



Centers for Medicare & Medicaid Services

Medicaid/CHIP

Health Care Quality Measures



Quality of Care for Children in Medicaid and CHIP: Findings from the 2015 Child Core Set

Chart Pack

May 2017

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About the 2015 Child Core Set

Together, Medicaid and the Children's Health Insurance Program (CHIP) served more than 45 million children in federal fiscal year (FFY) 2015, representing more than 1 in 3 children in the United States and covering nearly half of all births. As the HHS 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 2015 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 2015 Child Core Set includes 24 measures that 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

This Chart Pack summarizes state reporting on the quality of health care furnished to children covered by Medicaid and CHIP during FFY 2015, which generally covers care delivered in calendar year 2014. The Chart Pack includes detailed analysis of state performance on 19 publicly reported measures. For a measure to be publicly reported, data must be provided to CMS by at least 25 states and meet internal standards for quality.

More information on the Child Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>.

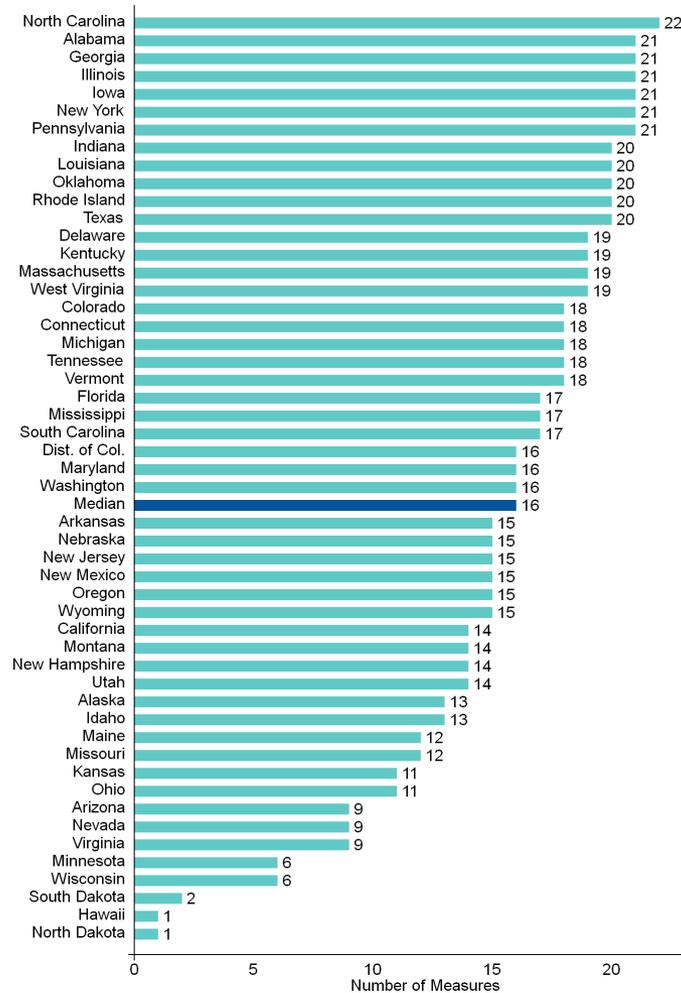
24 measures that address key aspects of health care access and quality for children and pregnant women covered by Medicaid and CHIP



OVERVIEW OF STATE REPORTING OF THE 2015 CHILD CORE SET



Number of Child Core Set Measures Reported by States, FFY 2015



States reported a median of

16

Child Core Set measures for FFY 2015

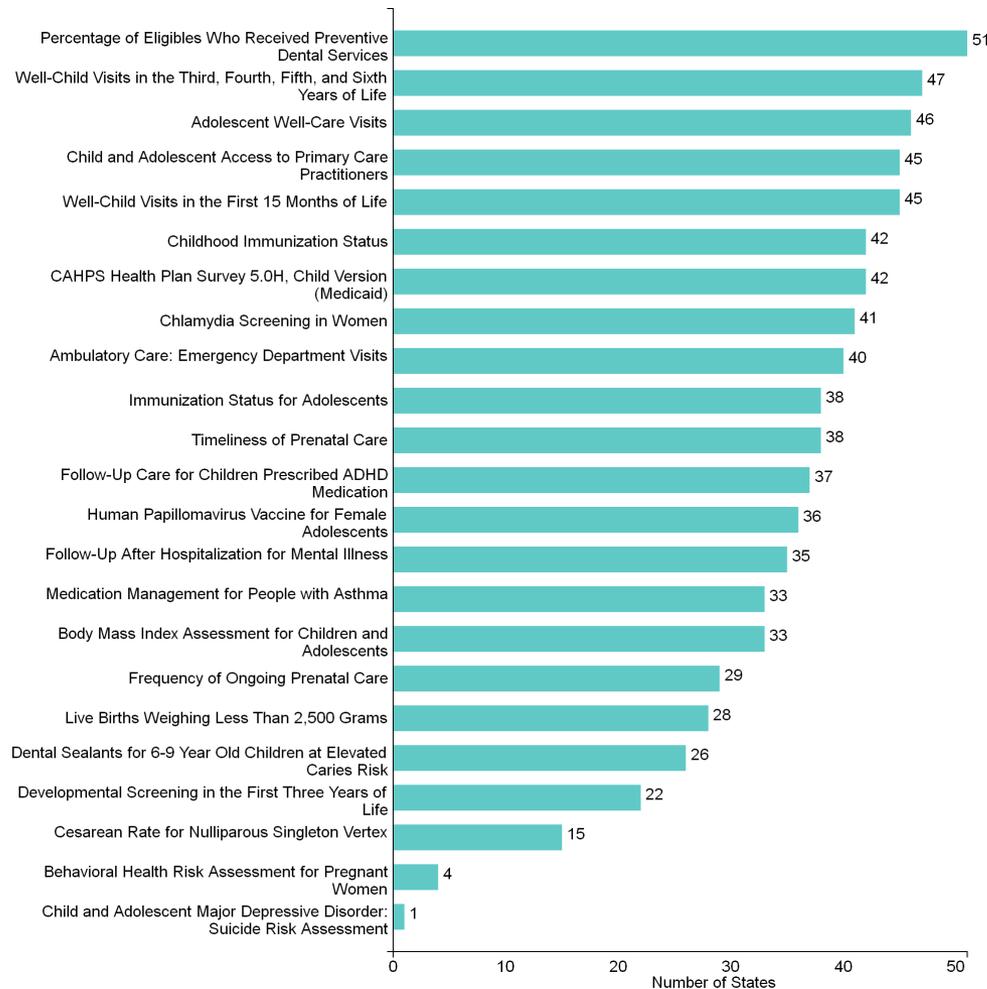
Sources: Mathematica analysis of MACPro reports and Form CMS-416 reports for the FFY 2015 reporting cycle.

Notes: The term "states" includes the 50 states and the District of Columbia.

The 2015 Child Core Set includes 24 measures. This chart is based on state reporting of 23 Child Core Set measures for FFY 2015. This chart excludes the Central Line-Associated Bloodstream Infection (CLABSI) measure. Beginning in FFY 2012, data for the CLABSI measure were obtained from the CDC's National Healthcare Safety Network.



Number of States Reporting the Child Core Set Measures, FFY 2015



51 states voluntarily reported at least one Child Core Set measure for FFY 2015

Sources: Mathematica analysis of MACPro reports and Form CMS-416 reports for the FFY 2015 reporting cycle.

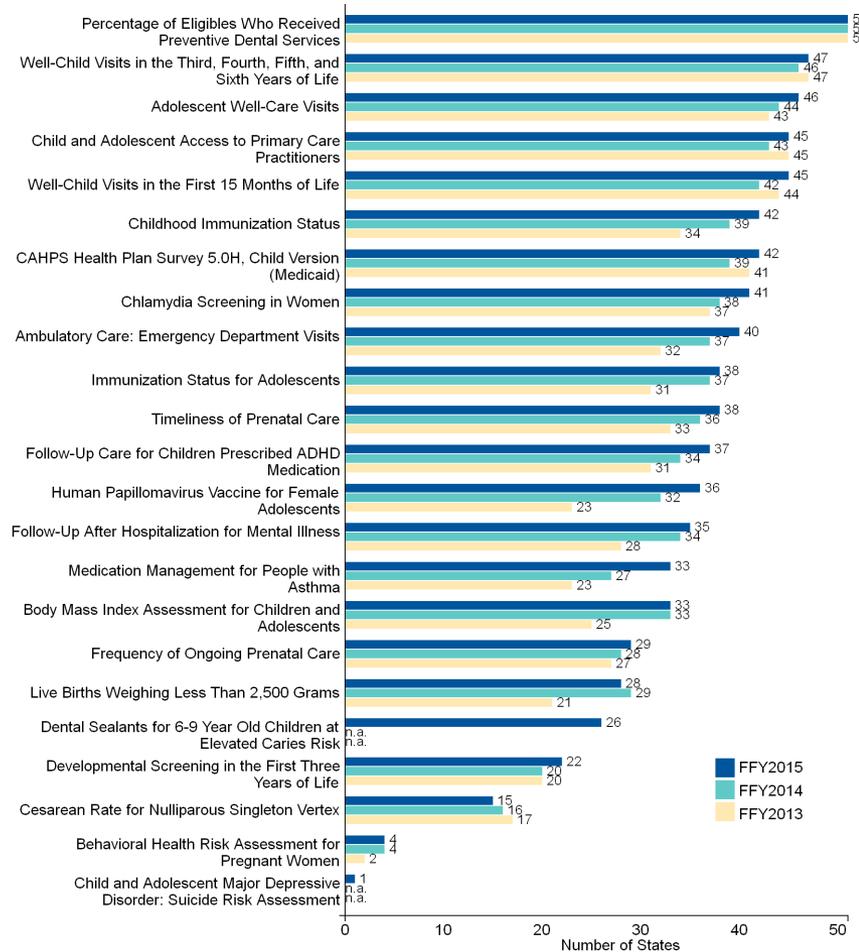
Notes: The term "states" includes the 50 states and the District of Columbia.

This chart excludes the Central Line-Associated Bloodstream Infection (CLABSI) measure. Beginning in FFY 2012, data for the CLABSI measure were obtained from the CDC's National Healthcare Safety Network.

ADHD = Attention-deficit/hyperactivity disorder; CAHPS = Consumer Assessment of Healthcare Providers and Systems.



Number of States Reporting the Child Core Set Measures, FFY 2013–2015



State reporting increased for **16** of the 23 measures included in both the 2014 and 2015 Child Core Sets

Sources: Mathematica analysis of FFY 2013–2014 CARTS reports, FFY 2015 MACPro reports, and FFY 2013–2015 Form CMS-416 reports.

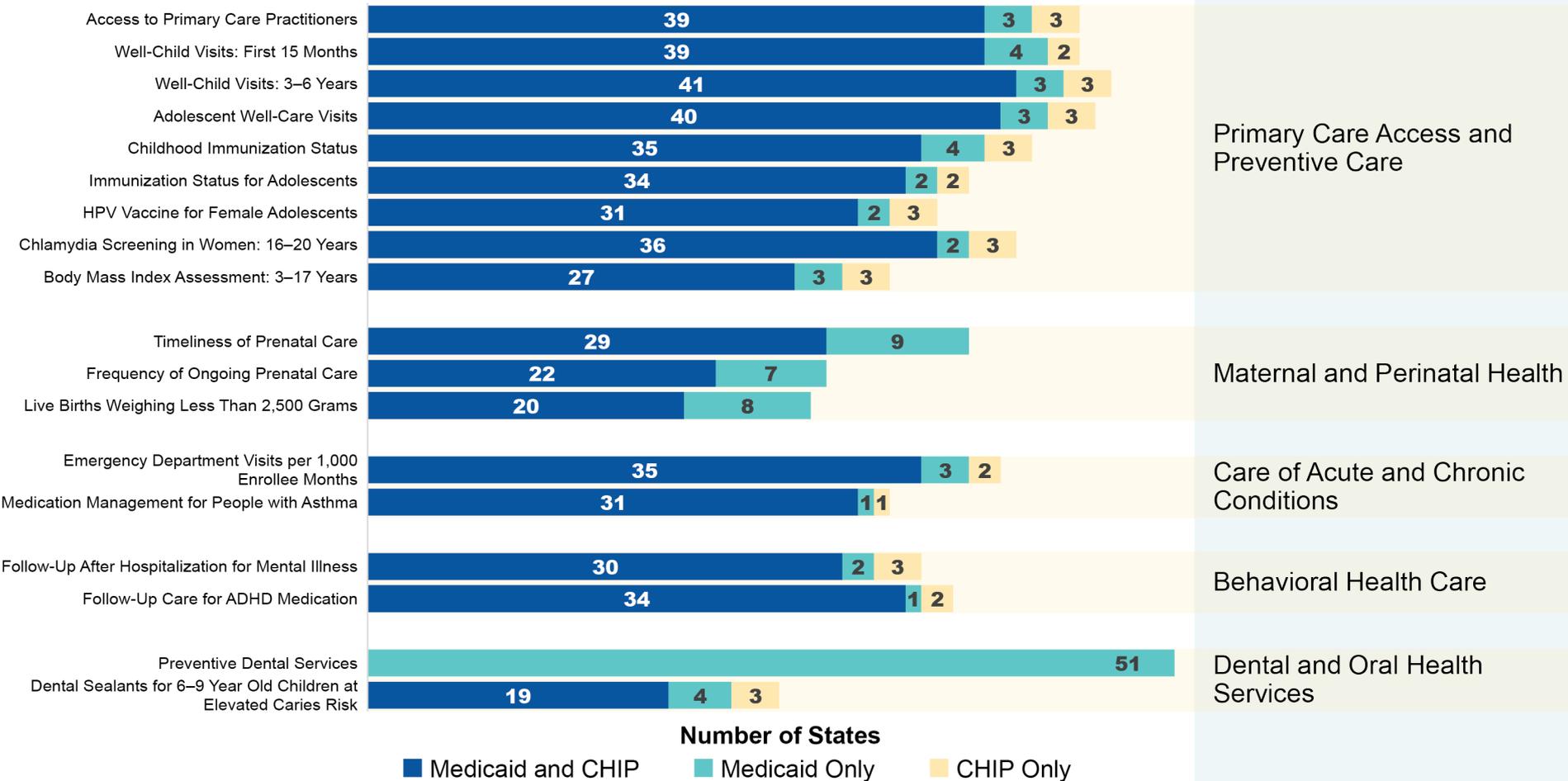
Notes: The term “states” includes the 50 states and the District of Columbia.

This chart excludes the Central Line-Associated Bloodstream Infection (CLABSI) measure. Beginning in FFY 2012, data for the CLABSI measure were obtained from the CDC’s National Healthcare Safety Network.

ADHD = Attention-deficit/hyperactivity disorder; CAHPS = Consumer Assessment of Healthcare Providers and Systems; n.a. = not applicable; measure not included in the Child Core Set for the reporting period.



Populations Included in Frequently Reported Child Core Set Measures for FFY 2015, By Domain



Sources: Mathematica analysis of MACPro reports and Form CMS-416 reports for the FFY 2015 reporting cycle.

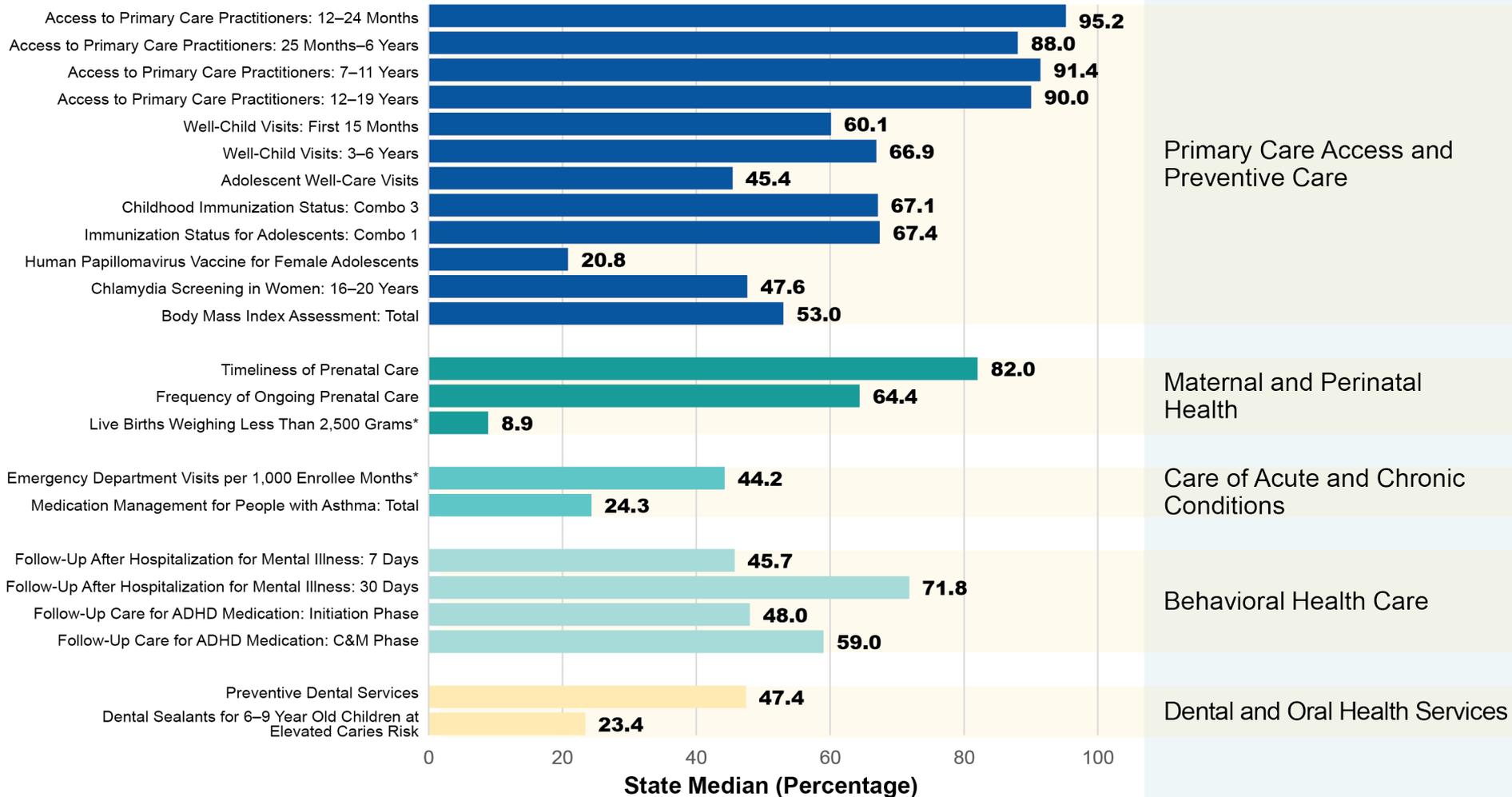
Notes: This chart includes measures reported by at least 25 states for FFY 2015 that met internal standards for quality.

The Preventive Dental Services measure was reported by states on the Form CMS-416 reports for children who were covered by Medicaid or Medicaid-expansion CHIP programs; it does not include children in separate CHIP expansion programs.

ADHD = Attention-Deficit/Hyperactivity Disorder; HPV = Human Papillomavirus.



Median Performance Rates on Frequently Reported Child Core Set Measures, FFY 2015



Sources: Mathematica analysis of MACPro reports and Form CMS-416 reports for the FFY 2015 reporting cycle.

Notes: This chart includes measures reported by at least 25 states for FFY 2015 that met internal standards for quality. Emergency department visits are measured per 1,000 enrollee months.

*Lower rates are better for this measure. ADHD = Attention-Deficit/Hyperactivity Disorder; C&M = Continuation and Maintenance.



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 Period 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 services can prevent infectious and chronic disease and other health conditions, help people live longer, healthier lives, and improve the health of the population.

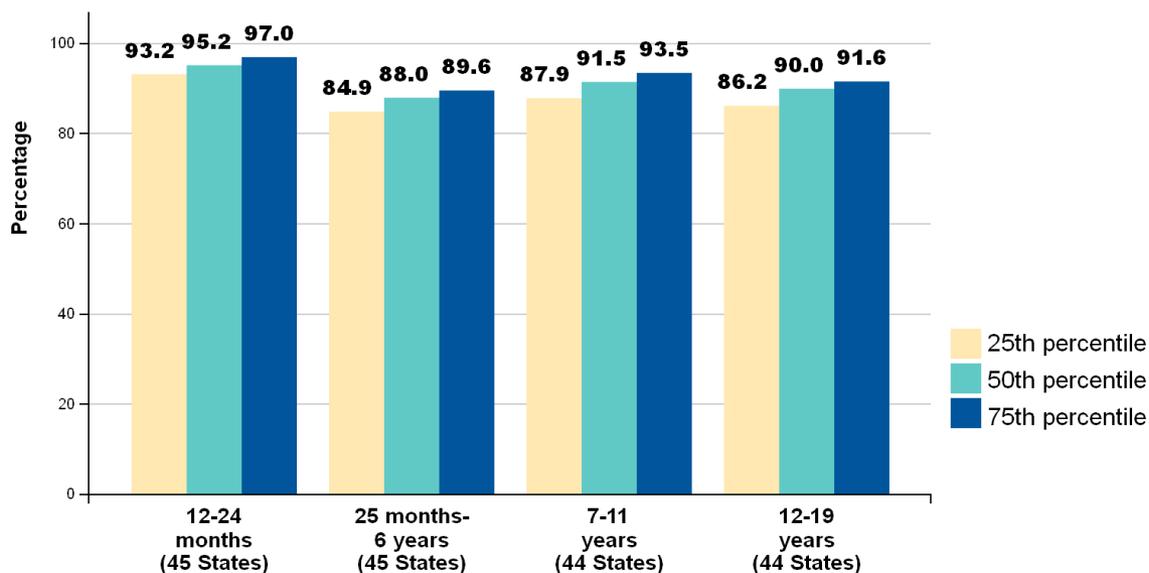
Nine Child Core Set measures of primary care access and preventive care were available for analysis for FFY 2015. These measures are among the most frequently reported measures in the Child Core Set.

- Child and Adolescent Access to Primary Care Practitioners
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
- Adolescent Well-Care Visits
- Childhood Immunization Status
- Immunizations for Adolescents
- Human Papillomavirus (HPV) Vaccine for Female Adolescents
- Chlamydia Screening in Women
- Body Mass Index for Children and Adolescents

Child and Adolescent Access to Primary Care Practitioners

Primary care visits offer the opportunity for routine care, such as determining whether children are up to date with immunizations, measuring height and weight, gathering vital signs, offering age-appropriate counseling, and generally assessing a child’s wellbeing. A basic measure of access to primary care practitioners (PCPs) is whether children ages 1 to 6 had a visit in the past year and children ages 7 to 19 had a visit in the past two years.

Percentage of Children and Adolescents with a PCP Visit in the Past Year (12 to 24 Months and 25 Months to 6 Years) or Past Two Years (7 to 11 Years and 12 to 19 Years), FFY 2015



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of children and adolescents ages 12 months to 19 years who had a visit with a PCP. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

The median percentage of children with a visit to a PCP ranged from

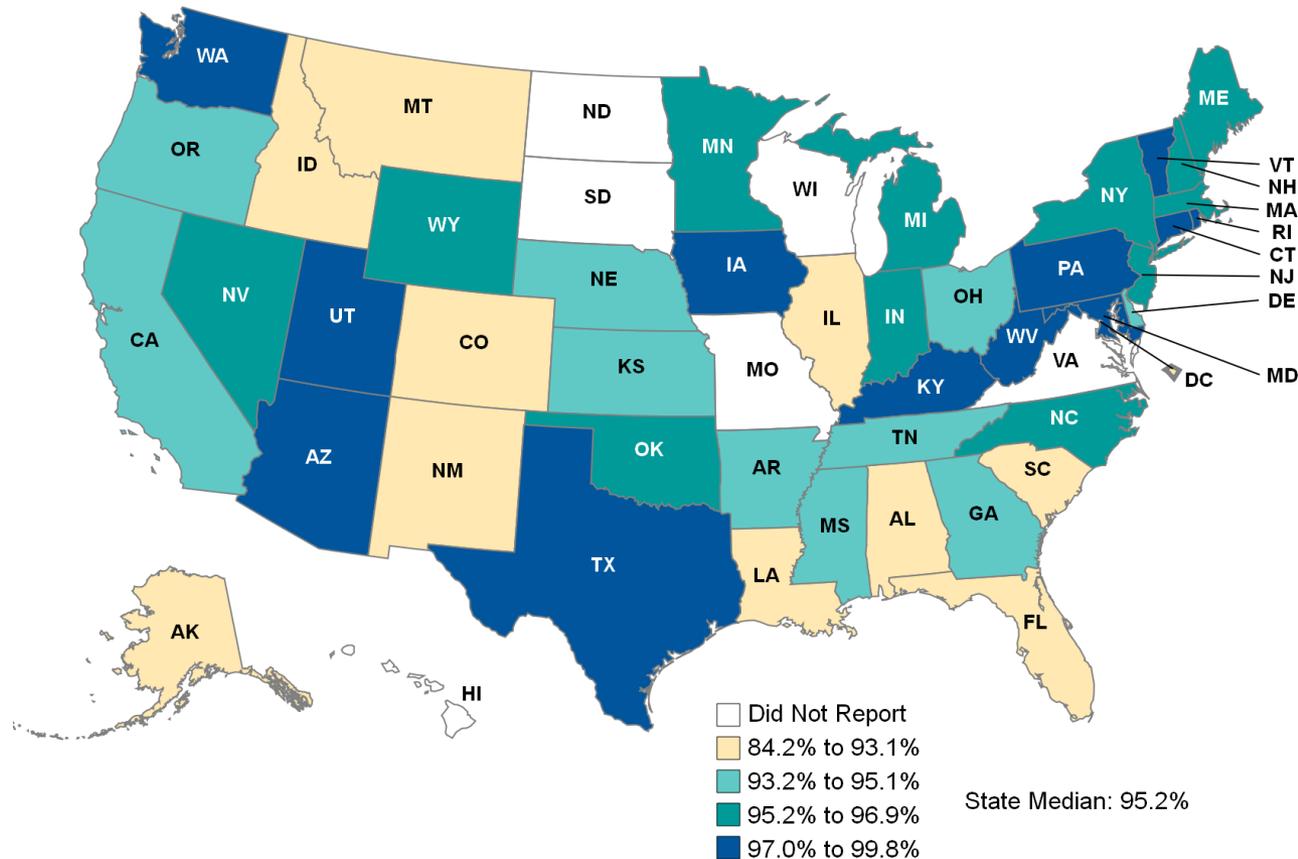
88 percent

to **95** percent among the four age categories for this measure (44–45 states)



Child and Adolescent Access to Primary Care Practitioners: 12 to 24 Months

Geographic Variation in the Percentage of Children and Adolescents with a PCP Visit in the Past Year (12 to 24 Months), FFY 2015 (n = 45 states)



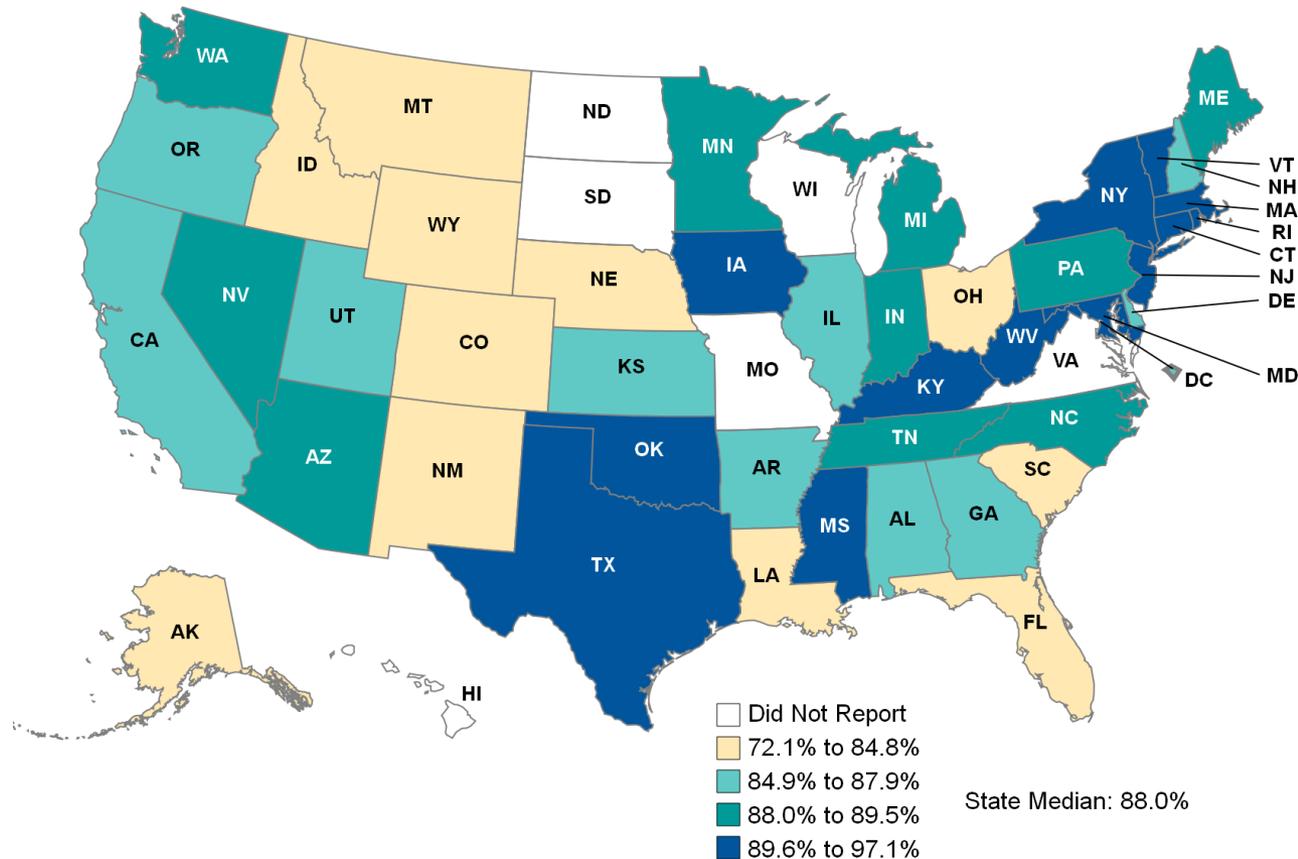
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Child and Adolescent Access to Primary Care Practitioners: 25 Months to 6 Years

Geographic Variation in the Percentage of Children and Adolescents with a PCP Visit in the Past Year (25 Months to 6 Years), FFY 2015 (n = 45 states)



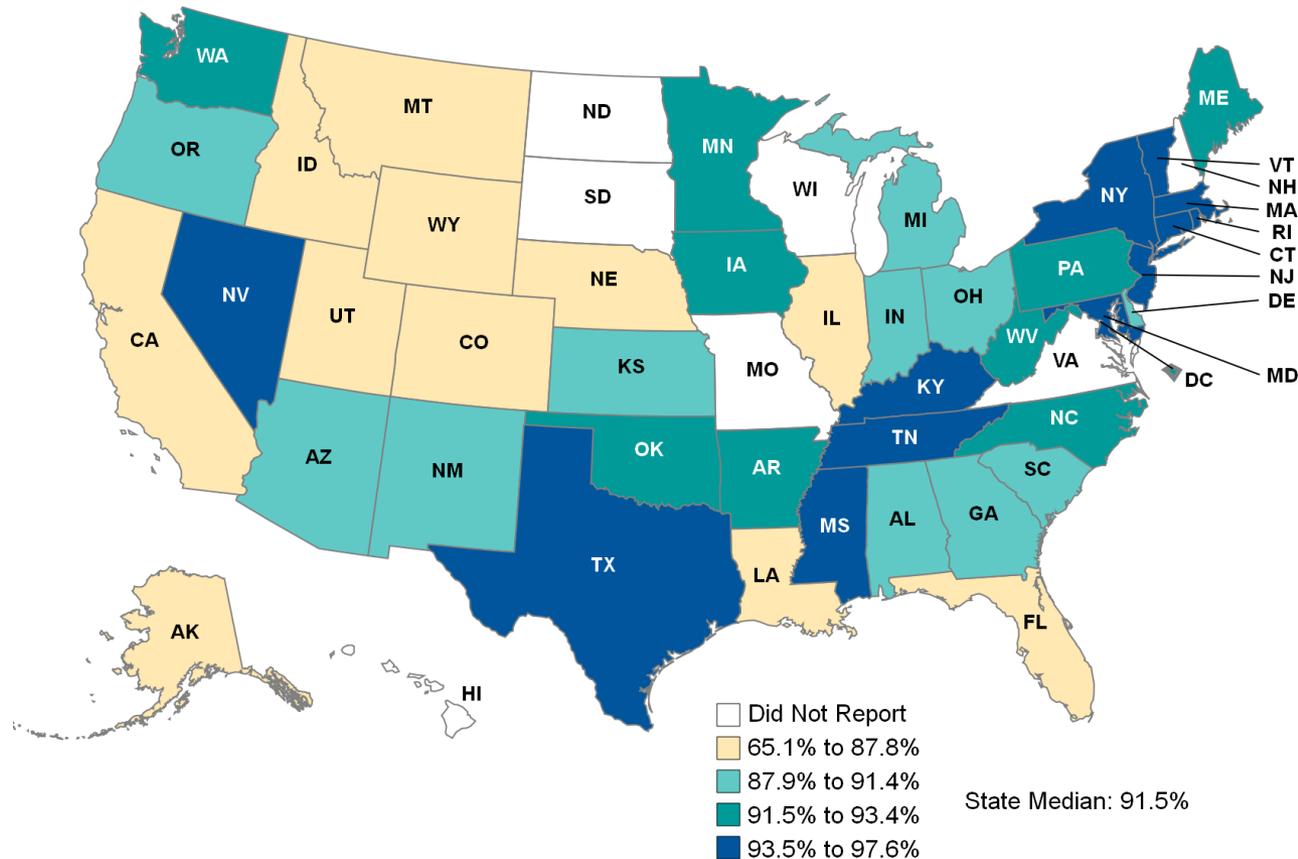
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Child and Adolescent Access to Primary Care Practitioners: 7 to 11 Years

Geographic Variation in the Percentage of Children and Adolescents with a PCP Visit in the Past Two Years (7 to 11 Years), FFY 2015 (n = 44 states)



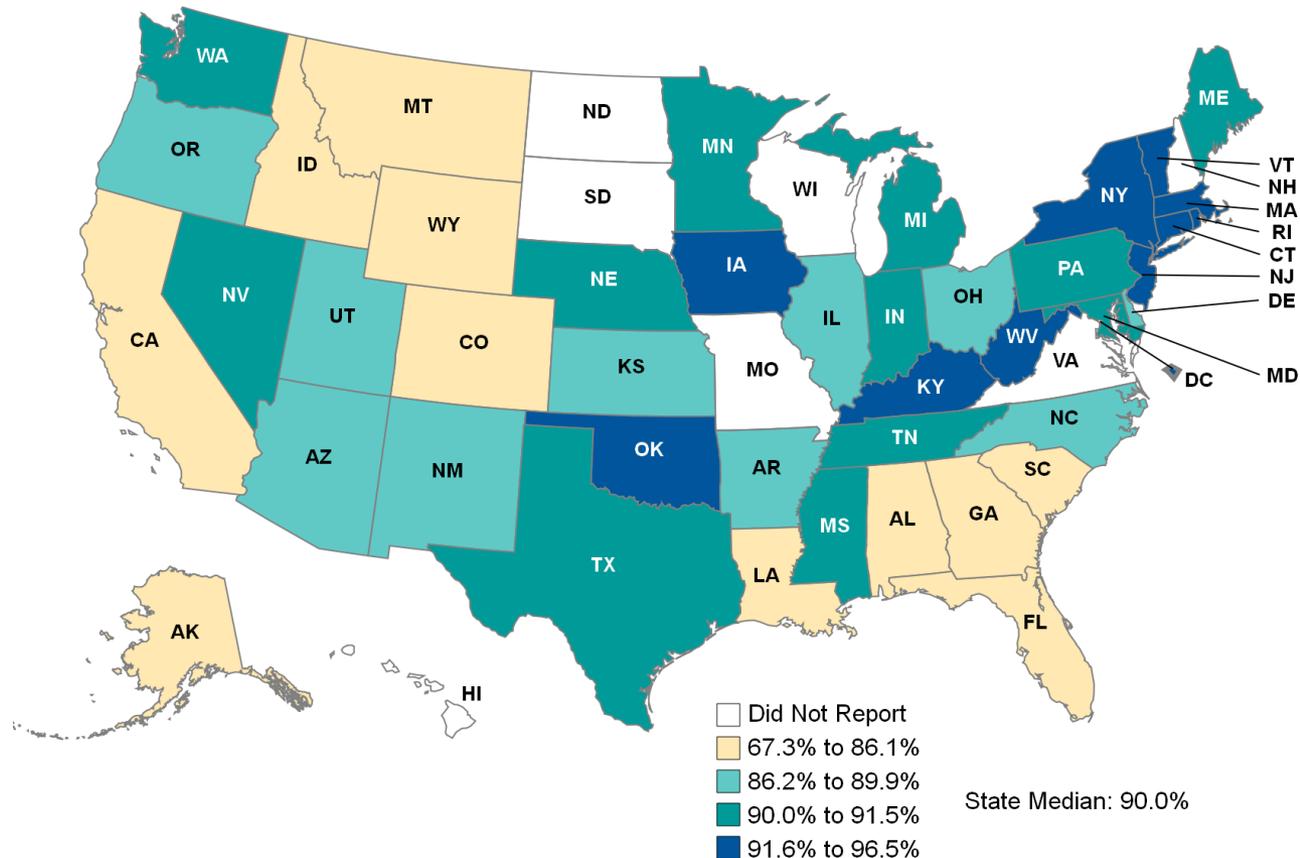
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Child and Adolescent Access to Primary Care Practitioners: 12 to 19 Years

Geographic Variation in the Percentage of Children and Adolescents with a PCP Visit in the Past Two Years (12 to 19 Years), FFY 2015 (n = 44 states)



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

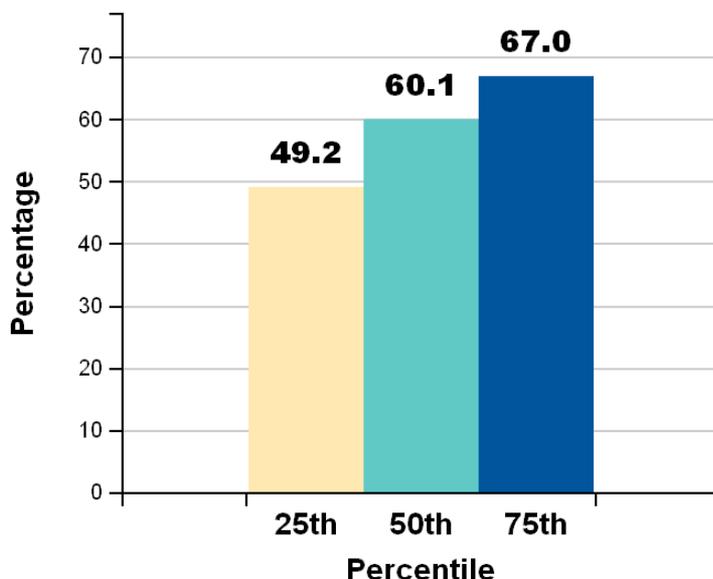
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Well-Child Visits in the First 15 Months of Life

The American Academy of Pediatrics and Bright Futures recommend nine well-care visits by the time children turn 15 months of age. These visits should include a health history, physical examination, immunizations, vision and hearing screening, developmental/behavioral assessment, an oral health risk assessment, as well as parenting education on a wide range of topics. In the Child Core Set, state performance is measured on the basis of the percentage of children receiving six or more visits by 15 months.

Percentage of Children Receiving 6 or More Well-Child Visits in the First 15 Months of Life, FFY 2015 (n = 45 states)



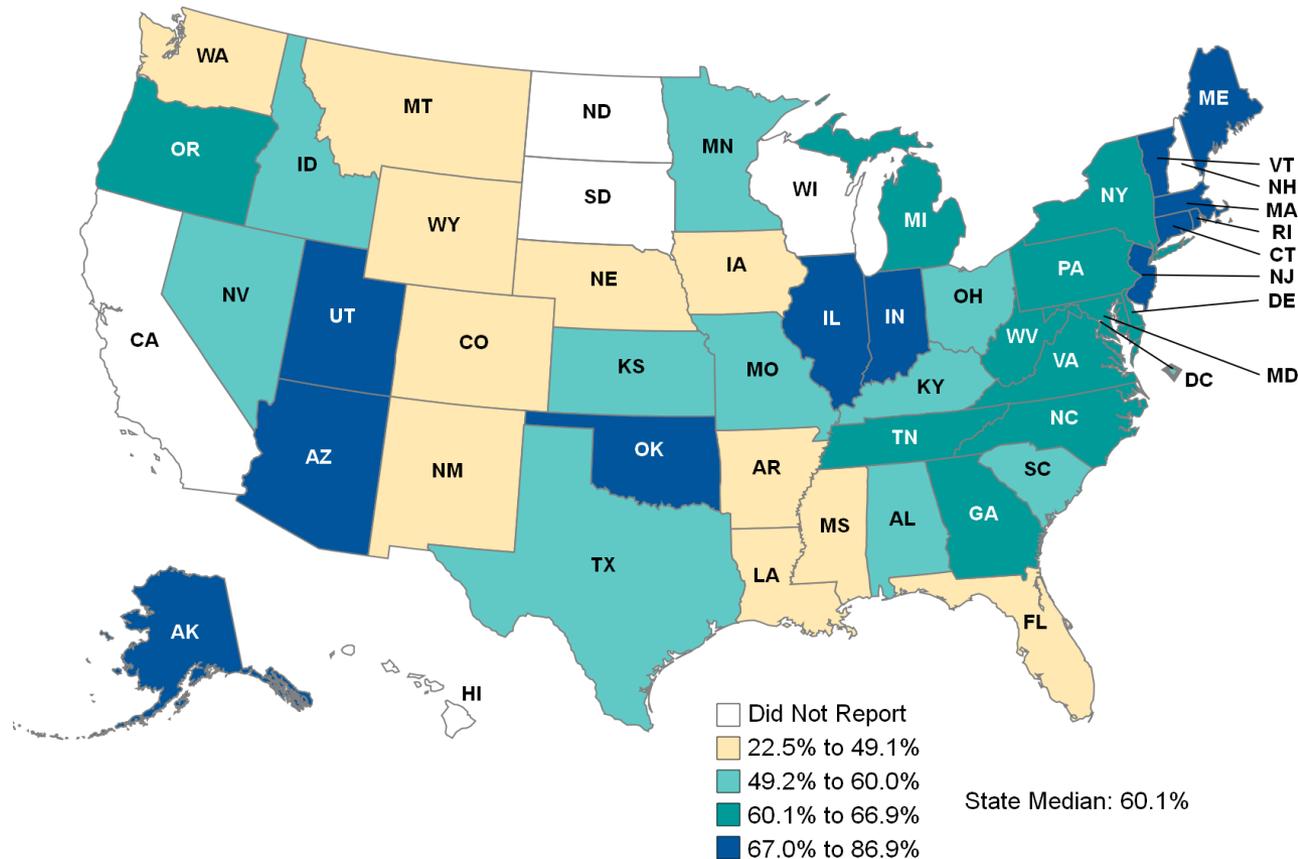
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of children who turned 15 months old during the measurement year and had six or more well-child visits with a primary care practitioner (PCP) during their first 15 months of life. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

A median of **60** percent of children received six or more well-child visits in the first 15 months of life (45 states)

Well-Child Visits in the First 15 Months of Life (continued)

Geographic Variation in the Percentage of Children Receiving 6 or More Well-Child Visits in the First 15 Months of Life, FFY 2015 (n = 45 states)



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

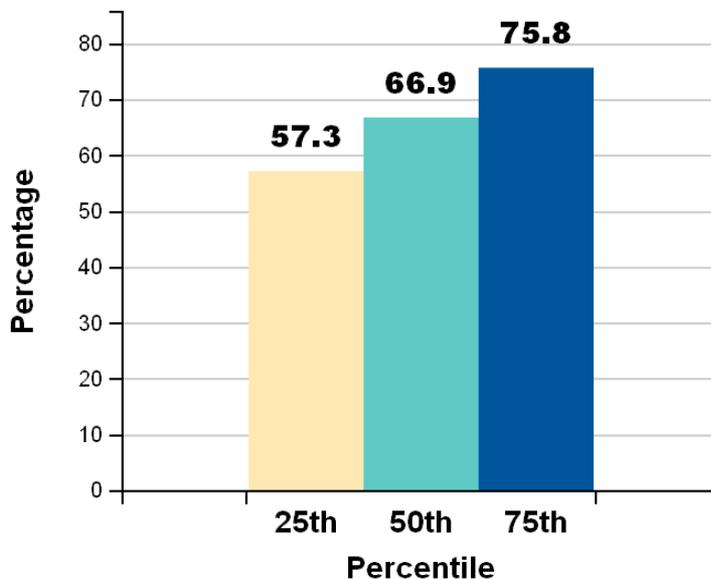
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

The American Academy of Pediatrics and Bright Futures recommend a comprehensive annual preventive visit at ages 3, 4, 5, and 6. These visits should include a health history, physical examination, immunizations, vision and hearing screening, developmental/behavioral assessment, and an oral health assessment (at ages 3 and 6). In addition, these visits should include age-appropriate anticipatory guidance on a wide range of topics to engage parents in promoting their child's healthy development.

Percentage of Children Receiving At Least One Well-Child Visit in the Third, Fourth, Fifth, and Sixth Years of Life, FFY 2015 (n = 47 states)



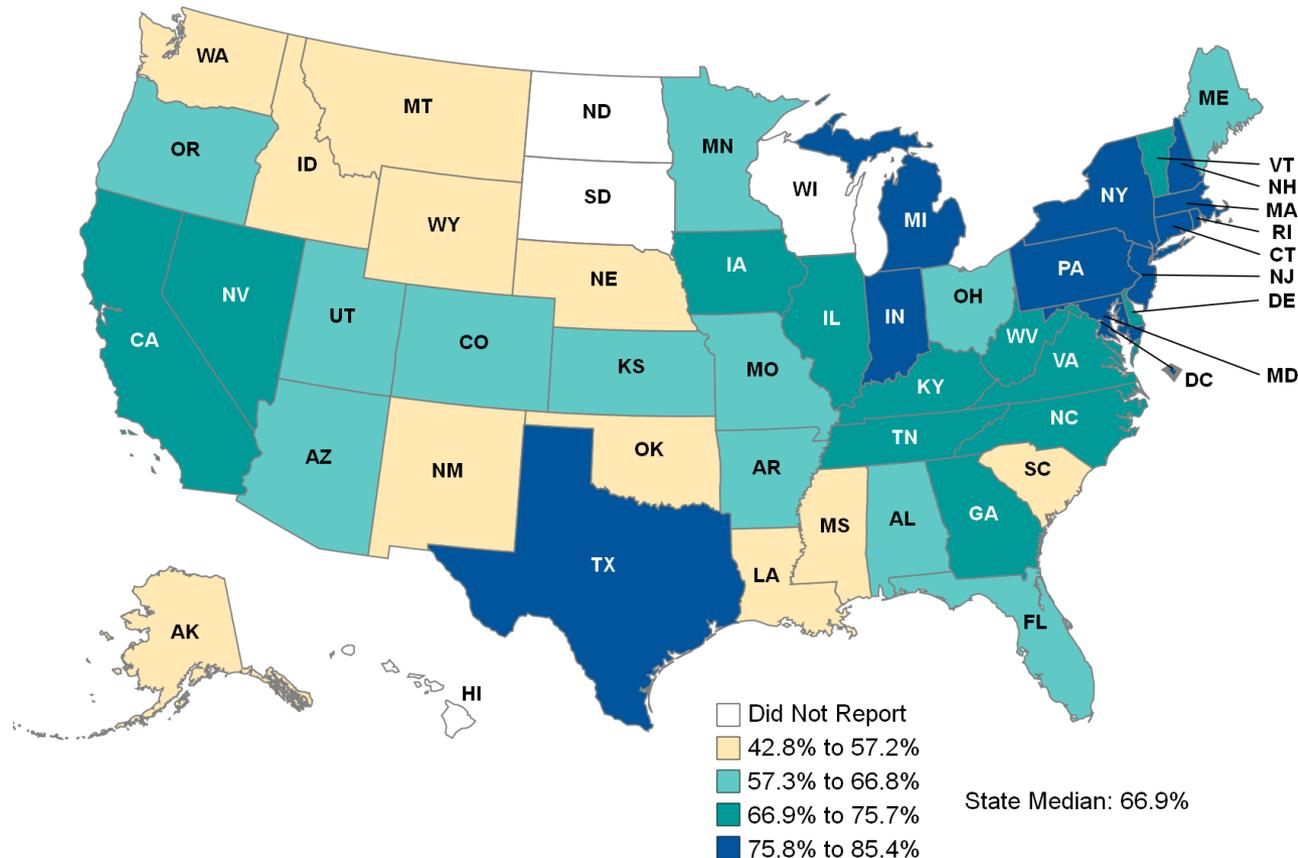
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of children ages 3 to 6 who had one or more well-child visits with a primary care practitioner (PCP) during the measurement year. When a state reported separate rates for its Medicaid and CHIP populations, the rates were calculated using the rate for the larger measure-eligible population.

A median of **67** percent of children received at least one well-child visit in the third, fourth, fifth, and sixth years of life (47 states)

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (continued)

Geographic Variation in the Percentage of Children Receiving At Least One Well-Child Visit in the Third, Fourth, Fifth, and Sixth Years of Life, FFY 2015 (n = 47 states)



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

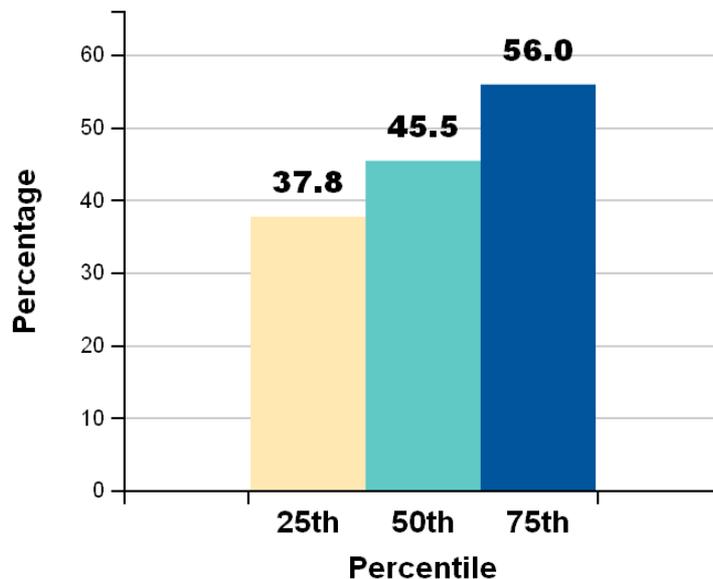
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Adolescent Well-Care Visits

The American Academy of Pediatrics and Bright Futures recommend annual well-care visits during adolescence to promote healthy behaviors, prevent risky ones, and detect conditions that can interfere with a teen’s physical, social, and emotional development. Comprehensive well care includes a physical exam, immunizations, screening, developmental assessment, an oral health risk assessment, and referral for specialized care if necessary.

Percentage of Adolescents Ages 12 to 21 Receiving At Least One Well-Care Visit, FFY 2015 (n = 46 states)



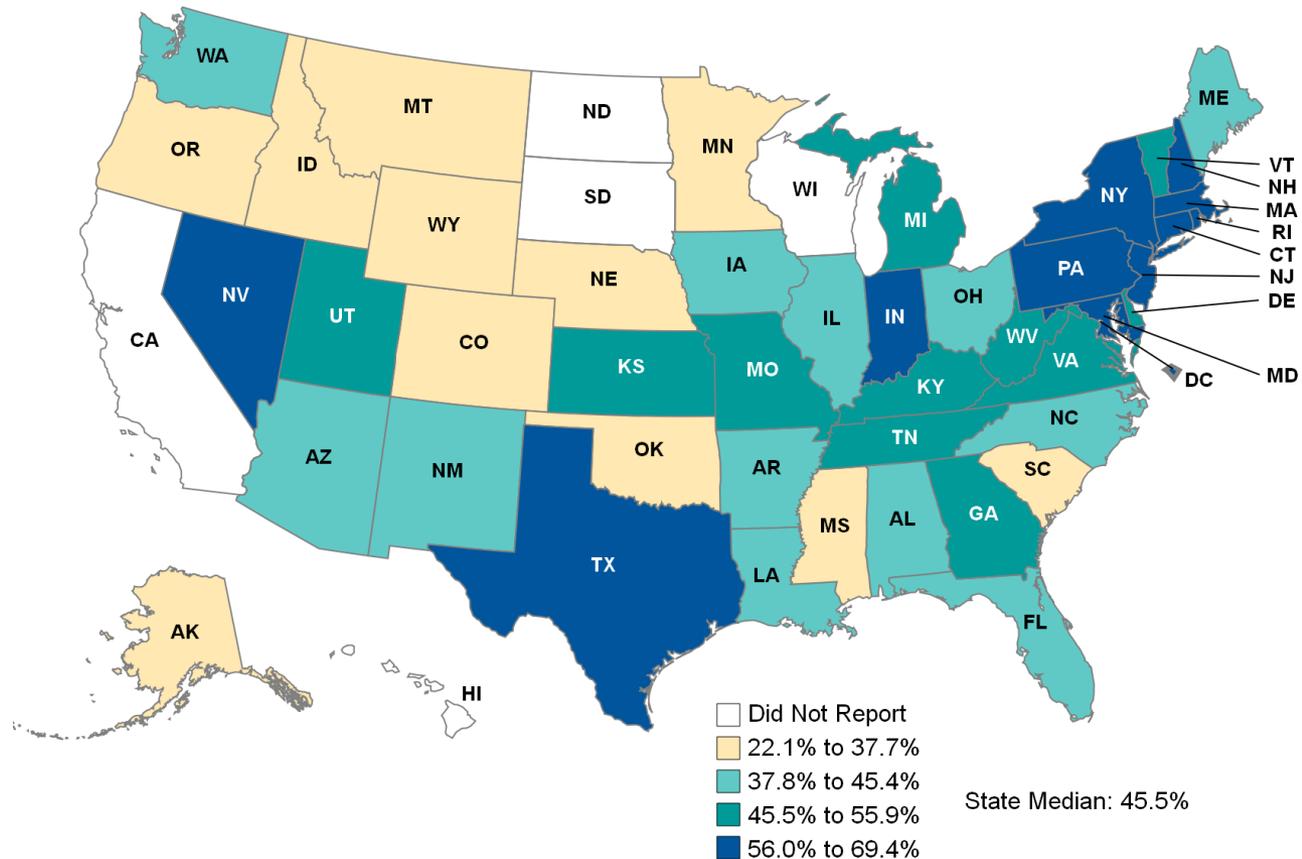
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrical/gynecological (OB/GYN) practitioner during the measurement year. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

A median of **46** percent of adolescents ages 12 to 21 had at least one well-care visit (46 states)

Adolescent Well-Care Visits (continued)

Geographic Variation in the Percentage of Adolescents Ages 12 to 21 Receiving At Least One Well-Care Visit, FFY 2015 (n = 46 states)



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

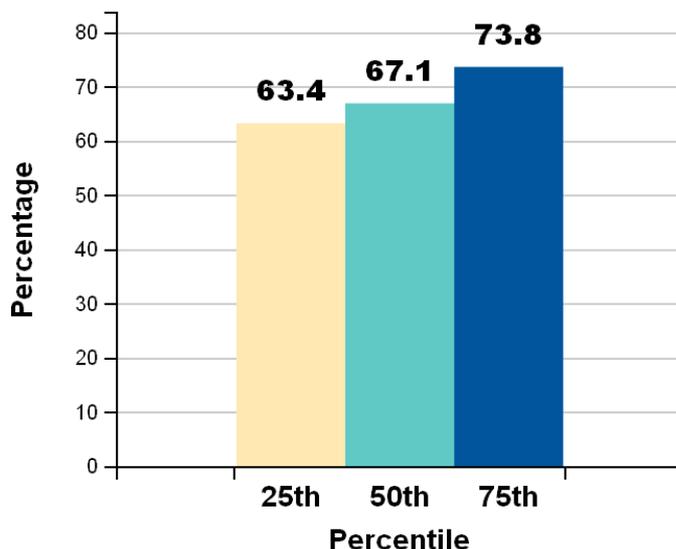
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



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; the most common combination rate reported is “Combination 3,” which includes DTaP, IPV, MMR, HiB, Hep B, VZV, and PCV.

Percentage of Children Up to Date on Recommended Immunizations (Combination 3) by their Second Birthday, FFY 2015 (n = 39 states)



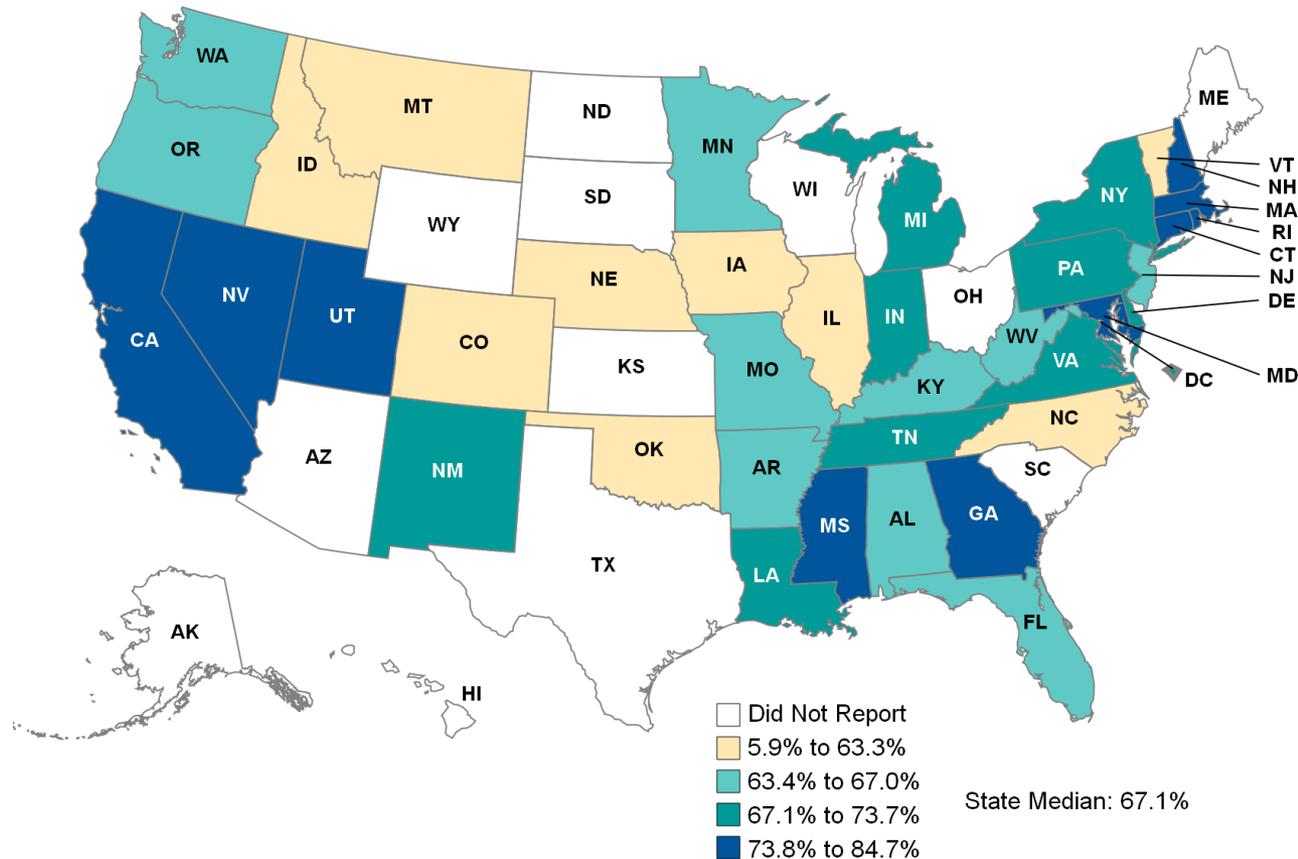
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of children who turned 2 years old during the measurement year and had specific vaccines and combinations of vaccines by their second birthday. This measure is reported as 10 separate immunization rates and 9 combination rates. State performance is assessed on the basis of the Combination 3 rate. This chart excludes three states (TX, WI, and WY) that used Child Core Set specifications to calculate the measure but did not provide data for Combination 3. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

A median of **67** percent of children were up to date on recommended immunizations (Combination 3) by their second birthday (39 states)

Childhood Immunization Status (continued)

Geographic Variation in the Percentage of Children Up to Date on Recommended Immunizations (Combination 3) by their Second Birthday, FFY 2015 (n = 39 states)



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

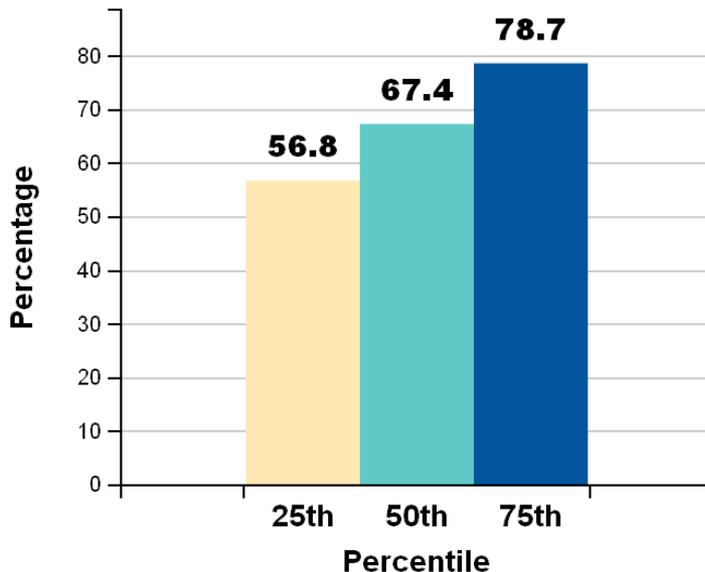
Notes: This chart excludes three states (TX, WI, and WY) that used Child Core Set specifications to calculate the measure but did not provide data for Combination 3. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Immunization Status 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 two individual vaccine rates (meningococcal and Tdap or Td) and one combination rate, which identifies adolescents who received the recommended doses of both the meningococcal vaccine and Tdap/Td.

Percentage of Adolescents Up to Date on Recommended Immunizations (Combination 1) by their 13th Birthday, FFY 2015 (n = 38 states)



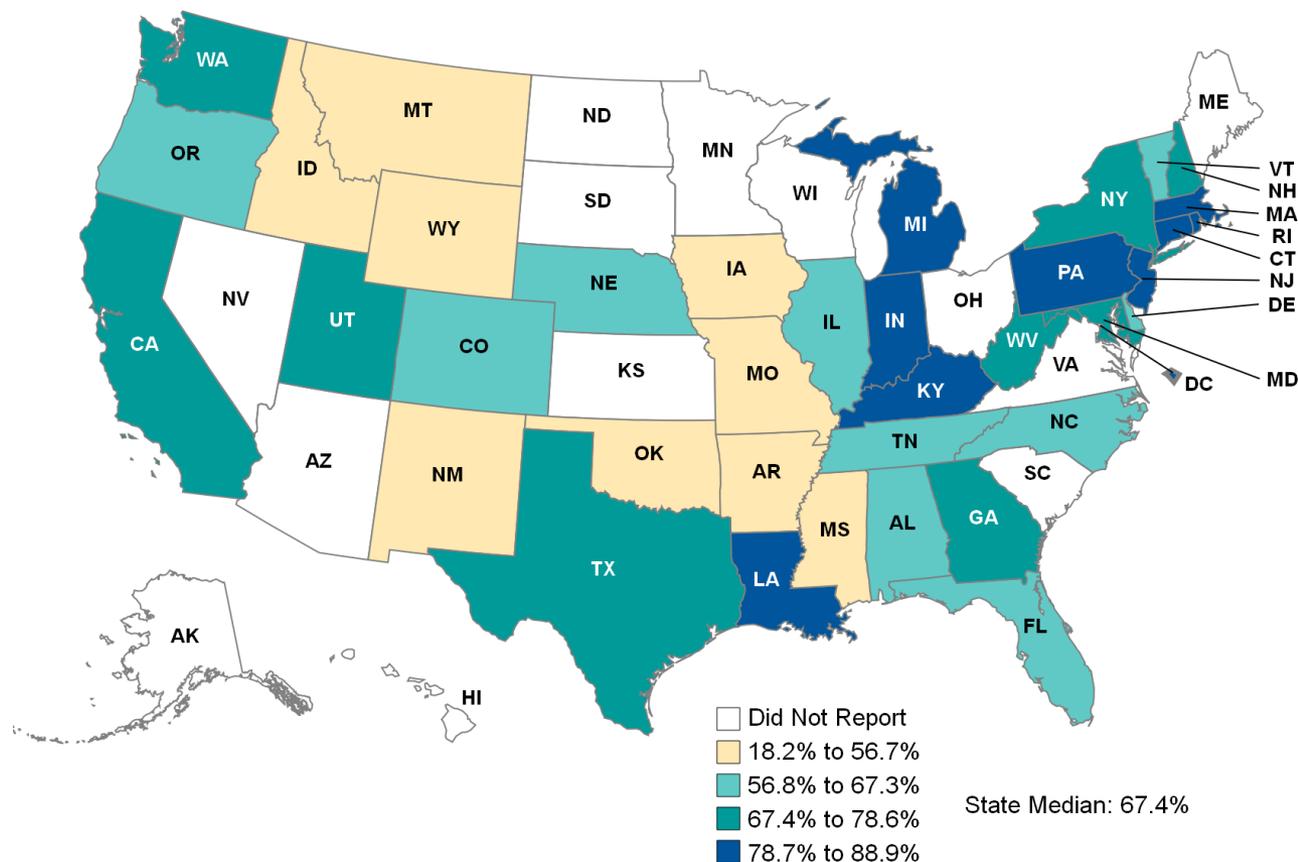
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of adolescents who turned 13 years old during the measurement year and had one meningococcal and one acellular pertussis vaccine (Tdap) or tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

A median of **67** percent of adolescents were up to date on recommended immunizations by their 13th birthday (38 states)

Immunization Status for Adolescents (continued)

Geographic Variation in the Percentage of Adolescents Up to Date on Recommended Immunizations (Combination 1) by their 13th Birthday, FFY 2015 (n = 38 states)



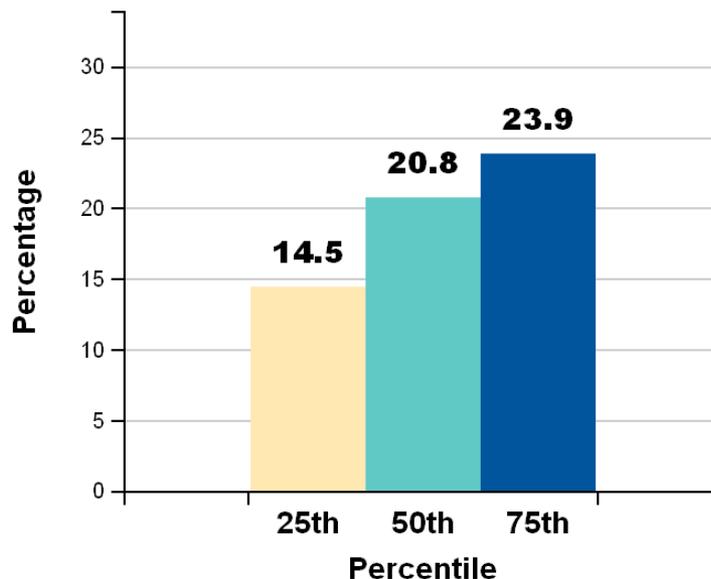
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

Human Papillomavirus (HPV) Vaccine for Female Adolescents

The HPV vaccine is recommended for children ages 11 or 12 to help prevent the most common types of HPV and thus, protect against cancers caused by HPV infection. The HPV vaccine series includes three injections given over six months, with the second injection given one or two months after the first, and the third injection given six months after the first.

Percentage of Female Adolescents with Three Doses of HPV Vaccine by their 13th Birthday, FFY 2015 (n = 36 states)



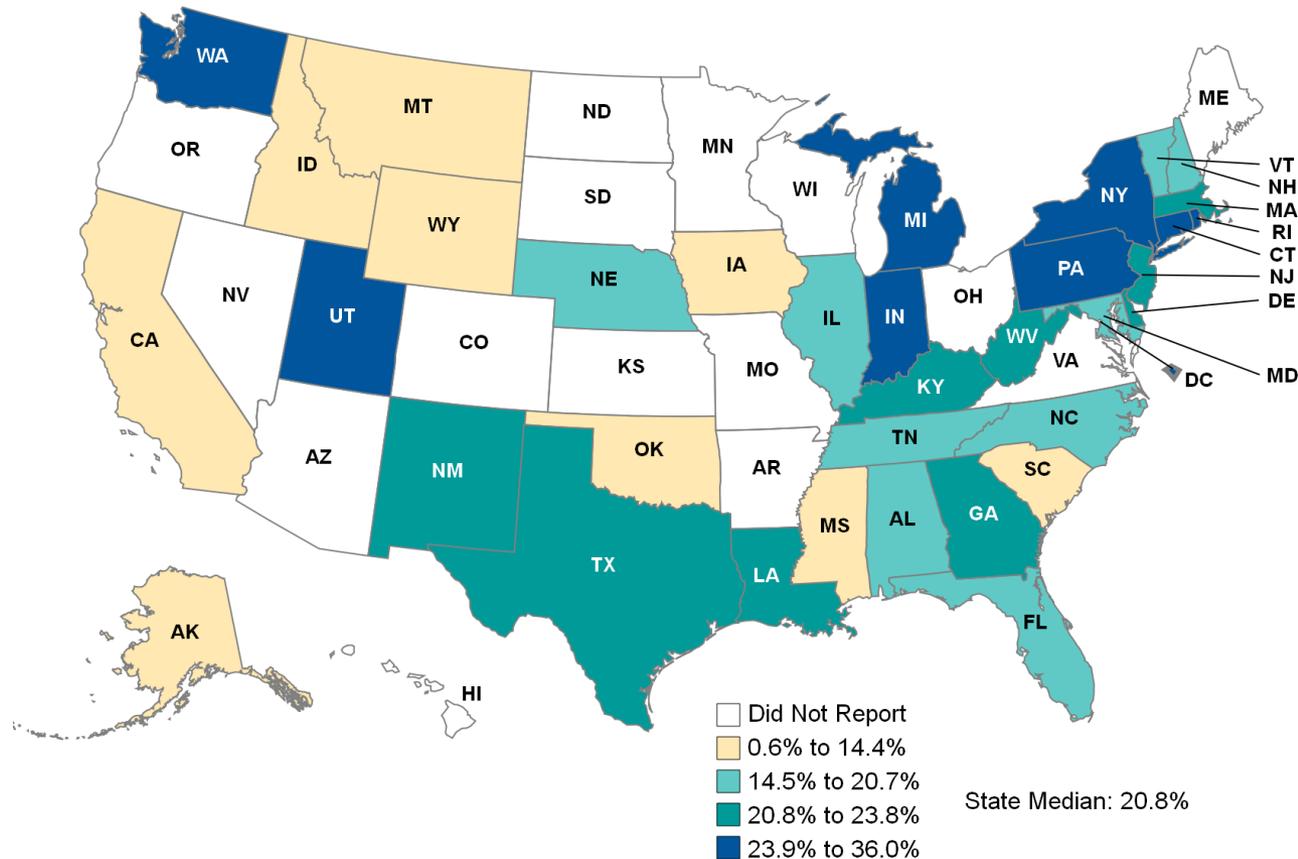
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of female adolescents who turned 13 years old during the measurement year and who had three doses of the HPV vaccine by their 13th birthday. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

A median of **21** percent of female adolescents had three doses of the HPV vaccine by their 13th birthday (36 states)

Human Papillomavirus (HPV) Vaccine for Female Adolescents (continued)

Geographic Variation in the Percentage of Female Adolescents with Three Doses of HPV Vaccine by their 13th Birthday, FFY 2015 (n = 36 states)



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

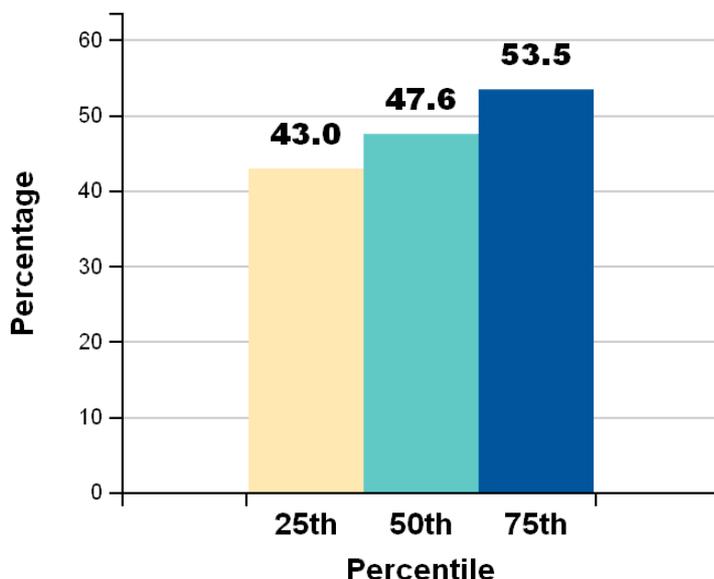
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Chlamydia Screening in Women

Chlamydia is the most commonly reported sexually transmitted infection and 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 Receiving At Least One Test for Chlamydia, FFY 2015 (n = 41 states)



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

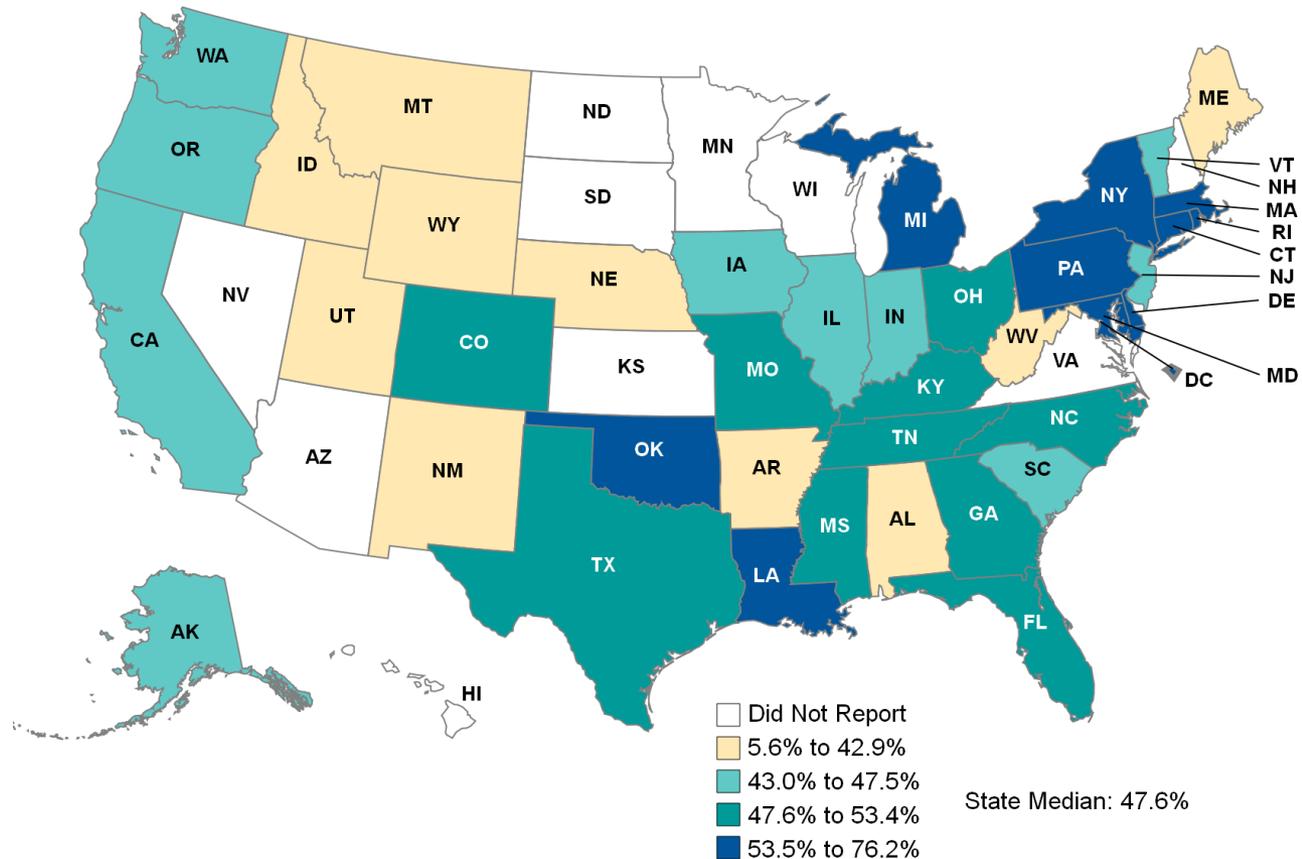
Notes: This measure identifies the percentage of women ages 16 to 20 who were identified as sexually active and had at least one chlamydia test during the measurement year. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population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

A median of

48 percent of sexually active women ages 16 to 20 were tested for chlamydia (41 states)

Chlamydia Screening in Women (continued)

Geographic Variation in the Percentage of Sexually Active Women Ages 16 to 20 Receiving At Least One Test for Chlamydia, FFY 2015 (n = 41 states)



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

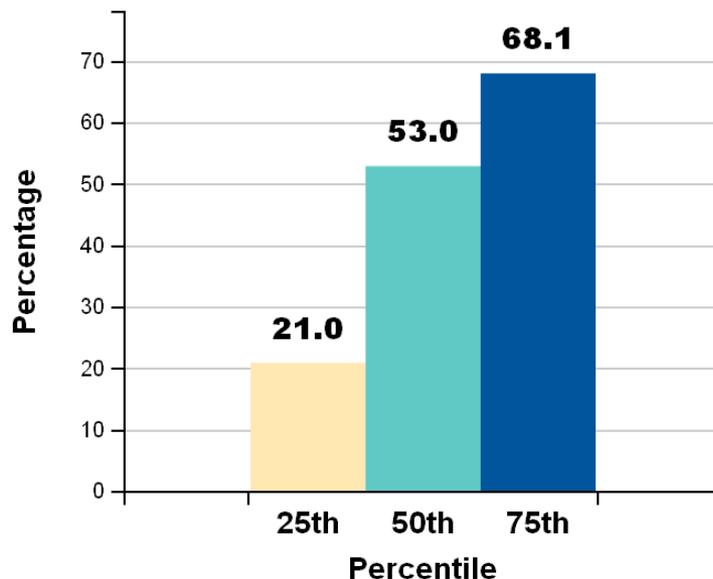
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Body Mass Index (BMI) Assessment for Children and Adolescents

Monitoring of body mass index (BMI) helps providers identify children who are overweight or obese and at increased risk for related health complications. The BMI Assessment for Children and Adolescents measure indicates the percentage of beneficiaries with a primary care visit whose BMI percentile was documented in the medical record

Percentage of Children and Adolescents Who Had an Outpatient Visit and Whose BMI Percentile was Documented in the Medical Record, FFY 2015 (n = 33 states)



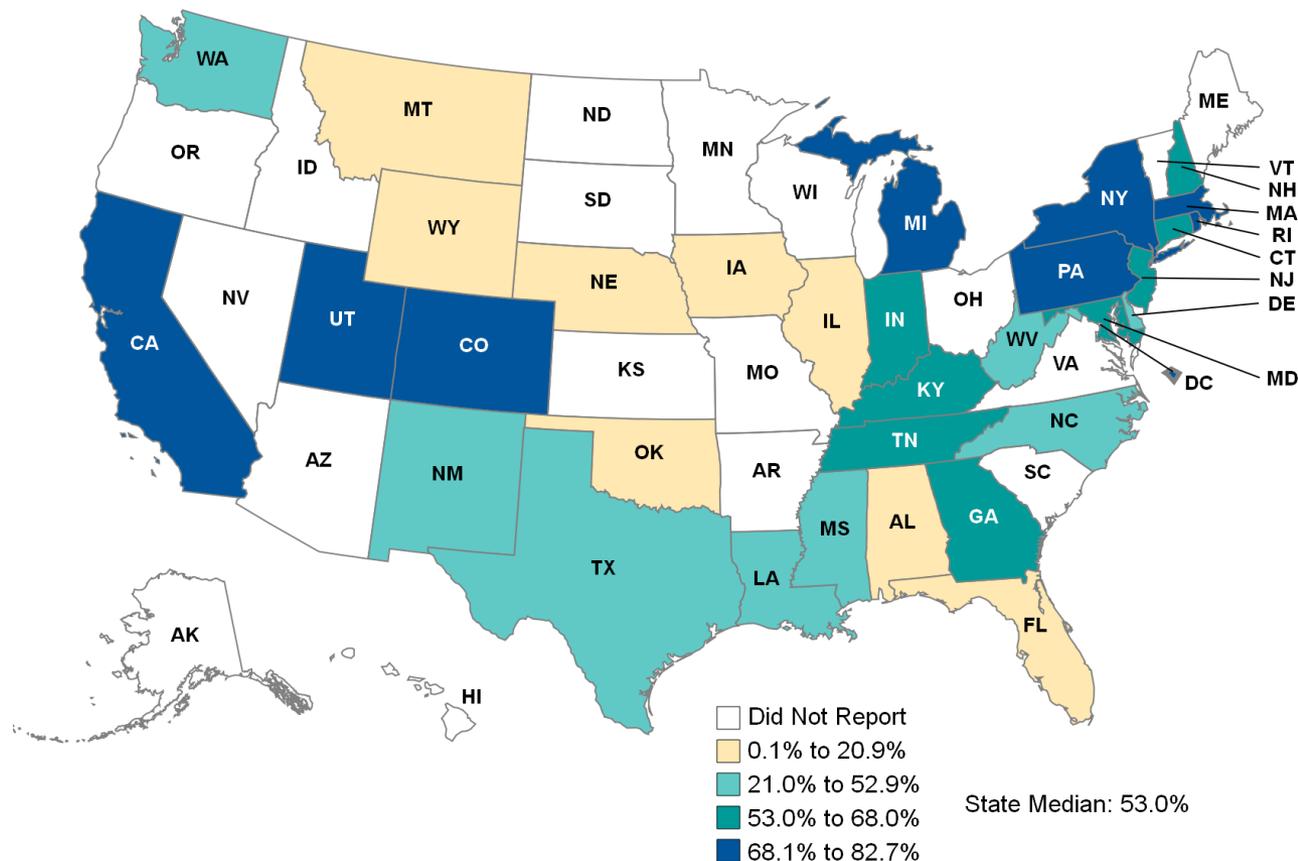
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner and whose weight is classified based on body mass index (BMI) percentile for age and gender. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

A median of **53** percent of children and adolescents with a primary care visit had their BMI percentile documented in the medical record (33 states)

Body Mass Index (BMI) Assessment for Children and Adolescents (continued)

Geographic Variation in the Percentage of Children and Adolescents Who Had an Outpatient Visit and Whose BMI Percentile was Documented in the Medical Record, FFY 2015 (n = 33 states)



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



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. The health of a child is affected by a mother's health and the care she receives 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-chip-program-information/by-topics/quality-of-care/maternal-and-infant-health-care-quality.html>.

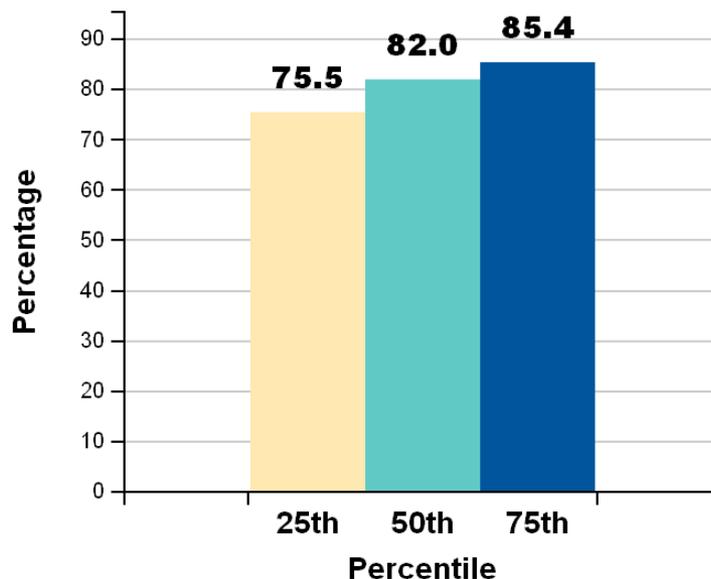
Four Child Core Set measures of maternal and perinatal health were available for analysis for FFY 2015.

- Timeliness of Prenatal Care
- Frequency of Ongoing Prenatal Care
- Live Births Weighing Less Than 2,500 Grams
- Central Line-Associated Blood Stream Infections in Neonatal Intensive Care Units

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 measure indicates how often pregnant women received timely prenatal care (during the first trimester or within 42 days of Medicaid/CHIP enrollment).

Percentage of Pregnant Women with a Prenatal Care Visit in the First Trimester or within 42 Days of Medicaid/CHIP Enrollment, FFY 2015 (n = 37 states)



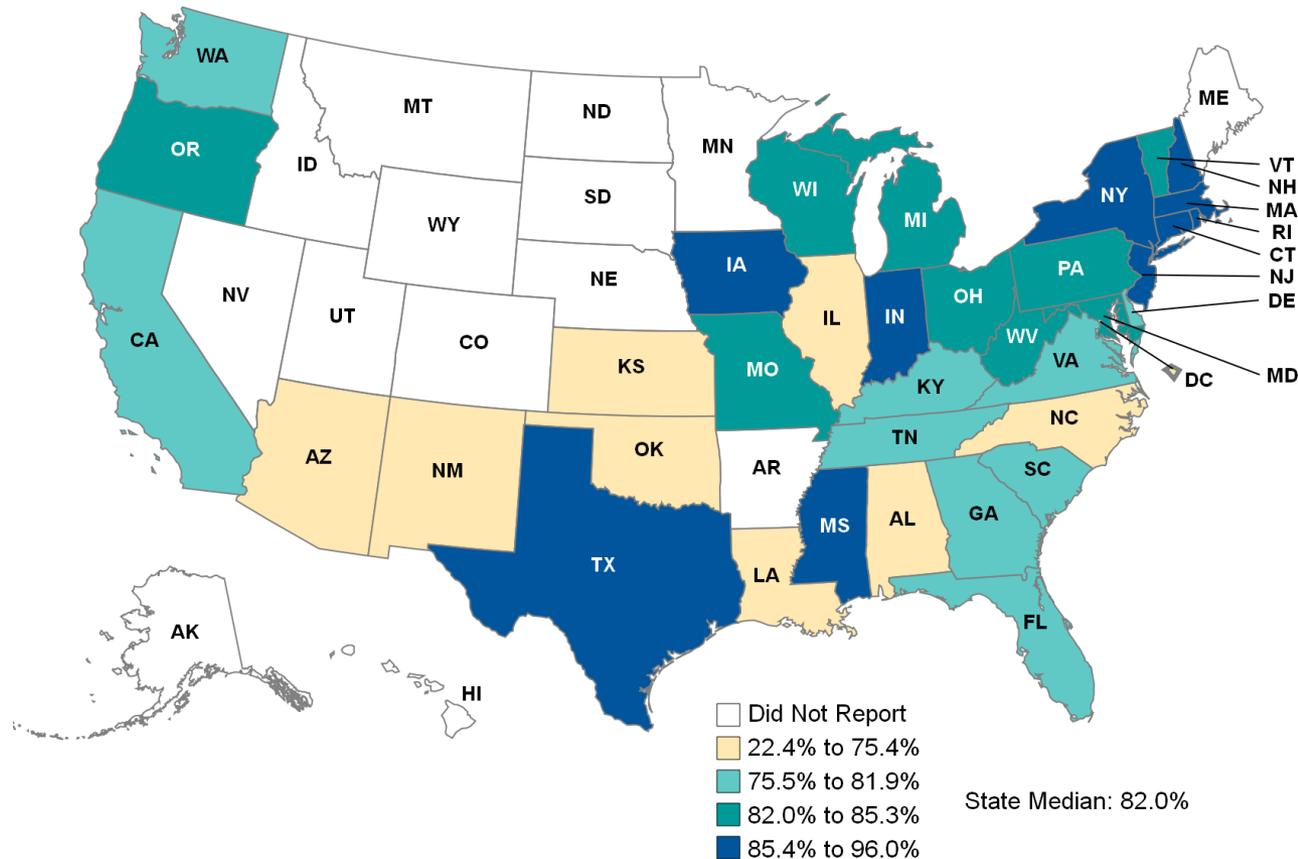
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of Medicaid/CHIP enrollment. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

A median of **82** percent of pregnant women had a prenatal care visit in the first trimester or within 42 days of Medicaid/CHIP enrollment (37 states)

Timeliness of Prenatal Care (continued)

Geographic Variation in the Percentage of Pregnant Women with a Prenatal Care Visit in the First Trimester or within 42 Days of Medicaid/CHIP Enrollment, FFY 2015 (n = 37 states)



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

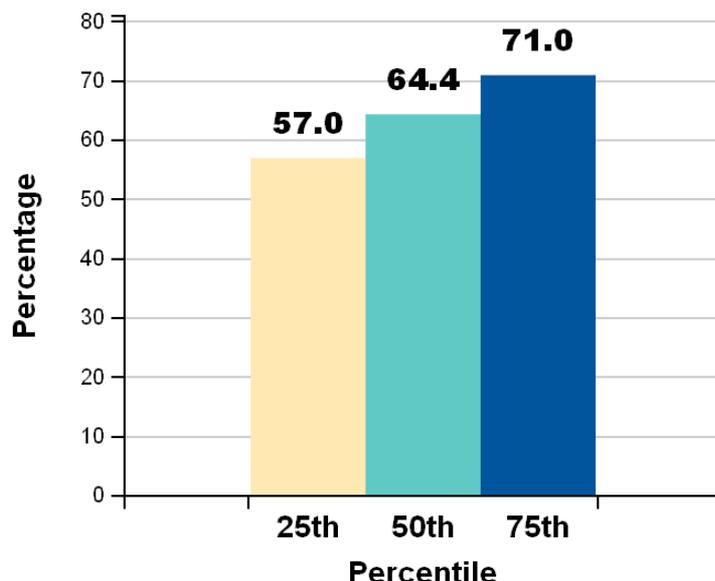
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Frequency of Ongoing Prenatal Care

Ongoing prenatal care enables prenatal care providers to make periodic assessments of a woman's pregnancy risk and health status, perform recommended screenings and laboratory tests, and provide timely referrals for specialized care. Regular prenatal care enables providers to promote positive maternal and infant health outcomes. This measure assesses whether pregnant women had more than 80 percent of the expected number of prenatal care visits.

Percentage of Pregnant Women Receiving More Than 80 Percent of the Expected Number of Prenatal Care Visits, FFY 2015 (n = 29 states)



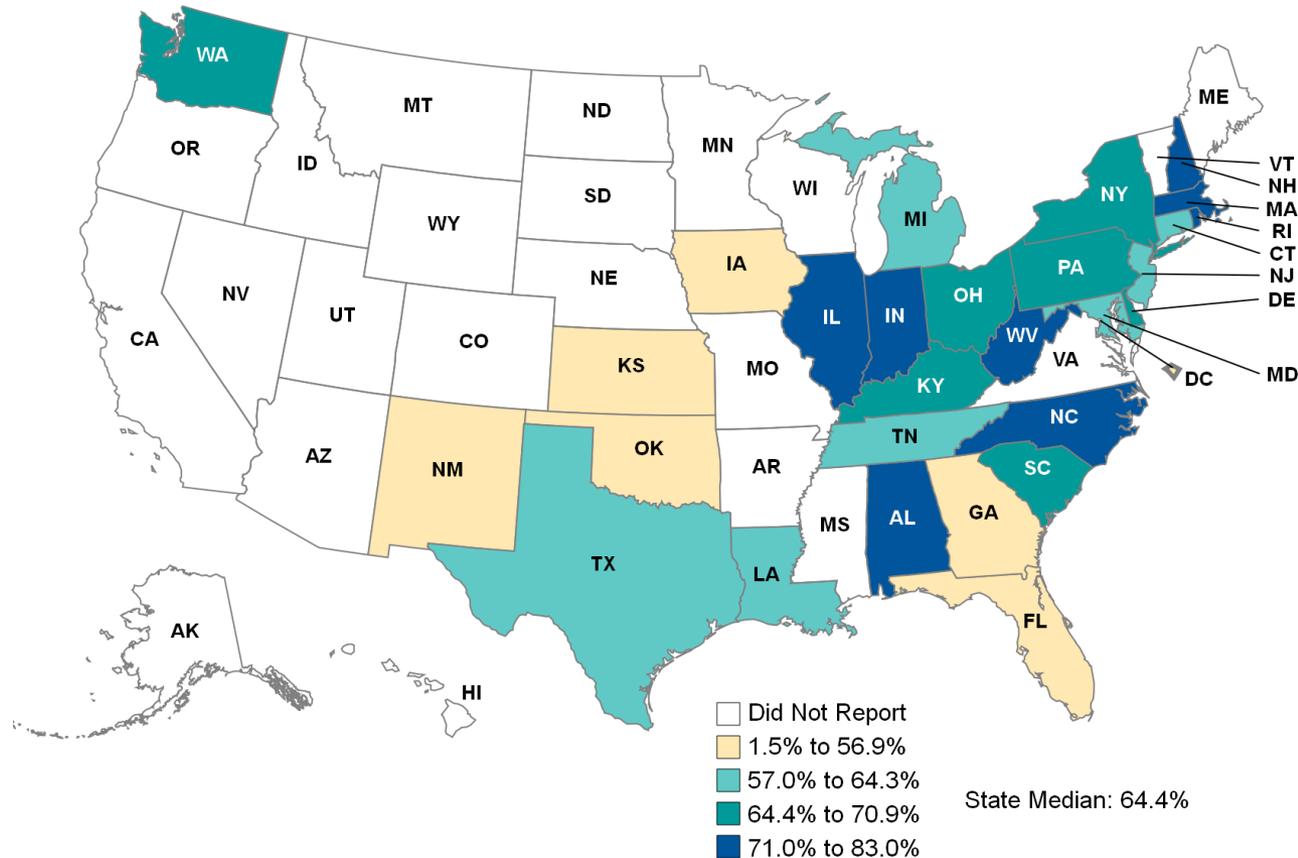
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that received more than 80 percent of the expected number of prenatal visits. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

A median of **64** percent of pregnant women had more than 80 percent of the expected number of prenatal visits (29 states)

Frequency of Ongoing Prenatal Care (continued)

Geographic Variation in the Percentage of Pregnant Women Receiving More Than 80 Percent of the Expected Number of Prenatal Care Visits, FFY 2015 (n = 29 states)



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

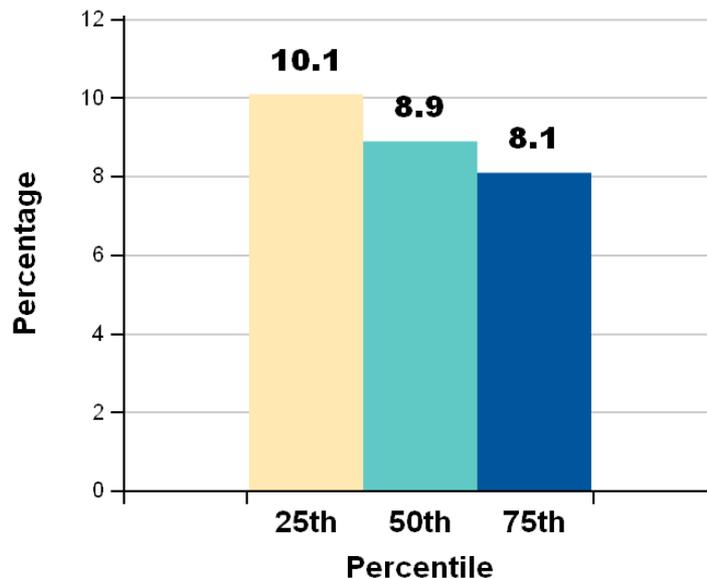
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



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-birthweight baby if they have chronic health conditions (e.g., high blood pressure or diabetes), low weight gain during pregnancy, high stress levels, or high-risk behaviors (e.g., drinking alcohol, smoking cigarettes, or using drugs).

Percentage of Live Births Weighing Less Than 2,500 Grams, FFY 2015 (n = 25 states)
[Lower rates are better]



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of live births that weighed less than 2,500 grams during the reporting period. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

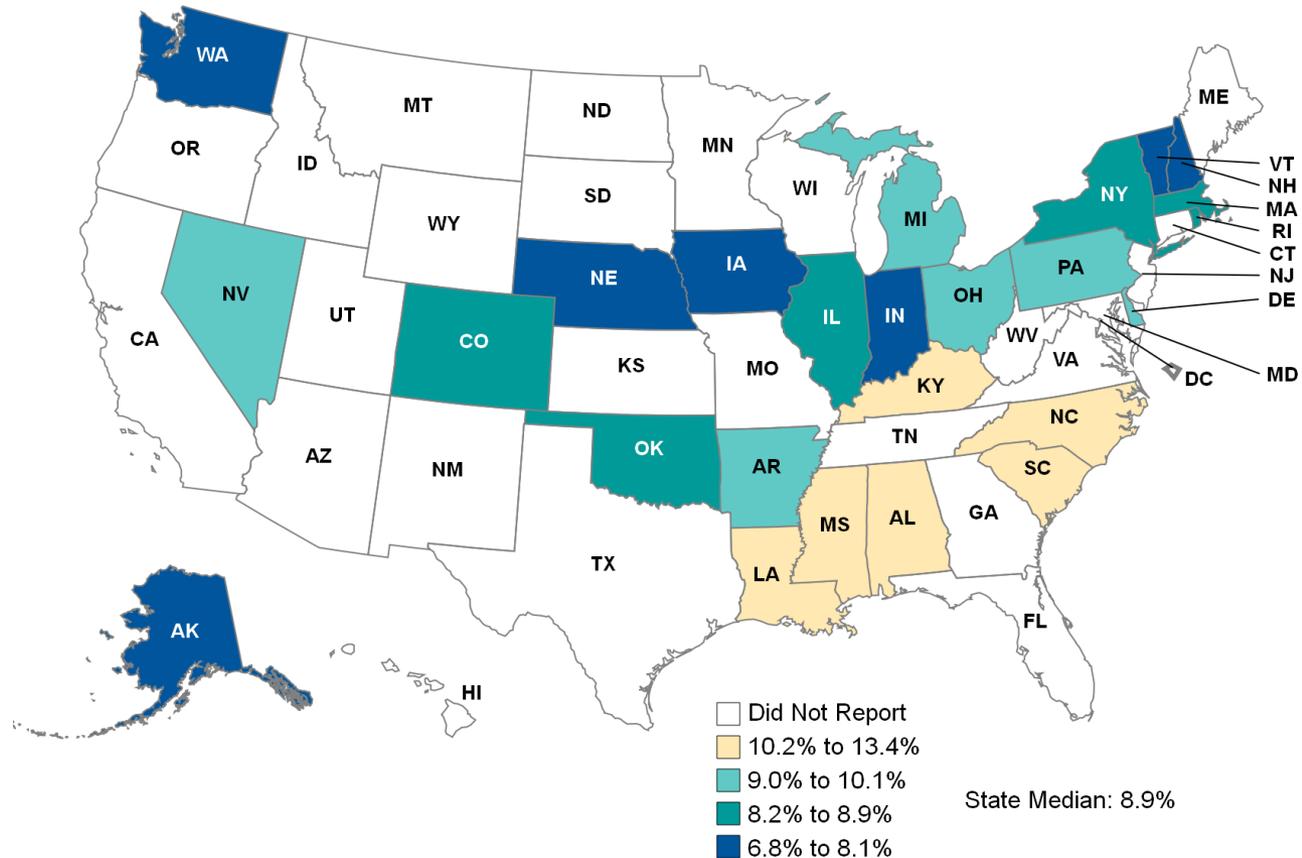
A median of

8.9

percent of live births financed by Medicaid or CHIP weighed less than 2,500 grams (25 states)

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

Geographic Variation in the Percentage of Live Births Weighing Less Than 2,500 Grams, FFY 2015 (n = 25 states)
 [Lower rates are better]



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Pediatric Central Line-Associated Blood Stream Infections

Central Line-Associated Blood Stream Infections (CLABSIs) are a significant cause of mortality and morbidity in hospital neonatal intensive care units (NICUs). Premature infants in NICUs are particularly susceptible to infection because of their immature immune systems. This measure reports the rate of CLABSIs in NICUs. The CLABSI measure is obtained from data reported by hospitals to the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network.

The Standardized Infection Ratio (SIR) compares the number of infections reported in a facility or state to the baseline U.S. experience, adjusting for several risk factors. This measure includes all neonatal CLABSI incidents in NICUs, not just those for infants covered by Medicaid/CHIP. The statistic reported indicates whether the rate of infections increased, decreased, or did not change significantly relative to the baseline U.S. experience (calculated using data for 2006–2008).

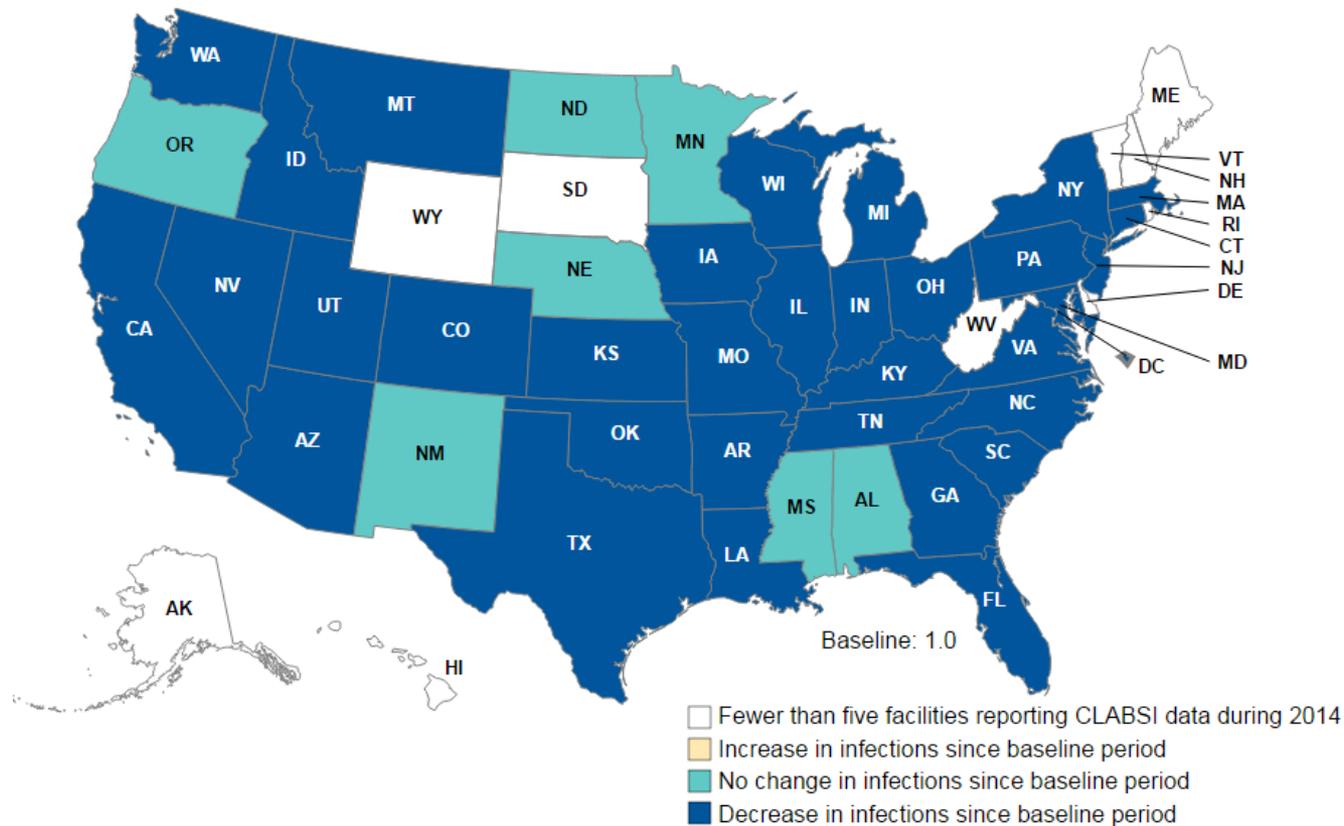
Among the 41 states with CLABSI rates for 2014, the SIRs ranged from 0.187 to 0.849. An SIR less than 1 means that fewer infections occurred relative to what would have been predicted given the baseline data. An SIR greater than 1 means that more infections occurred relative to what would have been predicted given the baseline data. An SIR equal to 1 means that the number of infections is no different than the baseline period.

For further information on the methods used to assess state performance, see <http://www.cdc.gov/HAI/pdfs/progress-report/hai-progress-report.pdf>.

34 states
had a significant
decrease in infections
since the baseline
period (41 states)

Pediatric Central Line-Associated Blood Stream Infections (continued)

Geographic Variation in State Performance on Central Line-Associated Blood Stream Infections (CLABSIs) in Neonatal Intensive Care Units (NICUs), 2014 (n = 41 states)



Source: Centers for Disease Control and Prevention, 2014 National and State Healthcare-Associated Infections Standardized Infection Ratio Report, Table 3d, available at <http://www.cdc.gov/hai/excel/hai-progress-report/HAI-Progress-Tables.xlsx>.

Note: This figure indicates whether the rate of infections increased, decreased, or did not change significantly (based on a 95 percent confidence interval) for each state relative to the baseline U.S. experience (calculated using data for 2006–2008). No states had a significant increase since the baseline period.



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. 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.

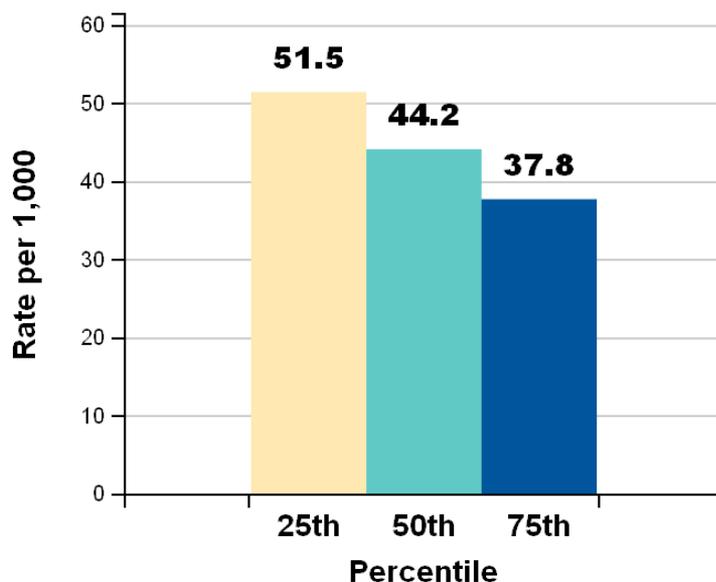
Two Child Core Set measures of care of acute and chronic conditions were available for analysis for FFY 2015.

- Ambulatory Care: Emergency Department Visits
- Medication Management for People with Asthma

Ambulatory Care: Emergency Department Visits

Unnecessary visits to a hospital emergency department (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.

Number of Emergency Department Visits per 1,000 Enrollee Months Among Children Up to Age 19, FFY 2015 (n = 39 states) [Lower rates are better]



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the rate of ED visits per 1,000 enrollee months among children up to age 19. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

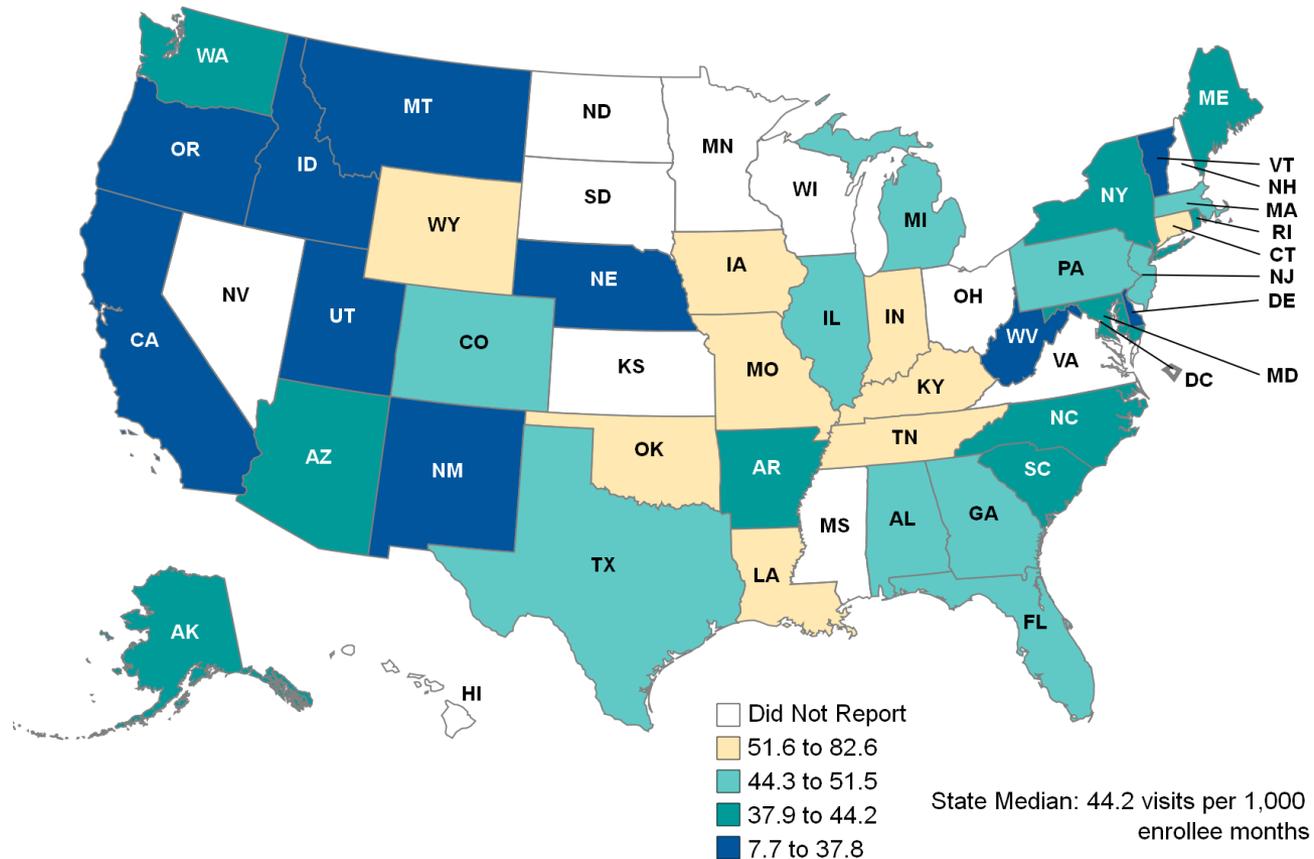
Medicaid/CHIP beneficiaries up to age 19 had a median of

44

emergency department visits per 1,000 enrollee months (39 states)

Ambulatory Care: Emergency Department Visits (continued)

Geographic Variation in the Number of Emergency Department Visits per 1,000 Enrollee Months Among Children Up to Age 19, FFY 2015 (n = 39 states) [Lower rates are better]



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

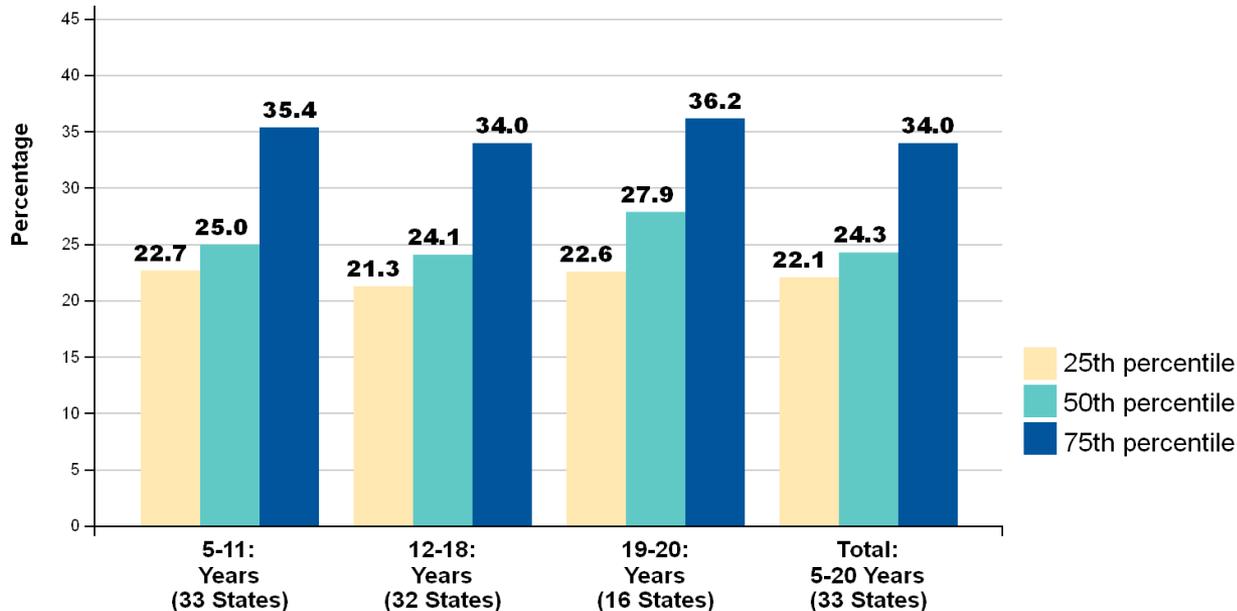
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Medication Management for People with Asthma

Asthma is a preventable and treatable condition that can be managed through use of appropriate medications. Children with persistent asthma who regularly take their prescribed controller medications experience fewer asthma episodes, resulting in less frequent trips to the emergency department and decreased costs associated with care. This measure is an indicator of consistent use of asthma controller medications among children with moderate to severe asthma.

Percentage of Children Ages 5 to 20 Who Remained on Asthma Controller Medication for at Least 75 Percent of their Treatment Period, FFY 2015



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of children who remained on an asthma controller medication for at least 75 percent of their treatment period. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

A median of **24** percent of children ages 5 to 20 remained on asthma controller medication for at least 75 percent of their treatment period (33 states)



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.

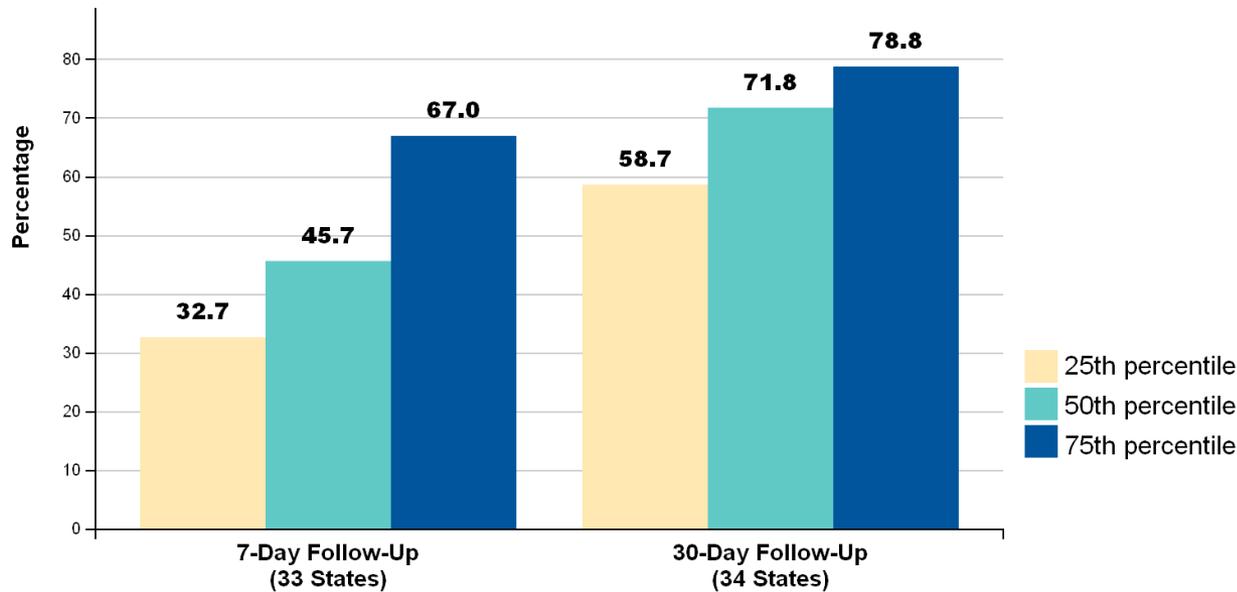
Two Child Core Set measures of behavioral health care were available for analysis for FFY 2015.

- Follow-Up After Hospitalization for Mental Illness
 - Follow-Up Within 7 Days of Discharge
 - Follow-Up Within 30 Days of Discharge
- Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
 - Initiation Phase
 - Continuation and Maintenance Phase

Follow-Up After Hospitalization for Mental Illness

Follow-up care after hospitalization for mental illness 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 of discharge and ideally, within 7 days of discharge.

Percentage of Children Ages 6 to 20 Hospitalized for Treatment of Mental Illness Receiving a Follow-Up Visit Within 7 and 30 Days of Discharge, FFY 2015



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of discharges for children ages 6 to 20 hospitalized for treatment of selected mental illness diagnoses who had an outpatient visit within 7 days of discharge and within 30 days of discharge. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used. Data displayed in this chart include children ages 6 to 20 for 24 states, and age 6 and older for 10 states.

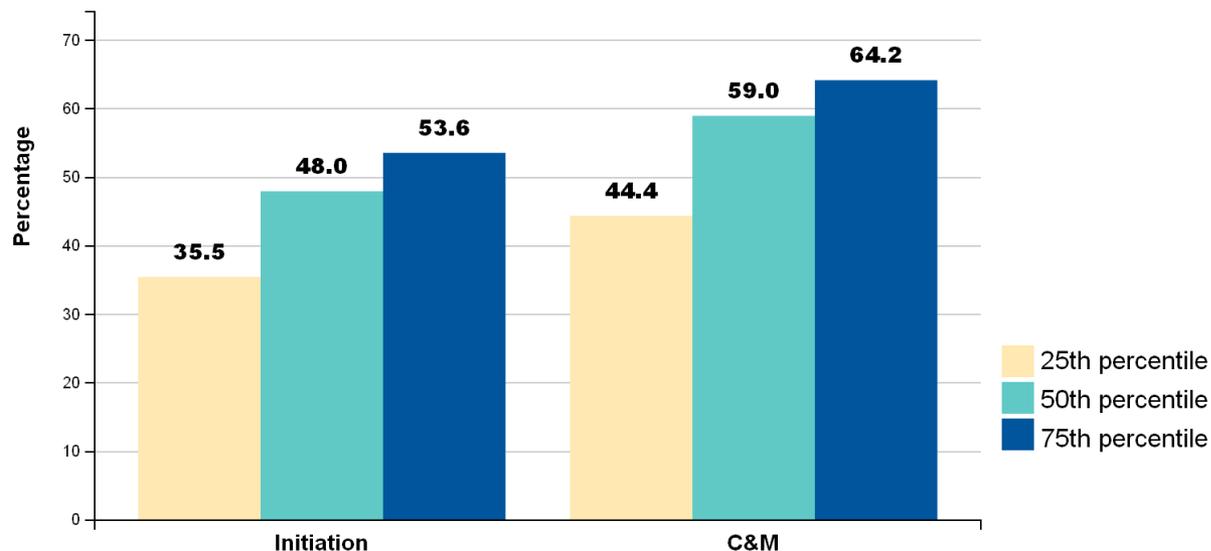
A median of **46** percent of children ages 6 to 20 who were hospitalized for mental illness had a follow-up visit within 7 days of discharge and **72** percent had a follow-up visit within 30 days of discharge (33–34 states)



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 (C&M) Phase for ongoing medication management and assessment of the child's functioning.

Percentage of Children Prescribed Medication for ADHD who Received At Least One Visit during the 30-Day Initiation Phase and At Least Two Visits during the 9-Month Continuation and Maintenance (C&M) Phase, FFY 2015 (n = 37 states)



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

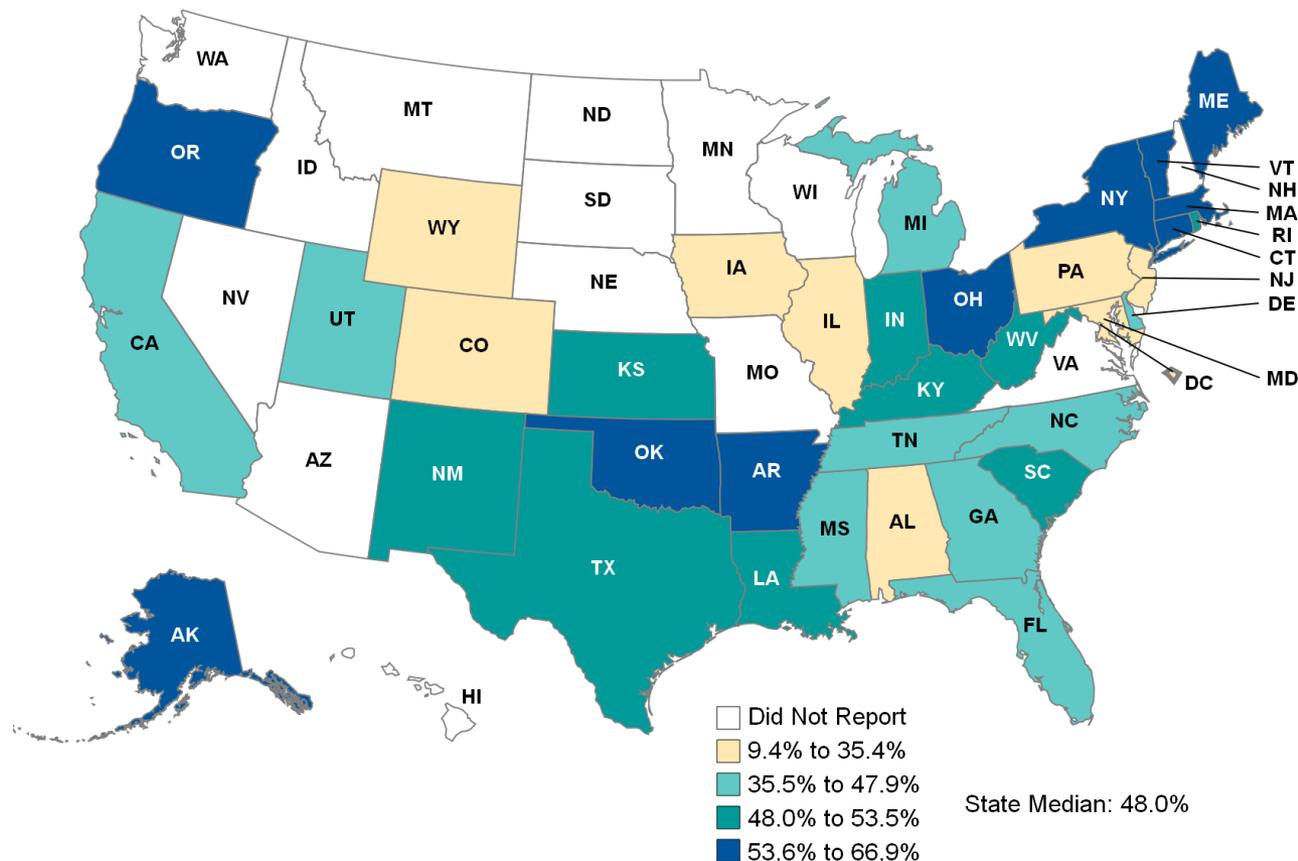
Notes: This measure identifies the percentage of children newly prescribed ADHD medication who had at least three follow-up visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

A median of **48** percent of children newly prescribed ADHD medication had a follow-up visit during the 30-day initiation phase and **59** percent had a follow-up visit during the 9-month continuation and maintenance phase (37 states)



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

Geographic Variation in the Percentage of Children Prescribed Medication for ADHD who Received At Least One Visit during the 30-Day Initiation Phase, FFY 2015 (n = 37 states)



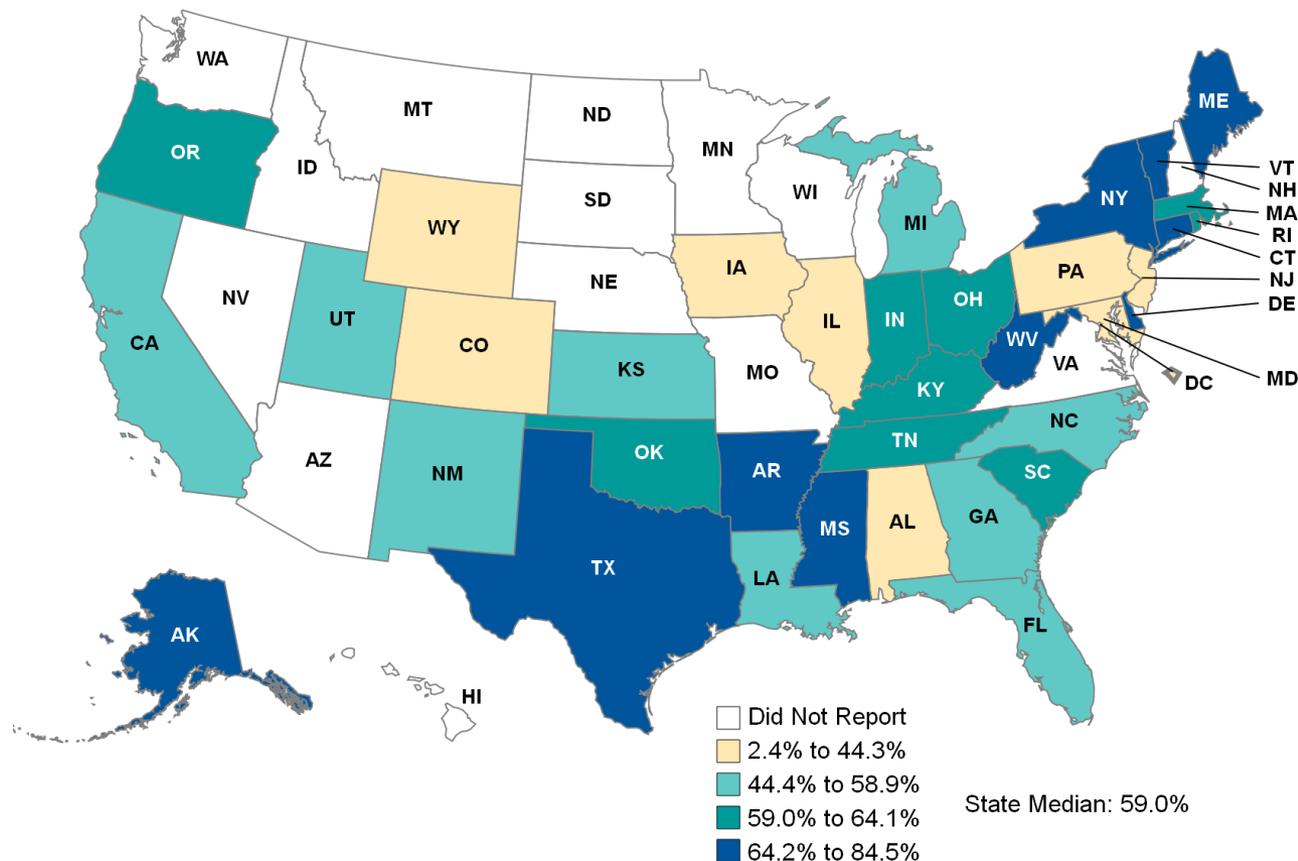
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication: Continuation and Maintenance Phase

Geographic Variation in the Percentage of Children Prescribed Medication for ADHD who Received At Least Two Visits during the 9-Month Continuation and Maintenance (C&M) Phase, FFY 2015 (n = 37 states)



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



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.

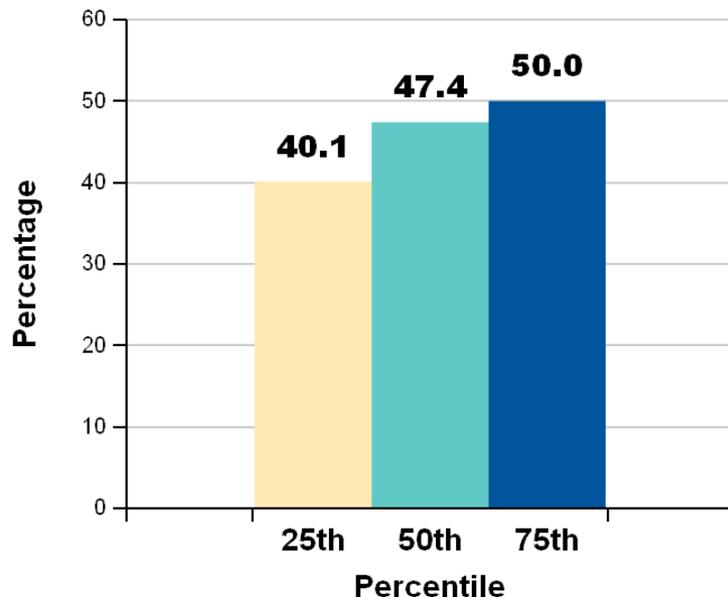
Two measures of dental and oral health services were available for analysis for FFY 2015.

- Preventive Dental Services
- Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk

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 assess the percentage of children ages 1 to 20 that received preventive dental services.

Percentage of Eligibles Who Received Preventive Dental Services, FFY 2015
(n = 51 states)



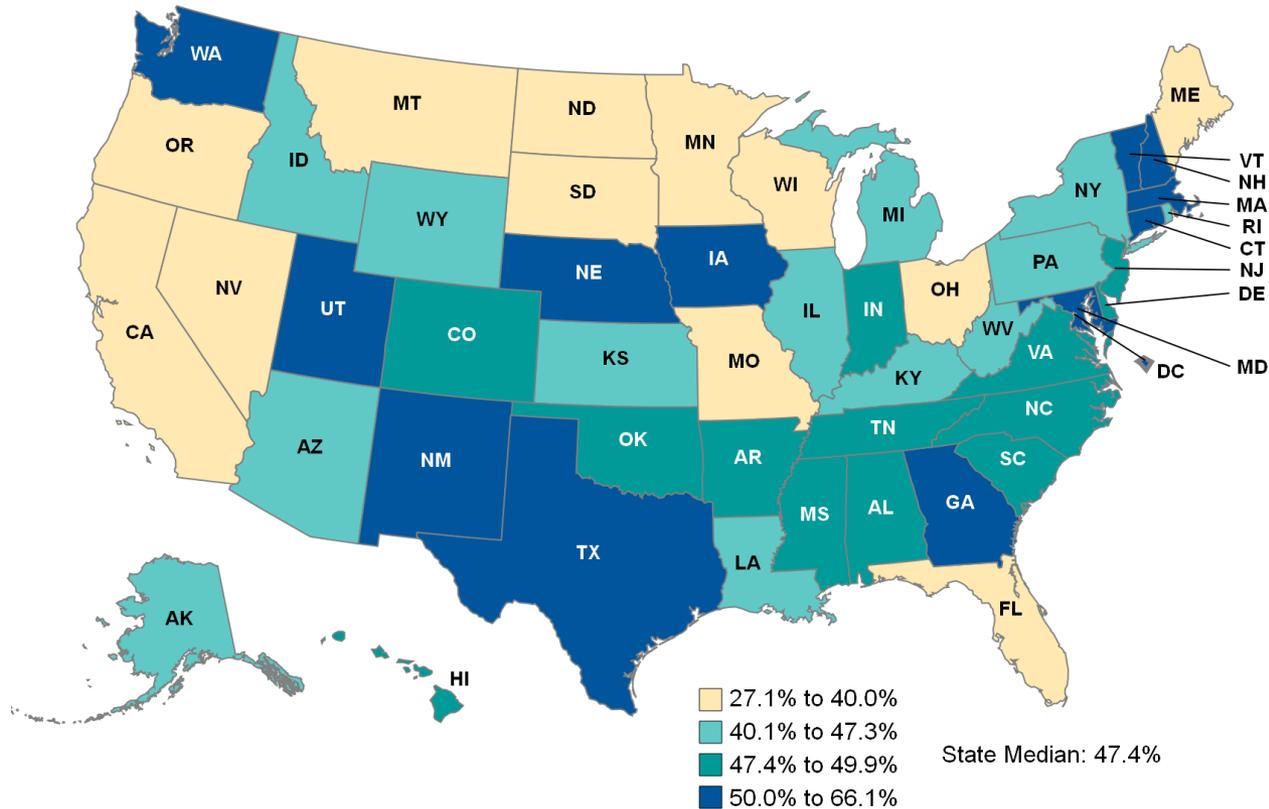
Source: Mathematica analysis of Form CMS-416 reports (annual EPSDT report), Lines 1b and 12b, for the FFY 2015 reporting cycle.

Note: This measure identifies the percentage of children ages 1 to 20 who are covered by Medicaid or CHIP Medicaid Expansion programs for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the reporting period.

A median of **47** percent of children ages 1 to 20 received a preventive dental service (51 states)

Preventive Dental Services (continued)

Geographic Variation in the Percentage of Eligibles Who Received Preventive Dental Services, FFY 2015 (n = 51 states)



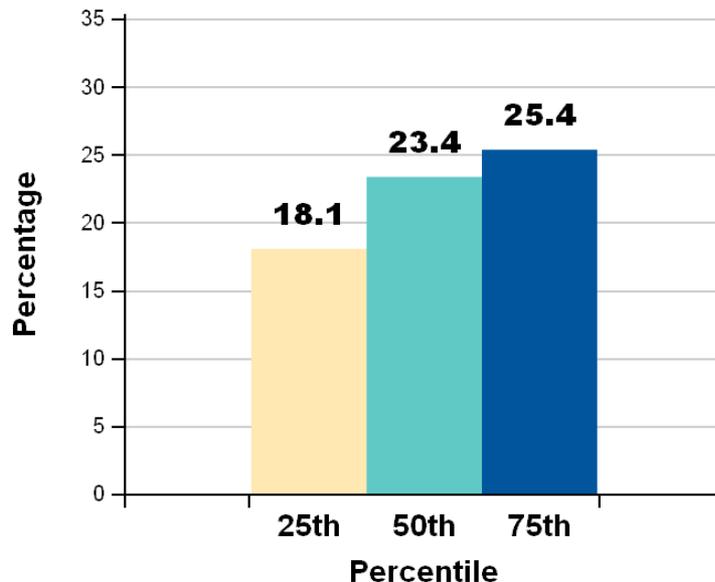
Source: Mathematica analysis of Form CMS-416 reports (annual EPSDT report), Lines 1b and 12b, for the FFY 2015 reporting cycle.



Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk

Clinical evidence suggests that sealants should be placed on children’s primary and permanent teeth when it is determined that a child is at risk of experiencing caries. This measure assesses the percentage of children at elevated risk for dental caries that received a sealant on a first permanent molar. This is the first year this measure was included in the Child Core Set.

Percentage of Children Ages 6 to 9 at Elevated Caries Risk Who Received a Sealant on a First Permanent Molar (n = 25 states)



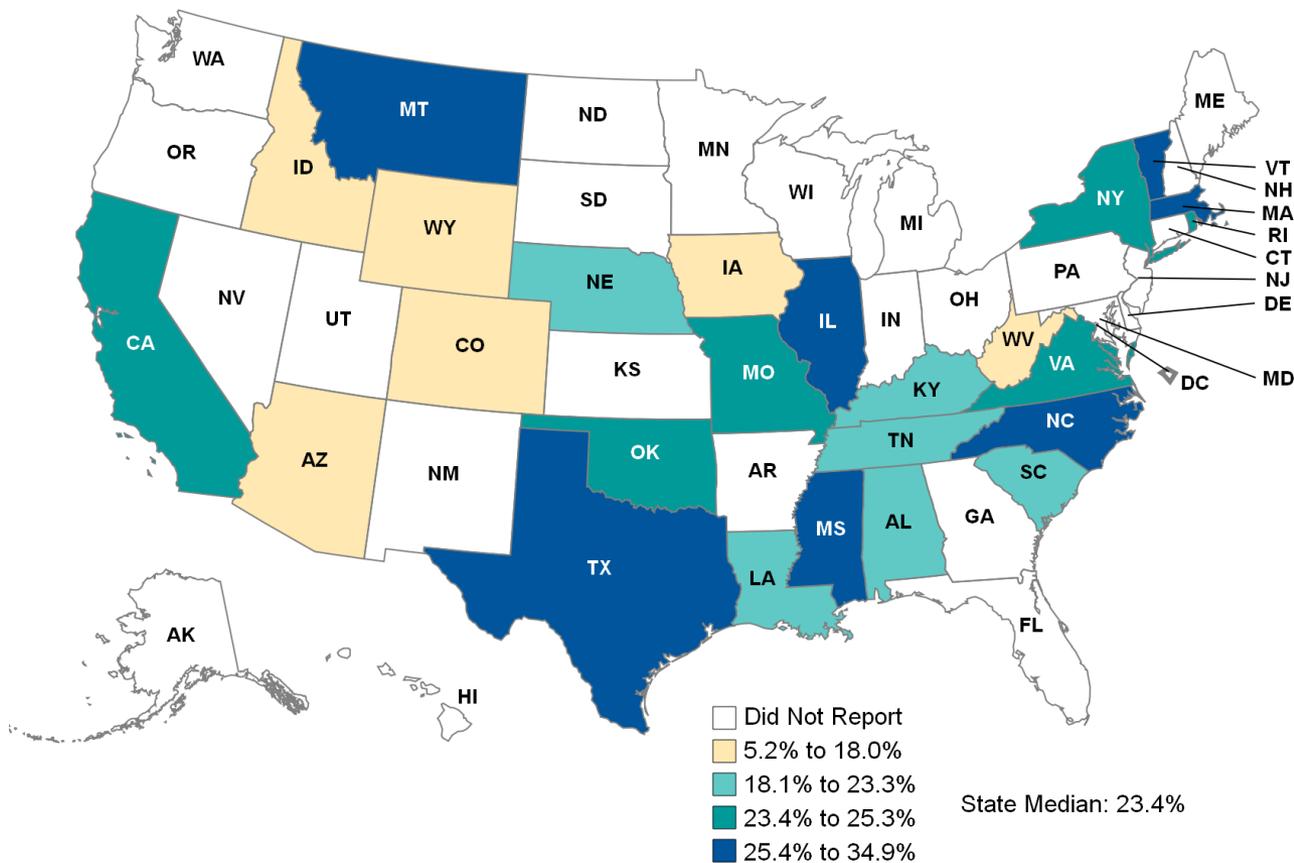
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

A median of **24** percent of children ages 6–9 at elevated caries risk received a dental sealant on a first permanent molar (25 states)

Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk (continued)

Geographic Variation in the Percentage of Children Ages 6 to 9 at Elevated Caries Risk Who Received a Sealant on a First Permanent Molar , FFY 2015 (n = 25 states)



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



TRENDS IN STATE PERFORMANCE, FFY 2013–2015



Trends in State Performance, FFY 2013–2015: Introduction

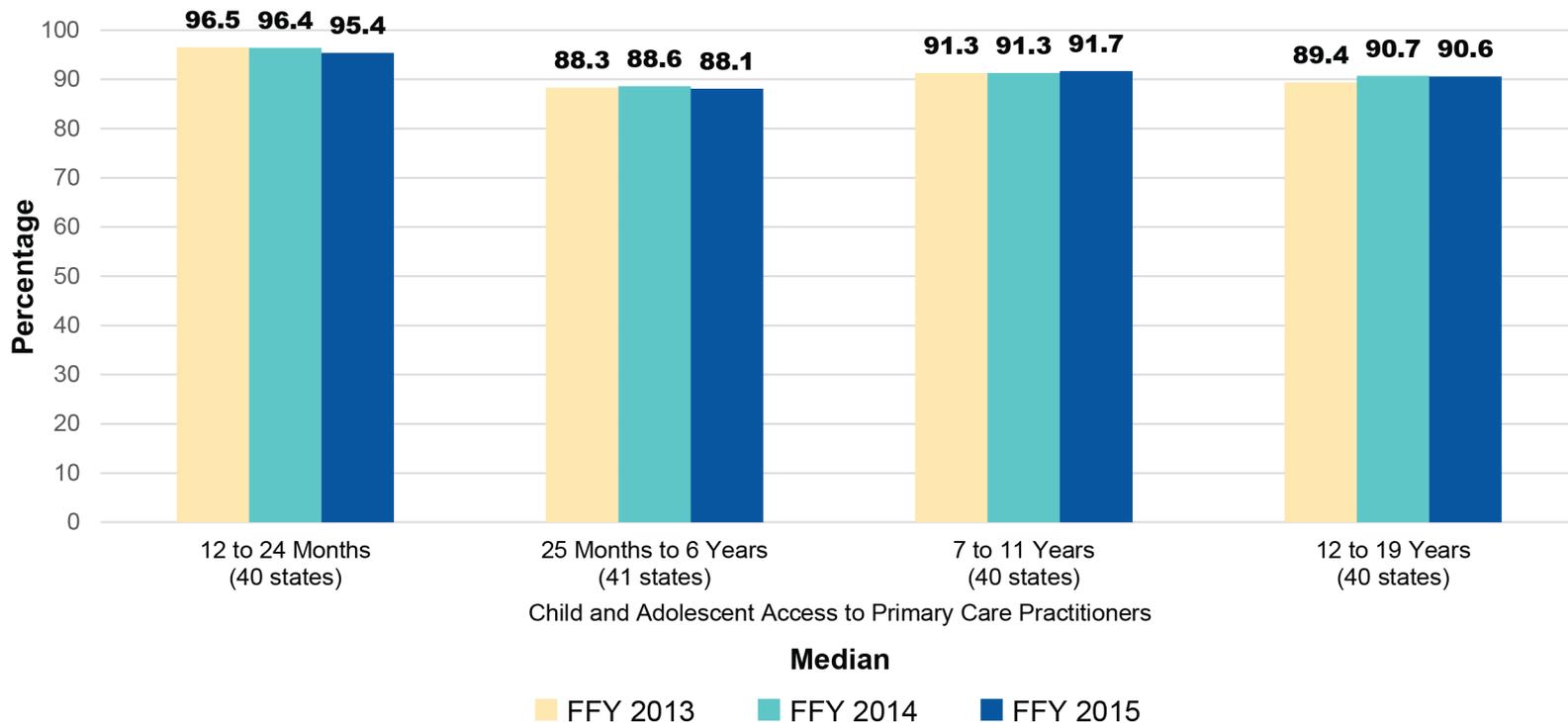
CMS assessed trends in median state performance on 14 Child Core Set measures publicly reported from FFY 2013 to FFY 2015. Trends are presented for measures reported by at least 20 states in all three years and that met internal standards of quality.

Many factors may affect changes in the performance rates reported by states on the Child Core Set measures. While shifts in access and quality may account for some of the changes in performance over time, other factors noted by states include changes in:

- The method and data used to calculate the measures
- The populations included in the measures (such as managed care versus fee-for-service)
- Other aspects of their Medicaid program that could affect reporting (such as transitions in data systems or delivery systems).

Trends in State Performance, FFY 2013–2015: Primary Care Access and Preventive Care

States had consistently high performance rates on Access to Primary Care Practitioners (PCPs) across all three years.



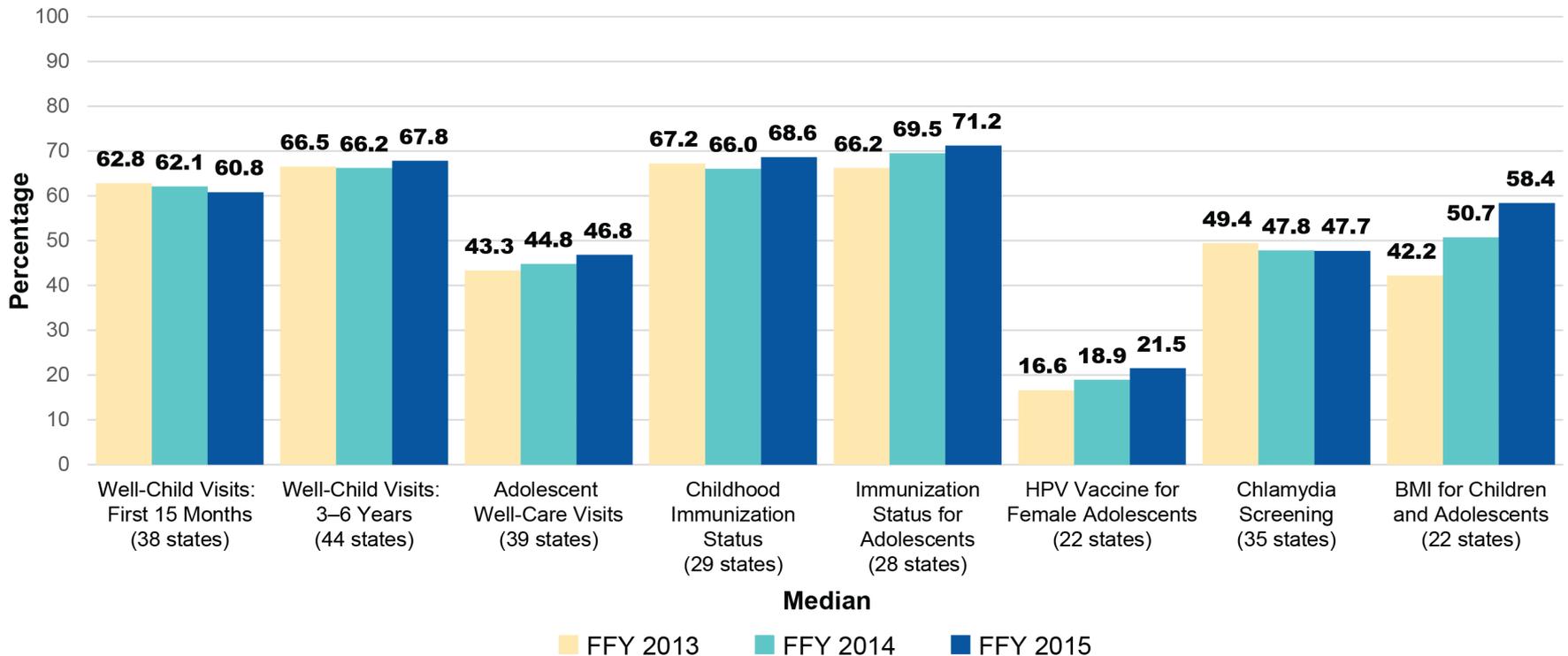
Sources: Mathematica analysis of FFY 2013–2014 CARTS reports and FFY 2015 MACPro reports.

Notes: This chart includes the states that reported the measures using Child Core Set specifications for all three years. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Trends in State Performance, FFY 2013–2015: Primary Care Access and Preventive Care (continued)

Rates of recommended preventive care for adolescents increased slightly over the three-year period for Adolescent Well-Care Visits, Immunization Status for Adolescents, and HPV Vaccine for Female Adolescents. The increase in the median rate for BMI Assessment for Children and Adolescents may be due in part to the use of medical chart review to more accurately capture the information for this measure.



Sources: Mathematica analysis of FFY 2013–2014 CARTS reports and FFY 2015 MACPro reports.

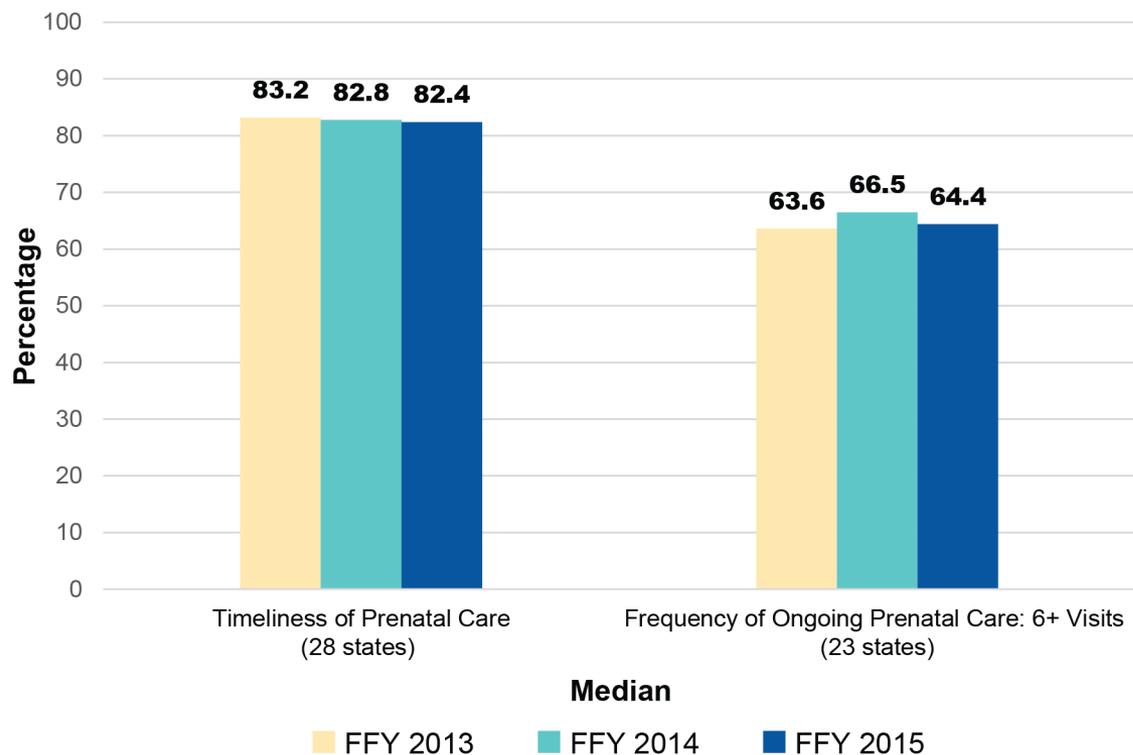
Notes: This chart includes the states that reported each measure using Child Core Set specifications for all three years. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

BMI = Body Mass Index; HPV= Human Papillomavirus.



Trends in State Performance, FFY 2013–2015: Maternal and Perinatal Health

The median rate for the Timeliness of Prenatal Care and Frequency of Prenatal Care measures did not change substantially from FFY 2013 to FFY 2015, among the states reporting the measures for all three years.



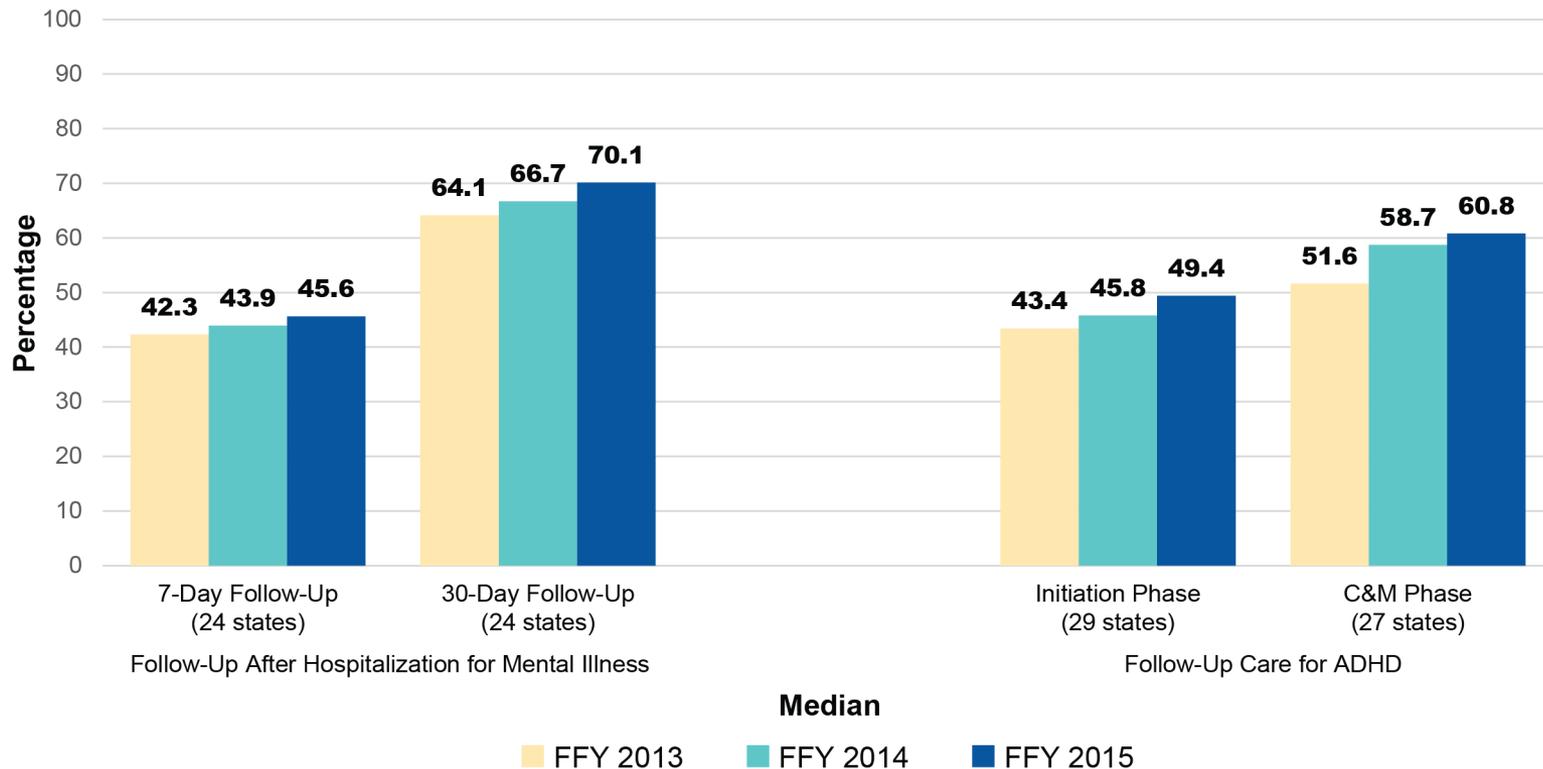
Sources: Mathematica analysis of FFY 2013–2014 CARTS reports and FFY 2015 MACPro reports.

Notes: This chart includes the states that reported each measure using Child Core Set specifications for all three years. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Trends in State Performance, FFY 2013–2015: Behavioral Health Care

Median state performance on the two Behavioral Health Care measures improved between FFY 2013 and FFY 2015, among the states reporting the measures over the three-year period.



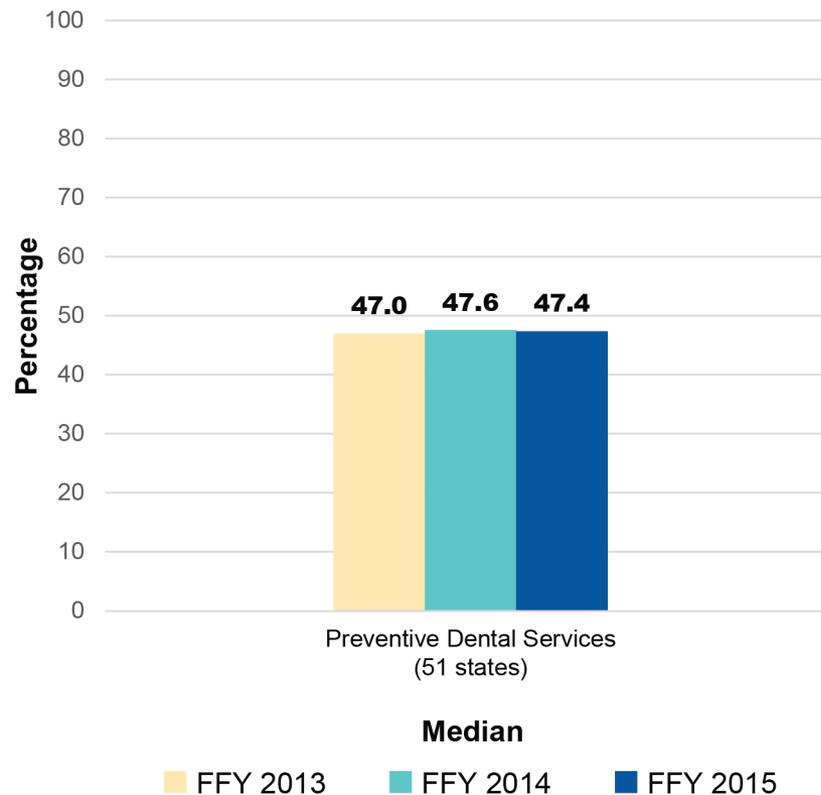
Sources: Mathematica analysis of FFY 2013–2014 CARTS reports and FFY 2015 MACPro reports.

Notes: This chart includes the states that reported each measure using Child Core Set specifications for all three years. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Trends in State Performance, FFY 2013–2015: Dental and Oral Health Services

A median of 47 percent of children ages 1 to 20 received a preventive dental service in FFY 2015, which is similar to the rate in FFY 2013 and FFY 2014.



Source: Mathematica analysis of FFY 2013–2015 Form CMS-416 reports.

Note: This chart includes the states that reported the measure for all three years.

REFERENCE TABLES AND ADDITIONAL RESOURCES



Overview of State Reporting of the Child Core Set Measures, FFY 2015

	Number of Measures Reported	State Reported at Least One Measure for Both Medicaid and CHIP Populations	Child and Adolescent Access to PCPs	Well-Child Visits in the First 15 Months of Life	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	Adolescent Well-Care Visits	Childhood Immunization Status	Immunizations for Adolescents	Human Papillomavirus Vaccine for Female Adolescents	Developmental Screening in the First Three Years of Life	Chlamydia Screening in Women	Body Mass Index Assessment for Children and Adolescents	Timeliness of Prenatal Care	Frequency of Ongoing Prenatal Care	Percentage of Live Births Weighing Less Than 2,500 Grams	Cesarean Rate for Nulliparous Singleton Vertex	Behavioral Health Risk Assessment for Pregnant Women	Ambulatory Care: Emergency Department Visits	Medication Management for People with Asthma	Follow-Up After Hospitalization for Mental Illness	Follow-Up Care for Children Prescribed ADHD Medication	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Preventive Dental Services	Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk	CAHPS Health Plan Survey 5.0H, Child Version (Medicaid)
Total	16 (Median)	46	45	45	47	46	42	38	36	22	41	33	38	29	28	15	4	40	33	35	37	1	51	26	42
Alabama	21	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-	X	X	X	X	-	X	X	X
Alaska	13	X	X	X	X	X	-	-	X	X	X	-	-	-	X	-	-	X	-	X	X	-	X	-	X
Arizona	9	X	X	X	X	X	-	-	-	-	-	-	X	-	-	-	-	X	-	-	-	-	X	X	X
Arkansas	15	X	X	X	X	X	X	X	-	-	X	-	-	-	X	X	-	X	X	X	X	-	X	-	X
California	14	X	X	-	X	-	X	X	X	-	X	X	X	-	-	-	-	X	X	X	X	-	X	X	-
Colorado	18	X	X	X	X	X	X	X	-	X	X	X	X	-	X	-	-	X	X	X	X	-	X	X	X
Connecticut	18	X	X	X	X	X	X	X	X	X	X	X	X	X	-	-	-	X	X	X	X	-	X	-	X
Delaware	19	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-	-	X	X	X	X	-	X	-	X
Dist. of Col.	16	X	X	X	X	X	X	X	X	-	X	X	X	X	X	-	-	-	X	X	X	-	X	-	-
Florida	17	X	X	X	X	X	X	X	X	-	X	X	X	X	-	-	-	X	X	X	X	-	X	-	X
Georgia	21	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-	X	-	X
Hawaii	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	X	-	-
Idaho	13	X	X	X	X	X	X	X	X	-	X	-	-	-	-	-	-	X	X	-	-	-	X	X	X
Illinois	21	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-	X	X	X	X	-	X	X	X
Indiana	20	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-	X	X	X	X	-	X	-	X
Iowa	21	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-	X	X	X	X	-	X	X	X
Kansas	11	X	X	X	X	X	-	-	-	-	-	-	X	X	-	-	-	-	X	X	-	X	-	-	X
Kentucky	19	X	X	X	X	X	X	X	X	-	X	X	X	X	X	-	-	X	X	X	X	-	X	X	X
Louisiana	20	X	X	X	X	X	X	X	X	-	X	X	X	X	X	X	-	X	X	X	X	-	X	X	X
Maine	12	X	X	X	X	X	-	-	-	X	X	-	-	-	-	-	-	X	X	X	X	-	X	-	X

Overview of State Reporting of the Child Core Set Measures, FFY 2015 (continued)

	Number of Measures Reported	State Reported at Least One Measure for Both Medicaid and CHIP Populations	Child and Adolescent Access to PCPs	Well-Child Visits in the First 15 Months of Life	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	Adolescent Well-Care Visits	Childhood Immunization Status	Immunizations for Adolescents	Human Papillomavirus Vaccine for Female Adolescents	Developmental Screening in the First Three Years of Life	Chlamydia Screening in Women	Body Mass Index Assessment for Children and Adolescents	Timeliness of Prenatal Care	Frequency of Ongoing Prenatal Care	Percentage of Live Births Weighing Less Than 2,500 Grams	Cesarean Rate for Nulliparous Singleton Vertex	Behavioral Health Risk Assessment for Pregnant Women	Ambulatory Care: Emergency Department Visits	Medication Management for People with Asthma	Follow-Up After Hospitalization for Mental Illness	Follow-Up Care for Children Prescribed ADHD Medication	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Preventive Dental Services	Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk	CAHPS Health Plan Survey 5.0H, Child Version (Medicaid)
Maryland	16	X	X	X	X	X	X	X	X	-	X	X	X	X	-	-	-	X	X	-	X	-	X	-	X
Massachusetts	19	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
Minnesota	6	X	X	X	X	X	X	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	X	-	-
Mississippi	17	X	X	X	X	X	X	X	X	-	X	X	X	-	X	-	-	-	X	X	X	-	X	X	X
Missouri	12	X	-	X	X	X	X	X	-	-	X	-	X	-	-	-	-	X	-	X	-	-	X	X	X
Montana	14	X	X	X	X	X	X	X	X	-	X	X	-	-	-	-	-	X	-	-	-	-	X	X	X
Nebraska	15	X	X	X	X	X	X	X	X	-	X	X	-	-	X	-	-	X	X	-	-	-	X	X	X
Nevada	9	X	X	X	X	X	X	-	-	-	-	-	-	-	X	-	-	-	-	X	-	-	X	-	X
New Hampshire	14	-	X	-	X	X	X	X	X	X	-	X	X	X	X	X	-	-	-	-	-	-	X	-	X
New Jersey	15	X	X	X	X	X	X	X	X	-	X	X	X	X	-	-	-	X	X	-	X	-	X	-	-
New Mexico	15	X	X	X	X	X	X	X	X	-	X	X	X	X	-	-	-	X	-	-	X	-	X	-	X
New York	21	X	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	-	-	X	X	X
North Carolina	22	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-	-	X	X	X
North Dakota	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	X	-	-
Ohio	11	X	X	X	X	X	-	-	-	-	X	-	X	X	X	-	-	-	-	-	-	-	X	-	X
Oklahoma	20	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-	-	-	X	X	-	-	X	X	X
Oregon	15	X	X	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
Rhode Island	20	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-	-	X	X	X	-	-	X	X	X

Overview of State Reporting of the Child Core Set Measures, FFY 2015 (continued)

	Number of Measures Reported	State Reported at Least One Measure for Both Medicaid and CHIP Populations	Child and Adolescent Access to PCPs	Well-Child Visits in the First 15 Months of Life	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	Adolescent Well-Care Visits	Childhood Immunization Status	Immunizations for Adolescents	Human Papillomavirus Vaccine for Female Adolescents	Developmental Screening in the First Three Years of Life	Chlamydia Screening in Women	Body Mass Index Assessment for Children and Adolescents	Timeliness of Prenatal Care	Frequency of Ongoing Prenatal Care	Percentage of Live Births Weighing Less Than 2,500 Grams	Cesarean Rate for Nulliparous Singleton Vertex	Behavioral Health Risk Assessment for Pregnant Women	Ambulatory Care: Emergency Department Visits	Medication Management for People with Asthma	Follow-Up After Hospitalization for Mental Illness	Follow-Up Care for Children Prescribed ADHD Medication	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Preventive Dental Services	Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk	CAHPS Health Plan Survey 5.0H, Child Version (Medicaid)
South Carolina	17	X	X	X	X	X	--	--	X	--	X	--	X	X	X	X	--	X	X	X	--	X	X	X	X
South Dakota	2	X	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	X	--	X
Tennessee	18	X	X	X	X	X	X	X	X	--	X	X	X	X	--	--	--	X	X	X	X	--	X	X	X
Texas	20	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
Vermont	18	X	X	X	X	X	X	X	X	X	X	--	X	--	X	--	--	X	X	X	--	X	X	X	X
Virginia	9	X	--	X	X	X	X	--	--	--	--	--	X	--	--	--	--	--	--	X	--	--	X	X	X
Washington	16	X	X	X	X	X	X	X	X	--	X	X	X	X	X	X	--	X	--	--	--	X	--	X	X
West Virginia	19	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	--	X	X	X	--	X	X	--	X
Wisconsin	6	X	--	--	--	--	X	--	--	--	--	--	X	--	--	--	--	X	--	--	--	X	--	--	X
Wyoming	15	X	X	X	X	X	X	X	X	X	X	X	--	--	--	--	--	X	--	--	X	X	X	X	--

Sources: Mathematica analysis of MACPro reports and Form CMS-416 reports for the FFY 2015 reporting cycle.

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

The 2015 Child Core Set includes 24 measures. This table excludes the Central Line-Associated Bloodstream Infection (CLABSI) measure. Beginning in FFY 2012, data for the CLABSI measure were obtained from the CDC National Healthcare Safety Network.

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

ADHD = Attention-deficit/hyperactivity disorder; CAHPS = Consumer Assessment of Healthcare Providers and Systems; PCP = Primary Care Practitioner.

Performance Rates on Frequently Reported Child Core Set Measures, FFY 2015

Measure	Measure Description	Number of States Reporting Using Core Set Specifications	Mean	Median	25th Percentile	75th Percentile
Primary Care Access and Preventive Care						
Access to Primary Care: 12–24 Months	Percentage with a PCP Visit in the Past Year	45	94.8	95.2	93.2	97.0
Access to Primary Care: 25 Months–6 Years	Percentage with a PCP Visit in the Past Year	45	87.1	88.0	84.9	89.6
Access to Primary Care: 7–11 Years	Percentage with a PCP Visit in the Past Two Years	44	89.4	91.5	87.9	93.5
Access to Primary Care: 12–19 Years	Percentage with a PCP Visit in the Past Two Years	44	88.6	90.0	86.2	91.6
Well-Child Visits: First 15 Months	Percentage with 6 or More Visits	45	58.4	60.1	49.2	67.0
Well-Child Visits: 3–6 Years	Percentage with 1 or More Visits	47	66.6	66.9	57.3	75.8
Well-Care Visits: 12–21 Years	Percentage with 1 or More Visits	46	46.0	45.5	37.8	56.0
Childhood Immunization Status: 2 Years	Percentage Up-to-Date on Immunizations (Combination 3) ^a	39	63.9	67.1	63.4	73.8
Immunization Status for Adolescents: 13 Years	Percentage Up-to-Date on Immunizations (Combination 1) ^b	38	65.0	67.4	56.8	78.7
Human Papillomavirus Vaccine for Female Adolescents	Percentage Receiving Three Vaccine Doses Before Age 13	36	18.9	20.8	14.5	23.9
Chlamydia Screening in Women: 16–20 Years	Percentage of Sexually Active Women Screened	41	47.2	47.6	43.0	53.5
Body Mass Index Assessment: 3–17 Years	Percentage with a BMI Percentile Documented	33	45.3	53.0	21.0	68.1
Maternal and Perinatal Health						
Timeliness of Prenatal Care	Percentage with a Prenatal Visit in the First Trimester or within 42 Days of Medicaid/CHIP Enrollment	37	78.4	82.0	75.5	85.4
Frequency of Ongoing Prenatal Care	Percentage with More Than 80 Percent of Expected Prenatal Visits	29	62.3	64.4	57.0	71.0
Live Births Weighing Less Than 2,500 Grams	Percentage of Live Births Weighing Less Than 2,500 Grams [Lower rates are better]	25	9.1	8.9	10.1	8.1
Care of Acute and Chronic Conditions						
Emergency Department Visits: 0–19 Years	ED Visits per 1,000 Enrollee Months [Lower rates are better]	39	44.5	44.2	51.5	37.8
Medication Management for People with Asthma: 5–11 Years	Percentage Dispensed Appropriate Medication And Remained on Medication for at Least 75 Percent of Treatment Period	33	30.5	25.0	22.7	35.4

Performance Rates on Frequently Reported Child Core Set Measures, FFY 2015 (continued)

Measure	Measure Description	Number of States Reporting Using Core Set Specifications	Mean	Median	25th Percentile	75th Percentile
Care of Acute and Chronic Conditions (continued)						
Medication Management for People with Asthma: 12–18 Years	Percentage Dispensed Appropriate Medication And Remained on Medication for at Least 75 Percent of Treatment Period	32	28.6	24.1	21.3	34.0
Medication Management for People with Asthma: 19–20 Years	Percentage Dispensed Appropriate Medication And Remained on Medication for at Least 75 Percent of Treatment Period	16	29.5	27.9	22.6	36.2
Medication Management for People with Asthma: Total	Percentage Dispensed Appropriate Medication And Remained on Medication for at Least 75 Percent of Treatment Period	33	29.6	24.3	22.1	34.0
Behavioral Health Care						
Follow-Up After Hospitalization for Mental Illness: 6–20 Years	Percentage of Discharges with a Follow-Up Visit within 7 Days	33	49.1	45.7	32.7	67.0
Follow-Up After Hospitalization for Mental Illness: 6–20 Years	Percentage of Discharges with a Follow-Up Visit within 30 Days	34	68.1	71.8	58.7	78.8
Follow-Up Care for Children Prescribed ADHD Medication: 6–12 Years	Percentage with 1 Follow-Up Visit During the Initiation Phase	37	44.9	48.0	35.5	53.6
Follow-Up Care for Children Prescribed ADHD Medication: 6–12 Years	Percentage with At Least 2 Follow-Up Visits During the Continuation and Maintenance Phase	37	53.3	59.0	44.4	64.2
Dental and Oral Health Services						
Preventive Dental Services: 1–20 Years	Percentage with At Least One Preventive Dental Service	51	45.9	47.4	40.1	50.0
Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk	Percentage Who Received a Sealant on a First Permanent Molar	25	22.2	23.4	18.1	25.4

Sources: Mathematica analysis of MACPro reports and Form CMS-416 reports for the FFY 2015 reporting cycle.

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

This table includes data for states that indicated they used Child Core Set specifications to report the measures and excludes states that indicated they used other specifications and states that did not report the measures for FFY 2015. Additionally, states were excluded if they reported a denominator of less than 30. Means are calculated as the unweighted average of all state rates. In cases where a state reported separate rates for its Medicaid and CHIP populations, the rate for the program with the larger measure-eligible population was used. Measure-specific tables are available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>.

The Central Line-Associated Blood Stream Infections (CLABSI) and the CAHPS Health Plan Survey measures were excluded from this table because the measures use a summary statistic different from those in this table.

^a Combination 3 includes four doses of diphtheria, tetanus, and acellular pertussis (DTaP); three doses of polio (IPV); one dose of measles, mumps, and rubella (MMR); two doses of H influenza type B (HiB); three doses of hepatitis B (Hep B); one dose of chicken pox (VZV); and four doses of pneumococcal conjugate (PCV).

^b Combination 1 includes one dose of meningococcal vaccine and one tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) vaccine.



Changes in Performance Rates on Frequently Reported Child Core Set Measures, FFY 2013–2015

Measure	Number of States Reporting Using Core Set Specifications FFY 2013–2015	FFY 2013 (Median)	FFY 2014 (Median)	FFY 2015 (Median)
Primary Care Access and Preventive Care				
Access to Primary Care: 12–24 Months	40	96.5	96.4	95.4
Access to Primary Care: 25 Months–6 Years	41	88.3	88.6	88.1
Access to Primary Care: 7–11 Years	40	91.3	91.3	91.7
Access to Primary Care: 12–19 Years	40	89.4	90.7	90.6
Well-Child Visits: First 15 Months	38	62.8	62.1	60.8
Well-Child Visits: 3–6 Years	44	66.5	66.2	67.8
Well-Care Visits: 12–21 Years	39	43.3	44.8	46.8
Childhood Immunization Status: 2 Years	29	67.2	66.0	68.6
Immunization Status for Adolescents: 13 Years	28	66.2	69.5	71.2
Human Papillomavirus Vaccine for Female Adolescents	22	16.6	18.9	21.5
Chlamydia Screening in Women: 16–20 Years	35	49.4	47.8	47.7
Body Mass Index Assessment: 3–17 Years	22	42.2	50.7	58.4
Maternal and Perinatal Health				
Timeliness of Prenatal Care	28	83.2	82.8	82.4
Frequency of Ongoing Prenatal Care	23	63.6	66.5	64.4
Behavioral Health Care				
Follow-Up After Hospitalization for Mental Illness: 6–20 Years: 7-Day Follow-Up	24	42.3	43.9	45.6
Follow-Up After Hospitalization for Mental Illness: 6–20 Years: 30-Day Follow-Up	24	64.1	66.7	70.1

Changes in Performance Rates on Frequently Reported Child Core Set Measures, FFY 2013–2015 (continued)

Measure	Number of States Reporting Using Core Set Specifications FFY 2013–2015	FFY 2013 (Median)	FFY 2014 (Median)	FFY 2015 (Median)
Behavioral Health Care (continued)				
Follow-Up Care for Children Prescribed ADHD Medication: 6–12 Years: Initiation Phase	29	43.4	45.8	49.4
Follow-Up Care for Children Prescribed ADHD Medication: 6–12 Years: Continuation and Maintenance Phase	27	51.6	58.7	60.8
Dental and Oral Health Services				
Preventive Dental Services: 1–20 Years	51	47.0	47.6	47.4

Sources: Mathematica analysis of FFY 2013–2014 CARTS reports, FFY 2015 MACPro reports, and FFY 2013–2015 Form CMS-416 reports.

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

This table includes measures that were reported by 20 or more states using Child Core Set specifications for all three years (FFY 2013–2015). Means are calculated as the unweighted average of all state rates. When a state reported separate rates for its Medicaid and CHIP populations, the mean and median rates were calculated using the rate for the larger measure-eligible population. The results for each measure reflect only the states that reported on the measure for all three years.

Data from previous years may be updated based on new information received after publication of the 2015 Report.

Measure-specific tables are available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>.

Additional Resources

Additional resources related to the Child Core Set are available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>

These resources include:

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

Questions about the Child Core Set can be submitted to MACQualityTA@cms.hhs.gov.