

**Child and Adult Core Set Stakeholder
Workgroup:**
2021 Annual Review Orientation Meeting

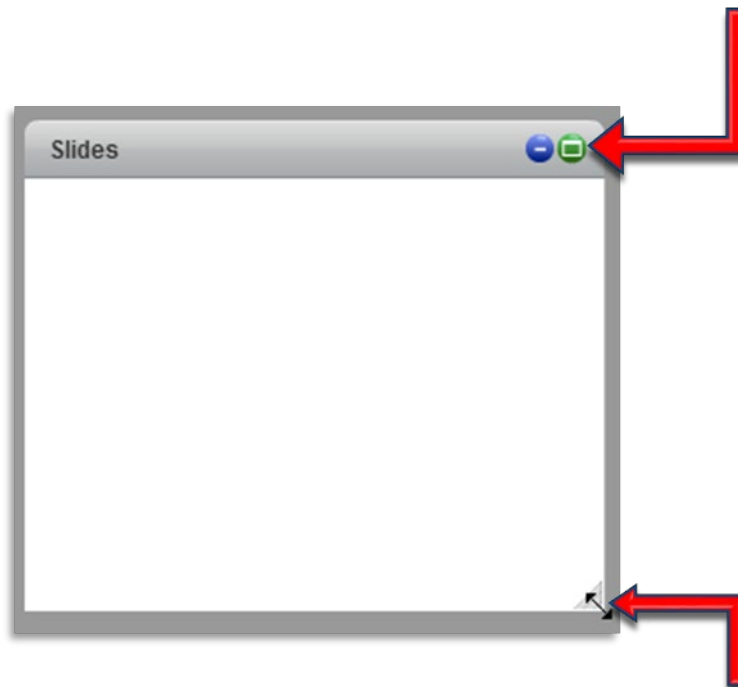
December 13, 2019

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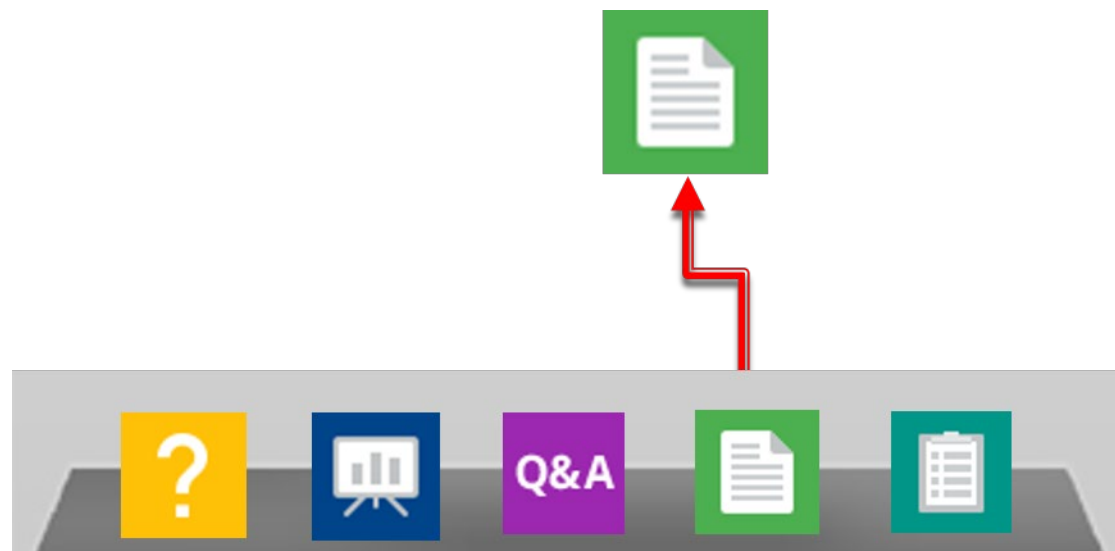
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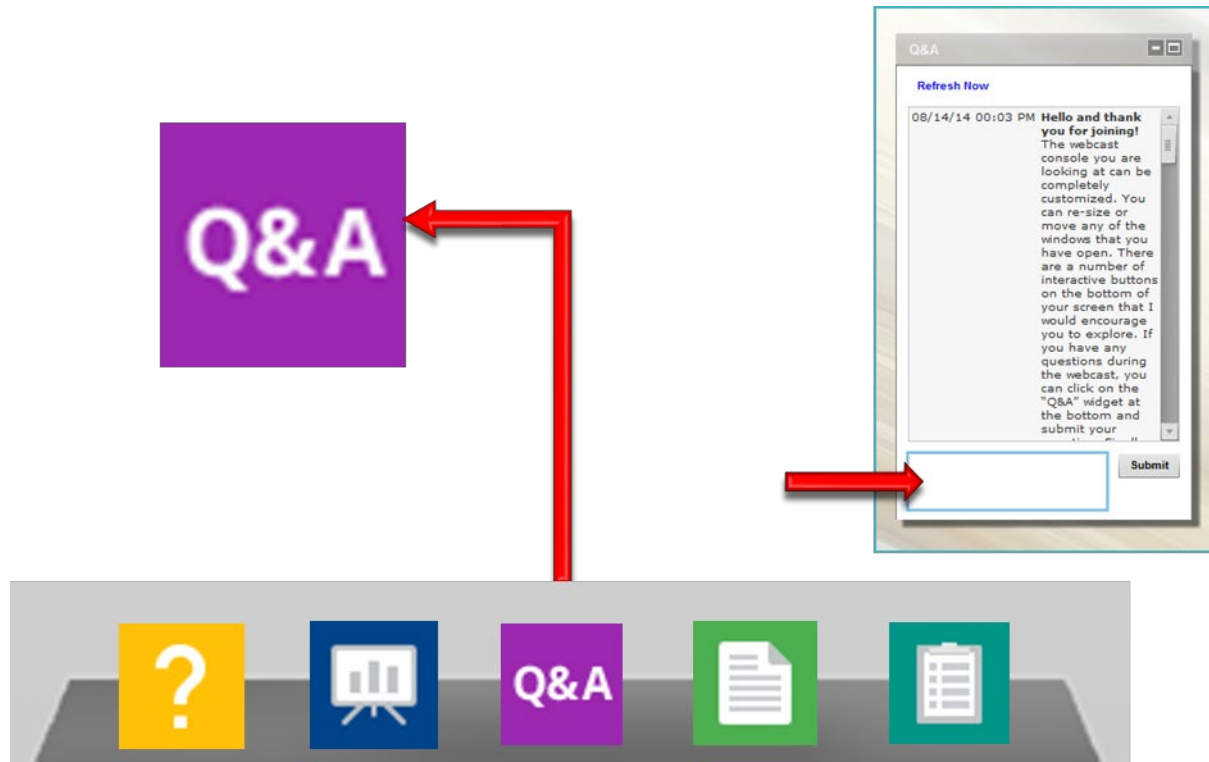
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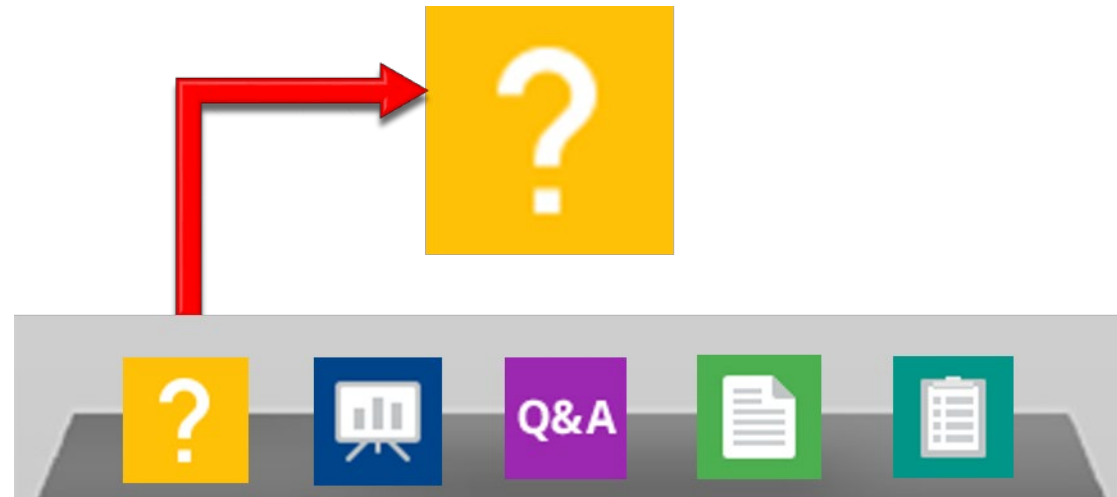
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Welcome, Meeting Objectives, and Introductions

Meeting Objectives

- **Introduce the members of the 2021 Child and Adult Core Set Annual Review Stakeholder Workgroup**
- **Describe the charge and process for the 2021 annual review of the Child and Adult Core Sets**
- **Provide background on the Child and Adult Core Set measures**
- **Present the process for Workgroup members to suggest measures for removal from or addition to the 2021 Child and Adult Core Sets**
- **Provide opportunity for public comment**

Mathematica Core Set Review Team

- **Margo Rosenbach, Project Director**
- **Allison Steiner, Health Analyst**
- **Bailey Orshan, Senior Advisor**
- **Chrissy Fiorentini, Health Analyst**
- **Dayna Gallagher, Health Associate**
- **Grace Reinders, Health Associate**
- **Lindsay Zelson, Health Associate**
- **Michaela Vine, Senior Advisor**
- **Rosemary Borck, Senior Advisor**
- **Ruth Hsu, Health Analyst**
- **Tricia Rowan, Researcher**

2021 Core Set Annual Review Workgroup

Voting Members	
Co-Chair: Gretchen Hammer, MPH	Public Leadership Consulting Group
Co-Chair: David Kelley, MD, MPA	Pennsylvania Department of Human Services
Richard Antonelli, MD, MS	Boston Children's Hospital
Lowell Arye, MS	Aging and Disability Policy and Leadership Consulting, LLC
Tricia Brooks, MBA	Georgetown University Center for Children and Families
Laura Chaise, MBA Nominated by the National MLTSS Health Plan Association	Centene Corporation
Lindsay Cogan, PhD, MS	New York State Department of Health
James Crall, DDS, ScD, MS Nominated by the American Dental Association	UCLA School of Dentistry
Anne Edwards, MD Nominated by the American Academy of Pediatrics	American Academy of Pediatrics
Kim Elliott, PhD, MA, CPHQ, CHCA	Health Services Advisory Group
Tricia Elliott, MBA, CPHQ	The Joint Commission
Steve Groff Nominated by the National Association of Medicaid Directors	Delaware Department of Health and Social Services
Shevaun Harris, MBA, MSW Nominated by the National Association of Medicaid Directors	Florida Agency for Health Care Administration
Diana Jolles, PhD, CNM, FACNM Nominated by the American College of Nurse-Midwives	Frontier Nursing University

2021 Core Set Annual Review Workgroup, continued

Voting Members	
David Kroll, MD Nominated by the American Psychiatric Association	Department of Psychiatry, Brigham Health, Harvard Medical School
Carolyn Langer, MD, JD, MPH	Fallon Health
Lauren Lemieux Nominated by the American College of Obstetricians and Gynecologists	American College of Obstetricians and Gynecologists
Jill Morrow-Gorton, MD, MBA	University of Pittsburgh Medical Center (UPMC) Health Plan
Amy Mullins, MD, CPE, FAAFP Nominated by the American Academy of Family Physicians	American Academy of Family Physicians
Fred Oraene, MBA Nominated by the National Association of Medicaid Directors	Oklahoma Health Care Authority
Lisa Patton, PhD	IBM Watson Health
Sara Salek, MD	Arizona Health Care Cost Containment System
Marissa Schlaifer, MS	OptumRx
Linette Scott, MD, MPH	California Department of Health Care Services
Jennifer Tracey, MHA	Zero to Three
Ann Zerr, MD	Indiana Family and Social Services Administration
Bonnie Zima, MD, MPH Nominated by the American Academy of Child and Adolescent Psychiatry and American Psychiatric Association	UCLA-Semel Institute for Neuroscience and Human Behavior

2021 Core Set Annual Review Workgroup: Federal Liaisons

Federal Liaisons (Non-voting)

Agency for Healthcare Research and Quality, DHHS

Center for Clinical Standards & Quality, CMS, DHHS

Centers for Disease Control and Prevention, DHHS

Health Resources and Services Administration, DHHS

Office of Disease Prevention and Health Promotion, DHHS

Office of the Assistant Secretary for Planning and Evaluation, DHHS

Substance Abuse and Mental Health Services Administration, DHHS

US Department of Veteran Affairs

Disclosure of Interest

- **All Workgroup members are required to submit a Disclosure of Interest form**
 - **Mathematica requires that Workgroup participants disclose any interests, relationships, or circumstances over the past 4 years that could give rise to a potential conflict of interest or the appearance of a conflict of interest related to the current Child and Adult Core Set measures or measures reviewed during the Workgroup process.**
- **Workgroup members will review and update their Disclosure of Interest form before the in-person meeting**
- **Members deemed to have an interest in a measure recommended for consideration will be recused from voting on that measure**
- **During the in-person meeting, members will be asked to disclose any interests, though such disclosure may not indicate that a conflict exists**

2021 Core Set Annual Review Workgroup Charge and Process

2021 Core Set Annual Review Workgroup Charge

The Child and Adult Core Set Stakeholder Workgroup for the 2021 Annual Review is charged with assessing the 2020 Core Sets and recommending measures for removal or addition in order to strengthen and improve the Core Sets for Medicaid and CHIP.

The Workgroup should focus on recommending measures that are Actionable, Aligned, and Appropriate for state-level reporting, to ensure the measures can meaningfully drive improvement in quality of care and outcomes in Medicaid and CHIP.

2021 Core Set Annual Review Process

- **Workgroup process includes the following components:**
 - Review the 2020 Core Set measures and FFY 2018 state performance
 - Consider each Core Set individually as well as the Core Sets in combination
 - Recommend measures to add and remove
 - Identify gaps and areas for measure development
- **Workgroup recommendations will take into account state capacity for mandatory reporting of Child Core Set measures and Behavioral Health measures in the Adult Core Set beginning with the FFY 2024 reporting cycle**
- **Workgroup recommendations will inform CMS's updates for the 2021 Core Sets**

2021 Core Set Annual Review Workgroup Milestones



Additional Stakeholder Input During the 2021 Core Set Annual Review Process

- **Mathematica established two workgroups to provide input on the feasibility and fit of Core Set measures**
 - **Feasibility Workgroup: Charged with advising Mathematica on the feasibility of measures for state reporting in the Child and Adult Core Sets**
 - **Long-term Planning Workgroup: Charged with advising Mathematica on measures that fit the uses and purposes of the Child and Adult Core Sets**
- **CMCS will obtain additional stakeholder input on the Workgroup recommendations through two processes**
 - **Meeting with CMCS's Quality Technical Advisory Group (QTAG), comprised of state Medicaid and CHIP quality leaders, about the feasibility of recommended measures for state-level reporting**
 - **Discussions with federal liaisons about alignment and priority of recommended measures**

The Core Set Feasibility Workgroup

Workgroup Members	
James Bush	Wyoming Medicaid
Jon Collins	Oregon Health Authority
*Kim Elliott	Health Services Advisory Group
*David Kelley	Pennsylvania Department of Human Services
Rachel LaCroix	Florida Agency for Health Care Administration
Patrick McGowan	New Hampshire Department of Health and Human Services
Dee Ann Price	West Virginia Department of Health and Human Resources - Bureau for Medical Services
*Linette Scott	California Department of Health Care Services
Denbigh Shelton	Texas Health and Human Services Commission
Carla Willis	Georgia Department of Community Health

* Also serves on the Core Set Annual Review Workgroup.

The Core Set Long-Term Planning Workgroup

Workgroup Members	
*Lowell Arye	Aging and Disability Policy and Leadership Consulting, LLC
*Lindsay Cogan	New York State Department of Health
*James Crall	University of California, Los Angeles
*Gretchen Hammer	Public Leadership Consulting Group
Erin Holve	D.C. Department of Health Care Finance
Craig A. Jones	Capitol Health Associates
*David Kroll	Department of Psychiatry, Brigham Health/Harvard Medical School
Stephen Lawless	Nemours Children's Health System
Enrique Martinez-Vidal	Association for Community Affiliated Plans
*Sara Salek	Arizona Health Care Cost Containment System
*Ann Zerr	Indiana Medicaid

* Also serves on the Core Set Annual Review Workgroup.

Workgroup Questions and Comments

Background on the Child and Adult Core Sets

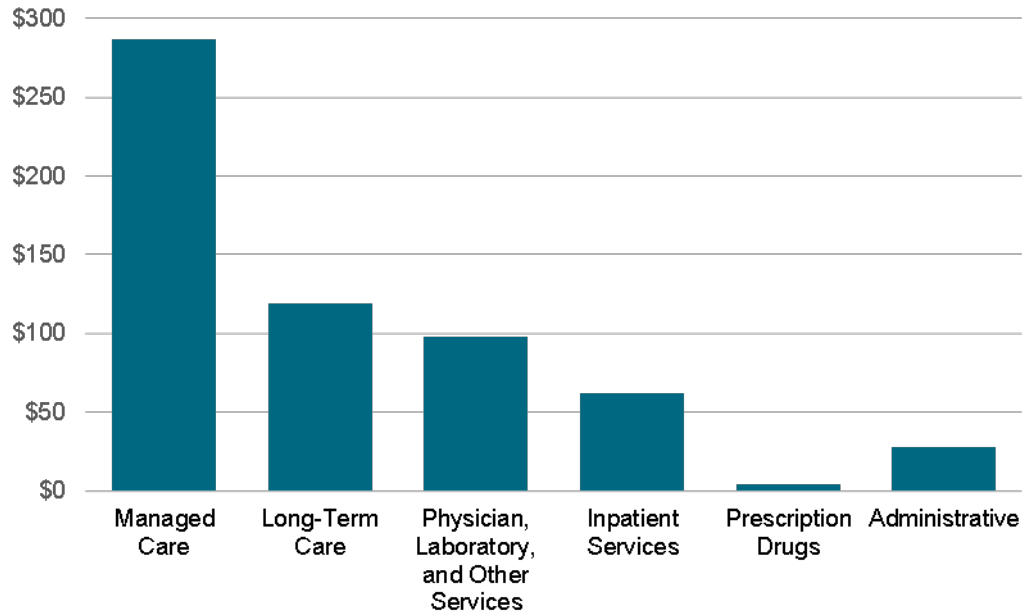
National Context for the 2021 Annual Review

Key Facts: Medicaid & CHIP cover about 1 in 5 people in the U.S.

Medicaid & CHIP Enrollment	72,934,962
Medicaid Expansion Adult Enrollment	16,990,561

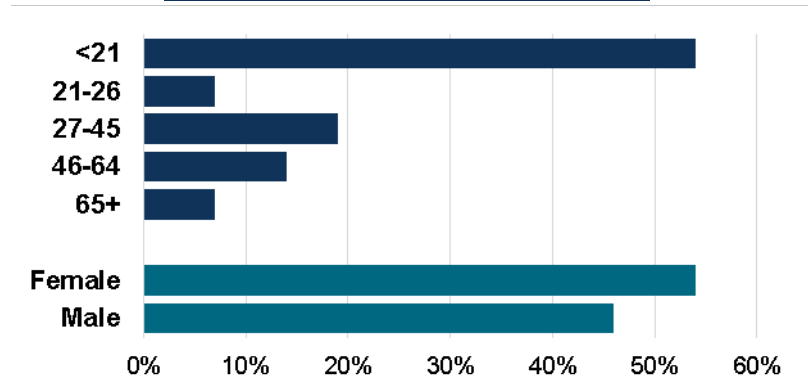
Source: CMS Medicaid & CHIP Scorecard (2019 & 2017 data).

ANNUAL MEDICAID EXPENDITURES BY SERVICE CATEGORY (BILLIONS)



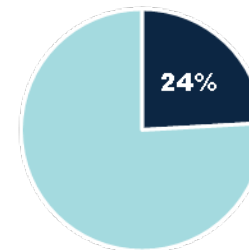
Source: CMS Medicaid & CHIP Scorecard (2017 data).

MEDICAID BENEFICIARIES BY AGE AND SEX



Source: CMS Medicaid & CHIP Scorecard (2017 data).

ANNUAL MEDICAID & CHIP EXPENDITURES AS COMPARED TO OTHER PAYERS

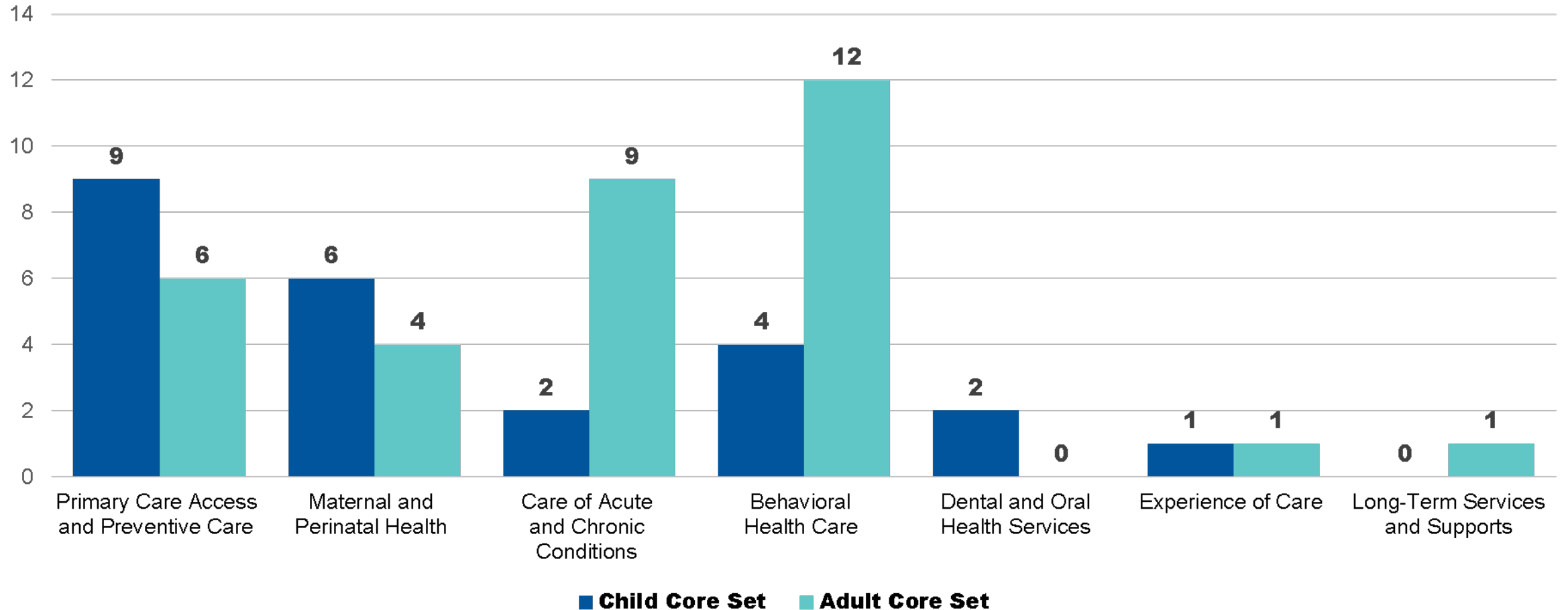


Source: CMS Medicaid & CHIP Scorecard (2017 data)
 Note: Other payers include Medicare and private health insurance.

Outcomes of the 2020 Core Set Annual Review

- **CMCS removed 5 measures from the Core Sets:**
 - Use of Multiple Concurrent Antipsychotics in Children and Adolescents (Child Core Set)
 - Children and Adolescents' Access to Primary Care Practitioners (Child Core Set)
 - Pediatric Central Line–Associated Bloodstream Infections (Child Core Set)
 - Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (Adult Core Set)
 - Annual Monitoring for Patients on Persistent Medications (Adult Core Set)
- **CMCS added 3 measures to the Core Sets:**
 - Metabolic Monitoring for Children and Adolescents on Antipsychotics (Child Core Set)
 - National Core Indicators (NCI) Survey (Adult Core Set)
 - Use of Pharmacotherapy for Opioid Use Disorder (Adult Core Set)
- **CMCS modified 1 Core Set measure:**
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (Child Core Set)
- **More information is available in the CMCS Informational Bulletin available at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib111919.pdf>**

2020 Child and Adult Core Set Measures, by Domain



Characteristics of Measures in the 2020 Core Sets

Characteristic	Child Core Set (n=24)	Adult Core Set (n=33)
Alignment		
Number of measures in Both Core Sets	7	7
Measure Type		
Structure	0	0
Process	18	22
Intermediate Clinical Outcome	2	2
Outcome	3	7
Patient experience	1	2
Data Collection Method		
Administrative Only	9	16
Administrative or Hybrid	6	3
Administrative or EHR	3	6
Administrative, Hybrid, or EHR	2	3
Hybrid Only	1	0
EHR Only	1	0
Hybrid or EHR	0	1
Survey	1	4
Other	1	0

Overview of FFY 2018 State Reporting

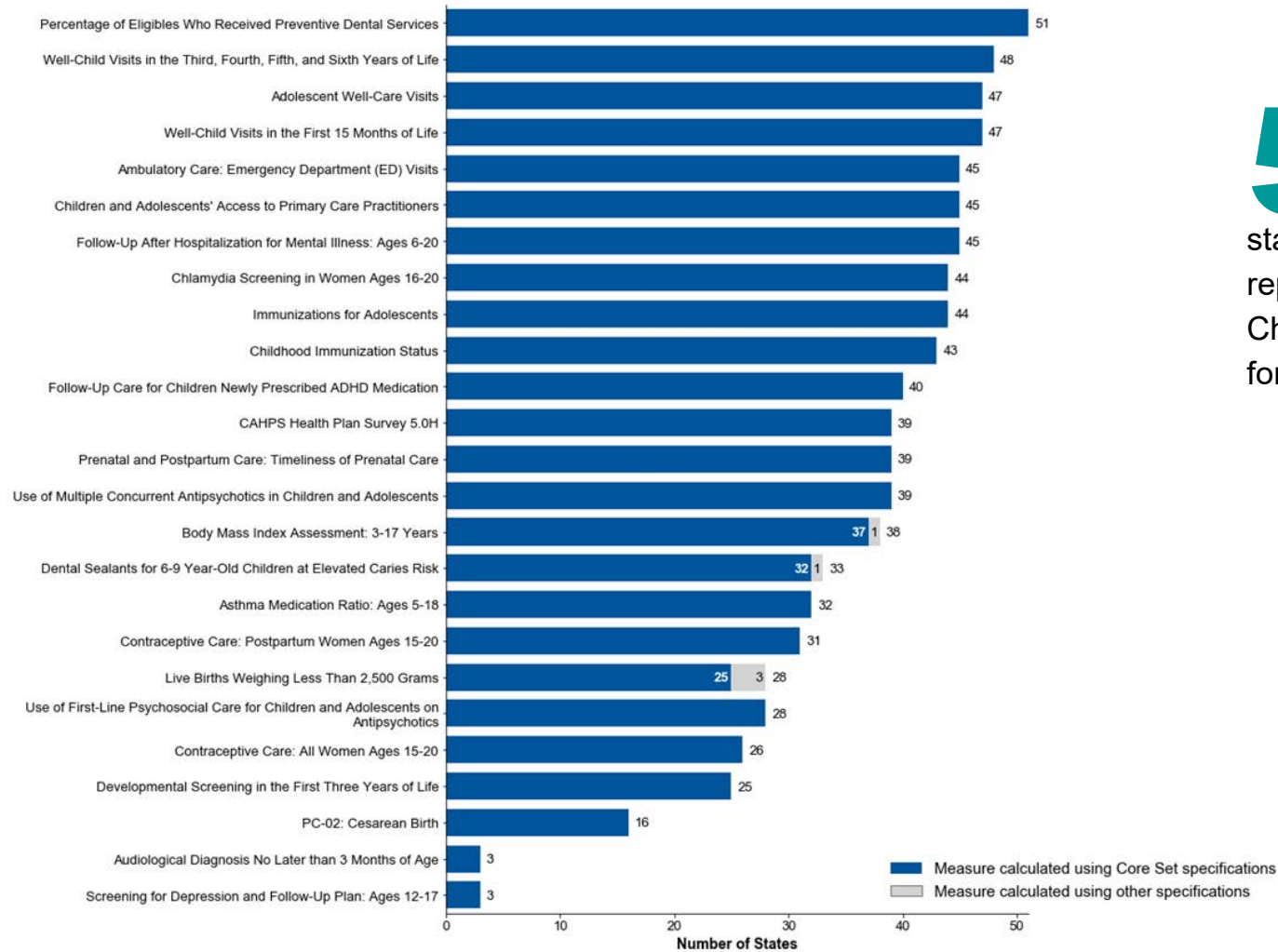
- **Child Core Set**

- All states voluntarily reported at least one measure; 43 states reported at least half of the measures (13)
- 21 states reported more measures for FFY 2018 than FFY 2017
- 46 states included both Medicaid and CHIP populations
- States reported a median of 18 measures
- 23 measures were publicly reported (4 for the first time)

- **Adult Core Set**

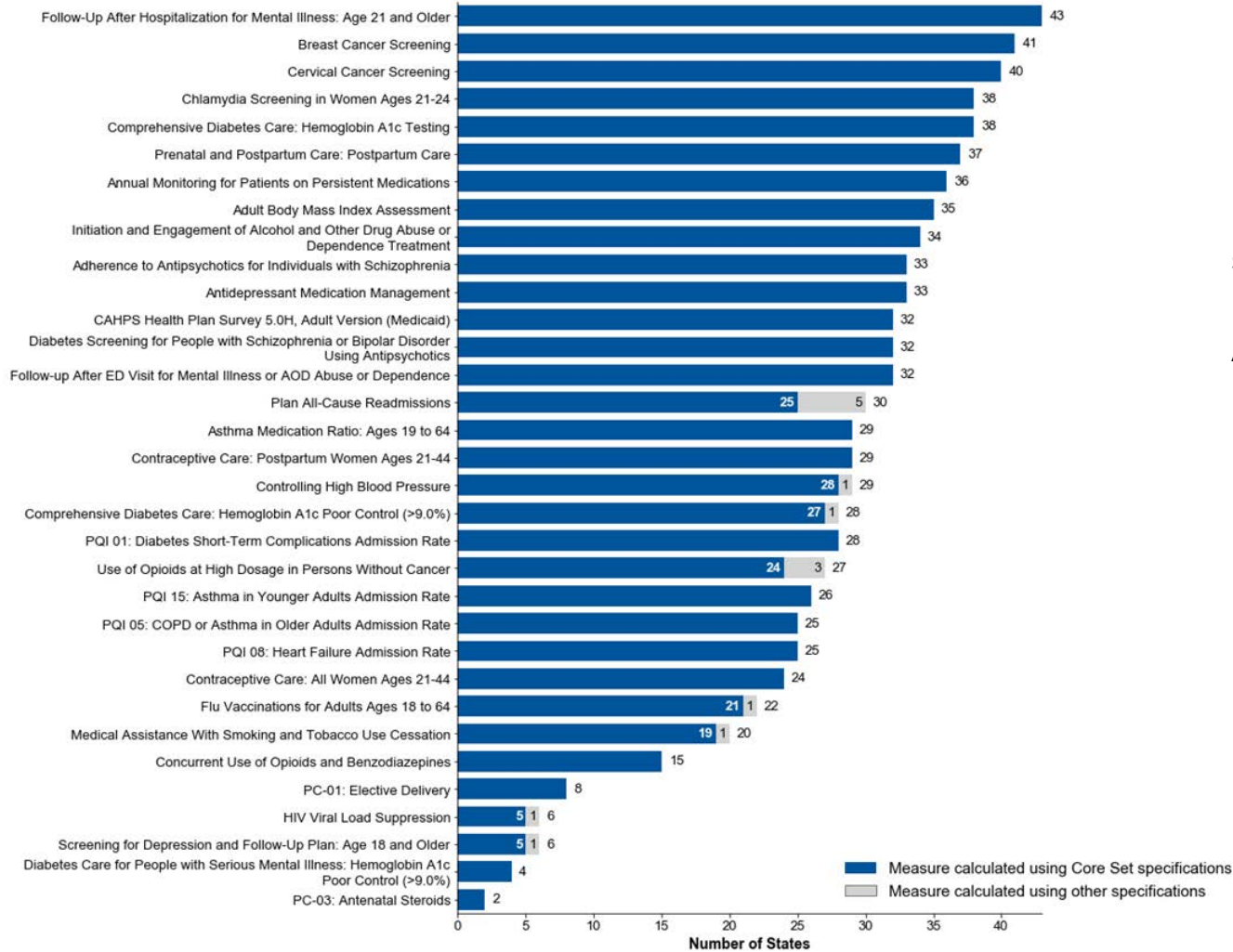
- 45 states voluntarily reported at least one measure; 32 states reported at least half of the measures (16)
- 36 states reported more measures for FFY 2018 than FFY 2017
- States reported a median of 20 measures
- 23 measures were publicly reported (4 for the first time)

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



51
states voluntarily
reported at least one
Child Core Set measure
for FFY 2018

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

Workgroup Questions and Comments

Process for Suggesting Measures for Removal from or Addition to the 2021 Child and Adult Core Sets

There are Many Tools to Drive Quality Improvement in Medicaid and CHIP

- **Medicaid and CHIP Core Sets**
- **Medicaid and CHIP Scorecard**
- **Managed Care Quality Tools**
 - **Quality Strategy**
 - **External Quality Review, including Compliance Audits, Performance Improvement Projects, and Focus Studies**
 - **Quality Assurance and Performance Improvement (QAPI) Programs**
- **Section 1115 Demonstrations**
- **State Plan Amendments (SPAs) and Waivers**
- **Directed Payment Programs**
- **State Pay-for-Performance and Value-Based Purchasing Initiatives**

Criteria for the 2021 Core Set Annual Review

- Measures that are a good fit for the Core Sets can be broadly defined as those that promote high-performing state Medicaid and CHIP programs
- CMCS Informational Bulletin (11/19/2019): “The Core Sets are tools states can use to monitor and improve the quality of health care provided to Medicaid and CHIP beneficiaries.”
- To focus the Call for Measures for the 2021 Core Set Annual Review on measures that are a good fit for the Core Sets, Mathematica has refined the criteria for addition and removal in three areas:
 - Minimum Technical Feasibility Requirements
 - Actionability and Strategic Priority
 - Other Considerations
- To be considered for the 2021 Core Sets, all measures must meet minimum technical feasibility requirements

Criteria for Suggesting Measures for Addition: Minimum Technical Feasibility Requirements

1. The measure must be fully developed and have detailed technical specifications that enable production of the measure at the state level (e.g., numerator, denominator, and value sets).

Note: In the Call for Measures, Workgroup members will be asked to provide the name of the measure steward and a link to the technical specifications, if available.

2. The measure must have been tested in state Medicaid/CHIP programs or be in use by one or more state Medicaid/CHIP agencies.

Note: In the Call for Measures, Workgroup members will be asked to provide information on state testing of the measure and/or the name of any state(s) currently using the measure, if known.

3. An available data source or validated survey instrument exists that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries (or the ability to link to an identifier).

Note: In the Call for Measures, Workgroup members will be asked to provide information on the data source, including evidence that Medicaid and CHIP beneficiaries can be identified in the data source or through a feasible data linkage.

4. The specifications and data source must allow for consistent calculations across states.

Note: In the Call for Measures, Workgroup members will be asked to assess whether the specifications or data source will produce consistent calculations across states or whether results may vary due to such factors as variation in coding, covered benefits, or data completeness.

Criteria for Suggesting Measures for Addition: Actionability and Strategic Priority

1. Taken together with other Core Set measures, the measure must contribute to estimating the overall national quality of health care in Medicaid and CHIP (as specified in the Statute).

Note: In the Call for Measures, Workgroup members will be asked to explain how this measure would contribute to creating a Core Set that covers the quality of health care throughout the age span; across the range of preventive, diagnostic, and treatment services; and related to physical, mental, and developmental conditions.

2. The measure must provide useful and actionable results to drive improvement in state Medicaid and CHIP programs.

Note: In the Call for Measures, Workgroup members will be asked to provide information on:

- Does the measure promote effective care delivery?
- Is there evidence that the measure will lead to improvement in the quality of health care for Medicaid and CHIP beneficiaries?
- Do state Medicaid and CHIP programs have the ability to drive improvement on this measure?

3. The measure must address a strategic priority in monitoring the performance of state Medicaid and CHIP programs.

Note: In the Call for Measures, Workgroup members will be asked to address:

- Is there room for improvement on the measure?
- Does the measure address the unique and complex needs of Medicaid and CHIP beneficiaries?
- Is the measure trendable to assess Medicaid and CHIP program performance and progress?

Criteria for Suggesting Measures for Addition: Other Considerations

1. The prevalence of the condition or outcome being measured should be sufficient to produce reliable and meaningful results across states, taking into account Medicaid and CHIP population sizes and demographics.

Note: In the Call for Measures, Workgroup members will be asked to provide information on the prevalence of the condition or outcome, preferably in the Medicaid and CHIP populations, to ensure adequate population denominators across states.

2. The measure and measure specifications should be aligned with those used in other CMS programs, where possible.

Note: In the Call for Measures, Workgroup members will be asked to provide information on the use of the measure in other programs such as the Merit-Based Incentive Payment System Program, Qualified Health Plan Quality Rating System, Medicare Advantage Star Ratings, Medicaid Promoting Interoperability Program, and/or Medicare Shared Savings Program.

3. At least half the states should be able to produce the measure for FFY 2021 or FFY 2022, and all the states should be able to produce the measure by FFY 2024, including all their Medicaid and CHIP populations (e.g., all age groups, eligibility categories, and delivery systems).

Note: In the Call for Measures, Workgroup members will be asked to provide information on potential barriers to states in producing the measure and what technical assistance resources would facilitate state reporting to achieve these milestones.

Criteria for Suggesting Measures for Removal

Technical Feasibility

1. The measure is not fully developed and does not have detailed technical measure specifications, preventing production of the measure at the state level (e.g. numerator, denominator, and value sets).
2. States report significant challenges in accessing an available data source (including medical records and surveys) that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries (or the ability to link to an identifier).
3. The available data source does not allow for consistent calculations across states.

Actionability and Strategic Priority

1. Taken together with other Core Set measures, the measure does not make a significant contribution to estimating the overall national quality of health care in Medicaid and CHIP.
2. The measure does not provide useful and actionable results to drive improvement in state Medicaid and CHIP programs.
3. The measure does not address a strategic priority in monitoring the performance of state Medicaid and CHIP programs.

Other Considerations

1. The prevalence of the condition or outcome being measured is not sufficient to produce reliable and meaningful results across states, taking into account Medicaid and CHIP population sizes and demographics.
2. The measure and measure specifications are not aligned with those used in other CMS programs, or another measure is recommended for replacement.
3. Fewer than half of the states will be able to produce the measure for FFY 2021 or FFY 2022 and all states will not be able to produce the measure by FFY 2024, including all their Medicaid and CHIP populations.

Process for Suggesting Measures for Removal from or Addition to the Child and Adult Core Sets

- **Workgroup members and federal liaisons may suggest measures for removal from or addition to the 2021 Child and Adult Core Sets**
- **After the orientation meeting, Workgroup members and federal liaisons will receive a link to forms they can use to suggest measures for removal or addition**
- **We will provide a list of resources to inform the measure suggestions, including information about the current measures and sources of potential new measures**
- **The call for measures will open on Tuesday, December 17, 2019 by 5:00 PM ET and close on Friday, January 17, 2020 by 8:00 PM ET**

Workgroup Questions and Comments

Opportunity for Public Comment

Next Steps and Resources

Next Steps

- **Workgroup members and federal liaisons will receive an email with instructions on how to suggest measures for addition to or removal from the Core Sets**
- **All measures recommended for addition or removal are due on January 17, 2020 by 8:00 PM ET**
- **Next webinar meeting will be held March 19, 2020, 12:30–2:00 PM ET**
- **In-person meeting will take place in Washington, DC, April 28–30, 2020**

For More Information

- Information on the Child Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>
- Information on the Adult Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html>
- Information on the Core Set Annual Review is available at <https://www.mathematica.org/features/maccocoresetreview>

Questions

If you have questions about the Child and Adult Core Set Annual Review, please email the Mathematica Core Set Review Team at: MACCoreSetReview@mathematica-mpr.com

THANK YOU FOR PARTICIPATING!

Appendix

History of the Child and Adult Core Sets

- **Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (Child Core Set)**
 - Established by Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)
 - Initial Core Set released in 2010
 - States are completing their 10th year of voluntary reporting
 - 2020 Child Core Set includes 24 measures
 - 3 measures were removed from and 1 measure was added the 2020 Child Core Set
- **Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set)**
 - Established by the Affordable Care Act
 - Initial Core Set released in 2012
 - States are completing their 7th year of voluntary reporting
 - 2020 Adult Core Set includes 33 measures
 - 2 measures removed from and 2 measures were added to the 2020 Adult Core Set

2020 Child Core Set Measures by Domain

Primary Care Access and Preventive Care (9)

NQF #	Measure Steward	Measure Name
0024	NCQA	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)
0033	NCQA	Chlamydia Screening in Women Ages 16–20 (CHL-CH)
0038	NCQA	Childhood Immunization Status (CIS-CH)
0418/0418e	CMS	Screening for Depression and Follow-Up Plan: Ages 12–17 (CDF-CH)
1392	NCQA	Well-Child Visits in the First 15 Months of Life (W15-CH)
1407	NCQA	Immunizations for Adolescents (IMA-CH)
1448*	OHSU	Developmental Screening in the First Three Years of Life (DEV-CH)
1516	NCQA	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34-CH)
NA	NCQA	Adolescent Well-Care Visits (AWC-CH)

Maternal and Perinatal Health (6)

NQF #	Measure Steward	Measure Name
0471	TJC	PC-02: Cesarean Birth (PC02-CH)
1360	CDC	Audiological Diagnosis No Later Than 3 Months of Age (AUD-CH)
1382	CDC	Live Births Weighing Less Than 2,500 Grams (LBW-CH)
1517*	NCQA	Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH)
2902	OPA	Contraceptive Care – Postpartum Women Ages 15–20 (CCP-CH)
2903/2904	OPA	Contraceptive Care – All Women Ages 15–20 (CCW-CH)

* This measure is no longer endorsed by NQF.

2020 Child Core Set Measures by Domain

Care of Acute and Chronic Conditions (2)

NQF #	Measure Steward	Measure Name
1800	NCQA	Asthma Medication Ratio: Ages 5–18 (AMR-CH)
NA	NCQA	Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)

Behavioral Health Care (4)

NQF #	Measure Steward	Measure Name
0108	NCQA	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)
0576	NCQA	Follow-Up After Hospitalization for Mental Illness: Ages 6–17 (FUH-CH)
2800	NCQA	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)
2801	NCQA	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)

2020 Child Core Set Measures by Domain

Dental and Oral Health Services (2)

NQF #	Measure Steward	Measure Name
2508*	DQA (ADA)	Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk (SEAL-CH)
NA	CMS	Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)

Experience of Care (1)

NQF #	Measure Steward	Measure Name
NA	NCQA	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH)

* This measure is no longer endorsed by NQF.

2020 Adult Core Set Measures by Domain

Primary Care Access and Preventive Care (6)

NQF #	Measure Steward	Measure Name
0032	NCQA	Cervical Cancer Screening (CCS-AD)
0033	NCQA	Chlamydia Screening in Women Ages 21–24 (CHL-AD)
0039	NCQA	Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)
0418/0418e	CMS	Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)
2372	NCQA	Breast Cancer Screening (BCS-AD)
NA	NCQA	Adult Body Mass Index Assessment (ABA-AD)

Maternal and Perinatal Health (4)

NQF #	Measure Steward	Measure Name
0469/0469e	TJC	PC-01: Elective Delivery (PC01-AD)
1517*	NCQA	Prenatal and Postpartum Care: Postpartum Care (PPC-AD)
2902	OPA	Contraceptive Care – Postpartum Women Ages 21–44 (CCP-AD)
2903/2904	OPA	Contraceptive Care – All Women Ages 21–44 (CCW-AD)

* This measure is no longer endorsed by NQF.

2020 Adult Core Set Measures by Domain

Care of Acute and Chronic Conditions (9)

NQF #	Measure Steward	Measure Name
0018	NCQA	Controlling High Blood Pressure (CBP-AD)
0059	NCQA	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD)
0272	AHRQ	PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)
0275	AHRQ	PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)
0277	AHRQ	PQI 08: Heart Failure Admission Rate (PQI08-AD)
0283	AHRQ	PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)
1768	NCQA	Plan All-Cause Readmissions (PCR-AD)
1800	NCQA	Asthma Medication Ratio: Ages 19–64 (AMR-AD)
2082	HRSA	HIV Viral Load Suppression (HVL-AD)

* This measure is no longer endorsed by NQF.

2020 Adult Core Set Measures by Domain

Behavioral Health Care (12)

NQF #	Measure Steward	Measure Name
0004	NCQA	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)
0027	NCQA	Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)
0105	NCQA	Antidepressant Medication Management (AMM-AD)
0576	NCQA	Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)
1932	NCQA	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)
2607	NCQA	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)
2940	PQA	Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)
3389	PQA	Concurrent Use of Opioids and Benzodiazepines (COB-AD)
3400	CMS	Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)
3488	NCQA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)
3489	NCQA	Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)
NA	NCQA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)

2020 Adult Core Set Measures by Domain

Experience of Care (1)

NQF #	Measure Steward	Measure Name
NA	NCQA	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H, Adult Version (Medicaid) (CPA-AD)

Long-Term Services & Supports (1)

NQF #	Measure Steward	Measure Name
NA	NASDDDS/ HSRI	National Core Indicators Survey (NCIDDS-AD)

Performance Rates on Frequently Reported Child 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						
Children and Adolescents' Access to Primary Care Practitioners	Percentage with a PCP Visit in the Past Year: Ages 12 to 24 Months	45	95.2	95.7	94.6	96.7
Children and Adolescents' Access to Primary Care Practitioners	Percentage with a PCP Visit in the Past Year: Ages 25 Months to 6 Years	45	87.7	87.7	86.0	90.1
Children and Adolescents' Access to Primary Care Practitioners	Percentage with a PCP Visit in the Past Two Years: Ages 7 to 11 Years	45	90.4	91.1	89.2	93.8
Children and Adolescents' Access to Primary Care Practitioners	Percentage with a PCP Visit in the Past Two Years: Ages 12 to 19 Years	45	89.6	90.6	87.7	92.7
Well-Child Visits in the First 15 Months of Life	Percentage of Children who had 6 or More Well-Child Visits with a PCP during the First 15 Months of Life	47	62.6	63.2	57.3	69.5
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Percentage who had 1 or More Well-Child Visits with a PCP: Ages 3 to 6	48	68.6	69.3	62.1	76.6
Adolescent Well-Care Visits	Percentage with at Least 1 Well-Care Visit with a PCP or an OB/GYN Practitioner: Ages 12 to 21	47	49.2	48.9	40.0	57.0
Childhood Immunization Status	Percentage Up-to-Date on Immunizations (Combination 3) by their Second Birthday	43	63.2	69.5	64.0	73.4
Immunizations for Adolescents	Percentage Completing the Human Papillomavirus (HPV) Vaccine Series by Their 13th Birthday	44	32.3	32.3	23.8	40.3
Immunizations for Adolescents	Percentage Receiving Meningococcal Conjugate and Tdap Vaccines (Combination 1) by their 13th Birthday	43	71.7	77.3	64.3	84.4
Developmental Screening in the First Three Years of Life	Percentage Screened for Risk of Developmental, Behavioral, and Social Delays Using a Standardized Screening Tool: Ages 0 to 3	25	41.0	42.2	26.2	55.2
Chlamydia Screening in Women Ages 16 to 20	Percentage of Sexually Active Women Screened for Chlamydia: Ages 16 to 20	44	50.9	50.1	44.6	58.5
Body Mass Index Assessment for Children and Adolescents	Percentage who had an Outpatient Visit with a PCP or OB/GYN Practitioner who had Body Mass Index Percentile Documented in the Medical Record: Ages 3 to 17	37	57.3	69.7	39.7	77.2

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

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
Maternal and Perinatal Health						
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Percentage of Women Delivering a Live Birth with a Prenatal Care Visit in the First Trimester or within 42 Days of Enrollment in Medicaid or CHIP	39	76.3	80.6	71.3	86.3
Live Births Weighing Less Than 2,500 Grams	Percentage of Live Births that Weighed Less than 2,500 Grams [Lower rates are better]	25	9.3	9.1	10.5	8.3
Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women Provided a Most Effective or Moderately Effective Method of Contraception Within 3 Days of Delivery: Ages 15 to 20	31	4.4	3.4	1.6	6.2
Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women Provided a Most Effective or Moderately Effective Method of Contraception Within 60 Days of Delivery: Ages 15 to 20	31	37.4	40.8	30.8	46.1
Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women Provided a Long-Acting Reversible Method of Contraception Within 3 Days of Delivery: Ages 15 to 20	31	2.4	1.4	0.5	2.7
Contraceptive Care: Postpartum Women Ages 15 to 20	Percentage of Postpartum Women Provided a Long-Acting Reversible Method of Contraception Within 60 Days of Delivery: Ages 15 to 20	31	15.8	16.3	10.7	21.4
Contraceptive Care: All Women Ages 15 to 20	Percentage of Women at Risk for Unintended Pregnancy Provided a Most Effective or Moderately Effective Method of Contraception: Ages 15 to 20	26	27.1	28.1	22.5	33.3
Contraceptive Care: All Women Ages 15 to 20	Percentage of Women at Risk for Unintended Pregnancy Provided a Long-Acting Reversible Method of Contraception: Ages 15 to 20	25	5.5	5.4	4.2	7.2

Performance Rates on Frequently Reported Child 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						
Asthma Medication Ratio: Ages 5 to 18	Percentage with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater: Ages 5 to 11	32	71.3	73.0	66.6	76.9
Asthma Medication Ratio: Ages 5 to 18	Percentage with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater: Ages 12 to 18	32	63.2	63.8	59.7	67.7
Asthma Medication Ratio: Ages 5 to 18	Percentage with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater: Ages 5 to 18	31	67.7	69.6	64.0	72.6
Ambulatory Care: Emergency Department Visits	Emergency Department Visits per 1,000 Beneficiary Months: Ages 10 to 19 [Lower rates are better]	44	44.9	44.5	50.0	37.5
Behavioral Health Care						
Use of Multiple Concurrent Antipsychotics in Children and Adolescents	Percentage on Two or More Concurrent Antipsychotic Medications: Ages 1 to 17 [Lower rates are better]	39	2.7	2.9	3.6	1.9
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Percentage who had a New Prescription for an Antipsychotic Medication and had Documentation of Psychosocial Care as First-Line Treatment: Ages 1 to 17	28	62.2	63.5	57.0	69.0
Follow-Up After Hospitalization for Mental Illness Ages 6 to 20	Percentage of Hospitalizations for Mental Illness with a Follow-Up Visit Within 7 Days After Discharge: Ages 6 to 20	45	44.7	44.7	35.1	55.4
Follow-Up After Hospitalization for Mental Illness Ages 6 to 20	Percentage of Hospitalizations for Mental Illness with a Follow-Up Visit Within 30 Days After Discharge: Ages 6 to 20	44	65.0	67.1	56.6	76.2

Performance Rates on Frequently Reported Child 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 Care for Children Newly Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Percentage Newly Prescribed ADHD Medication with 1 Follow-Up Visit During the 30-Day Initiation Phase: Ages 6 to 12	40	48.6	48.7	43.0	56.3
Follow-Up Care for Children Newly Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Percentage Newly Prescribed ADHD Medication with at Least 2 Follow-Up Visits in the 9 Months Following the Initiation Phase: Ages 6 to 12	40	59.1	61.1	53.1	66.2
Dental and Oral Health Services						
Percentage of Eligibles Who Received Preventive Dental Services	Percentage with at Least 1 Preventive Dental Service: Ages 1 to 20	51	47.2	48.0	44.4	52.5
Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk	Percentage at Elevated Risk of Dental Caries (Moderate or High Risk) who Received a Sealant on a Permanent First Molar Tooth: Ages 6 to 9	32	23.6	24.1	20.9	26.3

Sources: Mathematica analysis of MACPro reports and Form CMS-416 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 Child 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. In cases where a state reported separate rates for its Medicaid and CHIP populations, the rate for the program with the larger measure-eligible population was used. Measure-specific tables are available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set/index.html>.

The CLABSI and the CAHPS Health Plan Survey measures are excluded from this table because they use a summary statistic different from those in this table.

^a Combination 3 includes DTaP; three doses of IPV; one dose of MMR; three doses of HiB; three doses of HepB, one dose of VZV; and four doses of PCV.

^b Combination 1 includes one dose of meningococcal vaccine and Tdap vaccine.

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.