



Centers for Medicare & Medicaid Services

**Medicaid & CHIP**

Health Care Quality Measures



# Quality of Care for Adults in Medicaid: Findings from the 2022 Adult Core Set

## Chart Pack

January 2024

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## About the FFY 2022 Adult Core Set

Medicaid plays an important role in health care coverage for adults in the United States, covering about 43 million adults in 2021, including 22 million adults eligible through Medicaid expansion and 12 million beneficiaries dually eligible for Medicaid and Medicare on the basis of age, disability, or end-stage renal disease (ESRD) (Calendar year 2021 corresponds to federal fiscal year (FFY) 2022 Core Set reporting.)<sup>1</sup> As the U.S. Department of Health & Human Services agency responsible for ensuring quality health care coverage for Medicaid beneficiaries, the Centers for Medicare & Medicaid Services (CMS) plays a key role in promoting quality health care for adults in Medicaid. CMS's 2022 core set of health care quality measures for adults covered by Medicaid (referred to as the Adult Core Set) supports federal and state efforts to collect, report, and use a standardized set of measures to drive improvement in the quality of care provided to Medicaid beneficiaries. The 2022 Adult Core Set includes 33 measures.<sup>2</sup>

The Adult Core Set measures address the following domains of care:

- Primary Care Access and Preventive Care
- Maternal and Perinatal Health
- Care of Acute and Chronic Conditions
- Behavioral Health Care
- Experience of Care
- Long-Term Services and Supports

# 33

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

<sup>1</sup> Medicaid enrollment data for FFY 2022 (calendar year 2021) is available at <https://data.cms.gov/fact-sheet/cms-fast-facts>.

<sup>2</sup> One measure was retired from the 2021 Adult Core Set and two measures were added. Information about the updates to the 2022 Core Sets is available at [https://www.medicaid.gov/sites/default/files/2021-12/cib121021\\_0.pdf](https://www.medicaid.gov/sites/default/files/2021-12/cib121021_0.pdf).

## About the FFY 2022 Adult Core Set (continued)

This Chart Pack summarizes state reporting on the quality of health care furnished to adults covered by Medicaid during FFY 2022, including an overview of performance on measures reported by at least 25 states and that met CMS's standards for data quality.<sup>3</sup> The Chart Pack includes detailed analysis of state performance on 29 publicly reported measures.<sup>4</sup>

For most measures, the performance reflects services provided in calendar year 2021, which was during the COVID-19 pandemic. Due to substantial disruptions in health care during calendar years 2020 and 2021, this Chart Pack does not compare performance reported by states for FFY 2022 with performance reporting for prior years.

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

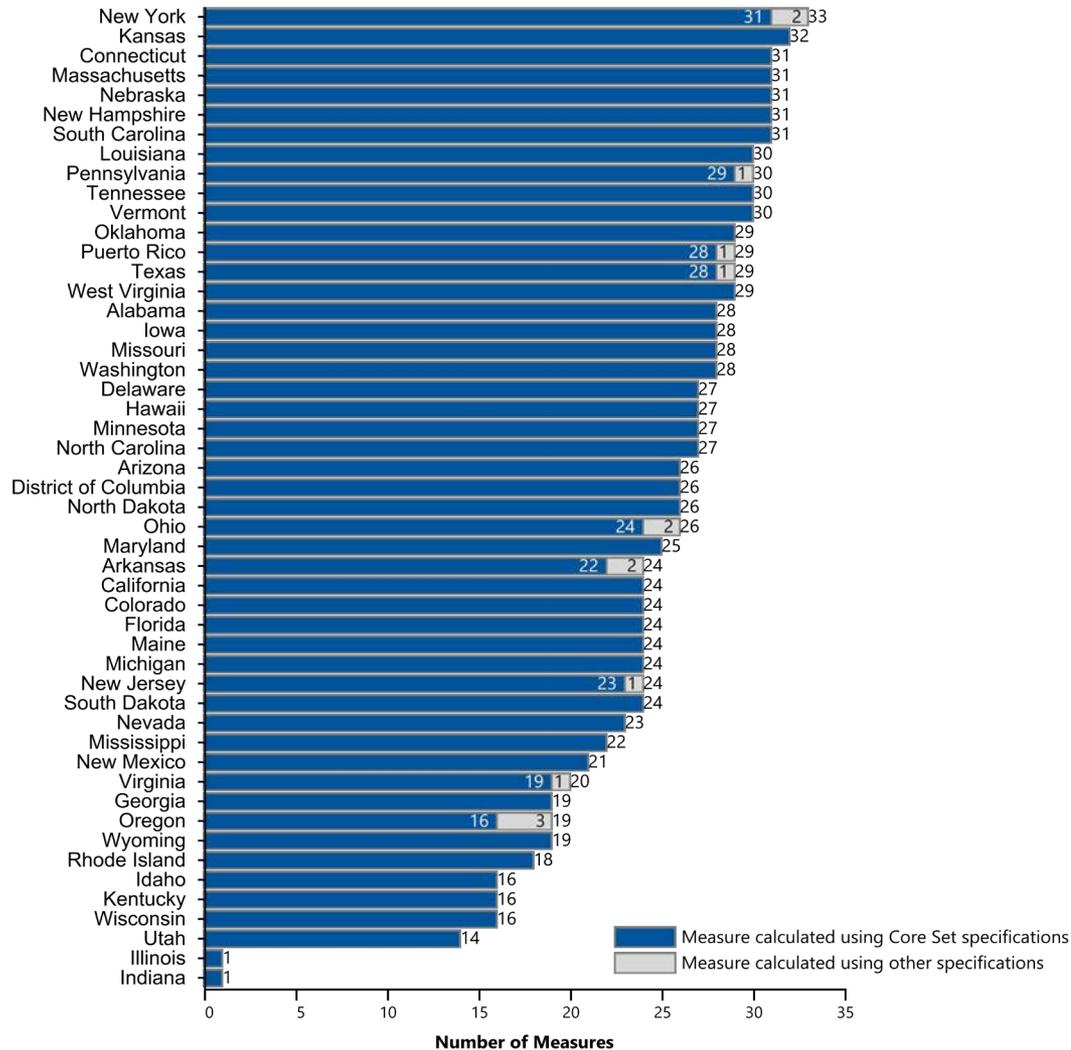
<sup>3</sup> Performance data reported for publicly reported measures exclude states that indicated they did not use Core Set specifications ("other specifications") or if they reported a denominator less than 30. Additionally, some state rates were excluded because data cannot be displayed per the CMS 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.

<sup>4</sup> The count of 29 publicly reported measures includes the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey measure. State-specific performance data are not available for this measure.

# OVERVIEW OF STATE REPORTING OF THE FFY 2022 ADULT CORE SET



# Number of Adult Core Set Measures Reported by States, FFY 2022



States reported a median of

# 26

Adult Core Set measures for FFY 2022

Sources: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023 and National Core Indicators (NCI) data submitted by states to the NCI National Team for the July 1, 2021 to June 30, 2022 data collection period.

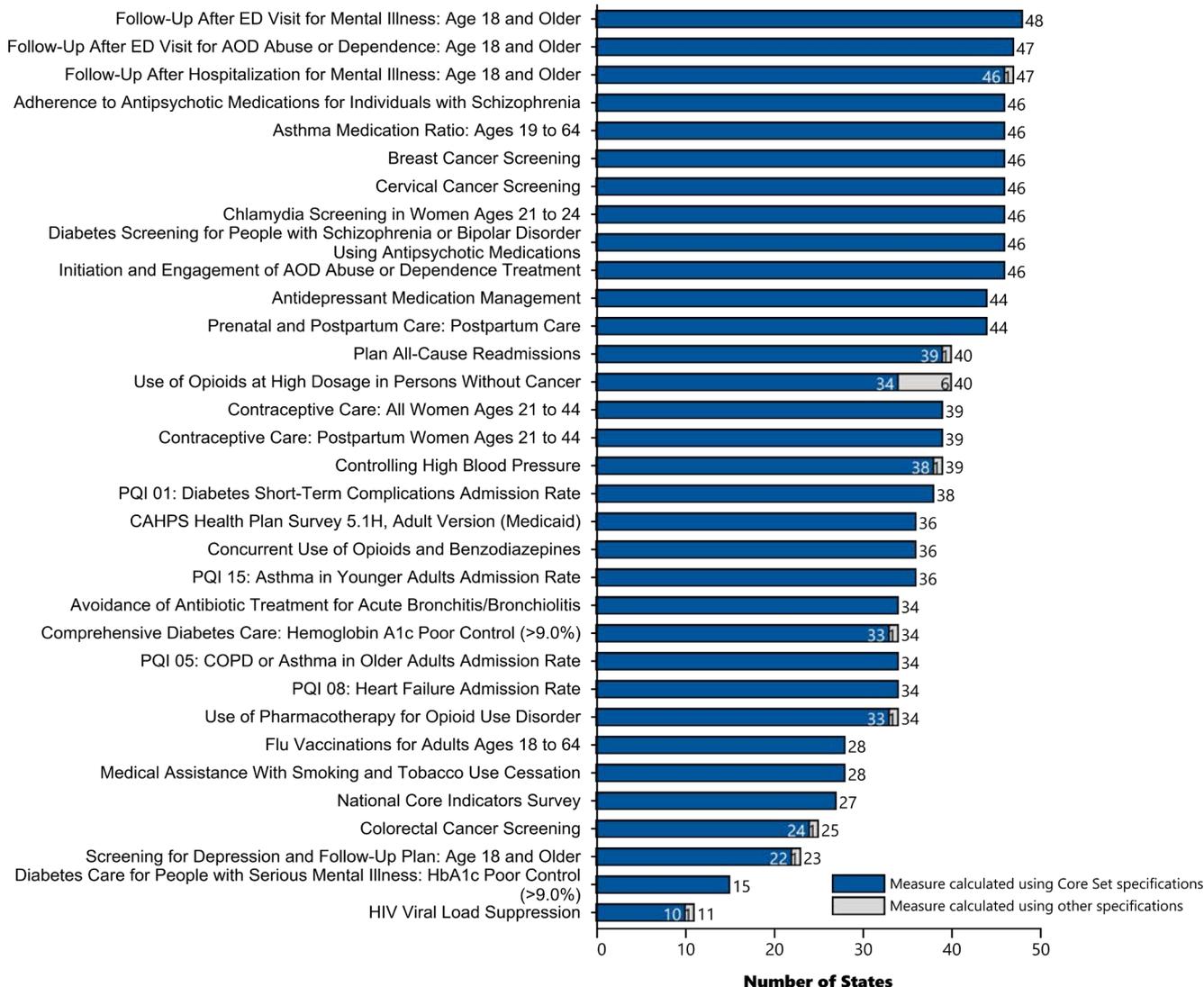
Notes: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico.

The following states did not report Adult Core Set measures for FFY 2022: Alaska and Montana.

The 2022 Adult Core Set includes 33 measures. This chart includes all Adult Core Set measures that states reported for the FFY 2022 reporting cycle. The state median includes the total number of measures reported by each state. Unless otherwise specified, states used Adult Core Set specifications to calculate the measures. Some states calculated Adult Core Set measures using “other specifications.” Measures were denoted as using “other specifications” when the state deviated substantially from the Adult Core Set specifications, such as using alternate data sources, different populations, or other methodologies.



# Number of States Reporting the Adult Core Set Measures, FFY 2022



**40** states reported more Adult Core Set measures for FFY 2022 than for FFY 2021

Sources: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023 and National Core Indicators (NCI) data submitted by states to the NCI National Team for the July 1, 2021 to June 30, 2022 data collection period.

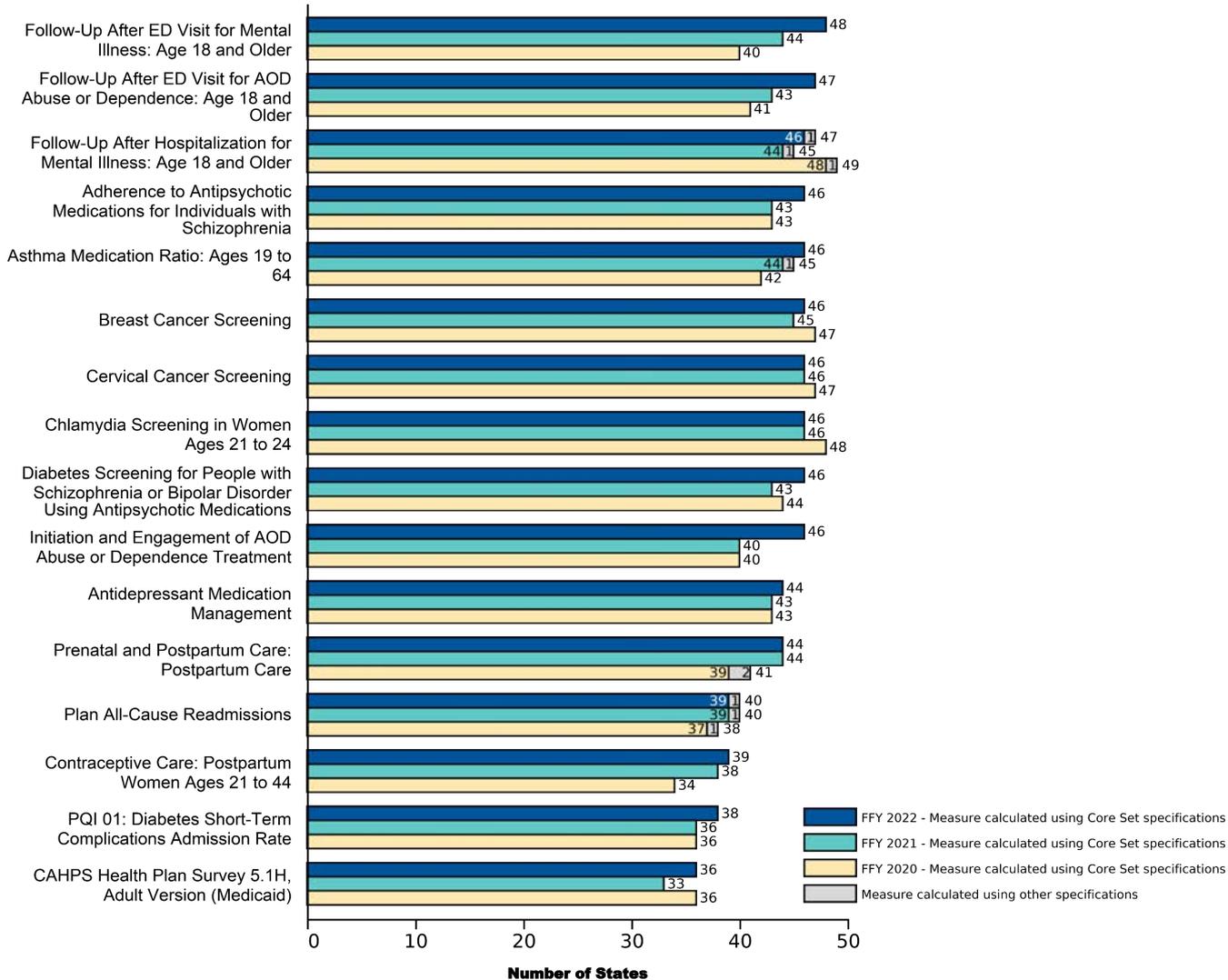
Notes: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico.

The 2022 Adult Core Set includes 33 measures. This chart includes all Adult Core Set measures that states reported for the FFY 2022 reporting cycle. Unless otherwise specified, states used Adult Core Set specifications to calculate the measures. Some states calculated Adult Core Set measures using “other specifications.” Measures were denoted as using “other specifications” when the state deviated substantially from the Adult Core Set specifications, such as using alternate data sources, different populations, or other methodologies.

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



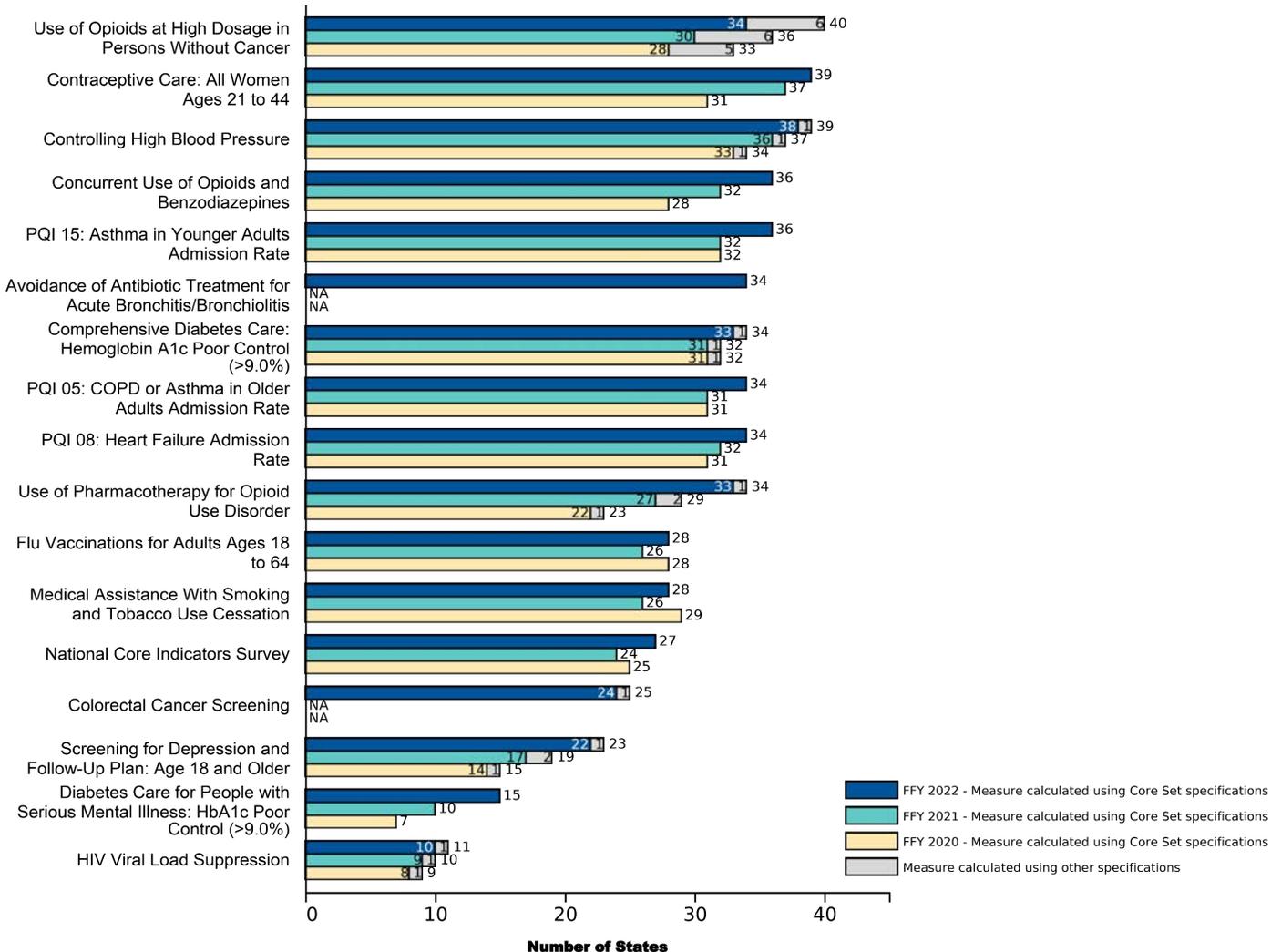
# Number of States Reporting the Adult Core Set Measures, FFY 2020–FFY 2022



State reporting increased for **24** of the 31 measures included in the Adult Core Set for all three years

Chart is continued on the next slide.

# Number of States Reporting the Adult Core Set Measures, FFY 2020–FFY 2022 (continued)



Sources: Mathematica analysis of FFY 2020 MACPro reports; FFY 2021 and 2022 QMR system reports; and National Core Indicators (NCI) data submitted by states to the NCI National Team for the July 1, 2019 to June 30, 2020, July 1, 2020 to June 30, 2021, and July 1, 2021 to June 30, 2022 data collection periods.

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

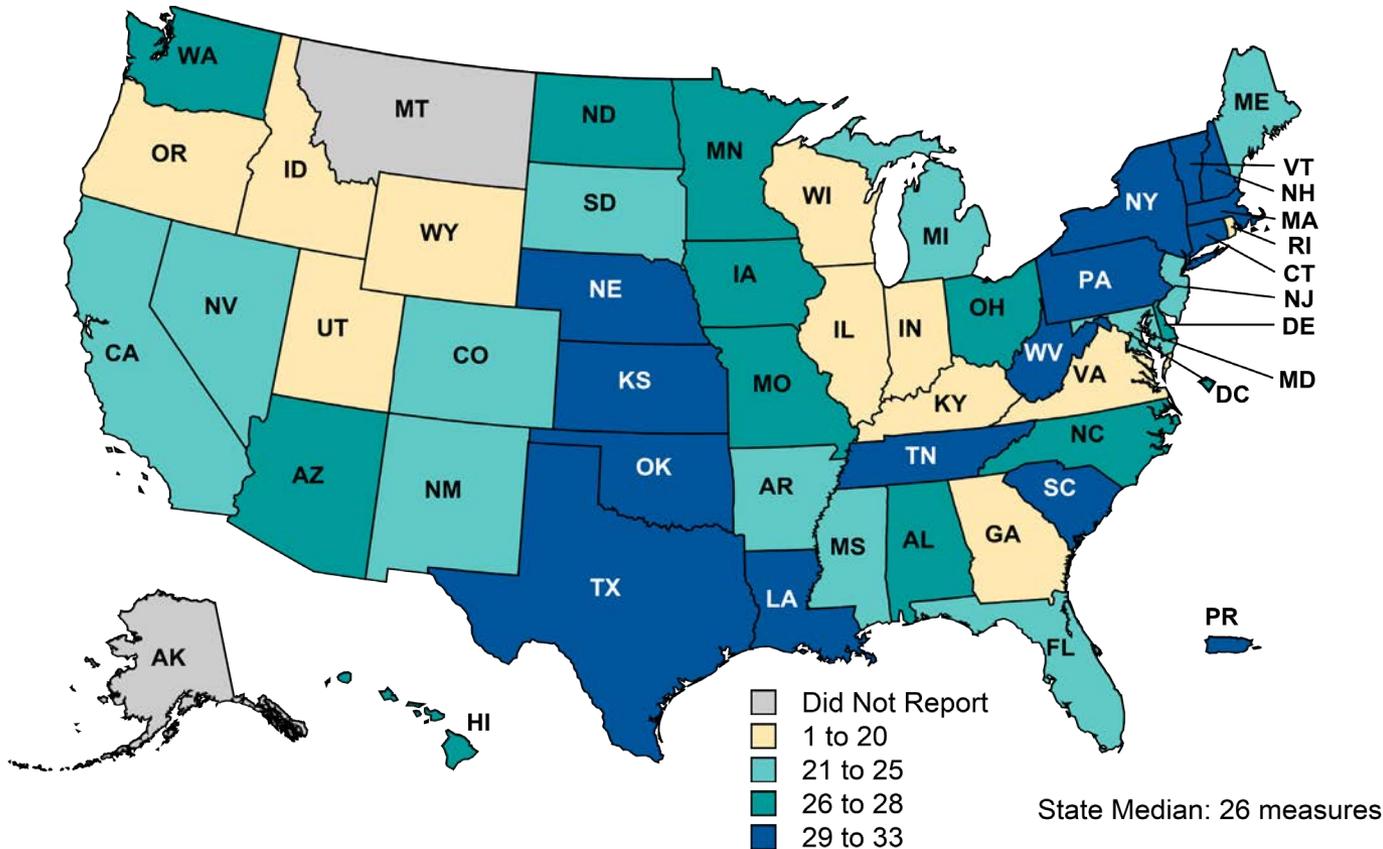
The 2022 Adult Core Set includes 33 measures. This chart includes all Adult Core Set measures that states reported for the FFY 2022 reporting cycle. Unless otherwise specified, states used Adult Core Set specifications to calculate the measures. Some states calculated Adult Core Set measures using “other specifications.” Measures were denoted as using “other specifications” when the state deviated substantially from the Adult Core Set specifications, such as using alternate data sources, different populations, or other methodologies.

Data from previous years may be updated based on new information received after publication of the 2021 Chart Pack.

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



# Geographic Variation in the Number of Adult Core Set Measures Reported by States, FFY 2022



**15** states reported at least 29 of the 33 Adult Core Set measures for FFY 2022

Sources: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023 and National Core Indicators (NCI) data submitted by states to the NCI National Team for the July 1, 2021 to June 30, 2022 data collection period.

Notes: The term "states" includes the 50 states, the District of Columbia, and Puerto Rico. The 2022 Adult Core Set includes 33 measures.

# Populations Included in Frequently Reported Adult Core Set Measures for FFY 2022, By Domain

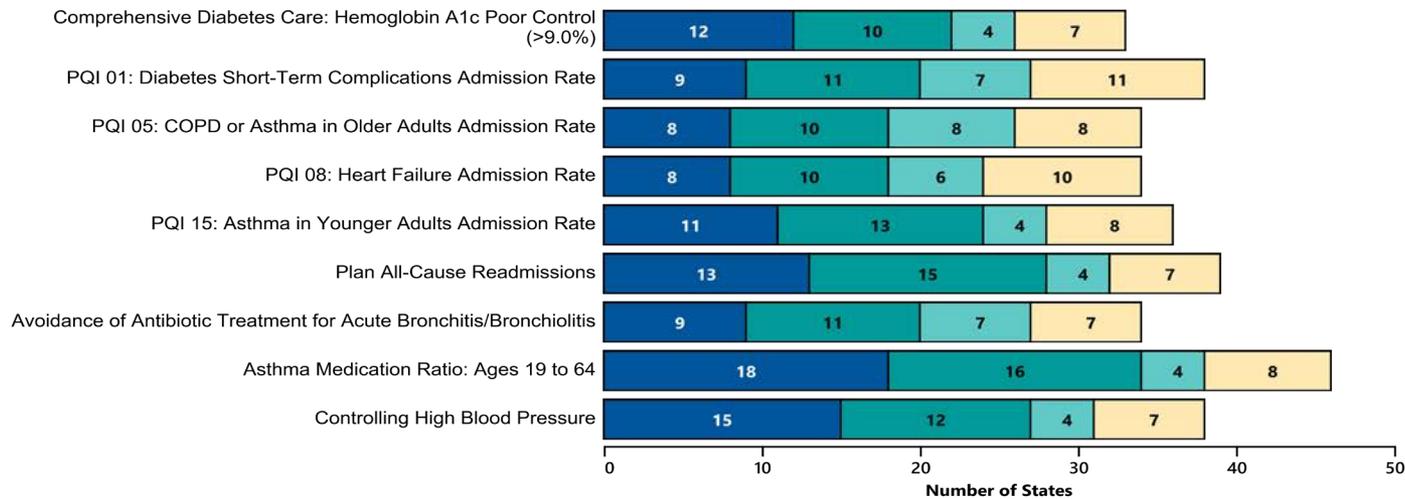
## Primary Care Access and Preventive Care



## Maternal and Perinatal Health



## Care of Acute and Chronic Conditions

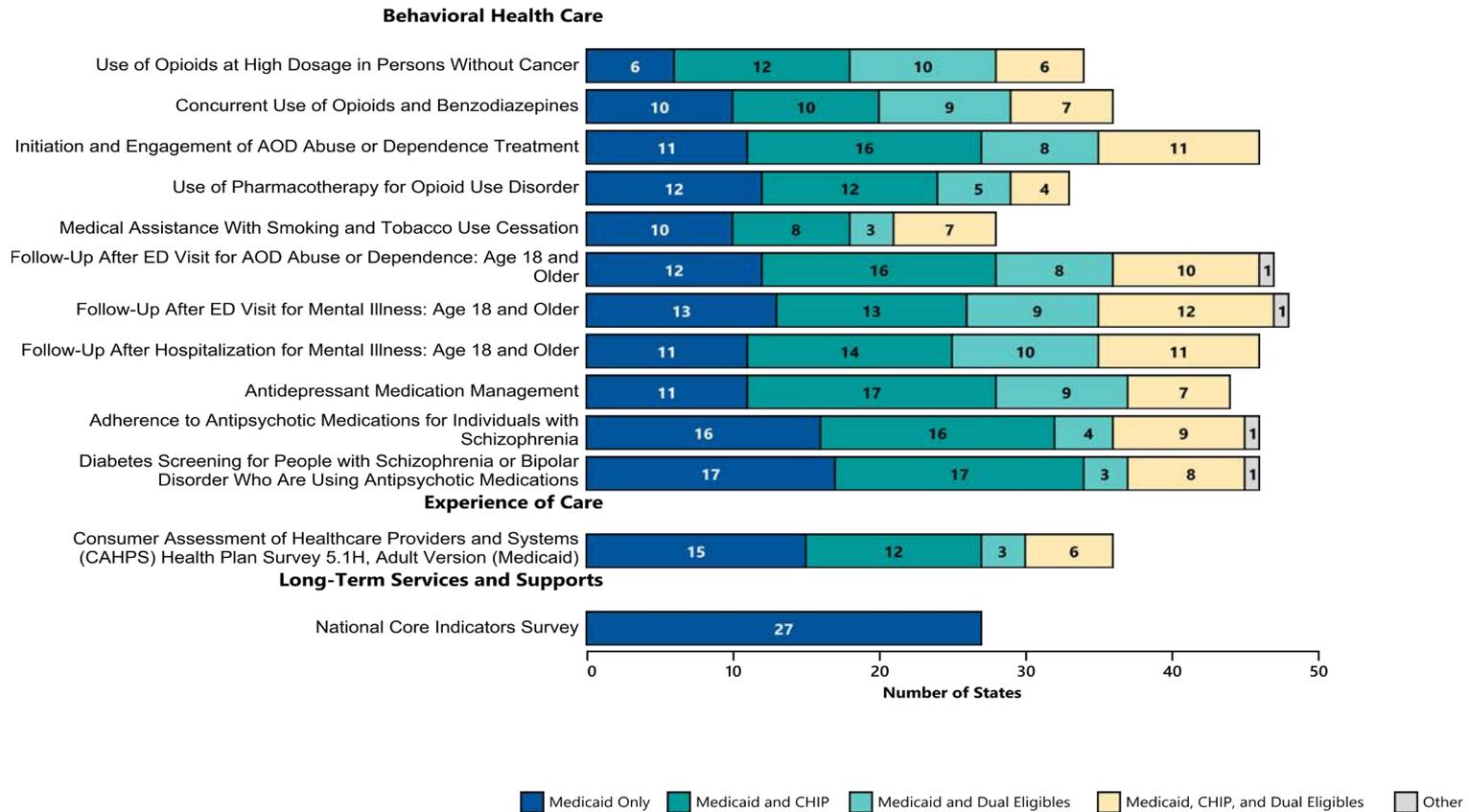


■ Medicaid Only 
 ■ Medicaid and CHIP 
 ■ Medicaid and Dual Eligibles 
 ■ Medicaid, CHIP, and Dual Eligibles 
 ■ Other

Chart is continued on next slide.



# Populations Included in Frequently Reported Adult Core Set Measures for FFY 2022, By Domain (continued)



Sources: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023 and National Core Indicators (NCI) data submitted by states to the NCI National Team for the July 1, 2021 to June 30, 2022 data collection period.

Notes: This chart includes measures that were reported by at least 25 states for FFY 2022 that met CMS standards for data quality. "Dual eligibles" refers to beneficiaries dually enrolled in both Medicare and Medicaid. "Other" population indicates that a state reported that the data include an "Other" population and did not select any of the listed categories.

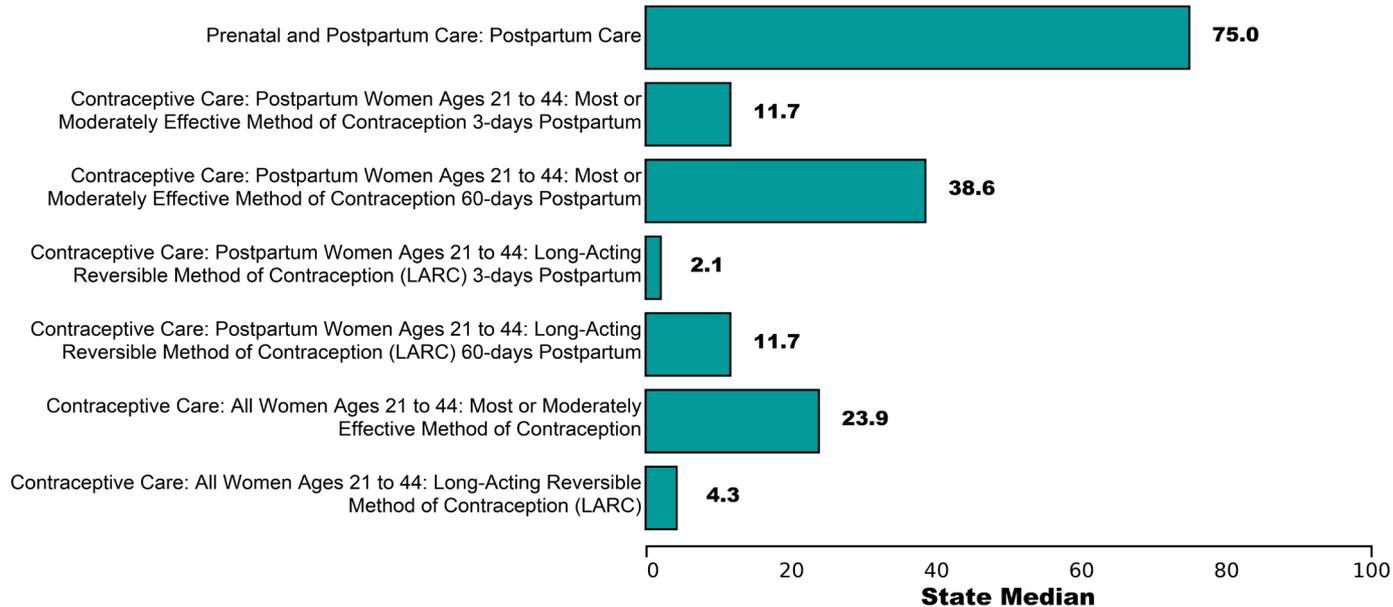


# Median Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2022, By Domain

## Primary Care Access and Preventive Care



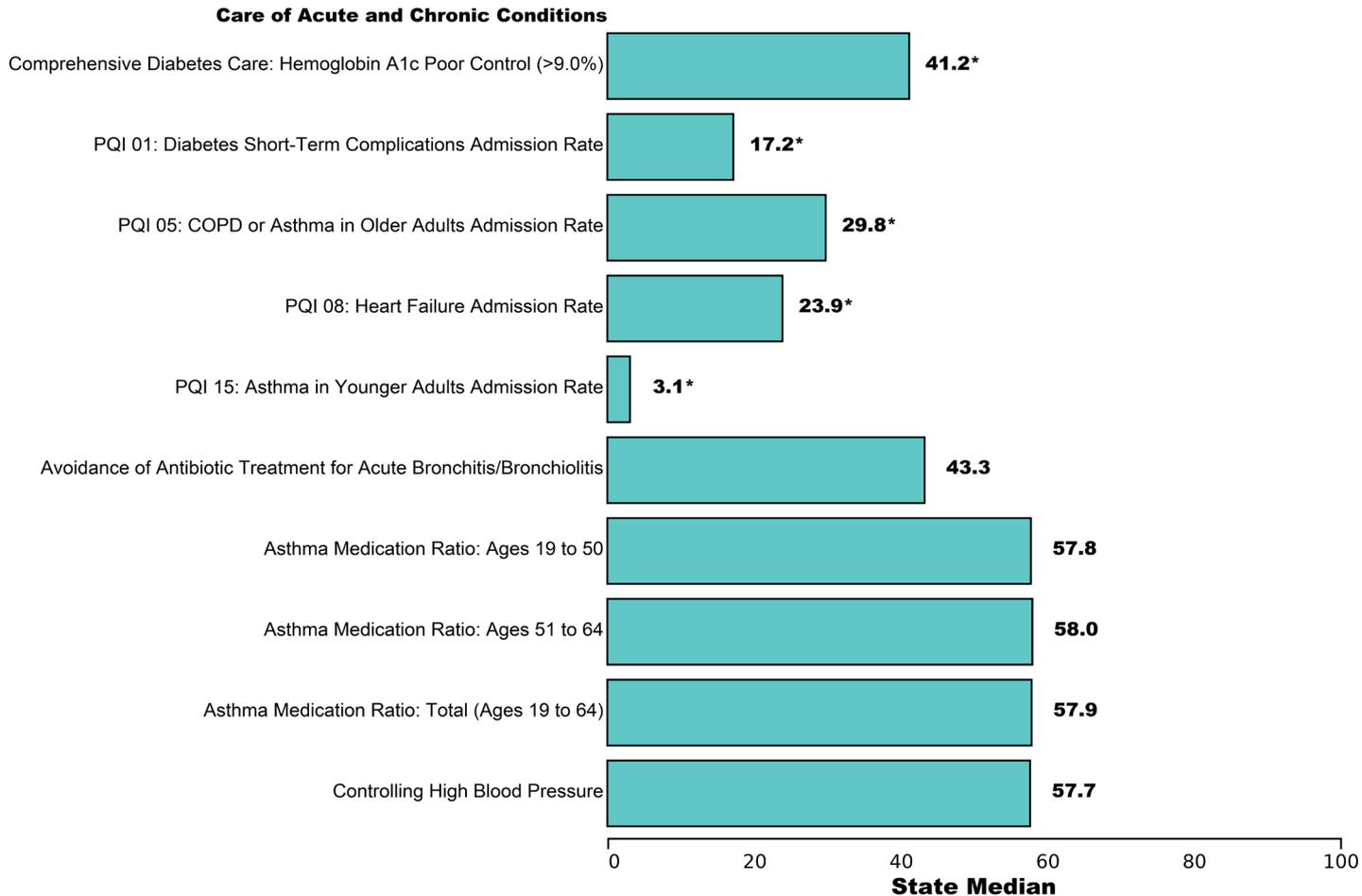
## Maternal and Perinatal Health



All medians are reported as percentages except for measures PQI 01, PQI 05, PQI 08, and PQI 15, which are reported as rates per 100,000 beneficiary months.

Chart is continued on the next slide.

# Median Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2022, By Domain (continued)

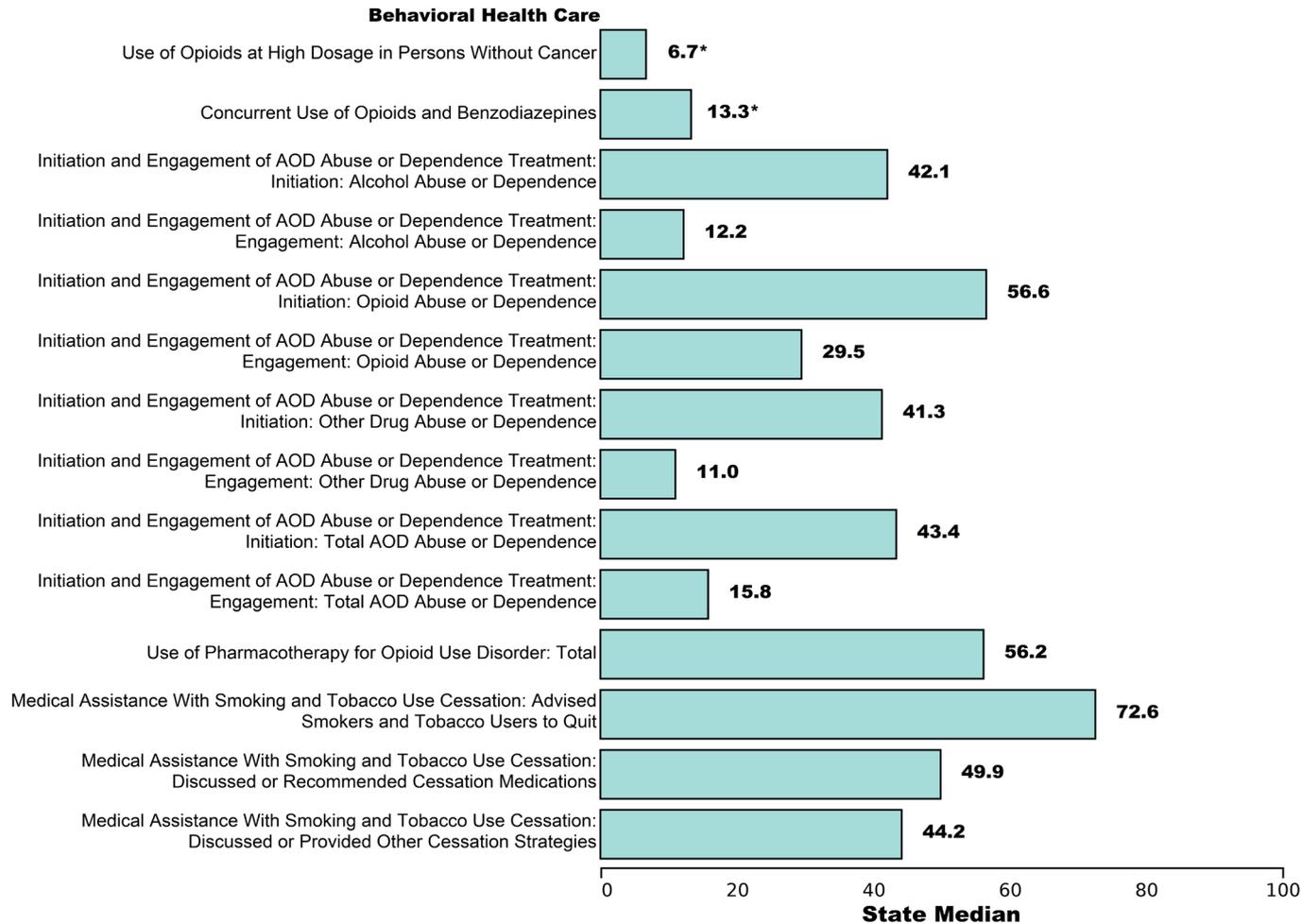


All medians are reported as percentages except for measures PQI 01, PQI 05, PQI 08, and PQI 15, which are reported as rates per 100,000 beneficiary months.

\* Lower rates are better for this measure.

Chart is continued on the next slide.

# Median Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2022, By Domain (continued)

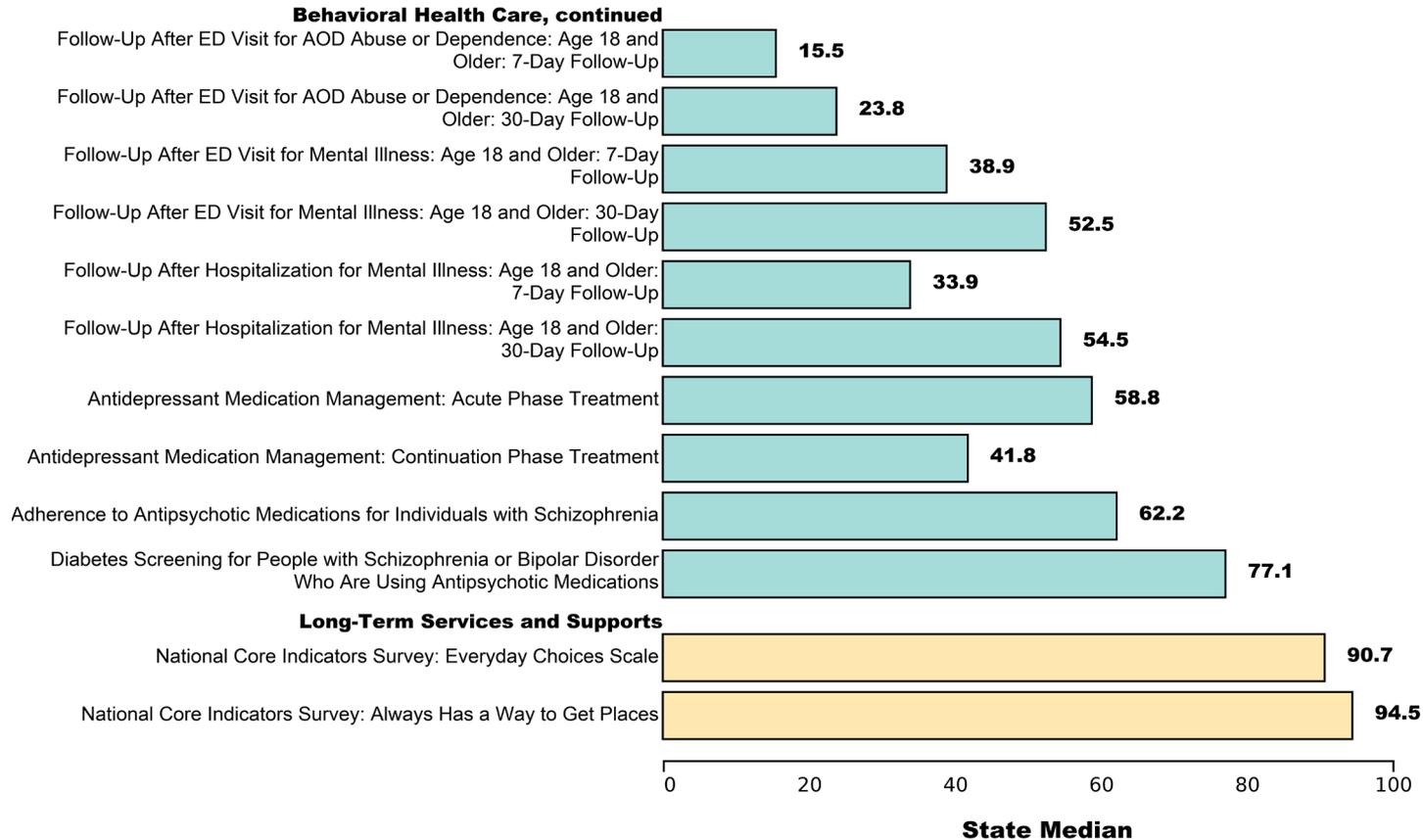


All medians are reported as percentages except for measures PQI 01, PQI 05, PQI 08, and PQI 15, which are reported as rates per 100,000 beneficiary months.

\* Lower rates are better for this measure.

Chart is continued on the next slide.

# Median Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2022, By Domain (continued)



Sources: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023 and National Core Indicators (NCI) data submitted by states to the NCI National Team for the July 1, 2021 to June 30, 2022 data collection period.

Notes: This chart includes measures that were reported by at least 25 states for FFY 2022 that met CMS standards for data quality. All medians are reported as percentages except for measures PQI 01, PQI 05, PQI 08, and PQI 15, which are reported as rates per 100,000 beneficiary months. This chart excludes the Plan All-Cause Readmissions measure, which uses a different summary statistic than those in this chart. This chart excludes the CAHPS Health Plan Survey measure because state-specific performance data are not available for this measure.



# Primary Care Access and Preventive Care

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

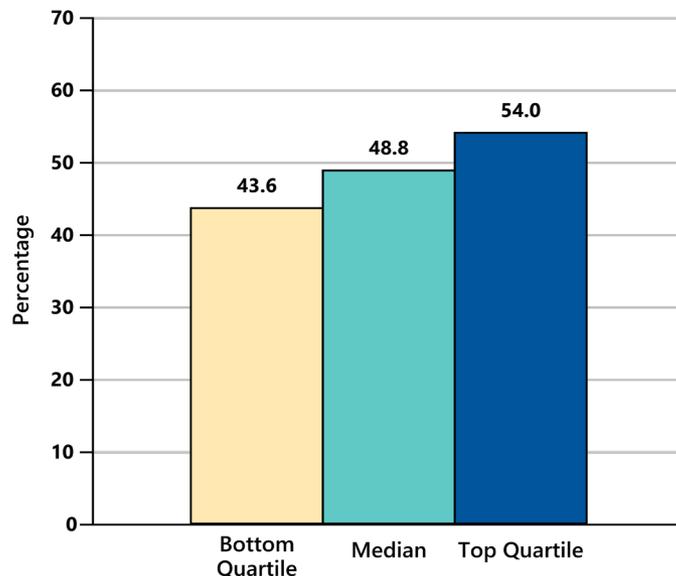
Four Adult Core Set measures of primary care access and preventive care were available for analysis for FFY 2022. These measures are among the most frequently reported measures in the Adult Core Set.

- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women Ages 21 to 24
- Flu Vaccinations for Adults Ages 18 to 64

# Breast Cancer Screening

Breast cancer causes approximately 42,000 deaths in the United States each year. The U.S. Preventive Services Task Force recommends that women between the ages of 50 and 74 undergo mammography screening once every two years. Early detection via mammography screening and subsequent treatment can reduce breast cancer mortality for women in this age range.

## Percentage of Women Ages 50 to 64 who had a Mammogram to Screen for Breast Cancer (BCS-AD), FFY 2022 (n = 46 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

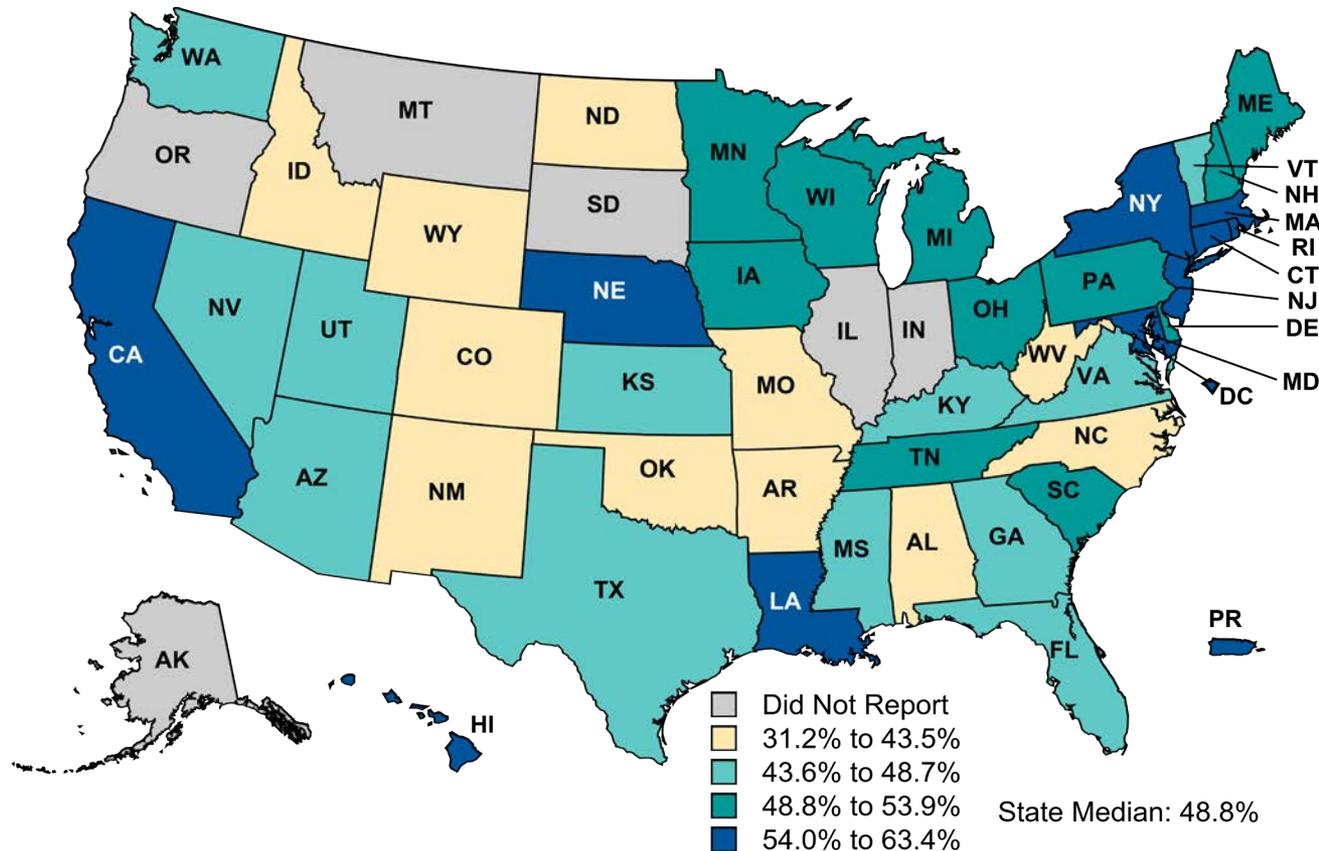
Notes: This measure shows the percentage of women ages 50 to 64 who received a mammogram to screen for breast cancer during the measurement year or the two years prior to the measurement year. States report two age stratifications for this measure for the Adult Core Set: Ages 50 to 64 and Ages 65 to 74. This chart shows reporting for the Ages 50 to 64 rate. However, some states may have reported a rate for Ages 50 to 74.

A median of **49** percent of women ages 50 to 64 received a mammogram to screen for breast cancer (46 states)



# Breast Cancer Screening (continued)

**Geographic Variation in the Percentage of Women Ages 50 to 64 who had a Mammogram to Screen for Breast Cancer (BCS-AD), FFY 2022 (n = 46 states)**



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

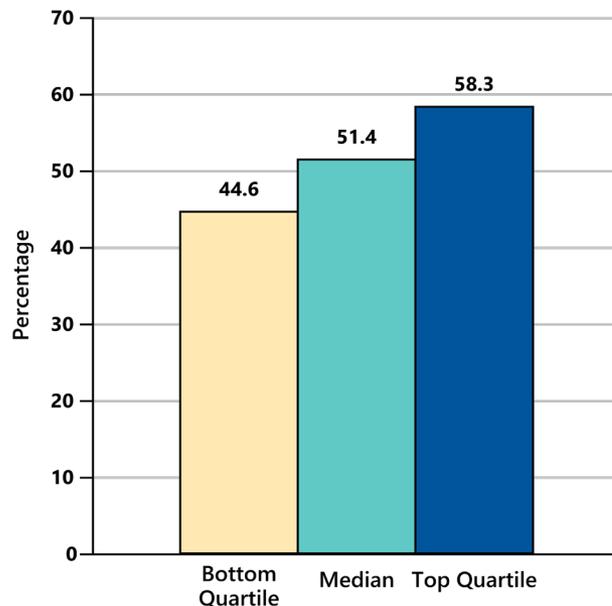
Note: States report two age stratifications for this measure for the Adult Core Set: Ages 50 to 64 and Ages 65 to 74. This chart shows reporting for the Ages 50 to 64 rate. However, some states may have reported a rate for Ages 50 to 74.



# Cervical Cancer Screening

Approximately 14,000 new cases of cervical cancer and 4,300 deaths due to cervical cancer occur in the United States each year. The U.S. Preventive Services Task Force recommends that women ages 21 to 65 receive regular screening for cervical cancer through either a cervical cytology (Pap smear) test or, for women ages 30 to 65, a combination of cervical cytology and human papillomavirus (HPV) testing. When pre-cancerous lesions or early stage cancer are detected through screening, cervical cancer can usually be prevented or treated effectively.

**Percentage of Women Ages 21 to 64 who were Screened for Cervical Cancer (CCS-AD), FFY 2022 (n = 46 states)**



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

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

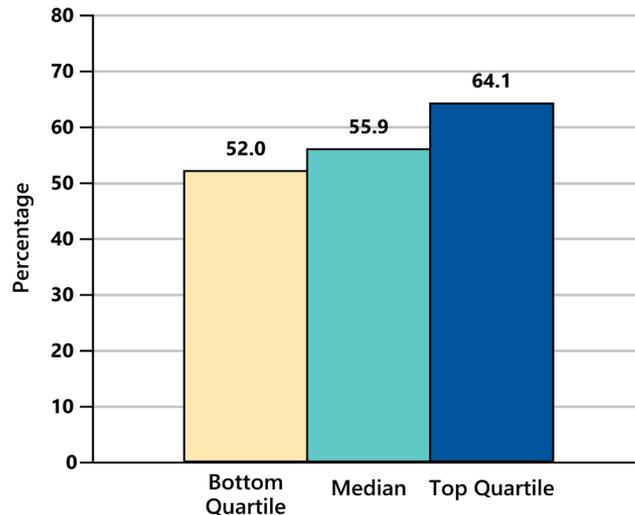
A median of **51** percent of women ages 21 to 64 were screened for cervical cancer (46 states)



# Chlamydia Screening in Women Ages 21 to 24

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

## Percentage of Sexually Active Women Ages 21 to 24 who were Screened for Chlamydia (CHL-AD), FFY 2022 (n = 46 states)



A median of **56** percent of sexually active women ages 21 to 24 were screened for chlamydia (46 states)

Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: This measure shows the percentage of women ages 21 to 24 who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

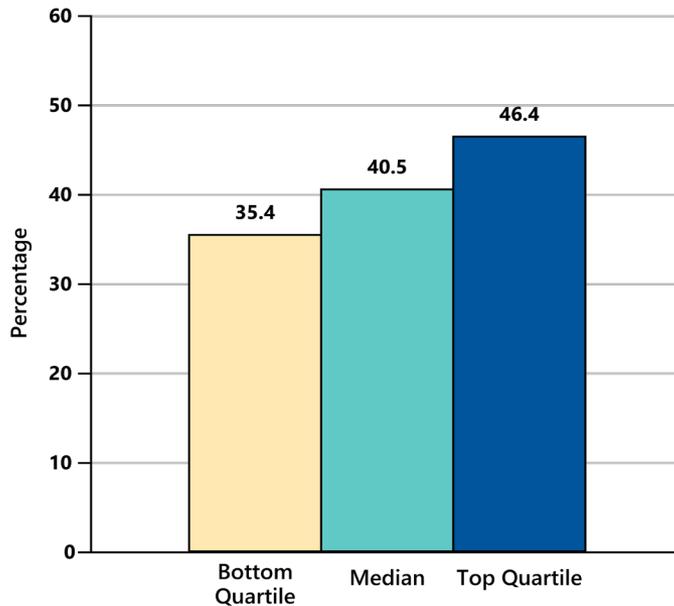




# Flu Vaccinations for Adults Ages 18 to 64

Influenza (flu) is a highly contagious respiratory disease that can result in serious illness, hospitalization, and even death. Flu vaccination can prevent infections and reduce medical visits, hospitalizations, and deaths. In particular, flu vaccination is an important preventive tool for people with chronic health conditions who are at high risk for flu complications. The Centers for Disease Control and Prevention (CDC) recommends an annual flu vaccine for everyone six months and older. This measure assesses the percentage of adults ages 18 to 64 who reported receiving a flu vaccination.

**Percentage of Adults Ages 18 to 64 who Received a Flu Vaccination (FVA-AD), FFY 2022 (n = 28 states)**



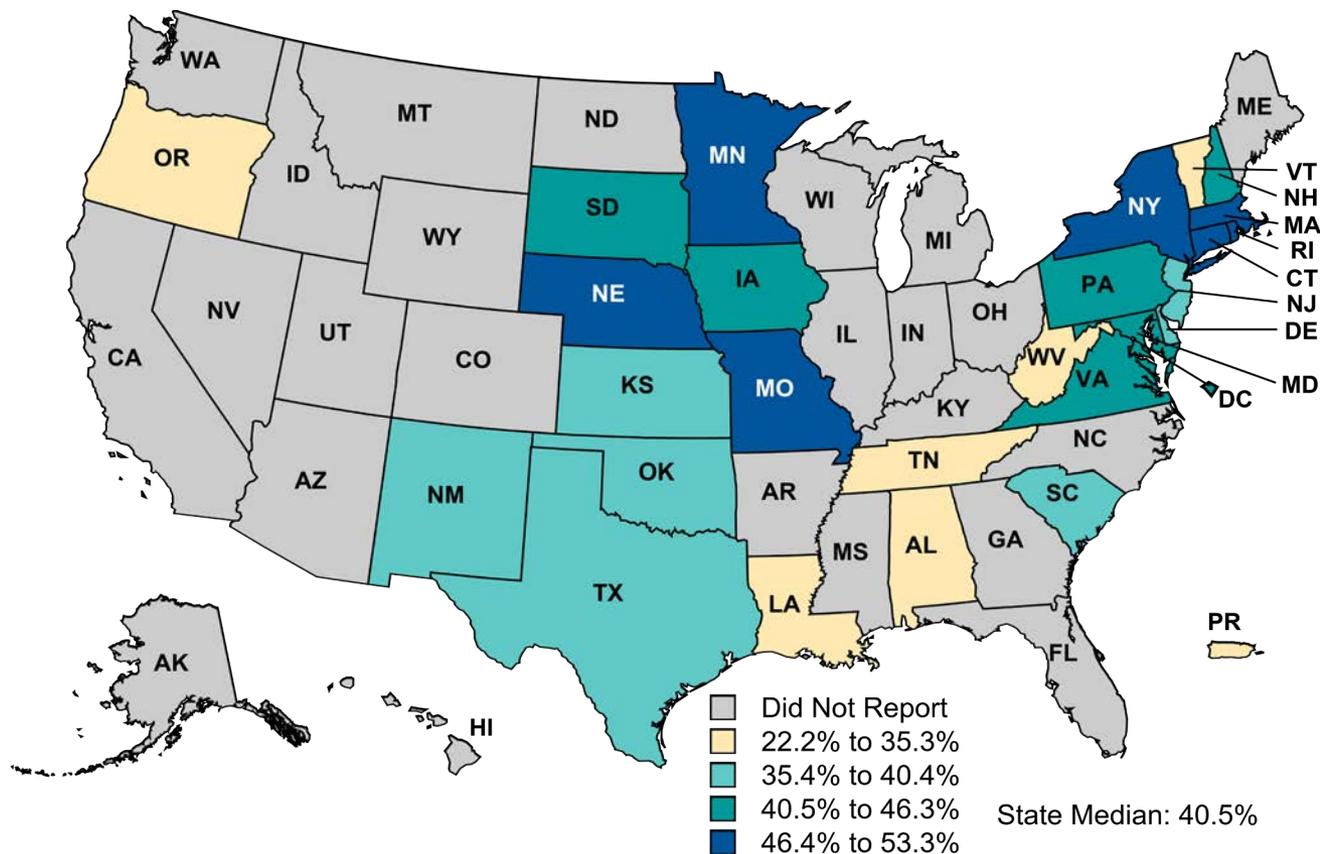
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of adults ages 18 to 64 who reported that they received either a flu shot or flu spray in the nose between July 1 of the measurement year and the date when the CAHPS 5.1H Adult Survey was completed. Rates are the percentage of adults answering “Yes” among the beneficiaries who answered “Yes” or “No” to the survey question.

A median of **41** percent of adults ages 18 to 64 received an influenza vaccination (28 states)

# Flu Vaccinations for Adults Ages 18 to 64 (continued)

Geographic Variation in the Percentage of Adults Ages 18 to 64 who Received a Flu Vaccination (FVA-AD), FFY 2022 (n = 28 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

# Maternal and Perinatal Health

As the largest payer for maternity care in the United States, Medicaid has an important role to play in improving maternal and perinatal health outcomes. Despite improvements in access to coverage and care, the rate of births reported as preterm or low birth weight among women in Medicaid is higher than the rate for those who are privately insured.<sup>1</sup> 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 analysis for FFY 2022.

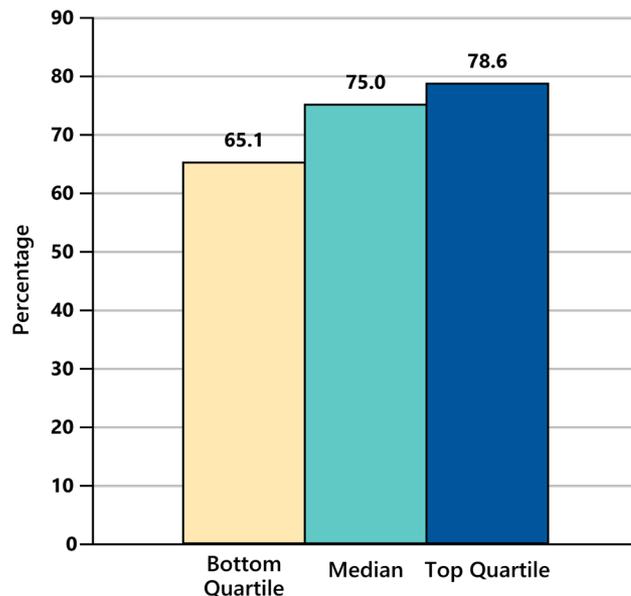
- Prenatal and Postpartum Care: Postpartum Care
- Contraceptive Care: Postpartum Women Ages 21 to 44
- Contraceptive Care: All Women Ages 21 to 44

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

## Prenatal and Postpartum Care: Postpartum Care

Postpartum visits provide an opportunity to assess women's physical recovery from pregnancy and childbirth, and to address chronic health conditions (such as diabetes and hypertension), mental health status (including postpartum depression), and family planning (including contraception and birth). The postpartum care measure assesses how often women delivering a live birth received timely postpartum care (between 7 and 84 days after delivery).

### Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 7 and 84 Days after Delivery (PPC-AD), FFY 2022 (n = 44 states)



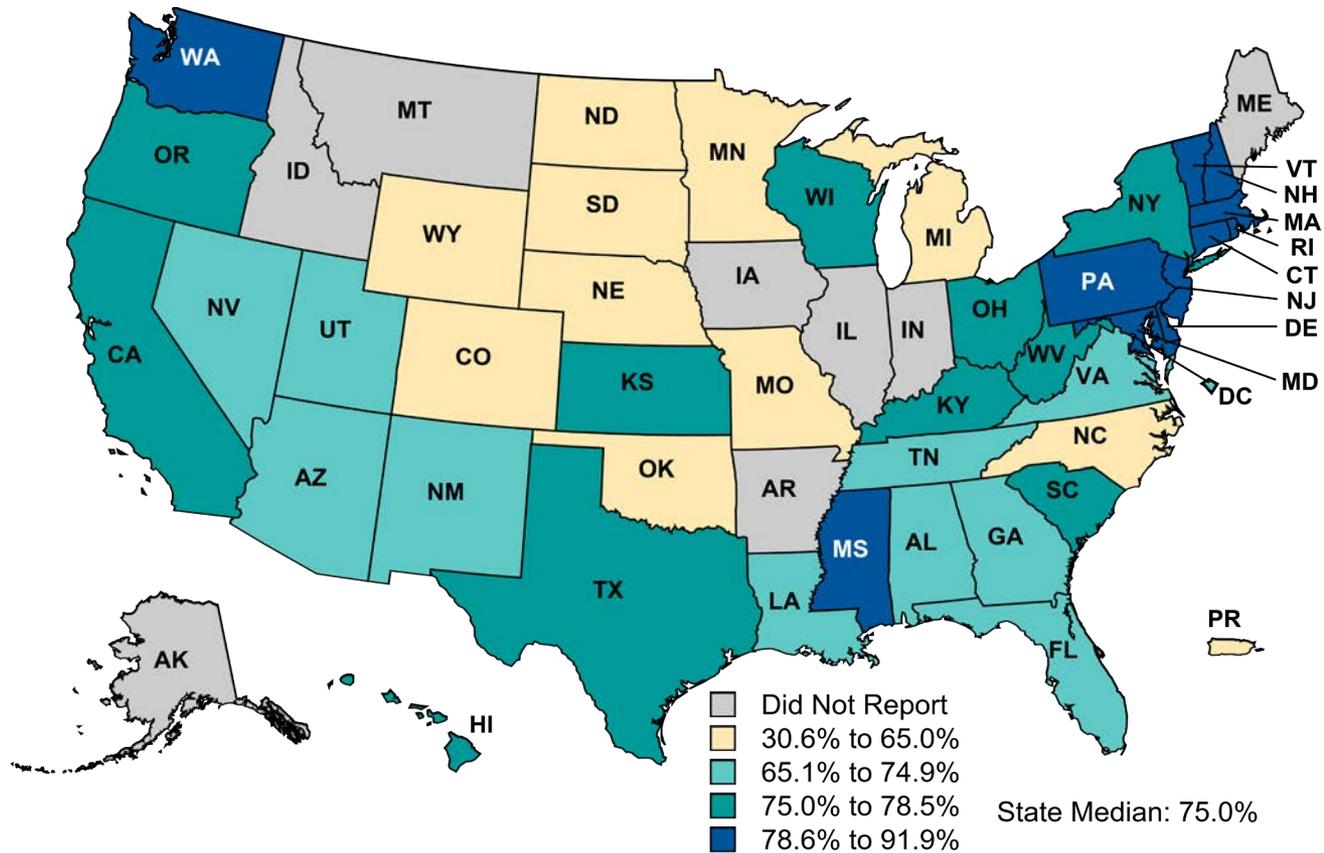
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: This measure shows the percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery.

A median of **75** percent of women delivering a live birth had a postpartum care visit on or between 7 and 84 days after delivery (44 states)

# Prenatal and Postpartum Care: Postpartum Care (continued)

Geographic Variation in the Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 7 and 84 Days after Delivery (PPC-AD), FFY 2022 (n = 44 states)

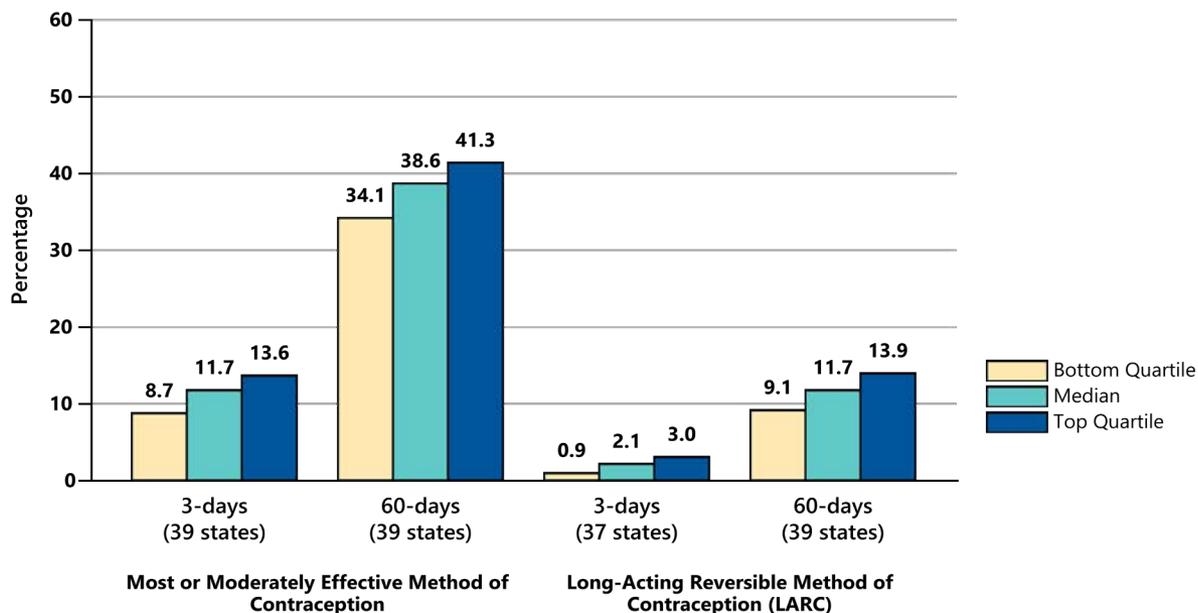


Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

# Contraceptive Care: Postpartum Women Ages 21 to 44

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

## Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Most Effective or Moderately Effective Method of Contraception and the Percentage who were Provided a Long-Acting Reversible Method of Contraception (LARC) Within 3 and 60 Days of Delivery (CCP-AD), FFY 2022



Among postpartum women ages 21 to 44 who had a live birth, a median of **39** percent received a most or moderately effective method of contraception within 60 days of delivery (39 states)

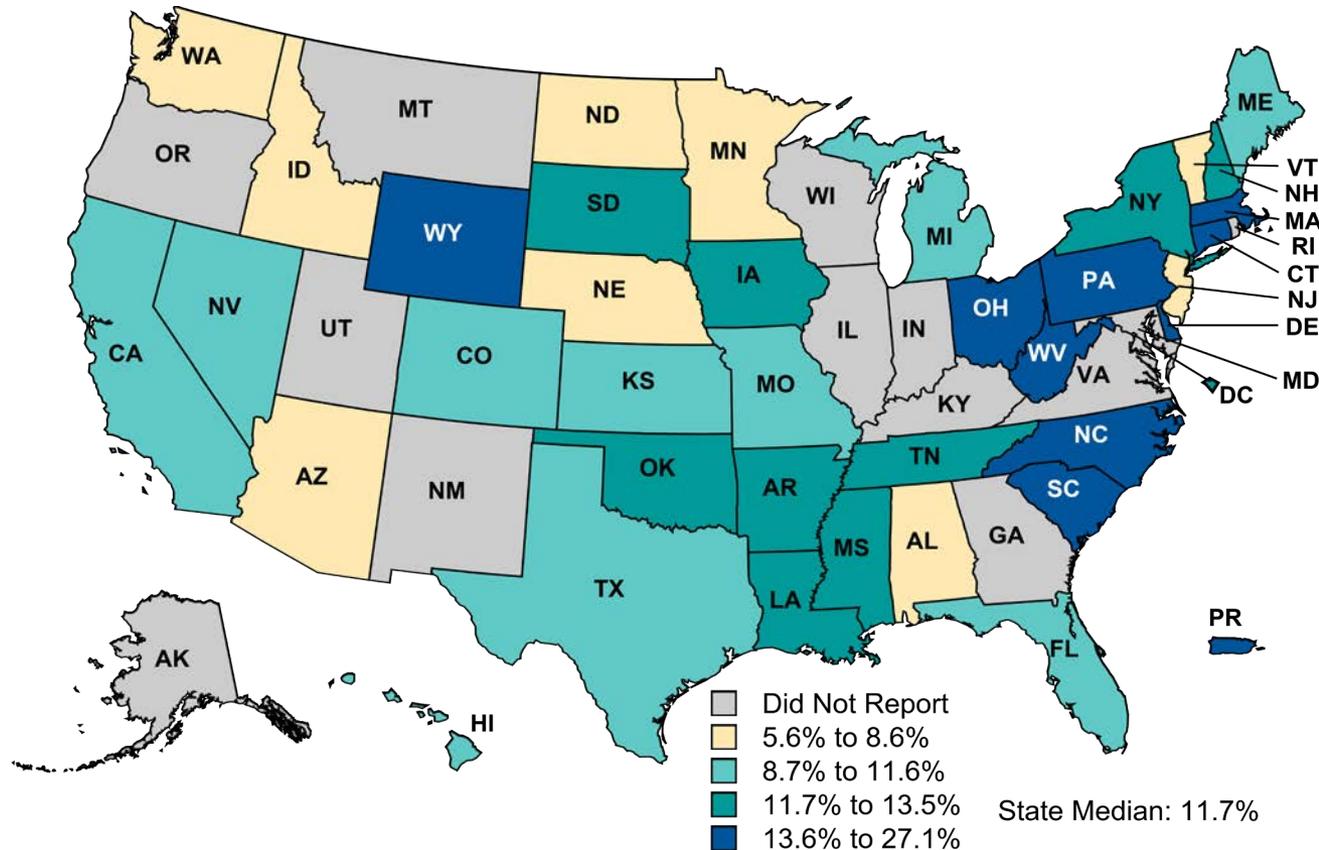
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

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



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

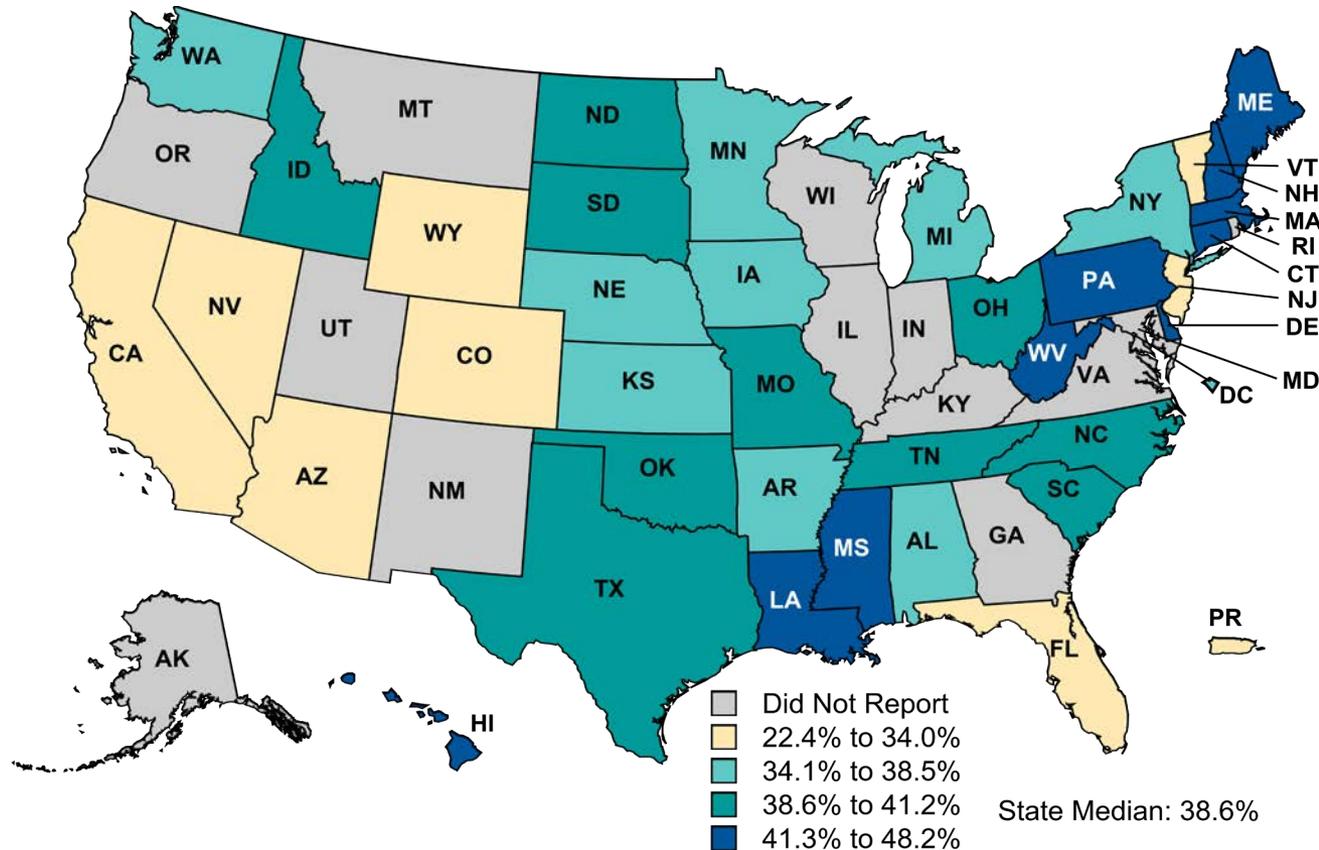
Geographic Variation in the Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Most Effective or Moderately Effective Method of Contraception Within 3 Days of Delivery (CCP-AD), FFY 2022 (n = 39 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

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

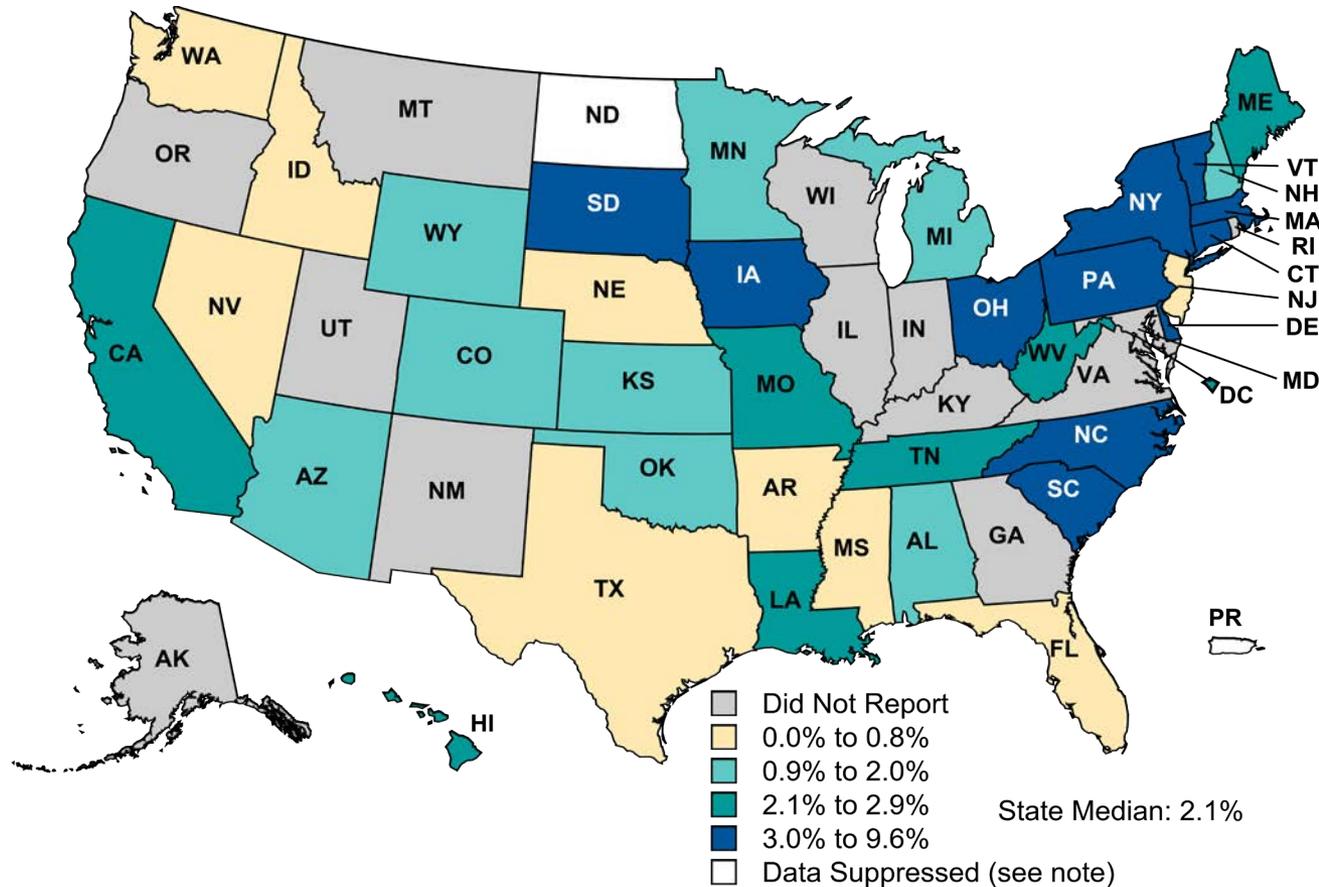
Geographic Variation in the Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Most Effective or Moderately Effective Method of Contraception Within 60 Days of Delivery (CCP-AD), FFY 2022 (n = 39 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

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

Geographic Variation in the Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Long-Acting Reversible Method of Contraception (LARC) within 3 Days of Delivery (CCP-AD), FFY 2022 (n = 37 states)

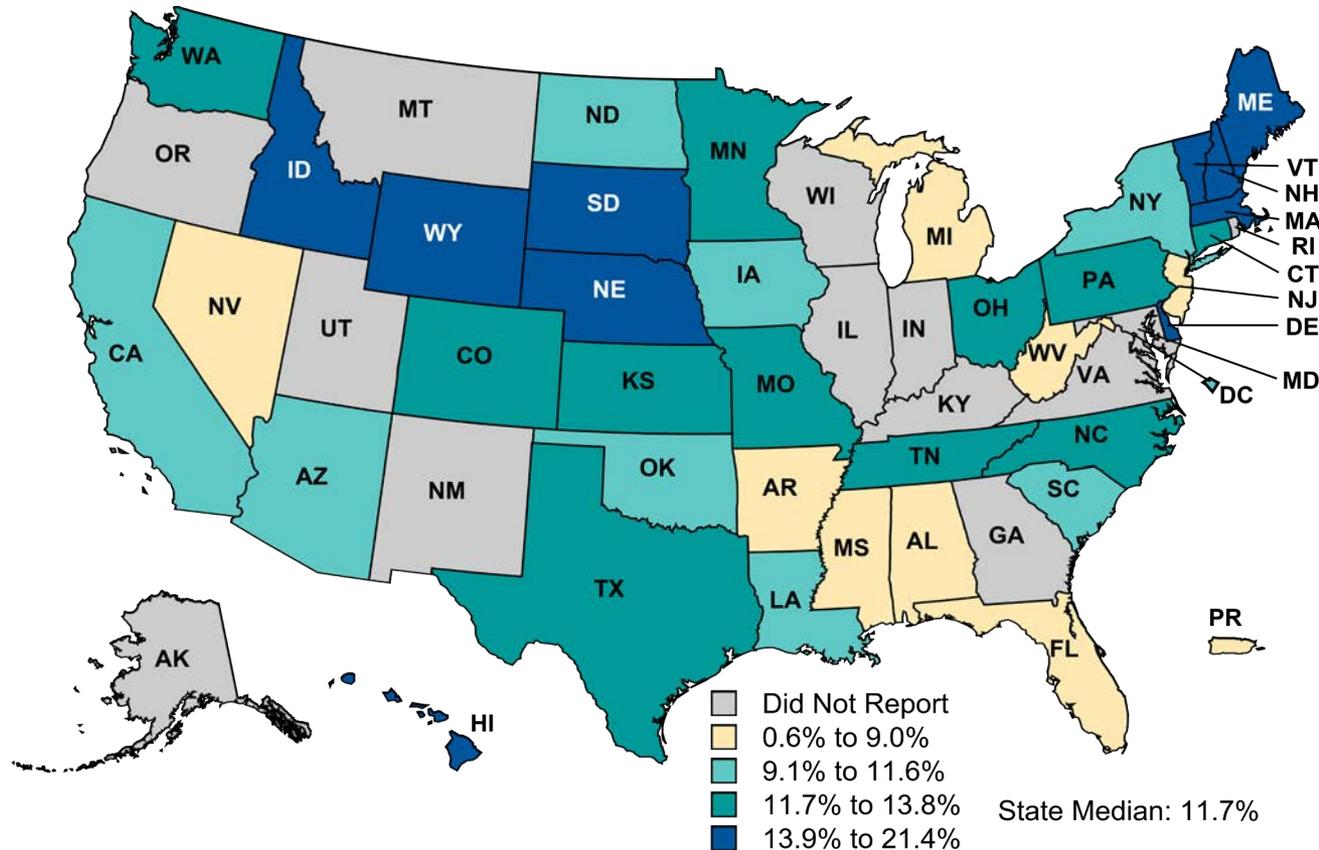


Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: Data were suppressed for the LARC 3-days postpartum rate for North Dakota and Puerto Rico due to small cell sizes.

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

Geographic Variation in the Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Long-Acting Reversible Method of Contraception (LARC) within 60 Days of Delivery (CCP-AD), FFY 2022 (n = 39 states)

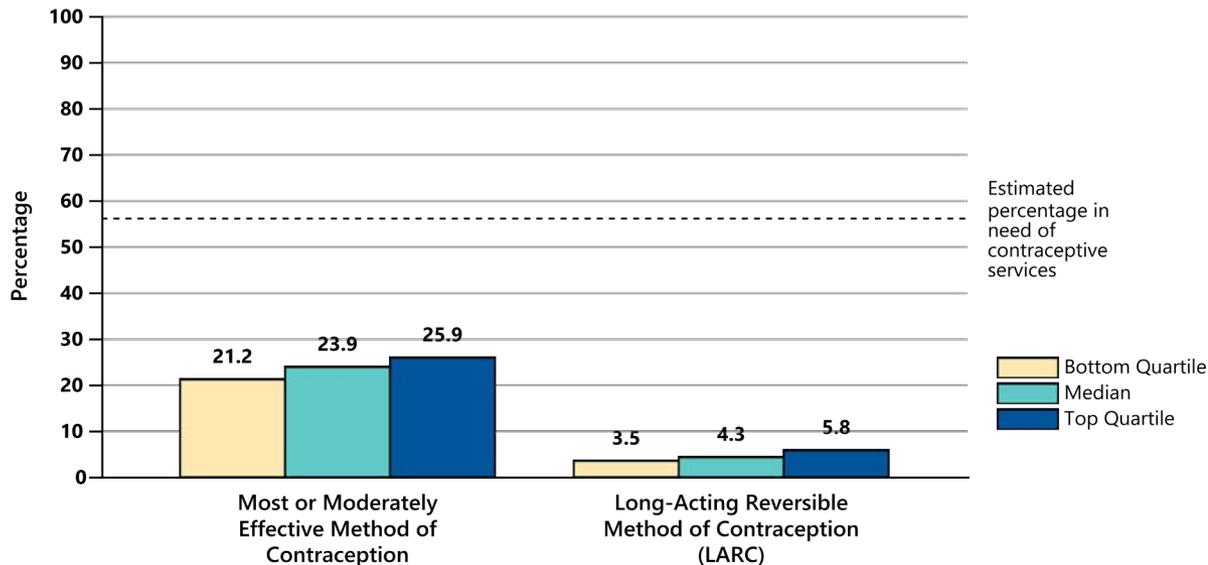


Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

# Contraceptive Care: All Women Ages 21 to 44

Increasing access to effective forms of contraception is a strategy for reducing unintended pregnancy. This measure assesses the percentage of women ages 21 to 44 at risk of unintended pregnancy who were provided a most or moderately effective method of contraception as well as the percentage who were provided a long-acting reversible method of contraception (LARC). The goal of this measure is to provide an indicator to assess the provision of most or moderately effective contraceptive methods and see where there is room for improvement. 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 this measure.<sup>1</sup>

**Percentage of All Women Ages 21 to 44 at Risk of Unintended Pregnancy who were Provided a Most Effective or Moderately Effective Method of Contraception and the Percentage who were Provided a Long-Acting Reversible Method of Contraception (LARC) (CCW-AD), FFY 2022 (n = 39 states)**



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: This measure shows the percentage of women ages 21 to 44 at risk of unintended pregnancy who were provided: (1) a most effective or moderately effective method of contraception; (2) a long-acting reversible method of contraception (LARC).

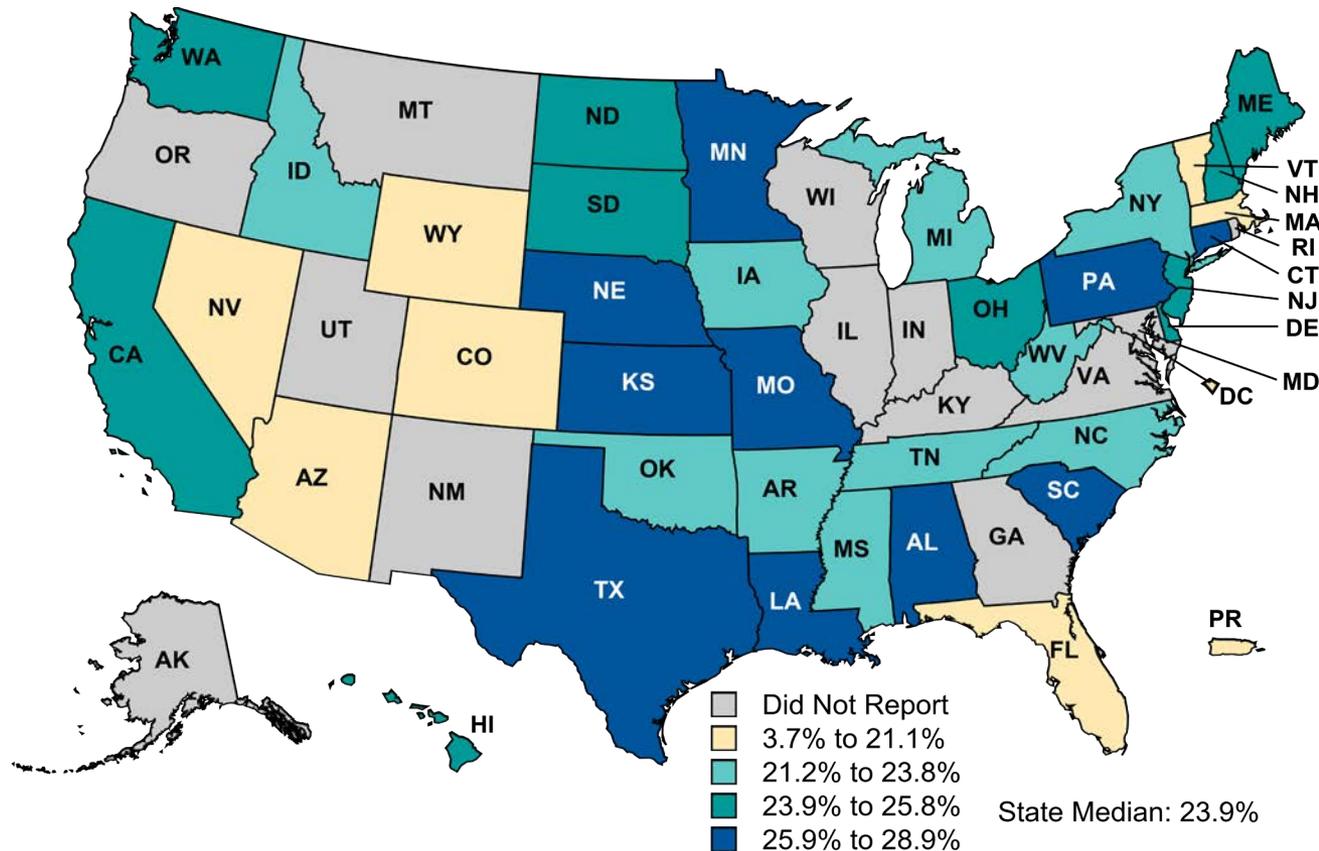
<sup>1</sup> More information is available at <https://opa.hhs.gov/sites/default/files/2020-07/interpreting-rates-for-contraceptive-care-measures.pdf>.

Among women ages 21 to 44 at risk of unintended pregnancy, a median of **24** percent received a most or moderately effective method of contraception (39 states)



# Contraceptive Care: All Women Ages 21 to 44: Most or Moderately Effective Method of Contraception (continued)

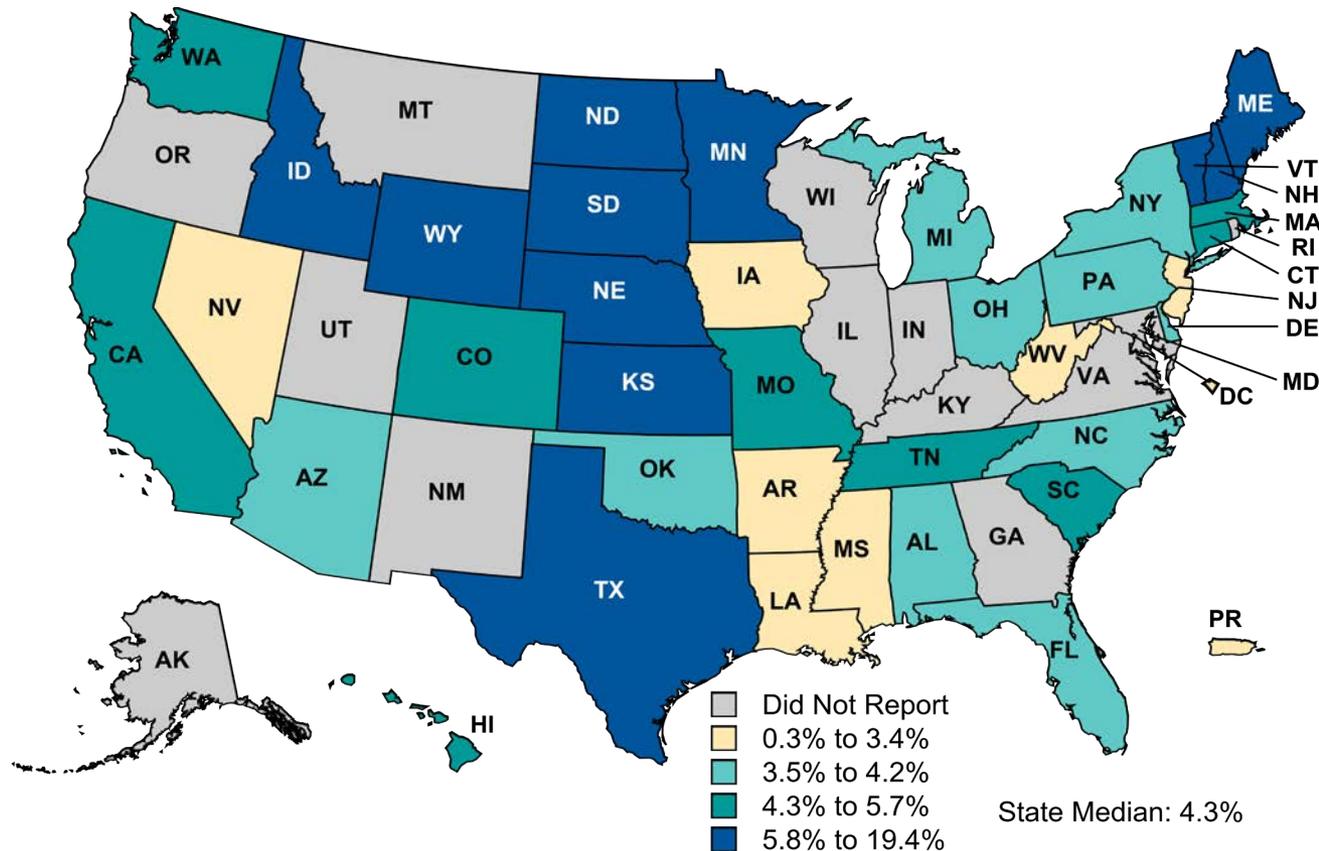
Geographic Variation in the Percentage of All Women Ages 21 to 44 at Risk of Unintended Pregnancy who were Provided a Most Effective or Moderately Effective Method of Contraception (CCW-AD), FFY 2022 (n = 39 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

# Contraceptive Care: All Women Ages 21 to 44: LARC (continued)

Geographic Variation in the Percentage of All Women Ages 21 to 44 at Risk of Unintended Pregnancy who were Provided a Long-Acting Reversible Method of Contraception (LARC) (CCW-AD), FFY 2022 (n = 39 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

# Care of Acute and Chronic Conditions

The extent to which adults receive safe, timely, and effective care for acute and chronic conditions is a key indicator of the quality of care provided in Medicaid. Visits for routine screening and monitoring play an important role in managing the health care needs of people with acute and chronic conditions, potentially avoiding or slowing disease progression, and reducing costly avoidable hospital admissions and emergency department visits. The prevalence of chronic illnesses is high among adults covered by Medicaid.<sup>1</sup> 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 the care of acute and chronic conditions were available for analysis for FFY 2022.

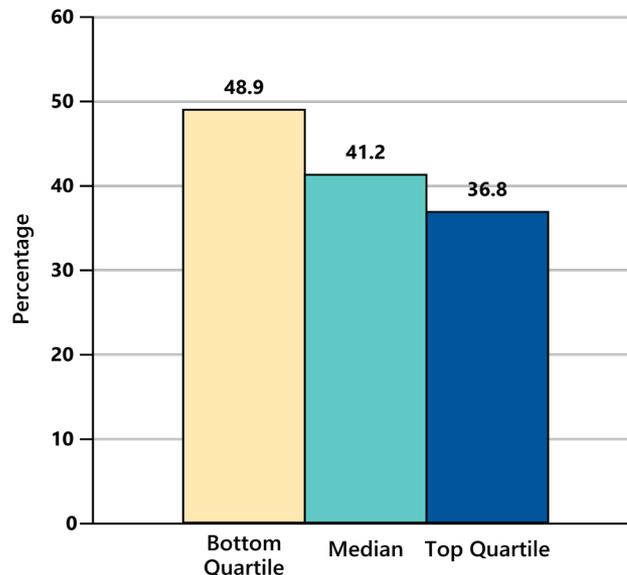
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- PQI 01: Diabetes Short-Term Complications Admission Rate
- PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate
- PQI 08: Heart Failure Admission Rate
- PQI 15: Asthma in Younger Adults Admission Rate
- Plan All-Cause Readmissions
- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
- Asthma Medication Ratio: Ages 19 to 64
- Controlling High Blood Pressure

<sup>1</sup> <https://www.medicaid.gov/sites/default/files/2023-04/beneficiary-profile-2023.pdf>.

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

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

**Percentage of Adults Ages 18 to 64 with Diabetes (Type 1 or Type 2) who had Hemoglobin A1c in Poor Control (>9.0%) (HPC-AD), FFY 2022 (n = 33 states)**  
[Lower rates are better for this measure]



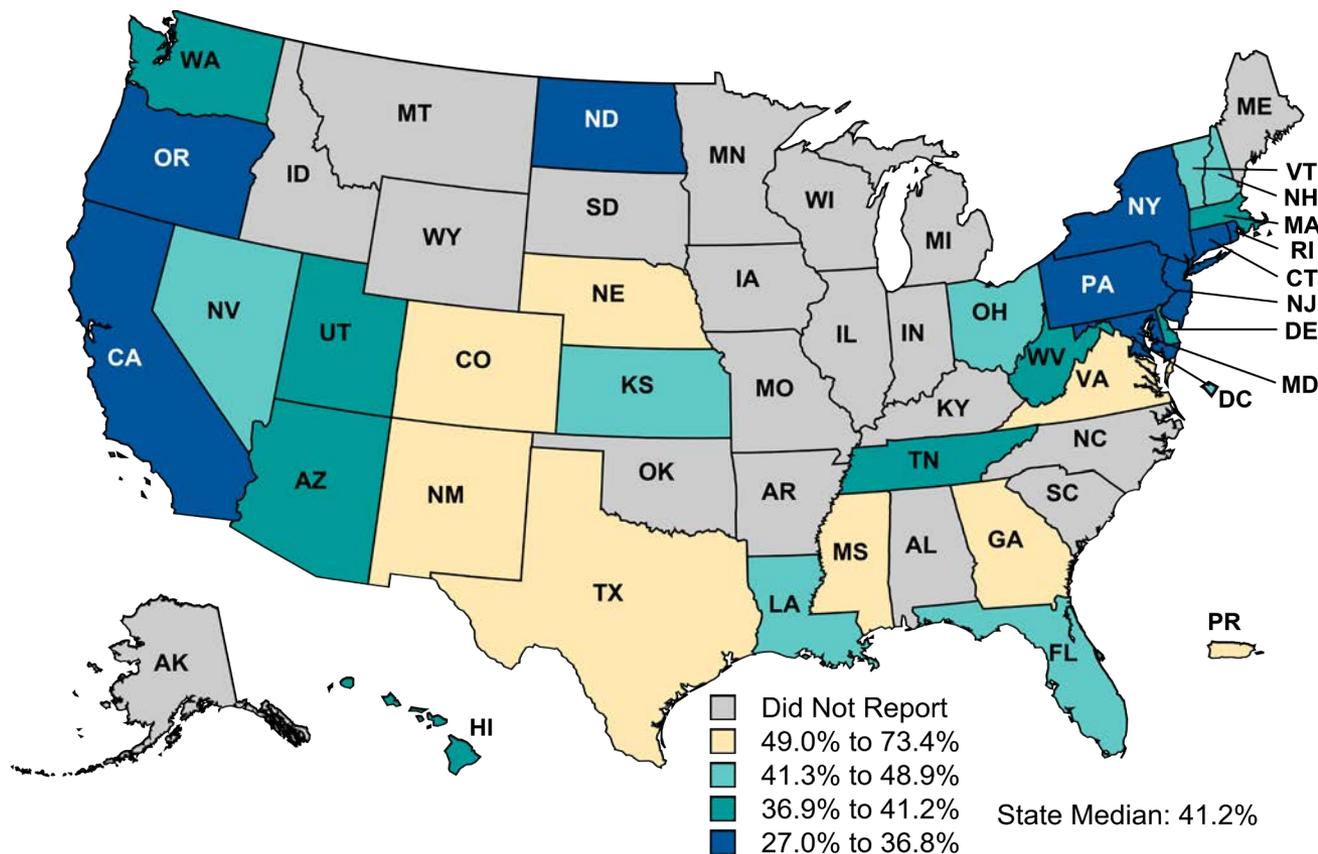
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of adults ages 18 to 75 with diabetes (type 1 or type 2) who had hemoglobin A1c (HbA1c) in poor control (>9.0%) during the measurement year. States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Ages 65 to 75. This chart shows reporting for the Ages 18 to 64 rate. However, some states may have reported a rate for Ages 18 to 75. This chart excludes Arkansas, which calculated the measure but did not use Adult Core Set specifications.

A median of **41** percent of adults ages 18 to 64 with diabetes had HbA1c in poor control (>9.0%) (33 states)

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

Geographic Variation in the Percentage of Adults Ages 18 to 64 with Diabetes (Type 1 or Type 2) who had Hemoglobin A1c in Poor Control (>9.0%) (HPC-AD), FFY 2022 (n = 33 states) [Lower rates are better for this measure]



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

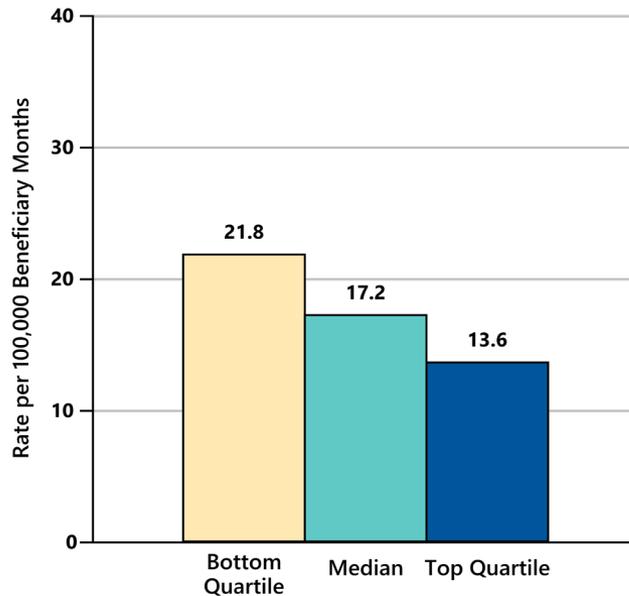
Notes: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Ages 65 to 75. This chart shows reporting for the Ages 18 to 64 rate. However, some states may have reported a rate for Ages 18 to 75. This chart excludes Arkansas, which calculated the measure but did not use Adult Core Set specifications.



# PQI 01: Diabetes Short-Term Complications Admission Rate

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

**Number of Inpatient Hospital Admissions for Diabetes Short-Term Complications per 100,000 Beneficiary Months for Adults Ages 18 to 64 (PQI01-AD), FFY 2022 (n = 38 states)**  
[Lower rates are better for this measure]



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the number of inpatient hospital admissions for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 beneficiary months for adults age 18 and older. States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and older. This chart shows reporting for the Ages 18 to 64 rate. However, some states may have reported a rate for Age 18 and older.

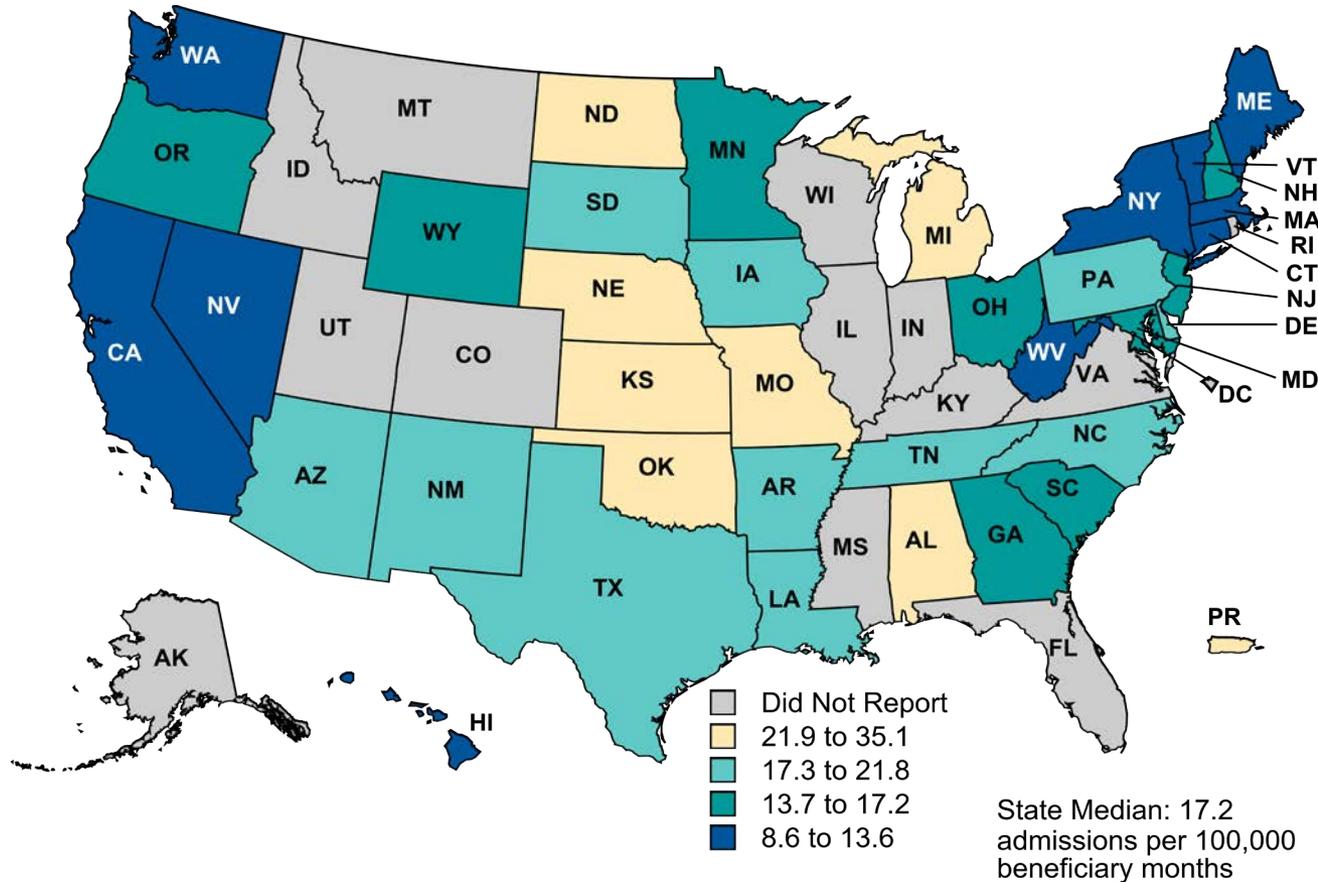
Adults ages 18 to 64 had a median of

**17** inpatient hospital admissions for diabetes short-term complications per 100,000 beneficiary months (38 states)



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

Geographic Variation in the Number of Inpatient Hospital Admissions for Diabetes Short-Term Complications per 100,000 Beneficiary Months for Adults Ages 18 to 64 FFY 2022 (n = 38 states) [Lower rates are better for this measure]



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

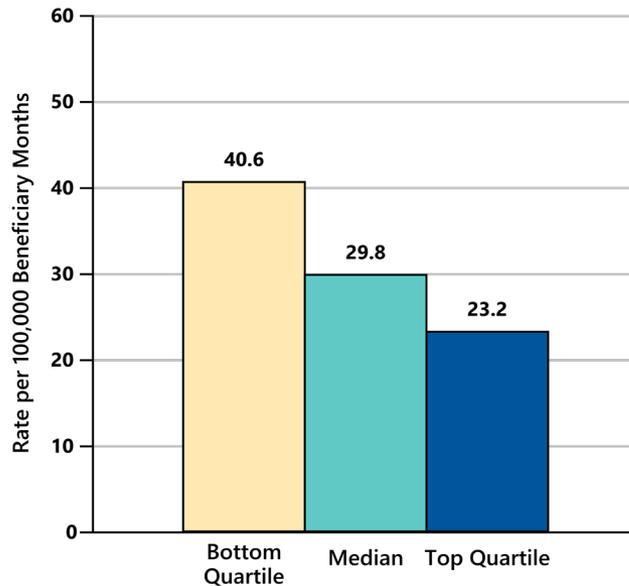
Note: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and older. This chart shows reporting for the Ages 18 to 64 rate. However, some states may have reported a rate for Age 18 and Older.



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

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

**Number of Inpatient Hospital Admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma per 100,000 Beneficiary Months for Adults Ages 40 to 64 (PQI05-AD), FFY 2022 (n = 34 states) [Lower rates are better for this measure]**



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for adults age 40 and older. States report two age stratifications for this measure for the Adult Core Set: Ages 40 to 64 and Age 65 and older. This chart shows reporting for the Ages 40 to 64 rate. However, some states may have reported a rate for Age 40 and Older.

Adults ages 40 to 64 had a median of

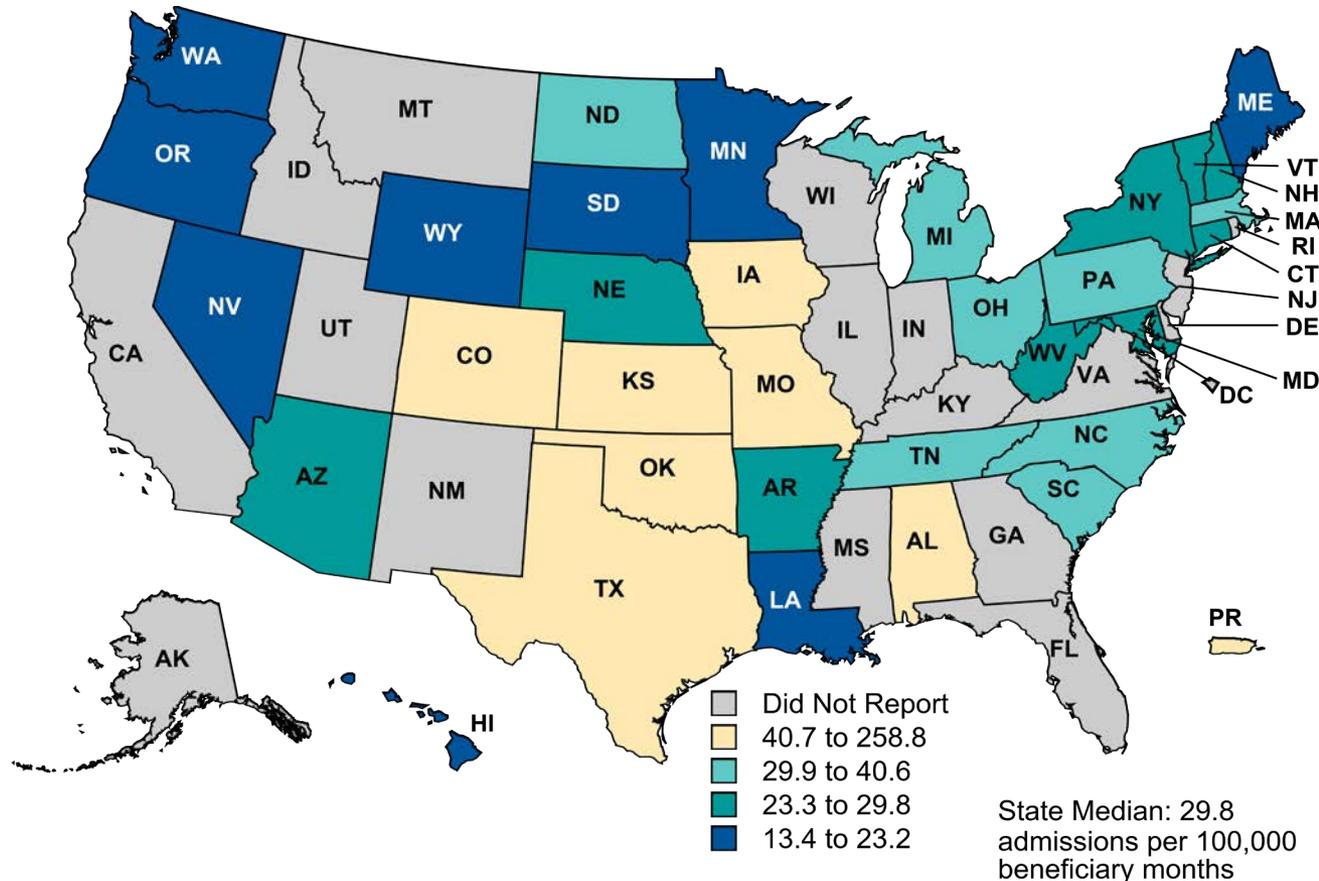
# 30

inpatient hospital admissions for COPD or asthma per 100,000 beneficiary months (34 states)



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

Geographic variation in the Number of Inpatient Hospital Admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma per 100,000 Beneficiary Months for Adults Ages 40 to 64 (PQI05-AD), FFY 2022 (n = 34 states)  
 [Lower rates are better for this measure]



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

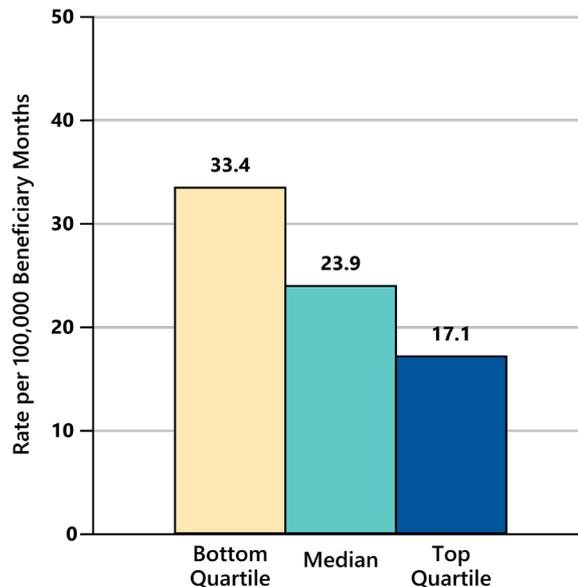
Note: States report two age stratifications for this measure for the Adult Core Set: Ages 40 to 64 and Age 65 and older. This chart shows reporting for the Ages 40 to 64 rate. However, some states may have reported a rate for Age 40 and Older.



## PQI 08: Heart Failure Admission Rate

An estimated 6.2 million people in the United States have congestive heart failure (CHF). The most common causes of CHF are coronary artery disease, high blood pressure, and diabetes, all of which can be treated, controlled, and monitored in outpatient settings. Inpatient hospital admissions for heart failure can be an indicator that these conditions are not being properly prevented or managed. This measure assesses the frequency of inpatient hospital admissions for heart failure among adult Medicaid beneficiaries.

**Number of Inpatient Hospital Admissions for Heart Failure per 100,000 Beneficiary Months for Adults Ages 18 to 64 (PQI08-AD), FFY 2022 (n = 34 states)**  
[Lower rates are better for this measure]



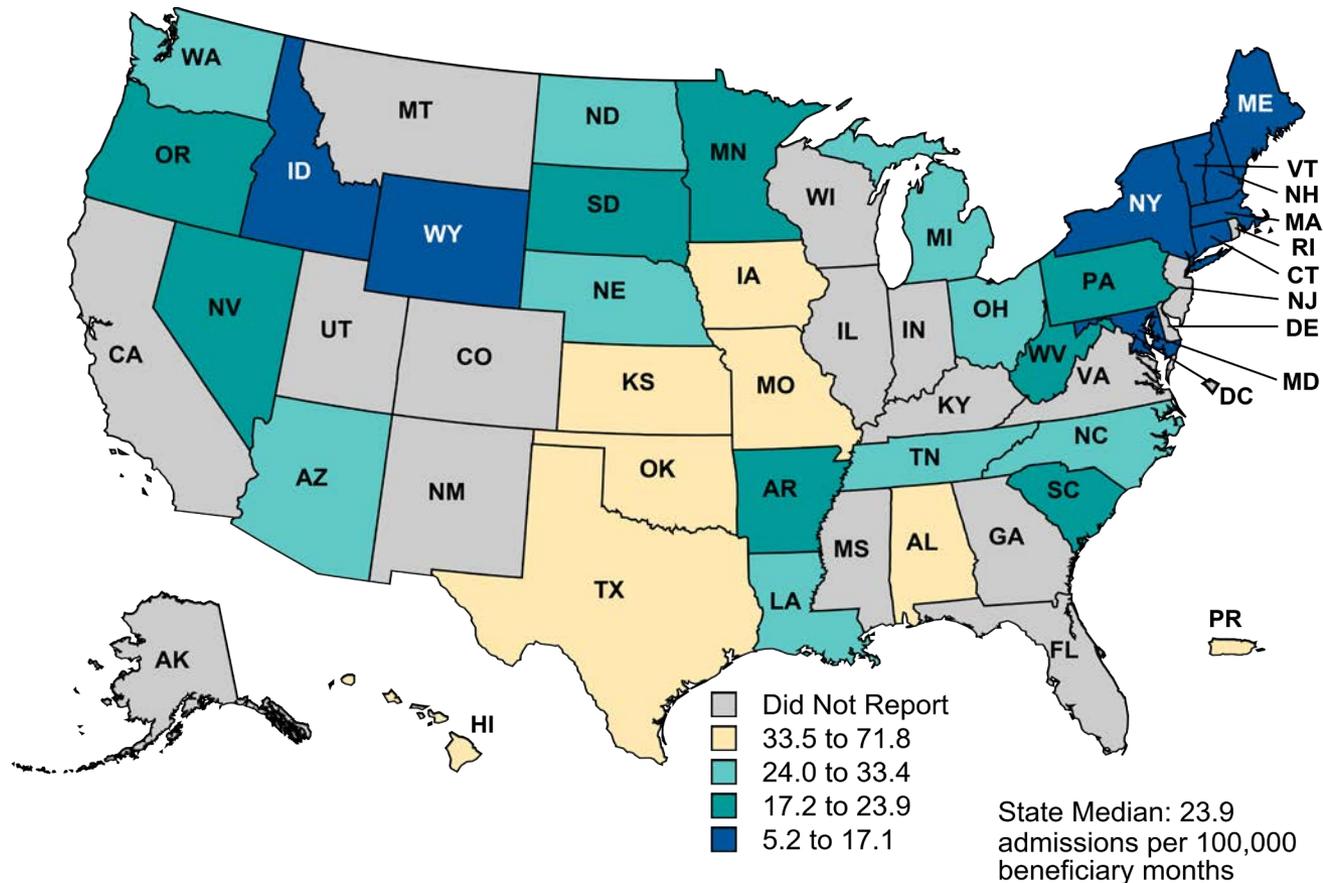
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for adults age 18 and older. States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and older. This chart shows reporting for the Ages 18 to 64 rate. However, some states may have reported a rate for Age 18 and Older.

Adults ages 18 to 64 had a median of **24** inpatient hospital admissions for heart failure per 100,000 beneficiary months (34 states)

## PQI 08: Heart Failure Admission Rate (continued)

Geographic Variation in the Number of Inpatient Hospital Admissions for Heart Failure per 100,000 Beneficiary Months for Adults Ages 18 to 64 (PQI08-AD), FFY 2022 (n = 34 states) [Lower rates are better for this measure]



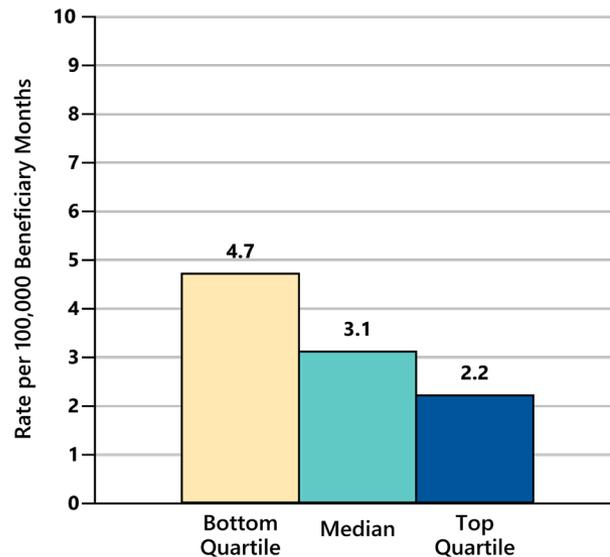
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and older. This chart shows reporting for the Ages 18 to 64 rate. However, some states may have reported a rate for Age 18 and Older.

## PQI 15: Asthma in Younger Adults Admission Rate

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

**Number of Inpatient Hospital Admissions for Asthma per 100,000 Beneficiary Months for Adults Ages 18 to 39 (PQI15-AD), FFY 2022 (n = 33 states)**  
[Lower rates are better for this measure]



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

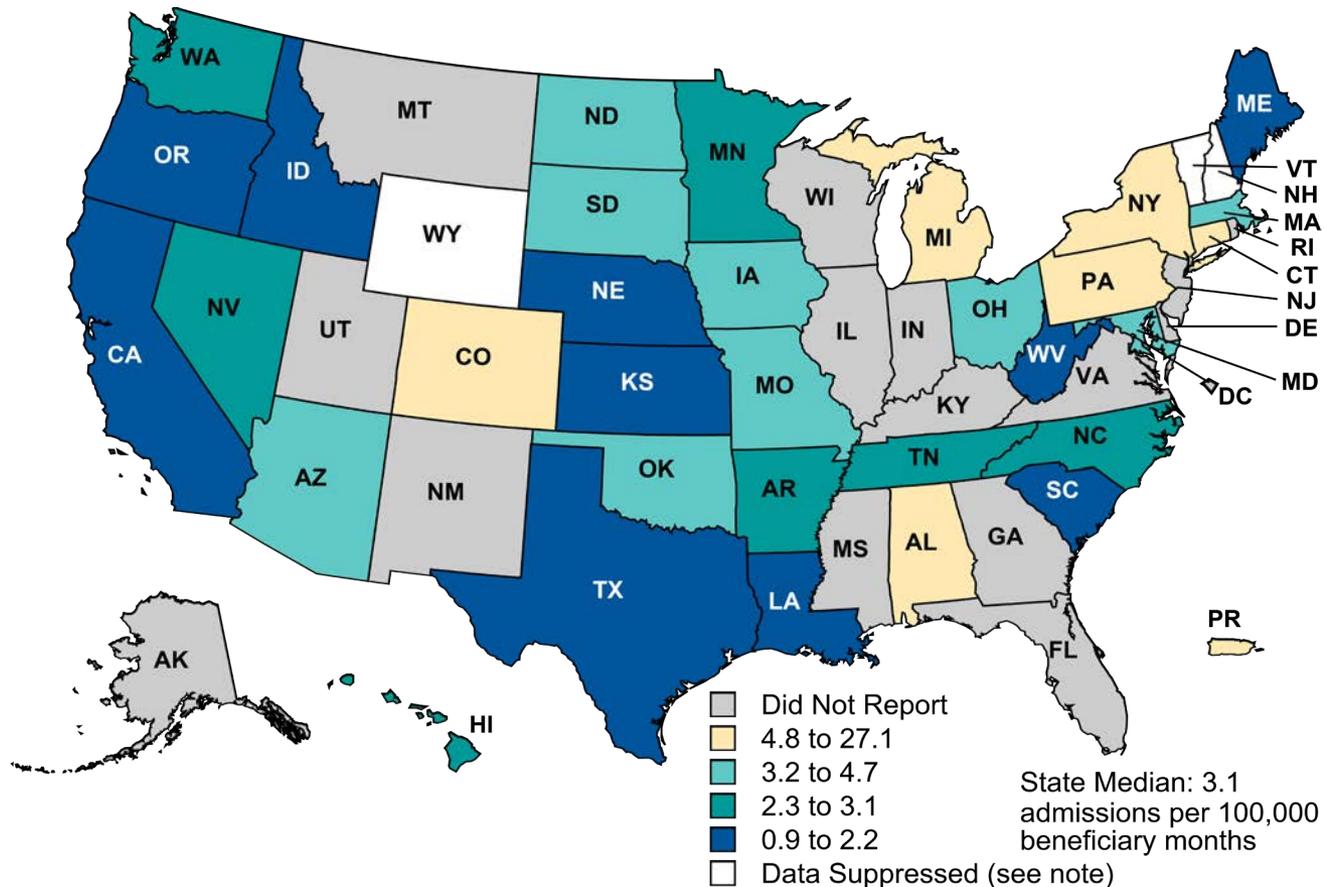
Notes: This measure shows the number of inpatient hospital admissions for asthma per 100,000 beneficiary months for adults ages 18 to 39. Data were suppressed for New Hampshire, Vermont, and Wyoming due to small cell sizes.

Adults ages 18 to 39 had a median of

**3** inpatient hospital admissions for asthma per 100,000 beneficiary months (33 states)

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

Geographic Variation in the Number of Inpatient Hospital Admissions for Asthma per 100,000 Beneficiary Months for Adults Ages 18 to 39 (PQI15-AD), FFY 2022 (n = 33 states) [Lower rates are better for this measure]

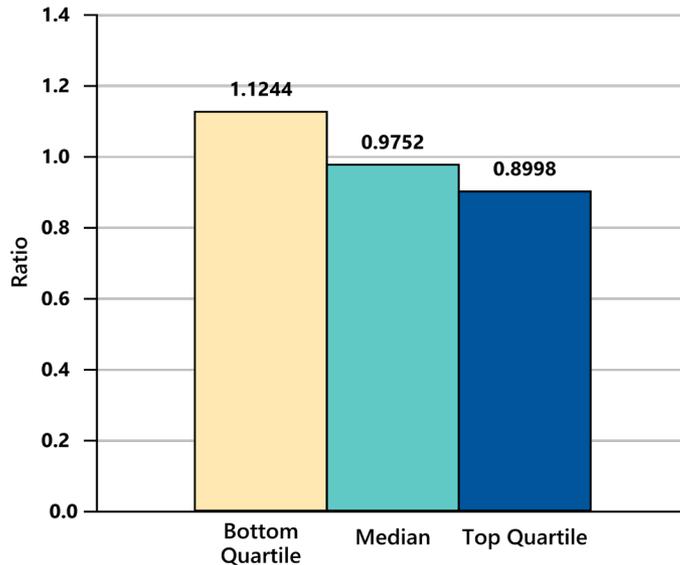


Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.  
 Note: Data were suppressed for New Hampshire, Vermont, and Wyoming due to small cell sizes.

# Plan All-Cause Readmissions

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

**Ratio of Observed All-Cause Readmissions to Expected Readmissions (O/E Ratio) among Adults Ages 18 to 64 (PCR-AD), FFY 2022 (n = 39 states) [Lower rates are better for this measure]**



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

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

Of the 39 states reporting the measure,

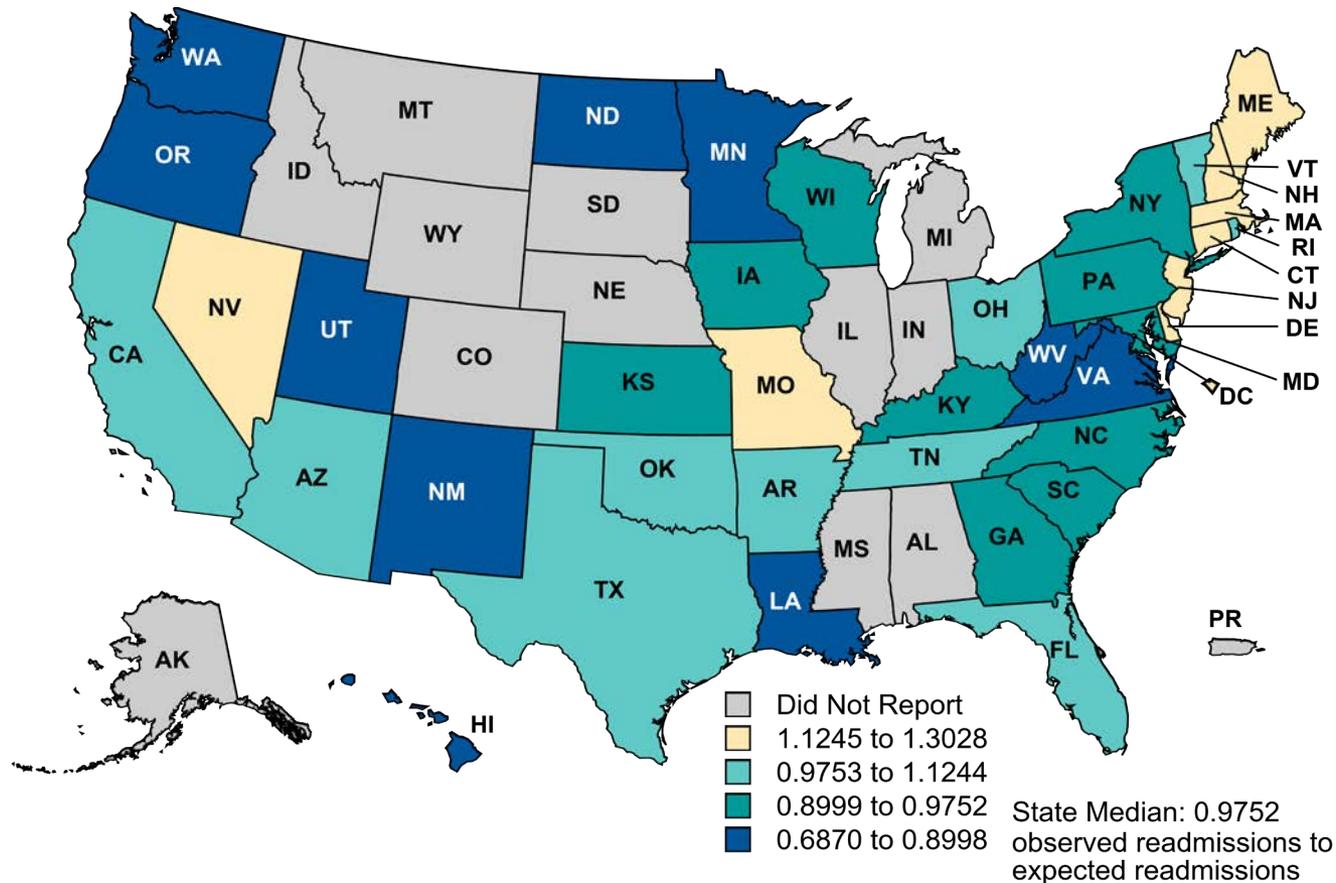
# 22

states had fewer readmissions than expected given the case mix



## Plan All-Cause Readmissions (continued)

Geographic Variation in the Ratio of Observed All-Cause Readmissions to Expected Readmissions (O/E Ratio) among Adults Ages 18 to 64 (PCR-AD), FFY 2022 (n = 39 states) [Lower rates are better for this measure]



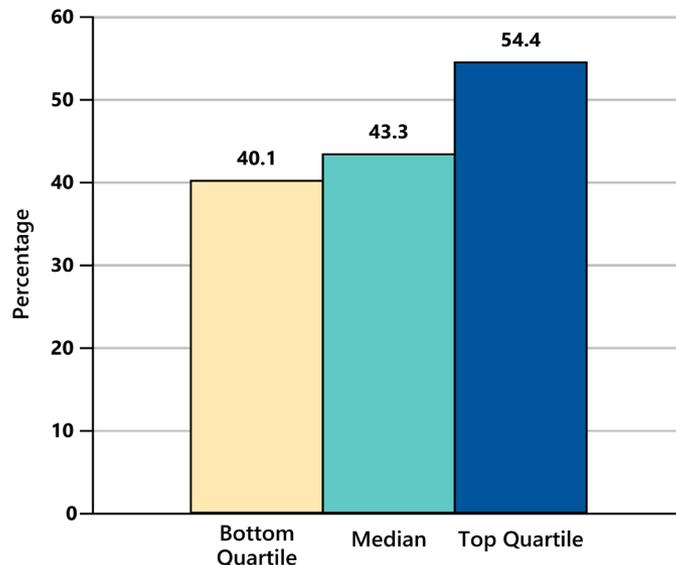
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: This chart excludes Puerto Rico, which calculated the measure but did not use Adult Core Set specifications.

# Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis

Antibiotics should not generally be prescribed for acute bronchitis/bronchiolitis because it usually clears on its own in adults without other health problems. Appropriate use of antibiotics reduces potential harmful side effects and helps prevent antibiotic resistance. This measure assesses the percentage of adults with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. Performance on this measure is being publicly reported for the first time for FFY 2022.

**Percentage of Episodes for Adults Ages 18 to 64 with a Diagnosis of Acute Bronchitis/Bronchiolitis that did not Result in an Antibiotic Dispensing Event (AAB-AD), FFY 2022 (n = 34 states)**



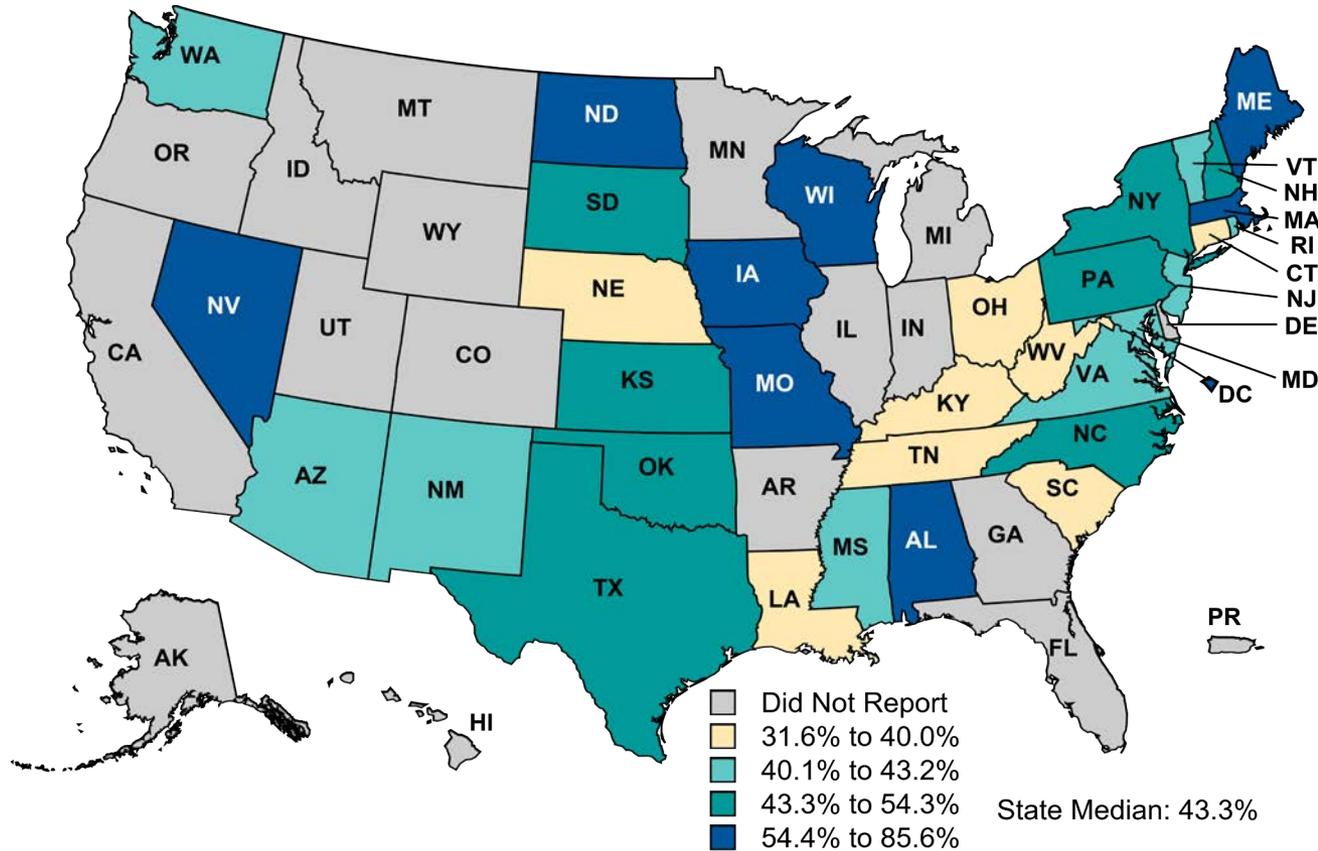
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of episodes for adults ages 18 to 64 with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and older. This chart shows reporting for the Ages 18 to 64 rate. However, some states may have reported a rate for Age 65 and Older.

A median of **43** percent of episodes for adults ages 18 to 64 with a diagnosis of acute bronchitis/bronchiolitis did not result in an antibiotic dispensing event (34 states)

# Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (continued)

Geographic Variation in the Percentage of Episodes for Adults Ages 18 to 64 with a Diagnosis of Acute Bronchitis/Bronchiolitis that did not Result in an Antibiotic Dispensing Event (AAB-AD), FFY 2022 (n = 34 states)



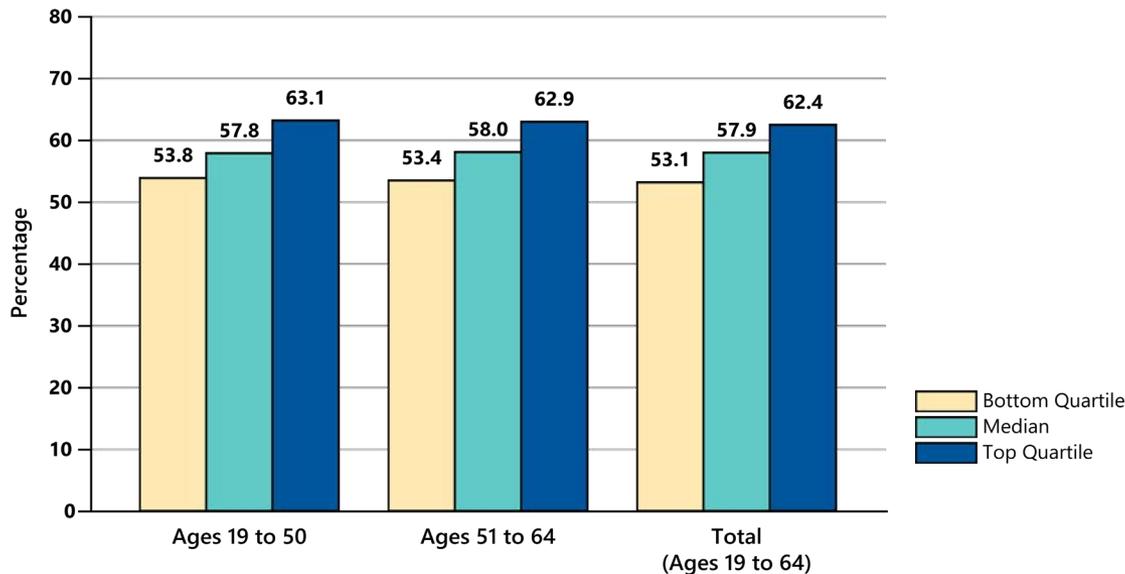
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and older. This chart shows reporting for the Ages 18 to 64 rate. However, some states may have reported a rate for Age 65 and Older.

# Asthma Medication Ratio: Ages 19 to 64

Asthma affects more than 21 million adults in the United States. Uncontrolled asthma among adults can result in ED visits, hospitalizations, lost work days, and reduced productivity. The National Heart Lung and Blood Institute recommends long-term asthma control medications for adults with persistent asthma. This measure assesses the percentage of adults with persistent asthma who were dispensed appropriate asthma controller medications.

**Percentage of Adults Ages 19 to 64 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater (AMR-AD), FFY 2022 (n = 45 states)**



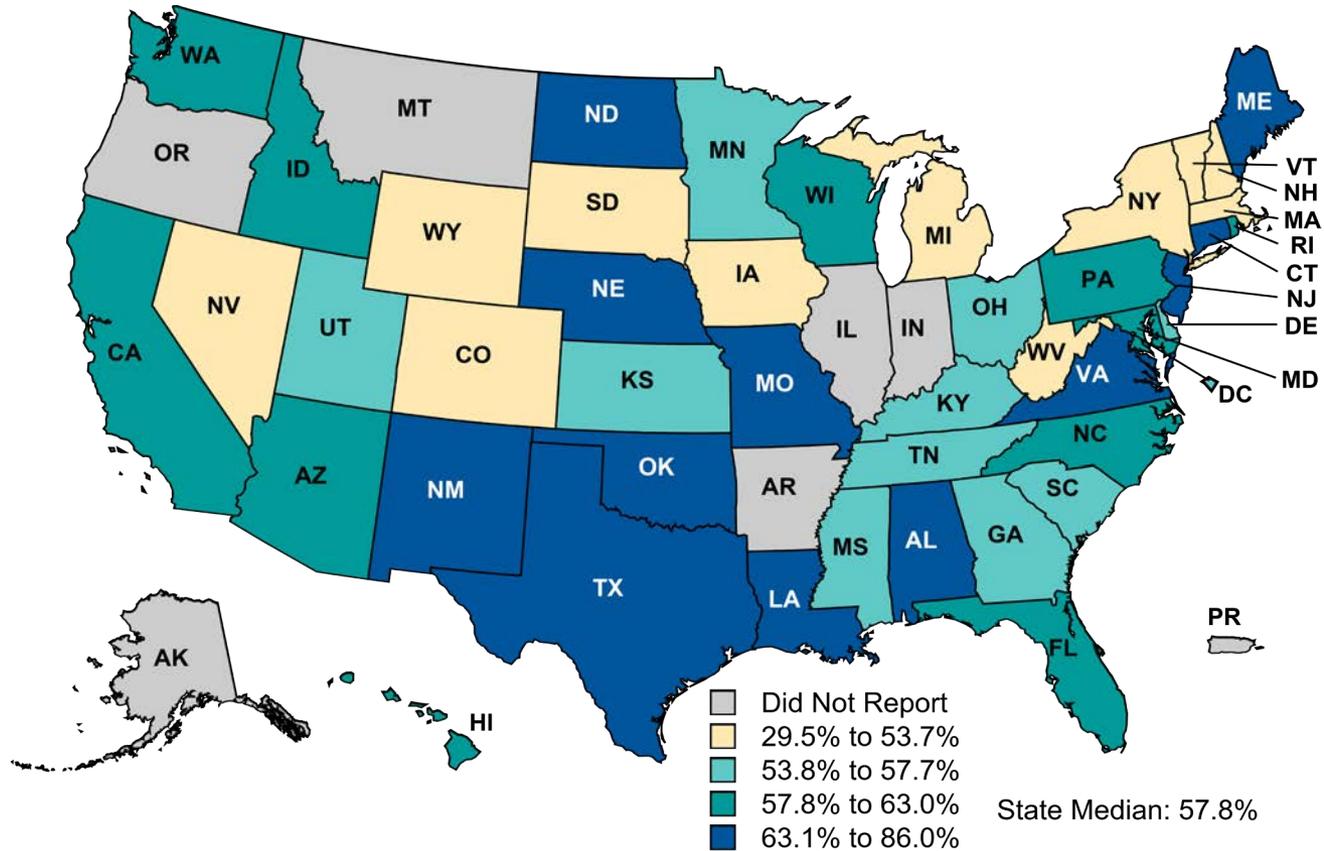
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

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

A median of **58** percent of adults ages 19 to 64 with persistent asthma had a ratio of controller medications to total asthma medications of 0.50 or greater (45 states)

# Asthma Medication Ratio: Ages 19 to 50 (continued)

Geographic Variation in the Percentage of Adults Ages 19 to 50 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater (AMR-AD), FFY 2022 (n = 45 states)

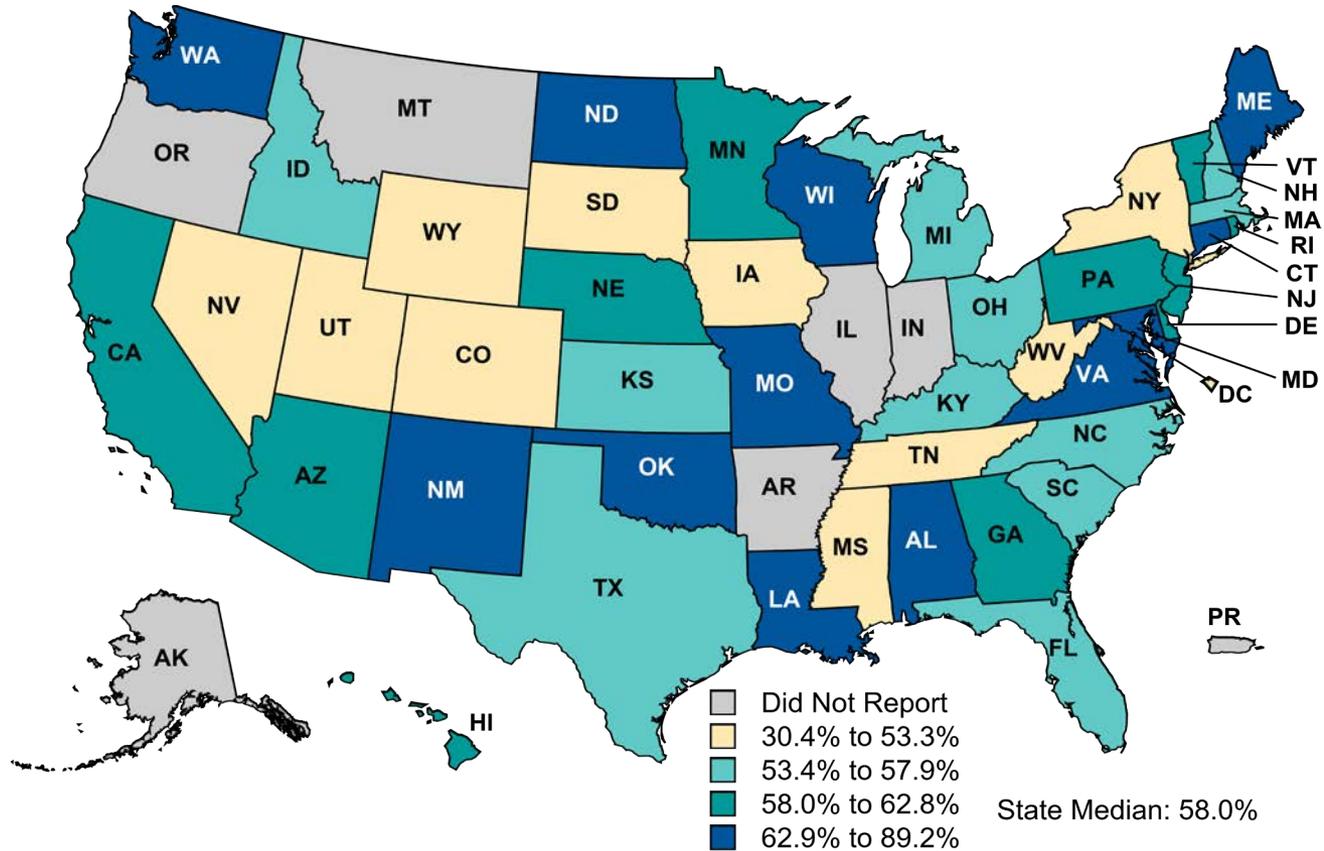


Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: This chart excludes Puerto Rico, which reported the measure but did not provide data for the Ages 19 to 50 rate.

# Asthma Medication Ratio: Ages 51 to 64 (continued)

Geographic Variation in the Percentage of Adults Ages 51 to 64 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater (AMR-AD), FFY 2022 (n = 45 states)

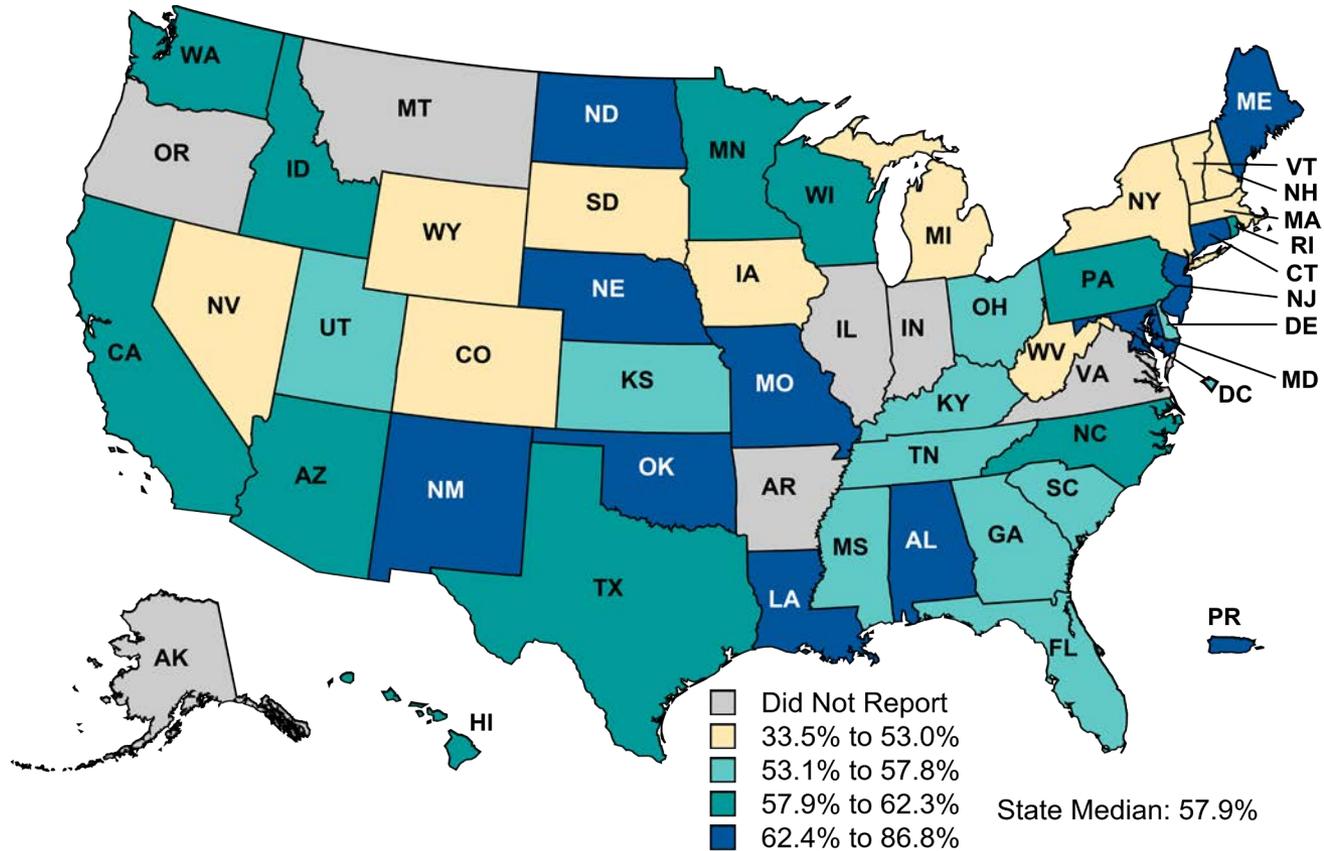


Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: This chart excludes Puerto Rico, which reported the measure but did not provide data for the Ages 51 to 64 rate.

# Asthma Medication Ratio: Ages 19 to 64 (continued)

Geographic Variation in the Percentage of Adults Ages 19 to 64 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater (AMR-AD), FFY 2022 (n = 45 states)

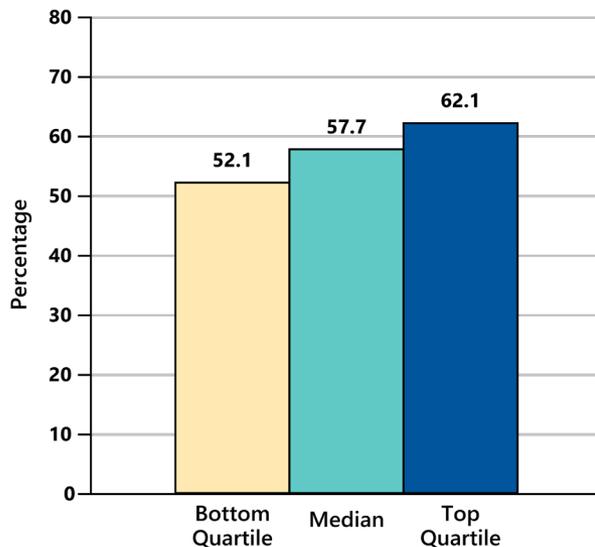


Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.  
 Note: This chart excludes Virginia, which reported the measure but did not provide data for the Ages 19 to 64 rate.

# Controlling High Blood Pressure

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

## Percentage of Adults Ages 18 to 64 who had a Diagnosis of Hypertension and whose Blood Pressure was Adequately Controlled (CBP-AD), FFY 2022 (n = 38 states)



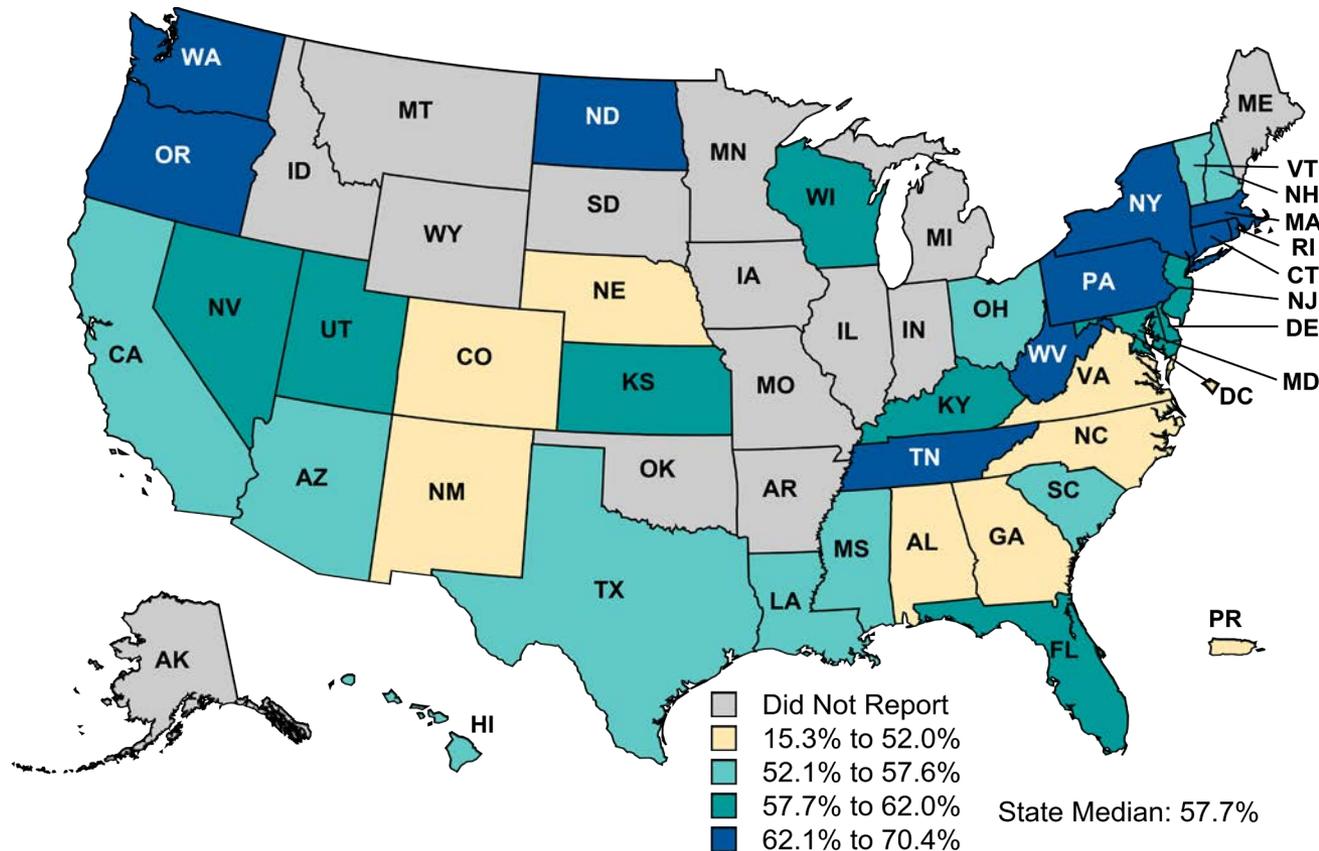
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of adults ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year. States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Ages 65 to 85. This chart shows reporting for the Ages 18 to 64 rate. However, some states may have reported a rate for Ages 18 to 85. This chart excludes Arkansas, which calculated the measure but did not use Adult Core Set specifications.

A median of **58** percent of adults ages 18 to 64 with hypertension had their blood pressure adequately controlled (38 states)

# Controlling High Blood Pressure (continued)

**Geographic Variation in the Percentage of Adults Ages 18 to 64 who had a Diagnosis of Hypertension and whose Blood Pressure was Adequately Controlled (CBP-AD), FFY 2022 (n = 38 states)**



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Ages 65 to 85. This chart shows reporting for the Ages 18 to 64 rate. However, some states may have reported a rate for Ages 18 to 85. This chart excludes Arkansas, which calculated the measure but did not use Adult Core Set specifications.



# Behavioral Health Care

As the single largest payer for mental health services in the United States, Medicaid plays an important role in providing behavioral health care and monitoring the effectiveness of that care.<sup>1</sup> 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.

Eleven Adult Core Set measures of behavioral health care were available for analysis for FFY 2022.

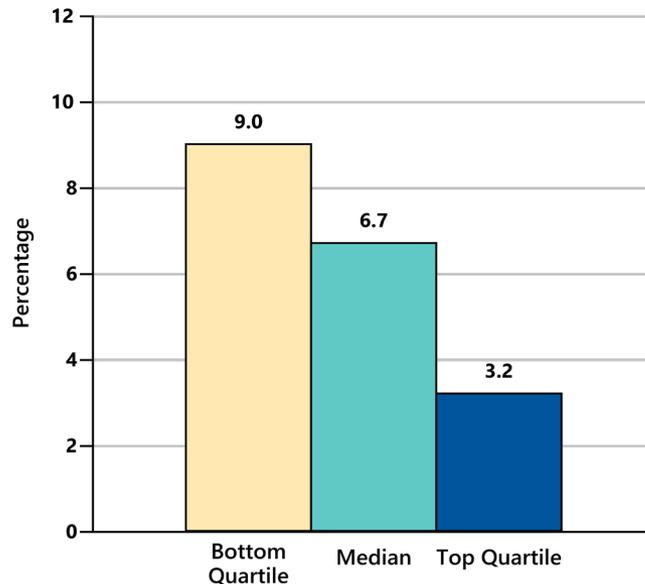
- Use of Opioids at High Dosage in Persons Without Cancer
- Concurrent Use of Opioids and Benzodiazepines
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
- Use of Pharmacotherapy for Opioid Use Disorder
- Medical Assistance With Smoking and Tobacco Use Cessation
-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

<sup>1</sup> For more information about Medicaid coverage of behavioral health care, see: <https://www.medicaid.gov/medicaid/benefits/bhs/index.html>.

# Use of Opioids at High Dosage in Persons Without Cancer

Inappropriate prescribing and overuse of opioids is linked to an increased risk of morbidity and mortality. The Centers for Disease Control and Prevention recommends that clinicians prescribe opioids at the lowest effective dosage, consider individual benefits and risks when increasing dosage, and avoid increasing dosage to greater than or equal to 90 morphine milligram equivalents per day.

**Percentage of Adults Ages 18 to 64 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 2022 (n = 32 states) [Lower rates are better for this measure]**



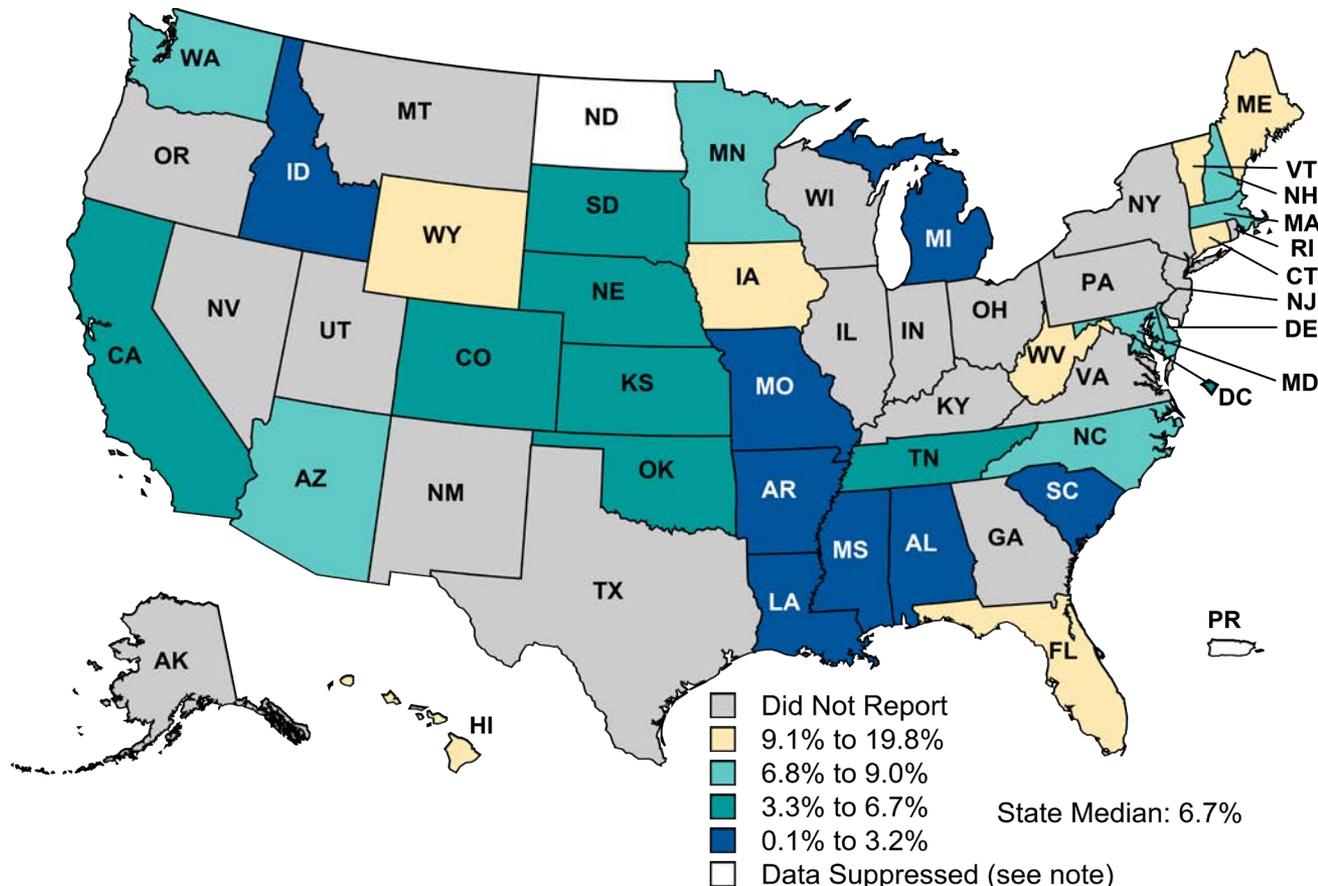
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

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 morphine milligram equivalents (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. States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rate. However, some states may have reported a rate for Age 18 and Older. This chart excludes New Jersey, New York, Ohio, Pennsylvania, Texas, and Virginia, which calculated the measure but did not use Adult Core Set specifications. Data were suppressed for North Dakota and Puerto Rico due to small cell sizes.

A median of **7** percent of adults ages 18 to 64 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 (32 states)

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

Geographic Variation in the Percentage of Adults Ages 18 to 64 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 2022 (n = 32 states) [Lower rates are better for this measure]



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

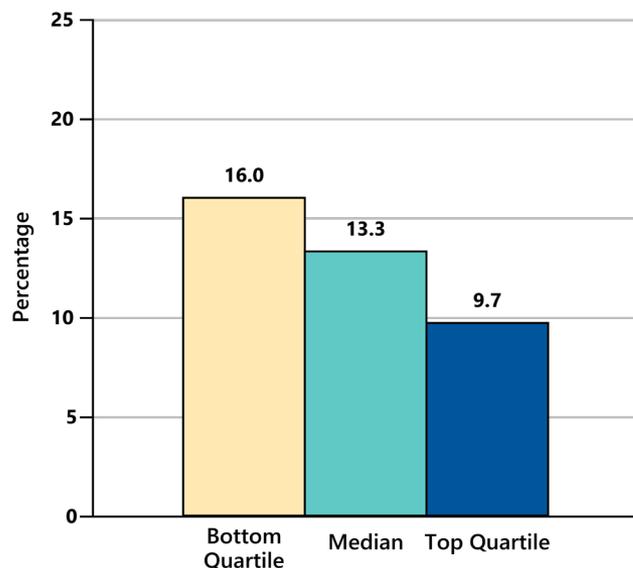
Notes: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and older. This chart shows reporting for the Ages 18 to 64 rate. However, some states may have reported a rate for Age 18 and Older. This chart excludes New Jersey, New York, Ohio, Pennsylvania, Texas, and Virginia, which calculated the measure but did not use Adult Core Set specifications. Data were suppressed for North Dakota and Puerto Rico due to small cell sizes.



## Concurrent Use of Opioids and Benzodiazepines

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.

**Percentage of Adults Ages 18 to 64 with Concurrent Use of Prescription Opioids and Benzodiazepines for 30 or More Cumulative Days (COB-AD), FFY 2022 (n = 36 states)**  
[Lower rates are better for this measure]



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows 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. States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rate. However, some states may have reported a rate for Age 18 and Older.

A median of

# 13

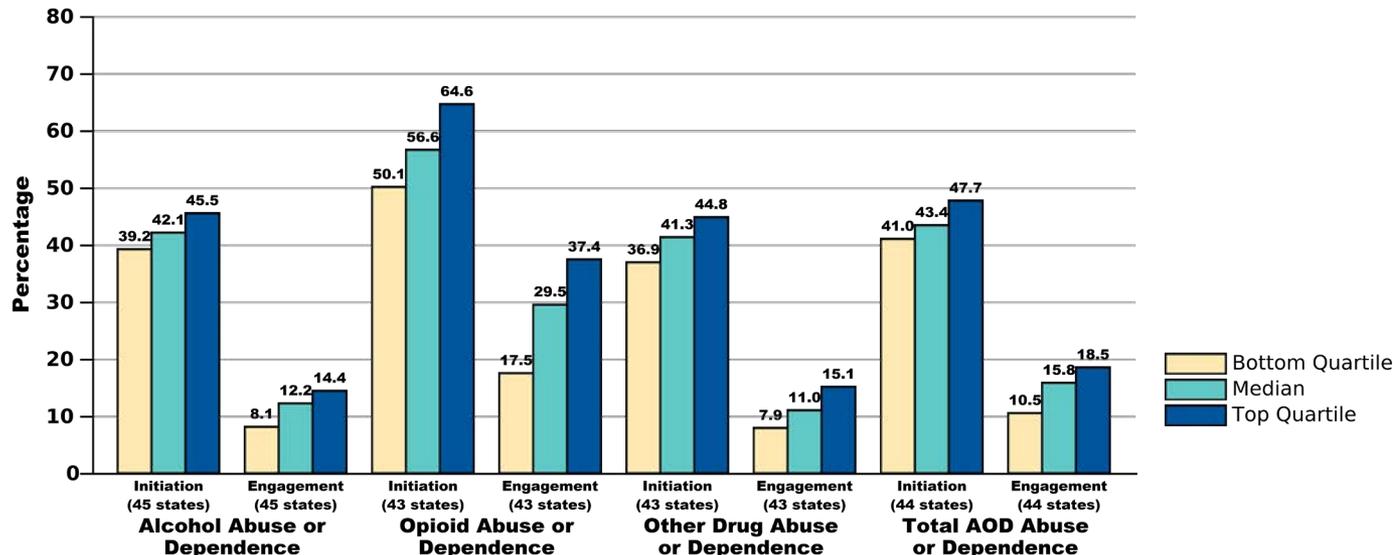
percent of adults ages 18 to 64 with 2 or more prescriptions for opioids, had concurrent prescriptions for opioids and benzodiazepines for 30 or more cumulative days (36 states)



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

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

**Percentage of Adults Ages 18 to 64 with a New Episode of Alcohol or Other Drug 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 2022**



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

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). States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older.

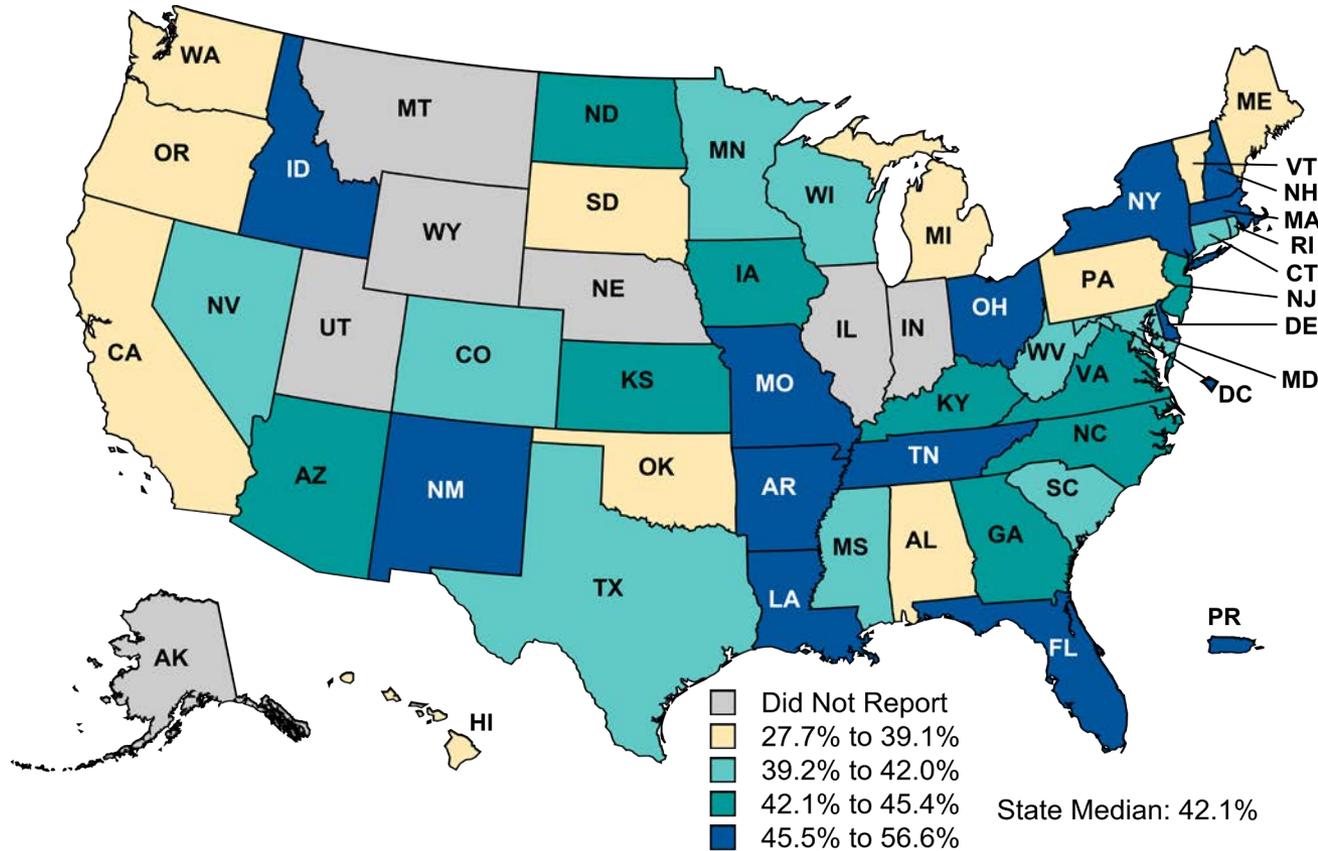
A median of **43** percent of adults ages 18 to 64 with alcohol or other drug abuse or dependence initiated treatment within 14 days of diagnosis

**16** percent were engaged in ongoing treatment within 34 days of the initiation visit (44 states)



# Initiation of Alcohol Abuse or Dependence Treatment (continued)

**Geographic Variation in the Percentage of Adults Ages 18 to 64 with a New Episode of Alcohol Abuse or Dependence who Initiated Alcohol or Other Drug Treatment within 14 Days of the Diagnosis (IET-AD), FFY 2022 (n = 45 states)**



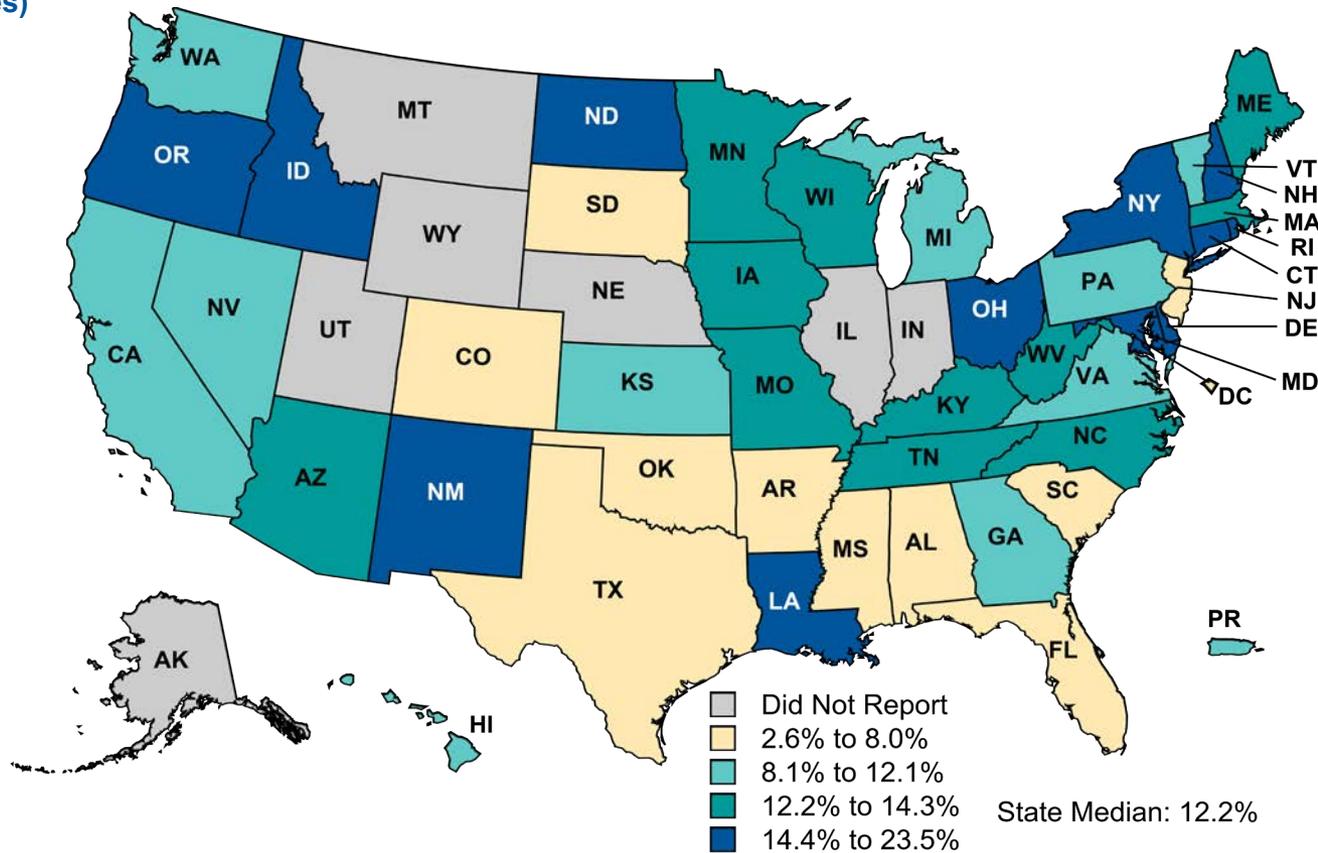
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older. This chart excludes Nebraska, which reported the measure but did not provide data for the Initiation of Alcohol Abuse or Dependence Treatment rate.



# Engagement of Alcohol Abuse or Dependence Treatment (continued)

**Geographic Variation in the Percentage of Adults Ages 18 to 64 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 (IET-AD), FFY 2022 (n = 45 states)**

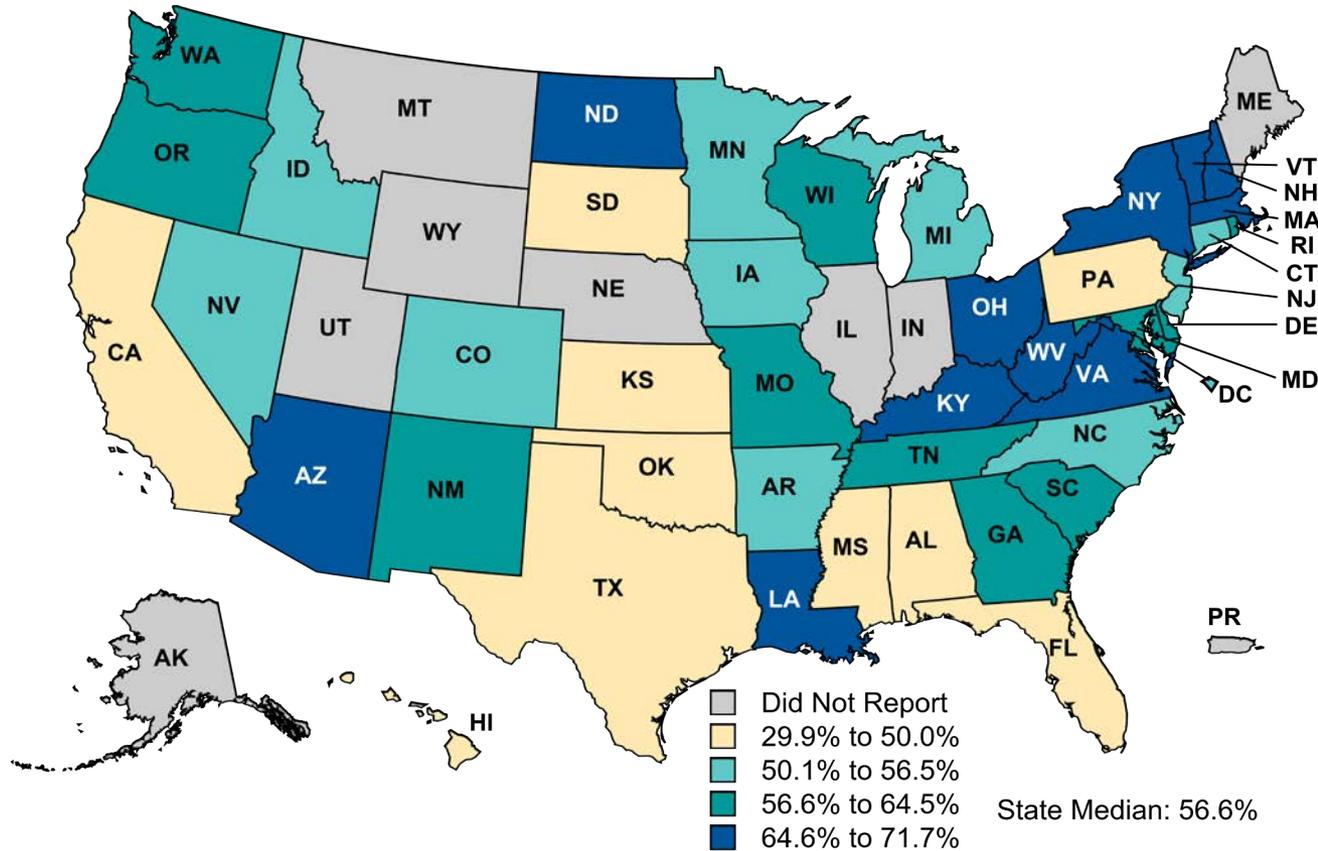


Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.  
 Notes: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older. This chart excludes Nebraska, which reported the measure but did not provide data for the Engagement of Alcohol Abuse or Dependence Treatment rate.



# Initiation of Opioid Abuse or Dependence Treatment (continued)

**Geographic Variation in the Percentage of Adults Ages 18 to 64 with a New Episode of Opioid Abuse or Dependence who Initiated Alcohol or Other Drug Treatment within 14 Days of the Diagnosis (IET-AD), FFY 2022 (n = 43 states)**

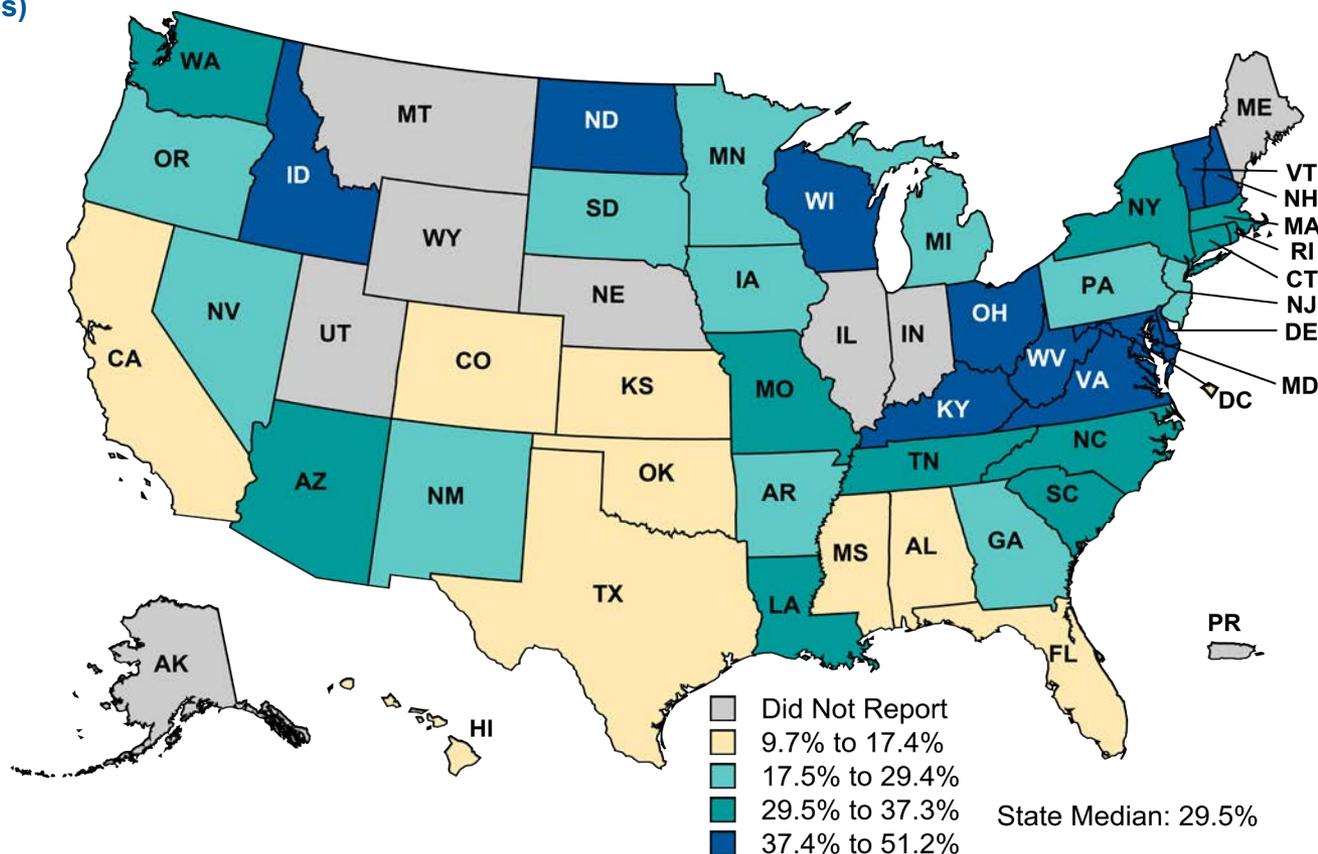


Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.  
 Notes: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older. This chart excludes Maine, Nebraska, and Puerto Rico, which reported the measure but did not provide data for the Initiation of Opioid Abuse or Dependence Treatment rate.



## Engagement of Opioid Abuse or Dependence Treatment (continued)

**Geographic Variation in the Percentage of Adults Ages 18 to 64 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 (IET-AD), FFY 2022 (n = 43 states)**



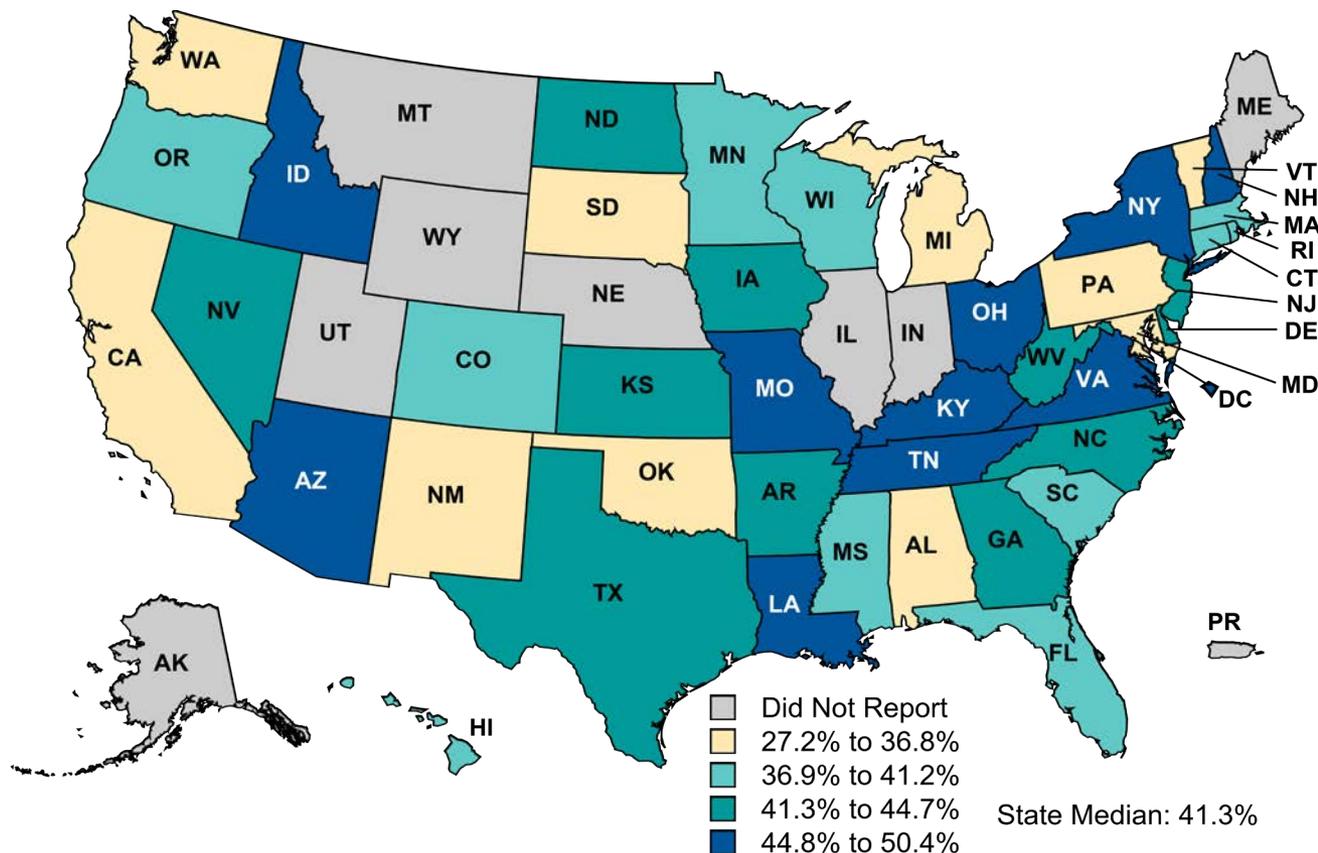
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older. This chart excludes Maine, Nebraska, and Puerto Rico, which reported the measure but did not provide data for the Engagement of Opioid Abuse or Dependence Treatment rate.



## Initiation of Other Drug Abuse or Dependence Treatment (continued)

Geographic Variation in the Percentage of Adults Ages 18 to 64 with a New Episode of Other Drug Abuse or Dependence who Initiated Alcohol or Other Drug Treatment within 14 Days of the Diagnosis (IET-AD), FFY 2022 (n = 43 states)



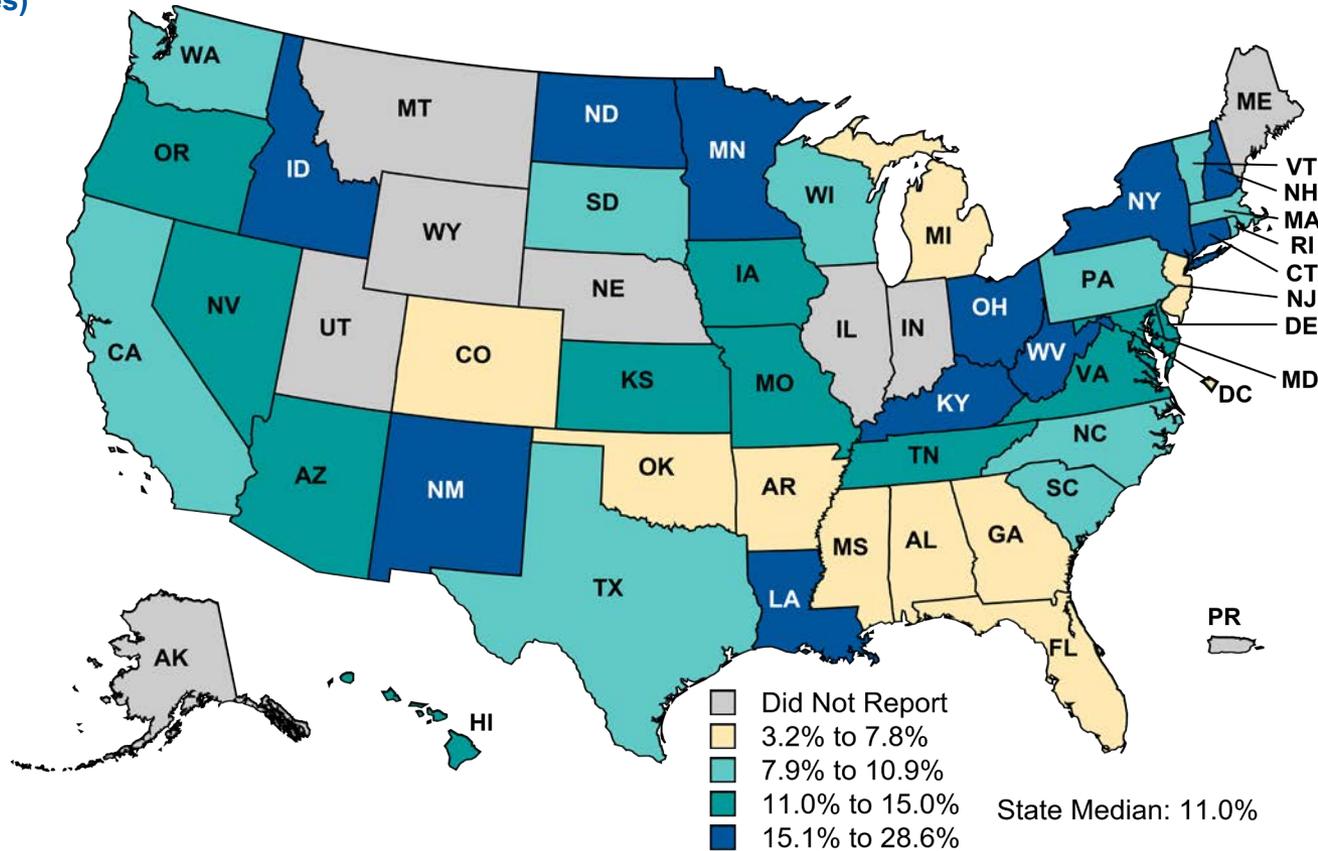
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older. This chart excludes Maine, Nebraska, and Puerto Rico, which reported the measure but did not provide data for the Initiation of Other Drug Abuse or Dependence Treatment rate.



# Engagement of Other Drug Abuse or Dependence Treatment (continued)

**Geographic Variation in the Percentage of Adults Ages 18 to 64 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 (IET-AD), FFY 2022 (n = 43 states)**



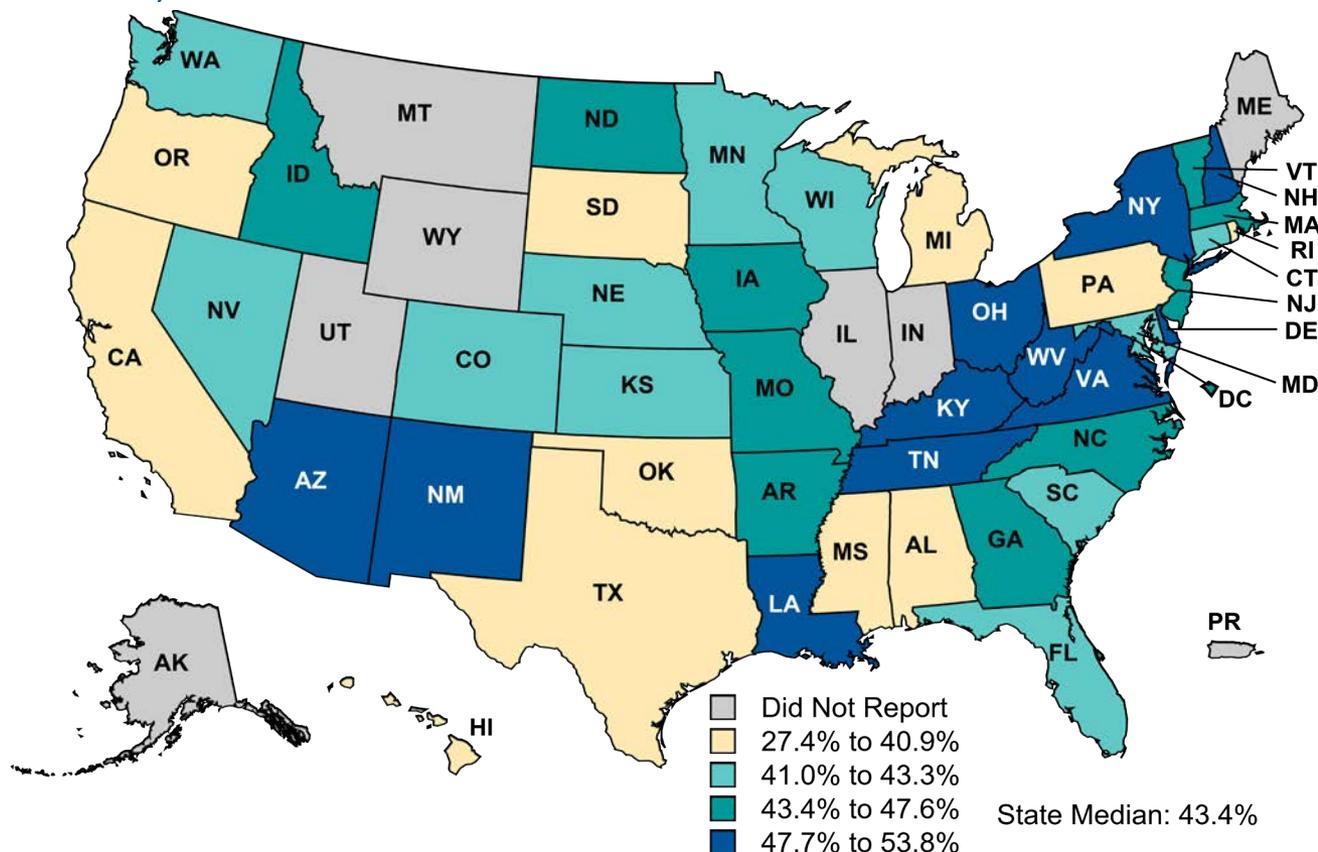
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older. This chart excludes Maine, Nebraska, and Puerto Rico, which reported the measure but did not provide data for the Engagement of Other Drug Abuse or Dependence Treatment rate.



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

**Geographic Variation in the Percentage of Adults Ages 18 to 64 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 (Total Rate) (IET-AD), FFY 2022 (n = 44 states)**



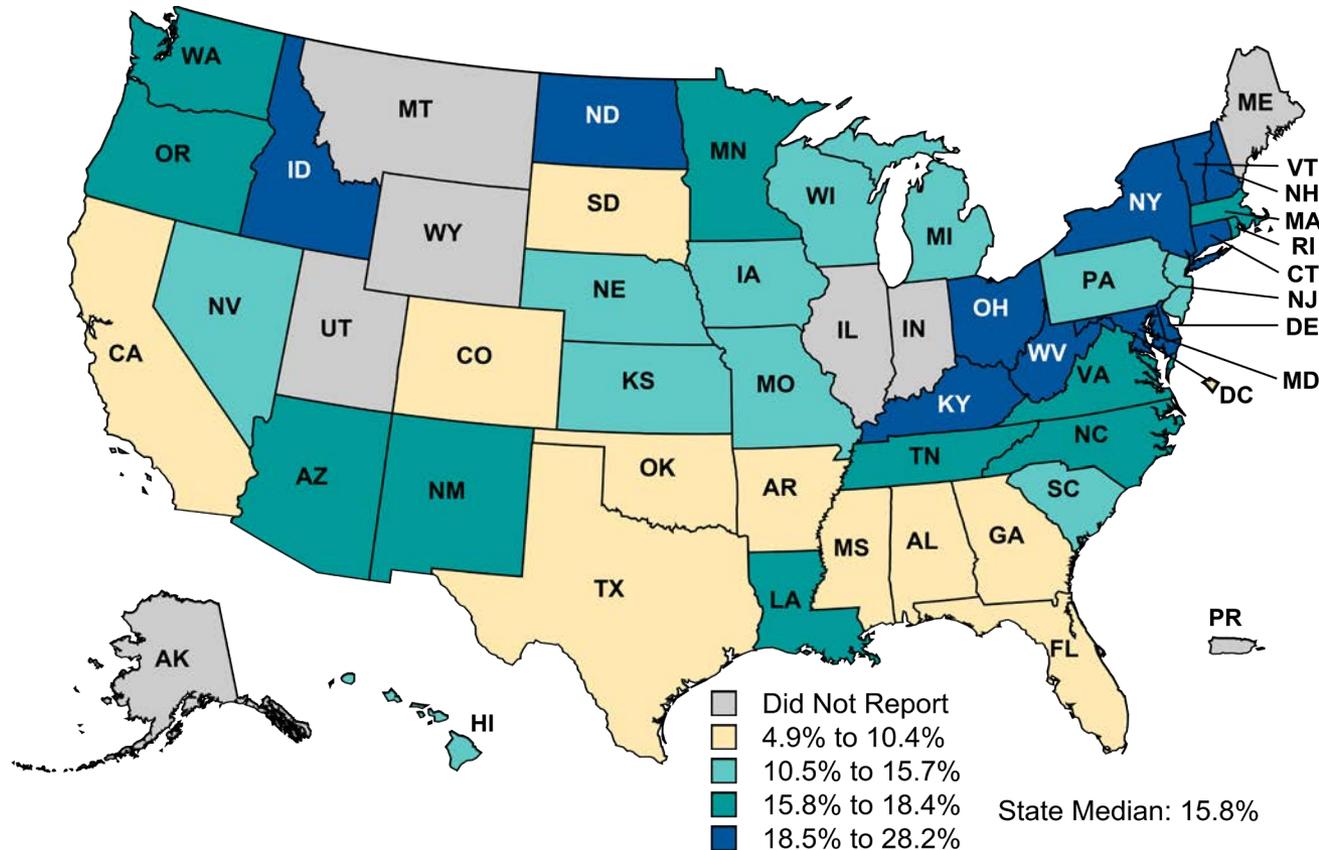
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older. This chart excludes Maine and Puerto Rico, which reported the measure but did not provide data for the Total Initiation rate.



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

**Geographic Variation in the Percentage of Adults Ages 18 to 64 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 (Total Rate) (IET-AD), FFY 2022 (n = 44 states)**



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

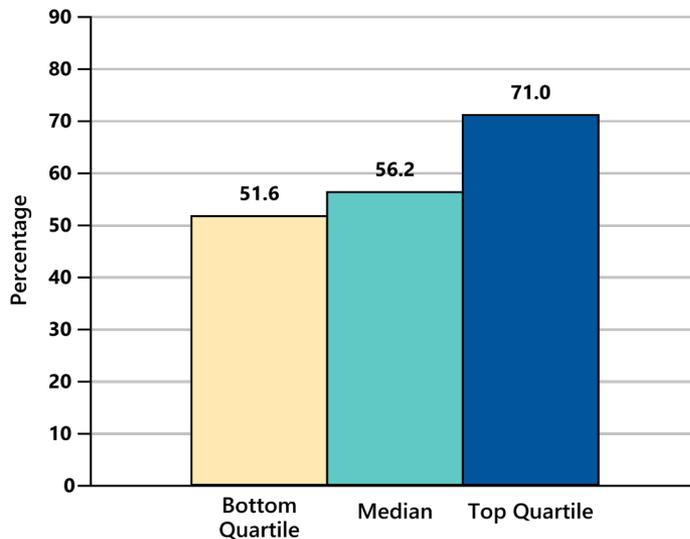
Note: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older. This chart excludes Maine and Puerto Rico, which reported the measure but did not provide data for the Total Engagement rate.



# Use of Pharmacotherapy for Opioid Use Disorder

Pharmacotherapy, or use of medications to treat opioid use disorder (OUD), decreases opioid use and opioid related overdose deaths among adults. It also increases retention in treatment. This measure shows the percentage of Medicaid beneficiaries with an OUD who filled a prescription for or were administered or dispensed a U.S. Food and Drug Administration (FDA)-approved medication for the disorder during the measurement year.

## Percentage of Adults Ages 18 to 64 with an Opioid Use Disorder who Filled a Prescription for or were Administered or Dispensed an FDA-Approved Medication for the Disorder (OUD-AD), FFY 2022 (n = 33 states)



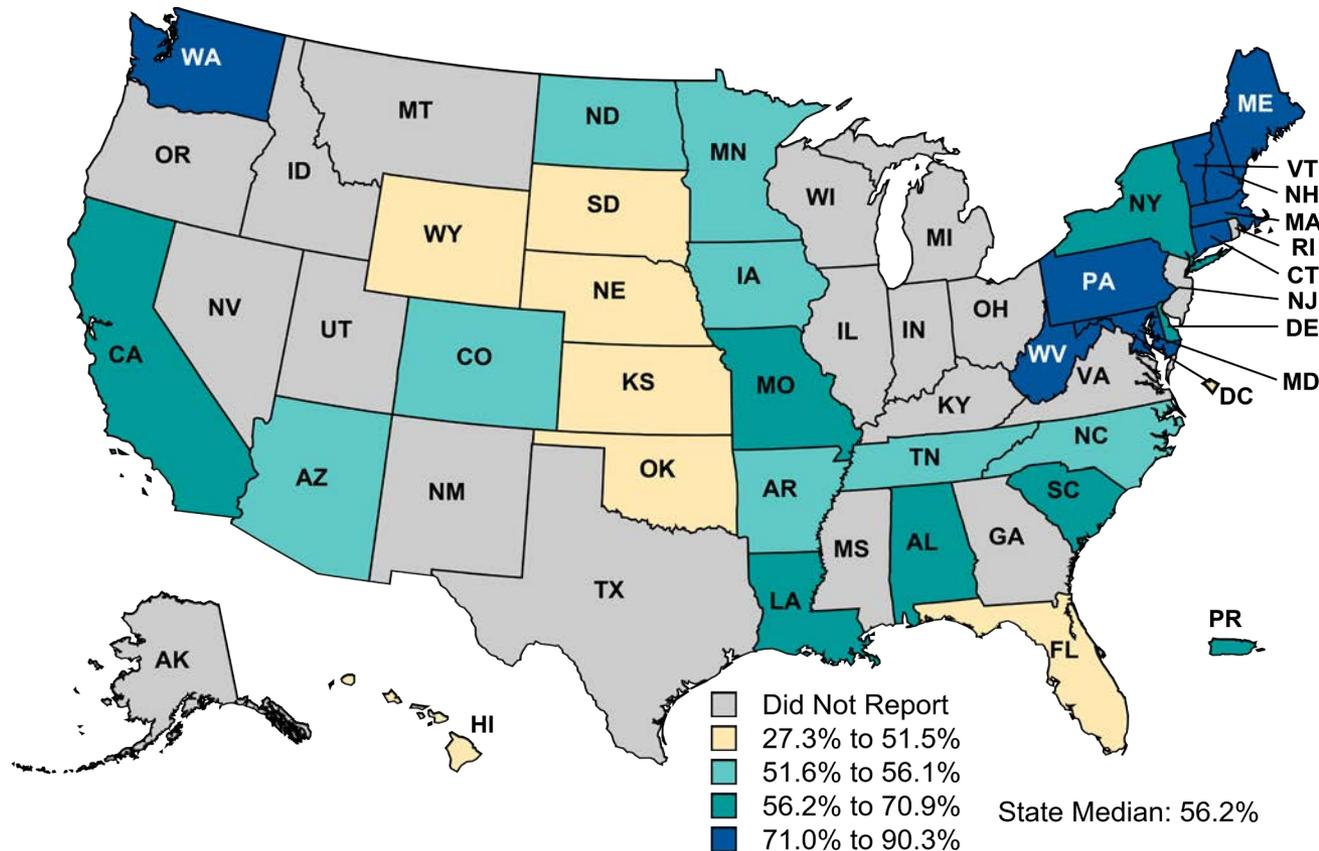
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of adults ages 18 to 64 with an opioid use disorder (OUD) who filled a prescription for or were administered or dispensed a U.S. Food and Drug Administration (FDA)-approved medication for the disorder during the measurement year. Five rates are reported for the measure: (1) Total (overall); (2) Buprenorphine; (3) Oral Naltrexone; (4) Long-acting Injectable Naltrexone; and (5) Methadone. This chart shows state reporting for the Total rate, which captures any medications used in medication-assisted treatment of opioid dependence and addiction. This chart excludes Ohio, which calculated the measure but did not use Adult Core Set specifications.

A median of **56** percent of adults ages 18 to 64 with an opioid use disorder filled a prescription for or were administered or dispensed an FDA-approved medication for the disorder (33 states)

## Use of Pharmacotherapy for Opioid Use Disorder (continued)

Geographic Variation in the Percentage of Adults Ages 18 to 64 with an Opioid Use Disorder who Filled a Prescription for or were Administered or Dispensed an FDA-Approved Medication for the Disorder (OUD-AD), FFY 2022 (n = 33 states)

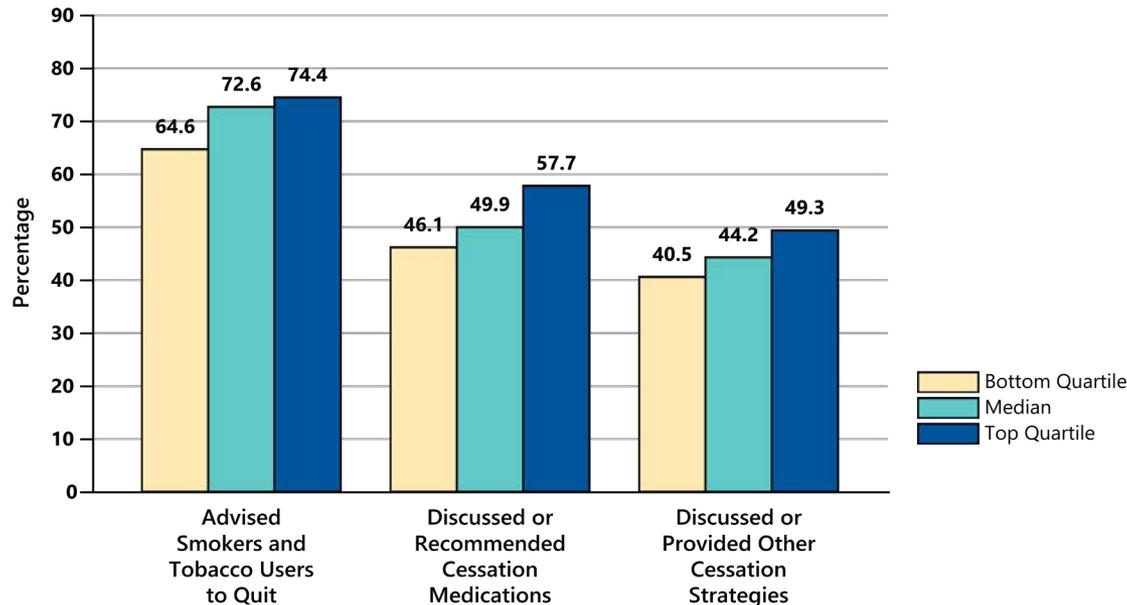


Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.  
 Note: This chart excludes Ohio, which calculated the measure but did not use Adult Core Set specifications.

# Medical Assistance With Smoking and Tobacco Use Cessation

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.

**Percentage of Adults Ages 18 to 64 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 2022 (n = 27 states)**



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

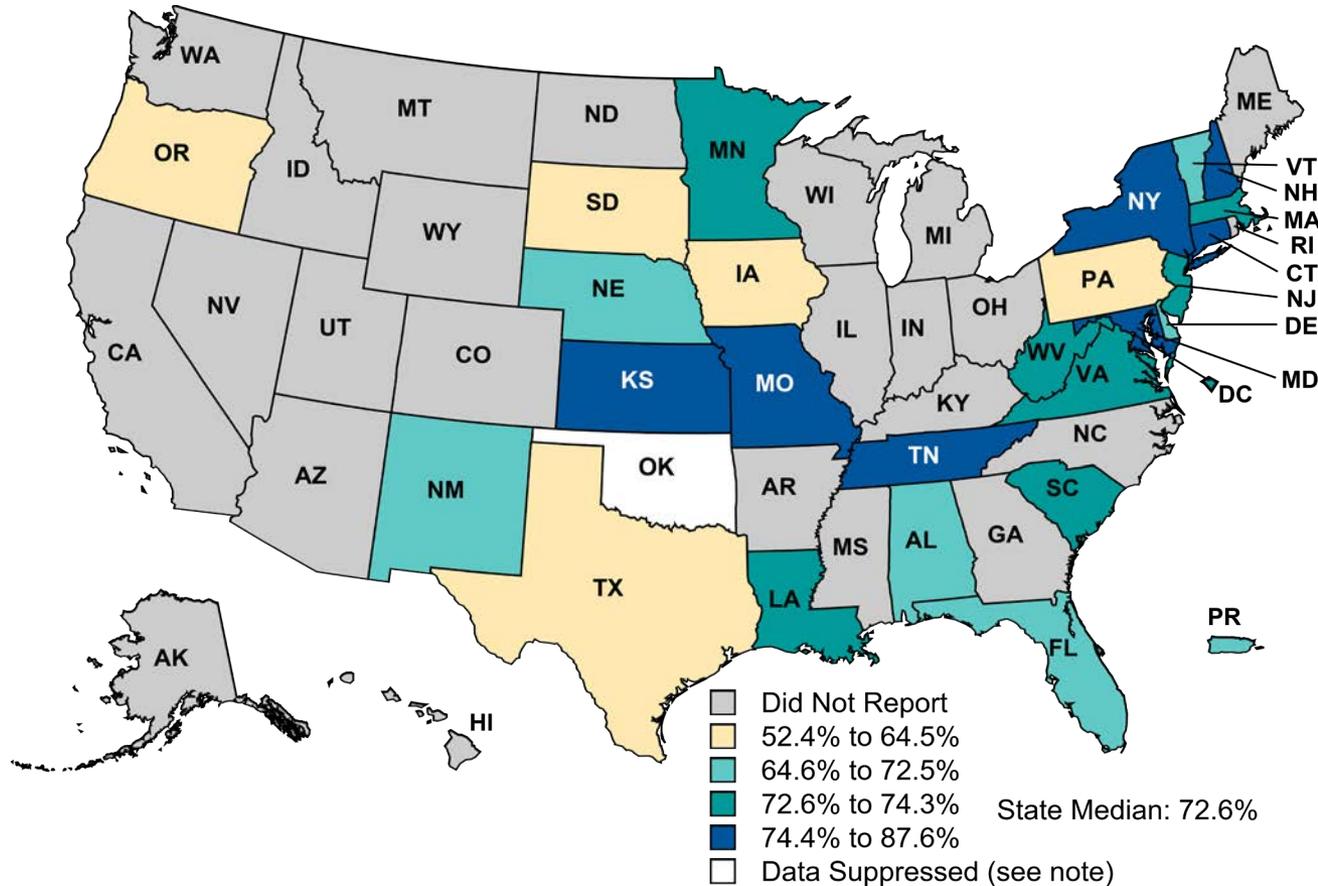
Notes: This measure shows the percentage of adults age 18 and older who reported that they were current smokers or tobacco users and who were provided medical assistance with smoking and tobacco use cessation in the six months prior to the survey. Rates are the percentage of beneficiaries who responded '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. States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older. Data were suppressed for Oklahoma due to small cell sizes.

A median of **73** percent of adults ages 18 to 64 who were current smokers or tobacco users received advice to quit, **50** percent discussed cessation medications, and **44** percent discussed other cessation strategies (27 states)



# Advising Smokers and Tobacco Users to Quit (continued)

**Geographic Variation in the Percentage of Adults Ages 18 to 64 who were Current Smokers or Tobacco Users and Were Advised to Quit (MSC-AD), FFY 2022 (n = 27 states)**



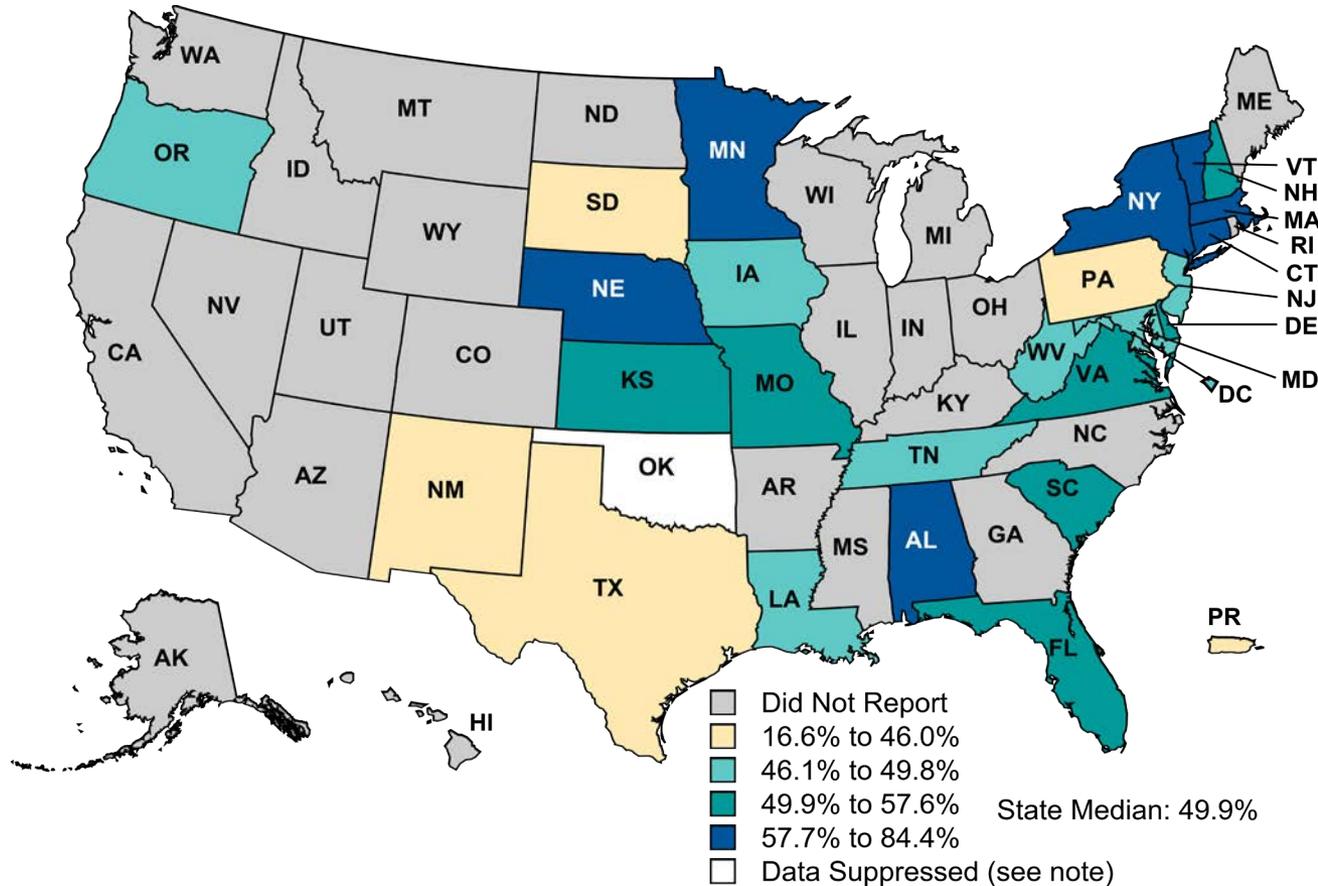
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older. Data were suppressed for Oklahoma due to small cell sizes.



# Discussing Cessation Medications (continued)

**Geographic Variation in Percentage of Adults Ages 18 to 64 who were Current Smokers or Tobacco Users and Discussed or were Recommended Cessation Medications (MSC-AD), FFY 2022 (n = 27 states)**



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older. Data were suppressed for Oklahoma due to small cell sizes.

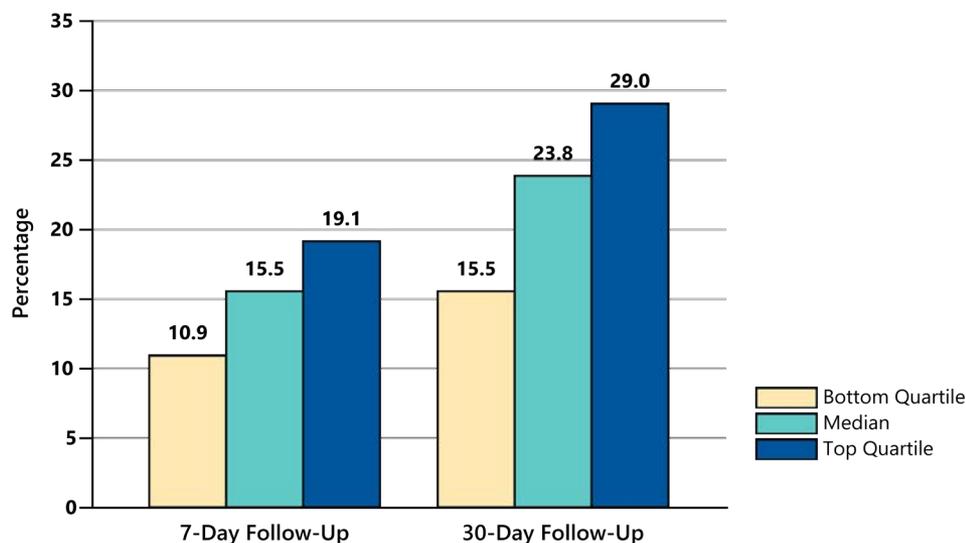




# Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Age 18 and Older

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 Ages 18 to 64 with a Principal Diagnosis of Alcohol or Other Drug (AOD) Abuse or Dependence with a Follow-Up Visit for AOD Abuse or Dependence within 7 Days and 30 Days of the ED Visit (FUA-AD), FFY 2022 (n = 47 states)**



A median of **16** percent of ED visits for adults ages 18 to 64 with a diagnosis of AOD abuse or dependence had a follow-up visit within 7 days and **24** percent had a follow-up visit within 30 days (47 states)

Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

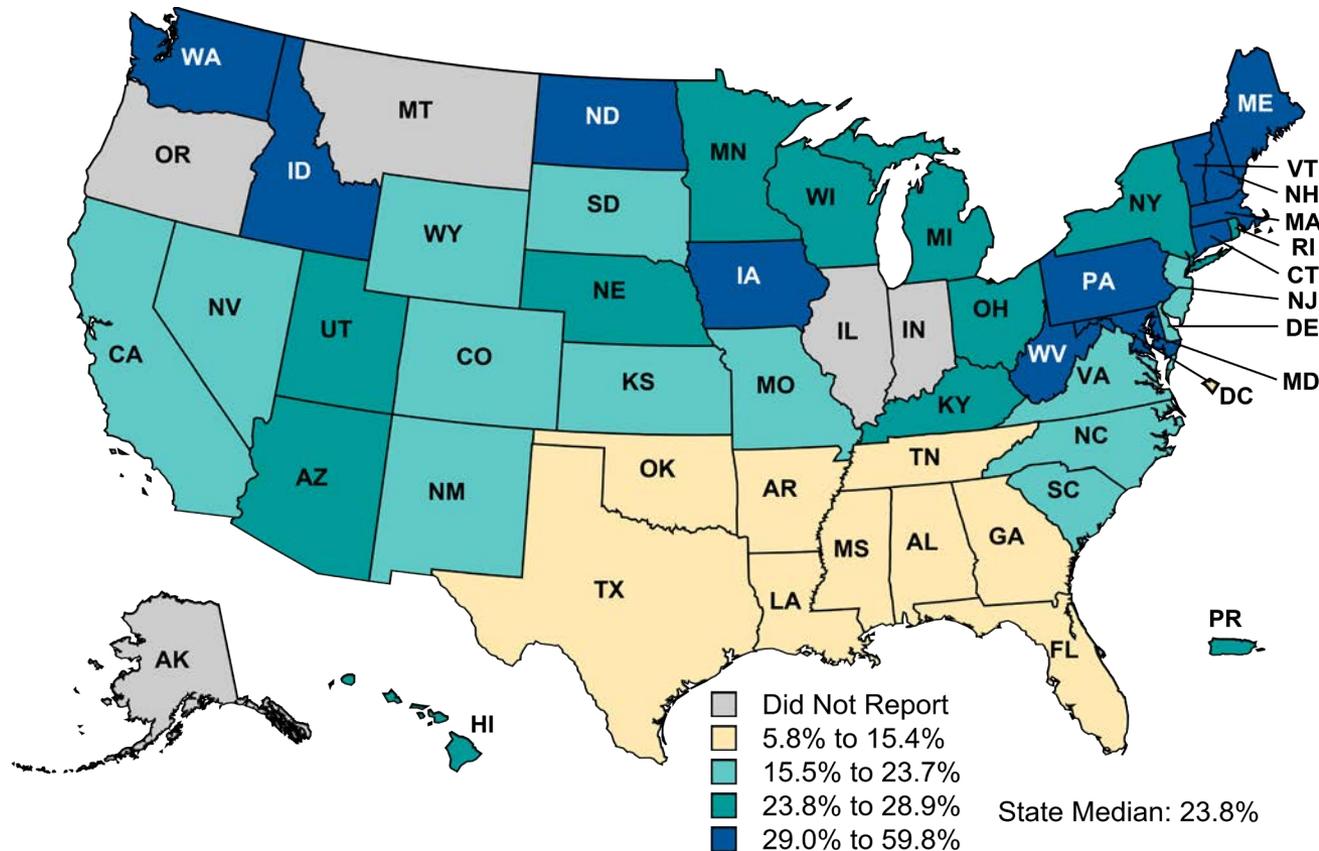
Notes: This measure shows the percentage of emergency department (ED) visits for adults age 18 and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence that had a follow-up visit for AOD abuse or dependence. States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older.





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

Geographic Variation in the Percentage of Emergency Department (ED) Visits for Adults Ages 18 to 64 with a Principal Diagnosis of Alcohol and Other Drug (AOD) Abuse or Dependence with a Follow-Up Visit for AOD Abuse or Dependence within 30 Days of the ED Visit (FUA-AD), FFY 2022 (n = 47 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

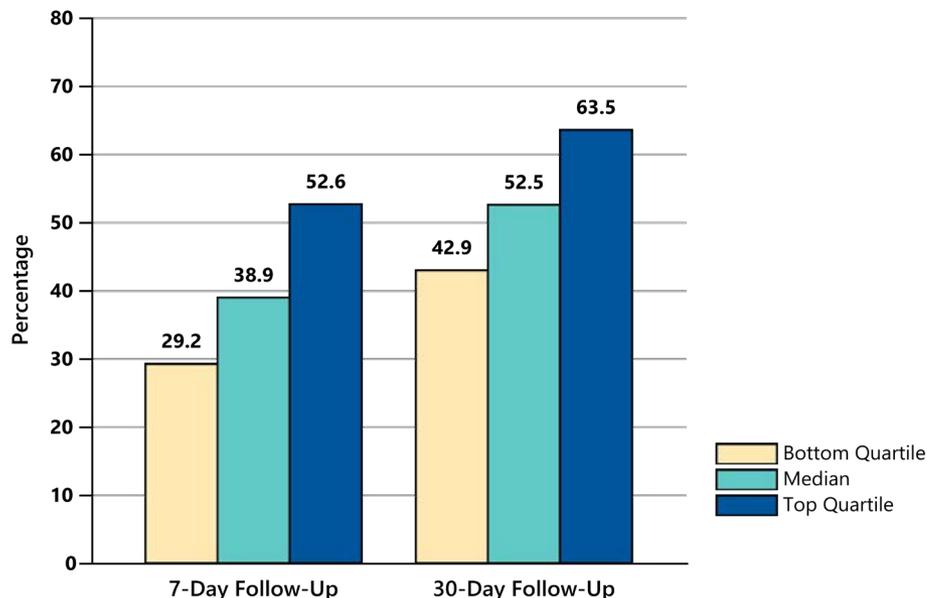
Note: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older.



# Follow-up After Emergency Department Visit for Mental Illness: Age 18 and Older

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 Ages 18 to 64 with 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 2022 (n = 48 states)



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

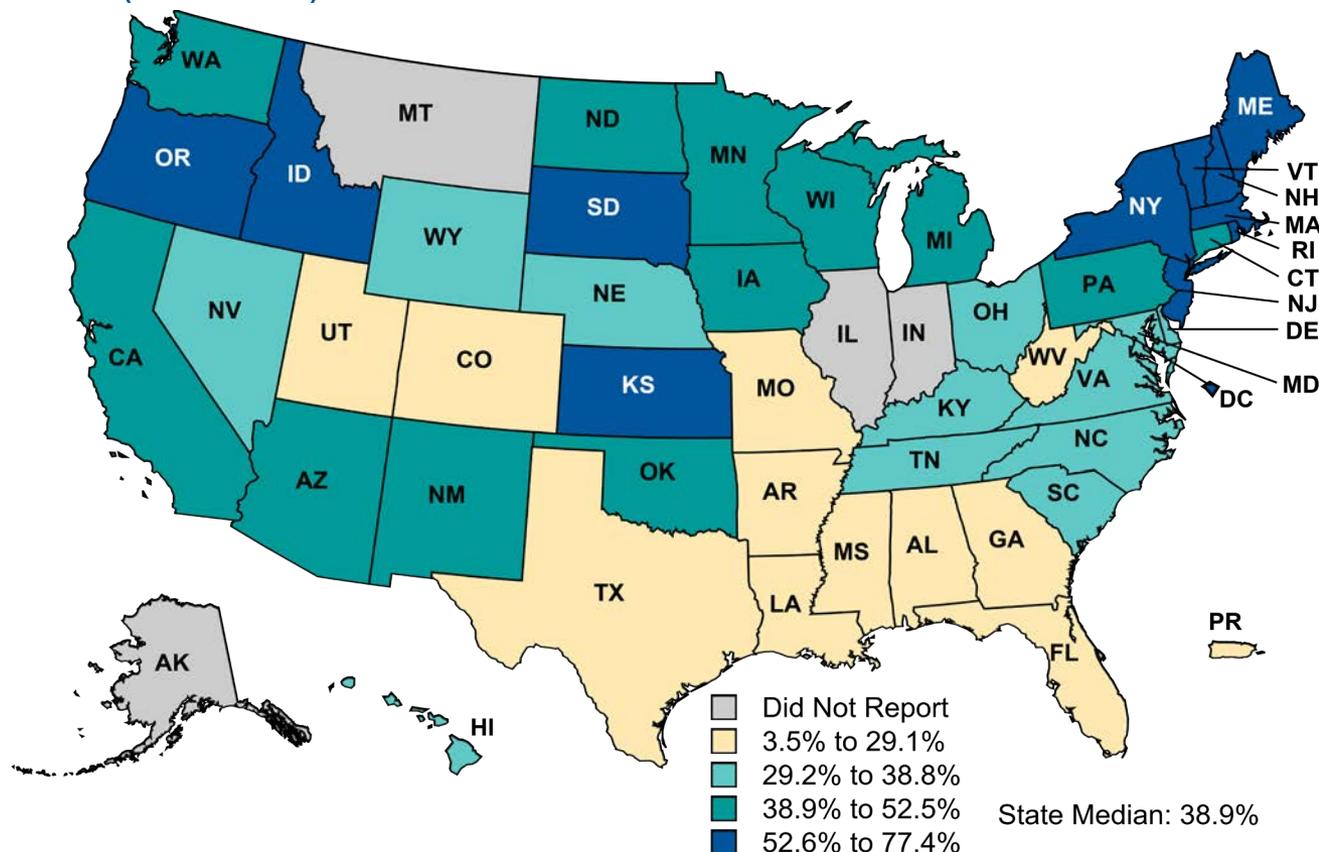
Notes: This measure shows the percentage of emergency department (ED) visits for adults age 18 and older with a principal diagnosis of mental illness or intentional self-harm that had a follow-up visit for mental illness. Two rates are reported: (1) the percentage of ED visits for which the beneficiary 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. States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older.

A median of **39** percent of ED visits for adults ages 18 to 64 with mental illness or intentional self-harm diagnoses had a follow-up visit within 7 days and **53** percent had a follow-up visit within 30 days (48 states)



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

**Geographic Variation in the Percentage of Emergency Department (ED) Visits for Adults Ages 18 to 64 with 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 2022 (n = 48 states)**



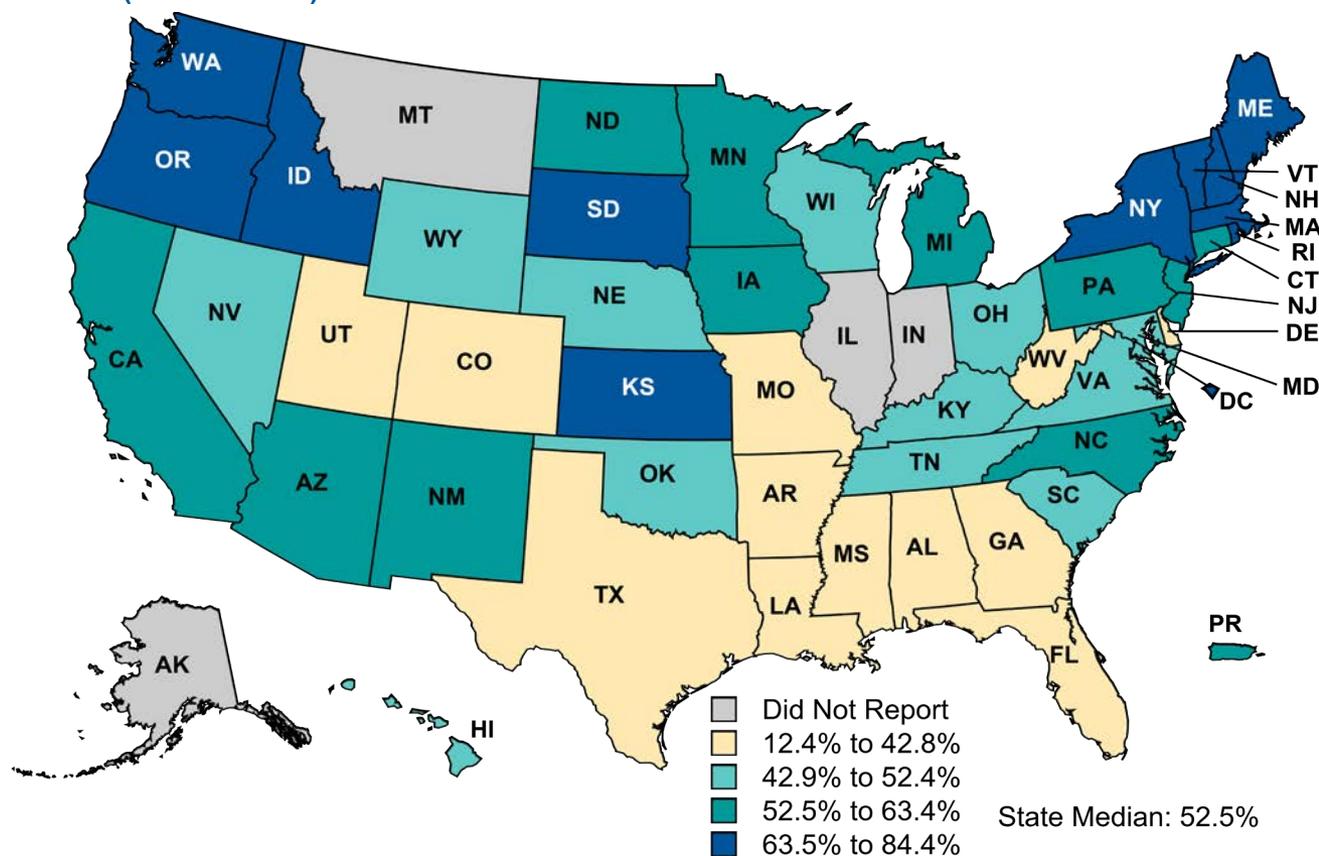
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older.



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

**Geographic Variation in the Percentage of Emergency Department (ED) Visits for Adults Ages 18 to 64 with 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 2022 (n = 48 states)**



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

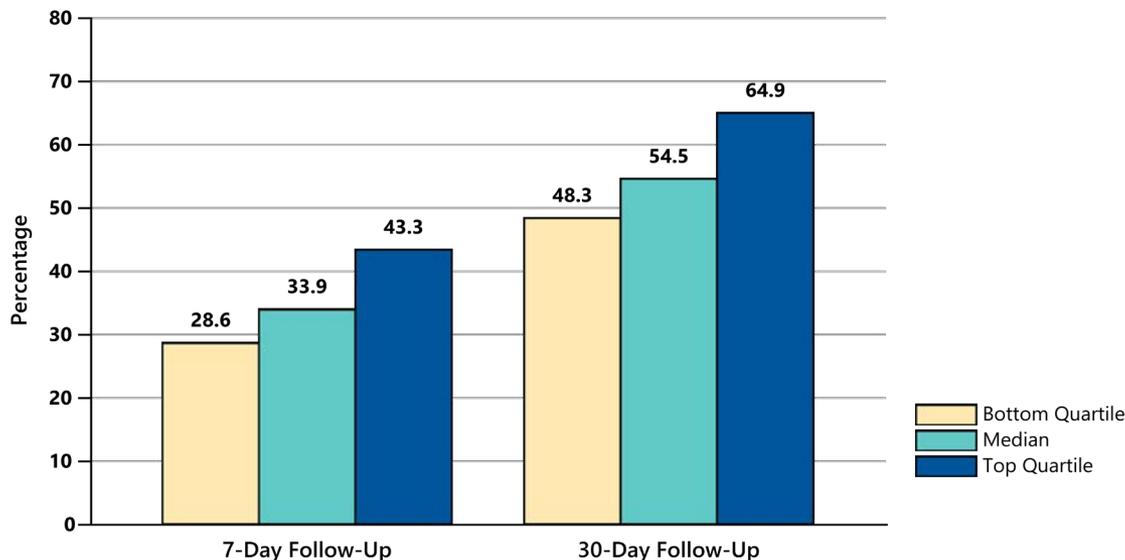
Note: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older.



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

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

**Percentage of Discharges for Adults Ages 18 to 64 Hospitalized for Treatment of Mental Illness or Intentional Self-Harm with a Follow-Up Visit with a Mental Health Provider within 7 and 30 Days After Discharge (FUH-AD), FFY 2022 (n = 46 states)**



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Notes: This measure shows the percentage of discharges for adults age 18 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider. 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. States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older. This chart excludes Oregon, which reported the measure but did not use Adult Core Set specifications.

A median of **34** percent of discharges for adults ages 18 to 64 hospitalized for treatment of mental illness or intentional self-harm and had a follow-up visit within 7 days after discharge and

**55** percent had a follow-up visit within 30 days after discharge (46 states)



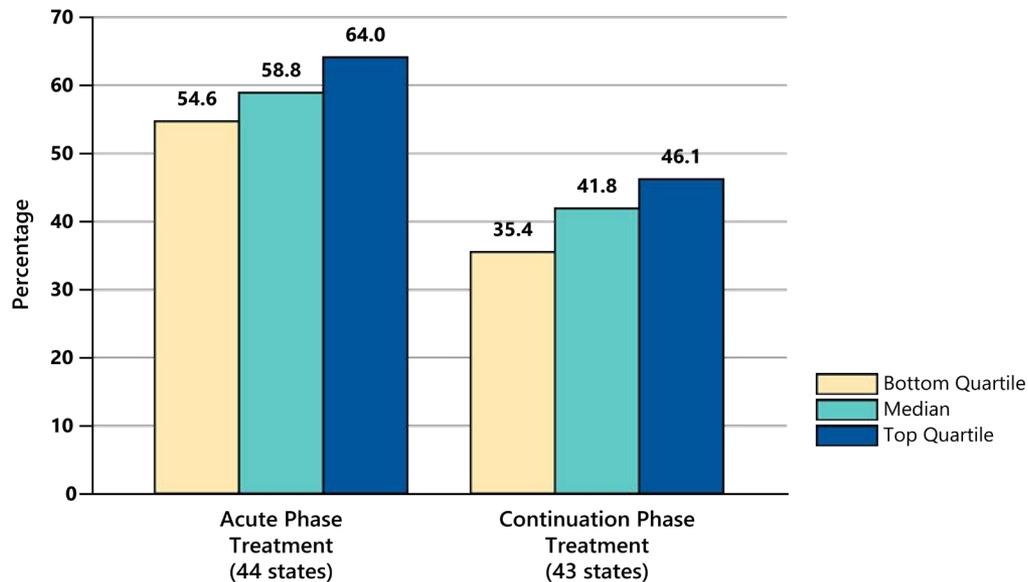




# Antidepressant Medication Management

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

## Percentage of Adults Ages 18 to 64 with a Diagnosis of Major Depression who were Treated with and Remained on an Antidepressant Medication (AMM-AD), FFY 2022



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

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. States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older.

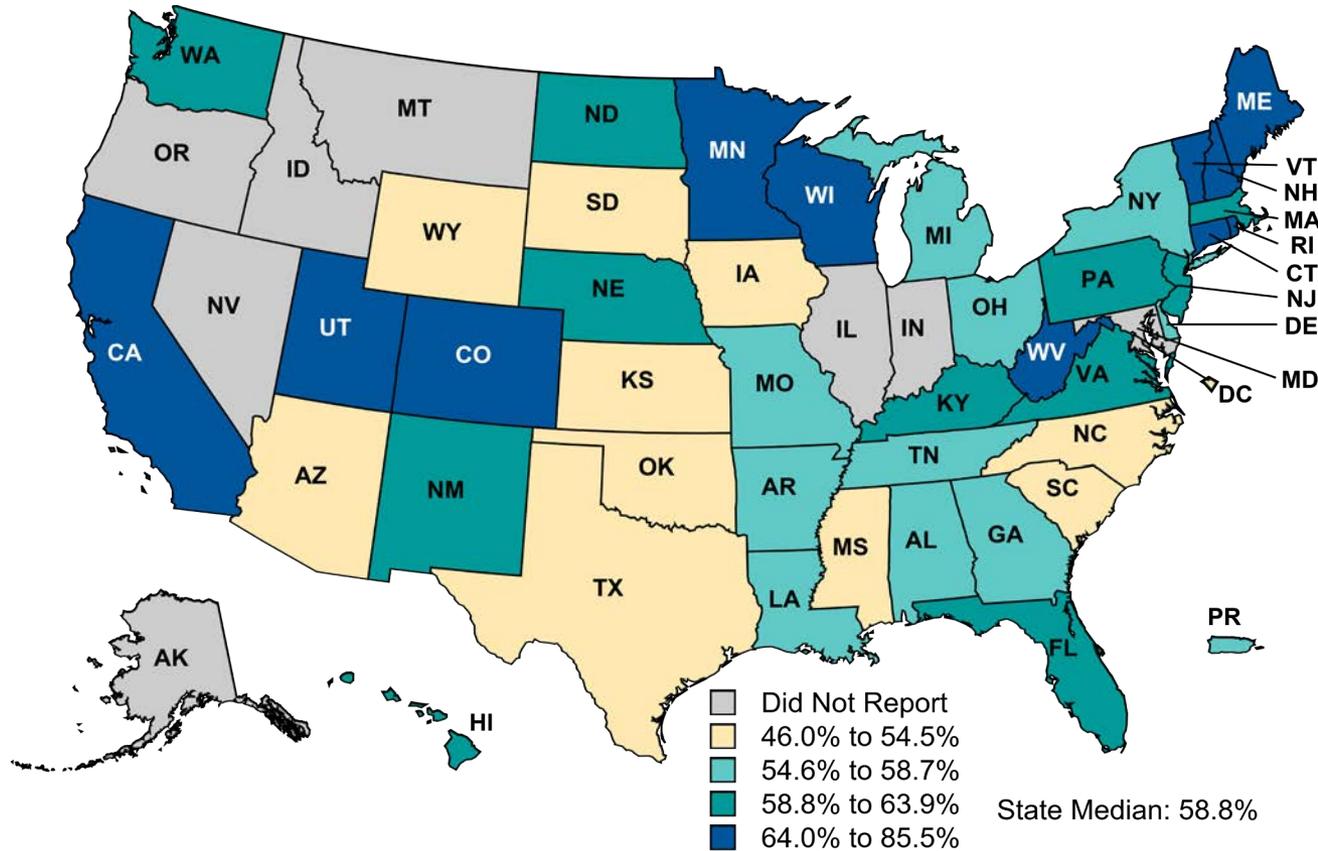
A median of **59** percent of adults ages 18 to 64 with a diagnosis of major depression who were treated with antidepressant medication remained on medication during the acute phase and (44 states)

**42** percent remained on medication during the continuation phase (43 states)



# Antidepressant Medication Management: Acute Phase Treatment (continued)

**Geographic Variation in the Percentage of Adults Ages 18 to 64 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 2022 (n = 44 states)**



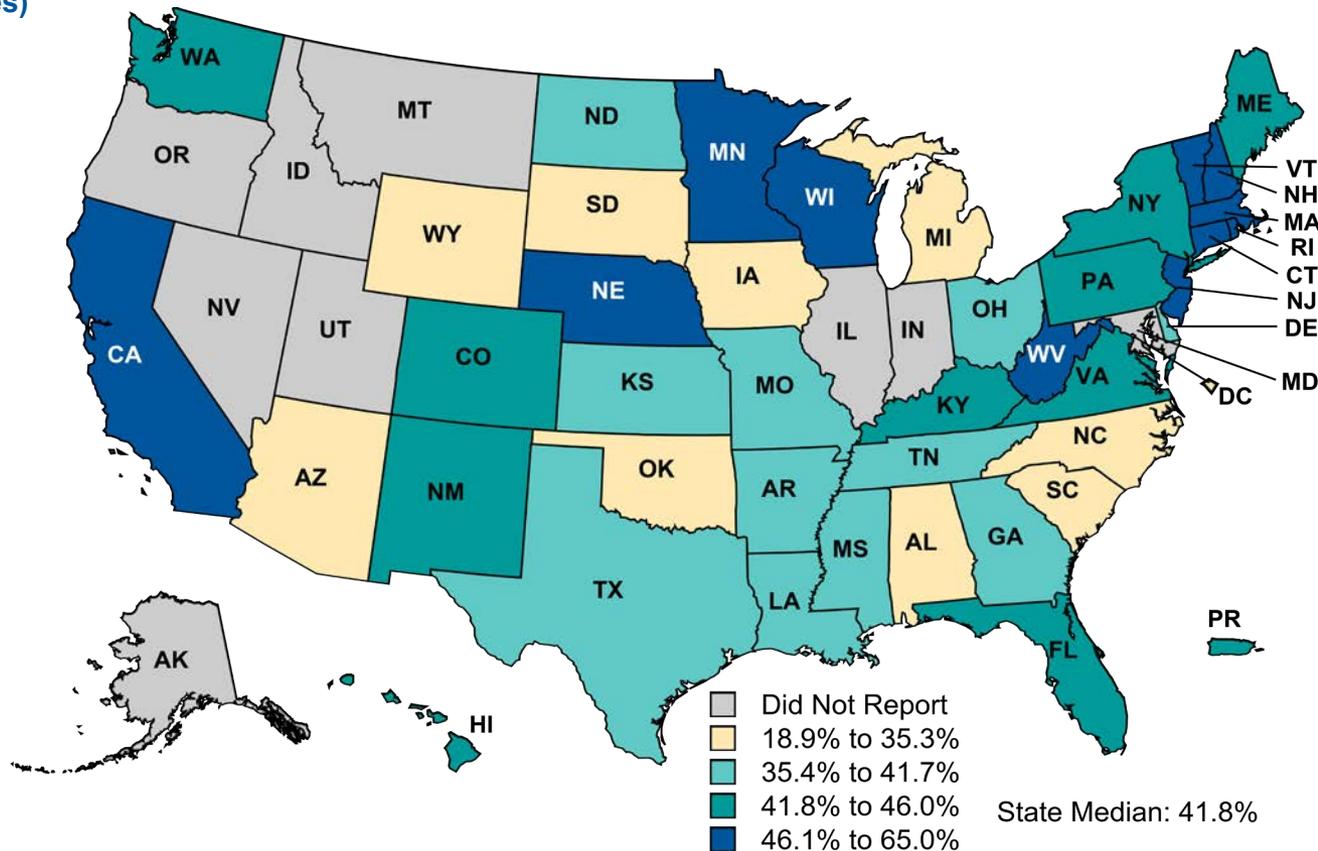
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

Note: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older.



# Antidepressant Medication Management: Continuation Phase Treatment (continued)

**Geographic Variation in the Percentage of Adults Ages 18 to 64 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 2022 (n = 43 states)**



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

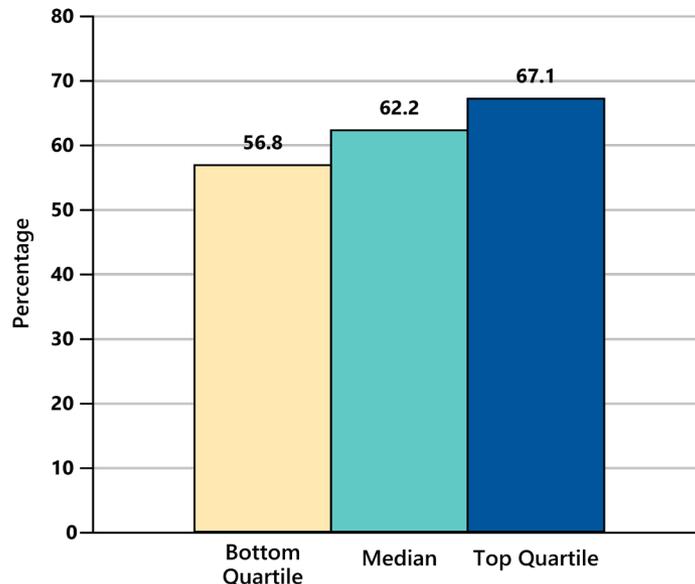
Notes: States report two age stratifications for this measure for the Adult Core Set: Ages 18 to 64 and Age 65 and Older. This chart shows reporting for the Ages 18 to 64 rates. However, some states may have reported rates for Age 18 and Older. This chart excludes Utah, which reported the measure but did not provide data for the Continuation Phase Treatment rate.



# Adherence to Antipsychotic Medications for Individuals with Schizophrenia

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

**Percentage of Adults 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 2022 (n = 46 states)**



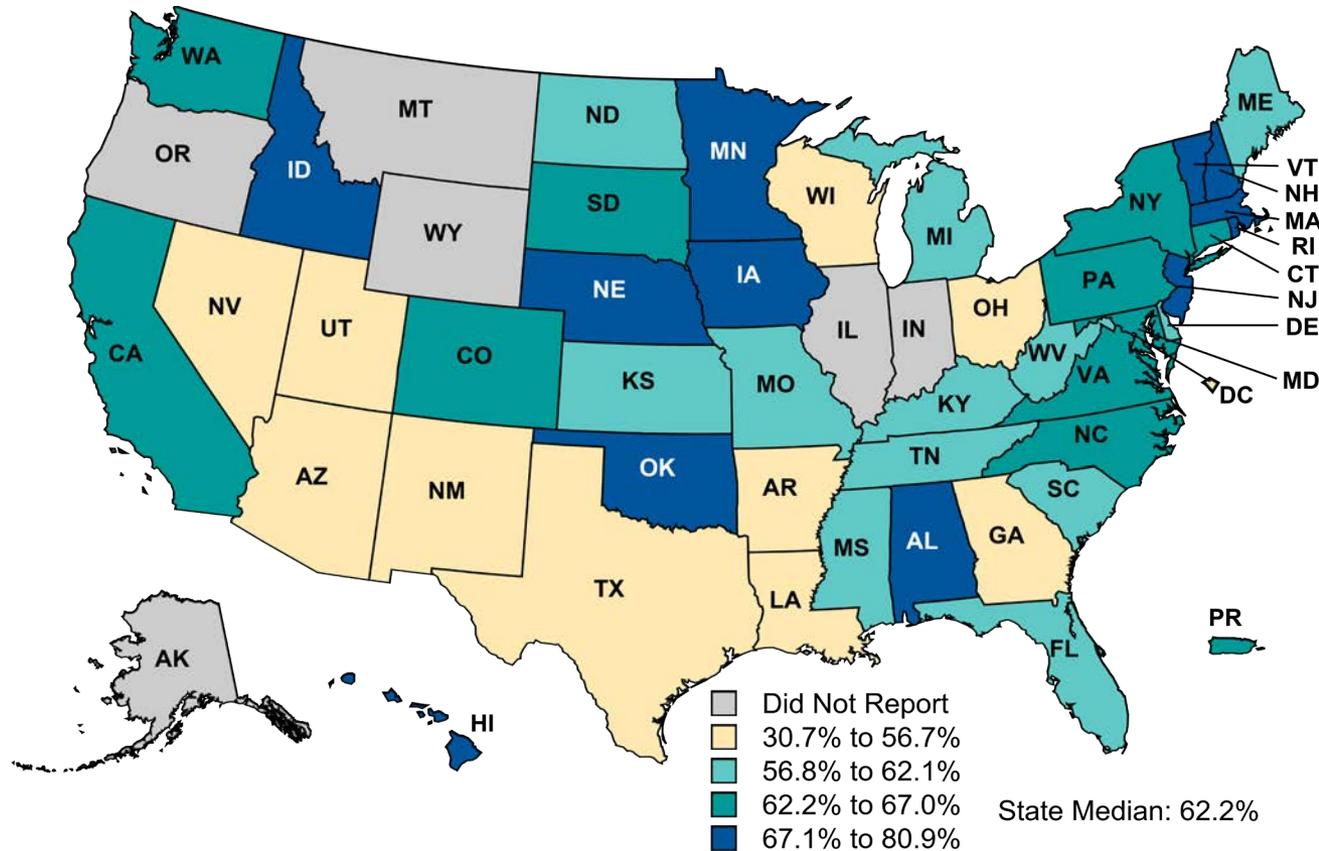
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

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.

A median of **62** percent of adults age 18 and older with schizophrenia or schizoaffective disorder remained on an antipsychotic medication for at least 80 percent of their treatment period (46 states)

# Adherence to Antipsychotic Medications for Individuals with Schizophrenia (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 2022 (n = 46 states)

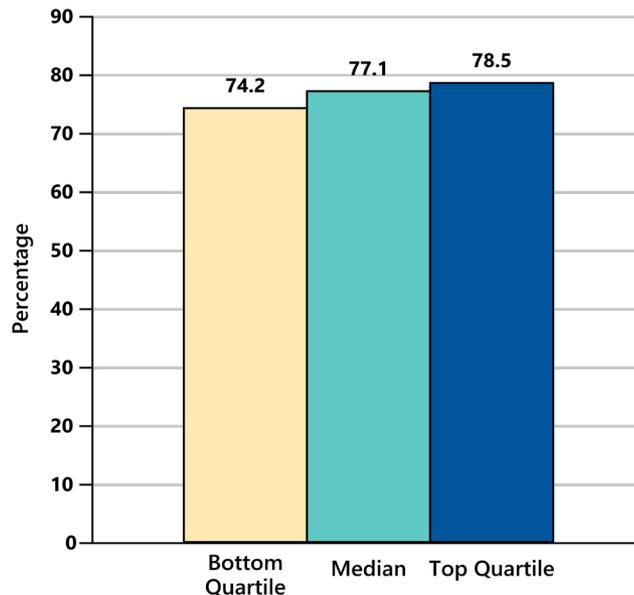


Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

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

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

## Percentage of Adults Ages 18 to 64 with Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder who were Dispensed an Antipsychotic Medication and had a Diabetes Screening Test (SSD-AD), FFY 2022 (n = 46 states)



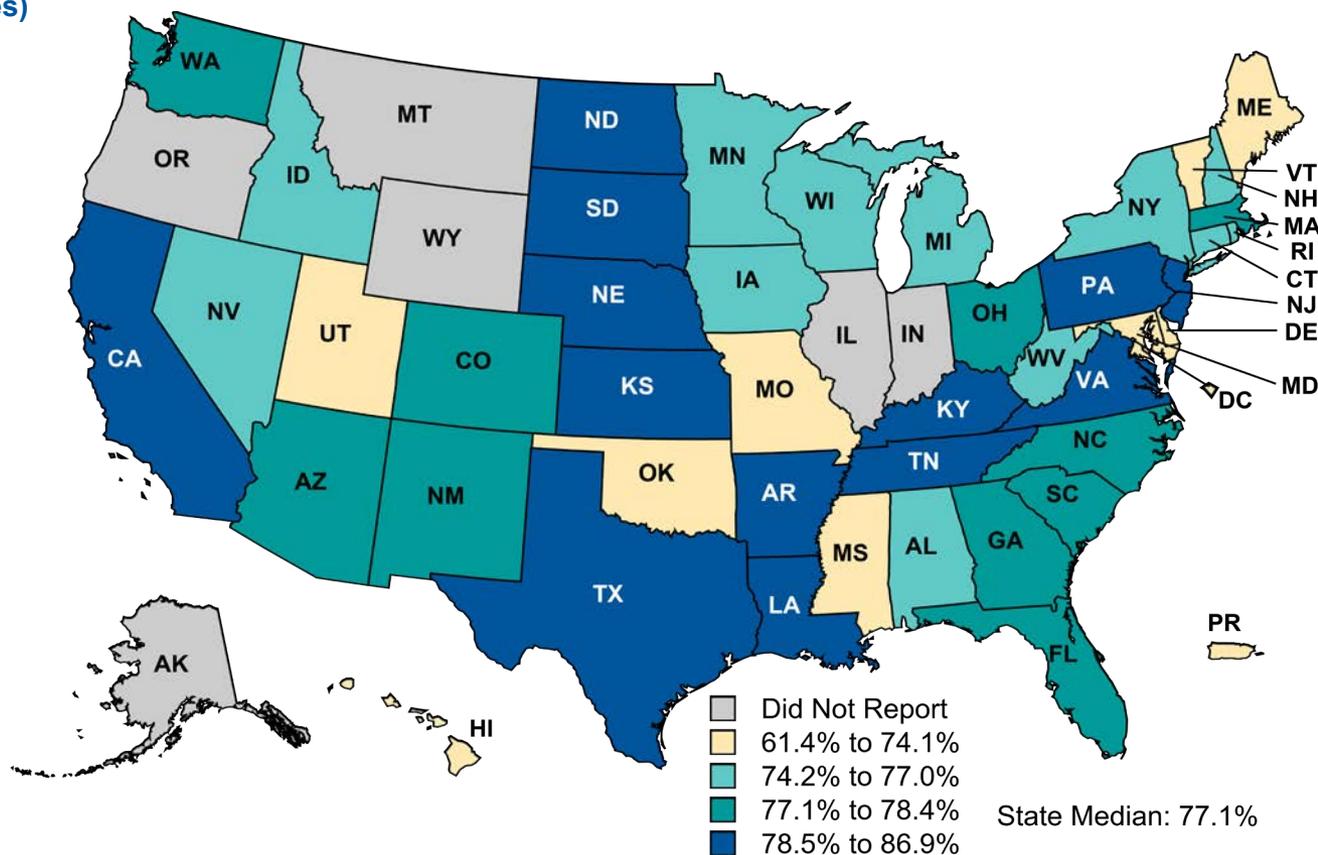
Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

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 **77** percent of adults ages 18 to 64 with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic had a diabetes screening test during the measurement year (46 states)

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

**Geographic Variation in the Percentage of Adults Ages 18 to 64 with Schizophrenia, Schizoaffective Disorder, or Bipolar Disorder who were Dispensed an Antipsychotic Medication and had a Diabetes Screening Test (SSD-AD), FFY 2022 (n = 46 states)**



Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023.

# Long-Term Services and Supports

Medicaid is the primary payer for long-term care services in the United States.<sup>1</sup> Medicaid covers long-term care services across a continuum of settings, including home- and community-based long-term services and supports (LTSS) and institutional facilities. More than 30 percent of total Medicaid spending is for long-term care spending.

CMS is working in partnership with states, providers, consumers, advocates, and other stakeholders to create a person-driven system in which Medicaid beneficiaries with disabilities and chronic conditions have choice, control, and access to a full array of services that promote their health, independence, and quality of life.

One Adult Core Set measure of long-term services and supports was available for analysis for FFY 2022.

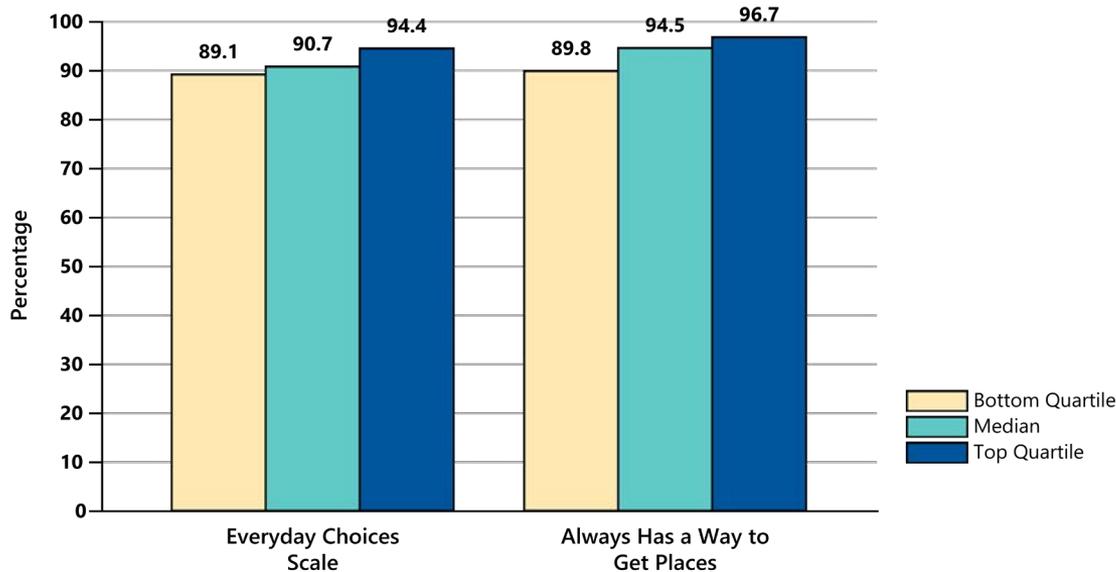
- National Core Indicators Survey

<sup>1</sup> <https://www.medicaid.gov/medicaid/long-term-services-supports/index.html>.

# National Core Indicators Survey

The National Core Indicators (NCI) provide information on beneficiaries' experience and self-reported outcomes of long-term services and supports for individuals with intellectual and developmental disabilities (IDD) and their families. State-level performance on two measures of experience for adults with IDD are reported for FFY 2022. These measures are: (1) Everyday Choices Scale and (2) Always Has a Way to Get Places.

## National Core Indicators Survey: Experiences and Self-Reported Outcomes of Long-Term Services and Supports of Adults Age 18 and Older with Intellectual and Developmental Disabilities (NCIDDS-AD), FFY 2022 (n = 27 states)



Source: Mathematica analysis of National Core Indicators (NCI) data submitted by states to the National Association of State Directors of Developmental Disabilities Services and the Human Services Research Institute (The NCI National Team) through the Online Data Entry System (ODESA) for the July 1, 2021 to June 30, 2022 data collection period.

Notes: Three measures of beneficiary experience from the NCI In-Person Survey (IPS) are reported for the Adult Core Set for FFY 2022: (1) Life Decisions Scale (percentage of adults who reported they chose or had some input in choosing their residence, work, day activity, staff, and roommates); (2) Everyday Choices Scale (percentage of adults who reported they decided or had help deciding their daily schedule, how to spend money, and how to spend free time); and (3) Always Has a Way to Get Places measure (percentage of adults who reported they always have a way to get places when they need to go somewhere). The Life Decisions Scale is not being publicly reported for the Adult Core Set for FFY 2022 because fewer than 25 states shared data with CMS for this scale. The Everyday Choices Scale and Always Have a Way to Get Places Measure were not risk adjusted for FFY 2022. In previous years, the Everyday Choices Scale results were risk adjusted, so rates for FFY 2022 are not comparable to results to previous results.

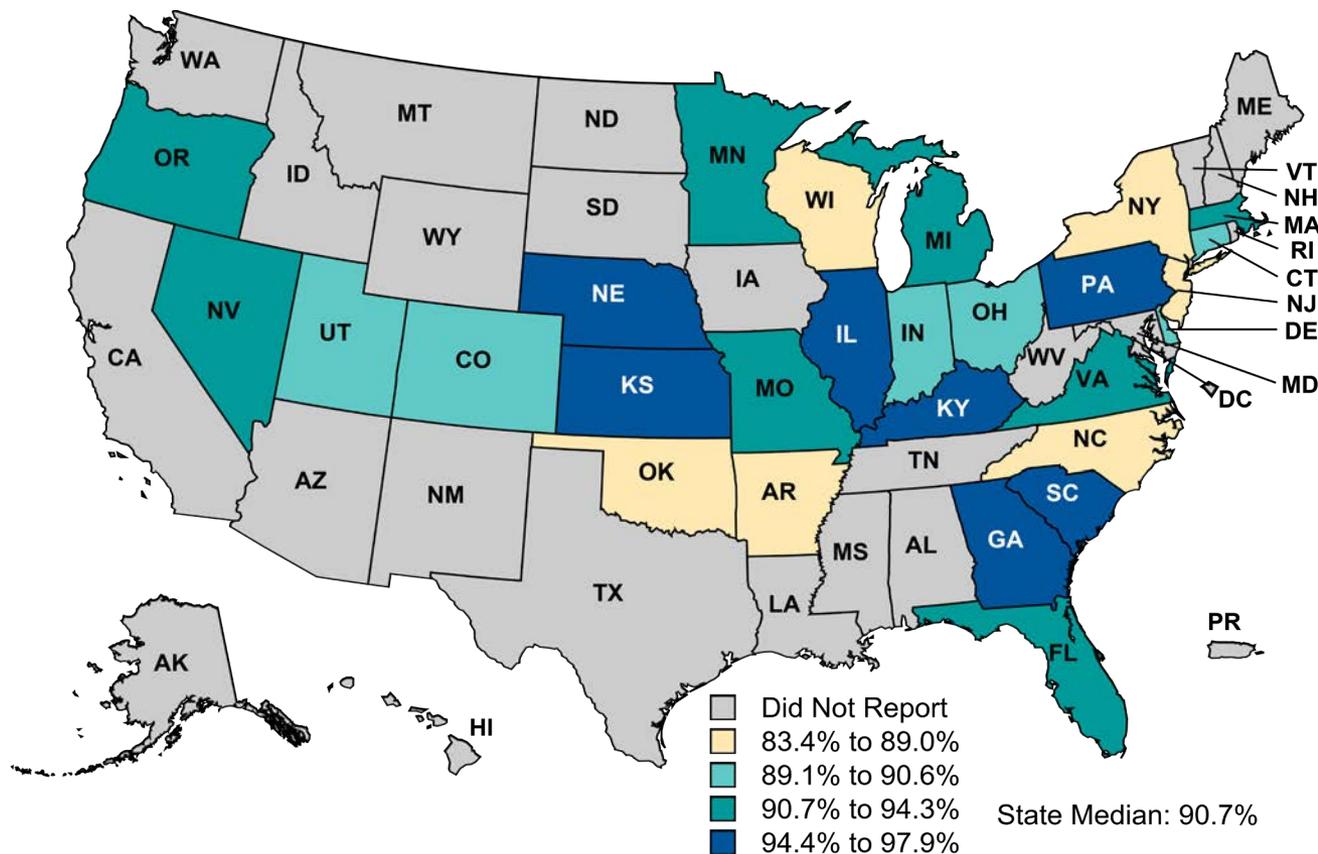
A median of **91** percent of adults age 18 and older reported they chose or had some input in choosing their daily activities, spending, and free time, and

**95** percent reported they always had a means of transportation (27 states)



# National Core Indicators Survey: Everyday Choices Scale (continued)

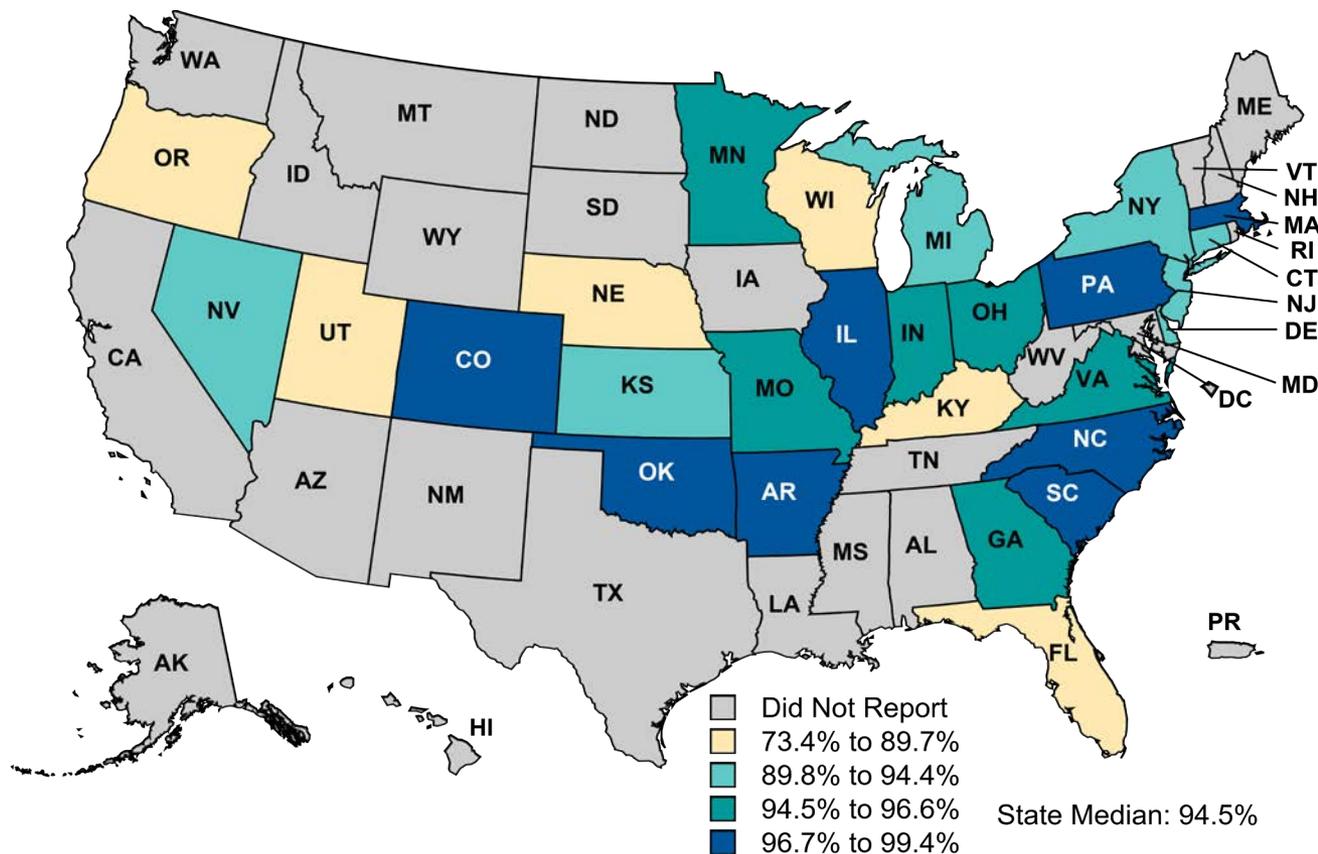
Percentage of Adults who Reported They Decided or Had Help Deciding Their Daily Schedule, How to Spend Money, and How to Spend Free Time (NCIDDS-AD), FFY 2022 (n = 27 states)



Source: Mathematica analysis of National Core Indicators (NCI) data submitted by states to the National Association of State Directors of Developmental Disabilities Services and the Human Services Research Institute (The NCI National Team) through the Online Data Entry System (ODESA) for the July 1, 2021 to June 30, 2022 data collection period.

# National Core Indicators Survey: Always Has A Way To Get Places (continued)

Percentage of Adults who Reported They Always Have a Way to Get Places When They Need to go Somewhere (NCIDDS-AD), FFY 2022 (n = 27 states)



Source: Mathematica analysis of National Core Indicators (NCI) data submitted by states to the National Association of State Directors of Developmental Disabilities Services and the Human Services Research Institute (The NCI National Team) through the Online Data Entry System (ODESA) for the July 1, 2021 to June 30, 2022 data collection period.



# REFERENCE TABLES AND ADDITIONAL RESOURCES



# Overview of State Reporting of the Adult Core Set Measures, FFY 2022

	Number of Measures Reported	Breast Cancer Screening	Cervical Cancer Screening	Colorectal Cancer Screening	Chlamydia Screening in Women Ages 21 to 24	Flu Vaccinations for Adults Ages 18 to 64	Screening for Depression and Follow-up Plan: Age 18 and Older	Prenatal and Postpartum Care: Postpartum Care	Contraceptive Care: Postpartum Women Ages 21 to 44	Contraceptive Care: All Women Ages 21 to 44	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)	PQ1 01: Diabetes Short-Term Complications Admission Rate	PQ1 05: COPD or Asthma in Older Adults Admission Rate	PQ1 08: Heart Failure Admission Rate	PQ1 15: Asthma in Younger Adults Admission Rate	Plan All-Cause Readmissions	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older	Asthma Medication Ratio: Ages 19 to 64	Controlling High Blood Pressure	HIV Viral Load Suppression	Use of Opioids at High Dosage in Persons Without Cancer	Concurrent Use of Opioids and Benzodiazepines	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Use of Pharmacotherapy for Opioid Use Disorder	Medical Assistance with Smoking and Tobacco Use Cessation	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Age 18 and Older	Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older	Follow-Up After Hospitalization for Mental Illness: Age 18 and Older	Antidepressant Medication Management	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	CAHPS Health Plan Survey 5.1H, Adult Version (Medicaid)	National Core Indicators Survey				
Total	26 (Median)	46	46	25	46	28	23	44	39	39	34	38	34	34	36	40	34	46	39	11	40	36	46	34	28	47	48	47	44	46	46	15	36	27				
Alabama	28	X	X	X	X	X	X	X	X	X	--	X	X	X	X	--	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	--		
Arizona	26	X	X	--	X	--	--	X	X	X	X	X	X	X	X	X	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--		
Arkansas	24	X	X	X	X	--	--	--	X	X	X	X	X	X	X	X	--	--	X	--	X	X	X	X	--	X	X	X	X	X	X	X	X	--	--	X		
California	24	X	X	--	X	--	X	X	X	X	X	X	--	--	X	X	--	--	X	X	X	X	X	X	--	X	X	X	X	X	X	X	X	--	X	--		
Colorado	24	X	X	--	X	--	X	X	X	X	X	--	X	X	X	--	--	X	X	--	X	X	X	X	--	X	X	X	X	X	X	X	X	X	--	--		
Connecticut	31	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	X		
Delaware	27	X	X	--	X	X	--	X	X	X	X	X	--	--	--	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Dist. of Col.	26	X	X	--	X	X	X	X	X	X	X	--	--	--	--	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	
Florida	24	X	X	--	X	--	X	X	X	X	X	--	--	--	--	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	X	
Georgia	19	X	X	--	X	--	X	X	--	--	X	X	--	--	--	X	--	X	X	X	--	--	X	--	--	X	X	X	X	X	X	X	X	X	--	X	X	
Hawaii	27	X	X	--	X	--	X	X	X	X	X	X	X	X	X	X	--	X	X	X	X	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	--
Idaho	16	X	X	X	--	--	--	--	X	X	--	--	--	--	X	X	--	--	X	X	X	X	X	--	--	X	X	X	X	X	X	X	X	X	--	--	X	
Illinois	1	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
Indiana	1	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	
Iowa	28	X	X	X	X	X	X	--	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--
Kansas	32	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	
Kentucky	16	X	X	--	X	--	--	X	--	--	--	--	--	--	--	X	X	X	X	X	--	--	X	--	--	X	X	X	X	X	X	X	X	X	--	--	X	
Louisiana	30	X	X	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--
Maine	24	X	X	X	X	--	--	--	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--
Maryland	25	X	X	--	X	X	--	X	--	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--

Table is continued on the next slide.

# Overview of State Reporting of the Adult Core Set Measures, FFY 2022 (continued)

	Number of Measures Reported	Breast Cancer Screening	Cervical Cancer Screening	Colorectal Cancer Screening	Chlamydia Screening in Women Ages 21 to 24	Flu Vaccinations for Adults Ages 18 to 64 Screening for Depression and Follow-up Plan: Age 18 and Older	Prenatal and Postpartum Care: Postpartum Care	Contraceptive Care: Postpartum Women Ages 21 to 44	Contraceptive Care: All Women Ages 21 to 44	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)	PQI 01: Diabetes Short-Term Complications Admission Rate	PQI 05: COPD or Asthma in Older Adults Admission Rate	PQI 08: Heart Failure Admission Rate	PQI 15: Asthma in Younger Adults Admission Rate	Plan All-Cause Readmissions	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older	Asthma Medication Ratio: Ages 19 to 64	Controlling High Blood Pressure	HIV Viral Load Suppression	Use of Opioids at High Dosage in Persons Without Cancer	Concurrent Use of Opioids and Benzodiazepines	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Use of Pharmacotherapy for Opioid Use Disorder	Medical Assistance with Smoking and Tobacco Use Cessation	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Age 18 and Older	Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older	Follow-Up After Hospitalization for Mental Illness: Age 18 and Older	Antidepressant Medication Management	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	CAHPS Health Plan Survey 5.1H, Adult Version (Medicaid)	National Core Indicators Survey					
Massachusetts	31	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Michigan	24	X	X	-	X	-	X	X	X	-	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
Minnesota	27	X	X	X	X	X	-	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
Mississippi	22	X	X	-	X	-	X	X	X	X	-	-	-	-	-	X	X	X	X	X	X	X	-	-	X	X	X	X	X	X	X	X	X	X	X			
Missouri	28	X	X	X	X	X	-	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Nebraska	31	X	X	X	X	X	-	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Nevada	23	X	-	X	-	-	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
New Hampshire	31	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
New Jersey	24	X	X	-	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
New Mexico	21	X	X	-	X	X	X	X	-	X	X	-	-	-	X	X	X	X	-	-	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X		
New York	33	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
North Carolina	27	X	X	X	X	-	-	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
North Dakota	26	X	X	X	X	-	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Ohio	26	X	X	-	X	-	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Oklahoma	29	X	X	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Oregon	19	-	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Pennsylvania	30	X	X	-	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Puerto Rico	29	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Rhode Island	18	X	X	-	X	X	-	X	-	-	X	-	-	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
South Carolina	31	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

Table is continued on the next slide.

# Overview of State Reporting of the Adult Core Set Measures, FFY 2022 (continued)

	Number of Measures Reported	Breast Cancer Screening	Cervical Cancer Screening	Colorectal Cancer Screening	Chlamydia Screening in Women Ages 21 to 24	Flu Vaccinations for Adults Ages 18 to 64	Screening for Depression and Follow-up Plan: Age 18 and Older	Prenatal and Postpartum Care: Postpartum Care	Contraceptive Care: Postpartum Women Ages 21 to 44	Contraceptive Care: All Women Ages 21 to 44	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)	PQ1 01: Diabetes Short-Term Complications Admission Rate	PQ1 05: COPD or Asthma in Older Adults Admission Rate	PQ1 08: Heart Failure Admission Rate	PQ1 15: Asthma in Younger Adults Admission Rate	Plan All-Cause Readmissions	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older	Asthma Medication Ratio: Ages 19 to 64	Controlling High Blood Pressure	HIV Viral Load Suppression	Use of Opioids at High Dosage in Persons Without Cancer	Concurrent Use of Opioids and Benzodiazepines	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Use of Pharmacotherapy for Opioid Use Disorder	Medical Assistance with Smoking and Tobacco Use Cessation	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Age 18 and Older	Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older	Follow-Up After Hospitalization for Mental Illness: Age 18 and Older	Antidepressant Medication Management	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	CAHPS Health Plan Survey 5.1H, Adult Version (Medicaid)	National Core Indicators Survey												
South Dakota	24	--	--	X	X	--	X	X	X	--	X	X	X	X	X	--	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	--							
Tennessee	30	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	--			
Texas	29	X	X	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	--	
Utah	14	X	X	--	X	--	--	X	--	--	X	--	--	--	X	--	X	X	X	--	--	--	--	--	--	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Vermont	30	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Virginia	20	X	X	--	X	X	--	X	--	--	X	--	--	--	--	X	X	X	X	X	X	--	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Washington	28	X	X	X	X	--	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
West Virginia	29	X	X	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Wisconsin	16	X	X	--	X	--	--	X	--	--	--	--	--	--	--	X	X	X	X	X	--	--	--	--	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Wyoming	19	X	X	--	X	--	X	X	X	X	--	X	X	X	X	--	--	X	--	X	X	X	--	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Sources: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023 and National Core Indicators (NCI) data submitted by states to the NCI National Team for the July 1, 2021 to June 30, 2022 data collection period.

Notes: The term “states” includes the 50 states, the District of Columbia, and Puerto Rico. The 2021 Adult Core Set includes 33 measures. One measure was retired from the 2022 Adult Core Set and two measures were added. Information about the updates to the 2022 Core Sets is available at [https://www.medicare.gov/sites/default/files/2021-12/cib121021\\_0.pdf](https://www.medicare.gov/sites/default/files/2021-12/cib121021_0.pdf). This table includes all Adult Core Set measures for the FFY 2022 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 states did not report Adult Core Set measures for FFY 2022: Alaska and Montana.

# Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2022

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
<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	46	48.0	48.8	43.6	54.0
Cervical Cancer Screening	Percentage of Women Screened for Cervical Cancer: Ages 21 to 64	46	51.1	51.4	44.6	58.3
Chlamydia Screening in Women Ages 21 to 24	Percentage of Sexually Active Women Screened for Chlamydia: Ages 21 to 24	46	55.5	55.9	52.0	64.1
Flu Vaccinations for Adults Ages 18 to 64	Percentage who Received a Flu Vaccination: Ages 18 to 64	28	40.4	40.5	35.4	46.4
<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	44	69.2	75.0	65.1	78.6
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	39	12.0	11.7	8.7	13.6
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 60 Days of Delivery: Ages 21 to 44	39	37.8	38.6	34.1	41.3
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	37	2.4	2.1	0.9	3.0
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 60 Days of Delivery: Ages 21 to 44	39	11.4	11.7	9.1	13.9
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	39	22.7	23.9	21.2	25.9
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	39	4.9	4.3	3.5	5.8

Table is continued on the next slide.

# Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2022 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
<b>Care of Acute and Chronic Conditions</b>						
Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)	Percentage with Diabetes (Type 1 or Type 2) who had Hemoglobin A1c in Poor Control (>9.0%): Ages 18 to 64 [Lower rates are better]	33	44.2	41.2	48.9	36.8
PQI 01: Diabetes Short-Term Complications Admission Rate	Inpatient Hospital Admissions for Diabetes Short-Term Complications per 100,000 Beneficiary Months: Ages 18 to 64 [Lower rates are better]	38	17.8	17.2	21.8	13.6
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	Inpatient Hospital Admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma per 100,000 Beneficiary Months: Ages 40 to 64 [Lower rates are better]	34	44.6	29.8	40.6	23.2
PQI 08: Heart Failure Admission Rate	Inpatient Hospital Admissions for Heart Failure per 100,000 Beneficiary Months: Ages 18 to 64 [Lower rates are better]	34	28.7	23.9	33.4	17.1
PQI 15: Asthma in Younger Adults Admission Rate	Inpatient Hospital Admissions for Asthma per 100,000 Beneficiary Months: Ages 18 to 39 [Lower rates are better]	33	4.0	3.1	4.7	2.2
Plan All-Cause Readmissions	Ratio of Observed All-Cause Readmissions to Expected Readmissions: Ages 18 to 64 [Lower rates are better]	39	1.0082	0.9752	1.1244	0.8998
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Percentage of Episodes for Beneficiaries with a Diagnosis of Acute Bronchitis/Bronchiolitis that did not Result in an Antibiotic Dispensing Event: Ages 18 to 64	34	47.5	43.3	40.1	54.4
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	45	57.5	57.8	53.8	63.1
Asthma Medication Ratio: Ages 19 to 64	Percentage with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater: Ages 51 to 64	45	58.4	58.0	53.4	62.9
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	45	57.9	57.9	53.1	62.4

Table is continued on the next slide.

# Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2022 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
<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	38	54.4	57.7	52.1	62.1
<b>Behavioral Health Care</b>						
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 Years [Lower rates are better]	32	6.6	6.7	9.0	3.2
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]	36	12.6	13.3	16.0	9.7
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	45	41.9	42.1	39.2	45.5
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	45	11.8	12.2	8.1	14.4
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Opioid Abuse or Dependence who Initiated Alcohol or Other Drug Treatment within 14 Days of the Diagnosis: Ages 18 to 64	43	56.2	56.6	50.1	64.6
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Opioid Abuse or Dependence who Initiated and Engaged in Alcohol or Other Drug Treatment within 34 Days of the Initiation Visit: Ages 18 to 64	43	29.0	29.5	17.5	37.4
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	43	40.8	41.3	36.9	44.8

Table is continued on the next slide.

# Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2022 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
<b>Behavioral Health Care (continued)</b>						
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	43	11.6	11.0	7.9	15.1
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	44	43.5	43.4	41.0	47.7
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	44	15.1	15.8	10.5	18.5
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	33	59.5	56.2	51.6	71.0
Medical Assistance With Smoking and Tobacco Use Cessation	Percentage of Current Smokers and Tobacco Users Advised to Quit: Ages 18 to 64 Years	27	71.4	72.6	64.6	74.4
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	27	50.6	49.9	46.1	57.7
Medical Assistance With Smoking and Tobacco Use Cessation	Percentage of Current Smokers and Tobacco Users Discussed or were Provided Other Cessation Methods or Strategies: Ages 18 to 64 Years	27	45.4	44.2	40.5	49.3
Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Age 18 and Older	Percentage of Emergency Department (ED) Visits for Alcohol and Other Drug (AOD) Abuse or Dependence with a Follow-Up Visit for AOD Abuse or Dependence Within 7 Days of the ED Visit: Ages 18 to 64	47	16.7	15.5	10.9	19.1
Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Age 18 and Older	Percentage of Emergency Department (ED) Visits for Alcohol and Other Drug (AOD) Abuse or Dependence with a Follow-Up Visit for AOD Abuse or Dependence Within 30 Days of the ED Visit: Ages 18 to 64	47	24.2	23.8	15.5	29.0

Table is continued on the next slide.

# Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2022 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
<b>Behavioral Health Care (continued)</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	48	40.4	38.9	29.2	52.6
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	48	53.5	52.5	42.9	63.5
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 7 Days after Discharge: Ages 18 to 64	46	35.7	33.9	28.6	43.3
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	46	54.7	54.5	48.3	64.9
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	44	59.7	58.8	54.6	64.0
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	43	41.0	41.8	35.4	46.1
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Percentage with Schizophrenia or Schizoaffective Disorder who were Dispensed and Remained on Antipsychotic Medication for at Least 80 Percent of their Treatment Period: Age 18 and older	46	61.7	62.2	56.8	67.1
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	46	76.2	77.1	74.2	78.5

Table is continued on the next slide.

# Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2022 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
<b>Long-Term Services and Supports</b>						
National Core Indicators Survey	Percentage of Adults who Reported They Decided or Had Help Deciding Their Daily Schedule, How to Spend Money, and How to Spend Free Time	27	91.1	90.7	89.1	94.4
National Core Indicators Survey	Percentage of Adults who Reported They Always Have a Way to Get Places When They Need to go Somewhere	27	92.6	94.5	89.8	96.7

Source: Mathematica analysis of the QMR system reports for the FFY 2022 reporting cycle as of June 1, 2023 and National Core Indicators (NCI) data submitted by states to the NCI National Team for the July 1, 2021 to June 30, 2022 data collection period.

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

This chart includes measures that were reported by at least 25 states for FFY 2022 and that met CMS standards for data quality. This table includes data for states that indicated they used Adult Core Set specifications to report the measures and excludes states that indicated they used “other specifications” and states that did not report the measures for FFY 2022. Additionally, some states were excluded because data cannot be displayed per the CMS 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. 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>.

The CAHPS Health Plan Survey measure is excluded from this table because it uses a summary statistic different from those in this table.

# Acronyms

AOD	Alcohol and Other Drug
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CHF	Congestive Heart Failure
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
COPD	Chronic Obstructive Pulmonary Disease
CY	Calendar Year
ED	Emergency Department
FFY	Federal Fiscal Year
HbA1c	Hemoglobin A1c
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
IDD	Intellectual and Developmental Disabilities
LARC	Long-Acting Reversible Method of Contraception
LTSS	Long-Term Services and Supports
MACPro	Medicaid and CHIP Program System
MME	Morphine Milligram Equivalents
NCI	National Core Indicators

## Acronyms (continued)

O/E	Observed-to-Expected
OUD	Opioid Use Disorder
PQI	Prevention Quality Indicator
QMR	Quality Measure Reporting

## Additional Resources

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

These resources include:

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

For more information about the Adult Core Set please contact [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov).