



Centers for Medicare & Medicaid Services

Medicaid & CHIP

Health Care Quality Measures



Quality of Behavioral Health Care in Medicaid and CHIP: Findings from the 2020 Behavioral Health Core Set

January 2022

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 2020 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 18 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 13 measures from the Adult Core Set.² 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 2020, which generally covers care delivered in calendar year 2019. The Chart Pack includes detailed analysis of state performance on 14 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>.

² One measure was retired from the 2020 Behavioral Health Core Set and two measures were added. Information about the updates to the 2020 Core Sets is available at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib111919.pdf>.

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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>.

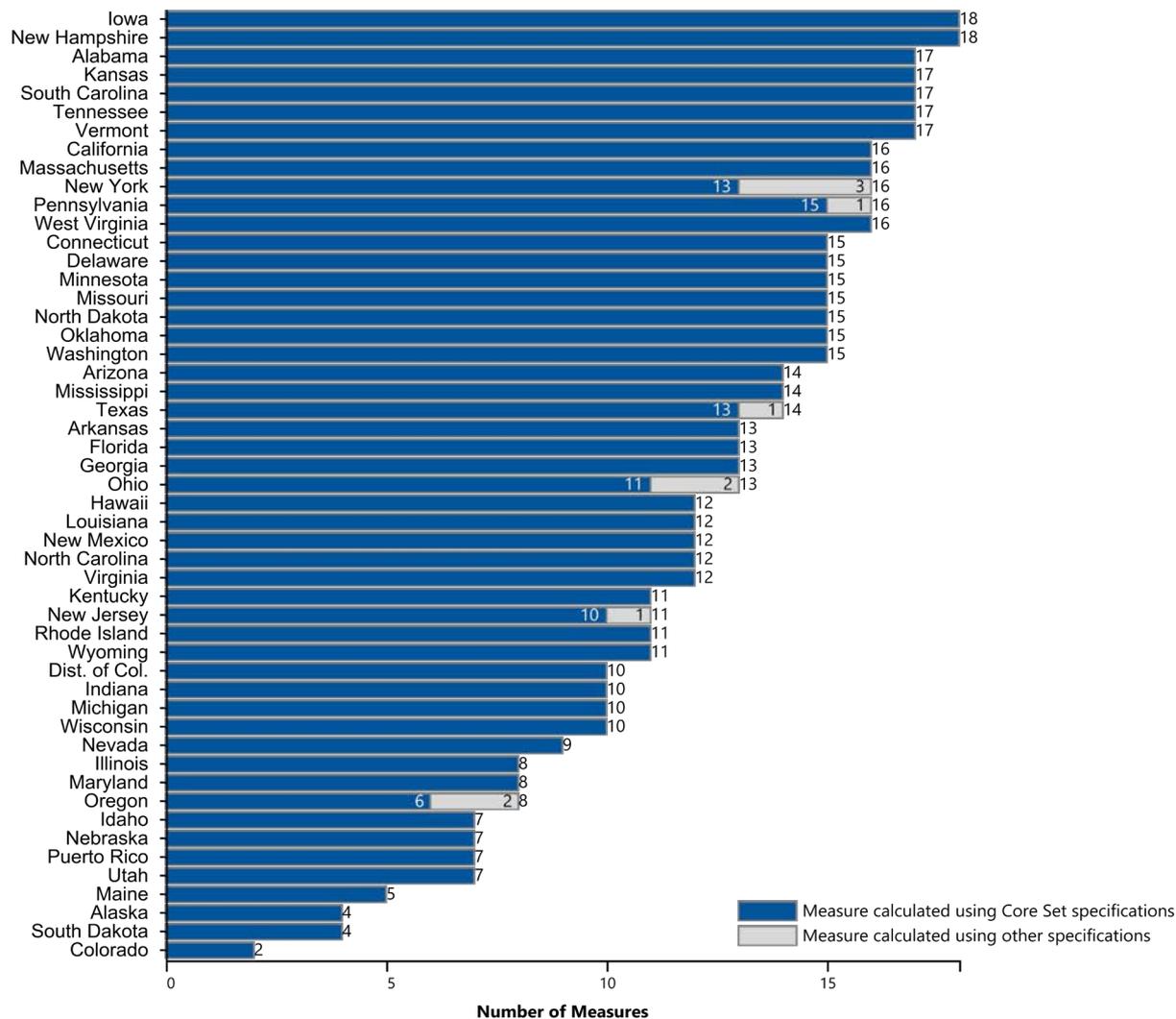
More information about the Adult Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set/index.html>.



OVERVIEW OF STATE REPORTING OF THE 2020 BEHAVIORAL HEALTH CORE SET



Number of Behavioral Health Core Set Measures Reported by States, FFY 2020



States reported a median of

13

Behavioral Health Core Set measures for FFY 2020

Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

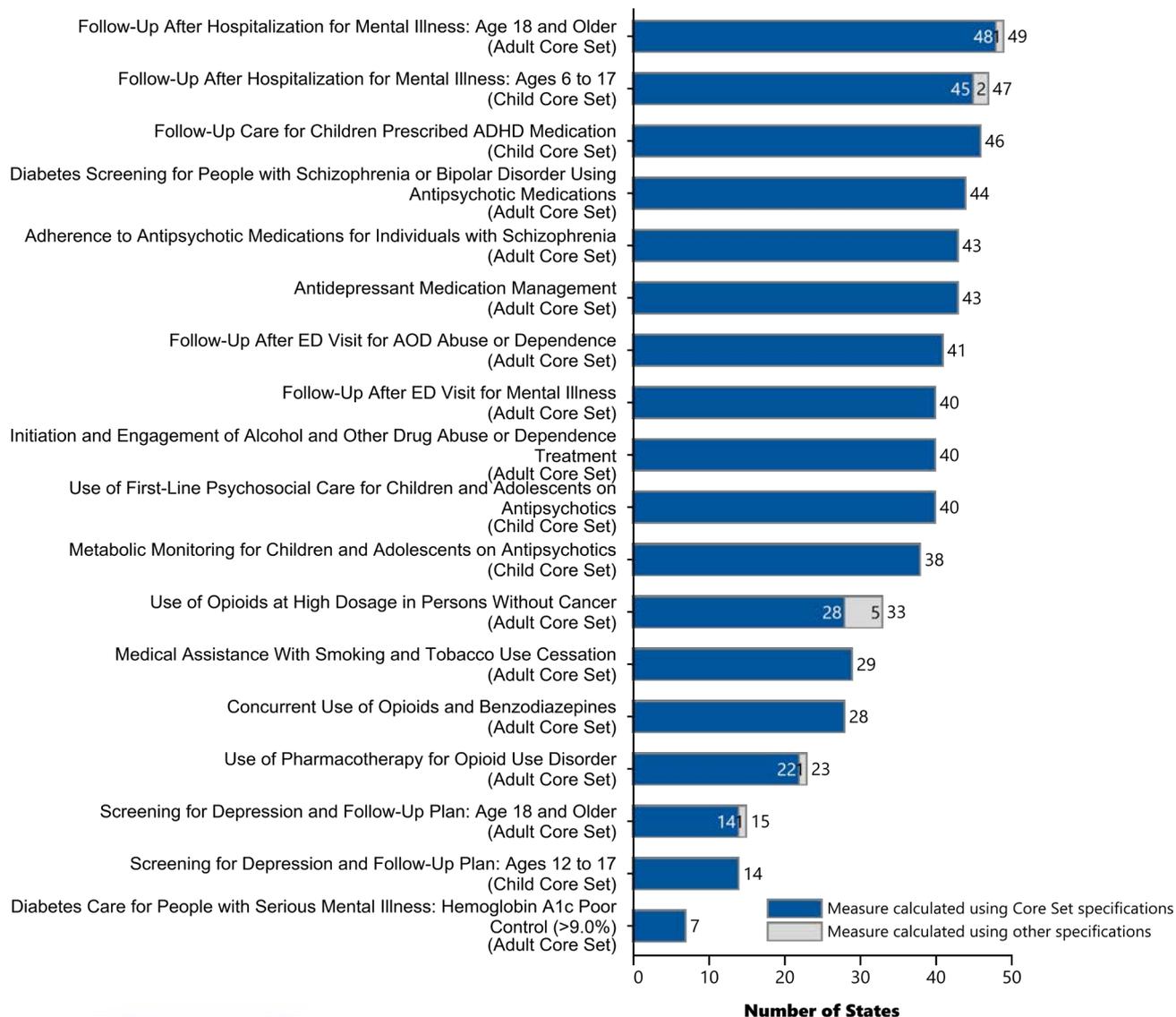
Notes: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico.

The following states did not report Behavioral Health Core Set measures for FFY 2020: Montana.

This chart includes all 18 Behavioral Health Core Set measures that states reported for the FFY 2020 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.



Number of States Reporting the Behavioral Health Core Set Measures, FFY 2020



51
states voluntarily
reported at least one
Behavioral Health Core
Set measure for FFY
2020

Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

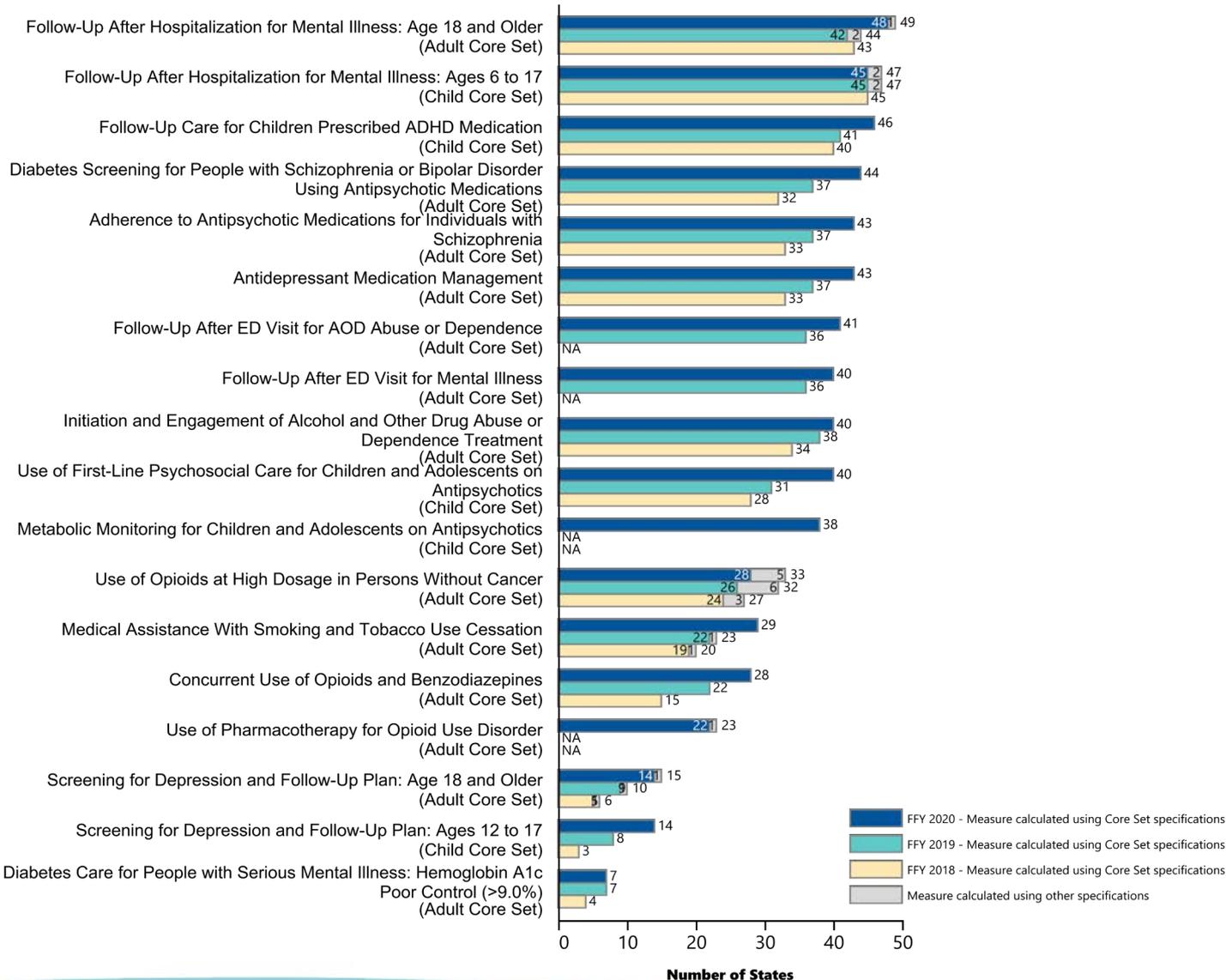
Notes: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico.

The 2020 Behavioral Health Core Set includes 18 measures. This chart includes all Behavioral Health Core Set measures that states reported for the FFY 2020 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 2018–2020



State reporting increased for all **14** of the measures included in the Behavioral Health Core Set for all three years

Source: Mathematica analysis of FFY 2018–FFY 2020 MACPro reports.

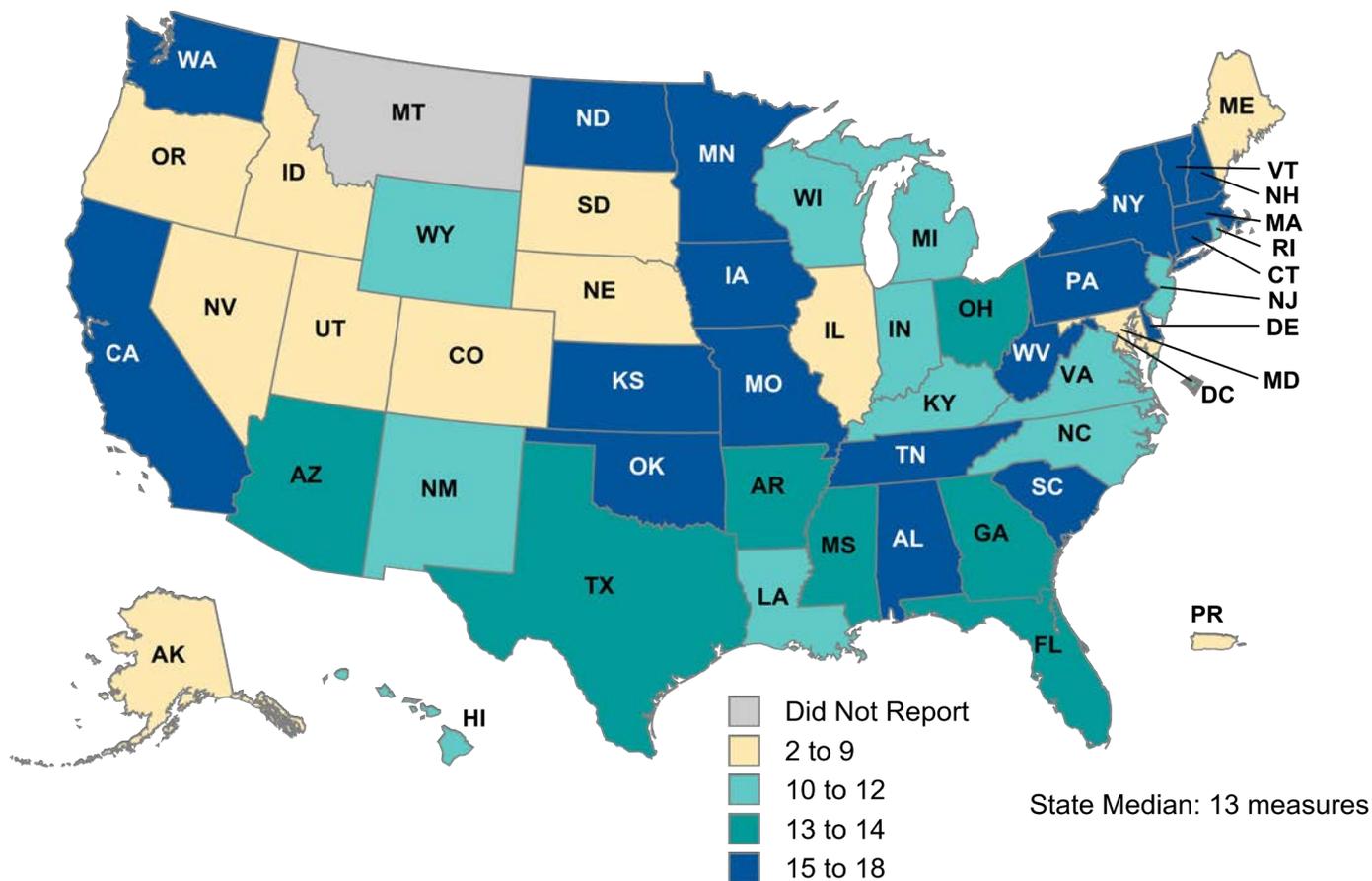
Notes: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico.

The 2020 Behavioral Health Core Set includes 18 measures. This chart includes all Behavioral Health Core Set measures that states reported for the FFY 2020 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 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 2020



19 states reported at least 15 Behavioral Health Core Set measures for FFY 2020

Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico. The 2020 Behavioral Health Core Set includes 18 measures.

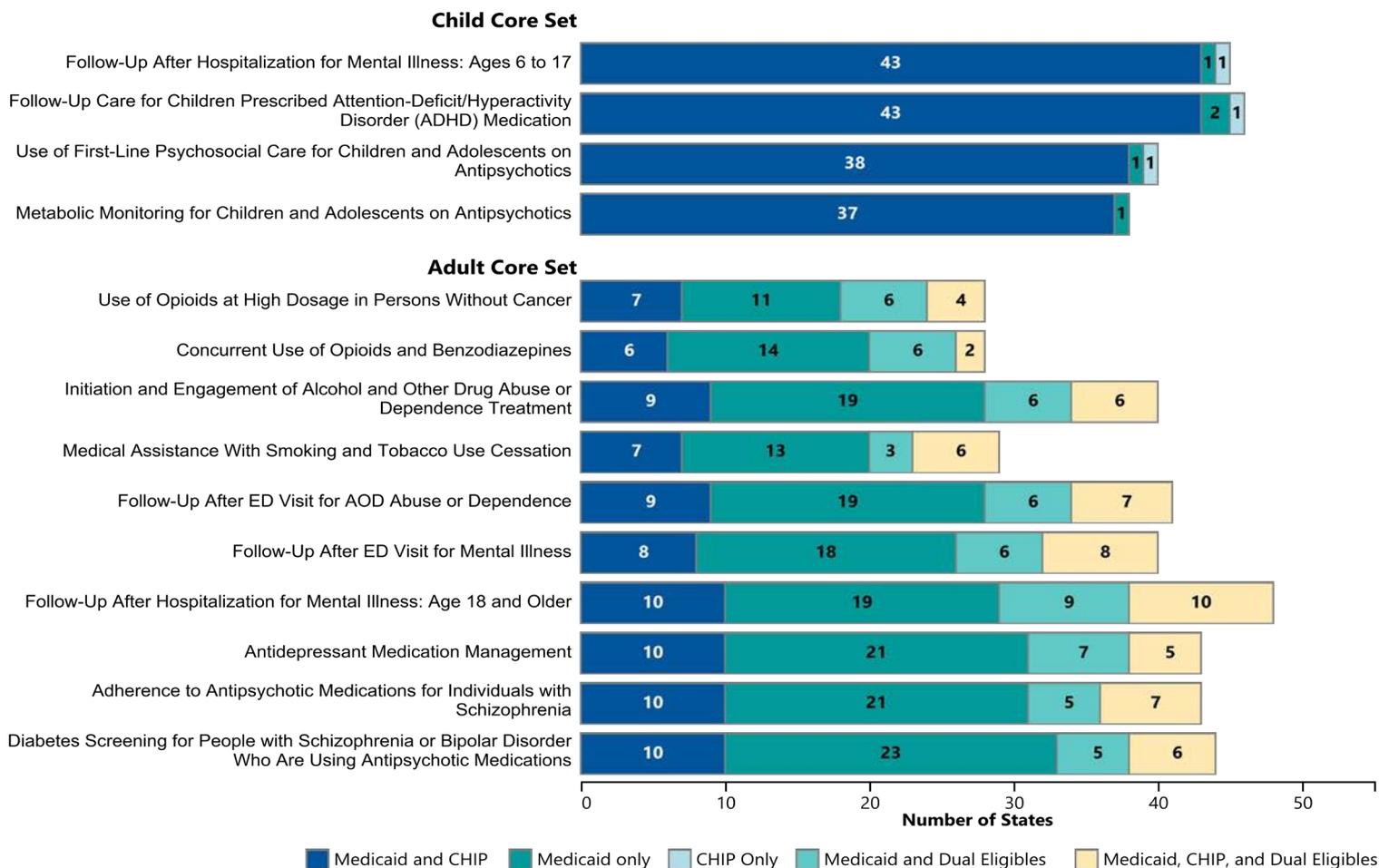


Frequently Reported Behavioral Health Core Set Measures, FFY 2020

Fourteen measures of behavioral health care were available for analysis for FFY 2020. These measures were reported by at least 25 states for the Child or Adult Core Set for FFY 2020 and met CMS standards for data quality.

- Use of Opioids at High Dosage in Persons Without Cancer (Adult Core Set)
- Concurrent Use of Opioids and Benzodiazepines (Adult Core Set)
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (Adult Core Set)
- Medical Assistance With Smoking and Tobacco Use Cessation (Adult Core Set)
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (Adult Core Set)
- Follow-Up After Emergency Department Visit for Mental Illness (Adult 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 Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (Child Core Set)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Child Core Set)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (Child 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 2020



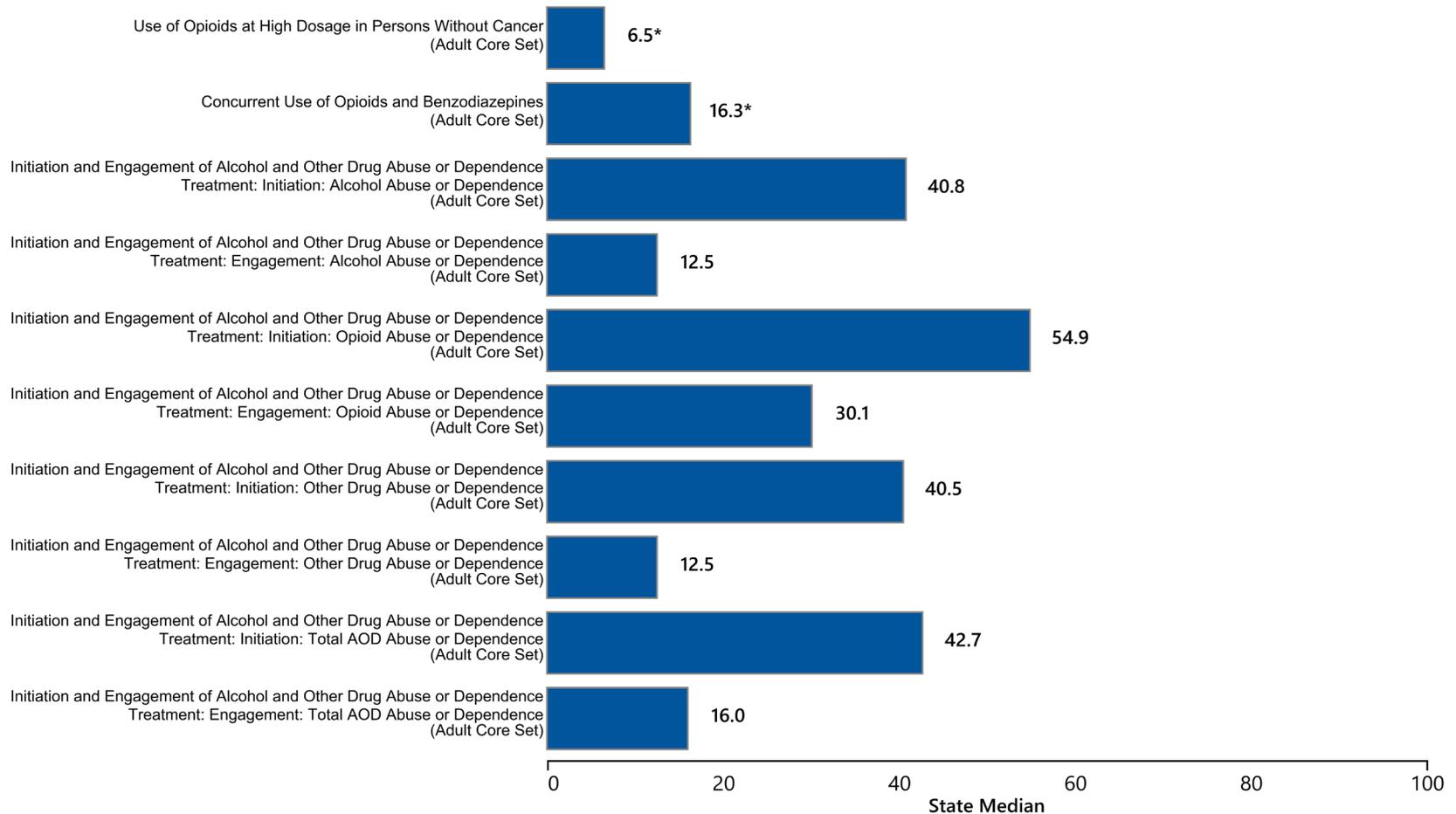
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This chart includes measures that were reported by at least 25 states for FFY 2020 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 2020



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

Median Performance Rates on Frequently Reported Behavioral Health Core Set Measures, FFY 2020 (continued)

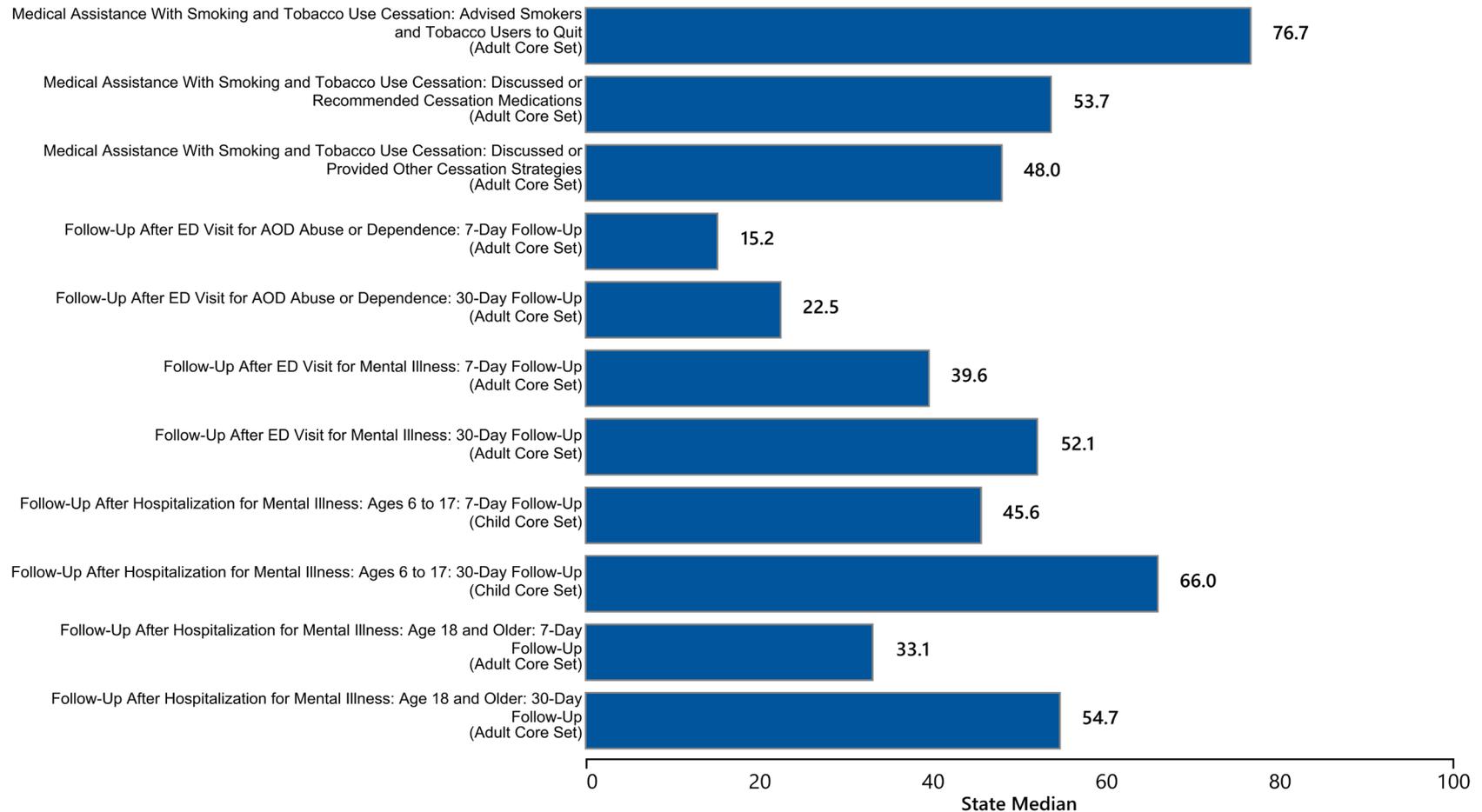
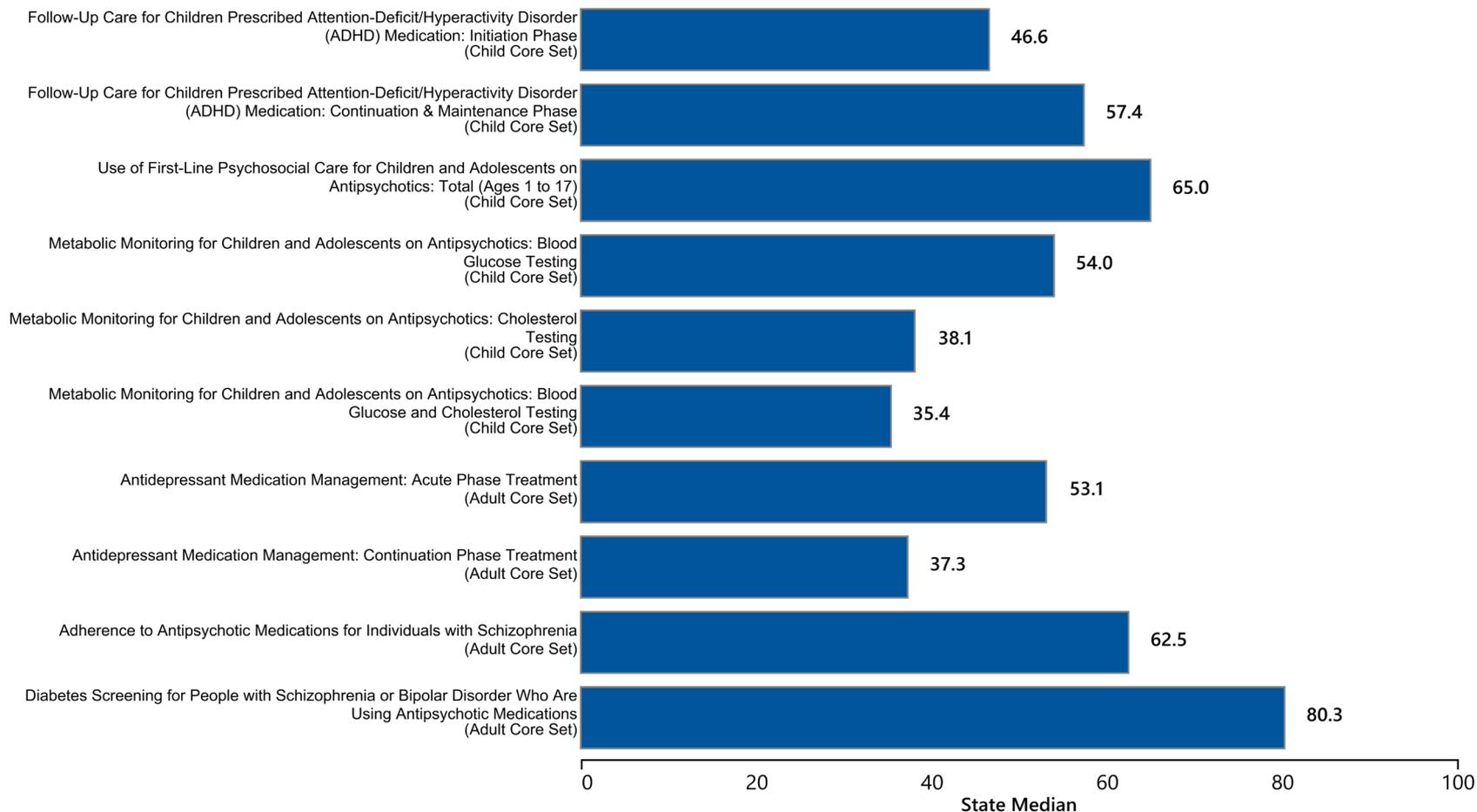


Chart is continued on the next slide.



Median Performance Rates on Frequently Reported Behavioral Health Core Set Measures, FFY 2020 (continued)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This chart includes measures that were reported by at least 25 states for FFY 2020 and that met CMS standards for data quality. All medians are reported as percentages.

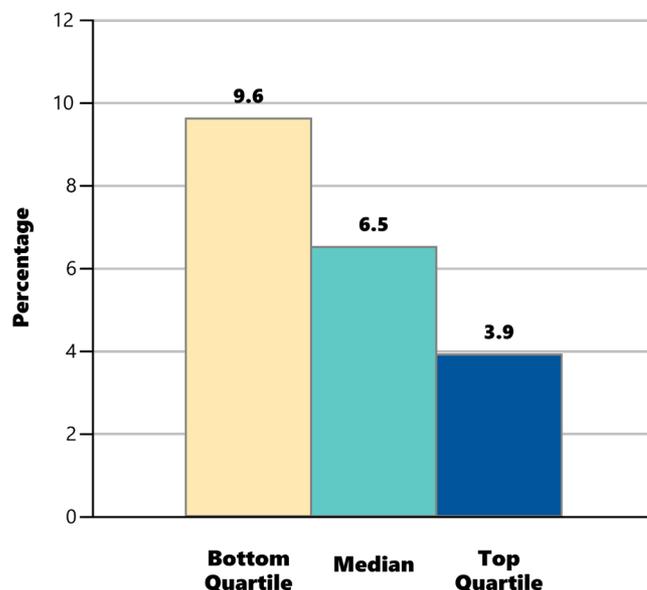
*Lower rates are better for this measure.



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.

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 (OHD-AD), FFY 2020 (n = 28 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

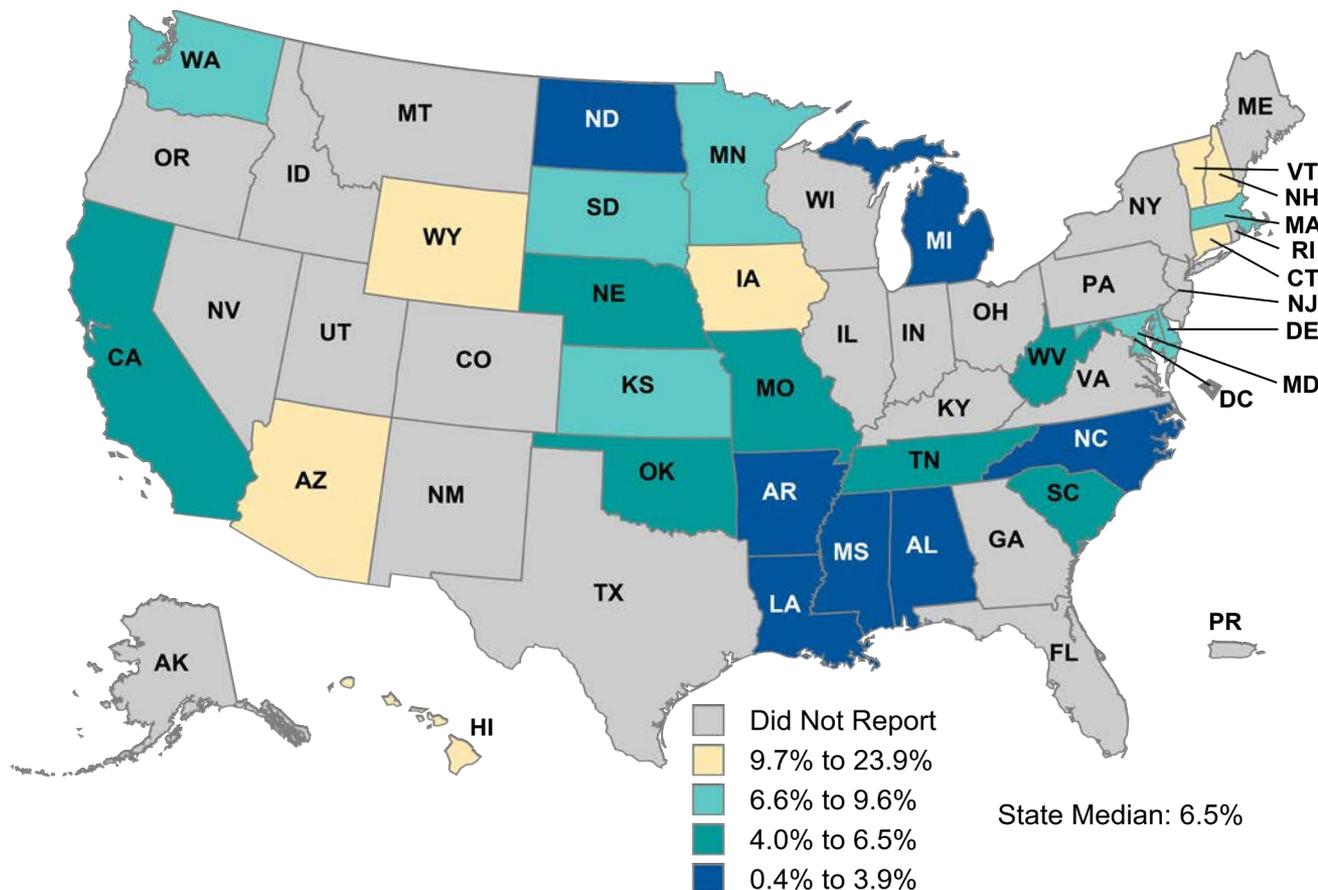
Notes: This measure shows the percentage of adults age 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 MME over a period of 90 days or more during the measurement year. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice are excluded. This chart excludes New Jersey, New York, Ohio, Pennsylvania, and Texas, which calculated the measure but did not use Adult Core Set specifications.

*Data displayed in this chart includes adults ages 18 to 64 for 26 states and age 18 and older for 2 states.

A median of **7** percent of adults received prescriptions for opioids with an average daily dosage greater than or equal to 90 Morphine Milligram Equivalents over a period of 90 consecutive days or more (28 states)

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

Geographic Variation in the 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 (OHD-AD), FFY 2020 (n = 28 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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

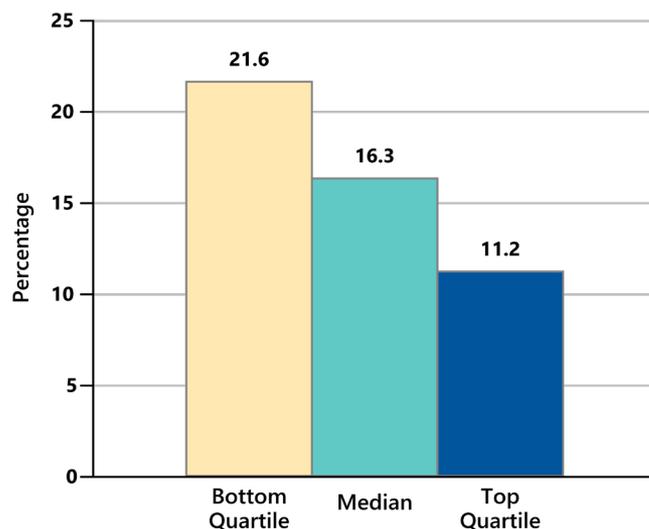
*Data displayed in this chart includes adults ages 18 to 64 for 26 states and age 18 and older for 2 states.



Concurrent Use of Opioids and Benzodiazepines (Adult Core Set)

The concurrent use of opioids and benzodiazepines can increase the risk for overdose and death and result in other adverse events, such as difficulty breathing. The Centers for Disease Control and Prevention (CDC) recommends that prescribers should avoid concurrent prescriptions of opioids and benzodiazepines. This measure assesses the percentage of adults age 18 and older that were prescribed both opioids and benzodiazepines for 30 or more cumulative days during the measurement year. Performance on this measure is being publicly reported for the first time for FFY 2020.

Percentage of Adults* with Concurrent Use of Prescription Opioids and Benzodiazepines for 30 or More Cumulative Days (COB-AD), FFY 2020 (n = 27 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This measure identifies the percentage of adults age 18 and older with concurrent use of prescription opioids and benzodiazepines for 30 or more cumulative days during the measurement year. Adults with a cancer diagnosis, sickle cell disease diagnosis, or in hospice are excluded. Data were suppressed for West Virginia due to small cell sizes.

*Data displayed in this chart include adults ages 18 to 64 for 26 states and age 18 and older for 1 state.

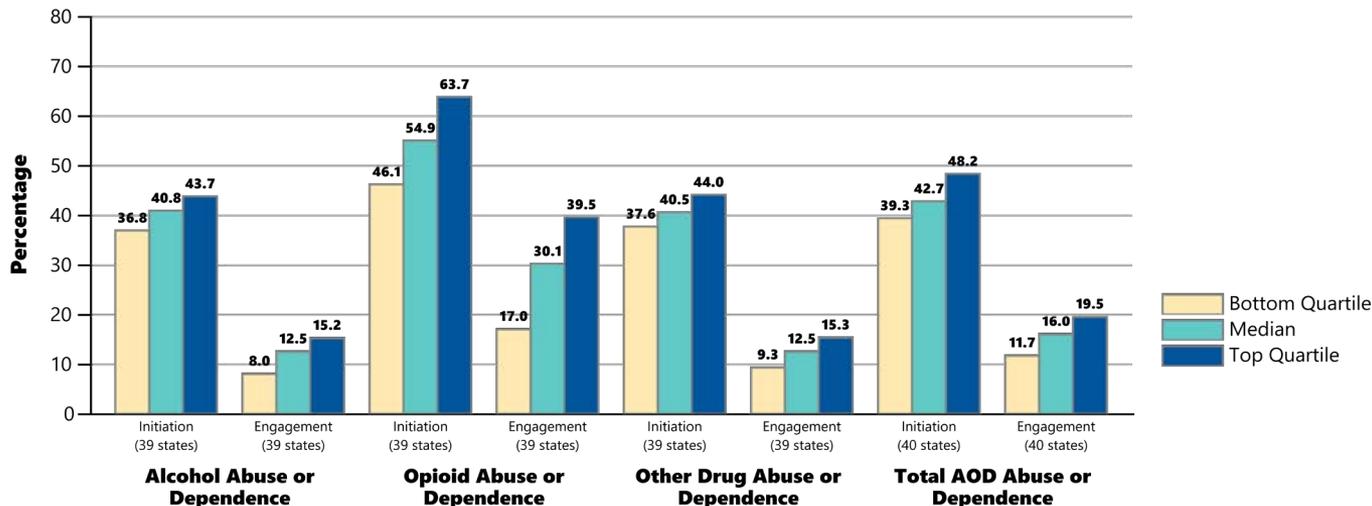
A median of **16** percent of adults with 2 or more prescriptions for opioids, had concurrent prescriptions for opioids and benzodiazepines for 30 or more cumulative days (27 states)



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 the Diagnosis, and (2) Initiated Treatment and were Engaged in Ongoing Treatment within 34 Days of the Initiation Visit (IET-AD), FFY 2020



A median of **43** percent of adults with alcohol or other drug abuse or dependence initiated treatment within 14 days of diagnosis (40 states)

16 percent were engaged in ongoing treatment within 34 days of the initiation visit (40 states)

Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as June 18, 2021.

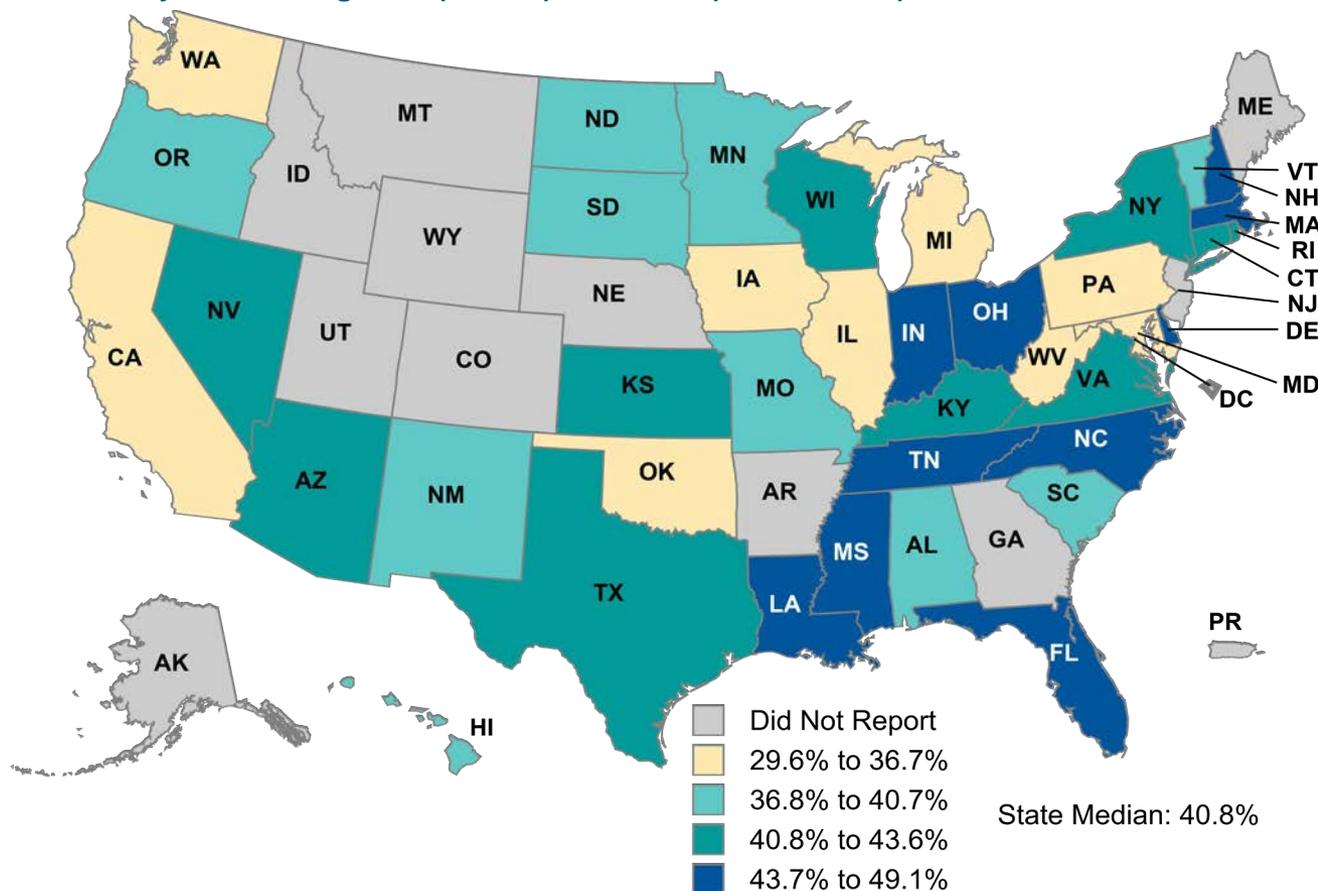
Notes: This measure shows the percentage of adults age 18 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who: (1) initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth, or medication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

*Data displayed in this chart include adults ages 18 to 64 for 30 states and age 18 and older for 10 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 of the Diagnosis (IET-AD), FFY 2020 (n = 39 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

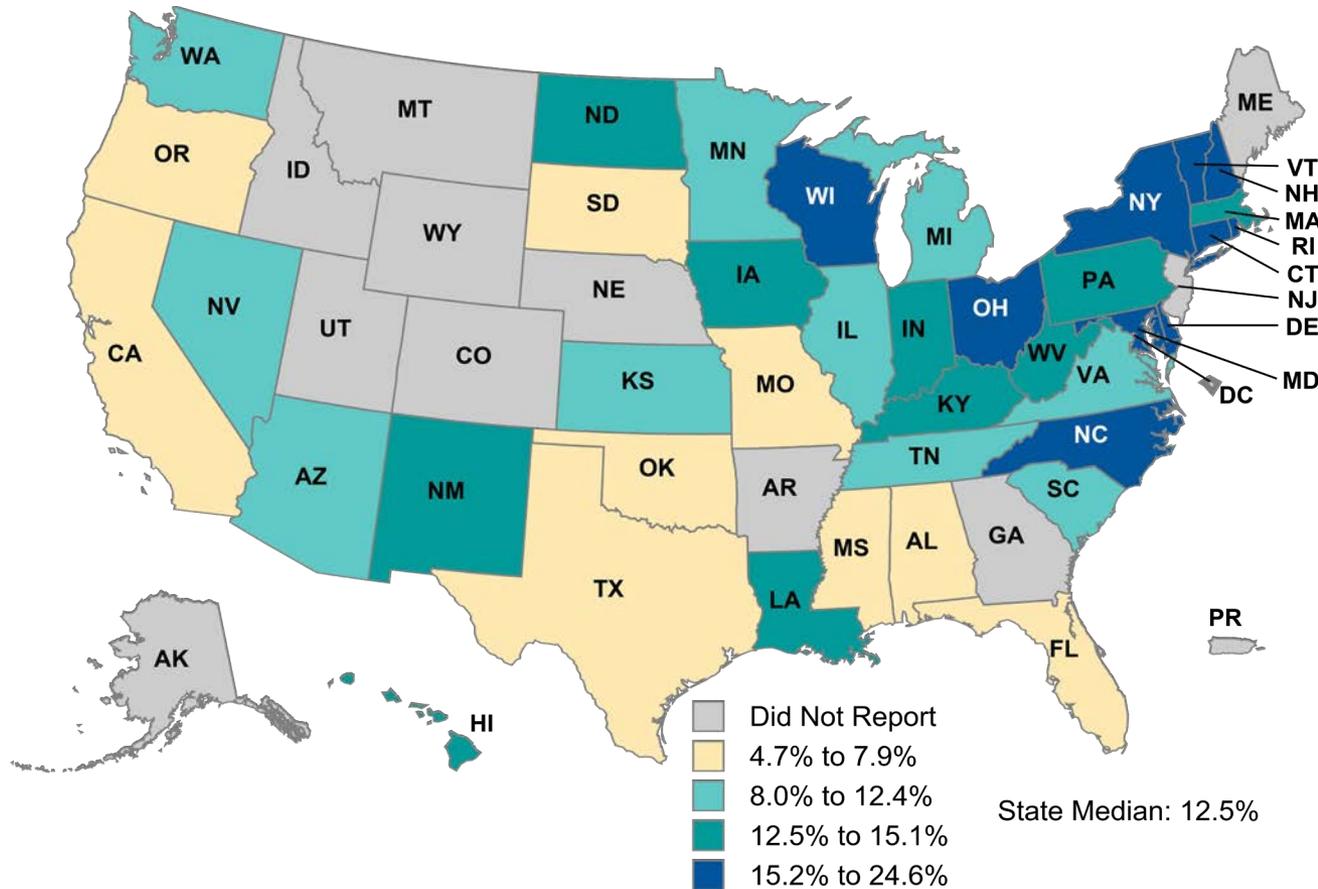
Note: This chart excludes Georgia, which reported the measure but did not provide data for the Initiation of Alcohol Abuse or Dependence Treatment rate.

*Data displayed in this chart include adults ages 18 to 64 for 29 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 were Engaged in Ongoing Treatment within 34 Days of the Initiation Visit (IET-AD), FFY 2020 (n = 39 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

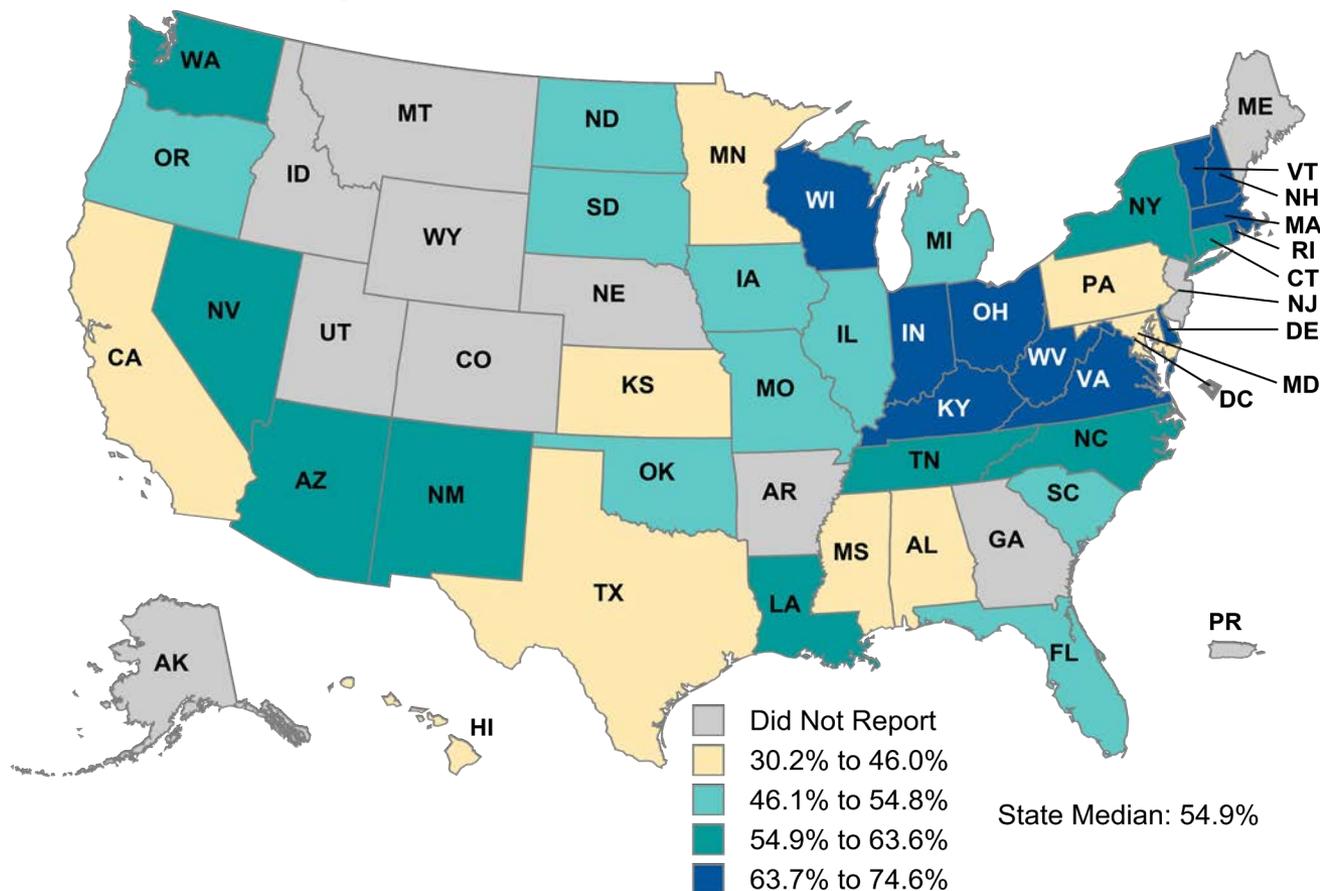
Note: This chart excludes Georgia, which reported the measure but did not provide data for the Engagement of Alcohol Abuse or Dependence Treatment rate.

*Data displayed in this chart include adults ages 18 to 64 for 29 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 of the Diagnosis (IET-AD), FFY 2020 (n = 39 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

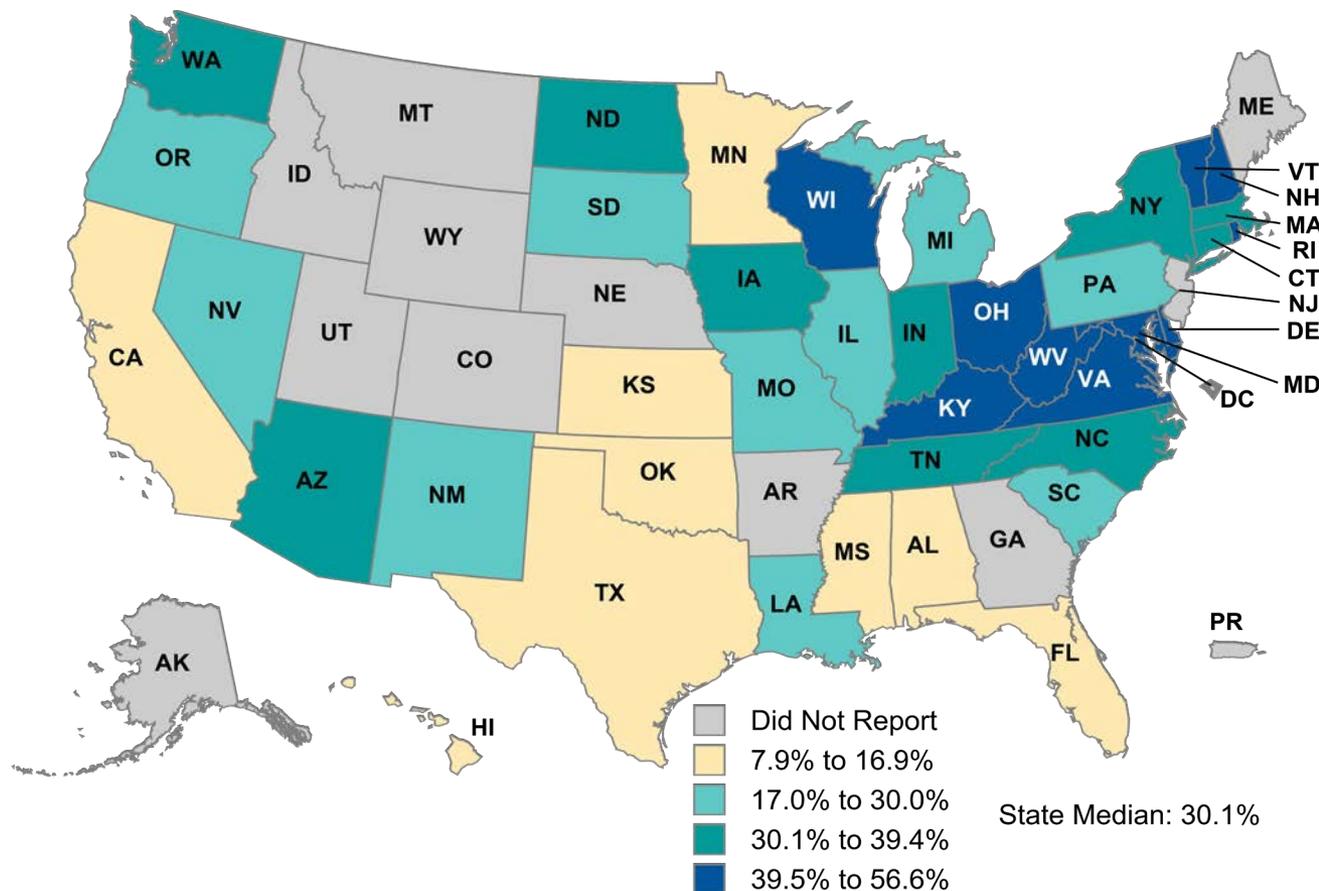
Note: This chart excludes Georgia, which reported the measure but did not provide data for the Initiation of Opioid Abuse or Dependence Treatment rate.

*Data displayed in this chart include adults ages 18 to 64 for 29 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 were Engaged in Ongoing Treatment within 34 Days of the Initiation Visit (IET-AD), FFY 2020 (n = 39 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

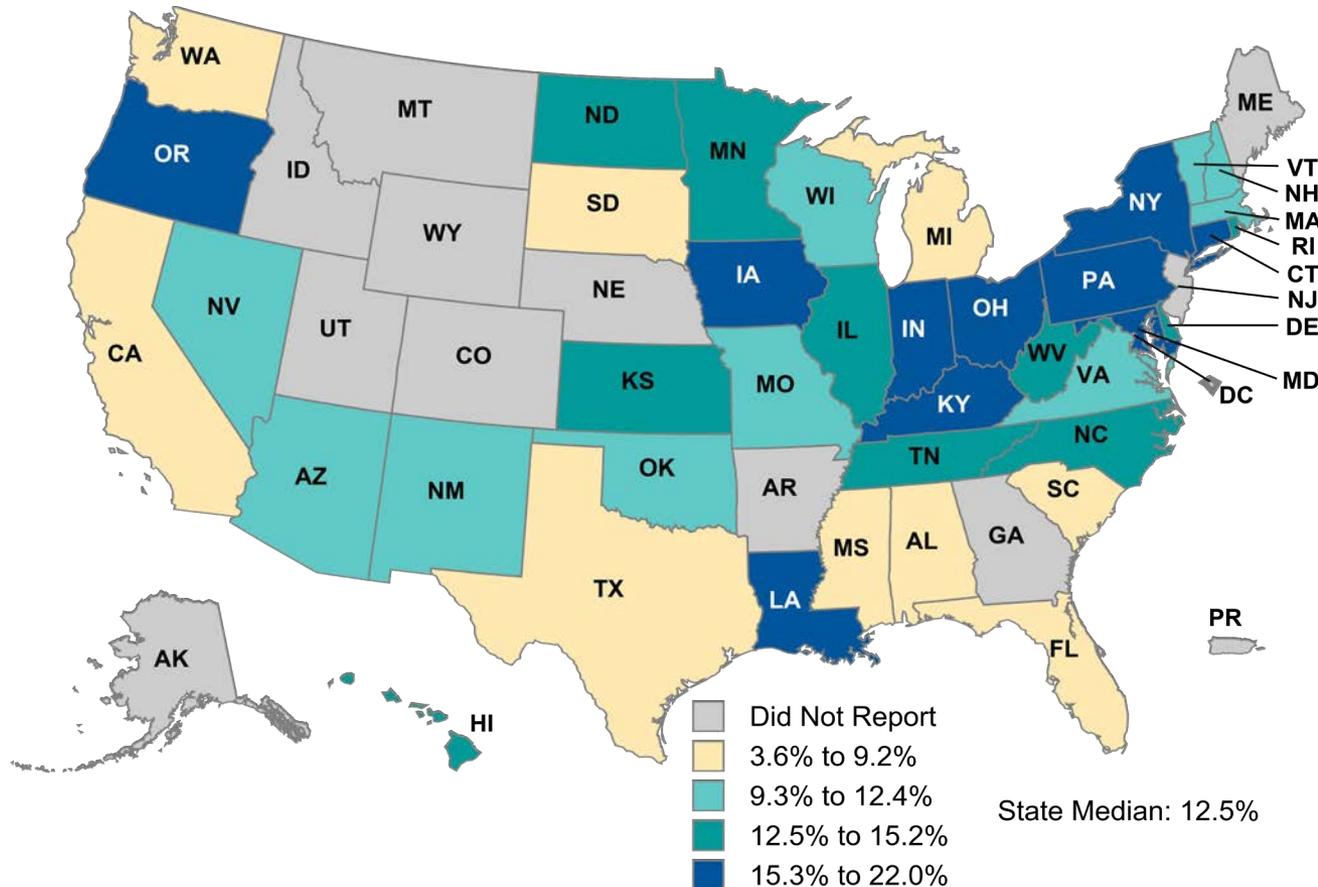
Note: This chart excludes Georgia, which reported the measure but did not provide data for the Engagement of Opioid Abuse or Dependence Treatment rate.

*Data displayed in this chart include adults ages 18 to 64 for 29 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 were Engaged in Ongoing Treatment within 34 Days of the Initiation Visit (IET-AD), FFY 2020 (n = 39 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

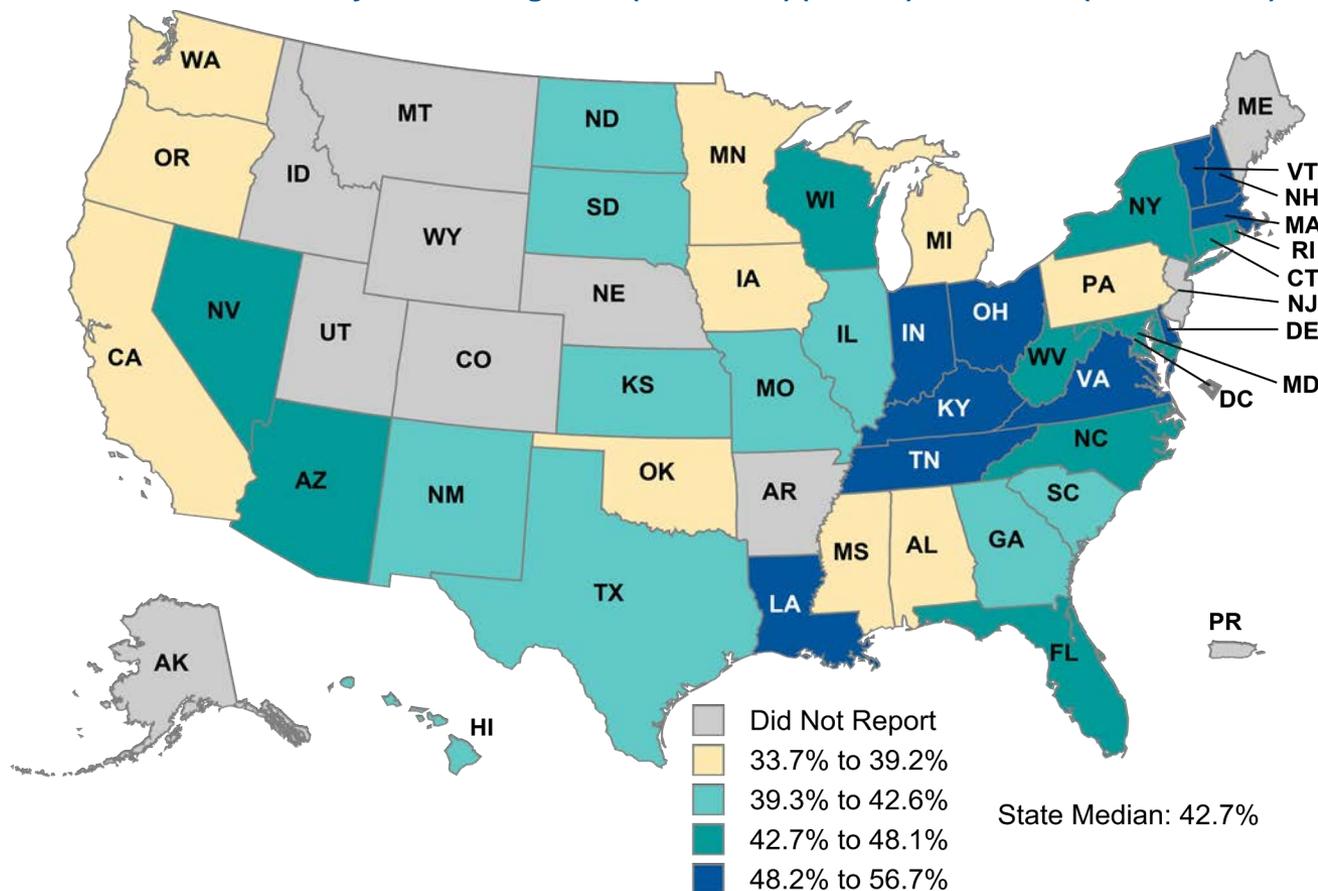
Note: This chart excludes Georgia, which reported the measure but did not provide data for the Engagement of Other Drug Abuse or Dependence Treatment rate.

*Data displayed in this chart include adults ages 18 to 64 for 29 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 of the Diagnosis (Total Rate) (IET-AD) , FFY 2020 (n = 40 states)



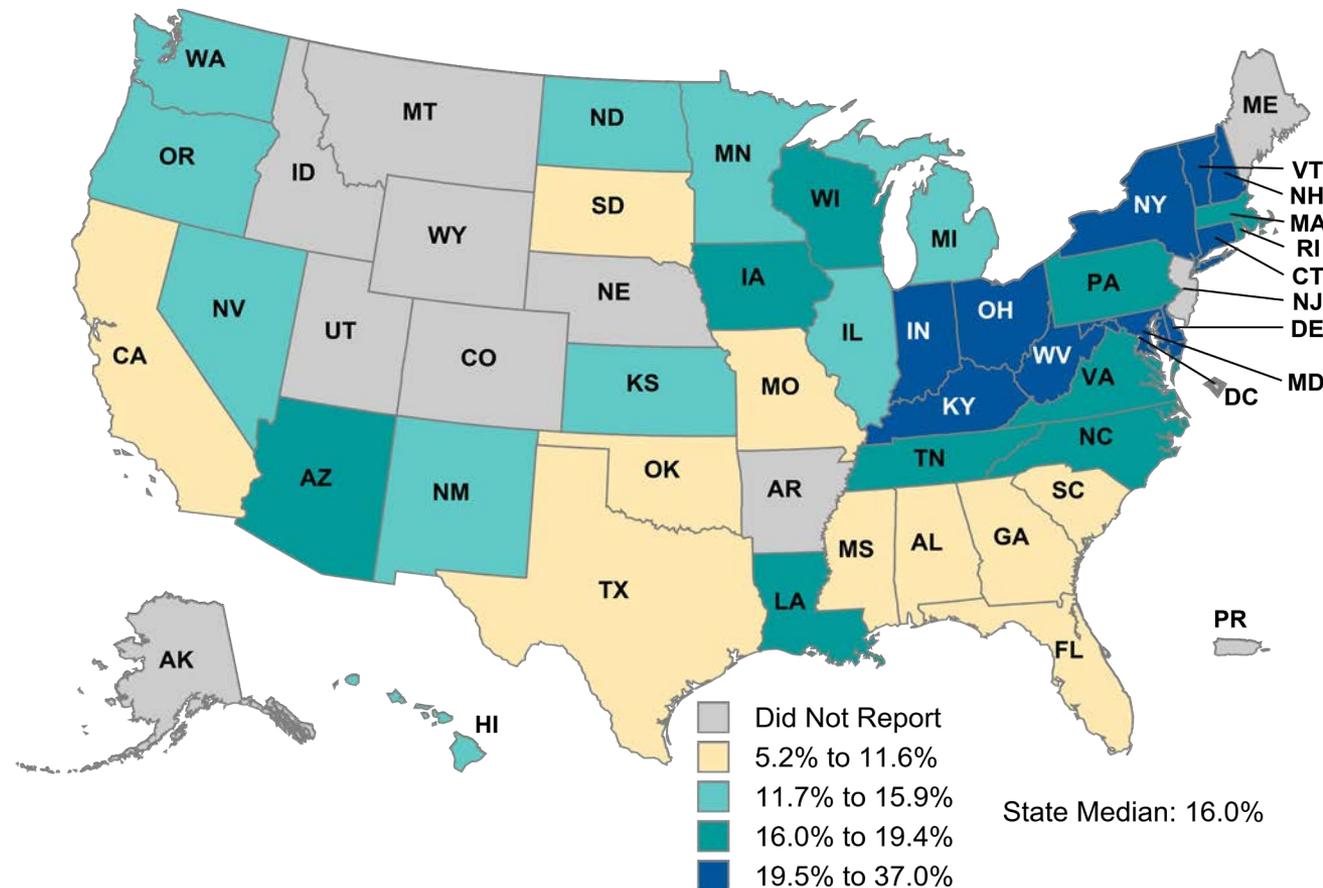
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

*Data displayed in this chart include adults ages 18 to 64 for 30 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 were Engaged in Ongoing Treatment within 34 Days of the Initiation Visit (Total Rate) (IET-AD), FFY 2020 (n = 40 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

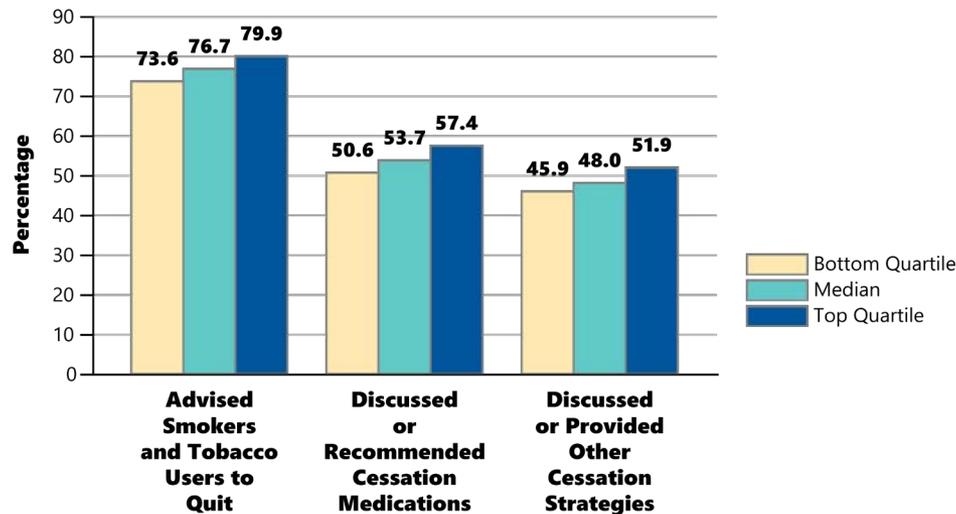
*Data displayed in this chart include adults ages 18 to 64 for 30 states and age 18 and older for 10 states.



Medical Assistance With Smoking and Tobacco Use Cessation (Adult Core Set)

Smoking and tobacco use are the leading cause of preventable disease and death in the United States. The CDC estimates that cigarette smoking causes nearly half a million deaths in the U.S. each year. Medical assistance with smoking and tobacco use cessation may reduce the prevalence of smoking and tobacco use, and ultimately prevent disease and improve health and quality of life. This measure assesses receipt of medical assistance with smoking and tobacco use cessation among adults age 18 and older who are current smokers or tobacco users. Performance on this measure is being publicly reported for the first time for FFY 2020.

Percentage of Adults* Age 18 and Older who were Current Smokers or Tobacco Users and who: (1) Were Advised to Quit, (2) Discussed or were Recommended Cessation Medications, (3) Discussed or were Provided Other Cessation Methods or Strategies (MSC-AD), FFY 2020 (n = 28 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This measure shows the percentage of adults age 18 and older who reported that they were current smokers or tobacco users and who were provided medical assistance with smoking and tobacco use cessation in the six months prior to the survey. Rates are the percentage of beneficiaries who responded 'Sometimes,' 'Usually,' or 'Always' among beneficiaries who reported smoking 'Every Day' or 'Some Days.' Rates represent a rolling two-year average for the measurement year and prior year. Rates are not reported if fewer than 100 beneficiaries responded to the survey question. Data were suppressed for Oklahoma due to small cell sizes.

*Data displayed in this chart include adults ages 18 to 64 for 17 states and age 18 and older for 11 states.

A median of **77** percent of adults who were current smokers or tobacco users received advice to quit,

54 percent discussed cessation medications, and

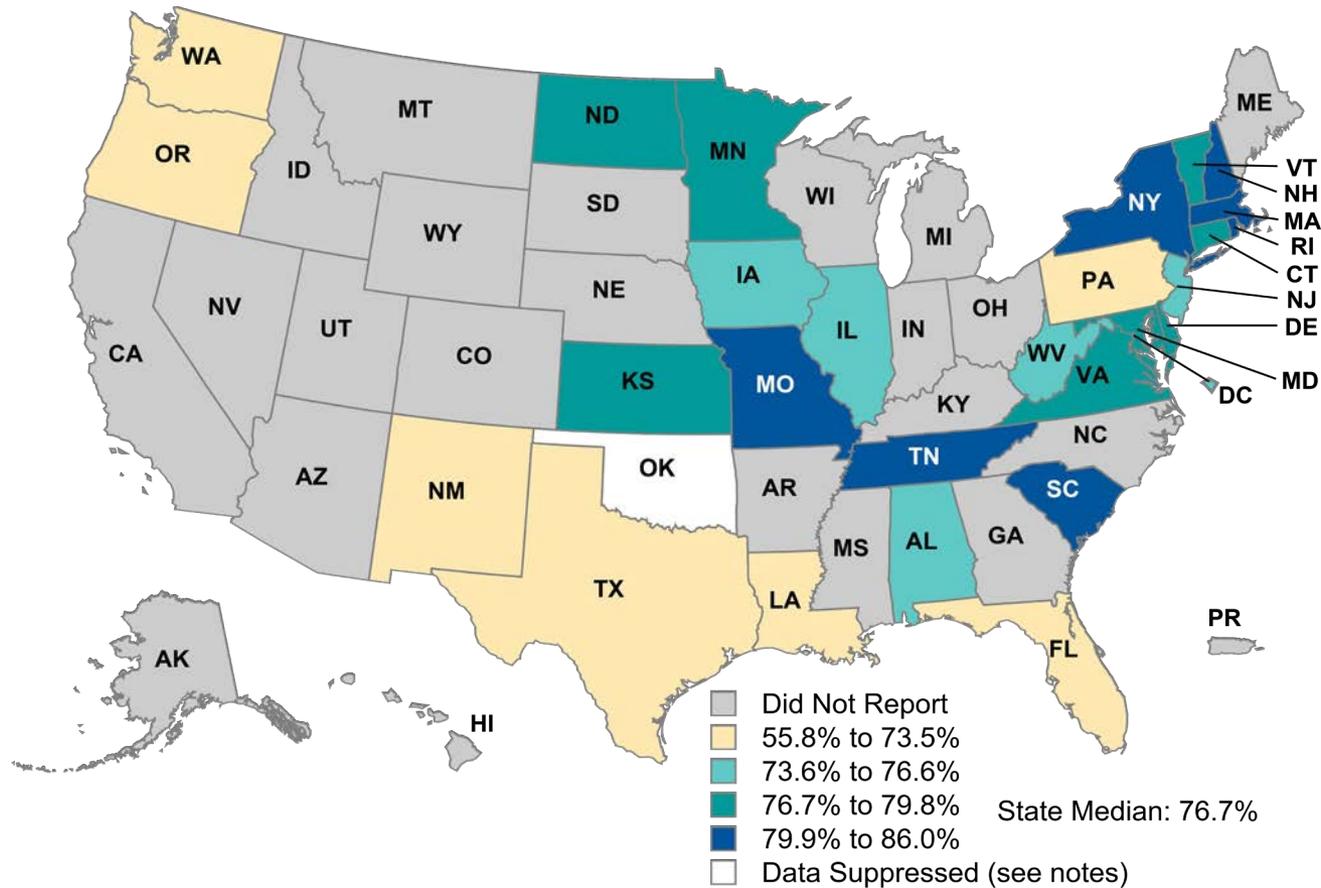
48 percent discussed other cessation strategies (28 states)



Revised 01/2022

Advising Smokers and Tobacco Users to Quit (Adult Core Set) (continued)

Geographic Variation in the Percentage of Adults* Age 18 and Older who were Current Smokers or Tobacco Users and Were Advised to Quit (MSC-AD), FFY 2020 (n = 28 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Note: Data were suppressed for Oklahoma due to small cell sizes.

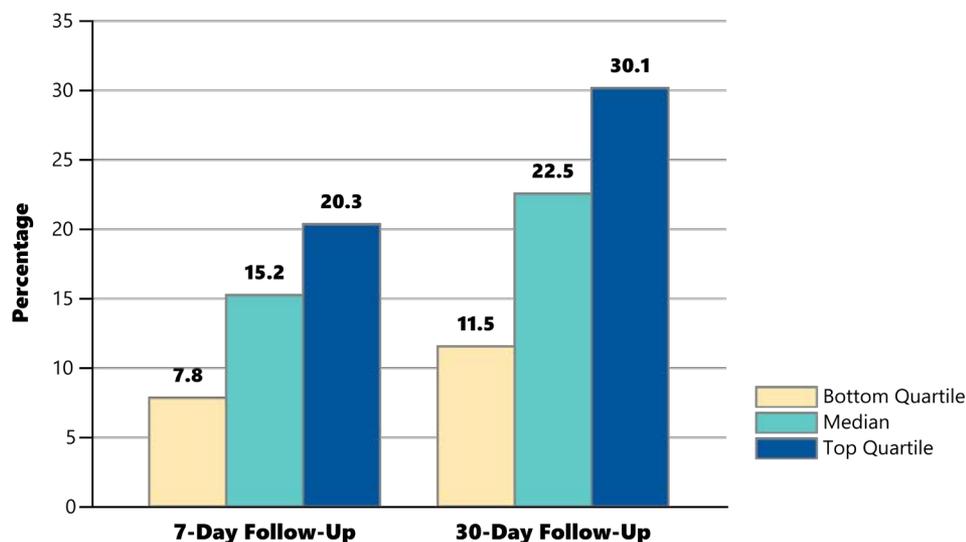
*Data displayed in this chart include adults ages 18 to 64 for 17 states and age 18 and older for 11 states.



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 2020 (n = 41 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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.

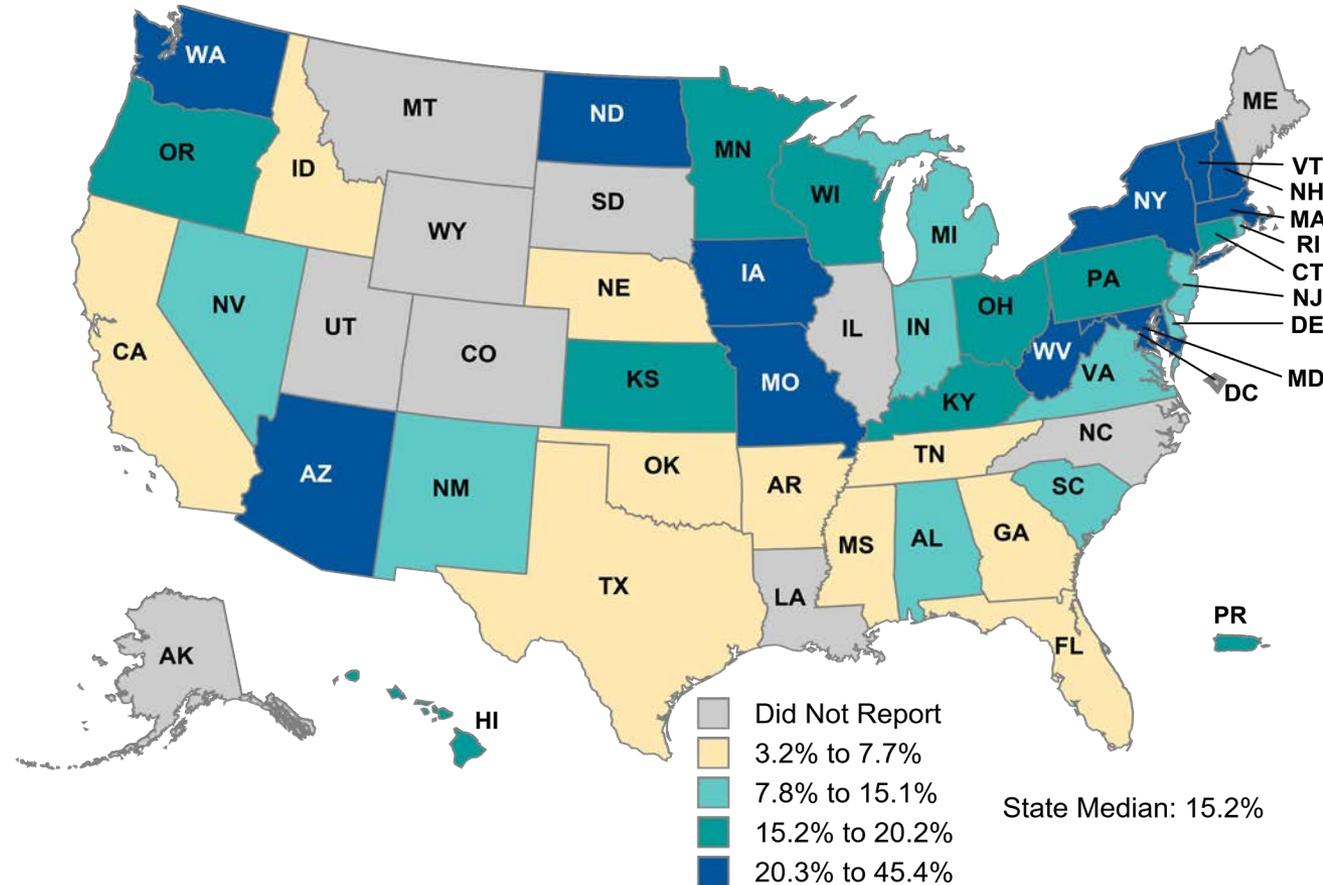
*Data displayed in this chart include adults ages 18 to 64 for 30 states and age 18 and older for 11 states.

A median of **15** percent of ED visits for adults with a diagnosis of AOD abuse or dependence had a follow-up visit within 7 days and **23** percent had a follow-up visit within 30 days (41 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 2020 (n = 41 states)

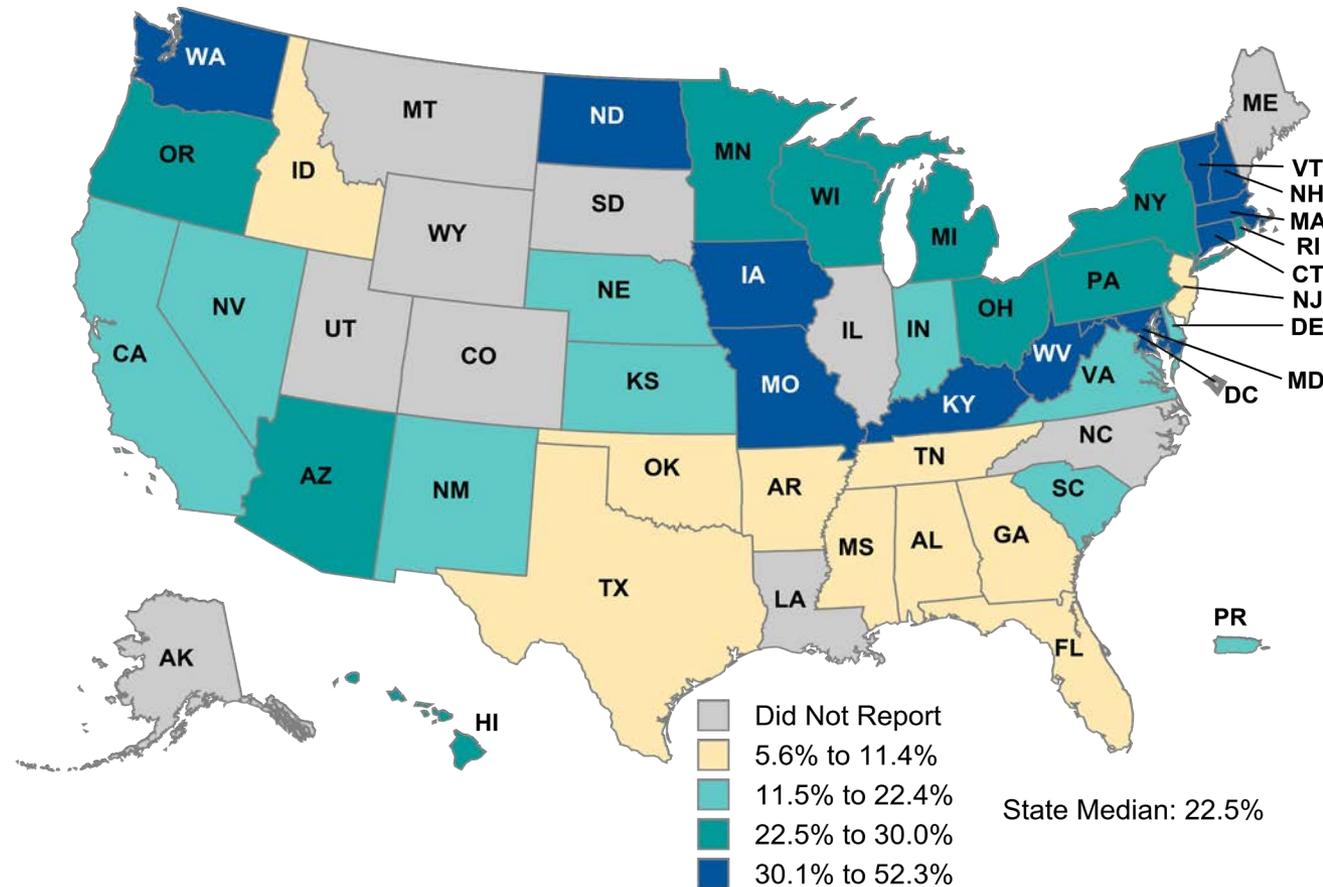


Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.
*Data displayed in this chart include adults ages 18 to 64 for 30 states and age 18 and older for 11 states.



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 2020 (n = 41 states)

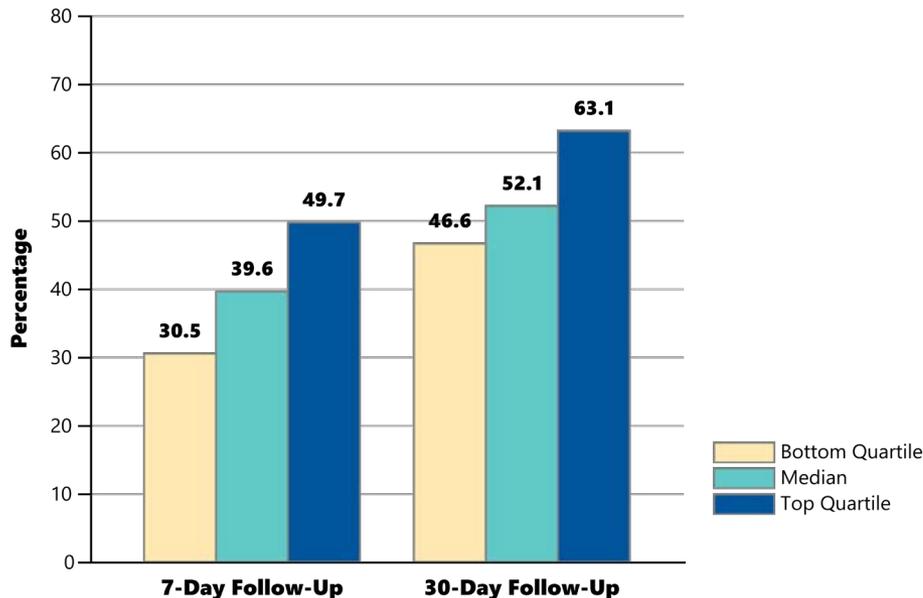


Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.
 *Data displayed in this chart include adults ages 18 to 64 for 30 states and age 18 and older for 11 states.

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 2020 (n = 40 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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 within 7 days of the ED visit; and (2) the percentage of ED visits for which the beneficiary had a follow-up visit within 30 days of the ED visit.

*Data displayed in this chart include adults ages 18 to 64 for 39 states and age 18 and older for 1 state.

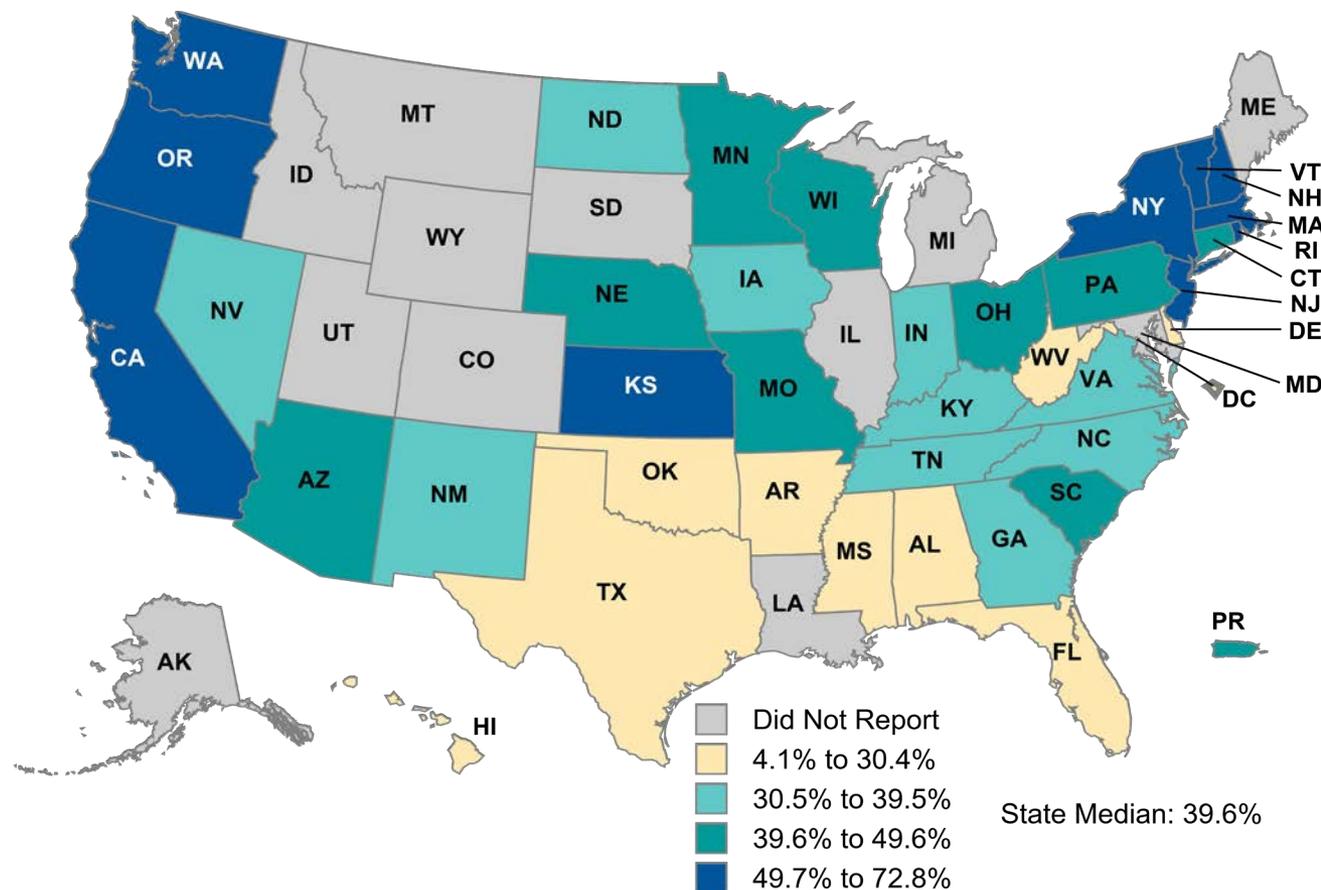
A median of **40** percent of ED visits for adults with mental illness or intentional self-harm diagnoses had a follow-up visit within 7 days and

52 percent had a follow-up visit within 30 days (40 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 2020 (n = 40 states)



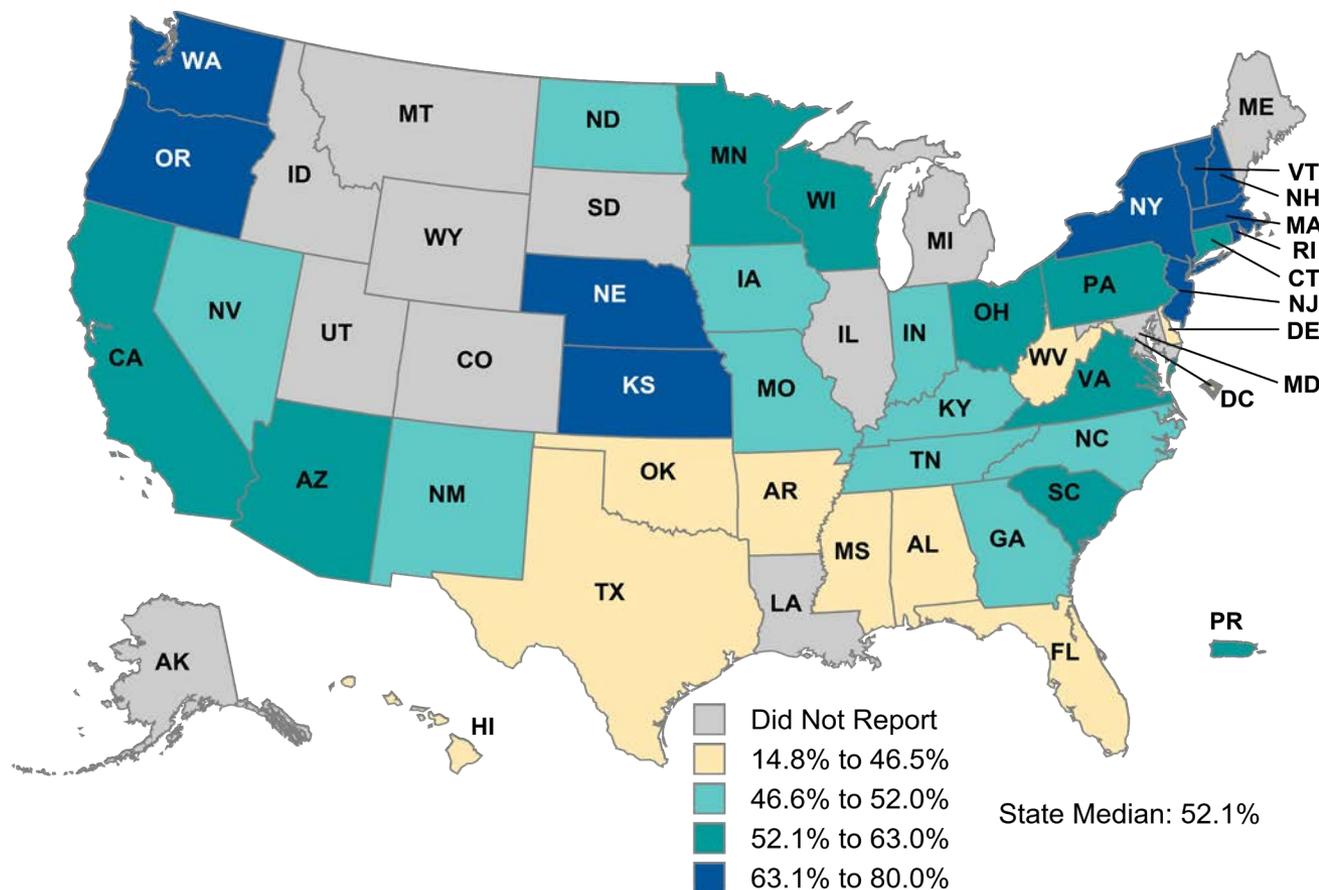
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

*Data displayed in this chart include adults ages 18 to 64 for 39 states and age 18 and older for 1 state.



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 2020 (n = 40 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

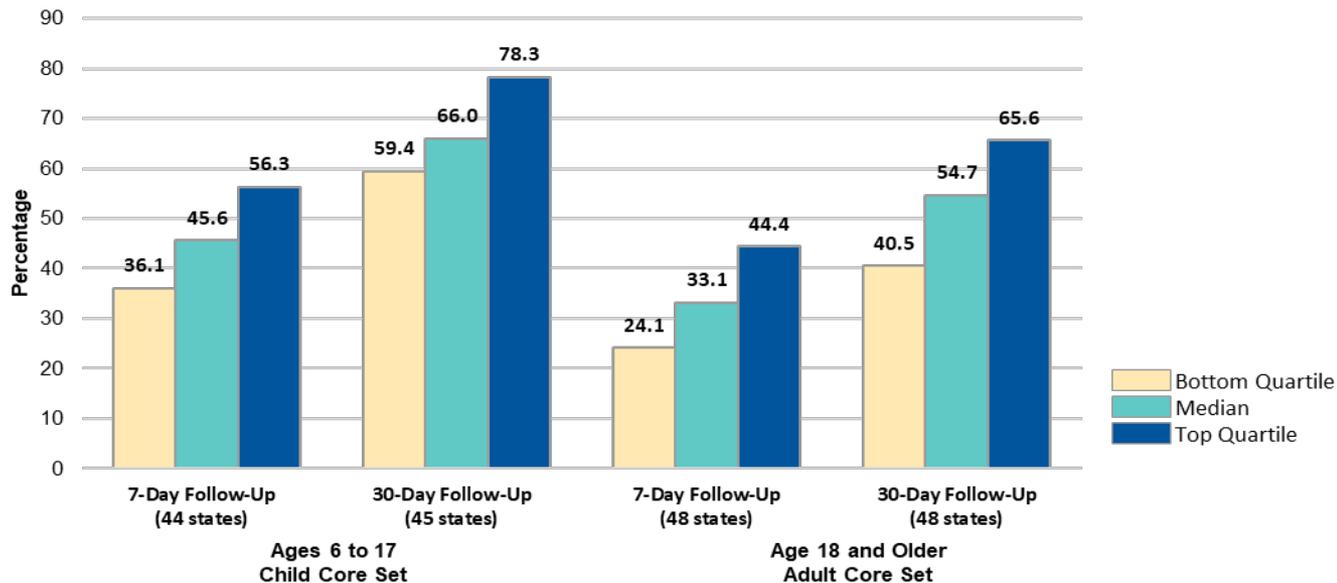
*Data displayed in this chart include adults ages 18 to 64 for 39 states and age 18 and older for 1 state.



Follow-Up After Hospitalization for Mental Illness

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 and Adults Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit with a Mental Health Practitioner within 7 and 30 Days After Discharge, FFY 2020



A median of **66** percent of children ages 6 to 17 (45 states) and a median of **55** percent of adults age 18 and older (48 states) who were hospitalized for mental illness or intentional self-harm had a follow-up visit within 30 days after discharge

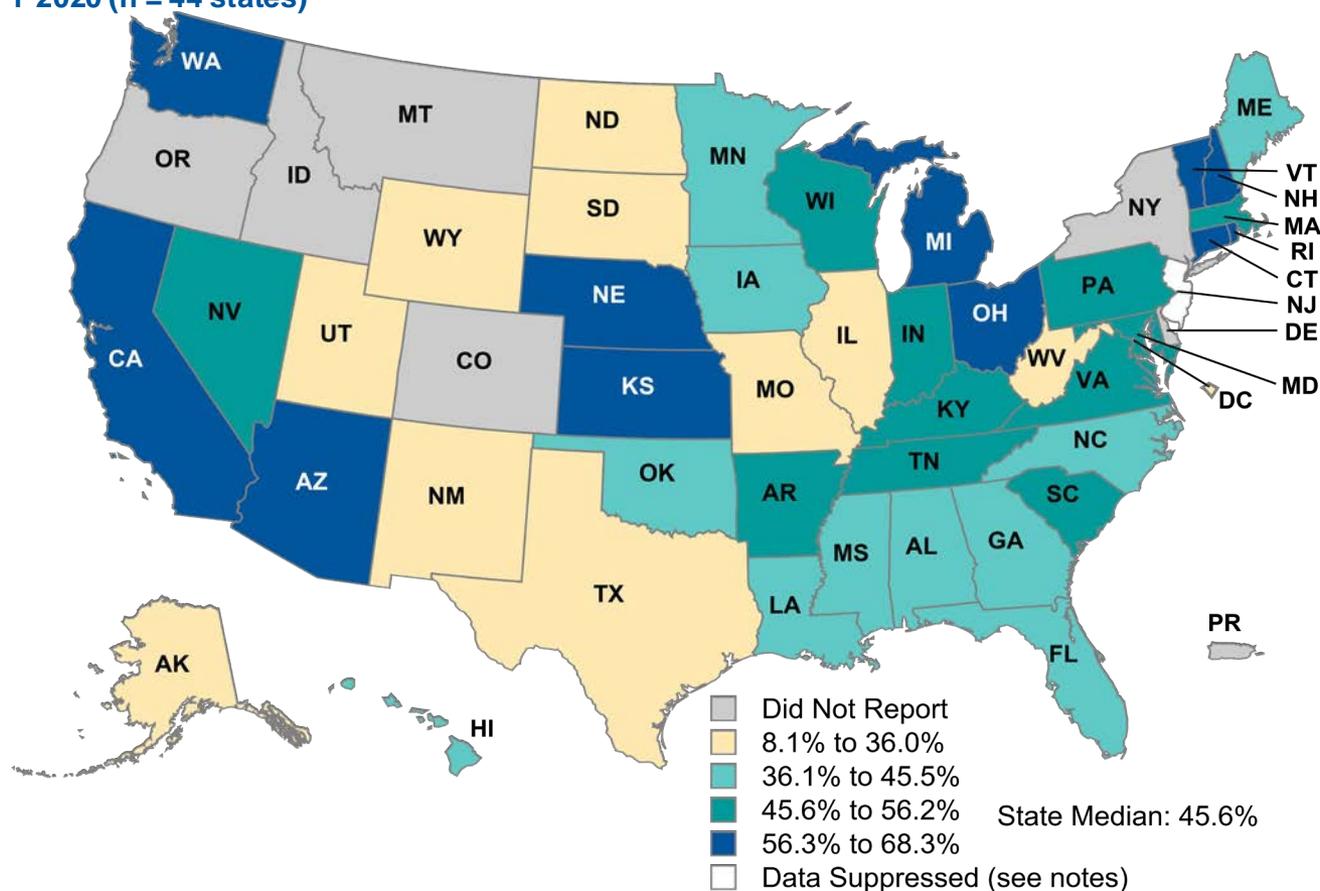
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This measure shows the percentage of discharges for children ages 6 to 17 and 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. This chart excludes Oregon for the Adult Core Set and New York and Oregon for the Child Core Set, which reported the measure but did not use Core Set specifications. Data were suppressed for the Child Core Set 7-Day Follow-Up rate for New Jersey due to small cell sizes. 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 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 2020 (n = 44 states)



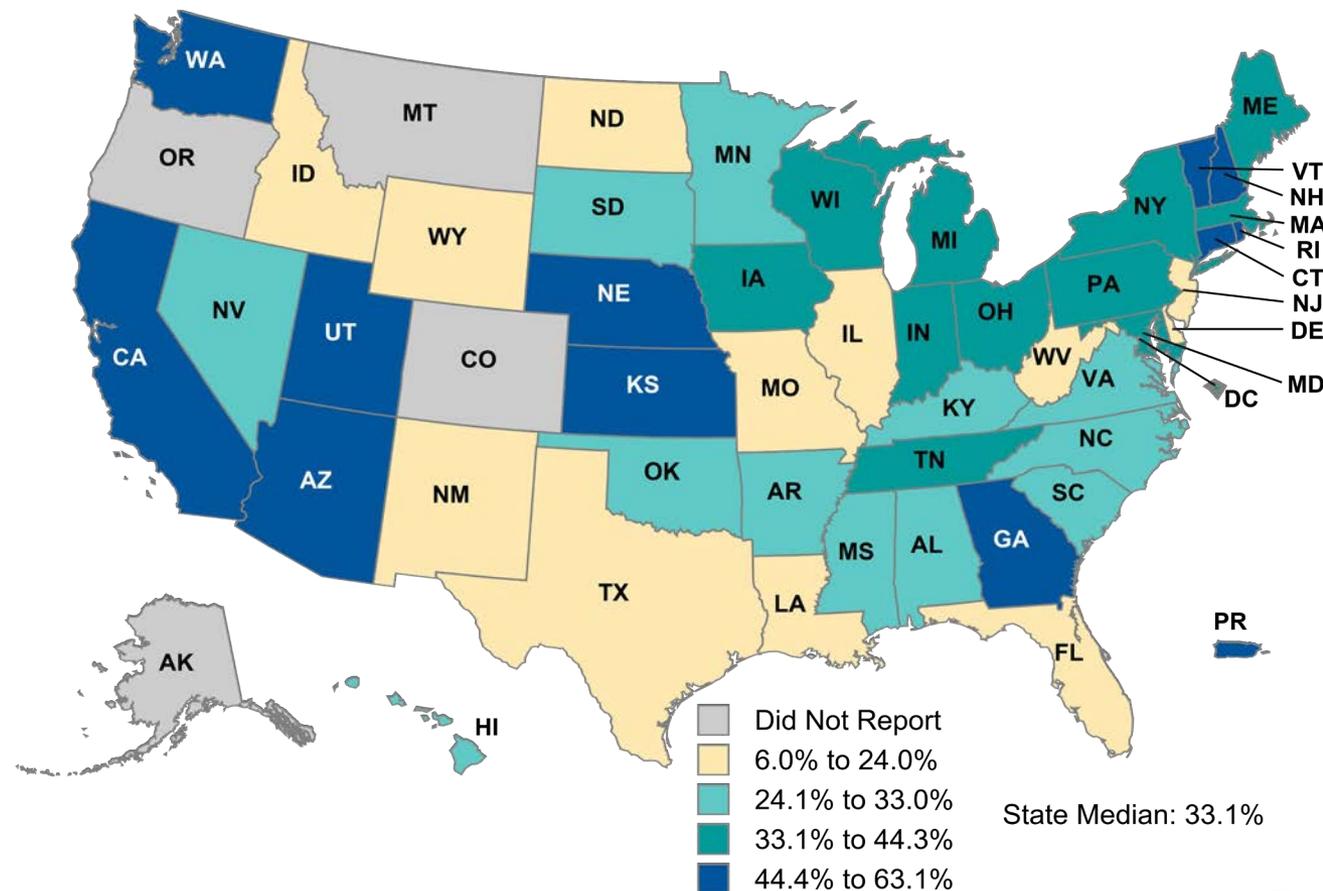
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Note: This chart excludes New York and Oregon, which reported the measure but did not use Child Core Set specifications. Data were suppressed for the 7-day follow-up rate for New Jersey due to small cell sizes. 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 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 2020 (n = 48 states)

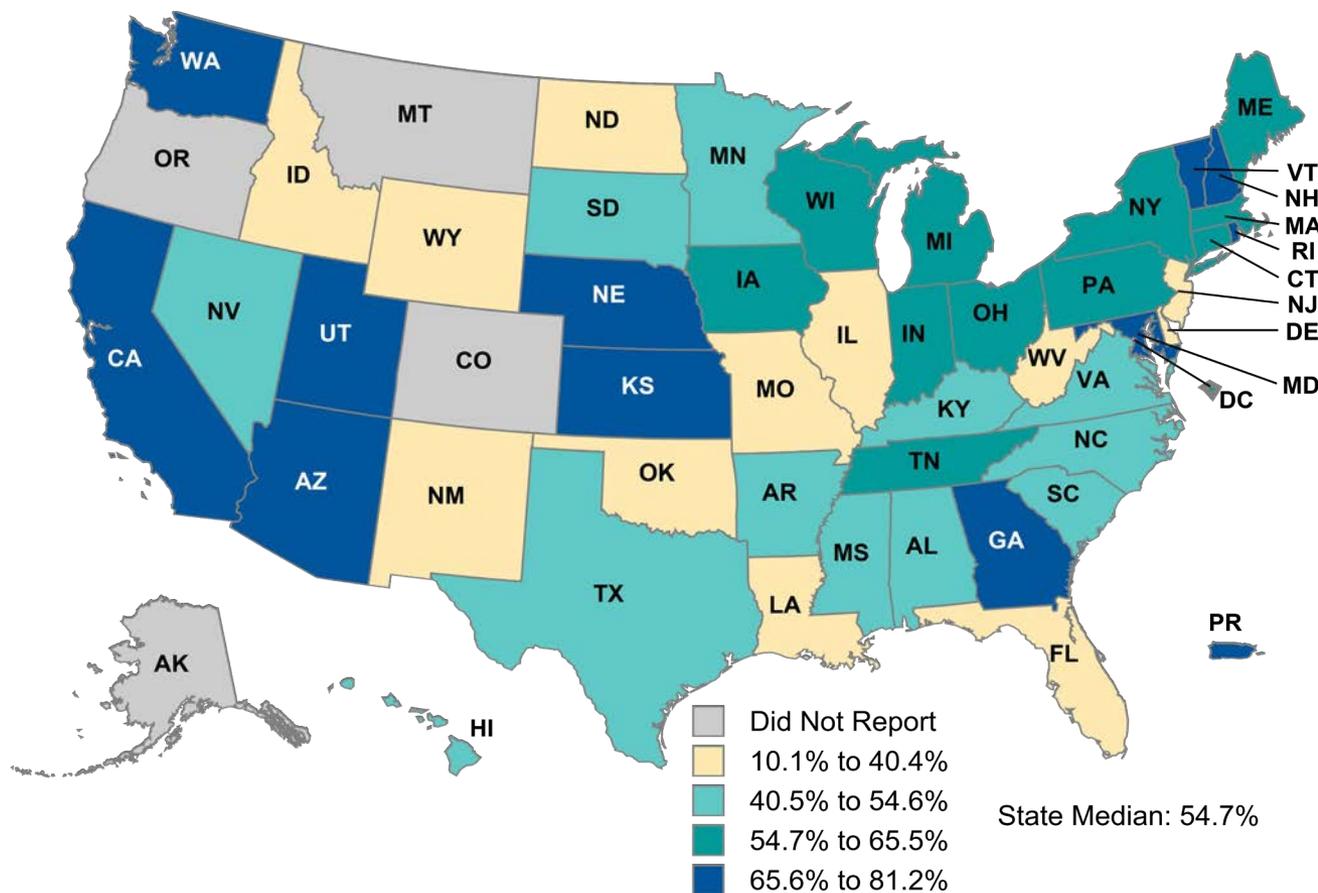


Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.
 Note: This chart excludes Oregon, which reported the measure but did not use Adult Core Set specifications.



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 2020 (n = 48 states)



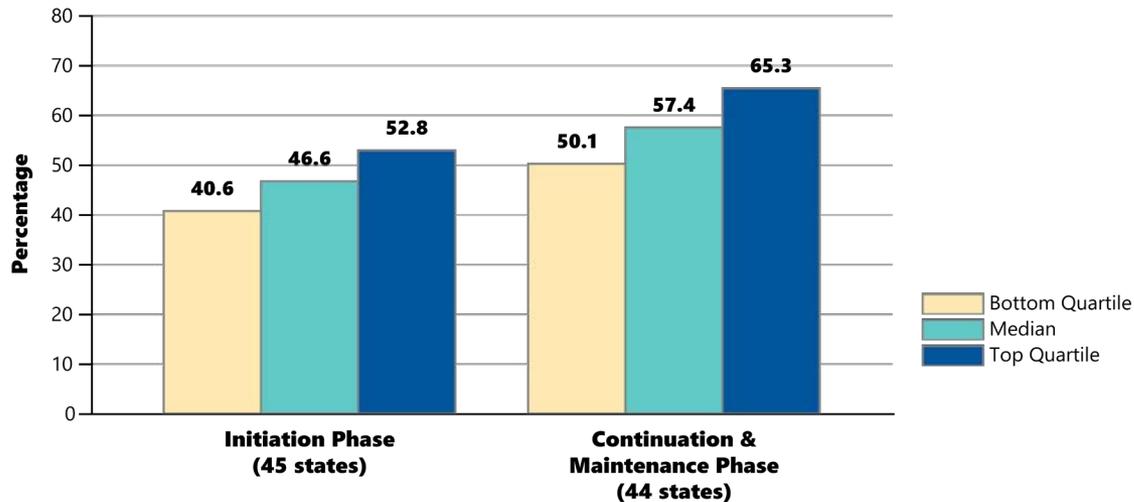
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.
 Note: This chart excludes Oregon, which reported the measure but did not use Adult Core Set specifications.



Follow-Up Care for Children 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 had 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 2020



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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. Data were suppressed for both the Initiation Phase and Continuation and Maintenance Phase rates for Wyoming due to small cell sizes. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

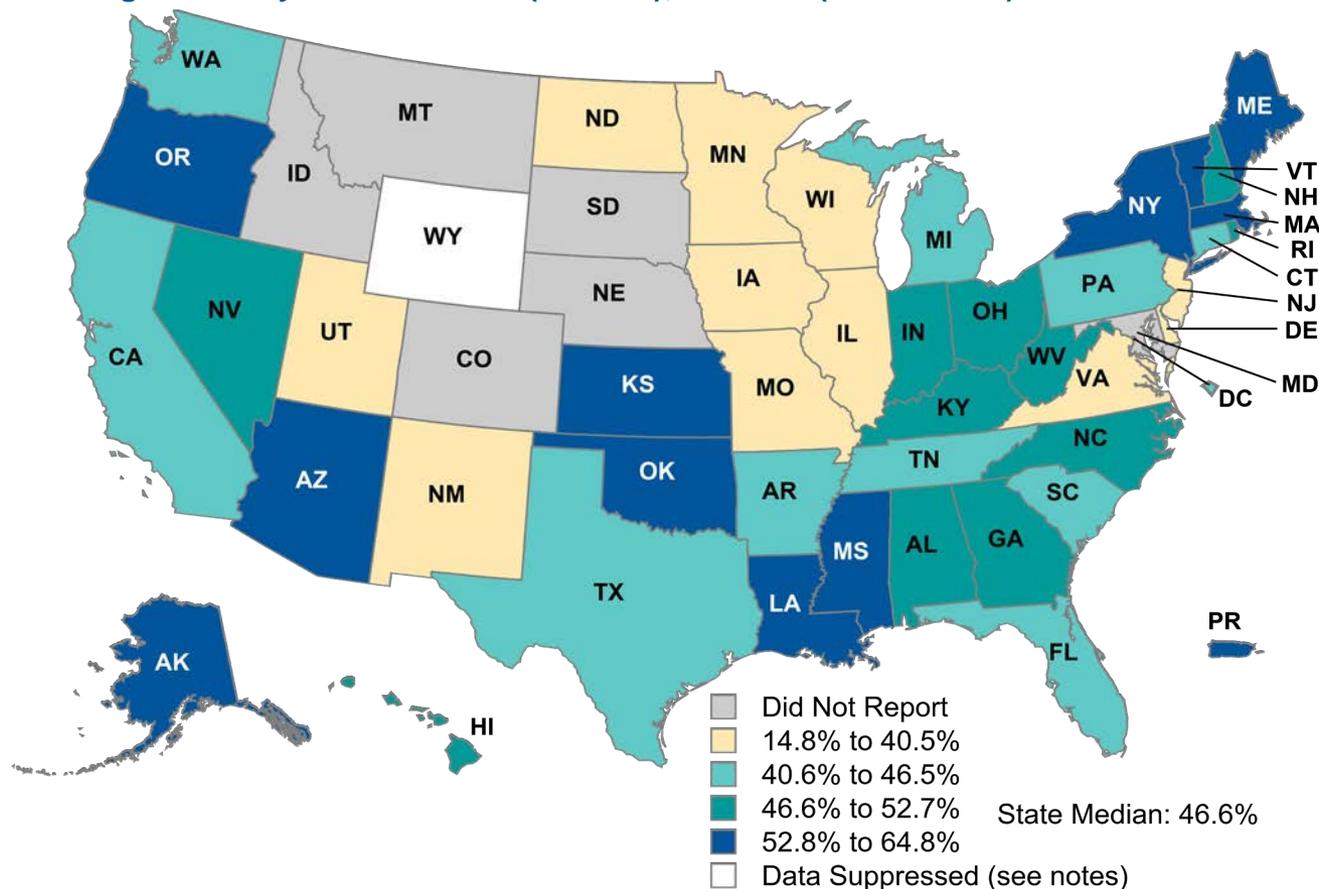
A median of **47** percent of children newly prescribed ADHD medication had a follow-up visit during the 30-day initiation phase (45 states) and

57 percent had at least two follow-up visits during the 9-month continuation and maintenance phase (44 states)



Follow-Up Care for Children 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 2020 (n = 45 states)



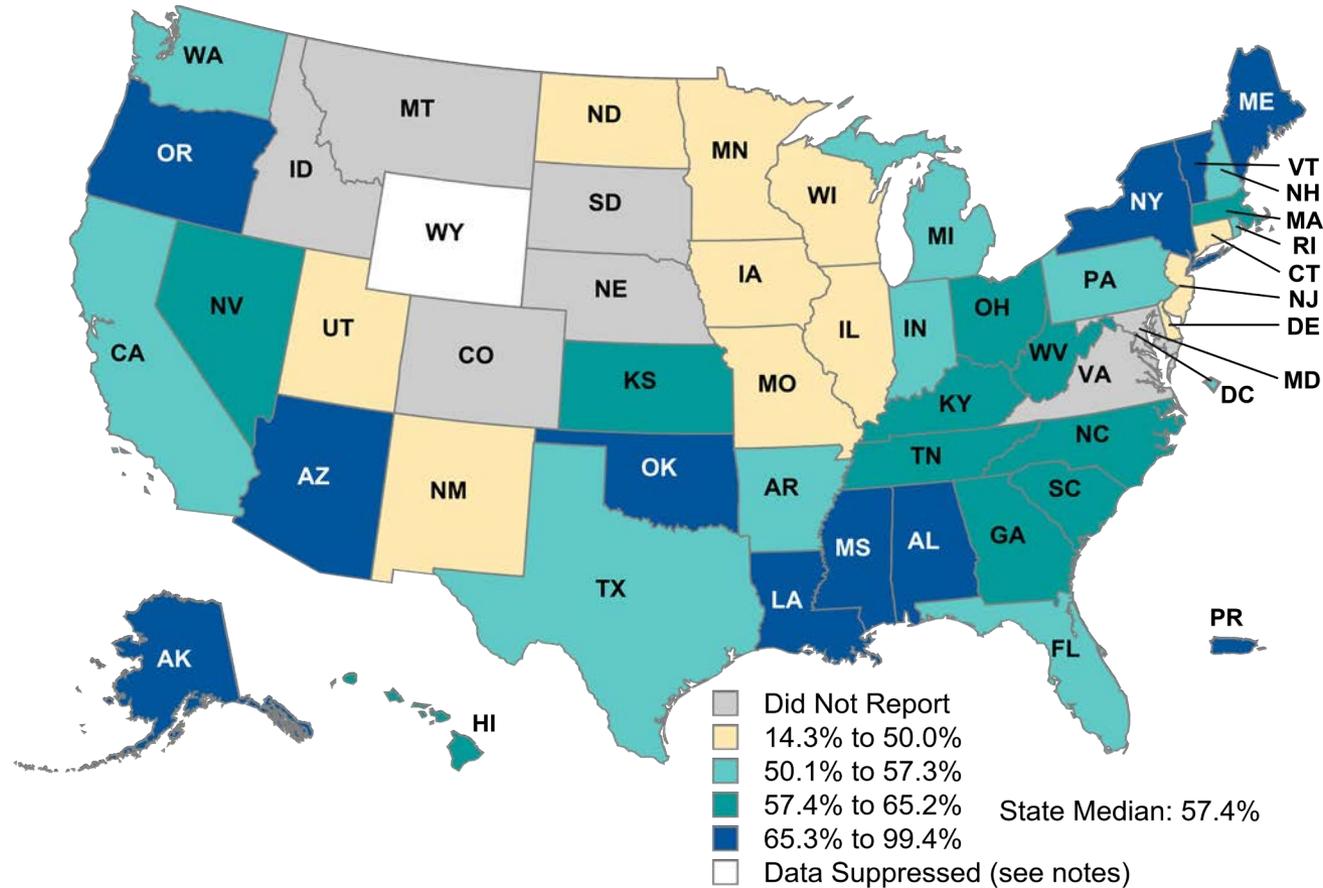
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: Data were suppressed for the Initiation Phase rate for Wyoming due to small cell sizes. 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 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 2020 (n = 44 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

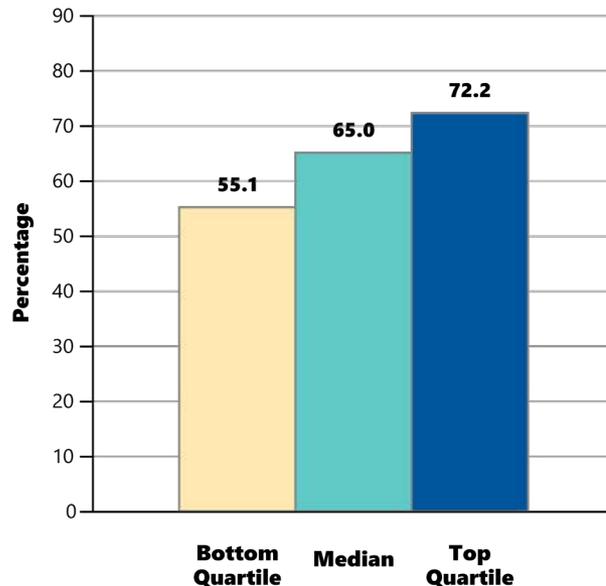
Notes: This chart excludes Virginia, which did not report the Continuation and Maintenance Phase rate. Data were suppressed for the Continuation and Maintenance Phase rate for Wyoming due to small cell sizes. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the 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 2020 (n = 39 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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. Data were suppressed for Utah due to small cell sizes. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

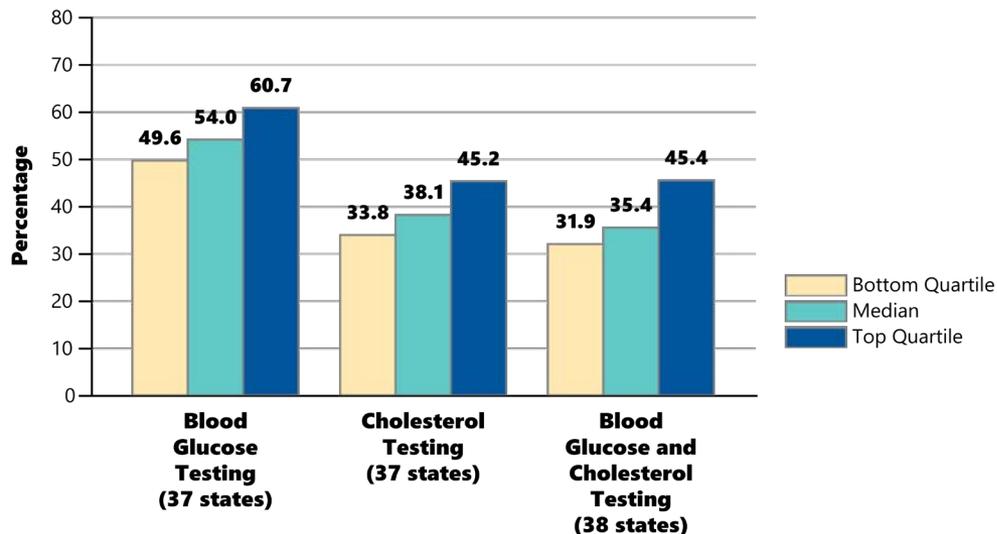
A median of
65
percent of children and adolescents who had a new prescription for an antipsychotic medication had documentation of psychosocial care as first-line treatment (39 states)



Metabolic Monitoring for Children and Adolescents on Antipsychotics (Child Core Set)

Antipsychotic medications can elevate a child's risk for developing serious metabolic health complications and poor cardiometabolic outcomes in adulthood, including type 2 diabetes. As a result, children who are prescribed these medications should be monitored for weight and metabolic changes. This measure assesses the percentage of children and adolescents with two or more antipsychotic prescriptions who had blood glucose and cholesterol testing during the measurement year. Performance on this measure is being publicly reported for the first time for FFY 2020.

Percentage of Children and Adolescents Ages 1 to 17 who had Two or More Antipsychotic Prescriptions and had Metabolic Testing for Blood Glucose, Cholesterol, and Both Blood Glucose and Cholesterol (APM-CH), FFY 2020



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

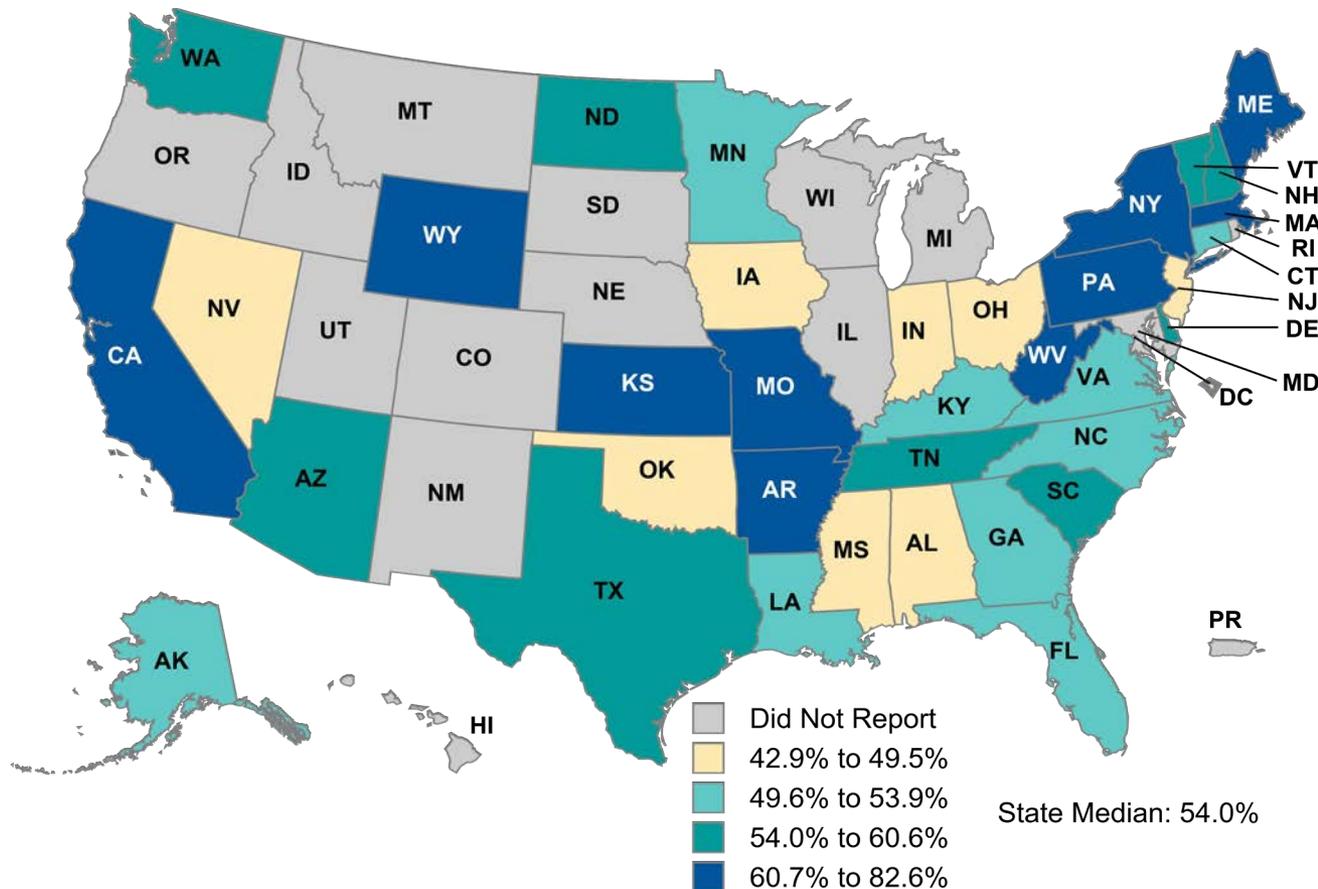
Notes: This measure shows the percentage of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions and had metabolic testing during the measurement year. Three rates are reported: (1) the percentage who received blood glucose testing; (2) the percentage who received cholesterol testing; and (3) the percentage who received both blood glucose and cholesterol testing. 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 **35** percent of children and adolescents who had two or more antipsychotic prescriptions had metabolic testing for both blood glucose and cholesterol (38 states)



Metabolic Monitoring 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 Two or More Antipsychotic Prescriptions and had Metabolic Testing for Blood Glucose (APM-CH), FFY 2020 (n = 37 states)



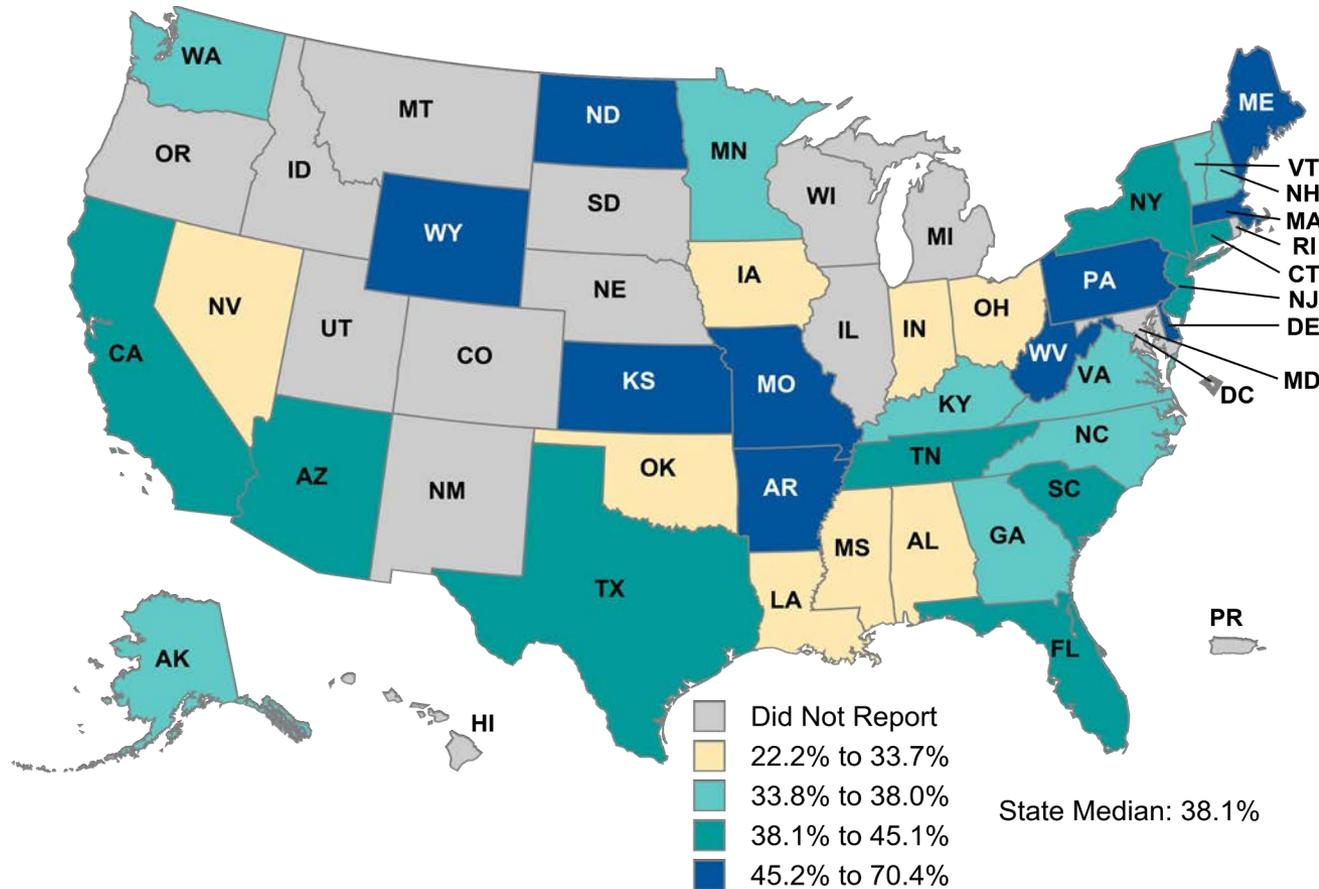
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This chart excludes Maryland, which reported the measure but did not provide data for the Blood Glucose Testing rate. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Metabolic Monitoring 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 Two or More Antipsychotic Prescriptions and had Metabolic Testing for Cholesterol (APM-CH), FFY 2020 (n = 37 states)



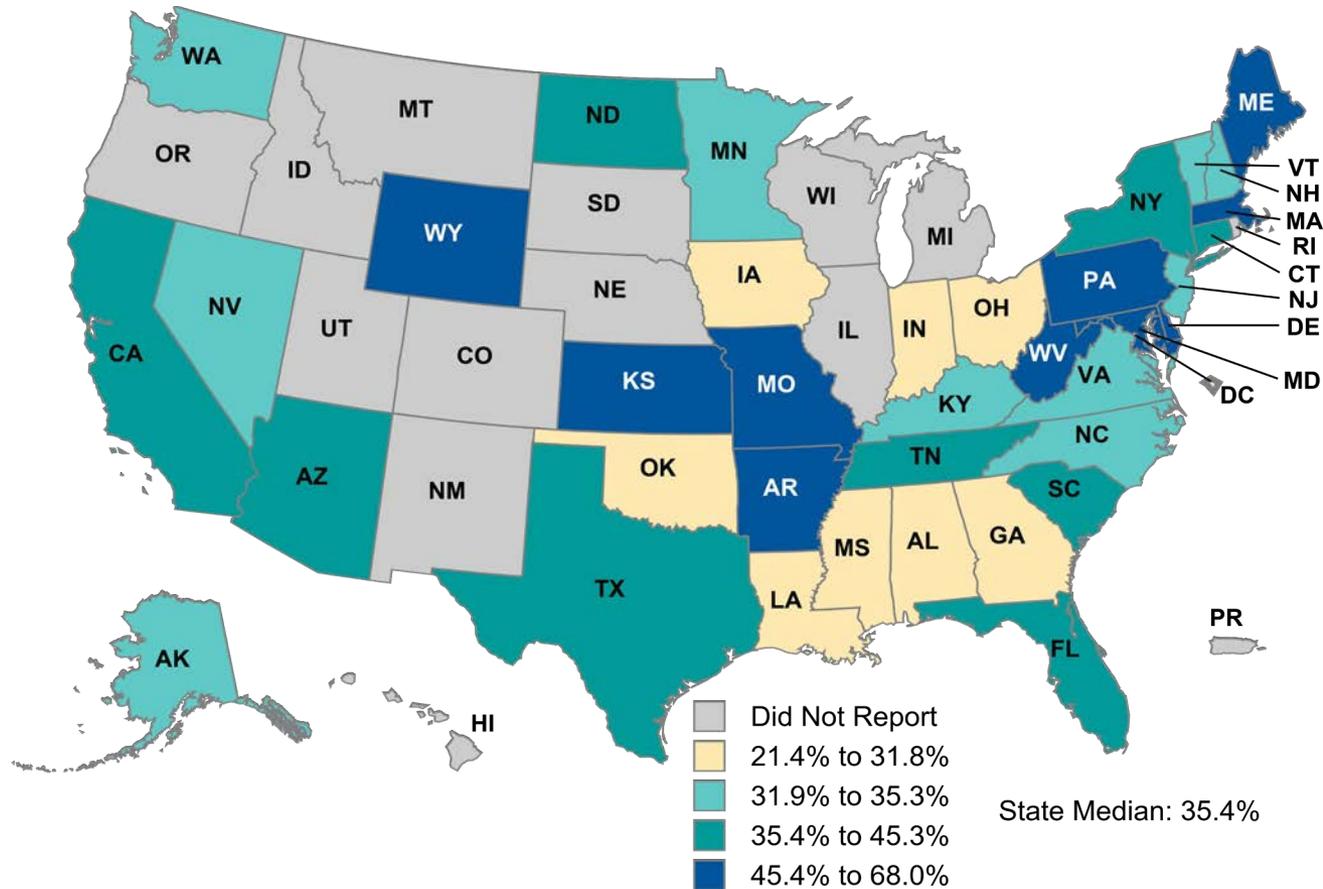
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This chart excludes Maryland, which reported the measure but did not provide data for the Cholesterol Testing rate. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Metabolic Monitoring 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 Two or More Antipsychotic Prescriptions and had Metabolic Testing for Both Blood Glucose and Cholesterol (APM-CH), FFY 2020 (n = 38 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

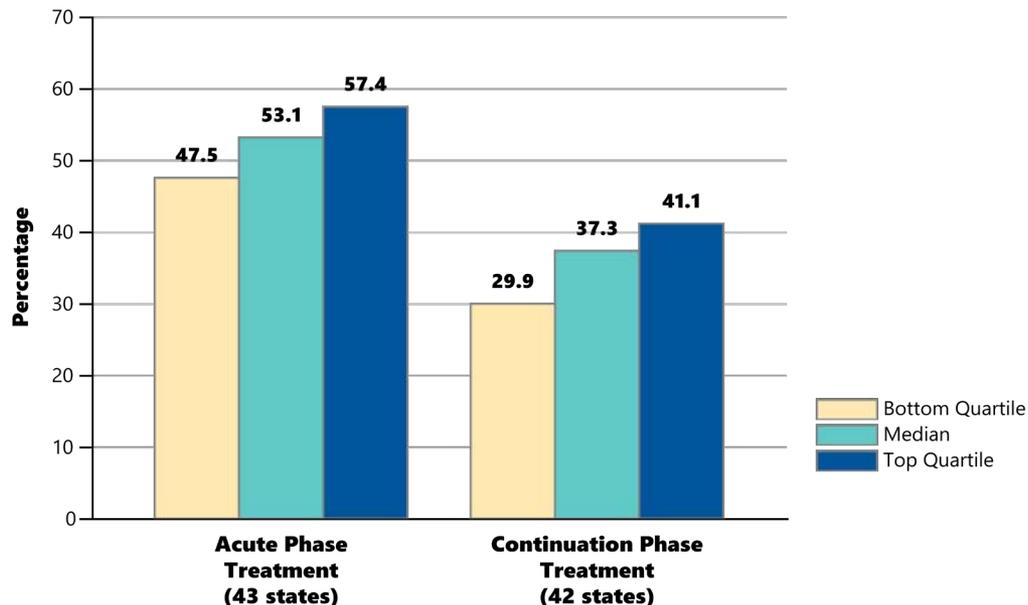
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



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 2020



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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.

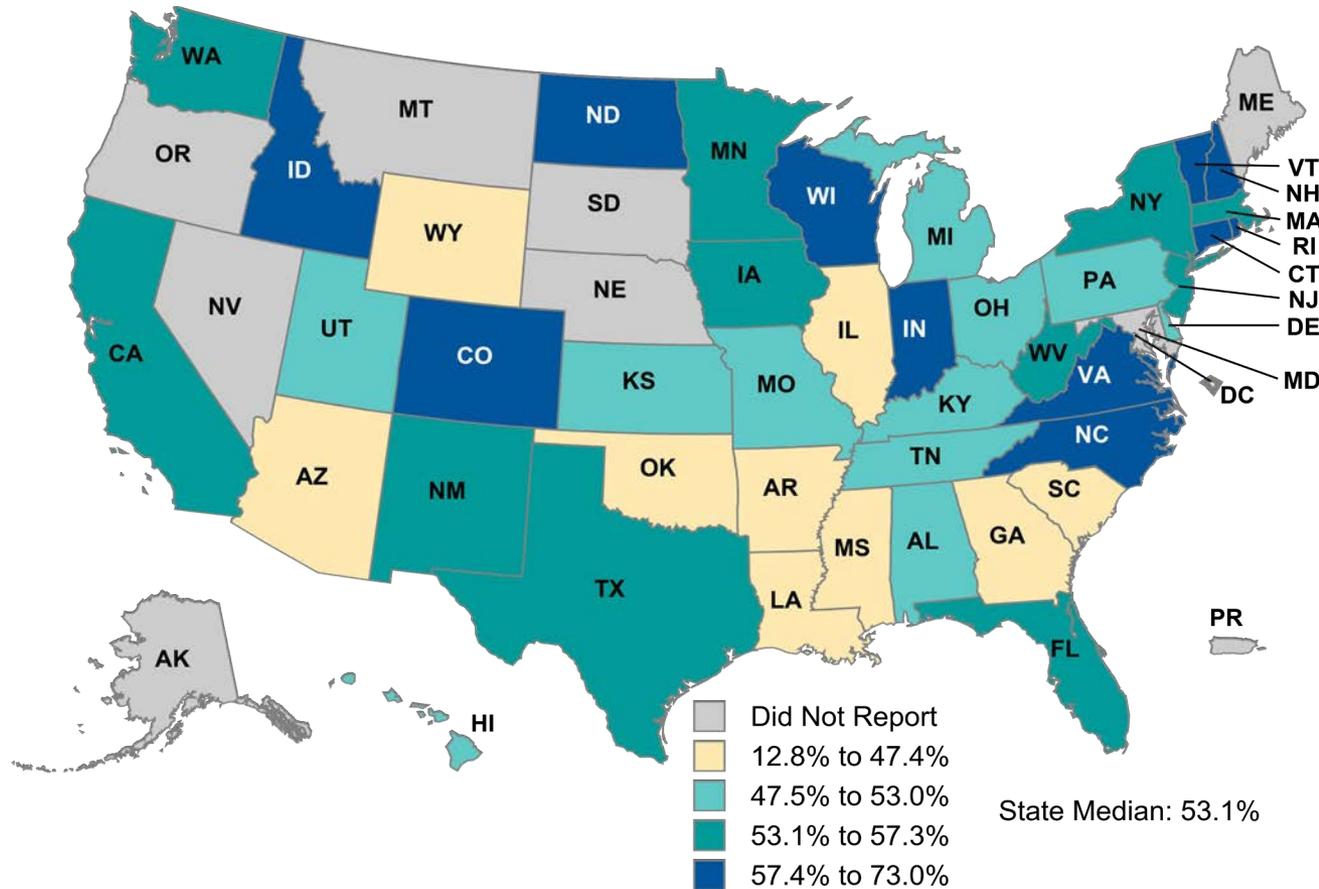
*Data displayed in this chart include adults ages 18 to 64 for 27 states and age 18 and older for 16 states.

A median of **53** percent of adults with a diagnosis of major depression who were treated with antidepressant medication remained on medication during the acute phase (43 states) and **37** percent remained on medication during the continuation phase (42 states)



Antidepressant Medication Management: Acute Phase Treatment (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 2020 (n = 43 states)

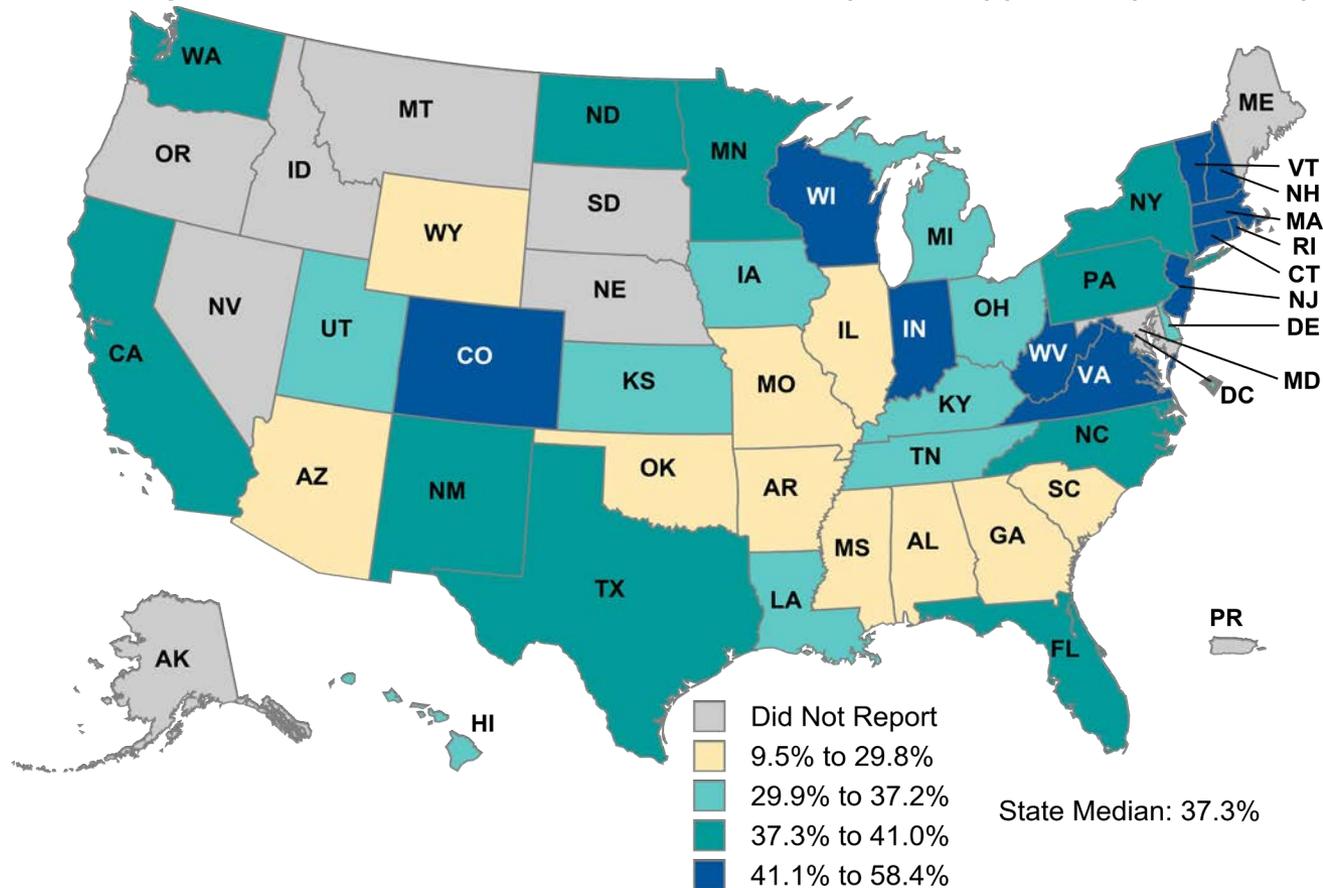


Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

*Data displayed in this chart include adults ages 18 to 64 for 27 states and age 18 and older for 16 states.

Antidepressant Medication Management: Continuation Phase Treatment (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 2020 (n = 42 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Note: This chart excludes Idaho, which reported the measure but did not provide data for the Continuation Phase Treatment rate.

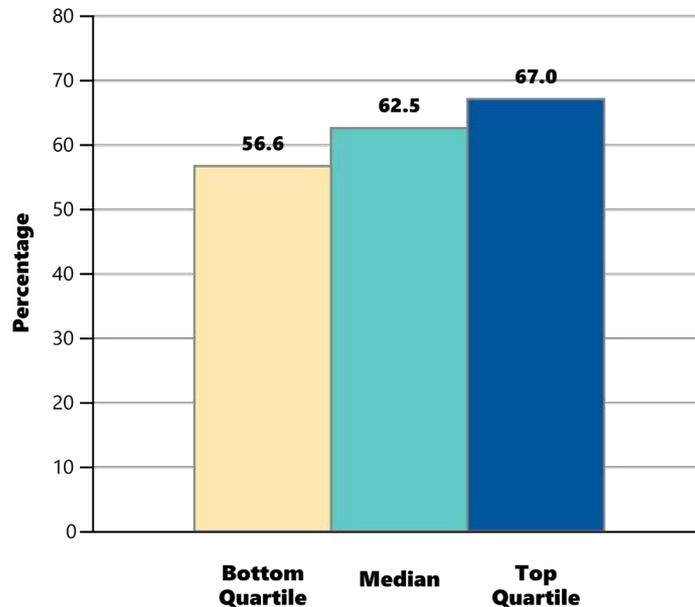
*Data displayed in this chart include adults ages 18 to 64 for 26 states and age 18 and older for 16 states.



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 Age 18 and Older 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 2020 (n = 43 states)



A median of **63** 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 (43 states)

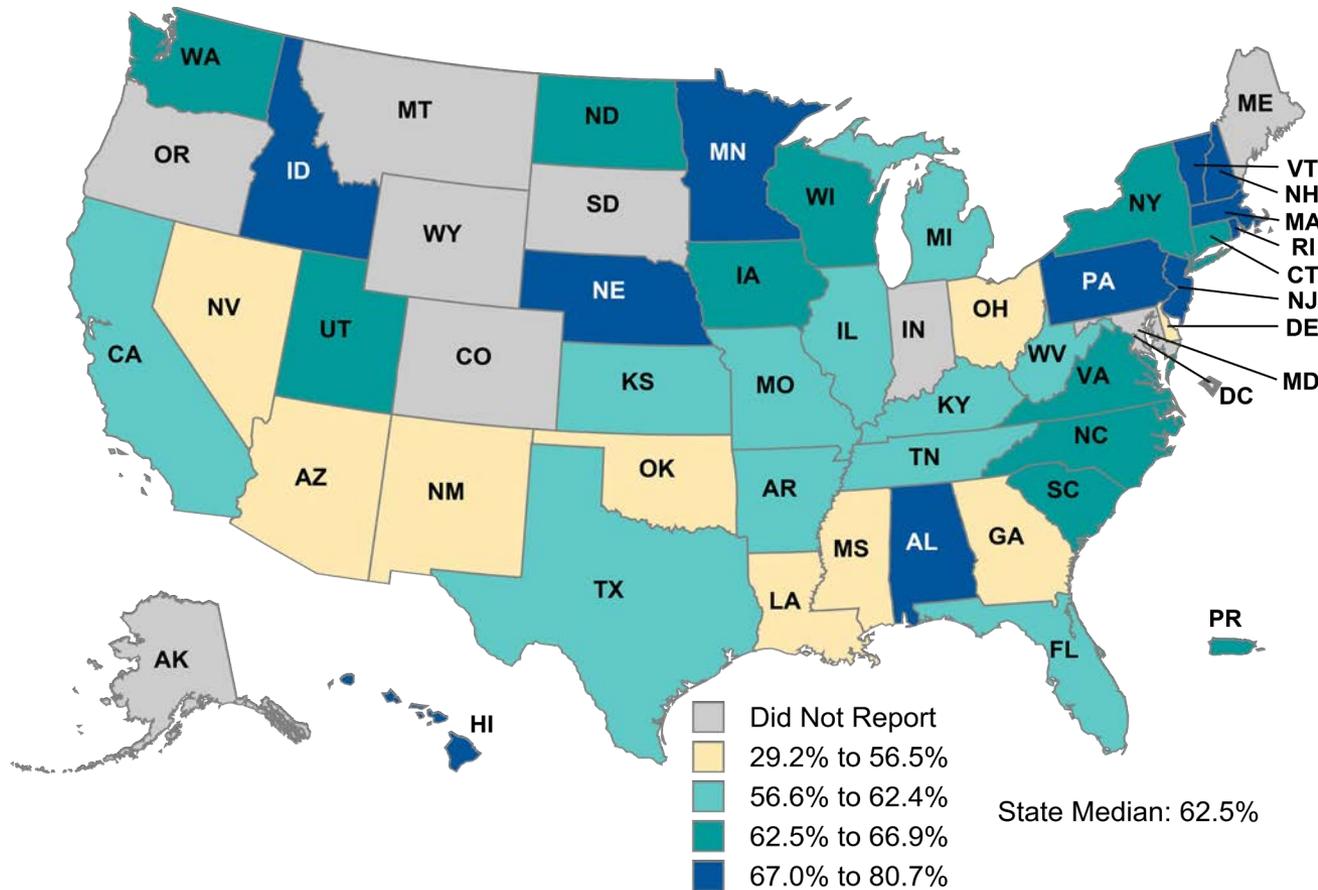
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Note: This measure shows the percentage of adults age 18 and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.



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

Geographic Variation in the Percentage of Adults Age 18 and Older 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 2020 (n = 43 states)

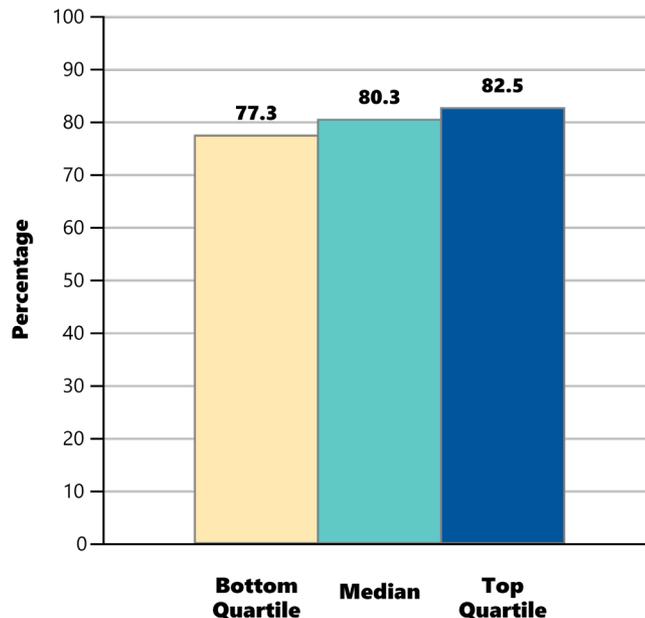


Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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 2020 (n = 44 states)



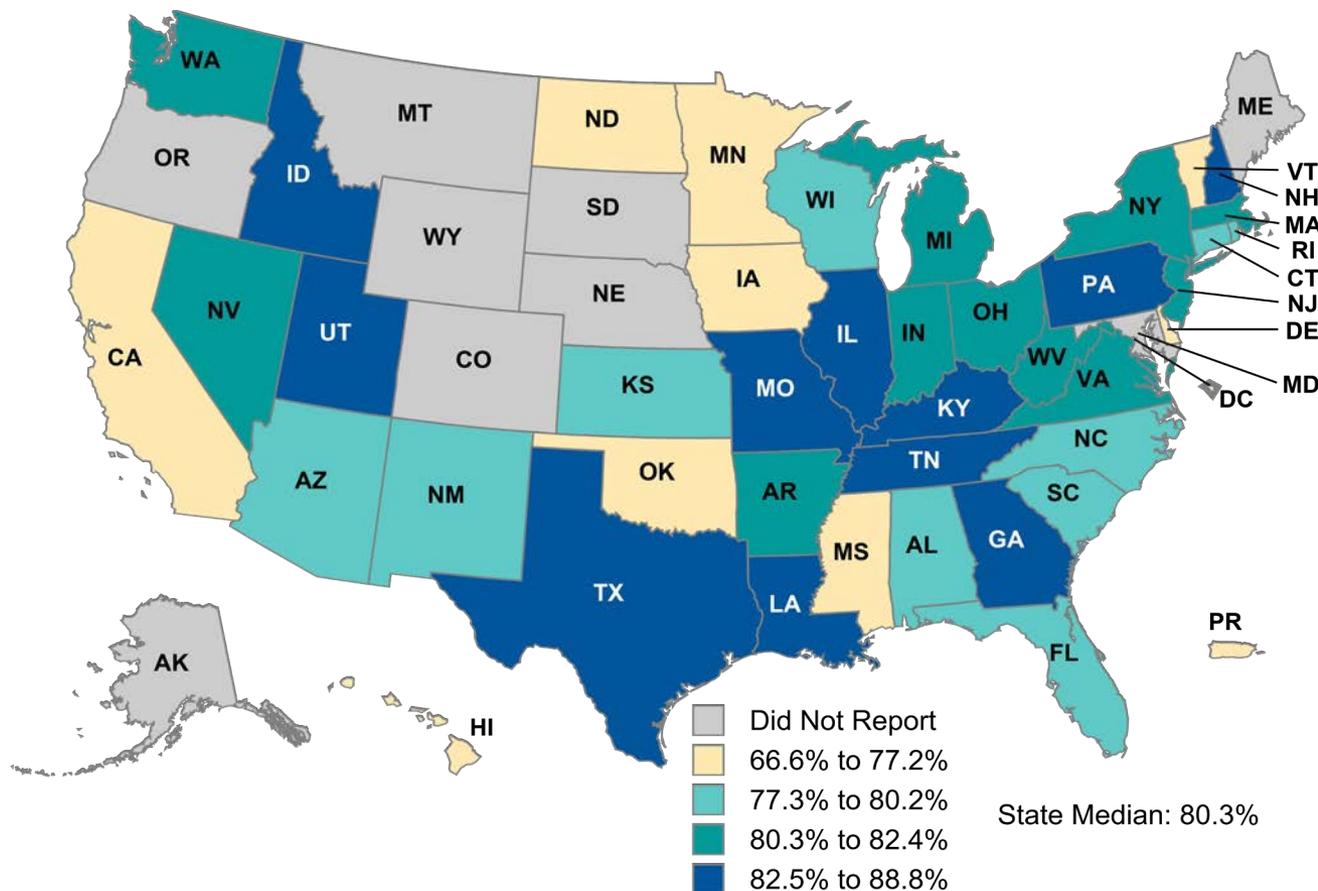
Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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 (44 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 2020 (n = 44 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.



TRENDS IN STATE PERFORMANCE, FFY 2018–FFY 2020



Trends in State Performance, FFY 2018–FFY 2020: Introduction

CMS assessed trends in median state performance on six Behavioral Health Core Set measures publicly reported from FFY 2018 to FFY 2020. 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).

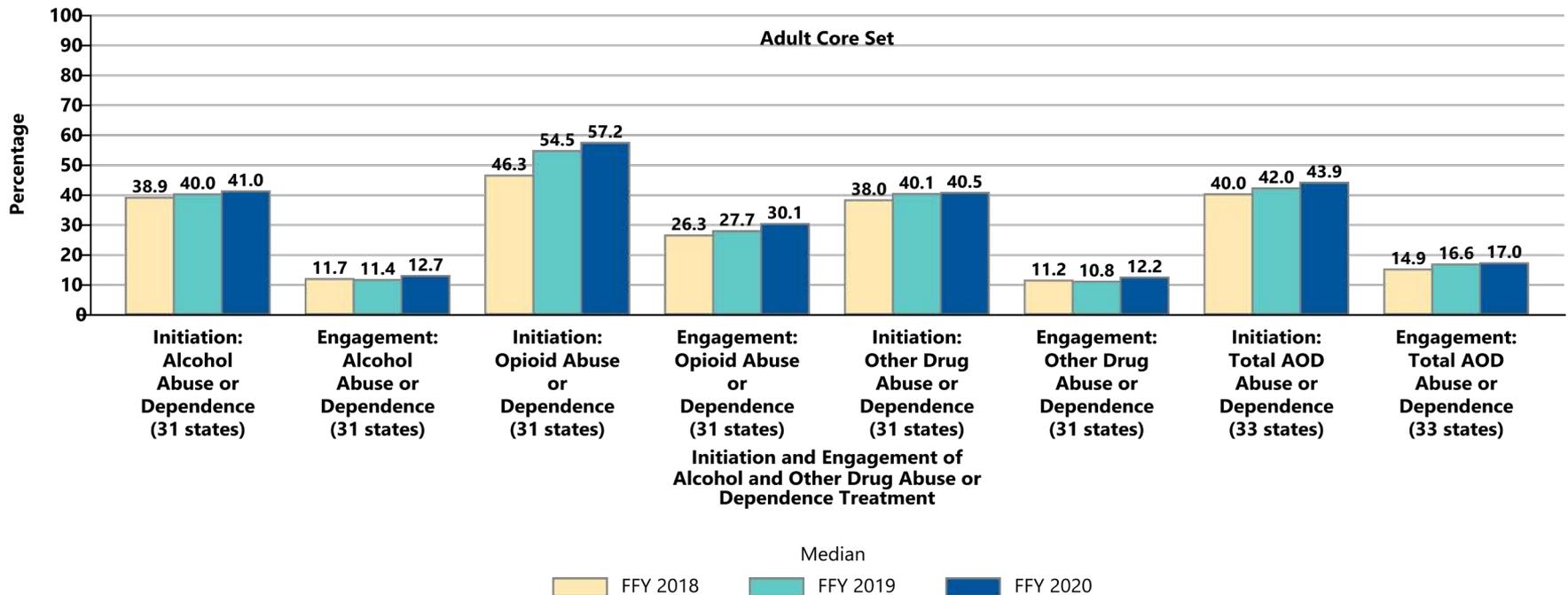
Many factors may affect changes in the performance rates reported by states on the Behavioral Health Core Set measures. While shifts in access and quality may account for some of the changes in performance over time, other factors noted by states include changes in:

- 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 2018 to FFY 2020 is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/methods-brief-ffy-2020.pdf>. Statistical significance was determined using the Wilcoxon Signed-Rank test ($p < .05$).

Trends in State Performance, FFY 2018–FFY 2020: Behavioral Health Care

Median state performance on the Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment measure increased significantly from FFY 2018 to FFY 2020 among the states reporting the measure for all three years for five indicators, including the four Initiation of Treatment rates and the Engagement rate for Opioid Abuse or Dependence. Median state performance did not change significantly for three rates of Engagement in Treatment, including treatment for Alcohol Abuse or Dependence, Other Drug Abuse or Dependence, or Total Alcohol or Other Drug Abuse or Dependence.



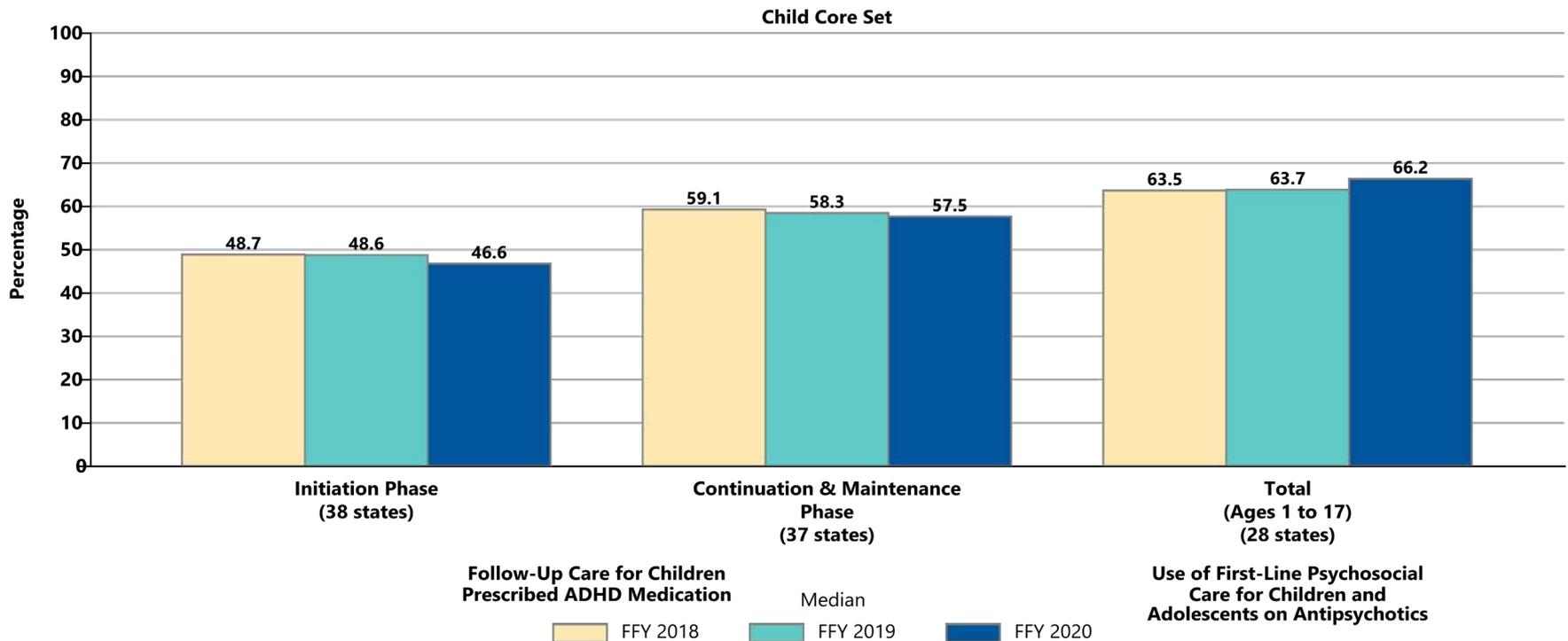
Source: Mathematica analysis of FFY 2018–FFY 2020 MACPro reports.

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 2020 Chart Pack.



Trends in State Performance, FFY 2018–FFY 2020: Behavioral Health Care

Median state performance on the Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics measure increased significantly from FFY 2018 to FFY 2020. Median state performance on the Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication measure did not change significantly from FFY 2018 to FFY 2020.



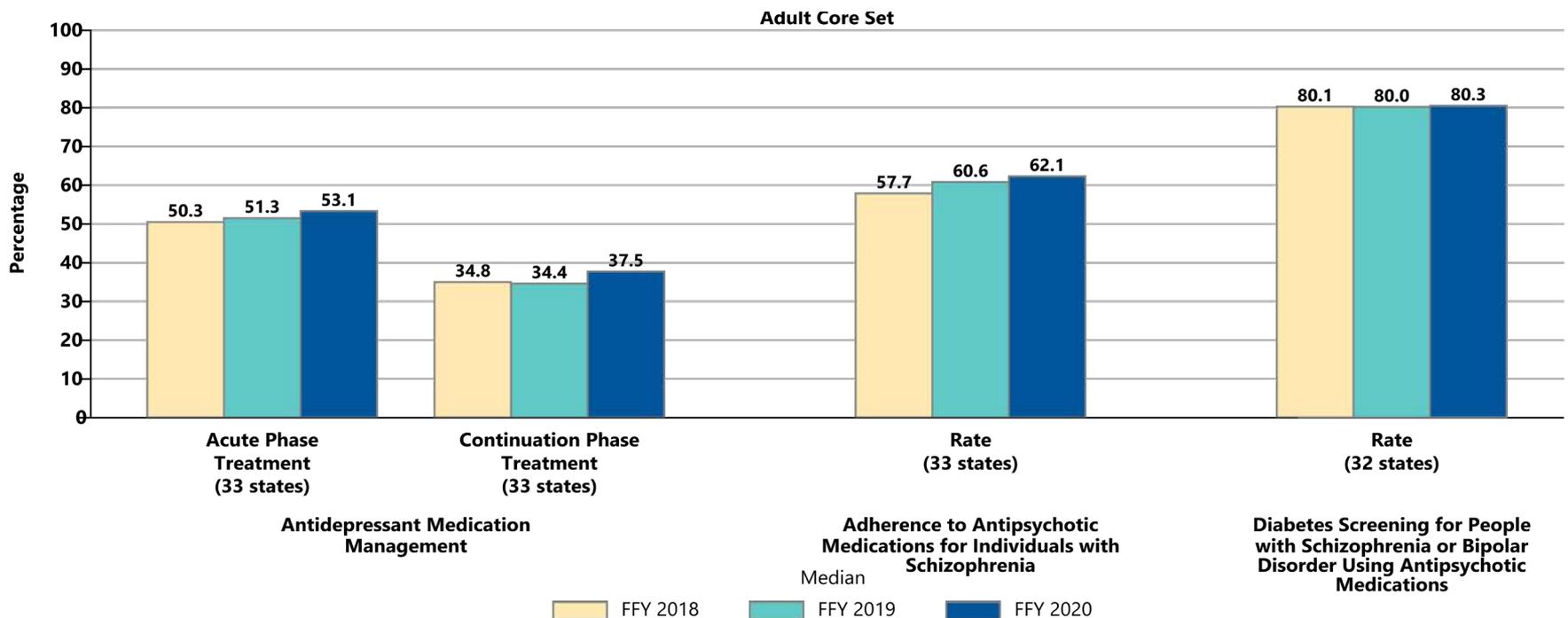
Source: Mathematica analysis of FFY 2018–FFY 2020 MACPro reports.

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 2020 Chart Pack.



Trends in State Performance, FFY 2018–FFY 2020: Behavioral Health Care

Median state performance on the Antidepressant Medication Management, Adherence to Antipsychotics for Individuals with Schizophrenia, and Diabetes Screening for People With Schizophrenia or Bipolar Disorder Using Antipsychotic Medications measures increased significantly from FFY 2018 to FFY 2020.



Source: Mathematica analysis of FFY 2018–FFY 2020 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 2020 Chart Pack.



REFERENCE TABLES AND ADDITIONAL RESOURCES



Overview of State Reporting of the Behavioral Health Core Set Measures, FFY 2020

	Number of Measures Reported	Use of Opioids at High Dosage in Persons Without Cancer (Adult Core Set)	Concurrent Use of Opioids and Benzodiazepines (Adult Core Set)	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (Adult Core Set)	Use of Pharmacotherapy for Opioid Use Disorder (Adult Core Set)	Medical Assistance With Smoking and Tobacco Use Cessation (Adult Core Set)	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (Adult Core Set)	Follow-Up After Emergency Department Visit for Mental Illness (Adult 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 Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (Child Core Set)	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Child Core Set)	Metabolic Monitoring for Children and Adolescents on Antipsychotics (Child 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)	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	13 (Median)	33	28	40	23	29	41	40	47	49	46	40	38	43	43	44	7	14	15
Alabama	17	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-	X	X
Alaska	4	-	-	-	-	-	-	-	X	-	X	X	X	-	-	-	-	-	-
Arizona	14	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	-	-	-
Arkansas	13	X	X	-	X	-	X	X	X	X	X	X	X	X	X	X	-	-	-
California	16	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	-	X	X
Colorado	2	-	-	-	-	-	-	-	-	-	-	-	-	X	-	X	-	-	-
Connecticut	15	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-	-	-
Delaware	15	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	-	-
Dist. of Col.	10	-	-	-	-	X	-	X	X	X	X	X	X	X	X	X	-	-	-
Florida	13	-	-	X	-	X	X	X	X	X	X	X	X	X	X	X	-	X	-
Georgia	13	-	-	X	-	-	X	X	X	X	X	X	X	X	X	X	-	X	X
Hawaii	12	X	-	X	-	-	X	X	X	X	X	-	-	X	X	X	-	X	X
Idaho	7	-	-	-	X	-	X	-	-	X	-	-	-	X	X	X	X	-	-
Illinois	8	-	-	X	-	X	-	-	X	X	X	-	-	X	X	X	-	-	-
Indiana	10	-	-	X	-	-	X	X	X	X	X	X	X	X	-	X	-	-	-
Iowa	18	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Kansas	17	X	X	X	-	X	X	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	12	X	X	X	-	X	-	-	X	X	X	X	X	X	X	X	-	-	-
Maine	5	-	-	-	-	-	-	-	X	X	X	X	X	-	-	-	-	-	-

Table is continued on next slide.



Overview of State Reporting of the Behavioral Health Core Set Measures, FFY 2020 (continued)

	Number of Measures Reported	Use of Opioids at High Dosage in Persons Without Cancer (Adult Core Set)	Concurrent Use of Opioids and Benzodiazepines (Adult Core Set)	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (Adult Core Set)	Use of Pharmacotherapy for Opioid Use Disorder (Adult Core Set)	Medical Assistance With Smoking and Tobacco Use Cessation (Adult Core Set)	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (Adult Core Set)	Follow-Up After Emergency Department Visit for Mental Illness (Adult 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 Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (Child Core Set)	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Child Core Set)	Metabolic Monitoring for Children and Adolescents on Antipsychotics (Child 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)	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	8	X	--	X	X	X	X	--	X	X	--	--	X	--	--	--	--	--	--
Massachusetts	16	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	--	X	X
Michigan	10	X	X	X	--	--	X	--	X	X	X	--	--	X	X	X	--	--	--
Minnesota	15	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	--
Mississippi	14	X	X	X	--	--	X	X	X	X	X	X	X	X	X	X	X	--	--
Missouri	15	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	--
Nebraska	7	X	X	--	--	--	X	X	X	X	--	--	--	--	X	--	--	--	--
Nevada	9	--	--	X	--	--	X	X	X	X	X	--	--	--	X	X	--	--	--
New Hampshire	18	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
New Jersey	11	X	--	--	--	X	X	X	X	X	--	--	X	X	X	X	--	--	--
New Mexico	12	--	--	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	12	X	X	X	--	--	--	X	X	X	X	X	X	X	X	X	--	--	--
North Dakota	15	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	--
Ohio	13	X	--	X	X	--	X	X	X	X	X	X	X	X	X	X	--	--	--
Oklahoma	15	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	--
Oregon	8	--	--	X	--	X	X	X	X	X	X	--	--	--	--	--	--	--	X
Pennsylvania	16	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--
Puerto Rico	7	--	--	--	--	--	X	X	--	X	X	X	--	--	X	X	--	--	--
Rhode Island	11	--	--	X	--	X	X	X	X	X	X	X	--	X	X	X	--	--	--

Table is continued on next slide.



Overview of State Reporting of the Behavioral Health Core Set Measures, FFY 2020 (continued)

	Number of Measures Reported	Use of Opioids at High Dosage in Persons Without Cancer (Adult Core Set)	Concurrent Use of Opioids and Benzodiazepines (Adult Core Set)	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (Adult Core Set)	Use of Pharmacotherapy for Opioid Use Disorder (Adult Core Set)	Medical Assistance With Smoking and Tobacco Use Cessation (Adult Core Set)	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (Adult Core Set)	Follow-Up After Emergency Department Visit for Mental Illness (Adult 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 Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (Child Core Set)	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (Child Core Set)	Metabolic Monitoring for Children and Adolescents on Antipsychotics (Child 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)	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)
South Carolina	17	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	X
South Dakota	4	X	--	X	--	--	--	X	X	--	--	--	--	--	--	--	--	--	--
Tennessee	17	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	X
Texas	14	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	--	--	--
Utah	7	--	--	--	--	--	--	X	X	X	X	--	X	X	X	X	--	--	--
Vermont	17	X	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	15	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	--
West Virginia	16	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	--
Wisconsin	10	--	--	X	--	--	X	X	X	X	X	--	X	X	X	X	--	--	--
Wyoming	11	X	X	--	X	--	--	X	X	X	X	X	X	X	--	--	--	X	X

Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: The term "states" includes the 50 states, the District of Columbia, and Puerto Rico. The 2020 Behavioral Health Core Set includes 18 measures. One measure was retired from the 2020 Behavioral Health Core Set and two measures were added. Information about the updates to the 2020 Core Sets is available at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib111919.pdf>. This table includes all Behavioral Health Core Set measures for the FFY 2020 reporting cycle, including measures that were reported by states using "other" specifications and measures for which the rates are not publicly reported due to CMS data suppression rules.

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

The following state did not report Behavioral Health Core Set measures for FFY 2020: Montana.

Performance Rates on Frequently Reported Behavioral Health Core Set Measures, FFY 2020

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 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]	28	7.3	6.5	9.6	3.9
Adult	Concurrent Use of Opioids and Benzodiazepines	Percentage with Concurrent Use of Prescription Opioids and Benzodiazepines: Ages 18 to 64 [Lower rates are better]	27	15.4	16.3	21.6	11.2
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	39	40.4	40.8	36.8	43.7
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	39	11.9	12.5	8.0	15.2
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	39	54.7	54.9	46.1	63.7
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	39	30.1	30.1	17.0	39.5
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	39	40.6	40.5	37.6	44.0
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 and Engaged in Alcohol or Other Drug Treatment within 34 Days of the Initiation Visit: Ages 18 to 64	39	12.4	12.5	9.3	15.3

Table is continued on next slide.



Performance Rates on Frequently Reported Behavioral Health Core Set Measures, FFY 2020 (continued)

Core Set	Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications		Mean	Median	Bottom Quartile	Top Quartile
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	40		43.4	42.7	39.3	48.2
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 Initiated and Engaged in Alcohol or Other Drug Treatment within 34 Days of the Initiation Visit: Ages 18 to 64	40		16.5	16.0	11.7	19.5
Adult	Medical Assistance With Smoking and Tobacco Use Cessation	Percentage of Current Smokers and Tobacco Users Advised to Quit: Ages 18 to 64 Years	28		76.3	76.7	73.6	79.9
Adult	Medical Assistance With Smoking and Tobacco Use Cessation	Percentage of Current Smokers and Tobacco Users Discussed or Recommended Cessation Medications: Ages 18 to 64 Years	28		53.5	53.7	50.6	57.4
Adult	Medical Assistance With Smoking and Tobacco Use Cessation	Percentage of Current Smokers and Tobacco Users Discussed or Provided Other Cessation Strategies: Ages 18 to 64 Years	28		48.3	48.0	45.9	51.9
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	41		15.7	15.2	7.8	20.3
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	41		22.7	22.5	11.5	30.1
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	40		40.9	39.6	30.5	49.7
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	40		54.3	52.1	46.6	63.1
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		44.6	45.6	36.1	56.3
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	45		66.1	66.0	59.4	78.3

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Performance Rates on Frequently Reported Behavioral Health Core Set Measures, FFY 2020 (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 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 after Discharge: Ages 18 to 64	48	34.3	33.1	24.1	44.4
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 after Discharge: Ages 18 to 64	48	52.4	54.7	40.5	65.6
Child	Follow-Up Care for Children 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	45	46.8	46.6	40.6	52.8
Child	Follow-Up Care for Children 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	44	57.2	57.4	50.1	65.3
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	39	64.0	65.0	55.1	72.2
Child	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage on Antipsychotics who Received Blood Glucose Testing: Ages 1 to 17	37	56.0	54.0	49.6	60.7
Child	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage on Antipsychotics who Received Cholesterol Testing: Ages 1 to 17	37	40.4	38.1	33.8	45.2
Child	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Percentage on Antipsychotics who Received Blood Glucose and Cholesterol Testing: Ages 1 to 17	38	39.2	35.4	31.9	45.4
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	43	52.5	53.1	47.5	57.4
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	42	35.9	37.3	29.9	41.1

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Performance Rates on Frequently Reported Behavioral Health Core Set Measures, FFY 2020 (continued)

Core Set	Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
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: Age 18 and older	43	61.2	62.5	56.6	67.0
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	44	79.8	80.3	77.3	82.5

Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

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

This table includes measures that were reported by at least 25 states for FFY 2020 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. It excludes states that indicated they used other specifications, did not report the measures for FFY 2020, or if they reported a denominator of less than 30. Additionally, some states were excluded because data cannot be displayed per the Centers for Medicare & Medicaid Services’ cell-size suppression policy, which prohibits the direct reporting of data for beneficiary and record counts of 1 to 10 and values from which users can derive values of 1 to 10. Means are calculated as the unweighted average of all state rates. In cases where a state reported separate rates for its Medicaid and CHIP populations, the rate for the program with the larger measure-eligible population was used. 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>.



Trends in Performance Rates on Frequently Reported Behavioral Health Core Set Measures, FFY 2018–FFY 2020

Core Set	Measure Name	Rate Definition	Number of States Reporting Using Core Set			
			Specifications FFY 2018–FFY 2020	FFY 2018 Median	FFY 2019 Median	FFY 2020 Median
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	31	38.9	40.0	41.0
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	31	11.7	11.4	12.7
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	31	46.3	54.5	57.2
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	31	26.3	27.7	30.1
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	31	38.0	40.1	40.5
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	31	11.2	10.8	12.2
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 Initiated Alcohol or Other Drug Treatment within 14 Days of the Diagnosis: Ages 18 to 64	33	40.0	42.0	43.9
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 and Engaged in Alcohol or Other Drug Treatment within 34 Days of the Initiation Visit: Ages 18 to 64	33	14.9	16.6	17.0

Table is continued on next slide.



Trends in Performance Rates on Frequently Reported Behavioral Health Core Set Measures, FFY 2018–FFY 2020

Core Set	Measure Name	Rate Definition	Number of States Reporting Using Core Set			
			Specifications FFY 2018–FFY 2020	FFY 2018 Median	FFY 2019 Median	FFY 2020 Median
Child	Follow-Up Care for Children 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	38	48.7	48.6	46.6
Child	Follow-Up Care for Children 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	37	59.1	58.3	57.5
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	28	63.5	63.7	66.2
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	33	50.3	51.3	53.1
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	33	34.8	34.4	37.5
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: Age 18 and older	33	57.7	60.6	62.1
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	32	80.1	80.0	80.3

Source: Mathematica analysis of FFY 2018–FFY 2020 MACPro 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. 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>.



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 on Medicaid.gov:

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

Resources available for each Core Set include:

- Technical Specifications and Resource Manuals
- 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.