

Table DEV-CH. Percentage of Children Screened for Risk of Developmental, Behavioral, and Social Delays Using a Standardized Screening Tool Preceding or on their First, Second, or Third Birthday, as Submitted by States for the FFY 2018 Child Core Set Report (n = 25 states)

State	Population	Methodology	Denominator	Rate
State Mean				41.0
State Median				42.2
Alabama	CHIP only	Administrative	6,508	38.4
Alaska	Medicaid & CHIP	Administrative	15,352	4.0
Arizona	Medicaid only	Administrative	115,648	26.2
Connecticut	Medicaid & CHIP	Administrative	45,995	54.9
Delaware	Medicaid & CHIP	Administrative	8,562	55.2
Illinois	Medicaid & CHIP	Administrative	217,682	55.5
Indiana	Medicaid & CHIP	Administrative	109,948	16.4
Iowa	Medicaid only	Administrative	44,845	15.8
Iowa	CHIP only	Administrative	2,324	15.4
Louisiana	Medicaid & CHIP	Hybrid	411	16.1
Maine	Medicaid & CHIP	Administrative	15,718	33.6
Massachusetts	Medicaid & CHIP	Administrative	65,832	76.6
Michigan	Medicaid only	Administrative	46,072	37.1
Minnesota	Medicaid & CHIP	Administrative	74,331	42.2
New Hampshire	Medicaid & CHIP	Administrative	10,126	29.7
New Jersey	Medicaid & CHIP	Administrative	86,752	35.1
North Carolina	Medicaid only	Administrative	204,953	73.2
Oklahoma	Medicaid & CHIP	Administrative	84,704	17.7
Oregon	Medicaid & CHIP	Administrative	44,913	69.0
Pennsylvania	Medicaid & CHIP	Administrative	151,296	55.6
Rhode Island	Medicaid & CHIP	Hybrid	822	61.4
South Carolina	Medicaid & CHIP	Administrative	115,867	44.4
Texas	Medicaid only	Administrative	539,187	47.5
Texas	CHIP only	Administrative	10,904	51.0
Vermont	Medicaid & CHIP	Administrative	8,992	51.3
West Virginia	Medicaid only	Administrative	29,049	51.2
West Virginia	CHIP only	Administrative	575	55.3
Wyoming	Medicaid only	Administrative	5,941	16.4
Wyoming	CHIP only	Administrative	491	5.9

Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle. 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/child-core-set/index.html>.

Notes: This measure identifies the percentage of children 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, as noted in the state-specific comments below.

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

Means are calculated as the unweighted average of all state rates. When a state reported separate rates for its Medicaid and CHIP populations, the mean and median rates were calculated using the rate for the larger measure-eligible population.

Unless otherwise specified, states used Child Core Set specifications, based on Oregon Health and Science University 2018 specifications.

Unless otherwise specified, the measurement period for this measure was January 1, 2017 to December 31, 2017. AZ reported data for FFY 2016.

The Child Core Set specifications include guidance for calculating this measure using the administrative method or the hybrid method. The hybrid method uses a combination of administrative and medical records data to identify services included in the numerator or to determine exclusions from the denominator based on diagnoses or other criteria. Unless otherwise specified, administrative data sources are the state’s MMIS

Table DEV-CH (continued)

and/or data submitted by managed care plans; medical record data sources are paper and/or electronic health records.

Denominators are assumed to be the measure-eligible population for states using the administrative method; states using the hybrid method often reported the sample size for the medical chart review rather than the measure-eligible population. Some states reported exclusions from the denominator, as noted in the state-specific comments below.

ADHD = Attention-Deficit/Hyperactivity Disorder; CCO = Coordinated Care Organization; CHIP = Children's Health Insurance Program; CMS = Centers for Medicare & Medicaid Services; CPT = Current Procedural Terminology; CY = Calendar Year; ED = Emergency Department; EPSDT = Early and Periodic Screening, Diagnostic, and Treatment; EQRO = External Quality Review Organization; FFS = Fee for Service; FFY = Federal Fiscal Year; HEDIS = Healthcare Effectiveness Data and Information Set; HMO = Health Maintenance Organization; ICD = International Classification of Diseases; LOINC = Logical Observation Identifiers Names and Codes; MACPro = Medicaid and CHIP Program System; MCO = Managed Care Organization; MMIS = Medicaid Management Information System; NCQA = National Committee for Quality Assurance; NR = Not Reported; PCCM = Primary Care Case Management; PCP = Primary Care Practitioner.

State-Specific Comments:

AL:	Rate includes separate CHIP population. Rate excludes children enrolled in Medicaid-expansion CHIP.
AK:	Rate includes FFS population. In 2014, state established a modifier policy to identify the nine standardized developmental screening tools included in the measure specifications. Claims filed without this modifier were excluded from measure calculations. State attributes its lower rate to the inconsistent adoption of the modifier among the state's providers. State calculated a rate of 14.7 percent without the modifier limitation. State believes the rate is underestimated because some providers do not bill for CPT code 96110.
AZ:	Rate includes managed care population (7 MCOs), representing 92 percent of the population. Rate excludes FFS population, seriously mentally ill population, Children's Rehabilitative Services (CRS) population, and state long-term care elderly, physically, or developmentally disabled population, representing 8 percent of the population. State conducted an internal validation of the data.
CT:	Rate includes FFS population. State attributes rate increase from FFY 2017 to quality improvement efforts. Rate was audited by a certified HEDIS auditor.
DE:	Rate includes managed care population (1 MCO), representing 86 percent of the population. Rate excludes FFS population and enrollees in one MCO, representing 14 percent of the population.
IL:	Rate includes FFS, PCCM, and managed care populations (13 MCOs). State has a policy defining tools approved for use under 96110 CPT code and a standardized process to review and approve tools for reimbursements. However, state policy permits use of domain-specific tools under code 96110. As a result, state's method deviates from Core Set specifications because it cannot determine whether providers billing the 96110 code used global or domain-specific screening tools. Rate was validated by the state's EQRO.
IN:	Rate includes managed care population (4 MCOs), representing more than 90 percent of the population. Rate excludes FFS population, representing less than 10 percent of the population.
IA:	Medicaid rate includes FFS and managed care populations (3 MCOs).
IA:	CHIP rate includes managed care population (3 MCOs).
LA:	Rate includes FFS and managed care populations (5 MCOs). Denominator is the sample size; measure-eligible population is 120,796.
ME:	Rate includes FFS population.
MA:	Rate includes PCCM and managed care populations (5 MCOs), representing 74 percent of the population. Rate excludes FFS population, representing 26 percent of the Medicaid population and 18 percent of the CHIP population, but the majority of these children would not have been measure-eligible, including children who have other primary insurance, children with limited Medicaid benefits, children in premium assistance programs, new enrollees who have not yet enrolled in an MCO, and children in state custody. State requires that providers offer a behavioral health screening to all children ages 0 to 21 using a standardized screening tool selected from a state-approved list of screening tools, but the list includes global and non-global screenings. As a result, the state's method deviates from Core Set specifications because it cannot differentiate between global and non-global screenings. Based on previous studies, the state believes that global screening tools account for a large percentage of the conducted screenings.
MI:	Rate includes managed care population (11 MCOs), representing 80 percent of the population. Rate excludes FFS population, representing 20 percent of the population. Rate includes standardized screening tools, which may include global and non-global screenings. As a result, the state's method deviates from Core Set specifications because it cannot differentiate between global and non-global screenings. State

Table DEV-CH (continued)

	does not track which screening tools providers use or require providers to use specific tools, but state does give guidance that providers should use a standardized/validated screening tool. State also recommends providers use the Bright Futures/American Academy of Pediatrics Periodicity Schedule.
MN:	Rate includes FFS and managed care populations (8 MCOs). Rate includes paid claims only.
NH:	Rate includes managed care population (2 MCOs), representing 88 percent of the population. Rate excludes FFS population, representing 12 percent of the population. State attributes rate increase from previous year to interventions targeting developmental screening.
NJ:	Rate includes managed care population (5 MCOs), representing 93 percent of the population. Rate excludes FFS population, representing 7 percent of the population.
NC:	Rate includes FFS and PCCM populations.
OK:	Rate includes FFS and PCCM populations. Rate excludes enrollees in home- and community-based services waivers.
OR:	Rate includes managed care population (16 CCOs), representing 88 percent of the population. Rate excludes FFS population, representing 12 percent of the population.
PA:	Rate includes managed care population (19 MCOs). State conducted Primary Source Verification (PSV) to evaluate the use of code 96110. Data were submitted by MCOs and compiled by the state's EQRO.
RI:	Rate includes managed care population (2 MCOs), representing 85 percent of the population. Rate excludes FFS population, representing 15 percent of the population. Denominator is the sample size; measure-eligible population is 15,256.
SC:	Rate includes managed care population (5 MCOs).
TX:	Medicaid rate includes FFS and managed care populations (29 MCOs). Rate was validated by the state's EQRO.
TX:	CHIP rate includes managed care population (17 MCOs). Rate was validated by the state's EQRO.
VT:	Rate includes statewide 1115 waiver population enrolled in a public non-risk prepaid inpatient health plan population, representing the total Medicaid population.
WV:	Medicaid rate includes FFS and managed care populations (4 MCOs).
WV:	CHIP rate includes FFS population.
WY:	Medicaid rate includes FFS population.
WY:	CHIP rate includes managed care population (1 MCO).