



Centers for Medicare & Medicaid Services

**Medicaid/CHIP**

Health Care Quality Measures



# Quality of Care for Adults in Medicaid: Findings from the 2015 Adult Core Set

## Chart Pack

May 2017

■ *This chart pack is a product of the Medicaid/CHIP Health Care Quality Measures Technical Assistance and Analytic Support Program, sponsored by the Centers for Medicare & Medicaid Services. The program team is led by Mathematica Policy Research, in collaboration with the National Committee for Quality Assurance and Center for Health Care Strategies.*

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## About the 2015 Adult Core Set

Medicaid plays an important role in health care coverage for adults, covering 38.2 million adults in federal fiscal year (FFY) 2015, including 22.4 million non-disabled adults under age 65, 10.2 million non-elderly individuals with disabilities, and 5.6 million people age 65 and over (most of whom were dually eligible for Medicare). As the HHS agency responsible for ensuring quality health care coverage for Medicaid beneficiaries, the Centers for Medicare & Medicaid Services (CMS) plays a key role in promoting quality health care for adults in Medicaid. CMS's 2015 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 improve the quality of care provided to adults covered by Medicaid. The 2015 Adult Core Set includes 26 measures that 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

This Chart Pack summarizes state reporting on the quality of health care furnished to adults covered by Medicaid during FFY 2015, which generally covers care delivered in calendar year 2014. The Chart Pack includes detailed analysis of state performance on 12 publicly reported measures. For a measure to be publicly reported, data must be provided to CMS by at least 25 states and meet internal standards for quality.

More information about the Adult Core Set is available at

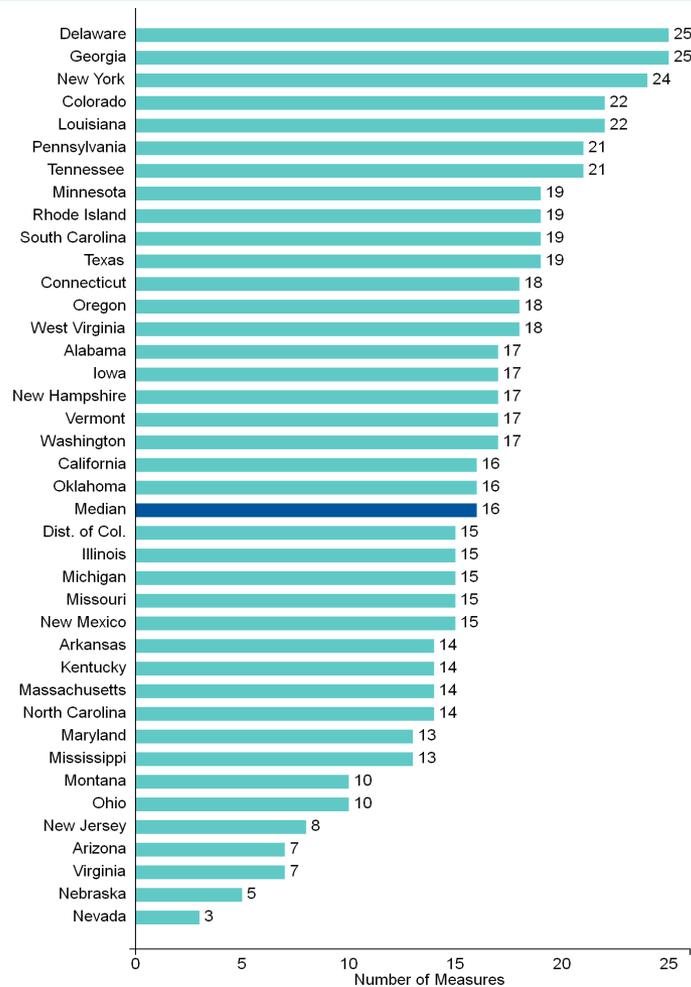
<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html>.

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

# OVERVIEW OF STATE REPORTING OF THE 2015 ADULT CORE SET



# Number of Adult Core Set Measures Reported by States, FFY 2015



States reported a median of

# 16

Adult Core Set measures for FFY 2015

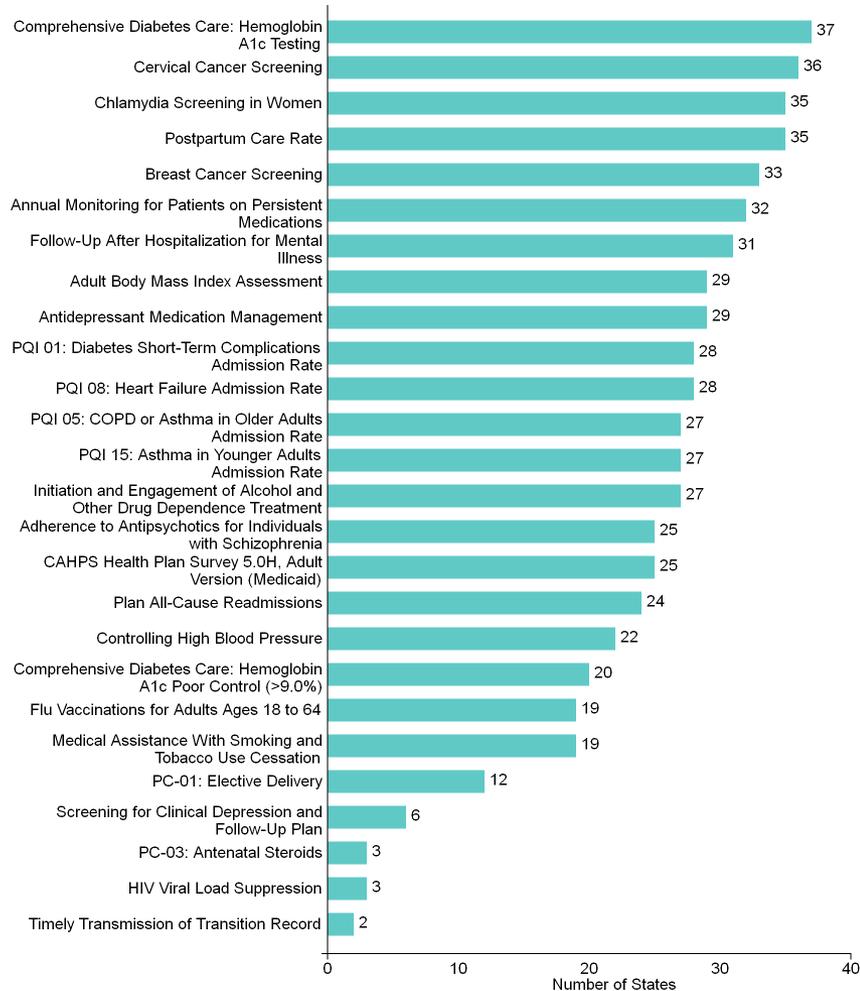
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

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

The 2015 Adult Core Set includes 26 measures. This chart is based on state reporting of 26 Adult Core Set measures for FFY 2015, including the Medical Assistance with Smoking and Tobacco Use Cessation (MSC) measure reported by states via MACPro. For FFY 2015, CMS also collected data on the MSC measure from the 47 states participating in the CMS 2014–2015 Nationwide Adult Medicaid Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.



# Number of States Reporting the Adult Core Set Measures, FFY 2015



**39** states voluntarily reported at least one Adult Core Set measure for FFY 2015

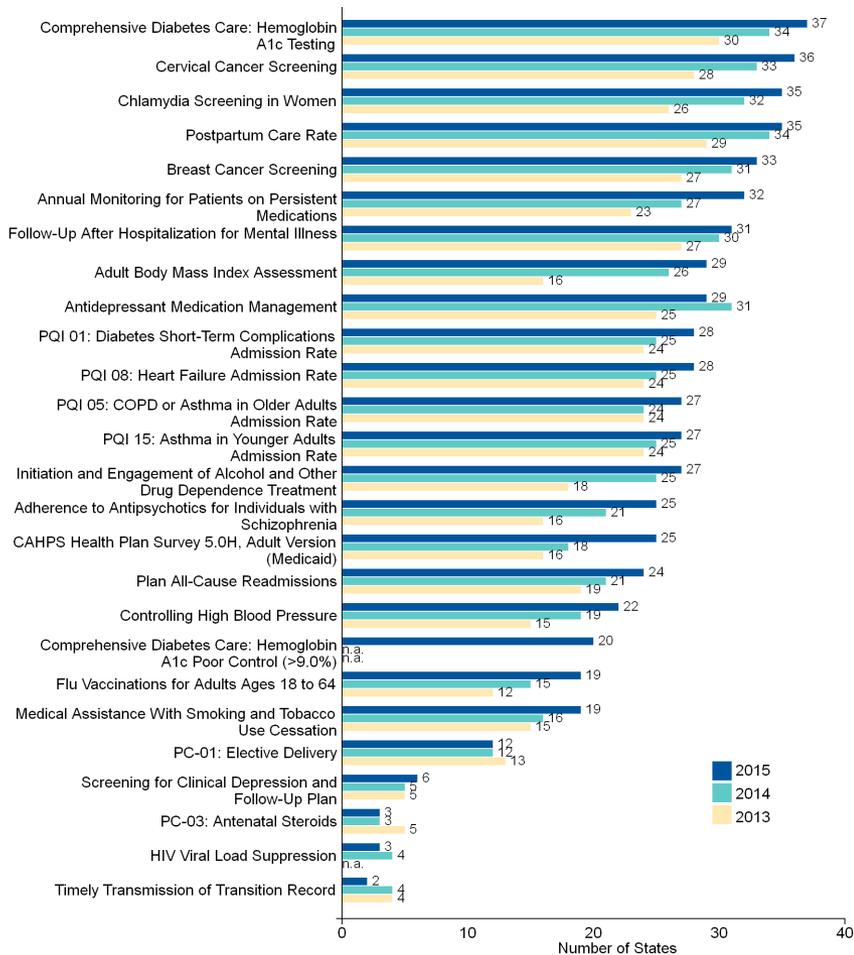
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

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

This chart includes the Medical Assistance with Smoking and Tobacco Use Cessation (MSC) measure reported by states via MACPro. For FFY 2015, CMS also collected data on the MSC measure from the 47 states participating in the CMS 2014–2015 Nationwide Adult Medicaid Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.



# Number of States Reporting the Adult Core Set Measures, FFY 2013–2015



State reporting increased for **20** of the 25 measures included in both the 2014 and 2015 Adult Core Sets

Sources: Mathematica analysis of FFY 2013–2014 CARTS reports and FFY 2015 MACPro reports.

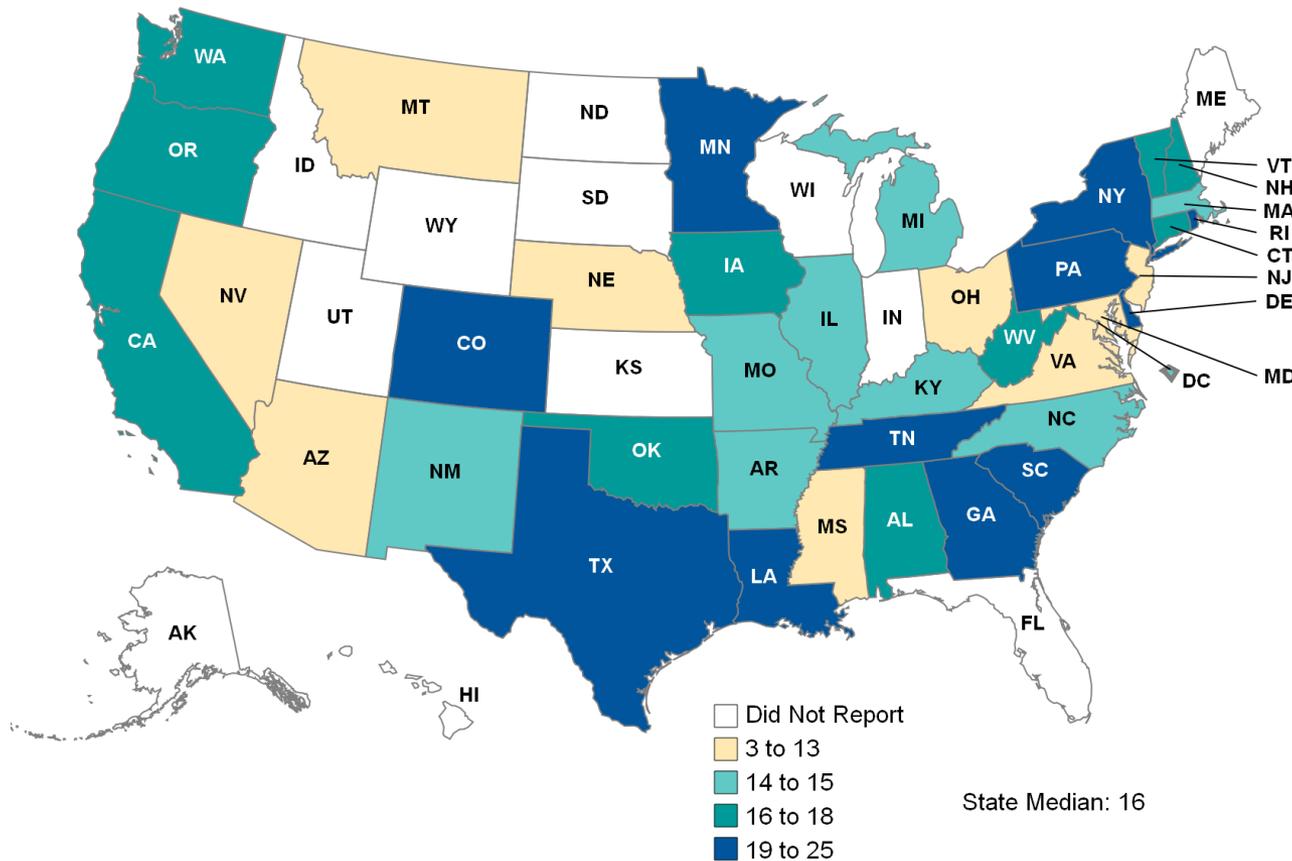
Notes: The term “states” includes the 50 states and the District of Columbia.

This chart includes the Medical Assistance with Smoking and Tobacco Use Cessation (MSC) measure reported by states via MACPro. For FFY 2015, CMS also collected data on the MSC measure from the 47 states participating in the CMS 2014–2015 Nationwide Adult Medicaid Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

n.a. = not applicable; measure not included in the Adult Core Set for the reporting period.



# Geographic Variation in the Number of Adult Core Set Measures Reported by States, FFY 2015



**11** states reported at least 19 Adult Core Set measures for FFY 2015

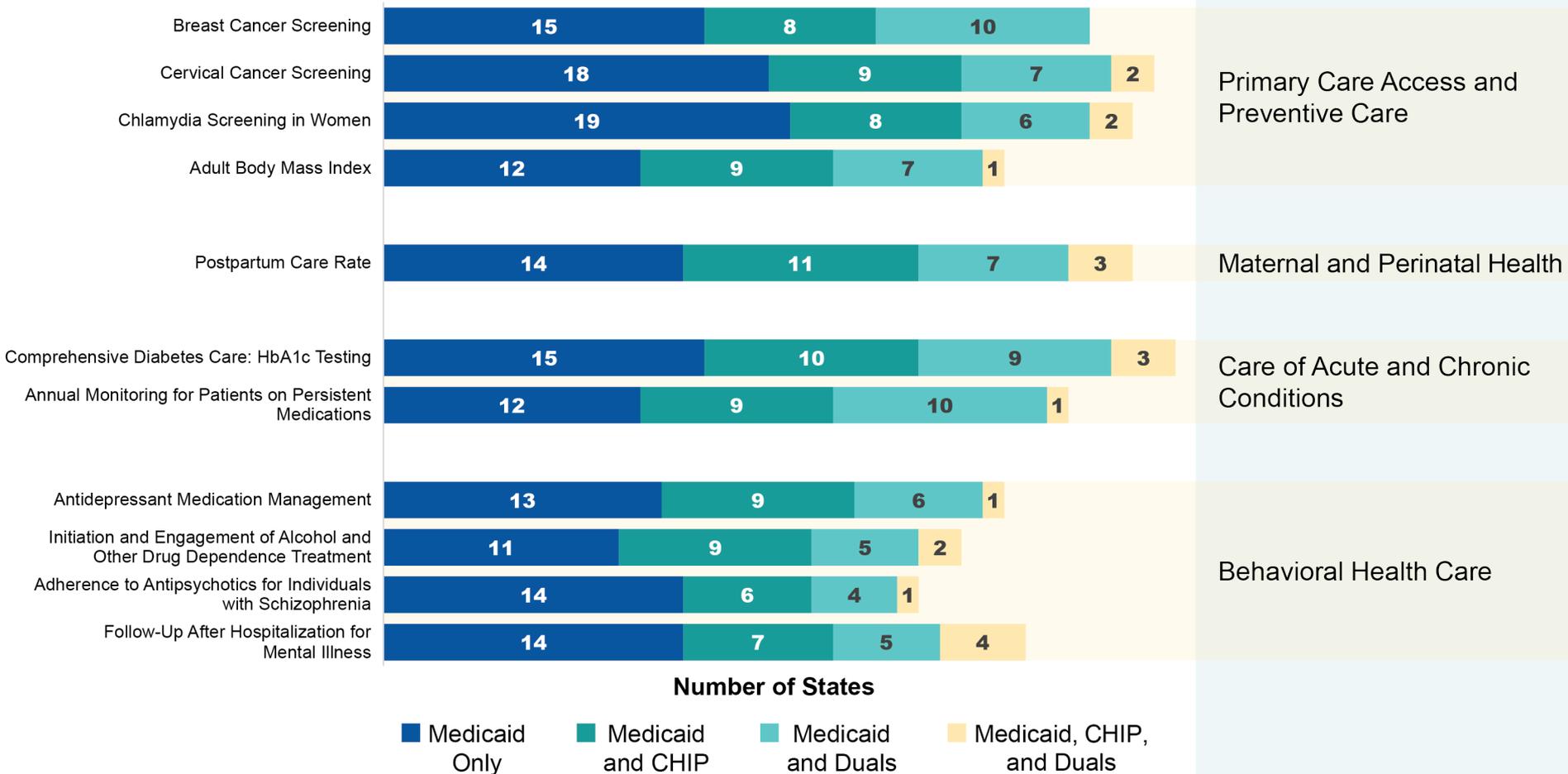
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

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

The 2015 Adult Core Set includes 26 measures. This chart is based on state reporting of 26 Adult Core Set measures for FFY 2015, including the Medical Assistance with Smoking and Tobacco Use Cessation (MSC) measure reported by states via MACPro. For FFY 2015, CMS also collected data on the MSC measure from the 47 states participating in the CMS 2014–2015 Nationwide Adult Medicaid Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.



# Populations Included in Frequently Reported Adult Core Set Measures for FFY 2015, By Domain

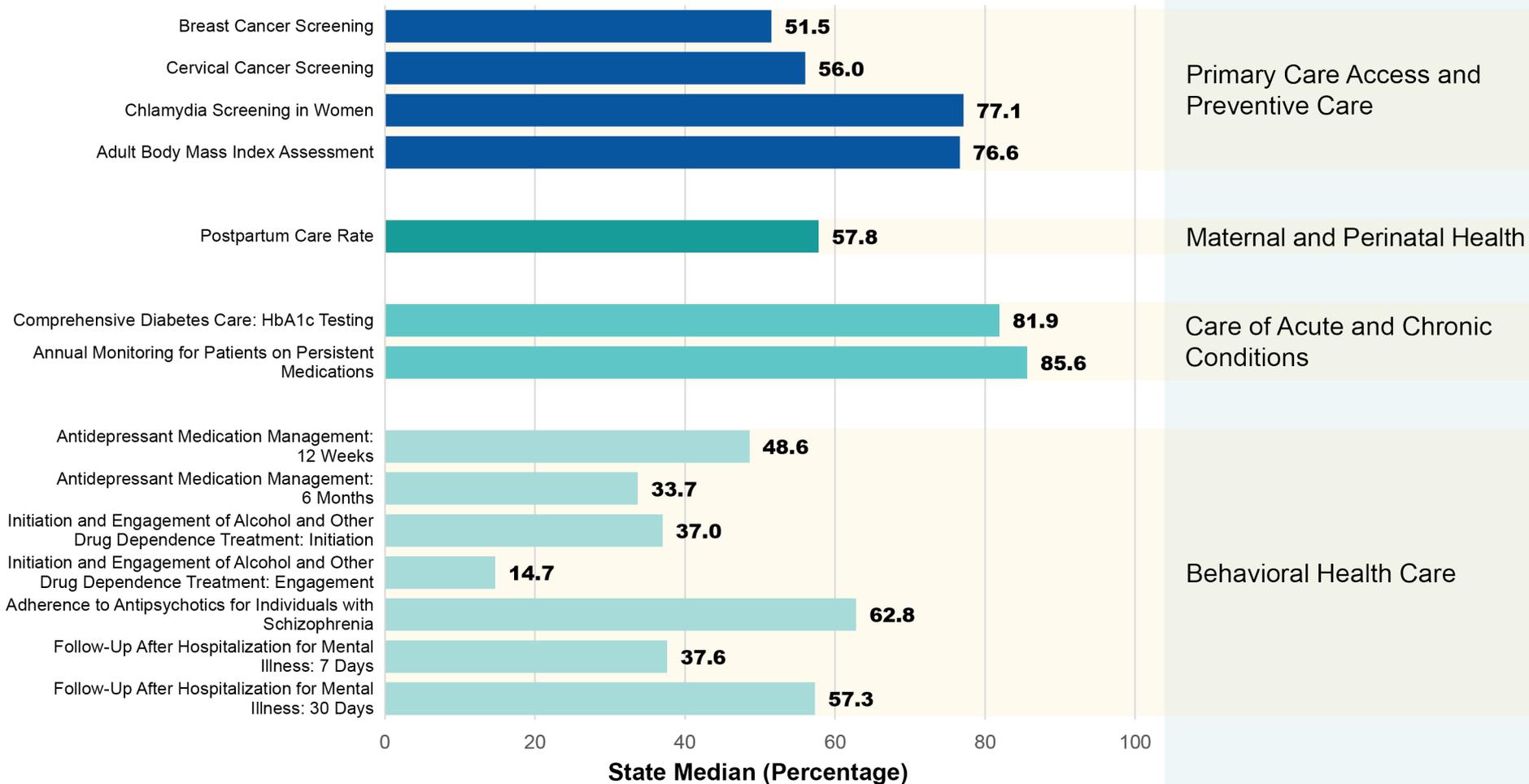


Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This chart includes measures reported by at least 25 states for FFY 2015 that met internal standards for quality. This chart excludes the Medical Assistance with Smoking and Tobacco Use Cessation (MSC) measure reported by 19 states via MACPro. For FFY 2015, CMS publicly reported data on the MSC measure obtained from the 47 states participating in the CMS 2014–2015 Nationwide Adult Medicaid CAHPS survey.



# Median Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2015



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This chart includes measures reported by at least 25 states for FFY 2015 that met internal standards for quality. This chart excludes the Medical Assistance with Smoking and Tobacco Use Cessation (MSC) measure. For FFY 2015, CMS publicly reported data on the MSC measure obtained from the 47 states participating in the CMS 2014–2015 Nationwide Adult Medicaid CAHPS survey.



# Primary Care Access and Preventive Care

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

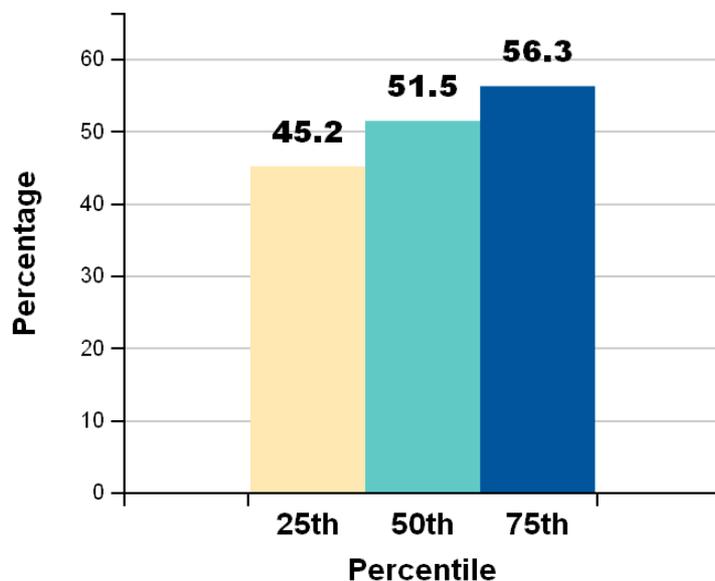
Four Adult Core Set measures of primary care access and preventive care were available for analysis for FFY 2015. These measures are among the most frequently reported measures in the Adult Core Set.

- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women
- Adult Body Mass Index

# Breast Cancer Screening

Breast cancer causes approximately 40,000 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 74 Who Received a Mammogram to Screen for Breast Cancer, FFY 2015 (n = 33 states)**



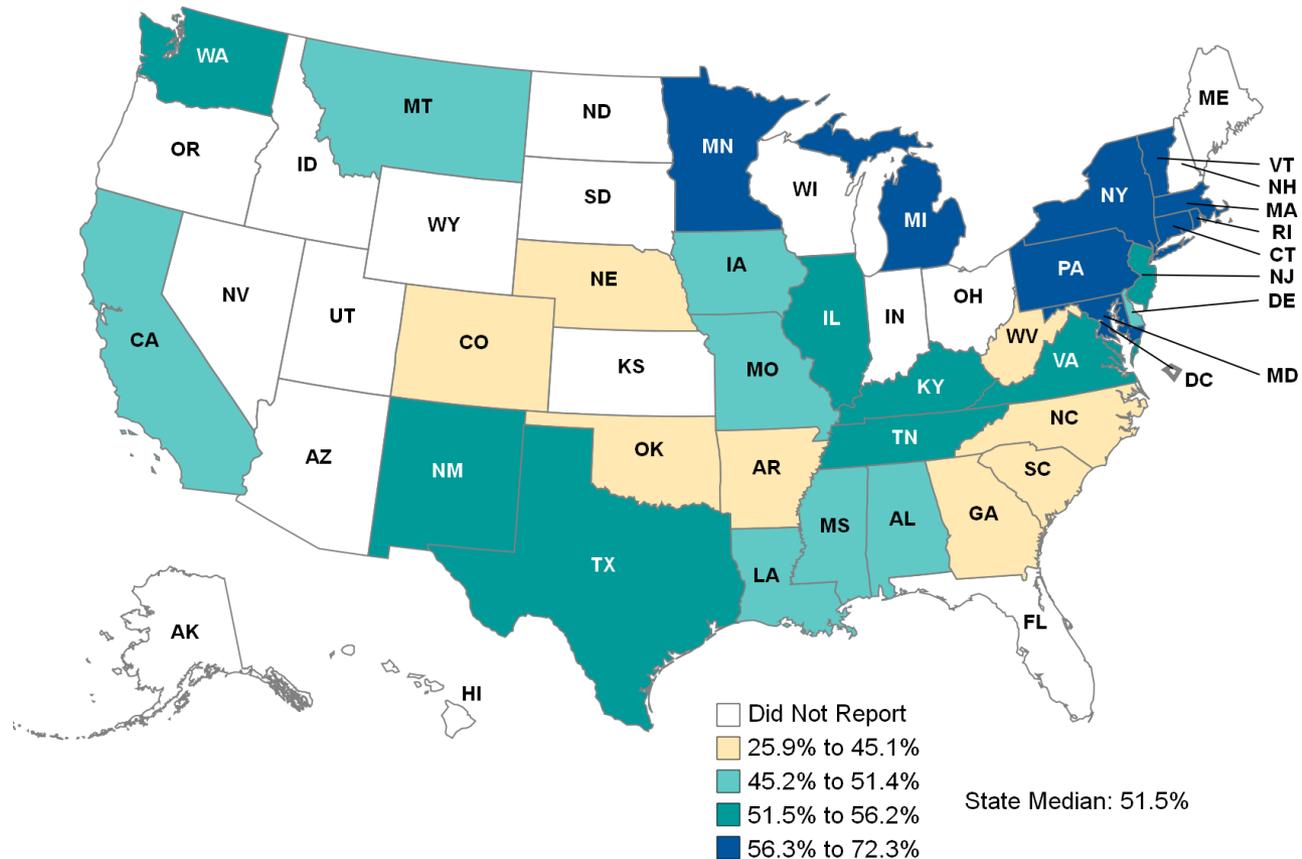
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of women who received a mammogram to screen for breast cancer during the measurement year or two years prior to the measurement year. Data displayed in this chart include adults ages 50 to 64 for 23 states and ages 50 to 74 for 10 states.

A median of **52** percent of women ages 50 to 74 received a mammogram to screen for breast cancer (33 states)

# Breast Cancer Screening (continued)

**Geographic Variation in the Percentage of Women Ages 50 to 74 Who Received a Mammogram to Screen for Breast Cancer, FFY 2015 (n = 33 states)**



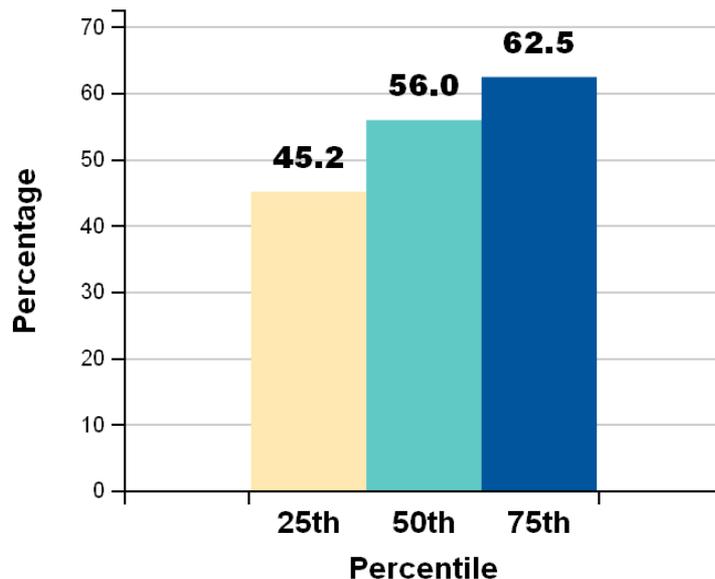
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Note: Data displayed in this chart include adults ages 50 to 64 for 23 states and ages 50 to 74 for 10 states.

# Cervical Cancer Screening

Approximately 12,000 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, FFY 2015 (n = 36 states)**



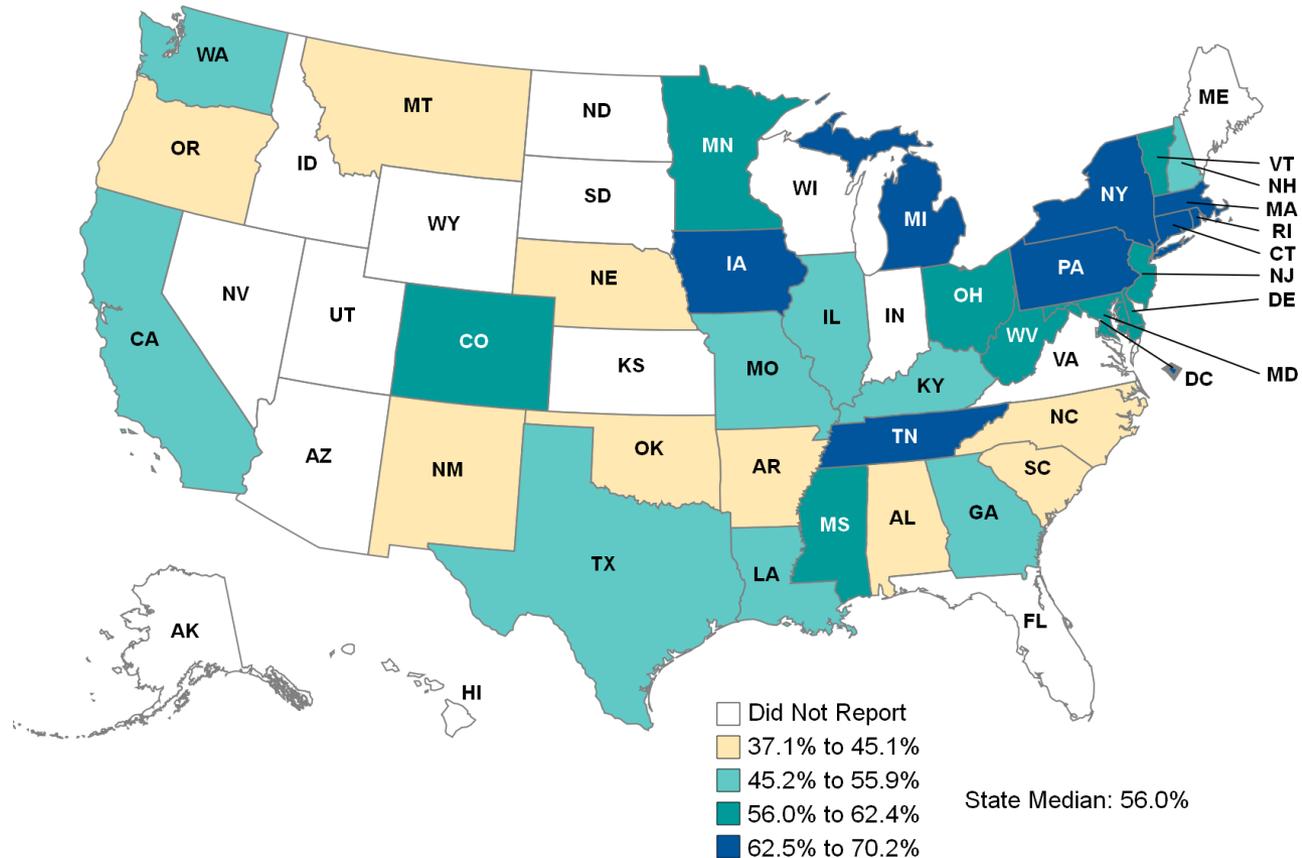
A median of **56** percent of women ages 21 to 64 were screened for cervical cancer (36 states)

Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Note: This measure identifies the percentage of women ages 21 to 64 who were screened for cervical cancer.

# Cervical Cancer Screening (continued)

**Geographic Variation in the Percentage of Women Ages 21 to 64 Who Were Screened for Cervical Cancer, FFY 2015 (n = 36 states)**

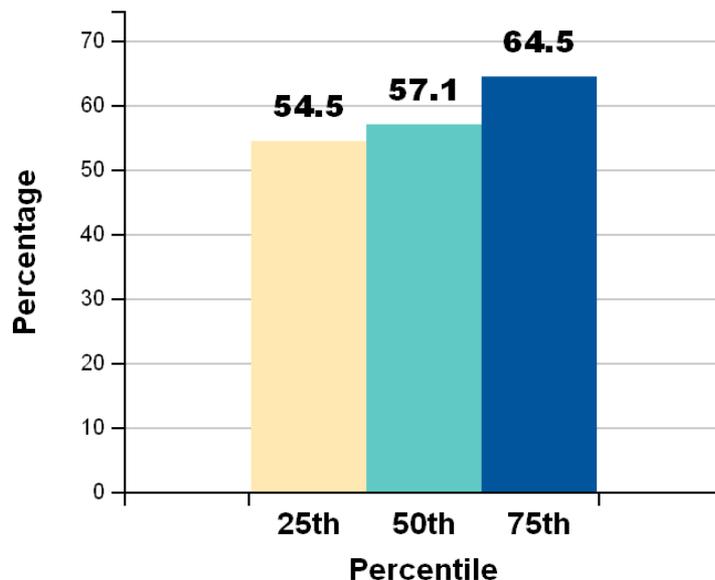


Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

# Chlamydia Screening in Women

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

**Percentage of Sexually Active Women Ages 21 to 24 Receiving at Least One Test for Chlamydia, FFY 2015 (n = 35 states)**



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of women ages 21 to 24 who were identified as sexually active who had at least one test for chlamydia during the measurement year. Data displayed in this chart include women ages 21 to 24 for 34 states and ages 16 to 24 for 1 state.

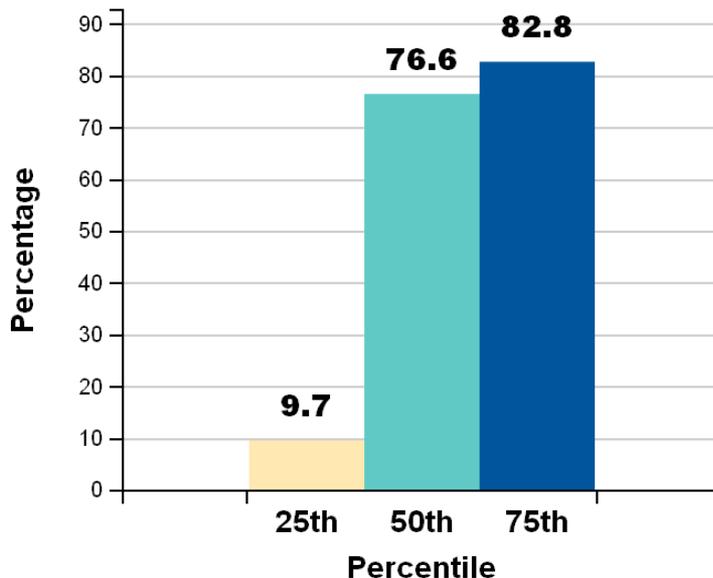
A median of **57** percent of sexually active women ages 21 to 24 were tested for chlamydia (35 states)



# Adult Body Mass Index (BMI) Assessment

Monitoring of body mass index (BMI) helps providers identify adults who are overweight or obese and at increased risk for related health complications. The Adult BMI Assessment measure indicates the percentage of beneficiaries with an outpatient visit whose BMI value was documented in the medical record.

**Percentage of Adults Ages 18 to 74 Who Had an Outpatient Visit and Whose BMI Value was Documented in the Medical Record, FFY 2015 (n = 29 states)**



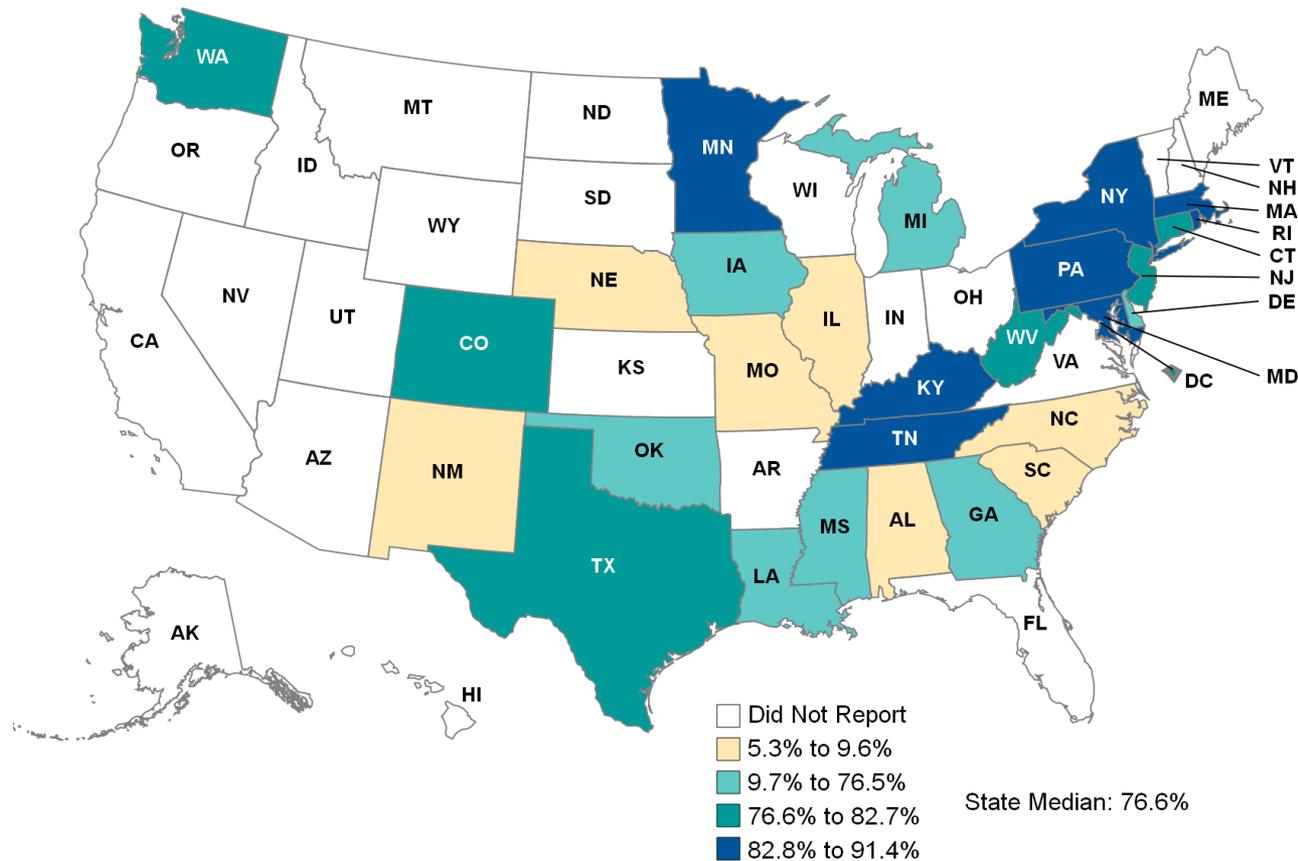
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of adults ages 18 to 74 who had an outpatient visit and whose BMI value was documented in the medical record during the measurement year or the year prior to the measurement year. Data displayed in this chart include adults ages 18 to 64 for 20 states and ages 18 to 74 for 9 states.

A median of **77** percent of adults ages 18 to 74 who had an outpatient visit had their BMI value documented in the medical record (29 states)

# Adult Body Mass Index (BMI) Assessment (continued)

**Geographic Variation in the Percentage of Adults Ages 18 to 74 Who Had an Outpatient Visit and Whose BMI Value was Documented in the Medical Record, FFY 2015 (n = 29 states)**



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Note: Data displayed in this chart include adults ages 18 to 64 for 20 states and ages 18 to 74 for 9 states.



# 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. 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-chip-program-information/by-topics/quality-of-care/maternal-and-infant-health-care-quality.html>.

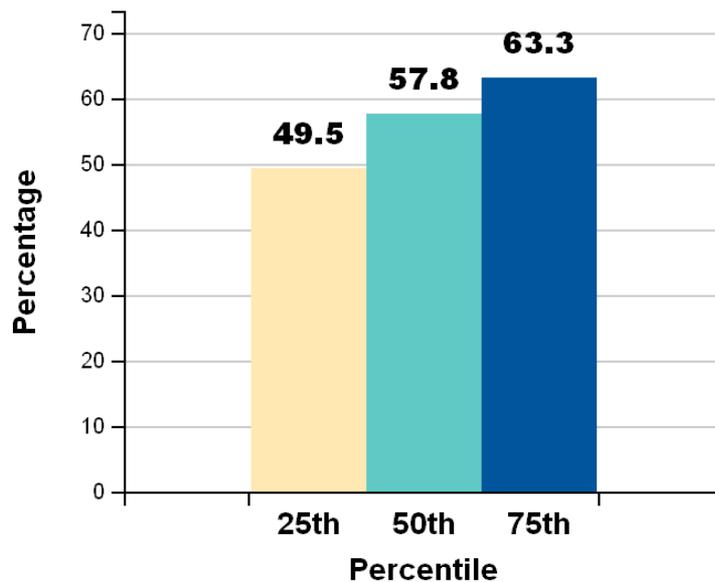
One Adult Core Set measure of maternal and perinatal health was available for analysis for FFY 2015.

- Postpartum Care Rate

# Postpartum Care Rate

Postpartum visits provide an opportunity to assess women’s physical recovery from pregnancy and childbirth, and to address chronic health conditions (such as diabetes and hypertension), mental health status (including postpartum depression), and family planning (including contraception and inter-conception counseling). The postpartum care measure assesses how often women delivering a live birth received timely postpartum care (between 21 and 56 days after delivery).

**Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 21 and 56 Days after Delivery, FFY 2015 (n = 34 states)**



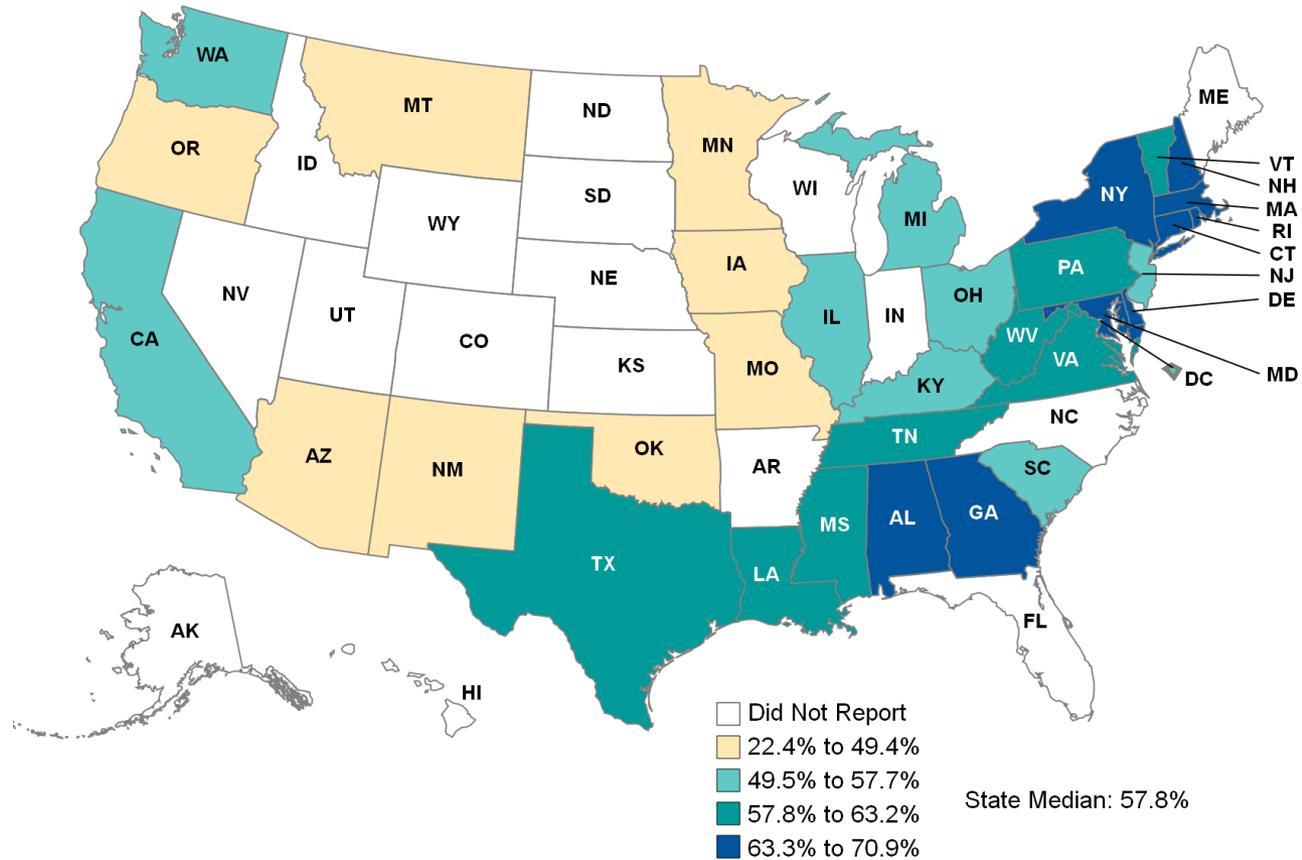
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Note: This measure identifies the percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a postpartum visit on or between 21 and 56 days after delivery.

A median of **58** percent of women delivering a live birth had a postpartum care visit on or between 21 and 56 days after delivery (34 states)

# Postpartum Care Rate (continued)

**Geographic Variation in the Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 21 and 56 Days after Delivery, FFY 2015 (n = 34 states)**



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

# 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 like diabetes is high among adults covered by Medicaid. Ensuring that adults receive timely, quality care may reduce the need for more costly care later and improve their chances of leading healthy, productive lives.

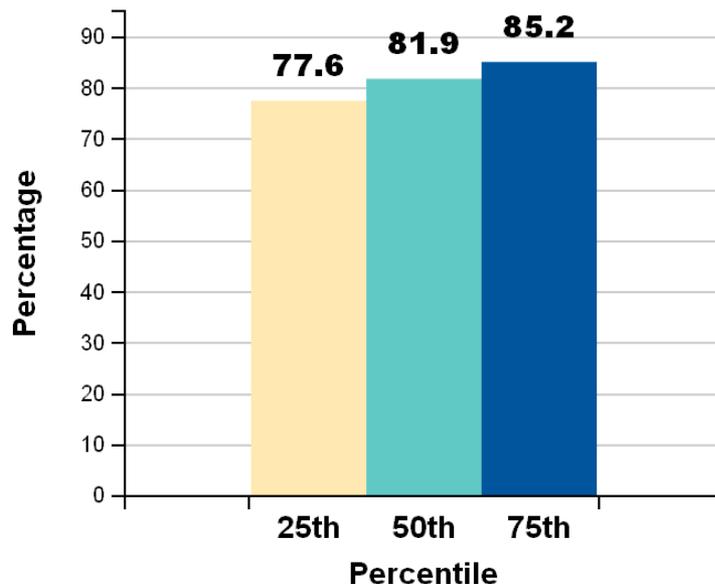
Two Adult Core Set measures of the care of acute and chronic conditions were available for analysis for FFY 2015.

- Comprehensive Diabetes Care: Hemoglobin A1c Testing
- Annual Monitoring for Patients on Persistent Medications

# Comprehensive Diabetes Care: Hemoglobin A1c Testing

Diabetes is one of the most common chronic health problems in the United States, affecting approximately 29 million people. Recommended care for patients with diabetes includes regular monitoring of blood sugar using hemoglobin A1c (HbA1c) testing, which provides a measure of a patient's average blood sugar over the previous two to three months. Proper diabetes management is essential to controlling blood glucose levels, reducing risks of complications, and prolonging life.

**Percentage of Adults Ages 18 to 75 with Diabetes (Type 1 or Type 2) Who Had a Hemoglobin A1c Test, FFY 2015 (n = 37 states)**



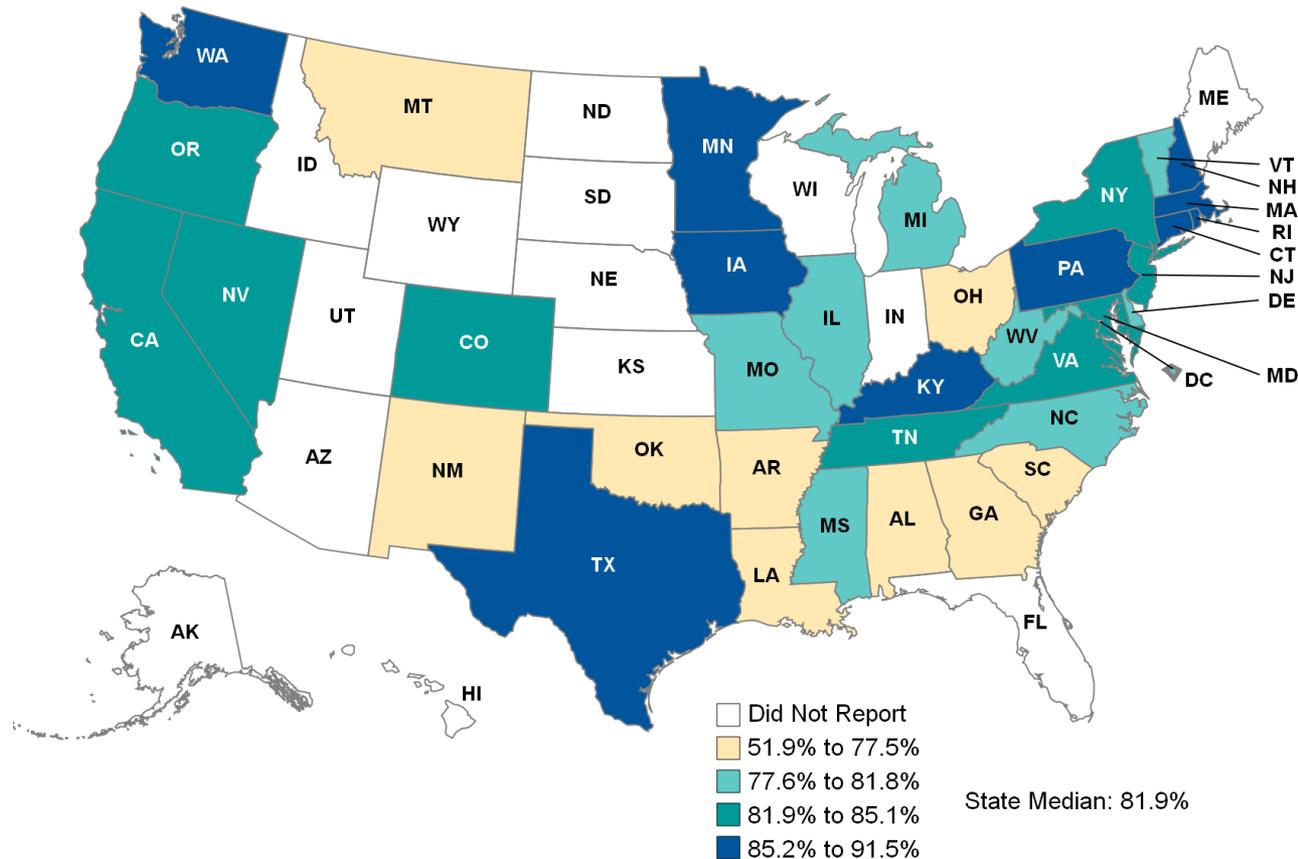
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of adults ages 18 to 75 with diabetes (type 1 or type 2) who had an HbA1c test. Data displayed in this chart include adults ages 18 to 64 for 24 states and ages 18 to 75 for 13 states.

A median of **82** percent of adults ages 18 to 75 with diabetes had an HbA1c test (37 states)

# Comprehensive Diabetes Care: Hemoglobin A1c Testing (continued)

**Geographic Variation in the Percentage of Adults Ages 18 to 75 with Diabetes (Type 1 or Type 2) Who Had a Hemoglobin A1c Test, FFY 2015 (n = 37 states)**



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

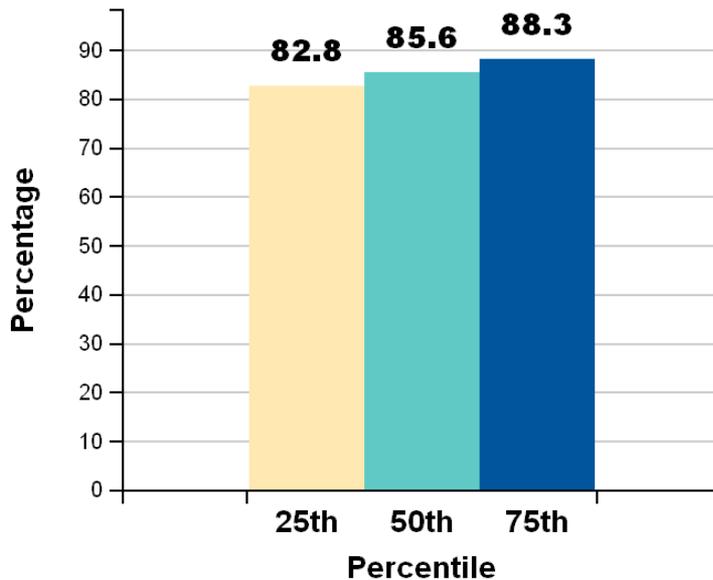
Note: Data displayed in this chart include adults ages 18 to 64 for 24 states and ages 18 to 75 for 13 states.



# Annual Monitoring for Patients on Persistent Medications

Evidence supports annual monitoring of the use of persistent medications to reduce adverse drug events (such as overdoses) that may result in emergency department visits or hospitalization. When patients are prescribed certain medications on a long-term basis, it is recommended that the prescribing practitioner conduct regular laboratory tests to monitor the effects of the medication and subsequently adjust treatment as needed. This can help to reduce serious adverse effects from these medications.

## Percentage of Adults Who Received At Least 180 Days of Medication Therapy and Who Received Annual Monitoring, FFY 2015 (n = 32 states)



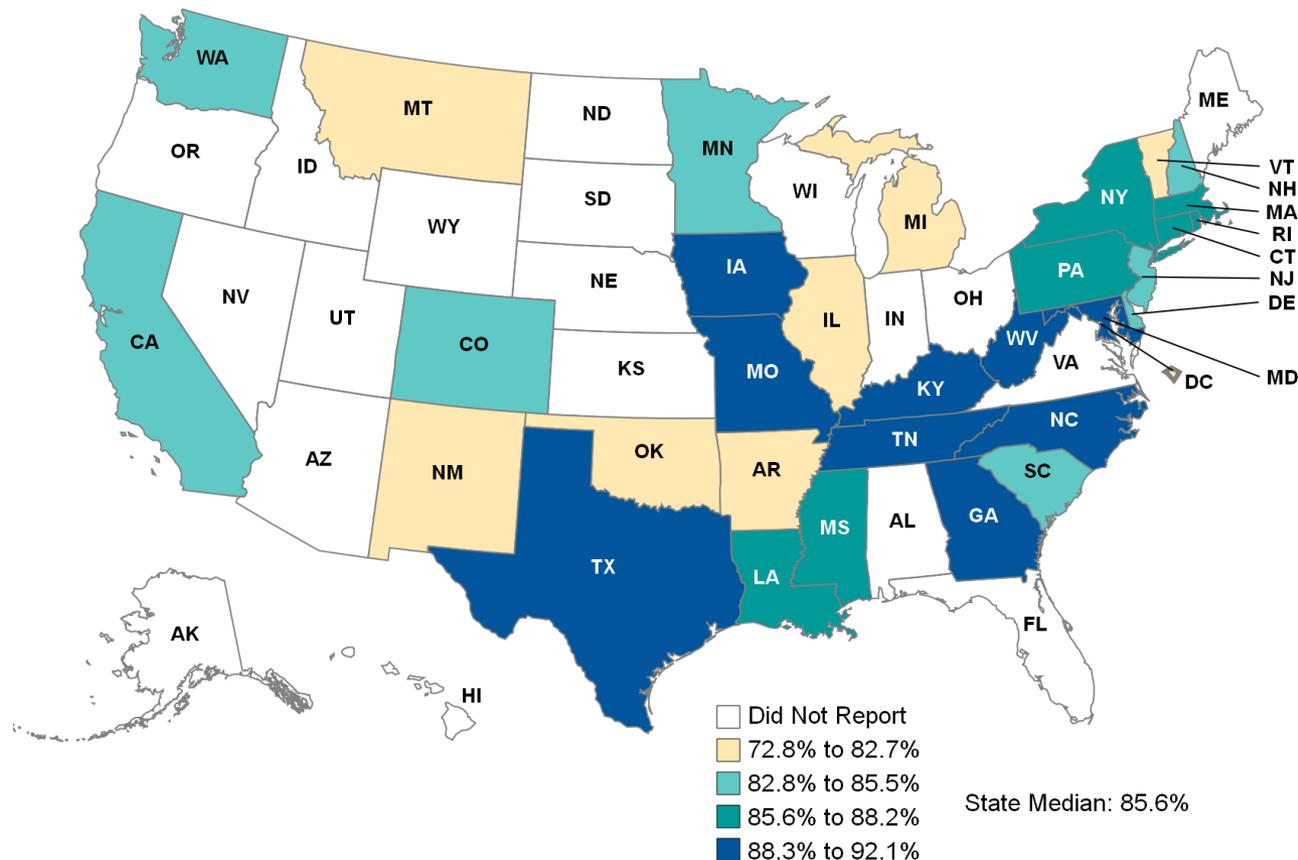
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of adults age 18 and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and who received annual monitoring for the therapeutic agent in the measurement year. Data displayed in this chart include adults ages 18 to 64 for 22 states and age 18 and older for 10 states.

A median of **86** percent of adults who received at least 180 days of medication therapy received annual monitoring (32 states)

# Annual Monitoring for Patients on Persistent Medications (continued)

**Geographic Variation in the Percentage of Adults Who Received At Least 180 Days of Medication Therapy and Who Received Annual Monitoring, FFY 2015 (n = 32 states)**



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Note: Data displayed in this chart include adults ages 18 to 64 for 22 states, and age 18 and older for 10 states.



# 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 to adults, and monitoring the effectiveness of that care. For the purpose of the Adult Core Set, the term “behavioral health care” refers to treatment of mental health conditions and substance use disorders. Improvement of benefit design and service delivery for behavioral health care in Medicaid is a high priority for CMS, in collaboration with other federal agencies, states, providers, and consumers.

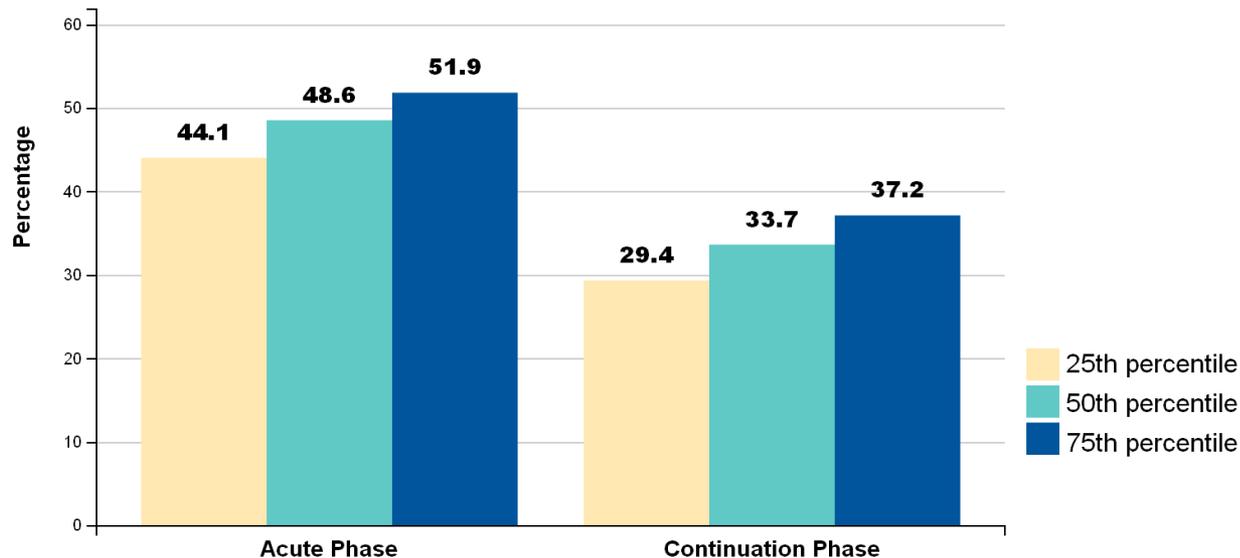
Five Adult Core Set measures of behavioral health care were available for analysis for FFY 2015.

- Antidepressant Medication Management
  - Effective Acute Phase Treatment
  - Effective Continuation Phase Treatment
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
  - Percentage Who Initiated Treatment
  - Percentage Who Initiated and Engaged in Treatment
- Adherence to Antipsychotics for Individuals with Schizophrenia
- Follow-Up After Hospitalization for Mental Illness
  - Follow-Up Within 7 Days of Discharge
  - Follow-Up Within 30 Days of Discharge
- Medical Assistance with Smoking and Tobacco Use Cessation
  - Percentage of Current Smokers or Tobacco Users who Received Advice to Quit
  - Percentage Who Discussed or Were Recommended Cessation Medications
  - Percentage Who Discussed or Were Provided Cessation Methods or Strategies Other than Medication

# 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 Age 18 and Older with a Diagnosis of Major Depression Who Were Treated with Antidepressant Medication and Remained on Antidepressant Medication Treatment, FFY 2015 (n = 29 states)



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

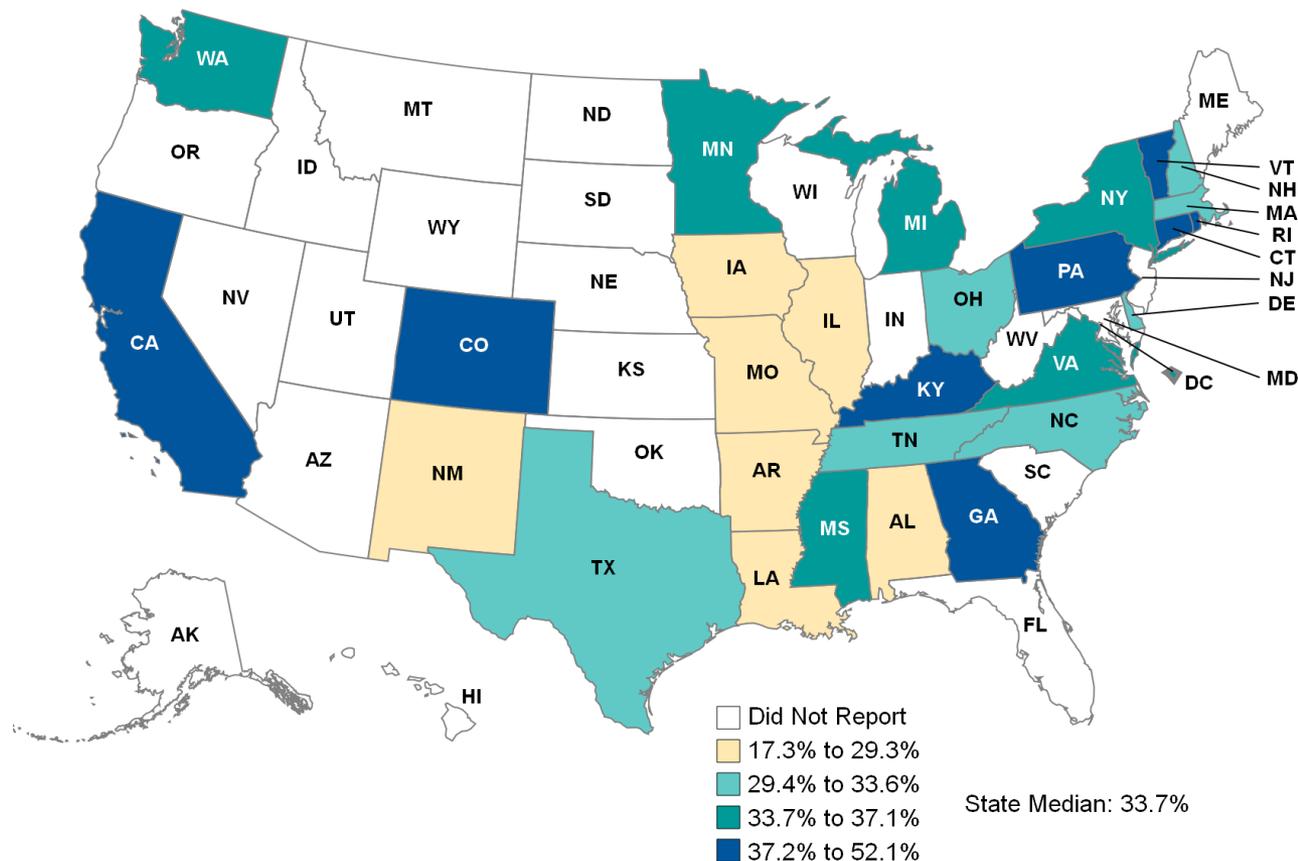
Notes: This measure identifies the percentage of adults age 18 and older diagnosed with major depression who were treated with antidepressant medication and remained on antidepressant medication treatment for the Acute Phase and the Continuation Phase. Data displayed in this chart include adults ages 18 to 64 for 20 states and age 18 and older for 9 states.

A median of **49** percent of adults age 18 and older with a diagnosis of major depression who were treated with antidepressant medication remained on medication during the acute phase and **34** percent remained on medication during the continuation phase (29 states)



# Antidepressant Medication Management: Continuation Phase

**Geographic Variation in the Percentage of Adults Age 18 and Older with a Diagnosis of Major Depression Who Were Treated with an Antidepressant Medication and Remained on Medication Treatment for the Continuation Phase (6 Months), FFY 2015 (n = 29 states)**



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

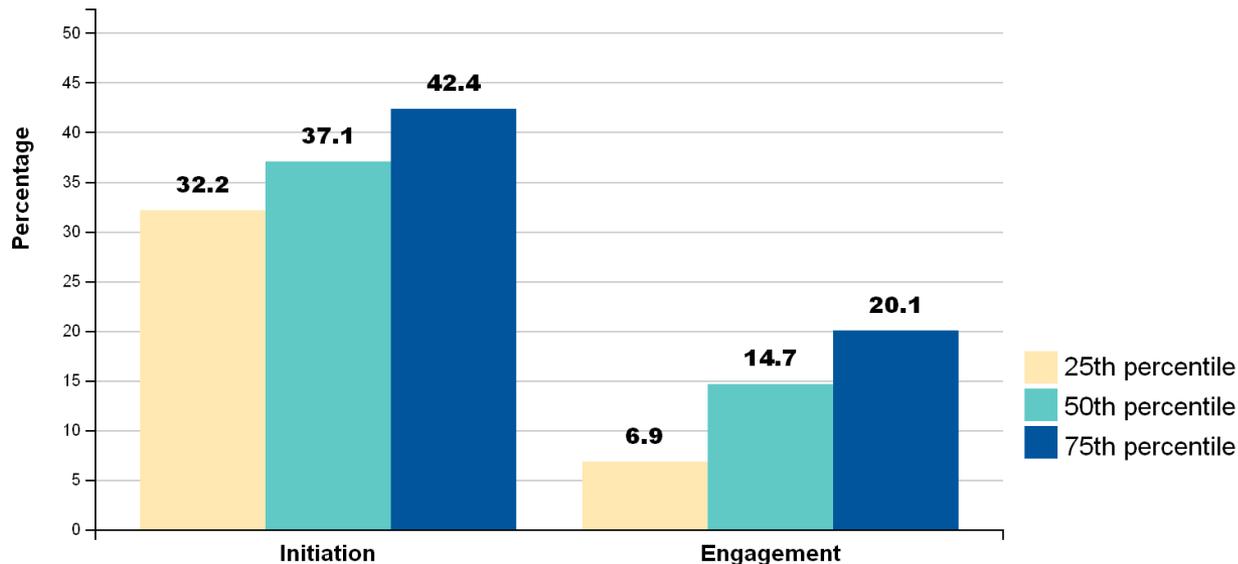
Note: Data displayed in this chart include adults ages 18 to 64 for 20 states and age 18 and older for 9 states.



# Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Treatment for alcohol and other drug (AOD) dependence can improve health, productivity, and social outcomes, and can save millions of dollars on health care and related costs. This measure indicates how often beneficiaries with newly-diagnosed AOD dependence initiated timely treatment (within 14 days of diagnosis), and then continued that treatment (two or more AOD services within 30 days of the initial visit).

## Percentage of Adults Age 18 and Older with Alcohol or Other Drug Dependence Who Initiated Treatment and Engaged in Treatment, FFY 2015 (n = 26 states)



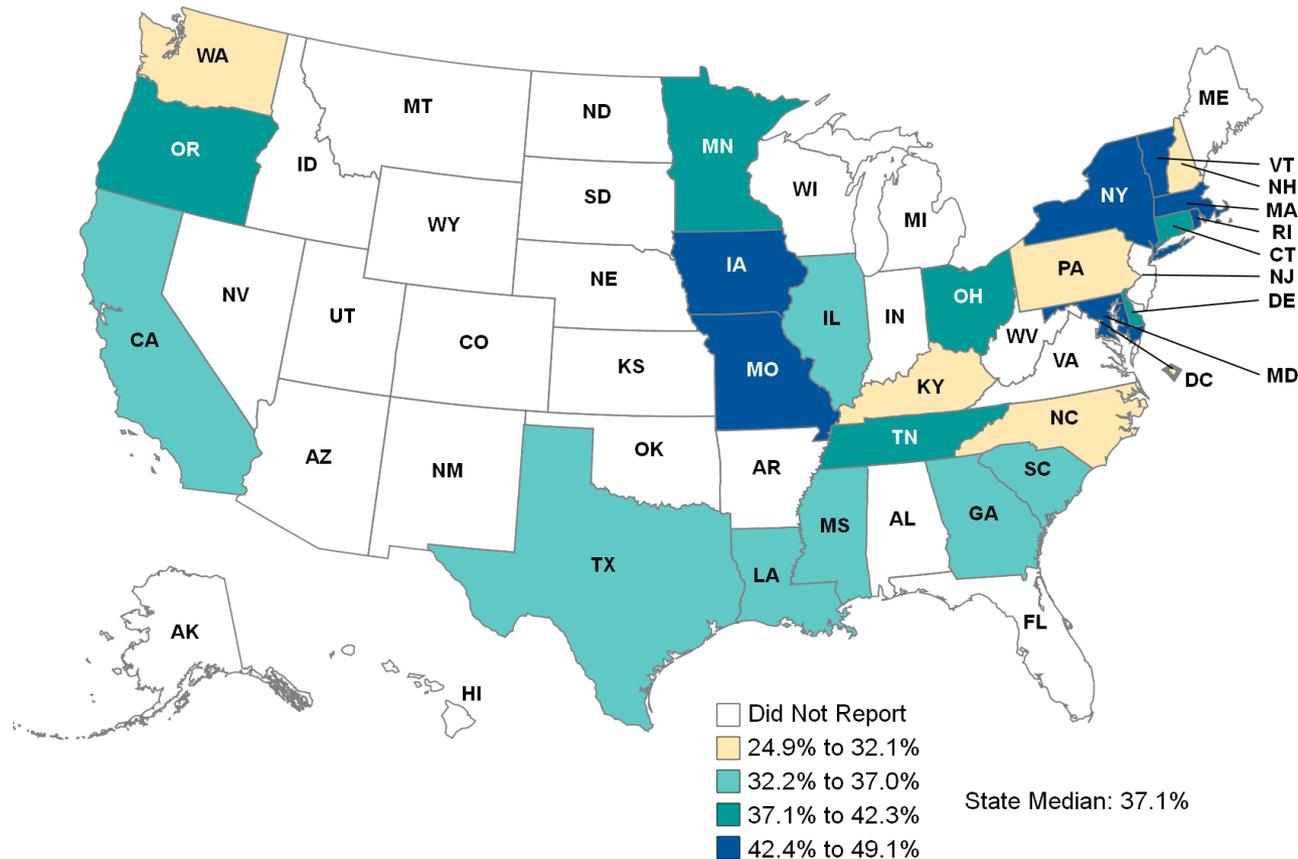
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of discharges for adults age 18 and older with a new episode of AOD who: (1) initiated treatment within 14 days, and (2) initiated treatment and had two follow-up visits within 30 days. Data displayed in this chart include adults ages 18 to 64 for 19 states and age 18 and older for 7 states.

A median of **37** percent of adults age 18 and older with alcohol or other drug dependence initiated treatment within 14 days and **15** percent had two follow-up visits within 30 days (26 states)

# Initiation of Alcohol and Other Drug Dependence Treatment

**Geographic Variation in the Percentage of Adults Age 18 and Older with Alcohol or Other Drug Dependence Who Initiated Treatment, FFY 2015 (n = 26 states)**



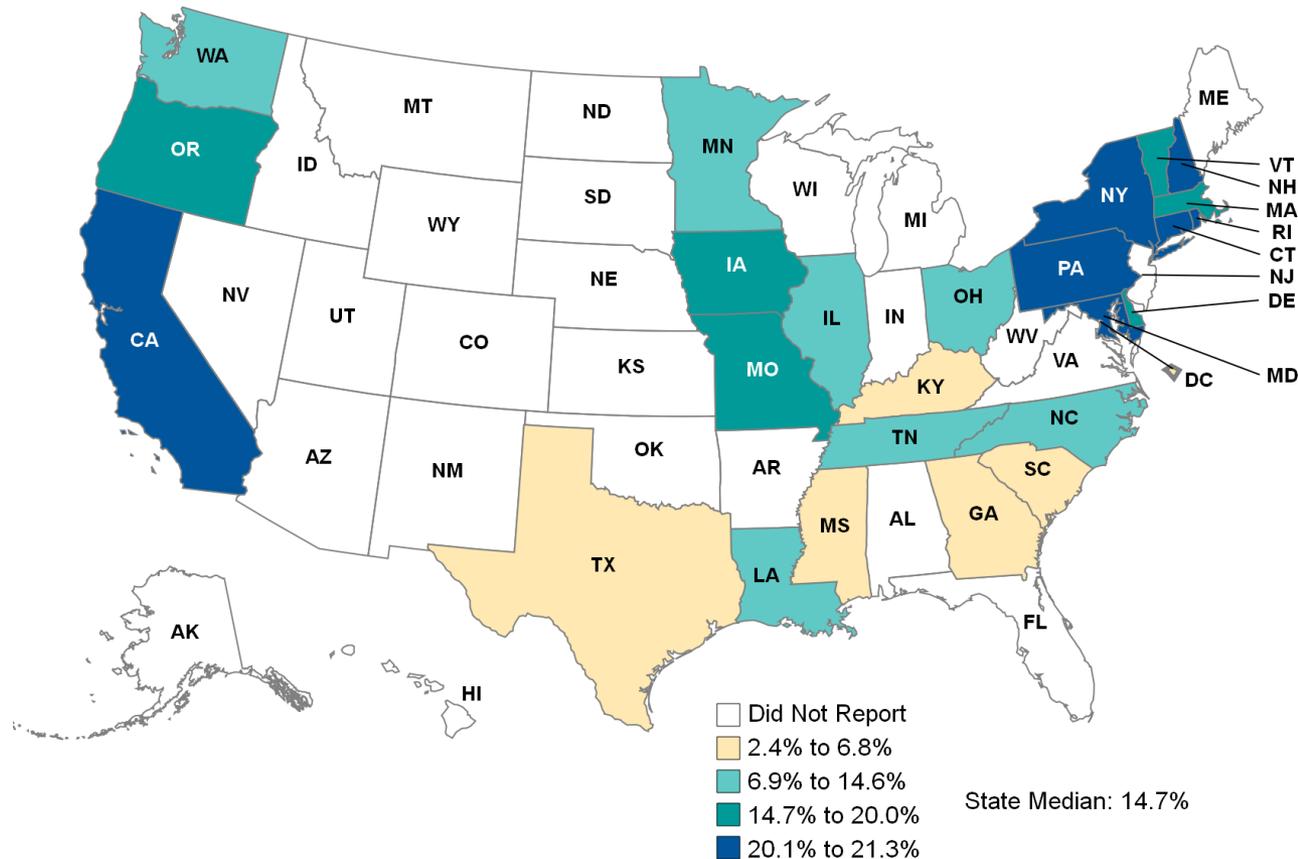
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Note: Data displayed in this chart include adults ages 18 to 64 for 19 states and age 18 and older for 7 states.



# Engagement in Alcohol and Other Drug Dependence Treatment

Geographic Variation in the Percentage of Adults Age 18 and Older with Alcohol or Other Drug Dependence Who Initiated and Engaged in Treatment, FFY 2015 (n = 26 states)



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

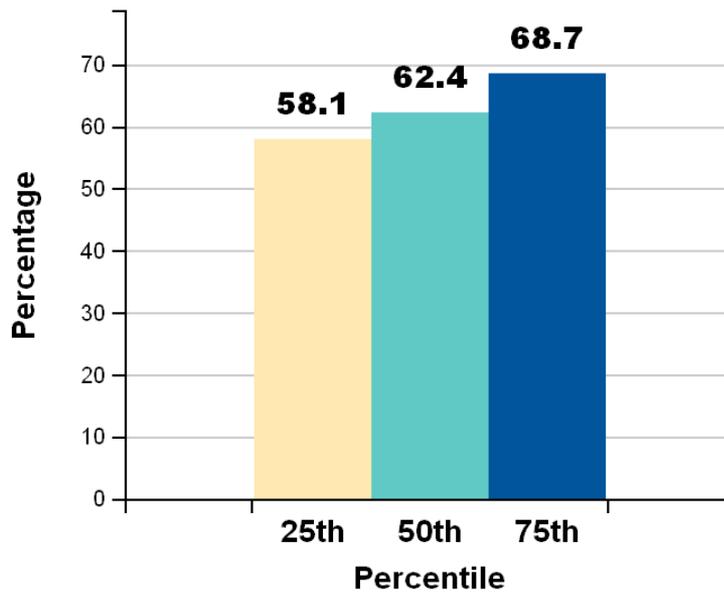
Note: Data displayed in this chart include adults ages 18 to 64 for 19 states and age 18 and older for 7 states.



# Adherence to Antipsychotics for Individuals with Schizophrenia

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

**Percentage of Adults Ages 19 to 64 with Schizophrenia Who Were Dispensed and Remained on an Antipsychotic Medication for At Least 80 Percent of Their Treatment Period, FFY 2015 (n = 25 states)**



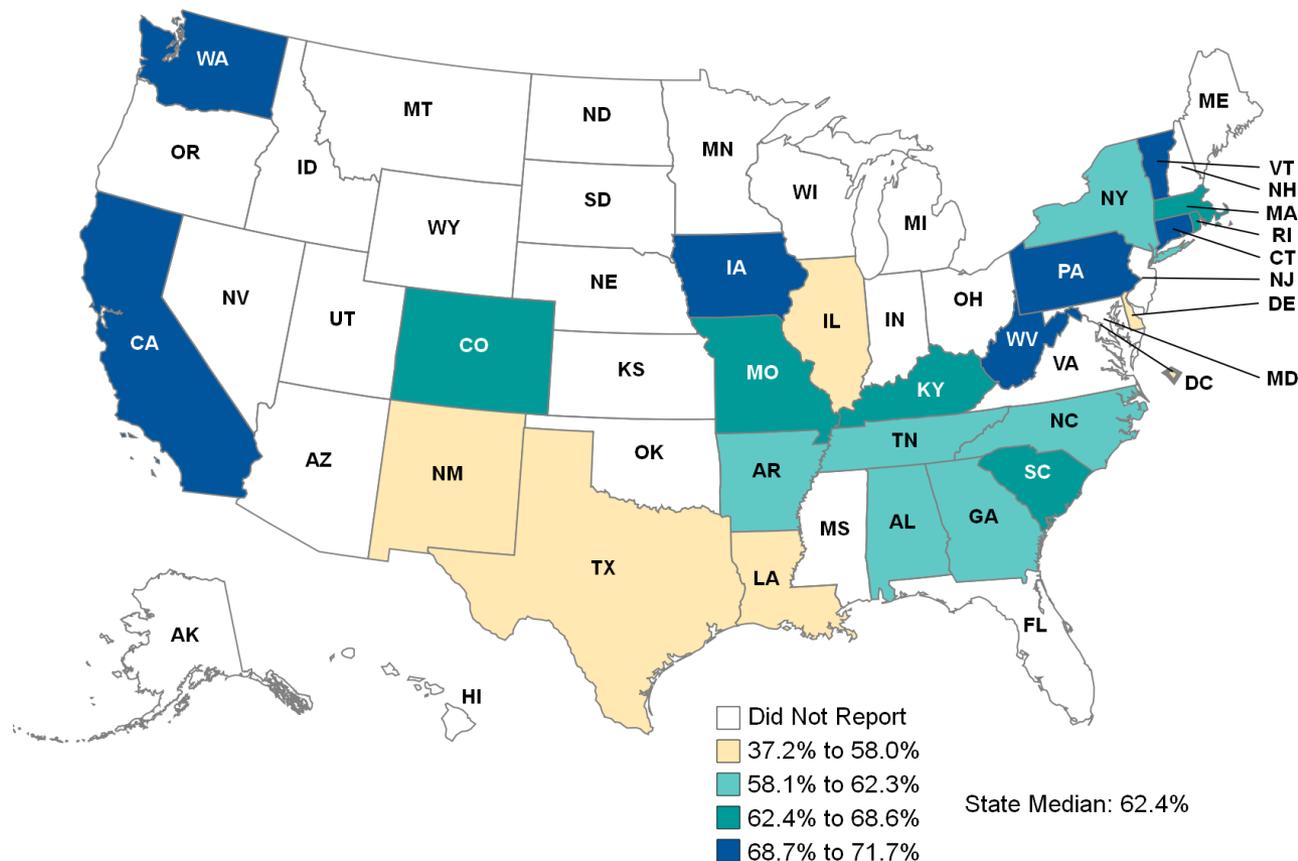
Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of adults ages 19 to 64 with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.

A median of **62** percent of adults ages 19 to 64 with schizophrenia remained on an antipsychotic for at least 80 percent of their treatment period (25 states)

# Adherence to Antipsychotics for Individuals with Schizophrenia (continued)

**Geographic Variation in the Percentage of Adults Ages 19 to 64 with Schizophrenia Who Were Dispensed and Remained on an Antipsychotic Medication for At Least 80 Percent of Their Treatment Period, FFY 2015 (n = 25 states)**

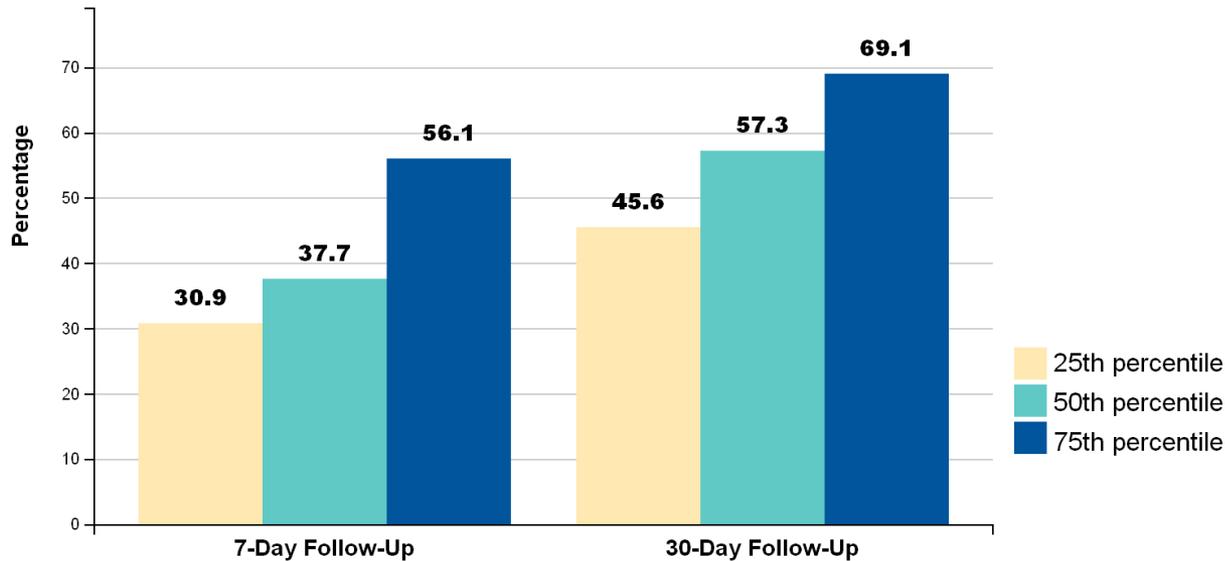


Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

# Follow-Up After Hospitalization for Mental Illness

Follow-up care after hospitalization for mental illness 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 of discharge and ideally, within 7 days of discharge.

**Percentage of Adults Age 21 and Older Hospitalized for Treatment of Mental Illness Receiving a Follow-Up Visit Within 7 and 30 Days of Discharge, FFY 2015 (n = 30 states)**



Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: This measure identifies the percentage of discharges for adults age 21 and older hospitalized for treatment of selected mental illness diagnoses who had an outpatient within 7 days of discharge and within 30 days of discharge. Data displayed in this chart include adults ages 21 to 64 for 21 states, age 21 and older for 6 states, and age 6 and older for 3 states.

A median of **38** percent of adults age 21 and older who were hospitalized for mental illness had a follow-up visit within 7 days of discharge and **57** percent had a follow-up visit within 30 days of discharge (30 states)



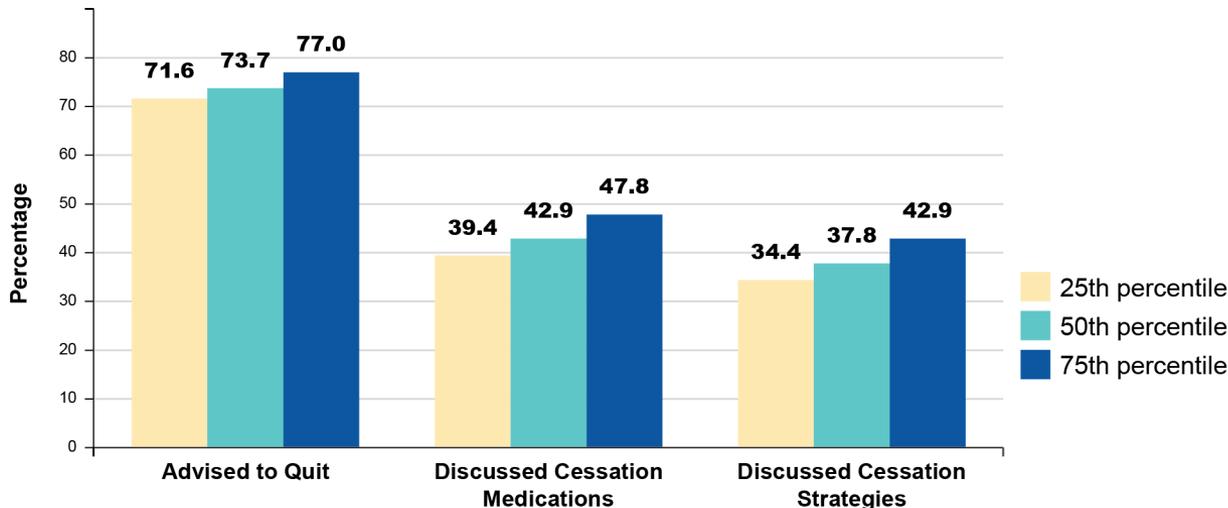




# Medical Assistance with Smoking and Tobacco Use Cessation

Tobacco use is the leading cause of preventable disease in the United States. Quitting tobacco is one of the key steps tobacco users can take to improve their health, and many tobacco users need medical assistance with smoking and tobacco use to help them quit successfully. Examples of cessation medications include nicotine gum, patch, nasal spray, inhaler, or prescription medication. Telephone helplines, individual or group counseling, and cessation programs are examples of strategies other than medication to assist with quitting smoking or using tobacco.

**Percentage of Adults Age 18 and Older Who Were Current Smokers or Tobacco Users and Who Were Advised to Quit or Discussed Cessation Medications or Strategies Other than Medications During the Measurement Year, FFY 2015 (n = 47 states)**



A median of **74** percent of adults age 18 and older who were current smokers or tobacco users were advised to quit,

**43** percent discussed cessation medications, and

**38** percent discussed cessation strategies other than medication (47 states)

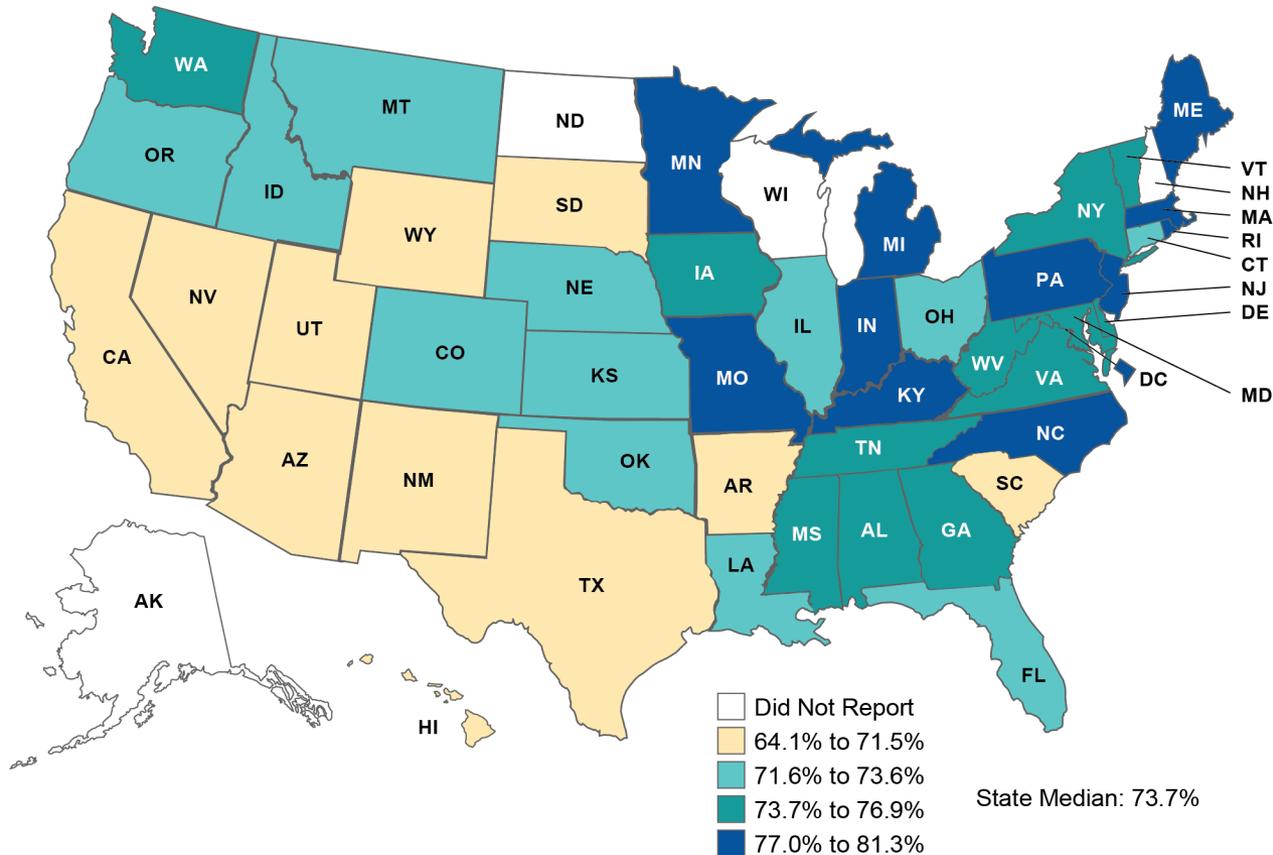
Source: 2014–2015 Nationwide Adult Medicaid Consumer Assessment of Healthcare Providers and Systems (NAM CAHPS) survey, conducted by the Center for Medicaid and CHIP Services (CMCS).

Note: The NAM CAHPS survey includes all adult Medicaid beneficiaries, including Dual Eligibles.



# Medical Assistance with Smoking and Tobacco Use Cessation: Advised to Quit Smoking or Using Tobacco

**Geographic Variation in the Percentage of Adults Age 18 and Older Who Were Current Smokers or Tobacco Users and Who Received Advice to Quit, FFY 2015 (n = 47 states)**



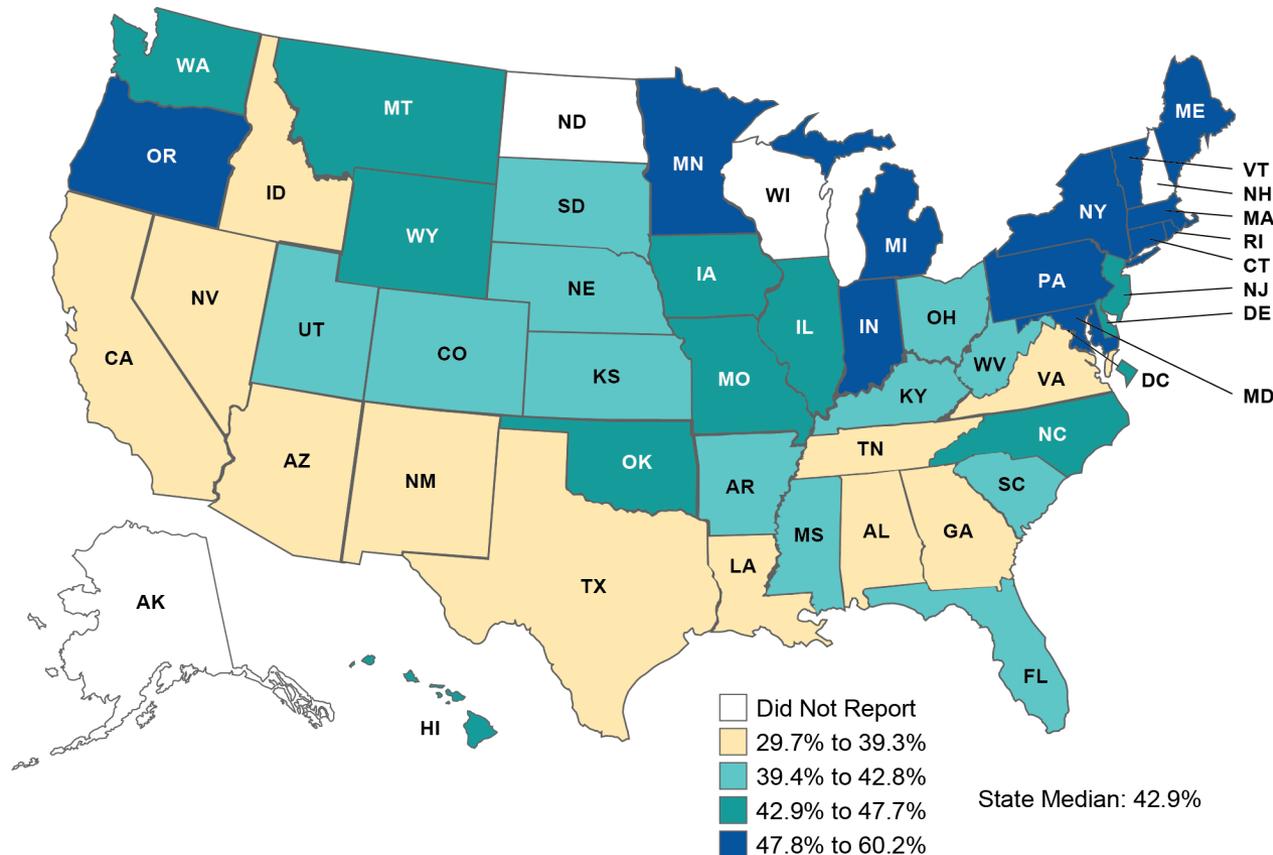
Source: 2014–2015 Nationwide Adult Medicaid Consumer Assessment of Healthcare Providers and Systems (NAM CAHPS) survey, conducted by the Center for Medicaid and CHIP Services (CMCS).

Note: The NAM CAHPS survey includes all adult Medicaid beneficiaries, including Dual Eligibles.



# Medical Assistance with Smoking and Tobacco Use Cessation: Discussed or Recommended Cessation Medications

Geographic Variation in the Percentage of Adults Age 18 and Older Who Were Current Smokers or Tobacco Users and Who Discussed or Were Recommended Cessation Medications, FFY 2015 (n = 47 states)



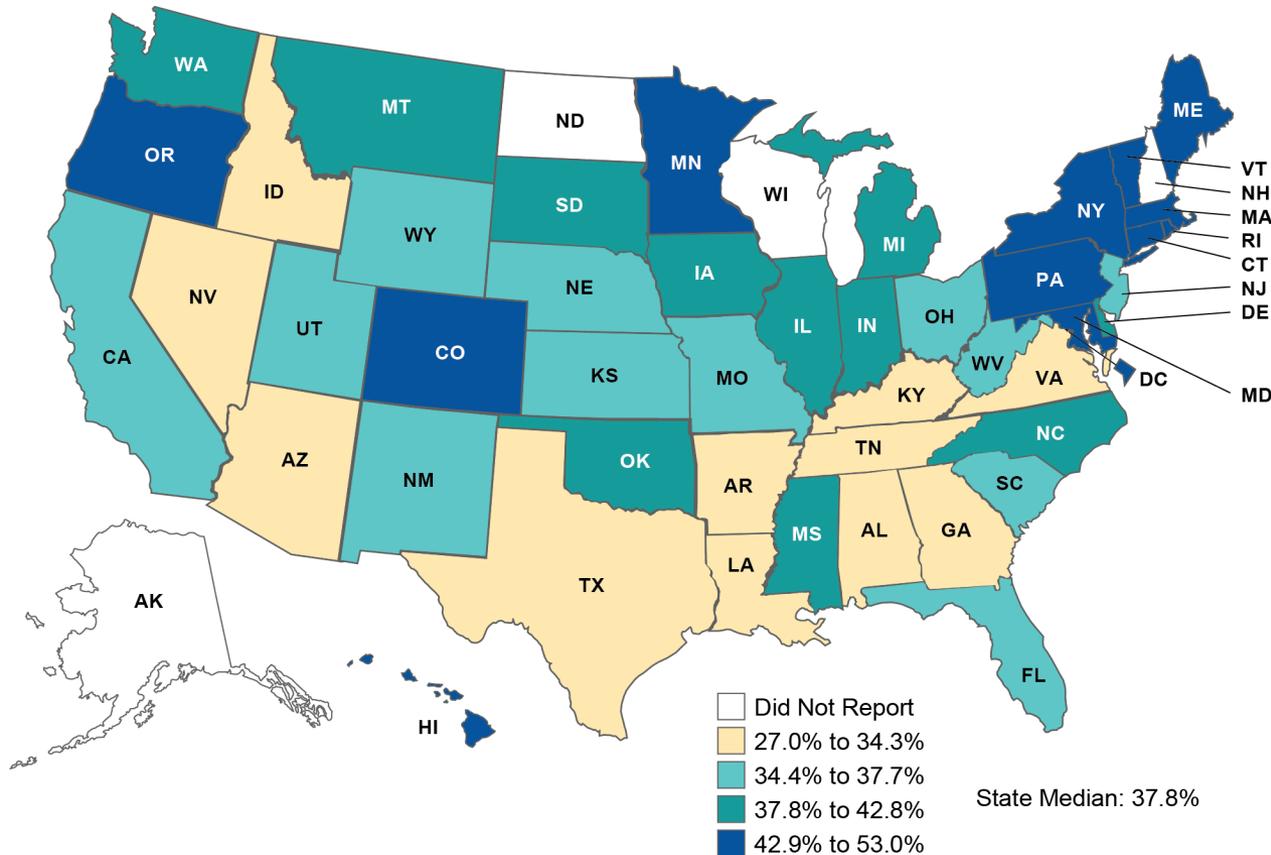
Source: 2014–2015 Nationwide Adult Medicaid Consumer Assessment of Healthcare Providers and Systems (NAM CAHPS) survey, conducted by the Center for Medicaid and CHIP Services (CMCS).

Note: The NAM CAHPS survey includes all adult Medicaid beneficiaries, including Dual Eligibles.



# Medical Assistance with Smoking and Tobacco Use Cessation: Discussed or Provided Cessation Strategies Other than Medication

**Geographic Variation in the Percentage of Adults Age 18 and Older Who Were Current Smokers or Tobacco Users and Who Discussed or Were Provided Cessation Methods or Strategies Other than Medication, FFY 2015 (n = 47 states)**



Source: 2014–2015 Nationwide Adult Medicaid Consumer Assessment of Healthcare Providers and Systems (NAM CAHPS) survey, conducted by the Center for Medicaid and CHIP Services (CMCS).

Note: The NAM CAHPS survey includes all adult Medicaid beneficiaries, including Dual Eligibles.



# TRENDS IN STATE PERFORMANCE, FFY 2014–2015



## Trends in State Performance, FFY 2014–2015: Introduction

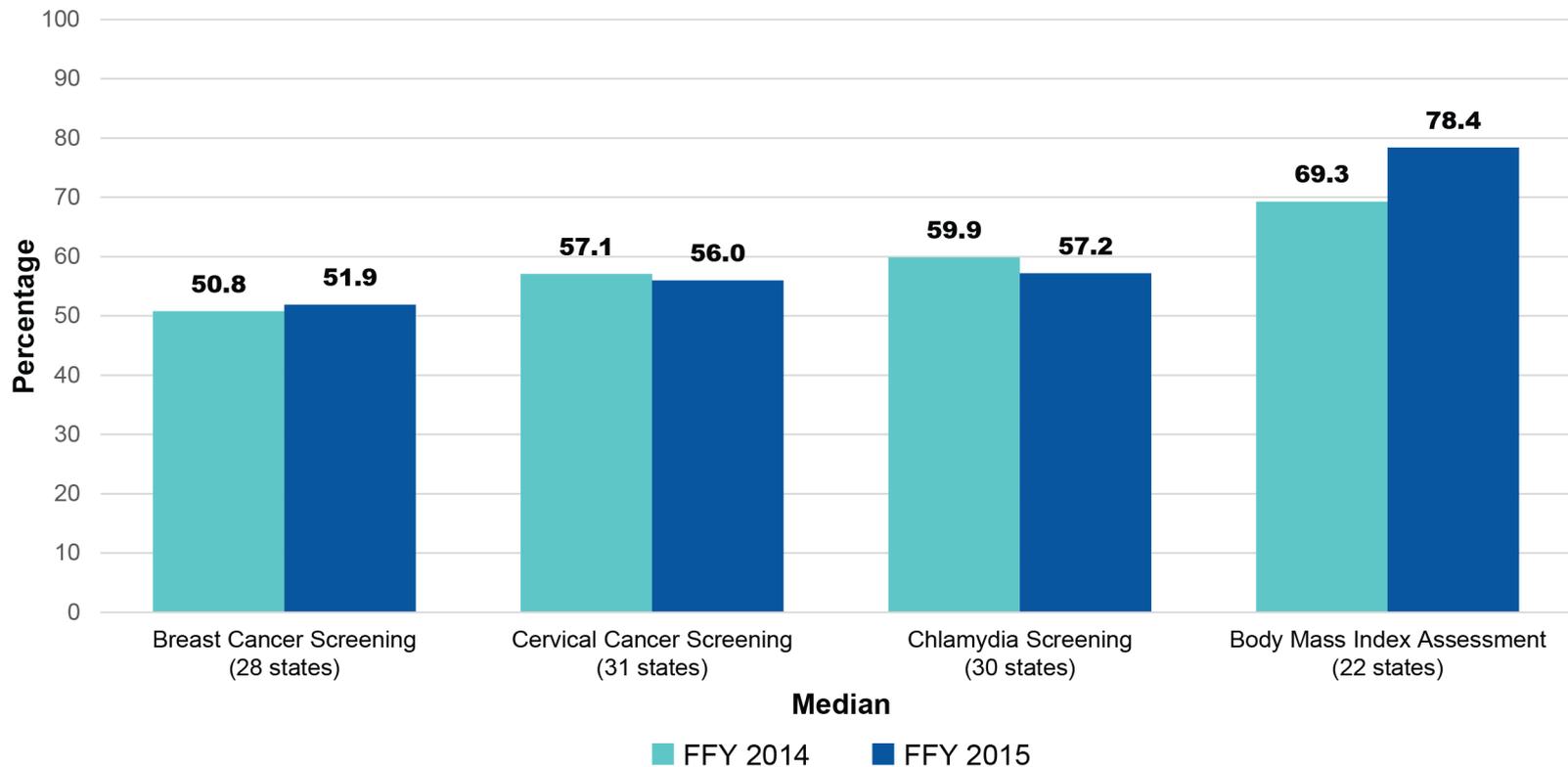
CMS assessed trends in median state performance on 9 Adult Core Set measures publicly reported from FFY 2014 to FFY 2015. Trends are presented for measures reported by at least 20 states in both years and that met internal standards of quality.

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

- The method and data used to calculate the measures
- The populations included in the measures (such as managed care versus fee-for-service)
- Other aspects of their Medicaid program that could affect reporting (such as transitions in data systems or delivery systems).

# Trends in State Performance, FFY 2014–2015: Primary Care Access and Preventive Care

Among the 22 states that reported the Adult BMI Assessment measure in FFY 2014 and FFY 2015, the median rate of adults with a documented BMI increased by 9 percentage points. The increase in the median rate may be due in part to the use of medical chart review to more accurately capture the information for this measure. Median state performance did not change substantially for the other three measures, among the states reporting the measures for both years.



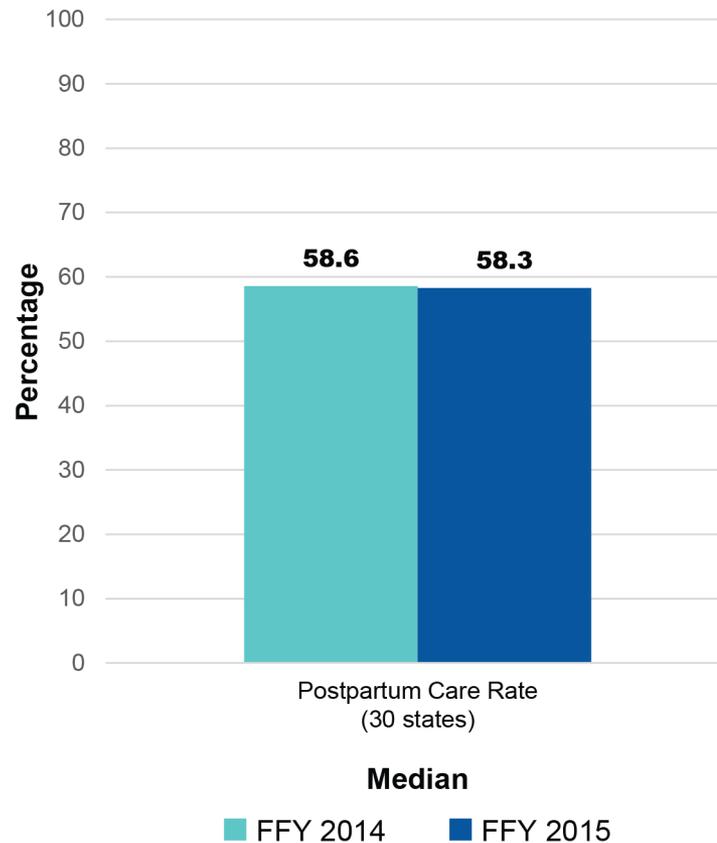
Sources: Mathematica analysis of FFY 2014 CARTS reports and FFY 2015 MACPro reports.

Note: This chart includes the states that reported the measures using Adult Core Set specifications for FFY 2014 and FFY 2015.



# Trends in State Performance, FFY 2014–2015: Maternal and Perinatal Health

The median rate for the Postpartum Care measure did not change substantially between FFY 2014 and FFY 2015, among the 30 states reporting the measure for both years.

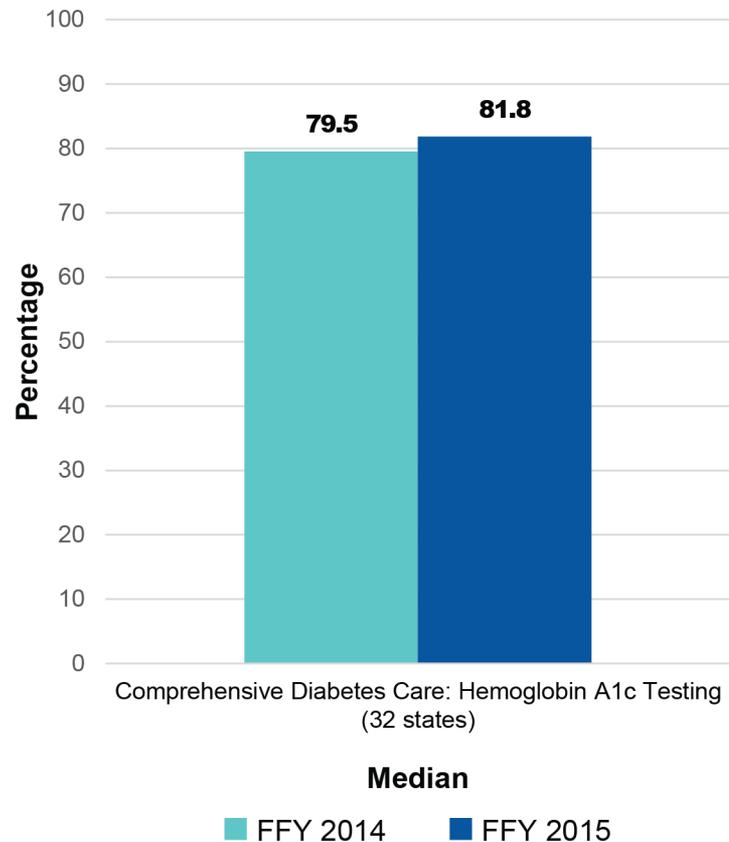


Sources: Mathematica analysis of FFY 2014 CARTS reports and FFY 2015 MACPro reports.

Note: This chart includes the states that reported the measure using Adult Core Set specifications for both years.

# Trends in State Performance, FFY 2014–2015: Care of Acute and Chronic Conditions

The median rate of individuals with diabetes who received hemoglobin A1c testing increased slightly from FFY 2014 to FFY 2015, among the 32 states reporting the measure for both years.

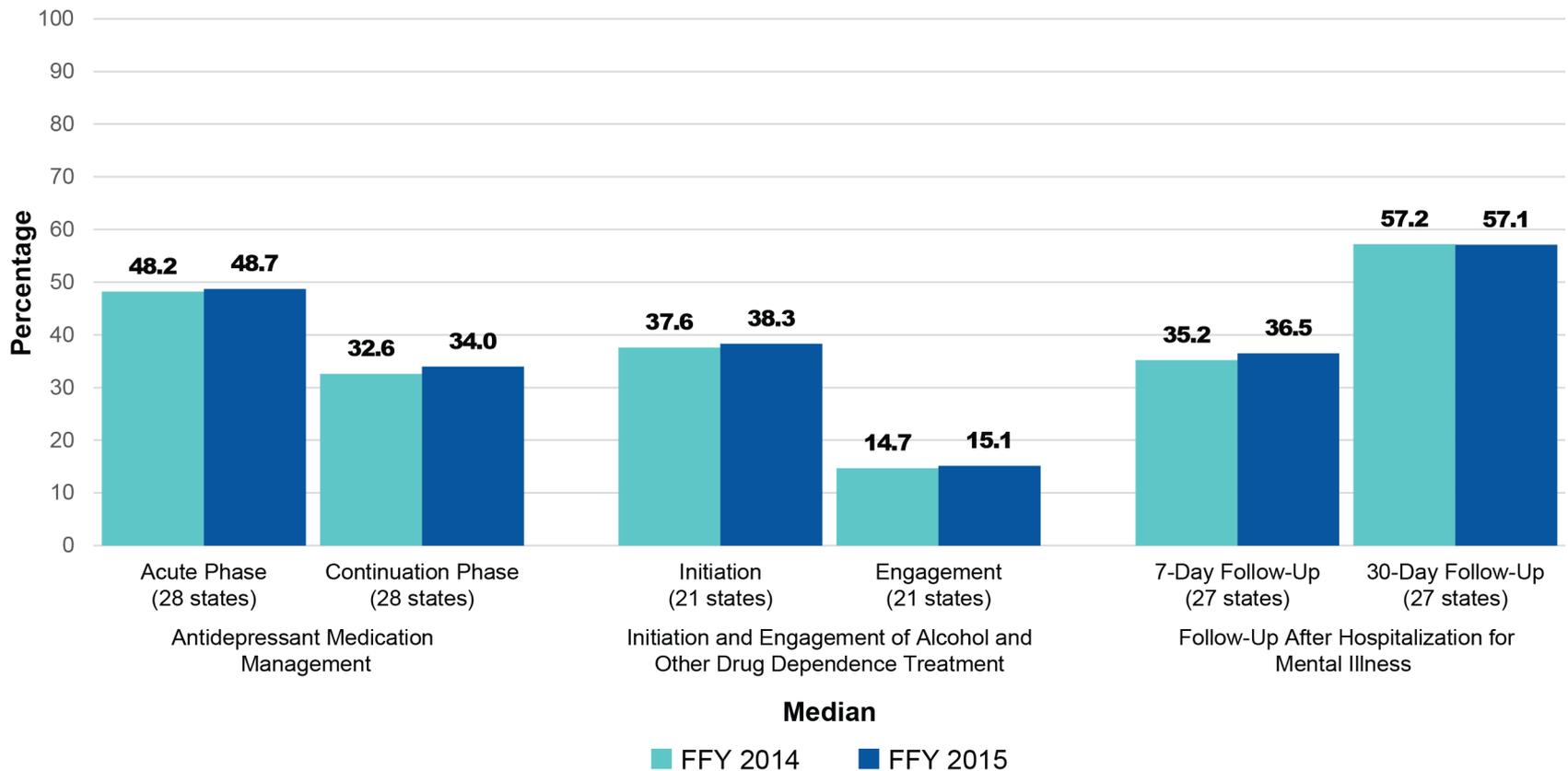


Sources: Mathematica analysis of FFY 2014 CARTS reports and FFY 2015 MACPro reports.

Notes: This chart includes the states that reported the measure using Adult Core Set specifications for both years. This chart excludes the Annual Monitoring for Patients on Persistent Medications measure because the specifications changed from FFY 2014 to FFY 2015 and the rates are not trendable.

# Trends in State Performance, FFY 2014–2015: Behavioral Health Care

Median state performance on the three Behavioral Health Care measures did not change substantially between FFY 2014 and FFY 2015, among the states reporting the measures for both years.



Sources: Mathematica analysis of FFY 2014 CARTS reports and FFY 2015 MACPro reports.

Note: This chart includes the states that reported each measure using Adult Core Set specifications for both years.



# REFERENCE TABLES AND ADDITIONAL RESOURCES



# Overview of State Reporting of the Adult Core Set Measures, FFY 2015

	Number of Measures Reported	Flu Vaccinations for Adults Ages 18 to 64	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening in Women	Adult Body Mass Index Assessment	Screening for Clinical Depression and Follow-up Plan	Postpartum Care Rate	PC-01: Elective Delivery	PC-03: Antenatal Steroids	Comprehensive Diabetes Care: Hemoglobin A1c Testing	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)	PQ1 01: Diabetes Short-Term Complications Admission Rate	PQ1 05: COPD or Asthma in Older Adults Admission Rate	PQ1 08: Heart Failure Admission Rate	PQ1 15: Asthma in Younger Adults Admission Rate	Plan All-Cause Readmissions	Annual Monitoring for Patients on Persistent Medications	Controlling High Blood Pressure	HIV Viral Load Suppression	Antidepressant Medication Management	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Adherence to Antipsychotics for Individuals with Schizophrenia	Follow-Up After Hospitalization for Mental Illness	Medical Assistance With Smoking and Tobacco Use Cessation	Timely Transmission of Transition Record	CAHPS Health Plan Survey 5.0H, Adult Version (Medicaid)	
Total	16 (Median)	19	33	36	35	29	6	35	12	3	37	20	28	27	28	27	24	32	22	3	29	27	25	31	19	2	25	
Alabama	17	X	X	X	X	X	X	X	X	--	X	--	X	X	X	X	X	--	--	--	X	--	X	X	--	--	--	
Arizona	7	--	--	--	--	--	--	X	--	--	--	--	X	X	X	X	--	--	--	--	--	--	--	--	--	--	X	
Arkansas	14	--	X	X	X	--	--	--	X	--	X	--	X	X	X	X	X	X	X	--	X	--	X	X	--	--	--	
California	16	--	X	X	X	--	--	X	--	--	X	--	X	X	X	X	X	X	X	--	X	X	X	X	--	--	--	
Colorado	22	X	X	X	X	X	X	X	--	--	X	X	X	X	X	X	X	X	X	--	X	X	X	X	X	--	X	
Connecticut	18	--	X	X	X	X	--	X	--	--	X	X	X	X	X	X	X	X	X	--	X	X	X	X	--	--	--	
Delaware	25	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	X
Dist. of Col.	15	X	--	X	X	X	--	X	--	--	X	X	--	--	--	--	--	X	X	--	X	X	X	X	X	--	--	X
Georgia	25	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	X	X	X	X	X	X	X	X
Illinois	15	--	X	X	X	X	--	X	--	--	X	--	X	X	X	X	--	X	--	--	X	X	X	X	--	--	--	--
Iowa	17	--	X	X	X	X	--	X	--	--	X	X	X	X	X	X	X	X	--	--	X	X	X	X	--	--	--	--
Kentucky	14	--	X	X	X	X	--	X	--	--	X	--	X	--	--	--	--	X	X	--	X	X	X	X	X	--	--	X
Louisiana	22	X	X	X	X	X	--	X	X	--	X	X	X	X	X	X	X	X	--	X	--	X	X	X	X	--	--	X
Maryland	13	X	X	X	X	X	--	X	--	--	X	X	--	--	--	--	--	X	X	--	--	X	--	--	X	--	--	X
Massachusetts	14	--	X	X	X	X	--	X	X	--	X	X	--	--	--	--	--	X	X	--	X	X	X	X	--	--	--	--
Michigan	15	--	X	X	X	X	--	X	X	--	X	--	X	X	X	X	X	X	--	--	X	--	--	--	--	--	--	X
Minnesota	19	X	X	X	X	X	--	X	--	--	X	X	X	X	X	X	X	X	--	--	X	X	--	X	X	--	--	X
Mississippi	13	--	X	X	X	X	--	X	--	--	X	X	--	--	--	--	--	X	X	--	X	X	--	X	--	--	--	X
Missouri	15	X	X	X	X	X	--	X	--	--	X	--	--	--	--	--	X	X	--	--	X	X	X	X	X	--	--	X
Montana	10	--	X	X	X	--	--	X	--	--	X	--	X	X	X	X	--	X	--	--	--	--	--	--	--	--	--	--

# Overview of State Reporting of the Adult Core Set Measures, FFY 2015 (continued)

	Number of Measures Reported	Flu Vaccinations for Adults Ages 18 to 64	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening in Women	Adult Body Mass Index Assessment	Screening for Clinical Depression and Follow-up Plan	Postpartum Care Rate	PC-01: Elective Delivery	PC-03: Antenatal Steroids	Comprehensive Diabetes Care: Hemoglobin A1c Testing	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)	PQ1 01: Diabetes Short-Term Complications Admission Rate	PQ1 05: COPD or Asthma in Older Adults Admission Rate	PQ1 08: Heart Failure Admission Rate	PQ1 15: Asthma in Younger Adults Admission Rate	Plan All-Cause Readmissions	Annual Monitoring for Patients on Persistent Medications	Controlling High Blood Pressure	HIV Viral Load Suppression	Antidepressant Medication Management	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Adherence to Antipsychotics for Individuals with Schizophrenia	Follow-Up After Hospitalization for Mental Illness	Medical Assistance With Smoking and Tobacco Use Cessation	Timely Transmission of Transition Record	CAHPS Health Plan Survey 5.0H, Adult Version (Medicaid)	
Nebraska	5	--	X	X	X	X	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	X
Nevada	3	--	--	--	--	--	--	--	--	--	X	X	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	X
New Hampshire	17	X	--	X	--	--	--	X	X	--	X	X	X	X	X	X	--	X	X	--	--	X	X	--	--	--	X	
New Jersey	8	--	X	X	X	X	--	X	--	--	X	--	--	--	--	--	--	X	X	--	--	--	--	--	--	--	--	
New Mexico	15	--	X	X	X	X	--	X	--	--	X	--	X	X	X	X	X	X	--	--	--	X	X	--	--	--	--	
New York	24	X	X	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--	--	X
North Carolina	14	--	X	X	X	X	--	--	--	--	X	--	X	X	X	X	X	X	--	--	--	X	X	--	--	--	--	
Ohio	10	--	--	X	X	--	--	X	--	--	X	--	X	--	X	--	X	--	--	--	--	X	--	--	--	--	--	
Oklahoma	16	X	X	X	X	X	--	X	--	--	X	--	X	X	X	X	X	X	--	--	--	--	--	X	X	--	X	
Oregon	18	X	--	X	X	--	X	X	--	--	X	X	X	X	X	X	X	--	X	--	--	X	--	X	X	--	X	
Pennsylvania	21	X	X	X	X	X	--	X	X	--	X	X	X	X	X	X	--	X	X	--	--	X	X	X	X	--	X	
Rhode Island	19	X	X	X	X	X	X	X	--	--	X	X	--	--	--	--	X	X	X	--	--	X	X	X	X	X	X	
South Carolina	19	X	X	X	X	X	--	X	X	--	X	--	X	X	X	X	X	X	--	--	--	X	X	X	X	--	X	
Tennessee	21	X	X	X	X	X	--	X	--	--	X	X	X	X	X	X	X	X	X	--	--	X	X	X	X	--	X	
Texas	19	X	X	X	X	X	--	X	--	--	X	--	X	X	X	X	--	X	X	--	--	X	X	X	X	--	X	
Vermont	17	--	X	X	X	--	--	X	--	--	X	X	X	X	X	X	X	X	X	--	--	X	X	X	--	--	--	
Virginia	7	--	X	--	--	--	--	X	--	--	X	--	--	--	--	--	--	--	X	--	--	X	--	--	--	--	X	
Washington	17	--	X	X	X	X	--	X	--	--	X	--	X	X	X	X	X	X	X	--	--	X	X	X	--	--	--	
West Virginia	18	X	X	X	X	X	--	X	--	--	X	X	X	X	X	X	--	X	X	--	--	--	X	X	X	--	X	

Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

Notes: The term "states" includes the 50 states and the District of Columbia. This table is based on state reporting of 26 Adult Core Set measures for FFY 2015, including the Medical Assistance with Smoking and Tobacco Use Cessation (MSC) measure reported via MACPro. For FFY 2015, CMS also publicly reported data on the MSC measure obtained from the 47 states participating in the CMS 2014–2015 Nationwide Adult Medicaid CAHPS survey.

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

CAHPS = Consumer Assessment of Healthcare Providers and Systems; COPD = Chronic Obstructive Pulmonary Disease; HIV = Human Immunodeficiency Virus.



# Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2015

Measure	Measure Description	Number of States Reporting Using Core Set Specifications	Mean	Median	25th Percentile	75th Percentile
<b>Primary Care Access and Preventive Care</b>						
Breast Cancer Screening	Percentage of Women Receiving Mammogram	33	50.1	51.5	45.2	56.3
Cervical Cancer Screening	Percentage Screened for Cervical Cancer	36	54.3	56.0	45.2	62.5
Chlamydia Screening	Percentage of Sexually Active Women Screened for Chlamydia	35	58.4	57.1	54.5	64.5
Body Mass Index Assessment	Percentage with a BMI Percentile Documented	29	55.7	76.6	9.7	82.8
<b>Maternal and Perinatal Health</b>						
Postpartum Care Rate	Percentage of Deliveries of Live Births with a Postpartum Visit on or Between 21 to 56 Days After Delivery	34	54.3	57.8	49.5	63.3
<b>Care of Acute and Chronic Conditions</b>						
Comprehensive Diabetes Care	Percentage with Diabetes (Type 1 or Type 2) Who Had a Hemoglobin A1c (HbA1c) Test	37	79.3	81.9	77.6	85.2
Annual Monitoring for Patients on Persistent Medications	Percentage Who Received At Least 180 Treatment Days of Ambulatory Medication Therapy and Annual Monitoring	32	85.1	85.6	82.8	88.3
<b>Behavioral Health Care</b>						
Antidepressant Medication Management	Percentage Treated with Antidepressant Medication for 12 Weeks	29	49.0	48.6	44.1	51.9
Antidepressant Medication Management	Percentage Treated with Antidepressant Medication for 6 Months	29	33.3	33.7	29.4	37.2

# Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2015 (continued)

Measure	Measure Description	Number of States Reporting Using Core Set Specifications	Mean	Median	25th Percentile	75th Percentile
<b>Behavioral Health Care (continued)</b>						
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Percentage with Alcohol or Drug Dependence who Initiated Treatment	26	37.1	37.1	32.2	42.4
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Percentage with Alcohol or Drug Dependence who Initiated and Engaged in Treatment	26	13.4	14.7	6.9	20.1
Adherence to Antipsychotics for Individuals with Schizophrenia	Percentage with Schizophrenia who Remained on Antipsychotic Medication	25	62.3	62.4	58.1	68.7
Follow-Up After Hospitalization for Mental Illness	Percentage of Hospitalizations for Mental Illness with a Follow-Up Visit within 7 Days	30	39.8	37.7	30.9	56.1
Follow-Up After Hospitalization for Mental Illness	Percentage of Hospitalizations for Mental Illness with a Follow-Up Visit within 30 Days	30	56.9	57.3	45.6	69.1

Source: Mathematica analysis of MACPro reports for the FFY 2015 reporting cycle.

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

This table includes data for states that indicated they used Adult Core Set specifications to report the measures and excludes states that indicated they used other specifications and states that did not report the measures for FFY 2015. Additionally, states were excluded if they reported a denominator of less than 30. Means are calculated as the unweighted average of all state rates. Measure-specific tables are available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html>.

# Changes in Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2014–2015

Measure	Number of States Reporting Using Core Set Specifications FFY 2014–2015	FFY 2014 (Median)	FFY 2015 (Median)
<b>Primary Care Access and Preventive Care</b>			
Breast Cancer Screening	28	50.8	51.9
Cervical Cancer Screening	31	57.1	56.0
Chlamydia Screening	30	59.9	57.2
Body Mass Index Assessment	22	69.3	78.4
<b>Maternal and Perinatal Health</b>			
Postpartum Care Rate	30	58.7	58.3
<b>Care of Acute and Chronic Conditions</b>			
Comprehensive Diabetes Care: Hemoglobin A1c Testing	32	79.5	81.8
<b>Behavioral Health Care</b>			
Antidepressant Medication Management: Acute Phase Treatment	28	48.2	48.7
Antidepressant Medication Management: Continuation Phase Treatment	28	32.6	34.0
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: Initiation	21	37.6	38.3
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: Engagement	21	14.7	15.1
Follow-Up After Hospitalization for Mental Illness: 7-Day Follow-Up	27	35.2	36.5
Follow-Up After Hospitalization for Mental Illness: 30-Day Follow-Up	27	57.2	57.1

Sources: Mathematica analysis of FFY 2014 CARTS reports and FFY 2015 MACPro reports.

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

This table includes measures reported by 20 or more states using Adult Core Set specifications for both years (FFY 2014 and FFY 2015). This table excludes the Annual Monitoring for Patients on Persistent Medications measure because the specifications changed from FFY 2014 to FFY 2015 and the rates are not trendable. Means are calculated as the unweighted average of all state rates. The results for each measure reflect only the states that reported on the measure for both years.

Data from previous years may be updated based on new information received after publication of the 2015 Report.

Measure-specific tables are available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html>.



## Additional Resources

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

These resources include:

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

Questions about the Adult Core Set can be submitted to [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov).