## State Improvement Projects, Performance Measures, and Incentives Promoting Children’s Preventive Services

<table>
<thead>
<tr>
<th>State</th>
<th>Behavioral Health (Autism, behavioral/social/emotional, substance use or depression screening)</th>
<th>Weight (Body mass index screening)</th>
<th>Immunizations²</th>
<th>Oral Health (Primary care provider dental referral, caries risk assessment, fluoride provision, or annual dental visit)³</th>
<th>Well Child/Adolescent Care⁴</th>
<th>Lead Screening</th>
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<tr>
<td>Alabama</td>
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<td>Provider Healthcare Effectiveness Data and Information Set measure</td>
<td>Provider Healthcare Effectiveness Data and Information Set measure</td>
<td>Provider Healthcare Effectiveness Data and Information Set measure (dental visit)</td>
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<td>California⁷</td>
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<td>Managed care health plan Healthcare Effectiveness Data and Information Set measure</td>
<td>• Performance measures⁸</td>
<td>• Incentive payments⁹</td>
<td>Managed care health plan Healthcare Effectiveness Data and Information Set measure</td>
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1. Diabetes
2. Immunizations²
3. Oral Health
4. Well Child/Adolescent Care⁴
5. Alaska⁵
6. Managed care organization measure⁶
7. California⁷
8. Performance measures⁸
9. Incentive payments⁹
<table>
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| Colorado            | • Managed care organization rapid cycle performance improvement projects  
                      • Managed care organization pay-for-performance  
                      • Regional accountable entity and primary care provider pay-for-performance | • Managed care organization measure  
                      • Primary care provider pay-for-performance | • Managed care organization measures  
                      • Primary care provider pay-for-performance¹⁰ | • Regional accountable entity and primary care provider pay-for-performance  
                      • Managed care organization measure  
                      • Regional accountable entity and managed care organization rapid cycle performance improvement project |                                |                                          |
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| Florida    | Managed care organization measure                                                  | Managed care organization measure   | • Managed care organization measures¹⁴  
• Managed care organization performance improvement projects  
• Managed care organization measure | Managed care organization performance measure | Managed care organization performance measure | Managed care organization performance measure |
| Georgia    | Managed care organization performance measure                                        | Managed care organization performance measure | Managed care organization performance improvement project ¹⁵ | Managed care organization performance measure | Managed care organization performance measure | Managed care organization performance measure |
| Hawaii     | Pay-for-performance                                                                |                                      |                |                                                                                                                     |                               |                                                      |
| Idaho      | Patient-centered medical Home measures                                            | Patient-centered medical home measures |                |                                                                                                                     |                               |                                                      |
| Illinois²⁶ | Managed care organization incentive payment¹⁷                                       | Managed care organization pay-for-performance measure | • Managed care organization pay-for-performance measure  
• Managed care organization priority measure¹⁹ | Managed care organization priority measure¹⁹ | Managed care organization pay-for-performance measure | Managed care organization priority measure¹⁹ |
<p>| Indiana    | Managed care organization pay-for-outcomes                                          |                                      |                |                                                                                                                     | Managed care organization performance measure | Managed care organization performance measure | Managed care organization Healthcare Effectiveness Data and Information Set Incentive measure |</p>
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| Iowa*         | • Managed care organization quality measure  
• Child Quality Measures | Child Quality Measure  
– weight assessment and counseling | Child Quality Measure | • Children’s Health Insurance Program prepaid ambulatory health plan performance improvement project  
• Child Quality Measure – dental sealants | • Managed care organization performance improvement project ²⁰  
• Value-based purchasing managed care organization contract requirement |                          |
| Kansas*       | Managed care organization measure                                                                   | Medicaid pay-for-performance measures²¹ | Managed care organization measure | • Managed care organization measure  
• Well child pay-for-performance measure | Pay-for-performance Healthcare Effectiveness Data and Information Set measure |                          |
<p>| Kentucky*     | Managed care organization-required Healthcare Effectiveness Data and Information Set measure reporting | Managed care organization-required Healthcare Effectiveness Data and Information Set measure reporting | Managed care organization-required Healthcare Effectiveness Data and Information Set measure reporting | • Managed care organization-required Healthcare Effectiveness Data and Information Set measure reporting | Managed care organization-required Healthcare Effectiveness Data and Information Set measure reporting |                          |</p>
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<th>Well Child/Adolescent Care &lt;sup&gt;4&lt;/sup&gt;</th>
<th>Lead Screening</th>
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• Pay-for-performance  
• Performance improvement project  
• Healthcare Effectiveness Data and Information Set measures | • Managed care organization measures  
• Healthcare Effectiveness Data and Information Set measures | • Managed care organization measures  
• Healthcare Effectiveness Data and Information Set measures | Managed care organization measure <sup>24</sup>  
• Managed care organization  
• Pay-for-performance  
• Healthcare Effectiveness Data and Information Set measures |  |
<p>| Maine | Primary care provider incentive payment | Managed care organization value-based payment initiative | Managed care organization value-based payment initiative | Managed care organization value-based payment initiative | Primary care provider incentive payment |  |</p>
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<td>Maternal Opioid Misuse Model grant²⁶</td>
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<td>• Managed care organization value-based payment state-developed measure²⁷ • Managed care organization rapid performance improvement project • Children’s Health Insurance Program health services initiative state plan amendment</td>
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| Massachusetts | • Required managed care organization/accoun table care organization performance improvement project²⁸  
• Accountable care organization measure  
• Prepaid inpatient health plan pay-for-performance measure  
• Prepaid inpatient health plan quality improvement pilot²⁹  
• Prepaid inpatient health plan quality improvement workgroup³⁰ | Primary Care Clinician Plan, managed care organization, and Accountable Care Partnership Plan accountable care organization required Healthcare Effectiveness Data and Information Set measure reporting | • Accountable care organization measure  
• Primary Care Clinician Plan Healthcare Effectiveness Data and Information Set measure reporting | Accountable care organization measure³¹ | Primary care clinician plan, managed care organization, Accountable Care Partnership Plan accountable care organization required Healthcare Effectiveness Data and Information Set measure reporting | Primary care clinician plan, managed care organization, and Accountable Care Partnership Plan accountable care organization required Healthcare Effectiveness Data and Information Set measure reporting |
| Michigan* | • Managed care organization measure  
• Prepaid Inpatient Health Plan pay-for-performance measure | Managed care organization performance measure | Managed care organization performance measure | Managed care organization performance measure | Managed care organization performance measure | Managed care organization performance measure |

¹ Body mass index screening is not mandatory for all managed care organizations.  
² Immunizations: This column lists the specific measures associated with immunizations, including the type of care provider involved and any relevant projects or programs.  
³ Oral Health: This column details the requirements for oral health care, including referral, caries risk assessment, fluoride provision, and annual dental visits.  
⁴ Well Child/Adolescent Care: This column outlines the measures for well-child and adolescent care, which may include primary care, dental referrals, and other health services.  
⁵ Lead Screening: This column indicates the measures related to lead screening, which could involve various health plans and performance improvement groups.  

* Michigan is marked with an asterisk to indicate a specific note or condition associated with it.
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<th>Lead Screening</th>
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| Minnesota²⁶ | - Managed care organization measure  
- Accountable care organization measure | - Managed care organization measure | - Managed care organization measure  
- Accountable care organization measure | - Withhold measure  
- Accountable care organization measure³² | - Managed care organization measure  
- Withhold measure  
- Accountable care organization measure | | |
| Mississippi | - Managed care organization performance improvement projects ³³  
- Managed care organization measure | Managed care organization measure | | Managed care organization measure | Managed care organization measure | | |
| Missouri    | | Required managed care organization performance improvement project³⁴ | Required managed care organization performance improvement project³⁵ | Performance withhold program³⁶ | Managed care organization performance withhold program³⁷ | | |
| Montana³⁸   | - Patient-centered medical home measure  
- Pay-for-performance measure | - Patient-centered medical home measure  
- Pay-for-performance measure | - Patient-centered medical home measure  
- Pay-for-performance measure | | - Patient-centered medical home measure  
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• Managed care organization performance improvement project  
• Managed care organization tracking measure  
• Managed care organization delivery system improvement performance targets | • Managed care organization performance measure  
• Managed care organization performance improvement project | • Managed care organization tracking measure  
• Managed care organization performance measure |Managed care organization tracking measure |Managed care organization performance measure |Managed care organization required Healthcare Effectiveness Data and Information Set measure reporting |
| New York<sup>46</sup> | Managed care organization pay-for-reporting measure  
• Patient-centered medical home payment incentive  
• Managed care organization measure <sup>47</sup> | • Patient-centered medical home payment incentive  
• Pay-for-performance measure  
• Managed care organization measure |Managed care organization pay-for-performance measure |Managed care organization pay-for-performance measure |Managed care organization pay-for-performance measure |Part of Medicaid managed care quality strategy<sup>48</sup>  
• Delivery system reform incentive payment pay-for-performance measure<sup>49</sup> |
<table>
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⁵⁴ Patient-centered medical home incentive payment
⁵⁵ Incentive payment
⁵⁶ Healthcare Effectiveness Data and Information Set measure
⁵⁷ Managed care organization incentive payments
⁵⁸ Children’s Health Insurance Program health service initiative: Reach Out and Read Initiative
⁶⁰ Coordinated Care Organization incentive measures
⁶¹ State performance measure
⁶² Coordinated Care Organization incentive measures
⁶³ Coordinated Care Organization financial incentive measure
⁶⁴ State performance measure
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• Pay-for-performance measure | Managed care organization Healthcare Effectiveness Data and Information Set measure | Managed care organization Healthcare Effectiveness Data and Information Set measure | • Children’s Health Insurance Program performance measure  
• Managed care organization Healthcare Effectiveness Data and Information Set measure 65  
• Pay-for-performance measure 66  
• Managed care organization performance measure | • Pay-for-performance measure 67  
• Managed care organization Healthcare Effectiveness Data and Information Set measure  
• Pay-for-performance measure  
• Managed care organization performance measure | • Children’s Health Insurance Program managed care organization performance improvement project  
• Managed care organization Healthcare Effectiveness Data and Information Set measure  
• Pay-for-performance measure |
| Rhode Island | • Managed care organization performance improvement project 68  
• Managed care organization performance measure | Managed care organization performance measure | Managed care organization performance measure 69 | Managed care organization performance measure | Managed care organization performance measure | Managed care organization performance measure |
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• Managed care organization performance measure | • Managed care organization quality improvement project  
• Managed care organization Healthcare Effectiveness Data and Information Set measure  
• Managed care organization performance measure | Managed care organization Healthcare Effectiveness Data and Information Set measure | Managed care organization performance measure | 70 |
| South Dakota* 71, 72, 73, 74 | Provider Healthcare Effectiveness Data and Information Set measures | Provider Healthcare Effectiveness Data and Information Set measures | • Performance improvement project implemented  
• Provider Healthcare Effectiveness Data and Information Set measures | • Performance improvement project  
• Provider Healthcare Effectiveness Data and Information Set measures  
• Child Core Set measures | |
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<td>Weight (Body mass index screening)</td>
<td>Immunizations²</td>
<td>Oral Health (Primary care provider dental referral, caries risk assessment, fluoride provision, or annual dental visit)³</td>
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<td>Lead Screening</td>
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<td>Vermont</td>
<td>Accountable care organization performance measure</td>
<td>Managed care organization measure</td>
<td>Managed care organization measures⁹¹</td>
<td>• Accountable care organization performance measure&lt;br&gt;• Managed care organization measures&lt;br&gt;• Patient-centered medical home quality performance payment</td>
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<tr>
<td>Virginia*</td>
<td>Managed care organization performance improvement project</td>
<td>Managed care organization measure</td>
<td>• Managed care organization measure⁹⁴&lt;br&gt;• Pay-for-performance measure&lt;br&gt;• Managed care organization Healthcare Effectiveness Data and Information Set measures&lt;br&gt;• Performance incentive payment/penalties</td>
<td>• Managed care organization Healthcare Effectiveness Data and Information Set measures⁹⁵&lt;br&gt;• Dental benefit administrator measures, including sealant measure CMS 416 Dental Periodicity Chart</td>
<td>• Managed care organization measure⁹⁶&lt;br&gt;• Managed care organization Healthcare Effectiveness Data and Information Set measures</td>
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<td>Washington</td>
<td>Managed care organization measure</td>
<td>• Managed care organization measure</td>
<td>• Pay-for-performance measure</td>
<td>• Managed care organization measure⁹⁸ • Pay-for-performance measure⁹⁹ • Managed care organization performance improvement project¹⁰⁰</td>
<td>Pay-for-performance measure</td>
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<td>West Virginia</td>
<td>Required managed care organization measure</td>
<td>Required managed care organization measure</td>
<td>Required managed care organization measure</td>
<td>Required managed care organization measure • Required managed care organization measure • Managed care organization performance improvement projects (2 MCOs)</td>
<td>Managed care organization measure¹⁰¹</td>
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| Wisconsin*  | • Managed care organization performance improvement projects (1 Prepaid Inpatient Health Plan)  
• Health maintenance organization (HMO) core reporting measures (4 measures) | • Primary care provider incentive payment  
• HMO core reporting measure | HMO pay-for-performance measures (2 measures) | Required prepaid inpatient health plan measure  
• HMO pay-for-performance measure  
• HMO performance improvement projects (3 HMOs) | • HMO pay-for-performance measure¹⁰²  
• HMO performance improvement projects (3 HMOs) | |
| Wyoming¹⁰³  | Patient-centered medical home pay-for-performance measure | Patient-centered medical home pay-for-performance measure | | | |

* The information about this state was updated by the state’s Medicaid agency in February 2020.
Sources: State quality strategy documents, contracts, external quality reports, and correspondence with state Medicaid officials.

This chart is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1XMC31658 Supporting State Maternal and Child Health Policy Innovation Program ($398,953). The information or content and conclusions should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Please e-mail feedback, additions, and edits to efernandez@nashp.org.
Notes


2 As of FFY 2017, 41 states report on the CMS Child Core Set measure for Childhood Immunization Status; 42 states report on one or both of the CMS Child Core Set measures for Adolescent Immunization Status. AK, AR, AZ, ME, ND, OH, and SD do not report the three immunization measures. OR, TX, and WI do not report the childhood measure.

3 As of FY 2017, 50 states report on the CMS Child Core Set measure for Percentage of Eligible who Received Preventive Dental Services. ID does not report.

4 As of FY 2017, 49 states report on the CMS Child Core Set measures for Well Child Visits in the First 15 Months of Life, for Adolescent Well-Care Visits, and for Well Child Visits in the 3rd, 4th, 5th, and 6th Years of Life. ND does not report any of these measures. CA does not report Well Child Visits in the First 15 Months of Life or Adolescent Well-Care Visits. SD does not report on Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life.

5 Alaska has adopted the American Academy of Pediatrics (AAP) Bright Futures Guidelines for Preventive Pediatric Health Care in state regulation, the Alaska Administrative Code. With the passage of SB 74, the AK Health Care Reform Bill, in the 2016 Legislative Session, there will be opportunity to incorporate some of the CMS CHIPRA children’s quality measures that AK currently reports to CMS at the state level into some of the proposed alternative payment models outlined in this legislation at the practice/system level.

6 This measure addresses evidence-based behavioral health screenings and assessments for children.

7 Medi-Cal managed care plans use the AAP Bright Futures periodicity schedule. Medi-Cal fee-for-service providers are currently transitioning from CHDP periodicity schedule to the AAP Bright Futures periodicity schedule.

8 California has the following measures for dental managed care plans/providers: Annual dental visits, use of preventive services, use of sealants, count of sealants, count of fluoride varnishes, use of diagnostic services, treatment/prevention of caries, exams/oral health evaluations, use of dental treatment services, preventive services to fillings ratio, overall utilization of dental services—one year, overall utilization of dental services—two years, overall utilization of dental services—three years, continuity of care, and usual source of care.

17 Incentive payments are available to dental providers as part of California’s Dental Transformation Initiative. Incentive payments are for increased preventive services utilization for children, caries risk assessment and disease management, and increased continuity of care.

10 13 year olds who have received the meningococcal, Tdap and HPV vaccines

11 In contrast to almost all other Medicaid programs throughout the nation, Connecticut Medicaid is not using any managed care arrangements and is structured as a managed, fee-for-service program. The Department of Social Services contracts with 4 Administrative Services Organizations (ASOs) to administer medical, behavioral health, dental and non-emergency medical transportation services. ASOs administer our person-centered medical home (PCMH) and quality improvement program so and are, in turn, paid an incentive to create improvements in service that include continuously improved provider adherence to expectations such as Bright Futures.

12 The ASO performance bonus measures the number of 13 year old adolescents with meningococcal, Tdap, and HPV vaccines.

13 Annual dental visit and connection to dental services

14 Annual dental visit and sealants

15 At least one MCO has a PIP to increase preventive dental services inclusive of the provision of fluoride varnish during 2016.

16 The Handbook for Providers of Healthy Kids Services (2015) adopts the Bright Futures periodicity schedule. The Bright Futures periodicity is used for CMS-416 calculations of the Line 10 participation ratio, as well as other lines, per CMS’ guidance document. The handbook is incorporated by reference into MCO contracts. So, in addition to FFS providers, MCOs must follow the Bright Futures periodicity schedule as well as other handbook policies.

17 Beginning in CY2020 CMS Health Home Core Set measure CDF-HH (Screening for Clinical Depression and Follow-Up Plan) becomes an annual incentive payment for MCOs and Integrated Health Homes; metabolic monitoring for children and adolescents on antipsychotics becomes an annual incentive payment for MCOs.

18 Beginning in CY2020 HEDIS childhood immunization status becomes an annual incentive payment for MCOs and Integrated Health Homes, and immunizations for adolescents becomes a priority measure for MCOs.

19 Beginning in 2020 HEDIS Annual Dental Visit becomes a priority measure for MCOs.

20 Iowa uses the AAP Bright Futures periodicity schedule for measures related to Well-Child visits
KanCare (Kansas Medicaid) Pay for Performance measure includes both Child and Adolescent Immunizations

3 MCO PIPs for dental: a) Increasing Annual Dental Visits, b) Healthy Smiles, and c) Pediatric Oral Health

MCOs required to report the following HEDIS measure: Lead Screening in Children.

Annual dental visit

Maryland has a statewide ASO Carve-out for behavioral health and required depression screenings, along with a statewide ASO Carve-out for oral health.

Maryland was awarded the CMMI Maternal Opioid Misuse (MOM) Model grant focused on pregnant and postpartum beneficiaries with opioid use disorder and their infants

Annual dental visit

This PIP targets both adults and children.

The pilot focuses on pediatric substance use disorder screening, intervention, and referral with incentives for achievement of milestones.

Percentage of ACO Attributed Members under age 21 years who received a comprehensive or periodic oral evaluation as a dental service within the measurement period.

Annual dental visit

MCO PIPs must address obesity for children and adults. These PIPs may include preventive activities such as weight counseling.

Each MCO defined “improving oral health” differently. Some aimed to improve number of dental chairs while others had goals such as mass distribution of toothbrushes.

This measure will be phased out in favor of HEDIS ratings, beginning July 1 2019.

Release of withheld capitation payment if MCO meets the measure.

Montana also participates in the US Centers for Disease Control and Prevention (CDC) Immunization Barrier Project. This project is funded by a CDC cooperative agreement. It aims for state Medicaid agencies to collaborate with public health and immunization information system partners to increase immunization rates among low-income children and pregnant women.

Adolescent Well-care Visits.

Measure: Lead Screening in Children. MCOs required to report performance measures identified in RFPs, including a HEDIS measure on lead screening in children.

Combination 2: measures the percentage of children 2 years of age during 2016 who were given the required immunizations listed in Combination 2 by their second birthday.

Combination 10: measure the percentage of children 2 years of age during 2016 who were given the immunizations listed in combination 10 by their second birthday. (Childhood Immunization Status)

Provider BMI Incentive - $10 will be paid, once per year, per member. Eligible members are ages 3 to 17.

Combination 2, 3, and 9

HEDIS measure: Preventative Oral Evaluations and Dental Services for Children and Adults.

Lead Screening Sanction if lead rates are below 80%. Between 80-60% a corrective action plan is required; below 60% is a refund of capitation paid.

Weight Assessment and Nutrition and Physical Activity Counseling for Children and Adolescents

New York Delivery System Reform Incentive Payment (DSRIP) Strategies Menu and Metrics, New York State Department of Health, April 14, 2014

North Carolina Medicaid operates in a FFS and Pediatric Medical Home environment. NC has implemented federal EPSDT medical necessity definition. In addition to required Lead Testing, autism screens, emotional/behavioral, and health risk screens (including BMI screening) are reimbursed in addition to the core reimbursement for the periodic visit. This includes maternal depression screens. Additional payments are also offered for vaccine administration, fluoride applications, and adolescent health risk screens.

Measure for percent of children’s preventive dental visits


Behavioral health screening is a mandated service in PCMHs for ages 5 and above (quarterly incentive payment). While Bright Futures recommends depression screening beginning at age 11, Oklahoma Medicaid requires it at age 5.

The 4th DTaP incentive’s purpose is to improve the health of children by promoting immunization prior to the second birthday.

Oklahoma Medicaid uses the AAP Bright Futures periodicity schedule. Incentive payment to PCPs that meet or exceed the compliance rate for EPSDT screenings as well as incentivize PCPs to perform more initial and periodic screening services.

Relevant CCO Incentive measures include: Mental, physical, and dental health assessments within 60 days for children in state custody; Depression Screening and Follow Up Plan (not pediatric-specific); Depression screening and follow-up plan; Dental Sealants on permanent molars for children; Mental, physical, and dental health assessments within 60 days for children in DHS custody; Well-child visits in the first 15 months of life; Annual dental visit; Annual Dental Visit, Ages 2 to 20 Years; Well-Child Visits in First 15 months of Life (6 or months visits) and Adolescent Well Care Visits.

Both MCOS chose the HEDIS Antidepressant Medication Management measure. Childhood Immunization Status—Combination 3 and 10. Well-Child Visits in the First 15 Months of Life (HEDIS measures)

Health Homes Community mental health centers utilizing tele-health for kids in need of behavioral health services. Collaboration with Juvenile Justice Services.

Data sharing between Medicaid Claims data and Department of Health Immunization Registry.

Dental Care Coordinators to outreach patients and get them in for dental check-ups. Care Coordinators are also outreaching dentists to try to expand the number of Medicaid dental providers.

Health Home Collaboration with WIC to improve well child care rates and share data

All of the contracted MCOs are required to submit a full set of HEDIS and CAHPS data to TennCare. The reports include PIP, Pop Health, EPSDT, dental and more.

Episodes of Care: https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care.html

There are multiple MCO PIPs for increasing well-child visits, increasing use of preventive dental services,
This is a Pay-for-Quality (P4Q) measure on Childhood Immunization Status for CHIP. There are also dental P4P measures for Medicaid and CHIP on oral evaluations, fluoride for children with elevated caries risk, and sealants.

Sealants, fluoride, and oral evaluation.

Immunizations for Adolescents—Combination 1 (HEDIS). Childhood Immunization Status—Combination 3 (HEDIS).

Annual dental visit.

This reflects Medallion 4.0 contract information, not Commonwealth Coordinated Care Plus, which serves children and adults with complex conditions.

For all measures in this row except developmental screening, Virginia Medicaid requires the MCOs to report on the measures. For developmental screening, it is not a “deliverable of the contractor;” the state tracks performance based on claims and encounter data.

Childhood Immunization Status.

Annual dental visit.

Well-Child Visits in the First 15 Months of Life; Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life; Adolescent Well-Care Visits.

Not a HEDIS measure captured in CMS 416.

Annual dental visit.

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

MCOs are required to conduct 3 PIPs, one of which must focus on improving well-child visit rates among infants, children and adolescents.

Two MCOs did outreach related to lead screening.

BadgerCare+ HMOs only.

Wyoming is non-Medicaid managed care state. However, through the PCMH program, the state offers additional PMPM payments to providers if they “meet certain requirements, such as reporting clinical quality measures.”