

Medicaid and Title V Alignment: Adolescent Health

CMS: Child Core Set ¹	Title V ²
Adolescent Well-Care Visit (AWC-CH): The percentage of enrolled members 12 to 21 years of age who had at least one comprehensive well-care visit* with a primary care practitioner or an OB/GYN practitioner during the measurement year.	NPM 10: Percent of adolescents, ages 12 through 17 with a preventive medical visit in the past year
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment for Children/Adolescents (WCC-CH): The percentage of members 2–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year	SPM: Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day NOM: Percent of children and adolescents who are overweight or obese (BMI at or above the 85 th percentile).
Immunization for Adolescents (IMA-CH): 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 three doses of human papillomavirus (HPV) vaccine by their 13 th birthday. The measure calculates a rate for each vaccine and two combination rates.	NOM: Percent of adolescents, ages 13 through 17, who had at least one dose of the Tdap vaccine. NOM: Percent of adolescents, ages 13 through 17, who had at least one dose of the meningococcal conjugate vaccine. NOM: Percent of adolescents, ages 13 through 17, who had received at least one dose of the HPV vaccine.
*Comprehensive well-care visit is defined as yearly physical examination, depression screening and anticipatory guidance.	
<p>Sources</p> <ol style="list-style-type: none"> 1. 2017 Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set). Retrieved from https://www.medicaid.gov/medicaid/quality-of-care/downloads/2017-child-core-set.pdf 2. National Outcome Measures and National Performance Measures: Kansas Maternal and Child Health Services Block Grant 2016 Application/2016 Annual Report. Retrieved from http://www.kdheks.gov/c-f/downloads/NOM_NPM_Table.pdf 	
CMS: Centers for Medicare and Medicaid Services NPM: National Performance Measure NOM: National Outcome Measure SPM: State Performance Measure	

Medicaid: Adolescent Health Data

From the **KanCare Annual Report to CMS end-of-year 2015** (pages 25-27):

Summary of statewide results (all three KanCare Managed Care Organizations (MCOs) aggregated) for calendar year 2014 (measurement conducted in 2015) and calendar year 2013 (measurement conducted in 2014), reflecting performance compared to the national 50th percentile on each of the measures.

The following are measures reported that are related to adolescent health and where school-based health centers can potentially help “move the needle”.

HEDIS Measure Aggregated MCO Results for CY2013 and CY2014					
Measure	Type: Hybrid or Administrative*	HEDIS Aggregated Results		Quality Compass 50 th Percentile**	
		CY2014	CY2013	CY2014	CY2013
Adolescent Well Care Visits	Administrative	42.6%	42.3%	↓	↓
Weight Assessment/ BMI for Adolescents (Ages 12-17)	Hybrid	47.3%	36.6%	↓	↓
Counseling for Nutrition for Adolescents (Ages 12-17)	Hybrid	47.0%	46.0%	↓	↓
Counseling for Physical Activity for Adolescents (Ages 12-17)	Hybrid	50.6%	53.1%	↓	↓
Chlamydia Screening in Women (Ages 16-20)	Administrative	41.0%	42.4%	↓	↓

* Administrative HEDIS data includes all KanCare members from each MCO who met HEDIS eligibility criteria for each measure. Hybrid HEDIS data are based on samples of eligible members and include both administrative data and medical record review.
** ↑ indicates HEDIS aggregated results above the national Quality Compass (QC) 50th percentile; ↓ indicates HEDIS aggregated results below the QC 50th percentile. NA indicates no QC comparison available.

Information about Managed Care Organizations collaborative effort to **improve HPV vaccination rates** for their performance improvement project (PIP) (page 23):

“The three MCOs were unable to finalize a workable methodology for a collaborative PIP focused on diabetes prevention implemented in January 2015. With approval from KDHE leadership, the collaborative PIP effort switched to a new topic in **August 2015 which focuses upon improving the HEDIS measure for HPV vaccination**. Although disappointed that no measurable success occurred with the pre-diabetes PIP, the State believes that the **HPV vaccine is an easily definable goal where quick success is achievable.**”

Link to KanCare Annual Report to CMS: <http://www.kancare.ks.gov/docs/default-source/policies-and-reports/annual-and-quarterly-reports/annual/kancare-annual-report-to-cms-year-end-12-31-15.pdf?sfvrsn=2>