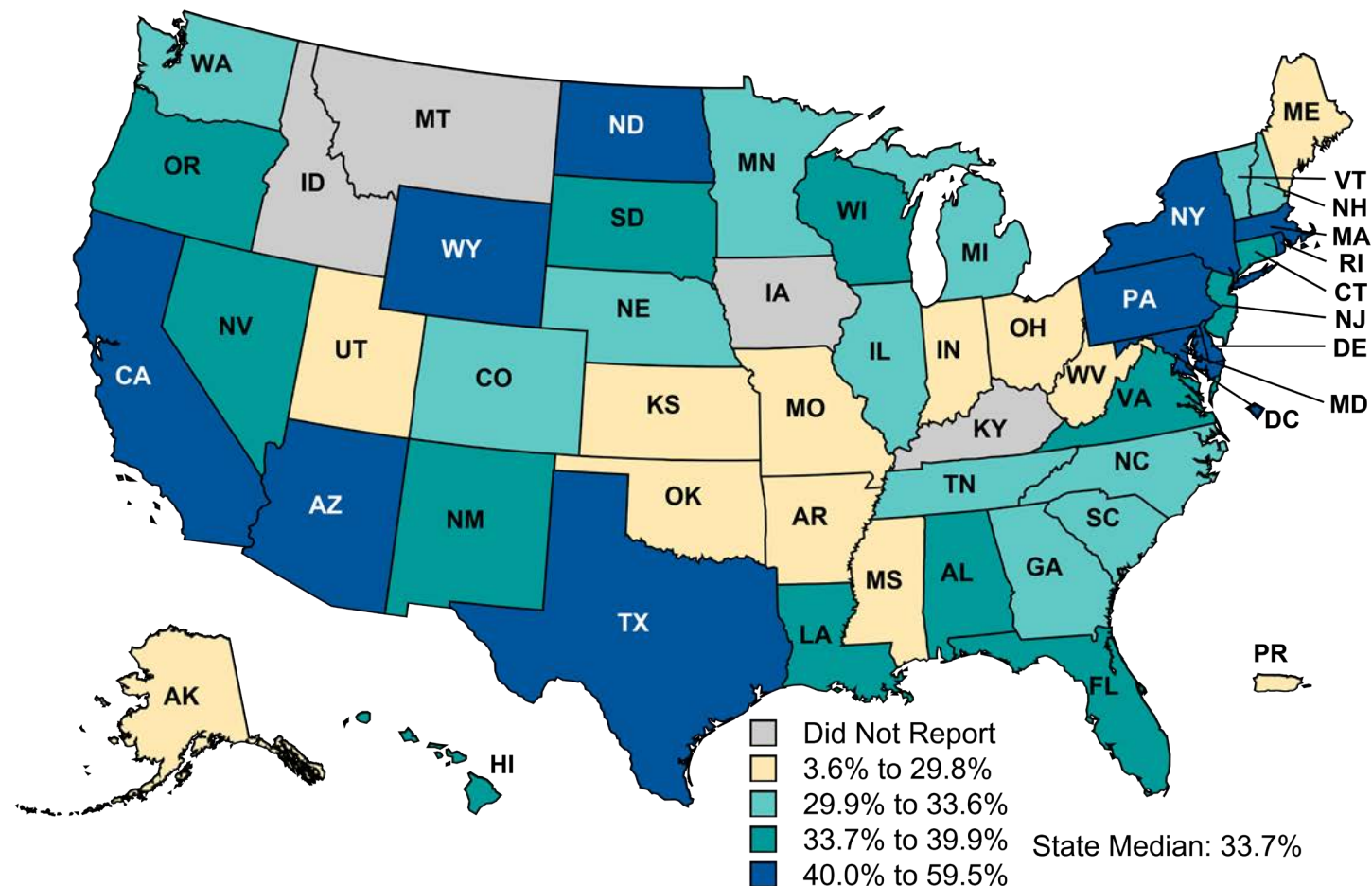
Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This measure shows the percentage of adolescents who turned 13 during calendar year 2022 who had specific vaccines and combinations of vaccines by their 13th birthday. This chart shows reporting for the human papillomavirus (HPV) vaccine rate, the percentage who received the complete HPV vaccine series from their 9th birthday through their 13th birthday; and the Combination 1 rate, the percentage who received one dose of meningococcal vaccine from their 11th birthday through their 13th birthday and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine from their 10th birthday through their 13th 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 **34** percent of adolescents who turned age 13 during calendar year 2022 were up to date on the HPV vaccine and

**77** percent were up to date on Combination 1 immunizations by their 13<sup>th</sup> birthday.

# Percentage of Adolescents who Completed the Human Papillomavirus (HPV) Vaccine Series by their 13th Birthday (IMA-CH), 2023 Core Set (n = 48 states)

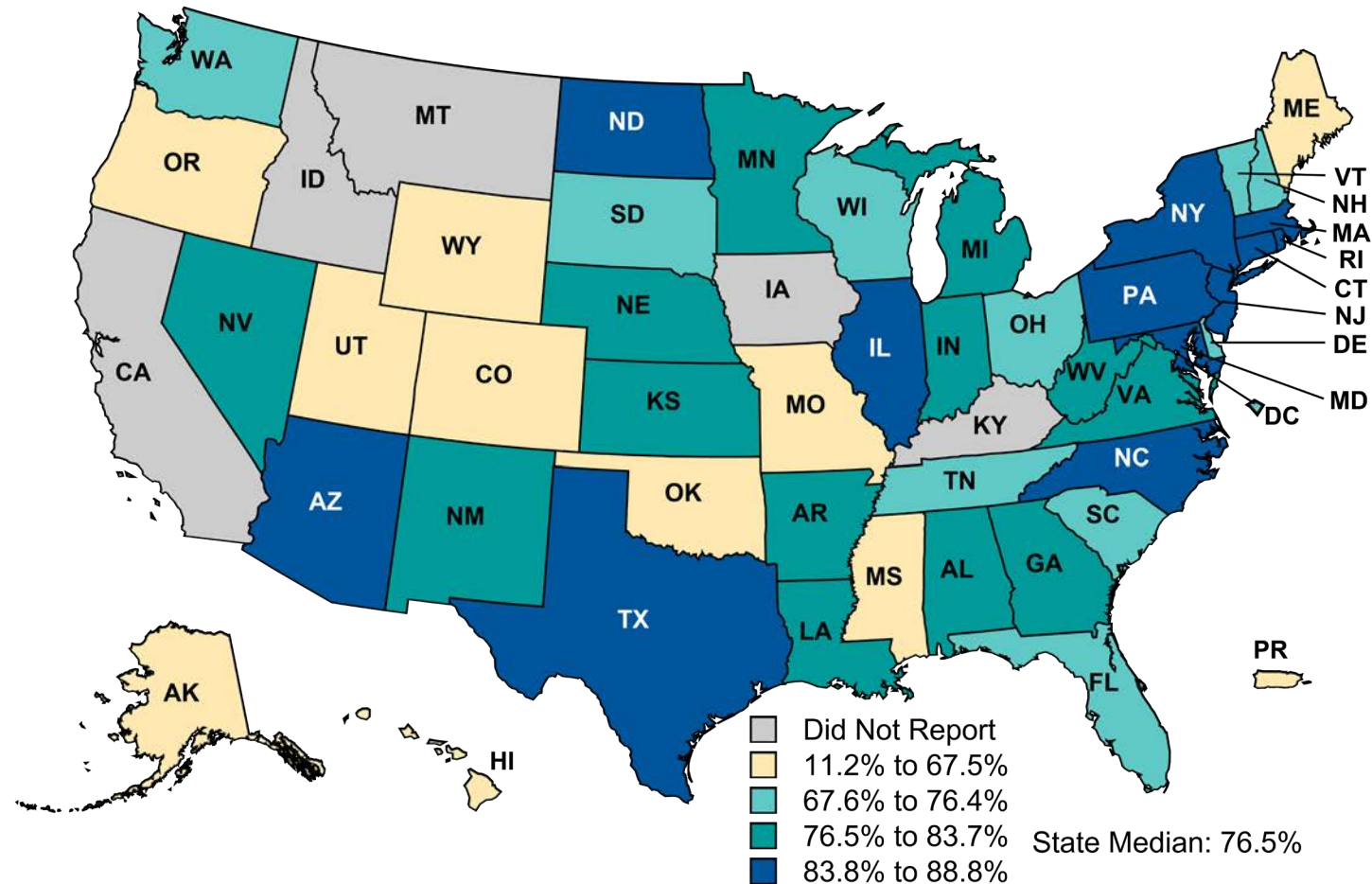


A median of  
**34** percent  
of adolescents who  
turned age 13 during  
calendar year 2022  
were up to date on the  
HPV vaccine by their  
13<sup>th</sup> birthday.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the HPV Vaccination rate for the Immunizations for Adolescents 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.

# Percentage of Adolescents who are Up to Date on Recommended Immunizations (Combination 1) by their 13th Birthday (IMA-CH), 2023 Core Set (n = 47 states)



A median of  
**77** percent  
of adolescents who  
turned age 13 during  
calendar year 2022  
were up to date on the  
Combination 1  
immunizations by their  
13<sup>th</sup> birthday.

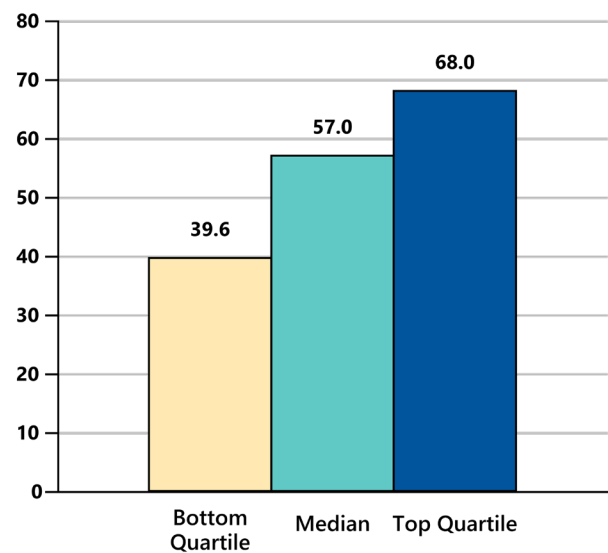
Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the Combination 1 rate for the Immunizations for Adolescents measure. The Combination 1 rate includes one dose of meningococcal vaccine from the 11th birthday through the 13th birthday and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine from the 10th birthday through the 13th birthday. This chart excludes California, which reported the measure but did not provide data for the Combination 1 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.

# Lead Screening In Children

Lead exposure can have lasting detrimental effects on children’s physical and mental health. However, most children do not have immediate symptoms. To detect and reduce the harmful effects of lead exposure, all children enrolled in Medicaid, and at state option children enrolled in separate CHIP, should receive blood lead screening tests at 12 and 24 months. Performance on this measure is being publicly reported for the first time for the 2023 Core Set.

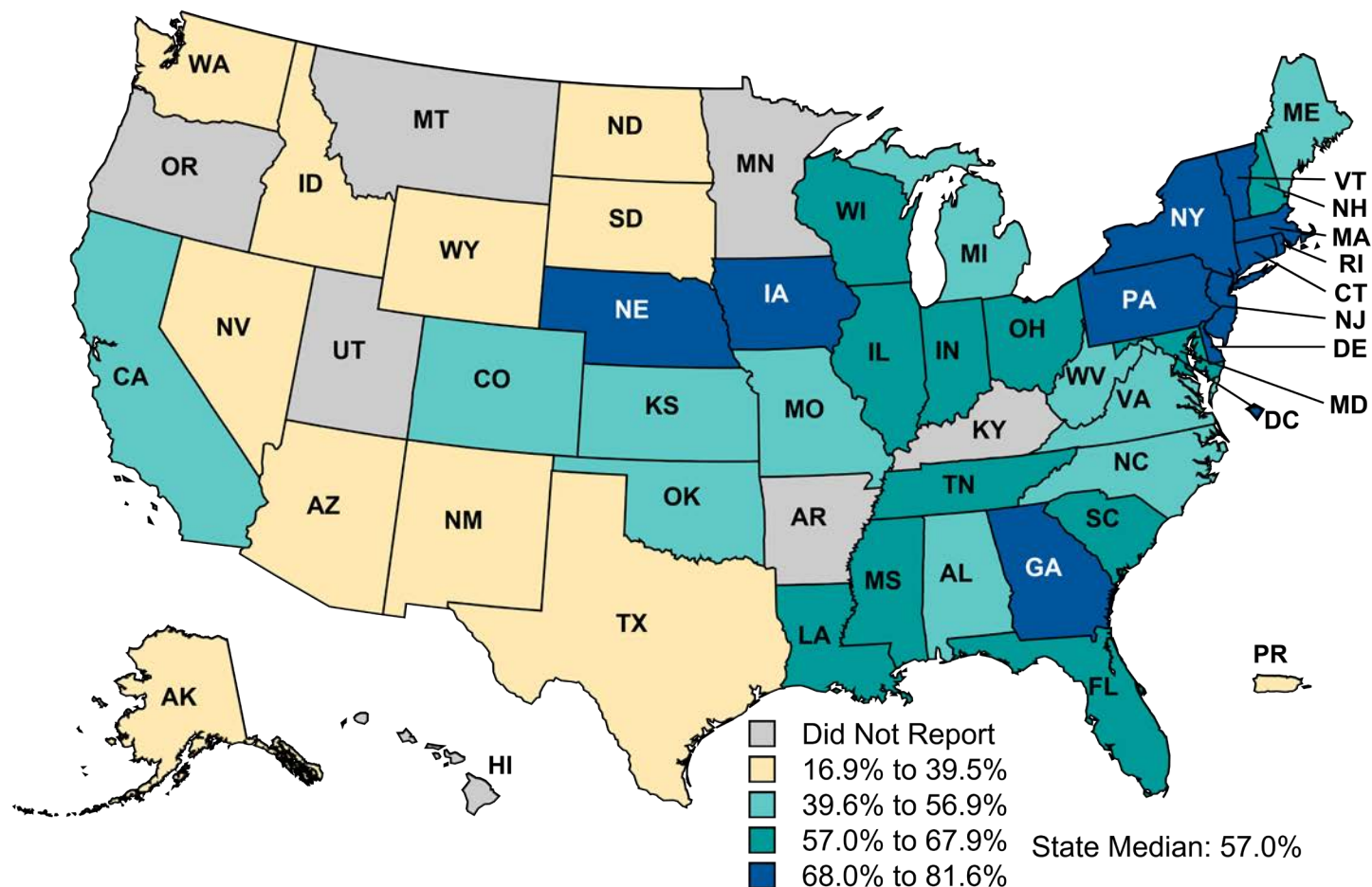
Percentage of Children who had One or More Capillary or Venous Lead Blood Tests for Lead Poisoning by their Second Birthday (LSC-CH), 2023 Core Set (n = 45 states)



A median of **57** percent of children who turned age 2 during calendar year 2022 had one or more capillary or venous lead blood tests for lead poisoning by their 2<sup>nd</sup> birthday.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.  
Notes: This measure shows the percentage of children who turned age 2 during calendar year 2022 and who had one or more capillary or venous lead blood test for lead poisoning from birth through their second 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.

## Lead Screening In Children (LSC-CH), 2023 Core Set (n = 45 states)



A median of **57** percent of children who turned age 2 during calendar year 2022 had one or more capillary or venous lead blood tests for lead poisoning by their 2<sup>nd</sup> birthday.

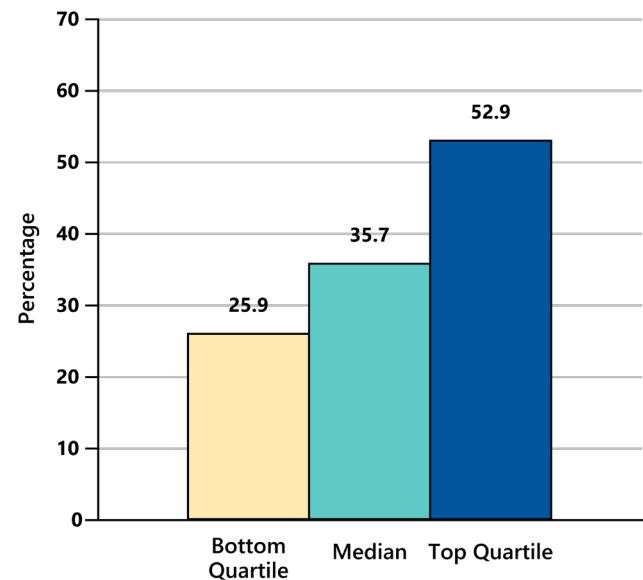
Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

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.

# 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 in the 12 Months Preceding or on their First, Second, or Third Birthday (DEV-CH), 2023 Core Set (n = 43 states)**

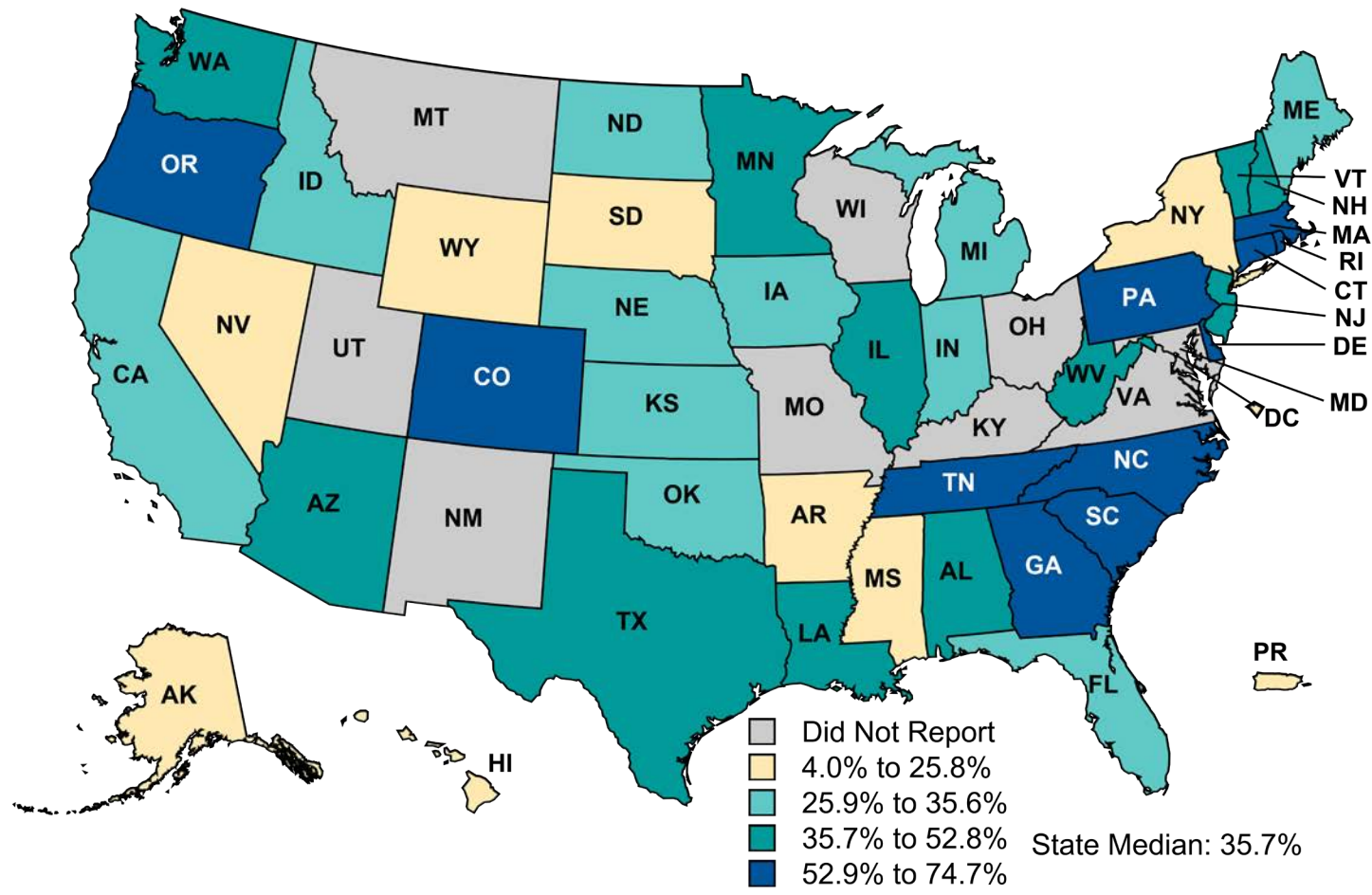


A median of **36** percent of children who turned 1, 2, or 3 during calendar year 2022 were screened for risk of developmental, behavioral, and social delays using a standardized tool in the 12 months preceding or on their first, second, or third birthday.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This measure shows the percentage of children who turned 1, 2, or 3 during calendar year 2022 and who were 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.

# Developmental Screening in the First Three Years of Life (DEV-CH), 2023 Core Set (n = 43 states)



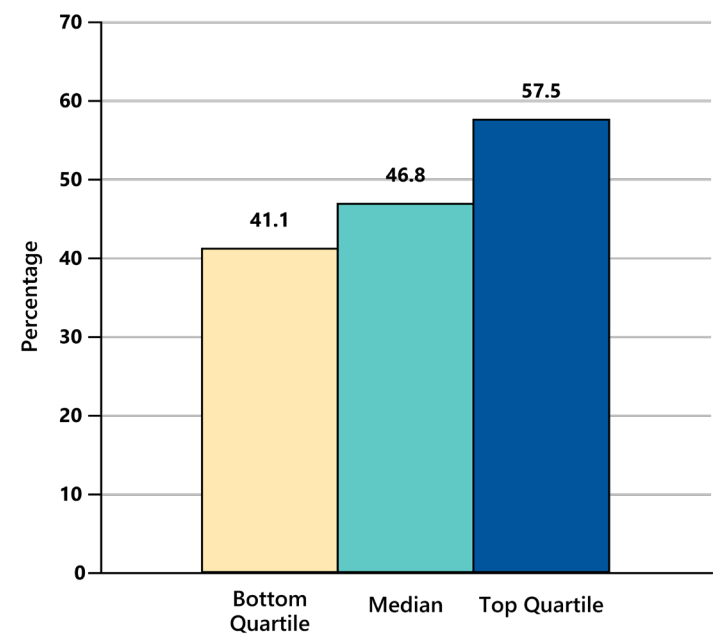
A median of **36** percent of children who turned 1, 2, or 3 during calendar year 2022 were screened for risk of developmental, behavioral, and social delays using a standardized tool in the 12 months preceding or on their first, second, or third birthday.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.  
Notes: 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.

# 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.

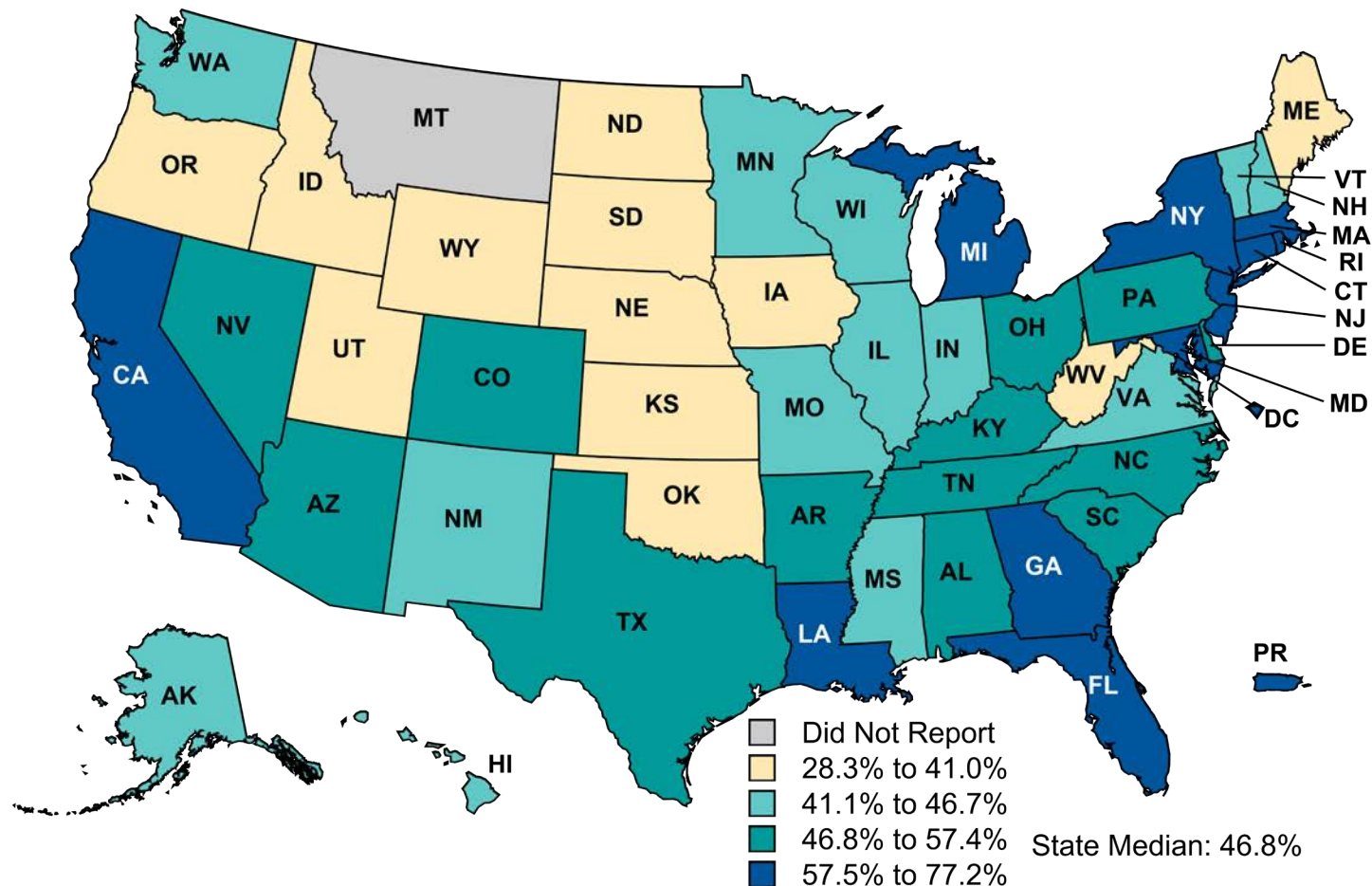
Percentage of Sexually Active Women Ages 16 to 20 who had at Least One Test for Chlamydia (CHL-CH), 2023 Core Set (n = 51 states)



A median of **47** percent of sexually active women ages 16 to 20 had at least one test for chlamydia during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.  
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 calendar year 2022. 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 (CHL-CH), 2023 Core Set (n = 51 states)



A median of  
**47** percent  
of sexually active  
women ages 16 to 20  
had at least one test  
for chlamydia during  
calendar year 2022.

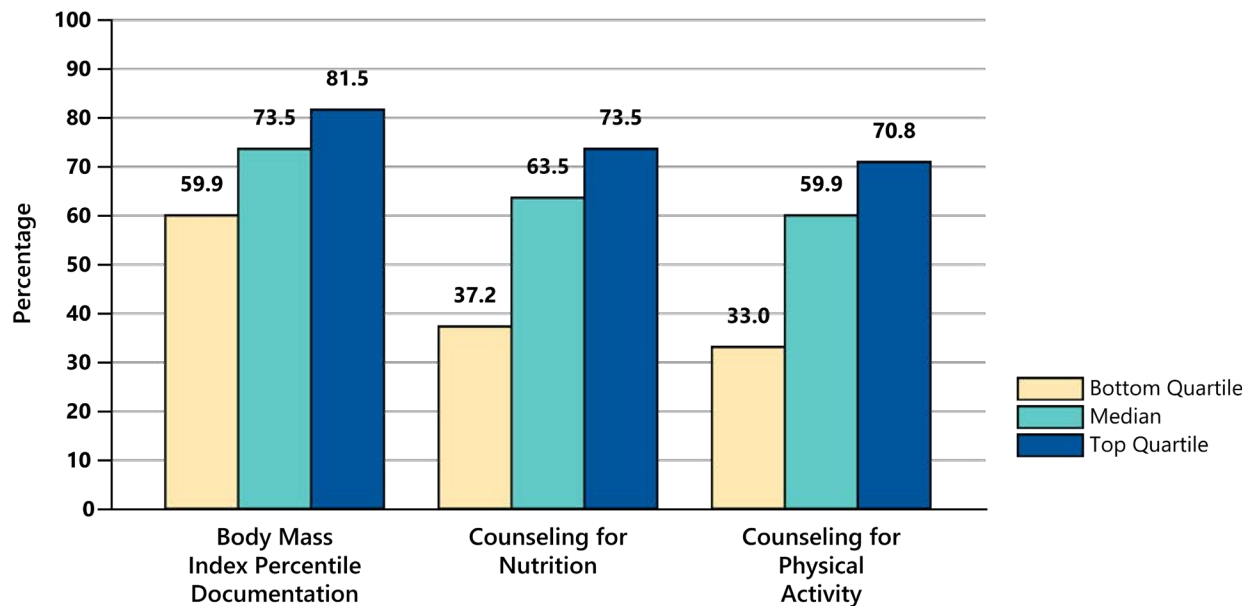
Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

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.

# 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 an 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.

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), 2023 Core Set (n = 45 states)



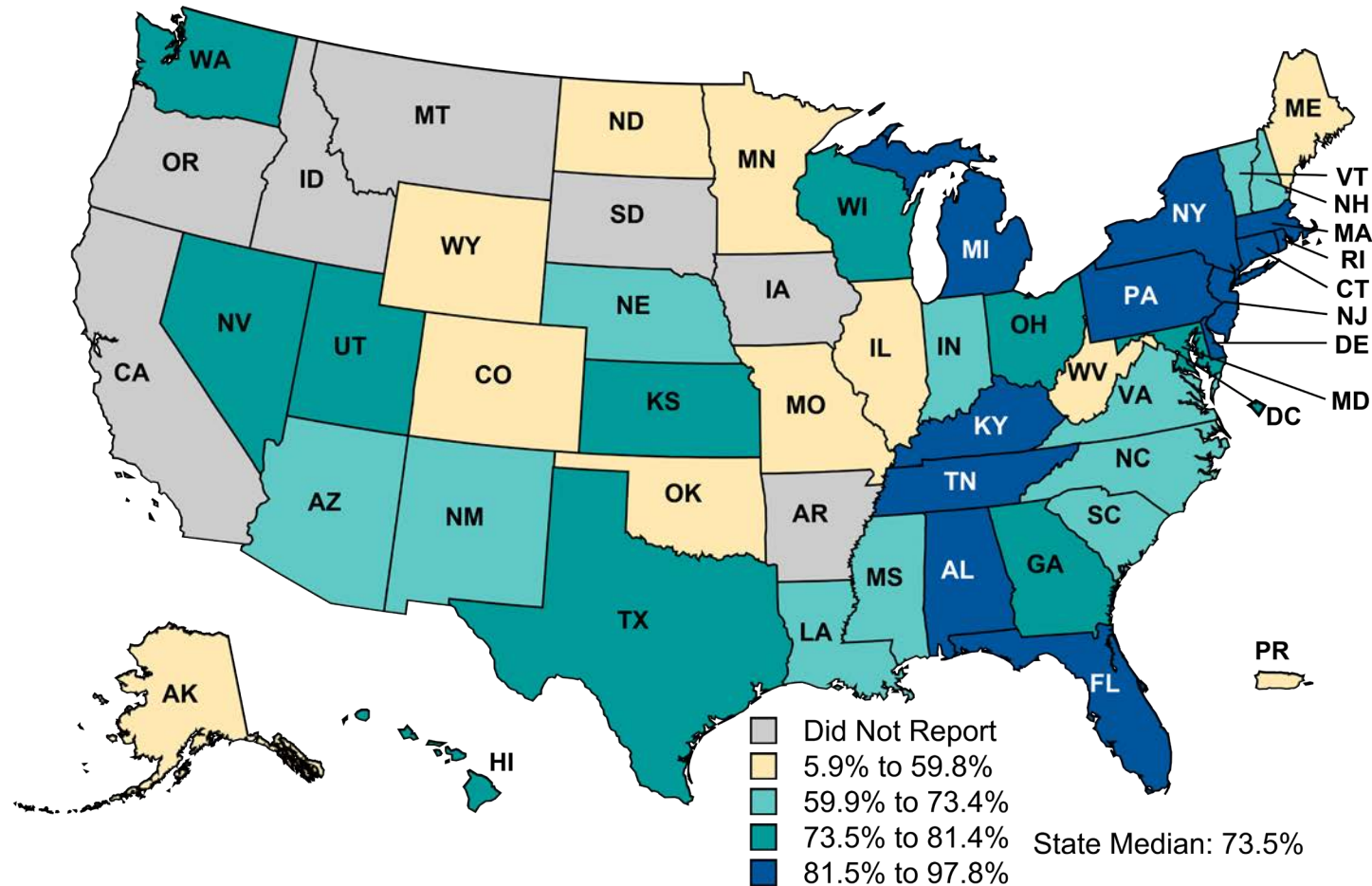
A median of **74** percent of children and adolescents ages 3 to 17 with an outpatient visit during calendar year 2022 had their BMI percentile documented, **64** percent received counseling for nutrition, and **60** percent received counseling for physical activity.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

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 calendar year 2022: (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.

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# 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), 2023 Core Set (n = 45 states)



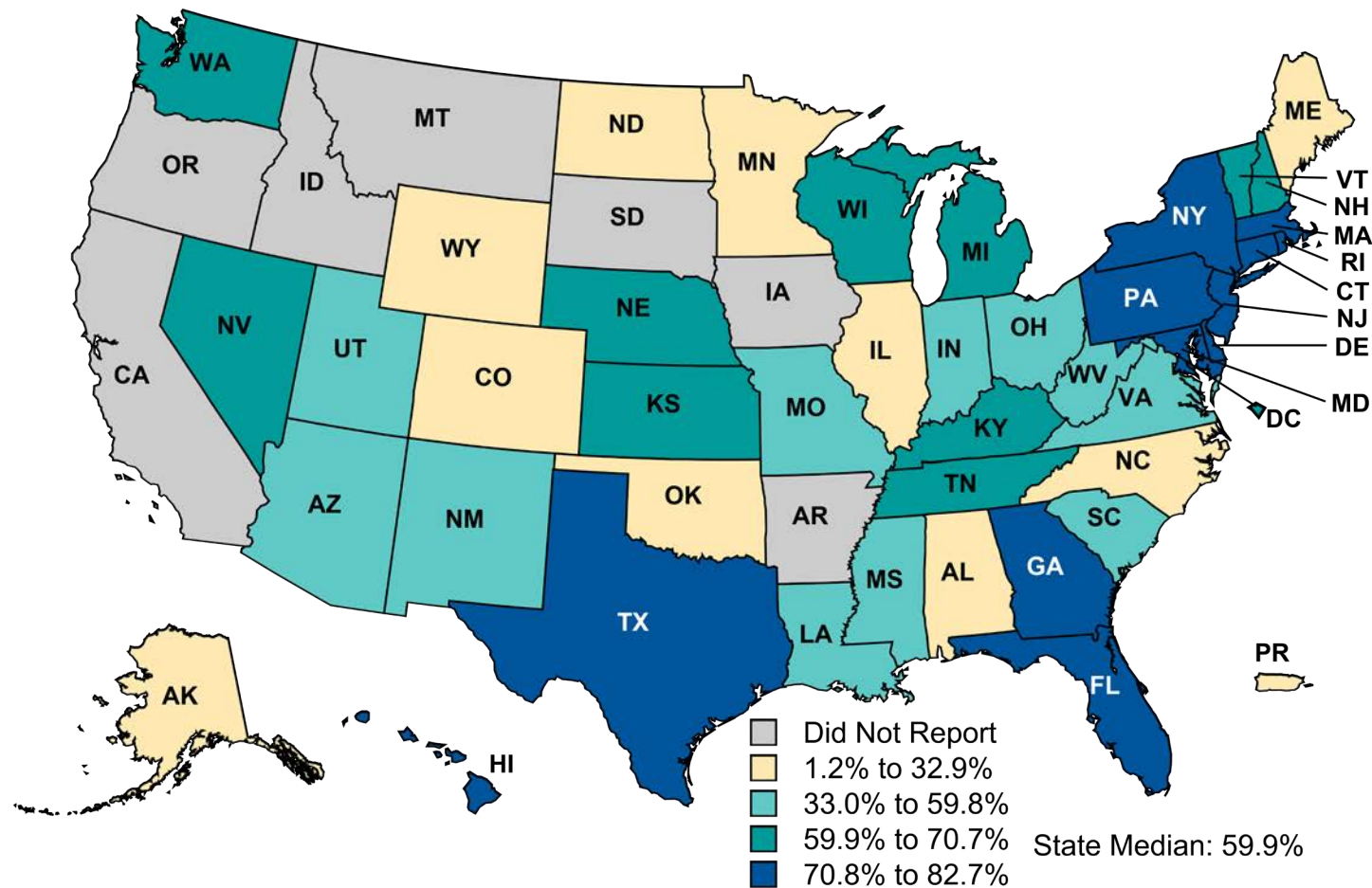
A median of **74** percent of children and adolescents ages 3 to 17 with an outpatient visit during calendar year 2022 had their BMI percentile documented.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the Body Mass Index Percentile Documentation rate for the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents measure. 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.



# 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), 2023 Core Set (n = 45 states)



A median of **60** percent of children and adolescents ages 3 to 17 with a primary care visit during calendar year 2022 received counseling for physical activity.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the Counseling for Physical Activity rate for the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents measure. 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.

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# 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.<sup>1</sup> 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 2023.

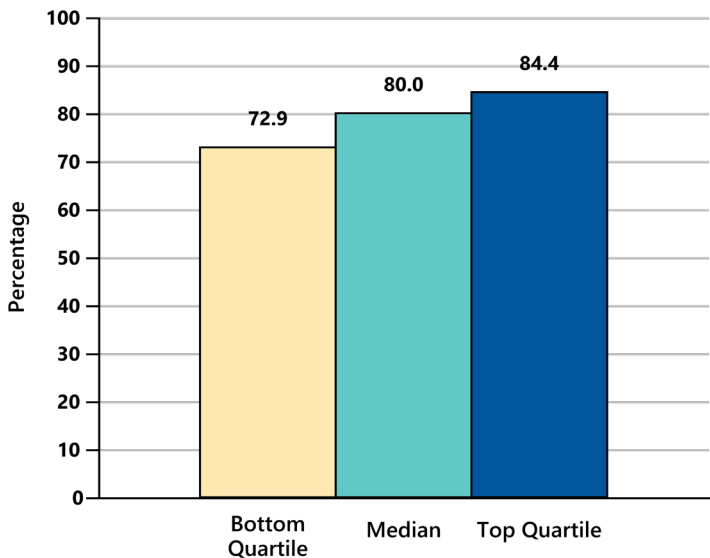
- Prenatal and Postpartum Care: Timeliness of Prenatal Care
- Live Births Weighing Less Than 2,500 Grams
- Low-Risk Cesarean Delivery
- Contraceptive Care - Postpartum Women Ages 15 to 20
- Contraceptive Care - All Women Ages 15 to 20

<sup>1</sup> <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.

**Percentage of Deliveries of Live Births 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), 2023 Core Set (n = 48 states)**



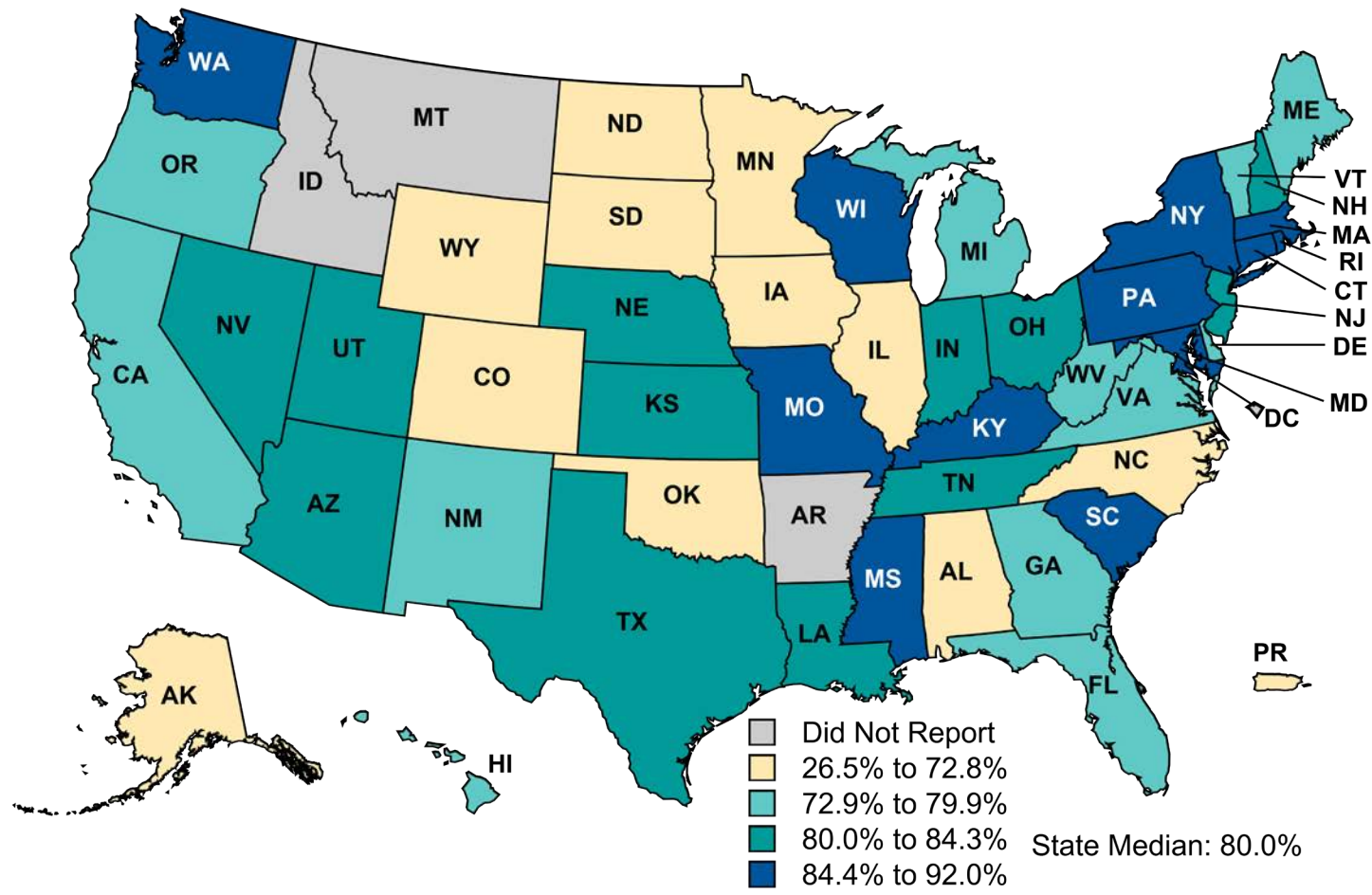
A median of **80** percent of live deliveries of live births from October 8, 2021 to October 7, 2022 had a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of Medicaid or CHIP enrollment.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This measure shows the percentage of deliveries of live births from October 8, 2021 to October 7, 2022 that had a prenatal care visit in the first trimester (176 to 208 days before the delivery date), 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.

# Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH), 2023

## Core Set (n = 48 states)



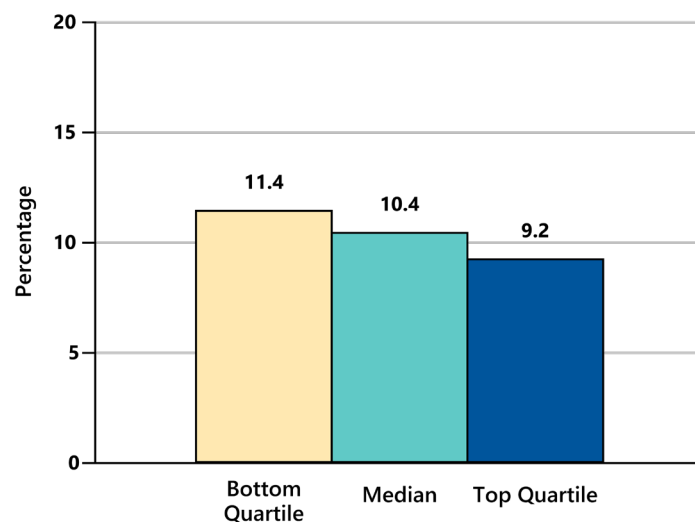
A median of **80** percent of live deliveries of live births from October 8, 2021 to October 7, 2022 had a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of Medicaid or CHIP enrollment.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.  
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

Medicaid is the largest payer for maternity care in the United States. 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), 2023 Core Set (n = 52 states) [Lower rates are better for this measure]



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A median of  
**10** percent  
of live births financed  
by Medicaid during  
calendar year 2022  
weighed less than  
2,500 grams at birth.

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Source: Mathematica analysis of the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2022 as of October 26, 2023.

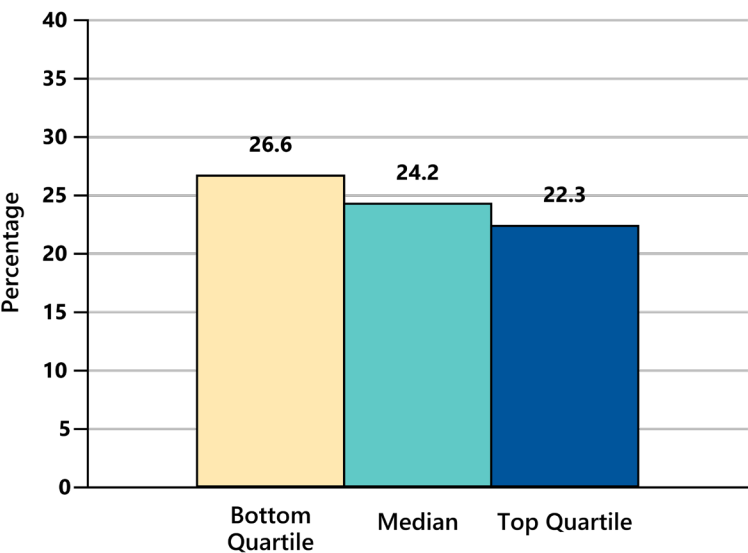
Notes: This measure shows the percentage of live births during calendar year 2022 that weighed less than 2,500 grams at birth. For all states, state-level rates were calculated for LBW-CH using natality data submitted by states and compiled by the National Center for Health Statistics (NCHS) in CDC WONDER.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



# 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. 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), 2023 Core Set (n = 52 states) [Lower rates are better for this measure]**



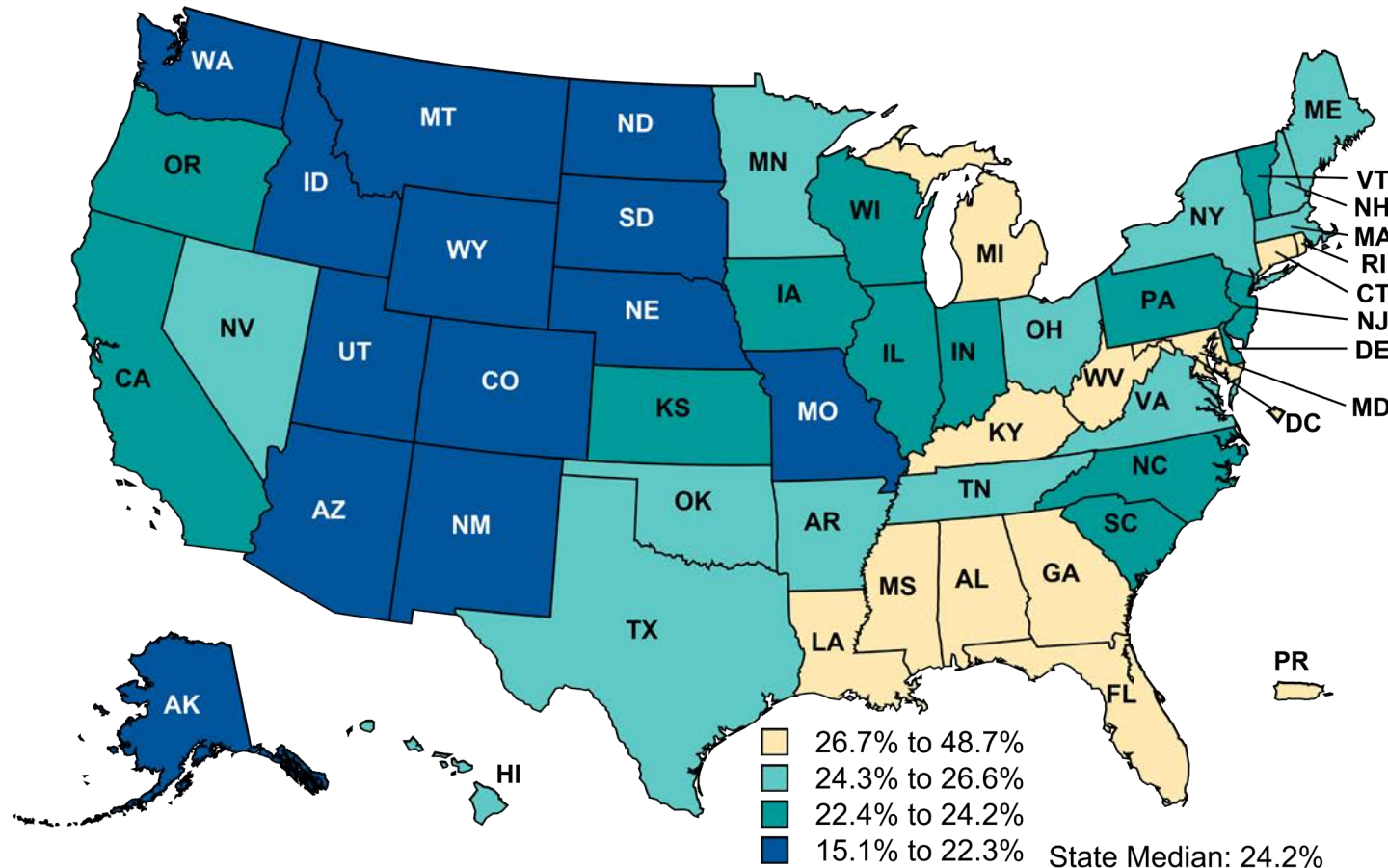
A median of **24** percent of low-risk births financed by Medicaid during calendar year 2022 were delivered by cesarean.

Source: Mathematica analysis of the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2022 as of October 26, 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 calendar year 2022. For all states, state-level rates were calculated for LRCD-CH 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. The term “states” includes the 50 states, the District of Columbia, and Puerto Rico.

# Low-Risk Cesarean Delivery (LRCD-CH), 2023 Core Set (n = 52 states)

[Lower rates are better for this measure]



A median of  
**24** percent  
of low-risk births  
financed by Medicaid  
during calendar year  
2022 were delivered by  
cesarean.

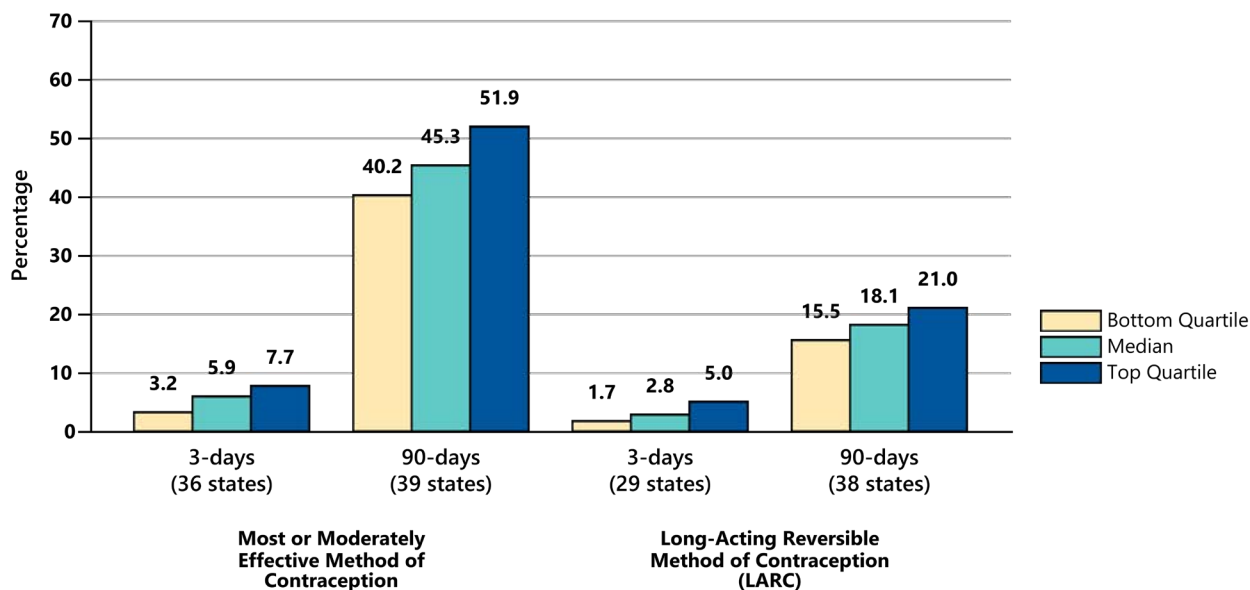
Source: Mathematica analysis of the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2022 as of October 26, 2023.

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 calendar year 2022. For all states, state-level rates were calculated for LRCD-CH 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. The term "states" includes the 50 states, the District of Columbia, and Puerto Rico.

# Contraceptive Care – Postpartum Women Ages 15 to 20

The American College of Obstetricians and Gynecologists recommends waiting at least 6 months between a live birth and the conception of a subsequent pregnancy. Access to effective contraceptive care during the postpartum period can improve birth spacing and timing and improve the health outcomes of birthing people and their children.

**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 90 Days of Delivery (CCP-CH), 2023 Core Set**



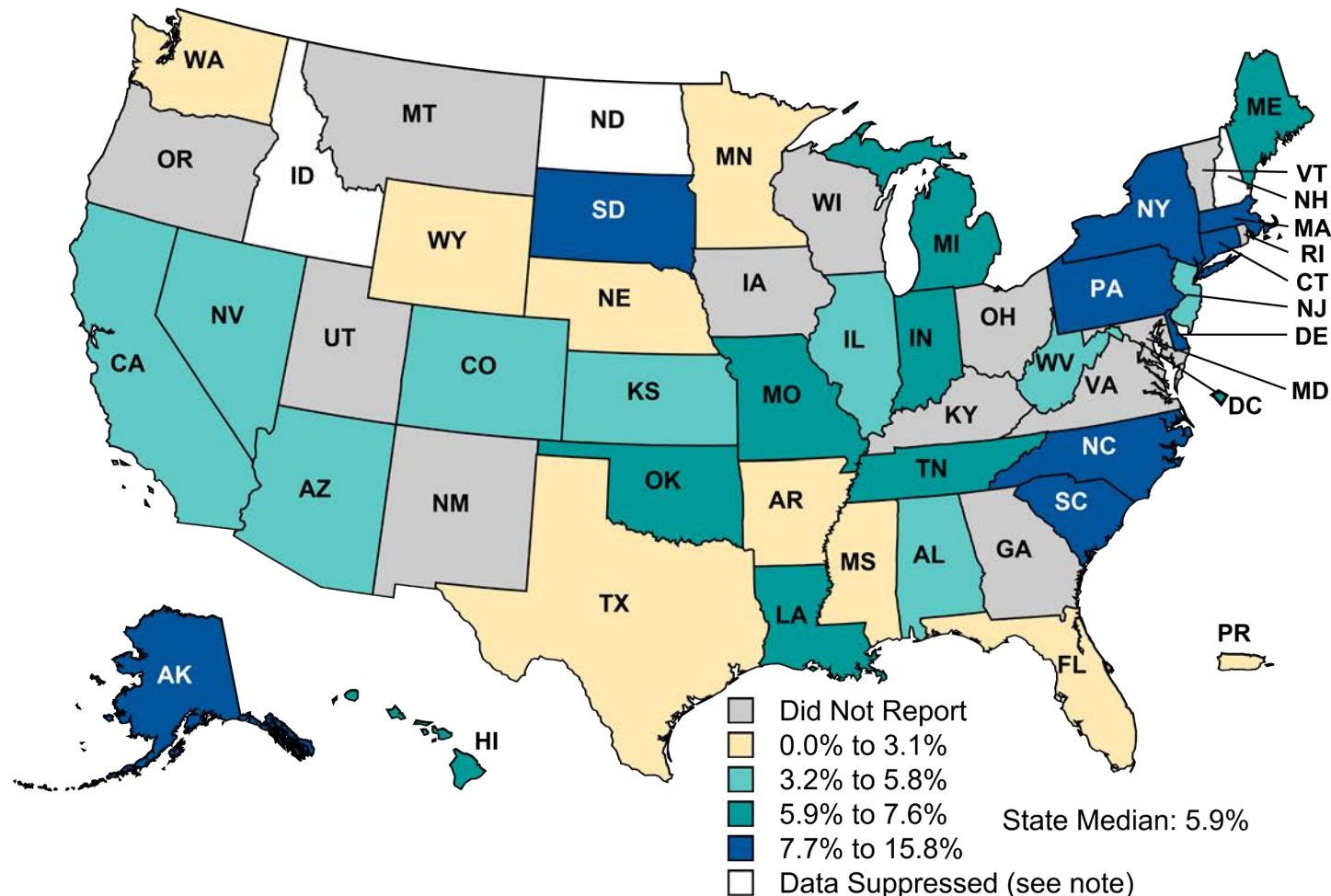
Among postpartum women ages 15 to 20 who had a live birth from January 1 to September 30, 2022, a median of

**45** percent received a most or moderately effective method of contraception within 90 days of delivery.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This measure shows the percentage of postpartum women ages 15 to 20 who had a live birth from January 1, 2022 to September 30, 2022 and who were provided: (1) a most effective or moderately effective method of contraception within 3 and 90 days of delivery; (2) a long-acting reversible method of contraception (LARC) within 3 and 90 days of delivery. Specifications for the 90-day postpartum rates changed substantially for 2023 and these rates are not comparable with rates for previous years. This chart excludes Iowa and Vermont, 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.

# 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), 2023 Core Set (n = 36 states)



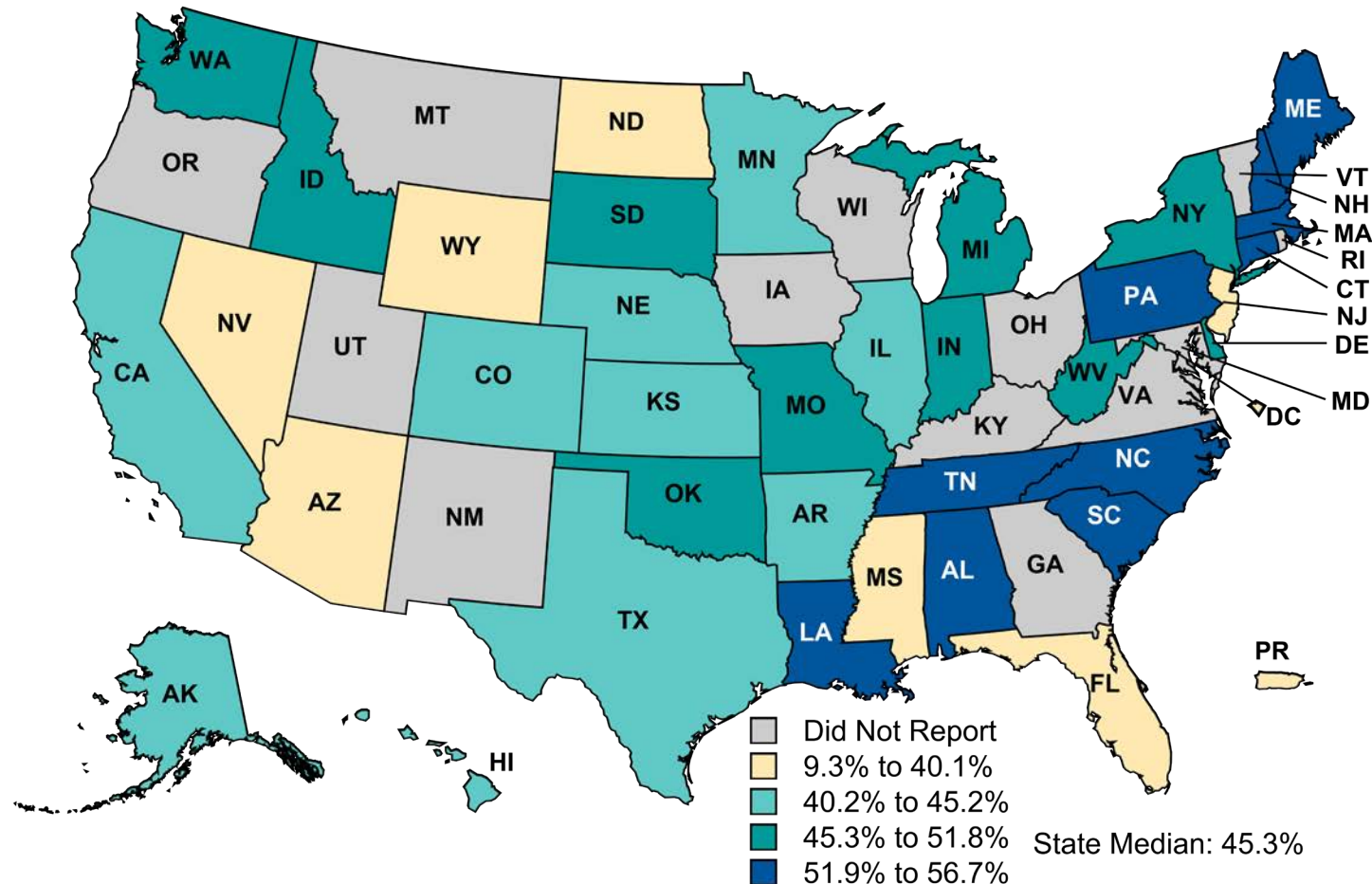
Among postpartum women ages 15 to 20 who had a live birth from January 1 to September 30, 2022, a median of

**6** percent received a most or moderately effective method of contraception within 3 days of delivery.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the Most or Moderately Effective Method of Contraception 3-Days Postpartum rate for the Contraceptive Care – Postpartum Women Ages 15 to 20 measure. Data were suppressed for the Most or Moderately Effective 3-days postpartum rate for Idaho, New Hampshire, and North Dakota due to small cell sizes. This chart excludes Iowa and Vermont, 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.

# 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 90 Days of Delivery (CCP-CH), 2023 Core Set (n = 39 states)



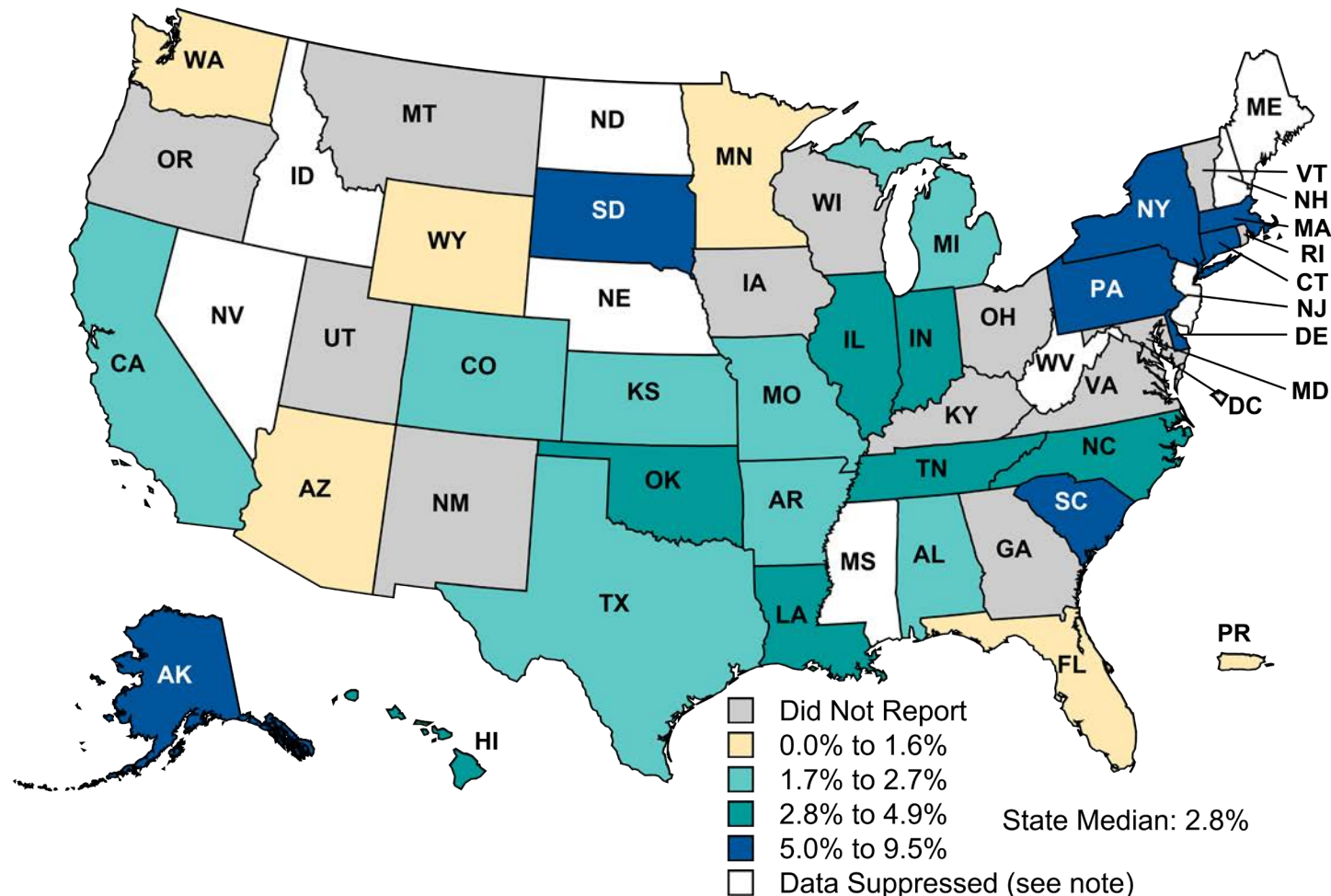
Among postpartum women ages 15 to 20 who had a live birth from January 1 to September 30, 2022, a median of

**45** percent received a most or moderately effective method of contraception within 90 days of delivery.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the Most or Moderately Effective Method of Contraception 90-Days Postpartum rate for the Contraceptive Care – Postpartum Women Ages 15 to 20 measure. Specifications for the 90-day postpartum rates changed substantially for 2023 and these rates are not comparable with rates for previous years. This chart excludes Iowa and Vermont, 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.

# 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), 2023 Core Set (n = 29 states)



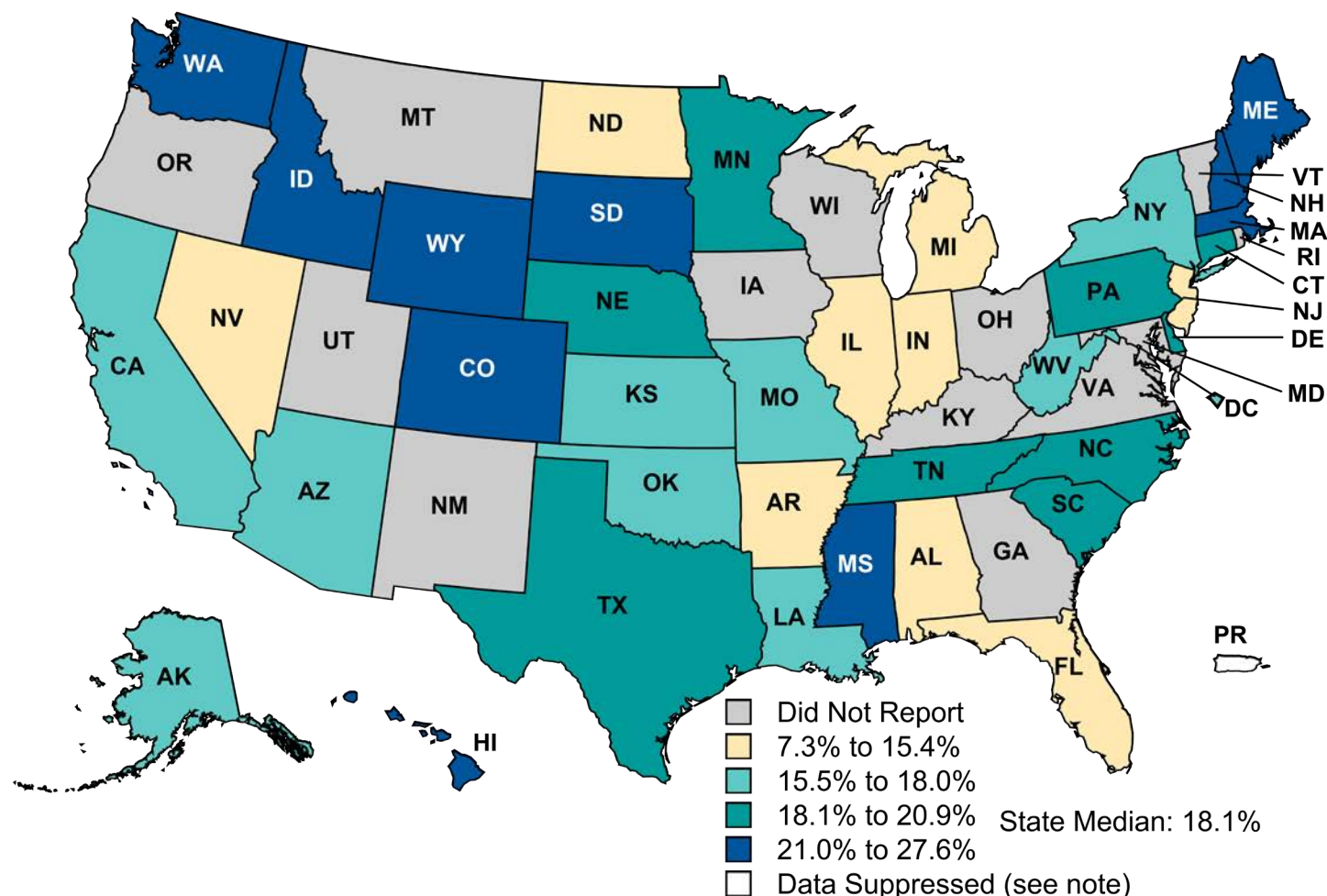
Among postpartum women ages 15 to 20 who had a live birth from January 1 to September 30, 2022, a median of

**3** percent received a long-acting reversible method of contraception within 3 days of delivery.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the LARC 3-Days Postpartum rate for the Contraceptive Care – Postpartum Women Ages 15 to 20 measure. Data were suppressed for the LARC 3-days postpartum rate for the following states due to small cell sizes: District of Columbia, Idaho, Maine, Mississippi, Nebraska, Nevada, New Hampshire, New Jersey, North Dakota, and West Virginia. This chart excludes Iowa and Vermont, 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.

# 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 90 Days of Delivery (CCP-CH), 2023 Core Set (n = 38 states)



Among postpartum women ages 15 to 20 who had a live birth from January 1 to September 30, 2022, a median of

**18** percent received a long-acting reversible method of contraception within 90 days of delivery.

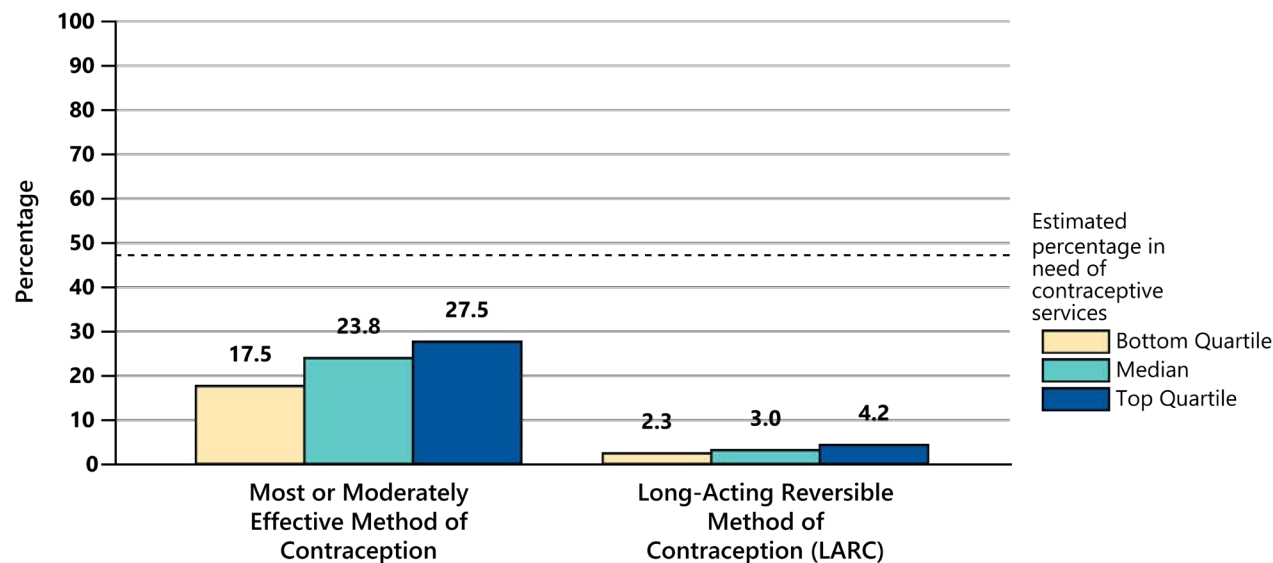
Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the LARC 90-Days Postpartum rate for the Contraceptive Care – Postpartum Women Ages 15 to 20 measure. Specifications for the 90-day postpartum rates changed substantially for 2023 and these rates are not comparable with rates for previous years. Data were suppressed for the LARC 90-days postpartum rate for the following state due to small cell sizes: Puerto Rico. This chart excludes Iowa and Vermont, 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.

# Contraceptive Care – All Women Ages 15 to 20

Increasing access to effective forms of contraception is a strategy for reducing unintended pregnancy. 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.<sup>1</sup>

**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), 2023 Core Set (n = 41 states)**



Among women ages 15 to 20, a median of

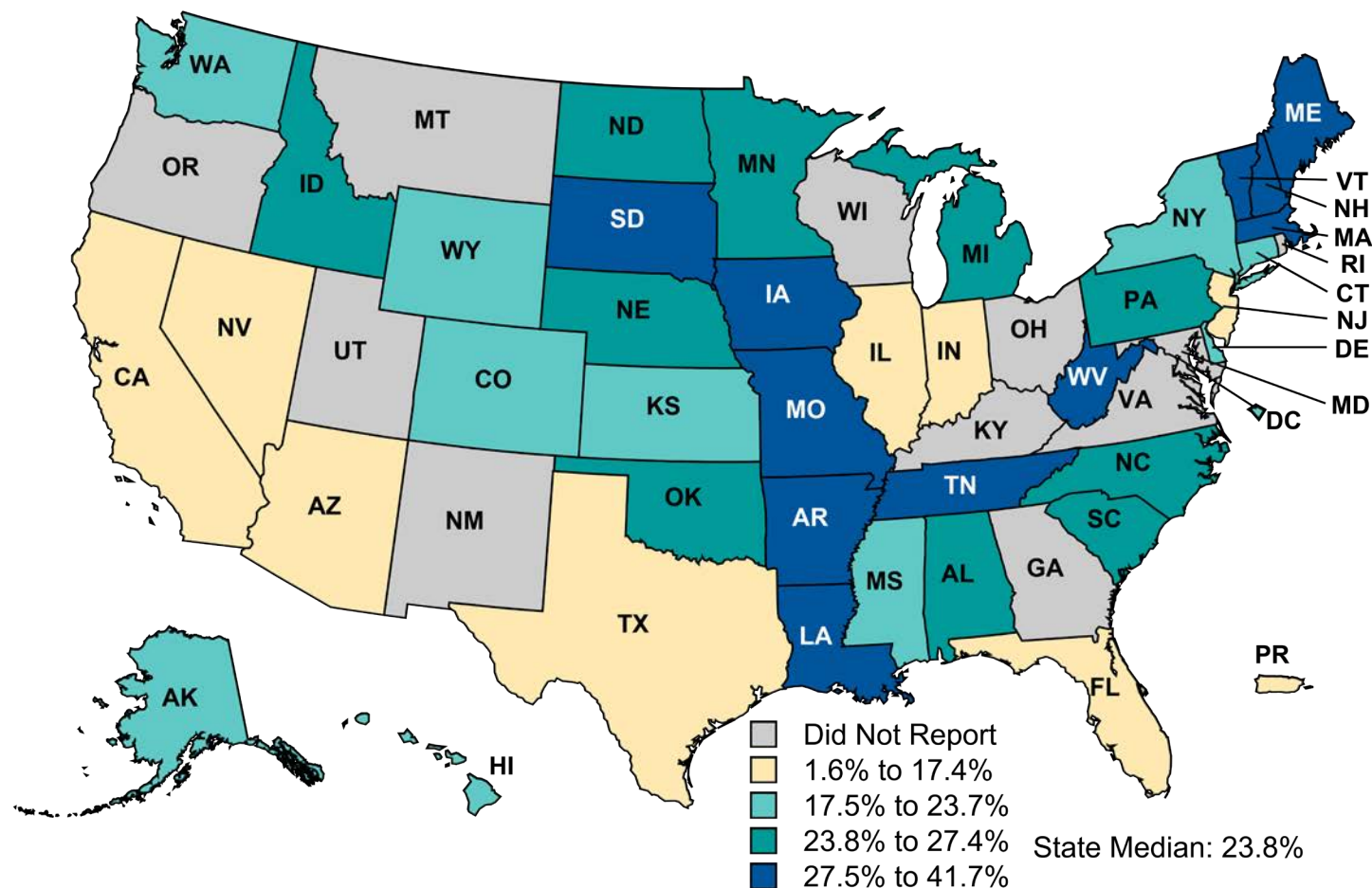
**24** percent received a most or moderately effective method of contraception during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

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 during calendar year 2022; (2) a long-acting reversible method of contraception (LARC) during calendar year 2022. 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.

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

# 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), 2023 Core Set (n = 41 states)



Among women ages 15 to 20, a median of

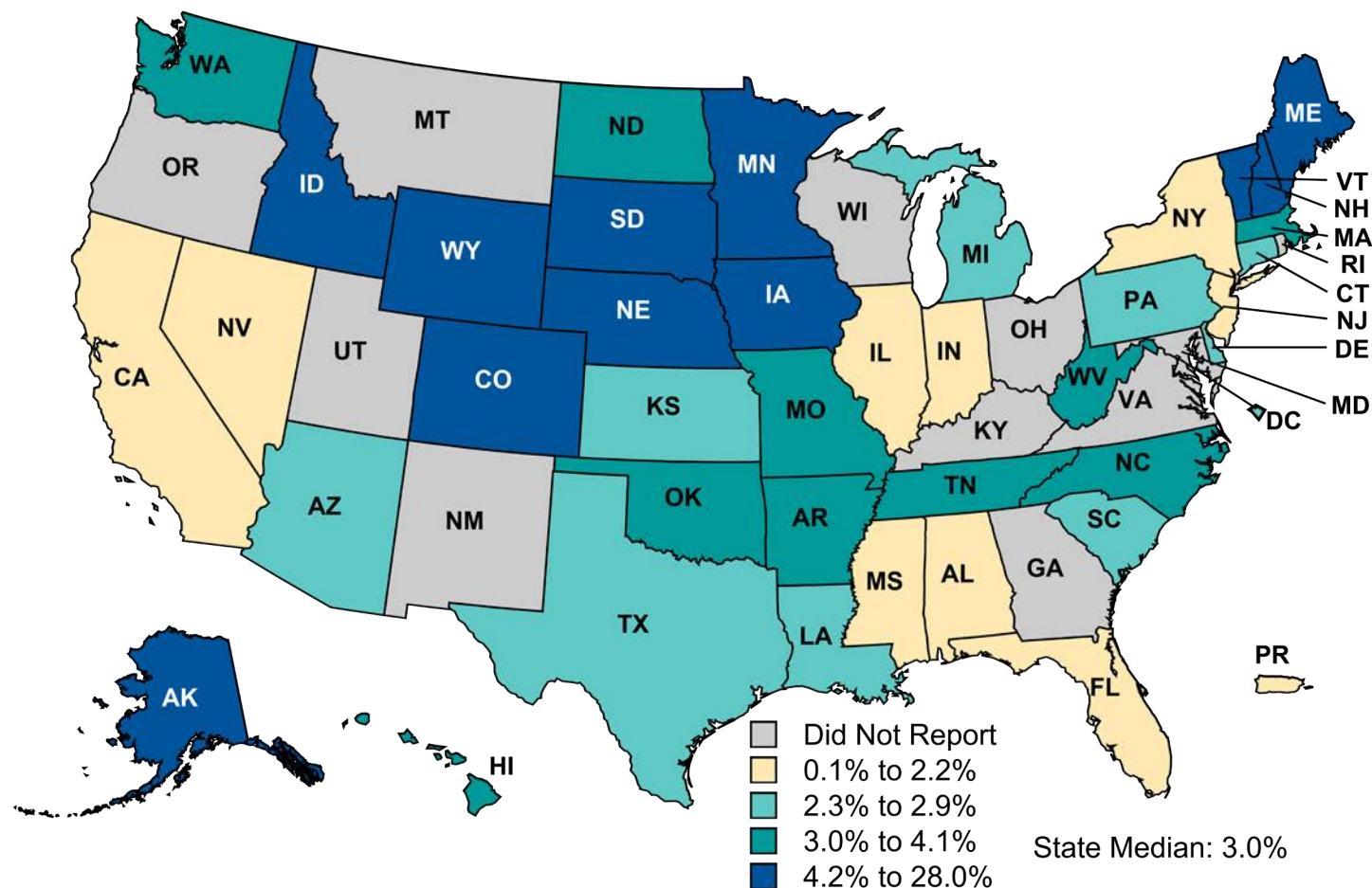
**24** percent

received a most or moderately effective method of contraception during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the Most or Moderately Effective Method of Contraception rate for the Contraceptive Care – All Women Ages 15 to 20 measure. 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. 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.

# 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), 2023 Core Set (n = 41 states)



Among women ages 15 to 20, a median of

**3**

percent

received a long-acting reversible method of contraception during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the LARC rate for the Contraceptive Care – All Women Ages 15 to 20 measure. 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. 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.

# 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.<sup>1</sup> 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.

Three Child Core Set measures of the care of acute and chronic conditions were available for analysis for 2023.

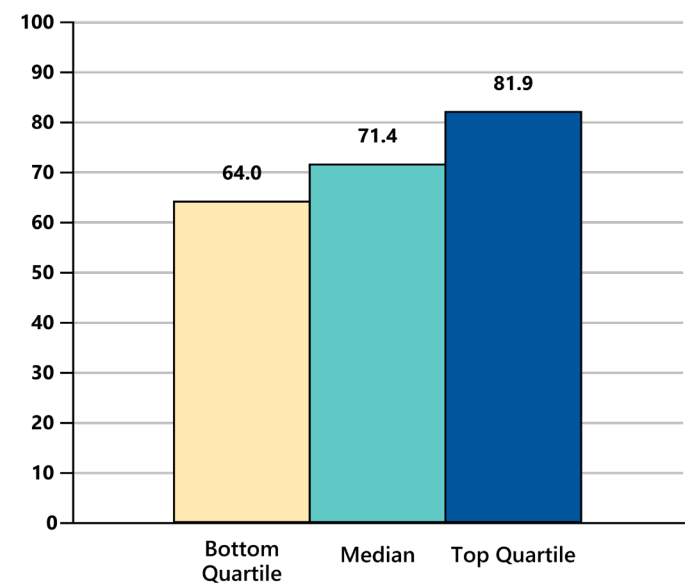
- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years
- Asthma Medication Ratio: Ages 5 to 18
- Ambulatory Care: Emergency Department Visits

<sup>1</sup> <https://firstfocus.org/wp-content/uploads/2014/05/Medicaid-Works.pdf>

# Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years

Antibiotics should not generally be prescribed for acute bronchitis/bronchiolitis because it usually clears on its own in children without other health problems. Appropriate use of antibiotics reduces potential harmful side effects and helps prevent antibiotic resistance. Performance on this measure is being publicly reported for the first time for the 2023 Core Set.

Percentage of Episodes for Children Ages 3 Months to 17 Years with a Diagnosis of Acute Bronchitis/Bronchiolitis that did not Result in an Antibiotic Dispensing Event (AAB-CH), 2023 Core Set (n = 44 states)

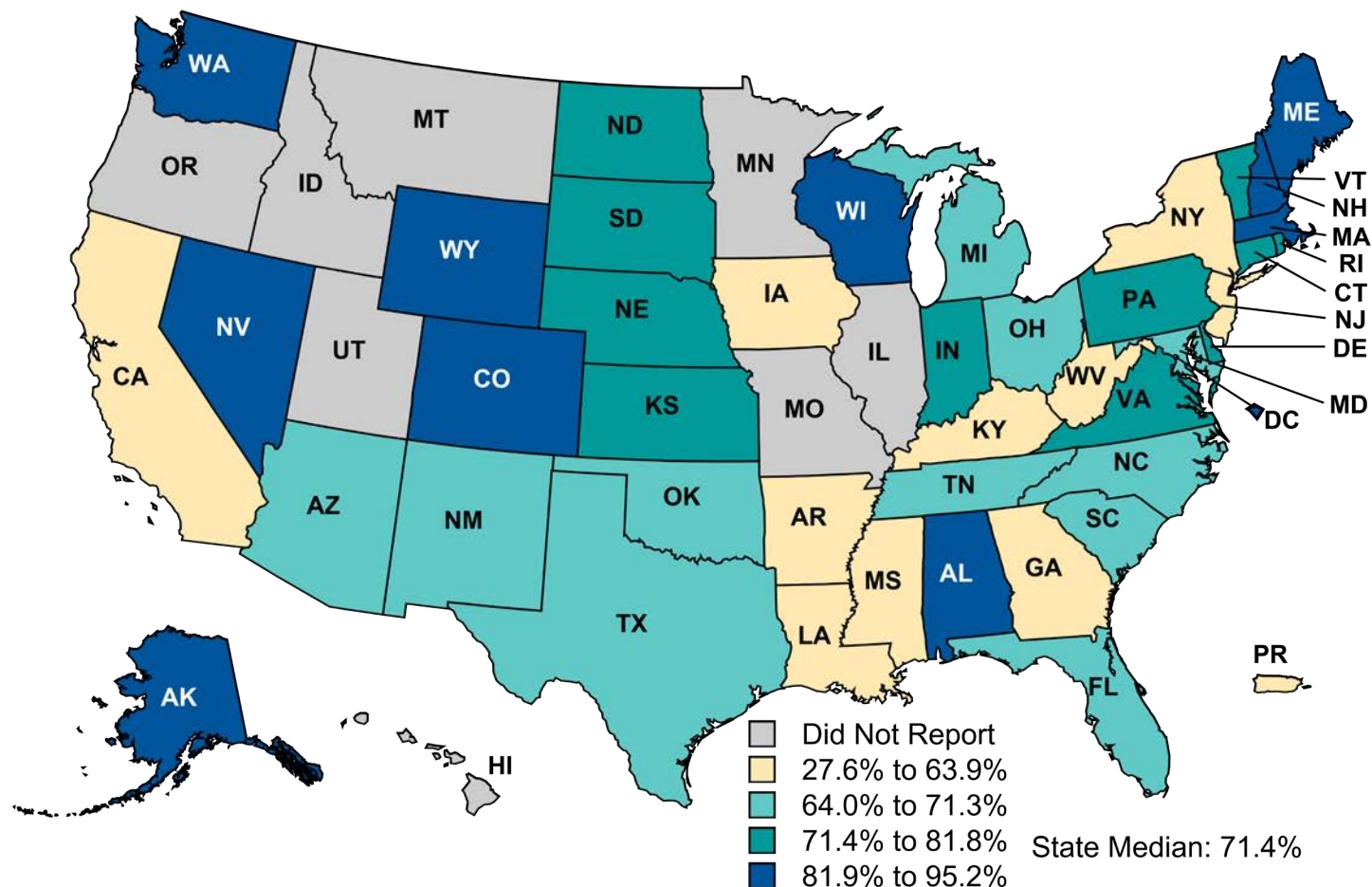


A median of **71** percent of episodes for children ages 3 months to 17 years with a diagnosis of acute bronchitis/bronchiolitis from July 1, 2021 to June 30, 2022 did not result in an antibiotic dispensing event.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This measure shows the percentage of episodes for children ages 3 months to 17 years with a diagnosis of acute bronchitis/bronchiolitis from July 2021 to June 2022 that did not result in an antibiotic dispensing event. This measure is reported as an inverted rate. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (e.g., the proportion of episodes that did not result in an antibiotic dispensing event). 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 larger measure-eligible population.

# Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH), 2023 Core Set (n = 44 states)



A median of **71** percent of episodes for children ages 3 months to 17 years with a diagnosis of acute bronchitis/bronchiolitis from July 1, 2021 to June 30, 2022 did not result in an antibiotic dispensing event.

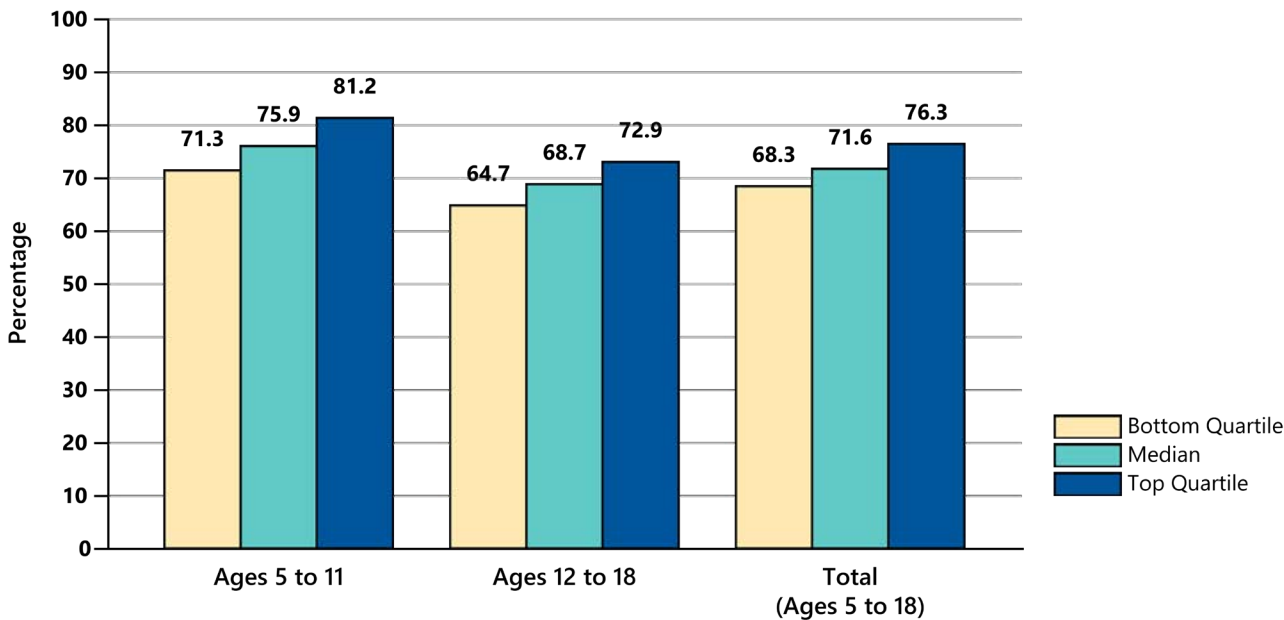
Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

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.

# 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.

## 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), 2023 Core Set (n = 49 states)

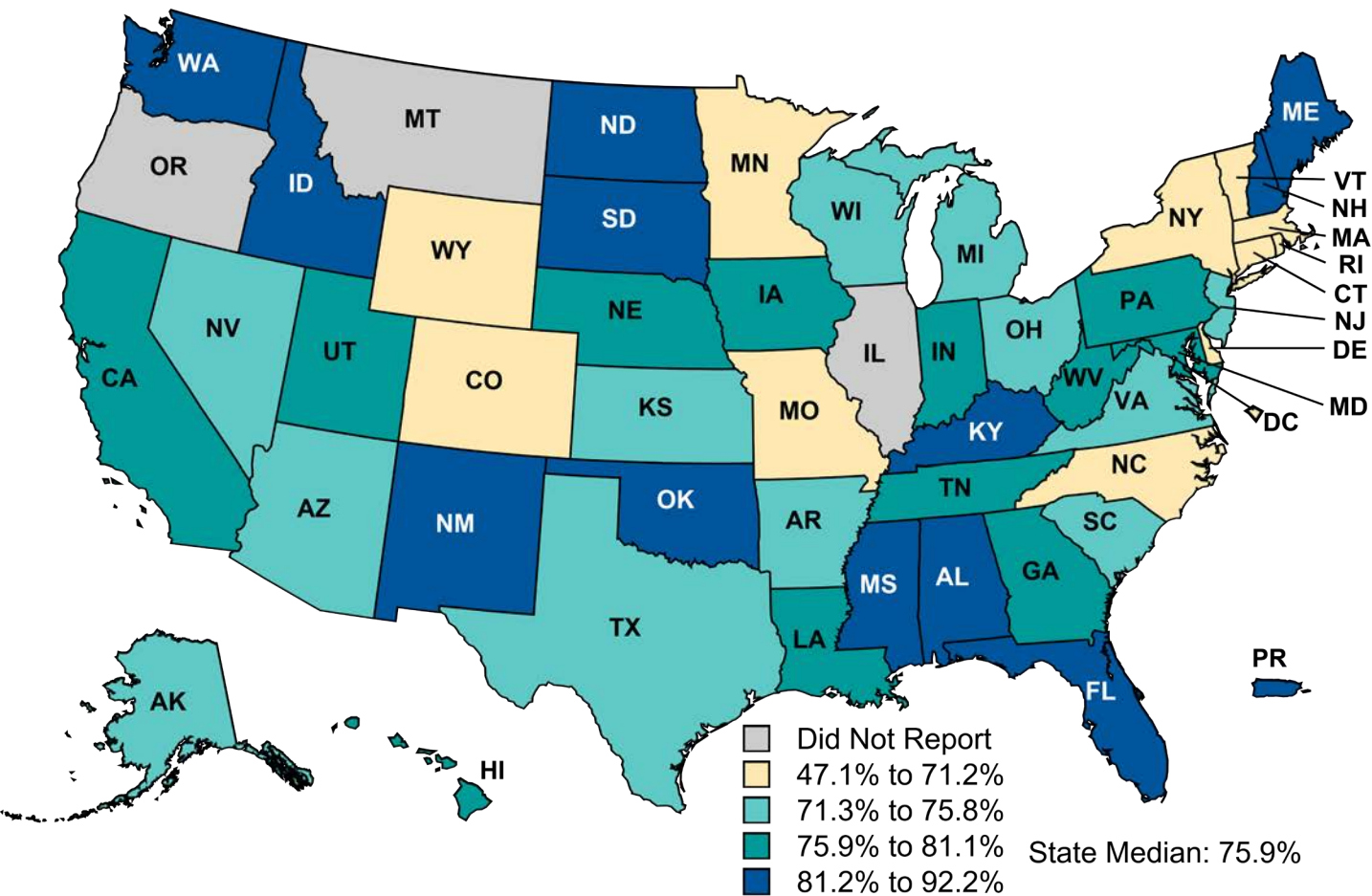


A median of **72** percent of children ages 5 to 18 with persistent asthma had a ratio of controller medications to total asthma medications of 0.50 or greater during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This measure shows the percentage of children and adolescents ages 5 to 18 who were identified as having persistent asthma (defined as an asthma diagnosis during both calendar year 2021 and calendar year 2022) and who had a ratio of controller medications to total asthma medications of 0.50 or greater in calendar year 2022. 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.

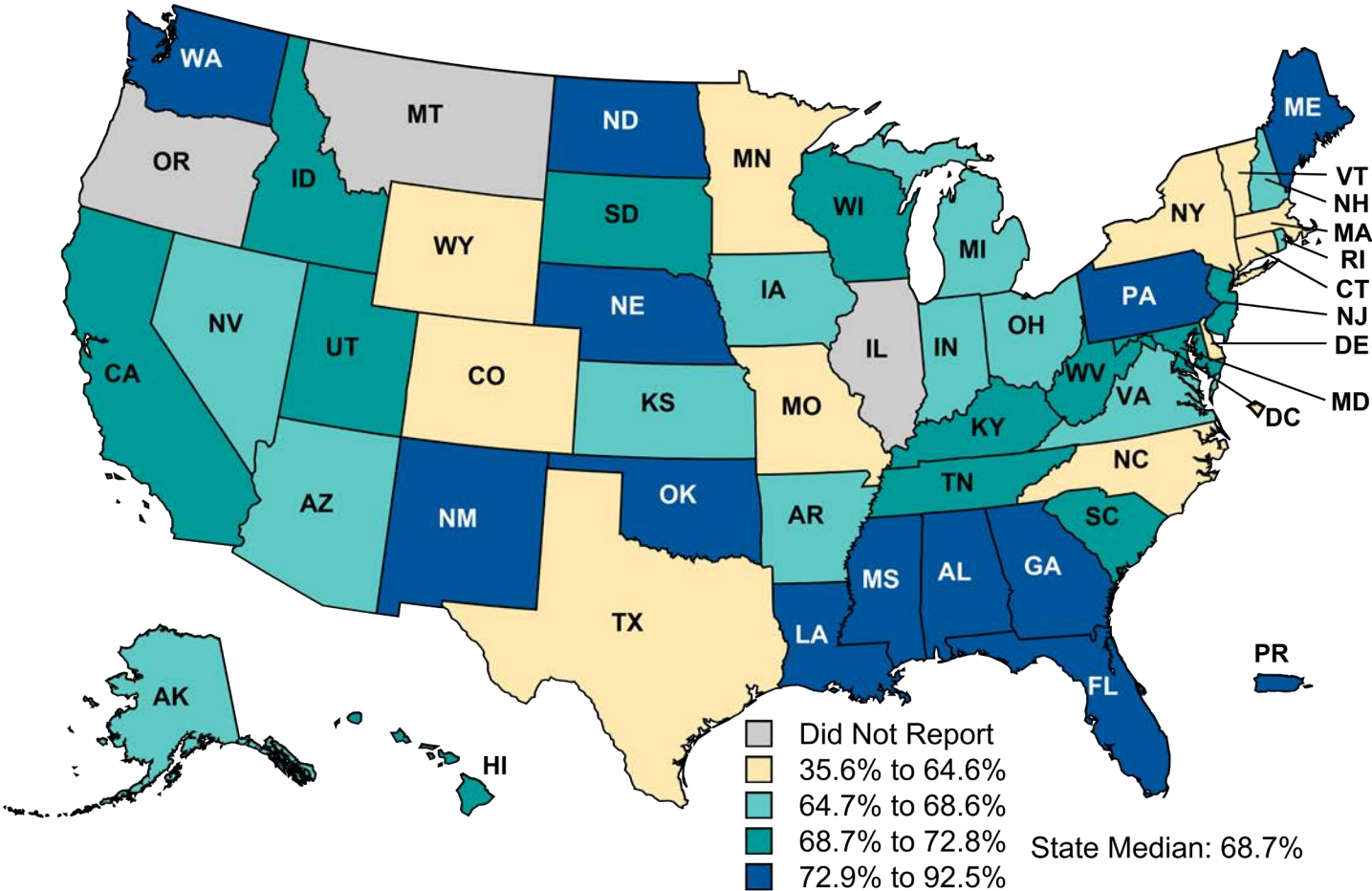
# Percentage of Children Ages 5 to 11 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater (AMR-CH), 2023 Core Set (n = 49 states)



A median of **76** percent of children ages 5 to 11 with persistent asthma had a ratio of controller medications to total asthma medications of 0.50 or greater during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.  
Notes: This chart shows state reporting for the Ages 5 to 11 rate for the Asthma Medication Ratio: Ages 5 to 18 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.

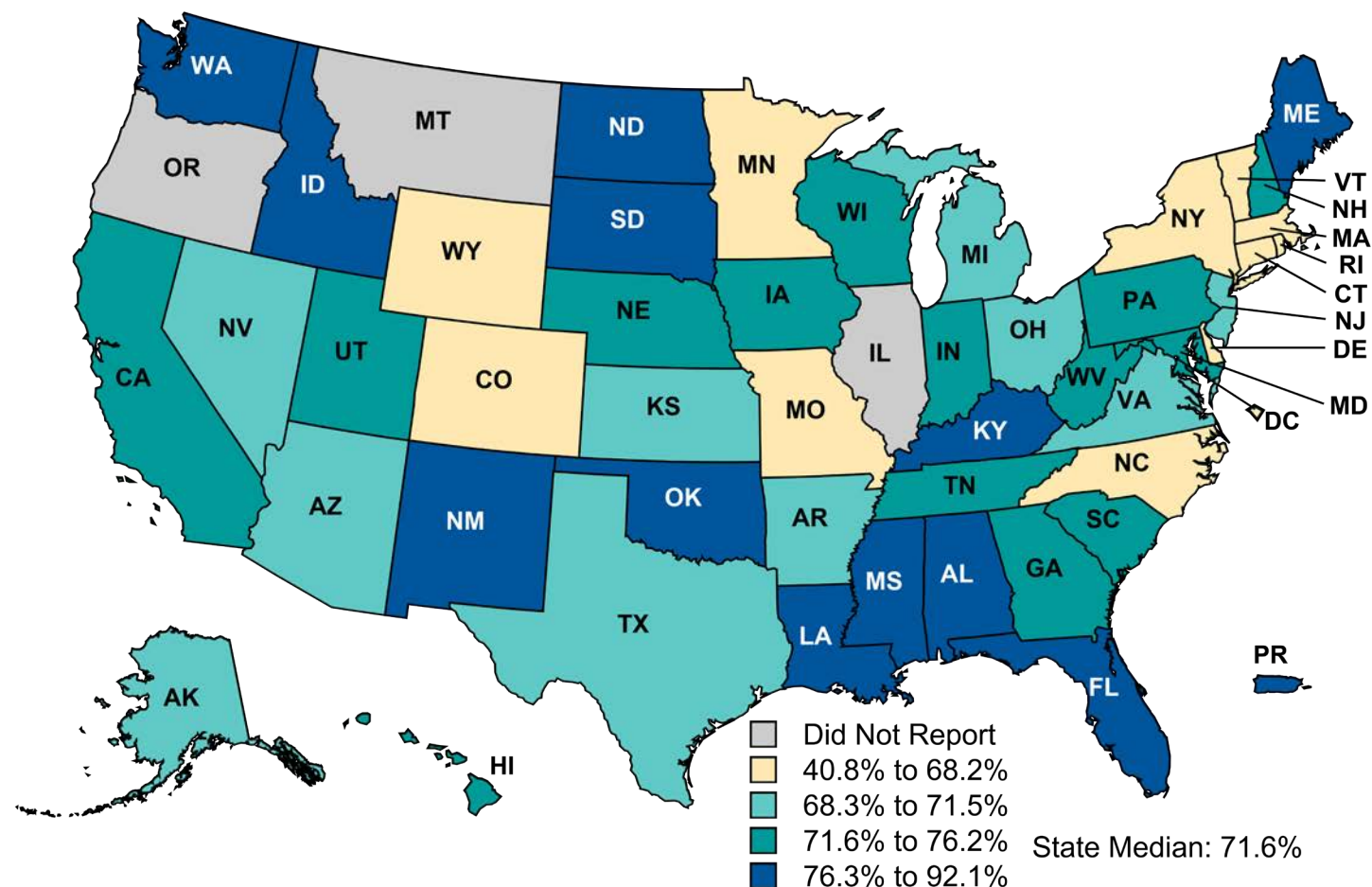
# Percentage of Children Ages 12 to 18 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater (AMR-CH), 2023 Core Set (n = 49 states)



A median of **69** percent of children ages 12 to 18 with persistent asthma had a ratio of controller medications to total asthma medications of 0.50 or greater during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.  
Notes: This chart shows state reporting for the Ages 12 to 18 rate for the Asthma Medication Ratio: Ages 5 to 18 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.

# 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), 2023 Core Set (n = 49 states)



A median of  
**72** 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 during  
calendar year 2022.

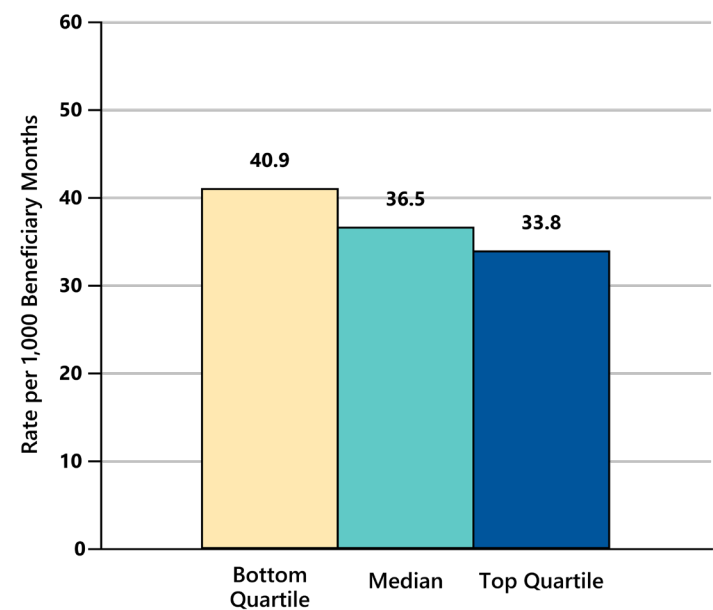
Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the Ages 5 to 18 rate for the Asthma Medication Ratio: Ages 5 to 18 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.

# 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 Among Children Up to Age 19 (AMB-CH), 2023 Core Set (n = 50 states) [Lower rates are better]**



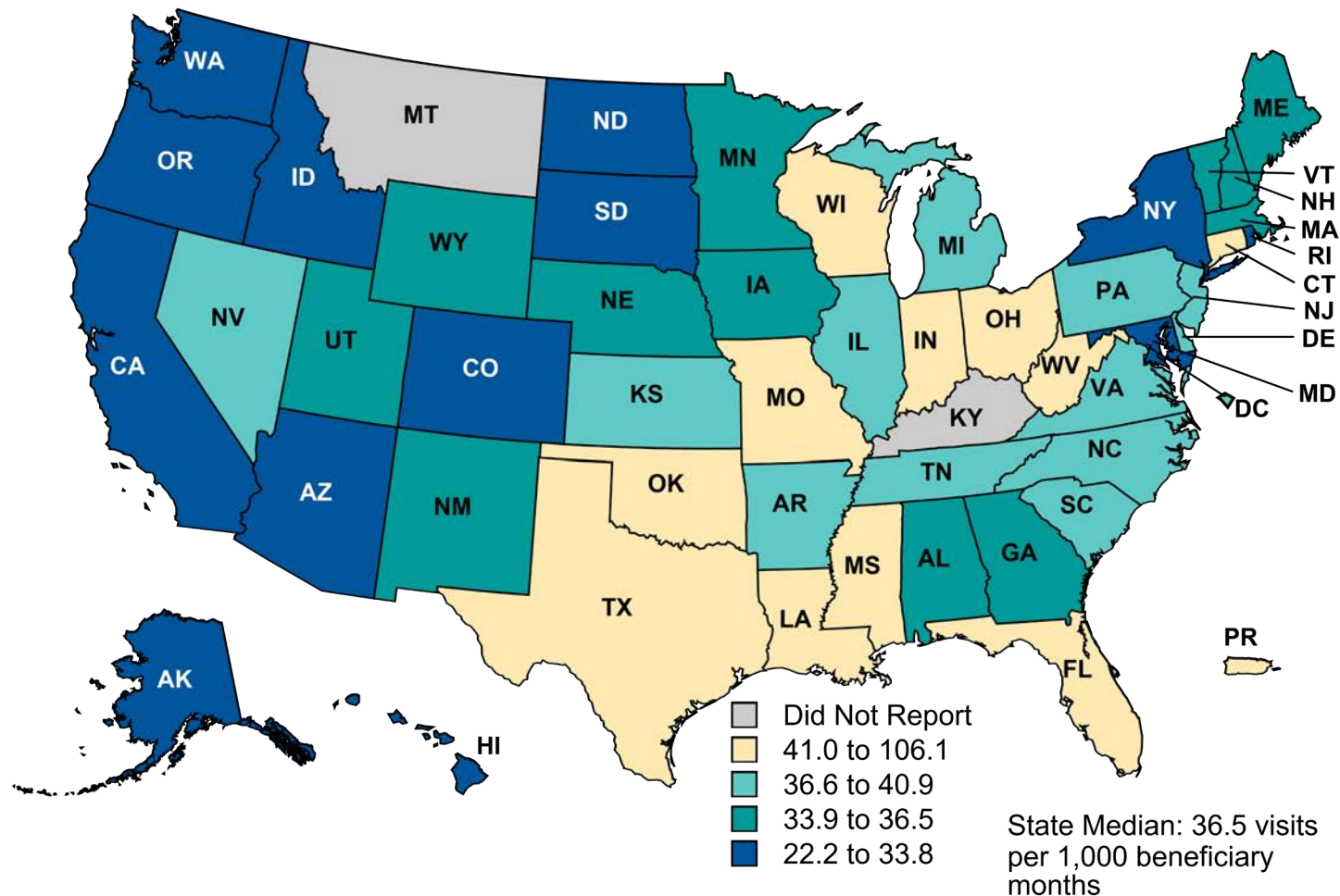
Children up to age 19  
had a median of

37

emergency department  
visits per 1,000  
beneficiary months  
during calendar year  
2022.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.  
Notes: This measure shows the rate of emergency department visits per 1,000 beneficiary months among children up to age 19 during calendar year 2022. 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 (AMB-CH), 2023 Core Set (n = 50 states) [Lower rates are better]



Children up to age 19  
had a median of

**37**

emergency department  
visits per 1,000  
beneficiary months  
during calendar year  
2022.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

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.

# 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.

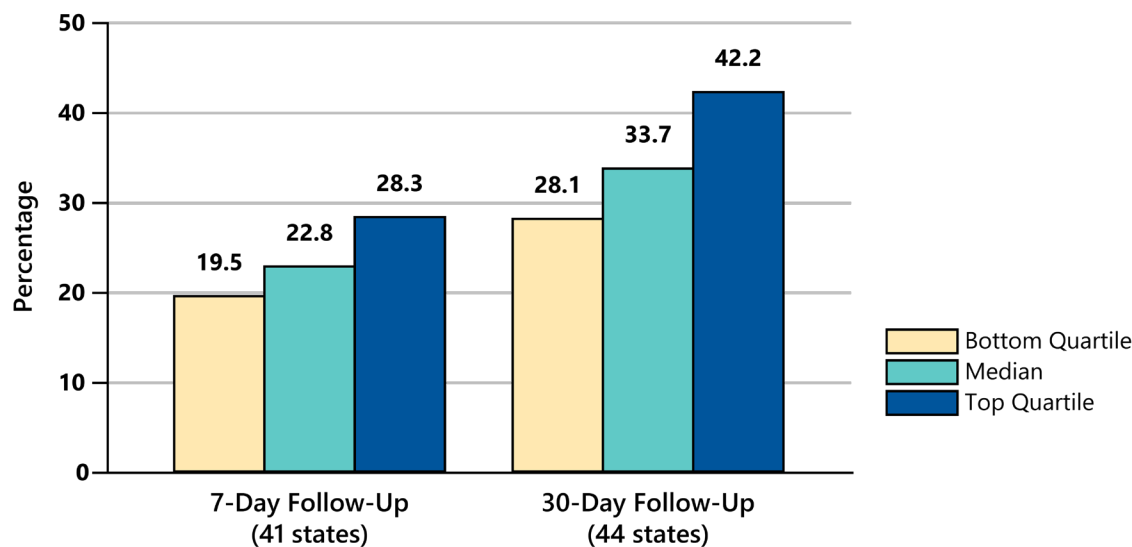
Six Child Core Set measures of behavioral health care were available for analysis for 2023.

- Follow-Up After Emergency Department Visit for Substance Use: 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 Substance Use: Ages 13 to 17

Timely follow-up care after an emergency department (ED) visit for substance use disorder (SUD) or drug overdose 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.

Percentage of Emergency Department (ED) Visits for Adolescents Ages 13 to 17 who had a Principal Diagnosis of Substance Use Disorder or Any Diagnosis of Drug Overdose with a Follow-Up Visit within 7 and 30 Days of the ED Visit (FUA-CH), 2023 Core Set



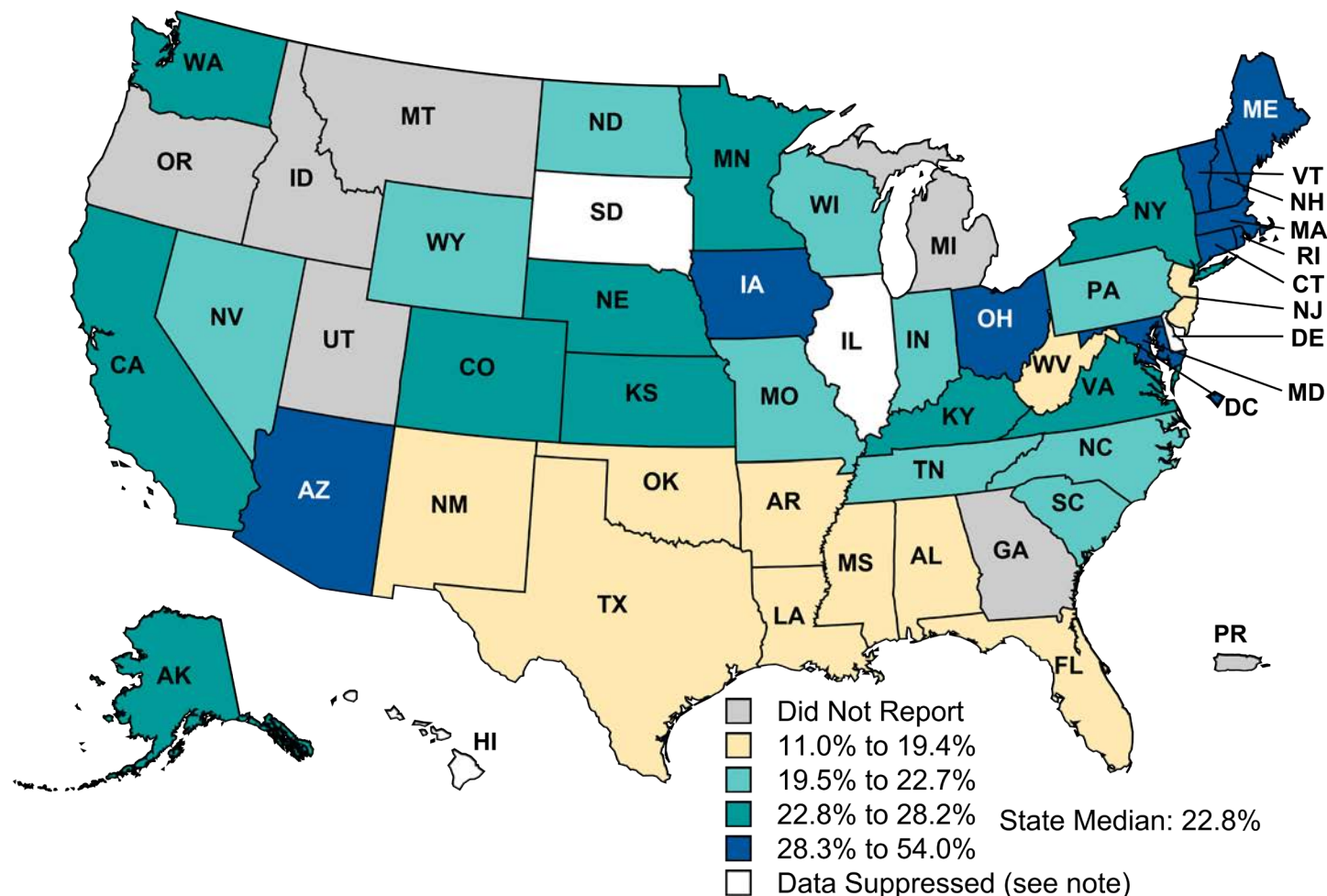
A median of **23** percent of ED visits for adolescents ages 13 to 17 with a diagnosis of SUD or any diagnosis of drug overdose from January 1 to December 1, 2022 had a follow-up visit within 7 days of the ED visit and

**34** percent had a follow-up visit within 30 days.

Source: Mathematica analysis of QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This measure includes emergency department (ED) visits for adolescents ages 13 to 17 with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, from January 1, 2022 to December 1, 2022. The measure shows the percentage of these ED visits for which there was follow-up. Two rates are reported: (1) the percentage of ED visits for which the beneficiary received a follow-up visit within 7 days of the ED visit (8 total days); and (2) the percentage of ED visits for which the beneficiary received a follow-up visit within 30 days of the ED visit (31 total days). Specifications for this measure changed substantially for 2023 and rates are not comparable with rates 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.

# Percentage of Emergency Department (ED) Visits for Substance Use Disorder (SUD) or Drug Overdose with a Follow-Up Visit Within 7 Days of the ED Visit: Ages 13 to 17 (FUA-CH), 2023 Core Set (n = 41 states)

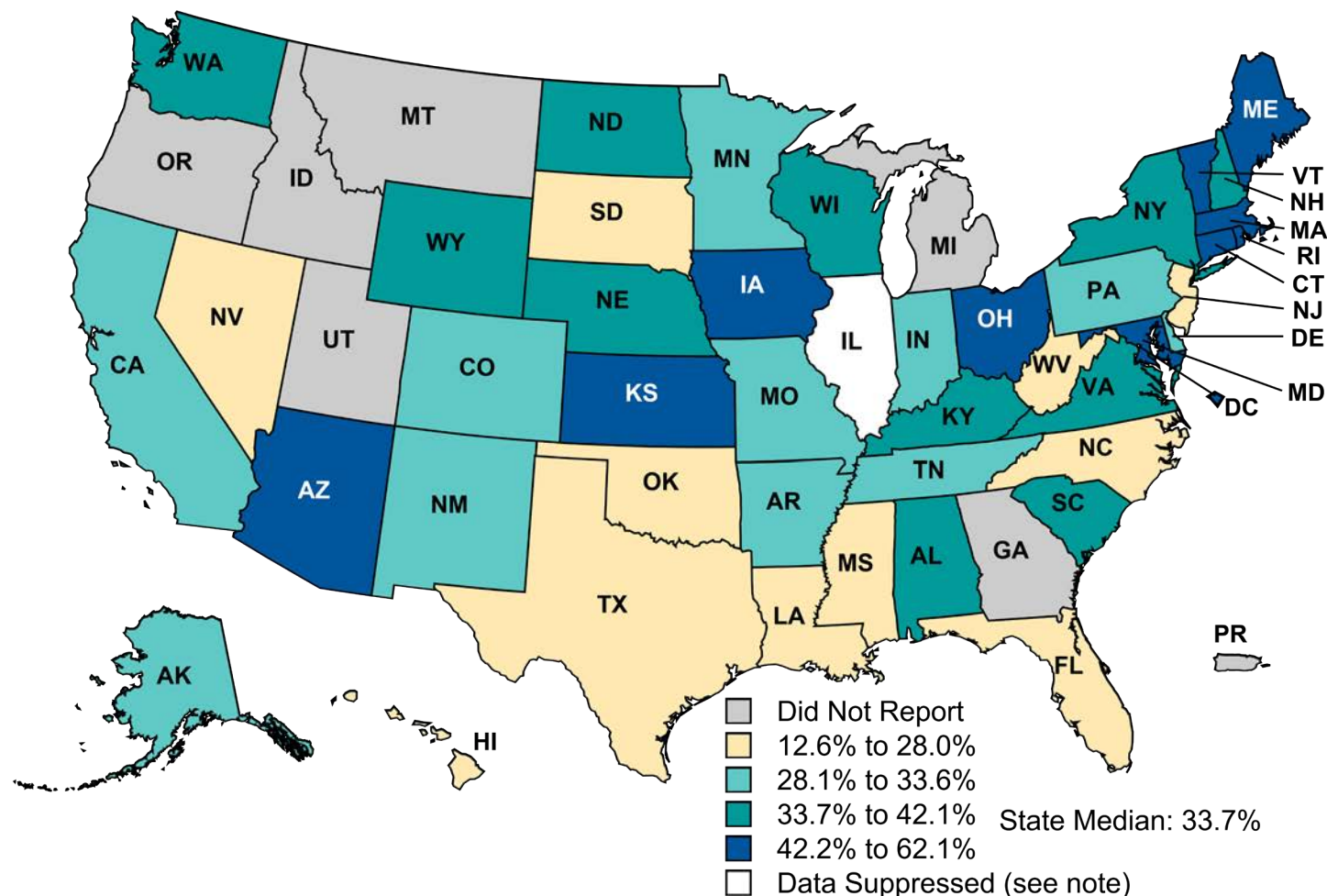


A median of **23** percent of ED visits for adolescents ages 13 to 17 with a diagnosis of SUD or any diagnosis of drug overdose from January 1 to December 1, 2022 had a follow-up visit within 7 days of the ED visit.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the 7-Day Follow-Up rate for the Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 measure. Specifications for this measure changed substantially for 2023 and rates are not comparable with rates for previous years. Data were suppressed for the 7-Day rate for Delaware, Hawaii, Illinois, and South Dakota 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.

# Percentage of Emergency Department (ED) Visits for Substance Use Disorder (SUD) or Drug Overdose with a Follow-Up Visit Within 30 Days of the ED Visit: Ages 13 to 17 (FUA-CH), 2023 Core Set (n = 44 states)



A median of **34** percent of ED visits for adolescents ages 13 to 17 with a diagnosis of SUD or any diagnosis of drug overdose from January 1 to December 1, 2022 had a follow-up visit within 30 days of the ED visit.

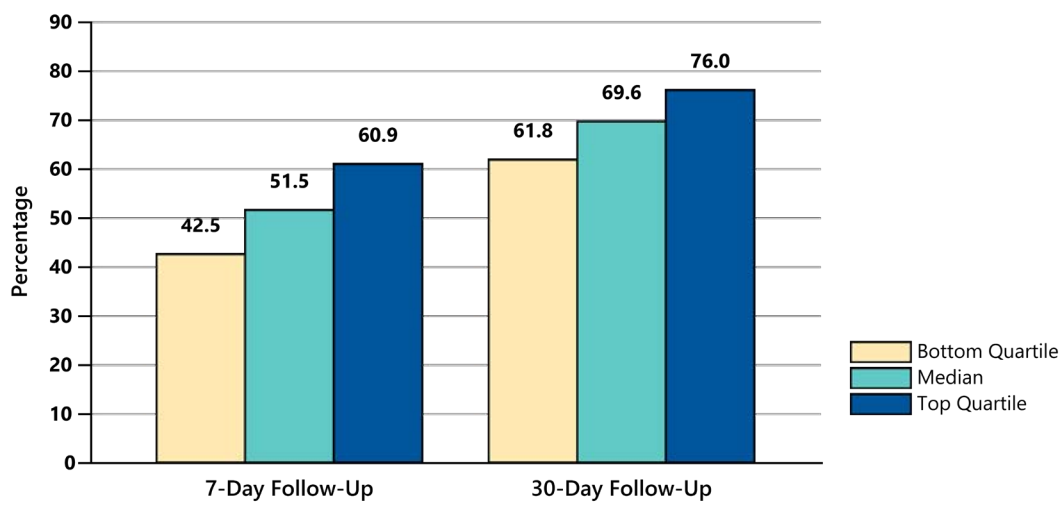
Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the 30-Day Follow-Up rate for the Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 measure. Specifications for this measure changed substantially for 2023 and rates are not comparable with rates for previous years. Data were suppressed for the 30-Day rate for Illinois 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.

# 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.

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), 2023 Core Set (n = 48 states)

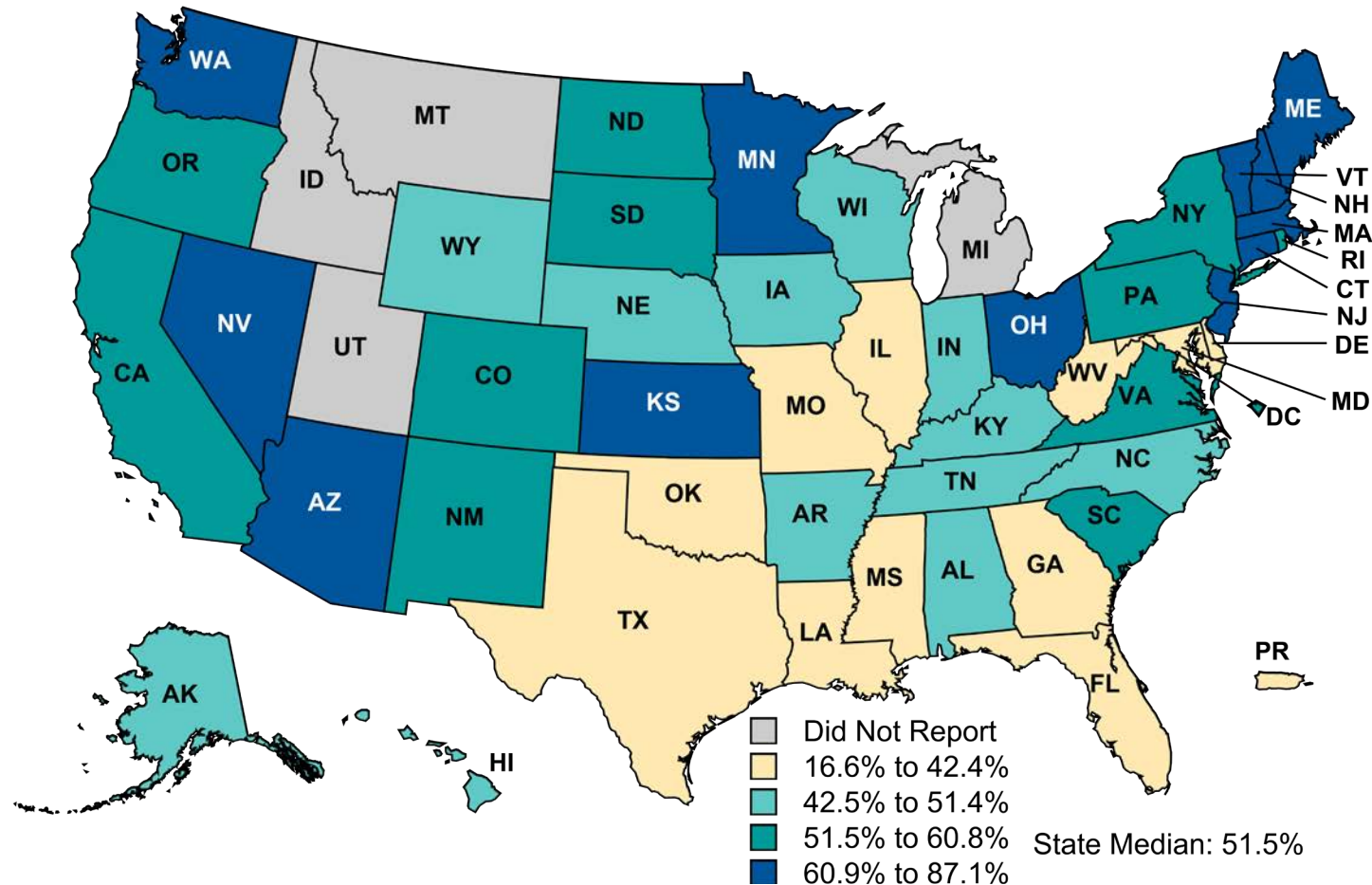


A median of **52** percent of ED visits for children and adolescents ages 6 to 17 with mental illness or intentional self-harm diagnoses from January 1 to December 1, 2022 had a follow-up visit within 7 days and **70** percent had a follow-up visit within 30 days.

Source: Mathematica analysis of QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This measure includes emergency department (ED) visits for children ages 6 to 17 with a principal diagnosis of mental illness or intentional self-harm from January 1, 2022 to December 1, 2022. The measure shows the percentage of these ED visits 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 (8 total days); and (2) the percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days). 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.

# 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), 2023 Core Set (n = 48 states)

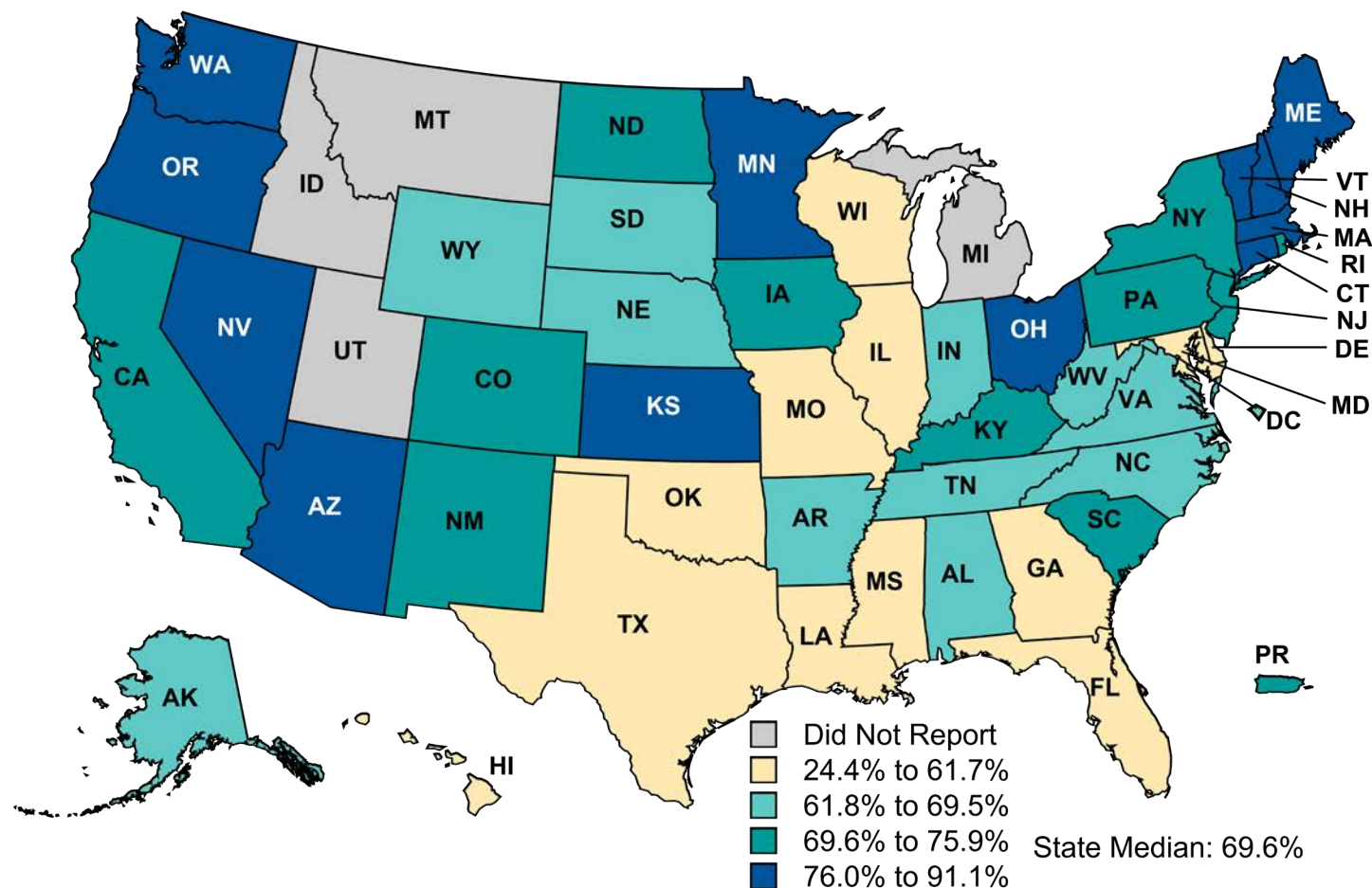


A median of **52** percent of ED visits for children and adolescents ages 6 to 17 with mental illness or intentional self-harm diagnoses from January 1 to December 1, 2022 had a follow-up visit within 7 days.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the 7-Day Follow-Up rate for the Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 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.

# 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), 2023 Core Set (n = 48 states)



A median of **70** percent of ED visits for children and adolescents ages 6 to 17 with mental illness or intentional self-harm diagnoses from January 1 to December 1, 2022 had a follow-up visit within 30 days.

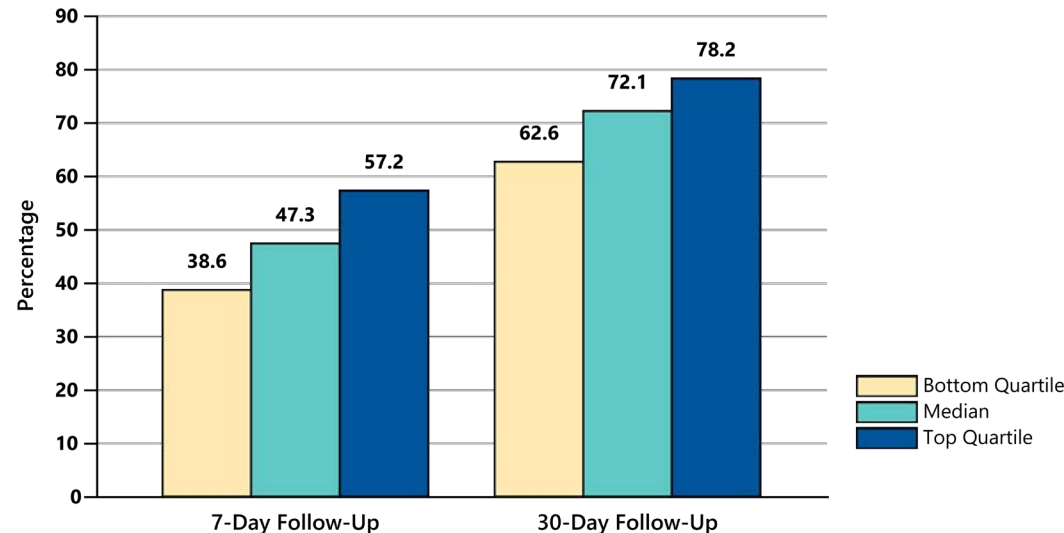
Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the 30-Day Follow-Up rate for the Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 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.

# 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 and ideally, within 7 days after discharge.

**Percentage of Discharges for Children and Adolescents Ages 6 to 17 Hospitalized for Treatment of Selected Mental Illness or Intentional Self-Harm Diagnoses with a Follow-Up Visit with a Mental Health Provider within 7 and 30 Days After Discharge (FUH-CH), 2023 Core Set (n = 50 states)**

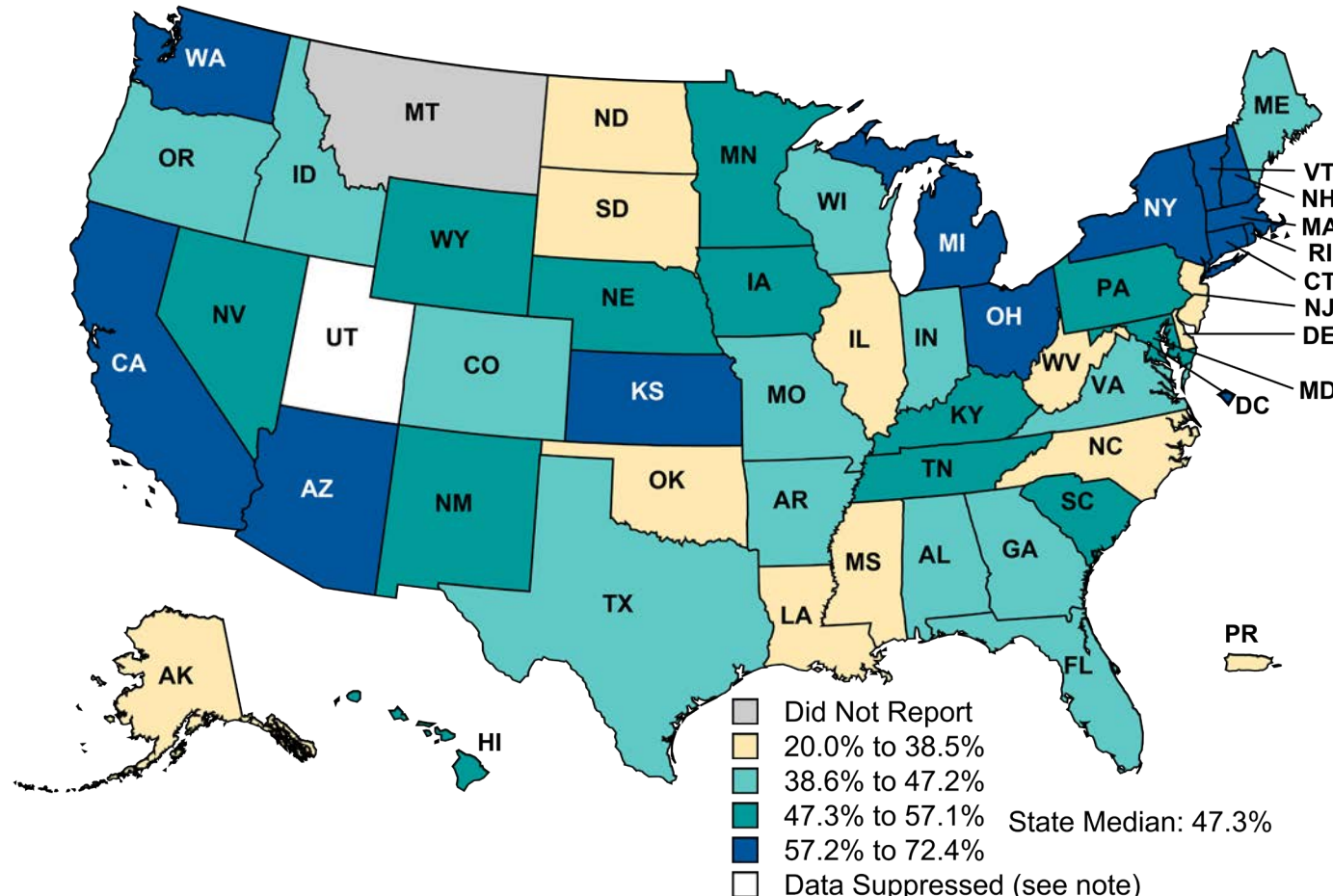


A median of **47** percent of discharges for children and adolescents ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses from January 1 to December 1, 2022 had a follow-up visit within 7 days after discharge and **72** percent had a follow-up visit within 30 days after discharge.

Source: Mathematica analysis of QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This measure includes discharges for children and adolescents ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses from January 1, 2022 to December 1, 2022. The measure shows the percentage of these discharges with 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. 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.

# Percentage of Discharges for Children and Adolescents Ages 6 to 17 Hospitalized for Treatment of Selected Mental Illness or Intentional Self-Harm Diagnoses with a Follow-Up Visit with a Mental Health Provider within 7 Days After Discharge (FUH-CH), 2023 Core Set (n = 50 states)

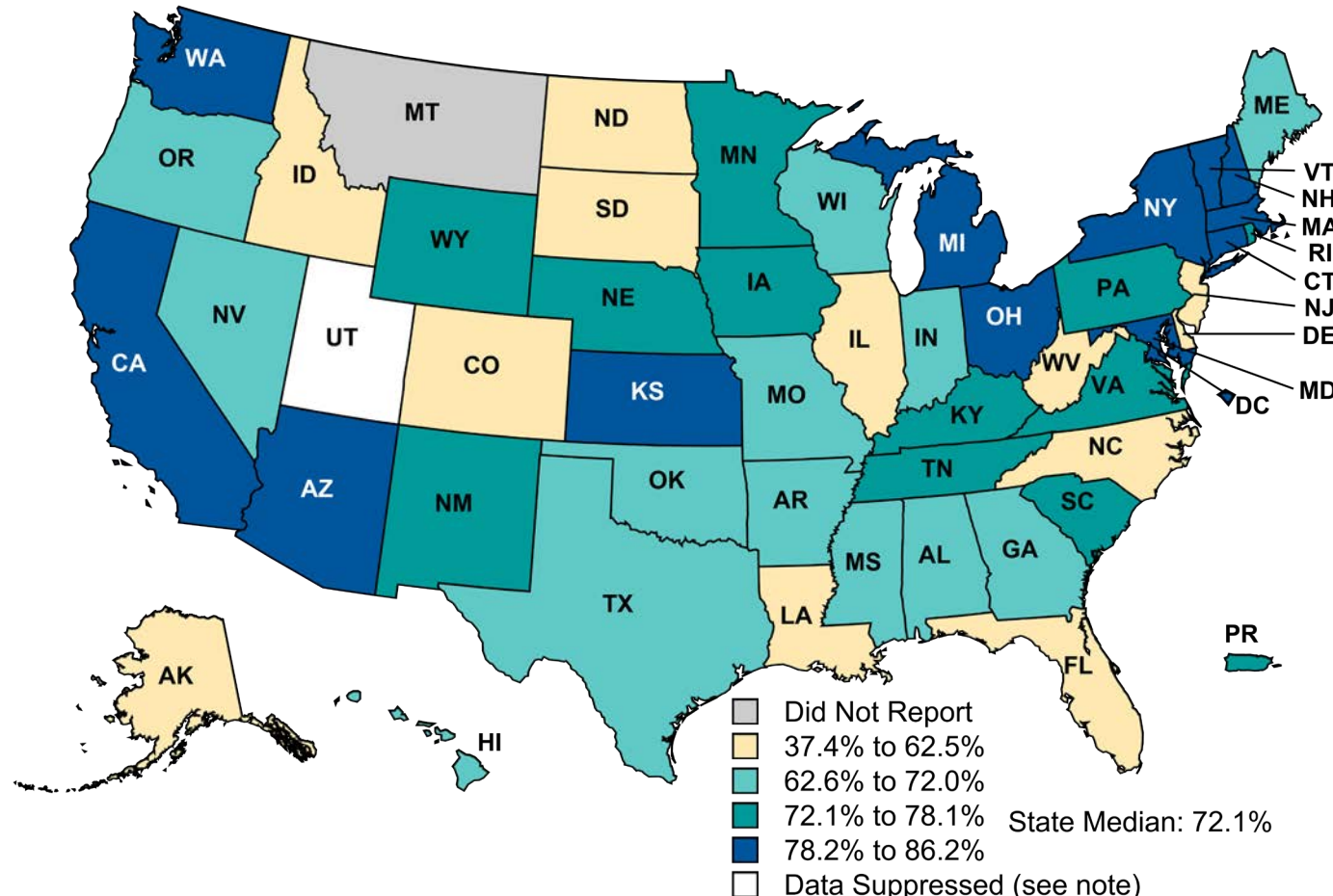


A median of **47** percent of discharges for children and adolescents ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses from January 1 to December 1, 2022 had a follow-up visit within 7 days after discharge.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the 7-Day Follow-Up rate for the Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 measure. 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.

# Percentage of Discharges for Children and Adolescents Ages 6 to 17 Hospitalized for Treatment of Selected Mental Illness or Intentional Self-Harm Diagnoses with a Follow-Up Visit with a Mental Health Provider within 30 Days After Discharge (FUH-CH), 2023 Core Set (n = 50 states)



A median of **72** percent of discharges for children and adolescents ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses from January 1 to December 1, 2022 had a follow-up visit within 30 days after discharge.

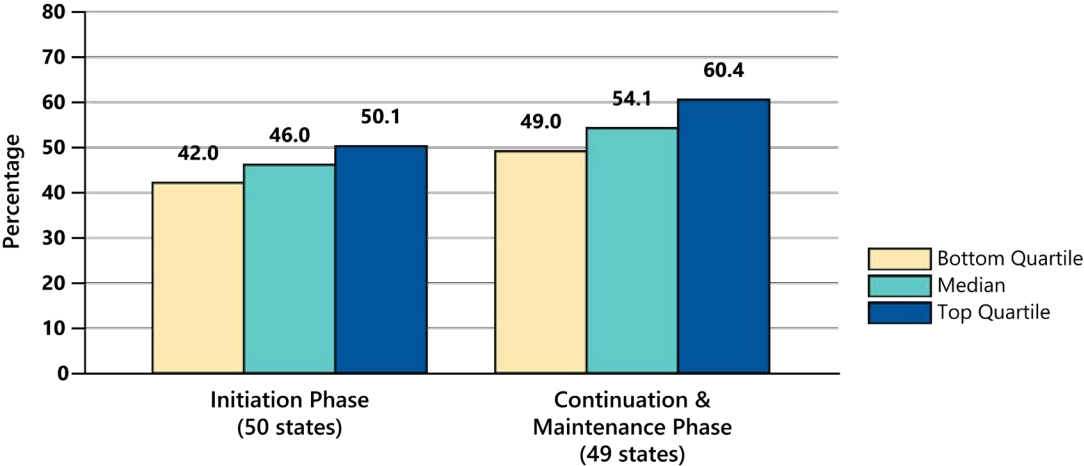
Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the 30-Day Follow-Up rate for the Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 measure. 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.

# 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 Three Follow-Up Care Visits within a 10-month Period, Including One Visit within 30 days (Initiation Phase) and at Least Two More Visits in the Following 9-month Period (Continuation and Maintenance Phase) (ADD-CH), 2023 Core Set**



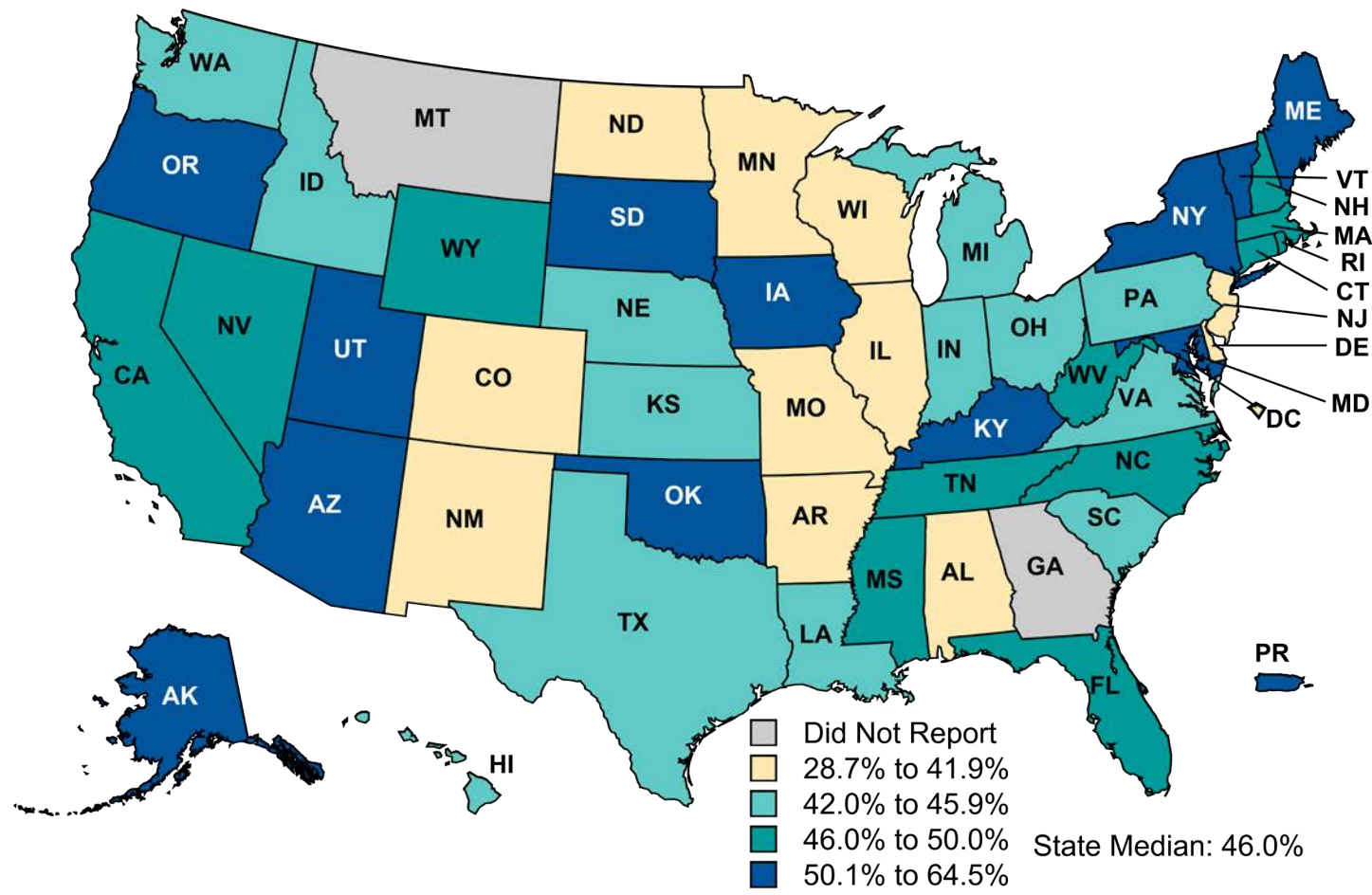
A median of **46** percent of children ages 6 to 12 newly prescribed ADHD medication from March 1, 2021 to February 28, 2022 had a follow-up visit during the 30-day initiation phase and

**54** percent had at least two follow-up visits during the 9-month continuation and maintenance phase.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This measure shows the percentage of children ages 6 to 12 who were newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication from March 1, 2021 to February 28, 2022 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 dispensed. 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.

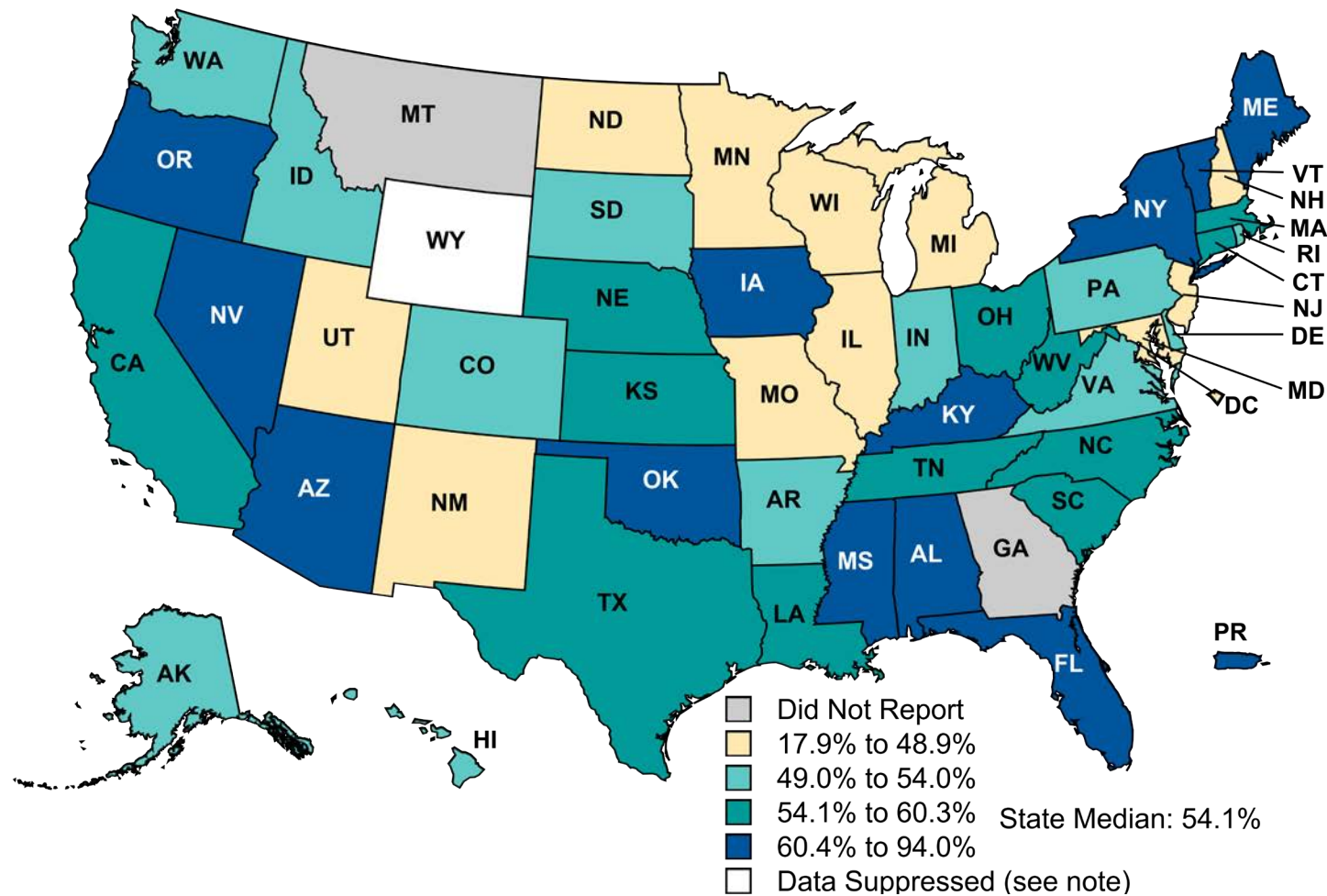
# Percentage of Children Ages 6 to 12 Newly Prescribed Medication for ADHD who had at Least One Visit During the 30-Day Initiation Phase (ADD-CH), 2023 Core Set (n = 50 states)



A median of **46** percent of children ages 6 to 12 newly prescribed ADHD medication from March 1, 2021 to February 28, 2022 had a follow-up visit during the 30-day initiation phase.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.  
Notes: This chart shows state reporting for the Initiation Phase rate for the Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication 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.

# Percentage of Children Newly Prescribed Medication for ADHD who had at Least Two Visits During the 9-Month Continuation and Maintenance Phase (ADD-CH), 2023 Core Set (n = 49 states)



A median of **54** percent of children ages 6 to 12 newly prescribed ADHD medication from March 1, 2021 to February 28, 2022 had at least two follow-up visits during the 9-month continuation and maintenance phase.

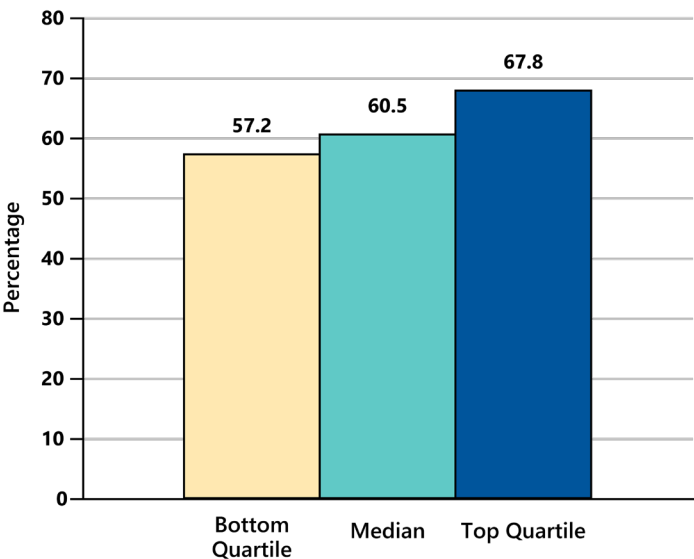
Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the Continuation and Maintenance Phase rate for the Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication measure. 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.

# 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), 2023 Core Set (n = 47 states)



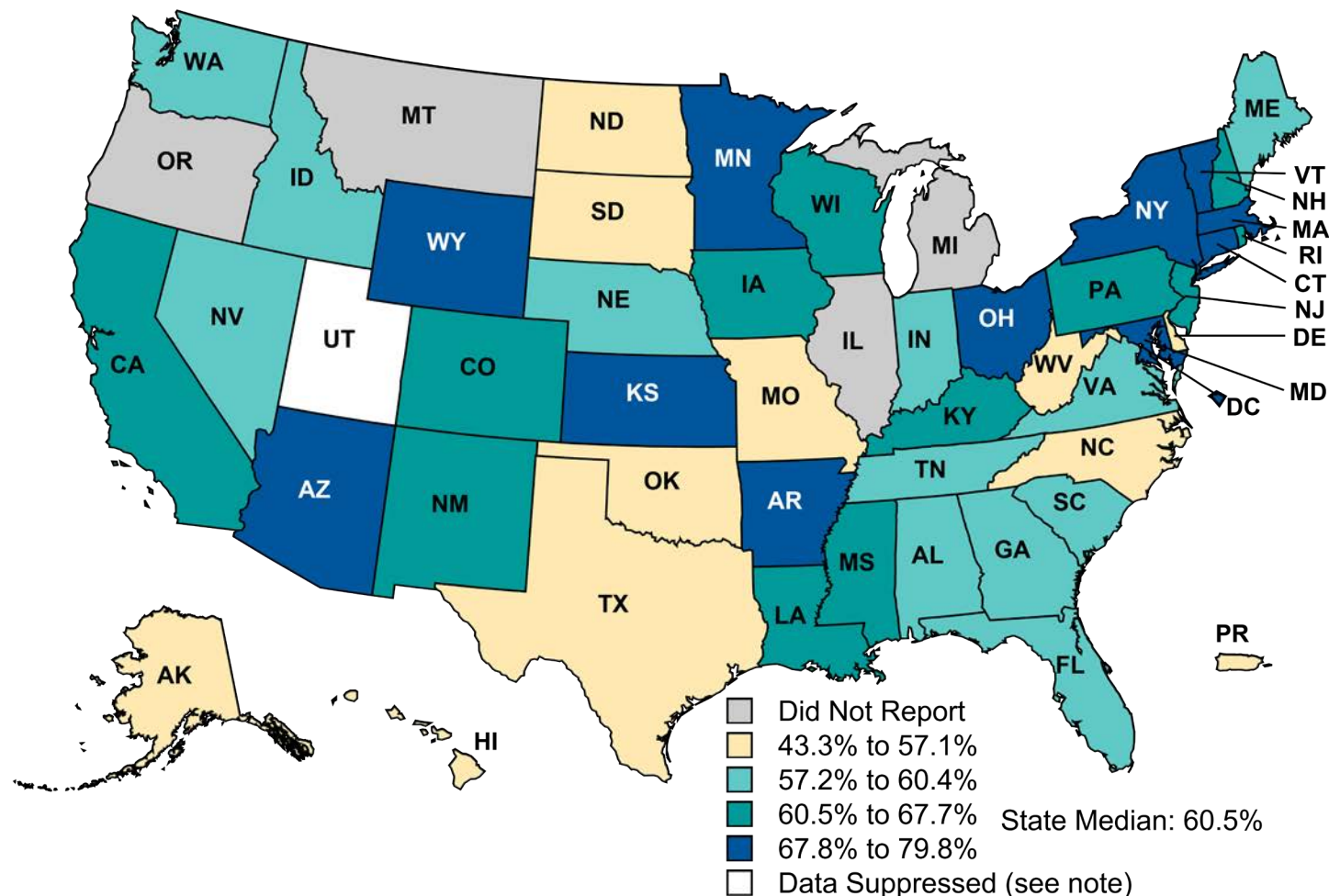
A median of **61** percent of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication from January 1 to December 1, 2022 had documentation of psychosocial care as first-line treatment.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This measure shows the percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication from January 1, 2022 to December 1, 2022 and had documentation of psychosocial care as first-line treatment in the 90 days prior to the prescription through 30 days after the prescription. 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.

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# Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH), 2023 Core Set (n = 47 states)



A median of **61** percent of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication from January 1 to December 1, 2022 had documentation of psychosocial care as first-line treatment.

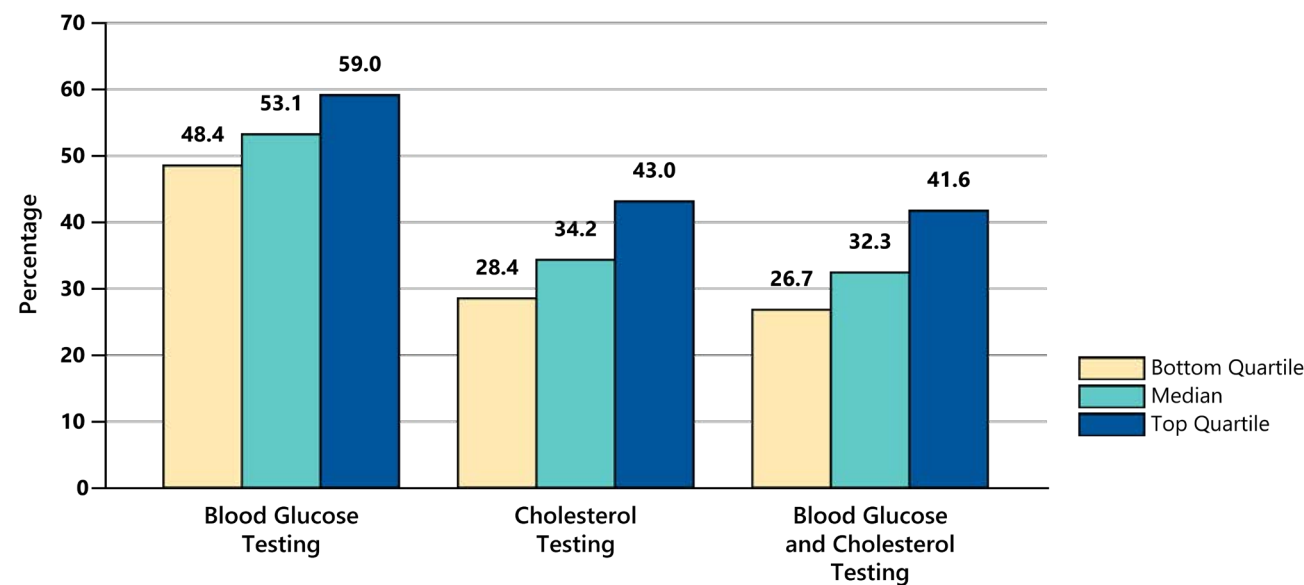
Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

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.

# 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.

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), 2023 Core Set (n = 47 states)

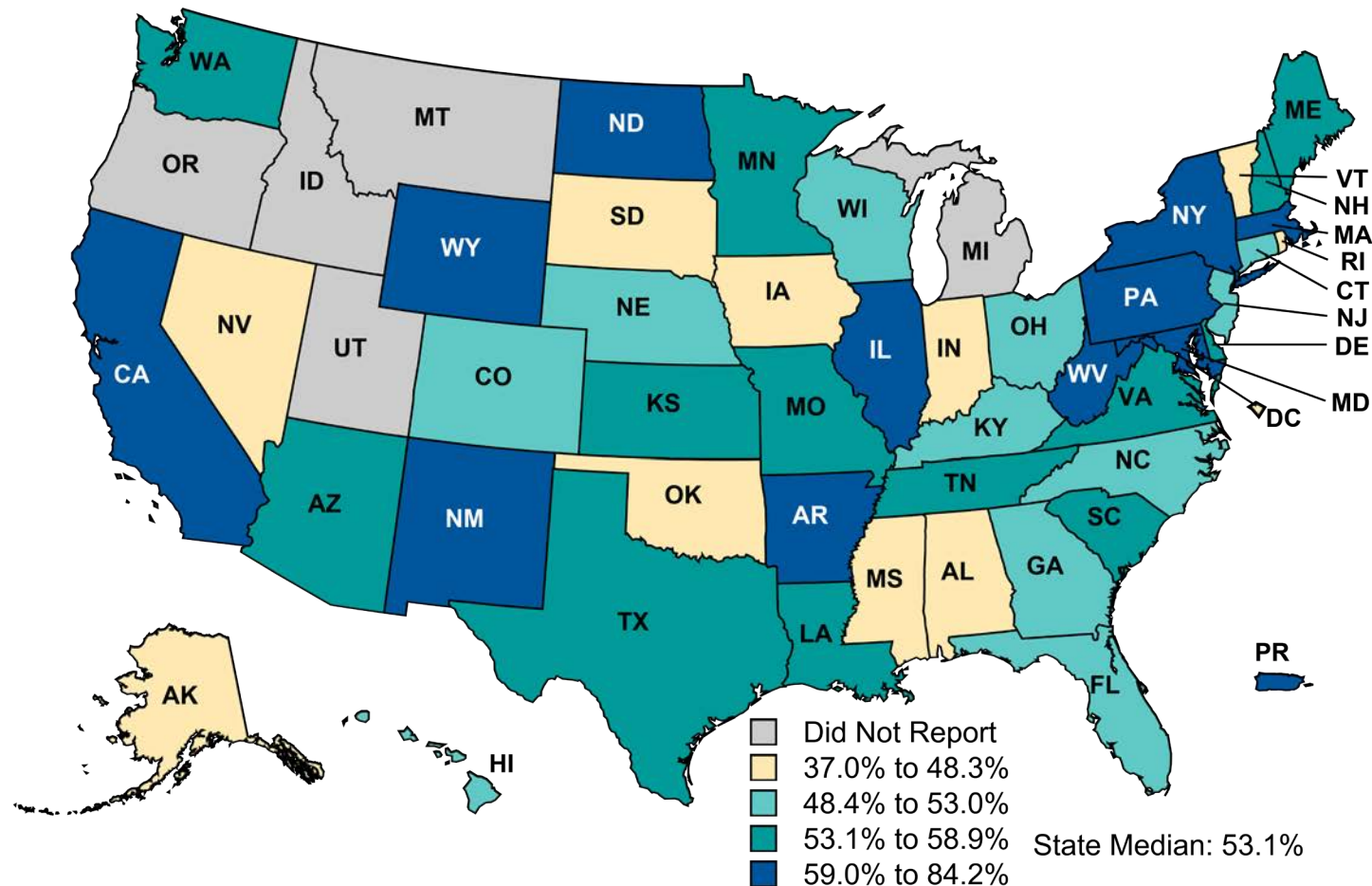


A median of **32** percent of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions had metabolic testing for both blood glucose and cholesterol during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

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 calendar year 2022. 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.

# 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), 2023 Core Set (n = 47 states)

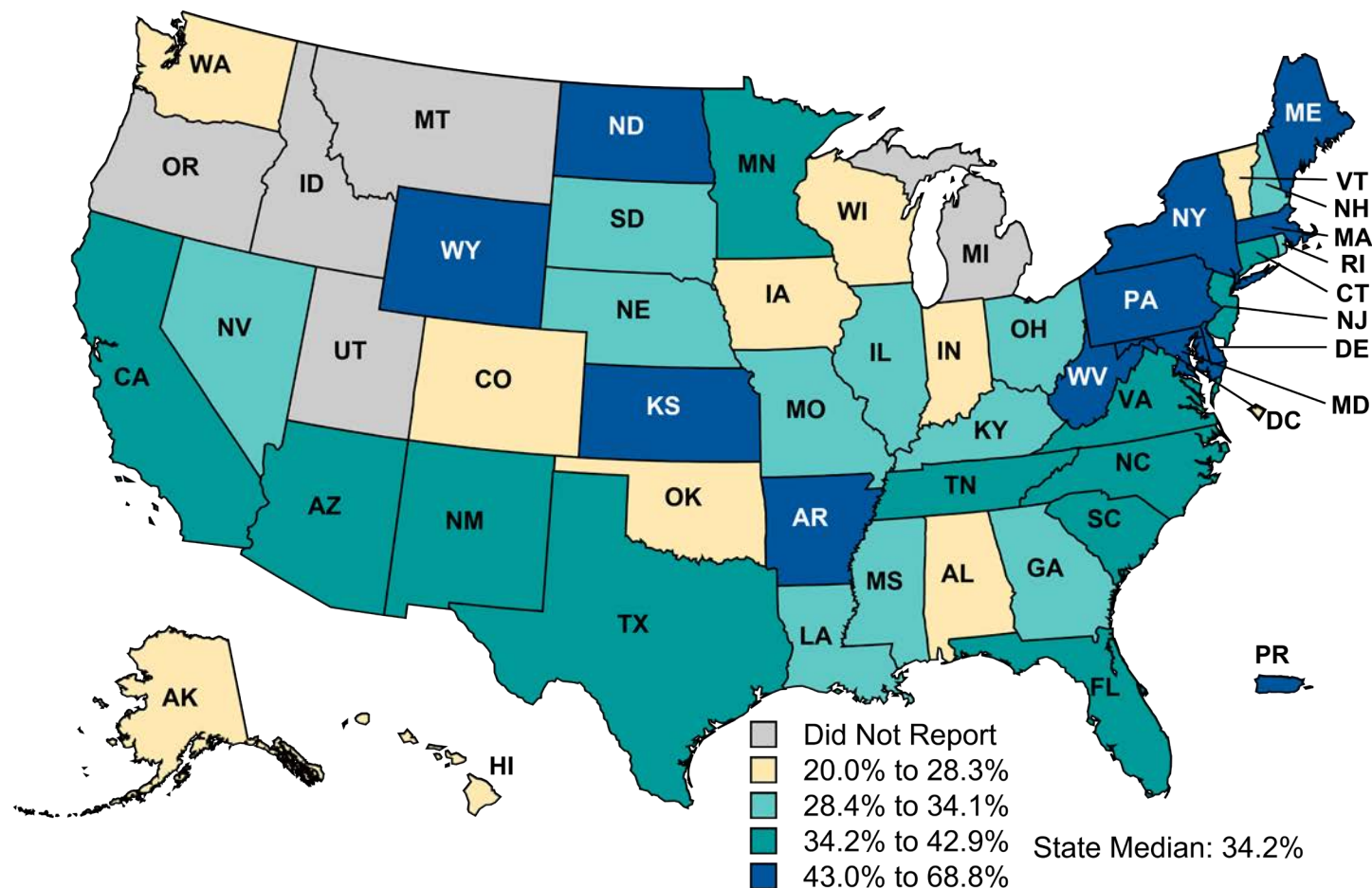


A median of  
**53** percent  
of children and  
adolescents ages 1 to 17  
who had two or more  
antipsychotic prescriptions  
had metabolic testing for  
blood glucose during  
calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the Blood Glucose Testing rate for the Metabolic Monitoring for Children and Adolescents on Antipsychotics 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.

# Percentage of Children and Adolescents Ages 1 to 17 who had Two or More Antipsychotic Prescriptions and had Metabolic Testing for Cholesterol (APM-CH), 2023 Core Set (n = 47 states)

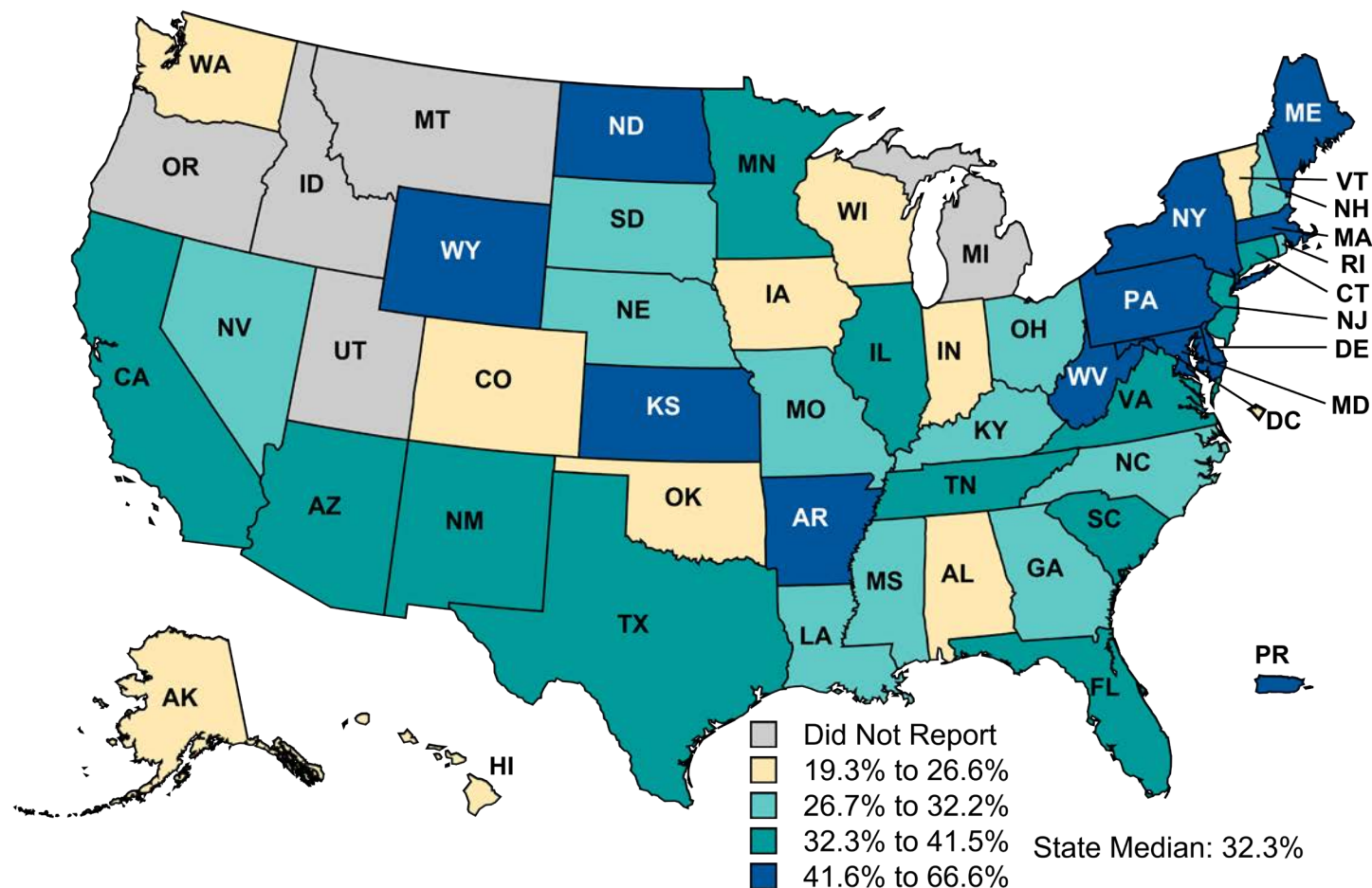


A median of  
**34** percent  
of children and  
adolescents ages 1 to 17  
who had two or more  
antipsychotic prescriptions  
had metabolic testing for  
cholesterol during  
calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the Cholesterol Testing rate for the Metabolic Monitoring for Children and Adolescents on Antipsychotics 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.

# 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), 2023 Core Set (n = 47 states)



A median of  
**32** 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 during  
calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the Blood Glucose and Cholesterol Testing rate for the Metabolic Monitoring for Children and Adolescents on Antipsychotics 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.

# 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>.

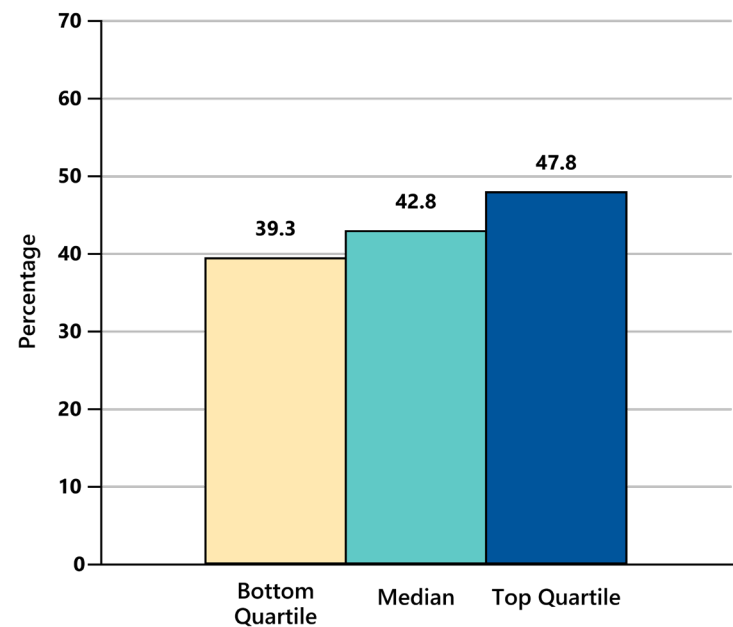
Three measures of dental and oral health services were available for analysis for 2023.

- 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.

Percentage of Enrolled Children Under Age 21 who Received a Comprehensive or Periodic Oral Evaluation within the Measurement Year (OEV-CH), 2023 Core Set (n = 38 states)

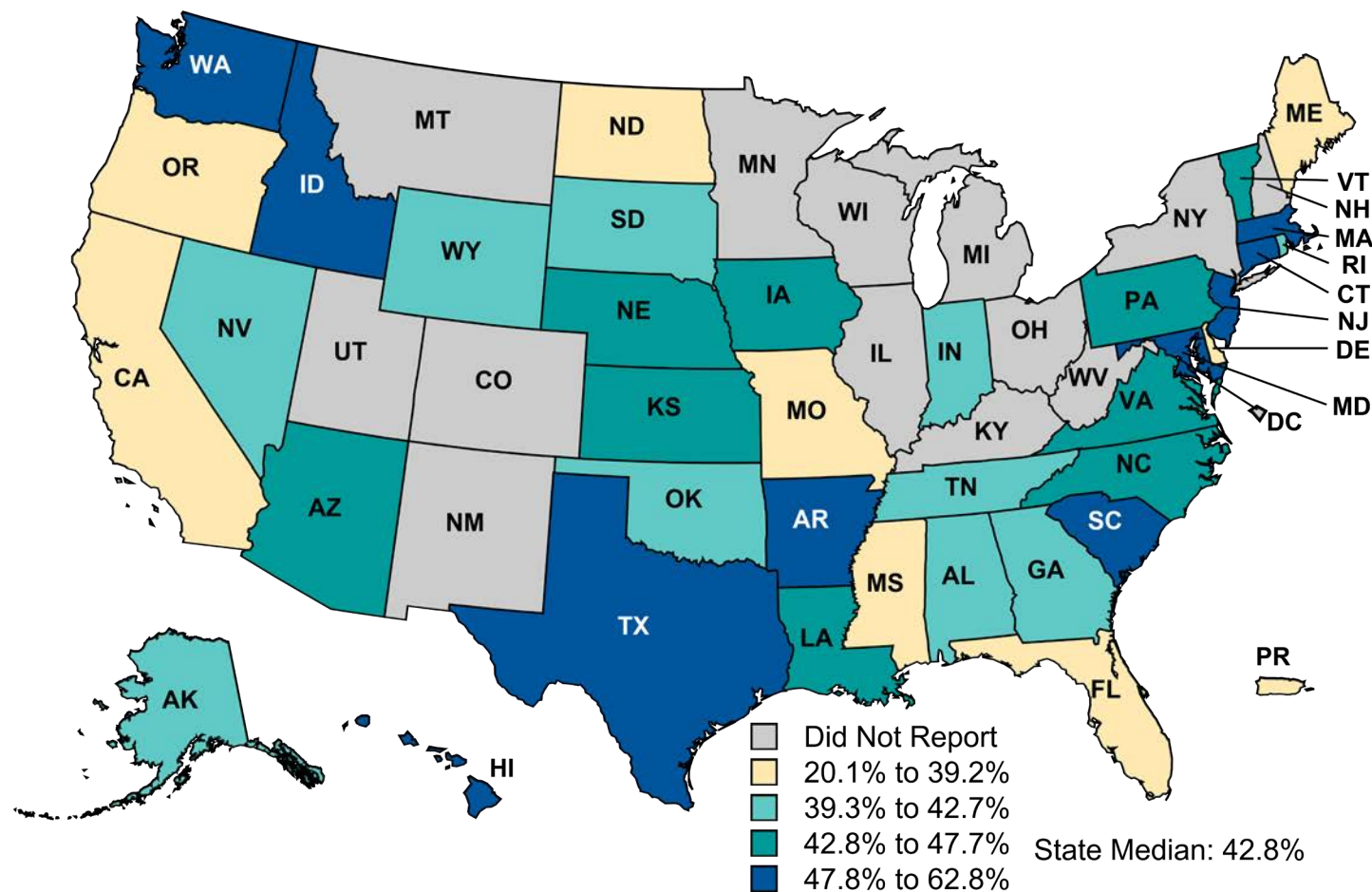


A median of **43** percent of enrolled children under age 21 received a comprehensive or periodic oral evaluation during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This measure shows the percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation during calendar year 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.

# Oral Evaluation, Dental Services (OEV-CH), 2023 Core Set (n = 38 states)



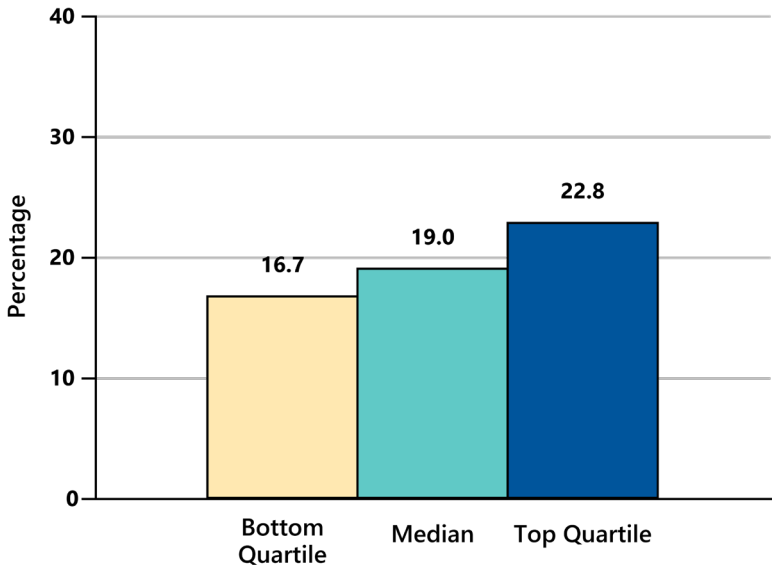
A median of **43** percent of enrolled children under age 21 received a comprehensive or periodic oral evaluation during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.  
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

Dental caries (also called tooth decay or cavities) is one of the more common chronic diseases affecting children in the United States. Clinical recommendations suggest that applying topical fluoride to children’s teeth every three to six months reduces the risk of dental caries.

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), 2023 Core Set (n = 37 states)

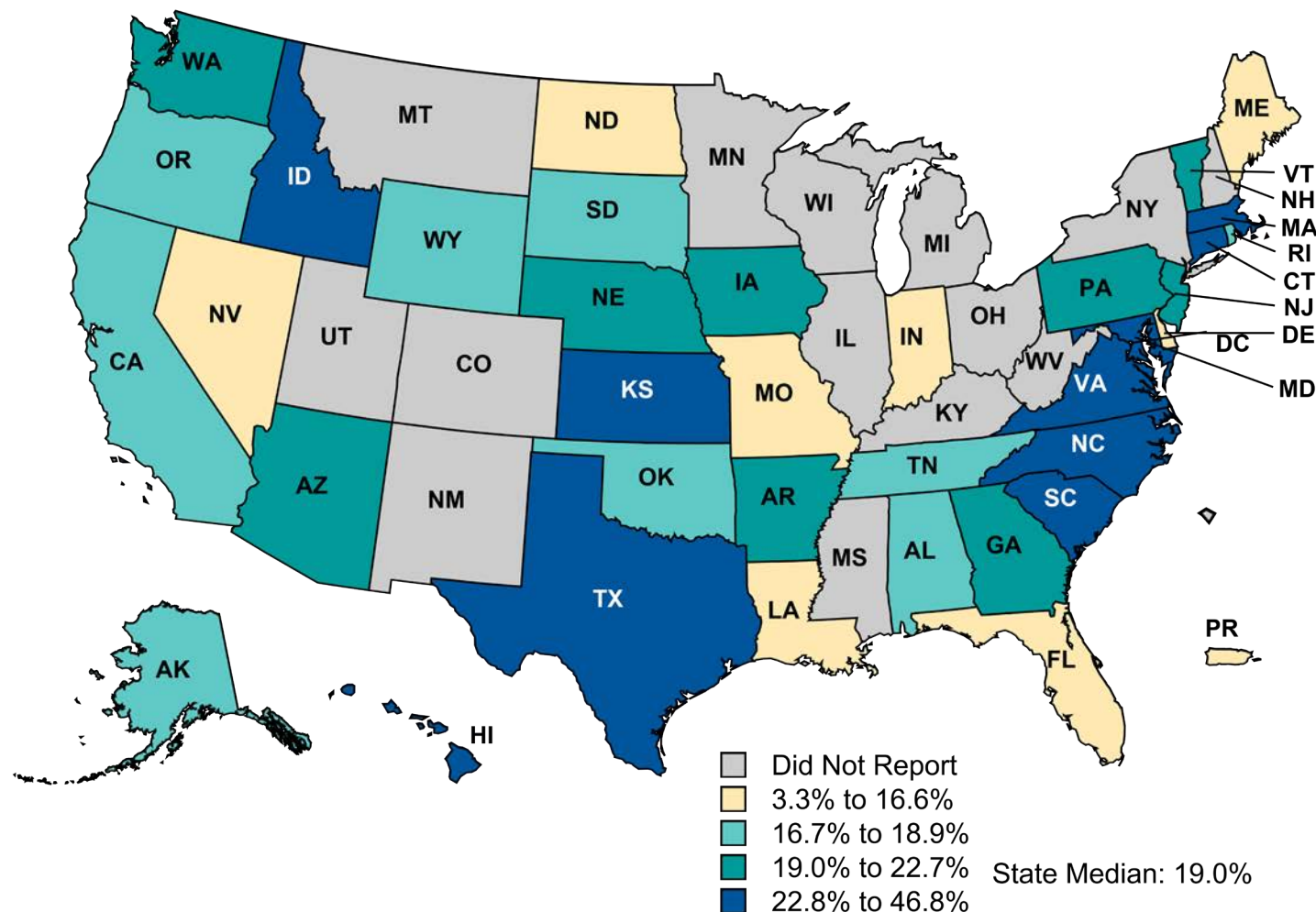


A median of **19** percent of enrolled children ages 1 to 20 received at least two topical fluoride applications during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

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 during calendar year 2022. “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. 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 the 2023 Core Set. This chart shows state reporting for the dental or oral health services rate. 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 (TFL-CH), 2023 Core Set (n = 37 states)



A median of  
**19** percent  
of enrolled children  
ages 1 to 20 received  
at least two topical  
fluoride applications  
during calendar year  
2022.

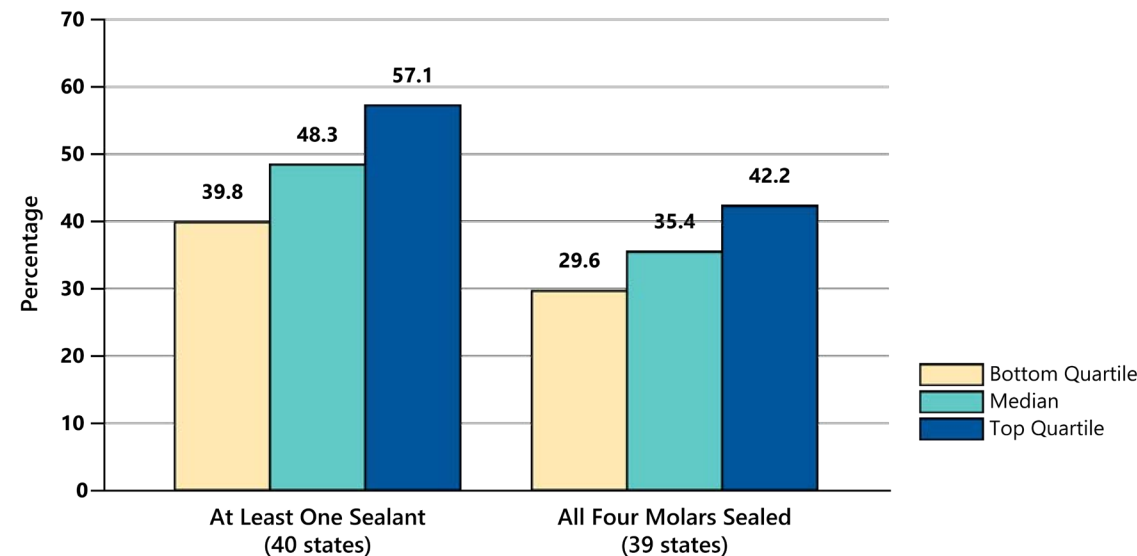
Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

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.

Percentage of Children who have Ever Received Sealants on Permanent First Molar Teeth by their 10th Birthdate (SFM-CH), 2023 Core Set



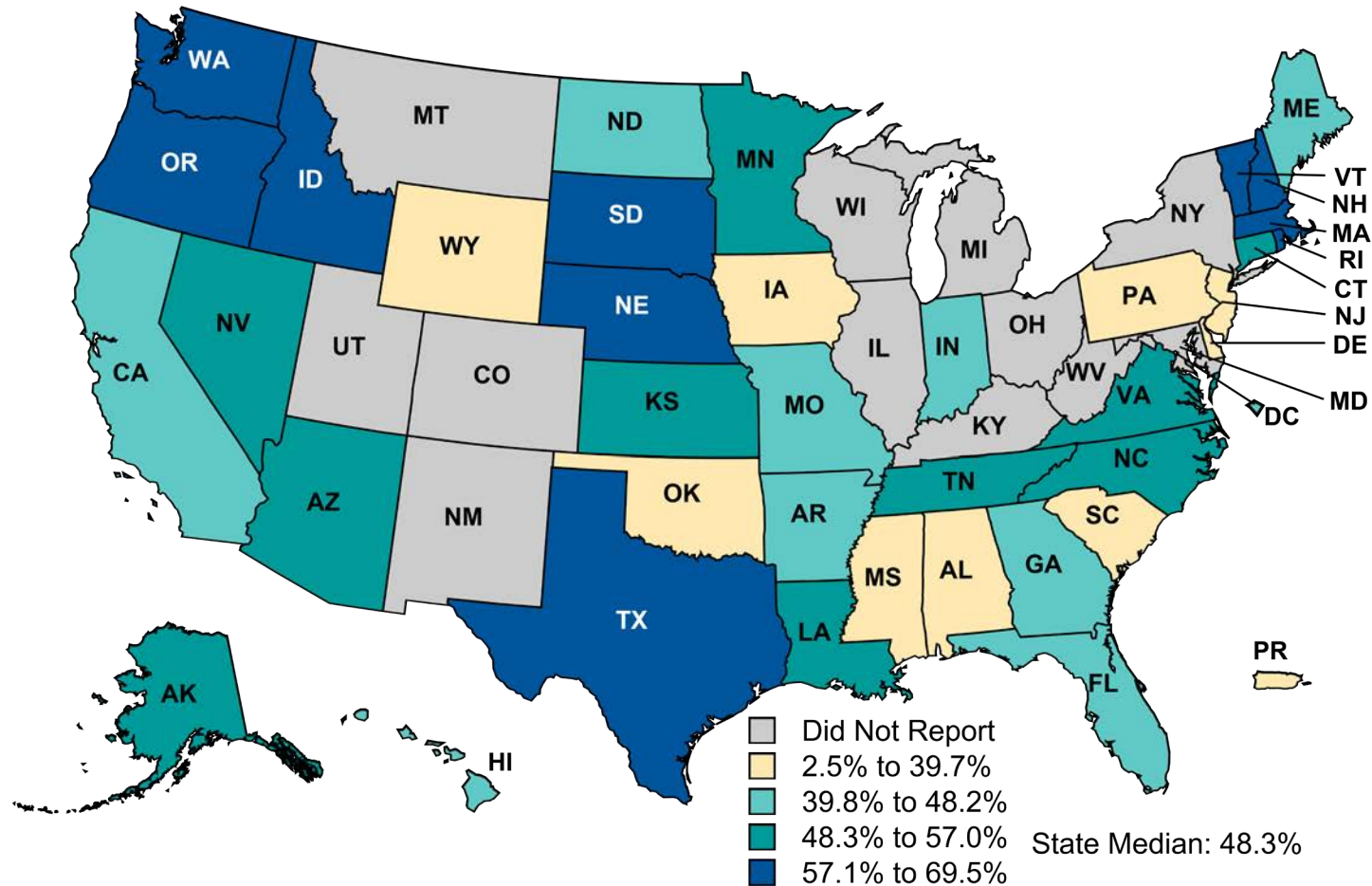
A median of **48** percent of children who turned age 10 during calendar year 2022 have received at least one sealant on a permanent first molar tooth and

**35** percent have received sealants on all four permanent first molars in the 48 months prior to their 10<sup>th</sup> birthday.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This measure shows the percentage of enrolled children who turned 10 during calendar year 2022 who have ever received sealants on permanent first molar teeth. Two rates are reported: (1) at least one sealant within the 48 months prior to the 10th birthdate and (2) all four molars sealed within the 48 months prior to the 10th birthdate. 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.

## Percentage of Children who have Ever Received at Least One Sealant on a Permanent First Molar Tooth by their 10th Birthdate (SFM-CH), 2023 Core Set (n = 40 states)

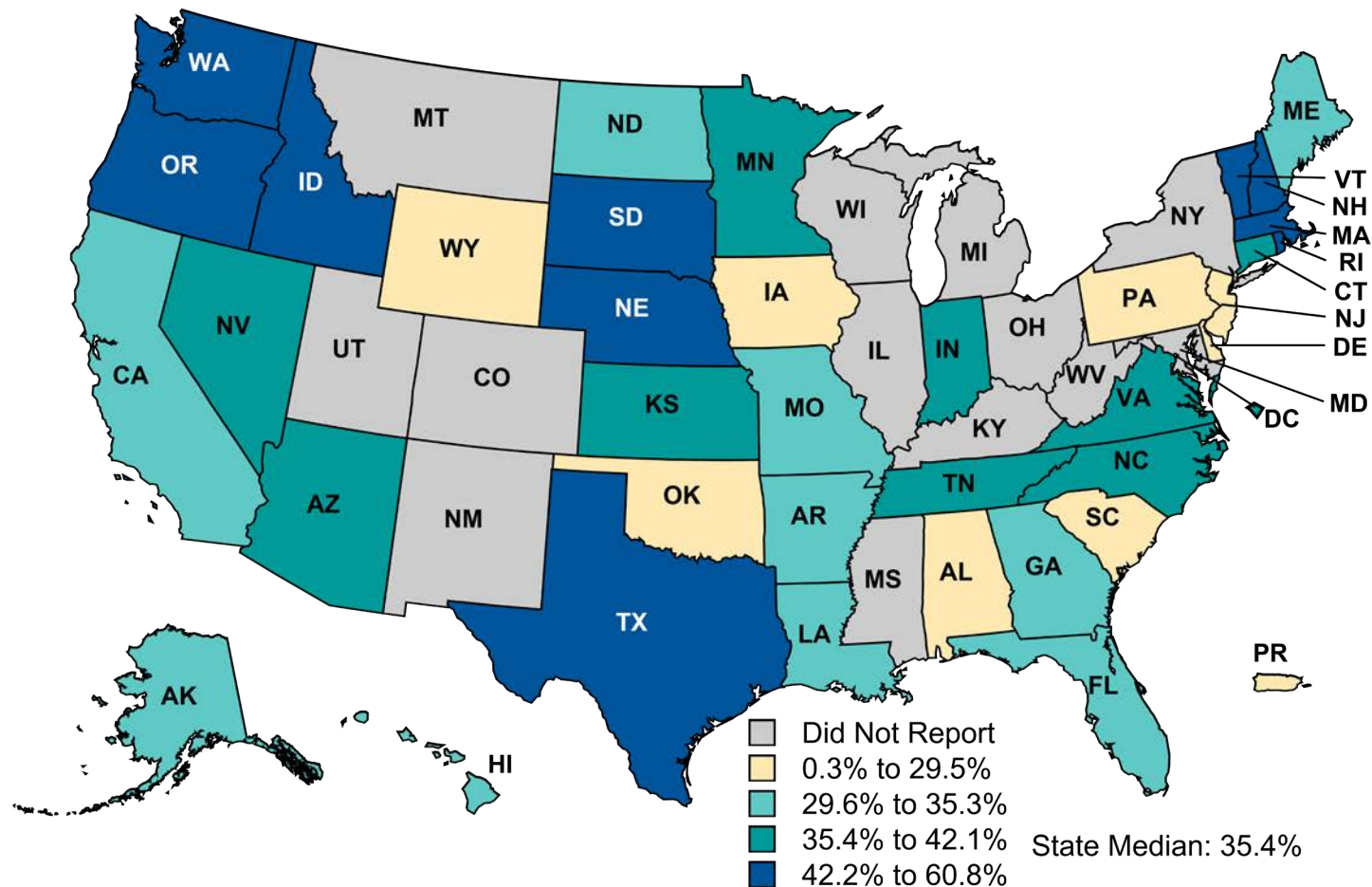


A median of  
**48** percent  
of children who turned  
age 10 during calendar  
year 2022 have  
received at least one  
sealant on a  
permanent first molar  
tooth in the first 48  
months prior to their  
10<sup>th</sup> birthday.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the At Least One Sealant rate for the Sealant Receipt on Permanent First Molars 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.

# Percentage of Children who have Ever Received Sealants on All Four Permanent First Molars by their 10th Birthdate (SFM-CH), 2023 Core Set (n = 39 states)



A median of **35** percent of children who turned age 10 during calendar year 2022 have received sealants on all four permanent first molars in the 48 months prior to their 10<sup>th</sup> birthday.

Source: Mathematica analysis of the QMR system reports for the 2023 reporting cycle as of May 16, 2024.

Notes: This chart shows state reporting for the All Four Molars Sealed rate for the Sealant Receipt on Permanent First Molars measure. This chart excludes Mississippi, which reported the measure but did not provide data for the All Four Permanent Molars Sealed 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.

# Experience of Care

Patient experience surveys are a vital component of CMS efforts to improve the quality of care provided to Medicaid and CHIP beneficiaries. These surveys focus on how patients experienced critical aspects of their care, including their health care providers and health plans. The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan survey<sup>1</sup> provides information about parents' experiences with their child's health care. For example, parents are asked to report on their experience communicating with their child's doctors and coordinating their healthcare needs.

Eight indicators from the CAHPS Health Plan Survey 5.1H, Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items of Experience of Care were available for analysis for 2023.

- **Composite Measures**
  - Getting Needed Care
  - Getting Care Quickly
  - How Well Doctors Communicate
  - Health Plan Information and Customer Service
- **Ratings**
  - Rating of Personal Doctor
  - Rating of Specialist
  - Rating of Health Care
  - Rating of Health Plan

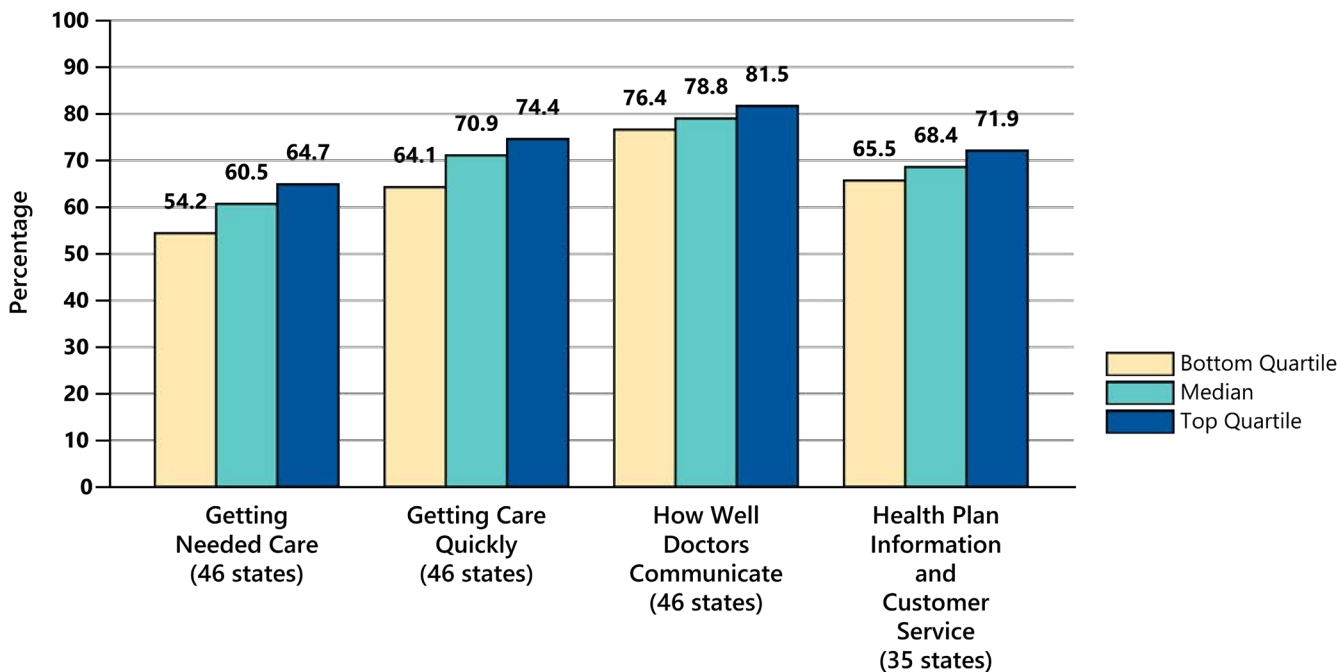
These results reflect the general child (GC) population, which includes children originally selected for the GC sample and children originally selected for the Children with Chronic Conditions (CCC) supplemental sample who did not meet the CCC survey-based screening criteria. Rates for the CCC population are not reported for the 2023 Core Set because they were reported by fewer than 25 states.

<sup>1</sup> For more information about the CAHPS survey included in the Child Core Set, see: <https://www.cms.gov/data-research/research/consumer-assessment-healthcare-providers-systems>.

# CAHPS Health Plan Survey 5.1H, Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items - Composites

The child Medicaid version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey shows information reported by parents on their experiences with the health care provided to their children and gives a general indication of how well the health care meets their expectations. State-level performance on eight CAHPS indicators is being publicly reported for the first time for the 2023 Core Set.

Percentage Responding “Always” to Composite Measures of Care Provided to Children Ages 0 to 17, as Submitted to the 2023 AHRQ CAHPS Health Plan Survey Database for the 2023 Core Set (CPC-CH)



A median of **61** percent of children ages 0 to 17 always received needed care, as reported by parents in surveys that were conducted between July 2022 and June 2023.

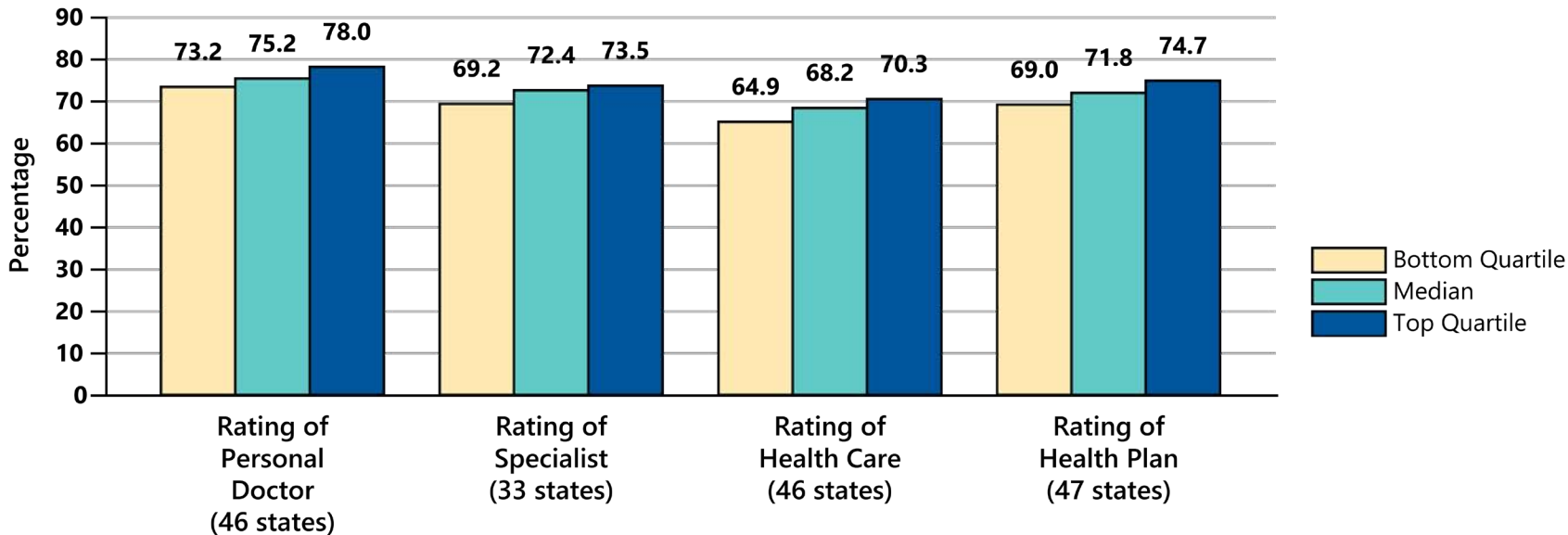
Source: Agency for Healthcare Research and Quality (AHRQ) and CMS analysis of the AHRQ CAHPS Database as of January 24, 2024.

Notes: This measure shows information on parents’ experiences with their child’s health care. Results summarize their experiences through composites (including getting needed care, getting care quickly, how well doctors communicate, and customer service) and ratings (including rating of personal doctor, rating of specialist seen most often, rating of all health care, and rating of health plan). Results are based on surveys that were conducted from July 2022 through June 2023 and reflect responses about the care a beneficiary received in the six months prior to the survey. The following state conducted CAHPS for Child Medicaid and CHIP beneficiaries and submitted data to the AHRQ CAHPS Database for the 2023 reporting period but did not authorize use for Core Set reporting: Florida. 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.

# CAHPS Health Plan Survey 5.1H, Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items - Ratings

The child Medicaid version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey shows information reported by parents on their experiences with the health care provided to their children and gives a general indication of how well the health care meets their expectations. State-level performance on eight CAHPS indicators is being publicly reported for the first time for the 2023 Core Set.

## Percentage Responding “9” or “10” out of 10 to Ratings of Care Provided to Children Ages 0 to 17, as Submitted to the 2023 AHRQ CAHPS Health Plan Survey Database for the 2023 Core Set (CPC-CH)

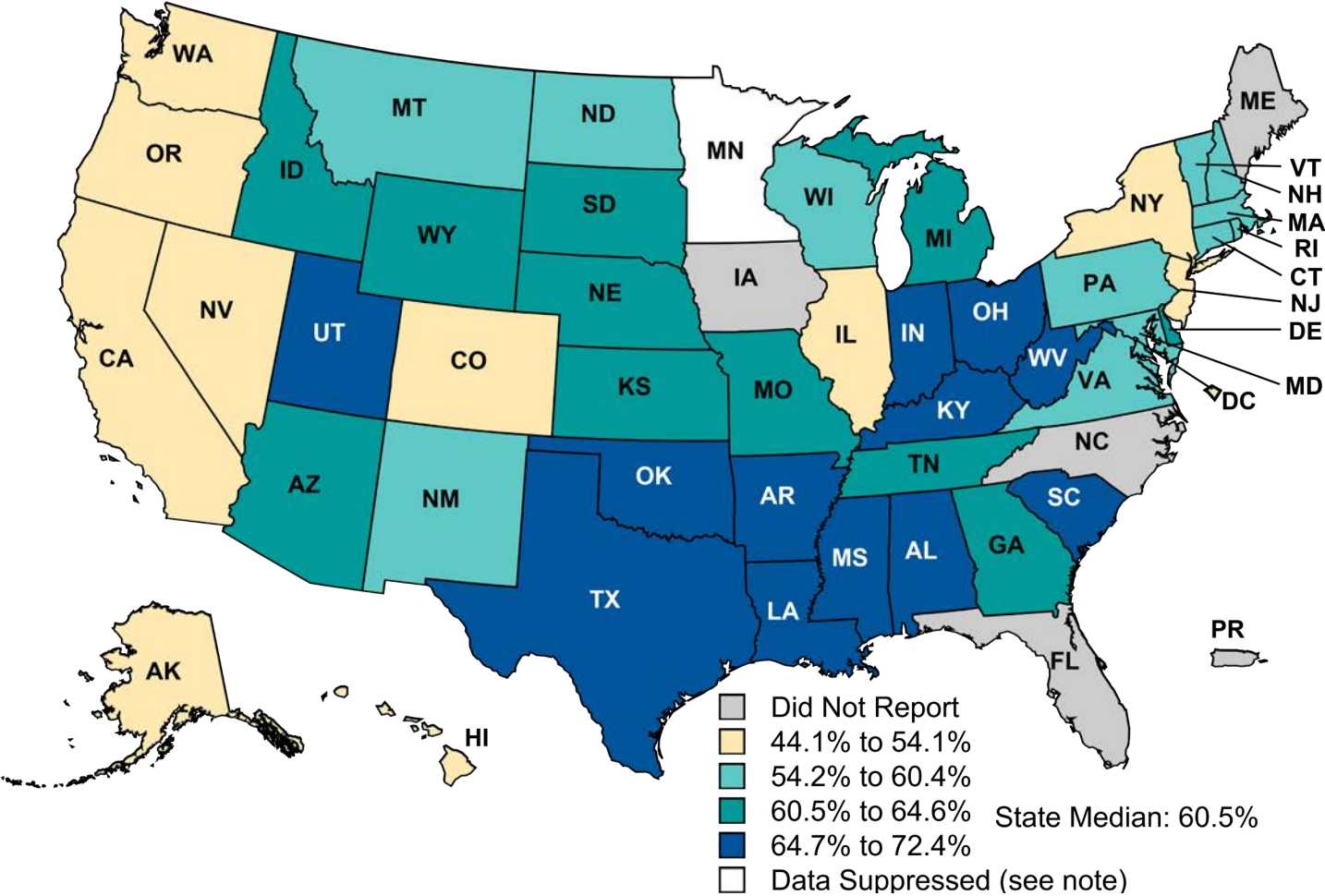


A median of **68** percent of children ages 0 to 17 had their health care rated a 9 or 10 out of 10, as reported by parents in surveys that were conducted between July 2022 and June 2023.

Source: Agency for Healthcare Research and Quality (AHRQ) and CMS analysis of the AHRQ CAHPS Database as of January 24, 2024.

Notes: This measure shows information on parents’ experiences with their child’s health care. Results summarize their experiences through composites (including getting needed care, getting care quickly, how well doctors communicate, and customer service) and ratings (including rating of personal doctor, rating of specialist seen most often, rating of all health care, and rating of health plan). Results are based on surveys that were conducted from July 2022 through June 2023 and reflect responses about the care a beneficiary received in the six months prior to the survey. The following state conducted CAHPS for Child Medicaid and CHIP beneficiaries and submitted data to the AHRQ CAHPS Database for the 2023 reporting period but did not authorize use for Core Set reporting: Florida. 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.

# Percentage of Children Ages 0 to 17 who “Always” got Needed Care, as Reported by Parents (CPC-CH), 2023 Core Set (n = 46 states)

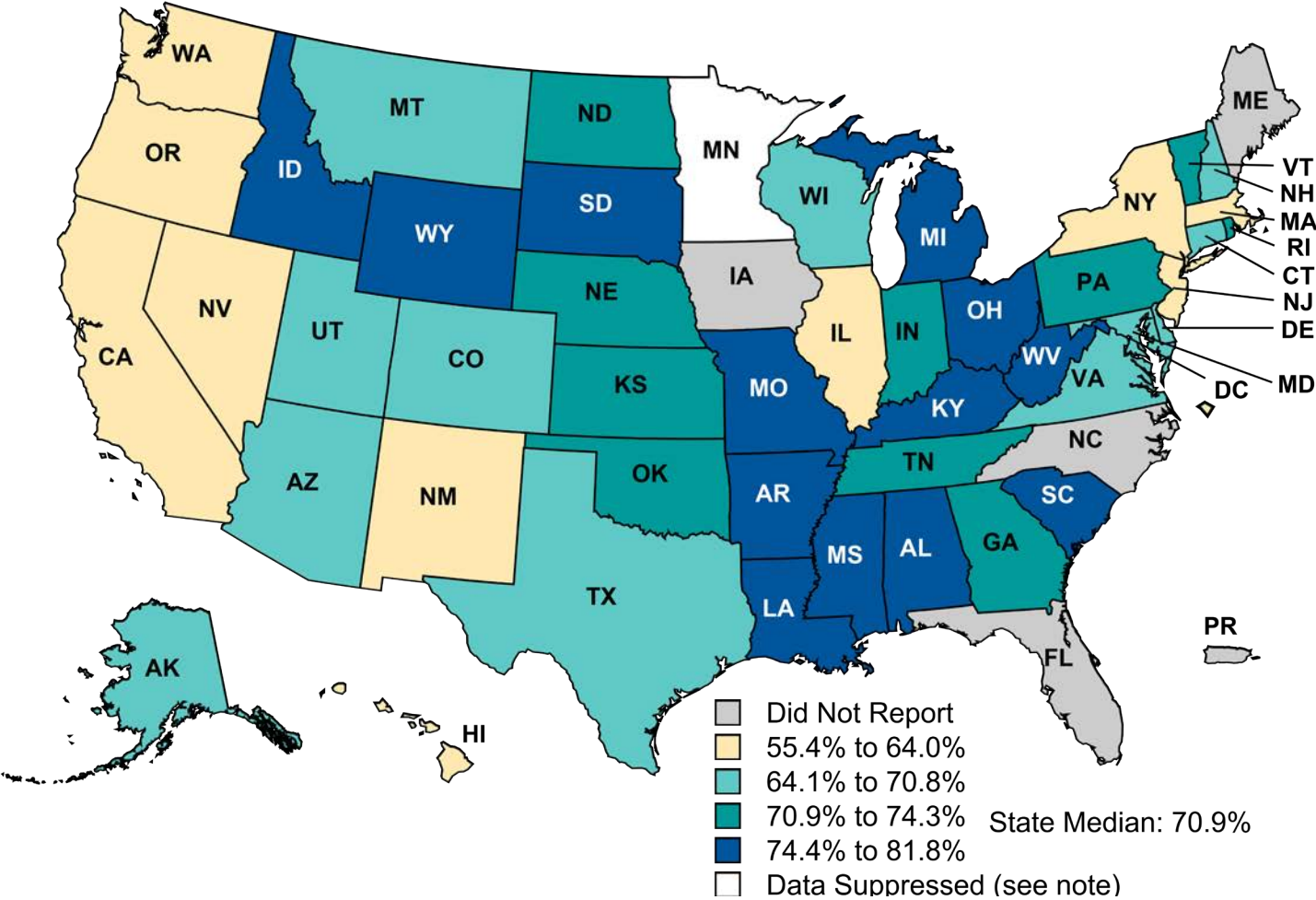


A median of **61** percent of children ages 0 to 17 always got needed care, as reported by parents in surveys that were conducted between July 2022 and June 2023.

Source: Agency for Healthcare Research and Quality (AHRQ) and CMS analysis of the AHRQ CAHPS Database as of January 24, 2024.

Notes: This chart shows state reporting for the Getting Needed Care Composite for the Child CAHPS 5.1H (Medicaid) measure. This measure shows information on parents’ experiences with their child’s health care. The following state conducted CAHPS for Child Medicaid and CHIP beneficiaries and submitted data to the AHRQ CAHPS Database for the 2023 reporting period but did not authorize use for Core Set reporting: Florida. Data were suppressed for Minnesota because either fewer than 100 beneficiaries responded to the survey or because fewer than 20 beneficiaries provided the selected response option (e.g., “Always” for composite measures). 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.

# Percentage of Children Ages 0 to 17 who “Always” Got Care Quickly, as Reported by Parents (CPC-CH), 2023 Core Set (n = 46 states)

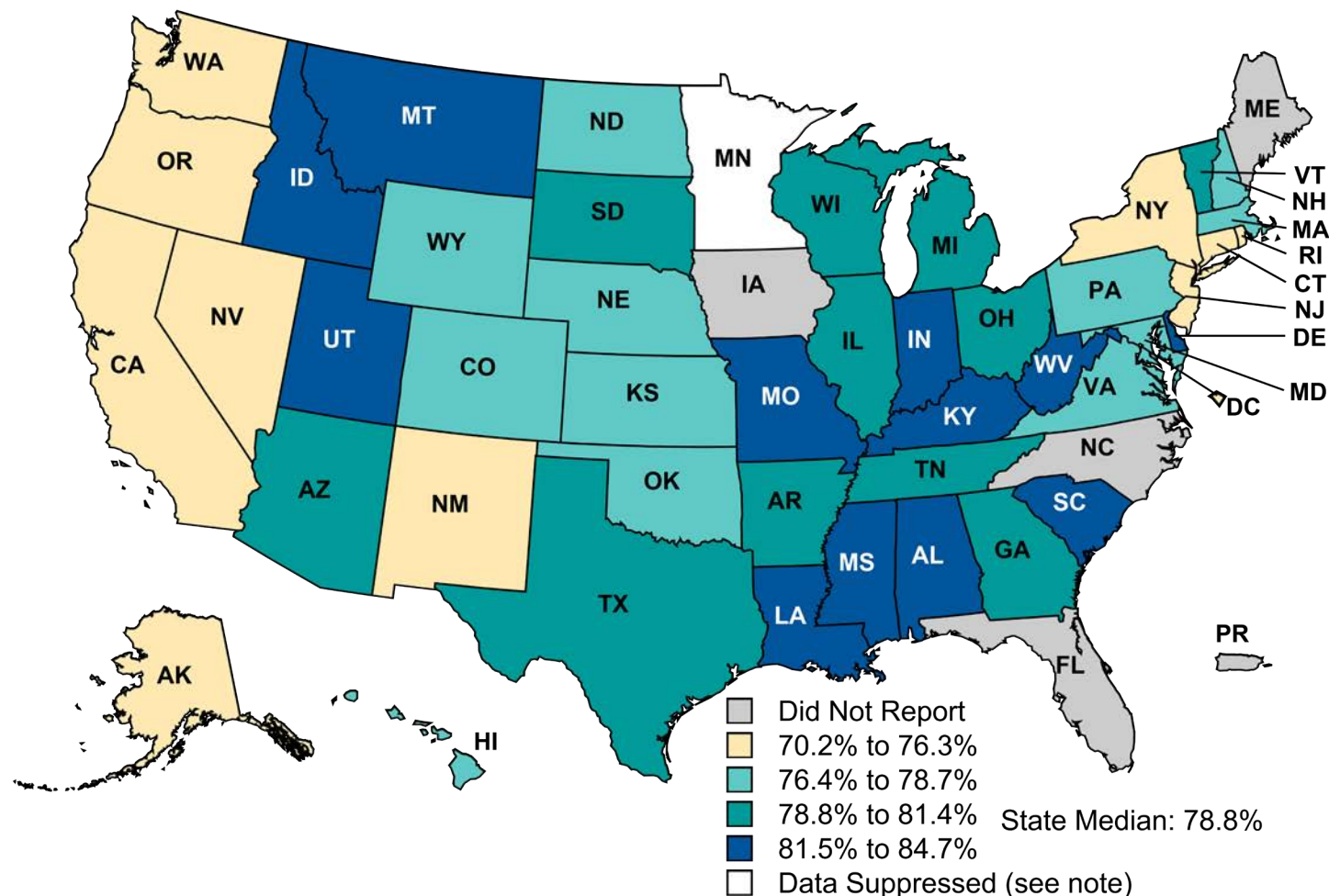


A median of **71** percent of children ages 0 to 17 always got care quickly, as reported by parents in surveys that were conducted between July 2022 and June 2023.

Source: Agency for Healthcare Research and Quality (AHRQ) and CMS analysis of the AHRQ CAHPS Database as of January 24, 2024.

Notes: This chart shows state reporting for the Getting Care Quickly Composite for the Child CAHPS 5.1H (Medicaid) measure. This measure shows information on parents' experiences with their child's health care. The following state conducted CAHPS for Child Medicaid and CHIP beneficiaries and submitted data to the AHRQ CAHPS Database for the 2023 reporting period but did not authorize use for Core Set reporting: Florida. Data were suppressed for Minnesota because either fewer than 100 beneficiaries responded to the survey or because fewer than 20 beneficiaries provided the selected response option (e.g., "Always" for composite measures). 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.

# Percentage of Children Ages 0 to 17 whose Doctor “Always” Communicated Well, as Reported by Parents (CPC-CH), 2023 Core Set (n = 46 states)

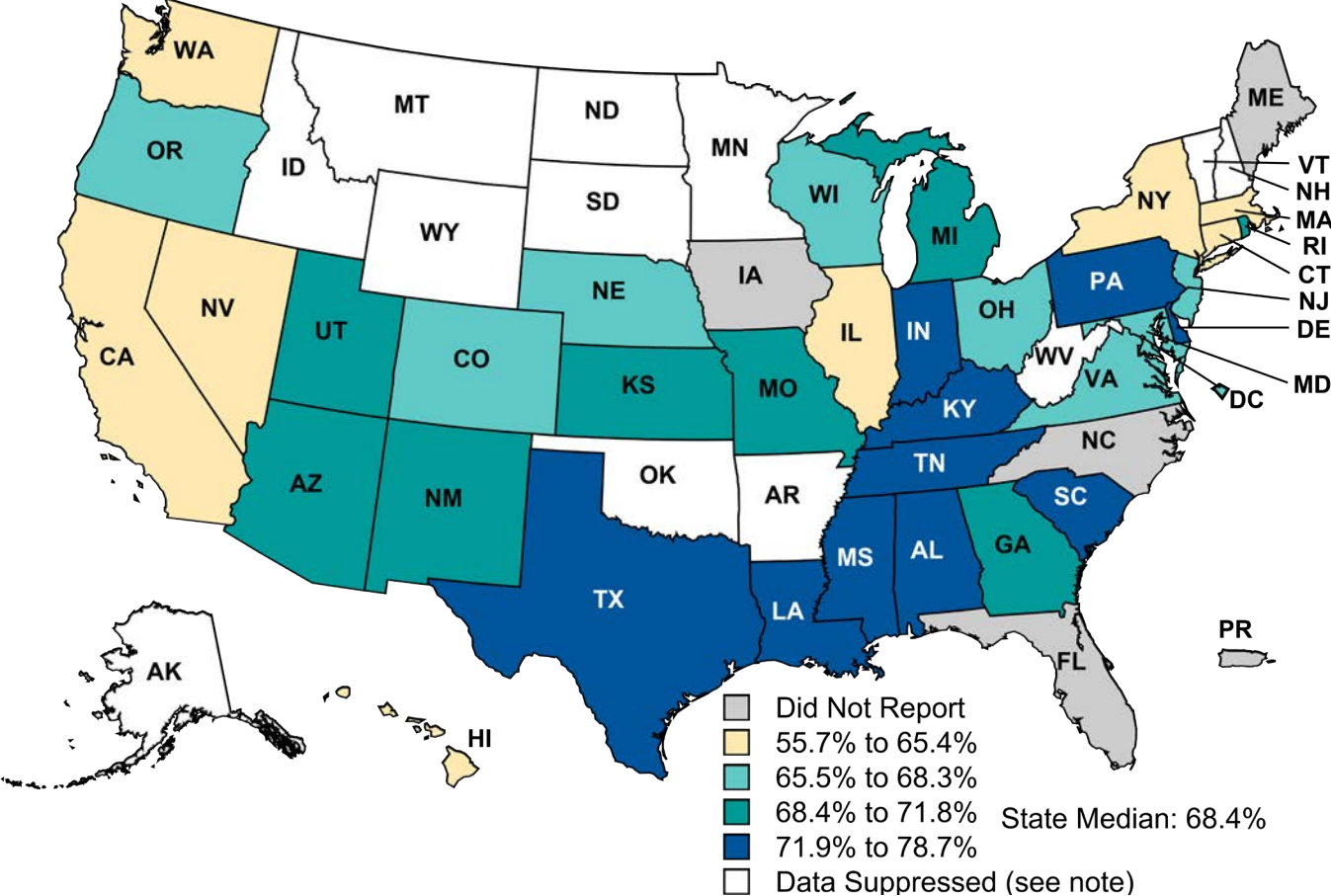


A median of  
**79** percent  
of children ages 0 to 17  
had a doctor who  
always communicated  
well, as reported by  
parents in surveys that  
were conducted  
between July 2022 and  
June 2023.

Source: Agency for Healthcare Research and Quality (AHRQ) and CMS analysis of the AHRQ CAHPS Database as of January 24, 2024.

Notes: This chart shows state reporting for the How Well Doctors Communicate Composite for the Child CAHPS 5.1H (Medicaid) measure. This measure shows information on parents' experiences with their child's health care. The following state conducted CAHPS for Child Medicaid and CHIP beneficiaries and submitted data to the AHRQ CAHPS Database for the 2023 reporting period but did not authorize use for Core Set reporting: Florida. Data were suppressed for Minnesota because either fewer than 100 beneficiaries responded to the survey or because fewer than 20 beneficiaries provided the selected response option (e.g., "Always" for composite measures). 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.

# Percentage of Children Ages 0 to 17 whose Health Plan Customer Service “Always” Gave Helpful Information and was Courteous and Respectful, as Reported by Parents (CPC-CH), 2023 Core Set (n = 35 states)

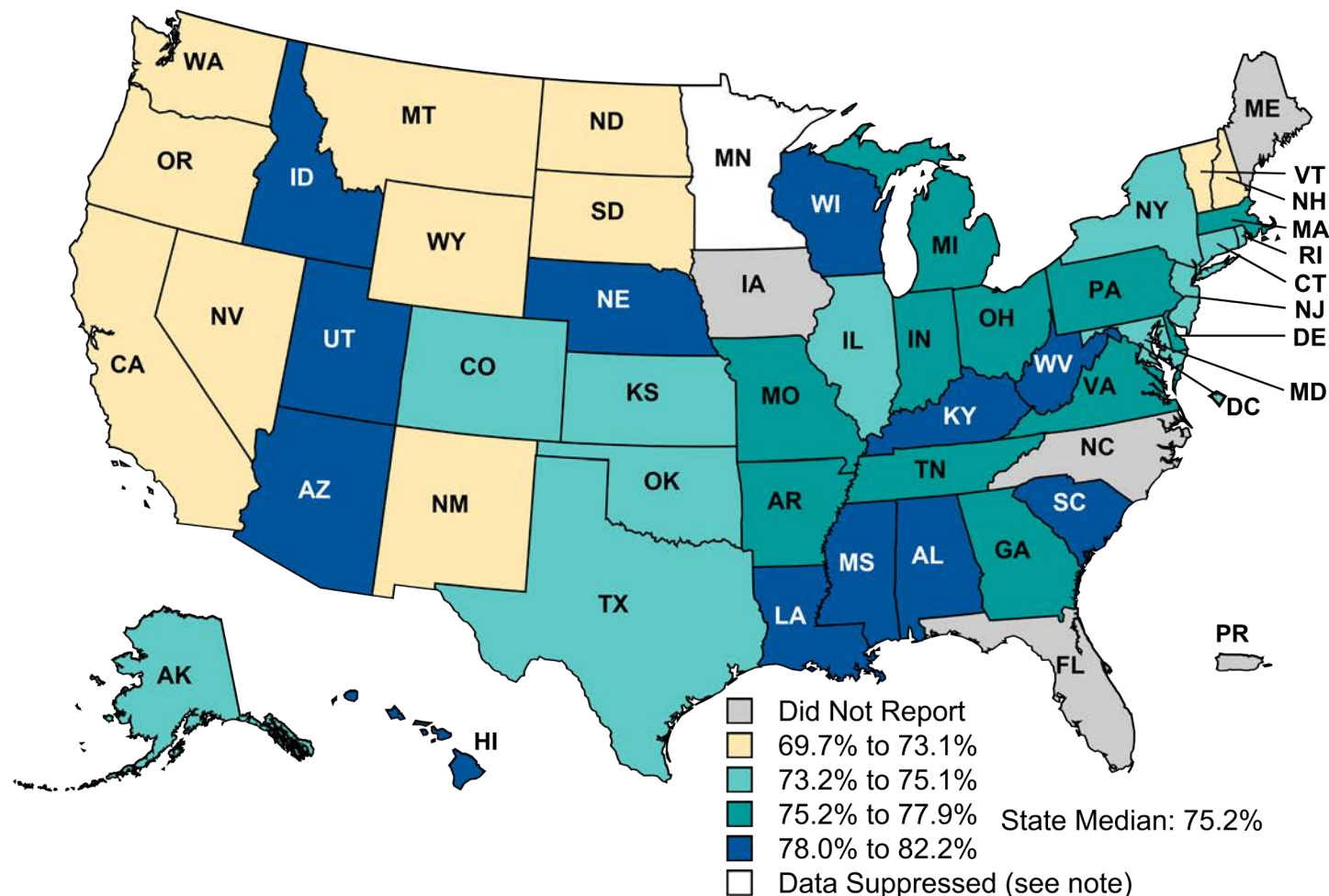


A median of **68** percent of children ages 0 to 17 had a health plan that always gave helpful information and courteous and respectful service, as reported by parents in surveys that were conducted between July 2022 and June 2023.

Source: Agency for Healthcare Research and Quality (AHRQ) and CMS analysis of the AHRQ CAHPS Database as of January 24, 2024.

Notes: This chart shows state reporting for the Health Plan Information and Customer Service Composite for the Child CAHPS 5.1H (Medicaid) measure. This measure shows information on parents' experiences with their child's health care. The following state conducted CAHPS for Child Medicaid and CHIP beneficiaries and submitted data to the AHRQ CAHPS Database for the 2023 reporting period but did not authorize use for Core Set reporting: Florida. Data were suppressed for the following states because either fewer than 100 beneficiaries responded to the survey or because fewer than 20 beneficiaries provided the selected response option (e.g., "Always" for composite measures): Alaska, Arkansas, Idaho, Minnesota, Montana, New Hampshire, North Dakota, Oklahoma, 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.

## Percentage of Children Ages 0 to 17 whose Parent Rated their Personal Doctor a “9” or “10” out of 10 (CPC-CH), 2023 Core Set (n = 46 states)

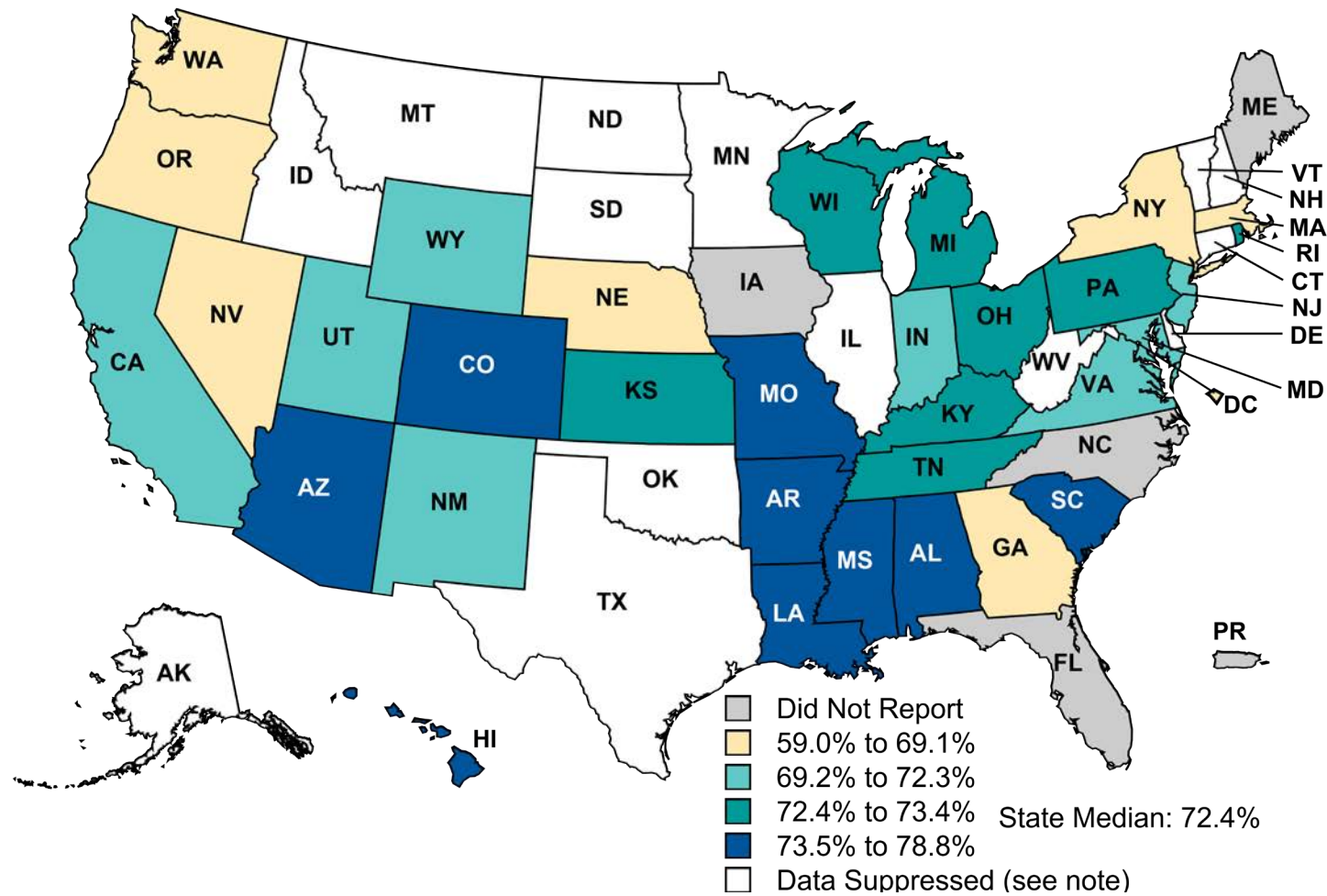


A median of  
**75** percent  
of children ages 0 to 17  
had their personal  
doctor rated a 9 or 10  
out of 10, as reported  
by parents in surveys  
that were conducted  
between July 2022 and  
June 2023.

Source: Agency for Healthcare Research and Quality (AHRQ) and CMS analysis of the AHRQ CAHPS Database as of January 24, 2024.

Notes: This chart shows state reporting for the Rating of Personal Doctor indicator for the Child CAHPS 5.1H (Medicaid) measure. This measure shows information on parents' experiences with their child's health care. The following state conducted CAHPS for Child Medicaid and CHIP beneficiaries and submitted data to the AHRQ CAHPS Database for the 2023 reporting period but did not authorize use for Core Set reporting: Florida. Data were suppressed for Minnesota because either fewer than 100 beneficiaries responded to the survey or because fewer than 20 beneficiaries provided the selected response option (e.g., 9 or 10 for rating measures). 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.

# Percentage of Children Ages 0 to 17 whose Parent Rated their Specialist a “9” or “10” out of 10 (CPC-CH), 2023 Core Set (n = 33 states)

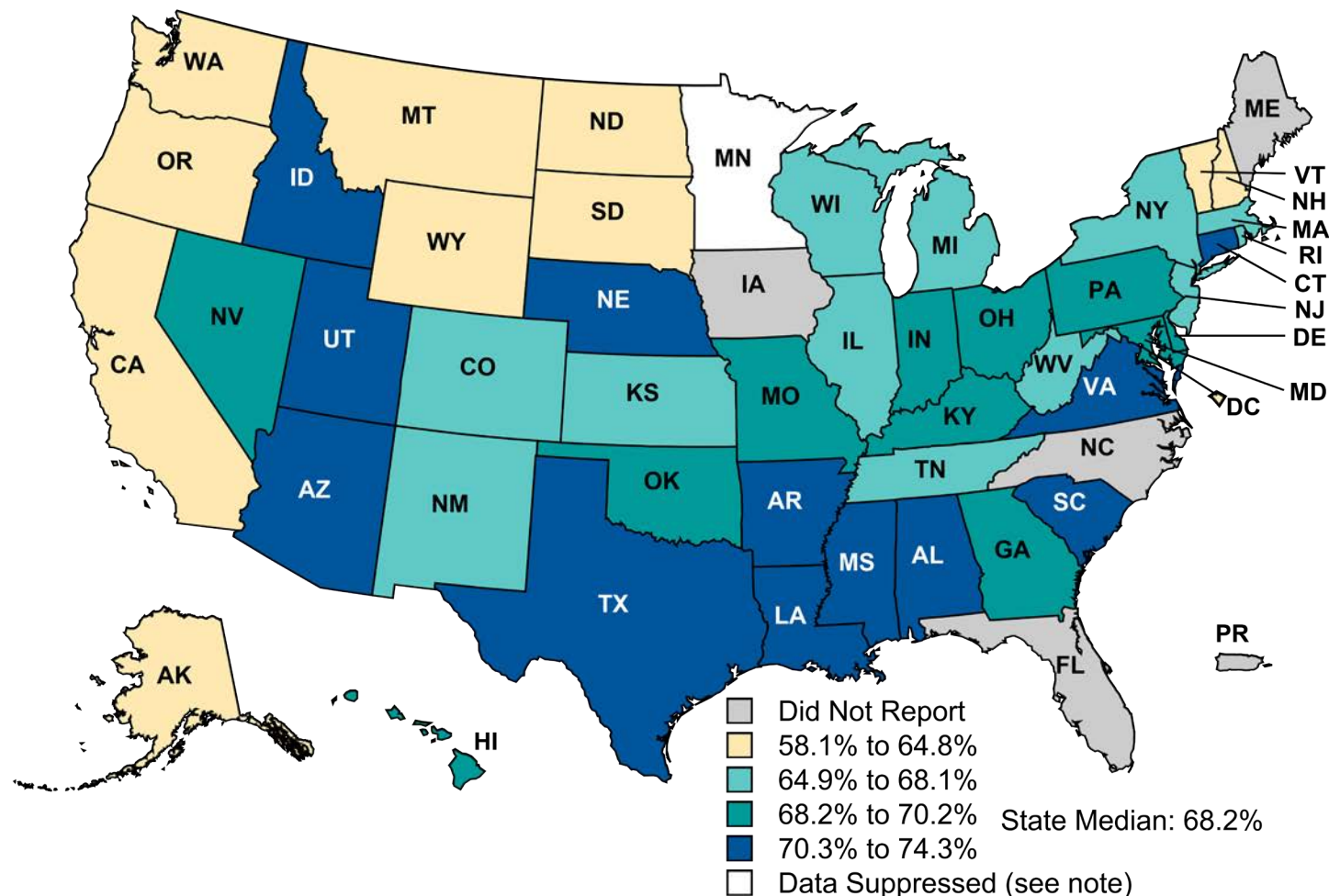


A median of **72** percent of children ages 0 to 17 had their specialist rated a 9 or 10 out of 10, as reported by parents in surveys that were conducted between July 2022 and June 2023.

Source: Agency for Healthcare Research and Quality (AHRQ) and CMS analysis of the AHRQ CAHPS Database as of January 24, 2024.

Notes: This chart shows state reporting for the Rating of Specialist indicator for the Child CAHPS 5.1H (Medicaid) measure. This measure shows information on parents’ experiences with their child’s health care. The following state conducted CAHPS for Child Medicaid and CHIP beneficiaries and submitted data to the AHRQ CAHPS Database for the 2023 reporting period but did not authorize use for Core Set reporting: Florida. Data were suppressed for the following states because either fewer than 100 beneficiaries responded to the survey or because fewer than 20 beneficiaries provided the selected response option (e.g., 9 or 10 for rating measures): Alaska, Connecticut, Delaware, Idaho, Illinois, Minnesota, Montana, New Hampshire, North Dakota, Oklahoma, South Dakota, Texas, Vermont, and West Virginia. 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.

## Percentage of Children Ages 0 to 17 whose Parent Rated their Health Care a “9” or “10” out of 10 (CPC-CH), 2023 Core Set (n = 46 states)

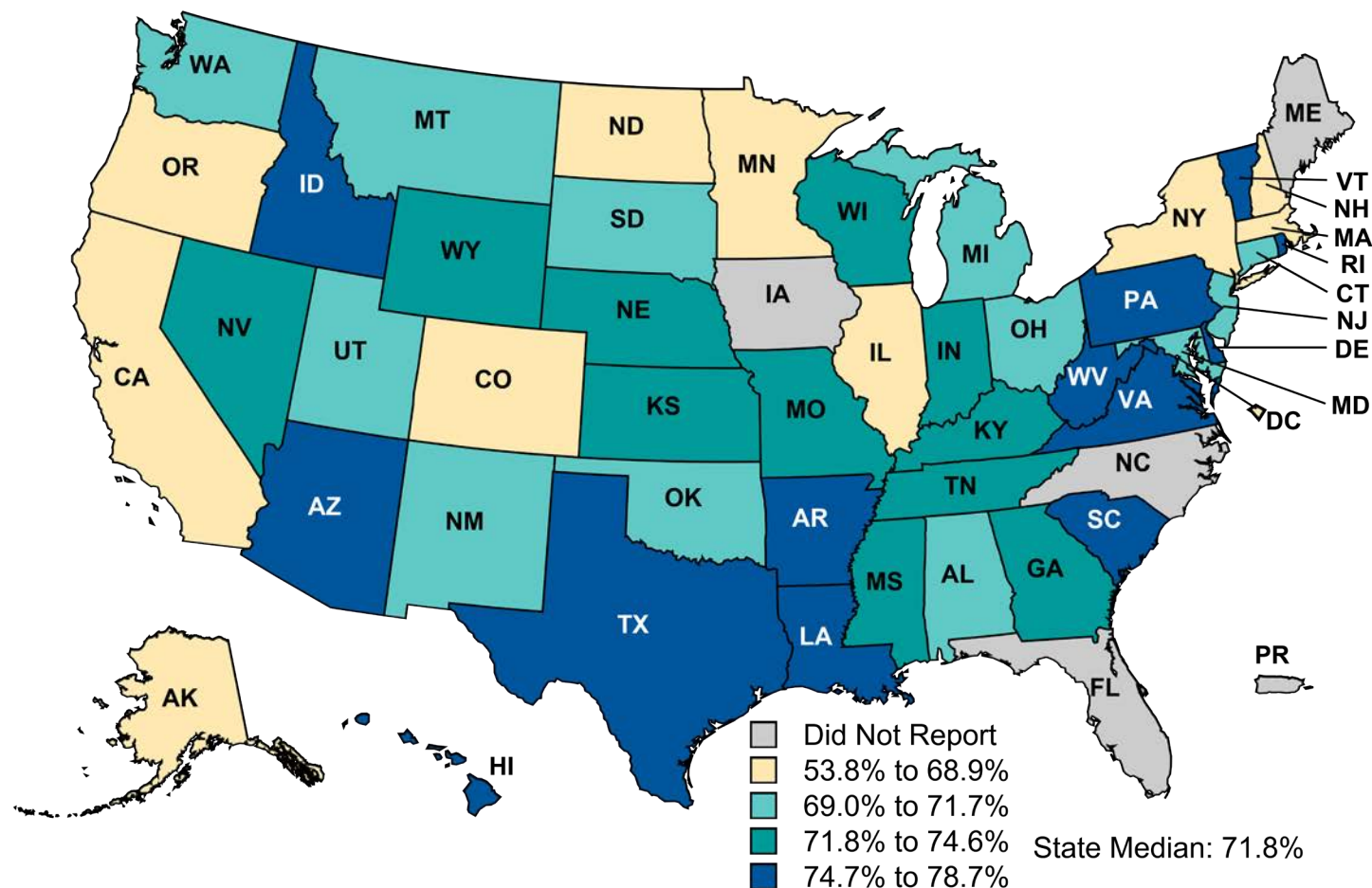


A median of  
**68** percent  
of children ages 0 to 17  
had their health care  
rated a 9 or 10 out of  
10, as reported by  
parents in surveys that  
were conducted  
between July 2022 and  
June 2023.

Source: Agency for Healthcare Research and Quality (AHRQ) and CMS analysis of the AHRQ CAHPS as of January 24, 2024.

Notes: This chart shows state reporting for the Rating of Health Care indicator for the Child CAHPS 5.1H (Medicaid) measure. This measure shows information on parents' experiences with their child's health care. The following state conducted CAHPS for Child Medicaid and CHIP beneficiaries and submitted data to the AHRQ CAHPS Database for the 2023 reporting period but did not authorize use for Core Set reporting: Florida. Data were suppressed for Minnesota because either fewer than 100 beneficiaries responded to the survey or because fewer than 20 beneficiaries provided the selected response option (e.g., 9 or 10 for rating measures). 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.

# Percentage of Children Ages 0 to 17 whose Parent Rated their Health Plan a “9” or “10” out of 10 (CPC-CH), 2023 Core Set (n = 47 states)



A median of  
**72** percent  
 of children ages 0 to 17  
 had their health plan  
 rated a 9 or 10 out of  
 10, as reported by  
 parents in surveys that  
 were conducted  
 between July 2022 and  
 June 2023.

Source: Agency for Healthcare Research and Quality (AHRQ) and CMS analysis of the AHRQ CAHPS Database as of January 24, 2024.

Notes: This chart shows state reporting for the Rating of Health Plan indicator for the Child CAHPS 5.1H (Medicaid) measure. This measure shows information on parents' experiences with their child's health care. The following state conducted CAHPS for Child Medicaid and CHIP beneficiaries and submitted data to the AHRQ CAHPS Database for the 2023 reporting period but did not authorize use for Core Set reporting: Florida. 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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# **ADDITIONAL RESOURCES**

## Acronyms

ADHD	Attention-Deficit/Hyperactivity Disorder	IPV	Inactivated Polio Vaccine
AHRQ	Agency for Healthcare Research and Quality	LARC	Long-acting reversible contraception
BMI	Body Mass Index	MMR	Measles, Mumps, and Rubella
CAHPS	Consumer Assessment of Healthcare Providers and Systems	OB/GYN	Obstetrician/gynecologist
CCC	Children with Chronic Conditions	PCP	Primary Care Practitioner
CDC	Centers for Disease Control and Prevention	PCV	Pneumococcal Conjugate Vaccine
CHIP	Children's Health Insurance Program	QMR	Quality Measure Reporting
CMS	Centers for Medicare & Medicaid Services	SUD	Substance Use Disorder
CY	Calendar Year	Tdap	Tetanus, Diphtheria Toxoids and Pertussis Vaccine
DTaP	Diphtheria, Tetanus, and Pertussis	VZV	Varicella-Zoster Virus
ED	Emergency Department	WONDER	Wide-ranging Online Data for Epidemiologic Research
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment		
GC	General Child		
Hep B	Hepatitis B		
HiB	Haemophilus Influenzae Type B		
HPV	Human Papillomavirus		

# 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](mailto:MACQualityTA@cms.hhs.gov).