



Centers for Medicare & Medicaid Services

Medicaid & CHIP

Health Care Quality Measures



Quality of Behavioral Health Care in Medicaid and CHIP: Findings from the 2019 Behavioral Health Core Set

February 2021

Chart Pack

■ *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 Behavioral Health Core Set

As the U.S. Department of Health & Human Services (HHS) agency responsible for ensuring quality health care coverage for Medicaid and Children's Health Insurance Program (CHIP) beneficiaries, the Centers for Medicare & Medicaid Services (CMS) plays a key role in promoting quality health care for adults and children in Medicaid. As the single largest payers for mental health services in the United States, Medicaid and CHIP play an important role in providing behavioral health care and monitoring the effectiveness of that care.¹

To support behavioral health-focused efforts, CMS identified a core set of 17 behavioral health care quality measures for voluntary reporting by state Medicaid and CHIP agencies (referred to as the Behavioral Health Core Set), consisting of 5 measures from the Child Core Set and 12 measures from the Adult Core Set. For the purpose of the Behavioral Health Core Set, the term "behavioral health care" refers to treatment of mental health conditions and other behavioral conditions, such as attention-deficit/hyperactivity disorder (ADHD) and substance use disorders. CMS uses this Behavioral Health Core Set to measure and assess progress on improving behavioral health care in Medicaid and CHIP.

This Chart Pack summarizes state reporting on the quality of behavioral health care furnished to adults and children covered by Medicaid and CHIP during FFY 2019, which generally covers care delivered in calendar year 2018. The Chart Pack includes detailed analysis of state performance on 12 publicly reported measures. 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.

¹ <https://www.medicaid.gov/medicaid/benefits/bhs/index.html>

17

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

More information about the Child Core Set is available at:
<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set/index.html>.

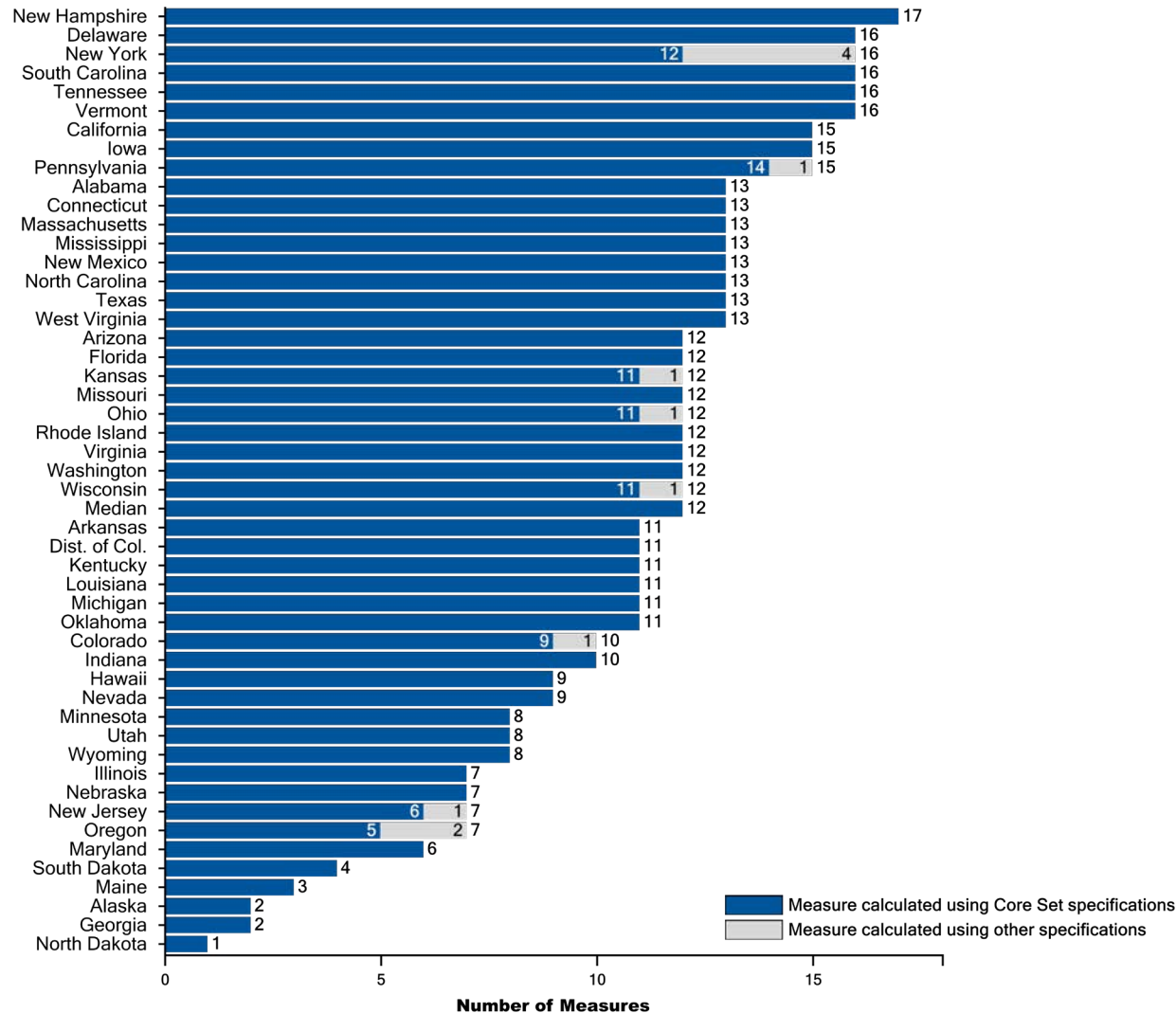
More information about the Adult Core Set is available at:
<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set/index.html>.



OVERVIEW OF STATE REPORTING OF THE 2019 BEHAVIORAL HEALTH CORE SET



Number of Behavioral Health Core Set Measures Reported by States, FFY 2019



States reported a median of

12

Behavioral Health Core Set measures for FFY 2019

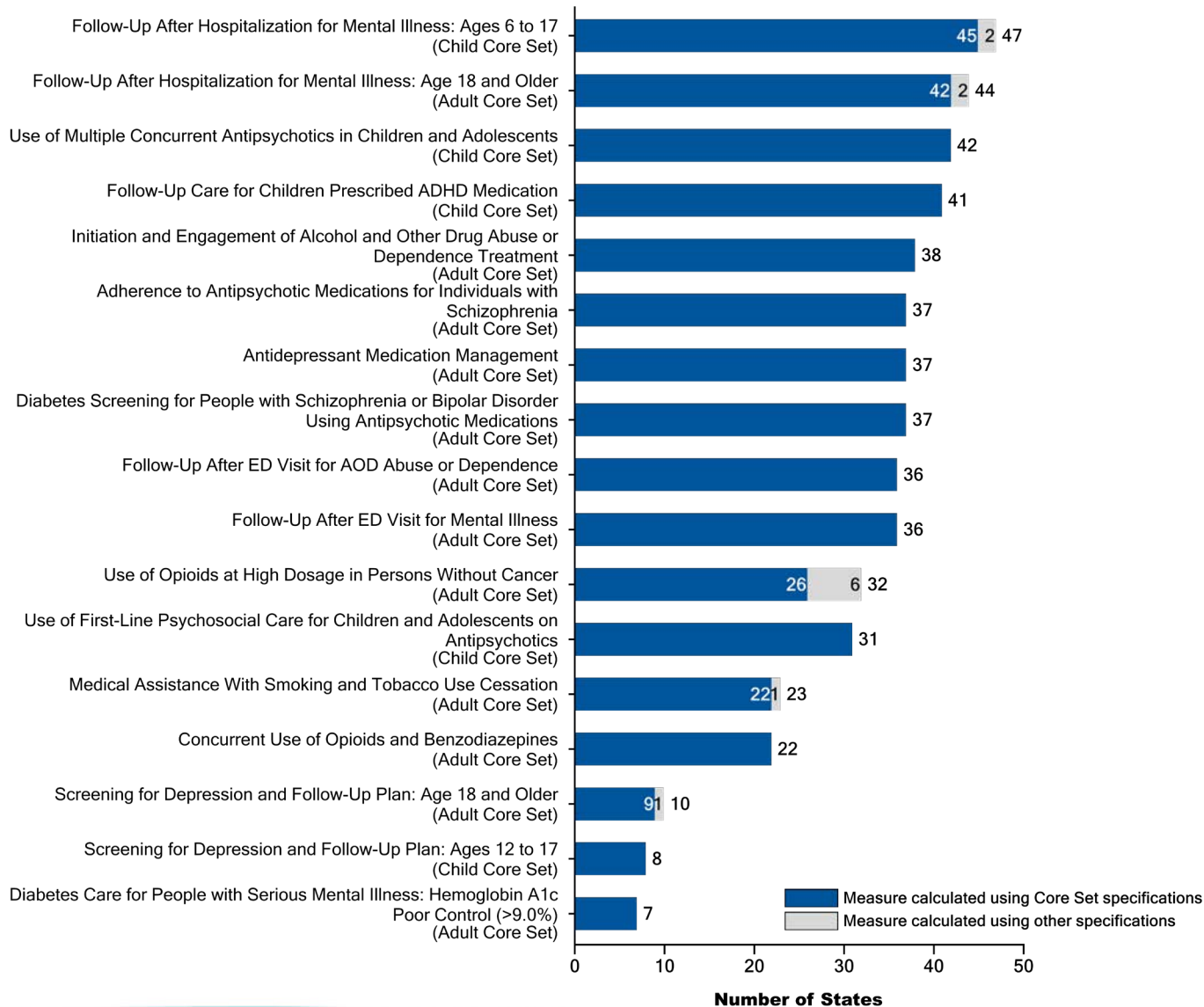
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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

This chart includes all 17 Behavioral Health 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 Core Set specifications to calculate the measures. Some states calculated Behavioral Health Core Set measures using “other specifications.” Measures were denoted as using “other specifications” when the state deviated substantially from the Core Set specifications, such as using alternate data sources, different populations, or other methodologies.



Number of States Reporting the Behavioral Health Core Set Measures, FFY 2019



49

states voluntarily reported at least one Behavioral Health Core Set measure for FFY 2019

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

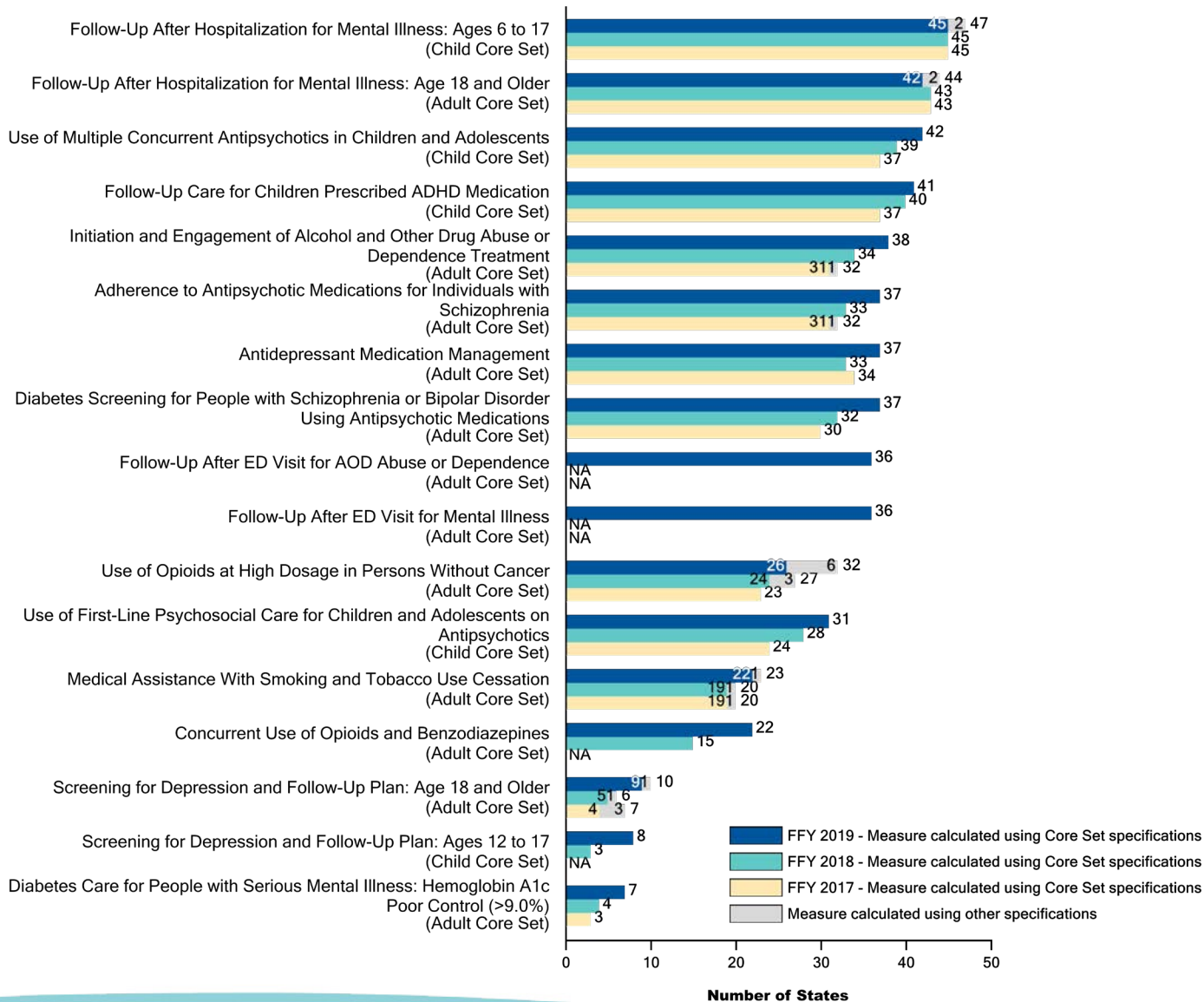
Notes: The term "states" includes the 50 states and the District of Columbia.

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

AOD = Alcohol and Other Drug;
ADHD = Attention-Deficit/Hyperactivity Disorder;
ED = Emergency Department.



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



State reporting increased for all **13** measures included in the 2017, 2018, and 2019 Behavioral Health Core Sets

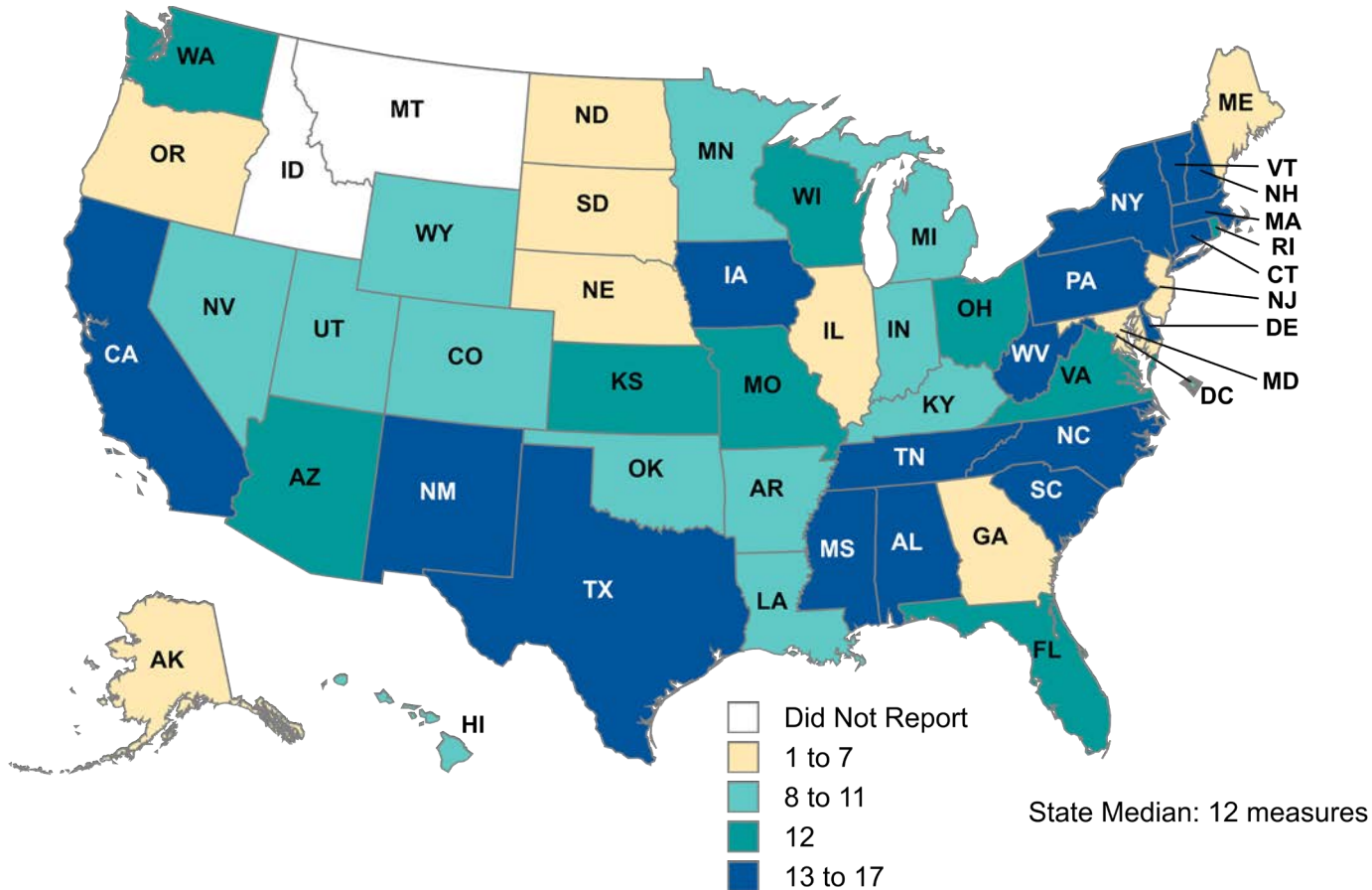
Source: Mathematica analysis of FFY 2017–FFY 2019 MACPro reports.

Notes: The term “states” includes the 50 states and the District of Columbia. This chart includes all Behavioral Health Core Set measures that states reported for the FFY 2019 reporting cycle. Unless otherwise specified, states used Core Set specifications to calculate the measures. Some states calculated Core Set measures using “other specifications.” Measures were denoted as using “other specifications” when the state deviated substantially from the Behavioral Health Core Set specifications, such as using alternate data sources, different populations, or other methodologies.

NA = not applicable; measure not included in the Core Set for the reporting period; ADHD = Attention-Deficit/Hyperactivity Disorder; AOD = Alcohol and Other Drug; ED = Emergency Department.



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



17 states reported at least 13 Behavioral Health 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 Behavioral Health Core Set includes 17 measures.

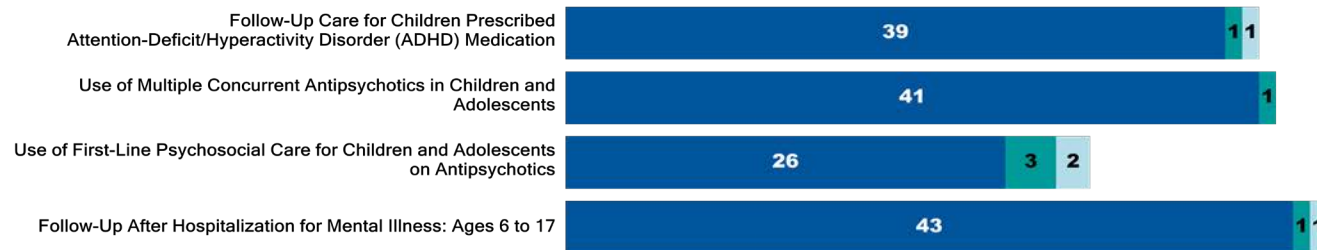
Frequently Reported Behavioral Health Core Set Measures, FFY 2019

Twelve measures of behavioral health care were available for analysis for FFY 2019. These measures were reported by at least 25 states for the Child or Adult Core Set for FFY 2019 and met CMS standards for data quality.

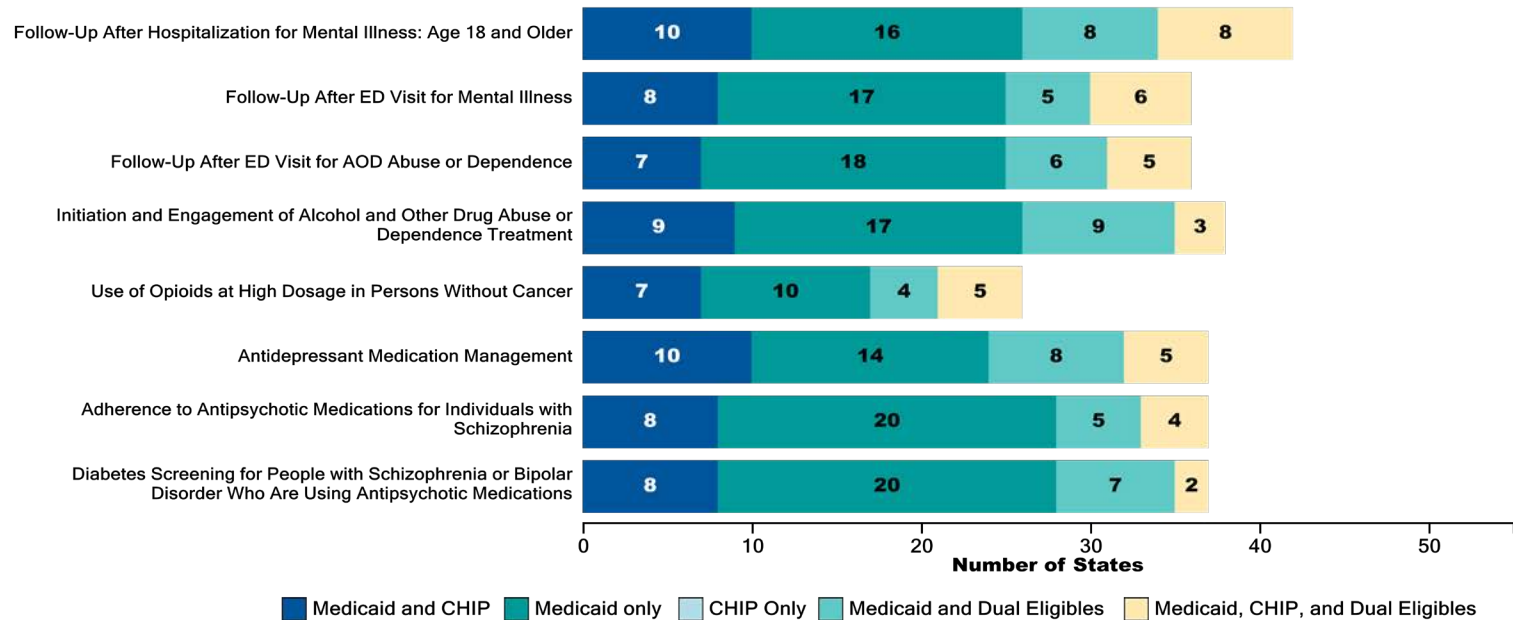
- Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (Child Core Set)
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Child Core Set)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Child Core Set)
- Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (Child Core Set)
- Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (Adult Core Set)
- Follow-Up After Emergency Department Visit for Mental Illness (Adult Core Set)
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (Adult Core Set)
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (Adult Core Set)
- Use of Opioids at High Dosage in Persons Without Cancer (Adult Core Set)
- Antidepressant Medication Management (Adult Core Set)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (Adult Core Set)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (Adult Core Set)

Populations Included in Frequently Reported Behavioral Health Core Set Measures for FFY 2019

Child Core Set



Adult Core Set



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. States can report different populations for Child and Adult Core Set reporting.



Median Performance Rates on Frequently Reported Behavioral Health Core Set Measures, FFY 2019

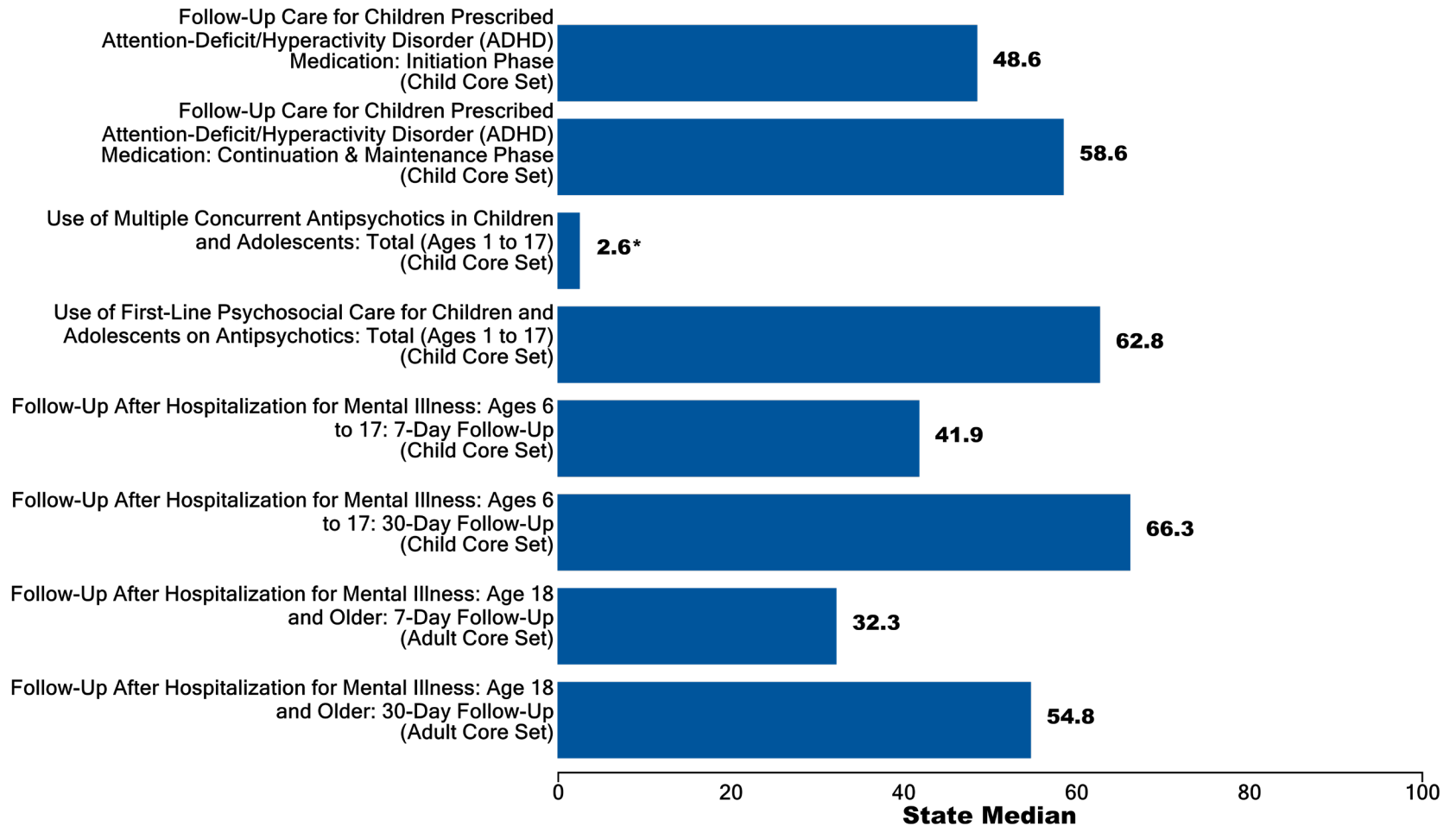


Chart is continued on the next slide.
*Lower rates are better for this measure.

Median Performance Rates on Frequently Reported Behavioral Health Core Set Measures, FFY 2019 (continued)

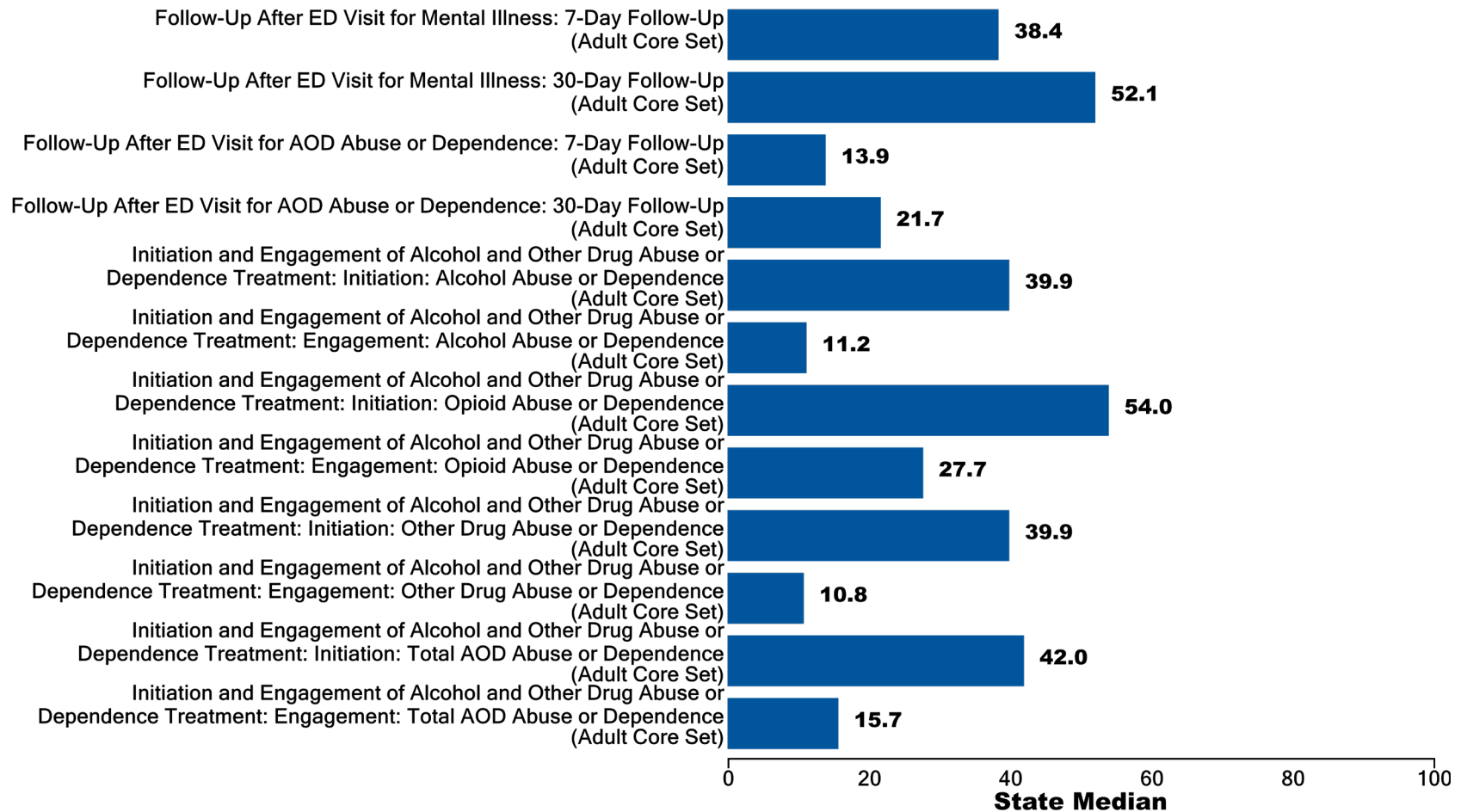
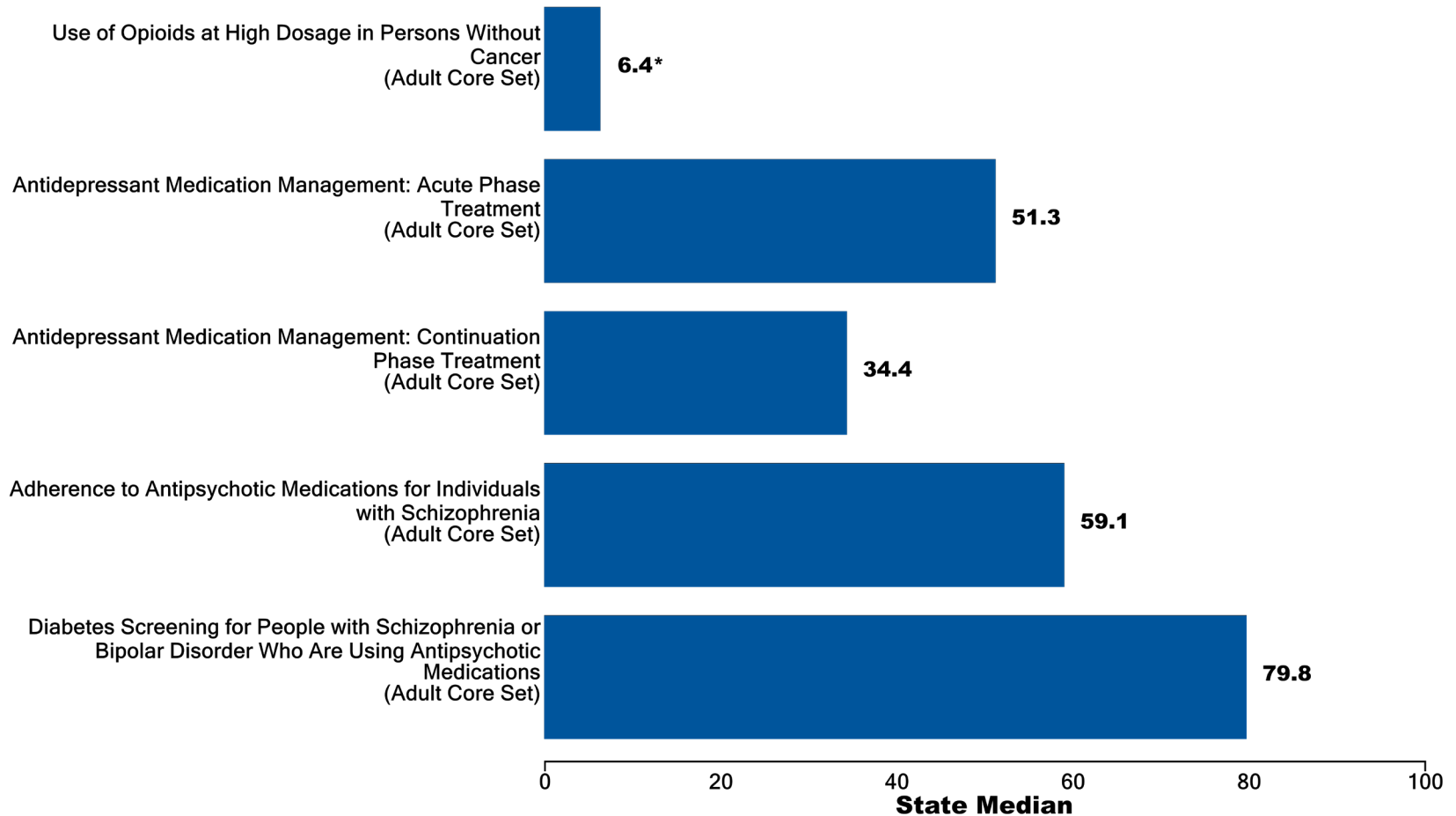


Chart is continued on the next slide.



Median Performance Rates on Frequently Reported Behavioral Health Core Set Measures, FFY 2019 (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.

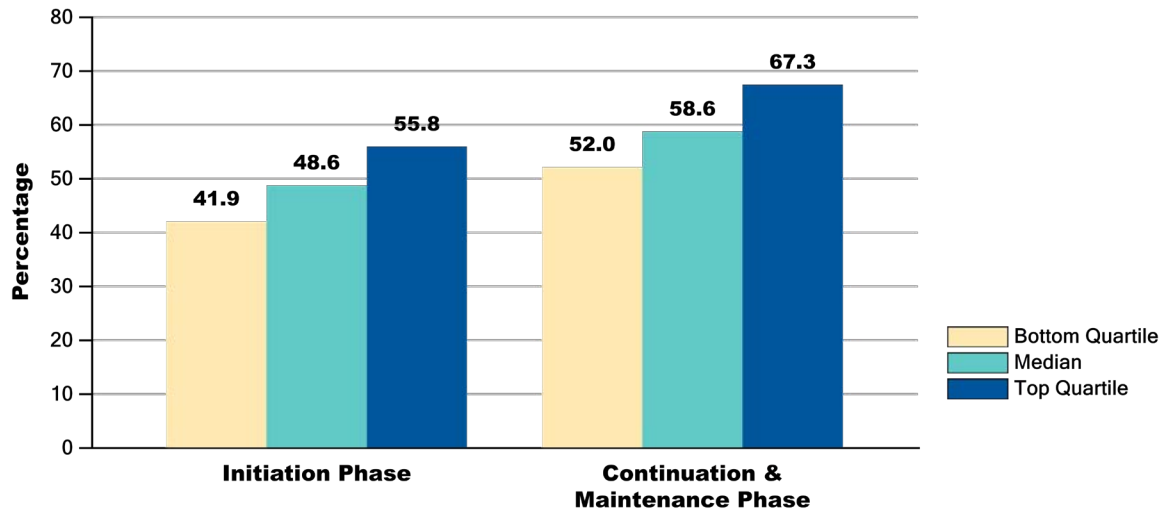
*Lower rates are better for this measure.



Follow-Up Care for Children Newly Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (Child Core Set)

ADHD is a common chronic condition among school-age children that is often treated with medication. Follow-up care for children prescribed ADHD medication is an indicator of the continuity of care for children with a chronic behavioral health condition. Among those newly prescribed an ADHD medication, clinical guidelines recommend a follow-up visit within the first 30 days (the Initiation Phase) for medication management. Among those remaining on ADHD medication, two additional visits are recommended during the 9-month Continuation and Maintenance Phase for ongoing medication management and assessment of the child's functioning.

Percentage of Children Ages 6 to 12 Newly Prescribed Medication for ADHD who Received at Least One Visit During the 30-Day Initiation Phase and at Least Two Visits During the 9-Month Continuation and Maintenance Phase (ADD-CH), 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 children ages 6 to 12 as of the Index Prescription Start Date (IPSD) who were newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication and who had at least three follow-up visits within a 10-month period. Two rates are reported: (1) the percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase; and (2) the percentage of children who remained on the medication for at least 210 days after the Initiation Phase ended and who had at least two additional follow-up visits within 270 days (9 months) during the Continuation and Maintenance phase. This chart excludes Wyoming (CHIP), which had a denominator less than 30. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

A median of **49** percent

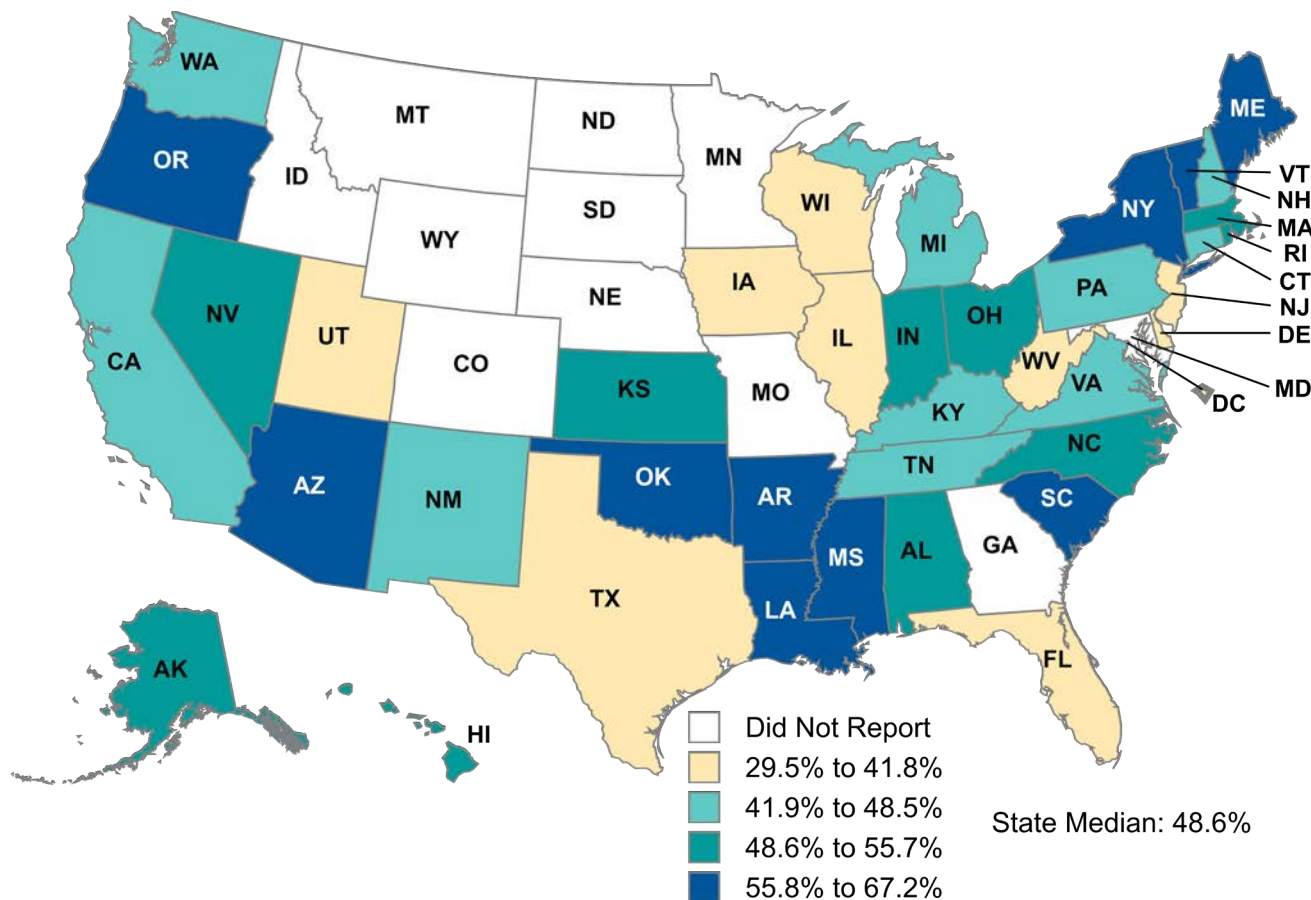
of children newly prescribed ADHD medication had a follow-up visit during the 30-day initiation phase and

59 percent had at least two follow-up visits during the 9-month continuation and maintenance phase (40 states)



Follow-Up Care for Children Newly Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication: Initiation Phase (Child Core Set) (continued)

Geographic Variation in the Percentage of Children Ages 6 to 12 Newly Prescribed Medication for ADHD who Received at Least One Visit During the 30-Day Initiation Phase (ADD-CH), FFY 2019 (n = 40 states)



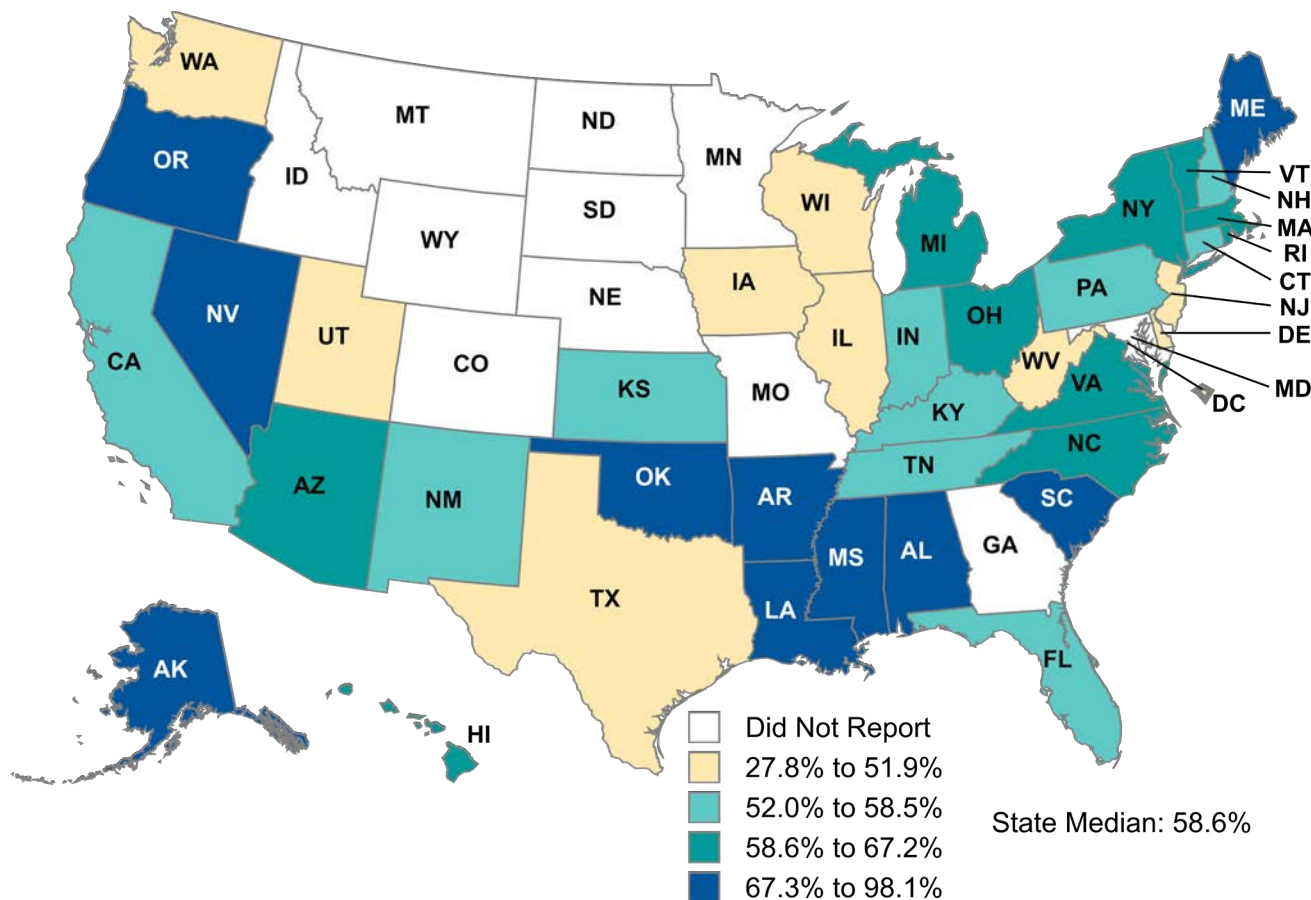
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Note: This chart excludes Wyoming (CHIP), which had a denominator less than 30. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Follow-Up Care for Children Newly Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication: Continuation and Maintenance Phase (Child Core Set) (continued)

Geographic Variation in the Percentage of Children Newly Prescribed Medication for ADHD who Received at Least Two Visits During the 9-Month Continuation and Maintenance Phase (ADD-CH), FFY 2019 (n = 40 states)



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

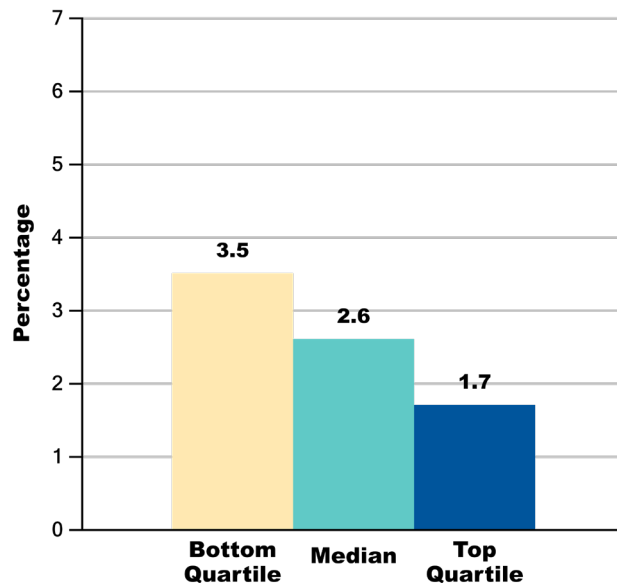
Note: This chart excludes Wyoming (CHIP), which had a denominator less than 30 and did not report the Continuation and Maintenance Phase rate. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Child Core Set)

Concurrent use of antipsychotic medications in children and adolescents has increased over time. Concerns related to the use of these medications in children have grown due to questions regarding appropriate use, medication management, and side effects. Children in foster care are among the highest users of two or more antipsychotic medications. This measure addresses concerns about the appropriateness and safety of prescribing multiple antipsychotic medications concurrently for a duration of at least 90 days.

Percentage of Children and Adolescents Ages 1 to 17 who were on Two or More Concurrent Antipsychotic Medications for at Least 90 Consecutive Days (APC-CH), FFY 2019 (n = 42 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.

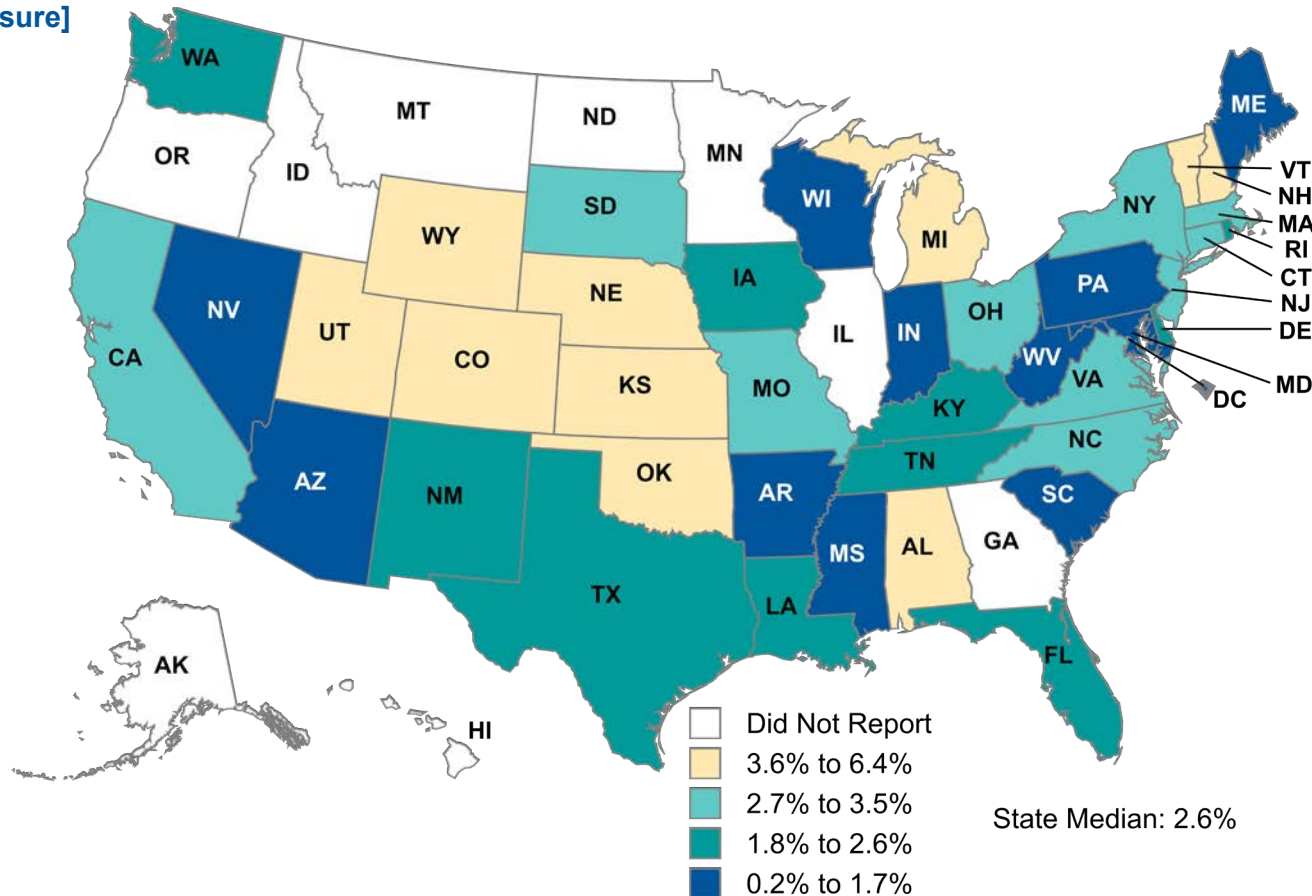
Notes: This measure shows the percentage of children and adolescents ages 1 to 17 who were treated with antipsychotic medications and who were on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

A median of

3 percent of children and adolescents treated with antipsychotic medications were on two or more concurrent antipsychotic medications (42 states)

Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Child Core Set) (continued)

Geographic Variation in the Percentage of Children and Adolescents Ages 1 to 17 who were on Two or More Concurrent Antipsychotic Medications for at Least 90 Consecutive Days (APC-CH), FFY 2019 (n = 42 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.

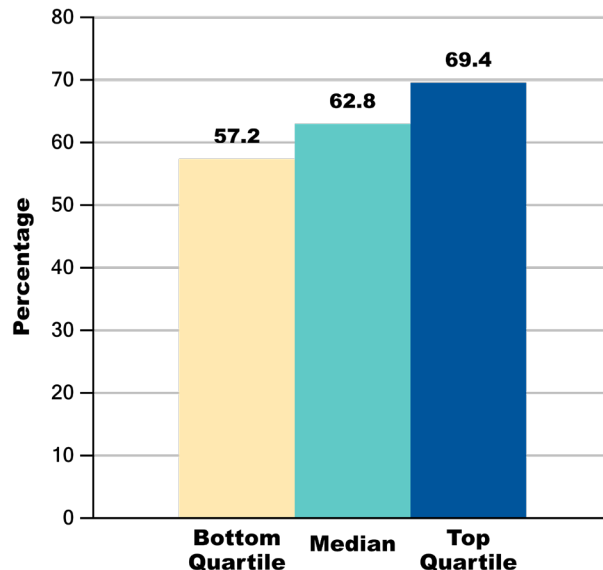
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Child Core Set)

To avoid the risks associated with unnecessary use of antipsychotic medications, psychosocial care is recommended as the first-line treatment for most psychiatric conditions in children and adolescents. This measure assesses whether children and adolescents with conditions for which antipsychotic medications are not indicated had documentation of psychosocial care as first-line treatment before being prescribed an antipsychotic medication.

Percentage of Children and Adolescents Ages 1 to 17 who had a New Prescription for an Antipsychotic Medication and had Documentation of Psychosocial Care as First-Line Treatment (APP-CH), FFY 2019 (n = 29 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 children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. This chart excludes Utah (CHIP) and Wyoming (CHIP), which used Core Set specifications to report the measure but had a denominator smaller than 30. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

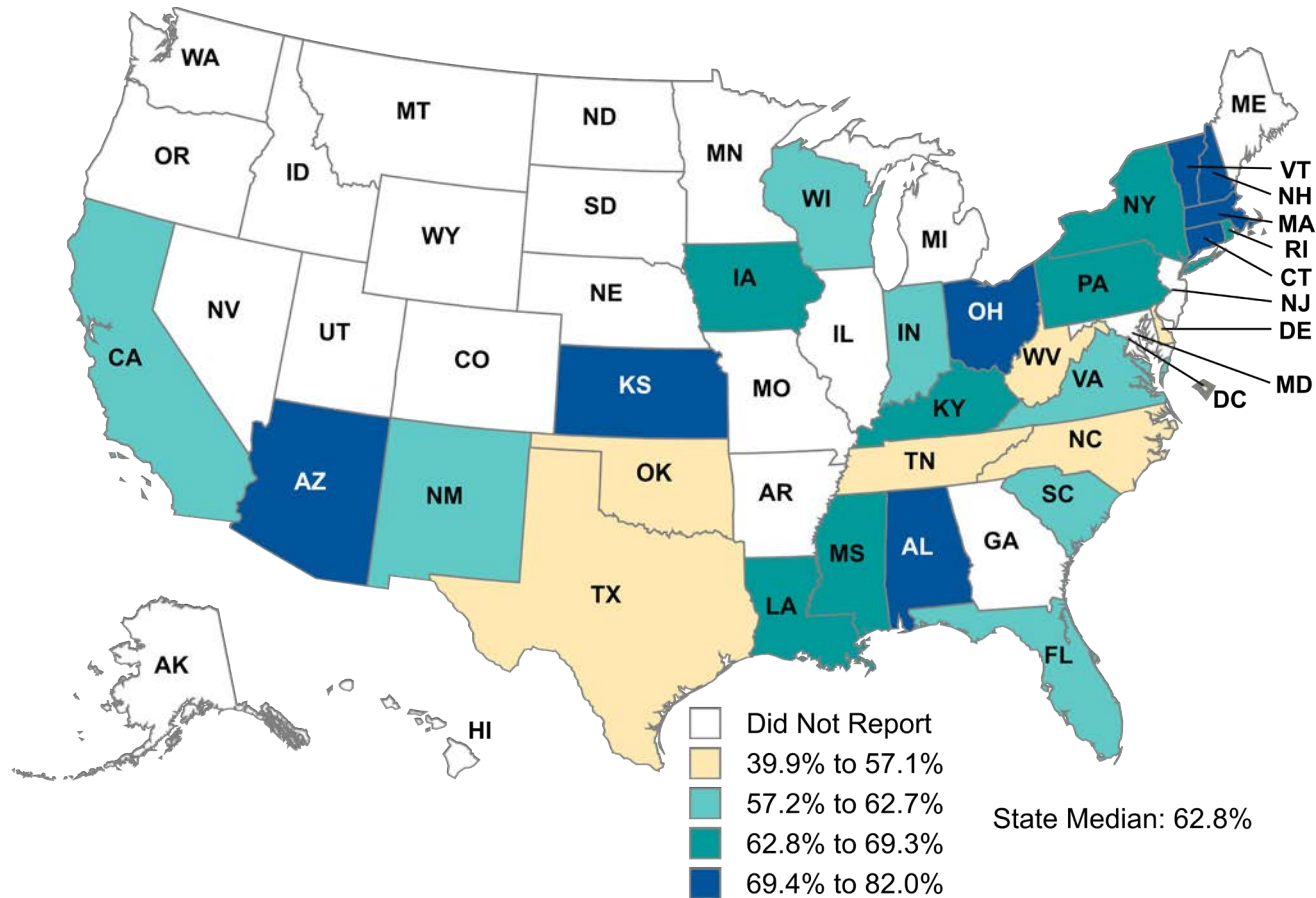
A median of

63

percent of children and adolescents who had a new prescription for an antipsychotic medication had documentation of psychosocial care as first-line treatment (29 states)

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Child Core Set) (continued)

Geographic Variation in the Percentage of Children and Adolescents Ages 1 to 17 who had a New Prescription for an Antipsychotic Medication and had Documentation of Psychosocial Care as First-Line Treatment (APP-CH), FFY 2019 (n = 29 states)



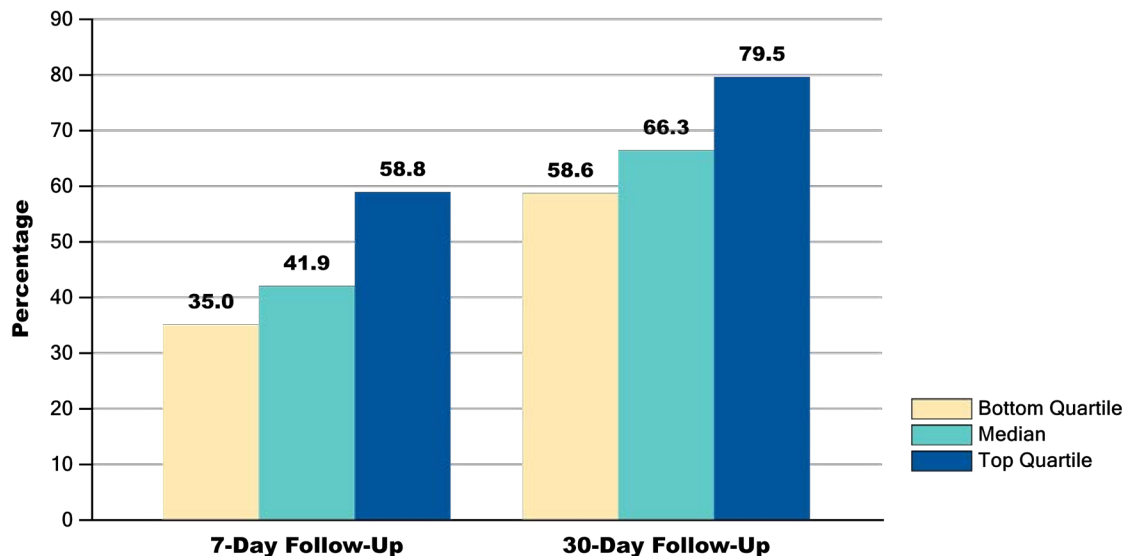
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Note: This chart excludes Utah (CHIP) and Wyoming (CHIP), which used Core Set specifications to report the measure but had a denominator smaller than 30. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (Child Core Set)

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 after discharge and ideally, within 7 days after discharge.

Percentage of Discharges for Children Ages 6 to 17 Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit with a Mental Health Practitioners within 7 and 30 Days After Discharge (FUH-CH), FFY 2019 (n = 44 states)



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

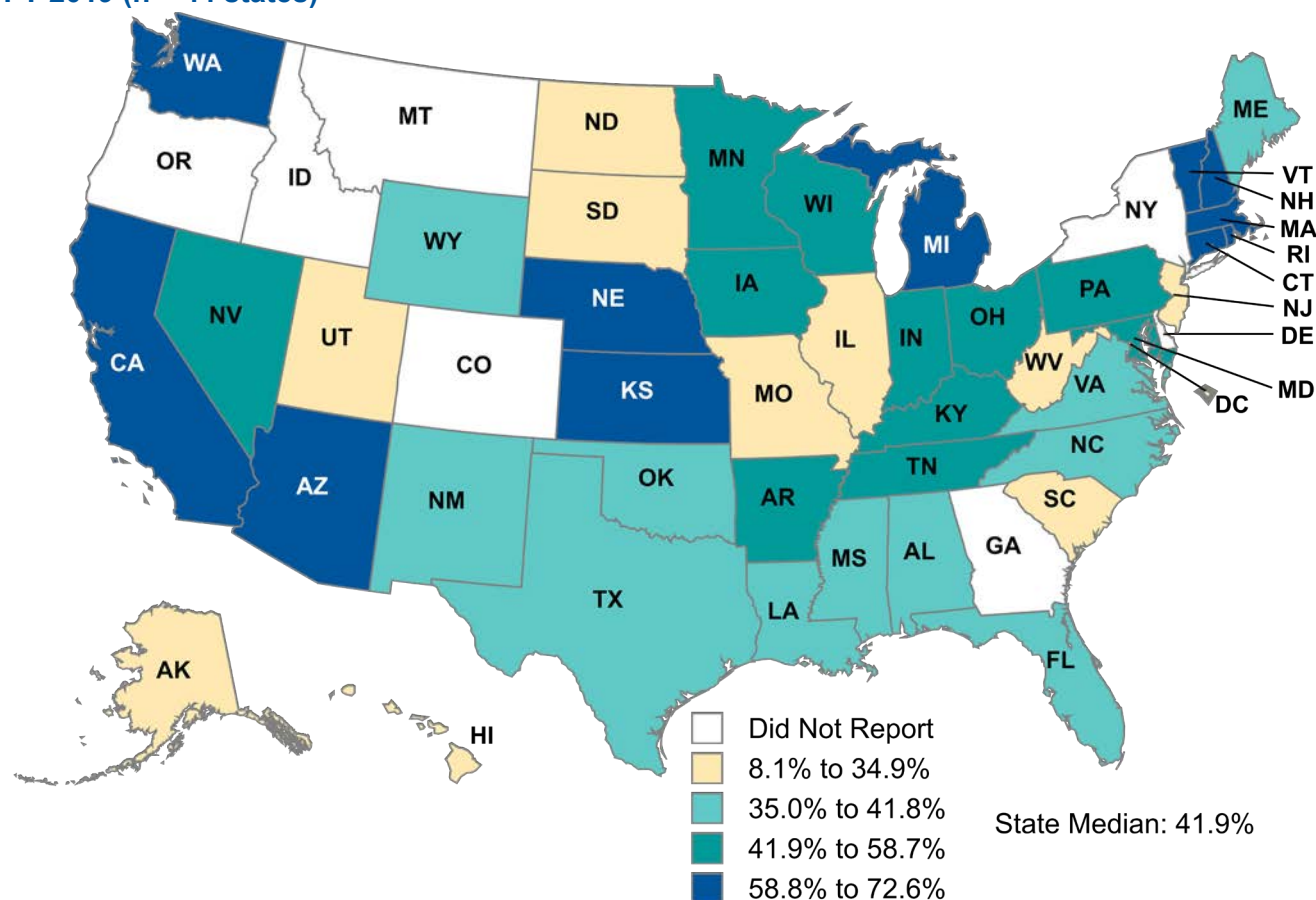
Notes: This measure shows the percentage of discharges for children ages 6 to 17 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses who had a follow-up visit with a mental health practitioner. Two rates are reported: (1) the percentage of discharges for 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 reported the measure but did not use Child Core Set specifications. This chart also excludes Delaware, which had a denominator less than 30. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

A median of **42** percent of children ages 6 to 17 who were hospitalized for mental illness or intentional self-harm had a follow-up visit within 7 days after discharge and **66** percent had a follow-up visit within 30 days after discharge (44 states)



Follow-Up After Hospitalization for Mental Illness Within 7 Days After Discharge: Ages 6 to 17 (Child Core Set) (continued)

Geographic Variation in the Percentage of Discharges for Children Ages 6 to 17 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 (FUH-CH), FFY 2019 (n = 44 states)



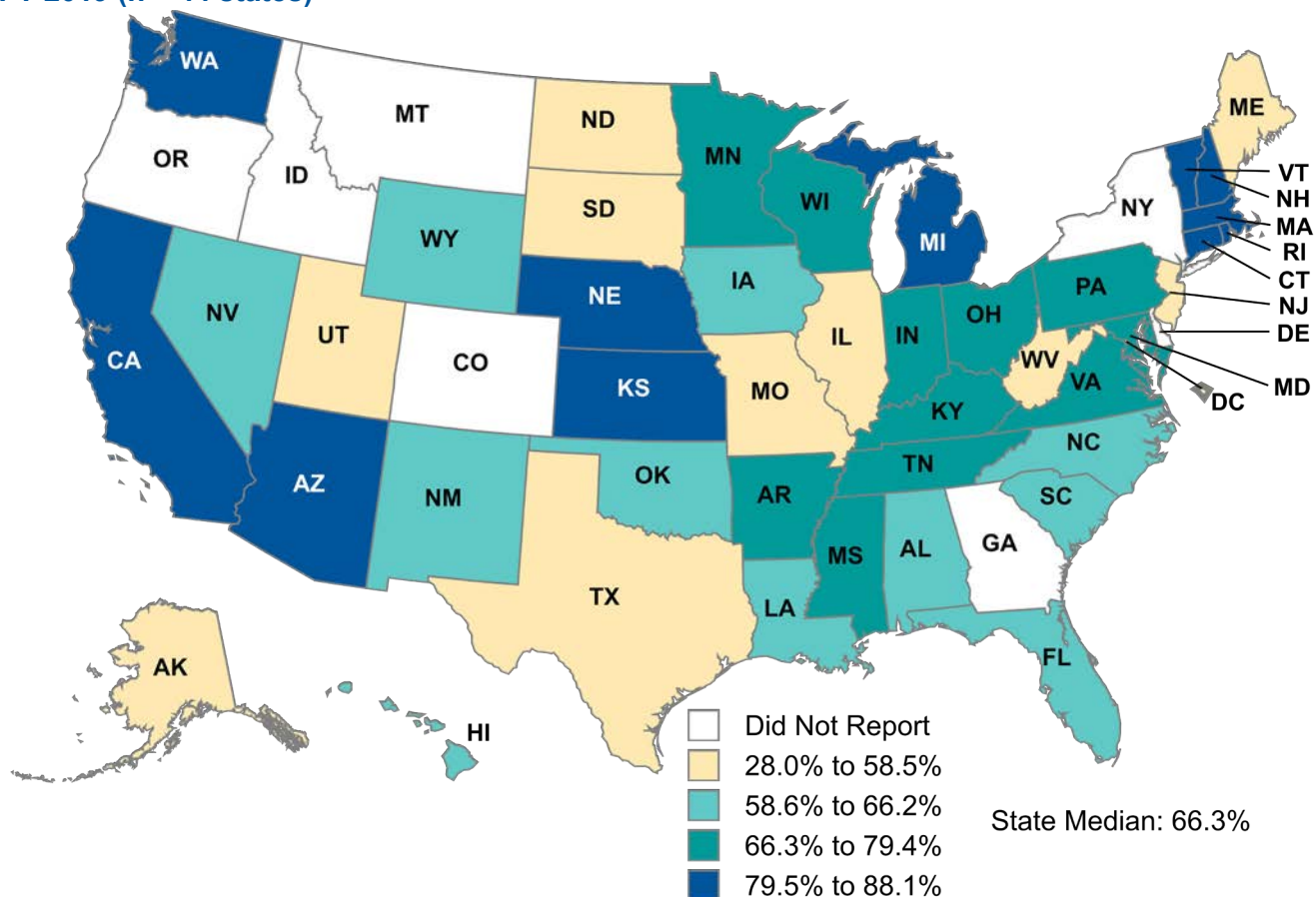
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Note: This chart excludes New York and Oregon, which reported the measure but did not use Child Core Set specifications. This chart also excludes Delaware, which had a denominator less than 30. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Follow-Up After Hospitalization for Mental Illness Within 30 Days After Discharge: Ages 6 to 17 (Child Core Set) (continued)

Geographic Variation in the Percentage of Discharges for Children Ages 6 to 17 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 (FUH-CH), FFY 2019 (n = 44 states)



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

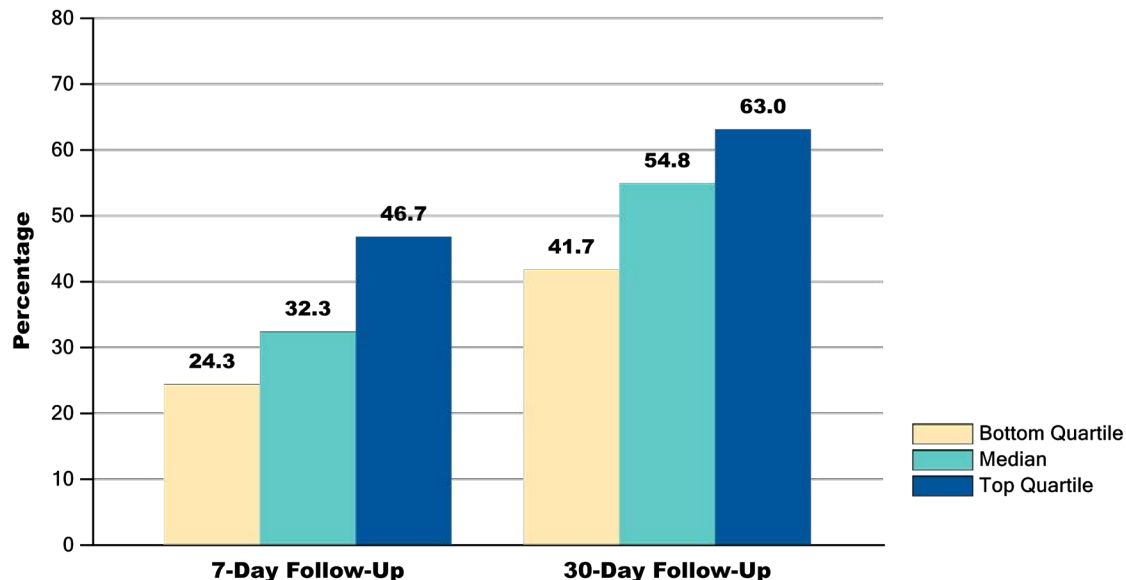
Notes: This chart excludes New York and Oregon, which reported the measure but did not provide data for the 30-Day Follow-Up rate. This chart also excludes Delaware, which had a denominator less than 30. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (Adult Core Set)

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 (FUH-AD), 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.

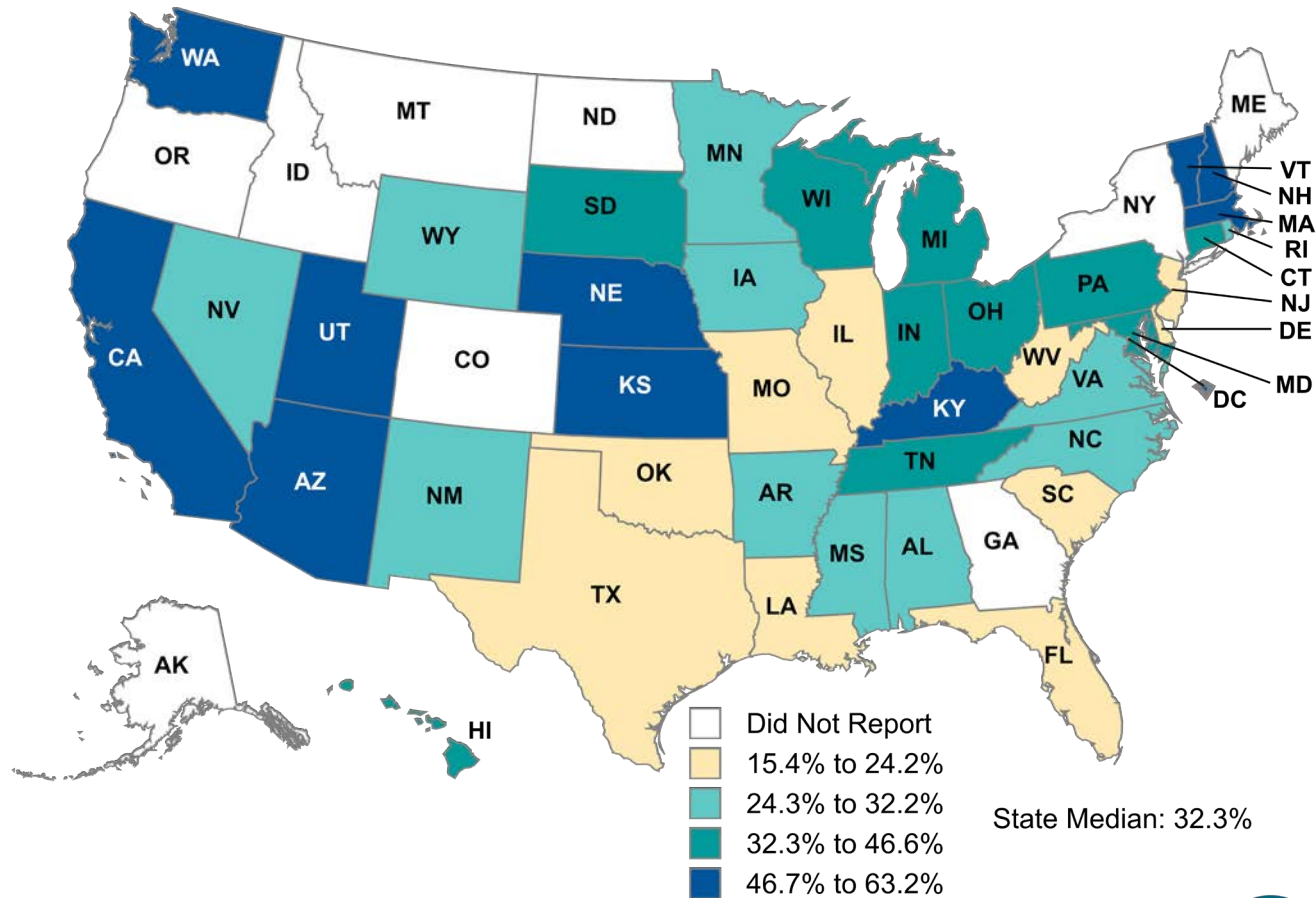
A median of **32** percent of adults who were hospitalized for mental illness or intentional self-harm had a follow-up visit within 7 days after discharge and

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



Follow-Up After Hospitalization for Mental Illness Within 7 Days After Discharge: Age 18 and Older (Adult Core Set) (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 (FUH-AD), FFY 2019 (n = 42 states)



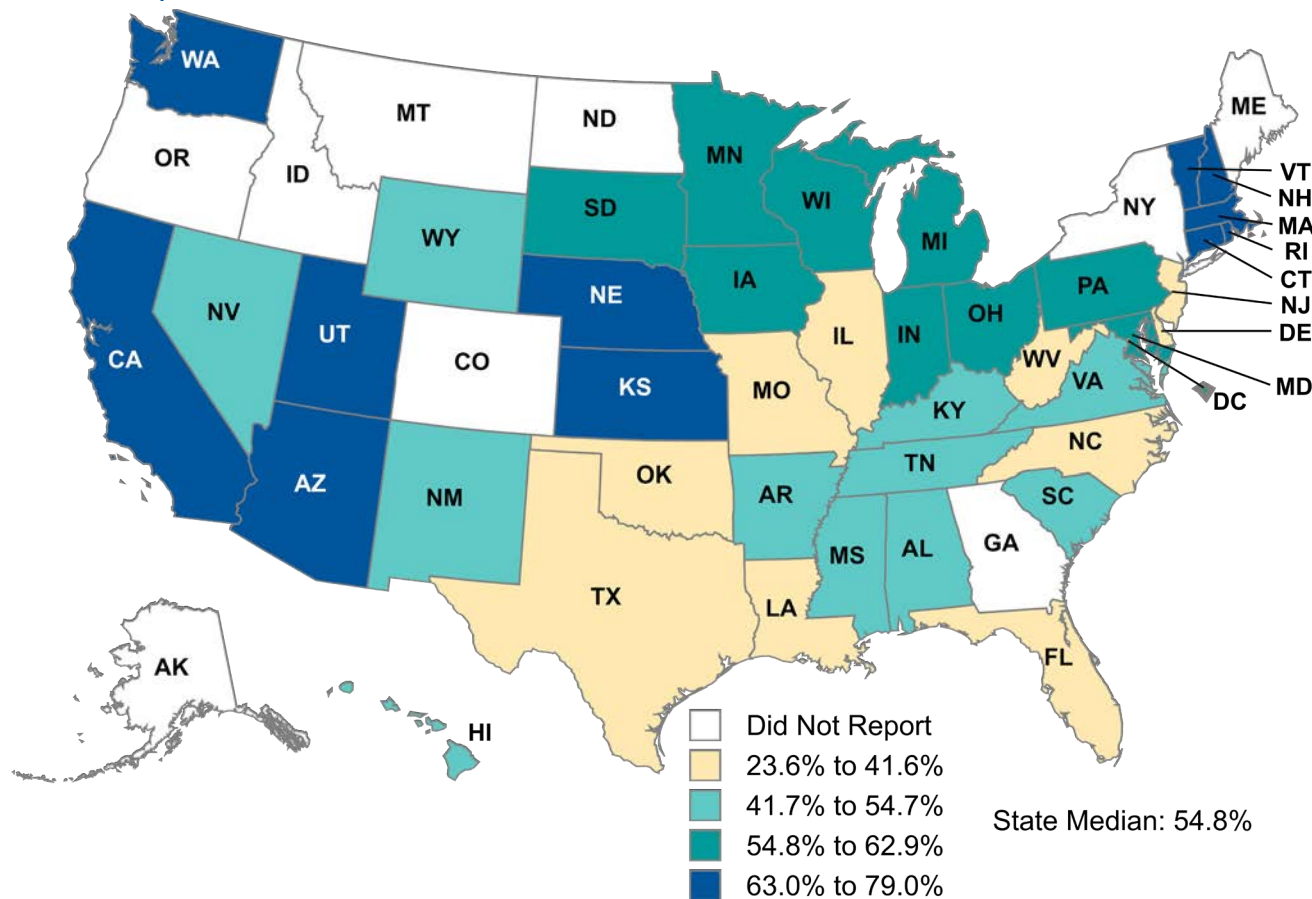
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Note: This chart excludes New York and Oregon, which calculated the measure but did not use Adult Core Set specifications.



Follow-Up After Hospitalization for Mental Illness Within 30 Days After Discharge: Age 18 and Older (Adult Core Set) (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 (FUH-AD), FFY 2019 (n = 42 states)



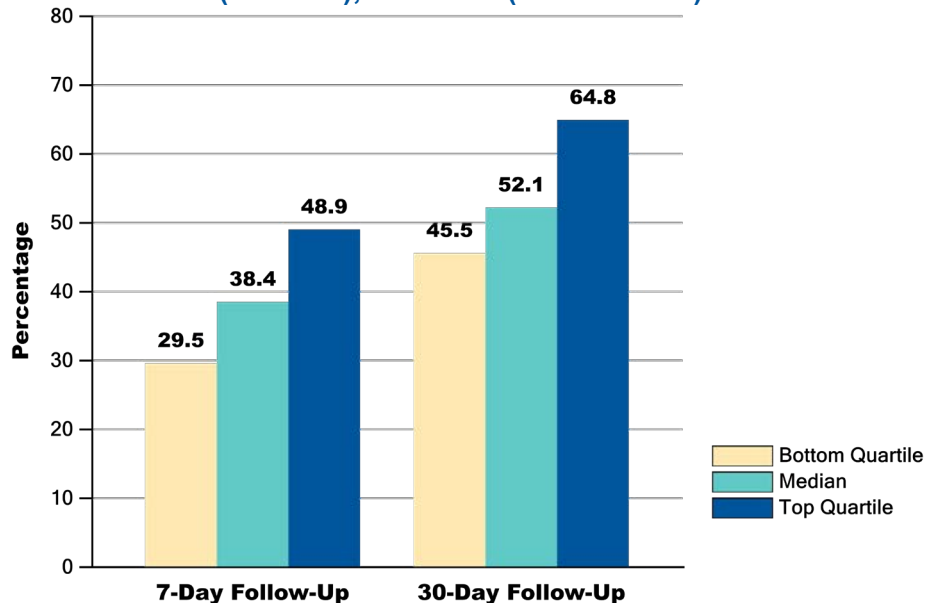
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

Note: This chart excludes New York and Oregon, which calculated the measure but did not use Adult Core Set specifications.

Follow-Up After Emergency Department Visit for Mental Illness (Adult Core Set)

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 (FUM-AD), 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.

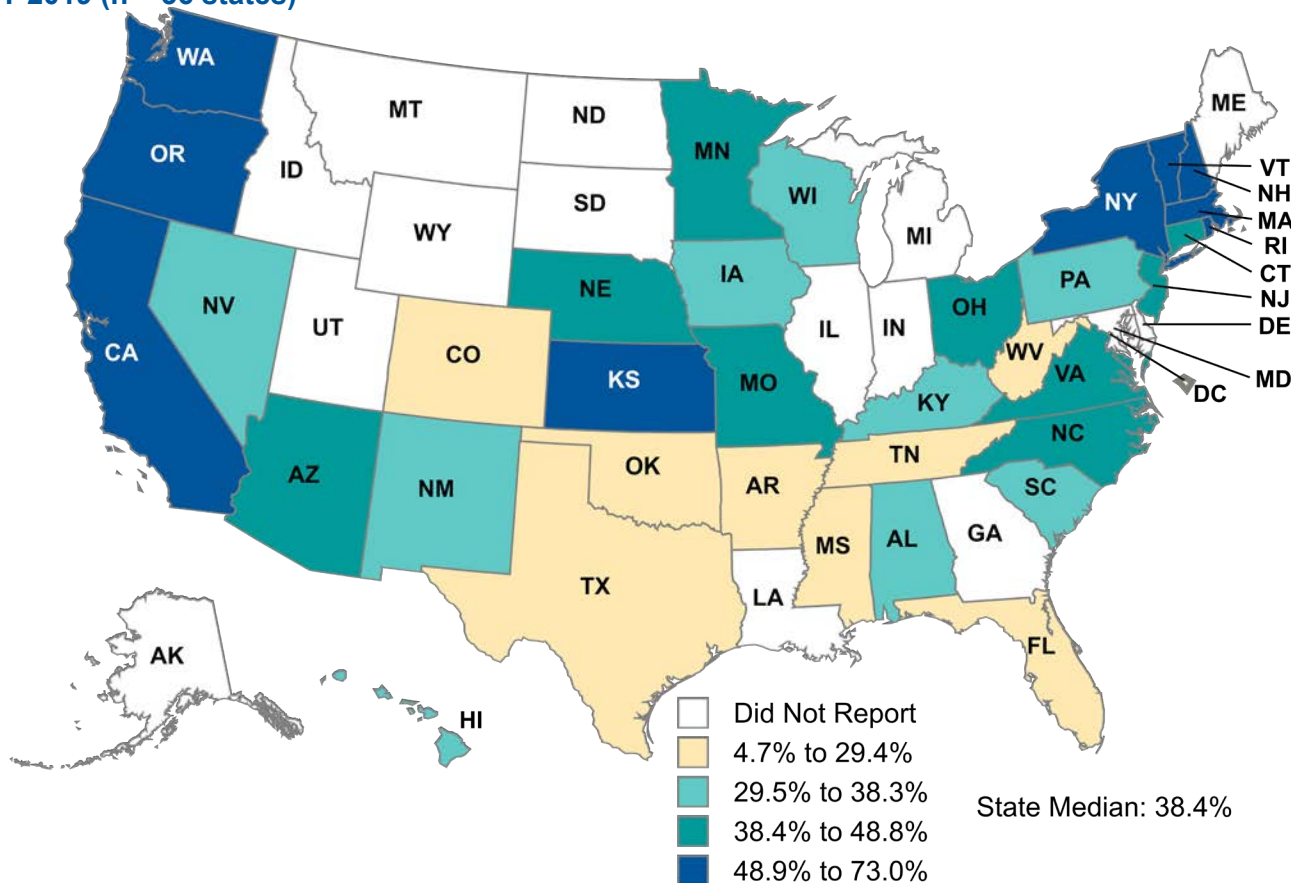
A median of **38** percent of ED visits for adults with a diagnosis of mental illness or intentional self-harm had a follow-up visit within 7 days and

52 percent had a follow-up visit within 30 days (36 states)



Follow-Up After Emergency Department (ED) Visit for Mental Illness Within 7 Days of the ED Visit (Adult Core Set) (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 (FUM-AD), FFY 2019 (n = 36 states)



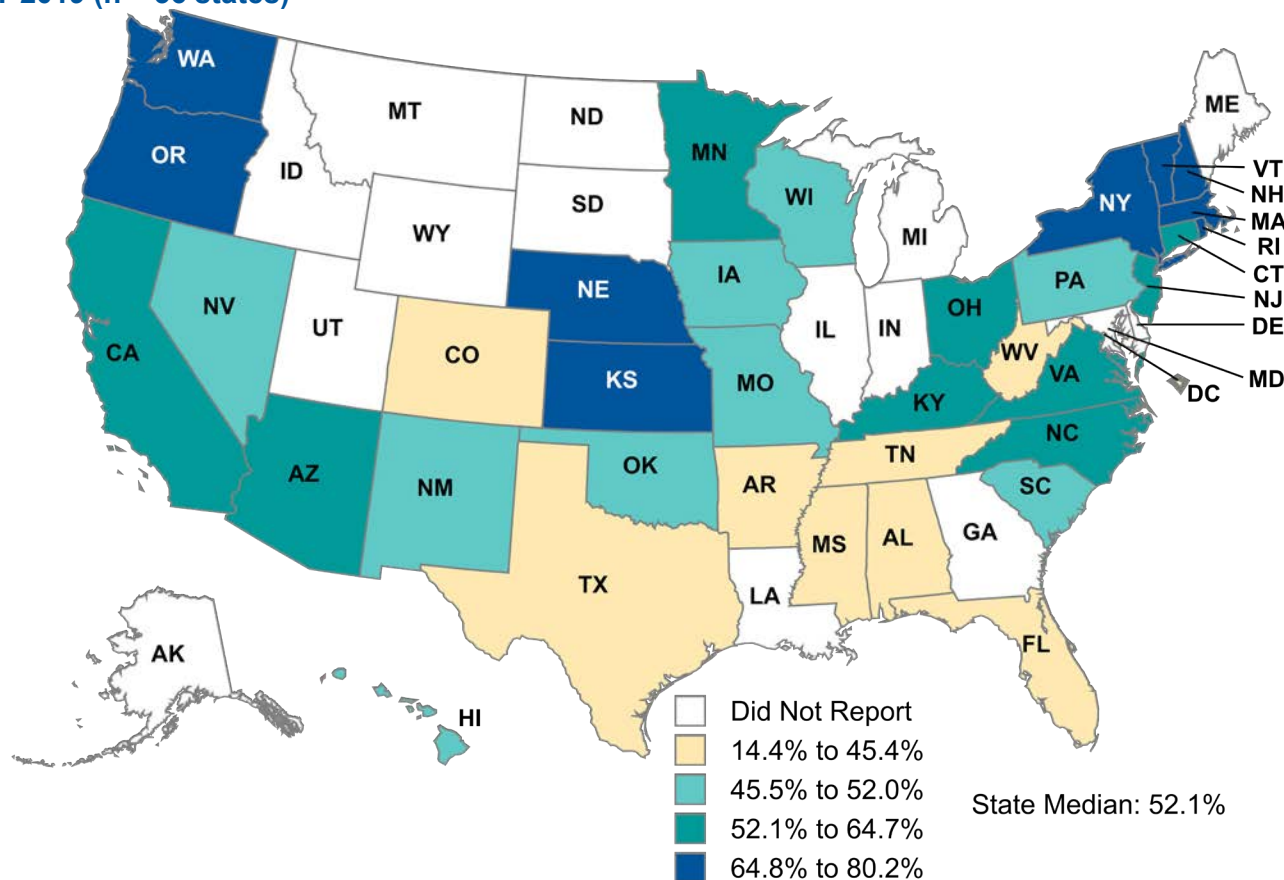
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

*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.



Follow-Up After Emergency Department (ED) Visit for Mental Illness Within 30 Days of the ED Visit (Adult Core Set) (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 (FUM-AD), FFY 2019 (n = 36 states)



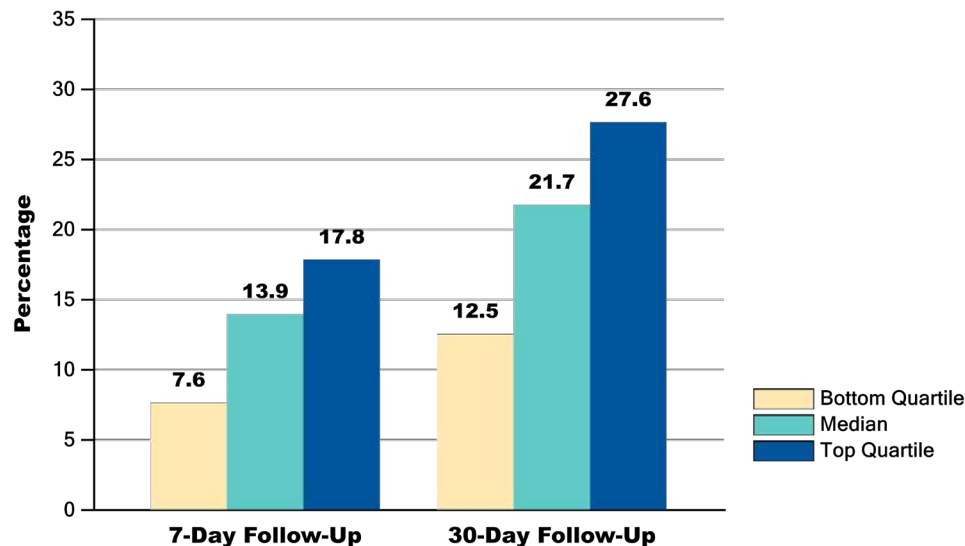
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

*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.

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (Adult Core Set)

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 (FUA-AD), 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.

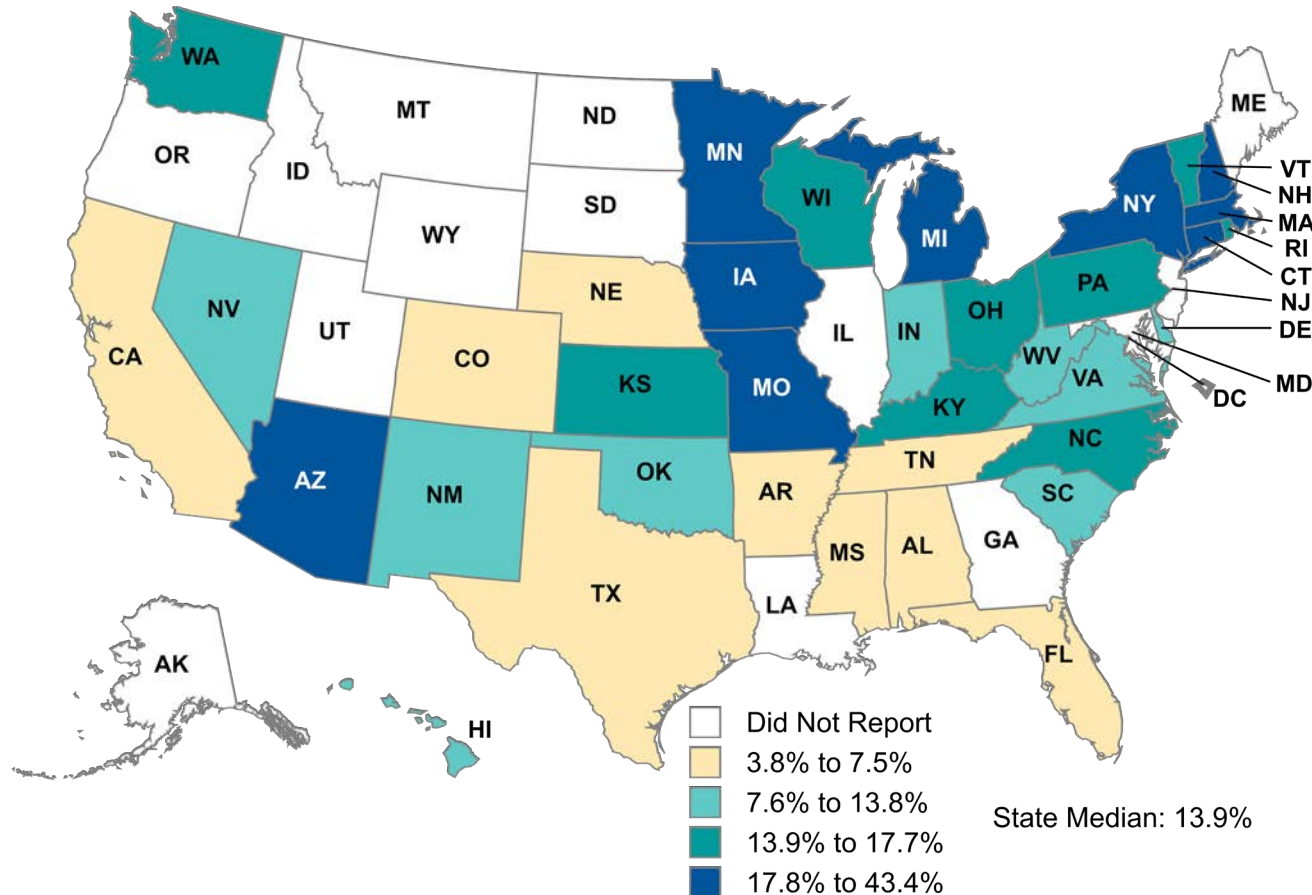
*Data displayed in this chart include adults ages 18 to 64 for 24 states and age 18 and older for 12 states.

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)



Follow-Up After Emergency Department (ED) Visit for Alcohol and Other Drug Abuse or Dependence Within 7 Days of the ED Visit (Adult Core Set) (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 (FUA-AD), FFY 2019 (n = 36 states)

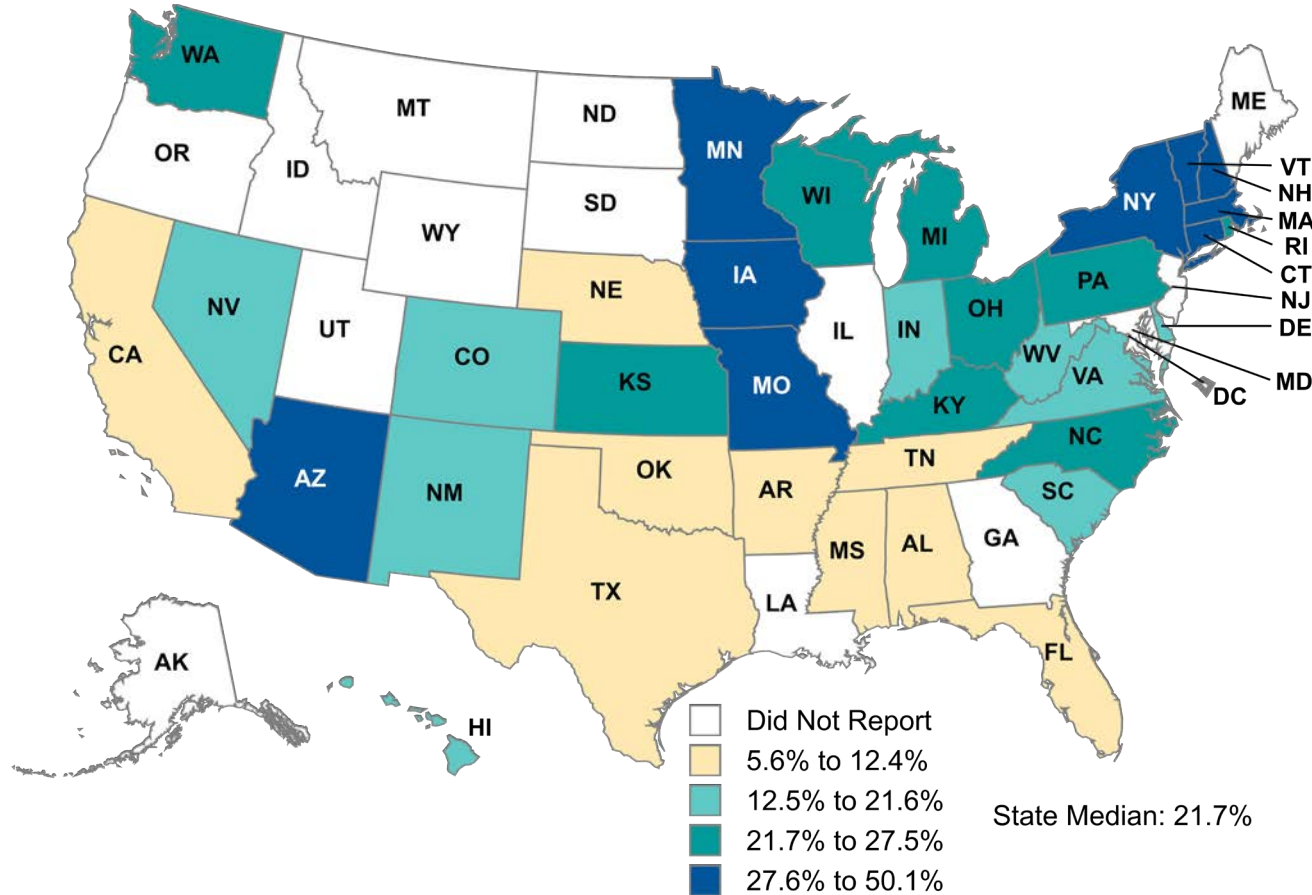


Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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

Follow-Up After Emergency Department (ED) Visit for Alcohol and Other Drug Abuse or Dependence Within 30 Days of the ED Visit (Adult Core Set) (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 (FUA-AD), FFY 2019 (n = 36 states)



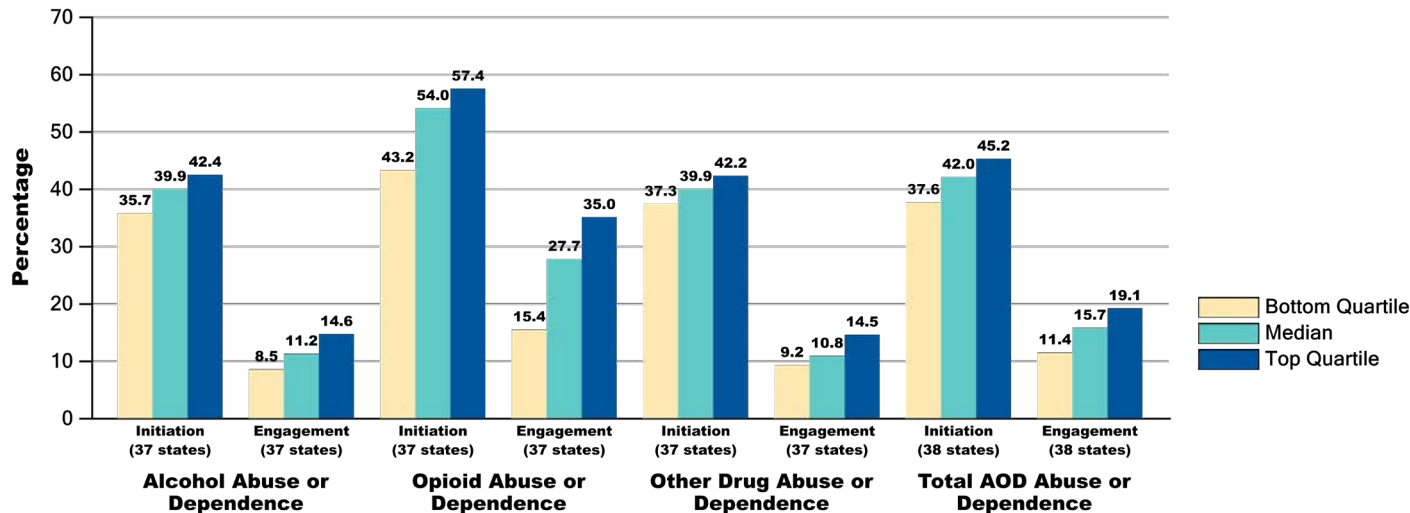
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (Adult Core Set)

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 (IET-AD), FFY 2019



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

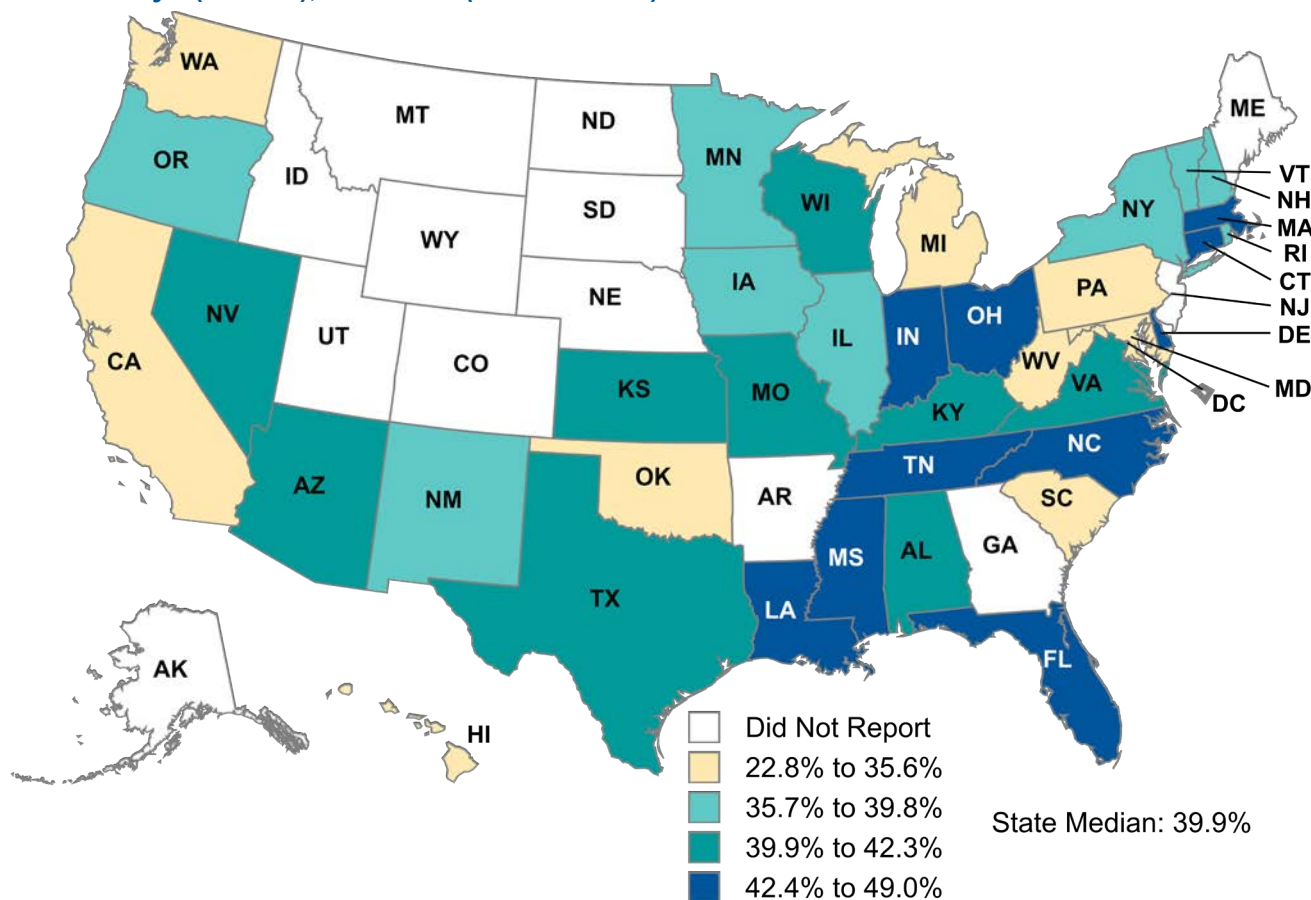
Notes: This measure shows the percentage of adults age 18 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who: (1) initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth, or medication 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)

Initiation of Alcohol Abuse or Dependence Treatment (Adult Core Set) (continued)

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



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

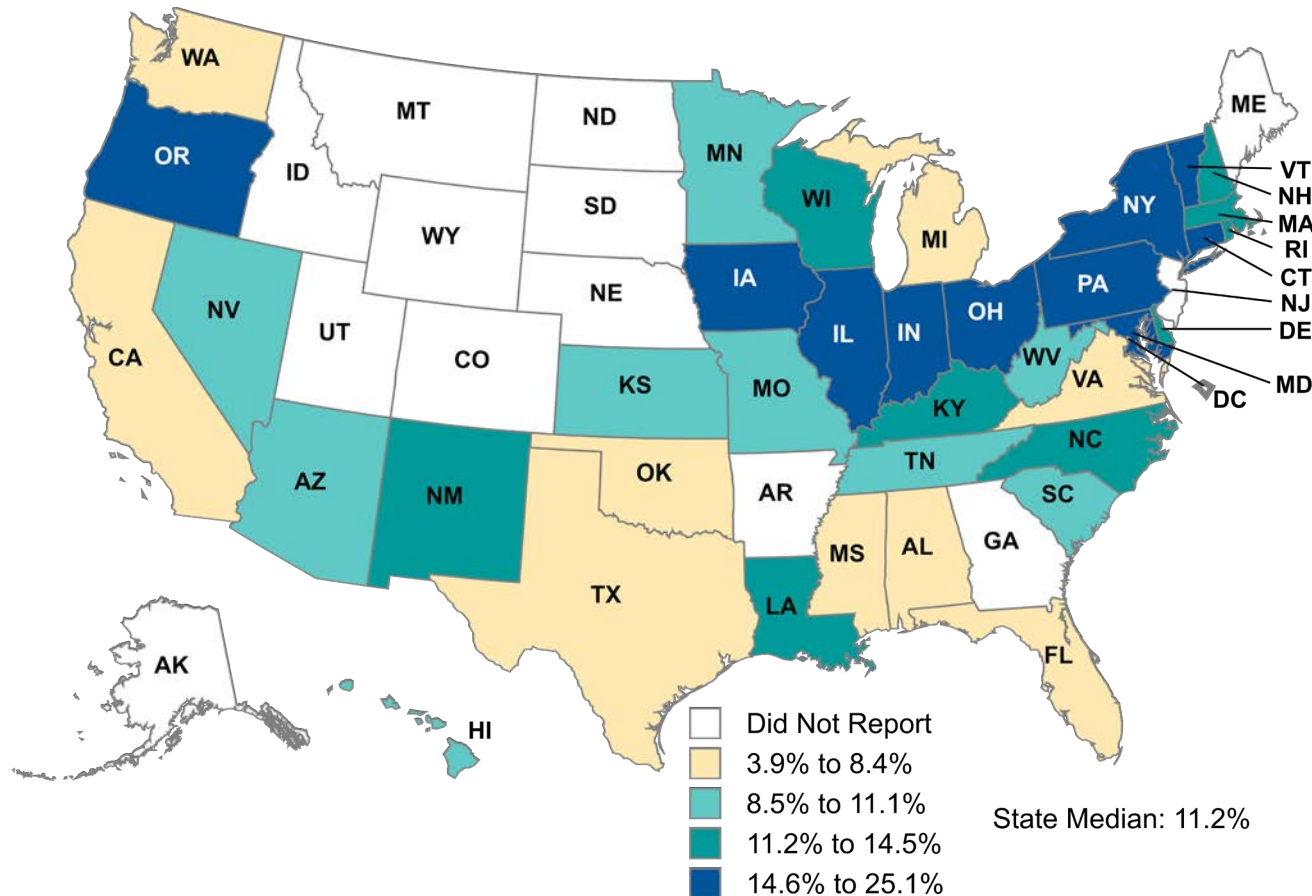
Note: This chart excludes Colorado, which reported the measure but did not provide data for the Initiation of Alcohol Abuse or Dependence Treatment rate.

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



Engagement of Alcohol Abuse or Dependence Treatment (Adult Core Set) (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 (IET-AD), FFY 2019 (n = 37 states)



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

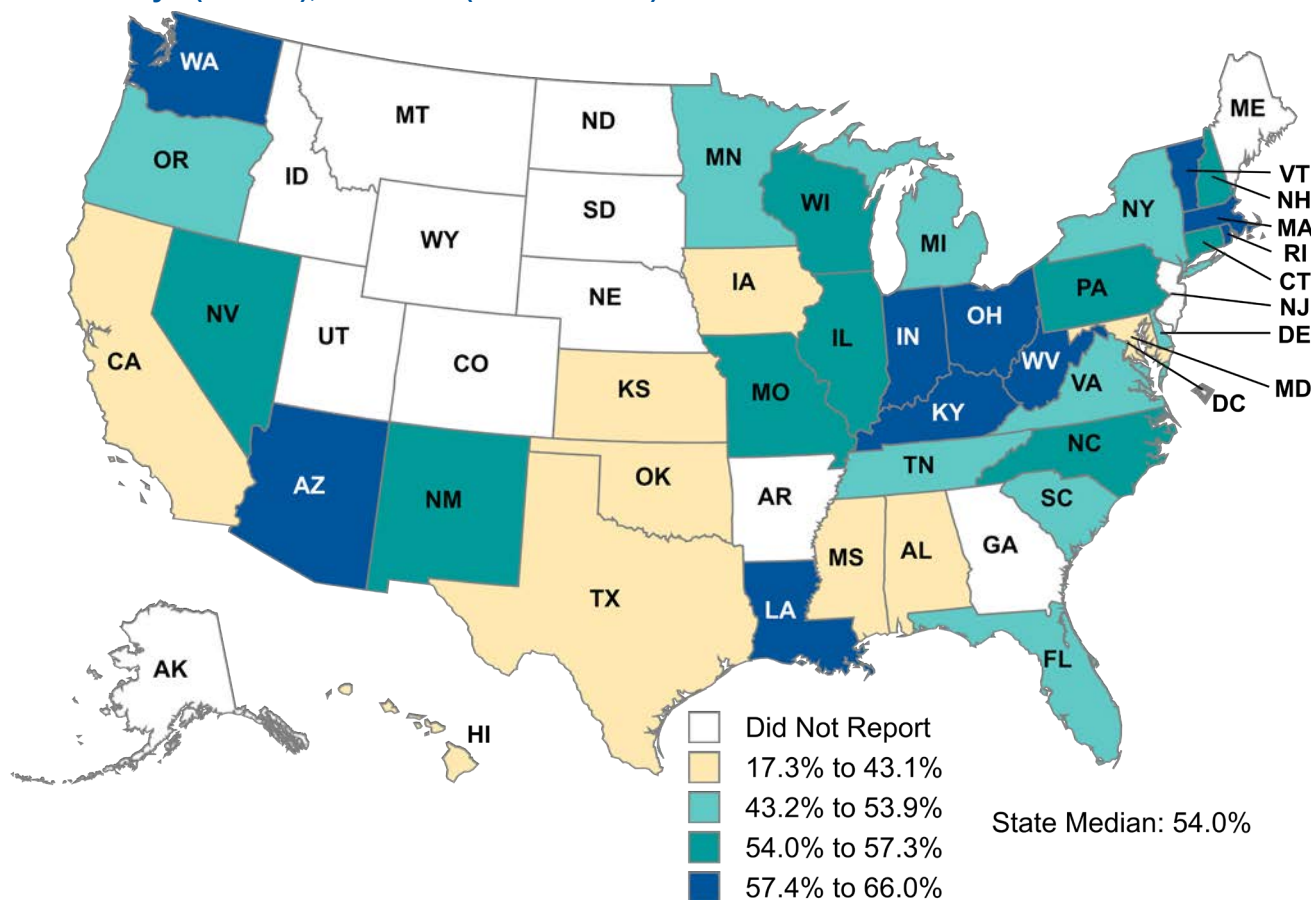
Note: This chart excludes Colorado, which reported the measure but did not provide data for the Engagement of Alcohol Abuse or Dependence Treatment rate.

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



Initiation of Opioid Abuse or Dependence Treatment (Adult Core Set) (continued)

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



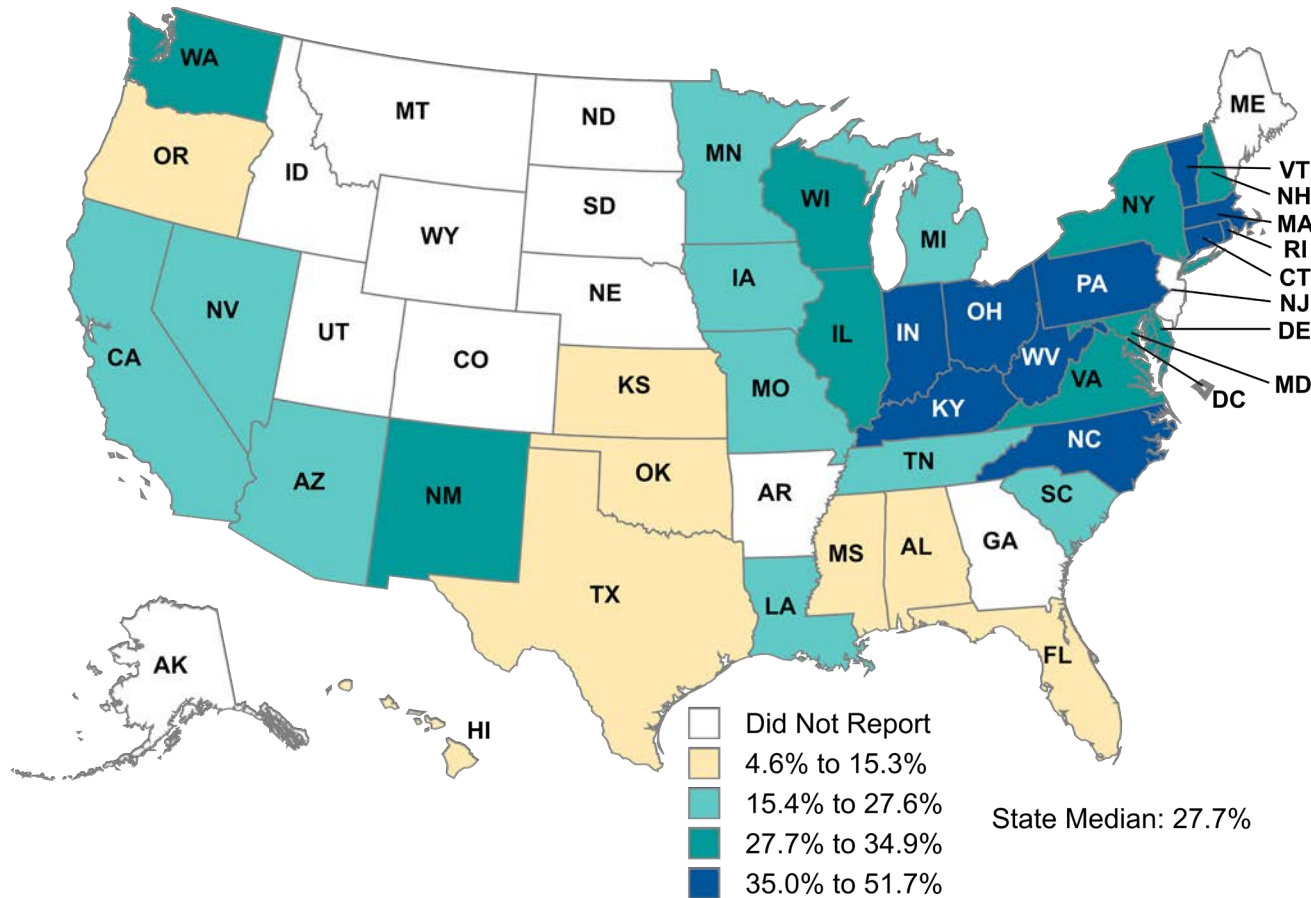
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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.

Engagement of Opioid Abuse or Dependence Treatment (Adult Core Set) (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 (IET-AD), FFY 2019 (n = 37 states)



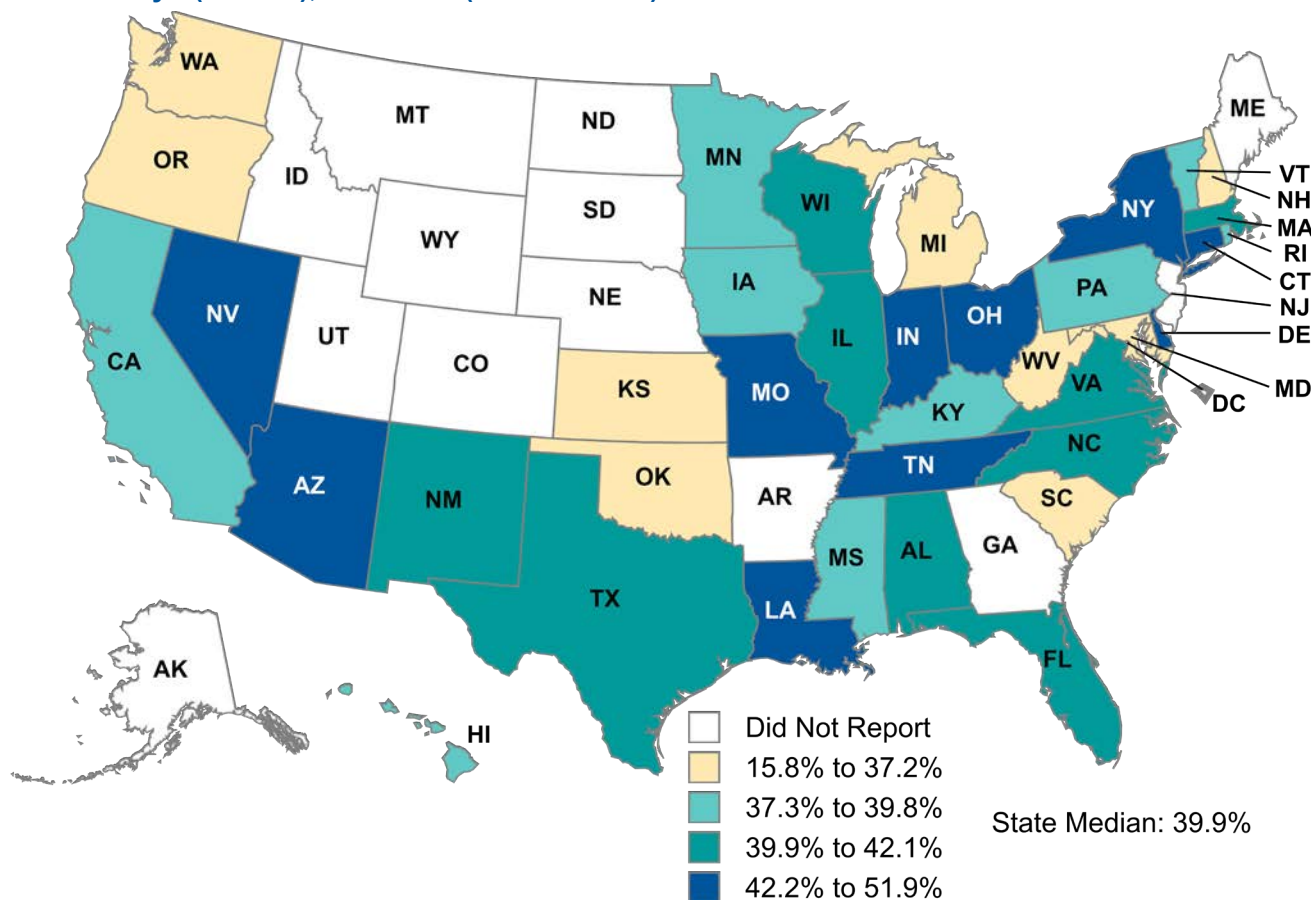
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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.

Initiation of Other Drug Abuse or Dependence Treatment (Adult Core Set) (continued)

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



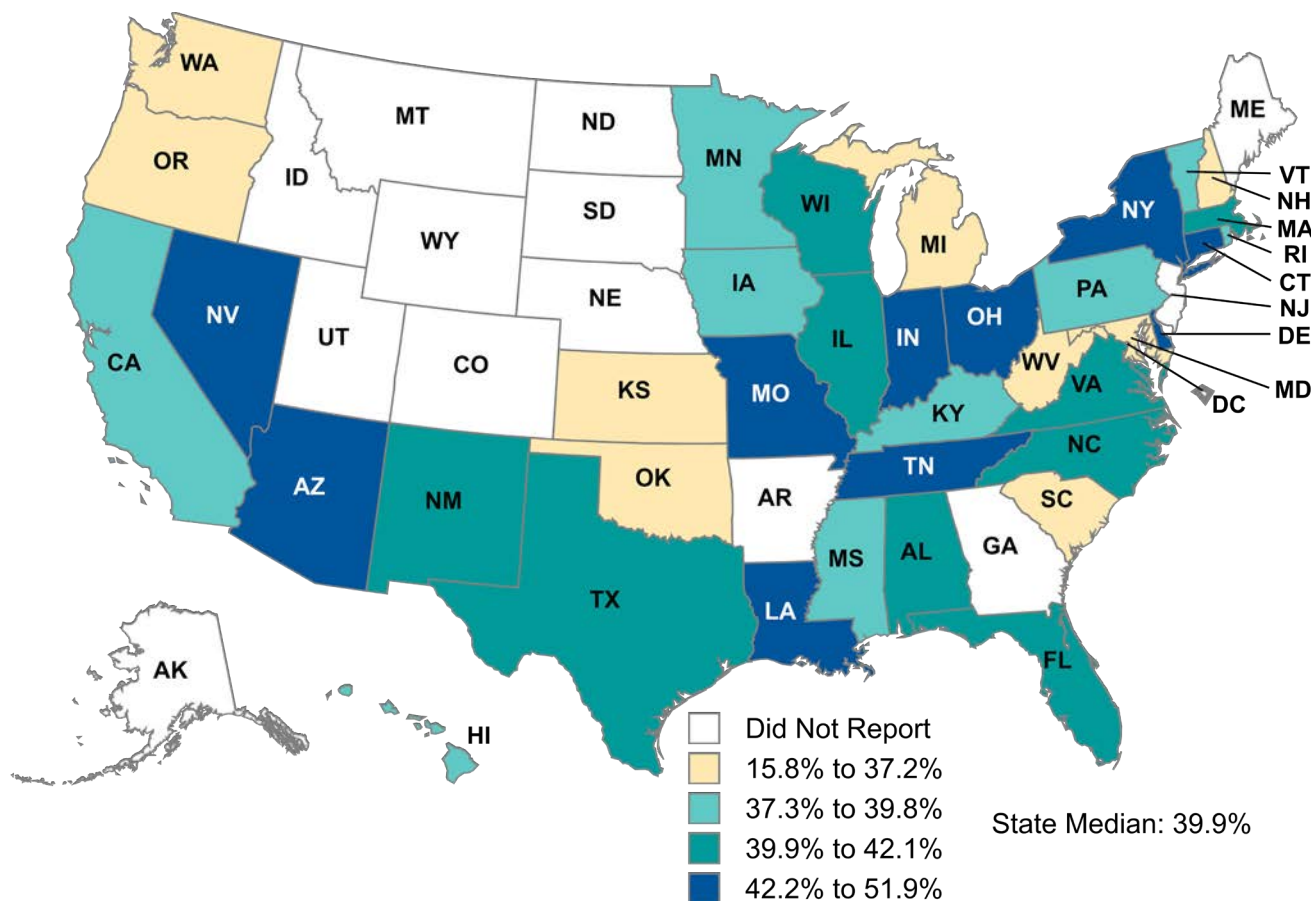
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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.

Engagement of Other Drug Abuse or Dependence Treatment (Adult Core Set) (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 (IET-AD), FFY 2019 (n = 37 states)



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

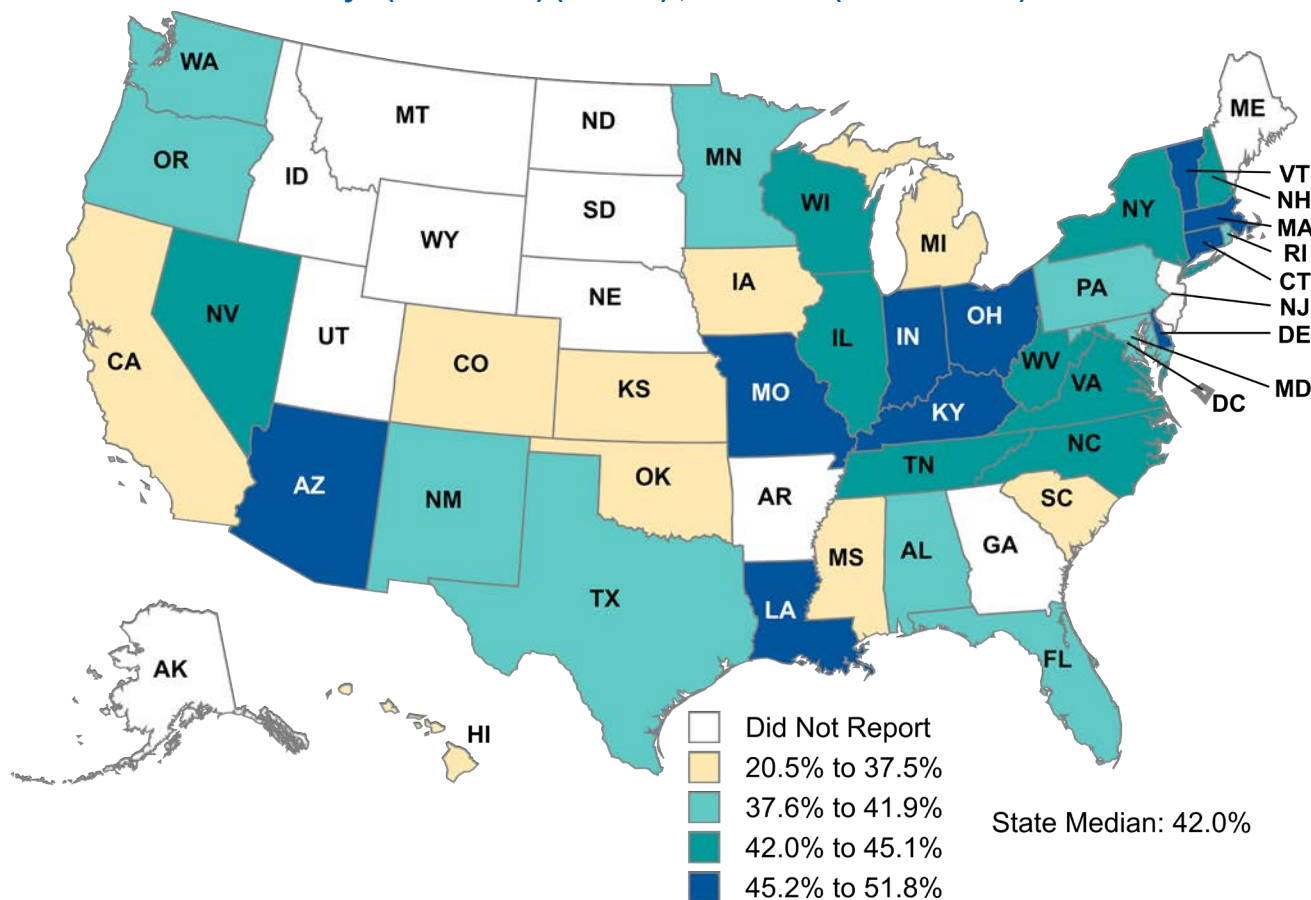
Note: This chart excludes Colorado, which reported the measure but did not provide data for the Engagement of Other Drug Abuse or Dependence Treatment rate.

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



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

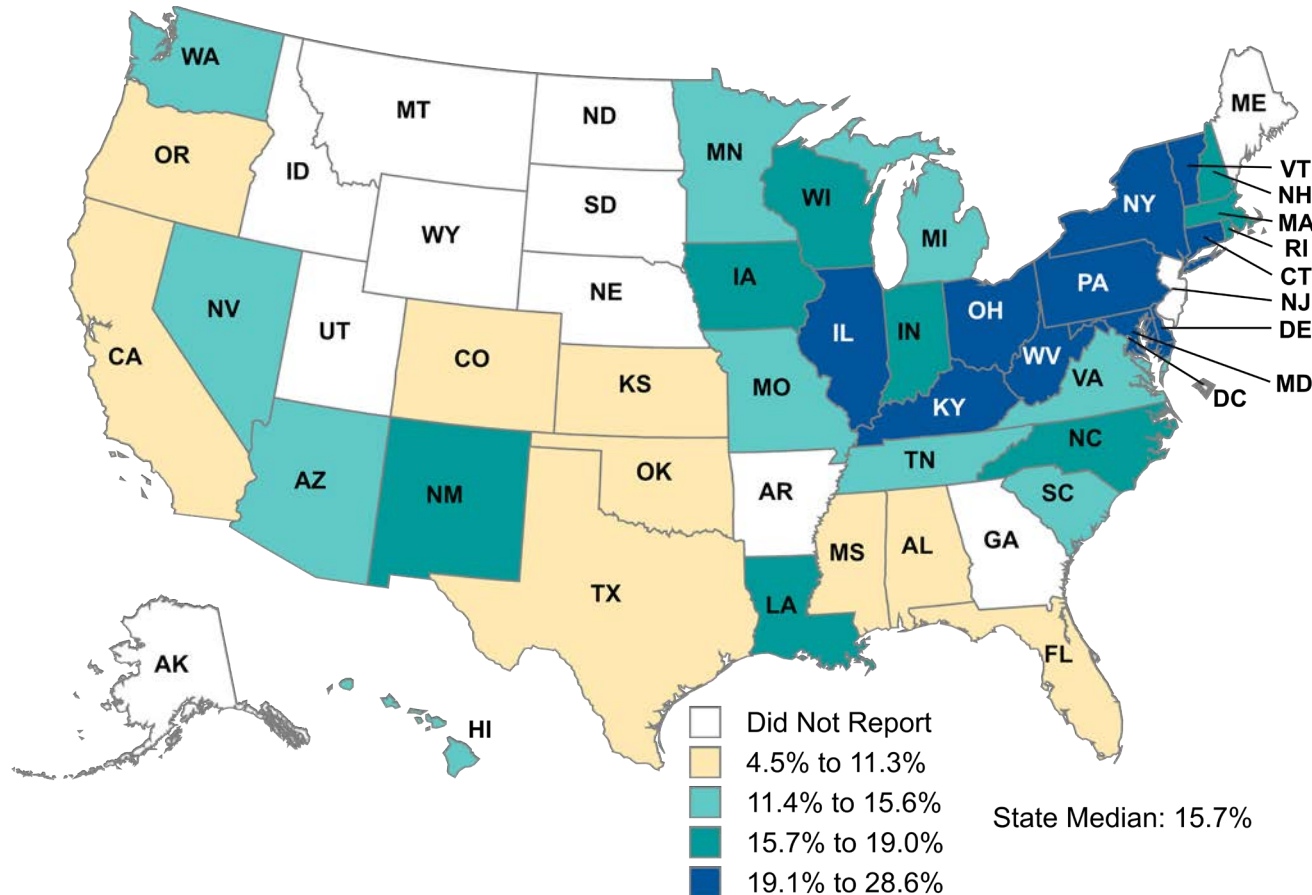
Geographic Variation in the Percentage of Adults* with a New Episode of Alcohol or Other Drug Abuse or Dependence Who Initiated Treatment within 14 Days (Total Rate) (IET-AD) , FFY 2019 (n = 38 states)



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.

Engagement of Alcohol or Other Drug Abuse or Dependence Treatment: Total Rate (Adult Core Set) (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) (IET-AD), FFY 2019 (n = 38 states)



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

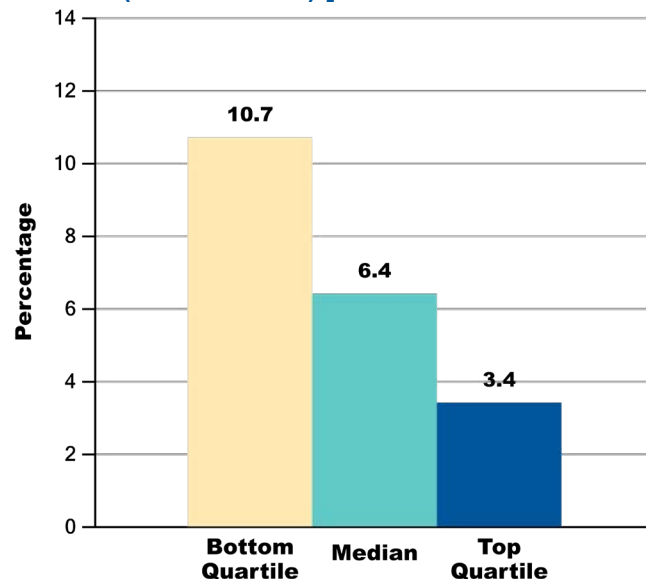
*Data displayed in this chart include adults ages 18 to 64 for 28 states and age 18 and older for 10 states.



Use of Opioids at High Dosage in Persons Without Cancer (Adult Core Set)

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 (OHD-AD), 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.

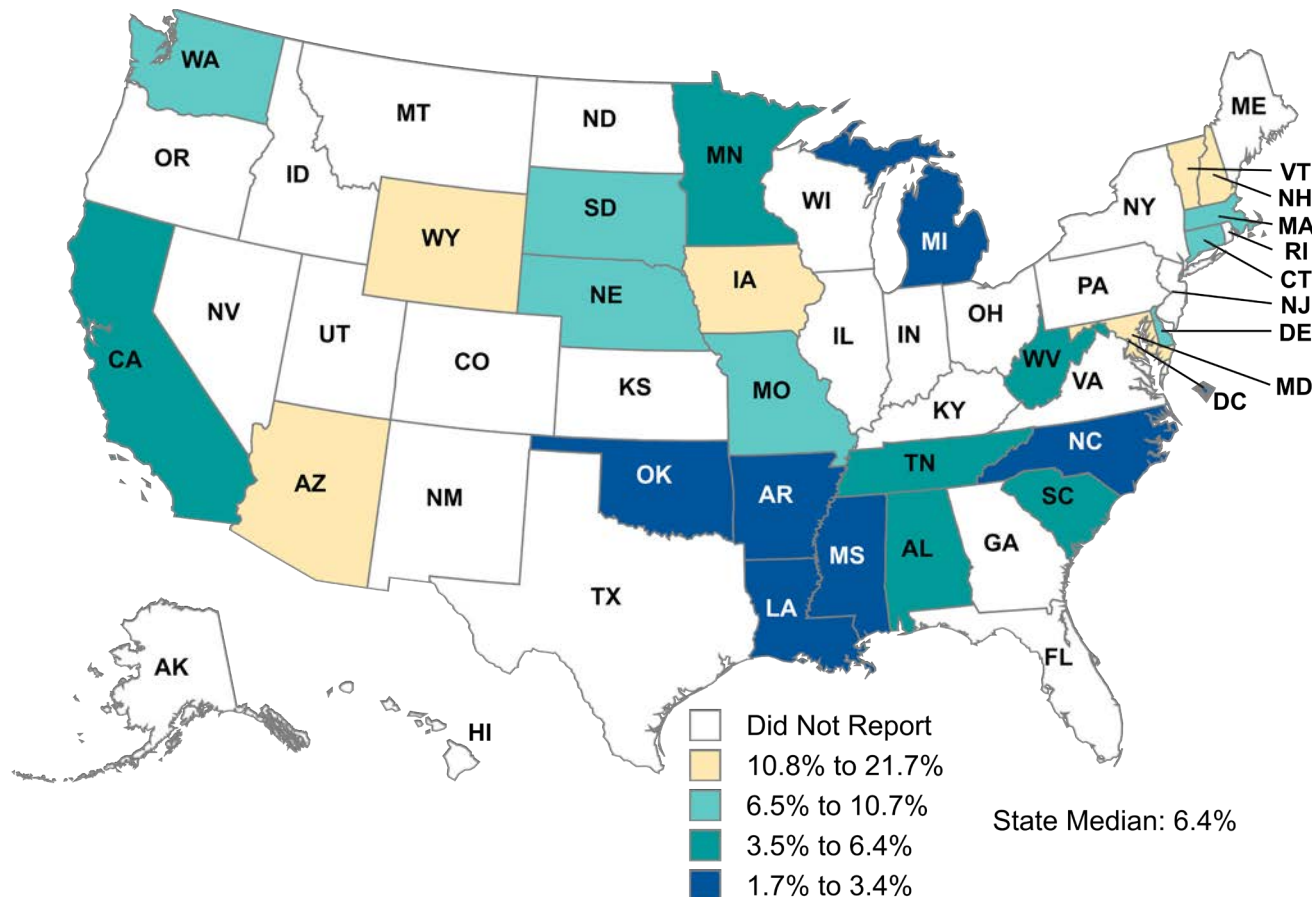
Notes: This measure shows the percentage of adults age 18 and older with two or more opioid prescription claims with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more during the measurement year. Beneficiaries with a cancer diagnosis 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 (Adult Core Set) (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 (OHD-AD), 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.

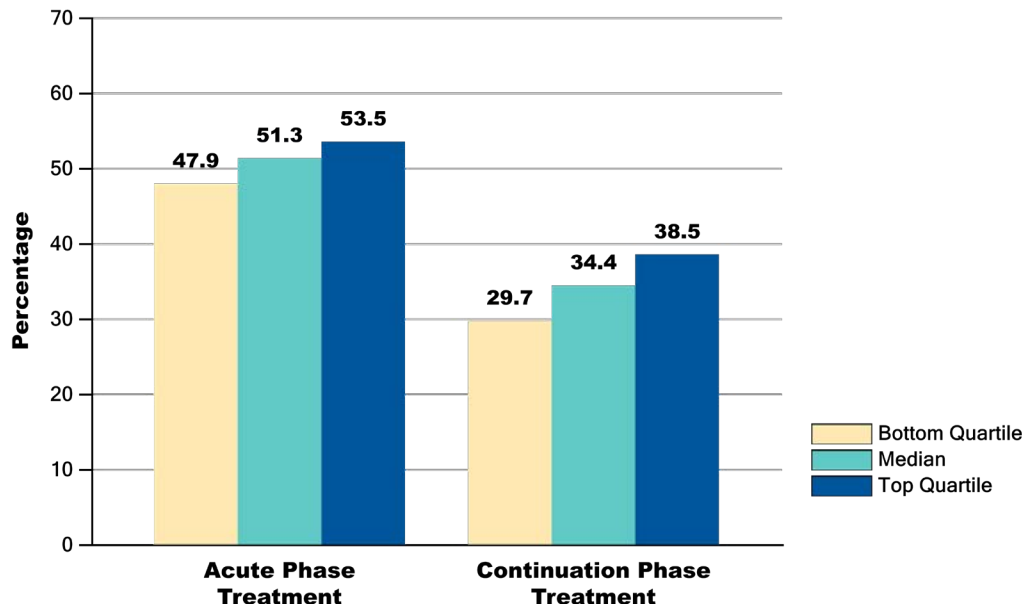
Note: This chart excludes Colorado, Kansas, New Jersey, New York, Ohio, and Pennsylvania, which calculated the measure but did not use Adult Core Set specifications.



Antidepressant Medication Management (Adult Core Set)

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 (AMM-AD), 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.

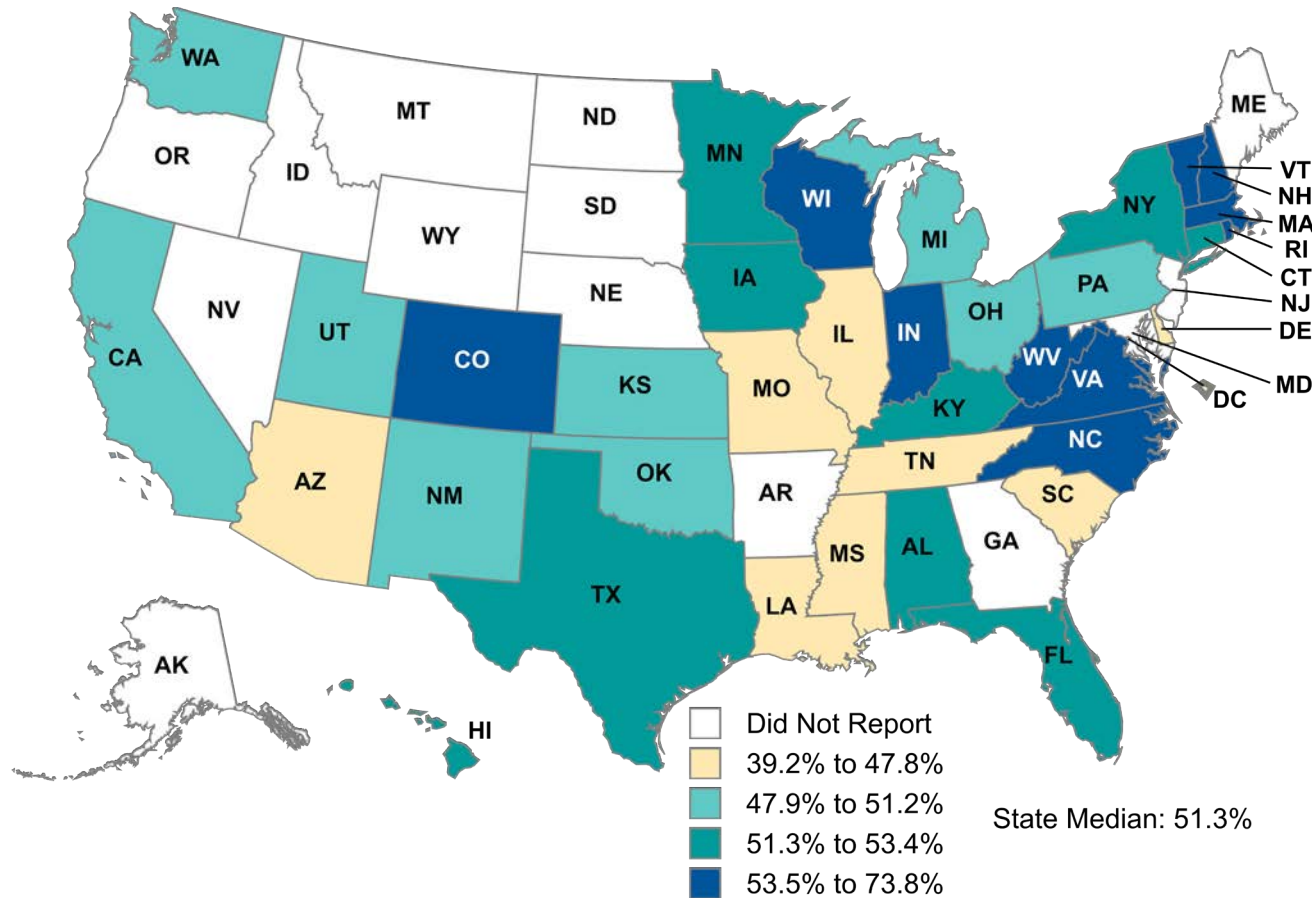
*Data displayed in this chart include adults ages 18 to 64 for 22 states and age 18 and older for 15 states.

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)



Antidepressant Medication Management: Acute Phase (Adult Core Set) (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) (AMM-AD), FFY 2019 (n = 37 states)



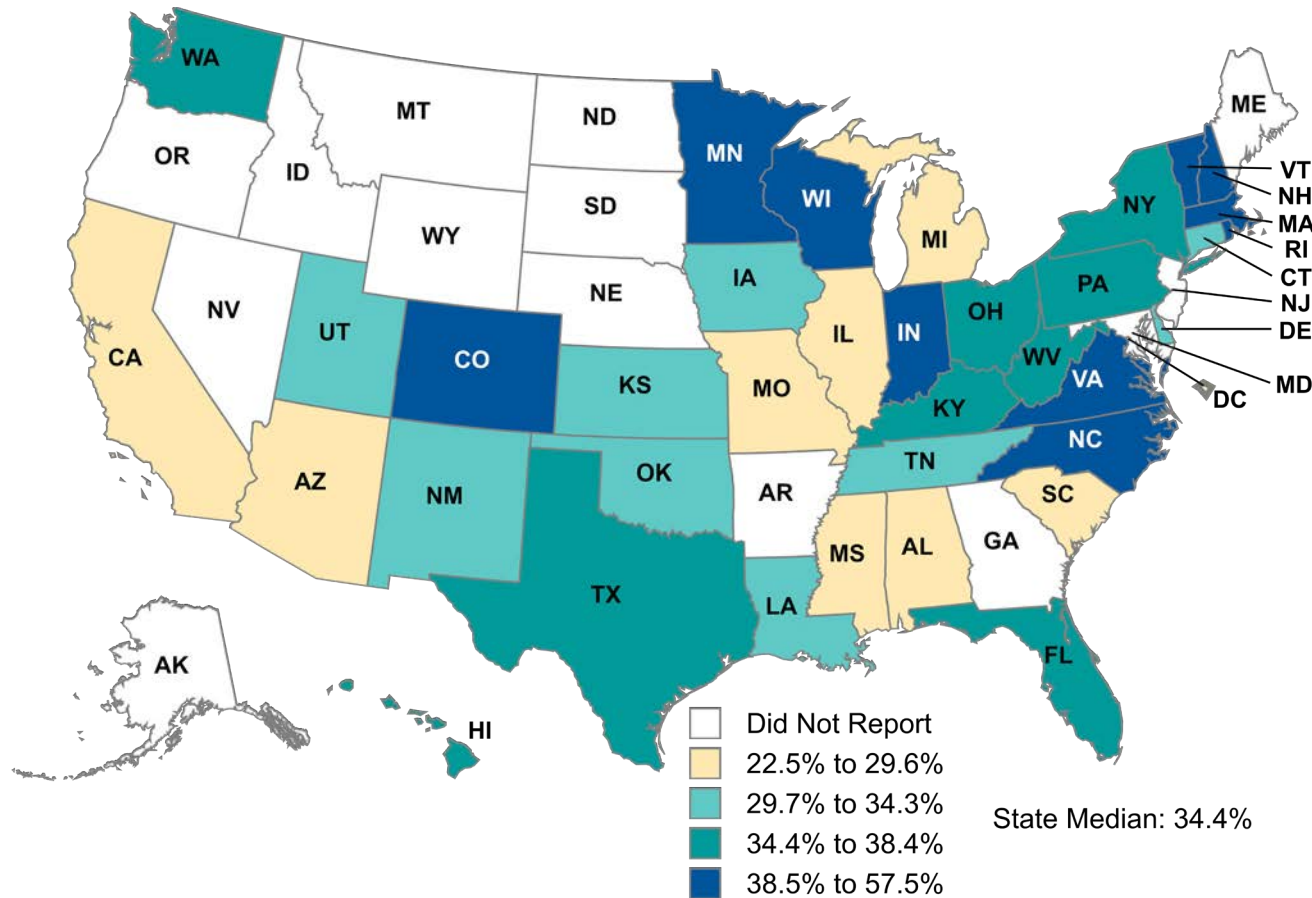
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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



Antidepressant Medication Management: Continuation Phase (Adult Core Set) (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) (AMM-AD), FFY 2019 (n = 37 states)



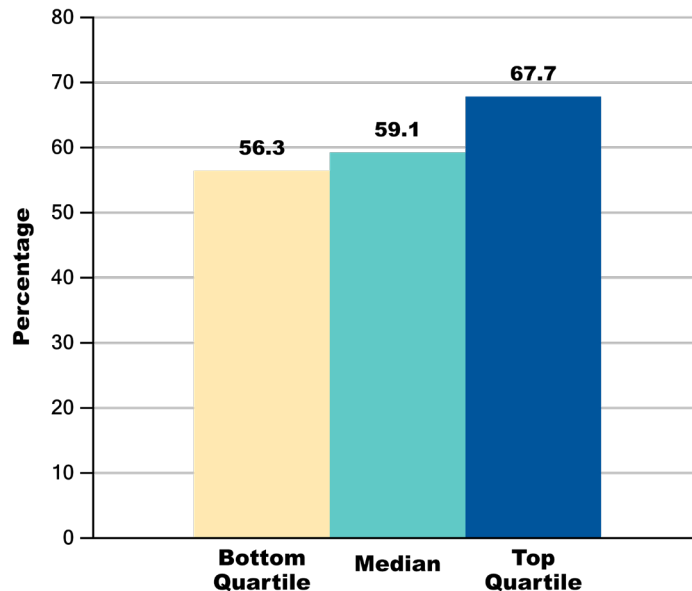
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (Adult Core Set)

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 (SAA-AD), FFY 2019 (n = 37 states)



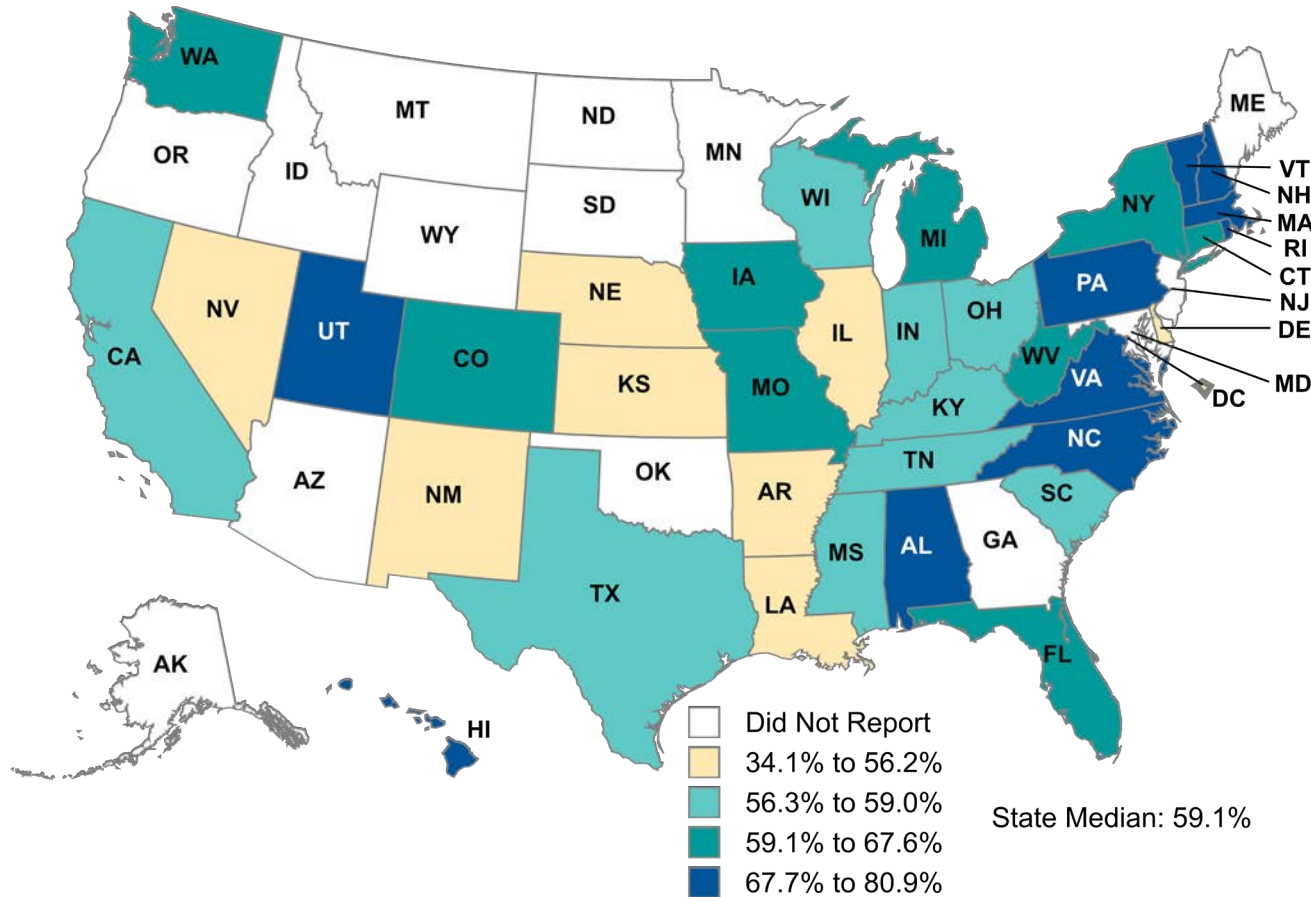
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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)

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (Adult Core Set) (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 (SAA-AD), FFY 2019 (n = 37 states)

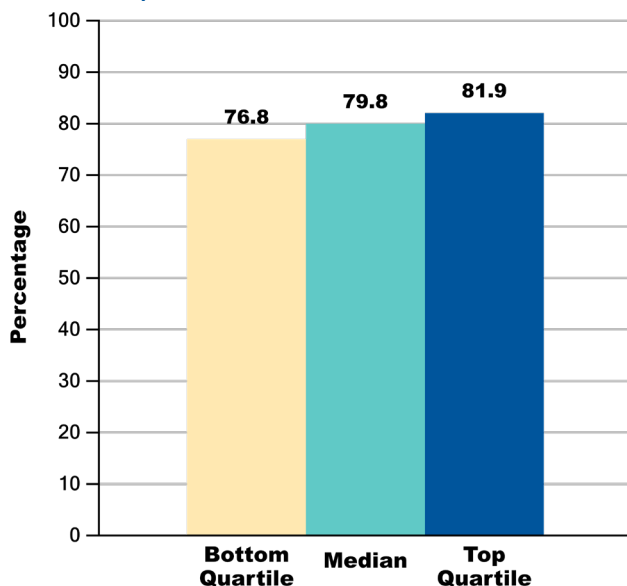


Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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

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 (SSD-AD), FFY 2019 (n = 37 states)



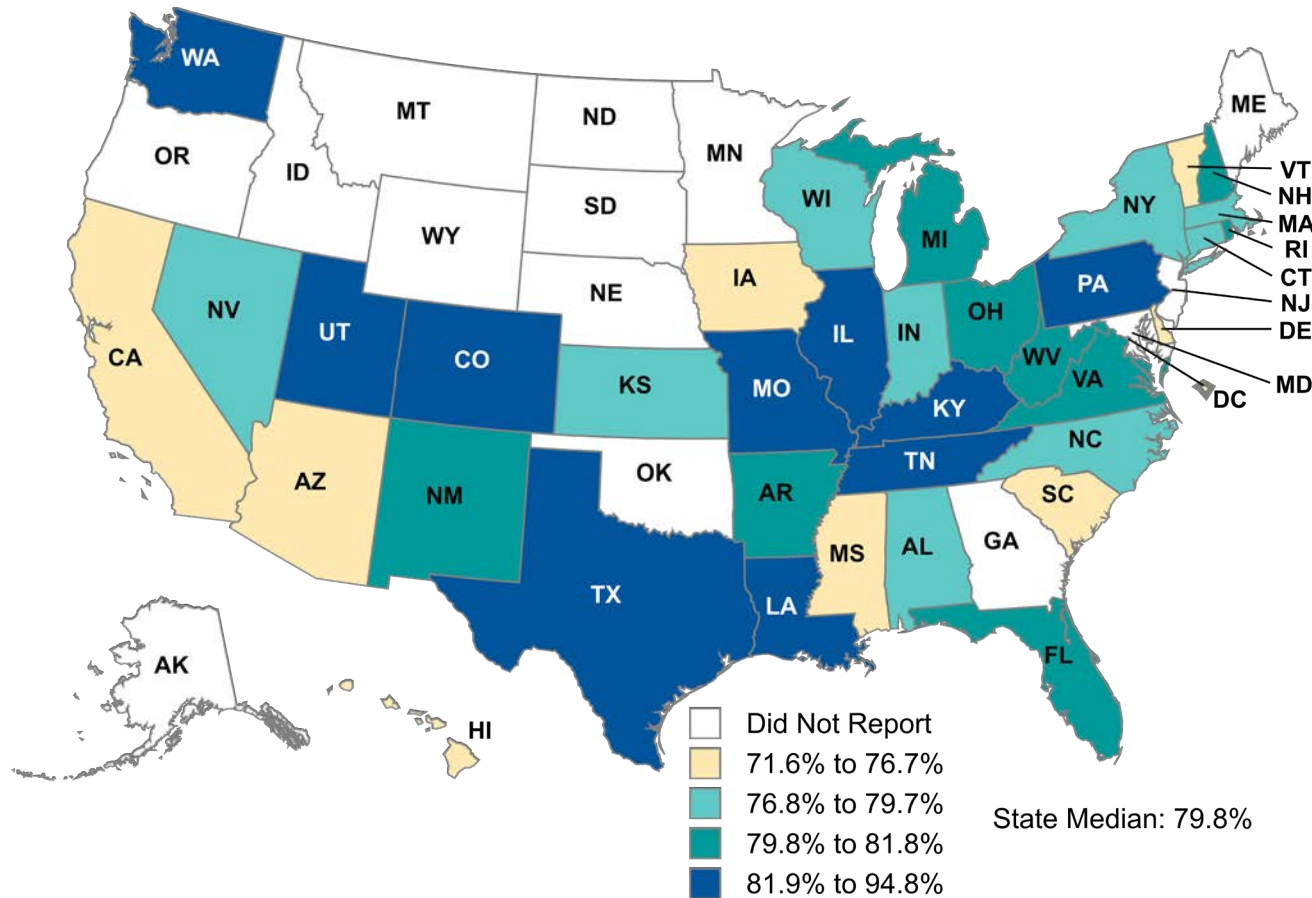
Source: Mathematica analysis of MACPro reports for the FFY 2019 reporting cycle as of May 31, 2020.

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)

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (Adult Core Set) (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 (SSD-AD), FFY 2019 (n = 37 states)



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

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 five Behavioral Health Core Set measures publicly reported from FFY 2017 to FFY 2019. 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).

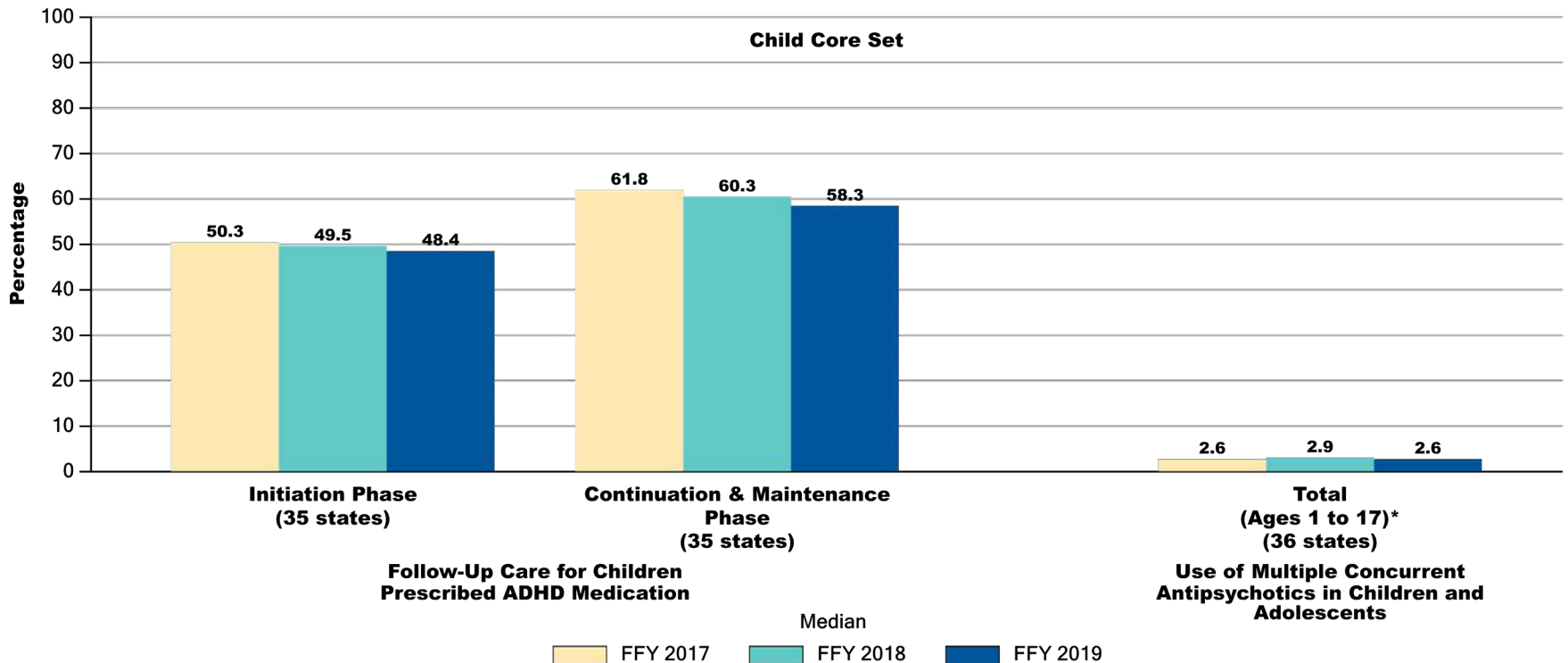
Many factors may affect changes in the performance rates reported by states on the Behavioral Health Core Set measures. While shifts in access and quality may account for some of the changes in performance over time, other factors noted by states include changes in:

- 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 at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/methods-brief-ffy-2019.pdf>. Statistical significance was determined using the Wilcoxon Signed-Rank test ($p < .05$).

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

Median state performance on the Follow-Up Care for Children Newly Prescribed ADHD Medication and Use of Multiple Concurrent Antipsychotics in Children and Adolescents measures did not change significantly from FFY 2017 to FFY 2019.



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

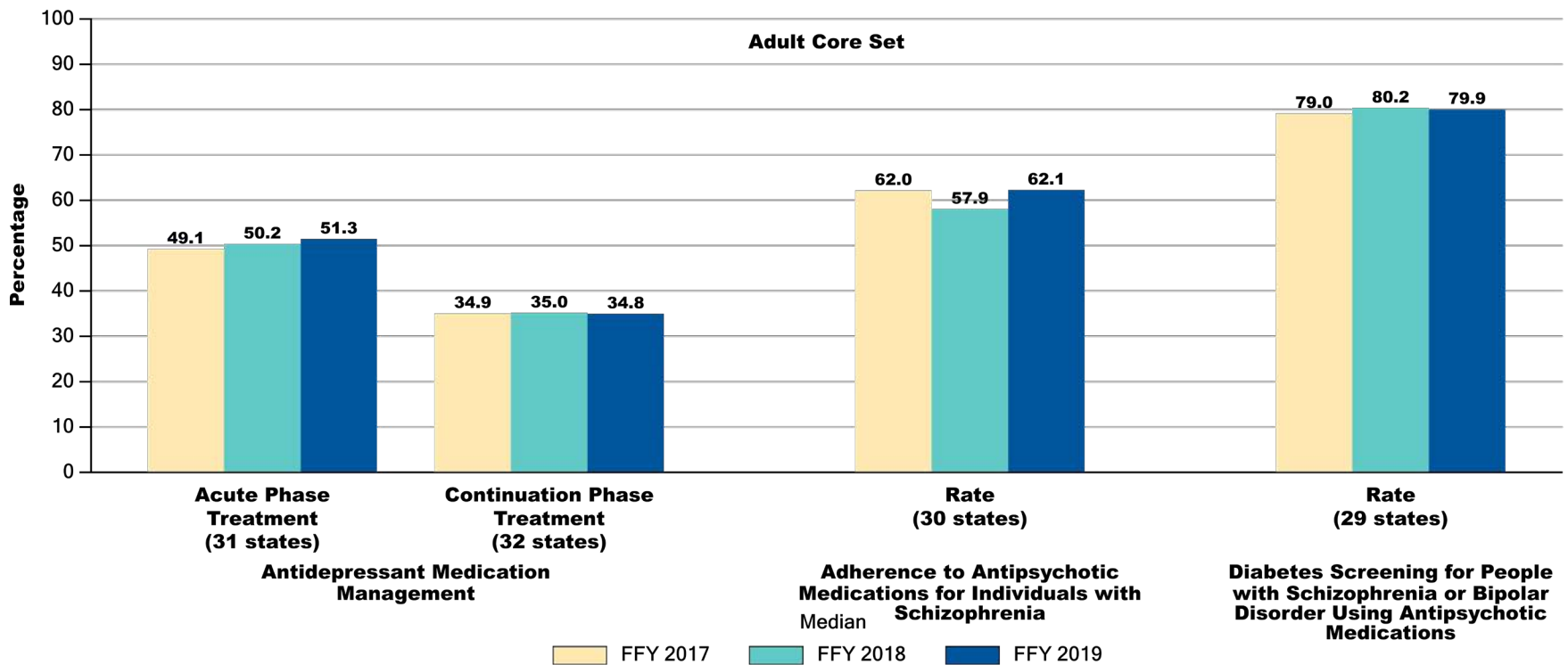
Notes: This chart includes the states that reported each measure using Child Core Set specifications for all three years. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used. Data from previous years may be updated based on new information received after publication of the 2019 Chart Pack.

*Lower rates are better for this measure.



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



REFERENCE TABLES AND ADDITIONAL RESOURCES



Overview of State Reporting of the Behavioral Health Core Set Measures, FFY 2019

	Number of Measures Reported	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (Child Core Set)	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Child Core Set)	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Child Core Set)	Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (Child Core Set)	Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (Adult Core Set)	Follow-Up After Emergency Department Visit for Mental Illness (Adult Core Set)	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (Adult Core Set)	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (Adult Core Set)	Use of Opioids at High Dosage in Persons Without Cancer (Adult Core Set)	Concurrent Use of Opioids and Benzodiazepines (Adult Core Set)	Antidepressant Medication Management (Adult Core Set)	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (Adult Core Set)	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (Adult Core Set)	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c Poor Control (>9.0%) (Adult Core Set)	Medical Assistance With Smoking and Tobacco Use Cessation (Adult Core Set)	Screening for Depression and Follow-Up Plan: Ages 12 to 17 (Child Core Set)	Screening for Depression and Follow-Up Plan: Age 18 and Older (Adult Core Set)
Total	12 (Median)	41	42	31	47	44	36	36	38	32	22	37	37	37	7	23	8	10
Alabama	13	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	--	--
Alaska	2	X	--	--	X	--	--	--	--	--	--	--	--	--	--	--	--	--
Arizona	12	X	X	X	X	X	X	X	X	X	X	X	--	X	--	--	--	--
Arkansas	11	X	X	--	X	X	X	X	--	X	X	--	X	X	--	X	--	--
California	15	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	X	X
Colorado	10	--	X	--	--	--	X	X	X	X	X	X	X	X	X	--	--	--
Connecticut	13	X	X	X	X	X	X	X	X	X	--	X	X	X	--	X	--	--
Delaware	16	X	X	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X
Dist. of Col.	11	X	X	X	X	X	X	--	--	X	--	X	X	X	--	X	--	--
Florida	12	X	X	X	X	X	X	X	X	--	--	X	X	X	--	X	--	--
Georgia	2	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	X	X
Hawaii	9	X	--	--	X	X	X	X	X	--	--	X	X	X	--	--	--	--
Idaho	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Illinois	7	X	--	--	X	X	--	--	X	--	--	X	X	X	--	--	--	--
Indiana	10	X	X	X	X	X	--	X	X	--	--	X	X	X	--	--	--	--
Iowa	15	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--
Kansas	12	X	X	X	X	X	X	X	X	X	--	X	X	X	--	--	--	--
Kentucky	11	X	X	X	X	X	X	X	X	--	--	X	X	X	--	--	--	--
Louisiana	11	X	X	X	X	X	--	--	X	X	X	X	X	X	--	--	--	--
Maine	3	X	X	--	X	--	--	--	--	--	--	--	--	--	--	--	--	--

Table is continued on next slide.



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

	Number of Measures Reported	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (Child Core Set)	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Child Core Set)	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Child Core Set)	Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (Child Core Set)	Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (Adult Core Set)	Follow-Up After Emergency Department Visit for Mental Illness (Adult Core Set)	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (Adult Core Set)	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (Adult Core Set)	Use of Opioids at High Dosage in Persons Without Cancer (Adult Core Set)	Concurrent Use of Opioids and Benzodiazepines (Adult Core Set)	Antidepressant Medication Management (Adult Core Set)	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (Adult Core Set)	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (Adult Core Set)	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c Poor Control (>9.0%) (Adult Core Set)	Medical Assistance With Smoking and Tobacco Use Cessation (Adult Core Set)	Screening for Depression and Follow-Up Plan: Ages 12 to 17 (Child Core Set)	Screening for Depression and Follow-Up Plan: Age 18 and Older (Adult Core Set)
Maryland	6	--	X	--	X	X	--	--	X	X	--	--	--	--	--	X	--	--
Massachusetts	13	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	--	--
Michigan	11	X	X	--	X	X	--	X	X	X	X	X	X	X	--	--	--	--
Minnesota	8	--	--	--	X	X	X	X	X	X	--	X	--	--	--	X	--	--
Mississippi	13	X	X	X	X	X	X	X	X	X	--	X	X	X	X	--	--	--
Montana	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Nevada	9	X	X	--	X	X	X	X	X	--	--	--	X	X	--	--	--	--
New Hampshire	17	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
New Jersey	7	X	X	--	X	X	X	--	--	X	--	--	--	--	--	X	--	--
New Mexico	13	X	X	X	X	X	X	X	X	--	--	X	X	X	--	X	--	X
New York	16	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X
North Carolina	13	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	--	--
North Dakota	1	--	--	--	X	--	--	--	--	--	--	--	--	--	--	--	--	--
Ohio	12	X	X	X	X	X	X	X	X	X	--	X	X	X	--	--	--	--
Oklahoma	11	X	X	X	X	X	X	X	X	X	X	X	--	--	--	--	--	--
Oregon	7	X	--	--	X	X	X	--	X	--	--	--	--	--	--	X	--	X
Pennsylvania	15	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--
Rhode Island	12	X	X	X	X	X	X	X	X	--	--	X	X	X	--	X	--	--
South Carolina	16	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	X	X
South Dakota	4	--	X	--	X	X	--	--	--	X	--	--	--	--	--	--	--	--

Table is continued on next slide.

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

	Number of Measures Reported	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (Child Core Set)	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Child Core Set)	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Child Core Set)	Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (Child Core Set)	Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (Adult Core Set)	Follow-Up After Emergency Department Visit for Mental Illness (Adult Core Set)	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (Adult Core Set)	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (Adult Core Set)	Use of Opioids at High Dosage in Persons Without Cancer (Adult Core Set)	Concurrent Use of Opioids and Benzodiazepines (Adult Core Set)	Antidepressant Medication Management (Adult Core Set)	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (Adult Core Set)	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (Adult Core Set)	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c Poor Control (>9.0%) (Adult Core Set)	Medical Assistance With Smoking and Tobacco Use Cessation (Adult Core Set)	Screening for Depression and Follow-Up Plan: Ages 12 to 17 (Child Core Set)	Screening for Depression and Follow-Up Plan: Age 18 and Older (Adult Core Set)
Tennessee	16	X	X	X	X	X	X	X	X	X	X	X	X	X	-	X	X	X
Texas	13	X	X	X	X	X	X	X	X	-	X	X	X	X	-	X	-	-
Utah	8	X	X	X	X	X	-	-	-	-	-	X	X	X	-	-	-	-
Vermont	16	X	X	X	X	X	X	X	X	X	X	X	X	X	-	X	X	X
Virginia	12	X	X	X	X	X	X	X	X	-	-	X	X	X	-	X	-	-
Washington	12	X	X	-	X	X	X	X	X	X	X	X	X	X	-	-	-	-
West Virginia	13	X	X	X	X	X	X	X	X	X	-	X	X	X	-	X	-	-
Wisconsin	12	X	X	X	X	X	X	X	X	-	-	X	X	X	-	X	-	-
Wyoming	8	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 Behavioral Health Core Set includes 17 measures.

X = measure was reported by the state; -- = measure was not reported by the state.

Performance Rates on Frequently Reported Behavioral Health Core Set Measures, FFY 2019

Core Set	Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Child	Follow-Up Care for Children Newly Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Percentage Newly Prescribed ADHD Medication with 1 Follow-Up Visit During the 30-Day Initiation Phase: Ages 6 to 12	40	48.1	48.6	41.9	55.8
Child	Follow-Up Care for Children Newly Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Percentage Newly Prescribed ADHD Medication with at Least 2 Follow-Up Visits in the 9 Months Following the Initiation Phase: Ages 6 to 12	40	58.5	58.6	52.0	67.3
Child	Use of Multiple Concurrent Antipsychotics in Children and Adolescents	Percentage on Two or More Concurrent Antipsychotic Medications: Ages 1 to 17 [Lower rates are better]	42	2.7	2.6	3.5	1.7
Child	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Percentage who had a New Prescription for an Antipsychotic Medication and had Documentation of Psychosocial Care as First-Line Treatment: Ages 1 to 17	29	62.9	62.8	57.2	69.4
Child	Follow-Up After Hospitalization for Mental Illness Ages 6 to 17	Percentage of Hospitalizations for Mental Illness or Intentional Self Harm with a Follow-Up Visit Within 7 Days After Discharge: Ages 6 to 17	44	44.2	41.9	35.0	58.8
Child	Follow-Up After Hospitalization for Mental Illness Ages 6 to 17	Percentage of Hospitalizations for Mental Illness or Intentional Self Harm with a Follow-Up Visit Within 30 Days After Discharge: Ages 6 to 17	44	66.2	66.3	58.6	79.5
Adult	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
Adult	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
Adult	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
Adult	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

Table is continued on next slide.

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

Core Set	Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Adult	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
Adult	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
Adult	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
Adult	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
Adult	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
Adult	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
Adult	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
Adult	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
Adult	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
Adult	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

Table is continued on next slide.

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

Core Set	Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Adult	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
Adult	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
Adult	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
Adult	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
Adult	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 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> and

<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html>

Revised 02/2021



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

Core Set	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
Child	Follow-Up Care for Children Newly Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Percentage Newly Prescribed ADHD Medication with 1 Follow-Up Visit During the 30-Day Initiation Phase: Ages 6 to 12	35	50.3	49.5	48.4
Child	Follow-Up Care for Children Newly Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Percentage Newly Prescribed ADHD Medication with at Least 2 Follow-Up Visits in the 9 Months Following the Initiation Phase: Ages 6 to 12	35	61.8	60.3	58.3
Child	Use of Multiple Concurrent Antipsychotics in Children and Adolescents	Percentage on Two or More Concurrent Antipsychotic Medications: Ages 1 to 17 [Lower rates are better]	36	2.6	2.9	2.6
Adult	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
Adult	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
Adult	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Percentage with Schizophrenia 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
Adult	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotics	Percentage with Schizophrenia 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 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 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. 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> and

<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html>

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Acronyms

ADHD	Attention-Deficit/Hyperactivity Disorder
AOD	Alcohol and Other Drug
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
ED	Emergency Department
FFY	Federal Fiscal Year
HHS	U.S. Department of Health & Human Services
MACPro	Medicaid and CHIP Program System
MME	Morphine Milligram Equivalents

Additional Resources

Additional resources related to the Child and Adult Core Sets are available at:

<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set/index.html> and

<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set/index.html>.

These resources include:

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

For more information about the Behavioral Health Core Set please contact

MACQualityTA@cms.hhs.gov.