



Centers for Medicare & Medicaid Services

Medicaid & CHIP

Health Care Quality Measures



Quality of Care for Adults in Medicaid: Findings from the 2018 Adult Core Set

Chart Pack

September 2019

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About the 2018 Adult Core Set

Medicaid plays an important role in health care coverage for adults, covering almost 45 million adults in federal fiscal year (FFY) 2018, including 28 million non-disabled adults under age 65, 11 million non-elderly with disabilities, and 6 million people age 65 and older.¹ 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 2018 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 and CHIP beneficiaries. The 2018 Adult Core Set includes 33 measures.

This Chart Pack summarizes state reporting on the quality of health care furnished to adults covered by Medicaid during FFY 2018, which generally covers care delivered in calendar year 2017. The Chart Pack includes detailed analysis of state performance on 23 publicly reported measures.² For a measure to be publicly reported, data must be provided to CMS by at least 25 states and meet CMS standards for data quality. These 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

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

¹ Medicaid enrollment data for FFY 2018 is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMS-Fast-Facts/index.html>.

² This count includes the Consumer Assessment of Healthcare Providers and Systems (CAHPS) measure. State-specific performance data are not available for this measure.

33

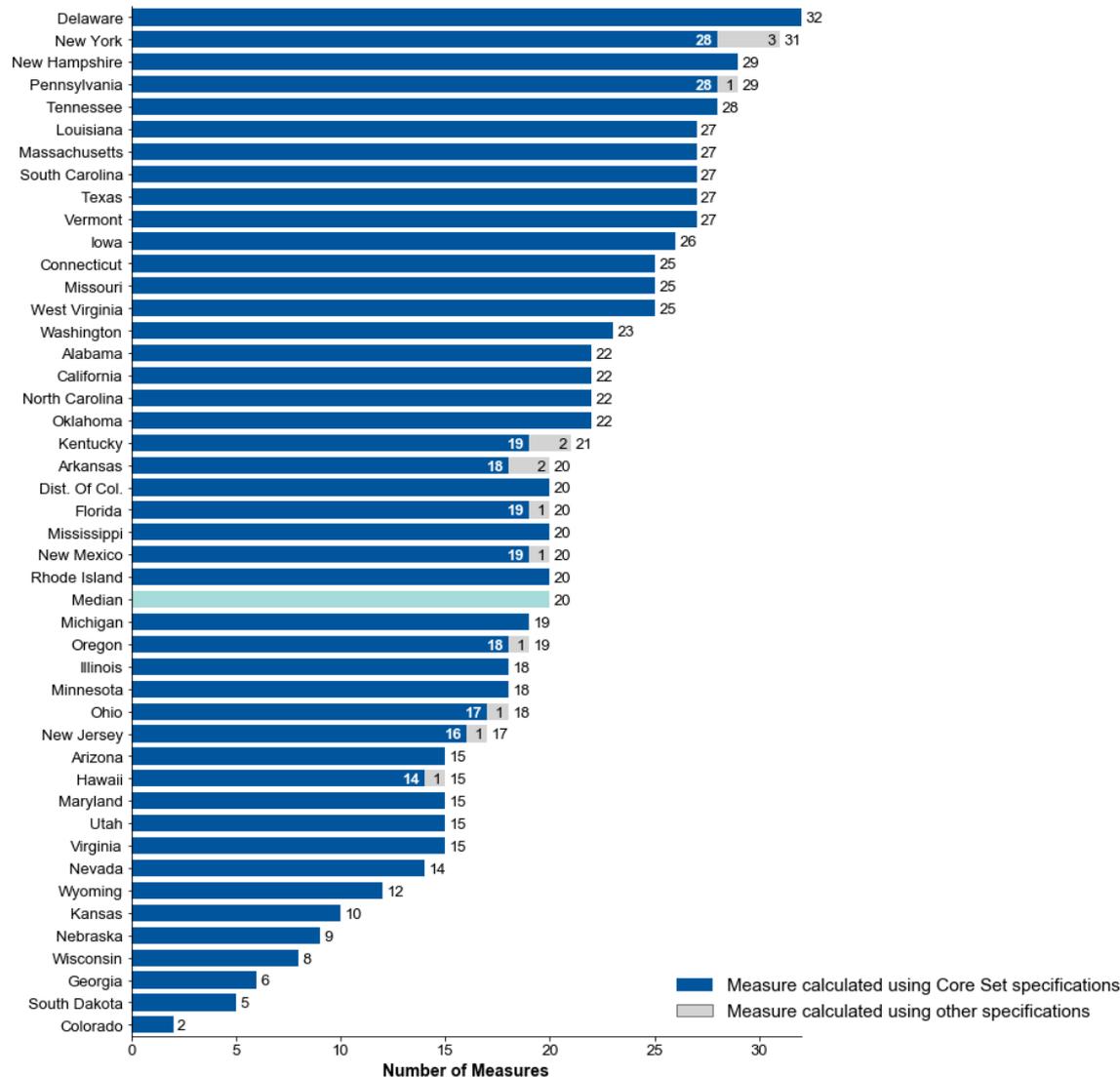
measures that address key aspects of health care access and quality for adults covered by Medicaid



OVERVIEW OF STATE REPORTING OF THE 2018 ADULT CORE SET



Number of Adult Core Set Measures Reported by States, FFY 2018

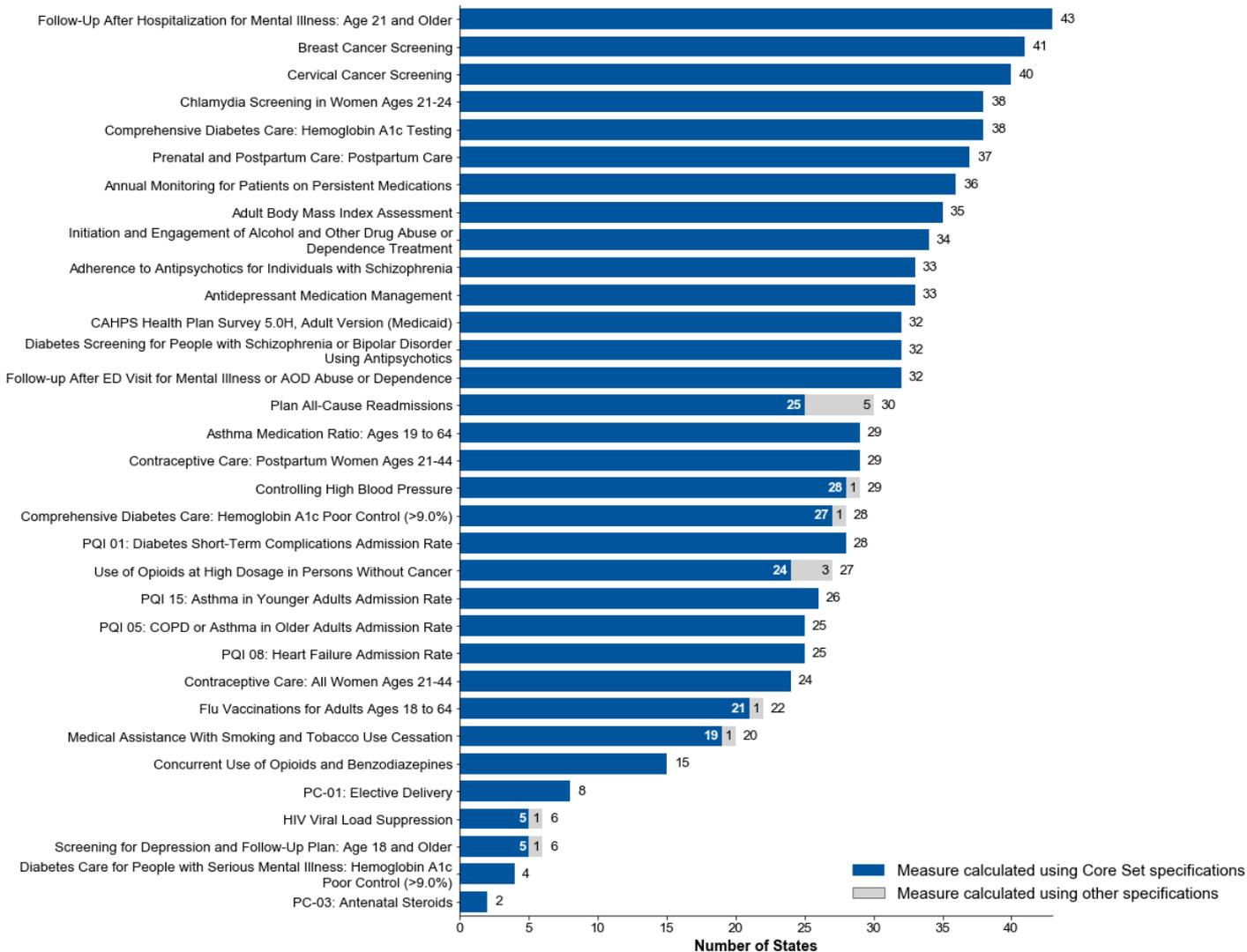


States reported a median of **20** Adult Core Set measures for FFY 2018

Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle. Notes: The term “states” includes the 50 states and the District of Columbia. This chart includes all Adult Core Set measures that states reported for the FFY 2018 reporting cycle. The state median includes the total number of measures reported by each state. Unless otherwise specified, states used Adult Core Set specifications to calculate the measures. Some states calculated Adult Core Set measures using “other specifications.” Measures were denoted as using “other specifications” when the state deviated substantially from the Adult Core Set specifications, such as using alternate data sources, different populations, or other methodologies.



Number of States Reporting the Adult Core Set Measures, FFY 2018



45
states voluntarily
reported at least one
Adult Core Set
measure for FFY 2018

Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

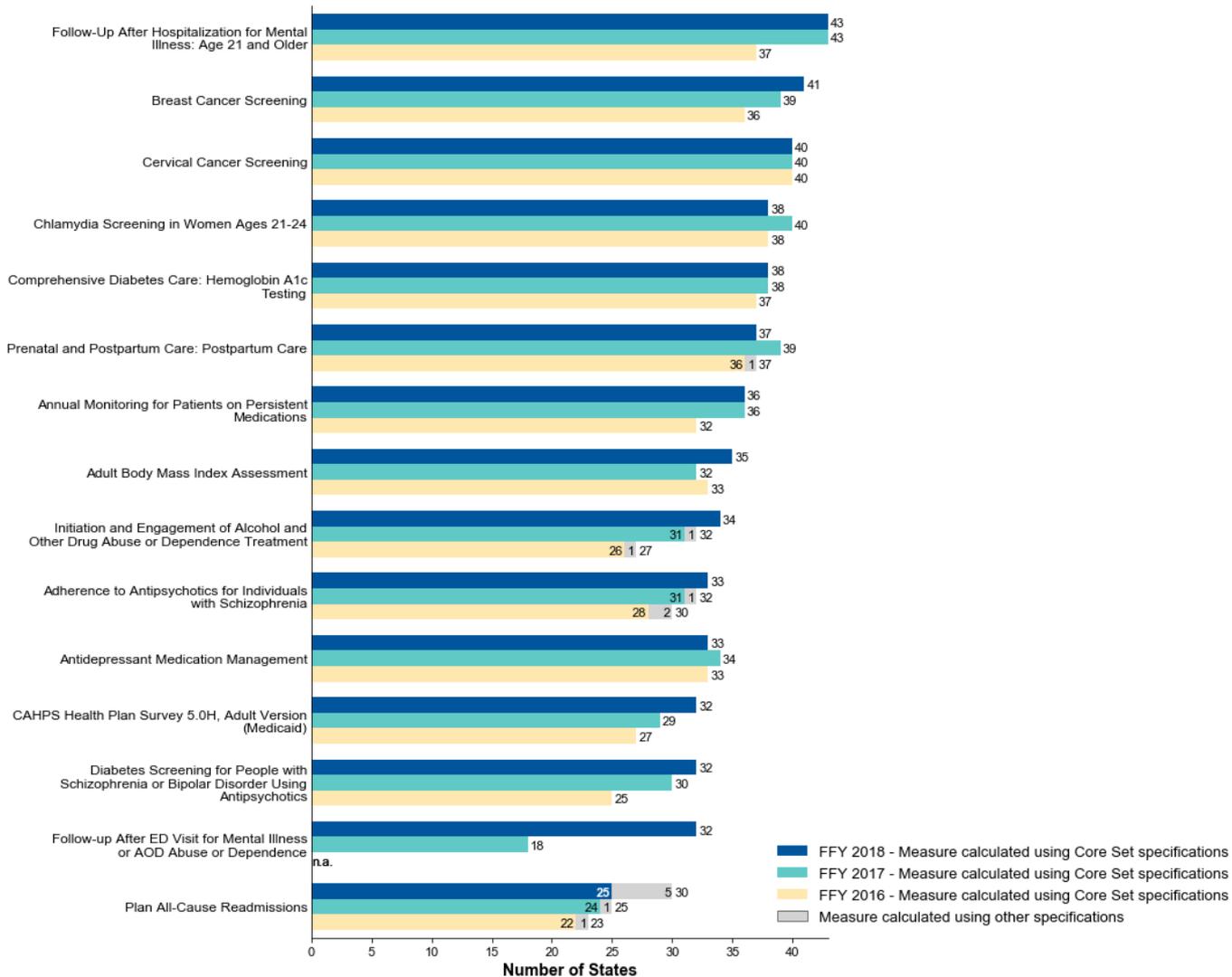
Notes: The term “states” includes the 50 states and the District of Columbia.

This chart includes all Adult Core Set measures that states reported for the FFY 2018 reporting cycle. Unless otherwise specified, states used Adult Core Set specifications to calculate the measures. Some states calculated Adult Core Set measures using “other specifications.” Measures were denoted as using “other specifications” when the state deviated substantially from the Adult Core Set specifications, such as using alternate data sources, different populations, or other methodologies.

AOD = Alcohol and Other Drug; COPD = Chronic Obstructive Pulmonary Disease; ED = Emergency Department



Number of States Reporting the Adult Core Set Measures, FFY 2016–2018

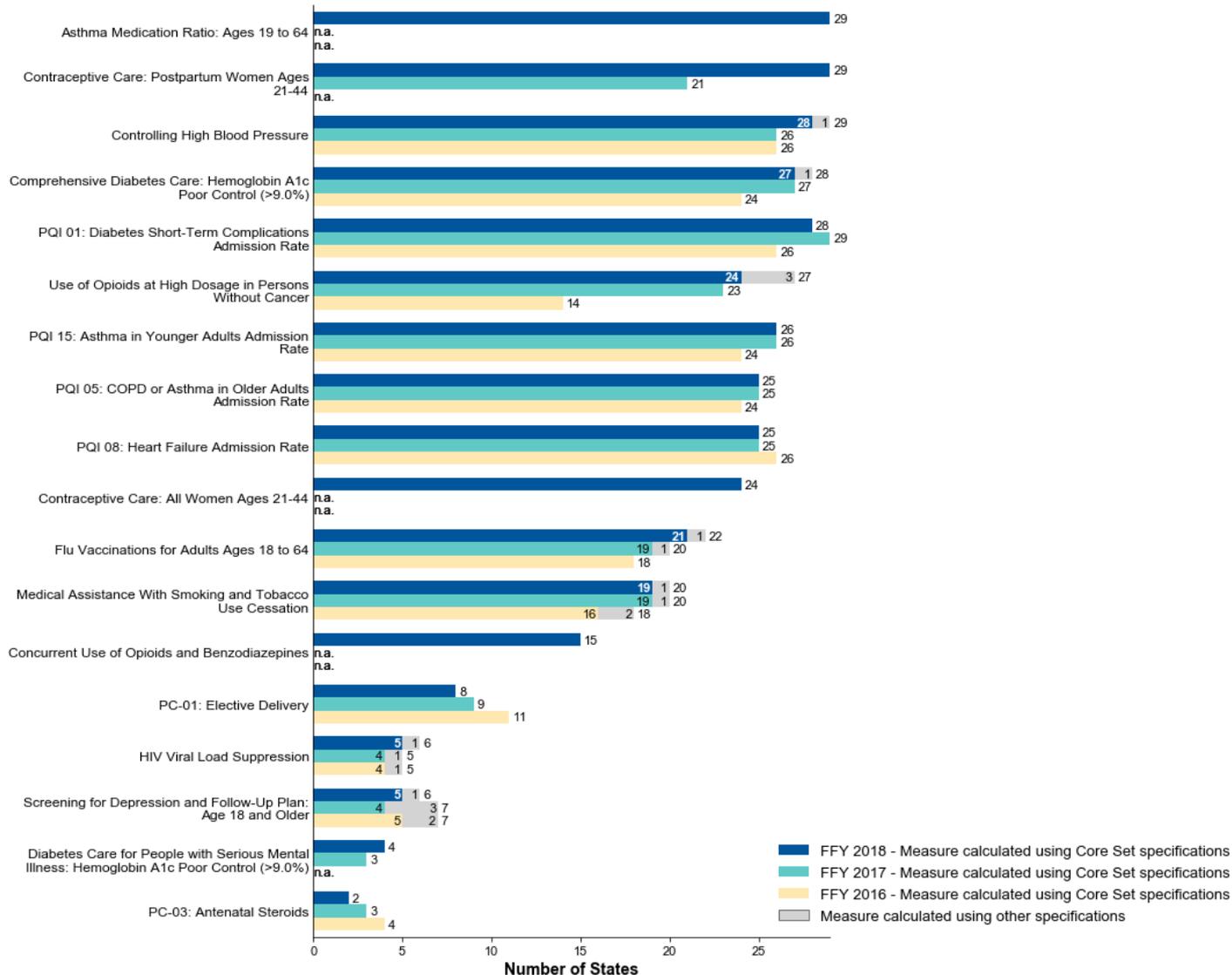


State reporting increased or remained stable for **23** of the 30 measures included in both the 2017 and 2018 Adult Core Sets

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Number of States Reporting the Adult Core Set Measures, FFY 2016–2018 (continued)



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle. Notes: The term “states” includes the 50 states and the District of Columbia.

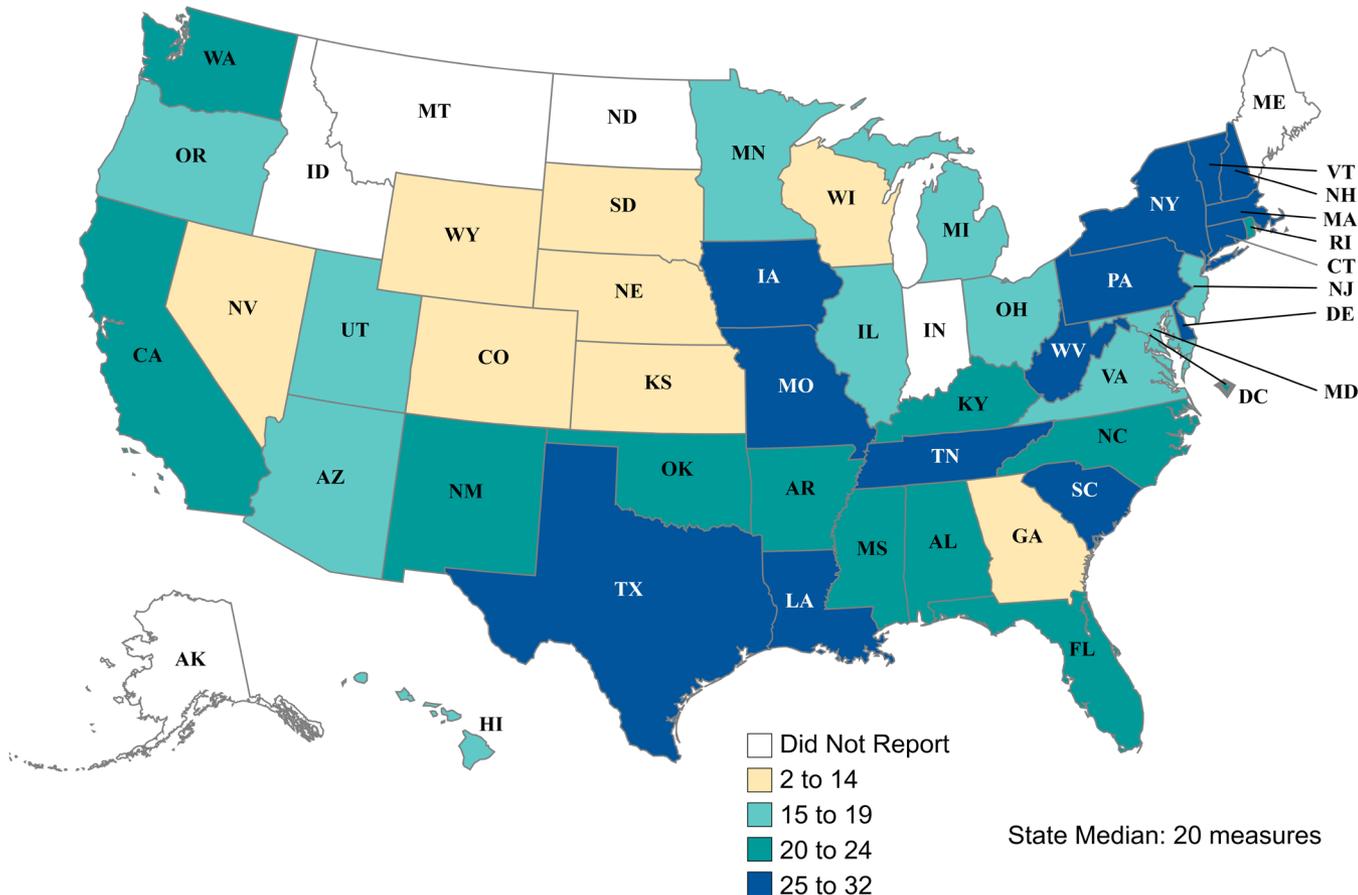
This chart includes all Adult Core Set measures that states reported for the FFY 2018 reporting cycle. Unless otherwise specified, states used Adult Core Set specifications to calculate the measures. Some states calculated Adult Core Set measures using “other specifications.” Measures were denoted as using “other specifications” when the state deviated substantially from the Adult Core Set specifications, such as using alternate data sources, different populations, or other methodologies.

Data from previous years may be updated based on new information received after publication of the 2018 Chart Pack.

AOD = Alcohol and Other Drug; COPD = Chronic Obstructive Pulmonary Disease; ED = Emergency Department.



Geographic Variation in the Number of Adult Core Set Measures Reported by States, FFY 2018

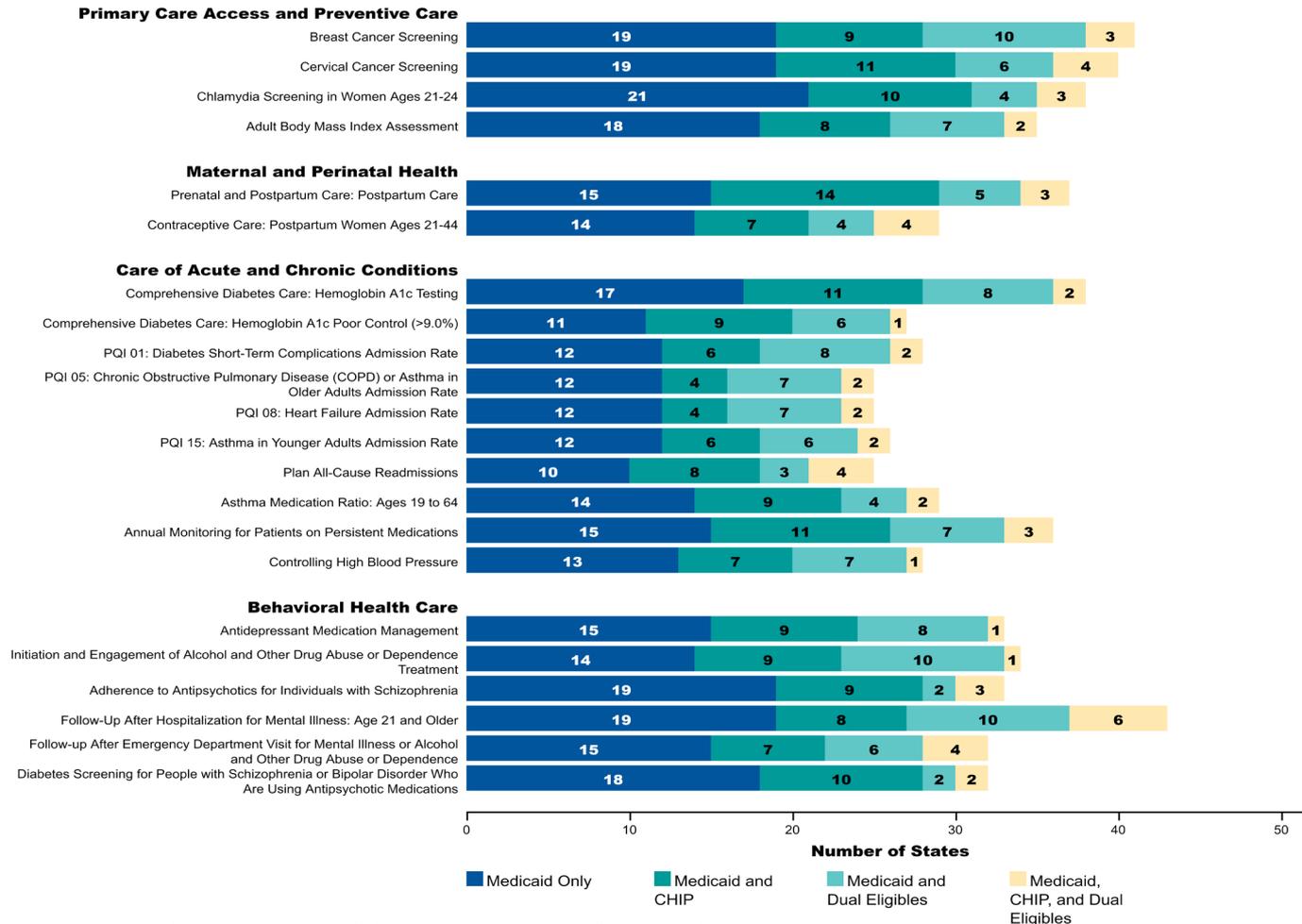


14 states reported at least 25 Adult Core Set measures for FFY 2018

Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Notes: The term “states” includes the 50 states and the District of Columbia.
The 2018 Adult Core Set includes 33 measures.

Populations Included in Frequently Reported Adult Core Set Measures for FFY 2018, By Domain



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Notes: This chart includes measures that were reported by at least 25 states for FFY 2018 and that met CMS standards for data quality.

“Dual eligibles” refers to beneficiaries dually enrolled in both Medicare and Medicaid. This chart excludes the Consumer Assessment of Healthcare Providers and Systems (CAHPS) measure.



Median Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2018

Primary Care Access and Preventive Care



Maternal and Perinatal Health

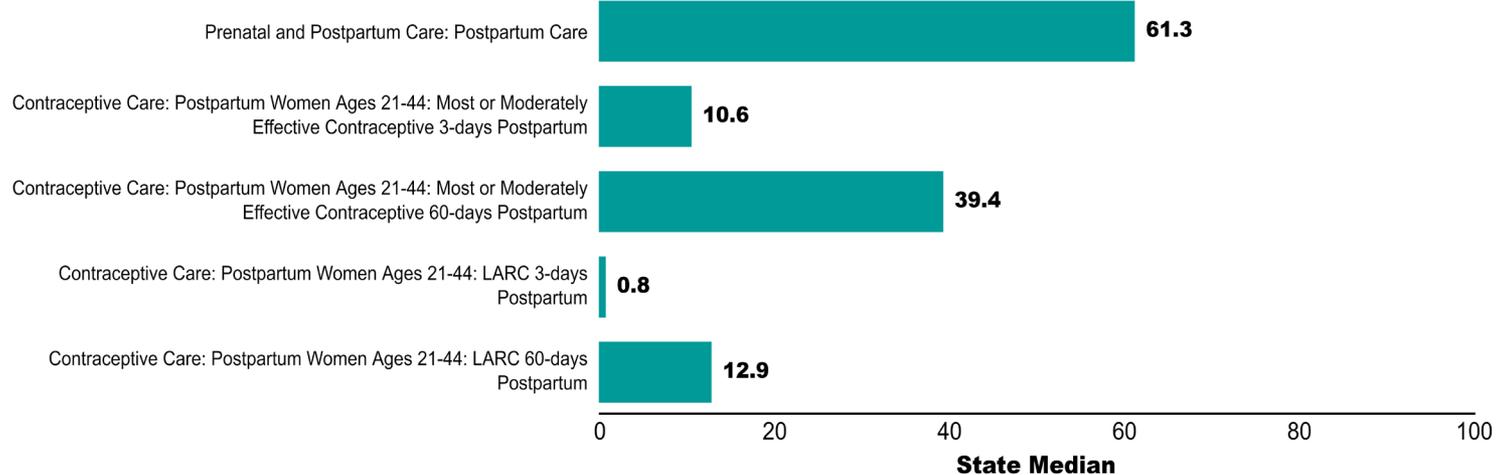
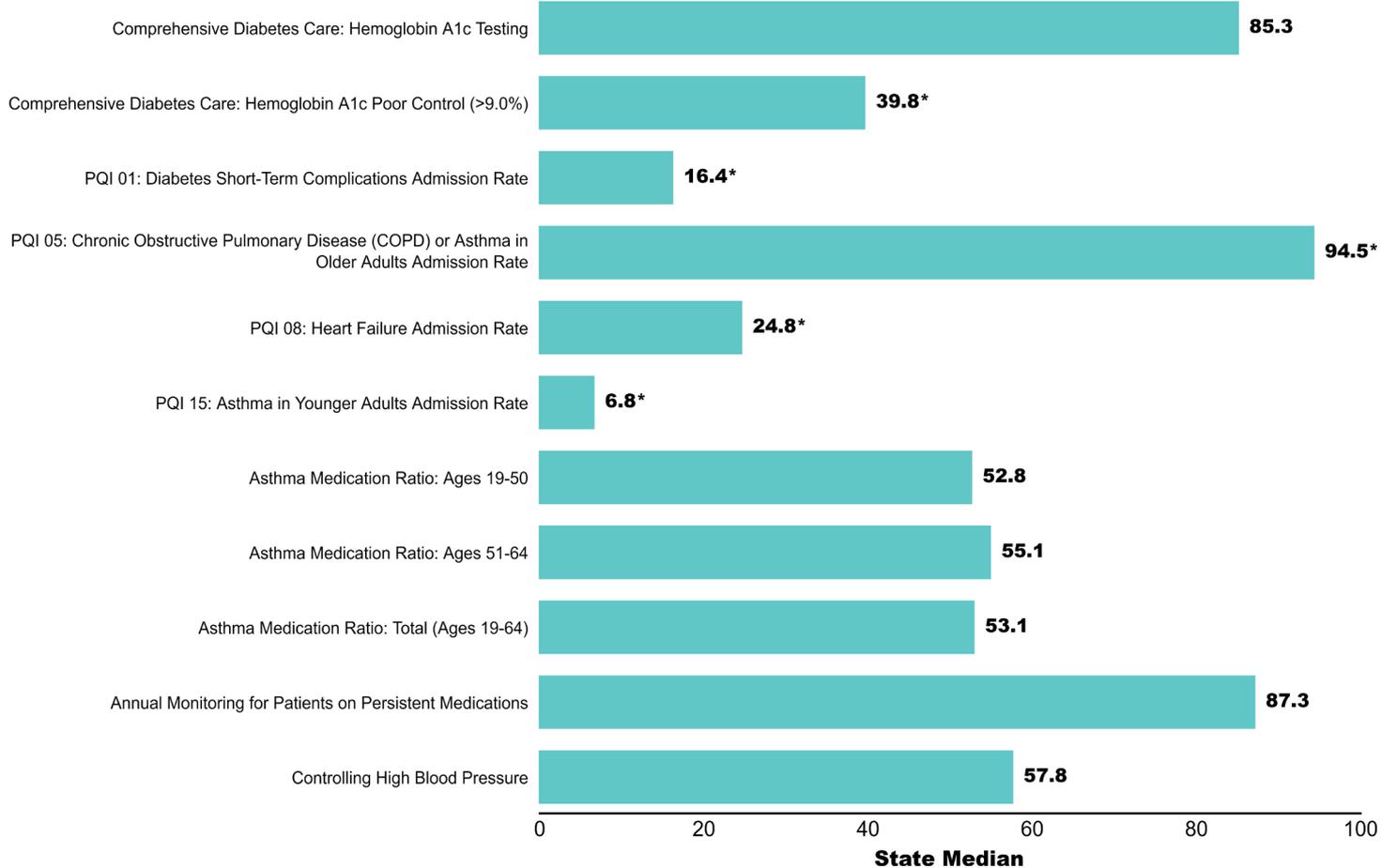


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Median Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2018 (continued)

Care of Acute and Chronic Conditions



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

Median Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2018 (continued)

Behavioral Health Care

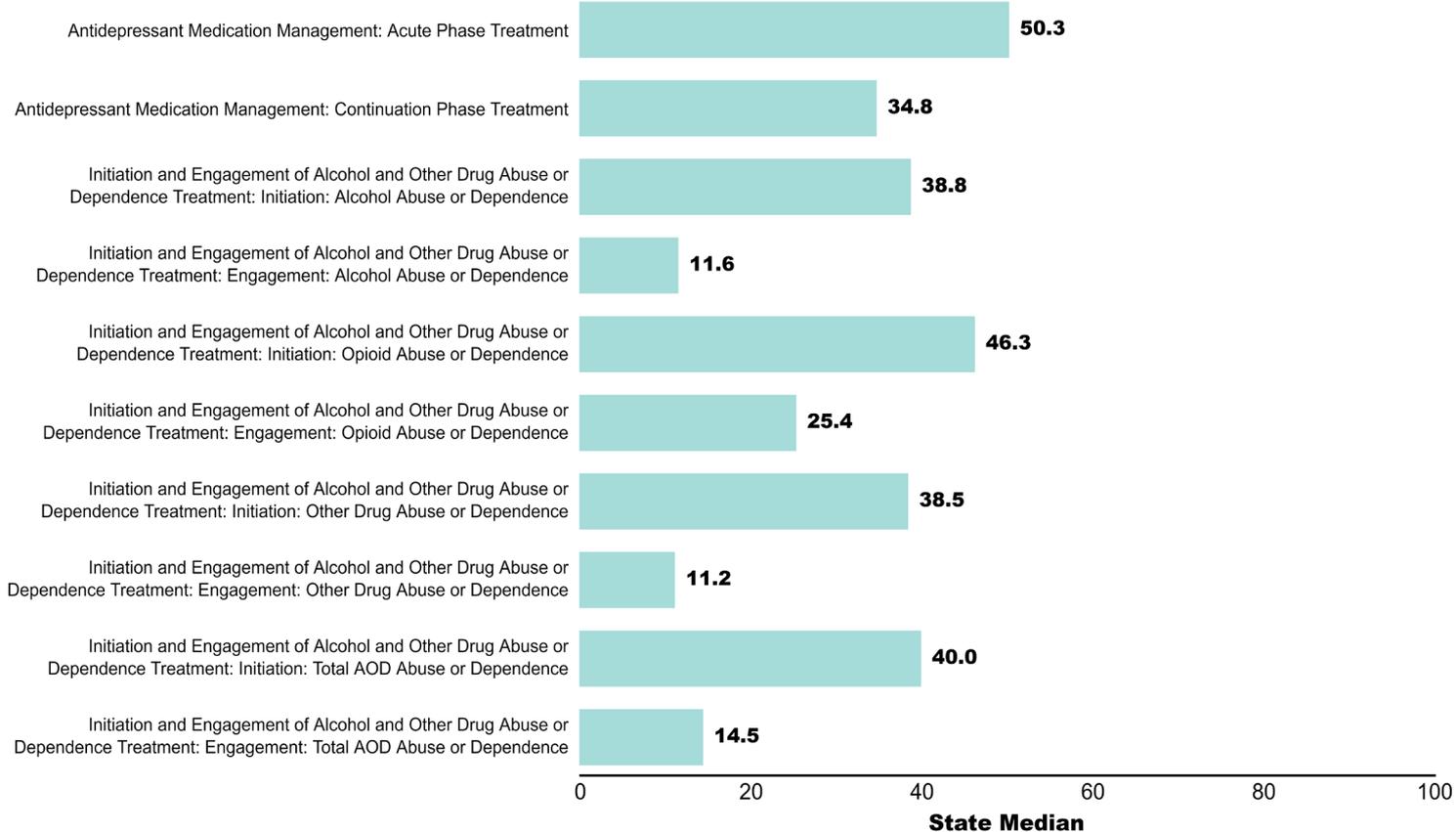
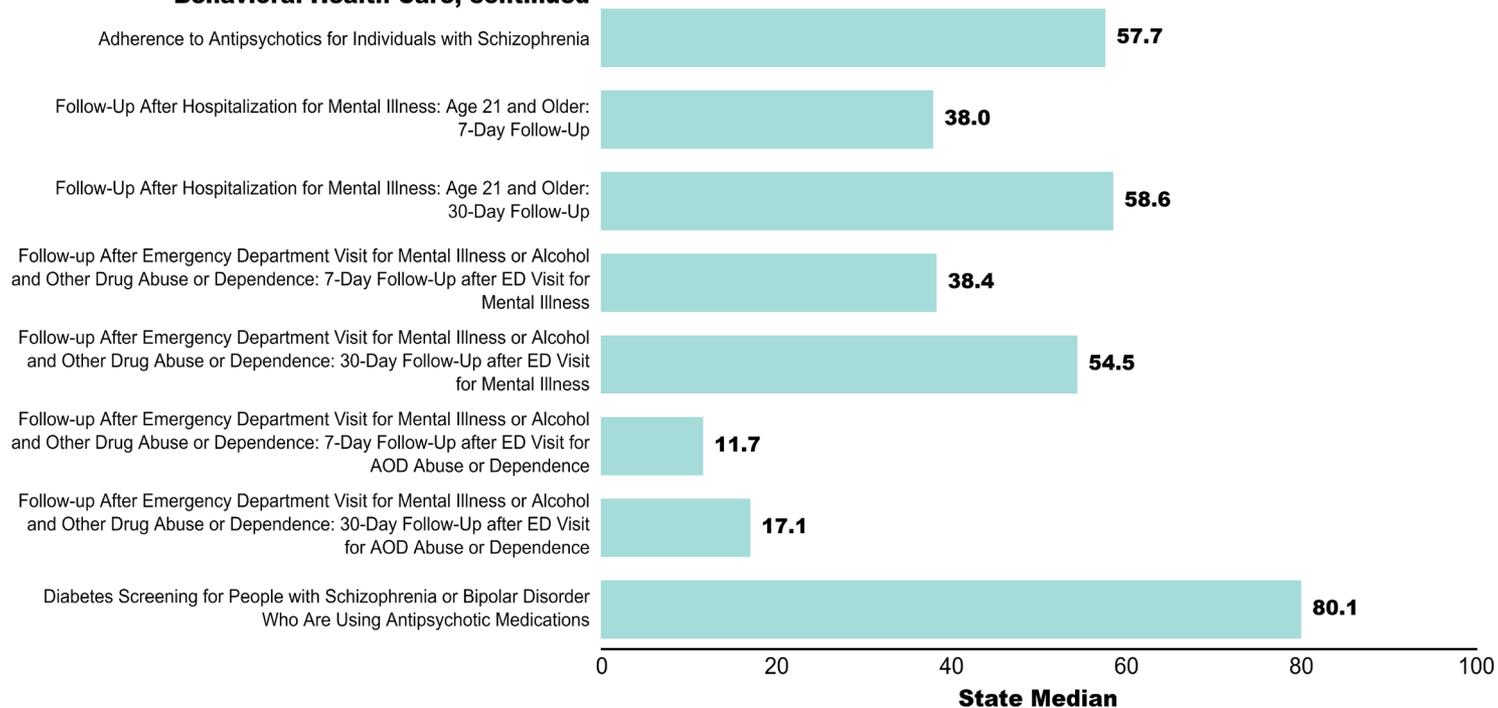


Chart is continued on the next slide.

Median Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2018 (continued)

Behavioral Health Care, continued



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Notes: This chart includes measures that were reported by at least 25 states for FFY 2018 and that met CMS standards for data quality. All medians are reported as percentages except for measures PQI 01, PQI 05, PQI 08, and PQI 15, which are reported as rates per 100,000 beneficiary months.

*Lower rates are better for this measure.



Primary Care Access and Preventive Care

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

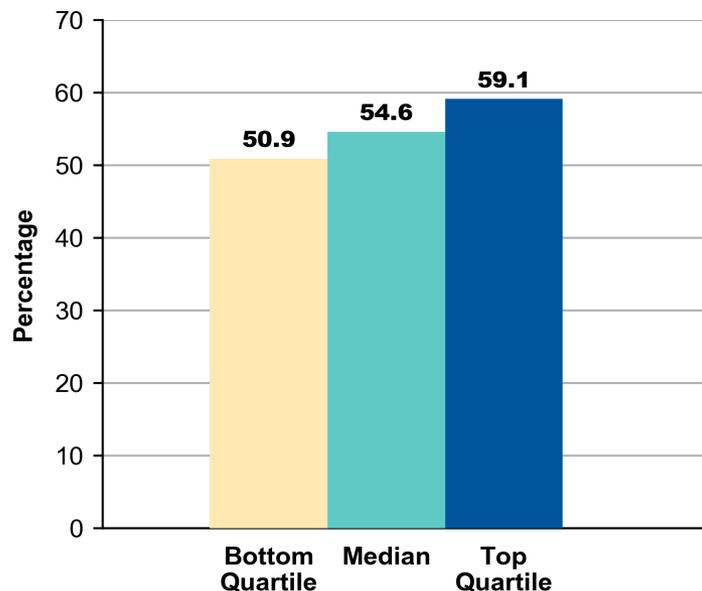
Four Adult Core Set measures of primary care access and preventive care were available for analysis for FFY 2018. These measures are among the most frequently reported measures in the Adult Core Set.

- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women Ages 21 to 24
- Adult Body Mass Index Assessment

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* who had a Mammogram to Screen for Breast Cancer, FFY 2018 (n = 41 states)



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

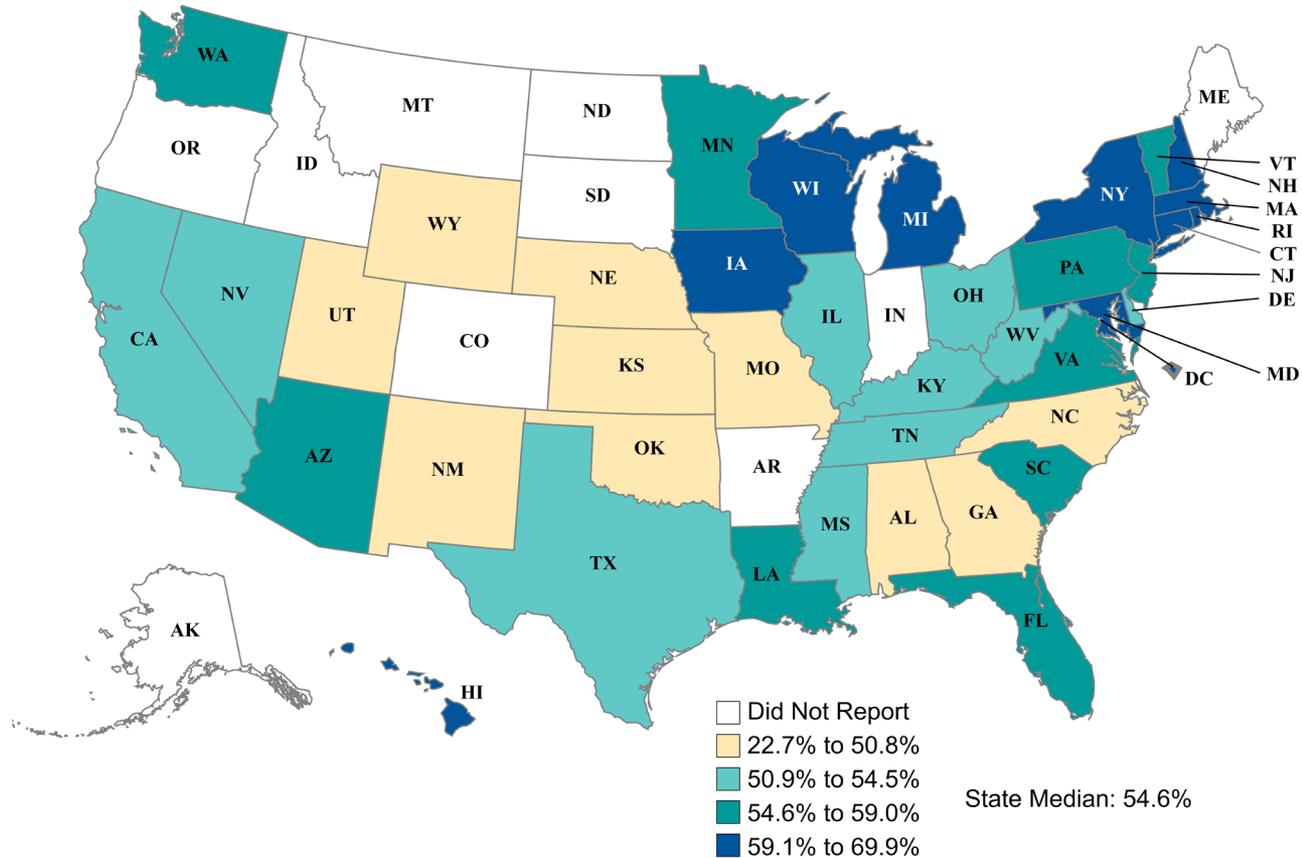
Notes: This measure identifies the percentage of women ages 50 to 74 who received a mammogram to screen for breast cancer during the measurement year or two years prior to the measurement year. Specifications for this measure changed substantially for FFY 2018 and rates are not comparable with rates reported for previous years.

*Data displayed in this chart include women ages 50 to 64 for 26 states and ages 50 to 74 for 15 states.

A median of **55** percent of women received a mammogram to screen for breast cancer (41 states)

Breast Cancer Screening (continued)

Geographic Variation in the Percentage of Women* who had a Mammogram to Screen for Breast Cancer, FFY 2018 (n = 41 states)



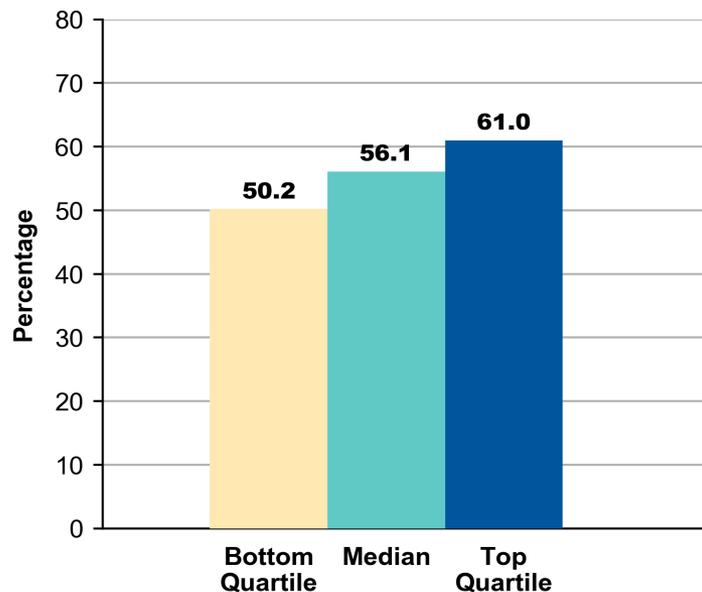
Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

*Data displayed in this chart include women ages 50 to 64 for 26 states and ages 50 to 74 for 15 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 2018 (n = 40 states)



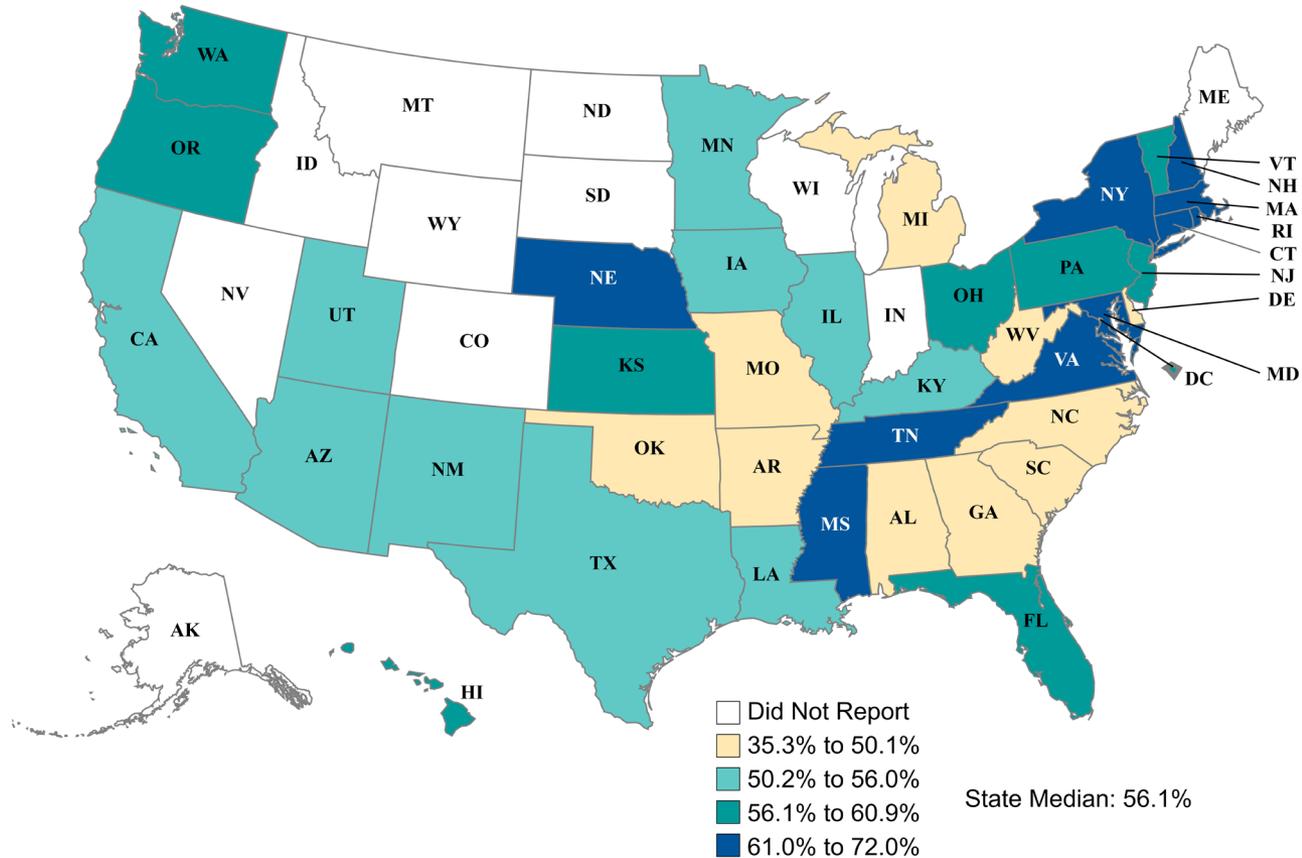
Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Note: This measure identifies the percentage of women ages 21 to 64 who were screened for cervical cancer using either of the following criteria: (1) women ages 21 to 64 who had cervical cytology (Pap test) performed every 3 years, or (2) women ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

A median of **56** percent of women ages 21 to 64 were screened for cervical cancer (40 states)

Cervical Cancer Screening (continued)

Geographic Variation in the Percentage of Women Ages 21 to 64 who were Screened for Cervical Cancer, FFY 2018
(n = 40 states)

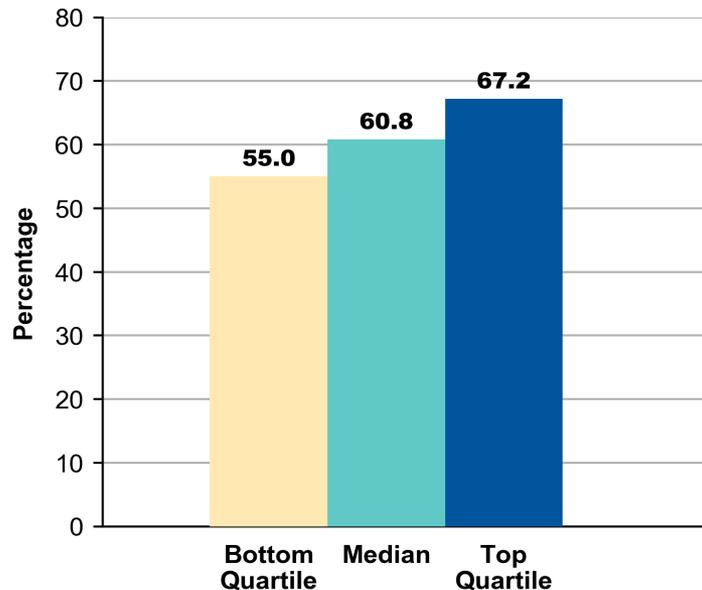


Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Chlamydia Screening in Women Ages 21 to 24

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

Percentage of Sexually Active Women Ages 21 to 24 who were Screened for Chlamydia, FFY 2018 (n = 38 states)



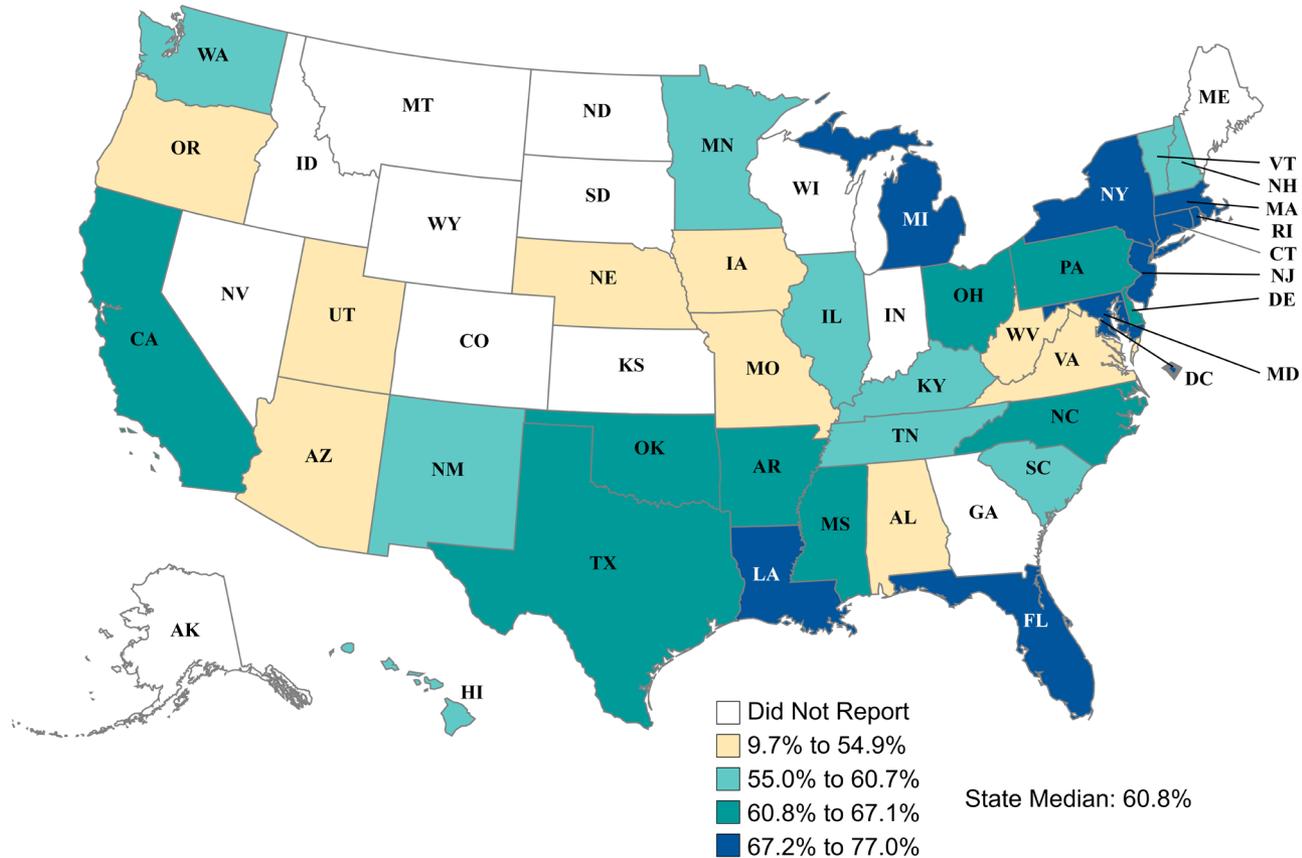
Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

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

A median of **61** percent of sexually active women ages 21 to 24 were screened for chlamydia (38 states)

Chlamydia Screening in Women Ages 21 to 24 (continued)

Geographic Variation in the Percentage of Sexually Active Women Ages 21 to 24 who were Screened for Chlamydia, FFY 2018 (n = 38 states)

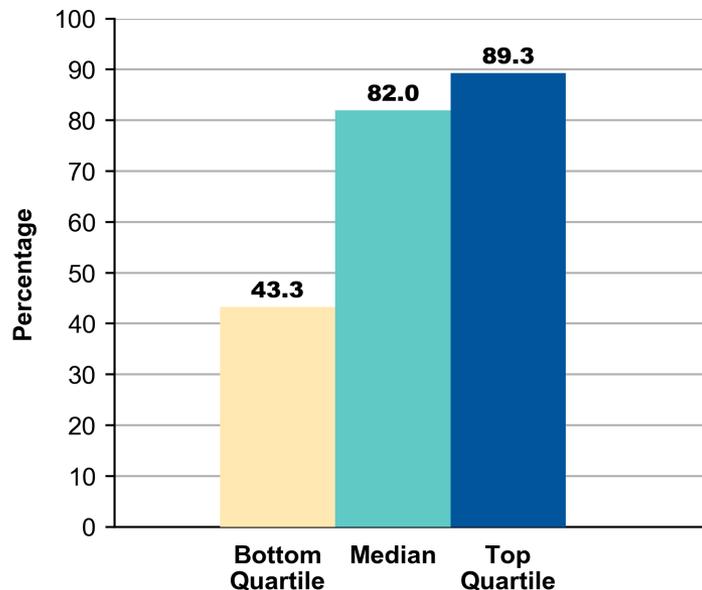


Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Adult Body Mass Index 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* who had an Outpatient Visit with a Body Mass Index Value Documented in the Medical Record, FFY 2018 (n = 35 states)



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Note: This measure identifies the percentage of adults ages 18 to 74 who had an outpatient visit and whose body mass index value was documented during the measurement year or the year prior to the measurement year.

*Data displayed in this chart include adults ages 18 to 64 for 21 states and ages 18 to 74 for 14 states.

A median of **82** percent of adults who had an outpatient visit had their BMI value documented in the medical record (35 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.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-and-infant-health/>.

Two Adult Core Set measures of maternal and perinatal health were available for analysis for FFY 2018.

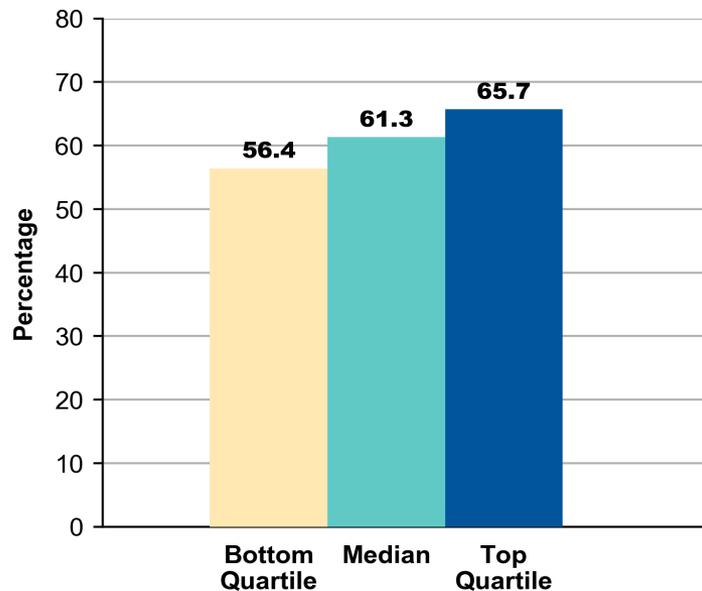
- Prenatal and Postpartum Care: Postpartum Care
- Contraceptive Care: Postpartum Women Ages 21 to 44

¹ <https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-18-2014.pdf>

Prenatal and Postpartum Care: Postpartum Care

Postpartum visits provide an opportunity to assess women's physical recovery from pregnancy and childbirth, and to address chronic health conditions (such as diabetes and hypertension), mental health status (including postpartum depression), and family planning (including contraception and 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 2018 (n = 37 states)



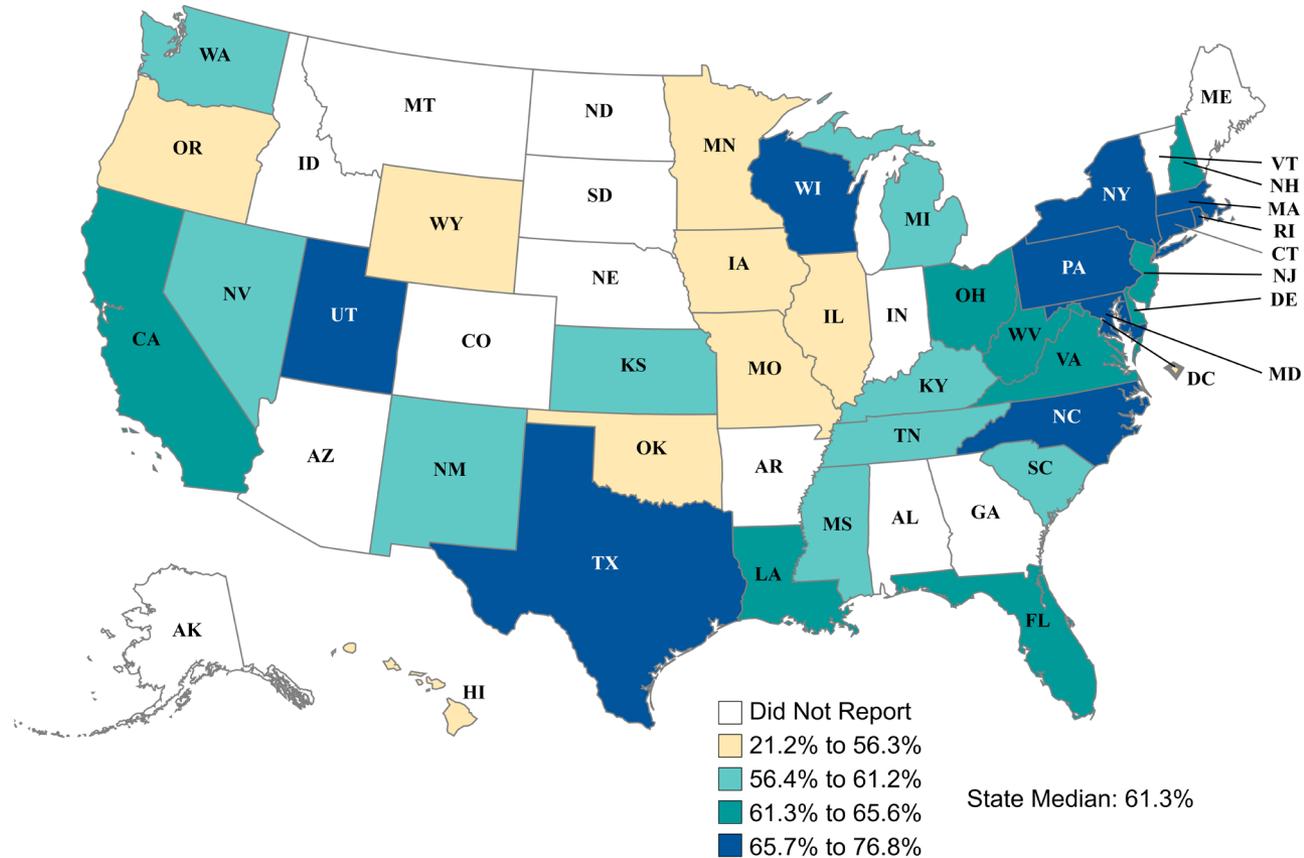
Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Note: This measure identifies the percentage of deliveries of live births on or 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 **61** percent of women delivering a live birth had a postpartum care visit on or between 21 and 56 days after delivery (37 states)

Prenatal and Postpartum Care: Postpartum Care (continued)

Geographic Variation in the Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 21 and 56 Days after Delivery, FFY 2018 (n = 37 states)

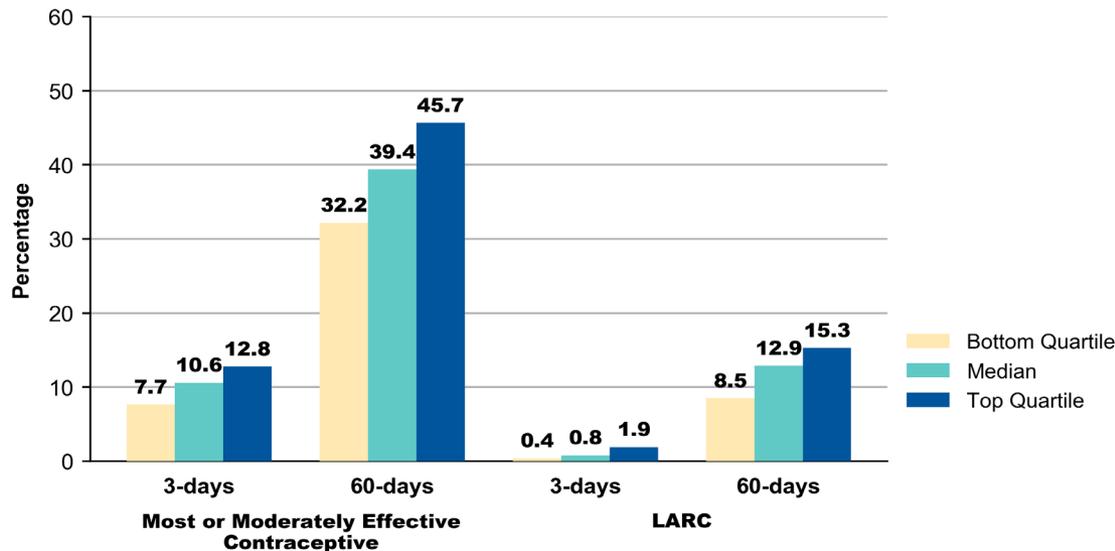


Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Contraceptive Care: Postpartum Women Ages 21 to 44

Access to effective contraceptive care during the postpartum period can improve birth spacing and timing and improve the health outcomes of women and children. This measure assesses access to contraceptive care, including the percentage of postpartum women ages 21 through 44 who were provided a most or moderately effective method of contraception or a long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery. Performance on this measure is being publicly reported for the first time for FFY 2018.

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 or Long-Acting Reversible Method of Contraception (LARC) within 3 and 60 Days of Delivery, FFY 2018 (n = 29 states)



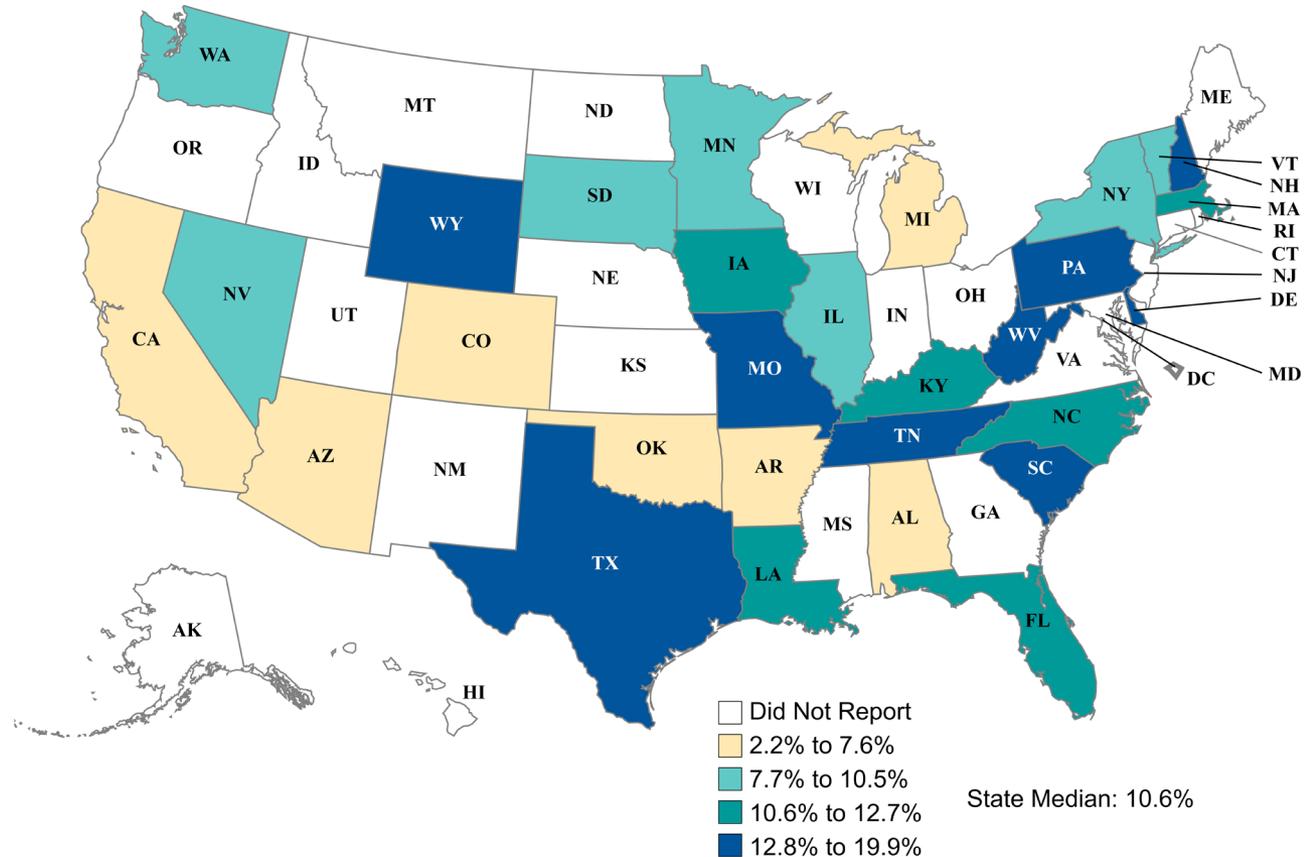
Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

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

Among postpartum women ages 21 to 44 who had a live birth, a median of **39** percent received a most effective or moderately effective method of contraception within 60 days of delivery (29 states)

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

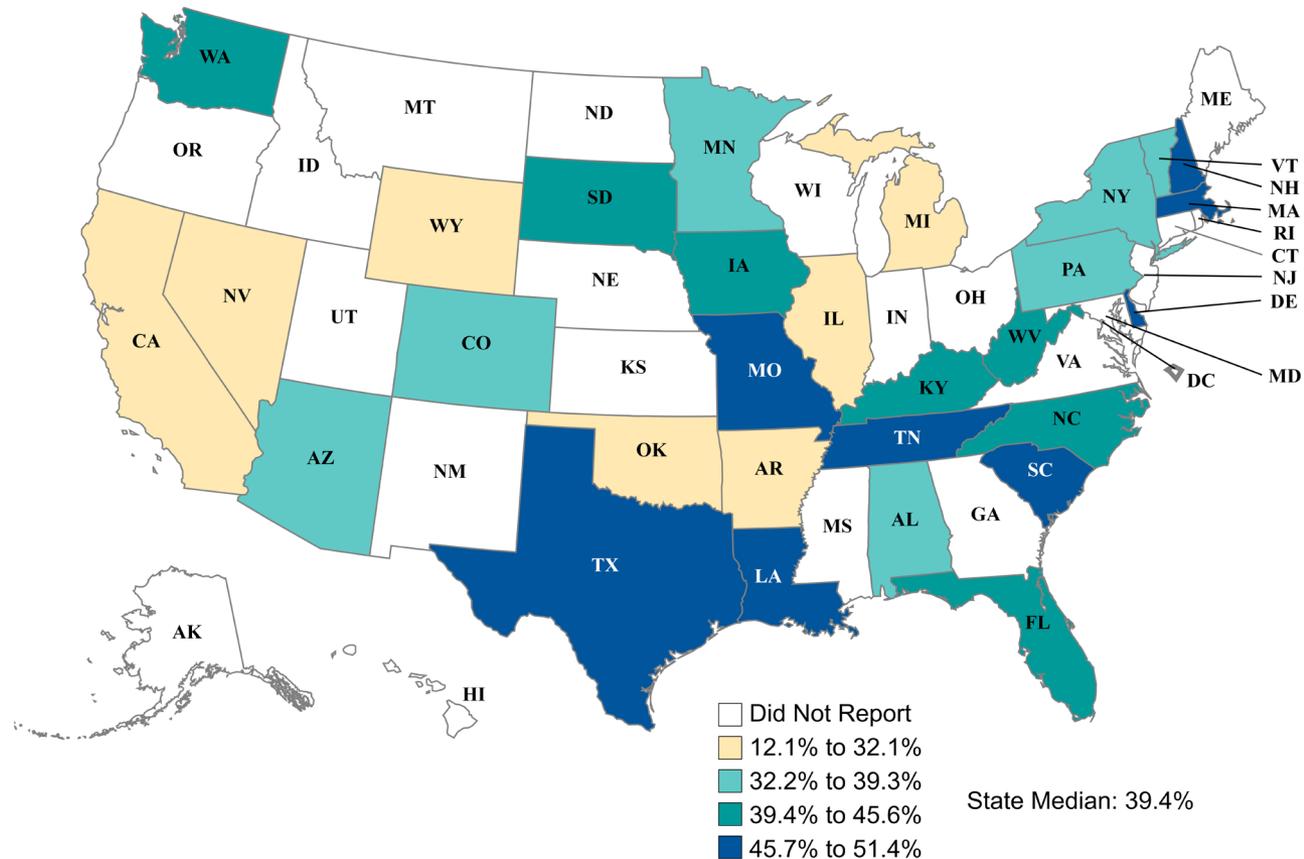
Geographic Variation in the Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Most Effective or Moderately Effective Method of Contraception within 3 Days of Delivery, FFY 2018 (n = 29 states)



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

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

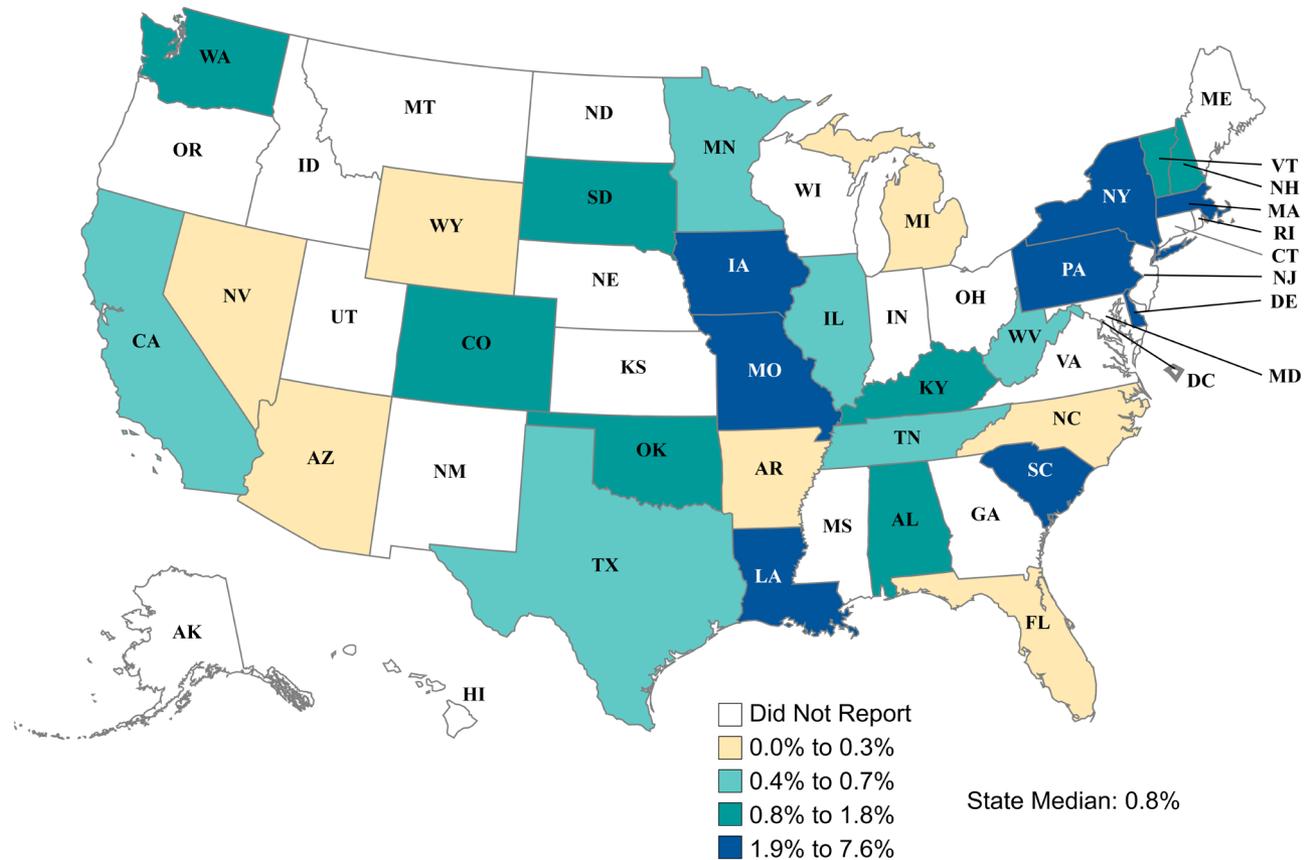
Geographic Variation in the Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Most Effective or Moderately Effective Method of Contraception within 60 Days of Delivery, FFY 2018 (n = 29 states)



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

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

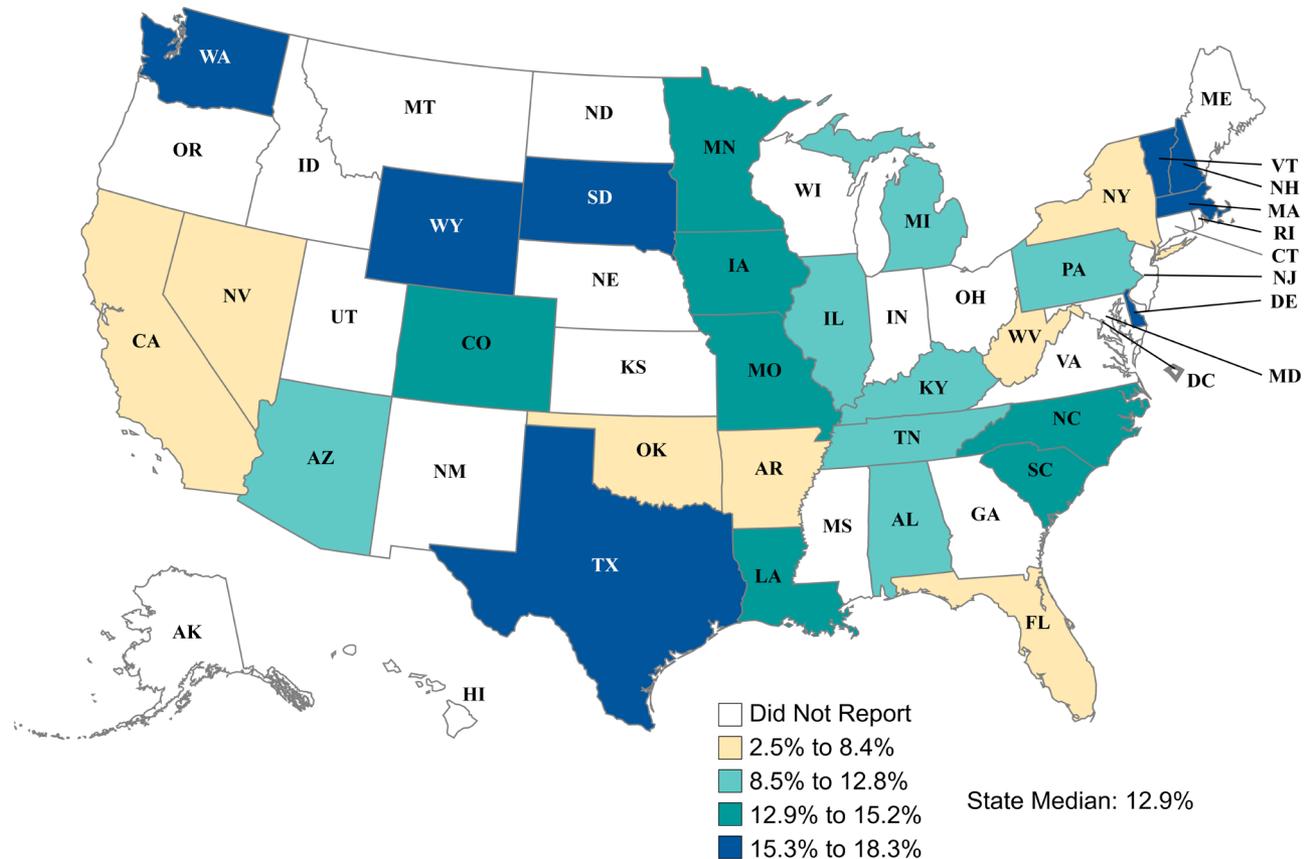
Geographic Variation in the Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Long-Acting Reversible Method of Contraception within 3 Days of Delivery, FFY 2018 (n = 29 states)



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

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

Geographic Variation in the Percentage of Postpartum Women Ages 21 to 44 who had a Live Birth and who were Provided a Long-Acting Reversible Method of Contraception within 60 Days of Delivery, FFY 2018 (n = 29 states)



Source: Mathematica analysis of MACPro reports for the FFY 2018 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.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.

Ten Adult Core Set measures of the care of acute and chronic conditions were available for analysis for FFY 2018.

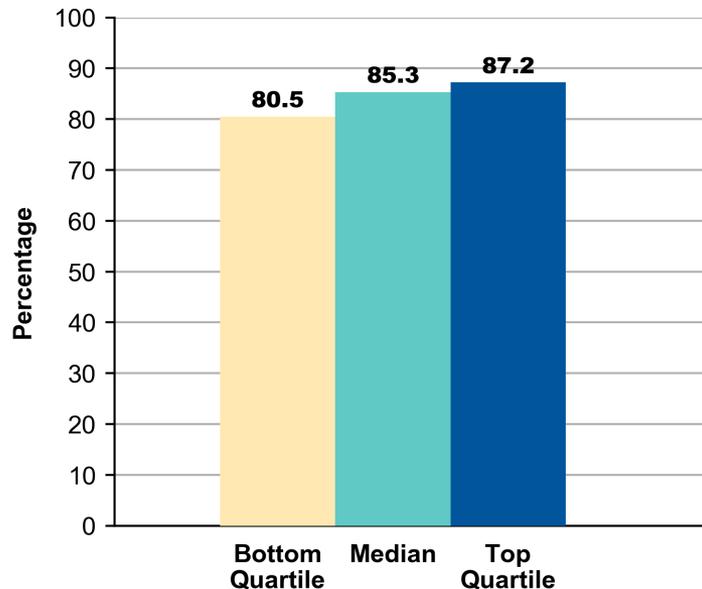
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- PQI 01: Diabetes Short-Term Complications Admission Rate
- PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate
- PQI 08: Heart Failure Admission Rate
- PQI 15: Asthma in Younger Adults Admission Rate
- Plan All-Cause Readmissions
- Asthma Medication Ratio: Ages 19 to 64
- Annual Monitoring for Patients on Persistent Medications
- Controlling High Blood Pressure

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

Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing

Diabetes is one of the most common chronic health problems in the United States, affecting approximately 30 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* with Diabetes (Type 1 or Type 2) who had a Hemoglobin A1c Test, FFY 2018 (n = 38 states)



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

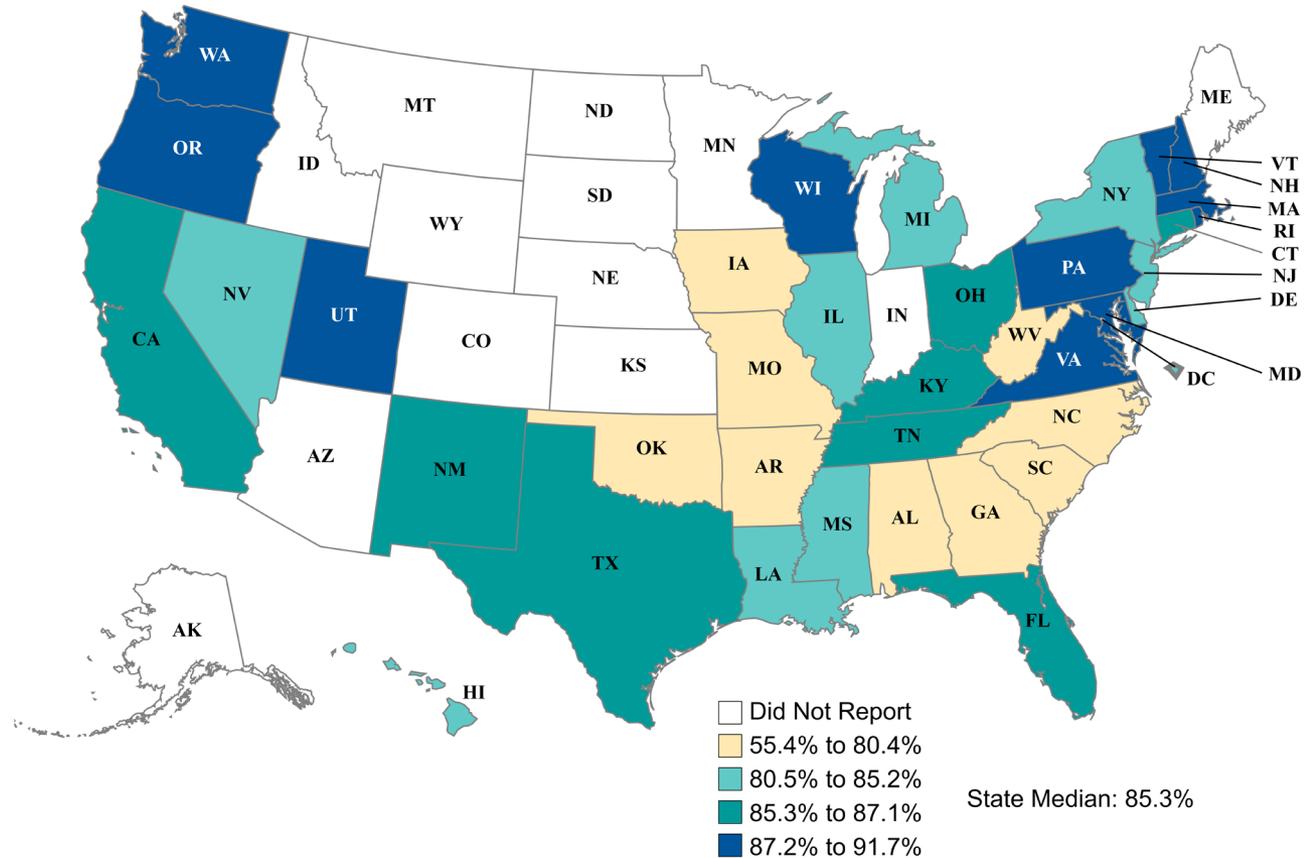
Note: This measure identifies the percentage of adults ages 18 to 75 with diabetes (type 1 or type 2) who had a Hemoglobin A1c test during the measurement year.

*Data displayed in this chart include adults ages 18 to 64 for 23 states and ages 18 to 75 for 15 states.

A median of **85** percent of adults with diabetes had an HbA1c test (38 states)

Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (continued)

Geographic Variation in the Percentage of Adults* with Diabetes (Type 1 or Type 2) who had a Hemoglobin A1c Test, FFY 2018 (n = 38 states)



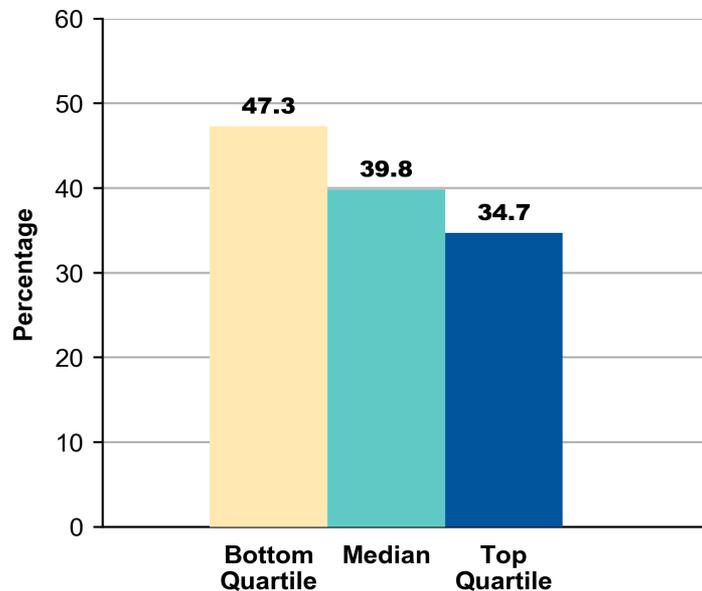
Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

*Data displayed in this chart include adults ages 18 to 64 for 23 states and ages 18 to 75 for 15 states.

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

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

Percentage of Adults* with Diabetes (Type 1 or Type 2) who had Hemoglobin A1c in Poor Control (>9.0%), FFY 2018 (n = 27 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Notes: This measure identifies the percentage of adults ages 18 to 75 with diabetes (type 1 or type 2) who had Hemoglobin A1c in poor control (>9.0%) during the measurement year. This chart excludes Arkansas, which calculated the measure but did not use Adult Core Set specifications.

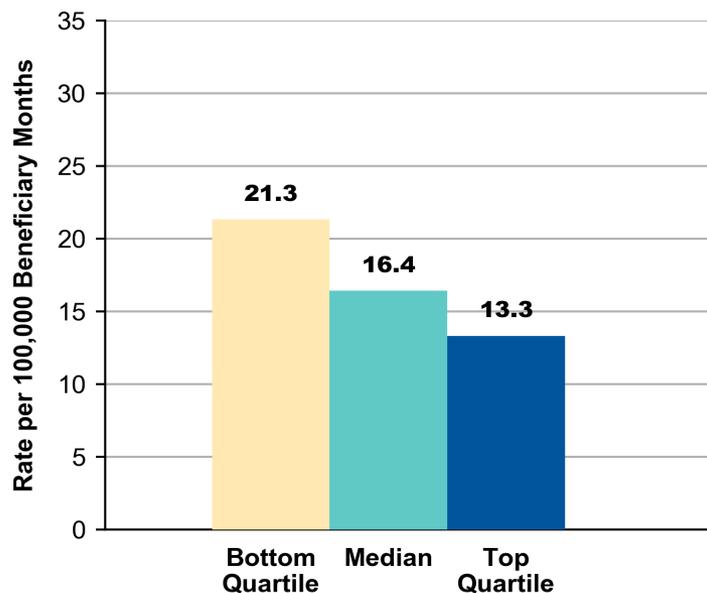
*Data displayed in this chart include adults ages 18 to 64 for 10 states and ages 18 to 75 for 17 states.

A median of
40 percent
of adults with diabetes
had HbA1c in poor
control (>9.0%) (27
states)

PQI 01: Diabetes Short-Term Complications Admission Rate

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

Number of Inpatient Hospital Admissions for Diabetes Short-Term Complications per 100,000 Beneficiary Months for Adults,* FFY 2018 (n = 28 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

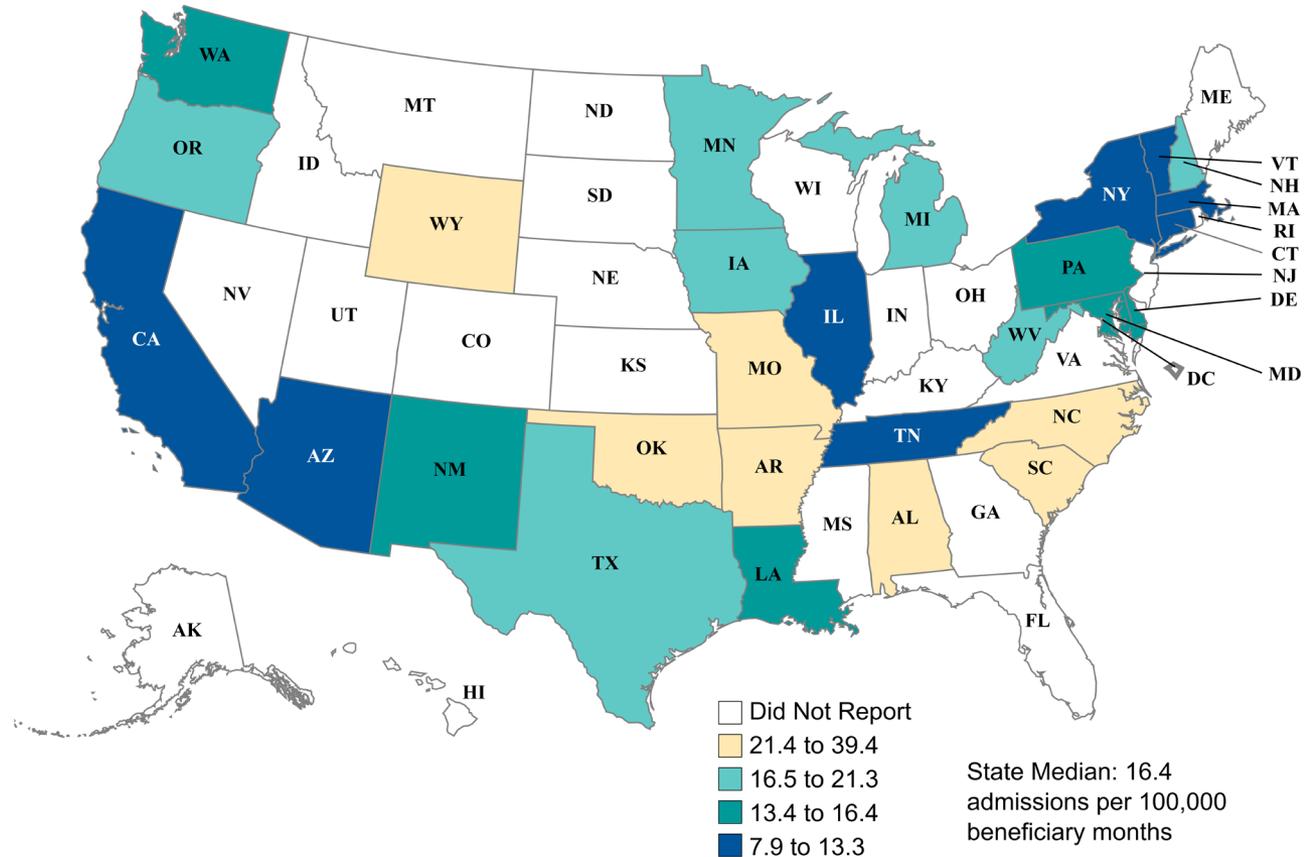
Note: This measure identifies the number of inpatient hospital admissions for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 beneficiary months for adults age 18 and older.

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

Adults age 18 and older had a median of **16** inpatient hospital admissions for diabetes short-term complications per 100,000 beneficiary months (28 states)

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

Geographic Variation in the Number of Inpatient Hospital Admissions for Diabetes Short-Term Complications per 100,000 Beneficiary Months for Adults,* FFY 2018 (n = 28 states) [Lower rates are better for this measure]



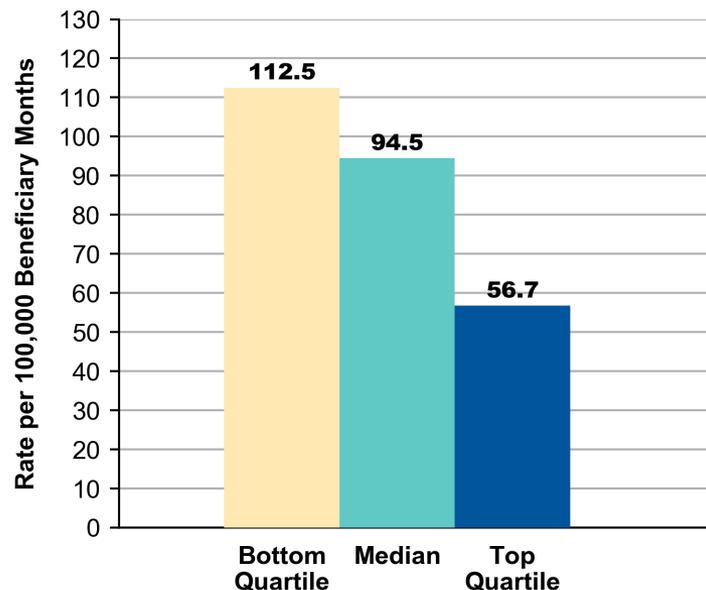
Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

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

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

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

Number of Inpatient Hospital Admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma per 100,000 Beneficiary Months for Older Adults,* FFY 2018 (n = 25 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Note: This measure identifies the number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for adults age 40 and older.

*Data displayed in this chart include adults ages 40 to 64 for 23 states and age 40 and older for 2 states.

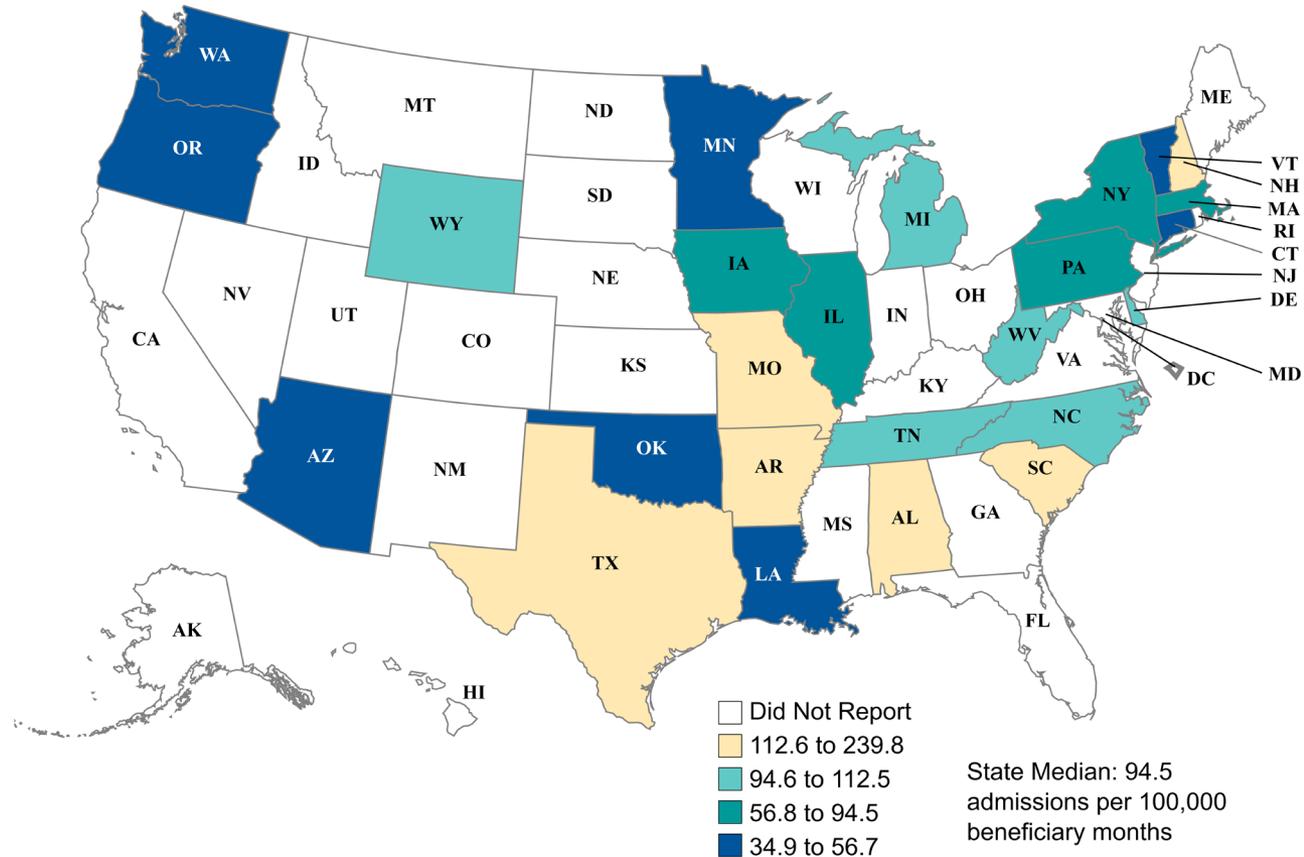
Adults age 40 and older had a median of

95

inpatient hospital admissions for COPD or asthma per 100,000 beneficiary months (25 states)

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

Number of Inpatient Hospital Admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma per 100,000 Beneficiary Months for Older Adults,* FFY 2018 (n = 25 states) [Lower rates are better for this measure]



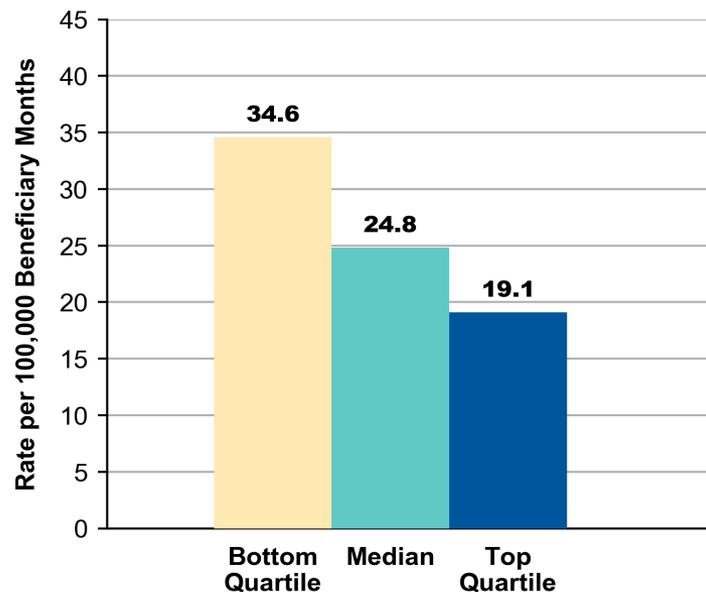
Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

*Data displayed in this chart include adults ages 40 to 64 for 23 states and age 40 and older for 2 states.

PQI 08: Heart Failure Admission Rate

An estimated 5.7 million people in the United States have congestive heart failure (CHF). The most common causes of CHF are coronary artery disease, high blood pressure, and diabetes, all of which can be treated, controlled, and monitored in outpatient settings. Inpatient hospital admissions for heart failure can be an indicator that these conditions are not being properly prevented or managed. This measure assesses the frequency of inpatient hospital admissions for heart failure among adult Medicaid beneficiaries.

Number of Inpatient Hospital Admissions for Heart Failure per 100,000 Beneficiary Months for Adults,* FFY 2018 (n = 25 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Note: This measure identifies the number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for adults age 18 and older.

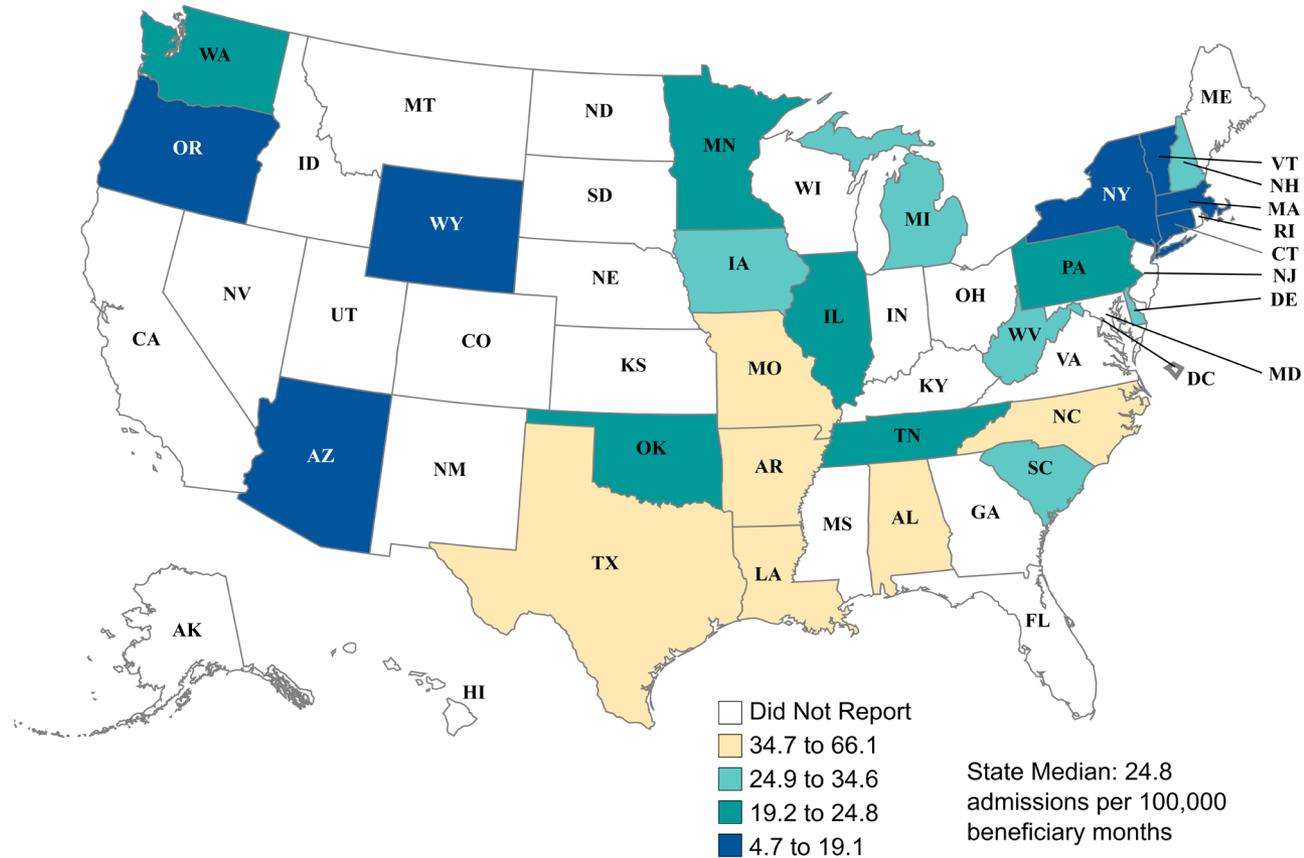
*Data displayed in this chart include adults ages 18 to 64 for 23 states and age 18 and older for 2 states.

Adults age 18 and older had a median of **25** inpatient hospital admissions for heart failure per 100,000 beneficiary months (25 states)



PQI 08: Heart Failure Admission Rate (continued)

Geographic Variation in the Number of Inpatient Hospital Admissions for Heart Failure per 100,000 Beneficiary Months for Adults,* FFY 2018 (n = 25 states) [Lower rates are better for this measure]



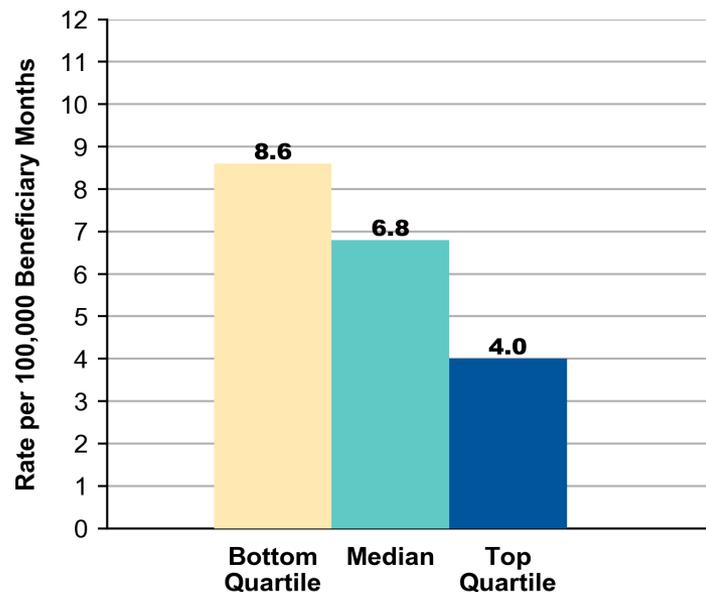
Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

*Data displayed in this chart include adults ages 18 to 64 for 23 states and age 18 and older for 2 states.

PQI 15: Asthma in Younger Adults Admission Rate

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

Number of Inpatient Hospital Admissions for Asthma per 100,000 Beneficiary Months for Adults Ages 18 to 39, FFY 2018 (n = 26 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Note: This measure identifies the number of inpatient hospital admissions for asthma per 100,000 beneficiary months for adults ages 18 to 39.

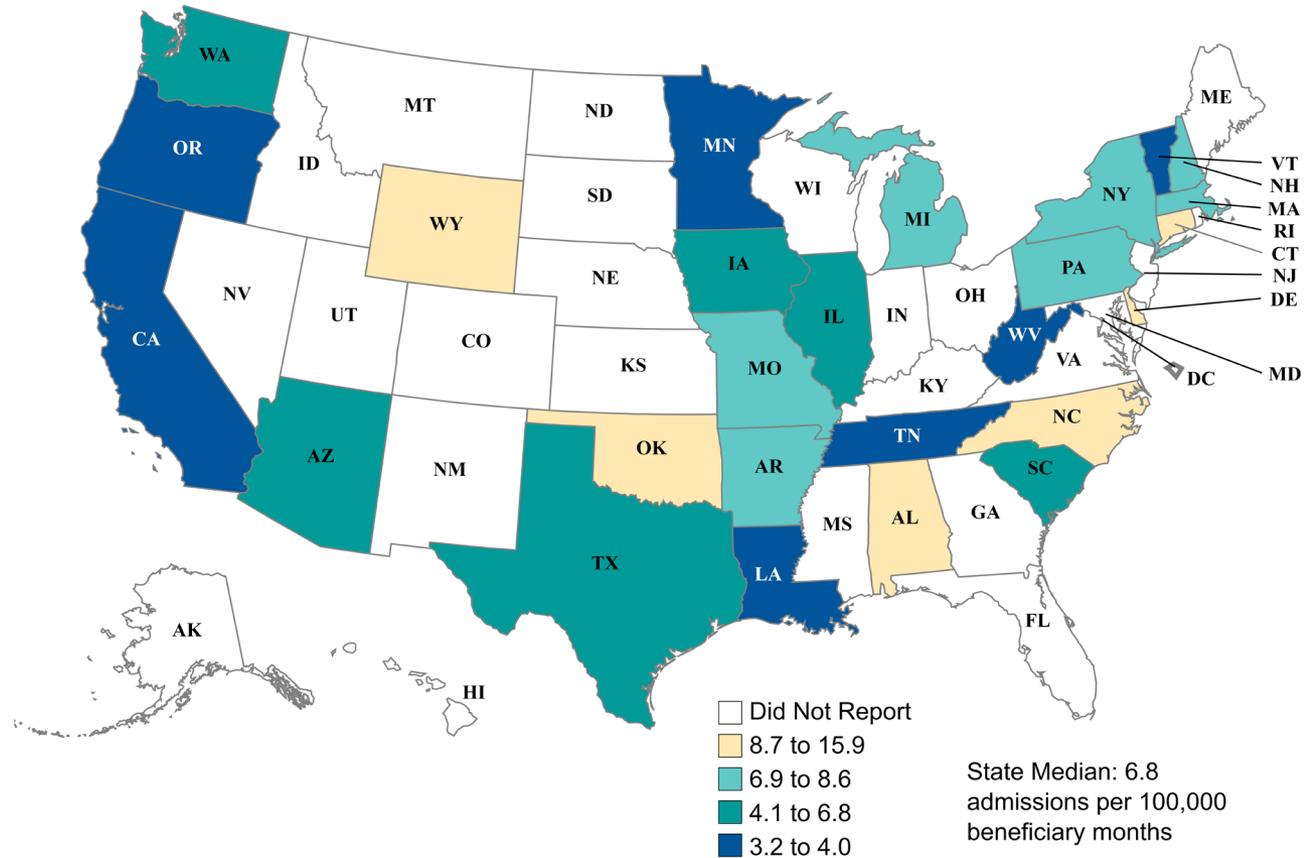
Adults ages 18 to 39 had a median of

7

inpatient hospital admissions for asthma per 100,000 beneficiary months (26 states)

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

Geographic Variation in the Number of Inpatient Hospital Admissions for Asthma per 100,000 Beneficiary Months for Adults Ages 18 to 39, FFY 2018 (n = 26 states) [Lower rates are better for this measure]

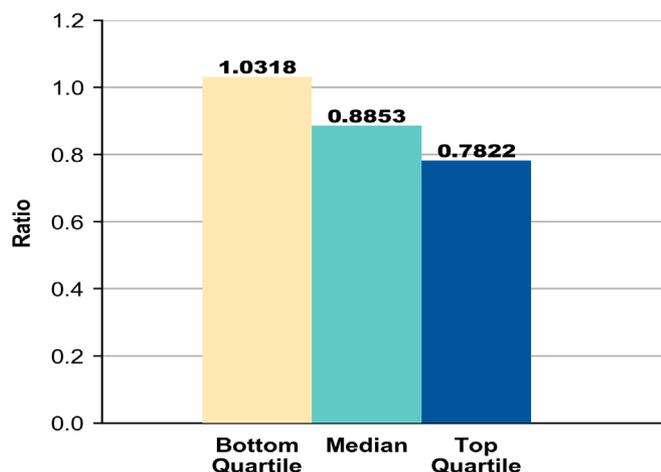


Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Plan All-Cause Readmissions

Unplanned readmissions to the hospital within 30 days of discharge are associated with adverse patient outcomes (including higher mortality) and higher health care costs. Readmissions may be prevented with coordination of care and support for patient self-management after discharge. This measure assesses the rate of acute inpatient stays for adults ages 18 to 64 during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days (the observed readmission rate) and the predicted probability of an acute readmission. This measure uses risk adjustment to calculate an expected readmission rate based on the characteristics of index hospital stays, including presence of surgeries, discharge condition, comorbidity, age, and gender. Performance on this measure is being publicly reported for the first time for FFY 2018.

Ratio of Observed All-Cause Readmissions to Expected Readmissions among Adults Ages 18 to 64, FFY 2018 (n = 25 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

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

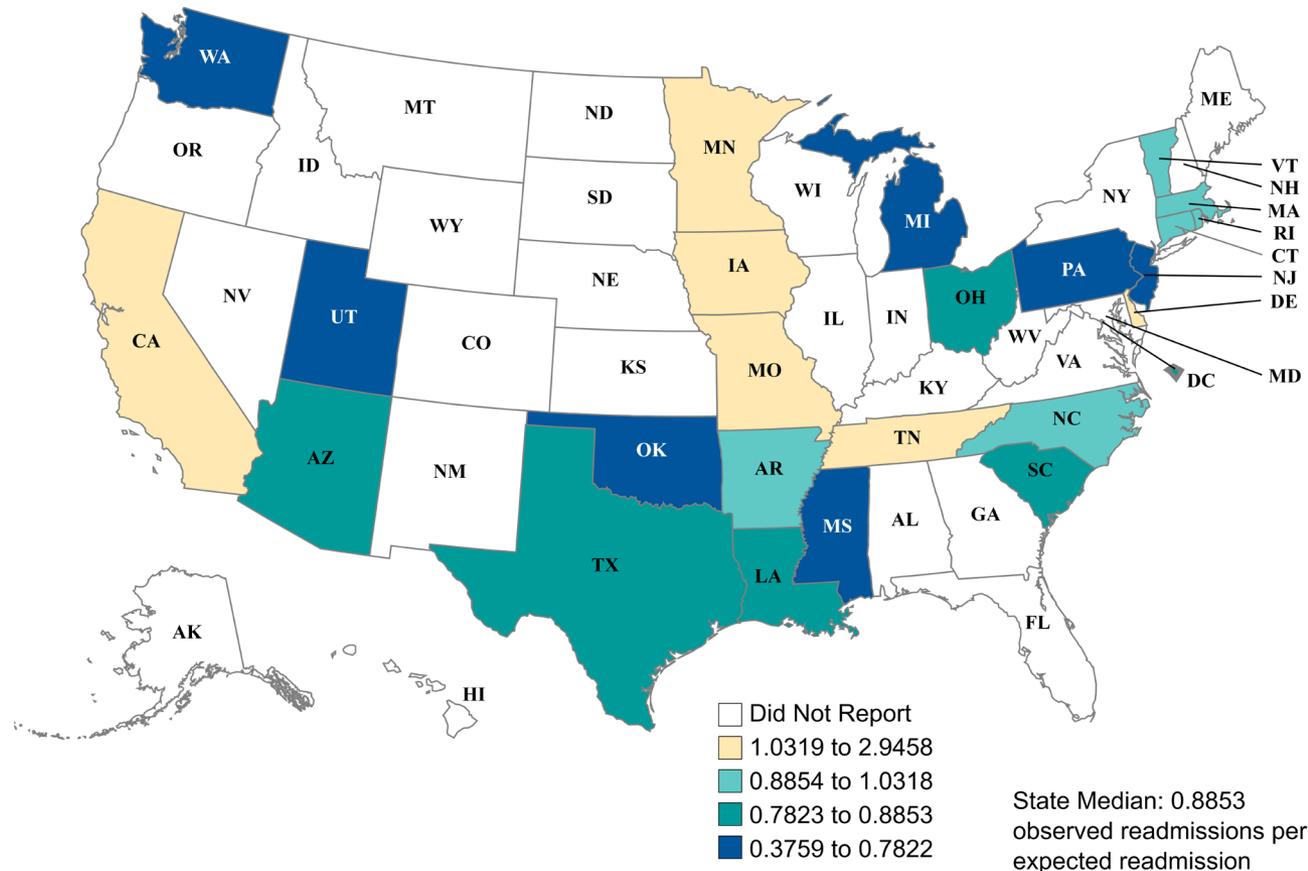
Of the 25 states reporting the measure,

18

states had fewer readmissions than expected given the case mix

Plan All-Cause Readmissions (continued)

Geographic Variation in the Ratio of Observed All-Cause Readmissions to Expected Readmissions among Adults Ages 18 to 64, FFY 2018 (n = 25 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

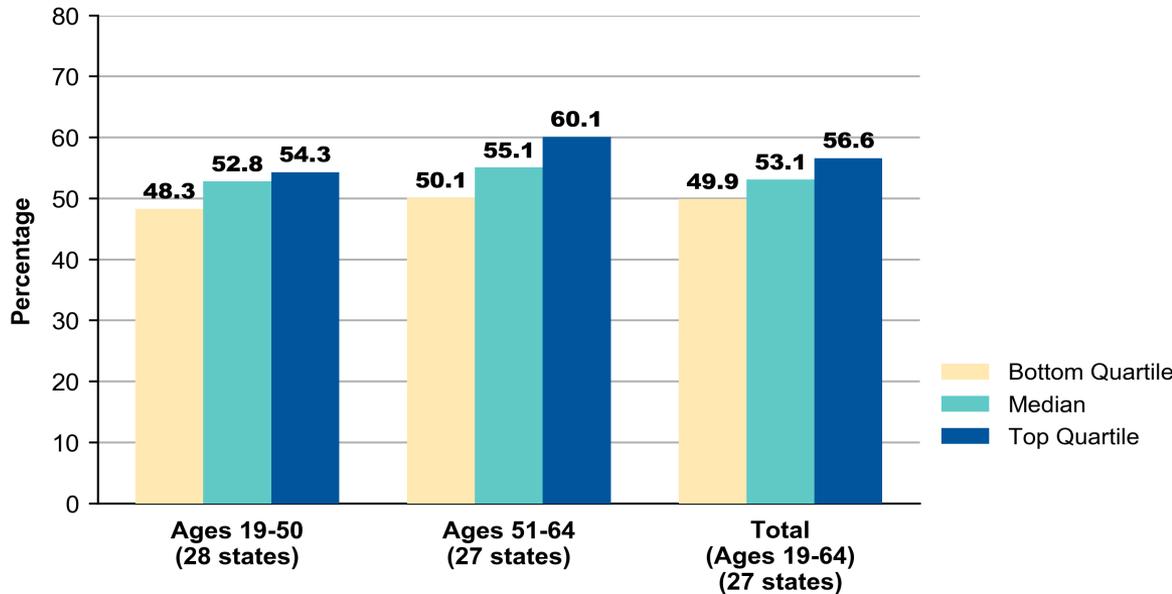
Note: This chart excludes Florida, Hawaii, New Mexico, New York, and Oregon, which calculated the measure but did not use Adult Core Set specifications.



Asthma Medication Ratio: Ages 19 to 64

Asthma affects nearly 19 million adults in the United States. Uncontrolled asthma among adults can result in hospitalizations, lost work days, and reduced productivity. The National Heart Lung and Blood Institute recommends long-term asthma control medications for adults with persistent asthma. This measure assesses the percentage of adults with persistent asthma who were dispensed appropriate asthma controller medications. Performance on this measure is being publicly reported for the first time for FFY 2018.

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, FFY 2018



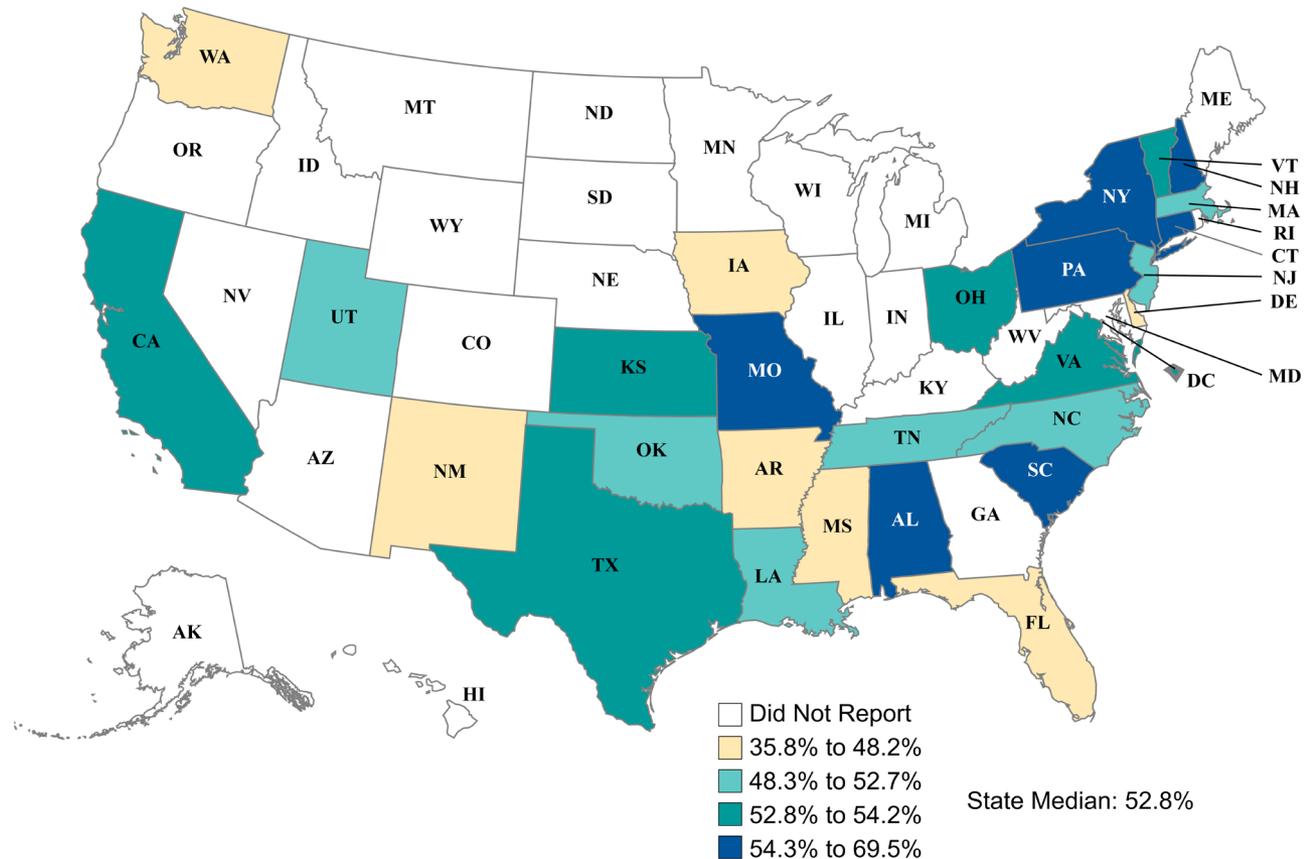
Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Note: This measure identifies the percentage of adults ages 19 to 50, 51 to 64, and 19 to 64 with persistent asthma who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

A median of **53** 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 (27 states)

Asthma Medication Ratio: Ages 19 to 50 (continued)

Geographic Variation in the Percentage of Adults Ages 19 to 50 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater, FFY 2018 (n = 28 states)

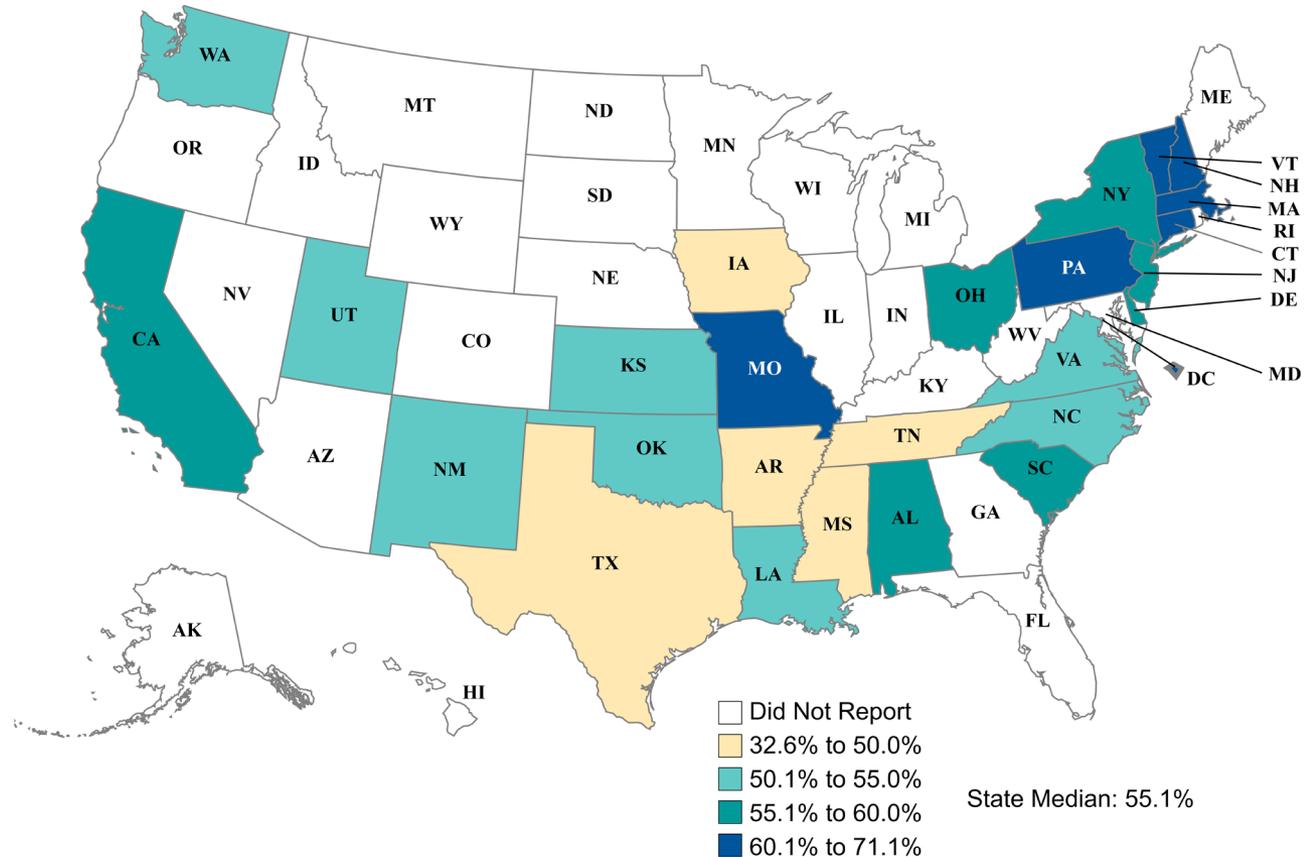


Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

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

Asthma Medication Ratio: Ages 51 to 64 (continued)

Geographic Variation in the Percentage of Adults Ages 51 to 64 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater, FFY 2018 (n = 27 states)

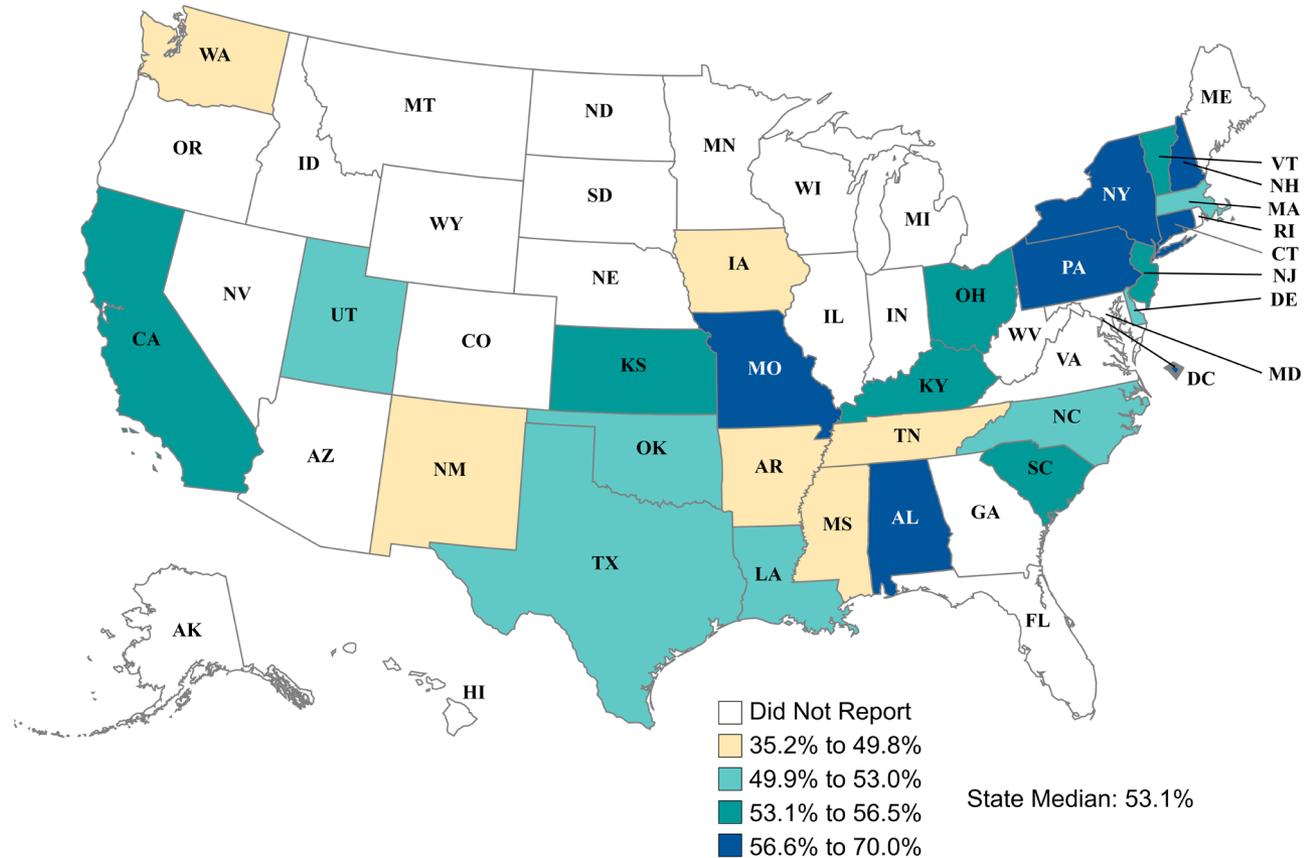


Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

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

Asthma Medication Ratio: Ages 19 to 64 (continued)

Geographic Variation in the Percentage of Adults Ages 19 to 64 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater, FFY 2018 (n = 27 states)



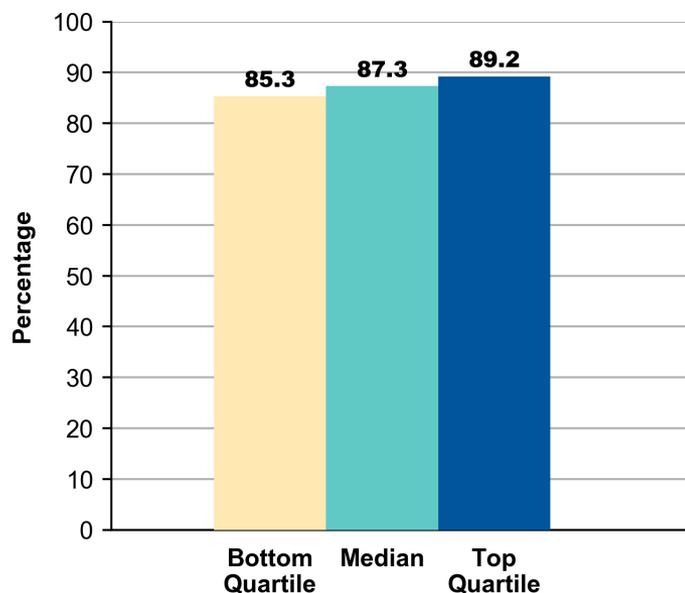
Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Note: This chart excludes Florida and Virginia, which reported the measure but did not provide data for the Total (Ages 19 to 64) rate.

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 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 Ambulatory Medication Therapy and an Annual Therapeutic Monitoring Visit, FFY 2018 (n = 36 states)



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

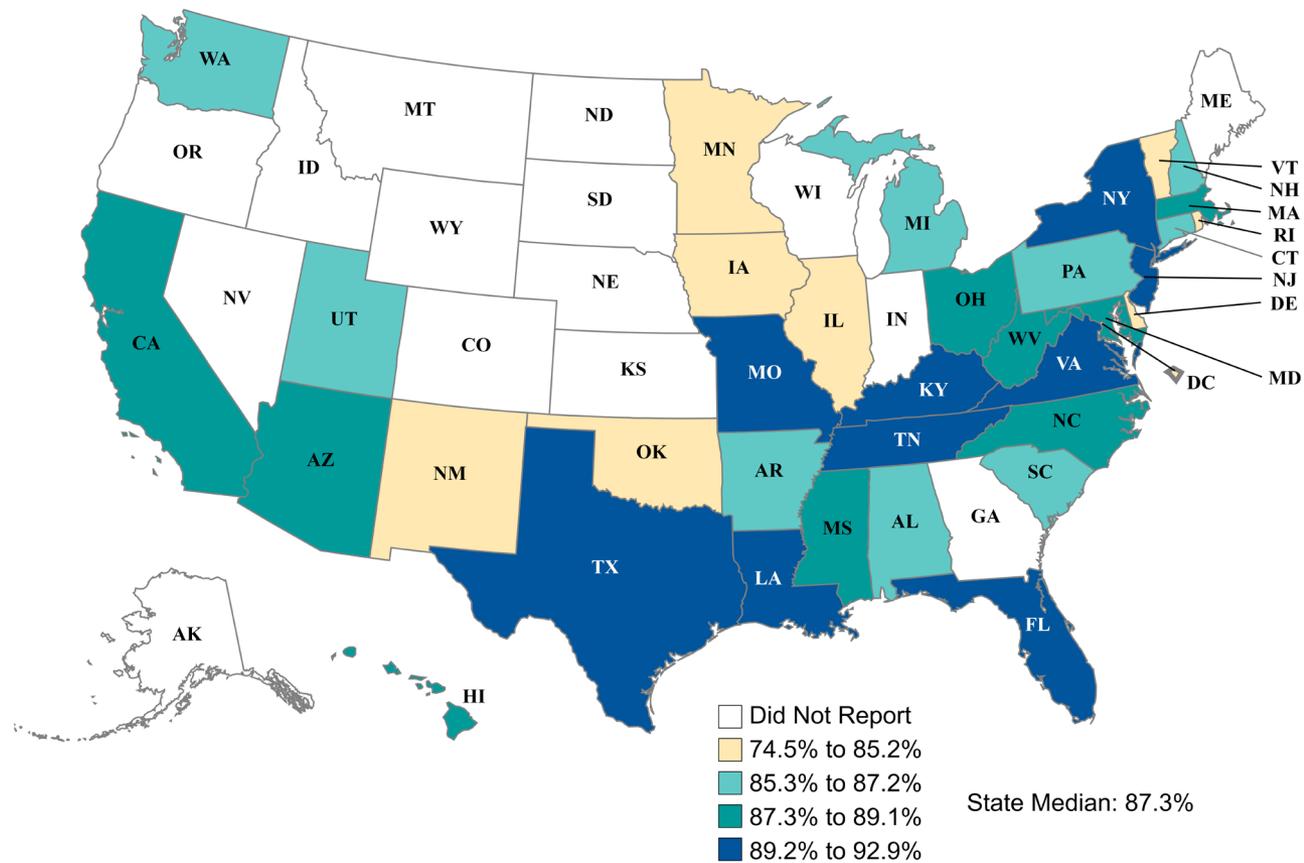
Notes: This measure identifies the percentage of adults age 18 and older who received at least 180 treatment days of angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBs) or diuretics during the measurement year and who received annual monitoring for the therapeutic agent in the measurement year. Specifications for this measure changed substantially for FFY 2018 and rates are not comparable with rates reported for previous years.

*Data displayed in this chart include adults ages 18 to 64 for 21 states and age 18 and older for 15 states.

A median of **87** percent of adults who received at least 180 days of medication therapy received an annual therapeutic monitoring visit (36 states)

Annual Monitoring for Patients on Persistent Medications (continued)

Geographic Variation in the Percentage of Adults* who Received at Least 180 Days of Ambulatory Medication Therapy and an Annual Therapeutic Monitoring Visit, FFY 2018 (n = 36 states)



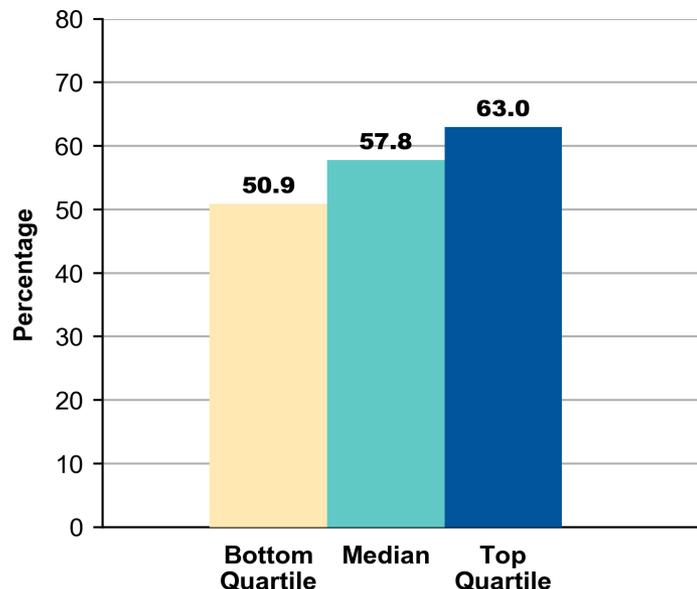
Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

*Data displayed in this chart include adults ages 18 to 64 for 21 states and age 18 and older for 15 states.

Controlling High Blood Pressure

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

Percentage of Adults* who had a Diagnosis of Hypertension and whose Blood Pressure was Adequately Controlled, FFY 2018 (n = 28 states)



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Notes: This measure identifies the percentage of adults ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year (<140/90 for adults ages 18 to 59 and for adults ages 60 to 85 with a diagnosis of diabetes, and <150/90 for adults ages 60 to 85 without a diagnosis of diabetes).

This chart excludes Arkansas, which calculated the measure but did not use Adult Core Set specifications.

*Data displayed in this chart include adults ages 18 to 64 for 11 states and ages 18 to 85 for 17 states.

A median of **58** percent of adults with hypertension had their blood pressure adequately controlled (28 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, 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.

Six Adult Core Set measures of behavioral health care were available for analysis for FFY 2018.

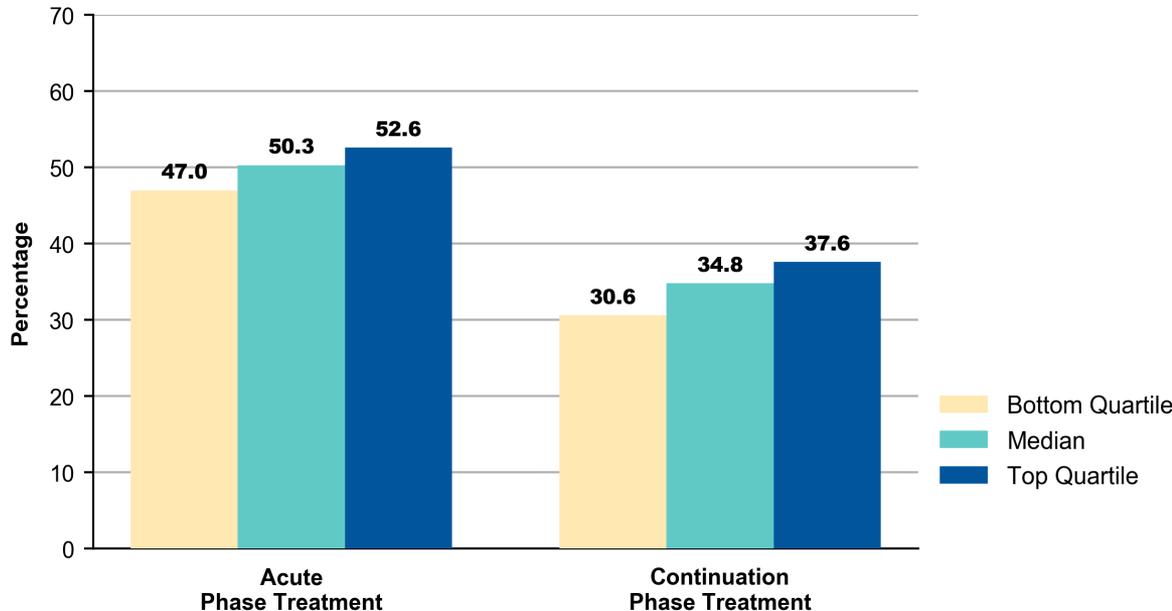
- Antidepressant Medication Management
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- Follow-Up After Hospitalization for Mental Illness: Age 21 and Older
- Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

¹ <https://www.medicaid.gov/medicaid/benefits/bhs/index.html>

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* with a Diagnosis of Major Depression who were Treated with and Remained on an Antidepressant Medication, FFY 2018 (n = 33 states)



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Note: 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 12-week acute phase and the six-month continuation phase.

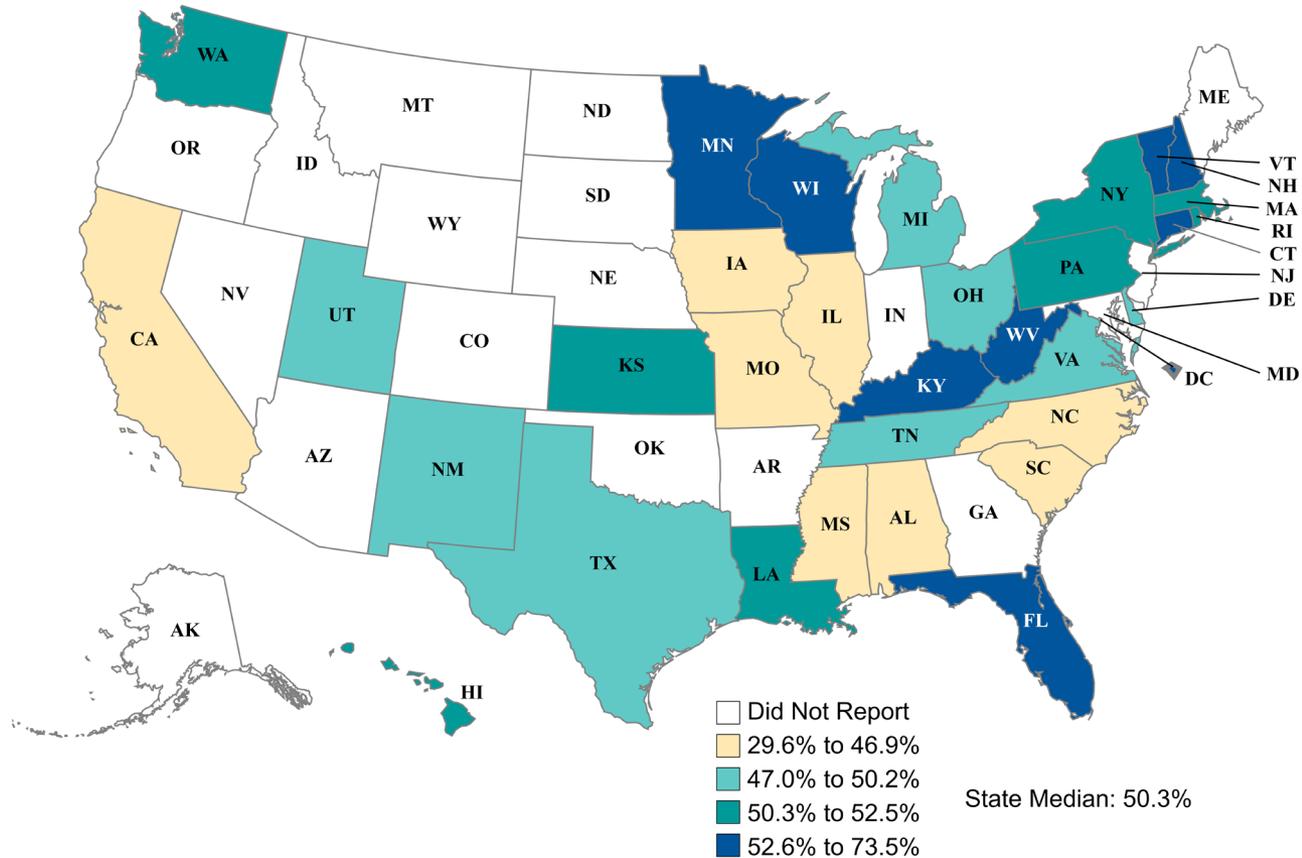
*Data displayed in this chart include adults ages 18 to 64 for 19 states and age 18 and older for 14 states.

A median of **50** percent of adults with a diagnosis of major depression who were treated with antidepressant medication remained on medication during the acute phase and **35** percent remained on medication during the continuation phase (33 states)



Antidepressant Medication Management: Acute Phase (continued)

Geographic Variation in the Percentage of Adults* with a Diagnosis of Major Depression who were Treated with and Remained on an Antidepressant Medication for the Acute Phase (12 Weeks), FFY 2018 (n = 33 states)

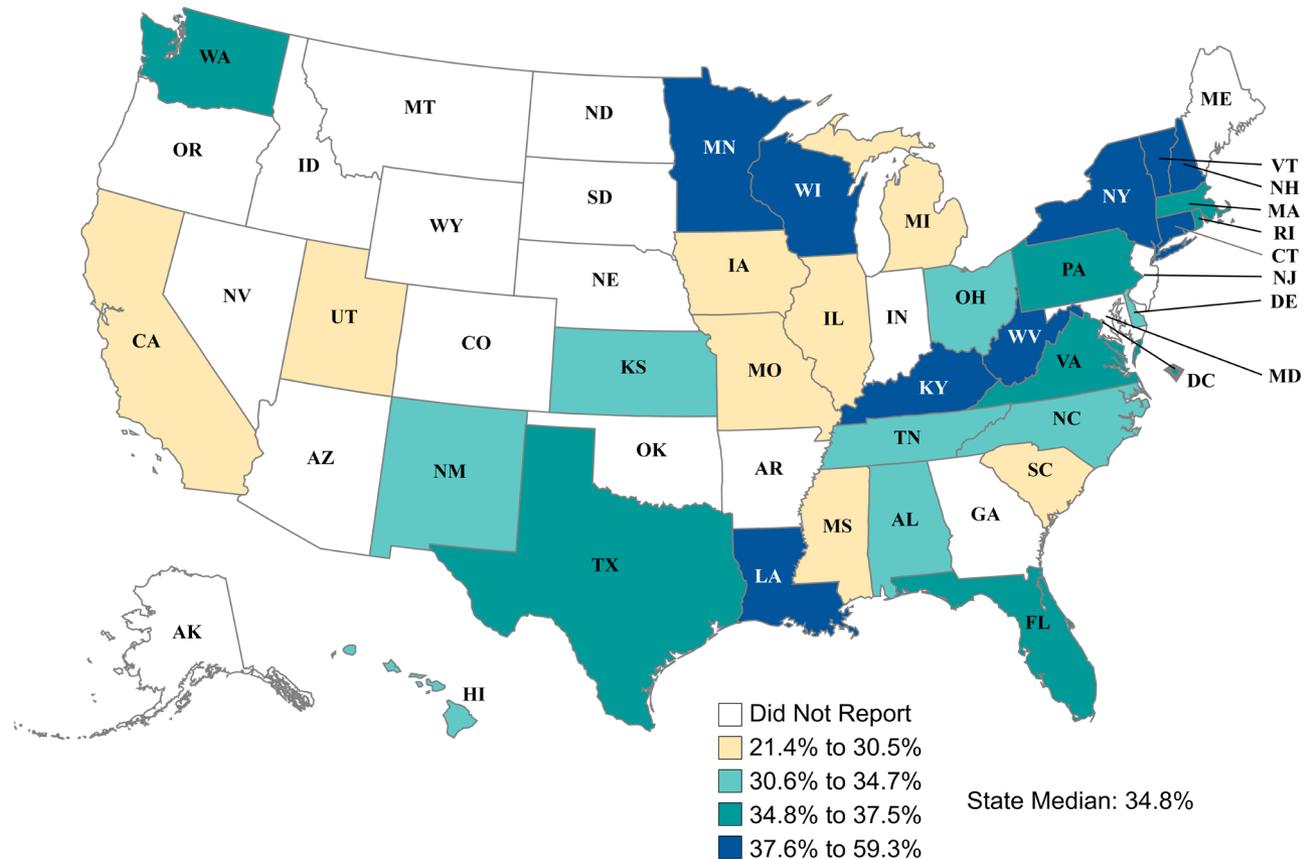


Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

*Data displayed in this chart include adults ages 18 to 64 for 19 states and age 18 and older for 14 states.

Antidepressant Medication Management: Continuation Phase (continued)

Geographic Variation in the Percentage of Adults* with a Diagnosis of Major Depression who were Treated with and Remained on an Antidepressant Medication for the Continuation Phase (6 Months), FFY 2018 (n = 33 states)



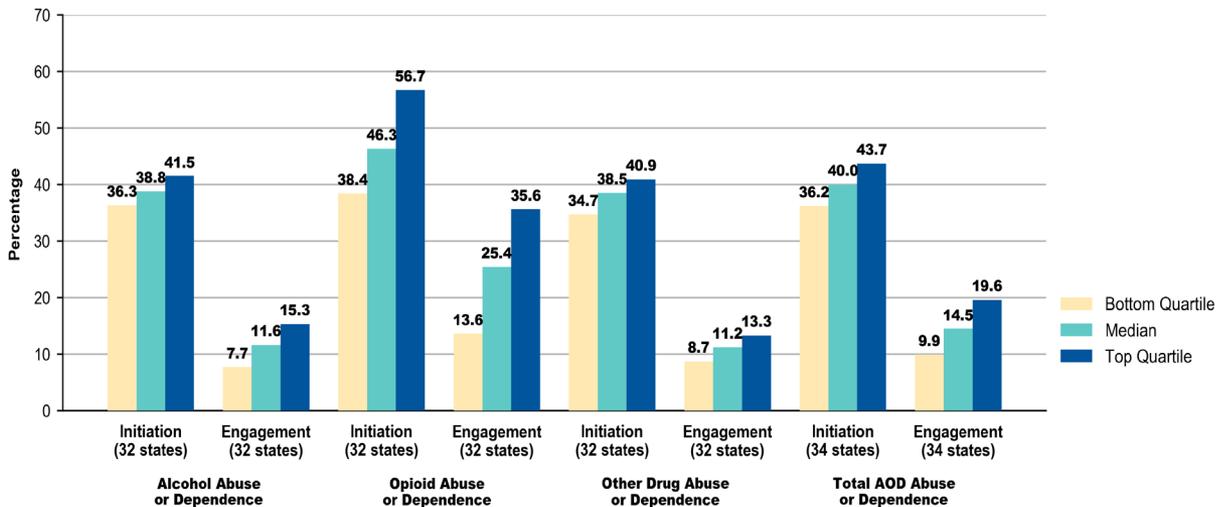
Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

*Data displayed in this chart include adults ages 18 to 64 for 19 states and age 18 and older for 14 states.

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

Treatment for alcohol and other drug (AOD) abuse or dependence can improve health, productivity, and social outcomes, and can save millions of dollars on health care and related costs. This measure 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 additional services within 34 days of the initiation visit).

Percentage of Adults Age 18 and Older with a New Episode of Alcohol or Other Drug Abuse or Dependence who: (1) Initiated Treatment within 14 Days of Diagnosis, and (2) Initiated Treatment and Had Two or More Additional Services within 34 Days of the Initiation Visit, FFY 2018



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

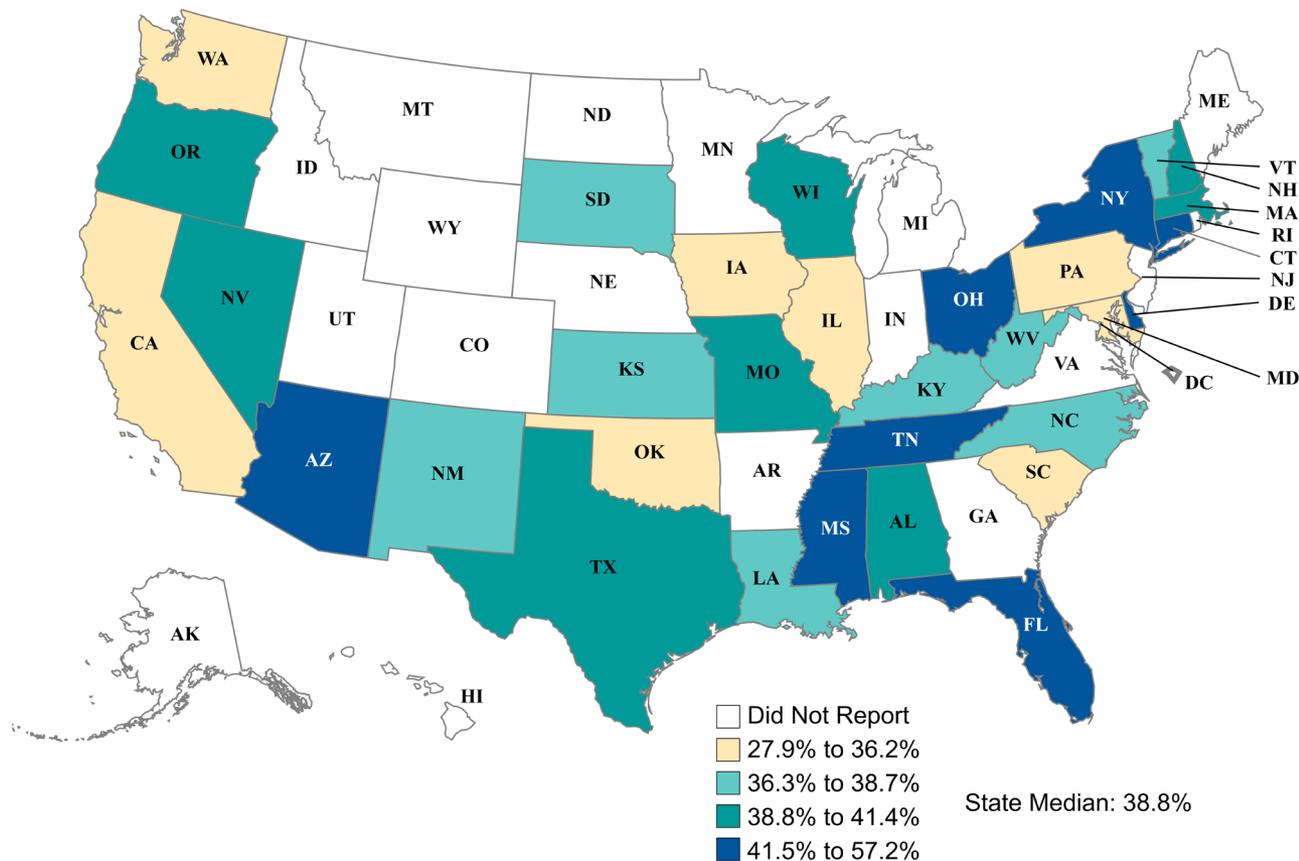
Notes: This measure identifies the percentage of adults age 18 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who: (1) initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth, or medication assisted treatment (MAT) within 14 days of the diagnosis (initiation rate), and (2) initiated treatment and had two or more additional AOD services or MAT within 34 days of the initiation visit (engagement rate). Specifications for this measure changed substantially for FFY 2018 and rates are not comparable with rates reported for previous years.

*Data displayed in this chart include adults ages 18 to 64 for 24 states, age 18 and older for 9 states, and age 13 and older for 1 state.

A median of **40** percent of adults with alcohol and other drug abuse or dependence initiated treatment within 14 days of diagnosis (34 states)

Initiation of Alcohol Abuse or Dependence Treatment (continued)

Geographic Variation in Percentage of Adults* with a New Episode of Alcohol Abuse or Dependence Who Initiated Treatment within 14 Days, FFY 2018 (n = 32 states)



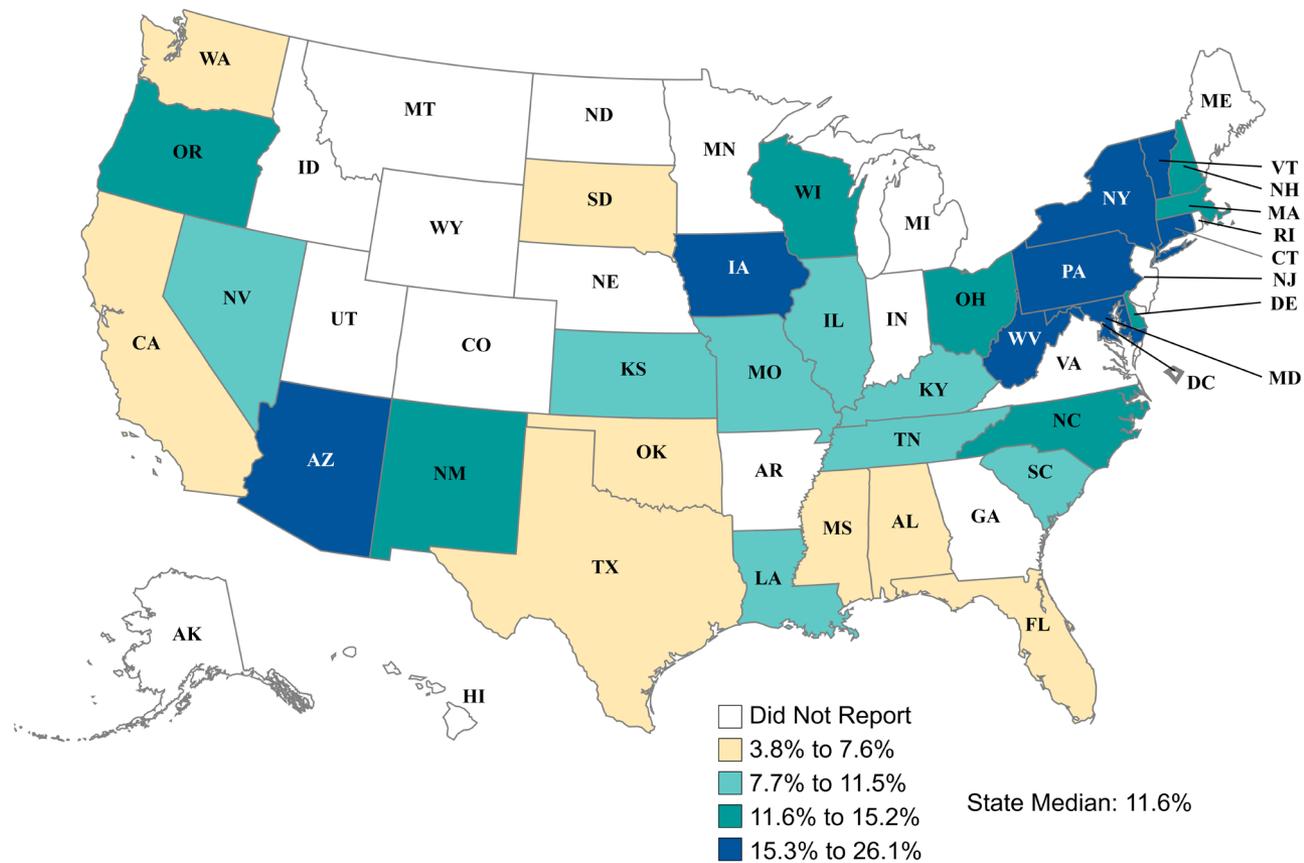
Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

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

*Data displayed in this chart include adults ages 18 to 64 for 24 states and age 18 and older for 8 states.

Engagement of Alcohol Abuse or Dependence Treatment (continued)

Geographic Variation in the Percentage of Adults* with a New Episode of Alcohol Abuse or Dependence Who Initiated Treatment and Had Two or More Additional Services within 34 Days, FFY 2018 (n = 32 states)



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

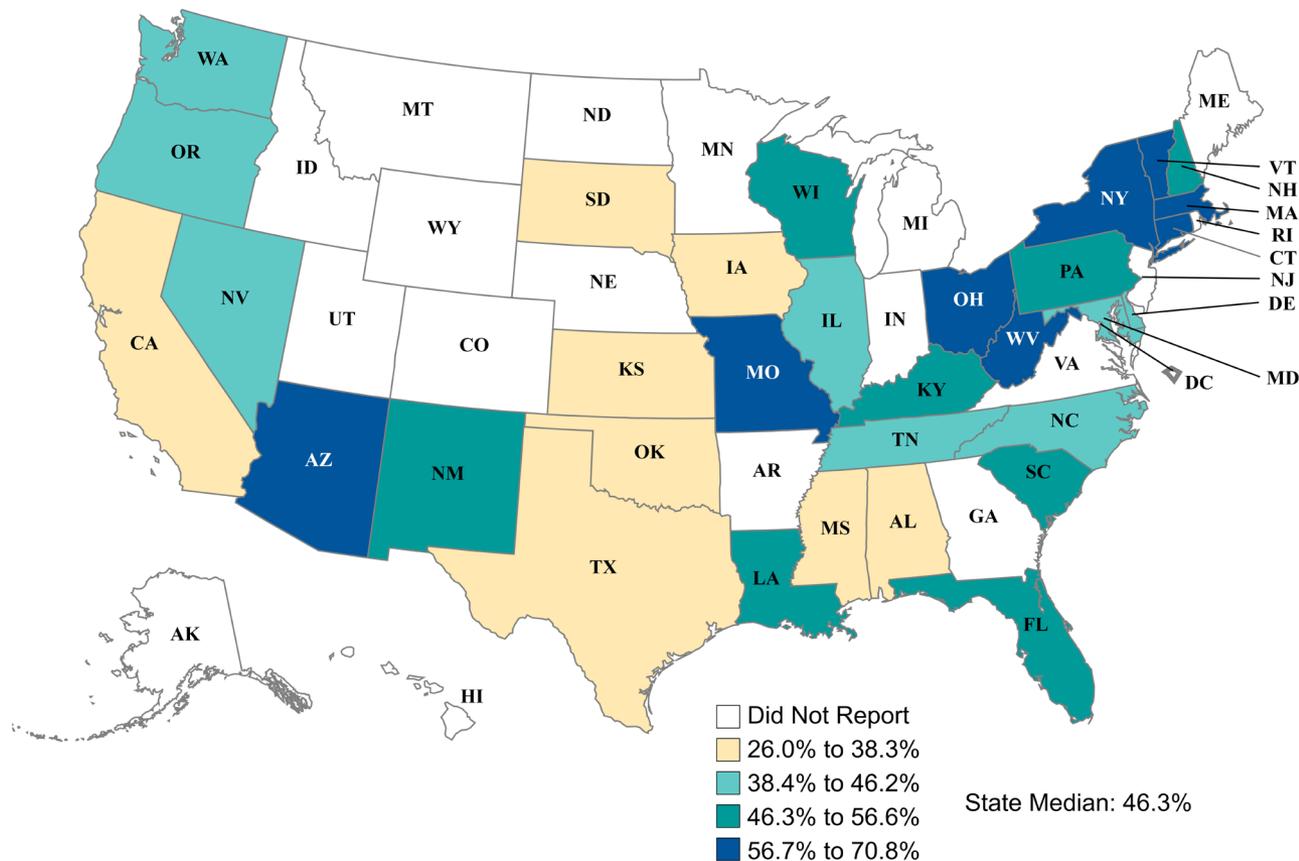
Note: This chart excludes Hawaii and Rhode Island, which reported the measure but did not provide data for the Engagement of Alcohol Abuse or Dependence Treatment rate.

*Data displayed in this chart include adults ages 18 to 64 for 24 states and age 18 and older for 8 states.



Initiation of Opioid Abuse or Dependence Treatment (continued)

Geographic Variation in Percentage of Adults* with a New Episode of Opioid Abuse or Dependence Who Initiated Treatment within 14 Days, FFY 2018 (n = 32 states)



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

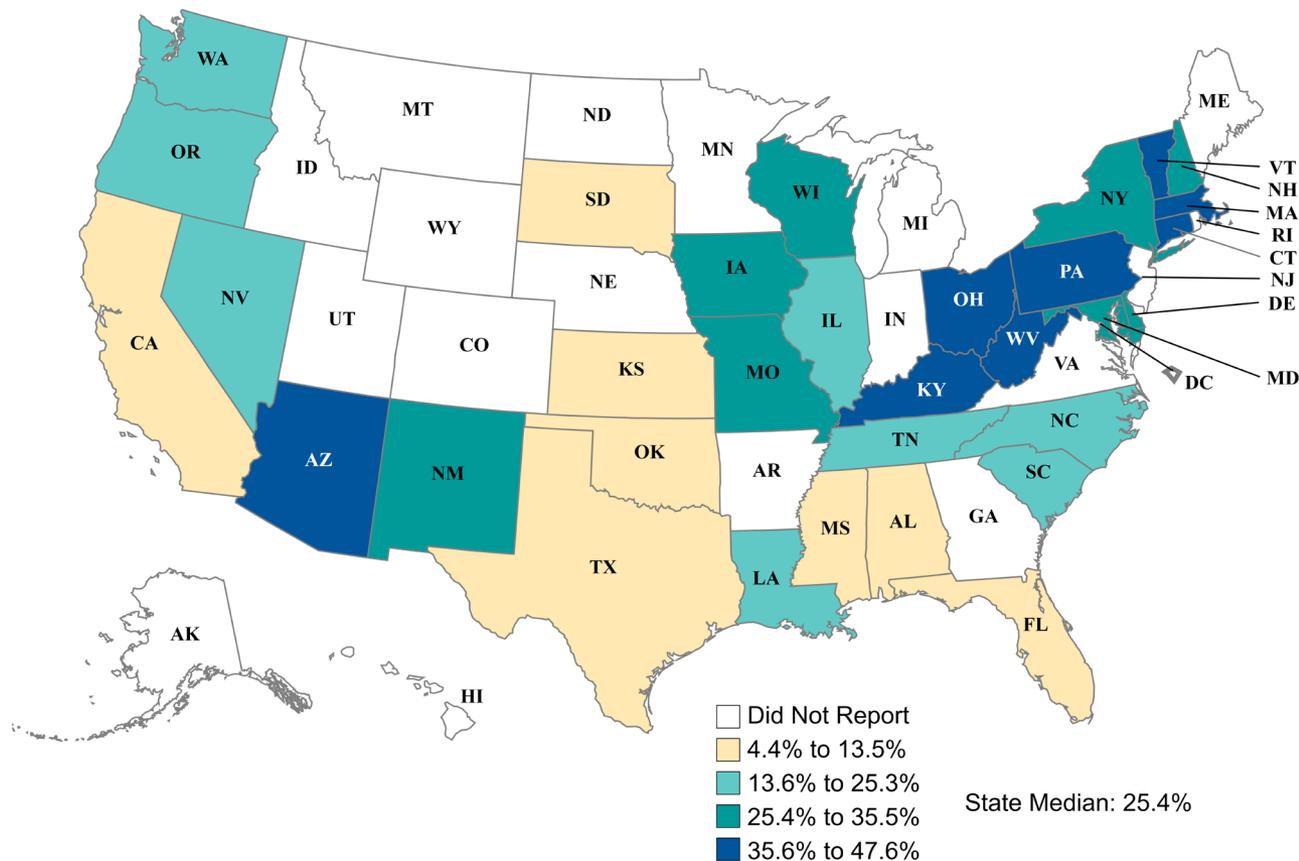
Note: This chart excludes Hawaii and Rhode Island, which reported the measure but did not provide data for the Initiation of Opioid Abuse or Dependence Treatment rate.

*Data displayed in this chart include adults ages 18 to 64 for 24 states and age 18 and older for 8 states.



Engagement of Opioid Abuse or Dependence Treatment (continued)

Geographic Variation in the Percentage of Adults* with a New Episode of Opioid Abuse or Dependence Who Initiated Treatment and Had Two or More Additional Services within 34 Days, FFY 2018 (n = 32 states)



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

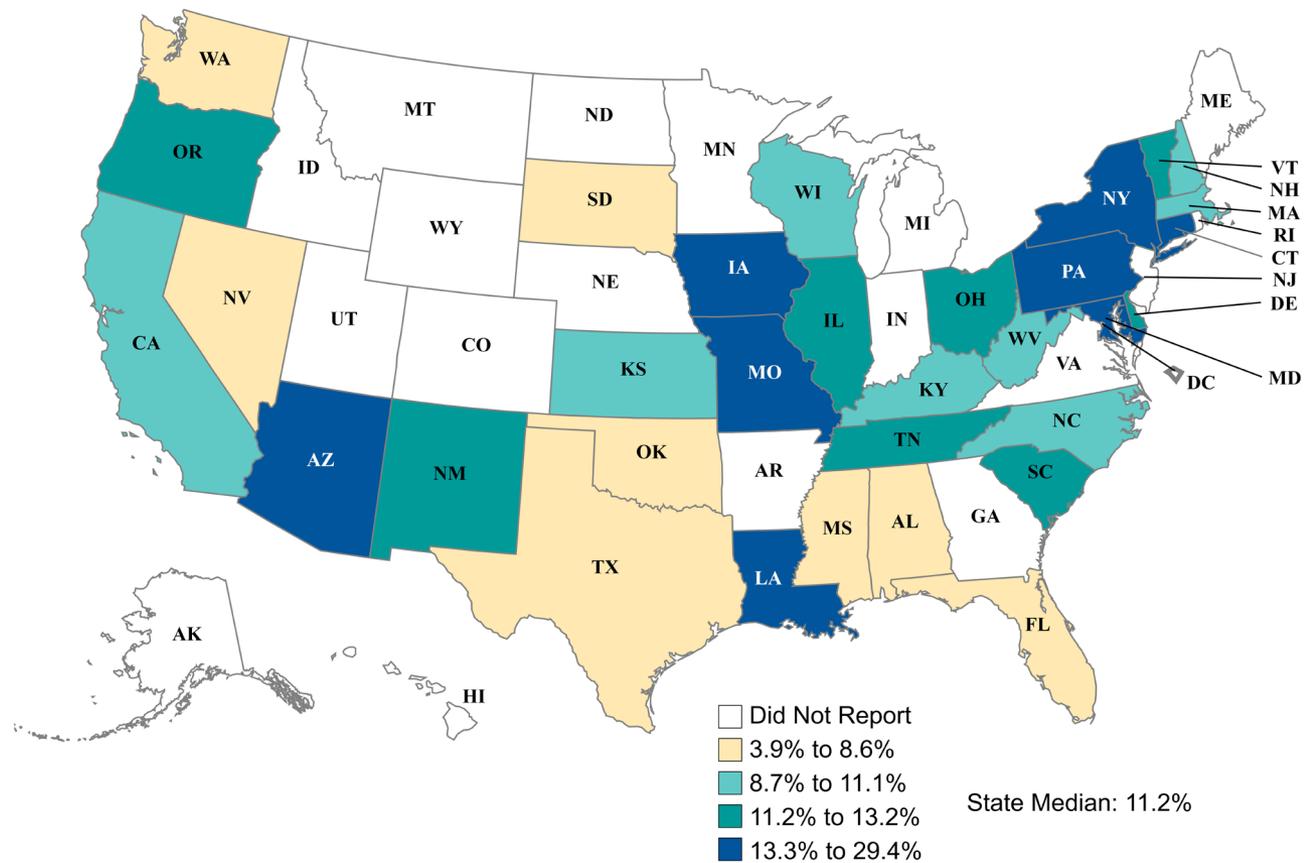
Note: This chart excludes Hawaii and Rhode Island, which reported the measure but did not provide data for the Engagement of Opioid Abuse or Dependence Treatment rate.

*Data displayed in this chart include adults ages 18 to 64 for 24 states and age 18 and older for 8 states.



Engagement of Other Drug Abuse or Dependence Treatment (continued)

Geographic Variation in the Percentage of Adults* with a New Episode of Other Drug Abuse or Dependence Who Initiated Treatment and Had Two or More Additional Services within 34 Days, FFY 2018 (n = 32 states)



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

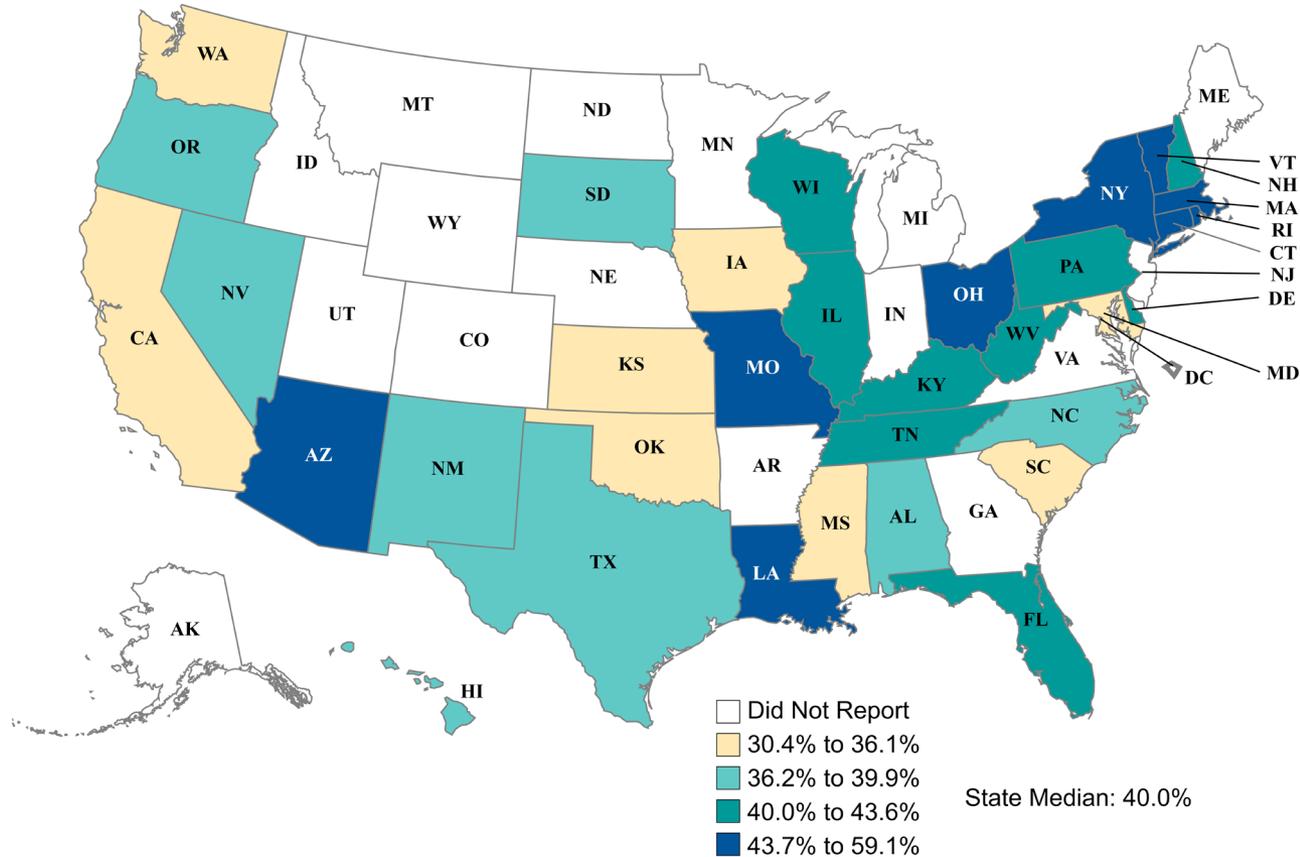
Note: This chart excludes Hawaii and Rhode Island, which reported the measure but did not provide data for the Engagement of Other Drug Abuse or Dependence Treatment rate.

*Data displayed in this chart include adults ages 18 to 64 for 24 states and age 18 and older for 8 states.



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

Geographic Variation in Percentage of Adults* with a New Episode of Alcohol or Other Drug Abuse or Dependence Who Initiated Treatment within 14 Days, FFY 2018 (n = 34 states)

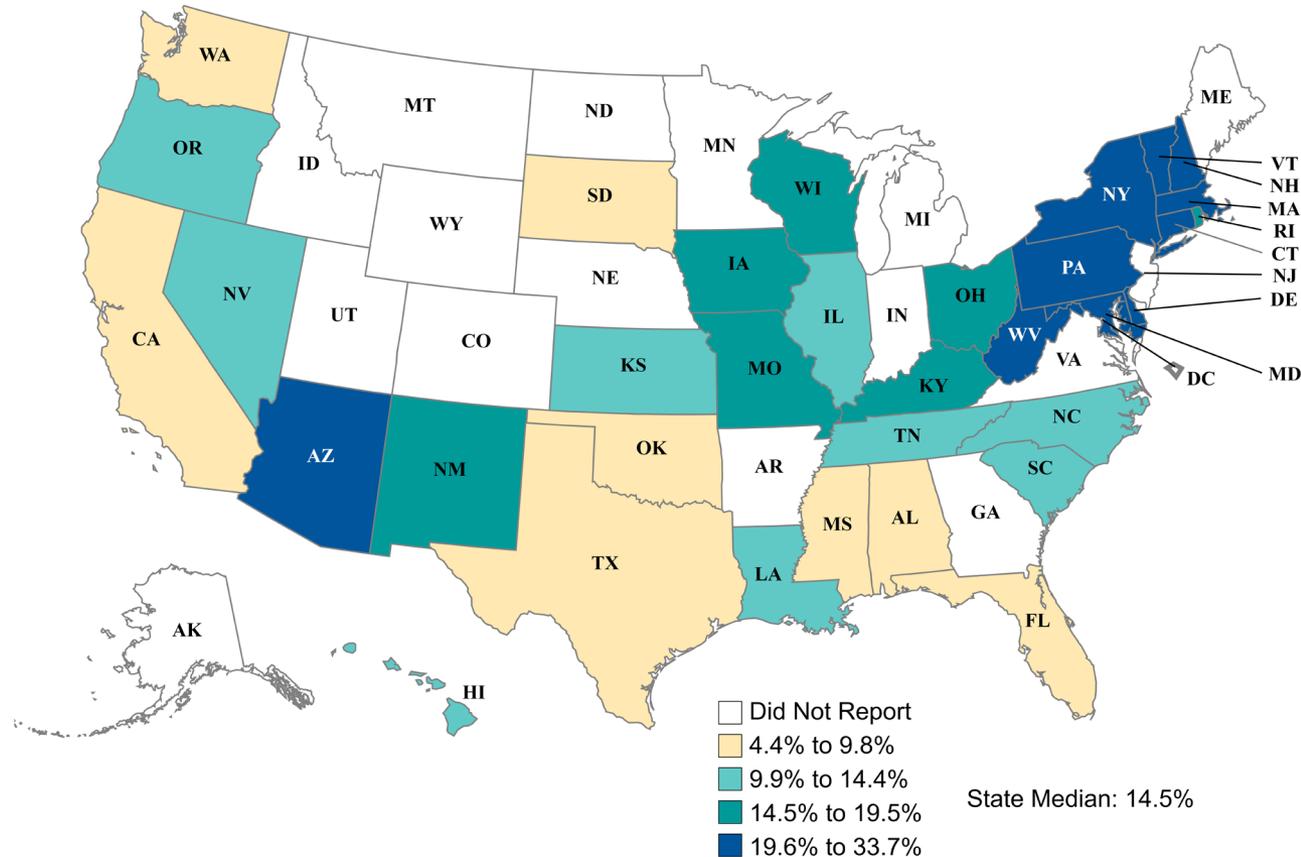


Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

*Data displayed in this chart include adults ages 18 to 64 for 24 states, age 18 and older for 9 states, and age 13 and older for 1 state.

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

Geographic Variation in the Percentage of Adults* with a New Episode of Alcohol or Other Drug Abuse or Dependence Who Initiated Treatment and Had Two or More Additional Services within 34 Days, FFY 2018 (n = 34 states)



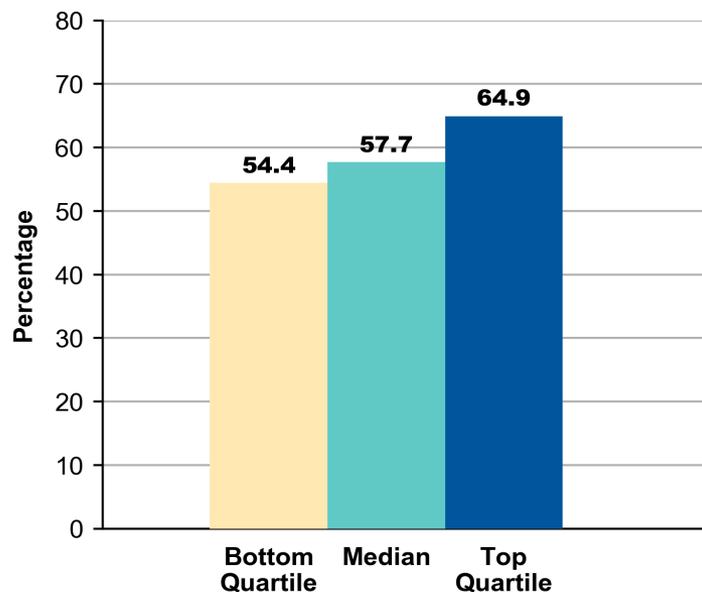
Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

*Data displayed in this chart include adults ages 18 to 64 for 24 states, age 18 and older for 9 states, and age 13 and older for 1 state.

Adherence to Antipsychotic Medications for Individuals with Schizophrenia

Adherence to antipsychotics for the treatment of schizophrenia can reduce the risk of relapse or hospitalization. This measure indicates the percentage 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 2018 (n = 33 states)



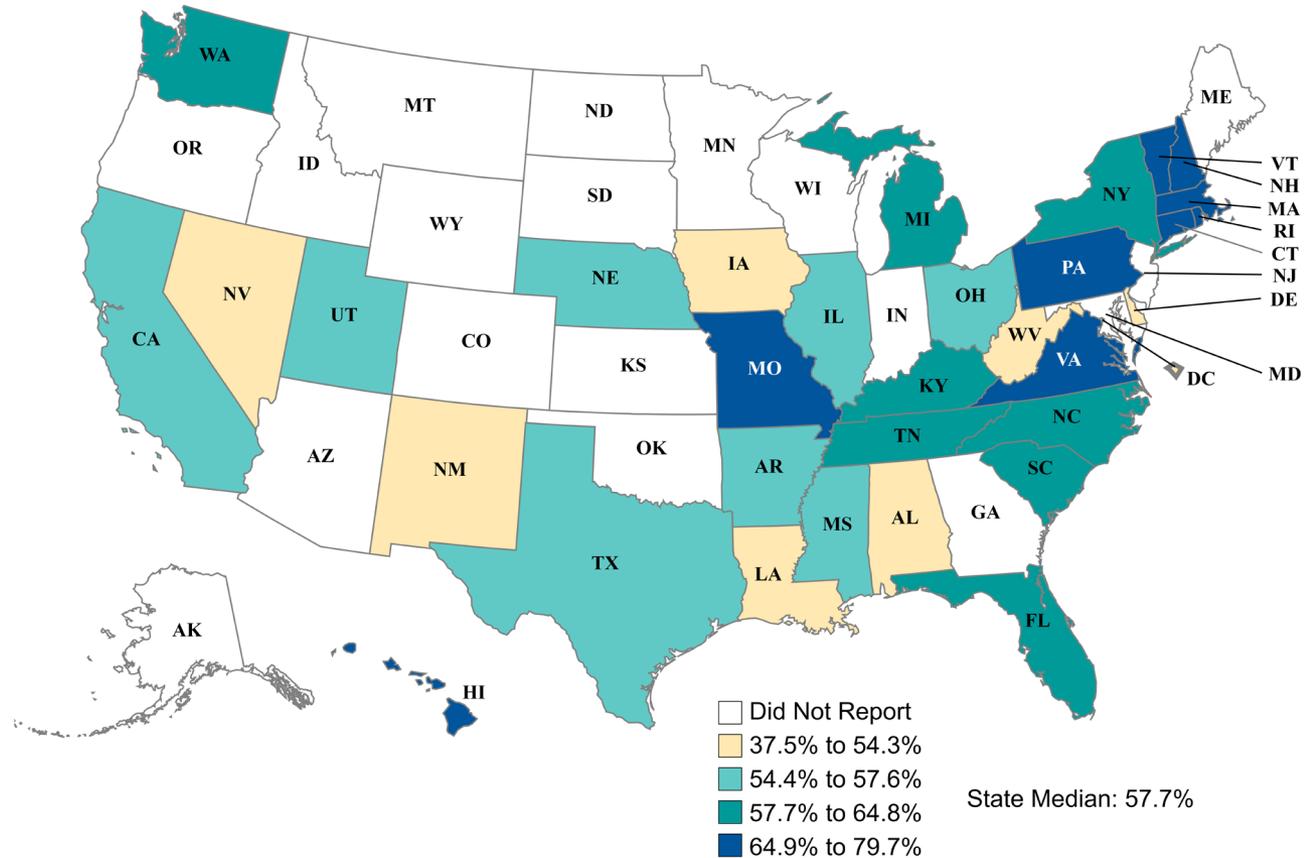
Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Note: 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 during the measurement year.

A median of **58** percent of adults ages 19 to 64 with schizophrenia remained on an antipsychotic medication for at least 80 percent of their treatment period (33 states)

Adherence to Antipsychotic Medications 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 2018 (n = 33 states)

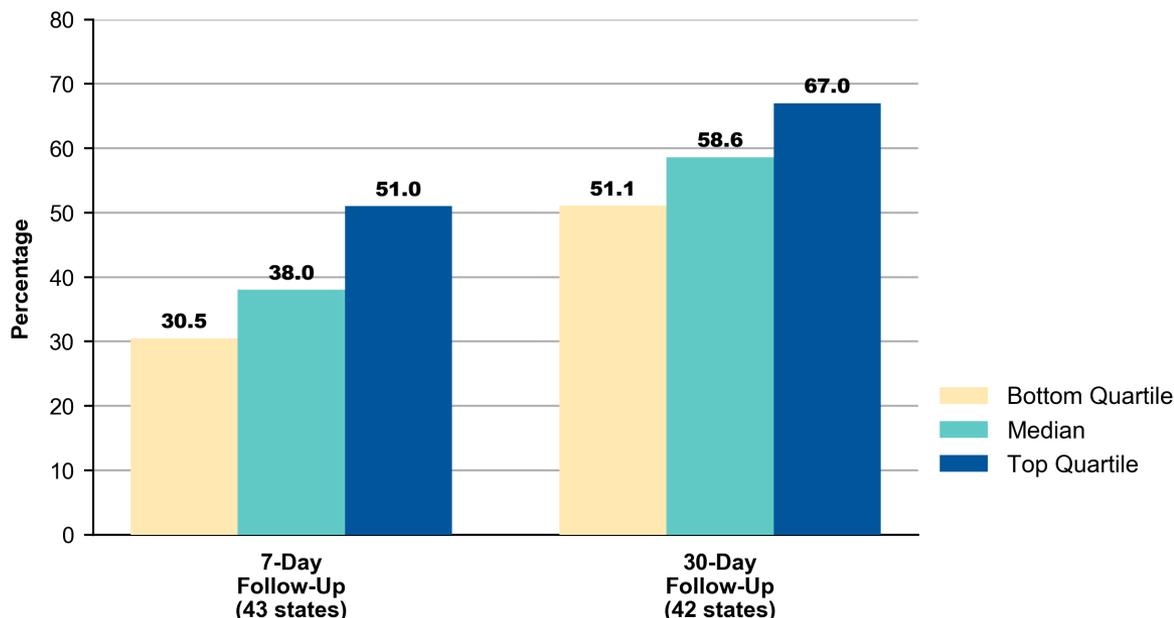


Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Follow-Up After Hospitalization for Mental Illness: Age 21 and Older

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* Hospitalized for Treatment of Mental Illness with a Follow-Up Visit with a Mental Health Practitioner within 7 and 30 Days After Discharge, FFY 2018



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

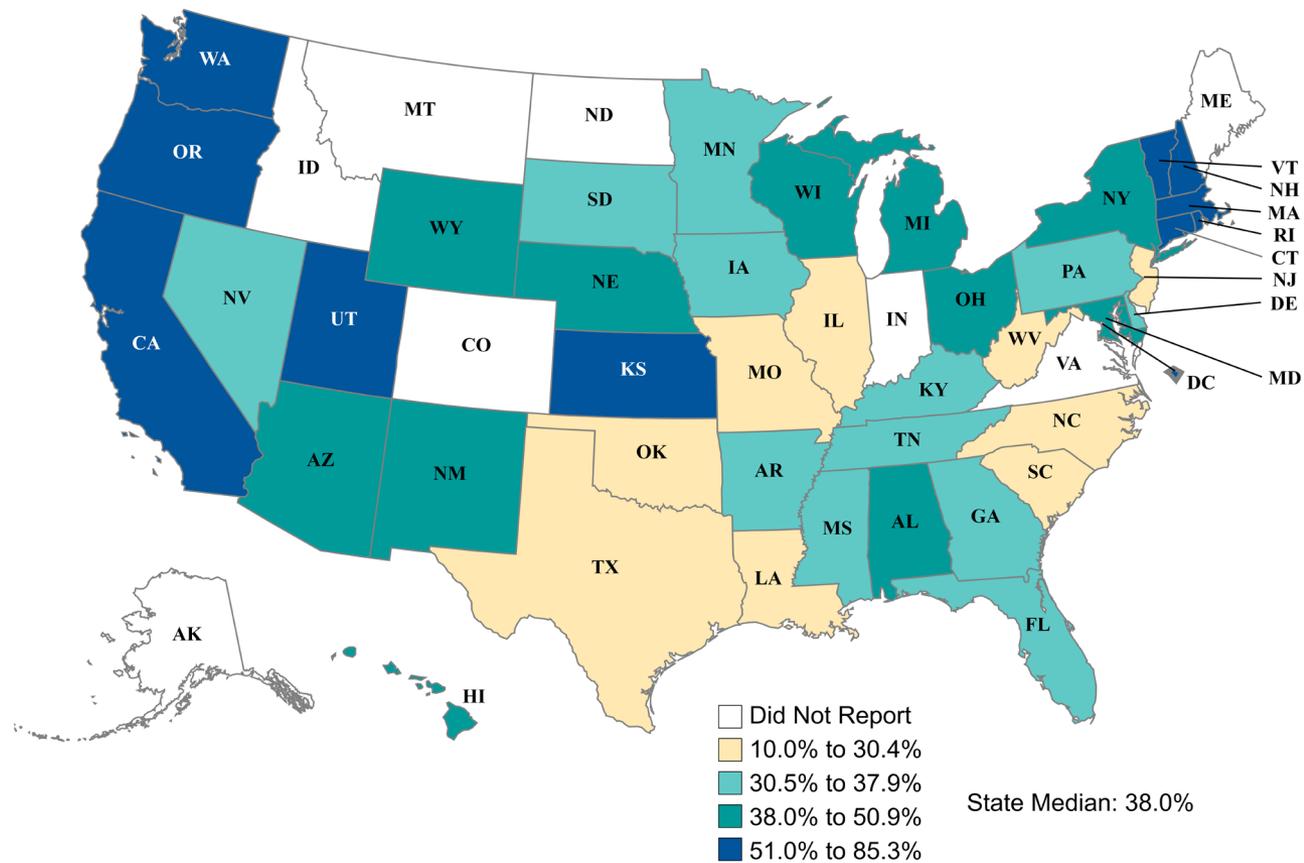
Notes: This measure identifies the percentage of discharges for adults age 21 and older who were hospitalized for treatment of selected mental illness diagnoses with a follow-up visit with a mental health practitioner within 7 days after discharge and within 30 days after discharge. Specifications for this measure changed substantially for FFY 2018 and rates are not comparable with rates reported for previous years.

*Data displayed in this chart include ages 21 to 64 for 30 states, age 21 and older for 2 states, and age 6 and older for 11 states.

A median of **38** percent of adults who were hospitalized for mental illness had a follow-up visit within 7 days after discharge (43 states) and **59** percent had a follow-up visit within 30 days after discharge (42 states)

Follow-Up After Hospitalization for Mental Illness Within 7 Days After Discharge (continued)

Geographic Variation in the Percentage of Adults* Hospitalized for Treatment of Mental Illness with a Follow-Up Visit with a Mental Health Practitioner within 7 Days After Discharge, FFY 2018 (n = 43 states)



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

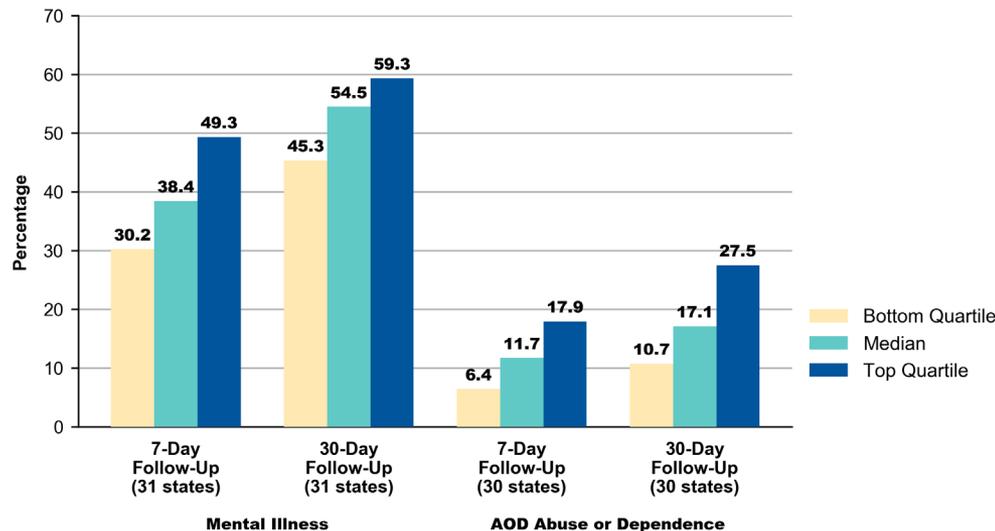
*Data displayed in this chart include adults ages 21 to 64 for 30 states, age 21 and older for 2 states, and age 6 and older for 11 states.



Follow-up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence

Timely follow-up care after an emergency department (ED) visit for mental illness or alcohol and other drug (AOD) abuse or dependence may reduce repeat ED visits, prevent hospital admissions, and improve health outcomes. The period immediately after the ED visit is important for engaging individuals in treatment and establishing continuity of care. This measure assesses the percentage of beneficiaries who had a follow-up visit with any practitioner within 7 and 30 days of an ED visit for mental illness or AOD abuse or dependence. Performance on this measure is being publicly reported for the first time for FFY 2018.

Percentage of Emergency Department (ED) Visits for Adults Age 18 and Older who had a Principal Diagnosis of Mental Illness or Alcohol and Other Drug (AOD) Abuse or Dependence with a Follow-Up Visit within 7 Days and 30 Days of the ED Visit, FFY 2018



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Note: This measure identifies the percentage of emergency department (ED) visits for Medicaid beneficiaries age 18 and older with a principal diagnosis of mental illness or alcohol or other drug (AOD) abuse or dependence, who had a follow-up visit for mental illness or AOD within 7 days of the ED Visit and within 30 days of the ED visit.

*Data displayed in this chart include adults ages 18 to 64 for 22 states, age 18 and older for 5 states, age 13 and older for 1 state, and age 6 and older for 2 states. One state reported age 18 and older for FUA rates and age 6 and older for FUM rates. One state reported age 13 and older for FUA rates and ages 6 and older for FUM rates.

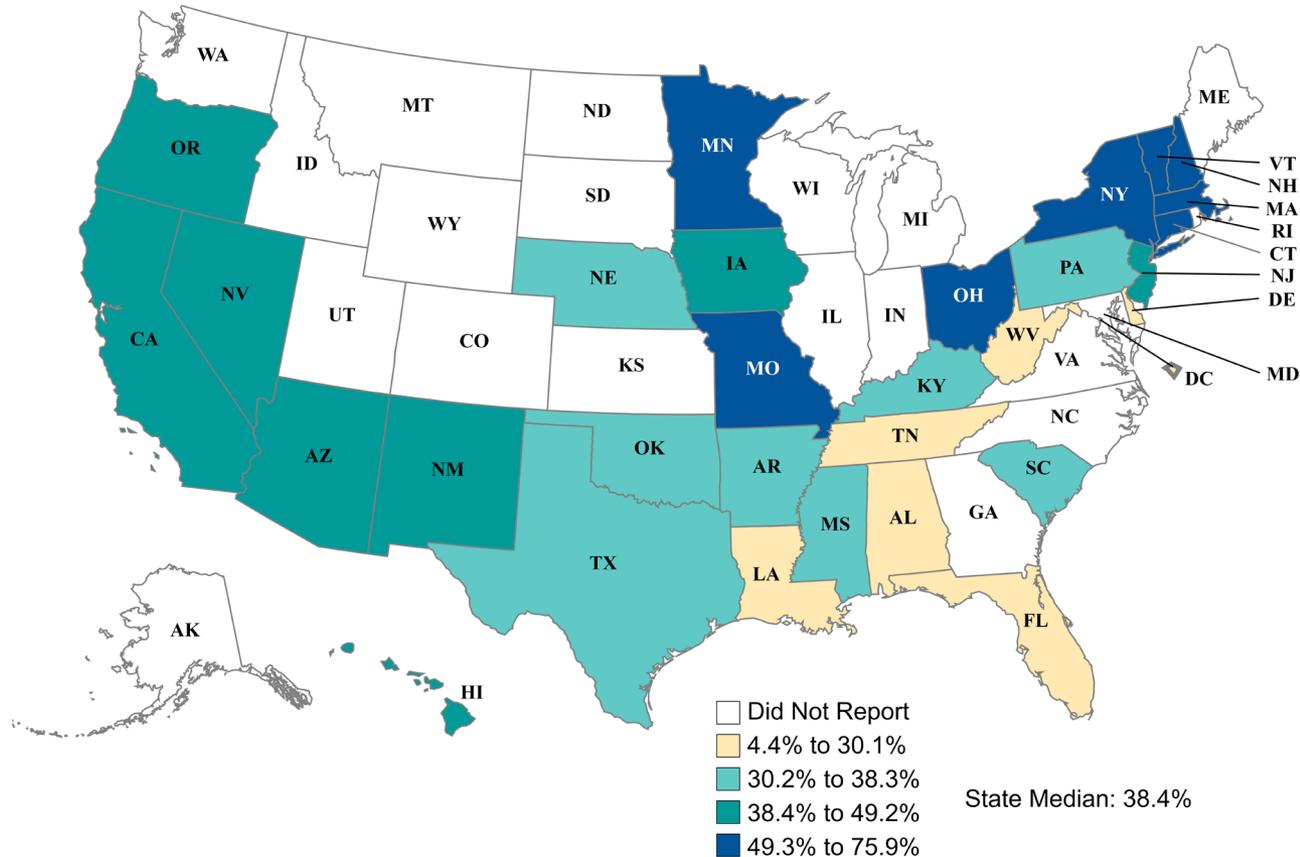
A median of **55** percent of ED visits for adults with a diagnosis of mental illness had a follow-up visit within 30 days (31 states) and

17 percent of ED visits for adults with a diagnosis of AOD had a follow-up visit within 30 days (30 states)



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

Geographic Variation in the Percentage of Emergency Department (ED) Visits for Adults Age 18 and Older who had a Principal Diagnosis of Mental Illness with a Follow-Up Visit within 7 Days of the ED Visit (n = 31 states)

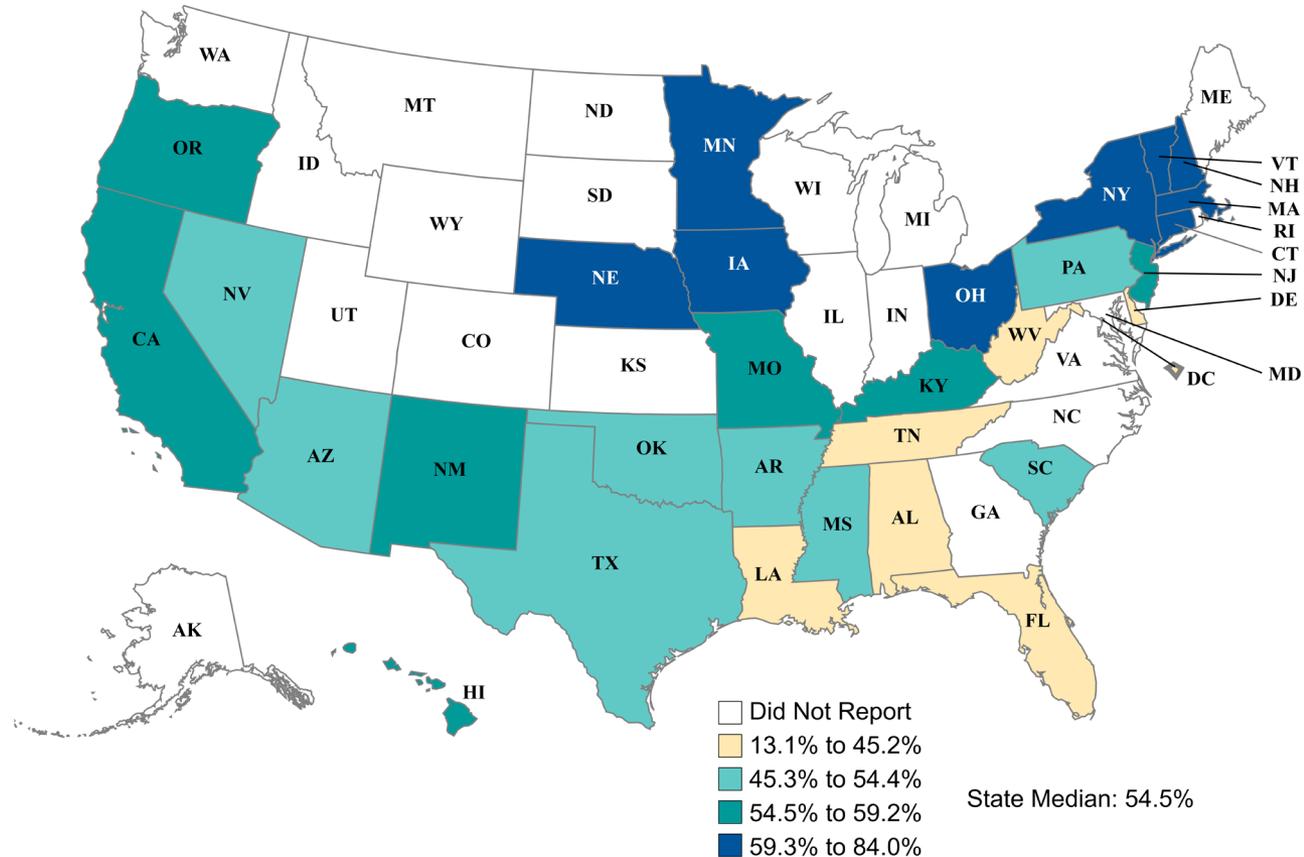


Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

*Data displayed in this chart include adults ages 18 to 64 for 22 states, age 18 and older for 5 states, and age 6 and older for 4 states.

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

Geographic Variation in the Percentage of Emergency Department (ED) Visits for Adults Age 18 and Older who had a Principal Diagnosis of Mental Illness within 30 Days of the ED Visit (n = 31 states)

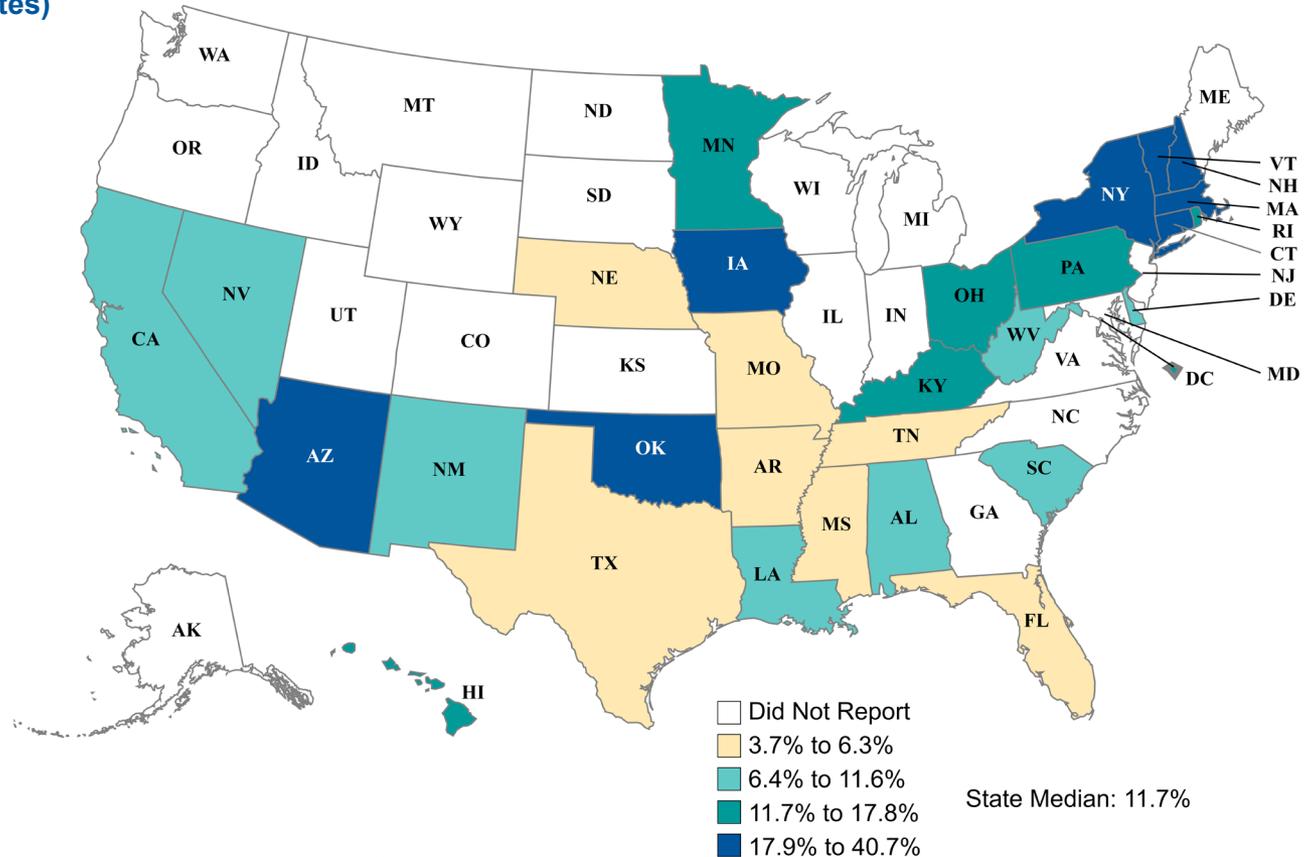


Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

*Data displayed in this chart include adults ages 18 to 64 for 22 states, age 18 and older for 5 states, and age 6 and older for 4 states.

Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence Within 7 Days of the ED Visit (continued)

Geographic Variation in the Percentage of Emergency Department (ED) Visits for Adults Age 18 and Older who had a Principal Diagnosis of Alcohol and Other Drug (AOD) Abuse or Dependence with a Follow-Up Visit within 7 Days of the ED Visit (n = 30 states)



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

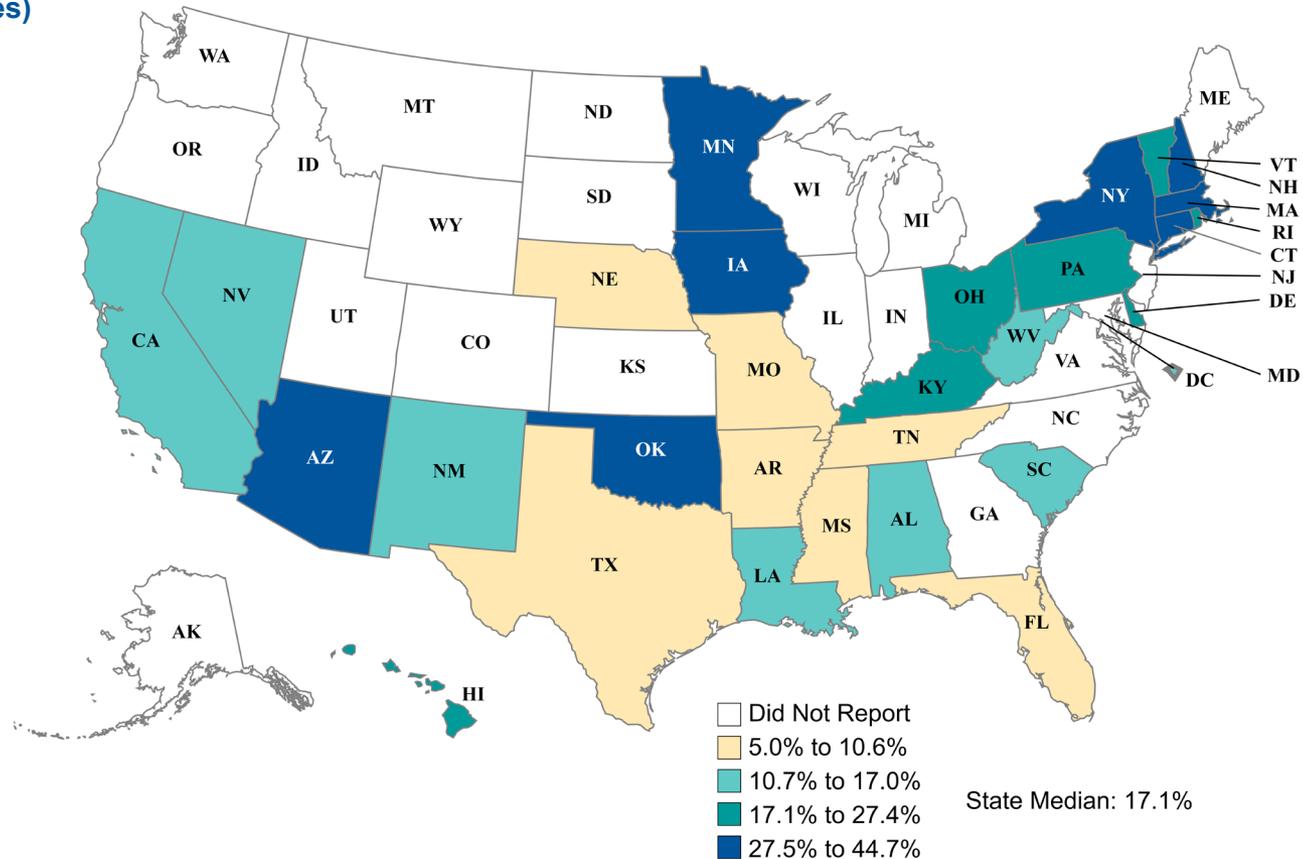
Note: This chart excludes Oregon, which reported the measure but did not provide data for the 7-Day Follow-Up for AOD Abuse or Dependence rate.

*Data displayed in this chart include adults ages 18 to 64 for 21 states, age 18 and older for 6 states, age 13 and older for 2 states, and age 6 and older for 1 state.



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

Geographic Variation in the Percentage of Emergency Department (ED) Visits for Adults Age 18 and Older who had a Principal Diagnosis of Alcohol and Other Drug (AOD) Abuse or Dependence with a Follow-Up Visit within 30 Days of the ED Visit (n = 30 states)



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Note: This chart excludes Oregon, which reported the measure but did not provide data for the 30-Day Follow-Up for AOD Abuse or Dependence rate.

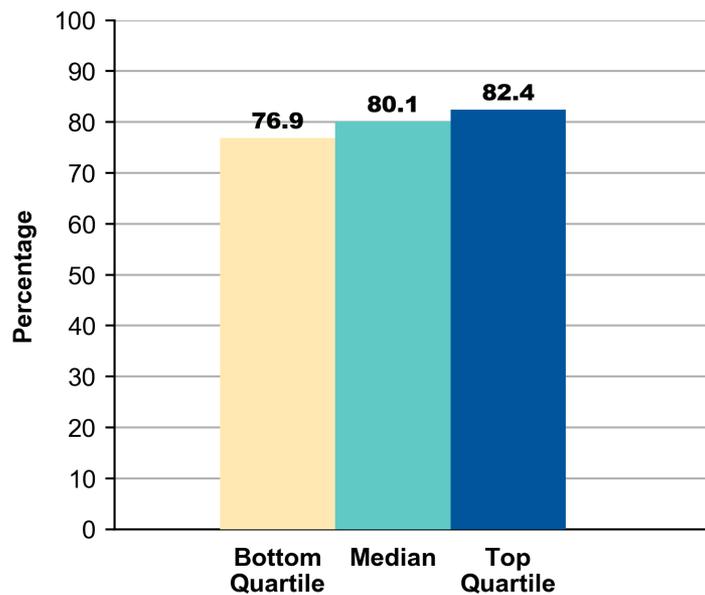
*Data displayed in this chart include adults ages 18 to 64 for 21 states, age 18 and older for 6 states, age 13 and older for 2 states, and age 6 and older for 1 state.



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 or bipolar disorder who use antipsychotic medications can lead to adverse health outcomes if diabetes is not detected and treated. This measure assesses whether Medicaid beneficiaries with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication had a diabetes screening test.

Percentage of Adults Ages 18 to 64 with Schizophrenia or Bipolar Disorder who were Dispensed an Antipsychotic Medication and had a Diabetes Screening Test, FFY 2018 (n = 32 states)



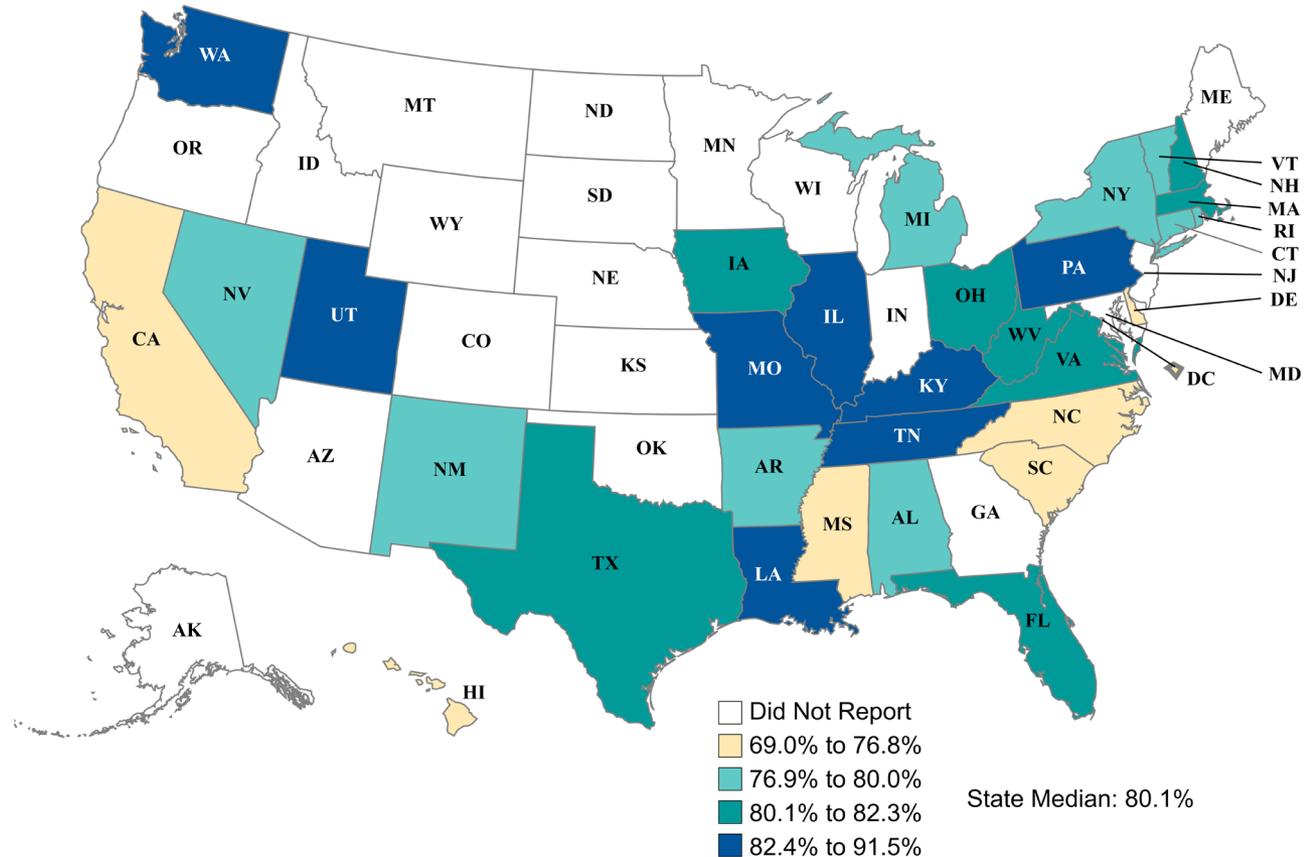
Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

Note: This measure identifies the percentage of adults ages 18 to 64 with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.

A median of **80** percent of adults with schizophrenia or bipolar disorder who were dispensed an antipsychotic had a diabetes screening test during the measurement year (32 states)

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

Geographic Variation in the Percentage of Adults Ages 18 to 64 with Schizophrenia or Bipolar Disorder who were Dispensed an Antipsychotic Medication and had a Diabetes Screening Test, FFY 2018 (n = 32 states)



Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

TRENDS IN STATE PERFORMANCE, FFY 2016–2018



Trends in State Performance, FFY 2016–2018: Introduction

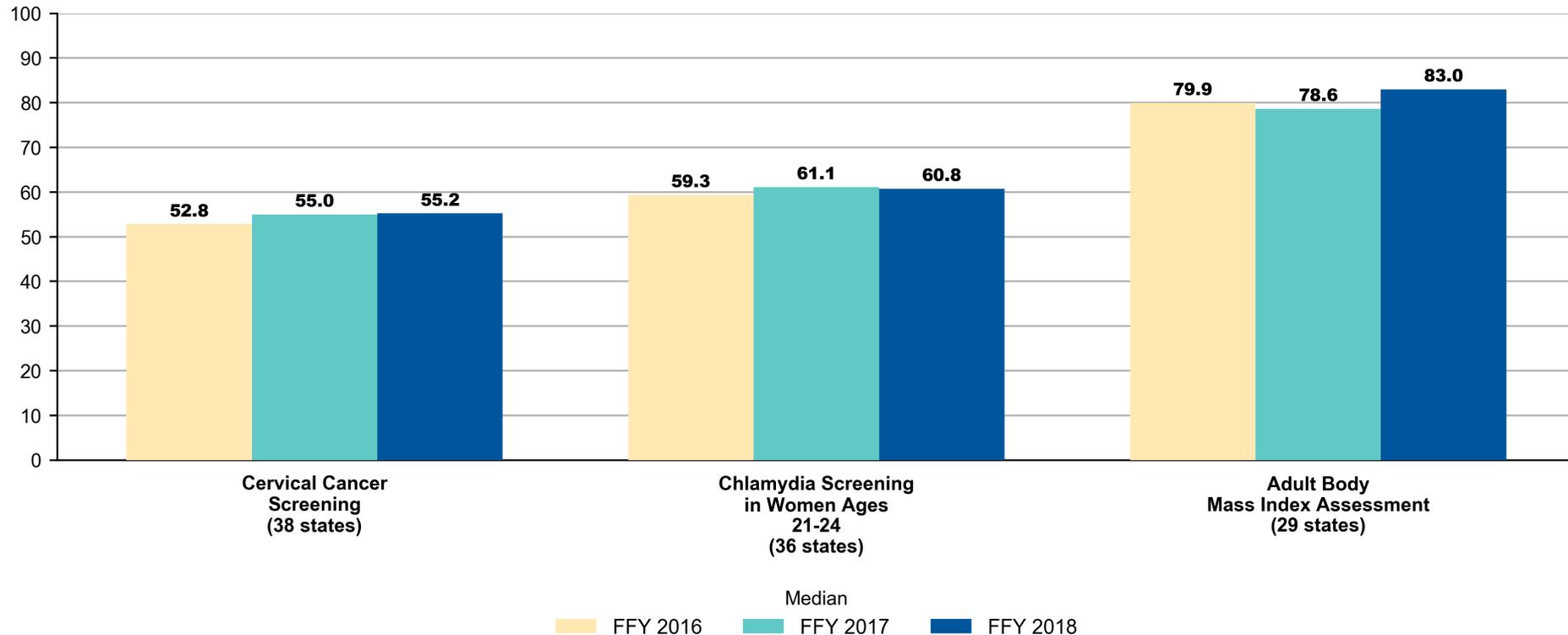
CMS assessed trends in median state performance on 11 Adult Core Set measures publicly reported from FFY 2016 to FFY 2018. Trends are presented for measures reported by at least 20 states in all three years and that met CMS standards for data quality.

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 2016–2018: Primary Care Access and Preventive Care

Median state performance on the Adult Body Mass Index Assessment measure increased significantly between FFY 2016 and FFY 2018 among states reporting the measure for all three years. Median state performance on the Cervical Cancer Screening and Chlamydia Screening in Women Ages 21 to 24 measures did not change significantly during this period.



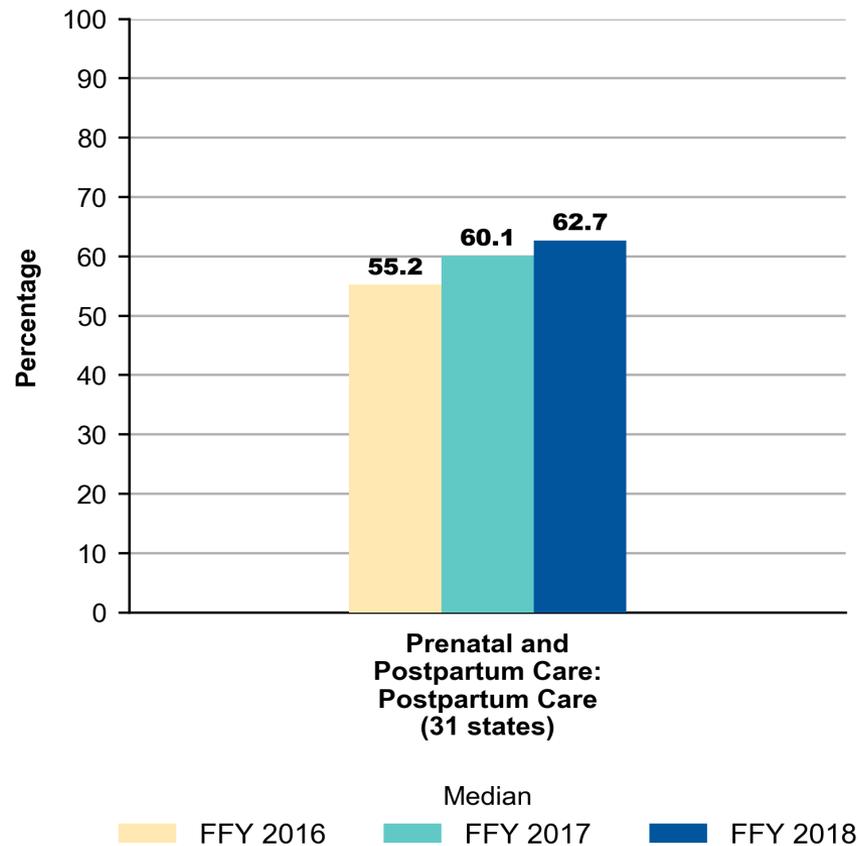
Source: Mathematica analysis of FFY 2016–2018 MACPro reports.

Notes: This chart includes the states that reported each measure using Adult Core Set specifications for all three years. Data from previous years may be updated based on new information received after publication of the 2018 Chart Pack.



Trends in State Performance, FFY 2016–2018: Maternal and Perinatal Health

Median state performance on the Prenatal and Postpartum Care: Postpartum Care measure increased significantly between FFY 2016 and FFY 2018 among states reporting the measure for all three years.

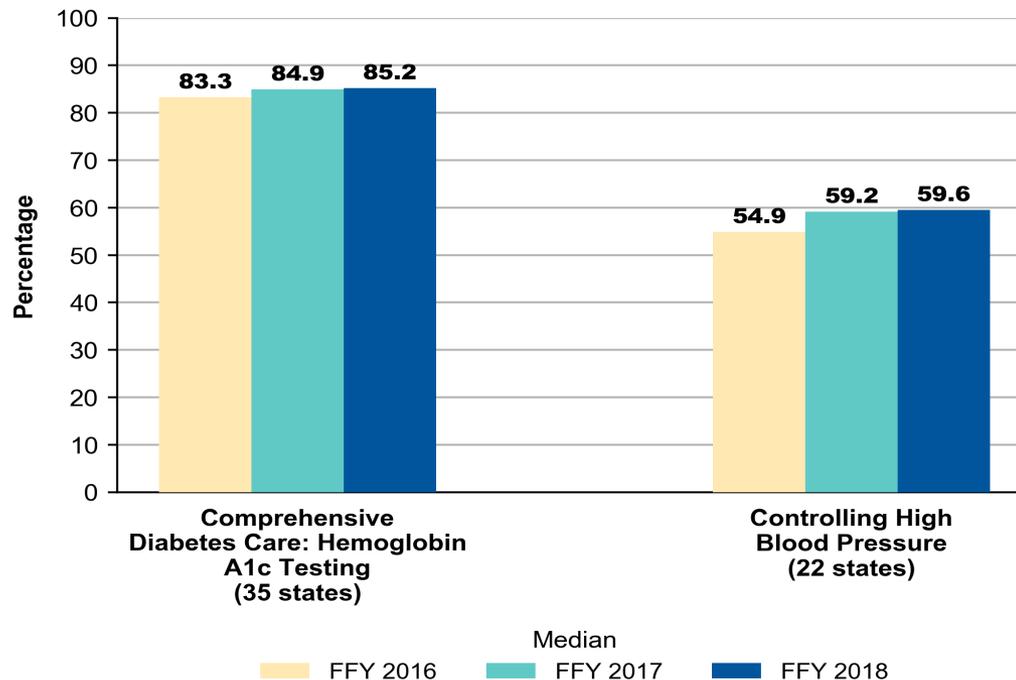


Source: Mathematica analysis of FFY 2016–2018 MACPro reports.

Notes: This chart includes the states that reported each measure using Adult Core Set specifications for all three years. Data from previous years may be updated based on new information received after publication of the 2018 Chart Pack.

Trends in State Performance, FFY 2016–2018: Care of Acute and Chronic Conditions

Median state performance on the Comprehensive Diabetes Care: Hemoglobin A1c Testing measure and the Controlling High Blood Pressure measure did not change significantly from FFY 2016 to FFY 2018 among states reporting the measures for all three years.

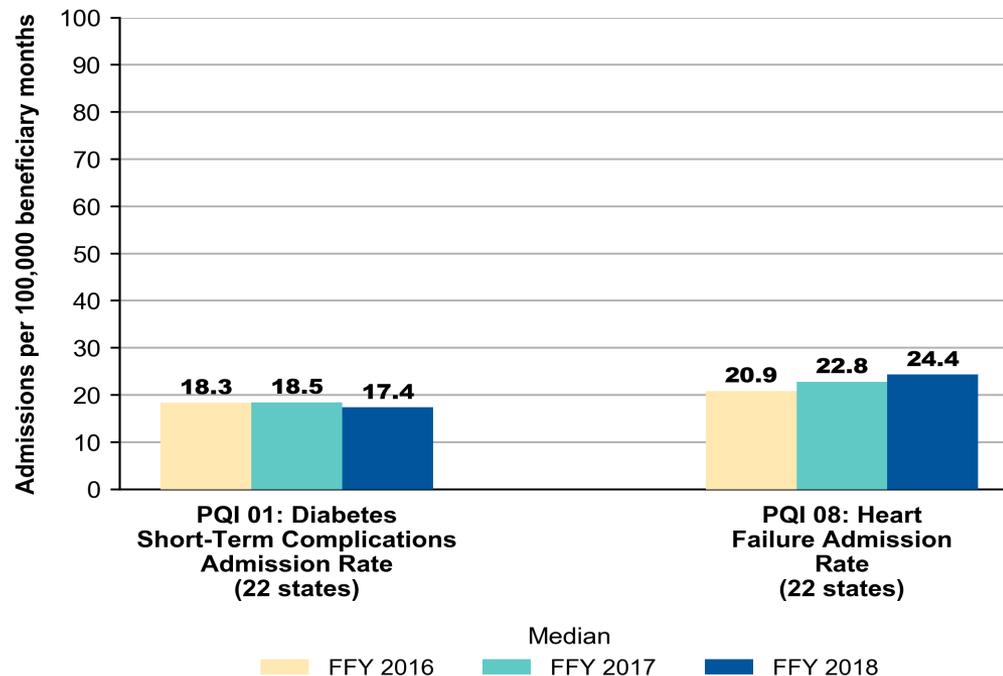


Source: Mathematica analysis of FFY 2016–2018 MACPro reports.

Notes: This chart includes the states that reported each measure using Adult Core Set specifications for all three years. Data from previous years may be updated based on new information received after publication of the 2018 Chart Pack.

Trends in State Performance, FFY 2016–2018: Care of Acute and Chronic Conditions (continued)

Median state performance on the PQI 08: Heart Failure Admission Rate measure increased significantly between FFY 2016 and FFY 2018 among states reporting the measure for all three years, representing lower performance because lower rates are better on this measure. Median state performance on the PQI 01: Diabetes Short-Term Complications Admission Rate was consistent during this period.

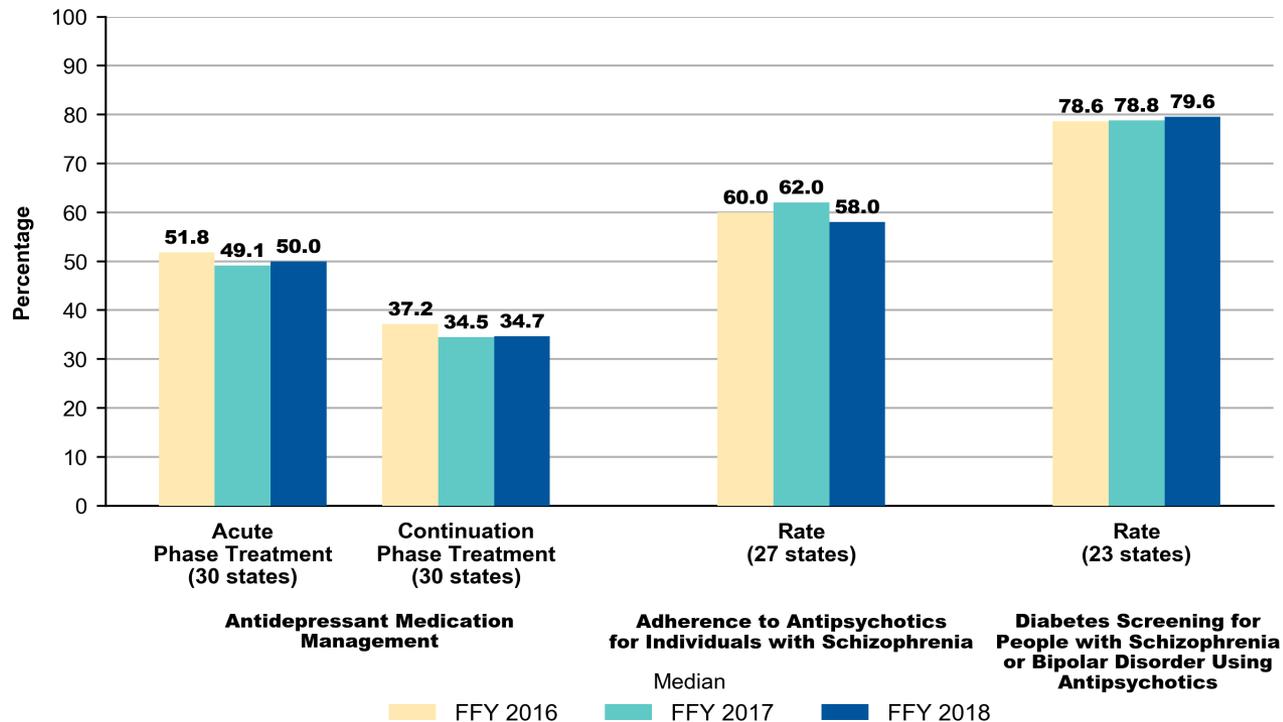


Source: Mathematica analysis of FFY 2016–2018 MACPro reports.

Notes: This chart includes the states that reported each measure using Adult Core Set specifications for all three years. Data from previous years may be updated based on new information received after publication of the 2018 Chart Pack.

Trends in State Performance, FFY 2016–2018: Behavioral Health Care

Median state performance on the Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications measure increased significantly from FFY 2016 to FFY 2018. Median state performance on the Antidepressant Medication Management (Acute and Continuation Phases) and Adherence to Antipsychotics for Individuals with Schizophrenia measures did not change significantly during this period.



Source: Mathematica analysis of FFY 2016–2018 MACPro reports.

Notes: This chart includes the states that reported each measure using Adult Core Set specifications for all three years. Data from previous years may be updated based on new information received after publication of the 2018 Chart Pack.



REFERENCE TABLES AND ADDITIONAL RESOURCES



Overview of State Reporting of the Adult Core Set Measures, FFY 2018

	Number of Measures Reported	Flu Vaccinations for Adults Ages 18 to 64	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening in Women Ages 21 to 24	Adult Body Mass Index Assessment Screening for Depression and Follow-up Plan: Age 18 and Older	Prenatal and Postpartum Care: Postpartum Care	PC-01: Elective Delivery	PC-03: Antenatal Steroids	Contraceptive Care: Postpartum Women Ages 21 to 44	Contraceptive Care: All Women Ages 21 to 44	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	Asthma Medication Ratio: Ages 19 to 64	Annual Monitoring for Patients on Persistent Medications	Controlling High Blood Pressure	HIV Viral Load Suppression	Antidepressant Medication Management	Concurrent Use of Opioids and Benzodiazepines	Use of Opioids at High Dosage in Persons Without Cancer	Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Follow-Up After Hospitalization for Mental Illness: Age 21 and Older	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence	Medical Assistance with Smoking and Tobacco Use Cessation	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	CAHPS Health Plan Survey 5.0H, Adult Version (Medicaid)			
Total	20 (Median)	22	41	40	38	35	6	37	8	2	29	24	38	28	28	25	25	26	30	29	36	29	6	33	15	27	4	34	33	43	32	20	32	32		
Alabama	22	-	X	X	X	X	-	-	-	X	X	X	X	X	X	X	X	-	X	X	-	-	X	X	X	-	X	X	X	X	X	-	X	X		
Arizona	15	X	X	X	X	-	-	-	-	X	-	-	X	X	X	X	X	X	-	X	-	-	-	X	X	-	X	-	X	X	-	-	-	-		
Arkansas	20	-	-	X	X	-	-	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-	X	X	X	X	X	-	X	X		
California	22	-	X	X	X	-	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	-	X	X	X	X	X	-	X	X		
Colorado	2	-	-	-	-	-	-	-	-	X	X	X	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Connecticut	25	X	X	X	X	X	-	X	-	-	-	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Delaware	32	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Dist. of Col.	20	X	X	X	X	X	-	X	-	-	-	-	X	X	X	X	X	X	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	
Florida	20	-	X	X	X	X	-	X	-	-	X	-	X	X	-	-	-	X	X	X	X	X	X	X	X	-	X	X	X	X	X	X	X	X	X	
Georgia	6	-	X	X	-	X	-	-	-	-	-	-	X	X	-	-	-	-	-	-	-	-	-	-	-	-	X	X	X	X	X	X	X	X	X	
Hawaii	15	-	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	18	-	X	X	X	X	-	X	-	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Iowa	26	-	X	X	X	X	-	X	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Kansas	10	-	X	X	-	X	-	X	-	-	-	-	-	-	-	-	-	X	-	X	X	X	X	X	X	-	X	-	X	-	-	-	-	-	X	
Kentucky	21	X	X	X	X	X	-	X	-	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Louisiana	27	-	X	X	X	X	-	X	X	-	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Maryland	15	X	X	X	X	X	-	X	-	-	-	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Massachusetts	27	X	X	X	X	X	-	X	-	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Michigan	19	-	X	X	X	X	-	X	-	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Minnesota	18	X	X	X	X	-	-	X	-	-	X	-	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Overview of State Reporting of the Adult Core Set Measures, FFY 2018 (continued)

	Number of Measures Reported	Flu Vaccinations for Adults Ages 18 to 64	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening in Women Ages 21 to 24	Adult Body Mass Index Assessment Screening for Depression and Follow-up Plan: Age 18 and Older	Prenatal and Postpartum Care: Postpartum Care	PC-01: Elective Delivery	PC-03: Antenatal Steroids	Contraceptive Care: Postpartum Women Ages 21 to 44	Contraceptive Care: All Women Ages 21 to 44	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	Asthma Medication Ratio: Ages 19 to 64	Annual Monitoring for Patients on Persistent Medications	Controlling High Blood Pressure	HIV Viral Load Suppression	Antidepressant Medication Management	Concurrent Use of Opioids and Benzodiazepines	Use of Opioids at High Dosage in Persons Without Cancer	Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Follow-Up After Hospitalization for Mental Illness: Age 21 and Older	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence	Medical Assistance with Smoking and Tobacco Use Cessation	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	CAHPS Health Plan Survey 5.0H, Adult Version (Medicaid)				
Mississippi	20	--	X	X	X	X	X	--	--	X	X	X	--	--	--	--	X	X	X	X	X	--	X	X	X	--	X	X	X	X	X	X	X	X	X		
Missouri	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	
Nebraska	9	--	X	X	X	X	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	X	--	--	--	--	--	--	--	--	--	--	--	X	
Nevada	14	--	X	--	--	--	--	--	--	X	X	X	X	--	--	--	--	--	--	--	X	X	X	--	--	--	--	X	X	X	X	X	X	X	X	X	
New Hampshire	29	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
New Jersey	17	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
New Mexico	20	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
New York	31	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
North Carolina	22	--	X	X	X	X	--	--	--	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Ohio	18	--	X	X	X	X	--	--	--	X	X	X	--	--	--	--	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Oklahoma	22	X	X	X	X	X	--	--	--	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Oregon	19	X	--	X	X	--	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Pennsylvania	29	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Rhode Island	20	X	X	X	X	X	--	--	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
South Carolina	27	X	X	X	X	X	--	--	--	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
South Dakota	5	--	--	--	--	--	--	--	--	X	--	--	--	--	--	--	--	--	--	--	--	--	--	X	--	--	X	--	X	--	--	--	--	--	--	X	
Tennessee	28	X	X	X	X	X	--	--	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Texas	27	X	X	X	X	X	--	--	--	X	X	X	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Utah	15	--	X	X	X	X	--	--	--	--	--	X	X	--	--	--	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Vermont	27	X	X	X	X	X	X	--	--	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Overview of State Reporting of the Adult Core Set Measures, FFY 2018 (continued)

	Number of Measures Reported	Flu Vaccinations for Adults Ages 18 to 64	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening in Women Ages 21 to 24	Adult Body Mass Index Assessment Screening for Depression and Follow-up Plan: Age 18 and Older	Prenatal and Postpartum Care: Postpartum Care	PC-01: Elective Delivery	PC-03: Antenatal Steroids	Contraceptive Care: Postpartum Women Ages 21 to 44	Contraceptive Care: All Women Ages 21 to 44	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	Asthma Medication Ratio: Ages 19 to 64	Annual Monitoring for Patients on Persistent Medications	Controlling High Blood Pressure	HIV Viral Load Suppression	Antidepressant Medication Management	Concurrent Use of Opioids and Benzodiazepines	Use of Opioids at High Dosage in Persons Without Cancer	Diabetes Care for People With Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Follow-Up After Hospitalization for Mental Illness: Age 21 and Older	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence	Medical Assistance with Smoking and Tobacco Use Cessation	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	CAHPS Health Plan Survey 5.0H, Adult Version (Medicaid)						
Virginia	15	X	X	X	X	X	--	X	--	--	--	X	X	--	--	--	--	X	X	X	X	--	X	--	--	--	--	X	--	--	--	X	X	X	X	X	X		
Washington	23	--	X	X	X	X	--	X	--	--	X	X	X	X	X	X	X	X	X	X	X	--	X	--	X	--	X	X	X	--	--	--	--	X	X	X	X	X	
West Virginia	25	X	X	X	X	X	--	X	--	--	X	X	X	X	X	X	X	--	--	X	X	X	X	--	X	--	X	X	X	X	X	X	X	X	X	X	X	X	
Wisconsin	8	--	X	--	--	X	--	X	--	--	--	X	--	--	--	--	--	--	--	X	X	--	X	--	--	--	X	--	--	--	--	--	--	--	--	--	--	--	
Wyoming	12	--	X	--	--	X	--	X	--	--	X	X	X	X	X	X	X	--	--	--	--	--	--	X	X	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.
 Notes: The term "states" includes the 50 states and the District of Columbia.
 X = measure was reported by the state; -- = measure was not reported by the state.

Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2018

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Primary Care Access and Preventive Care						
Breast Cancer Screening	Percentage of Women who had a Mammogram to Screen for Breast Cancer: Ages 50 to 64	41	53.6	54.6	50.9	59.1
Cervical Cancer Screening	Percentage of Women Screened for Cervical Cancer: Ages 21 to 64	40	55.2	56.1	50.2	61.0
Chlamydia Screening in Women Ages 21 to 24	Percentage of Sexually Active Women Screened for Chlamydia: Ages 21 to 24	38	59.3	60.8	55.0	67.2
Adult Body Mass Index Assessment	Percentage who had an Outpatient Visit with a BMI Value Documented in the Medical Record: Ages 18 to 64	35	67.3	82.0	43.3	89.3
Maternal and Perinatal Health						
Prenatal and Postpartum Care: Postpartum Care	Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 21 and 56 Days after Delivery	37	58.5	61.3	56.4	65.7
Contraceptive Care: Postpartum Women Ages 21 to 44	Percentage of Postpartum Women Provided a Most Effective or Moderately Effective Method of Contraception Within 3 Days of Delivery: Ages 21 to 44	29	10.4	10.6	7.7	12.8
Contraceptive Care: Postpartum Women Ages 21 to 44	Percentage of Postpartum Women Provided a Most Effective or Moderately Effective Method of Contraception Within 60 Days of Delivery: Ages 21 to 44	29	36.8	39.4	32.2	45.7
Contraceptive Care: Postpartum Women Ages 21 to 44	Percentage of Postpartum Women Provided a Long-Acting Reversible Method of Contraception Within 3 Days of Delivery: Ages 21 to 44	29	1.3	0.8	0.4	1.9
Contraceptive Care: Postpartum Women Ages 21 to 44	Percentage of Postpartum Women Provided a Long-Acting Reversible Method of Contraception Within 60 Days of Delivery: Ages 21 to 44	29	11.6	12.9	8.5	15.3

Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2018 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Care of Acute and Chronic Conditions						
Comprehensive Diabetes Care: Hemoglobin A1c Testing	Percentage with Diabetes (Type 1 or Type 2) who had a Hemoglobin A1c (HbA1c) Test: Ages 18 to 64	38	82.5	85.3	80.5	87.2
Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)	Percentage with Diabetes (Type 1 or Type 2) who had Hemoglobin A1c in Poor Control (>9.0%): Ages 18 to 64 [Lower rates are better]	27	41.6	39.8	47.3	34.7
PQI 01: Diabetes Short-Term Complications Admission Rate	Inpatient Hospital Admissions for Diabetes Short-Term Complications per 100,000 Beneficiary Months: Ages 18 to 64 [Lower rates are better]	28	17.7	16.4	21.3	13.3
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	Inpatient Hospital Admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma per 100,00 Beneficiary Months: Ages 40 to 64 [Lower rates are better]	25	94.5	94.5	112.5	56.7
PQI 08: Heart Failure Admission Rate	Inpatient Hospital Admissions for Heart Failure per 100,000 Beneficiary Months: Ages 18 to 64 [Lower rates are better]	25	28.8	24.8	34.6	19.1
PQI 15: Asthma in Younger Adults Admission Rate	Inpatient Hospital Admissions for Asthma per 100,000 Beneficiary Months: Ages 18 to 39 [Lower rates are better]	26	7.0	6.8	8.6	4.0
Plan All-Cause Readmissions	Ratio of Observed All-Cause Readmissions to Expected Readmissions: Ages 18 to 64 [Lower rates are better]	25	1.0616	0.8853	1.0318	0.7822

Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2018 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Care of Acute and Chronic Conditions (continued)						
Asthma Medication Ratio: Ages 19 to 64	Percentage with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater: Ages 19 to 50	28	51.9	52.8	48.3	54.3
Asthma Medication Ratio: Ages 19 to 64	Percentage with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater: Ages 51 to 64	27	55.0	55.1	50.1	60.1
Asthma Medication Ratio: Ages 19 to 64	Percentage with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater: Ages 19 to 64	27	52.9	53.1	49.9	56.6
Annual Monitoring for Patients on Persistent Medications	Percentage who Received at Least 180 Treatment Days of Ambulatory Medication Therapy and Annual Monitoring: Ages 18 to 64	36	86.8	87.3	85.3	89.2
Controlling High Blood Pressure	Percentage who had a Diagnosis of Hypertension and Whose Blood Pressure was Adequately Controlled During the Measurement Year: Ages 18 to 64	28	56.3	57.8	50.9	63.0
Behavioral Health Care						
Antidepressant Medication Management	Percentage Diagnosed with Major Depression who were Treated with and Remained on Antidepressant Medication for 12 Weeks: Ages 18 to 64	33	50.0	50.3	47.0	52.6
Antidepressant Medication Management	Percentage Diagnosed with Major Depression who were Treated with and Remained on Antidepressant Medication for 6 Months: Ages 18 to 64	33	34.4	34.8	30.6	37.6

Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2018 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Behavioral Health Care (continued)						
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Alcohol Abuse or Dependence who Initiated Alcohol or Other Drug Treatment within 14 Days of the Diagnosis: Ages 18 to 64	32	38.9	38.8	36.3	41.5
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Alcohol Abuse or Dependence who Initiated and Engaged in Alcohol or Other Drug Treatment within 34 Days of the Initiation Visit: Ages 18 to 64	32	12.1	11.6	7.7	15.3
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Opioid Abuse or Dependence who Initiated Alcohol or Other Drug Treatment within 14 Days of the Diagnosis: Ages 18 to 64	32	47.3	46.3	38.4	56.7
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Opioid Abuse or Dependence who Initiated and Engaged in Alcohol or Other Drug Treatment within 34 Days of the Initiation Visit: Ages 18 to 64	32	24.4	25.4	13.6	35.6
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Other Drug Abuse or Dependence who Initiated Alcohol or Other Drug Treatment within 14 Days of the Diagnosis: Ages 18 to 64	32	38.6	38.5	34.7	40.9
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Other Drug Abuse or Dependence who Initiated and Engaged in Alcohol or Other Drug Treatment within 34 Days of the Initiation Visit: Ages 18 to 64	32	12.1	11.2	8.7	13.3
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Alcohol or Other Drug Abuse or Dependence who Initiated Alcohol or Other Drug Treatment within 14 Days of the Diagnosis: Ages 18 to 64	34	40.4	40.0	36.2	43.7
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Percentage with a New Episode of Alcohol or Other Drug Abuse or Dependence who Engaged in Alcohol or Other Drug Treatment within 34 Days of the Initiation Visit: Ages 18 to 64	34	15.6	14.5	9.9	19.6
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Percentage with Schizophrenia who were Dispensed and Remained on Antipsychotic Medication for at Least 80 Percent of their Treatment Period: Ages 19 to 64	33	58.5	57.7	54.4	64.9

Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2018 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Behavioral Health Care (continued)						
Follow-Up After Hospitalization for Mental Illness: Age 21 and Older	Percentage of Hospitalizations for Mental Illness with a Follow-Up Visit Within 7 Days of Discharge: Ages 21 to 64	43	39.2	38.0	30.5	51.0
Follow-Up After Hospitalization for Mental Illness: Age 21 and Older	Percentage of Hospitalizations for Mental Illness with a Follow-Up Visit Within 30 Days of Discharge: Ages 21 to 64	42	58.2	58.6	51.1	67.0
Follow-up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence	Percentage of Emergency Department (ED) Visits for Mental Illness with a Follow-Up Visit Within 7 Days of the ED Visit: Ages 18 to 64	31	41.0	38.4	30.2	49.3
Follow-up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence	Percentage of Emergency Department (ED) Visits for Mental Illness with a Follow-Up Visit Within 30 Days of the ED Visit: Ages 18 to 64	31	54.3	54.5	45.3	59.3
Follow-up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence	Percentage of Emergency Department (ED) Visits for Alcohol and Other Drug Abuse or Dependence with a Follow-Up Visit Within 7 Days of the ED Visit: Ages 18 to 64	30	13.8	11.7	6.4	17.9
Follow-up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence	Percentage of Emergency Department (ED) Visits for Alcohol and Other Drug Abuse or Dependence with a Follow-Up Visit Within 30 Days of the ED Visit: Ages 18 to 64	30	19.6	17.1	10.7	27.5
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotics	Percentage with Schizophrenia or Bipolar Disorder who were Dispensed an Antipsychotic Medication and had a Diabetes Screening Test: Ages 18 to 64	32	79.7	80.1	76.9	82.4

Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle.

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

This table includes measures that were reported by at least 25 states for FFY 2018 and that met CMS standards for data quality. This table includes data for states that indicated they used Adult Core Set specifications to report the measures and excludes states that indicated they used other specifications and states that did not report the measures for FFY 2018. 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-and-child-health-care-quality-measures/adult-core-set/index.html>.

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

Trends in Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2016–2018

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications FFY 2016–2018	FFY 2016 Median	FFY 2017 Median	FFY 2018 Median
Primary Care Access and Preventive Care					
Cervical Cancer Screening	Percentage of Women Screened for Cervical Cancer: Ages 21 to 64	38	52.8	55.0	55.2
Chlamydia Screening in Women Ages 21 to 24	Percentage of Sexually Active Women Screened for Chlamydia	36	59.3	61.1	60.8
Adult Body Mass Index Assessment	Percentage who had an Outpatient Visit with a BMI Documented in the Medical Record: Ages 18 to 64	29	79.9	78.6	83.0
Maternal and Perinatal Health					
Prenatal and Postpartum Care: Postpartum Care	Percentage of Women Delivering a Live Birth who had a Postpartum Care Visit on or Between 21 and 56 Days after Delivery	31	55.2	60.1	62.7
Care of Acute and Chronic Conditions					
Comprehensive Diabetes Care: Hemoglobin A1c Testing	Percentage with Diabetes (Type 1 or Type 2) who had a Hemoglobin A1c (HbA1c) Test: Ages 18 to 64	35	83.3	84.9	85.2
PQI 01: Diabetes Short-Term Complications Admission Rate	Inpatient Hospital Admissions for Diabetes Short-Term Complications per 100,000 Beneficiary Months: Ages 18 to 64 [Lower rates are better]	22	18.3	18.5	17.4
PQI 08: Heart Failure Admission Rate	Inpatient Hospital Admissions for Heart Failure per 100,000 Beneficiary Months: Ages 18 to 64 [Lower rates are better]	22	20.9	22.8	24.4
Controlling High Blood Pressure	Percentage who had a Diagnosis of Hypertension and whose Blood Pressure was Adequately Controlled during the Measurement Year: Ages 18 to 64	22	54.9	59.2	59.6

Trends in Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2016–2018 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications FFY 2016–2018	FFY 2016 Median	FFY 2017 Median	FFY 2018 Median
Behavioral Health Care					
Antidepressant Medication Management:	Percentage Diagnosed with Major Depression who were Treated with and Remained on Antidepressant Medication for 12 Weeks: Ages 18 to 64	30	51.8	49.1	50.0
Antidepressant Medication Management:	Percentage Diagnosed with Major Depression who were Treated with and Remained on Antidepressant Medication for 6 Months: Ages 18 to 64	30	37.2	34.5	34.7
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	Percentage with Schizophrenia who were Dispensed and Remained on Antipsychotic Medication for at Least 80 Percent of their Treatment Period: Ages 19 to 64	27	60.0	62.0	58.0
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Percentage with Schizophrenia or Bipolar Disorder who were Dispensed an Antipsychotic Medication and had a Diabetes Screening Test: Ages 18 to 64	23	78.6	78.8	79.6

Source: Mathematica analysis of FFY 2016–2018 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 all three years (FFY 2016–FFY 2018). The results for each measure reflect only the states that reported on the measure for all three years.

Data from previous years may be updated based on new information received after publication of the 2018 Chart Pack.

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

Acronyms

ACE	Angiotensin Converting Enzyme
AOD	Alcohol and Other Drug
ARB	Angiotensin Receptor Blockers
BMI	Body Mass Index
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CHF	Congestive Heart Failure
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
COPD	Chronic Obstructive Pulmonary Disease
ED	Emergency Department
FFY	Federal Fiscal Year
HbA1c	Hemoglobin A1c
HHS	U.S. Department of Health and Human Services
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
LARC	Long-Acting Reversible Method of Contraception
MACPro	Medicaid and CHIP Program System
MAT	Medication Assisted Treatment

Acronyms (continued)

O/E	Observed-to-Expected
PC	Perinatal Care
PQI	Prevention Quality Indicator

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/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.