

FACT SHEET

September 2020

Quality of Care for Children and Adults in Medicaid and CHIP: Overview of Findings from the 2019 Child and Adult Core Sets

Introduction

The Centers for Medicare & Medicaid Services (CMS) seeks to transform the health care system by delivering better value to patients through competition and innovation. To achieve this, CMS has three main objectives: empowering patients, focusing on results, and unleashing innovation.

Together, Medicaid and the Children's Health Insurance Program (CHIP) cover more than 73 million children and adults. The Child and Adult Core Sets promote CMS's objective of focusing on results by supporting federal and state efforts to collect, report, and use a standardized set of measures to drive improvement in the quality of care provided to Medicaid and CHIP beneficiaries.

CMS's goals for state reporting of the Child and Adult Core Sets include maintaining or increasing the number of states that report Core Set measures, maintaining or increasing the number of measures reported by each state, and improving the quality and completeness of the data reported. Core Set reporting is also important because the State Health System Performance pillar of the Medicaid and CHIP (MAC) Scorecard uses Core Set data for several measures.

Each year, CMS reports state performance on the Child and Adult Core Set measures. This fact sheet summarizes state reporting on the Child and Adult Core Set measures for federal fiscal year (FFY) 2019, including an overview of performance on measures reported by at least 25 states and that met CMS

standards for data quality.² Table 1 shows key metrics for FFY 2019 Child and Adult Core Set reporting.

This fact sheet also highlights trends in performance for measures that have been publicly reported by a set of at least 20 states from FFY 2017 to FFY 2019, provided that the measures had comparable specifications for all three years.

Table 1. FFY 2019 Child and Adult Core Set Reporting at a Glance		
Core Set Reporting Metrics	Child Core Set	Adult Core Set
Number of measures in 2019 Core Set	26	33
Number of states voluntarily reporting at least one measure	51	46
Number of states reporting at least half the measures	49	40
Median number of measures reported by states	20	22.5
Number of states reporting more measures for FFY 2019 than for FFY 2018	31	36
Number of publicly reported measures	23	25

¹ May 2020 Medicaid and CHIP Enrollment Data Highlights are available at https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html.

² State Core Set reporting for FFY 2019 generally covers care furnished to children and adults in Medicaid and CHIP in calendar year 2018.

[■] This fact sheet 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.

FFY 2019 Child Core Set Reporting

The number of states reporting Child Core Set measures has increased substantially since the release of the Child Core Set in 2010.³ All states voluntarily reported at least one Child Core Set measure for FFY 2019, and 49 states reported at least half (13) of the measures.⁴ The median number of measures reported was 20⁵—up from 18 measures reported for FFY 2017 and FFY 2018. In addition, 31 states reported more Child Core Set measures for FFY 2019 than for FFY 2018.

CMS has also worked with states to increase the number that report performance for both Medicaid and CHIP populations. For FFY 2019, 48 states included both Medicaid and CHIP beneficiaries in their reporting for at least one measure, an increase from 46 states for FFY 2018.

Each year, CMS releases Child Core Set data for measures that were reported by at least 25 states and that met CMS standards for data quality. For FFY 2019, 23 of the 26 Child Core Set measures met CMS's threshold for public reporting of state-specific results. CMS is publicly reporting a new rate for one Child Core Set measure for the first time for FFY 2019:

 The measles, mumps, and rubella (MMR) vaccination rate is being reported for the first time as a separate component of the Childhood Immunization Status measure

In addition, for FFY 2019, CMS is publicly reporting two Child Core Set measures for all states:

- Live Births Weighing Less Than 2,500 Grams⁶
- Percentage of Medicaid Eligibles Ages 1 to 20 Who Received Preventive Dental Services

Other Child Core Set measures frequently reported by states for FFY 2019 focused on primary care access and

preventive care (receipt of well-care visits, access to primary care practitioners, and chlamydia screening in women ages 16 to 20), emergency department use, and follow-up after hospitalization for mental illness.

CMS analyzed state performance on the 23 publicly reported Child Core Set measures for FFY 2019. Median state performance was above 75 percent on measures of:

- Access to primary care practitioners
- Timeliness of prenatal care
- Receipt of recommended vaccinations among children by age 2 (MMR) and among adolescents by age 13 (meningococcal conjugate and tetanus, diphtheria toxoids, and acellular pertussis [Tdap] vaccines)

Median performance was below 50 percent for:

- Two measures of dental and oral health care: use of preventive dental services and receipt of dental sealants
- Two measures of behavioral health care: follow-up visit within 7 days after hospitalization for mental illness and follow-up visit within 30 days of a new prescription for attention-deficit/hyperactivity disorder (ADHD) medication
- Two indicators of adolescent health care: chlamydia screening in women ages 16 to 20 and human papillomavirus (HPV) vaccination by age 13
- Developmental screening in the first three years of life



³ CMS is required to update the Core Sets annually, which results in changes to the measures in the Core Sets. These updates may affect the number of measures publicly reported each year.

⁴ The term "states" includes the 50 states and the District of Columbia.

⁵ The 2019 Child Core Set includes 26 measures. Data for one Child Core Set measure, Pediatric Central Line-Associated Bloodstream Infections (CLABSI), are reported by hospitals to the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network. CLABSI is not included in the median number of measures reported by states.

⁶ For states that did not report the measure using Child Core Set specifications, CMS calculated the measure using birth certificate data submitted by states and compiled by the National Center for Health Statistics in the CDC Wide-ranging ONline Data for Epidemiologic Research (CDC WONDER). States that did report the measure using Core Set specifications could also elect to use the CDC WONDER data. For more information on state-level reporting, see https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-child-core-set-measures-ffy-2019.zip.

FFY 2019 Adult Core Set Reporting

For FFY 2019, 46 states voluntarily reported at least one measure for the Adult Core Set, up from 45 states reporting at least one measure for FFY 2018. Forty states reported at least half (16) of the measures for FFY 2019. The median number of Adult Core Set measures reported by states was 22.5, an increase from 20 measures for FFY 2018 and 17 measures for FFY 2017. In addition, 36 states reported more Adult Core Set measures for FFY 2019 than for FFY 2018.

As with the Child Core Set, CMS releases data each year for Adult Core Set measures that were reported by at least 25 states and that met CMS standards for data quality. For FFY 2019, CMS is publicly reporting state performance on 25 of the 33 Adult Core Set measures, up from 23 measures for FFY 2018. CMS is publicly reporting one Adult Core Set measure for the first time for FFY 2019:

 Use of Opioids at High Dosage in Persons Without Cancer: Age 18 and Older

Two measures were combined as a single measure for FFY 2018 and are being reported as separate measures for the first time for FFY 2019:

- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Age 18 and Older
- Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older

Similar to FFY 2018, the most frequently reported measures for FFY 2019 focus on access to primary care and preventive care (breast cancer screening, cervical cancer screening, and chlamydia screening in women ages 21 to 24), management of chronic conditions (diabetes, asthma, and annual monitoring for persistent medication use), postpartum care visits, and follow-up after hospitalization for mental illness.

CMS analyzed state performance on the 25 publicly reported Adult Core Set measures for FFY 2019. Median state performance was above 75 percent for:

 Two measures of care for acute and chronic conditions: monitoring of people on persistent

⁷ Statistical significance was determined using the Wilcoxon Signed-Rank test (p<.05). A methods brief describing the criteria for trending performance on the Child and Adult Core Set measures from FFY

- medications and hemoglobin A1c testing for people with diabetes
- Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications
- Assessment of adult body mass index

Median state performance was below 50 percent for at least one indicator of care for five measures of behavioral health care:

- Antidepressant medication management
- Follow-up after hospitalization for mental illness
- Follow-up after emergency department visits for alcohol and other drug abuse or dependence
- Follow-up after emergency department visits for mental illness
- Initiation of and engagement in alcohol and other drug dependence treatment

Trends in State Performance, FFY 2017–FFY 2019

CMS analyzed trends in median state performance on 14 Child Core Set measures and 12 Adult Core Set measures that were publicly reported by a set of at least 20 states from FFY 2017 to FFY 2019 and that did not have substantial changes to their technical specifications. State performance improved significantly from FFY 2017 to FFY 2019 on several measures, suggesting progress in the quality of care provided to Medicaid and CHIP beneficiaries. These measures include:

- Two measures of primary care access and preventive care for young children: receipt of six or more well-child visits in the first 15 months and developmental screening in the first three years of life
- Three measures of adolescent health care: well-care visits, chlamydia screening in women ages 16 to 20, and recommended immunizations
- Use of preventive dental services by children ages 1 to 20 who are enrolled in Medicaid
- Three measures of diabetes care for adults: hemoglobin A1c testing, hemoglobin A1c control, and

2017 to FFY 2019 is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/methods-brief-ffy-2019.pdf.



diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications

State performance fell by a small but significant amount on a measure of inpatient admissions for heart failure.

CMS limits trend analysis to a consistent set of states and measures with stable specifications in order to reduce variation unrelated to changes in state program performance. Nevertheless, trends over time may reflect changes in states' calculation methods, data sources, populations included in the measure, or other factors unrelated to changes in quality or access.

Concluding Remarks

The number of states reporting the Child and Adult Core Set measures and the number of measures that states report have increased over time. CMS will continue to provide targeted technical assistance to states to improve data completeness and quality from year to year, especially as reporting on the Child Core Set and the behavioral health measures on the Adult Core Set becomes mandatory in 2024. 8,9

CMS is also looking for ways to increase efficiency and reduce state burden, streamline Core Set reporting for states, and improve the transparency and comparability of the data reported across states. As part of these efforts, for FFY 2019, CMS used the CDC WONDER tool to calculate the Live Births Weighing Less Than 2,500 Grams measure for states that (1) did not report the measure using Core Set specifications or (2) elected to use the CMS-calculated rate. This measure is now publicly reported for all states for FFY 2019.

CMS will continue to explore opportunities for reducing state burden and streamlining state reporting of the Child and Adult Core Set measures. CMS will also continue to work with states to use the Core Set measures to drive improvement in the quality of care provided to Medicaid and CHIP beneficiaries.

For More Information

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

More information on the Adult Core Set is available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set/index.html.



⁸ Legislation making reporting of the Child Core Set measures mandatory: Bipartisan Budget Act of 2018 available at https://www.congress.gov/115/bills/hr1892/BILLS-115hr1892enr.xml.

⁹ Legislation making reporting of the behavioral health measures on the Adult Core Set mandatory: The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT for Patients and Communities Act) available at https://www.congress.gov/115/bills/hr6/BILLS-115hr6enr.pdf.