

Quality of Care for Children and Adults in Medicaid and CHIP: Overview of Findings from the 2020 Child and Adult Core Sets

Introduction

Together, Medicaid and the Children’s Health Insurance Program (CHIP) cover more than 81 million children and adults.¹ The Centers for Medicare & Medicaid Services (CMS) seeks to provide access to high-quality care and improve health for individuals covered by these programs. The Child and Adult Core Sets promote these objectives 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, improving the quality and completeness of the data reported, and increasing the use of measures in Medicaid and CHIP quality improvement initiatives.² Core Set reporting is also important because the State Health System Performance pillar of the Medicaid and CHIP Scorecard uses Core Set data for most 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) 2020, including an overview of performance on measures reported by at least 25 states and that met CMS’s standards for data quality.^{3,4} For most measures, the reporting reflects services provided in calendar year 2019 before the COVID-19 public health emergency.

¹ March 2021 Medicaid and CHIP Enrollment Data Highlights are available at <https://www.medicare.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html>.

² Through its Quality Improvement Program, the Center for Medicaid and CHIP Services works with state Medicaid and CHIP agencies and their partners to use the Core Set measures to drive improvements in health care delivery and outcomes. More

Table 1 shows key metrics for FFY 2020 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 2018 to FFY 2020, provided that the measures had comparable specifications for all three years.

Table 1. FFY 2020 Child and Adult Core Set Reporting at a Glance

Core Set Reporting Metrics	Child Core Set	Adult Core Set
Number of measures in 2020 Core Set	24	33
Number of states voluntarily reporting at least one measure	52	50
Number of states reporting at least half the measures	48	43
Median number of measures reported by states	19	22
Number of states reporting more measures for FFY 2020 than for FFY 2019	20	23
Number of publicly reported measures	21	28

information is available at <https://www.medicare.gov/medicaid/quality-of-care/quality-improvement-initiatives/index.html>.

³ State Core Set reporting for FFY 2020 generally covers care provided to Medicaid and CHIP beneficiaries in calendar year 2019.

⁴ The term “states” includes the 50 states, the District of Columbia, and Puerto Rico.

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FFY 2020 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 2010.⁵ All states voluntarily reported at least one Child Core Set measure for FFY 2020, and 48 states reported at least half (12) of the measures. For FFY 2020, Child Core Set reporting includes Puerto Rico for the first time. The median number of measures reported was 19, up from 18 measures reported for FFY 2018 and down slightly from 20 measures reported for FFY 2019. In addition, 20 states reported more Child Core Set measures for FFY 2020 than for FFY 2019.

CMS has also worked with states to increase the number that report performance for both Medicaid and CHIP populations. For FFY 2020, 50 states included both Medicaid and CHIP beneficiaries in their reporting for at least one measure, an increase from 48 states for FFY 2019.

Each year, CMS releases Child Core Set data for measures that were reported by at least 25 states and that met CMS's standards for data quality. For FFY 2020, 21 of the 24 Child Core Set measures met CMS's threshold for public reporting of state-specific results.⁶ CMS is publicly reporting one new Child Core Set measure for the first time for FFY 2020:

- Metabolic Monitoring for Children and Adolescents on Antipsychotics

CMS is also publicly reporting two new rates for one Child Core Set measure for the first time for FFY 2020:

- The Counseling for Physical Activity and Counseling for Nutrition rates are being reported for the first time as separate components of the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents measure

⁵ CMS is required to update the Core Sets annually, which results in changes to the measures in the Core Sets. These updates could affect the number of measures publicly reported each year. More information about the updates to the 2020 Child and Adult Core Sets is available at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib111919.pdf>.

⁶ For more information on state-level reporting of the Child Core Set measures, see <https://www.medicaid.gov/medicaid/quality-of->

For FFY 2020, CMS is publicly reporting one Child Core Set measure for all states:

- Live Births Weighing Less Than 2,500 Grams⁷

Other Child Core Set measures frequently reported by states for FFY 2020 focused on primary care access and preventive care (receipt of well-care visits, immunizations, and chlamydia screening in women ages 16 to 20), emergency department use, preventive dental service use, and behavioral health care (follow-up after hospitalization for mental illness and after a new prescription for attention-deficit/hyperactivity disorder [ADHD] medication).

CMS analyzed state performance on the 21 publicly reported Child Core Set measures for FFY 2020. Median state performance was above 75 percent on measures of:

- Timeliness of prenatal care
- Receipt of recommended vaccinations among children by age 2 (measles, mumps, and rubella [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
- Three measures of behavioral health care: follow-up visit within 7 days after hospitalization for mental illness, follow-up visit within 30 days of a new prescription for ADHD medication, and blood glucose and cholesterol testing for children and adolescents on antipsychotics
- 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

[care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html](https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html).

⁷ 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) tool. States that did report the measure using Core Set specifications could also choose to use this tool.

FFY 2020 Adult Core Set Reporting

For FFY 2020, 50 states voluntarily reported at least one measure for the Adult Core Set, up from 46 states reporting at least one measure for FFY 2019. For FFY 2020, Adult Core Set reporting includes Idaho, Maine, North Dakota, and Puerto Rico for the first time. A total of 43 states reported at least half (16) of the measures for FFY 2020. The median number of Adult Core Set measures reported by states was 22, similar to 22.5 measures for FFY 2019 and an increase from 20 measures for FFY 2018. In addition, 23 states reported more Adult Core Set measures for FFY 2020 than for FFY 2019.

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's standards for data quality. For FFY 2020, CMS is publicly reporting state performance on 28 of the 33 Adult Core Set measures, up from 25 measures for FFY 2019.⁸ CMS is publicly reporting five Adult Core Set measure for the first time for FFY 2020:

- Concurrent Use of Opioids and Benzodiazepines: Age 18 and Older
- Contraceptive Care: All Women Ages 21 to 44
- Flu Vaccinations for Adults Ages 18 to 64
- Medical Assistance With Smoking and Tobacco Use Cessation
- National Core Indicators Survey

The most frequently reported measures for FFY 2020 focus on access to primary care and preventive care (chlamydia screening in women ages 21 to 24, breast cancer screening, and cervical cancer screening), behavioral health care (follow-up after hospitalization for mental illness, diabetes screening for people using antipsychotic medications, antidepressant medication

management, adherence for antipsychotic medications, 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), asthma management, and postpartum care visits.

CMS analyzed state performance on the 28 publicly reported Adult Core Set measures for FFY 2020. Median state performance was above 75 percent for:

- Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications
- Assessment of adult body mass index
- Current smokers and tobacco users who reported receiving advice to quit
- Self-reported outcomes for individuals with intellectual and developmental disabilities⁹

Median state performance was below 50 percent for:

- Receipt of the flu vaccination
- At least one indicator of care for six measures of behavioral health care:
 - Antidepressant medication management
 - Follow-up after emergency department visits for alcohol and other drug abuse or dependence
 - Follow-up after emergency department visits for mental illness
 - Follow-up after hospitalization for mental illness
 - Initiation of and engagement in alcohol and other drug dependence treatment
 - Medical assistance with smoking and tobacco use cessation

developmental disabilities and their families. For the purpose of the Adult Core Set, three rates from the NCI In-Person Survey are reported that focus on life decisions, everyday choices, and access to transportation.

⁸ For more information on state-level reporting of the Adult Core Set measures, see <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures/index.html>.

⁹ The National Core Indicators (NCI) Survey shows information on beneficiaries' experience and self-reported outcomes of long-term services and supports for individuals with intellectual and

Trends in State Performance, FFY 2018–FFY 2020

CMS analyzed trends in median state performance on 14 Child Core Set measures and 14 Adult Core Set measures that were publicly reported by a set of at least 20 states from FFY 2018 to FFY 2020 and that did not have substantial changes to their technical specifications over this time period.¹⁰ From FFY 2018 to FFY 2020, there were statistically significant improvements in state performance on several measures, suggesting progress in the quality of care provided to Medicaid and CHIP beneficiaries. These measures include:

- Three measures of primary care access and preventive care for children: receipt of six or more well-child visits in the first 15 months of life; receipt of one or more well-child visits in the third, fourth, fifth, and sixth years of life; and developmental screening in the first three years of life
- Two measures of adolescent health care: receipt of one or more well-care visits and receipt of recommended immunizations (HPV vaccination and meningococcal conjugate and Tdap vaccination)
- One measure of emergency department visit rates among children and adolescents¹¹
- Five measures of treatment for behavioral health conditions: (1) use of psychosocial care as first-line treatment for children and adolescents on antipsychotics; (2) antidepressant medication management for adults; (3) antipsychotic medication adherence for adults with schizophrenia; (4) diabetes screening for adults with schizophrenia or bipolar disorder who are using antipsychotic medications; and (5) indicators of initiation of treatment for alcohol, opioid, and other drug abuse or dependence and an indicator of engagement with treatment for opioid abuse or dependence.
- One measure of potentially preventable inpatient admissions for chronic obstructive pulmonary disease or asthma among adults ages 40 and older¹¹

¹⁰ 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 2018 to FFY 2020 is available at

<https://www.medicaid.gov/medicaid/quality-of-care/downloads/methods-brief-ffy-2020.pdf>.

There were also statistically significant improvements in state performance on most indicators of access to contraceptive care for women ages 15 to 20 and 21 to 44 in the 3- and 60-days postpartum period. This includes overall access to most or moderately effective methods of contraception as well as access to long-acting reversible methods of contraception (LARC), such as intrauterine devices and birth control implants. State performance declined by a small but significant amount on LARC access among women ages 21 to 44 in the 60-day postpartum period and among all women ages 15 to 20. These measures are included in both the Child and Adult Core Sets.

State performance declined by a small but significant amount on measures of potentially preventable inpatient admissions for heart failure and for short-term diabetes complications.¹¹

CMS limits trend analysis to a consistent set of states and measures with stable specifications to reduce variation unrelated to changes in state performance. Nevertheless, trends over time could 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 appreciates states' efforts to report Core Set measures for the FFY 2020 reporting cycle. The FFY 2020 Core Set generally covers health care services provided in calendar year 2019, before the COVID-19 public health emergency. Some states, however, noted they had challenges with data collection and measure calculation during the FFY 2020 reporting period due to the public health emergency. CMS worked closely with states to support Core Set reporting during the public health emergency, but the full impact on FFY 2020 Core Set reporting is unknown.¹²

¹¹ Lower rates are better for measures of emergency department visit rates and inpatient admission rates.

¹² CMS aligned with measure stewards to allow states to use data from the FFY 2019 reporting period, when reporting measures that relied on in-person medical record review. FFY 2020 Core Set resources that include state-specific information identify Core Set measures that states reported using prior-year data.

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.^{13,14} In particular, CMS is 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 the second year, 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) chose to use the CMS-calculated rate. This measure is now publicly reported for all states. In addition, for the first time for FFY 2020, some states chose to have CMS produce their Form CMS-416 reports using Transformed Medicaid Statistical Information System (T-MSIS) data. The Form CMS-416 is the data source for the Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH) measure.

CMS is continuing to explore opportunities to reduce burden on states and streamline state reporting of the Child and Adult Core Set measures. CMS also continues 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>.

¹³ 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>.

¹⁴ 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>.