Centers for Medicare & Medicaid Services

Medicaid/CHIP

Health Care Quality Measures

2015 Annual Report on the Quality of Care for Children in Medicaid and CHIP

Chart Pack

August 2016

This chart pack is a product of the Medicaid/CHIP Health Care Quality Measures Technical Assistance and Analytic Support Program, sponsored by the Centers for Medicare & Medicaid Services. The program team is led by Mathematica Policy Research, in collaboration with the National Committee for Quality Assurance and Center for Health Care Strategies.

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About the 2014 Child Core Set

Together, Medicaid and the Children's Health Insurance Program (CHIP) served more than 43 million children in federal fiscal year (FFY) 2014, representing more than 1 in 3 children in the United States. Medicaid and CHIP play a key role in ensuring that low-income children get health care coverage, access to a comprehensive set of benefits, and other medically necessary services. CMS's 2014 core set of health care quality measures for children in Medicaid and CHIP (referred to as the Child Core Set) includes 23 measures that address the following domains of care:

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

Over the past five years, CMS and states have continued to break new ground with reporting on CMS's Child Core Set. This Chart Pack summarizes state reporting on the quality of health care furnished to children covered by Medicaid and CHIP during FFY 2014, which generally covers care delivered in calendar year 2013. This Chart Pack includes detailed analysis of state performance on 19 measures. For a measure to be publicly reported, data must be provided to CMS by at least 25 states and meet internal standards for quality.

The information presented in this Chart Pack is abstracted from the 2015 Annual Secretary's Report on the Quality of Care for Children in Medicaid and CHIP, which is available online at https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2015-child-sec-rept.pdf.

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

Detailed analysis of state performance on **19** publicly reported measures

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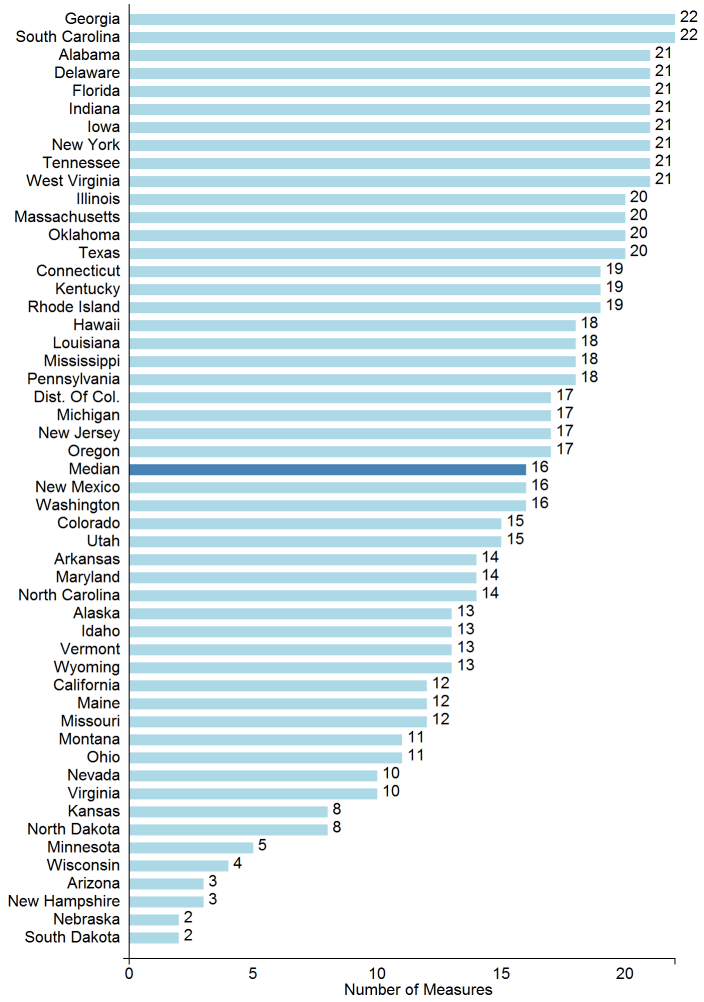
OVERVIEW OF STATE REPORTING OF THE 2014 CHILD CORE SET

Number of Child Core Set Measures Reported by States, FFY 2014



States reported a median of

16

Child Core Set measures for FFY 2014

Sources: Mathematica analysis of FFY 2014 Child CARTS reports and Form CMS-416 reports.

Notes: The 2014 Child Core Set includes 23 measures. This figure is based on state reporting of 22 Child Core Set measures for FFY 2014. This figure excludes the Central Line-Associated Bloodstream Infection (CLABSI) measure. Beginning in FFY 2012, data for the CLABSI measure were obtained from the Centers for Disease Control and Prevention's National Healthcare Safety Network.

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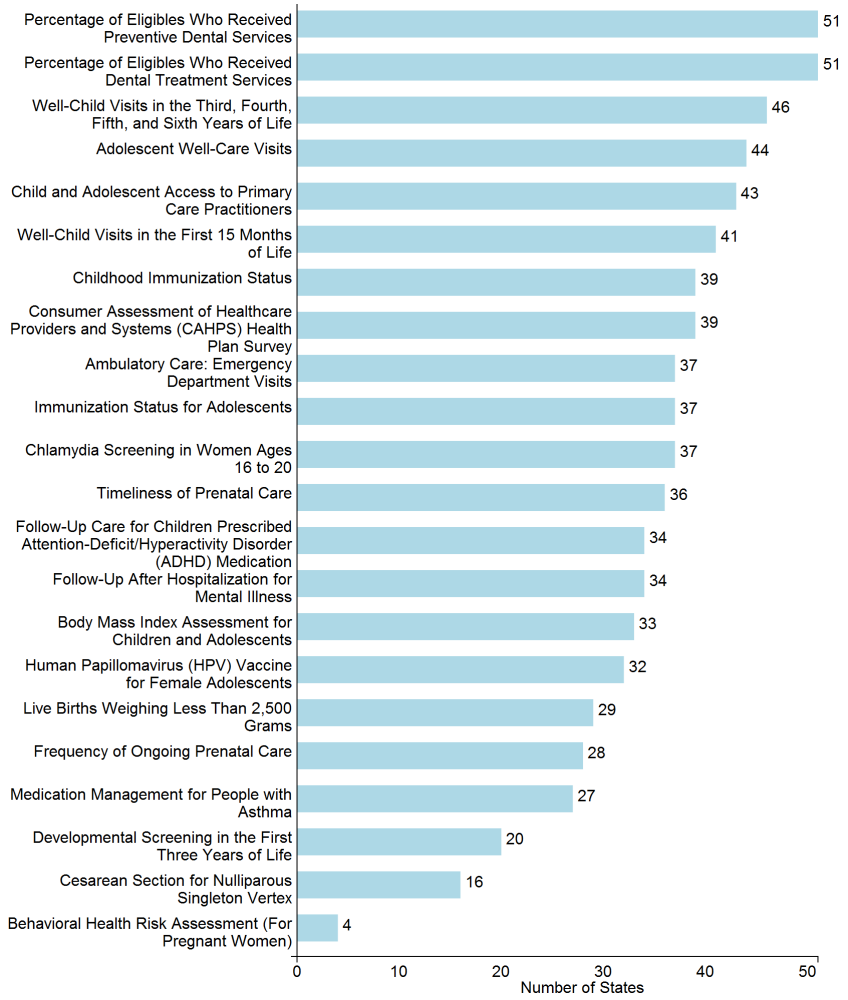
Number of States Reporting the Child Core Set Measures, FFY 2014



51 states voluntarily reported at least one Child Core Set measure for FFY 2014

Sources: Mathematica analysis of FFY 2014 Child CARTS reports and Form CMS-416 reports.

Notes: The 2014 Child Core Set includes 23 measures. This figure is based on state reporting of 22 Child Core Set measures for FFY 2014. This figure excludes the Central Line-Associated Bloodstream Infection (CLABSI) measure. Beginning in FFY 2012, data for the CLABSI measure were obtained from the Centers for Disease Control and Prevention's National Healthcare Safety Network.

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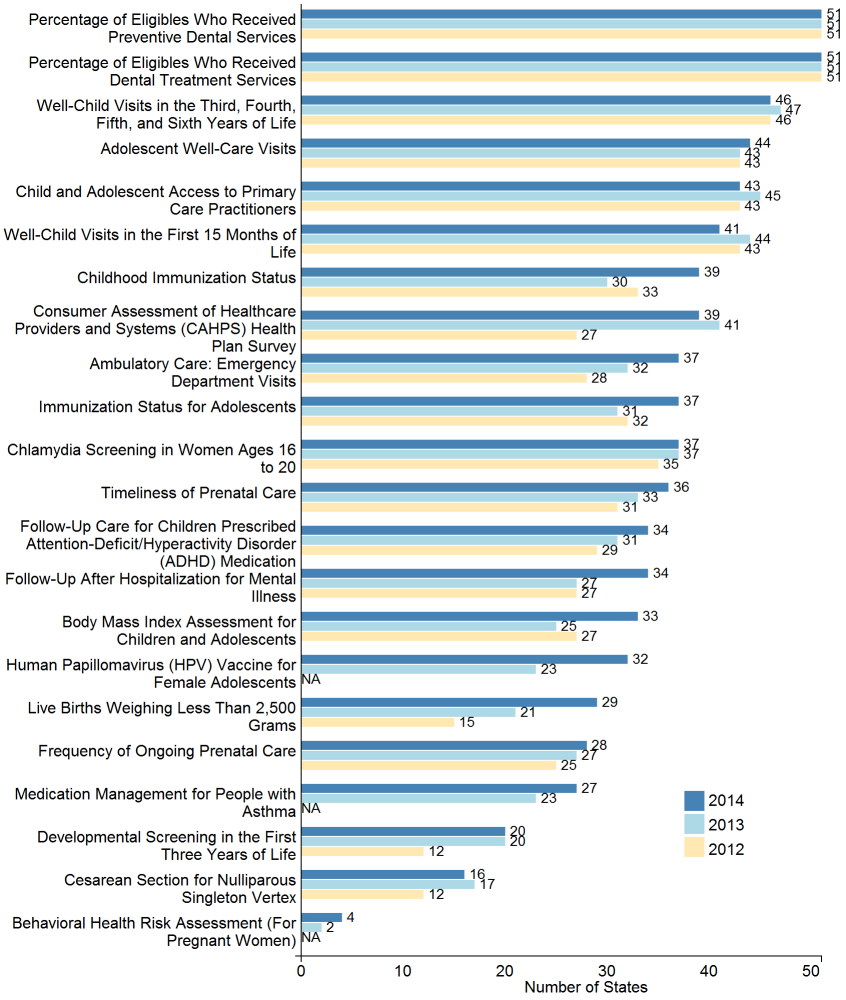
Changes in the Number of States Reporting the Child Core Set Measures, FFY 2012–2014



State reporting increased for **13** of the 22 measures included in both the 2013 and 2014 Child Core Sets

Sources: Mathematica analysis of FFY 2012–2014 Child CARTS reports and FFY 2012–2014 Form CMS-416 reports.

Notes: This figure excludes the Central Line-Associated Bloodstream Infection (CLABSI) measure. Beginning in FFY 2012, data for the CLABSI measure were obtained from the Centers for Disease Control and Prevention's National Healthcare Safety Network.

NA = measure was not collected for FFY 2012 or FFY 2013.

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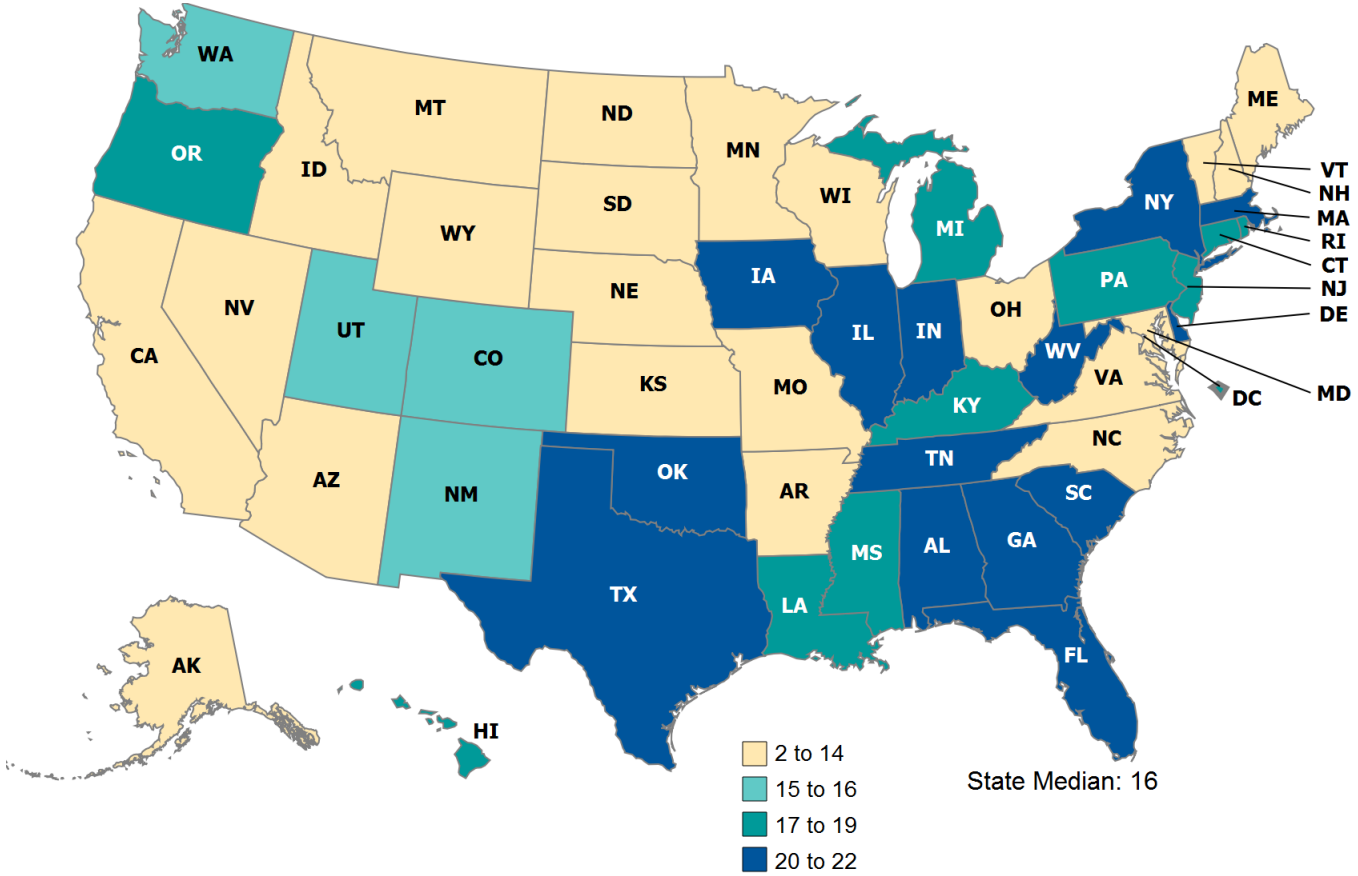
Geographic Variation in the Number of Child Core Set Measures Reported by States, FFY 2014

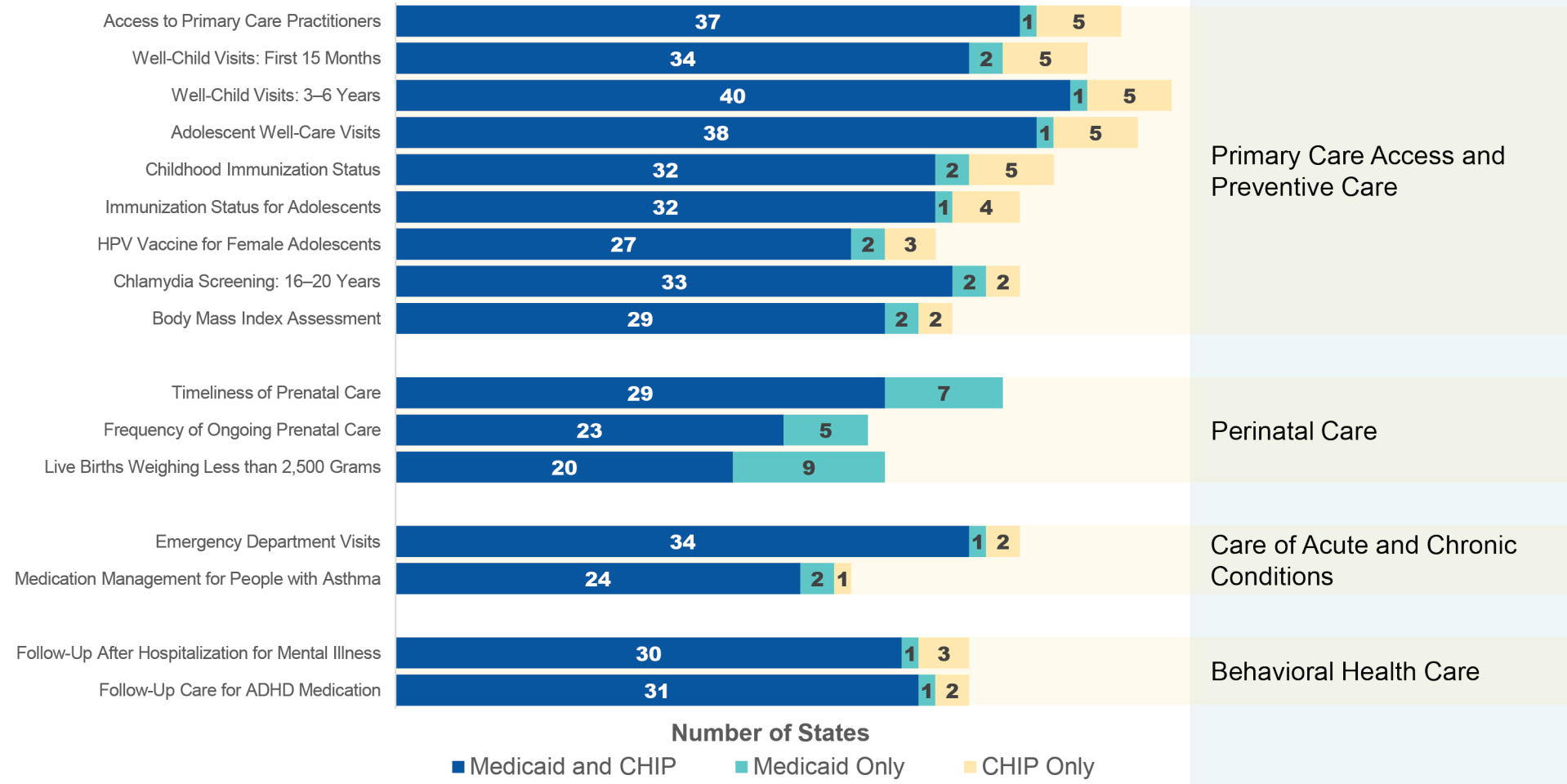


14 states reported at least 20 Child Core Set measures for FFY 2014

Sources: Mathematica analysis of FFY 2014 Child CARTS reports and Form CMS-416 reports.

Notes: The 2014 Child Core Set includes 23 measures. This figure is based on state reporting of 22 Child Core Set measures for FFY 2014. This figure excludes the Central Line-Associated Bloodstream Infection (CLABSI) measure. Beginning in FFY 2012, data for the CLABSI measure were obtained from the Centers for Disease Control and Prevention's National Healthcare Safety Network.

Populations Included in Frequently Reported Child Core Set Measures for FFY 2014, By Domain



Source: Mathematica analysis of FFY 2014 Child CARTS reports.

Notes: Includes measures that were reported by at least 25 states for FFY 2014. Preventive Dental Services and Dental Treatment Services measures were reported by states on the Form CMS-416 reports for children who were enrolled in Medicaid or in Medicaid-expansion CHIP programs. These measures are not included in this figure. See Chart 8 for the number of states that reported each measure for FFY 2014.

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

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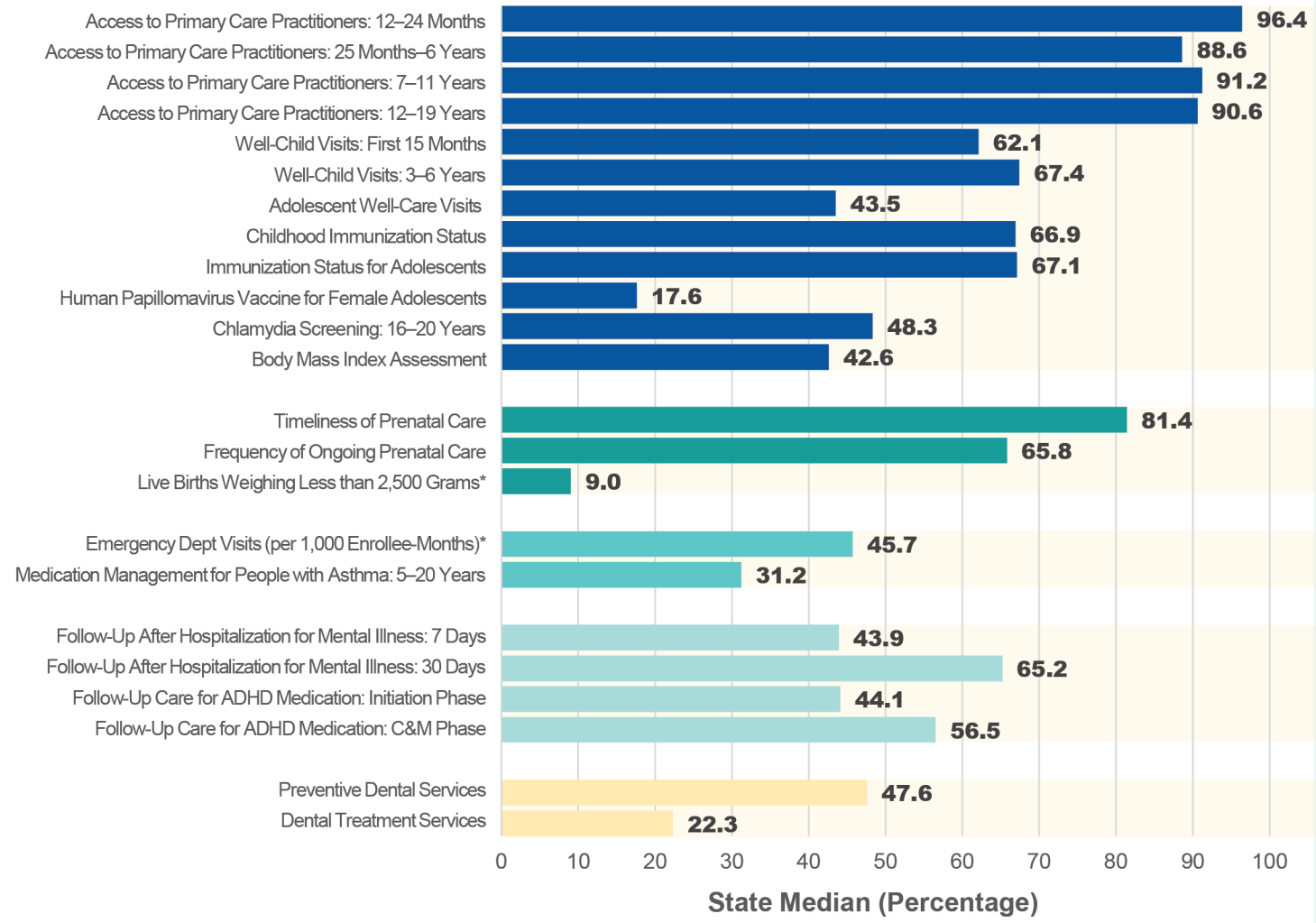
Median Performance Rates on Frequently Reported Child Core Set Measures, FFY 2014



Sources: Mathematica analysis of FFY 2014 Child CARTS reports and Form CMS-416.

Notes: Includes measures that were reported by at least 25 states for FFY 2014.

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

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Primary Care Access and Preventive Care

Medicaid and CHIP help millions of children and pregnant women access wellness visits and other preventive health care services. Preventive services include immunizations, screenings, and counseling to support healthy living. Access to regular primary care and services that help prevent infectious and chronic disease and other health conditions helps people to live longer, healthier lives and improve the health of the population.

This section includes findings for the nine Child Core Set measures used to assess primary care access and preventive care in Medicaid and CHIP that were reported by at least 25 states for FFY 2014. These measures are among the most frequently reported measures in the Child Core Set.

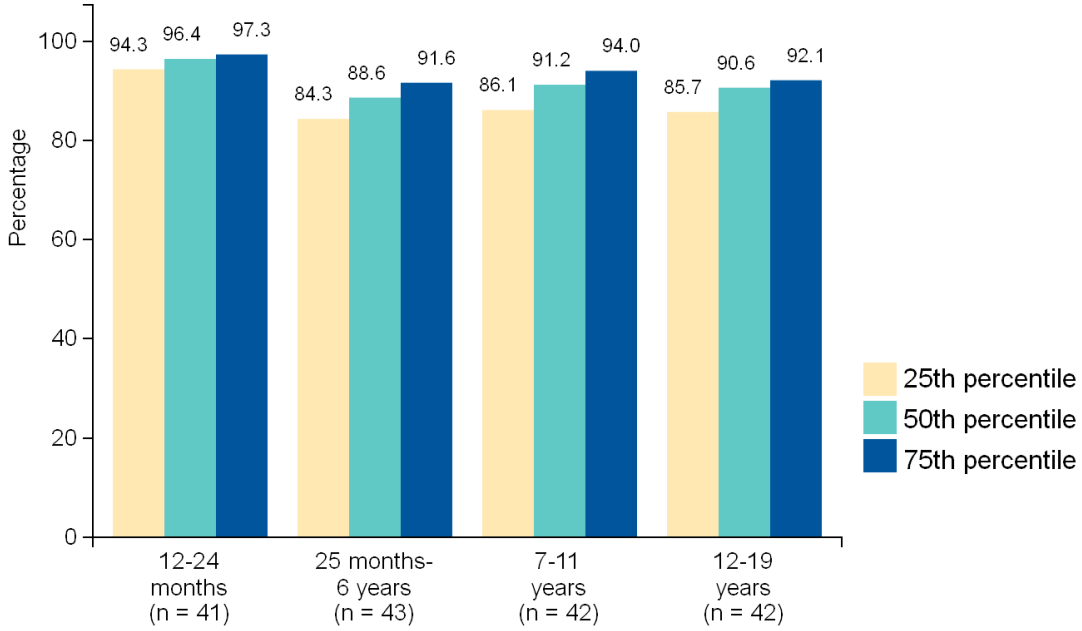
- Child and Adolescent Access to Primary Care Practitioners
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
- Adolescent Well-Care Visits
- Childhood Immunization Status
- Immunization Status for Adolescents
- Human Papillomavirus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

For more information about the Primary Care access and Preventive Care measures, see the domain-specific report at http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2015-SR-domain-specific-reports.zip.

Child and Adolescent Access to Primary Care Practitioners

Access to primary care practitioners (PCPs) is essential for all children. Whether children have a comprehensive well-care visit or see a PCP when they are sick, all primary care visits offer the opportunity for routine care. A basic measure of access to PCPs is whether children ages 1 to 6 had a visit in the past year and children ages 7 to 19 had a visit in the past two years.

Percentage of Children and Adolescents with a PCP Visit in the Past Year (12 to 24 Months and 25 Months to 6 Years) or Past Two Years (7 to 11 Years and 12 to 19 Years), FFY 2014



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015

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

The median percentage of children with a visit to a primary care practitioner ranged from **89** percent to **96** percent among the four age categories for this measure

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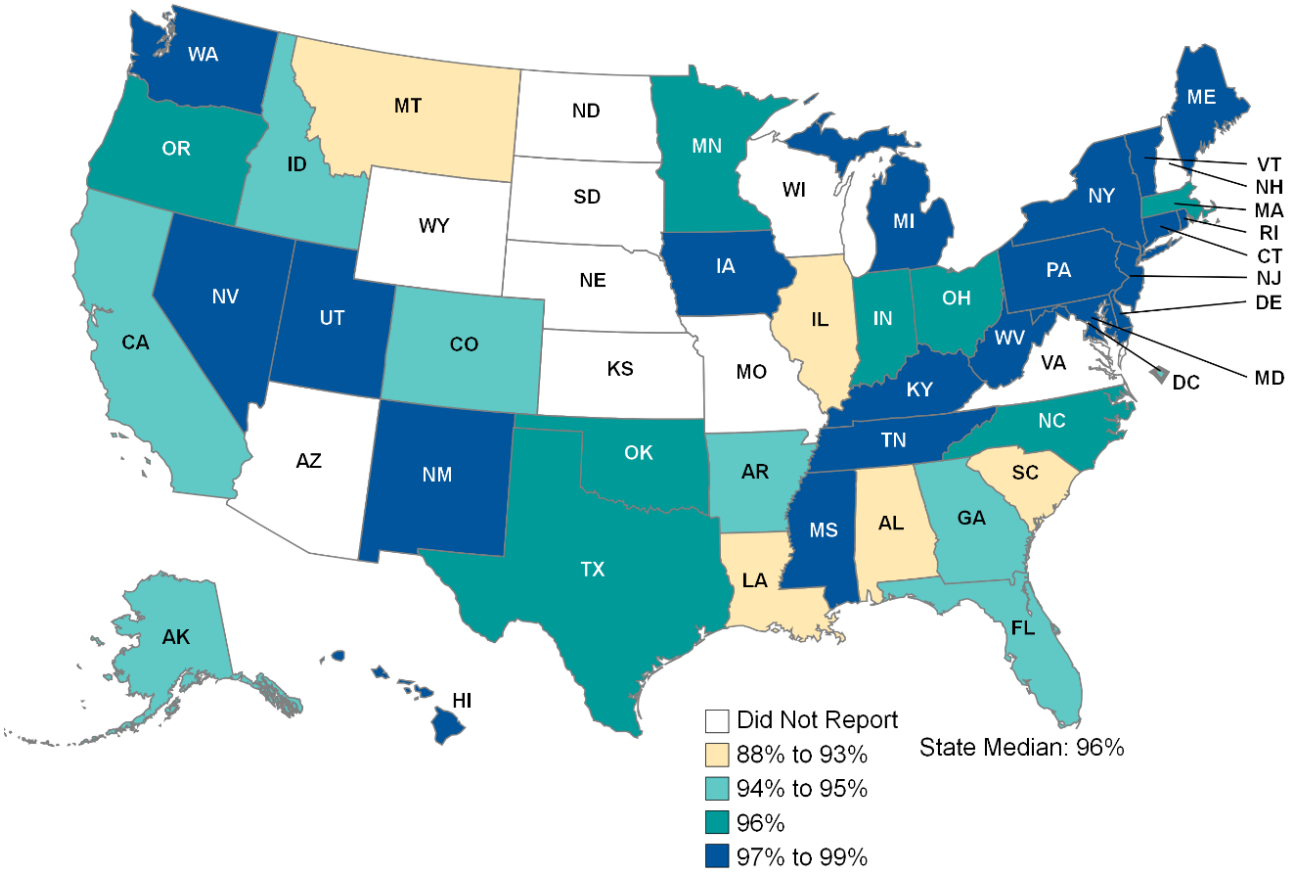
Child and Adolescent Access to Primary Care Practitioners: 12 to 24 Months

Geographic Variation in the Percentage of Children and Adolescents with a PCP Visit in the Past Year (12 to 24 Months), FFY 2014 (n = 41 states)



A median of **96** percent of children ages 12 to 24 months had a PCP visit in the past year (41 states)

Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

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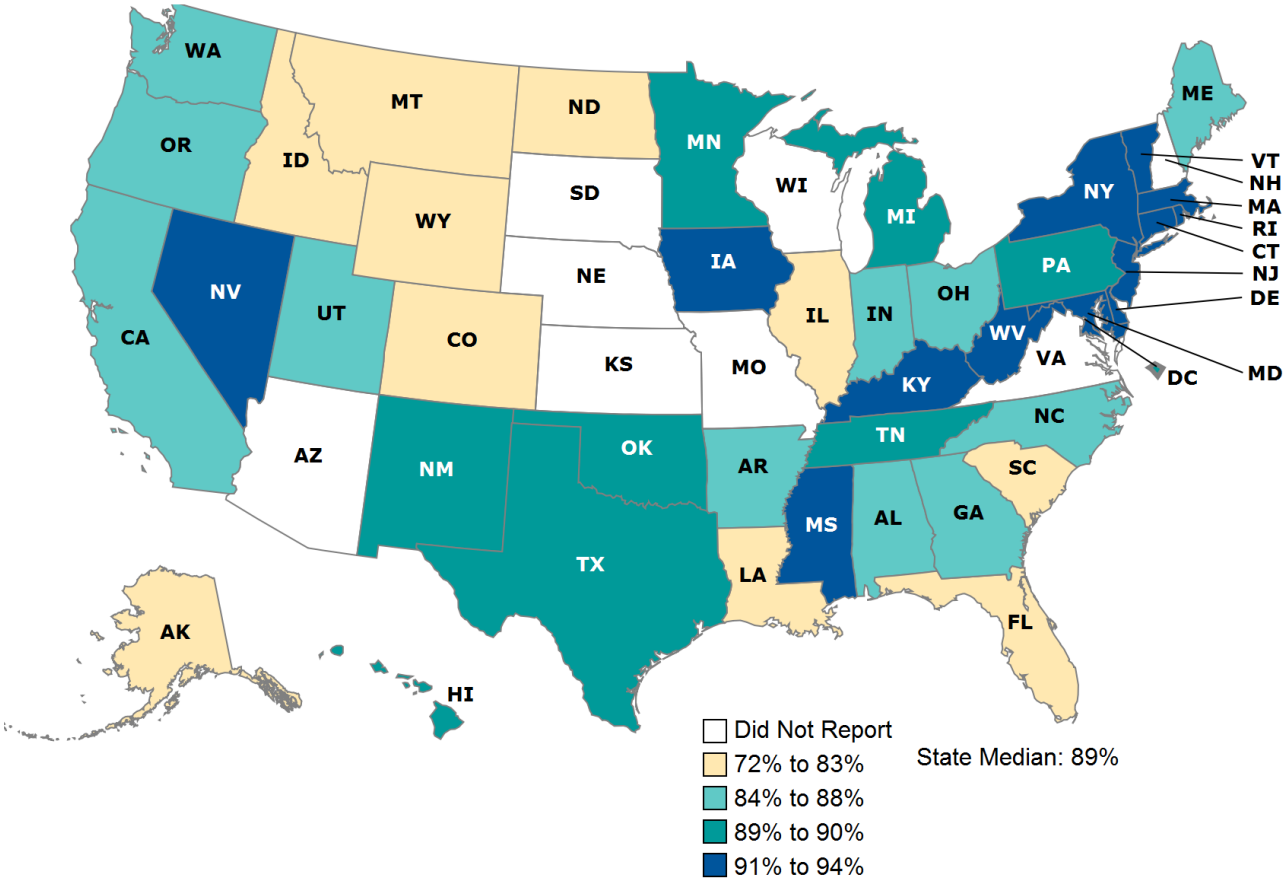
Child and Adolescent Access to Primary Care Practitioners: 25 Months to 6 Years

Geographic Variation in the Percentage of Children and Adolescents with a PCP Visit in the Past Year (25 Months to 6 Years), FFY 2014 (n = 43 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

A median of **89** percent of children ages 25 months to 6 years had a PCP visit in the past year (43 states)

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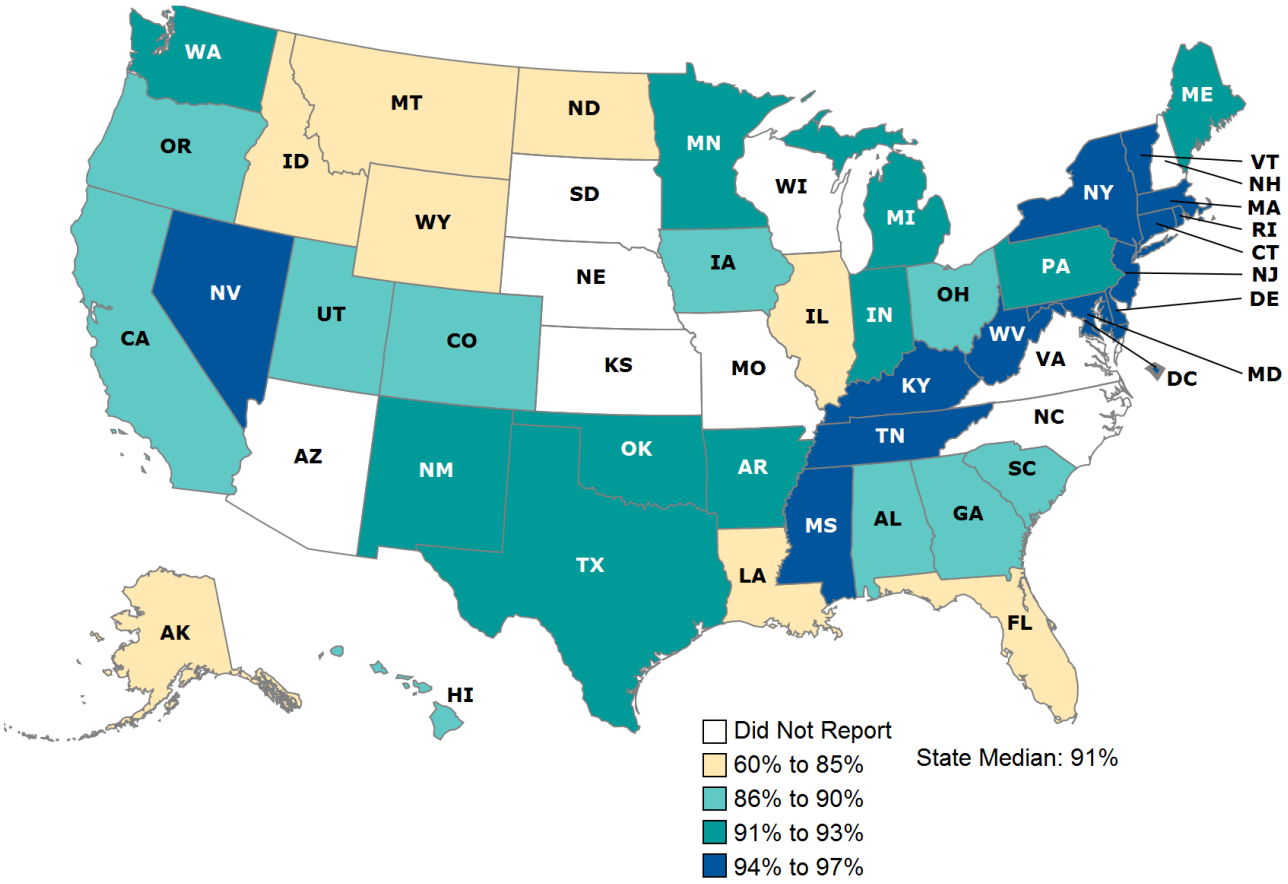
Child and Adolescent Access to Primary Care Practitioners: 7 to 11 Years

Geographic Variation in the Percentage of Children and Adolescents with a PCP Visit in the Past Two Years (7 to 11 Years), FFY 2014 (n = 42 states)



A median of **91** percent of children ages 7 to 11 years had a PCP visit in the past two years (42 states)

Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

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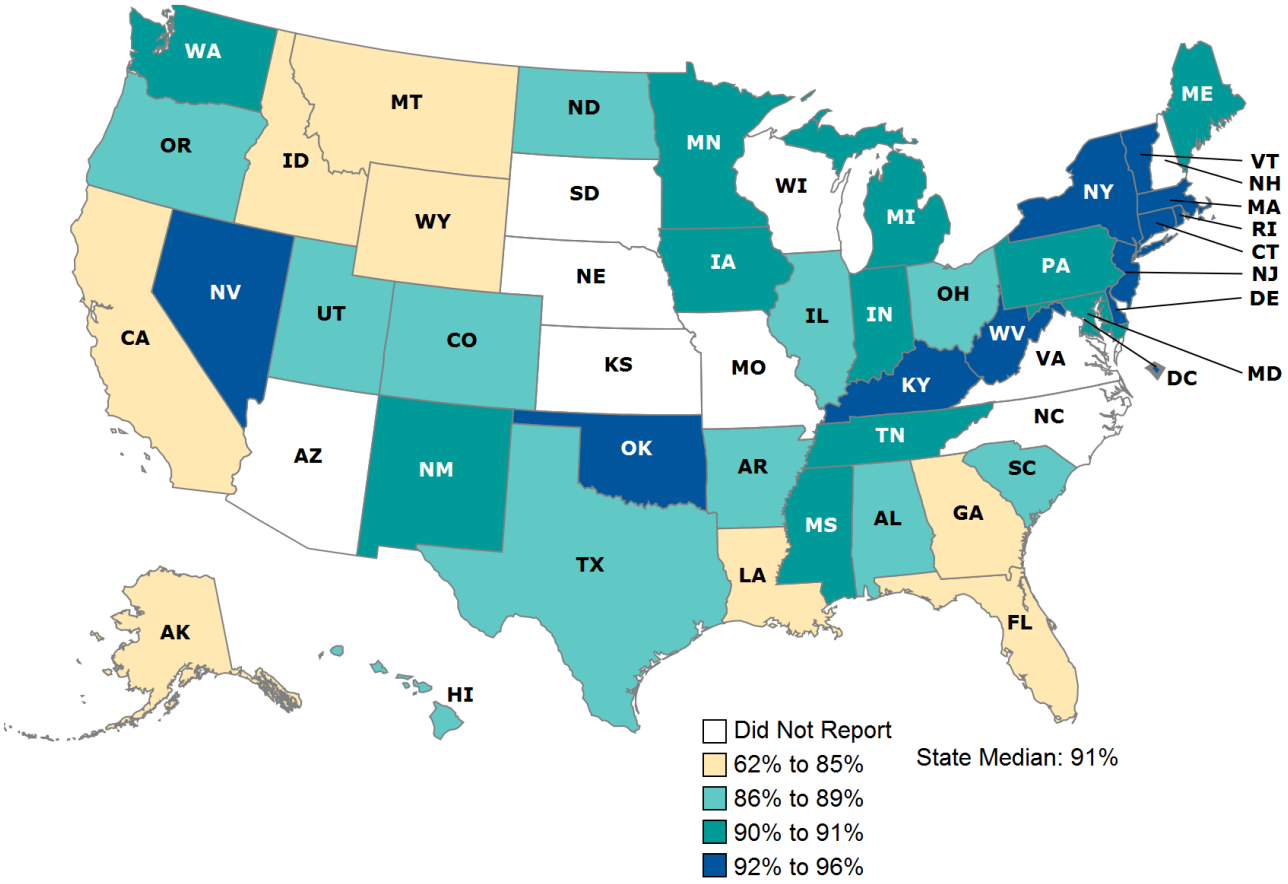
Child and Adolescent Access to Primary Care Practitioners: 12 to 19 Years

Geographic Variation in the Percentage of Children and Adolescents with a PCP Visit in the Past Two Years (12 to 19 Years), FFY 2014 (n = 42 states)



A median of **91** percent of children ages 12 to 19 years had a PCP visit in the past two years (42 states)

Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

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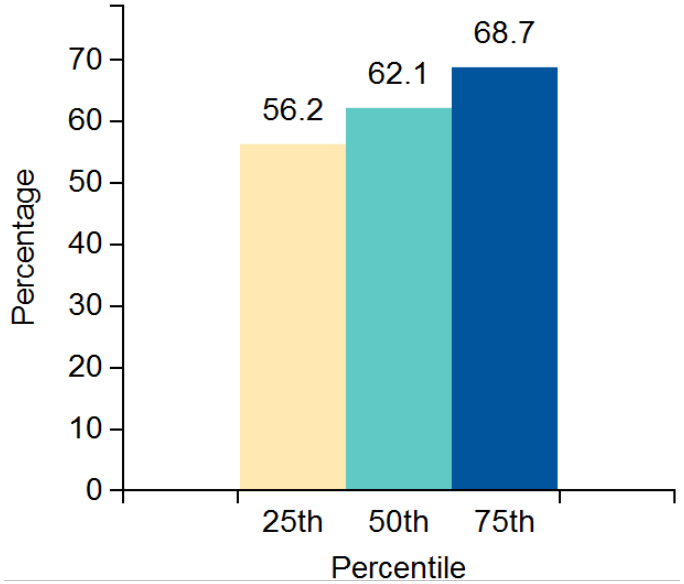
Well-Child Visits in the First 15 Months of Life

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

Percentage of Children Receiving 6 or More Well-Child Visits in the First 15 Months of Life, FFY 2014 (n = 40 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

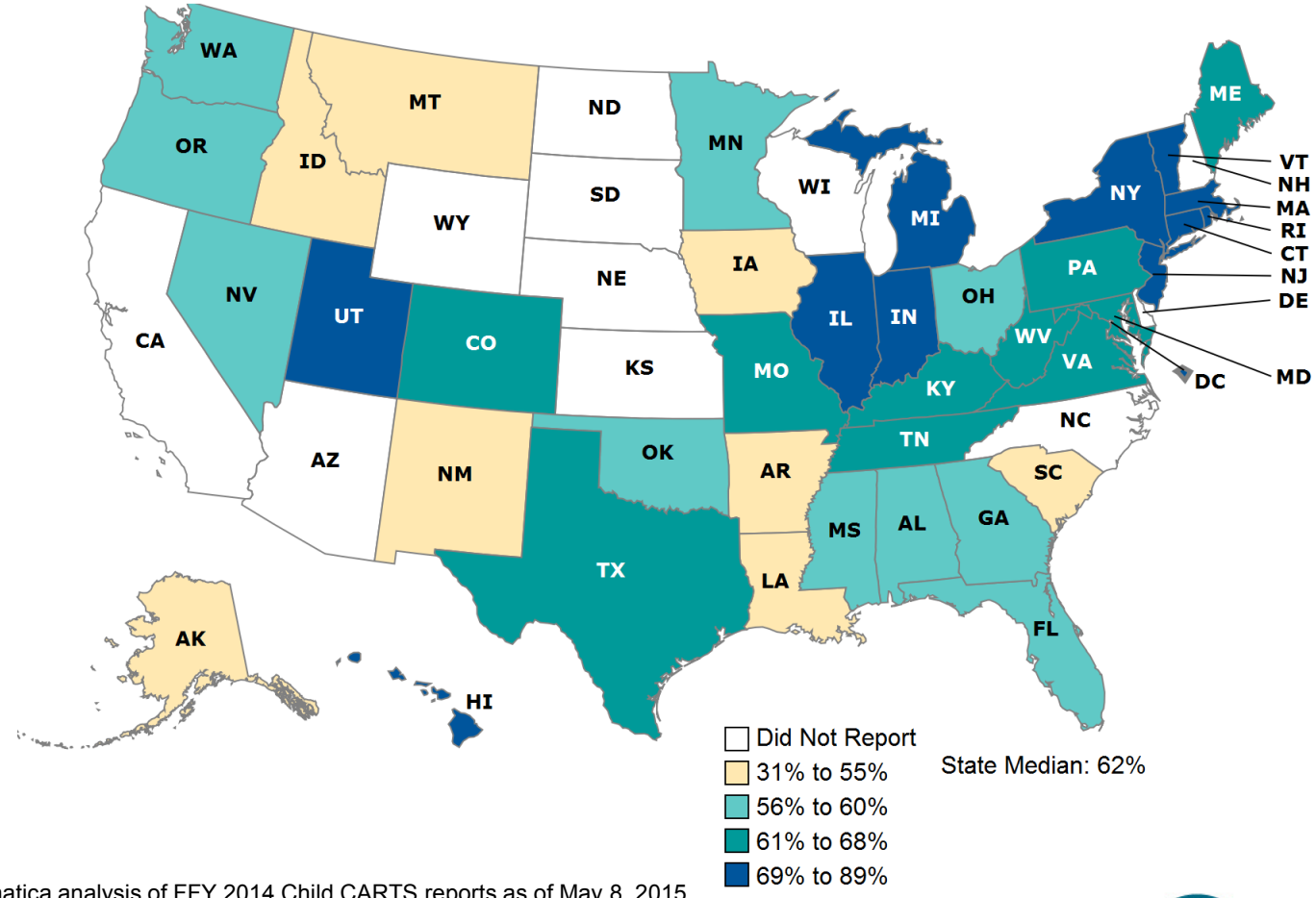
A median of

62 percent

of children received six or more well-child visits in the first 15 months of life (40 states)

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

Geographic Variation in the Percentage of Children Receiving 6 or More Well-Child Visits in the First 15 Months of Life, FFY 2014 (n = 40 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

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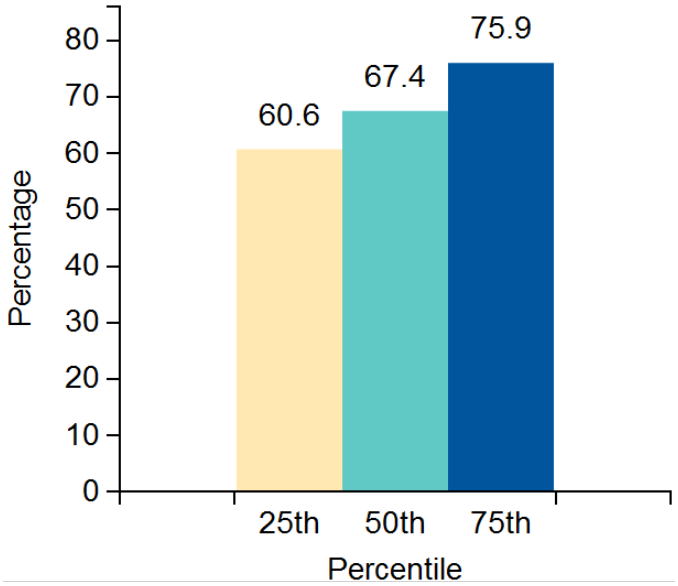
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

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

Percentage of Children Receiving At Least One Well-Child Visit in the Third, Fourth, Fifth, and Sixth Years of Life, FFY 2014 (n = 46 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

A median of **67** percent of children received at least one well-child visit in the third, fourth, fifth, and sixth years of life (46 states)

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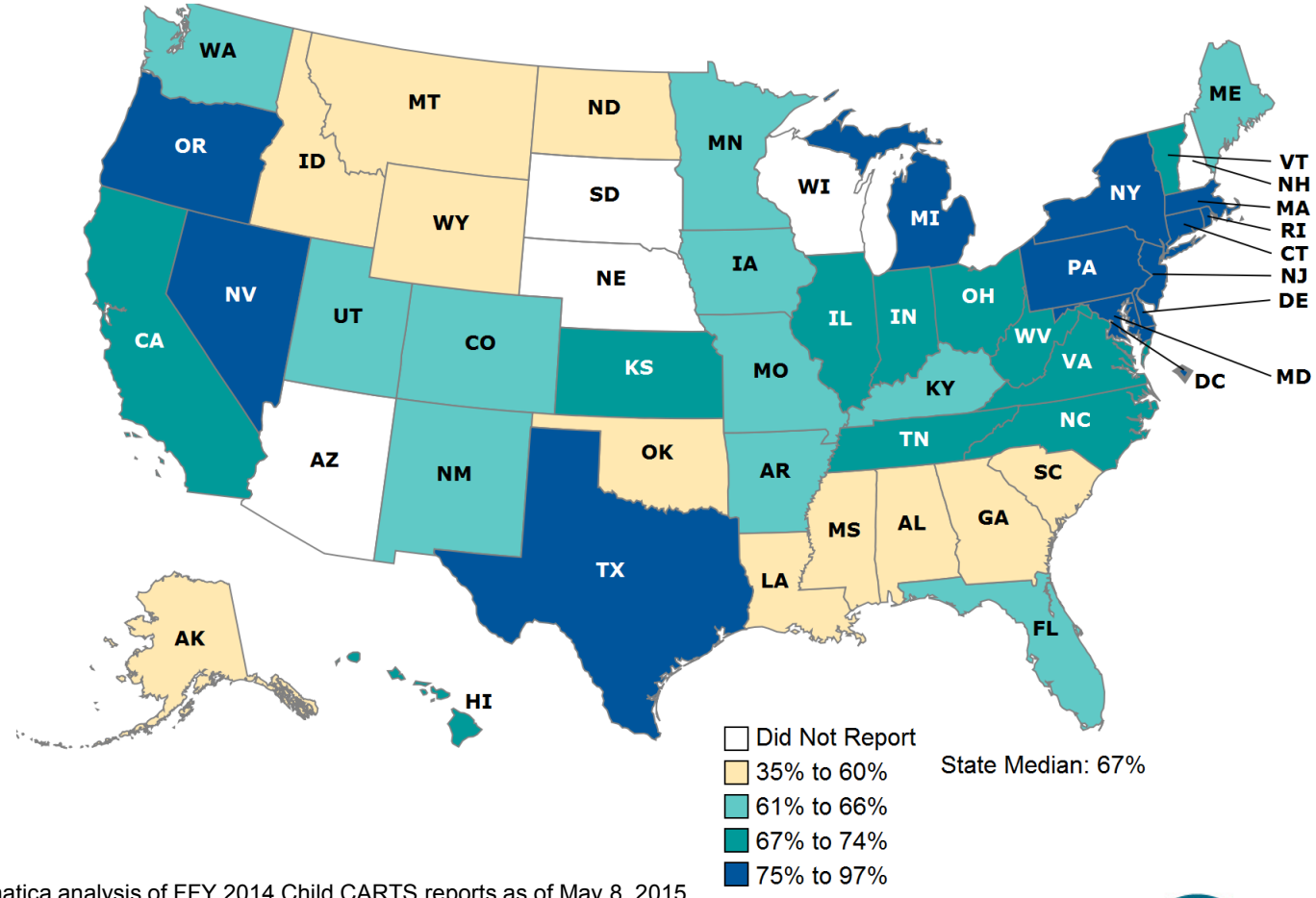
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (continued)

Geographic Variation in the Percentage of Children Receiving At Least One Well-Child Visit in the Third, Fourth, Fifth, and Sixth Years of Life, FFY 2014 (n = 46 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

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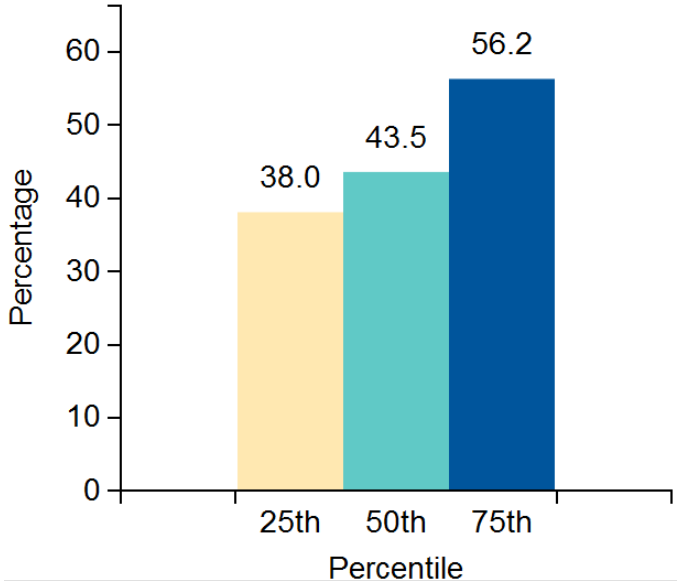
Adolescent Well-Care Visits

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

Percentage of Adolescents Ages 12 to 21 Receiving At Least One Well-Care Visit, FFY 2014 (n = 44 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

A median of

44 percent

of adolescents ages 12 to 21 had at least one well-care visit (44 states)

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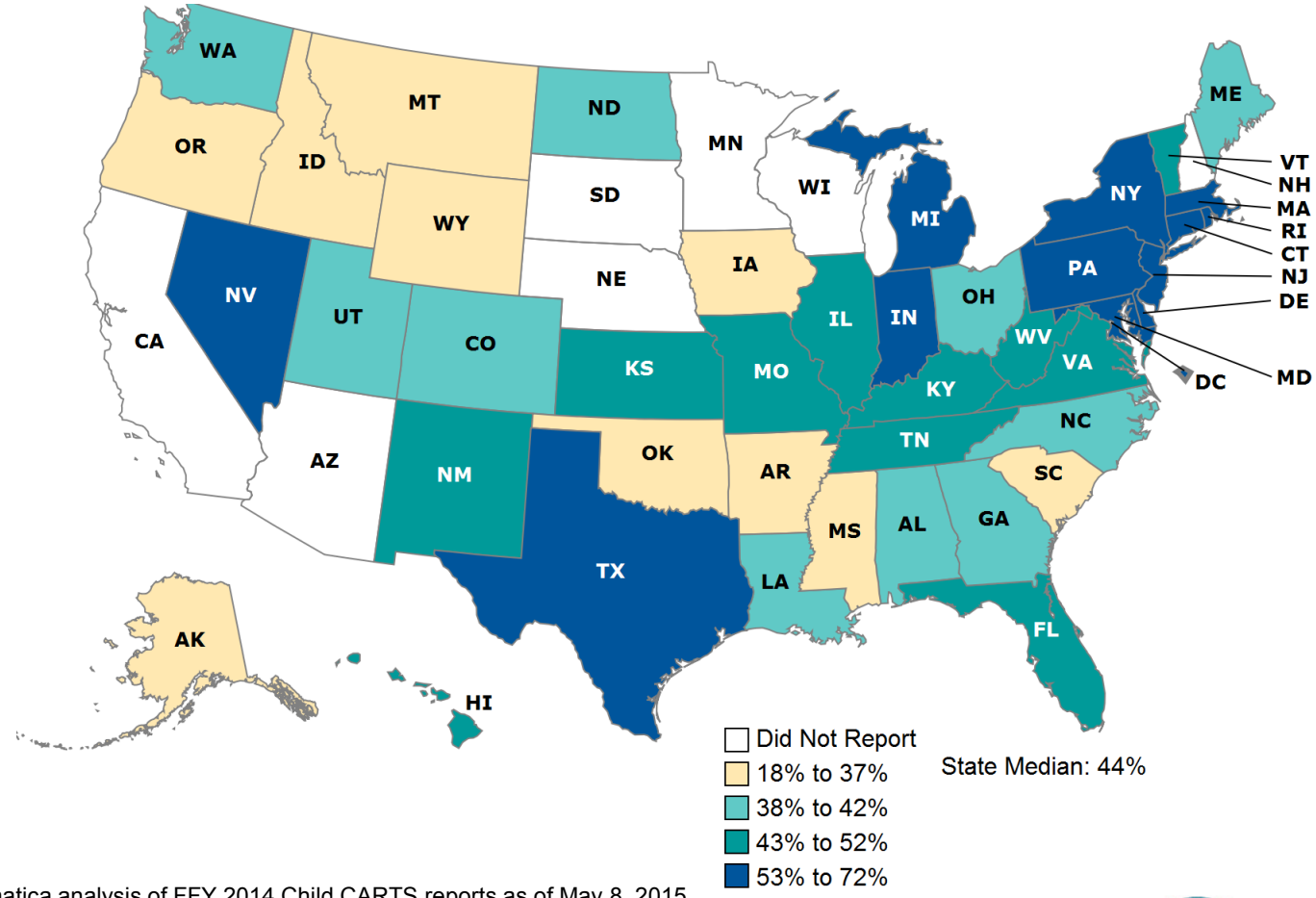
Adolescent Well-Care Visits (continued)

Geographic Variation in the Percentage of Adolescents Ages 12 to 21 Receiving At Least One Well-Care Visit, FFY 2014 (n = 44 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

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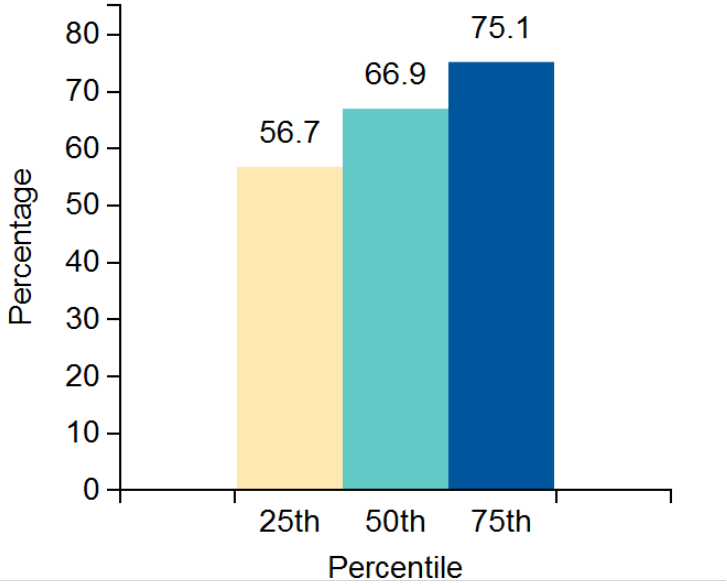
Childhood Immunization Status

A key indicator of the continuity of primary care is whether children are up to date on their immunizations by age 2. The Childhood Immunization Status measure includes 10 rates for individual vaccines (DTaP; IPV; MMR; HiB; HepB; VZV; PCV; HepA; RV; and influenza) and 9 combination rates. The most common combination rate reported by states is "Combination 3," which includes all of the vaccines except HepA, RV, and flu and requires at least two HiB vaccines by age 2.

Percentage of Children Up to Date on Recommended Immunizations (Combination 3) by their Second Birthday, FFY 2014 (n = 35 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

Notes: This measure identifies the percentage of children who turned 2 years old during the measurement year and had specific vaccines and combinations of vaccines by their second birthday. This measure is reported as 10 separate immunization rates and 9 combination rates. In the Secretary's Report, state performance is assessed on the basis of the Combination 3 rate. When a state reported separate rates for its Medicaid and CHIP populations, the rates were calculated using the rate for the larger measure-eligible population.

A median of **67** percent of children were up to date on recommended immunizations (Combination 3) by their second birthday (35 states)

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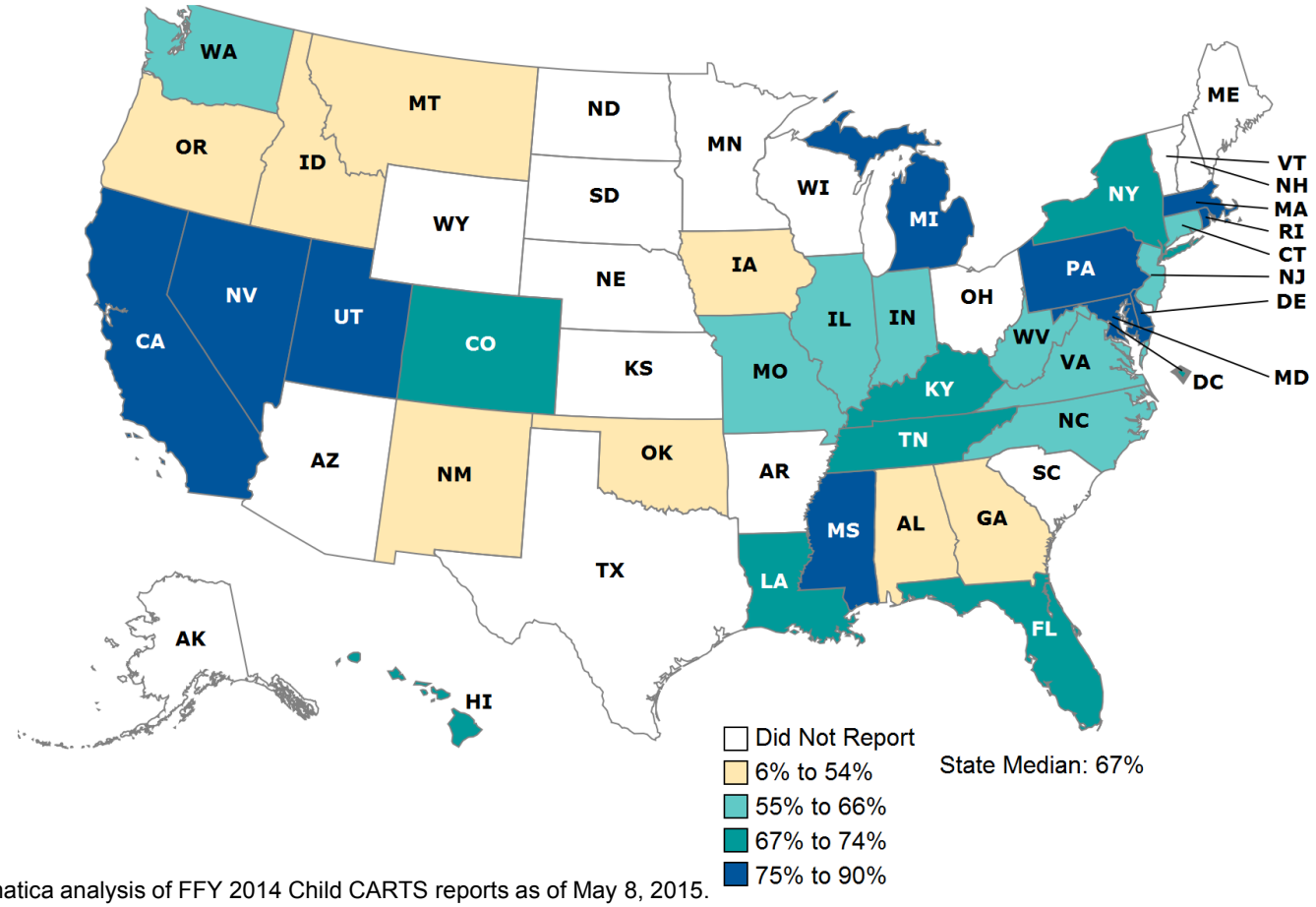
Childhood Immunization Status (continued)

Geographic Variation in the Percentage of Children Up to Date on Recommended Immunizations (Combination 3) by their Second Birthday, FFY 2014 (n = 35 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

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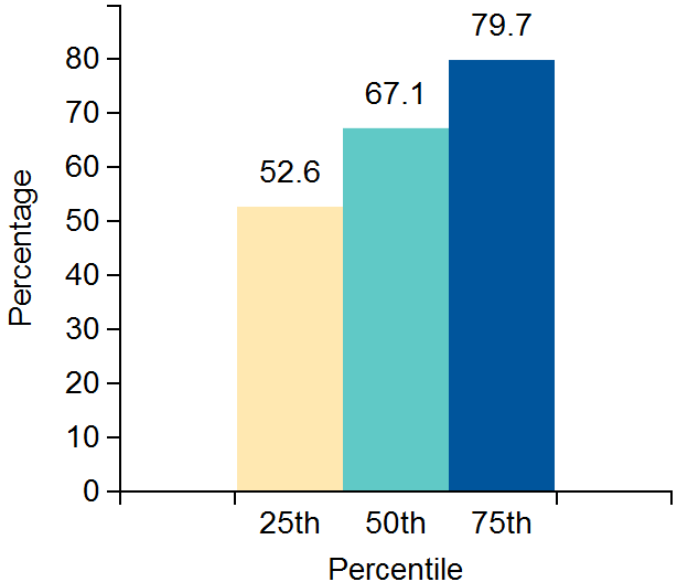
Immunization Status for Adolescents

Recommended well care for adolescents includes reviewing their immunization history to ensure they are up to date on their vaccines. The Immunization Status for Adolescents measure includes two rates for individual vaccines (meningococcal and Tdap orTd) and the Combination 1 rate, which identifies adolescents who received the recommended doses of both the meningococcal vaccine and Tdap/Td.

Percentage of Adolescents Up to Date on Recommended Immunizations (Combination 1) by their 13th Birthday, FFY 2014 (n = 35 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

A median of **67** percent of adolescents were up to date on recommended immunizations by their 13th birthday (35 states)

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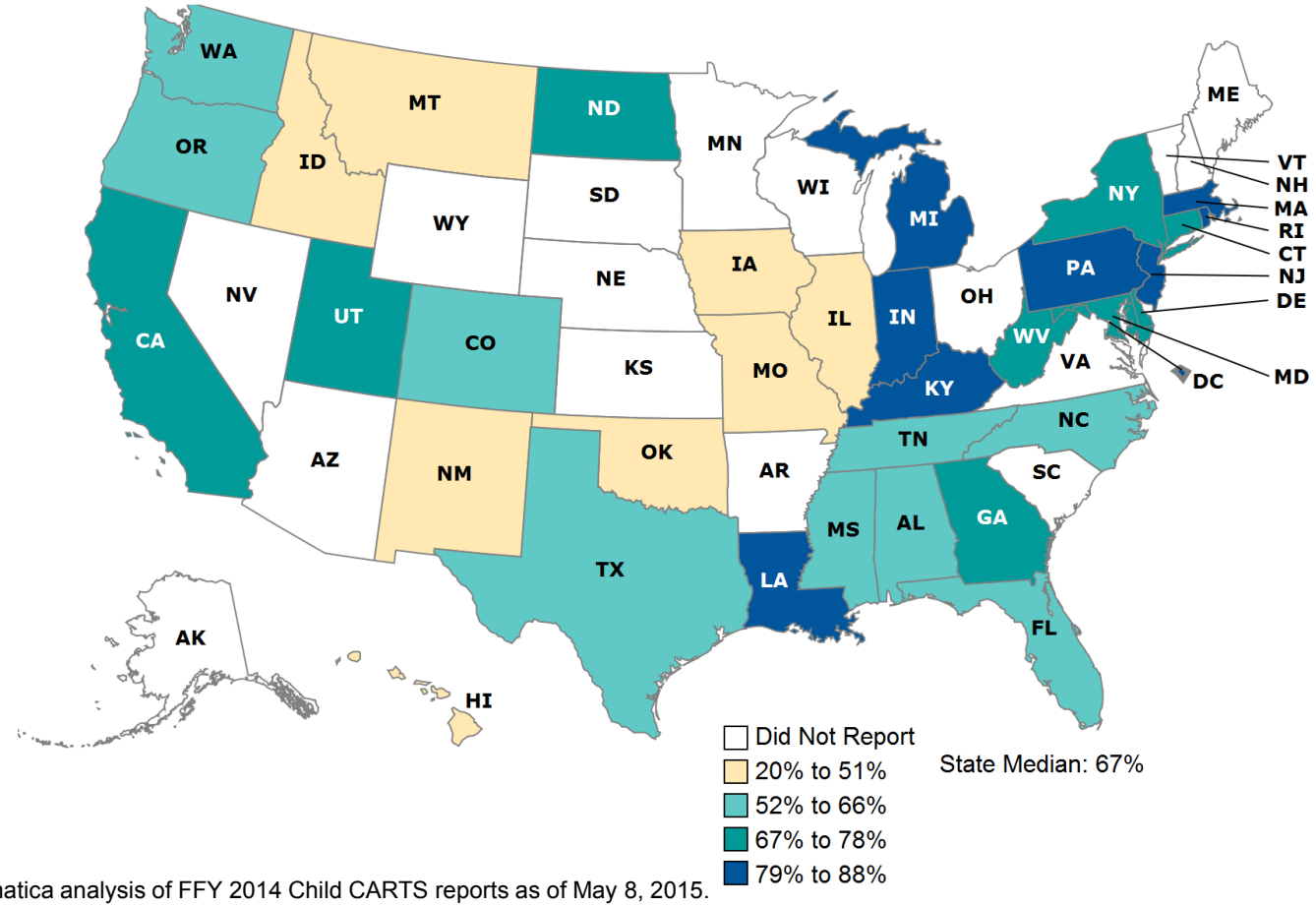
Immunization Status for Adolescents (continued)

Geographic Variation in the Percentage of Adolescents Up to Date on Recommended Immunizations (Combination 1) by their 13th Birthday, FFY 2014 (n = 35 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

Notes: This exhibit excludes one state (WY) that used Child Core Set specifications to calculate the measure but did not provide data for Combination 1 and one state (SC) that did not use Child Core Set specifications to calculate the measure. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

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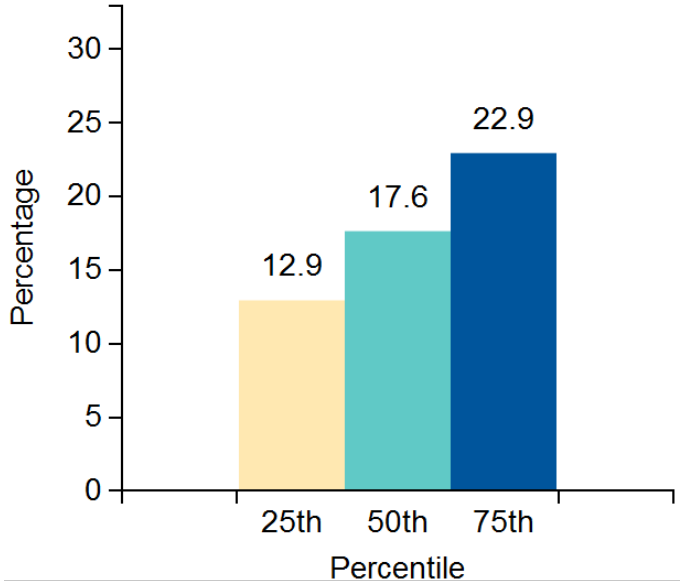
Human Papillomavirus (HPV) Vaccine for Female Adolescents

HPV is a virus spread through sexual contact that can cause cervical cancer and genital warts. The HPV vaccine prevents the most common types of HPV and thus, protects against cancers caused by HPV infection. The HPV vaccine series includes three injections given over six months, with the second injection given one or two months after the first, and the third injection given six months after the first. Performance on this measure is being publicly reported for the first time.

Percentage of Female Adolescents with Three Doses of HPV Vaccine by their 13th Birthday, FFY 2014 (n = 32 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

A median of

18 percent

of female adolescents had three doses of the HPV vaccine by their 13th birthday (32 states)

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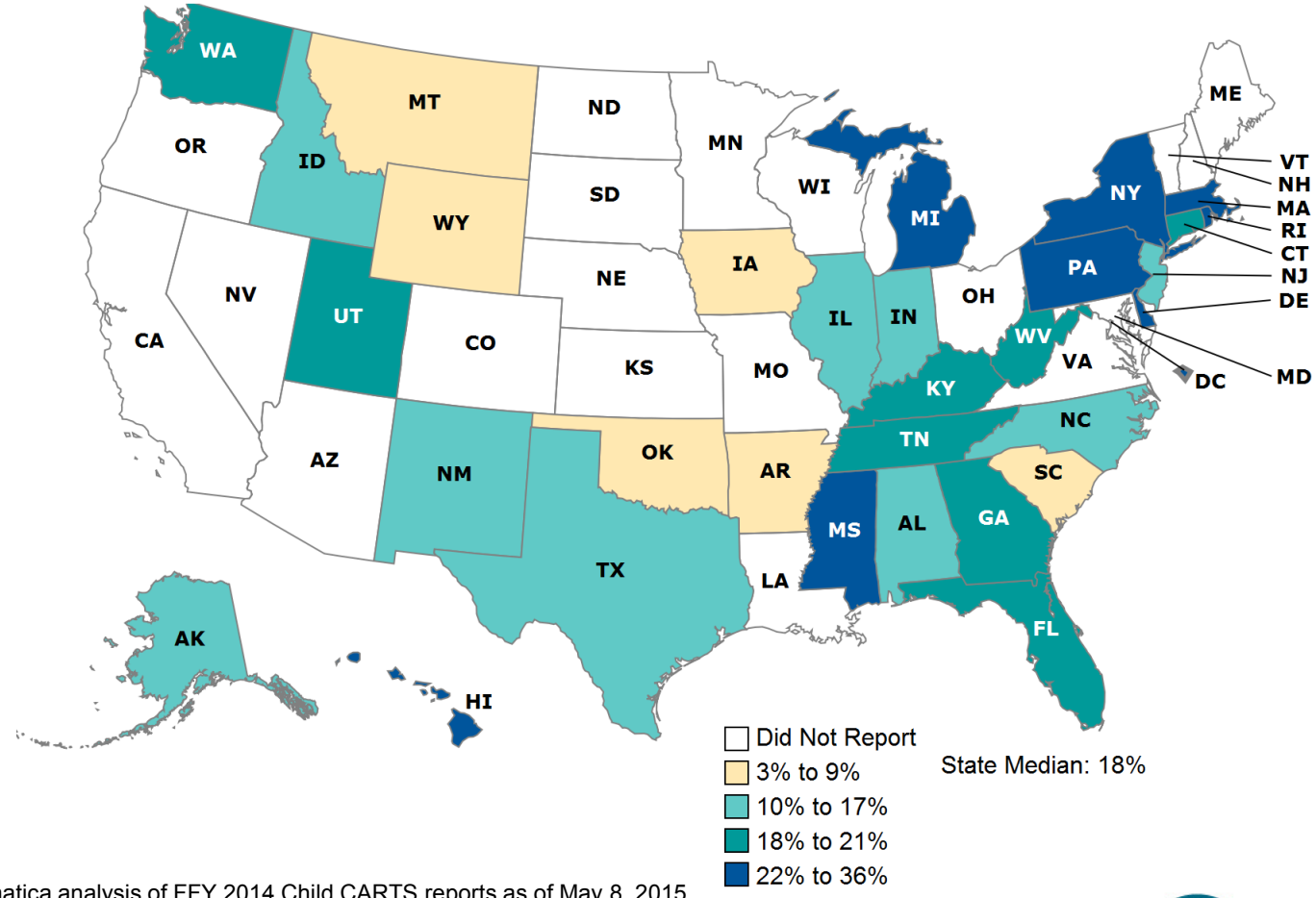
Health Care Quality Measures

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

Geographic Variation in the Percentage of Female Adolescents with Three Doses of HPV Vaccine by their 13th Birthday, FFY 2014 (n = 32 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

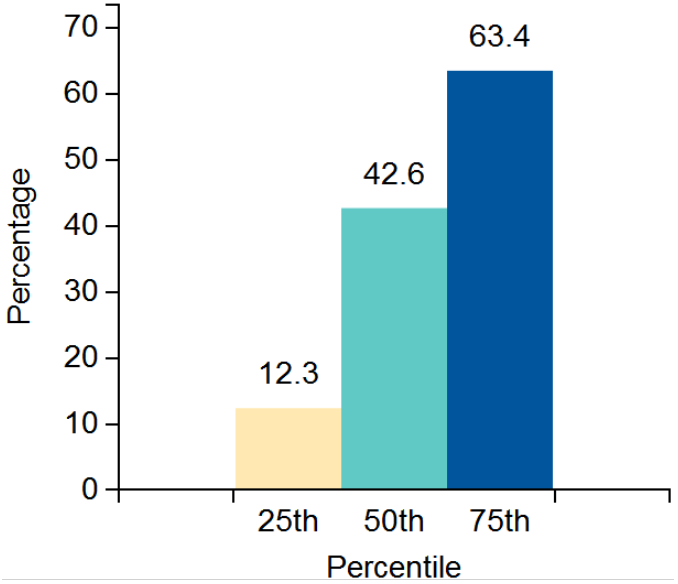
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Body Mass Index (BMI) Assessment for Children and Adolescents

Overweight and obesity in childhood pose serious short- and long-term health risks, including higher incidence of chronic diseases and a higher risk of social and emotional problems. Overweight and obesity are most commonly assessed based on the child's body mass index (BMI), which is calculated based on a child's height and weight, adjusting for age and gender. This measure indicates the frequency with which the BMI percentile is recorded in the medical record.

Percentage of Children Whose Weight is Classified Based on BMI Percentile, FFY 2014 (n = 33 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

A median of

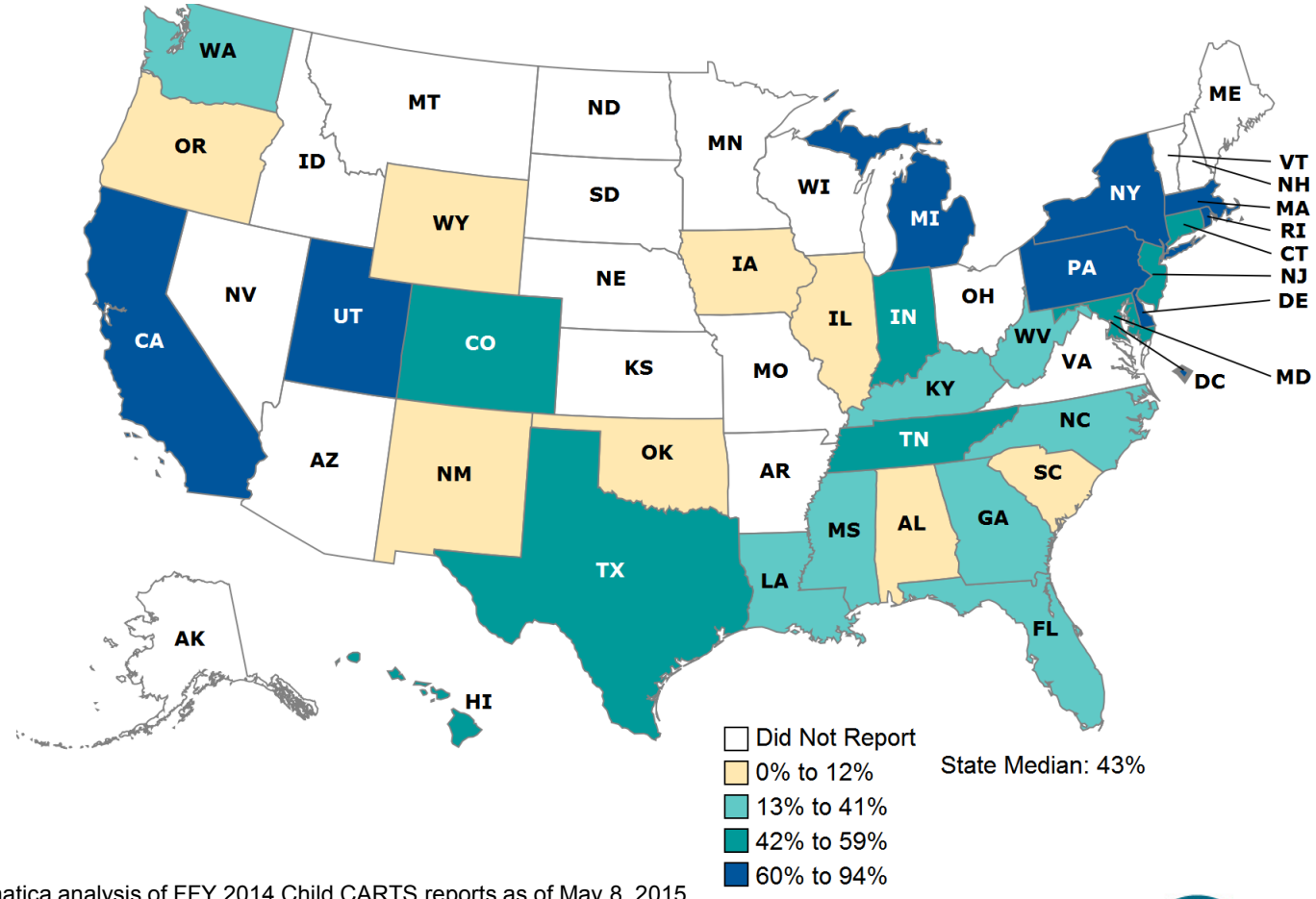
43 percent

of children and adolescents with an outpatient visit had a BMI percentile documented in their medical record (33 states)

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

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

Geographic Variation in the Percentage of Children Whose Weight is Classified Based on BMI Percentile, FFY 2014 (n = 33 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

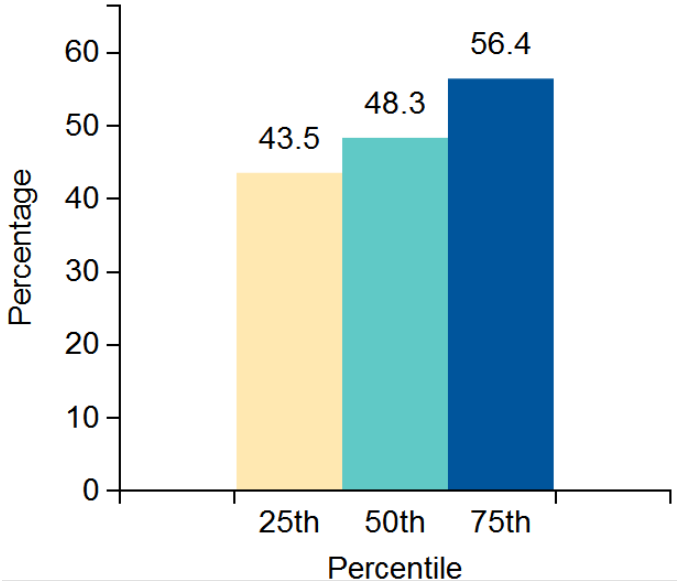
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Chlamydia Screening in Women

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

Percentage of Sexually Active Women Ages 16 to 20 Receiving At Least One Test for Chlamydia, FFY 2014 (n = 37 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

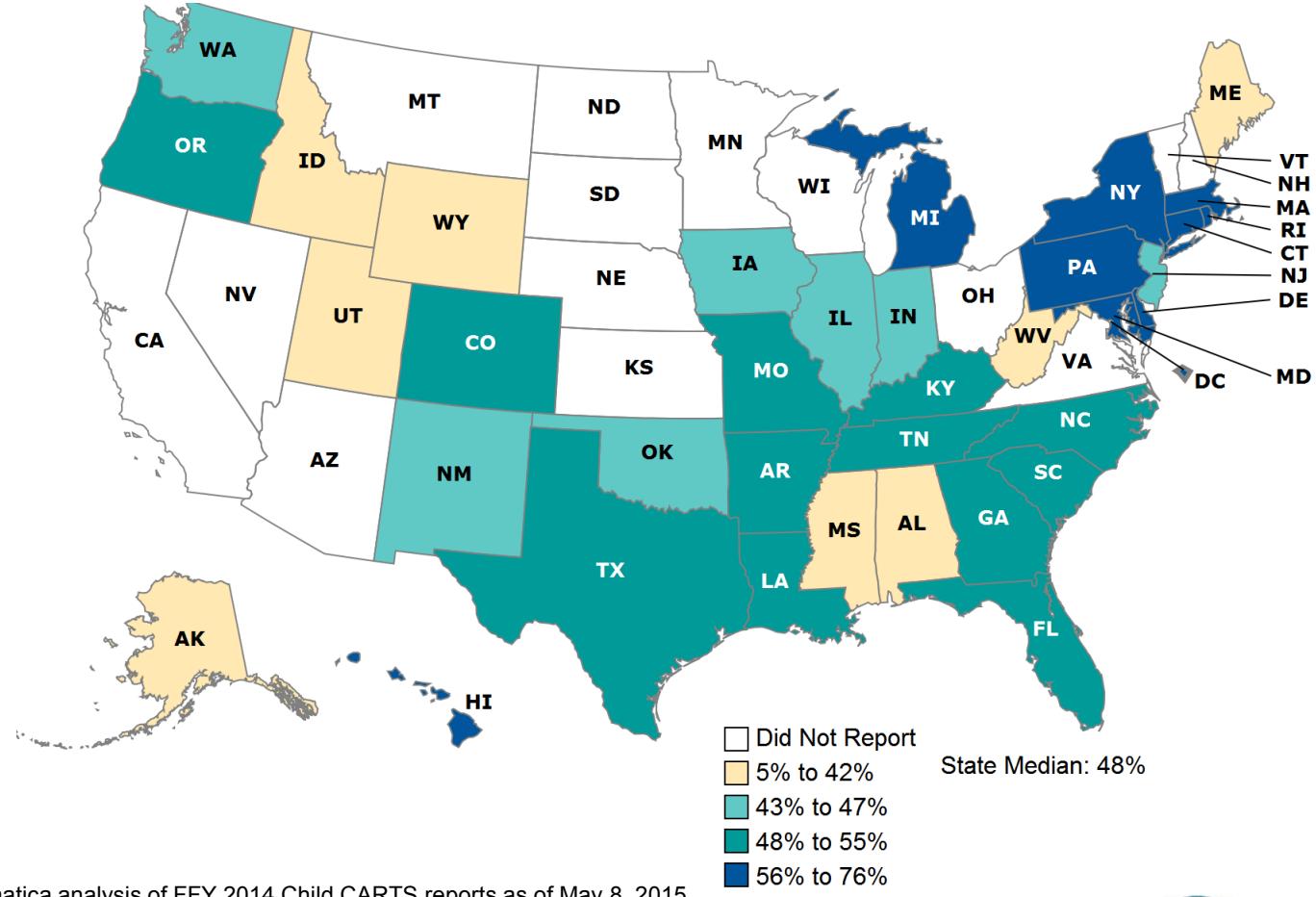
A median of

48 percent

of sexually active women ages 16 to 20 were tested for Chlamydia (37 states)

Chlamydia Screening in Women (continued)

Geographic Variation in the Percentage of Sexually Active Women Ages 16 to 20 Receiving At Least One Test for Chlamydia, FFY 2014 (n = 37 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Perinatal Care

In 2010, Medicaid financed nearly half of all births in the United States. 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 enrolled in Medicaid is higher than the rate for those who are privately insured.

This section includes findings for the Child Core Set measures used to assess perinatal care in Medicaid that were reported by at least 25 states for FFY 2014.

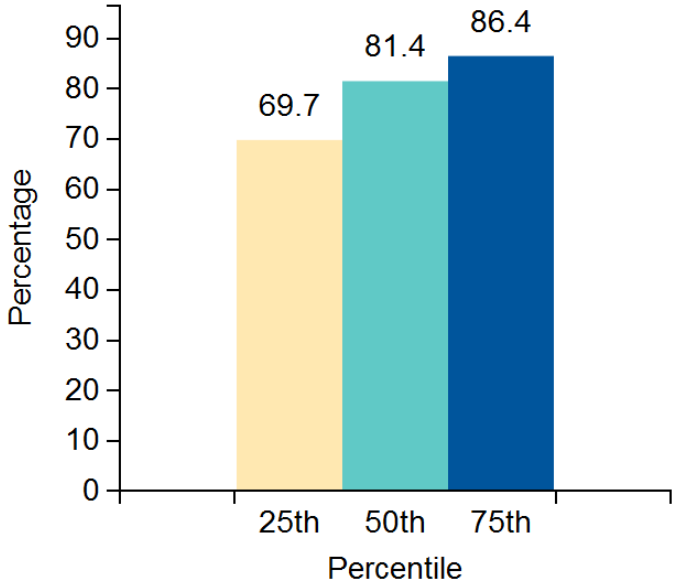
- Timeliness of Prenatal Care
- Frequency of Ongoing Prenatal Care
- Live Births Weighing Less than 2,500 Grams
- Central Line-Associated Blood Stream Infections in Neonatal Intensive Care Units

For more information about the Perinatal Care measures, see the domain-specific report at http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2015-SR-domain-specific-reports.zip.

Timeliness of Prenatal Care

Initiation of prenatal care during the first trimester of pregnancy facilitates a comprehensive assessment of a woman's health history, pregnancy risk, and health knowledge. Early screening and referrals for specialized care can prevent pregnancy complications resulting from pre-existing health conditions or promote access to recommended care. The measure indicates how often Medicaid/CHIP enrollees receive timely prenatal care.

Percentage of Pregnant Women with a Prenatal Care Visit in the First Trimester or within 42 Days of Medicaid/CHIP Enrollment, FFY 2014 (n = 34 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

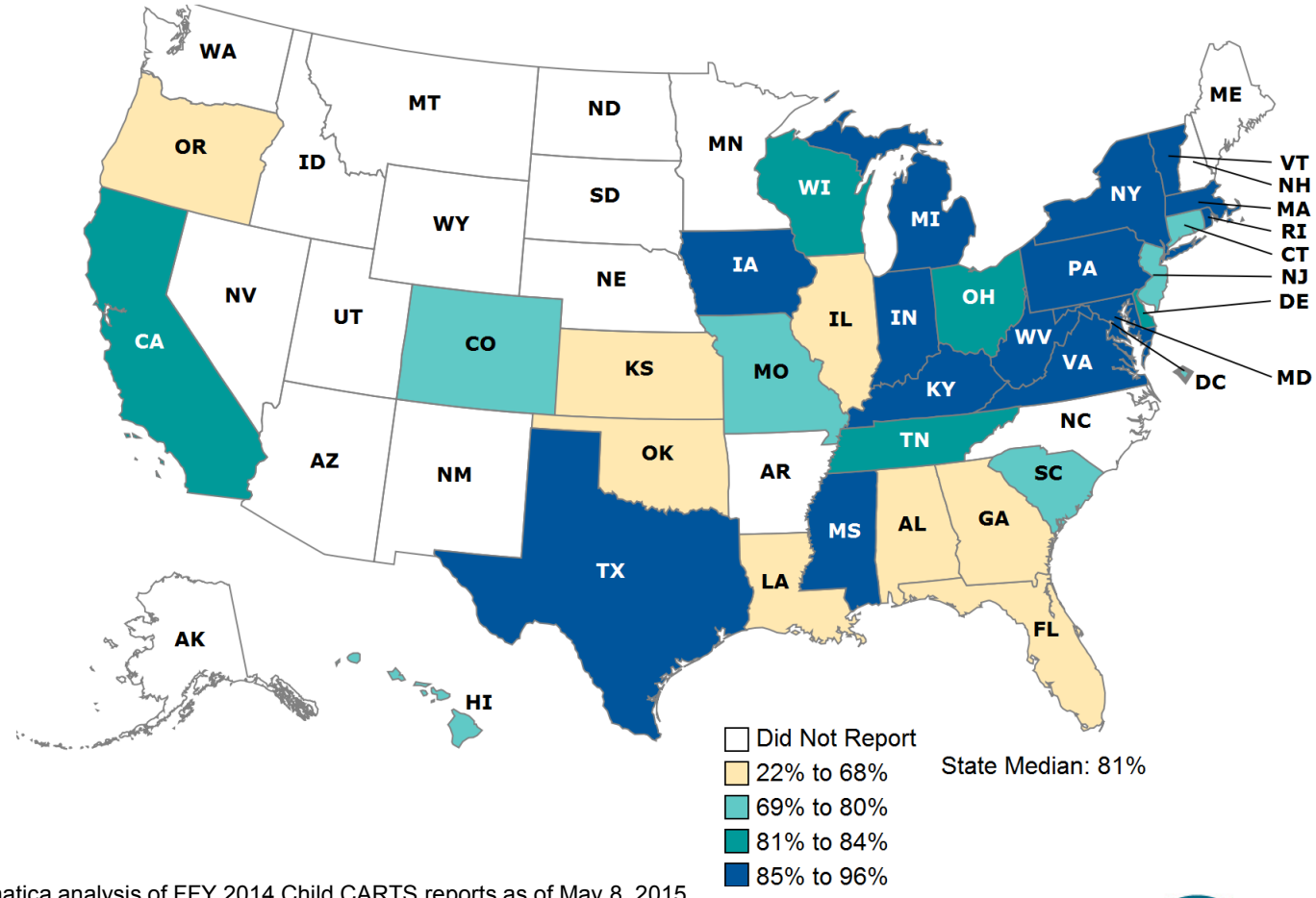
Notes: This measure identifies the percentage of deliveries of live births that received a prenatal care visit in the first trimester or within 42 days of Medicaid/CHIP enrollment. When a state reported separate rates for its Medicaid and CHIP populations, the rates were calculated using the rate for the larger measure-eligible population.

A median of **81** percent of pregnant women had a prenatal care visit in the first trimester or within 42 days of Medicaid/CHIP enrollment (34 states)

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Timeliness of Prenatal Care (continued)

Geographic Variation in the Percentage of Pregnant Women with a Prenatal Care Visit in the First Trimester or within 42 Days of Medicaid/CHIP Enrollment, FFY 2014 (n = 34 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

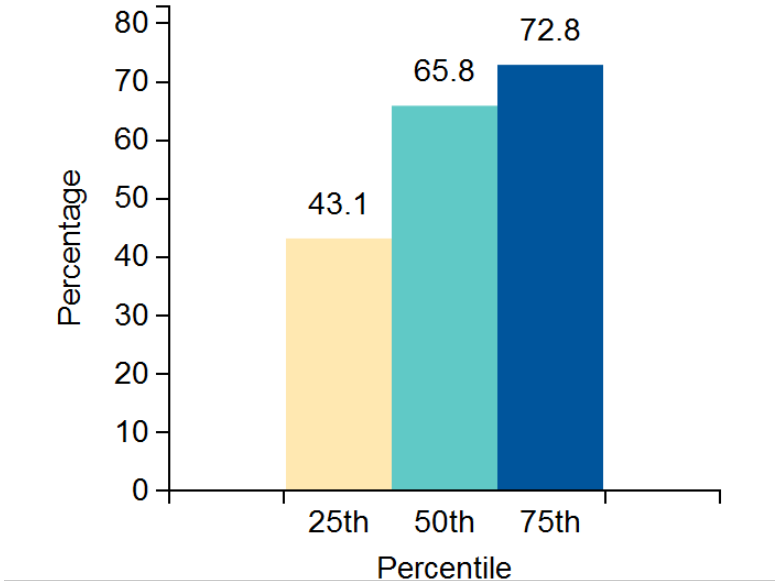
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Frequency of Ongoing Prenatal Care

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

Percentage of Pregnant Women Receiving More Than 80 Percent of the Expected Number of Prenatal Care Visits, FFY 2014 (n = 27 states)



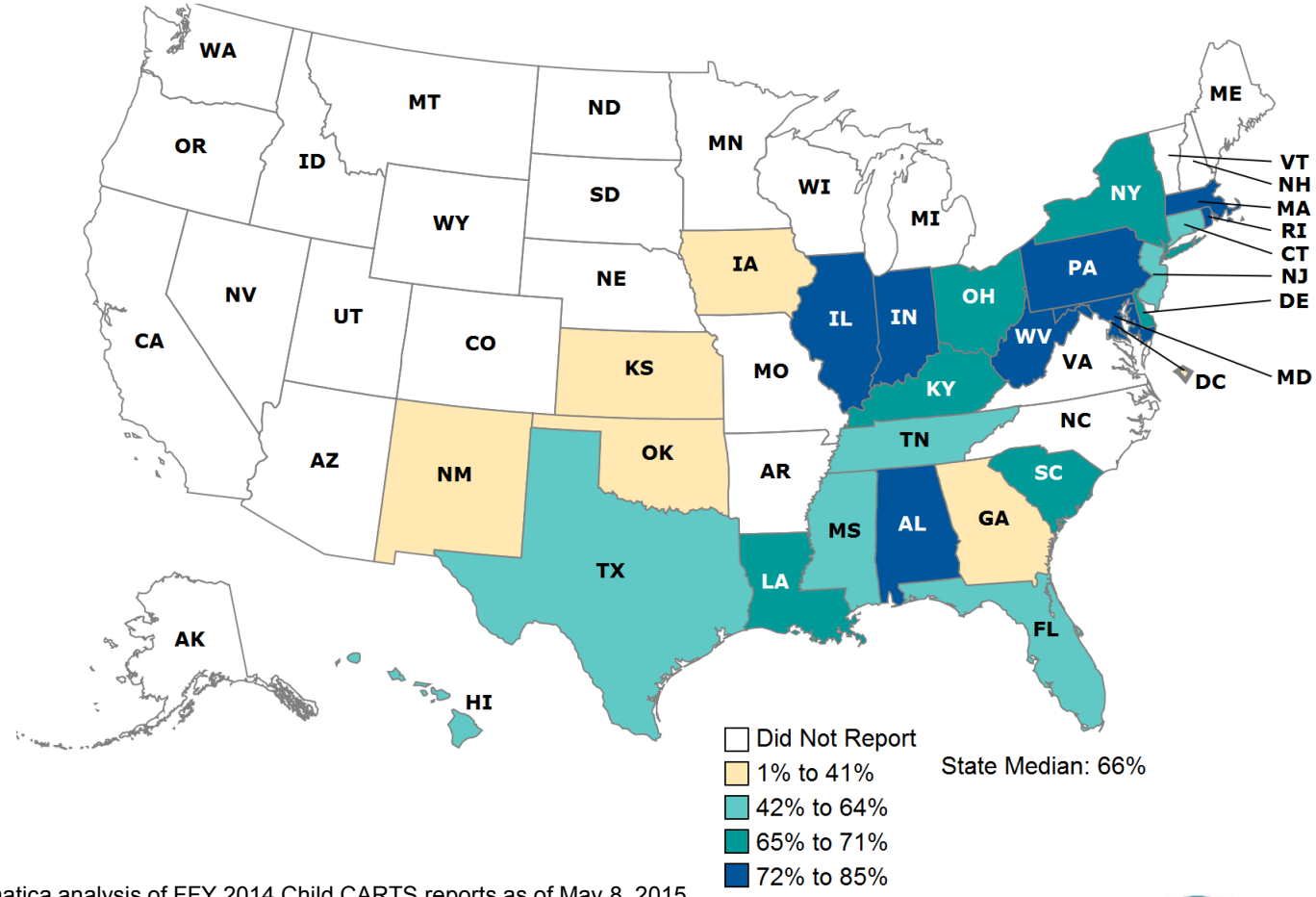
Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

Notes: This measure identifies the percentage of deliveries that received more than 80 percent of the expected number of prenatal visits. When a state reported separate rates for its Medicaid and CHIP populations, the rates were calculated using the rate for the larger measure-eligible population.

A median of **66** percent of pregnant women had more than 80 percent of the expected number of prenatal visits (27 states)

Frequency of Ongoing Prenatal Care (continued)

Geographic Variation in the Percentage of Pregnant Women Receiving More Than 80 Percent of the Expected Number of Prenatal Care Visits, FFY 2014 (n = 27 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

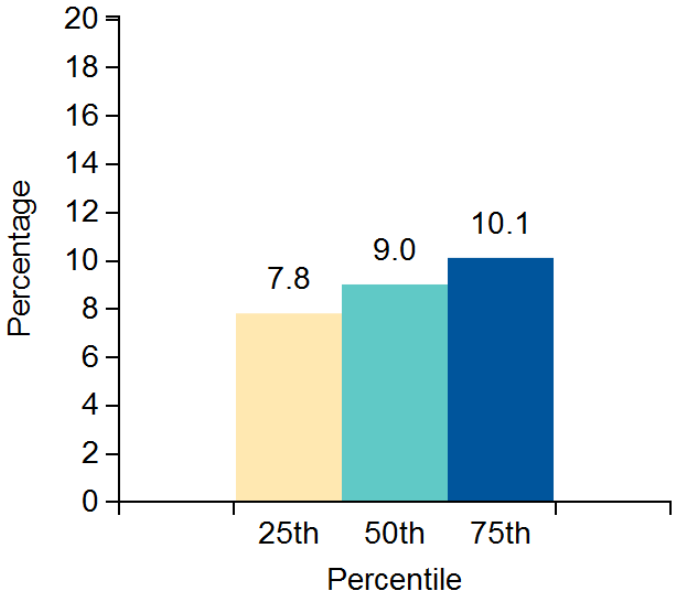
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

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

Percentage of Live Births Weighing Less than 2,500 Grams, FFY 2014 (n = 29 states) [Lower rates are better]



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

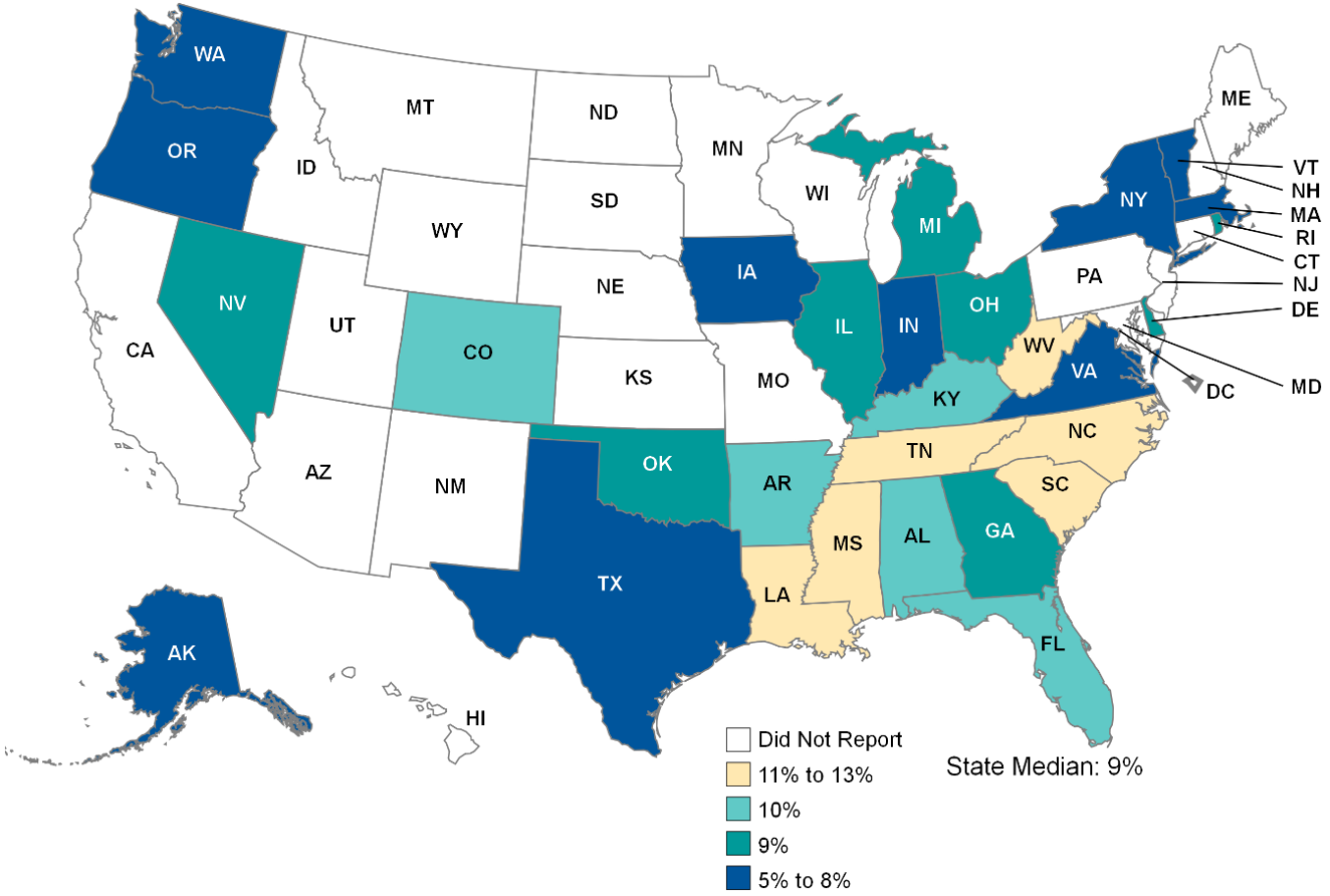
A median of

9 percent

of live births financed by Medicaid or CHIP weighed less than 2,500 grams (29 states)

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

Geographic Variation in the Percentage of Live Births Weighing Less than 2,500 Grams, FFY 2014 (n = 29 states) [Lower rates are better]



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Central Line-Associated Blood Stream Infections in Neonatal Intensive Care Units

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

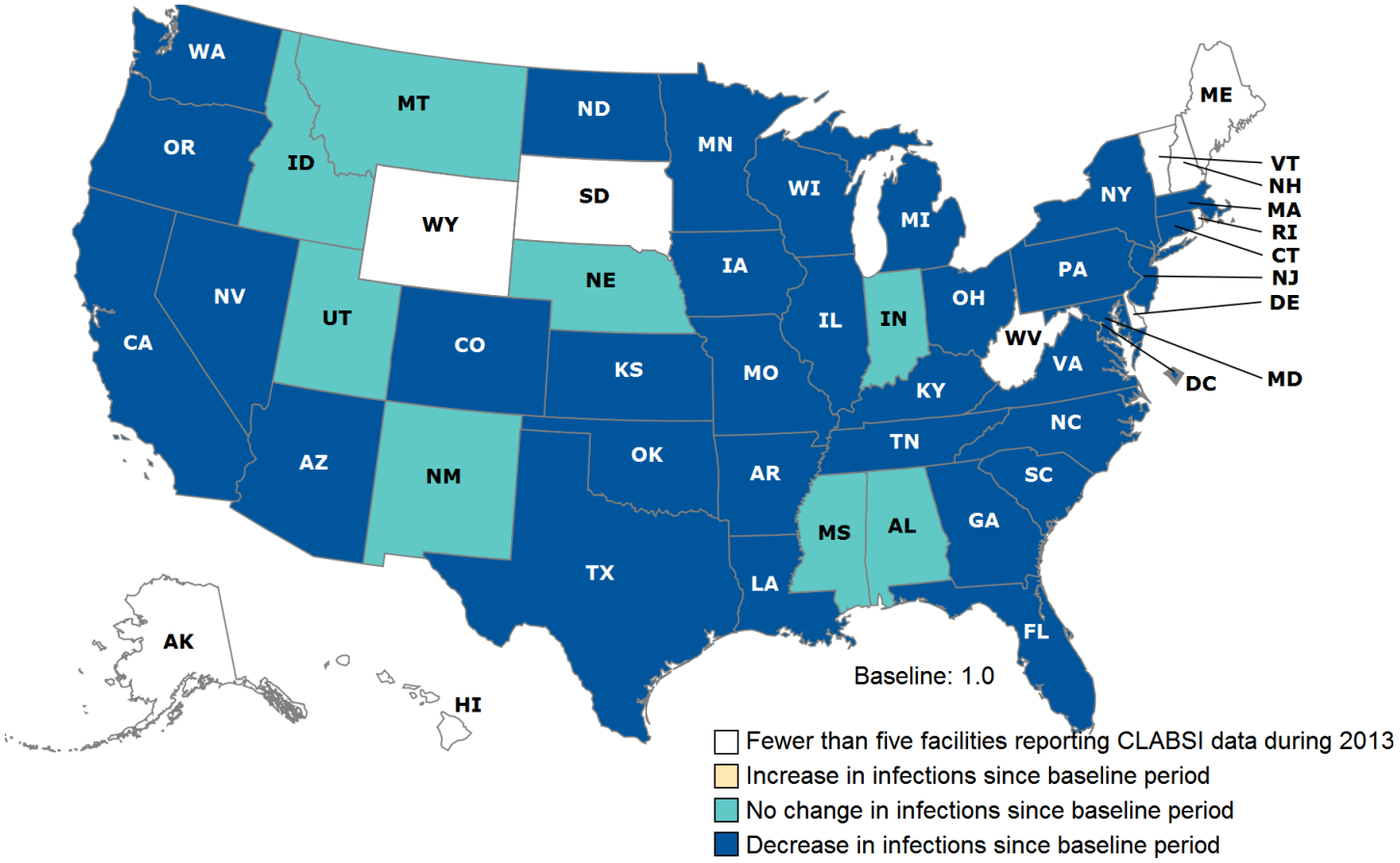
The Standardized Infection Ratio (SIR) compares the number of infections reported in a facility or state to the baseline U.S. experience, adjusting for several risk factors.

Among the 41 states with CLABSI rates for 2013, the SIRs ranged from 0.175 to 0.954. An SIR less than 1 means that fewer infections occurred relative to what would have been predicted given the baseline data. An SIR greater than 1 means that more infections occurred relative to what would have been predicted given the baseline data. An SIR equal to 1 means that the number of infections is no different than the baseline period.

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

Central Line-Associated Blood Stream Infections in Neonatal Intensive Care Units (continued)

Geographic Variation in State Performance on Central Line-Associated Blood Stream Infections (CLABSIs) in Neonatal Intensive Care Units (NICUs), 2013 (n = 41 states)



Source: Centers for Disease Control and Prevention, 2013 National and State Healthcare-Associated Infections Standardized Infection Ratio Report, Table 3d, available at http://www.cdc.gov/hai/excel/hai-progress-report/HAI-Progress-Tables.xlsx.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Care of Acute and Chronic Conditions

Children covered by Medicaid and CHIP have higher rates of physical, developmental, and intellectual health problems than privately insured children. Ensuring that children covered by Medicaid and CHIP receive the necessary monitoring and management for acute and chronic conditions may reduce the need for more costly care later and improve their chances of leading healthy, productive lives. 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.

This section includes findings for the Child Core Set measures used to assess the care of acute and chronic conditions in Medicaid that were reported by at least 25 states for FFY 2014.

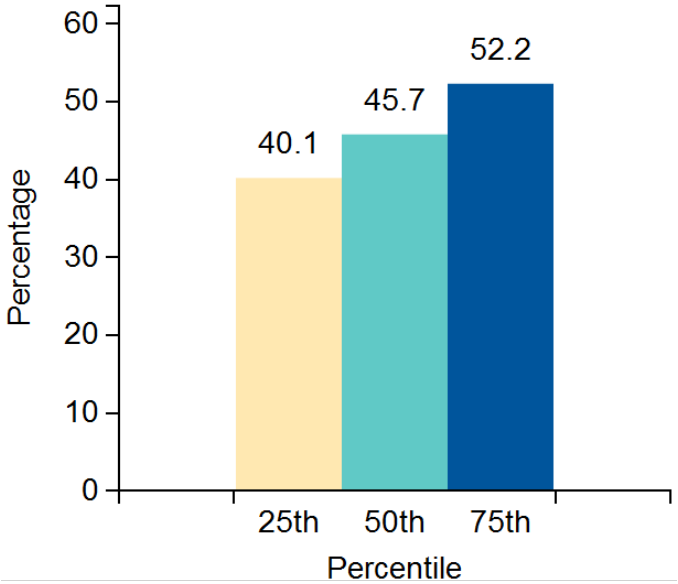
- Ambulatory Care: Emergency Department Visits
- Medication Management for People with Asthma

For more information about the Acute and Chronic Conditions measures, see the domain-specific report at http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2015-SR-domain-specific-reports.zip.

Ambulatory Care: Emergency Department Visits

Unnecessary visits to a hospital emergency department (ED) may indicate lack of access to more appropriate sources of medical care, such as primary care providers or specialists. Excessive visits to the ED can result in overcrowding and increased ED wait time. Understanding trends in ED visits among children enrolled in Medicaid and CHIP can help states identify strategies to improve access to and utilization of appropriate sources of care. Performance on this measure is being publicly reported for the first time.

Number of Emergency Department Visits per 1,000 Enrollee Months Among Children Up to Age 19, FFY 2014 (n = 37 states) [Lower rates are better]



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

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

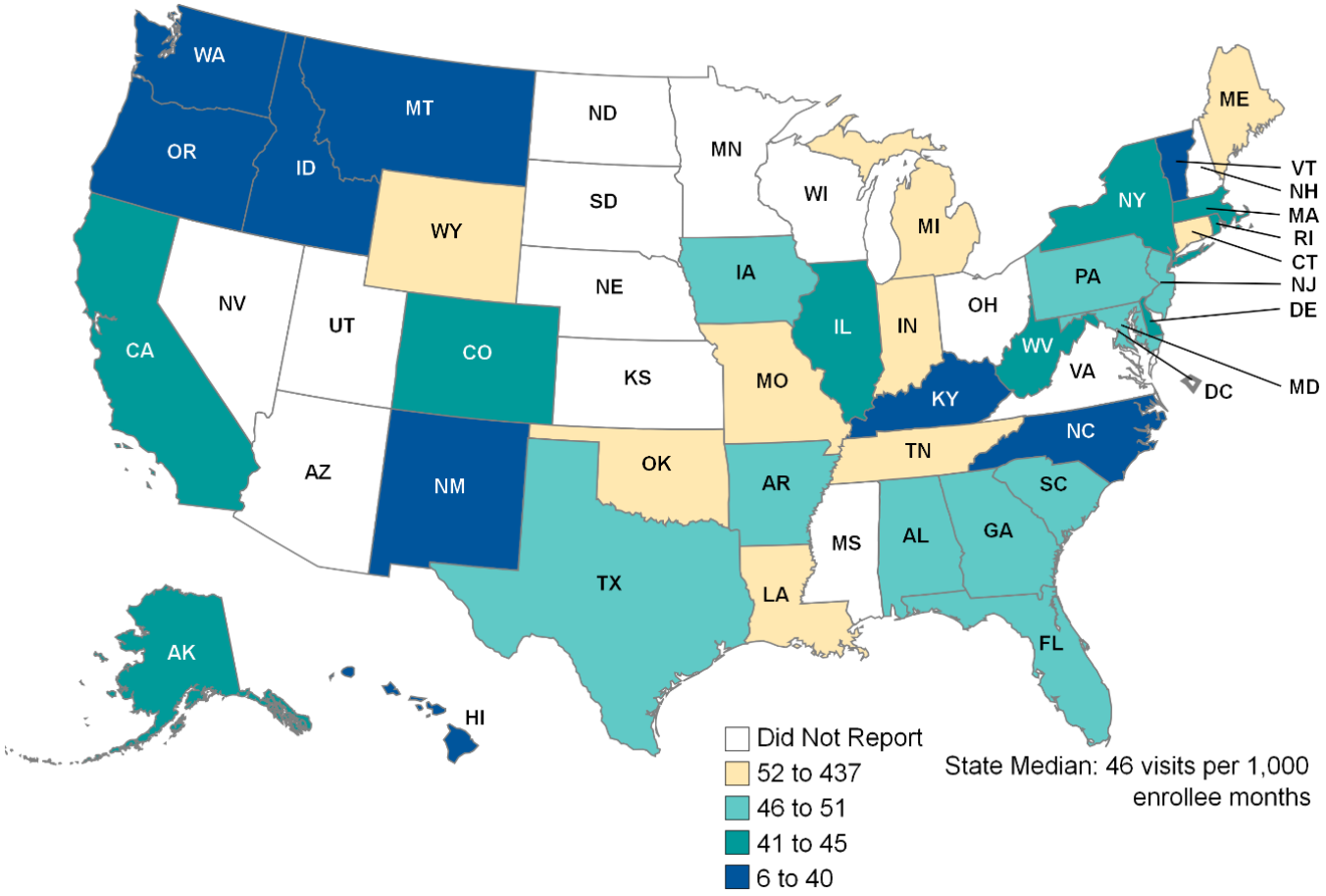
46

emergency department visits per 1,000 enrollee months (37 states)

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Ambulatory Care: Emergency Department Visits (continued)

Geographic Variation in the Number of Emergency Department Visits per 1,000 Enrollee Months Among Children Up to Age 19, FFY 2014 (n = 37 states) [Lower rates are better]



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

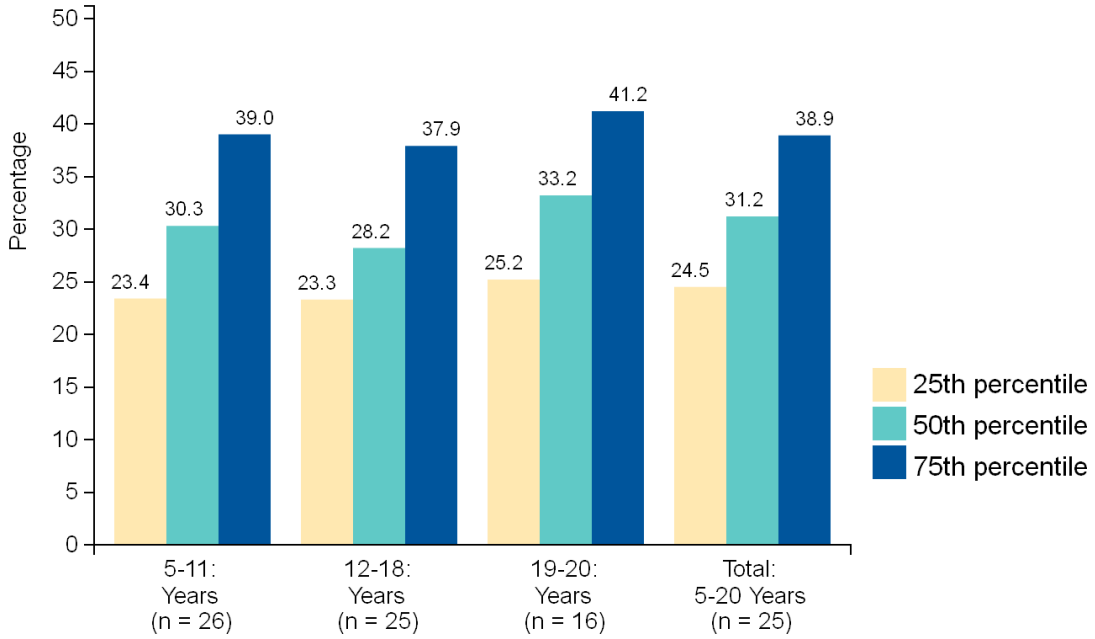
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Medication Management for People with Asthma

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

Percentage of Children Ages 5 to 20 Who Remained on Asthma Controller Medication for at Least 75 Percent of their Treatment Period, FFY 2014



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

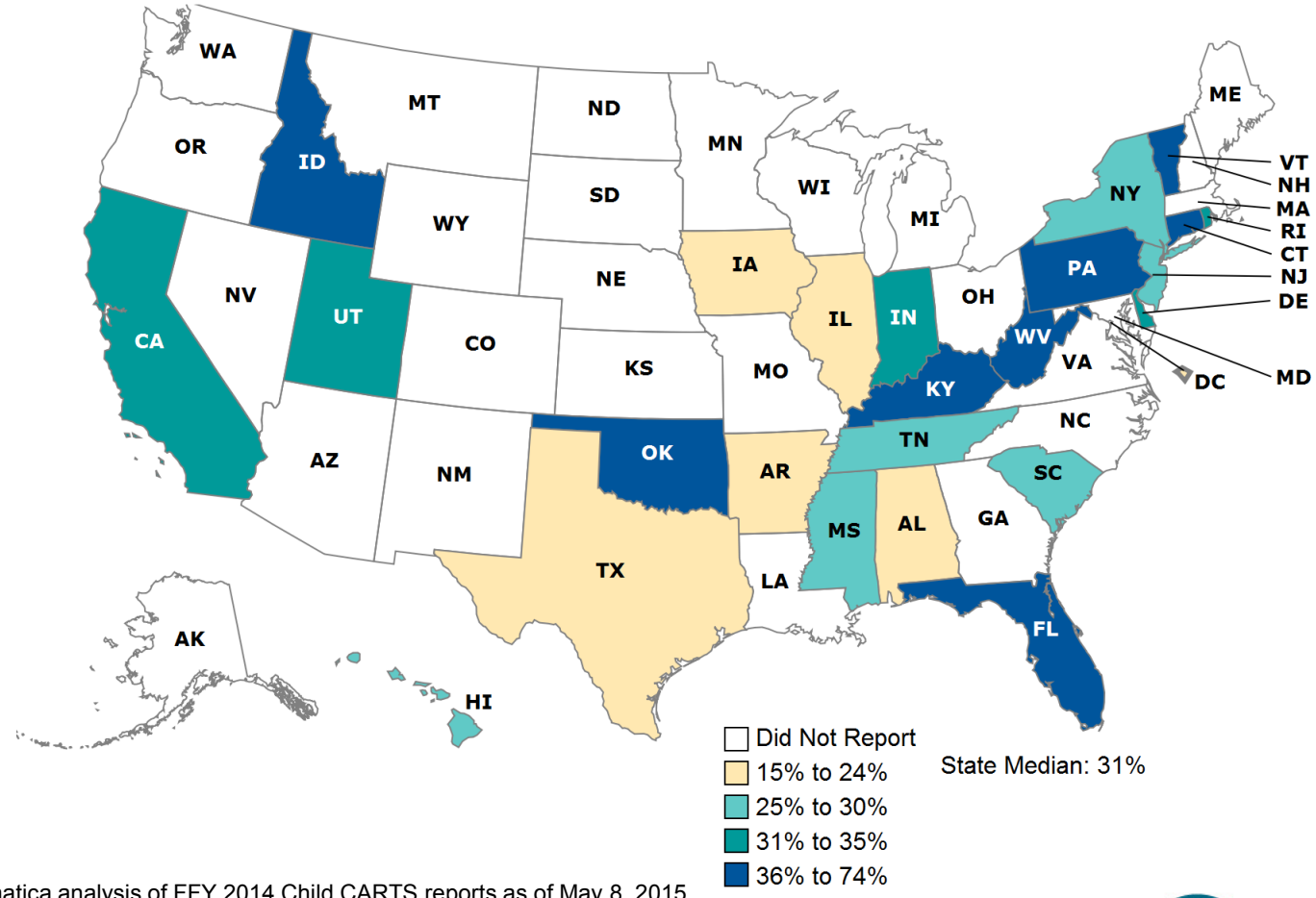
Notes: This measure identifies the percentage of children who remained on an asthma controller medication for at least 75 percent of their treatment period. When a state reported separate rates for its Medicaid and CHIP populations, the rates were calculated using the rate for the larger measure-eligible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

A median of **31** percent of children ages 5 to 20 remained on asthma controller medication for at least 75 percent of their treatment period (25 states)

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Medication Management for People with Asthma (continued)

Geographic Variation in the Percentage of Children Ages 5 to 20 Who Remained on Asthma Controller Medication for at Least 75 Percent of their Treatment Period, FFY 2014 (n = 25 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

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. For the purpose of the Secretary's Report, the term "behavioral health care" refers to treatment of mental health conditions, substance use disorders, 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.

This section includes findings for the Child Core Set measures used to assess behavioral health care in Medicaid that were reported by at least 25 states for FFY 2014.

- Follow-Up After Hospitalization for Mental Illness
  - Follow-Up Within 7 Days of Discharge
  - Follow-Up Within 30 Days of Discharge

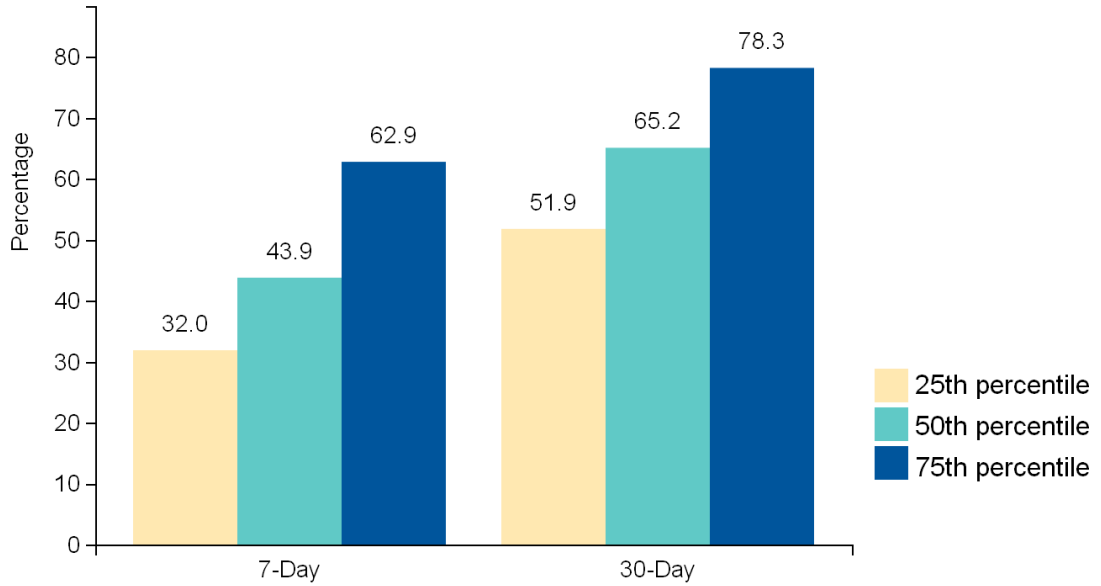
- Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication
  - Initiation Phase
  - Continuation and Maintenance Phase

For more information about the Behavioral Health Care measures, see the domain-specific report at http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2015-SR-domain-specific-reports.zip.

Follow-Up After Hospitalization for Mental Illness

After discharge from inpatient treatment for mental illness, follow-up outpatient mental health treatment is necessary to manage medications, continue therapy, facilitate transitions to home and school, and generally prevent readmissions due to the lack of continuous care. Recommended post-discharge treatment includes a visit with an outpatient mental health provider within 30 days of discharge and ideally, within 7 days of discharge.

Percentage of Children Ages 6 to 20 Hospitalized for Treatment of Mental Illness Receiving a Follow-Up Visit Within 7 and 30 Days of Discharge, FFY 2014 (n = 34 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

Notes: This measure identifies the percentage of discharges for children ages 6 to 20 hospitalized for treatment of selected mental health disorders who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge and within 30 days of discharge. When a state reported separate rates for its Medicaid and CHIP populations, the rates were calculated using the rate for the larger measure-eligible population

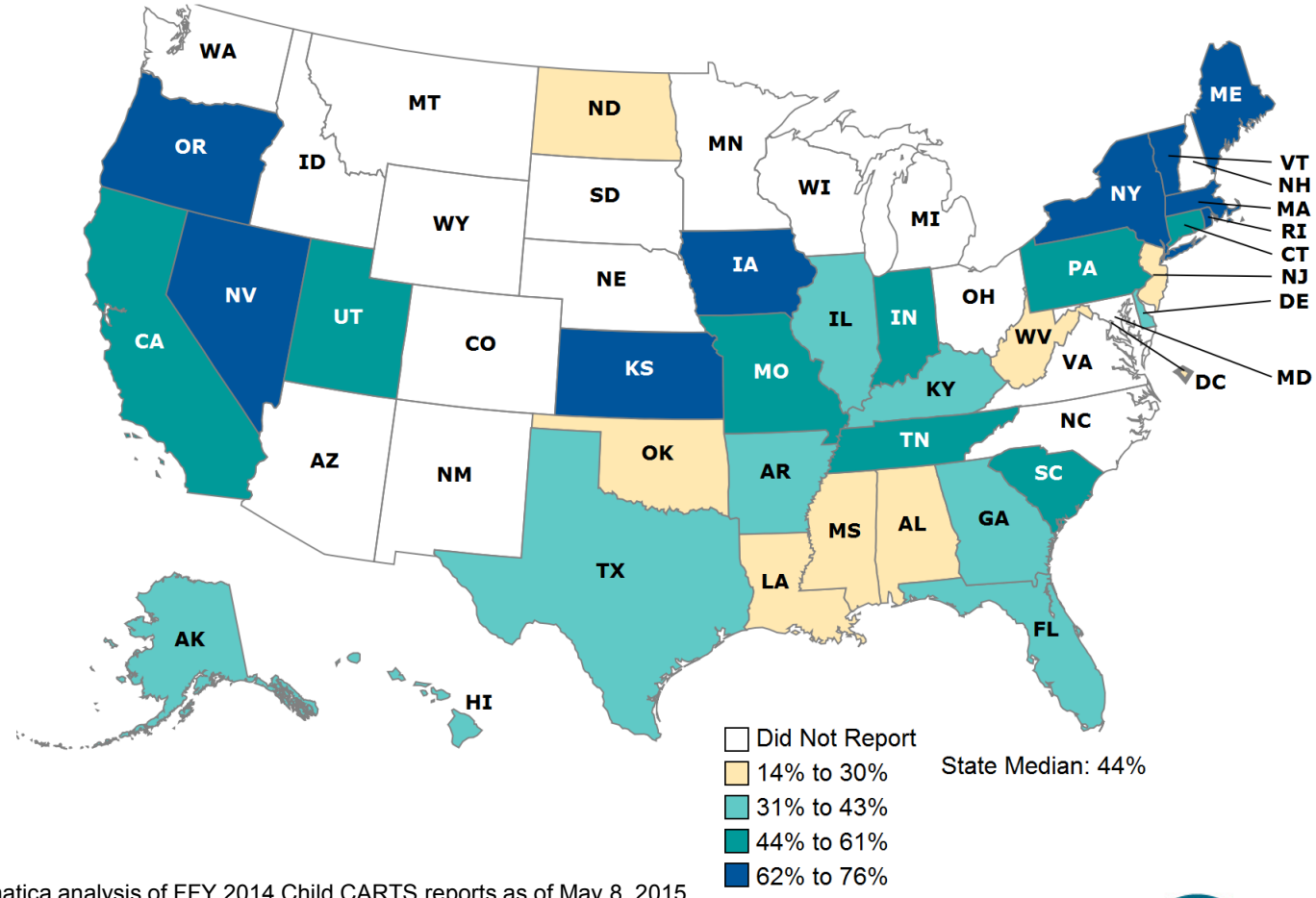
A median of

44 percent

of children ages 6 to 20 who were hospitalized for mental illness had a follow-up visit within 7 days of discharge (34 states)

Follow-Up After Hospitalization for Mental Illness Within 7 Days of Discharge

Geographic Variation in the Percentage of Children Ages 6 to 20 Hospitalized for Treatment of Mental Illness Receiving a Follow-Up Visit Within 7 Days of Discharge, FFY 2014 (n = 34 states)



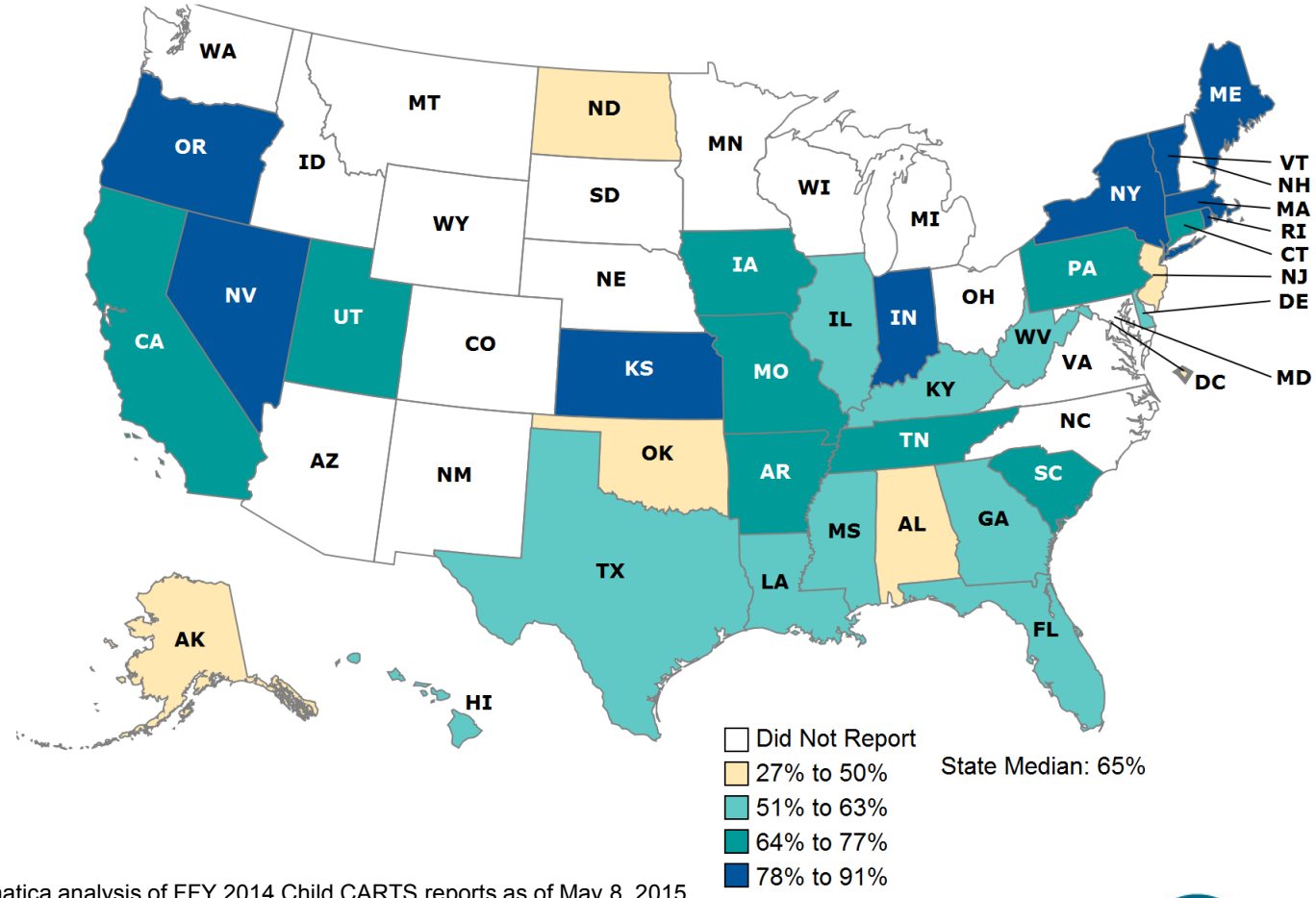
Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Follow-Up After Hospitalization for Mental Illness Within 30 Days of Discharge

Geographic Variation in the Percentage of Children Ages 6 to 20 Hospitalized for Treatment of Mental Illness Receiving a Follow-Up Visit Within 30 Days of Discharge, FFY 2014 (n = 34 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

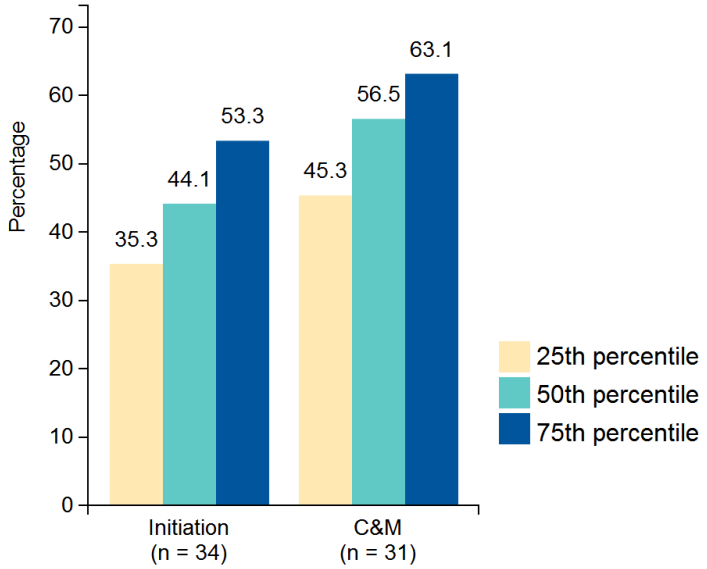
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

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

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

Percentage of Children Prescribed Medication for ADHD who Received At Least One Visit during the 30-Day Initiation Phase and At Least Two Visits during the 9-Month Continuation and Maintenance (C&M) Phase, FFY 2014



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

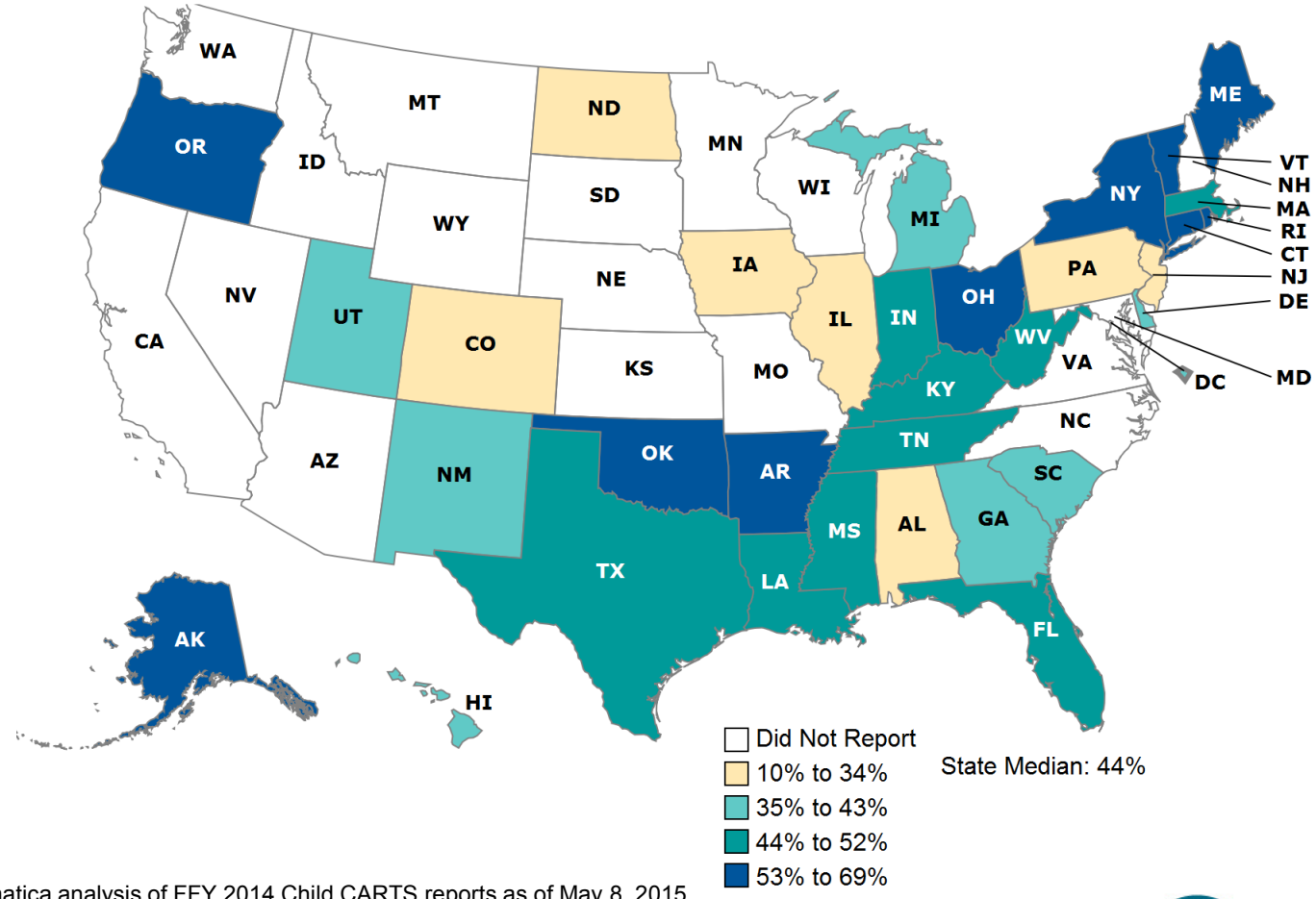
Notes: This measure identifies the percentage of children newly prescribed ADHD medication who had at least three follow-up visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed. When a state reported separate rates for its Medicaid and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

A median of **44** percent of children newly prescribed ADHD medication had a follow-up visit during the 30-day initiation phase (34 states)

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

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

Geographic Variation in the Percentage of Children Prescribed Medication for ADHD who Received At Least One Visit during the 30-Day Initiation Phase, FFY 2014 (n = 34 states)



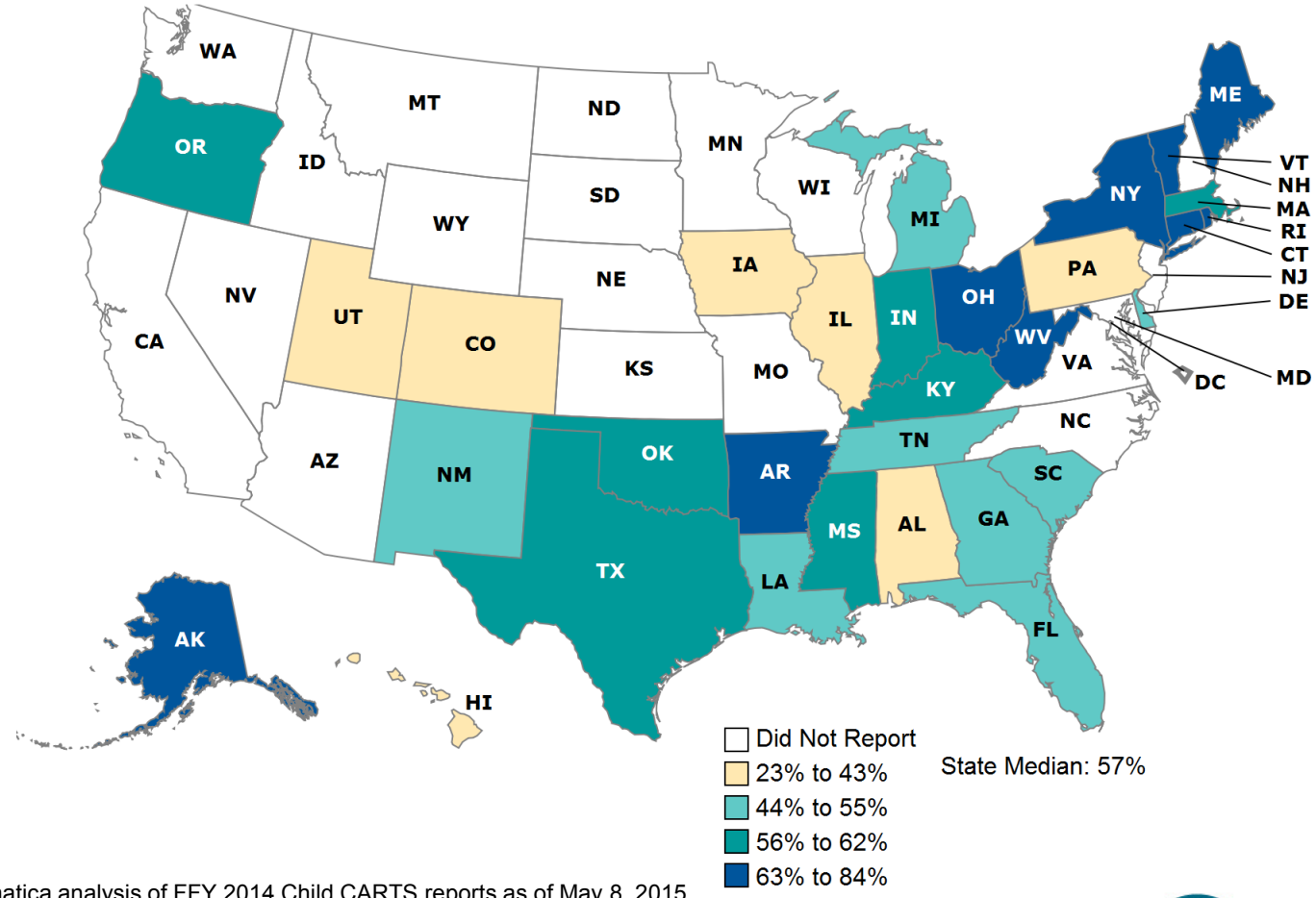
Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

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

Geographic Variation in the Percentage of Children Prescribed Medication for ADHD who Received At Least Two Visits during the 9-Month Continuation and Maintenance (C&M) Phase, FFY 2014 (n = 31 states)



Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

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

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Dental and Oral Health Services

All children enrolled 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.

This section includes findings for the Child Core Set measures used to assess dental and oral health services in Medicaid that were reported by at least 25 states for FFY 2014.

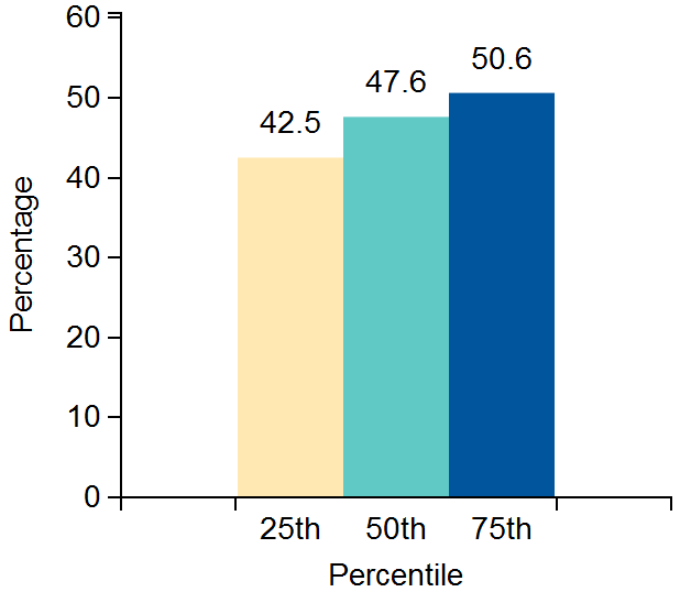
- Preventive Dental Services
- Dental Treatment Services

For more information about the Dental and Oral Health measures, see the domain-specific report at http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2015-SR-domain-specific-reports.zip.

Preventive Dental Services

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

Percentage of Eligibles Who Received Preventive Dental Services, FFY 2014 (n = 51 states)



A median of

48 percent

of children ages 1 to 20 had a preventive dental service (51 states)

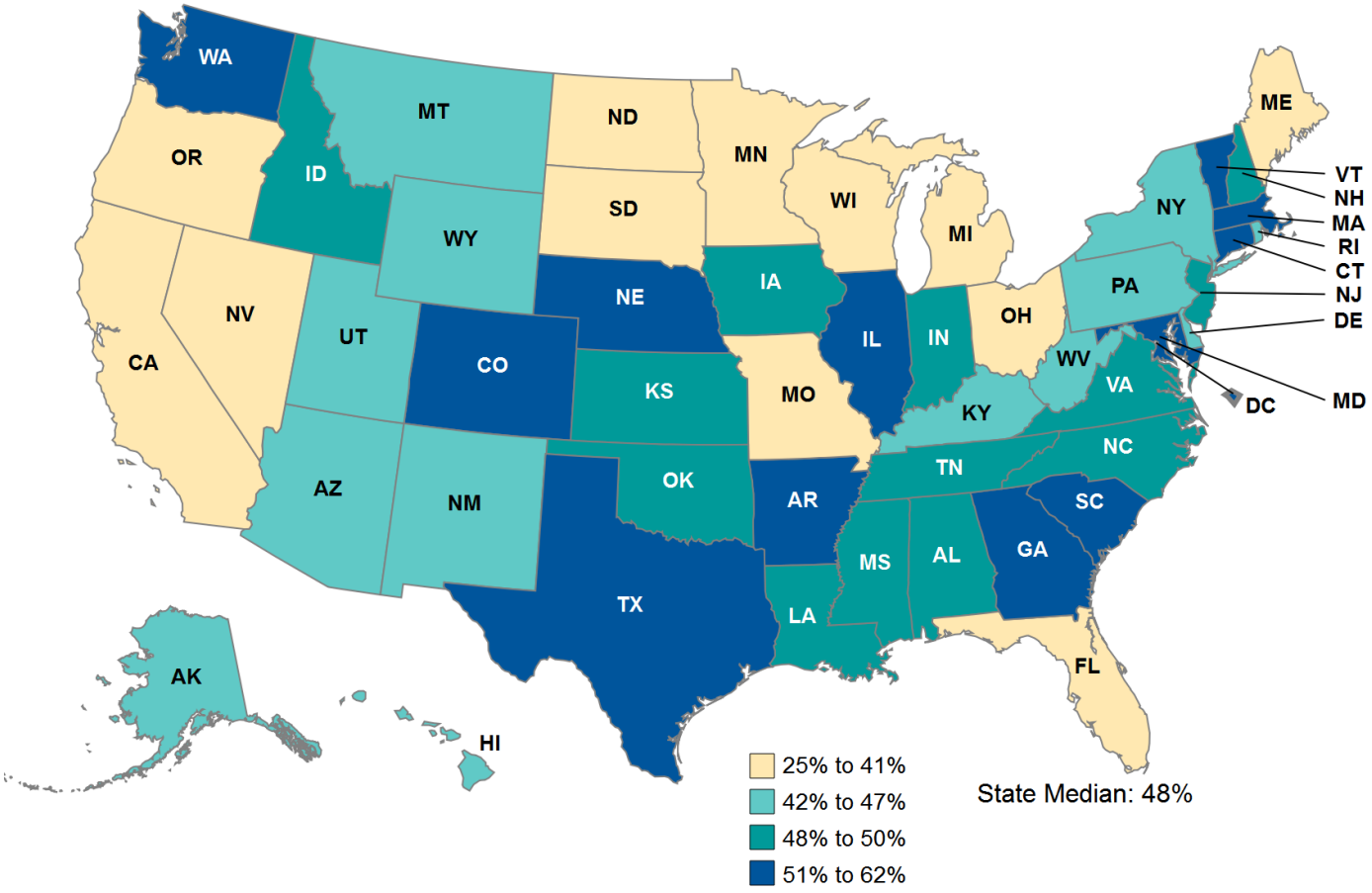
Source: Mathematica analysis of FFY 2014 Form CMS-416 reports as of September 29, 2015.

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

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Preventive Dental Services (continued)

Geographic Variation in the Percentage of Eligibles Who Received Preventive Dental Services, FFY 2014 (n = 51 states)



Source: Mathematica analysis of FFY 2014 Form CMS-416 reports as of September 29, 2015.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Dental Treatment Services

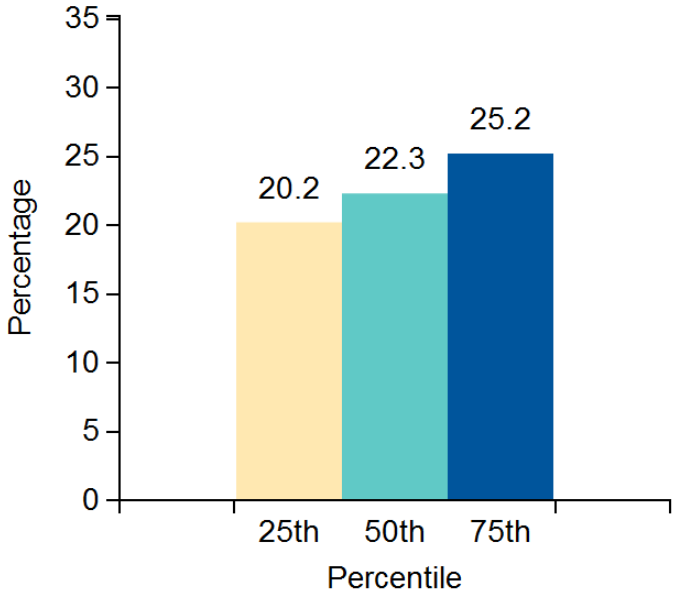
Tooth decay, or dental caries (cavities), is one of the most common chronic diseases of children. If left untreated, tooth decay can negatively affect a child's physical and social development and school performance. This measure assesses the percentage of children that received at least one dental treatment service.

A median of

22 percent

of children ages 1 to 20 had a dental treatment service (51 states)

Percentage of Eligibles Who Received Dental Treatment Services, FFY 2014 (n = 51 states)



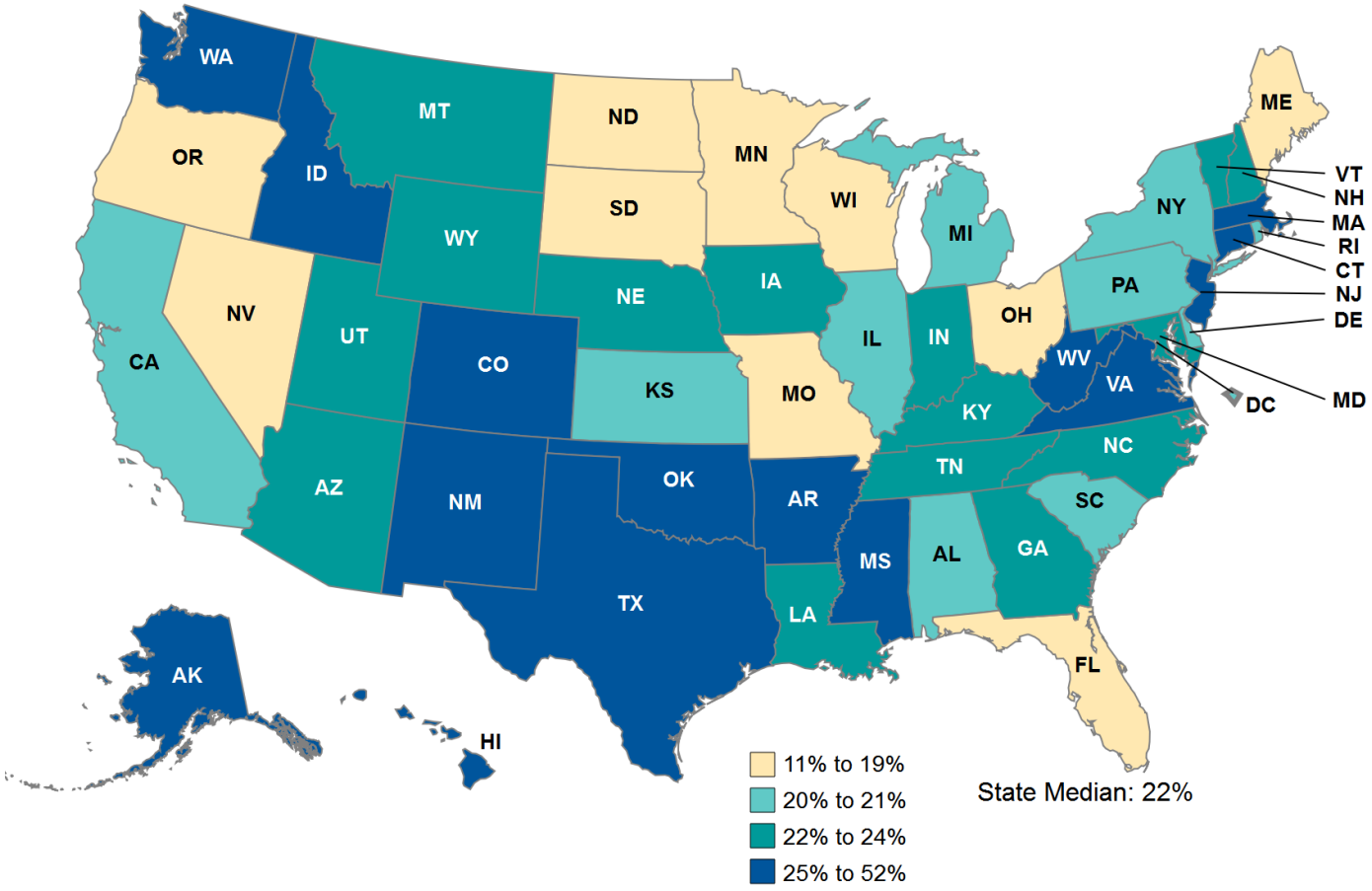
Source: Mathematica analysis of FFY 2014 Form CMS-416 reports as September 29, 2015.

Note: This measure identifies the percentage of children ages 1 to 20 eligible for Medicaid or CHIP Medicaid Expansion programs who were enrolled for at least 90 continuous days and received dental treatment services.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Dental Treatment Services (continued)

Geographic Variation in the Percentage of Eligibles Who Received Dental Treatment Services, FFY 2014 (n = 51 states)

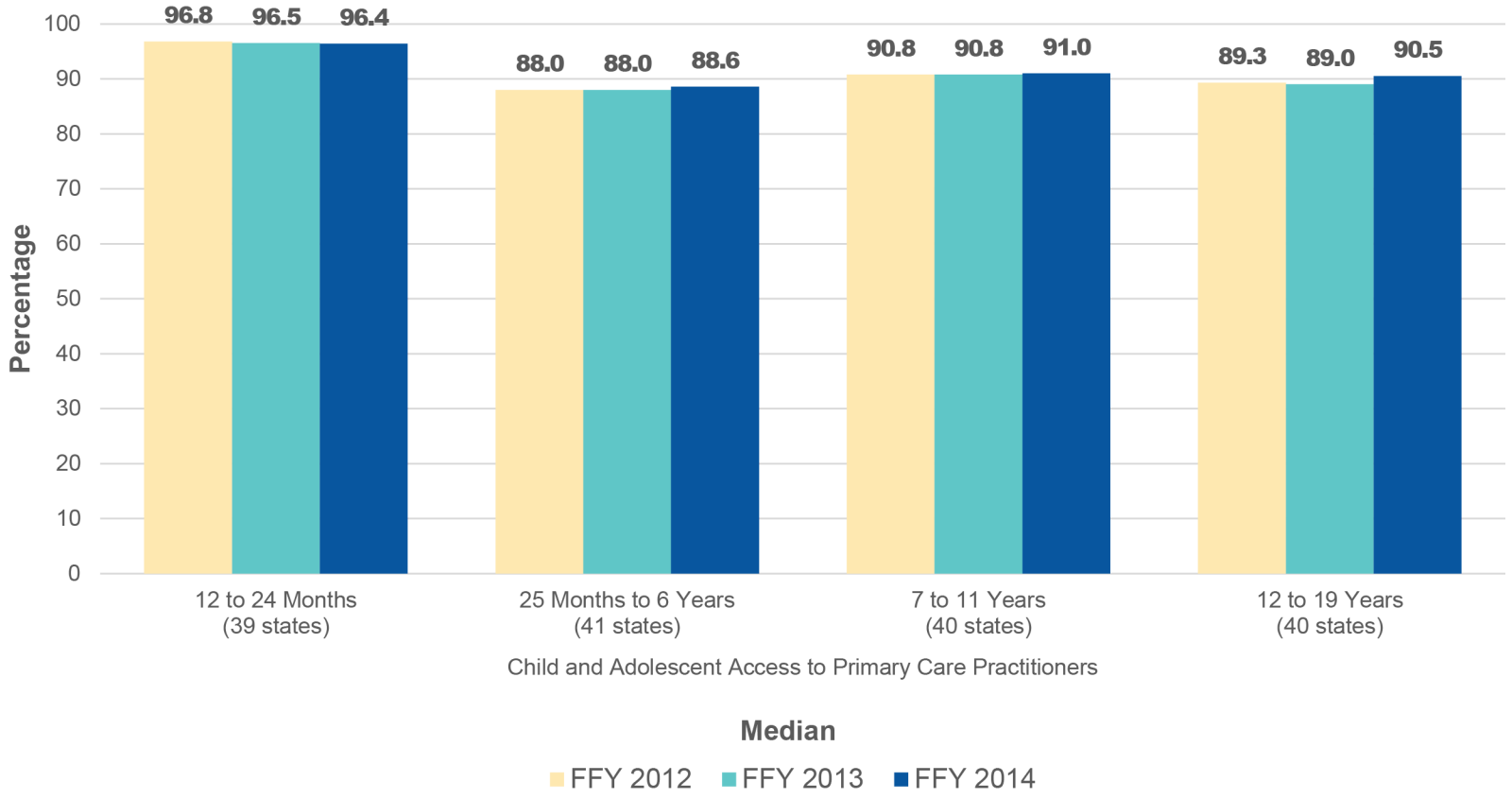


Source: Mathematica analysis of FFY 2014 Form CMS-416 reports as of September 29, 2015.

TRENDS IN STATE PERFORMANCE, FFY 2012–2014

Trends in State Performance: Primary Care Access and Preventive Care, FFY 2012–2014

States had consistently high performance rates on Access to Primary Care Practitioners (PCPs) across all three years. The rate for children ages 12 to 24 months (96 percent) was slightly higher than the rates for the other three age groups (89–91 percent).



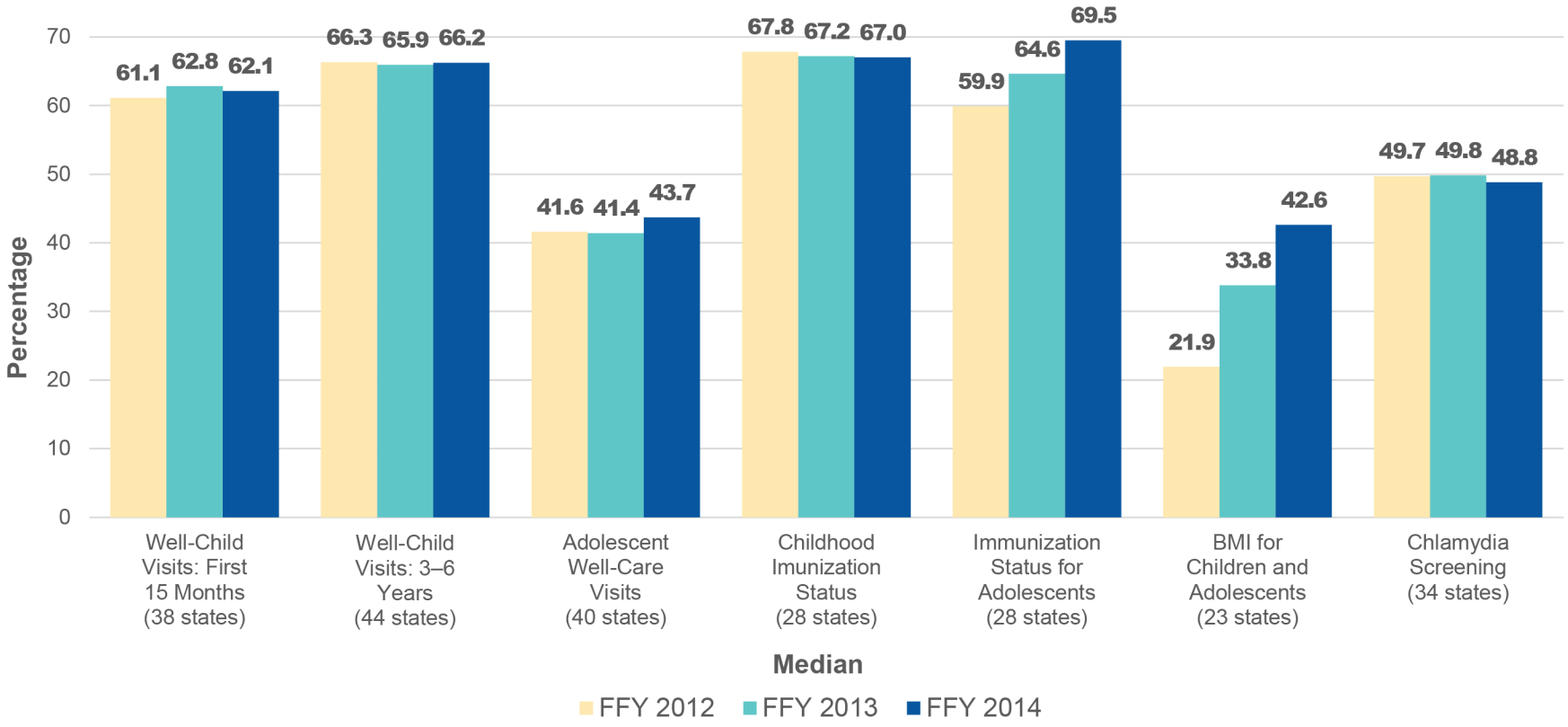
Source: Mathematica analysis of FFY 2012–2014 Child CARTS reports as of May 8, 2015.

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

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Trends in State Performance: Primary Care Access and Preventive Care, FFY 2012–2014 (continued)

Despite high rates of overall PCP access, children continued to receive fewer well-child visits than what is recommended by the American Academy of Pediatrics and Bright Futures. Rates of recommended preventive care increased for two measures over the three-year period: Adolescent Immunizations and BMI Assessments.



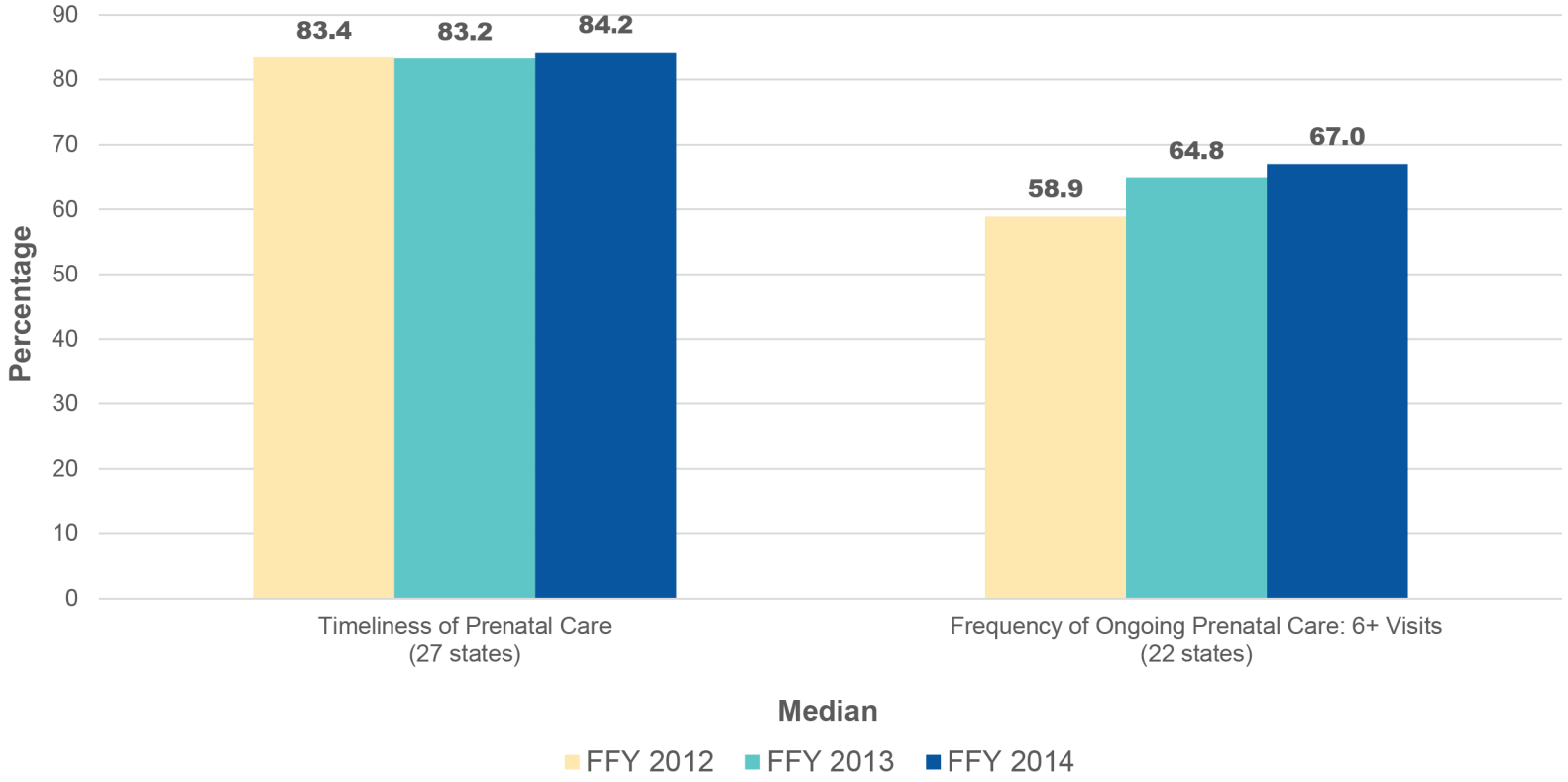
Source: Mathematica analysis of FFY 2012–2014 Child CARTS reports as of May 8, 2015.

Notes: This figure 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 rates were calculated using the rate for the larger measure-eligible population.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Trends in State Performance: Perinatal Care, FFY 2012–2014

The median rate for the Timeliness of Prenatal Care remained steady over the three-year period (at 83–84 percent), while the median rate for the Frequency of Ongoing Prenatal Care increased by more than 8 percentage points (from 59 percent to 67 percent).



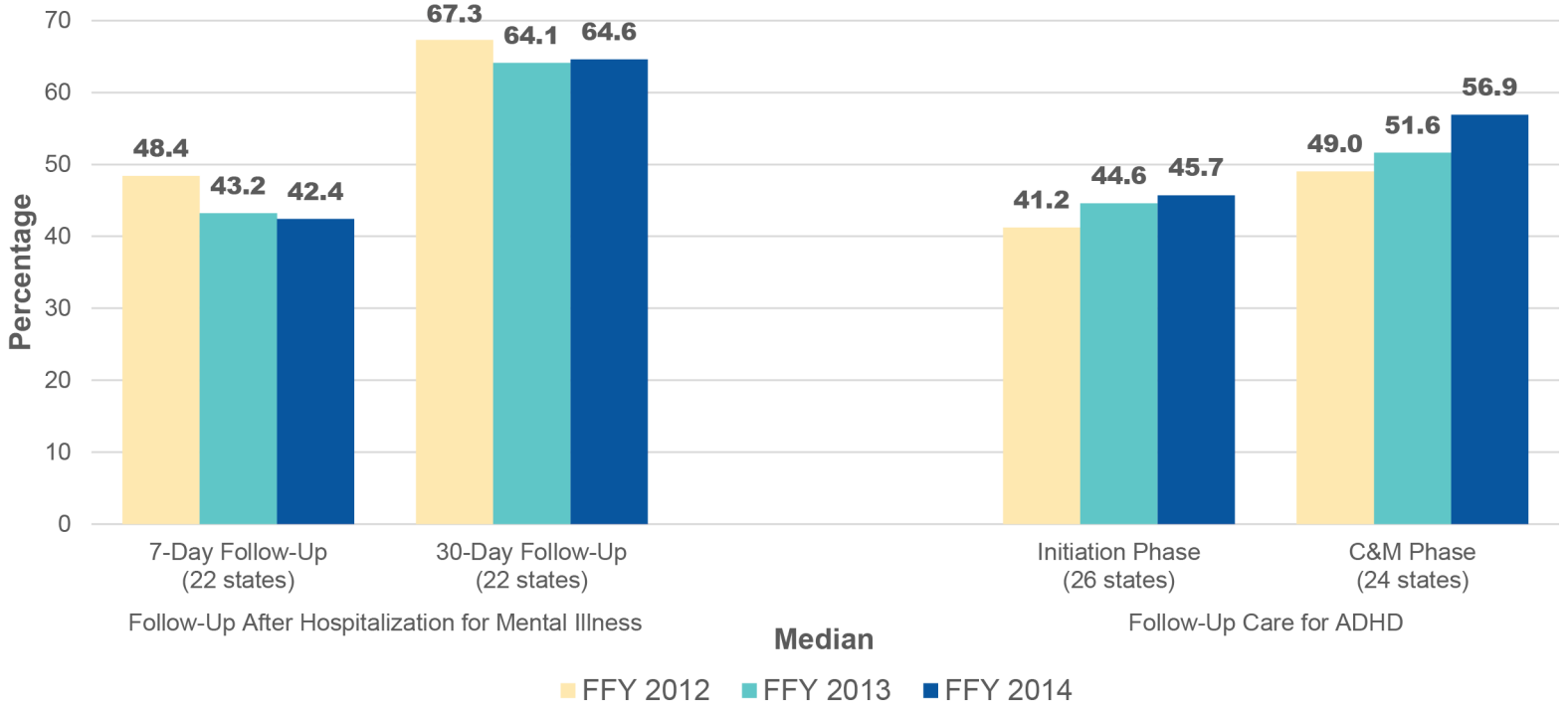
Source: Mathematica analysis of FFY 2012–2014 Child CARTS reports as of May 8, 2015.

Notes: This figure 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 rates were calculated using the rate for the larger measure-eligible population.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Trends in State Performance: Behavioral Health Care, FFY 2012–2014

Performance improved among the 26 states that reported the Follow-Up Care for ADHD measure for the past three years: the median Initiation Phase rate increased by 5 percentage points and the median Continuation & Maintenance (C&M) Phase rate increased by 8 percentage points. The median rates for the Follow-Up After Hospitalization for Mental Illness declined slightly over the three-year period, though these declines may be due in part to changes in the measure specifications.



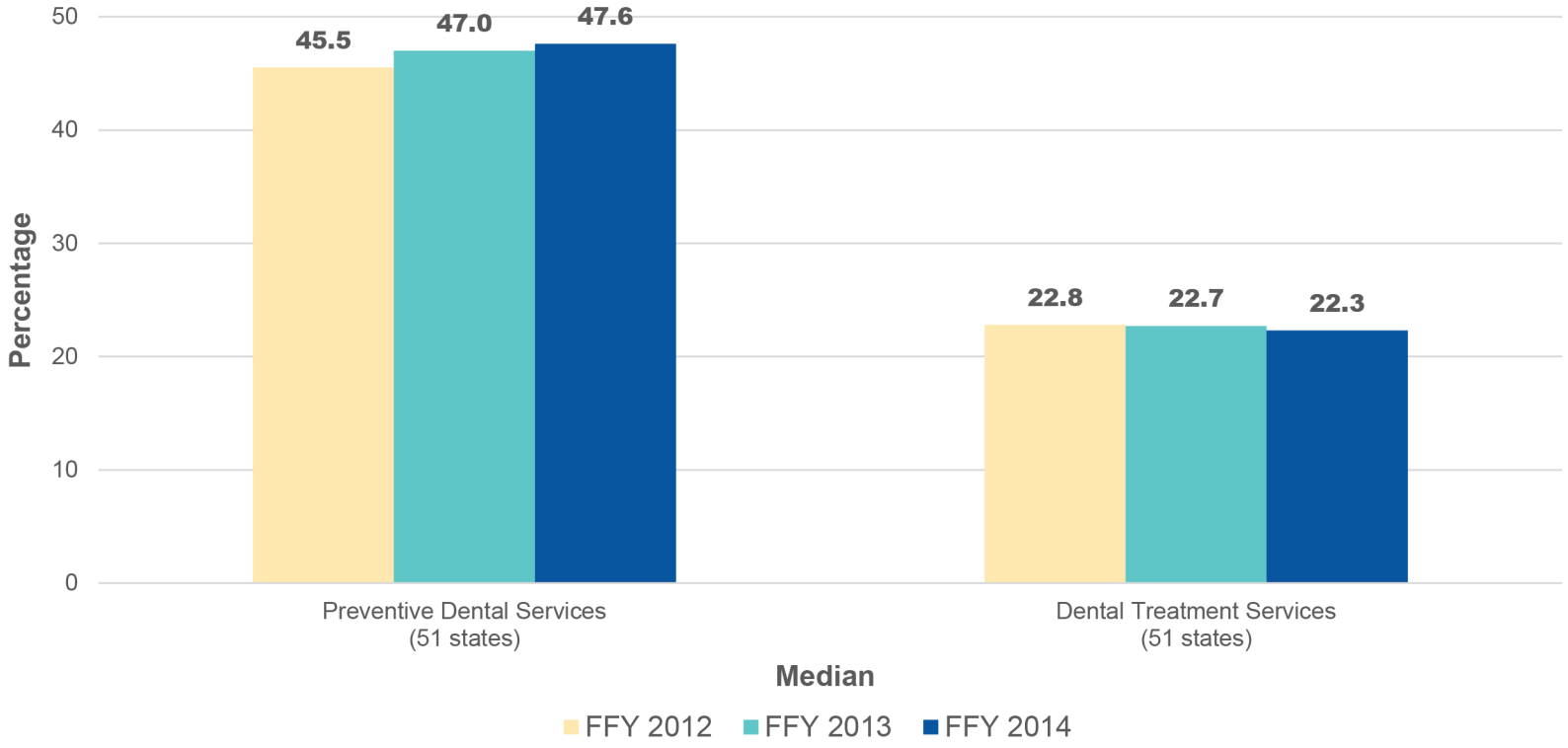
Source: Mathematica analysis of FFY 2012–2014 Child CARTS reports as of May 8, 2015.

Notes: This figure 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 rates were calculated using the rate for the larger measure-eligible population.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Trends in State Performance: Dental and Oral Health Services, FFY 2012–2014

Children's access to dental services in FFY 2014 was similar to patterns observed in previous years. A median of 48 percent of children ages 1 to 20 received a preventive dental service in FFY 2014, an increase of 2 percentage points from FFY 2012. A median of 22 percent of children received a dental treatment service in FFY 2014, compared to a median of 23 percent in FFY 2013.



Source: Mathematica analysis of FFY 2012–2014 Form CMS-416 reports as of September 29, 2015.
Note: This figure includes the states that reported each measure for all three years.

REFERENCE TABLES AND ADDITIONAL RESOURCES

Overview of State Reporting of the Child Core Set Measures, FFY 2014

	Number of Measures Reported	State Reported at Least One Measure for Both Medicaid and CHIP Populations	Child and Adolescent Access to PCPs	Well-Child Visits in the First 15 Months of Life	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	Adolescent Well-Care Visits	Childhood Immunization Status	Immunizations for Adolescents	Human Papillomavirus Vaccine for Female Adolescents	Chlamydia Screening	BMI Assessment for Children and Adolescents	Timeliness of Prenatal Care	Frequency of Ongoing Prenatal Care	Percentage of Live Births Weighing Less than 2,500 Grams	Cesarean Rate for Nulliparous Singleton Vertex	Behavioral Health Risk Assessment For Pregnant Women	Follow-Up After Hospitalization for Mental Illness	Follow-Up Care for Children Prescribed ADHD Medication	Developmental Screening in the First Three Years of Life	Ambulatory Care: ED Visits	Medication Management for People with Asthma	Preventive Dental Services	Dental Treatment Services	CAHPS® Health Plan Survey
U.S. Total	16 (Median)	44	43	42	46	44	39	37	32	37	33	36	28	29	16	4	34	34	20	37	27	51	51	39
Alabama	21	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	X	X	X	X	X	X	X
Alaska	13	X	X	X	X	X	--	--	X	X	--	--	--	X	--	--	X	X	X	X	--	X	X	--
Arizona	3	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	X	X	X
Arkansas	14	X	X	X	X	X	--	--	X	X	--	--	--	X	X	--	X	X	--	X	X	X	X	--
California	12	X	X	--	X	--	X	X	--	--	X	X	--	--	--	--	X	--	--	X	X	X	X	X
Colorado	15	X	X	X	X	X	X	X	--	X	X	X	--	X	--	--	--	X	--	X	--	X	X	X
Connecticut	19	X	X	X	X	X	X	X	X	X	X	X	X	--	--	--	X	X	X	X	X	X	X	X
Delaware	22	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.	17	X	X	X	X	X	X	X	X	X	X	X	X	--	--	--	X	X	--	--	X	X	X	X
Florida	21	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	X	X	X	X	X	X	X
Georgia	22	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Hawaii	18	X	X	X	X	X	X	X	X	X	X	X	X	--	--	--	X	X	--	X	X	X	X	X
Idaho	13	X	X	X	X	X	X	X	X	--	--	--	--	--	--	--	--	--	--	X	X	X	X	X
Illinois	20	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	X	X	X	X	X	X	--
Indiana	21	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	X	X	X	X	X	X	X
Iowa	21	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	X	X	X	X	X	X	X
Kansas	8	X	--	--	X	X	--	--	--	--	--	X	X	--	--	--	X	--	--	--	--	X	X	X
Kentucky	19	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	X	X	--	X	X	X	X	X
Louisiana	18	X	X	X	X	X	X	X	--	X	X	X	X	X	X	--	X	X	--	X	--	X	X	X
Maine	12	X	X	X	X	X	--	--	--	X	--	--	--	--	--	--	X	X	X	X	--	X	X	X

Overview of State Reporting of the Child Core Set Measures, FFY 2014 (continued)

	Number of Measures Reported	State Reported at Least One Measure for Both Medicaid and CHIP Populations	Child and Adolescent Access to PCPs	Well-Child Visits in the First 15 Months of Life	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	Adolescent Well-Care Visits	Childhood Immunization Status	Immunizations for Adolescents	Human Papillomavirus Vaccine for Female Adolescents	Chlamydia Screening	BMI Assessment for Children and Adolescents	Timeliness of Prenatal Care	Frequency of Ongoing Prenatal Care	Percentage of Live Births Weighing Less than 2,500 Grams	Cesarean Rate for Nulliparous Singleton Vertex	Behavioral Health Risk Assessment For Pregnant Women	Follow-Up After Hospitalization for Mental Illness	Follow-Up Care for Children Prescribed ADHD Medication	Developmental Screening in the First Three Years of Life	Ambulatory Care: ED Visits	Medication Management for People with Asthma	Preventive Dental Services	Dental Treatment Services	CAHPS® Health Plan Survey
Maryland	14	X	X	X	X	X	X	X	--	X	X	X	X	--	--	--	--	--	--	X	--	X	X	X
Massachusetts	20	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	X	X	X	X	X	X	--
Michigan	17	--	X	X	X	X	X	X	X	X	X	X	--	X	X	--	--	X	--	X	--	X	X	X
Minnesota	5	X	X	X	X	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	X	X	--
Mississippi	18	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	X	X	--	--	X	X	X	X
Missouri	12	X	--	X	X	X	X	X	--	X	--	X	--	--	--	--	X	--	--	X	--	X	X	X
Montana	11	--	X	X	X	X	X	X	X	--	--	--	--	--	--	--	--	--	--	X	--	X	X	X
Nebraska	2	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	X	X	--
Nevada	10	X	X	X	X	X	X	--	--	--	--	--	--	X	--	--	X	--	--	--	--	X	X	X
New Hampshire	3	X	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	X	X	X
New Jersey	17	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	X
New York	21	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	X	X	X	X
North Carolina	14	X	X	--	X	X	X	X	X	X	X	--	--	X	--	--	--	--	X	X	--	X	X	X
North Dakota	8	--	X	--	X	X	--	X	--	--	--	--	--	--	--	--	X	X	--	--	--	X	X	--
Ohio	11	X	X	X	X	X	--	--	--	--	--	X	X	X	--	--	--	X	--	--	--	X	X	X
Oklahoma	20	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	X	X	X	X	X	X	X	X
Oregon	17	X	X	X	X	X	X	X	--	X	X	X	--	X	--	--	X	X	X	X	--	X	X	X
Pennsylvania	18	X	X	X	X	X	X	X	X	X	X	X	X	--	--	--	X	X	--	X	X	X	X	X
Rhode Island	19	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	X	X	--	X	X	X	X	X

Overview of State Reporting of the Child Core Set Measures, FFY 2014 (continued)

	Number of Measures Reported	State Reported at Least One Measure for Both Medicaid and CHIP Populations	Child and Adolescent Access to PCPs	Well-Child Visits in the First 15 Months of Life	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	Adolescent Well-Care Visits	Childhood Immunization Status	Immunizations for Adolescents	Human Papillomavirus Vaccine for Female Adolescents	Chlamydia Screening	BMI Assessment for Children and Adolescents	Timeliness of Prenatal Care	Frequency of Ongoing Prenatal Care	Percentage of Live Births Weighing Less than 2,500 Grams	Cesarean Rate for Nulliparous Singleton Vertex	Behavioral Health Risk Assessment For Pregnant Women	Follow-Up After Hospitalization for Mental Illness	Follow-Up Care for Children Prescribed ADHD Medication	Developmental Screening in the First Three Years of Life	Ambulatory Care: ED Visits	Medication Management for People with Asthma	Preventive Dental Services	Dental Treatment Services	CAHPS® Health Plan Survey
South Carolina	22	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	2	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	X	X	--
Tennessee	21	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	13	X	X	X	X	X	--	--	--	--	--	X	--	X	--	--	X	X	--	X	X	X	X	X
Virginia	10	X	--	X	X	X	X	--	--	--	--	X	--	X	--	--	--	--	X	--	--	X	X	X
Washington	16	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	--	--	X	--	X	X	--
West Virginia	21	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	X	X	X	X	X	X	X
Wisconsin	4	X	--	--	--	--	X	--	--	--	--	X	--	--	--	--	--	--	--	--	--	X	X	--
Wyoming	13	--	X	X	X	X	X	X	X	X	X	--	--	--	--	--	--	--	X	X	--	X	X	--

Sources: Mathematica analysis of FFY 2014 Child CARTS reports and Form CMS-416 reports.

Notes: The term "states" includes the 50 states and the District of Columbia. The 2014 Child Core Set includes 23 measures. This table excludes the Central Line-Associated Bloodstream Infection (CLABSI) measure. Beginning in FFY 2012, data for the CLABSI measure were obtained from the CDC's National Healthcare Safety Network.

BMI = Body Mass Index; CAHPS = Consumer Assessment of Healthcare Providers and Systems; ED = Emergency Department; PCP = Primary Care Practitioner.

Performance Rates on Frequently Reported Child Core Set Measures, FFY 2014

Measure	Measure Description	Number of States Reporting Using Core Set Specifications	Mean	Median	25th Percentile	75th Percentile
Primary Care Access and Preventive Care						
Access to Primary Care: 12–24 Months	Percentage with a PCP Visit in the Past Year	41	95.8	96.4	94.3	97.3
Access to Primary Care: 25 Months–6 Years	Percentage with a PCP Visit in the Past Year	43	87.1	88.6	84.3	91.6
Access to Primary Care: 7–11 Years	Percentage with a PCP Visit in the Past Two Years	42	88.9	91.2	86.1	94.0
Access to Primary Care: 12–19 Years	Percentage with a PCP Visit in the Past Two Years	42	88.0	90.6	85.7	92.1
Well-Child Visits: First 15 Months	Percentage with 6 or More Visits	40	61.7	62.1	56.2	68.7
Well-Child Visits: 3–6 Years	Percentage with 1 or More Visits	46	67.1	67.4	60.6	75.9
Well Care Visits: 12–21 Years	Percentage with 1 or More Visits	44	45.5	43.5	38.0	56.2
Childhood Immunization Status: 2 Years	Percentage Up-to-Date on Immunizations (Combination 3)[a]	35	62.1	66.9	56.7	75.1
Immunization Status for Adolescents: 13 Years	Percentage Up-to-Date on Immunizations (Combination 1)[b]	35	64.9	67.1	52.6	79.7
Human Papillomavirus Vaccine for Female Adolescents	Percentage Receiving Three Vaccine Doses Before Age 13	32	17.2	17.6	12.9	22.9
Chlamydia Screening: 16–20 Years	Percentage of Sexually Active Women Screened	37	48.8	48.3	43.5	56.4
Body Mass Index Assessment: 3–17 Years	Percentage with a BMI Percentile Documented	33	41.3	42.6	12.3	63.4
Perinatal Care						
Timeliness of Prenatal Care	Percentage with a Prenatal Visit in the First Trimester (or within 42 Days of Medicaid/CHIP Enrollment)	34	77.1	81.4	69.7	86.4
Frequency of Ongoing Prenatal Care	Percentage with More than 80 Percent of Expected Prenatal Visits	27	56.6	65.8	43.1	72.8
Live Births Weighing Less than 2,500 Grams	Percentage of Live Births Weighing Less Than 2,500 Grams	29	9.0	9.0	7.8	10.1
Care of Acute and Chronic Conditions						
Emergency Department Visits: 0–19 Years	Emergency Department Visits per 1,000 Enrollee-Months	37	55.1	45.7	40.1	52.2
Medication Management for People with Asthma: 5–11 Years	Percentage Dispensed Appropriate Medication and Remained on Medication for at Least 75 Percent of Treatment Period	26	32.6	30.3	23.4	39.0

Performance Rates on Frequently Reported Child Core Set Measures, FFY 2014 (continued)

Measure	Measure Description	Number of States Reporting Using Core Set Specifications	Mean	Median	25th Percentile	75th Percentile
Care of Acute and Chronic Conditions (continued)						
Medication Management for People with Asthma: 12–18 Years	Percentage Dispensed Appropriate Medication and Remained on Medication for at Least 75 Percent of Treatment Period	25	29.7	28.2	23.3	37.9
Medication Management for People with Asthma: 19–20 Years	Percentage Dispensed Appropriate Medication and Remained on Medication for at Least 75 Percent of Treatment Period	16	33.7	33.2	25.2	41.2
Medication Management for People with Asthma: 5–20 Years	Percentage Dispensed Appropriate Medication and Remained on Medication for at Least 75 Percent of Treatment Period	25	32.7	31.2	24.5	38.9
Behavioral Health Care						
Follow-Up After Hospitalization for Mental Illness: 6–20 Years	Percentage of Discharges with a Follow-Up Visit within 7 Days	34	44.8	43.9	32.0	62.9
Follow-Up After Hospitalization for Mental Illness: 6–20 Years	Percentage of Discharges with a Follow-Up Visit within 30 Days	34	64.2	65.2	51.9	78.3
Follow-Up Care for Children Prescribed ADHD Medication: 6–12 Years	Percentage with 1 Follow-Up Visit during the Initiation Phase	34	44.2	44.1	35.3	53.3
Follow-Up Care for Children Prescribed ADHD Medication: 6–12 Years	Percentage with at least 2 Follow-Up Visits during the Continuation and Maintenance Phase	31	53.9	56.5	45.3	63.1
Dental and Oral Health Services						
Preventive Dental Services: 1–20 Years	Percentage with At Least One Preventive Dental Service	51	45.6	47.6	42.5	50.6
Dental Treatment Services: 1–20 Years	Percentage with At Least One Dental Treatment Service	51	23.5	22.3	20.2	25.2

Sources: Mathematica analysis of FFY 2014 Child CARTS reports and Form CMS-416 reports.

Notes: This table includes data for states that used Child Core Set specifications to report the measures and excludes states that used other specifications and states that did not report the measures for FFY 2014. Additionally, rates were excluded if a state reported a denominator of less than 30. Means are calculated as the unweighted average of all state rates. In cases where a state reported separate rates for its Medicaid and CHIP populations, the rate for the program with the larger measure-eligible population was used.

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

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

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

Changes in Performance Rates on Frequently Reported Child Core Set Measures, FFY 2012–2014

Measure	Number of States Reporting Using Core Set Specifications	FFY 2012				FFY 2013				FFY 2014			
		Mean	Median	25th Percentile	75th Percentile	Mean	Median	25th Percentile	75th Percentile	Mean	Median	25th Percentile	75th Percentile
Primary Care Access and Preventive Care													
Access to Primary Care: 12–24 Months	39	96.1	96.8	94.9	97.8	95.8	96.5	94.8	97.5	95.7	96.4	94.3	97.3
Access to Primary Care: 25 Months–6 Years	41	87.4	88.0	85.0	90.8	87.3	88.0	85.0	91.1	87.0	88.6	83.7	91.3
Access to Primary Care: 7–11 Years	40	88.6	90.8	86.4	93.0	87.9	90.8	86.3	93.4	88.7	91.0	85.9	94.2
Access to Primary Care: 12–19 Years	40	87.5	89.3	85.8	91.5	87.1	89.0	85.6	91.2	87.8	90.5	85.7	92.3
Well-Child Visits: First 15 Months	38	60.6	61.1	55.3	67.7	61.3	62.8	56.9	67.1	61.5	62.1	56.3	68.6
Well-Child Visits: 3–6 Years	44	65.3	66.3	59.1	74.7	65.7	65.9	61.1	73.5	66.7	66.2	60.4	75.9
Well Care Visits: 12–21 Years	40	43.9	41.6	36.6	53.5	44.3	41.4	37.7	52.9	46.3	43.7	38.7	56.2
Childhood Immunization Status: 2 Years	28	64.8	67.8	60.9	76.4	64.3	67.2	58.4	76.3	62.7	67.0	59.7	76.2
Immunization Status for Adolescents: 13 Years	28	57.9	59.9	48.9	70.7	62.7	64.6	55.3	73.5	65.9	69.5	54.2	80.9
Chlamydia Screening: 16–20 Years	34	48.0	49.7	39.5	59.0	49.0	49.8	41.6	59.1	49.5	48.8	43.8	56.9
Body Mass Index Assessment: 3–17 Years	23	28.5	21.9	0.9	51.9	33.9	33.8	3.3	52.8	42.4	42.6	5.8	67.1

Changes in Performance Rates on Frequently Reported Child Core Set Measures, FFY 2012–2014 (continued)

Measure	Number of States Reporting Using Core Set Specifications	FFY 2012				FFY 2013				FFY 2014			
		Mean	Median	25th Percentile	75th Percentile	Mean	Median	25th Percentile	75th Percentile	Mean	Median	25th Percentile	75th Percentile
Perinatal Care													
Timeliness of Prenatal Care	27	79.1	83.4	71.7	88.7	79.5	83.2	71.8	87.8	79.4	84.2	74.4	86.4
Frequency of Ongoing Prenatal Care	22	59.9	58.9	50.9	72.9	59.3	64.8	49.2	71.6	60.4	67.0	52.0	73.7
Behavioral Health Care													
Follow-Up After Hospitalization for Mental Illness: 6–20 Years	22	48.8	48.4	40.1	60.6	47.6	43.2	33.7	63.5	44.8	42.4	32.0	63.2
Follow-Up After Hospitalization for Mental Illness: 6–20 Years	22	64.2	67.3	57.9	78.1	65.4	64.1	55.2	78.4	63.3	64.6	51.9	78.3
Follow-Up Care for Children Prescribed ADHD Medication: 6–12 Years	26	41.9	41.2	35.8	50.0	45.6	44.6	38.6	55.7	45.5	45.7	35.3	56.3
Follow-Up Care for Children Prescribed ADHD Medication: 6–12 Years	24	48.7	49.0	41.7	59.5	54.1	51.6	46.5	62.9	53.1	56.9	45.5	63.0
Dental and Oral Health Services													
Preventive Dental Services: 1–20 Years	51	44.1	45.5	38.4	50.5	45.4	47.0	40.8	51.4	45.6	47.6	42.5	50.6
Dental Treatment Services: 1–20 Years	51	23.7	22.8	19.6	26.0	24.1	22.7	19.6	26.9	23.5	22.3	20.2	25.2

Source: Mathematica analysis of FFY 2014 Child CARTS reports.

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

This table includes measures that were reported by 20 or more states using Child Core Set specifications for all three years (FFY 2012–2014). Means are calculated as the unweighted average of all state rates. When a state reported separate rates for its Medicaid and CHIP populations, the mean and median rates were calculated using the rate for the larger measure-eligible population.

Data from previous years may be updated based on new information received after publication of the Annual Secretary's Report.

Additional Resources

The 2015 Annual Report on the Quality of Care for Children in Medicaid and CHIP is available at https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2015-child-sec-rept.pdf.

Additional resources related to the Child Core Set are available at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html.
These resources include:

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

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

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures