



# How Does Florida Perform on the Quality of Health Care for Children Enrolled in Medicaid and CHIP?

by *Tricia Brooks and Sarah Koslov*

Since 2011, the U. S. Department of Health and Human Services (HHS) has released an “Annual Report on the Quality of Care for Children in Medicaid and CHIP.”<sup>1</sup> The report includes data submitted by the states on the Child Core Set of Health Care Quality Measures<sup>2</sup> (child core set) and summarizes the results of the External Quality Review (EQR) of Medicaid Managed Care Plans from state EQR technical reports. This analytic brief presents a snapshot of the 2015 report’s findings on the child core set of measures reported by Florida for calendar year 2014.<sup>3</sup>

## What is the Child Core Set?

The child core set is an evolving set of quality measures for children that states voluntarily report or HHS extracts from public data sources. The core set is reviewed annually, and over time certain measures have been retired and new ones added. For a primer on the basics, background, and status of quality measurement and improvement in Medicaid and CHIP, see “[Measuring and Improving Health Care Quality for Children in Medicaid and CHIP: A Primer for Child Health Stakeholders](#).”

## Background

Over the past two decades, efforts to improve the quality of health care while curbing costs has been a growing focus in both private insurance and public coverage programs. Comprehensive quality initiatives are multi-faceted and intended to create an effective and efficient health system by assuring access to services, improving the quality of care, enhancing the patient experience, and reducing unnecessary costs. In recent years, two major federal legislative initiatives—the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) and the Affordable Care Act of 2010 (ACA)—have resulted in significant quality measurement and improvement activity at the federal level. Out of these efforts has emerged the National Quality Strategy, also called the triple aim: better care, smarter spending, and healthier people.

*Efforts to improve the quality of health care focus on better care, smarter spending, and healthier people.*

---

A concern for child advocates is that much of the effort in quality improvement is focused on bending the cost curve. Since children are generally healthy and the cost of covering them is low compared to other populations—children account for 50 percent of total Medicaid



enrollment but only 21 percent of Medicaid spending<sup>4</sup>—improving children’s access and quality may not be a top priority for states or health plans. If quality of children’s health care is not a public policy priority, we will miss out on opportunities to improve children’s health in ways that would have longer term paybacks in better health, enhanced performance in school, higher productivity as future workers, and lower long-term health care costs.<sup>5</sup> It is also important to note up front that while there is

*Florida consistently has been among the top states in the number of child core measures reported.*

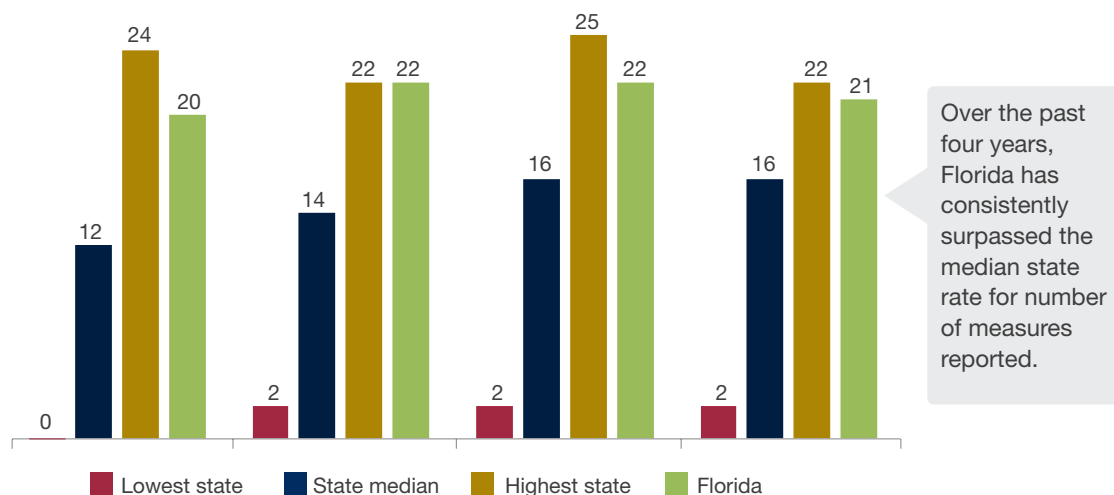
considerable opportunity to improve the quality of care children receive in Medicaid and CHIP, children enrolled in public programs fare as well if not better than children enrolled in private insurance, particularly when studies are focused on the low to moderate-income families that qualify for Medicaid or CHIP. Research indicates that low-income children often receive higher levels of preventive medical and dental care than low-income privately insured children, and have greater access to care and fewer unmet needs than low-income uninsured children.<sup>6, 7, 8, 9, 10</sup>

## How Does Florida Measure Up? Reporting the Measures

Nationally, the median number of child core set indicators reported by states has increased from 12 of the 25 measures in 2011 to 16 of the 22 measures in 2014.<sup>11</sup> Florida consistently has been among the top states with regard to the number of measures reported (see Figure 1). For 2014, Florida reported 21 of the 22 core measures.

On all measures, Florida reports combined data for Medicaid and CHIP.<sup>12</sup> While measuring and improving quality should be a top priority in administering both Medicaid and CHIP, aggregating the data does not allow for an assessment of differences in program performance, which is particularly important in a state like Florida where Medicaid and CHIP are administered by different agencies. However, if data are reported separately, quartile rankings are based on the Medicaid population, which is the larger measure-eligible population.

**Figure 1. Florida Reporting on Child Core Set Measures, 2011-2014**



Source: 2012-2015 Annual report on the Quality of Health Care for Children in Medicaid and CHIP.



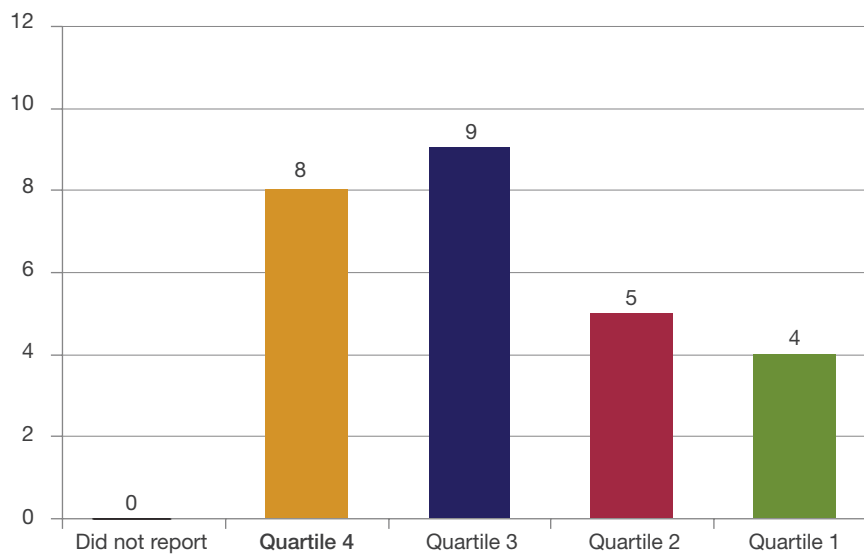
## Performance Summary

HHS releases state comparative data and ranks state performance if at least 25 states report a specific measure and several measures are broken down by age or other factors.<sup>13</sup> In total, data was published and state performance was ranked in quartiles for 26 measures and sub-measures for calendar year 2014.<sup>14</sup> Notably, the quartiles vary for each measure and sub-measure based on the specific range of data reported by the states.<sup>15</sup> Appendix Table 2 lists the total number of states reporting each measure and the range of data reported.

*Despite Florida's commitment to reporting, the state's performance ranking more often falls below the median among reporting states.*

Florida reported all 26 measures and sub-measures for which HHS released comparative data and ranked states by quartile.<sup>16</sup> Despite Florida's commitment to reporting, the state's performance ranking more often than not falls below the median among reporting states. Of the 26 measures and sub-measures, Florida ranks in the bottom two quartiles on 17 and the top two quartiles on 9 indicators (see Figure 2). Table 1 on page 4 lists Florida's performance grouped by quartile ranking.

**Figure 2. Florida Performance Ranking on 26 Child Core Set Measures and Sub-Measures in Medicaid/CHIP**  
Calendar Year 2014 Data Reported in FFY 2015



Source: HHS 2015 Annual report on the Quality of Health Care for Children in Medicaid and CHIP and domain-specific detailed reports.



**Table 1. Florida's Measures by Quartile Ranking**

Quartile Ranking	Measures
1 = Top/Highest	<ul style="list-style-type: none"> <li>• Asthma medication management ages 5-11 years</li> <li>• Asthma medication management ages 12-18 years</li> <li>• Asthma medication management ages 19-20 years</li> <li>• Asthma medication management combined ages 5-20 years</li> </ul>
2 = Next to Highest	<ul style="list-style-type: none"> <li>• Adolescents ages 12-21 years receiving at least one well-child visit</li> <li>• Children up to date on recommended immunizations by 2<sup>nd</sup> birthday</li> <li>• Females receiving 3 doses of HPV vaccine by 13<sup>th</sup> birthday</li> <li>• Sexually active women ages 16-20 years receiving at least one test for chlamydia</li> <li>• Follow-up visit after ADHD medication is prescribed within 30-day initiation period</li> </ul>
3 = Next to Lowest	<ul style="list-style-type: none"> <li>• Children receiving 6 or more well-child visits in first 15 months</li> <li>• Children and adolescents receiving at least one well-child visit in years 3-6 years</li> <li>• Children and adolescents up to date on recommended immunizations by 13<sup>th</sup> birthday</li> <li>• Body mass index assessment for children and adolescents ages 3-17 years</li> <li>• Pregnant women receiving more than 80% of expected number of prenatal care visits</li> <li>• Live births weighing &lt;2,500 grams (5.51 lbs.)</li> <li>• Follow-up visit after mental illness hospitalization within 7 days</li> <li>• Two follow-up visits after ADHD medication is prescribed during the 9-month continuation and maintenance phase</li> <li>• Emergency department visits per 1,000 enrollees ages 0-19 years</li> </ul>
4 = Bottom/Lowest	<ul style="list-style-type: none"> <li>• Children with a PCP visit in the past year ages 12-24 months</li> <li>• Children with a PCP visit in the past year ages 25 months-6 years</li> <li>• Children with a PCP visit in the past 2 years ages 7-11 years</li> <li>• Children with a PCP visit in past 2 years ages 12-19 years</li> <li>• Pregnant women with prenatal care visit in first trimester or within 42 days of Medicaid/CHIP enrollment</li> <li>• Follow-up visit after mental illness hospitalization within 30 days</li> <li>• Children ages 1-20 years enrolled for at least 90 continuous days and received at least one preventive dental service</li> <li>• Children ages 1-20 years enrolled for at least 90 continuous days and received at least one dental treatment service</li> </ul>



## Assessing Florida's Performance

In assessing any state's performance, it crucial to note that the quartile rankings are relative to other state performance. Ranking in the top quartile does not necessarily mean that there is little room for improvement. Looking at the range of data reported by states on a specific measure (see Appendix Table 2) is a better way to assess the potential for improvement. For example, the percentage of adolescents, ages 12-21, receiving at least one well-care visit ranges from a low of 18 percent in Wyoming to a high of 71.5 percent in Massachusetts with a median rate of 43.7 percent among reporting states. Florida's rate of 44.2 percent, just above the median, ranks in the 2<sup>nd</sup> quartile but there is clearly much room for improvement when the goal would be for 100 percent of adolescents to receive an annual well-child checkup.

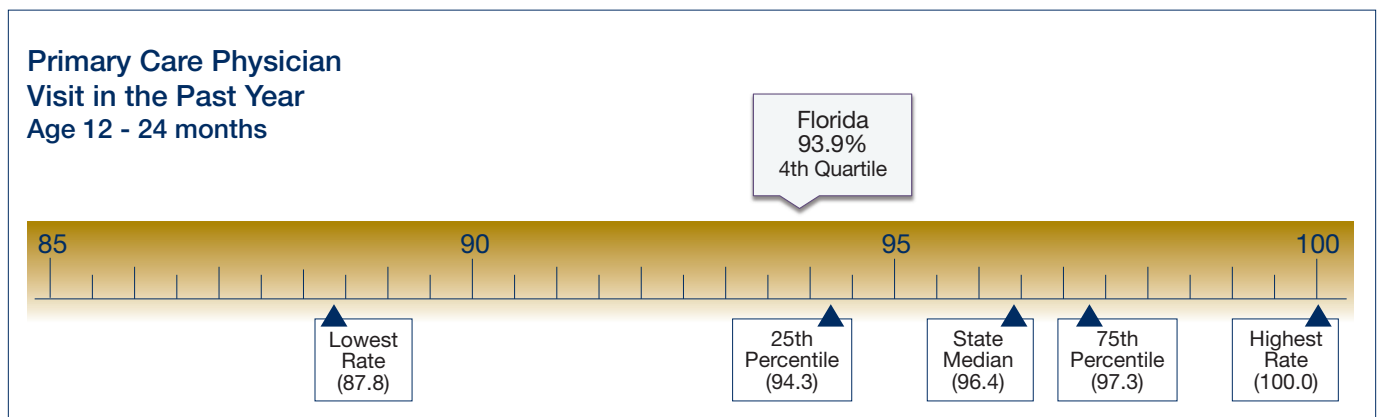
HHS presents the state-level performance data on the child core set and performance cluster maps in a series of five domain-specific detailed reports, which also

include findings from the adult core set.<sup>17</sup> It is important to note that the HHS reports round data to a full point and, in several instances, the groupings deviate from the quartiles. This analysis uses quartile ranking without rounding for all measures, and any difference in HHS groupings is identified in footnotes.<sup>18</sup> To better reflect how a state compares to other states on a measure, this report shows the median, the 25th/75th percentiles, the highest and lowest reported data among states, and individual state data in a visual format. The data and discussion on Florida's performance is grouped in the five domains reported by HHS: 1) preventive and primary care; 2) perinatal care; 3) behavioral health; 4) management of acute and chronic conditions; and 5) dental and oral health. In the narrative below, please note that 1st quartile refers to the top/highest performing states while the 4th quartile reflects the bottom/lowest performing states.

### ► Preventive and Primary Care

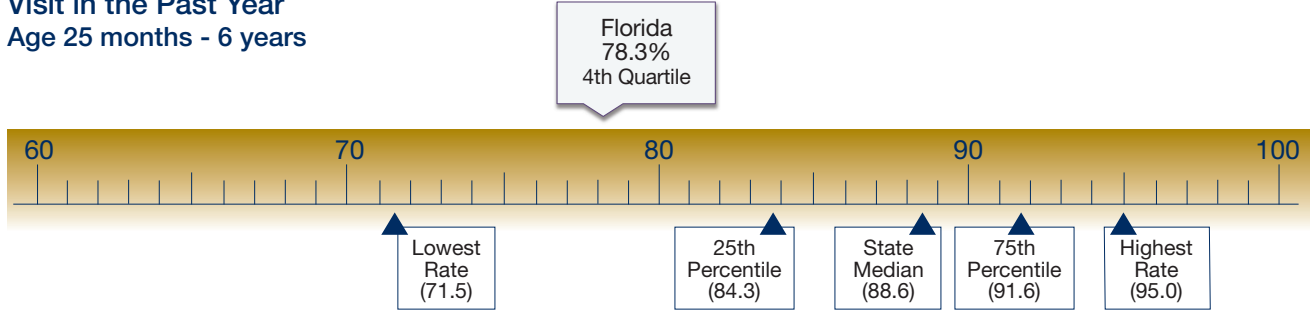
#### Access to Primary Care

**Access to Primary Care:** Access to cost-effective primary care is critical for assuring healthy growth and development and access to care when children are sick. Across all states, children enrolled in Medicaid and CHIP have relatively high rates of access to primary care. These measures assess whether children under 6 years of age had at least one primary care provider (PCP) visit during the year and if children ages 6 years and older saw a PCP at least once in two years. Florida ranks in the fourth quartile for all four of these groups: 12-24 months;<sup>19</sup> 25 months -6 years; 7-11 years; and 12-19 years.

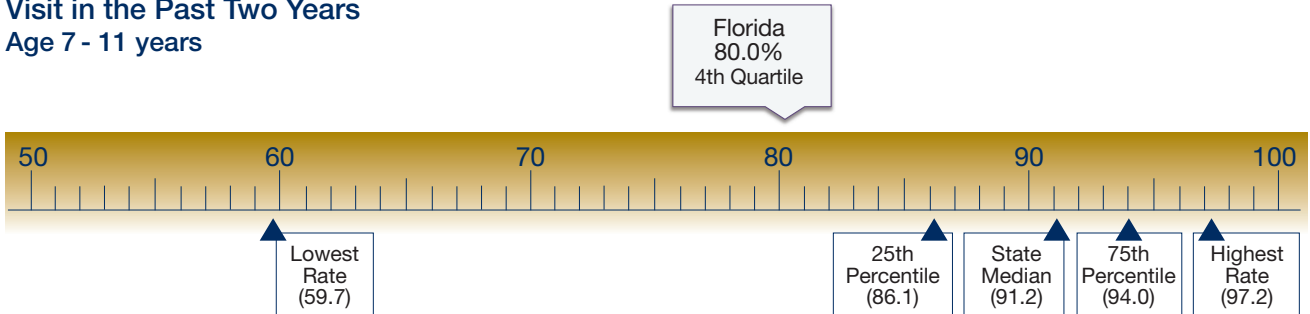




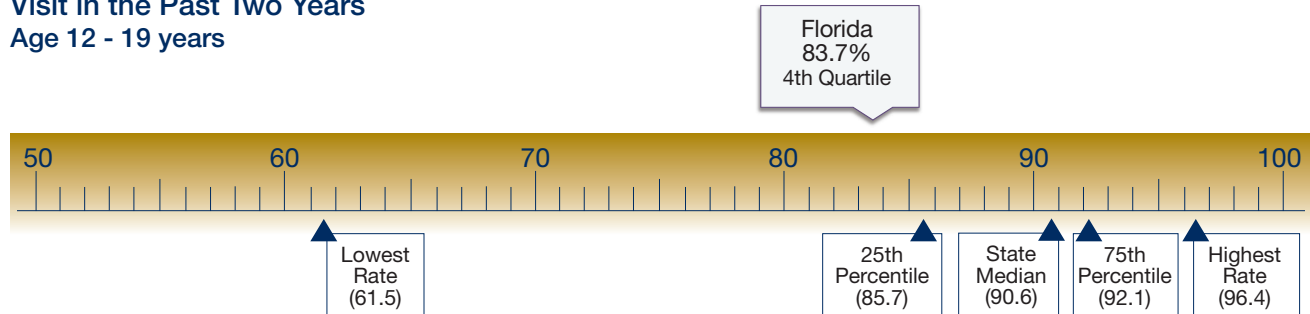
**Primary Care Physician  
Visit in the Past Year  
Age 25 months - 6 years**



**Primary Care Physician  
Visit in the Past Two Years  
Age 7 - 11 years**



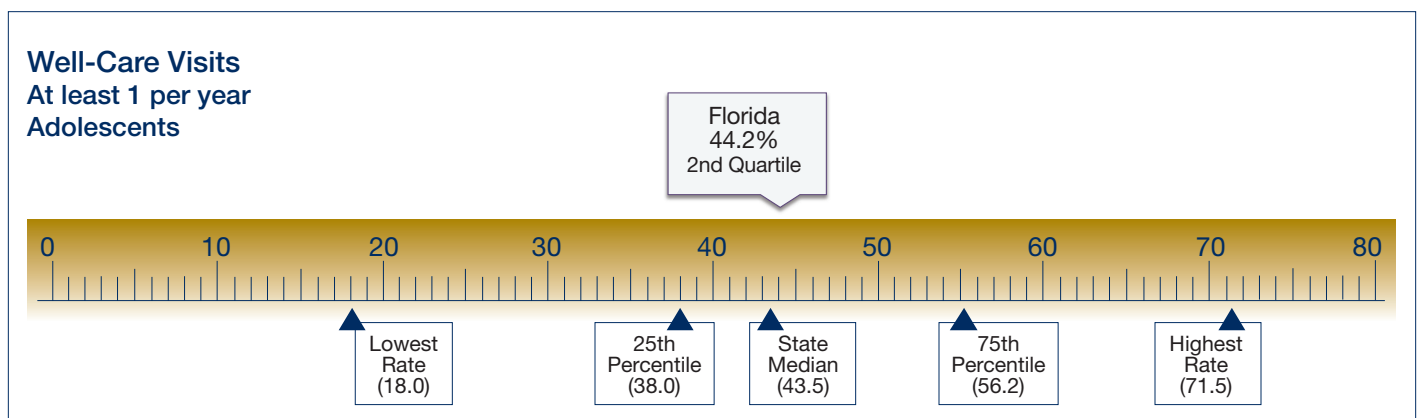
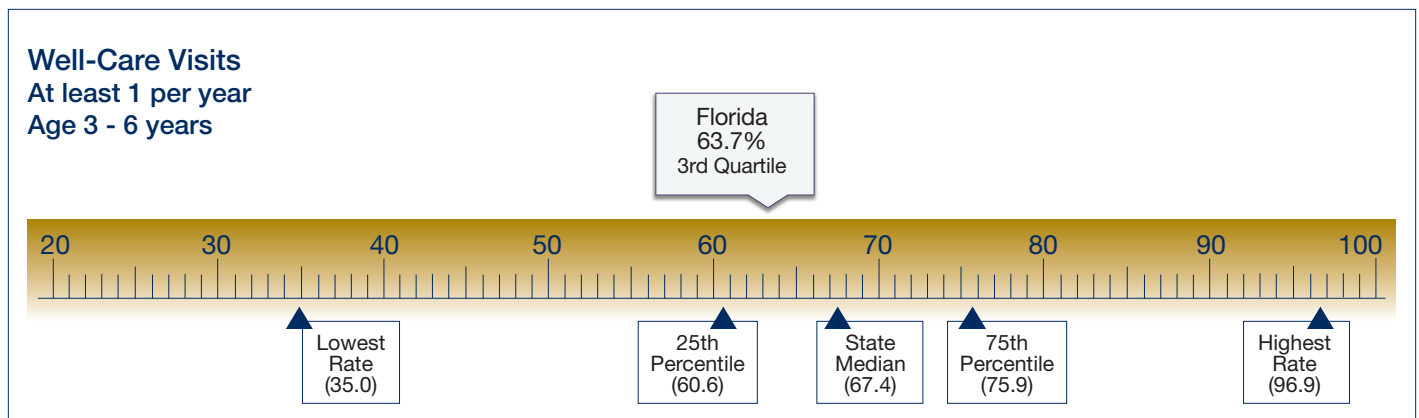
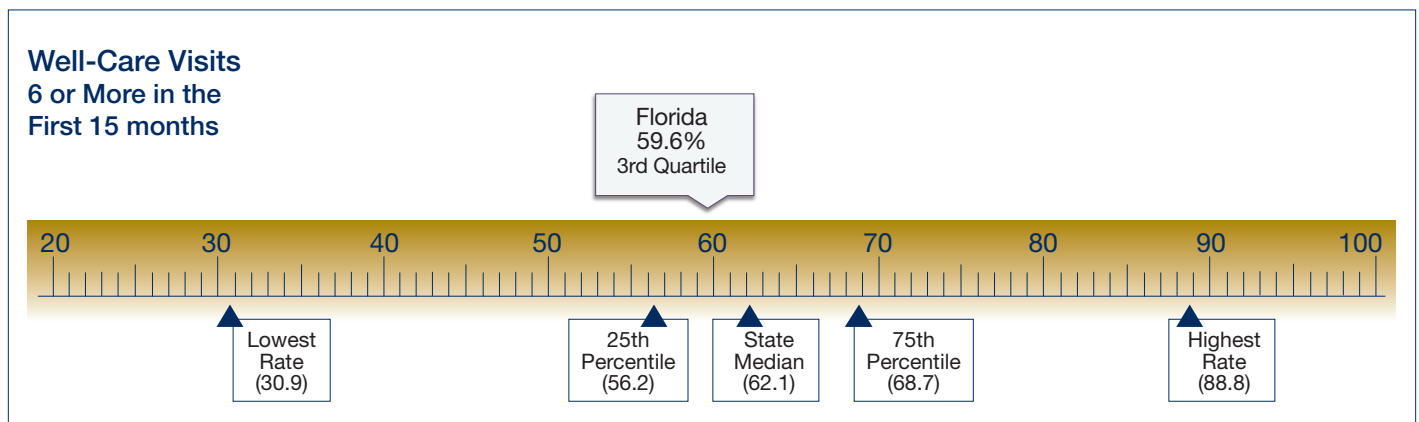
**Primary Care Physician  
Visit in the Past Two Years  
Age 12 - 19 years**





## Well-Child Visits

Despite the overall high rates of primary care access, the proportion of children across the country receiving well-child visits remains below recommended guidelines. These periodic checkups are expressly designed to assess a child's healthy development and screen for physical or developmental issues that can be treated early. Six well-child checkups are recommended by 15 months of age but only 3 in 5 infants in Florida receive the recommended number, ranking the state in the 3<sup>rd</sup> quartile. Slightly less than two-thirds (63.7 percent) of children ages 3-6 years received an annual well-child visit, also placing Florida in the 3<sup>rd</sup> quartile. Although fewer (44.2 percent) adolescents ages 12-21 years received an annual well-child checkup, the low performance of many states on this measure places Florida in the 2<sup>nd</sup> quartile.

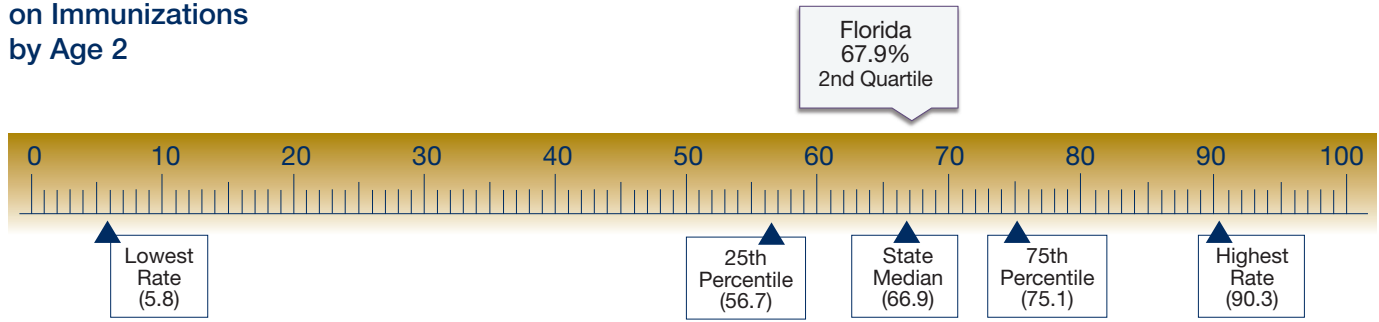




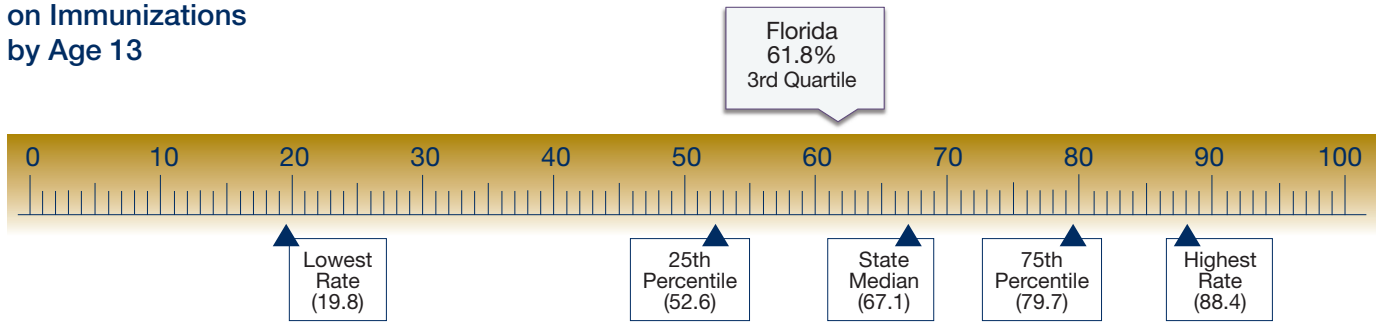
## Immunizations

Childhood immunizations are critical to preventing infectious and potentially debilitating diseases. In Florida, slightly more than two-thirds of children (67.9 percent) received the recommended immunizations by age 2 years, placing the state in the 2<sup>nd</sup> quartile. However, the state drops to the 3<sup>rd</sup> quartile with just over 3 in 5 children being up-to-date on immunizations by age 13. Despite the fact that fewer than 1 in 5 girls received the recommended 3 doses of HPV vaccine by age 13, Florida ranks in the 2<sup>nd</sup> quartile given that all reporting states are low performers on this measure.

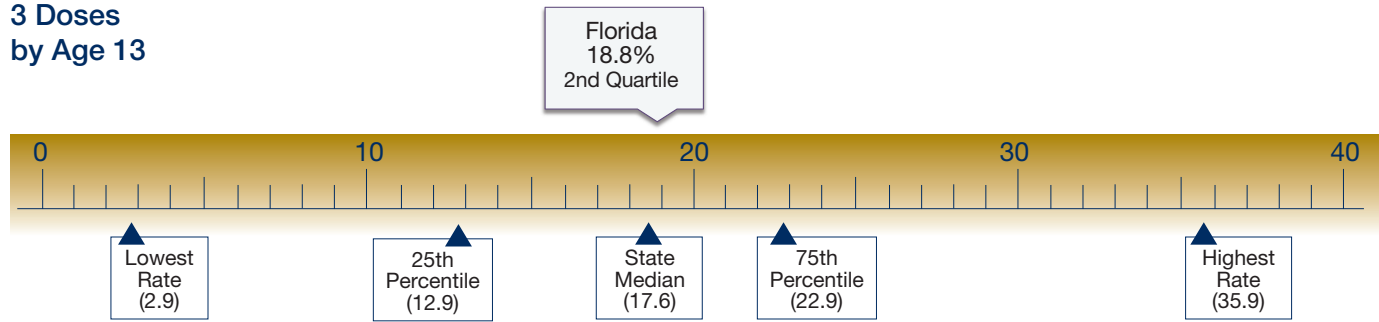
### Children Up to Date on Immunizations by Age 2



### Children Up to Date on Immunizations by Age 13



### HPV Vaccine 3 Doses by Age 13

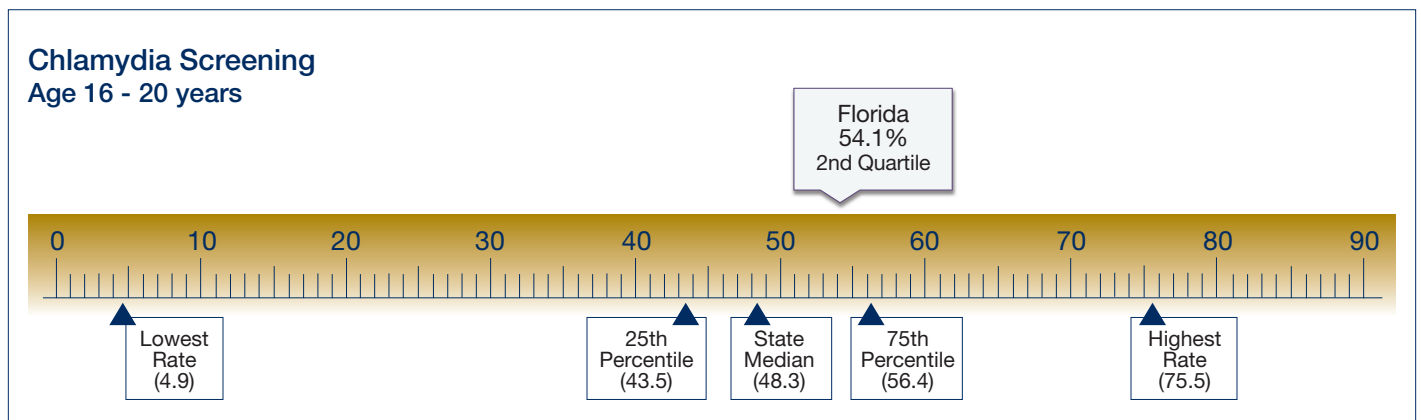
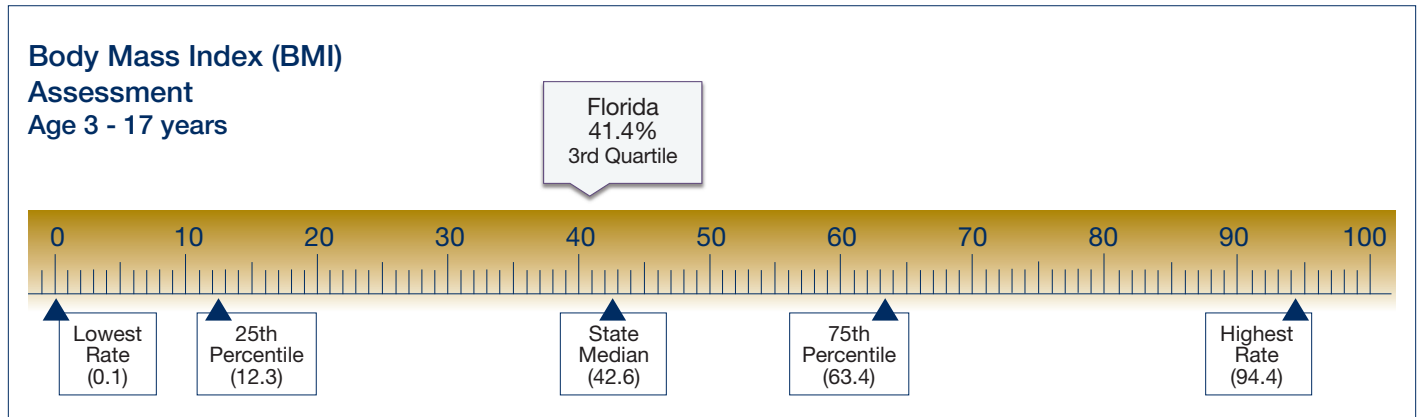






## Screenings

Screenings detect underlying health issues that can be addressed with treatment or healthy habits. Excess weight and obesity contribute to numerous chronic conditions so establishing and maintaining a healthy weight should start in childhood. However, only 2 in 5 children received body mass index assessments in Florida, which places the state in the 3<sup>rd</sup> quartile. Florida ranks in the 2<sup>nd</sup> quartile with over half (54.1 percent) of sexually active females ages 16-20 screened for chlamydia, a curable disease that if left untreated can seriously and permanently affect a woman's reproductive system.

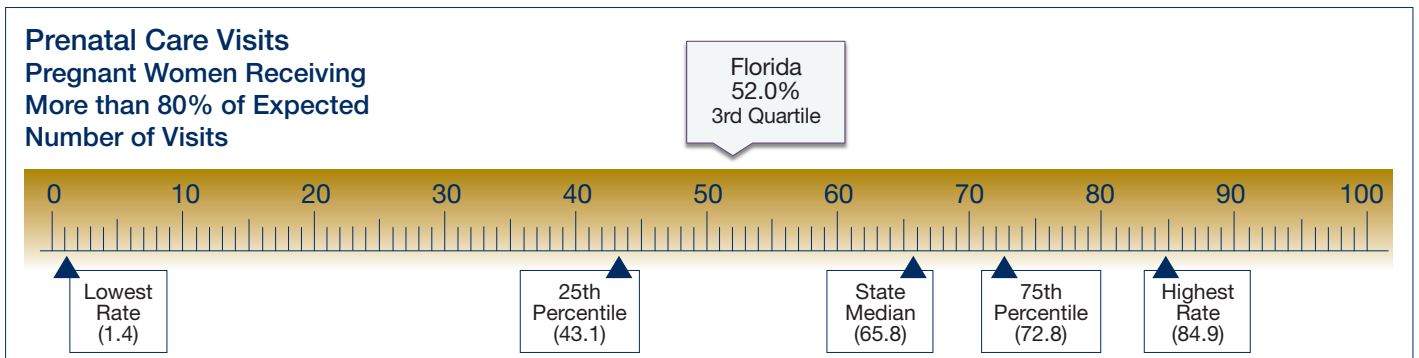
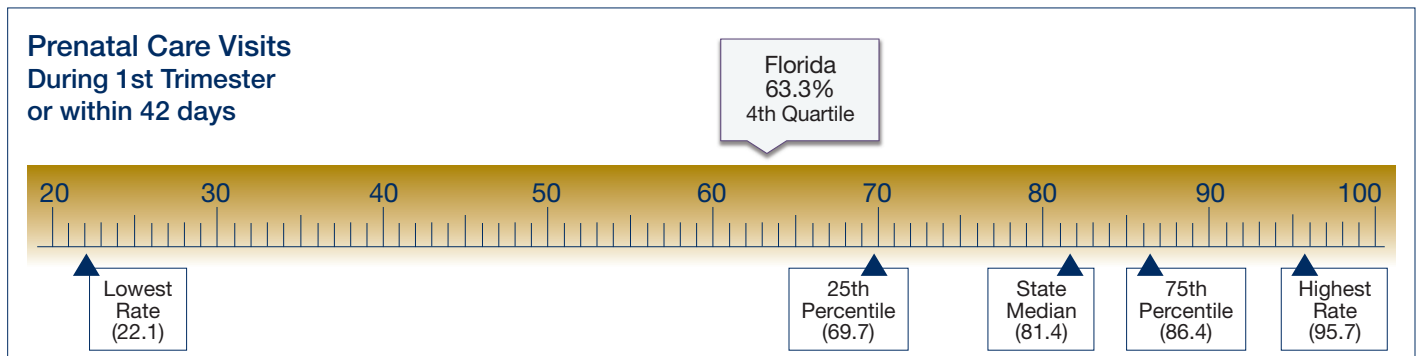




## ► Perinatal Care

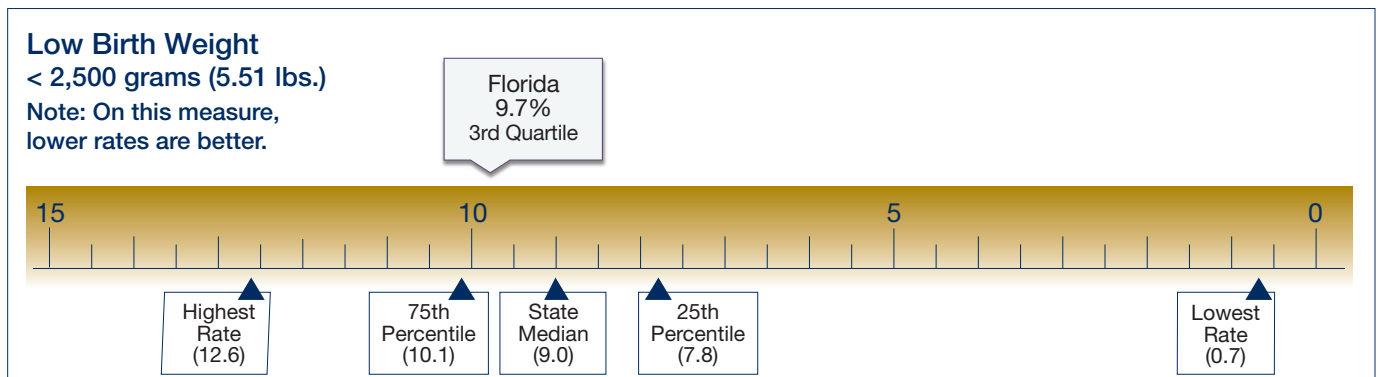
### Prenatal Care

Given that a mother's health during pregnancy impacts the health of the child after birth, perinatal measures on the timeliness and frequency of prenatal care are included in the child core set. Timeliness of prenatal care results in an early assessment of pregnancy risk and provides health education and counseling to facilitate a healthy pregnancy. Florida ranks in the bottom quartile for timeliness of prenatal care with less than two-thirds (63.3 percent) of pregnant women receiving a prenatal visit in the first trimester or within 42 days of enrolling in Medicaid. Ongoing prenatal care is just as important as early prenatal care to assuring a healthy pregnancy and delivery. In Florida, just over half (52%) of pregnant women in Florida receive at least 80 percent of the recommended number of prenatal visits, placing it in the 3<sup>rd</sup> quartile.



### Low Birth Weight

Prematurity and low-birth weight can affect a child's health at birth and beyond. Infants weighing less than 2,500 grams (5.51 lbs.) are at greater risk of experiencing serious and costly health problems and development delays. On this measure, a lower percent of low-weight live births is better. Almost 1 in 10 births in Florida were low-weight newborns, placing it in the 3<sup>rd</sup> quartile.

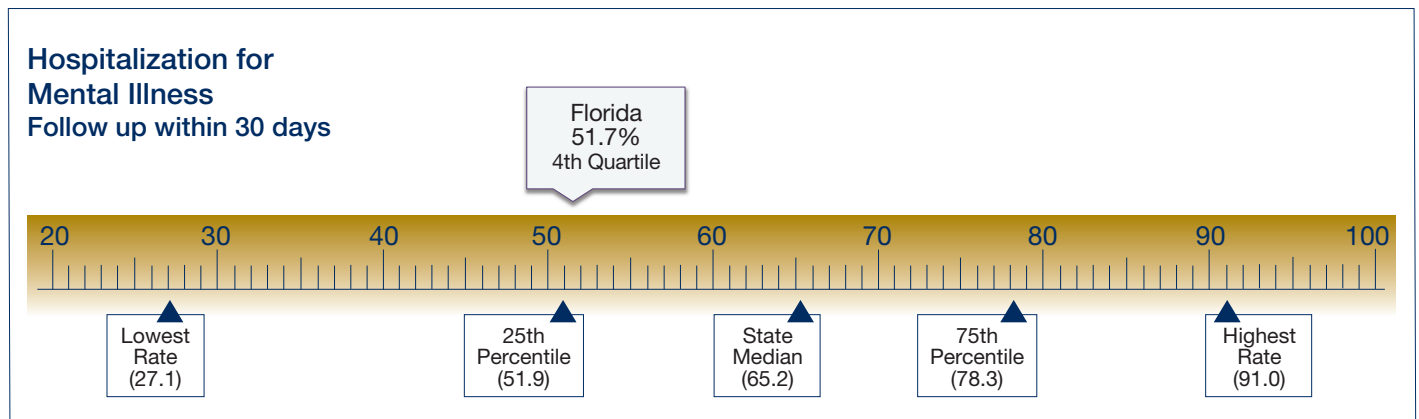
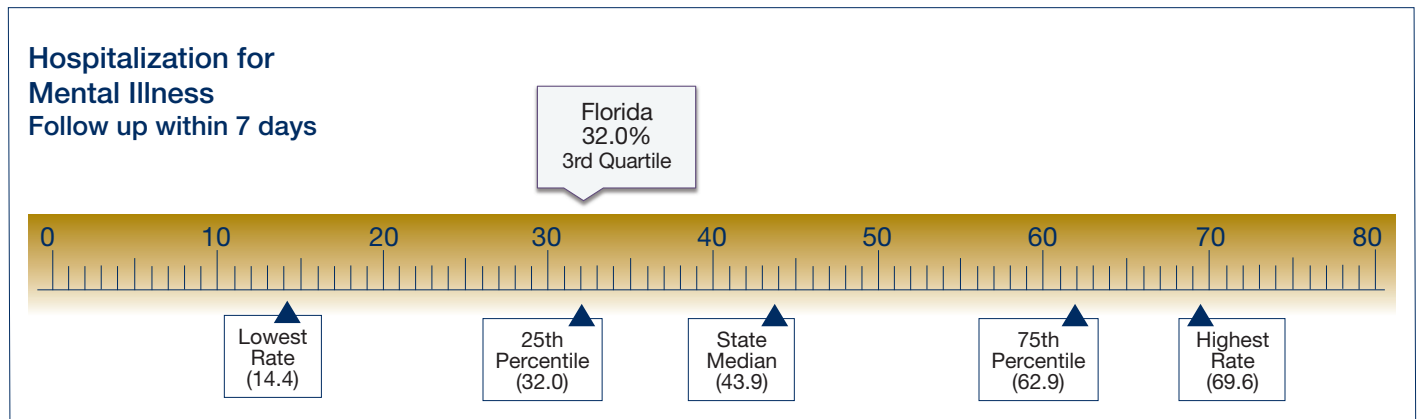




## ► Behavioral Health

### Follow-up After Mental Health Hospitalization:

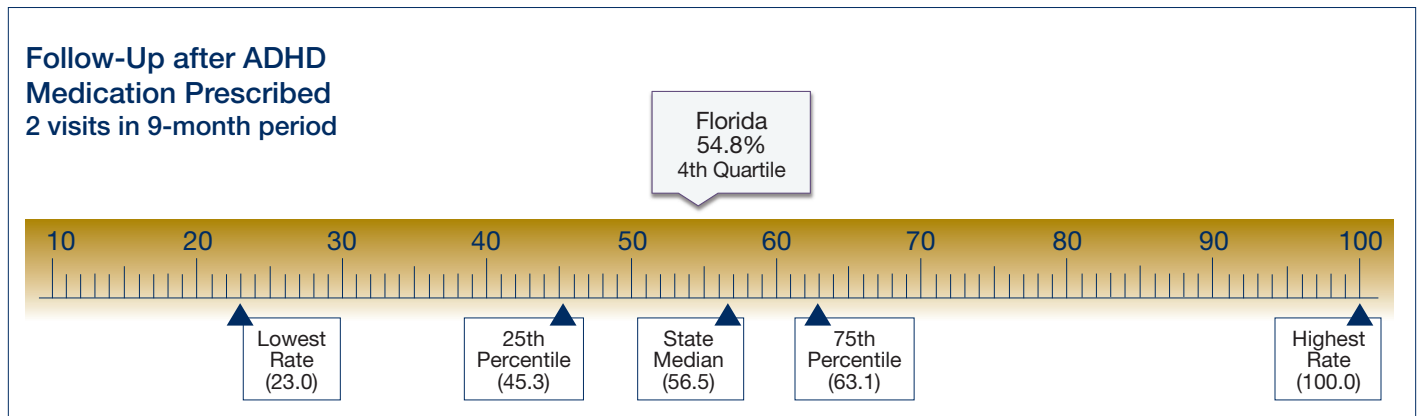
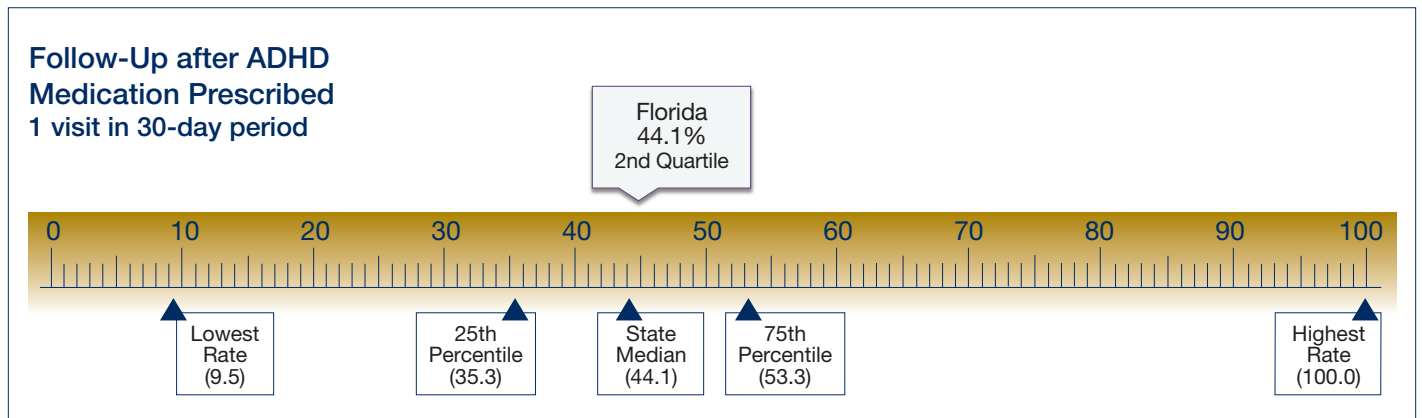
Following inpatient treatment of mental illness, timely outpatient care is needed to manage medications and provide counseling to ease the transition back to home and school and prevent readmission. In Florida, 1 in 3 children received a follow-up visit within 7 days after discharge from a mental illness hospitalization, placing the state in the 3rd quartile for this measure. With just over half (51.7 percent) of children receiving a follow-up visit within 30 days, Florida falls to the 4th quartile on this measure.<sup>20</sup>





## ADHD Medication Management

Attention deficit/hyperactivity disorder (ADHD) is a common condition among children, which causes academic, behavior or relationship issues. Clinical guidelines for effective ADHD medication management call for three follow-up visits in 10 months with the first visit occurring within 30 days. Florida's rate of 44.1 percent of children receiving a visit within the 30-day initiation phase is the median among reporting states, placing the state in the 2<sup>nd</sup> quartile. However, the state's ranking drops to the 3<sup>rd</sup> quartile with slightly more than half (54.8 percent) of children receiving two additional visits during the 9-month continuation phase.

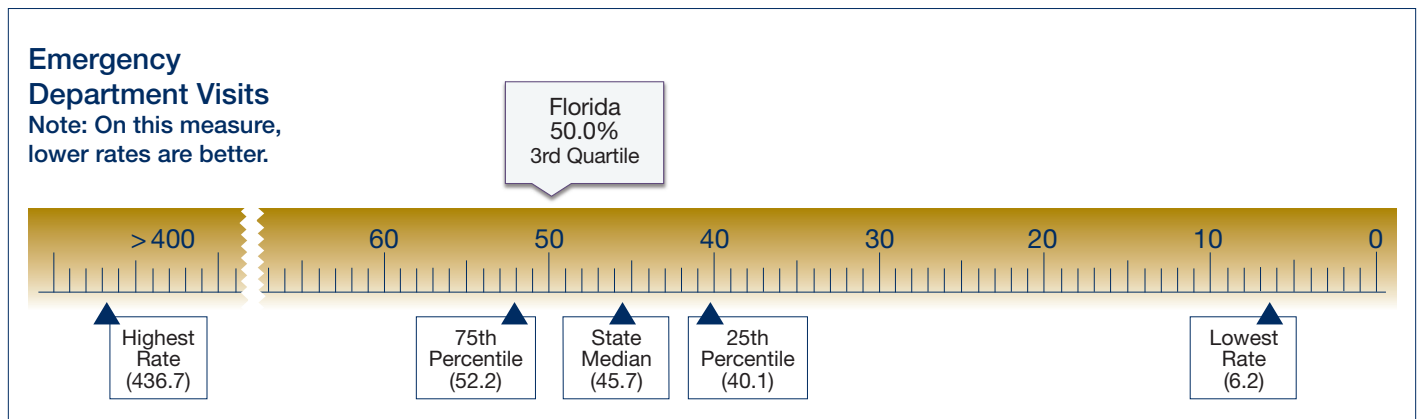




## ► Management of Acute and Chronic Conditions

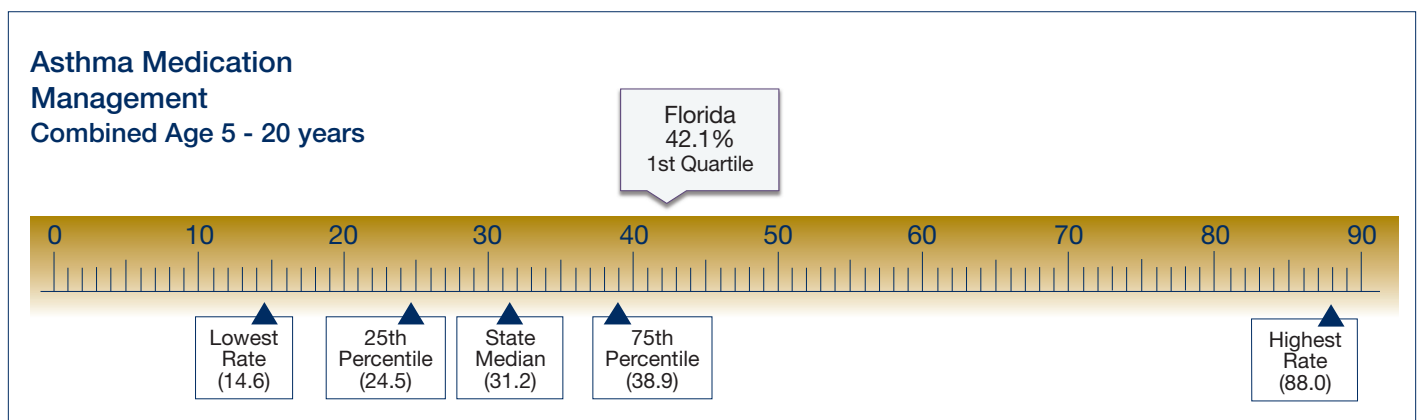
### Emergency Department Visits

High rates of hospital emergency department (ED) usage for non-emergencies may signify a lack of continuity of primary care and can result in overcrowding and increase ED wait times. Measuring and assessing trends in ED visits can help pinpoint successful strategies to improve access to and use of appropriate sources of care. Measured in the number of visits per 1,000 enrollees (a lower rate is better), Florida's rate of 50 visits per 1,000 enrollees is higher than the state median, putting it in the 3<sup>rd</sup> quartile.



### Asthma Medication Management

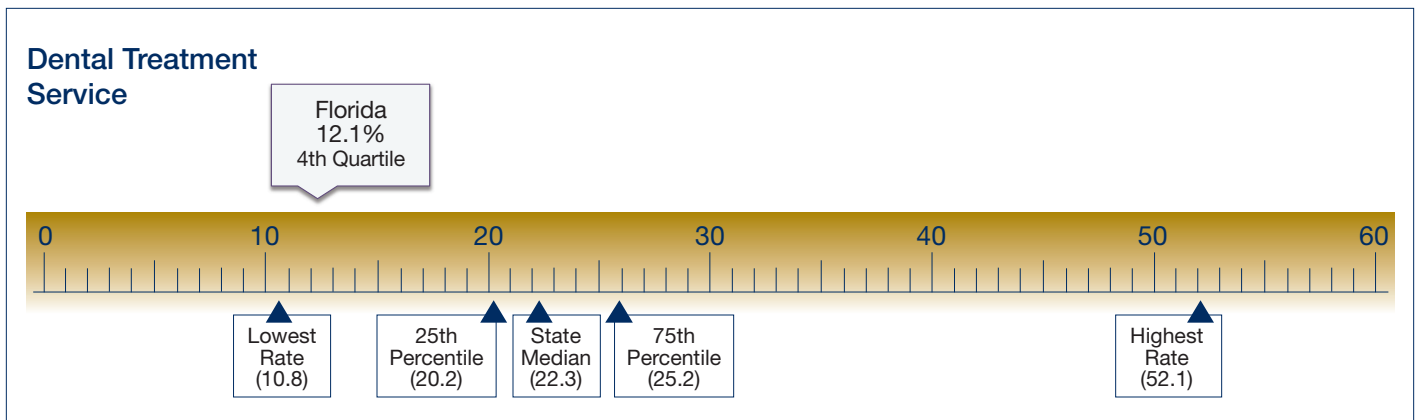
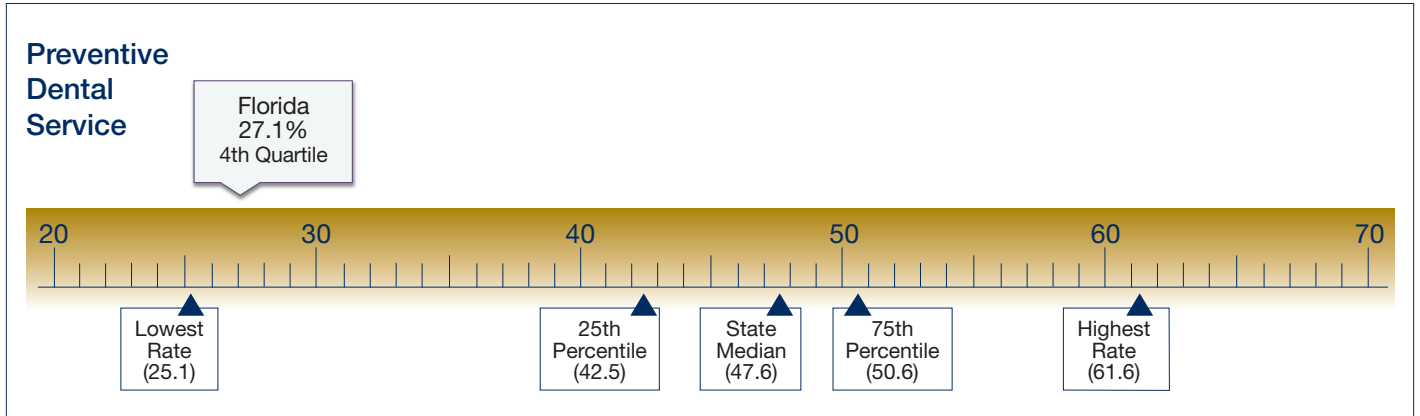
Asthma is the most common chronic medical condition in children. Regular use of prescribed controller medications results in fewer asthma episodes, less frequent trips to the emergency department and decreased costs associated with care. In measuring use of asthma controller medications among children with moderate to severe asthma, Florida ranked in the top quartile for each of the four age groupings and had the highest rate for ages 19-20 years among the 16 reporting states. Despite this comparatively good showing among other states, there remains room for improvement considering that use of asthma inhalers is only 42.1 percent when aggregated for children ages 5-20 in Florida.





## ► Dental and Oral Health Services

Oral health care is a primary focus of improvement efforts in Medicaid and CHIP, yet only 1 in 4 children in Florida children enrolled for at least 90 continuous days received a preventive dental visit in 2014, placing the state in the bottom quartile. Florida also ranks in the bottom quartile with 12.1 percent children enrolled for at least 90 continuous days receiving a dental treatment.





## ► Measures Not Reported by HHS

As noted previously, HHS only reports state-level data and ranks state performance if at least 25 states report the measure. Only three of the 2014 child core measures did not make the cut for the 2015 report. Florida reported two of the three measures as shown in the table below. To obtain data on these measures, stakeholders will need to ask the state to release the information although state comparative data and performance rankings are not available.

### 2014 Child Core Set Measures Not Reported and Ranked in 2015 HHS Quality Report

Measure	Reported by Florida?	Number of States Reporting
Developmental screening in first 3 years of life	Yes	20
Cesarean rate for Nulliparous Singleton Vortex	Yes	16
Behavioral health risk assessment for pregnant women	No	4

## Conclusion

Florida gets high marks for consistently reporting data for both Medicaid and CHIP on almost all child core set measures since these data were first collected in 2011. Measuring quality is the first step in improving quality; as the mantra goes—“what gets measured, gets managed.” However, Florida’s data reflects that there is significant room for improvement in the quality of care received by children in Medicaid and CHIP compared to other states. The next step is to initiate or boost performance improvement projects that will, over time, lead to better outcomes for children enrolled in Medicaid and CHIP in Florida.



**Appendix Table 1. Florida Reporting on 2014 Child Core Set of Health Care Quality Measures for Children in Medicaid and CHIP**

Measure <sup>a</sup>	Ranking by Quartile <sup>b</sup>	Florida Medicaid and CHIP Rate	All Reporting States Median
<b>Preventive and Primary Care</b>			
Children with a PCP visit in the past year			
Ages 12-24 months	4	93.9	96.4
Ages 25 months-6 years	4	78.3	88.6
Children with a PCP visit in past 2 years			
Ages 7-11 years	4	80.0	91.2
Ages 12-19 years	4	83.7	90.6
Children receiving 6 or more well-child visits in first 15 months	3	59.6	62.1
Children and adolescents receiving at least 1 annual well-child visit			
Ages 3-6 years	3	63.7	67.4
Ages 12-21 years	2	44.2	43.5
Children and adolescents up to date on recommended immunizations			
By 2 <sup>nd</sup> birthday	2	67.9	66.9
By 13 <sup>th</sup> birthday	3	61.8	67.1
Females receiving 3 doses of HPV vaccine by 13 <sup>th</sup> birthday	2	18.8	17.6
Body mass index assessment for children and adolescents ages 3-17 years <sup>c</sup>	3	41.4	42.6
Sexually active females ages 16-20 years receiving at least 1 test for Chlamydia	2	54.1	48.3
<b>Perinatal Care</b>			
Pregnant women with prenatal care visit in 1st trimester or within 42 days of Medicaid/CHIP enrollment	4	63.3	81.4
Pregnant women receiving more than 80% of expected number of prenatal care visits	3	52.0	65.8
Live births weighing <2,500 grams (5.51 lbs.) (lower percentage is better)	3	9.7	9.0
<b>Behavioral Health</b>			
Follow-up after mental illness hospitalization			
Within 7 days	3	32.0	43.9
Within 30 days	4	51.7	65.2
Follow-up after ADHD medication is prescribed			
1 visit within 30-day initiation period	2	44.1	44.1
During the 9-month continuation and maintenance phase	3	54.8	56.5
<b>Management of Acute and Chronic Conditions</b>			
Emergency department visits per 1,000 enrollees, ages 0-19 years (lower number is better) <sup>c</sup>	3	50.0	45.7
Asthma medication management			
Ages 5-11 years	1	43.2	30.3
Ages 12-18 years	1	39.4	28.2
Ages 19-20 years	1	54.7	33.2
Combined ages 5-20 years	1	42.1	31.2
<b>Dental and Oral Health Services <sup>d</sup></b>			
Children, ages 1-20 years, enrolled for at least 90 continuous days and received at least one:			
Preventive dental service	4	27.1	47.6
Dental treatment service	4	12.1	22.3

<sup>a</sup> This table includes only measures reported by a minimum of 25 states for which HHS releases state level data and ranks state performance.

<sup>b</sup> N/R = Not Reported; 1 = Top/Highest Quartile while 4 = Bottom/Lowest Quartile

<sup>c</sup> CMS reported data for certain age groups but only ranked the measure for the combined age range shown in this table.

<sup>d</sup> Dental services data were collected from State EPSDT Form 416 Reports.

Source: HHS 2015 Annual Report on the Quality of Care for Children In Medicaid and CHIP and related domain-specific reports.





**Appendix Table 2. National Data Based on State Reporting on the 2014 Child Core Set of Health Care Quality Measures for Children in Medicaid and CHIP\***

Measure	No. of States Reporting	Lowest (Medicaid/CHIP)	Mean	Median	Highest (Medicaid/CHIP)
<b>Preventive and Primary Care</b>					
Children with a PCP visit in the past year					
Ages 12-24 months	41	87.8	95.8	96.4	98.7/100
Ages 25 months-6 years	43	78.3/71.5	87.1	88.6	94.2/95.0
Children with a PCP visit in past 2 years					
Ages 7-11 years	42	66.9/59.1	88.9	91.2	97.2
Ages 12-19 years	42	66.6/61.5	88.0	90.6	95.6/96.4
Children receiving 6 or more well-child visits in first 15 months	41	30.9	61.5	62.1	88.8
Children and adolescents receiving at least 1 annual well-child visit					
Ages 3-6 years	46	45.7/35.0	67.1	67.4	96.9
Ages 12-21 years	44	28.1/18.0	45.5	43.5	71.5
Children and adolescents up to date on recommended immunizations					
By 2 <sup>nd</sup> birthday	35	5.8	62.1	66.9	86.3/90.3
By 13 <sup>th</sup> birthday	35	19.8	64.9	67.1	88.4
Females receiving 3 doses of HPV vaccine by 13 <sup>th</sup> birthday	32	2.9	17.2	17.6	35.9
Body mass index assessment for children and adolescents ages 3-17 years	33	0.1	41.3	42.6	94.4
Sexually active females ages 16-20 years receiving at least 1 test for Chlamydia	37	4.9	48.8	48.3	75.5
<b>Perinatal Care</b>					
Pregnant women with prenatal care visit in 1st trimester or within 42 days of Medicaid/CHIP enrollment	34	22.1	77.1	81.4	95.7
Pregnant women receiving more than 80% of expected number of prenatal care visits	27	1.4	56.6	65.8	84.9
Live births weighing <2,500 grams (5.51 lbs.) (lower rate is better)	29	12.6	9.0	9.0	5.4/0.7
<b>Behavioral Health</b>					
Follow-up after mental illness hospitalization					
Within 7 days	34	14.4	44.8	43.9	69.6
Within 30 days	34	27.1	64.2	65.2	91.0
Follow-up after ADHD medication is prescribed					
1 visit within 30-day initiation period	34	9.5	44.2	44.1	68.6/100
During the 9-month continuation and maintenance phase	31	23.0	53.9	56.5	84.4/100
<b>Management of Acute and Chronic Conditions</b>					
Emergency department visits per 1,000 enrollees, ages 0-19 years (lower rate is better)	37	436.7	55.1	45.7	6.2
Asthma medication management					
Ages 5-11 years	26	12.1	32.6	30.3	75.0/94.5
Ages 12-18 years	25	14.3/17.2	29.7	28.2	49.2/78.7
Ages 19-20 years (not all states cover this age group)	16	15.2	33.7	33.2	54.7
Combined ages 5-20 years	25	14.6	32.7	31.2	73.9/88.0
<b>Dental and Oral Health Services</b>					
Children, ages 1-20 years, enrolled for at least 90 continuous days and received at least one:					
Preventive dental service	51	25.1	45.6	47.6	61.6
Dental treatment service	51	10.8	23.5	22.3	52.1

Source: HHS 2015 Annual Report on the Quality of Care for Children In Medicaid and CHIP and related domain-specific reports.

\* This table includes only measures reported by a minimum of 25 states for which HHS releases state level data and ranks state performance. The lowest or highest rate shown in the table represents the top and bottom of the range used by HHS to rank state performance.



## Endnotes

<sup>1</sup> The HHS annual reports and related addenda are available on the Medicaid.gov website at <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/chipra-initial-core-set-of-childrens-health-care-quality-measures.html>.

<sup>2</sup> For more information on the child core set, see <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/chipra-initial-core-set-of-childrens-health-care-quality-measures.html>.

<sup>3</sup> Quality reporting is highly technical and the HHS reports include many footnotes highlighting nuances in the data. This brief is intended to provide a high level snapshot of the state's reporting and performance on the child core set of quality measure. For more detailed information on Florida reporting and performance, see the 2015 Annual Report on the Quality of Care for Children in Medicaid and CHIP and its related domain-specific reports.

<sup>4</sup> Based on an analysis of December 2013 Medicaid and CHIP enrollment and spending data, Kaiser Family Foundation State Health Facts, available at <http://kff.org/state-category/medicaid-chip/>.

<sup>5</sup> A. Chester and J. Alker, "Medicaid Provides an Excellent Long-Term Return on Investment," Say Ahhh! A Child Health Policy Blog, Georgetown University Center for Children and Families, July 2015, available at <http://ccf.georgetown.edu/all/medicaid-provides-excellent-long-term-return-investment/>.

<sup>6</sup> A. Kreider, et al., "Quality of Health Insurance Coverage and Access to Care for Children in Low-Income Families," *Journal of the American Medical Association*, January 2016.

<sup>7</sup> G.M. Kenney and C. Coyer, "National Findings on Access to Health Care and Service Use for Children Enrolled in Medicaid or CHIP," Urban Institute, August 2012.

<sup>8</sup> S. McMorrow, et al., "Trade-offs Between Public and Private Coverage for Low-Income Children Have Implications for Future Policy Debates," *Health Affairs*, 2014;33(8):1367-1374.

<sup>9</sup> L. Dubay and G.M. Kenney, "Health Care Access and Use Among Low-Income Children: Who Fares Best?," *Health Affairs* 2001;20(1):112-121.

<sup>10</sup> T.M. Seldin and J.L. Hudson, "Access to Care and Utilization Among Children: Estimating the Effects of Public and Private Coverage," *Med Care*, 2006;44(5):119-126.

<sup>11</sup> There are 23 measures in the 2014 child core set. This report excludes the Pediatric Central-Line Associated Blood Stream Infections in the Neonatal and Pediatric Intensive Care Units because the measure covers all newborn and pediatric hospitalizations, not just those covered by Medicaid and CHIP. Further, the measure is not directly reported by states but collected for all states from the CDC's National Health Safety Network.

<sup>12</sup> This is important to note because states may report data for one or both programs, either separately or combined, and may vary which populations are reported from measure to measure.

<sup>13</sup> For example, Child and Adolescent Access to Primary Care Providers is a primary measure but it is reported for multiple age groups, which are counted as four sub-measures in this brief.

<sup>14</sup> One of the 23 measures in the 2014 child core set—the Consumer Assessment of Healthcare Providers and Systems (CAHPS), a qualitative survey of consumer and patient experience with the health care system—is excluded from the HHS analysis. This analysis also excludes the Pediatric Central-Line Associated Blood Stream Infections described in Endnote 11. Of the remaining 21 measures, the minimum threshold of 25 reporting states was reached on 18 primary measures. Several of the 18 measures are broken down by age or other detail, resulting in 26 measures and sub-measures that are included in this brief.

<sup>15</sup> Quartiles are based on the actual data range reported by states on a specific measure. For example, if states reported a range of data between 20 percent and 80 percent, the 75-100 percentile or top quartile range will include the states that reported a rate between 66% and 80% while the 50-85 percentile or second quartile will include the states that reported a rate between 50% and 65%, and so on. Individual state rates are rounded prior to grouping by quartile.

<sup>16</sup> This report references the quartiles as the 1<sup>st</sup> or top quartile for states with data that falls in the 75-100 percentile; 2<sup>nd</sup> quartile for the 50-75 percentile; 3<sup>rd</sup> quartile for the 25-50 percentile; and the bottom or 4<sup>th</sup> quartile for the 0-25 percentile range.

<sup>17</sup> The narrative description of the measures draws heavily from the five domain-specific reports released by HHS, which report state-level performance data and rank states in one of four quartiles.

<sup>18</sup> According to email correspondence with HHS, the quality reports create four buckets to categorize states for the maps that in some cases differ from the quartiles (median and 25<sup>th</sup>/75<sup>th</sup> percentiles). In those cases, the rationale was that the statistical threshold would not meaningfully distinguish states as being higher or lower performing. For example, when states were clustered around the median or 25<sup>th</sup>/75<sup>th</sup> percentiles, HHS opted not to categorize states with a very small difference (e.g., one- or two-tenths of a percentage point) in higher or lower categories. In addition, states did not consistently report their data to one decimal. HHS has indicated that future reports will use the median and 25<sup>th</sup>/75<sup>th</sup> percentiles to categorize the states for the maps given new reporting requirements and improvements in the accuracy of reported data over time. Considering HHS' future direction, we chose to conduct our analysis based on quartile rankings. Footnotes reflect where a state ranking deviates from the cluster map groupings reported by HHS.

<sup>19</sup> The HHS report puts Florida in the 3<sup>rd</sup> grouping for this measure. However, Florida's rate of 93.9 is below the 25<sup>th</sup> percentile of 94.3, placing it in the 4<sup>th</sup> quartile.

<sup>20</sup> The HHS report puts Florida in the 3<sup>rd</sup> grouping for this measure. However, Florida's rate of 51.7 is below the 25<sup>th</sup> percentile of 51.9, placing it in the 4<sup>th</sup> quartile.



This brief was written by Tricia Brooks and Sarah Koslov of Georgetown Center for Children and Families. The authors would like to thank Kelly Whitener, Joan Alker, Alisa Chester, Sonya Schwartz, and Sean Miskell of Georgetown CCF for their contributions to this report. Design and layout provided by Nancy Magill.

The Georgetown University Center for Children and Families (CCF) is an independent, nonpartisan policy and research center founded in 2005 with a mission to expand and improve high-quality, affordable health coverage for America's children and families. CCF is based in the McCourt School of Public Policy's Health Policy Institute.

Center for Children and Families  
Health Policy Institute  
Georgetown University  
Box 571444  
3300 Whitehaven Street, NW, Suite 5000  
Washington, DC 20057-1485  
Phone (202) 687-0880  
Email [childhealth@georgetown.edu](mailto:childhealth@georgetown.edu)



[ccf.georgetown.edu/blog/](http://ccf.georgetown.edu/blog/)



[facebook.com/georgetownccf](https://facebook.com/georgetownccf)



[twitter.com/georgetownccf](https://twitter.com/georgetownccf)