



Quality of Care for Children in Medicaid and CHIP: Findings from the 2021 Child Core Set

Chart Pack

January 2024

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Table of Contents

<u>ABOUT THE FFY 2021 CHILD CORE SET</u>	5
<u>OVERVIEW OF STATE REPORTING OF THE FFY 2021 CHILD CORE SET</u>	7
<u>Number of Child Core Set Measures Reported by States, FFY 2021</u>	8
<u>Number of States Reporting the Child Core Set Measures, FFY 2021</u>	9
<u>Number of States Reporting the Child Core Set Measures, FFY 2019–FFY 2021</u>	10
<u>Geographic Variation in the Number of Child Core Set Measures Reported by States, FFY 2021</u>	12
<u>Populations Included in Frequently Reported Child Core Set Measures for FFY 2021, By Domain</u>	13
<u>Median Performance Rates on Frequently Reported Child Core Set Measures, FFY 2021, By Domain</u>	15
<u>PRIMARY CARE ACCESS AND PREVENTIVE CARE</u>	19
<u>Well-Child Visits in the First 30 Months of Life</u>	20
<u>Child and Adolescent Well-Care Visits</u>	23
<u>Childhood Immunization Status</u>	28
<u>Immunizations for Adolescents</u>	33
<u>Developmental Screening in the First Three Years of Life</u>	36

Table of Contents (continued)

Chlamydia Screening in Women Ages 16 to 20	38
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	40
MATERNAL AND PERINATAL HEALTH	44
Prenatal and Postpartum Care: Timeliness of Prenatal Care	45
Live Births Weighing Less Than 2,500 Grams	47
Low-Risk Cesarean Delivery	49
Contraceptive Care: Postpartum Women Ages 15 to 20	51
Contraceptive Care: All Women Ages 15 to 20	56
CARE OF ACUTE AND CHRONIC CONDITIONS	59
Asthma Medication Ratio: Ages 5 to 18	60
Ambulatory Care: Emergency Department (ED) Visits	64
BEHAVIORAL HEALTH CARE	66
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17	67
Follow-Up Care for Children Newly Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	70
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	73
Metabolic Monitoring for Children and Adolescents on Antipsychotics	75

Table of Contents (continued)

<u>DENTAL AND ORAL HEALTH SERVICES</u>	79
<u>Percentage of Eligibles Who Received Preventive Dental Services</u>	80
<u>Sealant Receipt on Permanent First Molars</u>	82
<u>REFERENCE TABLES AND ADDITIONAL RESOURCES</u>	85
<u>Overview of State Reporting of the Child Core Set Measures, FFY 2021</u>	86
<u>Performance Rates on Frequently Reported Child Core Set Measures, FFY 2021</u>	89
<u>Acronyms</u>	94
<u>Additional Resources</u>	96

About the FFY 2021 Child Core Set

Together, Medicaid and the Children's Health Insurance Program (CHIP) covered over 36 million children in 2020, representing more than 1 in 3 children in the United States and covering 42 percent of all births (Calendar year 2020 corresponds to federal fiscal year (FFY) 2021 Core Set reporting).^{1,2,3} As the U.S. Department of Health & Human Services agency responsible for ensuring quality health care coverage for Medicaid and CHIP beneficiaries, the Centers for Medicare & Medicaid Services (CMS) plays a key role in promoting quality health care for children in Medicaid and CHIP. CMS's 2021 core set of health care quality measures for children in Medicaid and CHIP (referred to as the Child Core Set) supports federal and state efforts to collect, report, and use a standardized set of measures to improve the quality of care provided to children covered by Medicaid and CHIP. The 2021 Child Core Set includes 23 measures.⁴

The Child Core Set measures address the following domains of care:

- Primary Care Access and Preventive Care
- Maternal and Perinatal Health
- Care of Acute and Chronic Conditions
- Behavioral Health Care
- Dental and Oral Health Services
- Experience of Care

¹ Medicaid and CHIP enrollment data for FFY 2021 (calendar year 2020) is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMS-Fast-Facts/index.html>.

² The percentage of children covered by Medicaid and CHIP in calendar year 2020 is available at <https://www2.census.gov/programs-surveys/demo/tables/health-insurance/time-series/hic/hhi02.xlsx>.

³ Data on births covered by Medicaid and CHIP in calendar year 2020 is available at <https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf>.

⁴ One measure was retired from the 2020 Child Core Set and one measure was added. Information about the updates to the 2021 Core Sets is available at https://www.medicaid.gov/sites/default/files/2020-11/cib111920_0.pdf.

23

measures that address key aspects of health care access and quality for children and pregnant women covered by Medicaid and CHIP

About the FFY 2021 Child Core Set (continued)

This Chart Pack summarizes state reporting on the quality of health care furnished to children covered by Medicaid and CHIP during FFY 2021, which generally covers care delivered in calendar year 2020. For a measure to be publicly reported, data must be provided to CMS by at least 25 states and meet CMS standards for data quality.⁵ The Chart Pack includes detailed analysis of state performance on 21 publicly reported measures.⁶

For most measures, the performance reflects services provided in calendar year 2020, which was during the COVID-19 pandemic. Due to substantial disruptions in health care during calendar year 2020, this Chart Pack does not compare performance reported by states for FFY 2021 with performance reported for prior years.

More information about the Child Core Set, including measure performance tables, 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>.

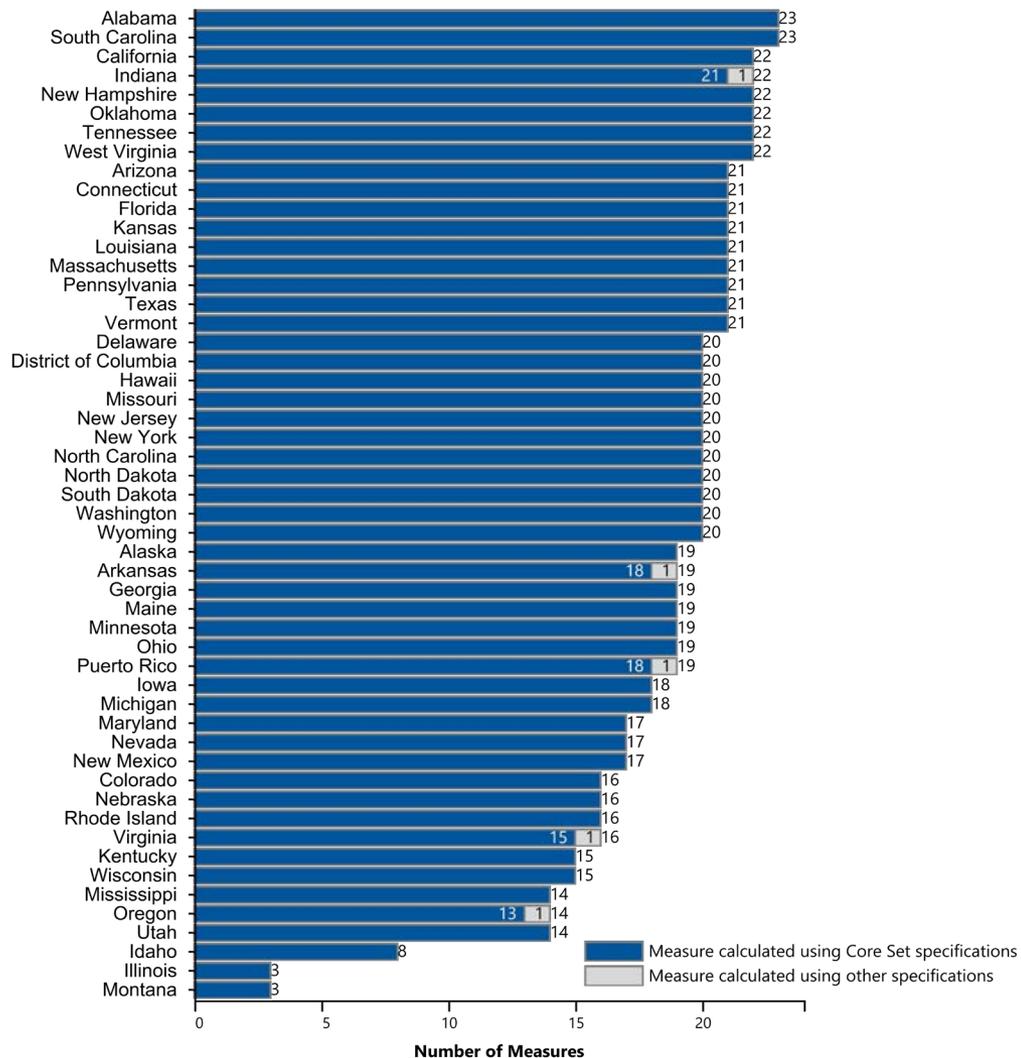
⁵ Performance data reported for publicly reported measures exclude states that indicated they did not use Core Set specifications (“other specifications”) or if they reported a denominator less than 30. Additionally, some state rates were excluded because data cannot be displayed per the CMS cell-size suppression policy, which prohibits the direct reporting of data for beneficiary and record counts of 1 to 10 and values from which users can derive values of 1 to 10.

⁶ The count of 21 publicly reported measures includes the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey measure. State-specific performance data are not available for this measure.

OVERVIEW OF STATE REPORTING OF THE FFY 2021 CHILD CORE SET



Number of Child Core Set Measures Reported by States, FFY 2021



States reported a median of **20** Child Core Set measures for FFY 2021

Sources: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023; Form CMS-416 reports for the FFY 2021 reporting cycle as of November 9, 2022; and the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2020 as of February 2, 2023.

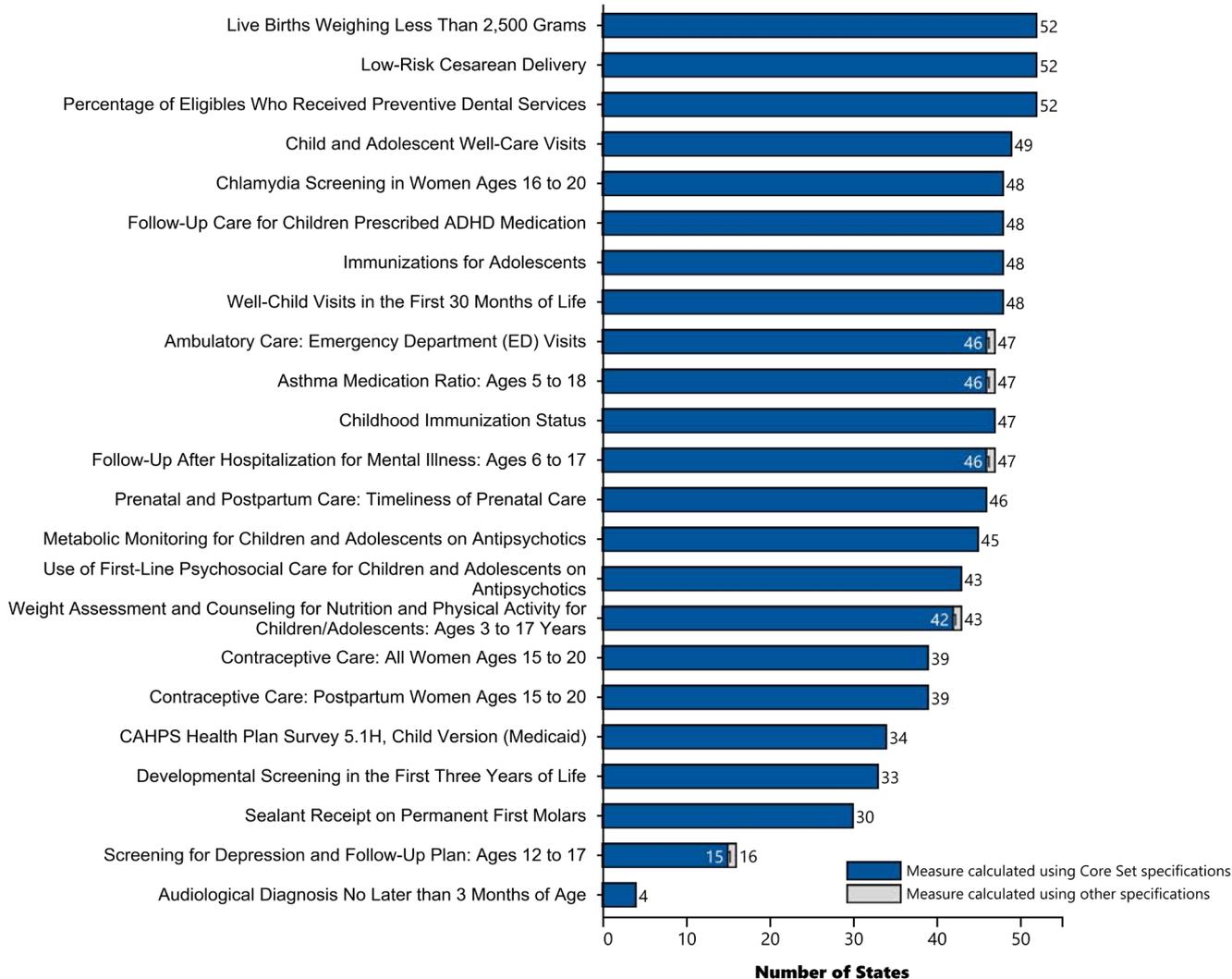
Notes: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico.

The 2021 Child Core Set includes 23 measures. This chart includes all Child Core Set measures for the FFY 2021 reporting cycle.

The state median includes the total number of measures reported by each state. Unless otherwise specified, states used Child Core Set specifications to calculate the measures. Some states calculated Child Core Set measures using “other specifications.” Measures were denoted as using “other specifications” when the state deviated substantially from the Child Core Set specifications, such as using alternate data sources, different populations, or other methodologies.



Number of States Reporting the Child Core Set Measures, FFY 2021



20 states reported more Child Core Set measures for FFY 2021 than for FFY 2020

Sources: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023; Form CMS-416 reports for the FFY 2021 reporting cycle as of November 9, 2022; and the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2020 as of February 2, 2023.

Notes: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico.

The 2021 Child Core Set includes 23 measures. This chart includes all Child Core Set measures that states reported for the FFY 2021 reporting cycle.

Unless otherwise specified, states used Child Core Set specifications to calculate the measures. Some states calculated Child Core Set measures using “other specifications.” Measures were denoted as using “other specifications” when the state deviated substantially from the Child Core Set specifications, such as using alternate data sources, different populations, or other methodologies.



Number of States Reporting the Child Core Set Measures, FFY 2019–FFY 2021

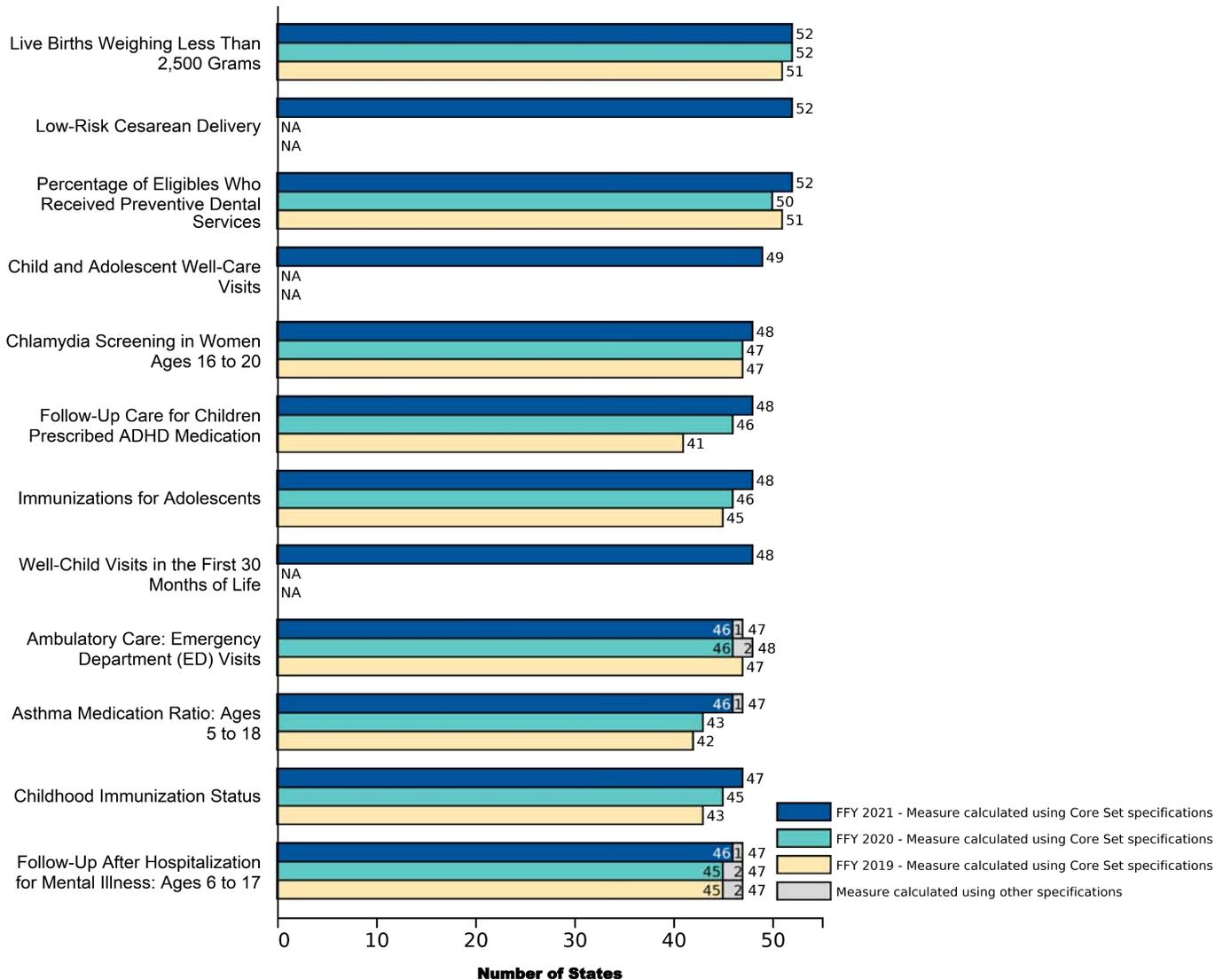
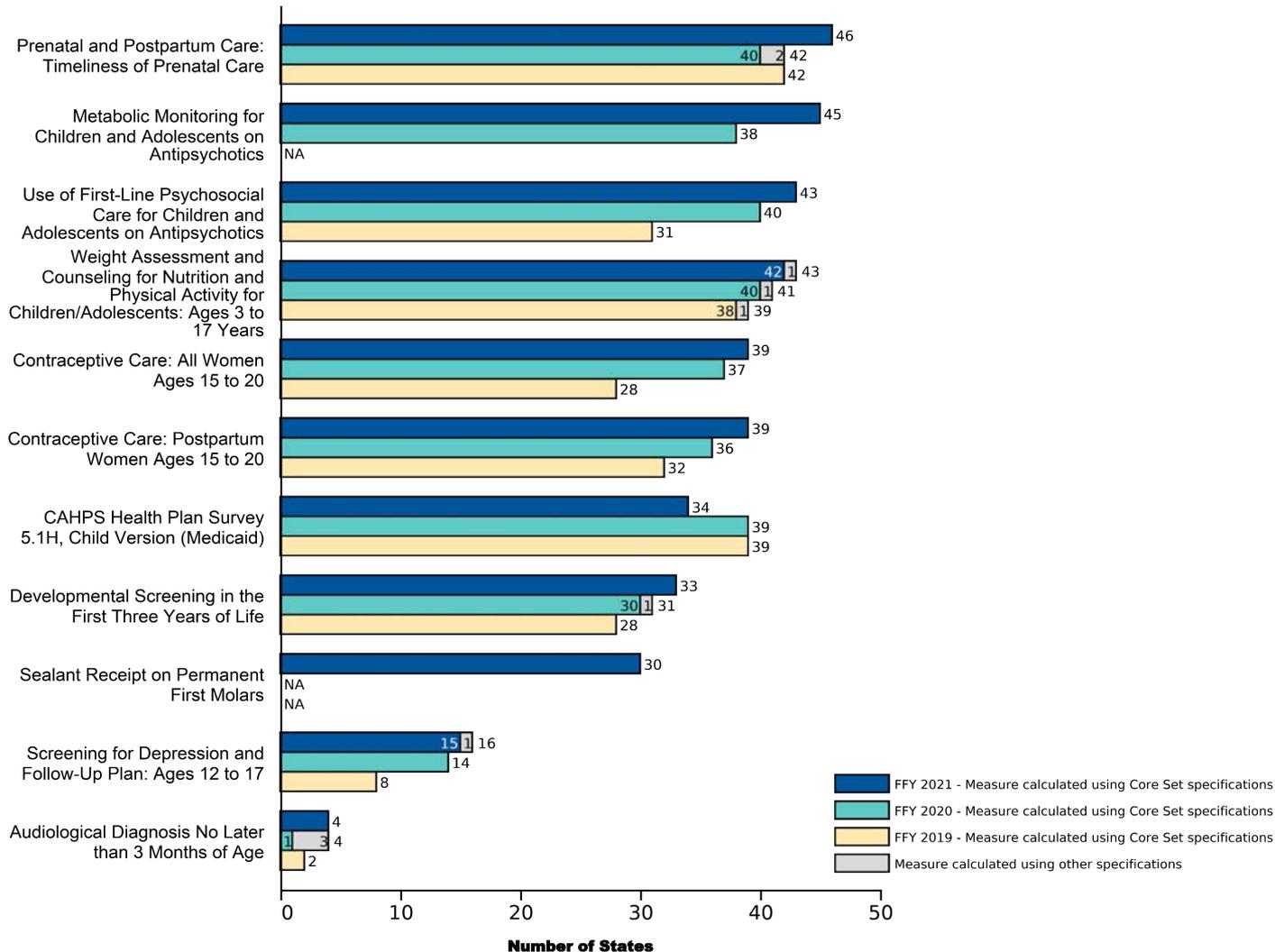


Chart is continued on the next slide.

State reporting increased for

15 of the 18 measures included in the Child Core Set for all three years

Number of States Reporting the Child Core Set Measures, FFY 2019–FFY 2021 (continued)



Sources: Mathematica analysis of FFY 2019 and 2020 MACPro reports; FFY 2021 QMR system reports; FFY 2019–FFY 2021 Form CMS-416 reports; and the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) for calendar years 2019 - 2021.

Notes: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico.

The 2021 Child Core Set includes 23 measures. This chart includes all Child Core Set measures that states reported for the FFY 2021 reporting cycle.

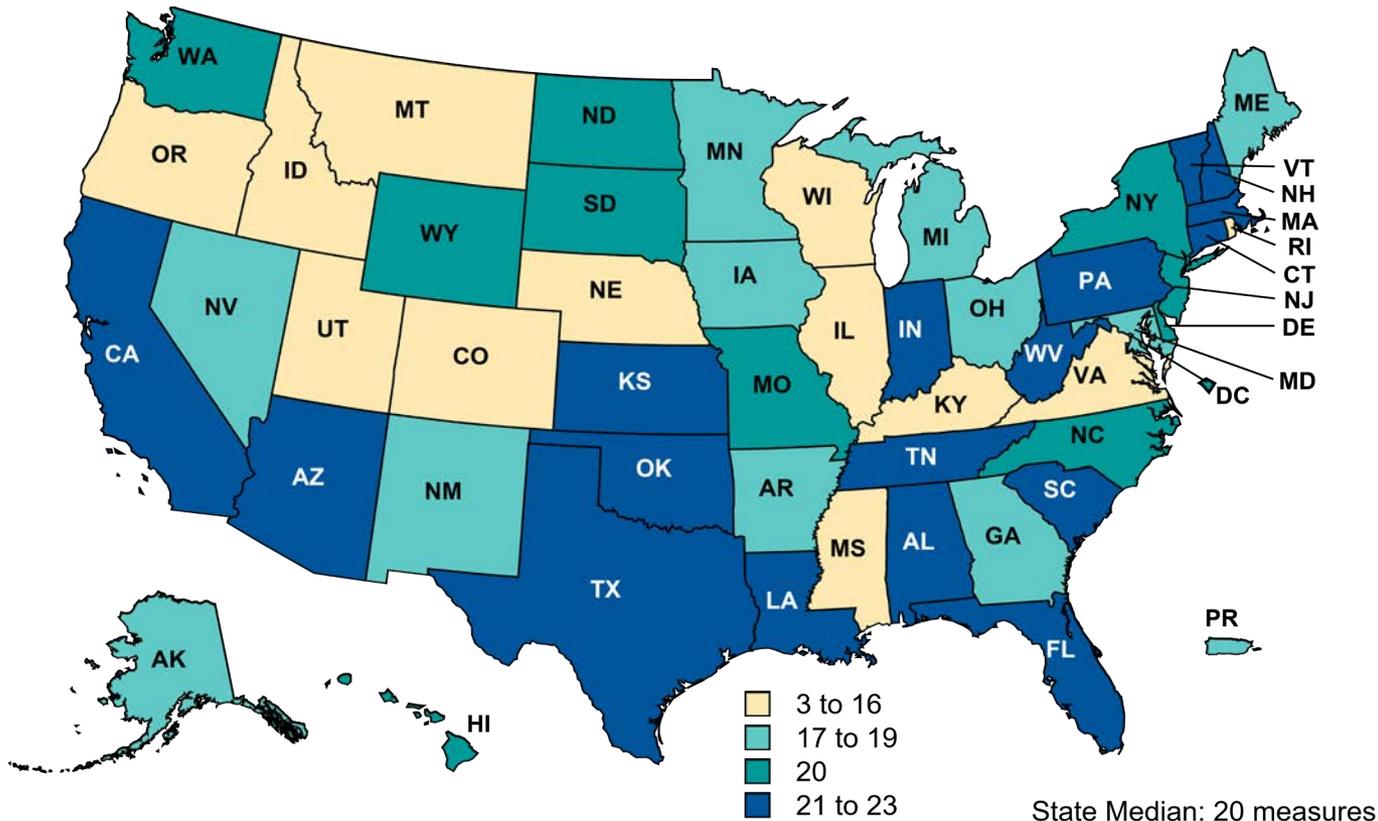
Unless otherwise specified, states used Child Core Set specifications to calculate the measures. Some states calculated Child Core Set measures using “other specifications.” Measures were denoted as using “other specifications” when the state deviated substantially from the Child Core Set specifications, such as using alternate data sources, different populations, or other methodologies.

Data from previous years may be updated based on new information received after publication of the 2020 Chart Pack.

NA = not applicable; measure not included in the Child Core Set for the reporting period.



Geographic Variation in the Number of Child Core Set Measures Reported by States, FFY 2021



17 states reported at least 21 of the 23 Child Core Set measures for FFY 2021

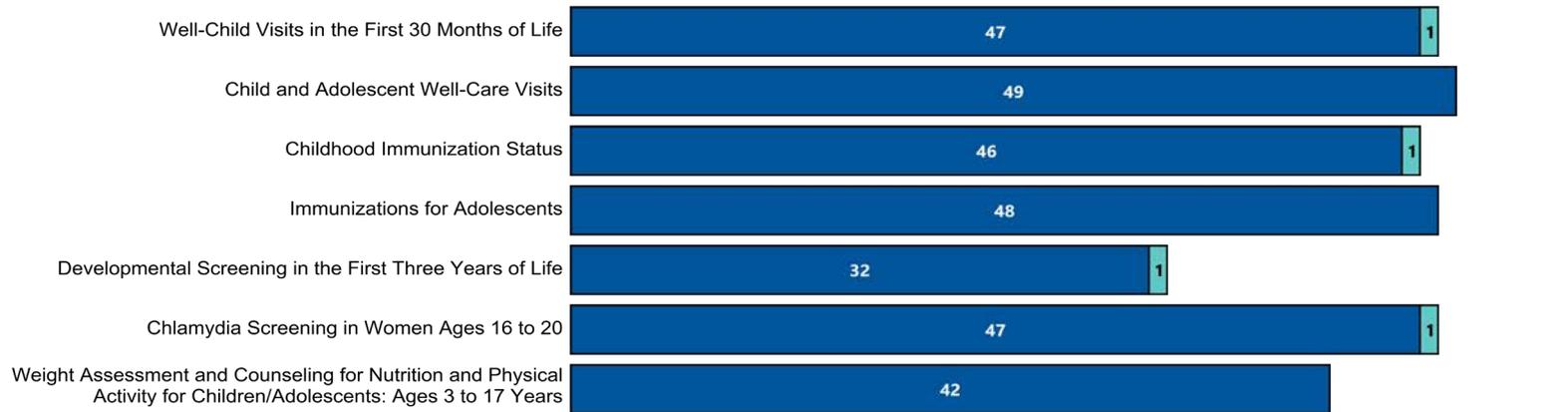
Sources: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023; Form CMS-416 reports for the FFY 2021 reporting cycle as of November 9, 2022; and Centers for Disease Control and Prevention Wides-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2020 as of February 2, 2023.

Notes: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico. The 2021 Child Core Set includes 23 measures.

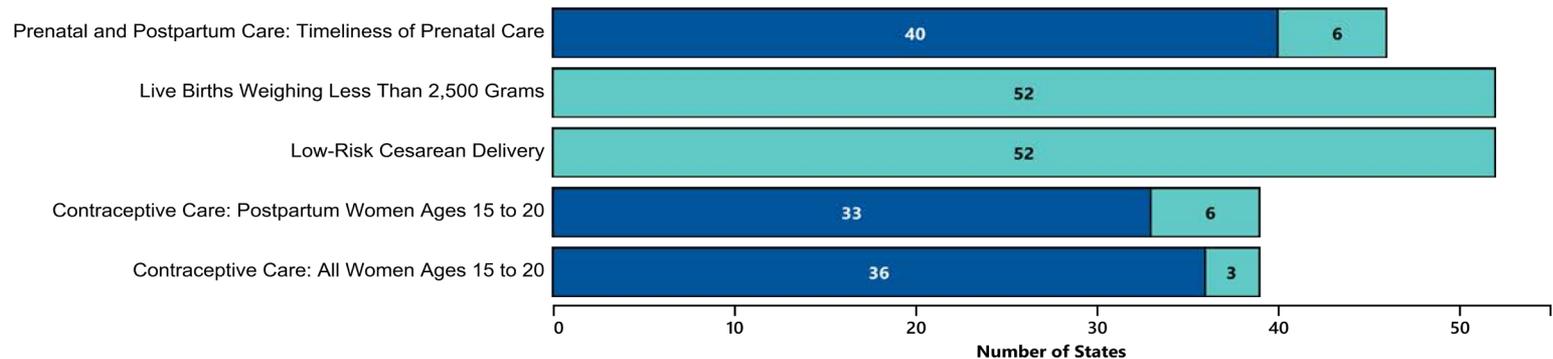


Populations Included in Frequently Reported Child Core Set Measures for FFY 2021, By Domain

Primary Care Access and Preventive Care



Maternal and Perinatal Health

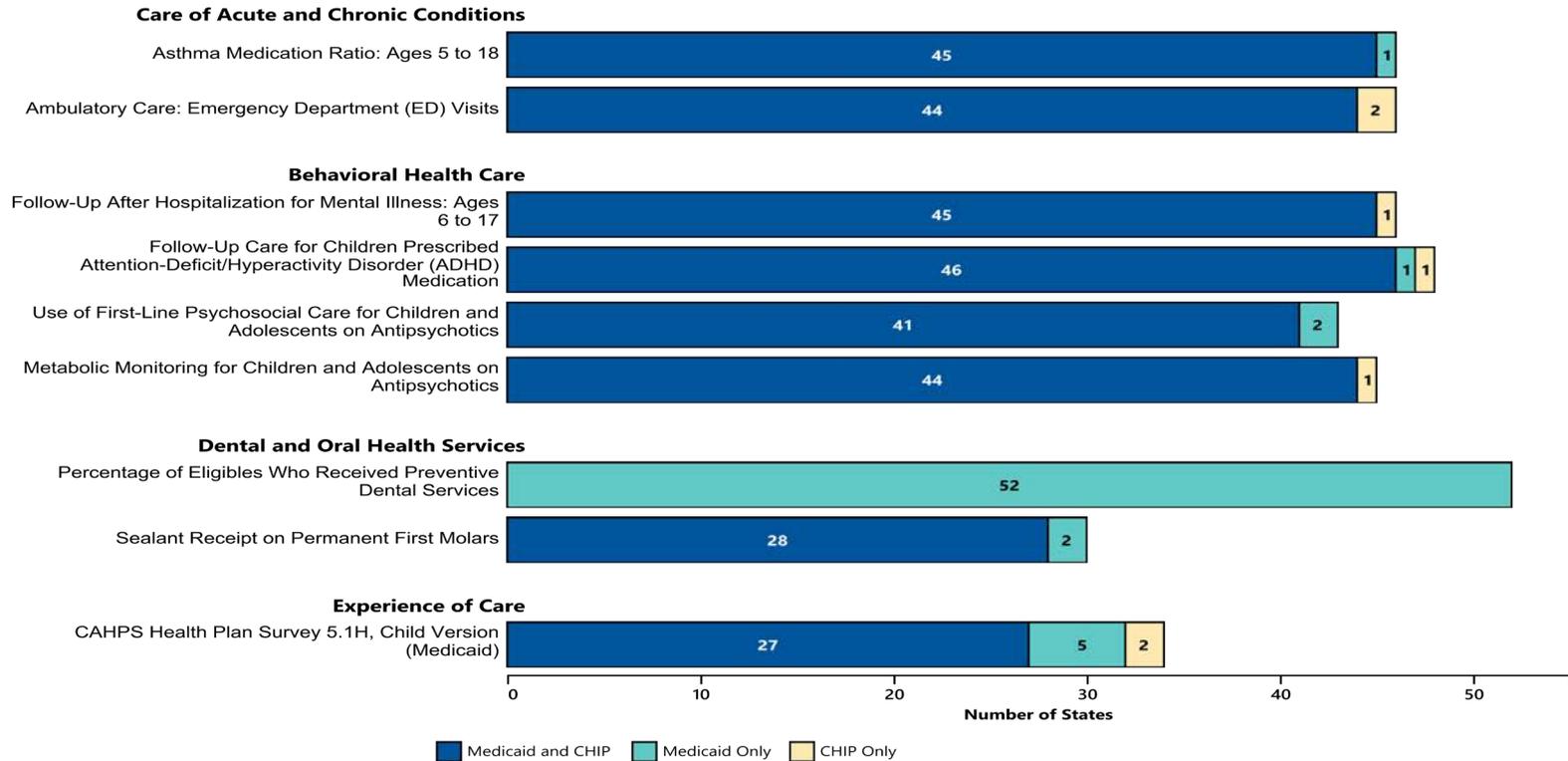


■ Medicaid and CHIP
 ■ Medicaid Only
 ■ CHIP Only

For all states, the Live Births Less than 2,500 Grams and Low-Risk Cesarean Delivery measures were calculated by CMS using natality data submitted by states and compiled by the National Center for Health Statistics (NCHS) in CDC WONDER. Some states may include CHIP beneficiaries in these data.

Chart is continued on the next slide.

Populations Included in Frequently Reported Child Core Set Measures for FFY 2021, By Domain (continued)



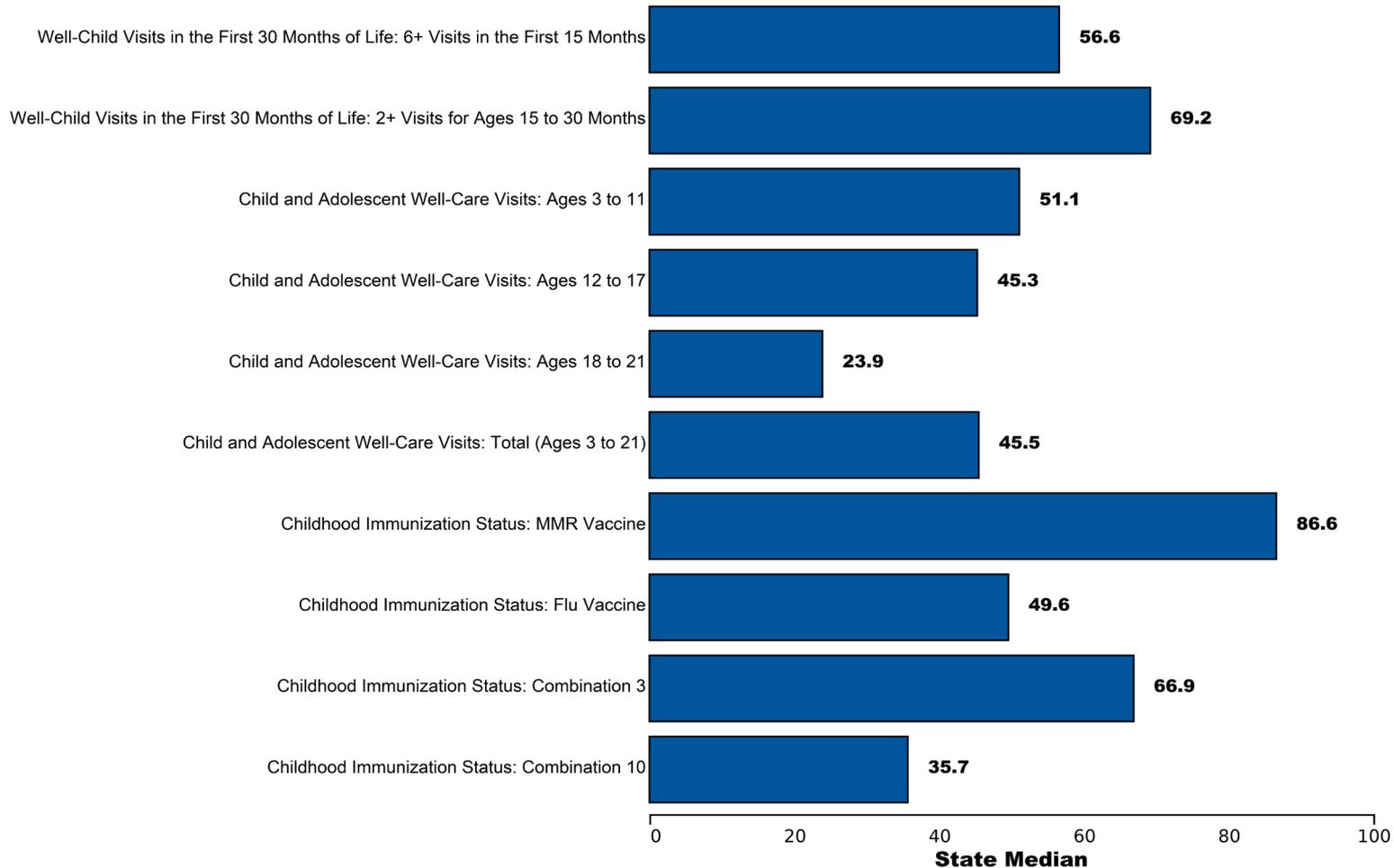
Sources: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023; Form CMS-416 reports for the FFY 2021 reporting cycle as of November 9, 2022; and the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2020 as of February 2, 2023.

Notes: This chart includes measures that were reported by at least 25 states for FFY 2021 that met CMS standards for data quality. The Preventive Dental Services measure was reported by states on the Form CMS-416 reports for children who were enrolled in Medicaid or in Medicaid-expansion CHIP; it does not include children in separate CHIP.



Median Performance Rates on Frequently Reported Child Core Set Measures, FFY 2021, By Domain

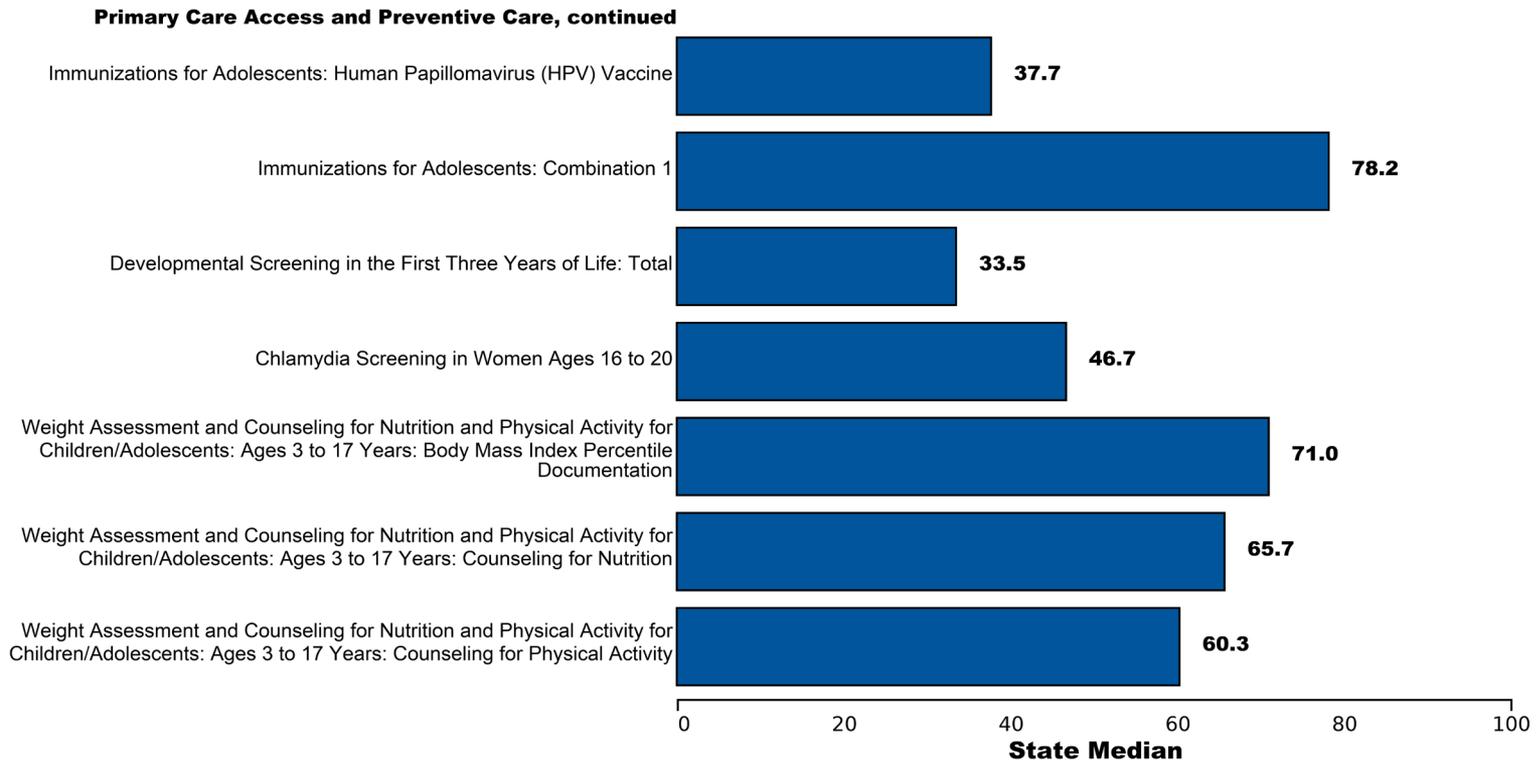
Primary Care Access and Preventive Care



All medians are reported as percentages for all measures except for Ambulatory Care: ED Visits, which is reported as a rate per 1,000 beneficiary months.

Chart is continued on the next slide.

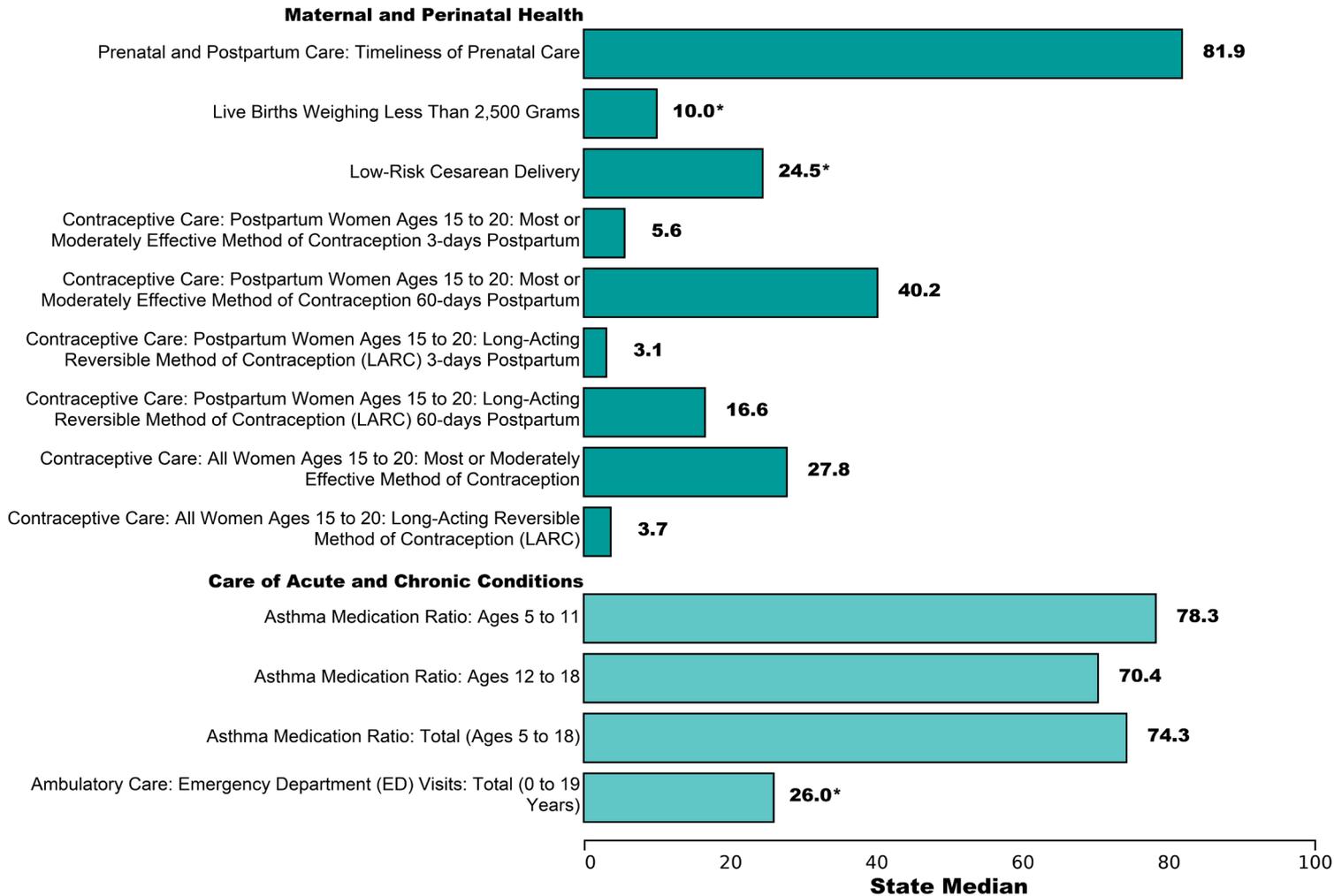
Median Performance Rates on Frequently Reported Child Core Set Measures, FFY 2021, By Domain (continued)



All medians are reported as percentages for all measures except for Ambulatory Care: ED Visits, which is reported as a rate per 1,000 beneficiary months.

Chart is continued on the next slide.

Median Performance Rates on Frequently Reported Child Core Set Measures, FFY 2021, By Domain (continued)

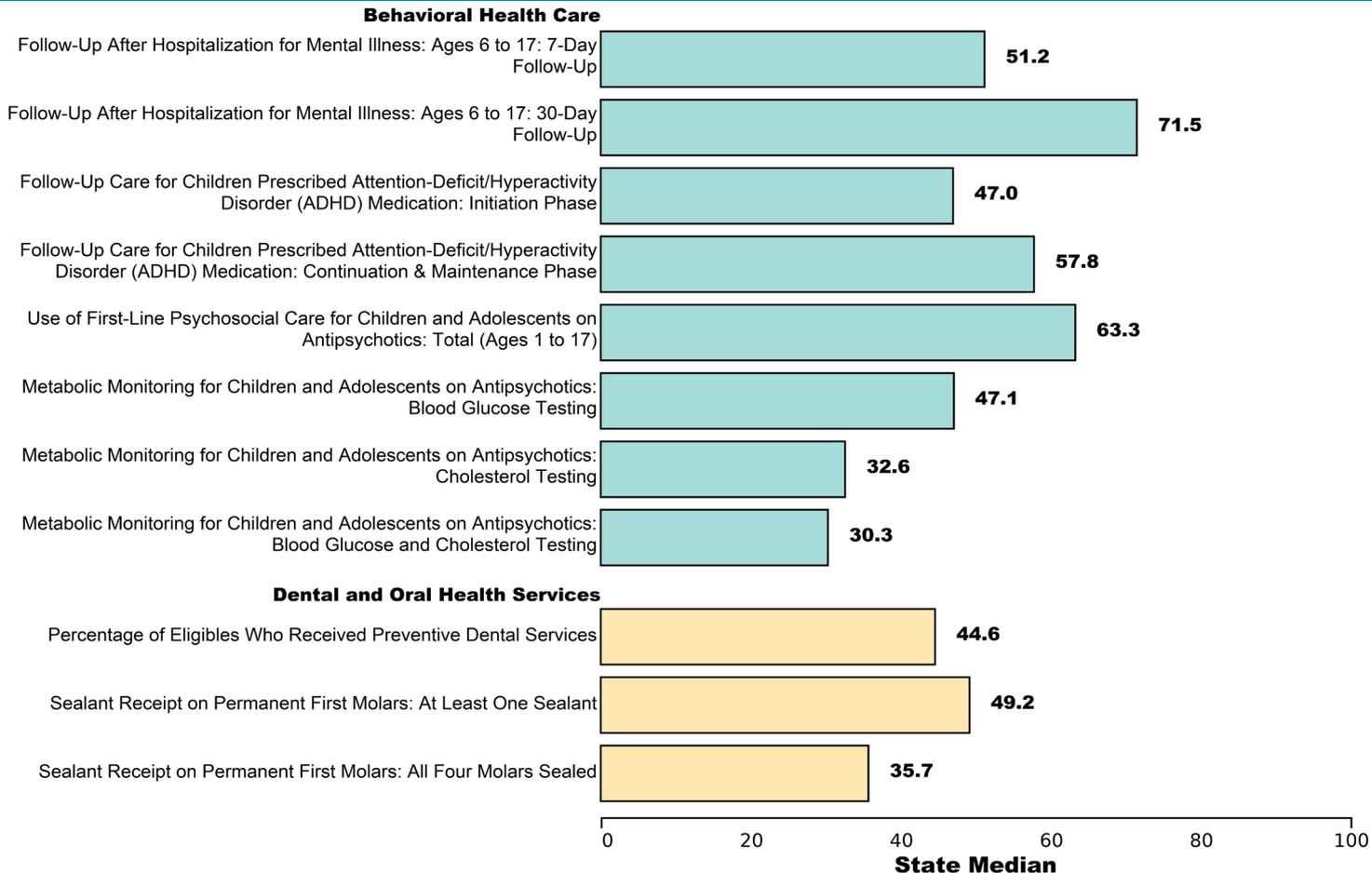


All medians are reported as percentages for all measures except for Ambulatory Care: ED Visits, which is reported as a rate per 1,000 beneficiary months.

* Lower rates are better for this measure.

Chart is continued on the next slide.

Median Performance Rates on Frequently Reported Child Core Set Measures, FFY 2021, By Domain (continued)



Sources: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023; Form CMS-416 reports for the FFY 2021 reporting cycle as of November 9, 2022; and Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2020 as of February 2, 2023.

Notes: This chart includes measures that were reported by at least 25 states for FFY 2021 that met CMS standards for data quality. All medians are reported as percentages for all measures except for Ambulatory Care: ED Visits, which is reported as a rate per 1,000 beneficiary months. This chart excludes the CAHPS Health Plan Survey measure because state-specific performance data are not available for this measure.



Primary Care Access and Preventive Care

Medicaid and CHIP provide access to well-child visits and other preventive health care services, including immunizations, screenings, and counseling to support healthy living. The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit is key to ensuring that children and adolescents covered by Medicaid receive appropriate preventive, dental, mental health, developmental, and specialty services. Access to regular primary care and services can prevent infectious and chronic disease and other health conditions, help people live longer, healthier lives, and improve the health of the population.

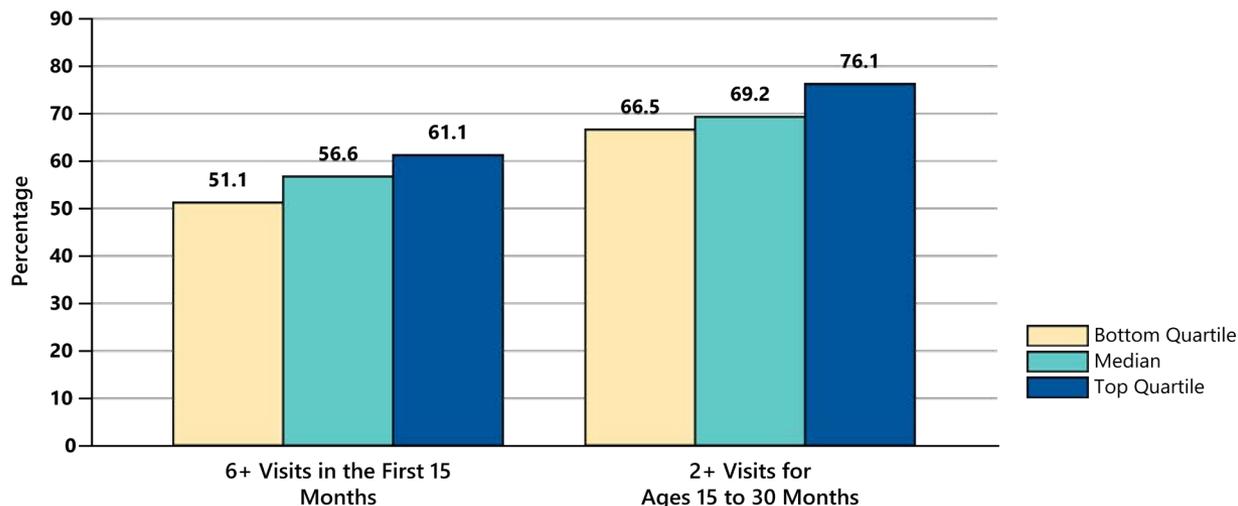
Seven Child Core Set measures of primary care access and preventive care were available for analysis for FFY 2021. These measures are among the most frequently reported measures in the Child Core Set.

- Well-Child Visits in the First 30 Months of Life
- Child and Adolescent Well-Care Visits
- Childhood Immunization Status
- Immunizations for Adolescents
- Developmental Screening in the First Three Years of Life
- Chlamydia Screening in Women Ages 16 to 20
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

Well-Child Visits in the First 30 Months of Life

The American Academy of Pediatrics and Bright Futures recommend nine or more well-child visits by the time a child turns 15 months of age, and two or more well-child visits for children between 15 and 30 months of age. Well-child visits should include a health history, physical exam, immunizations, vision and hearing screening, developmental/behavioral assessment, oral health risk assessment, and parenting education on a wide range of topics. Performance on this measure is being publicly reported for the first time for FFY 2021.

Percentage of Children Receiving 6 or More Well-Child Visits with a Primary Care Practitioner in the First 15 Months of Life or 2 or More Well-Child Visits from Ages 15 Months to 30 Months of Life (W30-CH), FFY 2021 (n = 48 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

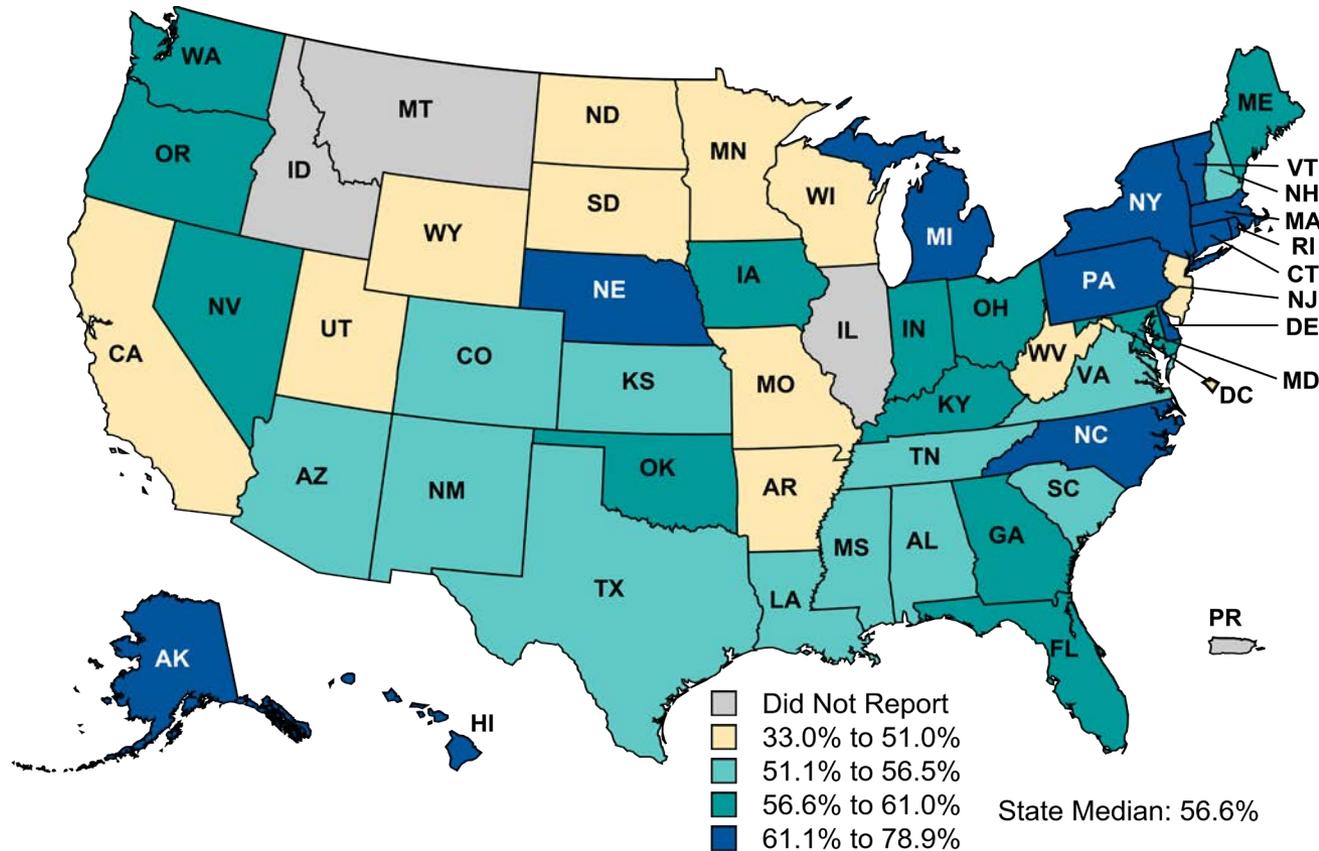
Notes: This measure shows the percentage of children who had well-child visits with a primary care practitioner (PCP) during the first 30 months of life. Two rates are reported: (1) children who turned age 15 months during the measurement year and who had six or more well-child visits; and (2) children who turned age 30 months during the measurement year and who had two or more well-child visits from ages 15 months to 30 months. Beginning in FFY 2021, this measure was adapted by the measure steward from the retired measure: Well-Child Visits in the First 15 Months of Life (W15-CH). Due to specification changes, rates reported for this measure are not comparable with rates reported for the W15-CH measure for previous years. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

A median of **57** percent of children received six or more well-child visits in the first 15 months of life and

69 percent of children received two or more well-child visits between 15 and 30 months of life (48 states)

Well-Child Visits in the First 30 Months of Life (continued)

Geographic Variation in the Percentage of Children Receiving 6 or More Well-Child Visits with a Primary Care Practitioner in the First 15 Months of Life (W30-CH), FFY 2021 (n = 48 states)



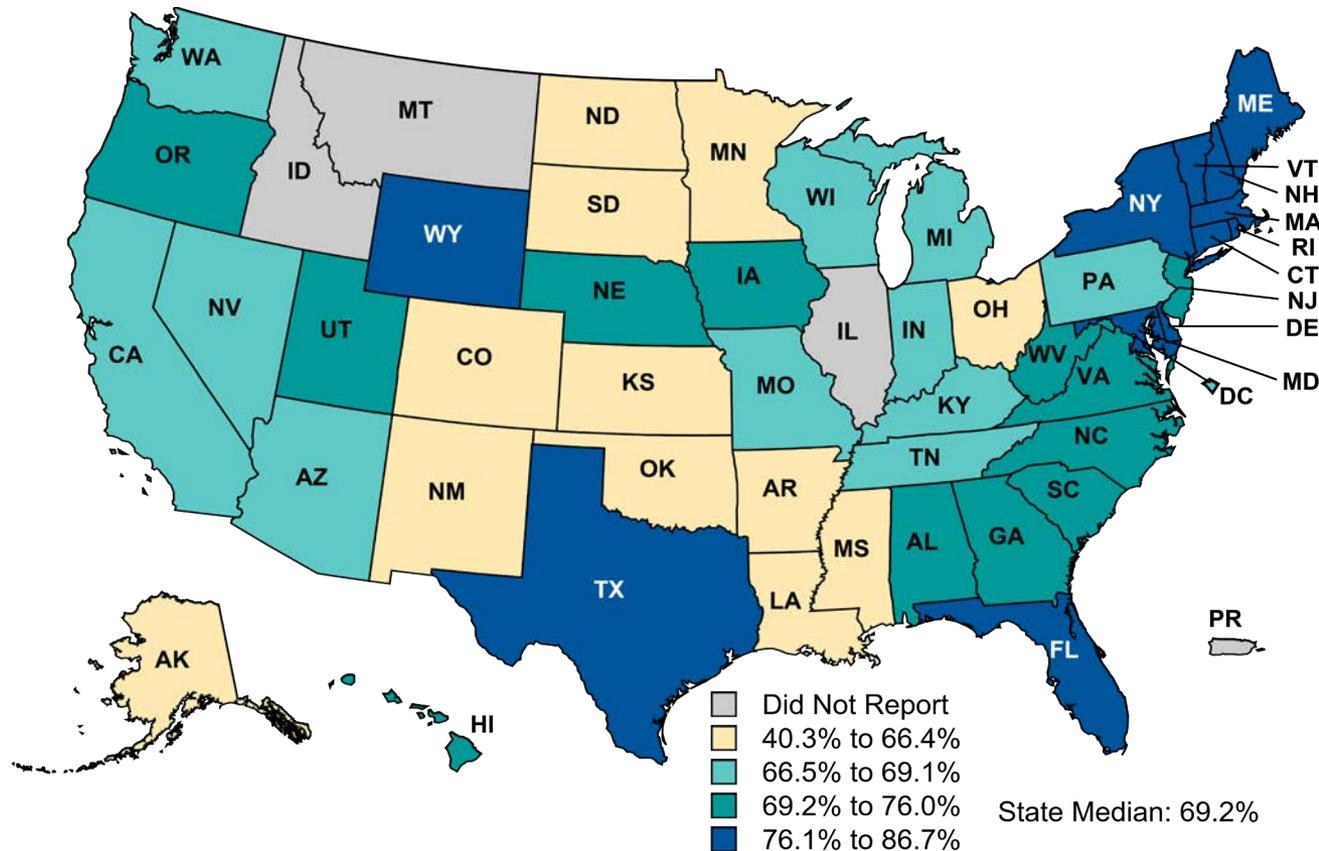
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Well-Child Visits in the First 30 Months of Life (continued)

Geographic Variation in the Percentage of Children Receiving 2 or More Well-Child Visits with a Primary Care Practitioner from Ages 15 Months to 30 Months (W30-CH), FFY 2021 (n = 48 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

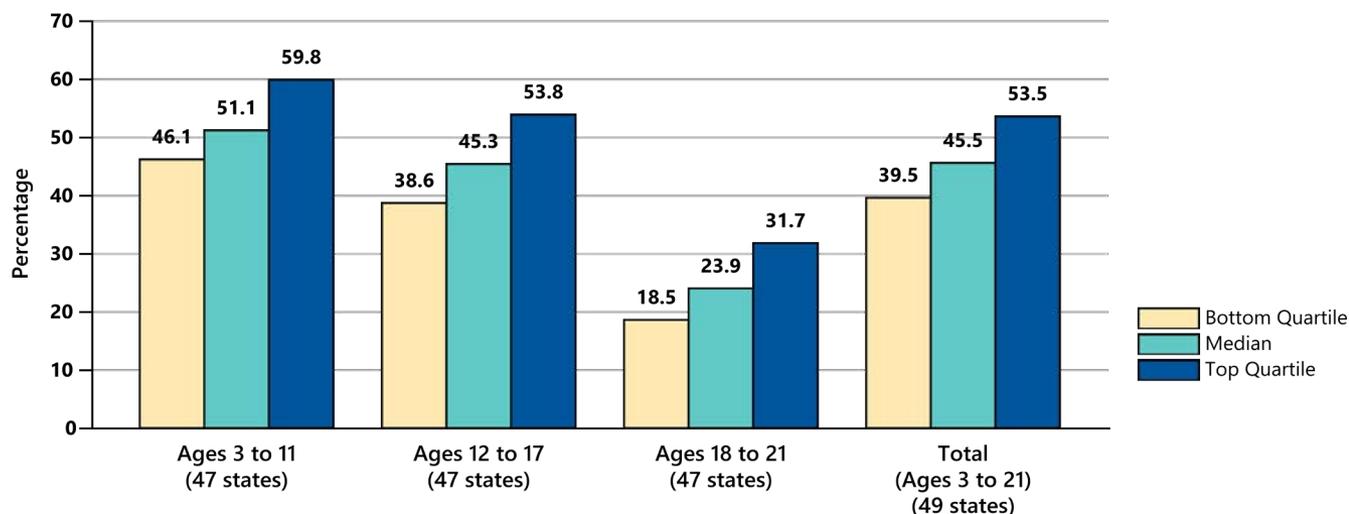
Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Child and Adolescent Well-Care Visits

The American Academy of Pediatrics and Bright Futures recommend that children and adolescents have comprehensive annual well-care visits. Comprehensive well-care visits should include a health history, physical exam, immunizations, vision and hearing screening, developmental/behavioral assessment, oral health assessment, and parenting education on a wide range of topics. Performance on this measure is being publicly reported for the first time for FFY 2021.

Percentage of Children and Adolescents Ages 3 to 21 Receiving at Least One Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist (WCV-CH), FFY 2021



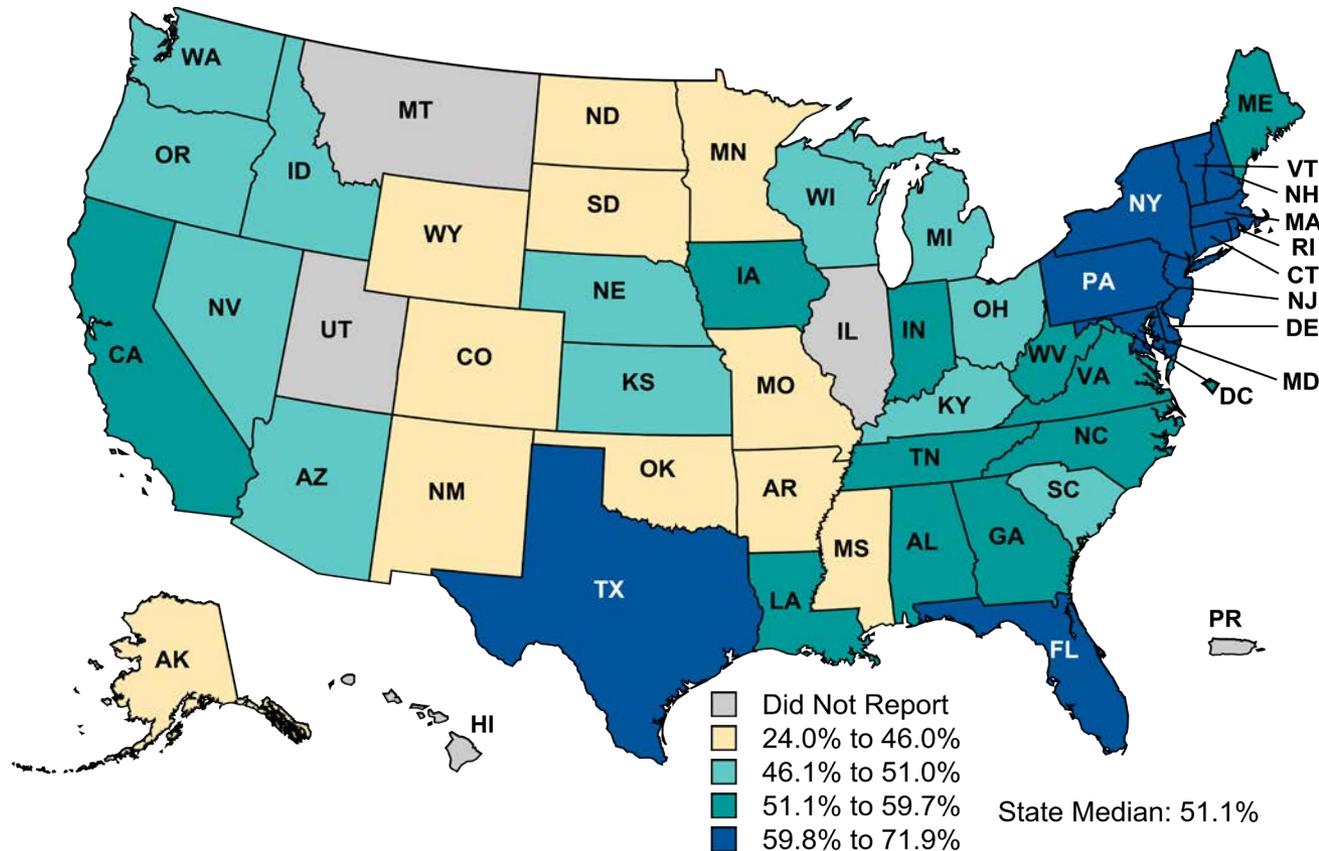
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of children and adolescents ages 3 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement year. Beginning in FFY 2021, the Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34-CH) and Adolescent Well-Care Visits (AWC-CH) measures were modified by the measure steward into this combined measure that includes rates for ages 3 to 11, 12 to 17, 18 to 21, and a total rate (ages 3 to 21). Due to specification changes, rates reported for this measure are not comparable with rates reported for the W34-CH and AWC-CH measures for previous years. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

A median of **46** percent of children and adolescents ages 3 to 21 had at least one well-care visit (49 states)

Child and Adolescent Well-Care Visits (continued)

Geographic Variation in the Percentage of Children and Adolescents Ages 3 to 11 Receiving at Least One Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist (WCV-CH), FFY 2021 (n = 47 states)

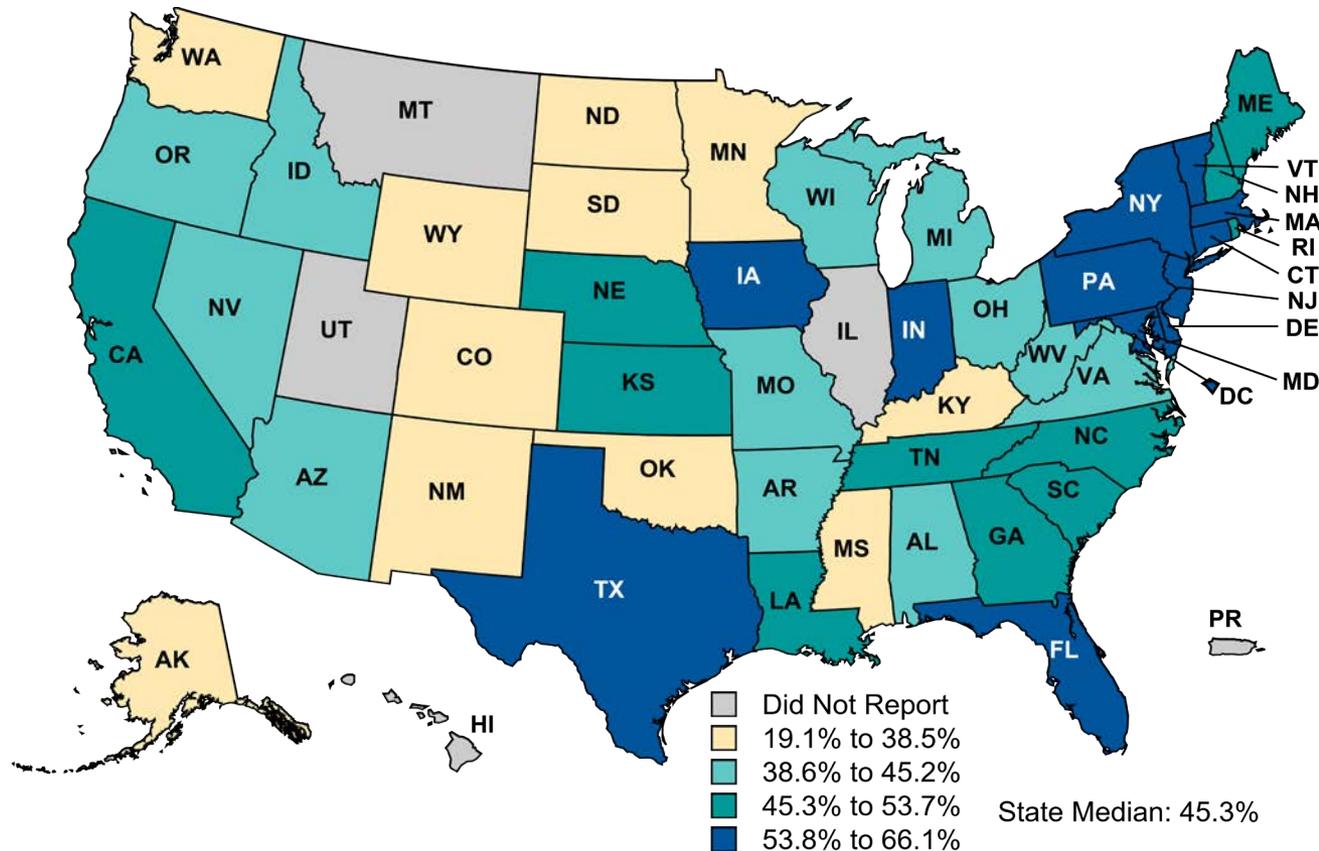


Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This chart excludes Puerto Rico and Utah, which reported the measure but did not provide data for the Ages 3 to 11 rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Child and Adolescent Well-Care Visits (continued)

Geographic Variation in the Percentage of Children and Adolescents Ages 12 to 17 Receiving at Least One Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist (WCV-CH), FFY 2021 (n = 47 states)



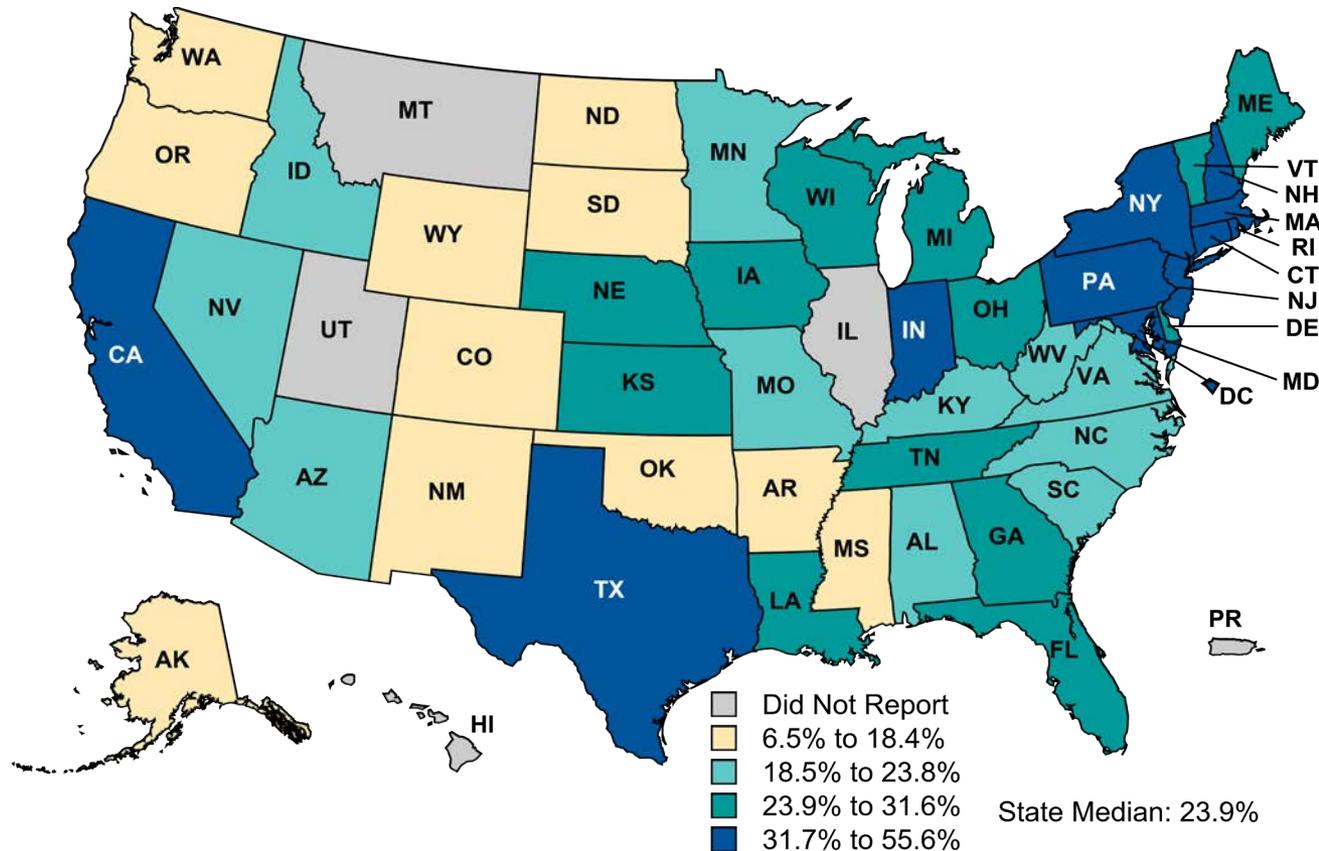
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This chart excludes Puerto Rico and Utah, which reported the measure but did not provide data for the Ages 12 to 17 rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Child and Adolescent Well-Care Visits (continued)

Geographic Variation in the Percentage of Children and Adolescents Ages 18 to 21 Receiving at Least One Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist (WCV-CH), FFY 2021 (n = 47 states)



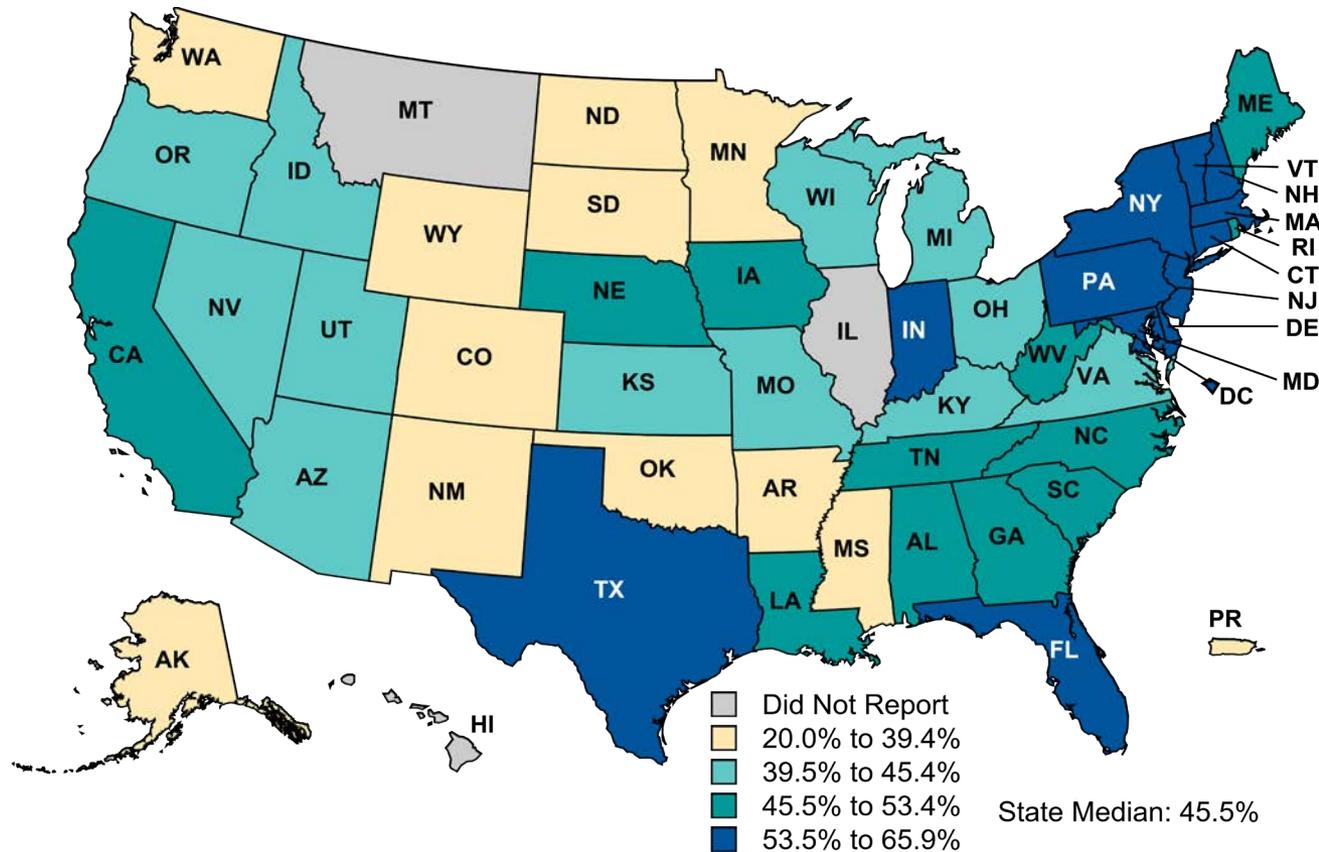
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This chart excludes Puerto Rico and Utah, which reported the measure but did not provide data for the Ages 18 to 21 rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Child and Adolescent Well-Care Visits (continued)

Geographic Variation in the Percentage of Children and Adolescents Ages 3 to 21 Receiving at Least One Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist (WCV-CH), FFY 2021 (n = 49 states)



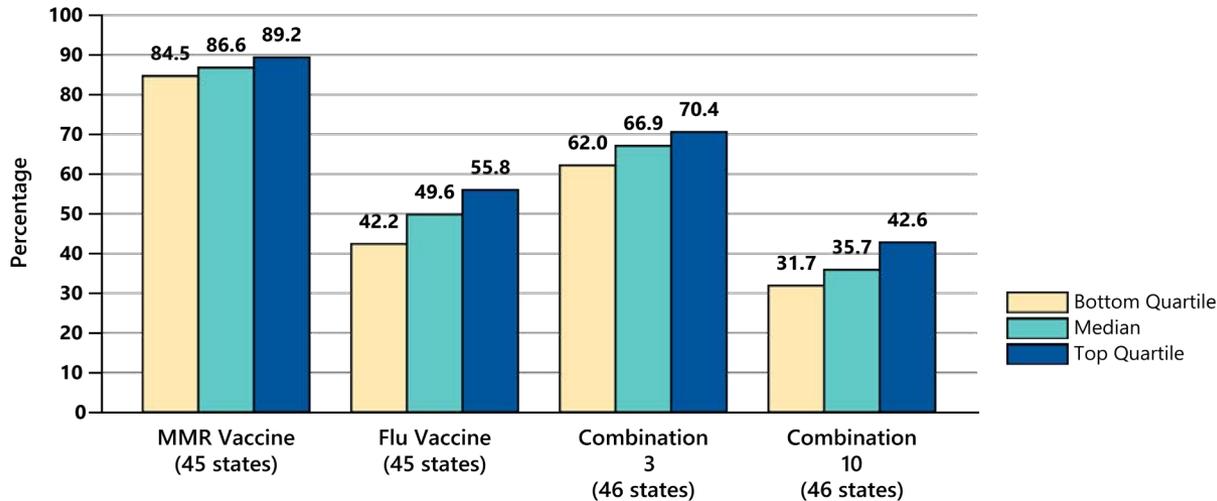
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Childhood Immunization Status

The frequency of recommended preventive care services, including immunizations and screenings, can be used to indicate the clinical quality of primary care. A key indicator of the continuity of primary care is whether children are up to date on their immunizations. The childhood immunization measure includes 10 individual vaccine rates and 9 combination rates. Performance on the Combination 10 and Influenza (flu vaccine) rates are being publicly reported for the first time for FFY 2021.

Percentage of Children Up to Date on Recommended Immunizations (Measles, Mumps, and Rubella [MMR], Influenza, Combination 3, and Combination 10) by their Second Birthday (CIS-CH), FFY 2021



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of children age 2 during the measurement year who had specific vaccines and combinations of vaccines by their second birthday. This chart shows reporting for the measles, mumps, and rubella (MMR) vaccination rate; the influenza (flu) vaccination rate; the Combination 3 rate, which 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); and the Combination 10 rate, which includes the vaccines included in the Combination 3 rate plus one hepatitis A (Hep A) vaccine, two or three rotavirus (RV) vaccines, and two influenza vaccines. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

By their second birthday, a median of **87** percent of children had an MMR vaccine (45 states),

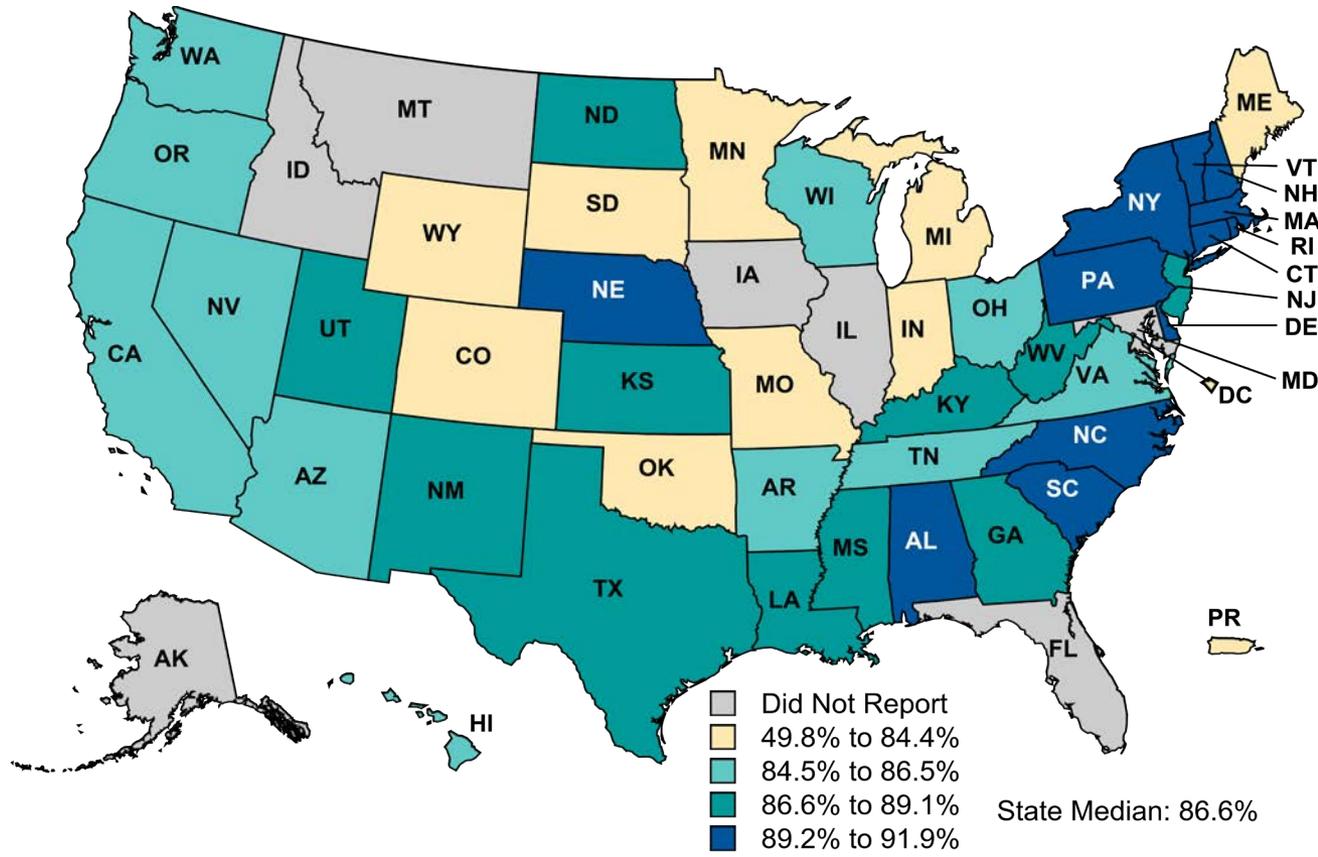
50 percent had a flu vaccine (45 states), and

67 percent were up to date on recommended immunizations (Combination 3) (46 states)



Childhood Immunization Status: Measles, Mumps, and Rubella (MMR) Vaccination Rate (continued)

Geographic Variation in the Percentage of Children who had a Measles, Mumps, and Rubella (MMR) Vaccination by their Second Birthday (CIS-CH), FFY 2021 (n = 45 states)



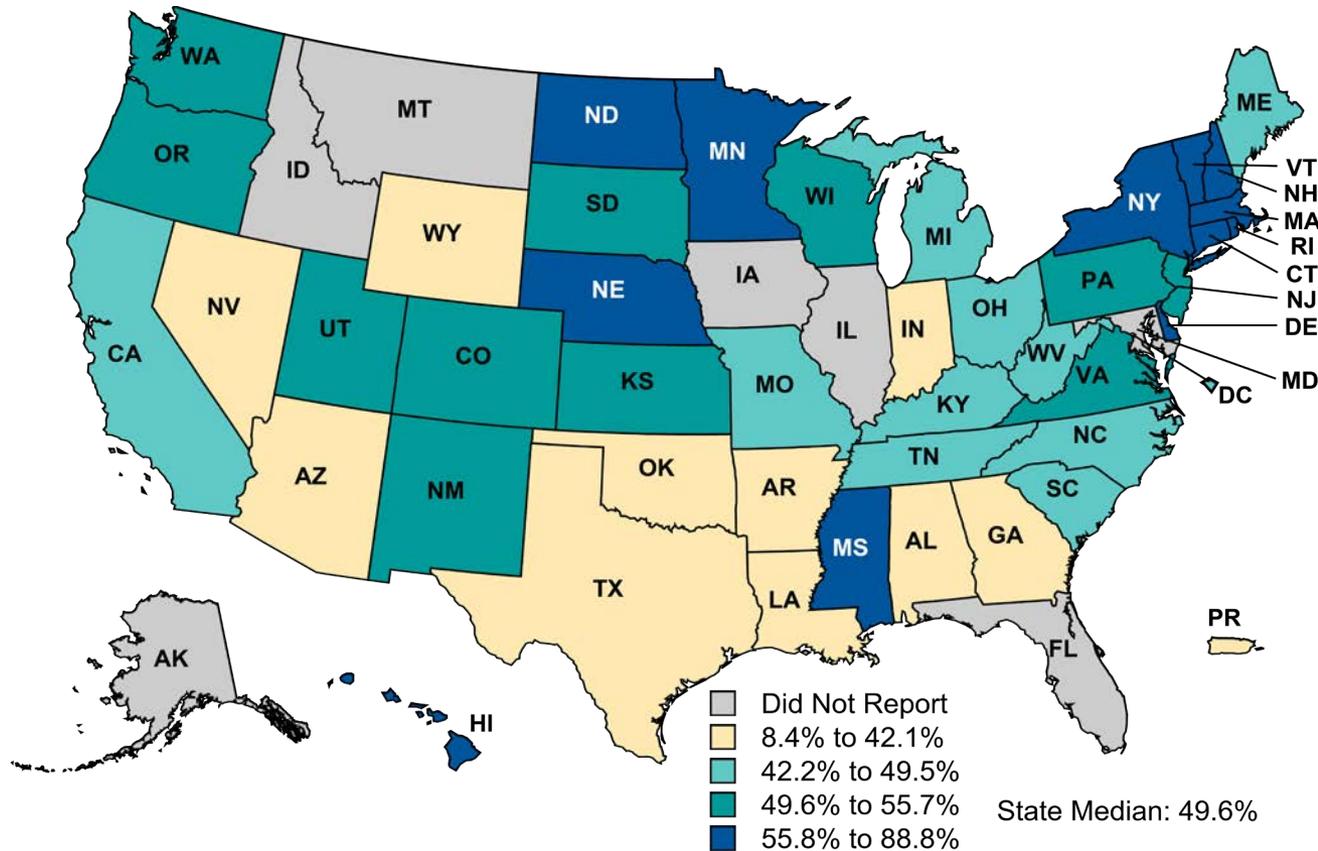
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This chart excludes Florida and Maryland, which reported the measure but did not provide data for the MMR rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Childhood Immunization Status: Influenza Vaccination Rate (continued)

Geographic Variation in the Percentage of Children who had at Least Two Flu Vaccinations by their Second Birthday (CIS-CH), FFY 2021 (n = 45 states)



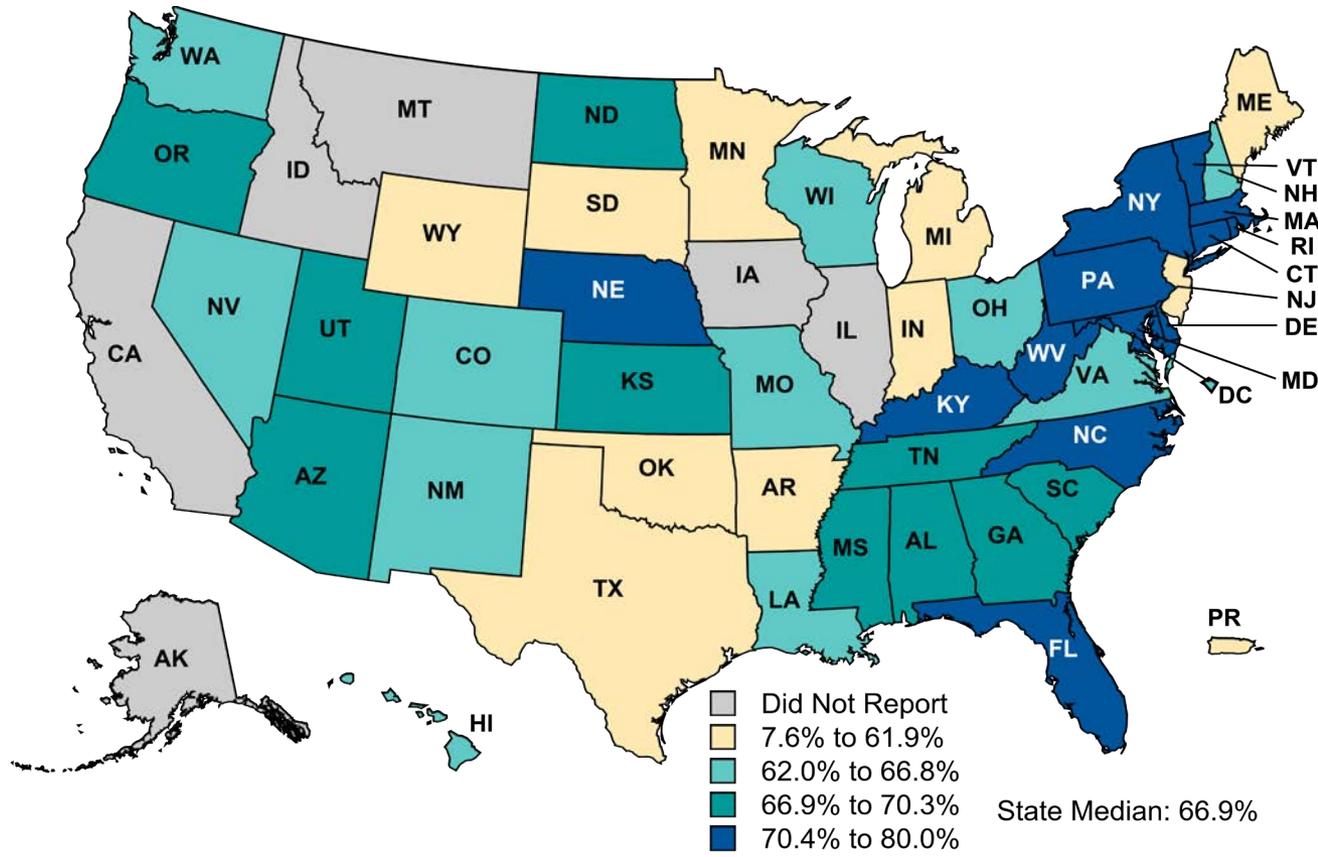
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This chart excludes Florida and Maryland, which reported the measure but did not provide data for the Influenza rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Childhood Immunization Status: Combination 3 Rate (continued)

Geographic Variation in the Percentage of Children Up to Date on Recommended Immunizations (Combination 3) by their Second Birthday (CIS-CH), FFY 2021 (n = 46 states)



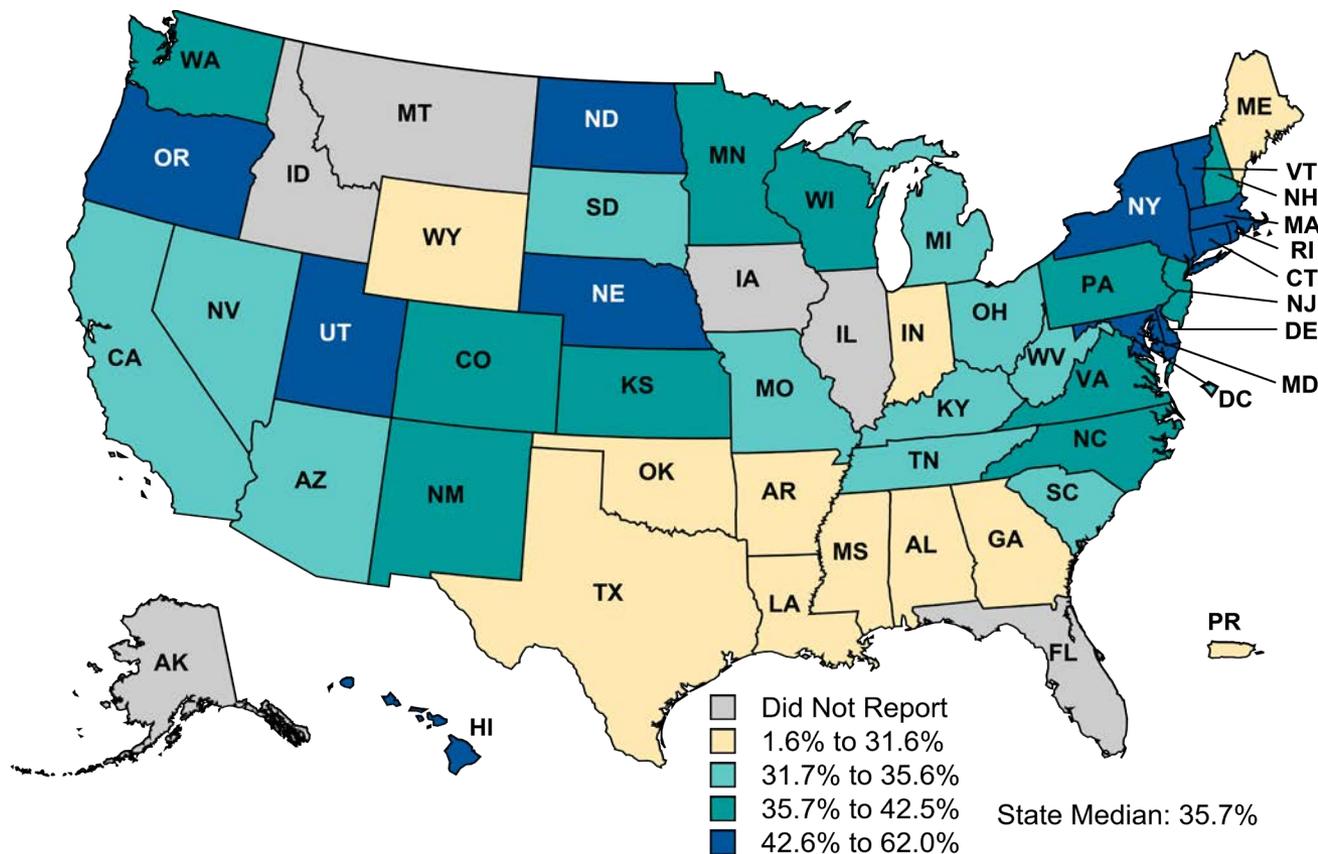
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This chart excludes California, which reported the measure but did not provide data for the Combination 3 rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Childhood Immunization Status: Combination 10 Rate (continued)

Geographic Variation in the Percentage of Children Up to Date on Recommended Immunizations (Combination 10) by their Second Birthday (CIS-CH), FFY 2021 (n = 46 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

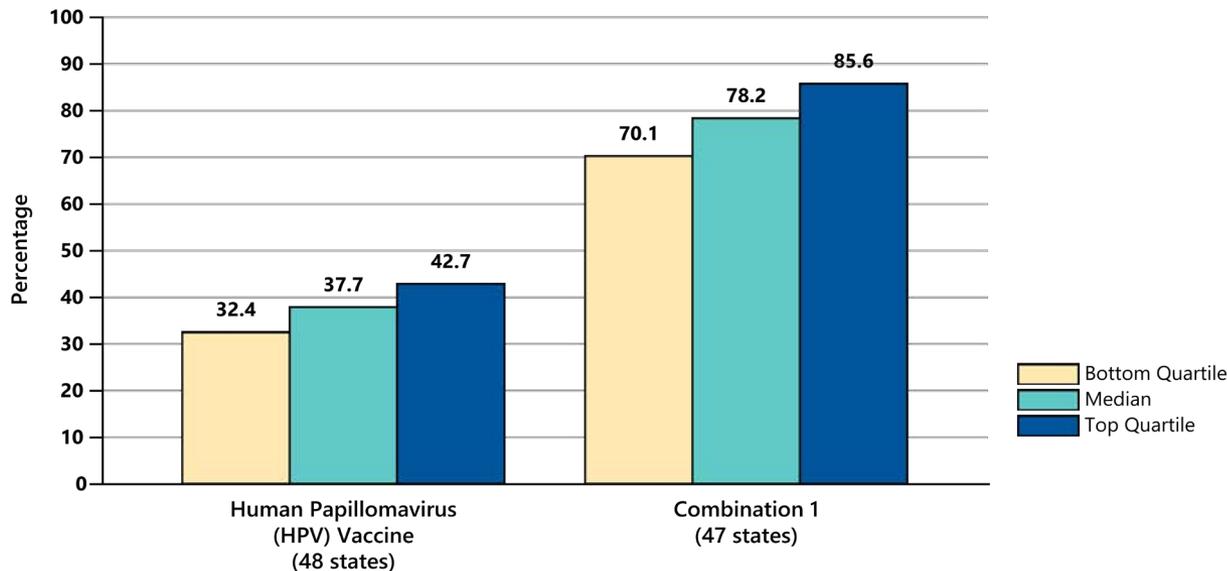
Notes: This chart excludes Florida, which reported the measure but did not provide data for the Combination 10 rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Immunizations for Adolescents

A key indicator of the continuity of primary care is whether adolescents are up-to-date on their immunizations. The adolescent immunization measure includes three individual vaccine rates: (1) Meningococcal vaccine, (2) Tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap), and (3) human papillomavirus (HPV) vaccine. In the Child Core Set, state performance is measured as the percentage of adolescents receiving the HPV vaccine and the recommended doses of both the meningococcal and Tdap vaccines (Combination 1).

Percentage of Adolescents Up to Date on Recommended Immunizations (Human Papillomavirus Vaccine and Combination 1) by their 13th Birthday (IMA-CH), FFY 2021



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

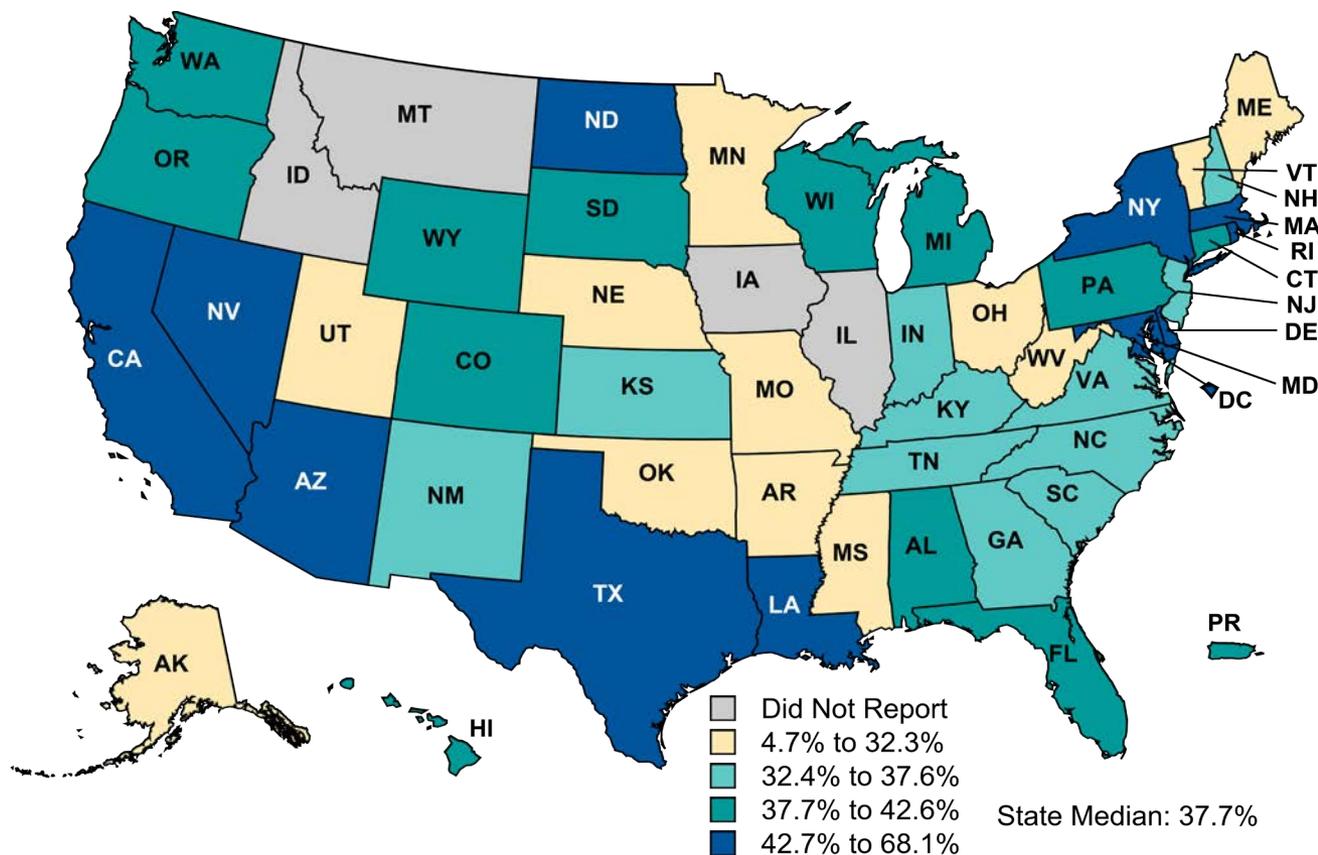
Notes: This measure shows the percentage of adolescents age 13 who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and the complete human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates. This chart shows state reporting for the HPV vaccine rate and the Combination 1 rate (percentage receiving both meningococcal and Tdap vaccines). When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

A median of **38** percent of adolescents were up to date on the HPV vaccine (48 states) and

78 percent were up to date on Combination 1 immunizations by their 13th birthday (47 states)

Immunizations for Adolescents: Human Papillomavirus (HPV) Vaccination Rate (continued)

Geographic Variation in the Percentage of Adolescents who Completed the Human Papillomavirus (HPV) Vaccine Series by their 13th Birthday (IMA-CH), FFY 2021 (n = 48 states)



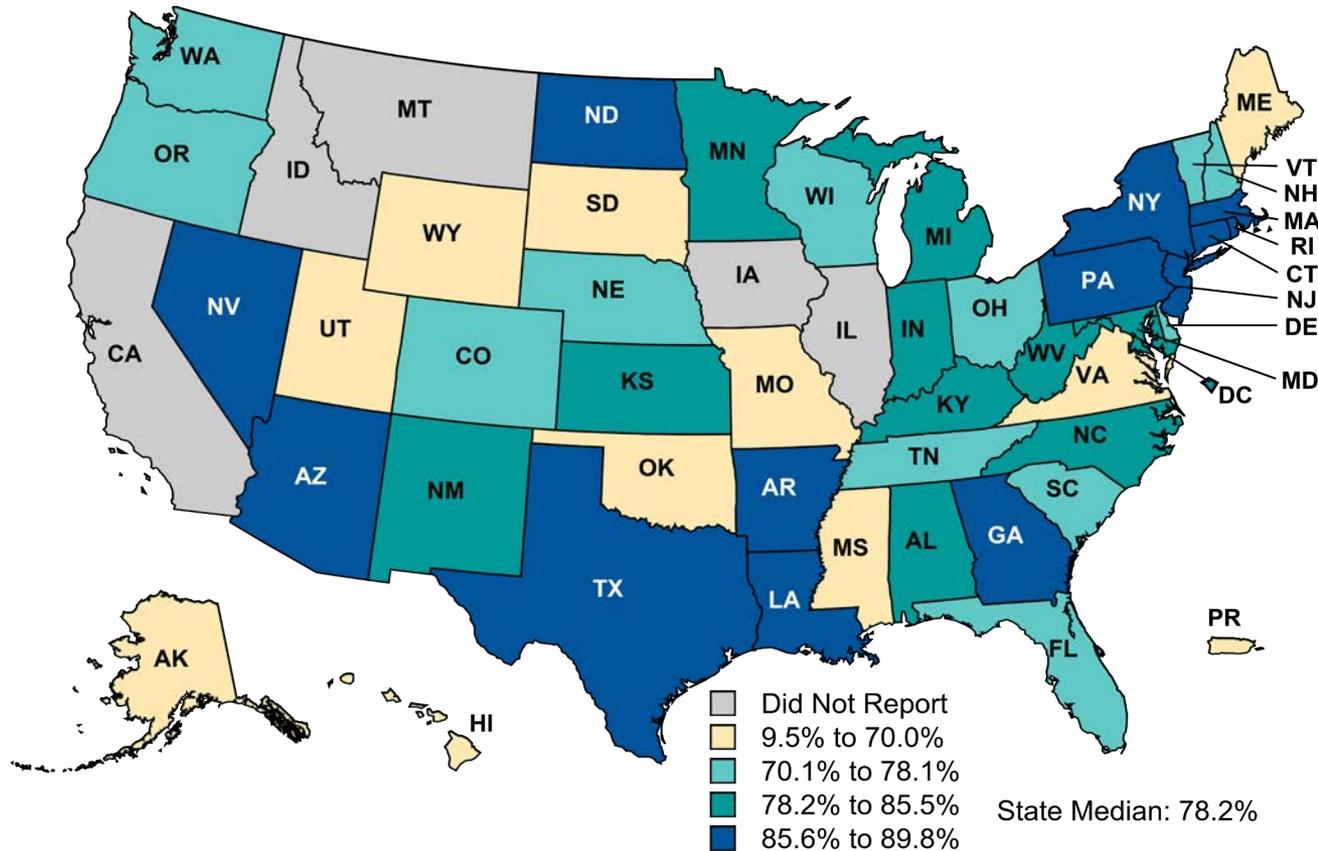
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Immunizations for Adolescents: Combination 1 Rate (continued)

Geographic Variation in the Percentage of Adolescents Up to Date on Recommended Immunizations (Combination 1) by their 13th Birthday (IMA-CH), FFY 2021 (n = 47 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

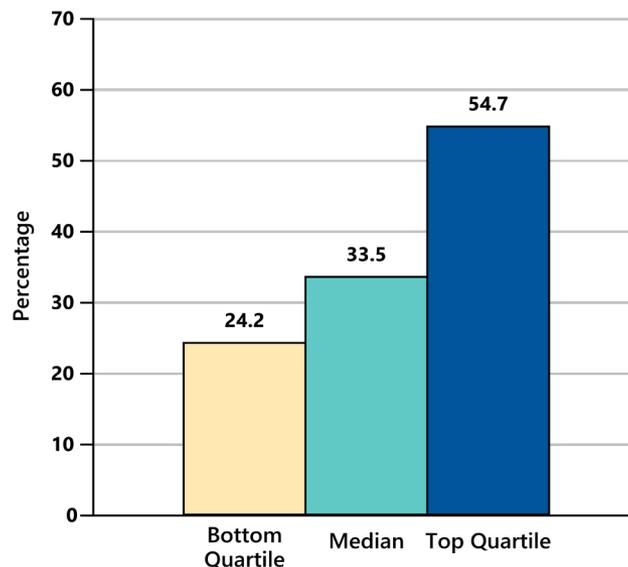
Notes: This chart excludes California, which reported the measure but did not provide data for the Combination 1 rate (percentage receiving both meningococcal and Tdap vaccines). When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Developmental Screening in the First Three Years of Life

Early detection of developmental delays and early intervention programs can greatly improve a child's health, social, and academic outcomes. The American Academy of Pediatrics and Bright Futures recommend that developmental screening tests be administered at the 9-, 18-, and 30-month well-child visits. In the Child Core Set, state performance is measured as the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

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 (DEV-CH), FFY 2021 (n = 33 states)



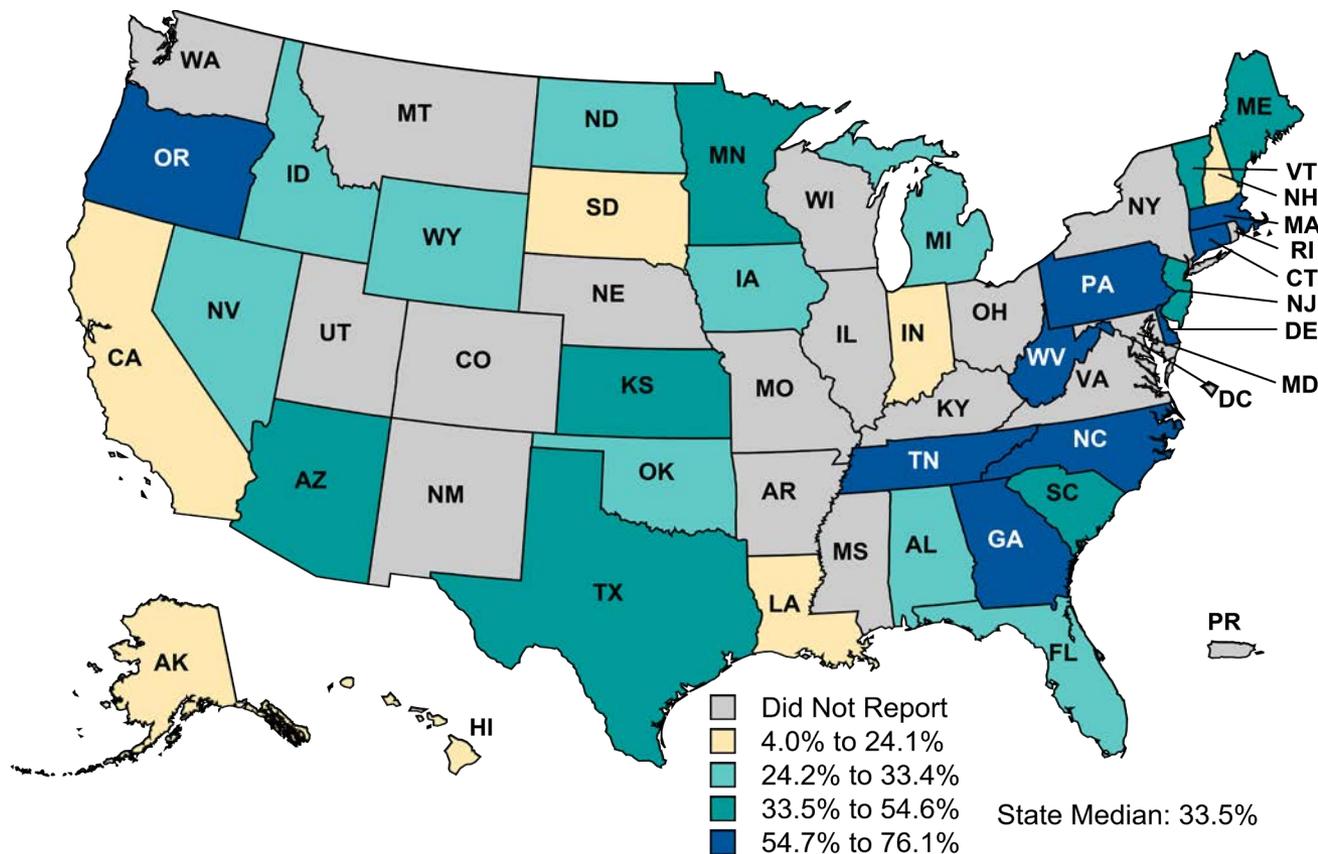
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This measure shows 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. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

A median of **34** percent of children were screened for risk of developmental, behavioral, and social delays using a standardized tool in the 12 months preceding or on their first, second, or third birthday (33 states)

Developmental Screening in the First Three Years of Life (continued)

Geographic Variation in the 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 (DEV-CH), FFY 2021 (n = 33 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

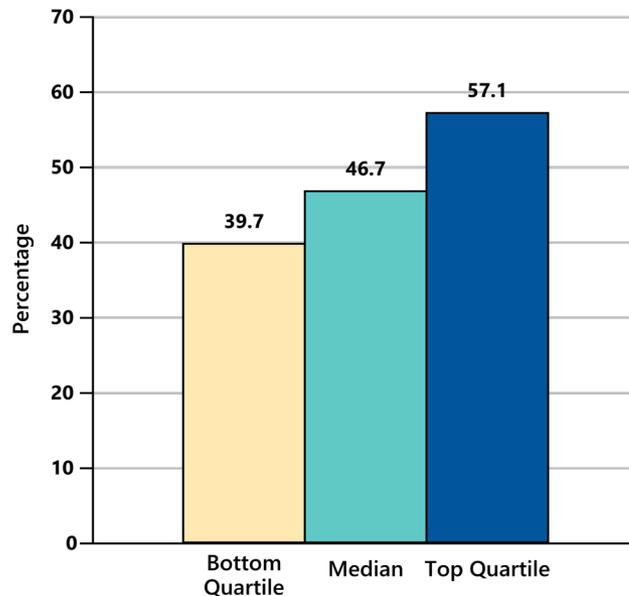
Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Chlamydia Screening in Women Ages 16 to 20

Chlamydia is the most commonly reported sexually transmitted infection and is easy to cure when it is detected. However, most people have no symptoms and are not aware they are infected. Left untreated, chlamydia can affect a woman's ability to have children. Recommended well care for young adult women who are sexually active includes annual screening for chlamydia. The Child Core Set reports chlamydia screening rates for women ages 16 to 20.

Percentage of Sexually Active Women Ages 16 to 20 who were Screened for Chlamydia (CHL-CH), FFY 2021 (n = 48 states)



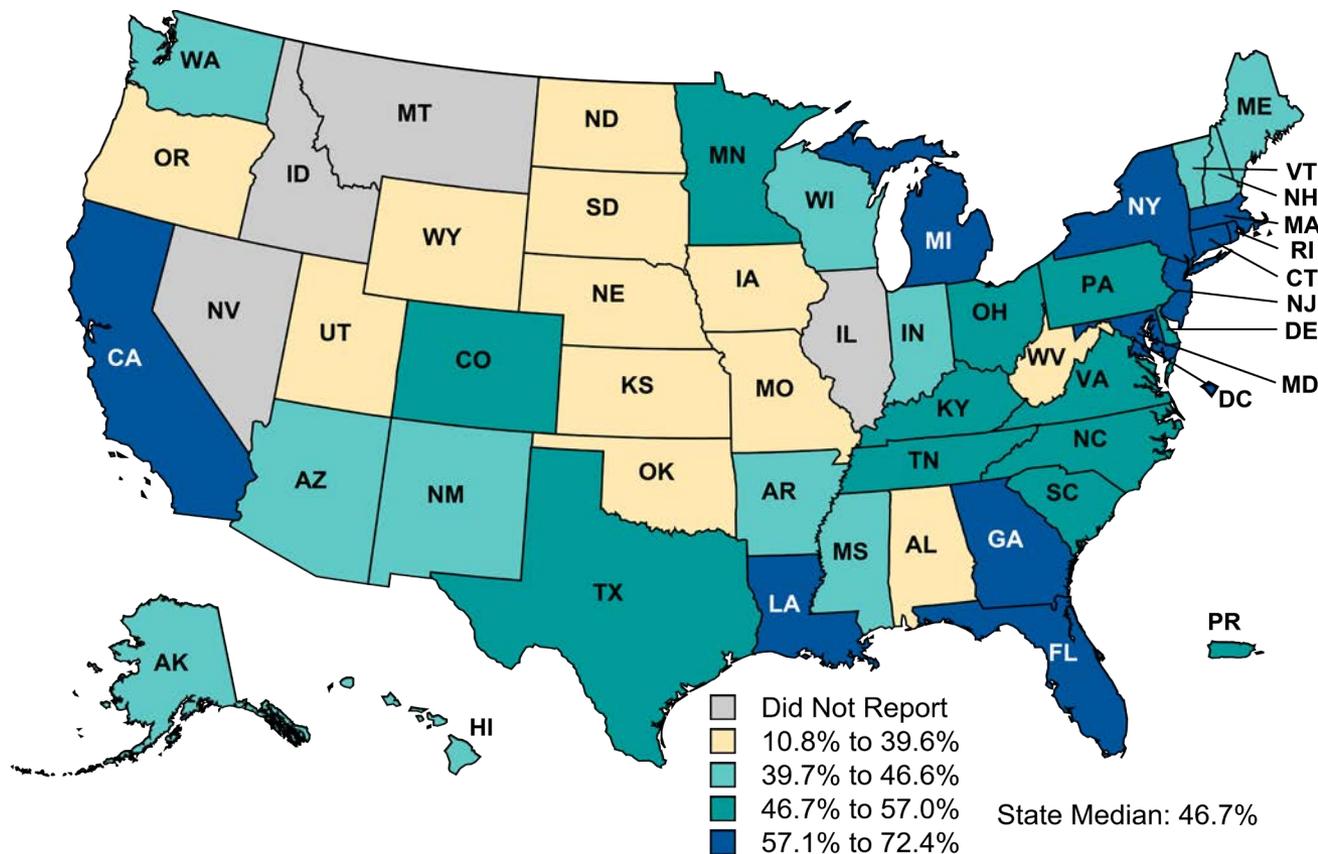
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of women ages 16 to 20 who were identified as sexually active and who had at least one test for chlamydia during the measurement year. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

A median of **47** percent of sexually active women ages 16 to 20 were screened for chlamydia (48 states)

Chlamydia Screening in Women Ages 16 to 20 (continued)

Geographic Variation in the Percentage of Sexually Active Women Ages 16 to 20 who were Screened for Chlamydia (CHL-CH), FFY 2021 (n = 48 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

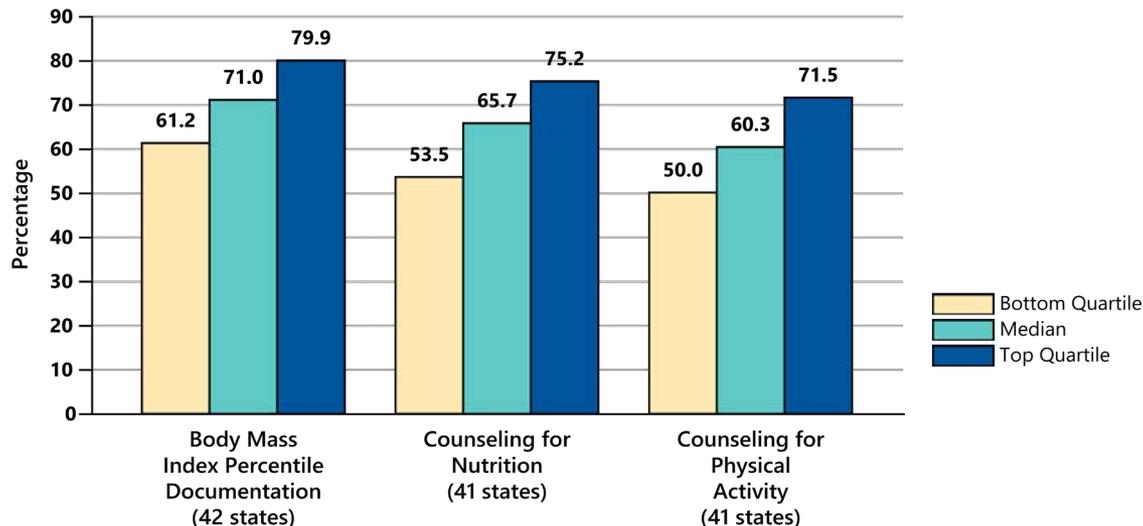
Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Obesity affects about one in five children and adolescents in the United States. Monitoring of BMI helps providers identify children who are overweight or obese and at increased risk for related health complications. Additionally, counseling for nutrition and physical activity may play an important role in reducing the risk of obesity and related diseases. This measure shows the percentage of children and adolescents who had an outpatient visit with evidence of BMI percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year.

Percentage of Children Ages 3 to 17 who had an Outpatient Visit and whose Body Mass Index Percentile, Counseling for Nutrition, and Counseling for Physical Activity is Documented in the Medical Record (WCC-CH), FFY 2021



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of children and adolescents ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrician/gynecologist (OB/GYN) and who had evidence of the following during the measurement year: (1) body mass index (BMI) percentile documentation; (2) counseling for nutrition; (3) counseling for physical activity. This chart excludes Arkansas, which calculated the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

A median of **71** percent of children and adolescents ages 3 to 17 with a primary care visit had their BMI percentile documented, (42 states),

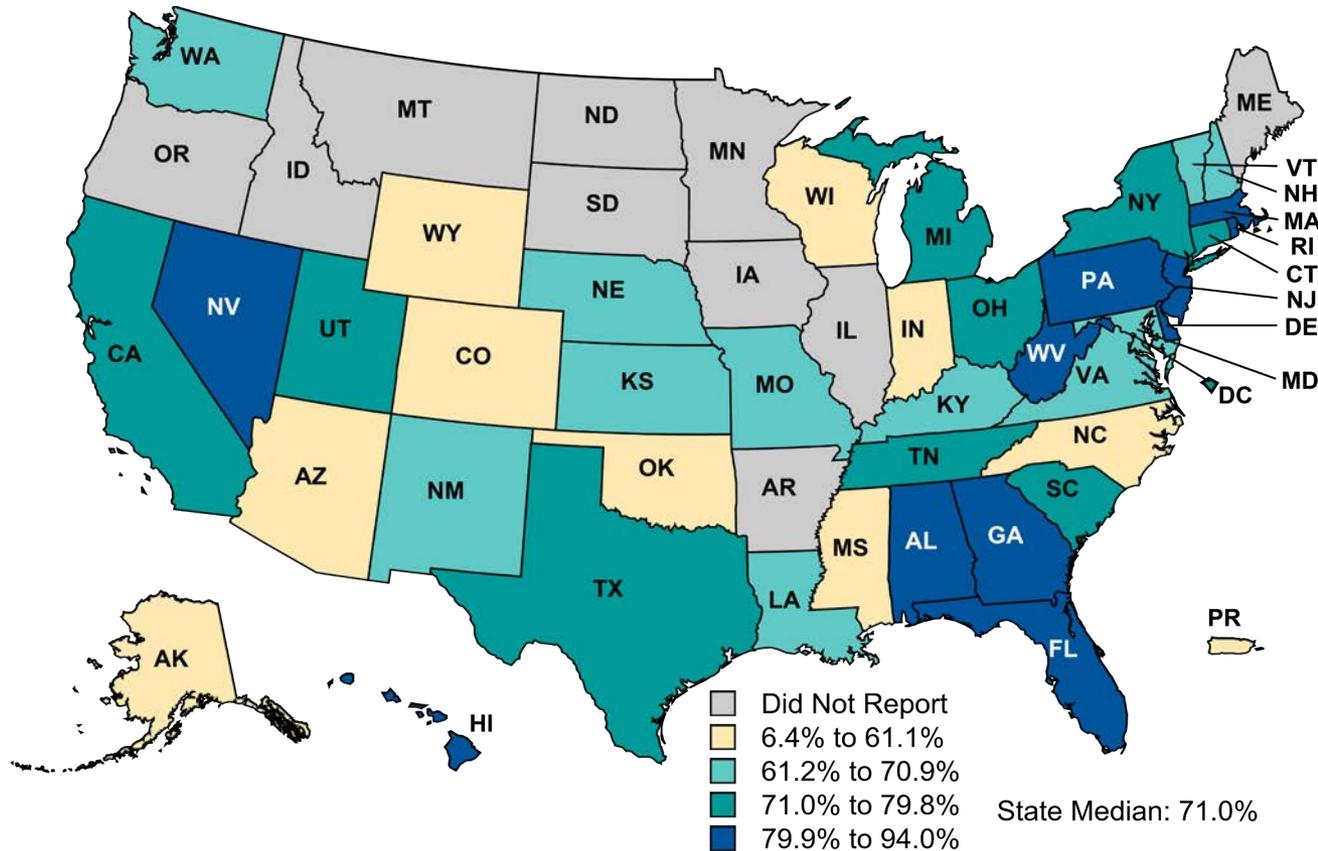
66 percent received counseling for nutrition (41 states), and

60 percent received counseling for physical activity (41 states)



Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Percentile Documentation

Geographic Variation in the Percentage of Children Ages 3 to 17 who had an Outpatient Visit and whose Body Mass Index Percentile is Documented in the Medical Record (WCC-CH), FFY 2021 (n = 42 states)



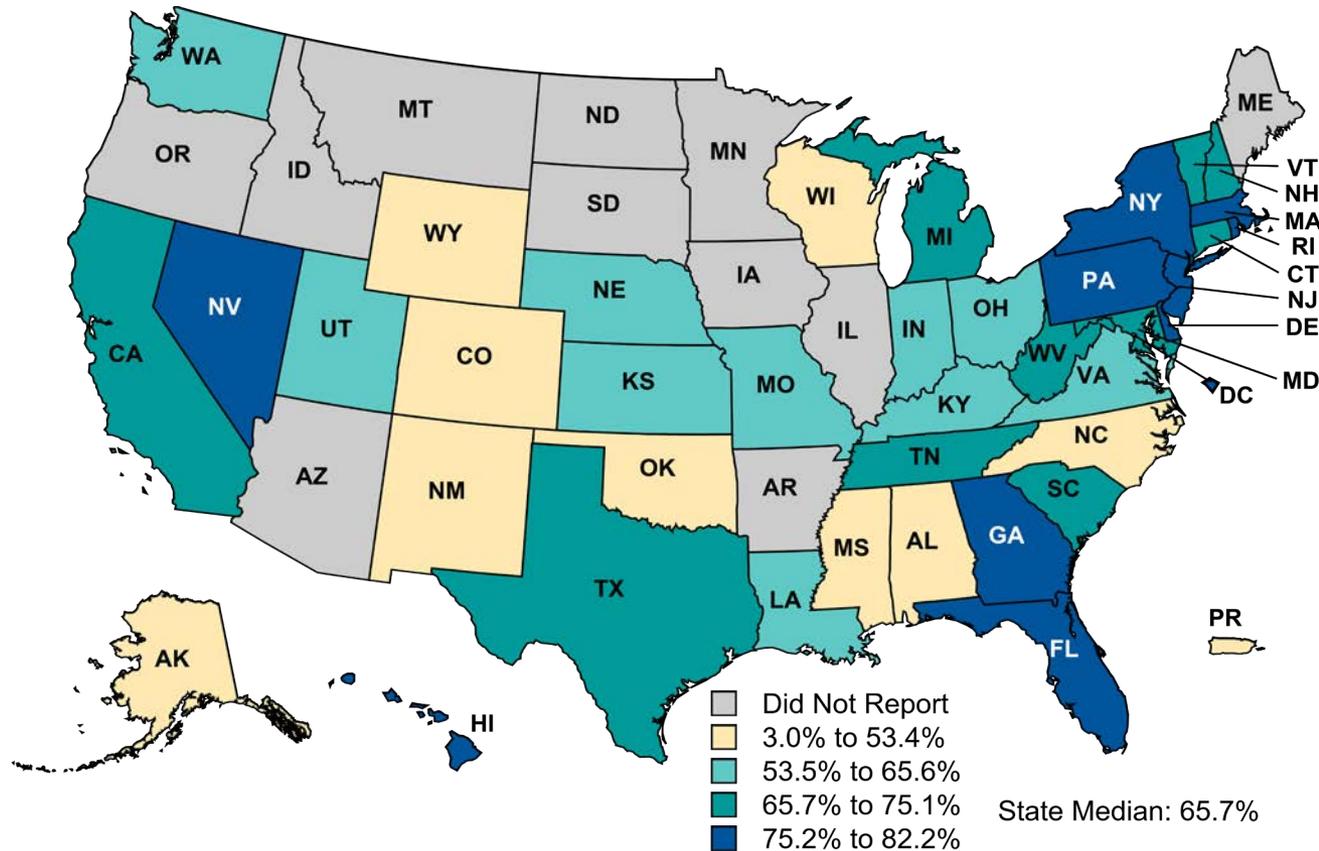
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This chart excludes Arkansas, which calculated the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Counseling for Nutrition

Geographic Variation in the Percentage of Children Ages 3 to 17 who had an Outpatient Visit and whose Counseling for Nutrition is Documented in the Medical Record (WCC-CH), FFY 2021 (n = 41 states)



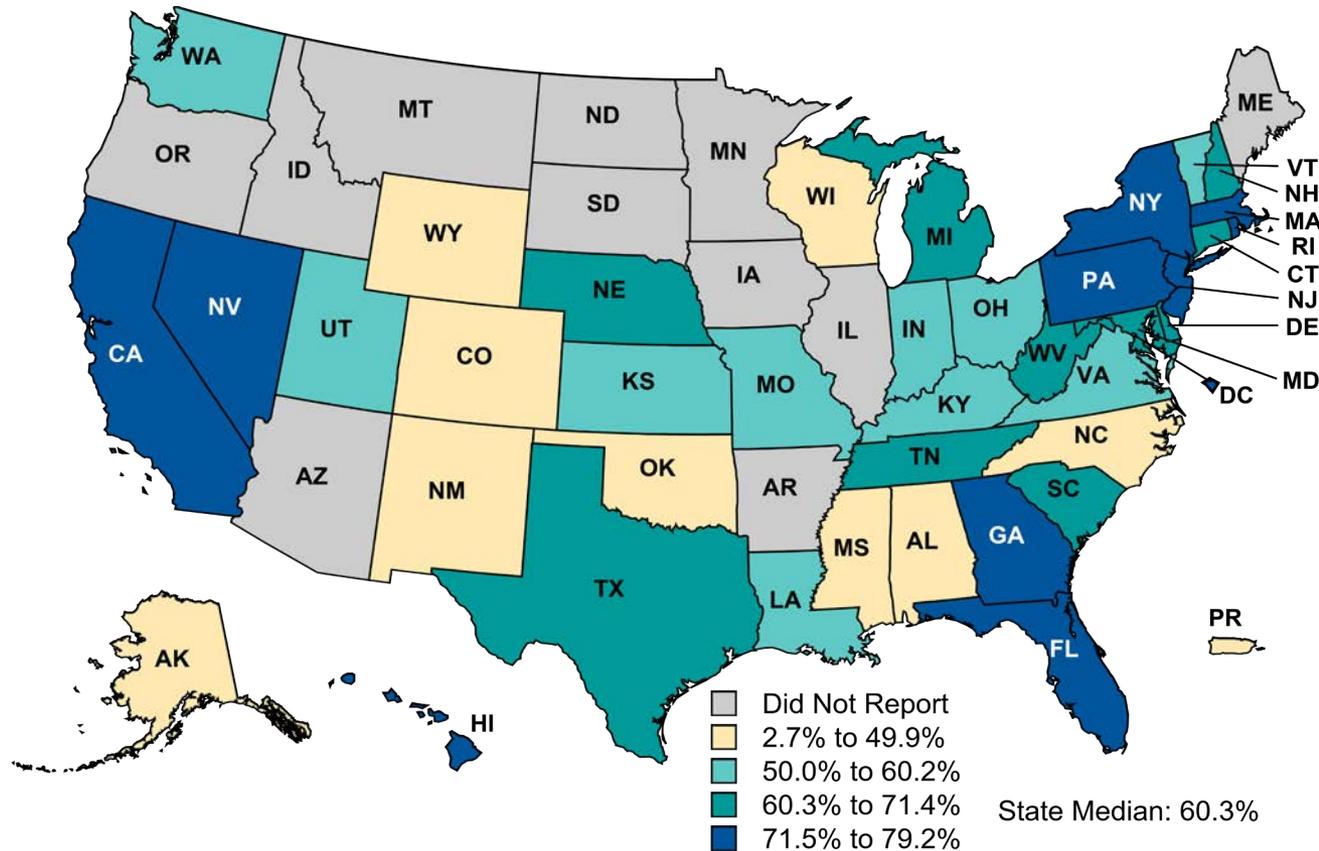
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This chart excludes Arkansas, which calculated the measure but did not use Child Core Set specifications. This chart also excludes Arizona, which reported the measure but did not provide data for the Counseling for Nutrition rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Counseling for Physical Activity

Geographic Variation in the Percentage of Children Ages 3 to 17 who had an Outpatient Visit and whose Counseling for Physical Activity is Documented in the Medical Record (WCC-CH), FFY 2021 (n = 41 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This chart excludes Arkansas, which calculated the measure but did not use Child Core Set specifications. This chart also excludes Arizona, which reported the measure but did not provide data for the Counseling for Physical Activity rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Maternal and Perinatal Health

As the largest payer for maternity care in the United States, Medicaid has an important role to play in improving perinatal health outcomes. Despite improvements in access to coverage and care, the rate of births reported as preterm or low birth weight among women in Medicaid is higher than the rate for those who are privately insured.¹ The health of a child is affected by a mother's health and the care received during pregnancy. When women access the health care system for maternity care, an opportunity is presented to promote services and behaviors to optimize their health and the health of their children.

More information about CMS's efforts to improve maternal and infant health care quality is available at <https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health-care-quality/index.html>.

Five Child Core Set measures of maternal and perinatal health were available for analysis for FFY 2021.

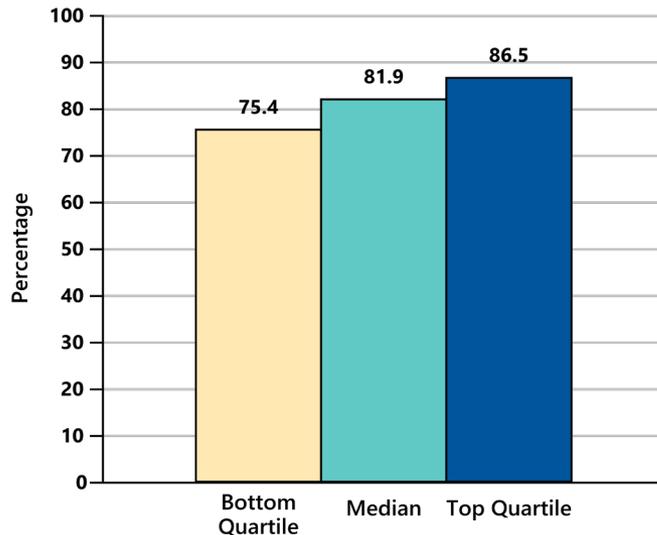
- Prenatal and Postpartum Care: Timeliness of Prenatal Care
- Live Births Weighing Less Than 2,500 Grams
- Low-Risk Cesarean Delivery
- Contraceptive Care: Postpartum Women Ages 15 to 20
- Contraceptive Care: All Women Ages 15 to 20

¹ <https://www.medicaid.gov/medicaid/quality-of-care/downloads/mih-beneficiary-profile.pdf>.

Prenatal and Postpartum Care: Timeliness of Prenatal Care

Initiation of prenatal care during the first trimester of pregnancy facilitates a comprehensive assessment of a woman's health history, pregnancy risk, and health knowledge. Early screening and referrals for specialized care can prevent pregnancy complications resulting from pre-existing health conditions or promote access to recommended care. The prenatal care measure assesses how often pregnant women received timely prenatal care (during the first trimester, on or before the enrollment start date, or within 42 days of Medicaid or CHIP enrollment).

Percentage of Women Delivering a Live Birth with a Prenatal Care Visit in the First Trimester, on or Before the Enrollment Start Date, or within 42 Days of Enrollment in Medicaid or CHIP (PPC-CH), FFY 2021 (n = 45 states)



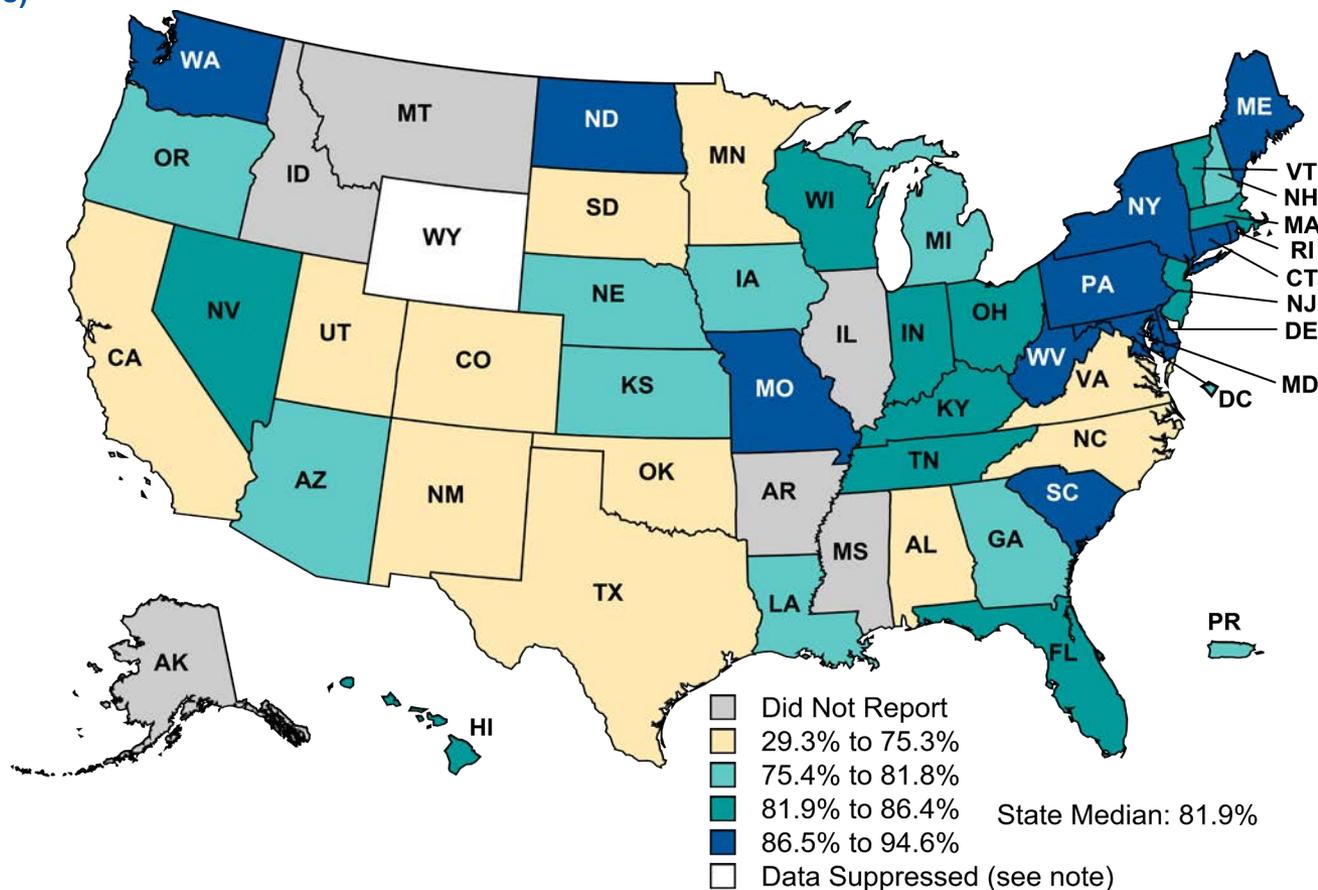
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in Medicaid or CHIP. Data were suppressed for Wyoming due to small cell sizes. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

A median of **82** percent of women delivering a live birth had a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of Medicaid or CHIP enrollment (45 states)

Prenatal and Postpartum Care: Timeliness of Prenatal Care (continued)

Geographic Variation in the Percentage of Women Delivering a Live Birth with a Prenatal Care Visit in the First Trimester, on or Before the Enrollment Start Date, or within 42 Days of Enrollment in Medicaid or CHIP (PPC-CH), FFY 2021 (n = 45 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

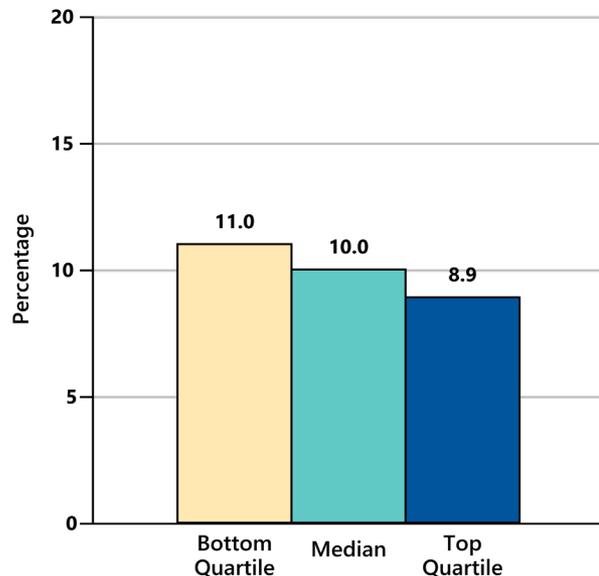
Notes: Data were suppressed for Wyoming due to small cell sizes. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Live Births Weighing Less Than 2,500 Grams

An infant's birth weight is a common measure of infant and maternal health and well-being. Infants weighing less than 2,500 grams at birth may experience serious and costly health problems and developmental delays. Pregnant women are at higher risk of a low birth weight baby if they have chronic health conditions (such as high blood pressure or diabetes), low weight gain during pregnancy, high stress levels, or high-risk behaviors (such as drinking alcohol, smoking cigarettes, or using drugs).

Percentage of Live Births Weighing Less Than 2,500 Grams (LBW-CH), FFY 2021 (n = 52 states) [Lower rates are better for this measure]



Sources: Mathematica analysis of the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2020 as of February 2, 2023.

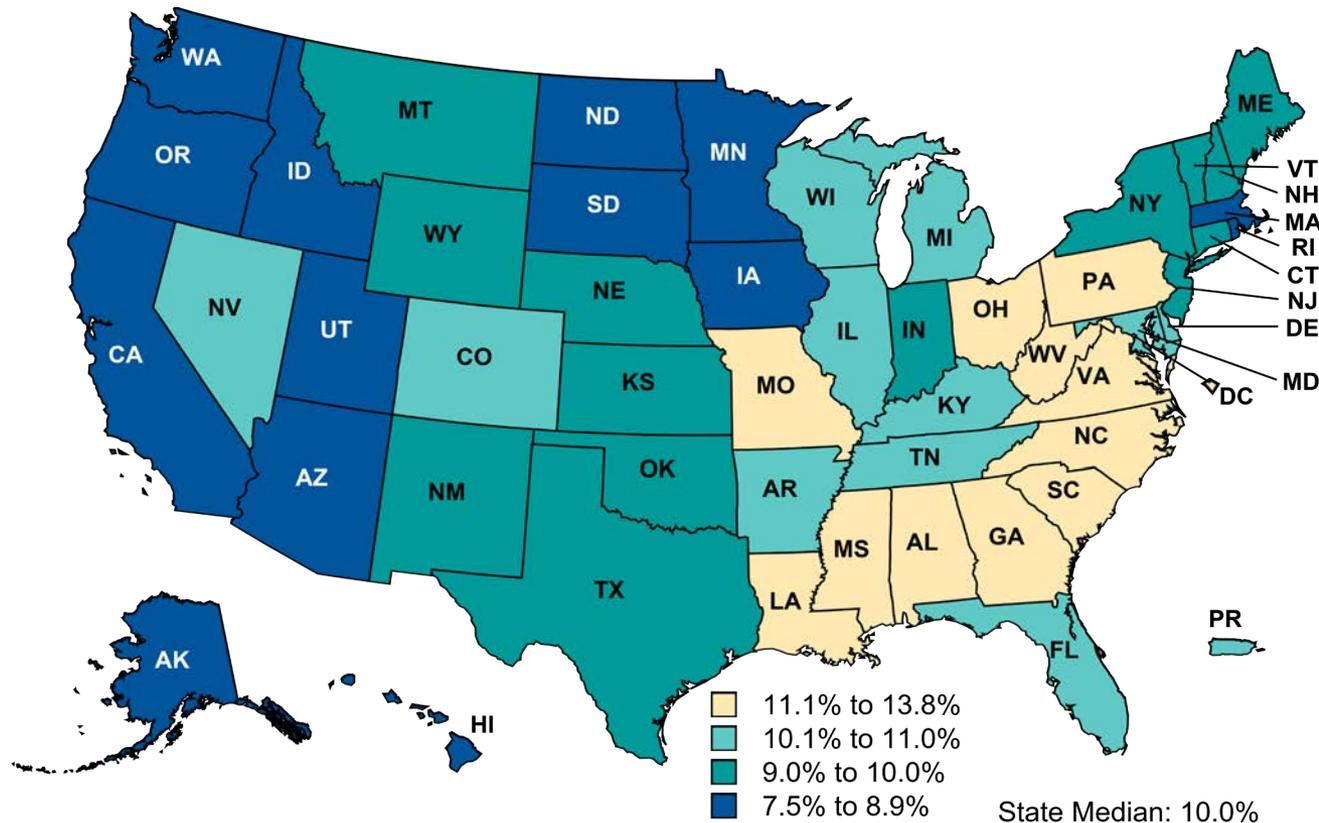
Notes: This measure shows the percentage of live births that weighed less than 2,500 grams at birth during the measurement year. For all states for FFY 2021, state-level rates were calculated for this measure using natality data submitted by states and compiled by the National Center for Health Statistics (NCHS) in CDC WONDER. The term "states" includes the 50 states, the District of Columbia, and Puerto Rico.

A median of
10
percent of live births
financed by Medicaid
or CHIP weighed less
than 2,500 grams at
birth (52 states)



Live Births Weighing Less Than 2,500 Grams (continued)

Geographic Variation in the Percentage of Live Births Weighing Less Than 2,500 Grams (LBW-CH), FFY 2021 (n = 52 states) [Lower rates are better for this measure]



Sources: Mathematica analysis of the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2020 as of February 2, 2023.

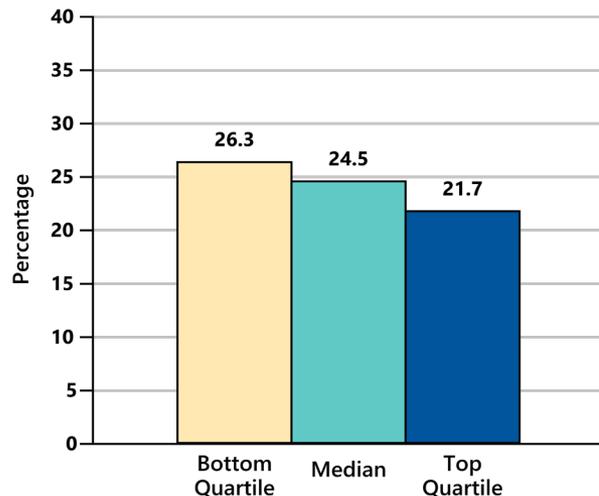
Note: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico.



Low-Risk Cesarean Delivery

Cesarean deliveries place birthing individuals and infants at higher risk for adverse outcomes. Reducing the rate of cesarean deliveries among low-risk individuals provides an opportunity to improve both maternal and infant health. Low-risk deliveries are defined as nulliparous (first birth), term (37 or more completed weeks based on the obstetric estimate), singleton (one fetus), in a cephalic presentation (head-first). As the largest single payer of pregnancy-related services, state Medicaid and CHIP agencies have an important role to play in reducing the number of low-risk cesarean delivery births, reducing disparities, and improving health equity. Performance on this measure is being publicly reported for the first time for FFY 2021.

Percentage of Nulliparous, Term, Singleton, in a Cephalic Presentation Births Delivered by Cesarean (LRCD-CH), FFY 2021 (n = 52 states) [Lower rates are better for this measure]



Sources: Mathematica analysis of the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2020 as of February 2, 2023.

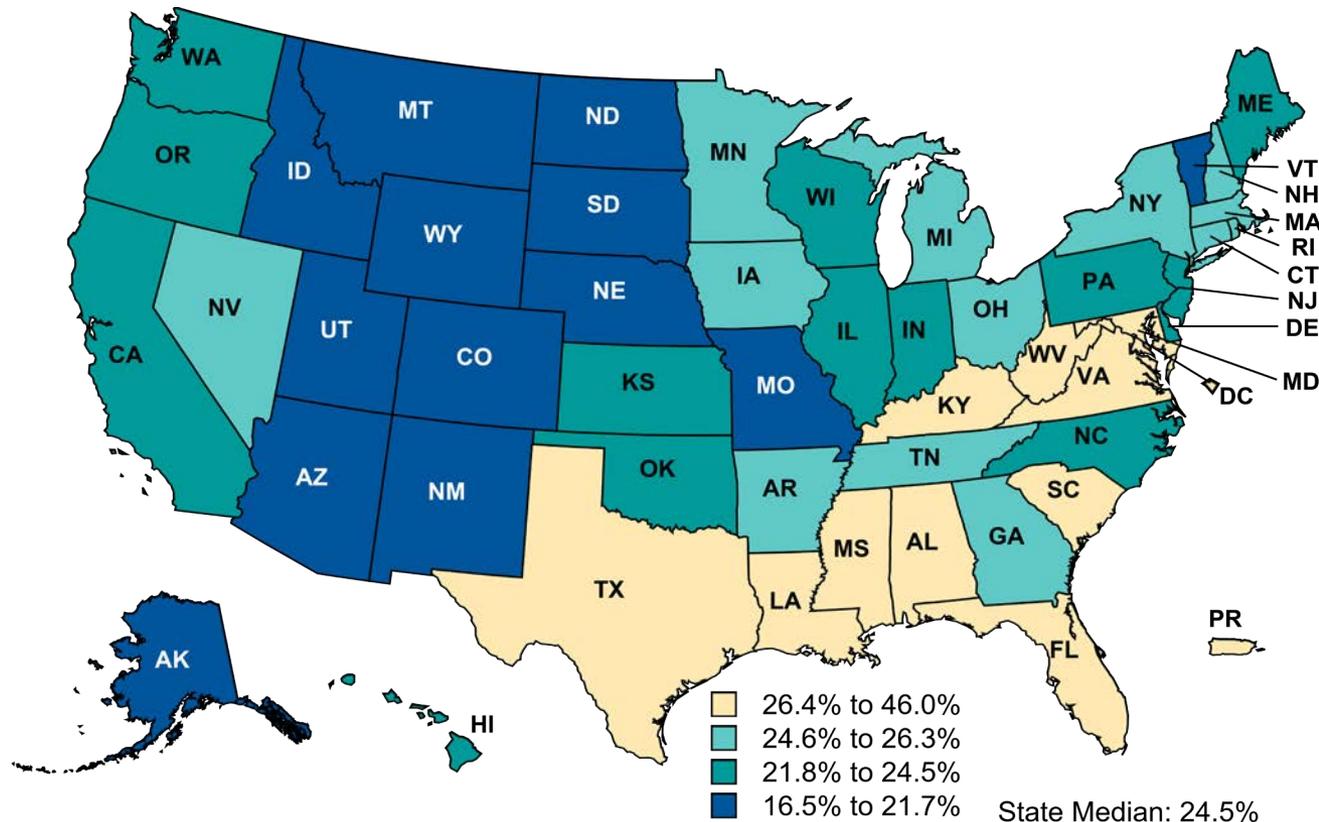
Notes: This measure shows the percentage of nulliparous (first birth), term (37 or more completed weeks based on the obstetric estimate), singleton (one fetus), in a cephalic presentation (head-first) births delivered by cesarean during the measurement year. For all states for FFY 2021, state-level rates were calculated for this measure using natality data submitted by states and compiled by the National Center for Health Statistics (NCHS) in CDC WONDER. The term “states” includes the 50 states, the District of Columbia, and Puerto Rico.

A median of
25
percent of low-risk
births were delivered
by cesarean
(52 states)



Low-Risk Cesarean Delivery (continued)

Geographic Variation in the Percentage of Nulliparous, Term, Singleton, in a Cephalic Presentation Births Delivered by Cesarean (LRCD-CH), FFY 2021 (n = 52 states) [Lower rates are better for this measure]



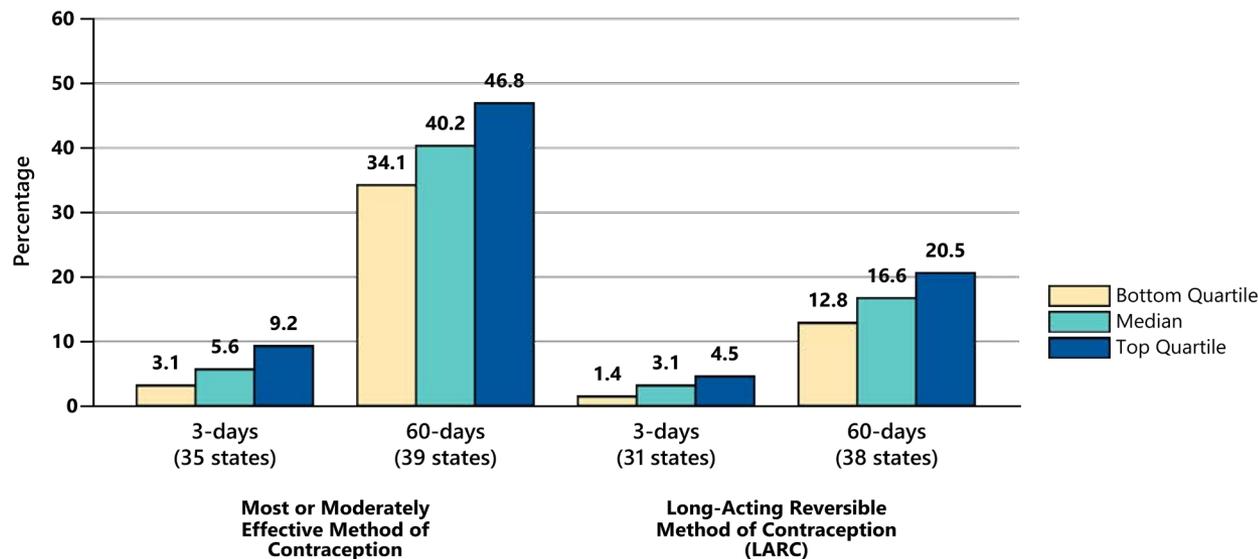
Sources: Mathematica analysis of the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2020 as of February 2, 2023.

Note: The term "states" includes the 50 states, the District of Columbia, and Puerto Rico.

Contraceptive Care: Postpartum Women Ages 15 to 20

Access to effective contraceptive care during the postpartum period can improve birth spacing and timing and improve the health outcomes of women and children. This measure assesses access to contraceptive care, including the percentage of postpartum women ages 15 to 20 who were provided a most or moderately effective method of contraception as well as the percentage who were provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.

Percentage of Postpartum Women Ages 15 to 20 who had a Live Birth and who were Provided a Most Effective or Moderately Effective Method of Contraception and the Percentage who were Provided a Long-Acting Reversible Method of Contraception (LARC) Within 3 and 60 Days of Delivery (CCP-CH), FFY 2021



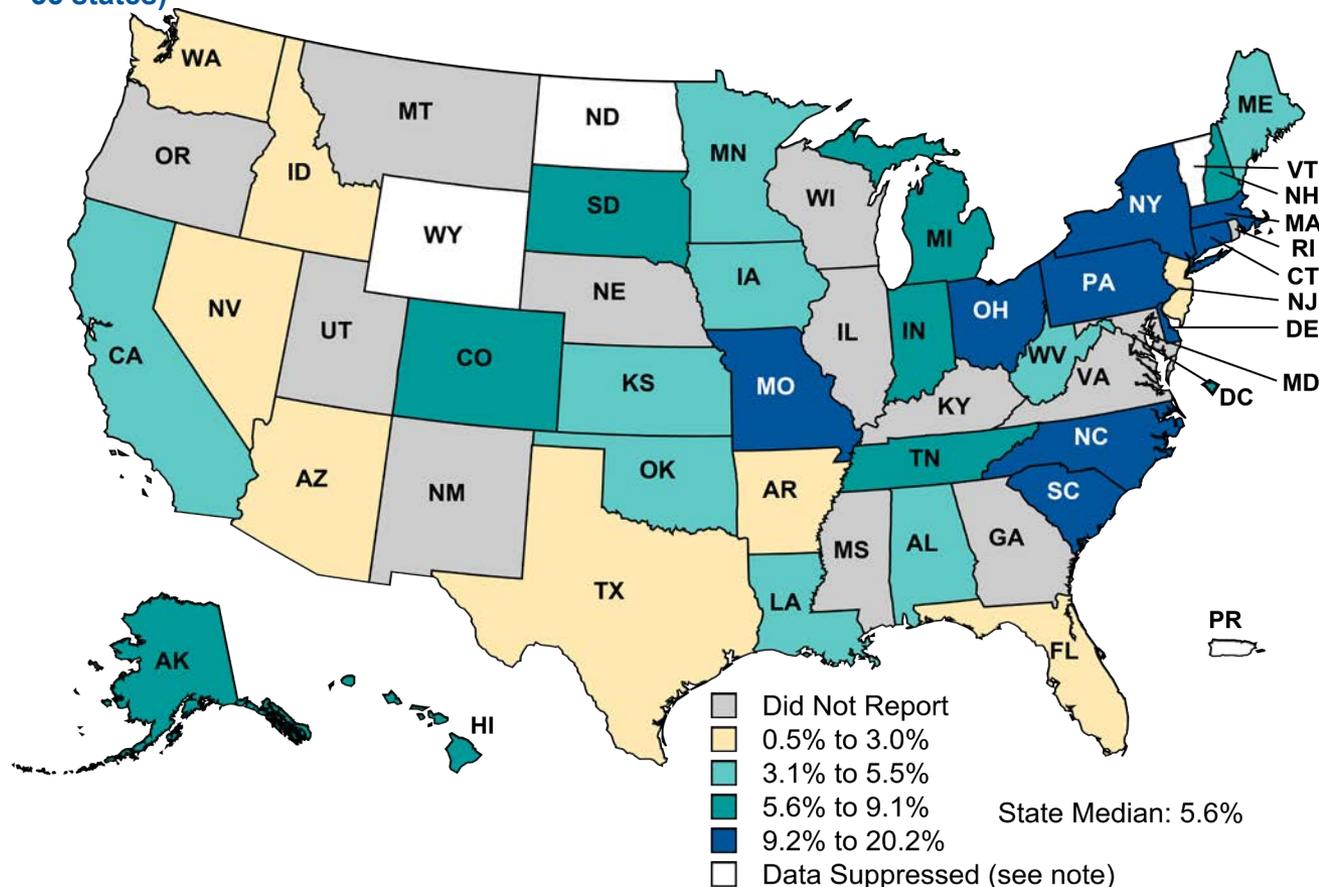
Among postpartum women ages 15 to 20 who had a live birth, a median of **40** percent received a most or moderately effective method of contraception within 60 days of delivery (39 states)

Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.
 Notes: This measure shows the percentage of postpartum women ages 15 to 20 who had a live birth and who were provided: (1) a most effective or moderately effective method of contraception within 3 and 60 days of delivery; (2) a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Contraceptive Care: Postpartum Women Ages 15 to 20: Most or Moderately Effective Method of Contraception 3-days Postpartum (continued)

Geographic Variation in the Percentage of Postpartum Women Ages 15 to 20 who had a Live Birth and who were Provided a Most Effective or Moderately Effective Method of Contraception Within 3 Days of Delivery (CCP-CH), FFY 2021 (n = 35 states)



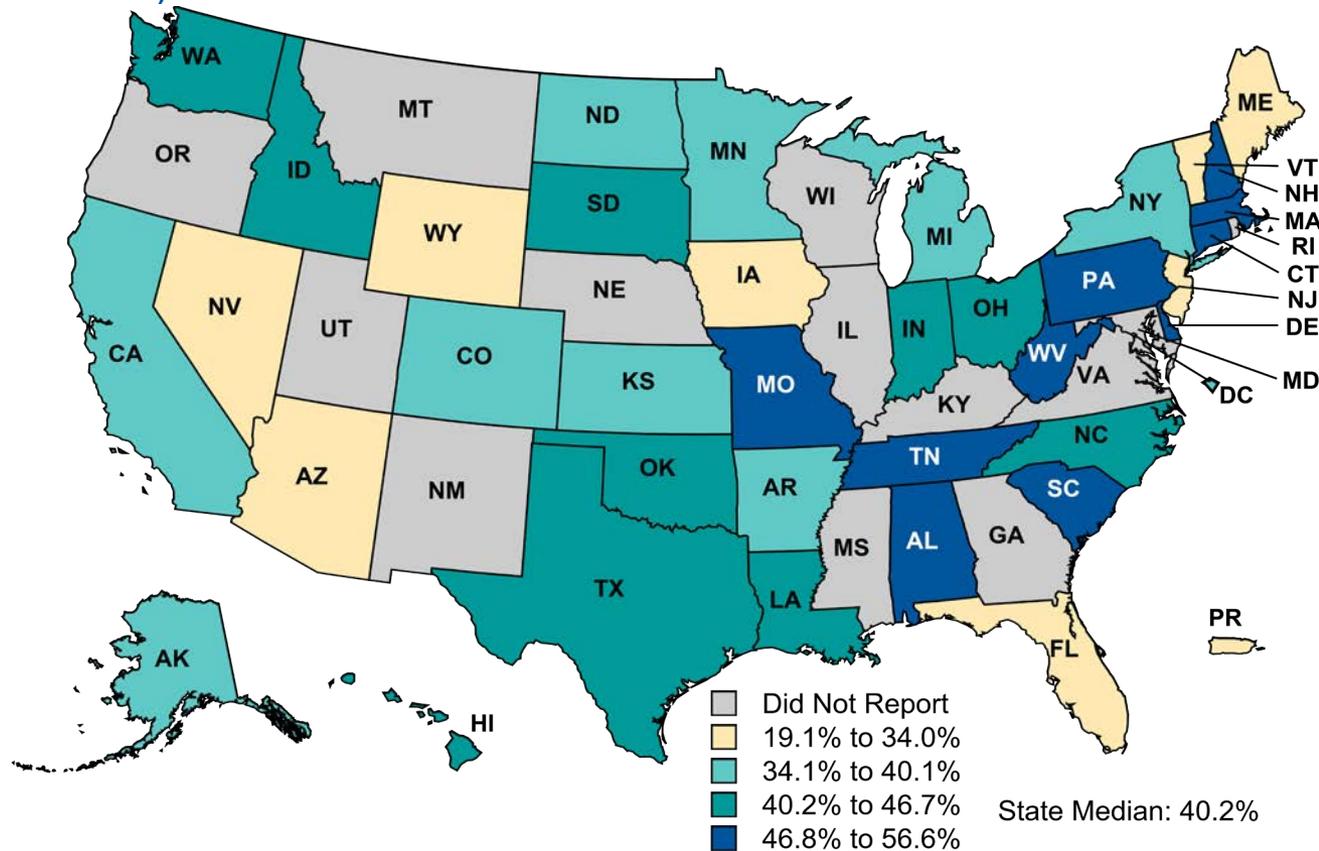
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: Data were suppressed for the most or moderately effective method 3-days postpartum rate for the following states due to small cell sizes: North Dakota, Puerto Rico, Vermont, and Wyoming. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Contraceptive Care: Postpartum Women Ages 15 to 20: Most or Moderately Effective Method of Contraception 60-days Postpartum (continued)

Geographic Variation in the Percentage of Postpartum Women Ages 15 to 20 who had a Live Birth and who were Provided a Most Effective or Moderately Effective Method of Contraception Within 60 Days of Delivery (CCP-CH), FFY 2021 (n = 39 states)



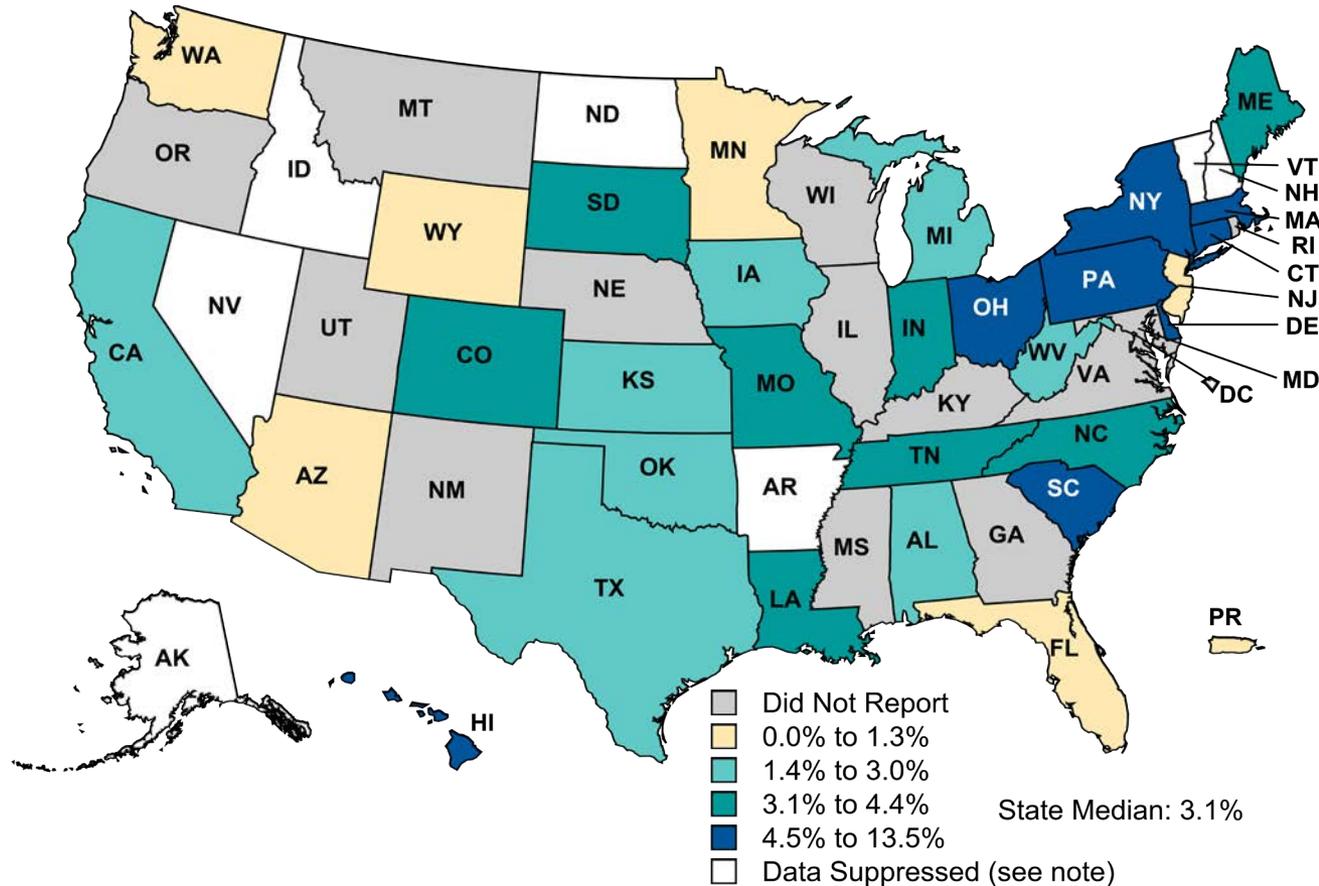
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Contraceptive Care: Postpartum Women Ages 15 to 20: LARC 3-days Postpartum (continued)

Geographic Variation in the Percentage of Postpartum Women Ages 15 to 20 who had a Live Birth and who were Provided a Long-Acting Reversible Method of Contraception (LARC) Within 3 Days of Delivery (CCP-CH), FFY 2021 (n = 31 states)



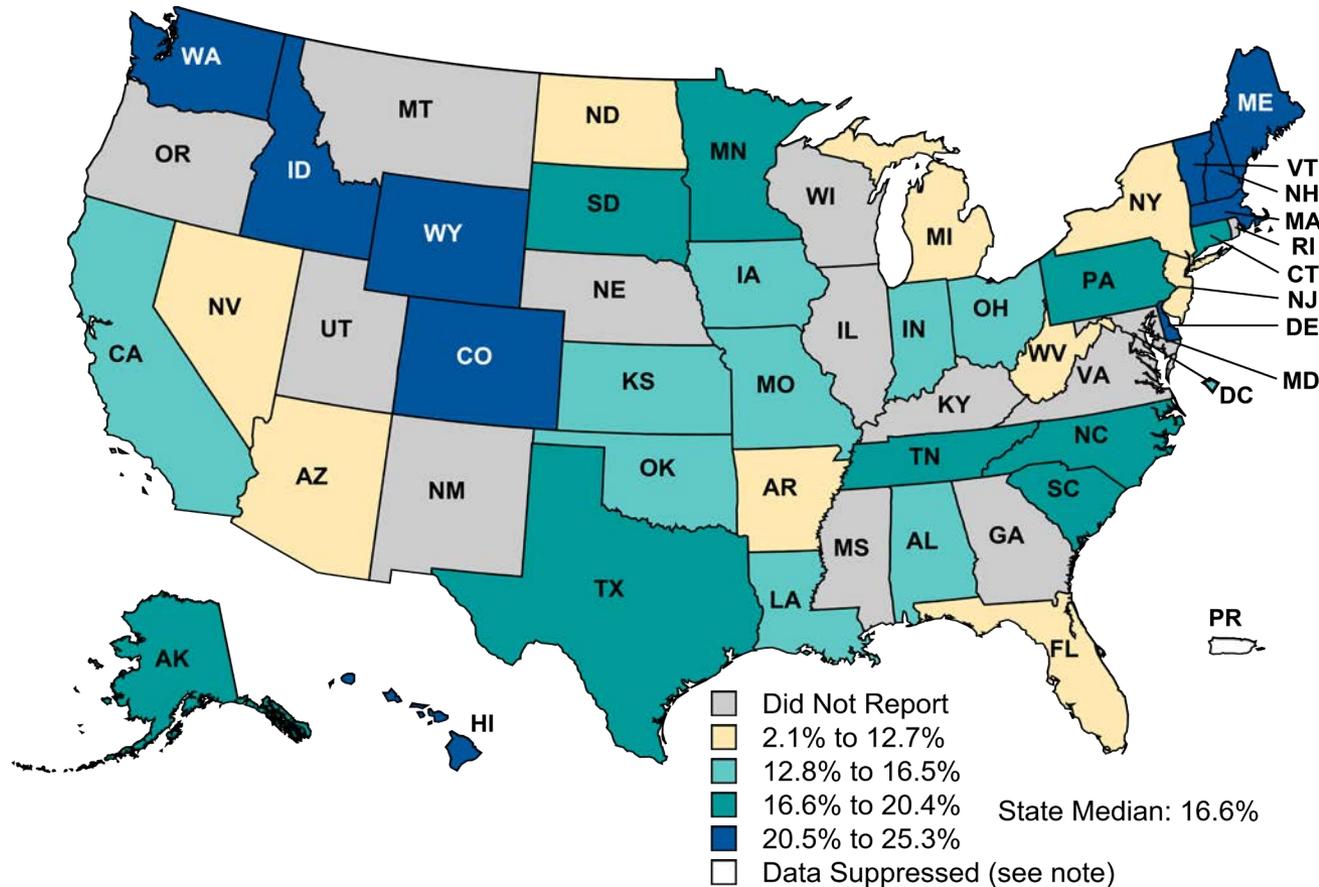
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: Data were suppressed for the LARC 3-days postpartum rate for the following states due to small cell sizes: Alaska, Arkansas, District of Columbia, Idaho, Nevada, New Hampshire, North Dakota, and Vermont. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Contraceptive Care: Postpartum Women Ages 15 to 20: LARC 60-days Postpartum (continued)

Geographic Variation in the Percentage of Postpartum Women Ages 15 to 20 who had a Live Birth and who were Provided a Long-Acting Reversible Method of Contraception (LARC) Within 60 Days of Delivery (CCP-CH), FFY 2021 (n = 38 states)



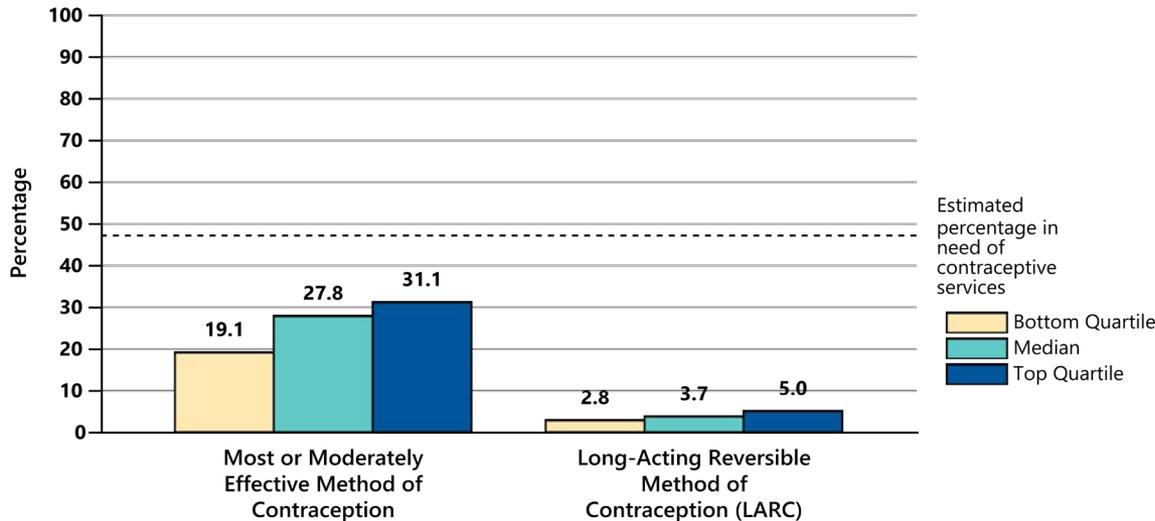
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: Data were suppressed for the LARC 60-days postpartum rate for Puerto Rico due to small cell sizes. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Contraceptive Care: All Women Ages 15 to 20

Increasing access to effective forms of contraception is a strategy for reducing unintended pregnancy. This measure assesses the percentage of women ages 15 to 20 at risk of unintended pregnancy who were provided a most or moderately effective method of contraception as well as the percentage who were provided a long-acting reversible method of contraception (LARC). The goal of this measure is to provide an indicator to assess the provision of most or moderately effective contraceptive methods and see where there is room for improvement. Research suggests that about 53 percent of women ages 15 to 20 enrolled in Medicaid are not at risk of unintended pregnancy, which should be considered when assessing the potential for improvement on this measure.¹

Percentage of All Women Ages 15 to 20 at Risk of Unintended Pregnancy who were Provided a Most Effective or Moderately Effective Method of Contraception and the Percentage who were Provided a Long-Acting Reversible Method of Contraception (LARC) (CCW-CH), FFY 2021 (n = 39 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of women ages 15 to 20 at risk of unintended pregnancy who were provided: (1) a most effective or moderately effective method of contraception; (2) a long-acting reversible method of contraception (LARC). When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

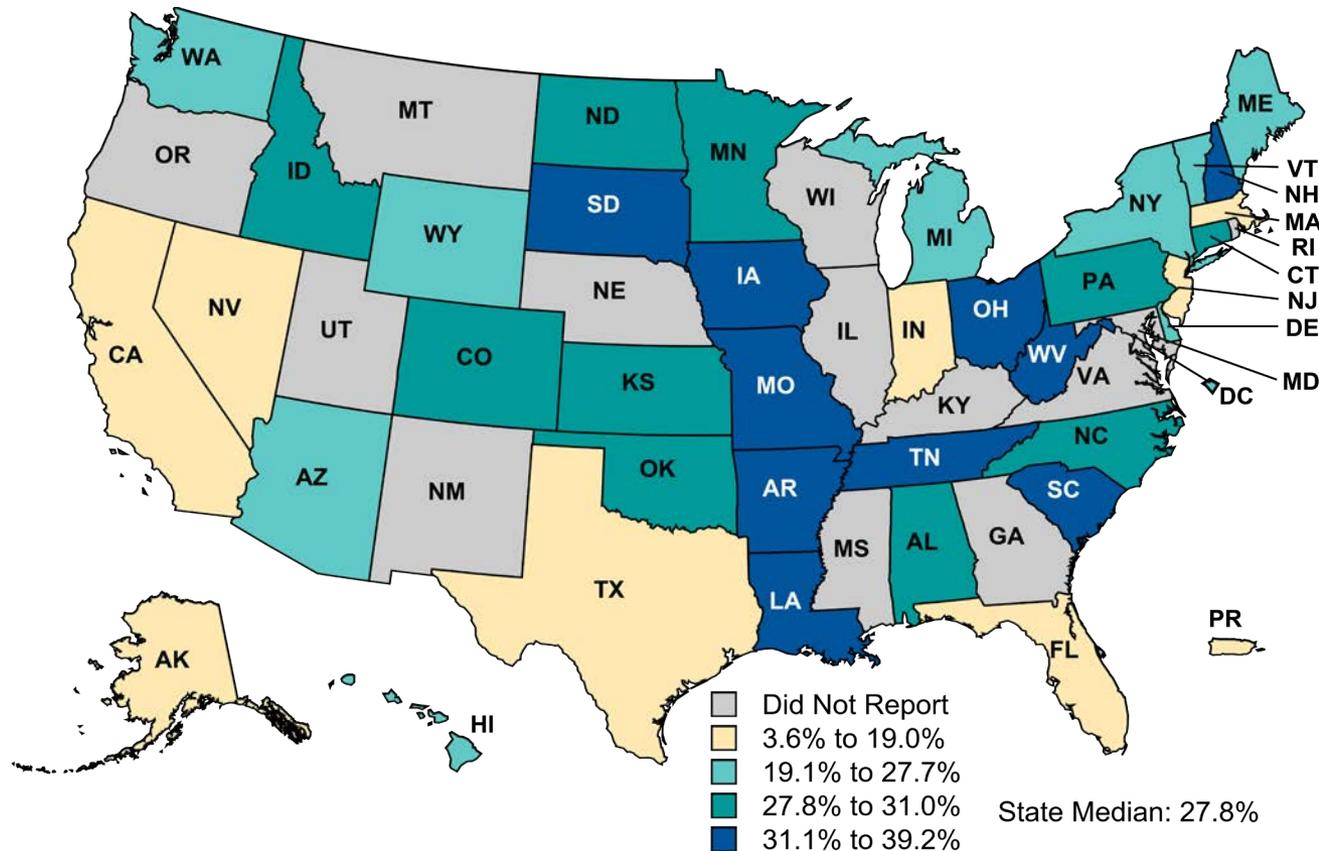
¹ More information is available at: <https://opa.hhs.gov/sites/default/files/2020-07/interpreting-rates-for-contraceptive-care-measures.pdf>.

Among women ages 15 to 20 at risk of unintended pregnancy, a median of **28** percent received a most or moderately effective method of contraception (39 states)



Contraceptive Care: All Women Ages 15 to 20: Most or Moderately Effective Method of Contraception (continued)

Geographic Variation in the Percentage of All Women Ages 15 to 20 at Risk of Unintended Pregnancy who were Provided a Most Effective or Moderately Effective Method of Contraception (CCW-CH), FFY 2021 (n = 39 states)



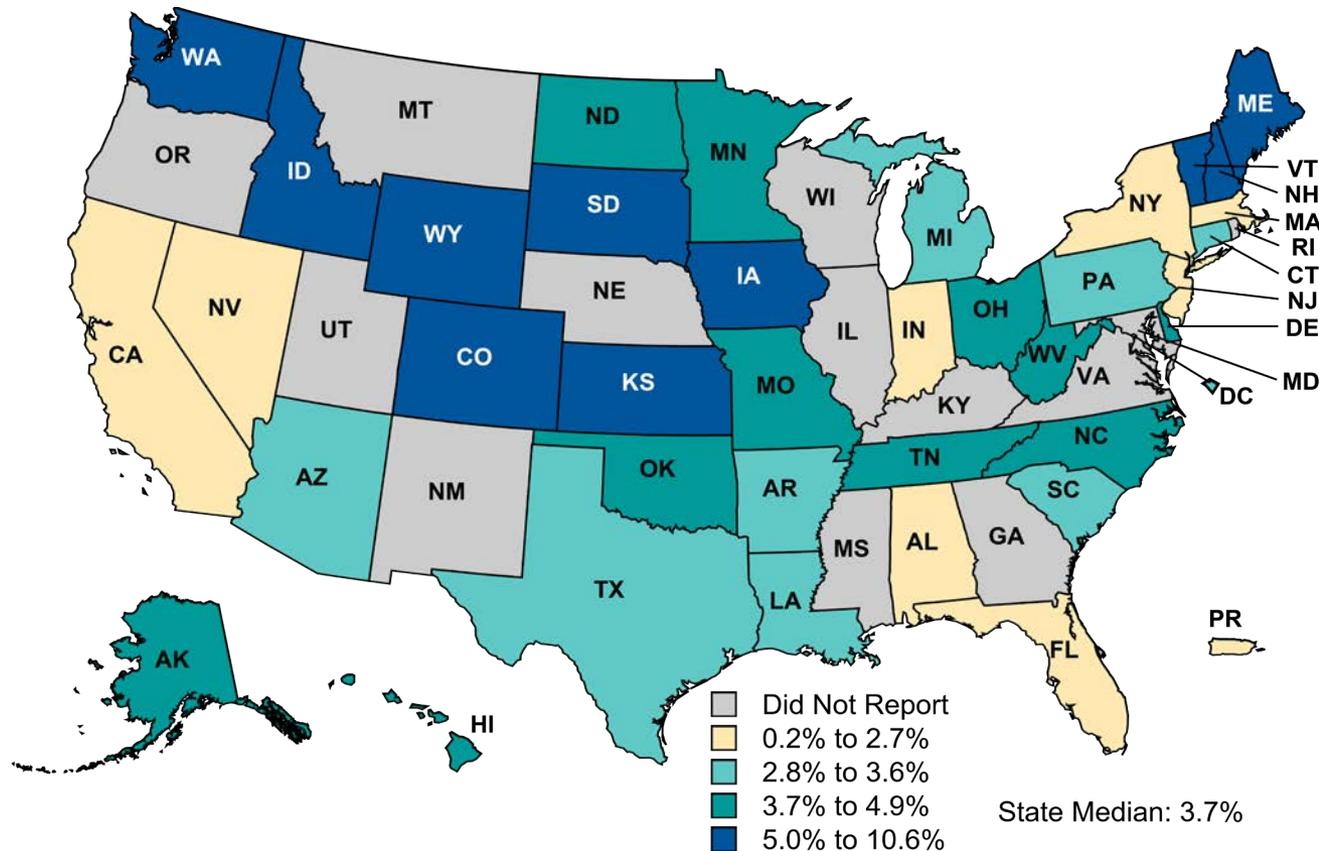
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Contraceptive Care: All Women Ages 15 to 20: LARC (continued)

Geographic Variation in the Percentage of All Women Ages 15 to 20 at Risk of Unintended Pregnancy who were Provided a Long-Acting Reversible Method of Contraception (LARC) (CCW-CH), FFY 2021 (n = 39 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Care of Acute and Chronic Conditions

The extent to which children receive safe, timely, and effective care for acute and chronic conditions is a key indicator of the quality of care provided in Medicaid and CHIP. Visits for routine screening and monitoring play an important role in managing the health care needs of people with acute and chronic conditions, potentially avoiding or slowing disease progression, and reducing costly avoidable hospital admissions and emergency department visits. Children covered by Medicaid have higher rates of physical, developmental, and intellectual health problems than privately insured children.¹ Ensuring that children receive timely, quality care may reduce the need for more costly care later and improve their chances of leading healthy, productive lives.

Two Child Core Set measures of the care of acute and chronic conditions were available for analysis for FFY 2021.

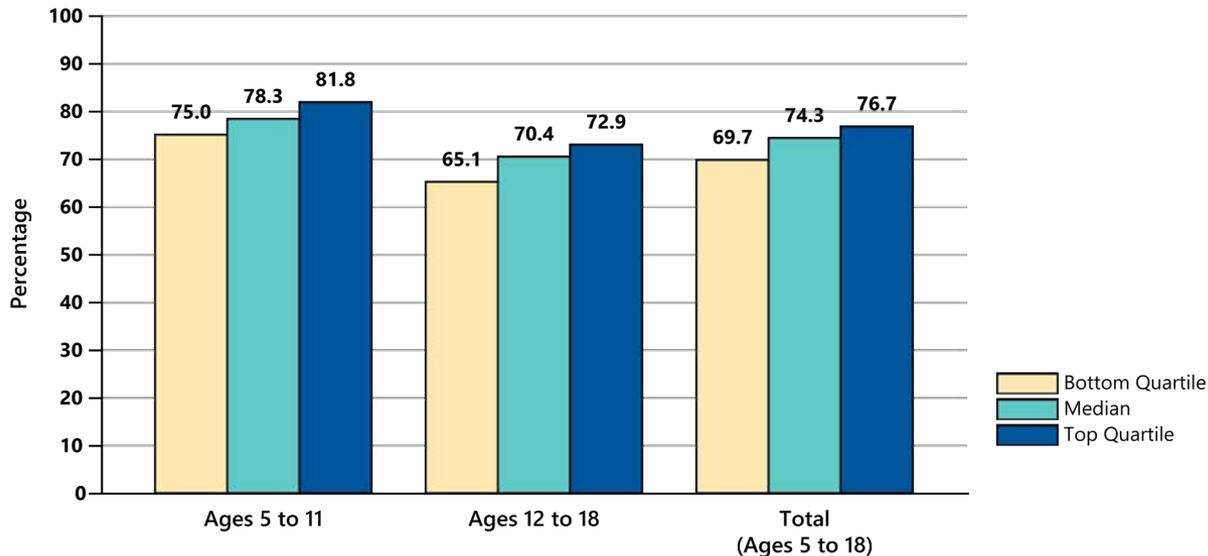
- Asthma Medication Ratio: Ages 5 to 18
- Ambulatory Care: Emergency Department Visits

¹ <https://firstfocus.org/wp-content/uploads/2014/05/Medicaid-Works.pdf>.

Asthma Medication Ratio: Ages 5 to 18

Asthma affects more than 4 million children under age 18 in the United States. Uncontrolled asthma among children can result in emergency department (ED) visits, hospitalizations, lost school days, and a higher risk of falling behind in school. The National Heart Lung and Blood Institute recommends long-term asthma control medications for children with persistent asthma. This measure assesses the percentage of children with persistent asthma who were dispensed appropriate asthma controller medications.

Percentage of Children Ages 5 to 18 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater (AMR-CH), FFY 2021 (n = 45 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of children and adolescents ages 5 to 18 who were identified as having persistent asthma and who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. Three rates are reported: (1) ages 5 to 11; (2) ages 12 to 18; and (3) a total rate for ages 5 to 18. This chart excludes Puerto Rico, which reported the measure but did not use Child Core Set specifications to calculate the measure. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

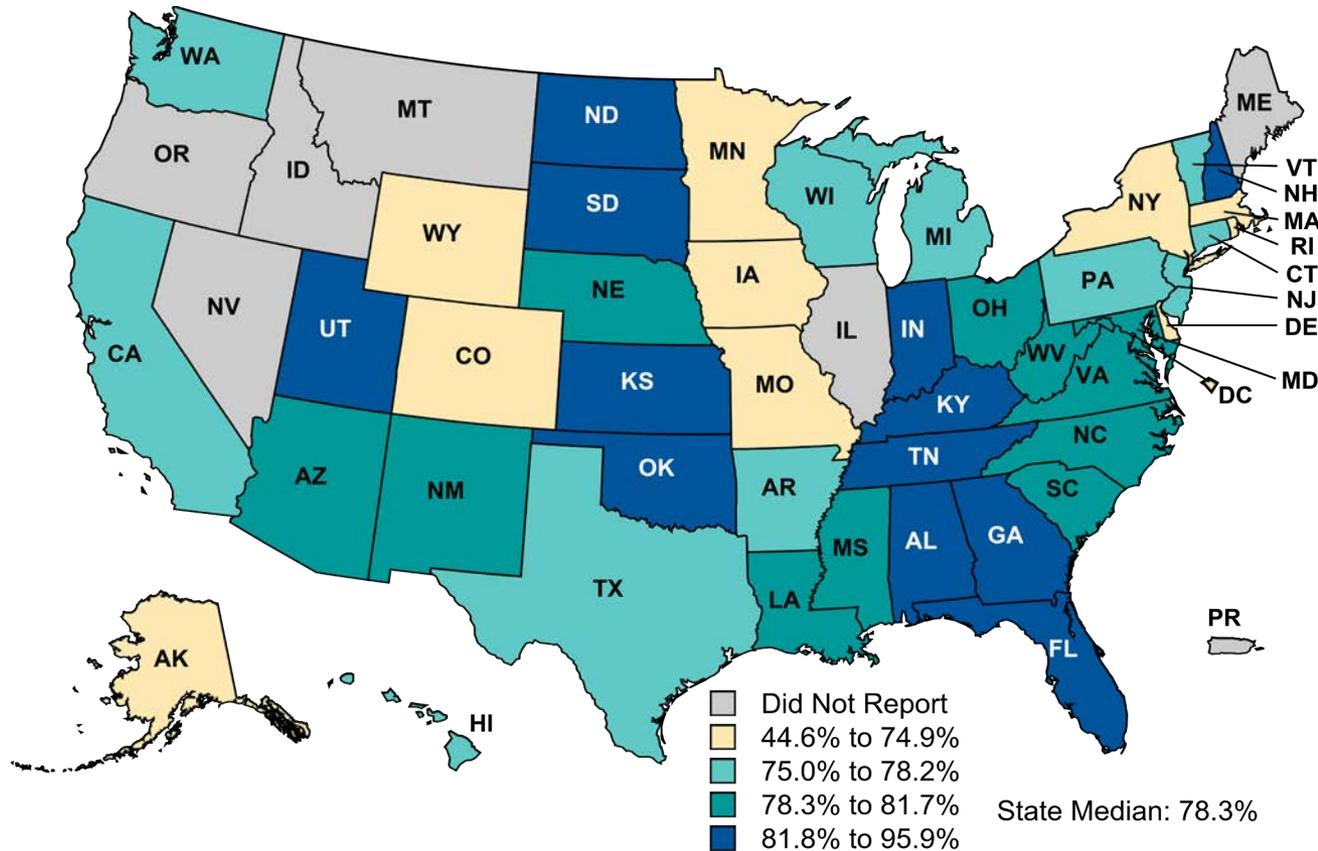
A median of

74

percent of children ages 5 to 18 with persistent asthma had a ratio of controller medications to total asthma medications of 0.50 or greater (45 states)

Asthma Medication Ratio: Ages 5 to 11 (continued)

Geographic Variation in the Percentage of Children Ages 5 to 11 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater (AMR-CH), FFY 2021 (n = 45 states)



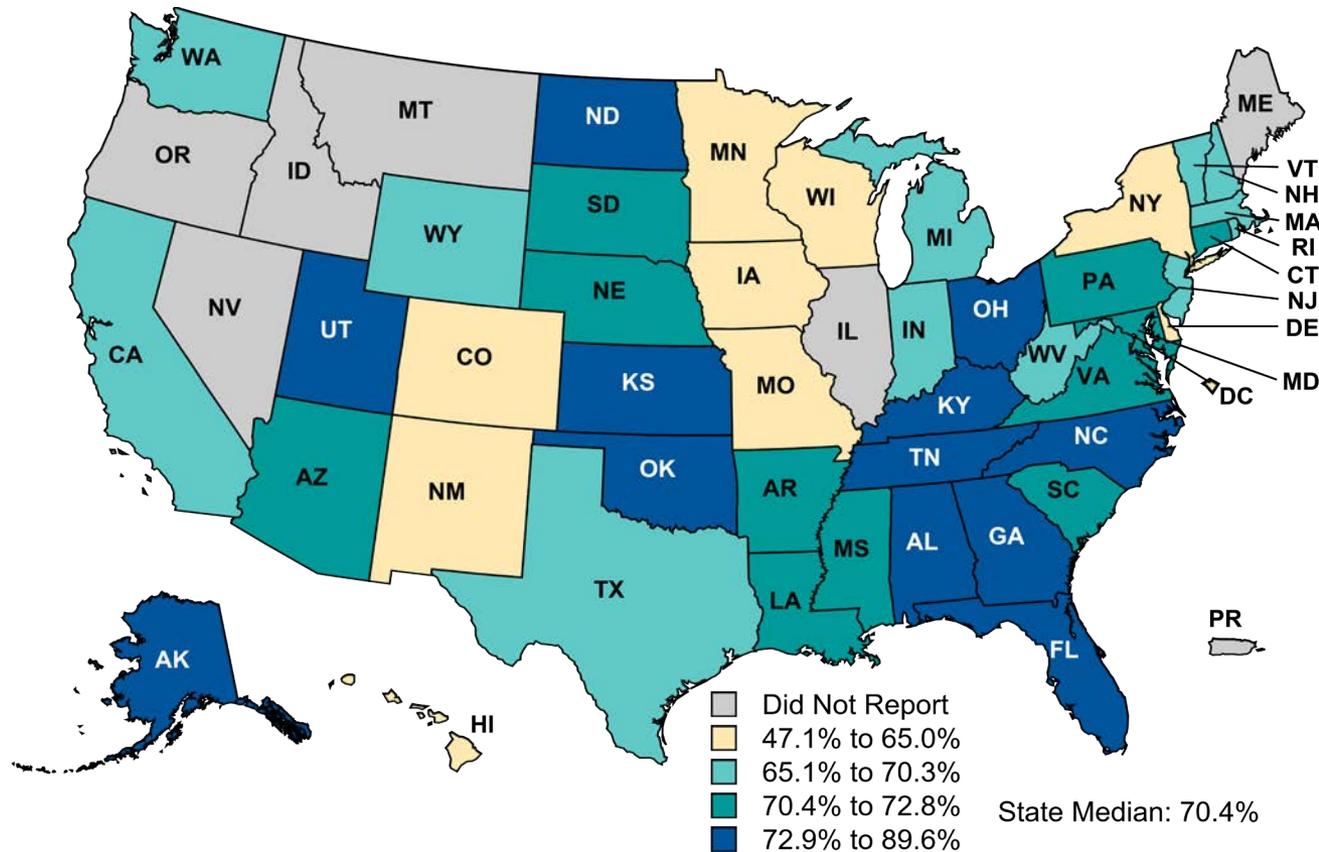
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This chart excludes Maine, which reported the measure but did not provide data for the Ages 5 to 11 rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Asthma Medication Ratio: Ages 12 to 18 (continued)

Geographic Variation in the Percentage of Children Ages 12 to 18 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater (AMR-CH), FFY 2021 (n = 45 states)



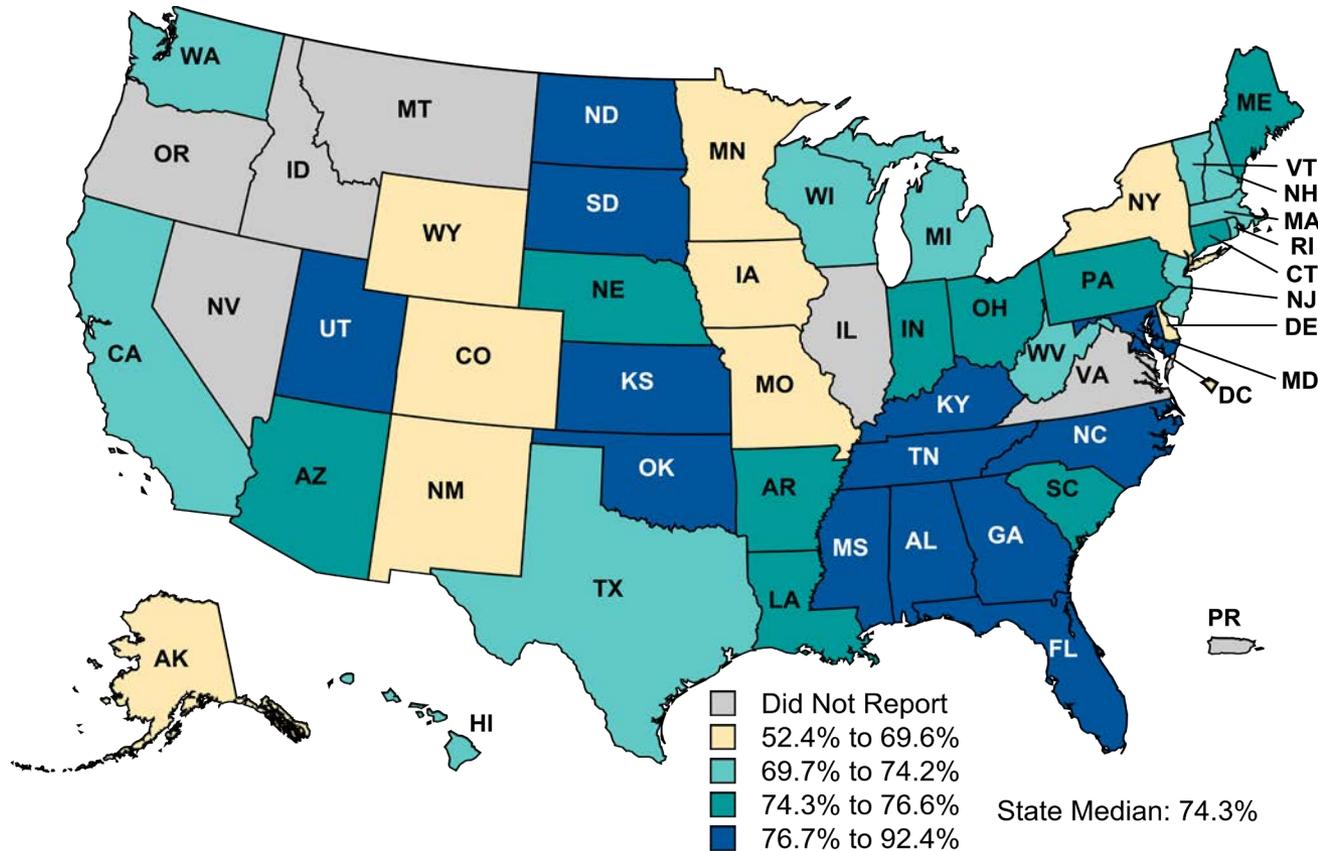
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This chart excludes Maine, which reported the measure but did not provide data for the Ages 12 to 18 rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Asthma Medication Ratio: Ages 5 to 18 (continued)

Geographic Variation in the Percentage of Children Ages 5 to 18 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater (AMR-CH), FFY 2021 (n = 45 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

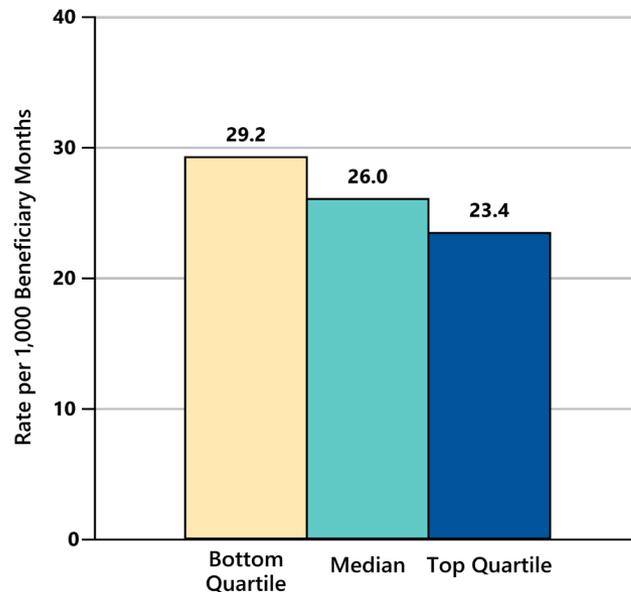
Notes: This chart excludes Virginia, which reported the measure but did not provide data for the Total (Ages 5 to 18) rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Ambulatory Care: Emergency Department (ED) Visits

Unnecessary visits to a hospital ED may indicate lack of access to more appropriate sources of medical care, such as primary care providers or specialists. Excessive visits to the ED can result in overcrowding and increased ED wait time. Understanding the rate of ED visits among children covered by Medicaid and CHIP can help states identify strategies to improve access to and utilization of appropriate sources of care.

Rate of Emergency Department Visits per 1,000 Beneficiary Months for Children Ages 0 to 19 (AMB-CH), FFY 2021 (n = 46 states) [Lower rates are better]



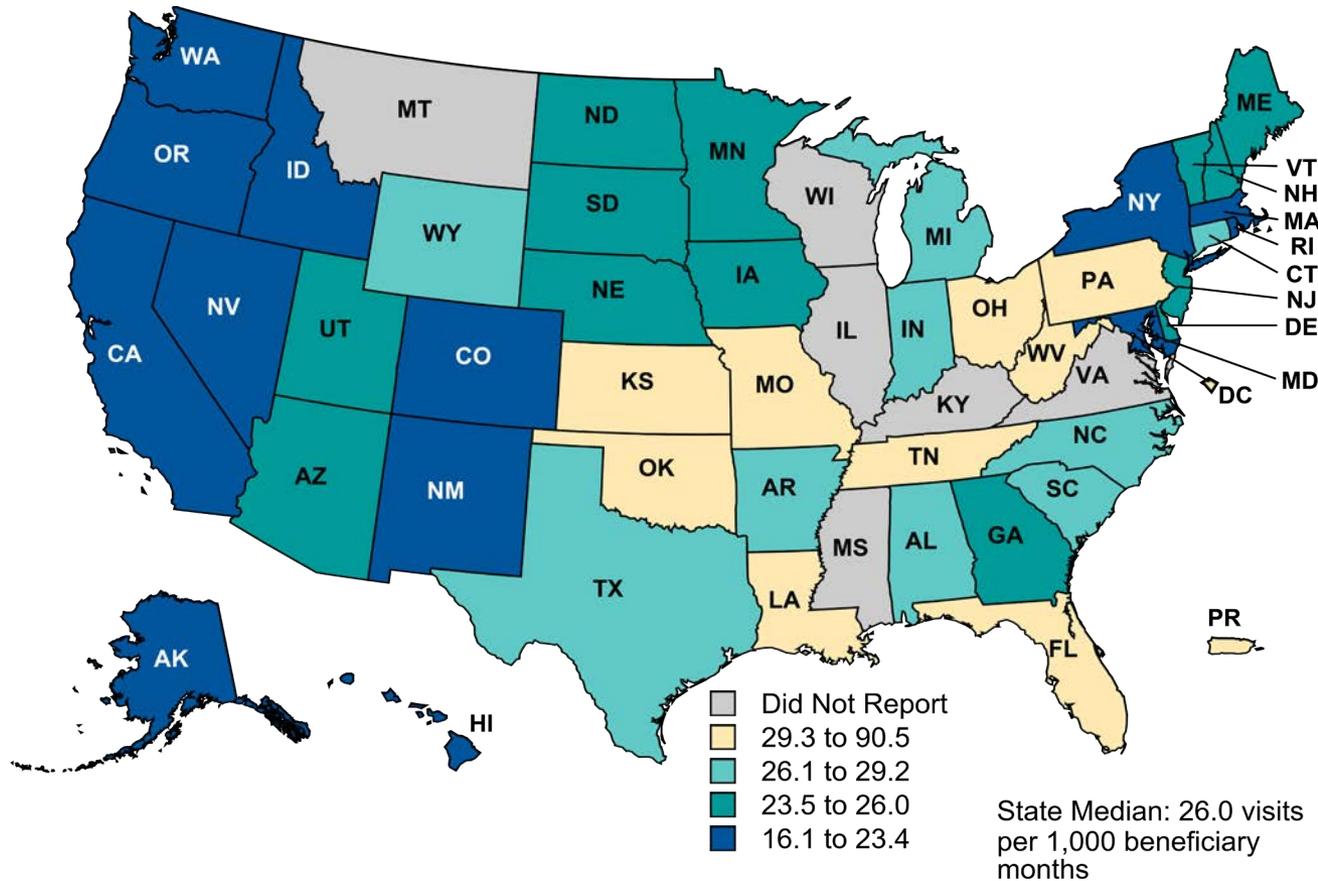
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This measure shows the rate of emergency department visits per 1,000 beneficiary months among children up to age 19. This chart excludes Virginia, which calculated the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Children ages 0 to 19 had a median of **26** emergency department visits per 1,000 beneficiary months (46 states)

Ambulatory Care: Emergency Department (ED) Visits (continued)

Geographic Variation in the Rate of Emergency Department Visits per 1,000 Beneficiary Months for Children Ages 0 to 19 (AMB-CH), FFY 2021 (n = 46 states) [Lower rates are better]



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This chart excludes Virginia, which calculated the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Behavioral Health Care

As the single largest payers for mental health services in the United States, Medicaid and CHIP play an important role in providing behavioral health care and monitoring the effectiveness of that care. For the purpose of the Child Core Set, the term “behavioral health care” refers to treatment of mental health conditions and other behavioral conditions, such as attention-deficit/hyperactivity disorder (ADHD). Improvement of benefit design and service delivery for behavioral health care in Medicaid and CHIP is a high priority for CMS, in collaboration with other federal agencies, states, providers, and consumers.

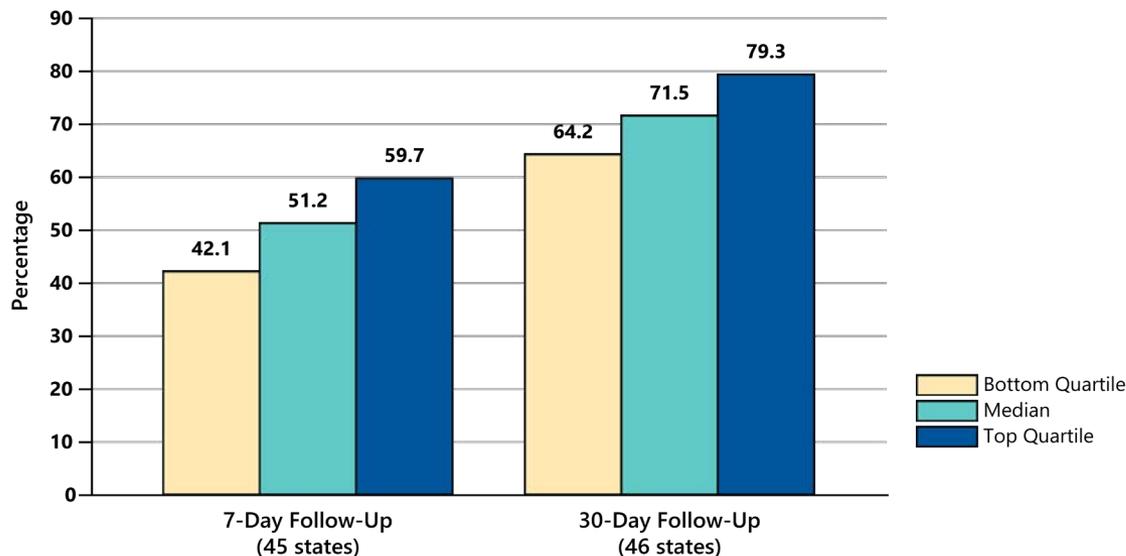
Four Child Core Set measures of behavioral health care were available for analysis for FFY 2021.

- Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17
- Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
- Metabolic Monitoring for Children and Adolescents on Antipsychotics

Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17

Follow-up care after hospitalization for mental illness or intentional self-harm helps improve health outcomes and prevent readmissions in the days following discharge from inpatient mental health treatment. Recommended post-discharge treatment includes a visit with an outpatient mental health provider within 30 days after discharge but ideally, within 7 days after discharge.

Percentage of Discharges for Children Ages 6 to 17 Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit with a Mental Health Provider within 7 and 30 Days After Discharge (FUH-CH), FFY 2021



Source: Mathematica analysis of QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

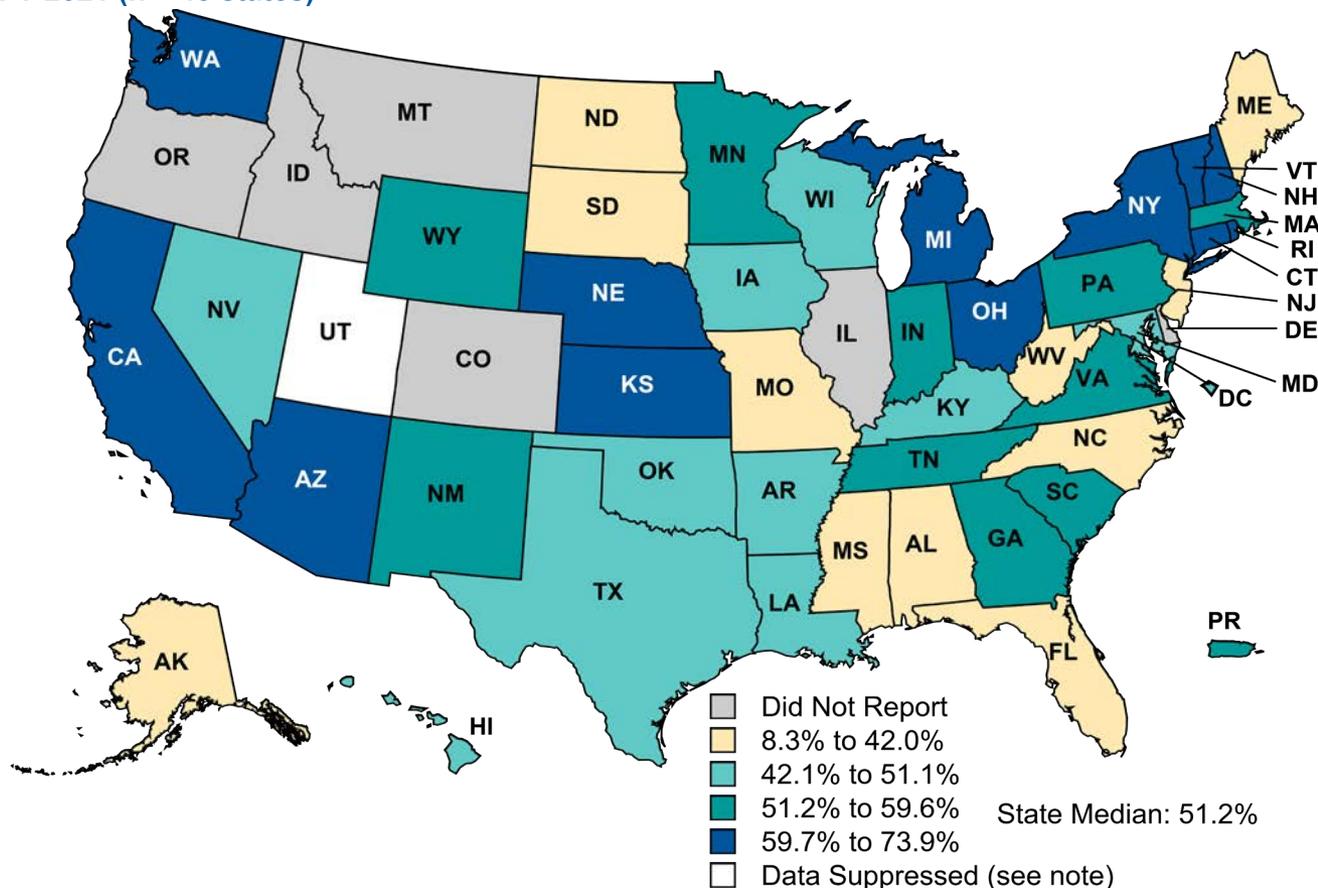
Notes: This measure shows the percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported: (1) the percentage of discharges for which the beneficiary received follow-up within 7 days after discharge; and (2) the percentage of discharges for which the beneficiary received follow-up within 30 days after discharge. This chart excludes Oregon, which reported the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

A median of **51** percent of discharges for children ages 6 to 17 who were hospitalized for treatment of mental illness or intentional self-harm and had a follow-up visit within 7 days after discharge (45 states) and

72 percent had a follow-up visit within 30 days after discharge (46 states)

Follow-Up After Hospitalization for Mental Illness Within 7 Days After Discharge (continued)

Geographic Variation in the Percentage of Discharges for Children Ages 6 to 17 Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit with a Mental Health Provider within 7 Days After Discharge (FUH-CH), FFY 2021 (n = 45 states)



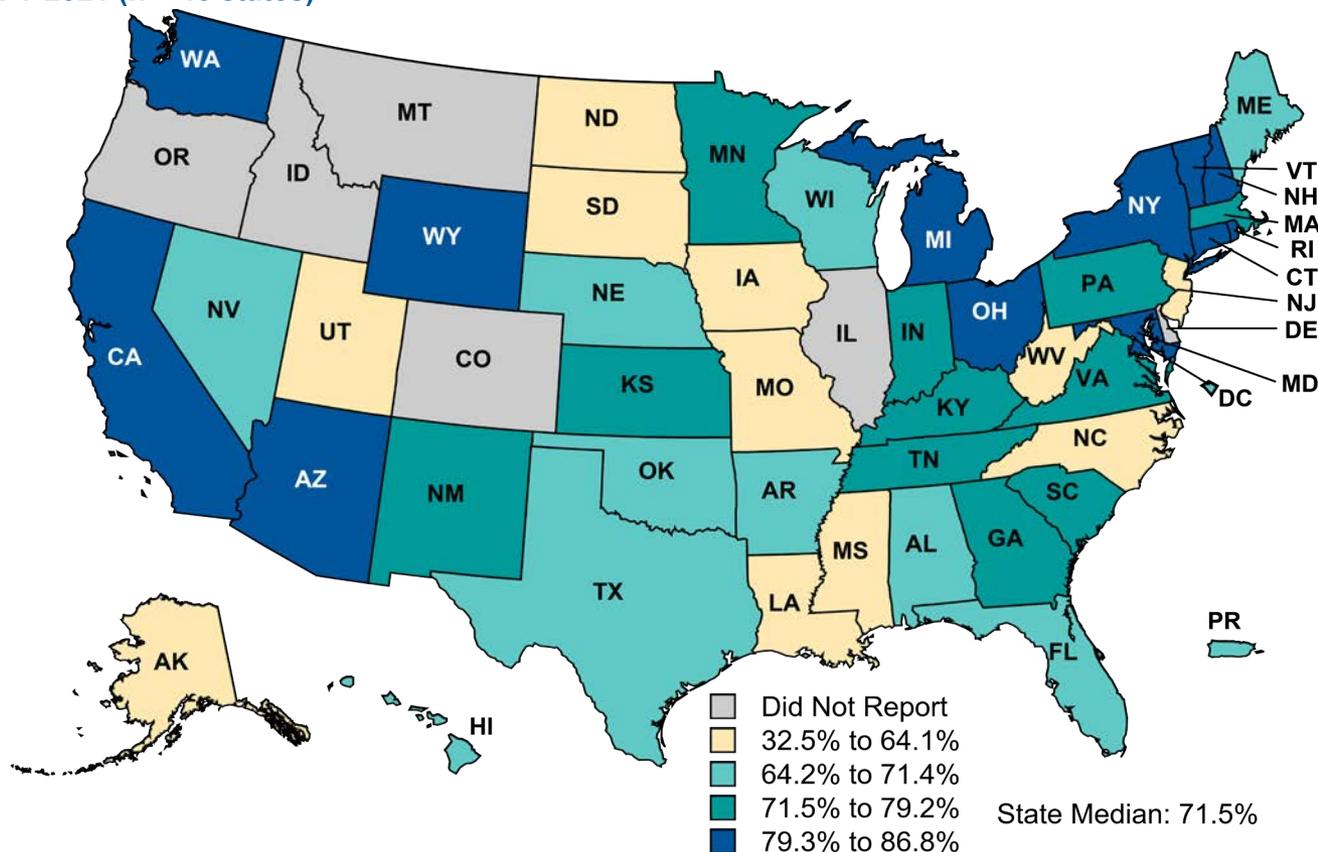
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This chart excludes Oregon, which reported the measure but did not use Child Core Set specifications. Data were suppressed for the 7-day follow-up rate for Utah due to small cell sizes. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Follow-Up After Hospitalization for Mental Illness Within 30 Days After Discharge (continued)

Geographic Variation in the Percentage of Discharges for Children Ages 6 to 17 Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit with a Mental Health Provider within 30 Days After Discharge (FUH-CH), FFY 2021 (n = 46 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

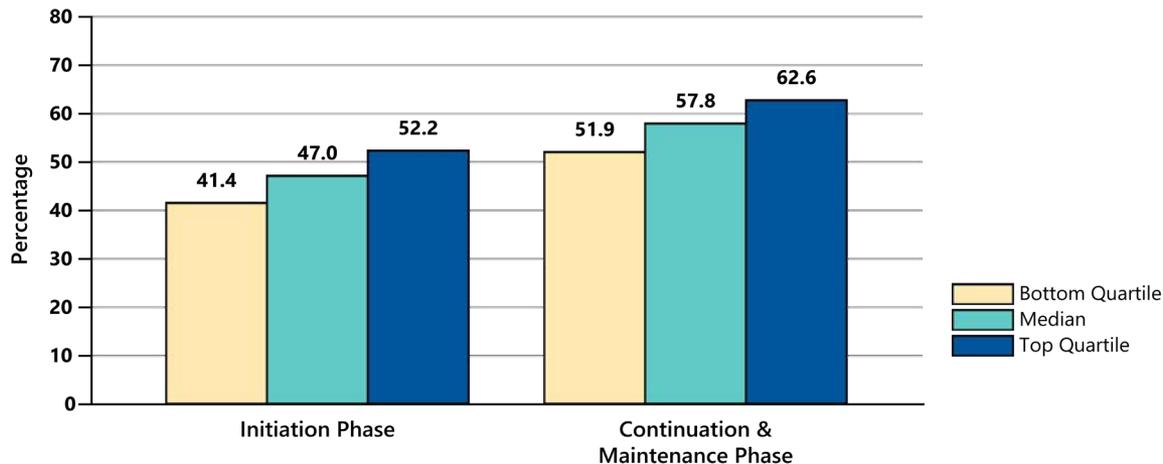
Notes: This chart excludes Oregon, which reported the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication

ADHD is a common chronic condition among school-age children that is often treated with medication. Follow-up care for children prescribed ADHD medication is an indicator of the continuity of care for children with a chronic behavioral health condition. Among those newly prescribed an ADHD medication, clinical guidelines recommend a follow-up visit within the first 30 days (the Initiation Phase) for medication management. Among those remaining on ADHD medication, two additional visits are recommended during the 9-month Continuation and Maintenance Phase for ongoing medication management and assessment of the child's functioning.

Percentage of Children Ages 6 to 12 Newly Prescribed Medication for ADHD who had at Least One Visit During the 30-Day Initiation Phase and at Least Two Visits During the 9-Month Continuation and Maintenance Phase (ADD-CH), FFY 2021 (n = 48 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of children ages 6 to 12 who were newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication and who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispersed. Two rates are reported: (1) the percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase; and (2) the percentage of children who remained on the medication for at least 210 days after the Initiation Phase ended and who had at least two additional follow-up visits within 270 days (9 months) during the Continuation and Maintenance phase. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

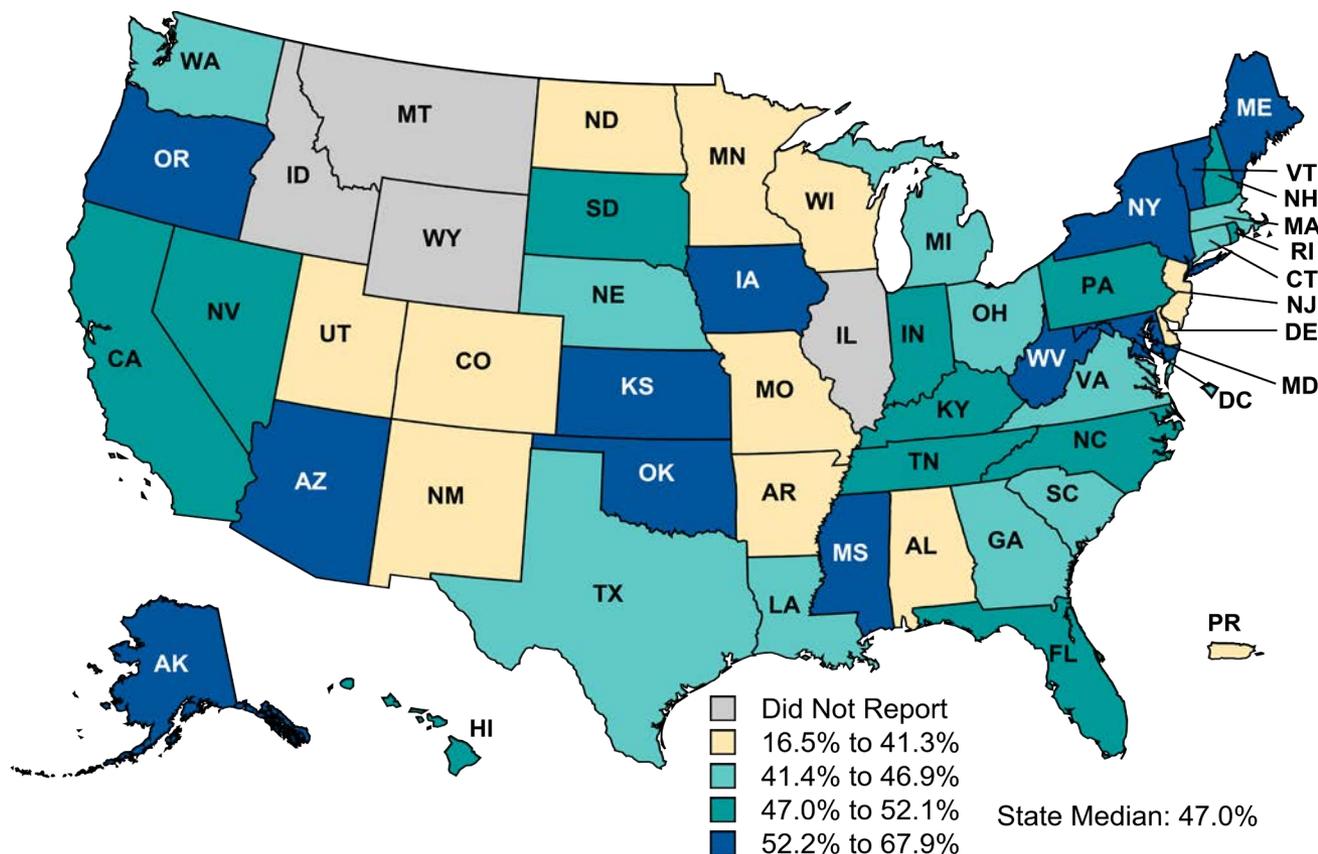
A median of **47** percent of children ages 6 to 12 newly prescribed ADHD medication had a follow-up visit during the 30-day initiation phase and

58 percent had at least two follow-up visits during the 9-month continuation and maintenance phase (48 states)



Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication: Initiation Phase (continued)

Geographic Variation in the Percentage of Children Ages 6 to 12 Newly Prescribed Medication for ADHD who had at Least One Visit During the 30-Day Initiation Phase (ADD-CH), FFY 2021 (n = 48 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

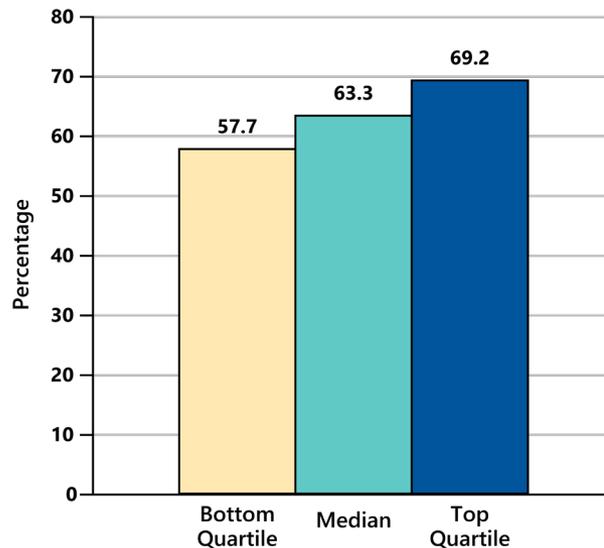
Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

To avoid the risks associated with unnecessary use of antipsychotic medications, psychosocial care is recommended as the first-line treatment for most psychiatric conditions in children and adolescents. This measure assesses whether children and adolescents with conditions for which antipsychotic medications are not indicated had documentation of psychosocial care as first-line treatment before being prescribed an antipsychotic medication.

Percentage of Children and Adolescents Ages 1 to 17 who had a New Prescription for an Antipsychotic Medication and had Documentation of Psychosocial Care as First-Line Treatment (APP-CH), FFY 2021 (n = 42 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. Data were suppressed for Puerto Rico due to small cell sizes. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

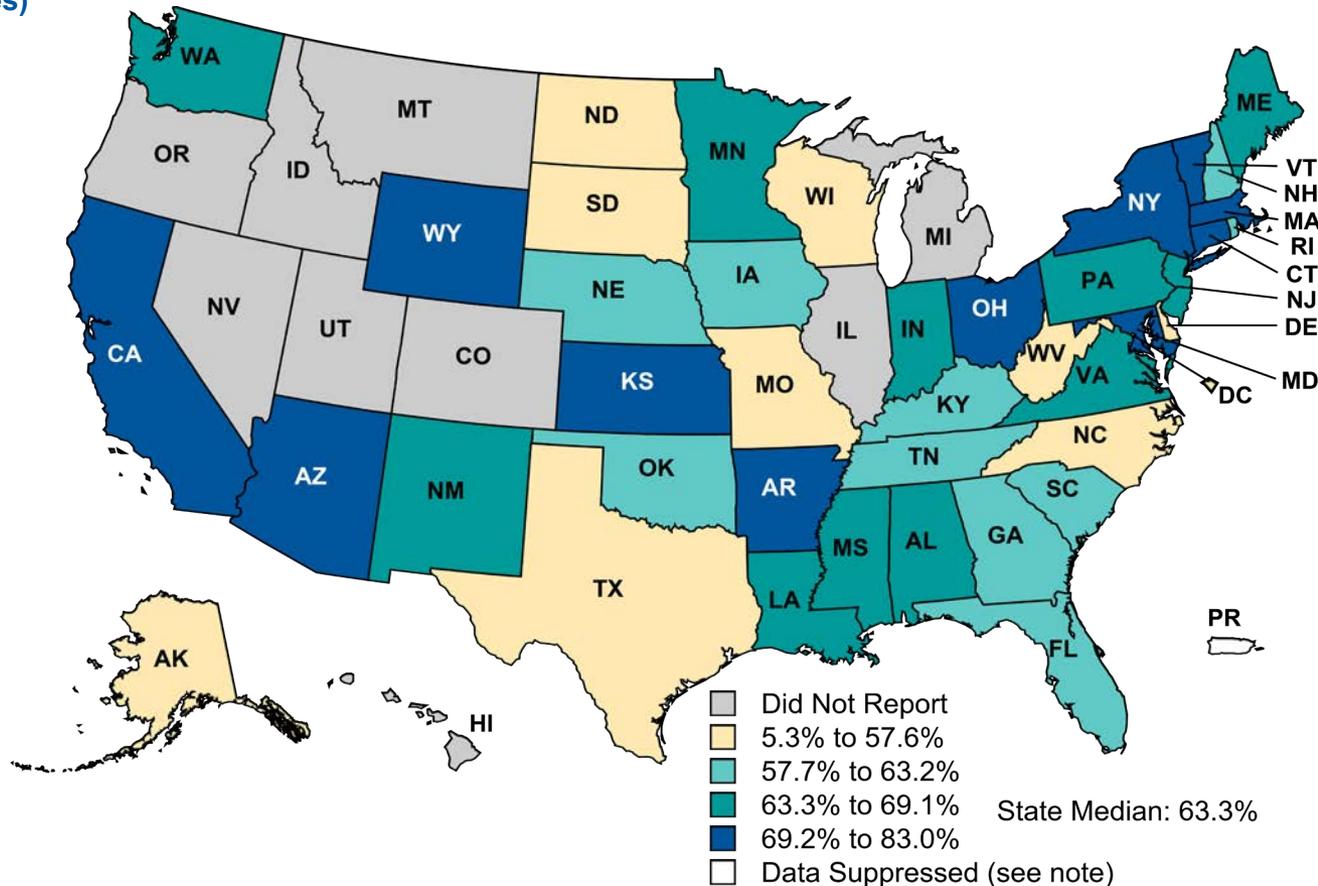
A median of

63

percent of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication had documentation of psychosocial care as first-line treatment (42 states)

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (continued)

Geographic Variation in the Percentage of Children and Adolescents Ages 1 to 17 who had a New Prescription for an Antipsychotic Medication and had Documentation of Psychosocial Care as First-Line Treatment (APP-CH), FFY 2021 (n = 42 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

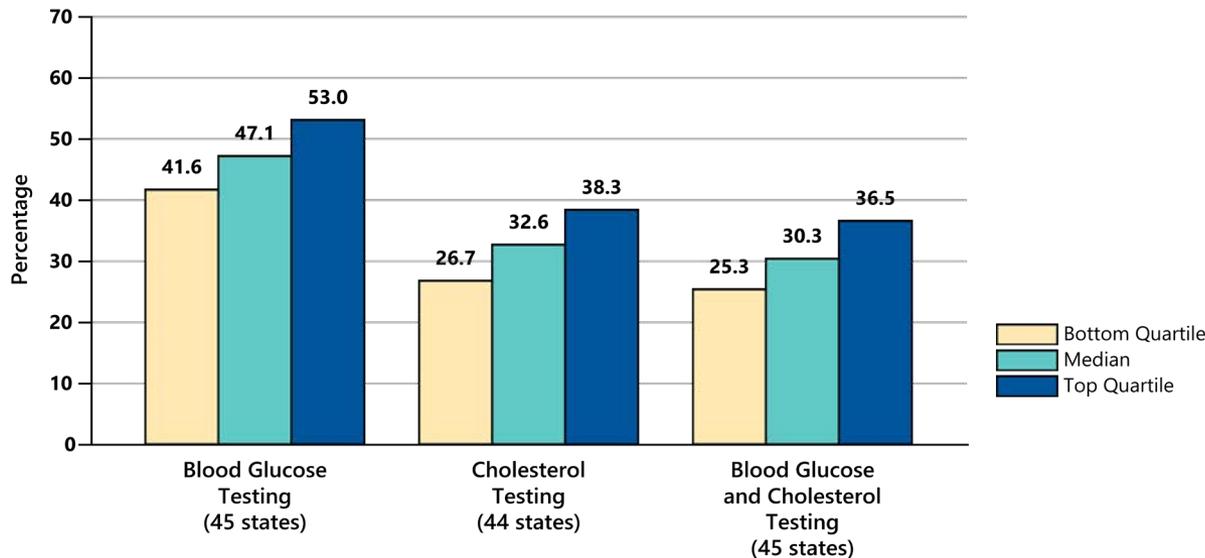
Notes: Data were suppressed for Puerto Rico due to small cell sizes. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Metabolic Monitoring for Children and Adolescents on Antipsychotics

Antipsychotic medications can elevate a child's risk for developing serious metabolic health complications and poor cardiometabolic outcomes in adulthood, including type 2 diabetes. As a result, children who are prescribed these medications should be monitored for weight and metabolic changes. This measure assesses the percentage of children and adolescents with two or more antipsychotic prescriptions who had blood glucose and cholesterol testing during the measurement year.

Percentage of Children and Adolescents Ages 1 to 17 who had Two or More Antipsychotic Prescriptions and had Metabolic Testing for Blood Glucose, Cholesterol, and Both Blood Glucose and Cholesterol (APM-CH), FFY 2021



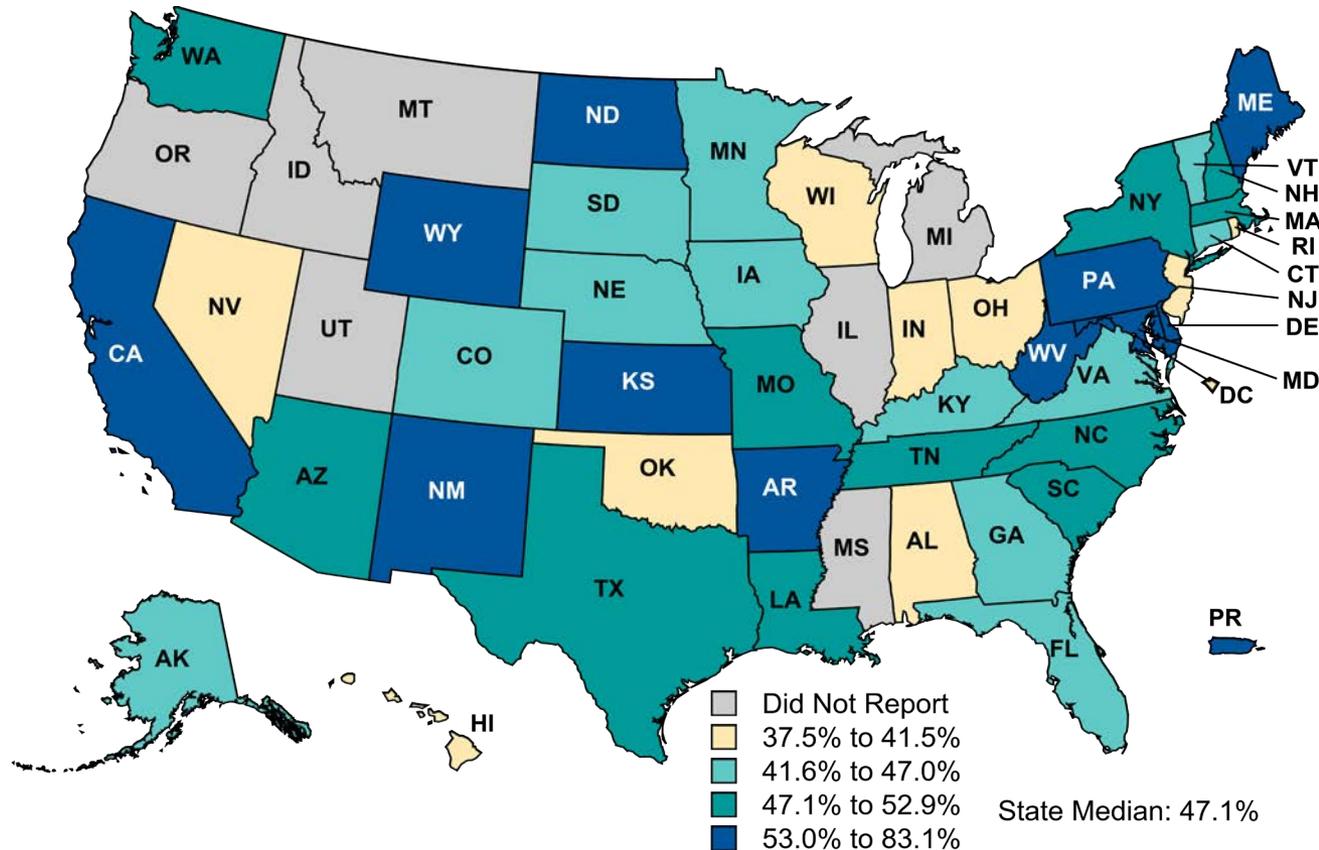
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions and had metabolic testing during the measurement year. Three rates are reported: (1) the percentage who received blood glucose testing; (2) the percentage who received cholesterol testing; and (3) the percentage who received both blood glucose and cholesterol testing. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

A median of **30** percent of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions had metabolic testing for both blood glucose and cholesterol (45 states)

Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose Testing (continued)

Geographic Variation in the Percentage of Children and Adolescents Ages 1 to 17 who had Two or More Antipsychotic Prescriptions and had Metabolic Testing for Blood Glucose (APM-CH), FFY 2021 (n = 45 states)



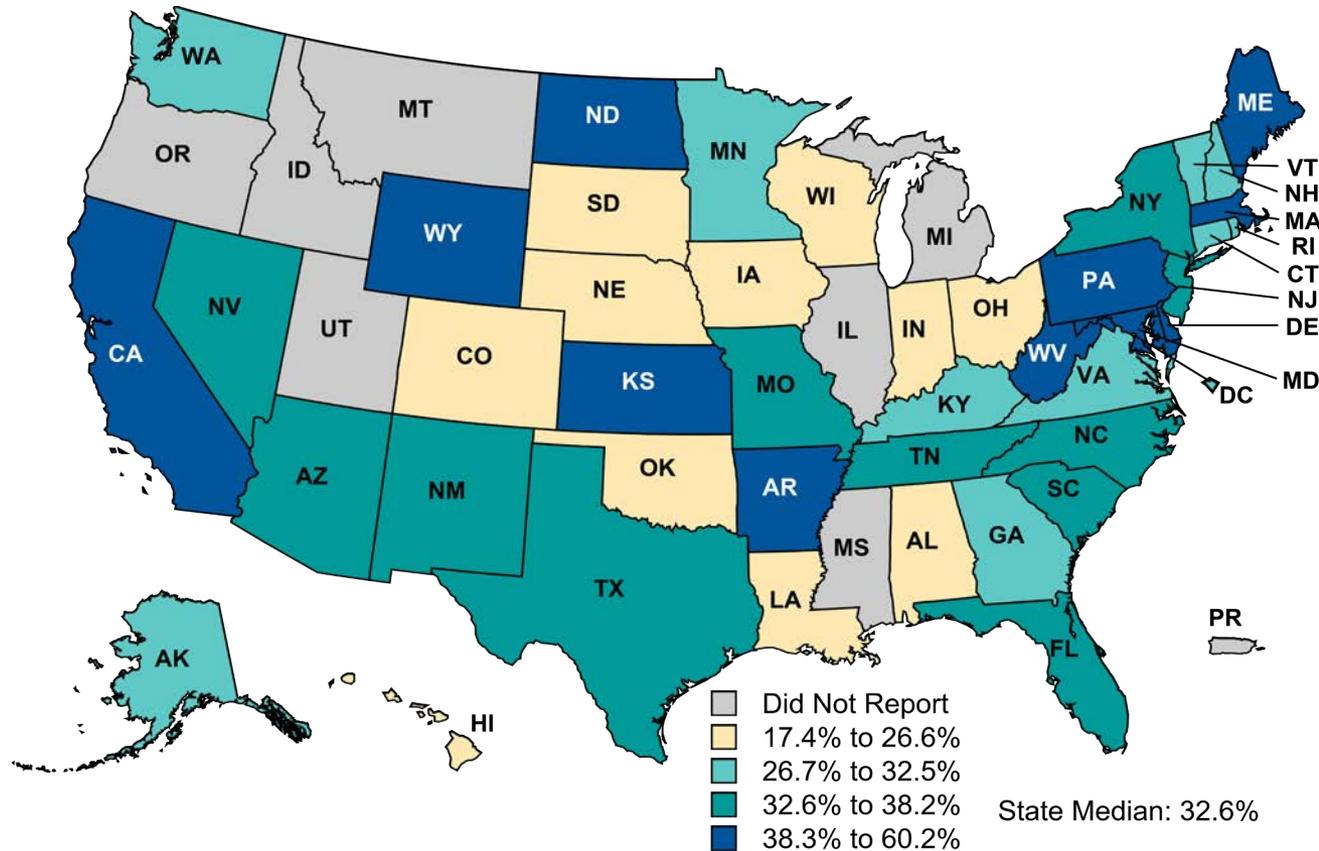
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Metabolic Monitoring for Children and Adolescents on Antipsychotics: Cholesterol Testing (continued)

Geographic Variation in the Percentage of Children and Adolescents Ages 1 to 17 who had Two or More Antipsychotic Prescriptions and had Metabolic Testing for Cholesterol (APM-CH), FFY 2021 (n = 44 states)



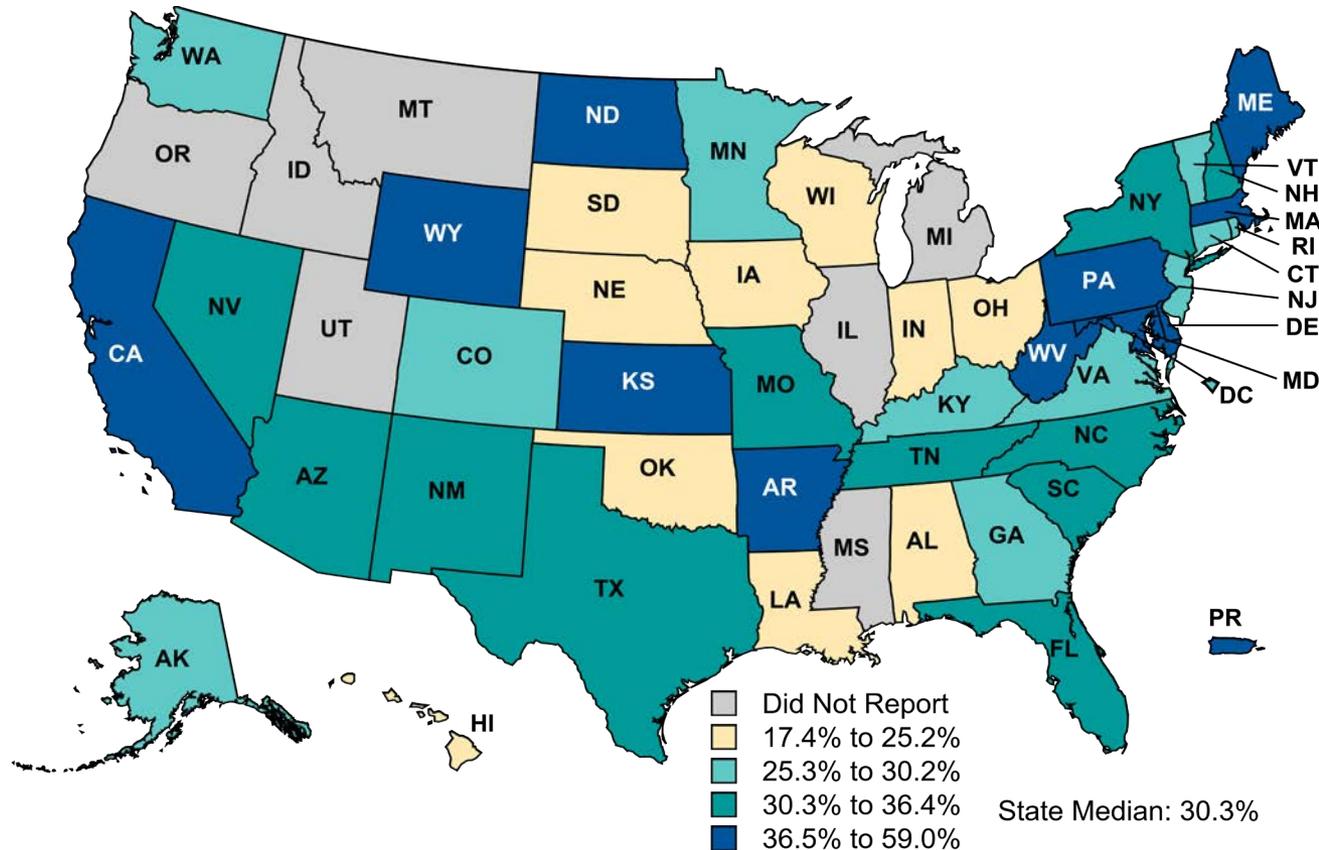
Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Notes: This chart excludes Puerto Rico, which reported the measure but did not provide data for the Cholesterol testing rate. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Metabolic Monitoring for Children and Adolescents on Antipsychotics: Blood Glucose and Cholesterol Testing (continued)

Geographic Variation in the Percentage of Children and Adolescents Ages 1 to 17 who had Two or More Antipsychotic Prescriptions and had Metabolic Testing for Blood Glucose and Cholesterol (APM-CH), FFY 2021 (n = 45 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



Dental and Oral Health Services

All children in Medicaid and CHIP have coverage for dental and oral health services. Children's oral health is important to their overall health, both in childhood and later in adulthood. Improving children's access to oral health care in Medicaid and CHIP continues to be a focus of federal and state efforts.

More information about CMS's efforts to improve the quality of dental and oral health services is available at <https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/oral-health-quality-improvement-resources/index.html>.

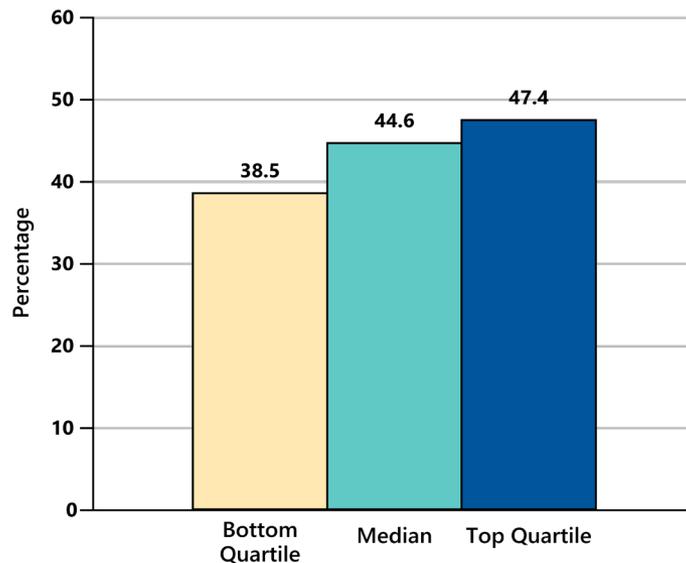
Two measures of dental and oral health services were available for analysis for FFY 2021.

- Percentage of Eligibles Who Received Preventative Dental Services
- Sealant Receipt on Permanent First Molars

Percentage of Eligibles Who Received Preventive Dental Services

Tooth decay, or dental caries, is one of the most common chronic diseases of children and is almost entirely preventable through a combination of good oral health habits at home, a healthy diet, and early and regular use of preventive dental services. This measure assesses the percentage of children ages 1 to 20 who received preventive dental services.

Percentage of Eligibles Ages 1 to 20 who Received Preventive Dental Services (PDENT-CH), FFY 2021 (n = 52 states)



A median of **45** percent of children ages 1 to 20 received preventive dental services between October 2020 and September 2021 (52 states)

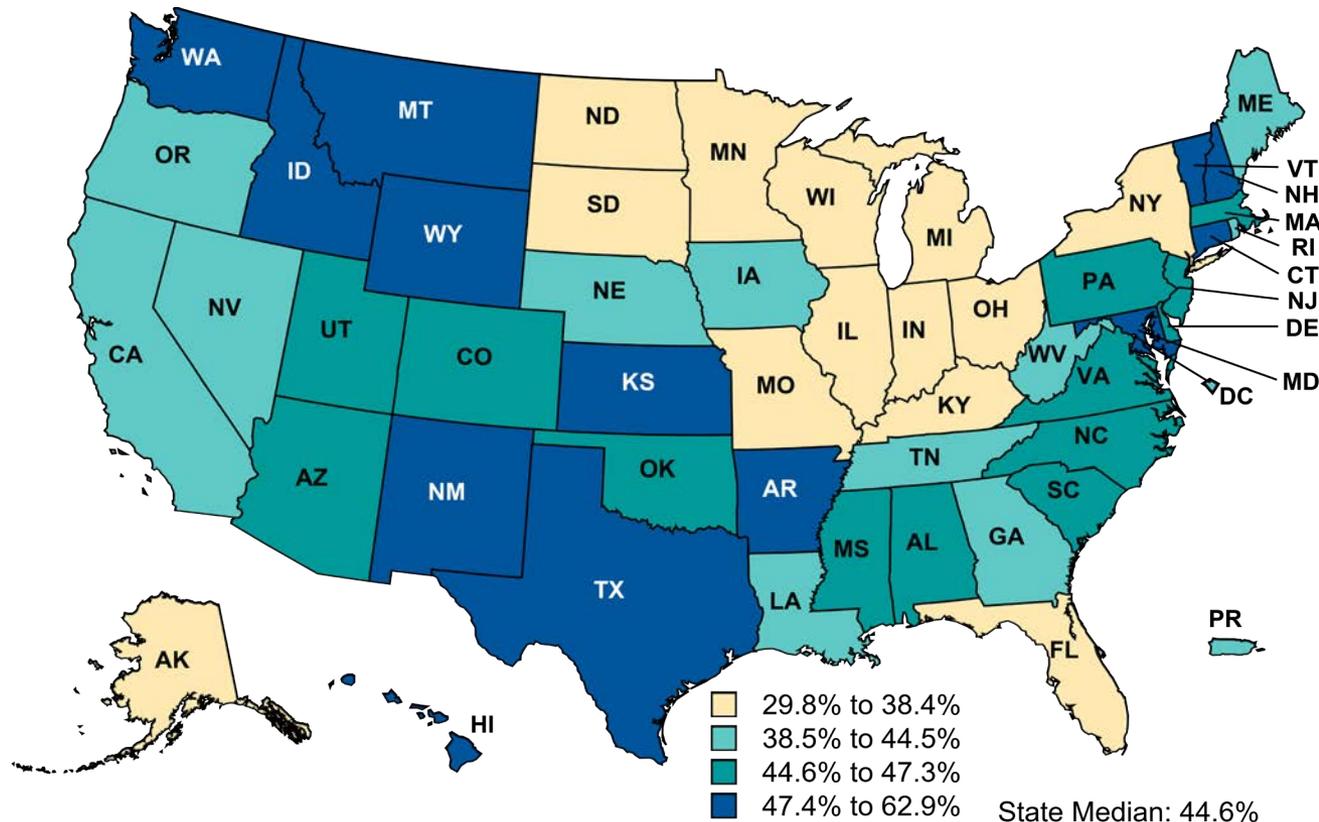
Source: Mathematica analysis of FFY 2021 Form CMS-416 reports (annual Early and Periodic Screening, Diagnostic, and Treatment [EPSDT] report), Lines 1b and 12b as of November 9, 2022. The FFY 2021 reporting cycle includes services provided between October 2020 and September 2021.

Notes: This measure shows the percentage of children and adolescents ages 1 to 20 who are enrolled in Medicaid or Medicaid expansion CHIP programs for at least 90 continuous days, are eligible for EPSDT services, and who received at least one preventive dental service during the measurement period (October 2020 to September 2021). Rates for FFY 2021 are not comparable with rates for previous years due to a data source change in some states. Some states calculated and submitted their Form CMS-416 reports, while others chose to have CMS produce their Form CMS-416 reports using Transformed Medicaid Statistical Information System (T-MSIS) data.



Percentage of Eligibles Who Received Preventive Dental Services (continued)

Geographic Variation in the Percentage of Eligibles Ages 1 to 20 who Received Preventive Dental Services (PDENT-CH), FFY 2021 (n = 52 states)



Source: Mathematica analysis of FFY 2021 Form CMS-416 reports (annual Early and Periodic Screening, Diagnostic, and Treatment [EPSDT] report), Lines 1b and 12b as of November 9, 2022. The FFY 2021 reporting cycle includes services provided between October 2020 and September 2021.

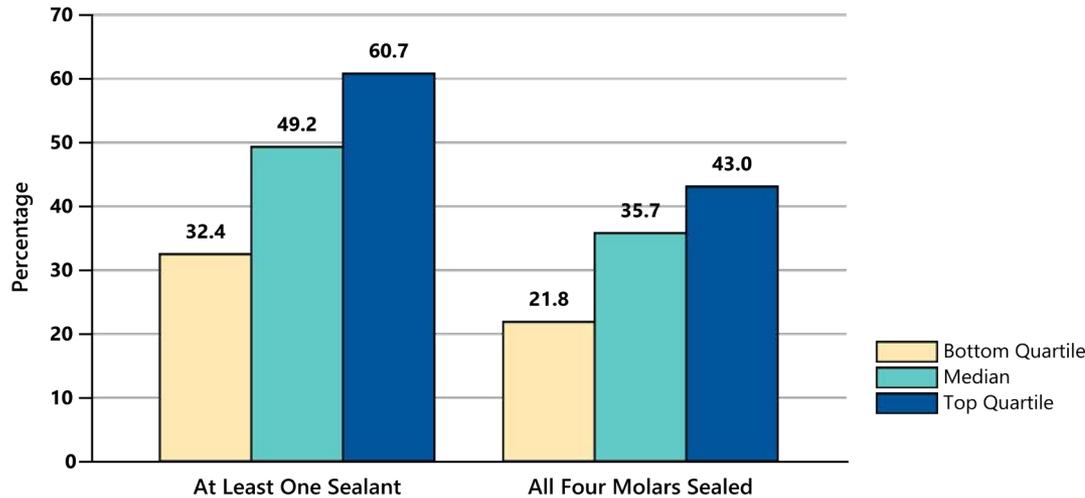
Note: Some states calculated and submitted their Form CMS-416 reports, while others chose to have CMS produce their Form CMS-416 reports using Transformed Medicaid Statistical Information System (T-MSIS) data.



Sealant Receipt on Permanent First Molars

Dental sealants that are applied to molars can prevent cavities (tooth decay) for many years. Once applied, sealants protect against 80 percent of cavities for two years and continue to protect against 50 percent of cavities for up to four years. Sealants prevent the most cavities when applied soon after permanent molars come into the mouth. This measure assesses the percentage of children who received a sealant on at least one and all four permanent molars by their tenth birthday. Performance on this measure is being publicly reported for the first time for FFY 2021.

Percentage of Children who have ever Received Sealants on Permanent First Molar Teeth by their 10th Birthday (SFM-CH), FFY 2021 (n = 30 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

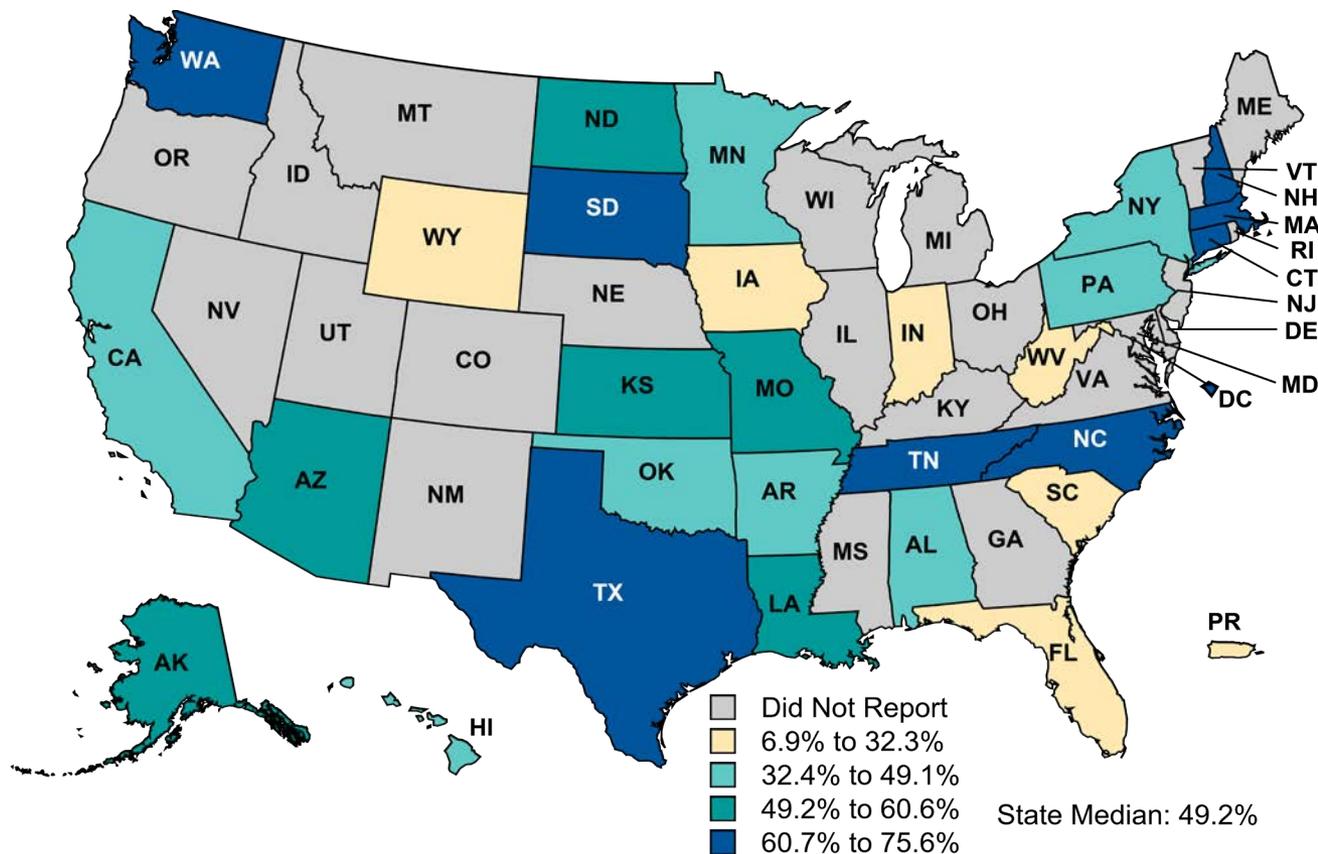
Notes: This measure shows the percentage of enrolled children who have ever received sealants on permanent first molar teeth. Two rates are reported: (1) at least one sealant and (2) all four molars sealed by the 10th birthday. When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

A median of **49** percent of children have received at least one sealant on a permanent first molar tooth by their 10th birthday and

36 percent have received sealants on all four permanent first molars by their 10th birthday (30 states)

Sealant Receipt on Permanent First Molars: At Least One (continued)

Geographic Variation in the Percentage of Children who have ever Received at Least One Sealant on a Permanent First Molar Tooth by their 10th Birthday (SFM-CH), FFY 2021 (n = 30 states)

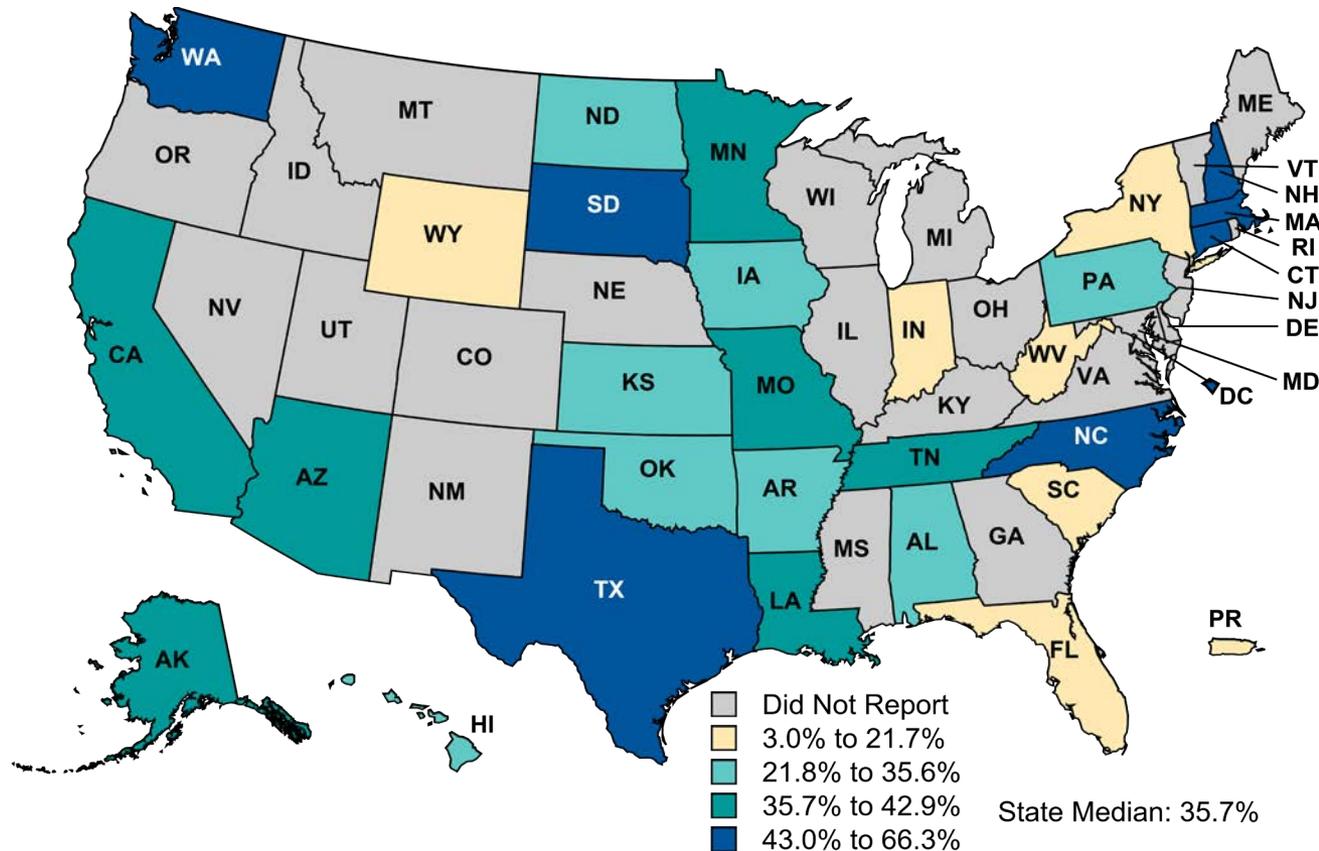


Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.

Sealant Receipt on Permanent First Molars: All Four (continued)

Geographic Variation in the Percentage of Children who have ever Received Sealants on All Four Permanent First Molars by their 10th Birthday (SFM-CH), FFY 2021 (n = 30 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the quartiles were calculated using the rate for the program with the larger measure-eligible population.



REFERENCE TABLES AND ADDITIONAL RESOURCES



Overview of State Reporting of the Child Core Set Measures, FFY 2021

	Number of Measures Reported	State Reported at Least One Measure for Both Medicaid and CHIP Populations	Screening for Depression and Follow-Up Plan: Ages 12 to 17	Well-Child Visits in the First 30 Months of Life	Child and Adolescent Well-Care Visits	Childhood Immunization Status	Immunizations for Adolescents	Developmental Screening in the First Three Years of Life	Chlamydia Screening in Women Ages 16 to 20	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Audiological Diagnosis No Later Than 3 Months of Age	Prenatal and Postpartum Care: Timeliness of Prenatal Care	Live Births Weighing Less Than 2,500 Grams	Low-Risk Cesarean Delivery	Contraceptive Care: Postpartum Women Ages 15 to 20	Contraceptive Care: All Women Ages 15 to 20	Asthma Medication Ratio: Ages 5 to 18	Ambulatory Care: Emergency Department (ED) Visits	Follow-Up After Hospitalization for Mental Illness	Follow-Up Care for Children Prescribed ADHD Medication	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage of Eligibles Who Received Preventive Dental Services	Sealant Receipt on First Permanent Molars	CAHPS Health Plan Survey 5.1H, Child Version (Medicaid)
Total	20 (Median)	50	16	48	49	47	48	33	48	43	4	46	52	52	39	39	47	47	47	48	43	45	52	30	34
Alabama	23	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Alaska	19	X	-	X	X	-	X	X	X	X	-	-	X	X	X	X	X	X	X	X	X	X	X	X	X
Arizona	21	X	-	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Arkansas	19	X	-	X	X	X	X	-	X	X	-	-	X	X	X	X	X	X	X	X	X	X	X	X	X
California	22	X	X	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Colorado	16	X	-	X	X	X	X	-	X	X	-	X	X	X	X	X	X	X	-	X	-	X	X	-	-
Connecticut	21	X	-	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Delaware	20	X	X	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	-	X	X	X	X	-	X
Dist. of Col.	20	X	-	X	X	X	X	-	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Florida	21	X	-	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Georgia	19	X	X	X	X	X	X	X	X	X	-	X	X	X	-	-	X	X	X	X	X	X	X	-	X
Hawaii	20	X	X	X	-	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	-	X	X	X	X
Idaho	8	X	-	-	X	-	-	X	-	-	-	-	X	X	X	X	-	-	-	-	-	-	X	-	-
Illinois	3	-	-	-	-	-	-	-	-	-	-	-	X	X	-	-	-	-	-	-	-	-	X	-	-
Indiana	22	X	X	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Iowa	18	X	X	X	X	-	-	X	X	-	-	X	X	X	X	X	X	X	X	X	X	X	X	X	-
Kansas	21	X	X	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	-
Kentucky	15	X	-	X	X	X	X	-	X	X	-	X	X	X	-	-	X	-	X	X	X	X	X	-	-
Louisiana	21	X	-	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Maine	19	X	-	X	X	X	X	X	X	-	-	X	X	X	X	X	X	X	X	X	X	X	X	-	X

Table is continued on the next slide.

Overview of State Reporting of the Child Core Set Measures, FFY 2021 (continued)

	Number of Measures Reported	State Reported at Least One Measure for Both Medicaid and CHIP Populations	Screening for Depression and Follow-Up Plan: Ages 12 to 17	Well-Child Visits in the First 30 Months of Life	Child and Adolescent Well-Care Visits	Childhood Immunization Status	Immunizations for Adolescents	Developmental Screening in the First Three Years of Life	Chlamydia Screening in Women Ages 16 to 20	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Audiological Diagnosis No Later Than 3 Months of Age	Prenatal and Postpartum Care: Timeliness of Prenatal Care	Live Births Weighing Less Than 2,500 Grams	Low-Risk Cesarean Delivery	Contraceptive Care: Postpartum Women Ages 15 to 20	Contraceptive Care: All Women Ages 15 to 20	Asthma Medication Ratio: Ages 5 to 18	Ambulatory Care: Emergency Department (ED) Visits	Follow-Up After Hospitalization for Mental Illness	Follow-Up Care for Children Prescribed ADHD Medication	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage of Eligibles Who Received Preventive Dental Services	Sealant Receipt on First Permanent Molars	CAHPS Health Plan Survey 5.1H, Child Version (Medicaid)	
Maryland	17	X	-	X	X	X	X	-	X	X	-	X	X	X	-	-	X	X	X	X	X	X	X	-	X	
Massachusetts	21	X	X	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	-	X
Michigan	18	X	-	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	-	-	X	-	X	
Minnesota	19	X	-	X	X	X	X	X	X	-	-	X	X	X	X	X	X	X	X	X	X	X	X	-	X	
Mississippi	14	X	-	X	X	X	X	-	X	X	-	-	X	X	-	-	X	-	X	X	-	-	X	-	X	
Missouri	20	X	-	X	X	X	X	-	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Montana	3	-	-	-	-	-	-	-	-	-	-	-	X	X	-	-	-	-	-	-	-	-	X	-	-	
Nebraska	16	X	-	X	X	X	X	-	X	X	-	X	X	X	-	-	X	X	X	X	X	X	X	-	-	
Nevada	17	X	-	X	X	X	X	X	-	X	-	X	X	X	X	X	-	X	X	X	-	X	X	-	X	
New Hampshire	22	X	X	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
New Jersey	20	X	-	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	-	X	
New Mexico	17	X	-	X	X	X	X	-	X	X	-	X	X	X	-	-	X	X	X	X	X	X	X	-	X	
New York	20	X	-	X	X	X	X	-	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	-	X	
North Carolina	20	X	-	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	-	X
North Dakota	20	X	-	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-	X
Ohio	19	X	-	X	X	X	X	-	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	-	X	
Oklahoma	22	X	X	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Oregon	14	X	-	X	X	X	X	X	X	-	-	X	X	X	-	-	-	X	X	-	-	-	X	-	X	
Pennsylvania	21	X	-	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Puerto Rico	19	X	X	-	X	X	X	-	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	-	X

Table is continued on the next slide.

Overview of State Reporting of the Child Core Set Measures, FFY 2021 (continued)

	Number of Measures Reported	State Reported at Least One Measure for Both Medicaid and CHIP Populations	Screening for Depression and Follow-Up Plan: Ages 12 to 17	Well-Child Visits in the First 30 Months of Life	Child and Adolescent Well-Care Visits	Childhood Immunization Status	Immunizations for Adolescents	Developmental Screening in the First Three Years of Life	Chlamydia Screening in Women Ages 16 to 20	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Audiological Diagnosis No Later Than 3 Months of Age	Prenatal and Postpartum Care: Timeliness of Prenatal Care	Live Births Weighing Less Than 2,500 Grams	Low-Risk Cesarean Delivery	Contraceptive Care: Postpartum Women Ages 15 to 20	Contraceptive Care: All Women Ages 15 to 20	Asthma Medication Ratio: Ages 5 to 18	Ambulatory Care: Emergency Department (ED) Visits	Follow-Up After Hospitalization for Mental Illness	Follow-Up Care for Children Prescribed ADHD Medication	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage of Eligibles Who Received Preventive Dental Services	Sealant Receipt on First Permanent Molars	CAHPS Health Plan Survey 5.1H, Child Version (Medicaid)
Rhode Island	16	X	--	X	X	X	X	--	X	X	--	X	X	X	--	--	X	X	X	X	X	X	X	--	--
South Carolina	23	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
South Dakota	20	X	--	X	X	X	X	X	X	--	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tennessee	22	X	X	X	X	X	X	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Texas	21	X	--	X	X	X	X	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Utah	14	X	--	X	X	X	X	--	X	X	--	X	X	X	--	--	X	X	X	X	--	--	X	--	--
Vermont	21	X	X	X	X	X	X	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	--	X
Virginia	16	X	--	X	X	X	X	--	X	X	--	X	X	X	--	--	X	X	X	X	X	X	X	--	--
Washington	20	X	--	X	X	X	X	--	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X
West Virginia	22	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Wisconsin	15	X	--	X	X	X	X	--	X	X	--	X	X	X	--	--	X	--	X	X	X	X	X	--	--
Wyoming	20	X	X	X	X	X	X	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	--

Sources: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023; Form CMS-416 reports for the FFY 2021 reporting cycle as of November 9, 2022; and the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2020 as of February 2, 2023.

Notes: The term "states" includes the 50 states, the District of Columbia, and Puerto Rico. The 2021 Child Core Set includes 23 measures. One measure was retired from the 2021 Child Core Set and one measure was added. Information about the updates to the 2021 Core Sets is available at https://www.medicaid.gov/sites/default/files/2020-11/cib111920_0.pdf. This table includes all Child Core Set measures for the FFY 2021 reporting cycle, including measures that were reported by states using "other" specifications and measures for which the rates are not publicly reported due to CMS data suppression rules.

X = measure was reported by the state; -- = measure was not reported by the state.

Performance Rates on Frequently Reported Child Core Set Measures, FFY 2021

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Primary Care Access and Preventive Care						
Well-Child Visits in the First 30 Months of Life	Percentage who had 6 or More Well-Child Visits with a Primary Care Practitioner during the First 15 Months of Life	48	56.1	56.6	51.1	61.1
Well-Child Visits in the First 30 Months of Life	Percentage who had 2 or More Well-Child Visits with a Primary Care Practitioner during the 15th to 30th Months of Life	48	69.9	69.2	66.5	76.1
Child and Adolescent Well-Care Visits	Percentage with at Least 1 Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist: Ages 3 to 11	47	51.7	51.1	46.1	59.8
Child and Adolescent Well-Care Visits	Percentage with at Least 1 Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist: Ages 12 to 17	47	45.4	45.3	38.6	53.8
Child and Adolescent Well-Care Visits	Percentage with at Least 1 Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist: Ages 18 to 21	47	25.6	23.9	18.5	31.7
Child and Adolescent Well-Care Visits	Percentage with at Least 1 Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist: Ages 3 to 21	49	45.8	45.5	39.5	53.5
Childhood Immunization Status	Percentage who had a Measles, Mumps, and Rubella (MMR) Vaccination by their Second Birthday	45	84.1	86.6	84.5	89.2
Childhood Immunization Status	Percentage who had at Least Two Flu Vaccinations by their Second Birthday	45	49.3	49.6	42.2	55.8
Childhood Immunization Status	Percentage Up to Date on Recommended Immunizations (Combination 3) by their Second Birthday ^a	46	62.3	66.9	62.0	70.4
Childhood Immunization Status	Percentage Up to Date on Recommended Immunizations (Combination 10) by their Second Birthday ^b	46	35.5	35.7	31.7	42.6

Table is continued on the next slide.

Performance Rates on Frequently Reported Child Core Set Measures, FFY 2021 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Primary Care Access and Preventive Care (continued)						
Immunizations for Adolescents	Percentage who completed the Human Papillomavirus (HPV) Vaccine Series by Their 13th Birthday	48	36.6	37.7	32.4	42.7
Immunizations for Adolescents	Percentage Up to Date on Recommended Immunizations (Combination 1) by Their 13th Birthday ^c	47	74.1	78.2	70.1	85.6
Developmental Screening in the First Three Years of Life	Percentage Screened for Risk of Developmental, Behavioral, and Social Delays Using a Standardized Screening Tool: Ages 0 to 3	33	39.2	33.5	24.2	54.7
Chlamydia Screening in Women Ages 16 to 20	Percentage of Sexually Active Women Screened for Chlamydia: Ages 16 to 20	48	47.4	46.7	39.7	57.1
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Percentage with an Outpatient Visit and Body Mass Index Percentile Documented in the Medical Record: Ages 3 to 17	42	65.6	71.0	61.2	79.9
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Percentage with an Outpatient Visit and Counseling for Nutrition Documented in the Medical Record: Ages 3 to 17	41	57.5	65.7	53.5	75.2
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Percentage with an Outpatient Visit and Counseling for Physical Activity Documented in the Medical Record: Ages 3 to 17	41	53.1	60.3	50.0	71.5
Maternal and Perinatal Health						
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Percentage of Women Delivering a Live Birth with a Prenatal Care Visit in the First Trimester, on or Before the Enrollment Start Date, or within 42 Days of Enrollment in Medicaid or CHIP	45	77.9	81.9	75.4	86.5
Live Births Weighing Less Than 2,500 Grams	Percentage of Live Births Weighing Less Than 2,500 Grams [Lower rates are better]	52	10.0	10.0	11.0	8.9
Low-Risk Cesarean Delivery	Percentage of Nulliparous, Term, Singleton, in a Cephalic Presentation Births Delivered by Cesarean [Lower rates are better]	52	24.3	24.5	26.3	21.7

Table is continued on the next slide.

Performance Rates on Frequently Reported Child Core Set Measures, FFY 2021 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Maternal and Perinatal Health (continued)						
Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women with a Live Birth Provided a Most Effective or Moderately Effective Method of Contraception Within 3 Days of Delivery: Ages 15 to 20	35	6.6	5.6	3.1	9.2
Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women with a Live Birth Provided a Most Effective or Moderately Effective Method of Contraception Within 60 Days of Delivery: Ages 15 to 20	39	40.3	40.2	34.1	46.8
Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women with a Live Birth Provided a Long-Acting Reversible Method of Contraception Within 3 Days of Delivery: Ages 15 to 20	31	3.8	3.1	1.4	4.5
Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women with a Live Birth Provided a Long-Acting Reversible Method of Contraception Within 60 Days of Delivery: Ages 15 to 20	38	16.4	16.6	12.8	20.5
Contraceptive Care: All Women Ages 15 to 20	Percentage of All Women at Risk of Unintended Pregnancy Provided a Most Effective or Moderately Effective Method of Contraception: Ages 15 to 20	39	25.3	27.8	19.1	31.1
Contraceptive Care: All Women Ages 15 to 20	Percentage of All Women at Risk of Unintended Pregnancy Provided a Long-Acting Reversible Method of Contraception: Ages 15 to 20	39	4.0	3.7	2.8	5.0
Care of Acute and Chronic Conditions						
Asthma Medication Ratio: Ages 5 to 18	Percentage with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater: Ages 5 to 11	45	77.3	78.3	75.0	81.8
Asthma Medication Ratio: Ages 5 to 18	Percentage with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater: Ages 12 to 18	45	69.4	70.4	65.1	72.9
Asthma Medication Ratio: Ages 5 to 18	Percentage with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater: Ages 5 to 18	45	73.4	74.3	69.7	76.7

Table is continued on the next slide.

Performance Rates on Frequently Reported Child Core Set Measures, FFY 2021 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Care of Acute and Chronic Conditions (continued)						
Ambulatory Care: Emergency Department Visits	Emergency Department Visits per 1,000 Beneficiary Months: Ages 0 to 19 [Lower rates are better]	46	28.9	26.0	29.2	23.4
Behavioral Health Care						
Follow-Up After Hospitalization for Mental Illness Ages 6 to 17	Percentage of Discharges for Children Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 7 Days after Discharge: Ages 6 to 17	45	50.1	51.2	42.1	59.7
Follow-Up After Hospitalization for Mental Illness Ages 6 to 17	Percentage of Discharges for Children Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 30 Days after Discharge: Ages 6 to 17	46	70.0	71.5	64.2	79.3
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Percentage Newly Prescribed ADHD Medication with at Least One Follow-Up Visit During the 30-Day Initiation Phase: Ages 6 to 12	48	46.9	47.0	41.4	52.2
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Percentage Newly Prescribed ADHD Medication with at Least Two Follow-Up Visits in the 9-Month Continuation and Maintenance Phase: Ages 6 to 12	48	57.1	57.8	51.9	62.6
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Percentage who had a New Prescription for an Antipsychotic Medication and had Documentation of Psychosocial Care as First-Line Treatment: Ages 1 to 17	42	62.2	63.3	57.7	69.2
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage with Two or More Antipsychotic Prescriptions that had Metabolic Testing for Blood Glucose: Ages 1 to 17	45	48.9	47.1	41.6	53.0
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage with Two or More Antipsychotic Prescriptions that had Metabolic Testing for Cholesterol: Ages 1 to 17	44	33.7	32.6	26.7	38.3
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage with Two or More Antipsychotic Prescriptions that had Metabolic Testing for Blood Glucose and Cholesterol: Ages 1 to 17	45	32.2	30.3	25.3	36.5

Table is continued on the next slide.

Performance Rates on Frequently Reported Child Core Set Measures, FFY 2021 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Dental and Oral Health Care Services						
Percentage of Eligibles Who Received Preventive Dental Services	Percentage Enrolled in Medicaid or Medicaid Expansion CHIP Programs for at least 90 Continuous Days with at Least 1 Preventive Dental Service: Ages 1 to 20	52	43.2	44.6	38.5	47.4
Sealant Receipt on Permanent First Molars	Percentage who Received a Sealant on at Least One Permanent First Molar Tooth by their 10th Birthday	30	46.1	49.2	32.4	60.7
Sealant Receipt on Permanent First Molars	Percentage who Received Sealants on All Four Permanent First Molars by their 10th Birthday	30	31.7	35.7	21.8	43.0

Sources: Mathematica analysis of the QMR system reports for the FFY 2021 reporting cycle as of June 1, 2023; Form CMS-416 reports for the FFY 2021 reporting cycle as of November 9, 2022; and the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2020 as of February 2, 2023.

Notes: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico.

This table includes measures that were reported by at least 25 states for FFY 2021 and that met CMS standards for data quality. This table includes data for states that indicated they used Child Core Set specifications to report the measures. It excludes states that indicated they used “other specifications”, did not report the measures for FFY 2021, or if they reported a denominator of less than 30. Additionally, some states were excluded because data cannot be displayed per the Centers for Medicare & Medicaid Services’ cell-size suppression policy, which prohibits the direct reporting of data for beneficiary and record counts of 1 to 10 and values from which users can derive values of 1 to 10. State means are calculated as the unweighted average of all state rates. When a state reported separate rates for its Medicaid and CHIP populations, the state mean and state median rates were calculated using the rate for the program with the larger measure-eligible population. Measure performance tables are available at <https://www.medicicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html>.

The CAHPS Health Plan Survey measure is excluded from this table because it uses a summary statistic different from those in this table.

^a Combination 3 includes DTaP; three doses of IPV; one dose of MMR; three doses of HiB; three doses of Hep B, one dose of VZV; and four doses of PCV.

^b Combination 10 rate includes the vaccines included in the Combination 3 rate plus one hepatitis A (Hep A) vaccine, two or three rotavirus (RV) vaccines, and two influenza vaccines.

^c Combination 1 includes one dose of meningococcal vaccine and Tdap vaccine.

Acronyms

ADHD	Attention-Deficit/Hyperactivity Disorder
BMI	Body Mass Index
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CDC	Centers for Disease Control and Prevention
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
DTaP	Diphtheria, Tetanus, and Pertussis
ED	Emergency Department
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
FFY	Federal Fiscal Year
Hep B	Hepatitis B
HiB	Haemophilus Influenzae Type B
HPV	Human Papillomavirus

Acronyms (continued)

IPV	Inactivated Polio Vaccine
LARC	Long-acting reversible contraception
MACPro	Medicaid and CHIP Program System
MMR	Measles, Mumps, and Rubella
OB/GYN	Obstetrician/gynecologist
PCP	Primary Care Practitioner
PCV	Pneumococcal Conjugate Vaccine
QMR	Quality Measure Reporting
Tdap	Tetanus, Diphtheria Toxoids and Pertussis Vaccine
VZV	Varicella-Zoster Virus
WONDER	Wide-ranging Online Data for Epidemiologic Research

Additional Resources

Additional resources related to the Child Core Set are 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>.

These resources include:

- Technical Specifications and Resource Manuals for the Child Core Set
- Technical assistance resources for states
- Other background information on the Child Core Set

For more information about the Child Core Set, please contact MACQualityTA@cms.hhs.gov.