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Medicaid & CHIP
Health Care Quality Measures

Quality of Care for Adults in Medicaid: Findings from the 2019 Adult Core Set

Chart Pack

October 2020

This chart pack is a product of the Technical Assistance and Analytic Support for the Medicaid and CHIP Quality Measurement and Improvement Program, sponsored by the Center for Medicaid and CHIP Services. The technical assistance team is led by Mathematica, in collaboration with the National Committee for Quality Assurance, Center for Health Care Strategies, AcademyHealth, and Aurrera Health Group.

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About the 2019 Adult Core Set

Medicaid plays an important role in health care coverage for adults, covering almost 46 million adults in federal fiscal year (FFY) 2019, including just over 28 million non-disabled adults under age 65, 11 million non-elderly with disabilities, and 6 million people age 65 and older.[1] As the U.S. Department of Health & Human Services agency responsible for ensuring quality health care coverage for Medicaid beneficiaries, the Centers for Medicare & Medicaid Services (CMS) plays a key role in promoting quality health care for adults in Medicaid. CMS's 2019 core set of health care quality measures for adults covered by Medicaid (referred to as the Adult Core Set) supports federal and state efforts to collect, report, and use a standardized set of measures to drive improvement in the quality of care provided to Medicaid beneficiaries. The 2019 Adult Core Set includes 33 measures.

This Chart Pack summarizes state reporting on the quality of health care furnished to adults covered by Medicaid during FFY 2019, which generally covers care delivered in calendar year 2018. The Chart Pack includes detailed analysis of state performance on 25 publicly reported measures.[2] For a measure to be publicly reported, data must be provided to CMS by at least 25 states and meet CMS standards for data quality. These measures address the following domains of care:

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

More information about the Adult Core Set, including measure-specific tables, is available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures/index.html.

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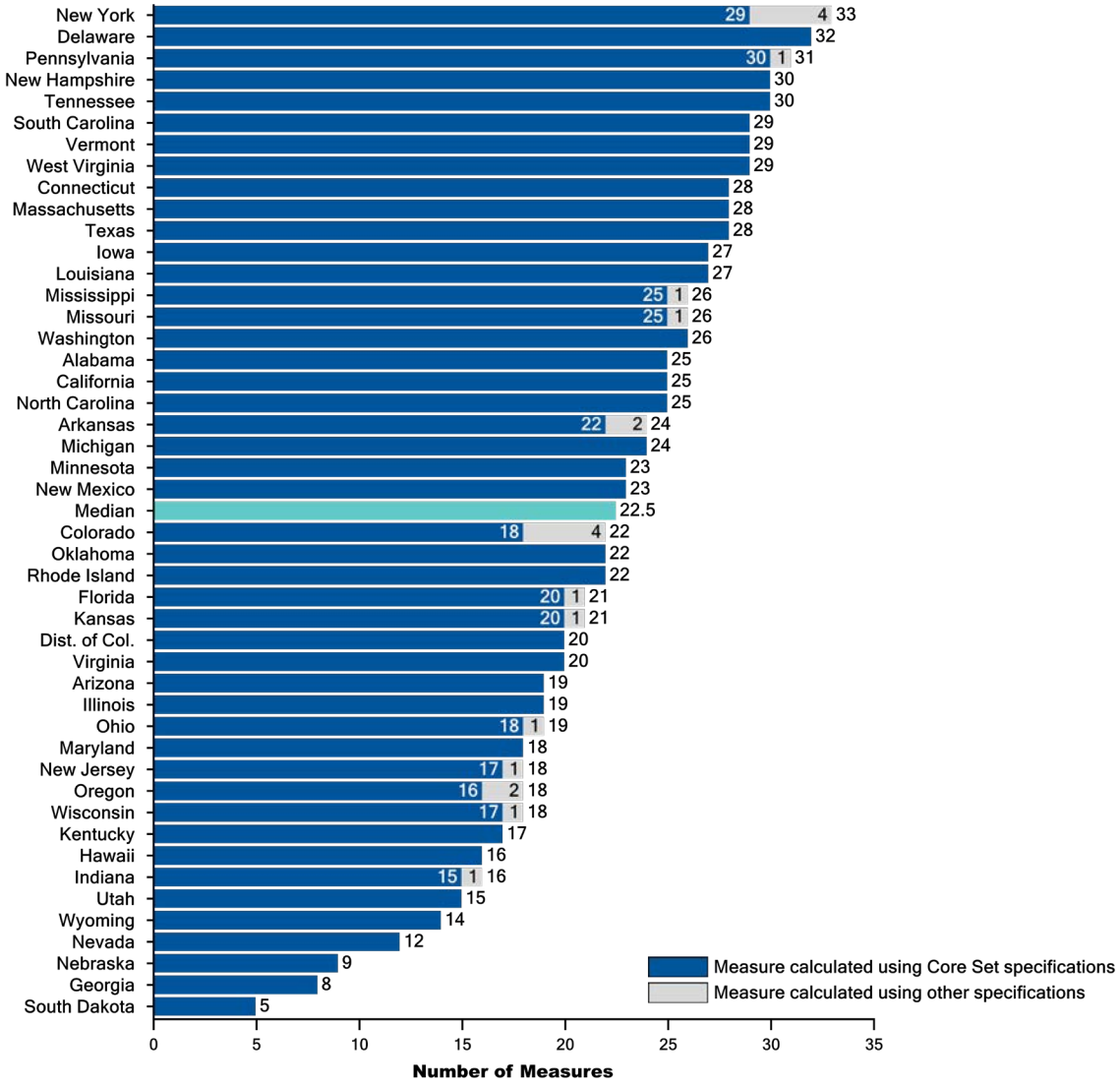
measures that address key aspects of health care access and quality for adults covered by Medicaid

[1] Medicaid enrollment data for FFY 2019 is available at https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMS-Fast-Facts/index.html.

[2] This count includes the Consumer Assessment of Healthcare Providers and Systems (CAHPS) measure. State-specific performance data are not available for this measure.

OVERVIEW OF STATE REPORTING OF THE 2019 ADULT CORE SET

Number of Adult Core Set Measures Reported by States, FFY 2019



States reported a median of

22.5

Adult Core Set measures for FFY 2019

Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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

The following states did not report Adult Core Set measures for FFY 2019: Alaska, Idaho, Maine, Montana, and North Dakota.

The 2019 Adult Core Set includes 33 measures. This chart includes all Adult Core Set measures that states reported for the FFY 2019 reporting cycle. The state median includes the total number of measures reported by each state. Unless otherwise specified, states used Adult Core Set specifications to calculate the measures. Some states calculated Adult Core Set measures using “other specifications.” Measures were denoted as using “other specifications” when the state deviated substantially from the Adult Core Set specifications, such as using alternate data sources, different populations, or other methodologies.

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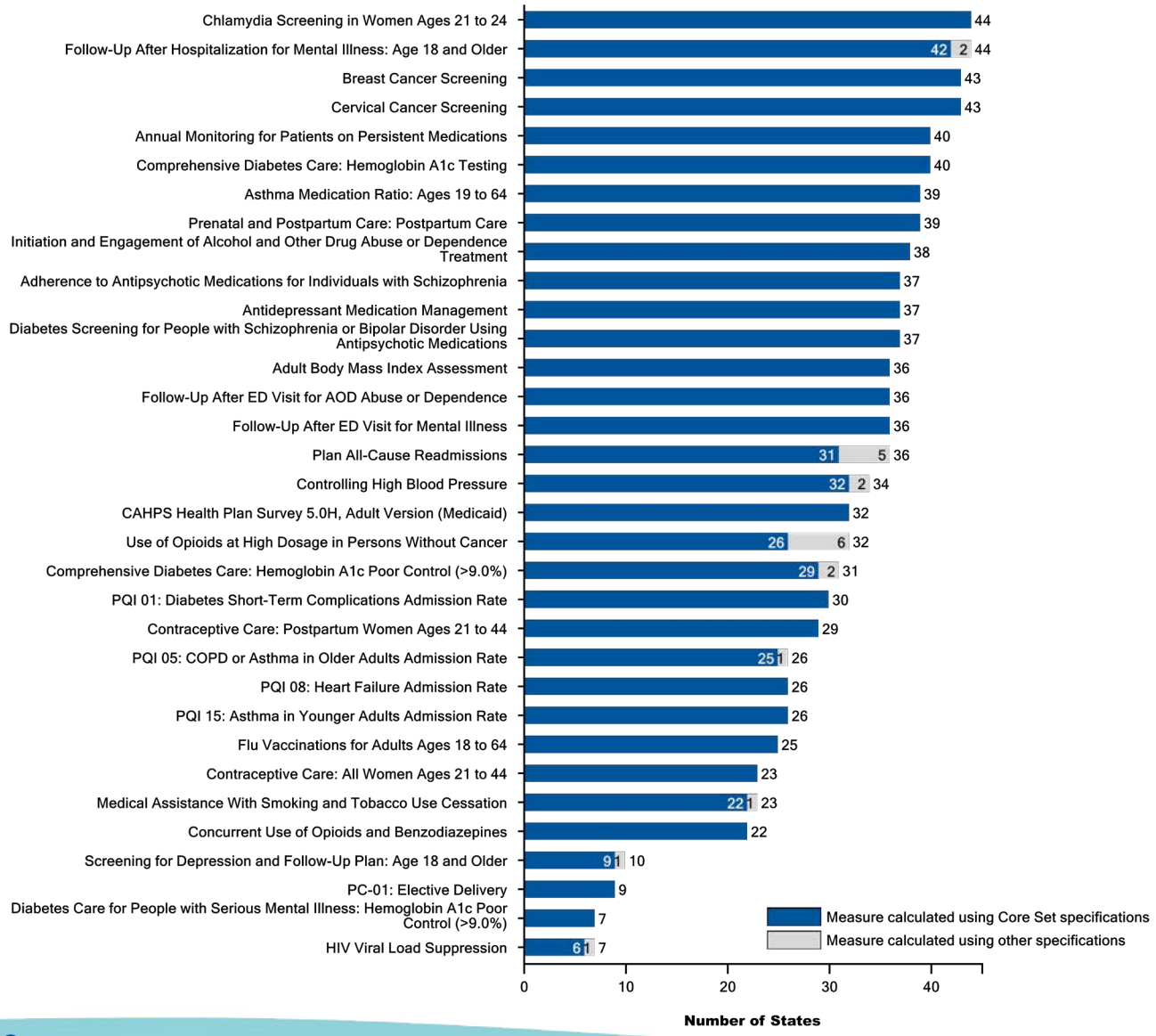
Number of States Reporting the Adult Core Set Measures, FFY 2019



36 states reported more Adult Core Set measures for FFY 2019 than for FFY 2018

Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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

The 2019 Adult Core Set includes 33 measures. This chart includes all Adult Core Set measures that states reported for the FFY 2019 reporting cycle. Unless otherwise specified, states used Adult Core Set specifications to calculate the measures. Some states calculated Adult Core Set measures using "other specifications." Measures were denoted as using "other specifications" when the state deviated substantially from the Adult Core Set specifications, such as using alternate data sources, different populations, or other methodologies.

AOD = Alcohol and Other Drug; CAHPS = Consumer Assessment of Healthcare Providers and Systems; COPD = Chronic Obstructive Pulmonary Disease; ED = Emergency Department; HIV = Human Immunodeficiency Virus.

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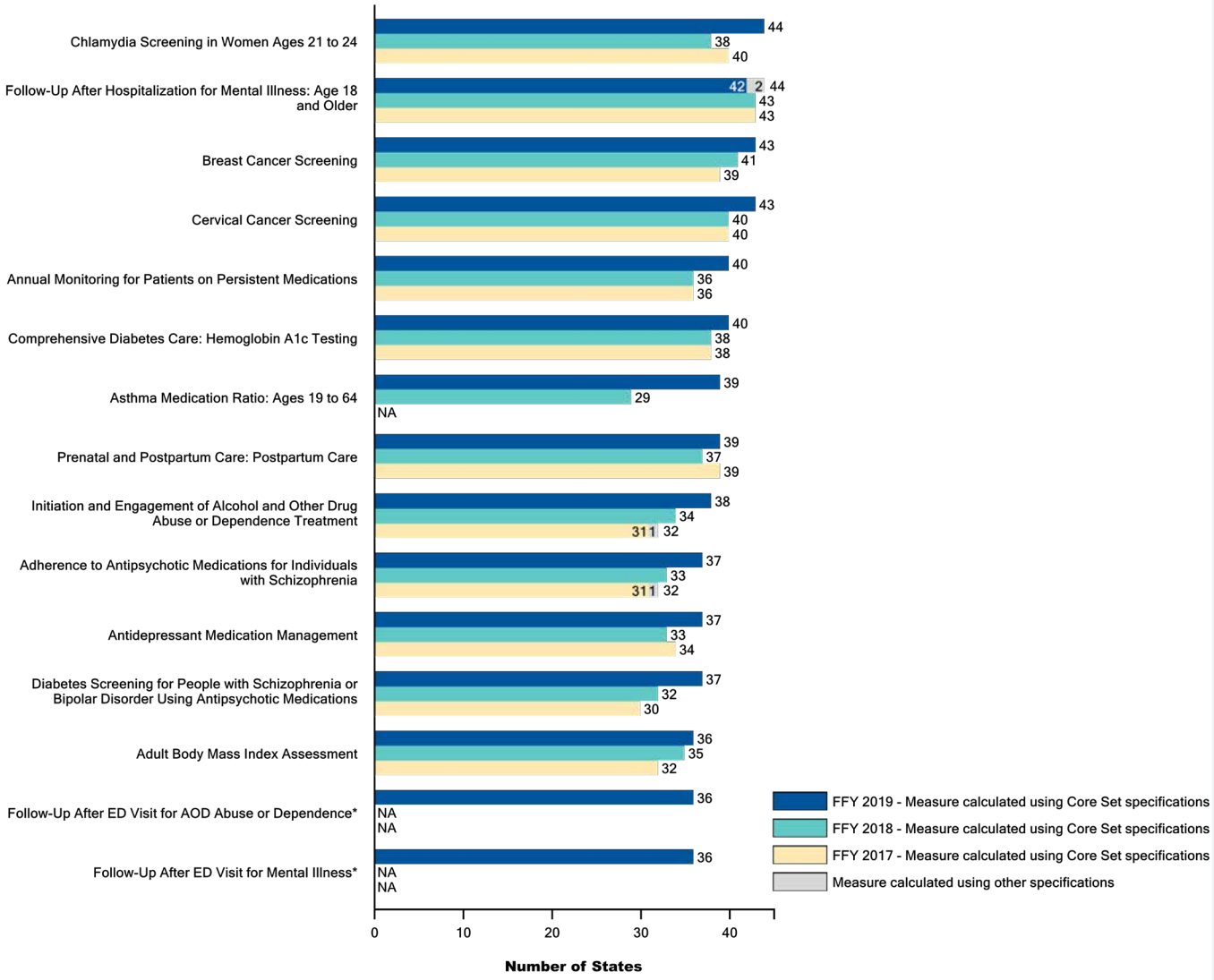
Number of States Reporting the Adult Core Set Measures, FFY 2017–FFY 2019



State reporting increased for **26** of the 28 measures included in both the 2017 and 2019 Adult Core Sets

*The FUA-AD and FUM-AD measures were previously included in the Adult Core Set as a single measure with different specifications.

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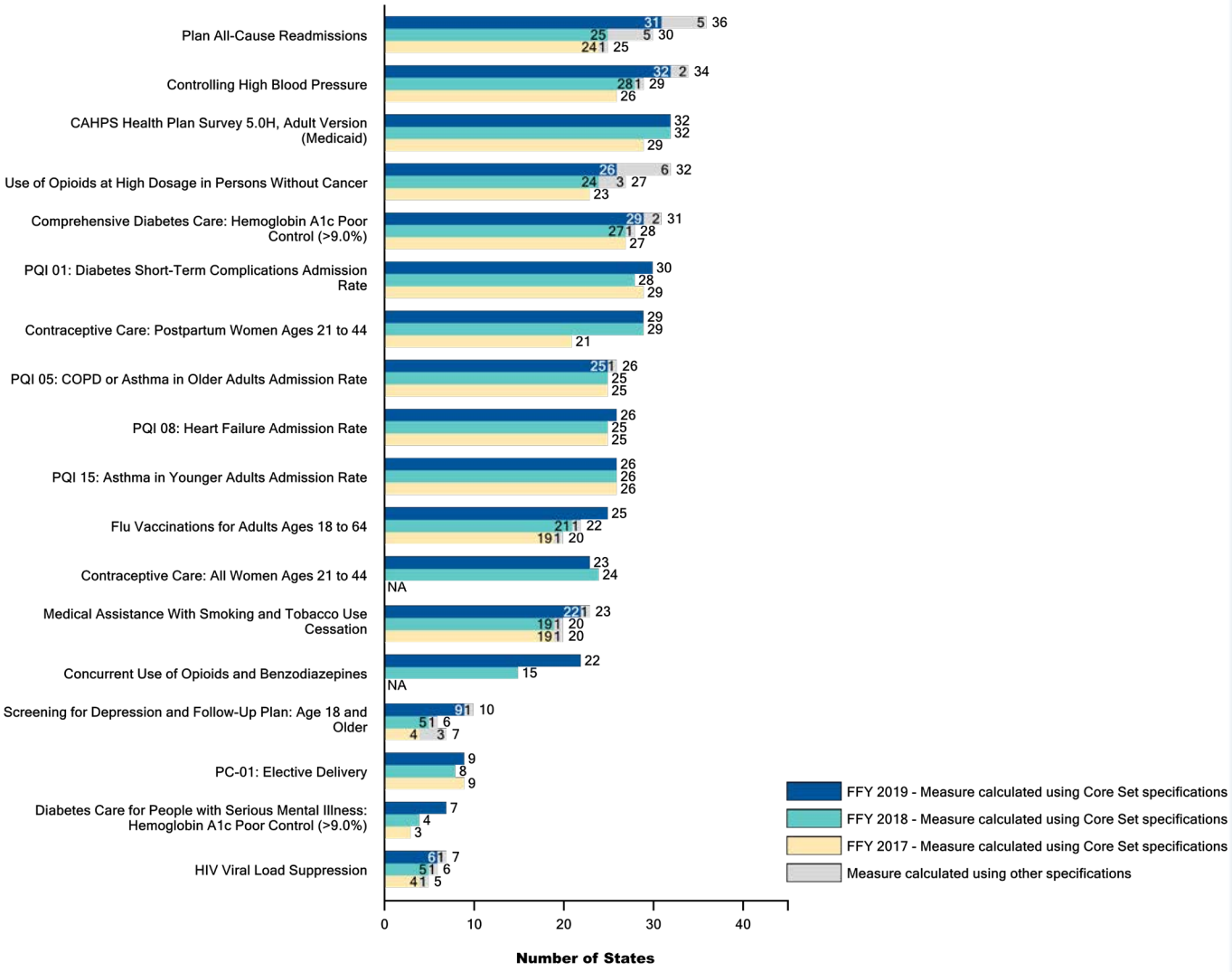
Number of States Reporting the Adult Core Set Measures, FFY 2017–FFY 2019 (continued)



Source: Mathematica analysis of FFY 2017–FFY 2019 MACPro reports.

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

The 2019 Adult Core Set includes 33 measures. This chart includes all Adult Core Set measures that states reported for the FFY 2019 reporting cycle. Unless otherwise specified, states used Adult Core Set specifications to calculate the measures. Some states calculated Adult Core Set measures using “other specifications.” Measures were denoted as using “other specifications” when the state deviated substantially from the Adult Core Set specifications, such as using alternate data sources, different populations, or other methodologies.

Data from previous years may be updated based on new information received after publication of the 2019 Chart Pack.

NA = not applicable; measure not included in the Adult Core Set for the reporting period; AOD = Alcohol and Other Drug; CAHPS = Consumer Assessment of Healthcare Providers and Systems; COPD = Chronic Obstructive Pulmonary Disease; ED = Emergency Department; HIV = Human Immunodeficiency Virus.

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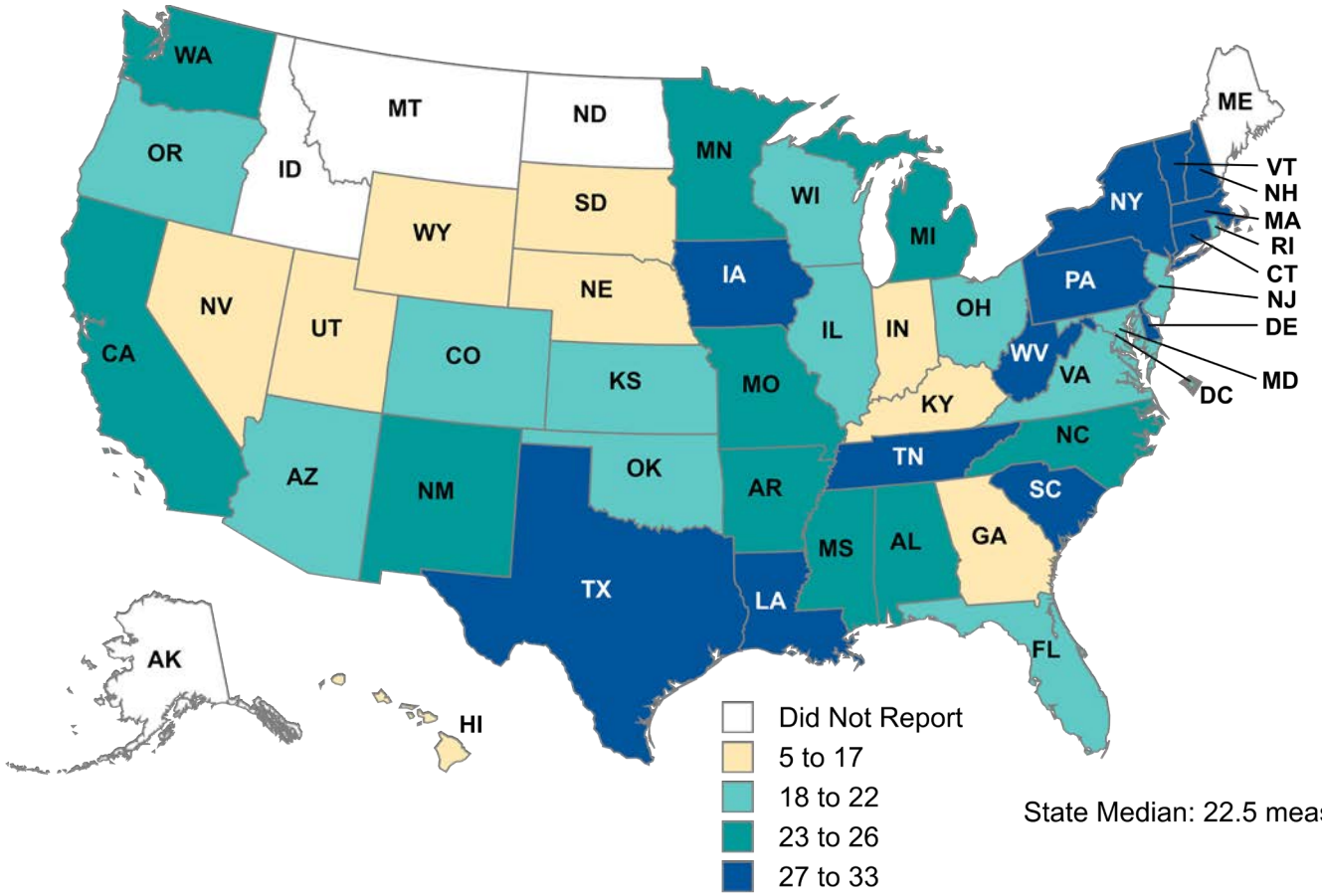
Geographic Variation in the Number of Adult Core Set Measures Reported by States, FFY 2019



State Median: 22.5 measures

13 states reported at least 27 Adult Core Set measures for FFY 2019

Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
Notes: The term "states" includes the 50 states and the District of Columbia.
The 2019 Adult Core Set includes 33 measures.

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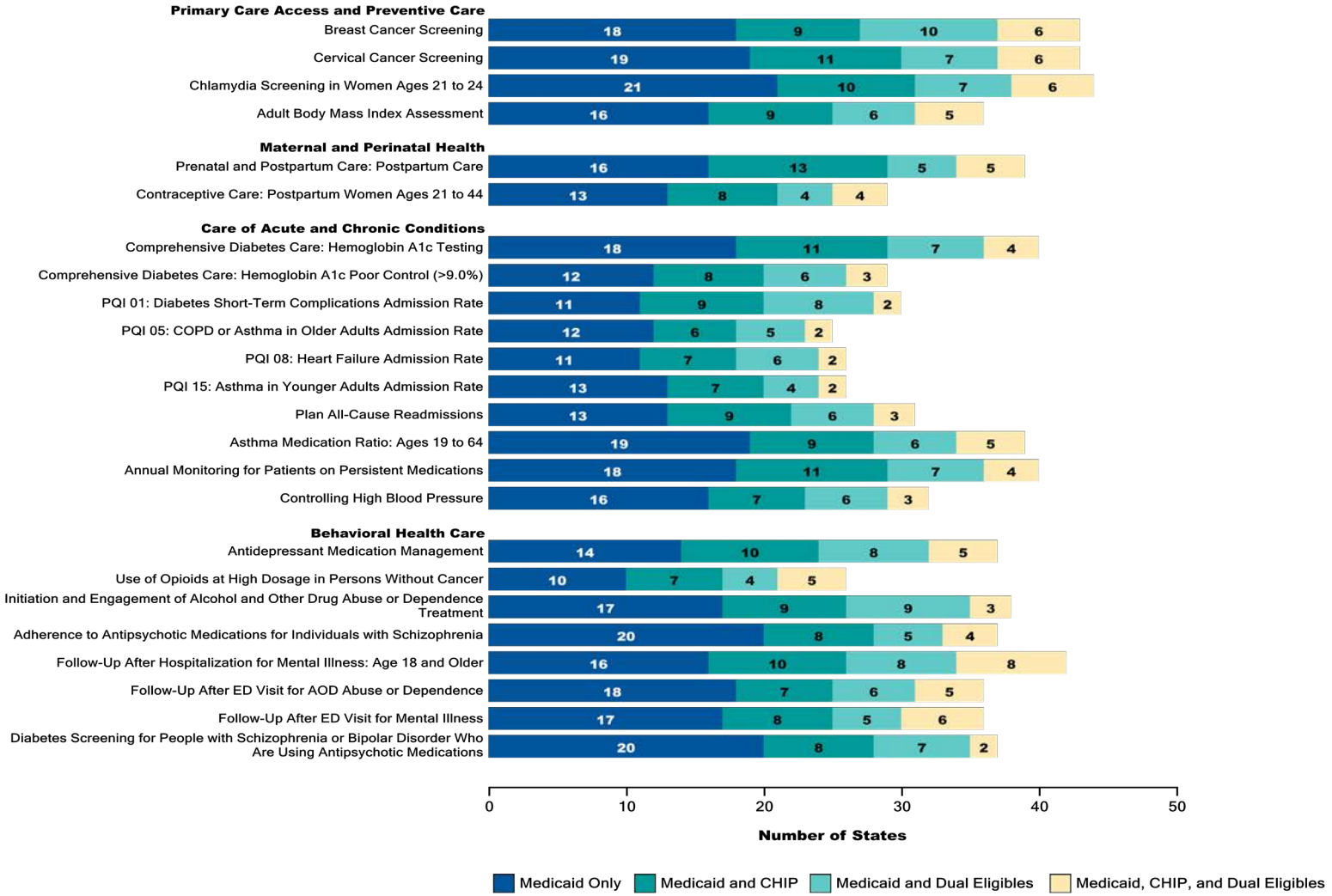
Populations Included in Frequently Reported Adult Core Set Measures for FFY 2019, By Domain



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: This chart includes measures that were reported by at least 25 states for FFY 2019 and that met CMS standards for data quality. “Dual eligibles” refers to beneficiaries dually enrolled in both Medicare and Medicaid. This chart excludes the Consumer Assessment of Healthcare Providers and Systems (CAHPS) measure.

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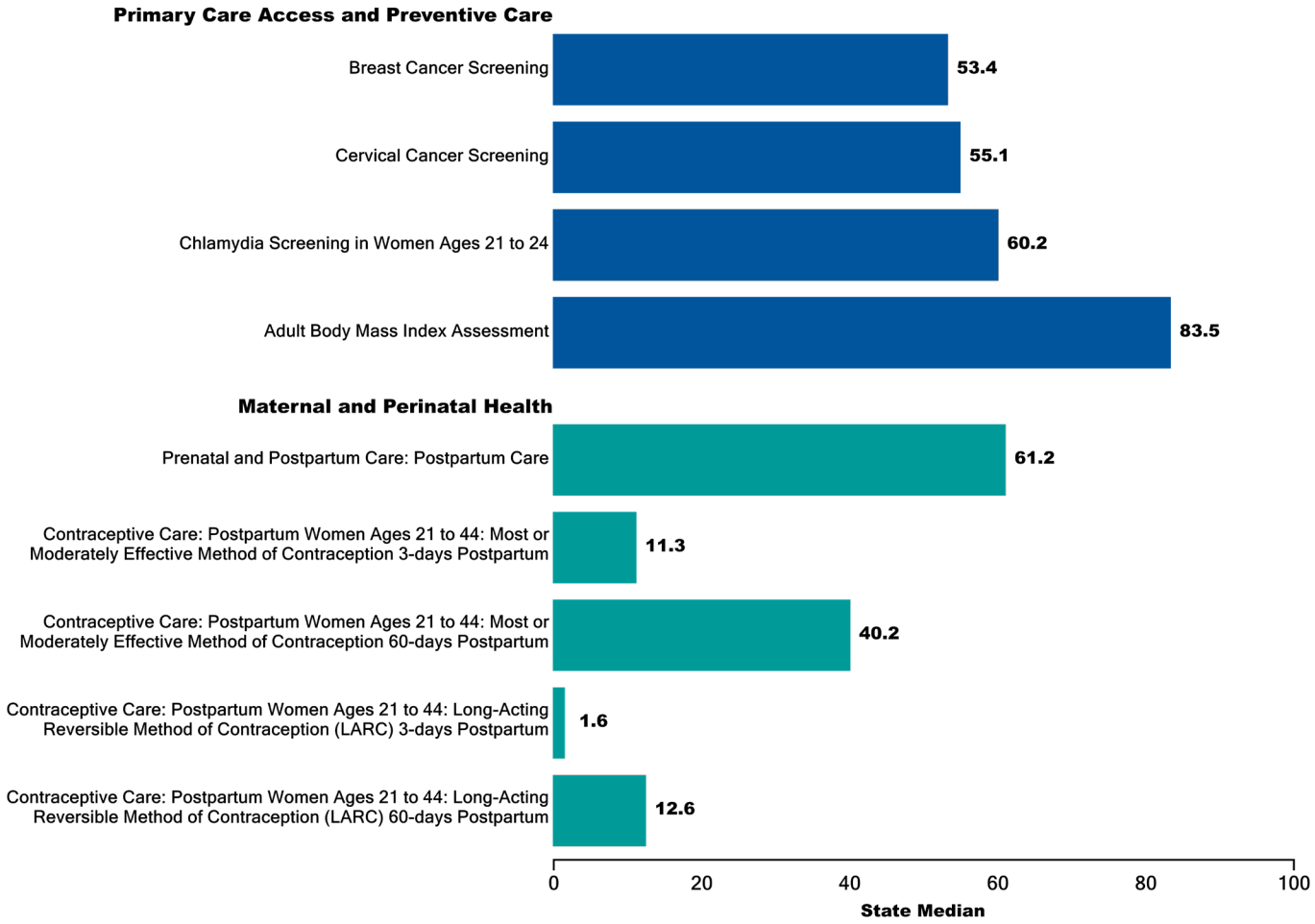
Median Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2019, By Domain



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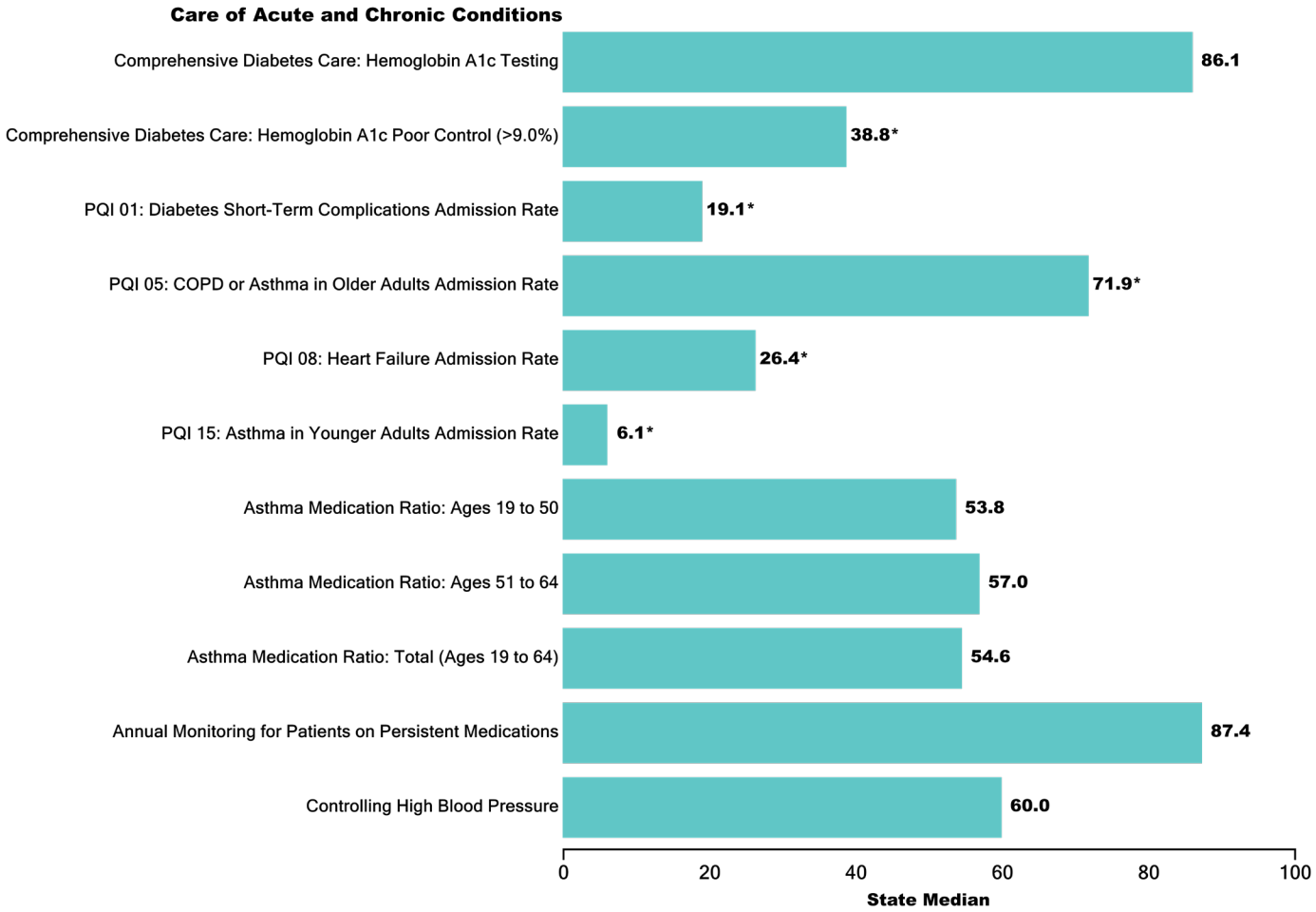
Median Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2019, By Domain (continued)



*Lower rates are better for this measure.
Chart is continued on the next slide.

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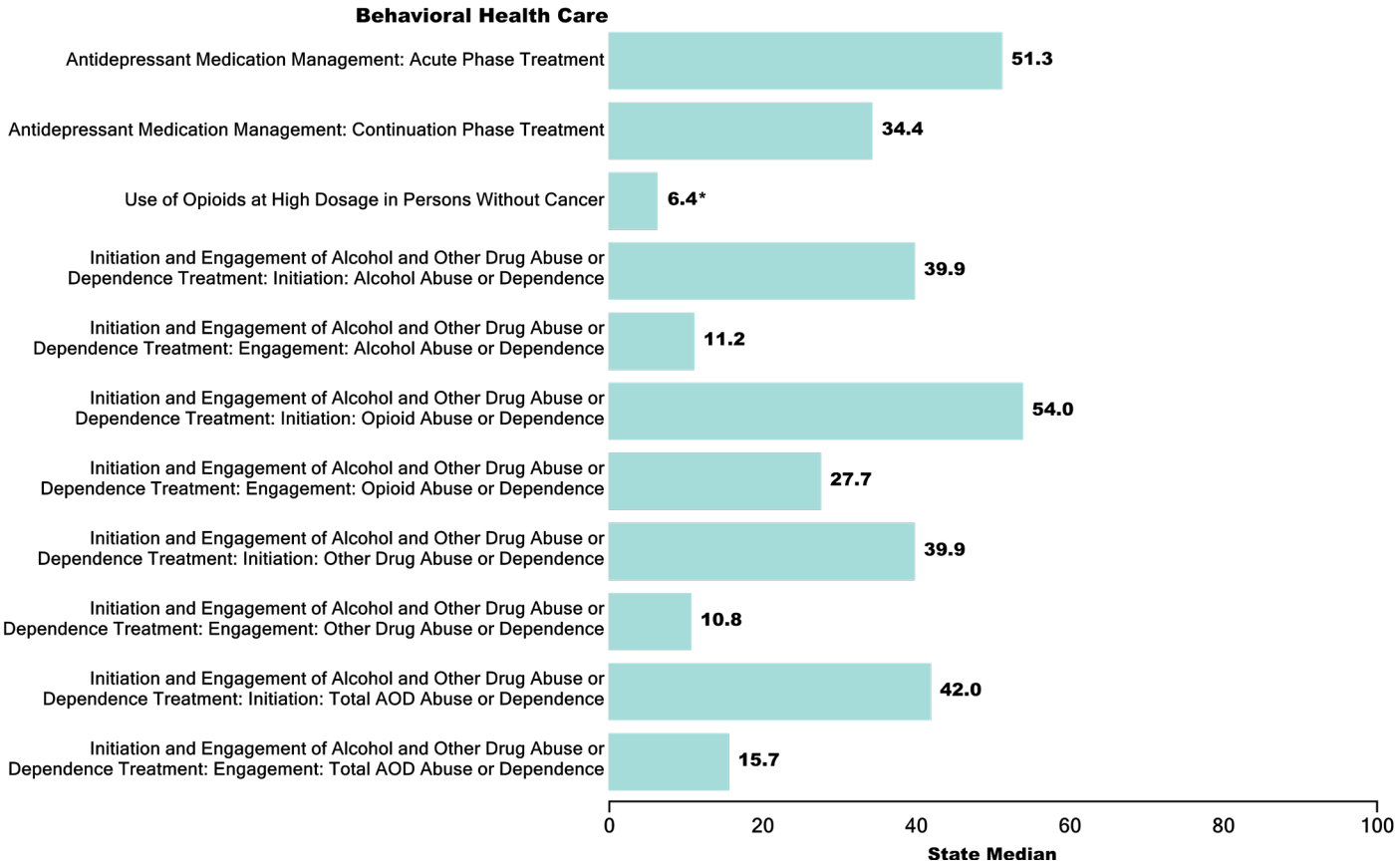
Median Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2019, By Domain (continued)



*Lower rates are better for this measure.
Chart is continued on the next slide.

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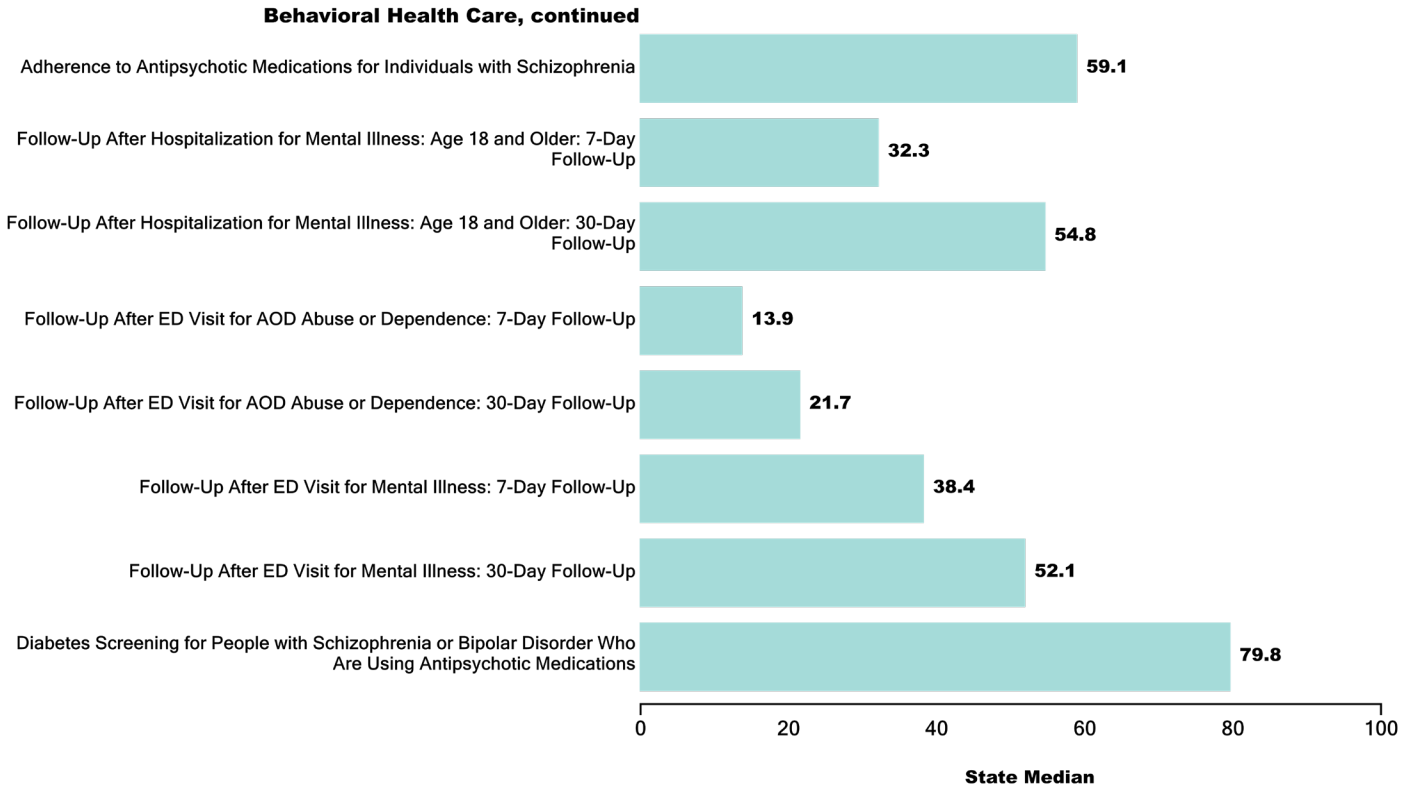
Median Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2019, By Domain (continued)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: This chart includes measures that were reported by at least 25 states for FFY 2019 and that met CMS standards for data quality. All medians are reported as percentages except for measures PQI 01, PQI 05, PQI 08, and PQI 15, which are reported as rates per 100,000 beneficiary months. This chart excludes the Plan All-Cause Readmissions measure, which uses a different summary statistic than those in this chart.

*Lower rates are better for this measure.

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Primary Care Access and Preventive Care

Medicaid provides access to wellness visits and other preventive health care services, including immunizations, screenings, and counseling to support healthy living. Access to regular primary care and services can prevent infectious and chronic disease and other health conditions, help people live longer, healthier lives, and improve the health of the population.

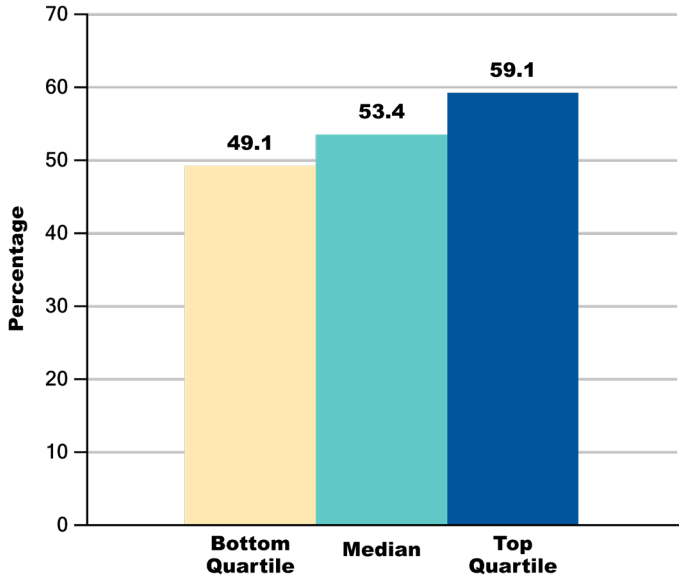
Four Adult Core Set measures of primary care access and preventive care were available for analysis for FFY 2019. These measures are among the most frequently reported measures in the Adult Core Set.

- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women Ages 21 to 24
- Adult Body Mass Index Assessment

Breast Cancer Screening

Breast cancer causes approximately 42,000 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* who had a Mammogram to Screen for Breast Cancer, FFY 2019 (n = 43 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: This measure shows the percentage of women ages 50 to 74 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 chart include women ages 50 to 64 for 27 states and ages 50 to 74 for 16 states.

A median of **53** percent of women received a mammogram to screen for breast cancer (43 states)

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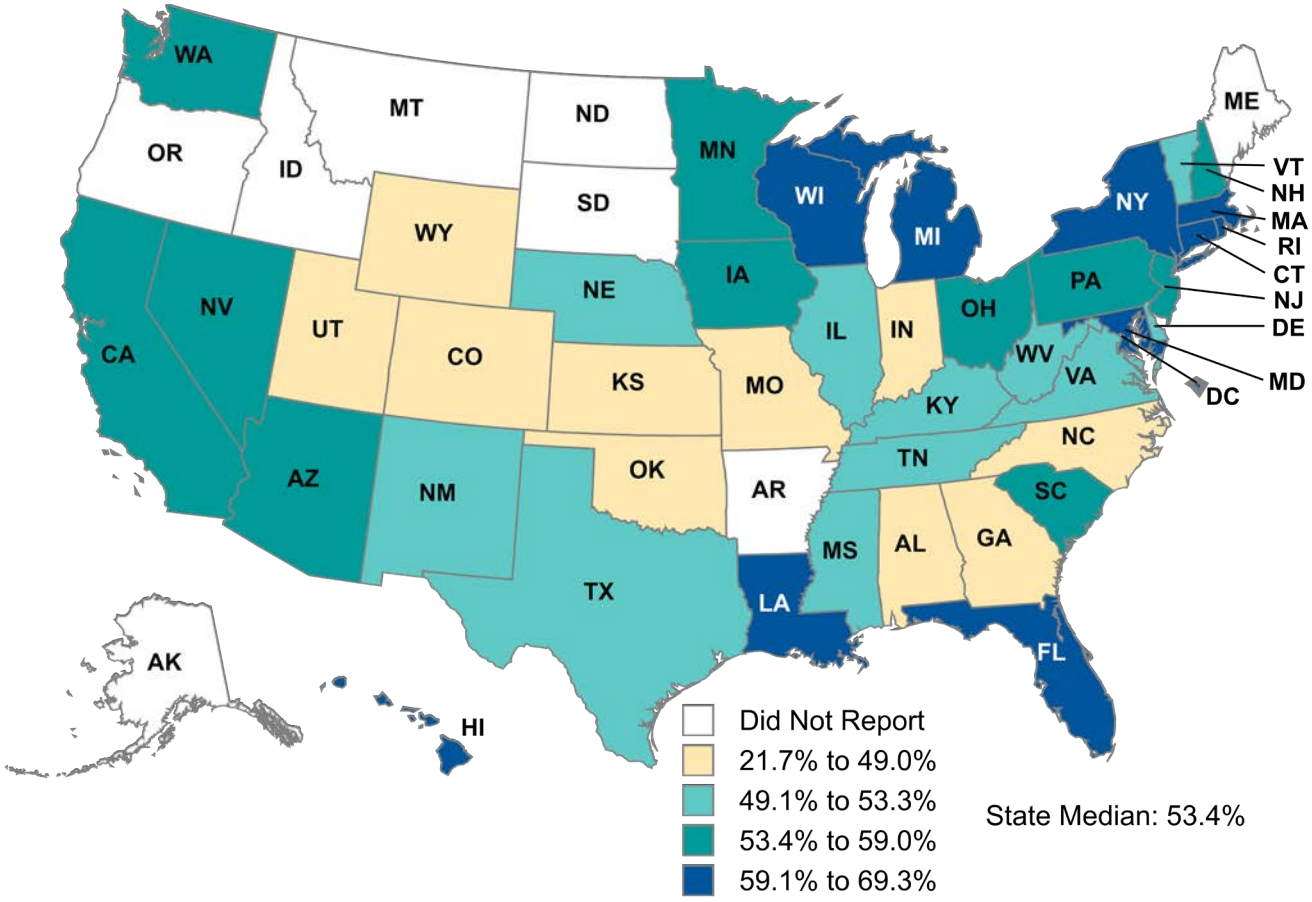
Breast Cancer Screening (continued)

Geographic Variation in the Percentage of Women* who had a Mammogram to Screen for Breast Cancer, FFY 2019 (n = 43 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
*Data displayed in this chart include women ages 50 to 64 for 27 states and ages 50 to 74 for 16 states.

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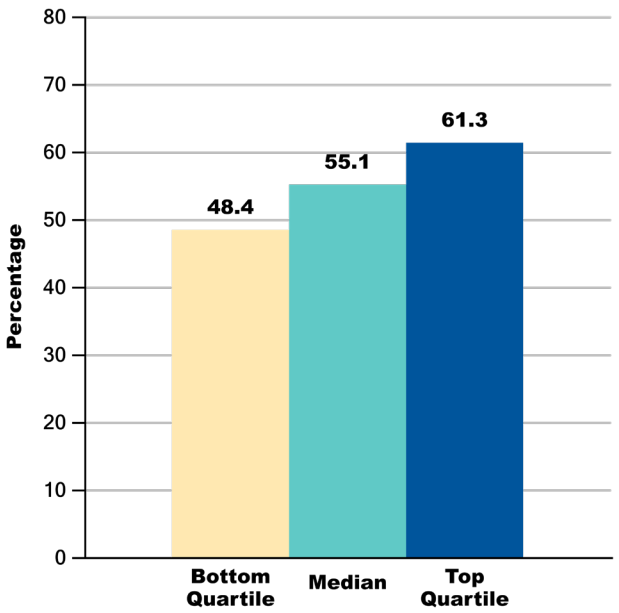
Cervical Cancer Screening

Approximately 14,000 new cases of cervical cancer and 4,300 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 papillomavirus (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 2019 (n = 43 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Note: This measure shows the percentage of women ages 21 to 64 who were screened for cervical cancer using either of the following criteria: (1) women ages 21 to 64 who had cervical cytology performed every 3 years; or (2) women ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

A median of **55** percent of women ages 21 to 64 were screened for cervical cancer (43 states)

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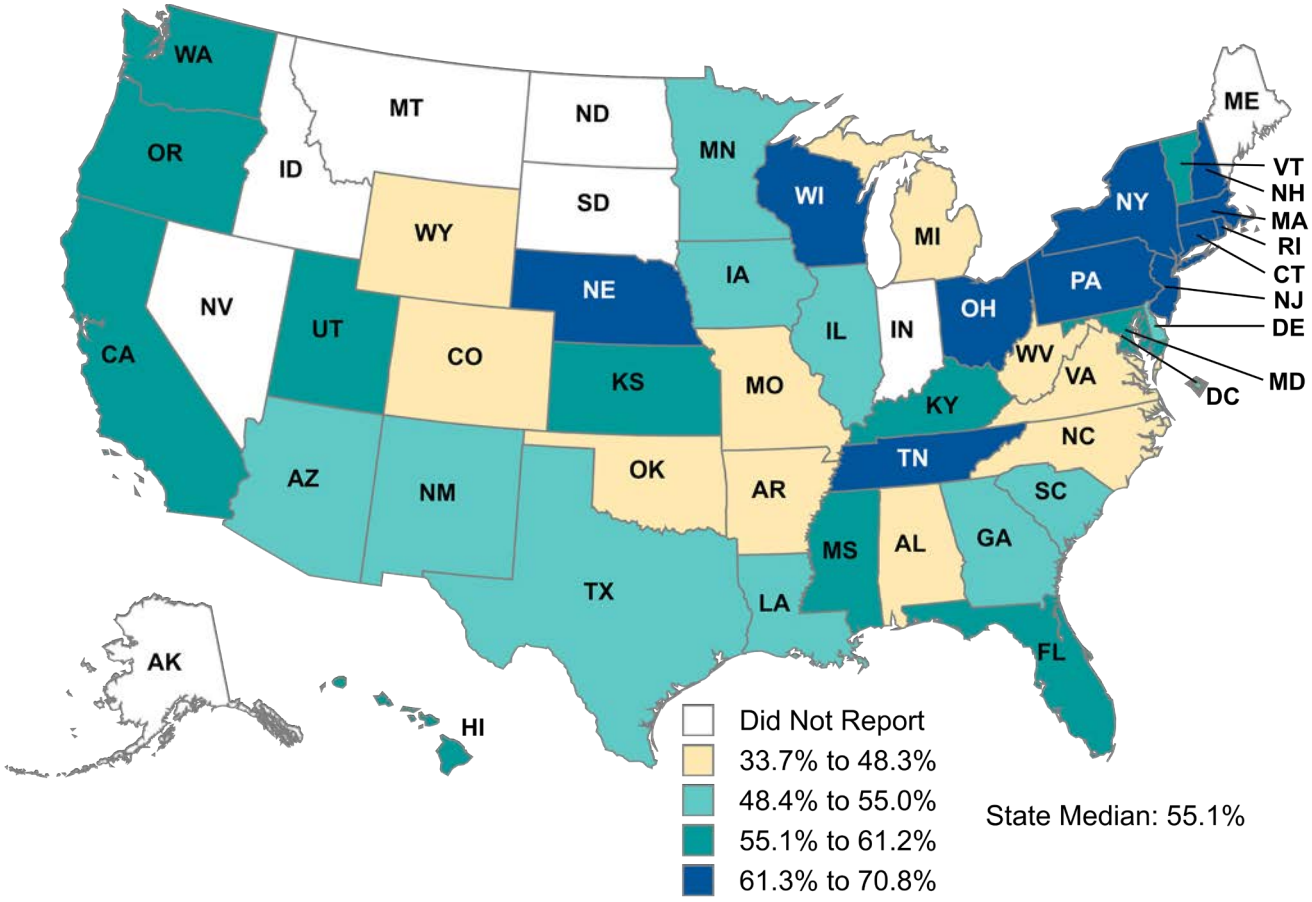
Cervical Cancer Screening (continued)

Geographic Variation in the Percentage of Women Ages 21 to 64 who were Screened for Cervical Cancer, FFY 2019 (n = 43 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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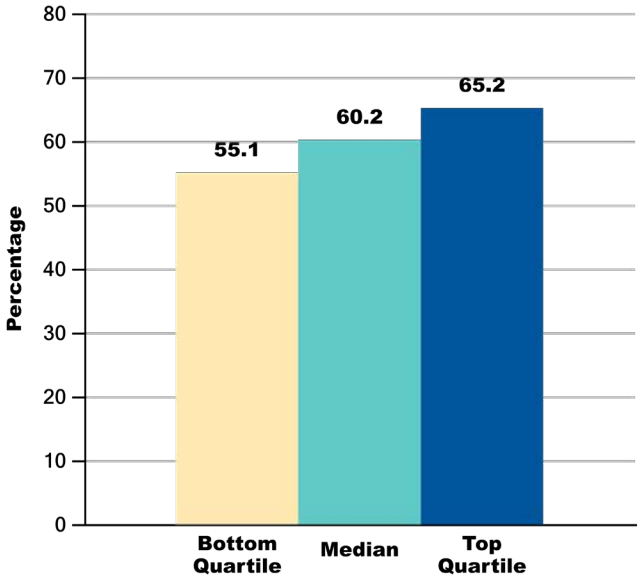
Chlamydia Screening in Women Ages 21 to 24

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 who were Screened for Chlamydia, FFY 2019 (n = 44 states)

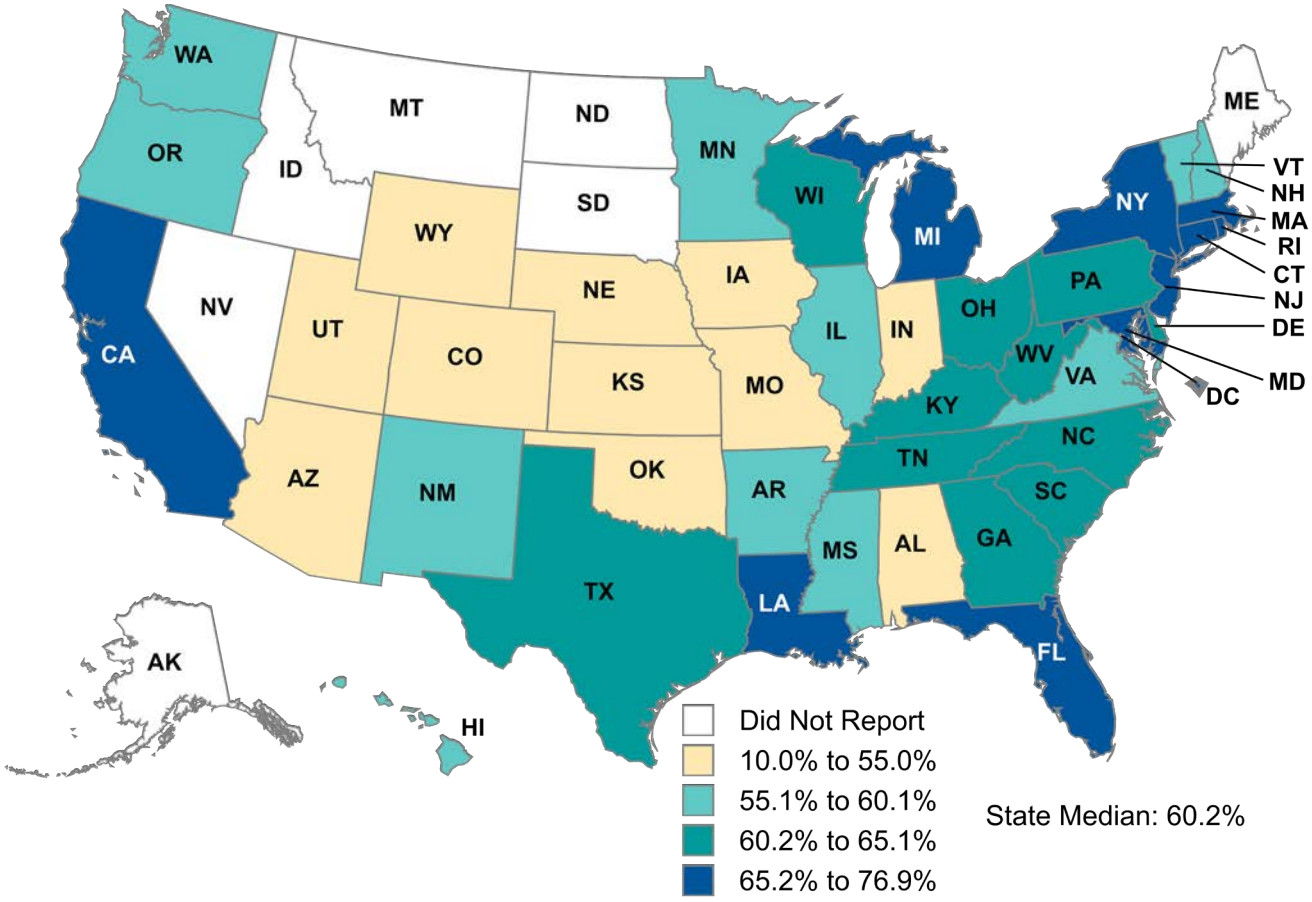


Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
Note: This measure shows the percentage of women ages 21 to 24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

A median of **60** percent of sexually active women ages 21 to 24 were screened for chlamydia (44 states)

Chlamydia Screening in Women Ages 21 to 24 (continued)

Geographic Variation in the Percentage of Sexually Active Women Ages 21 to 24 who were Screened for Chlamydia, FFY 2019 (n = 44 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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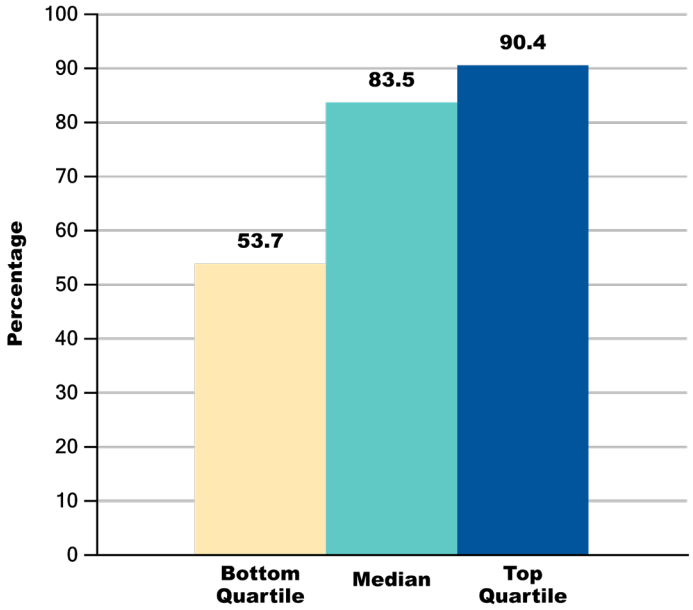
Adult Body Mass Index Assessment

Monitoring of body mass index (BMI) helps providers identify adults who are overweight or obese and at increased risk for related health complications. The Adult BMI Assessment measure shows the percentage of beneficiaries with an outpatient visit whose BMI value was documented in the medical record.

Percentage of Adults* who had an Outpatient Visit and whose Body Mass Index Value was Documented in the Medical Record, FFY 2019 (n = 36 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

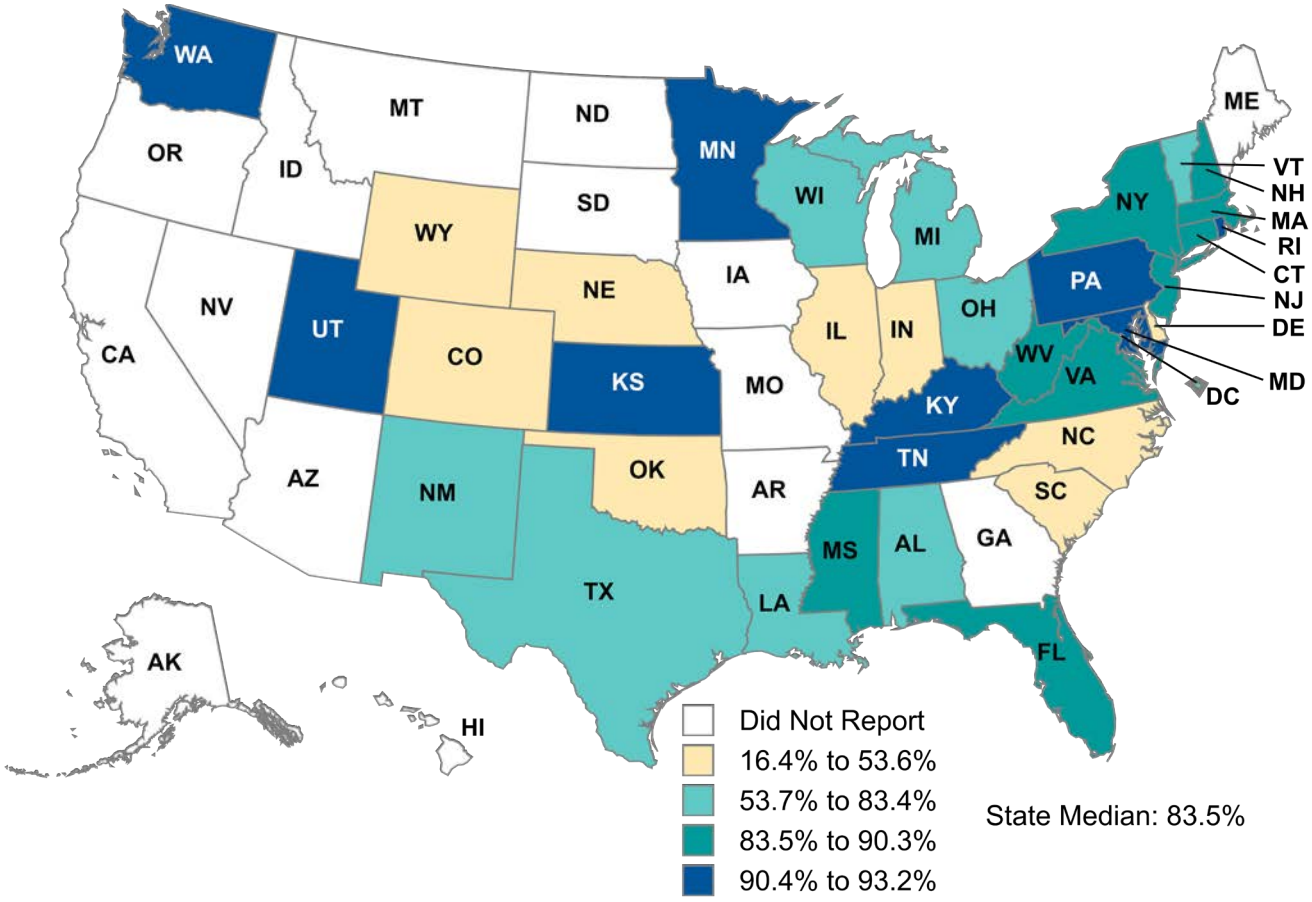
Notes: This measure shows the percentage of adults ages 18 to 74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year. Specifications for this measure changed substantially for FFY 2019 and rates are not comparable with rates reported for previous years.

*Data displayed in this chart include adults ages 18 to 64 for 19 states and ages 18 to 74 for 17 states.

A median of **84** percent of adults with an outpatient visit had their BMI value documented in the medical record (36 states)

Adult Body Mass Index Assessment (continued)

Geographic Variation in the Percentage of Adults* who had an Outpatient Visit with a Body Mass Index Value Documented in the Medical Record, FFY 2019 (n = 36 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
*Data displayed in this chart include adults ages 18 to 64 for 19 states and ages 18 to 74 for 17 states.

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Maternal and Perinatal Health

As the largest payer for maternity care in the United States, Medicaid has an important role to play in improving maternal and perinatal health outcomes. Despite improvements in access to coverage and care, the rate of births reported as preterm or low birth weight among women in Medicaid is higher than the rate for those who are privately insured.[1] The health of a child is affected by a mother's health and the care she receives during pregnancy. When women access the health care system for maternity care, an opportunity is presented to promote services and behaviors to optimize their health and the health of their children.

More information about CMS's efforts to improve maternal and infant health care quality is available at https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health-care-quality/index.html.

Two Adult Core Set measures of maternal and perinatal health were available for analysis for FFY 2019.

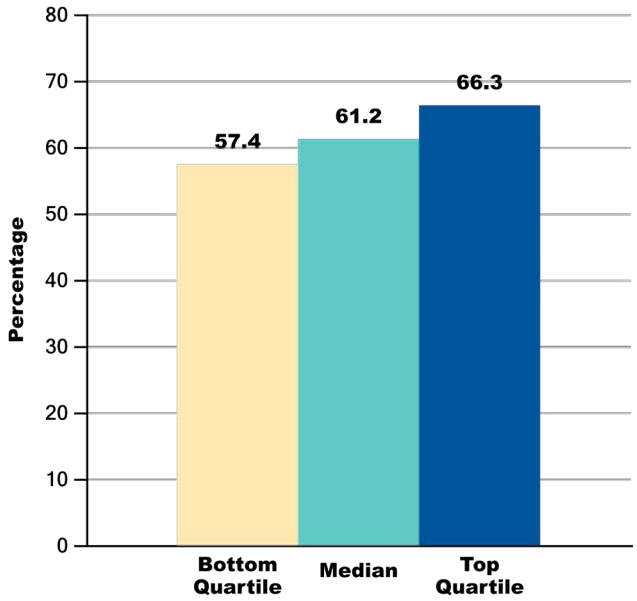
- Prenatal and Postpartum Care: Postpartum Care
- Contraceptive Care: Postpartum Women Ages 21 to 44

[1] https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-18-2014.pdf

Prenatal and Postpartum Care: Postpartum Care

Postpartum visits provide an opportunity to assess women's physical recovery from pregnancy and childbirth, and to address chronic health conditions (such as diabetes and hypertension), mental health status (including postpartum depression), and family planning (including contraception and inter-conception counseling). The postpartum care measure assesses how often women delivering a live birth received timely postpartum care (between 21 and 56 days after delivery).

Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 21 and 56 Days after Delivery, FFY 2019 (n = 39 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
Note: This measure shows the percentage of deliveries of live births on or 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 **61** percent of women delivering a live birth had a postpartum care visit on or between 21 and 56 days after delivery (39 states)

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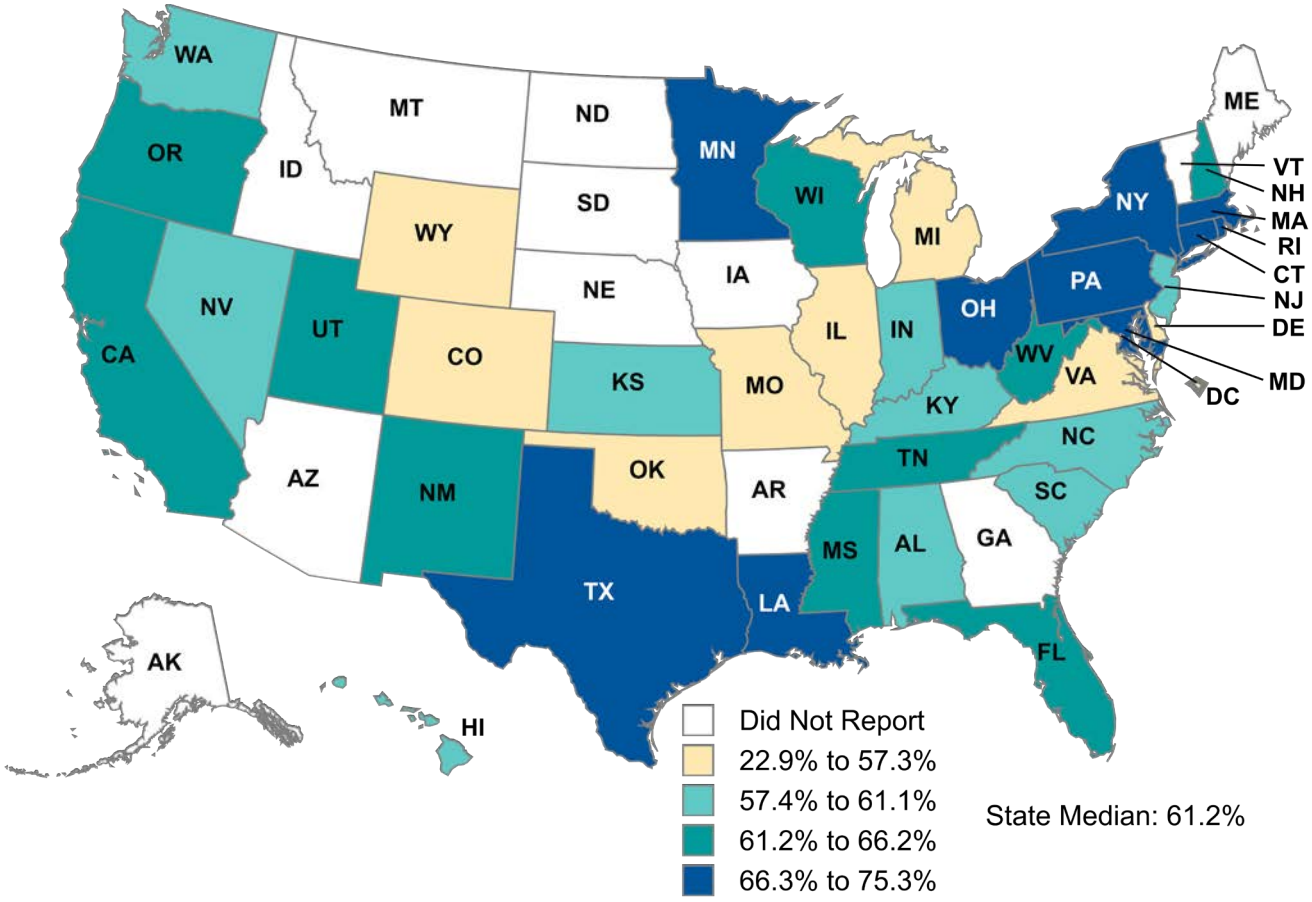
Prenatal and Postpartum Care: Postpartum Care (continued)

Geographic Variation in the Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 21 and 56 Days after Delivery, FFY 2019 (n = 39 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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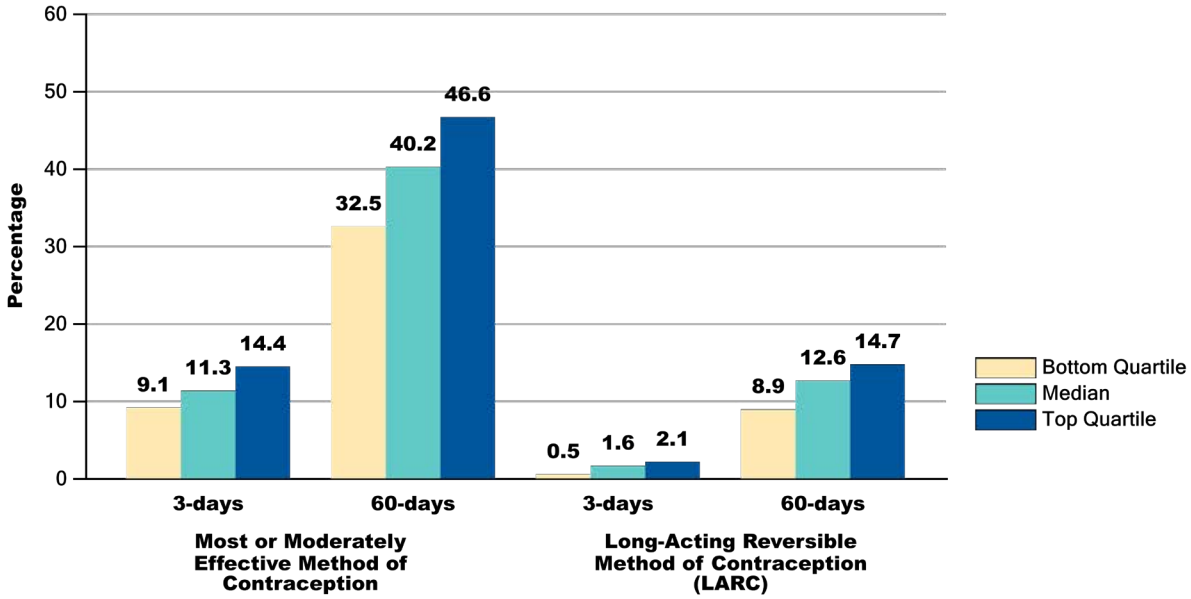
Contraceptive Care: Postpartum Women Ages 21 to 44

Access to effective contraceptive care during the postpartum period can improve birth spacing and timing and improve the health outcomes of women and children. This measure assesses access to contraceptive care, including the percentage of postpartum women ages 21 to 44 who were provided a most or moderately effective method of contraception as well as the percentage who were provided a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.

Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Most Effective or Moderately Effective Method of Contraception and the Percentage who were Provided a Long-Acting Reversible Method of Contraception (LARC) within 3 and 60 Days of Delivery, FFY 2019 (n = 29 states)



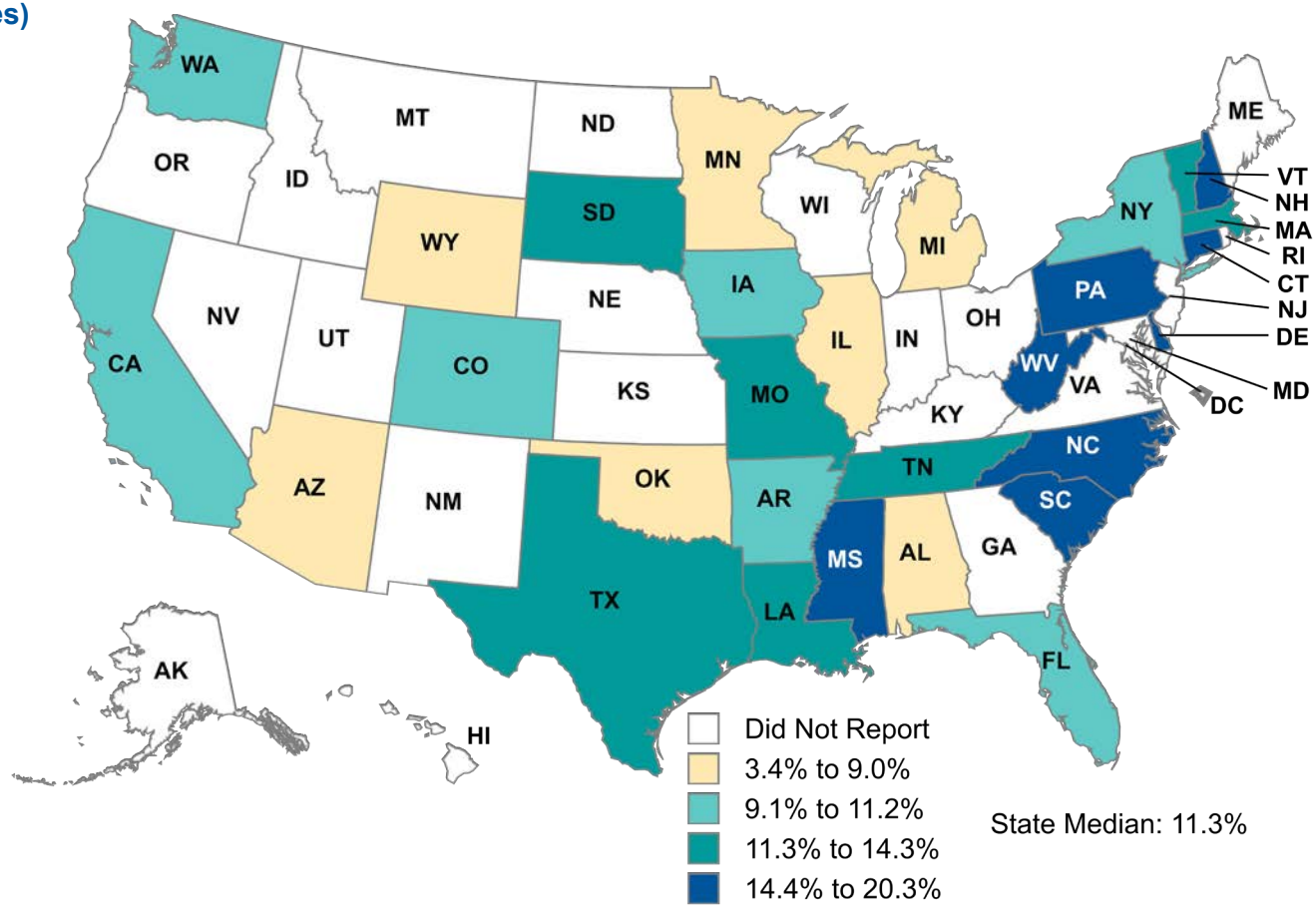
Among postpartum women ages 21 to 44 who had a live birth, a median of **40** percent received a most effective or moderately effective method of contraception within 60 days of delivery (29 states)

Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Note: This measure shows the percentage of postpartum women ages 21 to 44 who had a live birth and who were provided: (1) a most effective or moderately effective method of contraception within 3 and 60 days of delivery; (2) a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.

Contraceptive Care: Postpartum Women Ages 21 to 44: Most or Moderately Effective Method of Contraception 3-days Postpartum (continued)

Geographic Variation in the Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Most Effective or Moderately Effective Method of Contraception within 3 Days of Delivery, FFY 2019 (n = 29 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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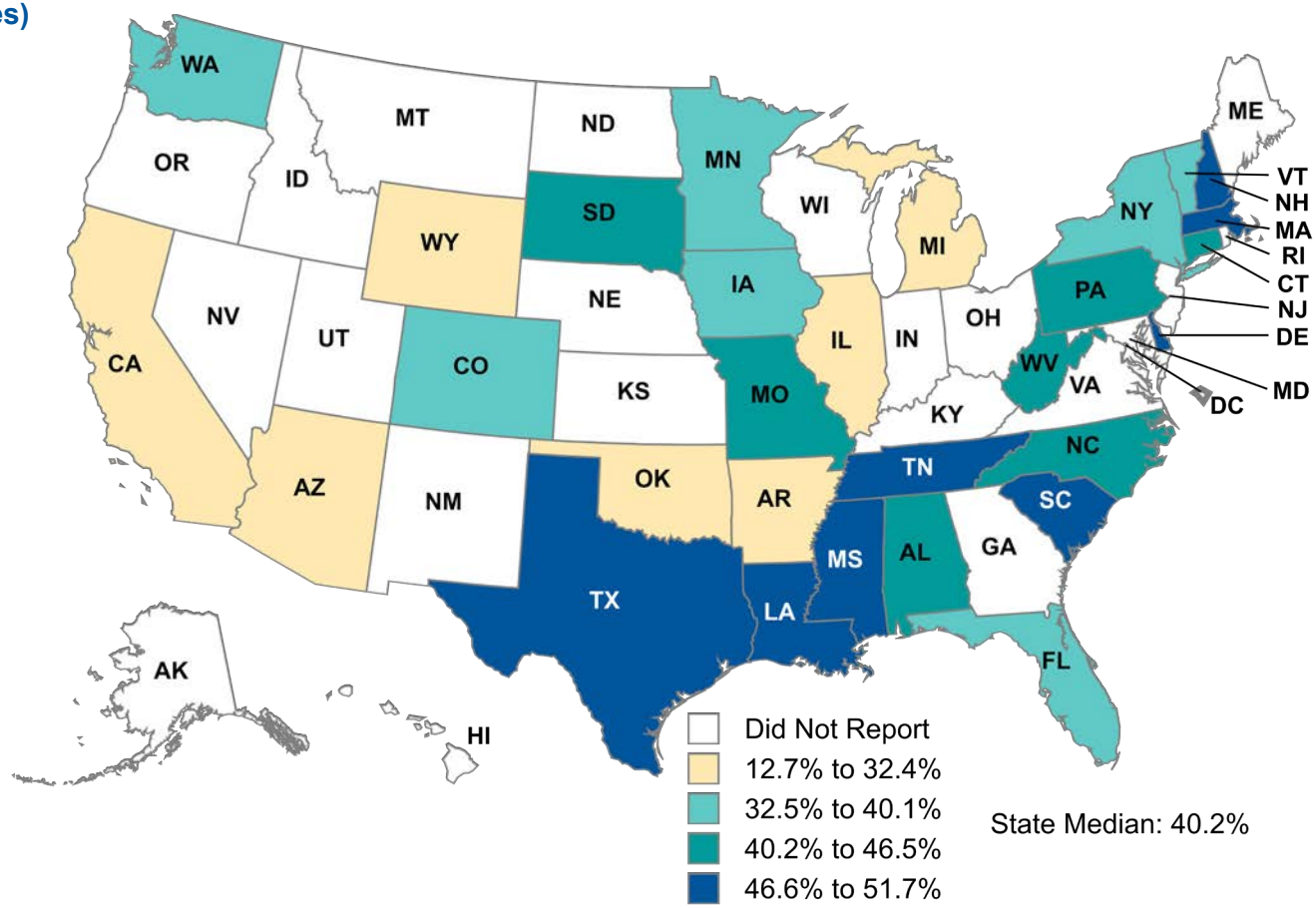
Contraceptive Care: Postpartum Women Ages 21 to 44: Most or Moderately Effective Method of Contraception 60-days Postpartum (continued)

Geographic Variation in the Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Most Effective or Moderately Effective Method of Contraception within 60 Days of Delivery, FFY 2019 (n = 29 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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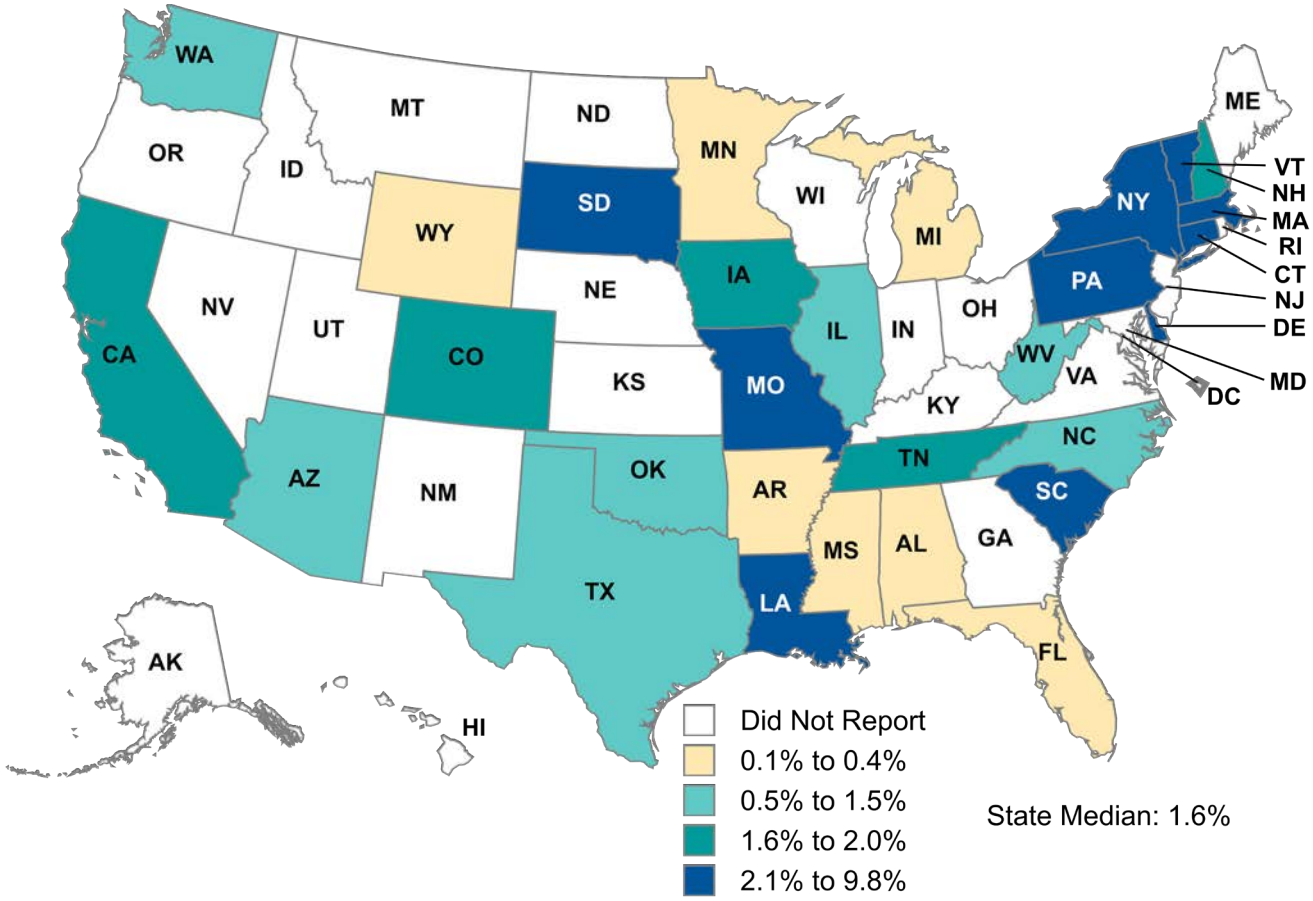
Contraceptive Care: Postpartum Women Ages 21 to 44: LARC 3-days Postpartum (continued)

Geographic Variation in the Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Long-Acting Reversible Method of Contraception (LARC) within 3 Days of Delivery, FFY 2019 (n = 29 states)

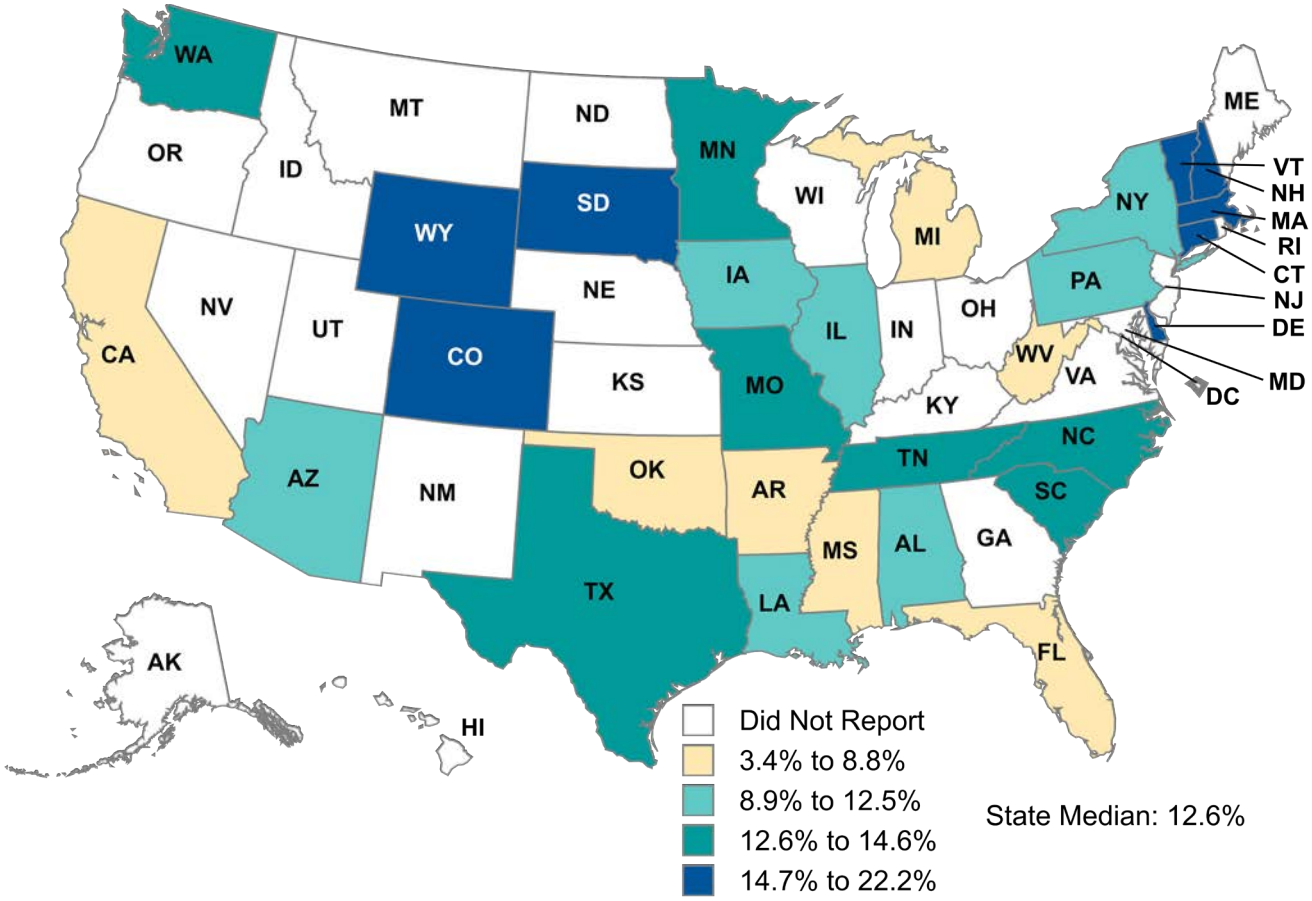


Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Contraceptive Care: Postpartum Women Ages 21 to 44: LARC 60-days Postpartum (continued)

Geographic Variation in the Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Long-Acting Reversible Method of Contraception (LARC) within 60 Days of Delivery, FFY 2019 (n = 29 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Care of Acute and Chronic Conditions

The extent to which adults receive safe, timely, and effective care for acute and chronic conditions is a key indicator of the quality of care provided in Medicaid. 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 avoidable hospital admissions and emergency department visits. The prevalence of chronic illnesses like diabetes is high among adults covered by Medicaid.[1] Ensuring that adults receive timely, quality care may reduce the need for more costly care later and improve their chances of leading healthy, productive lives.

Ten Adult Core Set measures of the care of acute and chronic conditions were available for analysis for FFY 2019.

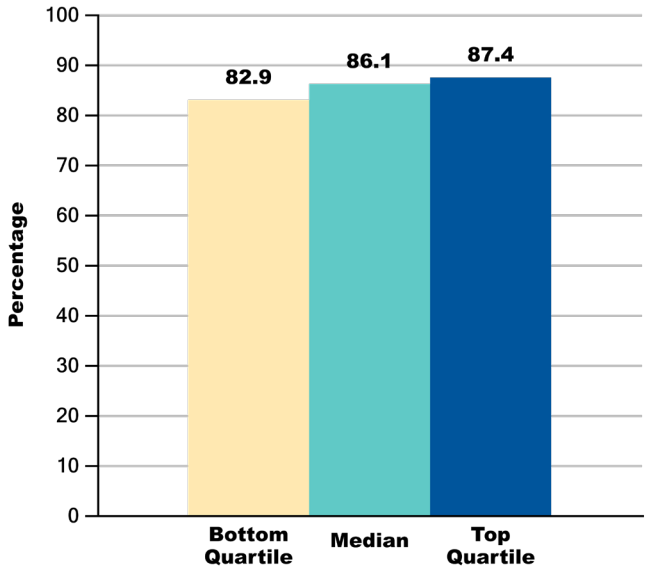
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- PQI 01: Diabetes Short-Term Complications Admission Rate
- PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate
- PQI 08: Heart Failure Admission Rate
- PQI 15: Asthma in Younger Adults Admission Rate
- Plan All-Cause Readmissions
- Asthma Medication Ratio: Ages 19 to 64
- Annual Monitoring for Patients on Persistent Medications
- Controlling High Blood Pressure

[1] https://firstfocus.org/wp-content/uploads/2014/05/Medicaid-Works.pdf

Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing

Diabetes is one of the most common chronic health problems in the United States, affecting approximately 34 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 diabetes management is essential to controlling blood glucose levels, reducing risks of complications, and prolonging life.

Percentage of Adults* with Diabetes (Type 1 or Type 2) who had a Hemoglobin A1c Test, FFY 2019 (n = 40 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: This measure shows the percentage of adults ages 18 to 75 with diabetes (type 1 or type 2) who had a Hemoglobin A1c test during the measurement year.

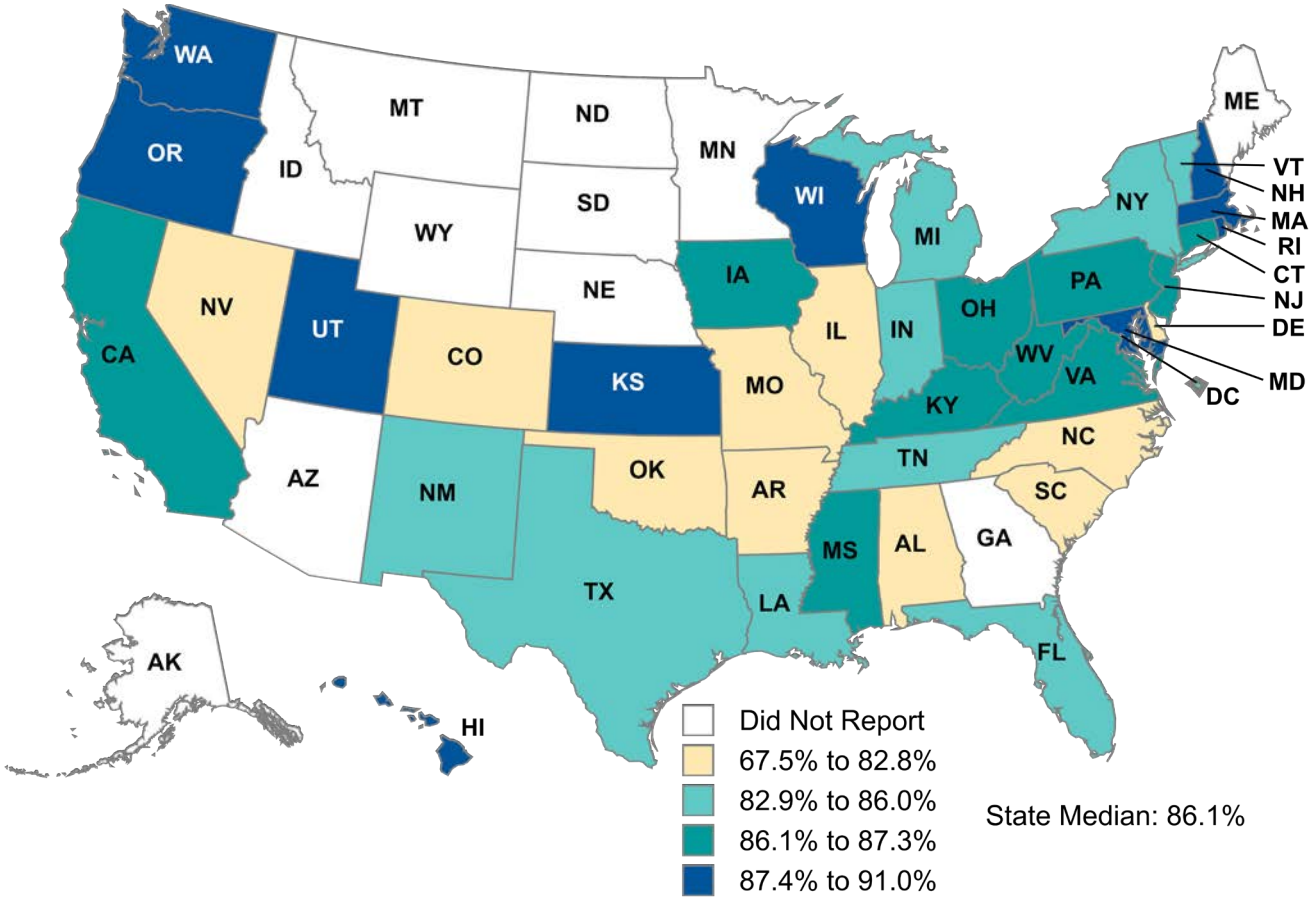
*Data displayed in this chart include adults ages 18 to 64 for 21 states and ages 18 to 75 for 19 states.

A median of **86** percent of adults with diabetes had an HbA1c test (40 states)

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (continued)

Geographic Variation in the Percentage of Adults* with Diabetes (Type 1 or Type 2) who had a Hemoglobin A1c Test, FFY 2019 (n = 40 states)



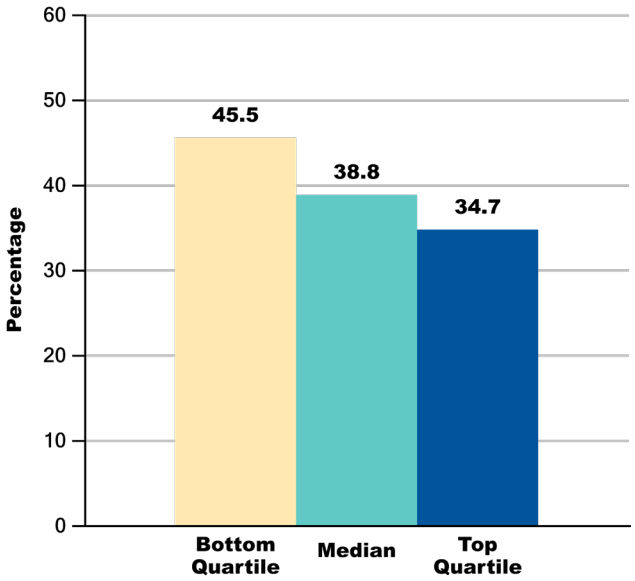
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
*Data displayed in this chart include adults ages 18 to 64 for 21 states and ages 18 to 75 for 19 states.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

Among diabetic patients, a Hemoglobin A1c (HbA1c) level greater than 9.0% indicates poor control of diabetes. Poor control of diabetes is a risk factor for complications, including renal failure, blindness, and neurologic damage. This measure shows the percentage of adults with diabetes who had Hemoglobin A1c in poor control (>9.0%) during the measurement year.

Percentage of Adults* with Diabetes (Type 1 or Type 2) who had Hemoglobin A1c in Poor Control (>9.0%), FFY 2019 (n = 29 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: This measure shows the percentage of adults ages 18 to 75 with diabetes (type 1 or type 2) who had Hemoglobin A1c in poor control (>9.0%) during the measurement year. This chart excludes Arkansas and Colorado, which calculated the measure but did not use Adult Core Set specifications.

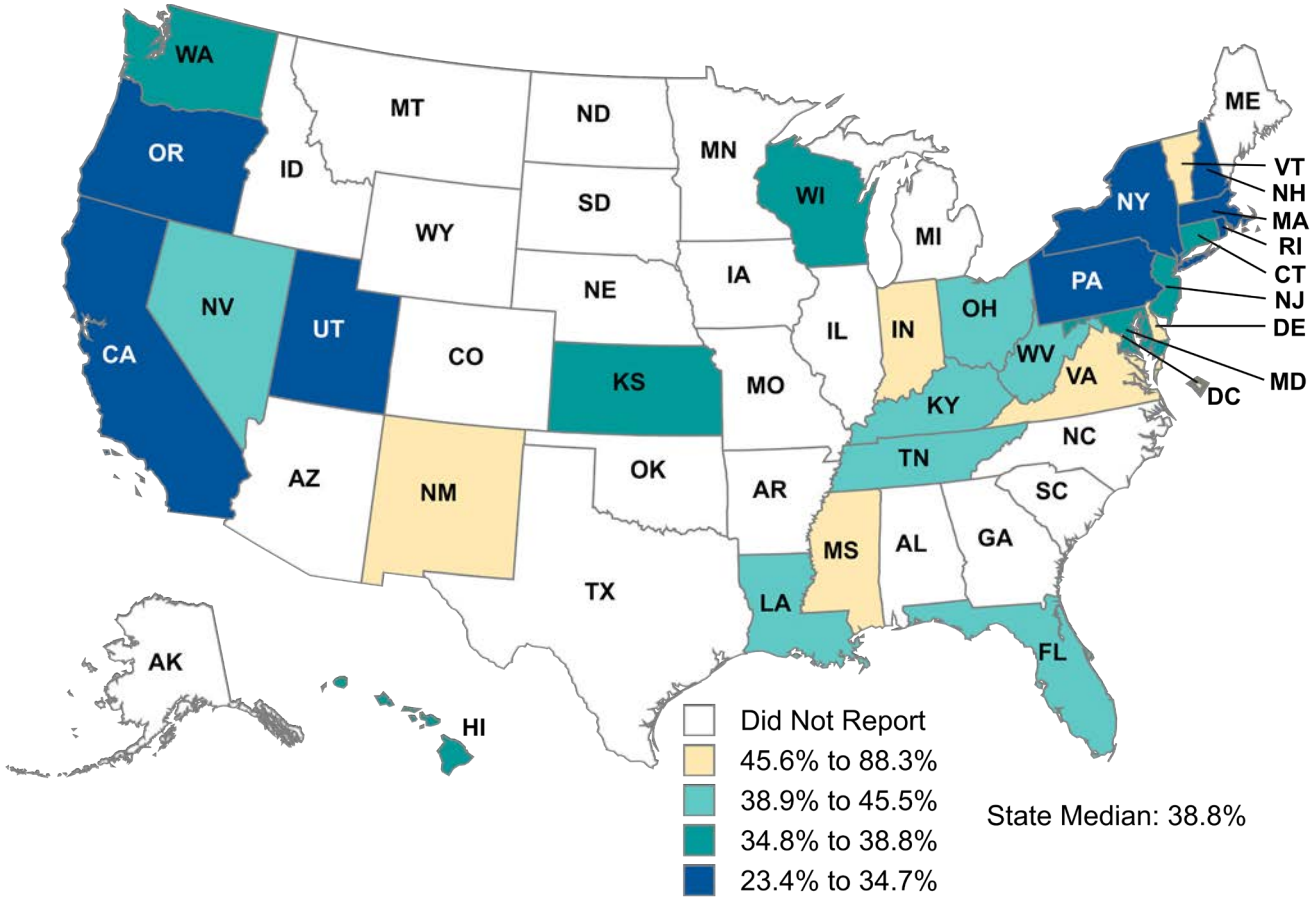
*Data displayed in this chart include adults ages 18 to 64 for 11 states and ages 18 to 75 for 18 states.

A median of **39** percent of adults with diabetes had HbA1c in poor control (>9.0%) (29 states)

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (continued)

Geographic Variation in the Percentage of Adults* with Diabetes (Type 1 or Type 2) who had Hemoglobin A1c in Poor Control (>9.0%), FFY 2019 (n = 29 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

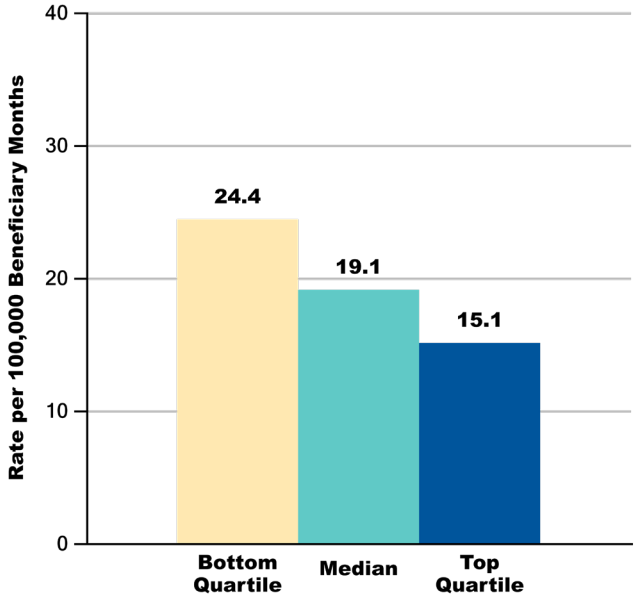
Notes: This chart excludes Arkansas and Colorado, which calculated the measure but did not use Adult Core Set specifications.
*Data displayed in this chart include adults ages 18 to 64 for 11 states and ages 18 to 75 for 18 states.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

PQI 01: Diabetes Short-Term Complications Admission Rate

In the absence of access to high quality outpatient diabetes care, diabetic ketoacidosis, hyperosmolarity, and comas are acute, life-threatening complications of diabetes that can result in inpatient hospital admissions. Inpatient hospital admissions for these complications can be an indicator that diabetes is not being properly prevented or managed. This measure assesses the frequency of inpatient hospital admissions to treat short-term complications of diabetes among adult Medicaid beneficiaries.

Number of Inpatient Hospital Admissions for Diabetes Short-Term Complications per 100,000 Beneficiary Months for Adults,* FFY 2019 (n = 30 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: This measure shows the number of inpatient hospital admissions for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 beneficiary months for adults age 18 and older.

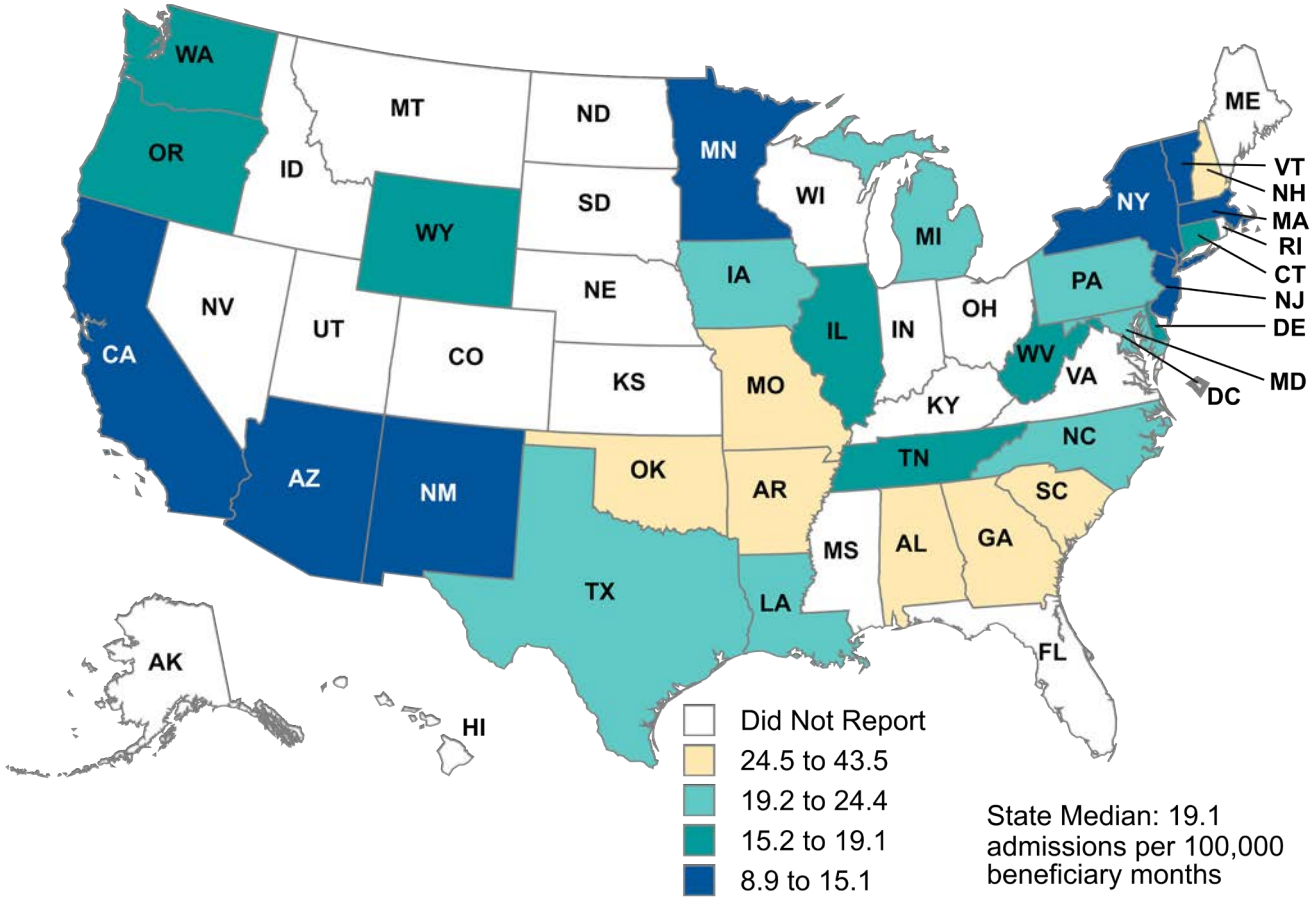
*Data displayed in this chart include adults ages 18 to 64 for 29 states and age 18 and older for 1 state.

Adults age 18 and older had a median of **19** inpatient hospital admissions for diabetes short-term complications per 100,000 beneficiary months (30 states)

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

PQI 01: Diabetes Short-Term Complications Admission Rate (continued)

Geographic Variation in the Number of Inpatient Hospital Admissions for Diabetes Short-Term Complications per 100,000 Beneficiary Months for Adults,* FFY 2019 (n = 30 states) [Lower rates are better for this measure]



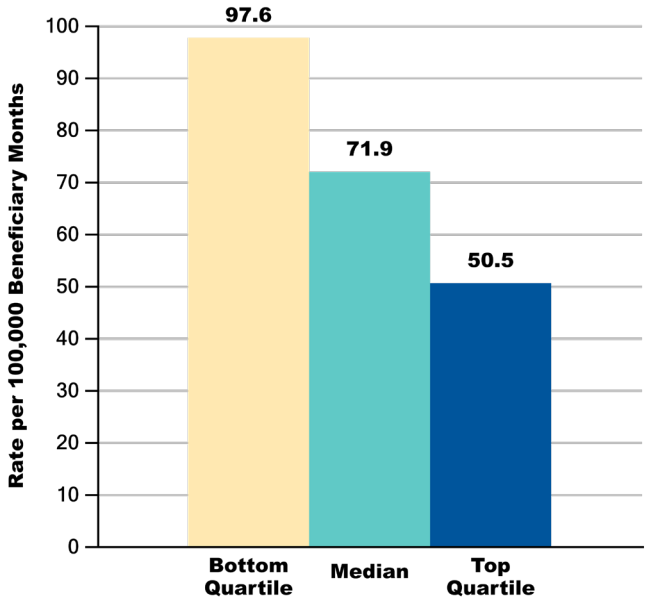
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
*Data displayed in this chart include adults ages 18 to 64 for 29 states and age 18 and older for 1 state.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate

Chronic obstructive pulmonary disease (COPD) is one of the most common chronic diseases in the United States and is currently the third leading cause of death in the U.S. population. Hospital admissions for COPD and asthma can often be avoided through high quality outpatient care. This measure assesses the frequency of hospital admissions to treat COPD or asthma among Medicaid beneficiaries age 40 and older.

Number of Inpatient Hospital Admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma per 100,000 Beneficiary Months for Older Adults,* FFY 2019 (n = 25 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: This measure shows the number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for adults age 40 and older. This chart excludes Mississippi, which calculated the measure but did not use Adult Core Set specifications.

*Data displayed in this chart include adults ages 40 to 64 for 24 states and age 40 and older for 1 state.

Adults age 40 and older had a median of

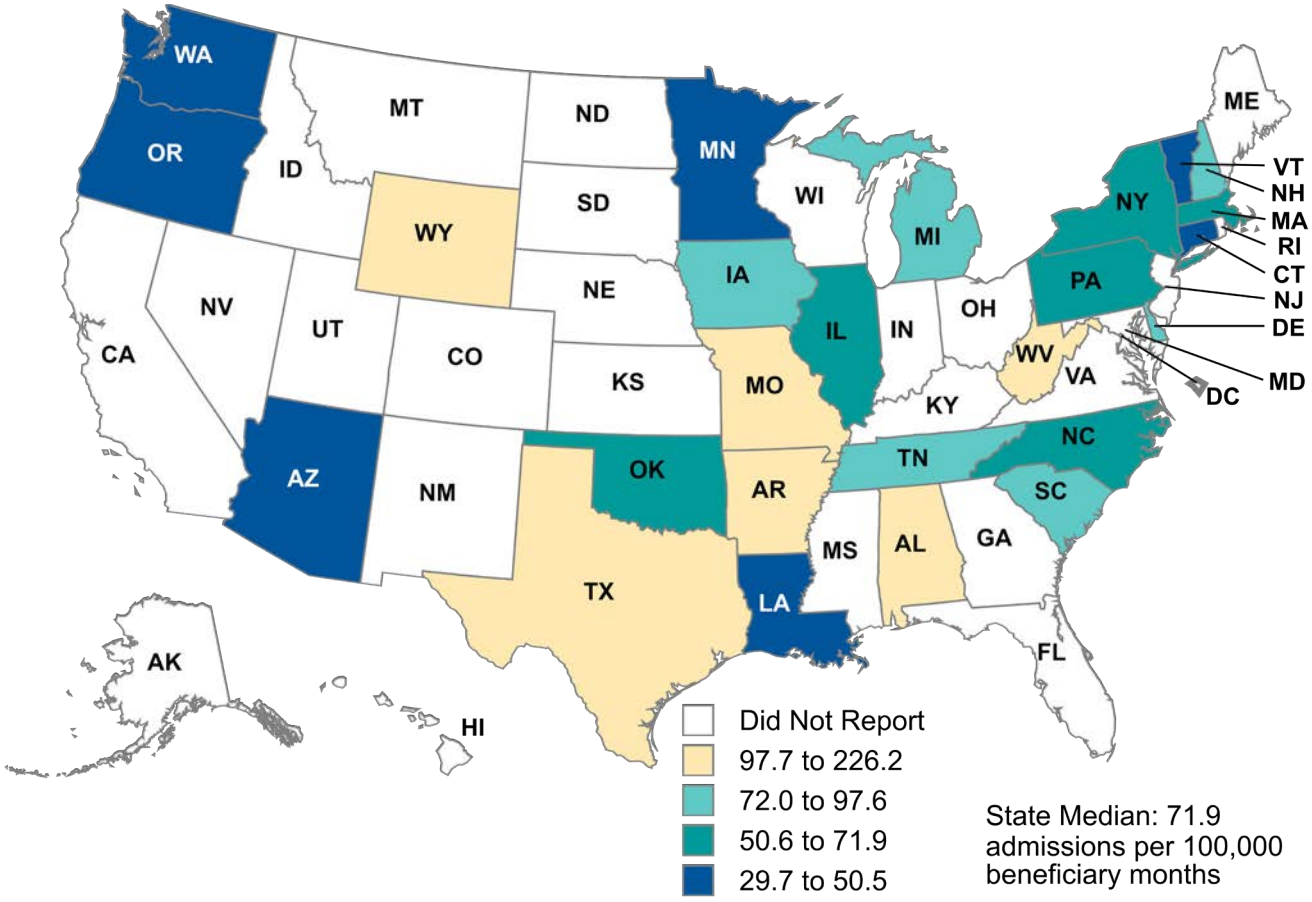
72

inpatient hospital admissions for COPD or asthma per 100,000 beneficiary months (25 states)

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (continued)

Number of Inpatient Hospital Admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma per 100,000 Beneficiary Months for Older Adults,* FFY 2019 (n = 25 states) [Lower rates are better for this measure]



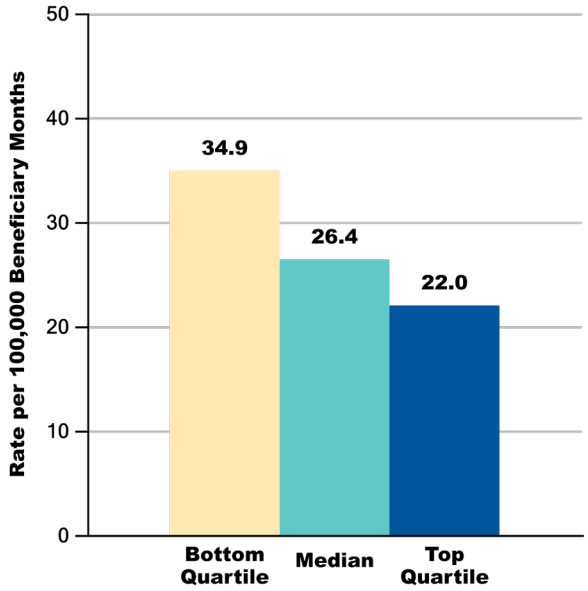
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
Note: This chart excludes Mississippi, which calculated the measure but did not use Adult Core Set specifications.
*Data displayed in this chart include adults ages 40 to 64 for 24 states and age 40 and older for 1 state.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

PQI 08: Heart Failure Admission Rate

An estimated 5.7 million people in the United States have congestive heart failure (CHF). The most common causes of CHF are coronary artery disease, high blood pressure, and diabetes, all of which can be treated, controlled, and monitored in outpatient settings. Inpatient hospital admissions for heart failure can be an indicator that these conditions are not being properly prevented or managed. This measure assesses the frequency of inpatient hospital admissions for heart failure among adult Medicaid beneficiaries.

Number of Inpatient Hospital Admissions for Heart Failure per 100,000 Beneficiary Months for Adults,* FFY 2019 (n = 26 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: This measure shows the number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for adults age 18 and older.

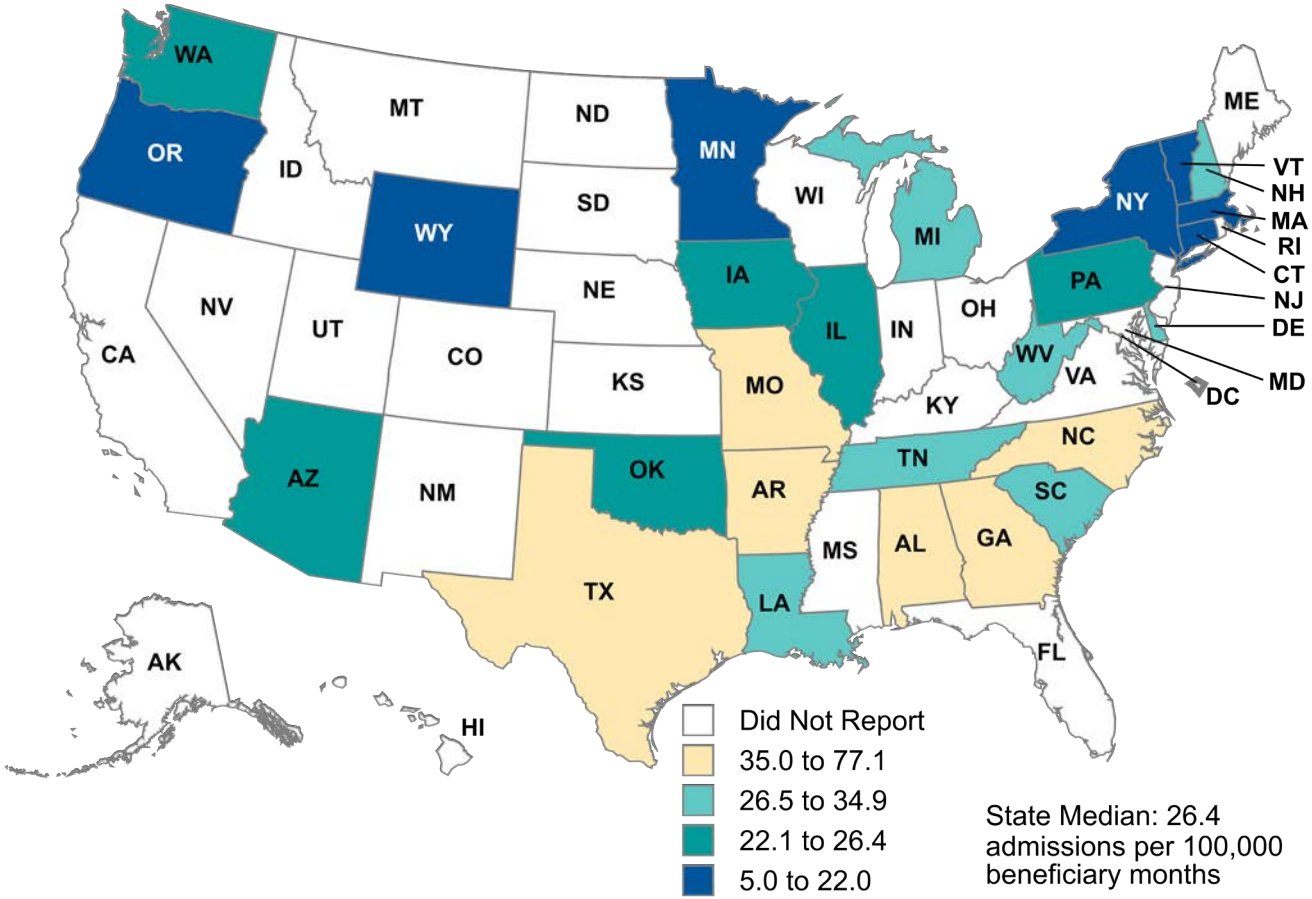
*Data displayed in this chart include adults ages 18 to 64 for 25 states and age 18 and older for 1 state.

Adults age 18 and older had a median of **26** inpatient hospital admissions for heart failure per 100,000 beneficiary months (26 states)

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

PQI 08: Heart Failure Admission Rate (continued)

Geographic Variation in the Number of Inpatient Hospital Admissions for Heart Failure per 100,000 Beneficiary Months for Adults,* FFY 2019 (n = 26 states) [Lower rates are better for this measure]



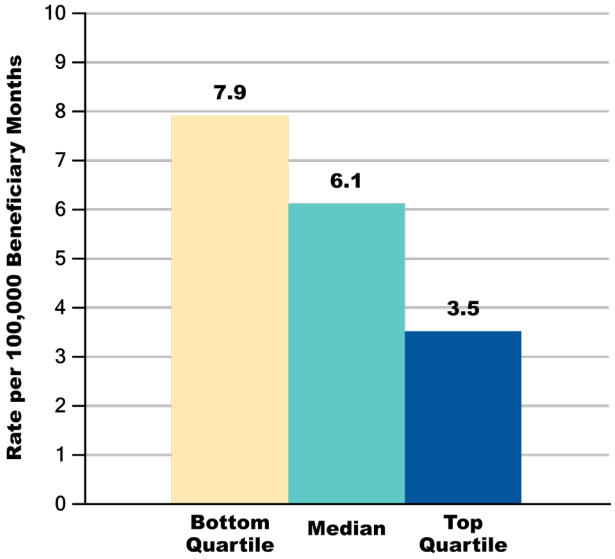
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
*Data displayed in this chart include adults ages 18 to 64 for 25 states and age 18 and older for 1 state.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

PQI 15: Asthma in Younger Adults Admission Rate

Asthma is one of the most common reasons for hospital admissions and emergency room visits among younger adults. These events are generally considered preventable with proper oversight and treatment in outpatient settings. This measure assesses the frequency of hospital admissions to treat asthma among Medicaid beneficiaries ages 18 to 39.

Number of Inpatient Hospital Admissions for Asthma per 100,000 Beneficiary Months for Adults Ages 18 to 39, FFY 2019 (n = 26 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
Note: This measure shows the number of inpatient hospital admissions for asthma per 100,000 beneficiary months for adults ages 18 to 39.

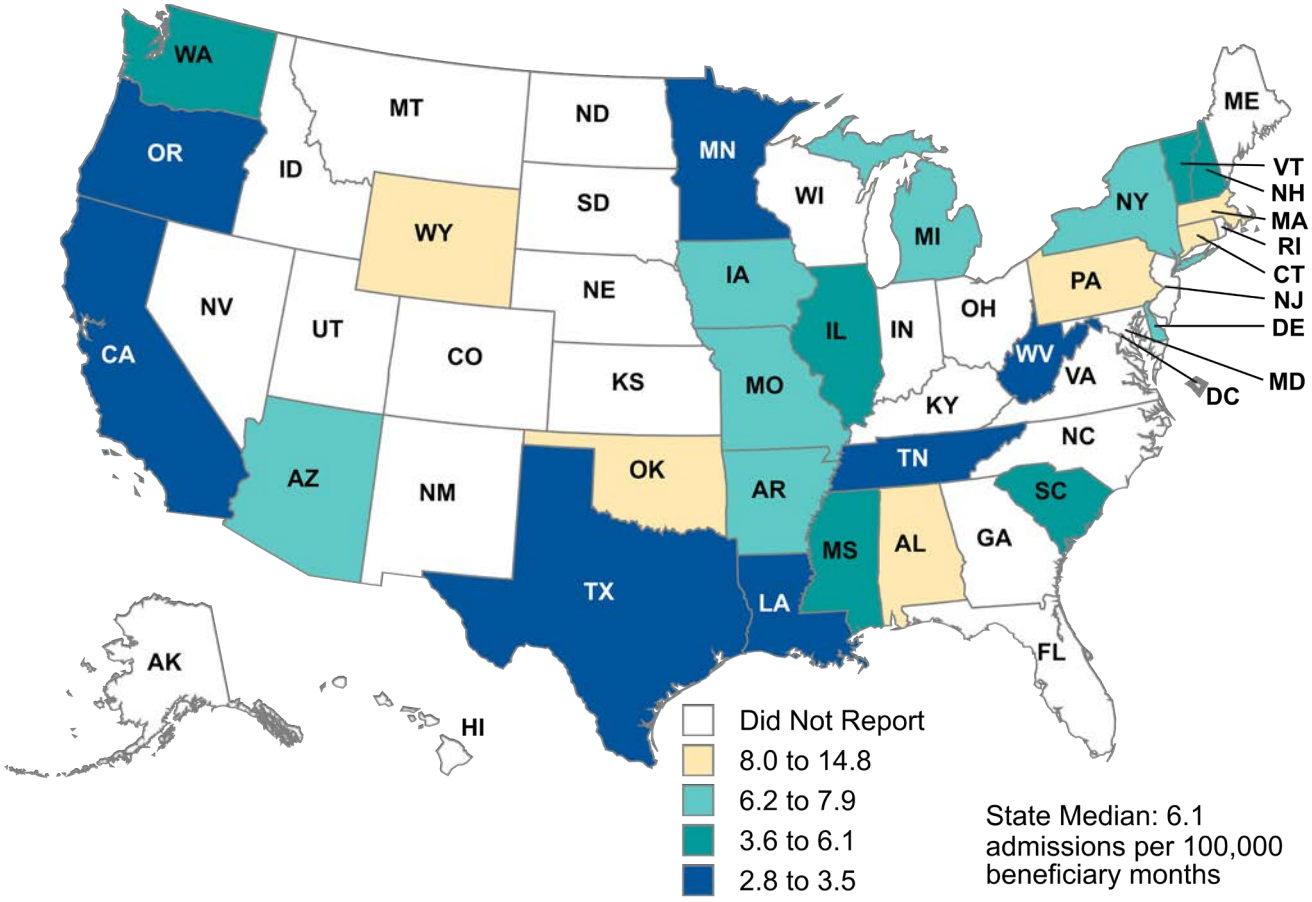
Adults ages 18 to 39 had a median of

6 inpatient hospital admissions for asthma per 100,000 beneficiary months (26 states)

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

PQI 15: Asthma in Younger Adults Admission Rate (continued)

Geographic Variation in the Number of Inpatient Hospital Admissions for Asthma per 100,000 Beneficiary Months for Adults Ages 18 to 39, FFY 2019 (n = 26 states) [Lower rates are better for this measure]



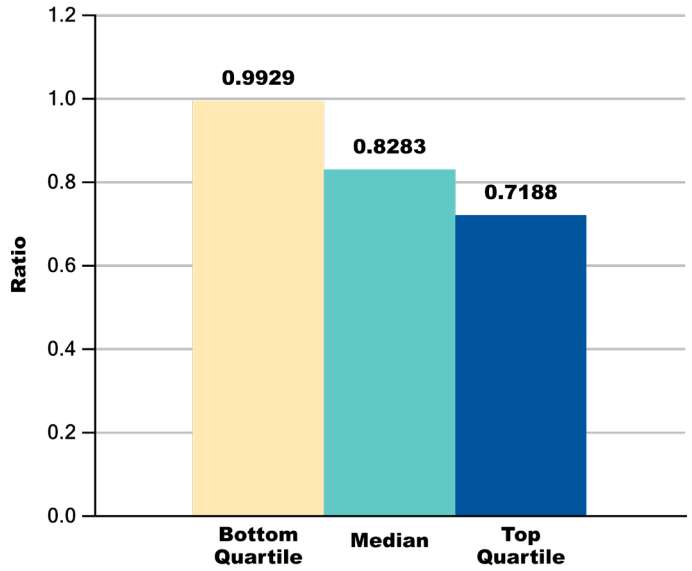
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Plan All-Cause Readmissions

Unplanned readmissions to the hospital within 30 days of discharge are associated with adverse patient outcomes (including higher mortality) and higher health care costs. Readmissions may be prevented with coordination of care and support for patient self-management after discharge. This measure shows the number of acute inpatient stays during the measurement year for adults ages 18 to 64 that were followed by an unplanned acute readmission for any diagnosis within 30 days (the observed readmission rate) and the predicted probability of an acute readmission. This measure uses risk adjustment to calculate an expected readmission rate based on the characteristics of index hospital stays, including presence of surgeries, discharge condition, comorbidity, age, and gender.

Ratio of Observed All-Cause Readmissions to Expected Readmissions (O/E Ratio) among Adults Ages 18 to 64, FFY 2019 (n = 31 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: The Observed/Expected (O/E) Ratio is calculated as the ratio of the observed to expected readmissions and is rounded to four decimal places. The O/E ratio is interpreted as "lower-is-better." An O/E ratio < 1.0 means there were fewer readmissions than expected given the case mix. An O/E ratio = 1 means that the number of readmissions was the same as expected given the case mix. An O/E ratio > 1.0 means that there were more readmissions than expected given the case mix. This chart excludes Colorado, Florida, Indiana, Missouri, and Oregon, which calculated the measure but did not use Adult Core Set specifications.

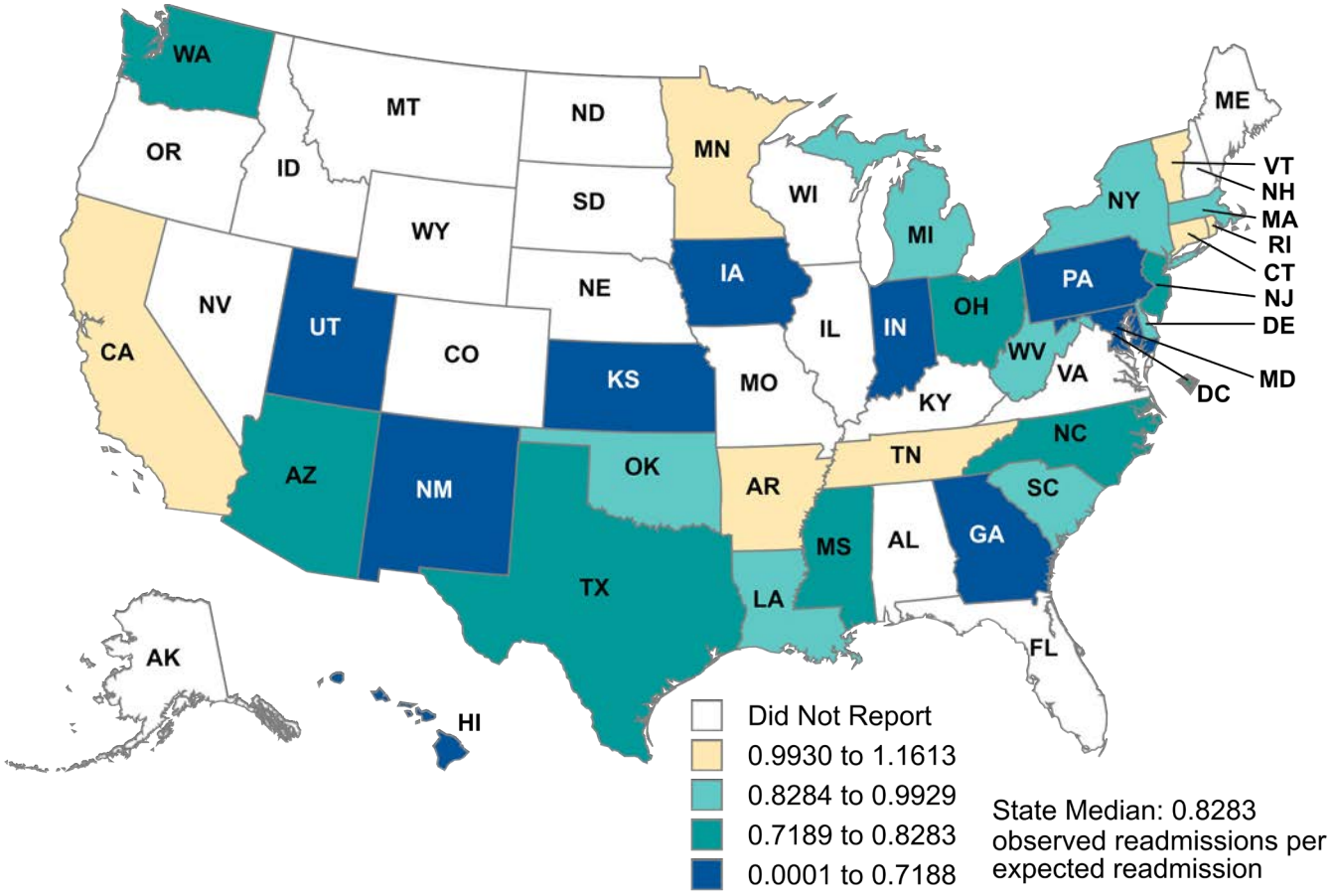
Of the 31 states reporting the measure,

24

states had fewer readmissions than expected given the case mix

Plan All-Cause Readmissions (continued)

Geographic Variation in the Ratio of Observed All-Cause Readmissions to Expected Readmissions among Adults Ages 18 to 64, FFY 2019 (n = 31 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

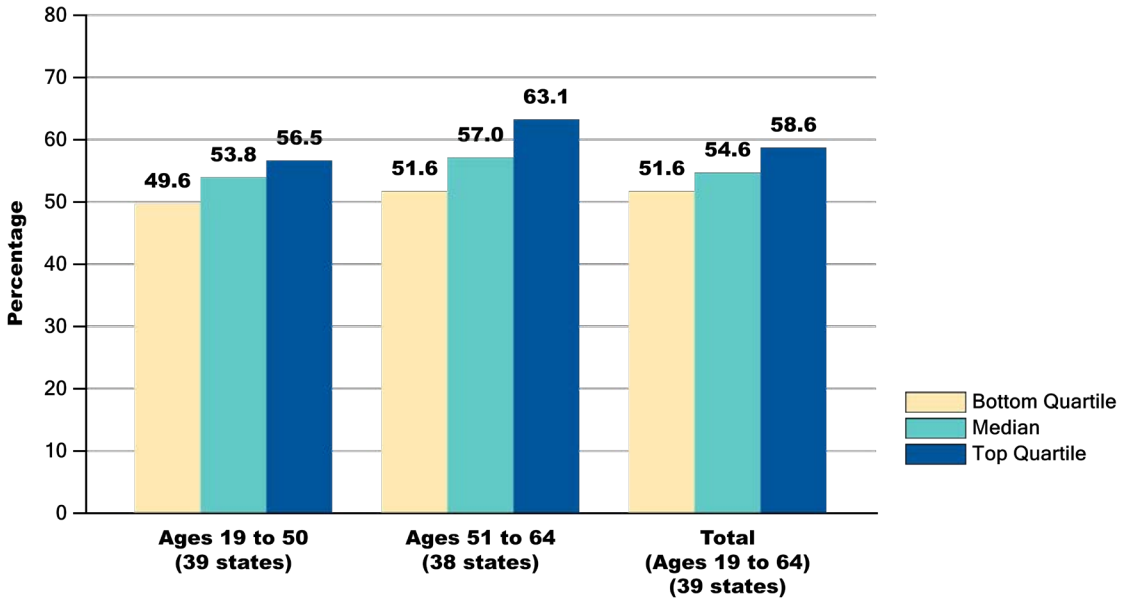
Note: This chart excludes Colorado, Florida, Indiana, Missouri, and Oregon, which calculated the measure but did not use Adult Core Set specifications.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Asthma Medication Ratio: Ages 19 to 64

Asthma affects approximately 19 million adults in the United States. Uncontrolled asthma among adults can result in hospitalizations, lost work days, and reduced productivity. The National Heart Lung and Blood Institute recommends long-term asthma control medications for adults with persistent asthma. This measure assesses the percentage of adults with persistent asthma who were dispensed appropriate asthma controller medications.

Percentage of Adults Ages 19 to 64 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater, FFY 2019



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

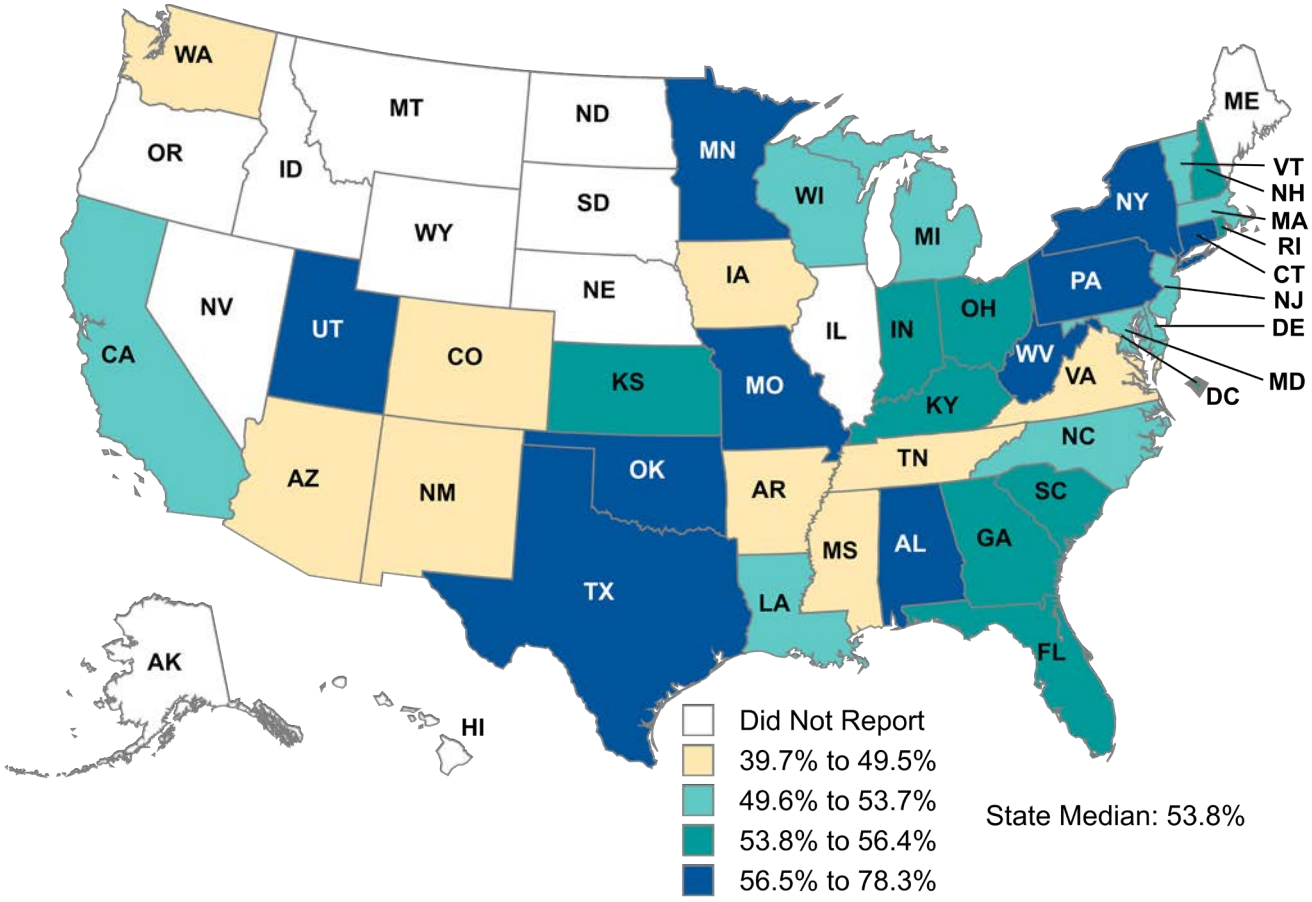
Notes: This measure shows the percentage of adults ages 19 to 64 who were identified as having persistent asthma and who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. Three rates are reported: (1) ages 19 to 50; (2) ages 51 to 64; and (3) a total rate for ages 19 to 64.

A median of **55** percent of adults ages 19 to 64 with persistent asthma had a ratio of controller medications to total asthma medications of 0.50 or greater (39 states)

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Asthma Medication Ratio: Ages 19 to 50 (continued)

Geographic Variation in the Percentage of Adults Ages 19 to 50 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater, FFY 2019 (n = 39 states)

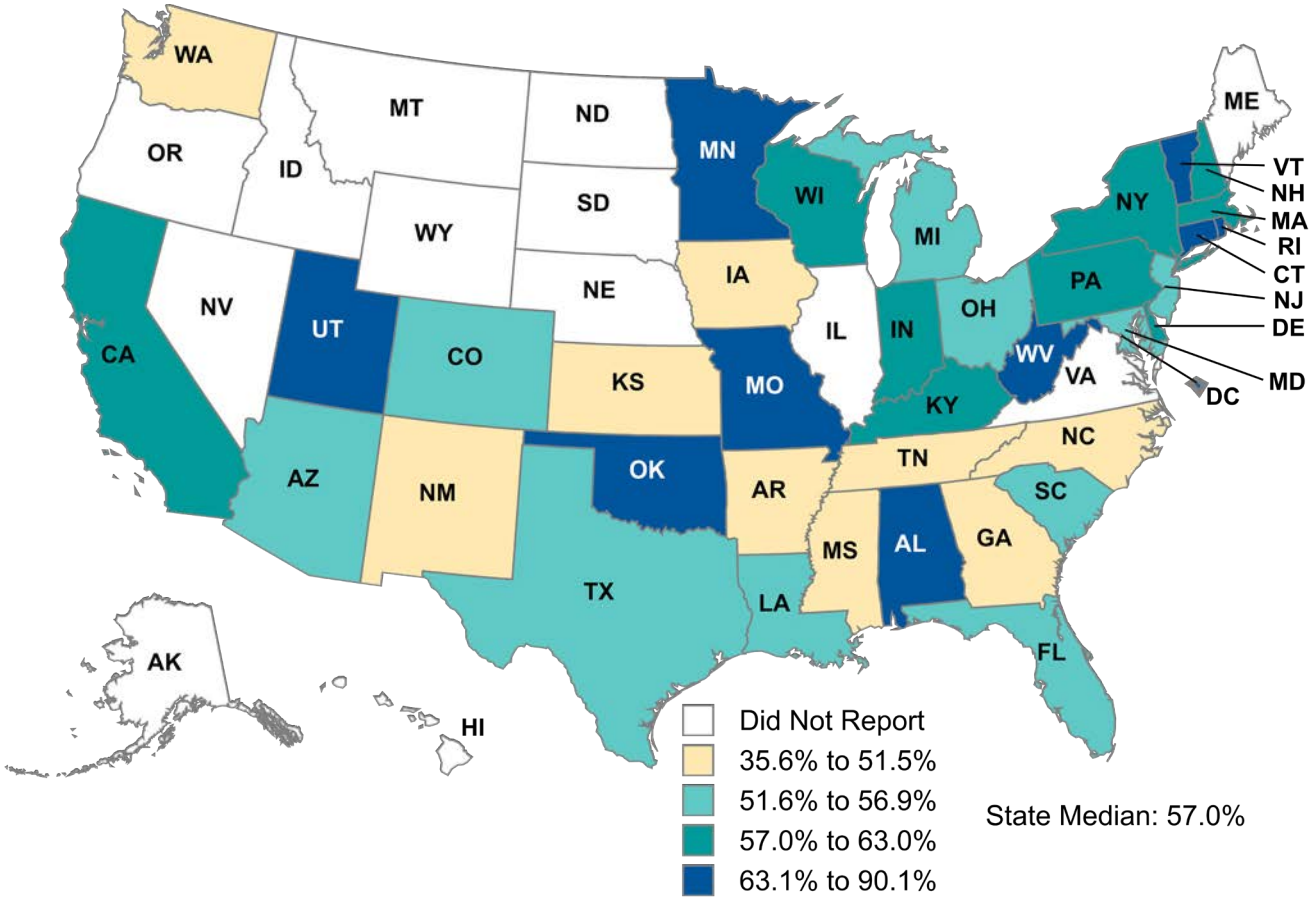


Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Asthma Medication Ratio: Ages 51 to 64 (continued)

Geographic Variation in the Percentage of Adults Ages 51 to 64 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater, FFY 2019 (n = 38 states)

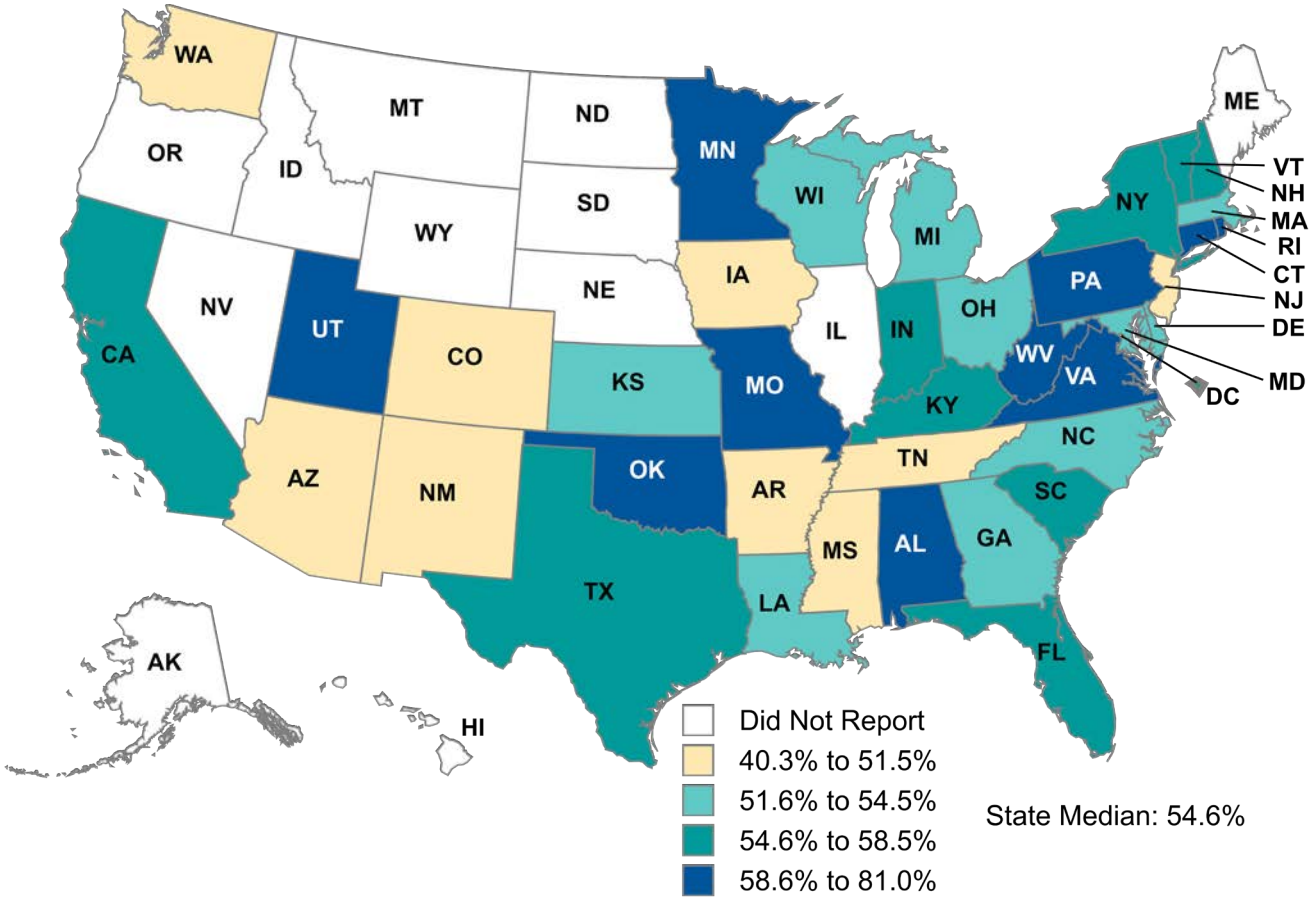


Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
Note: This chart excludes Virginia, which reported the measure but did not provide data for the Ages 51 to 64 rate.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Asthma Medication Ratio: Ages 19 to 64 (continued)

Geographic Variation in the Percentage of Adults Ages 19 to 64 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater, FFY 2019 (n = 39 states)



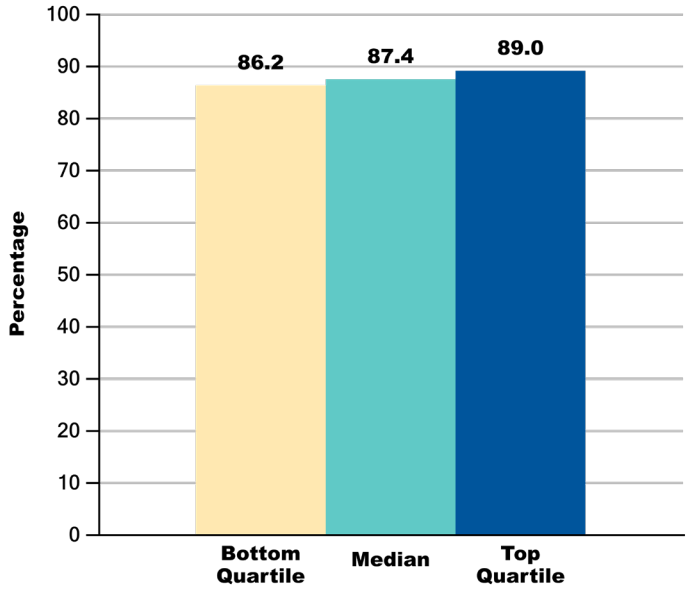
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Annual Monitoring for Patients on Persistent Medications

Evidence supports annual monitoring of the use of persistent medications to reduce adverse drug events (such as overdoses) that may result in emergency department visits or hospitalization. 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 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 Ambulatory Medication Therapy and an Annual Therapeutic Monitoring Visit, FFY 2019 (n = 40 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: This measure shows 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 at least one therapeutic monitoring event for the therapeutic agent in the measurement year.

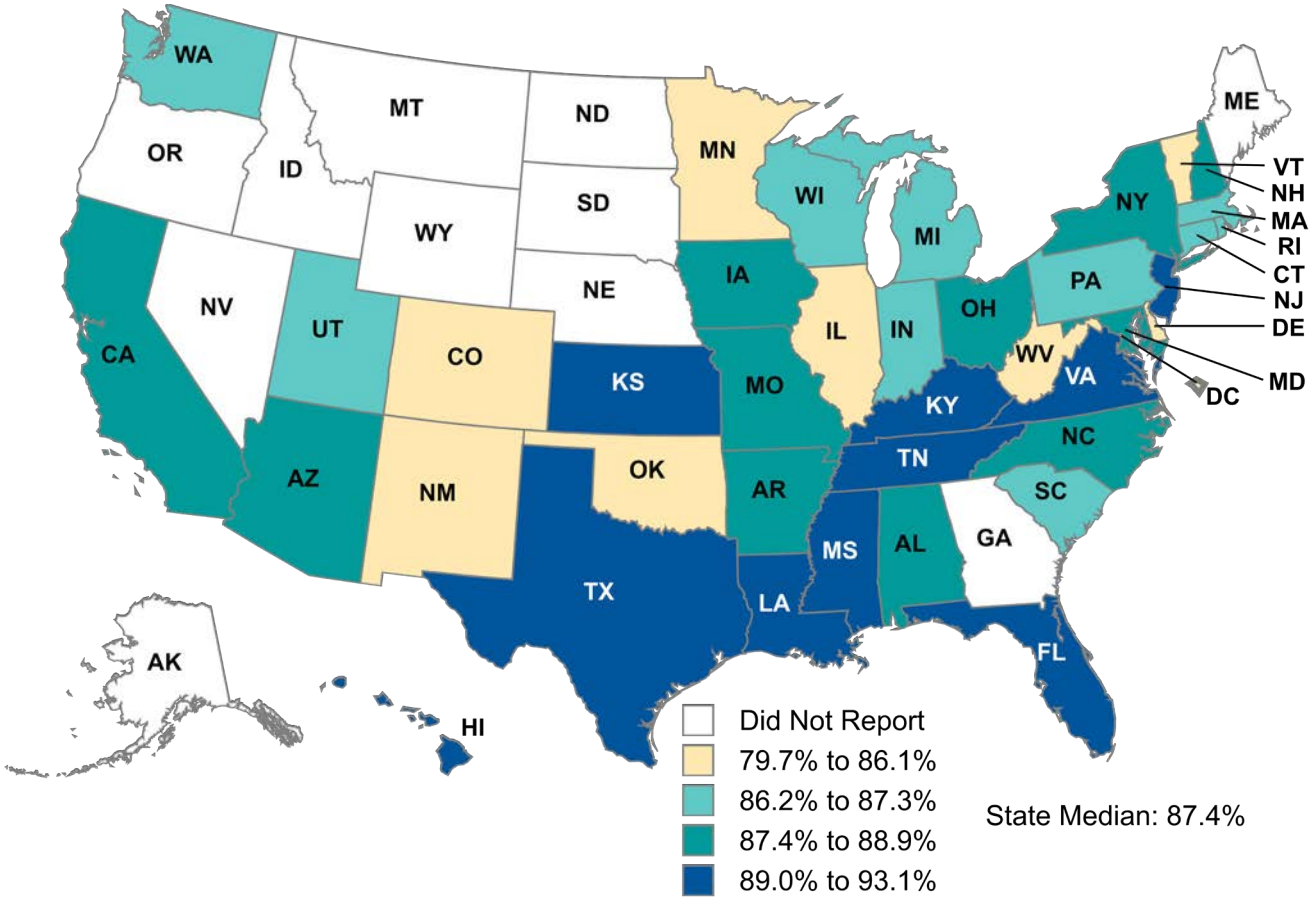
*Data displayed in this chart include adults ages 18 to 64 for 23 states and age 18 and older for 17 states.

A median of **87** percent of adults who received at least 180 days of ambulatory medication therapy received an annual therapeutic monitoring visit (40 states)

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Annual Monitoring for Patients on Persistent Medications (continued)

Geographic Variation in the Percentage of Adults* who Received at Least 180 Days of Ambulatory Medication Therapy and an Annual Therapeutic Monitoring Visit, FFY 2019 (n = 40 states)



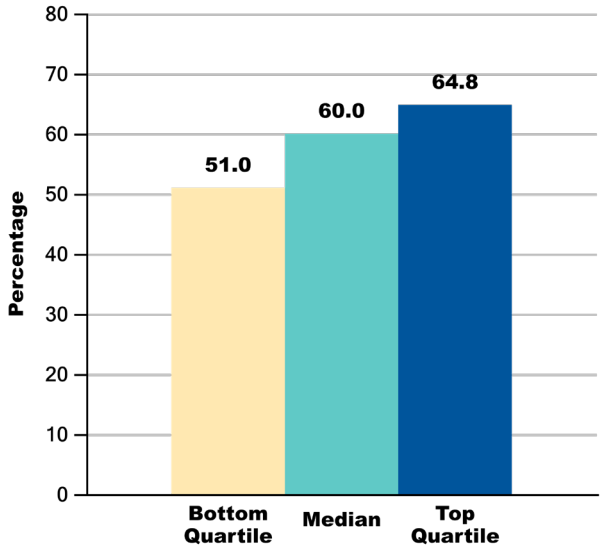
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
*Data displayed in this chart include adults ages 18 to 64 for 23 states and age 18 and older for 17 states.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Controlling High Blood Pressure

High blood pressure, or hypertension, increases the risk of heart disease and stroke, which are the leading causes of death in the United States. Controlling high blood pressure is an important step in preventing heart attacks, strokes, and kidney disease, and in reducing the risk of developing other serious conditions. This measure assesses the percentage of Medicaid beneficiaries who had a diagnosis of hypertension and whose blood pressure was adequately controlled.

Percentage of Adults* who had a Diagnosis of Hypertension and whose Blood Pressure was Adequately Controlled, FFY 2019 (n = 32 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: This measure shows the percentage of adults ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year. Specifications for this measure changed substantially for FFY 2019 and rates are not comparable with rates reported for previous years. This chart excludes Arkansas and Colorado, which calculated the measure but did not use Adult Core Set specifications.

*Data displayed in this chart include adults ages 18 to 64 for 14 states and ages 18 to 85 for 18 states.

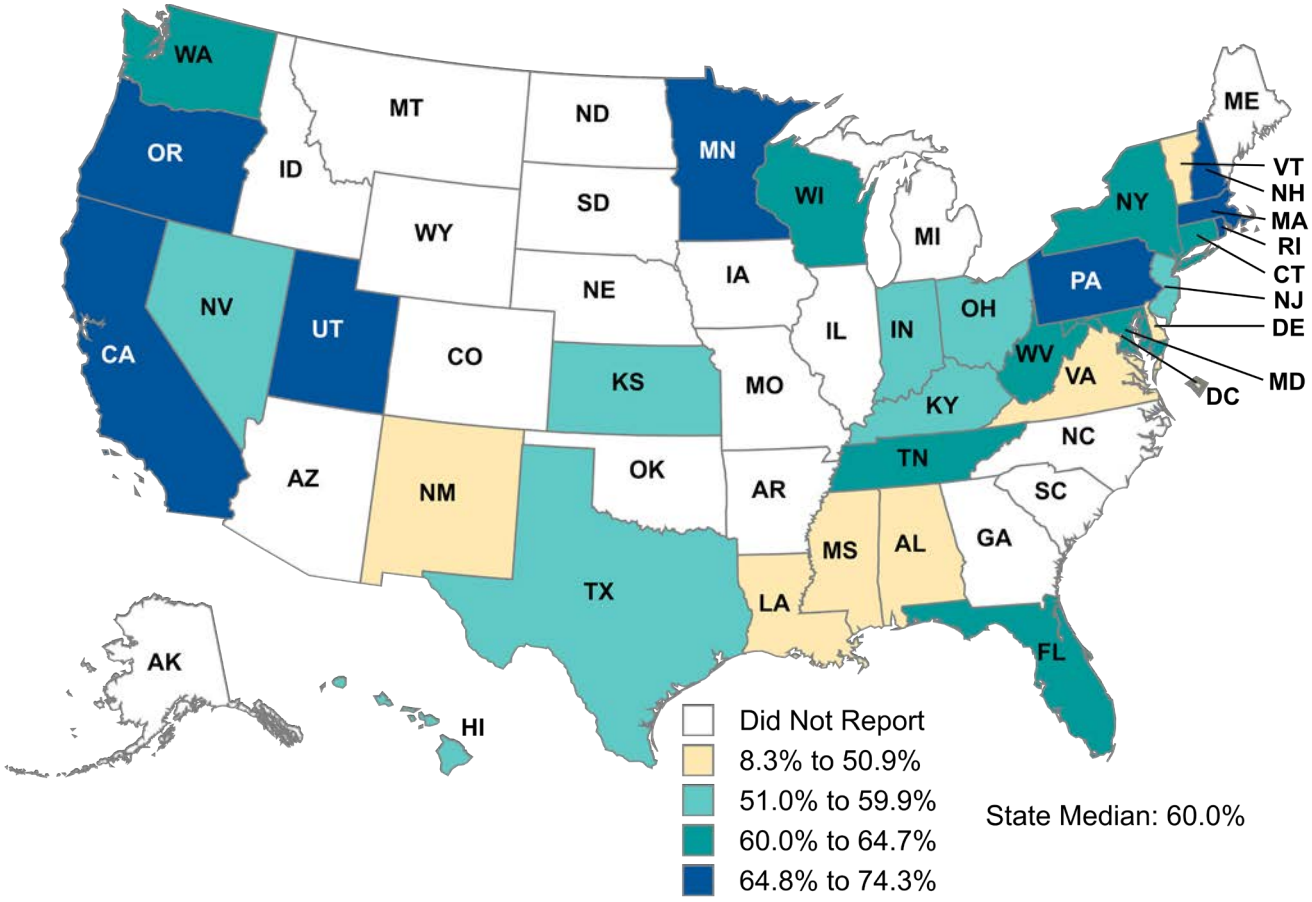
A median of

60 percent

of adults with hypertension had their blood pressure adequately controlled (32 states)

Controlling High Blood Pressure (continued)

Geographic Variation in the Percentage of Adults* who had a Diagnosis of Hypertension and whose Blood Pressure was Adequately Controlled, FFY 2019 (n = 32 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
Note: This chart excludes Arkansas and Colorado, which calculated the measure but did not use Adult Core Set specifications.
*Data displayed in this chart include adults ages 18 to 64 for 14 states and ages 18 to 85 for 18 states.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

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, and monitoring the effectiveness of that care.[1] For the purpose of the Adult Core Set, the term "behavioral health care" refers to treatment of mental health conditions and substance use disorders. 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.

Eight Adult Core Set measures of behavioral health care were available for analysis for FFY 2019.

- Antidepressant Medication Management
- Use of Opioids at High Dosage in Persons Without Cancer
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- Follow-Up After Hospitalization for Mental Illness: Age 18 and Older
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence[2]
- Follow-Up After Emergency Department Visit for Mental Illness[2]
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

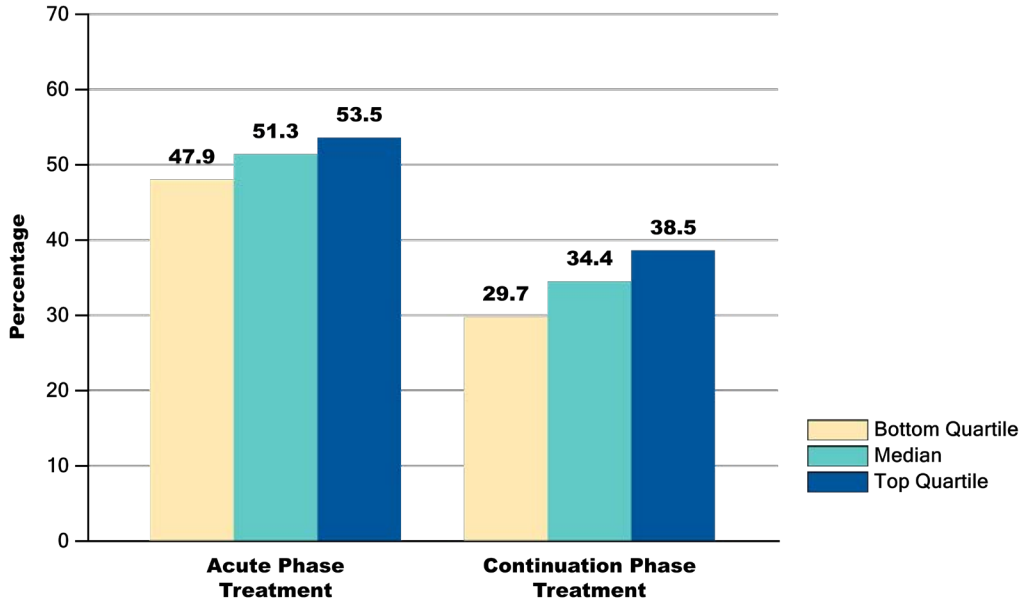
[1] https://www.medicaid.gov/medicaid/benefits/bhs/index.html

[2] The Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD) and the Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD) measures were previously included in the Adult Core Set as a single measure with different specifications.

Antidepressant Medication Management

Effective management of antidepressant medication is an important standard of care for patients receiving treatment for depression. When individuals are first diagnosed with major depression, medication may be prescribed either alone or in combination with psychotherapy. An initial course of medication treatment is recommended for 12 weeks to choose an effective regimen and observe a clinical response (acute phase). Continued treatment for at least six months is recommended to prevent relapse and to maintain functioning (continuation phase).

Percentage of Adults* with a Diagnosis of Major Depression who were Treated with and Remained on an Antidepressant Medication, FFY 2019 (n = 37 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: This measure shows the percentage of adults age 18 and older diagnosed with major depression who were treated with antidepressant medication and who remained on antidepressant medication treatment. Two rates are reported: (1) the percentage who remained on antidepressant medication treatment for the 12-week acute phase; and (2) the percentage who remained on antidepressant medication treatment for the 6-month continuation phase.

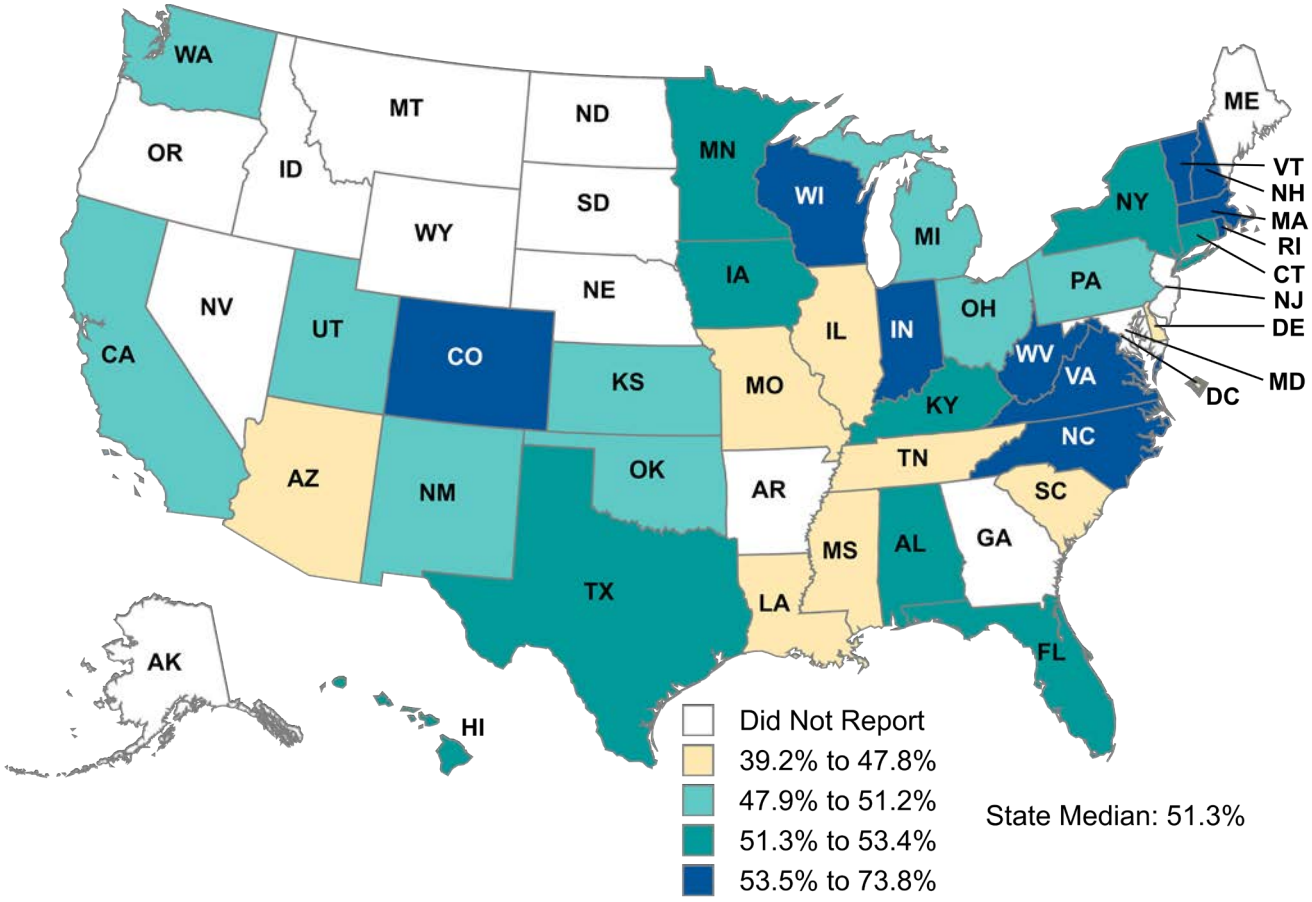
*Data displayed in this chart include adults ages 18 to 64 for 22 states and age 18 and older for 15 states.

A median of **51** percent of adults with a diagnosis of major depression who were treated with antidepressant medication remained on medication during the acute phase and **34** percent remained on medication during the continuation phase (37 states)

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Antidepressant Medication Management: Acute Phase Treatment (continued)

Geographic Variation in the Percentage of Adults* with a Diagnosis of Major Depression who were Treated with and Remained on an Antidepressant Medication for the Acute Phase (12 Weeks), FFY 2019 (n = 37 states)

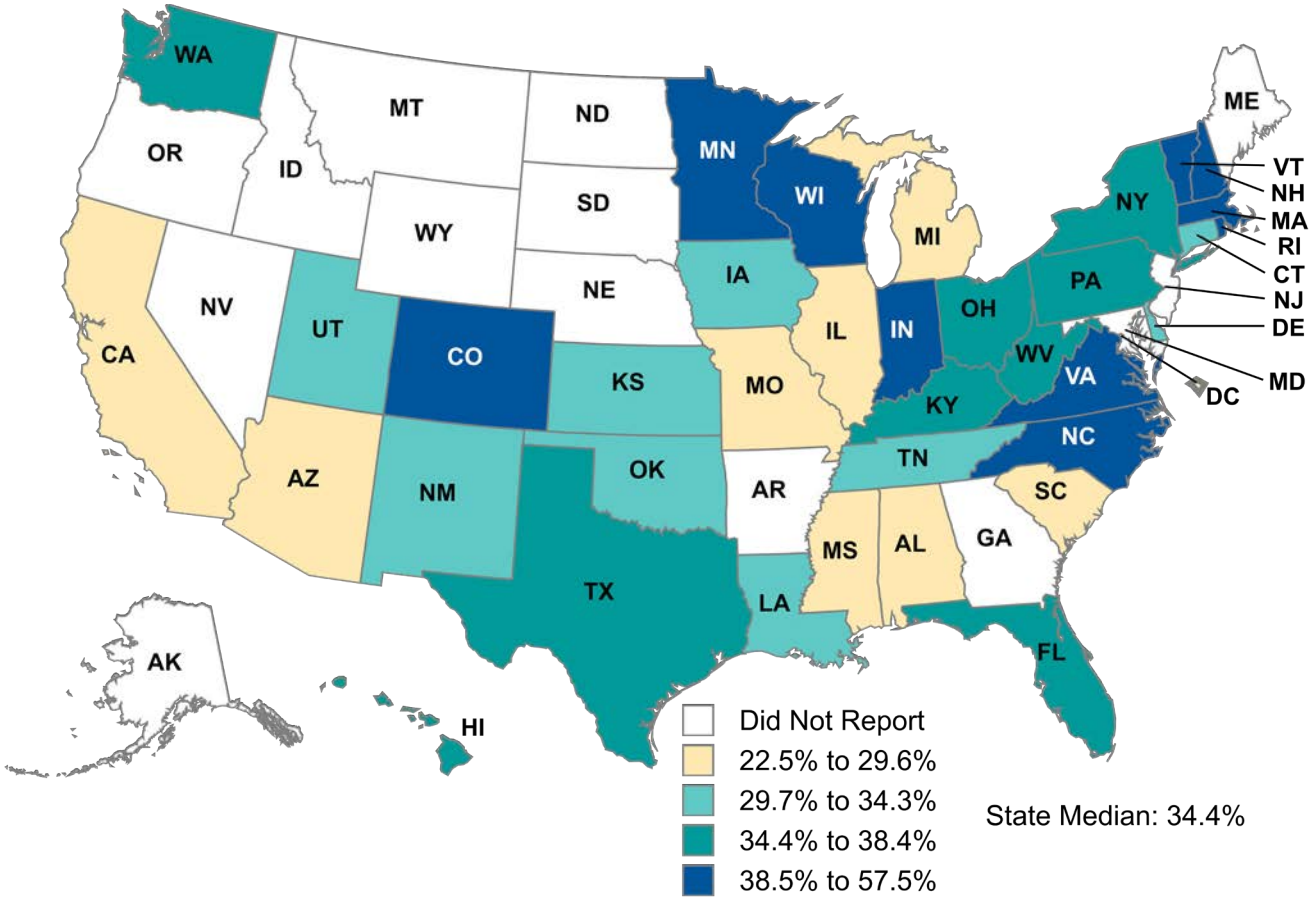


Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
*Data displayed in this chart include adults ages 18 to 64 for 22 states and age 18 and older for 15 states.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Antidepressant Medication Management: Continuation Phase Treatment (continued)

Geographic Variation in the Percentage of Adults* with a Diagnosis of Major Depression who were Treated with and Remained on an Antidepressant Medication for the Continuation Phase (6 Months), FFY 2019 (n = 37 states)



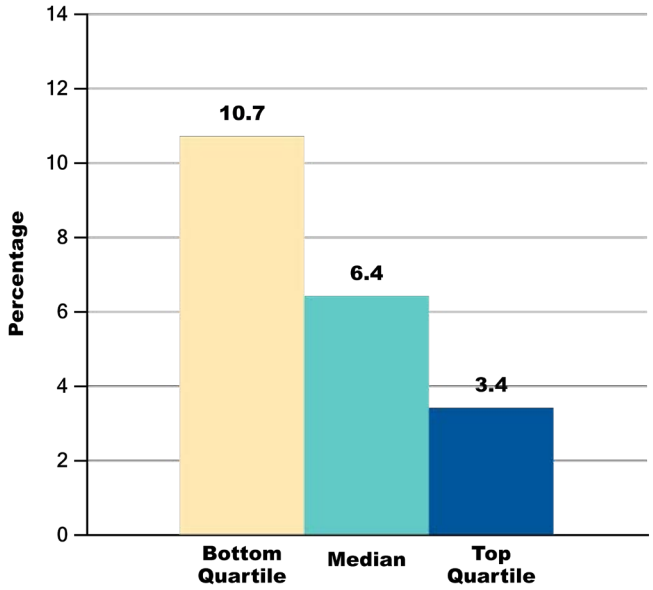
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
*Data displayed in this chart include adults ages 18 to 64 for 22 states and age 18 and older for 15 states.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Use of Opioids at High Dosage in Persons Without Cancer

Inappropriate prescribing and overuse of opioids is linked to an increased risk of morbidity and mortality. The Centers for Disease Control and Prevention recommends that clinicians prescribe opioids at the lowest effective dosage, consider individual benefits and risks when increasing dosage, and avoid increasing dosage to greater than or equal to 90 morphine milligram equivalents (MME) per day. Performance on this measure is being publicly reported for the first time for FFY 2019.

Percentage of Adults Without Cancer with Two or More Opioid Prescription Claims with an Average Daily Dosage Greater than or Equal to 90 MME Over 90 Consecutive Days or More, FFY 2019 (n = 26 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: This measure shows the percentage of adults age 18 and older with two or more opioid prescription claims with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more during the measurement year. Beneficiaries with a cancer diagnosis or in hospice are excluded. Specifications for this measure changed substantially for FFY 2019 and rates are not comparable with rates for previous years. This chart excludes Colorado, Kansas, New Jersey, New York, Ohio, and Pennsylvania, which calculated the measure but did not use Adult Core Set specifications.

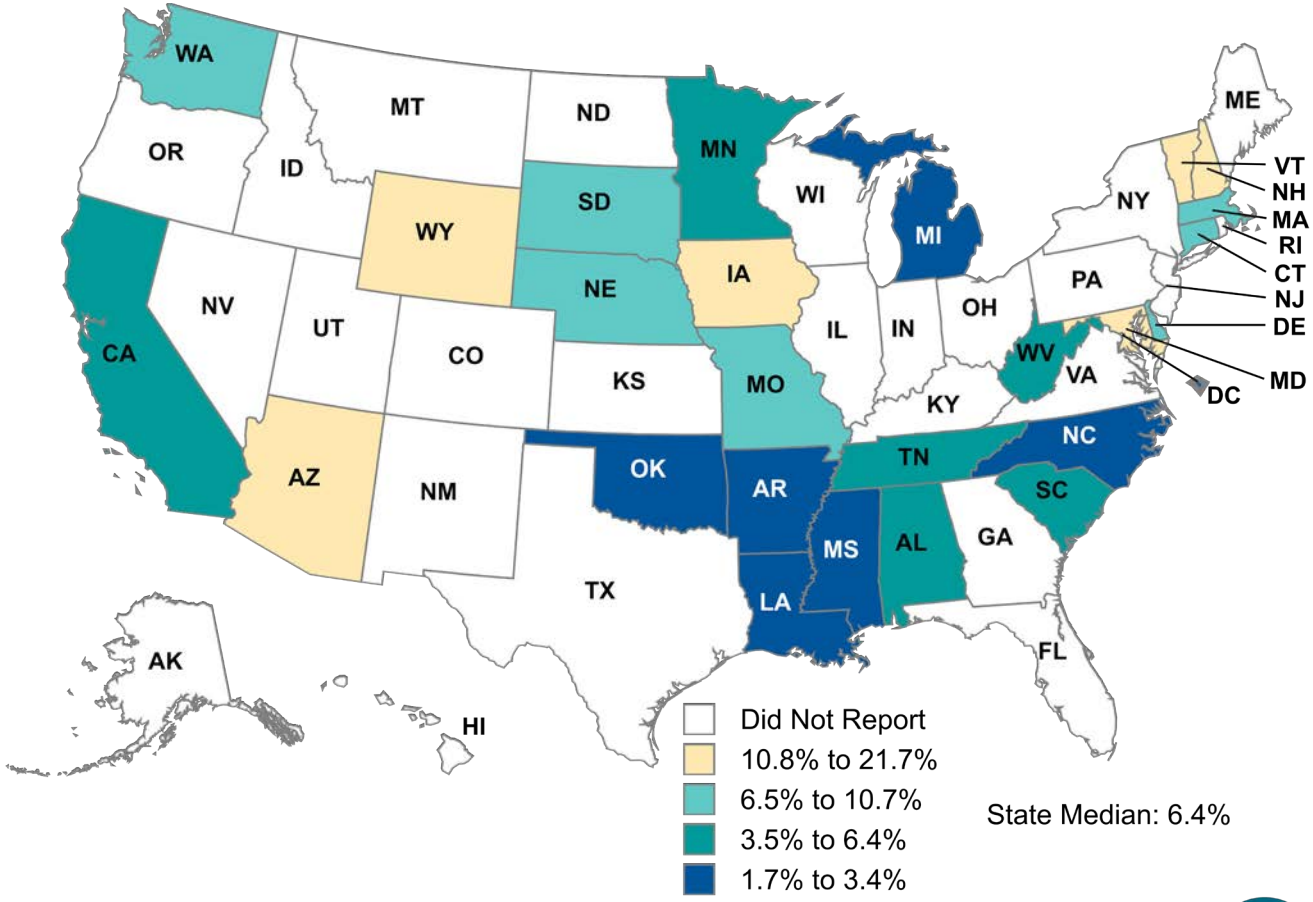
A median of

6 percent

of adults received prescriptions for opioids with an average daily dosage greater than or equal to 90 MME over a period of 90 consecutive days or more (26 states)

Use of Opioids at High Dosage in Persons Without Cancer (continued)

Geographic Variation in the Percentage of Adults Without Cancer with Two or More Opioid Prescription Claims with an Average Daily Dosage Greater than or Equal to 90 Morphine Milligram Equivalents Over 90 Consecutive Days or More, FFY 2019 (n = 26 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

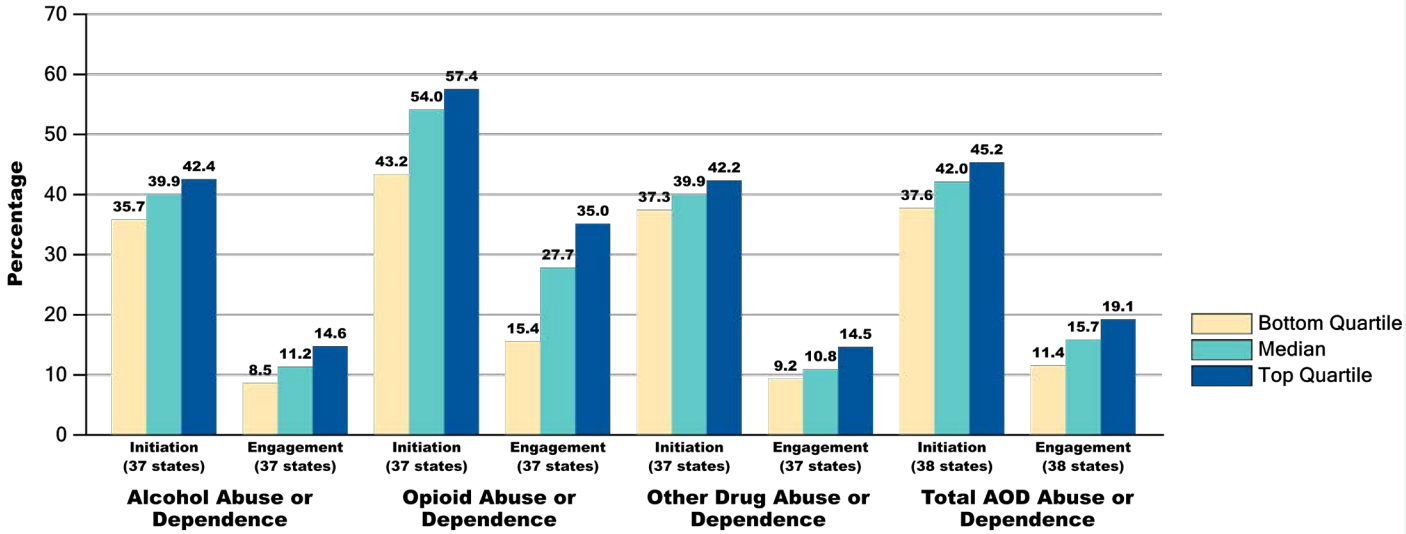
Note: This chart excludes Colorado, Kansas, New Jersey, New York, Ohio, and Pennsylvania, which calculated the measure but did not use Adult Core Set specifications.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

Treatment for alcohol or other drug (AOD) abuse or dependence can improve health, productivity, and social outcomes, and can save millions of dollars on health care and related costs. This measure shows how often beneficiaries with newly-diagnosed AOD dependence initiated timely treatment (within 14 days of diagnosis), and then continued that treatment (two or more additional services or medication treatment within 34 days of the initiation visit).

Percentage of Adults Age 18 and Older with a New Episode of Alcohol or Other Drug Abuse or Dependence who: (1) Initiated Treatment within 14 Days of Diagnosis, and (2) Initiated Treatment and Had Two or More Additional Services or Medication Treatment within 34 Days of the Initiation Visit, FFY 2019



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: This measure shows the percentage of adults age 18 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who: (1) initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis (initiation rate); and (2) initiated treatment and who had two or more additional AOD services or medication treatment within 34 days of the initiation visit (engagement rate).

*Data displayed in this chart include adults ages 18 to 64 for 27 states and age 18 and older for 11 states.

A median of

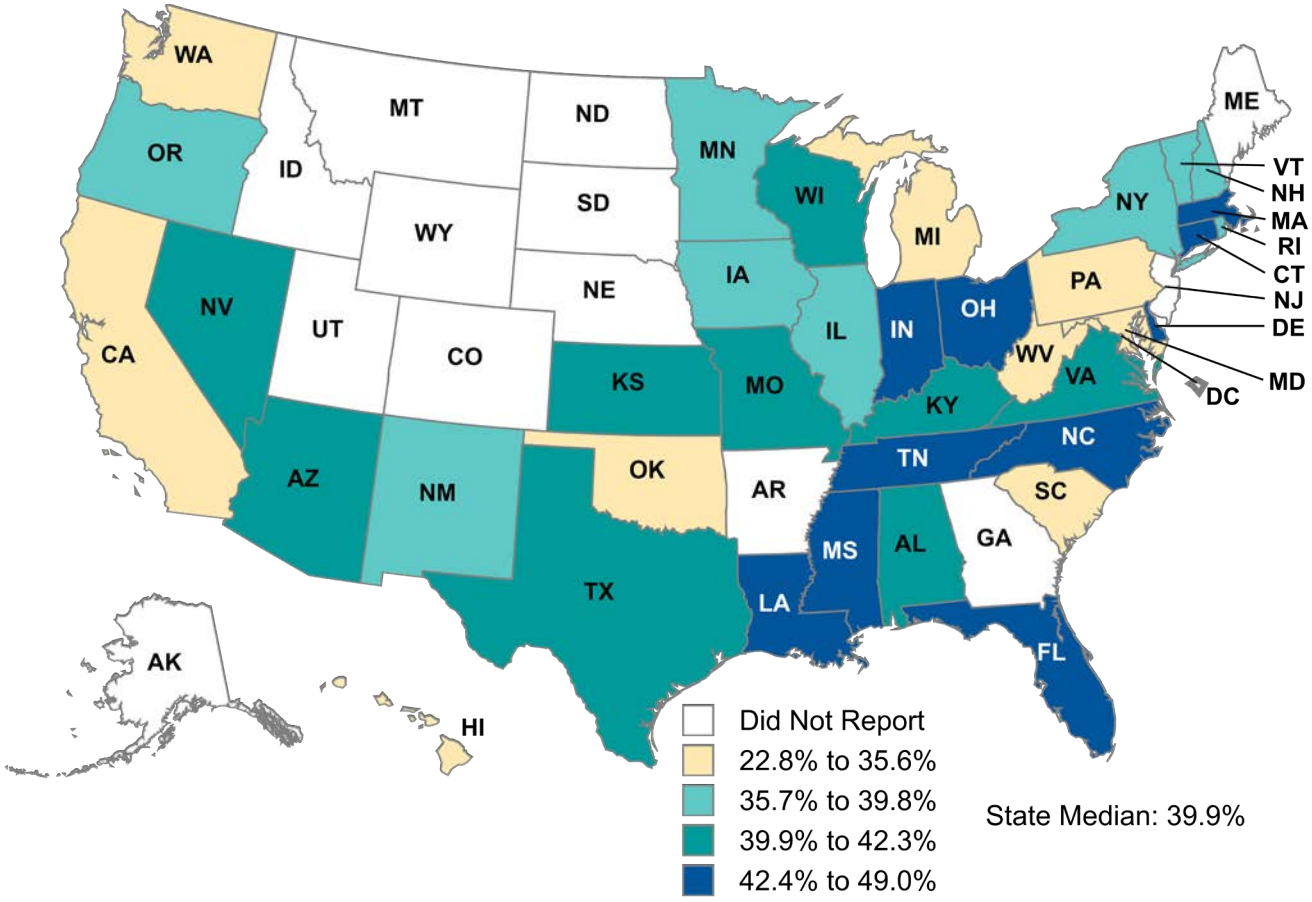
42 percent

of adults with alcohol or other drug abuse or dependence initiated treatment within 14 days of diagnosis (38 states)

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Initiation of Alcohol Abuse or Dependence Treatment (continued)

Geographic Variation in the Percentage of Adults* with a New Episode of Alcohol Abuse or Dependence Who Initiated Treatment within 14 Days, FFY 2019 (n = 37 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

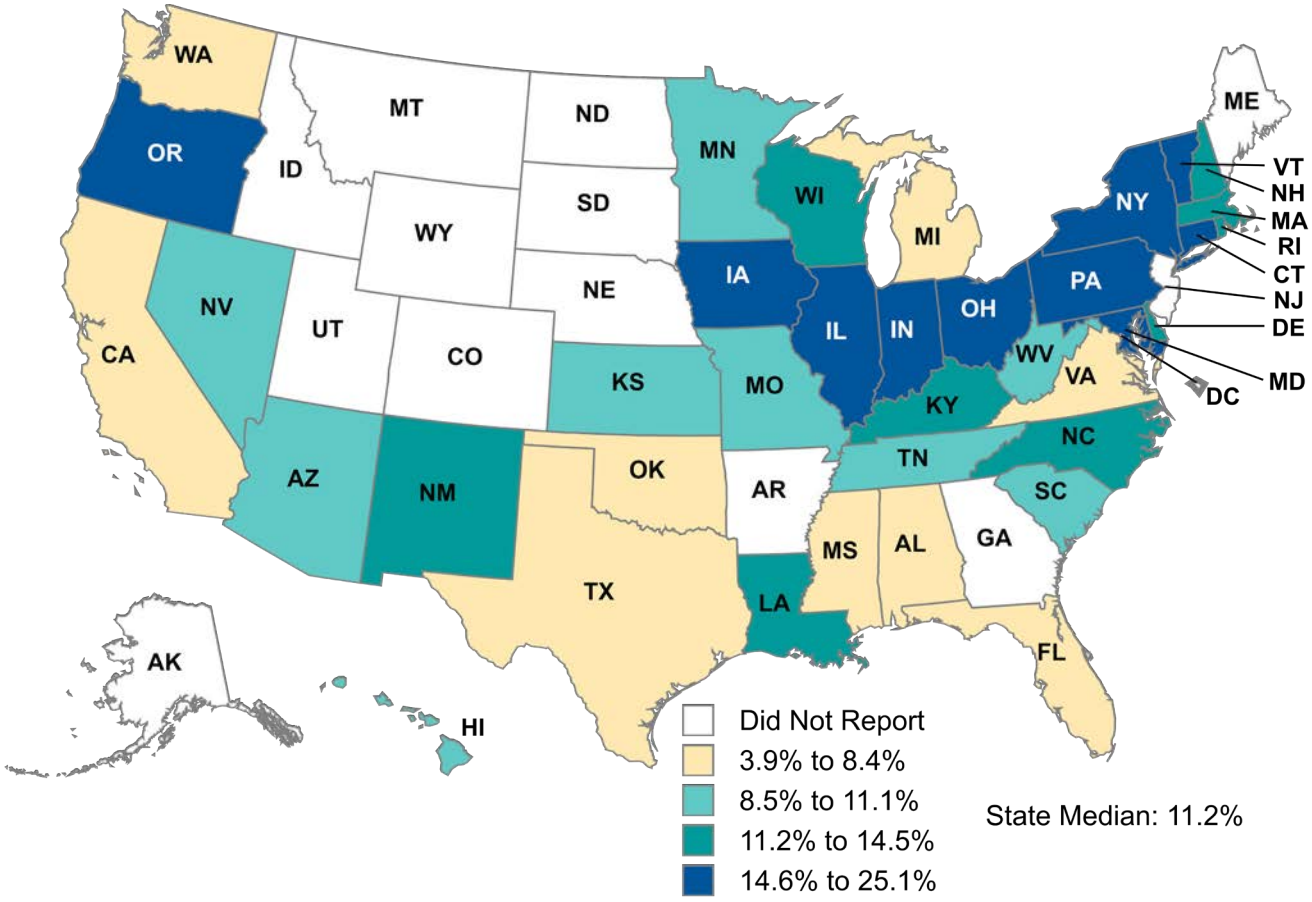
Note: This chart excludes Colorado, which reported the measure but did not provide data for the Initiation of Alcohol Abuse or Dependence Treatment rate.

*Data displayed in this chart include adults ages 18 to 64 for 27 states and age 18 and older for 10 states.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Engagement of Alcohol Abuse or Dependence Treatment (continued)

Geographic Variation in the Percentage of Adults* with a New Episode of Alcohol Abuse or Dependence Who Initiated Treatment and Had Two or More Additional Services or Medication Treatment within 34 Days, FFY 2019 (n = 37 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

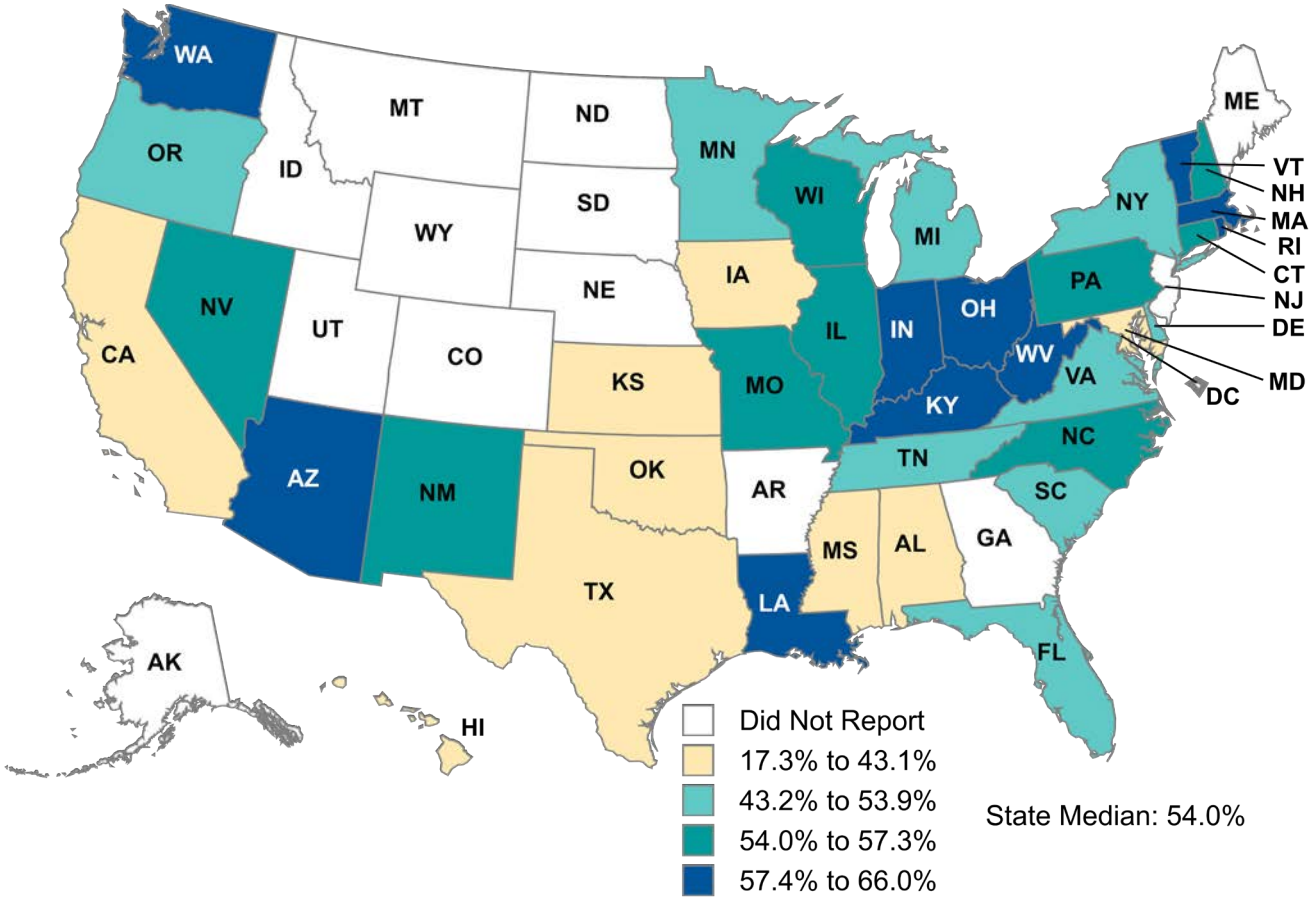
Note: This chart excludes Colorado, which reported the measure but did not provide data for the Engagement of Alcohol Abuse or Dependence Treatment rate.

*Data displayed in this chart include adults ages 18 to 64 for 27 states and age 18 and older for 10 states.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Initiation of Opioid Abuse or Dependence Treatment (continued)

Geographic Variation in Percentage of Adults* with a New Episode of Opioid Abuse or Dependence Who Initiated Treatment within 14 Days, FFY 2019 (n = 37 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

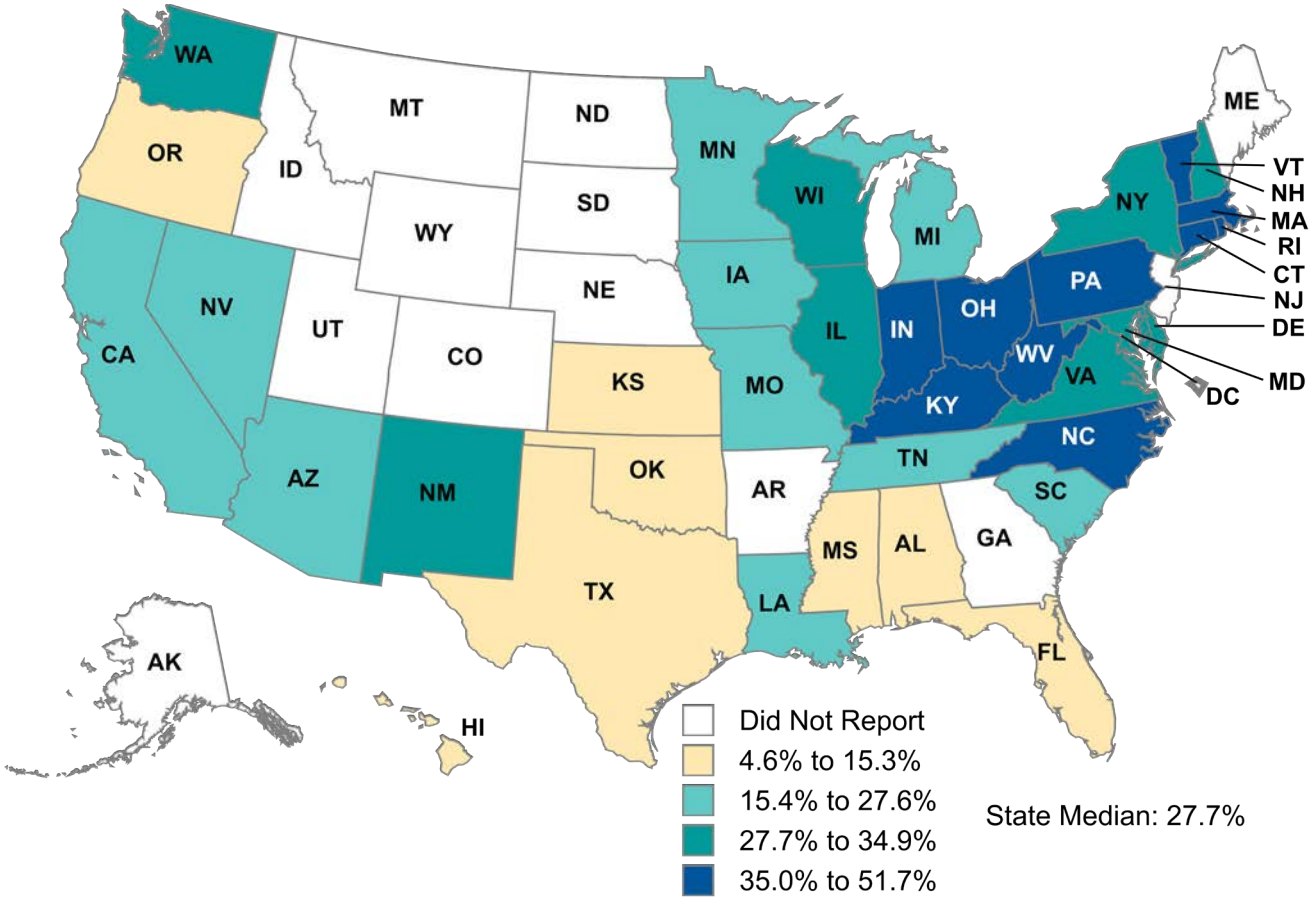
Note: This chart excludes Colorado, which reported the measure but did not provide data for the Initiation of Opioid Abuse or Dependence Treatment rate.

*Data displayed in this chart include adults ages 18 to 64 for 27 states and age 18 and older for 10 states.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Engagement of Opioid Abuse or Dependence Treatment (continued)

Geographic Variation in the Percentage of Adults* with a New Episode of Opioid Abuse or Dependence Who Initiated Treatment and Had Two or More Additional Services or Medication Treatment within 34 Days, FFY 2019 (n = 37 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

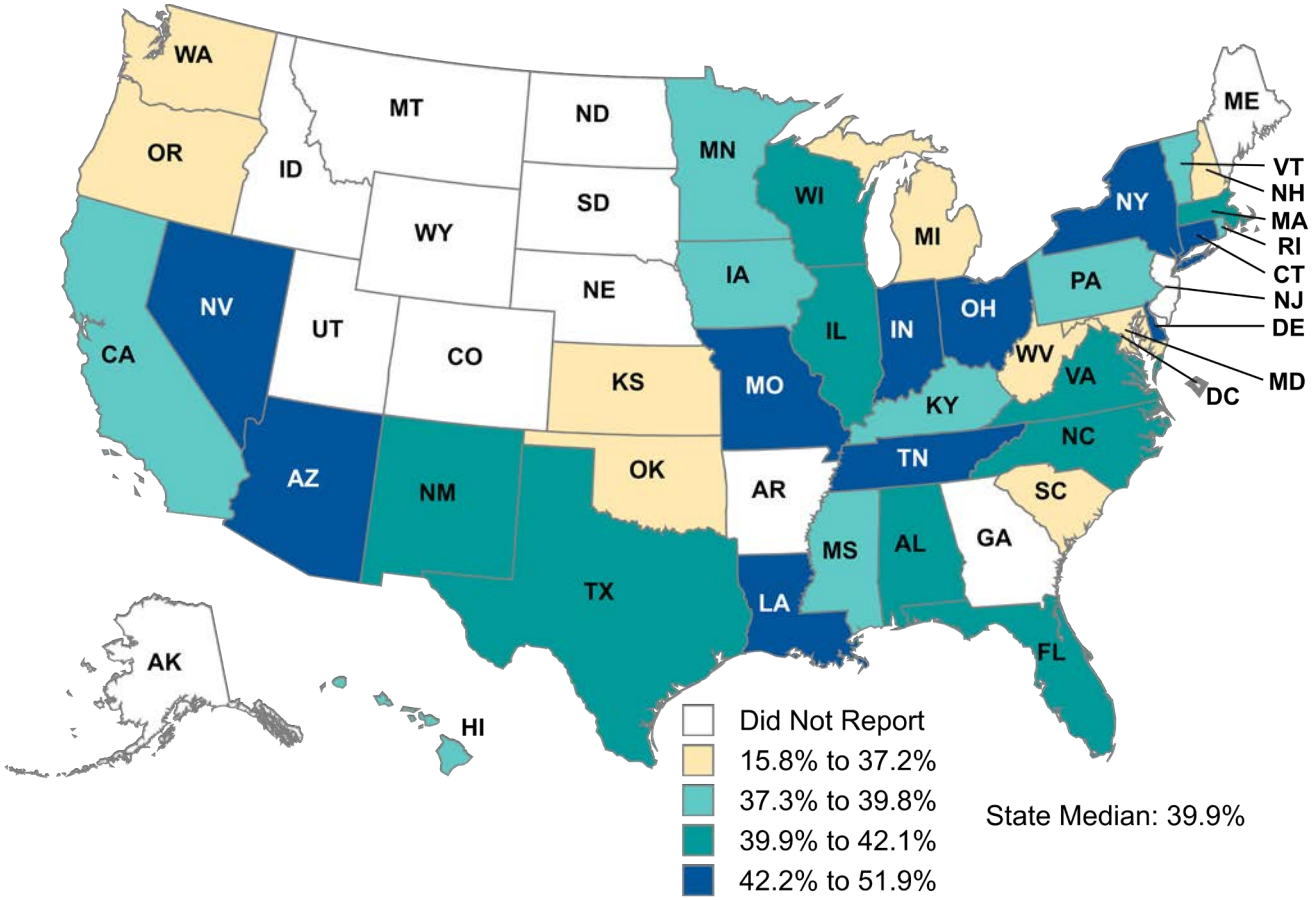
Note: This chart excludes Colorado, which reported the measure but did not provide data for the Engagement of Opioid Abuse or Dependence Treatment rate.

*Data displayed in this chart include adults ages 18 to 64 for 27 states and age 18 and older for 10 states.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Initiation of Other Drug Abuse or Dependence Treatment (continued)

Geographic Variation in Percentage of Adults* with a New Episode of Other Drug Abuse or Dependence Who Initiated Treatment within 14 Days, FFY 2019 (n = 37 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

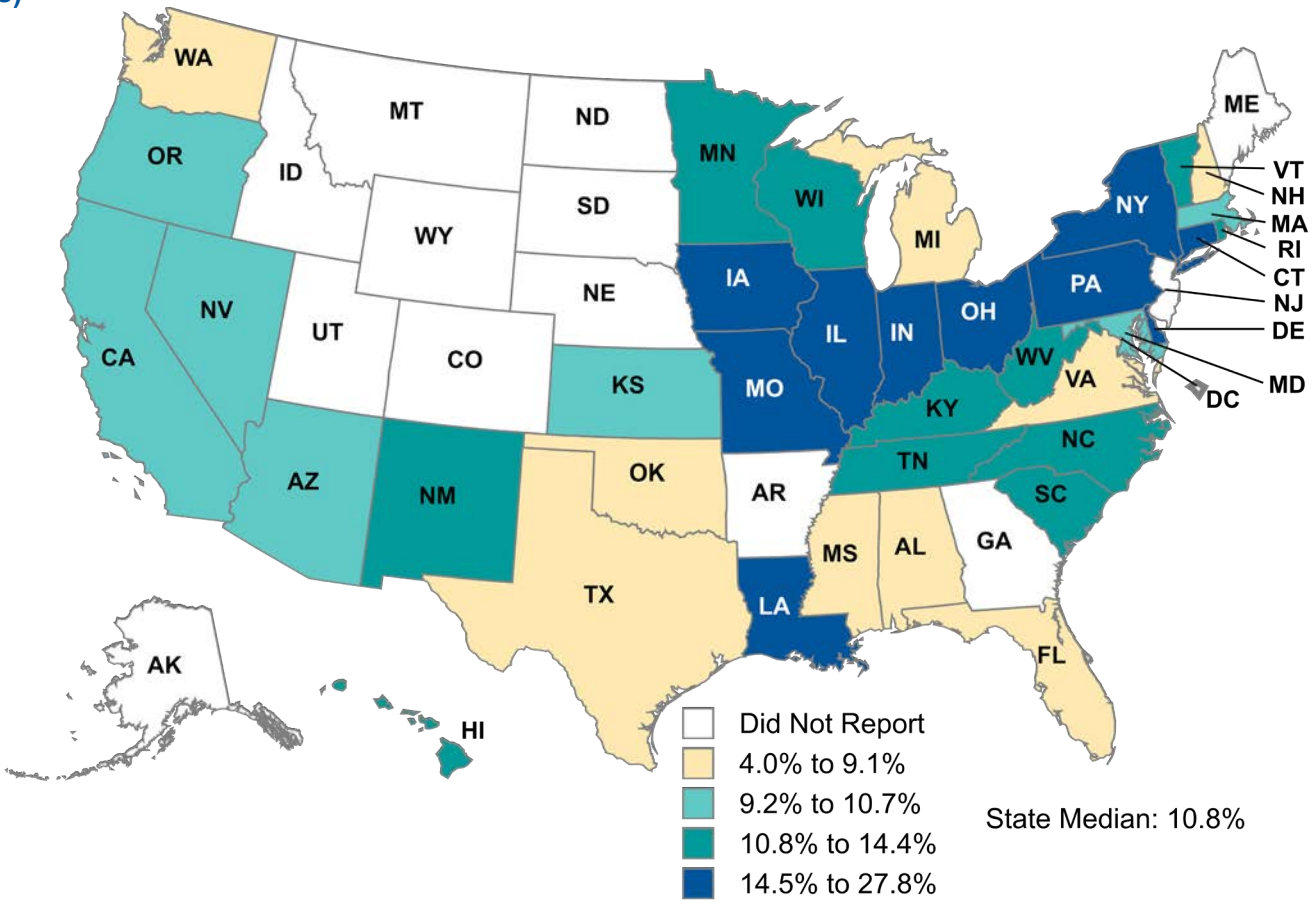
Note: This chart excludes Colorado, which reported the measure but did not provide data for the Initiation of Other Drug Abuse or Dependence Treatment rate.

*Data displayed in this chart include adults ages 18 to 64 for 27 states and age 18 and older for 10 states.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Engagement of Other Drug Abuse or Dependence Treatment (continued)

Geographic Variation in the Percentage of Adults* with a New Episode of Other Drug Abuse or Dependence Who Initiated Treatment and Had Two or More Additional Services or Medication Treatment within 34 Days, FFY 2019 (n = 37 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020

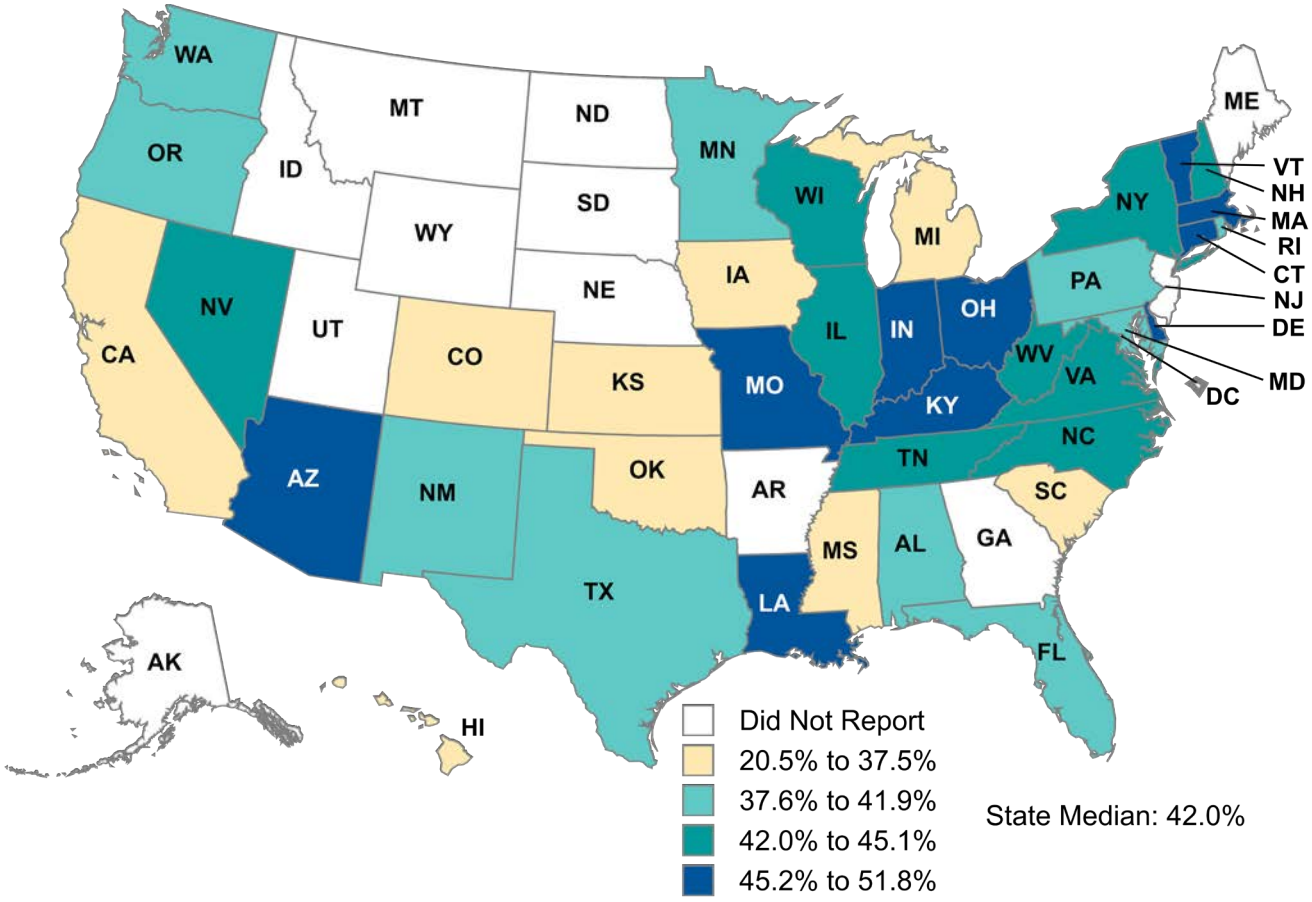
Note: This chart excludes Colorado, which reported the measure but did not provide data for the Engagement of Other Drug Abuse or Dependence Treatment rate.

*Data displayed in this chart include adults ages 18 to 64 for 27 states and age 18 and older for 10 states.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Initiation of Alcohol or Other Drug Abuse or Dependence Treatment: Total Rate (continued)

Geographic Variation in the Percentage of Adults* with a New Episode of Alcohol or Other Drug Abuse or Dependence Who Initiated Treatment within 14 Days (Total Rate), FFY 2019 (n = 38 states)

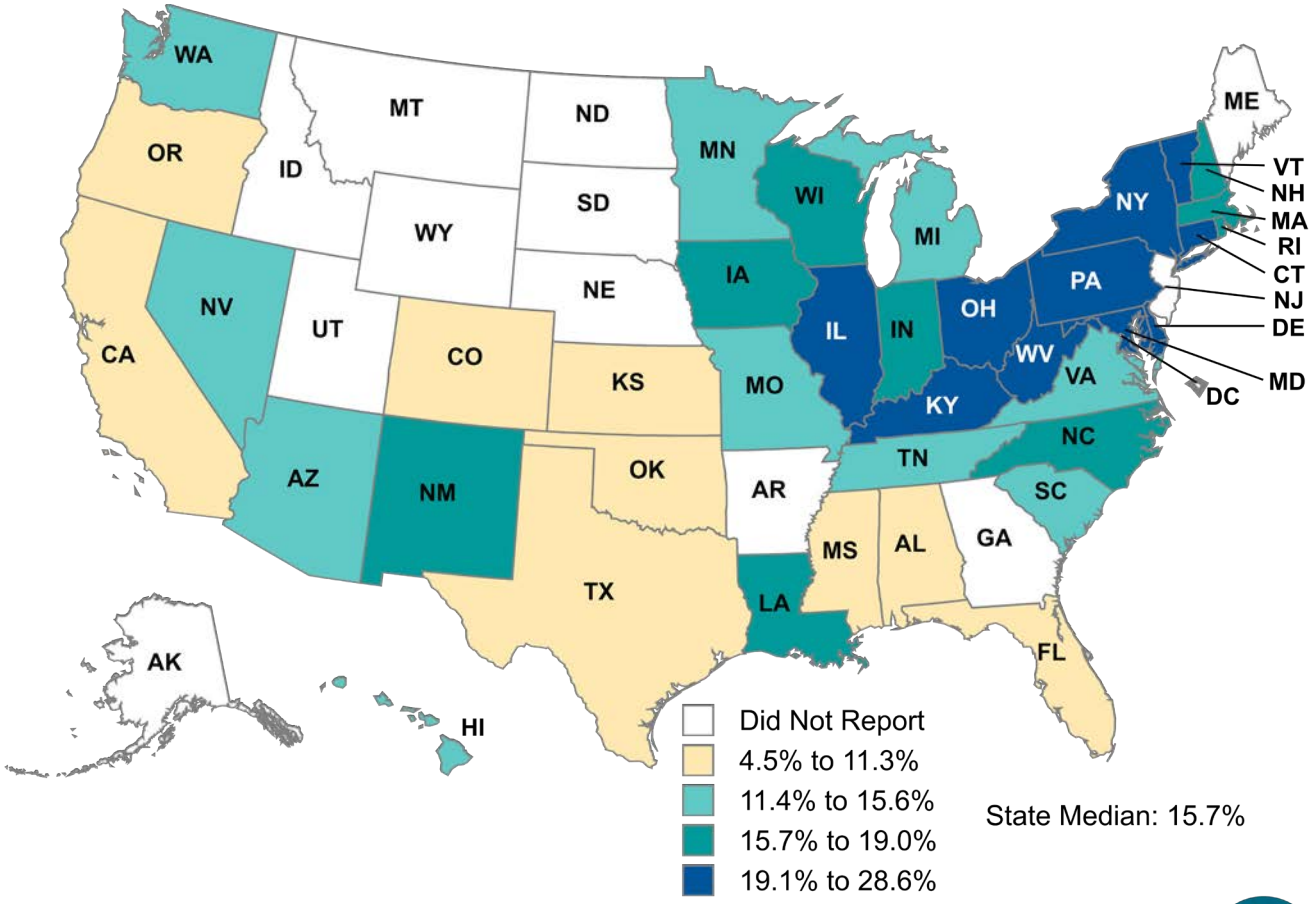


Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
*Data displayed in this chart include adults ages 18 to 64 for 28 states and age 18 and older for 10 states.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Engagement of Alcohol or Other Drug Abuse or Dependence Treatment: Total Rate (continued)

Geographic Variation in the Percentage of Adults* with a New Episode of Alcohol or Other Drug Abuse or Dependence Who Initiated Treatment and Had Two or More Additional Services or Medication Treatment within 34 Days (Total Rate), FFY 2019 (n = 38 states)



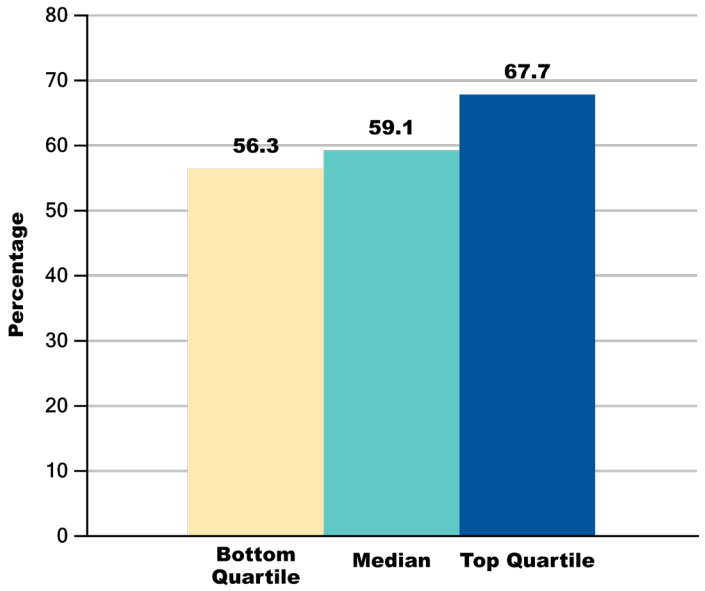
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
*Data displayed in this chart include adults ages 18 to 64 for 28 states and age 18 and older for 10 states.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Adherence to Antipsychotic Medications for Individuals with Schizophrenia

Adherence to antipsychotics for the treatment of schizophrenia can reduce the risk of relapse or hospitalization. This measure shows the percentage of Medicaid beneficiaries with schizophrenia or schizoaffective disorder who remained on an antipsychotic medication for at least 80 percent of their treatment period.

Percentage of Adults Ages 19 to 64 with Schizophrenia or Schizoaffective Disorder who were Dispensed and Remained on an Antipsychotic Medication for at Least 80 Percent of their Treatment Period, FFY 2019 (n = 37 states)



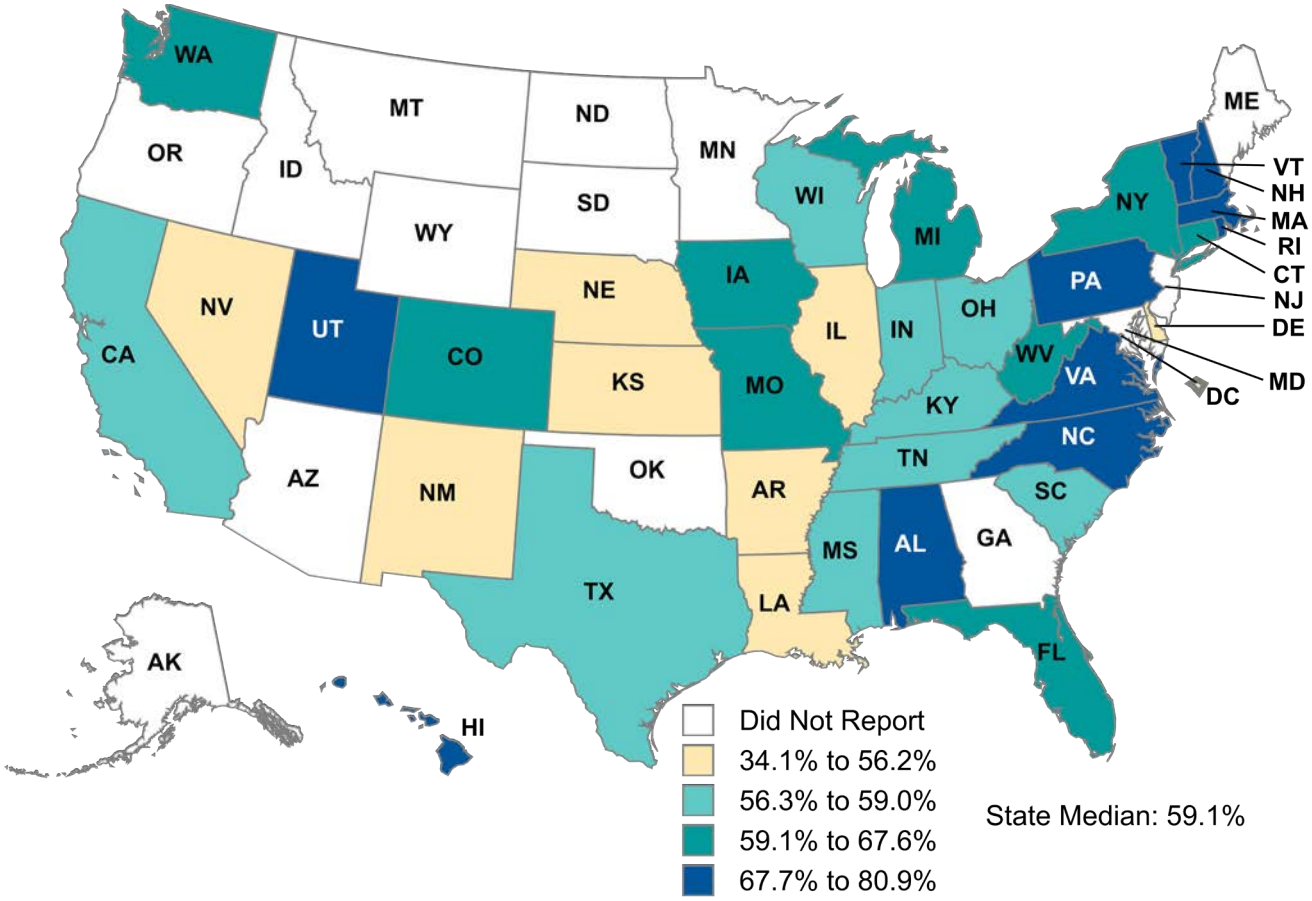
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
Note: This measure shows the percentage of adults ages 19 to 64 with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period during the measurement year.

A median of **59** percent of adults ages 19 to 64 with schizophrenia or schizoaffective disorder remained on an antipsychotic medication for at least 80 percent of their treatment period (37 states)

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (continued)

Geographic Variation in the Percentage of Adults Ages 19 to 64 with Schizophrenia or Schizoaffective Disorder who were Dispensed and Remained on an Antipsychotic Medication for at Least 80 Percent of their Treatment Period, FFY 2019 (n = 37 states)



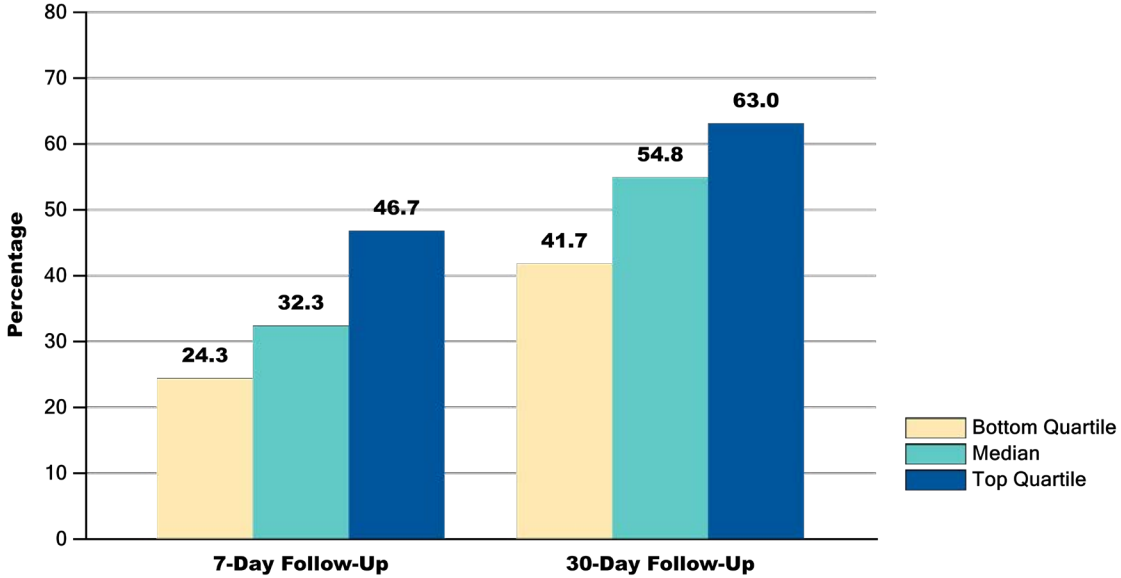
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Follow-Up After Hospitalization for Mental Illness: Age 18 and Older

Follow-up care after hospitalization for mental illness or intentional self-harm helps improve health outcomes and prevent readmissions in the days following discharge from inpatient mental health treatment. Recommended post-discharge treatment includes a visit with an outpatient mental health practitioner within 30 days of discharge and ideally, within 7 days of discharge.

Percentage of Discharges for Adults Age 18 and Older Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit with a Mental Health Practitioner within 7 and 30 Days After Discharge, FFY 2019 (n = 42 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: This measure shows the percentage of discharges for adults age 18 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses who had a follow-up visit with a mental health practitioner. Two rates are reported: (1) the percentage of discharges for which the beneficiary received follow-up within 7 days after discharge; and (2) the percentage of discharges for which the beneficiary received follow-up within 30 days after discharge. Specifications for this measure changed substantially for FFY 2019, and rates are not comparable with rates reported for previous years. This chart excludes New York and Oregon, which calculated the measure but did not use Adult Core Set specifications.

A median of

32 percent

of adults who were hospitalized for mental illness or intentional self-harm had a follow-up visit within 7 days after discharge and

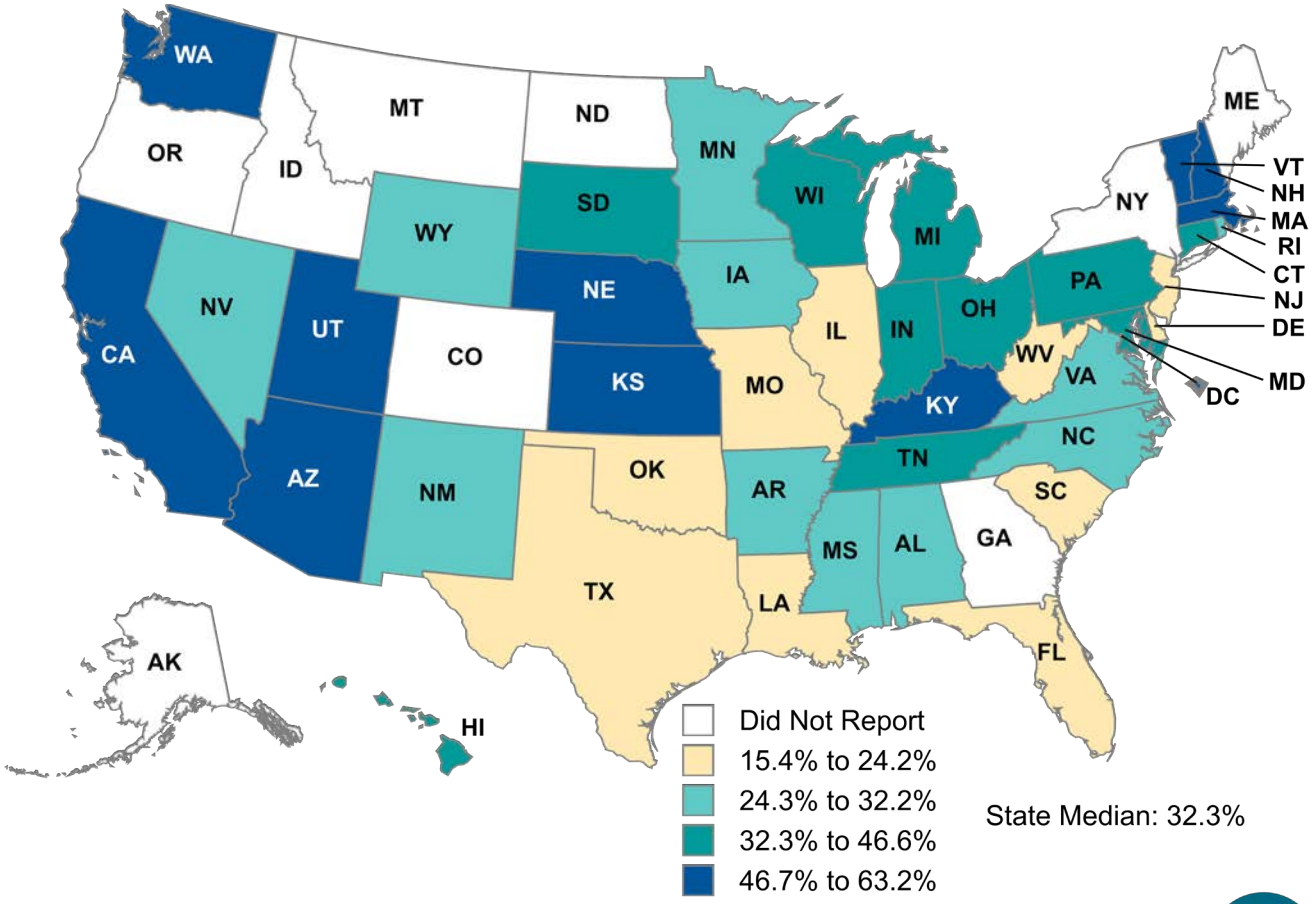
55 percent

had a follow-up visit within 30 days after discharge (42 states)

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Follow-Up After Hospitalization for Mental Illness Within 7 Days After Discharge (continued)

Geographic Variation in the Percentage of Discharges for Adults Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit with a Mental Health Practitioner within 7 Days After Discharge, FFY 2019 (n = 42 states)

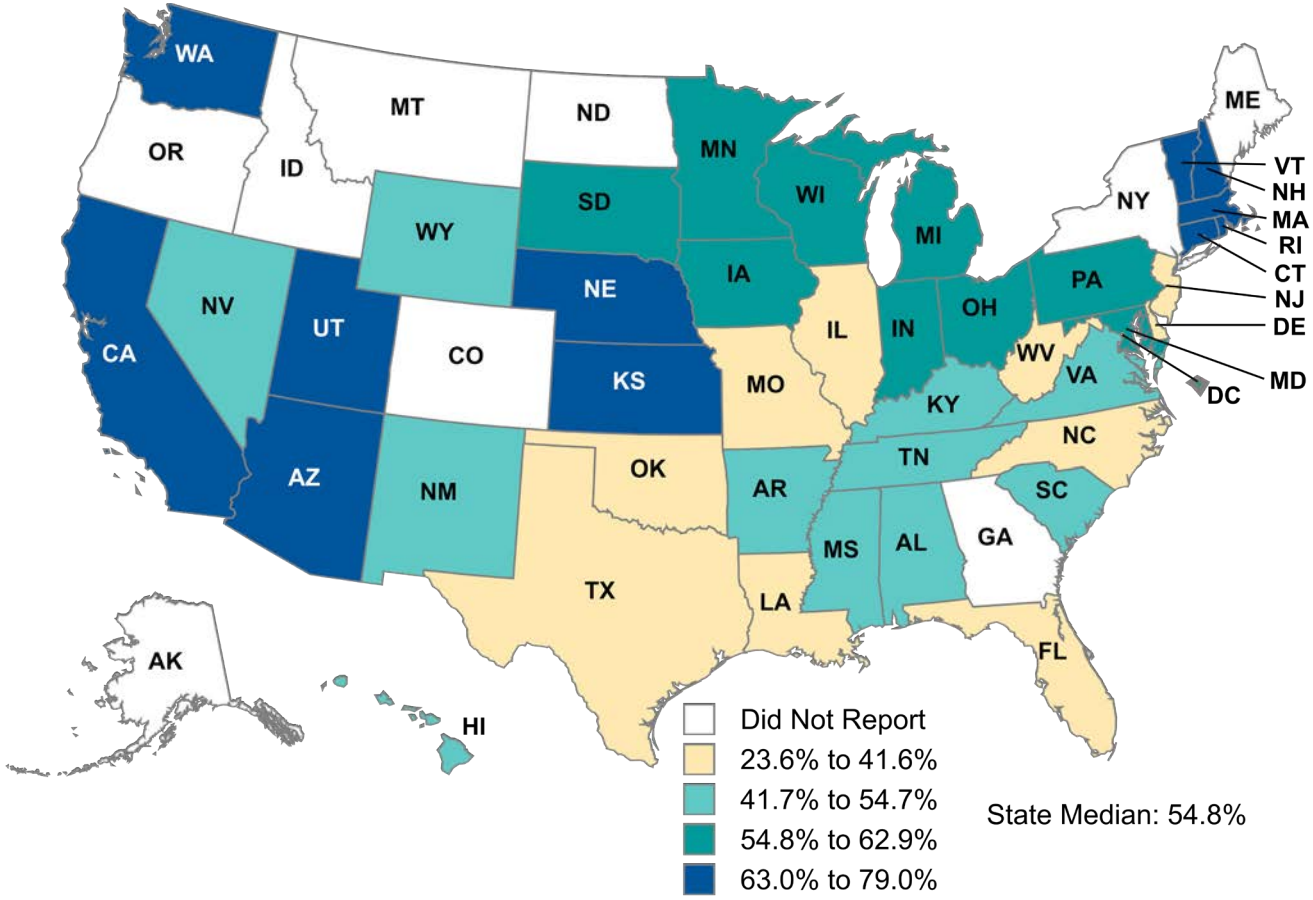


Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
Note: This chart excludes New York and Oregon, which calculated the measure but did not use Adult Core Set specifications.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Follow-Up After Hospitalization for Mental Illness Within 30 Days After Discharge (continued)

Geographic Variation in the Percentage of Discharges for Adults Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit with a Mental Health Practitioner within 30 Days After Discharge, FFY 2019 (n = 42 states)



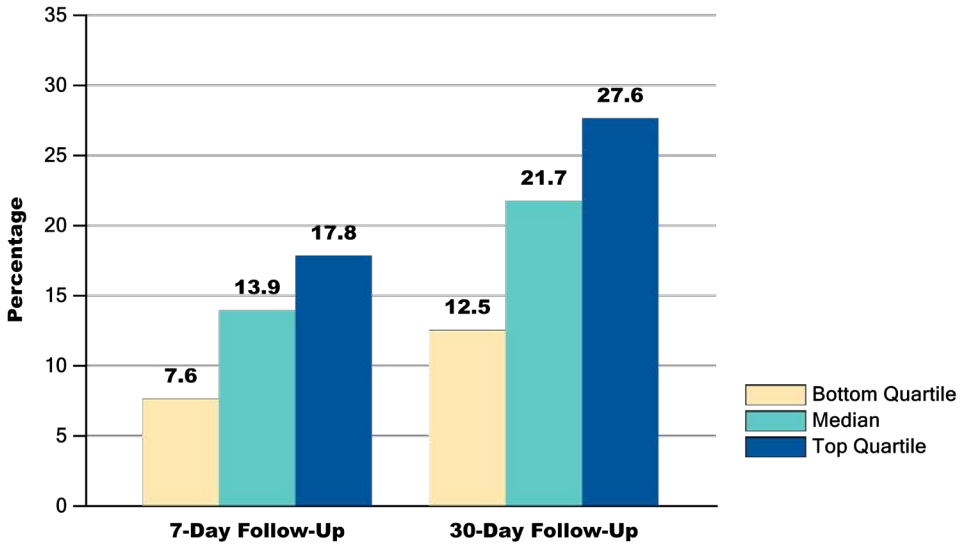
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
Note: This chart excludes New York and Oregon, which calculated the measure but did not use Adult Core Set specifications.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

Timely follow-up care after an emergency department (ED) visit for alcohol or other drug (AOD) abuse or dependence may reduce repeat ED visits, prevent hospital admissions, and improve health outcomes. The period immediately after the ED visit is important for engaging individuals in substance use treatment and establishing continuity of care. This measure shows the percentage of beneficiaries who had a follow-up visit with any practitioner within 7 and 30 days of an ED visit for AOD abuse or dependence.

Percentage of Emergency Department (ED) Visits for Adults* Age 18 and Older who had a Principal Diagnosis of Alcohol and Other Drug (AOD) Abuse or Dependence with a Follow-Up Visit within 7 Days and 30 Days of the ED Visit, FFY 2019 (n = 36 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: This measure shows the percentage of emergency department (ED) visits for adults age 18 and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence that had a follow-up visit for AOD abuse or dependence. Two rates are reported: (1) the percentage of ED visits for which the beneficiary had a follow-up visit for AOD abuse or dependence within 7 days of the ED visit; and (2) the percentage of ED visits for which the beneficiary had a follow-up visit for AOD abuse or dependence within 30 days of the ED visit. This measure was previously combined with the Follow-Up After ED Visit for Mental Illness measure. Specifications for this measure changed substantially for FFY 2019, and rates are not comparable with rates reported for previous years.

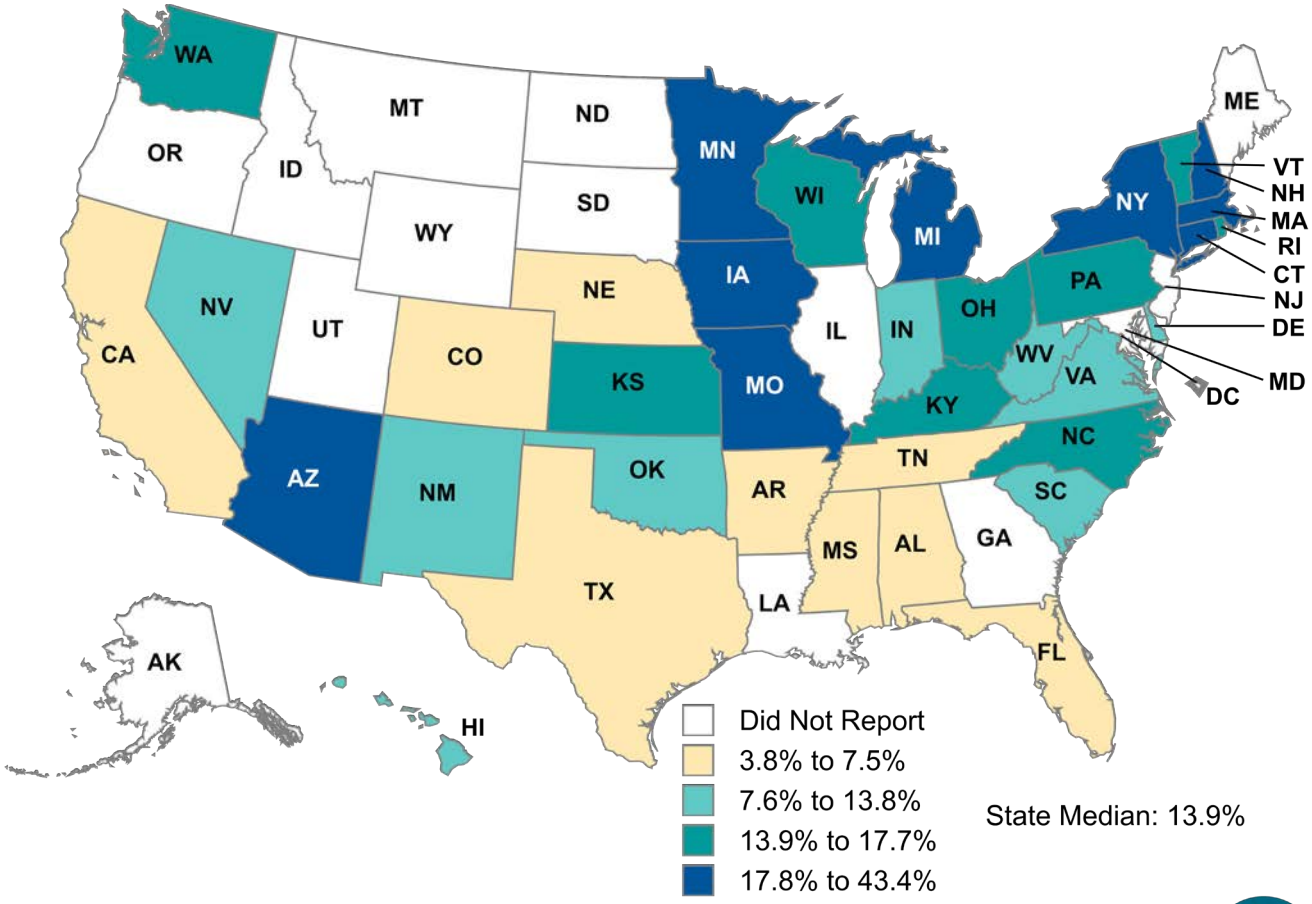
*Data displayed in this chart include adults ages 18 to 64 for 24 states and age 18 and older for 12 states.

A median of **14** percent of ED visits for adults with a diagnosis of AOD abuse or dependence had a follow-up visit within 7 days and **22** percent had a follow-up visit within 30 days (36 states)

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Follow-up after Emergency Department (ED) Visit for Alcohol and Other Drug Abuse or Dependence Within 7 Days of the ED Visit (continued)

Geographic Variation in the Percentage of Emergency Department (ED) Visits for Adults* Age 18 and Older who had a Principal Diagnosis of Alcohol and Other Drug (AOD) Abuse or Dependence with a Follow-Up Visit within 7 Days of the ED Visit, FFY 2019 (n = 36 states)

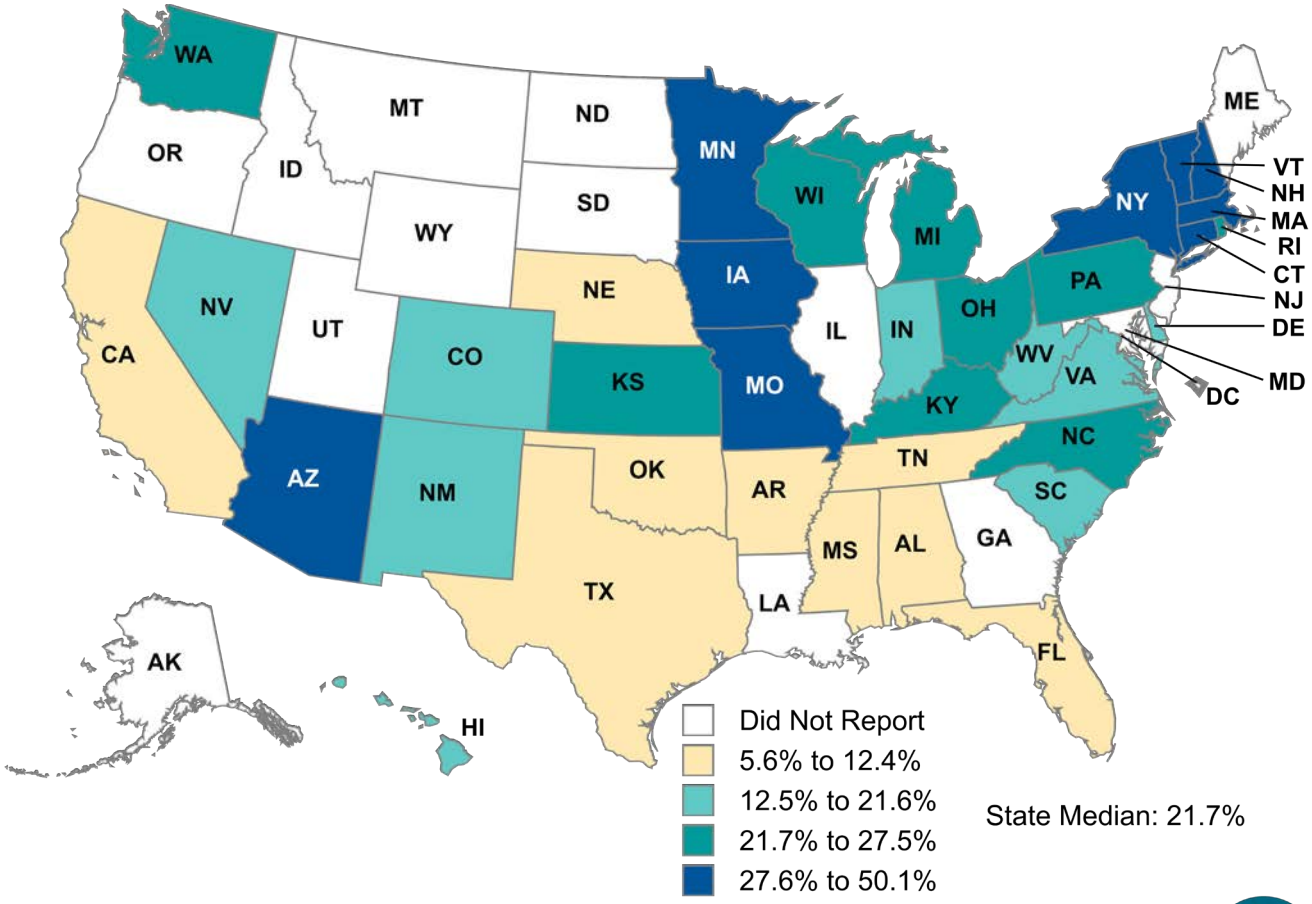


Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
*Data displayed in this chart include adults ages 18 to 64 for 24 states and age 18 and older for 12 states.

Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

Follow-up after Emergency Department (ED) Visit for Alcohol and Other Drug Abuse or Dependence Within 30 Days of the ED Visit (continued)

Geographic Variation in the Percentage of Emergency Department (ED) Visits for Adults* Age 18 and Older who had a Principal Diagnosis of Alcohol and Other Drug (AOD) Abuse or Dependence with a Follow-Up Visit within 30 Days of the ED Visit, FFY 2019 (n = 36 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
*Data displayed in this chart include adults ages 18 to 64 for 24 states and age 18 and older for 12 states.

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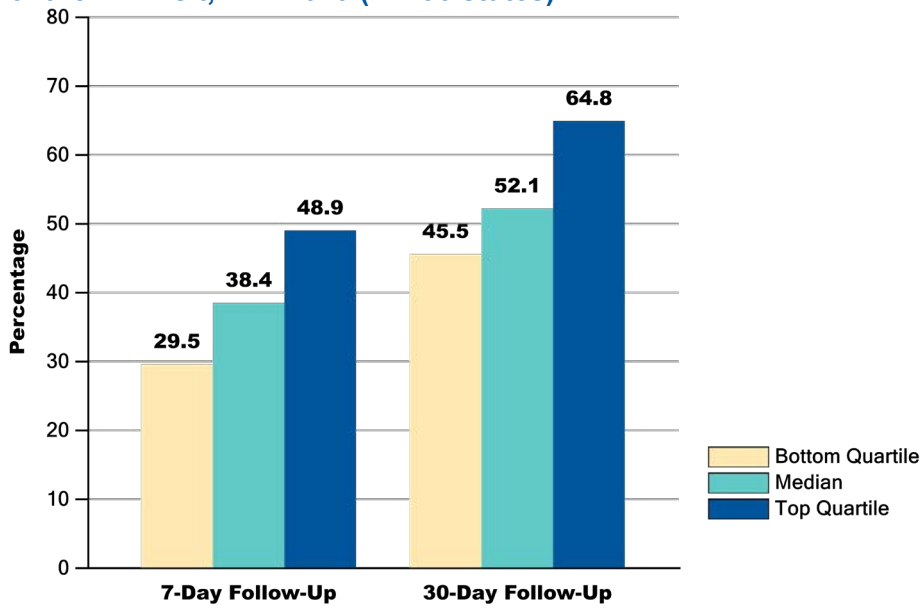
Follow-up After Emergency Department Visit for Mental Illness

Timely follow-up care after an emergency department (ED) visit for mental illness or intentional self-harm may reduce repeat ED visits, prevent hospital admissions, and improve health outcomes. The period immediately after the ED visit is important for engaging individuals in mental health treatment and establishing continuity of care. This measure shows the percentage of beneficiaries who had a follow-up visit with any practitioner within 7 and 30 days of an ED visit for mental illness or intentional self-harm.

Percentage of Emergency Department (ED) Visits for Adults* Age 18 and Older who had a Principal Diagnosis of Mental Illness or Intentional Self-Harm with a Follow-Up Visit within 7 Days and 30 Days of the ED Visit, FFY 2019 (n = 36 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: This measure shows the percentage of emergency department (ED) visits for adults age 18 and older with a principal diagnosis of mental illness or intentional self-harm that had a follow-up visit for mental illness. Two rates are reported: (1) the percentage of ED visits for which the beneficiary had a follow-up visit for mental illness within 7 days of the ED visit; and (2) the percentage of ED visits for which the beneficiary had a follow-up visit for mental illness within 30 days of the ED visit. This measure was previously combined with the Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence measure. Specifications for this measure changed substantially for FFY 2019, and rates are not comparable with rates reported for previous years. *Data displayed in this chart include adults ages 18 to 64 for 32 states, age 18 and older for 2 states, and age 6 and older for 2 states.

A median of **38** percent of ED visits for adults with a diagnosis of mental illness or intentional self-harm had a follow-up visit within 7 days and **52** percent had a follow-up visit within 30 days (36 states)

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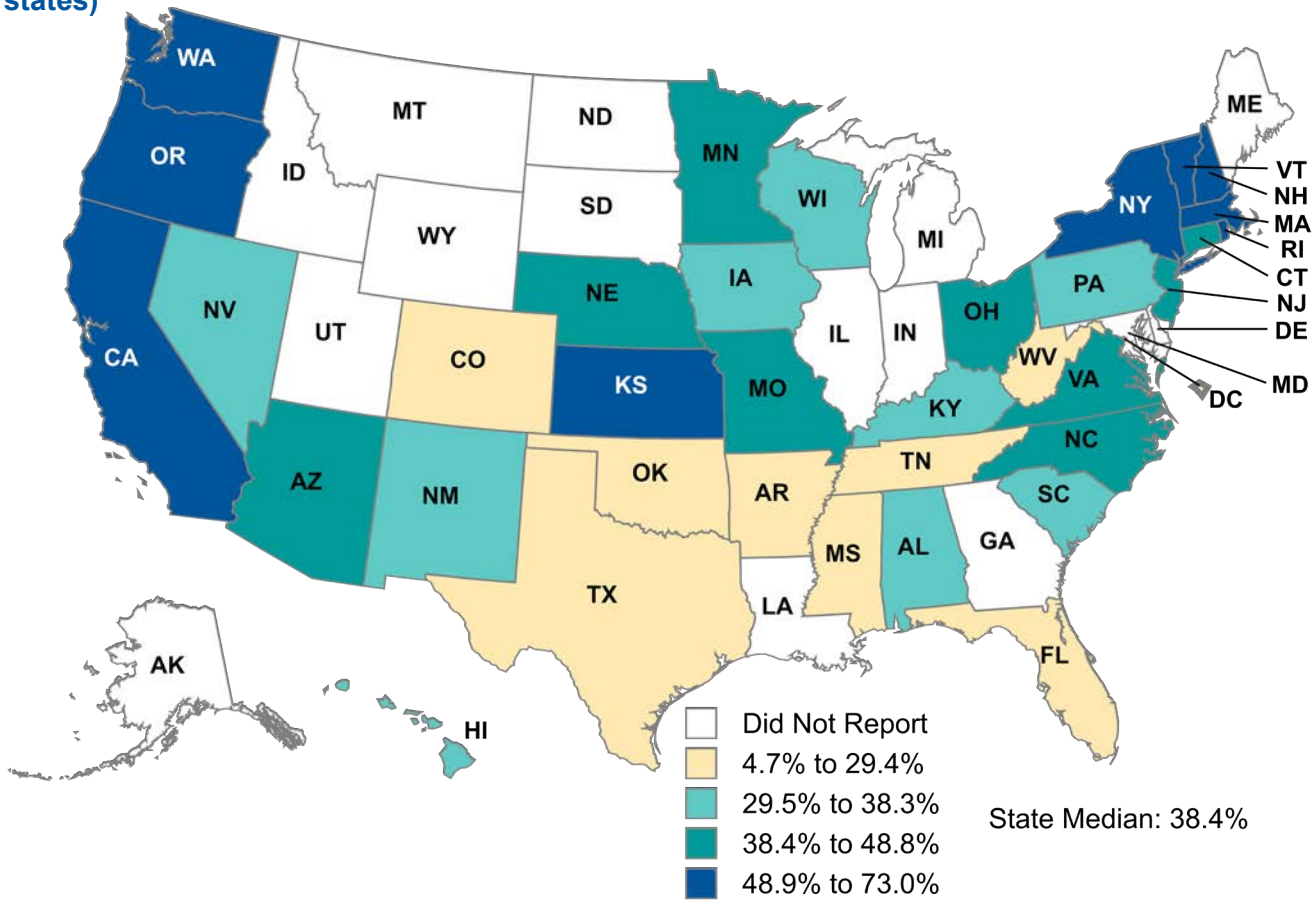
Follow-up after Emergency Department (ED) Visit for Mental Illness Within 7 Days of the ED Visit (continued)

Geographic Variation in the Percentage of Emergency Department (ED) Visits for Adults* Age 18 and Older who had a Principal Diagnosis of Mental Illness or Intentional Self-Harm with a Follow-Up Visit within 7 Days of the ED Visit, FFY 2019 (n = 36 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
*Data displayed in this chart include adults ages 18 to 64 for 32 states, age 18 and older for 2 states, and age 6 and older for 2 states.

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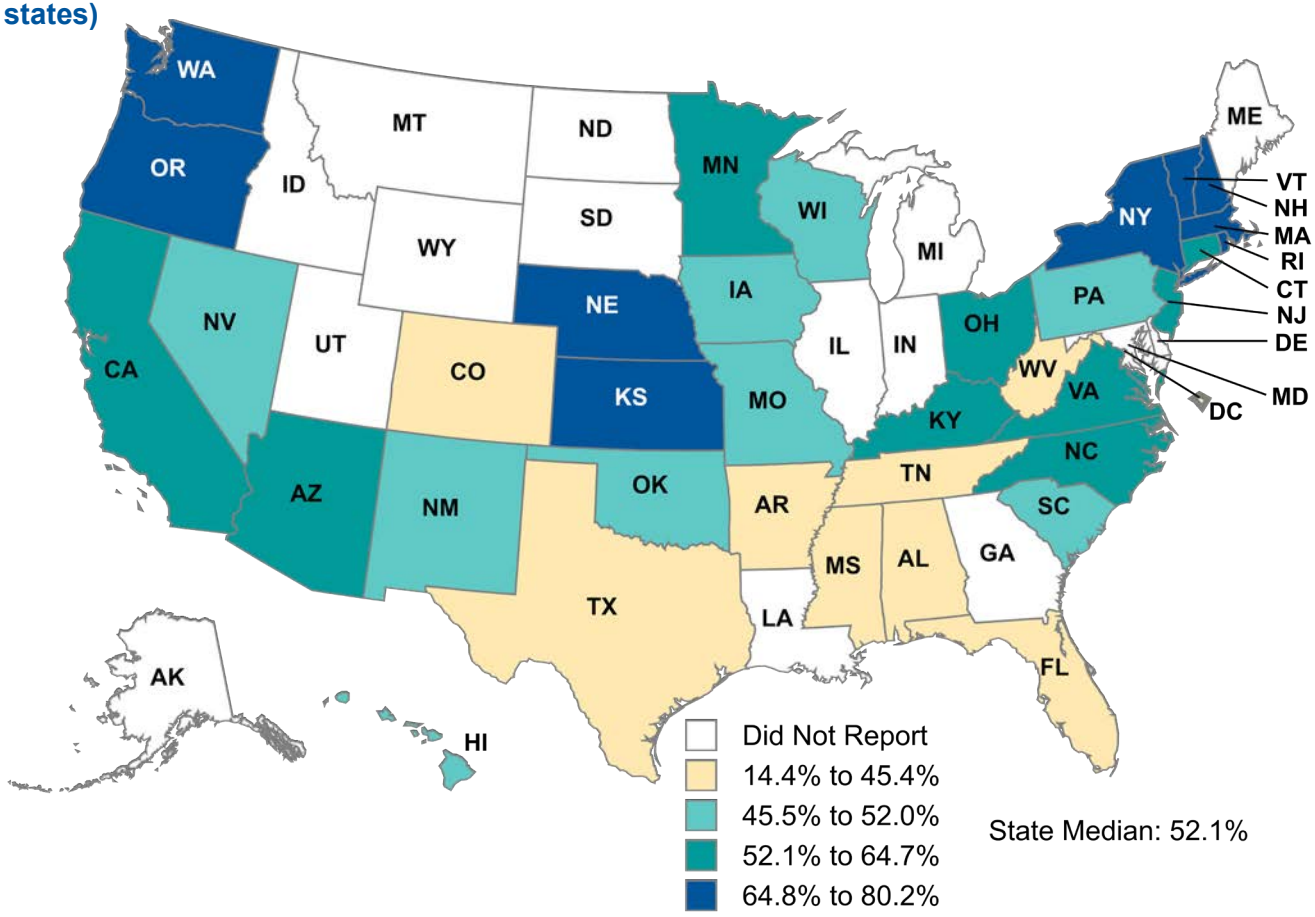
Follow-up after Emergency Department (ED) Visit for Mental Illness Within 30 Days of the ED Visit (continued)

Geographic Variation in the Percentage of Emergency Department (ED) Visits for Adults* Age 18 and Older who had a Principal Diagnosis of Mental Illness or Intentional Self-Harm with a Follow-Up Visit within 30 Days of the ED Visit, FFY 2019 (n = 36 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.
*Data displayed in this chart include adults ages 18 to 64 for 32 states, age 18 and older for 2 states, and age 6 and older for 2 states.

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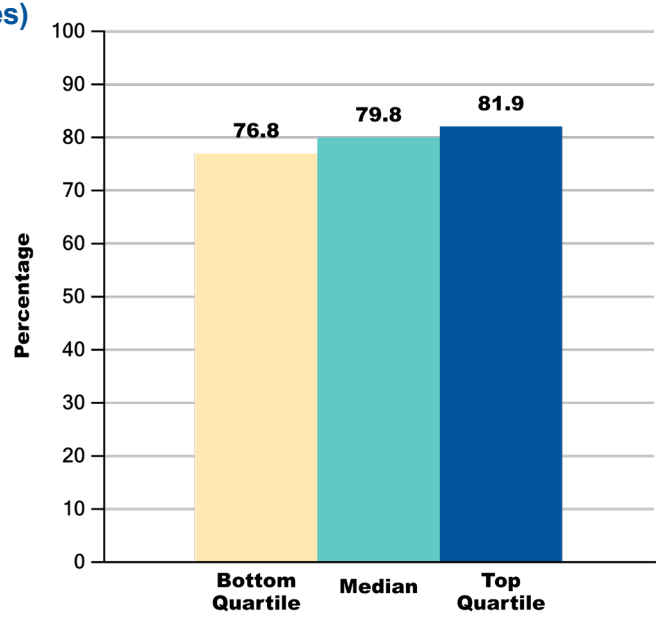
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Individuals with serious mental illness who use antipsychotics are at increased risk of developing diabetes. Lack of appropriate screening for diabetes among people with schizophrenia, schizoaffective disorder, or bipolar disorder who use antipsychotic medications can lead to adverse health outcomes if diabetes is not detected and treated. This measure assesses whether Medicaid beneficiaries with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication had a diabetes screening test.

Percentage of Adults Ages 18 to 64 with Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder who were Dispensed an Antipsychotic Medication and had a Diabetes Screening Test, FFY 2019 (n = 37 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Note: This measure shows the percentage of adults ages 18 to 64 with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

A median of **80** percent of adults with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic had a diabetes screening test during the measurement year (37 states)

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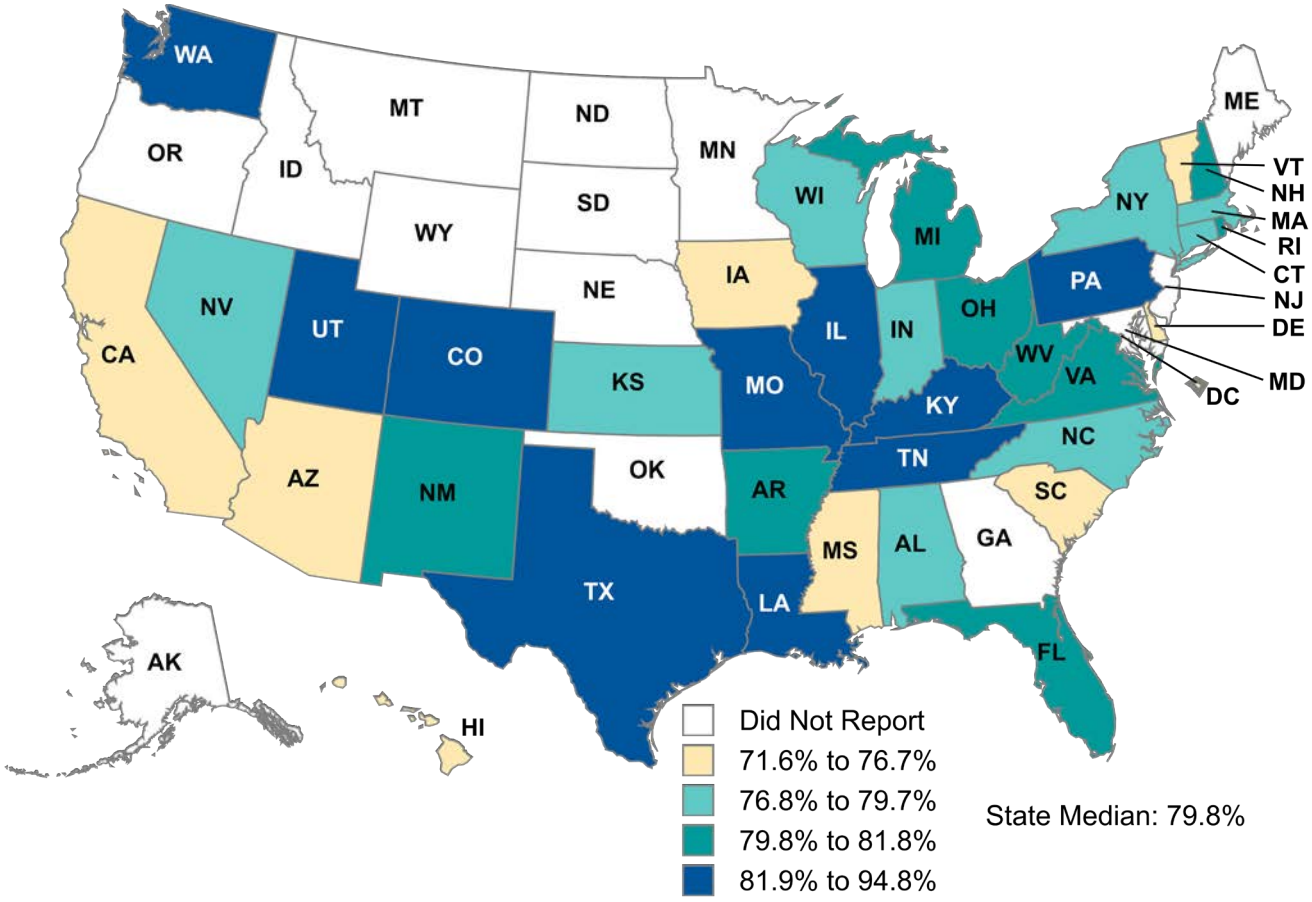
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (continued)

Geographic Variation in the Percentage of Adults Ages 18 to 64 with Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder who were Dispensed an Antipsychotic Medication and had a Diabetes Screening Test, FFY 2019 (n = 37 states)



Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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TRENDS IN STATE PERFORMANCE, FFY 2017–FFY 2019

Trends in State Performance, FFY 2017–FFY 2019: Introduction

CMS assessed trends in median state performance on 12 Adult Core Set measures publicly reported from FFY 2017 to FFY 2019.[1] To be trended, each measure must meet the following three criteria:

- The measure was publicly reported for each of the most recent three years. To be publicly reported, a measure must be reported by at least 25 states using Core Set specifications and must meet CMS standards for data quality.
- The measure was reported by a set of at least 20 states that used Core Set specifications in all three years.
- The measure specifications were comparable for all three years (no specification changes occurred during the three-year period that would make results incomparable across years).

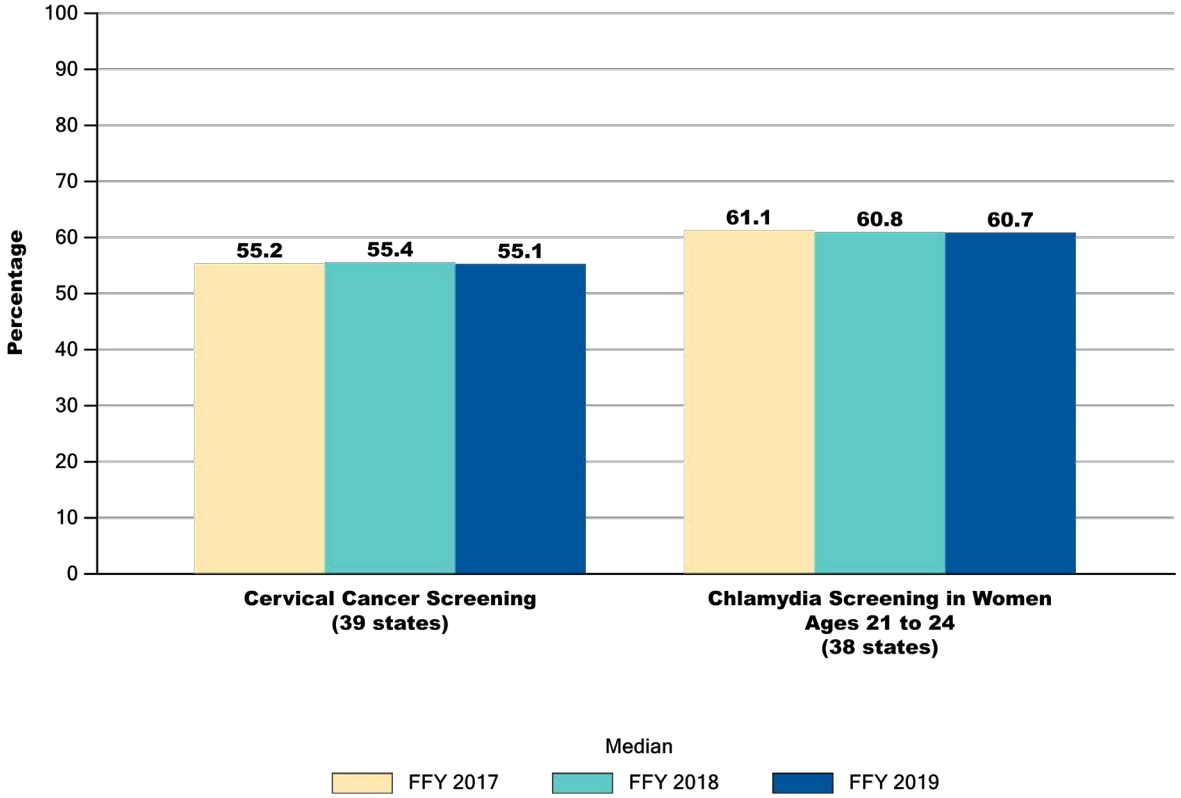
Many factors may affect changes in the performance rates reported by states on the Adult Core Set measures. While shifts in access and quality may account for some of the changes in performance over time, other factors noted by states include changes in:

- The method and data used to calculate the measures
- The populations included in the measures (such as managed care versus fee-for-service)
- Other aspects of their Medicaid program that could affect reporting (such as transitions in data systems or delivery systems).

[1] A methods brief describing the criteria for trending performance on the Child and Adult Core Set measures from FFY 2017 to FFY 2019 is available https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2019-core-set-reporting.pdf. Statistical significance was determined using the Wilcoxon Signed-Rank test ($p<.05$).

Trends in State Performance, FFY 2017–FFY 2019: Primary Care Access and Preventive Care

Median state performance on the Cervical Cancer Screening and Chlamydia Screening in Women Ages 21 to 24 measures did not change significantly from FFY 2017 to FFY 2019 among the states reporting the measures for all three years.



Source: Mathematica analysis of FFY 2017–FFY 2019 MACPro reports.

Notes: This chart includes the states that reported each measure using Adult Core Set specifications for all three years.
Data from previous years may be updated based on new information received after publication of the 2019 Chart Pack.

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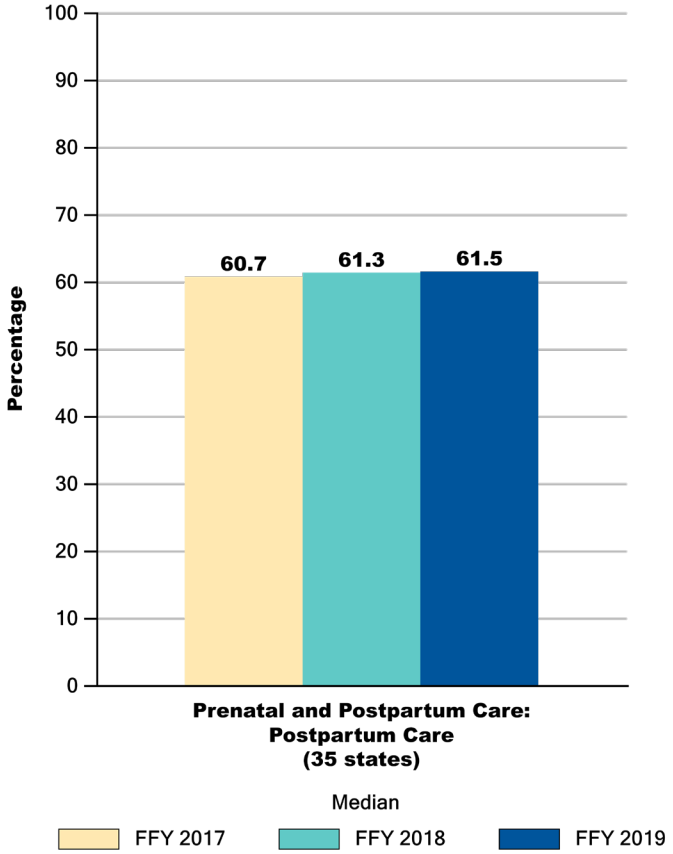
Trends in State Performance, FFY 2017–FFY 2019: Maternal and Perinatal Health

Median state performance on the Prenatal and Postpartum Care: Postpartum Care measure did not change significantly from FFY 2017 to FFY 2019 among the states reporting the measure for all three years.



Source: Mathematica analysis of FFY 2017–FFY 2019 MACPro reports.
Notes: This chart includes the states that reported each measure using Adult Core Set specifications for all three years.
Data from previous years may be updated based on new information received after publication of the 2019 Chart Pack.

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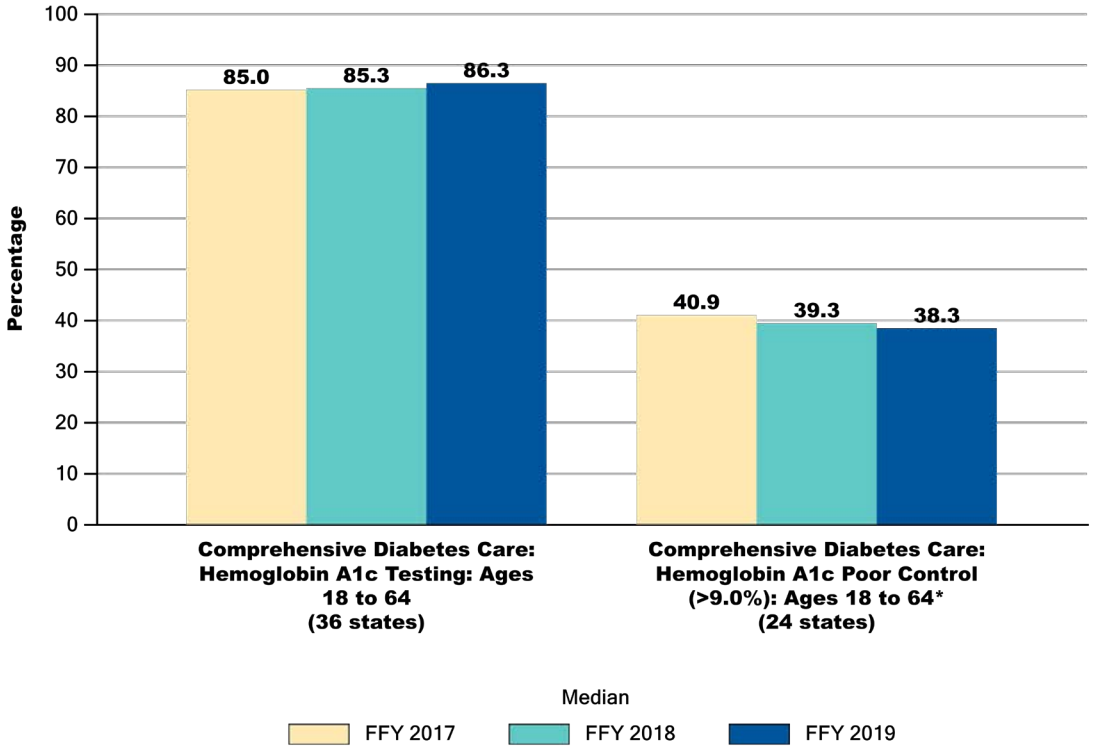
Trends in State Performance, FFY 2017–FFY 2019: Care of Acute and Chronic Conditions

Median state performance on the Comprehensive Diabetes Care: Hemoglobin A1c Testing measure increased significantly from FFY 2017 to FFY 2019 among the states reporting the measure for all three years. Median state performance on the Comprehensive Diabetes Care: Hemoglobin A1c Poor Control measure decreased significantly from FFY 2017 to FFY 2019 among the states reporting the measure for all three years, indicating better performance because lower rates are better for this measure.



Source: Mathematica analysis of FFY 2017–FFY 2019 MACPro reports.

Notes: This chart includes the states that reported each measure using Adult Core Set specifications for all three years. Data from previous years may be updated based on new information received after publication of the 2019 Chart Pack.

*Lower rates are better for this measure.

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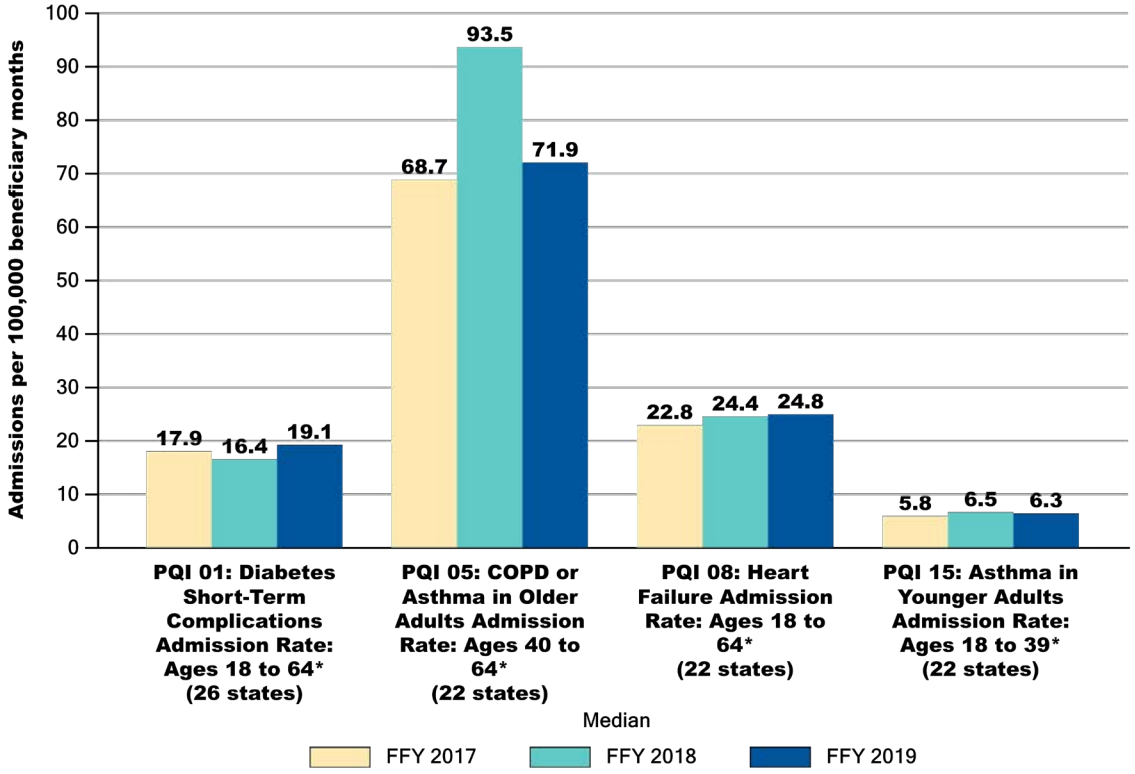
Trends in State Performance, FFY 2017–FFY 2019: Care of Acute and Chronic Conditions (continued)

Median state performance on the PQI 08: Heart Failure Admission Rate measure increased significantly from FFY 2017 to FFY 2019 among the states reporting the measure for all three years, representing lower performance because lower rates are better on this measure. Median state performance on the PQI 01: Diabetes Short-Term Complications Admission Rate, PQI 05: COPD or Asthma in Older Adults Admission Rate, and PQI 15: Asthma in Younger Adults Admission Rate measures did not change significantly during this period.



Source: Mathematica analysis of FFY 2017–FFY 2019 MACPro reports.

Notes: This chart includes the states that reported each measure using Adult Core Set specifications for all three years. Data from previous years may be updated based on new information received after publication of the 2019 Chart Pack.

*Lower rates are better for this measure.

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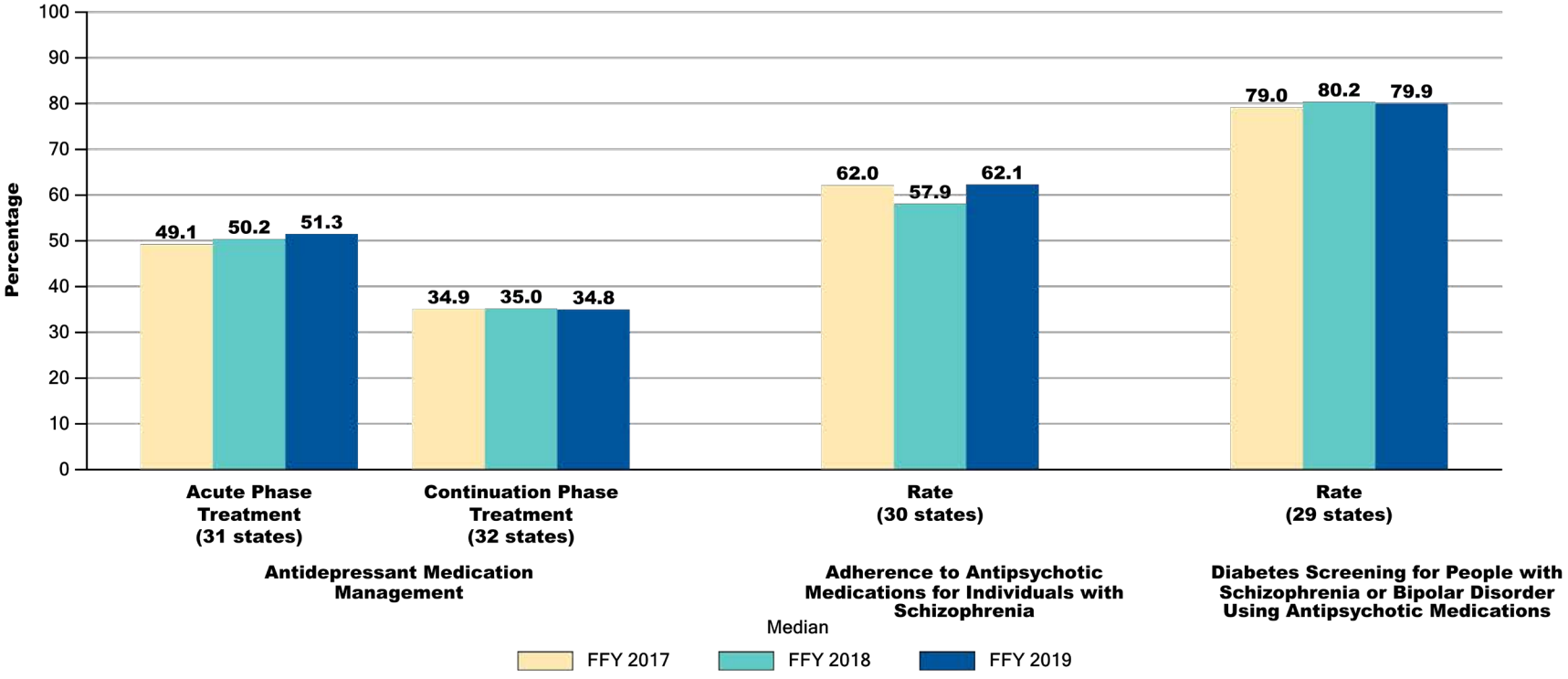
Trends in State Performance, FFY 2017–FFY 2019: Behavioral Health Care

Median state performance on the Diabetes Screening for People With Schizophrenia or Bipolar Disorder Using Antipsychotic Medications measure increased significantly from FFY 2017 to FFY 2019. Median state performance on the Antidepressant Medication Management and Adherence to Antipsychotics for Individuals with Schizophrenia measures did not change significantly during this period.



Source: Mathematica analysis of FFY 2017–FFY 2019 MACPro reports.
Notes: This chart includes the states that reported each measure using Adult Core Set specifications for all three years.
Data from previous years may be updated based on new information received after publication of the 2019 Chart Pack.

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REFERENCE TABLES AND ADDITIONAL RESOURCES

Overview of State Reporting of the Adult Core Set Measures, FFY 2019

	Number of Measures Reported	Flu Vaccinations for Adults Ages 18 to 64	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening in Women Ages 21 to 24	Adult Body Mass Index Assessment	Screening for Depression and Follow-up Plan: Age 18 and Older	Prenatal and Postpartum Care: Postpartum Care	PC-01: Elective Delivery	Contraceptive Care: Postpartum Women Ages 21 to 44	Contraceptive Care: All Women Ages 21 to 44	Comprehensive Diabetes Care: Hemoglobin A1c Testing	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)	PQI 01: Diabetes Short-Term Complications Admission Rate	PQI 05: COPD or Asthma in Older Adults Admission Rate	PQI 08: Heart Failure Admission Rate	PQI 15: Asthma in Younger Adults Admission Rate	Plan All-Cause Readmissions	Asthma Medication Ratio: Ages 19 to 64	Annual Monitoring for Patients on Persistent Medications	Controlling High Blood Pressure	HIV Viral Load Suppression	Antidepressant Medication Management	Concurrent Use of Opioids and Benzodiazepines	Use of Opioids at High Dosage in Persons Without Cancer	Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Follow-Up After Hospitalization for Mental Illness: Age 18 and Older	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	Follow-Up After Emergency Department Visit for Mental Illness	Medical Assistance with Smoking and Tobacco Use Cessation	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	CAHPS Health Plan Survey 5.0H, Adult Version (Medicaid)
Total	22.5 (Median)	25	43	43	44	36	10	39	9	29	23	40	31	30	26	26	26	36	39	40	34	7	37	22	32	7	38	37	44	36	36	23	37	32
Alabama	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
Arizona	19	--	X	X	X	--	--	--	--	X	--	--	--	X	X	X	X	X	X	X	--	--	X	X	X	--	X	--	X	X	X	--	X	--
Arkansas	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
California	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	--
Colorado	22	--	X	X	X	X	--	X	--	X	X	X	X	--	--	--	--	X	X	X	X	--	X	X	X	X	X	X	--	X	X	--	X	--
Connecticut	28	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	X
Delaware	32	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	X	X	--	X	X	X
Dist. of Col.	20	X	X	X	X	X	--	X	--	--	--	X	X	--	--	--	--	X	X	X	X	--	X	--	X	--	--	X	X	--	X	X	X	X
Florida	21	--	X	X	X	X	--	X	--	X	--	X	X	--	--	--	--	X	X	X	X	--	X	--	--	--	X	X	X	X	X	X	X	X
Georgia	8	--	X	X	X	--	X	--	--	--	--	--	--	X	--	X	--	X	X	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Hawaii	16	--	X	X	X	--	--	X	--	--	--	X	X	--	--	--	--	X	--	X	X	--	X	--	--	--	X	X	X	X	X	--	X	--
Illinois	19	--	X	X	X	X	--	X	--	X	X	X	--	X	X	X	X	--	--	X	--	--	X	--	--	--	X	X	X	--	--	--	X	X
Indiana	16	--	X	--	X	X	--	X	--	--	--	X	X	--	--	--	--	X	X	X	X	--	X	--	--	--	X	X	X	X	--	--	X	--
Iowa	27	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
Kansas	21	X	X	X	X	X	--	X	--	--	--	X	X	--	--	--	--	X	X	X	X	--	X	--	X	--	X	X	X	X	X	--	X	X
Kentucky	17	--	X	X	X	X	--	X	--	--	--	X	X	--	--	--	--	--	X	X	X	--	X	--	--	--	X	X	X	X	X	--	X	--
Louisiana	27	--	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
Maryland	18	X	X	X	X	X	--	X	--	--	--	X	X	X	--	--	--	X	X	X	X	--	--	--	X	--	X	--	X	--	--	X	--	X
Massachusetts	28	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	X
Michigan	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

Overview of State Reporting of the Adult Core Set Measures, FFY 2019 (continued)

	Number of Measures Reported	Flu Vaccinations for Adults Ages 18 to 64	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening in Women Ages 21 to 24	Adult Body Mass Index Assessment	Screening for Depression and Follow-up Plan: Age 18 and Older	Prenatal and Postpartum Care: Postpartum Care	PC-01: Elective Delivery	Contraceptive Care: Postpartum Women Ages 21 to 44	Contraceptive Care: All Women Ages 21 to 44	Comprehensive Diabetes Care: Hemoglobin A1c Testing	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)	PQI 01: Diabetes Short-Term Complications Admission Rate	PQI 05: COPD or Asthma in Older Adults Admission Rate	PQI 08: Heart Failure Admission Rate	PQI 15: Asthma in Younger Adults Admission Rate	Plan All-Cause Readmissions	Asthma Medication Ratio: Ages 19 to 64	Annual Monitoring for Patients on Persistent Medications	Controlling High Blood Pressure	HIV Viral Load Suppression	Antidepressant Medication Management	Concurrent Use of Opioids and Benzodiazepines	Use of Opioids at High Dosage in Persons Without Cancer	Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Follow-Up After Hospitalization for Mental Illness: Age 18 and Older	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	Follow-Up After Emergency Department Visit for Mental Illness	Medical Assistance with Smoking and Tobacco Use Cessation	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	CAHPS Health Plan Survey 5.0H, Adult Version (Medicaid)
Minnesota	23	X	X	X	X	X	--	X	--	X	--	--	--	X	X	X	X	X	X	X	X	--	X	--	X	--	X	X	X	X	--	X
Mississippi	26	--	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
Missouri	26	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
Nebraska	9	--	X	X	X	X	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	X	--	--	X	X	X	X	--	--	--
Nevada	12	--	X	--	--	--	--	X	--	--	--	X	X	--	--	--	--	--	--	--	X	--	--	--	--	--	X	X	X	X	--	X	X
New Hampshire	30	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	X	X
New Jersey	18	X	X	X	X	X	--	X	--	--	--	X	X	X	--	--	--	X	X	X	X	--	--	--	X	--	--	--	X	--	X	X	--	X
New Mexico	23	X	X	X	X	X	X	X	--	--	--	X	X	X	--	--	--	X	X	X	X	--	X	--	--	--	X	X	X	X	X	X	X	X
New York	33	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	X	X	X	X	X	X
North Carolina	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
Ohio	19	--	X	X	X	X	--	X	--	--	--	X	X	--	--	--	--	X	X	X	X	--	X	--	X	--	X	X	X	X	X	--	X	--
Oklahoma	22	--	X	X	X	X	--	X	--	X	X	X	--	X	X	X	X	X	X	X	--	--	X	X	X	--	X	--	X	X	X	--	--	--
Oregon	18	X	--	X	X	--	X	X	--	--	--	X	X	X	X	X	X	X	--	--	X	--	--	--	--	--	X	--	X	--	X	X	--	X
Pennsylvania	31	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	X	X	X	X
Rhode Island	22	X	X	X	X	X	--	X	--	--	--	X	X	--	--	--	--	X	X	X	X	X	X	--	--	--	X	X	X	X	X	X	X	X
South Carolina	29	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	X	X
South Dakota	5	X	--	--	--	--	--	--	--	X	--	--	--	--	--	--	--	--	--	--	--	--	--	--	X	--	--	--	X	--	--	--	--	X
Tennessee	30	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	X	X	X
Texas	28	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	X
Utah	15	--	X	X	X	X	--	X	--	--	--	X	X	--	--	--	--	X	X	X	X	--	X	--	--	--	--	X	X	--	--	--	X	--

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Health Care Quality Measures

Overview of State Reporting of the Adult Core Set Measures, FFY 2019 (continued)

	Number of Measures Reported	Flu Vaccinations for Adults Ages 18 to 64	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening in Women Ages 21 to 24	Adult Body Mass Index Assessment	Screening for Depression and Follow-up Plan: Age 18 and Older	Prenatal and Postpartum Care: Postpartum Care	PC-01: Elective Delivery	Contraceptive Care: Postpartum Women Ages 21 to 44	Contraceptive Care: All Women Ages 21 to 44	Comprehensive Diabetes Care: Hemoglobin A1c Testing	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)	PQI 01: Diabetes Short-Term Complications Admission Rate	PQI 05: COPD or Asthma in Older Adults Admission Rate	PQI 08: Heart Failure Admission Rate	PQI 15: Asthma in Younger Adults Admission Rate	Plan All-Cause Readmissions	Asthma Medication Ratio: Ages 19 to 64	Annual Monitoring for Patients on Persistent Medications	Controlling High Blood Pressure	HIV Viral Load Suppression	Antidepressant Medication Management	Concurrent Use of Opioids and Benzodiazepines	Use of Opioids at High Dosage in Persons Without Cancer	Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Follow-Up After Hospitalization for Mental Illness: Age 18 and Older	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	Follow-Up After Emergency Department Visit for Mental Illness	Medical Assistance with Smoking and Tobacco Use Cessation	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	CAHPS Health Plan Survey 5.0H, Adult Version (Medicaid)
Vermont	29	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	X	X
Virginia	20	X	X	X	X	X	--	X	--	--	--	X	X	--	--	--	--	--	X	X	X	--	X	--	--	--	X	X	X	X	X	X	X
Washington	26	--	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	--
West Virginia	29	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	X
Wisconsin	18	--	X	X	X	X	--	X	--	--	--	X	X	--	--	--	--	--	X	X	X	--	X	--	--	--	X	X	X	X	X	X	--
Wyoming	14	--	X	X	X	X	--	X	--	X	X	--	--	X	X	X	X	--	--	--	--	--	--	X	X	--	--	--	X	--	--	--	--	--

Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: The term “states” includes the 50 states and the District of Columbia. The 2019 Adult Core Set includes 33 measures.
X = measure was reported by the state; -- = measure was not reported by the state.

Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2019

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Primary Care Access and Preventive Care						
Breast Cancer Screening	Percentage of Women who had a Mammogram to Screen for Breast Cancer: Ages 50 to 64	43	52.7	53.4	49.1	59.1
Cervical Cancer Screening	Percentage of Women Screened for Cervical Cancer: Ages 21 to 64	43	54.1	55.1	48.4	61.3
Chlamydia Screening in Women Ages 21 to 24	Percentage of Sexually Active Women Screened for Chlamydia: Ages 21 to 24	44	59.3	60.2	55.1	65.2
Adult Body Mass Index Assessment	Percentage who had an Outpatient Visit with a BMI Documented in the Medical Record: Ages 18 to 64	36	70.4	83.5	53.7	90.4
Maternal and Perinatal Health						
Prenatal and Postpartum Care: Postpartum Care	Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 21 and 56 Days after Delivery	39	59.1	61.2	57.4	66.3
Contraceptive Care: Postpartum Women Ages 21 to 44	Percentage of Postpartum Women Provided a Most Effective or Moderately Effective Method of Contraception Within 3 Days of Delivery: Ages 21 to 44	29	11.4	11.3	9.1	14.4
Contraceptive Care: Postpartum Women Ages 21 to 44	Percentage of Postpartum Women Provided a Most Effective or Moderately Effective Method of Contraception Within 60 Days of Delivery: Ages 21 to 44	29	38.4	40.2	32.5	46.6
Contraceptive Care: Postpartum Women Ages 21 to 44	Percentage of Postpartum Women Provided a Long-Acting Reversible Method of Contraception Within 3 Days of Delivery: Ages 21 to 44	29	1.9	1.6	0.5	2.1
Contraceptive Care: Postpartum Women Ages 21 to 44	Percentage of Postpartum Women Provided a Long-Acting Reversible Method of Contraception Within 60 Days of Delivery: Ages 21 to 44	29	12.1	12.6	8.9	14.7

Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2019 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Care of Acute and Chronic Conditions						
Comprehensive Diabetes Care: Hemoglobin A1c Testing	Percentage with Diabetes (Type 1 or Type 2) who had a Hemoglobin A1c (HbA1c) Test: Ages 18 to 64	40	84.4	86.1	82.9	87.4
Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)	Percentage with Diabetes (Type 1 or Type 2) who had Hemoglobin A1c in Poor Control (>9.0%): Ages 18 to 64 [Lower rates are better]	29	41.3	38.8	45.5	34.7
PQI 01: Diabetes Short-Term Complications Admission Rate	Inpatient Hospital Admissions for Diabetes Short-Term Complications per 100,000 Beneficiary Months: Ages 18 to 64 [Lower rates are better]	30	20.6	19.1	24.4	15.1
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	Inpatient Hospital Admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma per 100,000 Beneficiary Months: Ages 40 to 64 [Lower rates are better]	25	82.4	71.9	97.6	50.5
PQI 08: Heart Failure Admission Rate	Inpatient Hospital Admissions for Heart Failure per 100,000 Beneficiary Months: Ages 18 to 64 [Lower rates are better]	26	31.9	26.4	34.9	22.0
PQI 15: Asthma in Younger Adults Admission Rate	Inpatient Hospital Admissions for Asthma per 100,000 Beneficiary Months: Ages 18 to 39 [Lower rates are better]	26	6.5	6.1	7.9	3.5
Plan All-Cause Readmissions	Ratio of Observed All-Cause Readmissions to Expected Readmissions: Ages 18 to 64 [Lower rates are better]	31	0.8555	0.8283	0.9929	0.7188

Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2019 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Care of Acute and Chronic Conditions (continued)						
Asthma Medication Ratio: Ages 19 to 64	Percentage with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater: Ages 19 to 50	39	54.1	53.8	49.6	56.5
Asthma Medication Ratio: Ages 19 to 64	Percentage with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater: Ages 51 to 64	38	57.6	57.0	51.6	63.1
Asthma Medication Ratio: Ages 19 to 64	Percentage with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater: Ages 19 to 64	39	55.3	54.6	51.6	58.6
Annual Monitoring for Patients on Persistent Medications	Percentage who Received at Least 180 Treatment Days of Ambulatory Medication Therapy and Annual Monitoring: Ages 18 to 64	40	87.3	87.4	86.2	89.0
Controlling High Blood Pressure	Percentage who had a Diagnosis of Hypertension and Whose Blood Pressure was Adequately Controlled During the Measurement Year: Ages 18 to 64	32	57.8	60.0	51.0	64.8
Behavioral Health Care						
Antidepressant Medication Management	Percentage Diagnosed with Major Depression who were Treated with and Remained on Antidepressant Medication for 12 Weeks: Ages 18 to 64	37	51.3	51.3	47.9	53.5
Antidepressant Medication Management	Percentage Diagnosed with Major Depression who were Treated with and Remained on Antidepressant Medication for 6 Months: Ages 18 to 64	37	34.4	34.4	29.7	38.5
Use of Opioids at High Dosage in Persons Without Cancer	Percentage of Adults Without Cancer with Two or More Opioid Prescription Claims with an Average Daily Dosage Greater than or Equal to 90 Morphine Milligram Equivalents Over 90 Consecutive Days or More: Ages 18 to 64 [Lower rates are better]	26	7.4	6.4	10.7	3.4

Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2019 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Behavioral Health Care (continued)						
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Alcohol Abuse or Dependence who Initiated Alcohol or Other Drug Treatment within 14 Days of the Diagnosis: Ages 18 to 64	37	38.9	39.9	35.7	42.4
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Alcohol Abuse or Dependence who Initiated and Engaged in Alcohol or Other Drug Treatment within 34 Days of the Initiation Visit: Ages 18 to 64	37	11.6	11.2	8.5	14.6
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Opioid Abuse or Dependence who Initiated Alcohol or Other Drug Treatment within 14 Days of the Diagnosis: Ages 18 to 64	37	50.4	54.0	43.2	57.4
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Opioid Abuse or Dependence who Initiated and Engaged in Alcohol or Other Drug Treatment within 34 Days of the Initiation Visit: Ages 18 to 64	37	27.2	27.7	15.4	35.0
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Other Drug Abuse or Dependence who Initiated Alcohol or Other Drug Treatment within 14 Days of the Diagnosis: Ages 18 to 64	37	39.1	39.9	37.3	42.2
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Other Drug Abuse or Dependence who Initiated and Engaged in Alcohol or Other Drug Treatment within 34 Days of the Initiation Visit: Ages 18 to 64	37	12.0	10.8	9.2	14.5
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Alcohol or Other Drug Abuse or Dependence who Initiated Alcohol or Other Drug Treatment within 14 Days of the Diagnosis: Ages 18 to 64	38	41.0	42.0	37.6	45.2
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Alcohol or Other Drug Abuse or Dependence who Engaged in Alcohol or Other Drug Treatment within 34 Days of the Initiation Visit: Ages 18 to 64	38	15.7	15.7	11.4	19.1
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Percentage with Schizophrenia or Schizoaffective Disorder who were Dispensed and Remained on Antipsychotic Medication for at Least 80 Percent of their Treatment Period: Ages 19 to 64	37	61.1	59.1	56.3	67.7

Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2019 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Behavioral Health Care (continued)						
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older	Percentage of Hospitalizations for Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 7 Days of Discharge: Ages 18 to 64	42	34.8	32.3	24.3	46.7
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older	Percentage of Hospitalizations for Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 30 Days of Discharge: Ages 18 to 64	42	53.3	54.8	41.7	63.0
Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	Percentage of Emergency Department (ED) Visits for Alcohol and Other Drug Abuse or Dependence with a Follow-Up Visit Within 7 Days of the ED Visit: Ages 18 to 64	36	14.1	13.9	7.6	17.8
Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	Percentage of Emergency Department (ED) Visits for Alcohol and Other Drug Abuse or Dependence with a Follow-Up Visit Within 30 Days of the ED Visit: Ages 18 to 64	36	20.7	21.7	12.5	27.6
Follow-up After Emergency Department Visit for Mental Illness	Percentage of Emergency Department (ED) Visits for Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 7 Days of the ED Visit: Ages 18 to 64	36	41.0	38.4	29.5	48.9
Follow-up After Emergency Department Visit for Mental Illness	Percentage of Emergency Department (ED) Visits for Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 30 Days of the ED Visit: Ages 18 to 64	36	54.3	52.1	45.5	64.8
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotics	Percentage with Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder who were Dispensed an Antipsychotic Medication and had a Diabetes Screening Test: Ages 18 to 64	37	79.9	79.8	76.8	81.9

Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Notes: The term "states" includes the 50 states and the District of Columbia. This table includes measures that were reported by at least 25 states for FFY 2019 and that met CMS standards for data quality. This table includes data for states that indicated they used Adult Core Set specifications to report the measures and excludes states that indicated they used other specifications and states that did not report the measures for FFY 2019. Additionally, states were excluded if they reported a denominator of less than 30. Means are calculated as the unweighted average of all state rates. Measure-specific tables are available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures/index.html. The CAHPS Health Plan Survey measure is excluded from this table because it uses a summary statistic different from those in this table.

Trends in Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2017–FFY 2019

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications FFY 2017–FFY 2019	FFY 2017 Median	FFY 2018 Median	FFY 2019 Median
Primary Care Access and Preventive Care					
Cervical Cancer Screening	Percentage of Women Screened for Cervical Cancer: Ages 21 to 64	39	55.2	55.4	55.1
Chlamydia Screening in Women Ages 21 to 24	Percentage of Sexually Active Women Screened for Chlamydia: Ages 21 to 64	38	61.1	60.8	60.7
Maternal and Perinatal Health					
Prenatal and Postpartum Care: Postpartum Care	Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 21 and 56 Days after Delivery	35	60.7	61.3	61.5
Care of Acute and Chronic Conditions					
Comprehensive Diabetes Care: Hemoglobin A1c Testing	Percentage with Diabetes (Type 1 or Type 2) who had a Hemoglobin A1c (HbA1c) Test: Ages 18 to 64	36	85.0	85.3	86.3
Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)	Percentage with Diabetes (Type 1 or Type 2) who had Hemoglobin A1c in Poor Control (>9.0%): Ages 18 to 64 [Lower rates are better]	24	40.9	39.3	38.3
PQI 01: Diabetes Short-Term Complications Admission Rate	Inpatient Hospital Admissions for Diabetes Short-Term Complications per 100,000 Beneficiary Months: Ages 18 to 64 [Lower rates are better]	26	17.9	16.4	19.1
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	Inpatient Hospital Admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma per 100,000 Beneficiary Months: Ages 40 to 64 [Lower rates are better]	22	68.7	93.5	71.9
PQI 08: Heart Failure Admission Rate	Inpatient Hospital Admissions for Heart Failure per 100,000 Beneficiary Months: Ages 18 to 64 [Lower rates are better]	22	22.8	24.4	24.8
PQI 15: Asthma in Younger Adults Admission Rate	Inpatient Hospital Admissions for Asthma per 100,000 Beneficiary Months: Ages 18 to 39 [Lower rates are better]	22	5.8	6.5	6.3

Trends in Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2017–FFY 2019 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications FFY 2017–FFY 2019	FFY 2017 Median	FFY 2018 Median	FFY 2019 Median
Behavioral Health Care					
Antidepressant Medication Management:	Percentage Diagnosed with Major Depression who were Treated with and Remained on Antidepressant Medication for 12 Weeks: Ages 18 to 64	31	49.1	50.2	51.3
Antidepressant Medication Management:	Percentage Diagnosed with Major Depression who were Treated with and Remained on Antidepressant Medication for 6 Months: Ages 18 to 64	32	34.9	35.0	34.8
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Percentage with Schizophrenia or Schizoaffective Disorder who were Dispensed and Remained on Antipsychotic Medication for at Least 80 Percent of their Treatment Period: Ages 19 to 64	30	62.0	57.9	62.1
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Percentage with Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder who were Dispensed an Antipsychotic Medication and had a Diabetes Screening Test: Ages 18 to 64	29	79.0	80.2	79.9

Source: Mathematica analysis of FFY 2017–FFY 2019 MACPro reports.

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

This table includes measures that each met the following criteria: (1) the measure was publicly reported for each of the most recent three years. To be publicly reported, a measure must be reported by at least 25 states using Core Set specifications and must meet CMS standards for data quality; (2) the measure was reported by a set of at least 20 states that used Core Set specifications in all three years; (3) the measure specifications were comparable for all three years.

Data from previous years may be updated based on new information received after publication of the 2019 Chart Pack.

Measure-specific tables are available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures/index.html.

Acronyms

ACE	Angiotensin Converting Enzyme
AOD	Alcohol and Other Drug
ARB	Angiotensin Receptor Blockers
BMI	Body Mass Index
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CHF	Congestive Heart Failure
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
COPD	Chronic Obstructive Pulmonary Disease
ED	Emergency Department
FFY	Federal Fiscal Year
HbA1c	Hemoglobin A1c
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
LARC	Long-Acting Reversible Method of Contraception
MACPro	Medicaid and CHIP Program System
MME	Morphine Milligram Equivalents

Acronyms (continued)

O/E	Observed-to-Expected
PC	Perinatal Care
PQI	Prevention Quality Indicator

Additional Resources

Additional resources related to the Adult Core Set are available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html.

These resources include:

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

For more information about the Adult Core Set please contact MACQualityTA@cms.hhs.gov.