Quality of Care for Adults in Medicaid: Findings from the 2023 Adult Core Set

Chart Pack

December 2024

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About the 2023 Adult Core Set

Medicaid plays an important role in health care coverage for adults in the United States, covering about 51 million adults in 2022, including 24 million adults eligible through Medicaid expansion and 9 million beneficiaries dually eligible for Medicaid and Medicare on the basis of age, disability, or end-stage renal disease (ESRD) (calendar year 2022 corresponds to 2023 Core Set reporting.)[1] As the U.S. Department of Health & Human Services agency is 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 2023 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 2023 Adult Core Set includes 34 measures.[2]

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

34
measures that address key aspects of health care access and quality for adults covered by Medicaid

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[1] Medicaid enrollment data for the 2023 Core Set (services provided in calendar year 2022) is available at https://data.cms.gov/fact-sheet/cms-fast-facts.
[2] No measures were retired from the 2022 Adult Core Set and one measure was added. Information about the updates to the 2023 Core Sets is available at https://www.medicaid.gov/federal-policy-guidance/downloads/cib111522.pdf.

About the 2023 Adult Core Set (continued)

This Chart Pack summarizes state reporting on the quality of health care furnished to adults covered by Medicaid for the 2023 Core Set, which generally covers care delivered in calendar year 2022. This Chart Pack includes an overview of performance on measures reported by at least 25 states and that met CMS's standards for data quality.[3] The Chart Pack includes detailed analysis of state performance on 30 publicly reported Adult Core Set measures.

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.

A Child and Adult Trend Analysis that shows performance trends for measures that were publicly reported from the 2021 to 2023 Core Sets is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/Child-and-Adult-Core-Sets-Trends-2023.pdf.

[3] 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.

OVERVIEW OF STATE REPORTING OF THE 2023 ADULT CORE SET

Number of 2023 Adult Core Set Measures Reported by States

State	Core Set specifications	Other specifications	Total
Delaware			33
Arizona			32
Connecticut			32
Kansas			32
Mississippi			32
Nebraska			32
New Hampshire			32
Pennsylvania	31	1	32
South Carolina			32
Tennessee			32
Alabama			31
Michigan			31
Texas	30	1	31
Vermont	29	2	31
Hawaii			30
Louisiana			30
Maryland			30
Massachusetts			30
New York	28	2	30
Washington			30
Colorado			29
Nevada			29
North Dakota			29
Oklahoma			29
Arkansas	26	2	28
California			28
New Jersey			28
South Dakota			28
Indiana			27
Iowa	26	1	27
Minnesota			27
North Carolina			27
West Virginia			27
District of Columbia			26
Georgia			26
Missouri			26
Puerto Rico	25	1	26
Illinois			25
Maine			25
Florida			23
New Mexico			22
Wyoming			22
Ohio	19	2	21
Rhode Island			21
Wisconsin			20
Kentucky			19
Oregon	18	1	19
Idaho			14
Utah			12
Virginia			12
Montana			4
Alaska			3

Legend: ■ Measure calculated using Core Set specifications ▢ Measure calculated using other specifications

Number of Measures (N = 34)

States reported a median of

28

of the **34 Adult Core Set measures** for 2023.

Sources: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024; Mathematica analysis of National Core Indicators – Intellectual and Developmental Disabilities (NCI-IDD) data submitted by states to the NCI National Team for the July 1, 2022 to June 30, 2023 data collection period as of May 22, 2024; and AHRQ and CMS analysis of the AHRQ CAHPS Database for the July 2022 to June 2023 data collection period as of January 24, 2024.

Notes: The term "states" includes the 50 states, the District of Columbia, and Puerto Rico. The QMR system is a CMS database that collects state-reported Core Set data.

The 2023 Adult Core Set includes 34 measures. This chart includes all Adult Core Set measures that states reported for the 2023 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 2023 Adult Core Set Measures

Measure	Number of States
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older	50
Antidepressant Medication Management	49
Chlamydia Screening in Women Ages 21 to 24	49
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	48
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications	48
Follow-Up After ED Visit for Mental Illness: Age 18 and Older	48
Breast Cancer Screening	47
Cervical Cancer Screening	47
Follow-Up After ED Visit for Substance Use: Age 18 and Older	47
Initiation and Engagement of SUD Treatment	47
Asthma Medication Ratio: Ages 19 to 64	46
Prenatal and Postpartum Care: Postpartum Care	45
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older	42
Colorectal Cancer Screening	42
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 5.1H - Adult Version	42
Flu Vaccinations for Adults Ages 18 to 64	42
Medical Assistance With Smoking and Tobacco Use Cessation	42
Use of Pharmacotherapy for Opioid Use Disorder	41 / 1 = 42
Controlling High Blood Pressure	40 / 1 = 41
Plan All-Cause Readmissions	40 / 1 = 41
Contraceptive Care - All Women Ages 21 to 44	40
Contraceptive Care - Postpartum Women Ages 21 to 44	38 / 2 = 40
PQI 01: Diabetes Short-Term Complications Admission Rate	40
Use of Opioids at High Dosage in Persons Without Cancer	36 / 4 = 40
Concurrent Use of Opioids and Benzodiazepines	38
PQI 15: Asthma in Younger Adults Admission Rate	38
Hemoglobin A1c Control for Patients with Diabetes	36 / 1 = 37
PQI 08: Heart Failure Admission Rate	36
PQI 05: COPD or Asthma in Older Adults Admission Rate	35
National Core Indicators Survey	31
Screening for Depression and Follow-Up Plan: Age 18 and Older	29 / 2 = 31
Diabetes Care for People with Serious Mental Illness: HbA1c Poor Control (>9.0%)	23
HIV Viral Load Suppression	16 / 1 = 17
Long-Term Services and Supports Comprehensive Care Plan and Update	3

Legend: Measure calculated using Core Set specifications / Measure calculated using other specifications

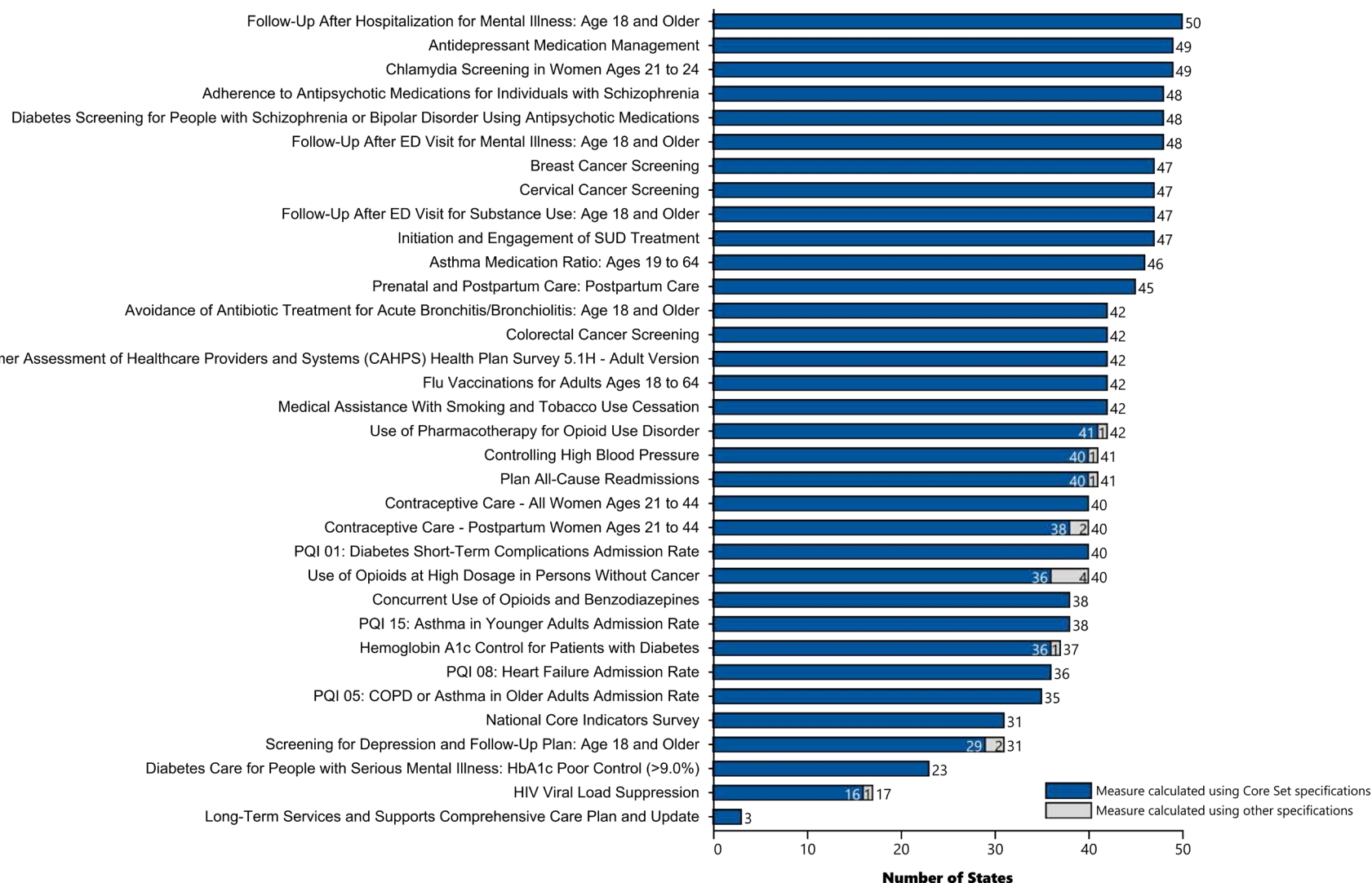X axis: Number of States (0, 10, 20, 30, 40, 50)

34 states reported more Adult Core Set measures for 2023 than for 2022.

Sources: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024; Mathematica analysis of National Core Indicators – Intellectual and Developmental Disabilities (NCI-IDD) data submitted by states to the NCI National Team for the July 1, 2022 to June 30, 2023 data collection period as of May 22, 2024; and AHRQ and CMS analysis of the AHRQ CAHPS Database for the July 2022 to June 2023 data collection period as of January 24, 2024.
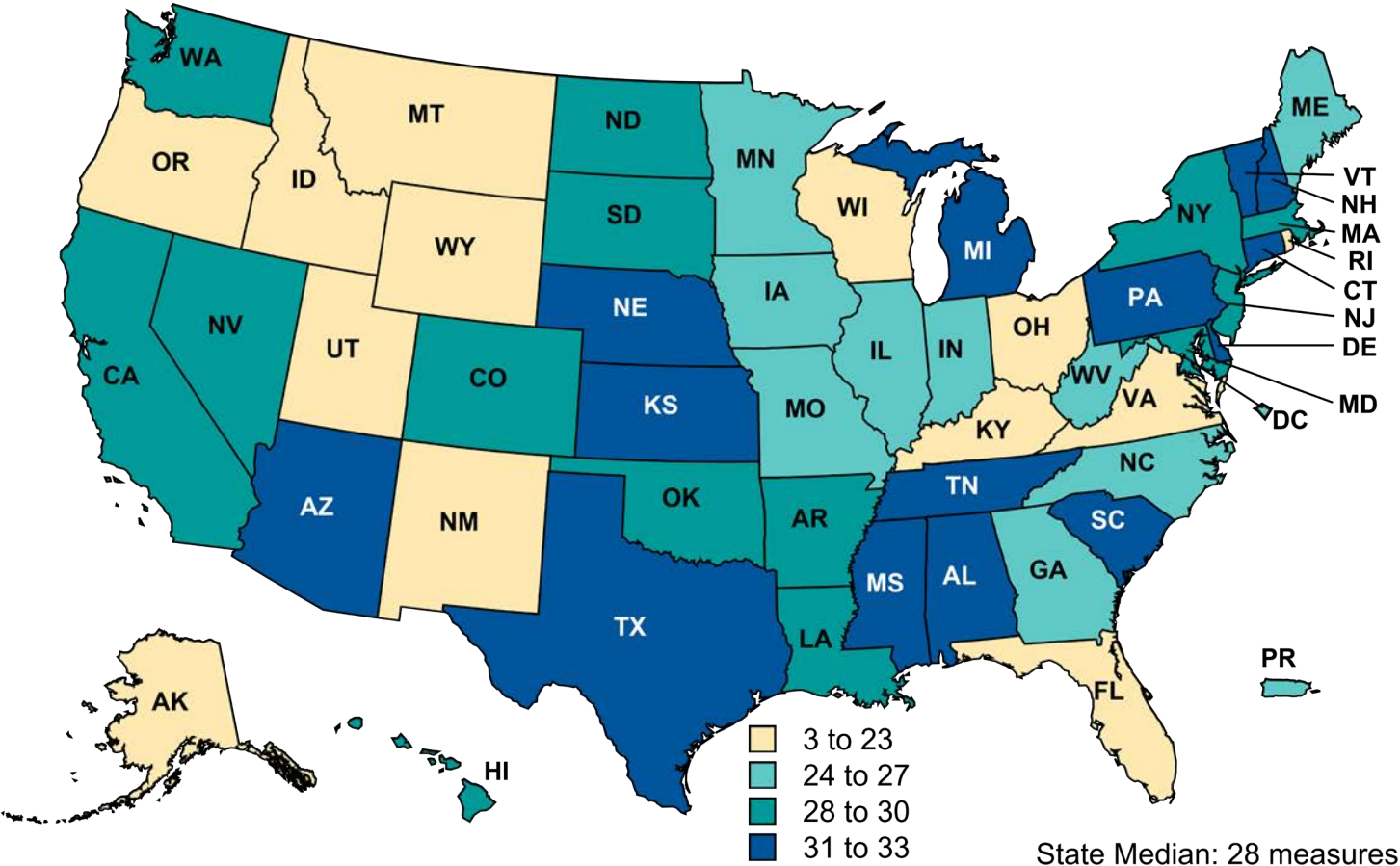
Notes: The term "states" includes the 50 states, the District of Columbia, and Puerto Rico.

The 2023 Adult Core Set includes 34 measures. This chart includes all Adult Core Set measures that states reported for the 2023 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.

CAHPS = Consumer Assessment of Healthcare Providers and Systems; COPD = Chronic Obstructive Pulmonary Disease; ED = Emergency Department; HbA1c = Hemoglobin A1c; HIV = Human Immunodeficiency Virus; PQI = Prevention Quality Indicator; SUD = Substance Use Disorder.

Geographic Variation in the Number of 2023 Adult Core Set Measures Reported by States
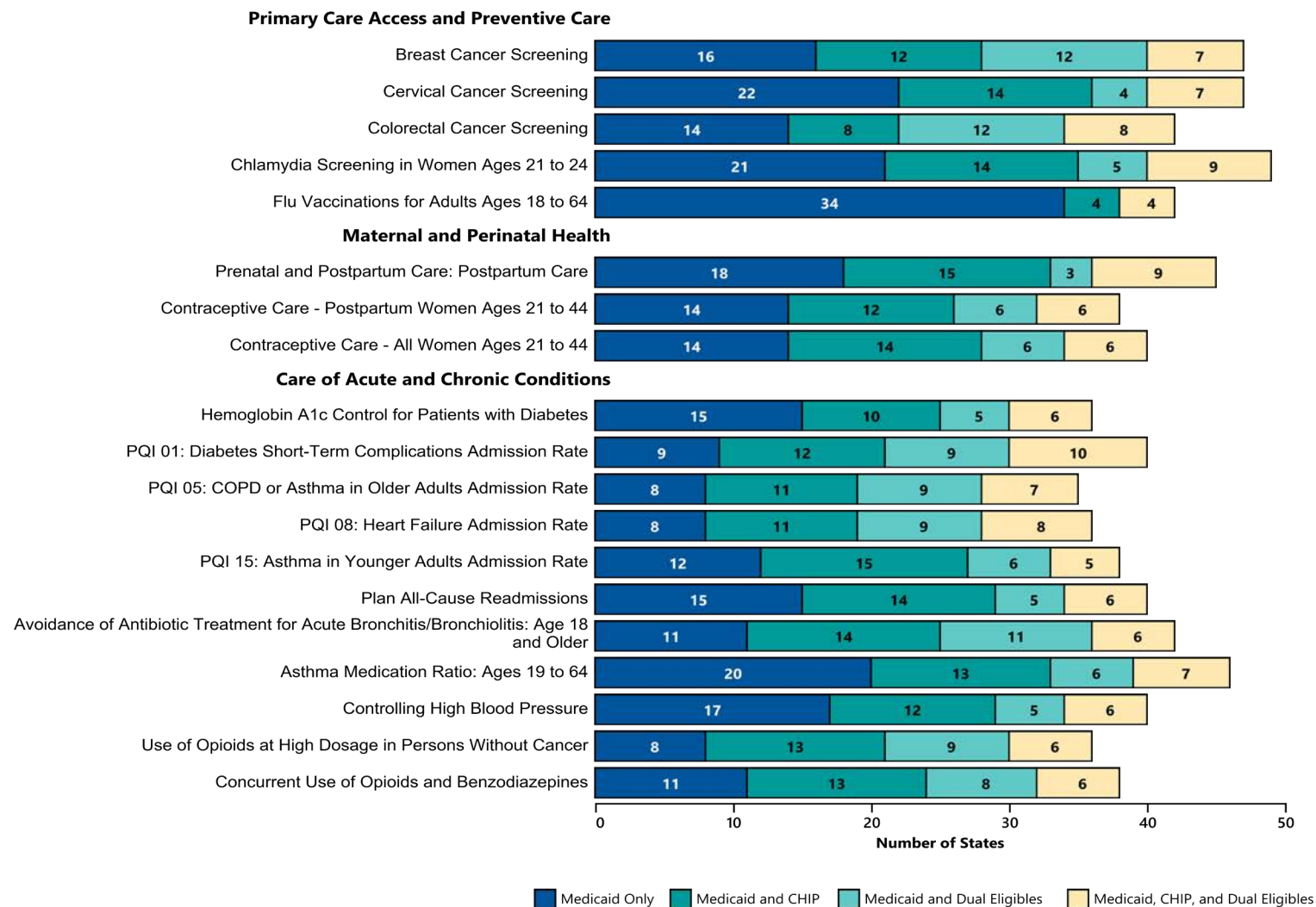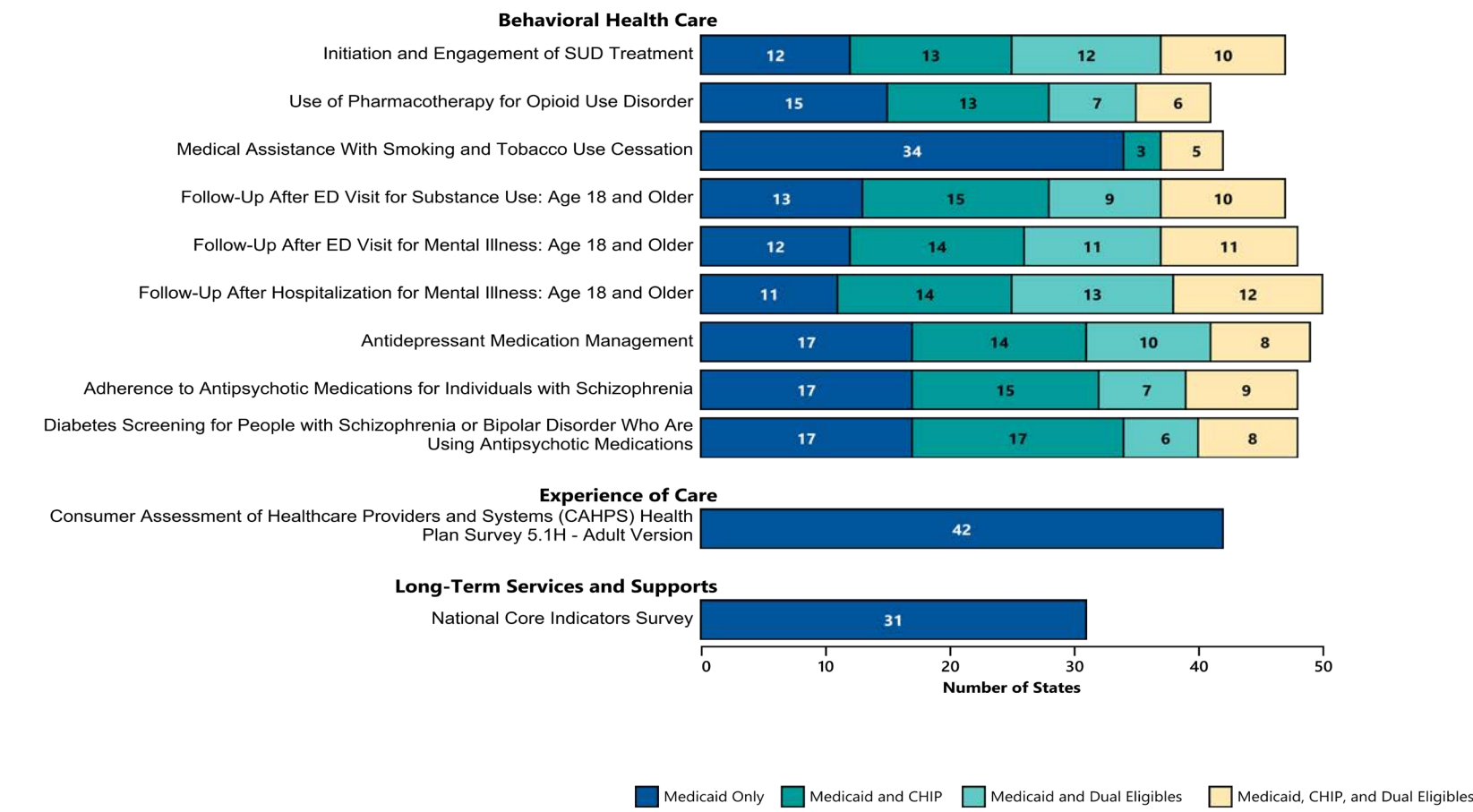

14 states reported at least 31 of the 34 Adult Core Set measures for 2023.

Legend:
- 3 to 23
- 24 to 27
- 28 to 30
- 31 to 33

State Median: 28 measures

Sources: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024; Mathematica analysis of National Core Indicators – Intellectual and Developmental Disabilities (NCI-IDD) data submitted by states to the NCI National Team for the July 1, 2022 to June 30, 2023 data collection period as of May 22, 2024; and AHRQ and CMS analysis of the AHRQ CAHPS Database for the July 2022 to June 2023 data collection period as of January 24, 2024.

Notes: The term "states" includes the 50 states, the District of Columbia, and Puerto Rico. The 2023 Adult Core Set includes 34 measures.

Populations Included in Publicly Reported 2023 Adult Core Set Measures, By Domain

Chart is continued on the next slide.

Populations Included in Publicly Reported 2023 Adult Core Set Measures, By Domain (continued)

Behavioral Health Care

Measure	Medicaid Only	Medicaid and CHIP	Medicaid and Dual Eligibles	Medicaid, CHIP, and Dual Eligibles
Initiation and Engagement of SUD Treatment	12	13	12	10
Use of Pharmacotherapy for Opioid Use Disorder	15	13	7	6
Medical Assistance With Smoking and Tobacco Use Cessation	34		3	5
Follow-Up After ED Visit for Substance Use: Age 18 and Older	13	15	9	10
Follow-Up After ED Visit for Mental Illness: Age 18 and Older	12	14	11	11
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older	11	14	13	12
Antidepressant Medication Management	17	14	10	8
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	17	15	7	9
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	17	17	6	8

Experience of Care

Measure	Medicaid Only
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 5.1H - Adult Version	42

Long-Term Services and Supports

Measure	Medicaid Only
National Core Indicators Survey	31

Number of States

Legend: Medicaid Only | Medicaid and CHIP | Medicaid and Dual Eligibles | Medicaid, CHIP, and Dual Eligibles

Sources: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024; Mathematica analysis of National Core Indicators – Intellectual and Developmental Disabilities (NCI-IDD) data submitted by states to the NCI National Team for the July 1, 2022 to June 30, 2023 data collection period as of May 22, 2024; and AHRQ and CMS analysis of the AHRQ CAHPS Database for the July 2022 to June 2023 data collection period as of January 24, 2024.

Notes: This chart includes measures that were reported by at least 25 states for 2023 that met CMS standards for data quality. "Dual eligibles" refers to beneficiaries dually enrolled in both Medicare and Medicaid. This chart only includes states that reported for the measures using Core Set specifications.
COPD = Chronic Obstructive Pulmonary Disease; ED = Emergency Department; HbA1c = Hemoglobin A1c; HIV = Human Immunodeficiency Virus; PQI = Prevention Quality Indicator; SUD = Substance Use Disorder.

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.

Five Adult Core Set measures of primary care access and preventive care were available for analysis for 2023.

- 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

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), 2023 Core Set (n = 47 states)
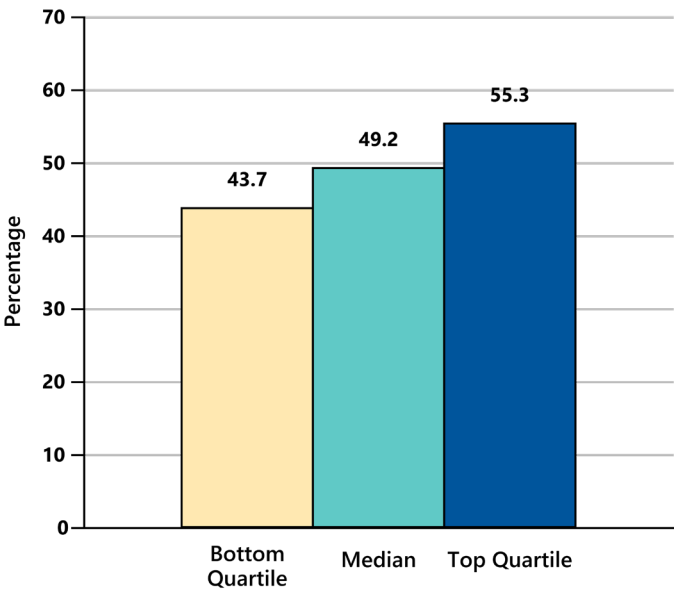
A median of

49 percent of women ages 50 to 64 received a mammogram to screen for breast cancer from October 1, 2020 to December 31, 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Notes: This measure shows the percentage of women ages 52 to 74 as of December 31, 2022 who received a mammogram to screen for breast cancer any time from October 1, 2020 to December 31, 2022.

Breast Cancer Screening (BCS-AD), 2023 Core Set (n = 47 states)
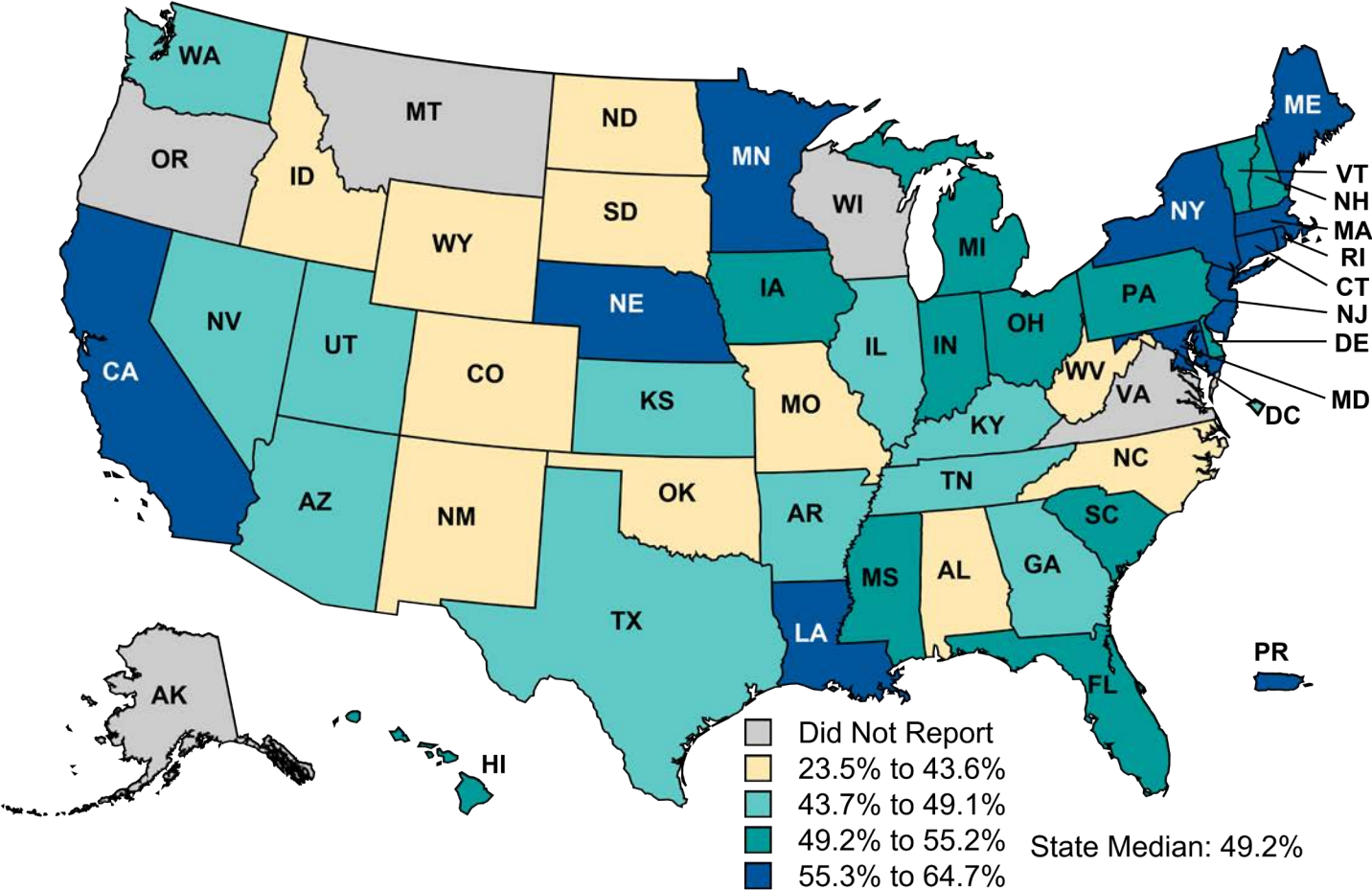
Legend:
- Did Not Report
- 23.5% to 43.6%
- 43.7% to 49.1%
- 49.2% to 55.2%
- 55.3% to 64.7%

State Median: 49.2%

A median of

49

percent of women ages 50 to 64 received a mammogram to screen for breast cancer from October 1, 2020 to December 31, 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.

Cervical Cancer Screening

Approximately 12,500 new cases of cervical cancer and 4,000 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), 2023 Core Set (n = 47 states)
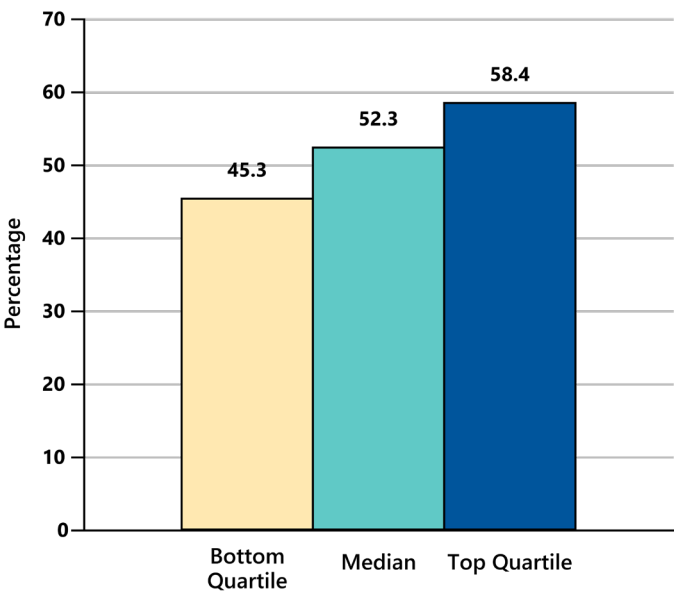
A median of

52 percent

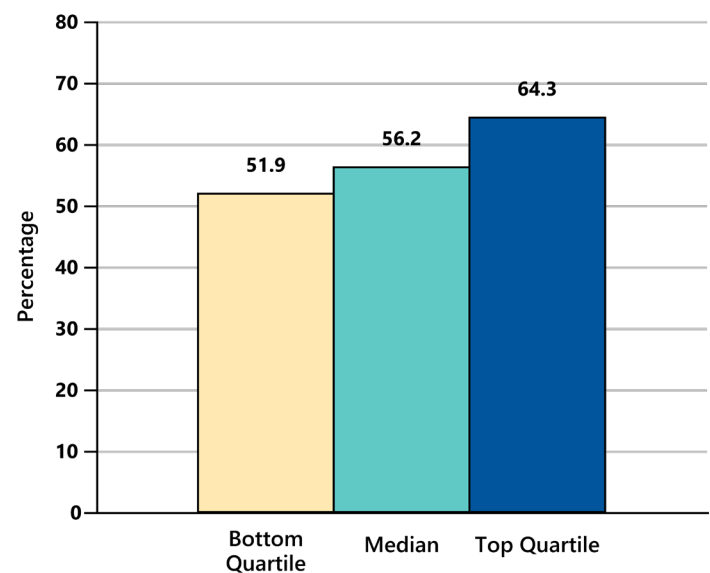of women ages 21 to 64 during calendar year 2022 were screened for cervical cancer from January 1, 2018 to December 31, 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.

Note: This measure shows the percentage of women ages 21 to 64 during calendar year 2022 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.

Cervical Cancer Screening (CCS-AD), 2023 Core Set (n = 47 states)
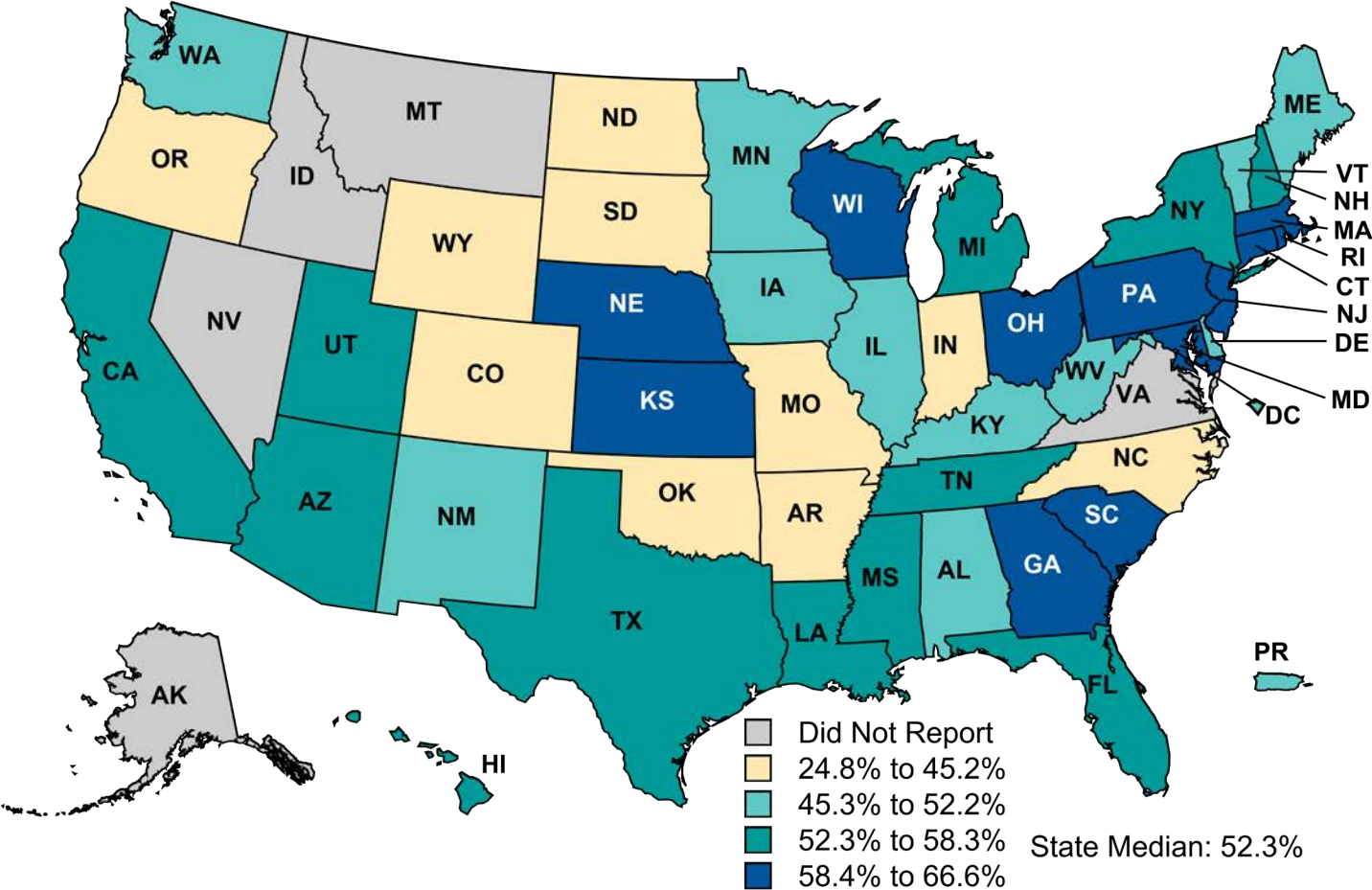
Legend:
- Did Not Report
- 24.8% to 45.2%
- 45.3% to 52.2%
- 52.3% to 58.3%
- 58.4% to 66.6%

State Median: 52.3%

A median of

52 percent

of women ages 21 to 64 during calendar year 2022 were screened for cervical cancer from January 1, 2018 to December 31, 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.

Colorectal Cancer Screening

The U.S. Preventive Services Task Force recommends screening for colorectal cancer in all adults ages 45 to 75. Early detection via colorectal screening and subsequent treatment can reduce colorectal cancer mortality for adults in this age range. This measure is being reported for the first time for 2023 Adult Core Set reporting.

Percentage of Adults Ages 46 to 64 who had Appropriate Screening for Colorectal Cancer (COL-AD), 2023 Core Set
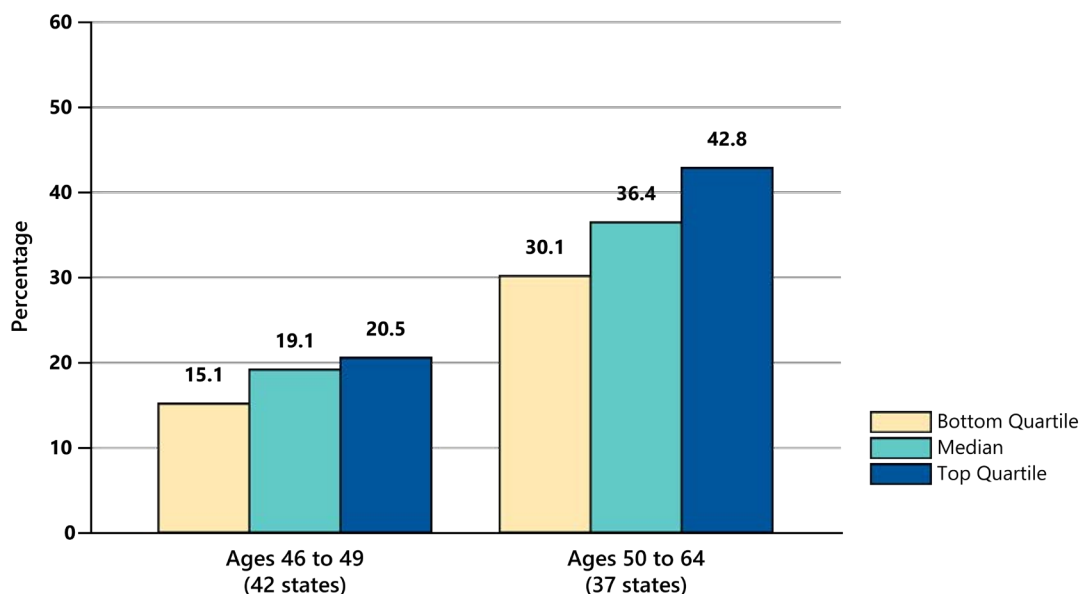
A median of

19 percent
of adults ages 46 to 49 and

36 percent
of adults ages 50 to 64 as of December 31, 2022 had appropriate screening for colorectal cancer.

Percentage of Adults Ages 46 to 49 who had Appropriate Screening for Colorectal Cancer (COL-AD), 2023 Core Set (n = 42 states)
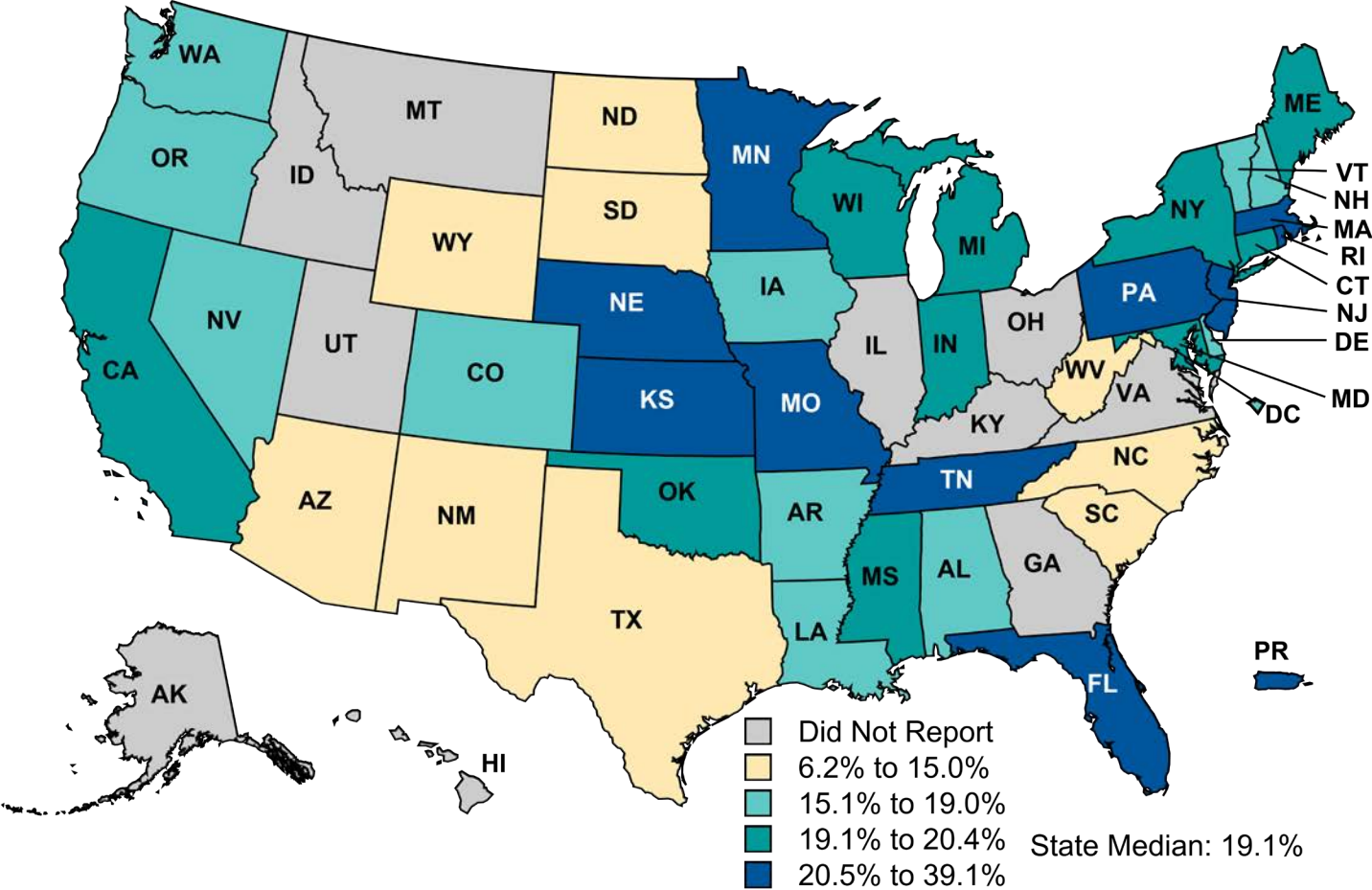
A median of

19 percent of adults ages 46 to 49 as of December 31, 2022 had appropriate screening for colorectal cancer.

Legend:
- Did Not Report
- 6.2% to 15.0%
- 15.1% to 19.0%
- 19.1% to 20.4%
- 20.5% to 39.1%

State Median: 19.1%

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Note: This chart shows state reporting for the Ages 46 to 49 rate for the Colorectal Cancer Screening measure.

Percentage of Adults Ages 50 to 64 who had Appropriate Screening for Colorectal Cancer (COL-AD), 2023 (n = 37 states)

Legend:
- Did Not Report
- 7.7% to 30.0%
- 30.1% to 36.3%
- 36.4% to 42.7%
- 42.8% to 51.7%

State Median: 36.4%
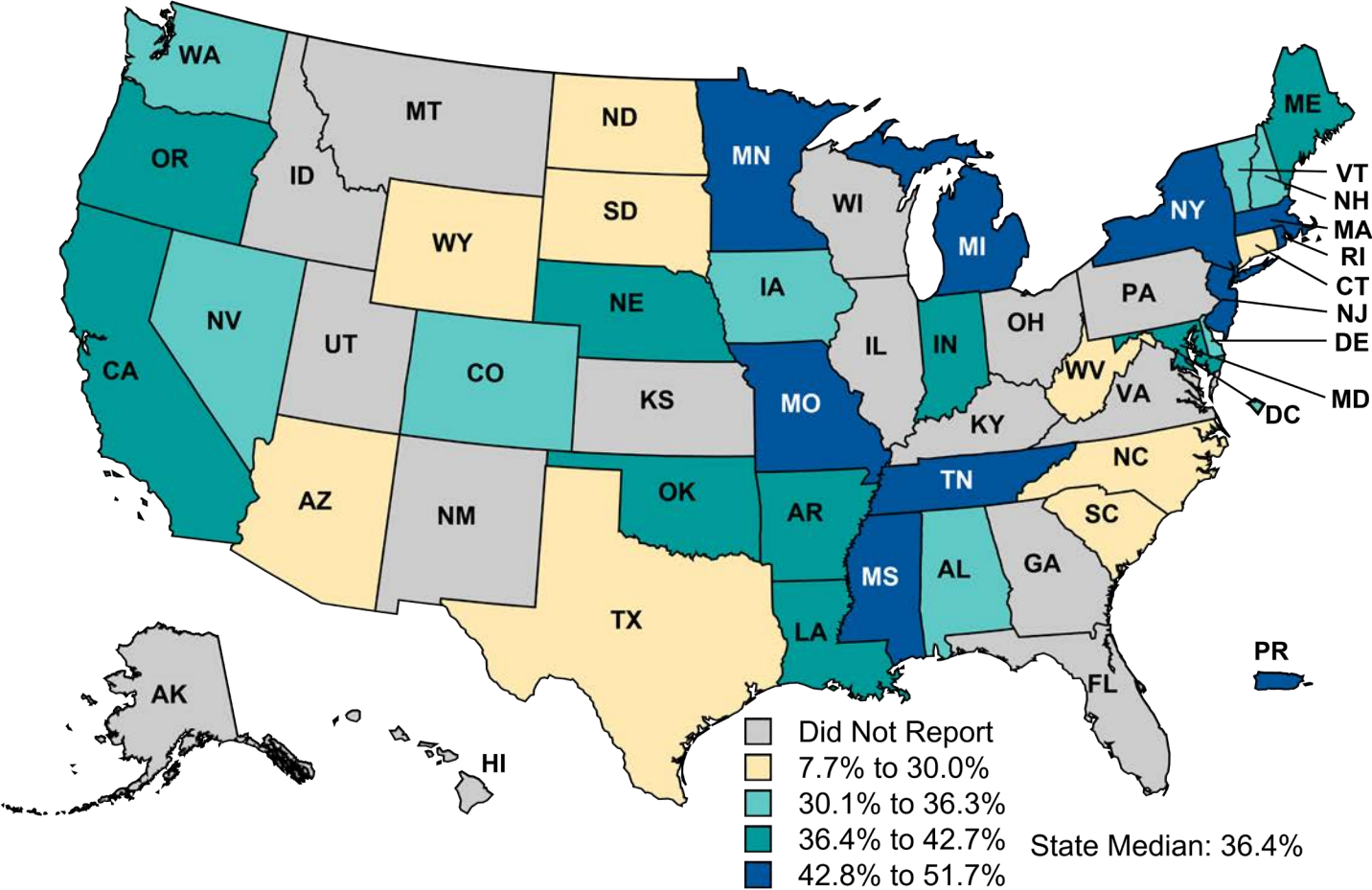
A median of

36 percent of adults ages 50 to 64 as of December 31, 2022 had appropriate screening for colorectal cancer.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Notes: This chart shows state reporting for the Ages 50 to 64 rate for the Colorectal Cancer Screening measure. This chart excludes Florida, Kansas, New Mexico, Pennsylvania, and Wisconsin, which reported the measure but did not provide data for the Ages 50 to 64 rate.

Chlamydia Screening in Women Ages 21 to 24

Chlamydia is the most commonly reported sexually transmitted infection and is 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 had at Least One Test for Chlamydia (CHL-AD), 2023 Core Set (n = 49 states)

A median of

56 percent

of sexually active women ages 21 to 24 had at least one test for chlamydia during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
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 calendar year 2022.

Chlamydia Screening in Women Ages 21 to 24 (CHL-AD), 2023 Core Set (n = 49 states)
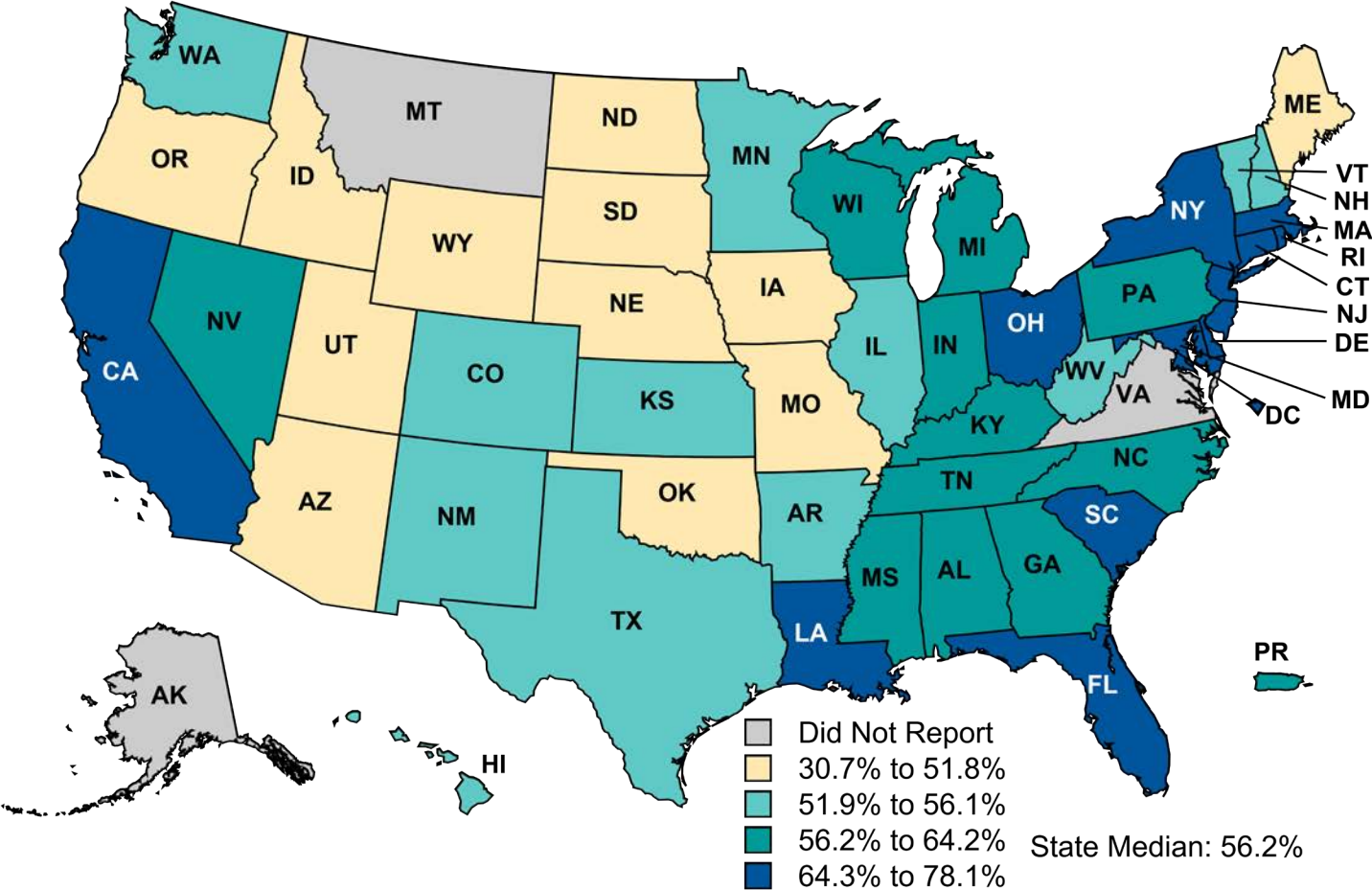
A median of

56 percent

of sexually active women ages 21 to 24 had at least one test for chlamydia during calendar year 2022.

Legend:
- Did Not Report
- 30.7% to 51.8%
- 51.9% to 56.1%
- 56.2% to 64.2%
- 64.3% to 78.1%

State Median: 56.2%

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.

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.

Percentage of Adults Ages 18 to 64 who Reported Receiving a Flu Vaccination (FVA-AD), 2023 Core Set (n = 42 states)
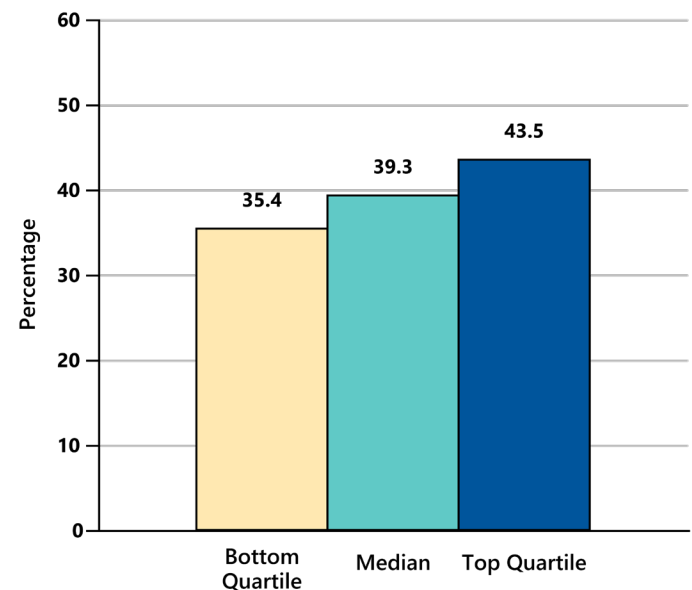
A median of

39 percent

of adults ages 18 to 64 reported receiving an influenza vaccination from July 1, 2022 to June 30, 2023.

Bar chart showing Percentage on y-axis (0 to 60):
- Bottom Quartile: 35.4
- Median: 39.3
- Top Quartile: 43.5

Sources: CMS used two data sources for the 2023 Adult Core Set: the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database as of January 24, 2024 and Mathematica analysis of the Quality Measure Reporting (QMR) system reports for the 2023 Core Set as of May 16, 2024. States had the option of reporting the measure in the QMR system or submitting CAHPS results to the CAHPS Database and having CMS calculate state-level results. The following states conducted CAHPS for Adult Medicaid beneficiaries for the 2023 reporting period but did not authorize use for Core Set reporting: Florida and New York.

Notes: This measure shows the percentage of adults ages 18 to 64 who reported receiving either a flu shot or flu spray in the nose between July 1, 2022 and the date when the CAHPS 5.1H Adult Survey was completed. Results are based on surveys that were conducted from July 2022 through June 2023. Rates are the percentage of adults answering "Yes" among the beneficiaries who answered "Yes" or "No" to the survey question. Rates for 2023 are not comparable with rates for previous years due to a data source change in some states.

Flu Vaccination for Adults Ages 18 to 64 (FVA-AD), 2023 Core Set (n = 42 states)

A median of

39 percent of adults ages 18 to 64 reported receiving an influenza vaccination from July 1, 2022 to June 30, 2023.

Legend:
- Did Not Report
- 25.1% to 35.3%
- 35.4% to 39.2%
- 39.3% to 43.4%
- 43.5% to 52.7%

State Median: 39.3%

Maternal and Perinatal Health

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

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

Three Adult Core Set measures of maternal and perinatal health were available for analysis for 2023.

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

[1] https://www.medicaid.gov/medicaid/quality-of-care/downloads/mih-beneficiary-profile.pdf.

Prenatal and Postpartum Care: Postpartum Care

Medicaid is the largest payer for maternity care in the United States. The program has an important role to play in improving maternal and perinatal health outcomes. Timely postpartum visits provide an opportunity to assess a woman's physical recovery from pregnancy and childbirth. In addition, postpartum visits provide an opportunity to address chronic health conditions (such as diabetes and hypertension), mental health status (including postpartum depression), and family planning (including contraception and inter-conception counseling).

Percentage of Deliveries of Live Births with a Postpartum Care Visit on or Between 7 and 84 Days after Delivery (PPC-AD), 2023 Core Set (n = 45 states)
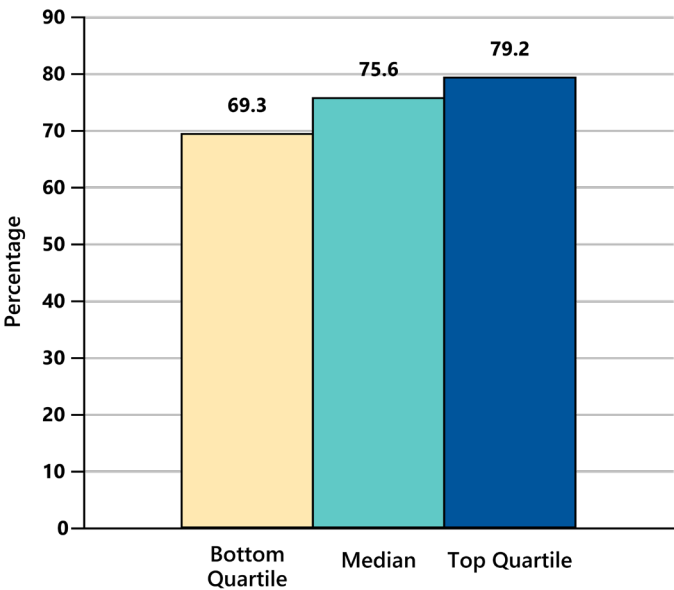
A median of **76** percent of deliveries of live births from October 8, 2021 to October 7, 2022 had a postpartum care visit on or between 7 and 84 days after delivery.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Note: This measure shows the percentage of deliveries of live births from October 8, 2021 to October 7, 2022 that had a postpartum visit on or between 7 and 84 days after delivery.

Prenatal and Postpartum Care: Postpartum Care (PPC-AD), 2023 Core Set (n = 45 states)
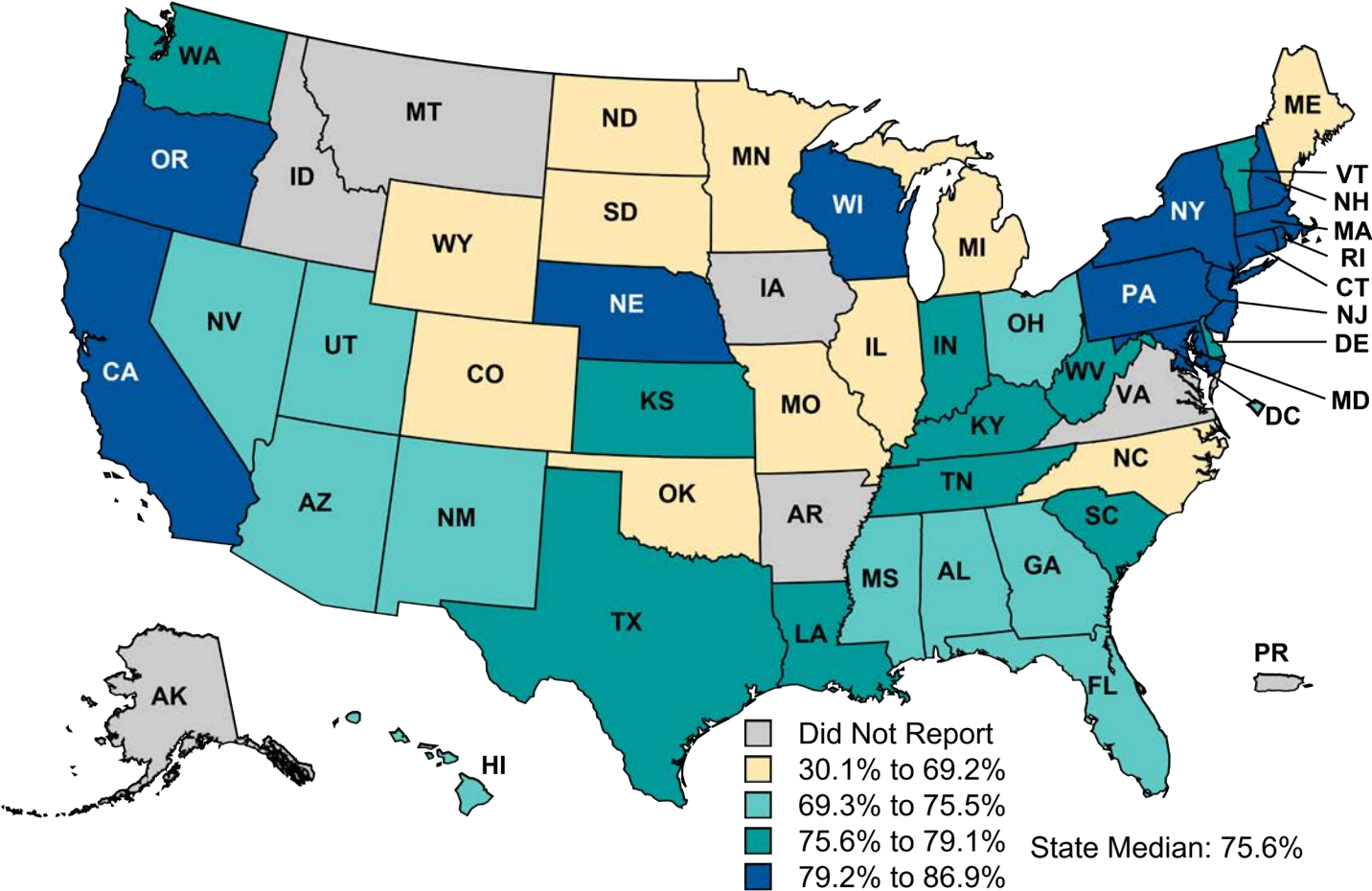
Legend:
- Did Not Report
- 30.1% to 69.2%
- 69.3% to 75.5%
- 75.6% to 79.1%
- 79.2% to 86.9%

State Median: 75.6%

A median of

76 percent

of deliveries of live births from October 8, 2021 to October 7, 2022 had a postpartum care visit on or between 7 and 84 days after delivery.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.

Contraceptive Care – Postpartum Women Ages 21 to 44

The American College of Obstetricians and Gynecologists recommends waiting at least 6 months between a live birth and the conception of a subsequent pregnancy. Access to effective contraceptive care during the postpartum period can improve birth spacing and timing and improve the health outcomes of birthing people and their children.

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 90 Days of Delivery (CCP-AD), 2023 Core Set
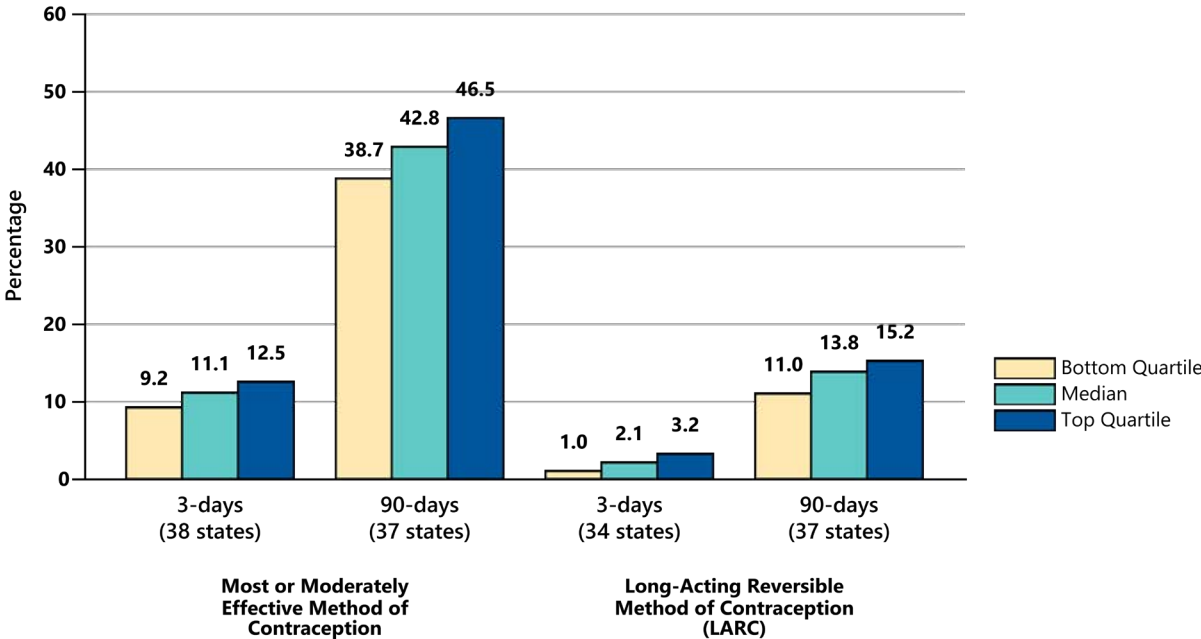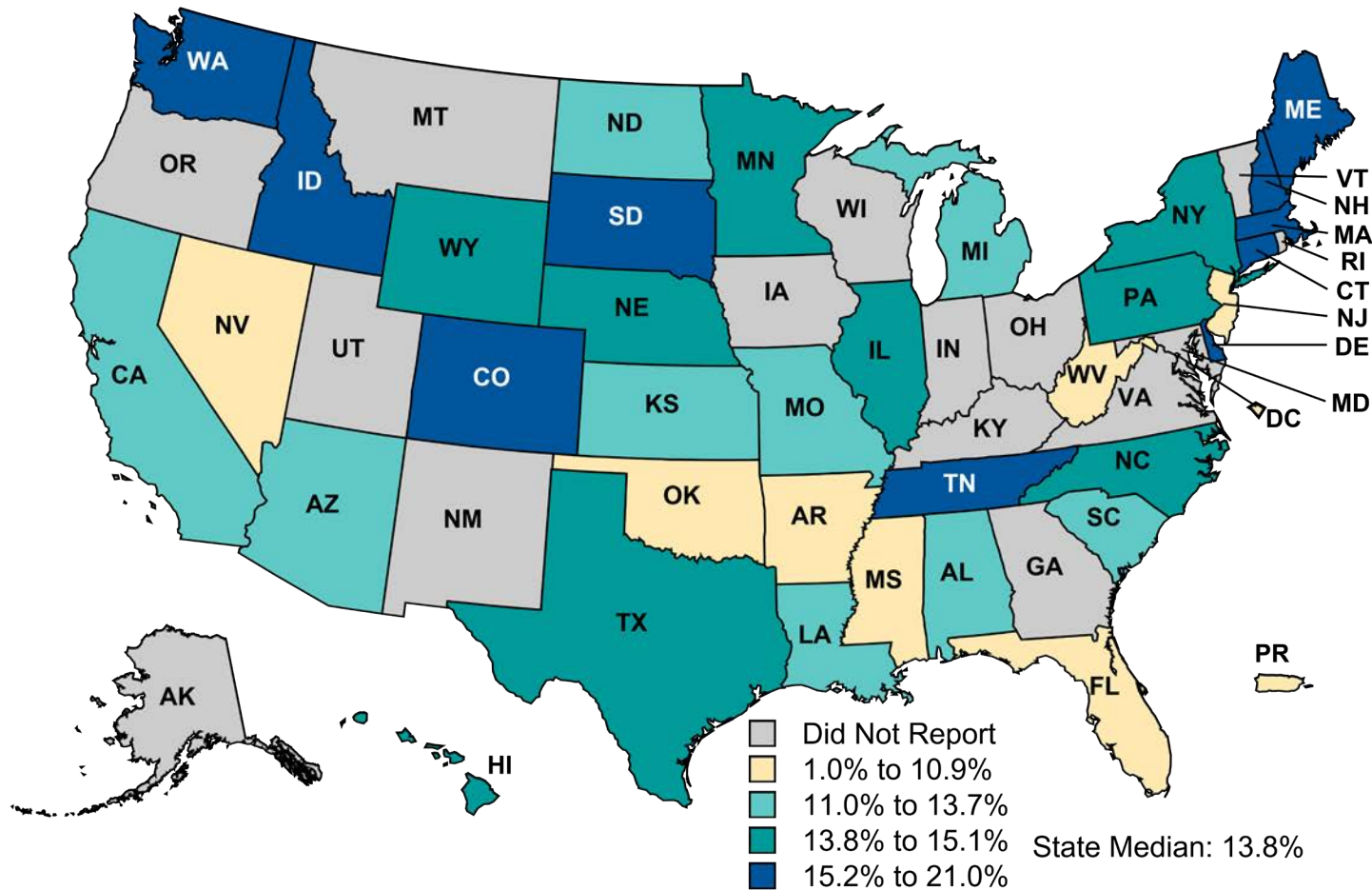

Among postpartum women ages 21 to 44 who had a live birth from January 1 to September 30, 2022, a median of

43 percent

received a most or moderately effective method of contraception within 90 days of delivery.
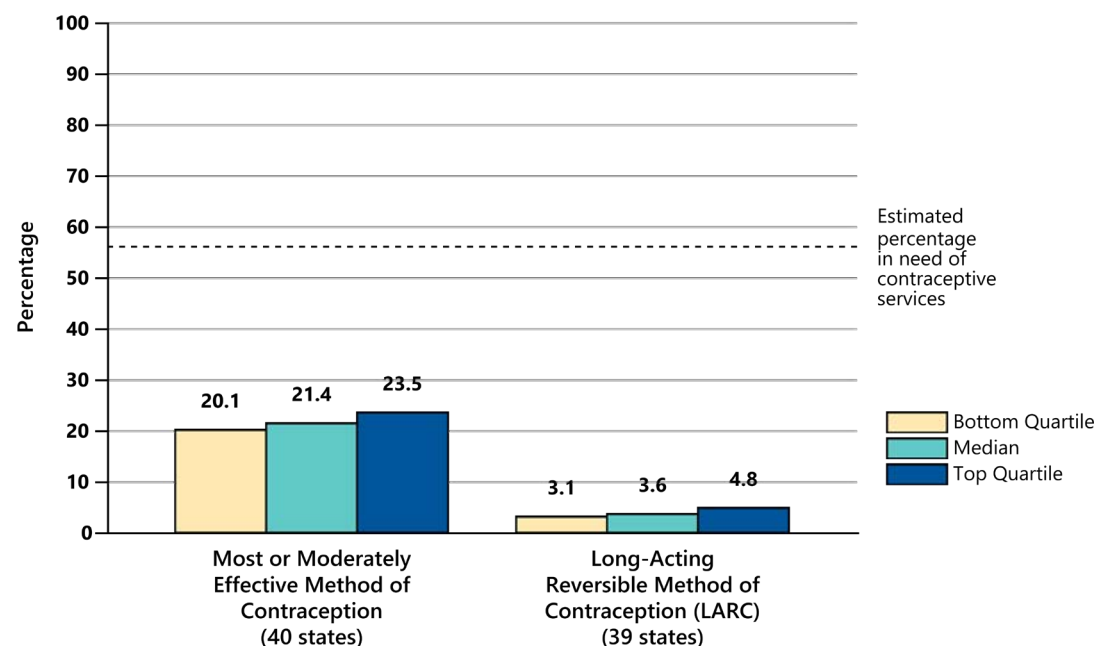
Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Notes: This measure shows the percentage of postpartum women ages 21 to 44 who had a live birth from January 1, 2022 to September 30, 2022 and who were provided: (1) a most effective or moderately effective method of contraception within 3 and 90 days of delivery; (2) a long-acting reversible method of contraception (LARC) within 3 and 90 days of delivery. Specifications for the 90-day postpartum rates changed substantially for 2023 and these rates are not comparable with rates for previous years. This chart excludes Iowa and Vermont, which calculated the measure but did not use Adult Core Set specifications.

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), 2023 Core Set (n = 38 states)
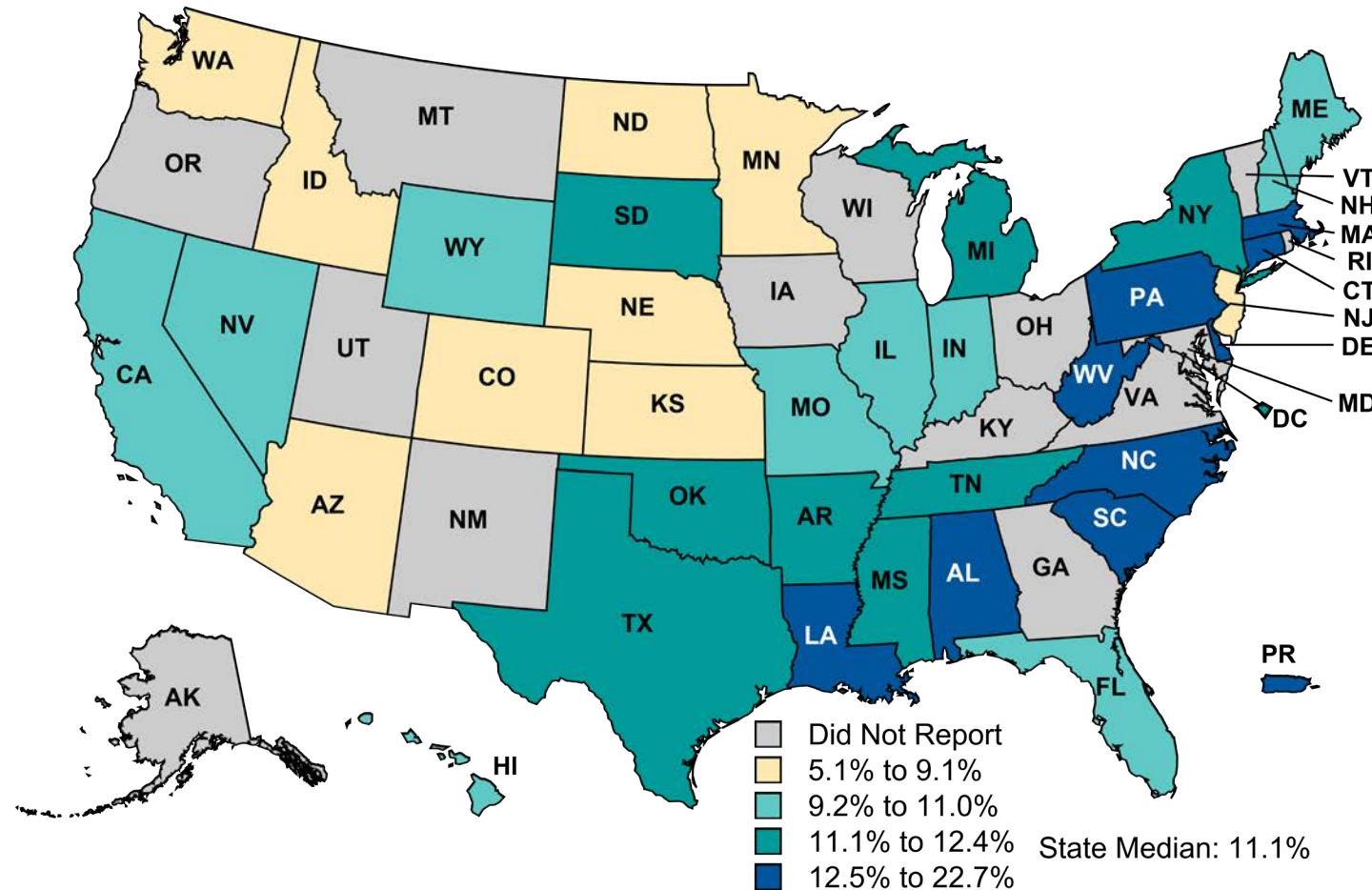
Among postpartum women ages 21 to 44 who had a live birth from January 1 to September 30, 2022, a median of

11 percent

received a most or moderately effective method of contraception within 3 days of delivery.

Legend:
- Did Not Report
- 5.1% to 9.1%
- 9.2% to 11.0%
- 11.1% to 12.4%
- 12.5% to 22.7%

State Median: 11.1%

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 90 Days of Delivery (CCP-AD), 2023 Core Set (n = 37 states)

Among postpartum women ages 21 to 44 who had a live birth from January 1 to September 30, 2022, a median of

43

percent received a most or moderately effective method of contraception within 90 days of delivery.

Legend:
- Did Not Report
- 25.9% to 38.6%
- 38.7% to 42.7%
- 42.8% to 46.4%
- 46.5% to 54.6%

State Median: 42.8%

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), 2023 Core Set (n = 34 states)

Legend:
- Did Not Report
- 0.2% to 0.9%
- 1.0% to 2.0%
- 2.1% to 3.1%
- 3.2% to 7.6%
- Data Suppressed (see note)

State Median: 2.1%

Among postpartum women ages 21 to 44 who had a live birth from January 1 to September 30, 2022, a median of

2 percent received a long-acting reversible method of contraception within 3 days of delivery.

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 90 Days of Delivery (CCP-AD), 2023 Core Set (n = 37 states)

Among postpartum women ages 21 to 44 who had a live birth from January 1 to September 30, 2022, a median of

14

percent received a long-acting reversible method of contraception within 90 days of delivery.

Legend:
- Did Not Report
- 1.0% to 10.9%
- 11.0% to 13.7%
- 13.8% to 15.1%
- 15.2% to 21.0%

State Median: 13.8%

Contraceptive Care – All Women Ages 21 to 44

Increasing access to effective forms of contraception is a strategy for reducing unintended pregnancy. 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.[1]

Percentage of 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), 2023 Core Set

Among women ages 21 to 44, a median of

21 percent

received a most or moderately effective method of contraception during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Notes: 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 during calendar year 2022; (2) a long-acting reversible method of contraception (LARC) during calendar year 2022.
33   [1] More information is available at: https://opa.hhs.gov/sites/default/files/2020-07/interpreting-rates-for-contraceptive-care-measures.pdf.

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), 2023 Core Set (n = 40 states)
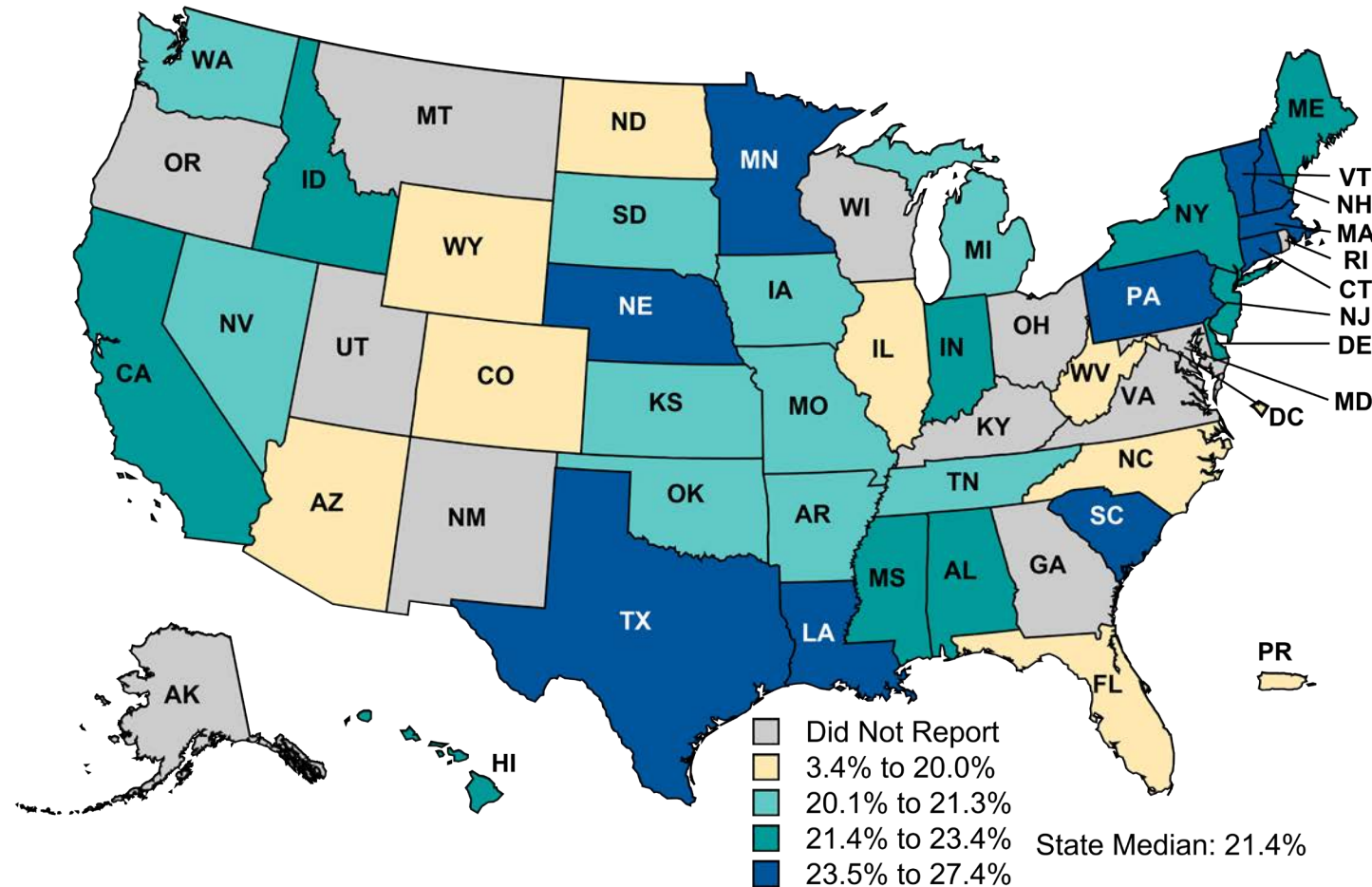
Among women ages 21 to 44, a median of

21 percent received a most or moderately effective method of contraception during calendar year 2022.

Legend:
- Did Not Report
- 3.4% to 20.0%
- 20.1% to 21.3%
- 21.4% to 23.4%
- 23.5% to 27.4%

State Median: 21.4%

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set reporting cycle as of May 16, 2024.
Note: This chart shows state reporting for the Most or Moderately Effective Method of Contraception rate for the Contraceptive Care – All Women Ages 21 to 44 measure.

34

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), 2023 Core Set (n = 39 states)
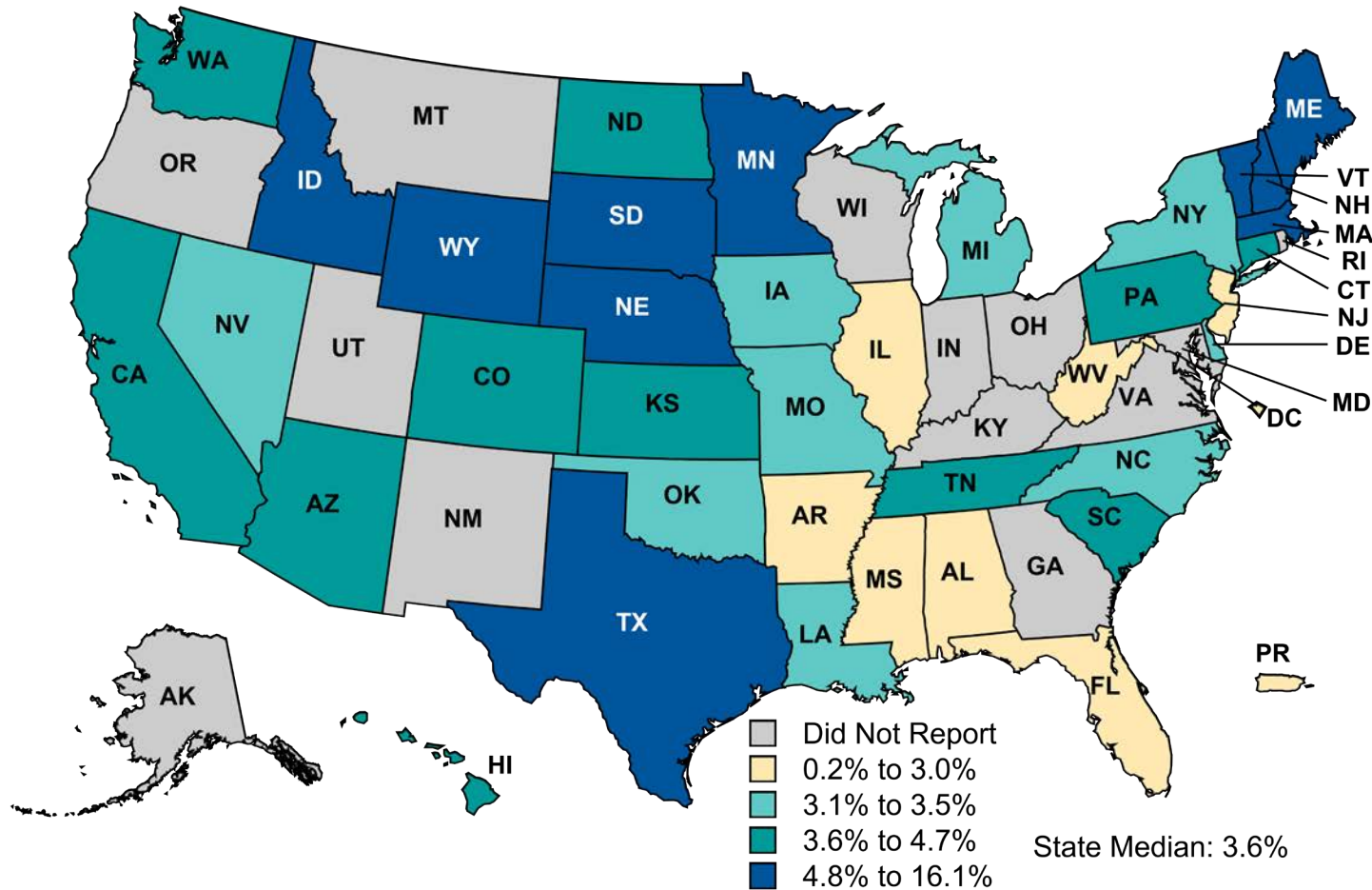
Among women ages 21 to 44, a median of

4 percent received a long-acting reversible method of contraception during calendar year 2022.

Legend:
- Did Not Report
- 0.2% to 3.0%
- 3.1% to 3.5%
- 3.6% to 4.7%
- 4.8% to 16.1%

State Median: 3.6%

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Notes: This chart shows state reporting for the LARC rate for the Contraceptive Care – All Women Ages 21 to 44 measure. This chart excludes Indiana, which reported the measure but did not provide data for the LARC rate.

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.[1] Ensuring that adults receive timely, quality care may reduce the need for more costly care later and improve their chances of leading healthy, productive lives.

Eleven Adult Core Set measures of the care of acute and chronic conditions were available for analysis for 2023.

- Hemoglobin A1c Control for Patients With Diabetes
- 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: Age 18 and Older
- Asthma Medication Ratio: Ages 19 to 64
- Controlling High Blood Pressure
- Use of Opioids at High Dosage in Persons Without Cancer
- Concurrent Use of Opioids and Benzodiazepines

[1] https://www.medicaid.gov/sites/default/files/2023-04/beneficiary-profile-2023.pdf

Hemoglobin A1c Control for Patients with Diabetes

More than 38 million adults in the U.S. have diabetes (Type 1 or Type 2). Among individuals with diabetes, proper control of blood sugar can prevent serious health conditions, such as heart disease, vision loss, and kidney disease. Poor diabetes control, defined as HbA1C greater than 9.0%, increases risk for complications, including renal failure, blindness, and neurologic damage. The HbA1C Control (<8.0%) rate was added to the measure for 2023 Core Set and is being reported for the first time for 2023 Adult Core Set reporting.

Percentage of Adults Ages 18 to 64 with Diabetes (Type 1 or Type 2) who had Hemoglobin A1c in Control (<8.0%) or Poor Control (>9.0%) (HBD-AD), 2023 Core Set [Lower rates are better for the Poor Control Rate]
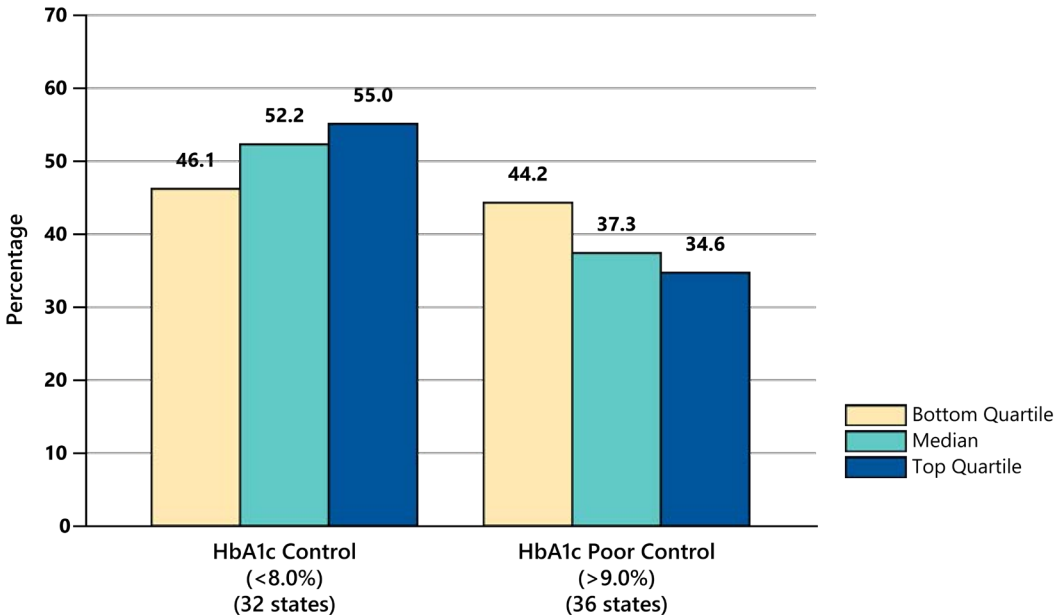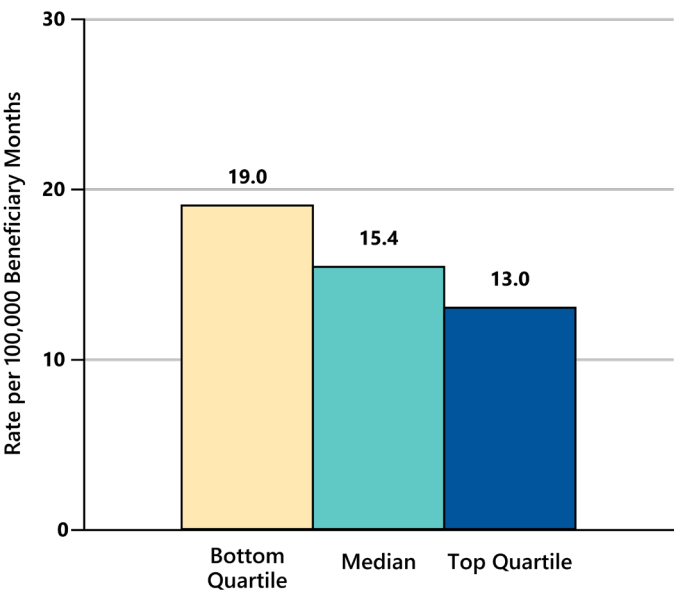

A median of

52 percent of adults ages 18 to 64 with diabetes had HbA1c in control (<8.0%) and

37 percent had HbA1c in poor control (>9.0%) during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.

Notes: This measure shows the percentage of adults ages 18 to 75 with diabetes (type 1 or type 2) who had hemoglobin A1c (HbA1c) at the following levels during calendar year 2022: (1) HbA1c control (<8.0%); (2) HbA1c poor control (>9.0%). Higher rates are better for the HbA1C control (<8.0%) rate. Lower rates are better for the HbA1C poor control (>9.0%) rate. This chart excludes Arkansas, which calculated the measure but did not use Adult Core Set specifications.

Percentage of Adults Ages 18 to 64 with Diabetes (Type 1 or Type 2) who had Hemoglobin A1c in Control (<8.0%) (HBD-AD), 2023 Core Set (n = 32 states)
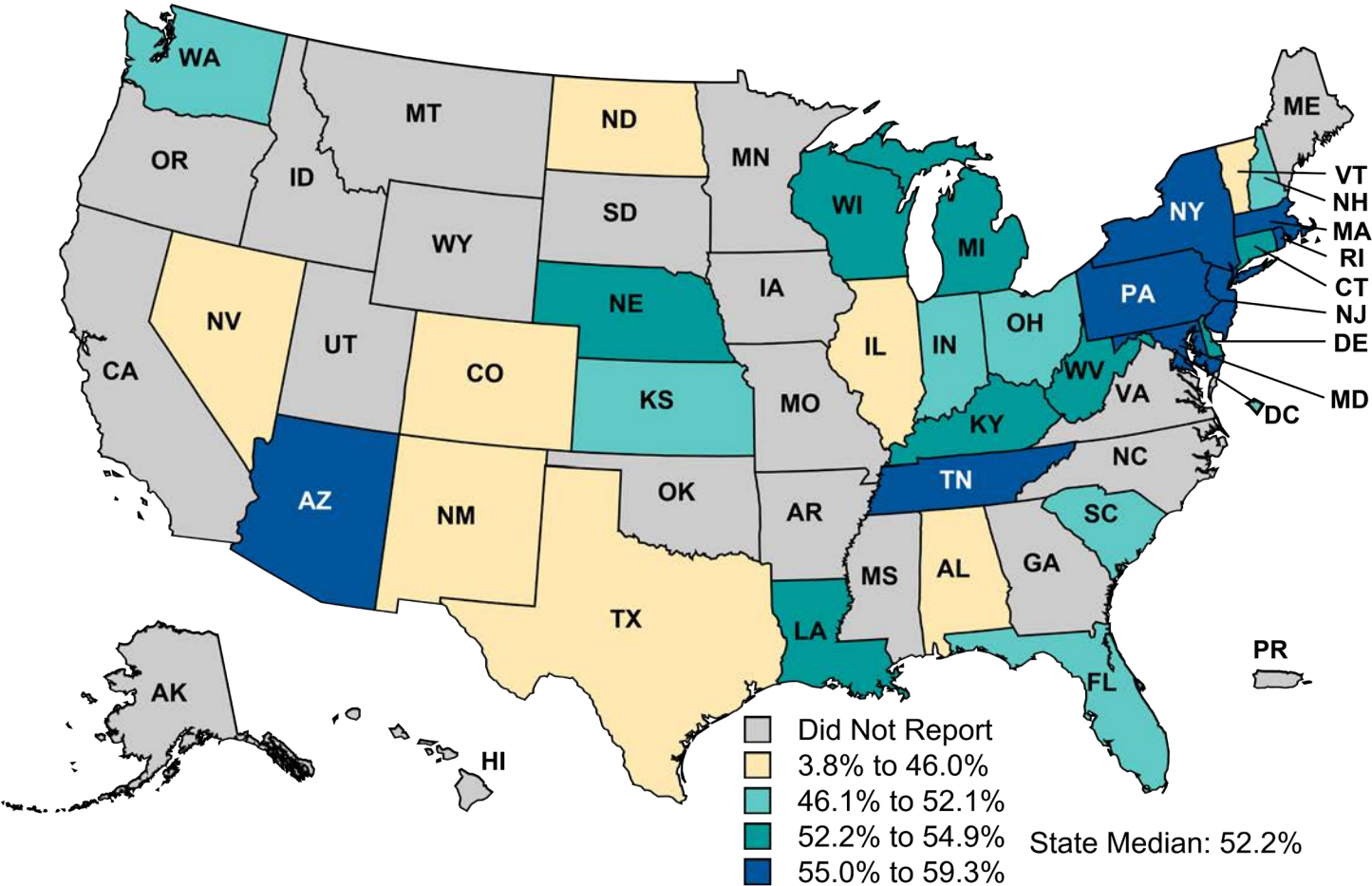
A median of

52 percent

of adults ages 18 to 64 with diabetes had HbA1c in control (<8.0%) during calendar year 2022.

Legend:
- Did Not Report
- 3.8% to 46.0%
- 46.1% to 52.1%
- 52.2% to 54.9%
- 55.0% to 59.3%

State Median: 52.2%

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.

Notes: This chart shows state reporting for the Hemoglobin A1c in Control (<8.0%) rate for the Hemoglobin A1c Control for Patients with Diabetes measure. Higher rates are better for the HbA1C control (<8.0%) rate. This chart excludes California, Mississippi, Oregon, and Utah, which reported the measure but did not provide data for the Hemoglobin A1c in Control rate. This chart excludes Arkansas, which calculated the measure but did not use Adult Core Set specifications.

Percentage of Adults Ages 18 to 64 with Diabetes (Type 1 or Type 2) who had Hemoglobin A1c in Poor Control (>9.0%) (HBD-AD), 2023 Core Set (n = 36 states) [Lower rates are better for this rate]
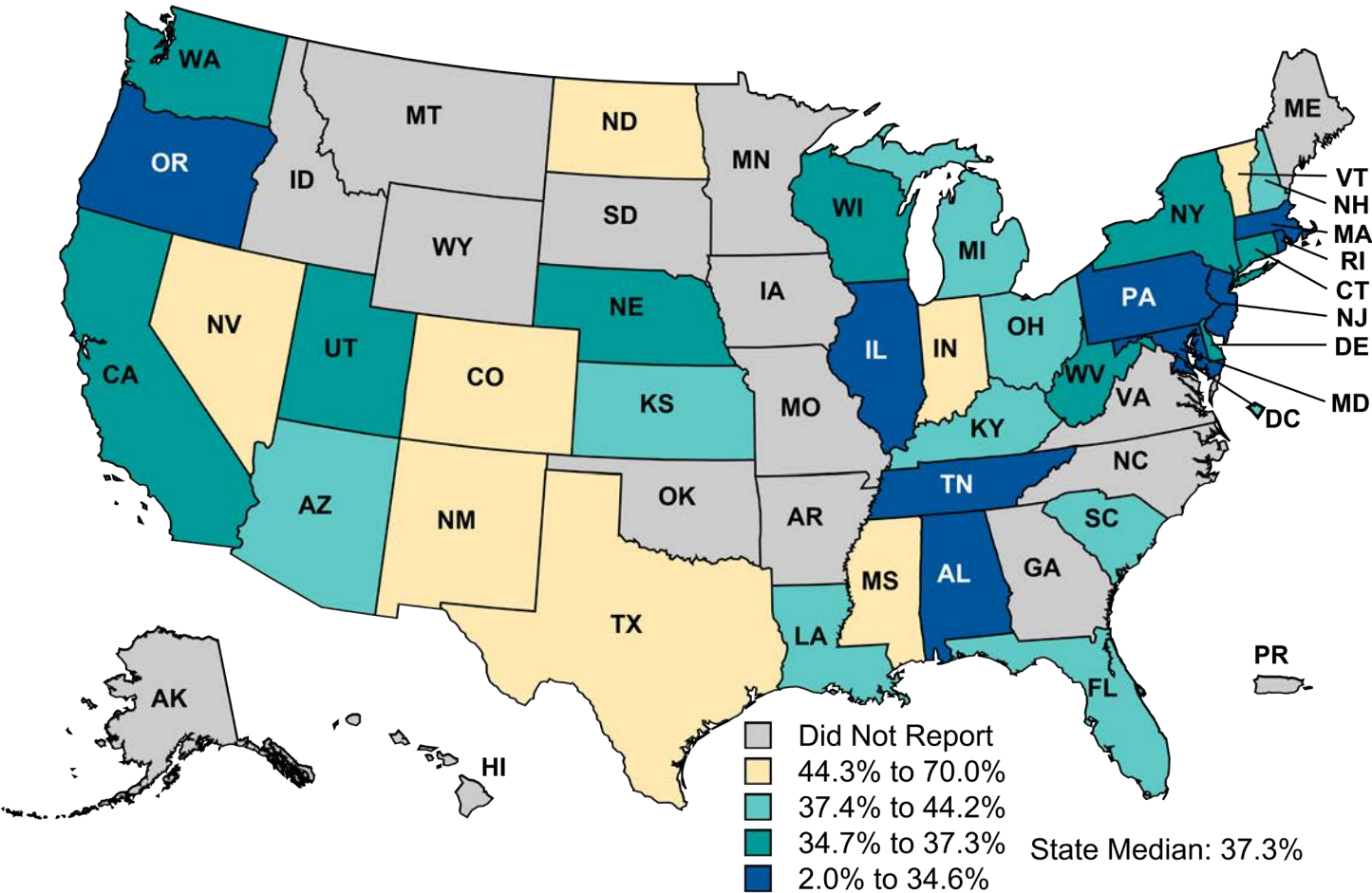
A median of

37 percent of adults ages 18 to 64 with diabetes had HbA1c in poor control (>9.0%) during calendar year 2022.

Legend:
- Did Not Report
- 44.3% to 70.0%
- 37.4% to 44.2%
- 34.7% to 37.3%
- 2.0% to 34.6%

State Median: 37.3%

PQI 01: Diabetes Short-Term Complications Admission Rate

Without access to high quality outpatient diabetes care, individuals can develop acute life-threatening complications. These complications may result in costly and avoidable inpatient hospital admissions. Hospitalizations for these complications can be an indicator that diabetes is not being properly prevented or managed.

Number of Hospitalizations for a Principal Diagnosis of Diabetes with Short-Term Complications per 100,000 Beneficiary Months for Adults Ages 18 to 64 (PQI01-AD), 2023 Core Set (n = 40 states) [Lower rates are better for this measure]
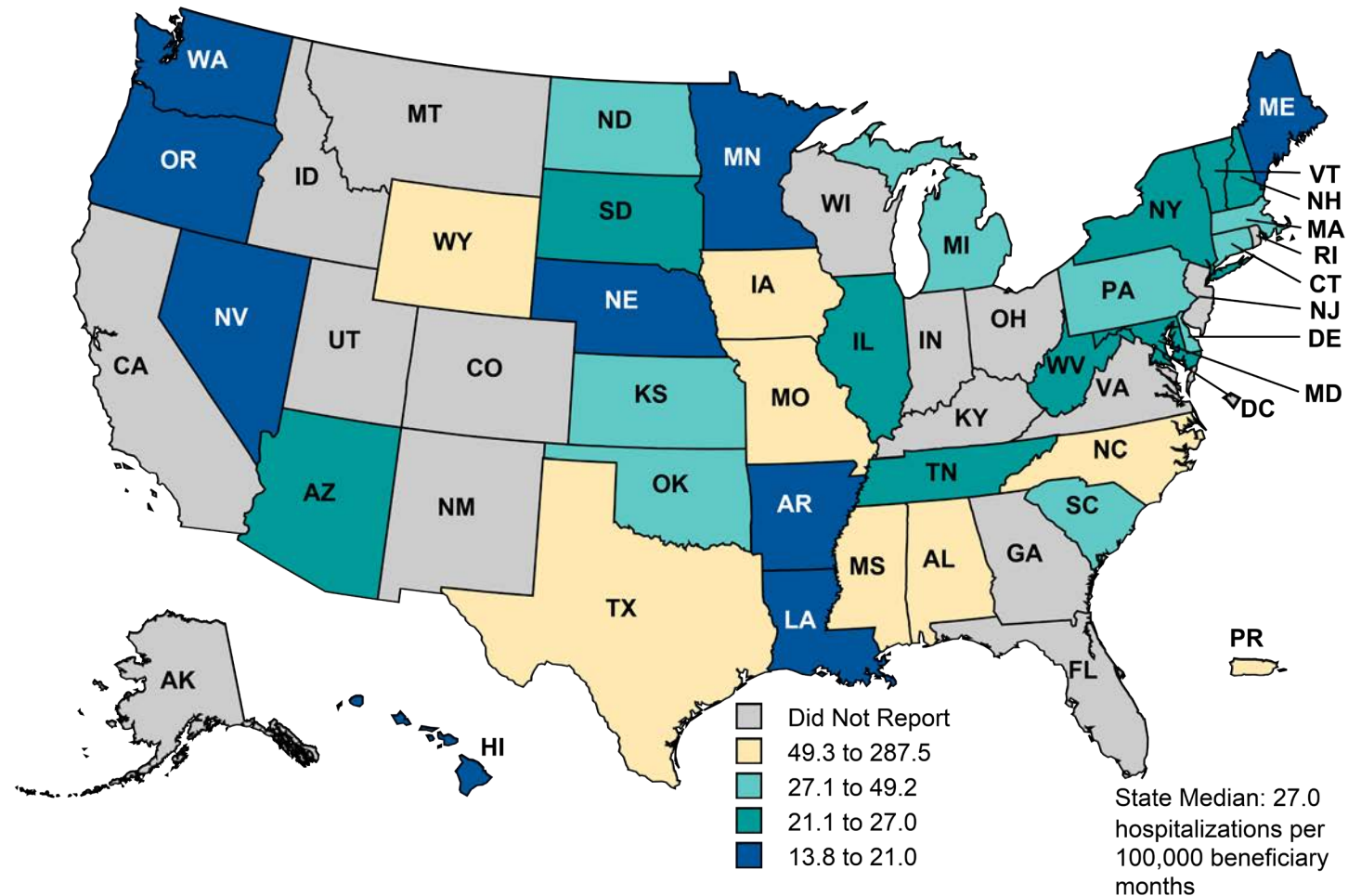
Adults ages 18 to 64 had a median of

15

hospitalizations for diabetes short-term complications per 100,000 beneficiary months during calendar year 2022.

Rate per 100,000 Beneficiary Months

- Bottom Quartile: 19.0
- Median: 15.4
- Top Quartile: 13.0

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Notes: This measure shows the number of hospitalizations for a principal diagnosis of diabetes with short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 beneficiary months for adults age 18 and older during calendar year 2022.

PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD), 2023 Core Set (n = 40 states) [Lower rates are better for this measure]
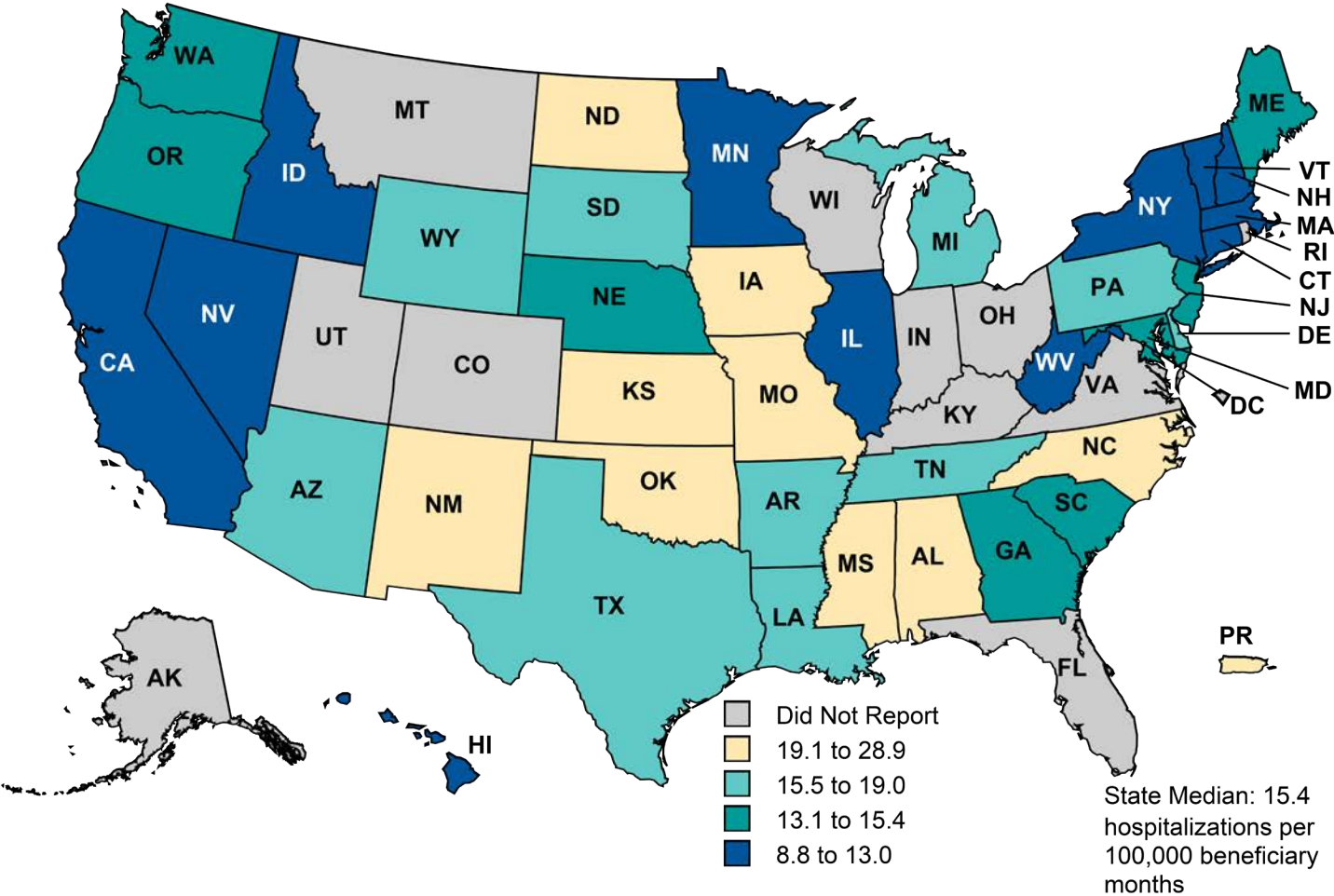
Legend:
- Did Not Report
- 19.1 to 28.9
- 15.5 to 19.0
- 13.1 to 15.4
- 8.8 to 13.0

State Median: 15.4 hospitalizations per 100,000 beneficiary months

Adults ages 18 to 64 had a median of

15

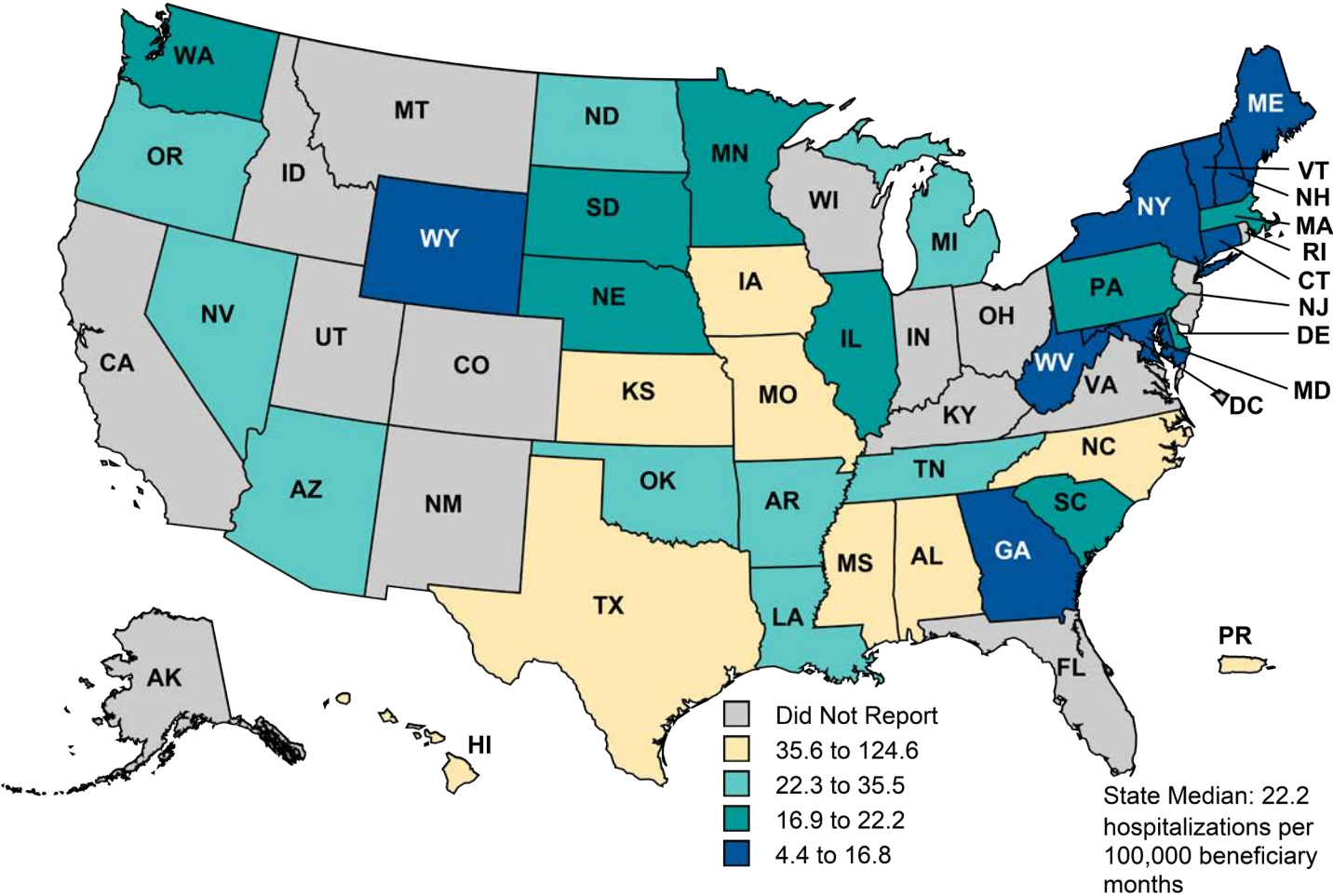hospitalizations for diabetes short-term complications per 100,000 beneficiary months during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.

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 one of the top ten causes of death in the U.S. population. Hospital admissions for COPD and asthma can often be avoided through high-quality outpatient care.

Number of Hospitalizations with a Principal Diagnosis of Chronic Obstructive Pulmonary Disease (COPD) or Asthma per 100,000 Beneficiary Months for Adults Ages 40 to 64 (PQI05-AD), 2023 Core Set (n = 35 states) [Lower rates are better for this measure]

Adults ages 40 to 64 had a median of

27

hospitalizations for COPD or asthma per 100,000 beneficiary months during calendar year 2022.

Rate per 100,000 Beneficiary Months

Bottom Quartile	Median	Top Quartile
49.2	27.0	21.0

PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD), 2023 Core Set (n = 35 states) [Lower rates are better for this measure]
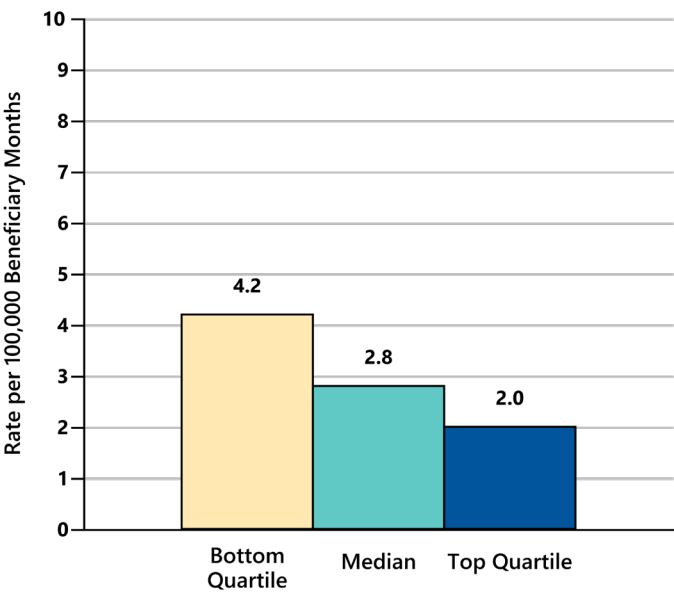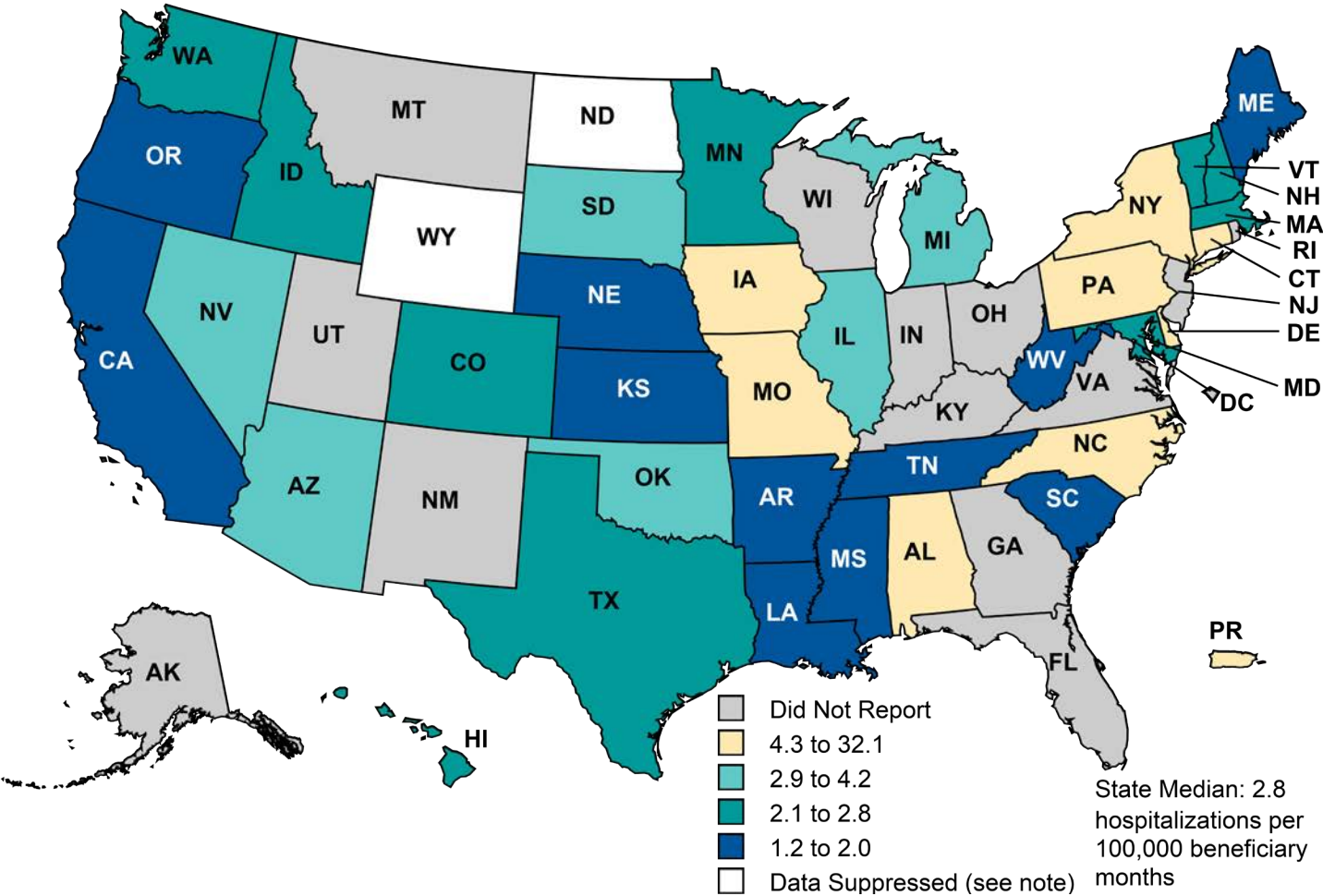

Adults ages 40 to 64 had a median of

27

hospitalizations for COPD or asthma per 100,000 beneficiary months during calendar year 2022.

Legend:
- Did Not Report
- 49.3 to 287.5
- 27.1 to 49.2
- 21.1 to 27.0
- 13.8 to 21.0

State Median: 27.0 hospitalizations per 100,000 beneficiary months

PQI 08: Heart Failure Admission Rate

Almost 6 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.

Number of Hospitalizations with a Principal Diagnosis of Heart Failure per 100,000 Beneficiary Months for Adults Ages 18 to 64 (PQI08-AD), 2023 Core Set (n = 36 states) [Lower rates are better for this measure]
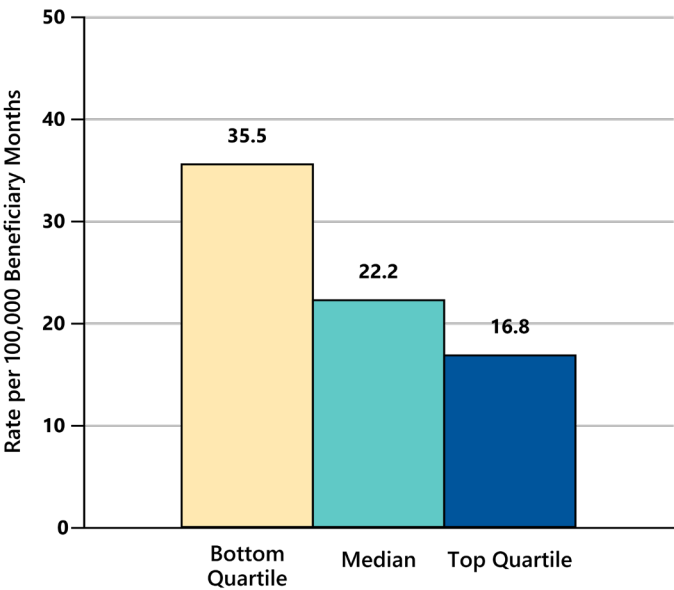
Adults ages 18 to 64 had a median of

22

hospitalizations for heart failure per 100,000 beneficiary months during calendar year 2022.

Chart: Rate per 100,000 Beneficiary Months

- Bottom Quartile: 35.5
- Median: 22.2
- Top Quartile: 16.8

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Note: This measure shows the number of hospitalizations with a principal diagnosis of heart failure per 100,000 beneficiary months for adults age 18 and older during calendar year 2022.

PQI 08: Heart Failure Admission Rate (PQI08-AD), 2023 Core Set (n = 36 states) [Lower rates are better for this measure]
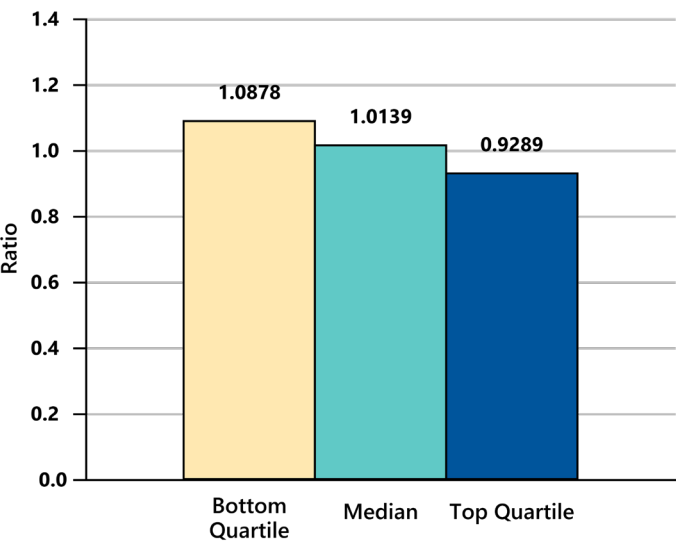

Adults ages 18 to 64 had a median of

22

hospitalizations for heart failure per 100,000 beneficiary months during calendar year 2022.

Legend:
- Did Not Report
- 35.6 to 124.6
- 22.3 to 35.5
- 16.9 to 22.2
- 4.4 to 16.8

State Median: 22.2 hospitalizations per 100,000 beneficiary months

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.

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.

Number of Hospitalizations with a Principal Diagnosis of Asthma per 100,000 Beneficiary Months for Adults Ages 18 to 39 (PQI15-AD), 2023 Core Set (n = 36 states) [Lower rates are better for this measure]

Adults ages 18 to 39 had a median of

3

hospitalizations for asthma per 100,000 beneficiary months during calendar year 2022.

Rate per 100,000 Beneficiary Months

Bottom Quartile	Median	Top Quartile
4.2	2.8	2.0

PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD), 2023 Core Set (n = 36 states) [Lower rates are better for this measure]

Legend:
- Did Not Report
- 4.3 to 32.1
- 2.9 to 4.2
- 2.1 to 2.8
- 1.2 to 2.0
- Data Suppressed (see note)

State Median: 2.8 hospitalizations per 100,000 beneficiary months

Adults ages 18 to 39 had a median of

3

hospitalizations for asthma per 100,000 beneficiary months during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Note: Data were suppressed for North Dakota 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.

Rate of Observed All-Cause Readmissions to Expected Readmissions (O/E Ratio) among Adults Ages 18 to 64, 2023 Core Set (n = 40 states) [Lower rates are better for this measure]

Of the 40 states reporting the measure,

18

states had fewer readmissions than expected given the case mix for discharges from January 1 to December 31, 2022.

Plan All-Cause Readmissions: Ratio of Observed All-Cause Readmissions to Expected Readmissions (O/E Ratio), 2023 Core Set (n = 40 states) [Lower rates are better for this measure]
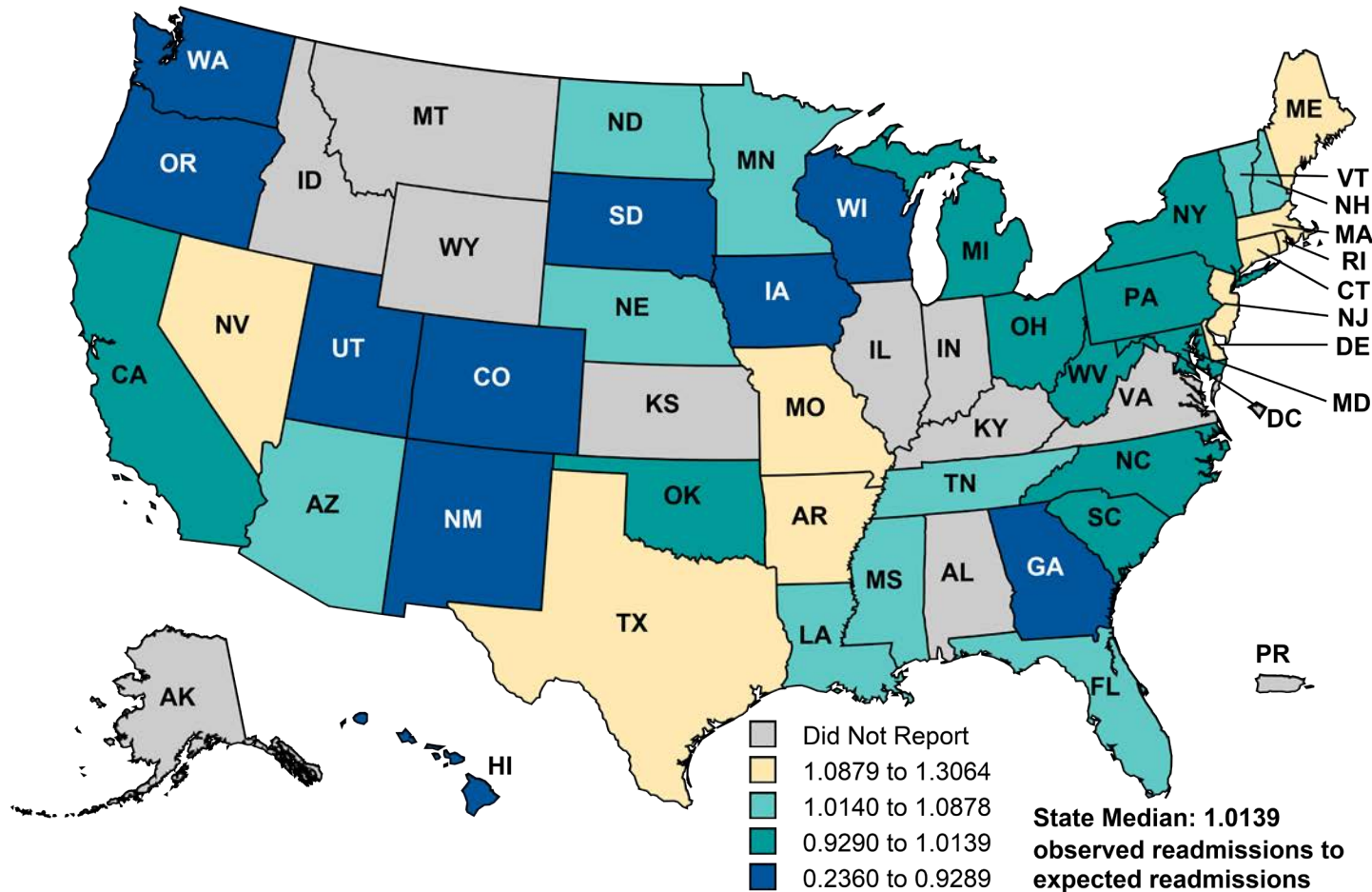
Legend:
- Did Not Report
- 1.0879 to 1.3064
- 1.0140 to 1.0878
- 0.9290 to 1.0139
- 0.2360 to 0.9289

State Median: 1.0139 observed readmissions to expected readmissions

Of the 40 states reporting the measure,

18

states had fewer readmissions than expected given the case mix for discharges from January 1 to December 31, 2022.

Notes: The Observed/Expected (O/E) Ratio is calculated as the ratio of the observed to expected readmissions. 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.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older

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.

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), 2023 Core Set (n = 41 states)
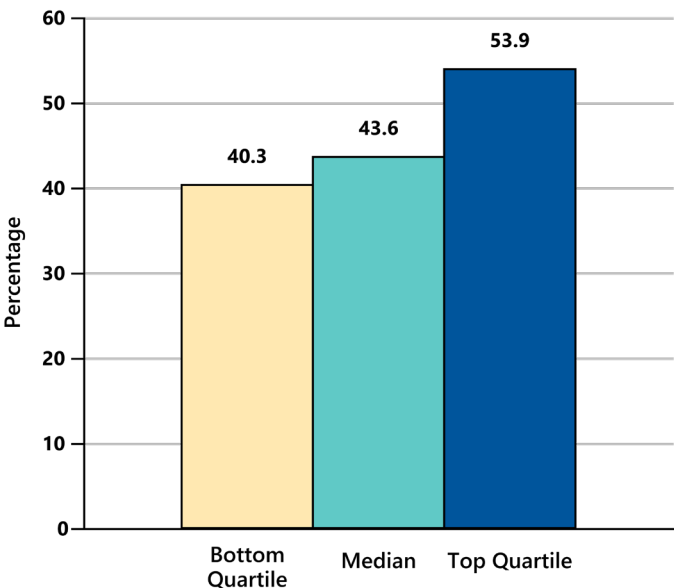
A median of

44 percent

of episodes for adults ages 18 to 64 with a diagnosis of acute bronchitis/bronchiolitis from July 1, 2021 to June 30, 2022 did not result in an antibiotic dispensing event.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024..

Notes: This measure shows the percentage of episodes for adults age 18 and older with a diagnosis of acute bronchitis/bronchiolitis from July 1, 2021 to June 30, 2022 that did not result in an antibiotic dispensing event. This measure is reported as an inverted rate. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (e.g., the proportion of episodes that did not result in an antibiotic dispensing event). Data were suppressed for Wyoming due to small cell sizes.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older (AAB-AD), 2023 Core Set (n = 41 states)

Legend:
- Did Not Report
- 32.7% to 40.2%
- 40.3% to 43.5%
- 43.6% to 53.8%
- 53.9% to 85.7%
- Data Suppressed (see note)

State Median: 43.6%

A median of **44** percent of episodes for adults ages 18 to 64 with a diagnosis of acute bronchitis/bronchiolitis from July 1, 2021 to June 30, 2022 did not result in an antibiotic dispensing event.

Asthma Medication Ratio: Ages 19 to 64

Asthma affects more than 20 million adults in the United States. Uncontrolled asthma among adults can result in emergency department (ED) visits, hospitalizations, lost workdays, and reduced productivity. The National Heart Lung and Blood Institute recommends long-term asthma control medications for adults with persistent asthma.

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), 2023 Core Set (n = 46 states)
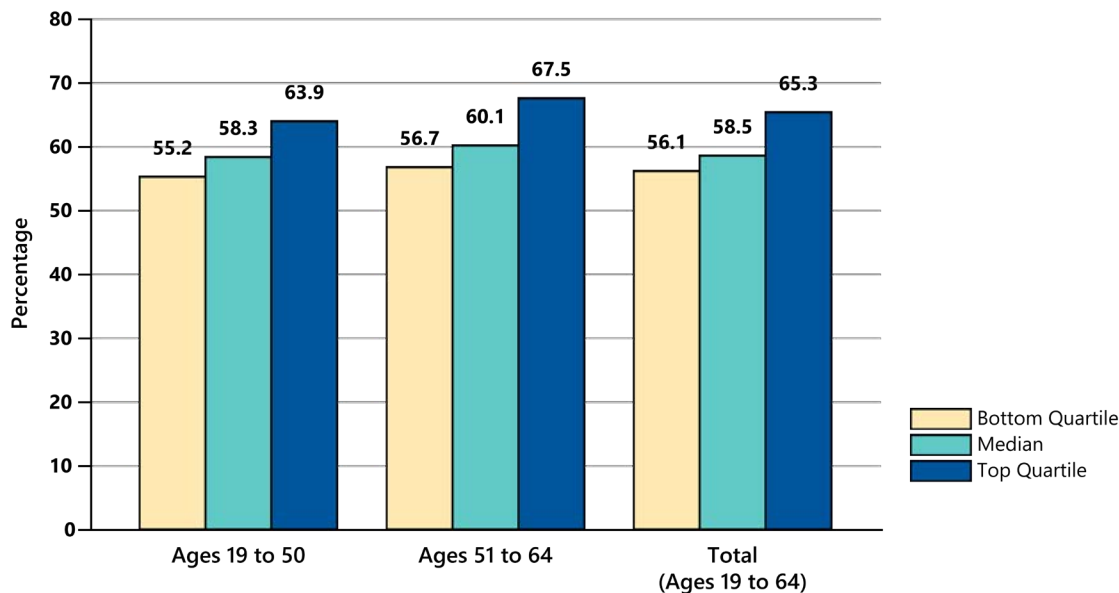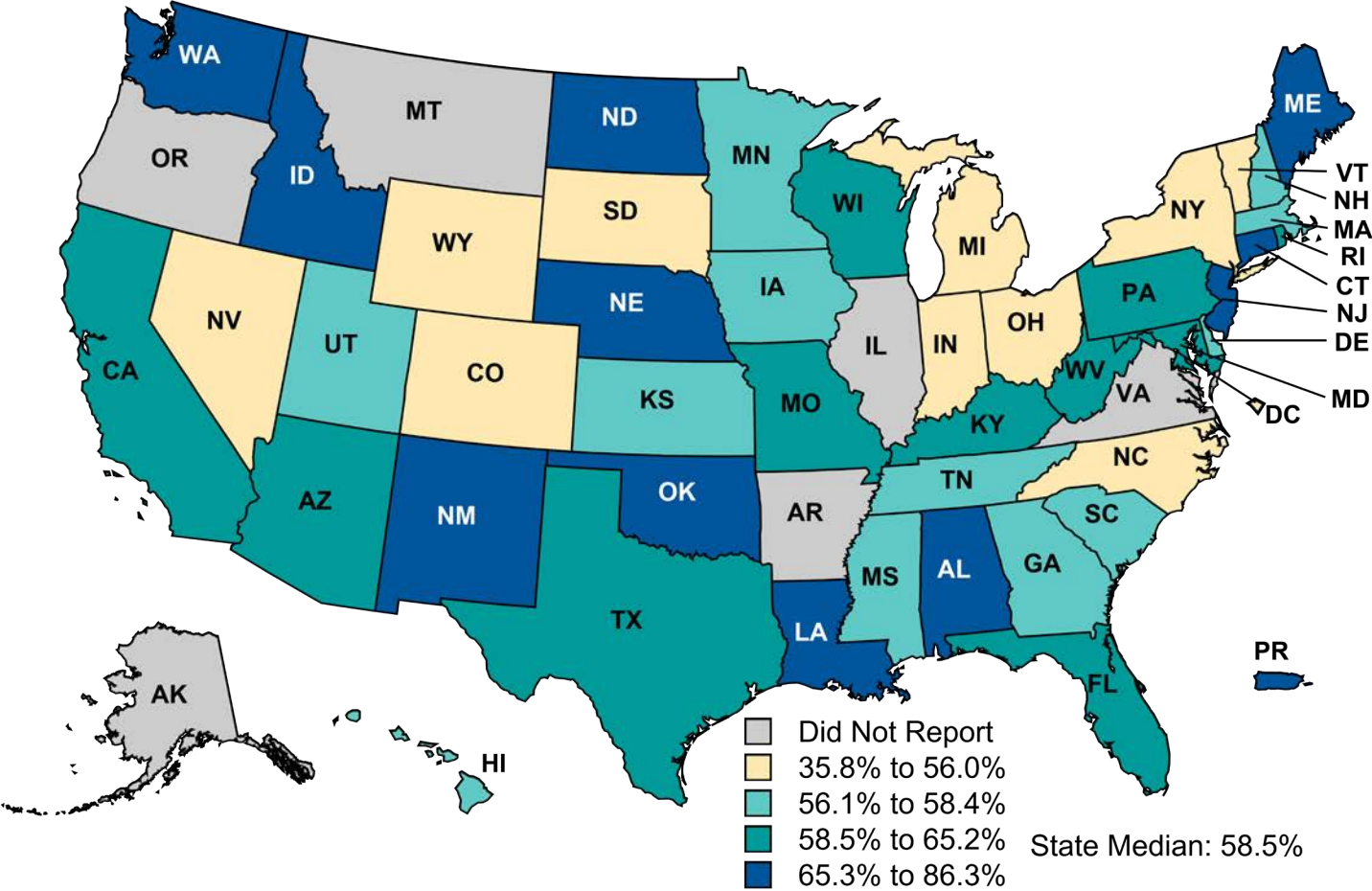

A median of

59 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 during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Notes: This measure shows the percentage of adults ages 19 to 64 who were identified as having persistent asthma (defined as an asthma diagnosis during both calendar year 2021 and calendar year 2022) and who had a ratio of controller medications to total asthma medications of 0.50 or greater in calendar year 2022. Three rates are reported: (1) ages 19 to 50; (2) ages 51 to 64; and (3) a total rate for ages 19 to 64.

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), 2023 Core Set (n = 46 states)
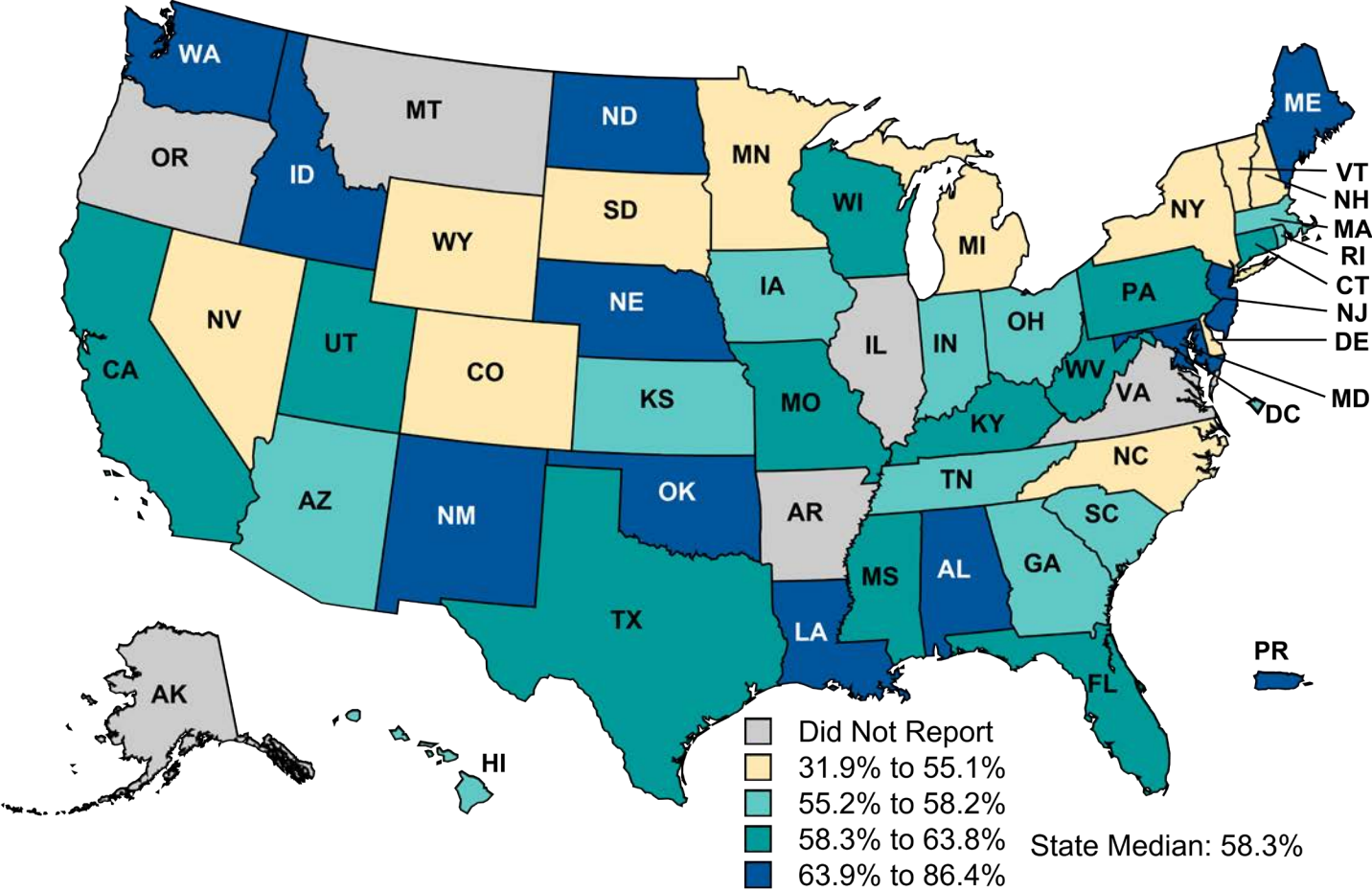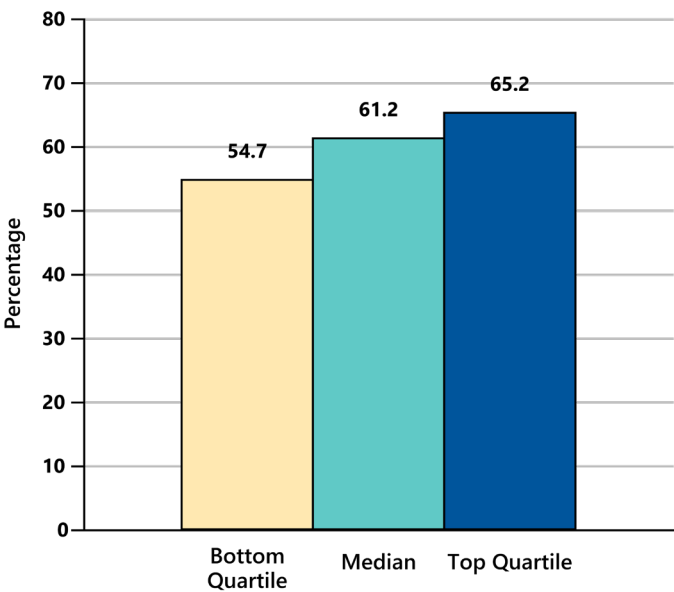

A median of

58 percent

of adults ages 19 to 50 with persistent asthma had a ratio of controller medications to total asthma medications of 0.50 or greater during calendar year 2022.

Legend:
- Did Not Report
- 31.9% to 55.1%
- 55.2% to 58.2%
- 58.3% to 63.8%
- 63.9% to 86.4%

State Median: 58.3%

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Note: This chart shows state reporting for the Ages 19 to 50 rate for the Asthma Medication Ratio: Ages 19 to 64 measure.

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), 2023 Core Set (n = 46 states)

A median of

60 percent

of adults ages 51 to 64 with persistent asthma had a ratio of controller medications to total asthma medications of 0.50 or greater during calendar year 2022.

Legend:
- Did Not Report
- 41.3% to 56.6%
- 56.7% to 60.0%
- 60.1% to 67.4%
- 67.5% to 90.2%

State Median: 60.1%

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), 2023 Core Set (n = 46 states)

A median of

59 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 during calendar year 2022.

Did Not Report
35.8% to 56.0%
56.1% to 58.4%
58.5% to 65.2%
65.3% to 86.3%

State Median: 58.5%

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.

Percentage of Adults Ages 18 to 64 who had a Diagnosis of Hypertension and whose Blood Pressure was Adequately Controlled (CBP-AD), 2023 Core Set (n = 40 states)

A median of

61 percent

of adults ages 18 to 64 with hypertension had their blood pressure adequately controlled during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Notes: This measure shows the percentage of adults ages 18 to 85 who had a diagnosis of hypertension from January 1, 2021 to June 30, 2022 and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during calendar year 2022. This chart excludes Arkansas, which calculated the measure but did not use Adult Core Set specifications.

Controlling High Blood Pressure (CBP-AD), 2023 Core Set (n = 40 states)
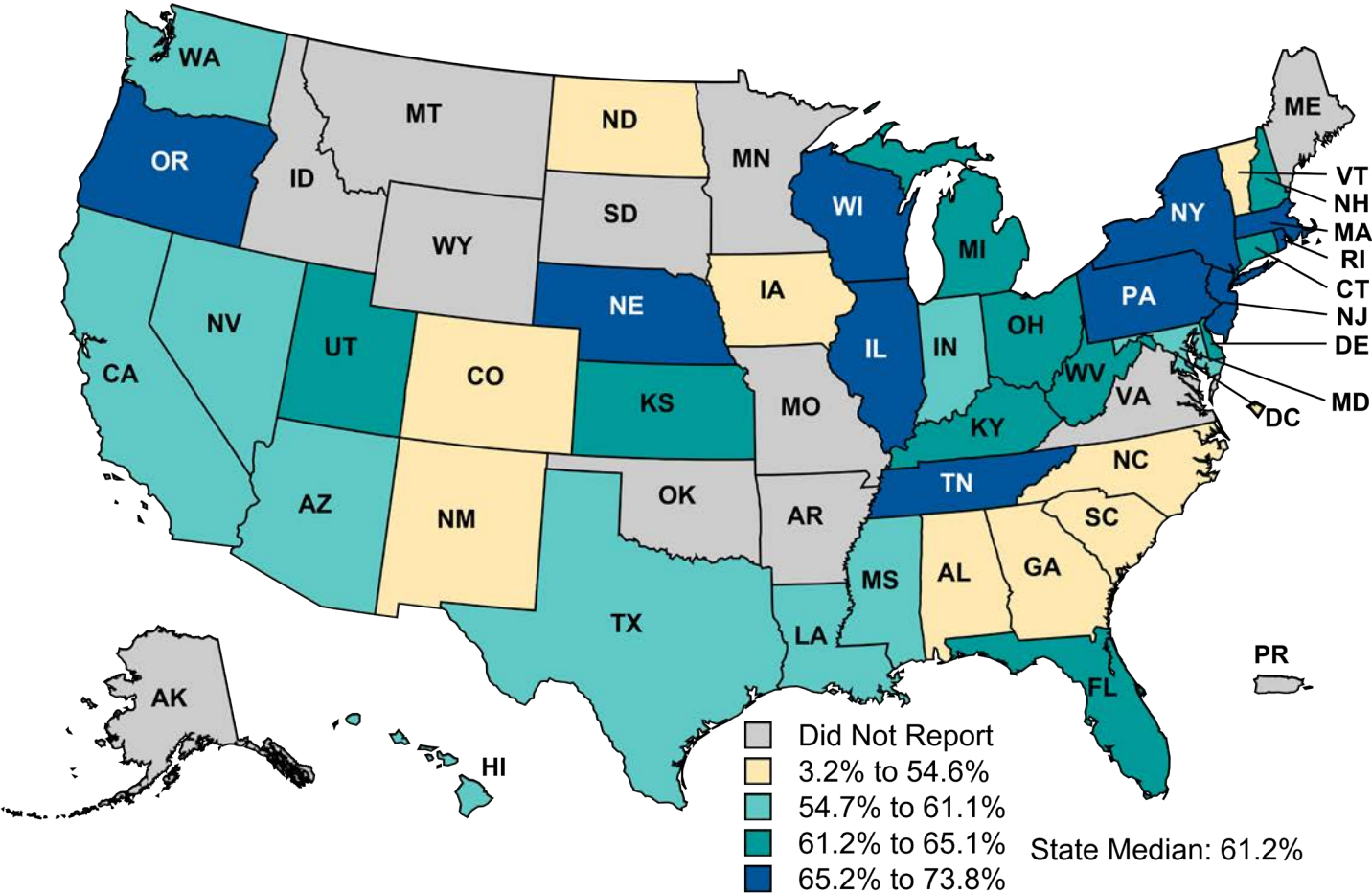
A median of

61 percent of adults ages 18 to 64 with hypertension had their blood pressure adequately controlled during calendar year 2022.

Legend:
- Did Not Report
- 3.2% to 54.6%
- 54.7% to 61.1%
- 61.2% to 65.1%
- 65.2% to 73.8%

State Median: 61.2%

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Note: This chart excludes Arkansas, which calculated the measure but did not use Adult Core Set specifications.

Use of Opioids at High Dosage in Persons Without Cancer

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

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), 2023 Core Set (n = 33 states) [Lower rates are better for this measure]
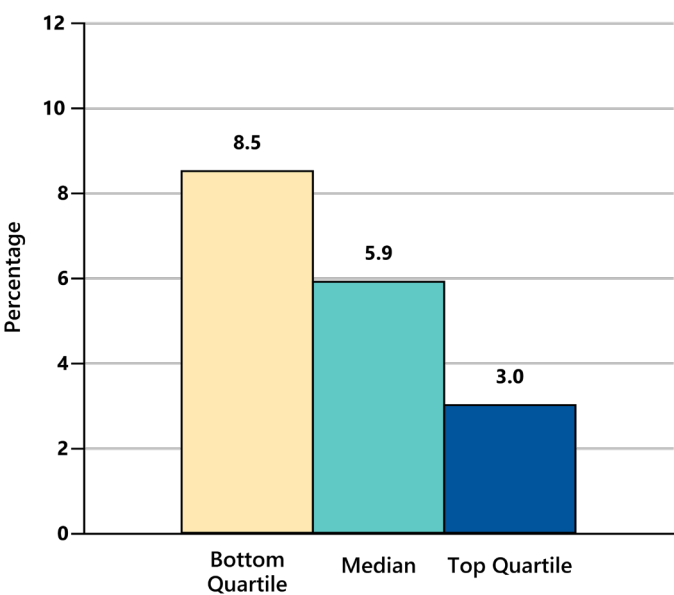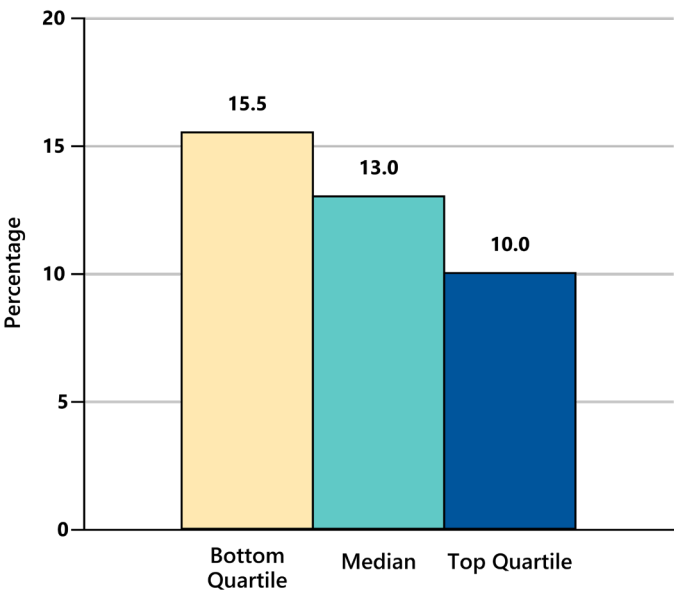

A median of

6 percent of adults ages 18 to 64 without cancer who received prescriptions for opioids from January 1 to October 3, 2022 had an average daily dosage greater than or equal to 90 Morphine Milligram Equivalents over a period of 90 consecutive days or more during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Notes: This measure shows the percentage of adults age 18 and older who received a prescription for opioids from January 1, 2022 to October 3, 2022 and had an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more during calendar year 2022. Beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative are excluded. Data were suppressed for Indiana, North Dakota, and Puerto Rico due to small cell sizes. This chart excludes New York, Ohio, Pennsylvania, and Texas, which calculated the measure but did not use Adult Core Set specifications.

Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD), 2023 Core Set (n = 33 states) [Lower rates are better for this measure]
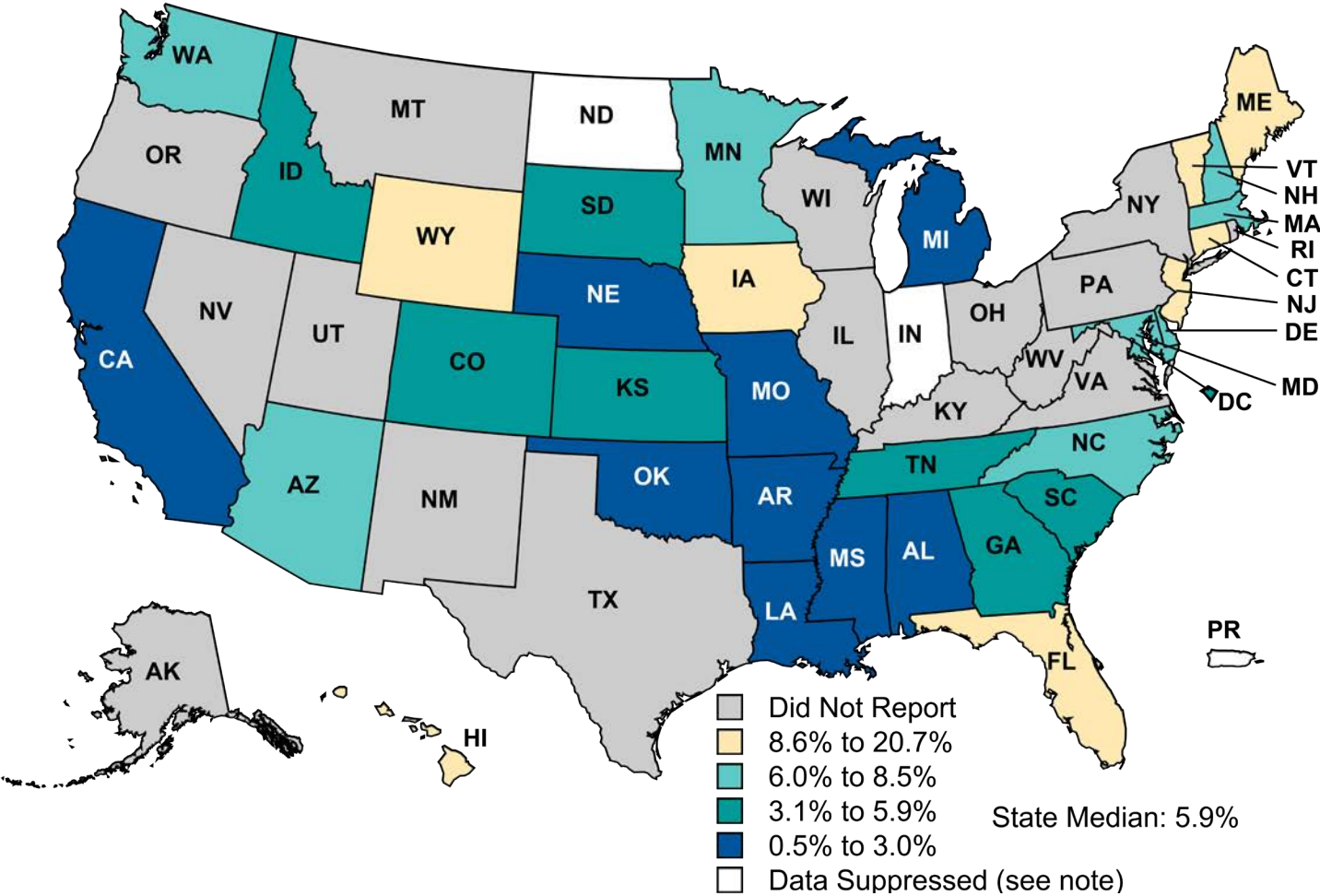
Legend:
- Did Not Report
- 8.6% to 20.7%
- 6.0% to 8.5%
- 3.1% to 5.9%
- 0.5% to 3.0%
- Data Suppressed (see note)

State Median: 5.9%

A median of

6 percent of adults ages 18 to 64 without cancer who received prescriptions for opioids from January 1 to October 3, 2022 had an average daily dosage greater than or equal to 90 Morphine Milligram Equivalents over a period of 90 consecutive days or more during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Notes: Data were suppressed for Indiana, North Dakota, and Puerto Rico due to small cell sizes. This chart excludes New York, Ohio, Pennsylvania, and Texas, which calculated the measure but did not use Adult Core Set specifications.

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.

Percentage of Adults Ages 18 to 64 with Concurrent Use of Prescription Opioids and Benzodiazepines for 30 or More Cumulative Days (COB-AD), 2023 Core Set (n = 36 states) [Lower rates are better for this measure]

A median of

13 percent of adults ages 18 to 64 had concurrent prescriptions for opioids and benzodiazepines for 30 or more cumulative days during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
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 calendar year 2022. Adults with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care are excluded. Data were suppressed for Indiana and Wyoming due to small cell sizes.

Concurrent Use of Opioids and Benzodiazepines (COB-AD), 2023 Core Set (n = 36 states) [Lower rates are better for this measure]
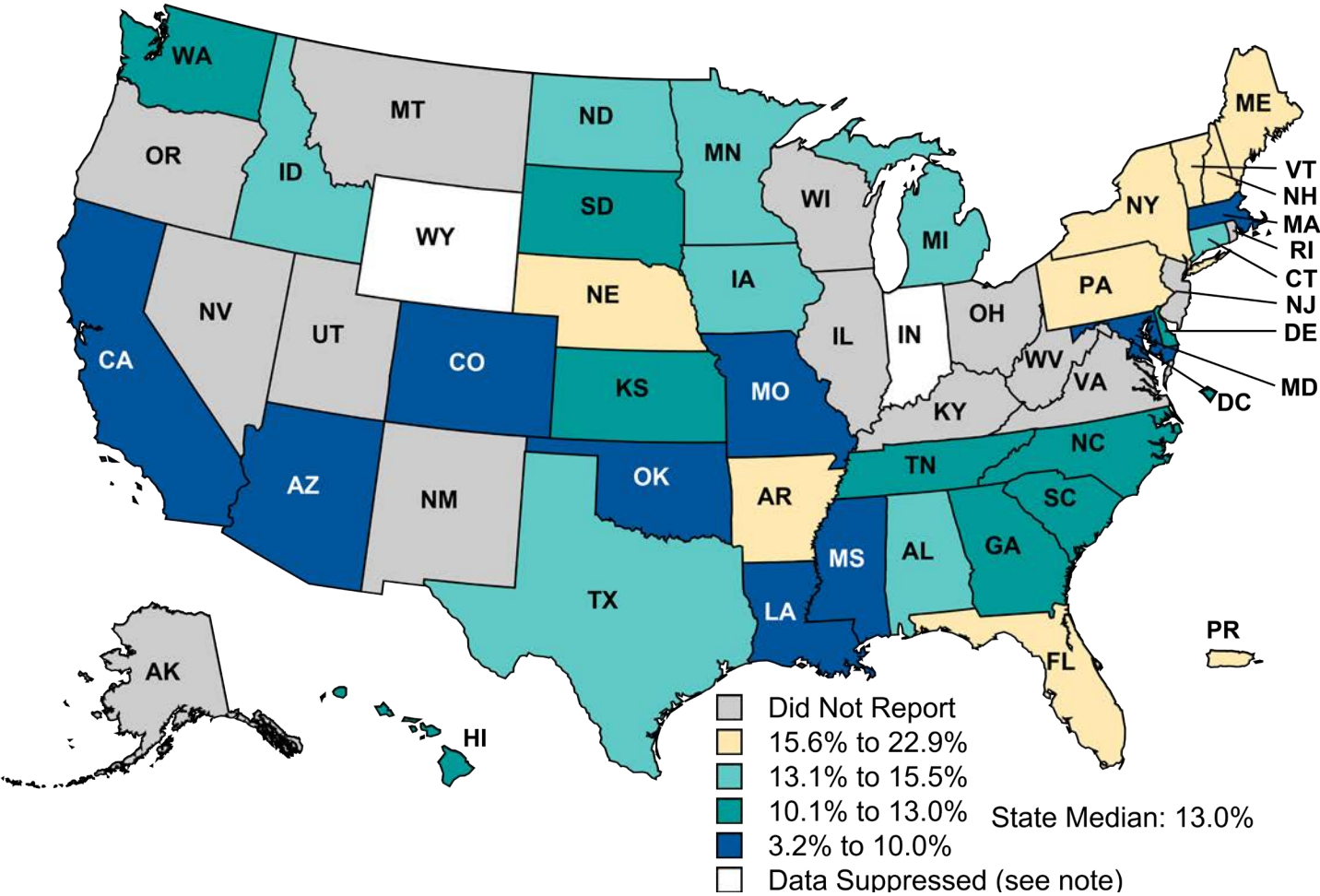
Legend:
- Did Not Report
- 15.6% to 22.9%
- 13.1% to 15.5%
- 10.1% to 13.0%
- 3.2% to 10.0%
- Data Suppressed (see note)

State Median: 13.0%

A median of

13 percent of adults ages 18 to 64 had concurrent prescriptions for opioids and benzodiazepines for 30 or more cumulative days during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 as of May 16, 2024.
Note: Data were suppressed for Indiana and Wyoming due to small cell sizes.

Behavioral Health Care

As the single largest payer for mental health services in the United States, Medicaid plays an important role in providing behavioral health care and monitoring the effectiveness of that care.[1] For the purpose of the Adult Core Set, the term "behavioral health care" refers to treatment of mental health conditions and substance use disorders. Improvement of benefit design and service delivery for behavioral health care in Medicaid is a high priority for CMS, in collaboration with other federal agencies, states, providers, and consumers.

Nine Adult Core Set measures of behavioral health care were available for analysis for 2023. These measures are among the most frequently reported measures in the Adult Core Set.

- Initiation and Engagement of Substance Use Disorder Treatment
- Use of Pharmacotherapy for Opioid Use Disorder
- Medical Assistance With Smoking and Tobacco Use Cessation
- Follow-Up After Emergency Department Visit for Substance Use: 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

[1] For more information about Medicaid coverage of behavioral health care, see: https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/index.html.

Initiation and Engagement of Substance Use Disorder Treatment

Treatment for substance use disorder (SUD) can improve health, productivity, and social outcomes. It can also save millions of dollars on health care and related costs. Recommended care for individuals with a new SUD episode includes initiating treatment within 14 days of diagnosis (initiation rate) and then continuing treatment with two or more additional SUD services or medication treatment within 34 days of the initiation visit (engagement rate).

Percentage of New Substance Use Disorder (SUD) Episodes for Adults Ages 18 to 64 that Resulted in: (1) Initiation of SUD Treatment within 14 Days of the Episode Date and (2) Engagement of SUD Treatment within 34 Days of Initiation (IET-AD), 2023 Core Set
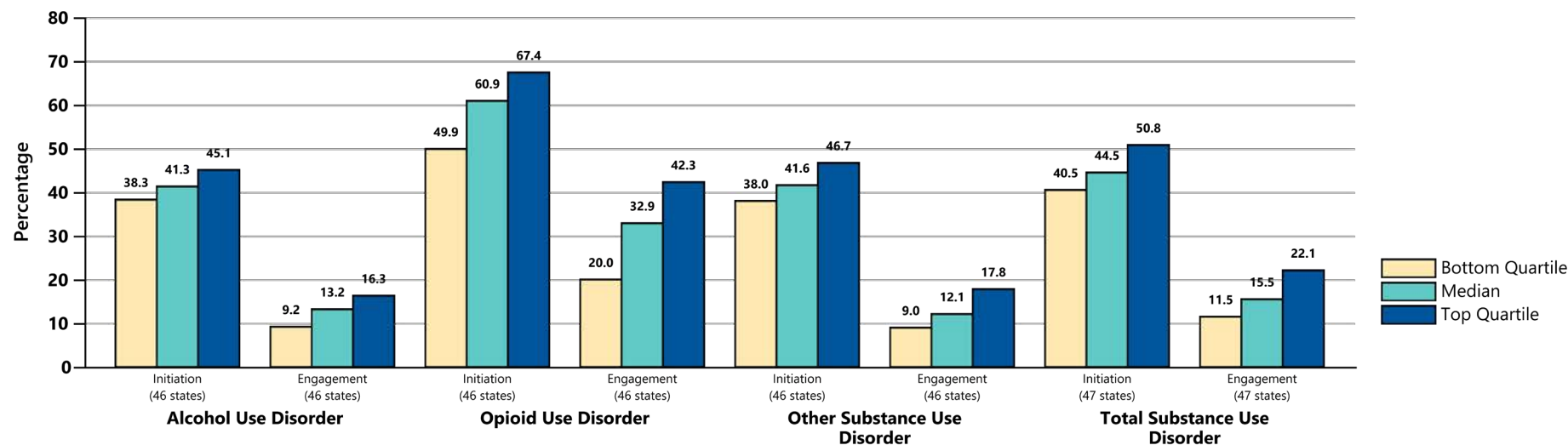
A median of **45** percent of new substance use disorder episodes from November 15, 2021 to November 14, 2022 among adults ages 18 to 64 resulted in initiation of treatment within 14 days.

16 percent had evidence of ongoing treatment within 34 days of the initiation visit.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.

Notes: This measure shows the percentage of new substance use disorder (SUD) episodes from November 15, 2021 to November 14, 2022 for adults age 18 and older that result in treatment initiation and engagement. Two rates are reported: (1) the percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days (initiation rate); and (2) the percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation (engagement rate). States report initiation and engagement rates for four SUD diagnosis cohorts: (1) alcohol use disorder; (2) opioid use disorder; (3) other SUD; and (4) total SUD. Specifications for this measure changed substantially for 2023 and rates are not comparable with rates for previous years.
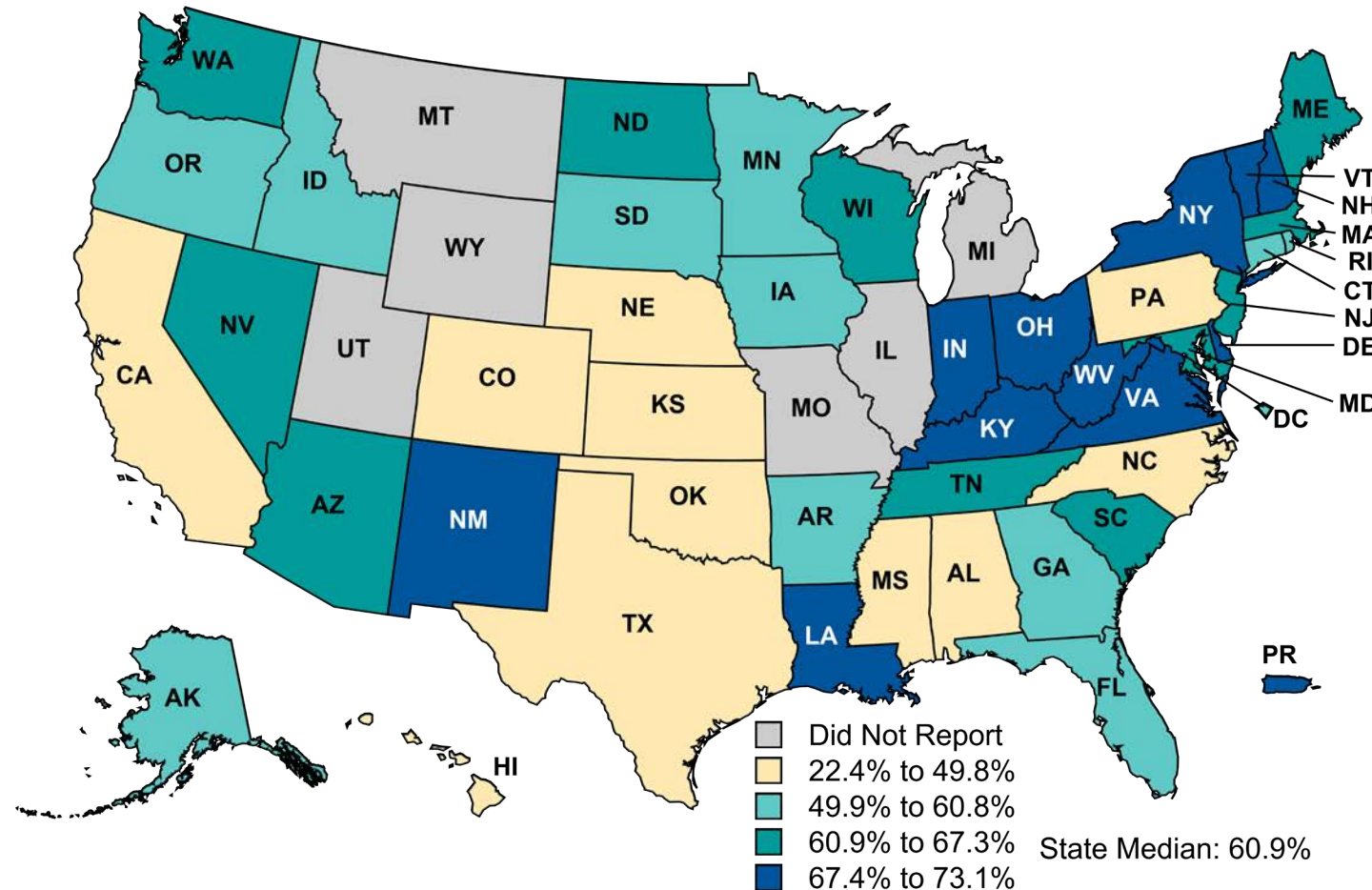
Percentage of New Episodes of Alcohol Use Disorder for Adults Ages 18 to 64 with Initiation of SUD Treatment within 14 Days of the Episode Date (IET-AD), 2023 Core Set (n = 46 states)
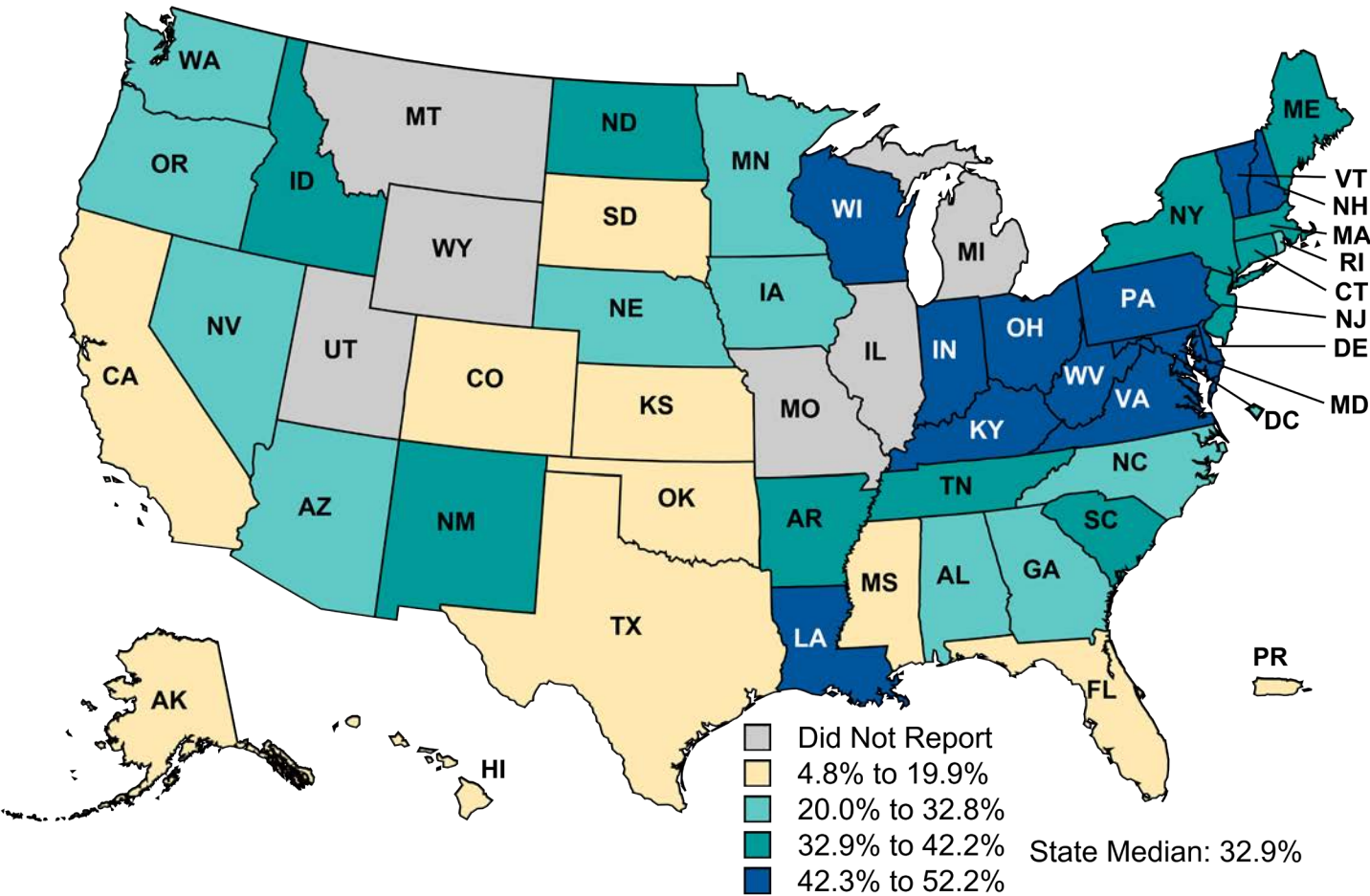

A median of

41 percent of new episodes of alcohol use disorder from November 15, 2021 to November 14, 2022 among adults ages 18 to 64 resulted in initiation of treatment within 14 days.

Legend:
- Did Not Report
- 19.6% to 38.2%
- 38.3% to 41.2%
- 41.3% to 45.0%
- 45.1% to 66.8%

State Median: 41.3%

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Notes: This chart shows state reporting for the Initiation of Alcohol Use Disorder Treatment rate for the Initiation and Engagement of Substance Use Disorder Treatment measure. This chart excludes Illinois, which reported the measure but did not provide data for the Initiation of Alcohol Use Disorder Treatment rate.
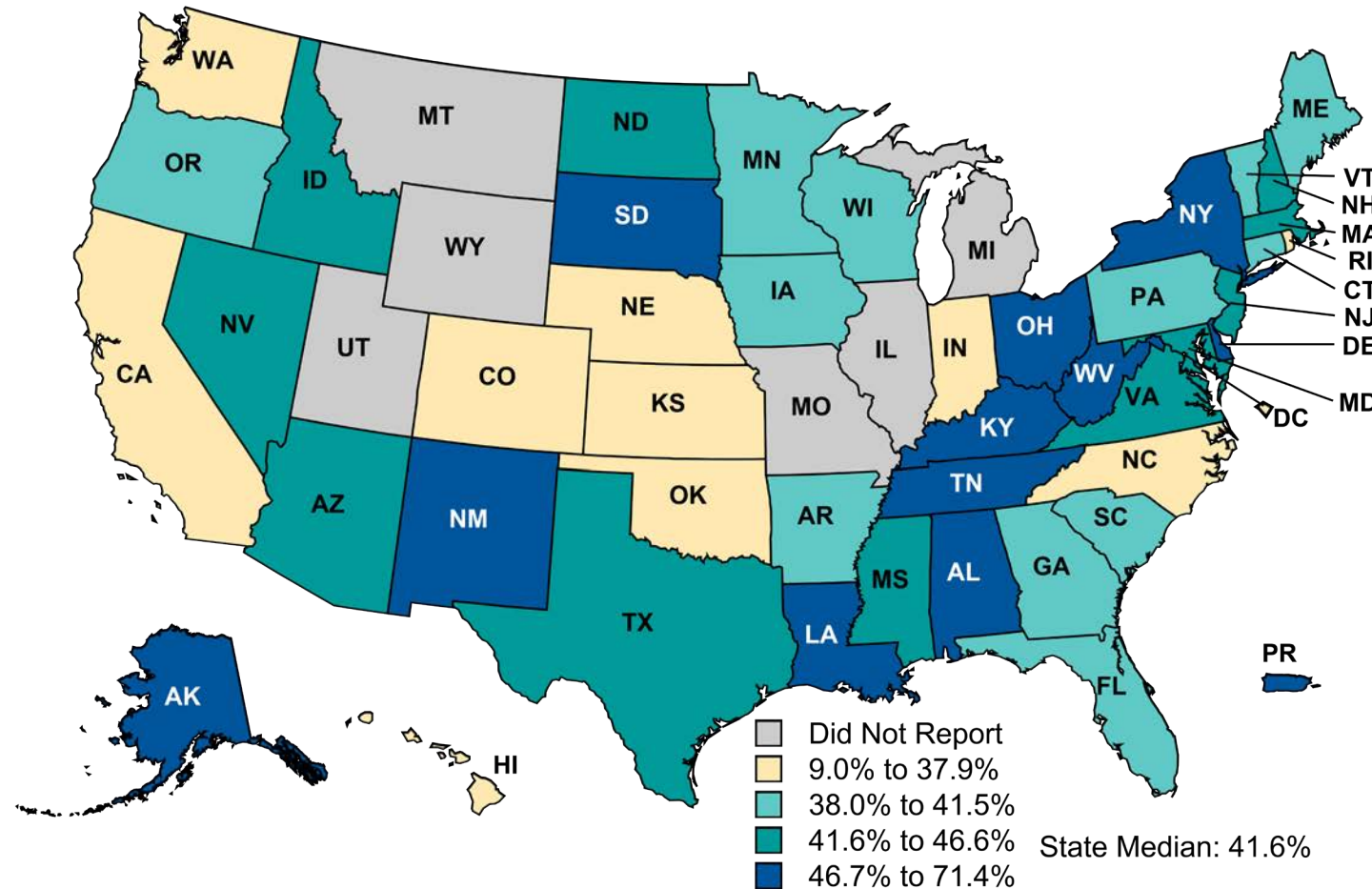
Percentage of New Episodes of Alcohol Use Disorder for Adults Ages 18 to 64 with Engagement of SUD Treatment within 34 Days of the Initiation Visit (IET-AD), 2023 Core Set (n = 46 states)

Legend:
- Did Not Report
- 3.7% to 9.1%
- 9.2% to 13.1%
- 13.2% to 16.2%
- 16.3% to 25.0%

State Median: 13.2%

A median of **13** percent of new episodes of alcohol use disorder from November 15, 2021 to November 14, 2022 among adults ages 18 to 64 had evidence of ongoing treatment within 34 days of the initiation visit.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Notes: This chart shows state reporting for the Engagement of Alcohol Use Disorder Treatment rate for the Initiation and Engagement of Substance Use Disorder Treatment measure. This chart excludes Illinois, which reported the measure but did not provide data for the Engagement of Alcohol Use Disorder Treatment rate.

Percentage of New Episodes of Opioid Use Disorder for Adults Ages 18 to 64 with Initiation of SUD Treatment within 14 Days of the Episode Date (IET-AD), 2023 Core Set (n = 46 states)

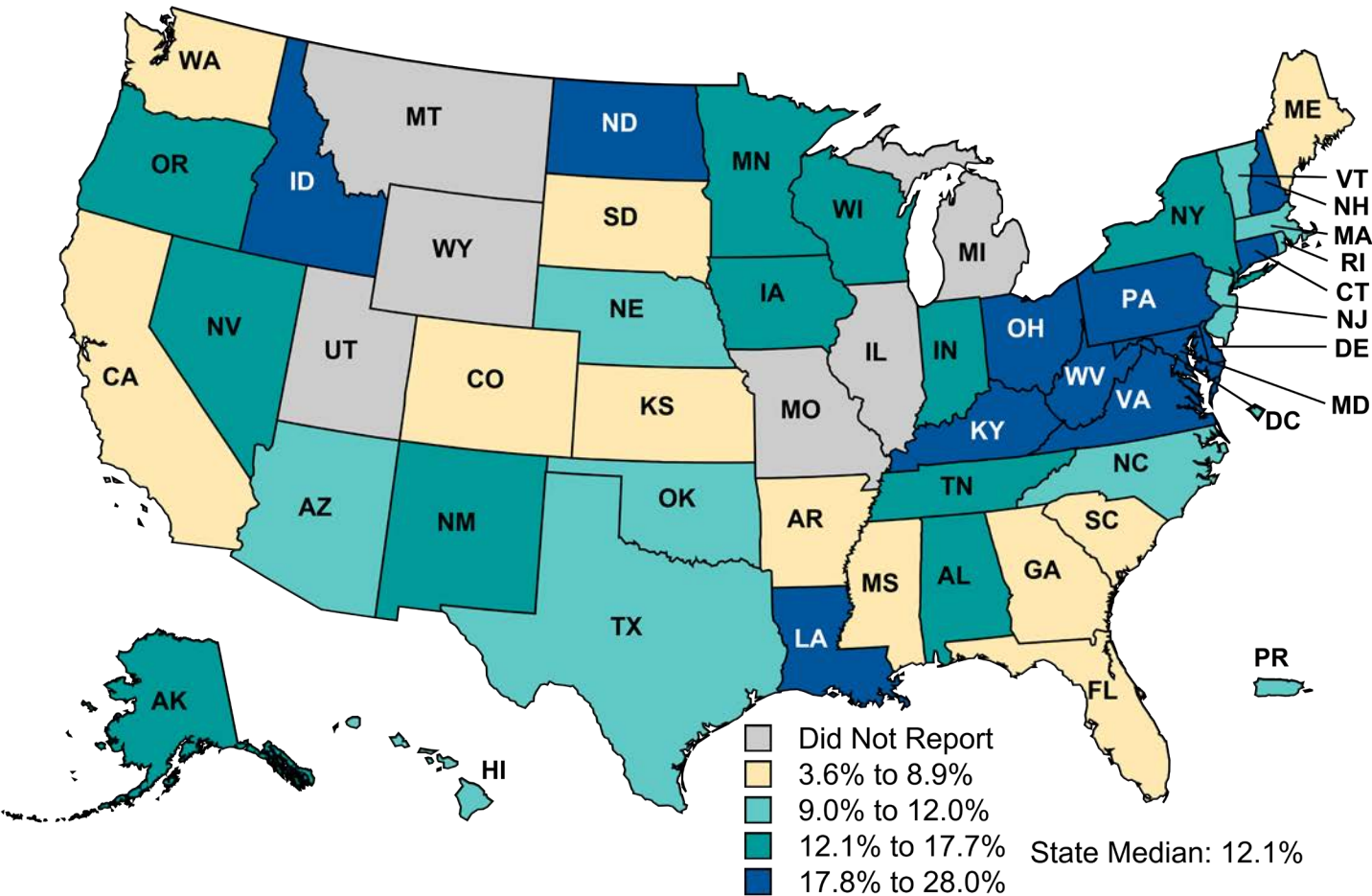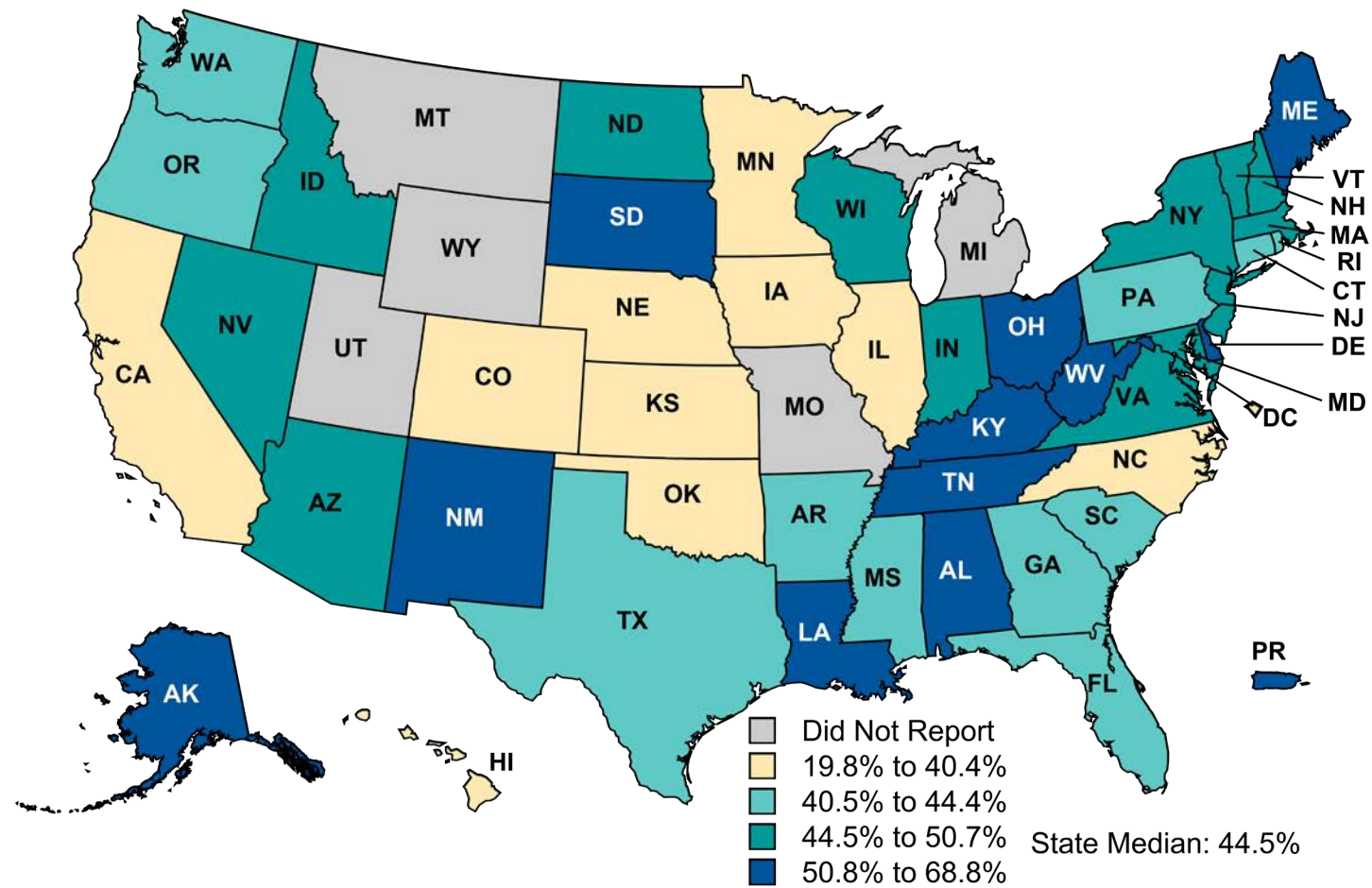A median of

61 percent

of new episodes of opioid use disorder from November 15, 2021 to November 14, 2022 among adults ages 18 to 64 resulted in initiation of treatment within 14 days.

Legend:
- Did Not Report
- 22.4% to 49.8%
- 49.9% to 60.8%
- 60.9% to 67.3%
- 67.4% to 73.1%

State Median: 60.9%

Percentage of New Episodes of Opioid Use Disorder for Adults Ages 18 to 64 with Engagement of SUD Treatment within 34 Days of the Initiation Visit (IET-AD), 2023 Core Set (n = 46 states)

Legend:
- Did Not Report
- 4.8% to 19.9%
- 20.0% to 32.8%
- 32.9% to 42.2%
- 42.3% to 52.2%

State Median: 32.9%

A median of **33** percent of new episodes of opioid use disorder from November 15, 2021 to November 14, 2022 among adults ages 18 to 64 had evidence of ongoing treatment within 34 days of the initiation visit.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Notes: This chart shows state reporting for the Engagement of Opioid Use Disorder Treatment rate for the Initiation and Engagement of Substance Use Disorder Treatment measure. This chart excludes Illinois, which reported the measure but did not provide data for the Engagement of Opioid Use Disorder Treatment rate.
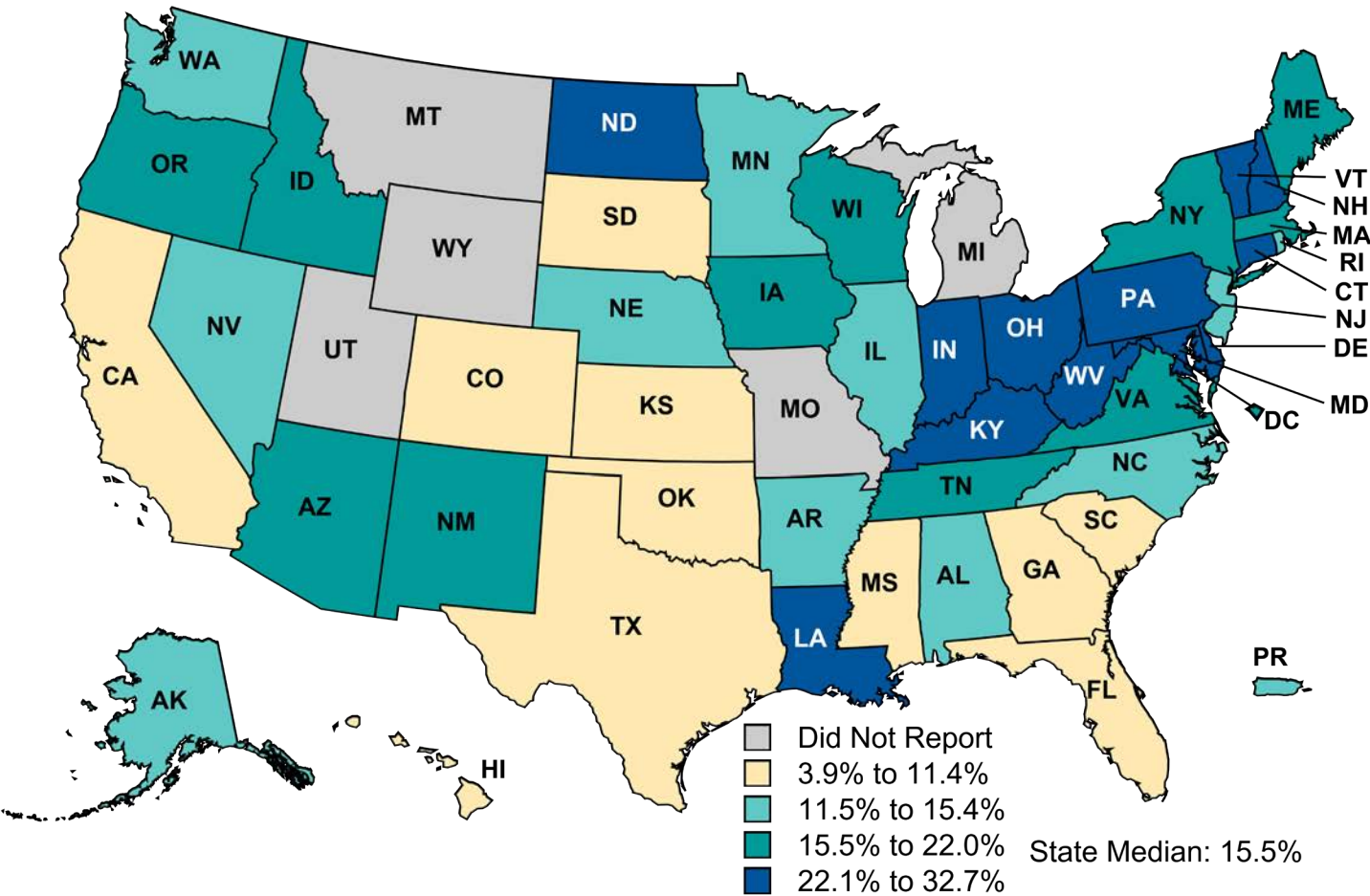
Percentage of New Episodes of Other Substance Use Disorder (SUD) for Adults Ages 18 to 64 with Initiation of SUD Treatment within 14 Days of the Episode Date (IET-AD), 2023 Core Set (n = 46 states)

A median of **42** percent of new episodes of other substance use disorder from November 15, 2021 to November 14, 2022 among adults ages 18 to 64 resulted in initiation of treatment within 14 days.

Legend:
- Did Not Report
- 9.0% to 37.9%
- 38.0% to 41.5%
- 41.6% to 46.6%
- 46.7% to 71.4%

State Median: 41.6%

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Notes: This chart shows state reporting for the Initiation of Other SUD Treatment rate for the Initiation and Engagement of Substance Use Disorder Treatment measure. This chart excludes Illinois, which reported the measure but did not provide data for the Initiation of Other SUD Treatment rate.

Percentage of New Episodes of Other Substance Use Disorder (SUD) for Adults Ages 18 to 64 with Engagement of SUD Treatment within 34 Days of the Initiation (IET-AD), 2023 Core Set (n = 46 states)

Did Not Report
3.6% to 8.9%
9.0% to 12.0%
12.1% to 17.7%
17.8% to 28.0%

State Median: 12.1%

A median of

12 percent

of new episodes of other substance use disorder from November 15, 2021 to November 14, 2022 among adults ages 18 to 64 had evidence of ongoing treatment within 34 days of the initiation visit.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Notes: This chart shows state reporting for the Engagement of Other SUD Treatment rate for the Initiation and Engagement of Substance Use Disorder Treatment measure. This chart excludes Illinois, which reported the measure but did not provide data for the Engagement of Other SUD Treatment rate.

Percentage of New Episodes of Substance Use Disorder (SUD) for Adults Ages 18 to 64 with Initiation of SUD Treatment within 14 Days of the Episode Date (Total Rate) (IET-AD), 2023 Core Set (n = 47 states)

A median of

45 percent

of new episodes of substance use disorder from November 15, 2021 to November 14, 2022 among adults ages 18 to 64 resulted in initiation of treatment within 14 days.

Legend:
- Did Not Report
- 19.8% to 40.4%
- 40.5% to 44.4%
- 44.5% to 50.7%
- 50.8% to 68.8%

State Median: 44.5%

Percentage of New Episodes of Substance Use Disorder (SUD) for Adults Ages 18 to 64 with Engagement of SUD Treatment within 34 Days of the Initiation Visit (Total Rate) (IET-AD), 2023 Core Set (n = 47 states)

Legend:
- Did Not Report
- 3.9% to 11.4%
- 11.5% to 15.4%
- 15.5% to 22.0%
- 22.1% to 32.7%

State Median: 15.5%

A median of **16** percent of new episodes of substance use disorder from November 15, 2021 to November 14, 2022 among adults ages 18 to 64 had evidence of ongoing treatment within 34 days of the initiation visit.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Note: This chart shows state reporting for the Engagement of SUD Treatment Total rate for the Initiation and Engagement of Substance Use Disorder Treatment measure.

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. The U.S. Food and Drug Administration (FDA) has approved the following medications for treatment of OUD: Methadone, Buprenorphine, and Naltrexone.

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), 2023 Core Set (n = 41 states)
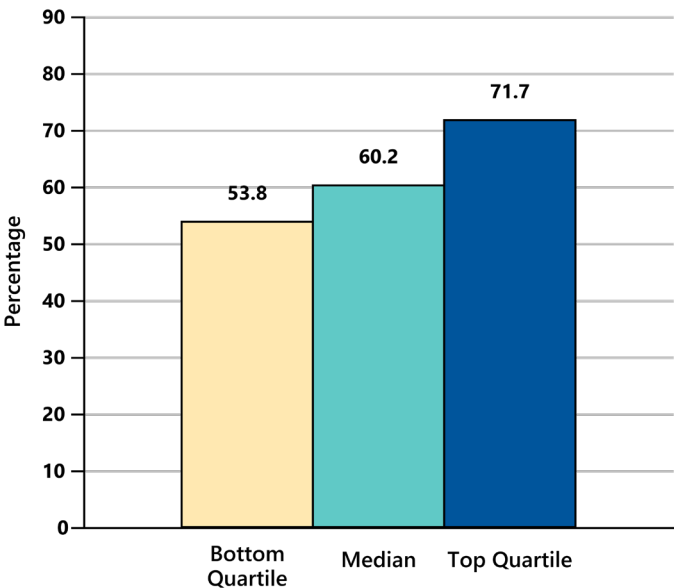
A median of

60 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 during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.

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 calendar year 2022. 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.

Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD), 2023 Core Set (n = 41 states)
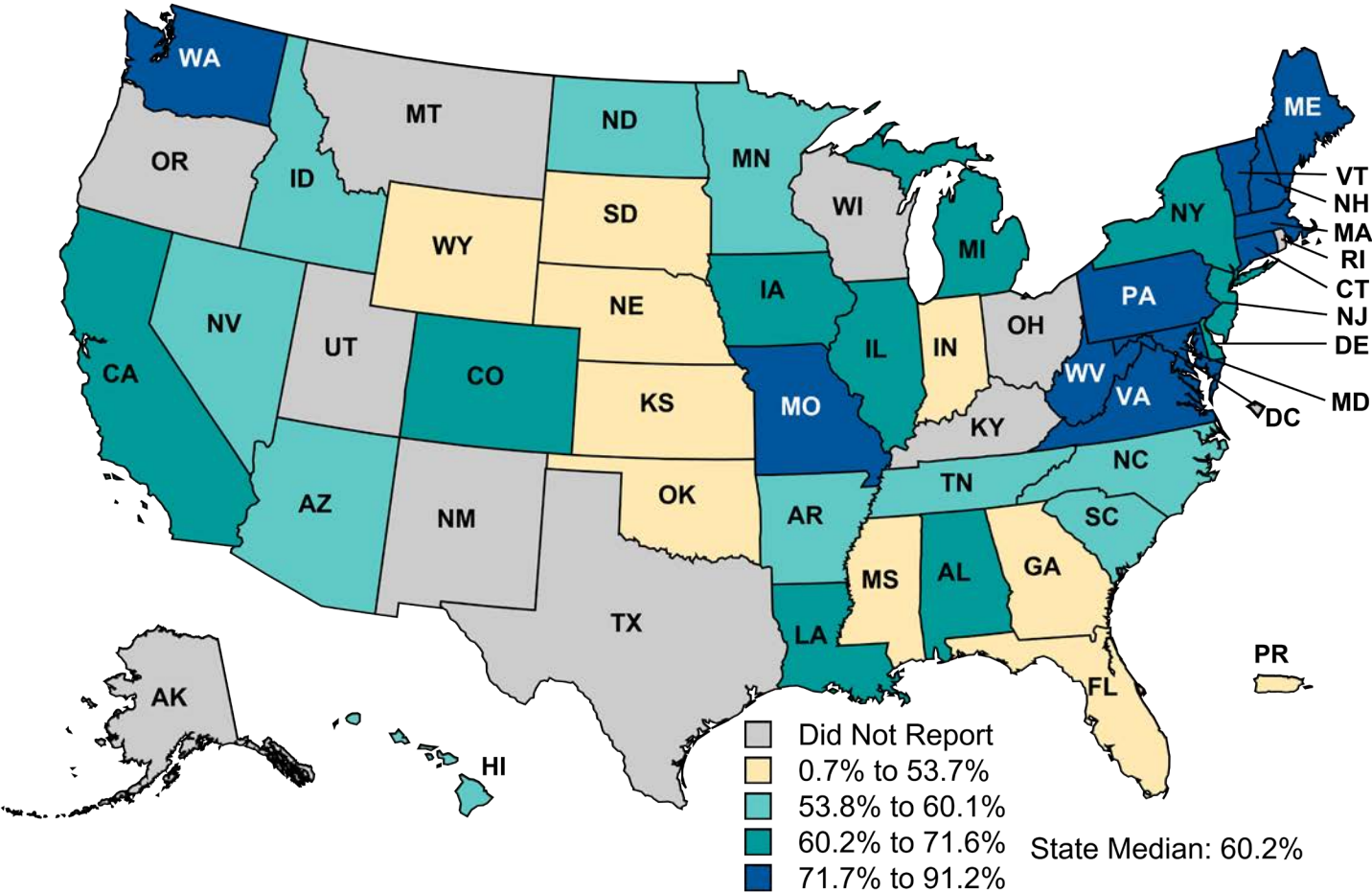
Legend:
- Did Not Report
- 0.7% to 53.7%
- 53.8% to 60.1%
- 60.2% to 71.6%
- 71.7% to 91.2%

State Median: 60.2%

A median of

60 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 during calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
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.

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), 2023 Core Set
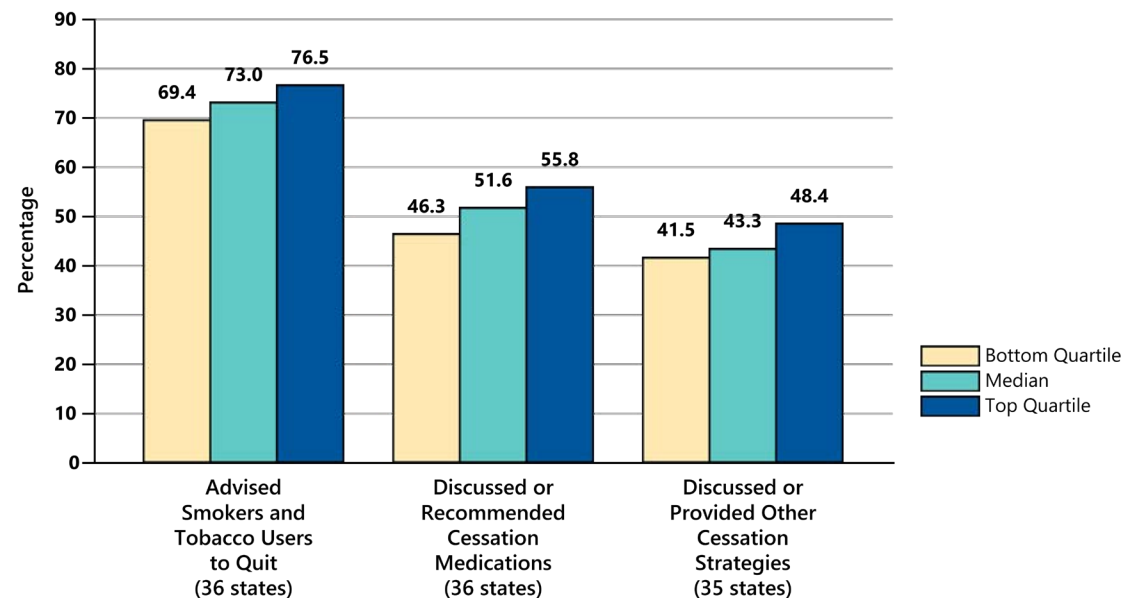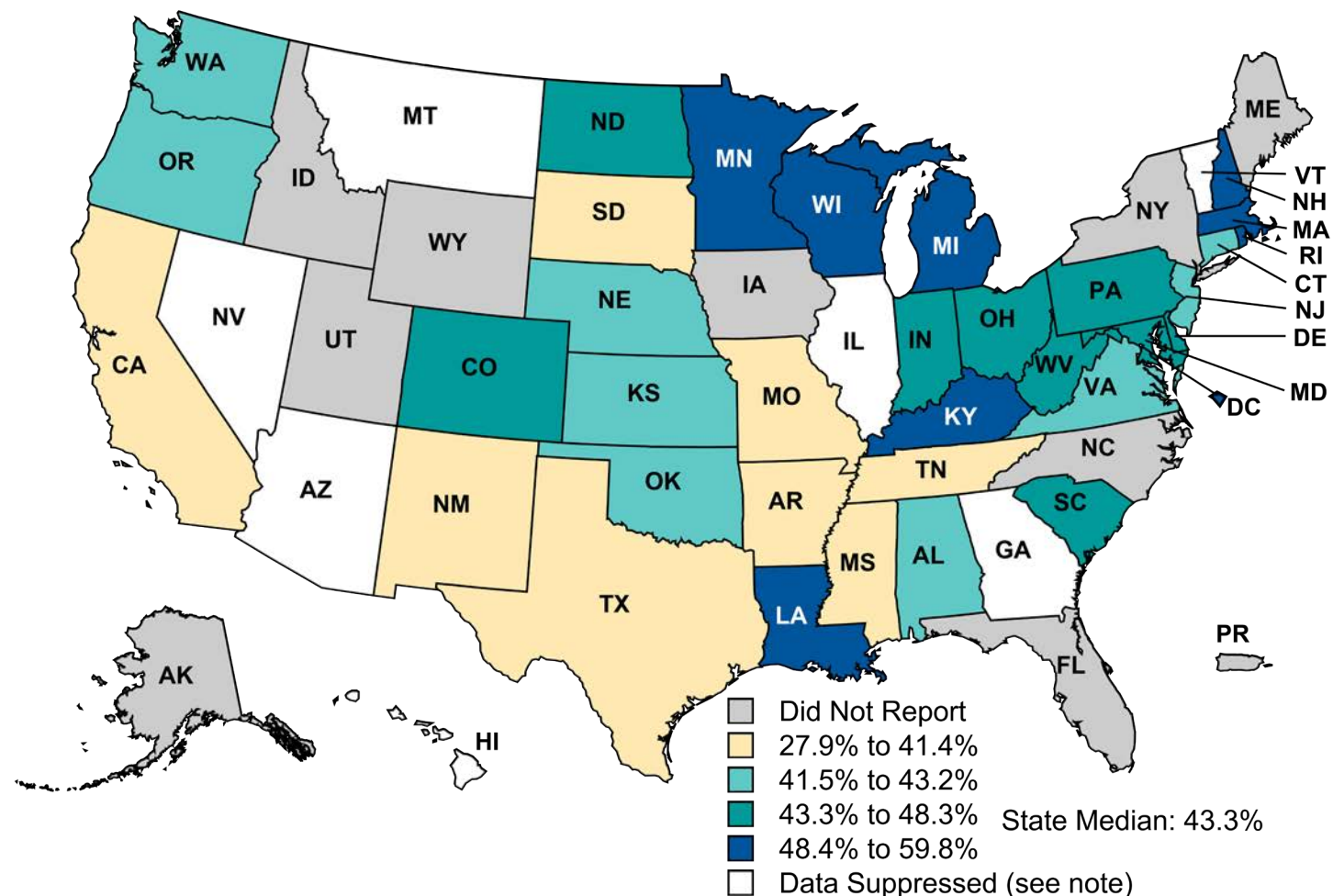

A median of **73** percent of adults ages 18 to 64 who were current smokers or tobacco users from July 1, 2022 to June 30, 2023 received advice to quit,

52 percent discussed cessation medications, and

43 percent discussed other cessation strategies in the six months before the survey.

Sources: CMS used two data sources for the 2023 Adult Core Set: Agency for Healthcare Research and Quality (AHRQ) CAHPS Database as of January 24, 2024 and Mathematica analysis of the Quality Measure Reporting (QMR) system reports for the 2023 Core Set as of May 16, 2024. States had the option of reporting the measure in the QMR system or submitting CAHPS results to the CAHPS Database and having CMS calculate state-level results. The following states conducted CAHPS for Adult Medicaid beneficiaries but did not authorize use for Core Set reporting: Florida and New York.

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. Results are based on surveys that were conducted from July 2022 through June 2023. The Adult Core Set specifications include guidance for calculating this measure using a rolling two-year average for the measurement year and prior year to achieve a sufficient number of responses. Results for states that reported the measure in the QMR system may be based on a rolling two-year average of surveys that were conducted from July 2021 through June 2022 and surveys conducted from July 2022 through June 2023. Denominators include beneficiaries who reported smoking 'Every Day' or 'Some Days.' The denominator for each question is assumed to be the number of respondents to the survey question. Rates are the percentage of beneficiaries who responded 'Sometimes,' 'Usually,' or 'Always' among beneficiaries who reported smoking 'Every Day' or 'Some Days.' Rates for 2023 are not comparable with rates for previous years due to a data source change in some states. Data were suppressed for the following states because either fewer than 100 beneficiaries responded to the survey question or because fewer than 20 beneficiaries provided the selected response option: Arizona, Georgia, Hawaii, Illinois, Montana, Nevada.

Percentage of Adults Ages 18 to 64 who were Current Smokers or Tobacco Users and were Advised to Quit (MSC-AD), 2023 Core Set (n = 36 states)
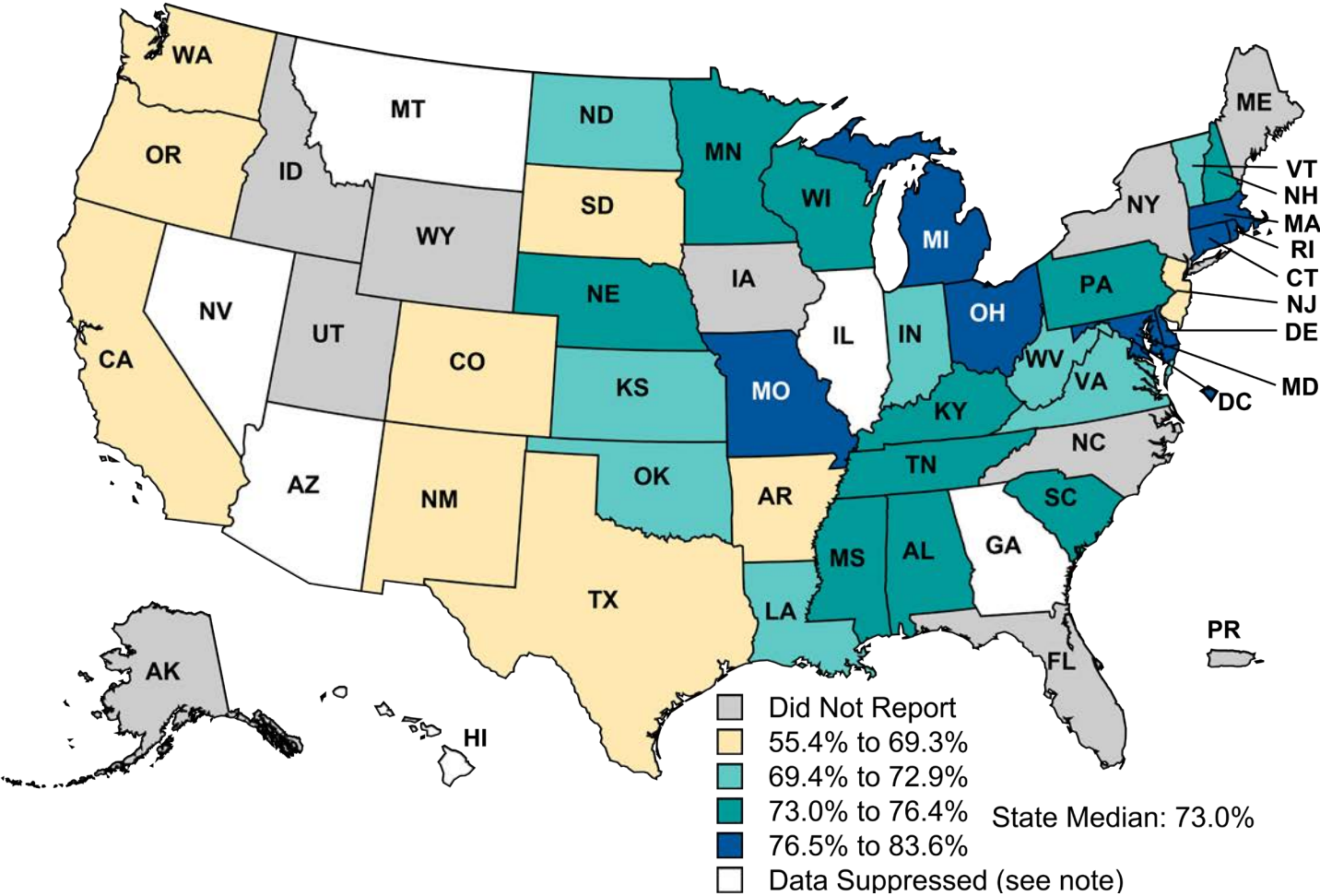
Legend:
- Did Not Report
- 55.4% to 69.3%
- 69.4% to 72.9%
- 73.0% to 76.4%
- 76.5% to 83.6%
- Data Suppressed (see note)

State Median: 73.0%

A median of

73 percent

of adults ages 18 to 64 who were current smokers or tobacco users from July 1, 2022 to June 30, 2023 received advice to quit in the six months before the survey.

Sources: CMS used two data sources for the 2023 Adult Core Set: Agency for Healthcare Research and Quality (AHRQ) CAHPS Database as of January 24, 2024 and Mathematica analysis of the Quality Measure Reporting (QMR) system reports for the 2023 Core Set as of May 16, 2024. States had the option of reporting the measure in the QMR system or submitting CAHPS results to the CAHPS Database and having CMS calculate state-level results. The following states conducted CAHPS for Adult Medicaid beneficiaries but did not authorize use for Core Set reporting: Florida and New York.

Notes: This chart shows state reporting for the Advising Smokers and Tobacco Users to Quit rate for the Medical Assistance with Smoking and Tobacco Use Cessation measure. Data were suppressed for the following states because either fewer than 100 beneficiaries responded to the survey question or because fewer than 20 beneficiaries provided the selected response option: Arizona, Georgia, Hawaii, Illinois, Montana, and Nevada.

Percentage of Adults Ages 18 to 64 who were Current Smokers or Tobacco Users and Discussed or were Recommended Cessation Medications (MSC-AD), 2023 Core Set (n = 36 states)
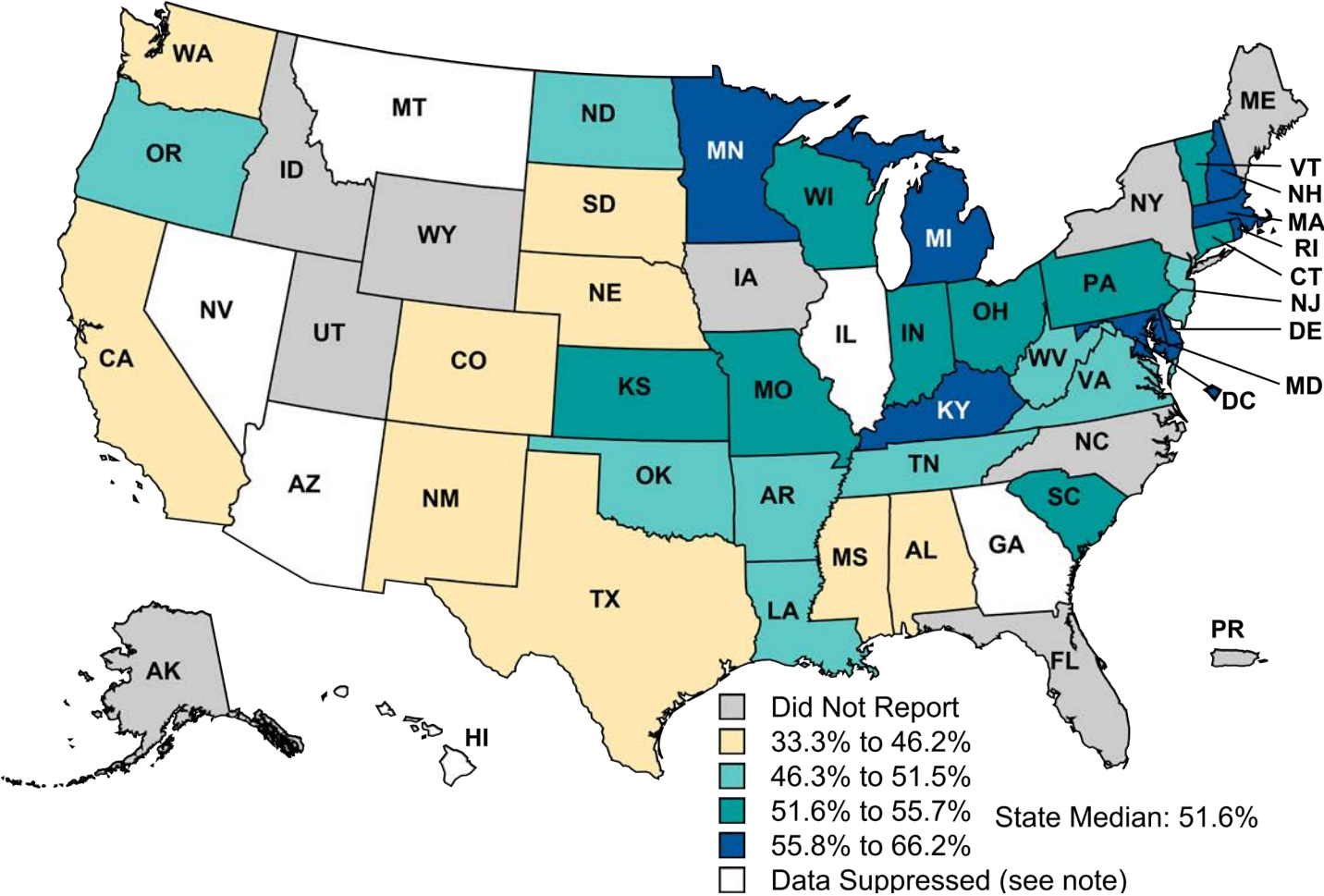
Legend:
- Did Not Report
- 33.3% to 46.2%
- 46.3% to 51.5%
- 51.6% to 55.7%
- 55.8% to 66.2%
- Data Suppressed (see note)

State Median: 51.6%

A median of **52** percent of adults ages 18 to 64 who were current smokers or tobacco users from July 1, 2022 to June 30, 2023 discussed cessation medications in the six months before the survey.

Sources: CMS used two data sources for the 2023 Adult Core Set: Agency for Healthcare Research and Quality (AHRQ) CAHPS Database as of January 24, 2024 and Mathematica analysis of the Quality Measure Reporting (QMR) system reports for the 2023 Core Set as of May 16, 2024. States had the option of reporting the measure in the QMR system or submitting CAHPS results to the CAHPS Database and having CMS calculate state-level results. The following states conducted CAHPS for Adult Medicaid beneficiaries but did not authorize use for Core Set reporting: Florida and New York.

Notes: This chart shows state reporting for the Discussing Cessation Medications rate for the Medical Assistance with Smoking and Tobacco Use Cessation measure. Data were suppressed for the following states because either fewer than 100 beneficiaries responded to the survey question or because fewer than 20 beneficiaries provided the selected response option: Arizona, Georgia, Hawaii, Illinois, Montana, and Nevada.

Percentage of Adults Ages 18 to 64 who were Current Smokers or Tobacco Users and Discussed or were Provided Other Cessation Methods or Strategies (MSC-AD), 2023 Core Set (n = 35 states)

A median of

43 percent

of adults ages 18 to 64 who were current smokers or tobacco users from July 1, 2022 to June 30, 2023 discussed other cessation strategies in the six months before the survey.

Legend:
- Did Not Report
- 27.9% to 41.4%
- 41.5% to 43.2%
- 43.3% to 48.3%
- 48.4% to 59.8%
- Data Suppressed (see note)

State Median: 43.3%

Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older

Timely follow-up care after an emergency department (ED) visit for substance use disorder (SUD) or drug overdose 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.

Percentage of Emergency Department (ED) Visits for Adults Ages 18 to 64 who had a Principal Diagnosis of Substance Use Disorder or Any Diagnosis of Drug Overdose with a Follow-Up Visit within 7 Days and 30 Days of the ED Visit (FUA-AD), 2023 Core Set (n = 47 states)
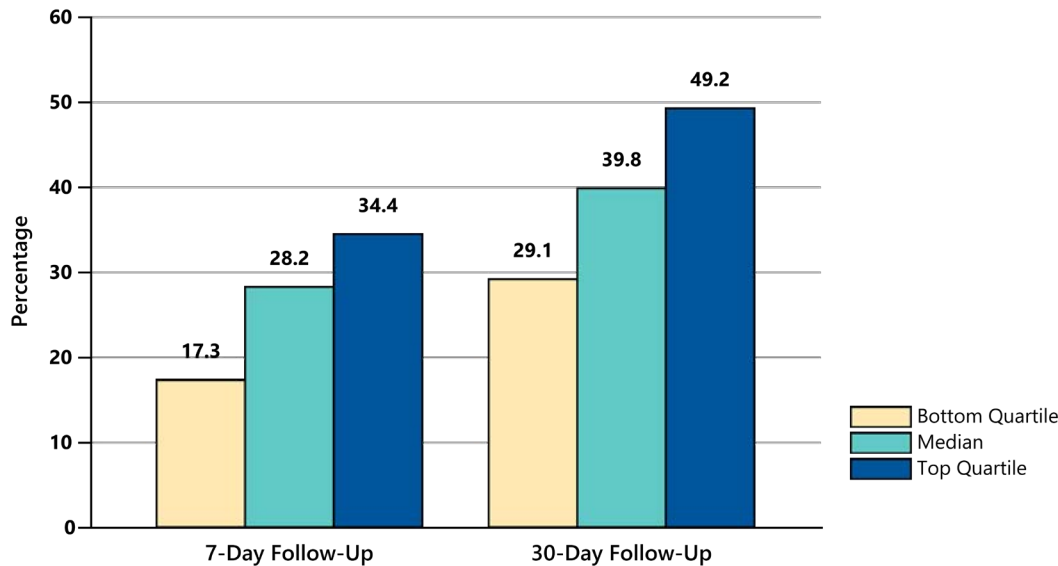
A median of

28 percent

of ED visits for adults ages 18 to 64 with a diagnosis of SUD or any diagnosis of drug overdose from January 1 to December 1, 2022 had a follow-up visit within 7 days of the ED visit and

40 percent

had a follow-up visit within 30 days.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.

Notes: This measure includes emergency department (ED) visits for adults age 18 and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, from January 1, 2022 to December 1, 2022. The measure shows the percentage of these ED visits for which there was follow-up. Two rates are reported: (1) the percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days); and (2) the percentage of ED visits for which the beneficiary received follow-up w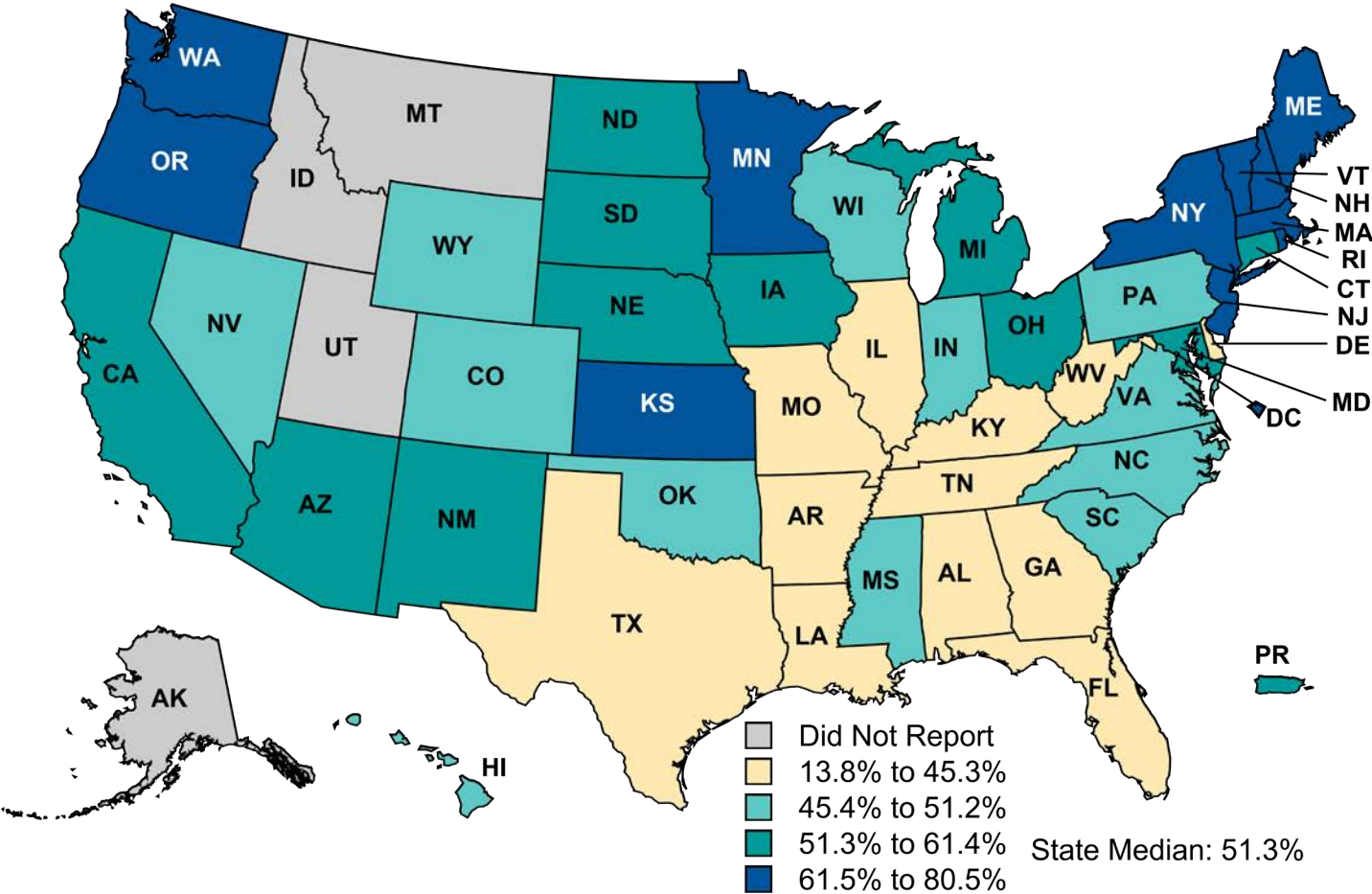ithin 30 days of the ED visit (31 total days). Specifications for this measure changed substantially for 2023 and rates are not comparable with rates for previous years.

Percentage of Emergency Department (ED) Visits for Substance Use Disorder (SUD) or Drug Overdose with a Follow-Up Visit Within 7 Days of the ED Visit: Ages 18 to 64 (FUA-AD), 2023 Core Set (n = 47 states)

Legend:
- Did Not Report
- 3.0% to 17.2%
- 17.3% to 28.1%
- 28.2% to 34.3%
- 34.4% to 57.2%

State Median: 28.2%

A median of

28 percent of ED visits for adults ages 18 to 64 with a diagnosis of SUD or any diagnosis of drug overdose from January 1 to December 1, 2022 had a follow-up visit within 7 days of the ED visit.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Note: This chart shows state reporting for the 7-Day Follow-Up rate for the Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older measure.

Percentage of Emergency Department (ED) Visits for Substance Use Disorder (SUD) or Drug Overdose with a Follow-Up Visit Within 30 Days of the ED Visit: Ages 18 to 64 (FUA-AD), 2023 Core Set (n = 47 states)

Legend:
- Did Not Report
- 3.9% to 29.0%
- 29.1% to 39.7%
- 39.8% to 49.1%
- 49.2% to 66.3%

State Median: 39.8%

A median of

40

percent of ED visits for adults ages 18 to 64 with a diagnosis of SUD or any diagnosis of drug overdose from January 1 to December 1, 2022 had a follow-up visit within 30 days of the ED visit.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Note: This chart shows state reporting for the 30-Day Follow-Up rate for the Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older measure.

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.

Percentage of Emergency Department (ED) Visits for Adults Ages 18 to 64 who had a Principal Diagnosis of Mental Illness or Intentional Self-Harm with a Follow-Up Visit within 7 Days and 30 Days of the ED Visit (FUM-AD), 2023 Core Set (n = 48 states)

A median of

35 percent

of ED visits for adults ages 18 to 64 with mental illness or intentional self-harm diagnoses from January 1 to December 1, 2022 had a follow-up visit within 7 days and

51 percent

had a follow-up visit within 30 days.

Percentage of Emergency Department (ED) Visits for Adults Ages 18 to 64 who had a Principal Diagnosis of Mental Illness or Intentional Self-Harm with a Follow-Up Visit within 7 Days of the ED Visit (FUM-AD), 2023 Core Set (n = 48 states)

A median of

35 percent of ED visits for adults ages 18 to 64 with mental illness or intentional self-harm diagnoses from January 1 to December 1, 2022 had a follow-up visit within 7 days.

Legend:
- Did Not Report
- 7.9% to 30.2%
- 30.3% to 35.3%
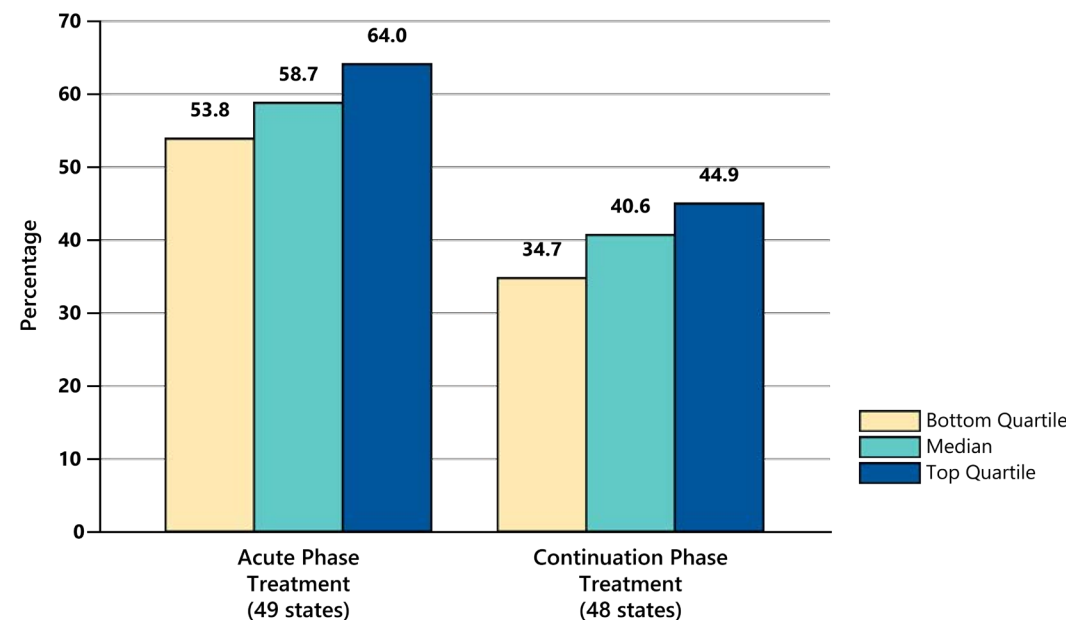- 35.4% to 50.1%
- 50.2% to 72.9%

State Median: 35.4%

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Note: This chart shows state reporting for the 7-Day Follow-Up rate for the Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older measure.

Percentage of Emergency Department (ED) Visits for Adults Ages 18 to 64 who had a Principal Diagnosis of Mental Illness or Intentional Self-Harm with a Follow-Up Visit within 30 Days of the ED Visit (FUM-AD), 2023 Core Set (n = 48 states)

A median of

51 percent

of ED visits for adults ages 18 to 64 with mental illness or intentional self-harm diagnoses from January 1 to December 1, 2022 had a follow-up visit within 30 days.

Legend:
- Did Not Report
- 13.8% to 45.3%
- 45.4% to 51.2%
- 51.3% to 61.4%
- 61.5% to 80.5%

State Median: 51.3%

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 Selected Mental Illness or Intentional Self-Harm Diagnoses with a Follow-Up Visit with a Mental Health Provider within 7 and 30 Days After Discharge (FUH-AD), 2023 Core Set (n = 50 states)
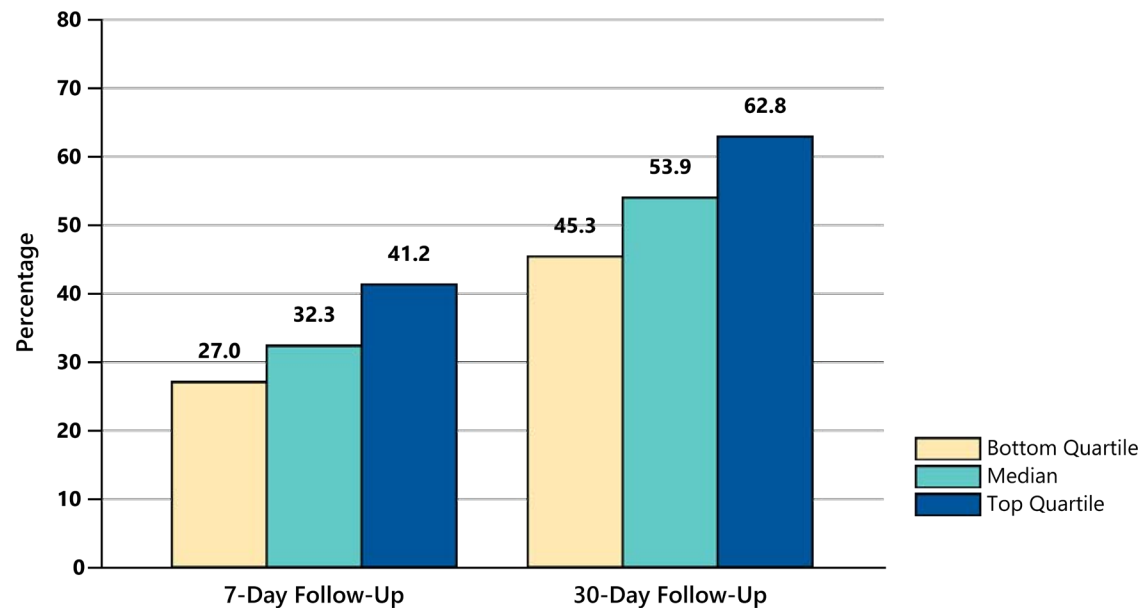
A median of

32 percent

discharges for adults ages 18 to 64 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses from January 1 to December 1, 2022 had a follow-up visit within 7 days after discharge and

54 percent

had a follow-up visit within 30 days after discharge.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.

Notes: This measure includes discharges for adults age 18 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses from January 1, 2022 to December 1, 2022. The measure shows the percentage of these discharges with 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.

Percentage of Discharges for Adults Ages 18 to 64 Hospitalized for Treatment of Selected Mental Illness or Intentional Self-Harm Diagnoses with a Follow-Up Visit with a Mental Health Provider within 7 Days After Discharge (FUH-AD), 2023 Core Set (n = 50 states)

Legend:
- Did Not Report
- 14.4% to 26.9%
- 27.0% to 32.2%
- 32.3% to 41.1%
- 41.2% to 63.6%

State Median: 32.3%
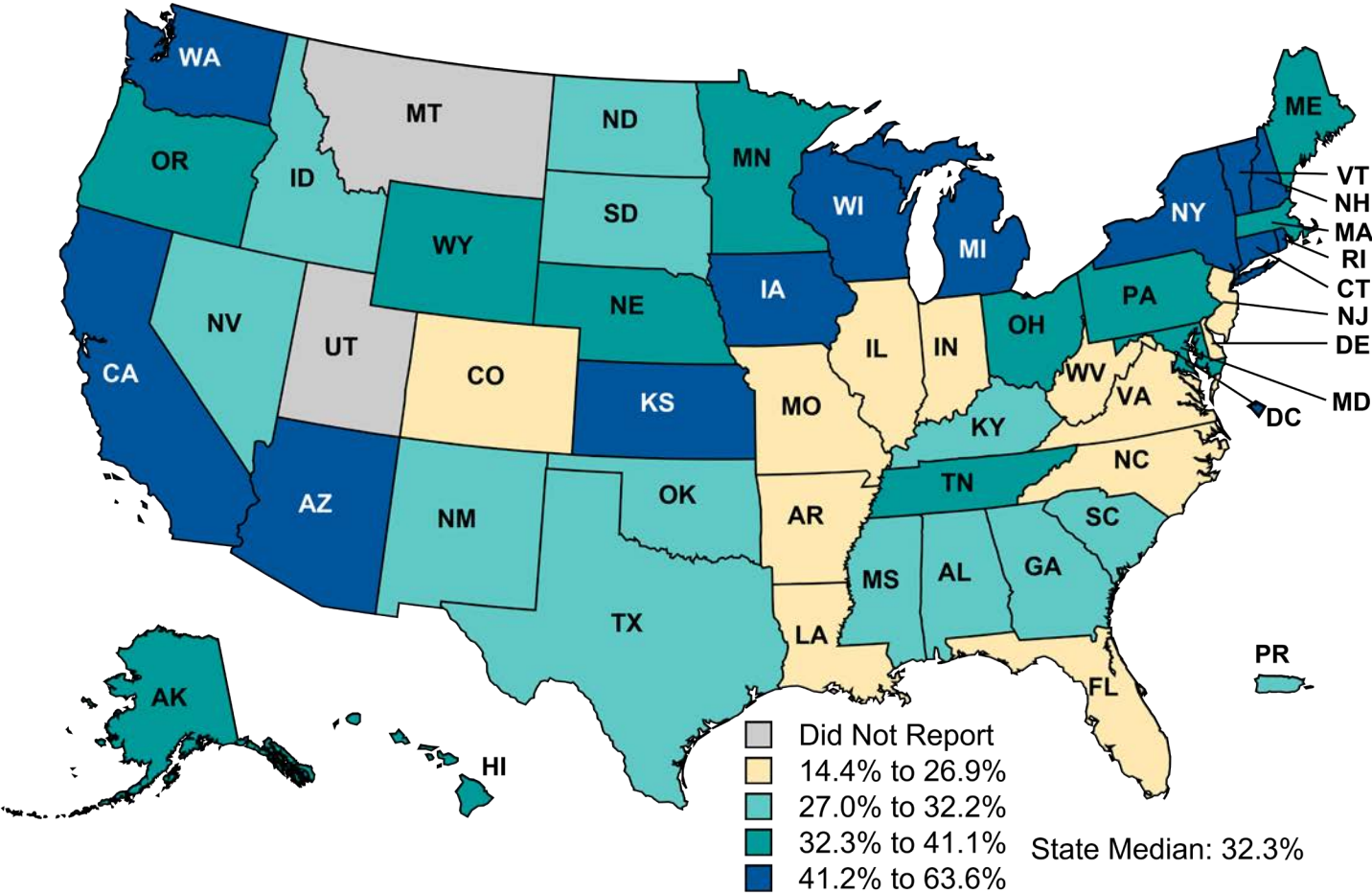
A median of

32 percent

of discharges for adults ages 18 to 64 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses from January 1 to December 1, 2022 had a follow-up visit within 7 days after discharge.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Note: This chart shows state reporting for the 7-Day Follow-Up rate for the Follow-Up After Hospitalization for Mental Illness: Age 18 and Older measure.

Percentage of Discharges for Adults Ages 18 to 64 Hospitalized for Treatment of Selected Mental Illness or Intentional Self-Harm Diagnoses with a Follow-Up Visit with a Mental Health Provider within 30 Days After Discharge (FUH-AD), 2023 Core Set (n = 50 states)

Did Not Report
25.6% to 45.2%
45.3% to 53.8%
53.9% to 62.7%
62.8% to 77.0%

State Median: 53.9%

A median of

54 percent of discharges for adults ages 18 to 64 who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses from January 1 to December 1, 2022 had a follow-up visit within 30 days after discharge.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Note: This chart shows state reporting for the 30-Day Follow-Up rate for the Follow-Up After Hospitalization for Mental Illness: Age 18 and Older measure.

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), 2023 Core Set

A median of **59** percent of adults ages 18 to 64 with a diagnosis of major depression from May 1, 2021 to April 30, 2022 and who were treated with antidepressant medication remained on medication during the acute phase and **41** percent remained on medication during the continuation phase.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Notes: This measure includes adults age 18 and older who were treated with antidepressant medication from May 1, 2021 to April 30, 2022 and had a diagnosis of major depression. The measure shows the percentage of these adults who: (1) remained on antidepressant medication treatment for the 12-week acute phase; and (2) remained on antidepressant medication treatment for the 6-month 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 for the Acute Phase (12 Weeks) (AMM-AD), 2023 Core Set (n = 49 states)
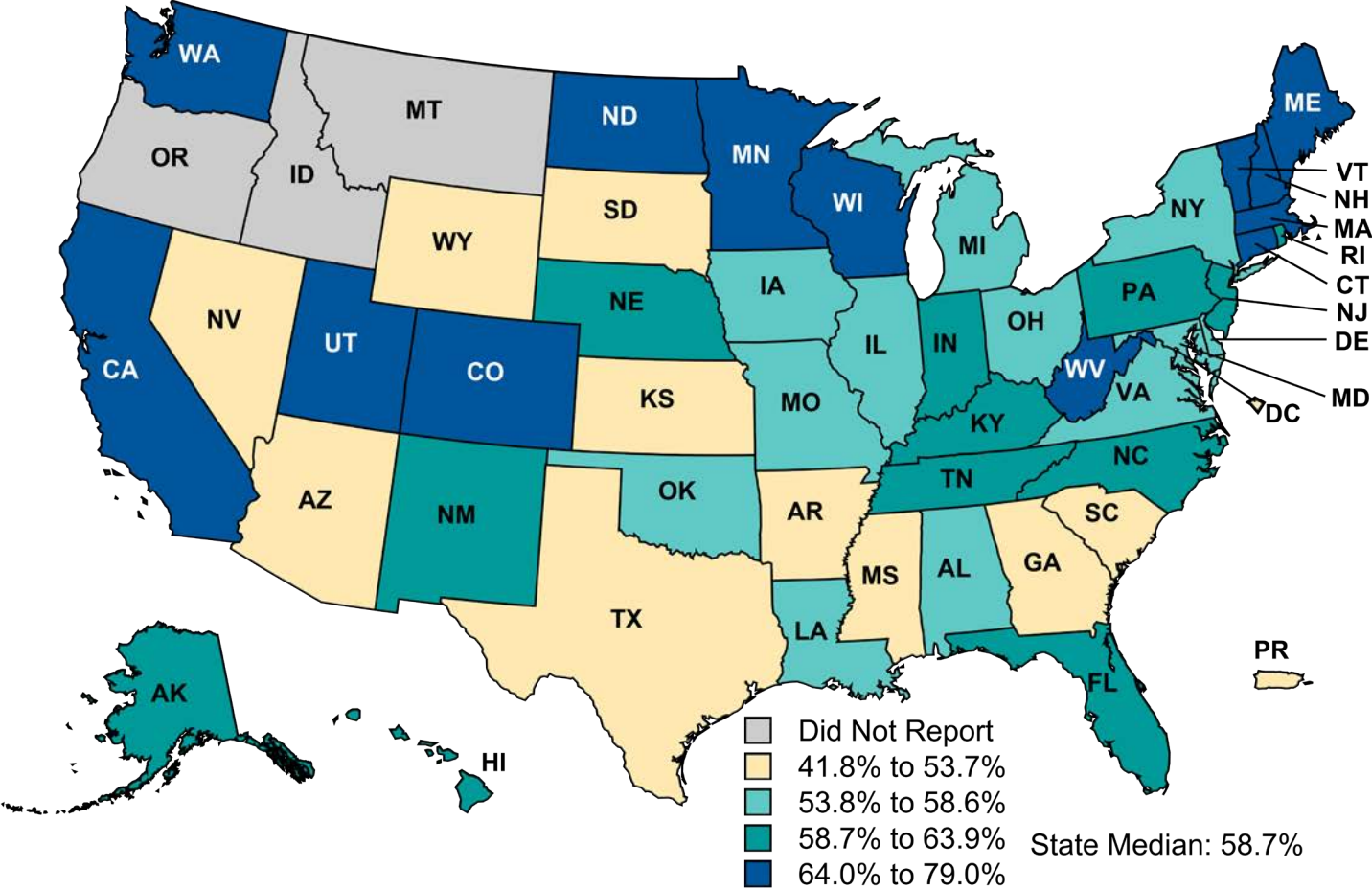
Legend:
- Did Not Report
- 41.8% to 53.7%
- 53.8% to 58.6%
- 58.7% to 63.9%
- 64.0% to 79.0%

State Median: 58.7%

A median of

59 percent

of adults ages 18 to 64 with a diagnosis of major depression from May 1, 2021 to April 30, 2022 and who were treated with antidepressant medication remained on medication during the acute phase.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Note: This chart shows state reporting for the Acute Phase Treatment rate for the Antidepressant Medication Management measure.

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), 2023 Core Set (n = 48 states)
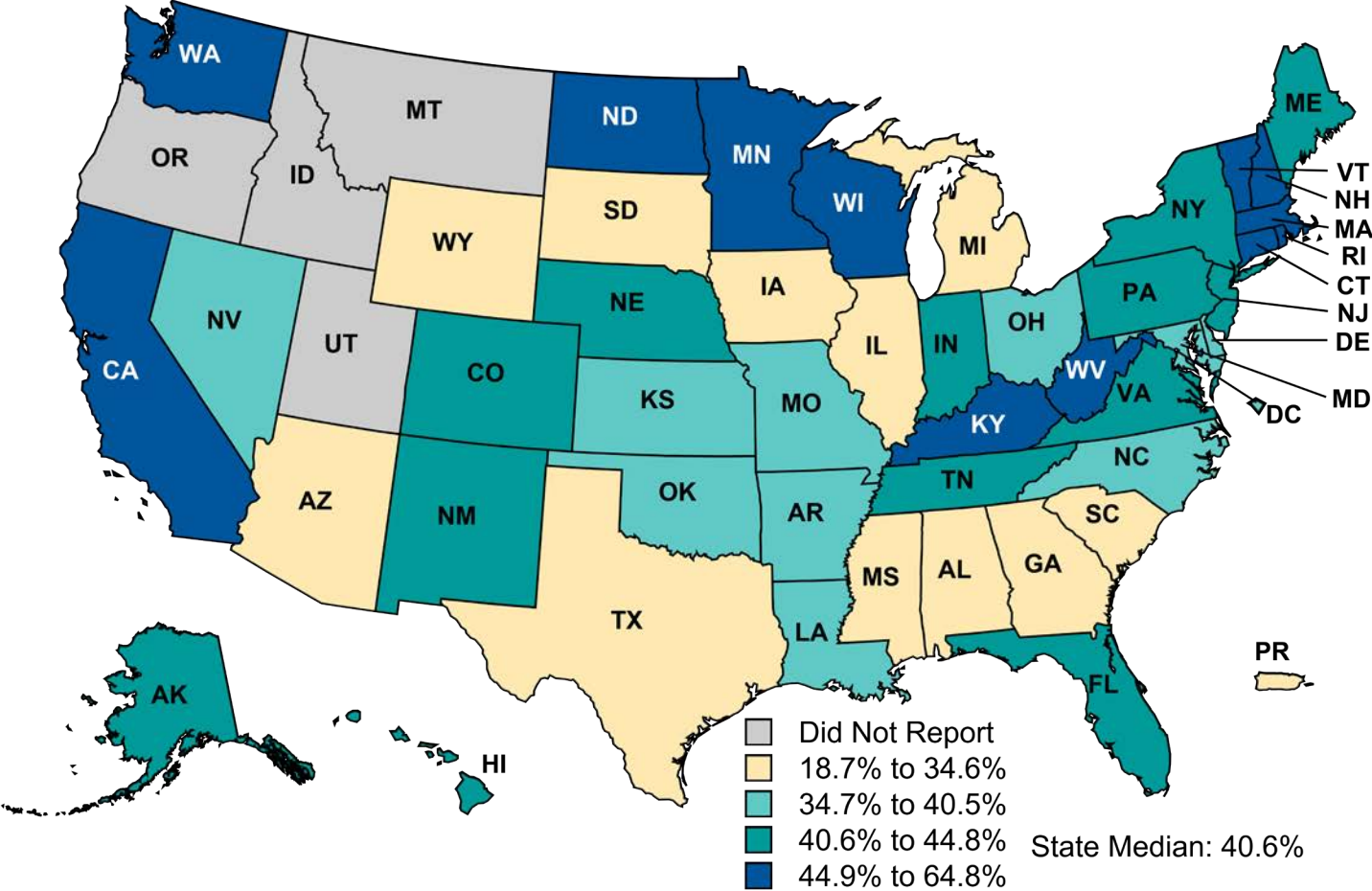
A median of

41 percent

of adults ages 18 to 64 with a diagnosis of major depression from May 1, 2021 to April 30, 2022 and who were treated with antidepressant medication remained on medication during the continuation phase.

Legend:
- Did Not Report
- 18.7% to 34.6%
- 34.7% to 40.5%
- 40.6% to 44.8%
- 44.9% to 64.8%

State Median: 40.6%

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
Notes: This chart shows state reporting for the Continuation Phase Treatment rate for the Antidepressant Medication Management measure. 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

Antipsychotic medications help individuals with schizophrenia manage symptoms and improve quality of life. Adherence to these antipsychotics for the treatment of schizophrenia can reduce the risk of relapse or hospitalization.

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), 2023 Core Set (n = 48 states)
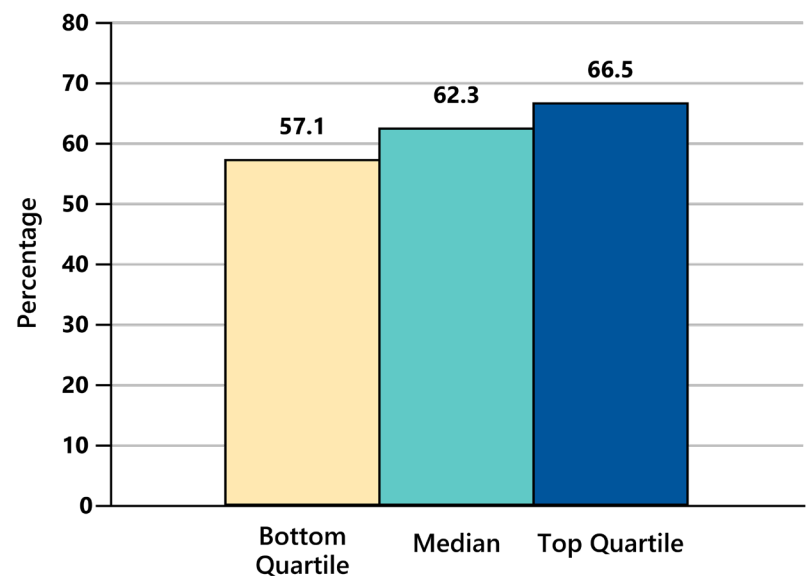
A median of

62 percent

of adults age 18 and older during calendar year 2022 with schizophrenia or schizoaffective disorder remained on an antipsychotic medication for at least 80 percent of their treatment period.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.

Note: This measure shows the percentage of adults age 18 and older during calendar year 2022 with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD), 2023 Core Set (n = 48 states)

A median of

62 percent of adults age 18 and older during calendar year 2022 with schizophrenia or schizoaffective disorder remained on an antipsychotic medication for at least 80 percent of their treatment period.

Legend:
- Did Not Report
- 35.9% to 57.0%
- 57.1% to 62.2%
- 62.3% to 66.4%
- 66.5% to 79.9%

State Median: 62.3%

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.

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.

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), 2023 Core Set (n = 48 states)
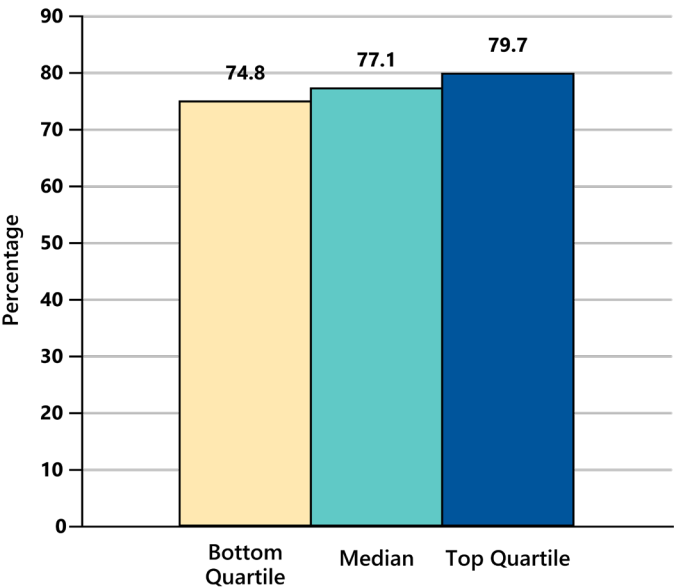
A median of

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 calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.
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 calendar year 2022.

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD), 2023 Core Set (n = 48 states)
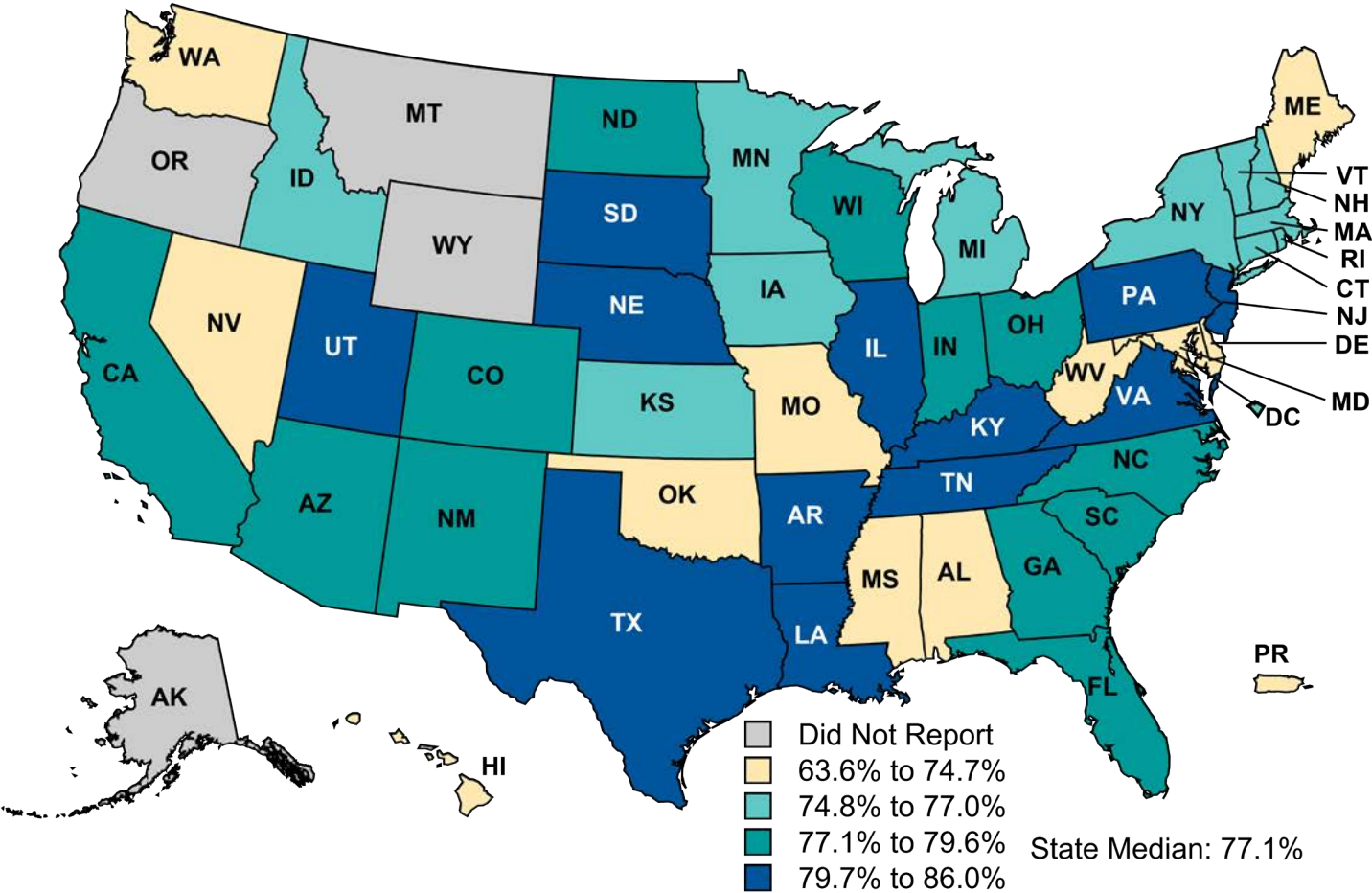
Legend:
- Did Not Report
- 63.6% to 74.7%
- 74.8% to 77.0%
- 77.1% to 79.6%
- 79.7% to 86.0%

State Median: 77.1%

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 calendar year 2022.

Source: Mathematica analysis of the QMR system reports for the 2023 Core Set as of May 16, 2024.

Experience of Care

Patient experience surveys are a vital component of CMS efforts to improve the quality of care provided to Medicaid and CHIP beneficiaries. These surveys focus on how patients experienced critical aspects of their care, including their health care providers and health plans. The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan survey [1] provides information about the experiences of adults with their health care. For example, patients are asked to report on their experience communicating with their doctors and coordinating their healthcare needs.

Eight indicators from the CAHPS Health Plan Survey 5.1H, Adult Version (Medicaid) were available for analysis for 2023.

- **Composite Measures**
  - Getting Needed Care
  - Getting Care Quickly
  - How Well Doctors Communicate
  - Health Plan Information and Customer Service
- **Ratings**
  - Rating of Personal Doctor
  - Rating of Specialist
  - Rating of Health Care
  - Rating of Health Plan

[1] For more information about the CAHPS survey included in the Adult Core Set, see: https://www.cms.gov/data-research/research/consumer-assessment-healthcare-providers-systems.

CAHPS Health Plan Survey 5.1H, Adult Version (Medicaid) - Composites

The adult Medicaid version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey shows information on the experiences of adults with their health care and gives a general indication of how well the health care meets their expectations. State-level performance on eight CAHPS indicators is being publicly reported for the first time for the 2023 Core Set.

Percentage of Adults Age 18 and Older Responding "Always" to Composite Measures of Care, as submitted to the 2023 AHRQ CAHPS Health Plan Survey Database for the 2023 Core Set (CPA-AD)
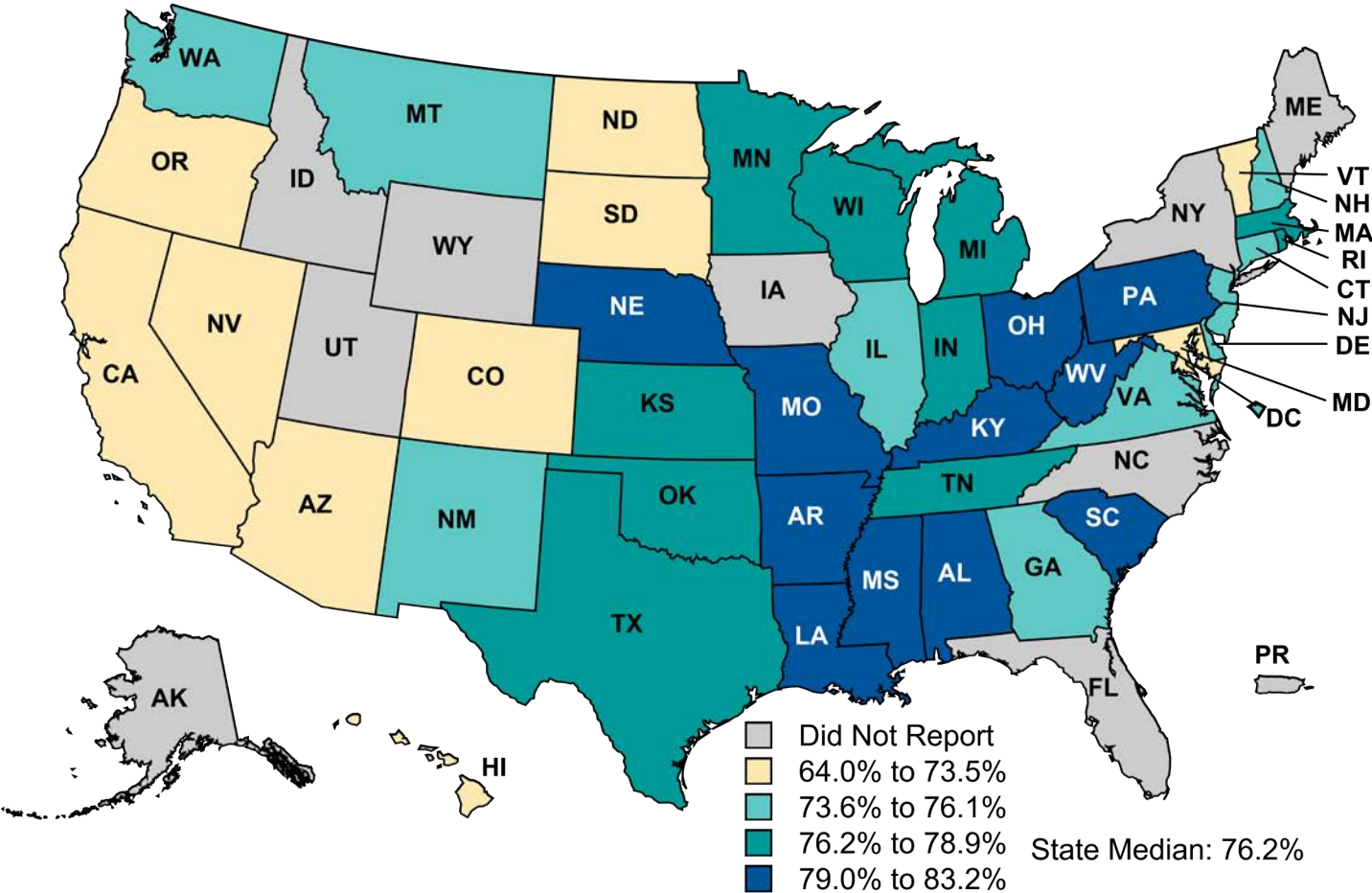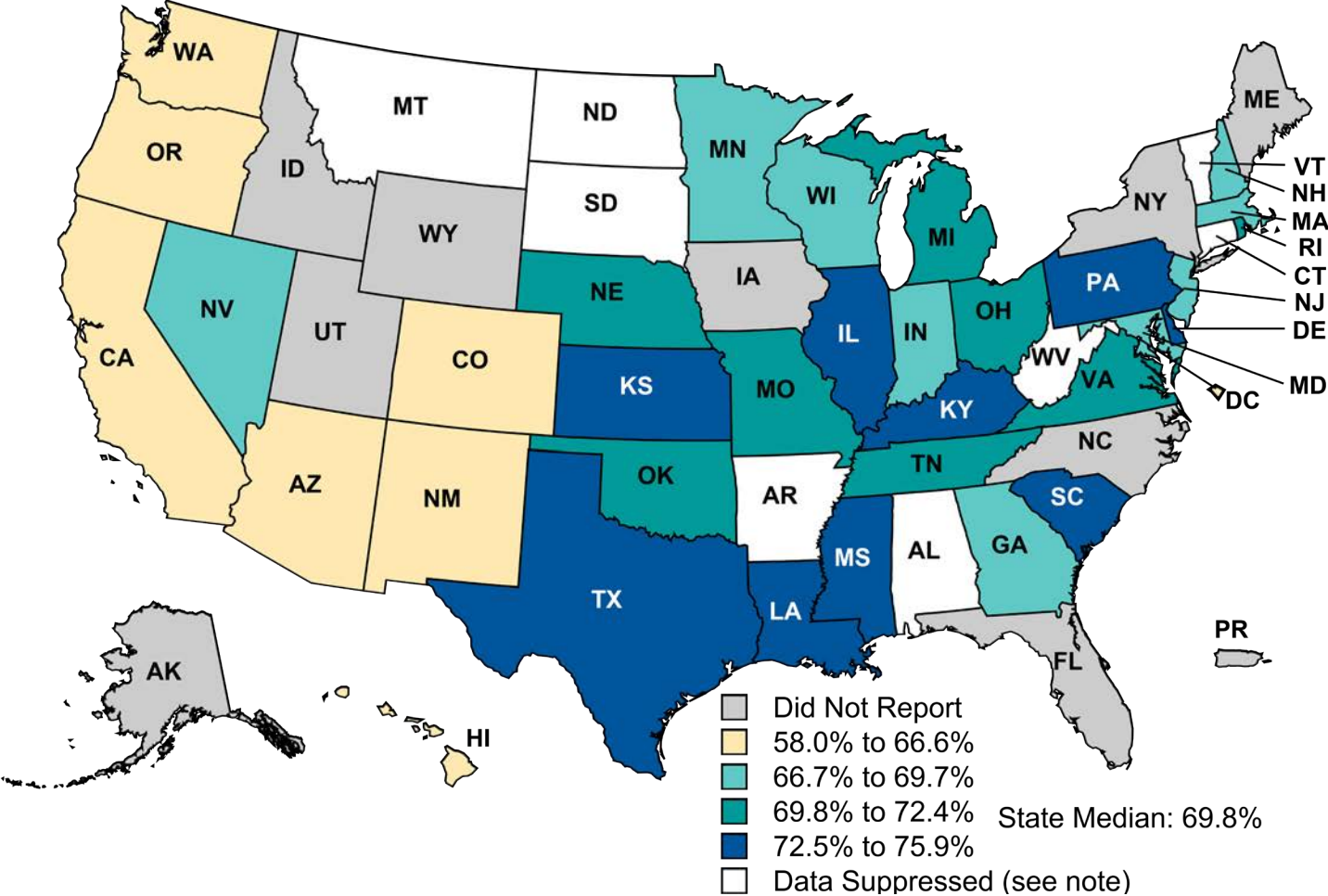

A median of

54
percent of adults age 18 and older reported they always got needed care in surveys that were conducted between July 2022 and June 2023.

Source: Agency for Healthcare Research and Quality (AHRQ) and CMS analysis of the AHRQ CAHPS Database as of January 24, 2024.

Notes: This measure shows information on the experiences of adults with their health care and gives a general indication of how well the health care meets their expectations. Results summarize Medicaid beneficiaries' experiences through composites (including getting needed care, getting care quickly, how well doctors communicate, and customer service) and ratings (including rating of personal doctor, rating of specialist seen most often, rating of all health care, and rating of health plan). Results are based on surveys that were conducted from July 2022 through June 2023 and reflect responses about the care a beneficiary received in the six months prior to the survey. The following states conducted CAHPS for Adult Medicaid beneficiaries and submitted data to the AHRQ CAHPS Database for the 2023 reporting period but did not authorize use for Core Set reporting: Florida and New York.

CAHPS Health Plan Survey 5.1H, Adult Version (Medicaid) - Ratings

The adult Medicaid version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey shows information on the experiences of adults with their health care and gives a general indication of how well the health care meets their expectations. State-level performance on eight CAHPS indicators is being publicly reported for the first time for the 2023 Core Set.

Percentage of Adults Age 18 and Older Responding "9" or "10" out of 10 to Ratings of Care, as submitted to the 2023 AHRQ CAHPS Health Plan Survey Database for the 2023 Core Set (CPA-AD)
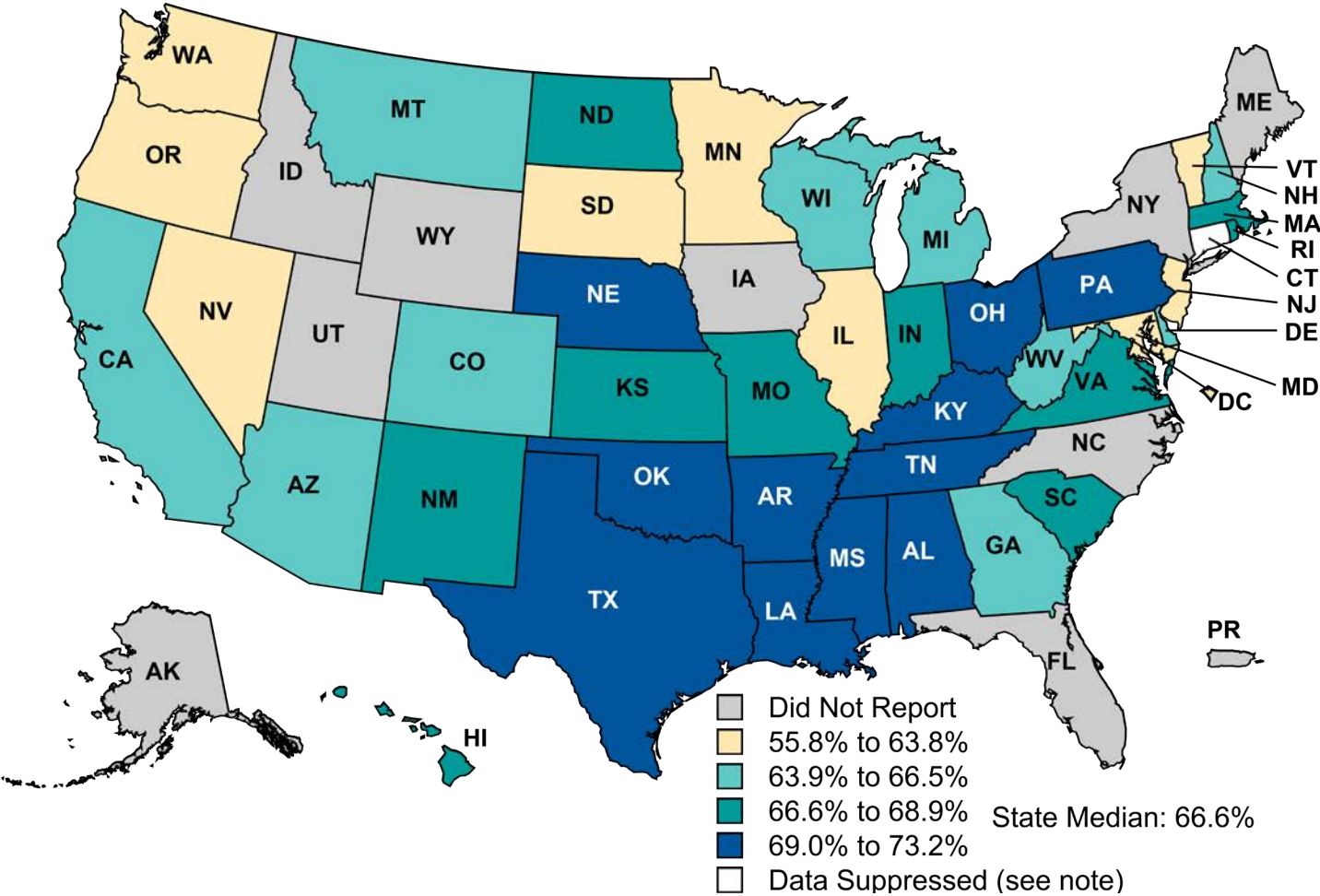

A median of

55

percent of adults age 18 and older rated their health care a 9 or 10 out of 10 in surveys that were conducted between July 2022 and June 2023.

Source: Agency for Healthcare Research and Quality (AHRQ) and CMS analysis of the AHRQ CAHPS Database as of January 24, 2024.

Notes: This measure shows information on the experiences of adults with their health care and gives a general indication of how well the health care meets their expectations. Results summarize Medicaid beneficiaries' experiences through composites (including getting needed care, getting care quickly, how well doctors communicate, and customer service) and ratings (including rating of personal doctor, rating of specialist seen most often, rating of all health care, and rating of health plan). Results are based on surveys that were conducted from July 2022 through June 2023 and reflect responses about the care a beneficiary received in the six months prior to the survey. The following states conducted CAHPS for Adult Medicaid beneficiaries and submitted data to the AHRQ CAHPS Database for the 2023 reporting period but did not authorize use for Core Set reporting: Florida and New York.

Percentage of Adults Age 18 and Older who Reported they "Always" Got Needed Care (CPA-AD), 2023 Core Set (n = 42 states)

A median of

54 percent

of adults age 18 and older reported they always got needed care in surveys that were conducted between July 2022 and June 2023.

Legend:
- Did Not Report
- 40.0% to 47.4%
- 47.5% to 53.8%
- 53.9% to 56.6%
- 56.7% to 64.3%

State Median: 53.9%

Percentage of Adults Age 18 and Older who Reported they "Always" Got Care Quickly (CPA-AD), 2023 Core Set (n = 42 states)

A median of

56 percent

of adults age 18 and older reported they always got care quickly in surveys that were conducted between July 2022 and June 2023.

Legend:
- Did Not Report
- 42.7% to 53.3%
- 53.4% to 56.1%
- 56.2% to 60.0%
- 60.1% to 66.4%

State Median: 56.2%

Percentage of Adults Age 18 and Older who Reported that their Doctor "Always" Communicated Well (CPA-AD), 2023 Core Set (n = 42 states)

A median of

76 percent

of adults age 18 and older reported their doctor always communicated well in surveys that were conducted between July 2022 and June 2023.

Legend:
- Did Not Report
- 64.0% to 73.5%
- 73.6% to 76.1%
- 76.2% to 78.9%
- 79.0% to 83.2%

State Median: 76.2%

Percentage of Adults Age 18 and Older who Reported their Health Plan Customer Service "Always" Gave Helpful Information and was Courteous and Respectful (CPA-AD), 2023 Core Set (n = 34 states)

A median of

70 percent

of adults age 18 and older reported their health plan customer service always gave helpful information and was courteous and respectful in surveys that were conducted between July 2022 and June 2023.

Legend:
- Did Not Report
- 58.0% to 66.6%
- 66.7% to 69.7%
- 69.8% to 72.4%
- 72.5% to 75.9%
- Data Suppressed (see note)

State Median: 69.8%

Source: Agency for Healthcare Research and Quality (AHRQ) and CMS analysis of the AHRQ CAHPS as of January 24, 2024.

Notes: This chart shows state reporting for the Health Plan Information and Customer Service Composite for the Adult CAHPS 5.1H (Medicaid) measure. The following states conducted CAHPS for Adult Medicaid beneficiaries and submitted data to the AHRQ CAHPS Database for the 2023 reporting period but did not authorize use for Core Set reporting: Florida and New York. Data were suppressed for the following states because either fewer than 100 beneficiaries responded to the survey question or because fewer than 20 beneficiaries provided the selected response option (e.g., "always" for composite measures): Alabama, Arkansas, Connecticut, Montana, North Dakota, South Dakota, Vermont, West Virginia.

Percentage of Adults Age 18 and Older who Rated their Personal Doctor a "9" or "10" out of 10 (CPA-AD), 2023 Core Set (n = 42 states)
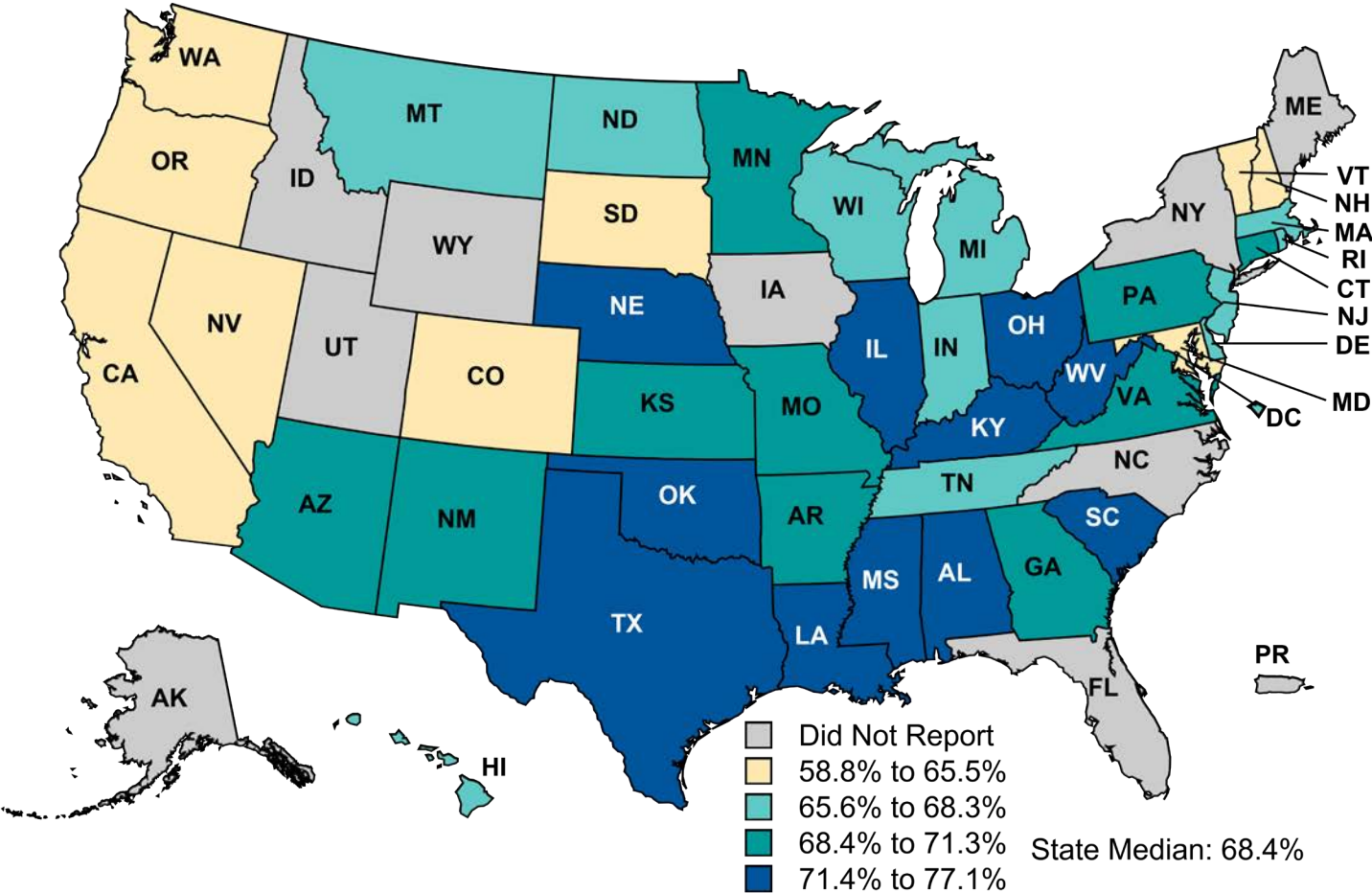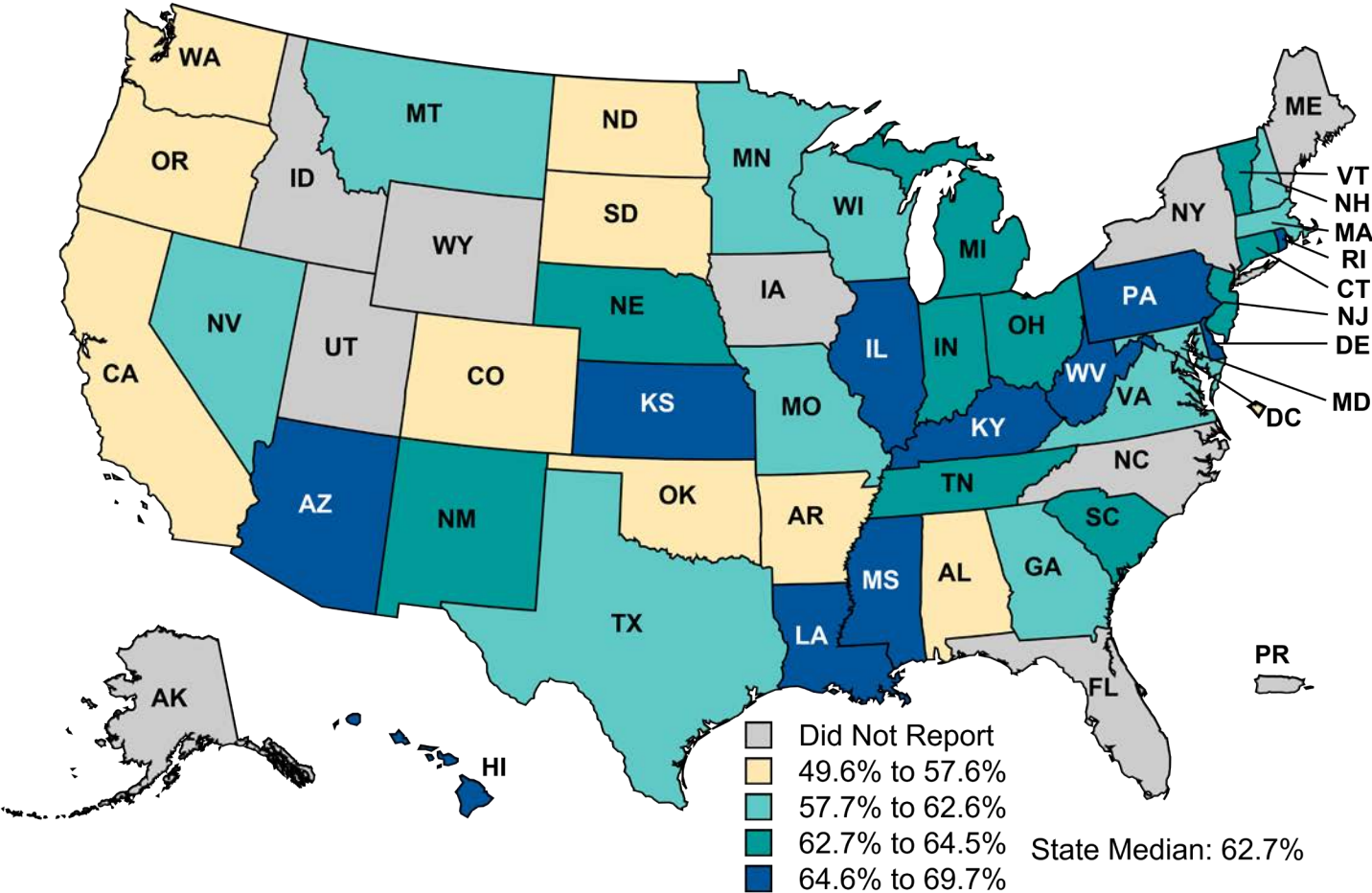

A median of

68 percent

of adults age 18 and older rated their doctor a 9 or 10 out of 10 in surveys that were conducted between July 2022 and June 2023.

Legend:
- Did Not Report
- 58.8% to 65.5%
- 65.6% to 68.3%
- 68.4% to 71.3%
- 71.4% to 77.1%

State Median: 68.4%

Percentage of Adults Age 18 and Older who Rated their Specialist a "9" or "10" out of 10 (CPA-AD), 2023 Core Set (n = 41 states)

A median of

67 percent

of adults age 18 and older rated their specialist a 9 or 10 out of 10 in surveys that were conducted between July 2022 and June 2023.

Legend:
- Did Not Report
- 55.8% to 63.8%
- 63.9% to 66.5%
- 66.6% to 68.9%
- 69.0% to 73.2%
- Data Suppressed (see note)

State Median: 66.6%

Percentage of Adults Age 18 and Older who Rated their Health Care a "9" or "10" out of 10 (CPA-AD), 2023 Core Set (n = 42 states)

A median of

55 percent

of adults age 18 and older rated their health care a 9 or 10 out of 10 in surveys that were conducted between July 2022 and June 2023.

Legend:
- Did Not Report
- 45.7% to 51.2%
- 51.3% to 55.2%
- 55.3% to 58.3%
- 58.4% to 62.1%

State Median: 55.3%

Percentage of Adults Age 18 and Older who Rated their Health Plan a "9" or "10" out of 10 (CPA-AD), 2023 Core Set (n = 42 states)

A median of

63 percent

of adults age 18 and older rated their health plan a 9 or 10 out of 10 in surveys that were conducted between July 2022 and June 2023.

Legend:
- Did Not Report
- 49.6% to 57.6%
- 57.7% to 62.6%
- 62.7% to 64.5%
- 64.6% to 69.7%

State Median: 62.7%

Long-Term Services and Supports

Medicaid is the primary payer for long-term care services in the United States.[1] 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 2023.

• National Core Indicators Survey

[1] https://www.medicaid.gov/medicaid/long-term-services-supports/index.html

National Core Indicators Survey

The National Core Indicators – Intellectual and Developmental Disabilities (NCI-IDD) provide information on beneficiaries' experience and self-reported outcomes of long-term services and supports (LTSS) for individuals with IDD and their families.

Experiences and Self-Reported Outcomes of Long-Term Services and Supports of Adults Age 18 and Older with Intellectual and Developmental Disabilities (NCIDDS-AD), 2023 Core Set
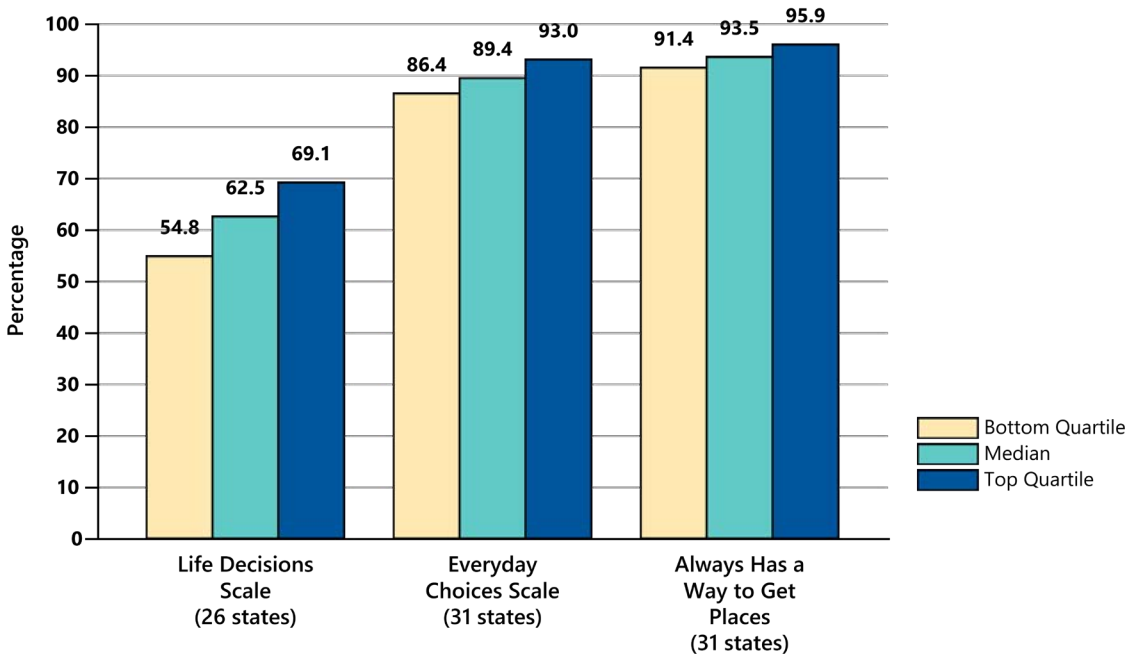
Chart showing Percentage for three measures by Bottom Quartile, Median, and Top Quartile:
- Life Decisions Scale (26 states): 54.8, 62.5, 69.1
- Everyday Choices Scale (31 states): 86.4, 89.4, 93.0
- Always Has a Way to Get Places (31 states): 91.4, 93.5, 95.9

Legend: Bottom Quartile, Median, Top Quartile

In response to surveys conducted from July 2022 to June 2023, a median of

63 percent

of adults age 18 and older reported that they chose or had some input in life decisions,

89 percent

reported they chose or had some input in choosing their daily activities, spending, and free time, and

94 percent

reported they always had a means of transportation.

Source: Mathematica analysis of National Core Indicators – Intellectual and Developmental Disabilities (NCI-IDD) 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, 2022 to June 30, 2023 data collection period, corresponding to the 2023 Core Set, as of May 22, 2024.

Notes: This survey shows information on beneficiaries' experience and self-reported outcomes of long-term services and supports for individuals with intellectual and/or developmental disabilities (IDD) and their families. Three rates from the NCI-IDD In-Person Survey are included in the Adult Core Set. (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 Everyday Choices Scale and Always Have a Way to Get Places Measure are not risk adjusted for 2023.

Percentage of Adults who Reported They Make Choices about Their Life Decisions, including Their Residence, Work, Day Activity, Staff, and Roommates (NCIDDS-AD), 2023 Core Set (n = 26 states)
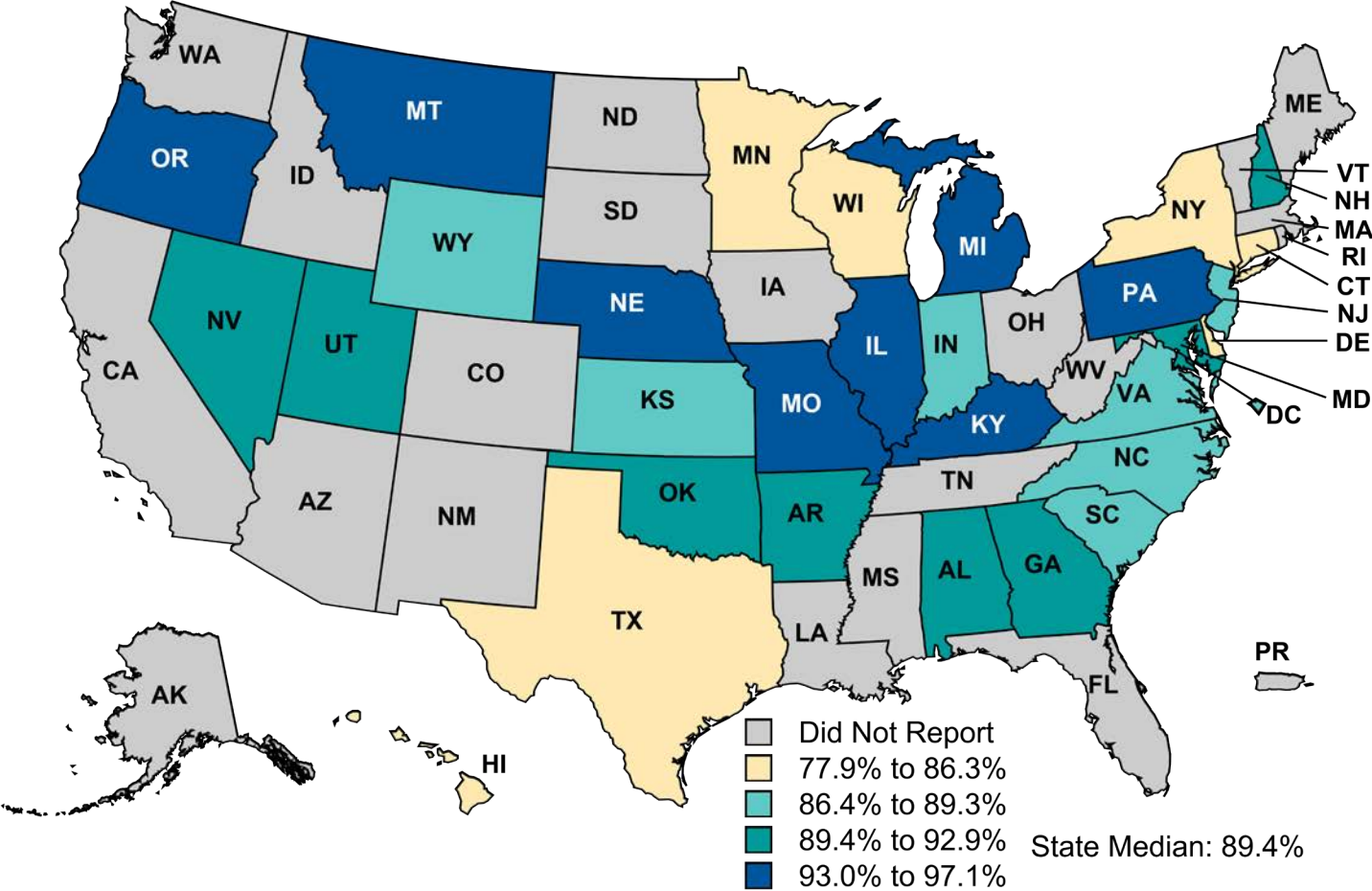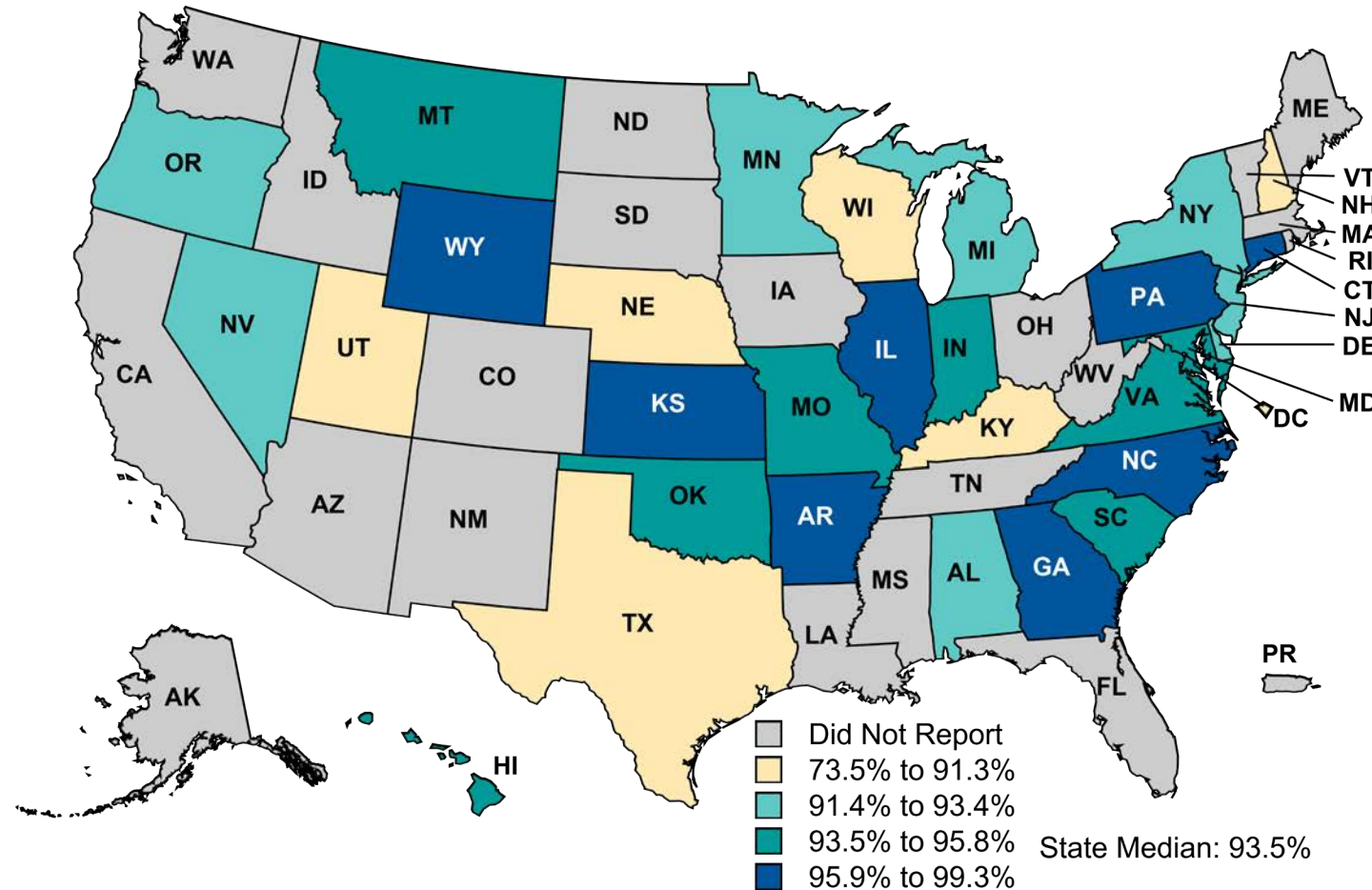

In response to surveys conducted from July 2022 to June 2023, a median of

63 percent

of adults age 18 and older reported that they chose or had some input in life decisions.

Legend:
- Did Not Report
- 35.4% to 54.7%
- 54.8% to 62.4%
- 62.5% to 69.0%
- 69.1% to 71.9%

State Median: 62.5%

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), 2023 Core Set (n = 31 states)

Legend:
- Did Not Report
- 77.9% to 86.3%
- 86.4% to 89.3%
- 89.4% to 92.9%
- 93.0% to 97.1%

State Median: 89.4%

In response to surveys conducted from July 2022 to June 2023, a median of

89 percent of adults age 18 and older reported that they chose or had some input in choosing their daily activities, spending, and free time.

Percentage of Adults who Reported They Always Have a Way to Get Places When They Need to go Somewhere (NCIDDS-AD), 2023 Core Set (n = 31 states)

Legend:
- Did Not Report
- 73.5% to 91.3%
- 91.4% to 93.4%
- 93.5% to 95.8%
- 95.9% to 99.3%

State Median: 93.5%

In response to surveys conducted from July 2022 to June 2023, a median of

94 percent

of adults age 18 and older reported that they always had a means of transportation.

ADDITIONAL RESOURCES

Acronyms

AHRQ	Agency for Healthcare Research and Quality		MME	Morphine Milligram Equivalents
CAHPS	Consumer Assessment of Healthcare Providers and Systems		NCI	National Core Indicators
CHF	Congestive Heart Failure		O/E	Observed-to-Expected
CHIP	Children's Health Insurance Program		OUD	Opioid Use Disorder
CMS	Centers for Medicare & Medicaid Services		PQI	Prevention Quality Indicator
COPD	Chronic Obstructive Pulmonary Disease		QMR	Quality Measure Reporting
CY	Calendar Year		SUD	Substance Use Disorder
ED	Emergency Department			
HbA1c	Hemoglobin A1c			
HIV	Human Immunodeficiency Virus			
HPV	Human Papillomavirus			
hrHPV	High-risk human papillomavirus			
IDD	Intellectual and Developmental Disabilities			
LARC	Long-Acting Reversible Method of Contraception			
LTSS	Long-Term Services and Supports			

Additional Resources

Additional resources related to the Adult Core Set are available at
https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set-reporting-resources/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.