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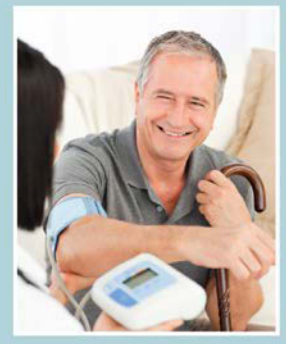

Quality of Care for Adults in Medicaid: Findings from the 2017 Adult Core Set

Chart Pack

September 2018

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

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About the 2017 Adult Core Set

Medicaid plays an important role in health care coverage for adults, covering 44.2 million adults in federal fiscal year (FFY) 2017, including 27.7 million non-disabled adults under age 65, 10.6 million non-elderly individuals with disabilities, and 5.8 million people age 65 and over (most of whom were dually eligible for Medicare).[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 2017 core set of health care quality measures for adults covered by Medicaid (referred to as the Adult Core Set) supports federal and state efforts to collect, report, and use a standardized set of measures to improve the quality of care provided to adults covered by Medicaid. The 2017 Adult Core Set includes 30 measures that address the following domains of care:

- Primary Care Access and Preventive Care
- Maternal and Perinatal Health
- Care of Acute and Chronic Conditions
- Behavioral Health Care

This Chart Pack summarizes state reporting on the quality of health care furnished to adults covered by Medicaid during FFY 2017, which generally covers care delivered in calendar year 2016. The Chart Pack includes detailed analysis of state performance on 18 publicly reported measures. For a measure to be publicly reported, data must be provided to CMS by at least 25 states and meet CMS standards for data quality.

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

[1] Medicaid enrollment data for FFY 2017 is available at https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMS-Fast-Facts/index.html.

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

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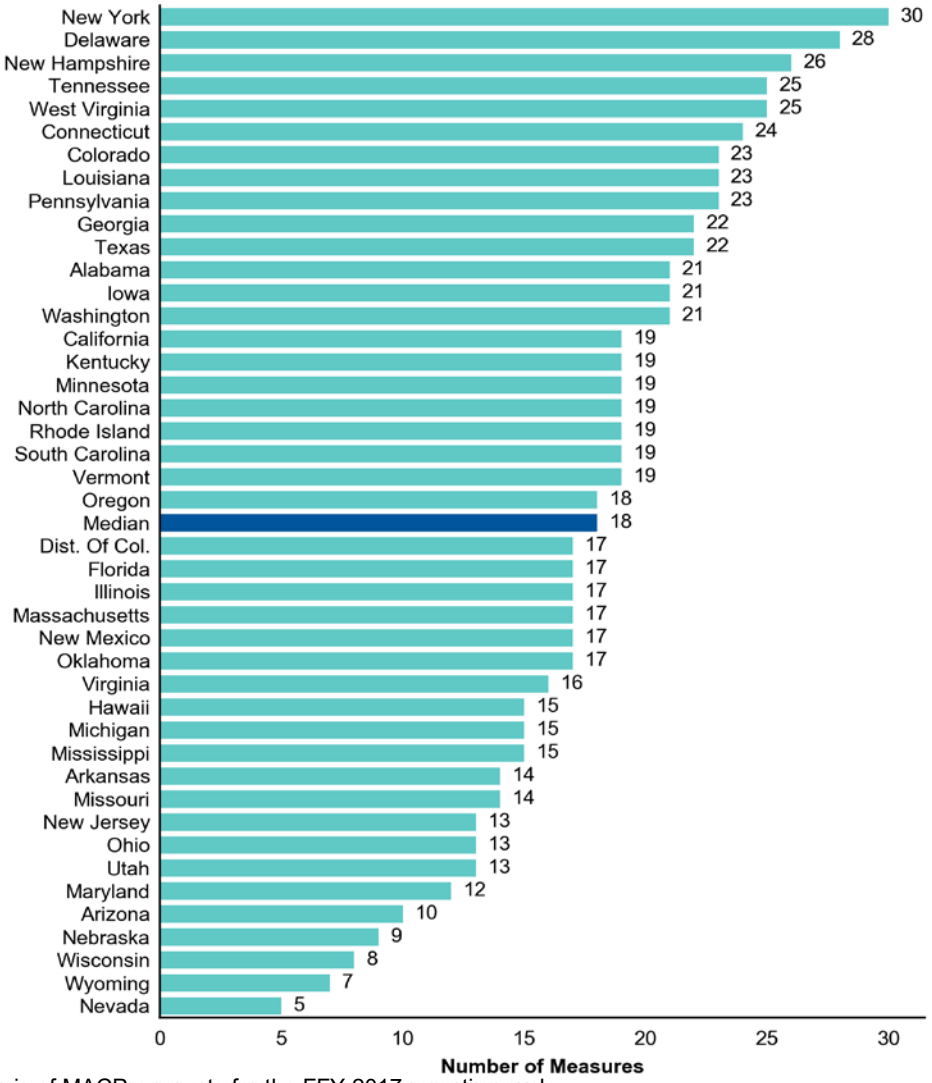
OVERVIEW OF STATE REPORTING OF THE 2017 ADULT CORE SET

Number of Adult Core Set Measures Reported by States, FFY 2017



States reported a median of

18

Adult Core Set measures for FFY 2017

Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
Note: The term "states" includes the 50 states and the District of Columbia.

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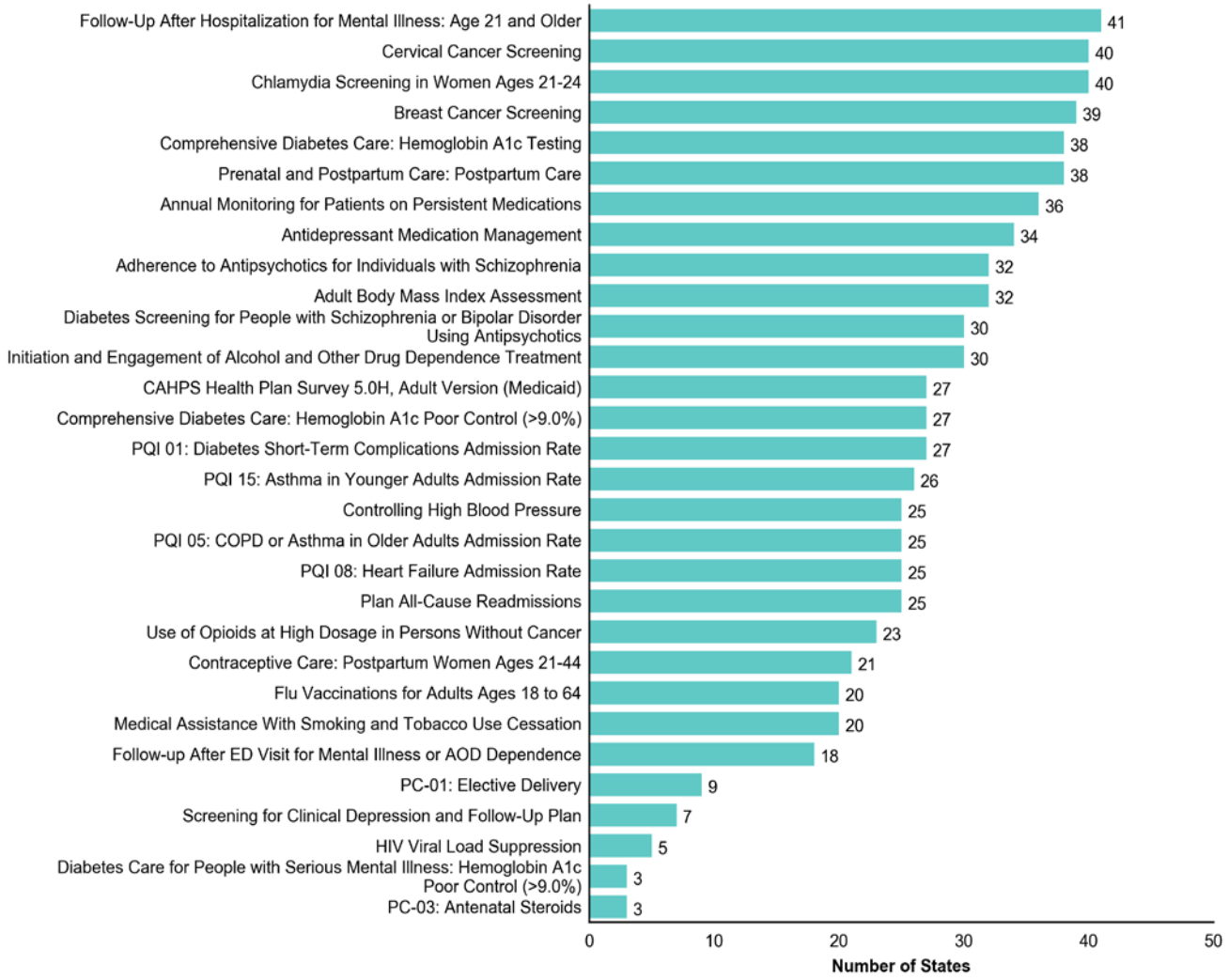
Number of States Reporting the Adult Core Set Measures, FFY 2017



43

states voluntarily reported at least one Adult Core Set measure for FFY 2017

Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
Notes: The term "states" includes the 50 states and the District of Columbia.
AOD = Alcohol and Other Drug; COPD = Chronic Obstructive Pulmonary Disease; ED = Emergency Department

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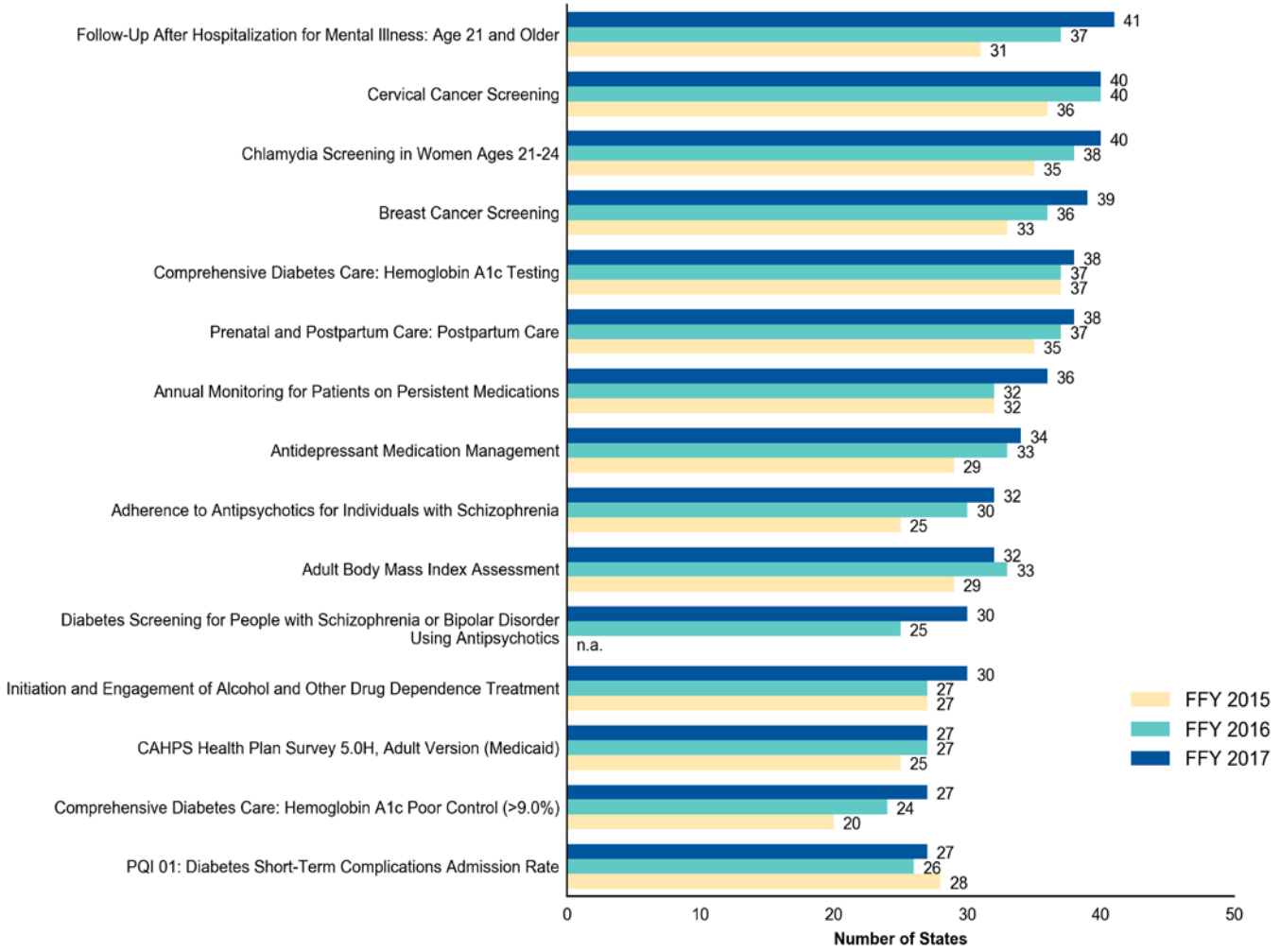
Number of States Reporting the Adult Core Set Measures, FFY 2015–2017



State reporting increased for **19** of the 25 measures included in both the 2015 and 2017 Adult Core Sets

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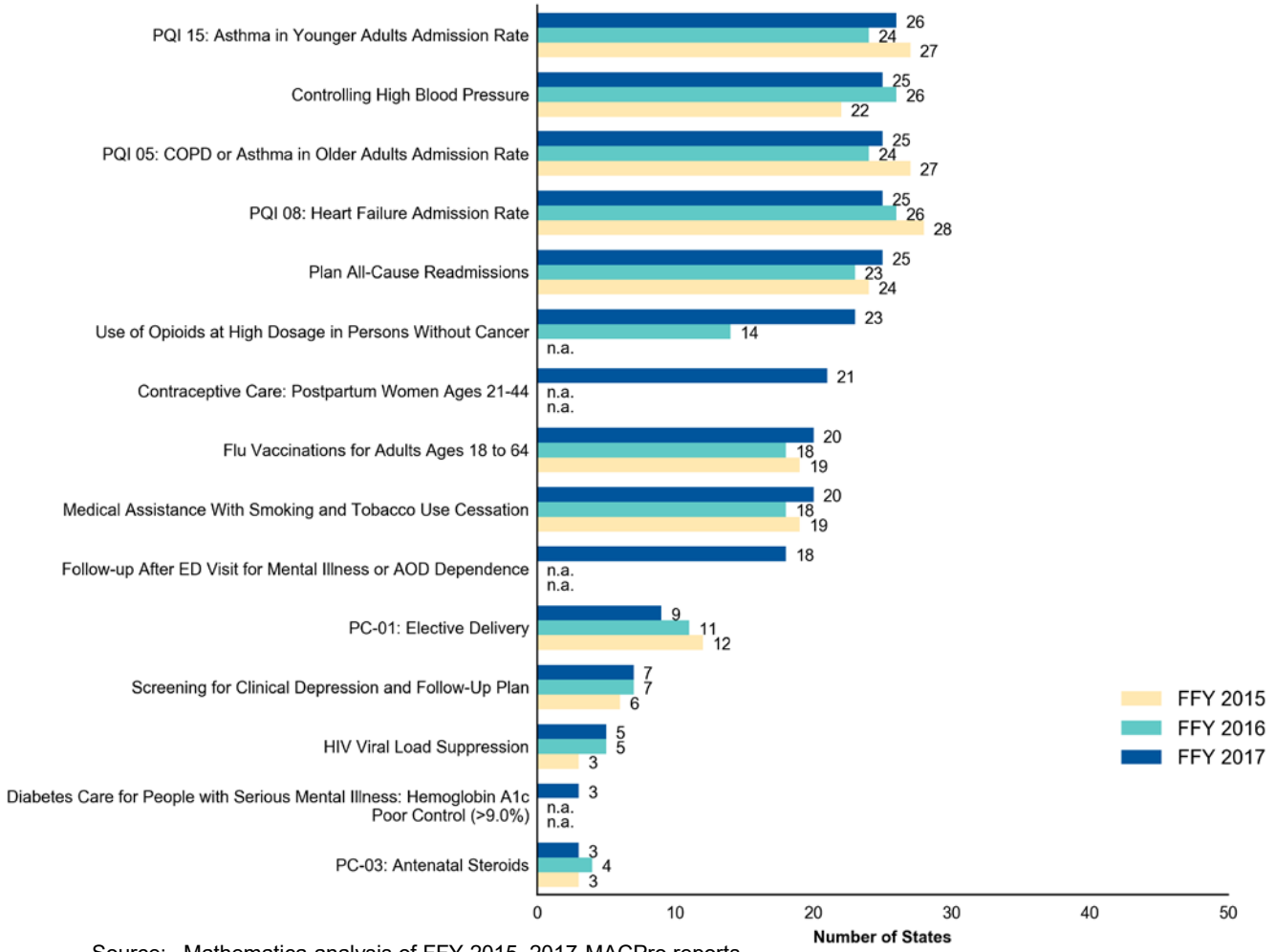
Number of States Reporting the Adult Core Set Measures, FFY 2015–2017 (continued)



Source: Mathematica analysis of FFY 2015–2017 MACPro reports.

Notes: The term "states" includes the 50 states and the District of Columbia.
n.a. = not applicable; measure not included in the Adult Core Set for the reporting period.
Data from previous years may be updated based on new information received after publication of the 2017 Chart Pack.
AOD = Alcohol and Other Drug; COPD = Chronic Obstructive Pulmonary Disease; ED = Emergency Department

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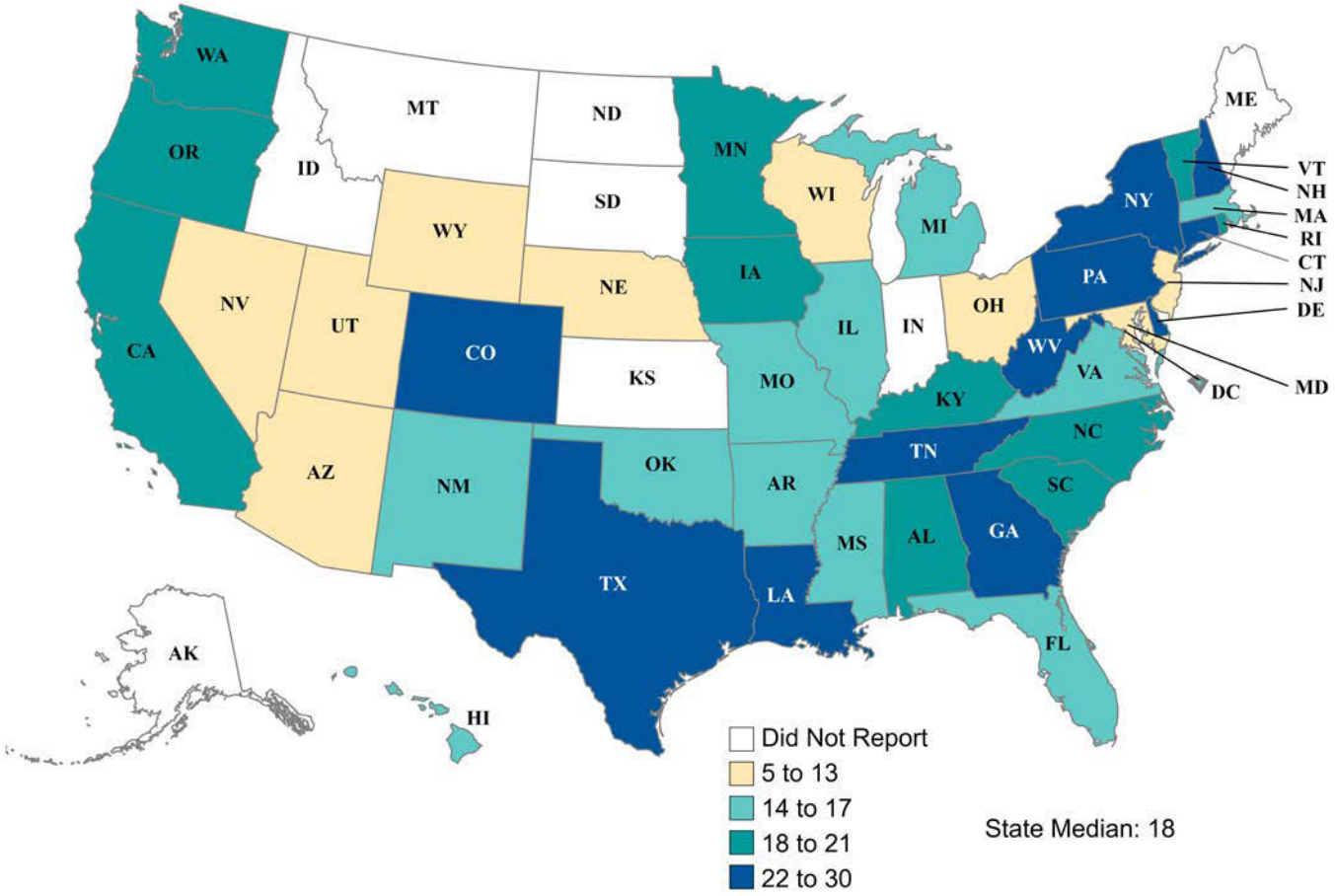
Geographic Variation in the Number of Adult Core Set Measures Reported by States, FFY 2017



11 states reported at least 22 Adult Core Set measures for FFY 2017

Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
Notes: The term "states" includes the 50 states and the District of Columbia.
The 2017 Adult Core Set includes 30 measures.

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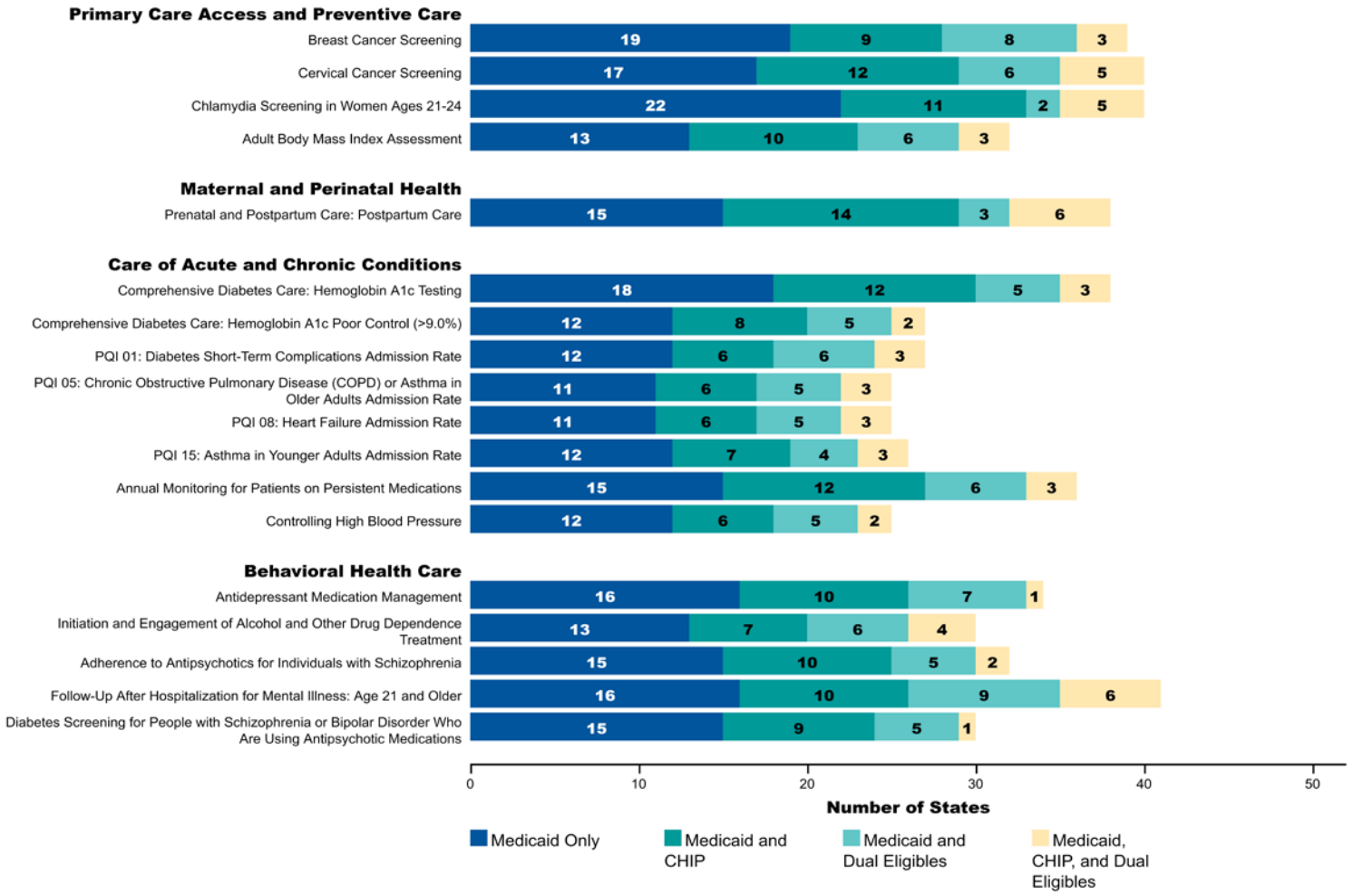
Populations Included in Frequently Reported Adult Core Set Measures for FFY 2017, By Domain



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Notes: This chart includes measures that were reported by at least 25 states for FFY 2017 that met CMS standards for data quality. "Dual eligibles" refers to beneficiaries dually enrolled in both Medicare and Medicaid.

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Median Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2017

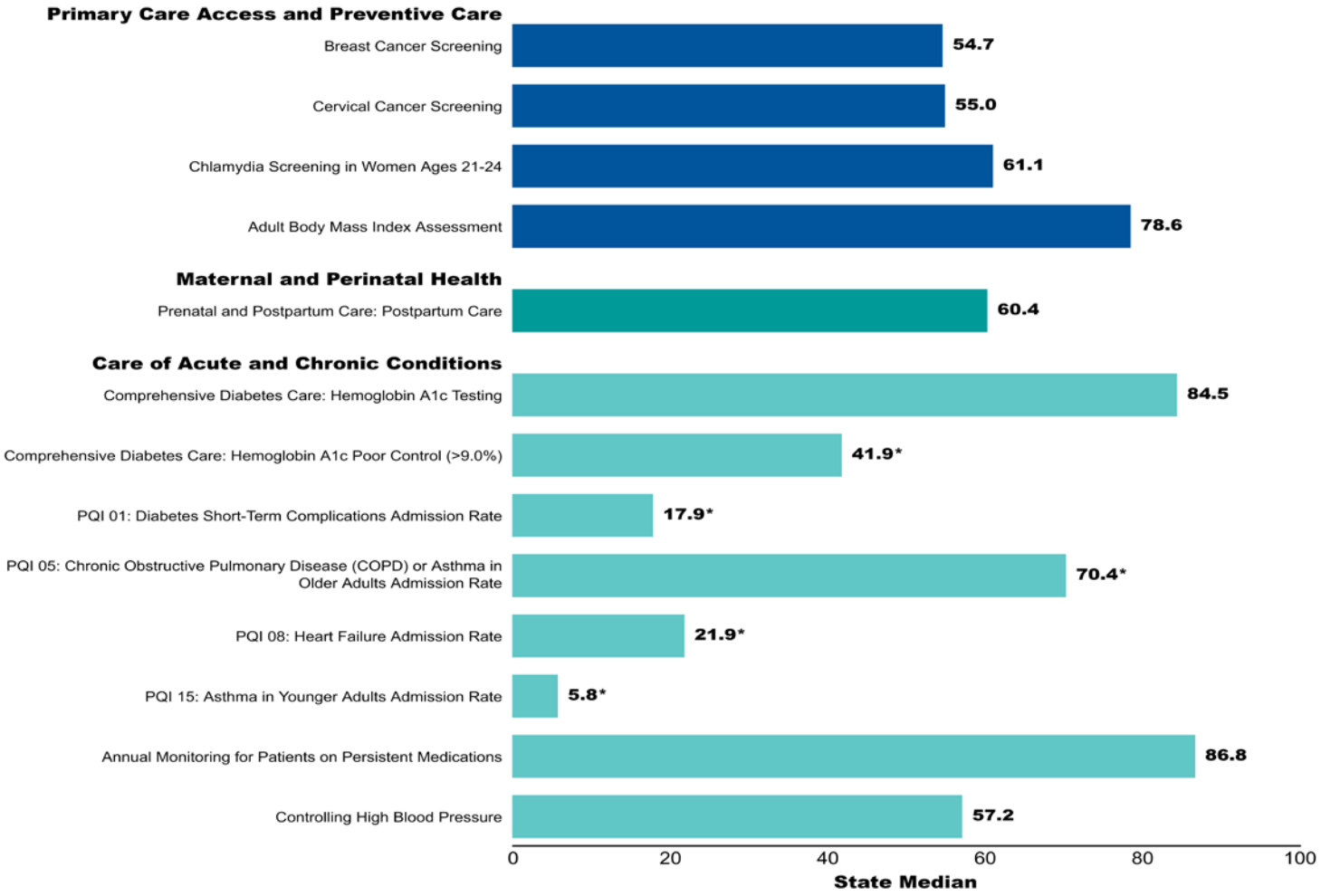

Chart is continued on the next slide.

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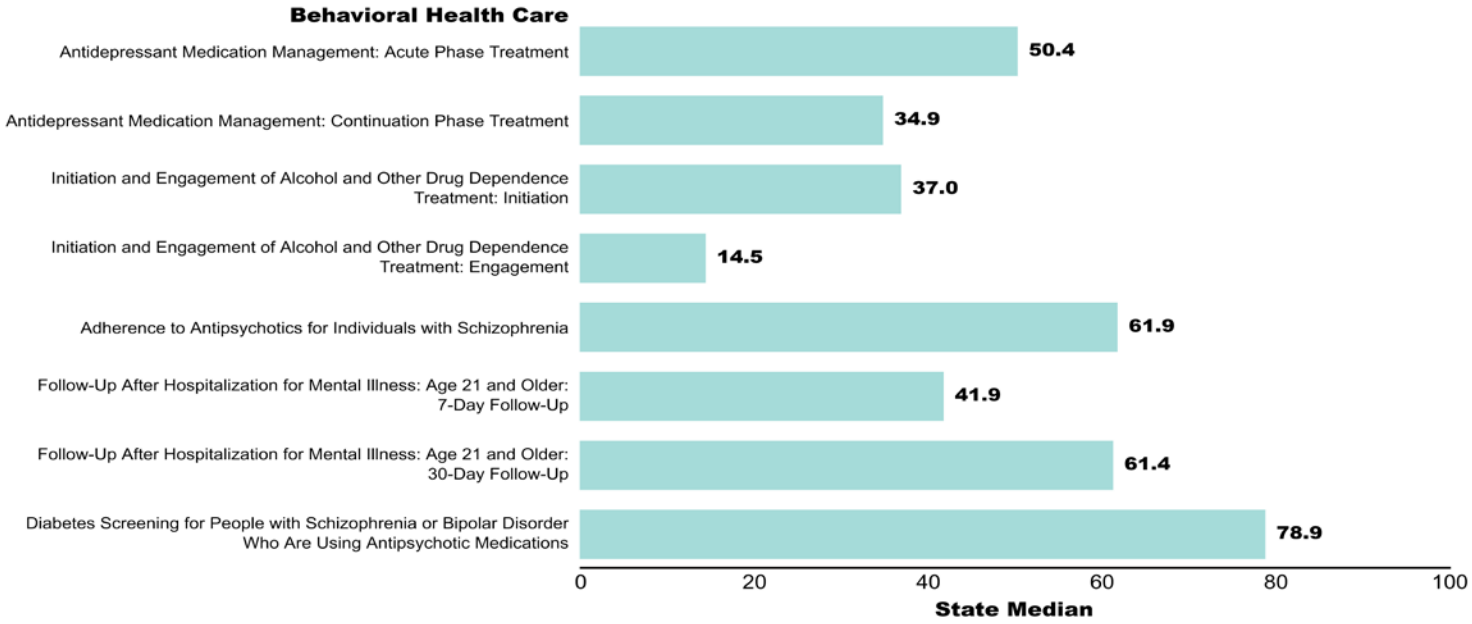
Median Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2017 (continued)



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Notes: This chart includes measures that were reported by at least 25 states for FFY 2017 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 enrollee months.

*Lower rates are better for this measure.

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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.

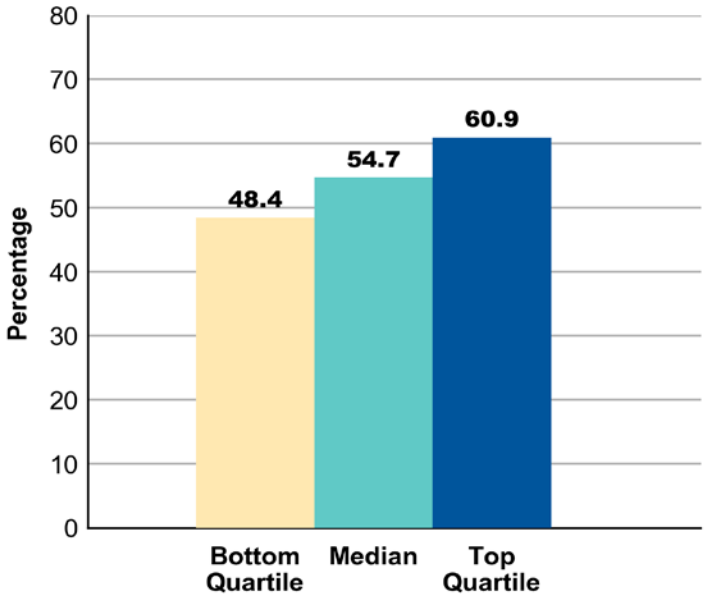
Four Adult Core Set measures of primary care access and preventive care were available for analysis for FFY 2017. These measures are among the most frequently reported measures in the Adult Core Set.

- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women Ages 21–24
- 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 2017 (n = 39 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 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.

*Data displayed in this chart include women ages 50 to 64 for 24 states and ages 50 to 74 for 15 states.

A median of **55** percent of women received a mammogram to screen for breast cancer (39 states)

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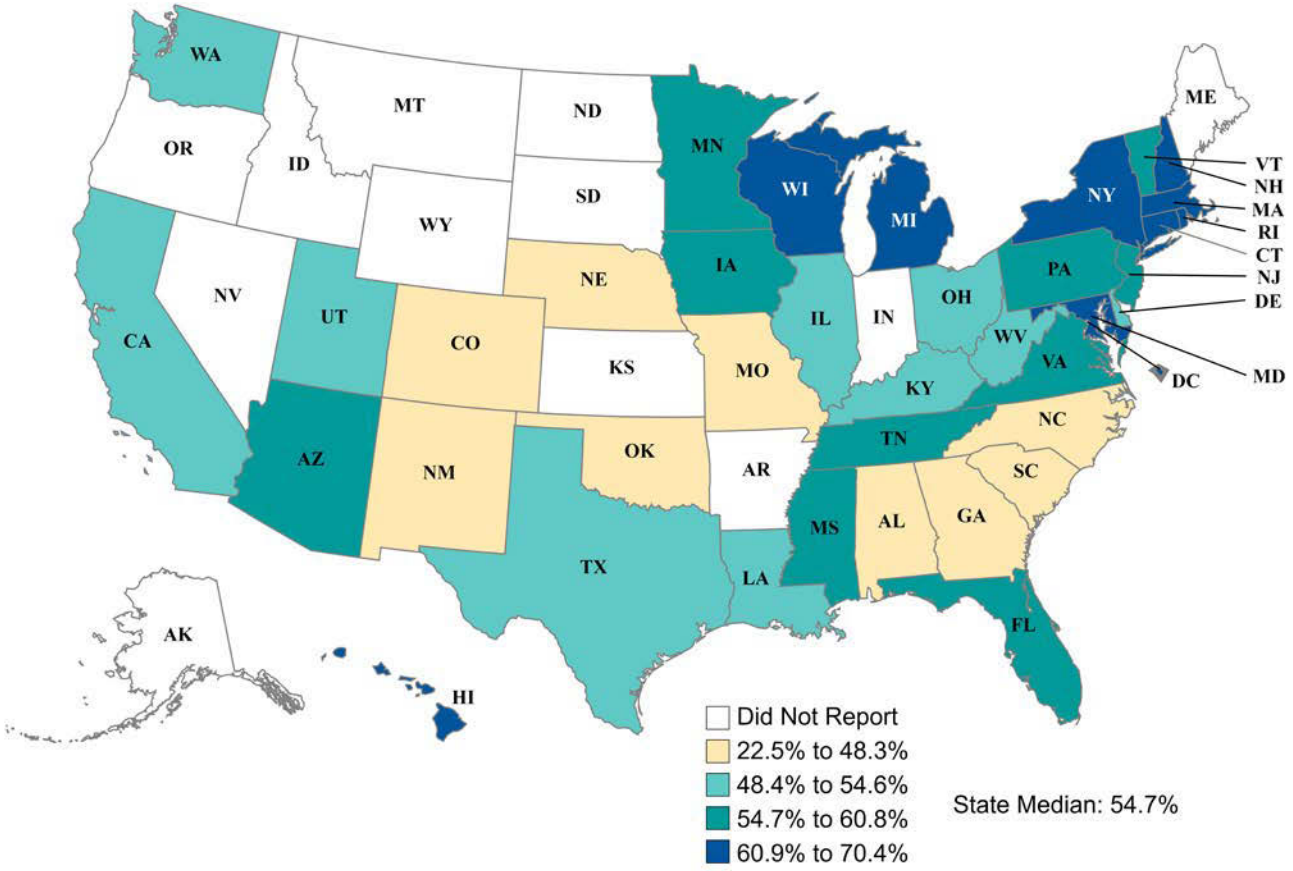
Breast Cancer Screening (continued)

Geographic Variation in the Percentage of Women* who had a Mammogram to Screen for Breast Cancer, FFY 2017 (n = 39 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
*Data displayed in this chart include women ages 50 to 64 for 24 states and ages 50 to 74 for 15 states.

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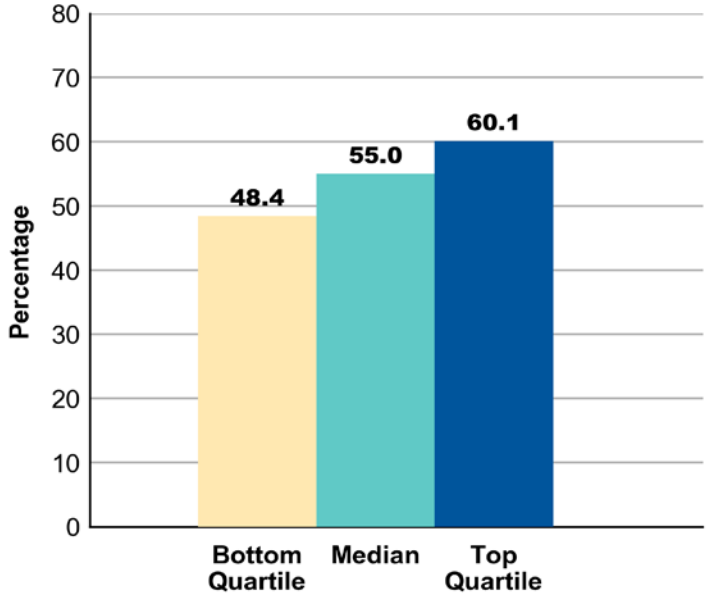
Cervical Cancer Screening

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 2017 (n = 40 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 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 **55** percent of women ages 21 to 64 were screened for cervical cancer (40 states)

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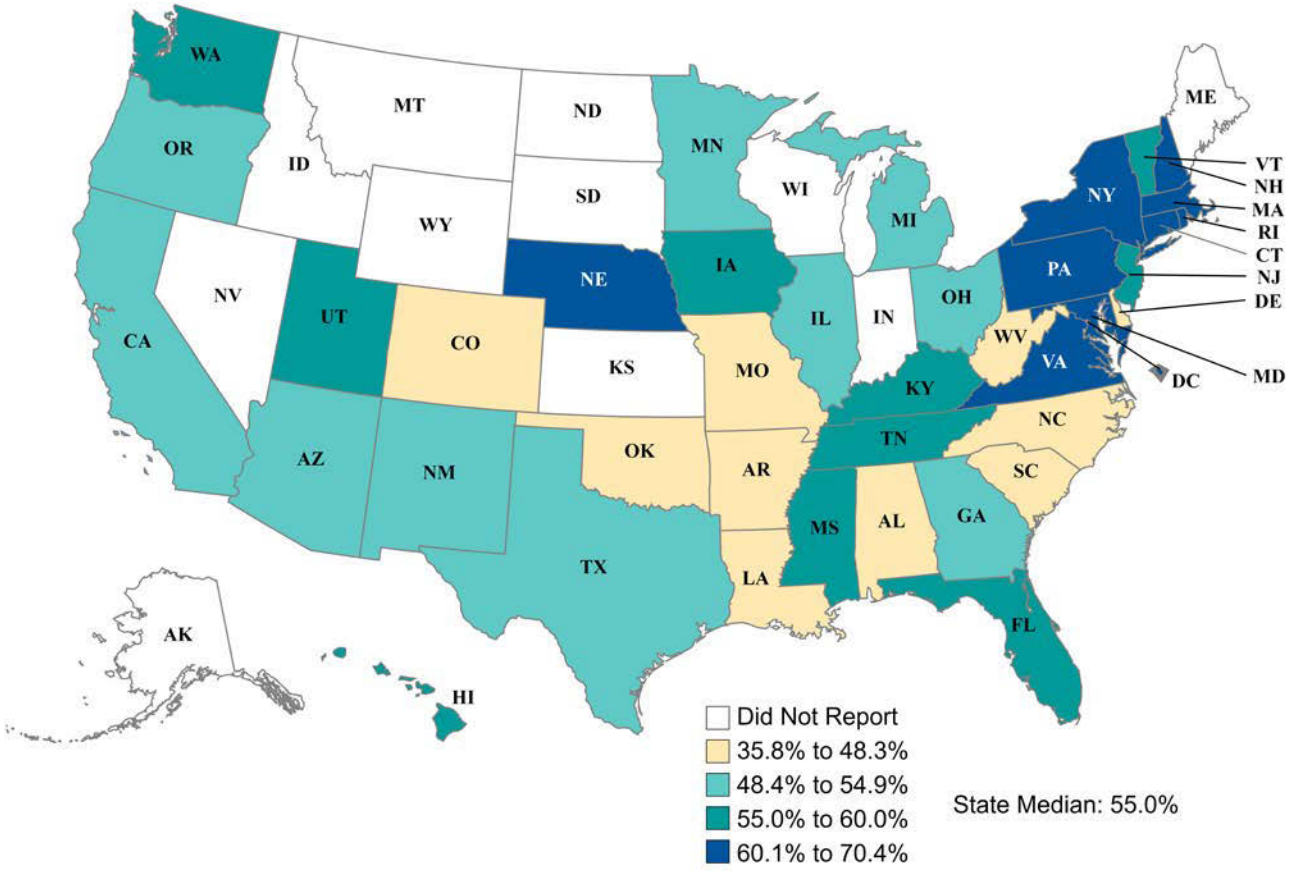
Cervical Cancer Screening (continued)

Geographic Variation in the Percentage of Women Ages 21 to 64 who were Screened for Cervical Cancer, FFY 2017 (n = 40 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

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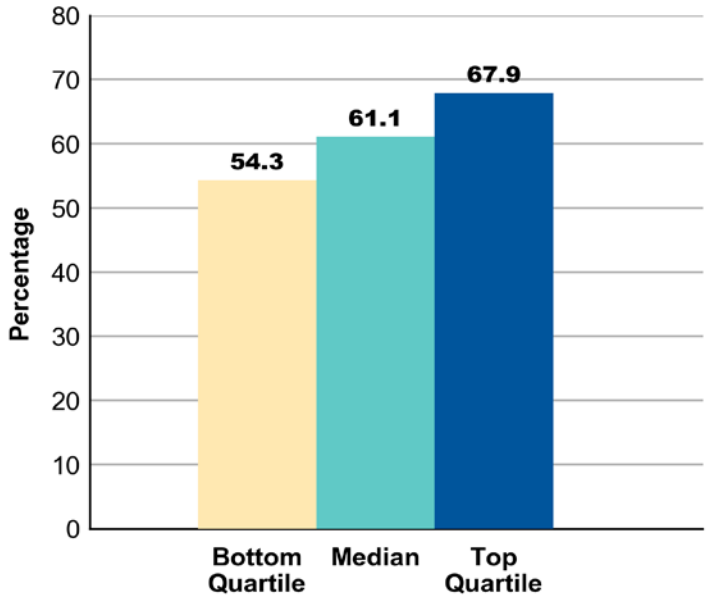
Chlamydia Screening in Women Ages 21–24

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 2017 (n = 40 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 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 (40 states)

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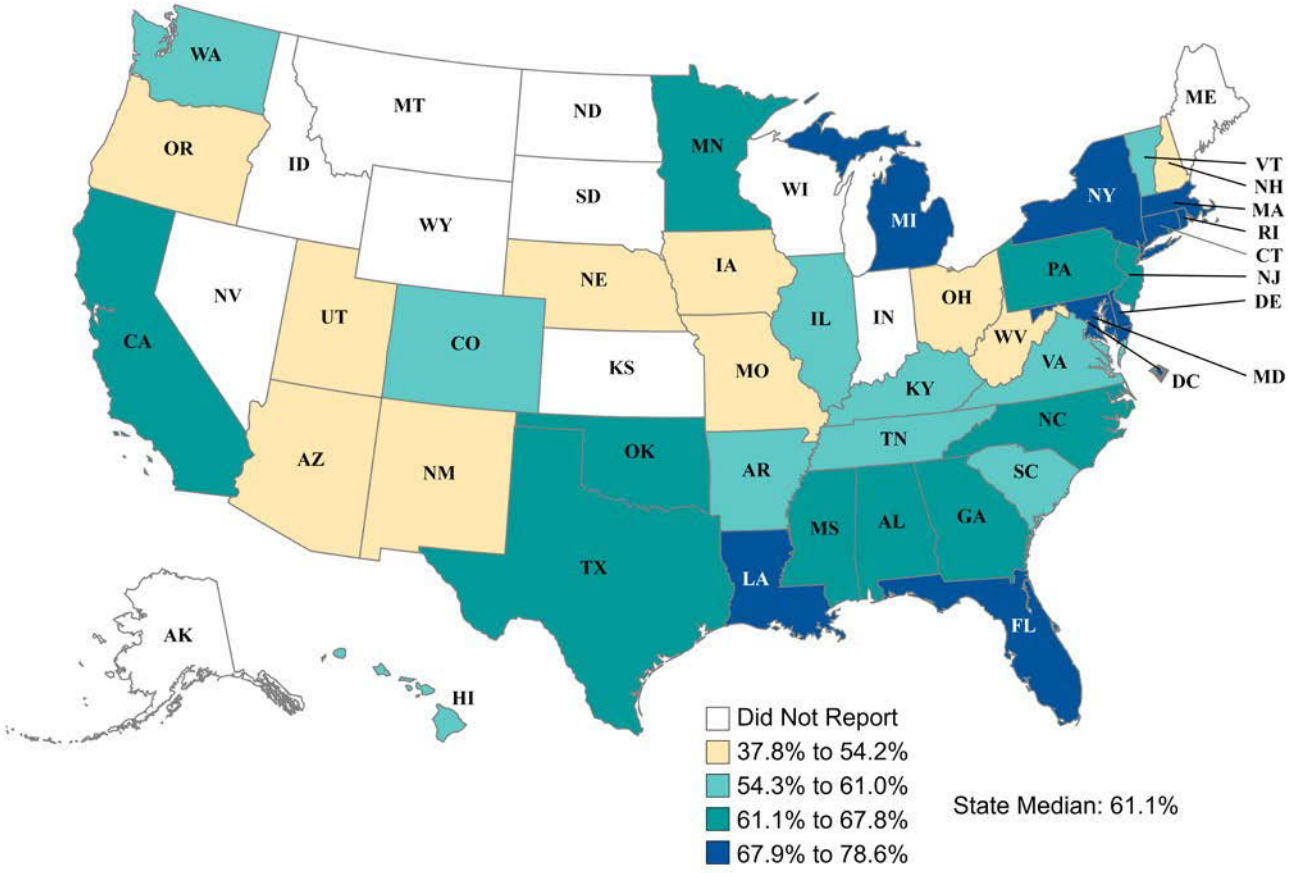
Chlamydia Screening in Women Ages 21–24 (continued)

Geographic Variation in the Percentage of Sexually Active Women Ages 21 to 24 who were Screened for Chlamydia, FFY 2017 (n = 40 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

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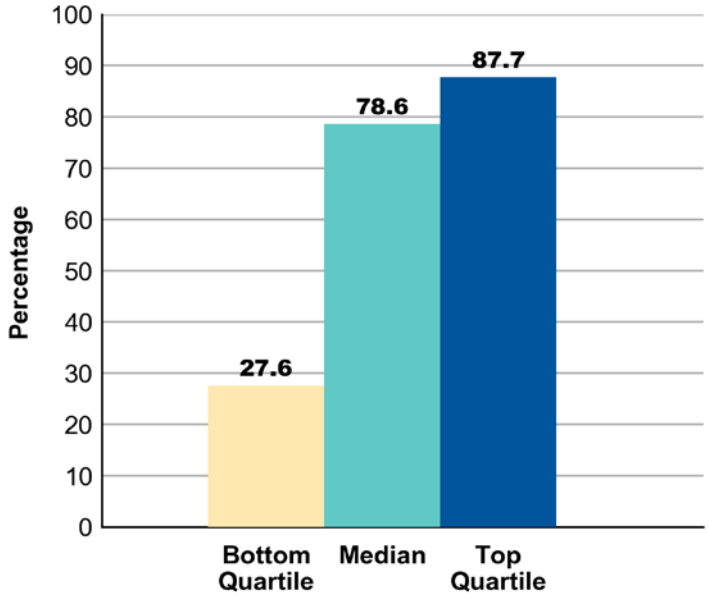
Adult Body Mass Index Assessment

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 Documented in the Medical Record, FFY 2017 (n = 32 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Notes: This measure identifies the percentage of adults ages 18 to 74 who had an outpatient visit with a primary care practitioner or obstetrical/gynecological practitioner and who had evidence of a body mass index value documented in the medical record during the measurement year or the year prior to the measurement year.

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

A median of **79** percent of adults who had an outpatient visit had their BMI value documented in the medical record (32 states)

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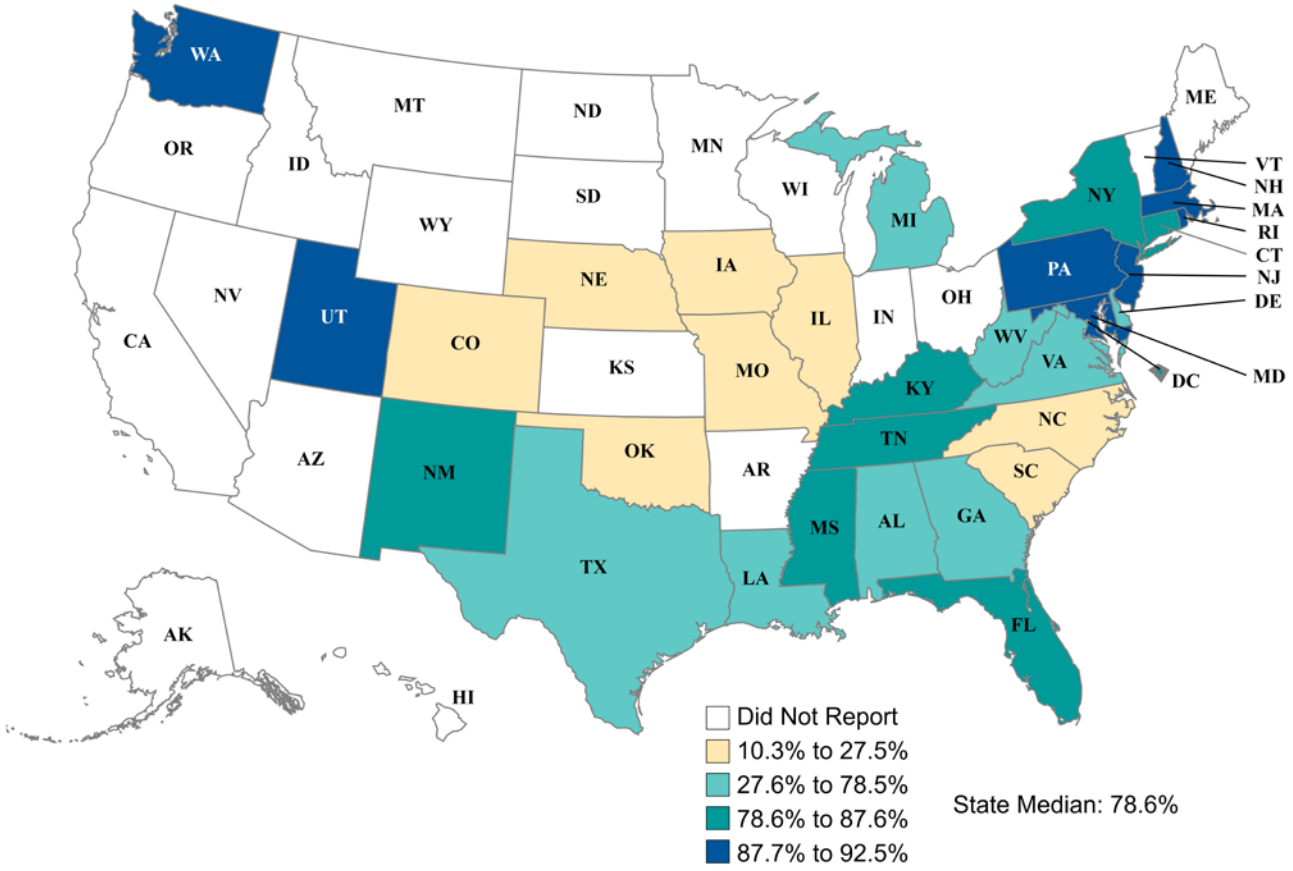
Adult Body Mass Index Assessment (continued)

Geographic Variation in the Percentage of Adults* who had an Outpatient Visit with a Body Mass Index Documented in the Medical Record, FFY 2017 (n = 32 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
*Data displayed in this chart include adults ages 18 to 64 for 18 states and ages 18 to 74 for 14 states.

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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/.

One Adult Core Set measure of maternal and perinatal health was available for analysis for FFY 2017.

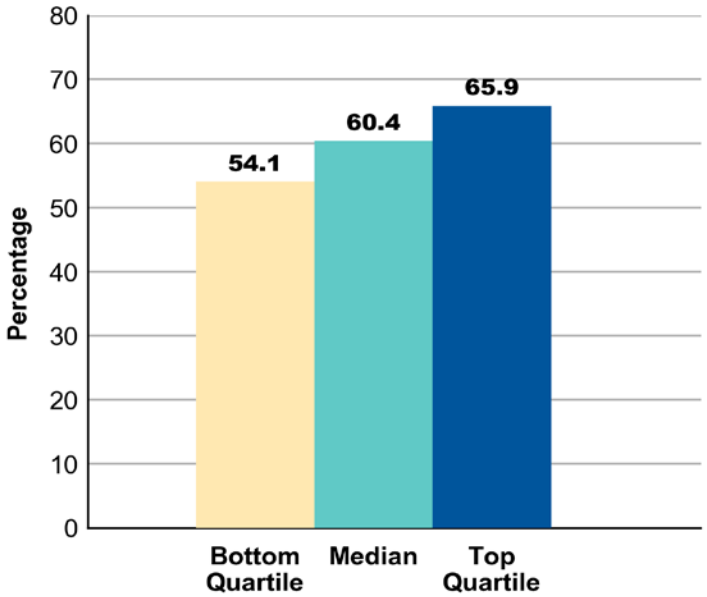
- Prenatal and Postpartum Care: Postpartum Care

[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 2017 (n = 38 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Notes: 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 **60** percent of women delivering a live birth had a postpartum care visit on or between 21 and 56 days after delivery (38 states)

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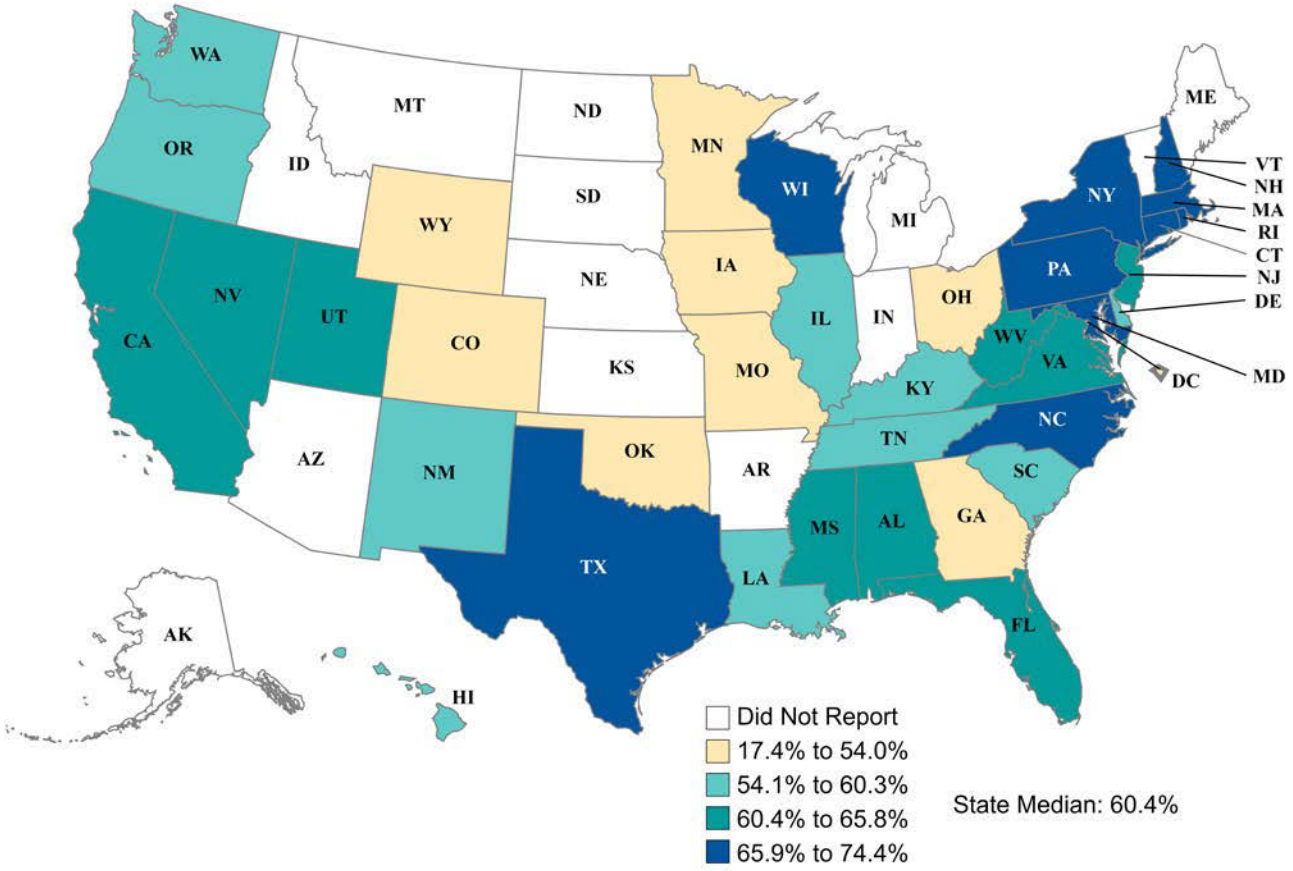
Prenatal and Postpartum Care: Postpartum Care (continued)

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 2017 (n = 38 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

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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.

Eight Adult Core Set measures of the care of acute and chronic conditions were available for analysis for FFY 2017.

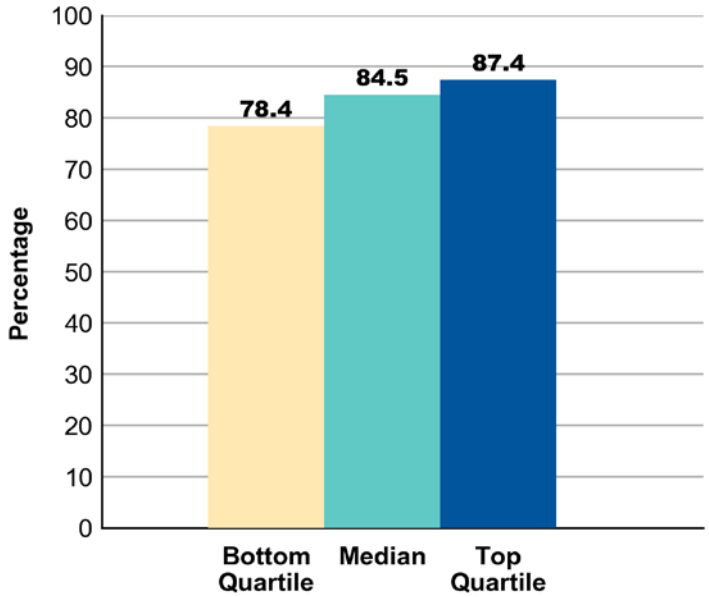
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- PQI 01: Diabetes Short-Term Complications Admission Rate
- PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate
- PQI 08: Heart Failure Admission Rate
- PQI 15: Asthma in Younger Adults Admission Rate
- 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 2017 (n = 38 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Notes: 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 22 states and ages 18 to 75 for 16 states.

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

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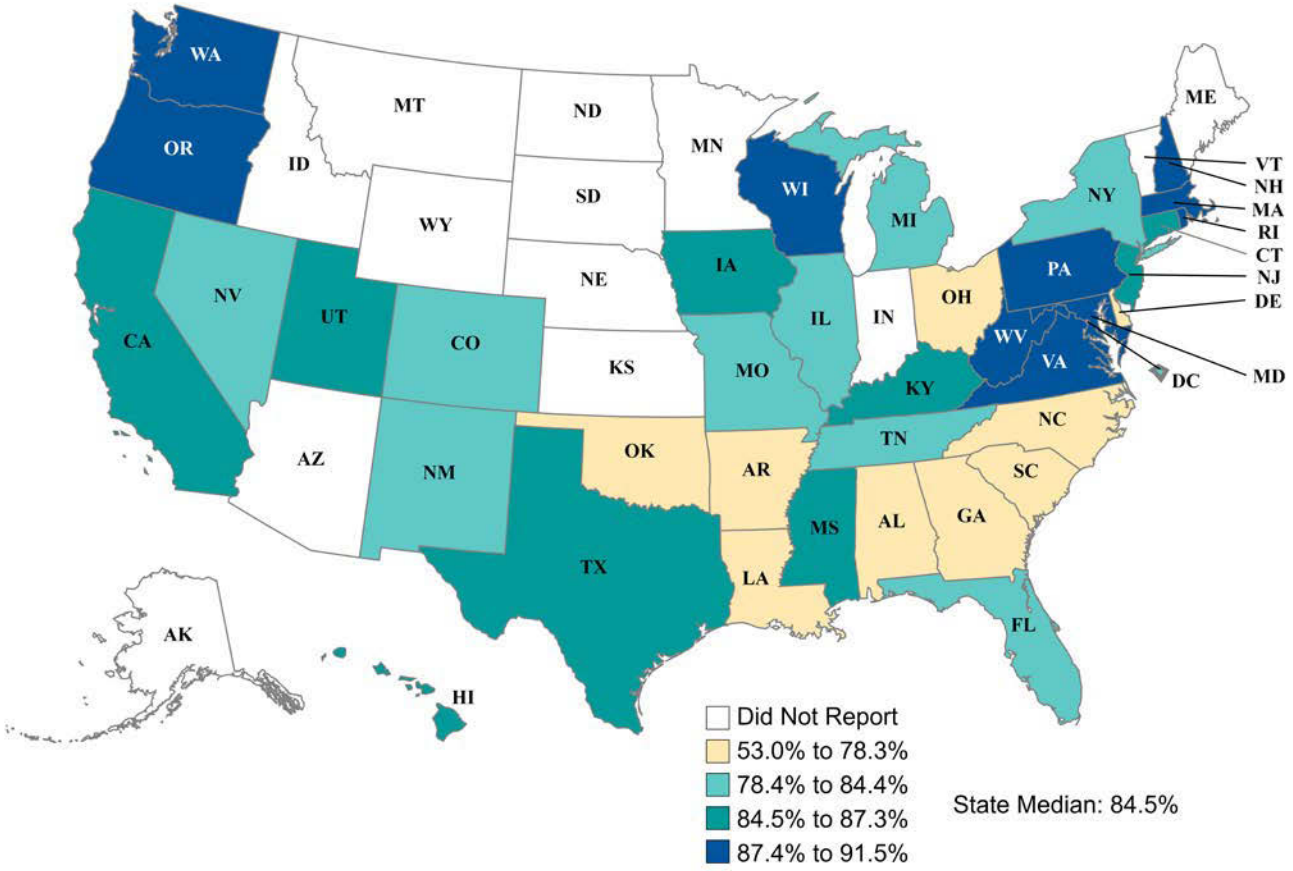
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (continued)

Geographic Variation in the Percentage of Adults* with Diabetes (Type 1 or Type 2) who had a Hemoglobin A1c Test, FFY 2017 (n = 38 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
*Data displayed in this chart include adults ages 18 to 64 for 22 states and ages 18 to 75 for 16 states.

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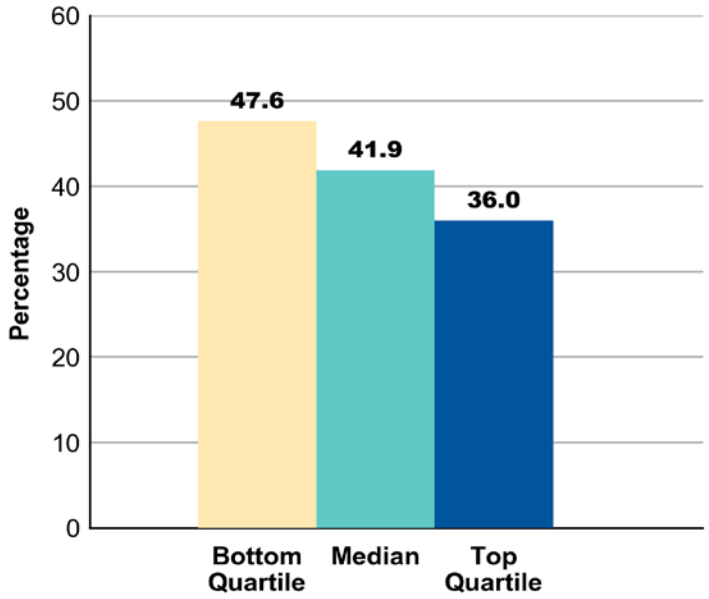
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

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. Performance on this measure is being publicly reported for the first time for FFY 2017.

Percentage of Adults* with Diabetes (Type 1 or Type 2) who had Hemoglobin A1c in Poor Control (>9.0%), FFY 2017 (n = 27 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2017 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.

*Data displayed in this chart include adults ages 18 to 64 for 11 states and ages 18 to 75 for 16 states.

A median of **42** percent of adults with diabetes had HbA1c in poor control (>9.0%) (27 states)

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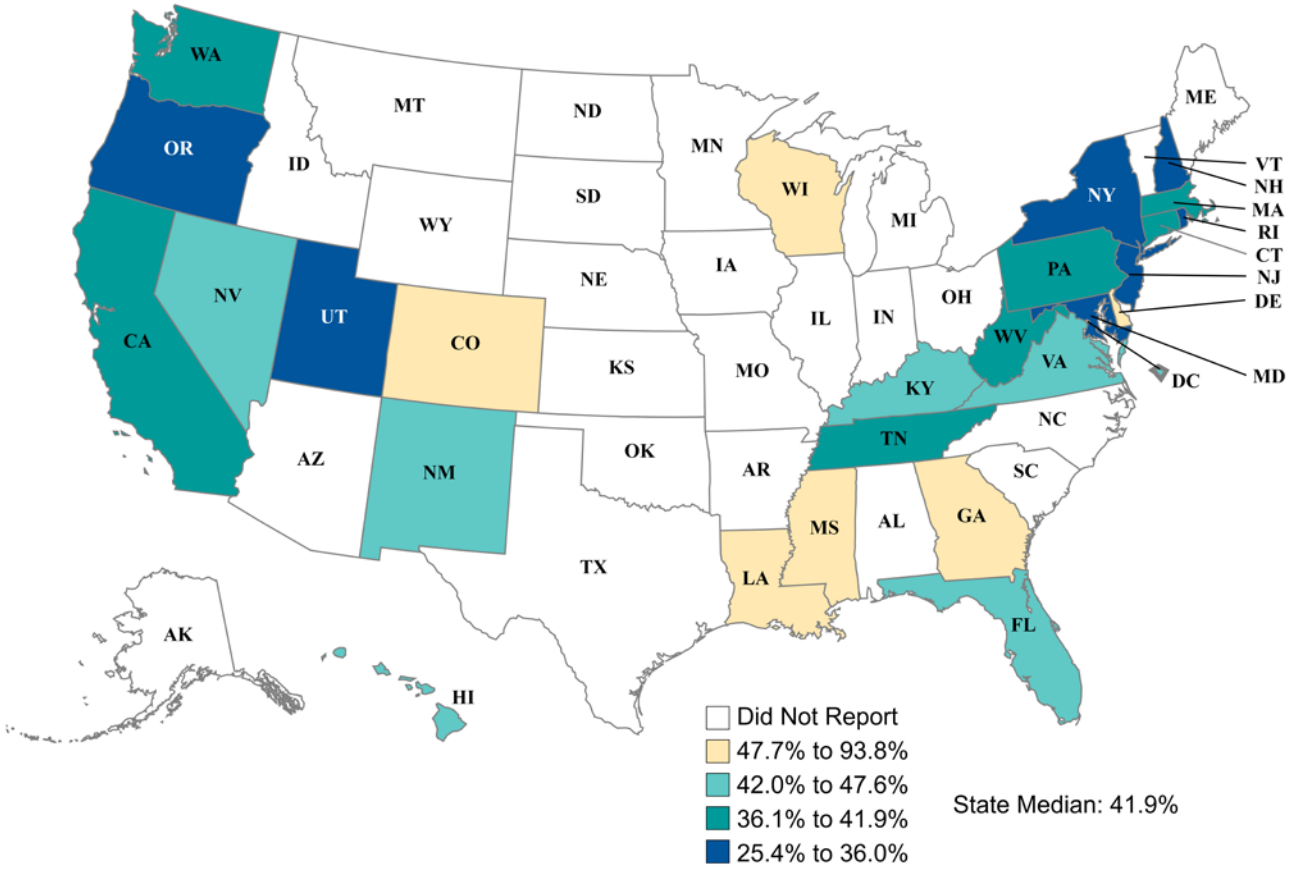
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (continued)

Geographic Variation in the Percentage of Adults* with Diabetes (Type 1 or Type 2) who had Hemoglobin A1c in Poor Control (>9.0%), FFY 2017 (n = 27 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
*Data displayed in this chart include adults ages 18 to 64 for 11 states and ages 18 to 75 for 16 states.

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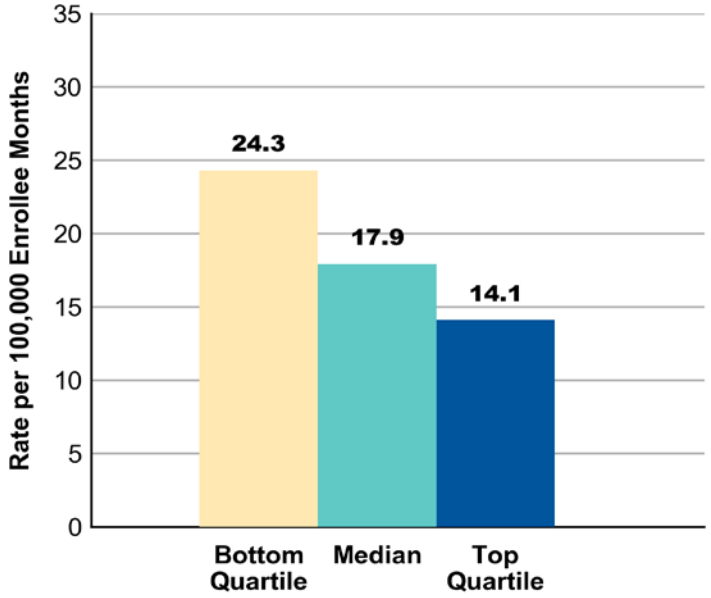
PQI 01: Diabetes Short-Term Complications Admission Rate

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 Enrollee Months for Adults,* FFY 2017 (n = 27 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

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

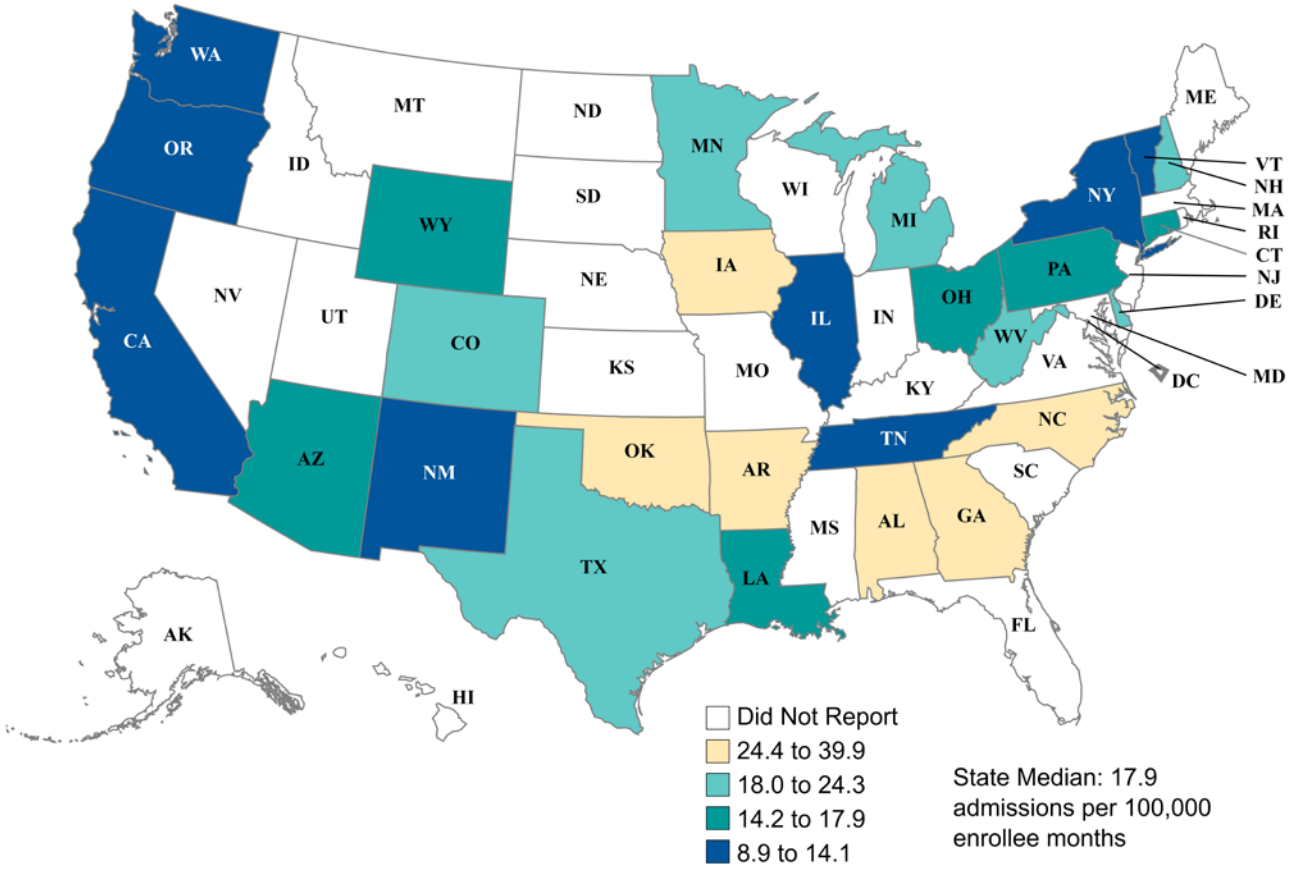
*Data displayed in this chart include adults ages 18 to 64 for 26 states and age 18 and older for 1 state.

Adults had a median of **18** inpatient hospital admissions for diabetes short-term complications per 100,000 enrollee months (27 states)

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

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 Enrollee Months for Adults,* FFY 2017 (n = 27 states) [Lower rates are better for this measure]



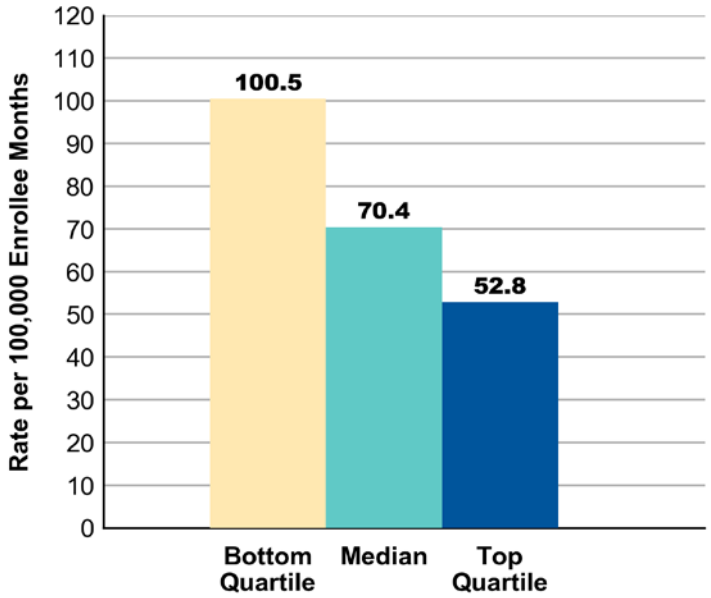
Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
*Data displayed in this chart include adults ages 18 to 64 for 26 states and age 18 and older for 1 state.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

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. Performance on this measure is being publicly reported for the first time for FFY 2017.

Number of Inpatient Hospital Admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma per 100,000 Enrollee Months for Older Adults,* FFY 2017 (n = 25 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Notes: This measure identifies the number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 enrollee 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

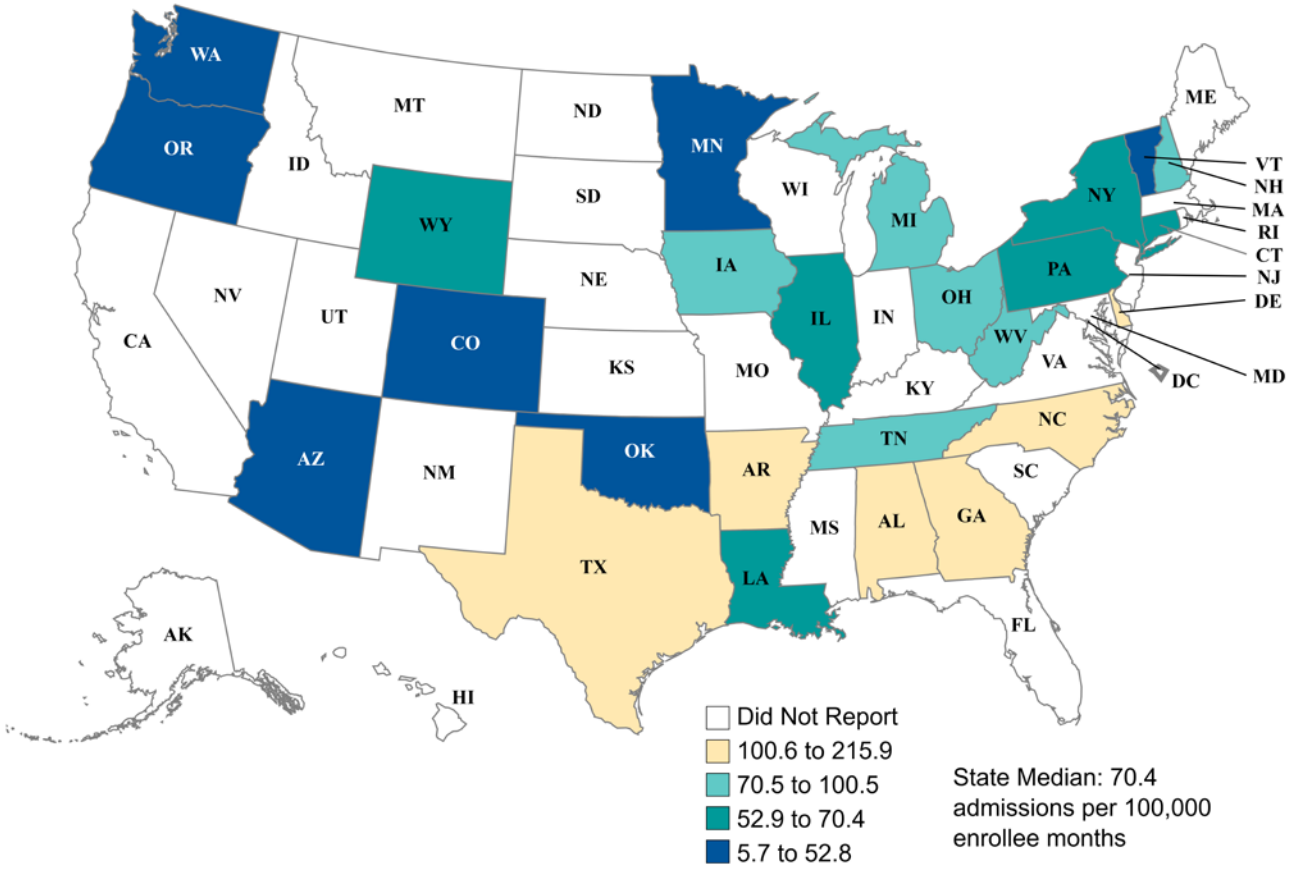
70

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

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

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 Enrollee Months for Older Adults,* FFY 2017 (n = 25 states) [Lower rates are better for this measure]



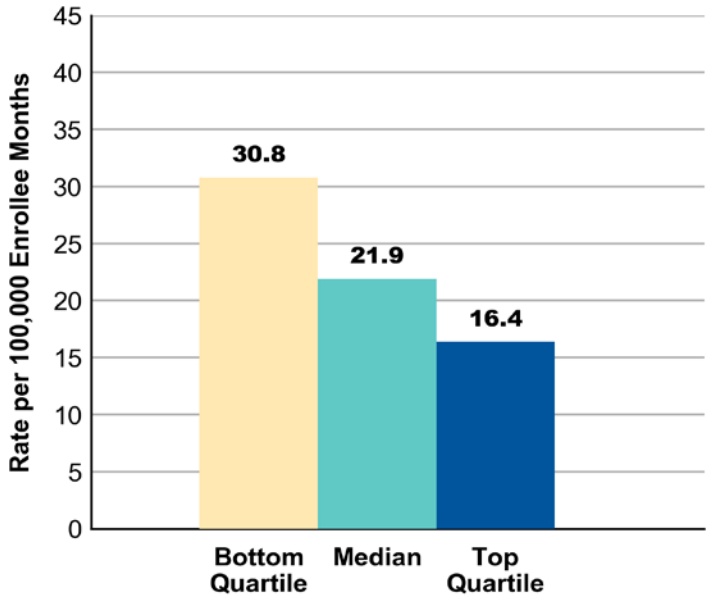
Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
*Data displayed in this chart include adults ages 40 to 64 for 23 states and age 40 and older for 2 states.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

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 Enrollee Months for Adults,* FFY 2017 (n = 25 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

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

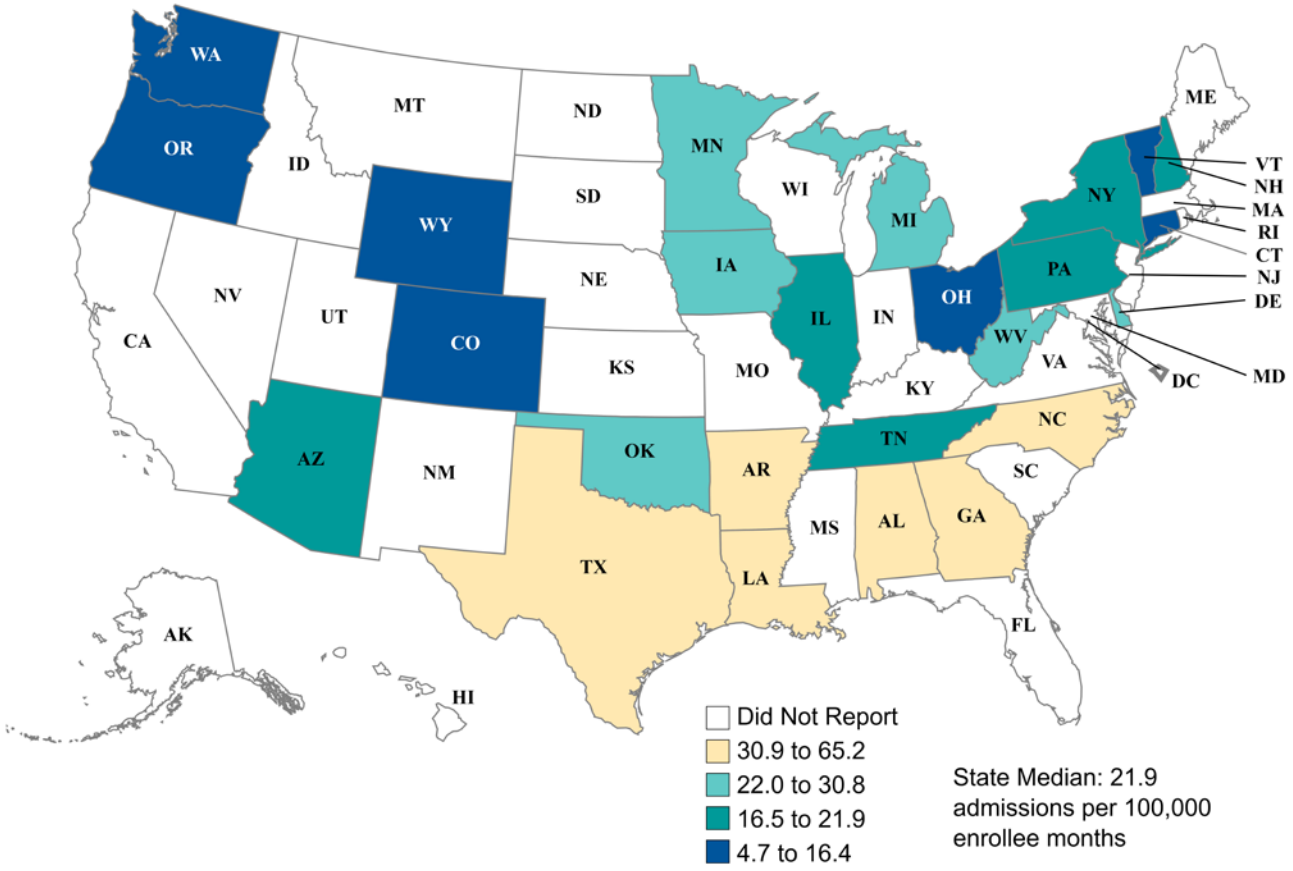
*Data displayed in this chart include adults ages 18 to 64 for 24 states and age 18 and older for 1 state.

Adults had a median of **22** inpatient hospital admissions for heart failure per 100,000 enrollee months (25 states)

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

PQI 08: Heart Failure Admission Rate (continued)

Geographic Variation in the Number of Inpatient Hospital Admissions for Heart Failure per 100,000 Enrollee Months for Adults,* FFY 2017 (n = 25 states) [Lower rates are better for this measure]



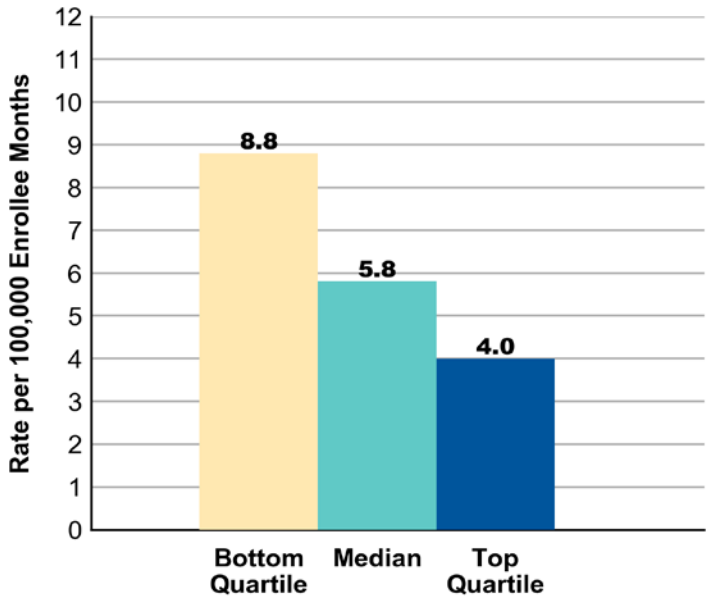
Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
*Data displayed in this chart include adults ages 18 to 64 for 24 states and age 18 and older for 1 state.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

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. Performance on this measure is being publicly reported for the first time for FFY 2017.

Number of Inpatient Hospital Admissions for Asthma per 100,000 Enrollee Months for Adults Ages 18 to 39, FFY 2017 (n = 26 states) [Lower rates are better for this measure]



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
Note: This measure identifies the number of inpatient hospital admissions for asthma per 100,000 enrollee months for adults ages 18 to 39.

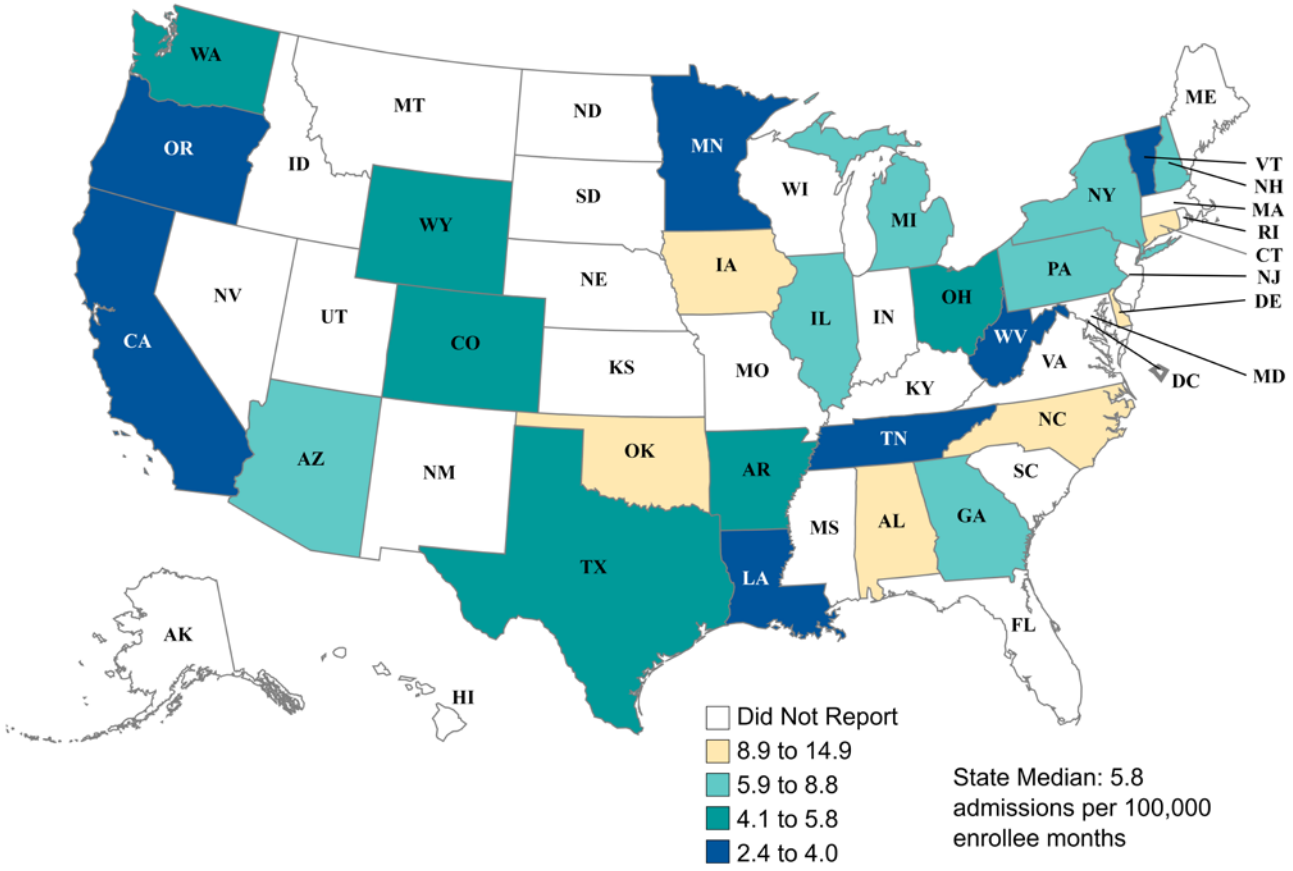
Adults ages 18 to 39 had a median of

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

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

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

Geographic Variation in the Number of Inpatient Hospital Admissions for Asthma per 100,000 Enrollee Months for Adults Ages 18 to 39, FFY 2017 (n = 26 states) [Lower rates are better for this measure]



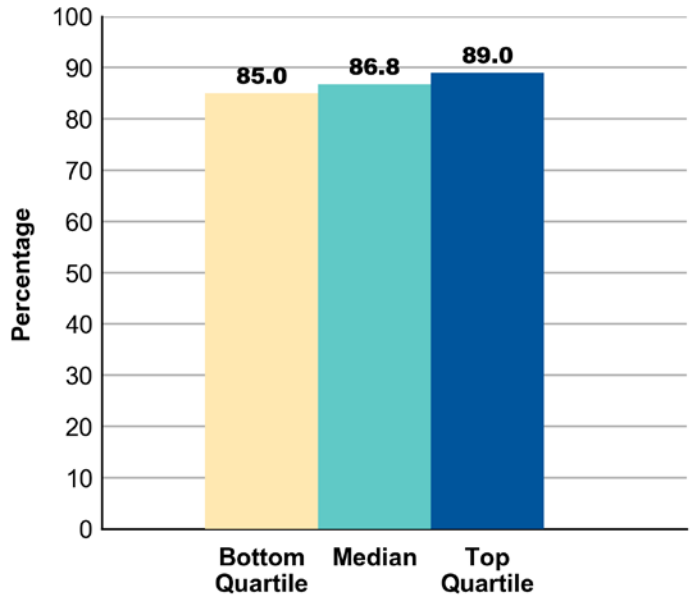
Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

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 Monitoring Visit, FFY 2017 (n = 36 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 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), digoxin, or diuretics during the measurement year and who received annual monitoring for the therapeutic agent in the measurement year.

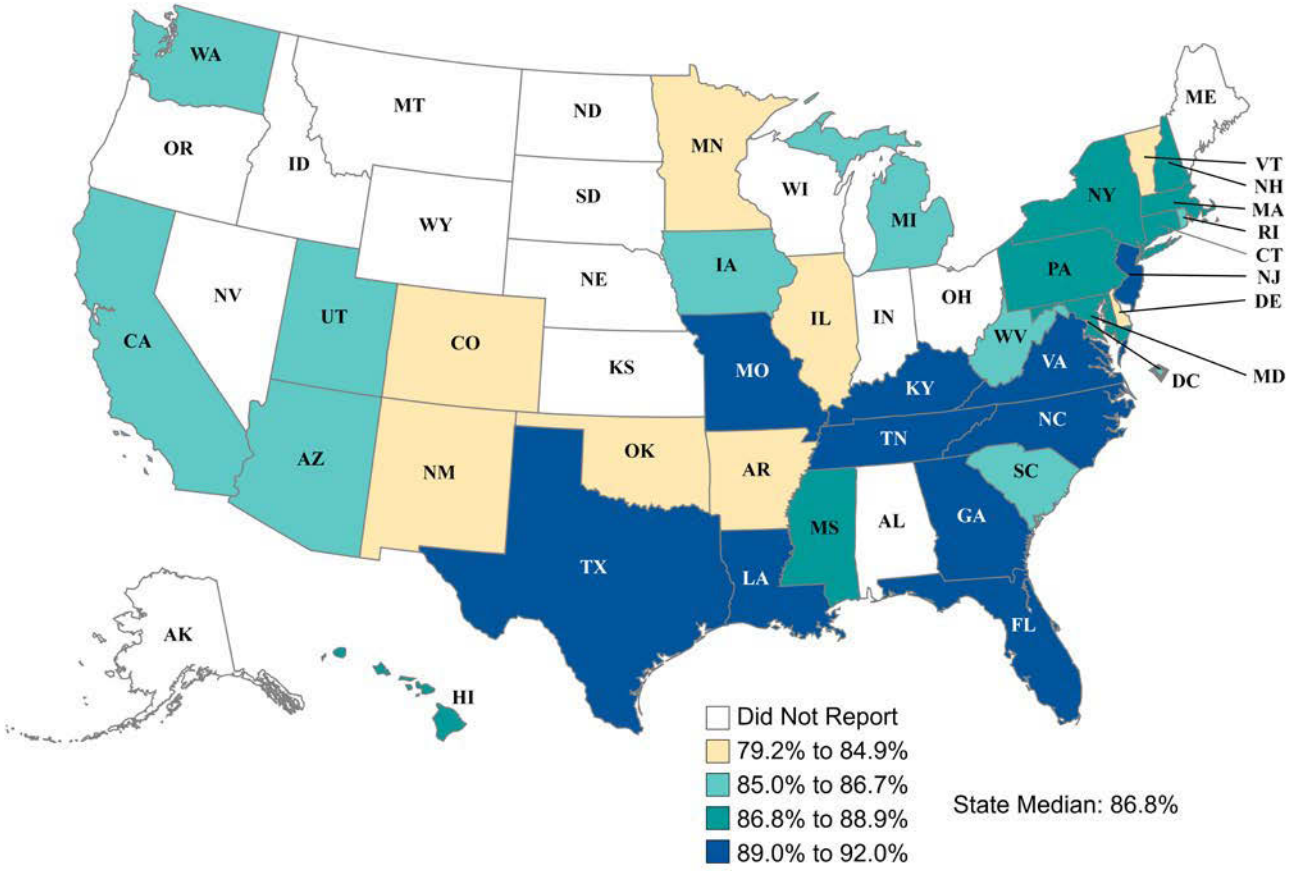
*Data displayed in this chart include adults ages 18 to 64 for 19 states and age 18 and older for 17 states.

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

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

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 Monitoring Visit, FFY 2017 (n = 36 states)



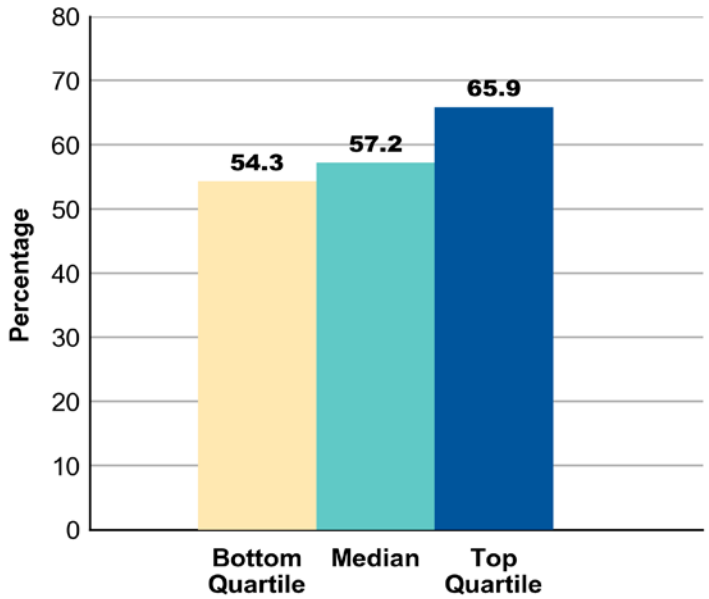
Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
*Data displayed in this chart include adults ages 18 to 64 for 19 states and age 18 and older for 17 states.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

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 2017 (n = 25 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 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).

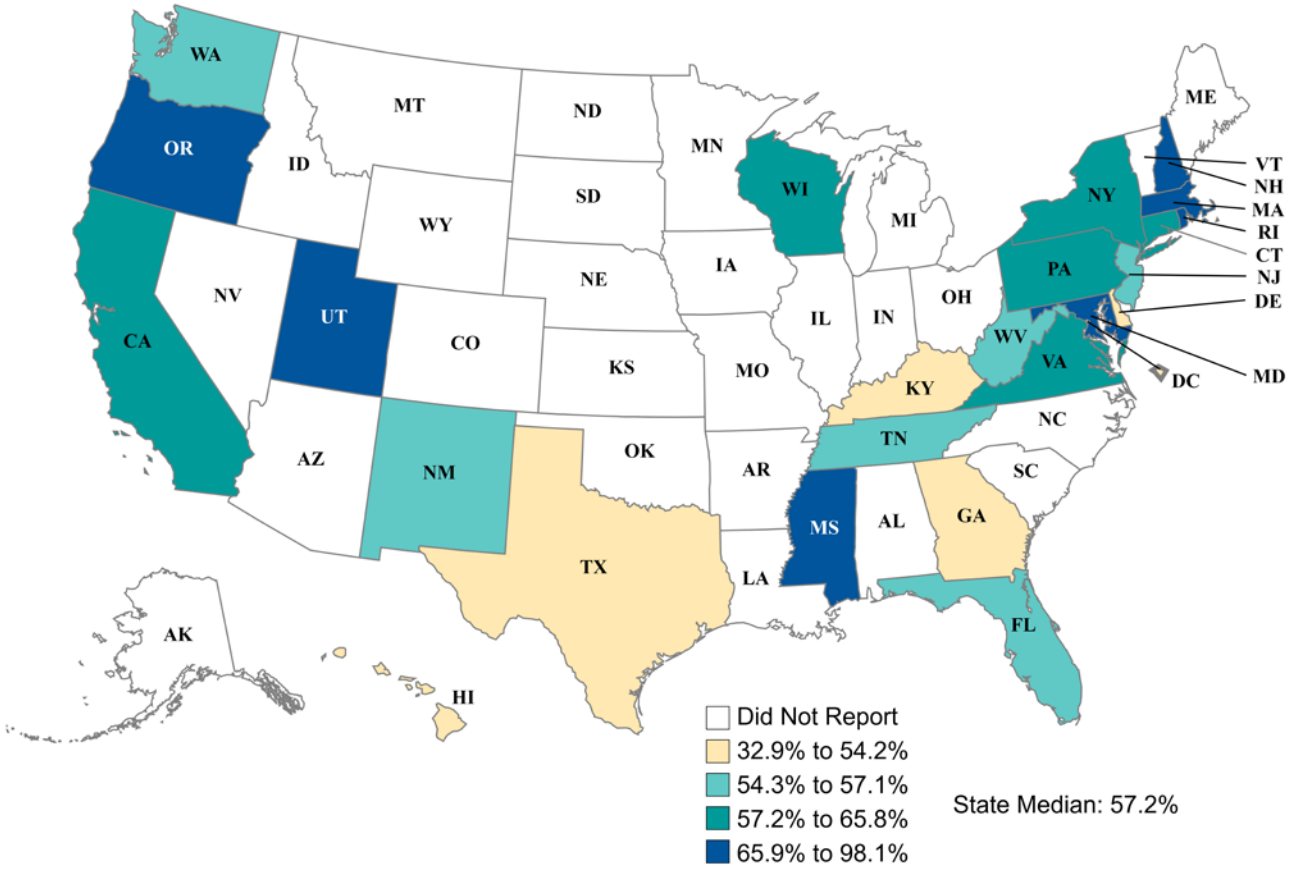
*Data displayed in this chart include adults ages 18 to 64 for 9 states and ages 18 to 85 for 16 states.

A median of **57** percent of adults with hypertension had their blood pressure adequately controlled (25 states)

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Controlling High Blood Pressure (continued)

Geographic Variation in the Percentage of Adults* who had a Diagnosis of Hypertension and whose Blood Pressure was Adequately Controlled, FFY 2017 (n = 25 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
*Data displayed in this chart include adults ages 18 to 64 for 9 states and ages 18 to 85 for 16 states.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Behavioral Health Care

As the single largest payer for mental health services in the United States, Medicaid plays an important role in providing behavioral health care to adults, and monitoring the effectiveness of that care.[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.

Five Adult Core Set measures of behavioral health care were available for analysis for FFY 2017.

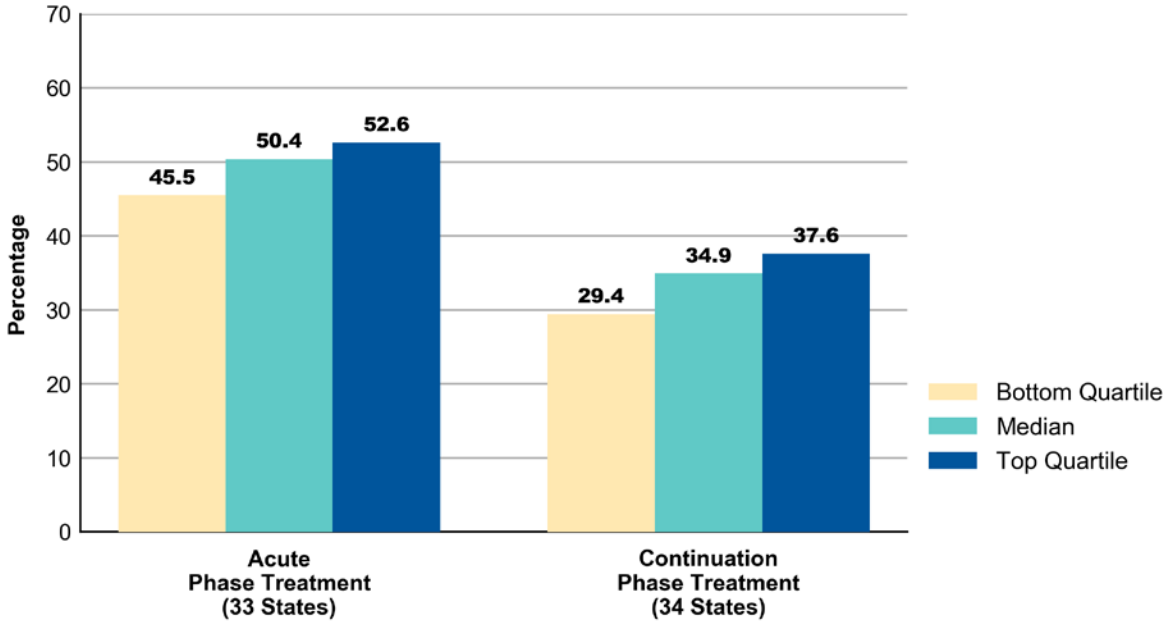
- Antidepressant Medication Management
  - Effective Acute Phase Treatment
  - Effective Continuation Phase Treatment
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
  - Percentage Who Initiated Treatment
  - Percentage Who Initiated and Engaged in Treatment
- Adherence to Antipsychotics for Individuals with Schizophrenia
- Follow-Up After Hospitalization for Mental Illness: Age 21 and Older
  - Follow-Up Within 7 Days of Discharge
  - Follow-Up Within 30 Days of Discharge
- 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 2017



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Notes: This measure identifies the percentage of adults age 18 and older diagnosed with major depression who were treated with antidepressant medication and remained on antidepressant medication treatment for the 12-week acute phase and the six-month continuation phase.

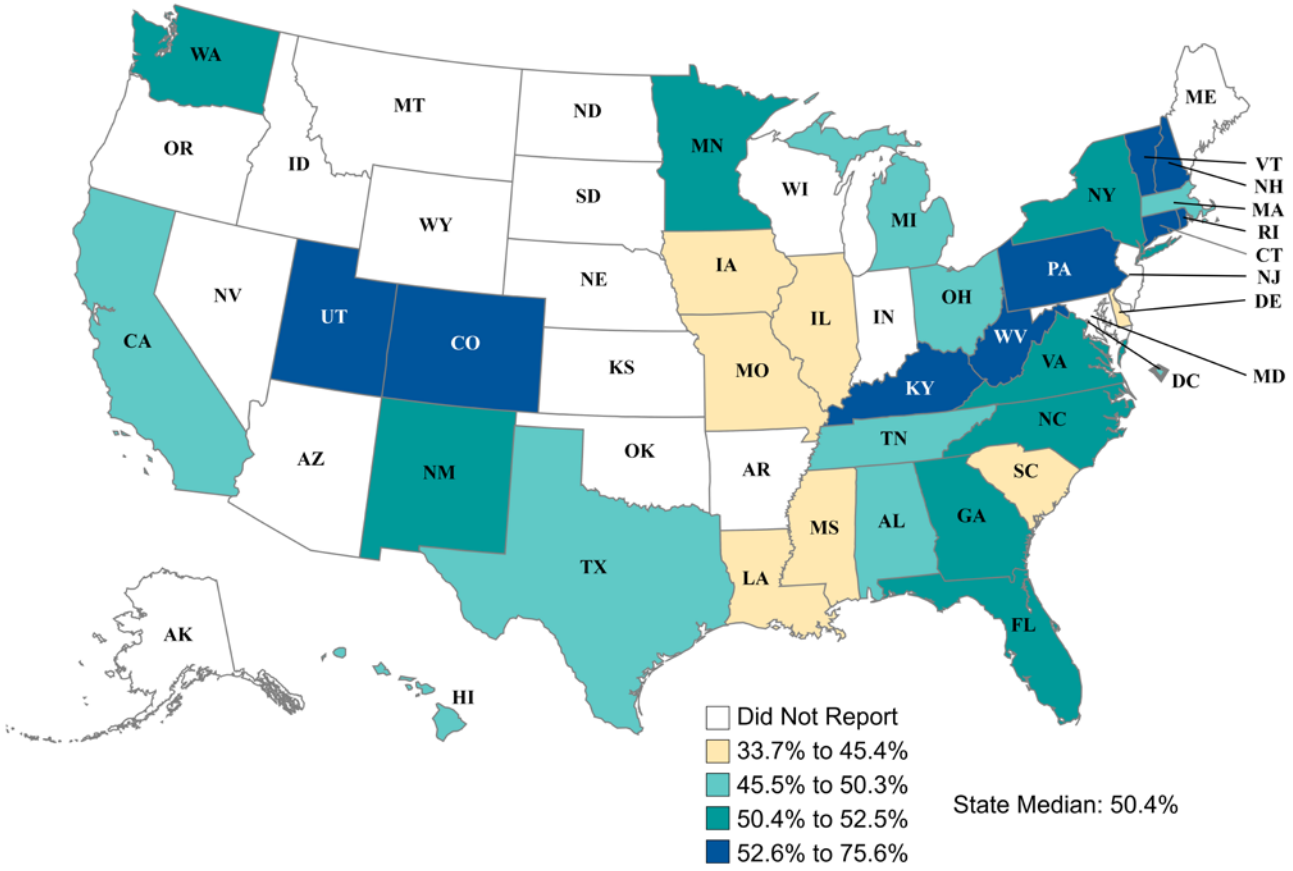
*Data displayed in this chart include adults ages 18 to 64 for 20 states and age 18 and older for 14 states.

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 (33–34 states)

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

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 2017 (n = 33 states)

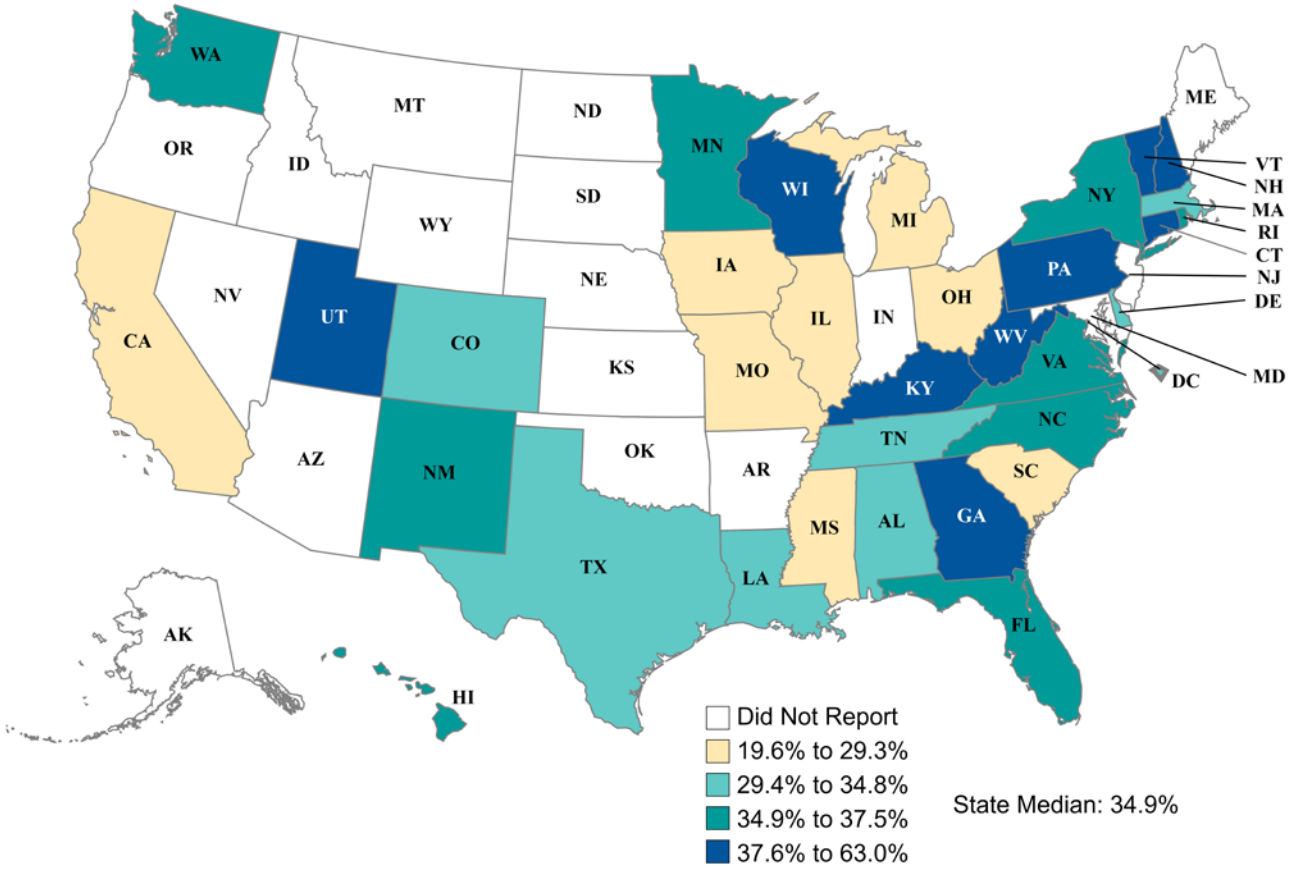


Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
*Data displayed in this chart include adults ages 18 to 64 for 19 states and age 18 and older for 14 states.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

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 2017 (n = 34 states)



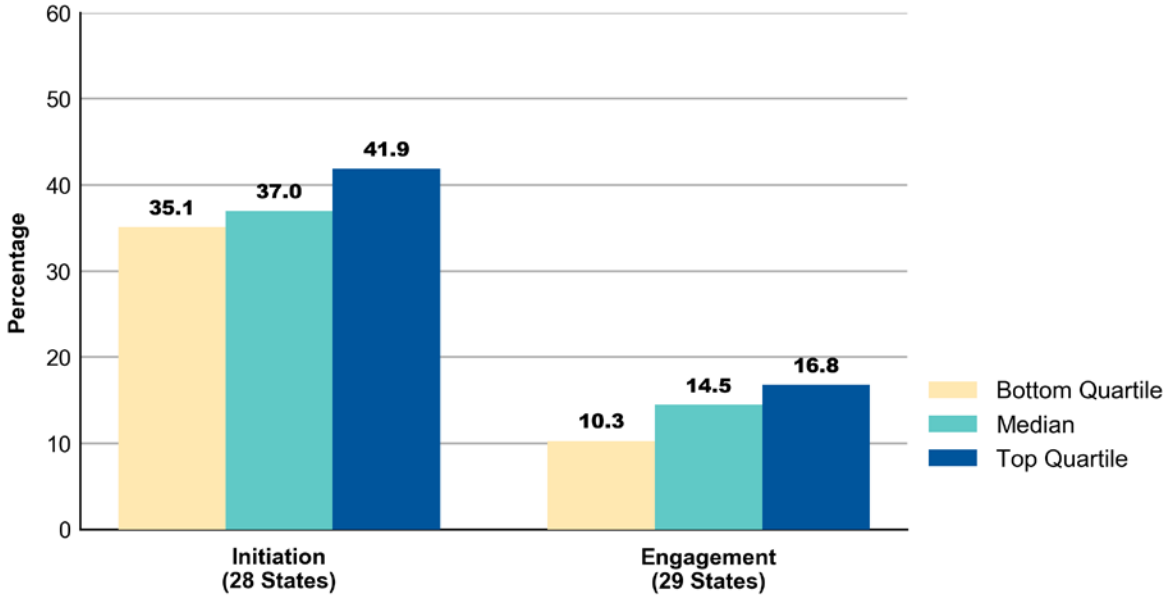
Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
*Data displayed in this chart include adults ages 18 to 64 for 20 states and age 18 and older for 14 states.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

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

Percentage of Adults* with a New Episode of Alcohol or Other Drug Dependence Who: (1) Initiated Treatment within 14 Days, and (2) Initiated Treatment and Had Two or More Follow-up Visits within 30 Days, FFY 2017



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

Notes: This measure identifies the percentage of adults age 18 and older with a new episode of alcohol and other drug (AOD) dependence who: (1) initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis (initiation rate), and (2) initiated treatment and had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit (engagement rate). This chart excludes Colorado, which reported the measure but did not use Adult Core Set specifications.

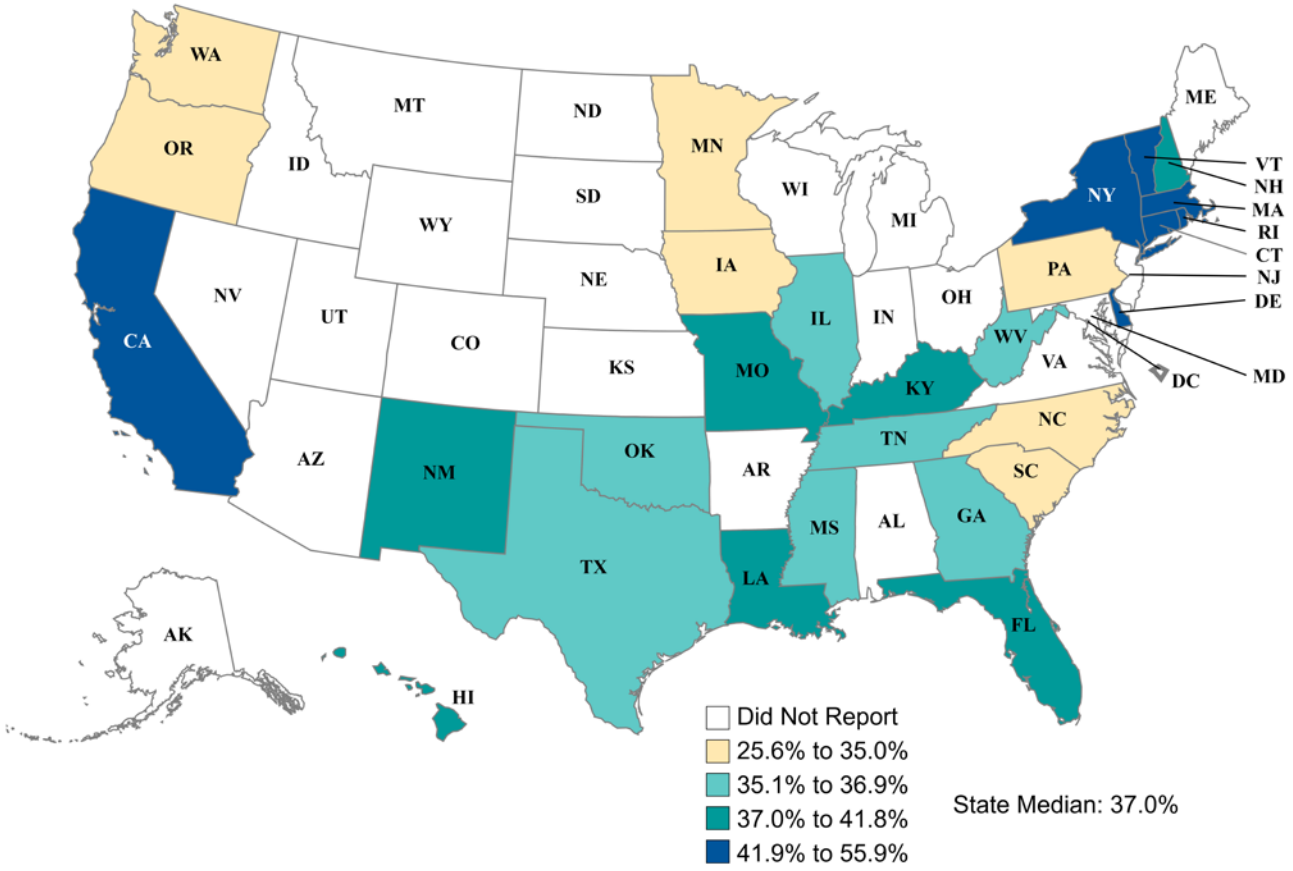
*Data displayed in this chart include adults ages 18 to 64 for 20 states and age 18 and older for 9 states.

A median of **37** percent of adults with alcohol or other drug dependence initiated treatment within 14 days and **15** percent had two follow-up visits within 30 days (28–29 states)

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Initiation of Alcohol and Other Drug Dependence Treatment (continued)

Geographic Variation in the Percentage of Adults* with a New Episode of Alcohol or Other Drug Dependence Who Initiated Treatment within 14 Days, FFY 2017 (n = 28 states)

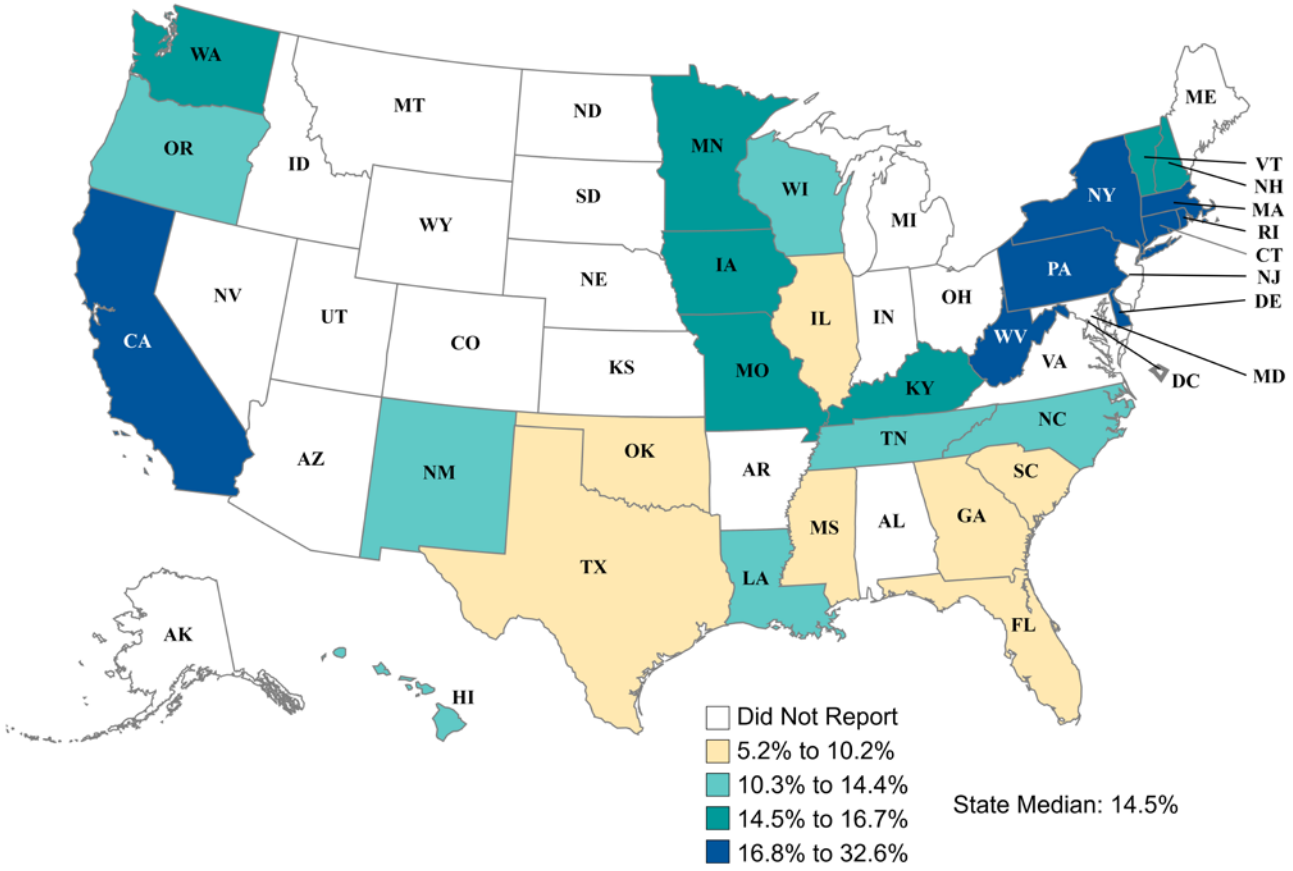


Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
Notes: This chart excludes Colorado, which reported the measure but did not use Adult Core Set specifications.
*Data displayed in this chart include adults ages 18 to 64 for 19 states and age 18 and older for 9 states.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Engagement in Alcohol and Other Drug Dependence Treatment (continued)

Geographic Variation in the Percentage of Adults* with a New Episode of Alcohol or Other Drug Dependence Who Initiated Treatment and Had Two or More Follow-up Visits within 30 Days, FFY 2017 (n = 29 states)



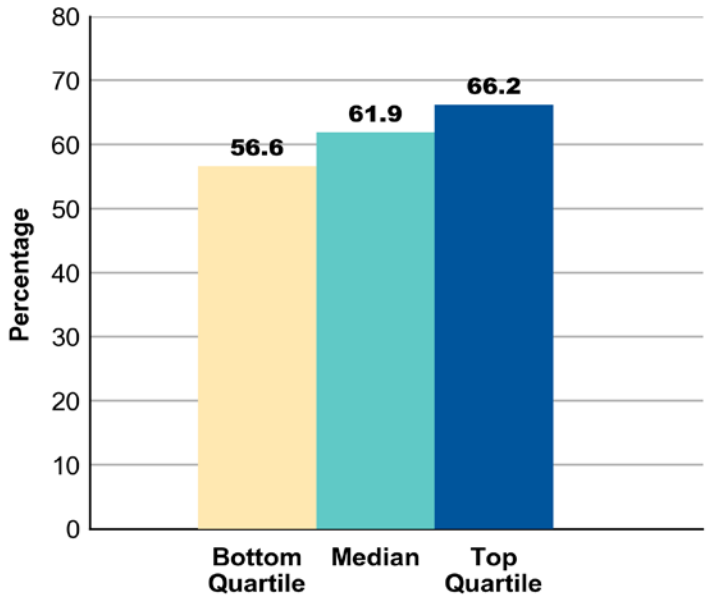
Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
Notes: This chart excludes Colorado, which reported the measure but did not use Adult Core Set specifications.
*Data displayed in this chart include adults ages 18 to 64 for 20 states and age 18 and older for 9 states.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Adherence to Antipsychotics for Individuals with Schizophrenia

Adherence to antipsychotics for the treatment of schizophrenia can reduce the risk of relapse or hospitalization. This measure indicates the 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 2017 (n = 31 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

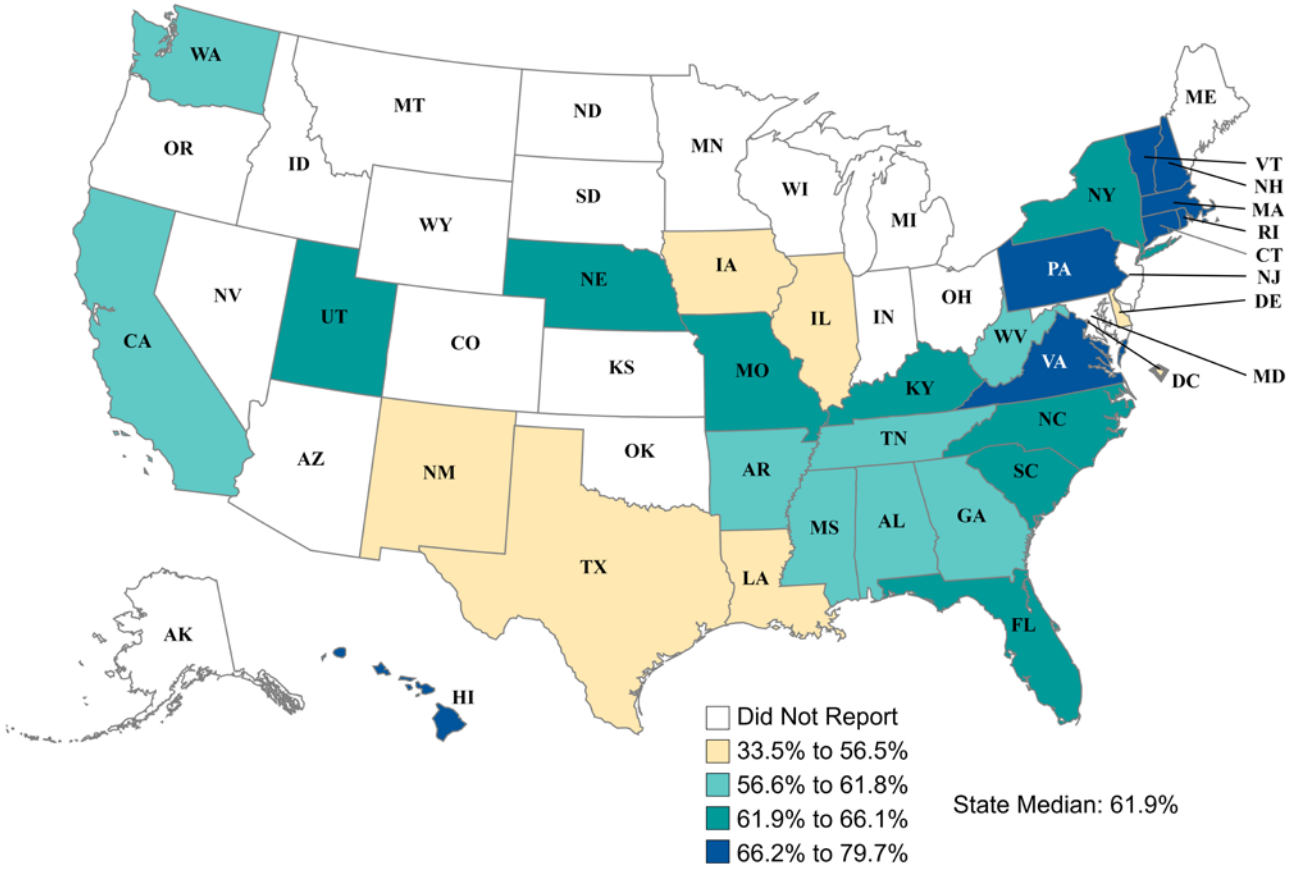
Notes: This measure identifies the percentage of adults ages 19 to 64 with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period during the measurement year. This chart excludes Colorado, which reported the measure but did not use Adult Core Set specifications.

A median of **62** percent of adults ages 19 to 64 with schizophrenia remained on an antipsychotic for at least 80 percent of their treatment period (31 states)

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Adherence to Antipsychotics for Individuals with Schizophrenia (continued)

Geographic Variation in the Percentage of Adults Ages 19 to 64 with Schizophrenia who were Dispensed and Remained on an Antipsychotic Medication for at Least 80 Percent of their Treatment Period, FFY 2017 (n = 31 states)



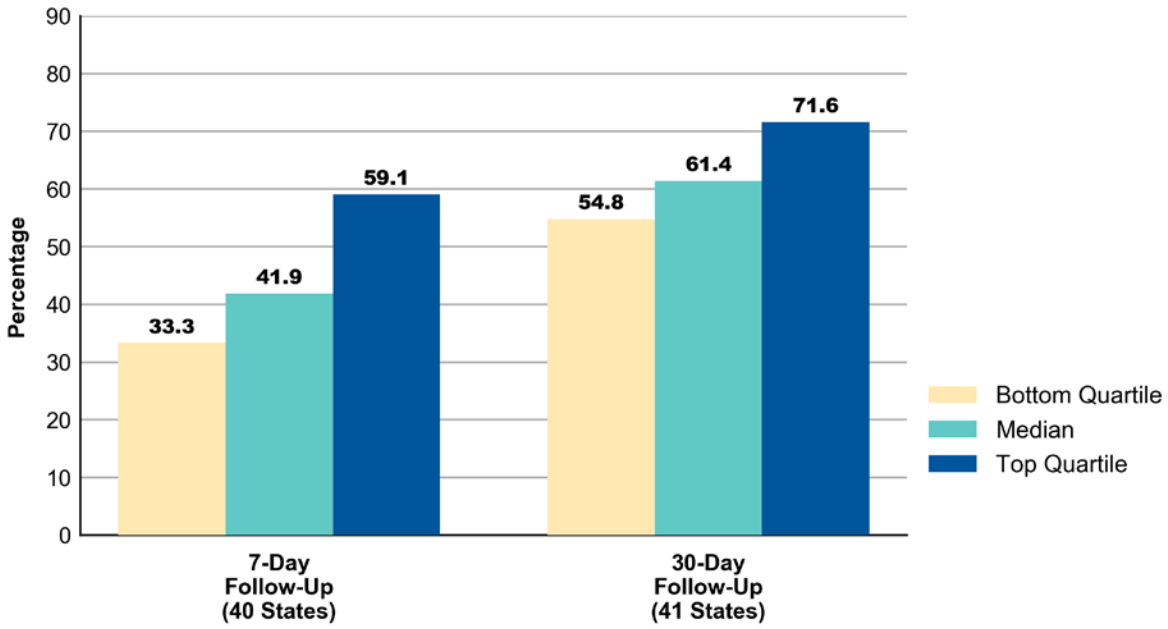
Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
Note: This chart excludes Colorado, which reported the measure but did not use Adult Core Set specifications.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

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 Receiving a Follow-Up Visit within 7 and 30 Days of Discharge, FFY 2017



Source: Mathematica analysis of MACPro reports for the FFY 2017 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 and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge and within 30 days of discharge.

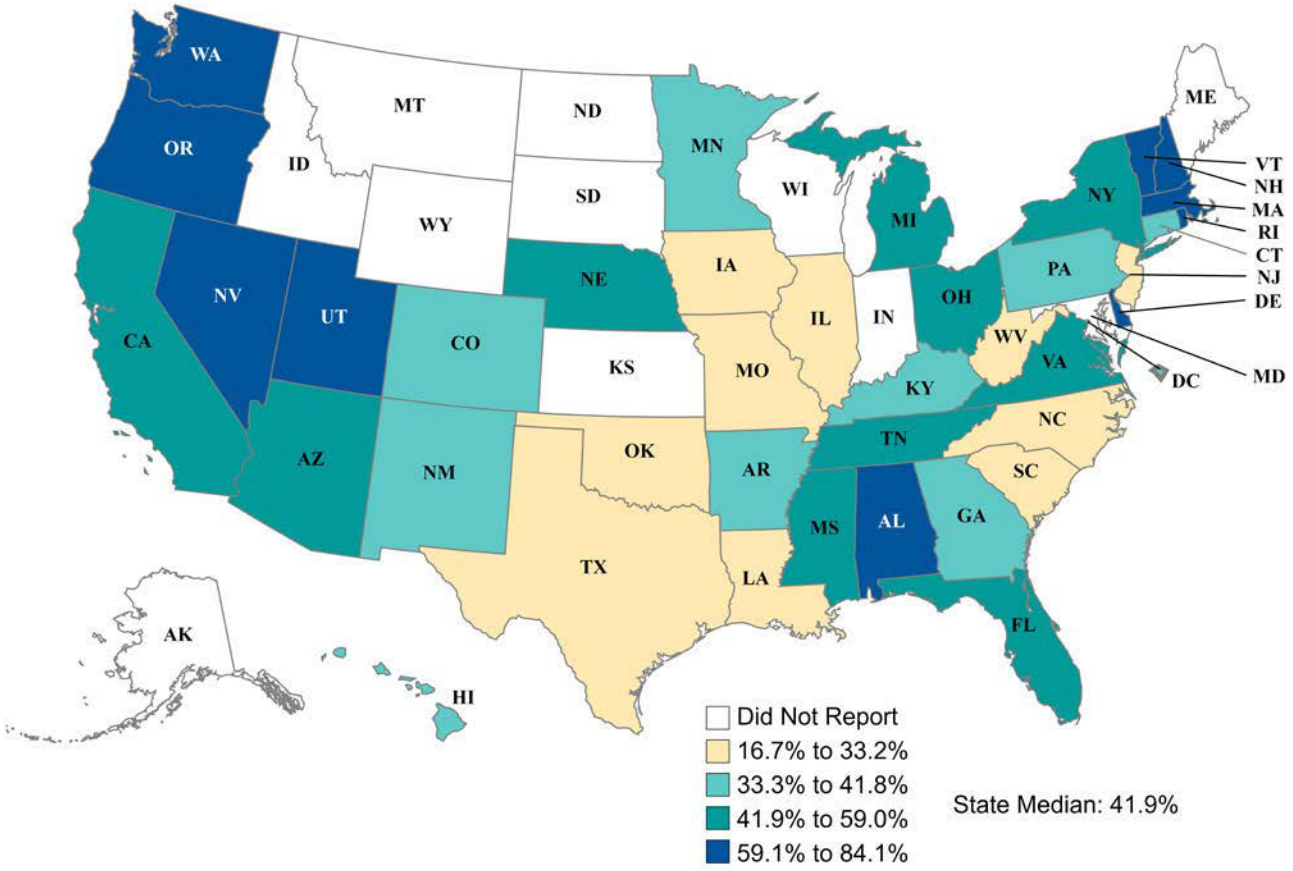
*Data displayed in this chart include adults ages 21 to 64 for 26 states, age 21 and older for 2 states, age 6 and older for 12 states, and ages 6 to 64 for 1 state.

A median of **42** percent of adults who were hospitalized for mental illness had a follow-up visit within 7 days of discharge and **61** percent had a follow-up visit within 30 days of discharge (40–41 states)

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

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

Geographic Variation in the Percentage of Adults* Hospitalized for Treatment of Mental Illness Receiving a Follow-Up Visit within 7 Days of Discharge, FFY 2017 (n = 40 states)

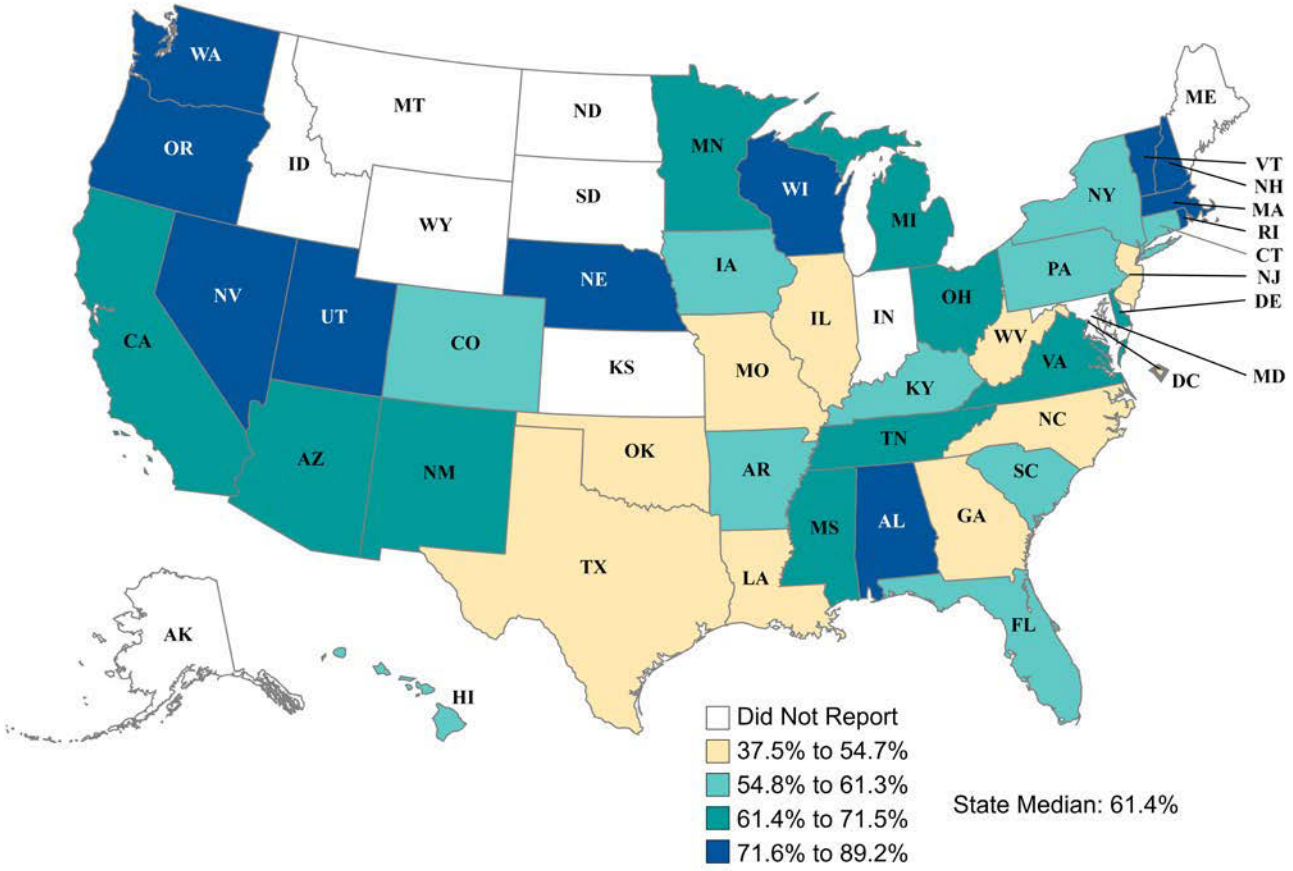


Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
*Data displayed in this chart include adults ages 21 to 64 for 26 states, age 21 and older for 2 states, age 6 and older for 11 states, and ages 6 to 64 for 1 state.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

Follow-Up After Hospitalization for Mental Illness Within 30 Days of Discharge (continued)

Geographic Variation in the Percentage of Adults* Hospitalized for Treatment of Mental Illness Receiving a Follow-Up Visit within 30 Days of Discharge, FFY 2017 (n = 41 states)



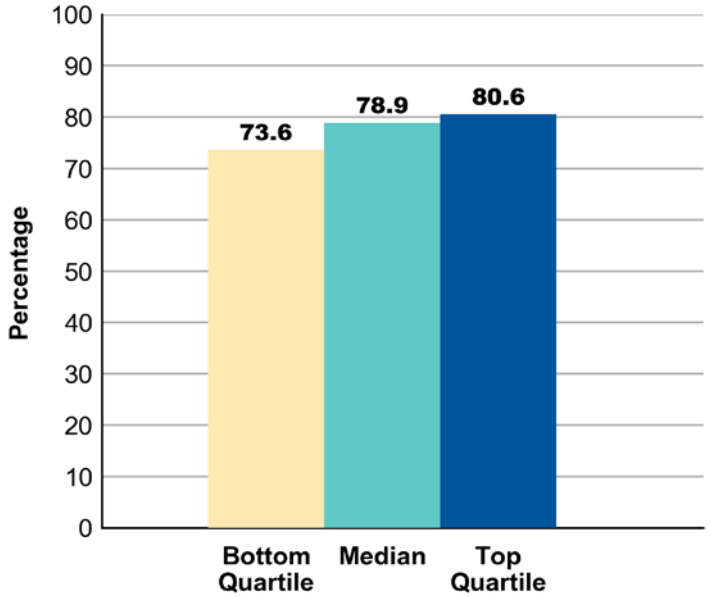
Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.
*Data displayed in this chart include adults ages 21 to 64 for 26 states, age 21 and older for 2 states, age 6 and older for 12 states, and ages 6 to 64 for 1 state.

Centers for Medicare & Medicaid Services
Medicaid/CHIP
Health Care Quality Measures

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 2017 (n = 30 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 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 **79** percent of adults ages 18 to 64 with schizophrenia or bipolar disorder who were dispensed an antipsychotic had a diabetes screening test during the measurement year (30 states)

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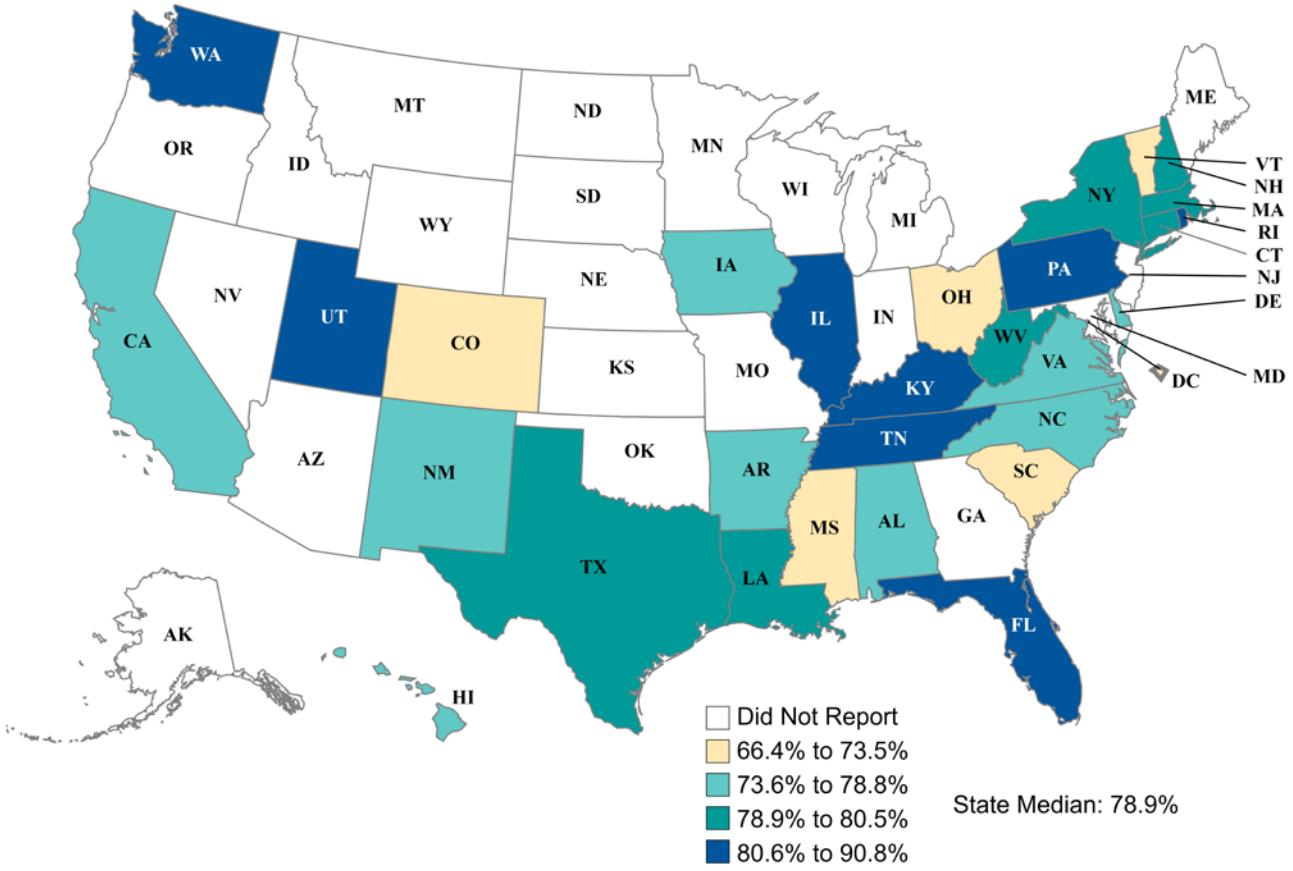
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (continued)

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 2017 (n = 30 states)



Source: Mathematica analysis of MACPro reports for the FFY 2017 reporting cycle.

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TRENDS IN STATE PERFORMANCE, FFY 2015–2017

Trends in State Performance, FFY 2015–2017: Introduction

CMS assessed trends in median state performance on 11 Adult Core Set measures publicly reported from FFY 2015 to FFY 2017. 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).

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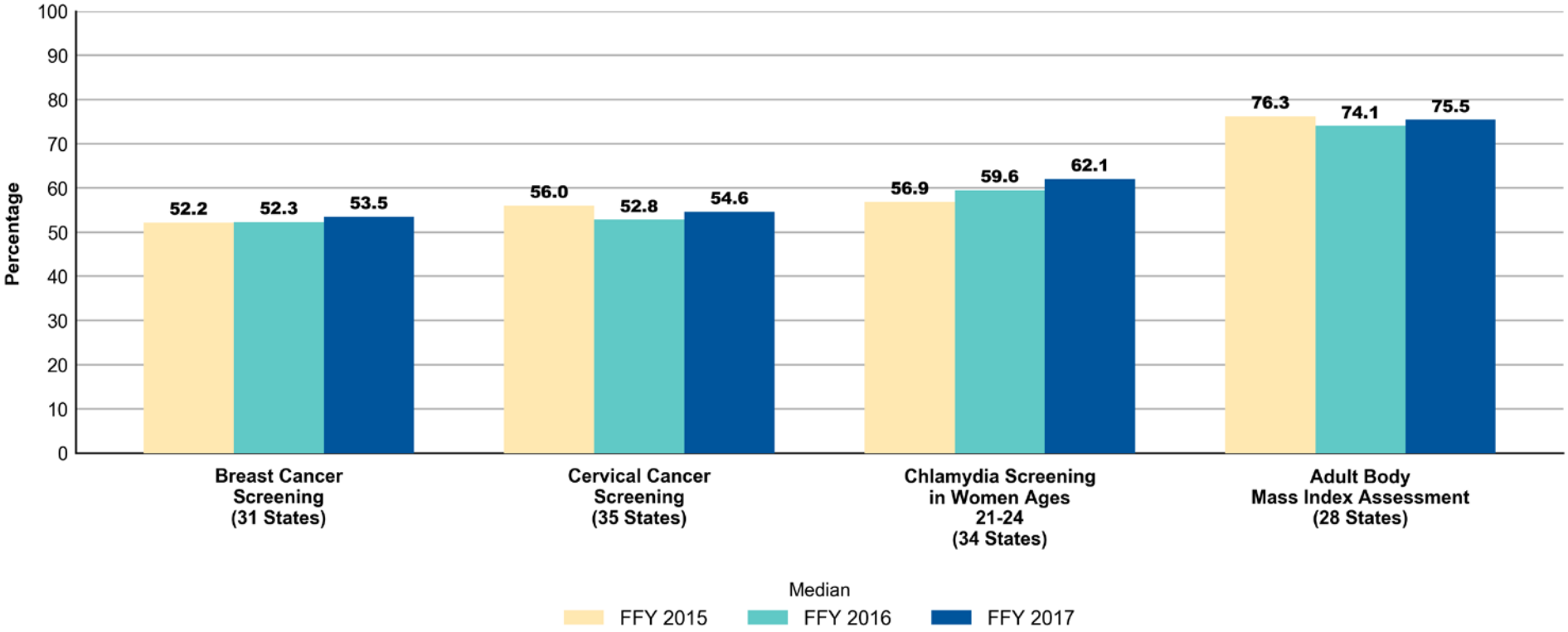
Trends in State Performance, FFY 2015–2017: Primary Care Access and Preventive Care

Median state performance on the Chlamydia Screening in Women Ages 21–24 measure increased significantly from FFY 2015 to FFY 2017. Median state performance on the Adult Body Mass Index Assessment measure decreased significantly during this period. Median state performance did not change significantly for the Breast Cancer Screening and Cervical Cancer Screening measures.



Sources: Mathematica analysis of FFY 2015–2017 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 2017 Chart Pack.

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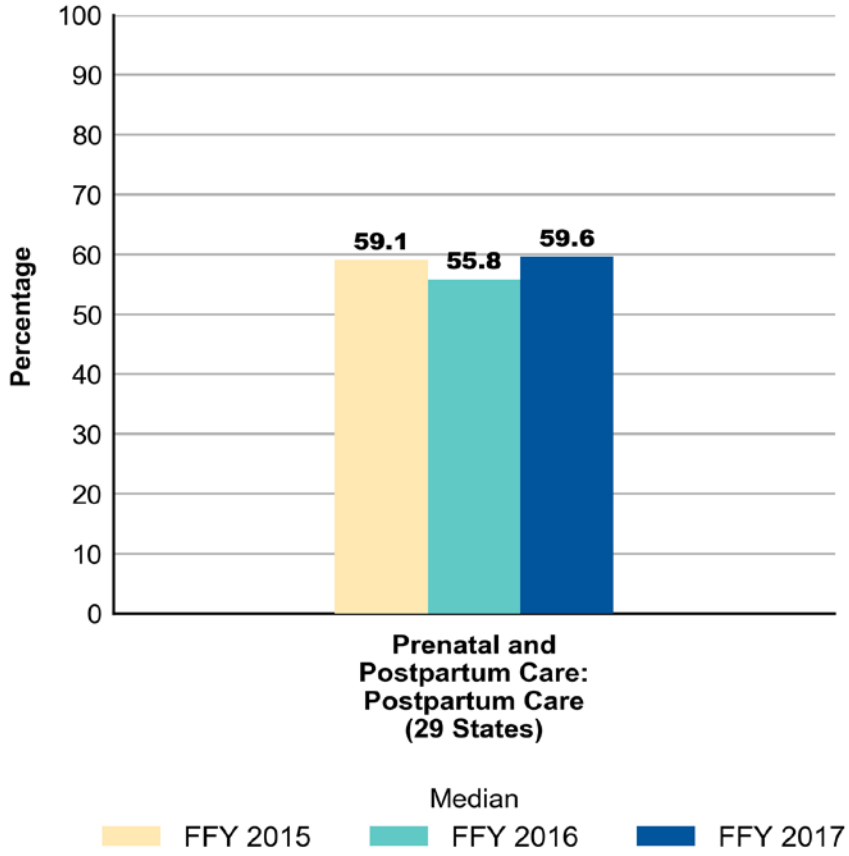
Trends in State Performance, FFY 2015–2017: Maternal and Perinatal Health

The median rate for the Prenatal and Postpartum Care: Postpartum Care measure increased significantly between FFY 2015 and FFY 2017 among the states reporting the measure for all three years.



Sources: Mathematica analysis of FFY 2015–2017 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 2017 Chart Pack.

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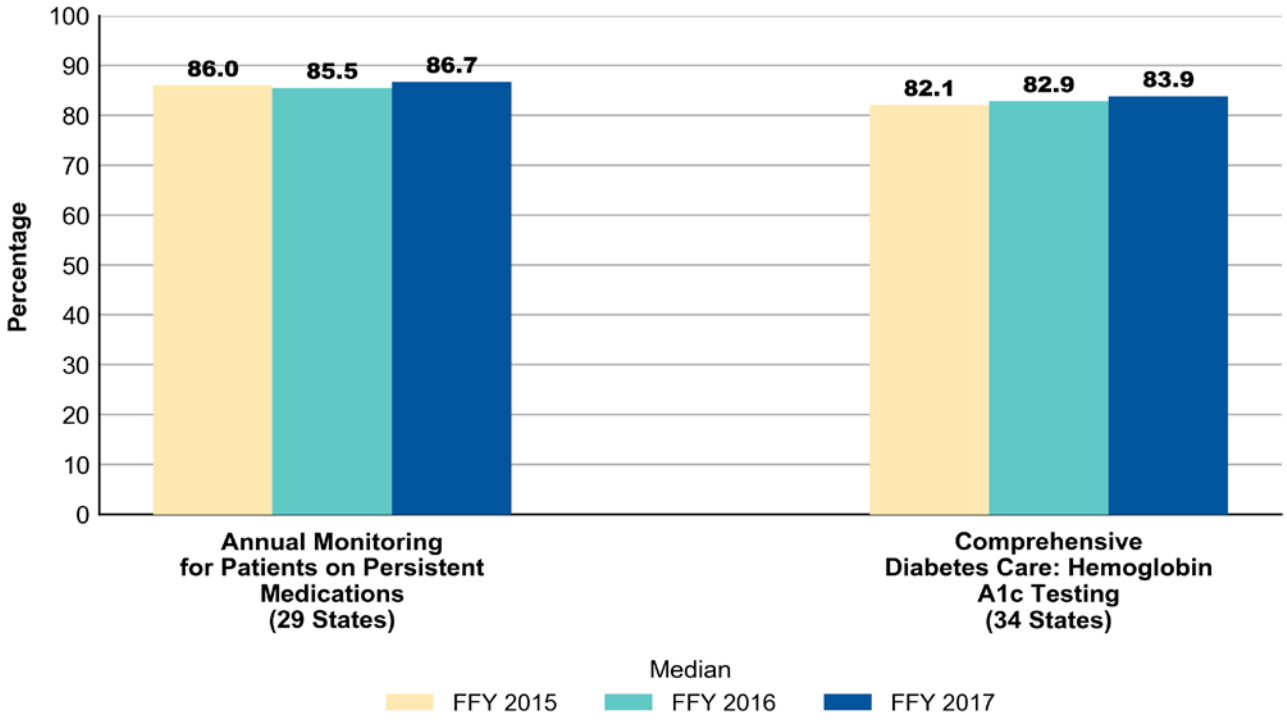
Trends in State Performance, FFY 2015–2017: Care of Acute and Chronic Conditions

Median state performance on the Annual Monitoring for Patients on Persistent Medications and Comprehensive Diabetes Care: Hemoglobin A1c Testing measures increased significantly from FFY 2015 to FFY 2017.



Sources: Mathematica analysis of FFY 2015–2017 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 2017 Chart Pack.

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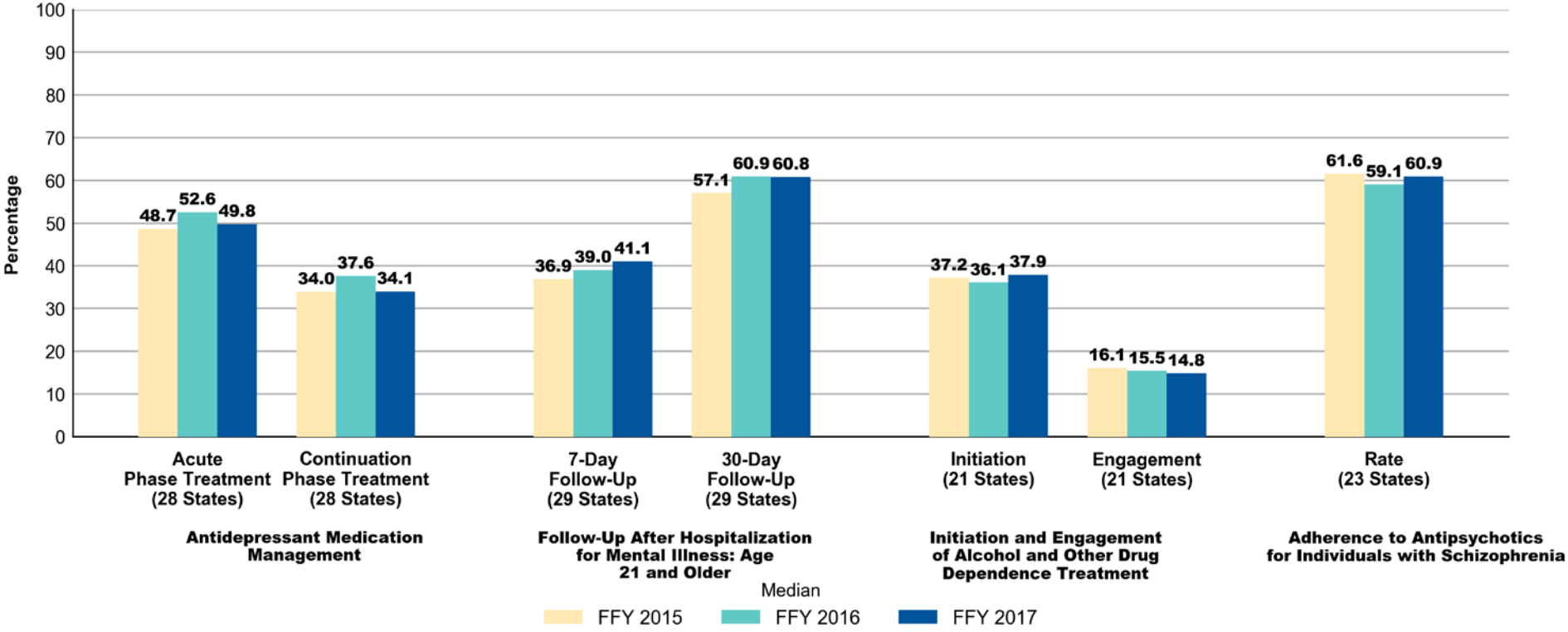
Trends in State Performance, FFY 2015–2017: Behavioral Health Care

Median state performance on the Follow-Up After Hospitalization for Mental Illness: Age 21 and Older measure increased significantly from FFY 2015 to FFY 2017. The median rate for the Adherence to Antipsychotics for Individuals with Schizophrenia measure decreased significantly during this period. Median state performance on the Antidepressant Medication Management and Initiation and Engagement of Alcohol and Other Drug Dependence Treatment measures did not change significantly.



Sources: Mathematica analysis of FFY 2015–2017 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 2017 Chart Pack.

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REFERENCE TABLES AND ADDITIONAL RESOURCES

Overview of State Reporting of the Adult Core Set Measures, FFY 2017

	Number of Measures Reported	Flu Vaccinations for Adults Ages 18 to 64	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening in Women Ages 21-24	Adult Body Mass Index Assessment	Screening for Clinical Depression and Follow-up Plan	Prenatal and Postpartum Care: Postpartum Care	PC-01: Elective Delivery	PC-03: Antenatal Steroids	Contraceptive Care – Postpartum Women Ages 21-44	Comprehensive Diabetes Care: Hemoglobin A1c Testing	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)	PQI 01: Diabetes Short-Term Complications Admission Rate	PQI 05: COPD or Asthma in Older Adults Admission Rate	PQI 08: Heart Failure Admission Rate	PQI 15: Asthma in Younger Adults Admission Rate	Plan All-Cause Readmissions	Annual Monitoring for Patients on Persistent Medications	Controlling High Blood Pressure	HIV Viral Load Suppression	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%)	Antidepressant Medication Management	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Adherence to Antipsychotics for Individuals with Schizophrenia	Follow-Up After Hospitalization for Mental Illness	Medical Assistance With Smoking and Tobacco Use Cessation	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotics	CAHPS Health Plan Survey 5.0H, Adult Version (Medicaid)
Total	18 (Median)	20	39	40	40	32	7	38	9	3	21	38	27	27	25	25	26	25	36	25	5	23	3	34	18	30	32	41	20	30	27
Alabama	21	X	X	X	X	X	--	X	--	--	X	X	--	X	X	X	X	X	--	--	--	X	--	X	X	--	X	X	X	X	X
Arizona	10	--	X	X	X	--	--	--	--	--	--	--	--	X	X	X	X	X	X	--	--	--	--	--	--	--	--	X	--	--	--
Arkansas	14	--	--	X	X	--	--	--	X	--	--	X	--	X	X	X	X	X	X	--	--	--	--	--	X	--	X	X	--	X	--
California	19	--	X	X	X	--	--	X	--	--	X	X	X	X	--	--	X	X	X	X	--	X	--	X	X	X	X	X	--	X	--
Colorado	23	X	X	X	X	X	X	X	--	--	--	X	X	X	X	X	X	X	X	--	--	X	--	X	X	X	X	X	--	X	X
Connecticut	24	X	X	X	X	X	--	X	--	--	--	X	X	X	X	X	X	X	X	X	--	X	X	X	--	X	X	X	X	X	X
Delaware	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
Dist. of Col.	17	X	X	X	X	X	--	X	--	--	--	X	X	--	--	--	--	--	X	X	--	X	--	X	--	--	X	X	X	X	X
Florida	17	--	X	X	X	X	--	X	--	--	--	X	X	--	--	--	--	X	X	X	--	--	--	X	--	X	X	X	X	X	X
Georgia	22	--	X	X	X	X	X	X	--	X	--	X	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	--
Illinois	17	--	X	X	X	X	--	X	--	--	X	X	--	X	X	X	X	--	X	--	--	--	--	X	--	X	X	X	--	X	--
Iowa	21	--	X	X	X	X	--	X	X	--	X	X	--	X	X	X	X	X	X	--	--	X	--	X	X	X	X	X	--	X	--
Kentucky	19	X	X	X	X	X	--	X	--	--	X	X	X	--	--	--	--	--	X	X	--	--	--	X	X	X	X	X	X	X	X
Louisiana	23	--	X	X	X	X	--	X	X	--	X	X	X	X	X	X	X	X	X	--	X	X	--	X	--	X	X	X	--	X	X
Maryland	12	X	X	X	X	X	--	X	--	--	--	X	X	--	--	--	--	--	X	X	--	--	--	--	--	--	--	--	X	--	X
Massachusetts	17	--	X	X	X	X	--	X	X	--	X	X	X	--	--	--	--	X	X	X	--	--	--	X	--	X	X	X	--	X	--
Michigan	15	--	X	X	X	X	--	--	--	--	X	X	--	X	X	X	X	X	X	--	--	--	--	X	--	--	--	X	--	--	X
Minnesota	19	X	X	X	X	--	--	X	--	--	X	--	--	X	X	X	X	X	X	--	--	X	--	X	X	X	--	X	X	--	X
Mississippi	15	--	X	X	X	X	--	X	--	--	--	X	X	--	--	--	--	--	X	X	--	--	--	X	--	X	X	X	--	X	X

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Overview of State Reporting of the Adult Core Set Measures, FFY 2017 (continued)

	Number of Measures Reported	Flu Vaccinations for Adults Ages 18 to 64	Breast Cancer Screening	Cervical Cancer Screening	Chlamydia Screening in Women Ages 21–24	Adult Body Mass Index Assessment	Screening for Clinical Depression and Follow-up Plan	Prenatal and Postpartum Care: Postpartum Care	PC-01: Elective Delivery	PC-03: Antenatal Steroids	Contraceptive Care – Postpartum Women Ages 21–44	Comprehensive Diabetes Care: Hemoglobin A1c Testing	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)	PQI 01: Diabetes Short-Term Complications Admission Rate	PQI 05: COPD or Asthma in Older Adults Admission Rate	PQI 08: Heart Failure Admission Rate	PQI 15: Asthma in Younger Adults Admission Rate	Plan All-Cause Readmissions	Annual Monitoring for Patients on Persistent Medications	Controlling High Blood Pressure	HIV Viral Load Suppression	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%)	Antidepressant Medication Management	Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Adherence to Antipsychotics for Individuals with Schizophrenia	Follow-Up After Hospitalization for Mental Illness	Medical Assistance With Smoking and Tobacco Use Cessation	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotics	CAHPS Health Plan Survey 5.0H, Adult Version (Medicaid)
Missouri	14	--	X	X	X	X	--	X	--	--	X	X	--	--	--	--	--	X	X	--	--	X	--	X	--	X	X	X	--	--	--
Nebraska	9	--	X	X	X	X	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	X	--	--	X	--	X	X	--	--	X
Nevada	5	--	--	--	--	--	--	X	--	--	--	X	X	--	--	--	--	--	--	--	--	--	--	--	--	--	--	X	--	--	X
New Hampshire	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
New Jersey	13	X	X	X	X	X	--	X	--	--	--	X	X	--	--	--	--	--	X	X	--	--	--	--	--	--	--	X	X	--	X
New Mexico	17	--	X	X	X	X	X	X	--	--	--	X	X	X	--	--	--	--	X	X	--	--	--	X	--	X	X	X	--	X	X
New York	30	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
North Carolina	19	--	X	X	X	X	--	X	--	--	X	X	--	X	X	X	X	X	X	--	--	X	--	X	--	X	X	X	--	X	--
Ohio	13	--	X	X	X	--	--	X	--	--	--	X	--	X	X	X	X	--	--	--	--	X	--	X	--	--	--	X	--	X	--
Oklahoma	17	--	X	X	X	X	--	X	--	--	X	X	--	X	X	X	X	X	X	--	--	X	--	--	X	X	--	X	--	--	--
Oregon	18	X	--	X	X	--	X	X	X	--	--	X	X	X	X	X	X	X	--	X	--	--	--	--	--	X	--	X	X	--	X
Pennsylvania	23	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	19	X	X	X	X	X	--	X	--	--	--	X	X	--	--	--	--	--	X	X	X	--	--	X	X	X	X	X	X	X	X
South Carolina	19	X	X	X	X	X	--	X	X	--	X	X	--	--	--	--	--	X	X	--	--	--	--	X	X	X	X	X	X	X	X
Tennessee	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
Texas	22	X	X	X	X	X	--	X	--	--	--	X	--	X	X	X	X	--	X	X	X	--	--	X	X	X	X	X	X	X	X
Utah	13	--	X	X	X	X	--	X	--	--	--	X	X	--	--	--	--	--	X	X	--	--	--	X	--	--	X	X	--	X	--
Vermont	19	X	X	X	X	--	--	--	--	--	X	--	--	X	X	X	X	X	X	--	--	X	--	X	X	X	X	X	X	X	--
Virginia	16	X	X	X	X	X	--	X	--	--	--	X	X	--	--	--	--	--	X	X	--	--	--	X	--	--	X	X	X	X	X
Washington	21	--	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
Wisconsin	8	--	X	--	--	--	--	X	--	--	--	X	X	--	--	--	--	--	--	X	--	--	--	X	--	X	--	X	--	--	--
Wyoming	7	--	--	--	--	--	--	X	--	--	X	--	--	X	X	X	X	--	--	--	--	X	--	--	--	--	--	--	--	--	--

Source: Mathematica analysis of MACPro reports for the FFY 2017 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.

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Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2017

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 50–64	39	53.0	54.7	48.4	60.9
Cervical Cancer Screening	Percentage of Women Screened for Cervical Cancer: Ages 21–64	40	53.8	55.0	48.4	60.1
Chlamydia Screening in Women Ages 21–24	Percentage of Sexually Active Women Screened for Chlamydia	40	60.2	61.1	54.3	67.9
Adult Body Mass Index Assessment	Percentage who had an Outpatient Visit with a BMI Value Documented in the Medical Record: Ages 18–64	32	62.9	78.6	27.6	87.7
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	38	57.5	60.4	54.1	65.9
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 18–64	38	82.2	84.5	78.4	87.4
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 18–64 [Lower rates are better]	27	45.3	41.9	47.6	36.0
PQI 01: Diabetes Short-Term Complications Admission Rate	Inpatient Hospital Admissions for Diabetes Short-Term Complications per 100,000 Enrollee-Month: Ages 18–64 [Lower rates are better]	27	19.6	17.9	24.3	14.1
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 Enrollee Months: Ages 40–64 [Lower rates are better]	25	81.0	70.4	100.5	52.8
PQI 08: Heart Failure Admission Rate	Inpatient Hospital Admissions for Heart Failure per 100,000 Enrollee-Months: Ages 18–64 [Lower rates are better]	25	26.7	21.9	30.8	16.4

Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2017 (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)						
PQI 15: Asthma in Younger Adults Admission Rate	Inpatient Hospital Admissions for Asthma per 100,000 Enrollee-Months: Ages 18–39 [Lower Rates are better]	26	6.8	5.8	8.8	4.0
Annual Monitoring for Patients on Persistent Medications	Percentage who Received at Least 180 Treatment Days of Ambulatory Medication Therapy and Annual Monitoring: Ages 18–64	36	86.9	86.8	85.0	89.0
Controlling High Blood Pressure	Percentage who had a Diagnosis of Hypertension and Whose Blood Pressure was Adequately Controlled (<140/90 mmHg) During the Measurement Year: Ages 18–64	25	59.3	57.2	54.3	65.9
Behavioral Health Care						
Antidepressant Medication Management	Percentage Diagnosed with Major Depression who were Treated with and Remained on Antidepressant Medication for 12 Weeks: Ages 18–64	33	50.3	50.4	45.5	52.6
Antidepressant Medication Management	Percentage Diagnosed with Major Depression who were Treated with and Remained on Antidepressant Medication for 6 Months: Ages 18–64	34	34.7	34.9	29.4	37.6
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Percentage with a New Episode of Alcohol or Drug Dependence who Initiated Treatment: Ages 18–64	28	38.3	37.0	35.1	41.9
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Percentage with a New Episode of Alcohol or Drug Dependence who Initiated and Engaged in Treatment: Ages 18–64	29	14.2	14.5	10.3	16.8
Adherence to Antipsychotics 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 19–64	31	60.6	61.9	56.6	66.2

Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2017 (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 21–64	40	45.4	41.9	33.3	59.1
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 21–64	41	62.9	61.4	54.8	71.6
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 18–64	30	78.4	78.9	73.6	80.6

Source: Mathematica analysis of MACPro reports for the FFY 2017 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 2017 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 2017. Additionally, states were excluded if they reported a denominator of less than 30. Means are calculated as the unweighted average of all state rates. Measure-specific tables are available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html.

Changes in Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2015–2017

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications FFY 2015–2017	FFY 2015 Median	FFY 2016 Median	FFY 2017 Median
Primary Care Access and Preventive Care					
Breast Cancer Screening	Percentage of Women who had a Mammogram to Screen for Breast Cancer: Ages 50–64	31	52.2	52.3	53.5
Cervical Cancer Screening	Percentage of Women Screened for Cervical Cancer: Ages 21–64	35	56.0	52.8	54.6
Chlamydia Screening in Women Ages 21–24	Percentage of Sexually Active Women Screened for Chlamydia	34	56.9	59.6	62.1
Adult Body Mass Index Assessment	Percentage who had an Outpatient Visit with a BMI Documented in the Medical Record: Ages 18–64	28	76.3	74.1	75.5
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	29	59.1	55.8	59.6
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 18–64	34	82.1	82.9	83.9
Annual Monitoring for Patients on Persistent Medications	Percentage who Received at Least 180 Treatment Days of Ambulatory Medication Therapy and Annual Monitoring: Ages 18–64	29	86.0	85.5	86.7

Changes in Performance Rates on Frequently Reported Adult Core Set Measures, FFY 2015–2017 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications FFY 2015–2017	FFY 2015 Median	FFY 2016 Median	FFY 2017 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 18–64	28	48.7	52.6	49.8
Antidepressant Medication Management:	Percentage Diagnosed with Major Depression who were Treated with and Remained on Antidepressant Medication for 6 Months: Ages 18–64	28	34.0	37.6	34.1
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Percentage with a New Episode of Alcohol or Drug Dependence who Initiated Treatment: Ages 18–64	21	37.2	36.1	37.9
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Percentage with a New Episode of Alcohol or Drug Dependence who Initiated and Engaged in Treatment: Ages 18–64	21	16.1	15.5	14.8
Adherence to Antipsychotics 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 19–64	23	61.6	59.1	60.9
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 21–64	29	36.9	39.0	41.1
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 21–64	29	57.1	60.9	60.8

Sources: Mathematica analysis of FFY 2015–2017 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 2015–FFY 2017). 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 2017 Chart Pack.

Measure-specific tables are available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/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
FFY	Federal Fiscal Year
HbA1c	Hemoglobin A1c
HHS	U.S. Department of Health and Human Services
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
MACPro	Medicaid and CHIP Program System
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-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.

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