



# MEDICAL SERVICES

## North Dakota Medicaid Quality Measures Annual Report Child Core Set FFY 2022

January 2023

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## BACKGROUND

Section 1139A of the Social Security Act (the Act) includes broad mandates to strengthen the quality of care for and health outcomes of children in Medicaid and the Children's Health Insurance Program (CHIP). The Act calls for the Secretary of the U.S. Department of Health and Human Services (HHS) to identify and publish a core set of children's health care quality measures (Child Core Set) for voluntary use by state programs administered under Titles XIX and XXI, health insurance issuers, managed care entities, and providers of items and services under Medicaid and CHIP.

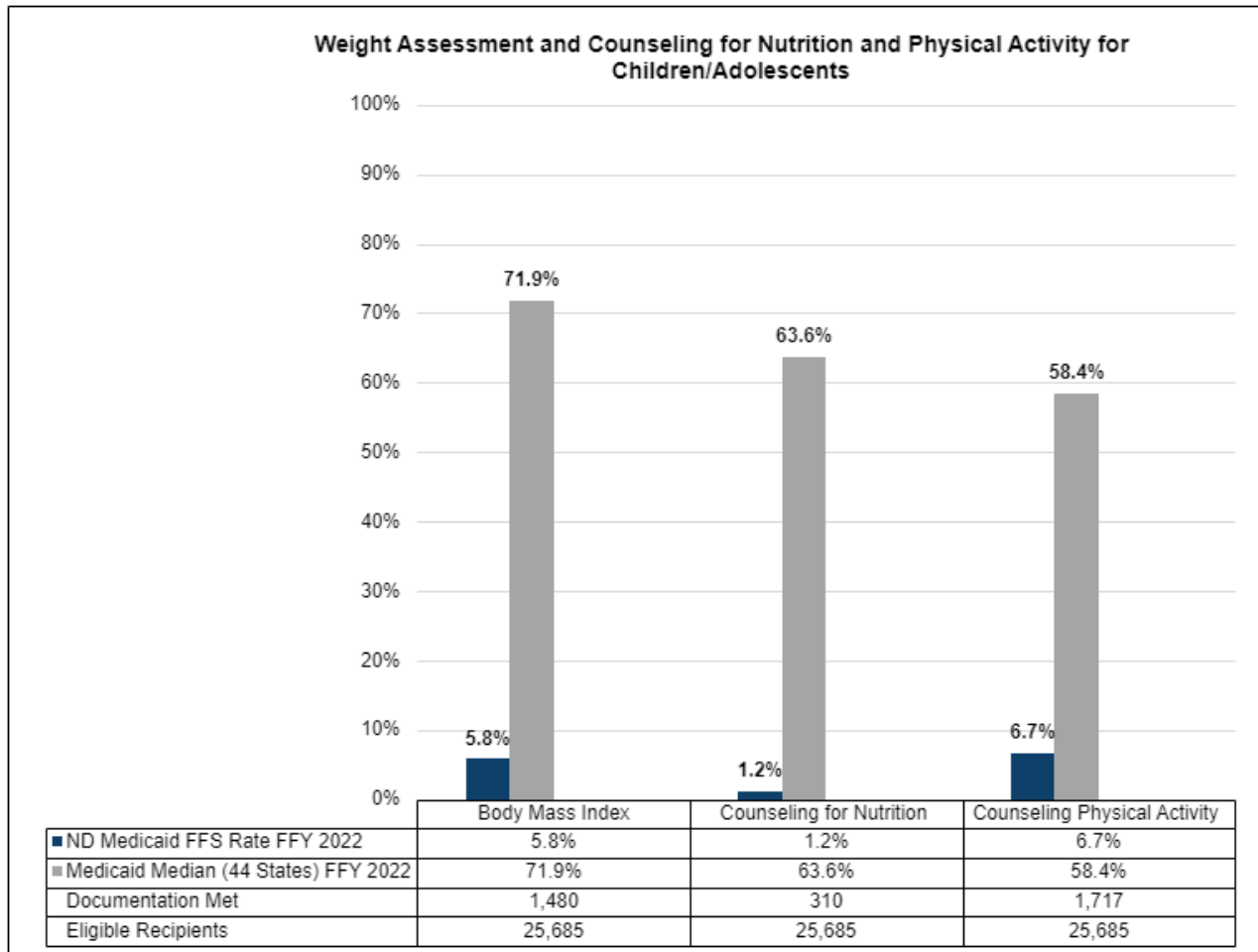
More specifically, the Act requires the Secretary of Health and Human Services (HHS) to identify measures applicable to the duration of enrollment and health care coverage, preventive and health promotion services, and the treatment and management of acute and chronic conditions in children. The Act also calls for measures that could be used to assess families' experiences with health care, the availability of services, and care in the most integrated health settings. Ultimately, the goals of the Child Core Set are to provide a national estimate of the quality of health care for children served by Medicaid or CHIP and support states to drive improvements in health care quality and health outcomes using Core Set data; facilitate comparative analyses across various dimensions of pediatric health care quality; and help identify racial, ethnic, and socioeconomic disparities.

Implementation of a standardized Child Core Set is helping the Centers for Medicare & Medicaid Services (CMS) and states move toward a national system for quality measurement, reporting, and improvement. The data collected from these measures help CMS to better understand the quality of health care children receive through Medicaid and CHIP programs. The Act requires the Secretary of HHS to make publicly available the information states voluntarily report to CMS on the quality of health care furnished to children under Medicaid and CHIP.<sup>1</sup>

## 2022 Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP

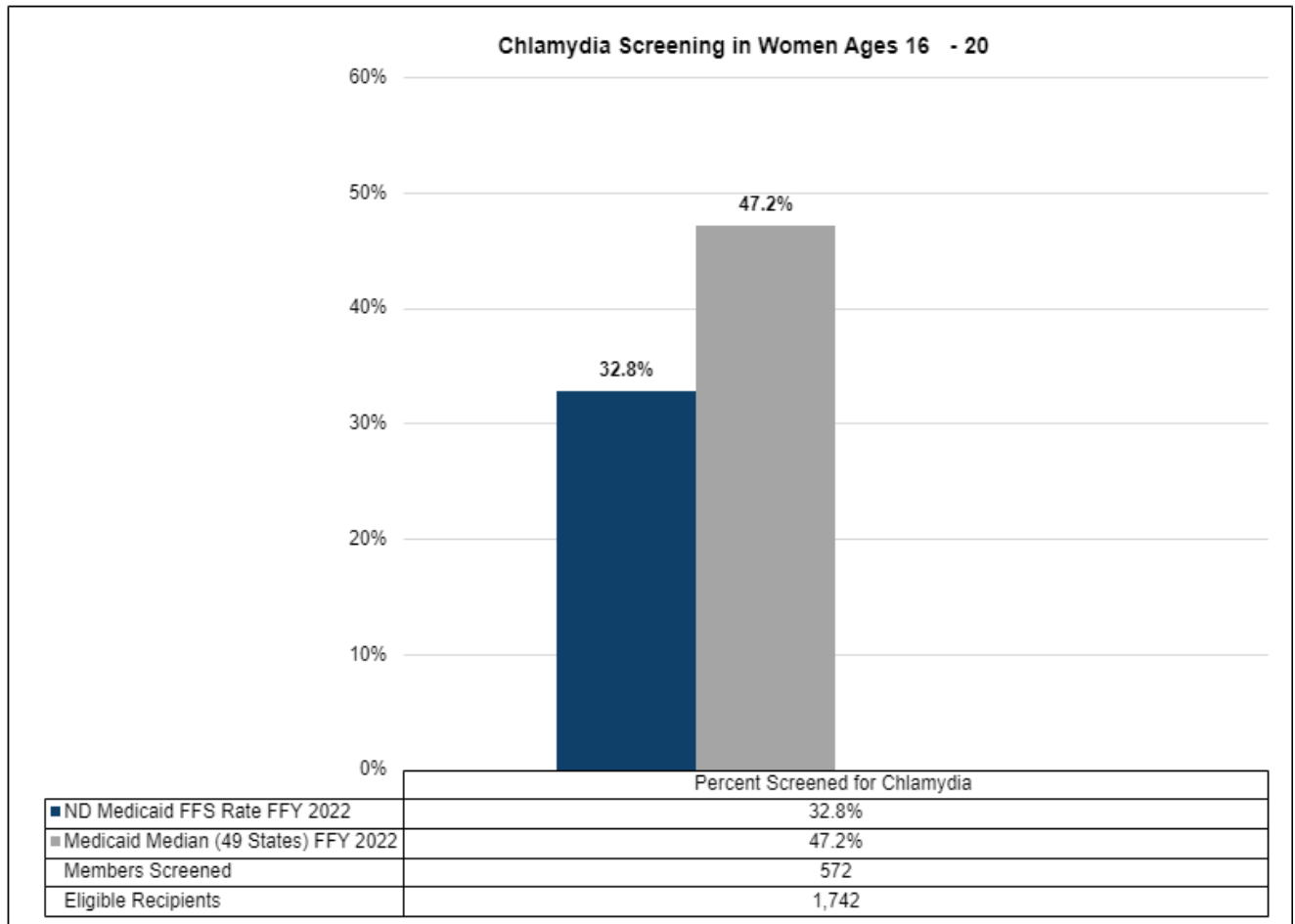
<sup>1</sup>As part of Section 50102 of the Bipartisan Budget Act of 2018, mandatory state reporting of the Child Core Set measures will take effect in 2024. Mandatory reporting of the Child Core Set will further advance CMS’s efforts to ensure a standardized system for quality measurement with the goal of improving the quality of care for beneficiaries in Medicaid and CHIP.

### PRIMARY CARE ACCESS AND PREVENTIVE CARE



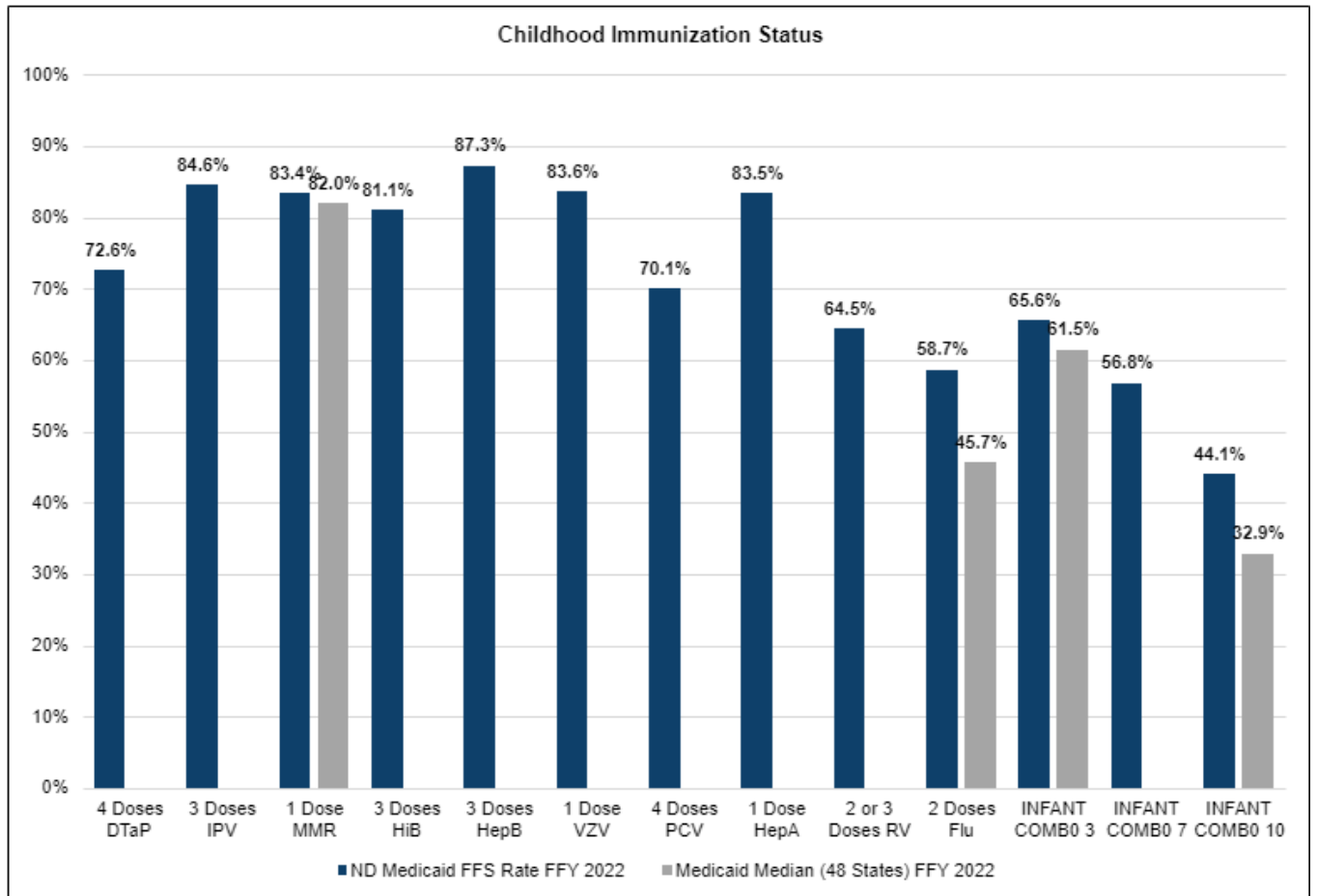
### MEASURE DESCRIPTION

This measure shows the percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrician/gynecologist (OB/GYN) and whose Body Mass Index Percentile, Counseling for Nutrition, and Counseling for Physical Activity *is Documented in the Medical Record* during the measurement year



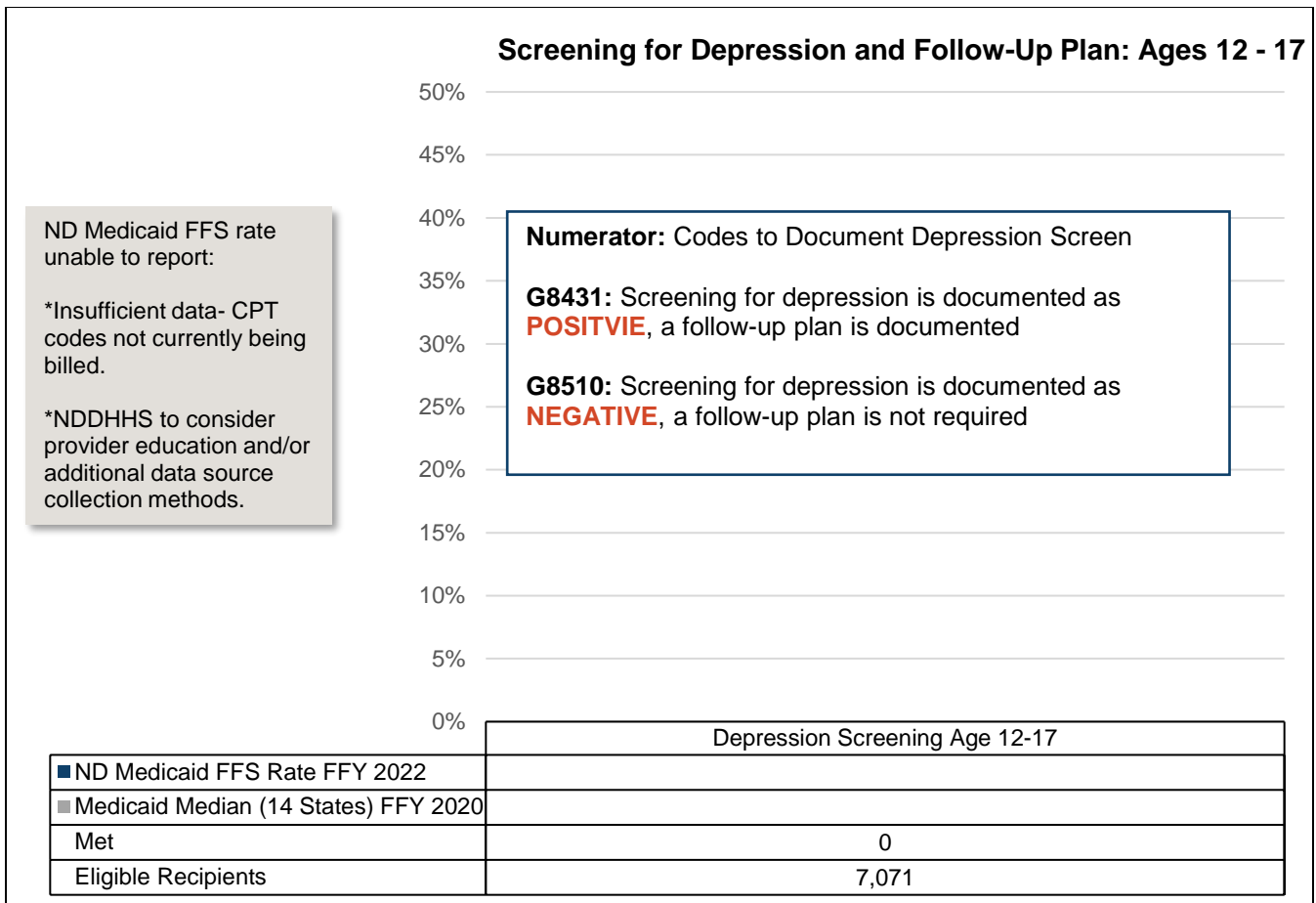
### MEASURE DESCRIPTION

This measure shows the percentage of sexually active women ages 16 to 20 who were screened for chlamydia during the measurement year.



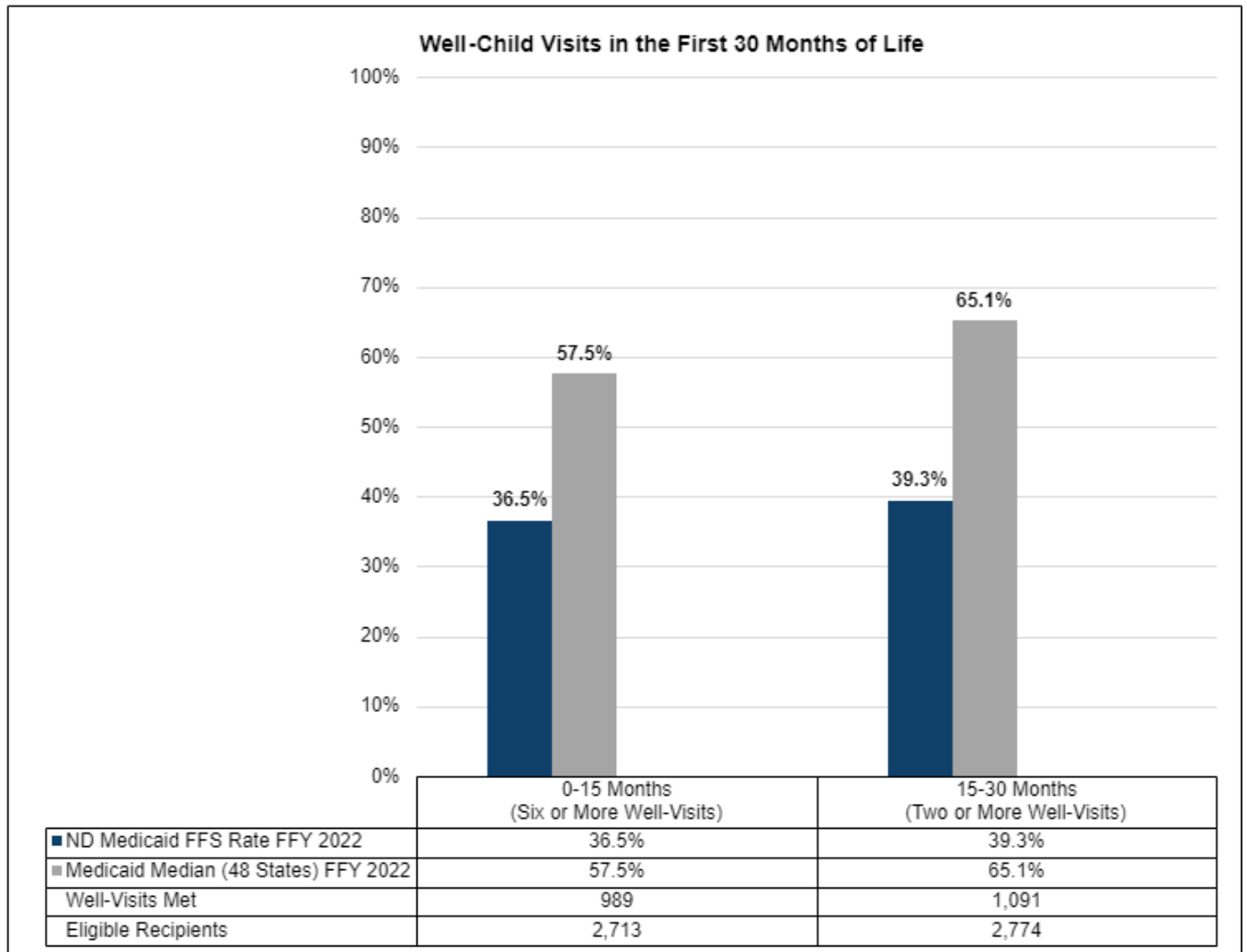
## MEASURE DESCRIPTION

This measure shows the percentage of children up-to-date on recommended Immunizations by their second birthday during the measurement year.



## MEASURE DESCRIPTION

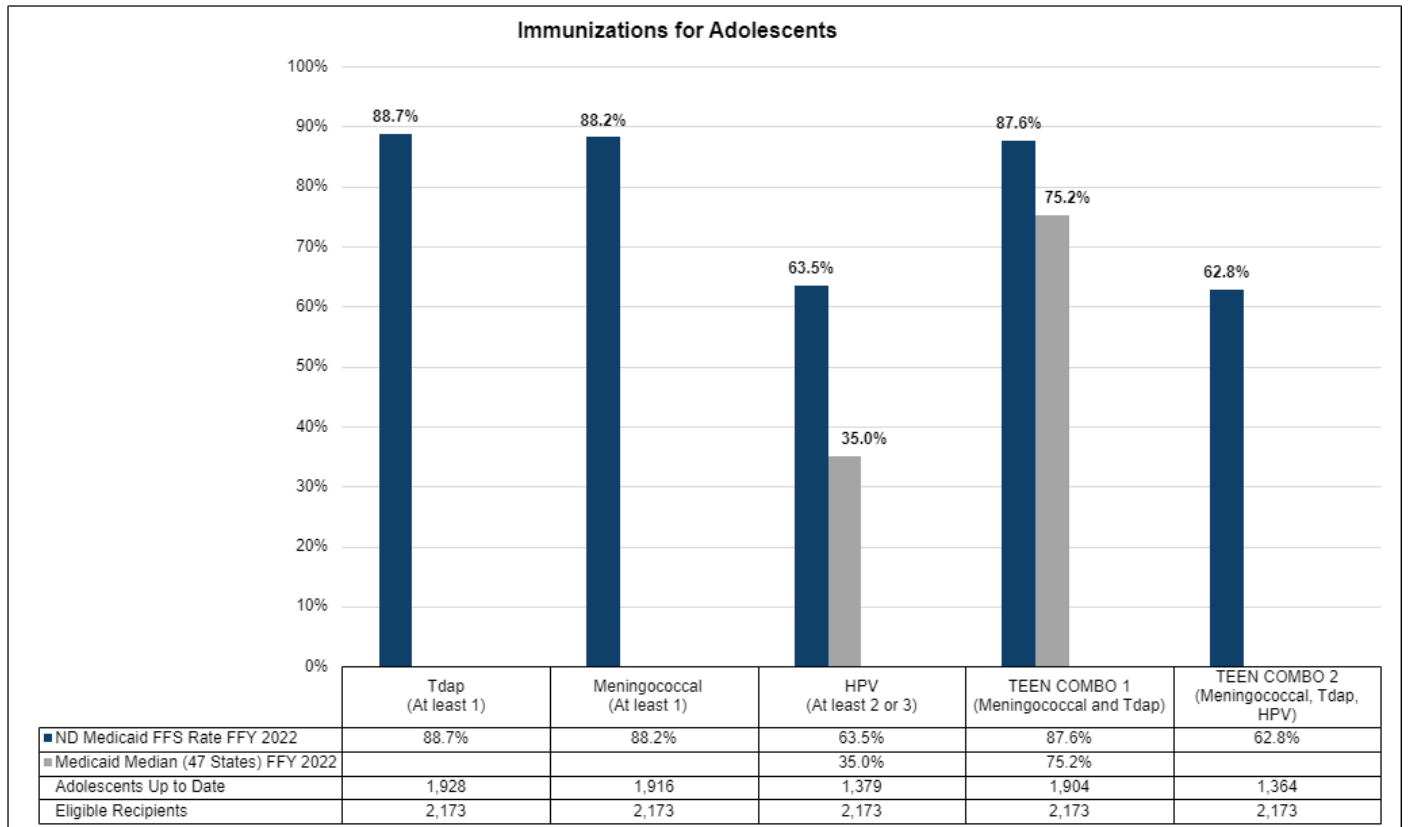
Percentage of beneficiaries ages 12 to 17 screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, *AND, if positive*, a follow-up plan is documented on the date of the eligible encounter.



### MEASURE DESCRIPTION

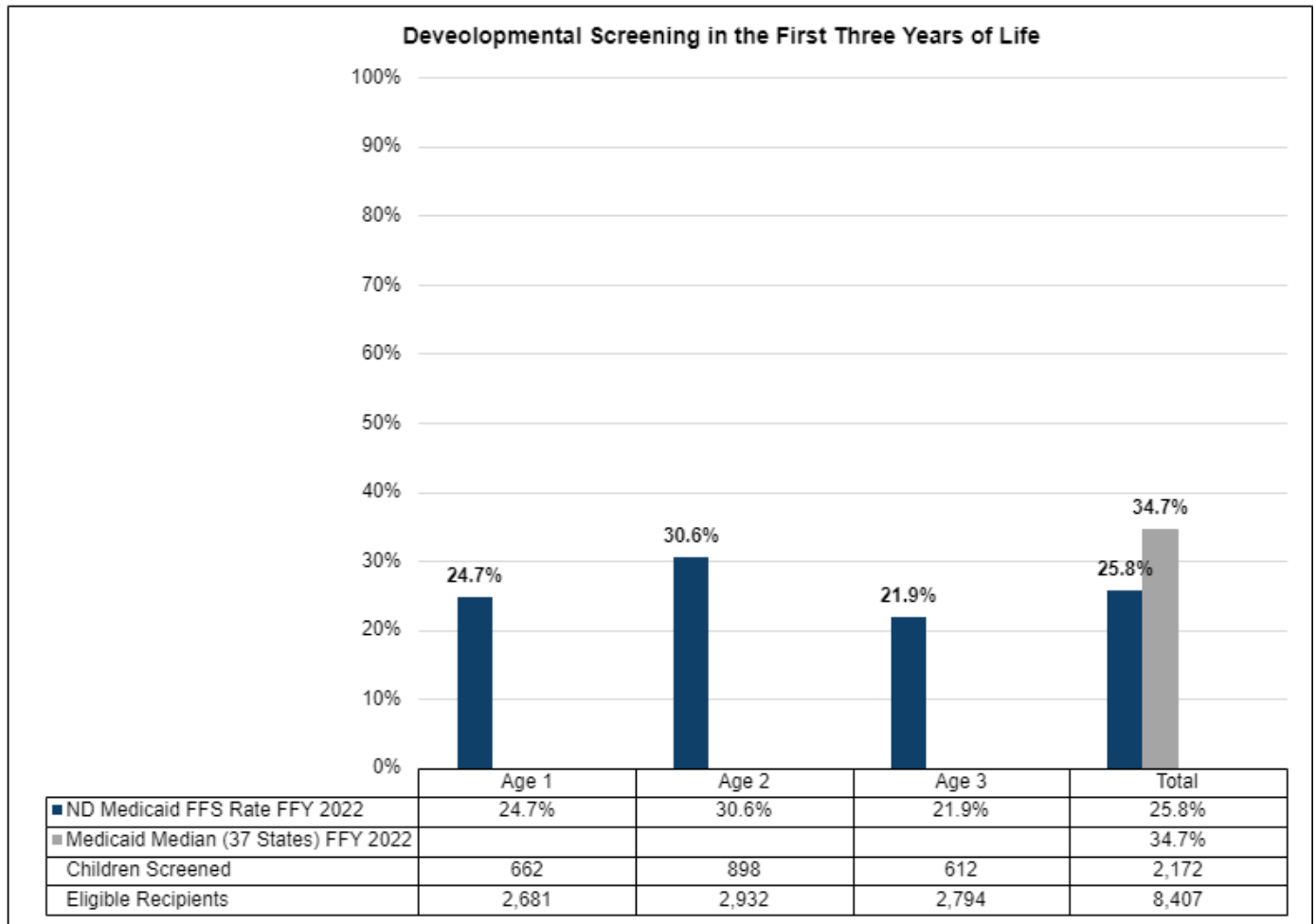
This measure shows the percentage of children who had the following number of well-child visits with a primary care practitioner (PCP) during the last 15 months. The following rates are reported:

- Well-Child Visits in the First 15 Months. Children who turned age 15 months during the measurement year and received the recommended six or more well-child visits.
- Well-Child Visits for Age 15 Months–30 Months. Children who turned age 30 months during the measurement year and received the recommended two or more well-child visits.



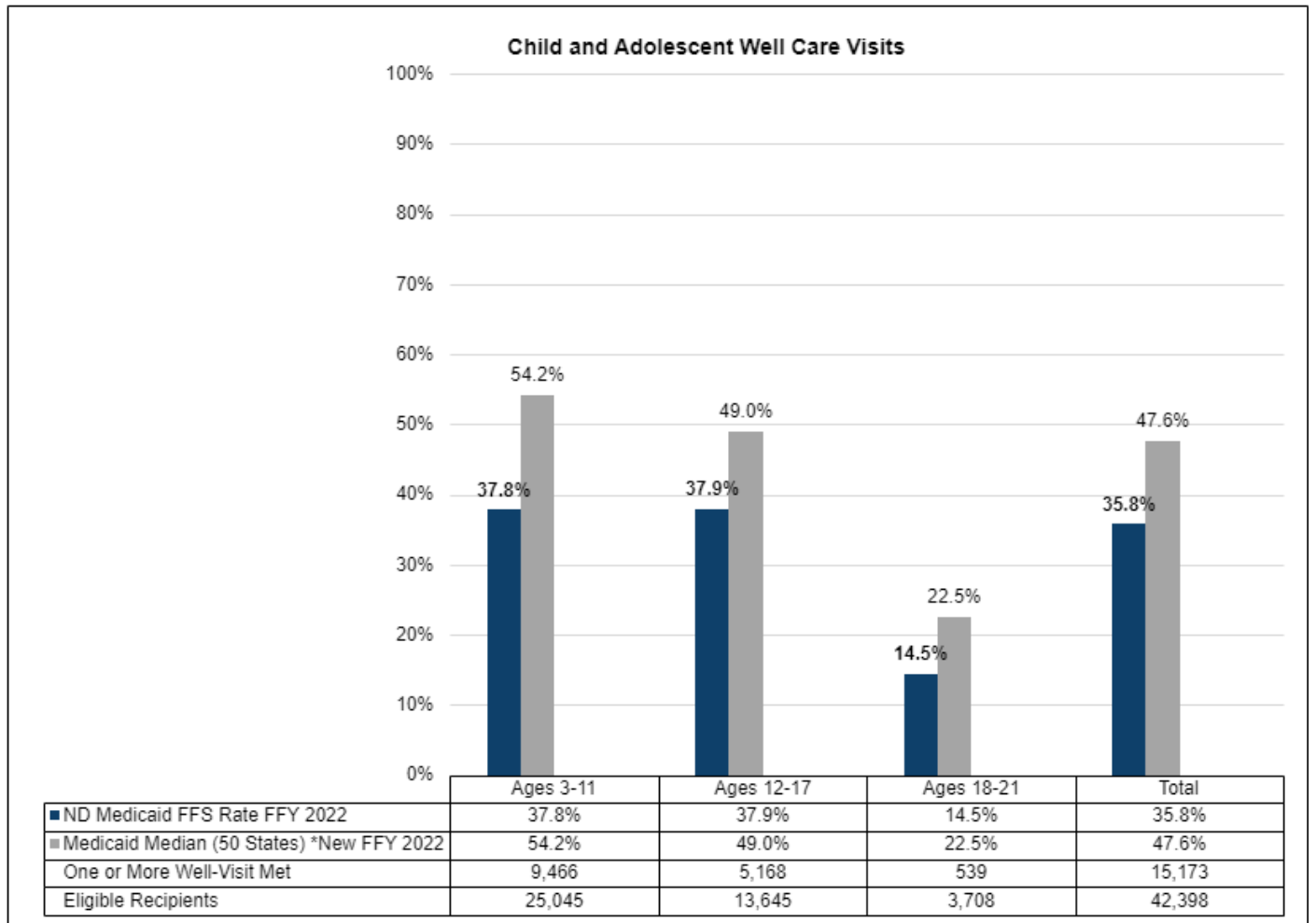
## MEASURE DESCRIPTION

This measure shows the percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and the complete human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and two combination rates.



## MEASURE DESCRIPTION

This measure shows the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool preceding or on their First, Second, or Third Birthday.



## MEASURE DESCRIPTION

This measure shows the percentage of children ages 3 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement year.

## MATERNAL AND PERINATAL HEALTH

### Live Births Weights Less Than 2,500 Grams

#### MEASURE DESCRIPTION

Percentage of live births that weighed less than 2,500 grams at birth during the measurement year. *Note: A lower rate indicates better performance.*

*To reduce state burden and streamline reporting, CMS will calculate this measure for states using state natality data obtained through the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER). States are not asked to report data for this measure for FFY 2022 Core Set reporting.*

	FFY 2021 (CY 2020)		FFY 2022 (CY 2021)	
	Denominator	Rate	Denominator	Rate
<b>Percentage of live births weighing less than 2,500 grams (LBW-CH)</b>				
State Mean		9.9		10.2
State Median		10.0		10.1
<b>North Dakota State-Level Rate</b>	2,439	8.0	2,330	8.6
<b>Mother’s race and Hispanic origin<sup>1</sup></b>				
American Indian or Alaska Native, Not Hispanic or Latino	494	7.5	442	7.2
Asian, Not Hispanic or Latino	45	DS	33	DS
Black or African American, Not Hispanic or Latino	305	8.5	268	11.2
Hispanic or Latino <sup>2</sup>	268	9.3	250	7.2
Native Hawaiian or Other Pacific Islander, Not Hispanic or Latino	DS	DS	16	DS
White, Not Hispanic or Latino	1,139	7.8	1,165	8.2
More than one race, Not Hispanic or Latino	129	DS	118	14.4
<b>Geography<sup>3</sup></b>				
Metropolitan	1,121	8.6	1,115	8.6
Nonmetropolitan	1,318	7.6	1,215	8.6

Source: Mathematica analysis of CDC WONDER data for calendar year 2020 and 2021 as of February 2, 2023.

Notes: The Live Births Weighing Less than 2,500 grams measure (LBW-CH) shows the percentage of live births that weighed less than 2,500 grams during the measurement period.

Calculations include births that have Medicaid as the principal source of payment for delivery as indicated on the birth certificate.

State mean and state median are based on CDC WONDER data for the 50 states and the District of Columbia.

DS = Data suppressed because data cannot be displayed per the NCHS and CMS cell-size suppression policies, which prohibit the direct reporting of data for beneficiary and record counts of 0 to 10 and values from which users can derive values of 0 to 10.

## Low-Risk Cesarean Delivery

### MEASURE DESCRIPTION

Percentage of nulliparous (first birth), term (37 or more completed weeks based on the obstetric estimate), singleton (one fetus), in a cephalic presentation (head-first) births delivered by cesarean during the measurement year. *Note: A lower rate indicates better performance.*

*To reduce state burden and streamline reporting, CMS will calculate this measure for states using state natality data obtained through the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER). States are not asked to report data for this measure for FFY 2022 Core Set reporting.*

	FFY 2021 (CY 2020)		FFY 2022 (CY 2021)	
	Denominator	Rate	Denominator	Rate
<b>Percentage of nulliparous, term, singleton, in a cephalic presentation births delivered by cesarean (LRCD-CH)</b>				
State Mean		23.9		24.3
State Median		24.4		24.6
<b>North Dakota State-Level Rate</b>	617	20.9	563	20.3
<b>Mother’s race and Hispanic origin<sup>1</sup></b>				
American Indian or Alaska Native, Not Hispanic or Latino	117	17.1	101	23.8
Asian, Not Hispanic or Latino	DS	DS	DS	DS
Black or African American, Not Hispanic or Latino	58	19.0	41	DS
Hispanic or Latino <sup>2</sup>	78	25.6	76	19.7
Native Hawaiian or Other Pacific Islander, Not Hispanic or Latino	DS	DS	DS	DS
White, Not Hispanic or Latino	304	20.1	298	18.8
More than one race, Not Hispanic or Latino	39	DS	28	DS
<b>Geography<sup>3</sup></b>				
Metropolitan	272	19.1	275	22.9
Nonmetropolitan	345	22.3	288	17.7

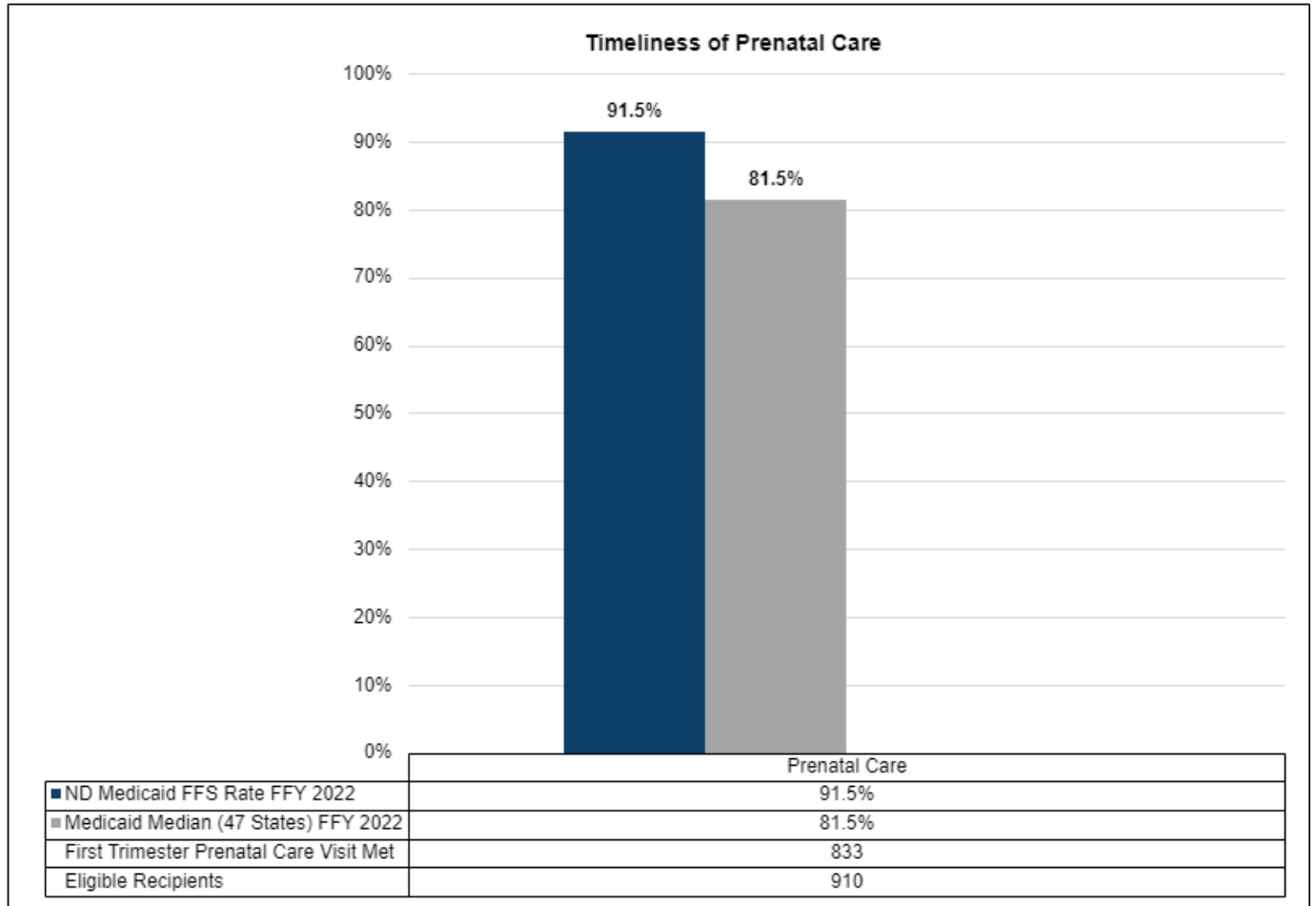
Source: Mathematica analysis of CDC WONDER data for calendar year 2020 and 2021 as of February 2, 2023.

Notes: The Low-Risk Cesarean Delivery measure (LRCD-CH) is defined as the percentage of nulliparous (first birth), term (37 or more completed weeks based on the obstetric estimate), singleton (one fetus), in a cephalic presentation (head-first) births delivered by cesarean during the measurement year.

Calculations include births that have Medicaid as the principal source of payment for delivery as indicated on the birth certificate.

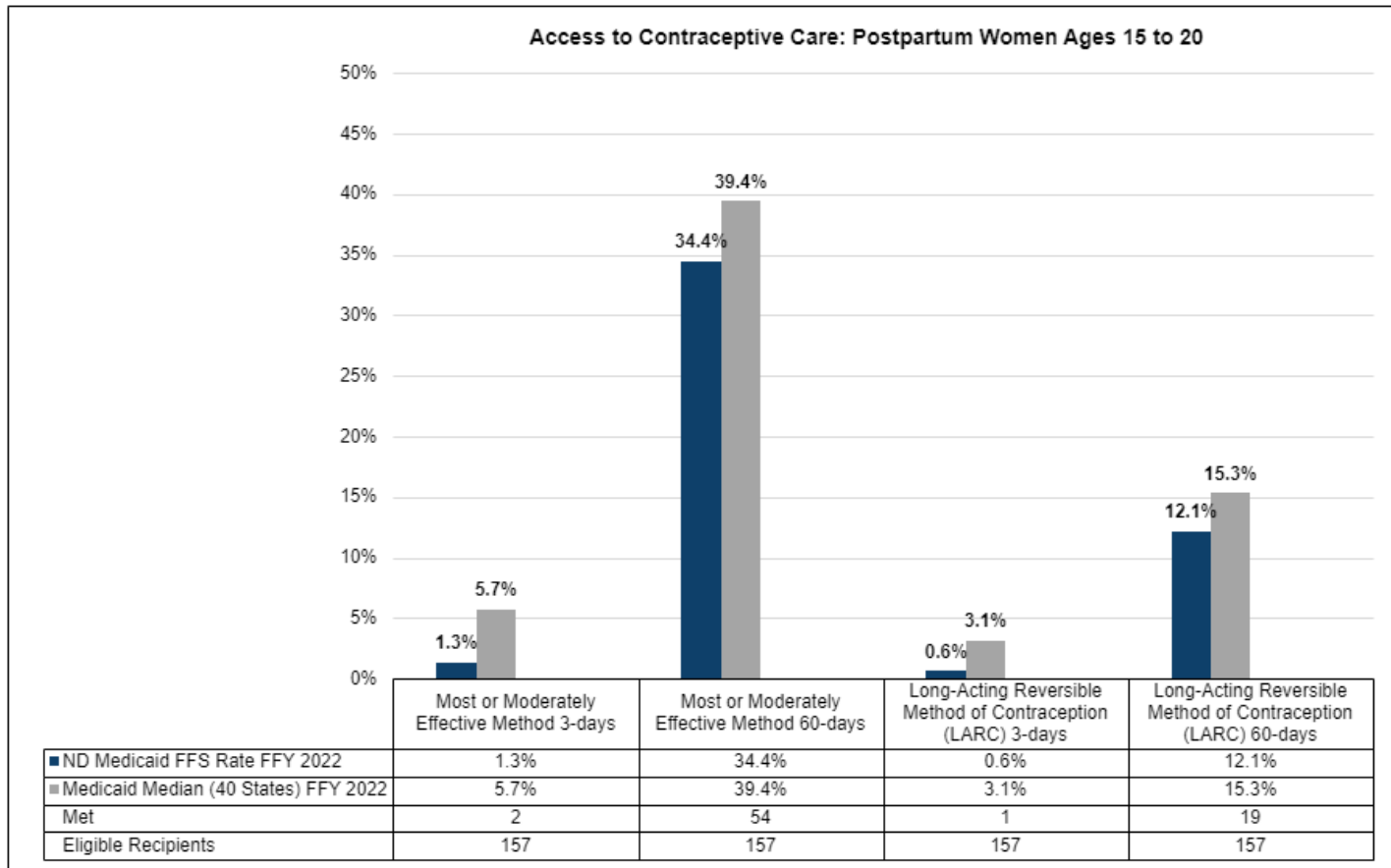
State mean and state median are based on CDC WONDER data for the 50 states and the District of Columbia.

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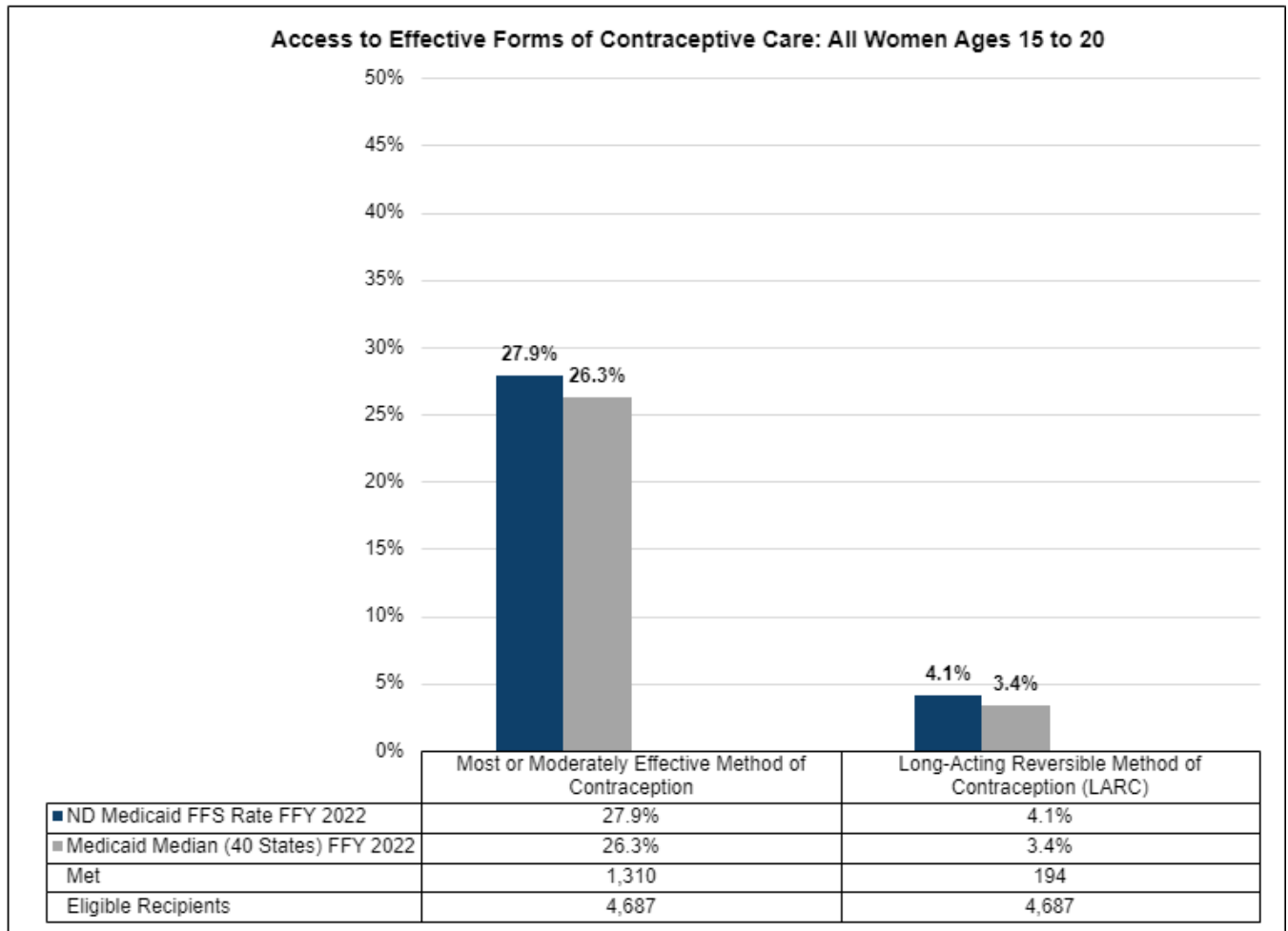
### MEASURE DESCRIPTION

This prenatal care measure assesses how often pregnant women received timely prenatal care by showing the percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year and had a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in Medicaid or CHIP.



## MEASURE DESCRIPTION

This measure assesses *access* to contraceptive care, including the percentage of postpartum women ages 15 to 20 who had a Live Birth and who were provided: (1) a most or moderately effective method of contraception within 3 and 60 days of delivery; (2) a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.



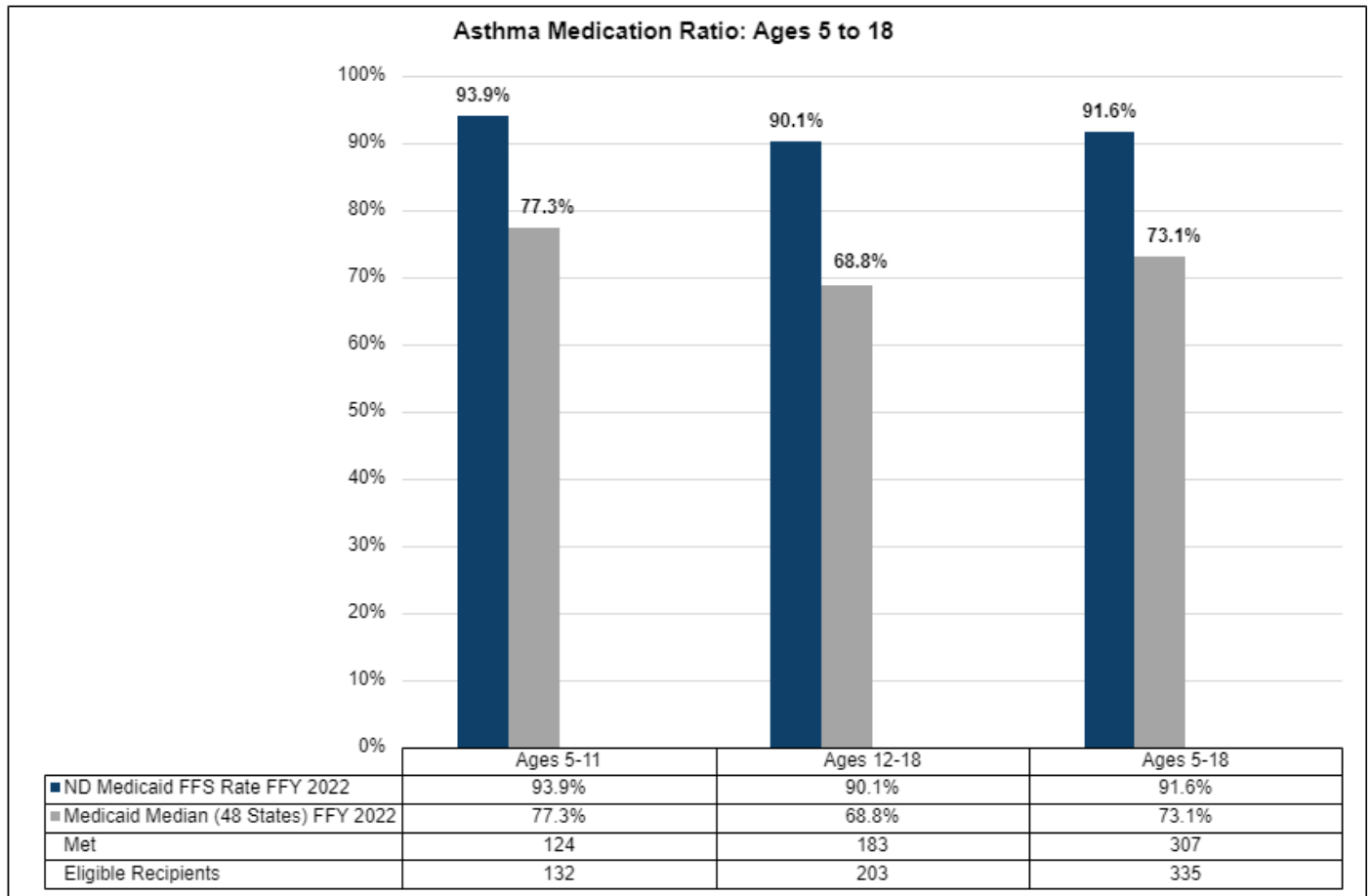
## MEASURE DESCRIPTION

Among women ages 15 to 20 at risk of unintended pregnancy, the percentage that:

1. Were provided a most effective or moderately effective method of contraception.
2. Were provided a long-acting reversible method of contraception (LARC).

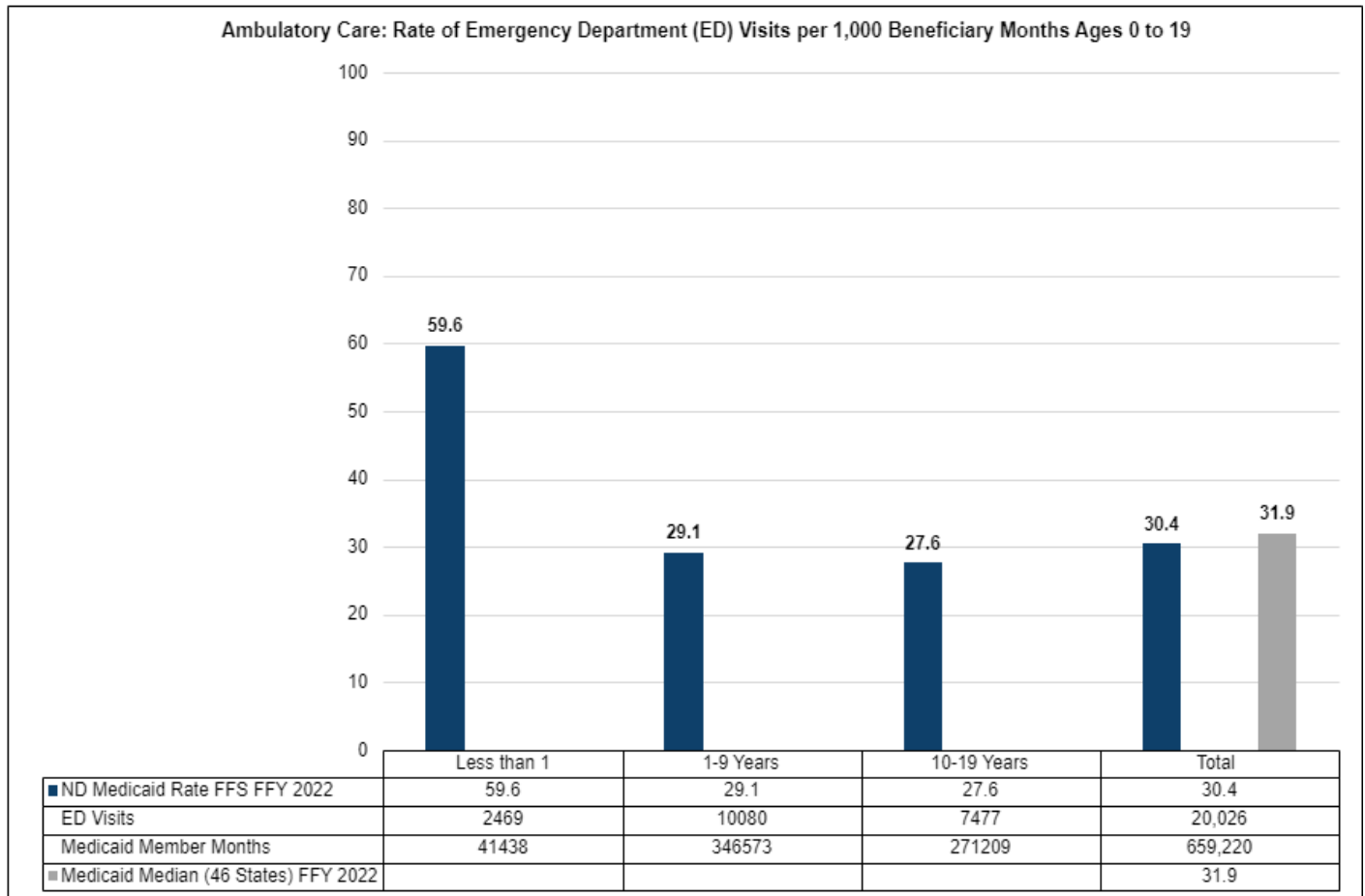
The first rate is an intermediate outcome measure, and it is desirable to have a high percentage of women who are provided the most effective or moderately effective contraceptive methods. The goal is to provide an indicator for states to assess the provision of most or moderately effective contraceptive methods within the state and see where there is room for improvement. The second rate is an access measure, and the focus is on making sure that women have access to LARC methods.

## CARE OF ACUTE AND CHRONIC CONDITIONS



### MEASURE DESCRIPTION

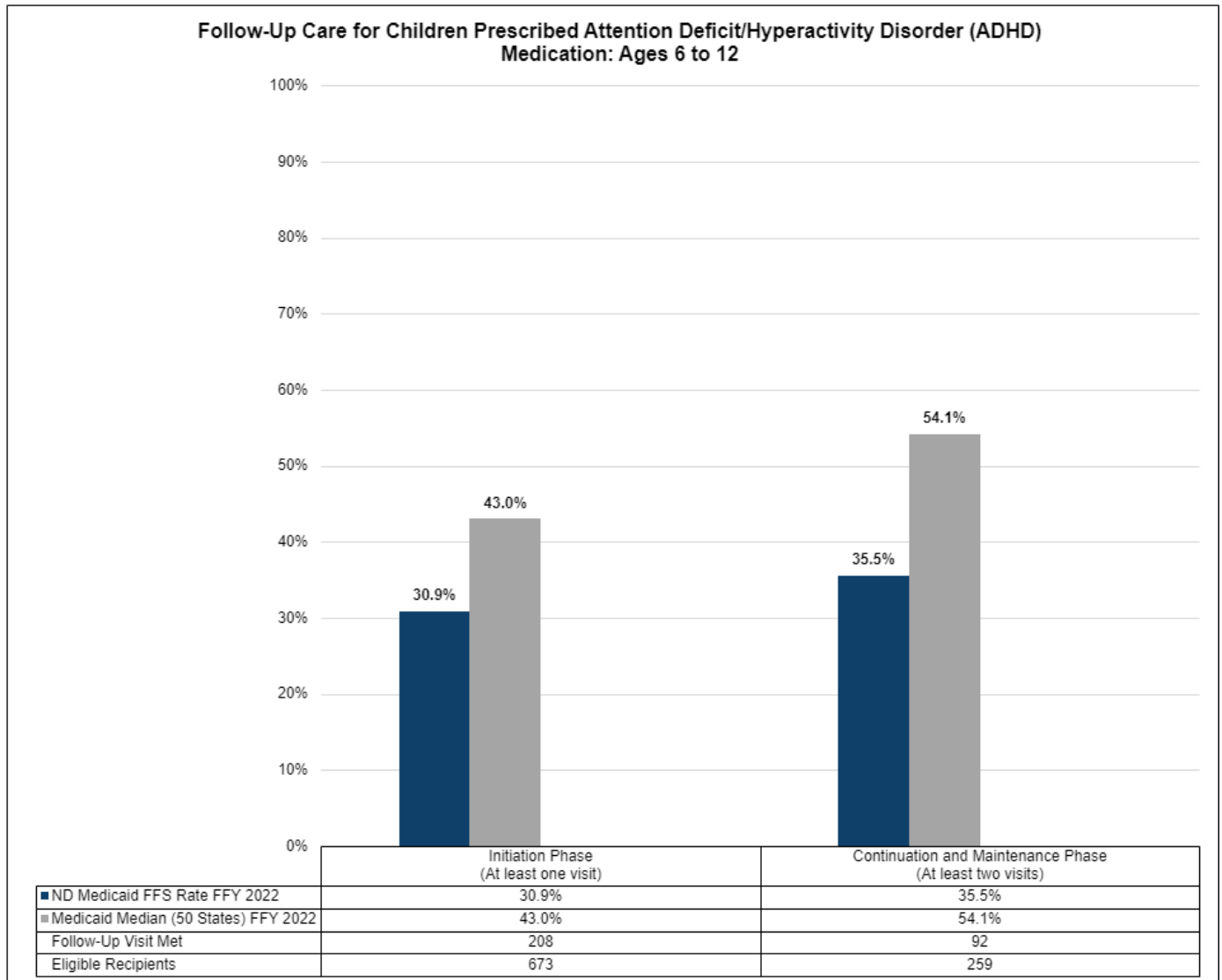
This measure shows the percentage of children ages 5 to 18 with persistent asthma and were dispensed appropriate asthma controller medications during the measurement year.



## MEASURE DESCRIPTION

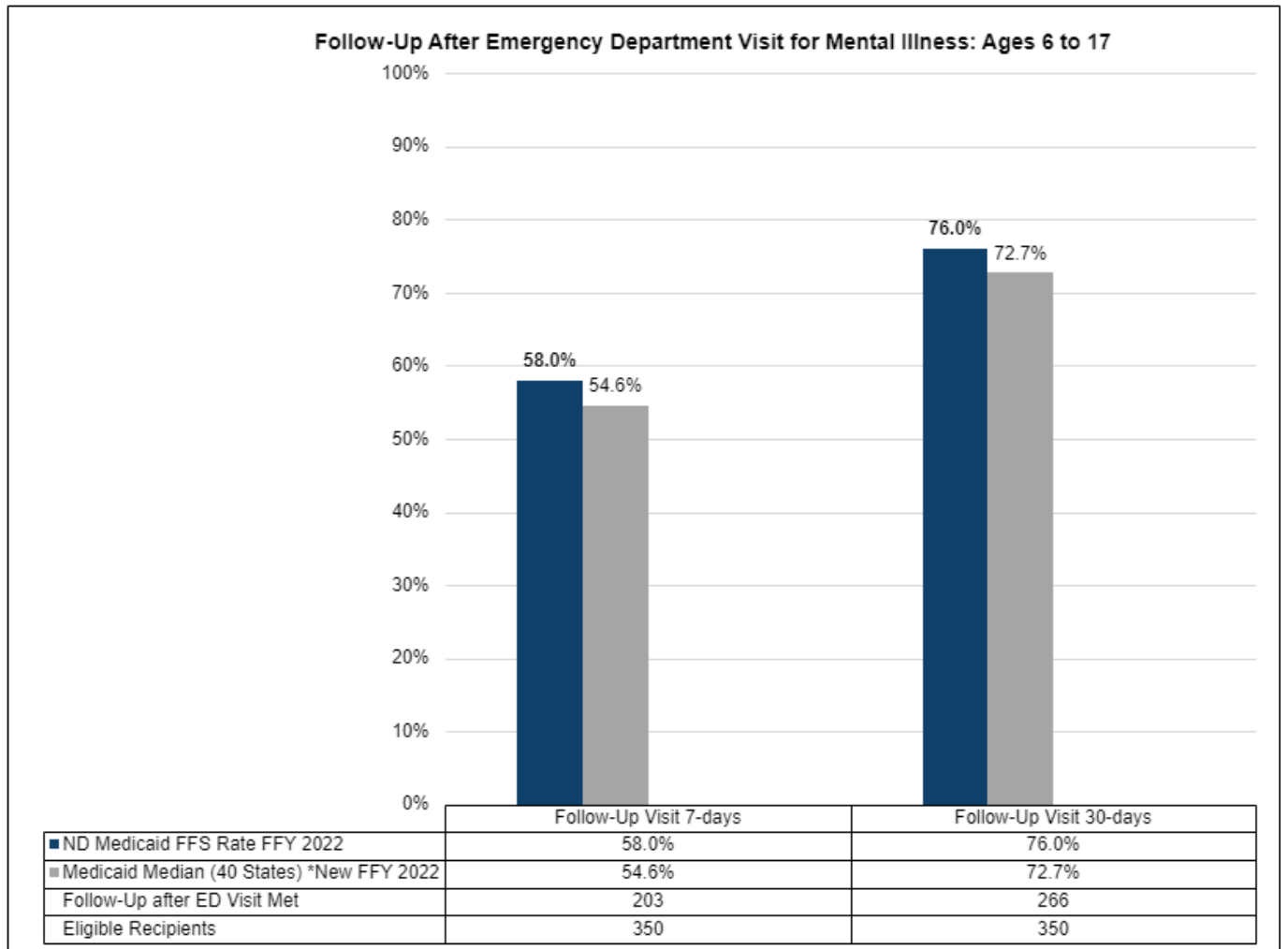
This measure shows the rate of emergency department visits per 1,000 beneficiary months among children up to age 19. \*Lower rates are better.

## BEHAVIORAL HEALTH CARE



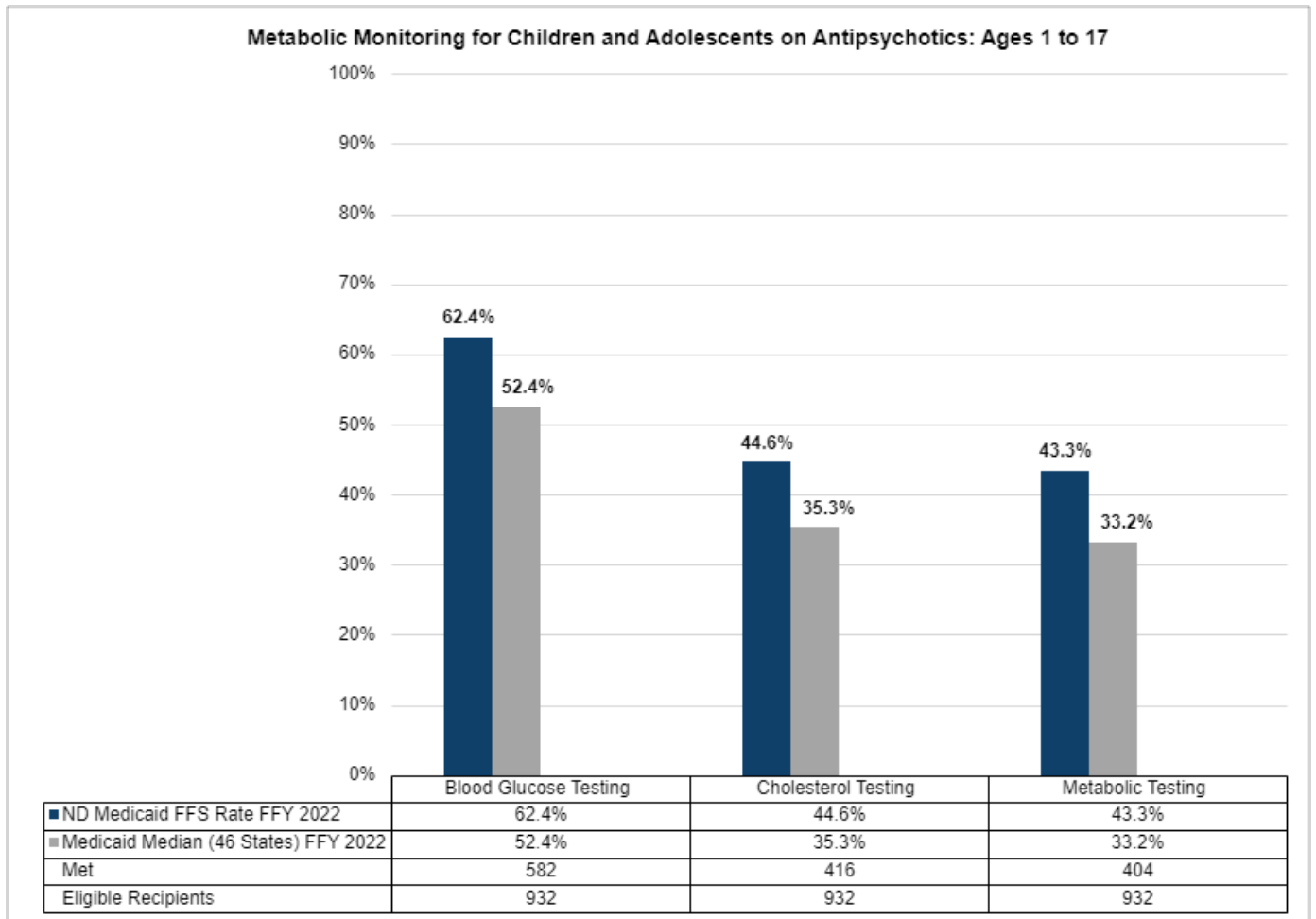
### MEASURE DESCRIPTION

This measure shows the percentage of children ages 6 to 12 who were newly prescribed medication for ADHD and who had *at least one visit* during the 30-Day Initiation Phase and *at least two visits* During the 9-Month Continuation and Maintenance Phase.



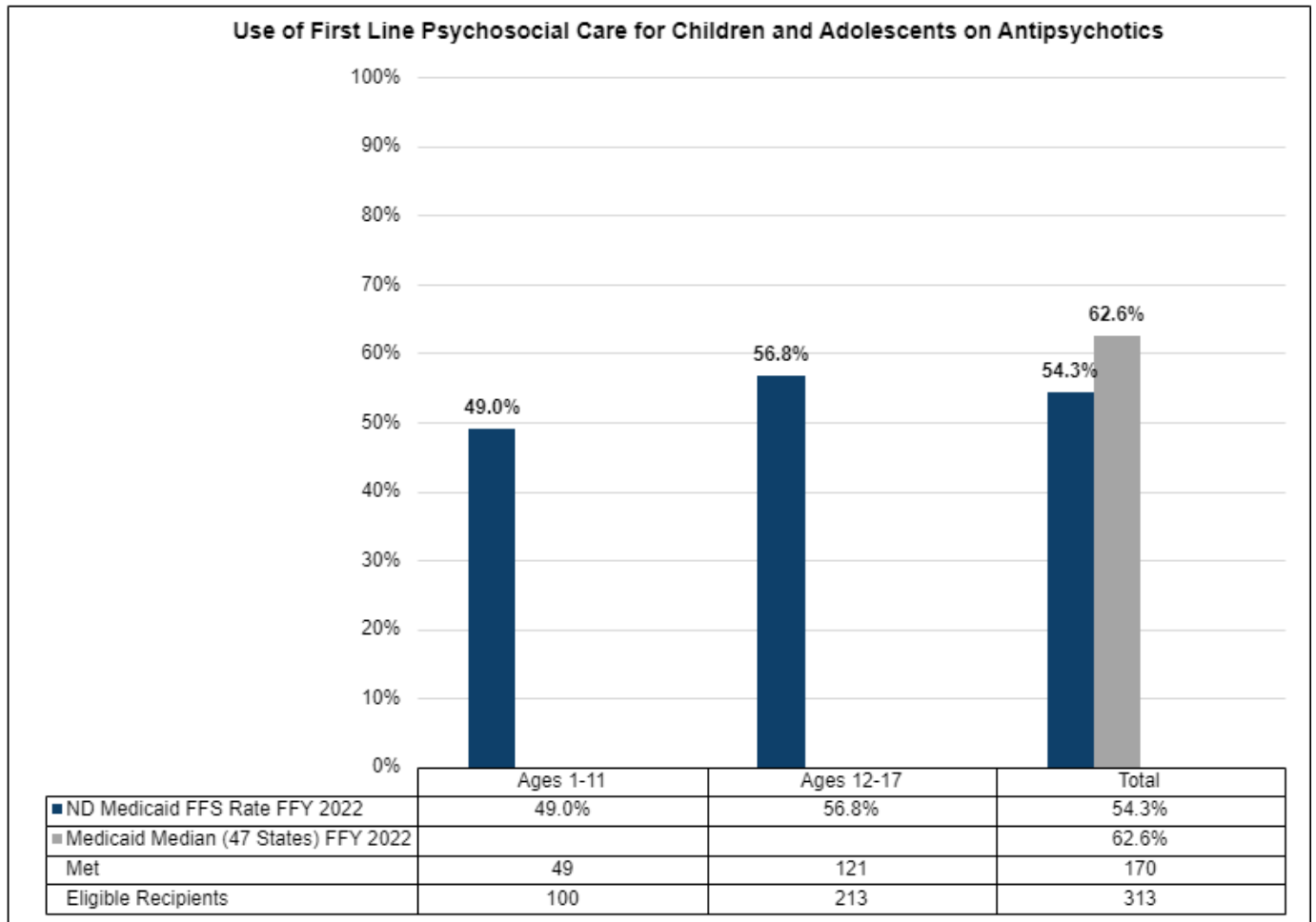
**MEASURE DESCRIPTION – NEW FFY2022**

This measure shows the percentage of discharges for children ages 6 to 17 hospitalized for treatment of mental illness or intentional self-harm and who had a follow-up visit with a Mental Health Practitioner within 7 and 30 days after discharge.



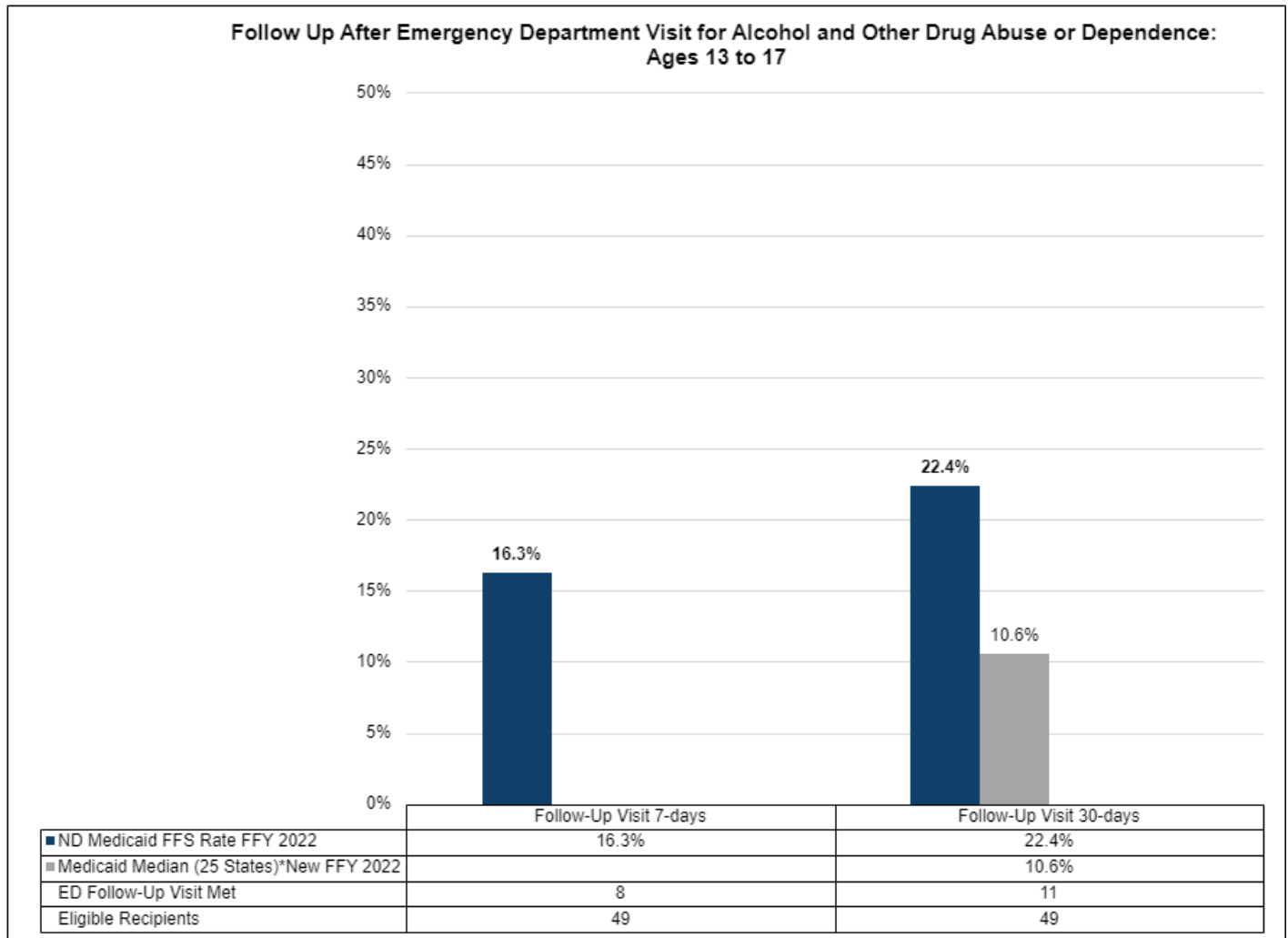
## MEASURE DESCRIPTION

This measure assesses the percentage of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions and had metabolic testing for blood glucose, cholesterol, and both blood glucose and cholesterol.



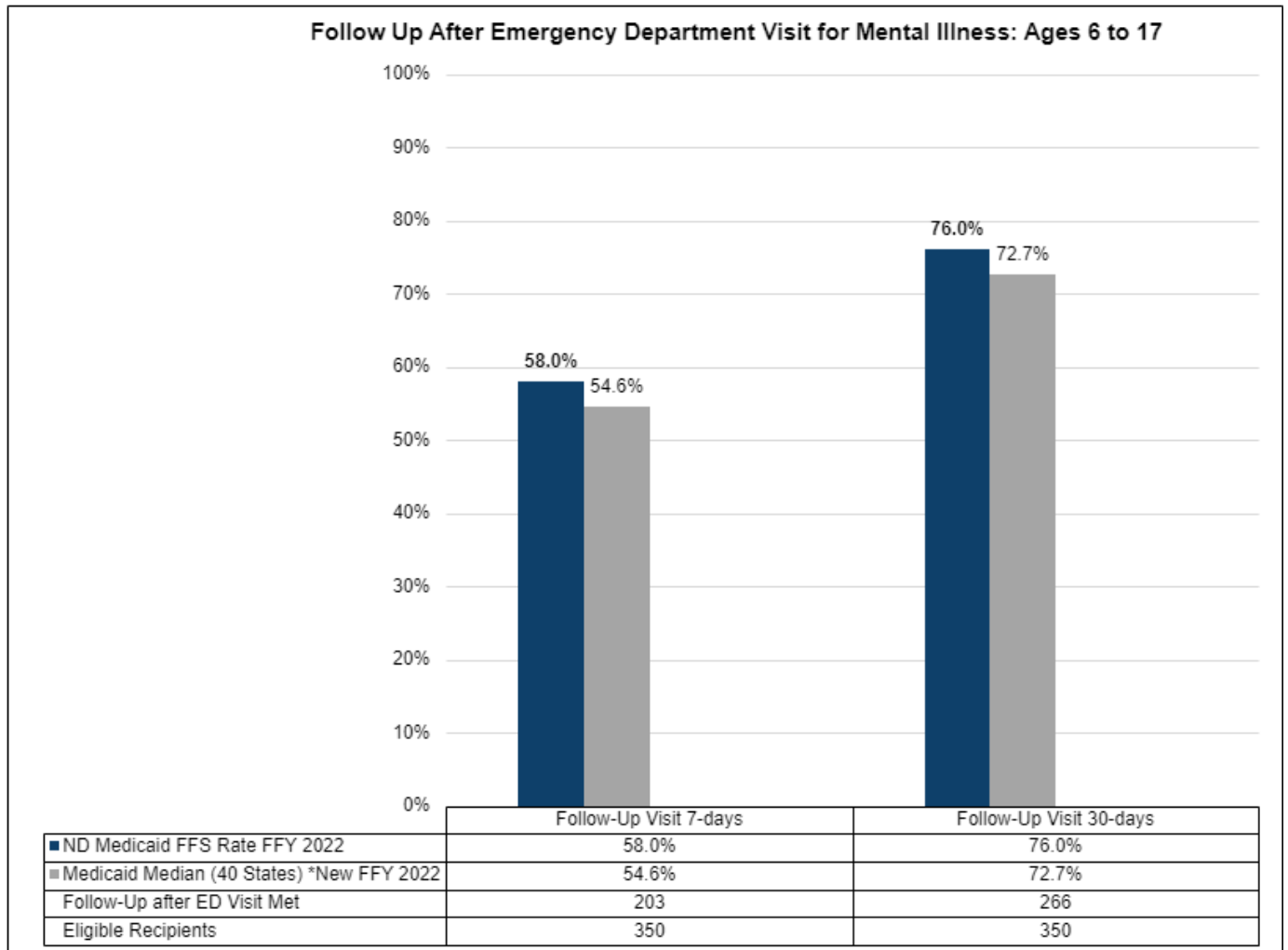
## MEASURE DESCRIPTION

This measure assesses the percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication *and had documentation of* psychosocial care as first-line treatment.



### MEASURE DESCRIPTION – NEW FFY2022

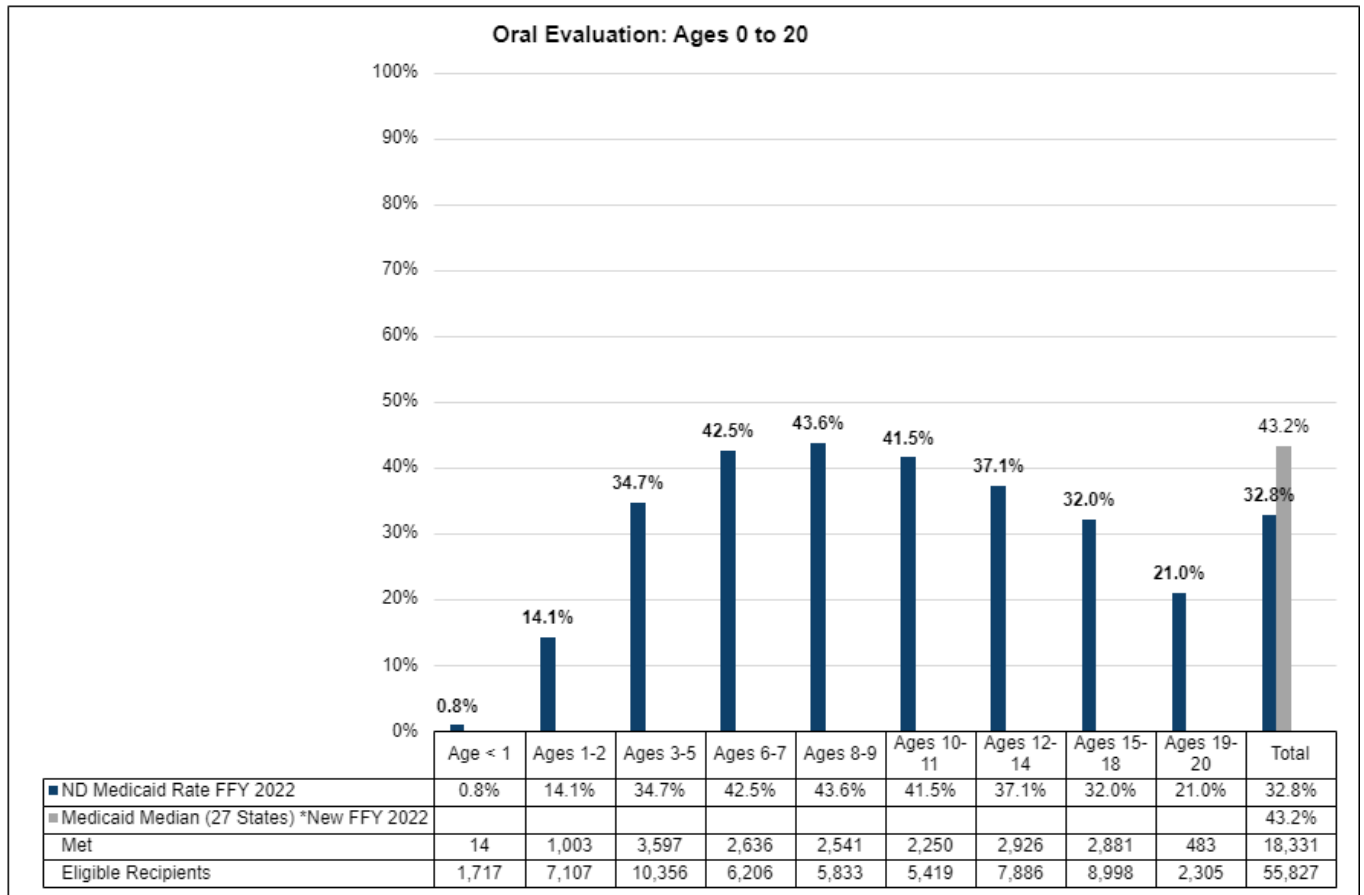
This measure assesses the percentage of emergency department (ED) visits for children ages 13 to 17 years with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit with any practitioner for AOD abuse or dependence within 7 and 30 days of the ED visit.



### MEASURE DESCRIPTION – NEW FFY2022

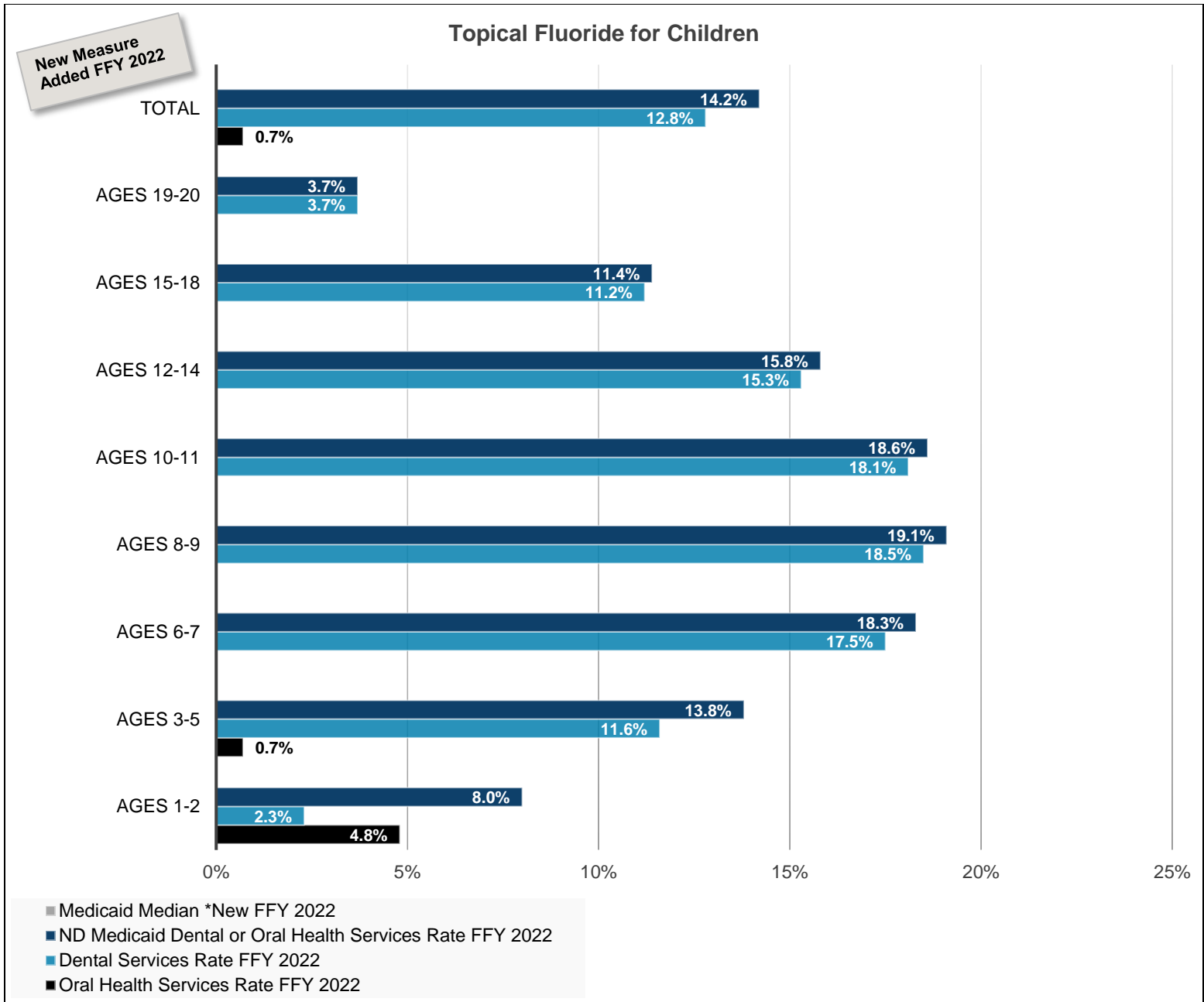
Percentage of emergency department (ED) visits for children ages 6 to 17 with a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness within 7 and 30 days of the ED visit.

## DENTAL AND ORAL HEALTH SERVICES



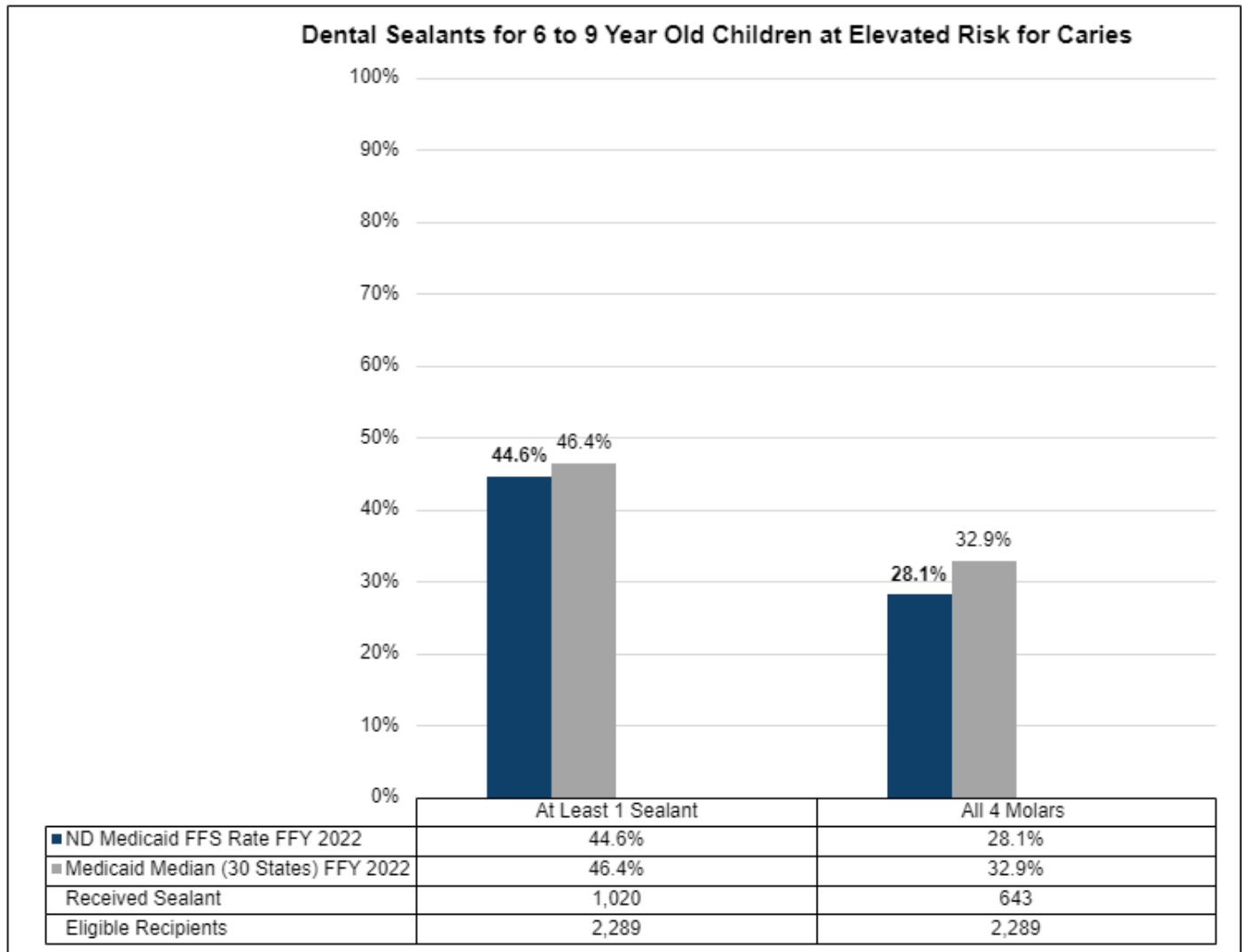
### MEASURE DESCRIPTION

This measure assesses the percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation within the measurement year.



**MEASURE DESCRIPTION – NEW FFY2022**

This measure assesses the percentage of enrolled children ages 1 through 20 who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year.



## MEASURE DESCRIPTION

This measure assesses the percentage of children ages 6 to 9 at elevated risk of dental caries (i.e., “moderate” or “high” risk) who received a sealant on a first permanent molar.