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# Promoting Preventive Care in Early Childhood Well-Child Visits

**January 6, 2025**

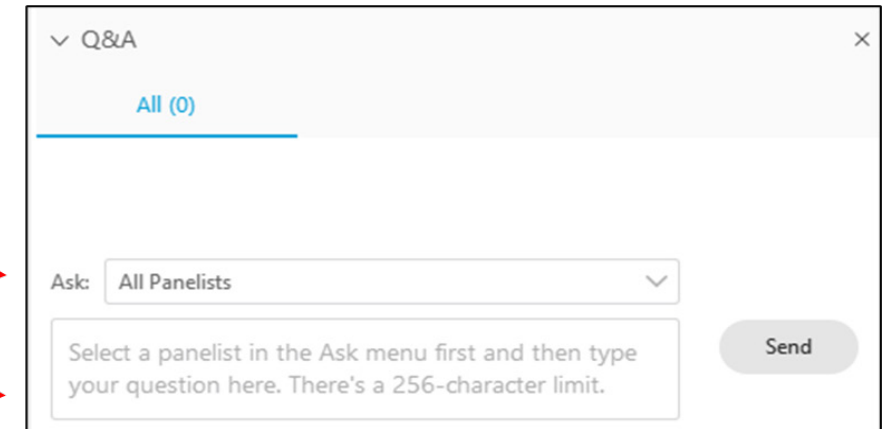
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Andrew Snyder, Center for Medicare & Medicaid Services

Laura Armistead and Joe Zickafoose, Mathematica

# How to Submit a Question

- Use the Q&A function to submit questions or comments.
  - To submit a question or comment, click the Q&A window and select “All Panelists” in the “Ask” menu
  - Type your question in the text box and click “Send”
    - Note: Only the presentation team will be able to see your questions and comments
- For technical questions, select “Host” in the “Ask” menu



Q&A

All (0)

Ask: All Panelists

Select a panelist in the Ask menu first and then type your question here. There's a 256-character limit.

Send

Two red arrows point from the text 'select "All Panelists" in the "Ask" menu' and 'Type your question in the text box' to the 'Ask' dropdown menu and the text input box respectively.



Q & A

All (0)

Ask: Host

A red arrow points from the text 'select "Host" in the "Ask" menu' to the 'Ask' dropdown menu.

# Agenda

Topic	Speaker
Welcome	Laura Armistead, Mathematica
CMS Welcome	Andrew Snyder, CMS
Overview of Preventive Care in Early Childhood Well-Child Visits	Joe Zickafoose, Mathematica
Improving Preventive Care in Early Childhood in the Medicaid and CHIP Program	Laura Armistead, Mathematica
Questions and Discussion	Joe Zickafoose, Mathematica
Upcoming Events and Opportunities	Laura Armistead, Mathematica

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# **CMS Welcome**

Andrew Snyder, Center for Medicare & Medicaid Services

# Importance of Well-Child Visits

- **Well-child visits, referred to in statute as screening services, are the foundation of EPSDT coverage and are a crucial entry point for identifying concerns and conditions that require follow-up care.**
- **These visits are intended to be comprehensive and include age-appropriate screenings, referrals to diagnostic and specialty services, and referrals to establish ongoing dental, vision, and hearing care.**
- **All states are required to:**
  - **Develop or adopt a schedule of recommended screenings.** Most states have adopted the Bright Futures periodicity schedule<sup>1</sup> developed by the American Academy of Pediatrics (AAP) or a modified version.
  - **Provide coverage for appropriate immunizations** to EPSDT-eligible children according to the pediatric vaccine schedule<sup>2</sup> established by the Centers for Disease Control and Prevention (CDC).
  - **Develop or adopt a dental periodicity schedule** in consultation with recognized dental organizations involved in child health.

<sup>1</sup>Recommendations for Preventive Pediatric Health Care. Bright Futures/American Academy of Pediatrics are available at [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf).

<sup>2</sup> Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule. Centers for Disease Control and Prevention are available at <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-schedule-vaccines.html>.

# CMS Well-Child Care Quality Improvement (QI) Resources

- QI TA resources on improving well-child are available on Medicaid.gov.
- Resources include:
  - 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 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>

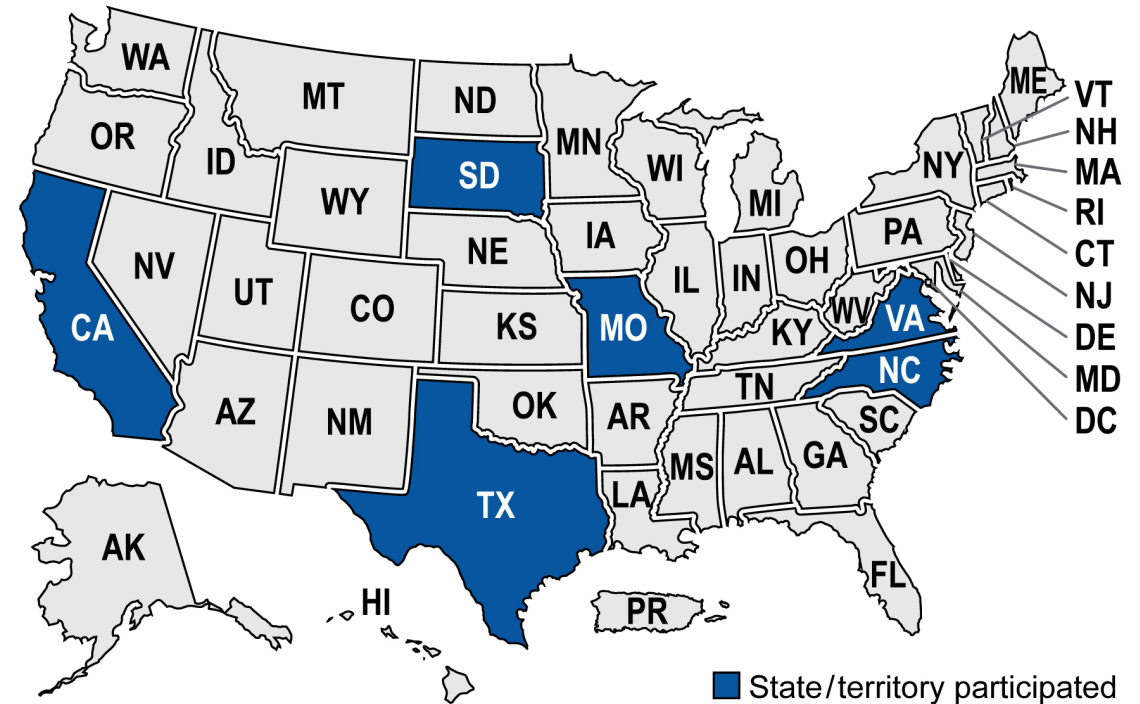


<https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/well-child-care/index.html>.



# Improving Infant Well-Child Visits Affinity Group

- From 2021 to 2023, six states participated in the Infant Well-Child Visit affinity group focused on improving infant well-child visits from 0 to 15 months of age (see map).
- The affinity group was preceded by a webinar series that also described approaches that states can use to improve attendance and quality of infant well-child visits.
- More information is available at <https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/well-child-care/index.html>.



# **NEW! Improving Preventive Care in Early Childhood**

- **AAP and Bright Futures recommend eleven well-child visits through the first 30 months of a child's life and annually starting at age three.**
- **Well-child visit attendance among children ages 0 to 30 months eligible for Medicaid and CHIP is more than 20 percentage points lower compared to children with private insurance.<sup>1</sup>**
- **The Child Core Set includes several measures that may be impacted by attendance at well-child visits, including:**
  - Well-Child Visits in the First 30 Months of Life (W30-CH)
  - Childhood Immunization Status (CIS-CH)
  - Developmental Screening in the First Three Years of Life (DEV-CH)
  - Lead Screening in Children (LSC-CH)
  - Topical Fluoride for Children (TFL-CH)

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



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# **Overview of Preventive Care in Early Childhood Well-Child Visits**

Joe Zickafoose, Mathematica

# Benefits of Well-Child Care in Early Childhood

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- **Deliver recommended and catch-up preventive care, including:**
  - Immunizations
  - Lead screening
  - Developmental screenings
  - Oral health care
- **Track growth and development.**
  - Helps recognize and address developmental concerns early.
- **Provide caregiver education and support.**
- **Enable connections to diagnostic and treatment services to manage ongoing health needs.**

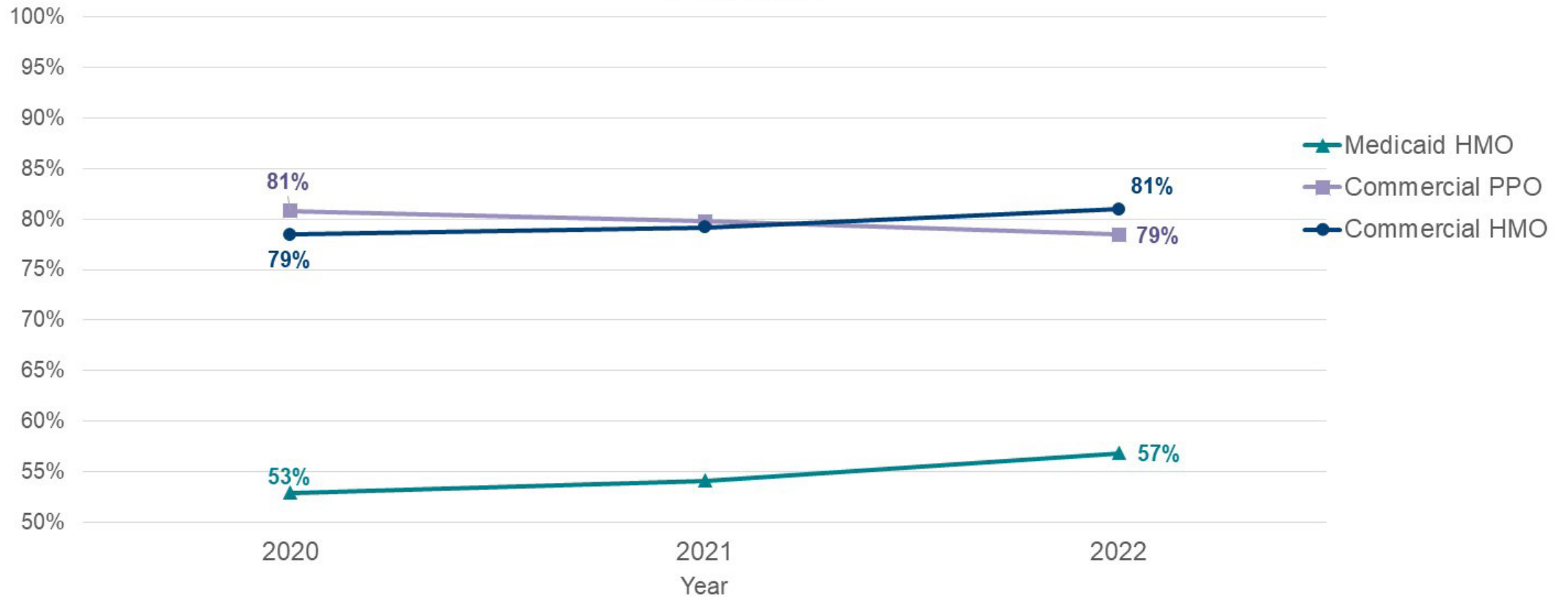
# AAP and Bright Futures Guideline, By Age

	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](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf).

# Well-Child Visits, by Payer

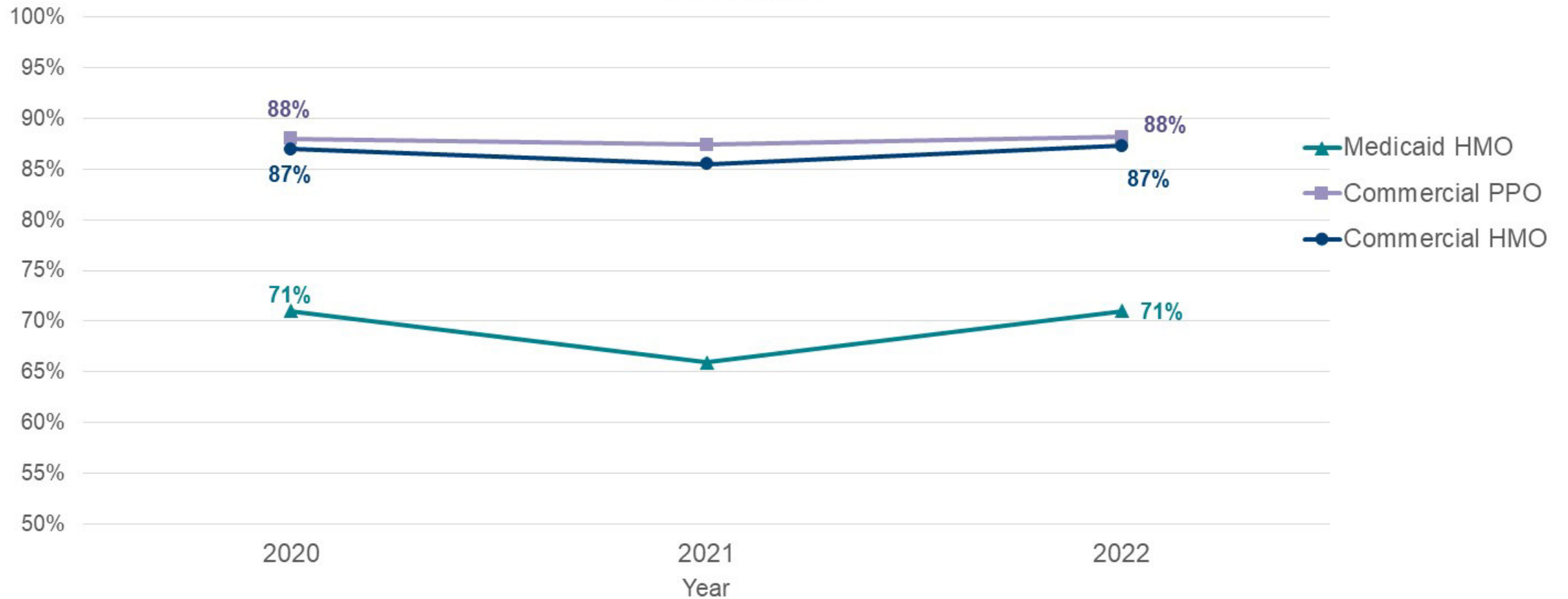
Percentage of Children, Ages 0 to 15 Months, Who Had at Least Six Well-Child Visits, 2020-2022



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

## Well-Child Visits, by Payer (cont.)

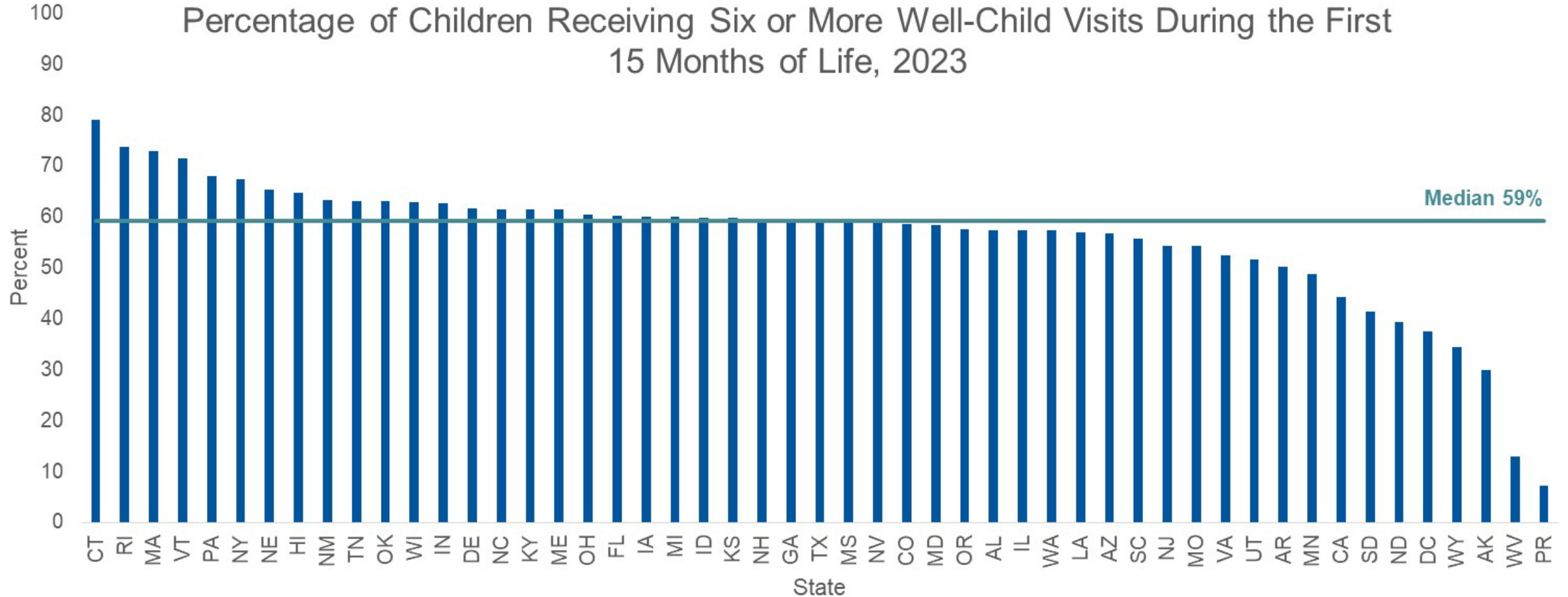
Percentage of Children, Ages 15 to 30 Months, Who Had at Least Two Well-Child Visits, 2020-2022



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

# Well-Child Visits in the First 30 Months of Life, By State

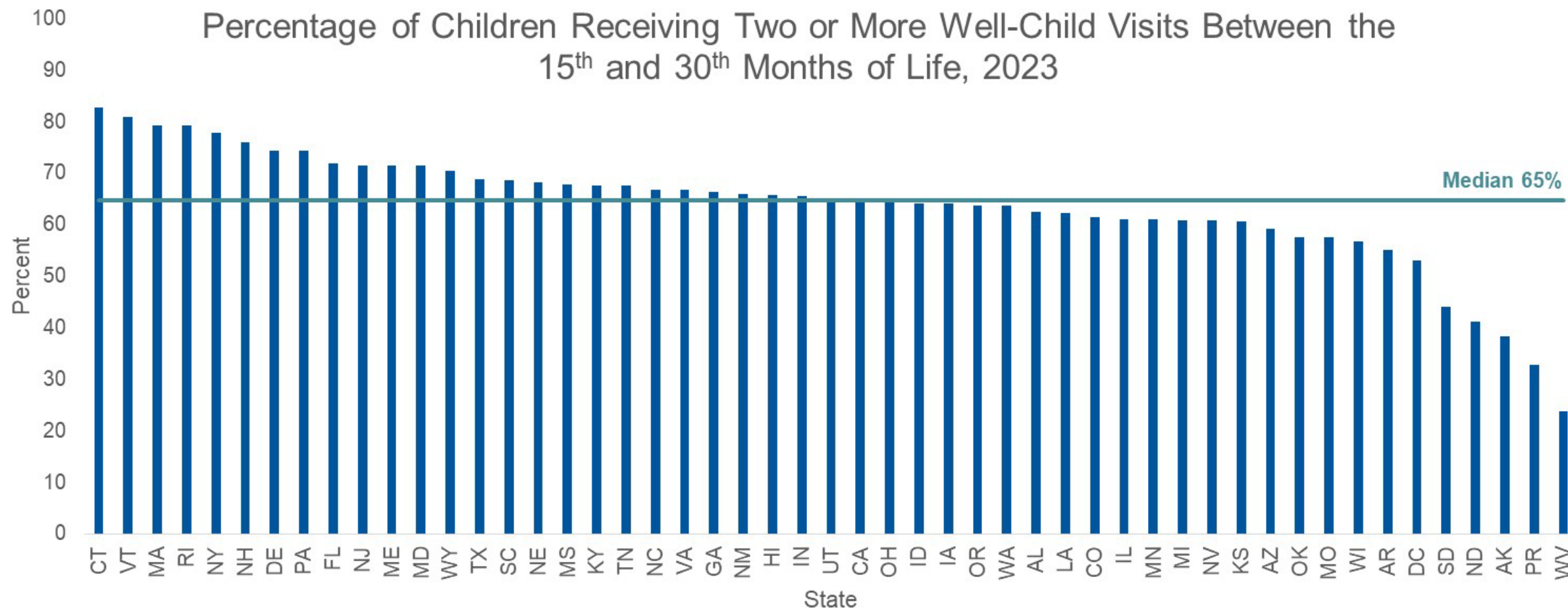
Percentage of Children Receiving Six or More Well-Child Visits During the First 15 Months of Life, 2023



Source: Mathematica analysis of Quality Measure Reporting (QMR) system reports for the 2023 Core Set as of May 16, 2024.

Notes: Information on the Child Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html>.

# Well-Child Visits in the First 30 Months of Life, By State (cont.)



Source: Mathematica analysis of Quality Measure Reporting (QMR) system reports for the 2023 Core Set as of May 16, 2024.

Notes: Information on the Child Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html>.

# Measures Associated with Preventive Care During Well-Child Visits



## 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)



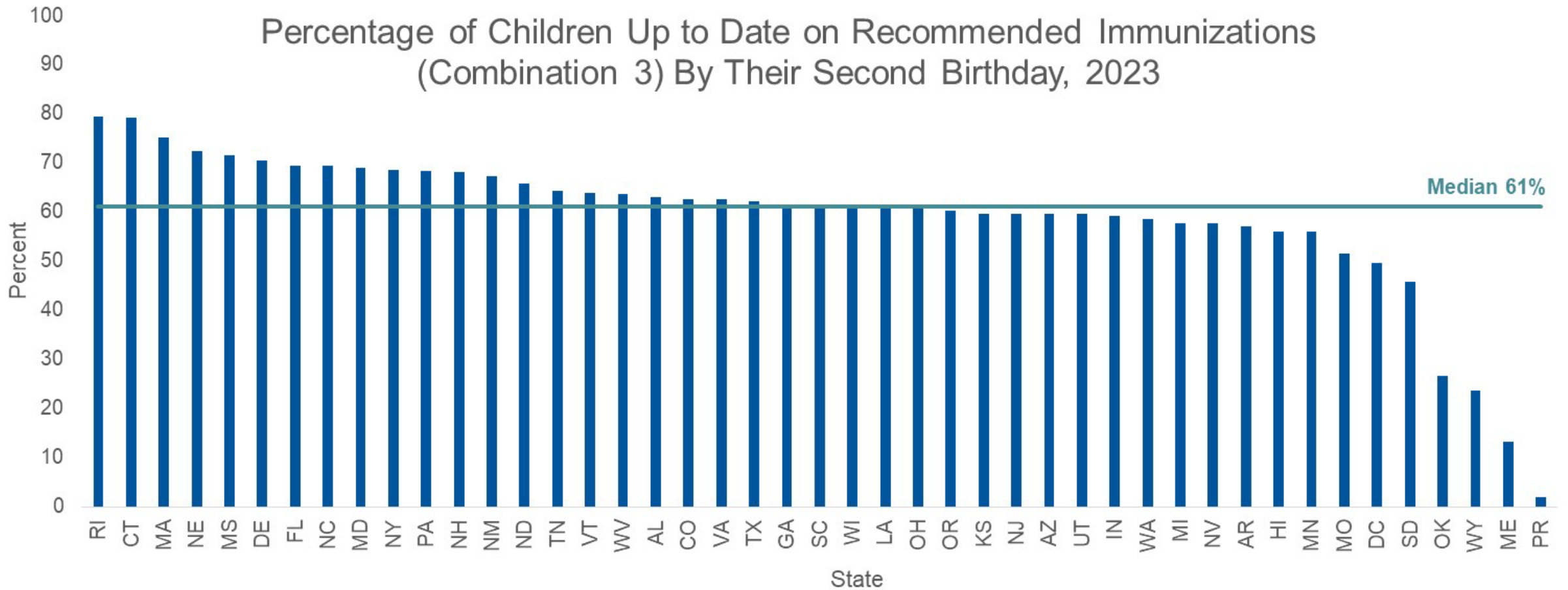
## Fluoride Varnish Application

- Topical Fluoride for Children (TFL-CH)



# Childhood Immunization Status (CIS-CH), By State

Percentage of Children Up to Date on Recommended Immunizations  
(Combination 3) By Their Second Birthday, 2023

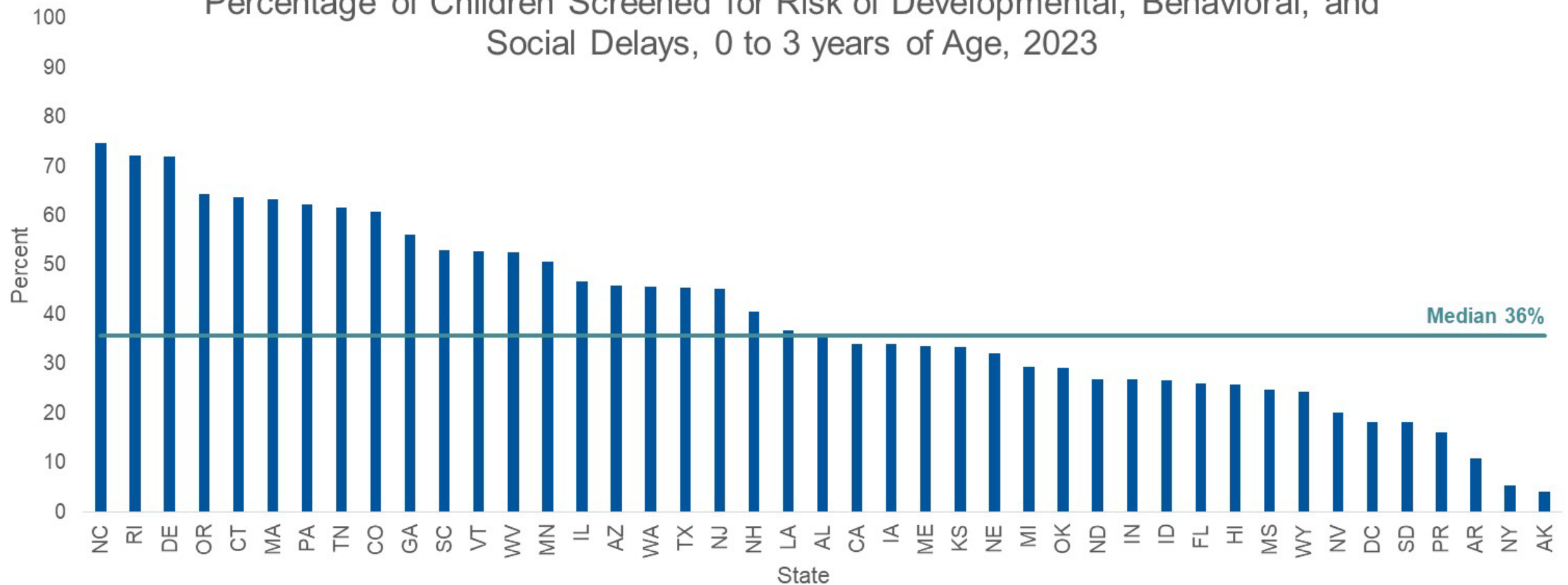


Source: Mathematica analysis of Quality Measure Reporting (QMR) system reports for the 2023 Core Set as of May 16, 2024.

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

# Developmental Screening (DEV-CH), By State

Percentage of Children Screened for Risk of Developmental, Behavioral, and Social Delays, 0 to 3 years of Age, 2023

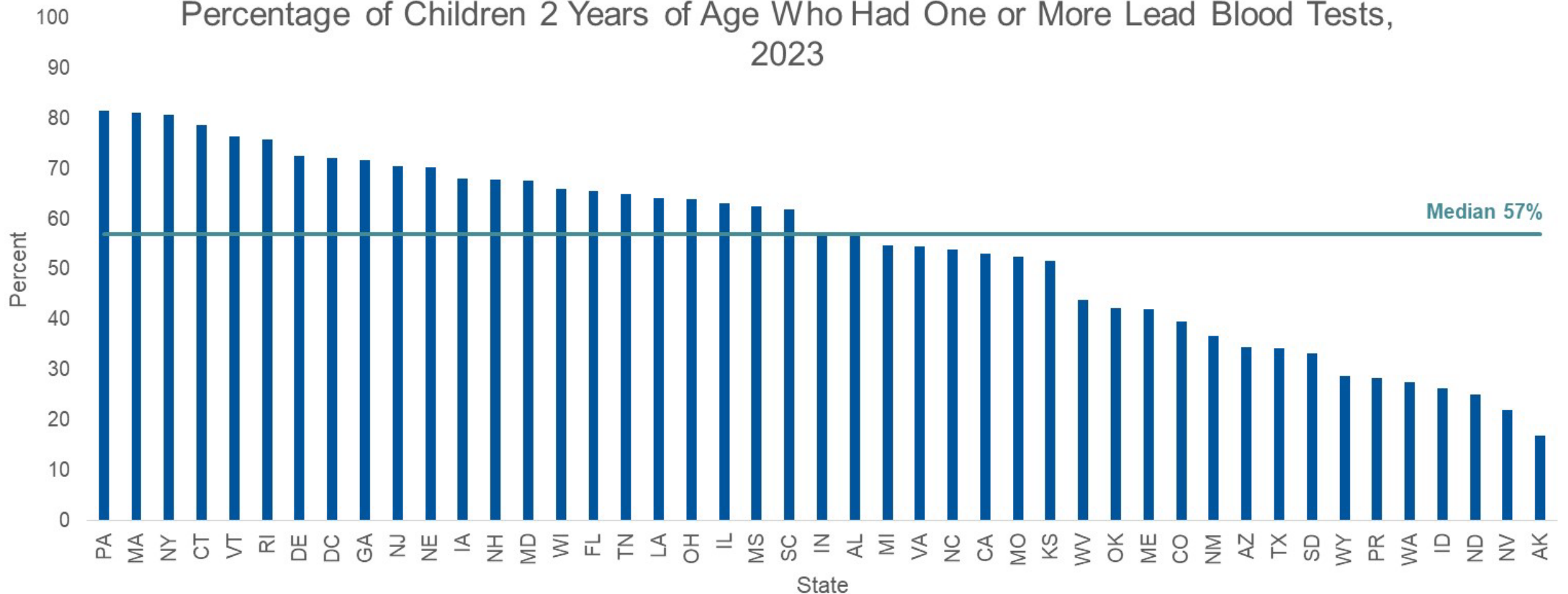


Source: Mathematica analysis of Quality Measure Reporting (QMR) system reports for the 2023 Core Set as of May 16, 2024.

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# Lead Screening in Children (LSC-CH), By State

Percentage of Children 2 Years of Age Who Had One or More Lead Blood Tests, 2023

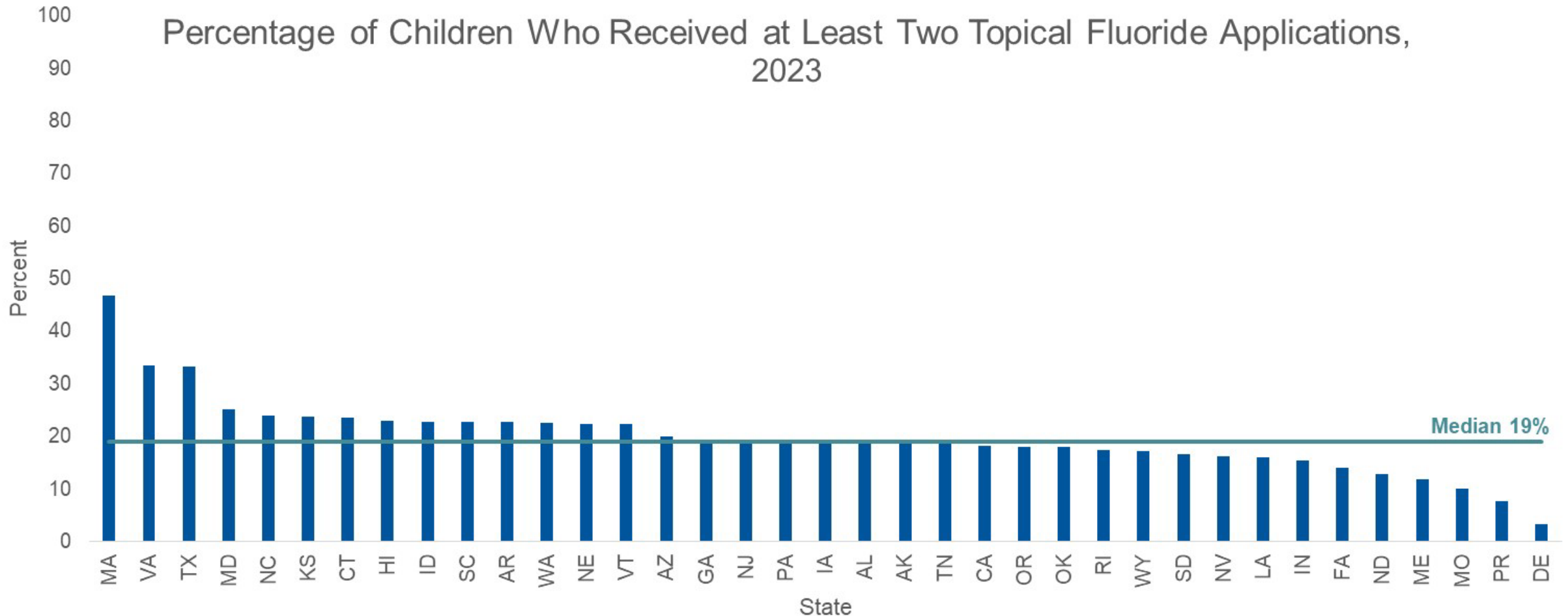


Source: Mathematica analysis of Quality Measure Reporting (QMR) system reports for the 2023 Core Set as of May 16, 2024.

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# Topical Fluoride for Children (TFL-CH), By State

Percentage of Children Who Received at Least Two Topical Fluoride Applications, 2023



Source: Mathematica analysis of Quality Measure Reporting (QMR) system reports for the 2023 Core Set as of May 16, 2024.

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

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# Improving Preventive Care in Early Childhood in the Medicaid and CHIP Program

Laura Armistead, Mathematica

# Opportunities to Improve Preventive Care in Early Childhood

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- **State Medicaid and CHIP (MAC) programs can improve preventive care in early childhood through a variety of approaches including:**
  - Managed care contracting
  - MAC payment policies
  - Eligibility and enrollment processes
  - Strategic alignment across programs and policies
  - Family and caregiver engagement
  - Cross-agency, managed care, and provider partnerships

# Managed Care Contracting

- **State MAC programs can engage managed care plans (MCPs) in well-child and preventive care improvement by incorporating related QI activities into contracts with MCPs.**
- **Example strategies include:**
  - Incorporating well-child visit and preventive care measures, such as those in the Child Core Set, into MCP quality assurance and performance improvement (QAPI) programs.
  - Requiring that MCPs conduct proactive outreach to enrollees to assist with scheduling and address other barriers to attending well-child visits.

## STATE EXAMPLE

**Texas Medicaid** encouraged their MCPs to conduct proactive outreach to their members to educate families about recommended well-child visits and to offer support with scheduling well-child visits.

# MAC Payment Policies

- **State MAC programs can use financial levers to encourage the delivery of existing preventive care benefits, add benefits, and support QI.**
- **Example strategies include:**
  - Using value-based payment arrangements based on well-child visit attendance or other quality indicators (for example, quality of care, customer satisfaction).
  - Implementing policies that enable providers to bill same-day sick and well-child visits.
  - Implement CHIP Health Services Initiatives (HSIs) to support improvements on well-child visits and preventive care.

## STATE EXAMPLE

**Oklahoma Medicaid** established an HSI to expand provider participation in the Reach Out and Read program. As part of the HSI, Oklahoma provided screening tools and trainings for providers to improve the quality of well-child visits and encourage developmental screenings during the visit.



# Eligibility and Enrollment Processes

- **State MAC programs can improve processes to streamline renewal of eligibility and enrollment.**
- **Example strategies include:**
  - Providing culturally appropriate resources and tools to support families with navigating MAC enrollment.
  - Simplifying or automating MAC enrollment processes to support timely and continuous coverage.

## STATE EXAMPLE

**New Mexico** leverages community health workers to provide culturally appropriate system navigation supports, including facilitating enrollment in Medicaid.

# Strategic Alignment Across Programs and Policies

- **State MAC programs can work to align programs and policies, for example by aligning its managed care oversight activities.**
- **Example strategies include:**
  - Making well-child visits an objective in the state's managed care quality strategy.
  - Requiring MCPs to conduct performance improvement projects (PIPs) related to well-child visits and early childhood preventive care.

## STATE EXAMPLE

**Utah** implemented PIPs for several Medicaid Accountable Care Organizations (ACOs) to improve performance on Well-Child Visits in the First 30 Months of Life. Requirements included reminder phone calls to enrollees and education on the importance of timely well-child visits.

# Family and Caregiver Engagement

- **State MAC programs can engage parents and caregivers to promote preventive care and learn about opportunities and solutions for improvement.**
- **Example strategies include:**
  - Offering incentives to managed care enrollees for attending well-child visits (for example, gift cards).
  - Including families and caregivers in QI initiatives to incorporate lived experience.

## STATE EXAMPLE

**Washington's** MCPs held focus groups with caregivers to identify barriers to care. Practices made changes to address identified barriers, including holding evening and weekend appointments to accommodate well-child appointments outside of regular business hours.

# Cross-Agency, Managed Care, and Provider Partnerships

- **State MAC programs can foster connections among its QI partners to foster synergies and the sharing of resources and learning.**
- **Example strategies include:**
  - Developing partnerships with primary care providers to improve screening rates, such as developmental screenings, during well-child visits.
  - Implementing processes to share data among partners.
  - Disseminating data and best practices, such as reviewing the state's annual external quality review (EQR) report with providers, MCPs, and other partners to support improvement efforts.

## STATE EXAMPLE

**Connecticut** maintains practice-level dashboards which providers can access through an online portal. The dashboards have enabled providers to identify children with missed or late well-child visits for targeted outreach.

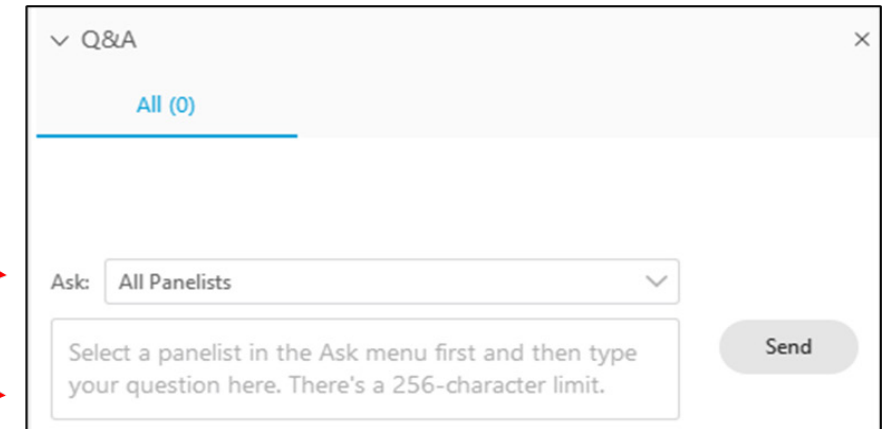
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# Questions and Discussion

Joe Zickafoose, Mathematica

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The screenshot shows a 'Q&A' window with a close button (X) in the top right corner. Below the title, there is a tab labeled 'All (0)'. The main area contains an 'Ask:' dropdown menu currently set to 'All Panelists'. Below the dropdown is a text input box with placeholder text: 'Select a panelist in the Ask menu first and then type your question here. There's a 256-character limit.' To the right of the text box is a 'Send' button. Two red arrows point from the text in the list to the interface: one points to the 'Ask:' dropdown menu, and the other points to the text input box.

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# Upcoming Events and Opportunities

Laura Armistead, Mathematica

# Improving Preventive Care Webinar Series

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- **State Medicaid and CHIP Experiences Promoting Preventive Care through Well-Child Visits in Early Childhood**
  - March 3, 2025 at 2:00-3:00 PM ET
- **Addressing Barriers to Well-Child Visits and Preventive Care: Promising Approaches to Transportation Challenges for Medicaid and CHIP**
  - April 14, 2025 at 2:00-3:00 PM ET



# Improving Preventive Care in Early Childhood Affinity Group

- **Expression of Interest Webinar**
  - March 31, 2025, at 2:00-3:00 PM ET
  - Shares background on the upcoming action-oriented affinity group focused on improving preventive care in early childhood.
- **Register for all remaining webinars at**  
<https://mathematicaorg.webex.com/webappng/sites/mathematicaorg/webinar/webinarSeries/register/831dde27ae6249b0a16122ea57142b0b>

# Thank You for Attending!

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



- For questions, please email [MedicaidCHIPQI@cms.hhs.gov](mailto:MedicaidCHIPQI@cms.hhs.gov)