

Table W15-CH. Percentage of Children Receiving 6 or More Well-Child Visits in the First 15 Months of Life, as Submitted by States for the FFY 2018 Child Core Set Report (n = 47 states)

State	Population	Methodology	Denominator	Rate
State Mean				62.6
State Median				63.2
Alabama	Medicaid only	Administrative	28,335	57.8
Alabama	CHIP only	Administrative	1,591	77.0
Alaska	Medicaid & CHIP	Administrative	5,049	69.1
Arizona	Medicaid only	Administrative	32,964	59.5
Arkansas	Medicaid & CHIP	Administrative	23,279	46.3
Connecticut	Medicaid & CHIP	Hybrid	184	85.9
Delaware	Medicaid & CHIP	Hybrid	411	68.4
Dist. of Col.	Medicaid & CHIP	Hybrid	882	56.6
Florida	Medicaid only	Hybrid	4,811	69.5
Georgia	Medicaid & CHIP	Administrative	57,850	54.0
Hawaii	Medicaid & CHIP	Administrative & Hybrid	5,674	71.5
Illinois	Medicaid & CHIP	Administrative	72,083	58.6
Indiana	Medicaid & CHIP	Hybrid	1,020	72.7
Iowa	Medicaid only	Administrative	13,936	60.0
Iowa	CHIP only	Administrative	63	31.7
Kansas	Medicaid & CHIP	Administrative & Hybrid	14,148	60.7
Kentucky	Medicaid & CHIP	Hybrid	4,021	59.9
Louisiana	Medicaid & CHIP	Administrative	37,765	57.3
Maine	Medicaid & CHIP	Administrative	5,215	71.8
Maryland	Medicaid & CHIP	Hybrid	2,615	72.2
Massachusetts	Medicaid & CHIP	Hybrid	1,830	81.9
Michigan	Medicaid only	Hybrid	3,651	71.9
Minnesota	Medicaid & CHIP	Administrative	23,963	54.1
Mississippi	Medicaid only	Hybrid	822	43.0
Mississippi	CHIP only	Hybrid	392	74.7
Missouri	Medicaid & CHIP	Hybrid	2,462	61.8
Montana	CHIP only	Administrative	495	63.2
Nebraska	Medicaid & CHIP	Administrative	8,806	45.9
Nevada	Medicaid only	Hybrid	799	64.5
Nevada	CHIP only	Hybrid	394	74.8
New Hampshire	Medicaid & CHIP	Hybrid	759	72.1
New Jersey	Medicaid & CHIP	Hybrid	1,905	63.6
New Mexico	Medicaid & CHIP	Administrative & Hybrid	13,487	63.5
New York	Medicaid & CHIP	Administrative	80,052	67.6
North Carolina	Medicaid only	Administrative	58,700	63.9
Ohio	Medicaid & CHIP	Hybrid	2,045	58.1
Oklahoma	Medicaid & CHIP	Administrative	31,510	65.6
Oregon	Medicaid & CHIP	Administrative	16,260	60.2
Pennsylvania	Medicaid & CHIP	Hybrid	3,497	70.1
Rhode Island	Medicaid & CHIP	Hybrid	699	77.8
South Carolina	Medicaid & CHIP	Administrative	27,177	54.8
South Dakota	Medicaid & CHIP	Administrative	4,367	45.1
Tennessee	Medicaid only	Hybrid	3,953	66.9
Tennessee	CHIP only	Hybrid	313	76.0
Texas	Medicaid only	Administrative & Hybrid	120,349	64.1
Utah	Medicaid only	Hybrid	1,618	61.7
Utah	CHIP only	Hybrid	470	73.5
Vermont	Medicaid & CHIP	Administrative	2,841	72.8
Virginia	Medicaid & CHIP	Hybrid	NR	63.1
Washington	Medicaid & CHIP	Hybrid	1,862	67.7
West Virginia	Medicaid only	Administrative	8,051	49.6
West Virginia	CHIP only	Administrative	22	#

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State	Population	Methodology	Denominator	Rate
Wisconsin	Medicaid & CHIP	Administrative & Hybrid	NR	57.0
Wyoming	Medicaid only	Administrative	1,905	37.4

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 who turned 15 months old during the measurement year and who had the following number of well-child visits with a primary care practitioner during their first 15 months of life: 0, 1, 2, 3, 4, 5, and 6 or more visits. This table shows state reporting for the percentage with 6 or more well-child visits.

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 states used National Committee for Quality Assurance 2017 specifications: NV and OR.

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 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.

= Rate not reported because denominator is less than 30.

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. Rate includes services provided by regional health centers, integrated clinics, and clinics. State conducted an internal validation of the data.

AR: Rate includes FFS and PCCM populations. Rate includes newborn care CPT codes 99460 and 99463. Rate was audited by the state’s data contractor.

CT: Rate includes FFS population. Denominator is the sample size; measure-eligible population is 11,144. Rate was audited by a certified HEDIS auditor.

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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. Denominator is the sample size; measure-eligible population is 2,855.
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. Denominator is the sample size; measure-eligible population is 2,176. MCO rates were audited by certified HEDIS auditors.
FL:	Rate includes FFS and managed care populations (17 MCOs). Denominator is the sample size; measure-eligible population is 98,852. State attributes rate increase from FFY 2017 to a performance improvement project conducted by the state's MCOs. MCO rates were audited by a certified HEDIS auditor.
GA:	Rate includes FFS and managed care populations (4 MCOs). Rate was validated by the state's EQRO.
HI:	Rate includes managed care population (5 MCOs). Rate was derived using both administrative and hybrid method data. One MCO used the administrative method and four MCOs used the hybrid method. Denominator is the measure-eligible population. 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. Denominator is the sample size; measure-eligible population is 31,771. MCO rates were audited by certified HEDIS auditors.
IA:	Medicaid rate includes FFS and managed care populations (3 MCOs). State did not use provider specialty to identify visits because the field was not complete in state data. State attributes performance decline from FFY 2017 to network changes during the year that may have disrupted services.
IA:	CHIP rate includes managed care population (3 MCOs). State did not use provider specialty to identify visits because that field was not complete in state data.
KS:	Rate includes managed care population (3 MCOs). Rate was derived using both administrative and hybrid method data. One MCO used the administrative method and two MCOs used the hybrid method. Denominator is the measure-eligible population.
KY:	Rate includes managed care population (5 MCOs), representing 95 percent of the population. Rate excludes FFS population, representing 5 percent of the population. Denominator is the sample size; measure-eligible population is 25,179. 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 (7 MCOs), representing 70 percent of the population. Rate excludes FFS population and enrollees in one MCO, representing 30 percent of the population. Denominator is the sample size; measure-eligible population is 14,586. 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. Denominator is the sample size; measure-eligible population is 17,574.
MI:	Rate includes managed care population (11 MCOs), representing 80 percent of the population. Rate excludes FFS population, representing 20 percent of the population. Denominator is the sample size; measure-eligible population is 26,537. 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:	Medicaid rate includes managed care population (2 MCOs), representing 64 percent of the population. Rate excludes FFS population, representing 36 percent of the population. Denominator is the sample size; measure-eligible population is 15,870.
MS:	CHIP rate includes managed care population (1 MCO), representing 50 percent of the population. Denominator is the sample size, which is equivalent to the measure-eligible population.
MO:	Rate includes managed care population (2 MCOs), representing 72 percent of the Medicaid population and 49 percent of the CHIP population. Rate excludes FFS population as well as enrollees who did not meet continuous enrollment requirements for an MCO, representing 28 percent of the Medicaid population and 51 percent of the CHIP population. Denominator is the sample size; measure-eligible population is 9,900. MCO rates were audited by a HEDIS certified vendor.

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MT:	Rate includes FFS population. Rate excludes services provided by Federally Qualified Health Centers and Rural Health Clinics because claims for these services are processed separately.
NE:	Rate includes FFS and managed care populations (3 MCOs).
NV:	Medicaid rate includes managed care population (3 MCOs). Rate excludes FFS population. Denominator is the sample size; measure-eligible population is 11,222.
NV:	CHIP rate includes managed care population (3 MCOs). Rate excludes FFS population. Denominator is the sample size, which is equivalent to the measure-eligible 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. Denominator is the sample size; measure-eligible population is 2,928. 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. Denominator is the sample size; measure-eligible population is 21,866.
NM:	Rate includes managed care population (4 MCOs). Rate was derived using both administrative and hybrid method data. Two MCOs used the administrative method and two MCOs used the hybrid method. Denominator is the measure-eligible population. MCO rates were audited by certified HEDIS auditors. State attributes rate increase from FFY 2017 to strategic quality initiatives.
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:	Rate includes FFS and PCCM populations. Rate was validated by an NCQA-certified vendor.
OH:	Rate includes managed care population (5 MCOs), representing 93 percent of the population. Rate excludes FFS population, representing 7 percent of the population. Denominator is the sample size; measure-eligible population is 54,744.
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). Denominator is the sample size; measure-eligible population is 47,279. 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 5,036.
SC:	Rate includes managed care population (5 MCOs).
SD:	Rate includes FFS population. Rate excludes services provided by Indian Health Service and may not capture all services reimbursed on a per diem basis, such as those provided by Rural Health Clinics and Federally Qualified Health Centers.
TN:	Medicaid rate includes managed care population (4 MCOs). Denominator is the sample size; measure-eligible population is 37,997. Rate was validated by the state's EQRO.
TN:	CHIP rate includes the CHIP Health Plan Administrators and Medical Benefits Managers population. Denominator is the sample size; measure-eligible population is 324. Rate was validated by the state's EQRO.
TX:	Rate includes FFS and managed care populations (20 MCOs). Rate was derived using both administrative and hybrid method data. The rates for the state's FFS population and two MCOs were calculated using the administrative method. Eighteen MCOs used the hybrid method. Denominator is the measure-eligible population. Rate was validated by the state's EQRO.
UT:	Medicaid rate includes managed care population (4 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 6,753. MCO rates were audited by certified HEDIS auditors.
UT:	CHIP rate includes managed care population (2 MCOs). Denominator is the sample size; measure-eligible population is 540. MCO rates were 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.
VA:	Rate includes managed care population (6 MCOs). State obtained rate from the NCQA Quality Compass and denominator is not available.

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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. Denominator is the sample size; measure-eligible population is 29,458. Rate was audited by the state's EQRO.
WV:	Medicaid rate includes FFS and managed care populations (4 MCOs). State is unable to implement the enrollment requirement based on the anchor date. Rate includes paid claims only.
WV:	CHIP rate includes FFS population.
WI:	Rate includes managed care population (18 MCOs), representing 80 percent of the population. Rate excludes FFS population, representing 20 percent of the population. Rate was derived using administrative and hybrid method data. Fourteen MCOs used the administrative method and four MCOs used the hybrid method. Measure-eligible population is not available.
WY:	Rate includes FFS population.