

Table W34-CH. Percentage of Children Receiving at Least One Well-Child Visit in the Third, Fourth, Fifth, and Sixth Years of Life, as Submitted by States for the FFY 2018 Child Core Set Report (n = 48 states)

State	Population	Methodology	Denominator	Rate
State Mean				68.6
State Median				69.3
Alabama	Medicaid only	Administrative	97,409	63.8
Alabama	CHIP only	Administrative	11,834	62.2
Alaska	Medicaid & CHIP	Administrative	19,546	45.2
Arizona	Medicaid only	Administrative	132,502	60.7
Arkansas	Medicaid & CHIP	Administrative	78,627	57.7
California	Medicaid & CHIP	Hybrid	29,685	75.4
Connecticut	Medicaid & CHIP	Hybrid	207	88.9
Delaware	Medicaid & CHIP	Hybrid	411	77.4
Dist. of Col.	Medicaid & CHIP	Administrative	18,517	72.5
Florida	Medicaid & CHIP	Administrative & Hybrid	433,469	77.6
Georgia	Medicaid & CHIP	Administrative	236,531	64.3
Hawaii	Medicaid & CHIP	Administrative & Hybrid	28,749	74.9
Illinois	Medicaid & CHIP	Administrative	278,837	71.1
Indiana	Medicaid & CHIP	Administrative & Hybrid	109,546	73.9
Iowa	Medicaid only	Administrative	47,835	65.0
Iowa	CHIP only	Administrative	6,683	66.2
Kansas	Medicaid & CHIP	Administrative & Hybrid	49,953	71.0
Kentucky	Medicaid & CHIP	Hybrid	1,965	66.7
Louisiana	Medicaid & CHIP	Hybrid	1,992	68.1
Maine	Medicaid & CHIP	Administrative	20,242	68.9
Maryland	Medicaid & CHIP	Hybrid	2,530	79.0
Massachusetts	Medicaid & CHIP	Hybrid	46,467	83.3
Michigan	Medicaid only	Hybrid	3,963	75.2
Minnesota	Medicaid & CHIP	Administrative	93,605	59.2
Mississippi	Medicaid only	Hybrid	18,758	58.1
Mississippi	CHIP only	Hybrid	411	63.3
Missouri	Medicaid & CHIP	Hybrid	2,550	65.7
Montana	CHIP only	Administrative	4,182	64.5
Nebraska	Medicaid & CHIP	Administrative	31,507	59.7
Nevada	Medicaid only	Hybrid	822	71.6
Nevada	CHIP only	Hybrid	822	75.4
New Hampshire	Medicaid & CHIP	Hybrid	699	76.4
New Jersey	Medicaid & CHIP	Administrative & Hybrid	135,630	79.6
New Mexico	Medicaid only	Administrative & Hybrid	58,437	61.0
New York	Medicaid & CHIP	Administrative	376,440	85.1
North Carolina	Medicaid only	Administrative	244,975	69.7
North Carolina	CHIP only	Administrative	6,483	63.1
Ohio	Medicaid & CHIP	Hybrid	1,937	69.8
Oklahoma	Medicaid & CHIP	Administrative	106,827	57.1
Oregon	Medicaid & CHIP	Administrative	57,358	65.8
Pennsylvania	Medicaid & CHIP	Administrative & Hybrid	210,937	78.4
Rhode Island	Medicaid & CHIP	Hybrid	699	80.1
South Carolina	Medicaid & CHIP	Administrative	115,979	58.2
South Dakota	Medicaid & CHIP	Administrative	16,561	45.7
Tennessee	Medicaid only	Hybrid	3,762	72.6
Tennessee	CHIP only	Hybrid	371	59.6
Texas	Medicaid only	Administrative & Hybrid	511,521	79.4
Texas	CHIP only	Hybrid	7,926	78.7
Utah	Medicaid only	Administrative & Hybrid	24,415	63.1
Utah	CHIP only	Administrative & Hybrid	2,940	68.3
Vermont	Medicaid & CHIP	Administrative	12,729	76.7
Virginia	Medicaid & CHIP	Hybrid	NR	78.8

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State	Population	Methodology	Denominator	Rate
Washington	Medicaid & CHIP	Hybrid	1,860	66.7
West Virginia	Medicaid only	Administrative	37,883	47.6
West Virginia	CHIP only	Administrative	2,036	87.0
Wisconsin	Medicaid & CHIP	Administrative & Hybrid	NR	66.0
Wyoming	Medicaid only	Administrative	6,679	53.6

Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle. 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>.

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 during the measurement year.

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

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.

Unless otherwise specified, states used Child Core Set specifications, based on National Committee for Quality Assurance 2018 specifications. The following states used National Committee for Quality Assurance 2017 specifications: NV and OR.

Unless otherwise specified, the measurement period for this measure was January 1, 2017 to December 31, 2017. AZ reported data for FFY 2016.

The Child Core Set specifications include guidance for calculating this measure using the administrative method or the hybrid method. The hybrid method uses a combination of administrative and medical records data to identify services included in the numerator or to determine exclusions from the denominator based on diagnoses or other criteria. Unless otherwise specified, administrative data sources are the state's MMIS and/or data submitted by managed care plans; medical record data sources are paper and/or electronic health records.

Denominators are assumed to be the measure-eligible population for states using the administrative method; states using the hybrid method often reported the sample size for the medical chart review rather than the measure-eligible population. Some states reported exclusions from the denominator, as noted in the state-specific comments below.

ADHD = Attention-Deficit/Hyperactivity Disorder; CCO = Coordinated Care Organization; CHIP = Children's Health Insurance Program; CMS = Centers for Medicare & Medicaid Services; CPT = Current Procedural Terminology; CY = Calendar Year; ED = Emergency Department; EPSDT = Early and Periodic Screening, Diagnostic, and Treatment; EQRO = External Quality Review Organization; FFS = Fee for Service; FFY = Federal Fiscal Year; HEDIS = Healthcare Effectiveness Data and Information Set; HMO = Health Maintenance Organization; ICD = International Classification of Diseases; LOINC = Logical Observation Identifiers Names and Codes; MACPro = Medicaid and CHIP Program System; MCO = Managed Care Organization; MMIS = Medicaid Management Information System; NCQA = National Committee for Quality Assurance; NR = Not Reported; PCCM = Primary Care Case Management; PCP = Primary Care Practitioner.

State-Specific Comments:

AL: Medicaid rate includes FFS and PCCM populations.

AL: CHIP rate includes separate CHIP population. Rate excludes children enrolled in Medicaid-expansion CHIP; these children are included in the state's Medicaid rate.

AK: Rate includes FFS population.

AZ: Rate includes managed care population (7 MCOs), representing 92 percent of the population. Rate excludes FFS population, seriously mentally ill population, Children's Rehabilitative Services (CRS) population, and state long-term care elderly, physically, or developmentally disabled population, representing 8 percent of the population. Rate includes services provided by regional health centers, integrated clinics, and clinics. State conducted an internal validation of the data.

AR: Rate includes FFS and PCCM populations. Rate was audited by the state's data contractor.

CA: Rate includes managed care population (26 MCOs) continuously enrolled in the same health plan the entire continuous enrollment period, representing 86 percent of the population. Rate excludes FFS population and managed care enrollees who were not in the same MCO for the entire continuous enrollment period, representing 14 percent of the population. Denominator is the sample size; measure-eligible population is

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	839,218. Administrative data sources are MCO data systems and immunization registry. MCO rates were audited by certified HEDIS auditors.
CT:	Rate includes FFS population. Denominator is the sample size; measure-eligible population is 58,022. Rate was audited by a certified HEDIS auditor.
DE:	Rate includes managed care population (1 MCO), representing 86 percent of the population. Rate excludes FFS population and enrollees in one MCO, representing 14 percent of the population. Denominator is the sample size; measure-eligible population is 12,786.
DC:	Rate includes FFS and managed care populations (3 MCOs), representing 74 percent of the population. Rate excludes one MCO, representing 26 percent of the population. Rate was audited in internal validation.
FL:	Rate includes FFS, PCCM, and managed care populations (21 MCOs). Rate was derived using both administrative and hybrid method data. Rates for the FFS population and three MCOs were calculated using the administrative method, while rates for 18 MCOs were calculated using the hybrid method. Denominator is the measure-eligible population. MCO rates were audited by a certified HEDIS auditor.
GA:	Rate includes FFS and managed care populations (4 MCOs). Rate was validated by the state's EQRO.
HI:	Rate includes managed care population (5 MCOs). Rate was derived using both administrative and hybrid method data. One MCO used the administrative method and four MCOs used the hybrid method. Denominator is the measure-eligible population. Rate was validated by the state's EQRO.
IL:	Rate includes FFS, PCCM, and managed care populations (13 MCOs). Rate was validated by the state's EQRO.
IN:	Rate includes managed care population (3 MCOs), representing more than 90 percent of the population. Rate excludes FFS population, representing less than 10 percent of the population. Rate was derived using both hybrid and administrative data. One MCO used the administrative method and two MCOs used the hybrid method. Denominator is the measure-eligible population. MCO rates were audited by certified HEDIS auditors.
IA:	Medicaid rate includes FFS and managed care populations (3 MCOs). State did not use provider specialty to identify visits because the field was not complete in state data.
IA:	CHIP rate includes managed care population (3 MCOs). State did not use provider specialty to identify visits because the field was not complete in state data.
KS:	Rate includes managed care population (3 MCOs). Rate was derived using both administrative and hybrid method data. One MCO used the administrative method and two MCOs used the hybrid method. Denominator is the measure-eligible population. Rate was validated by the state's EQRO.
KY:	Rate includes managed care population (5 MCOs), representing 95 percent of the population. Rate excludes FFS population, representing 5 percent of the population. Denominator is the sample size; measure-eligible population is 10,633. Rate was validated by certified HEDIS auditors.
LA:	Rate includes managed care population (5 MCOs), representing 95 percent of the population. Rate excludes FFS population, representing 5 percent of the population. Denominator is the sample size; measure-eligible population is 146,295. Rate was calculated using HEDIS-certified code and the state conducted an internal validation of the data.
ME:	Rate includes FFS population.
MD:	Rate includes managed care population (7 MCOs), representing 94 percent of the population. Rate excludes FFS population and enrollees in one MCO, representing 6 percent of the population. Denominator is the sample size; measure-eligible population is 104,776. Rate was audited by certified HEDIS auditors.
MA:	Rate includes PCCM and managed care populations (5 MCOs), representing 74 percent of the population. Rate excludes FFS population, representing 26 percent of the Medicaid population and 18 percent of the CHIP population, but the majority of these children would not have been measure-eligible, including children who have other primary insurance, children with limited Medicaid benefits, children in premium assistance programs, new enrollees who have not yet enrolled in an MCO, and children in state custody. Denominator is the sample size; measure-eligible population is 90,393.
MI:	Rate includes managed care population (11 MCOs), representing 80 percent of the population. Rate excludes FFS population, representing 20 percent of the population. Denominator is the sample size; measure-eligible population is 140,491. MCO rates were validated by the state's EQRO.
MN:	Rate includes FFS and managed care populations (8 MCOs). Rate includes paid claims only. Rate was audited by a certified HEDIS auditor.
MS:	Medicaid rate includes managed care population (2 MCOs), representing 64 percent of the population. Rate excludes FFS population, representing 36 percent of the population. Denominator is the sample size; measure-eligible population is 62,953.

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MS:	CHIP rate includes managed care population (1 MCO), representing 50 percent of the population. Denominator is the sample size; measure-eligible population is 3,830.
MO:	Rate includes managed care population (3 MCOs), representing 72 percent of the Medicaid population and 49 percent of the CHIP population. Rate excludes FFS population as well as enrollees who did not meet continuous enrollment requirements for an MCO, representing 28 percent of the Medicaid population and 51 percent of the CHIP population. Denominator is the sample size; measure-eligible population is 32,344. MCO rates were audited by a HEDIS certified vendor.
MT:	Rate includes FFS population. Rate excludes services provided by Federally Qualified Health Centers and Rural Health Clinics because claims for these services are processed separately.
NE:	Rate includes FFS and managed care populations (3 MCOs).
NV:	Medicaid rate includes managed care population (3 MCOs). Rate excludes FFS population. Denominator is the sample size; measure-eligible population is 41,274.
NV:	CHIP rate includes managed care population (3 MCOs). Rate excludes FFS population. Denominator is the sample size; measure-eligible population is 2,845.
NH:	Rate includes managed care population (2 MCOs), representing 88 percent of the population. Rate excludes FFS population, representing 12 percent of the population. Denominator is the sample size; measure-eligible population is 15,305. MCO rates were audited by certified HEDIS auditors.
NJ:	Rate includes managed care population (5 MCOs), representing 93 percent of the population. Rate excludes FFS population, representing 7 percent of the population. Rate was derived using both administrative and hybrid method data. One MCO used the administrative method and four MCOs used the hybrid method. Denominator is the measure-eligible population.
NM:	Rate includes managed care population (4 MCOs). Rate was derived using both administrative and hybrid method data. Two MCOs used the administrative method and two MCOs used the hybrid method. Denominator is the measure-eligible population. MCO rates were audited by certified HEDIS auditors.
NY:	Rate includes managed care population (19 MCOs), representing more than 90 percent of the population. Rate excludes FFS population, representing less than 10 percent of the population. State conducted an internal validation of the data.
NC:	Medicaid rate includes FFS and PCCM populations. Rate was validated by an NCQA-certified vendor.
NC:	CHIP rate includes FFS and PCCM populations. Rate was validated by an NCQA-certified vendor.
OH:	Rate includes managed care population (5 MCOs), representing 93 percent of the population. Rate excludes FFS population, representing 7 percent of the population. Denominator is the sample size; measure-eligible population is 207,242.
OK:	Rate includes FFS and PCCM populations. Rate excludes enrollees in home- and community-based services waivers.
OR:	Rate includes managed care population (16 CCOs), representing 88 percent of the population. Rate excludes FFS population, representing 12 percent of the population.
PA:	Rate includes managed care population (19 MCOs). Rate was derived using both administrative and hybrid method data. Three MCOs used the administrative method and sixteen MCOs used the hybrid method. Denominator is the measure-eligible population. Data were submitted by MCOs and compiled by the state's EQRO.
RI:	Rate includes managed care population (2 MCOs), representing 85 percent of the population. Rate excludes FFS population, representing 15 percent of the population. Denominator is the sample size; measure-eligible population is 21,083.
SC:	Rate includes managed care population (5 MCOs).
SD:	Rate includes FFS population. Rate excludes services provided by Indian Health Service and may not capture all services reimbursed on a per diem basis, such as those provided by Rural Health Clinics and Federally Qualified Health Centers.
TN:	Medicaid rate includes managed care population (4 MCOs). Denominator is the sample size; measure-eligible population is 161,914. Rate was validated by the state's EQRO.
TN:	CHIP rate includes the CHIP Health Plan Administrators and Medical Benefits Managers population. Denominator is the sample size; measure-eligible population is 7,972. Rate was validated by the state's EQRO.
TX:	Medicaid rate includes FFS and managed care populations (29 MCOs). Rate was derived using both administrative and hybrid method data. The rates for the state's FFS population and one MCO were calculated using the administrative method. Twenty-eight MCOs used the hybrid method. Denominator is the measure-eligible population. Rate was validated by the state's EQRO.

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TX:	CHIP rate includes managed care population (17 MCOs). Denominator is the sample size; measure-eligible population is 50,524. Rate was validated by the state's EQRO.
UT:	Medicaid rate includes managed care population (4 MCOs), representing 85 percent of the population. Rate excludes FFS population, representing 15 percent of the population. Rate was derived using both administrative and hybrid method data. One MCO used the administrative method and three MCOs used the hybrid method. Denominator is the measure-eligible population. MCO rates were audited by certified HEDIS auditors.
UT:	CHIP rate includes managed care population (2 MCOs). Rate was derived using both administrative and hybrid method data. One MCO used the administrative method and one MCO used the hybrid method. Denominator is the measure-eligible population. MCO rates were audited by certified HEDIS auditors.
VT:	Rate includes statewide 1115 waiver population enrolled in a public non-risk prepaid inpatient health plan population, representing the total Medicaid population. Rate was validated by the state's EQRO.
VA:	Rate includes managed care population (6 MCOs). State obtained rate from the NCQA Quality Compass and denominator is not available.
WA:	Rate includes managed care population (5 MCOs), representing 97 percent of the population. Rate excludes FFS and PCCM population, representing 3 percent of the population. Rate also excludes managed care populations who met the continuous eligibility requirement for Medicaid or CHIP but who were not enrolled in a single plan during the continuous enrollment period. Denominator is the sample size; measure-eligible population is 149,920. Rate was audited by the state's EQRO.
WV:	Medicaid rate includes FFS and managed care populations (4 MCOs). Rate includes paid claims only.
WV:	CHIP rate includes FFS population.
WI:	Rate includes managed care population (18 MCOs), representing 80 percent of the population. Rate excludes FFS population, representing 20 percent of the population. Rate was derived using administrative and hybrid method data. Fifteen MCOs used the administrative method and three MCOs used the hybrid method. Measure-eligible population is not available.
WY:	Rate includes FFS population.