

**Table AMB-CH. Rate of Emergency Department Visits per 1,000 Beneficiary Months for Children Ages 0 to 19, as Submitted by States for the FFY 2018 Child Core Set Report (n = 44 states) [Lower rates are better]**

State	Population	Methodology	Denominator	Rate
State Mean				44.9
State Median				44.5
Alabama	Medicaid only	Administrative	6,762,421	49.9
Alabama	CHIP only	Administrative	942,056	27.5
Alaska	Medicaid & CHIP	Administrative	1,122,796	35.7
Arizona	Medicaid only	Administrative	9,099,848	39.3
Arkansas	Medicaid & CHIP	Administrative	4,678,404	44.2
California	Medicaid & CHIP	Administrative	67,395,812	35.2
Connecticut	Medicaid & CHIP	Administrative	3,809,040	50.0
Delaware	Medicaid & CHIP	Administrative	824,191	48.9
Dist. of Col.	Medicaid & CHIP	Administrative	723,875	58.7
Florida	Medicaid & CHIP	Administrative	29,410,278	53.5
Hawaii	Medicaid & CHIP	Administrative	1,753,209	36.3
Illinois	Medicaid & CHIP	Administrative	17,361,760	45.9
Indiana	Medicaid & CHIP	Administrative	6,964,706	46.9
Iowa	Medicaid only	Administrative	3,709,739	39.1
Iowa	CHIP only	Administrative	958,833	17.1
Kansas	Medicaid & CHIP	Administrative	3,296,001	48.0
Kentucky	Medicaid & CHIP	Administrative	6,583,315	56.7
Louisiana	Medicaid & CHIP	Administrative	9,152,886	57.0
Maine	Medicaid & CHIP	Administrative	1,336,198	40.5
Maryland	Medicaid & CHIP	Administrative	7,067,715	38.8
Massachusetts	Medicaid & CHIP	Administrative	6,481,813	43.7
Michigan	Medicaid only	Administrative	10,032,783	53.2
Minnesota	Medicaid & CHIP	Administrative	6,231,098	38.9
Mississippi	CHIP only	Administrative	570,718	37.9
Missouri	Medicaid & CHIP	Administrative	4,322,090	60.0
Montana	CHIP only	Administrative	283,181	21.0
Nebraska	Medicaid & CHIP	Administrative	1,991,292	37.5
Nevada	Medicaid only	Administrative	2,758,093	40.5
Nevada	CHIP only	Administrative	276,564	25.1
New Hampshire	Medicaid & CHIP	Administrative	1,061,927	35.8
New Jersey	Medicaid & CHIP	Administrative	9,258,479	47.1
New Mexico	Medicaid & CHIP	Administrative	3,752,760	35.8
New York	Medicaid & CHIP	Administrative	27,620,263	36.4
North Carolina	Medicaid only	Administrative	14,067,316	45.7
North Carolina	CHIP only	Administrative	1,207,633	25.4
Ohio	Medicaid & CHIP	Administrative	13,405,301	70.8
Oklahoma	Medicaid & CHIP	Administrative	6,129,906	65.8
Oregon	Medicaid & CHIP	Administrative	4,504,019	33.4
Pennsylvania	Medicaid & CHIP	Administrative	14,734,604	49.8
Rhode Island	Medicaid & CHIP	Administrative	1,322,728	40.5
South Carolina	Medicaid & CHIP	Administrative	6,733,768	44.8
Tennessee	Medicaid only	Administrative	9,550,147	53.3
Tennessee	CHIP only	Administrative	807,531	25.5
Texas	Medicaid only	Administrative	37,789,251	48.9
Texas	CHIP only	Administrative	4,830,854	23.9
Utah	Medicaid only	Administrative	1,062,750	33.4
Utah	CHIP only	Administrative	99,054	13.1

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State	Population	Methodology	Denominator	Rate
Vermont	Medicaid & CHIP	Administrative	789,910	37.4
Washington	Medicaid & CHIP	Administrative	9,532,777	35.9
West Virginia	Medicaid only	Administrative	2,534,790	54.0
West Virginia	CHIP only	Administrative	132,540	35.7
Wyoming	Medicaid only	Administrative	472,524	47.4
Wyoming	CHIP only	Administrative	40,445	26.6

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 rate of emergency department visits per 1,000 beneficiary months among children up to age 19.

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 National Committee for Quality Assurance 2018 specifications. The following state used National Committee for Quality Assurance 2017 specifications: OR. This table excludes VA, which used Child Core Set specifications to calculate the measure but did not provide data for the Total (Ages 0-19) rate.

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. Unless otherwise specified, the administrative data source is the state's MMIS and/or data submitted by managed care plans, including behavioral health plans.

Denominators are assumed to be the measure-eligible population for states using the administrative method. 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: Medicaid rate includes FFS and PCCM populations.

AL: CHIP rate includes separate CHIP population. Rate excludes children enrolled in Medicaid-expansion CHIP; these children are included in the state's Medicaid rate.

AK: Rate includes FFS population.

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.

AR: Rate includes FFS and PCCM populations. State used the last day of the month to determine beneficiary months of enrollment. Rate was audited by the state's data contractor.

CA: Rate includes FFS and managed care populations (26 MCOs).

CT: Rate includes FFS population. 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.

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DC:	Rate includes managed care population (3 MCOs), representing 66 percent of the population. Rate excludes FFS population and one MCO, representing 34 percent of the population. MCO rates were audited by certified HEDIS auditors.
FL:	Rate includes FFS, PCCM, and managed care populations (21 MCOs). MCO rates were audited by a certified HEDIS auditor.
HI:	Rate includes managed care population (5 MCOs). Rate was validated by the state's EQRO.
IL:	Rate includes FFS, PCCM, and managed care populations (13 MCOs). Rate was validated by the state's EQRO.
IN:	Rate includes managed care population (3 MCOs), representing more than 90 percent of the population. Rate excludes FFS population, representing less than 10 percent of the population. MCO rates were audited by certified HEDIS auditors.
IA:	Medicaid rate includes FFS and managed care populations (3 MCOs).
IA:	CHIP rate includes managed care population (3 MCOs).
KS:	Rate includes managed care population (3 MCOs).
KY:	Rate includes managed care population (5 MCOs), representing 95 percent of the population. Rate excludes FFS population, representing 5 percent of the population. Rate was validated by certified HEDIS auditors.
LA:	Rate includes FFS and managed care populations (5 MCOs). Rate was calculated using HEDIS-certified code and the state conducted an internal validation of the data.
ME:	Rate includes FFS population.
MD:	Rate includes managed care population (8 MCOs), representing 95 percent of the population. Rate excludes FFS population, representing 5 percent of the population. Rate was audited by certified HEDIS auditors.
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.
MI:	Rate includes managed care population (11 MCOs), representing 80 percent of the population. Rate excludes FFS population, representing 20 percent of the population. MCO rates were validated by the state's EQRO.
MN:	Rate includes FFS and managed care populations (8 MCOs). Rate includes paid claims only. Rate was audited by a certified HEDIS auditor.
MS:	Rate includes managed care population (2 MCOs).
MO:	Rate includes managed care population (3 MCOs), representing 92 percent of the Medicaid population and 58 percent of the CHIP population. Rate excludes FFS population, representing 8 percent of the Medicaid population and 42 percent of the CHIP population. MCO rates were audited by a HEDIS certified vendor.
MT:	Rate includes FFS population.
NE:	Rate includes FFS and managed care populations (3 MCOs).
NV:	Medicaid rate includes managed care population (3 MCOs). Rate excludes FFS population.
NV:	CHIP rate includes managed care population (3 MCOs). Rate excludes FFS population.
NH:	Rate includes managed care population (2 MCOs), representing 88 percent of the population. Rate excludes FFS population, representing 12 percent of the population. MCO rates were audited by certified HEDIS auditors.
NJ:	Rate includes managed care population (5 MCOs), representing 93 percent of the population. Rate excludes FFS population, representing 7 percent of the population.
NM:	Rate includes managed care population (4 MCOs). MCO rates were audited by certified HEDIS auditors.
NY:	Rate includes managed care population (19 MCOs), representing more than 90 percent of the population. Rate excludes FFS population, representing less than 10 percent of the population. State conducted an internal validation of the data.
NC:	Medicaid rate includes FFS and PCCM populations. Rate was validated by an NCQA-certified vendor.
NC:	CHIP rate includes FFS and PCCM populations ages 6 to 18. Rate was validated by an NCQA-certified vendor.

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OH:	Rate includes managed care population (5 MCOs), representing 93 percent of the population. Rate excludes FFS population, representing 7 percent of the population.
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). 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.
SC:	Rate includes managed care population (5 MCOs).
TN:	Medicaid rate includes managed care population (4 MCOs). Rate was validated by the state's EQRO.
TN:	CHIP rate includes the CHIP Health Plan Administrators and Medical Benefits Managers population. Rate was validated by the state's EQRO.
TX:	Medicaid rate includes FFS and managed care populations (34 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.
UT:	Medicaid rate includes managed care population (3 MCOs), representing 35 percent of the population. Rate excludes FFS population and enrollees in one MCO, representing 65 percent of the population. MCO rates were audited by certified HEDIS auditors.
UT:	CHIP rate includes managed care population (1 MCO), representing 44 percent of the population. Rate excludes enrollees in one MCO, representing 56 percent of the population. MCO rate was audited by certified HEDIS auditors.
VT:	Rate includes statewide 1115 waiver population enrolled in a public non-risk prepaid inpatient health plan population, representing the total Medicaid population. Rate was validated by the state's EQRO.
WA:	Rate includes managed care population (5 MCOs), representing 97 percent of the population. Rate excludes FFS and PCCM populations, representing 3 percent of the population. Rate also excludes managed care populations who met the continuous eligibility requirement for Medicaid or CHIP but who were not enrolled in a single plan during the continuous enrollment period. Rate was audited by the state's EQRO.
WV:	Medicaid rate includes FFS and managed care populations (4 MCOs). Rate includes paid claims only.
WV:	CHIP rate includes FFS population.
WY:	Medicaid rate includes FFS population.
WY:	CHIP rate includes managed care population (1 MCO).