Introduction

Together, Medicaid and the Children’s Health Insurance Program (CHIP) served more than 74 million children and adults. The Child and Adult Core Sets support federal and state efforts to collect, report, and use a standardized set of measures to improve the quality of care provided to Medicaid and CHIP beneficiaries. CMS’s goals for state reporting of these Core Sets include: maintaining or increasing the number of states reporting each measure; maintaining or increasing the number of measures reported by each state; and improving the completeness of the data reported. CMS annually reports information on state performance on the Child and Adult Core Set measures. This fact sheet summarizes state progress in reporting the Child and Adult Core Set measures for FFY 2016, including an overview of performance for measures reported by at least 25 states and which meet internal standards for quality.

Status of FFY 2016 Child Core Set Reporting

The number of states reporting at least one measure as well as the number of states reporting each measure have increased substantially since the release of the Child Core Set in 2010. Fifty states voluntarily reported at least one Child Core Set measure for FFY 2016, with 45 of these states reporting at least half (13) of the measures. Among the 50 states reporting at least one measure, the median number of measures reported was 18, an increase from 16 measures reported during the FFY 2013 through FFY 2015 publication cycles. Notably, 36 states reported more Child Core Set measures for FFY 2016 than for FFY 2015.

CMS has also worked with states to increase the number reporting performance for both Medicaid and CHIP populations. For FFY 2016, 45 states included both Medicaid and CHIP beneficiaries for at least one measure, an increase from 38 states for FFY 2012, but a slight decline from 46 states for FFY 2015.

CMS annually releases Child Core Set data for measures that are reported by at least 25 states and meet internal standards of data quality. For FFY 2016, 21 of the 26 Child Core Set measures met CMS’s threshold for public reporting of state-specific results, up from 20 measures for FFY 2015. The most frequently reported Child Core Set measures for FFY 2016 focus on primary care access and preventive care (receipt of well-care visits, children and adolescents’ access to primary care practitioners, chlamydia screening in women ages 16 to 20, and immunizations for children and adolescents), children’s use of preventive dental services, and emergency department visit rates. The most frequently reported measures remained consistent between FFY 2015 and FFY 2016.

CMS is publicly reporting two Child Core Set measures for the first time for FFY 2016:

- Use of Multiple Concurrent Antipsychotics in Children and Adolescents. CMS provided technical assistance to states, including a webinar, a user guide, and a technical assistance guide.

---


2 The term “states” includes the 50 states and the District of Columbia.

3 Data for one Child Core Set measure, Pediatric Central Line-Associated Bloodstream Infections (CLABSI), are reported by hospitals to the Centers for Disease Control and Prevention’s (CDC) National Healthcare Safety Network. FFY 2016 data for the CLABSI measure are not available at the time of this analysis and CLABSI is not included in the count of publicly reported Child Core Set measures.
• Developmental Screening in the First Three Years of Life. CMS provided targeted technical assistance and outreach to states to improve the completeness and consistency of reporting for this measure.

CMS analyzed state performance on the 21 publicly reported Child Core Set measures for FFY 2016. Median state performance was above 75 percent on measures of access to primary care and timeliness of prenatal care. Median performance was below 50 percent on measures of dental and oral health care (preventive dental services and dental sealants), on the developmental screening measure, on the medication management for children with asthma measure and on two indicators of timely access to behavioral health care (follow-up after hospitalization for mental illness within 7 days of discharge and follow-up visit within 30 days for children newly prescribed ADHD medication). Median performance was also below 50 percent on three measures of adolescent health care (well-care visits, HPV vaccination, and chlamydia screening).

Status of FFY 2016 Adult Core Set Reporting

For FFY 2016, 41 states voluntarily provided data for the Adult Core Set. Since the release of the Adult Core Set in 2012, the number of states voluntarily reporting at least one Adult Core Set measure has increased steadily, from 30 states for FFY 2013, 34 states for FFY 2014, and 39 states for FFY 2015. Additionally, the median number of Adult Core Set measures reported by states is 17 measures for FFY 2016, up from 16 measures for FFY 2015. Thirty-one states reported at least half (14) of the measures for FFY 2016. In addition, 21 states reported more Adult Core Set measures for FFY 2016 than for FFY 2015, including two states reporting for the first time for FFY 2016.

As with Child Core Set measures, CMS annually releases data for Adult Core Set measures that are reported by at least 25 states and meet internal standards of data quality. For FFY 2016, CMS is publicly reporting state performance on 16 of the 28 Adult Core Set measures, up from 13 measures for FFY 2015. The most frequently reported measures for FFY 2016 focus on access to primary care and preventive care (breast cancer screening, cervical cancer screening, and chlamydia screening in women ages 21 to 24), care of acute and chronic conditions (diabetes care management and monitoring for patients on persistent medications), maternal and perinatal health (postpartum care visits), and behavioral health (follow-up after hospitalization for mental illness). These measures are consistent with the most frequently reported measures for FFY 2015.

CMS is publicly reporting four Adult Core Set measures for the first time for FFY 2016, including three measures focused on care of acute and chronic conditions (controlling high blood pressure, Prevention Quality Indicator (PQI) 01: diabetes short-term complications admission rate, and PQI 08: heart failure admission rate) and one behavioral health care measure (diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications). The addition of the PQI measures for FFY 2016 is the result of technical assistance to states to improve the quality of data reported for these measures over previous years of reporting. The addition of the diabetes screening measure is notable because it is a new Adult Core Set measure for FFY 2016. CMS conducted outreach to states to encourage reporting of this new measure.

CMS analyzed state performance on the 16 publicly reported Adult Core Set measures for FFY 2016. Median state performance was above 75 percent for two measures of care for acute and chronic conditions (monitoring of patients on persistent medications and hemoglobin A1c testing for people with diabetes), a behavioral health care measure (diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications) and a primary and preventive care measure (adult BMI assessment). Median state performance was below 50 percent for at least one rate on three behavioral health measures: antidepressant medication management for six months, follow-up after hospitalization for mental illness within 7 days of discharge, and initiation and engagement of alcohol and other drug dependence treatment.

For More Information
