

Quality of Care for Children and Adults in Medicaid and CHIP: Overview of Findings from the 2023 Child and Adult Core Sets

KEY FINDINGS

- Almost all measures met criteria for public reporting: 26 of 27 Child Core Set measures and 30 of 34 Adult Core Set measures.
- Two measures in the Child Core Set and one in the Adult Core Set were publicly reported for the first time.
- After a pause in trending Core Set measure results during the COVID-19 public health emergency, CMS resumed trending performance data for services provided primarily during calendar years 2020 to 2022.

Introduction

Medicaid and the Children’s Health Insurance Program (CHIP) combined cover nearly 82 million children and adults.¹ The Centers for Medicare & Medicaid Services (CMS) seeks to ensure access to high-quality care and improve health for individuals covered by these programs. The Child and Adult Core Sets promote these objectives through a standardized set of measures to assess the quality of care provided to Medicaid and CHIP beneficiaries and to drive improvement.

CMS partners with states to use Core Set data to identify areas for quality improvement, and to undertake multi-faceted quality improvement efforts to put data into action to improve the quality of care provided to Medicaid and CHIP beneficiaries.

CMS works closely with states to improve the quality of the data reported, ensure consistency in quality measure reporting, and support state efforts to drive improvements in health care quality and health outcomes using Core Set measures.² Core Set data is foundational to the measures in the Medicaid and CHIP Scorecard State Health System Performance pillar.

CMS annually reports state performance on the Child and Adult Core Set measures. This fact sheet summarizes reporting on the 2023 Child and Adult Core Sets, including an overview of performance on measures

that were reported by at least 25 states and met CMS’s standards for data quality.³ For most measures, the performance reflects services provided in calendar year (CY) 2022. Table 1 shows key metrics for 2023 Core Set reporting.

This fact sheet also highlights performance trends for measures that were publicly reported over three years. To be included, the measure had to be reported annually by a set of at least 20 states and the measures’ technical specifications had to be comparable for all three years.

Table 1. 2023 Child and Adult Core Set Reporting at a Glance

Core Set Reporting Metrics	Child Core Set	Adult Core Set
Number of measures in 2023 Core Set	27	34
Number of publicly reported measures	26	30
Number of states reporting at least half the measures	51	47
Median number of measures reported by states	25.5	28
Number of states reporting more measures for 2023 than for 2022	50	34
Number of states voluntarily reporting at least one measure	52	52

¹ April 2024 Medicaid and CHIP Enrollment Data Highlights are available at <https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/downloads/april-2024-medicaid-chip-enrollment-trend-snapshot.pdf>.

² Through its Quality Improvement Program, CMS works with Medicaid and CHIP agencies and their partners to use the Core Set

measures to drive improvements in health care delivery and outcomes. More information is available at <https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/index.html>.

³ The term “states” includes the 50 states, the District of Columbia, and Puerto Rico.

2023 Child Core Set Reporting

All 52 states voluntarily reported at least one of the 27 Child Core Set measures on the 2023 Core Set, and 51 states reported at least half (14) of the measures. The median number of measures reported by states was 25.5, up from 21.5 measures reported for the 2022 Core Set and 20 measures for the 2021 Core Set.

All 52 states included both Medicaid and CHIP beneficiaries in their 2023 Core Set reporting for at least one measure, an increase from 50 states in 2021 and 2022.

This year, 26 of the 27 Child Core Set measures met CMS's threshold for public reporting of state-specific results,⁴ including two measures that are being reported for the first time:

- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years
- Lead Screening in Children

CMS is publicly reporting an additional rate for the Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 measure for the first time, adding the 7-Day Follow-Up rate to the 30-Day Follow-Up rate reported previously.⁵

Furthermore, CMS calculated several measures on behalf of states using data from alternate sources:

- Performance rates for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 5.1H - Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items were reported using state-level results from the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database.⁶ (This is the first year that performance rates were reported for this measure.)
- Using data from the CDC Wide-ranging Online Data for Epidemiologic Research (CDC WONDER)⁷, CMS reported two measures for all states:
 - Live Births Weighing Less Than 2,500 Grams
 - Low-Risk Cesarean Delivery

⁴ For more information on state-level reporting of the Child Core Set measures, see <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html>.

⁵ The 30-Day Follow-Up rate was publicly reported for the first time as part of 2022 Core Set reporting.

Summary of Child Core Set Performance

Median state performance was above 75 percent for the following publicly reported indicators:

- Asthma management for children ages 5 to 11 (75.9%)
- Measles, mumps, and rubella (MMR) vaccination by age 2 (82.6%)
- Meningococcal conjugate and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccination by age 13 (76.5%)
- Timely prenatal care visits (80.0%)
- Two indicators from the Child Medicaid and CHIP CAHPS survey: how well doctors communicate (78.8%) and rating of child's personal doctor (75.2%)

Median performance was below 50 percent for the following publicly reported indicators:

- Blood glucose and cholesterol testing for children and adolescents ages 1 to 17 on antipsychotics (32.3%)
- Chlamydia screening in women ages 16 to 20 (46.8%)
- Comprehensive or periodic oral evaluation among children under age 21 (42.8%)
- Dental sealants on permanent first molars by age 10 (at least one molar sealed: 48.3%; all four molars sealed: 35.4%)
- Developmental screening by age 3 (35.7%)
- Follow-up after emergency department visits for substance use for adolescents ages 13 to 17 (7-day follow-up: 22.8%; 30-day follow-up: 33.7%)
- Follow-up within 7 days after hospitalization for mental illness among children ages 6 to 17 (47.3%)
- Follow-up visit within 30 days of a new prescription for attention deficit/hyperactivity disorder (ADHD) medication for children ages 6 to 12 (46.0%)
- Human papillomavirus vaccination by age 13 (33.7%)
- Influenza vaccination by age 2 (40.2%)
- Topical fluoride for children ages 1 to 20 (19.0%)
- Well-care visits among children and adolescents ages 12 to 17 (48.5%) and ages 18 to 21 (22.4%)

⁶ More information about the AHRQ CAHPS Database is available at <https://www.ahrq.gov/cahps/cahps-database/index.html>.

⁷ More information about CDC WONDER is available at <https://wonder.cdc.gov/>.

2023 Adult Core Set Reporting

All 52 states voluntarily reported at least one of the 34 2023 Adult Core Set measures and 34 states reported more 2023 Adult Core Set measures compared with 2022. A total of 47 states reported at least half (17) of the 2023 Adult Core Set measures. The median number of Adult Core Set measures reported by states was 28, up from 26 measures reported for the 2022 Adult Core Set and 23.5 measures for the 2021 Adult Core Set.

This year, 30 of the 34 Adult Core Set measures met CMS's threshold for public reporting of state-specific results, an increase from 29 measures for 2022 Adult Core Set reporting.⁸

The following Adult Core Set measure is being publicly reported for the first time:

- Colorectal Cancer Screening

CMS is publicly reporting an additional rate for the Hemoglobin A1c (HbA1c) Control for Patients with Diabetes measure for the first time, adding the HbA1c Control (<8.0%)⁹ rate to the HbA1c Poor Control (>9.0%) rate reported previously.

In addition, CMS is publicly reporting performance rates for the CAHPS Health Plan Survey 5.1H, Adult Version (Medicaid) measure for the first time, using state-level results from the AHRQ CAHPS Database.

Summary of Adult Core Set Performance

Median state performance was above 75 percent for the following publicly reported indicators:

- Diabetes screening for people with schizophrenia or bipolar disorder using antipsychotic medications (77.1%)
- One indicator from the Adult Medicaid CAHPS survey: how well doctors communicate (76.2%)
- Timely postpartum care visits (75.6%)
- Two indicators of self-reported outcomes for adults with intellectual and developmental disabilities (IDD) from the National Core Indicators – Intellectual and Development Disabilities (NCI-IDD) survey:

⁸ For more information on state-level reporting of the Adult Core Set measures, see <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures/index.html>.

⁹ The Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD) measure was modified by the measure steward into a combined measure that has two rates: HbA1C Control (<8%) and HbA1C Poor

participation in everyday choices (89.4%) and access to transportation (93.5%)¹⁰

One measure, for which a lower rate indicates better performance, had median state performance below 10 percent: opioid use at high dosage in persons without cancer (5.9%).

Median state performance was below 50 percent for:

- Acute bronchitis/bronchiolitis diagnoses that did not result in antibiotic dispensing (43.6%)
- Antidepressant medication management in the 6-month continuation phase (40.6%)
- Breast cancer screening (49.2%)
- Colorectal cancer screening (ages 46 to 49: 19.1%; ages 50 to 64: 36.4%)
- Discussion or provision of other cessation methods or strategies among current smokers and tobacco users (43.3%)
- Follow-up after emergency department visits for substance use (7-day follow-up: 28.2%; 30-day follow-up: 39.8%)
- Follow-up within 7 days after emergency department visits for mental illness (35.4%)
- Follow-up within 7 days after hospitalization for mental illness (32.3%)
- Influenza vaccinations (39.3%)
- Initiation and engagement of substance use disorder treatment after substance use disorder episodes:
 - Initiation (41.3%) and engagement (13.2%) of treatment after alcohol use disorder episodes
 - Engagement of treatment after opioid use disorder episodes (32.9%)
 - Initiation (41.6%) and engagement (12.1%) of treatment after other substance use disorder episodes
 - Initiation (44.5%) and engagement (15.5%) of treatment after any substance use disorder episodes

Control (>9%). The combined measure is called Hemoglobin A1c Control for Patients with Diabetes (HBD-AD) and is part of the 2023 Adult Core Set.

¹⁰ The NCI-IDD survey provides information on beneficiaries' experience and self-reported outcomes of long-term services and supports for individuals with IDD. More information about the survey is available at <https://www.nationalcoreindicators.org/>.

Trends in State Performance, 2021 to 2023 Core Sets

Nineteen Child Core Set measures and 22 Adult Core Set measures met the criteria to be included in the trending analysis of the 2021, 2022, and 2023 Core Set data. For most measures, this represents care provided primarily from CY 2020 to CY 2022. There were substantial disruptions in health care during this period and these trends highlight patterns of access to care as the COVID-19 public health emergency evolved. In addition to disrupted health services, there were also changes in data collection and reporting necessitated by the pandemic that should be considered when reviewing changes in performance reported by states.

Eighteen Child and Adult Core Set measures showed statistically significant improvement in median state performance on one or more indicators, suggesting progress in the quality of care provided to Medicaid and CHIP beneficiaries (Table 2).¹¹

Table 2. Statistically Significant Improvements in Median State Performance: 2021 to 2023 Core Sets

Child Core Set
Child and adolescent well-care visits for ages 3 to 17
Metabolic monitoring for children and adolescents on antipsychotics ages 1 to 17
Weight assessment and counseling for physical activity for children and adolescents ages 3 to 17
Well-child visits in the first 15 months of life
Adult Core Set
Antidepressant medication management
Asthma management
Chlamydia screening in women ages 21 to 24
Concurrent use of opioids and benzodiazepines ¹¹
Control of high blood pressure
Diabetes screening for adults with schizophrenia or bipolar disorder who are using antipsychotic medications

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Adult Core Set (continued)
Hemoglobin A1c in poor control (>9.0%) for patients with diabetes ¹¹
Rates of admission for asthma in younger adults ¹¹
Rates of admission for chronic obstructive pulmonary disease (COPD) or asthma in older adults ¹¹
Rates of admission for heart failure ¹¹
Rates of admission for short-term complications of diabetes ¹¹
Timely postpartum care visits
Use of medication-assisted treatment for opioid use disorder
Use of opioids at high dosage in adults without cancer ¹¹

There were statistically significant declines in median state performance on one or more indicators for 18 measures for the 2021 to 2023 Core Sets (generally corresponding to care provided in calendar years 2020 through 2022) (Table 3).¹²

Table 3. Statistically Significant Declines in Median State Performance: 2021 to 2023 Core Sets

Child Core Set
Asthma management for ages 5 to 18
Contraceptive care access for all women ages 15 to 20
Counseling for nutrition for children and adolescents ages 3 to 17
Emergency department visit rates for ages 0 to 19 ¹²
Follow-up after hospitalizations for mental illness for children ages 6 to 17 within 7 days
Follow-up care for children ages 6 to 12 prescribed ADHD medication
Live births less than 2,500 grams ¹²
Receipt of recommended vaccinations by age 2
Receipt of recommended vaccinations by age 13
Sealant receipt on permanent first molars by age 10
Use of first-line psychosocial care for children and adolescents ages 1 to 17 on antipsychotics
Well-care visits for children ages 15 months to 30 months

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¹¹ For measures where lower rates signify better performance, a decline in the median performance rate represents performance improvement. This applies to rates of hemoglobin A1C in poor control, concurrent use of opioids and benzodiazepines, use of opioids at high dosage in adults without cancer, and measures of potentially preventable inpatient admissions.

¹² For measures where lower rates signify better performance, an increase in the median performance rate represents performance decline. This applies to rates of births less than 2,500 grams and rates of emergency department visits.

Table 3. Statistically Significant Declines in Median State Performance: 2021 to 2023 Core Sets (continued)

Adult Core Set
Adherence to antipsychotic medications for adults with schizophrenia
Cervical cancer screening
Contraceptive care access for all women ages 21 to 44
Contraceptive care access for postpartum women ages 21 to 44 within 3 days of delivery
Follow-up after hospitalizations for mental illness for adults within 7 days and 30 days
Follow-up within 30 days of emergency department visits for mental illness for adults

CMS limits trend analysis to a consistent set of states and measures with stable specifications to reduce variation unrelated to changes in state performance. Nevertheless, trends over time could reflect changes in states' calculation methods, data sources, populations included in the measure, or other factors unrelated to changes in quality or access.

Conclusion

The Child and Adult Core Sets provide a set of measures that taken together assess the delivery of health care services to Medicaid and CHIP beneficiaries. These measures allow CMS and states to identify disparities in quality of care and health outcomes and to use that information in efforts to improve care and advance health equity.

State reporting of the Child and Adult Core Set measures has become more robust over time, which allows CMS to publicly report more comprehensive Core Set data, including both more complete data and more measures. CMS appreciates states' efforts to collect and report complete quality measure data.

CMS is committed to providing meaningful technical assistance to states to continue to improve data completeness and quality, especially as reporting on the Child Core Set and the behavioral health measures on the Adult Core Set become mandatory in 2024.^{13, 14}

Additional Information

Child Core Set information is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set/index.html>.

Adult Core Set information is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set/index.html>.

CMS releases annual reporting resources which include:

- Measure Performance Tables that provide state-specific data for each publicly reported Core Set measure
- Core Set Health Care Quality Measures Dataset, which provides state-specific measure-level data for publicly reported measures and rates
- Child and Adult Chart Packs that summarize state reporting on the quality of health care provided to Medicaid and CHIP beneficiaries, including analysis of publicly reported measures (2023 Chart Packs expected in Fall 2024)
- Child and Adult Trend Analysis that will provide measure-specific trending results (2023 Trend Analysis expected in Fall 2024)

¹³ Reporting of the Child Core Set became mandatory as part of the Bipartisan Budget Act of 2018: <https://www.congress.gov/115/bills/hr1892/BILLS-115hr1892enr.xml>.

¹⁴ Reporting of the behavioral health measures on the Adult Core Set became mandatory under Section 5001 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment

for Patients and Communities Act (SUPPORT) for Patients and Communities Act of 2018: <https://www.congress.gov/115/bills/hr6/BILLS-115hr6enr.pdf>.