



Centers for Medicare & Medicaid Services

**Medicaid & CHIP**

Health Care Quality Measures



# Quality of Care for Children in Medicaid and CHIP: Findings from the 2020 Child Core Set

## Chart Pack

November 2021

■ *This chart pack is a product of the Technical Assistance and Analytic Support for the Medicaid and CHIP Quality Measurement and Improvement Program, sponsored by the Center for Medicaid and CHIP Services. The technical assistance team is led by Mathematica, in collaboration with the National Committee for Quality Assurance, Center for Health Care Strategies, AcademyHealth, and Aurrera Health Group.*

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# About the 2020 Child Core Set

Together, Medicaid and the Children's Health Insurance Program (CHIP) covered 45 million children in federal fiscal year (FFY) 2019, representing more than 1 in 3 children in the United States and covering 42 percent of all births.<sup>1,2,3</sup> 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 2020 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 2020 Child Core Set includes 24 measures.<sup>4</sup>

This Chart Pack summarizes state reporting on the quality of health care furnished to children covered by Medicaid and CHIP during FFY 2020, which generally covers care delivered in calendar year 2019. The Chart Pack includes detailed analysis of state performance on 21 publicly reported measures.<sup>5</sup> 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. These 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

More information about the Child Core Set, including measure-specific 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>.

<sup>1</sup> Medicaid and CHIP enrollment data for FFY 2019 is available at <https://www.medicaid.gov/chip/reports-evaluations/index.html>.

<sup>2</sup> The percentage of children covered by Medicaid and CHIP in 2019 is available at <https://www2.census.gov/programs-surveys/demo/tables/health-insurance/time-series/hic/hhi02.xlsx>.

<sup>3</sup> Data on births covered by Medicaid and CHIP in 2019 is available at <https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-02-508.pdf>.

<sup>4</sup> Three measures were retired from the 2020 Child Core Set and one measure was added. Information about the updates to the 2020 Core Sets is available at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib111919.pdf>.

<sup>5</sup> The count of 21 publicly reported measures includes the Consumer Assessment of Healthcare Providers and Systems (CAHPS) measure. State-specific performance data are not available for this measure.

# 24

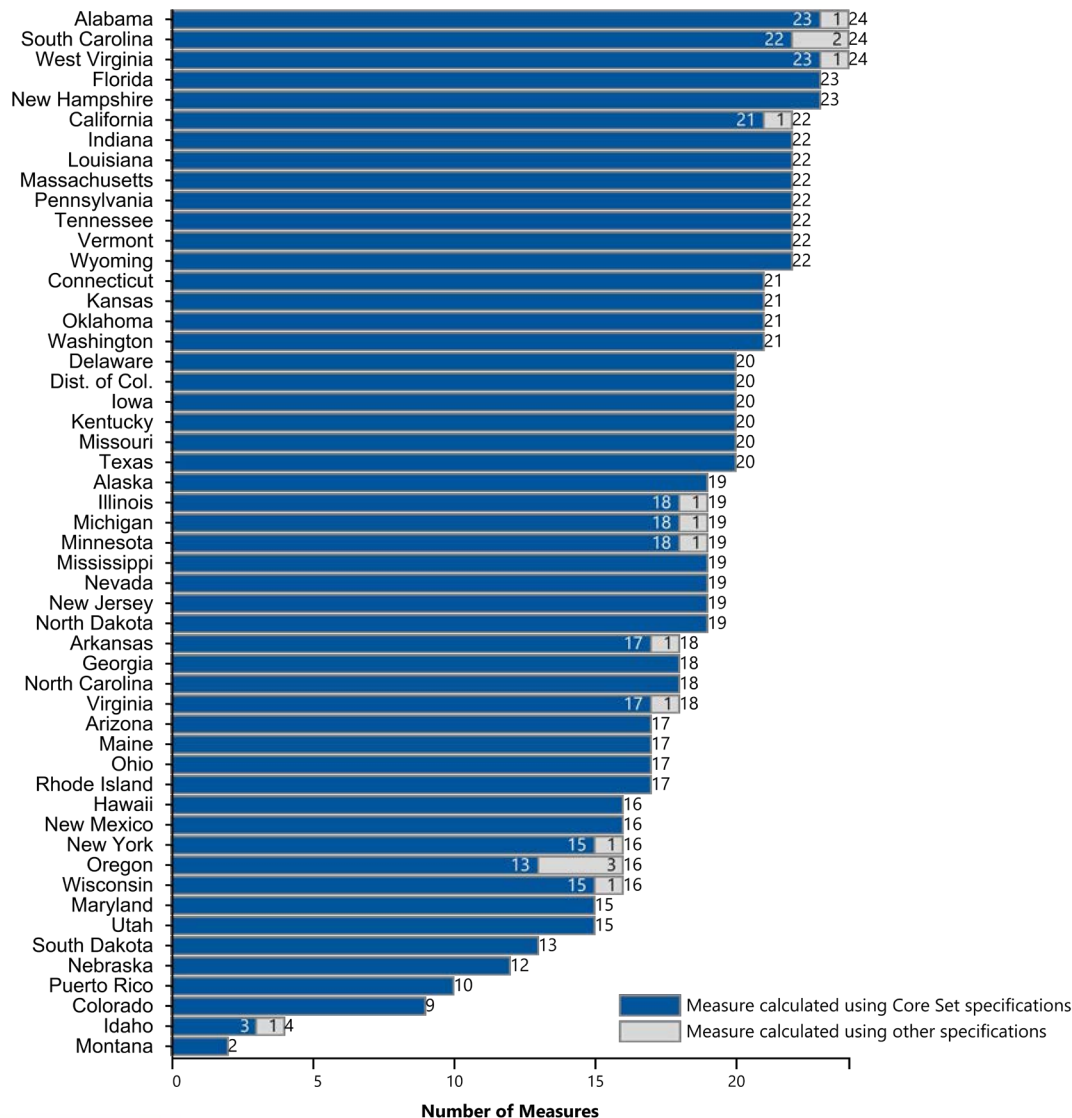
measures that address key aspects of health care access and quality for children and pregnant women covered by Medicaid and CHIP



# OVERVIEW OF STATE REPORTING OF THE 2020 CHILD CORE SET



# Number of Child Core Set Measures Reported by States, FFY 2020



States reported a median of

# 19

Child Core Set measures for FFY 2020

Sources: Mathematica analysis of MACPro reports for for the FFY 2020 reporting cycle as of June 18, 2021; Form CMS-416 reports for the FFY 2020 reporting cycle as of July 2, 2021; and Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2019.

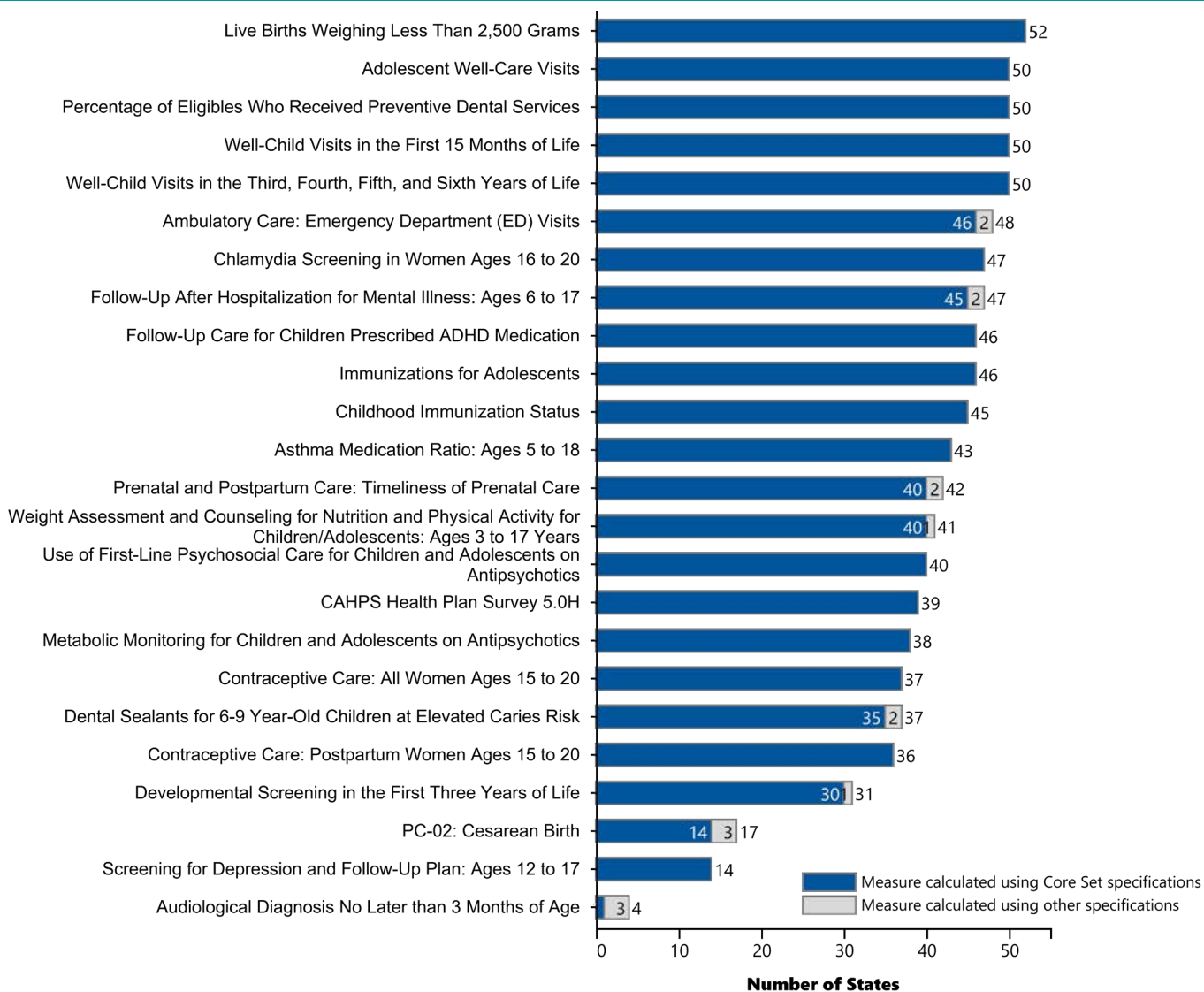
Notes: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico.

The 2020 Child Core Set includes 24 measures. This chart includes all Child Core Set measures for the FFY 2020 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 2020



**20** states reported more Child Core Set measures for FFY 2020 than for FFY 2019

Sources: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021; Form CMS-416 reports for the FFY 2020 reporting cycle as of July 2, 2021; and Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2019. Notes: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico.

The 2020 Child Core Set includes 24 measures. This chart includes all Child Core Set measures that states reported for the FFY 2020 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 2018–FFY 2020

State reporting increased for

**12** of the 22 measures included in the Child Core Set for all three years

Note: For states that did not report the Live Births Weighing Less Than 2,500 Grams measure using Child Core Set specifications for FFY 2019 or FFY 2020, CMS calculated the measure using birth certificate data submitted by states and compiled by the National Center for Health Statistics (NCHS) in Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER). States that did report the measure using Core Set specifications could also choose to use CDC WONDER.

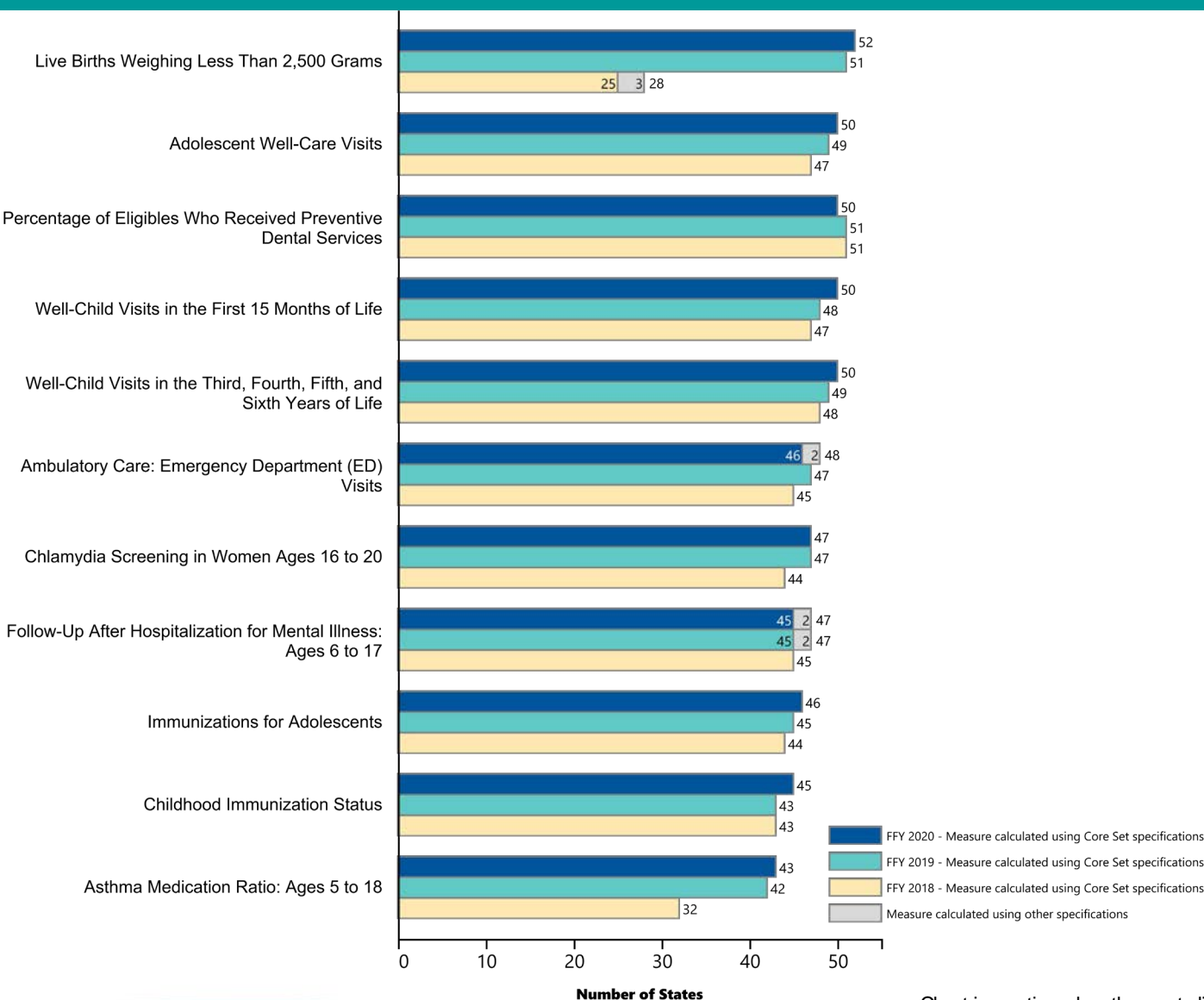
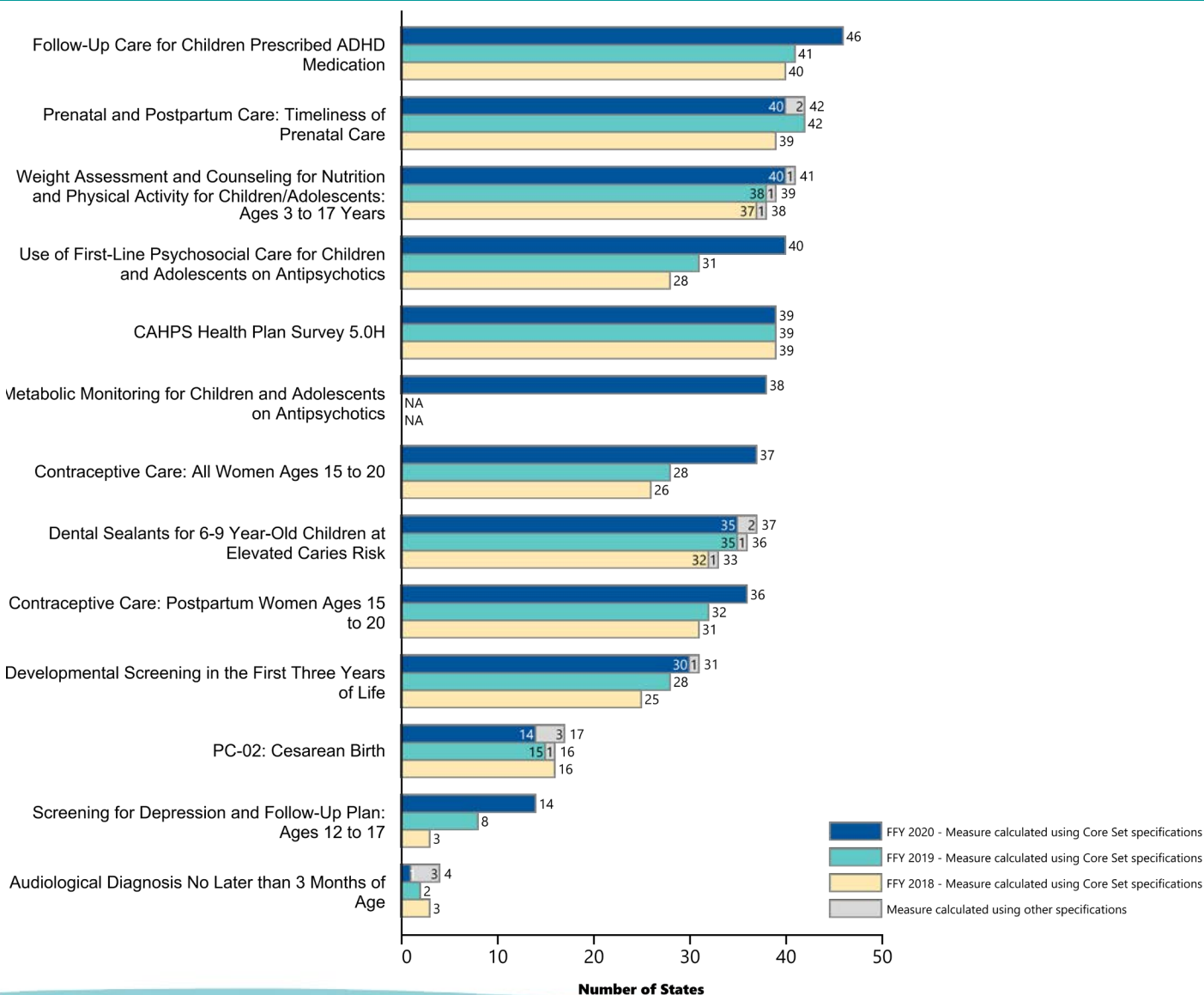


Chart is continued on the next slide.



# Number of States Reporting the Child Core Set Measures, FFY 2018–FFY 2020 (continued)



Sources: Mathematica analysis of FFY 2018–FFY 2020 MACPro reports; FFY 2018–FFY 2020 Form CMS-416 reports; and the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) for calendar years 2018 and 2019.

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

The 2020 Child Core Set includes 24 measures. This chart includes all Child Core Set measures that states reported for the FFY 2020 reporting cycle.

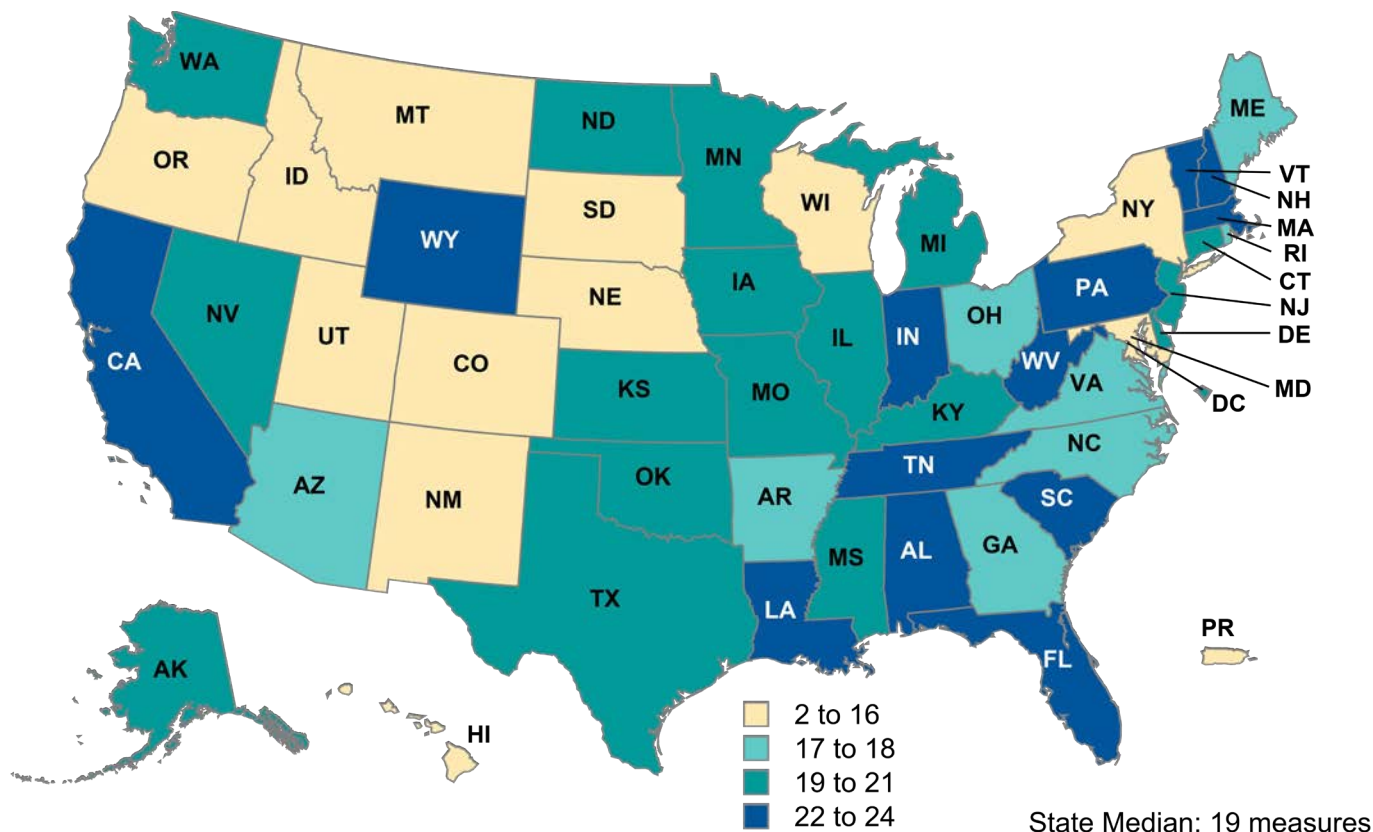
Unless otherwise specified, states used Child Core Set specifications to calculate the measures. Some states calculated Child Core Set measures using “other specifications.” Measures were denoted as using “other specifications” when the state deviated substantially from the Child Core Set specifications, 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 2020



**16** states reported at least 22 of the 24 Child Core Set measures for FFY 2020

Sources: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021; Form CMS-416 reports for the FFY 2020 reporting cycle as of July 2, 2021; and Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2019.

Notes: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico. The 2020 Child Core Set includes 24 measures.

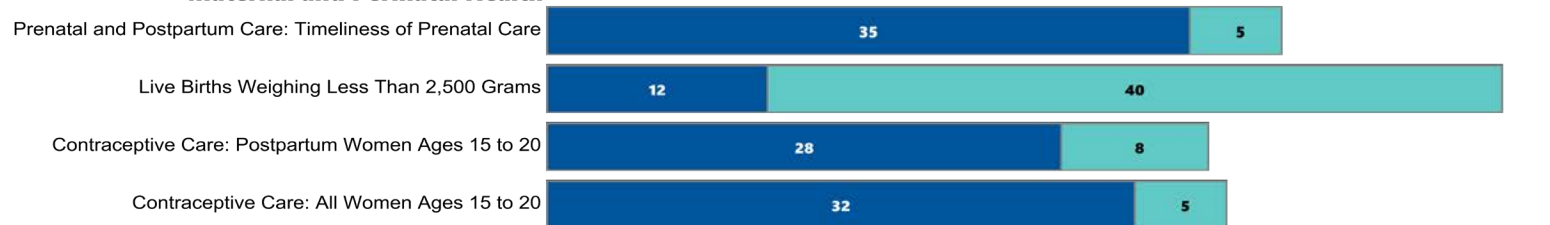


# Populations Included in Frequently Reported Child Core Set Measures for FFY 2020, By Domain

## Primary Care Access and Preventive Care



## Maternal and Perinatal Health



## Care of Acute and Chronic Conditions

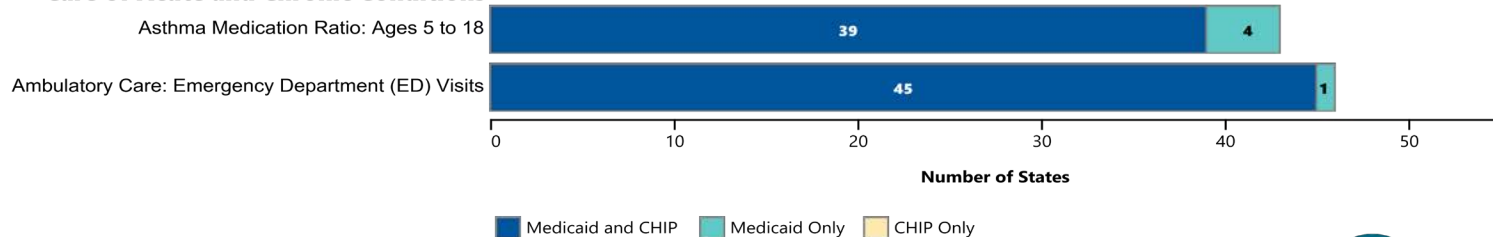
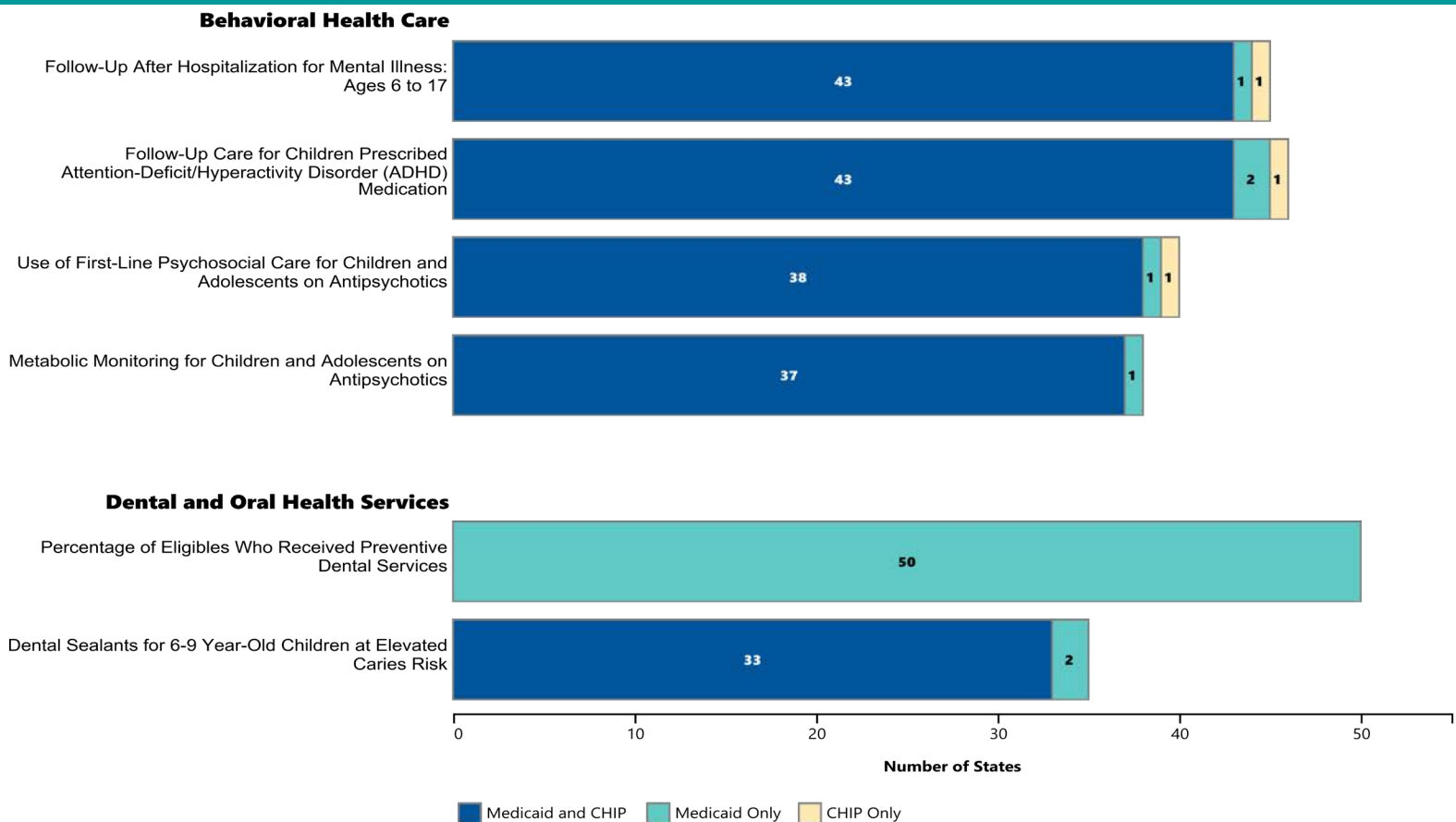


Chart is continued on the next slide.

# Populations Included in Frequently Reported Child Core Set Measures for FFY 2020, By Domain (continued)



Sources: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021; Form CMS-416 reports for the FFY 2020 reporting cycle as of July 2, 2021; and Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2019.

Notes: This chart includes measures that were reported by at least 25 states for FFY 2020 that met CMS standards for 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. For 39 states, the Live Births Less than 2,500 Grams measure was calculated by CMS using birth certificate data submitted by states and compiled by the National Center for Health Statistics in CDC WONDER. Some states may include CHIP beneficiaries in these data. This chart excludes the CAHPS measure.



# Median Performance Rates on Frequently Reported Child Core Set Measures, FFY 2020, By Domain

## Primary Care Access and Preventive Care

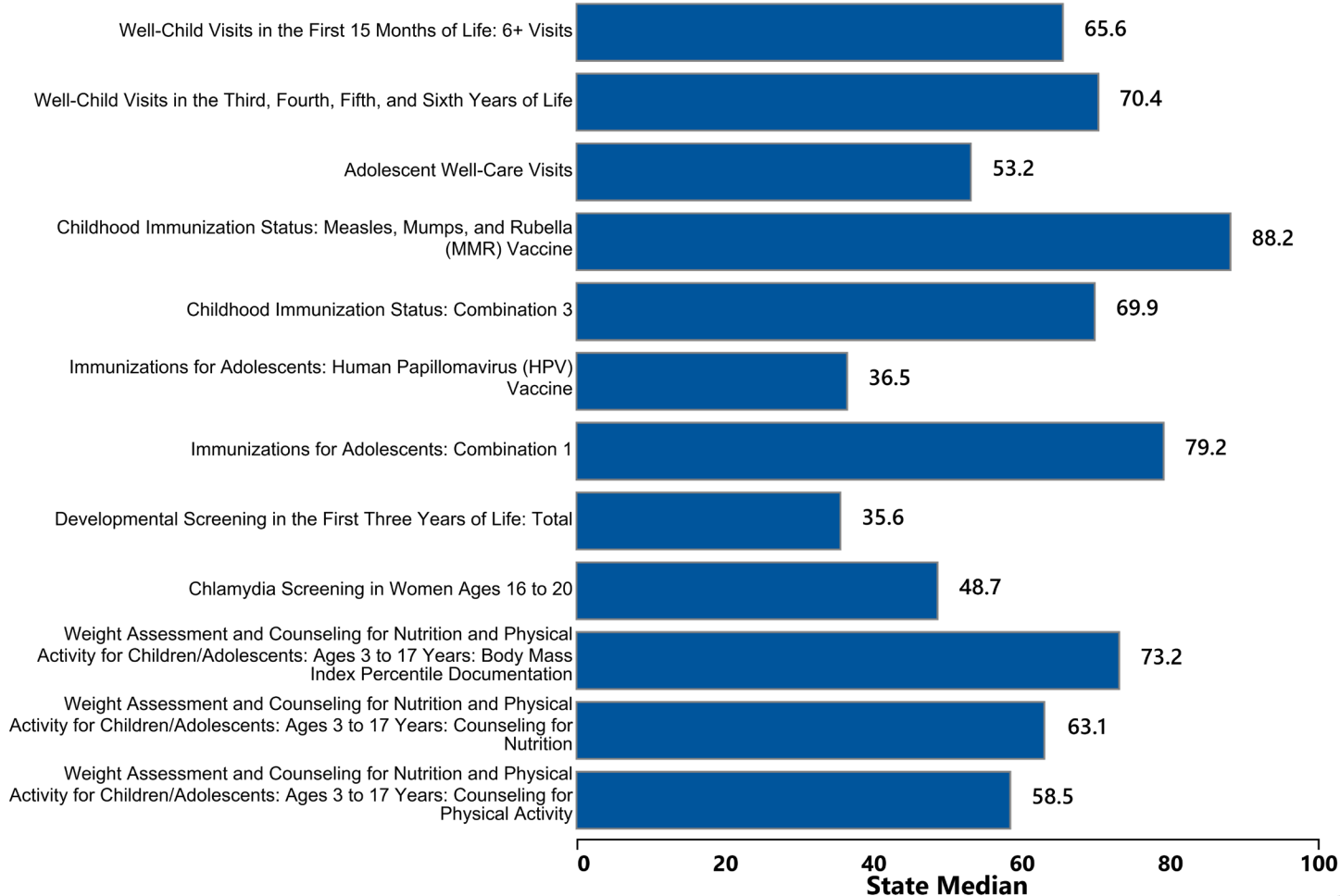


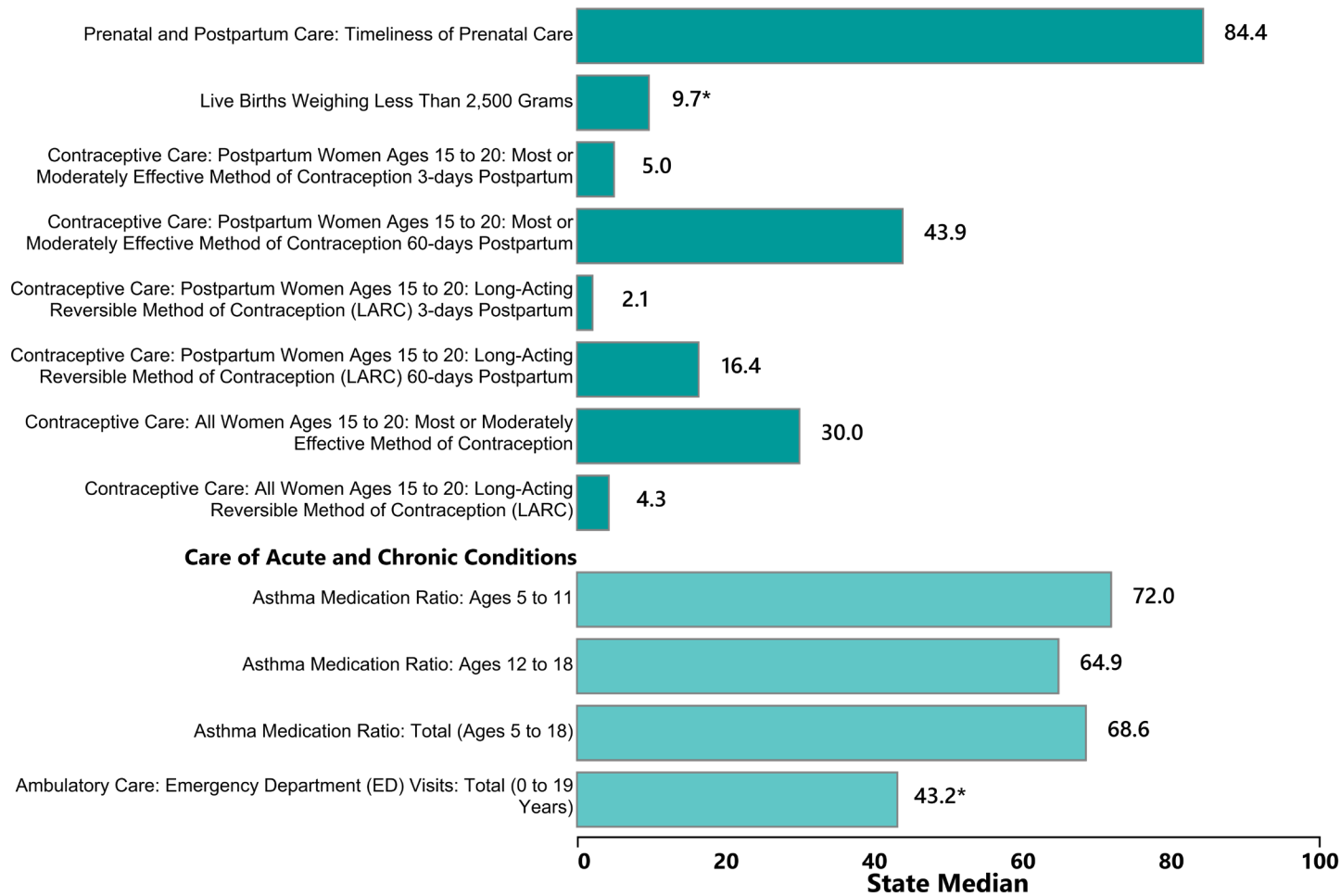
Chart is continued on the next slide.

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.



# Median Performance Rates on Frequently Reported Child Core Set Measures, FFY 2020, By Domain (continued)

## Maternal and Perinatal Health



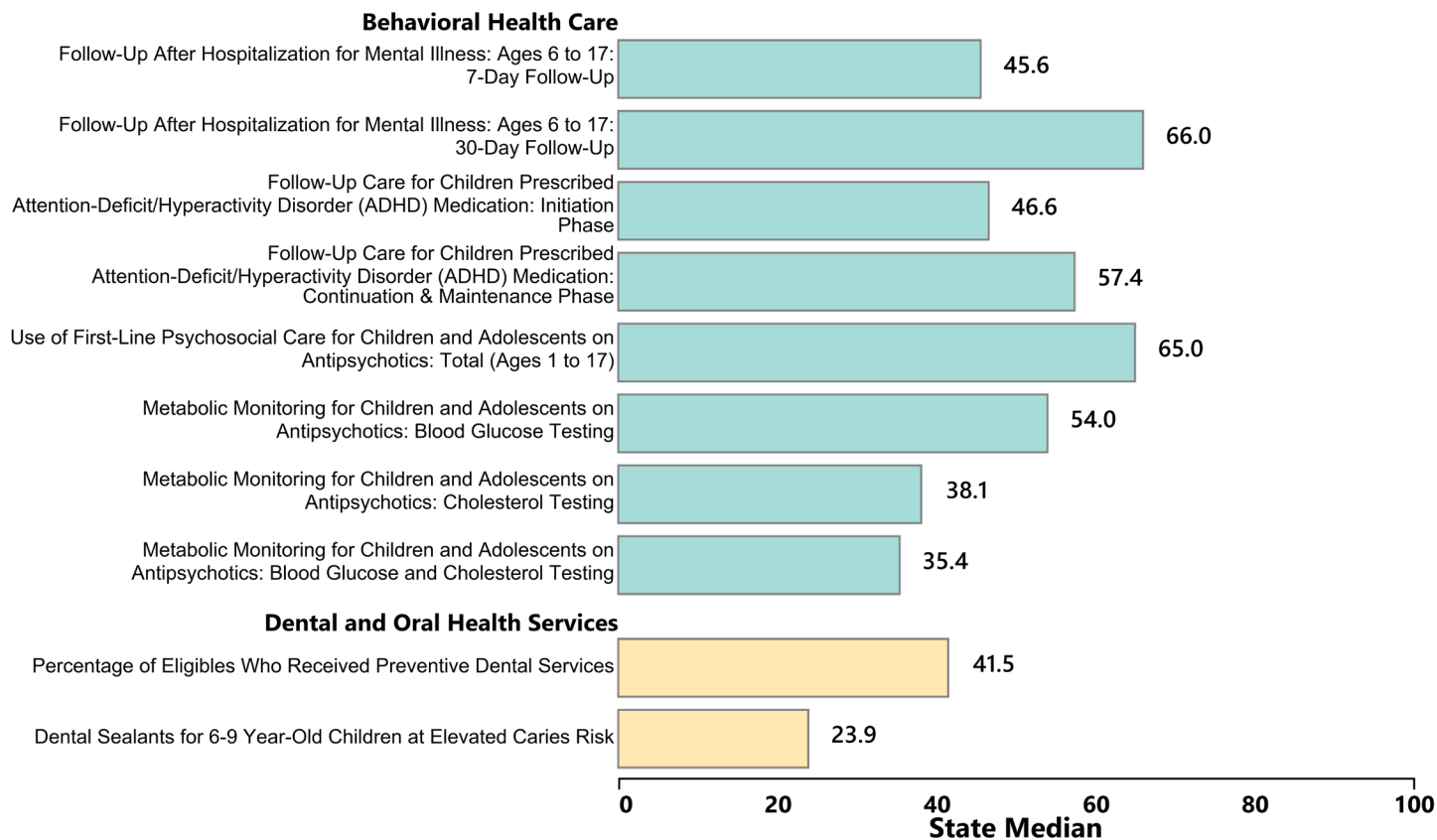
\*Lower rates are better for this measure.

Chart is continued on the next slide.

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.



# Median Performance Rates on Frequently Reported Child Core Set Measures, FFY 2020, By Domain (continued)



Sources: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021; Form CMS-416 reports for the FFY 2020 reporting cycle as of July 2, 2021; and Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2019.

Notes: This chart includes measures that were reported by at least 25 states for FFY 2020 that met CMS standards for quality. 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.





# 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.

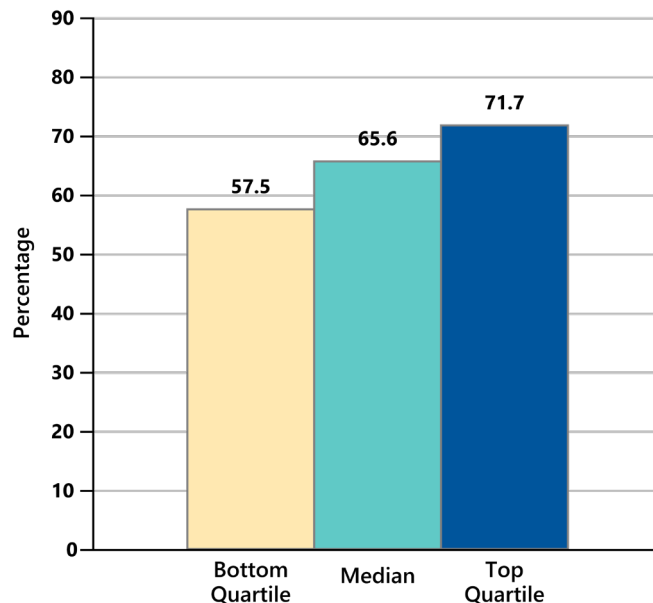
Eight Child Core Set measures of primary care access and preventive care were available for analysis for FFY 2020. These measures are among the most frequently reported measures in the Child Core Set.

- 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
- 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 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 as the percentage of children who received six or more visits by 15 months.

## Percentage of Children Receiving Six or More Well-Child Visits in the First 15 Months of Life (W15-CH), FFY 2020 (n = 50 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

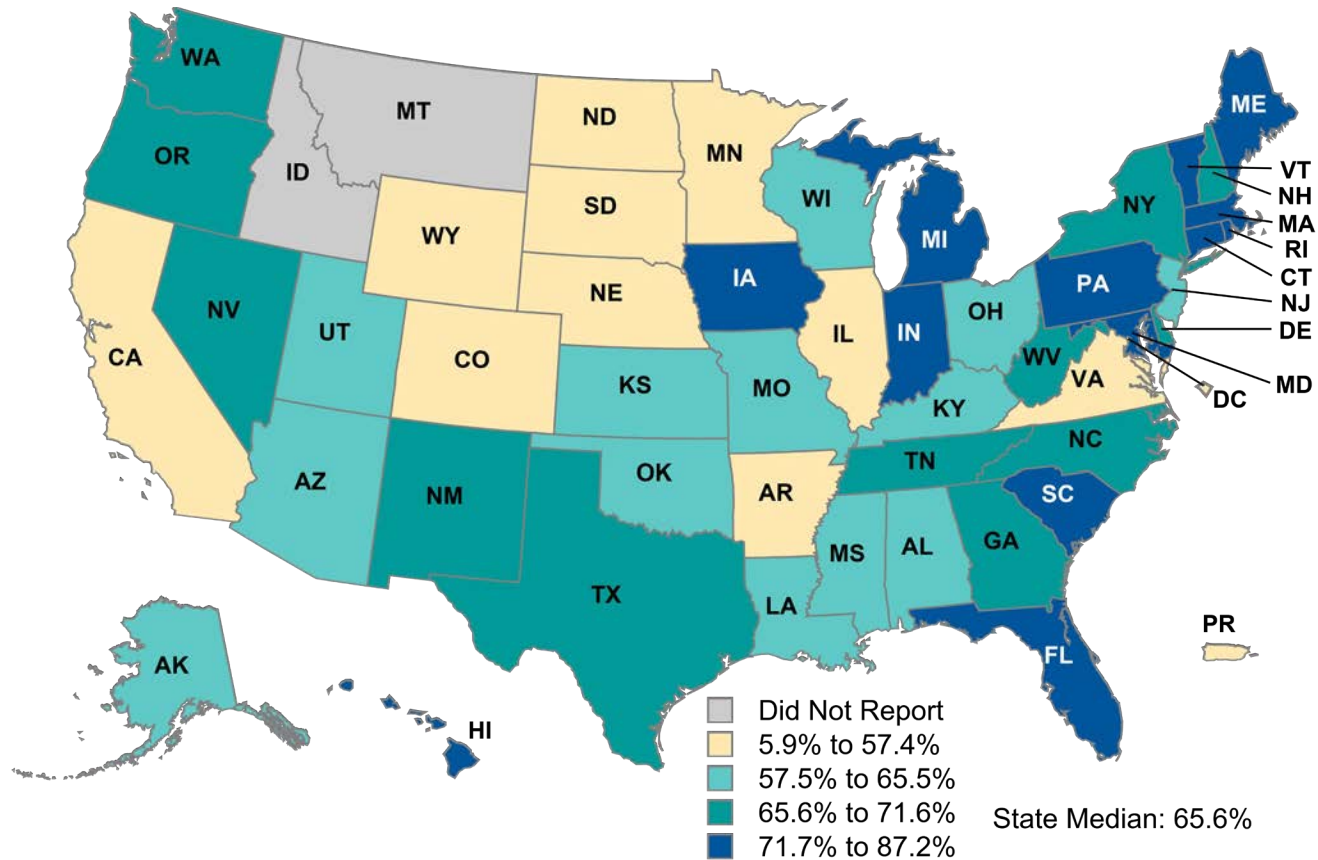
Notes: This measure shows the percentage of children who turned 15 months old during the measurement year and who had the following number of well-child visits with a primary care practitioner (PCP) during their first 15 months of life: 0, 1, 2, 3, 4, 5, and 6 or more visits. This chart shows state reporting for the percentage with 6 or more well-child 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 **66** percent of children received six or more well-child visits in the first 15 months of life (50 states)



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

**Geographic Variation in the Percentage of Children Receiving Six or More Well-Child Visits in the First 15 Months of Life (W15-CH), FFY 2020 (n = 50 states)**



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

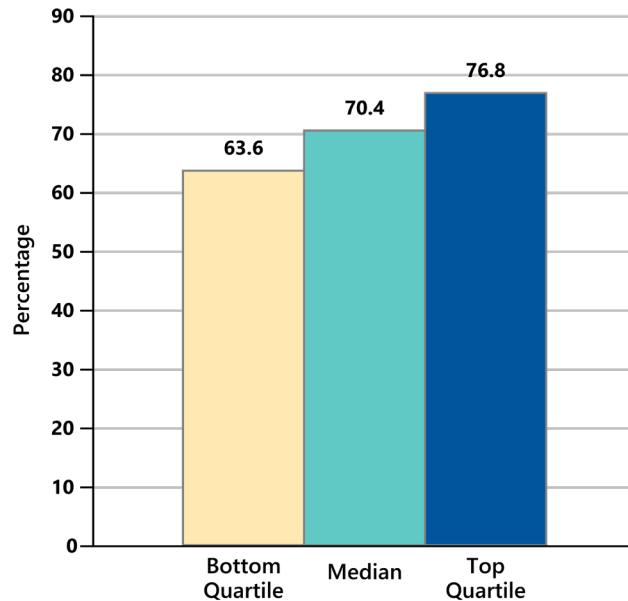
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



# 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 (W34-CH), FFY 2020 (n = 50 states)



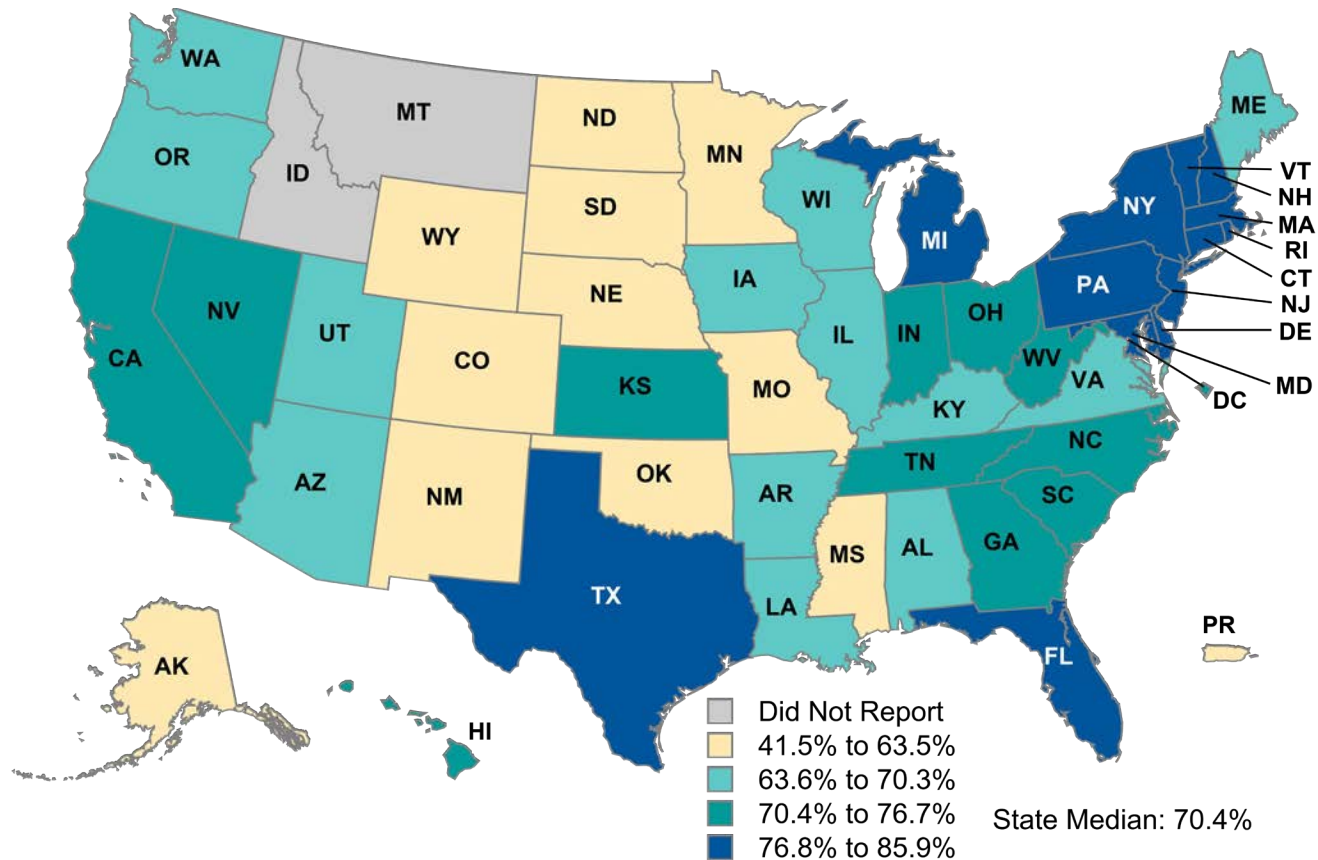
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This measure shows 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 rate for the larger measure-eligible population was used.

A median of **70** percent of children received at least one well-child visit in the third, fourth, fifth, and sixth years of life (50 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 (W34-CH), FFY 2020 (n = 50 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

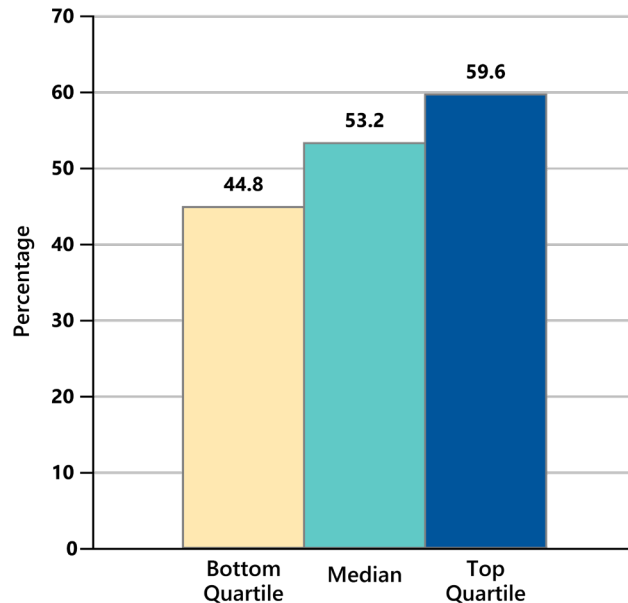
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



# 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 (AWC-CH), FFY 2020 (n = 50 states)**



A median of **53** percent of adolescents ages 12 to 21 had at least one well-care visit (50 states)

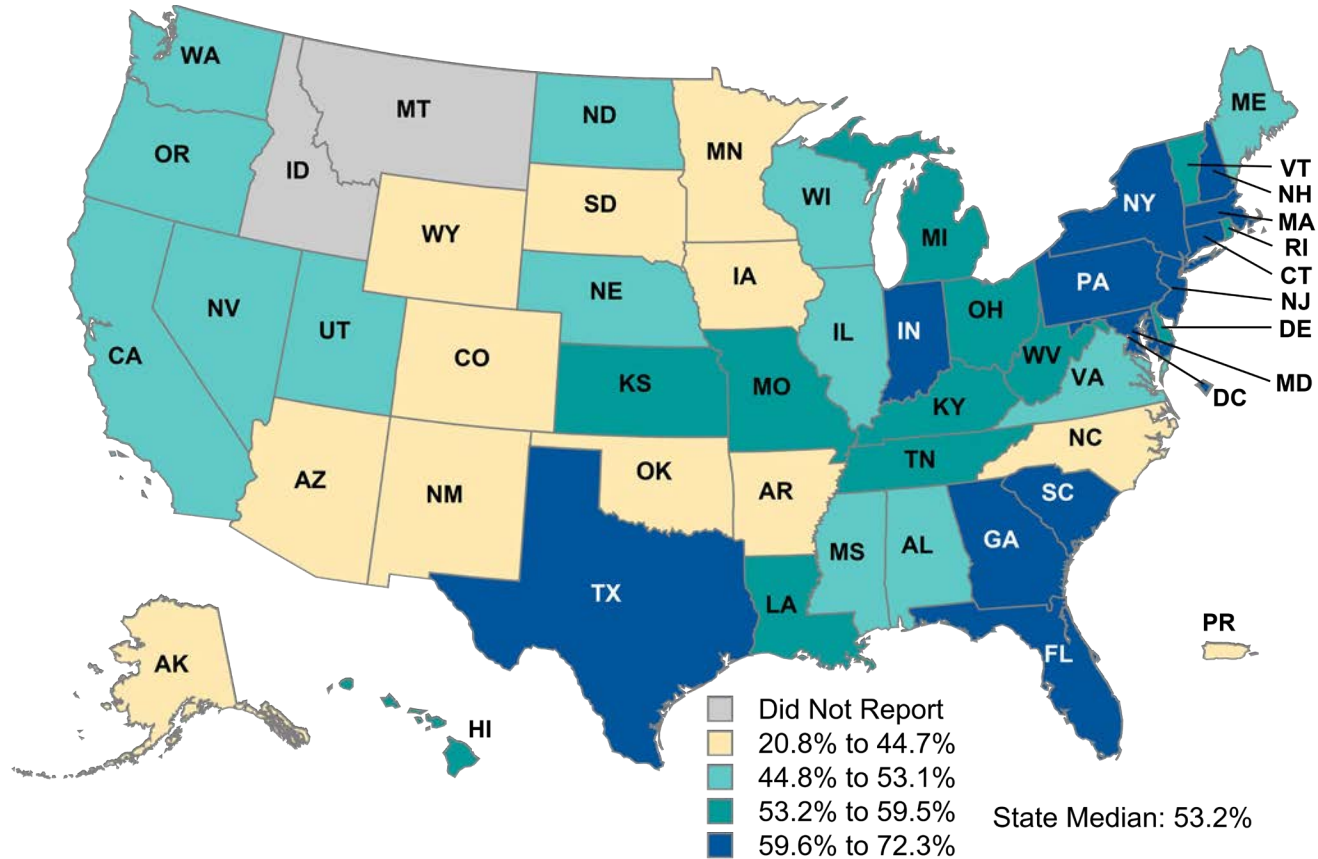
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This measure shows 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 obstetrician/gynecologist (OB/GYN) 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.



# Adolescent Well-Care Visits (continued)

**Geographic Variation in the Percentage of Adolescents Ages 12 to 21 Receiving at Least One Well-Care Visit (AWC-CH), FFY 2020 (n = 50 states)**



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

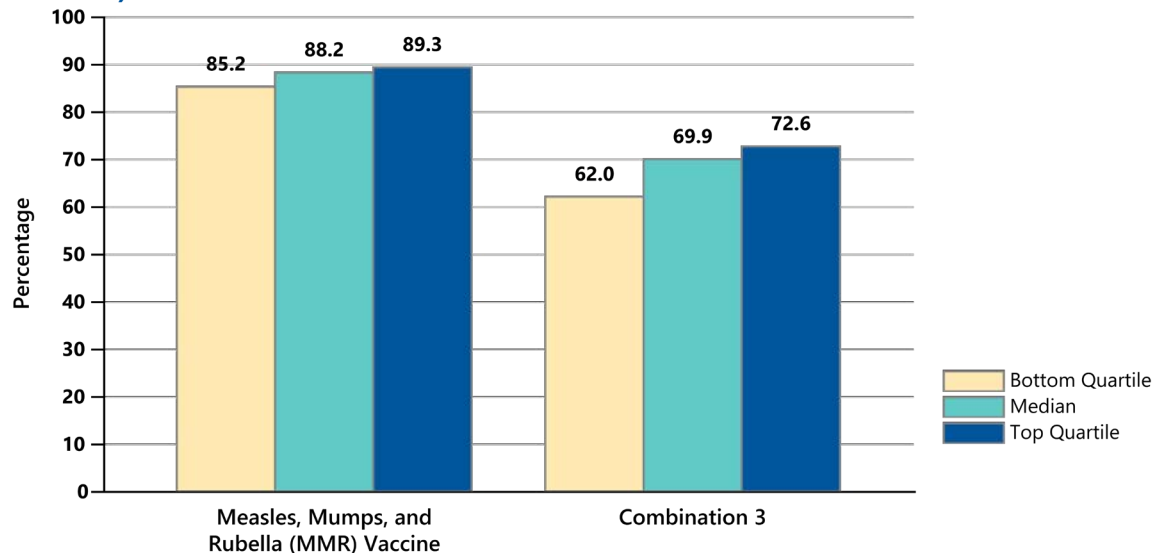
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



# 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; two of the most frequently reported immunization rates are the measles, mumps, and rubella (MMR) vaccine and “Combination 3.”

## Percentage of Children Up to Date on Recommended Immunizations (Measles, Mumps, and Rubella Vaccine and Combination 3) by their Second Birthday (CIS-CH), FFY 2020 (n = 42 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This measure shows 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 chart shows reporting for the measles, mumps, and rubella (MMR) vaccination rate and 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 influenzae 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). This chart excludes GA, which used Child Core Set specifications to calculate the measure but did not provide data for the Combination 3 and Measles, Mumps, and Rubella (MMR) Vaccine rates. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

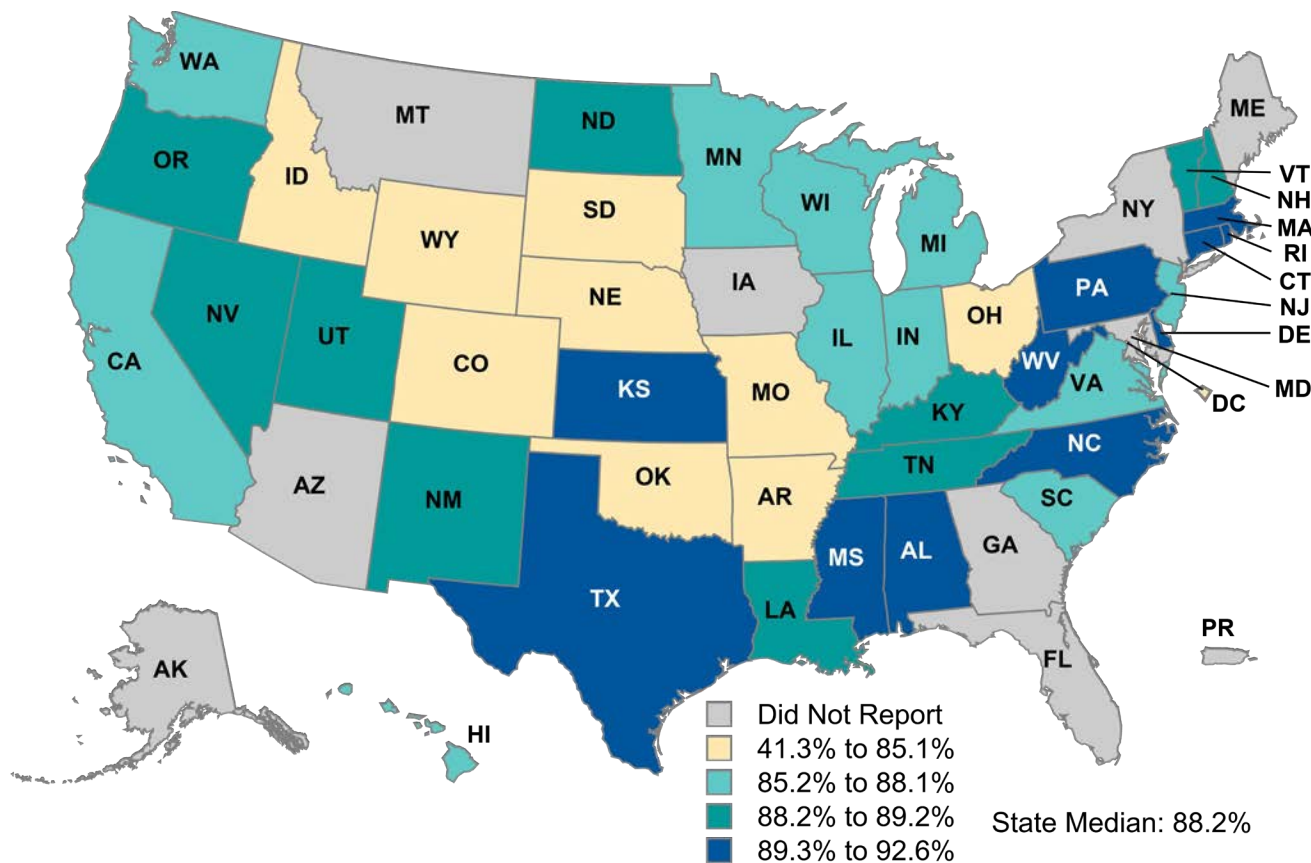
A median of **88** percent of children were up to date on the MMR vaccine and **70** percent of children were up to date on recommended immunizations (Combination 3) by their second birthday (42 states)





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

Geographic Variation in the Percentage of Children Up to Date on Recommended Immunizations (Measles, Mumps, and Rubella Vaccine) by their Second Birthday (CIS-CH), FFY 2020 (n = 42 states)



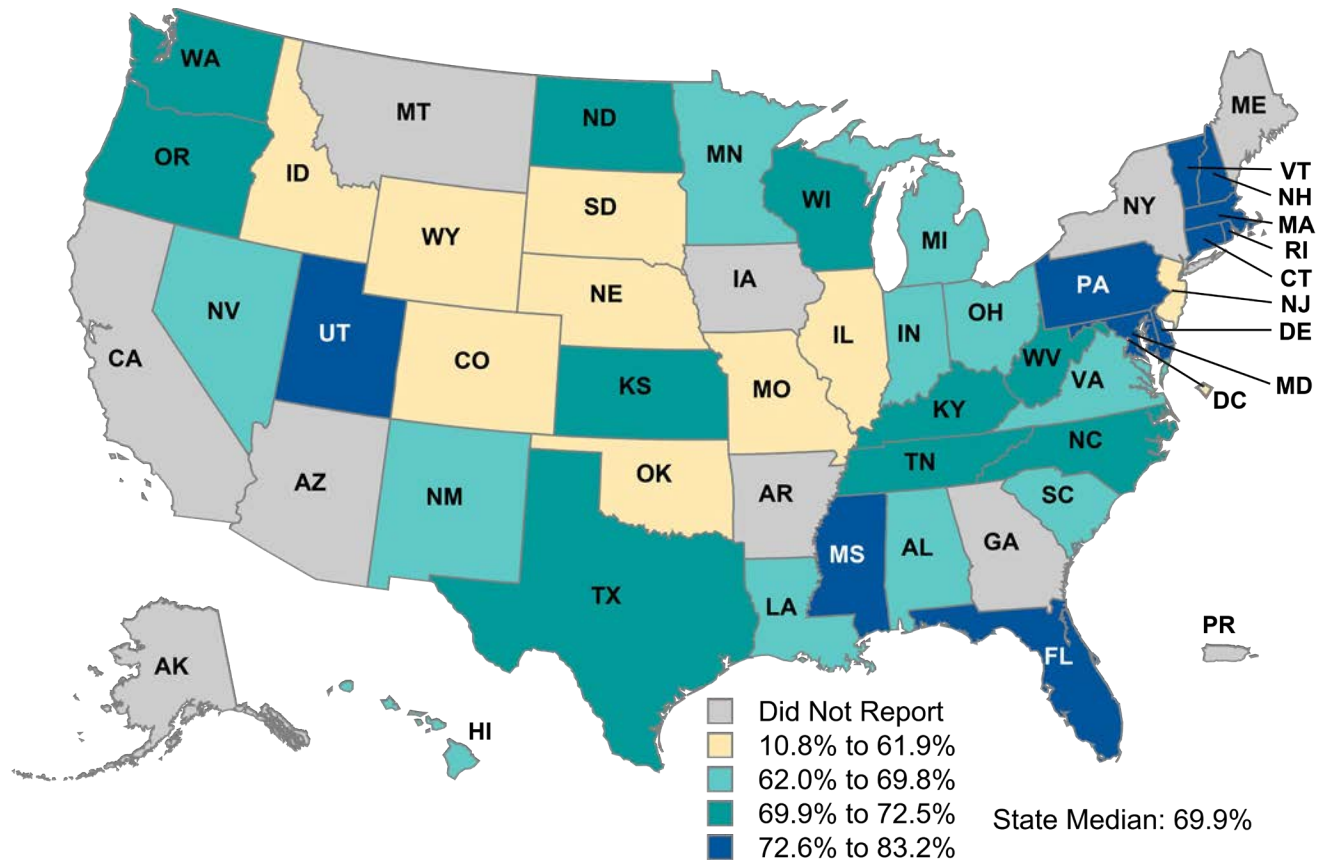
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Note: This chart excludes Florida, Georgia, 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 rate for the larger measure-eligible population was used.



# 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 2020 (n = 42 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

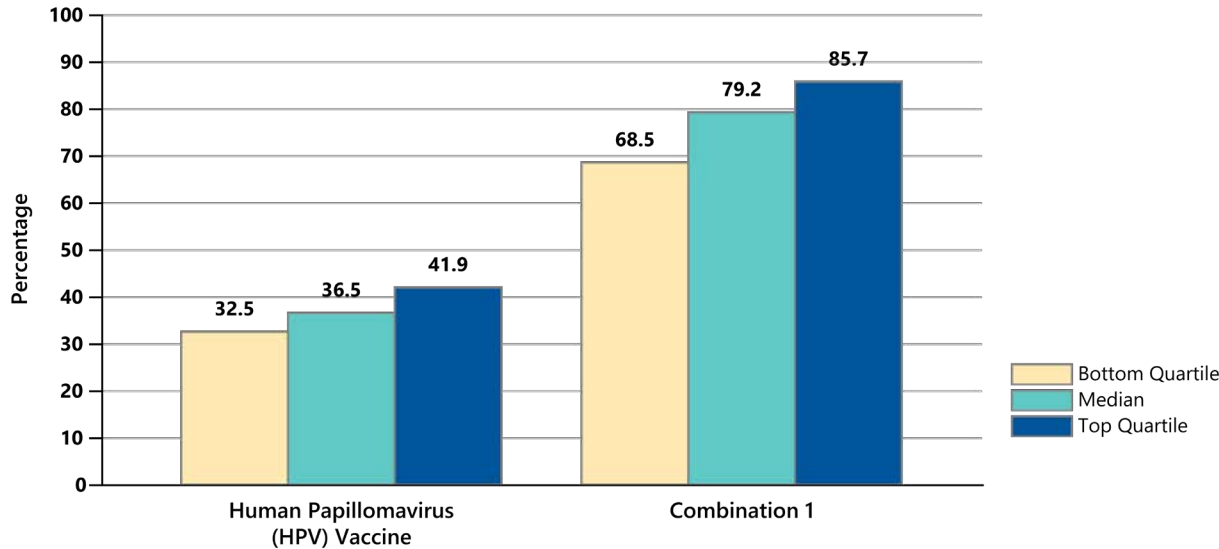
Notes: This chart excludes Arkansas, California, and Georgia, which reported the measure but did not provide data for the Combination 3 rate. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



# 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 vaccine (Combination 1).

**Percentage of Adolescents Up to Date on Recommended Immunizations (Human Papillomavirus Vaccine and Combination 1) by their 13th Birthday (IMA-CH), FFY 2020, (n = 45 states)**



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

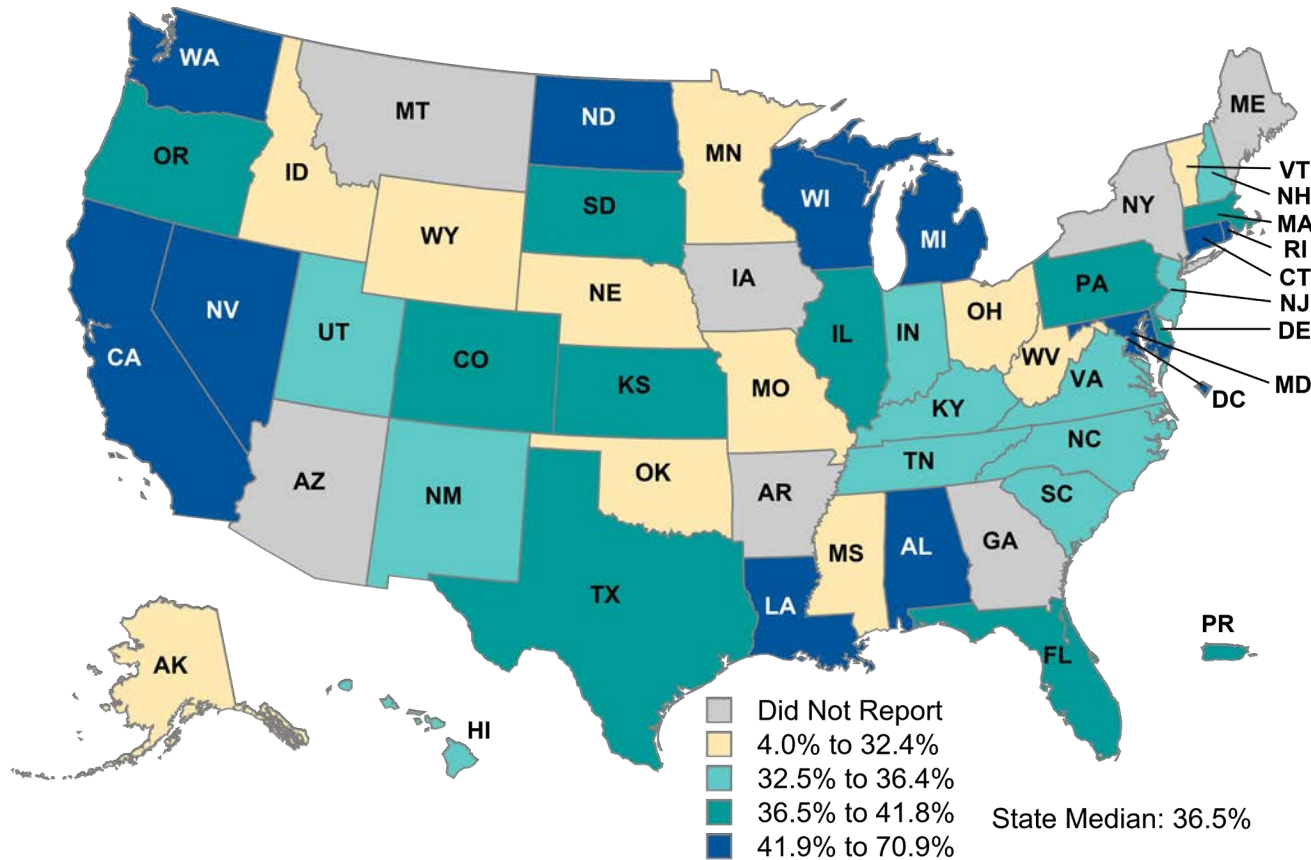
Notes: This measure shows the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and the complete human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for 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 rate for the larger measure-eligible population was used.

A median of **37** percent of adolescents were up to date on the HPV vaccine and **79** percent were up to date on Combination 1 immunizations by their 13<sup>th</sup> birthday (45 states)



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

**Geographic Variation in the Percentage of Adolescents Up to Date on Recommended Immunizations (Human Papillomavirus Vaccine) by their 13th Birthday (IMA-CH), FFY 2020 (n = 45 states)**



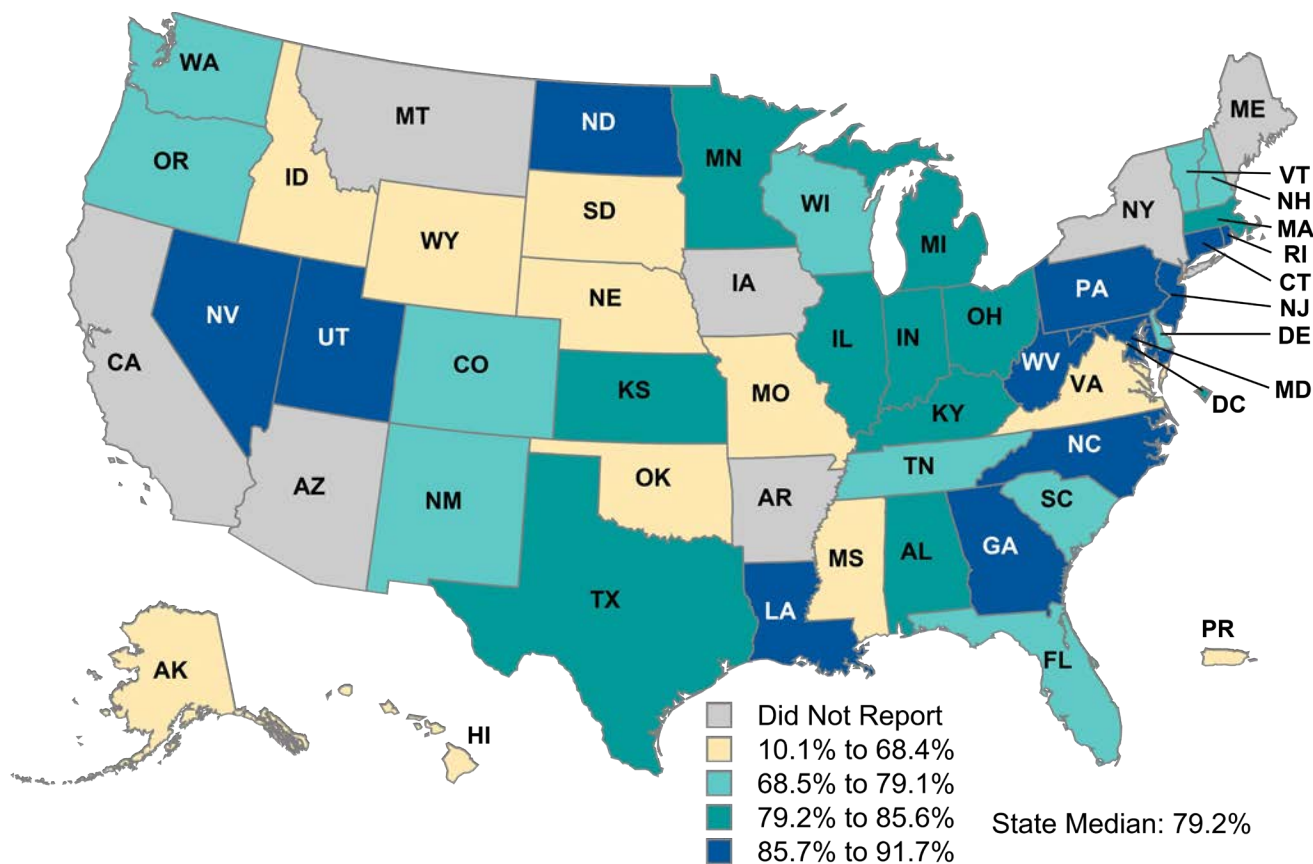
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This chart excludes Georgia, which reported the measure but did not provide data for the HPV vaccination rate. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



# 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, FFY 2020 (n = 45 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

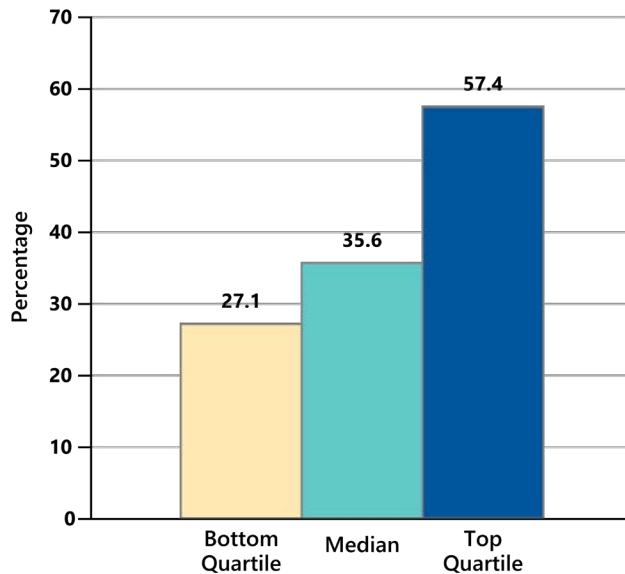
Notes: This chart excludes California, which reported the measure but did not provide data for the Combination 1 rate (percentage receiving both meningococcal and Tdap vaccines). When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population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



# 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 2020 (n = 30 states)



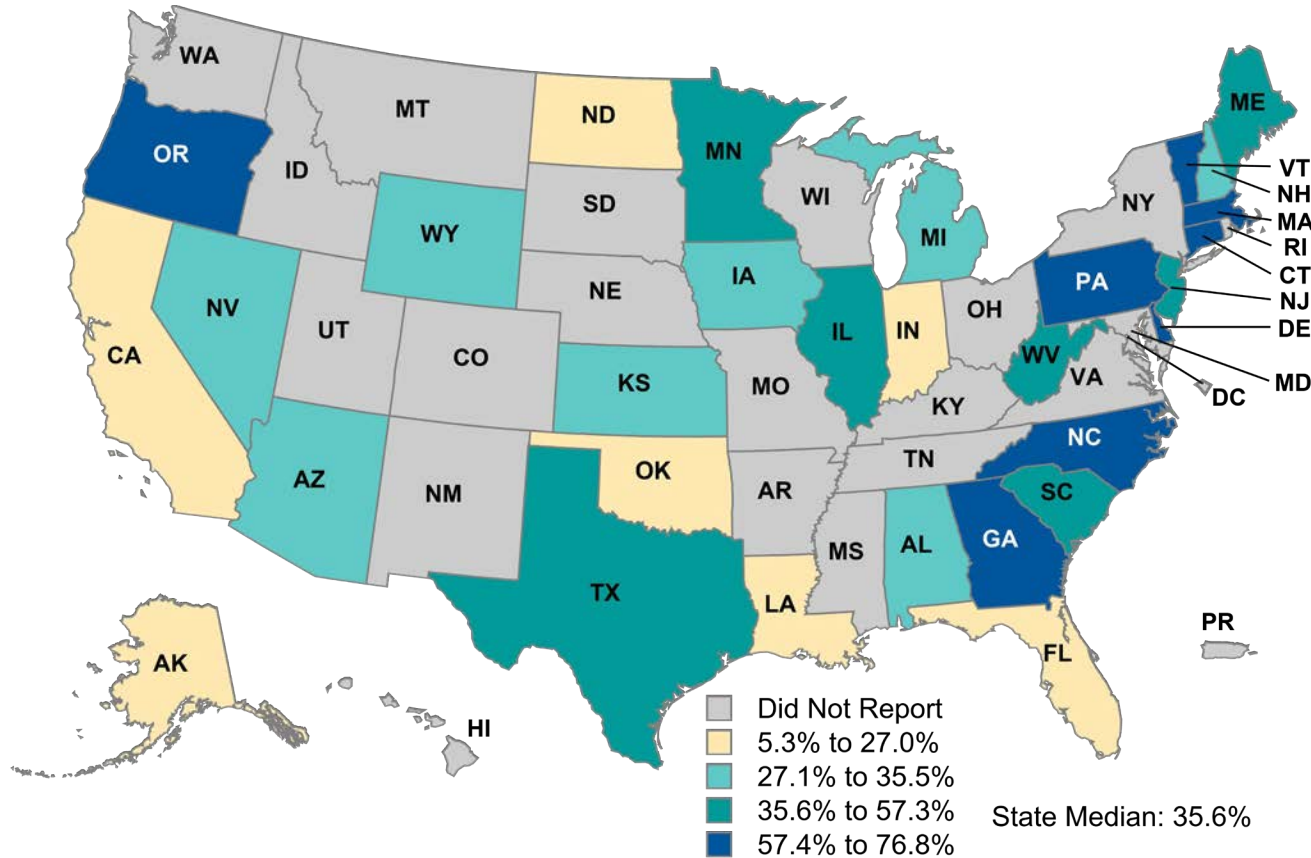
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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. This chart excludes Idaho, 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 rate for the larger measure-eligible population was used.

A median of **36** 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 (30 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 2020 (n = 30 states)**



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

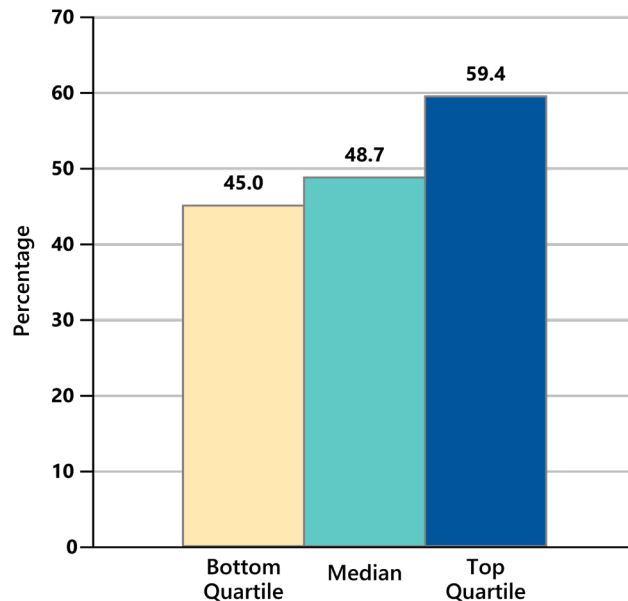
Notes: This chart excludes Idaho, which reported the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



# 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 2020 (n = 47 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

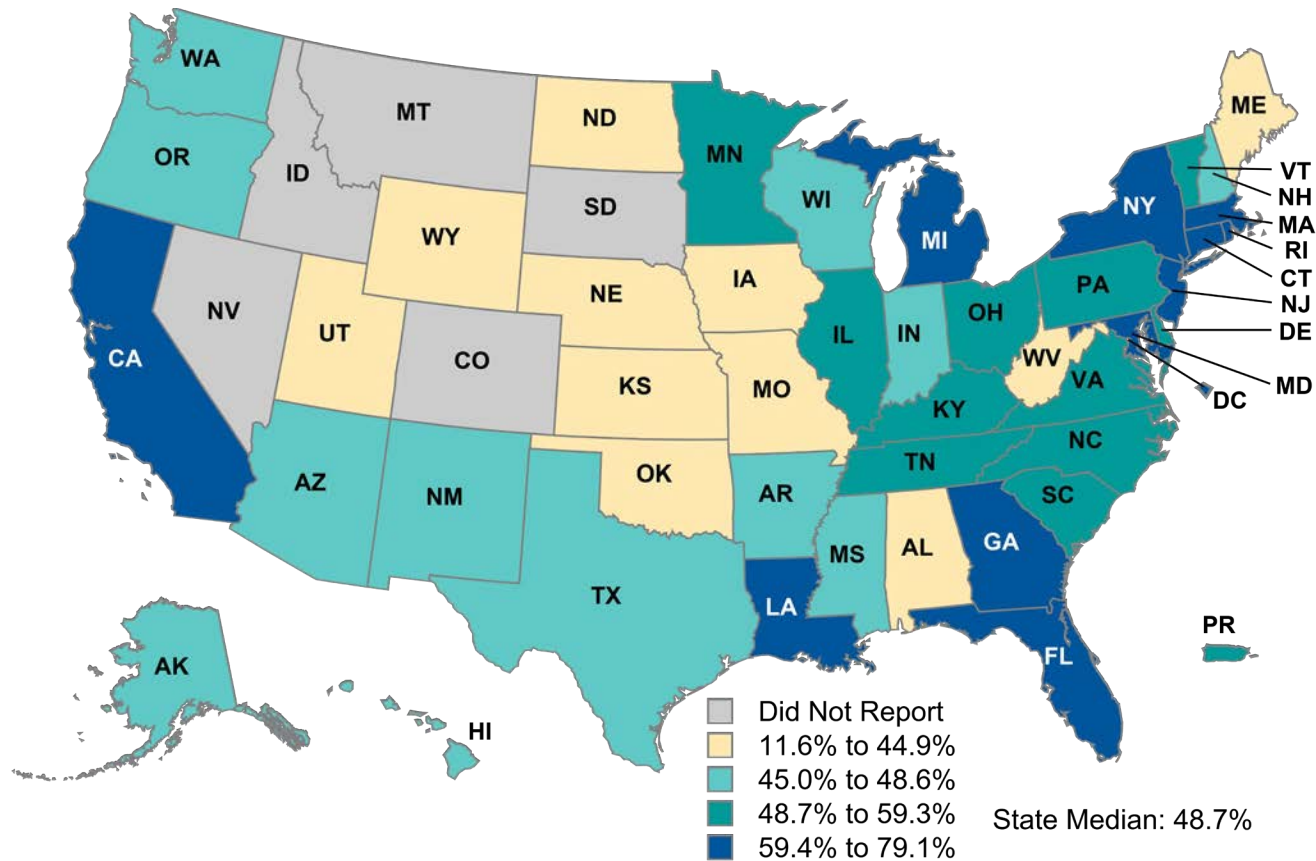
Notes: This measure shows the percentage of women ages 16 to 20 who were identified as sexually active and who had at least one test for chlamydia during the measurement year. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population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

A median of **49** percent of sexually active women ages 16 to 20 were screened for chlamydia (47 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 2020 (n = 47 states)**



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

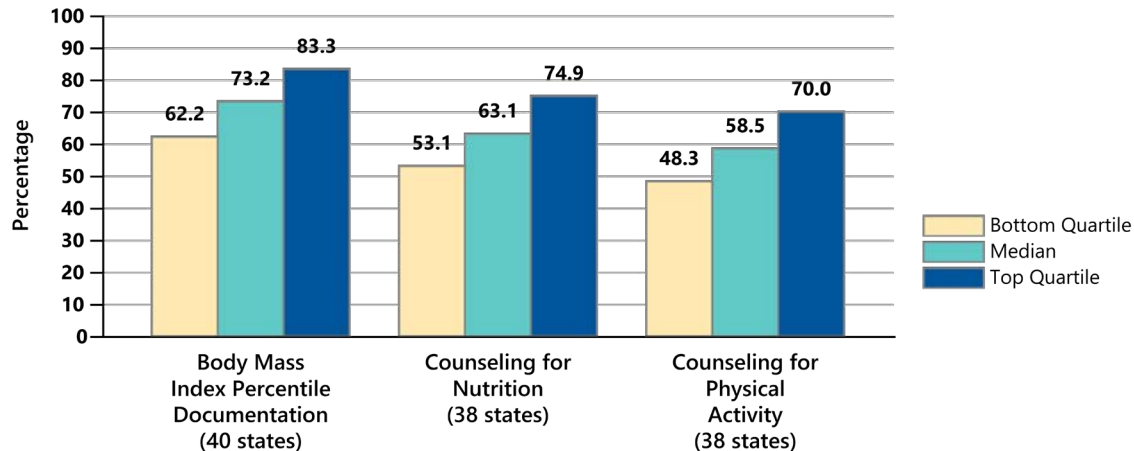
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



# 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. Performance on the Counseling for Nutrition and Counseling for Physical Activity rates are being publicly reported for the first time for FFY 2020.

## 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 2020



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This measure shows the percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or an 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 Core Set specifications. 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 **73** percent of children and adolescents ages 3 to 17 with a primary care visit had their BMI percentile documented, (40 states),

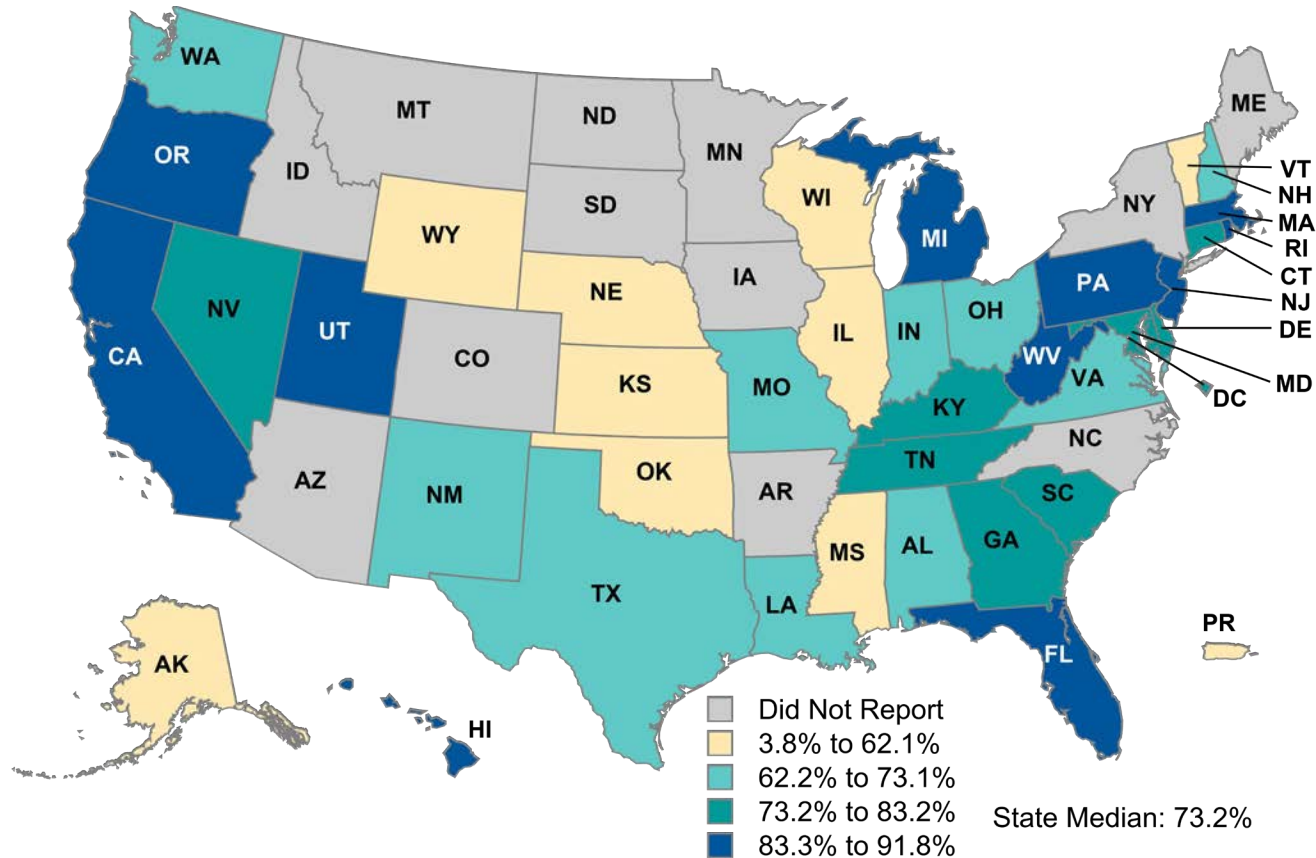
**63** percent received counseling for nutrition (38 states), and

**59** percent received counseling for physical activity (38 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 was Documented in the Medical Record (WCC-CH), FFY 2020 (n = 40 states)



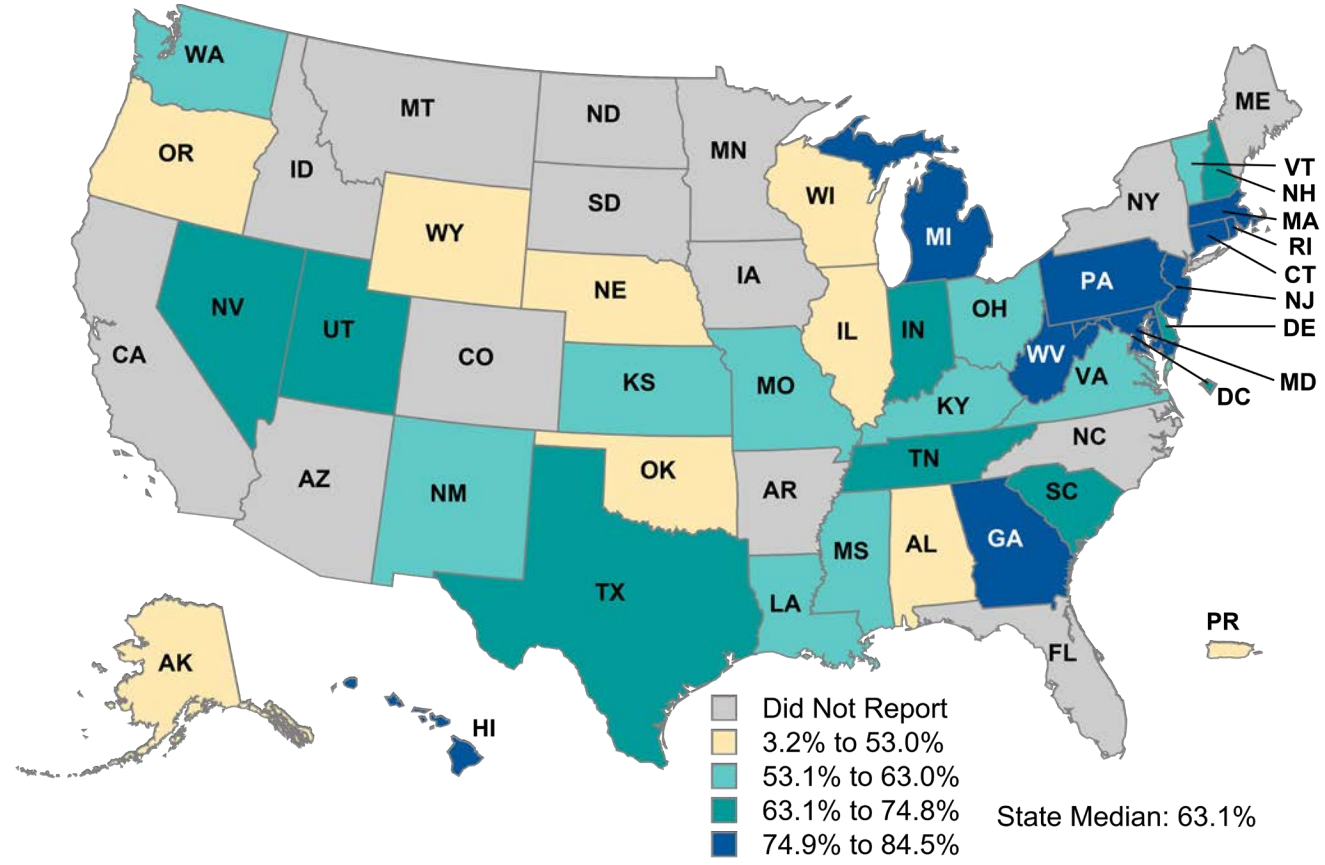
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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



# 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 Counseling for Nutrition was Documented in the Medical Record (WCC-CH), FFY 2020 (n = 38 states)**



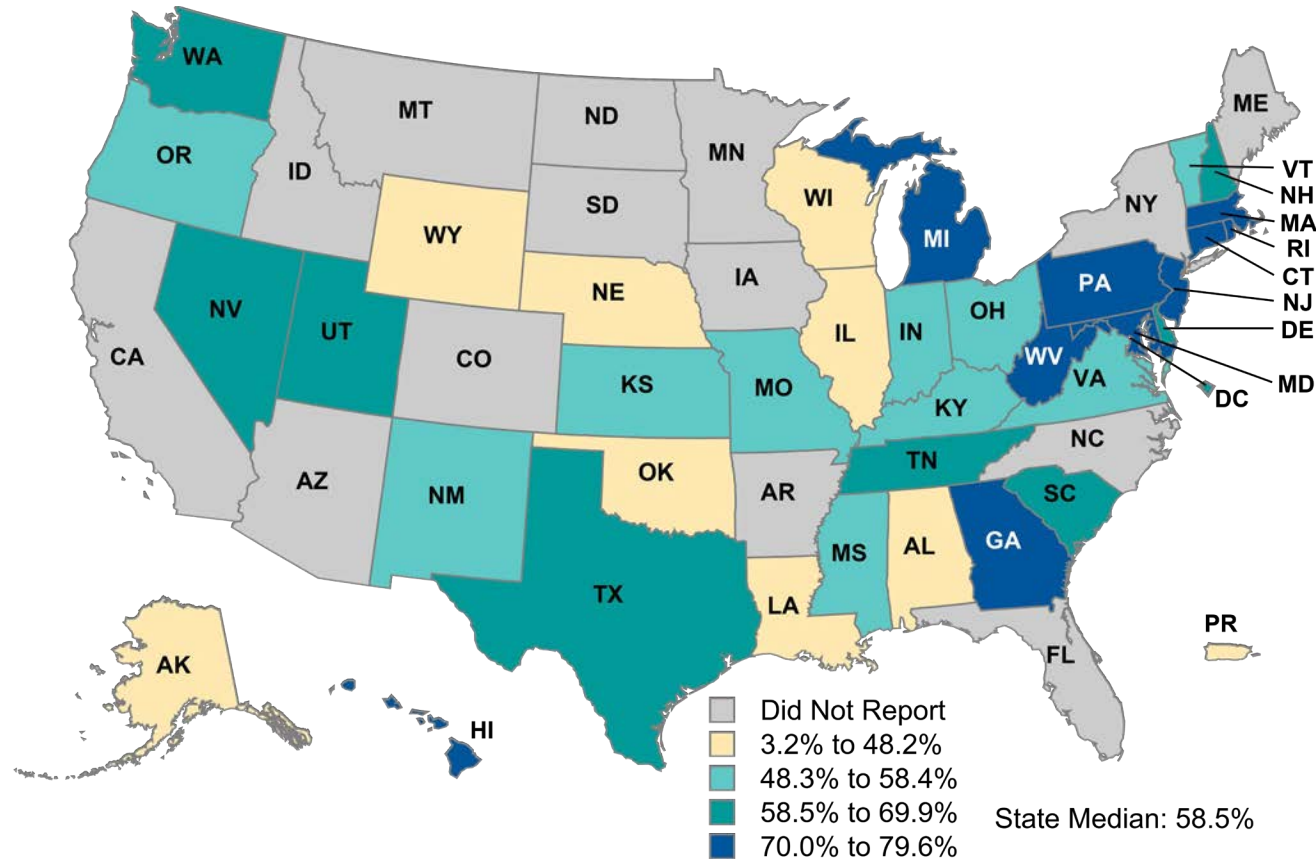
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This chart excludes Arkansas, which calculated the measure but did not use Core Set specifications. This chart also excludes California and Florida, 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 rate for the larger measure-eligible population was used.



# 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 Counseling for Physical Activity was Documented in the Medical Record (WCC-CH), FFY 2020 (n = 38 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This chart excludes Arkansas, which calculated the measure but did not use Core Set specifications. This chart also excludes California and Florida, 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 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.<sup>1</sup> 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>.

Four Child Core Set measures of maternal and perinatal health were available for analysis for FFY 2020.

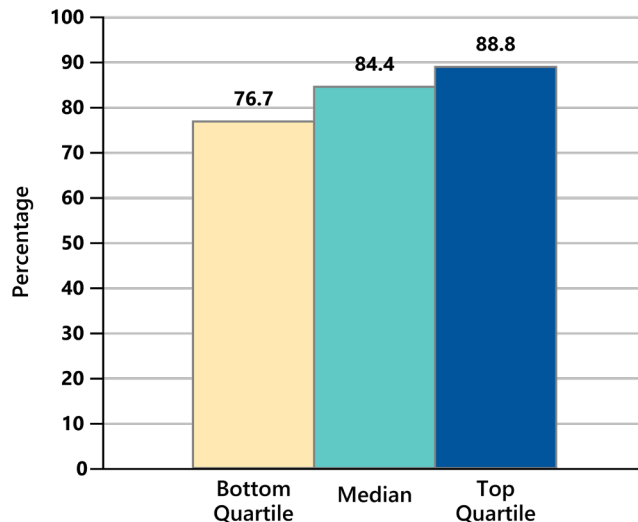
- Prenatal and Postpartum Care: Timeliness of Prenatal Care
- Live Births Weighing Less Than 2,500 Grams
- Contraceptive Care: Postpartum Women Ages 15 to 20
- Contraceptive Care: All Women Ages 15 to 20

<sup>1</sup> <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 2020 (n = 40 states)**



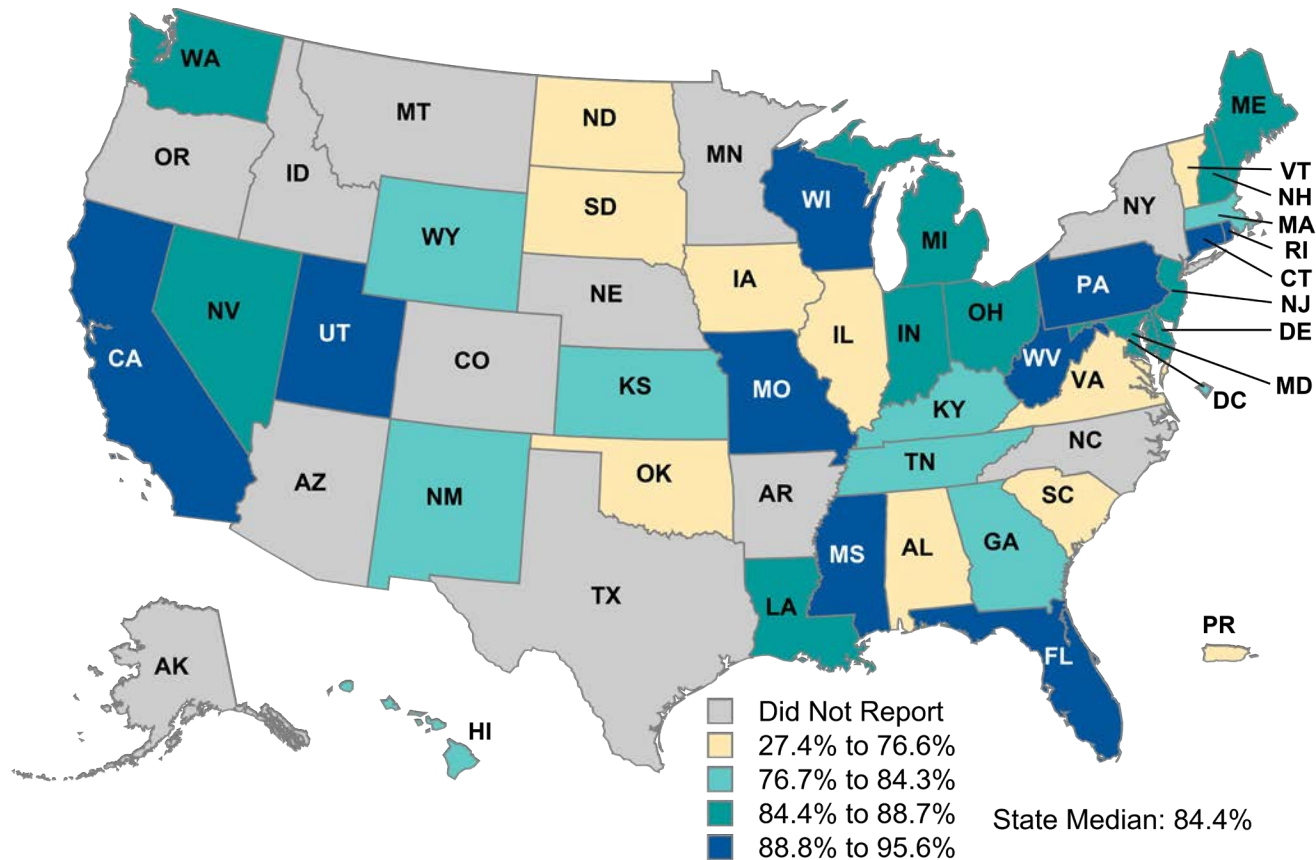
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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. Specifications for this measure changed substantially for FFY 2020 and rates are not comparable with rates for previous years. This chart excludes Minnesota and Oregon, which reported the measure but did not use Core Set specifications. 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 **84** percent of pregnant women 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 (40 states)

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

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 2020 (n = 40 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This chart excludes Minnesota and Oregon, which reported the measure but did not use Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

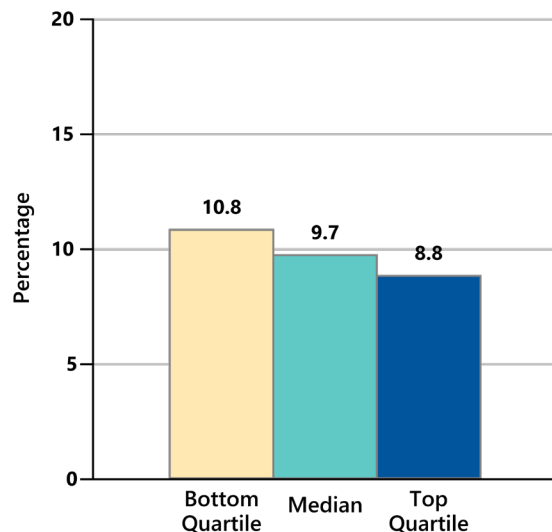




# Live Births Weighing Less Than 2,500 Grams

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 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 2020 (n = 52 states) [Lower rates are better for this measure]



Sources: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021 and National Vital Statistics System Natality data obtained through Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) for calendar year 2019.

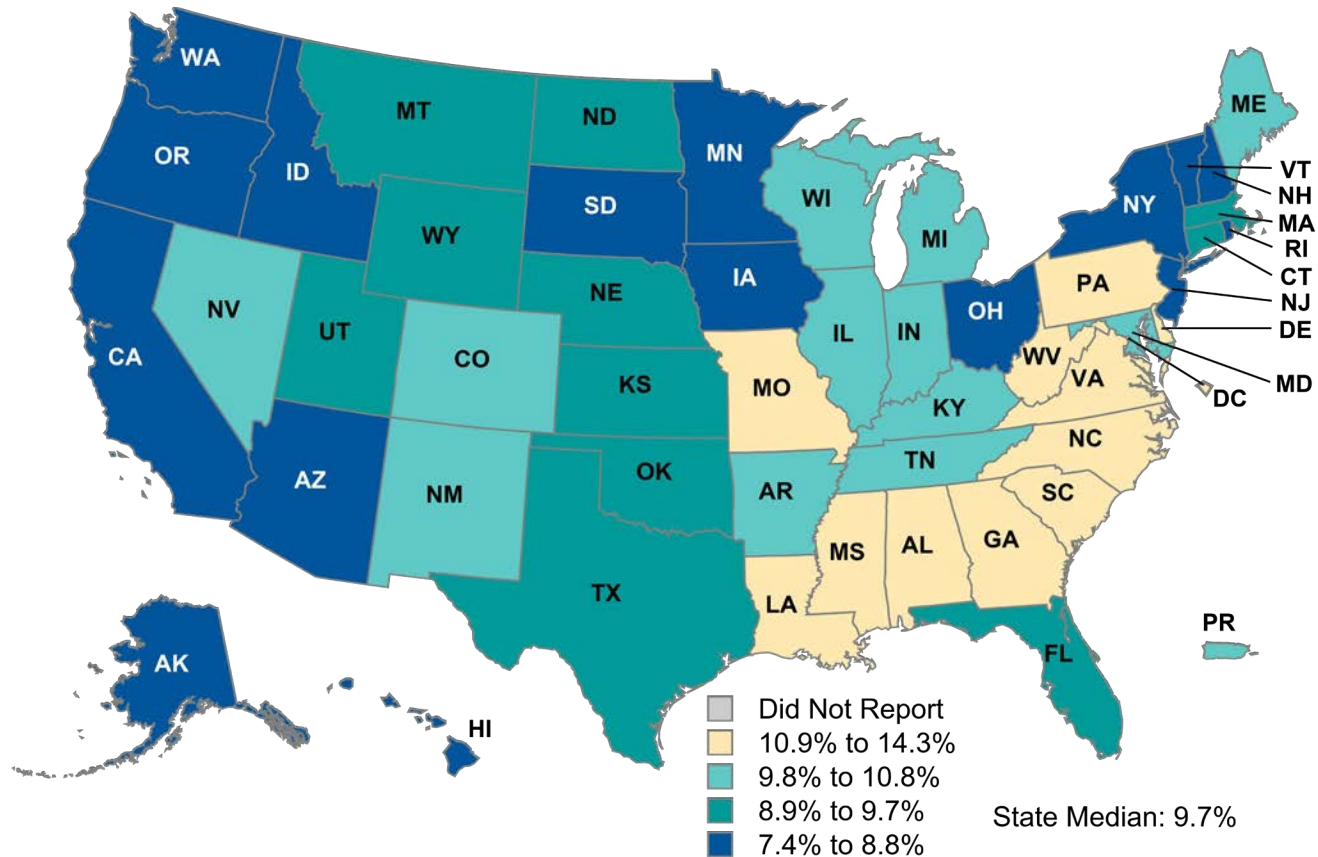
Notes: This measure shows the percentage of live births that weighed less than 2,500 grams at birth. For FFY 2020, CMS calculated rates using CDC WONDER data for states that did not report the measure in MACPro using Child Core Set specifications as well as states that reported using Child Core Set specifications and chose to use the CDC WONDER rate. These rates may not be comparable with rates reported in previous years. The term "states" includes the 50 states, the District of Columbia, and Puerto Rico. 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  
**9.7**  
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 2020 (n = 52 states) [Lower rates are better for this measure]**



Sources: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021 and National Vital Statistics System Natality data obtained through Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) for calendar year 2019.

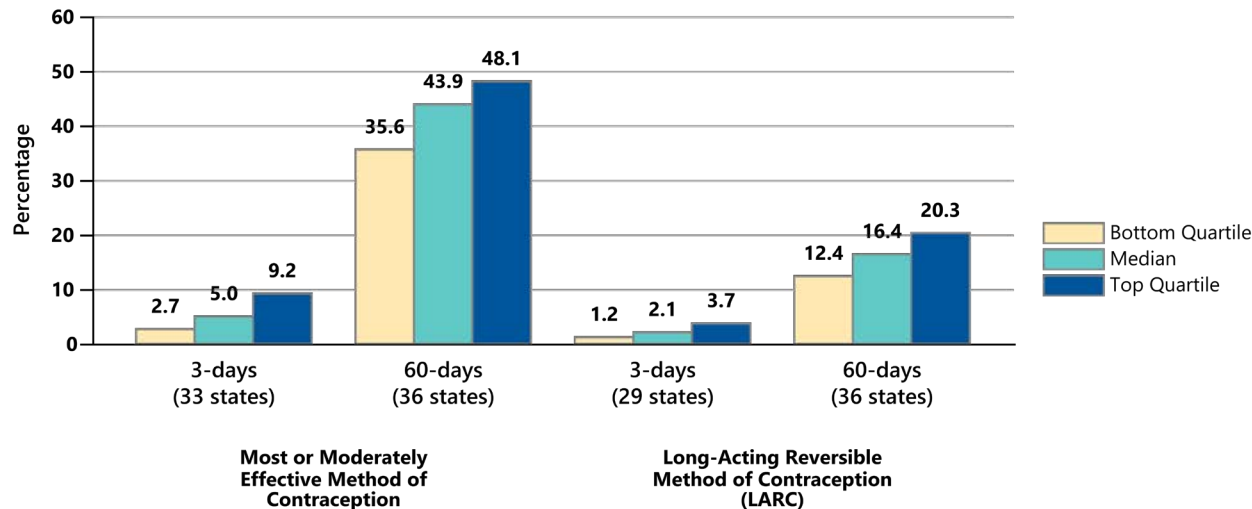
Notes: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



# 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 2020



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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 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. Data were suppressed for both the most or moderately effective and LARC 3-days postpartum rates for the following states due to small cell sizes: New Hampshire, North Dakota, and Vermont. Data were suppressed for the LARC 3-days postpartum rate for the following states due to small cell sizes: District of Columbia, Kentucky, Nevada, and New Jersey. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

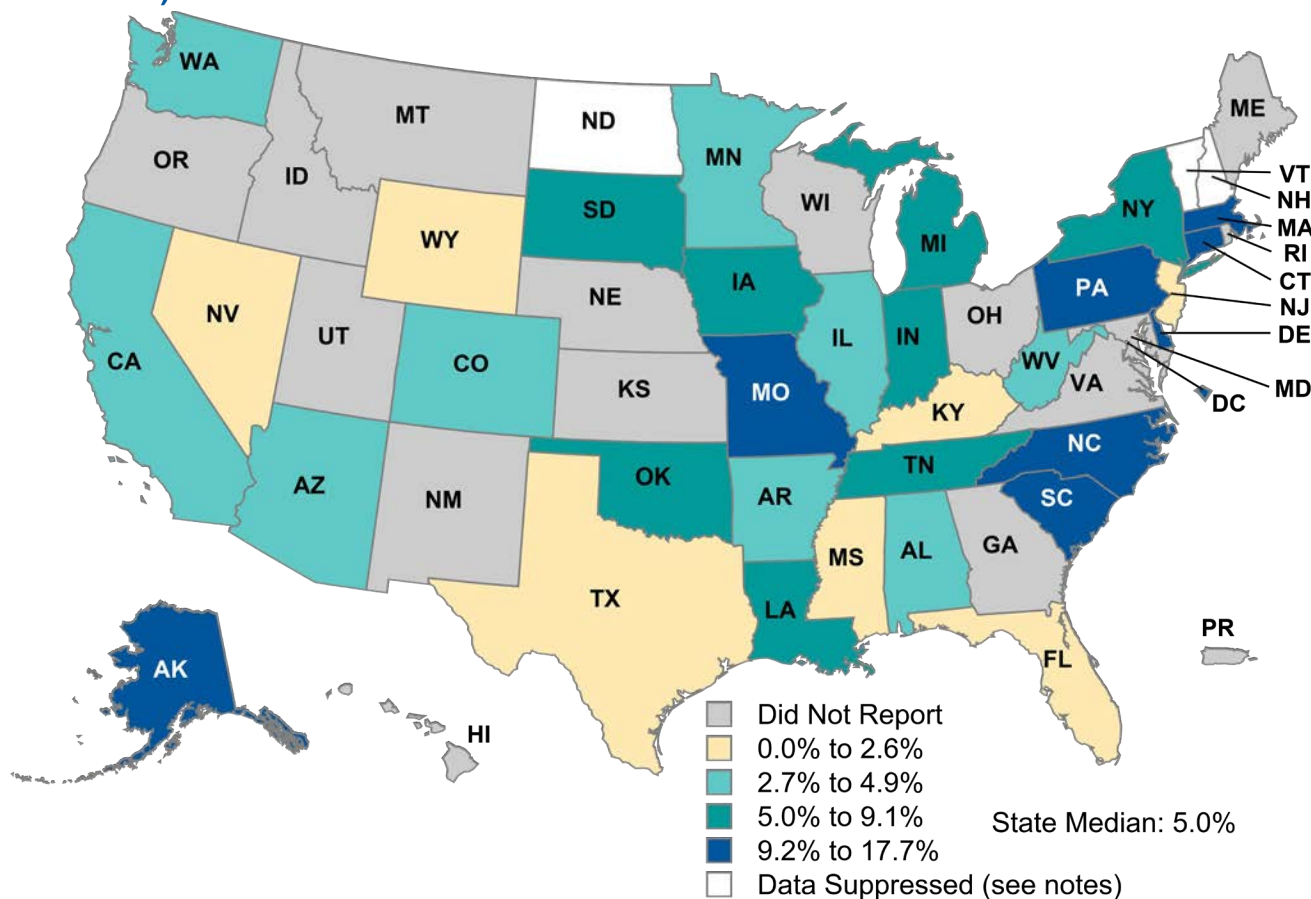
Among postpartum women ages 15 to 20 who had a live birth, a median of

**44** percent received a most or moderately effective method of contraception within 60 days of delivery (36 states)



# 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 2020 (n = 33 states)



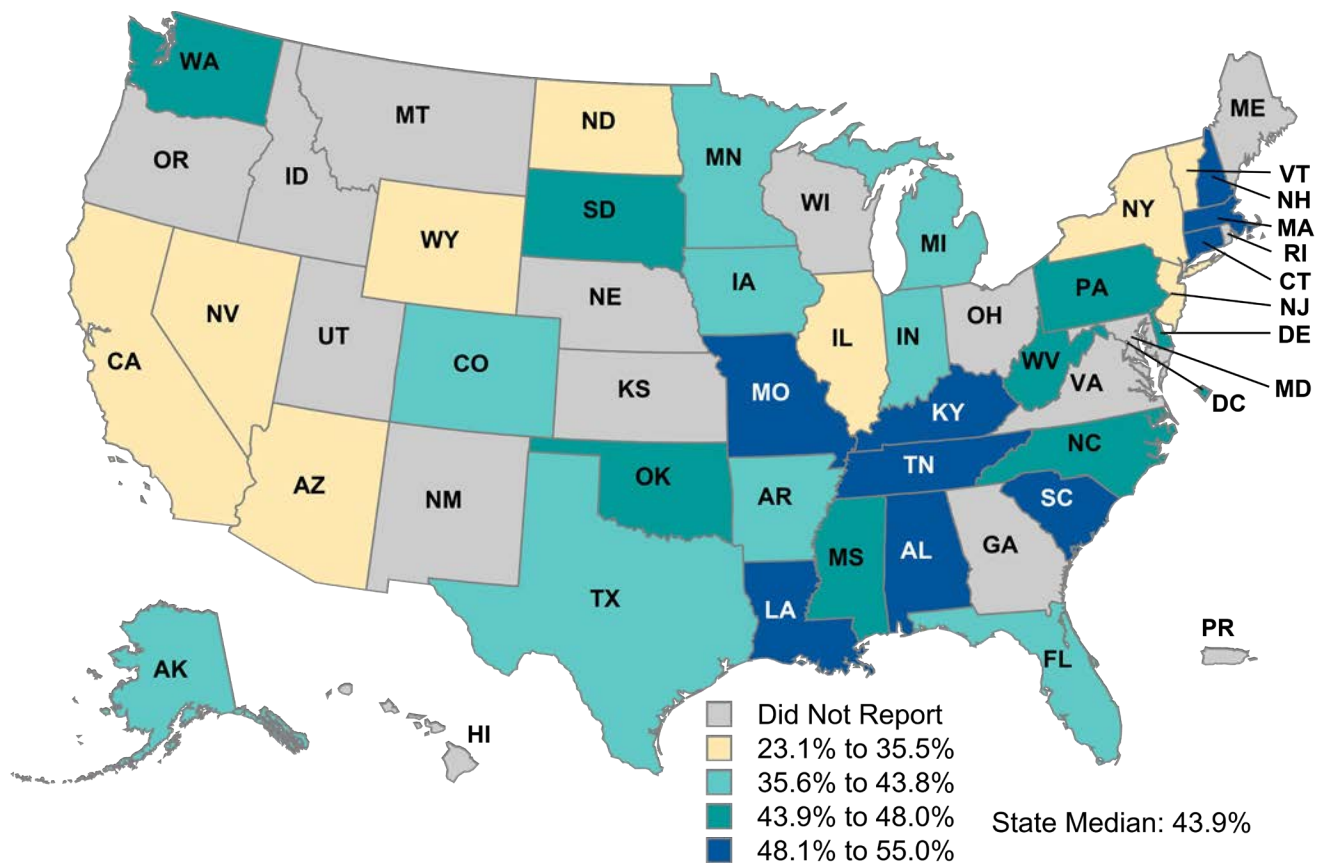
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: Data were suppressed for the most or moderately effective method of contraception 3-days postpartum rate for the following states due to small cell sizes: New Hampshire, North Dakota, and Vermont. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



# 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 2020 (n = 36 states)



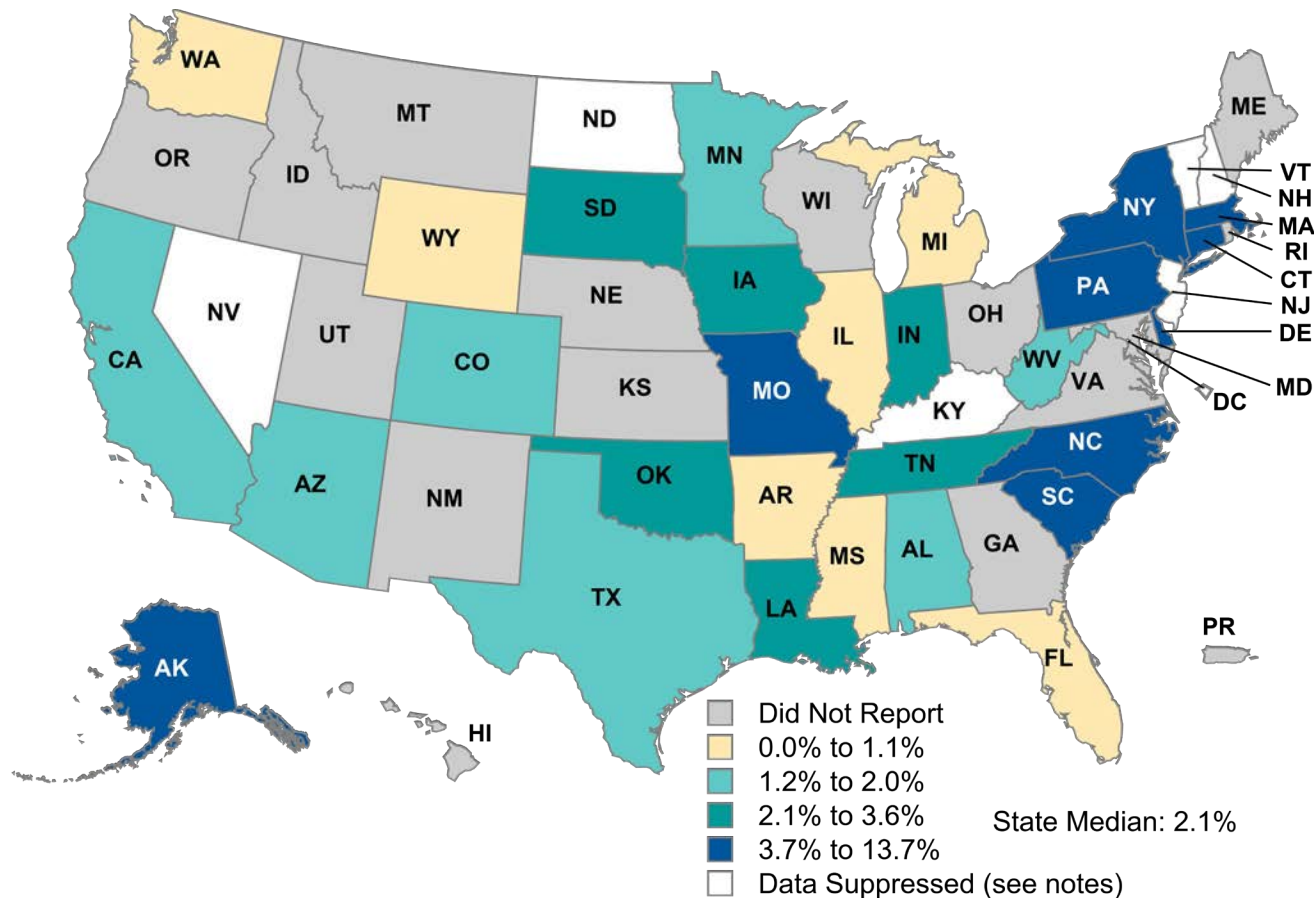
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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



# 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 2020 (n = 29 states)



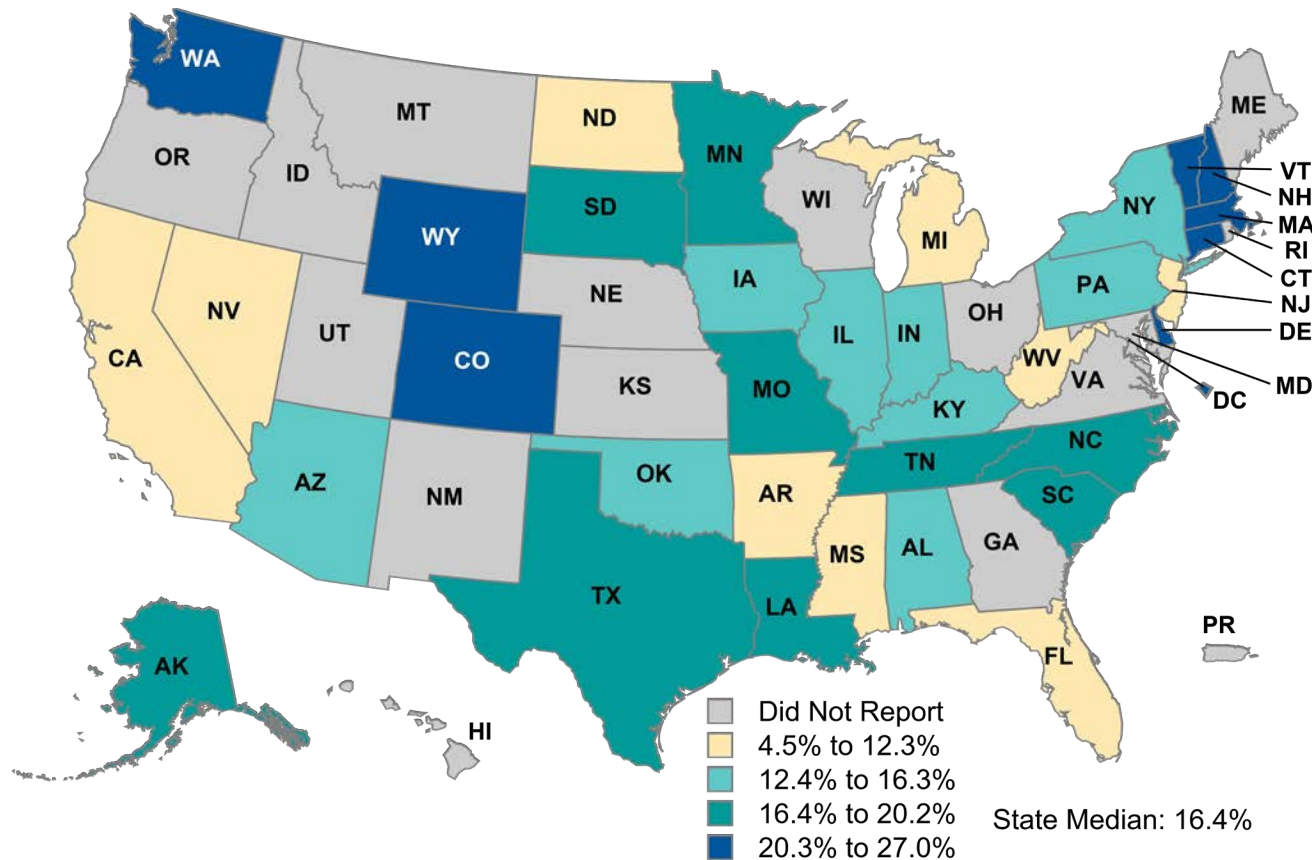
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: Data were suppressed for the LARC 3-days postpartum rate for the following states due to small cell sizes: District of Columbia, Kentucky, Nevada, New Hampshire, New Jersey, North Dakota, and Vermont. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



# 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 2020 (n = 36 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

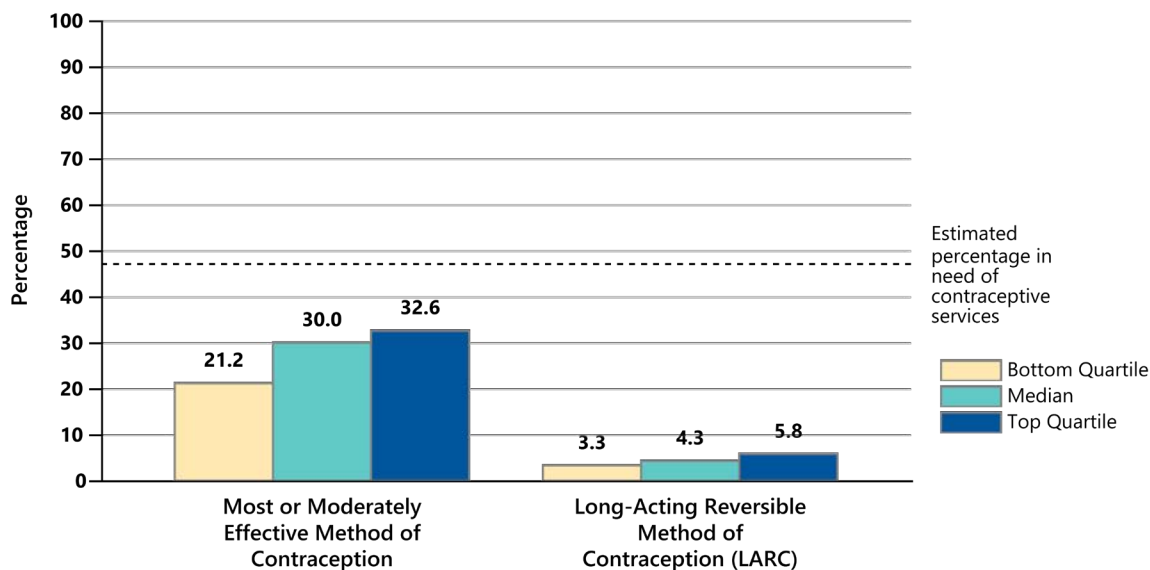
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



# 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.<sup>1</sup>

**Percentage of 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 2020 (n = 37 states)**



Among women ages 15 to 20 at risk of unintended pregnancy, a median of

**30** percent received a most or moderately effective method of contraception (37 states)

Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This measure shows the percentage of women ages 15 to 20 at risk of unintended pregnancy who were provided: (1) a most 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 rate for the larger measure-eligible population was used.

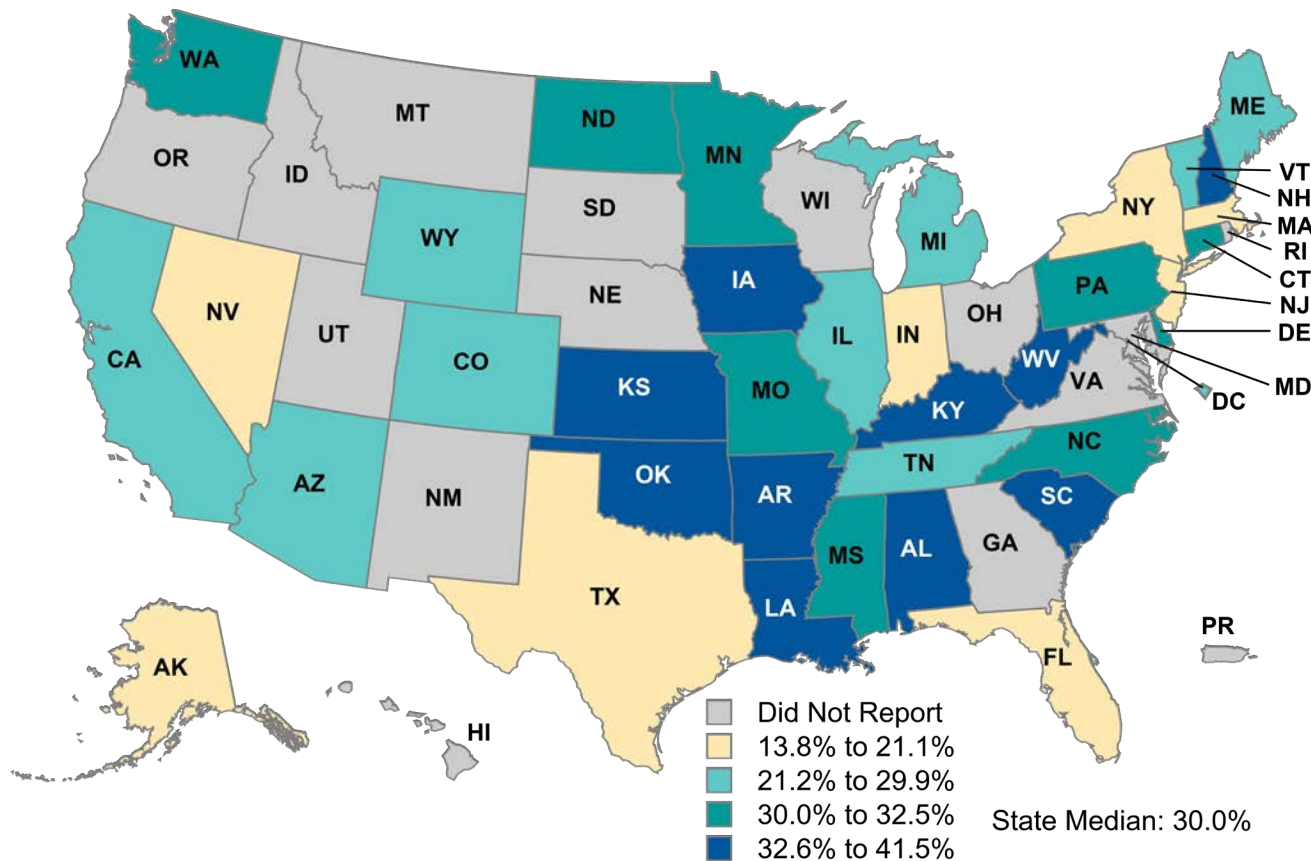
<sup>1</sup> More information is available at: <https://opa.hhs.gov/sites/default/files/2020-07/interpreting-rates-for-contraceptive-care-measures.pdf>.





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

Geographic Variation in the Percentage of 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 2020 (n = 37 states)



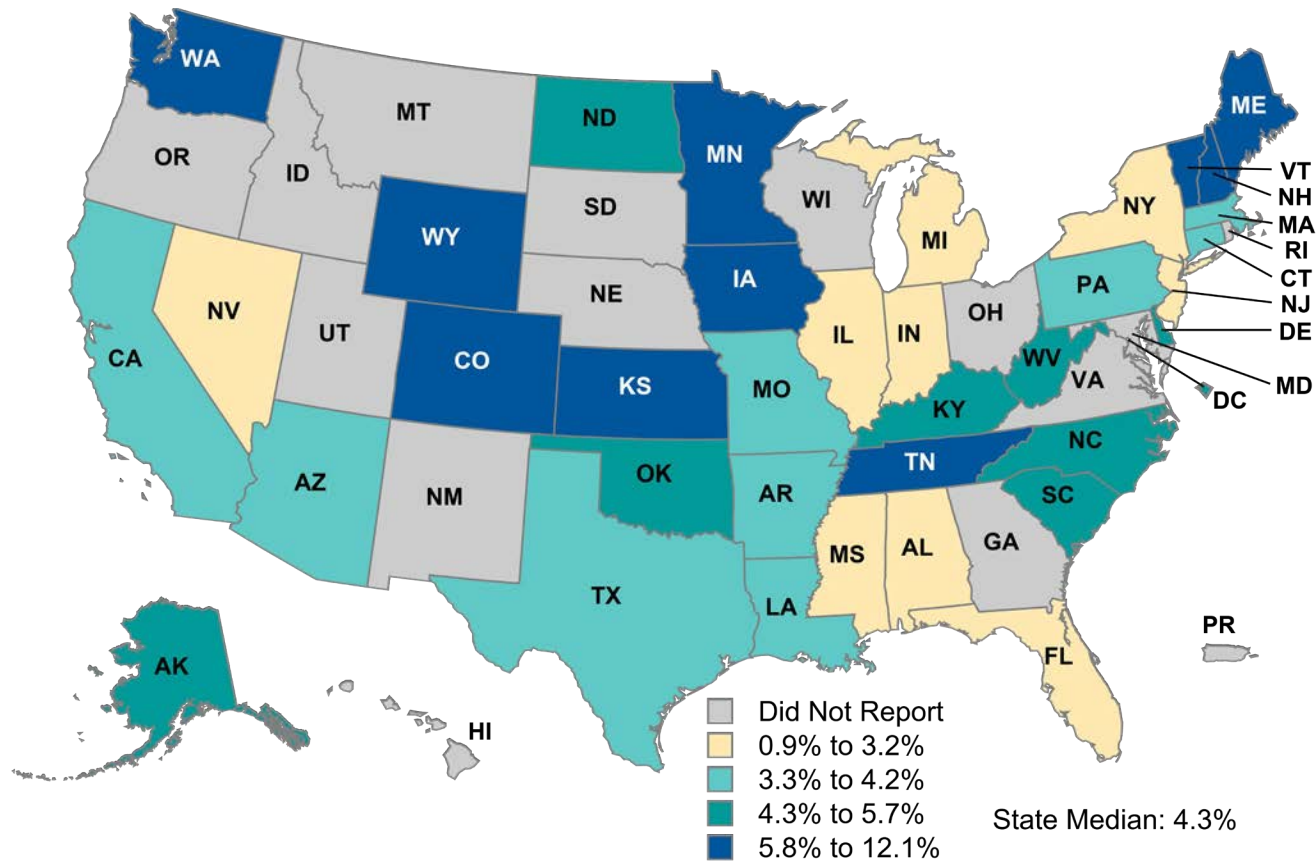
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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



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

Geographic Variation in the Percentage of Women Ages 15 to 20 at Risk of Unintended Pregnancy who were Provided a Long-Acting Reversible Method of Contraception (LARC) (CCW-CH), FFY 2020 (n = 37 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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



# 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.<sup>1</sup> 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 2020.

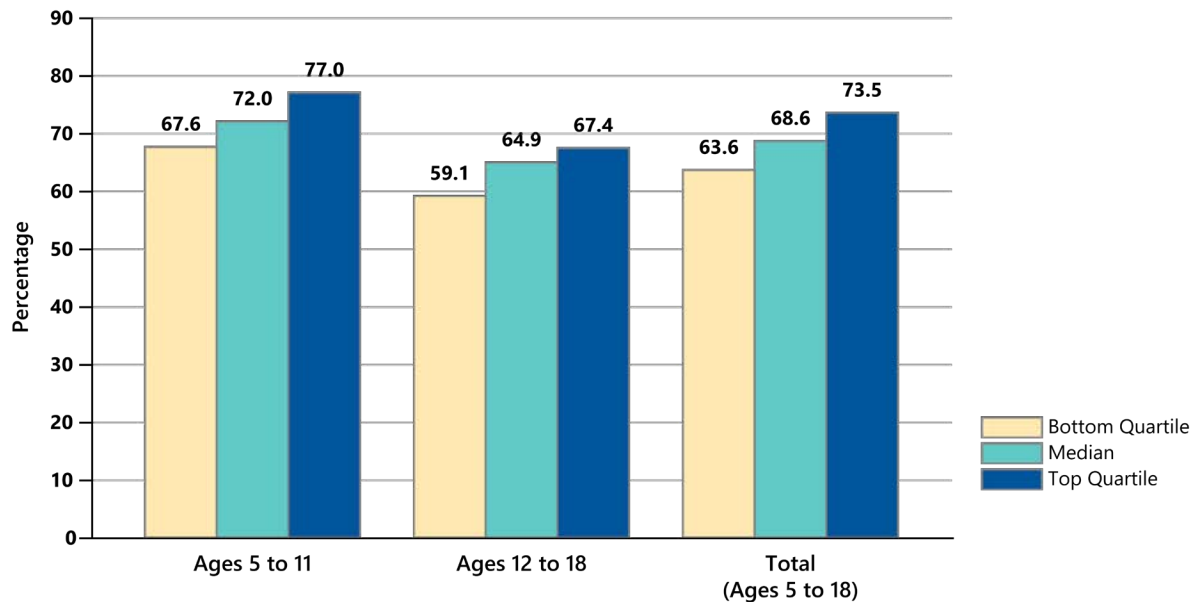
- Asthma Medication Ratio: Ages 5 to 18
- Ambulatory Care: Emergency Department Visits

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

# Asthma Medication Ratio: Ages 5 to 18

Asthma affects more than 5 million children under age 18 in the United States. Uncontrolled asthma among children can result in 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 2020 (n = 42 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This measure shows the percentage of children 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. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

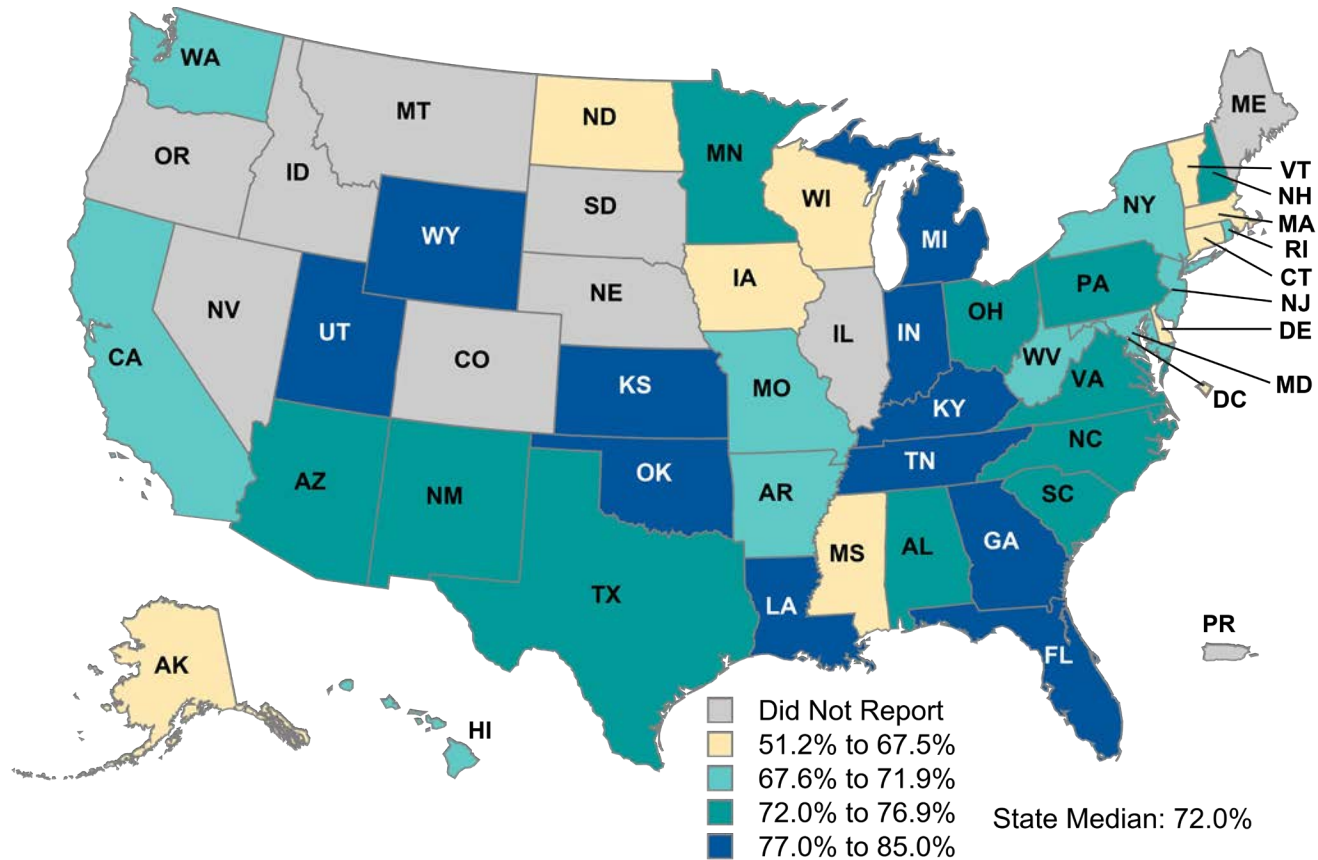
A median of

# 69

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 (42 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 2020 (n = 42 states)**

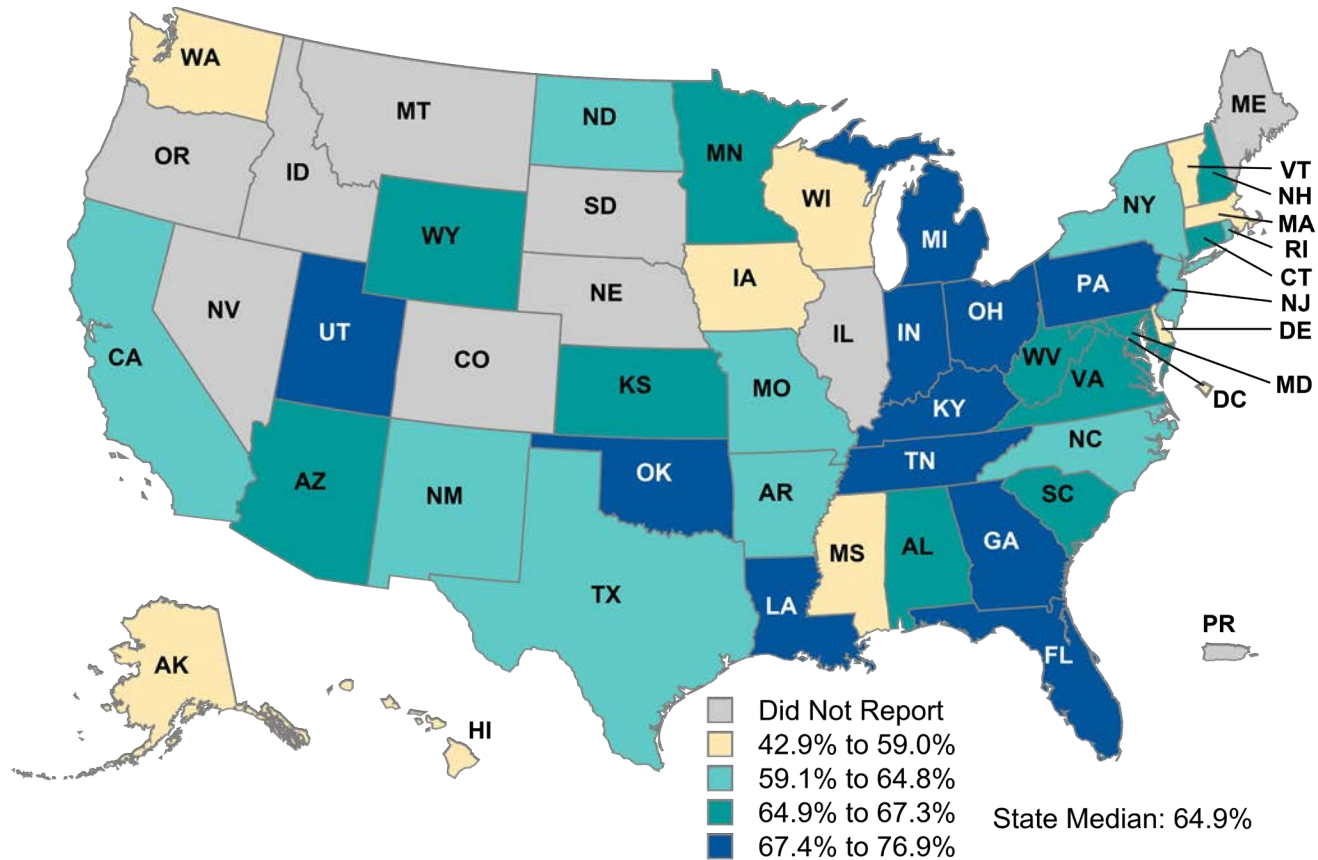


Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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 rate for the larger measure-eligible population was used.

# 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 2020 (n = 42 states)**



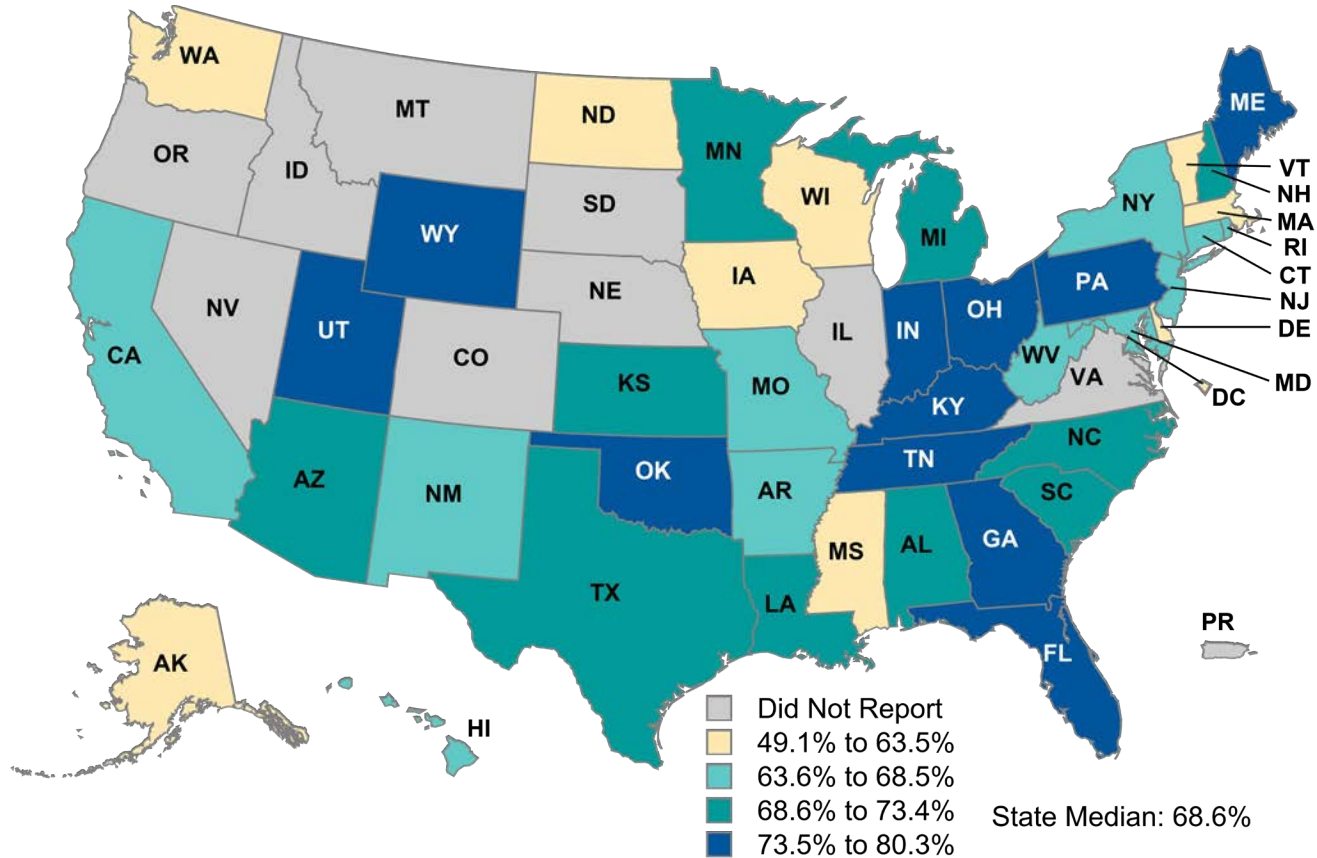
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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 rate for the larger measure-eligible population was used.



# 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 2020 (n = 42 states)**



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

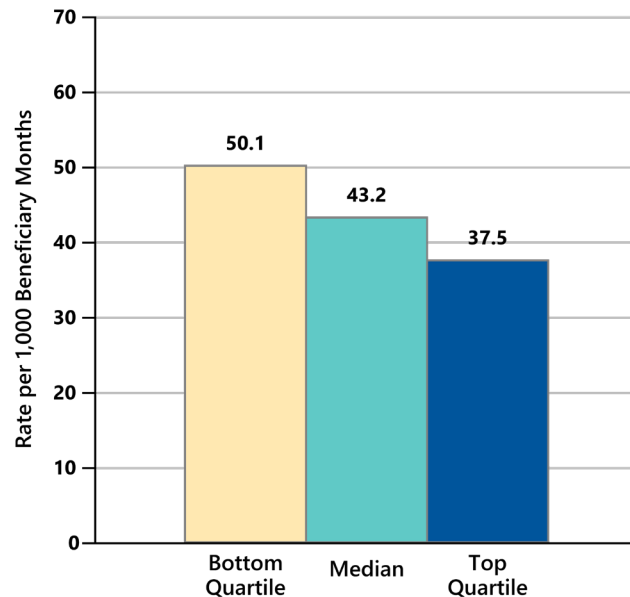
Notes: This chart excludes Virginia, which reported the measure but did not provide data for the Total (Ages 5 to 18) rate. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



# Ambulatory Care: Emergency Department (ED) 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.

**Rate of Emergency Department Visits per 1,000 Beneficiary Months for Children Ages 0 to 19 (AMB-CH), FFY 2020 (n = 46 states) [Lower rates are better for this measure]**



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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 and Wisconsin, which calculated the measure but did not use Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

Children ages 0 to 19 had a median of

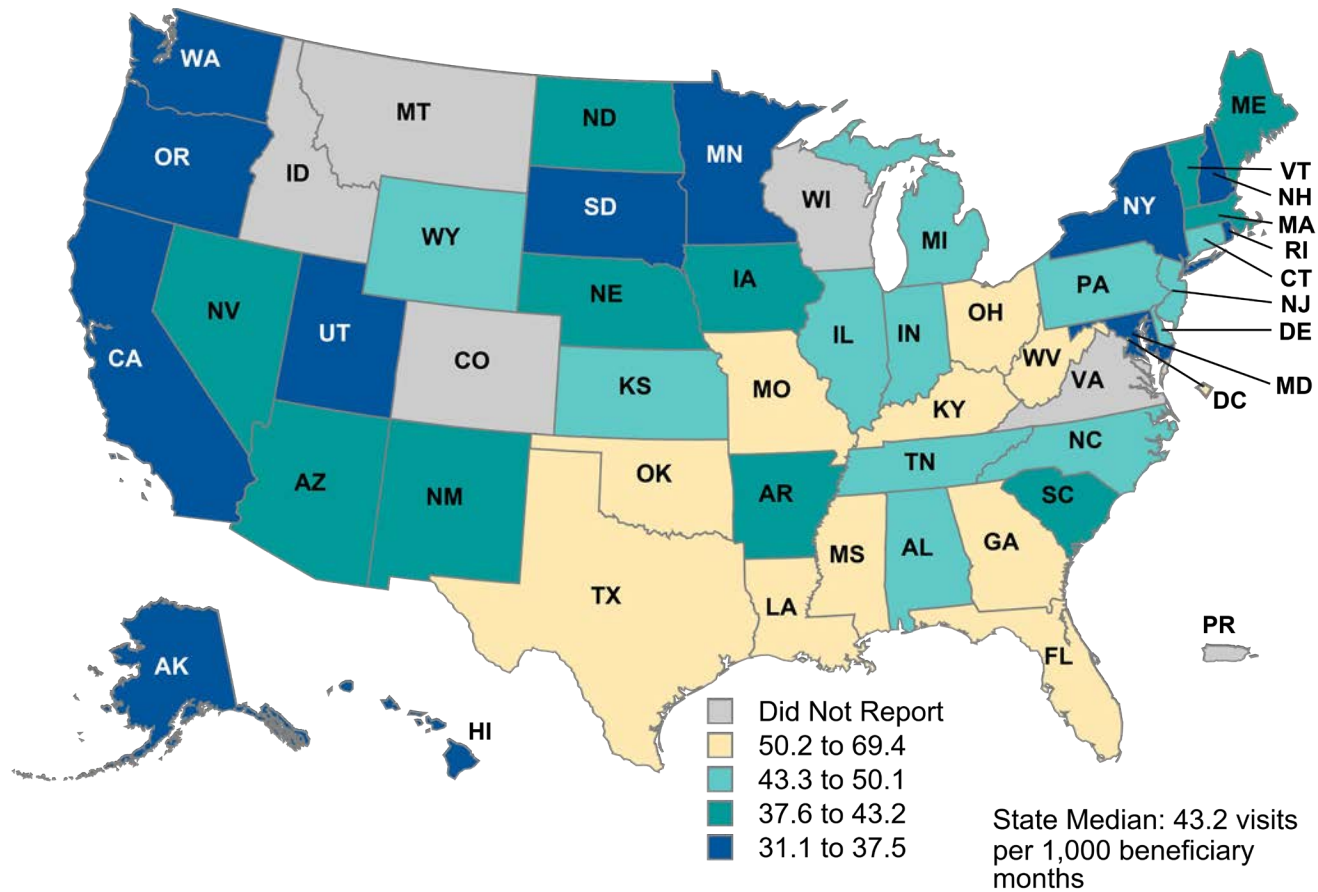
**43**

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 2020 (n = 46 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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



# 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.

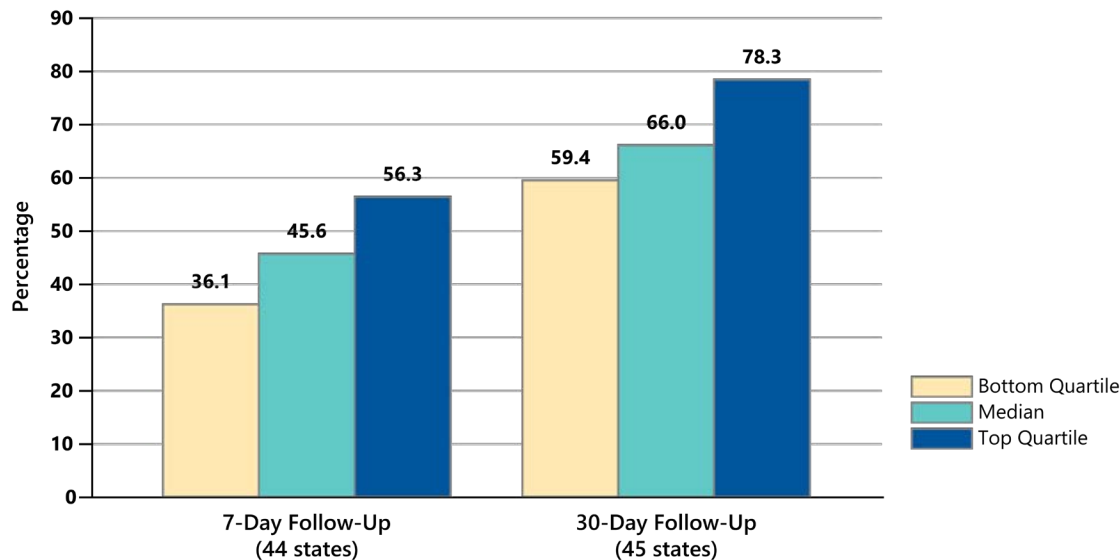
Four Child Core Set measures of behavioral health care were available for analysis for FFY 2020.

- 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 practitioner within 30 days after discharge and 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 Practitioner within 7 and 30 Days After Discharge (FUH-CH), FFY 2020



A median of **46** percent of children ages 6 to 17 who were hospitalized for mental illness or intentional self-harm had a follow-up visit within 7 days after discharge (44 states) and

**66** percent had a follow-up visit within 30 days after discharge (45 states)

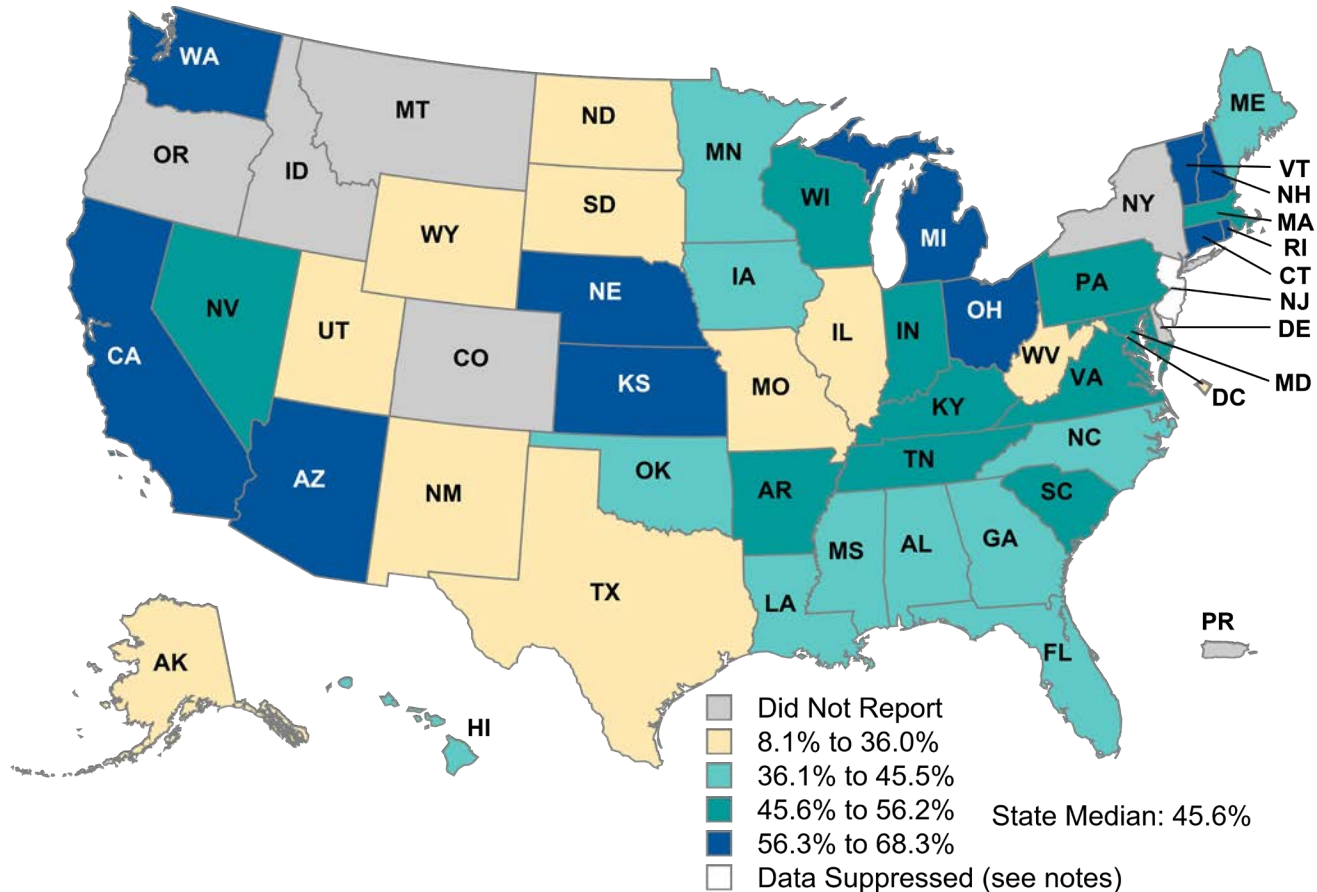
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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 who had a follow-up visit with a mental health practitioner. 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 New York and Oregon, which reported the measure but did not use Child Core Set specifications. Data were suppressed for the 7-Day Follow-Up rate for New Jersey due to small cell sizes. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



# 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 Practitioner within 7 Days After Discharge (FUH-CH), FFY 2020 (n = 44 states)**



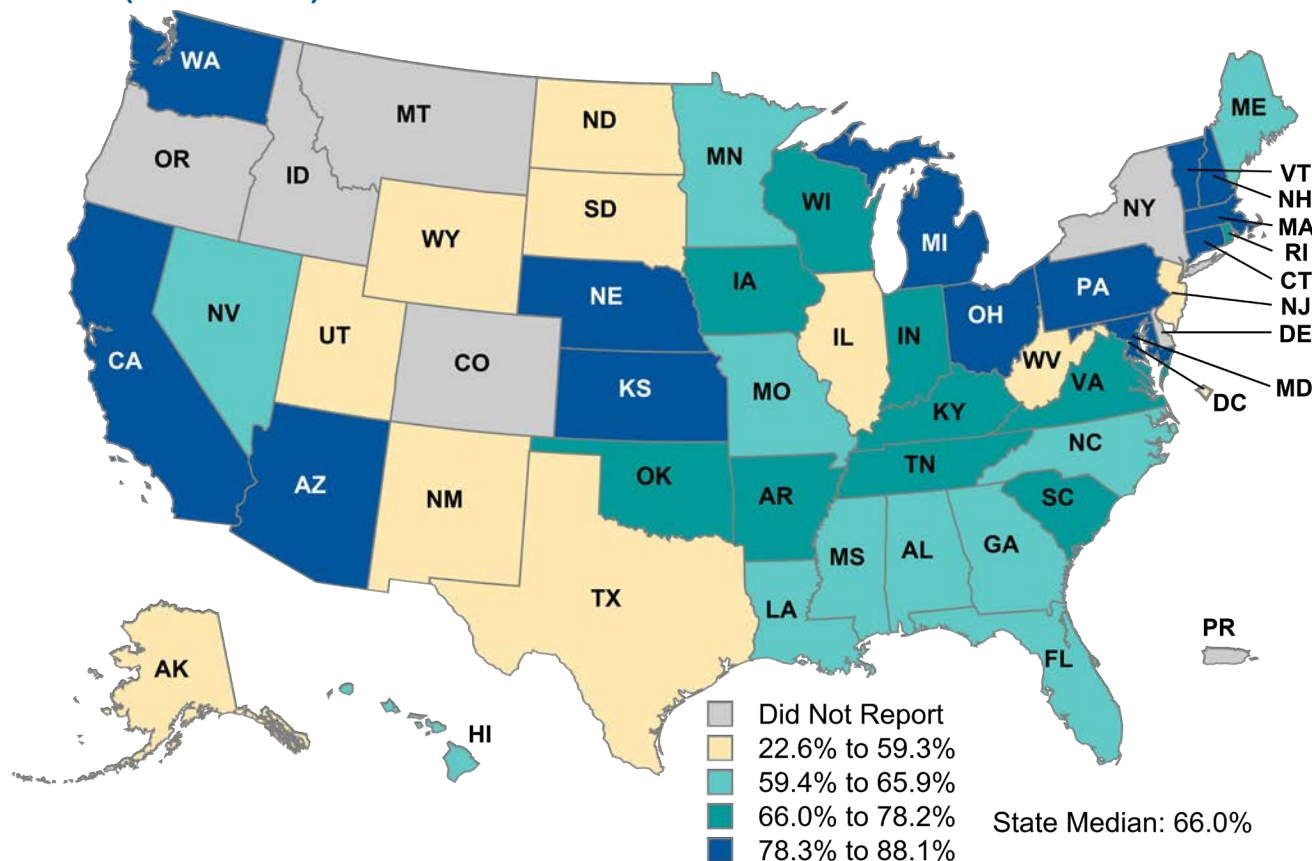
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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



# 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 Practitioner within 30 Days After Discharge (FUH-CH), FFY 2020 (n = 45 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

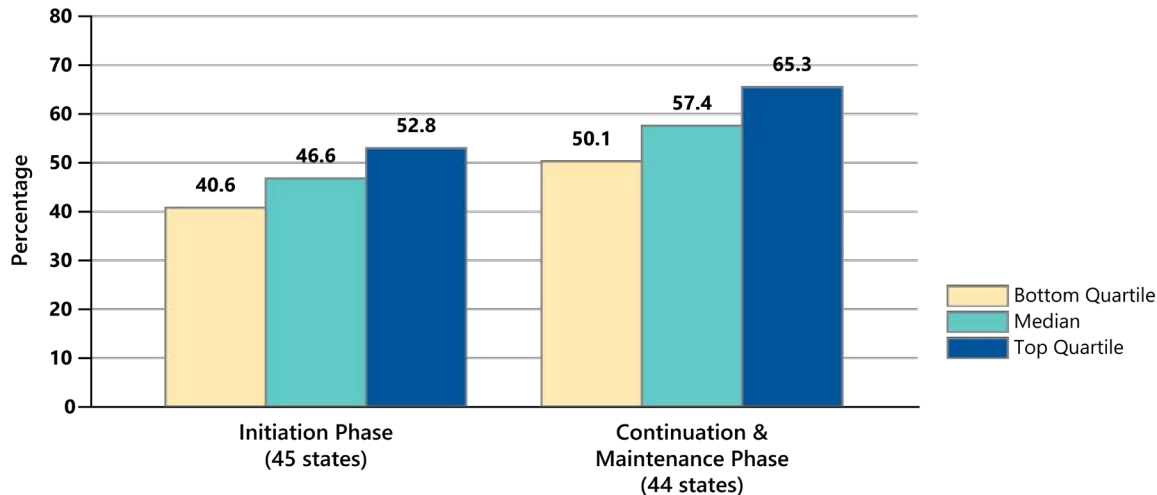
Notes: This chart excludes New York and Oregon, which reported the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



# 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 2020



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

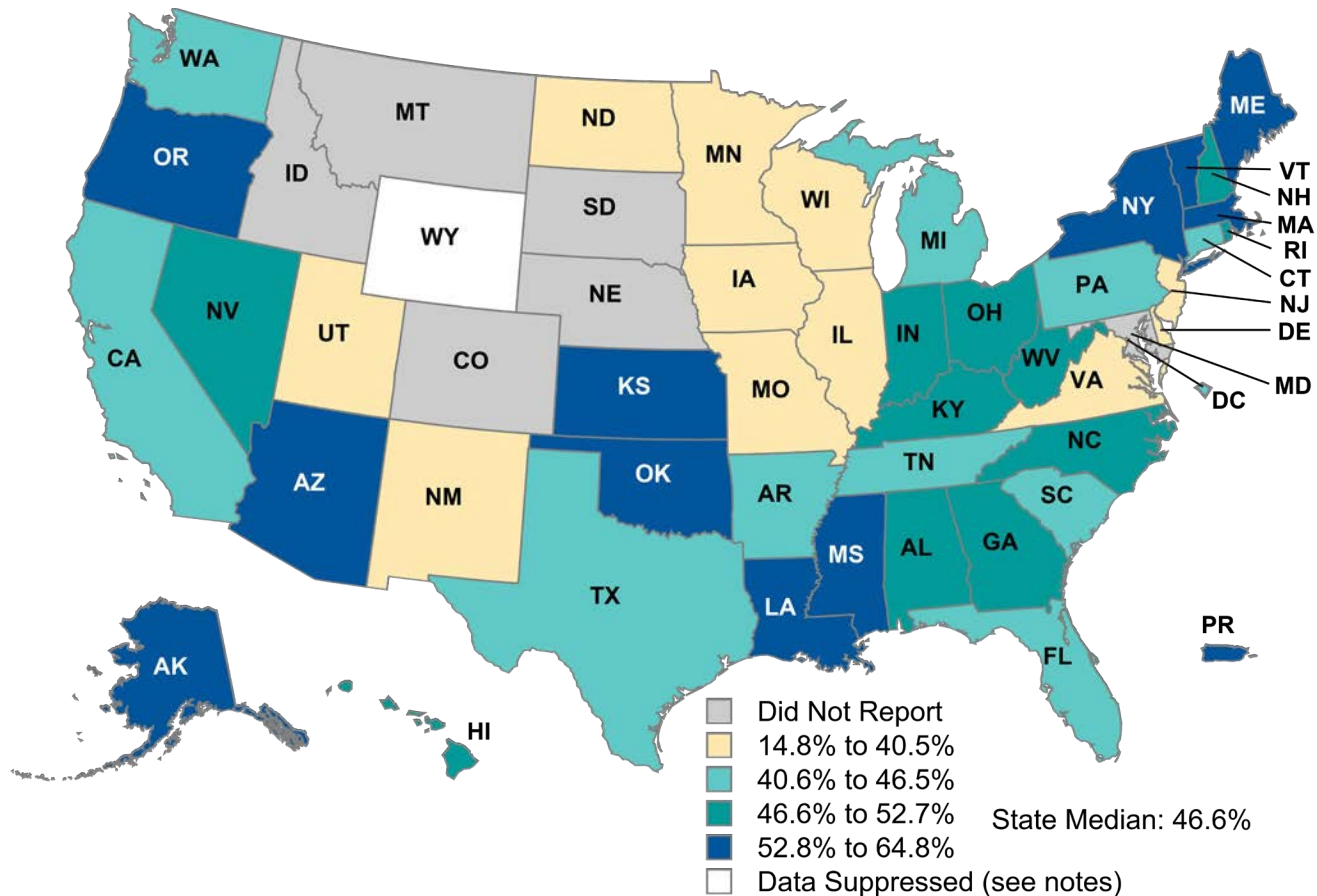
Notes: This measure shows the percentage of children ages 6 to 12 as of the Index Prescription Start Date (IPSD) who were newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication and who had at least three follow-up visits within a 10-month period. Two rates are reported: (1) the percentage 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. Data were suppressed for both the Initiation Phase and Continuation and Maintenance Phase rates for Wyoming due to small cell sizes. 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 **47** percent of children newly prescribed ADHD medication had a follow-up visit during the 30-day initiation phase (45 states) and **57** percent had at least two follow-up visits during the 9-month continuation and maintenance phase (44 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 Received at Least One Visit During the 30-Day Initiation Phase (ADD-CH), FFY 2020 (n = 45 states)



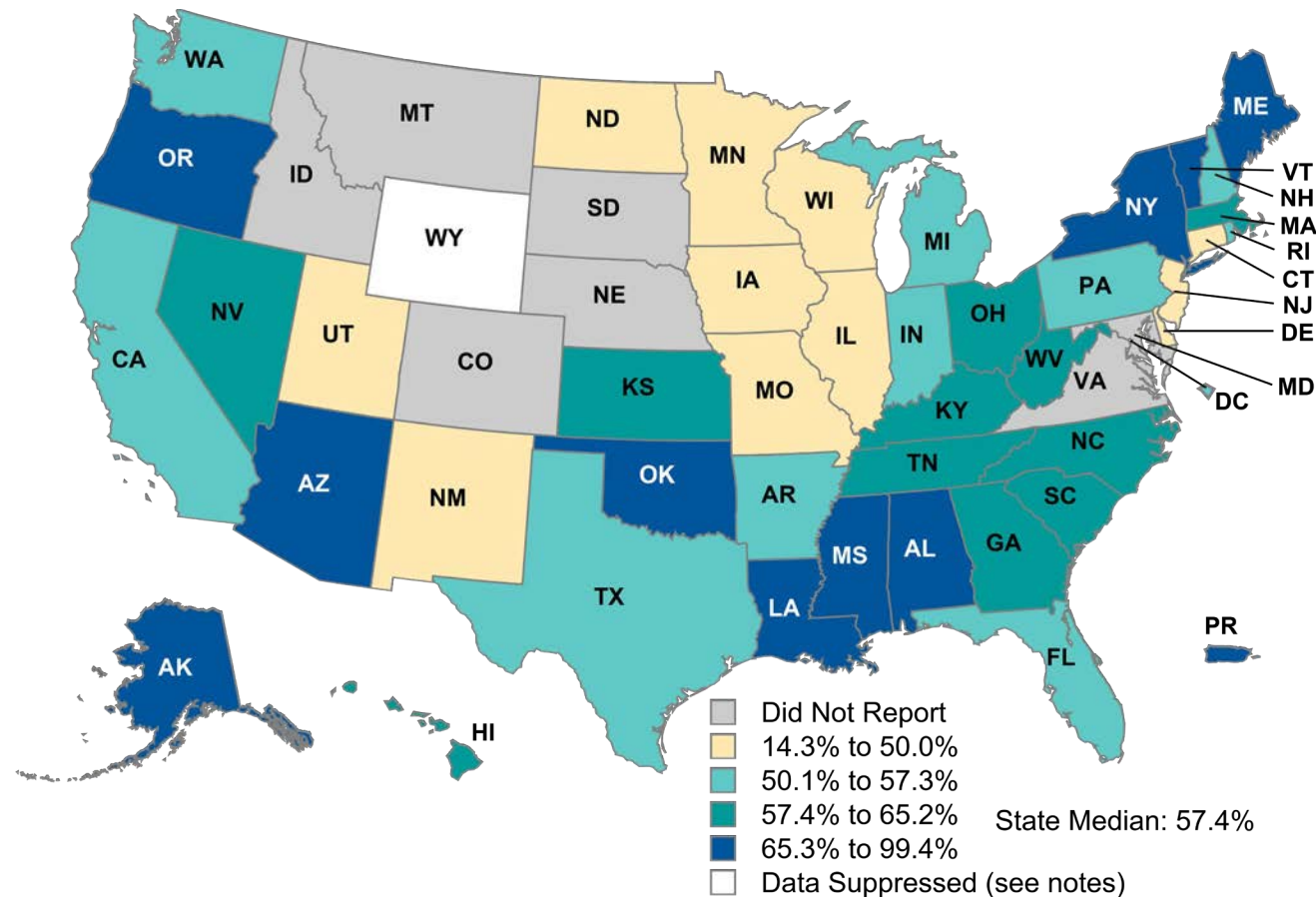
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: Data were suppressed for the Initiation Phase rate for Wyoming due to small cell sizes. 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 (continued)

**Geographic Variation in the Percentage of Children Newly Prescribed Medication for ADHD who Received at Least Two Visits During the 9-Month Continuation and Maintenance Phase (ADD-CH), FFY 2020 (n = 44 states)**



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This chart excludes Virginia, which did not report the Continuation and Maintenance Phase rate. Data were suppressed for the Continuation and Maintenance Phase rate for Wyoming due to small cell sizes. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

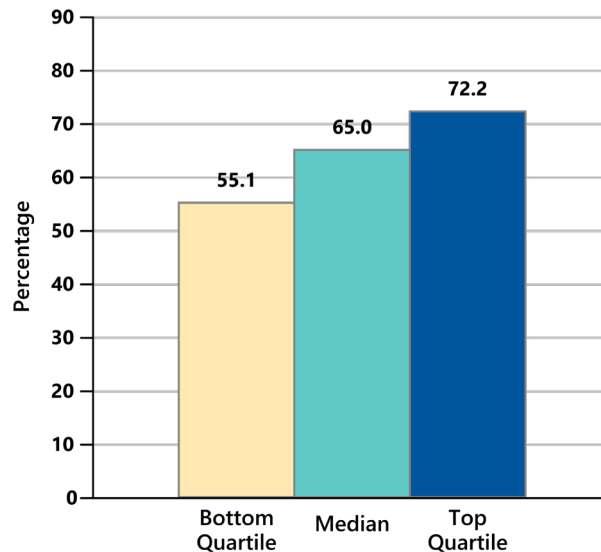




# Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

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 2020 (n = 39 states)



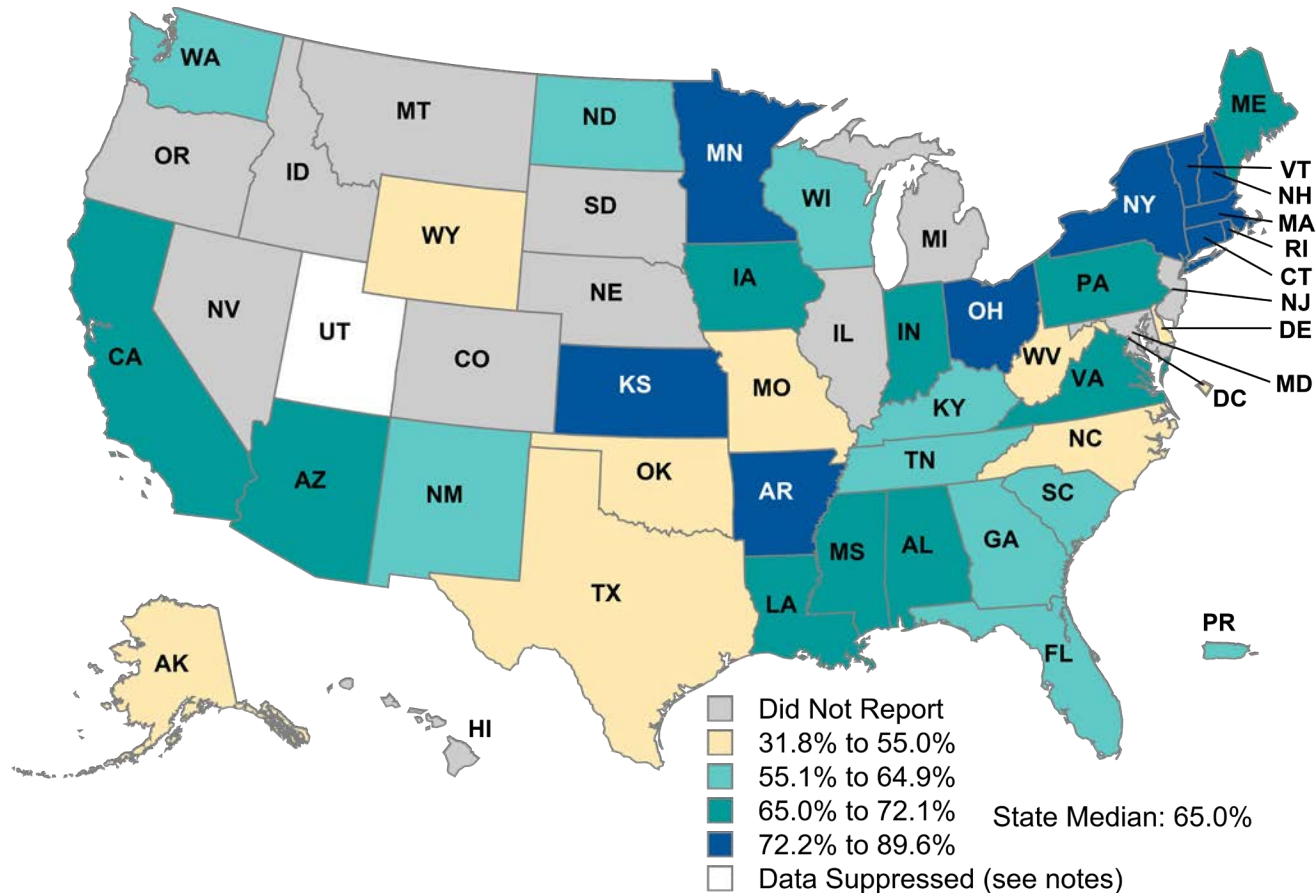
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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 Utah due to small cell sizes. 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  
**65**  
percent of children and adolescents who had a new prescription for an antipsychotic medication had documentation of psychosocial care as first-line treatment (39 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 2020 (n = 39 states)**



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

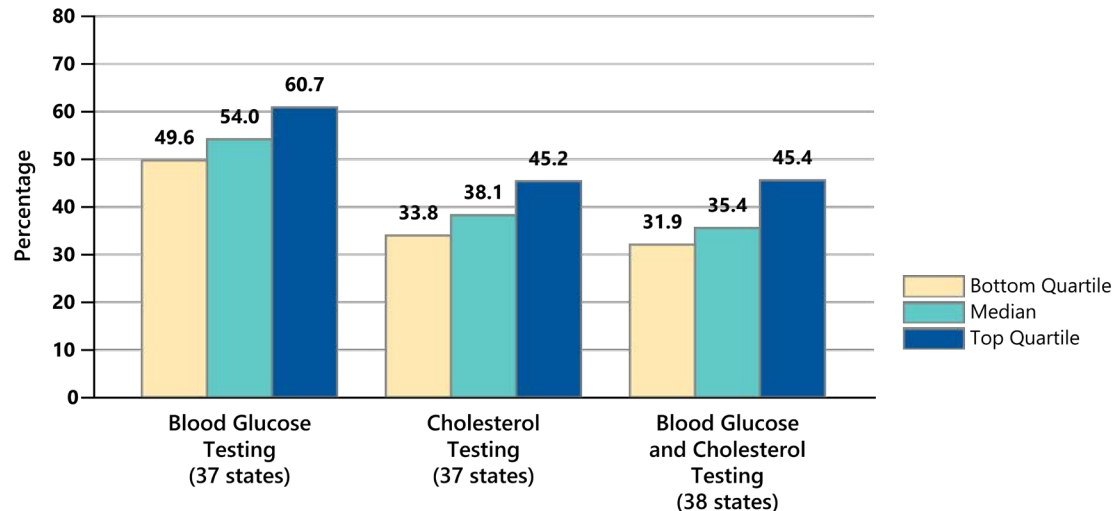
Notes: Data were suppressed for Utah due to small cell sizes. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



# 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. Performance on this measure is being publicly reported for the first time for FFY 2020.

## 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 2020



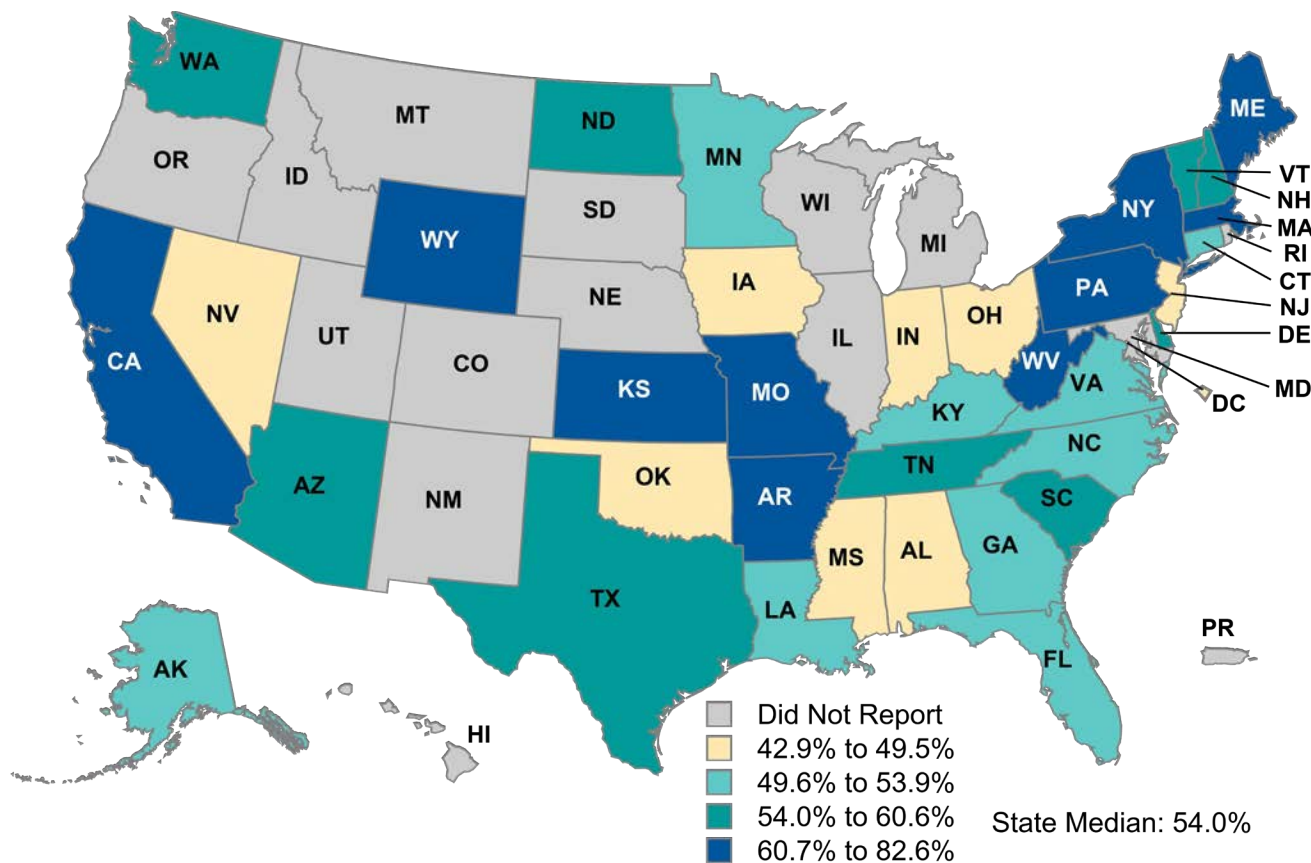
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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 rate for the larger measure-eligible population was used.

A median of **35** percent of children and adolescents who had two or more antipsychotic prescriptions had metabolic testing for both blood glucose and cholesterol (38 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 2020 (n = 37 states)



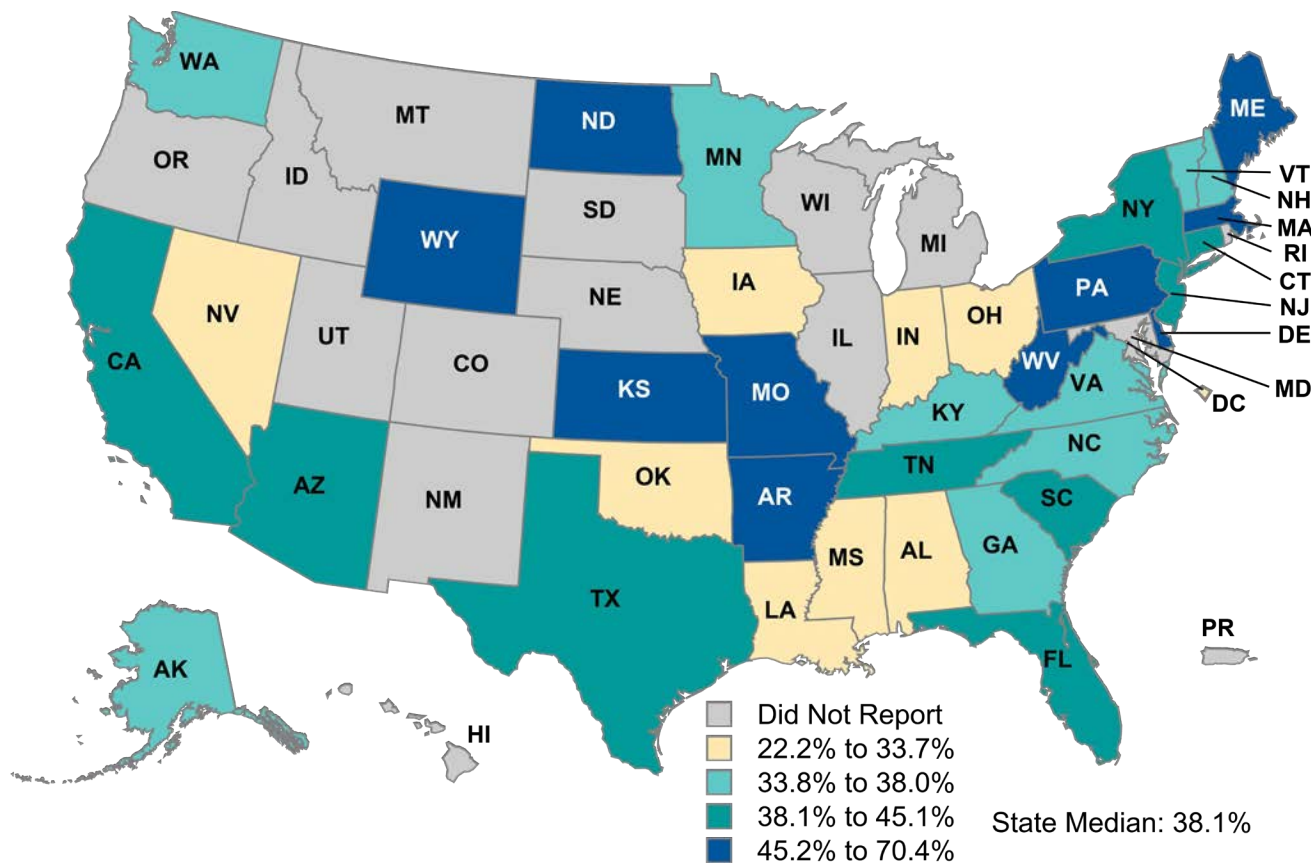
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This chart excludes Maryland, which reported the measure but did not provide data for the blood glucose testing rate. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



# 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 2020 (n = 37 states)



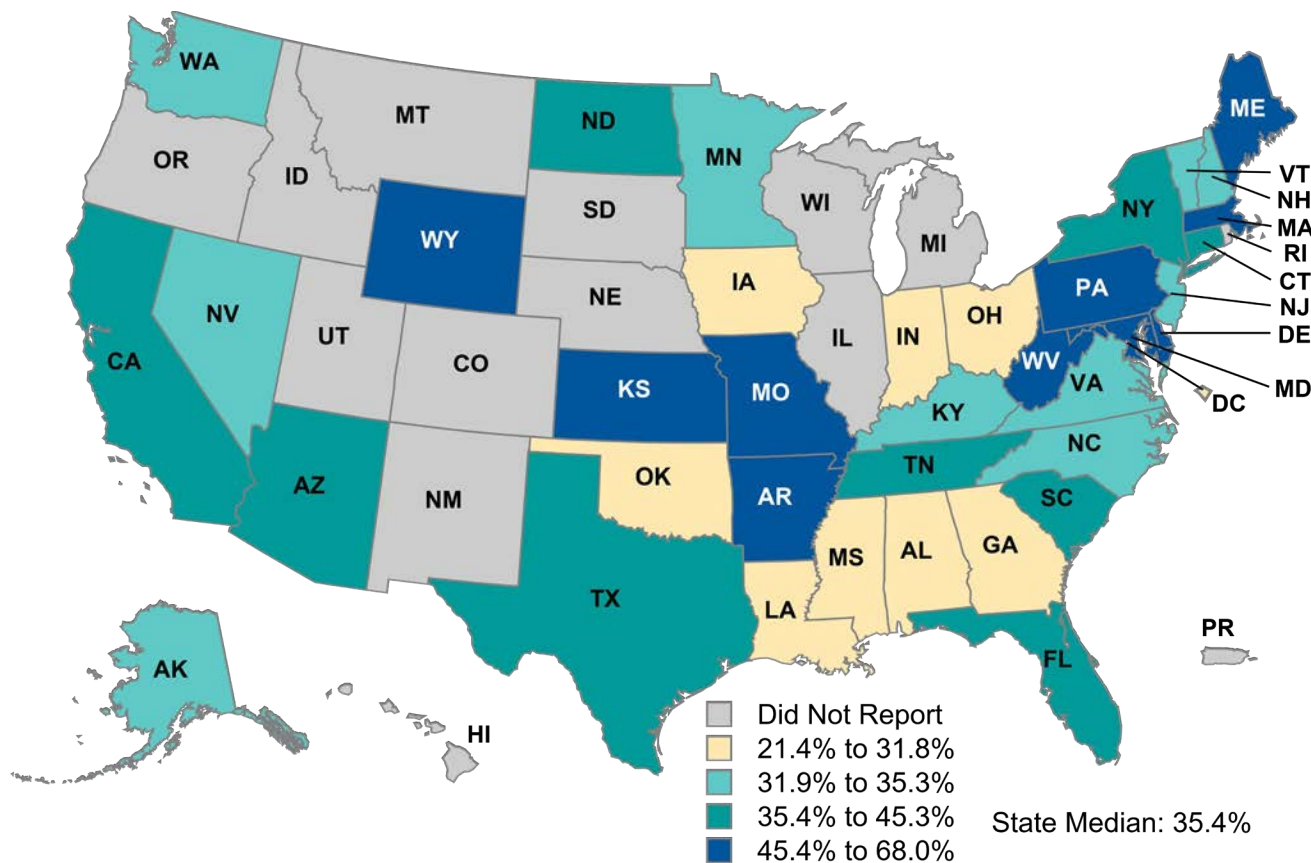
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This chart excludes Maryland, 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 rate for the larger measure-eligible population was used.



# 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 2020 (n = 38 states)**



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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.

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

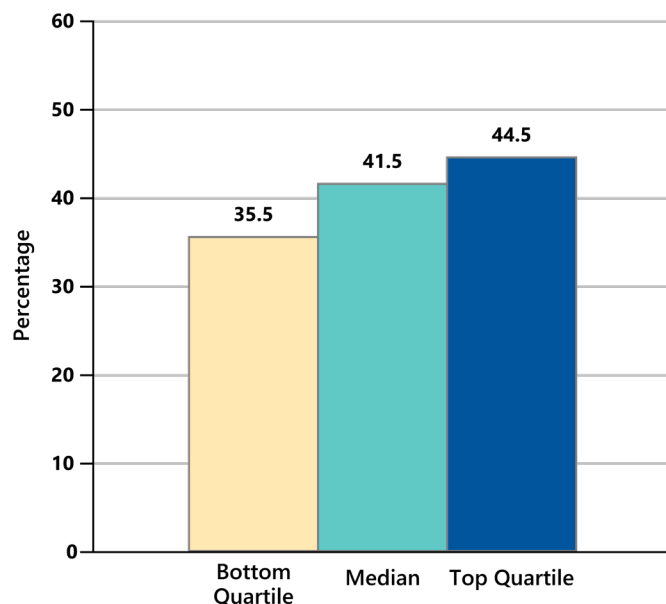
Two measures of dental and oral health services were available for analysis for FFY 2020.

- Percentage of Eligibles Who Received Preventive Dental Services
- Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk

# 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 2020 (n = 50 states)



Source: Mathematica analysis of Form CMS-416 reports (annual EPSDT report), Lines 1b and 12b, for the FFY 2020 reporting cycle as of July 2, 2021. The FFY 2020 reporting cycle includes services provided between October 2019 and September 2020.

Notes: This measure shows the percentage of children ages 1 to 20 who are enrolled in Medicaid or Medicaid expansion CHIP 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 measurement period (October 2019 to September 2020). Rates for FFY 2020 are not comparable with rates for previous years due to a data source change in some states. Starting with FFY 2020, 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.

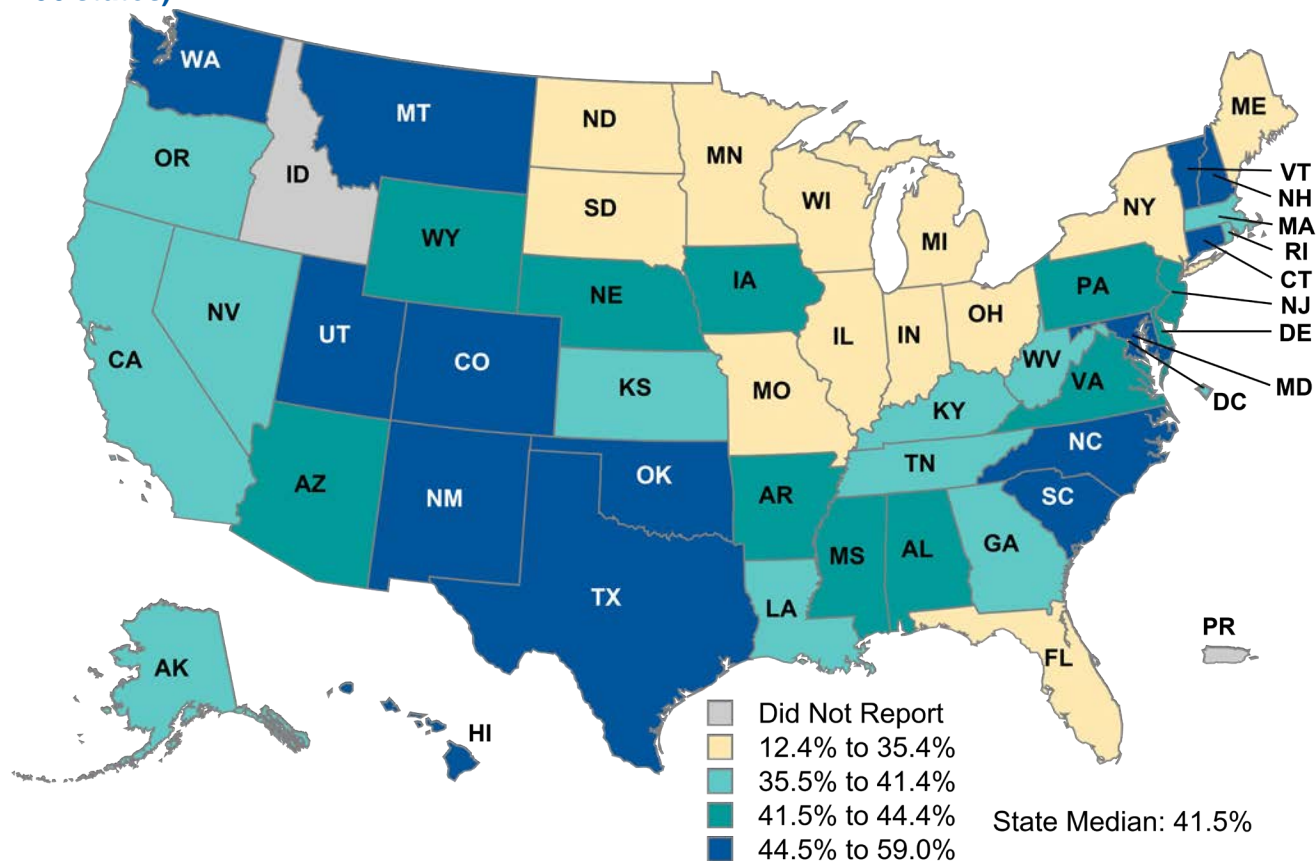
A median of **42** percent of children ages 1 to 20 received preventive dental services between October 2019 and September 2020 (50 states)





# 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 2020 (n = 50 states)**



Source: Mathematica analysis of Form CMS-416 reports (annual EPSDT report), Lines 1b and 12b, for the FFY 2020 reporting cycle as of July 2, 2021. The FFY 2020 reporting cycle includes services provided between October 2019 and September 2020.

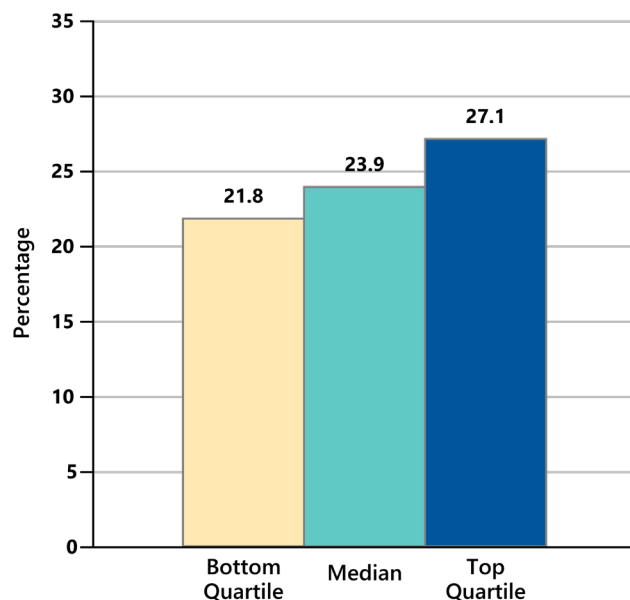
Notes: This measure shows the percentage of children ages 1 to 20 who are enrolled in Medicaid or Medicaid expansion CHIP programs for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the measurement period (October 2019 to September 2020). Rates for FFY 2020 are not comparable with rates for previous years due to a data source change in some states. Starting with FFY 2020, 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.



# 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 who received a sealant on a first permanent molar.

## Percentage of Children Ages 6 to 9 at Elevated Risk of Dental Caries who Received a Sealant on a Permanent First Molar (SEAL-CH), FFY 2020 (n = 35 states)



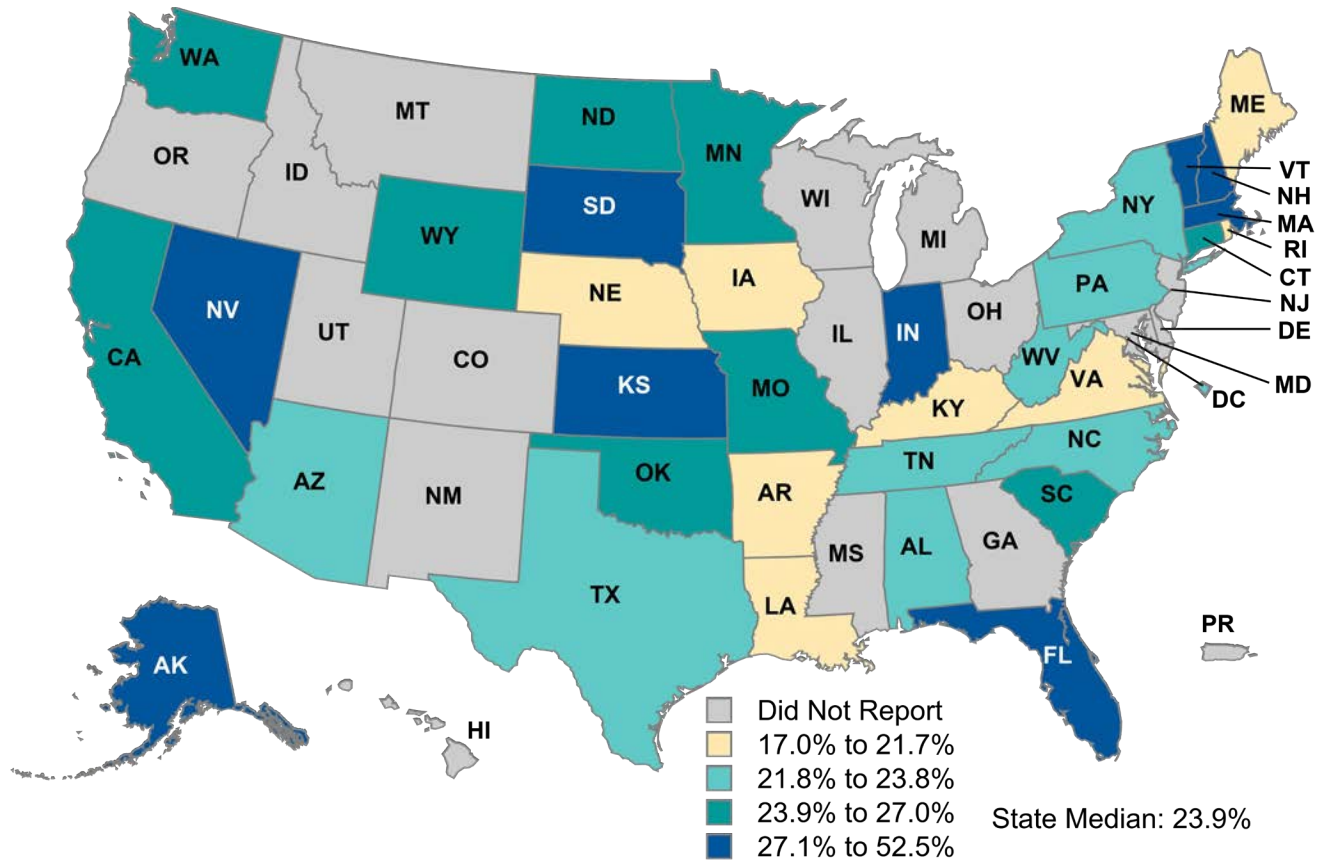
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This measure shows the percentage of children ages 6 to 9 at elevated risk of dental caries (i.e., "moderate" or "high" risk) who received a sealant on a permanent first molar tooth during the measurement year. This chart excludes Illinois and 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 rate for the larger measure-eligible population was used.

A median of **24** percent of children ages 6 to 9 at elevated caries risk received a dental sealant on a permanent first molar (35 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 Risk of Dental Caries who Received a Sealant on a Permanent First Molar (SEAL-CH), FFY 2020 (n = 35 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This chart excludes Illinois and 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 rate for the larger measure-eligible population was used.



# TRENDS IN STATE PERFORMANCE, FFY 2018 - FFY 2020



# Trends in State Performance, FFY 2018–FFY 2020: Introduction

CMS assessed trends in median state performance on 14 Child Core Set measures publicly reported from FFY 2018 to FFY 2020.<sup>1</sup> To be trended, each measure must meet the following three criteria:

- The measure was publicly reported for each of the most recent three years. To be publicly reported, a measure must be reported by at least 25 states using Core Set specifications and must meet CMS standards for data quality.
- The measure was reported by a set of at least 20 states that used Core Set specifications in all three years.
- The measure specifications were comparable for all three years (no specification changes occurred during the three-year period that would make results incomparable across years).

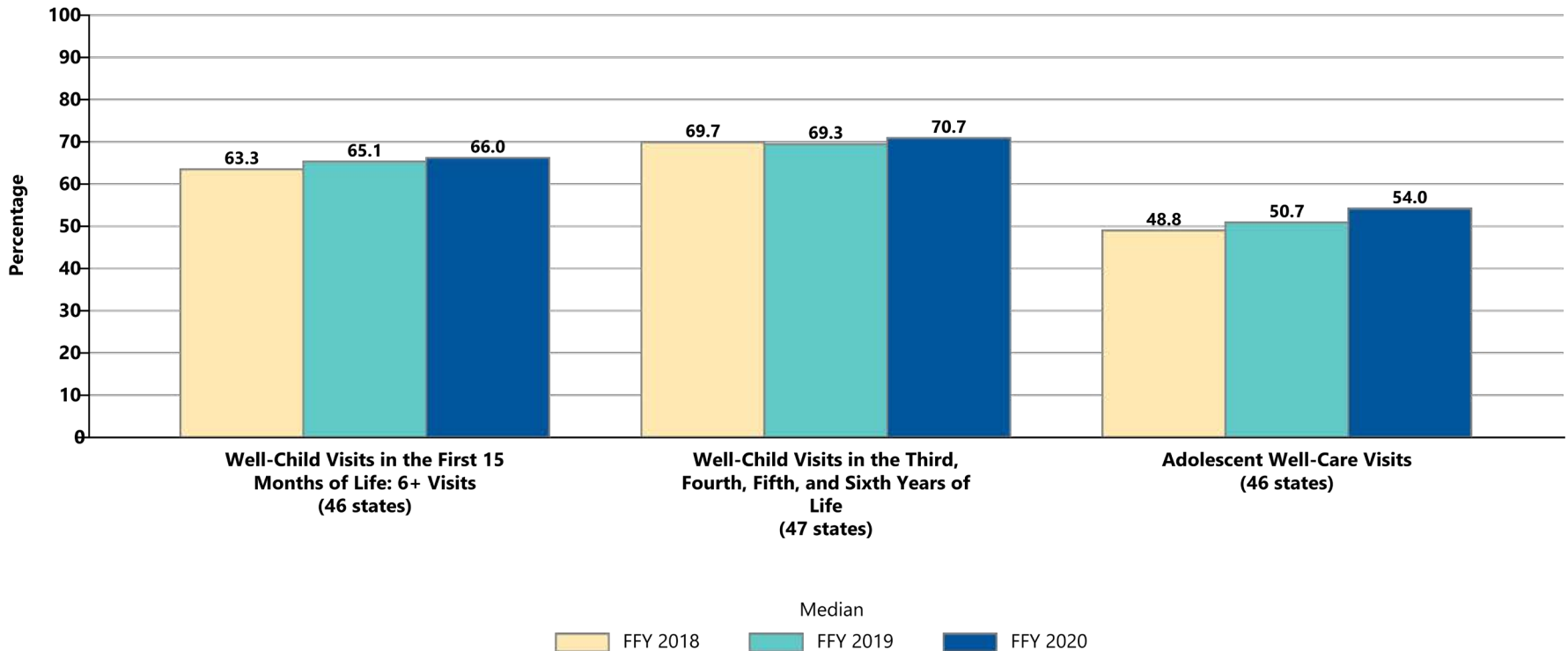
Many factors may affect changes in the performance rates reported by states on the Child Core Set measures. While shifts in access and quality may account for some of the changes in performance over time, other factors noted by states include changes in:

- 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).

<sup>1</sup> A methods brief describing the criteria for trending performance on the Child and Adult Core Set measures from FFY 2018 to FFY 2020 is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/methods-brief-ffy-2020.pdf>. Statistical significance was determined using the Wilcoxon Signed-Rank test ( $p < .05$ ).

# Trends in State Performance, FFY 2018–FFY 2020: Primary Care Access and Preventive Care

Median rates of recommended well-care visits increased significantly from FFY 2018 to FFY 2020 for the Well-Child Visits in the First 15 Months of Life; Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life; and Adolescent Well-Care Visits measures.



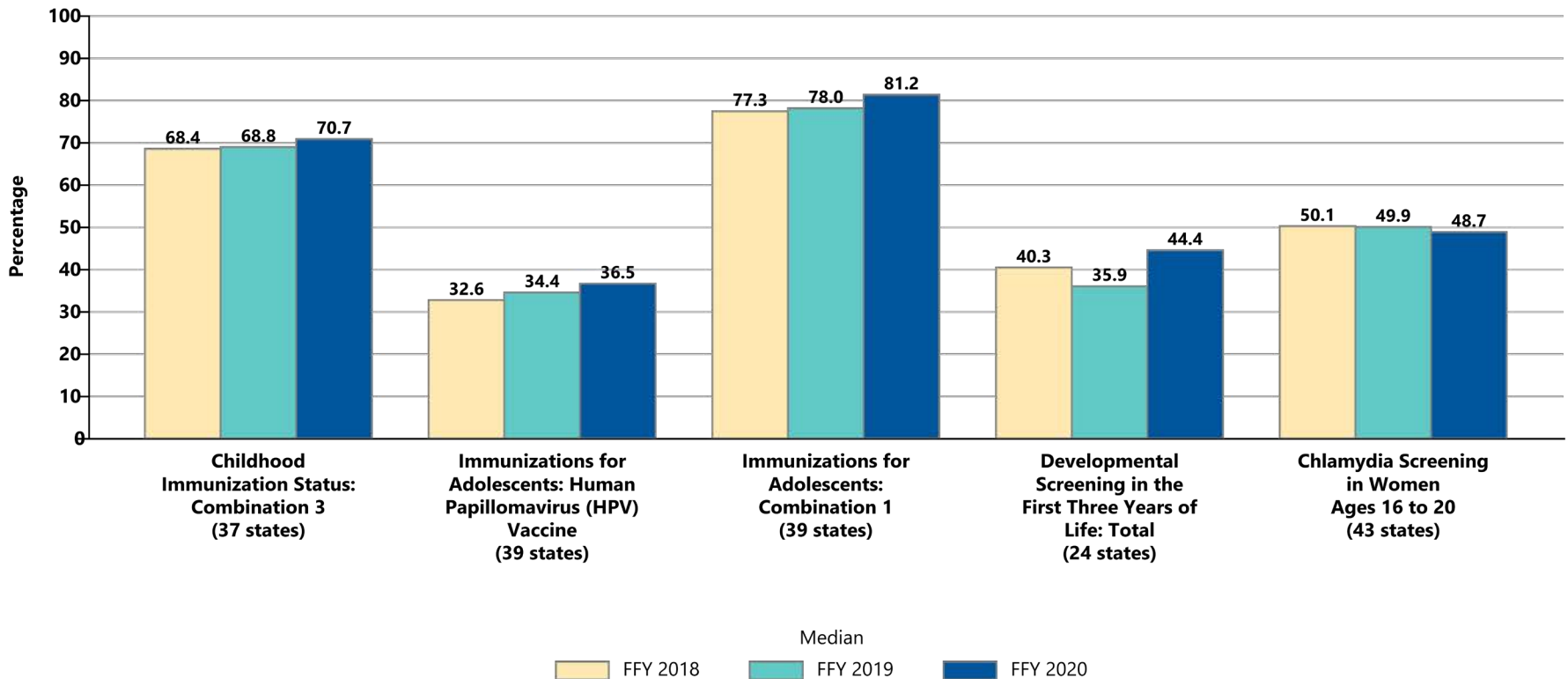
Source: Mathematica analysis of FFY 2018–FFY 2020 MACPro reports.

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



# Trends in State Performance, FFY 2018–FFY 2020: Primary Care Access and Preventive Care (continued)

Median rates of recommended preventive care increased significantly from FFY 2018 to FFY 2020 for the Immunizations for Adolescents (HPV and Combination 1) and Developmental Screening measures. Median state performance did not change significantly during this period for the Childhood Immunization Status (Combination 3) or Chlamydia Screening in Women Ages 16 to 20 measures.



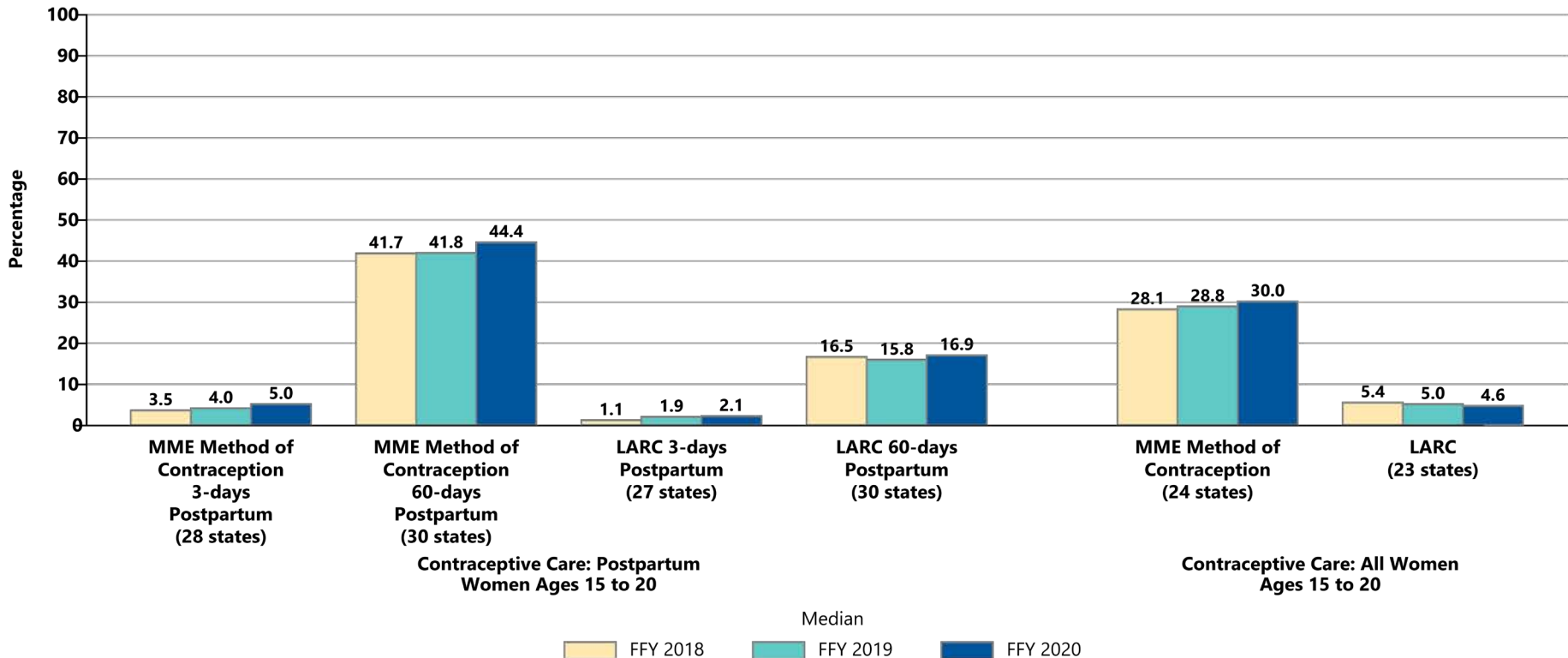
Source: Mathematica analysis of FFY 2018–FFY 2020 MACPro reports.

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



# Trends in State Performance, FFY 2018–FFY 2020: Maternal and Perinatal Health

Median state performance increased significantly from FFY 2018 to FFY 2020 for all rates on the Contraceptive Care: Postpartum Women Ages 15 to 20 measure. For the Contraceptive Care: All Women Ages 15 to 20 measure, performance did not change significantly on the Most or Moderately Effective (MME) Method of Contraception rate and declined by a small but significant amount on the Long-Acting Reversible Method of Contraception (LARC) rate.



Source: Mathematica analysis of FFY 2018–FFY 2020 MACPro reports.

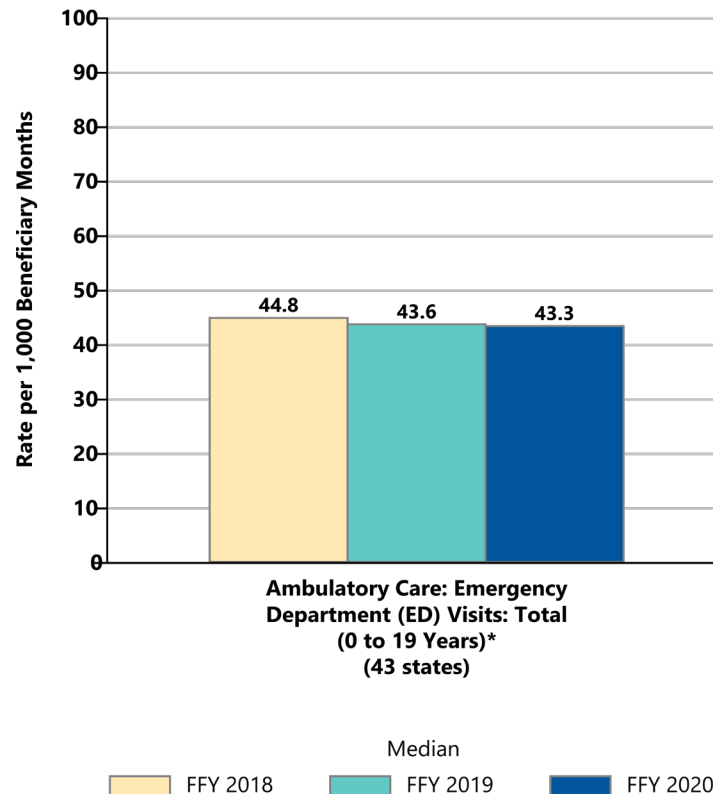
Notes: This chart includes the states that reported each measure using Child Core Set specifications for all three years. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used. Data from previous years may be updated based on new information received after publication of the 2020 Chart Pack. 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.





# Trends in State Performance, FFY 2018–FFY 2020: Care of Acute and Chronic Conditions

The median rate for the Ambulatory Care: Emergency Department (ED) Visits per 1,000 beneficiary months decreased significantly from FFY 2018 to FFY 2020, representing higher performance because lower rates are better for this measure.



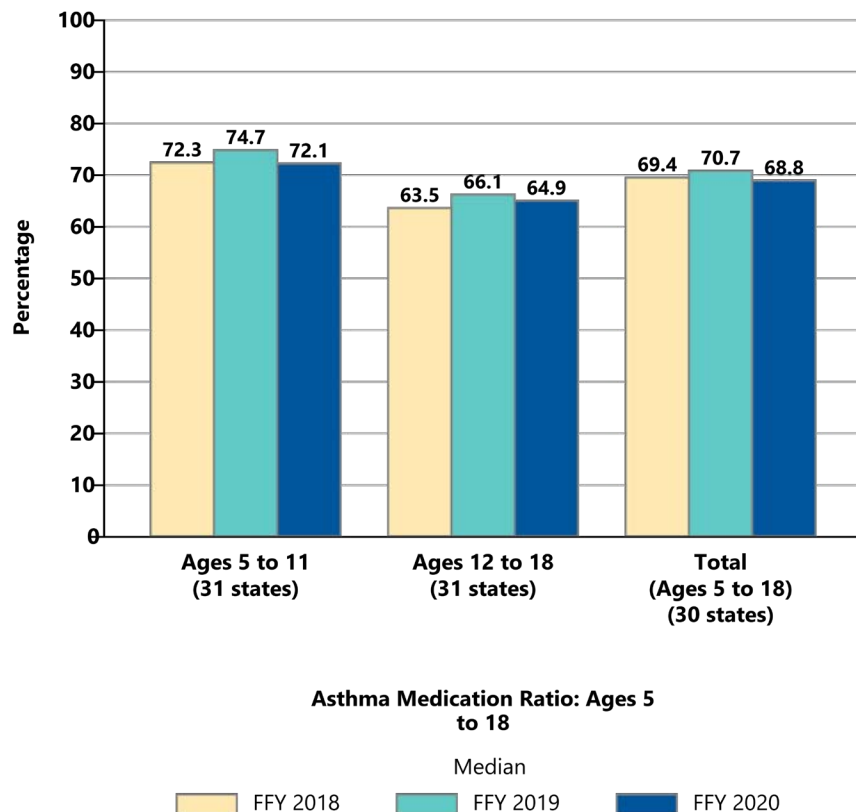
Source: Mathematica analysis of FFY 2018–FFY 2020 MACPro reports.

Notes: This chart includes the states that reported the 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. Data from previous years may be updated based on new information received after publication of the 2020 Chart Pack.

\*Lower rates are better for this measure.

# Trends in State Performance, FFY 2018–FFY 2020: Care of Acute and Chronic Conditions (continued)

The median rates for the Asthma Medication Ratio: Ages 5 to 18 measure did not change significantly from FFY 2018 to FFY 2020.

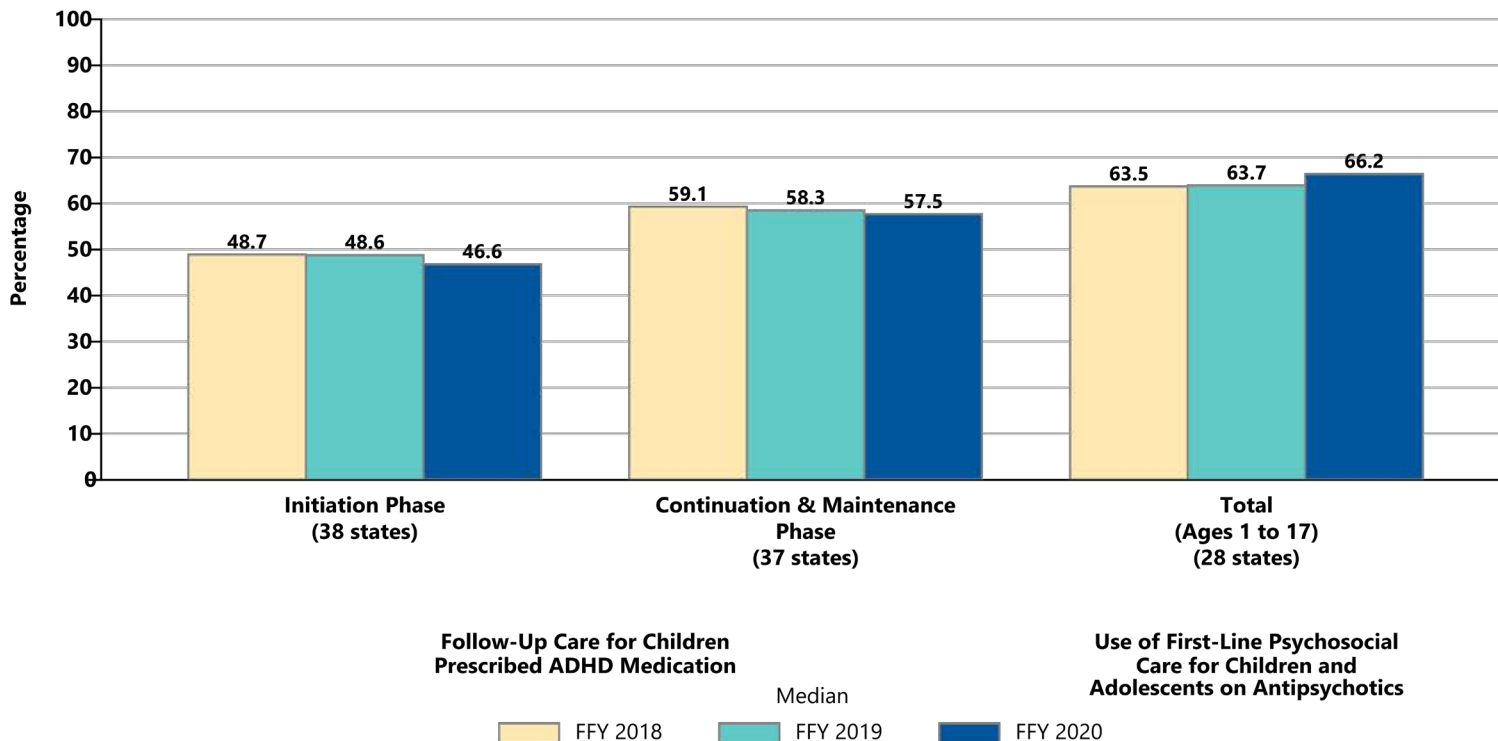


Source: Mathematica analysis of FFY 2018–FFY 2020 MACPro reports.

Notes: This chart includes the states that reported the 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. Data from previous years may be updated based on new information received after publication of the 2020 Chart Pack.

# Trends in State Performance, FFY 2018–FFY 2020: Behavioral Health Care

Median state performance on the Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics measure increased significantly from FFY 2018 to FFY 2020. Median state performance on the Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication measure did not change significantly from FFY 2018 to FFY 2020.



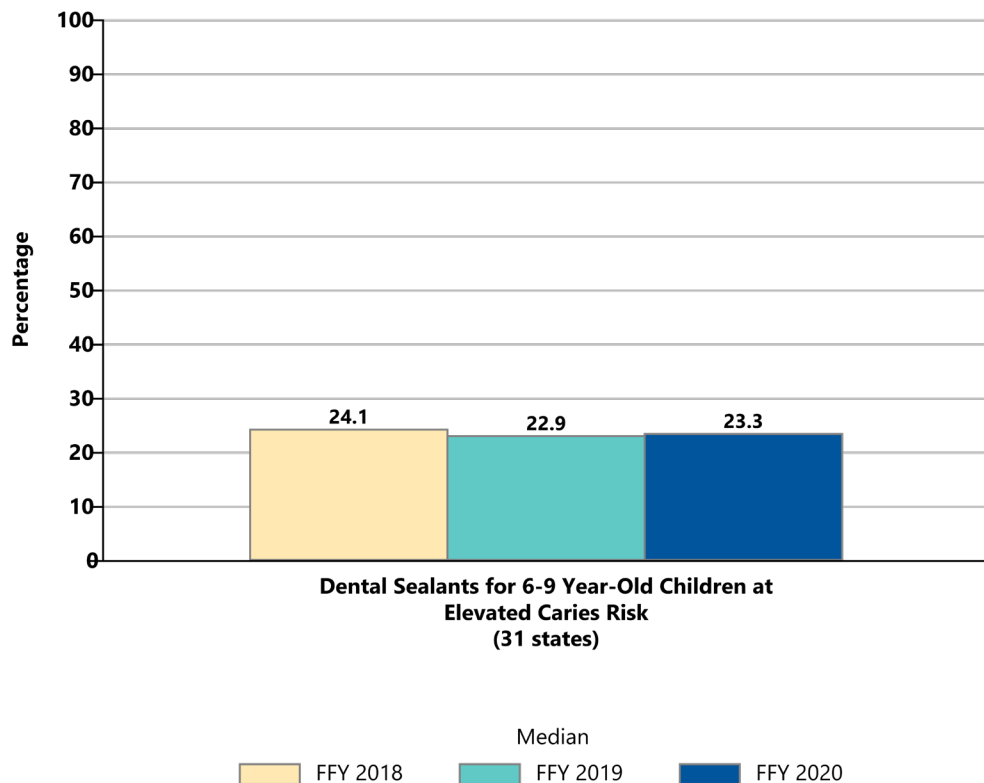
Source: Mathematica analysis of FFY 2018–FFY 2020 MACPro reports.

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



# Trends in State Performance, FFY 2018–FFY 2020: Dental and Oral Health Services

Median state performance on the Dental Sealants for 6 to 9 Year-Old Children at Elevated Caries Risk measure did not change significantly from FFY 2018 to FFY 2020.



Source: Mathematica analysis of FFY 2018–FFY 2020 MACPro reports.

Notes: This chart includes the states that reported the 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. Data from previous years may be updated based on new information received after publication of the 2020 Chart Pack.

# REFERENCE TABLES AND ADDITIONAL RESOURCES



# Overview of State Reporting of the Child Core Set Measures, FFY 2020

	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 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	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	PC-02: Cesarean Birth	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	Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk	CAHPS Health Plan Survey 5.0H, Child Version (Medicaid)	
Total	19 (Median)	50	14	50	50	50	45	46	31	47	41	4	42	52	17	36	37	43	48	47	46	40	38	50	37	39	
Alabama	24	X	X	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	X
Arizona	17	X	-	X	X	X	-	-	X	X	-	-	-	X	-	X	X	X	X	X	X	X	X	X	X	X	X
Arkansas	18	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	X	-
Colorado	9	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	X
Delaware	20	X	-	X	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	X
Florida	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	X
Georgia	18	X	X	X	X	X	X	X	X	X	X	-	X	X	-	-	-	X	X	X	X	X	X	X	-	-	
Hawaii	16	X	X	X	X	X	X	X	-	X	X	-	X	X	-	-	-	X	X	X	X	-	-	X	-	X	
Idaho	4	X	-	-	-	-	X	X	X	-	-	-	-	X	-	-	-	-	-	-	-	-	-	-	-	-	
Illinois	19	X	-	X	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	-	-	X	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	X
Iowa	20	X	X	X	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	X
Kentucky	20	X	-	X	X	X	X	X	-	X	X	-	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X
Louisiana	22	X	-	X	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Maine	17	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 2020 (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 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	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	Audio Logical Diagnosis No Later Than 3 Months of Age	Prenatal and Postpartum Care: Timeliness of Prenatal Care	Live Births Weighing Less Than 2,500 Grams	PC-02: Cesarean Birth	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	Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk	CAHPS Health Plan Survey 5.0H, Child Version (Medicaid)
Maryland	15	X	-	X	X	X	X	X	-	X	X	-	X	X	-	-	-	X	X	X	-	-	X	X	-	X
Massachusetts	22	X	X	X	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	-
Michigan	19	X	-	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	19	X	-	X	X	X	X	X	-	X	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	2	-	-	-	-	-	-	-	-	-	-	-	-	X	-	-	-	-	-	-	-	-	-	X	-	-
Nebraska	12	X	-	X	X	X	X	X	-	X	X	-	-	X	-	-	-	-	X	X	-	-	-	X	X	-
Nevada	19	X	-	X	X	X	X	X	X	-	X	X	X	X	-	X	X	-	X	X	X	-	X	X	X	X
New Hampshire	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
New Jersey	19	X	-	X	X	X	X	X	X	X	X	-	X	X	-	X	X	X	X	X	X	-	X	X	-	X
New Mexico	16	X	-	X	X	X	X	X	-	X	X	-	X	X	-	-	-	X	X	X	X	-	X	-	-	X
New York	16	X	-	X	X	X	-	-	-	X	-	-	-	X	-	X	X	X	X	X	X	X	X	X	X	X
North Carolina	18	X	-	X	X	X	X	X	X	X	-	-	-	X	-	X	X	X	X	X	X	X	X	X	X	-
North Dakota	19	-	-	X	X	X	X	X	X	X	-	-	X	X	-	X	X	X	X	X	X	X	X	X	X	-
Ohio	17	X	-	X	X	X	X	X	-	X	X	-	X	X	-	-	-	X	X	X	X	X	X	X	-	X
Oklahoma	21	X	-	X	X	X	X	X	X	X	X	-	X	X	-	X	X	X	X	X	X	X	X	X	X	X
Oregon	16	X	-	X	X	X	X	X	X	X	X	-	X	X	-	X	X	-	X	X	X	-	-	X	X	X
Pennsylvania	22	X	-	X	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Puerto Rico	10	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 2020 (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 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	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	Audiovisual Diagnosis No Later Than 3 Months of Age	Prenatal and Postpartum Care: Timeliness of Prenatal Care	Live Births Weighing Less Than 2,500 Grams	PC-02: Cesarean Birth	Contraceptive Care: Postpartum Women Ages 15 to 20	Contraceptive Care: All Women Ages 15 to 20	Asthma Medication Ratio: Ages 5 to 18	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	Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk	CAHPS Health Plan Survey 5.0H, Child Version (Medicaid)
Rhode Island	17	X	--	X	X	X	X	X	--	X	X	--	X	X	--	--	--	X	X	X	X	X	--	X	X	X
South Carolina	24	X	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	13	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	20	X	--	X	X	X	X	X	X	X	X	--	--	X	--	X	X	X	X	X	X	X	X	X	X	X
Utah	15	X	--	X	X	X	X	X	--	X	X	--	X	X	--	--	--	X	X	X	X	X	--	X	--	--
Vermont	22	X	X	X	X	X	X	X	X	X	X	--	X	X	--	X	X	X	X	X	X	X	X	X	X	X
Virginia	18	X	--	X	X	X	X	X	--	X	X	--	X	X	--	--	--	X	X	X	X	X	X	X	X	X
Washington	21	X	--	X	X	X	X	X	--	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X
West Virginia	24	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Wisconsin	16	X	--	X	X	X	X	X	--	X	X	--	X	X	--	--	--	X	X	X	X	X	--	X	--	X
Wyoming	22	X	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 MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021; Form CMS-416 reports for the FFY 2020 reporting cycle as of July 2, 2021; and Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2019.

Notes: The term "states" includes the 50 states, the District of Columbia, and Puerto Rico. The 2020 Child Core Set includes 24 measures. Three measures were retired from the 2020 Child Core Set and one measure was added. Information about the updates to the 2020 Core Sets is available at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib111919.pdf>. This table includes all Child Core Set measures for the FFY 2020 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 2020

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
<b>Primary Care Access and Preventive Care</b>						
Well-Child Visits in the First 15 Months of Life	Percentage who had 6 or More Well-Child Visits with a Primary Care Practitioner during the First 15 Months of Life	50	63.5	65.6	57.5	71.7
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Percentage who had 1 or More Well-Child Visits with a Primary Care Practitioner: Ages 3 to 6	50	68.7	70.4	63.6	76.8
Adolescent Well-Care Visits	Percentage with at Least One Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist: Ages 12 to 21	50	51.8	53.2	44.8	59.6
Childhood Immunization Status	Percentage who had a Measles, Mumps, and Rubella (MMR) Vaccination by their Second Birthday	42	84.6	88.2	85.2	89.3
Childhood Immunization Status	Percentage Up-to-Date on Immunizations (Combination 3) by their Second Birthday	42	64.5	69.9	62.0	72.6
Immunizations for Adolescents	Percentage Completing the Human Papillomavirus (HPV) Vaccine Series by Their 13th Birthday	45	36.5	36.5	32.5	41.9
Immunizations for Adolescents	Percentage Receiving Meningococcal Conjugate and Tdap Vaccines (Combination 1) by Their 13th Birthday	45	73.8	79.2	68.5	85.7
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	30	41.3	35.6	27.1	57.4
Chlamydia Screening in Women Ages 16 to 20	Percentage of Sexually Active Women Screened for Chlamydia: Ages 16 to 20	47	50.8	48.7	45.0	59.4
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Body Mass Index Percentile Documentation: Ages 3 to 17	40	67.0	73.2	62.2	83.3
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Counseling for Nutrition: Ages 3 to 17	38	56.1	63.1	53.1	74.9
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Counseling for Physical Activity: Ages 3 to 17	38	52.1	58.5	48.3	70.0

Table is continued on the next slide.



# Performance Rates on Frequently Reported Child Core Set Measures, FFY 2020 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
<b>Maternal and Perinatal Health</b>						
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	40	79.7	84.4	76.7	88.8
Live Births Weighing Less Than 2,500 Grams	Percentage of Live Births that Weighed Less Than 2,500 Grams [Lower rates are better]	52	9.8	9.7	10.8	8.8
Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women Provided a Most Effective or Moderately Effective Method of Contraception Within 3 Days of Delivery: Ages 15 to 20	33	5.8	5.0	2.7	9.2
Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women Provided a Most Effective or Moderately Effective Method of Contraception Within 60 Days of Delivery: Ages 15 to 20	36	41.8	43.9	35.6	48.1
Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women Provided a Long-Acting Reversible Method of Contraception Within 3 Days of Delivery: Ages 15 to 20	29	3.3	2.1	1.2	3.7
Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women Provided a Long-Acting Reversible Method of Contraception Within 60 Days of Delivery: Ages 15 to 20	36	16.7	16.4	12.4	20.3
Contraceptive Care: All Women Ages 15 to 20	Percentage of Women at Risk for Unintended Pregnancy Provided a Most Effective or Moderately Effective Method of Contraception: Ages 15 to 20	37	28.2	30.0	21.2	32.6
Contraceptive Care: All Women Ages 15 to 20	Percentage of Women at Risk for Unintended Pregnancy Provided a Long-Acting Reversible Method of Contraception: Ages 15 to 20	37	4.6	4.3	3.3	5.8

Table is continued on the next slide.

# Performance Rates on Frequently Reported Child Core Set Measures, FFY 2020 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
<b>Care of Acute and Chronic Conditions</b>						
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	42	71.7	72.0	67.6	77.0
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	42	63.5	64.9	59.1	67.4
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	42	68.0	68.6	63.6	73.5
Ambulatory Care: Emergency Department Visits	Emergency Department Visits per 1,000 Beneficiary Months: Ages 0 to 19 [Lower rates are better]	46	44.6	43.2	50.1	37.5
<b>Behavioral Health Care</b>						
Follow-Up After Hospitalization for Mental Illness Ages 6 to 17	Percentage of Hospitalizations for Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 7 Days After Discharge: Ages 6 to 17	44	44.6	45.6	36.1	56.3
Follow-Up After Hospitalization for Mental Illness Ages 6 to 17	Percentage of Hospitalizations for Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 30 Days after Discharge: Ages 6 to 17	45	66.1	66.0	59.4	78.3
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Percentage Newly Prescribed ADHD Medication with 1 Follow-Up Visit During the 30-Day Initiation Phase: Ages 6 to 12	45	46.8	46.6	40.6	52.8
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Percentage Newly Prescribed ADHD Medication with at Least 2 Follow-Up Visits in the 9 Months Following the Initiation Phase: Ages 6 to 12	44	57.2	57.4	50.1	65.3
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	39	64.0	65.0	55.1	72.2

Table is continued on the next slide.



# Performance Rates on Frequently Reported Child Core Set Measures, FFY 2020 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
<b>Behavioral Health Care (continued)</b>						
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage on Antipsychotics who Received Blood Glucose Testing: Ages 1 to 17	37	56.0	54.0	49.6	60.7
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage on Antipsychotics who Received Cholesterol Testing: Ages 1 to 17	37	40.4	38.1	33.8	45.2
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage on Antipsychotics who Received Blood Glucose and Cholesterol Testing: Ages 1 to 17	38	39.2	35.4	31.9	45.4
<b>Dental and Oral Health Care Services</b>						
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	50	39.9	41.5	35.5	44.5
Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk	Percentage at Elevated Risk of Dental Caries (Moderate or High Risk) who Received a Sealant on a Permanent First Molar Tooth: Ages 6 to 9	35	25.7	23.9	21.8	27.1

Sources: Mathematica analysis of MACPro reports for the 2020 reporting cycle as of June 18, 2021; Form CMS-416 reports for the FFY 2020 reporting cycle as of July 2, 2021; and Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar year 2019.

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 2020 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 2020, 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. 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.medicare.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.

<sup>a</sup> Combination 3 includes DTaP; three doses of IPV; one dose of MMR; three doses of Hib; three doses of HepB, one dose of VZV; and four doses of PCV.

<sup>b</sup> Combination 1 includes one dose of meningococcal vaccine and Tdap vaccine.

# Trends in Performance Rates on Frequently Reported Child Core Set Measures, FFY 2018–FFY 2020

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications FFY 2018–FFY 2020	FFY 2018 Median	FFY 2019 Median	FFY 2020 Median
<b>Primary Care Access and Preventive Care</b>					
Well-Child Visits in the First 15 Months of Life	Percentage who had 6 or More Well-Child Visits with a Primary Care Practitioner during the First 15 Months of Life	46	63.3	65.1	66.0
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	Percentage who had 1 or More Well-Child Visits with a Primary Care Practitioner: Ages 3 to 6	47	69.7	69.3	70.7
Adolescent Well-Care Visit	Percentage with at Least One Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist: Ages 12 to 21	46	48.8	50.7	54.0
Childhood Immunization Status	Percentage Up-to-Date on Immunizations (Combination 3) by their Second Birthday	37	68.4	68.8	70.7
Immunizations for Adolescents	Percentage Completing the Human Papillomavirus (HPV) Vaccine Series by Their 13th Birthday	39	32.6	34.4	36.5
Immunizations for Adolescents	Percentage Receiving Meningococcal Conjugate and Tdap Vaccines (Combination 1) by their 13th Birthday	39	77.3	78.0	81.2
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	24	40.3	35.9	44.4
Chlamydia Screening in Women Ages 16 to 20	Percentage of Sexually Active Women Screened for Chlamydia: Ages 16 to 20	43	50.1	49.9	48.7
<b>Maternal and Perinatal Health</b>					
Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women Provided a Most Effective or Moderately Effective Method of Contraception Within 3 Days of Delivery: Ages 15 to 20	28	3.5	4.0	5.0
Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women Provided a Most Effective or Moderately Effective Method of Contraception Within 60 Days of Delivery: Ages 15 to 20	30	41.7	41.8	44.4
Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women Provided a Long-Acting Reversible Method of Contraception Within 3 Days of Delivery: Ages 15 to 20	27	1.1	1.9	2.1
Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women Provided a Long-Acting Reversible Method of Contraception Within 60 Days of Delivery: Ages 15 to 20	30	16.5	15.8	16.9

Table is continued on the next slide.

# Trends in Performance Rates on Frequently Reported Child Core Set Measures, FFY 2018–FFY 2020 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications FFY 2018–FFY 2020	FFY 2018 Median	FFY 2019 Median	FFY 2020 Median
<b>Maternal and Perinatal Health (continued)</b>					
Contraceptive Care: All Women Ages 15 to 20	Percentage of Women at Risk for Unintended Pregnancy Provided a Most Effective or Moderately Effective Method of Contraception: Ages 15 to 20	24	28.1	28.8	30.0
Contraceptive Care: All Women Ages 15 to 20	Percentage of Women at Risk for Unintended Pregnancy Provided a Long-Acting Reversible Method of Contraception: Ages 15 to 20	23	5.4	5.0	4.6
<b>Care of Acute and Chronic Conditions</b>					
Ambulatory Care: Emergency Department Visits	Emergency Department Visits per 1,000 Beneficiary Months: Ages 0 to 19 [Lower rates are better]	43	44.8	43.6	43.3
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	31	72.3	74.7	72.1
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	31	63.5	66.1	64.9
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	30	69.4	70.7	68.8

Table is continued on the next slide.

# Trends in Performance Rates on Frequently Reported Child Core Set Measures, FFY 2018–FFY 2020 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications FFY 2018–FFY 2020	FFY 2018 Median	FFY 2019 Median	FFY 2020 Median
<b>Behavioral Health Care</b>					
Follow-Up Care for Children Prescribed ADHD Medication	Percentage Newly Prescribed ADHD Medication with 1 Follow-Up Visit During the 30-Day Initiation Phase: Ages 6 to 12	38	48.7	48.6	46.6
Follow-Up Care for Children Prescribed ADHD Medication	Percentage Newly Prescribed ADHD Medication with at Least 2 Follow-Up Visits in the 9 Months Following the Initiation Phase: Ages 6 to 12	37	59.1	58.3	57.5
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	28	63.5	63.7	66.2
<b>Dental and Oral Health Services</b>					
Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk	Percentage at Elevated Risk of Dental Caries (Moderate or High Risk) who Received a Sealant on a Permanent First Molar Tooth: Ages 6 to 9	31	24.1	22.9	23.3

Source: Mathematica analysis of FFY 2018–FFY 2020 MACPro reports.

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

This table includes measures that each met the following criteria: (1) the measure was publicly reported for each of the most recent three years. To be publicly reported, a measure must be reported by at least 25 states using Core Set specifications and must meet CMS standards for data quality; (2) the measure was reported by a set of at least 20 states that used Core Set specifications in all three years; (3) the measure specifications were comparable for all three years. Data from previous years may be updated based on new information received after publication of the 2020 Chart Pack.

Measure-specific tables 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>.

# 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
HepB	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
MME	Most Effective or Moderately Effective
MMR	Measles, Mumps, and Rubella
OB/GYN	Obstetrician/gynecologist
PC	Perinatal Care
PCP	Primary Care Practitioner
PCV	Pneumococcal Conjugate Vaccine
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](mailto:MACQualityTA@cms.hhs.gov).