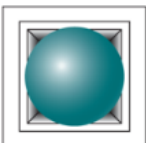


SUMMARY OF FACTORS INFLUENCING ADOLESCENT WELL-CARE PERFORMANCE IN TOP-PERFORMING STATE MEDICAID PROGRAMS

Annie Schmidt, MPH and Peggy McManus, MHS
The National Alliance to Advance Adolescent Health



*THE NATIONAL ALLIANCE
TO ADVANCE ADOLESCENT HEALTH*

**Adolescent & Young Adult
Health** National Resource Center

About The National Alliance to Advance Adolescent Health

The National Alliance to Advance Adolescent Health is a nonprofit organization whose mission is to achieve long-term, systemic improvements in comprehensive health care and insurance coverage for adolescents, with focused attention on those from low-income families and with special health care needs. Through policy analysis, technical assistance, quality improvement, and advocacy, The National Alliance works to promote effective transitions from pediatric to adult health care as part of its Got Transition® program. In collaboration with others, The National Alliance also works to expand the availability of adolescent-centered care, access to mental and behavioral health services, and improvements in health insurance coverage for adolescents and young adults. For more information about The National Alliance, please visit www.TheNationalAlliance.org.

About the Adolescent and Young Adult Health National Resource Center

The Adolescent and Young Adult Health National Resource Center is a collaborative initiative led by the University of California, San Francisco's Division of Adolescent and Young Adult Medicine with the Association of Maternal and Child Health Programs, the University of Minnesota's State Adolescent Health Resource Center, and the University of Vermont's National Improvement Partnership Network. Its aim is to promote adolescent and young adult health, with a major focus on increasing the receipt of quality preventive care. For more information, please visit <http://nahic.ucsf.edu/resource-center.org>.

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Introduction

National, state, and community-based efforts are underway to improve well-care visit rates among publicly insured adolescents. To better understand what critical factors were most important in influencing adolescent well visit performance, The National Alliance to Advance Adolescent Health (NA) contracted with the Association of Maternal and Child Health Programs (AMCHP) and the University of California, San Francisco's (UCSF) Adolescent and Young Adult Health National Resource Center (AYAH-NRC) to identify and report on states' current adolescent performance rates using the Center for Medicare and Medicaid Services' (CMS) Child Core Measure Set and CMS' EPSDT Form 416, and to conduct key informant interviews with state Medicaid officials in the top performing states to understand what factors contributed to their success.

Methods

NA obtained 2017 federal fiscal year information on adolescent preventive care performance from publicly available information from states reporting on the child core measure set and EPSDT Form 416 from the CMS' website. Recognizing the stark differences in performance rates between these two adolescent preventive care data sources, NA conducted an interview with Dr. Marsha Lillie-Blanton, former CMS official in charge of Medicaid quality, to obtain her recommendations. She advised that the CMS core measure set was preferred because of the extensive validation that has gone on nationally and within each state.

Using the child core measure set, the states selected with the highest adolescent well care visit performance, as measured by the percentage with at least one well-care visit between ages 12 and 21, were in rank order: Rhode Island (RI), Connecticut (CT), Texas (TX), New York (NY), and New Hampshire (NH) and Massachusetts (MA). Six states were selected instead of five since MA and NH were tied for fifth with the same performance rate. Telephone interviews were conducted in August and September 2019 with the six states. Several senior Medicaid quality, EPSDT, and other officials participated in all but one of the key informant interviews. During each call, informants were asked to rank 13 factors as either very, somewhat, or not at all important; additional important factors not listed were elicited as well.

Findings

Medicaid State Reporting on Adolescent Preventive Care Quality Performance

Table 1 displays the results of state-specific adolescent well-care quality performance on the child core set and EPSDT Form 416. With respect to the child core set, the average adolescent well-care performance rate in federal fiscal year 2017 among the 48 states reporting was 46.4%, ranging from a low of 17.9% in Mississippi and a high of 69.8% in Rhode Island. With respect to the EPSDT Form 416, which allows for an age-specific examination, the highest average screening and participant ratios were found among 10-14 year-olds – at 58% and 54%, respectively – compared to much lower screening and participation ratios among those ages 19-20 – at 24% and 22% respectively. The wide variation in adolescent preventive care ratios can be seen in Table 1, including several states reporting ratios of 100%. In all of the interviews conducted, state Medicaid officials noted that they rely primarily on the

child core measure data set rather than EPSDT Form 416, for the reasons discussed by Dr. Lillie-Blanton.

Summary of Factors Influencing Adolescent Preventive Care Performance in Top-Performing States

Table 2 and the state profiles in Appendix A show the results of key informant interviews with the six states. Overall, the most important factors selected by state Medicaid officials from the top-performing states were alignment of payment incentives with adolescent preventive care performance, State Medicaid/EPSDT policies that align with Bright Futures, and state public health performance goals on adolescent well care, followed closely by quality or performance improvement initiatives pertaining to adolescent preventive care and use of standardized quality performance measures across payers.

Still, it is important to recognize the variation in states' ranking of important factors that influenced high rates of adolescent well visit performance, as shown below and in the state-specific profiles. Four of the six top-performing states interviewed selected state public health performance goals and use of standardized quality performance measures across payers, and five additional factors were selected by three states, as shown in Table 2. States varied in the number of factors they rated as very important, ranging from four (MA, NH, TX) to 12 (NY), thus it is important to look within each state to understand the comparative ratings.

State Medicaid officials noted that their efforts to improve adolescent preventive care had been underway for many years and were well integrated into their managed care, quality improvement, medical home, and public health efforts. Interviewees noted importantly that some factors they rated as less important now may be of higher importance to states in earlier stages of engaging in such efforts. Additionally, it should be noted that while individual factors may have an important influence on adolescent well visit performance, the collective impact of all factors needs to be considered.

Table 1. Medicaid State Reporting on Adolescent Preventive Care Quality Performance, FFY 2017

Location	Child Core Set ¹	EPSDT Form CMS – 416 ²					
	Adolescent Well-Care Visits: Ages 12-21 (% with at least one well-care visit)	Screening (SR) ³ and Participant (PR) ⁴ Ratios for Adolescent EPSDT Visits					
		Age Group 10-14		Age Group 15-18		Age Group 19-20	
		SR	PR	SR	PR	SR	PR
United States	46.4	58	54	49	45	24	22
Region 1							
CT	69.7	69	67	62	58	38	34
ME	47.1	4	48	4	38	2	21
MA	66.3	100	70	100	64	78	44
NH	66.3 ⁵	63	61	52	50	29	26
RI	69.8	64	58	58	51	37	32
VT	50.9	64	58	53	48	27	24
Region 2							
NJ	60.2	69	61	63	54	39	32
NY	68.1	81	67	73	60	37	32
Region 3							
DE	58.6	39	42	31	33	15	16
DC	62.0	92	66	77	57	43	33
MD	64.0	76	63	70	55	51	36
PA	57.3	55	54	51	48	28	26
VA	52.6	54	48	44	38	22	15
WV	22.7 ⁵	72	47	61	39	31	17
Region 4							
AL	44.5 ⁵	53	51	41	40	16	16
FL	49.2	59	54	48	43	24	21
GA	48.1	53	50	40	37	13	12
KY	44.4	60	49	44	35	33	26
MS	17.9 ⁵	37	33	25	23	13	12
NC	40.2 ⁵	54	52	41	39	17	16
SC	39.4	69	65	61	57	21	20
TN	46.6 ⁵	61	52	47	40	31	23
Region 5							
IL	48.4	60	52	47	41	32	28
IN	60.7	56	47	48	39	21	18

MI	55.7 ⁵	56	47	46	39	29	24
MN	35.6	76	72	70	66	42	40
OH	44.7	47	43	45	39	20	17
WI	45.0	83	80	81	77	49	46
Region 6							
AR	35.7	49	40	41	33	6	4
LA	44.7	100	85	100	86	48	39
NM	32.9 ⁵	75	60	44	35	18	15
OK	23.2	67	59	57	49	22	20
TX	69.0 ⁵	74	65	60	53	25	23
Region 7							
IA	38.8 ¹	98	83	100	88	68	41
KS	44.7	51	46	43	37	20	18
MO	46.5	100	64	100	67	100	47
NE	42.5	47	39	39	31	17	12
Region 8							
CO	34.7	47	45	35	33	12	11
MT	N/A ⁶	56	39	40	29	10	8
ND	N/A ⁶	45	36	38	30	12	10
SD	31.7	42	27	33	20	16	9
UT	43.2 ¹	42	40	36	34	15	14
WY	37.9 ¹	100	34	100	26	100	8
Region 9							
AZ	39.2 ⁵	53	48	42	38	17	16
CA	N/A ⁶	52	47	41	36	16	14
HI	43.5	91	85	93	85	30	27
NV	45.9 ⁵	76	65	67	58	24	22
Region 10							
AK	28.1	37	33	33	29	8	7
ID	27.3	42	40	30	28	18	17
OR	42.9	46	42	39	34	20	17
WA	37.8	80	75	70	65	35	29

¹2017 Child and Adult Health Care Quality Measures: Child Core Set. Retrieved on June 14, 2019 from <https://data.medicare.gov/Quality/2017-Child-and-Adult-Health-Care-Quality-Measures/y7g4-qir6/data#revert>.

²Annual EPSDT Participation Report: Form CMS-416. Fiscal Year 2017. Retrieved on June 14, 2019 from <https://www.medicare.gov/medicaid/benefits/epsdt/index.html>.

³Screening ratio = Total Screens Received/Expected Number of Screenings.

⁴Participant ratio = Total Eligibles Receiving at Least One Initial or Periodic Screen/Total Eligibles Who Should Receive at Least One Initial or Periodic Screen.

⁵Medicaid data reported separately from CHIP data. Only Medicaid data is reported here.

⁶Medicaid data not reported.

Table 2. Factors Influencing Adolescent Well-Care Performance^{1,2}

Factors	State						TOTALS
	CT	MA	NH	NY	RI	TX	
Alignment of payment incentives with adolescent preventive care performance	2	1	2	1	2	1	9
State Medicaid/EPSTDT policies aligned with Bright Futures	2	1	1	2	2	1	9
State public health performance goals on adolescent well care (% of adolescents, ages 12 through 17, with a preventive medical visit in the past year)	1	0	2	2	2	2	9
Quality/performance improvement initiatives that pertain to adolescent preventive care	2	1	1	1	2	1	8
Use of standardized quality performance measures across payers	0	2	2	2	2	0	8
Widespread use of school-based health centers, enabling easy access to adolescent well visits	2	2	0	2	0	1	7
Specific health information technology requirements	2	1	1	2	1	0	7
Alignment of preventive care performance as part of medical home performance	2	0	0	2	2	1	7
Interagency adolescent population health planning	1	0	0	2	2	1	6
School entrance requirements documenting evidence of receipt of adolescent well care	2	2	0	2	0	0	6
State Medicaid affiliation with AAP Chapter or other health professional organizations	1	1	0	2	0	1	5
CMS/SIM grant or other external innovation support	0	0	1	2	2	0	5
Other (please specify): Strong Department of Public Health/public health campaigns	n/a	2	n/a	2	n/a	n/a	4
Other (please specify): HEDIS auditing/chart reviews by the state	1	n/a	2	n/a	n/a	n/a	3
State Medicaid affiliation with the university-based child health policy groups	1	0	1	0	0	0	2
Other (please specify): Connecticut's Community Practice Transformation Team	2	n/a	n/a	n/a	n/a	n/a	2
Other (please specify): Recognition of adolescent behavioral health care as an area of needed improvement	2	n/a	n/a	n/a	n/a	n/a	2
Other (please specify): Emphasis on preventive care, including dental care and childhood obesity	2	n/a	n/a	n/a	n/a	n/a	2
Other (please specify): Adolescent-friendly clinics	n/a	n/a	n/a	n/a	n/a	2	2
Other (please specify): Texas Health Steps regional staff	n/a	n/a	n/a	n/a	n/a	2	2
Other (please specify): Contract with vendors to reach out when check-up is due, with flexibility for migrants	n/a	n/a	n/a	n/a	n/a	2	2
Other (please specify): Value-based payment efforts	n/a	n/a	n/a	2	n/a	n/a	2

¹Information was obtained by The National Alliance to Advance Adolescent Health through phone interviews with State Medicaid officials in August/September 2019.

²0 = not at all important, 1 = somewhat important, and 2 = very important.

Appendix A. State Profiles on Adolescent Well-Care Performance

Connecticut's Profile on Adolescent Well-Care Performance

National efforts are underway to improve adolescent well-care visit rates. The University of California, San Francisco's Adolescent and Young Adult Health National Resource Center (AYAH-NRC) aims to improve the health of adolescents and young adults by increasing the receipt of quality preventive visits for adolescents and young adults, which is a focus of many state Medicaid and Title V Maternal and Child Health programs. In collaboration with AYAH-NCR, The National Alliance to Advance Adolescent Health identified and conducted interviews with Medicaid officials from the top-performing states to gain insights about factors influencing each state's high level of performance to be able to share lessons learned with other state Medicaid, public health, clinical, and advocacy leaders.

Adolescent well-care performance is a part of the CMS Child Core Measure Set and is defined as the percent of adolescents, ages 12 through 21, with a preventive medical visit in the past year. Of the top-performing states – Connecticut, Massachusetts, New Hampshire, New York, Rhode Island, and Texas – Connecticut ranked second overall, with a score of 69.7%.¹ State Medicaid interviewees were asked to rate the level of importance of a list of potential factors influencing the state's score on this adolescent well-care measure (Table I).

Interviewees from Connecticut rated ten factors as *very important* factors influencing their positive ranking, including alignment of payment incentives with adolescent preventive care performance; alignment of preventive care performance as part of medical home performance; specific health information technology requirements; state Medicaid/EPSTD policies aligned with Bright Futures; quality/performance improvement initiatives that pertain to adolescent preventive care; widespread use of school-based health centers; school entrance requirements documenting evidence of receipt of adolescent well care; Connecticut's Community Practice Transformation Team, which visits practices monthly to work with providers to address gaps in care; recognition of adolescent behavioral health care as an area of needed improvement, with a focus on integrating care; and an emphasis on preventive care, including dental care and childhood obesity. Of all of the factors, interviewees stated that school entrance requirements are extremely important.

Table 1. Factors Influencing Adolescent Well Visit Performance Rate²

Factors	Very	Somewhat	Not at all
Alignment of payment incentives with adolescent preventive care performance	X		
Alignment of preventive care performance as part of medical home performance	X		
Use of standardized quality performance measures across payers			X
Specific health information technology requirements	X		
State Medicaid/EPSTD policies aligned with Bright Futures	X		
State Medicaid affiliation with AAP Chapter or other health professional organizations		X	
State Medicaid affiliation with the university-based child health policy groups		X	
Quality/performance improvement initiatives that pertain to adolescent preventive care	X		
Widespread use of SBHCs, enabling easy access to adolescent well visits	X		
CMS/SIM grant or other external innovation support			X
Interagency adolescent population health planning		X	
State public health performance goals on adolescent well care (% of adolescents, ages 12 through 17, with a preventive medical visit in the past year)		X	
School entrance requirements documenting evidence of receipt of adolescent well care	X		
Other (please specify): Connecticut's Community Practice Transformation Team	X		

Appendix A. State Profiles on Adolescent Well-Care Performance

Other (please specify): Recognition of adolescent behavioral health care as an area of needed improvement	X		
Other (please specify): Emphasis on preventive care, including dental care and childhood obesity	X		
Other (please specify): HEDIS auditing/chart reviews by the state		X	

¹2017 Child and Adult Health Care Quality Measures: Child Core Set. Retrieved on June 14, 2019 from <https://data.medicare.gov/Quality/2017-Child-and-Adult-Health-Care-Quality-Measures/y7g4-qir6/data#revert>.

²Information was obtained by The National Alliance to Advance Adolescent Health through a phone interview with Connecticut Medicaid officials on August 19, 2019.

Appendix A. State Profiles on Adolescent Well-Care Performance

Massachusetts' Profile on Adolescent Well-Care Performance

National efforts are underway to improve adolescent well-care visit rates. The University of California, San Francisco's Adolescent and Young Adult Health National Resource Center (AYAH-NRC) aims to improve the health of adolescents and young adults by increasing the receipt of quality preventive visits for adolescents and young adults, which is a focus of many state Medicaid and Title V Maternal and Child Health programs. In collaboration with AYAH-NRC, The National Alliance to Advance Adolescent Health identified and conducted interviews with Medicaid officials from the top-performing states to gain insights about factors influencing each state's high level of performance to be able to share lessons learned with other state Medicaid, public health, clinical, and advocacy leaders.

Adolescent well-care performance is a part of the CMS Child Core Measure Set and is defined as the percent of adolescents, ages 12 through 21, with a preventive medical visit in the past year. Of the top-performing states – Connecticut, Massachusetts, New Hampshire, New York, Rhode Island, and Texas – Massachusetts ranked fifth overall, with a score of 66.3%.¹ State Medicaid interviewees were asked to rate the level of importance of a list of potential factors influencing the state's score on this adolescent well-care measure (Table I).

Interviewees from Massachusetts rated four factors as *very important* factors influencing their positive ranking, including the use of standardized quality performance measures across payers, school entrance requirements documenting evidence of receipt of adolescent well care, widespread use of SBHCS, and a strong Department of Public Health, which has addressed adolescent health through its work with communities and schools.

Table I. Factors Influencing Adolescent Well Visit Performance Rate²

Factors	Very	Somewhat	Not at all
Alignment of payment incentives with adolescent preventive care performance		X	
Alignment of preventive care performance as part of medical home performance			X
Use of standardized quality performance measures across payers	X		
Specific health information technology requirements		X	
State Medicaid/EPSTDT policies aligned with Bright Futures		X	
State Medicaid affiliation with AAP Chapter or other health professional organizations		X	
State Medicaid affiliation with the university-based child health policy groups			X
Quality/performance improvement initiatives that pertain to adolescent preventive care		X	
Widespread use of SBHCs, enabling easy access to adolescent well visits	X		
CMS/SIM grant or other external innovation support			X
Interagency adolescent population health planning			X
State public health performance goals on adolescent well care (% of adolescents, ages 12 through 17, with a preventive medical visit in the past year)			X
School entrance requirements documenting evidence of receipt of adolescent well care	X		
Other (please specify): Strong Department of Public Health, which has addressed adolescent health through its work with communities and schools	X		

¹2017 Child and Adult Health Care Quality Measures: Child Core Set. Retrieved on June 14, 2019 from <https://data.medicaid.gov/Quality/2017-Child-and-Adult-Health-Care-Quality-Measures/y7g4-qir6/data#revert>.

²Information was obtained by The National Alliance to Advance Adolescent Health through a phone interview with Massachusetts Medicaid officials on August 6, 2019.

Appendix A. State Profiles on Adolescent Well-Care Performance

New Hampshire's Profile on Adolescent Well-Care Performance

National efforts are underway to improve adolescent well-care visit rates. The University of California, San Francisco's Adolescent and Young Adult Health National Resource Center (AYAH-NRC) aims to improve the health of adolescents and young adults by increasing the receipt of quality preventive visits for adolescents and young adults, which is a focus of many state Medicaid and Title V Maternal and Child Health programs. In collaboration with AYAH-NRC, The National Alliance to Advance Adolescent Health identified and conducted interviews with Medicaid officials from the top-performing states to gain insights about factors influencing each state's high level of performance to be able to share lessons learned with other state Medicaid, public health, clinical, and advocacy leaders.

Adolescent well-care performance is a part of the CMS Child Core Measure Set and is defined as the percent of adolescents, ages 12 through 21, with a preventive medical visit in the past year. Of the top-performing states – Connecticut, Massachusetts, New Hampshire, New York, Rhode Island, and Texas – New Hampshire ranked fifth overall, with a score of 66.3%.¹ State Medicaid interviewees were asked to rate the level of importance of a list of potential factors influencing the state's score on this adolescent well-care measure (Table I).

Interviewees from New Hampshire rated four factors as *very important* factors influencing their positive ranking, including alignment of payment incentives with adolescent preventive care performance, use of standardized quality performance measures across payers, state public health performance goals on adolescent well-care (% of adolescents, ages 12 through 17, with a preventive medical visit in the past year), and the use of HEDIS measures, which automatically incentivize Medicaid and commercial health plans to focus on the adolescent well-care measure.

Table I. Factors Influencing Adolescent Well Visit Performance Rate²

Factors	Very	Somewhat	Not at all
Alignment of payment incentives with adolescent preventive care performance	X		
Alignment of preventive care performance as part of medical home performance			X
Use of standardized quality performance measures across payers	X		
Specific health information technology requirements		X	
State Medicaid/EPSTD policies aligned with Bright Futures		X	
State Medicaid affiliation with AAP Chapter or other health professional organizations			X
State Medicaid affiliation with the university-based child health policy groups		X	
Quality/performance improvement initiatives that pertain to adolescent preventive care		X	
Widespread use of SBHCs, enabling easy access to adolescent well visits			X
CMS/SIM grant or other external innovation support		X	
Interagency adolescent population health planning			X
State public health performance goals on adolescent well care (% of adolescents, ages 12 through 17, with a preventive medical visit in the past year)	X		
School entrance requirements documenting evidence of receipt of adolescent well care			X
Other (please specify): HEDIS Measures	X		

¹2017 Child and Adult Health Care Quality Measures: Child Core Set. Retrieved on June 14, 2019 from <https://data.medicaid.gov/Quality/2017-Child-and-Adult-Health-Care-Quality-Measures/y7g4-qir6/data#revert>.

²Information was obtained by The National Alliance to Advance Adolescent Health through a phone interview with New Hampshire Medicaid officials on August 29, 2019.

Appendix A. State Profiles on Adolescent Well-Care Performance

New York's Profile on Adolescent Well-Care Performance

National efforts are underway to improve adolescent well-care visit rates. The University of California, San Francisco's Adolescent and Young Adult Health National Resource Center (AYAH-NRC) aims to improve the health of adolescents and young adults by increasing the receipt of quality preventive visits for adolescents and young adults, which is a focus of many state Medicaid and Title V Maternal and Child Health programs. In collaboration with AYAH-NCR, The National Alliance to Advance Adolescent Health identified and conducted interviews with Medicaid officials from the top-performing states to gain insights about factors influencing each state's high level of performance to be able to share lessons learned with other state Medicaid, public health, clinical, and advocacy leaders.

Adolescent well-care performance is a part of the CMS Child Core Measure Set and is defined as the percent of adolescents, ages 12 through 21, with a preventive medical visit in the past year. Of the top-performing states – Connecticut, Massachusetts, New Hampshire, New York, Rhode Island, and Texas – New York ranked fourth overall, with a score of 68.1%¹ State Medicaid interviewees were asked to rate the level of importance of a list of potential factors influencing the state's score on this adolescent well-care measure (Table I).

Interviewees from New York rated 12 factors as *very important* factors influencing their positive ranking, including alignment of preventive care performance as part of medical home performance; use of standardized quality performance measures across payers; specific health information technology requirements; state Medicaid/EPSTDT policies aligned with Bright Futures; state Medicaid affiliation with AAP Chapter and other health professional organizations; widespread use of school-based health centers; CMS/SIM grant or other external innovation support, including DSRIP funding; interagency adolescent population health planning; state public health performance goals on adolescent well care; school entrance requirements documenting evidence of receipt of adolescent well care; value-based payment efforts that include adolescent well visits as a pay for reporting measure; and public health campaigns.

Table 1. Factors Influencing Adolescent Well Visit Performance Rate²

Factors	Very	Somewhat	Not at all
Alignment of payment incentives with adolescent preventive care performance		X	
Alignment of preventive care performance as part of medical home performance	X		
Use of standardized quality performance measures across payers	X		
Specific health information technology requirements	X		
State Medicaid/EPSTDT policies aligned with Bright Futures	X		
State Medicaid affiliation with AAP Chapter or other health professional organizations	X		
State Medicaid affiliation with the university-based child health policy groups			X
Quality/performance improvement initiatives that pertain to adolescent preventive care		X	
Widespread use of SBHCs, enabling easy access to adolescent well visits	X		
CMS/SIM grant or other external innovation support	X		
Interagency adolescent population health planning	X		
State public health performance goals on adolescent well care (% of adolescents, ages 12 through 17, with a preventive medical visit in the past year)	X		
School entrance requirements documenting evidence of receipt of adolescent well care	X		
Other (please specify): Value-based payment efforts	X		
Other (please specify): Public health campaigns	X		

¹2017 Child and Adult Health Care Quality Measures: Child Core Set. Retrieved on June 14, 2019 from <https://data.medicaid.gov/Quality/2017-Child-and-Adult-Health-Care-Quality-Measures/y7g4-qir6/data#revert>.

²Information was obtained by The National Alliance to Advance Adolescent Health through a phone interview with New York Medicaid officials on September 23, 2019.

Appendix A. State Profiles on Adolescent Well-Care Performance

Rhode Island's Profile on Adolescent Well-Care Performance

National efforts are underway to improve adolescent well-care visit rates. The University of California, San Francisco's Adolescent and Young Adult Health National Resource Center (AYAH-NRC) aims to improve the health of adolescents and young adults by increasing the receipt of quality preventive visits for adolescents and young adults, which is a focus of many state Medicaid and Title V Maternal and Child Health programs. In collaboration with AYAH-NCR, The National Alliance to Advance Adolescent Health identified and conducted interviews with Medicaid officials from the top-performing states to gain insights about factors influencing each state's high level of performance to be able to share lessons learned with other state Medicaid, public health, clinical, and advocacy leaders.

Adolescent well-care performance is a part of the CMS Child Core Measure Set and is defined as the percent of adolescents, ages 12 through 21, with a preventive medical visit in the past year. Of the top-performing states – Connecticut, Massachusetts, New Hampshire, New York, Rhode Island, and Texas – Rhode Island ranked first overall, with a score of 69.8%.¹ State Medicaid interviewees were asked to rate the level of importance of a list of potential factors influencing the state's score on this adolescent well-care measure (Table I).

Interviewees from Rhode Island rated eight factors as *very important* factors influencing their positive ranking, including alignment of payment incentives with adolescent preventive care performance, alignment of preventive care performance as part of medical home performance, use of standardized quality performance measures across payers, state Medicaid/EPSTD policies aligned with Bright Futures, quality/performance improvement initiatives that pertain to adolescent preventive care, support from a CMS State Innovation Models (SIM) grant, interagency adolescent population health planning, and state public health performance goals on adolescent well care (% of adolescents, ages 12 through 17, with a preventive medical visit in the past year).

Table I. Factors Influencing Adolescent Well Visit Performance Rate²

Factors	Very	Somewhat	Not at all
Alignment of payment incentives with adolescent preventive care performance	X		
Alignment of preventive care performance as part of medical home performance	X		
Use of standardized quality performance measures across payers	X		
Specific health information technology requirements		X	
State Medicaid/EPSTD policies aligned with Bright Futures	X		
State Medicaid affiliation with AAP Chapter or other health professional organizations			X
State Medicaid affiliation with the university-based child health policy groups			X
Quality/performance improvement initiatives that pertain to adolescent preventive care	X		
Widespread use of SBHCs, enabling easy access to adolescent well visits			X
CMS/SIM grant or other external innovation support	X		
Interagency adolescent population health planning	X		
State public health performance goals on adolescent well care (% of adolescents, ages 12 through 17, with a preventive medical visit in the past year)	X		
School entrance requirements documenting evidence of receipt of adolescent well care			X

¹2017 Child and Adult Health Care Quality Measures: Child Core Set. Retrieved on June 14, 2019 from <https://data.medicaid.gov/Quality/2017-Child-and-Adult-Health-Care-Quality-Measures/y7g4-qir6/data#revert>.

²Information was obtained by The National Alliance to Advance Adolescent Health through a phone interview with Rhode Island Medicaid officials on August 30, 2019.

Appendix A. State Profiles on Adolescent Well-Care Performance

Texas' Profile on Adolescent Well-Care Performance

National efforts are underway to improve adolescent well-care visit rates. The University of California, San Francisco's Adolescent and Young Adult Health National Resource Center (AYAH-NRC) aims to improve the health of adolescents and young adults by increasing the receipt of quality preventive visits for adolescents and young adults, which is a focus of many state Medicaid and Title V Maternal and Child Health programs. In collaboration with AYAH-NRC, The National Alliance to Advance Adolescent Health identified and conducted interviews with Medicaid officials from the top-performing states to gain insights about factors influencing each state's high level of performance to be able to share lessons learned with other state Medicaid, public health, clinical, and advocacy leaders.

Adolescent well-care performance is a part of the CMS Child Core Measure Set and is defined as the percent of adolescents, ages 12 through 21, with a preventive medical visit in the past year. Of the top-performing states – Connecticut, Massachusetts, New Hampshire, New York, Rhode Island, and Texas – Texas ranked third overall, with a score of 69.0%.¹ State Medicaid interviewees were asked to rate the level of importance of a list of potential factors influencing the state's score on this adolescent well-care measure (Table I).

Interviewees from Texas rated four factors as *very important* factors influencing their positive ranking including state public health performance goals on adolescent well care, the promotion of adolescent-friendly clinics with flexible scheduling and targeted communication strategies, Texas Health Steps Regional Staff who visit providers and keep them updated on the importance of well-child visits, and contracting with vendors to reach out when check-ups are due, offering check-up flexibility for adolescent children of migrant farm workers (e.g., allowing them to have check-ups early).

Table I. Factors Influencing Adolescent Well Visit Performance Rate²

Factors	Very	Somewhat	Not at all
Alignment of payment incentives with adolescent preventive care performance		X	
Alignment of preventive care performance as part of medical home performance		X	
Use of standardized quality performance measures across payers			X
Specific health information technology requirements			X
State Medicaid/EPSDT policies aligned with Bright Futures		X	
State Medicaid affiliation with AAP Chapter or other health professional organizations		X	
State Medicaid affiliation with the university-based child health policy groups			X
Quality/performance improvement initiatives that pertain to adolescent preventive care		X	
Widespread use of SBHCs, enabling easy access to adolescent well visits		X	
CMS/SIM grant or other external innovation support			X
Interagency adolescent population health planning		X	
State public health performance goals on adolescent well care (% of adolescents, ages 12 through 17, with a preventive medical visit in the past year)	X		
School entrance requirements documenting evidence of receipt of adolescent well care			X
Other (please specify): Adolescent-friendly clinics	X		
Other (please specify): Texas Health Steps Regional Staff's provider outreach and education	X		
Other (please specify): Contract with vendors to reach out when check-up is due, and check-up flexibility for adolescent children of migrant farm workers	X		

¹2017 Child and Adult Health Care Quality Measures: Child Core Set. Retrieved on June 14, 2019 from <https://data.medicaid.gov/Quality/2017-Child-and-Adult-Health-Care-Quality-Measures/y7g4-qir6/data#revert>.

²Information was obtained by The National Alliance to Advance Adolescent Health through a phone interview with Texas Medicaid officials on August 26, 2019.