

# Trends in State Performance: 2021 to 2023 Child and Adult Core Sets Chart Pack

December 2024



*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, and led by Mathematica. This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.*

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# Trends in State Performance, 2021–2023 Core Sets: Introduction

The Child and Adult Core Sets support federal and state efforts to collect, report, and use a standardized set of measures to assess the quality of care provided to Medicaid and Children’s Health Insurance Program (CHIP) beneficiaries and to drive improvement. The Centers for Medicare & Medicaid Services (CMS) annually reports state performance on the Child and Adult Core Set measures.

In addition, CMS annually assesses which Child and Adult Core Set measures are available for trending for the most recent three-year period.<sup>1</sup> This resource presents statistically significant trends in median state performance for the 2021 to 2023 Core Set, which, for most measures, represents care provided primarily from calendar years (CY) 2020 to 2022.<sup>2</sup> It is important to note that there were substantial disruptions in health care during this period and these trends highlight patterns of access to care as the COVID-19 public health emergency (PHE) evolved.

At least one rate for 19 Child Core Set and 22 Adult Core Set measures met the criteria for trending for the 2021 to 2023 Core Set. However, the Experience of Care and Long Term Services and Supports domains did not have any measures that met the criteria for trending.

The Child and Adult Core Set measures are presented according to the following domains of care:

- Primary Care Access and Preventive Care
- Maternal and Perinatal Health
- Care of Acute and Chronic Conditions
- Behavioral Health Care
- Dental and Oral Health Services
- Experience of Care (no measures met trending criteria)
- Long Term Services and Supports (no measures met trending criteria)

<sup>1</sup> CMS did not trend data from the 2020 to 2022 Core Sets due to comparability concerns resulting from the COVID-19 public health emergency.

<sup>2</sup> For additional information on the Child and Adult Core Set measures described in this resource, including annual performance results, visit <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html> and <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures/index.html>.

# Trends in State Performance, 2021–2023 Core Sets: Introduction (continued)

The following three criteria<sup>1</sup> were applied to each measure to determine if it could be trended:

- The measure must have met the CMS criteria for public reporting for each of the most recent three years. This means that the measure must have been reported by at least 25 states using Core Set specifications and must have met CMS standards for data quality.
- The measure was reported by the same set of at least 20 states using the Core Set specifications in all three years.
- The measure specifications were comparable for all three years. This means that there were no specification changes during the three-year period that would make results incomparable across years.

For each measure that met the trending criteria, CMS determined whether the change from the 2021 Core Set to the 2023 Core Set was statistically significant using the Wilcoxon Signed-Rank test ( $p < .05$ ).

Many factors may affect changes in the performance rates reported by states on the Child and 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)
- Changes in other aspects of their Medicaid program, such as transitions in data systems or delivery systems
- External factors such as public health crisis or health emergencies, such as the opioid epidemic or the COVID-19 PHE.

<sup>1</sup> A methods brief describing the criteria for trending performance on the 2023 Child and Adult Core Set measures is available <https://www.medicaid.gov/medicaid/quality-of-care/downloads/trend-methods-brief-2023.pdf>.

# **TRENDS IN STATE PERFORMANCE, 2021 TO 2023 CHILD CORE SET**

# Primary Care Access and Preventive Care Trends: 2021 to 2023 Child Core Set

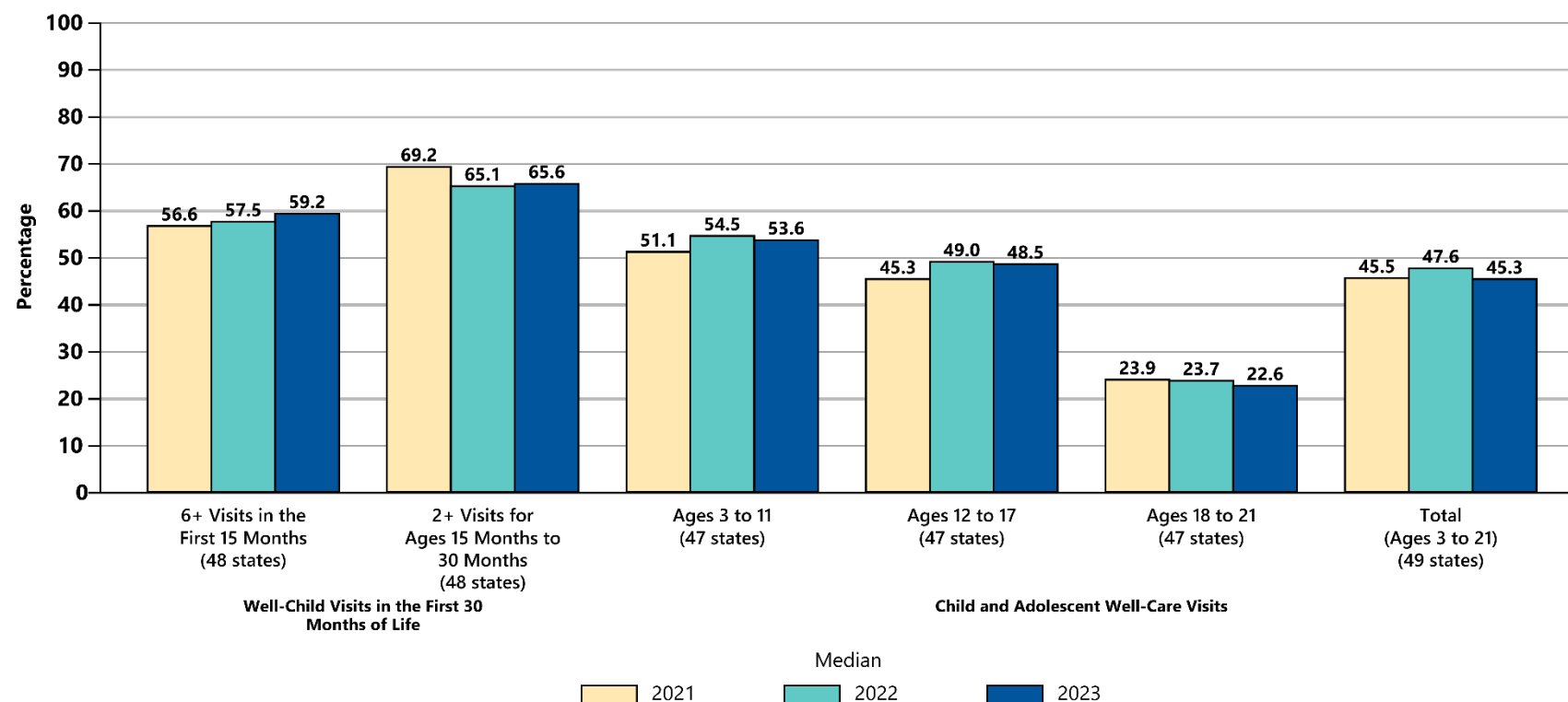
Medicaid and CHIP provide access to well-child visits and other preventive health care services, including immunizations, screenings, and counseling to support healthy living. The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit is key to ensuring that children and adolescents covered by Medicaid receive appropriate preventive, dental, mental health, developmental, and specialty services. 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.

Seven Child Core Set measures of primary care access and preventive care were available for trending analysis for the 2021 to 2023 Core Set period.

- Well-Child Visits in the First 30 Months of Life (W30-CH)
- Child and Adolescent Well-Care Visits (WCV-CH)
- Childhood Immunization Status (CIS-CH)
- Immunizations for Adolescents (IMA-CH)
- Developmental Screening in the First Three Years of Life (DEV-CH)
- Chlamydia Screening in Women Ages 16 to 20 (CHL-CH)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)

# Child Core Set: Well-Child Visits in the First 30 Months of Life (W30-CH) and Child and Adolescent Well-Care Visits (WCV-CH)

Median rates of recommended well-care visits for children and adolescents increased significantly from the 2021 to 2023 Core Set for children in the first 15 months of life, children ages 3 to 11, and adolescents ages 12 to 17. During this period, median rates of recommended well-care visits declined significantly for children ages 15 to 30 months. Median state performance did not change significantly for adolescents ages 18 to 21 during this period.

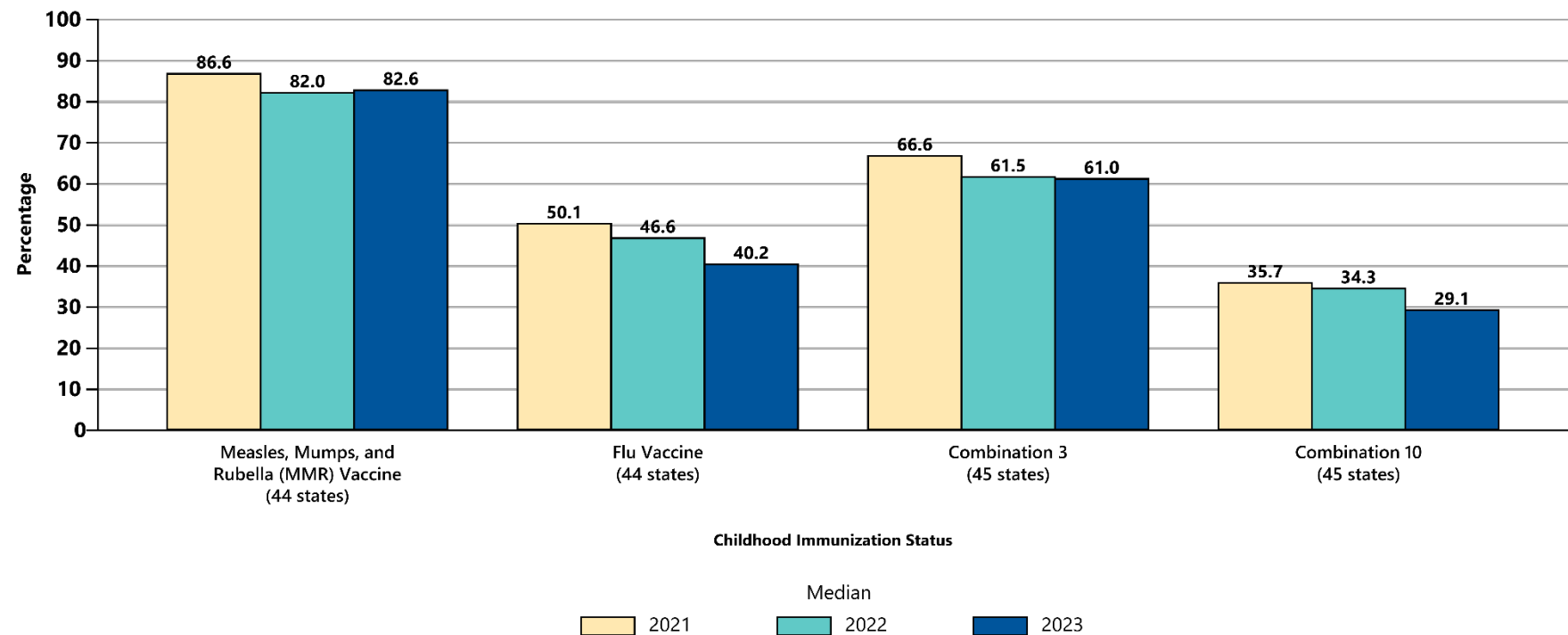


Source: Mathematica analysis of 2021–2023 Quality Measure Reporting (QMR) system reports. The QMR system is a CMS database that collects state-reported Core Set data.

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 2022 Chart Pack.

# Child Core Set: Childhood Immunization Status (CIS-CH)

Median rates of recommended immunizations decreased significantly from the 2021 to 2023 Core Set for children turning age 2 (Measles, Mumps, and Rubella [MMR], Flu vaccine, Combination 3 rate, and Combination 10 rate).



Source: Mathematica analysis of 2021–2023 QMR system reports.

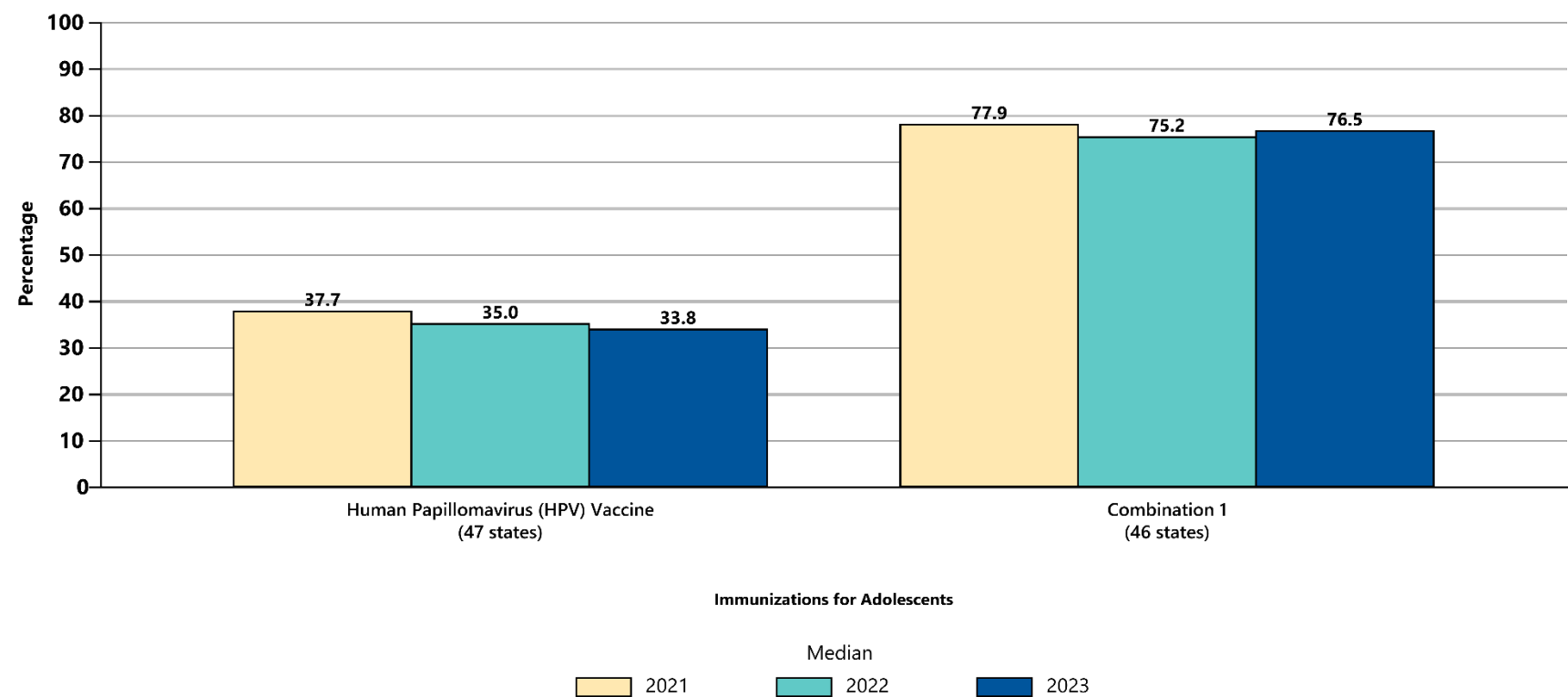
Notes: This chart includes the states that reported the measure using Child Core Set specifications for all three years. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used. Data from previous years may be updated based on new information received after publication of the 2022 Chart Pack.

Combination 3 includes four doses of diphtheria, tetanus, and acellular pertussis (DTaP) vaccines, three doses of polio vaccine (IPV), one dose of MMR vaccine, three doses of haemophilus influenza type B (HiB) vaccine, three doses of hepatitis B (Hep B) vaccine, one dose of varicella zoster virus (VZV) vaccine, and four doses of pneumococcal conjugate vaccine (PCV).

Combination 10 includes the vaccines included in the Combination 3 rate plus one hepatitis A (Hep A) vaccine, two or three rotavirus (RV) vaccines, and two influenza vaccines.

# Child Core Set: Immunizations for Adolescents (IMA-CH)

Median rates of recommended immunizations decreased significantly from the 2021 to 2023 Core Set for adolescents turning age 13 (Human Papillomavirus [HPV] vaccine and Combination 1 rate).



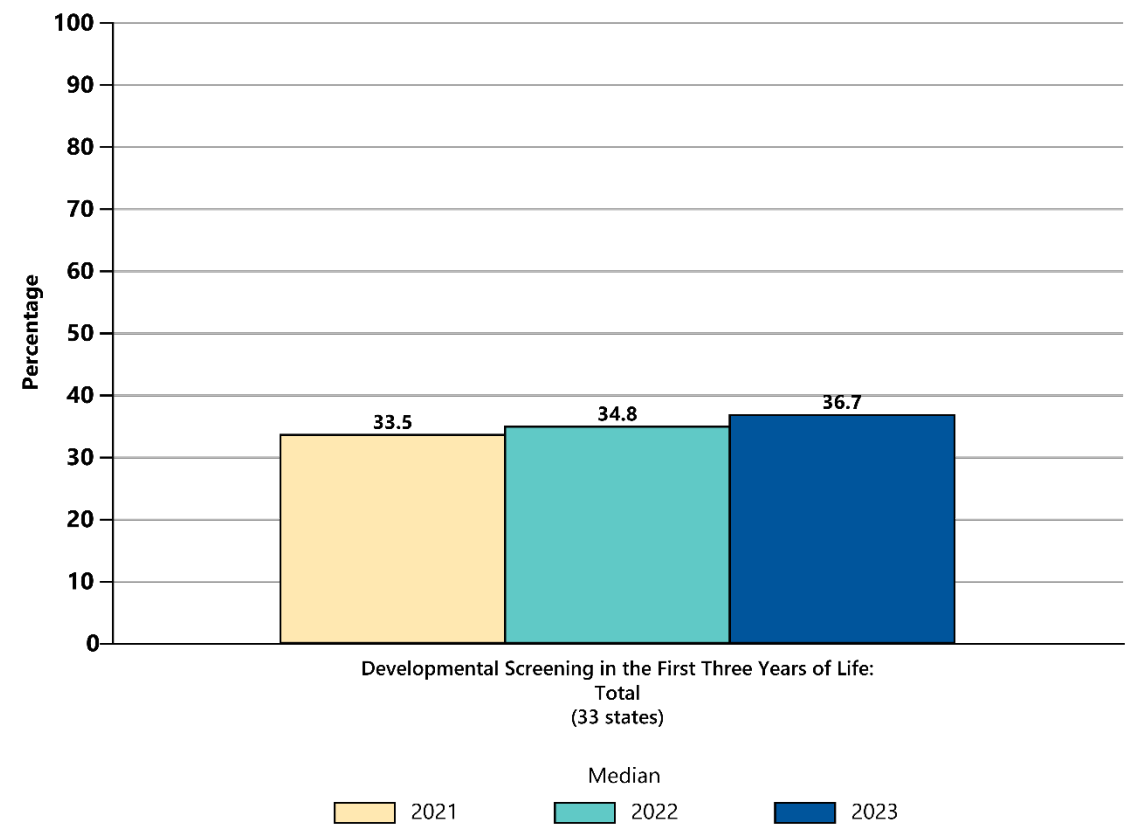
Source: Mathematica analysis of 2021–2023 QMR system reports.

Notes: This chart includes the states that reported the 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 2022 Chart Pack.

Combination 1 includes one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine.

# Child Core Set: Developmental Screening in the First Three Years of Life (DEV-CH)

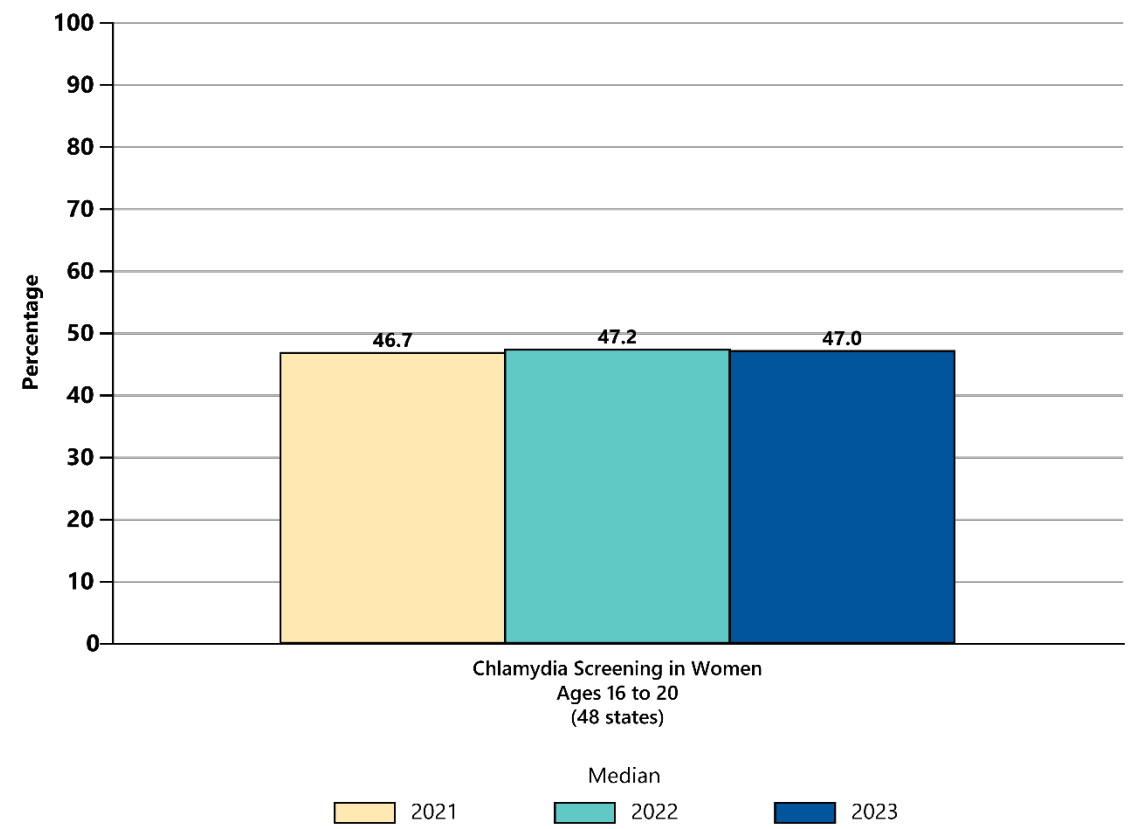
Median state performance did not change significantly for the Developmental Screening in First Three Years of Life measure from the 2021 to 2023 Core Sets.



Source: Mathematica analysis of 2021–2023 QMR system reports.  
Notes: This chart includes the states that reported the 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 2022 Chart Pack.

# Child Core Set: Chlamydia Screening in Women Ages 16 to 20 (CHL-CH)

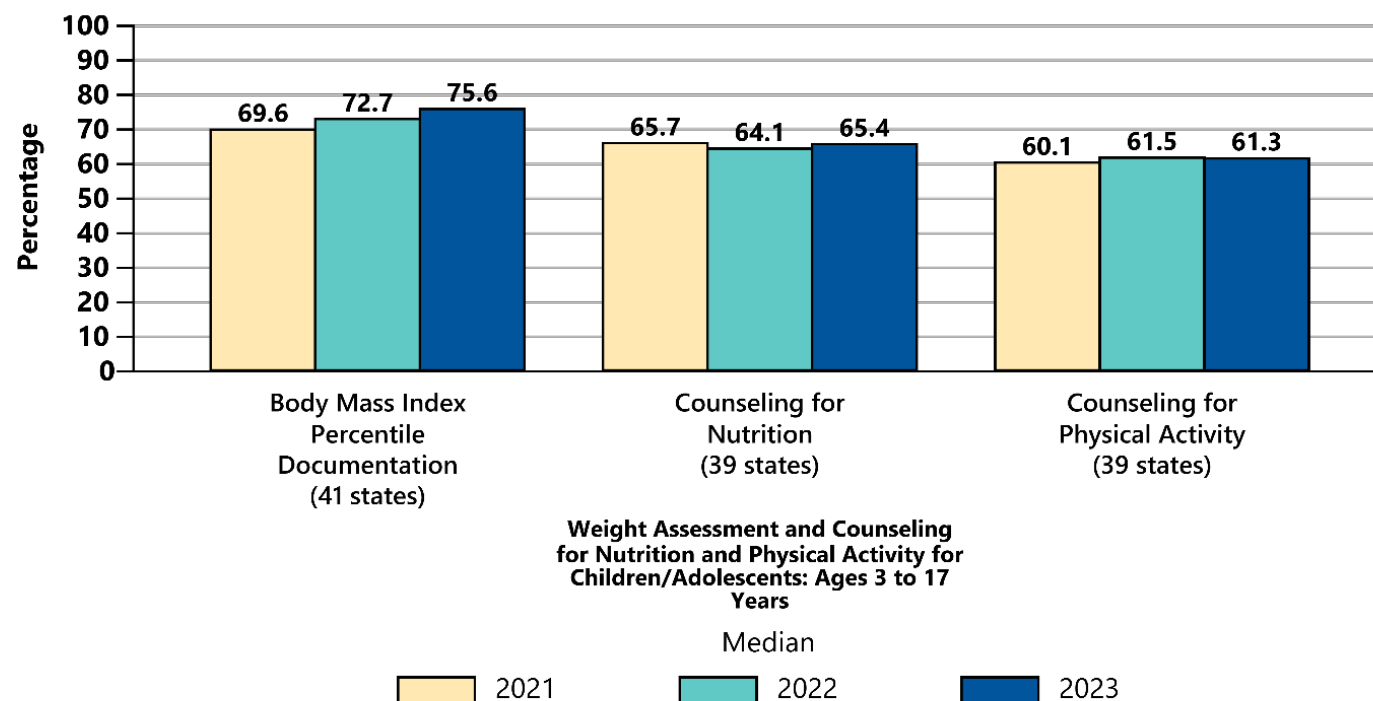
Median state performance did not change significantly for the Chlamydia Screening in Women Ages 16 to 20 measure from the 2021 to 2023 Core Sets.



Source: Mathematica analysis of 2021–2023 QMR system reports.  
Notes: This chart includes the states that reported the 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 2022 Chart Pack.

# Child Core Set: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)

Median rates increased significantly from the 2021 to 2023 Core Set for two indicators of the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents measure (Body Mass Index Percentile Documentation and Counseling for Physical Activity). There was a small but significant decline in the median rate for the Counseling for Nutrition indicator of the same measure during this period.



Source: Mathematica analysis of 2021–2023 QMR system reports.

Notes: This chart includes the states that reported the 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 2022 Chart Pack.

# Maternal and Perinatal Health Trends: 2021 to 2023 Child Core Set

As the largest payer for maternity care in the United States, Medicaid has an important role to play in improving perinatal health outcomes. Despite improvements in access to coverage and care, the rate of births reported as preterm or low birth weight among women in Medicaid is higher than the rate for those who are privately insured.<sup>1</sup> The health of a child is affected by a mother's health and the care received 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>.

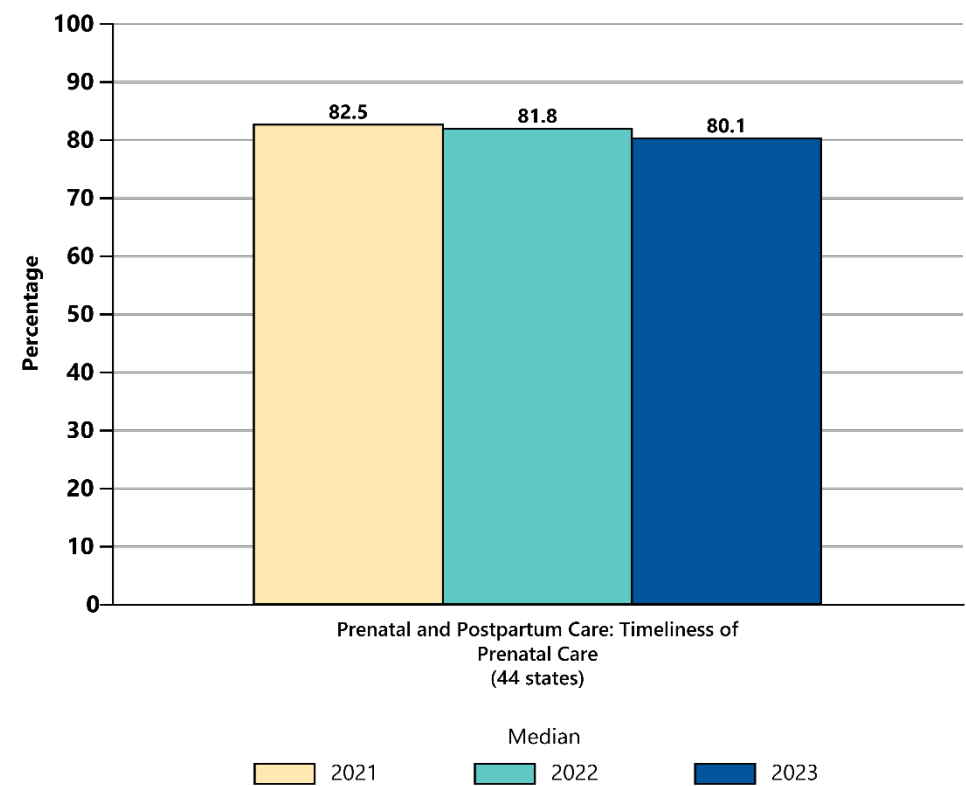
Five Child Core Set measures of maternal and perinatal health were available for trending analysis for the 2021 to 2023 Core Set period.

- Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH)
- Live Births Weighing Less than 2,500 Grams (LBW-CH)
- Low-Risk Caesarean Delivery (LRCD-CH)
- Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH)
- Contraceptive Care – All Women Ages 15 to 20 (CCW-CH)

<sup>1</sup> <https://www.medicaid.gov/medicaid/quality-of-care/downloads/mih-beneficiary-profile.pdf>.

# Child Core Set: Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH)

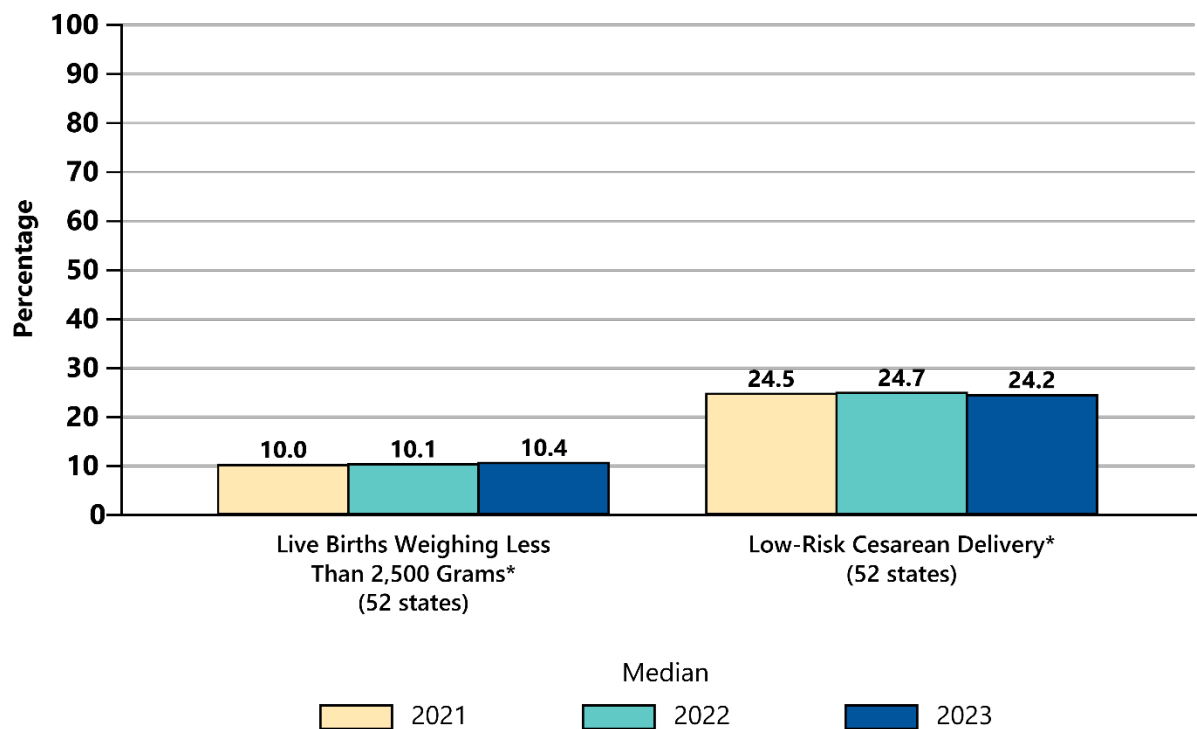
Median state performance did not change significantly from the 2021 to 2023 Core Set for the Prenatal and Postpartum Care: Timeliness of Prenatal Care measure.



Source: Mathematica analysis of 2021–2023 QMR system reports.  
Notes: This chart includes the states that reported the 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 2022 Chart Pack.

# Child Core Set: Live Births Weighing Less than 2,500 Grams (LBW-CH) and Low-Risk Caesarean Delivery (LRCD-CH)

There was a small but significant increase in the median rate for the Live Births Weighing Less Than 2,500 Grams measure from the 2021 to 2023 Core Set, representing a decline in performance because lower rates are better for this measure. Median state performance did not change significantly during this period for the Low-Risk Cesarean Delivery measure.

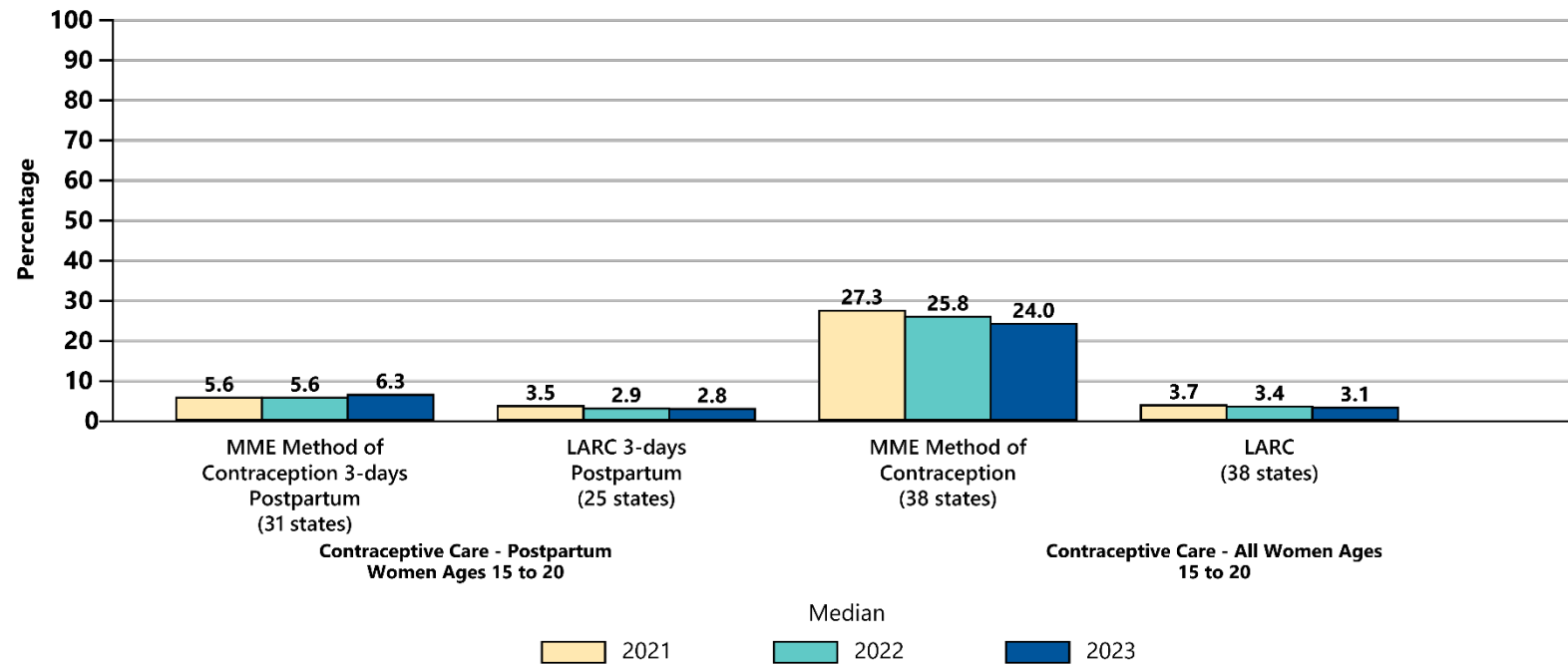


\*Lower rates are better for this measure.

Source: Mathematica analysis of the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar years 2020–2022.

# Child Core Set: Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH) and Contraceptive Care – All Women Ages 15 to 20 (CCW-CH)

For the Contraceptive Care – Postpartum Women Ages 15 to 20 measure, performance did not change significantly on the Most or Moderately Effective (MME) Method of Contraception and the Long-Acting Reversible Method of Contraception (LARC) 3-day rates from the 2021 to 2023 Core Set. Median state performance decreased significantly during this period for both rates on the Contraceptive Care – All Women Ages 15 to 20 measure.



Source: Mathematica analysis of 2021–2023 QMR system reports.

Notes: This chart includes the states that reported each measure using Child Core Set specifications for all three years. Due to changing the rate from 60-days postpartum to 90-days postpartum in the 2023 measure specifications, the 90-day rates of the Contraceptive Care – Postpartum Women Ages 15 to 20 measure are not reported for the 2021–2023 trending analysis. Research suggests that about 53 percent of women ages 15 to 20 enrolled in Medicaid are not at risk of unintended pregnancy, which should be considered when assessing the potential for improvement on the Contraceptive Care – All Women measure. 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 2022 Chart Pack.

# Care of Acute and Chronic Conditions Trends: 2021 to 2023 Child Core Set

The extent to which children receive safe, timely, and effective care for acute and chronic conditions is a key indicator of the quality of care provided in Medicaid and CHIP. 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. Children covered by Medicaid have higher rates of physical, developmental, and intellectual health problems than privately insured children.<sup>1</sup> Ensuring that children receive timely, quality care may reduce the need for more costly care later and improve their chances of leading healthy, productive lives.

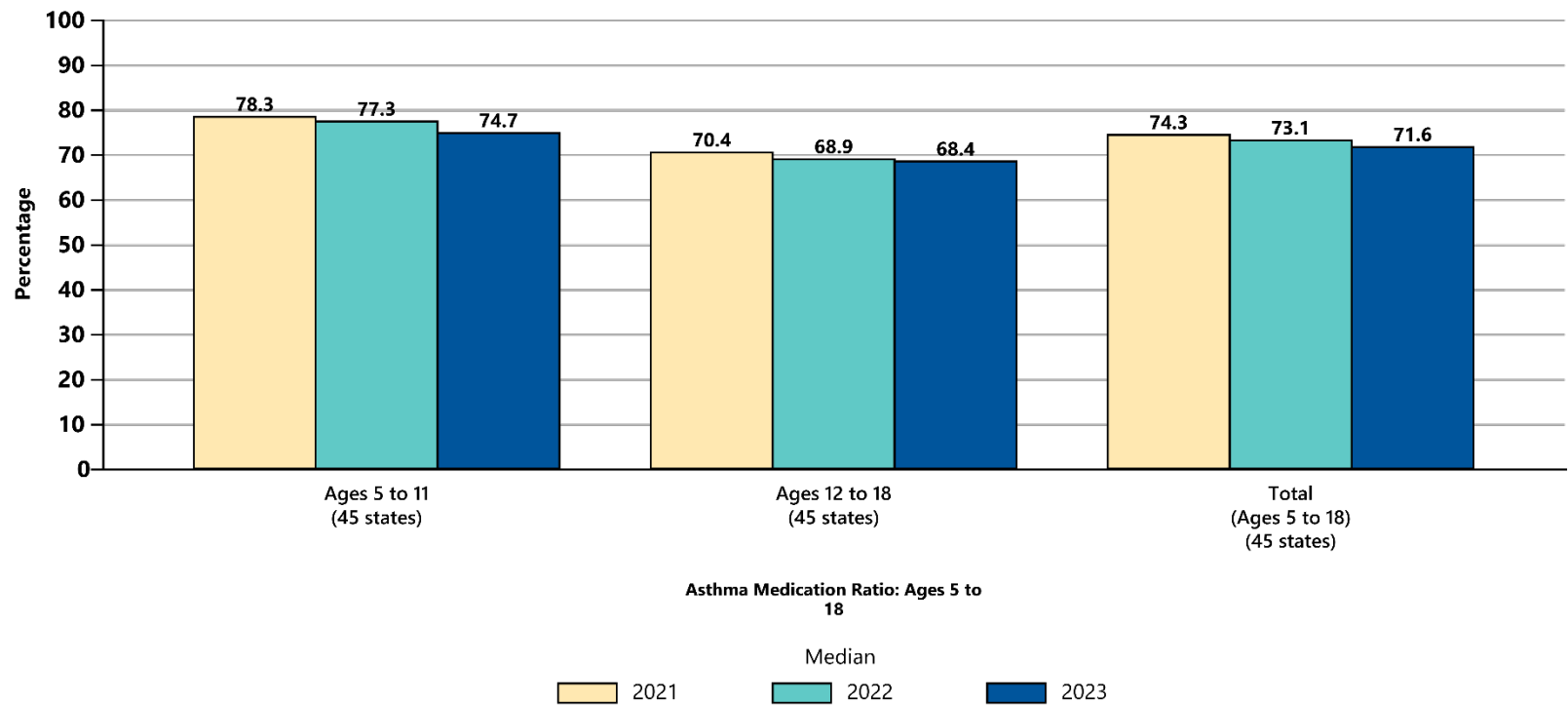
Two Child Core Set measures of care of acute and chronic conditions were available for trending analysis for the 2021 to 2023 Core Set period.

- Asthma Medication Ratio: Ages 5 to 18 (AMR-CH)
- Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)

<sup>1</sup> <https://firstfocus.org/wp-content/uploads/2014/05/Medicaid-Works.pdf>.

# Child Core Set: Asthma Medication Ratio: Ages 5 to 18 (AMR-CH)

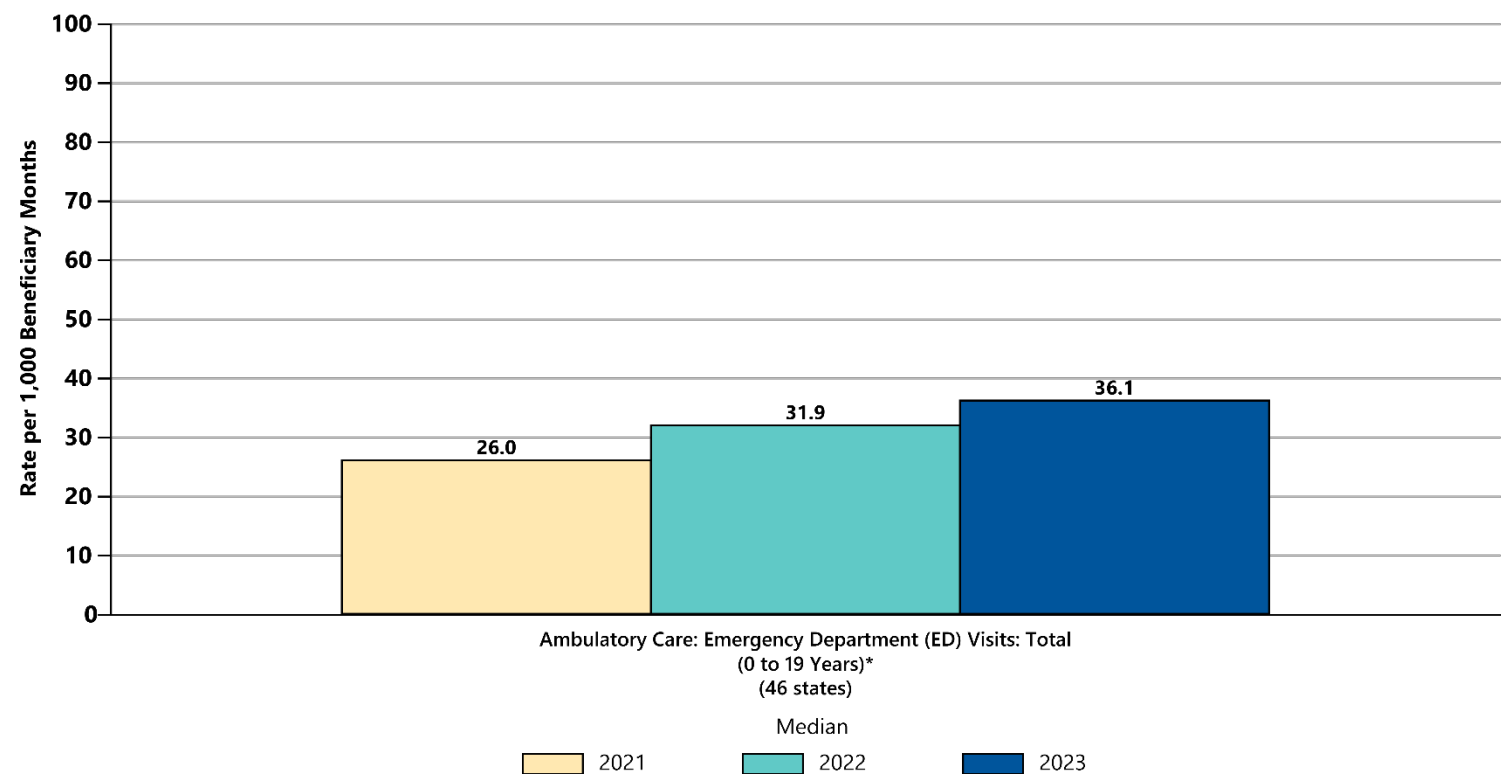
Median state performance decreased significantly from the 2021 to 2023 Core Set on the Asthma Medication Ratio measure for children ages 5 to 11. The median rate for adolescents ages 12 to 18 did not change significantly from 2021 to 2023.



Source: Mathematica analysis of 2021–2023 QMR system reports.  
Notes: This chart includes the states that reported the 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 2022 Chart Pack.

# Child Core Set: Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)

The median rate for the Ambulatory Care: Emergency Department (ED) Visits per 1,000 beneficiary months measure increased significantly from the 2021 to 2023 Core Set, representing a decline in performance because lower rates are better for this measure.



\*Lower rates are better for this measure.

Source: Mathematica analysis of 2021–2023 QMR system reports.

Notes: This chart includes the states that reported the 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 2022 Chart Pack.

## Behavioral Health Care Trends: 2021 to 2023 Child Core Set

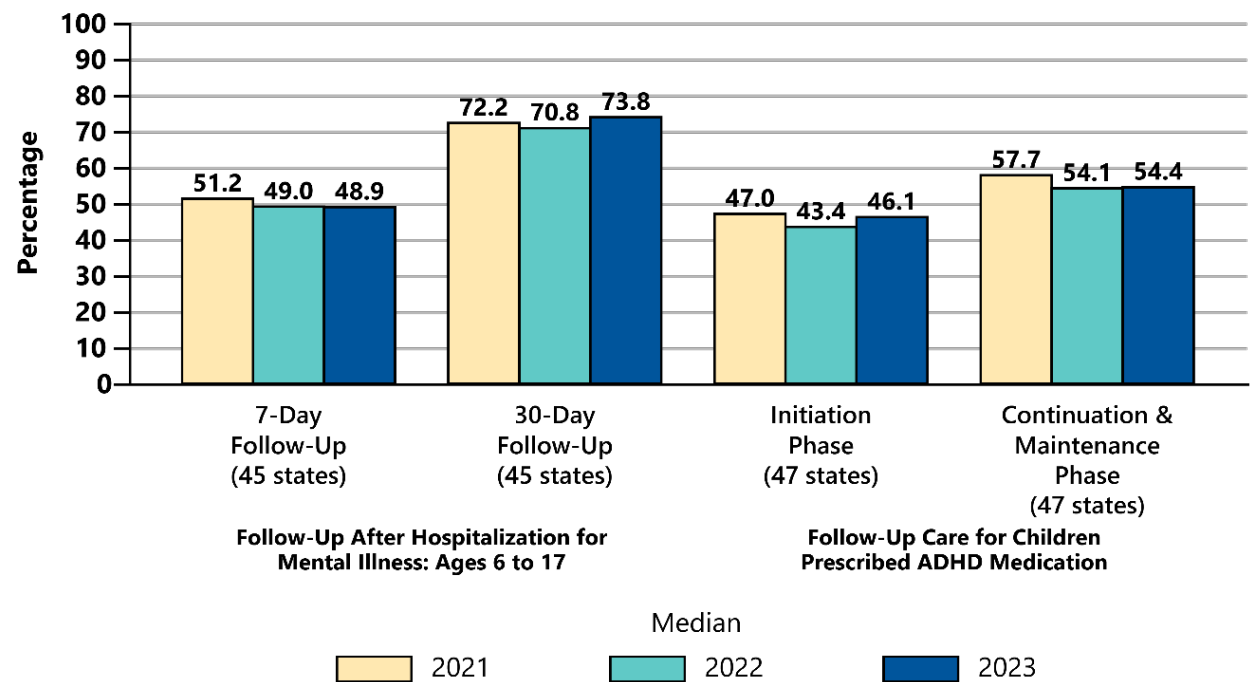
As the largest payers for mental health services in the United States, Medicaid and CHIP combined play an important role in providing behavioral health care and monitoring the effectiveness of that care. For the purpose of the Child Core Set, the term “behavioral health care” refers to treatment of mental health conditions and other behavioral conditions, such as attention-deficit/hyperactivity disorder (ADHD). Improvement of benefit design and service delivery for behavioral health care in Medicaid and CHIP is a high priority for CMS, in collaboration with other federal agencies, states, providers, and consumers.

Four Child Core Set measures of behavioral health were available for trending analysis for the 2021 to 2023 Core Set period.

- Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)
- Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)

# Child Core Set: Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH) and Follow-Up Care for Children Prescribed Attention-Deficit/ Hyperactivity Disorder (ADHD) Medication (ADD-CH)

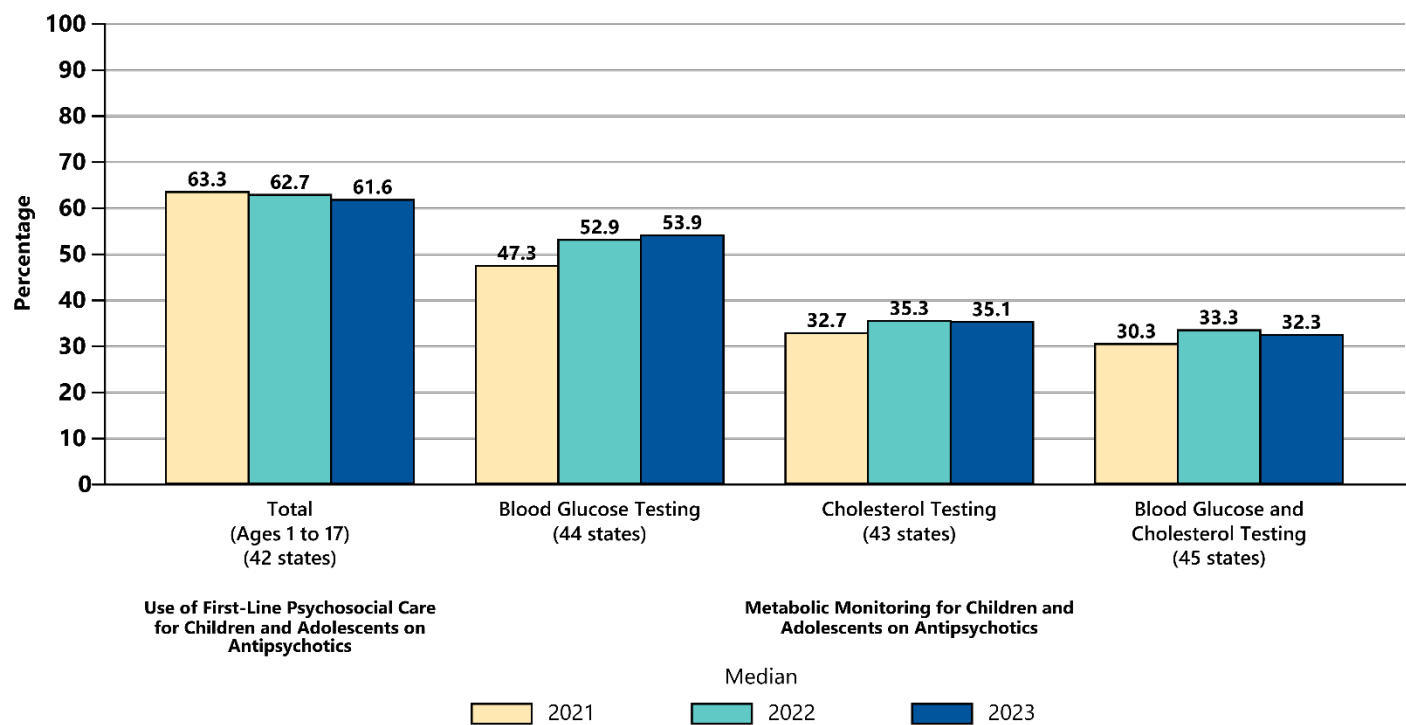
From the 2021 to 2023 Core Set, for the Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 measure, median state performance decreased significantly for the 7-Day Follow-Up rate but did not change significantly for the 30-Day Follow-Up rate. During this period, median state performance declined significantly for both rates of the Follow-Up Care for Children Prescribed ADHD Medication measure.



Source: Mathematica analysis of 2021–2023 QMR system 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 2022 Chart Pack.

# Child Core Set: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) and Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)

Median state performance on the Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics measure declined significantly from the 2021 to 2023 Core Set. Median state performance increased significantly on all three indicators for the Metabolic Monitoring for Children and Adolescents on Antipsychotics measure during this period.



Source: Mathematica analysis of 2021–2023 QMR system 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 2022 Chart Pack.

## Dental and Oral Health Services Trends: 2021 to 2023 Child Core Set

All children in Medicaid and CHIP have coverage for dental and oral health services. Children's oral health is important to their overall health, both in childhood and later in adulthood. Improving children's access to oral health care in Medicaid and CHIP continues to be a focus of federal and state efforts.

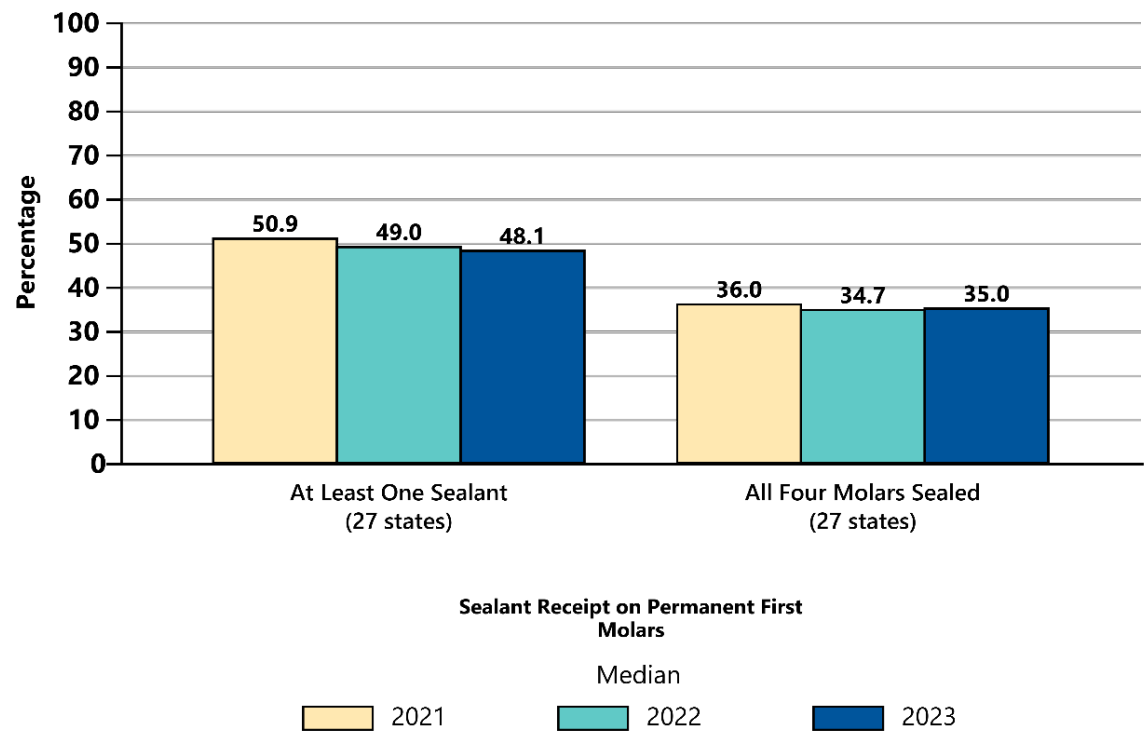
More information about CMS's efforts to improve the quality of dental and oral health services is available at <https://www.medicaid.gov/medicaid/benefits/dental/index.html>.

One Child Core Set measure of dental and oral health services was available for trending analysis for the 2021 to 2023 Core Set period.

- Sealant Receipt on Permanent First Molars (SFM-CH)

# Child Core Set: Sealant Receipt on Permanent First Molars (SFM-CH)

Median state performance decreased significantly for both rates on the Sealant Receipt on Permanent First Molars measure from the 2021 to 2023 Core Set.



Source: Mathematica analysis of 2021–2023 QMR system reports.  
Notes: This chart includes the states that reported the 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 2022 Chart Pack.

# **TRENDS IN STATE PERFORMANCE, 2021 TO 2023 ADULT CORE SET**

# Primary Care Access and Preventive Care Trends: 2021 to 2023 Adult Core Set

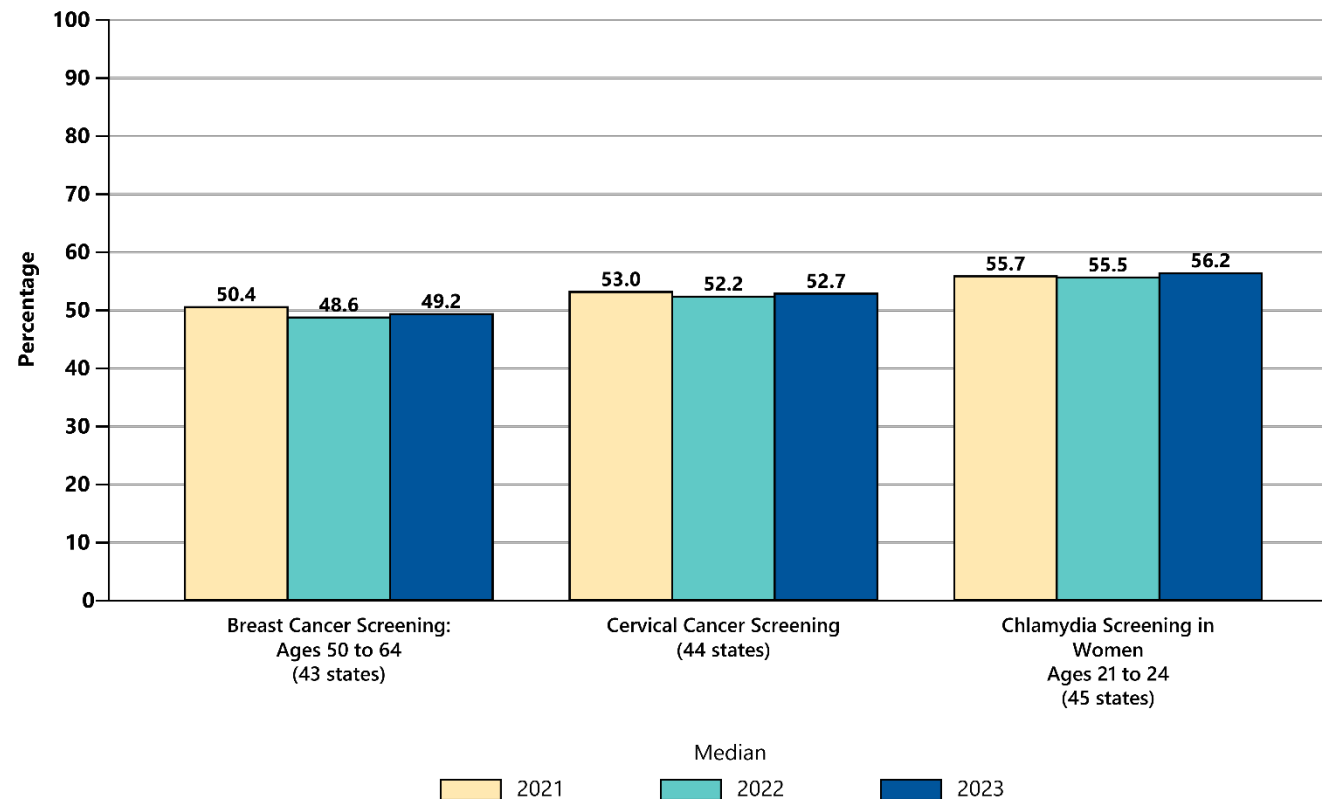
Medicaid provides access to wellness visits and other preventive health care services, including immunizations, screenings, and counseling to support healthy living. Access to regular primary care and services can prevent infectious and chronic disease and other health conditions, help people live longer,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

Three Adult Core Set measures of primary care access and preventive care were available for trending analysis for the 2021 to 2023 Core Set period.

- Breast Cancer Screening (BCS-AD)
- Cervical Cancer Screening (CCS-AD)
- Chlamydia Screening in Women Ages 21 to 24 (CHL-AD)

## Adult Core Set: Breast Cancer Screening (BCS-AD), Cervical Cancer Screening (CCS-AD), and Chlamydia Screening in Women Ages 21 to 24 (CHL-AD)

The median rate for the Breast Cancer Screening measure did not change significantly from the 2021 to 2023 Core Set. There was a small but significant decrease in median state performance for the Cervical Cancer Screening measure during this period. Median state performance on the Chlamydia Screening in Women Ages 21 to 24 measure increased significantly during this period.



Source: Mathematica analysis of 2021–2023 QMR system 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 2022 Chart Pack.

## Maternal and Perinatal Health Trends: 2021 to 2023 Adult Core Set

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. 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.

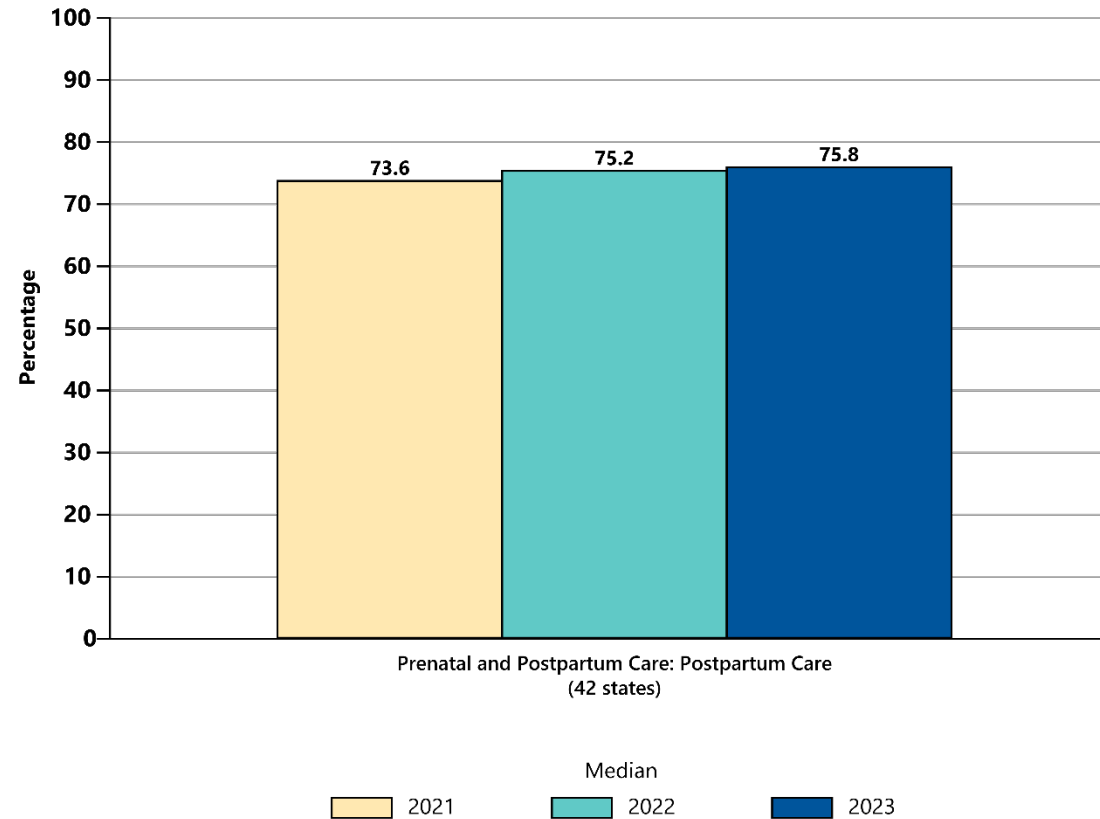
More information about CMS's efforts to improve maternal and infant health care quality is available at <https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health-care-quality/index.html>.

Three Adult Core Set measures of maternal and perinatal health were available for trending analysis for the 2021 to 2023 Core Set period.

- Prenatal and Postpartum Care: Postpartum Care (PPC-AD)
- Contraceptive Care – Postpartum Women Ages 21 to 44 (CCP-AD)
- Contraceptive Care – All Women Ages 21 to 44 (CCW-AD)

## Adult Core Set: Prenatal and Postpartum Care: Postpartum Care (PPC-AD)

Median state performance for the Prenatal and Postpartum Care: Postpartum Care measure increased significantly from the 2021 to 2023 Core Set.

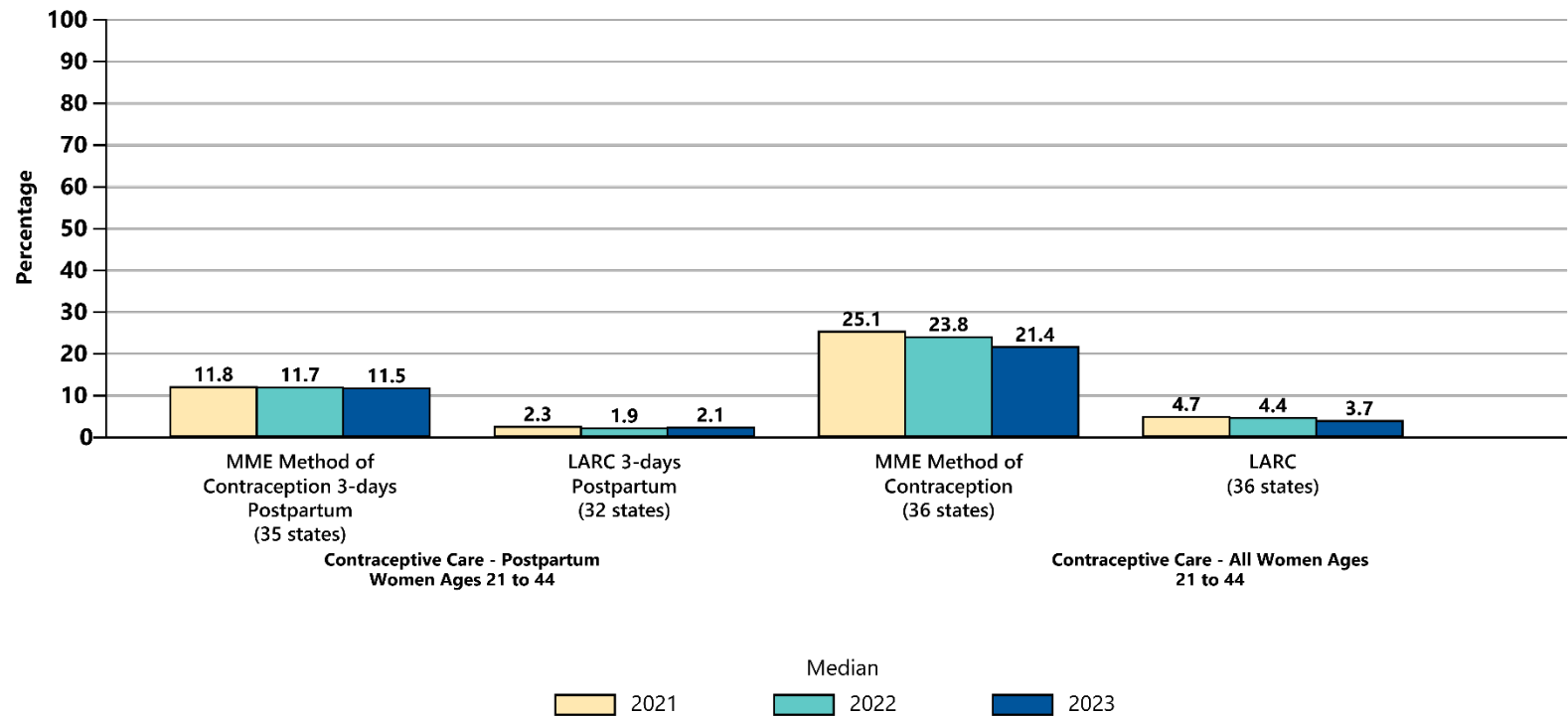


Source: Mathematica analysis of 2021–2023 QMR system reports.

Notes: This chart includes the states that reported the 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 2022 Chart Pack.

# Adult Core Set: Contraceptive Care – Postpartum Women Ages 21 to 44 (CCP-AD) and Contraceptive Care – All Women Ages 21 to 44 (CCW-AD)

Median state performance for the Contraceptive Care – Postpartum Women Ages 21 to 44 measure decreased significantly for the Most or Moderately Effective (MME) Method of Contraception 3-days postpartum rate from the 2021 to 2023 Core Set, but there was no significant change for the Long-Acting Reversible Method of Contraception (LARC) 3-days postpartum rate. During this period, the MME and LARC rates decreased significantly for the Contraceptive Care – All Women: Ages 21 to 44 measure.



Source: Mathematica analysis of 2021–2023 QMR system reports.

Notes: This chart includes the states that reported each measure using Adult Core Set specifications for all three years. Due to changing the rate from 60-days postpartum to 90-days postpartum in the 2023 measure specifications, the 90-day rates of the Contraceptive Care – Postpartum Women Ages 21 to 44 measure are not reported for the 2021–2023 trending analysis. Research suggests that about 44 percent of women ages 21 to 44 enrolled in Medicaid are not at risk of unintended pregnancy, which should be considered when assessing the potential for improvement on the Contraceptive Care – All Women measure. Data from previous years may be updated based on new information received after publication of the 2022 Chart Pack.

# Care of Acute and Chronic Conditions Trends: 2021 to 2023 Adult Core Set

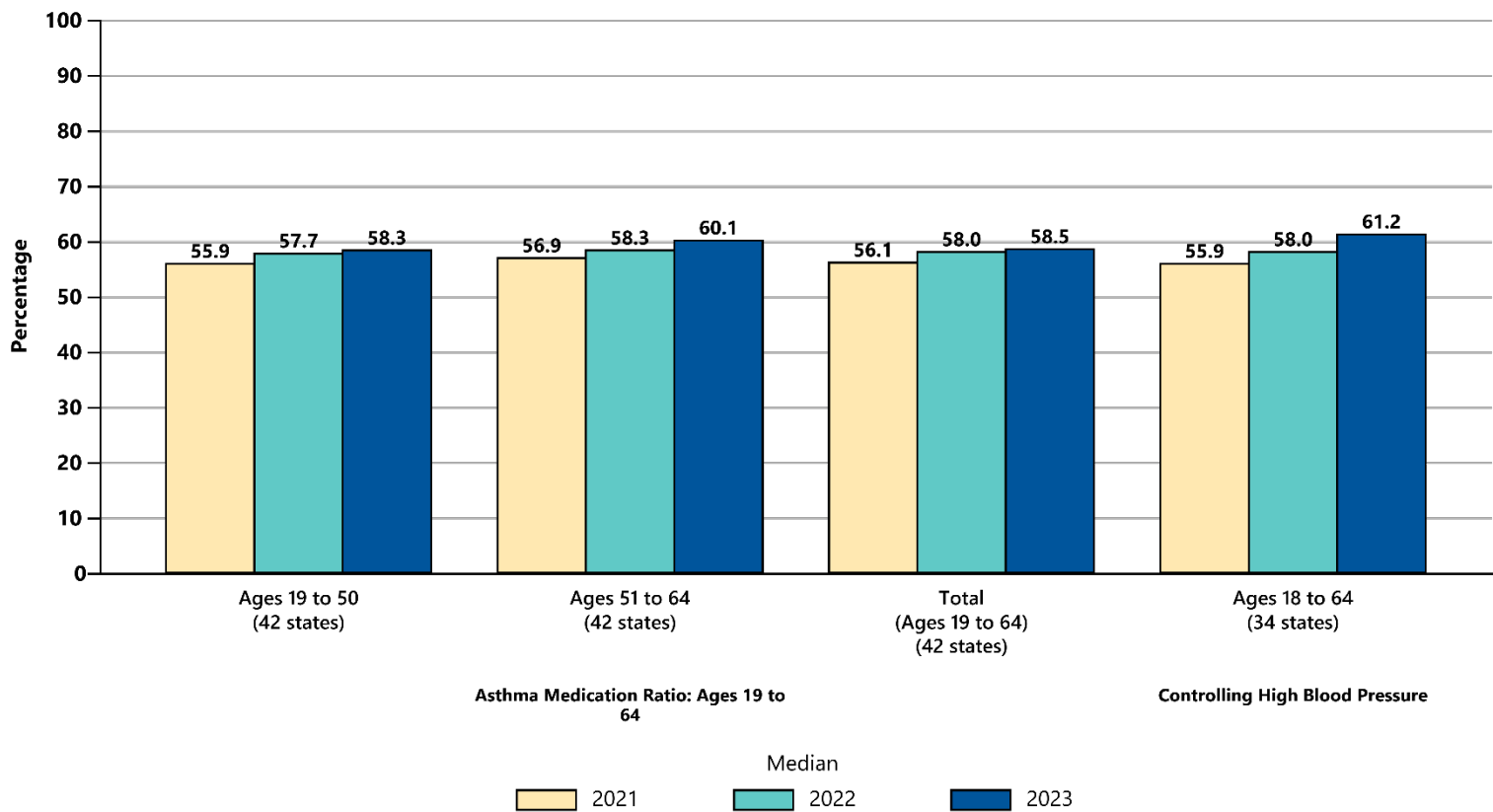
The extent to which adults receive safe, timely, and effective care for acute and chronic conditions is a key indicator of the quality of care provided in Medicaid. Visits for routine screening and monitoring play an important role in managing the health care needs of people with acute and chronic conditions, 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. 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.

Nine Adult Core Set measures of care of acute and chronic conditions were available for trending analysis for the 2021 to 2023 Core Set period.

- Asthma Medication Ratio: Ages 19 to 64 (AMR-AD)
- Controlling High Blood Pressure (CBP-AD)
- Hemoglobin A1c Control for Patients with Diabetes (HBD-AD)
- PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)
- PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rates (PQI05-AD)
- PQI 08: Heart Failure Admission Rate (PQI08-AD)
- PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)
- Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)
- Concurrent Use of Opioids and Benzodiazepines (COB-AD)

# Adult Core Set: Asthma Medication Ratio: Ages 19 to 64 (AMR-AD) and Controlling High Blood Pressure (CBP-AD)

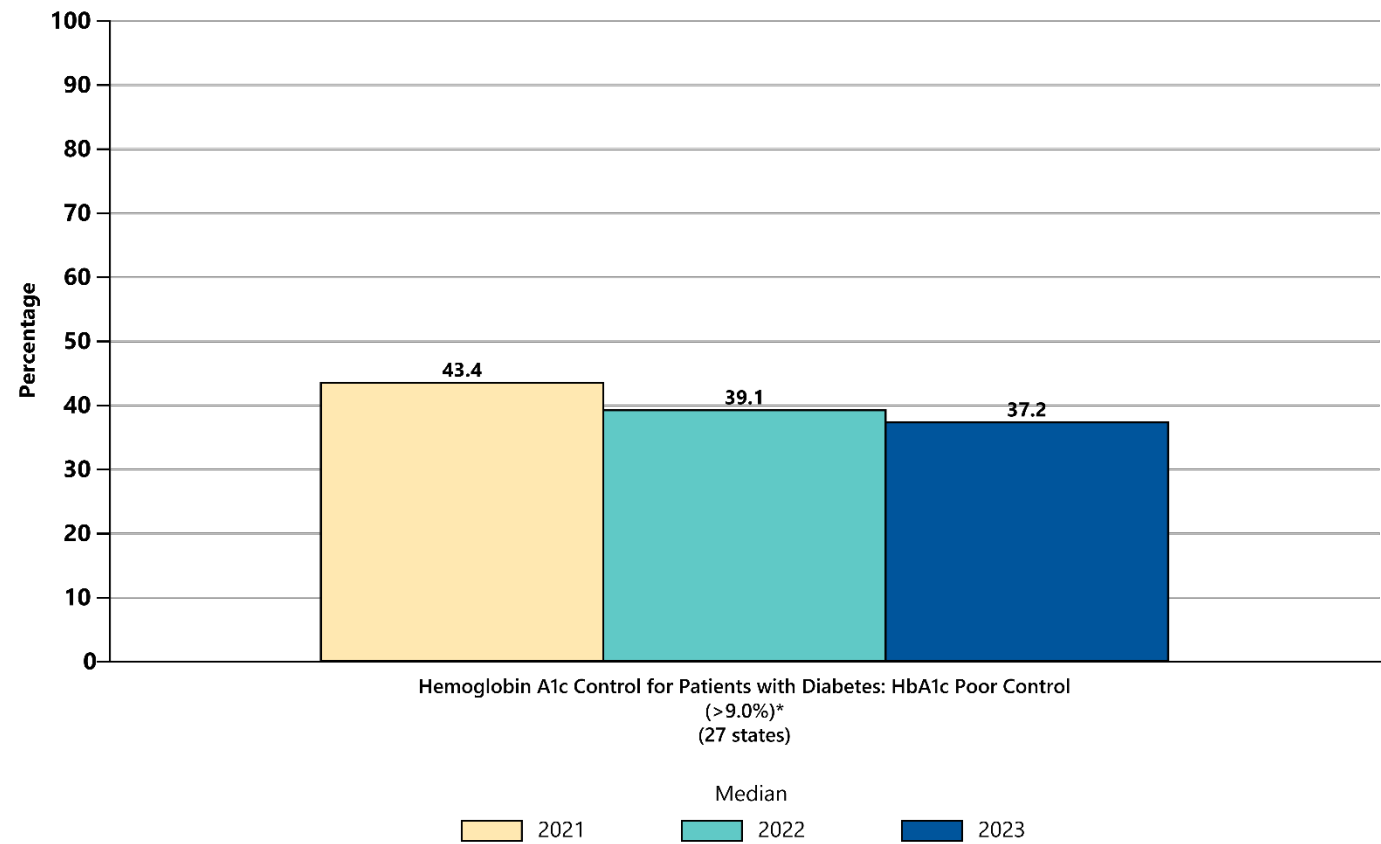
Median state performance on the Asthma Medication Ratio: Ages 19 to 64 and Controlling High Blood Pressure measures increased significantly from the 2021 to 2023 Core Set.



Source: Mathematica analysis of 2021–2023 QMR system 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 2022 Chart Pack.

# Adult Core Set: Hemoglobin A1C Control for Patients with Diabetes (HBD-AD)

Median state performance on the Hemoglobin A1c (HbA1c) Poor Control (>9.0%) rate on the HbA1c Control for Patients With Diabetes measure decreased significantly from the 2021 to 2023 Core Set, representing improved performance because lower rates are better for this rate.



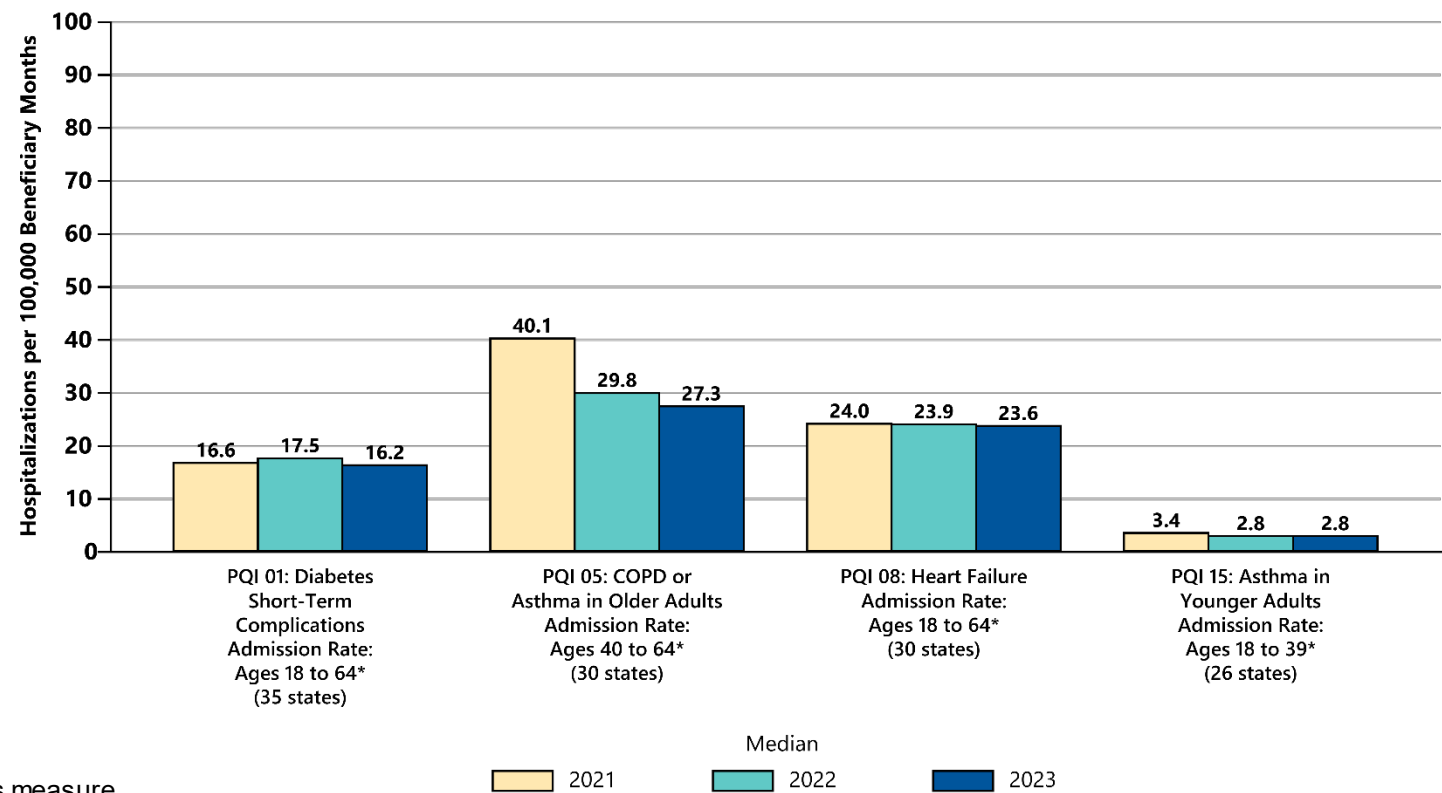
\*Lower rates are better for this rate.

Source: Mathematica analysis of 2021–2023 QMR system reports.

Notes: This chart includes the states that reported the 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 2022 Chart Pack.

**Adult Core Set: PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD), PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rates (PQI05-AD), PQI 08: Heart Failure Admission Rate (PQI08-AD), and PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)**

Median state performance on four measures of potentially avoidable admissions for chronic conditions decreased significantly from the 2021 to 2023 Core Set, including admissions for diabetes short-term complications, chronic obstructive pulmonary disease (COPD) or asthma in older adults, heart failure, and asthma in younger adults. These decreases in median state performance rates represent improved performance because lower rates are better on these measures.

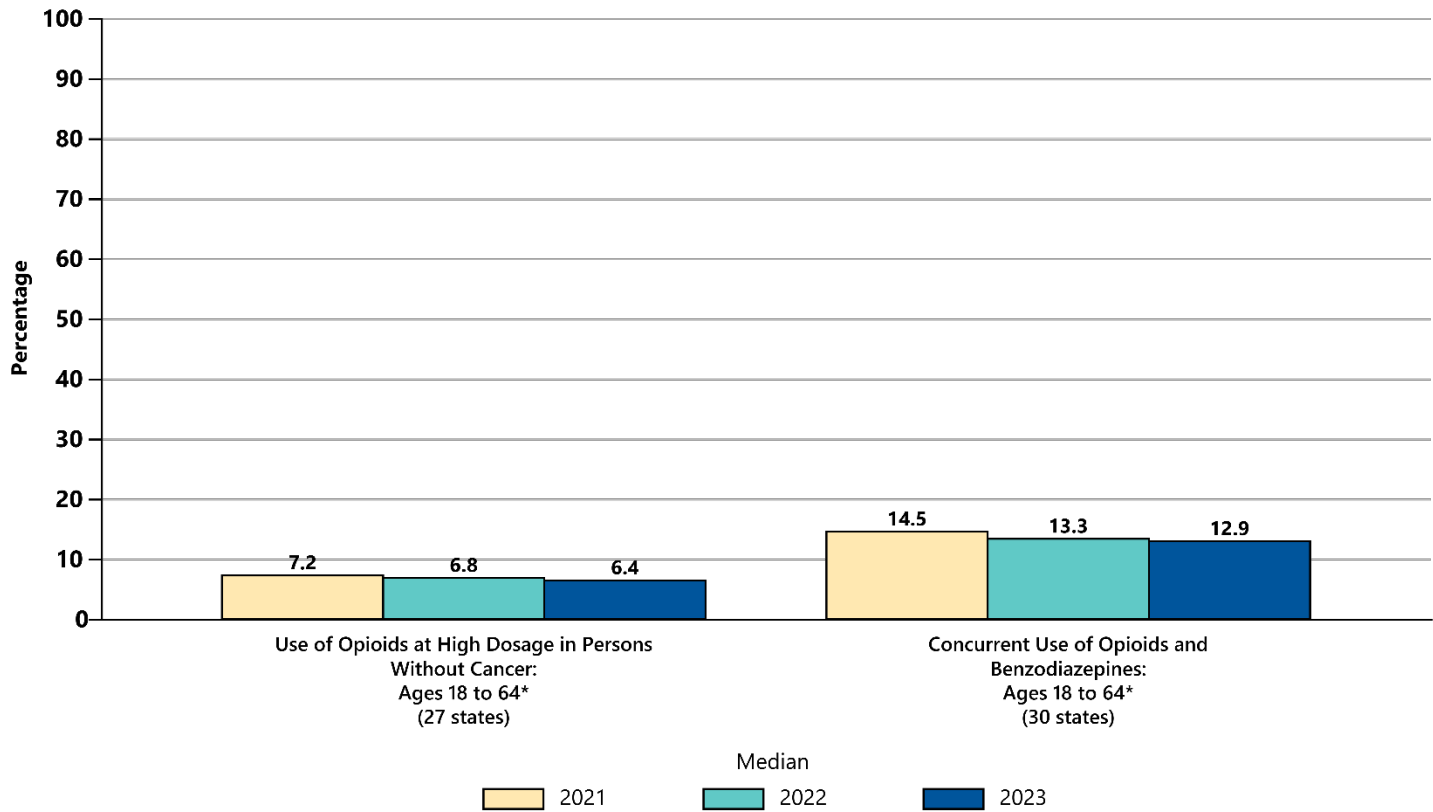


\*Lower rates are better for this measure.

Source: Mathematica analysis of 2021–2023 QMR system 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 2022 Chart Pack.

# Adult Core Set: Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) and Concurrent Use of Opioids and Benzodiazepines (COB-AD)

Performance on the Use of Opioids at High Dosage in Persons Without Cancer and Concurrent Use of Opioids and Benzodiazepines measures improved significantly from the 2021 to 2023 Core Set. For these measures, lower rates are better, and therefore a rate decrease represents improved performance.



\*Lower rates are better for this measure.

Source: Mathematica analysis of 2021–2023 QMR system 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 2022 Chart Pack.

## Behavioral Health Care Trends: 2021 to 2023 Adult Core Set

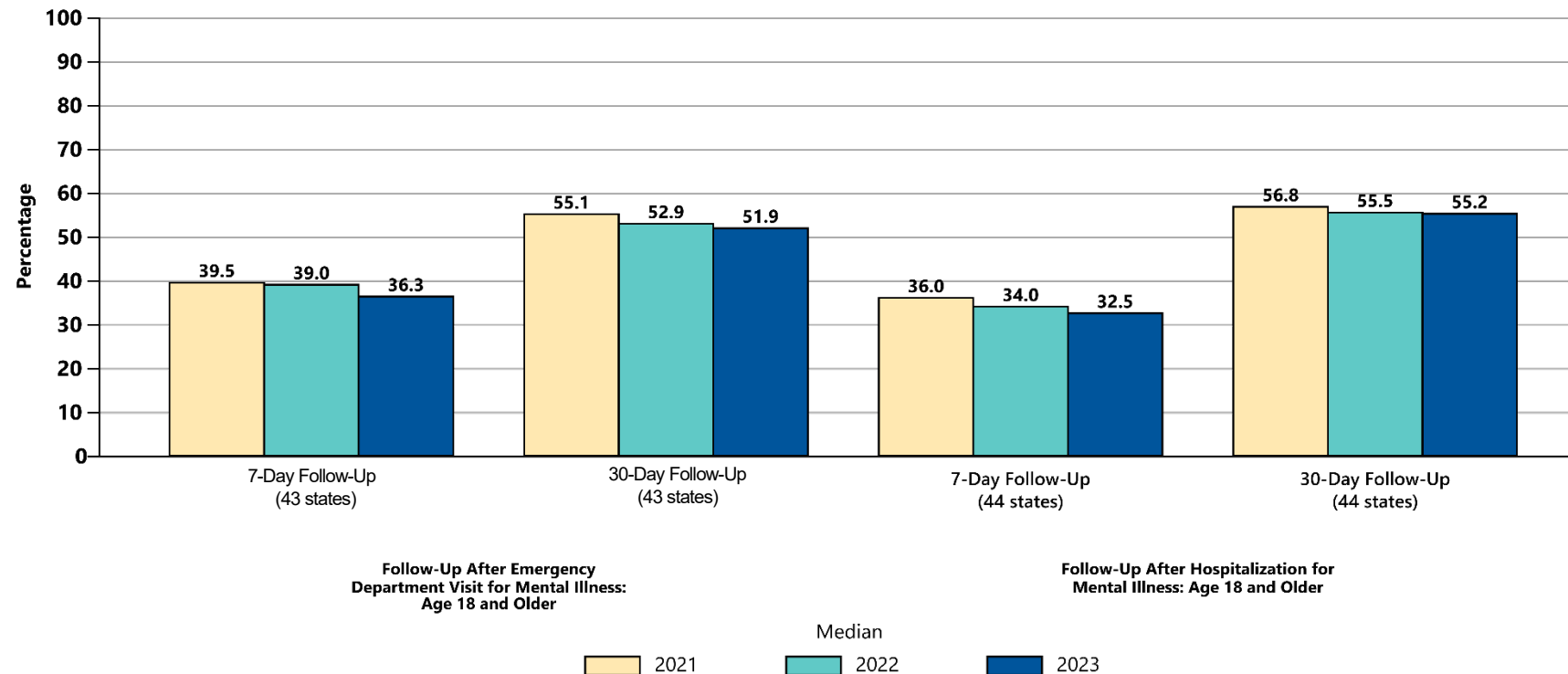
As the single largest payer for mental health services in the United States, Medicaid plays an important role in providing behavioral health care and monitoring the effectiveness of that care. For the purpose of the Adult Core Set, the term “behavioral health care” refers to treatment of mental health 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.

Six Adult Core Set measures of behavioral health care were available for trending analysis for the 2021 to 2023 Core Set period.

- Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD)
- Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)
- Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)
- Antidepressant Medication Management (AMM-AD)
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)

# Adult Core Set: Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD) and Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)

Median state performance on the Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older 7-day follow-up rate did not change significantly, but the 30-day rate decreased significantly from the 2021 to 2023 Core Set. For the Follow-Up After Hospitalization for Mental Illness: Age 18 and Older measure, median state performance decreased significantly for both the 7-day and the 30-day follow-up rates from the 2021 to 2023 Core Set.

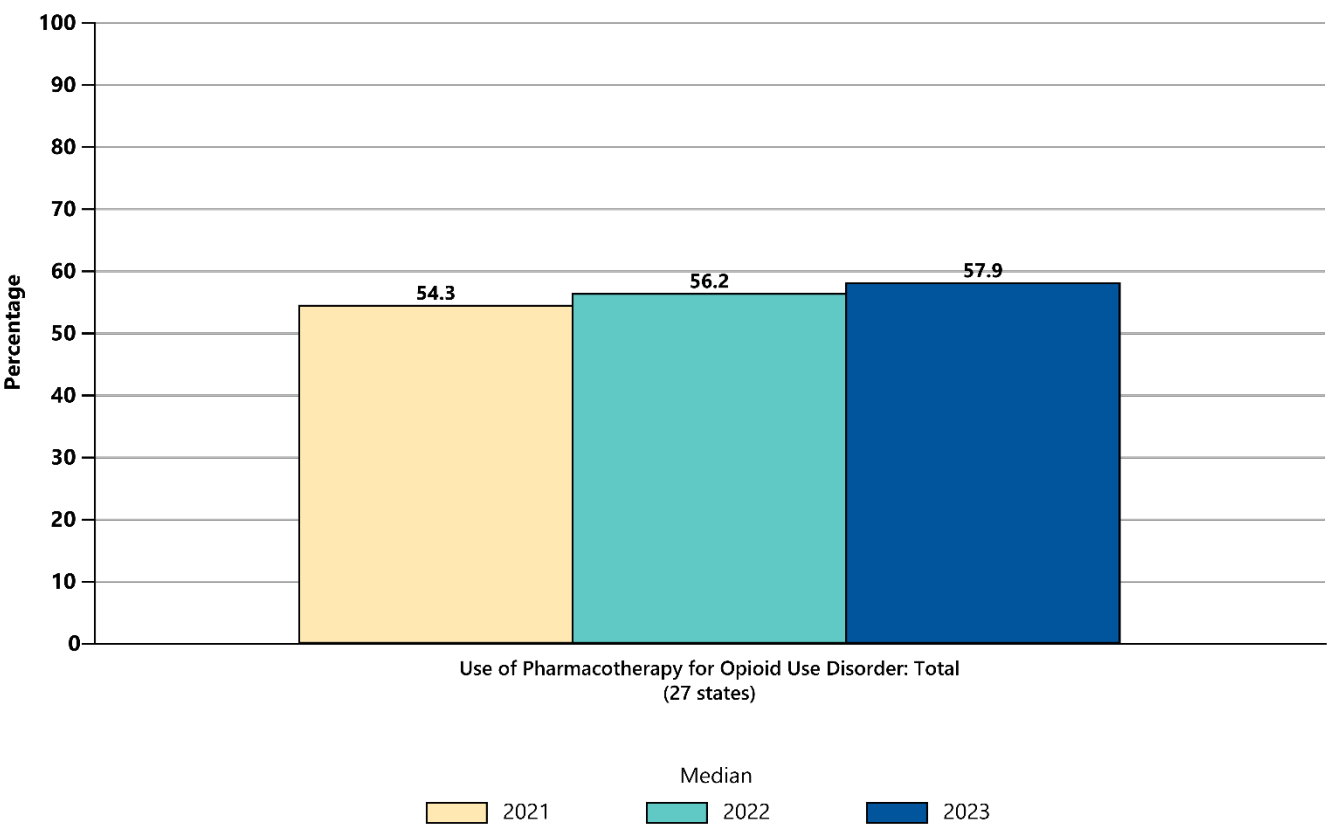


Source: Mathematica analysis of 2021–2023 QMR system reports.

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 2022 Chart Pack.

# Adult Core Set: Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)

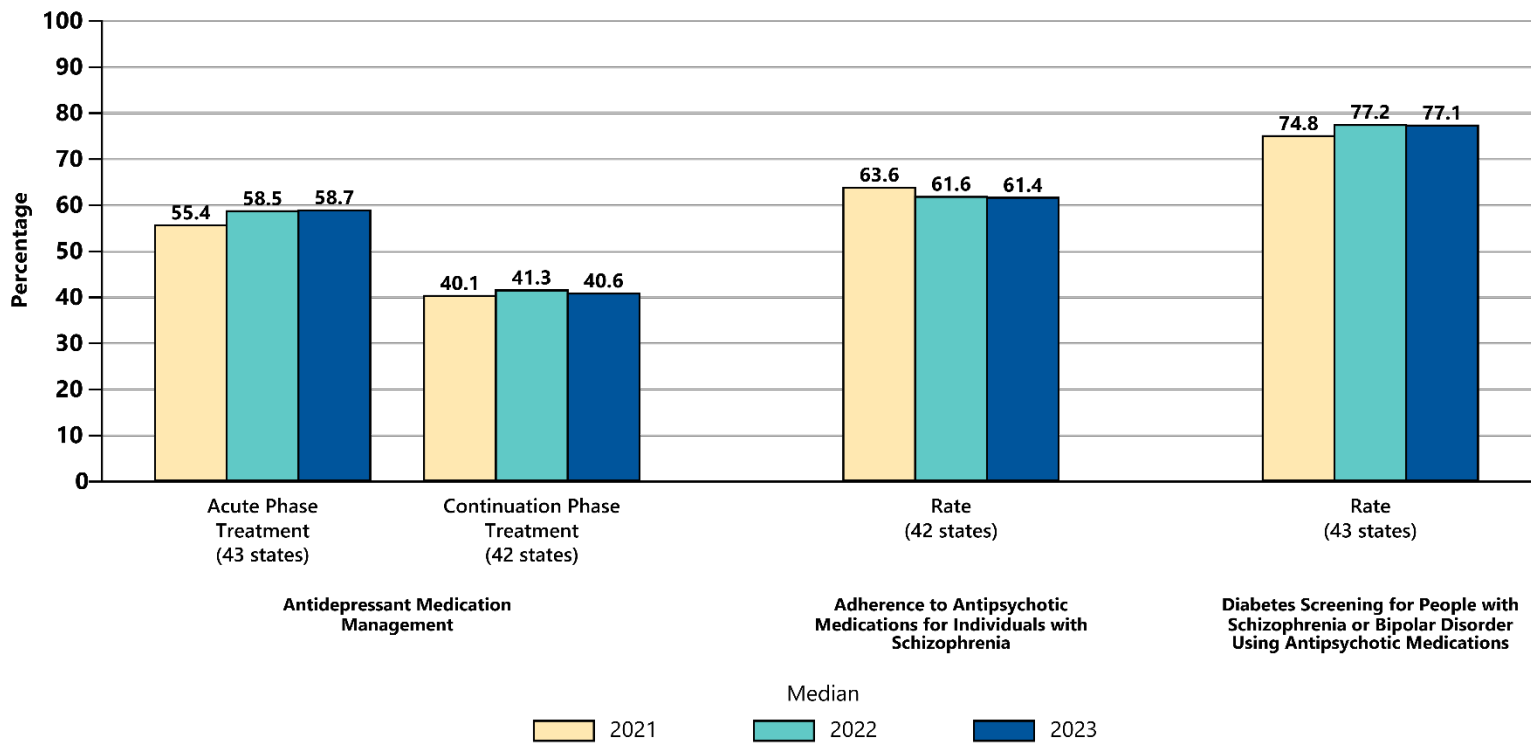
Median state performance on the use of medications approved by the FDA for medication assisted treatment of opioid dependence and addiction on the Use of Pharmacotherapy for Opioid Use Disorder measure increased significantly from the 2021 to 2023 Core Set.



Source: Mathematica analysis of 2021–2023 QMR system reports.  
Notes: This chart includes the states that reported the 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 2022 Chart Pack.

# Adult Core Set: Antidepressant Medication Management (AMM-AD), Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD), and Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)

Median state performance increased significantly from the 2021 to 2023 Core Set on the Acute Phase and Continuation Phase rates of the Antidepressant Medication Management measure. Median state performance declined significantly on the Adherence to Antipsychotic Medications for Individuals with Schizophrenia measure. Median state performance increased significantly on the Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications measure during this period.



Source: Mathematica analysis of 2021–2023 QMR system 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 2022 Chart Pack.

# REFERENCE TABLES AND ADDITIONAL RESOURCES

# CHILD CORE SET REFERENCE TABLE

# Trends in Performance Rates on Frequently Reported Child Core Set Measures, 2021–2023 Core Set

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications 2021–2023	2021 Core Set Median	2022 Core Set Median	2023 Core Set Median
<b>Primary Care Access and Preventive Care</b>					
Well-Child Visits in the First 30 Months of Life	Percentage of Children who had 6 or More Well-Child Visits with a Primary Care Practitioner during the First 15 Months of Life	48	56.6	57.5	59.2
Well-Child Visits in the First 30 Months of Life	Percentage of Children who had 2 or More Well-Child Visits with a Primary Care Practitioner during the 15th to 30th Months of Life	48	69.2	65.1	65.6
Child and Adolescent Well-Care Visits	Percentage with at Least 1 Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist: Ages 3 to 11	47	51.1	54.5	53.6
Child and Adolescent Well-Care Visits	Percentage with at Least 1 Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist: Ages 12 to 17	47	45.3	49.0	48.5
Child and Adolescent Well-Care Visits	Percentage with at Least 1 Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist: Ages 18 to 21	47	23.9	23.7	22.6
Child and Adolescent Well-Care Visits	Percentage with at Least 1 Well-Care Visit with a Primary Care Practitioner or Obstetrician/Gynecologist: Ages 3 to 21	49	45.5	47.6	45.3
Childhood Immunization Status	Percentage who had a Measles, Mumps, and Rubella (MMR) Vaccination by their Second Birthday	44	86.6	82.0	82.6
Childhood Immunization Status	Percentage who had at Least Two Flu Vaccinations by their Second Birthday	44	50.1	46.6	40.2
Childhood Immunization Status	Percentage Up to Date on Recommended Immunizations (Combination 3) by their Second Birthday	45	66.6	61.5	61.0
Childhood Immunization Status	Percentage Up to Date on Recommended Immunizations (Combination 10) by their Second Birthday	45	35.7	34.3	29.1
Immunizations for Adolescents	Percentage who Completed the Human Papillomavirus (HPV) Vaccine Series by Their 13th Birthday	47	37.7	35.0	33.8
Immunizations for Adolescents	Percentage Up to Date on Recommended Immunizations (Combination 1) by Their 13th Birthday	46	77.9	75.2	76.5

# Trends in Performance Rates on Frequently Reported Child Core Set Measures, 2021–2023 Core Set (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications 2021–2023	2021 Core Set Median	2022 Core Set Median	2023 Core Set Median
<b>Primary Care Access and Preventive Care (continued)</b>					
Developmental Screening in the First Three Years of Life	Percentage Screened for Risk of Developmental, Behavioral, and Social Delays Using a Standardized Screening Tool: Ages 0 to 3	33	33.5	34.8	36.7
Chlamydia Screening in Women Ages 16 to 20	Percentage of Sexually Active Women Screened for Chlamydia: Ages 16 to 20	48	46.7	47.2	47.0
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Percentage with an Outpatient Visit and Body Mass Index Percentile Documented in the Medical Record: Ages 3 to 17	41	69.6	72.7	75.6
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Percentage with an Outpatient Visit and Counseling for Physical Activity Documented in the Medical Record: Ages 3 to 17	39	60.1	61.5	61.3
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Percentage with an Outpatient Visit and Counseling for Nutrition Documented in the Medical Record: Ages 3 to 17	39	65.7	64.1	65.4
<b>Maternal and Perinatal Health</b>					
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Percentage of Women Delivering a Live Birth with a Prenatal Care Visit in the First Trimester, on or before the Enrollment Start Date, or within 42 Days of Enrollment in Medicaid or CHIP	44	82.5	81.8	80.1
Live Births Weighing Less Than 2,500 Grams	Percentage of Live Births Weighing Less Than 2,500 Grams [Lower rates are better]	52	10.0	10.1	10.4
Low-Risk Cesarean Delivery	Percentage of Nulliparous, Term, Singleton, in a Cephalic Presentation Births Delivered by Cesarean [Lower rates are better]	52	24.5	24.7	24.2
Contraceptive Care - Postpartum Women Ages 15 to 20	Percentage of Postpartum Women with a Live Birth Provided a Most Effective or Moderately Effective Method of Contraception Within 3 Days of Delivery: Ages 15 to 20	31	5.6	5.6	6.3
Contraceptive Care - Postpartum Women Ages 15 to 20	Percentage of Postpartum Women with a Live Birth Provided a Long-Acting Reversible Method of Contraception Within 3 Days of Delivery: Ages 15 to 20	25	3.5	2.9	2.8
Contraceptive Care - All Women Ages 15 to 20	Percentage of All Women at Risk of Unintended Pregnancy Provided a Most Effective or Moderately Effective Method of Contraception: Ages 15 to 20	38	27.3	25.8	24.0
Contraceptive Care - All Women Ages 15 to 20	Percentage of All Women at Risk of Unintended Pregnancy Provided a Long-Acting Reversible Method of Contraception: Ages 15 to 20	38	3.7	3.4	3.1

# Trends in Performance Rates on Frequently Reported Child Core Set Measures, 2021–2023 Core Set (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications 2021–2023	2021 Core Set Median	2022 Core Set Median	2023 Core Set Median
<b>Care of Acute and Chronic Conditions</b>					
Asthma Medication Ratio: Ages 5 to 18	Percentage with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater: Ages 5 to 11	45	78.3	77.3	74.7
Asthma Medication Ratio: Ages 5 to 18	Percentage with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater: Ages 12 to 18	45	70.4	68.9	68.4
Asthma Medication Ratio: Ages 5 to 18	Percentage with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater: Ages 5 to 18	45	74.3	73.1	71.6
Ambulatory Care: Emergency Department Visits	Emergency Department Visits per 1,000 Beneficiary Months: Ages 0 to 19 [Lower rates are better]	46	26.0	31.9	36.1
<b>Behavioral Health Care</b>					
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17	Percentage of Discharges for Children Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 7 Days after Discharge: Ages 6 to 17	45	51.2	49.0	48.9
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17	Percentage of Discharges for Children Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 30 Days after Discharge: Ages 6 to 17	45	72.2	70.8	73.8
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Percentage Newly Prescribed ADHD Medication with at Least One Follow-Up Visit During the 30-Day Initiation Phase: Ages 6 to 12	47	47.0	43.4	46.1
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Percentage Newly Prescribed ADHD Medication with at Least Two Follow-Up Visits in the 9-Month Continuation and Maintenance Phase: Ages 6 to 12	47	57.7	54.1	54.4
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	42	63.3	62.7	61.6

# Trends in Performance Rates on Frequently Reported Child Core Set Measures, 2021–2023 Core Set (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications 2021–2023	2021 Core Set Median	2022 Core Set Median	2023 Core Set Median
<b>Behavioral Health Care (continued)</b>					
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage with Two or More Antipsychotic Prescriptions that had Metabolic Testing for Blood Glucose: Ages 1 to 17	44	47.3	52.9	53.9
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage with Two or More Antipsychotic Prescriptions that had Metabolic Testing for Cholesterol: Ages 1 to 17	43	32.7	35.3	35.1
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage with Two or More Antipsychotic Prescriptions that had Metabolic Testing for Blood Glucose and Cholesterol: Ages 1 to 17	45	30.3	33.3	32.3
<b>Dental and Oral Health Services</b>					
Sealant Receipt on Permanent First Molars	Percentage who Received a Sealant on at Least One Permanent First Molar Tooth by their 10th Birthday	27	50.9	49.0	48.1
Sealant Receipt on Permanent First Molars	Percentage who Received Sealants on All Four Permanent First Molars by their 10th Birthday	27	36.0	34.7	35.0

Source: Mathematica analysis of 2021–2023 QMR system reports and Mathematica analysis of the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data for calendar years 2020–2022.

Notes: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico. 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 2022 Chart Pack. Measure Performance tables are available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html>.

# ADULT CORE SET REFERENCE TABLE

# Trends in Performance Rates on Frequently Reported Adult Core Set Measures, 2021–2023 Core Set

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications 2021–2023	2021 Core Set Median	2022 Core Set Median	2023 Core Set Median
<b>Primary Care Access and Preventive Care</b>					
Breast Cancer Screening	Percentage of Women who had a Mammogram to Screen for Breast Cancer: Ages 50 to 64	43	50.4	48.6	49.2
Cervical Cancer Screening	Percentage of Women Screened for Cervical Cancer: Ages 21 to 64	44	53.0	52.2	52.7
Chlamydia Screening in Women Ages 21 to 24	Percentage of Sexually Active Women Screened for Chlamydia: Ages 21 to 24	45	55.7	55.5	56.2
<b>Maternal and Perinatal Health</b>					
Prenatal and Postpartum Care: Postpartum Care	Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 7 and 84 Days after Delivery	42	73.6	75.2	75.8
Contraceptive Care – Postpartum Women Ages 21 to 44	Percentage of Postpartum Women with a Live Birth Provided a Most Effective or Moderately Effective Method of Contraception Within 3 Days of Delivery: Ages 21 to 44	35	11.8	11.7	11.5
Contraceptive Care – Postpartum Women Ages 21 to 44	Percentage of Postpartum Women with a Live Birth Provided a Long-Acting Reversible Method of Contraception Within 3 Days of Delivery: Ages 21 to 44	32	2.3	1.9	2.1
Contraceptive Care – All Women Ages 21 to 44	Percentage of All Women at Risk of Unintended Pregnancy Provided a Most Effective or Moderately Effective Method of Contraception: Ages 21 to 44	36	25.1	23.8	21.4
Contraceptive Care – All Women Ages 21 to 44	Percentage of All Women at Risk of Unintended Pregnancy Provided a Long-Acting Reversible Method of Contraception: Ages 21 to 44	36	4.7	4.4	3.7
<b>Care of Acute and Chronic Conditions</b>					
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	42	55.9	57.7	58.3
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	42	56.9	58.3	60.1
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	42	56.1	58.0	58.5

# Trends in Performance Rates on Frequently Reported Adult Core Set Measures, 2021–2023 Core Set (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications 2021–2023	2021 Core Set Median	2022 Core Set Median	2023 Core Set Median
<b>Care of Acute and Chronic Conditions (continued)</b>					
Controlling High Blood Pressure	Percentage who had a Diagnosis of Hypertension and Whose Blood Pressure was Adequately Controlled: Ages 18 to 64	34	55.9	58.0	61.2
Hemoglobin A1c Control for Patients With Diabetes	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]	27	43.4	39.1	37.2
PQI 01: Diabetes Short-Term Complications Admission Rate	Hospitalizations for Diabetes Short-Term Complications per 100,000 Beneficiary Months: Ages 18 to 64 [Lower rates are better]	35	16.6	17.5	16.2
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	Hospitalizations for Chronic Obstructive Pulmonary Disease (COPD) or Asthma per 100,000 Beneficiary Months: Ages 40 to 64 [Lower rates are better]	30	40.1	29.8	27.3
PQI 08: Heart Failure Admission Rate	Hospitalizations for Heart Failure per 100,000 Beneficiary Months: Ages 18 to 64 [Lower rates are better]	30	24.0	23.9	23.6
PQI 15: Asthma in Younger Adults Admission Rate	Hospitalizations for Asthma per 100,000 Beneficiary Months: Ages 18 to 39 [Lower rates are better]	26	3.4	2.8	2.8
Use of Opioids at High Dosage in Persons Without Cancer	Percentage of Adults Without Cancer who Received Prescriptions for Opioids with an Average Daily Dosage Greater than or Equal to 90 Morphine Milligram Equivalents (MME) for a Period of 90 Days or More: Ages 18 to 64 [Lower rates are better]	27	7.2	6.8	6.4
Concurrent Use of Opioids and Benzodiazepines	Percentage with Concurrent Use of Prescription Opioids and Benzodiazepines for 30 or More Cumulative Days: Ages 18 to 64 [Lower rates are better]	30	14.5	13.3	12.9
<b>Behavioral Health Care</b>					
Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older	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	43	39.5	39.0	36.3
Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older	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	43	55.1	52.9	51.9

# Trends in Performance Rates on Frequently Reported Adult Core Set Measures, 2021–2023 Core Set (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications 2021–2023	2021 Core Set Median	2022 Core Set Median	2023 Core Set Median
<b>Behavioral Health Care (continued)</b>					
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older	Percentage of Discharges for Adults Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 7 Days after Discharge: Ages 18 to 64	44	36.0	34.0	32.5
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older	Percentage of Discharges for Adults Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit Within 30 Days after Discharge: Ages 18 to 64	44	56.8	55.5	55.2
Use of Pharmacotherapy for Opioid Use Disorder	Percentage with an Opioid Use Disorder who Filled a Prescription for or were Administered or Dispensed an FDA-Approved Medication for the Disorder: Total Rate: Ages 18 to 64	27	54.3	56.2	57.9
Antidepressant Medication Management	Percentage with a Diagnosis of Major Depression who were Treated with and Remained on an Antidepressant Medication for 12 Weeks: Ages 18 to 64	43	55.4	58.5	58.7
Antidepressant Medication Management	Percentage with a Diagnosis of Major Depression who were Treated with and Remained on an Antidepressant Medication for the Continuation Phase (6 Months): Ages 18 to 64	42	40.1	41.3	40.6
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: Age 18 and older	42	63.6	61.6	61.4
Diabetes Screening for People with Schizophrenia or Bipolar Disorder 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	43	74.8	77.2	77.1

Source: Mathematica analysis of 2021–2023 QMR system reports.

Notes: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico. 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 2022 Chart Pack. Measure Performance 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>.

# **ADDITIONAL RESOURCES**

# Acronyms

ADHD	Attention-Deficit/Hyperactivity Disorder	IPV	Inactivated Polio Vaccine
BMI	Body Mass Index	LARC	Long-acting reversible contraception
CDC	Centers for Disease Control and Prevention	LTSS	Long-Term Services and Supports
CHIP	Children's Health Insurance Program	MMR	Measles, Mumps, and Rubella
CMS	Centers for Medicare & Medicaid Services	OB/GYN	Obstetrician/gynecologist
CY	Calendar Year	PCP	Primary Care Practitioner
DTaP	Diphtheria, Tetanus, and Pertussis	PCV	Pneumococcal Conjugate Vaccine
ED	Emergency Department	QMR	Quality Measure Reporting
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment	SUD	Substance Use Disorder
Hep B	Hepatitis B	Tdap	Tetanus, Diphtheria Toxoids and Pertussis Vaccine
HiB	Haemophilus Influenzae Type B	VZV	Varicella-Zoster Virus
HPV	Human Papillomavirus	WONDER	Wide-ranging Online Data for Epidemiologic Research

## For More Information

Child Core Set information 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>.

Adult Core Set information 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>.

The webpages linked above contain descriptions of the Core Sets and resources on state reporting, including state-specific performance on measures reported by at least 25 states and that meet CMS standards for data quality.

Annual reporting resources include:

- Measure Performance Tables that provide state-specific data for each publicly reported Core Set measure
- Core Set Health Care Quality Measures Dataset, which provides state-specific measure-level data for publicly reported measures and rates
- Child and Adult Chart Packs that summarize state reporting on the quality of health care provided to Medicaid and CHIP beneficiaries, including analysis of publicly reported measures

For technical assistance related to the Child and Adult Core Sets, contact the TA mailbox at [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov).