
State Medicaid and CHIP Experiences Promoting Preventive Care through Well-Child Visits in Early Childhood

May 5, 2025

Andrew Snyder, Centers for Medicare & Medicaid Services

Laura Armistead and Joe Zickafoose, Mathematica

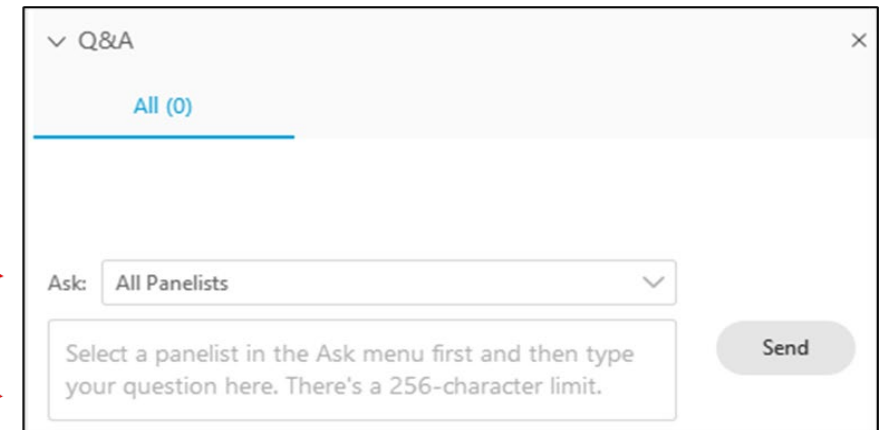
Richard Holaday, Delaware Division of Medicaid and Medical Assistance

Elsie Verbik, Nebraska Division of Medicaid & Long-Term Care; Julie Fedderson, United Healthcare Community Plan of Nebraska



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 - To submit a question or comment, click the Q&A window and select “All Panelists” in the “Ask” menu
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Q&A

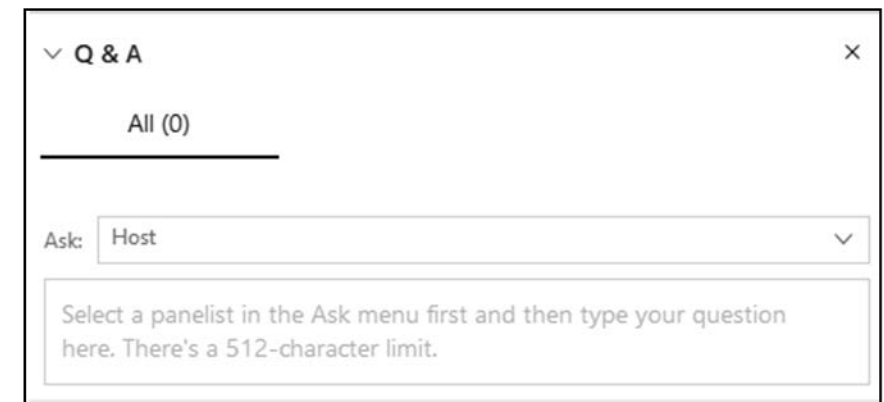
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Q & A

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Ask: Host

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Objectives

- **Review importance of early childhood preventive care and well-child visits for children ages 0-3**
- **Share CMS well-child care quality improvement (QI) resources**
- **Explore state strategies and lessons learned for improving childhood immunization and lead screening rates, and other preventive care**

Agenda

Topic	Speaker
Overview of Well-Child and Preventive Care in Early Childhood	Laura Armistead, Mathematica
State Highlight: Delaware – Enhancing Lead Screening Initiatives	Richard Holaday, Delaware Division of Medicaid and Medical Assistance
State Highlight: Nebraska – Advancing Childhood Immunization Efforts	Elsie Verbik, Nebraska Division of Medicaid & Long-Term Care Julie Fedderson, United Healthcare Community Plan of Nebraska
Questions and Discussion	Laura Armistead, Mathematica
Upcoming Events and Opportunities	Laura Armistead, Mathematica

Overview of Well-Child and Preventive Care in Early Childhood

Laura Armistead, Mathematica

Medicaid's Role in Early Childhood

- Before age five, children experience significant growth and development, laying the foundation for all aspects of a child's long-term physical, behavioral, cognitive, and social/emotional health.¹
- Medicaid and the Children's Health Insurance Program (CHIP) play a critical role as a primary source of health care, covering 42 percent of all children under age six, including 76 percent of young children in families with lower incomes.²
- Children enrolled in Medicaid are entitled to comprehensive and preventive health care services through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.
- A growing body of research shows strong links between Medicaid and CHIP coverage of children and long-term benefits in adulthood, including improved health, reduced disability, and greater educational attainment.³

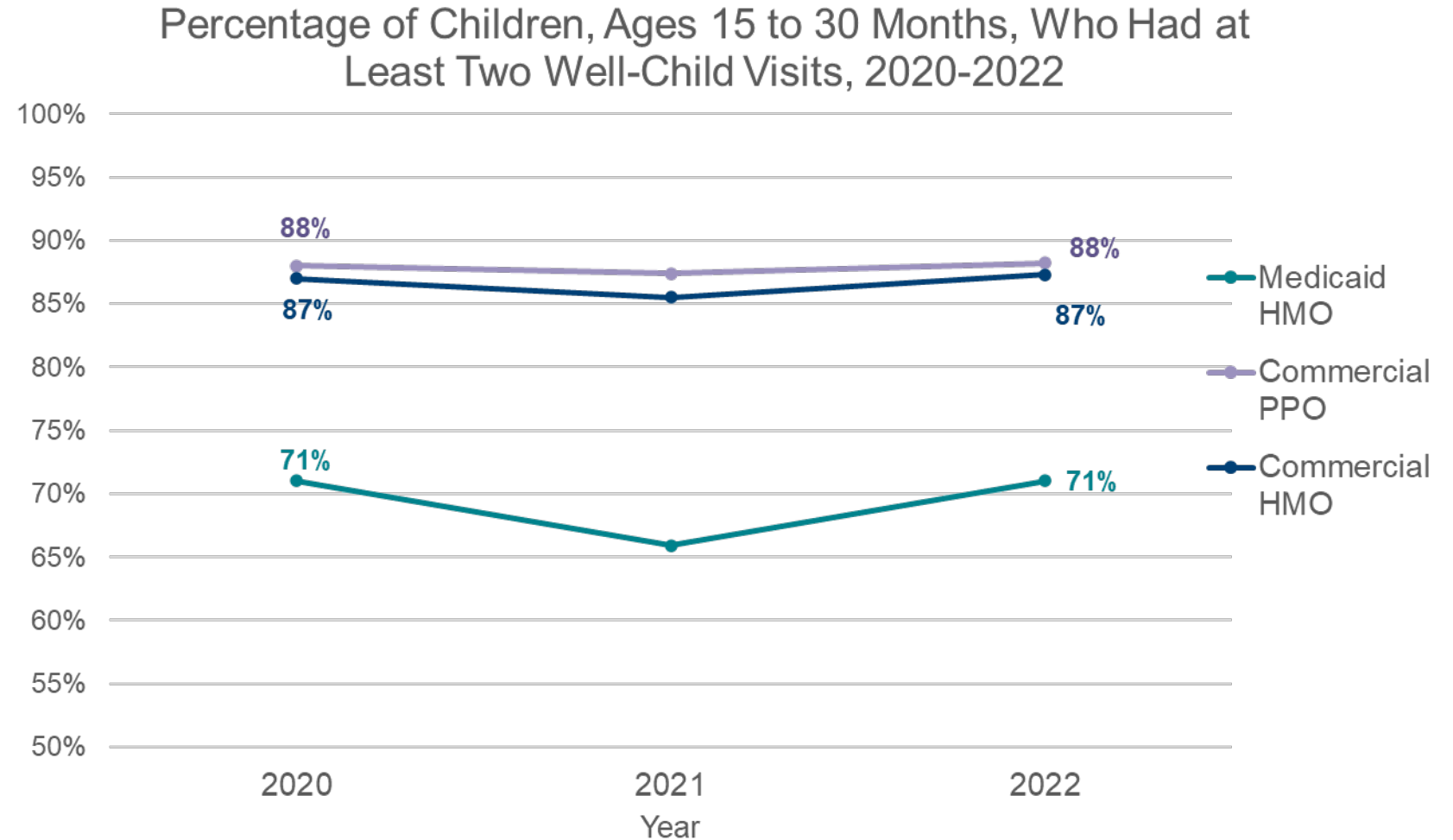
¹ National Scientific Council on the Developing Child available at https://developingchild.harvard.edu/wp-content/uploads/2024/10/wp15_health_FINALv2.pdf.

² Kaiser Family Fund available at <https://www.kff.org/medicaid/issue-brief/key-issues-in-childrens-health-coverage/>.

³ The Commonwealth Fund available at <https://www.commonwealthfund.org/publications/issue-briefs/2020/dec/short-term-cuts-medicaid-long-term-harm>.

Analysis of Child Core Set Data: Well-Child Visits

- **Well-child visit attendance among children ages 15 to 30 months eligible for Medicaid and CHIP is more than 20 percent lower compared to children with private insurance.¹**



¹ National Committee for Quality Assurance (NCQA) available at <https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/>.

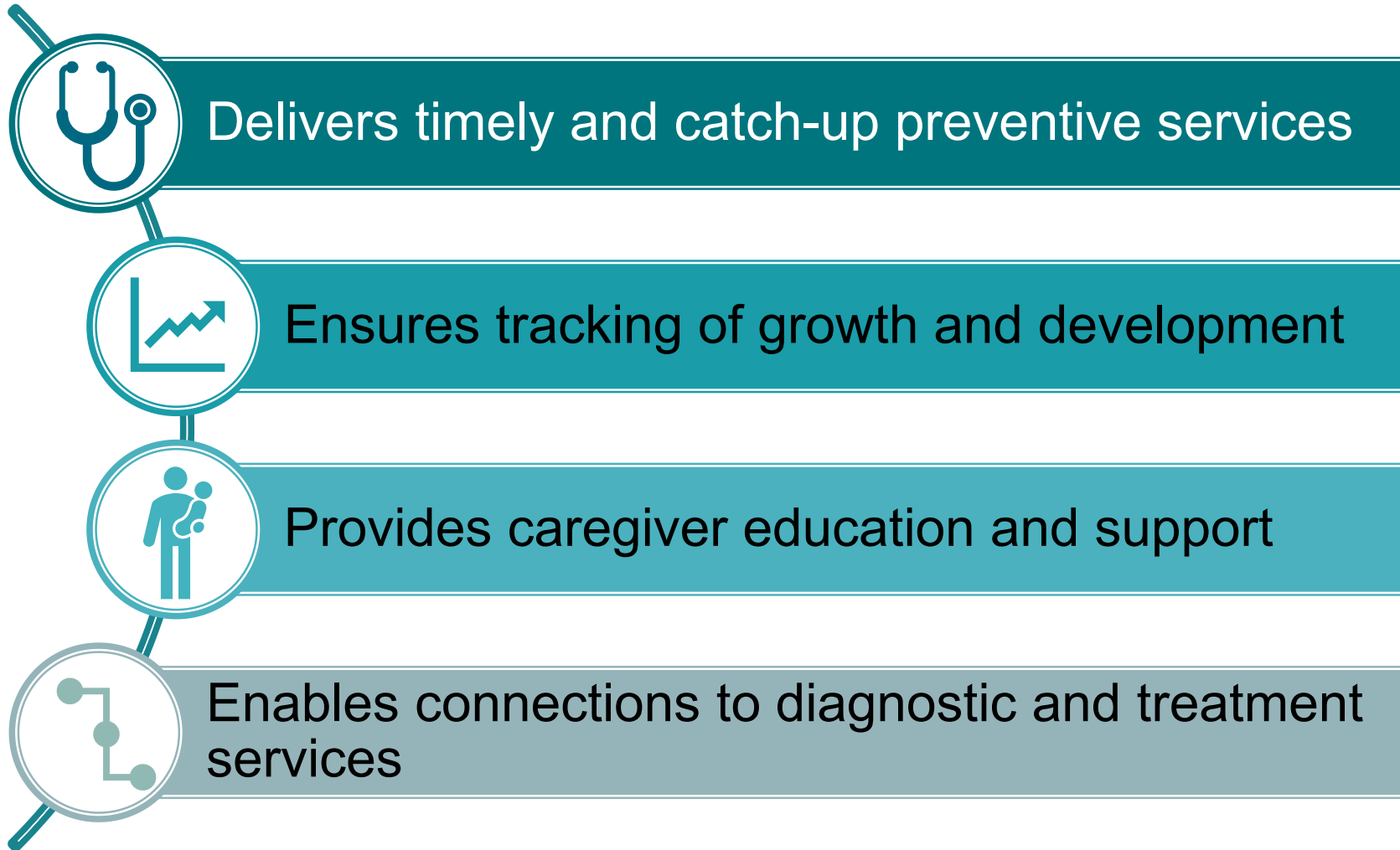
American Academy of Pediatrics (AAP) and Bright Futures Guidelines

	12 months	15 months	18 months	24 months	30 months	3 years
Physical examination	●	●	●	●	●	●
Developmental screening			●		●	
Autism spectrum disorder screening			●	●		
Behavioral/social/emotional screening	●	●	●	●	●	●
Immunizations	●	●	●	●	●	●
Lead screening	●			●		
Fluoride varnish	●	●	●	●	●	●

Source: AAP Preventive Care/Periodicity Schedule, available at https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.



Benefits of Well-Child Care in Early Childhood



CMS Child Core Set Measures Associated with Early Childhood Preventive Care



Well-Child Visits

- Well-Child Visits in the First 30 Months of Life (W30-CH)



Immunizations

- Childhood Immunization Status (CIS-CH)



Developmental Screening

- Developmental Screening in the First Three Years of Life (DEV-CH)



Lead Screening

- Lead Screening in Children (LSC-CH)



Fluoride Varnish Application

- Topical Fluoride for Children (TFL-CH)

CMS Well-Child Care QI Technical Assistance (TA) Resources

- QI TA resources on improving well-child care are available on Medicaid.gov, including:
 - Webinar recordings
 - State highlights from the 2023 Improving Infant Well-Child Visits affinity group
 - Video on how to get started with a QI project
 - Example driver diagram, improvement change ideas, and measurement strategy
- CMS also summarized best practices for adhering to EPSDT requirements in the State Health Official (SHO) letter #24-005 available at <https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf>

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Improvement Initiatives

- Maternal & Infant Health
- Foster Care
- Well-Child Care**
- Oral Health
- Asthma
- Reducing Obesity
- Sickle Cell Disease
- Behavioral Health
- Tobacco Cessation
- Vaccines
- Health Disparities
- Care Transitions
- Patient Safety

Well-Child Care

Well-child visits, referred to in statute as screening services, are the foundation of EPSDT coverage and are a crucial entry point to support the delivery of immunizations, screenings, physical assessments, referrals, caregiver education, and ongoing health care needs management. The American Academy of Pediatrics and Bright Futures recommends eleven well-child visits through the first 30 months of life and then annually starting at age 3.¹ When children receive recommended well-child visits and preventive care, they are more likely to be up-to-date on immunizations, have developmental concerns recognized and addressed, and are less likely to visit the emergency department.^{14,15,16,17,18} Despite these benefits, many children do not receive the recommended number of well-child visits and preventive health services, and disparities exist across race, ethnicity, income level, and geography.¹⁹ Well-child visit attendance among children ages 0 to 30 months eligible for Medicaid and Children's Health Insurance Program (CHIP) is more than 20 percentage points lower compared to children with private insurance.¹⁵ Caregivers and providers cite a range of barriers to families' attending well-child visits, including lack of transportation, work responsibilities, lack of childcare, and other social needs.²

What's New: Improving Preventive Care in Early Childhood

The Centers for Medicare & Medicaid Services (CMS) is pleased to launch new well-child care TA opportunities for state Medicaid and CHIP programs focused on improving preventive care in early childhood. These opportunities build on CMS' previous infant well-child TA efforts, shifting the focus from initial enrollment and engagement challenges to enhancing attendance of well-child visits and utilization of preventive care.

Related Resources

- State Health Official (SHO) letter #24005: Best Practices for Adhering to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Requirements (2024)
- EPSDT SHO letter overview (2024)
- Medicaid Transportation Coverage Guide (2023)



<https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/well-child-care/index.html>

State Highlight: Delaware – Enhancing Lead Screening Initiatives

Richard Holaday, Delaware Division of Medicaid and Medical Assistance

Delaware Medicaid (DMMA) Program Overview

- Delaware Medicaid provides coverage to approximately **270,365 members**, of whom **44.4 percent are children (ages 0–20 years)**.
- The state operates under a **full-risk managed care model** with three contracted managed care organizations (MCOs):
 - **AmeriHealth Caritas Delaware (ACDE)**
 - **Delaware First Health (DFH)**
 - **Highmark Health Options (HHO)**
- All MCOs are required to deliver **EPSDT services** consistent with the **AAP Bright Futures Periodicity Schedule**.
- The DMMA Quality Unit monitors performance through **HEDIS reporting, CMS Core Set measures**, and ongoing engagement with MCOs via **Quarterly Quality (Q2Q) Meetings** and the quarterly **Quality Improvement Initiatives (QII) Task Force**.
- Delaware’s Medicaid quality strategy prioritizes **equity** and **early childhood screening** to support long-term health outcomes.

MCO Quality Meetings: Driving Alignment and Performance

- DMMA holds monthly and quarterly quality meetings with each individual MCO (**AmeriHealth Caritas Delaware, Delaware First Health, and Highmark Health Options**).
- **Meetings focus on:**
 - Review of **HEDIS** and **CMS Core Set** measures performance
 - **Critical incident** data and required follow-up
 - Compliance with **contractually required quality activities**
- **EPSDT and preventive care focus:**
 - **EPSDT screening performance**—including measures like **lead screening**—may be discussed when data indicates a performance gap or when specific interventions are underway.
- **Coordination across MCOs:**
 - DMMA identifies **common themes** across individual MCO meetings and reinforces **systemwide lessons** and **best practices** during cross-MCO forums, such as the **quarterly QII Task Force**.

Delaware's Lead Screening Legislation

- Delaware law mandates **blood lead screenings at 12 and 24 months of age.**
- This requirement was established under the **Childhood Lead Poisoning Prevention Act (1994, effective 1995).**
- Proof of screening is required for **childcare, preschool, and kindergarten enrollment.**
- **House Bill 222** (signed **June 30, 2021**) strengthened screening mandates and clarified provider responsibilities.
- Screening mandates align with **EPSDT** and **AAP Bright Futures** guidelines.
- This legislative framework supports **early detection** and **public health equity.**

Delaware's Strategies to Improve Lead Screening

Statewide Strategy: Building Cross-Sector Alignment

- The **Childhood Lead Poisoning Prevention Advisory Committee (CLPPAC)** increased pressure on the **Department of Public Health (DPH)** and state leadership to improve screening policy and oversight.
- In **2021**, **DMMA** began sharing **Medicaid lead screening data** with **DPH** and **CLPPAC** to augment public health reporting.
- **DMMA** encouraged **MCO participation** in **CLPPAC meetings** to foster accountability and coordination.
- Advocacy gained traction as **Medicaid outperformed private insurance** on lead screening—this helped drive **HB 222 (2021)**, which mandated screenings at 12 and 24 months of age and strengthened provider reporting requirements.

Cross-Agency Collaboration to Strengthen Lead Screening Efforts

- **DMMA** shares **Medicaid lead screening data** annually with DPH and the CLPPAC to support public health reporting.
- **DMMA** participates in monthly **CLPPAC meetings alongside DPH, Medicaid MCOs**, and community stakeholders.
- Collaborative discussions identify **screening gaps**, inform outreach initiatives, and support coordinated efforts to improve lead screening rates.

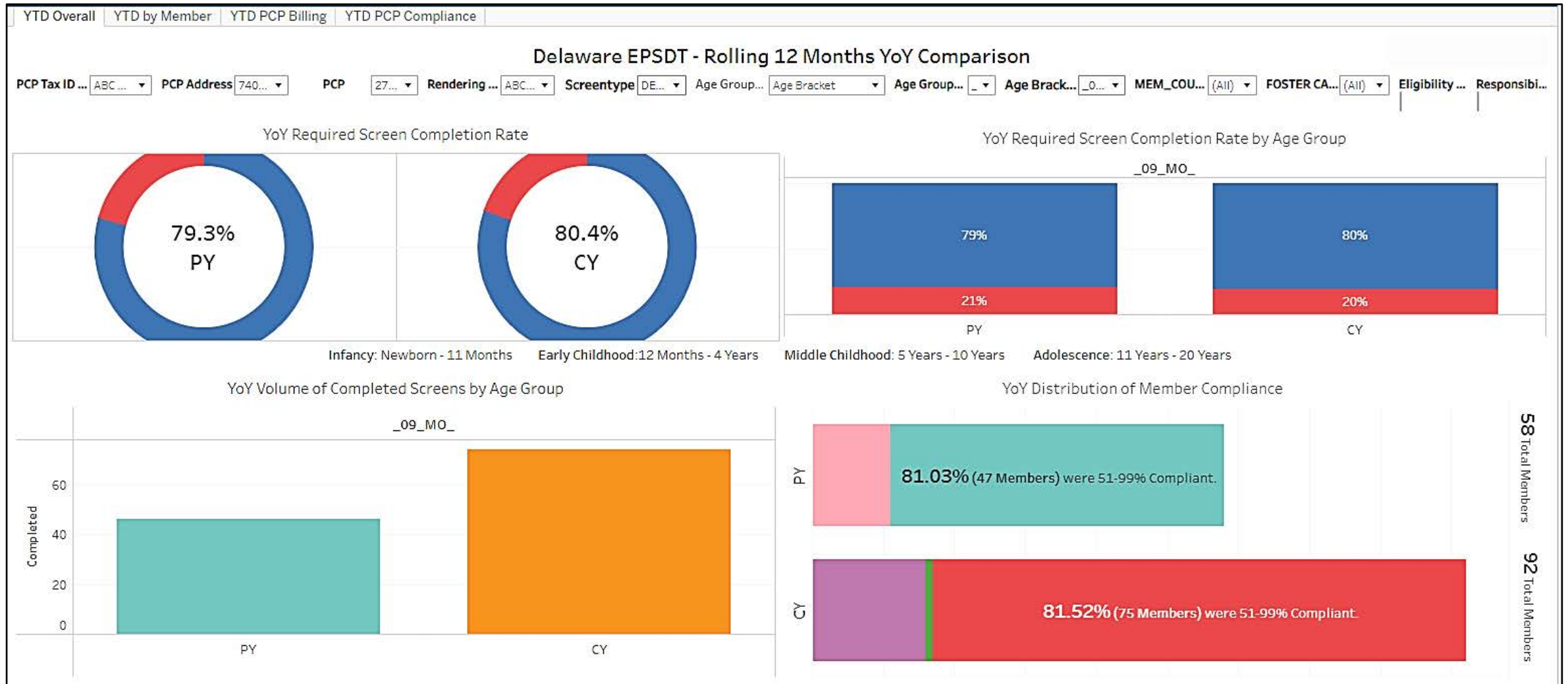
DMMA's Operational Response

- EPSDT screening requirements are embedded in MCO contracts, requiring MCOs to ensure providers follow the **AAP Bright Futures Periodicity Schedule**.
- In **August 2022**, DMMA led an internal review of MCO data capture and compliance related to EPSDT screening.
- MCOs conducted **barrier analyses** and provided **targeted education** to address provider needs such as **equipment, billing practices, and screening timelines**.
- MCOs distributed point-of-care lead screening devices to priority sites:
 - **ACDE** prioritized high-volume pediatric practices and schools in older housing areas
 - **HHO** prioritized providers in ZIP codes with the greatest screening gaps

MCO Approaches: Data, Outreach & Incentives

- **AmeriHealth Caritas Delaware, Highmark Health Options, and Delaware First Health** (entered the market in January 2023) implemented member incentives to promote well-child visits and lead screenings.
- MCOs conducted **targeted outreach** to members through **calls, texts, and Community Health Navigators (CHNs)**.
- MCOs used **EPSDT dashboards** to identify **care gaps** and monitor screening performance.
- Outreach efforts aligned with **care gap closure strategies** and **equity-focused initiatives**.

EPSDT Dashboards: Monitoring Screening Performance



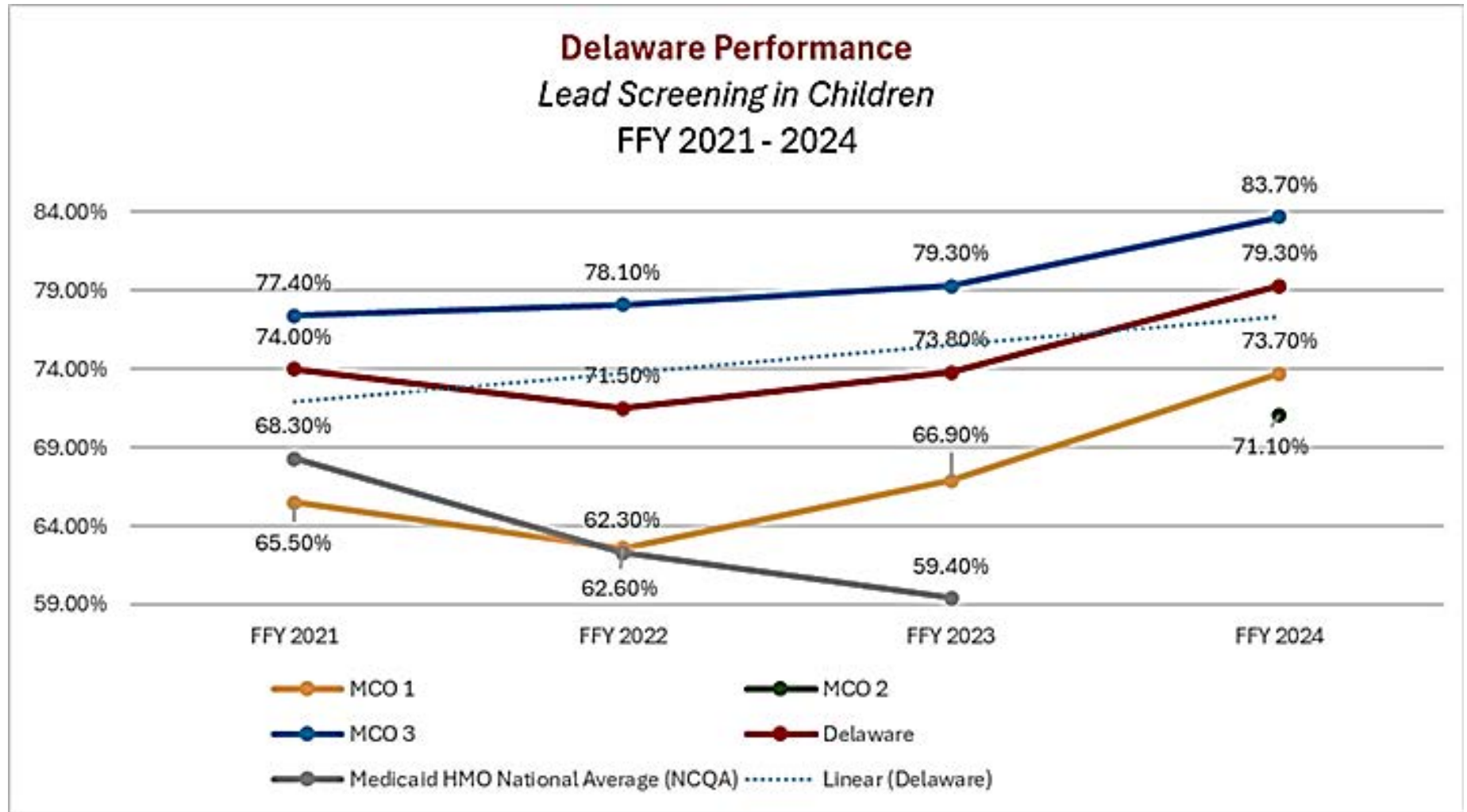
MCO Partnerships: Provider & Community Outreach

- MCO strategies included:
 - Provider education on **billing, coding, and lead screening best practices**
 - Provider **site visits** and **quarterly provider report cards** used to support engagement
 - Collaborations with **DPH, Head Start, and community advisory groups**
 - Community wellness efforts, including **mobile lead screening events with DPH** and parent education sessions.
 - Addressing general challenges, such as **provider training needs**, when distributing **point-of-care lead screening devices**.

Results and Outcomes

Results and Outcomes

- Measurable improvement in LSC-CH from CY2021 through CY2023
- Gains driven by MCO outreach, incentives, and provider engagement
- Monitoring CY2024 data for NCQA (June 2025) and CMS (December 2025)
- Delaware is among top-performing states in this Core Set measure



Source: Primary data from the Delaware Division of Medicaid & Medical Assistance reported to NCQA for the Lead Screening in Children measure, which is part of the CMS Child Core Set, and data on the Medicaid HMO national average for Lead Screening in Children from NCQA.



Lessons Learned

Lessons Learned

- **Sustainable change starts with community engagement**, including collaboration with the CLPPAC.
- **Involvement from state leadership**, including legislators and the Governor, increased visibility and accountability.
- **Breaking down silos within state government**, particularly between DMMA and DPH, enabled **coordinated action, shared goals, and improved data sharing**.
- Multi-stakeholder collaboration **strengthened** long-term infrastructure and **trust**.

Ongoing Efforts

- Delaware continues:
 - Building on progress with a focus on **sustainability** and **strategic alignment**;
 - Monitoring of **CY 2024 data** for **NCQA (June 2025)** and **CMS Core Set data (Dec 2025)**;
 - Ongoing collaboration with **DPH** and the **CLPPAC**;
 - Sharing annual **Medicaid lead screening data** with stakeholders, including **CLPPAC**; and
 - Ongoing community collaborations between **DPH, Medicaid MCOs,** and **community organizations.**

Future Directions

- Improving access to **preventive services**, including **well-child visits** and **lead screening**, is a continued focus for DMMA.
- **Member incentives** support completion of well-child visits and lead screenings.
- **EPSDT dashboards** are used to monitor **care gaps** and target outreach.
- Collaborative **QI initiatives** address barriers to early childhood preventive care.
- **Delaware's 2023 Quality Strategy:**
 - https://www.dhss.delaware.gov/dmma/files/dqs_20240126.pdf

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State Highlight: Nebraska – Advancing Childhood Immunization Efforts

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UnitedHealthcare Community and State Plan of Nebraska

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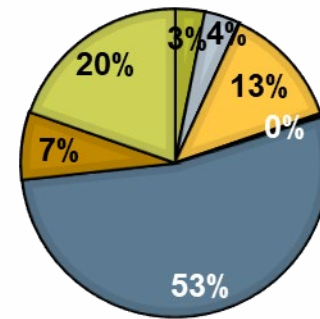
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Nebraska Medicaid Childhood Immunization Status

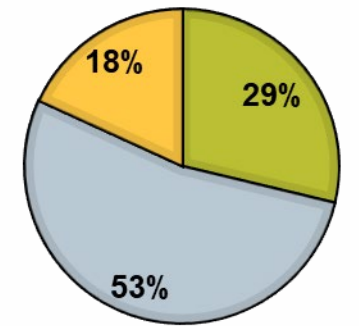
State Medicaid Beneficiary Overview

- Nebraska Medicaid serves 337,022 beneficiaries (Dec 2024)
 - Approx. 17% of the State Population
- Approx. 50% of the beneficiary population is under 17 years of age

RACE:
0 – 17 YEARS OLD



ETHNICITY:
0 – 17 YEARS OLD



- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- More than One Race Reported
- Other/Not Available

- Hispanic or Latino
- Not Hispanic or Latino
- Not Available

Age groups (Dec 2024)	Beneficiaries
0 – 5 years old	59,679
6 – 11 years old	57,561
12 – 17 years old	52,455
Total (0 – 17 years old)	169,695

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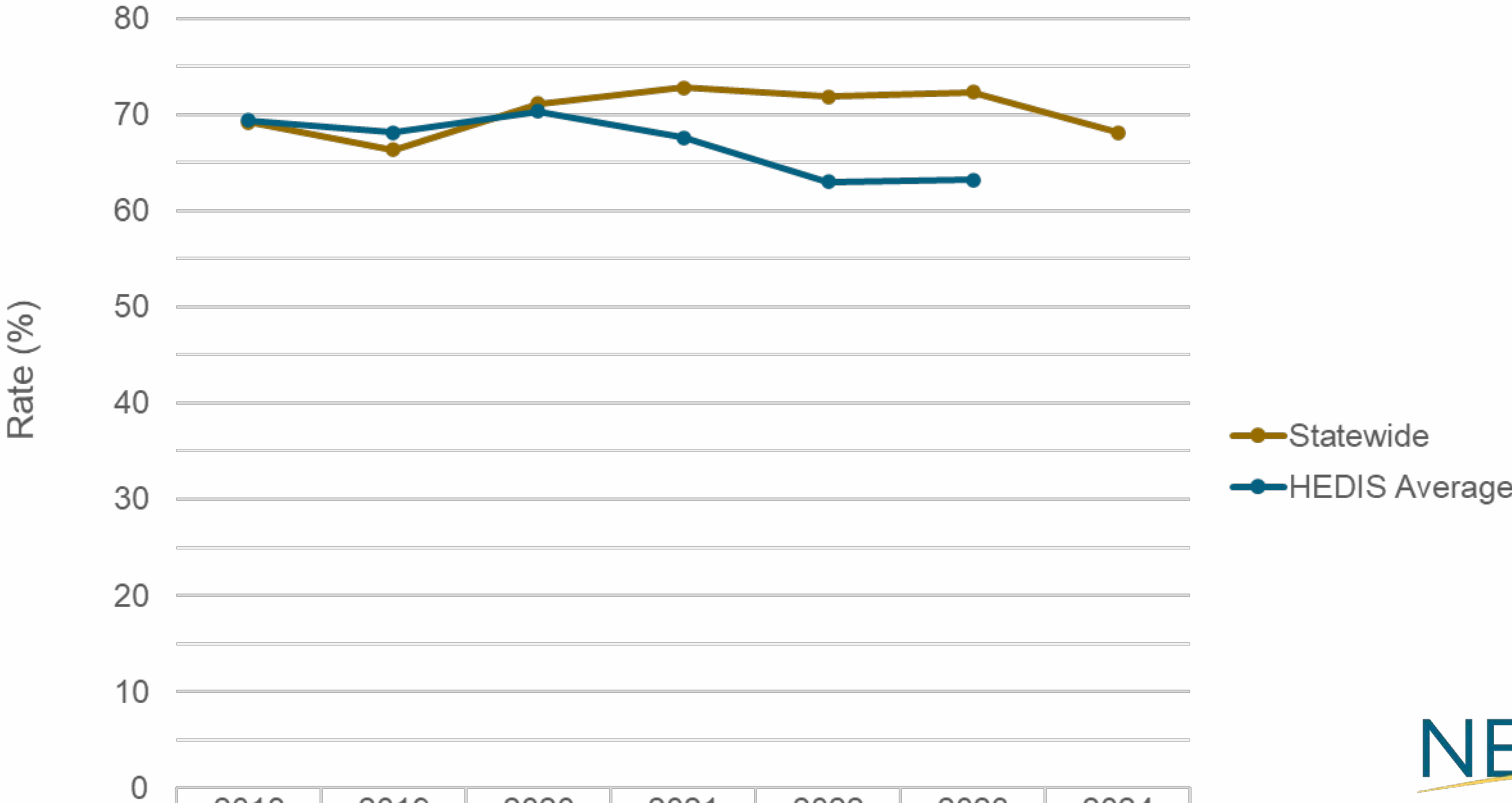
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Nebraska Medicaid Childhood Immunization Status

Childhood Immunization Status (CIS-CH) – Combination 3



Statewide	69.21	66.34	71.13	72.80	71.86	72.32	68.12
HEDIS Average	69.40	68.10	70.30	67.60	63.00	63.20	

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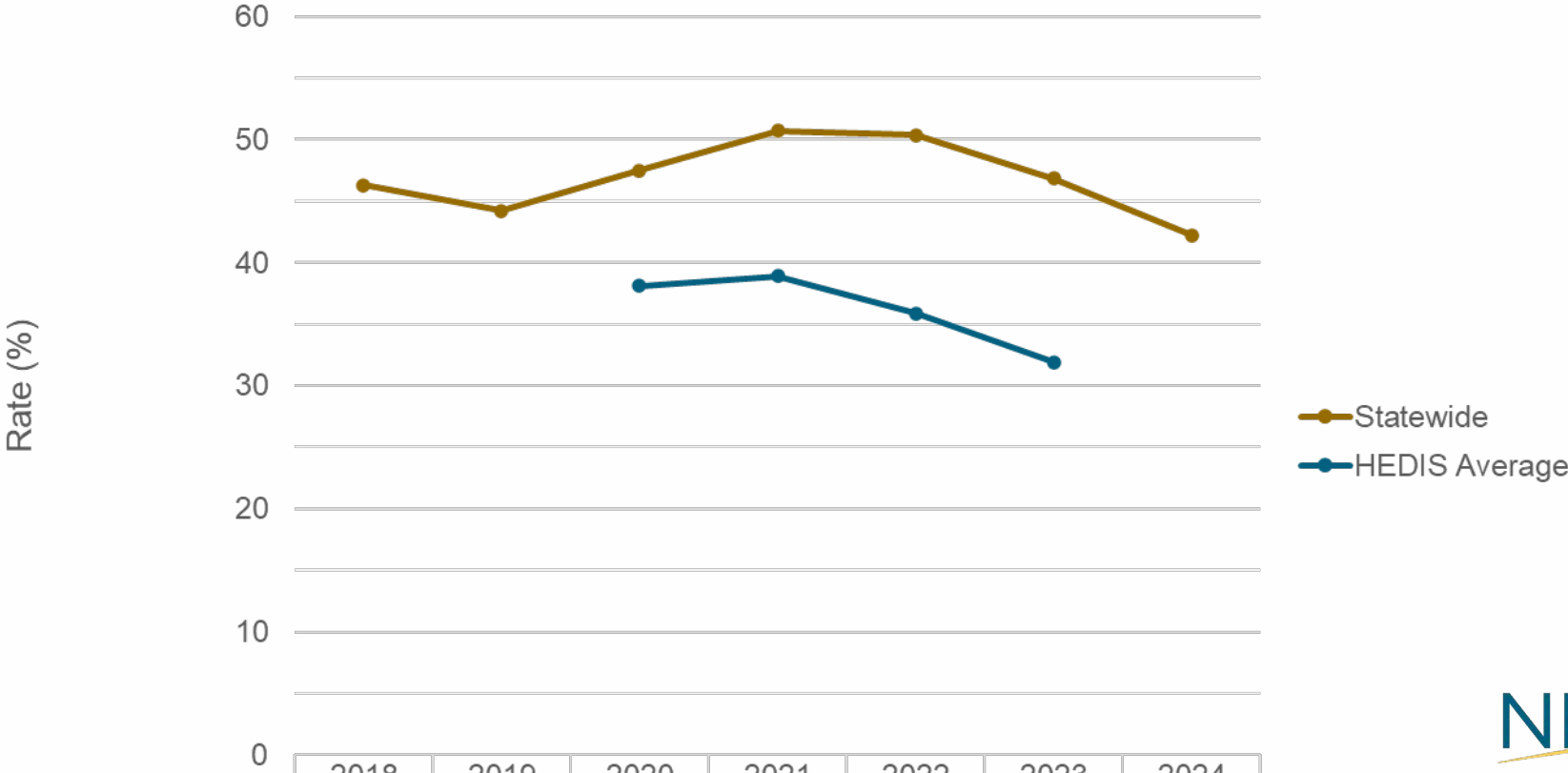
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Nebraska Medicaid Childhood Immunization Status

Childhood Immunization Status (CIS-CH) – Combination 10



	2018	2019	2020	2021	2022	2023	2024
Statewide	46.27	44.21	47.48	50.70	50.36	46.85	42.20
HEDIS Average			38.10	38.90	35.90	31.90	

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Nebraska Medicaid Childhood Immunization Status

- Nebraska moved to a statewide, integrated managed care model in 2017 with three managed care organizations (MCOs).
- For the first three years (2018, 2019, and 2020), the state incentivized the MCOs' performance on CIS under the Quality Performance Program (QPP).
 - Under this program, the state withholds 1.5% of MCO capitation, subject to the MCO earning it back by meeting the goal metrics that the state establishes for the QPP quality measures.
 - If the goal metric is met, the MCO earns that revenue back; if not, the state retains the withheld capitation.

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Managed Care Organizations Impact on Immunization Outcomes

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United Healthcare Community and State Plan
Molina Healthcare

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Strategies to Leverage Data and Classic Payer Processes

Getting Data to providers

- Care opportunity reports (“gap closure”)
- State Immunization Registry reporting
- Vaccine opportunity: Areas of focus at a member level data for providers and by ZIP code/county using vaccine registry and claims data
- Provider portals with individualized information and measure guidance (HEDIS)

Evolving Internal Processes to Support Nebraska Goals

- Traditional payer incentives connected with immunization goals
- Member outreach practices and care navigation strategies that integrate immunization education and technical/logistical assistance to fulfill well child visits
- Provider advocates identify immunization challenges
- Quality and Utilization Management processes incorporate immunization goals and identify opportunity
- Contractual screening processes include whole person evaluation

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Sample Care Opportunity Report



2025 DOCTORS CLINIC (123456789) HEP Summary Report

Physicians: 7

Total Patients: 25

Total Open Care Opportunities: 16

The following data shows metrics for HEDIS and other standardized quality measures that indicate a potential care opportunity for all Health Equity Program members in DOCTORS CLINIC. Metrics include members belonging to DOCTORS CLINIC Health Equity Program.

Contract
Start Date: 01/01/2024
End Date: 12/31/2024

Current Reporting Period

Quality Measure	State	Health Equity Program	Eligible	Compliant	Non-Compliant	% Compliant	Payment for Current Performance	Estimated Payment If All Gaps Closed
CHL : Chlamydia Screening in Women	NE	Race/Ethnicity Group 1	13	7	6	53.85%	\$280.00	\$520.00
IMA : Immunizations for Adolescents - Combination 2 Immunizations	NE	Race/Ethnicity Group 9	12	2	10	16.67%	\$80.00	\$480.00
Totals			25	9	16		\$360.00	\$1,000.00

Doc #: PCA-2-003411-09162016_12072016

** Measures with this flag are multi-episodic. Eligible, Compliant and Non-Compliant counts are for episodes per member throughout the year.

*** For sensitive measure

**** For sensitive and multi-episodic measures

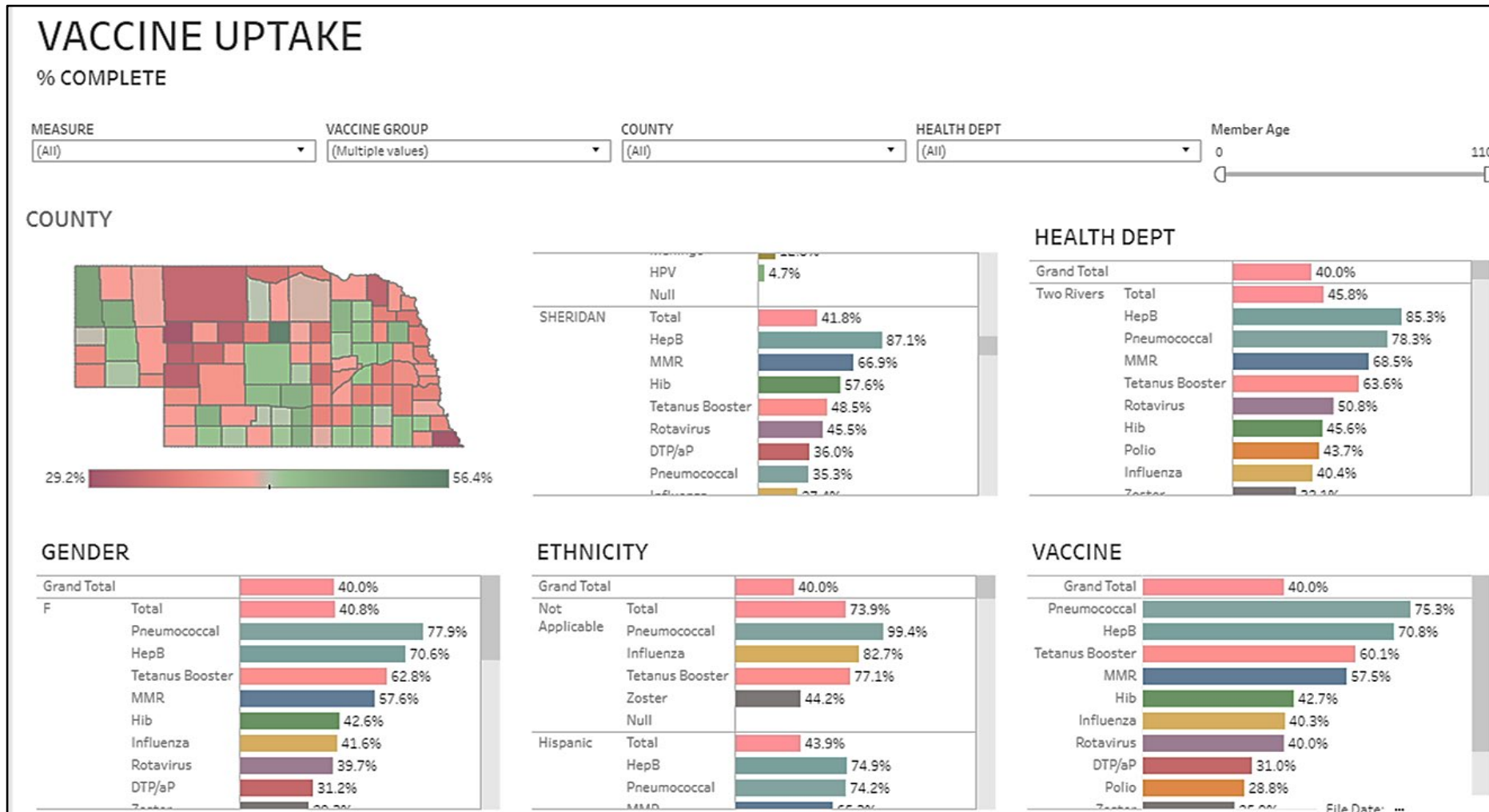
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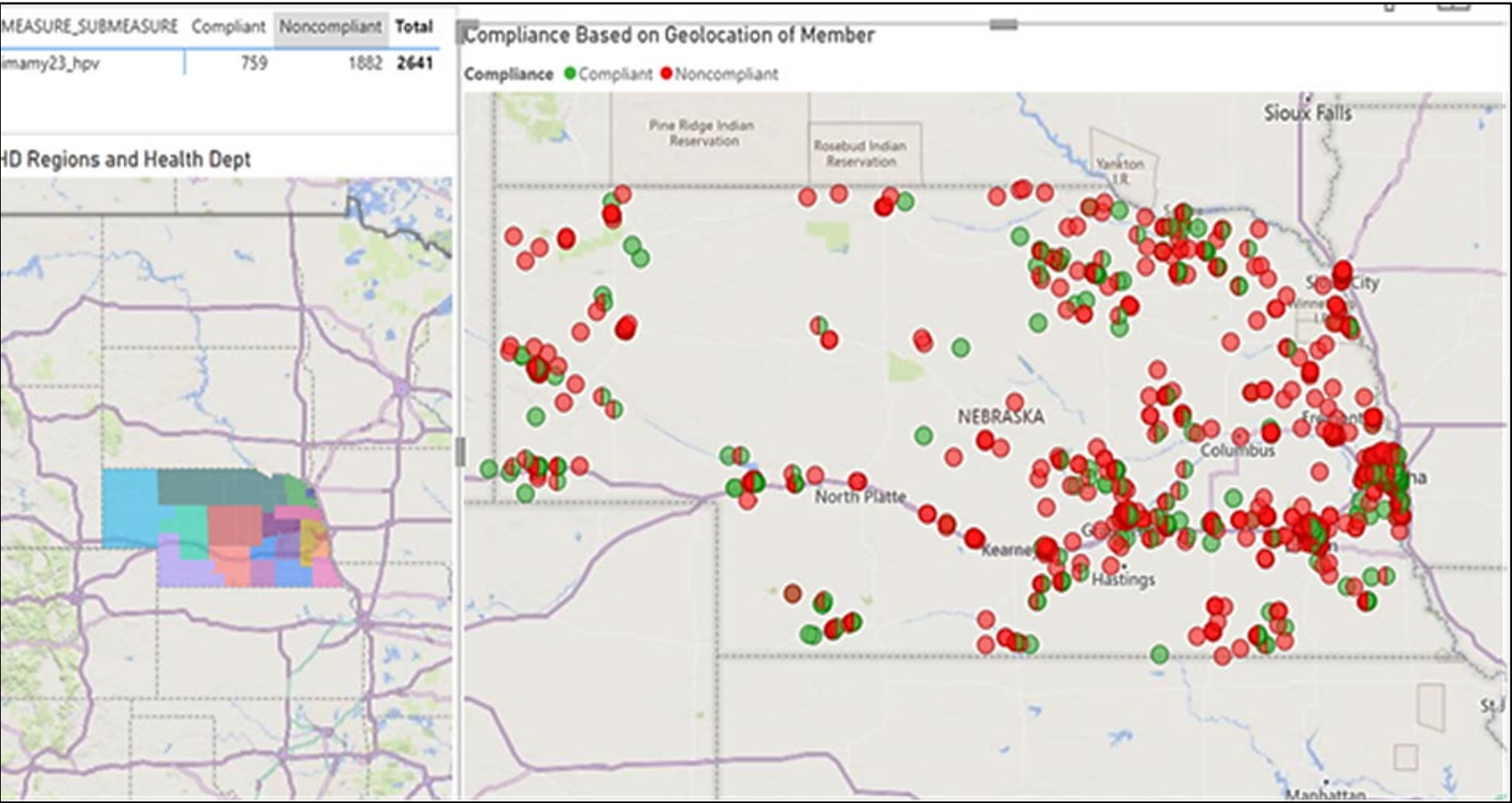
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Example: Using Data to Find Vaccination Opportunity



Example: Using Data to Find Vaccination Opportunity



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Education in All Opportunities

Provider Focused

- Monthly meetings on routine and emerging topics (HPV, Measles)
- Top Provider Joint Operational Committees / Clinical meetings

Member Focused

- Member handbook and newsletters
- Member portal

Public Health Collaboration

- Medicaid goals are public health goals
- Identify community needs
- Address vaccine hesitancy or misinformation

Input from Providers & the Community

- Subject matter expert input; Provider/Member Advisory Committees; community approach at fairs, schools, churches, Powwow
- Trusted voices in the community vet and deliver the message (not solely healthcare workers)
- Women and family centric messaging (women 25 and older make 80% of the health care decisions in the U.S.)
- Leverage national programs for information and support

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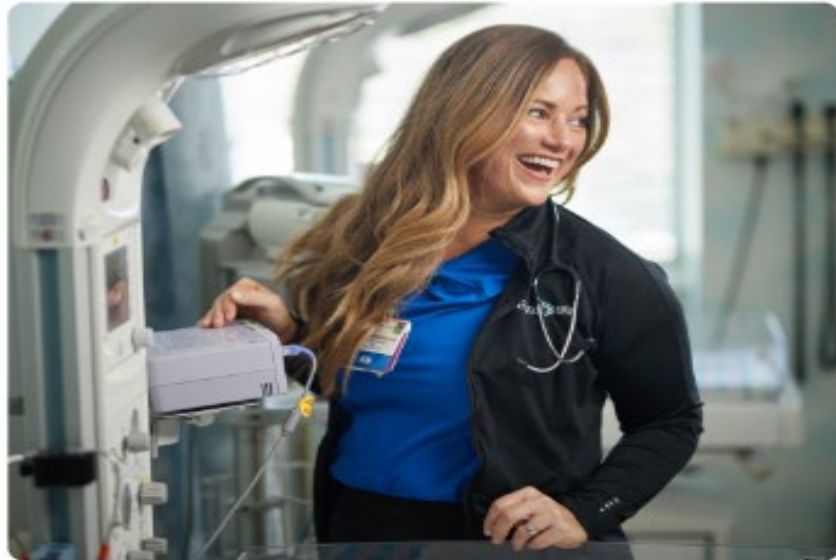
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Example: Including the Community in Education and Access

Live Life Uninterrupted



Resources



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Whole Person Care—Member-focused Strategies

Direct Member Outreach

- Outreach to members with an identified care gap using their preferred communication method (text, phone, email)
- TTEC/Live Calling programs with care coordinators/navigators to assist real-time with appointment and clinic scheduling staff

Pfizer Sponsored Children's Programs for Missed Dose & Well Visit

- Extra touch point to parents/guardians to attend 12 month well visit appointments and complete the childhood immunization series

Member Rewards Programs

- Gift cards or other incentives to eligible Medicaid members as motivation to schedule and attend preventive care appointments that improve health outcomes

Educational Marketing

- Social media to distribute education in multiple languages
- Collaborations with community based and public health organizations



\$ My Health Pays® Rewards

Nebraska Total Care members who complete Well Child check-ups earn My Health Pays® rewards. You will earn \$10 on your baby's My Health Pays card for completing each recommended check-up. Use rewards to shop at Walmart for items like diapers, wipes, or baby clothes. You can also use rewards to help pay for utilities, transportation, childcare and more.

By taking your child to all the recommended well-child check-ups, you can earn \$60 on your child's My Health Pays® Visa® Prepaid Card.



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Provider Focused Strategies

Align Traditional Payer Incentives with Immunization Goals

- Value based contracts (across all providers—ACO, independent practitioner, and pharmacy)
- Primary care provider Incentives for gap closure related to immunization and other Medicaid priorities

Direct Support of Providers in Gap Closure Work

- Clinical Practice Consultants assist with discrete data identification, attribution logic, and direct member needs
- Case management collaboration around non-clinical issues and barriers (transportation, access issues)

Association & Societal Engagement to Address Unique Medicaid Priorities & Challenges

- Federally Qualified Health Centers (FQHC): Project Access
- Vaccines for Children program

Non-traditional Partner Collaboration to Educate Communities & Public Health on Medicaid Priorities

- Pathways programs with local health departments and academia to share data, promote education, leverage community programs, and evolve messages to be culturally appropriate for the community
 - Networking health departments with Primary Care Clinics and Critical Access Hospitals
- Programs with primary care (FQHCs and Indian Health Services clinics) to support cross collaborative efforts with non-traditional partners like schools and faith-based entities
- Partner with academic centers to create national and local resource repository to support education and access

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Population Health Designed for the Individual Community

- Scotts Bluff County Health Department and Riverside Discovery Center held a Spooktacular Event. Families went to the Zoo at night and visited various public health exhibits.
- 2,164 in attendance over two days (almost entirely families)
- Children got to give vaccines to stuffed animals
 - Education about vaccines and healthy living
 - Informational bags with safety and health information
 - No pressure environment to ask vaccine questions



Best Practices for Managed Care

- Build immunization strategy into daily process
- Data exchange to focus on gaps and opportunities
- Direct support to providers and members to facilitate visits
- Leverage community input to share priorities and tailor programs
- Integrate immunization education and focus across all areas of care (Dental, Behavioral Health, Public Health, Community Based Organizations)

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Lessons Learned

- Incentivize the MCOs intentionally
 - Well-Child Visits in the First 15 Months of Life (W15) and the two Childhood Immunization Status (CIS) quality measures were selected all together for the Quality Performance Program
 - These quality measures were kept on the Quality Performance Program steadily for three years: 2018, 2019 and 2020
- Follow performance during state and MCO administrative and clinical leadership meetings held monthly

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Lessons Learned

- Encourage the MCOs to perform as “one”
 - We are one Medicaid program and work with the same clinical community
 - Share best practices during clinical leadership meetings held monthly
- Collaborate with entities that could impact performance
 - Nebraska State Immunization Information System (NESIIS)
 - Discuss opportunities for improvement and remove any barriers to success

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Questions and Discussion

Laura Armistead, Mathematica

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 - Note: Only the presentation team will be able to see your questions and comments

Q&A

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Upcoming Events and Opportunities

Laura Armistead, Mathematica

Improving Early Childhood Preventive Care Webinar Series

- **Addressing Barriers to Well-Child Visits and Preventive Care: Promising Approaches to Transportation Challenges for Medicaid and CHIP**
 - June 16, 2025, at 3:00-4:00 PM ET
- **Expression of Interest Webinar**
 - June 2, 2025, at 2:00-3:00 PM ET
 - Shares background on the upcoming action-oriented affinity group focused on improving early childhood preventive care.
- **Register for all remaining webinars at**
<https://mathematicaorg.webex.com/webappng/sites/mathematicaorg/webinar/webinarSeries/register/831dde27ae6249b0a16122ea57142b0b>

Thank You for Attending!



- Please complete the webinar survey as you exit the webinar.



- For questions, please email MedicaidCHIPQI@cms.hhs.gov