



Centers for Medicare & Medicaid Services

Medicaid/CHIP

Health Care Quality Measures



2015 Annual Report on the Quality of Care for Adults in Medicaid

Chart Pack

August 2016

■ *This chart pack is a product of the Medicaid/CHIP Health Care Quality Measures Technical Assistance and Analytic Support Program, sponsored by the Centers for Medicare & Medicaid Services. The program team is led by Mathematica Policy Research, in collaboration with the National Committee for Quality Assurance and Center for Health Care Strategies.*

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About the 2014 Adult Core Set

In federal fiscal year (FFY) 2014, Medicaid covered 44.3 million adults, including 27.1 million non-elderly adults, 6.3 million adults age 65 and over, and 10.9 million individuals who are blind/disabled. The Centers for Medicare & Medicaid Services (CMS), the HHS agency responsible for ensuring effective health care coverage for Medicaid enrollees, plays a key role in promoting quality health care for adults in Medicaid. CMS's 2014 core set of health care quality measures for adults enrolled in Medicaid (referred to as the Adult Core Set) includes 26 measures that address the following domains of care:

- Primary Care Access and Preventive Care
- Perinatal Care
- Care of Acute and Chronic Conditions
- Behavioral Health Care

States began reporting the Adult Core Set measures to CMS for FFY 2013. CMS is publicly reporting state-specific findings on the Adult Core Set measures for the first time for FFY 2014, which generally covers care delivered in calendar year 2013. This Chart Pack summarizes state reporting for FFY 2014, including detailed analysis of state performance on 10 measures. For a measure to be publicly reported, data must be provided to CMS by at least 25 states and meet internal standards for quality.

The information presented in this Chart Pack is abstracted from the 2015 Annual Secretary's Report on the Quality of Health Care for Adults in Medicaid, which is available online at <https://www.medicare.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2015-adult-sec-rept.pdf>.

26 measures that address key aspects of health care access and quality for adults enrolled in Medicaid.

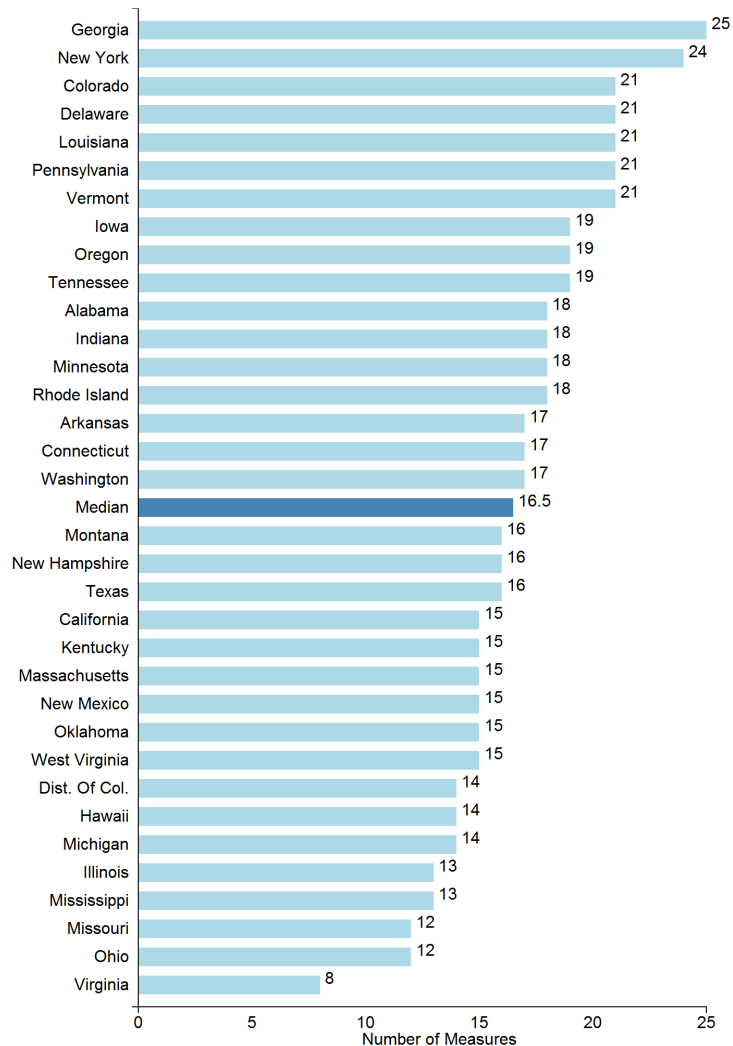
Detailed analysis of state performance on **10** publicly reported measures



OVERVIEW OF STATE REPORTING OF THE 2014 ADULT CORE SET



Number of Adult Core Set Measures Reported by States, FFY 2014



States reported a median of

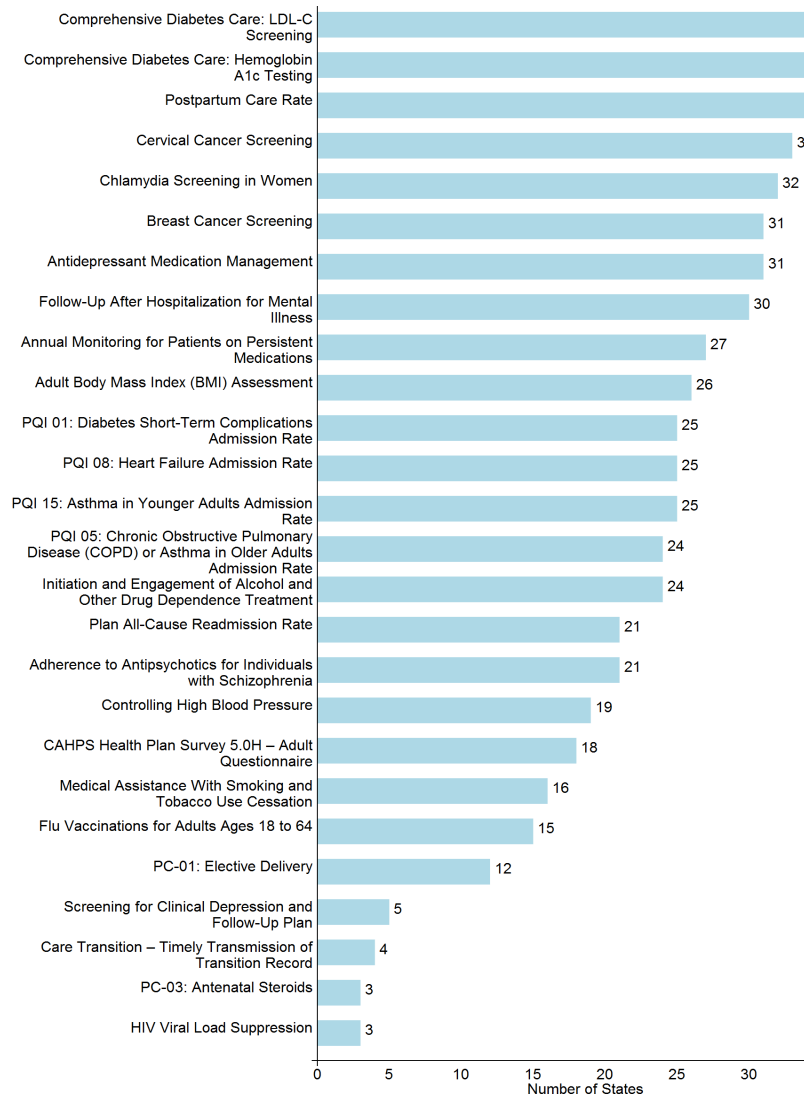
16.5

Adult Core Set measures for FFY 2014

Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.
 Note: This figure is based on state reporting of 26 Adult Core Set measures for FFY 2014.



Number of States Reporting the Adult Core Set Measures, FFY 2014

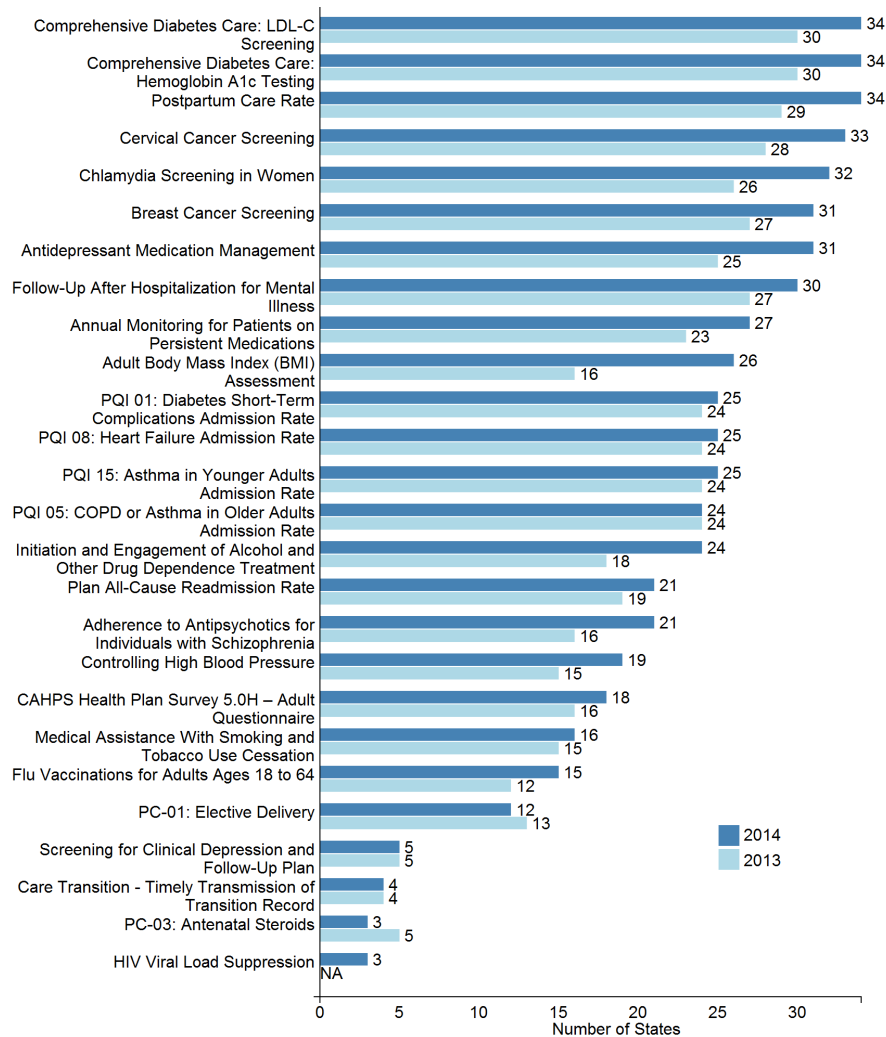


34 states voluntarily reported at least one Adult Core Set measure for FFY 2014, up from 30 states for FFY 2013

Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.



Changes in the Number of States Reporting the Adult Core Set Measures, FFY 2013–2014

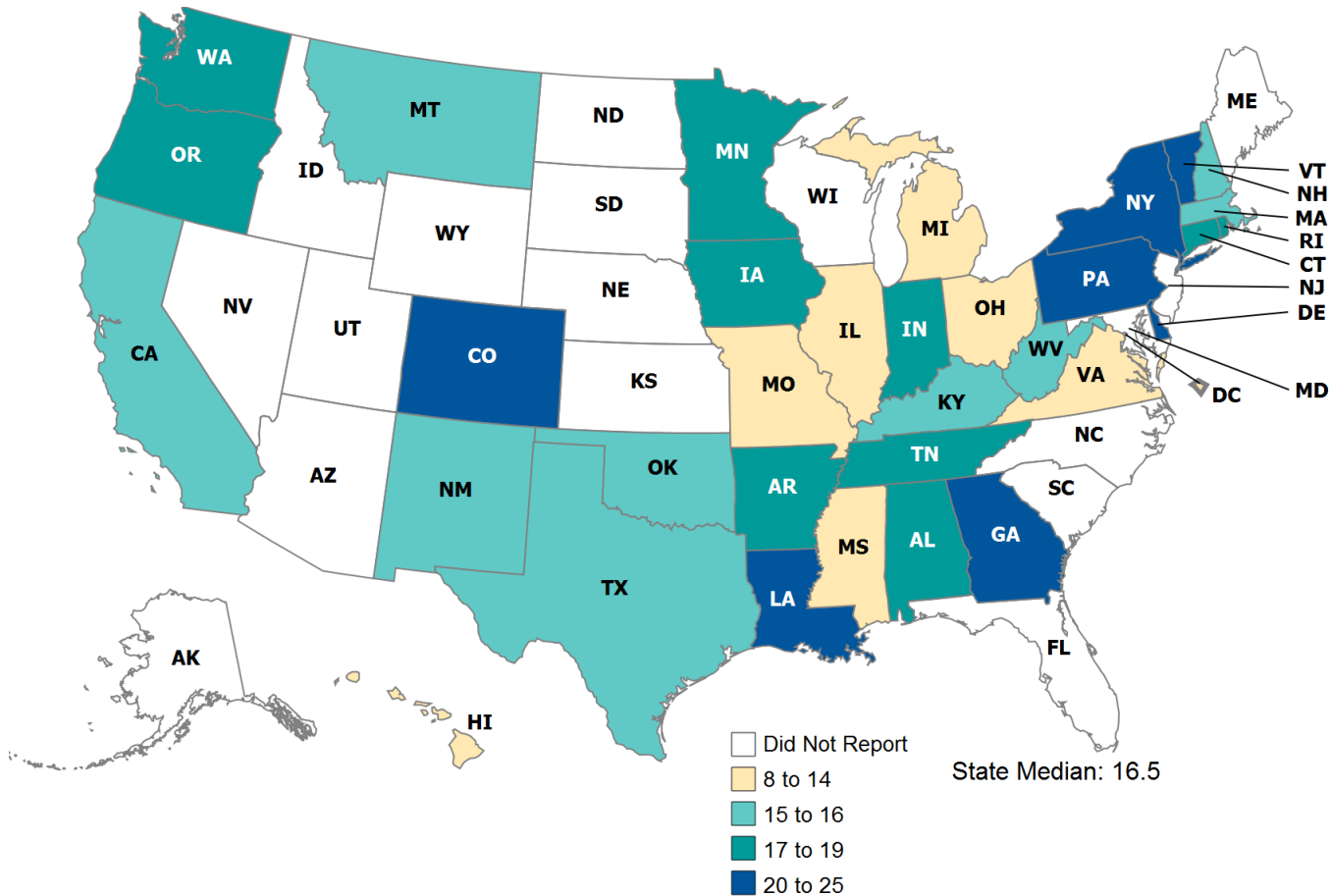


State reporting increased for **20** of the 25 measures included in both the 2013 and 2014 Adult Core Sets

Source: Mathematica analysis of FFY 2013–2014 Adult CARTS reports as of May 8, 2015.
NA = measure was not collected for FFY 2013.



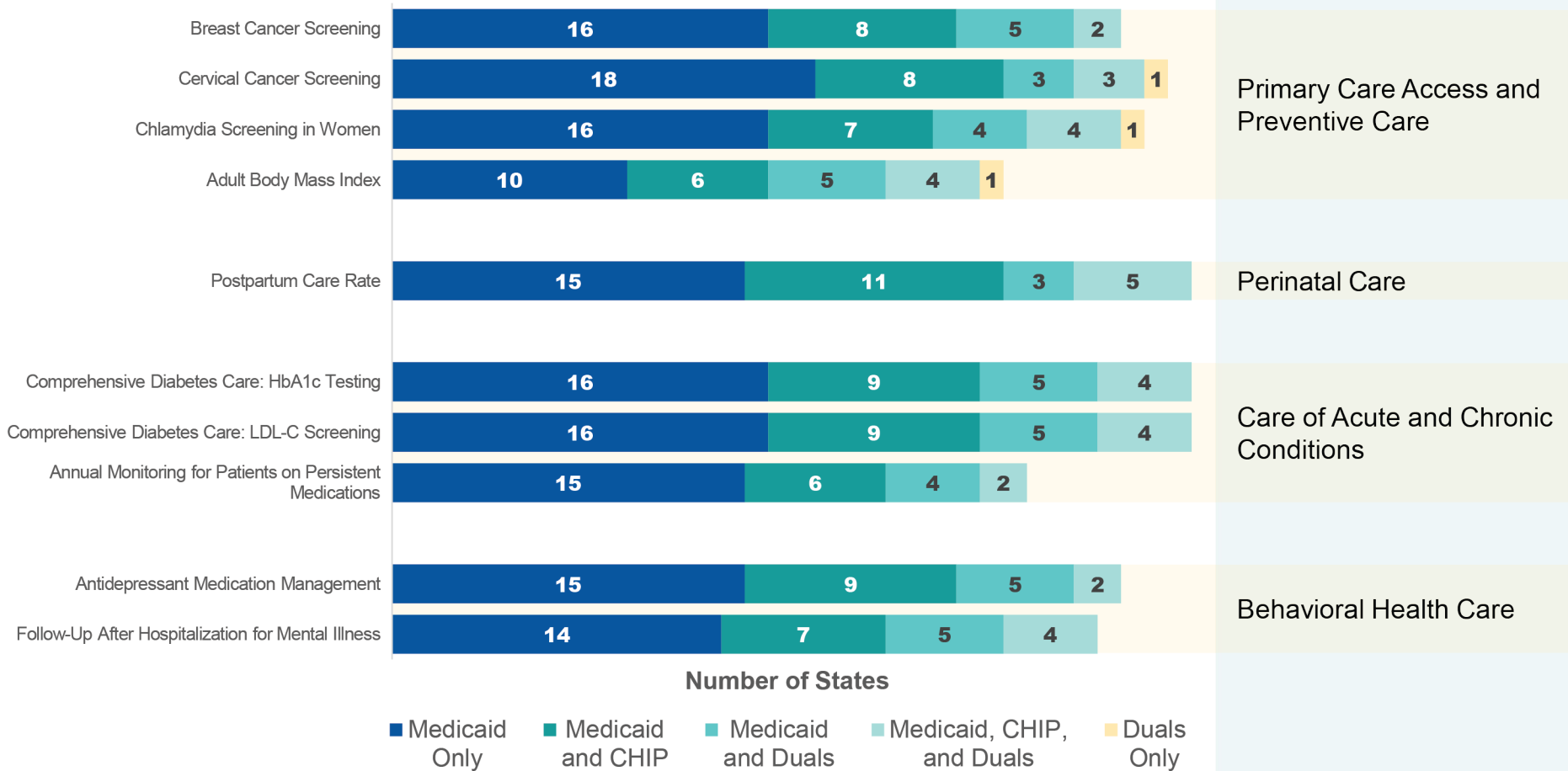
Geographic Variation in the Number of Adult Core Set Measures Reported by States, FFY 2014



31 states reported at least 13 of the Adult Core Set measures for FFY 2014

Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.
 Note: The 2014 Adult Core Set includes 26 measures.

Populations Included in Frequently Reported Adult Core Set Measures for FFY 2014, By Domain



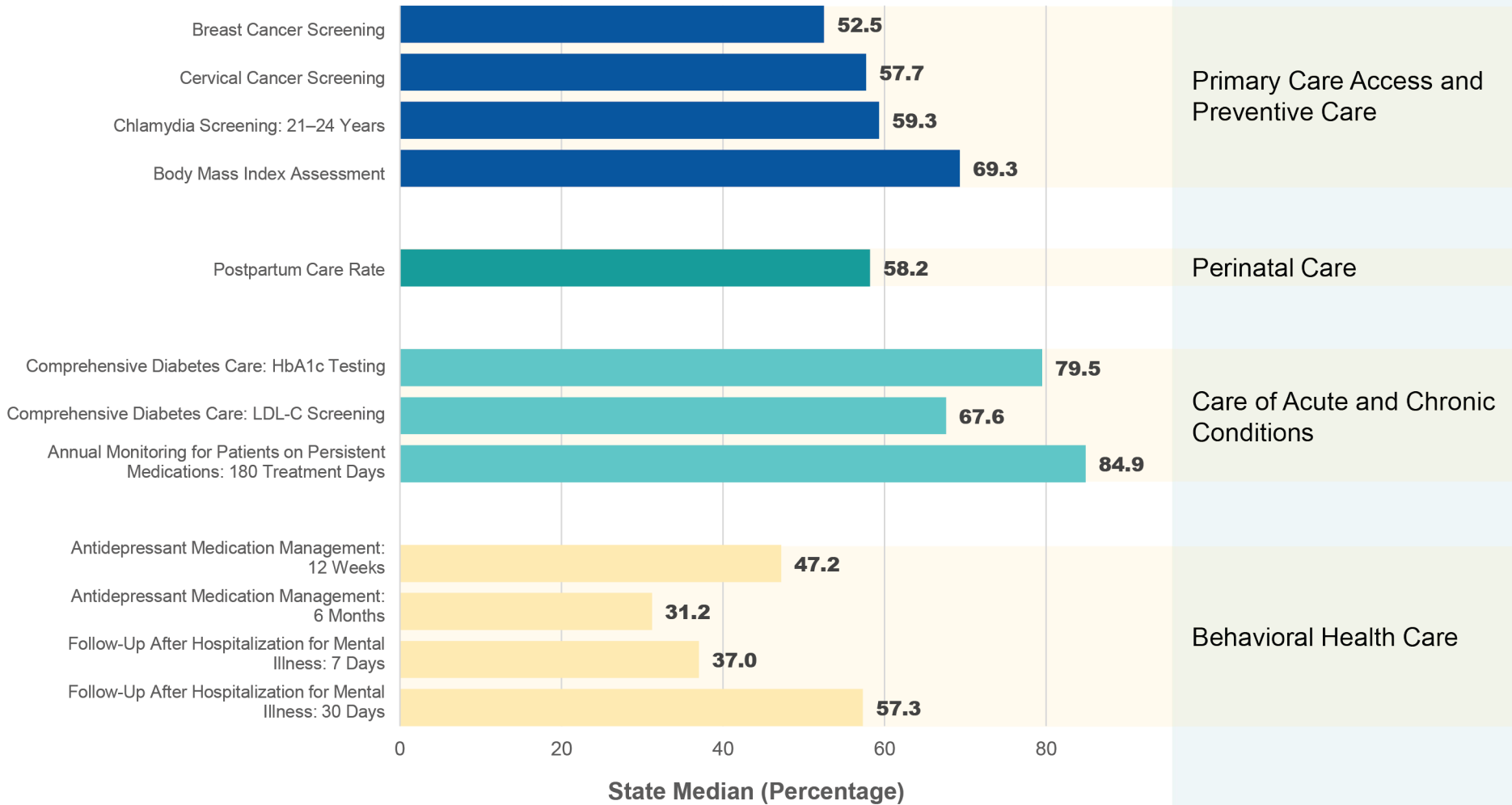
Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.

Notes: Includes measures that were reported by at least 25 states for FFY 2014.

See Chart 7 for the number of states that reported each measure for FFY 2014.



Median Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2014



Source: Mathematica analysis of FFY 2014 Adult CARTS Reports as of May 8, 2015.

Note: Includes measures that were reported by at least 25 states for FFY 2014.

Primary Care Access and Preventive Care

Medicaid helps millions of adults access primary care and preventive services. Preventive services include immunizations, screenings, and counseling to support healthy living. Access to regular primary care and services that help prevent infectious and chronic disease and other health conditions can help people live longer, healthier lives and improve the health of the population.

This section includes findings for the four Adult Core Set measures used to assess primary care access and preventive care in Medicaid that were reported by at least 25 states for FFY 2014. These measures are among the most frequently reported measures in the Adult Core Set.

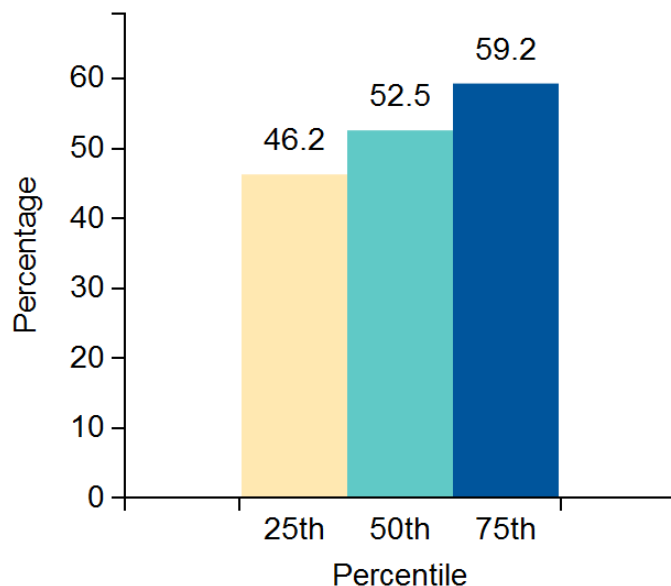
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women
- Adult Body Mass Index

For more information about the Primary Care Access and Preventive Care measures, see the domain-specific report at <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2015-SR-domain-specific-reports.zip>.

Breast Cancer Screening

Breast cancer causes approximately 40,000 deaths in the United States each year. The U.S. Preventive Services Task Force recommends that women between the ages of 50 and 74 undergo mammography screening once every two years. Early detection via mammography screening and subsequent treatment can reduce breast cancer mortality for women in this age range.

Percentage of Women Ages 50 to 74 Who Received a Mammogram to Screen for Breast Cancer, FFY 2014 (n = 31 states)



Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.

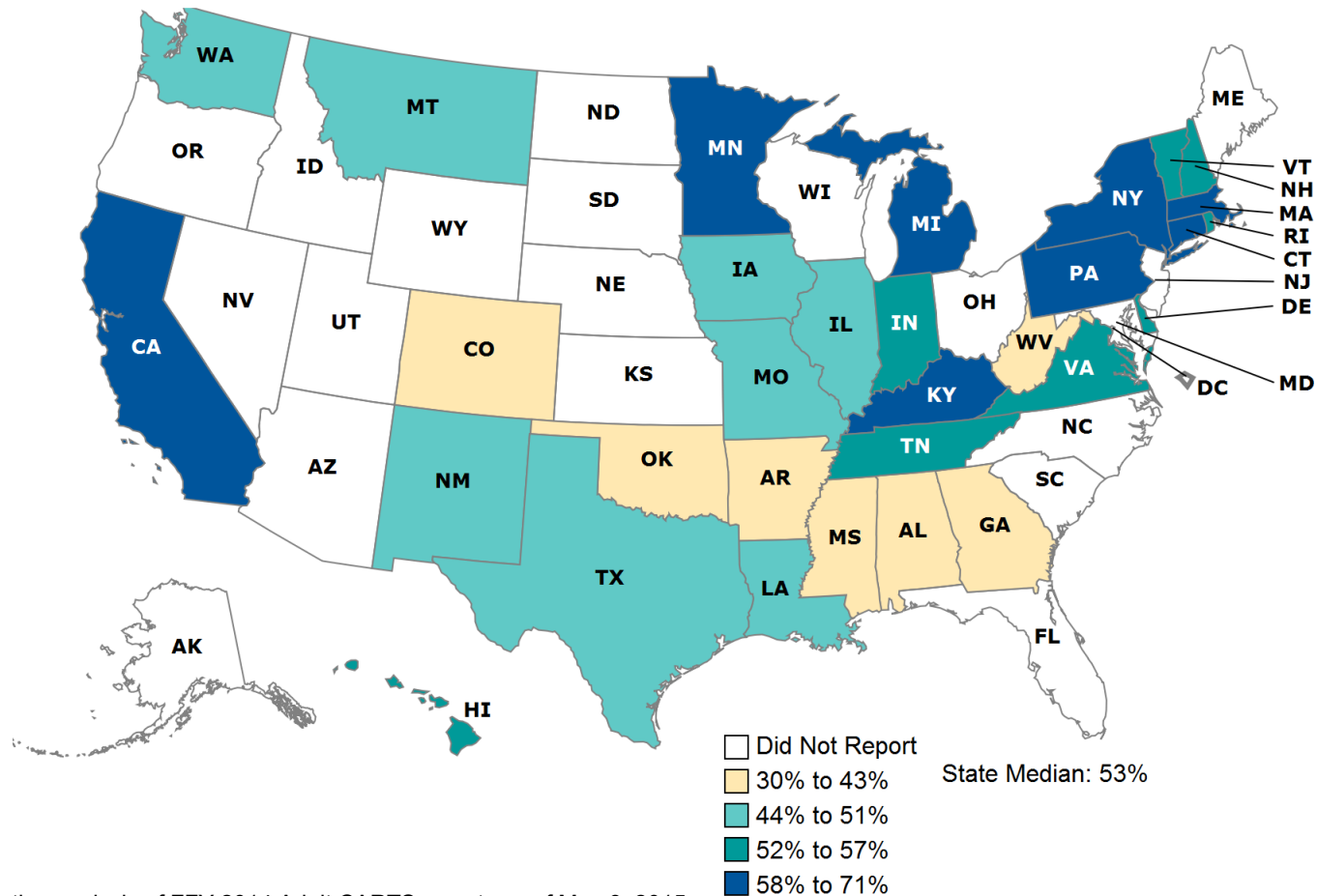
Notes: This measure identifies the percentage of women who received a mammogram to screen for breast cancer during the measurement year or two years prior to the measurement year. Data displayed in this exhibit include adults ages 50 to 64 for 21 states, ages 50 to 74 for 9 states, and ages 52 to 64 for 1 state.

A median of

53 percent
of women ages 50 to 74
received a mammogram
to screen for breast
cancer (31 states)

Breast Cancer Screening (continued)

Geographic Variation in the Percentage of Women Ages 50 to 74 Who Received a Mammogram to Screen for Breast Cancer, FFY 2014 (n = 31 states)



Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.

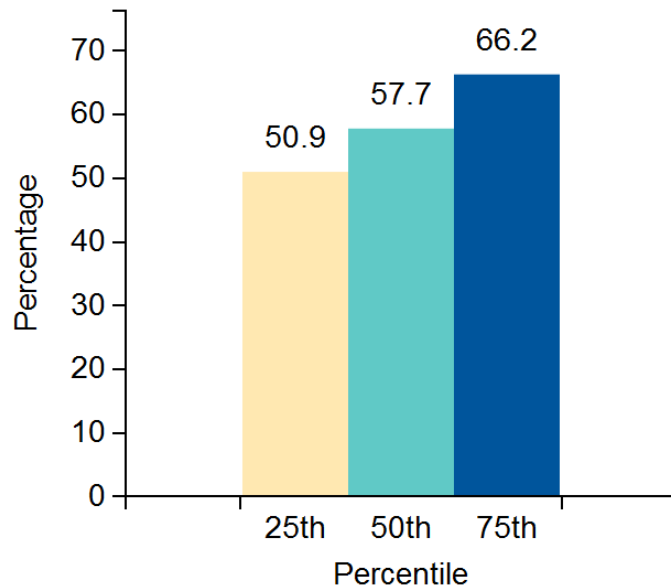
Note: Data displayed in this exhibit include adults ages 50 to 64 for 21 states, ages 50 to 74 for 9 states, and ages 52 to 64 for 1 state.



Cervical Cancer Screening

Approximately 12,000 new cases of cervical cancer and 4,000 deaths due to cervical cancer occur in the United States each year. The U.S. Preventive Services Task Force recommends that women ages 21 to 65 receive regular screening for cervical cancer through either a cervical cytology (Pap smear) test or, for women ages 30 to 65, a combination of cervical cytology and human papilloma virus (HPV) testing. When pre-cancerous lesions or early stage cancer are detected through screening, cervical cancer can usually be prevented or treated effectively.

Percentage of Women Ages 21 to 64 Who Were Screened for Cervical Cancer, FFY 2014 (n = 33 states)



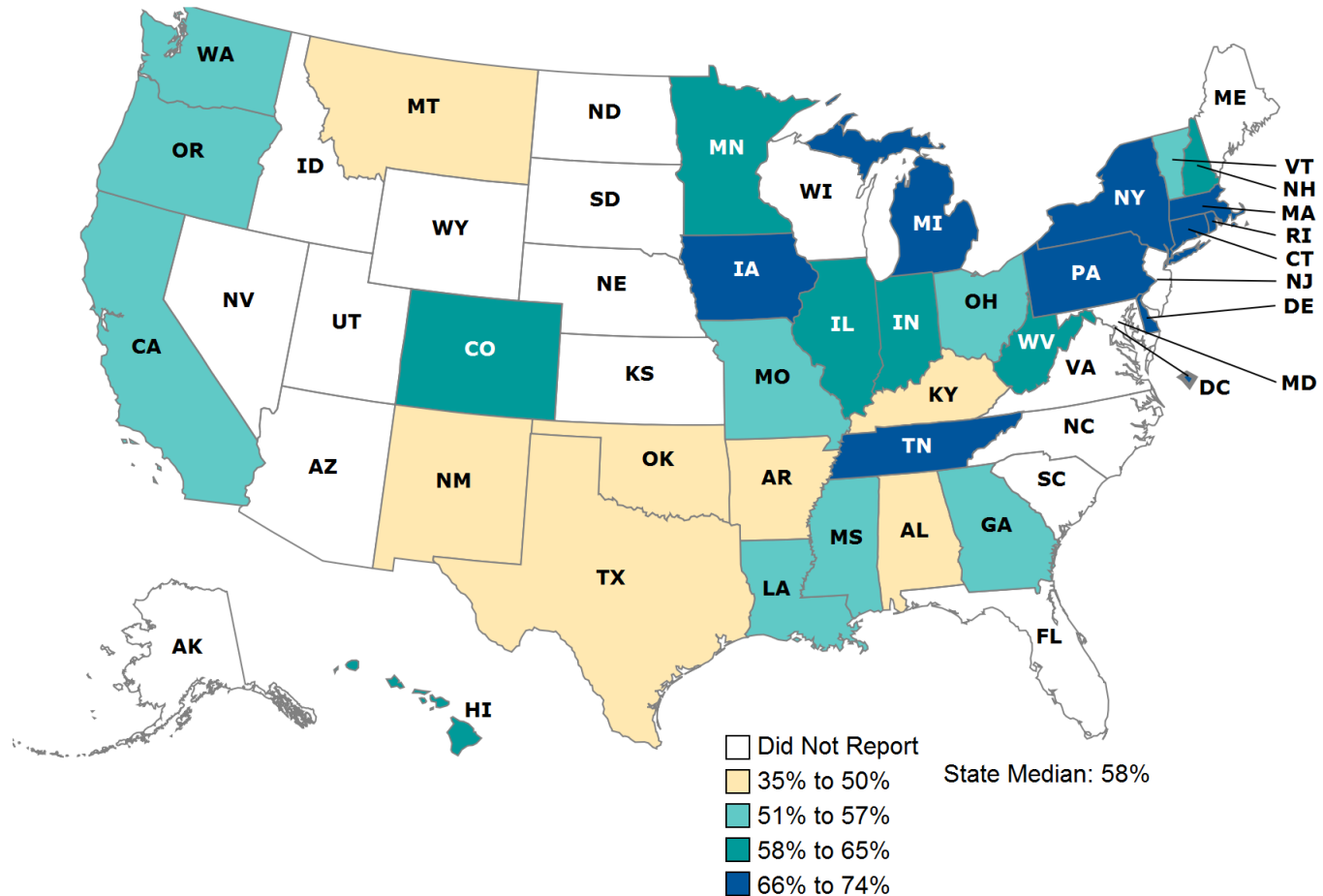
A median of **58** percent of women ages 21 to 64 were screened for cervical cancer (33 states)

Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.

Note: This measure identifies the percentage of women ages 21 to 64 who were screened for cervical cancer.

Cervical Cancer Screening (continued)

Geographic Variation in the Percentage of Women Ages 21 to 64 Who Were Screened for Cervical Cancer, FFY 2014
(n = 33 states)



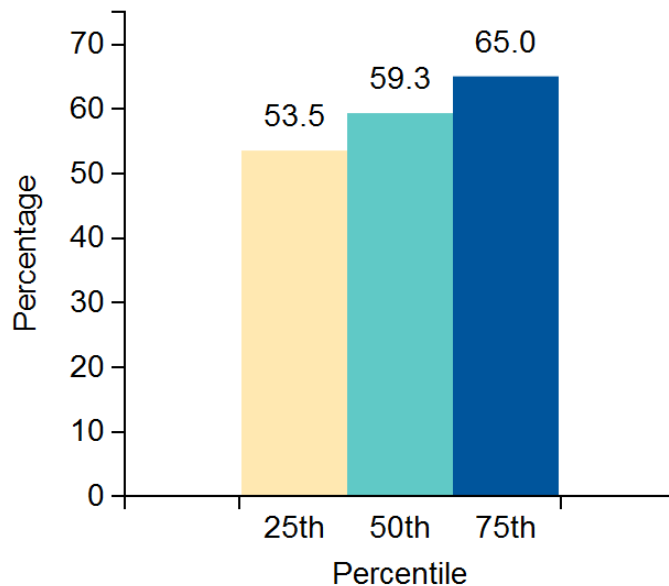
Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.



Chlamydia Screening in Women

Chlamydia is the most commonly reported sexually transmitted infection and easy to cure when it is detected. However, most people have no symptoms and are not aware they are infected. Left untreated, Chlamydia can affect a woman's ability to have children. Recommended well care for young adult women who are sexually active includes annual screening for Chlamydia. The Adult Core Set reports Chlamydia Screening rates for women ages 21 to 24.

Percentage of Sexually Active Women Ages 21 to 24 Receiving at Least One Test for Chlamydia, FFY 2014 (n = 32 states)



Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.

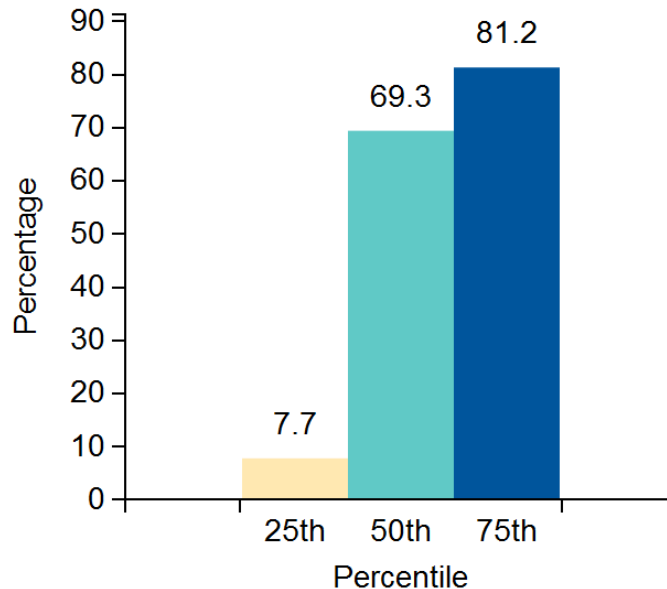
Notes: This measure identifies the percentage of women ages 21 to 24 who were identified as sexually active who had at least one test for Chlamydia during the measurement year. Data displayed in this exhibit include women ages 21 to 24 for 30 states, ages 16 to 24 for 1 state, and ages 18 to 24 for 1 state.

A median of **59** percent of sexually active women ages 21 to 24 were tested for Chlamydia (32 states)

Adult Body Mass Index (BMI) Assessment

Overweight and obesity pose serious short- and long-term health risks. Overweight and obesity are frequently assessed based on body mass index (BMI), which is calculated based on a patient's height and weight, adjusting for age and gender. Health care practitioners can play an important role in detecting and addressing overweight and obesity by assessing BMI.

Percentage of Adults Ages 18 to 74 Who Had an Outpatient Visit and Documentation of their BMI, FFY 2014 (n = 26 states)



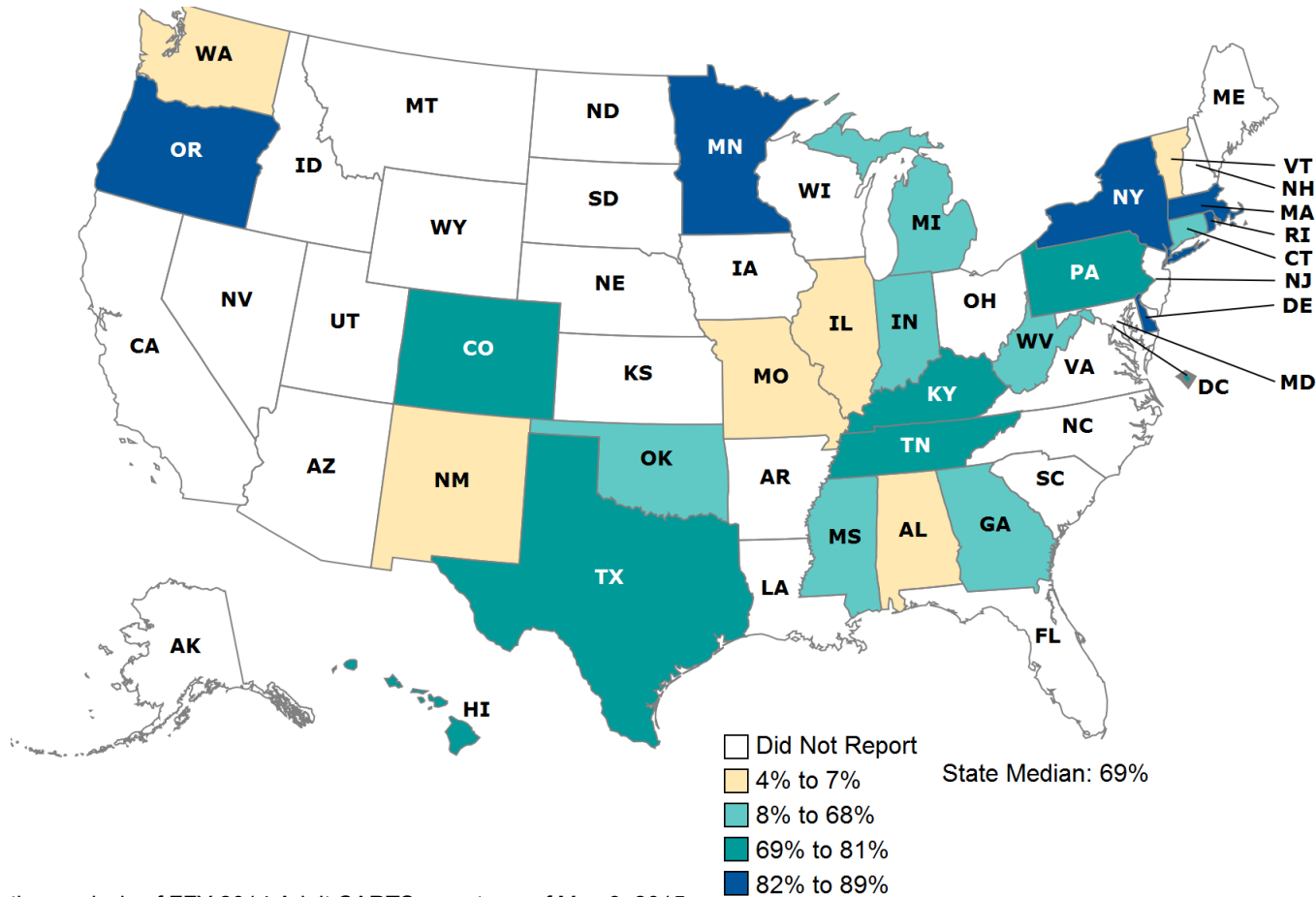
Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.

Notes: This measure identifies the percentage of adults ages 18 to 74 who had an outpatient visit and whose BMI was documented during the measurement year or the year prior to the measurement year. Data displayed in this exhibit include adults ages 18 to 64 for 16 states, ages 18 to 74 for 8 states, age 18 and older for 1 state, and ages 19 to 64 for 1 state.

A median of **69** percent of adults ages 18 to 74 had an outpatient visit and documentation of their BMI (26 states)

Adult Body Mass Index (BMI) Assessment (continued)

Geographic Variation in the Percentage of Adults Ages 18 to 74 Who Had an Outpatient Visit and Documentation of their BMI, FFY 2014 (n = 26 states)



Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.

Note: Data displayed in this exhibit include adults ages 18 to 64 for 16 states, ages 18 to 74 for 8 states, age 18 and older for 1 state, and ages 19 to 64 for 1 state.



Perinatal Care

In 2010, Medicaid financed nearly half of all births in the United States. As the largest payer for maternity care in the United States, Medicaid has an important role to play in improving perinatal health outcomes. Despite improvements in access to coverage and care, the rate of births reported as preterm or low birth weight among women enrolled in Medicaid is higher than the rate for those who are privately insured.

This section includes findings for the Adult Core Set measure used to assess perinatal care in Medicaid that was reported by at least 25 states for FFY 2014.

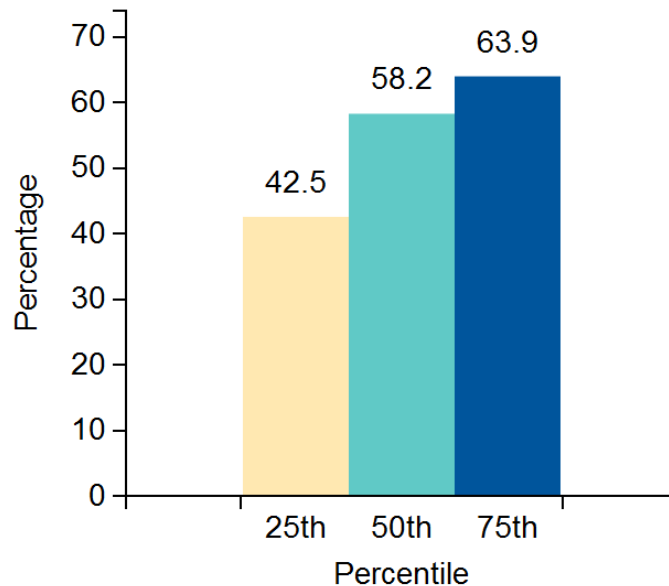
- Postpartum Care Rate

For more information about the Perinatal Care measures, see the domain-specific report at <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2015-SR-domain-specific-reports.zip>.

Postpartum Care Rate

Postpartum visits provide an opportunity to assess women’s physical recovery from pregnancy and childbirth, and to address chronic health conditions, mental health status, and family planning. They also provide an opportunity for counseling on nutrition and breastfeeding and other preventive health issues. CMS’s Maternal and Infant Health Initiative aims to increase by 10 percentage points the rate of postpartum visits among women in Medicaid and CHIP in at least 20 states over a 3-year period.

Percentage of Women Delivering a Live Birth with a Postpartum Care Visit on or Between 21 and 56 Days after Delivery, FFY 2014 (n = 34 states)



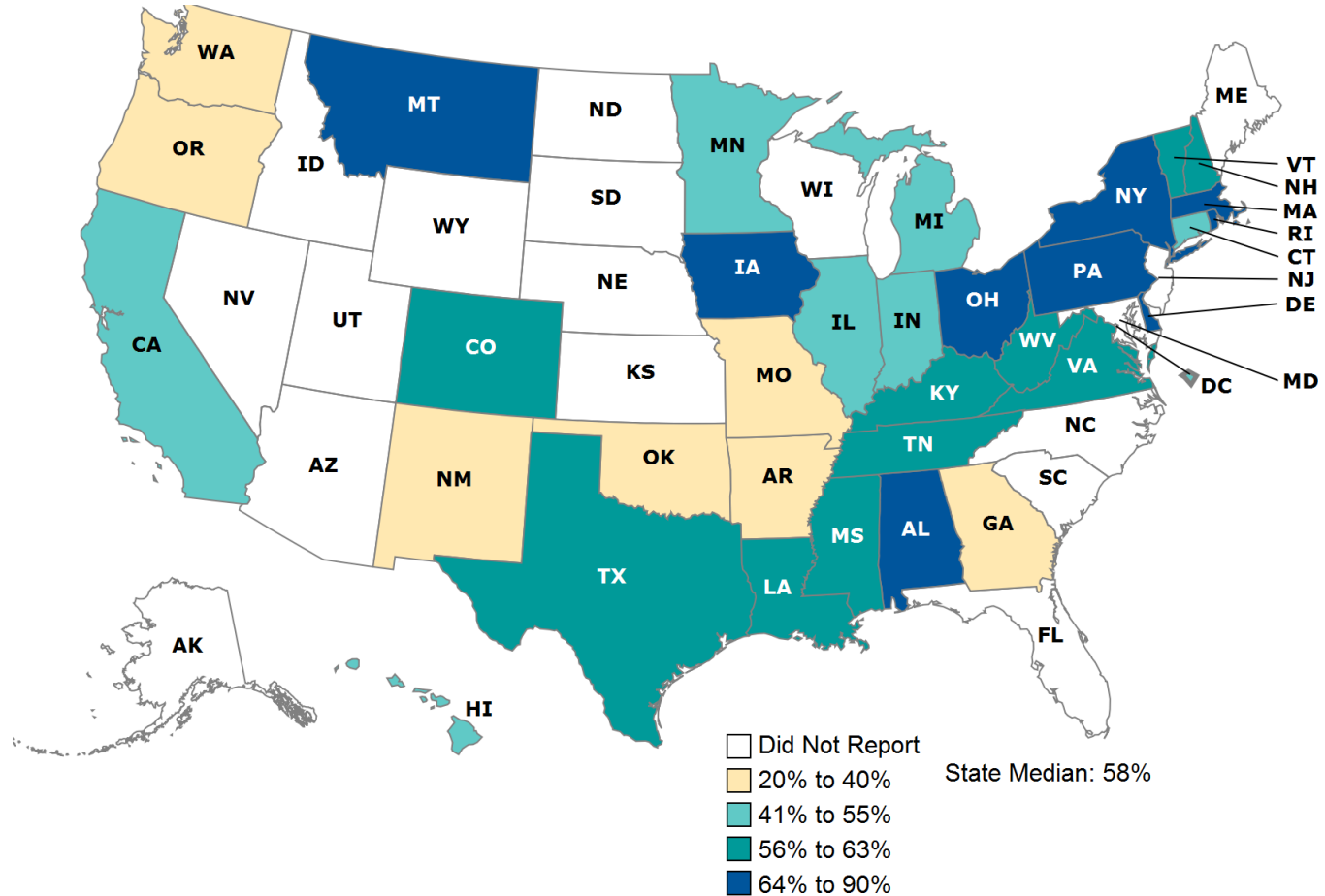
Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.

Note: This measure identifies the percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a postpartum visit on or between 21 and 56 days after delivery.

A median of **58** percent of women delivering a live birth had a postpartum care visit on or between 21 and 56 days after delivery (34 states)

Postpartum Care Rate (continued)

Geographic Variation in the Percentage of Women Delivering a Live Birth with a Postpartum Care Visit on or Between 21 and 56 Days after Delivery, FFY 2014 (n = 34 states)



Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.



Care of Acute and Chronic Conditions

The prevalence of chronic illnesses like diabetes is higher among adults enrolled in Medicaid relative to other populations. Ensuring that adults covered by Medicaid receive the necessary monitoring and management for acute and chronic conditions may reduce the need for more costly care later and improve their chances of leading healthy, productive lives. Visits for routine screening and monitoring play an important role in managing the health care needs of people with acute and chronic conditions, potentially avoiding or slowing disease progression, and reducing costly hospital admissions and emergency department visits.

This section includes findings for the Adult Core Set measures used to assess the care of acute and chronic conditions in Medicaid that were reported by at least 25 states for FFY 2014.

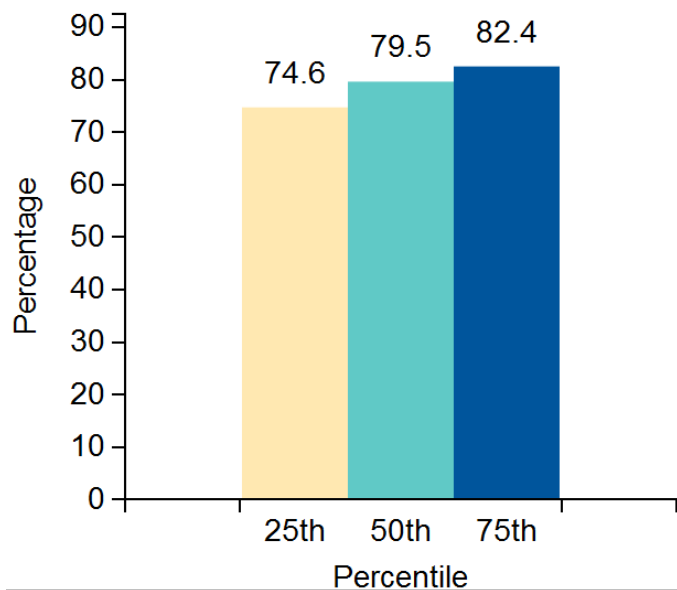
- Comprehensive Diabetes Care: Hemoglobin A1c Testing
- Comprehensive Diabetes Care: LDL-C Screening
- Annual Monitoring for Patients on Persistent Medications

For more information about the Acute and Chronic Conditions measures, see the domain-specific report at <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2015-SR-domain-specific-reports.zip>.

Comprehensive Diabetes Care: Hemoglobin A1c Testing

Diabetes is one of the most common chronic health problems in the United States, affecting approximately 29 million people. Recommended care for patients with diabetes includes regular monitoring of blood sugar using hemoglobin A1c (HbA1c) testing, which provides a measure of a patient's average blood sugar over the previous two to three months. Proper control of blood sugar levels among diabetes patients can prevent or reduce complications from the disease (including those related to the heart, eyes, kidneys, and nerves).

Percentage of Adults Ages 18 to 75 with Diabetes (Type 1 or Type 2) Who Had a Hemoglobin A1c Test, FFY 2014 (n = 34 states)



Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.

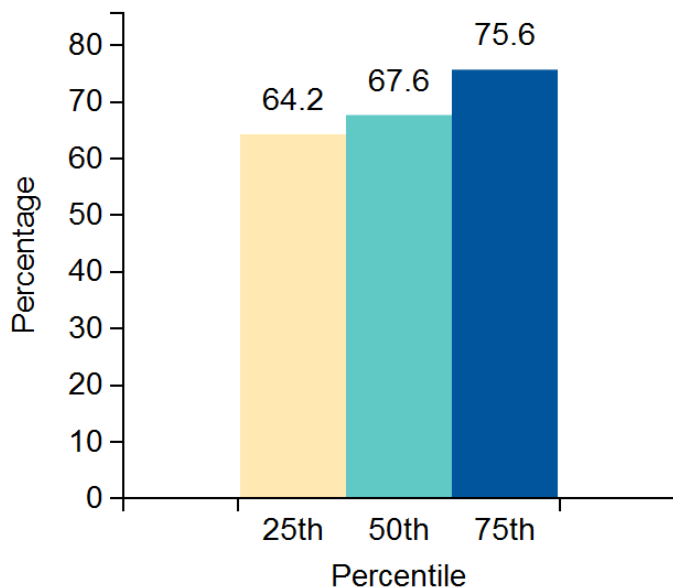
Notes: This measure identifies the percentage of adults ages 18 to 75 with diabetes (type 1 or type 2) who had an HbA1c test. Data displayed in this exhibit include adults ages 18 to 64 for 23 states, ages 18 to 75 for 10 states, and ages 18 to 85 for 1 state.

A median of **80** percent of adults ages 18 to 75 with diabetes had an HbA1c test (34 states)

Comprehensive Diabetes Care: LDL-C Screening

Approximately 29 million people in the United States have diabetes. Recommended care for patients with diabetes includes regular monitoring of low-density lipoprotein cholesterol (LDL-C) levels. Individuals with diabetes are at higher risk for heart disease than those without diabetes. Proper control of LDL-C levels among diabetes patients can improve heart disease outcomes among this population.

Percentage of Adults Ages 18 to 75 with Diabetes (Type 1 or Type 2) Who Had a LDL-C Screening Test, FFY 2014 (n = 34 states)



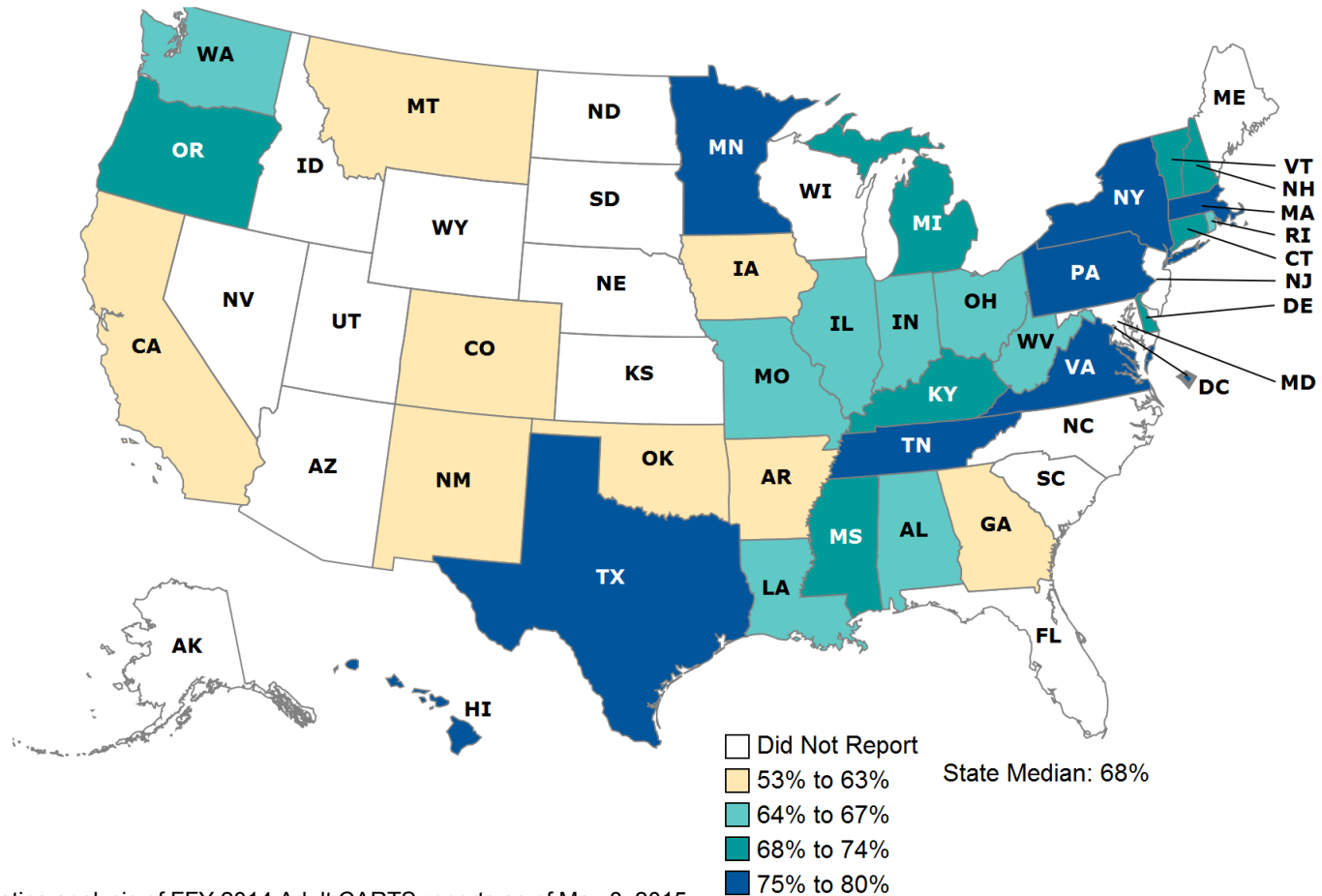
Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.

Notes: This measure identifies the percentage of adults ages 18 to 75 with diabetes (type 1 or type 2) who had a LDL-C screening test. Data displayed in this exhibit include adults ages 18 to 64 for 23 states, ages 18 to 75 for 10 states, and ages 18 to 85 for 1 state.

A median of
68 percent
of adults ages 18 to 75
with diabetes had a
LDL-C screening test
(34 states)

Comprehensive Diabetes Care: LDL-C Screening (continued)

Geographic Variation in the Percentage of Adults Ages 18 to 75 with Diabetes (Type 1 or Type 2) Who Had a LDL-C Screening Test, FFY 2014 (n = 34 states)



Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.

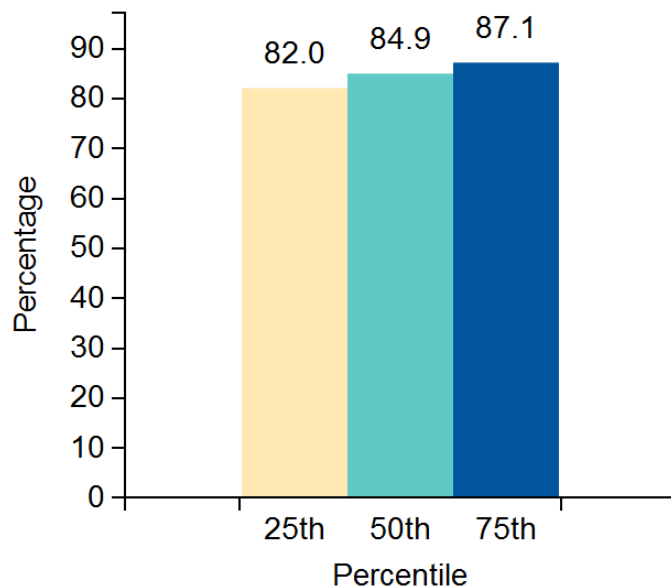
Note: Data displayed in this exhibit include adults ages 18 to 64 for 23 states, ages 18 to 75 for 10 states, and ages 18 to 85 for 1 state.



Annual Monitoring for Patients on Persistent Medications

When patients are prescribed certain medications on a long-term basis, it is recommended that the prescribing practitioner conduct regular laboratory tests to monitor the effects of the medication and subsequently adjust treatment as needed. This can help to reduce serious adverse effects from these medications.

Percentage of Adults Who Received At Least 180 Days of Medication Therapy Who Received Annual Monitoring, FFY 2014 (n = 27 states)



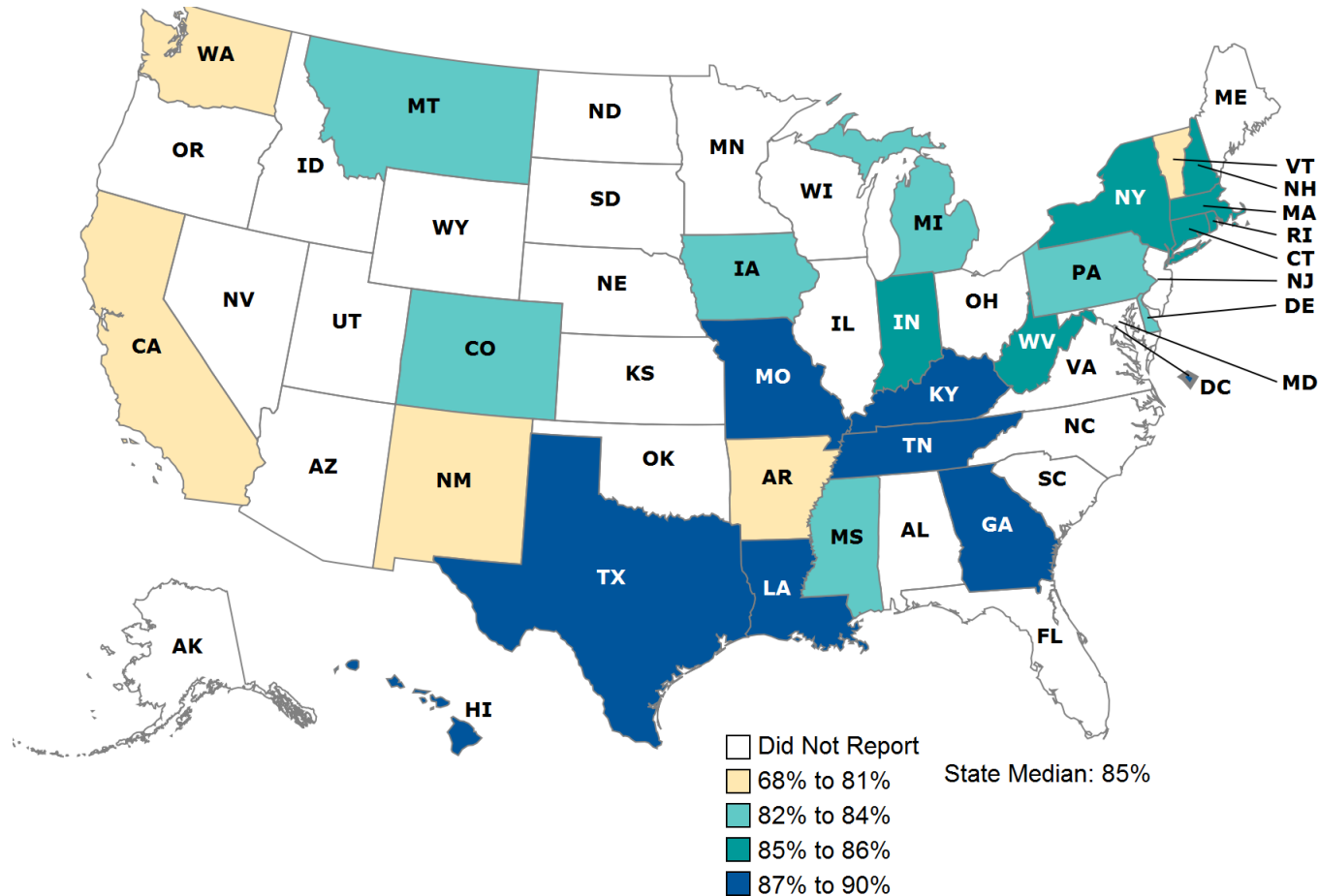
Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.

Notes: This measure identifies the percentage of adults age 18 and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and who received annual monitoring for the therapeutic agent in the measurement year. Data displayed in this exhibit include adults ages 18 to 64 for 18 states and age 18 and older for 9 states.

A median of **85** percent of adults who received at least 180 days of medication therapy received annual monitoring (27 states)

Annual Monitoring for Patients on Persistent Medications (continued)

Geographic Variation in the Percentage of Adults Who Received At Least 180 Days of Medication Therapy Who Received Annual Monitoring, FFY 2014 (n = 27 states)



Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.

Note: Data displayed in this exhibit include adults ages 18 to 64 for 18 states, and age 18 and older for 9 states.



Behavioral Health Care

As the single largest payer for mental health services in the United States, Medicaid plays an important role in providing behavioral health care. For the purpose of this report, the term “behavioral health care” refers to treatment of mental health conditions, substance use disorders, and other behavioral conditions. Improvement of benefit design and service delivery for behavioral health care in Medicaid is a high priority for CMS, in collaboration with other federal agencies, states, providers, and consumers.

This section includes findings for the Adult Core Set measures used to assess behavioral health care services in Medicaid that were reported by at least 25 states for FFY 2014.

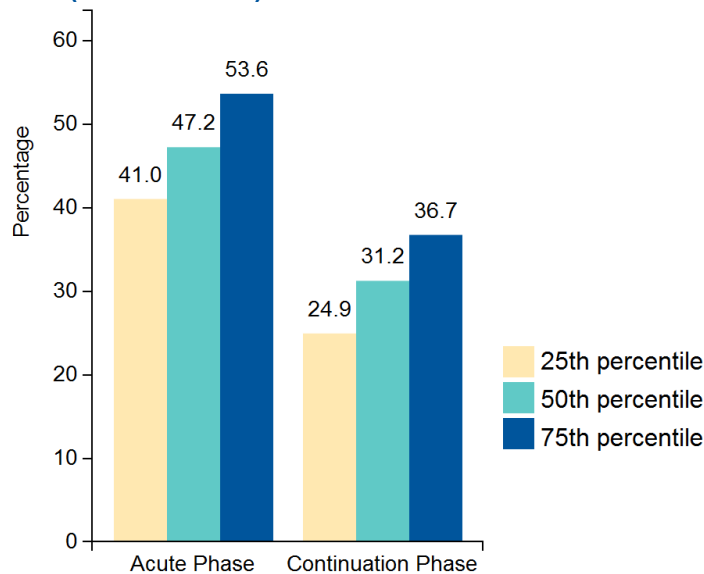
- Antidepressant Medication Management
 - Effective Acute Phase Treatment
 - Effective Continuation Phase Treatment
- Follow-Up After Hospitalization for Mental Illness
 - Follow-Up Within 7 Days of Discharge
 - Follow-Up Within 30 Days of Discharge

For more information about the Behavioral Health Care measures, see the domain-specific report at <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2015-SR-domain-specific-reports.zip>.

Antidepressant Medication Management

Antidepressant medications can be an effective treatment for major depression. An initial course of medication treatment is recommended for 12 weeks (known as the Acute Phase) to choose an effective regimen and observe a clinical response. Continued treatment for six months (known as the Continuation Phase) is recommended to prevent relapse and to maintain functioning.

Percentage of Adults Age 18 and Older with a Diagnosis of Major Depression Who Were Treated with Antidepressant Medication and Remained on Antidepressant Medication Treatment, FFY 2014 (n = 31 states)



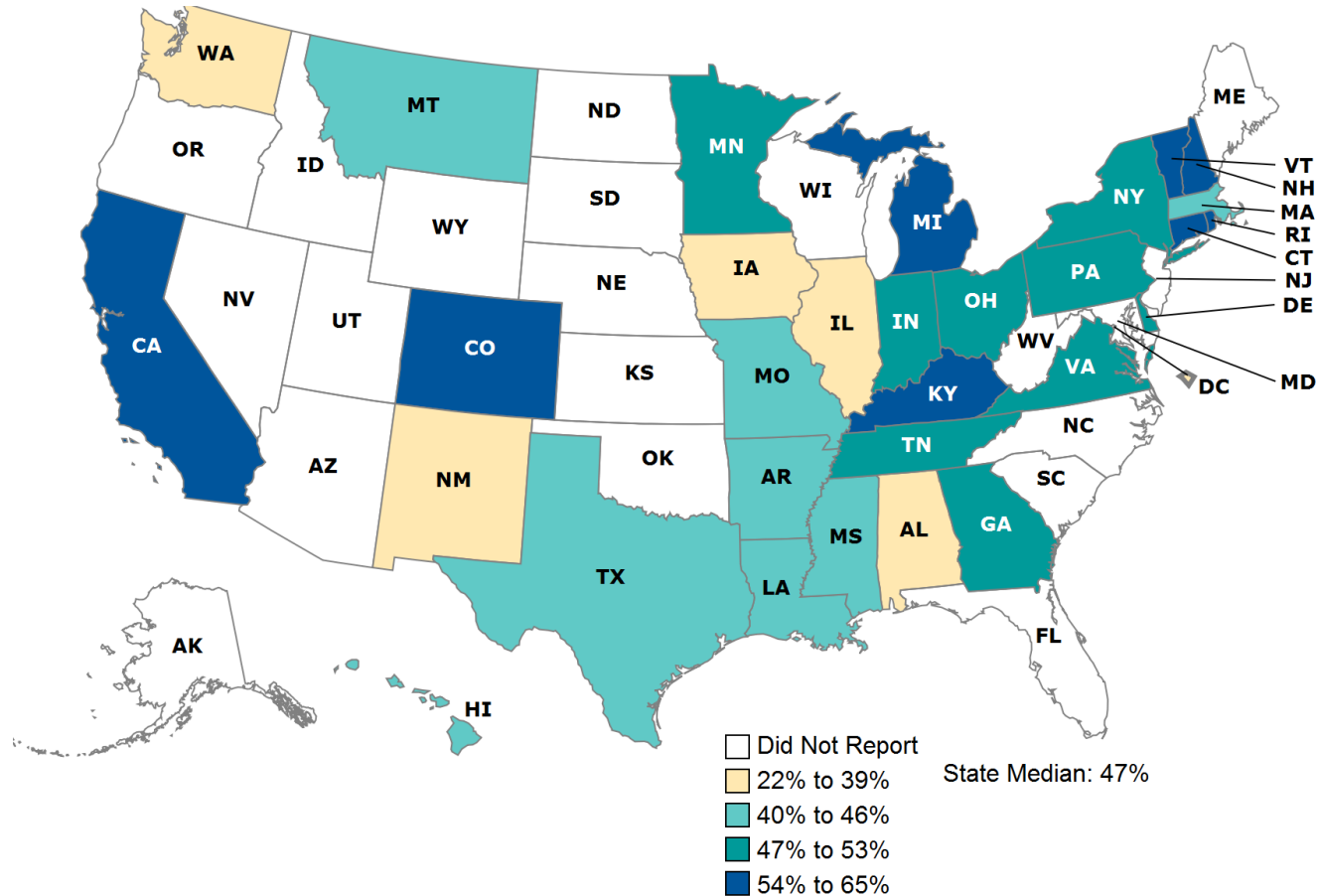
Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.

Notes: This measure identifies the percentage of adults age 18 and older diagnosed with major depression who were treated with antidepressant medication and remained on antidepressant medication treatment for the Acute Phase and the Continuation Phase. Data displayed in this exhibit include adults ages 18 to 64 for 21 states and age 18 and older for 10 states.

A median of **47** percent of adults age 18 and older with a diagnosis of major depression who were treated with antidepressant medication remained on medication during the acute phase (31 states)

Antidepressant Medication Management: Acute Phase

Geographic Variation in the Percentage of Adults Age 18 and Older with a Diagnosis of Major Depression Who Were Treated with an Antidepressant Medication and Remained on Medication Treatment for the Acute Phase (12 Weeks), FFY 2014 (n = 31 states)



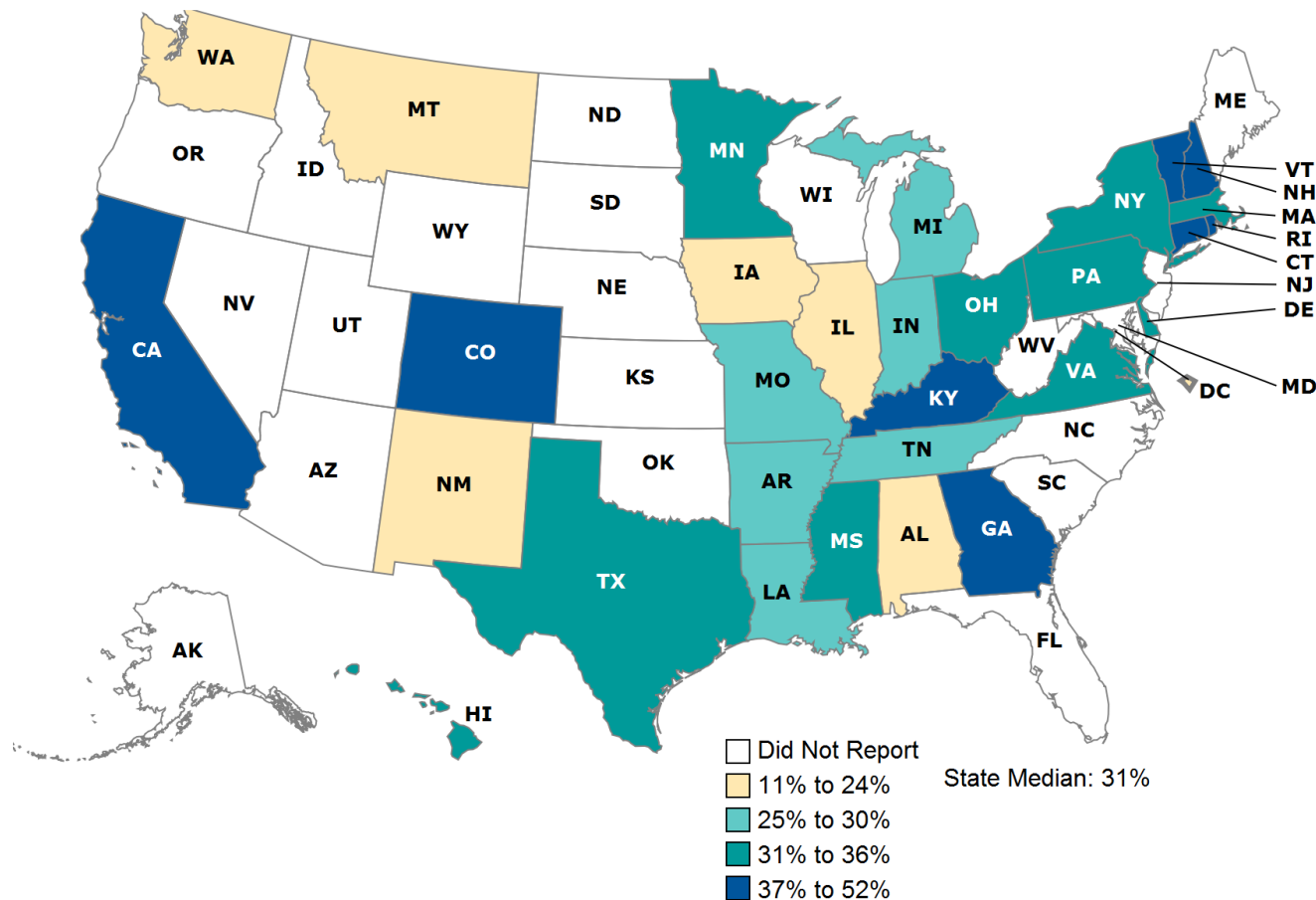
Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.

Note: Data displayed in this exhibit include adults ages 18 to 64 for 21 states and age 18 and older for 10 states.



Antidepressant Medication Management: Continuation Phase

Geographic Variation in the Percentage of Adults Age 18 and Older with a Diagnosis of Major Depression Who Were Treated with an Antidepressant Medication and Remained on Medication Treatment for the Continuation Phase (6 Months), FFY 2014 (n = 31 states)



Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.

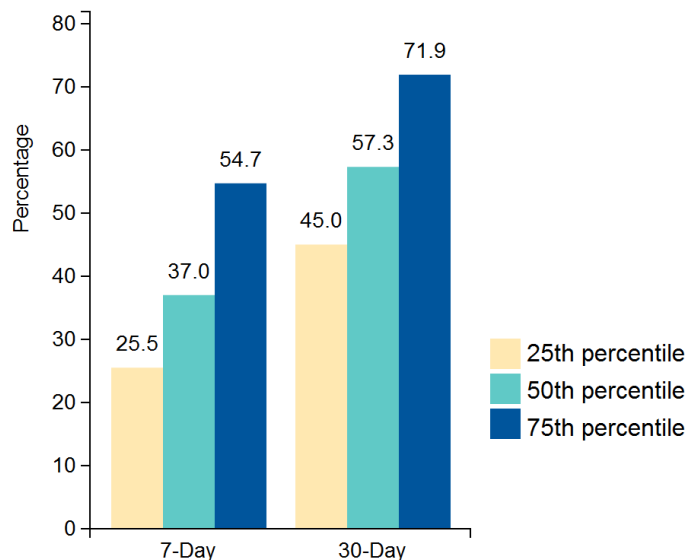
Note: Data displayed in this exhibit include adults ages 18 to 64 for 21 states and age 18 and older for 10 states.



Follow-Up After Hospitalization for Mental Illness

After discharge from inpatient treatment for mental illness, follow-up outpatient mental health treatment is necessary to manage medications, continue therapy, facilitate transitions to home and school, and generally prevent readmissions due to the lack of continuous care. Recommended post-discharge treatment includes a visit with an outpatient mental health provider within 30 days of discharge and ideally, within 7 days of discharge.

Percentage of Adults Age 21 and Older Percentage of Adults Age 21 and Older Hospitalized for Treatment of Mental Illness Receiving a Follow-Up Visit Within 7 and 30 Days of Discharge, FFY 2014 (n = 30 states)



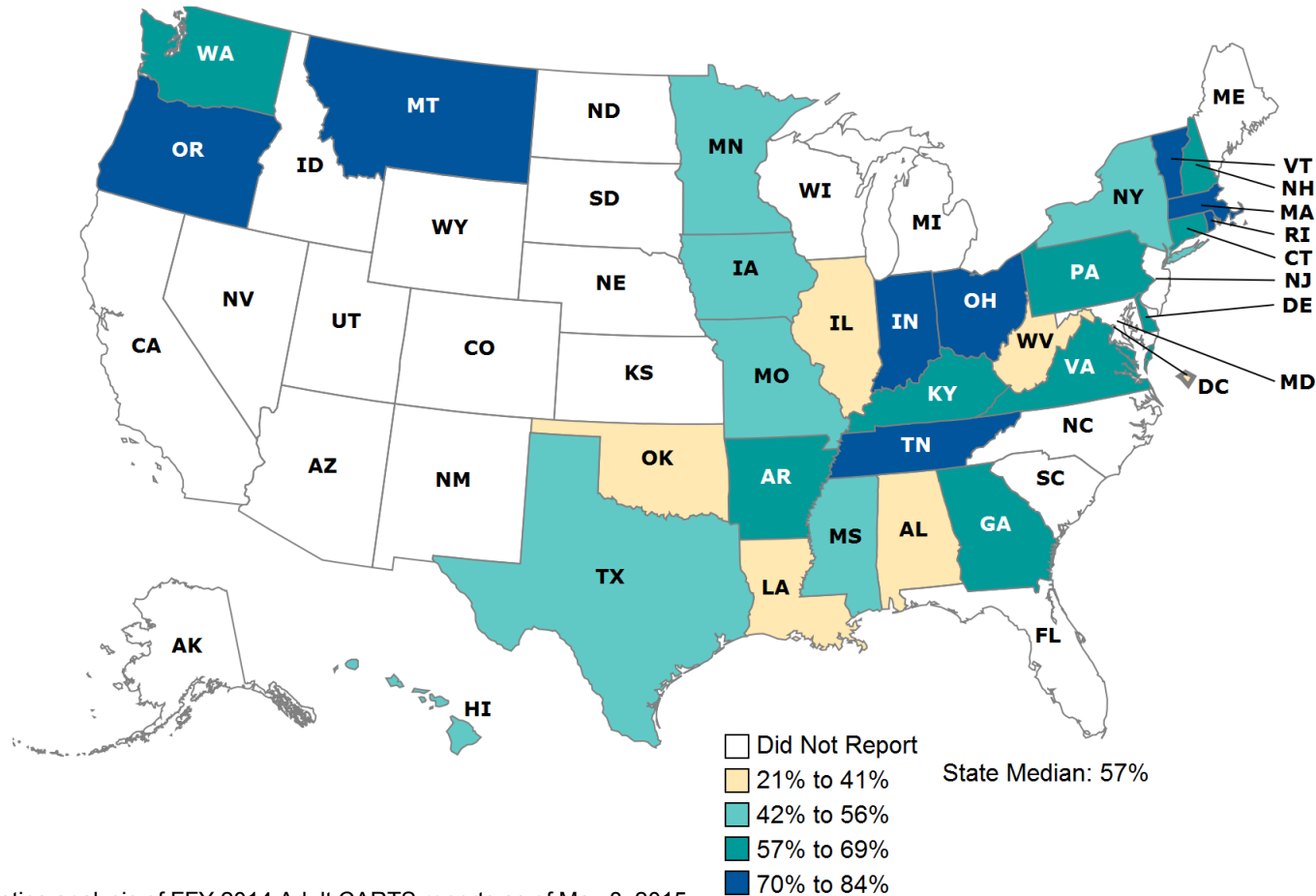
Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015

Notes: This measure identifies the percentage of discharges for adults age 21 and older hospitalized for treatment of selected mental illness diagnoses who had a follow-up visit with 7 days and within 30 days of discharge. Data displayed in this exhibit include adults ages 21 to 64 for 21 states, age 21 and older for 5 states, age 6 and older for 3 states, and ages 6 to 64 for 1 state.

A median of **37** percent of adults age 21 and older who were hospitalized for mental illness had a follow-up visit within 7 days of discharge (30 states)

Follow-Up After Hospitalization for Mental Illness Within 30 Days of Discharge

Geographic Variation in the Percentage of Adults Age 21 and Older Hospitalized for Treatment of Mental Illness Receiving a Follow-Up Visit Within 30 Days of Discharge, FFY 2014 (n = 30 states)



Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.

Note: Data displayed in this exhibit include adults ages 21 to 64 for 21 states, age 21 and older for 5 states, age 6 and older for 3 states, and ages 6 to 64 for 1 state.



REFERENCE TABLES AND ADDITIONAL RESOURCES



Overview of State Reporting of the Adult Core Set Measures, FFY 2014

| | Number of Measures Reported | Adult Core Set Measures | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|-----------------------------|---|-------------------------|---------------------------|------------------------------|----------------------------------|--|----------------------|--------------------------|---------------------------|--------------------------------------|--|--|--|---|---|--|---|--|------------------------------------|---|-----------------------------|---|---------------------------------|----------------------------|---|--|---|
| | | Flu vaccinations for Adults Ages 18 to 64 | Breast Cancer Screening | Cervical Cancer Screening | Chlamydia Screening in Women | Adult Body Mass Index Assessment | Screening for Clinical Depression and Follow-up Plan | Postpartum Care Rate | PC-01: Elective Delivery | PC-03: Antenatal Steroids | Antidepressant Medication Management | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | Adherence to Antipsychotics for Individuals with Schizophrenia | Follow-Up After Hospitalization for Mental Illness | Medical Assistance With Smoking and Tobacco Use | Comprehensive Diabetes Care: Hemoglobin A1c Testing | Comprehensive Diabetes Care: LDL-C Screening | PQ1: Diabetes Short-Term Complications Admission Rate | PQ05: COPD and Asthma in Older Adults Admission Rate | PQ08: Heart Failure Admission Rate | PQ15: Asthma in Younger Adults Admission Rate | Plan All-Cause Readmissions | Annual Monitoring for Patients on Persistent Medication | Controlling High Blood Pressure | HIV Viral Load Suppression | Care Transition – Transition Record Transmitted to Health Care Professional | CAHPS® Health Plan Survey 5.0H – Adult Questionnaire | |
| U.S. Total | 16.5 (Median) | 15 | 31 | 33 | 32 | 26 | 5 | 34 | 12 | 3 | 31 | 24 | 21 | 30 | 16 | 34 | 34 | 25 | 24 | 25 | 25 | 21 | 27 | 19 | 3 | 4 | 18 | |
| Alabama | 18 | X | X | X | X | X | X | X | X | - | X | - | X | X | - | X | X | X | X | X | X | X | - | - | - | - | - | - |
| Arkansas | 17 | - | X | X | X | - | - | X | X | - | X | X | X | - | - | X | X | X | X | X | X | X | X | X | - | - | X | - |
| California | 15 | - | X | X | X | - | - | X | - | - | X | X | X | - | - | X | X | X | X | X | X | X | X | X | - | - | - | - |
| Colorado | 21 | X | X | X | X | X | - | X | X | - | X | X | X | - | X | X | X | X | X | X | X | X | X | X | X | - | - | X |
| Connecticut | 17 | - | X | X | X | X | - | X | - | - | X | X | X | X | - | X | X | X | X | - | X | X | X | X | X | - | - | - |
| Delaware | 21 | X | X | X | X | X | - | X | X | X | X | X | X | X | X | X | X | - | - | X | X | - | X | X | X | - | - | X |
| Dist. of Col. | 14 | X | - | X | X | X | - | X | - | - | X | X | - | X | X | X | X | - | - | - | - | - | X | X | X | - | - | X |
| Georgia | 25 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Hawaii | 14 | - | X | X | X | X | - | X | - | - | X | X | - | X | X | X | X | - | - | X | X | X | X | X | - | - | X | X |
| Illinois | 13 | - | X | X | X | X | - | X | - | - | X | - | - | X | - | X | X | X | X | X | X | - | - | - | - | - | - | - |
| Indiana | 18 | - | X | X | X | X | X | X | - | - | X | X | X | X | - | X | X | X | X | X | X | X | X | X | - | - | - | - |
| Iowa | 19 | X | X | X | X | - | - | X | - | - | X | X | X | X | X | X | X | X | X | X | X | X | X | X | - | - | - | X |
| Kentucky | 15 | X | X | X | X | X | - | X | - | - | X | X | - | X | X | X | - | - | - | - | - | - | X | X | - | - | - | X |
| Louisiana | 21 | X | X | X | X | - | - | X | X | - | X | X | X | X | X | X | X | X | X | X | X | X | X | X | - | X | - | X |
| Massachusetts | 15 | - | X | X | X | X | - | X | X | - | X | X | - | X | - | X | X | - | - | - | - | X | X | X | - | - | X | - |
| Michigan | 14 | - | X | X | X | X | - | X | X | - | X | - | - | - | - | X | X | X | X | X | X | - | X | - | - | - | - | - |
| Minnesota | 18 | X | X | X | X | X | - | X | - | - | X | X | - | X | X | X | X | X | X | X | X | - | - | X | - | - | - | X |
| Mississippi | 13 | - | X | X | X | X | - | X | - | - | X | X | - | X | - | X | X | - | - | - | - | - | X | X | - | - | - | X |
| Missouri | 12 | - | X | X | X | X | - | X | - | - | X | - | X | X | - | X | X | - | - | - | - | X | X | - | - | - | - | - |
| Montana | 16 | - | X | X | X | - | - | X | - | - | X | X | X | X | - | X | X | X | X | X | X | X | X | - | - | - | - | - |

Overview of State Reporting of the Adult Core Set Measures, FFY 2014 (continued)

| | Number of Measures Reported | Flu vaccinations for Adults Ages 18 to 64 | Breast Cancer Screening | Cervical Cancer Screening | Chlamydia Screening in Women | Adult Body Mass Index Assessment | Screening for Clinical Depression and Follow-up Plan | Postpartum Care Rate | PC-01: Elective Delivery | PC-03: Antenatal Steroids | Antidepressant Medication Management | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | Adherence to Antipsychotics for Individuals with Schizophrenia | Follow-Up After Hospitalization for Mental Illness | Medical Assistance With Smoking and Tobacco Use | Comprehensive Diabetes Care: Hemoglobin A1c Testing | Comprehensive Diabetes Care: LDL-C Screening | PQ1: Diabetes Short-Term Complications Admission Rate | PQ05: COPD and Asthma in Older Adults Admission Rate | PQ08: Heart Failure Admission Rate | PQ15: Asthma in Younger Adults Admission Rate | Plan All-Cause Readmissions | Annual Monitoring for Patients on Persistent Medication | Controlling High Blood Pressure | HIV Viral Load Suppression | Care Transition – Transition Record Transmitted to Health Care Professional | CAHPS® Health Plan Survey 5.0H – Adult Questionnaire | |
|---------------|-----------------------------|---|-------------------------|---------------------------|------------------------------|----------------------------------|--|----------------------|--------------------------|---------------------------|--------------------------------------|--|--|--|---|---|--|---|--|------------------------------------|---|-----------------------------|---|---------------------------------|----------------------------|---|--|----|
| New Hampshire | 16 | X | X | X | -- | -- | -- | X | X | -- | X | -- | -- | X | X | X | X | X | X | X | -- | X | -- | -- | -- | -- | -- | X |
| New Mexico | 15 | -- | X | X | X | X | -- | X | -- | -- | X | -- | X | -- | -- | X | X | X | X | X | X | X | X | -- | -- | -- | -- | -- |
| New York | 24 | X | X | X | X | X | -- | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | -- | X |
| Ohio | 12 | -- | -- | X | X | X | -- | X | -- | -- | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Oklahoma | 15 | X | X | X | X | X | -- | X | -- | -- | -- | -- | -- | X | X | X | X | X | X | X | X | -- | -- | -- | -- | -- | -- | X |
| Oregon | 19 | X | -- | X | X | X | X | X | X | -- | -- | X | -- | X | X | X | X | X | X | X | X | X | -- | X | -- | -- | -- | X |
| Pennsylvania | 21 | X | X | X | X | X | -- | X | -- | -- | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | -- | X |
| Rhode Island | 18 | -- | X | X | X | X | X | X | X | -- | X | X | X | X | X | X | -- | -- | -- | -- | -- | X | X | X | X | -- | X | -- |
| Tennessee | 19 | -- | X | X | X | X | -- | X | -- | -- | X | X | X | X | X | X | X | X | X | X | X | -- | X | X | X | -- | -- | X |
| Texas | 16 | -- | X | X | X | X | -- | X | -- | -- | X | X | -- | X | -- | X | X | X | X | X | X | -- | X | X | -- | -- | -- | -- |
| Vermont | 21 | X | X | X | X | X | -- | X | -- | -- | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | -- | -- | X |
| Virginia | 8 | -- | X | -- | -- | -- | -- | X | -- | -- | X | -- | -- | X | -- | X | -- | -- | -- | -- | -- | -- | -- | X | -- | -- | -- | X |
| Washington | 17 | -- | X | X | X | X | -- | X | -- | -- | X | X | X | X | -- | X | X | X | X | X | X | X | X | X | X | -- | -- | -- |
| West Virginia | 15 | -- | X | X | X | X | -- | X | -- | -- | -- | -- | X | X | -- | X | X | X | X | X | X | -- | X | X | -- | -- | -- | -- |

Source: Mathematica analysis of FFY 2014 CARTS reports, as of May 8, 2015.

Notes: The term “states” includes the 50 states and the District of Columbia.

CAHPS = Consumer Assessment of Healthcare Providers and Systems; COPD = Chronic Obstructive Pulmonary Disease; HIV = Human Immunodeficiency Virus.



Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2014

| Measure | Measure Description | Number of States Reporting Using Core Set Specifications | Mean | Median | 25th Percentile | 75th Percentile |
|--|--|--|------|--------|-----------------|-----------------|
| Primary Care Access and Preventive Care | | | | | | |
| Breast Cancer Screening | Percentage of Woman Receiving Mammogram | 31 | 51.5 | 52.5 | 46.2 | 59.2 |
| Cervical Cancer Screening | Percentage Screened for Cervical Cancer | 33 | 57.5 | 57.7 | 50.9 | 66.2 |
| Chlamydia Screening | Percentage of Sexually Active Women Screened for Chlamydia | 32 | 59.7 | 59.3 | 53.5 | 65.0 |
| Body Mass Index (BMI) Assessment | Percentage with a BMI Percentile Documented | 26 | 52.6 | 69.3 | 7.7 | 81.2 |
| Perinatal Care | | | | | | |
| Postpartum Care Rate | Percentage of deliveries of live births that had a postpartum visit on or between 21 and 56 days after delivery. | 34 | 54.4 | 58.2 | 42.5 | 63.9 |
| Care of Acute and Chronic Conditions | | | | | | |
| Comprehensive Diabetes Care | Percentage with diabetes (type 1 or type 2) who had a hemoglobin A1c (HbA1c) test | 34 | 78.2 | 79.5 | 74.6 | 82.4 |
| Comprehensive Diabetes Care | Percentage with diabetes (type 1 or type 2) who had a LDL-C screening test | 34 | 68.4 | 67.6 | 64.2 | 75.6 |
| Annual Monitoring for Patients on Persistent Medications | Percentage who received at least 180 treatment days of ambulatory medication therapy and annual monitoring | 27 | 84.0 | 84.9 | 82.0 | 87.1 |
| Behavioral Health Care | | | | | | |
| Antidepressant Medication Management | Percentage Treated with Antidepressant Medication for 12 weeks | 31 | 47.6 | 47.2 | 41.0 | 53.6 |
| Antidepressant Medication Management | Percentage Treated with Antidepressant Medication for 6 months | 31 | 31.4 | 31.2 | 24.9 | 36.7 |
| Follow-Up After Hospitalization for Mental Illness | Percentage of Hospitalizations for Mental Illness with a Follow-Up Visit within 7 Days | 30 | 39.0 | 37.0 | 25.5 | 54.7 |
| Follow-Up After Hospitalization for Mental Illness | Percentage of Hospitalizations for Mental Illness with a Follow-Up Visit within 30 Days | 30 | 56.7 | 57.3 | 45.0 | 71.9 |

Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.

Notes: This table includes data for states that used Adult Core Set specifications to report the measures and excludes states that used other specifications and states that did not report the measures for FFY 2014. Additionally, rates were excluded if a state reported a denominator of less than 30. Means are calculated as the unweighted average of all state rates. The term "states" includes the 50 states and the District of Columbia.



Additional Resources

The 2015 Annual Report on the Quality of Care for Adults in Medicaid is available at <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/2015-adult-sec-rept.pdf>.

Additional resources related to the Adult Core Set are available at <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/adult-health-care-quality-measures.html>.

These resources include:

- Technical Specifications and Resource Manuals for the Adult Core Set,
- Technical assistance resources for states, and
- Other background information on the Adult Core Set.

Questions about the Adult Core Set can be submitted to MACQualityTA@cms.hhs.gov.