

# **Child and Adult Core Set Stakeholder Workgroup:**

## 2020 Annual Review Orientation Meeting

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**February 14, 2019**

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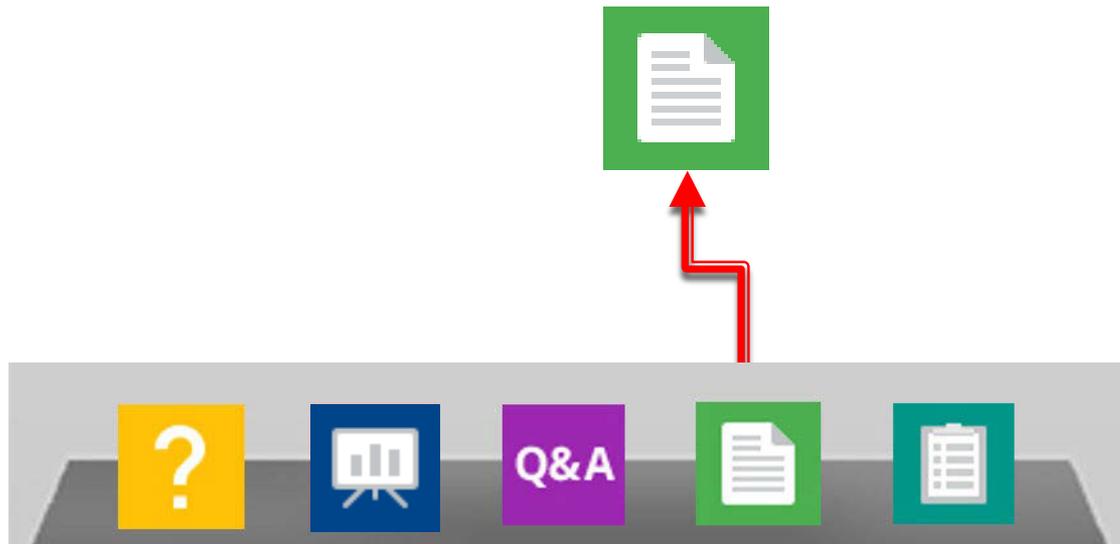
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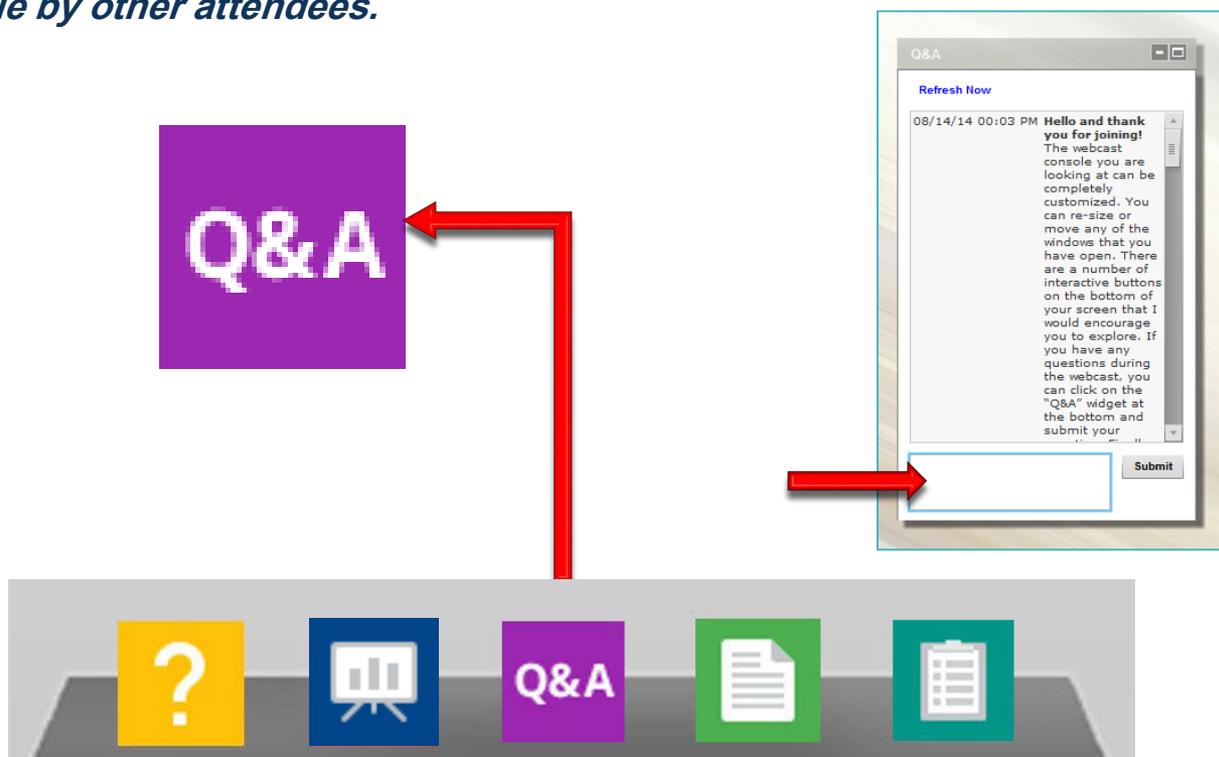
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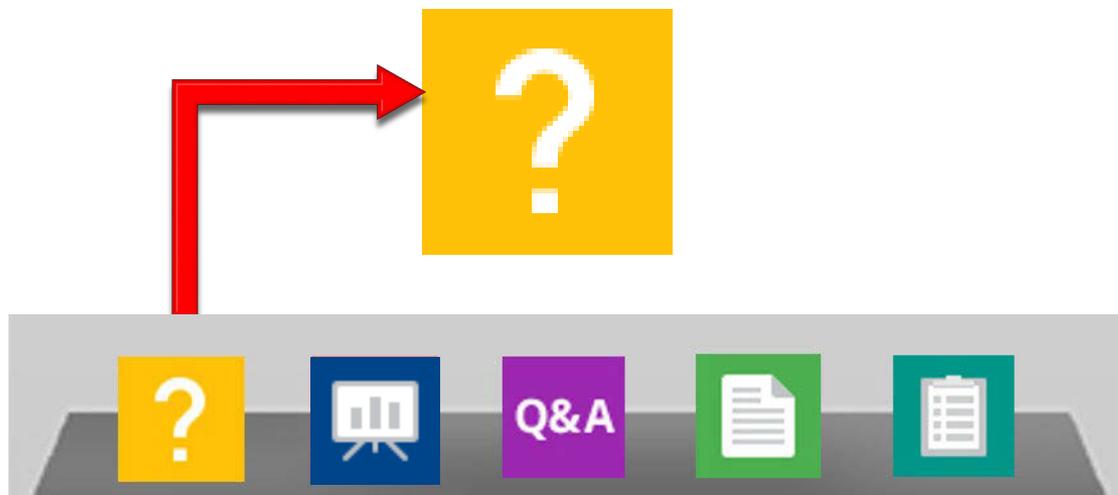
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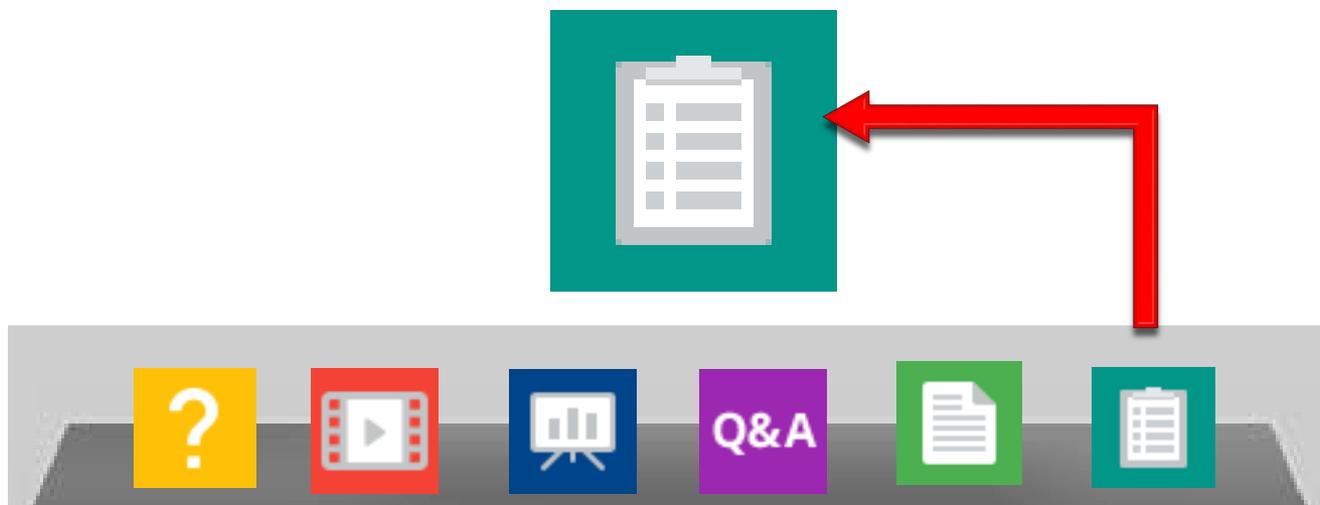
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**Welcome**

# Mathematica Core Set Review Team

- **Margo Rosenbach, Project Director**
- **Bailey G. Orshan, Task Lead**
- **Allison Steiner, Task Manager**
- **Ruth Hsu, Health Analyst**
- **Dayna Gallagher, Health Associate**
- **Michaela Vine, Senior Advisor**
- **Rosemary Borck, Senior Advisor**

# Meeting Objectives

- **Introduce the charge and members of the Child and Adult Core Set 2020 Annual Review Stakeholder Workgroup**
- **Describe the process for the 2020 annual review of the Child and Adult Core Sets**
- **Provide background on the Child and Adult Core Sets**
- **Learn about CMS's policy objectives for the Child and Adult Core Sets**
- **Present the process for submitting recommendations to strengthen and improve the 2020 Child and Adult Core Sets**
- **Provide opportunity for public comment**

# Workgroup Charge

**The Child and Adult Core Set Stakeholder Workgroup for the 2020 Annual Review is charged with assessing the 2019 Core Sets and recommending measures for removal or addition, in order to strengthen and improve the Core Sets for 2020.**

**The Workgroup should focus on 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.**



# Introduction of Workgroup Members

# Disclosure of Interest

- All Workgroup members are required to submit a Disclosure of Interest form that discloses 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
- Members deemed to have an interest in a measure recommended for consideration will be recused from voting on that measure
- Members are asked to disclose any interests when they are introduced, though such disclosure may not indicate that a conflict exists
- Members will review and update their Disclosure of Interest form before each meeting

# 2020 Core Set Annual Review Workgroup

## Voting Members

<b>Co-Chair:</b> Gretchen Hammer, MPH	Public Leadership Consulting Group
<b>Co-Chair:</b> David Kelley, MD, MPA	Pennsylvania Department of Human Services
Terry Adirim, MD, MPH, MBA Nominated by the American Academy of Pediatrics	Office of the Assistant Secretary of Defense for Health Affairs
Richard Antonelli, MD, MS	Boston Children's Hospital
Jill Arnold	Maternal Safety Foundation
Lowell Arye, MS	Aging and Disability Policy and Leadership Consulting, LLC
Cindy Brock	Idaho Medicaid
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
Jon Collins, PhD, MA	Oregon Health Authority
James Crall, DDS, ScD, MS Nominated by the American Dental Association	UCLA School of Dentistry
Steve Groff Nominated by the National Association of Medicaid Directors	Delaware Department of Health and Social Services
Kim Elliott, PhD, MA, CPHQ, CHCA	Health Services Advisory Group
Tricia Elliott, MBA, CPHQ	The Joint Commission
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

# 2020 Core Set Annual Review Workgroup

## Voting Members, continued

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 Massachusetts Medical School
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
Jeff Schiff, MD, MBA	Minnesota Department of Human Services
Marissa Schlaifer, MS	OptumRx
Linette Scott, MD, MPH	California Department of Health Care Services
Jami Snyder, MA Nominated by the National Association of Medicaid Directors	Arizona Health Care Cost Containment System
Jennifer Tracey, MHA	Zero to Three
Sally Turbyville, DRPH, MS, MA Nominated by the Children's Hospital Association	Children's Hospital Association
Bonnie Zima, MD, MPH Nominated by the American Academy of Child and Adolescent Psychiatry	UCLA-Semel Institute for Neuroscience and Human Behavior

# 2020 Core Set Annual Review Workgroup

## 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

National Vaccine Program Office, DHHS

Office of the Assistant Secretary for Planning and Evaluation, DHHS

Substance Abuse and Mental Health Services Administration, DHHS

US Department of Veteran Affairs



# 2020 Core Set Annual Review Process

# 2020 Core Set Annual Review Process

- **Workgroup will make recommendations to strengthen and improve the Child and Adult Core Sets**
- **Workgroup recommendations will inform CMS's updates for the 2020 Core Sets**
- **Overview of process**
  - **Review the 2019 Core Set measures and state performance**
  - **Consider the measures in each Core Set individually and the Core Sets in combination**
  - **Recommend measures to add or remove from the 2019 Core Sets**
  - **Identify remaining gaps and areas for measure development**

# Key Milestones





# **Background on the Child and Adult Core Sets**

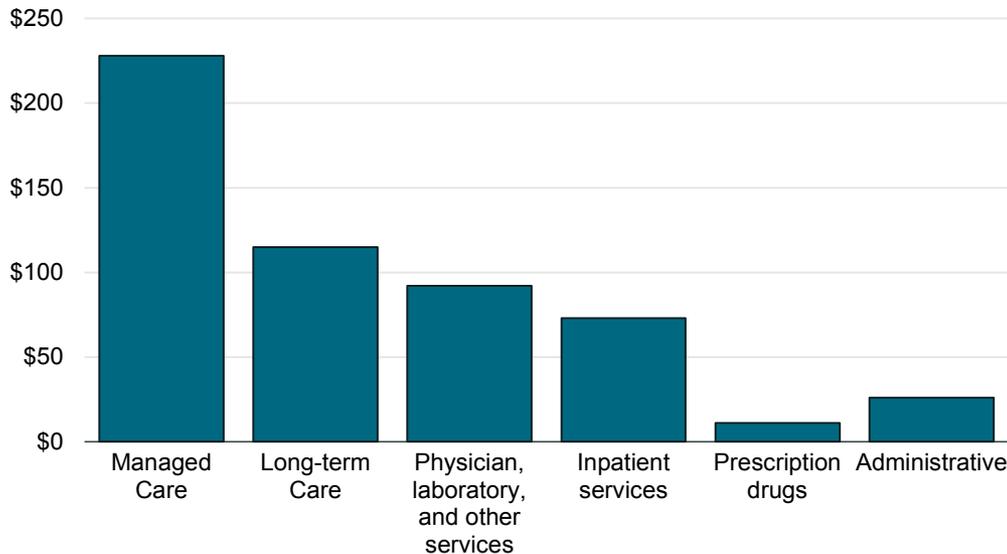
# National Context

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

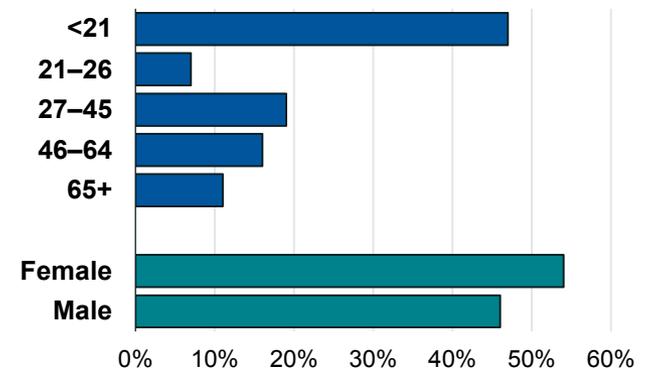
Medicaid & CHIP Enrollment	<b>74,849,311</b>
Medicaid Expansion Adult Enrollment	<b>15,350,855</b>

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

## ANNUAL MEDICAID EXPENDITURES BY SERVICE CATEGORY (BILLIONS)

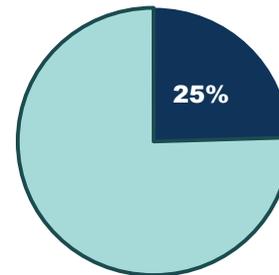


## MEDICAID BENEFICIARIES BY AGE AND GENDER



Source: Mathematica analysis for the Medicaid & CHIP Scorecard (2016 data).

## ANNUAL MEDICAID & CHIP EXPENDITURES AS COMPARED TO OTHER PAYERS

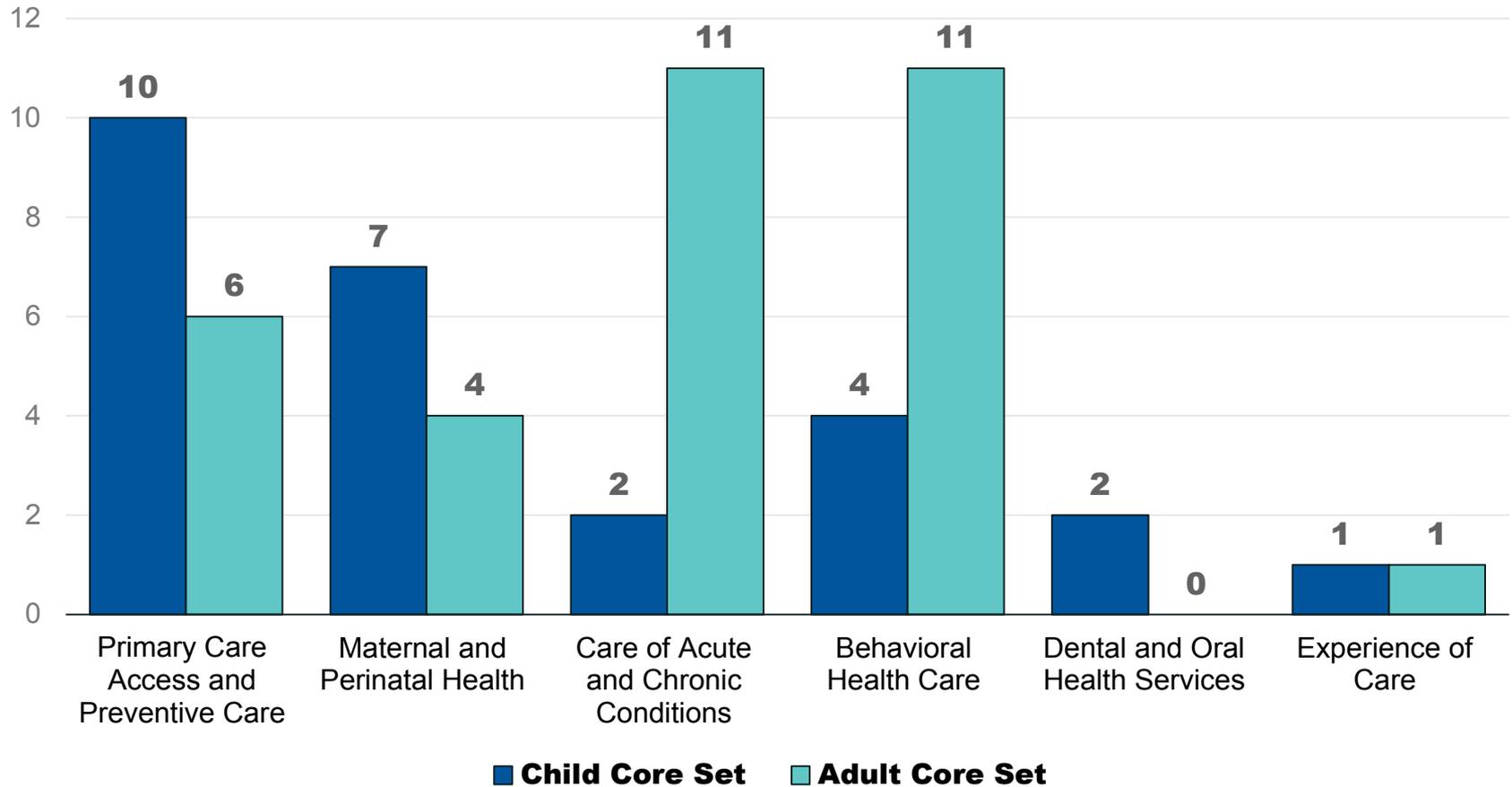


Source: CMS Medicaid & CHIP Scorecard (2016 data)  
 Note: Other payers include Medicare and private health insurance.

# 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 9th year of voluntary reporting
  - 2019 Child Core Set includes 26 measures
  - No measures were added to or removed from the 2019 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 6th year of voluntary reporting
  - 2019 Adult Core Set includes 33 measures
  - No measures were added to the 2019 Adult Core Set; the Antenatal Steroids (PC-03) measure was removed

# 2019 Child and Adult Core Set Measures by Domain



# Measure Characteristics

<b>Characteristic</b>	<b>Child Core Set (n=26)</b>	<b>Adult Core Set (n=33)</b>
<b>Alignment</b>		
Number of measures in Both Core Sets	6	6
<b>Measure Type</b>		
Structure	0	0
Process	19	23
Intermediate Clinical Outcome	2	2
Outcome	4	7
Patient experience	1	1
<b>Data Collection Method</b>		
Administrative Only	11	16
Administrative or Hybrid	6	4
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	3
Other	1	0

# Overview of FFY 2017 State Performance

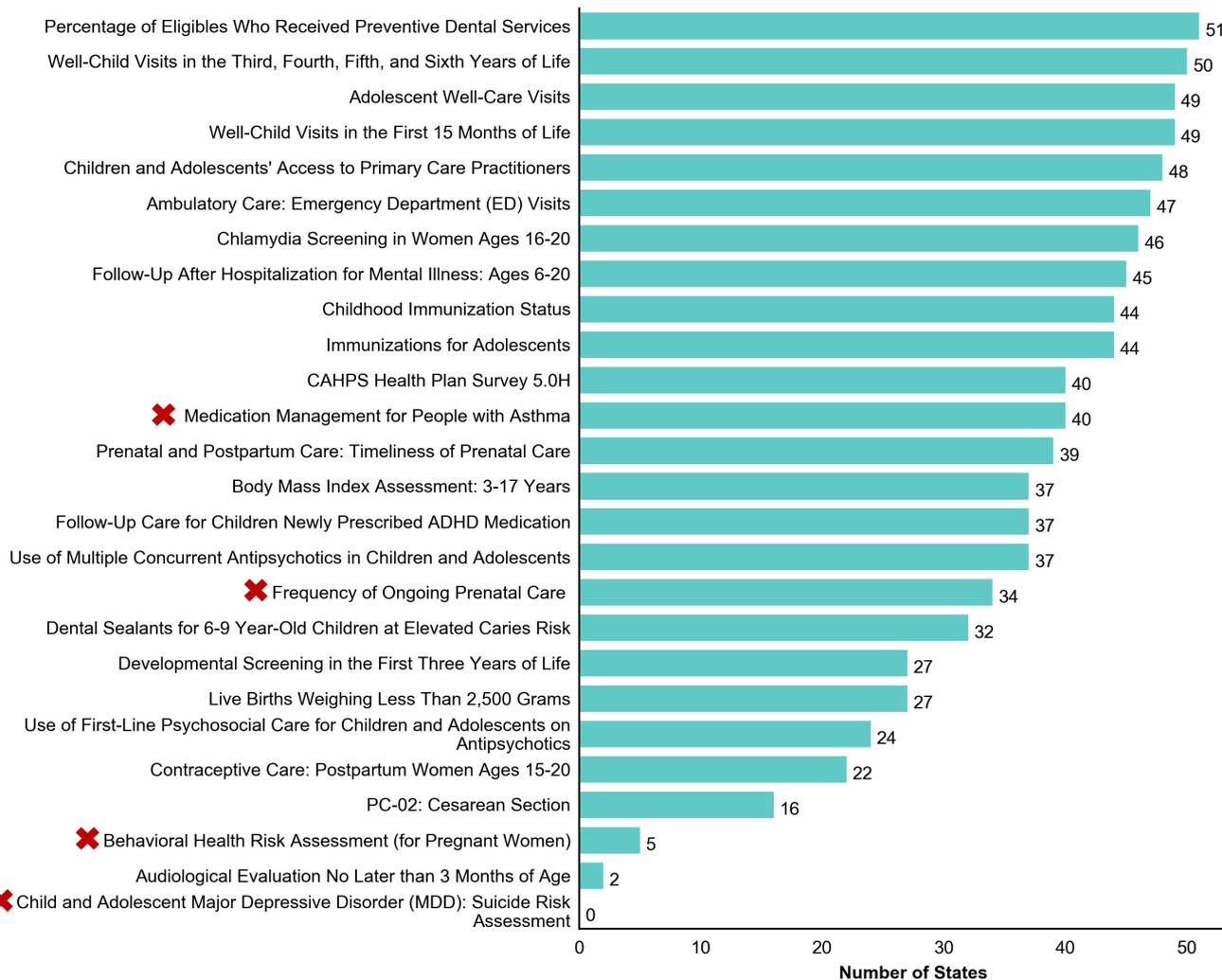
- **Child Core Set**

- All states voluntarily reported at least 1 measure; 45 states reported at least half of the measures (13)
- 21 states reported more measures for FFY 2017 than FFY 2016
- 47 states included both Medicaid and CHIP populations
- States reported a median of 18 measures

- **Adult Core Set**

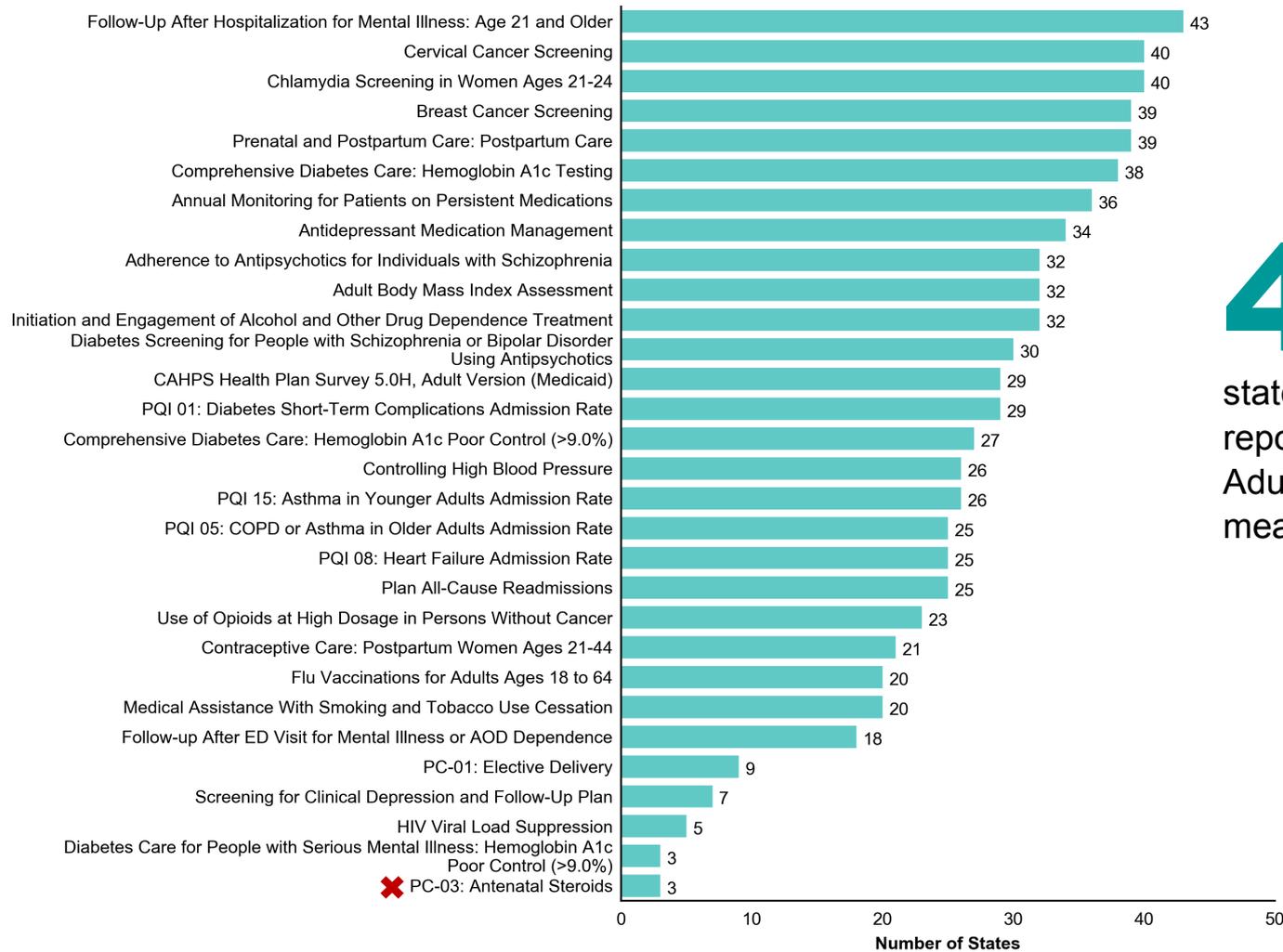
- 45 states voluntarily reported at least 1 measure; 34 states reported at least half of the measures (15)
- 33 states reported more measures for FFY 2017 than FFY 2016
- 4 states reported for the first time
- States reported a median of 17 measures

# Number of States Reporting the Child Core Set Measures, FFY 2017



**51**  
states voluntarily reported at least one Child Core Set measure for FFY 2017

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



# 45

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



**CMS Policy Objectives for the Core Sets**  
**Karen Matsuoka**  
**Chief Quality Officer**  
**Center for Medicaid and CHIP Services**



# **Process for Submitting Recommendations to Strengthen and Improve the 2020 Child and Adult Core Sets**

# Process for Recommending Measures to Strengthen and Improve the Child and Adult Core Sets

- Workgroup members and federal liaisons may recommend measures to strengthen and improve the 2020 Child and Adult Core Sets
- After the orientation meeting, Workgroup members and federal liaisons will receive a link to forms that will be used to recommend measures for addition or removal
- We will provide a list of resources to inform the measure recommendations, including information about the current measures and sources of potential new measures
- Recommendations are due on March 8, 2019 by 8:00 PM ET
- Please submit questions about the process to [MACCoreSetReview@mathematica-mpr.com](mailto:MACCoreSetReview@mathematica-mpr.com)

# Potential Areas to Strengthen and Improve the Child and Adult Core Sets

- **Crosscutting areas noted in previous reviews**
  - Integration of behavioral health and primary care
  - Integration of substance abuse and mental health services
  - Care coordination and care transitions
  - Social determinants of health
  - Maternal and perinatal health (such as interconceptional care, interpregnancy interval, poor birth outcomes, postpartum complications, breastfeeding after hospital discharge)
  - Experience of care
  - Stratification by beneficiary characteristics to assess disparities
- **Areas specific to the Child Core Set**
  - Children with special health care needs
  - Screening for abuse and neglect
- **Areas specific to the Adult Core Set**
  - Long term services and supports (LTSS)
  - Adult emergency room use
  - Chronic opiate use

# Recommendation for Addition of New Measure: Characteristics to Consider

- **Actionability**: Will the measure provide useful or actionable results for state Medicaid and CHIP programs?
- **Alignment**: Is the measure used in other reporting programs?
- **Appropriateness for state-level reporting**: Has the measure been validated and tested for state-level reporting and is it currently used by one or more states?
- **Feasibility**: Will states be able to access the data needed to calculate the measure? Would technical assistance be necessary or helpful to facilitate complete and accurate reporting of the measure by states?
- **Strategic priority**: Does the measure fill a gap area in the Child and/or Adult Core Sets?

# Recommendation for Removal of Existing Measure: Characteristics to Consider

- **Actionability**: Does the measure provide few useful or actionable results for state Medicaid and CHIP programs?
- **Clinical relevance**: Does the measure no longer adhere to clinical evidence or guidelines?
- **Feasibility**: Have states reported significant challenges to reporting the measure (such as barriers to accessing or using data needed to report the measure)?
- **New/alternate measure**: Is another measure being recommended to replace an existing Core Set measure?
- **Performance**: Have states consistently reported a high level of performance on the measure, indicating little room for improvement?



# Opportunity for Public Comment



# Next Steps

# Next Steps

- **Workgroup members and federal liaisons will receive an email with instructions on how to make recommendations to strengthen and improve the Core Sets**
- **All measures recommended for addition or removal are due on March 8, 2019 by 8:00 PM ET**
- **Next webinar meeting will be held April 23, 2019, 12:30–2:00 PM ET**
- **In-person meeting will take place in Washington, DC, May 7–9, 2019**

# 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-mpr.com/MACCoreSetReview>

# 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](mailto:MACCoreSetReview@mathematica-mpr.com)



**THANK YOU FOR PARTICIPATING!**

**Please complete the brief evaluation  
as you exit the webinar.**

# Appendix

# 2019 Child Core Set Measures by Domain

## Primary Care Access and Preventive Care (10)

NQF #	Measure Steward	Measure Name
0024	NCQA	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Body Mass Index Assessment 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)
NA	NCQA	Children and Adolescents' Access to Primary Care Practitioners (CAP-CH)

## Maternal and Perinatal Health (7)

NQF #	Measure Steward	Measure Name
0139	CDC	Pediatric Central Line-Associated Bloodstream Infections (CLABSI-CH)
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.

# 2019 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)
2801	NCQA	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)
NA	NCQA	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH)

# 2019 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.

# 2019 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.

# 2019 Adult Core Set Measures by Domain

## Care of Acute and Chronic Conditions (11)

NQF #	Measure Steward	Measure Name
0018	NCQA	Controlling High Blood Pressure (CBP-AD)
0057	NCQA	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (HA1C-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)
2371*	NCQA	Annual Monitoring for Patients on Persistent Medications (MPM-AD)

\* This measure is no longer endorsed by NQF.

# 2019 Adult Core Set Measures by Domain

## Behavioral Health Care (11)

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)
2605	NCQA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD) <sup>a</sup>
2605	NCQA	Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD) <sup>a</sup>
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)
NA	NCQA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)
NA	PQA	Concurrent Use of Opioids and Benzodiazepines (COB-AD)

## 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)

# Performance Rates on Frequently Reported Child Core Set Measures, FFY 2017

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
<b>Primary Care Access and Preventive Care</b>						
Children and Adolescents' Access to Primary Care Practitioners	Percentage with a PCP Visit in the Past Year: Ages 12–24 Months	48	94.7	95.2	93.3	96.6
Children and Adolescents' Access to Primary Care Practitioners	Percentage with a PCP Visit in the Past Year: Ages 25 Months–6 Years	48	86.9	87.4	84.9	90.3
Children and Adolescents' Access to Primary Care Practitioners	Percentage with a PCP Visit in the Past Two Years: Ages 7–11 Years	48	89.8	90.8	87.6	93.6
Children and Adolescents' Access to Primary Care Practitioners	Percentage with a PCP Visit in the Past Two Years: Ages 12–19 Years	48	88.8	90.1	86.2	92.9
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	49	59.7	59.3	55.7	66.1
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	Percentage who had 1 or More Well-Child Visits with a PCP: Ages 3–6	50	66.0	66.7	58.2	76.1
Adolescent Well-Care Visit	Percentage with at Least 1 Well-Care Visit with a PCP or an OB/GYN Practitioner: Ages 12–21	49	46.0	44.7	37.9	55.7
Childhood Immunization Status	Percentage Up-to-Date on Immunizations (Combination 3) by their Second Birthday	41	58.7	67.9	54.6	72.8
Immunizations for Adolescents	Percentage Receiving Three Doses of Human Papillomavirus (HPV) Vaccine by their 13th Birthday	42	21.0	20.8	13.3	24.8
Immunizations for Adolescents	Percentage Up-to-Date on Immunizations (Combination 1) by their 13th Birthday	43	68.3	73.2	56.9	83.0
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 0–3	27	39.4	39.8	17.8	53.9
Chlamydia Screening in Women	Percentage of Sexually Active Women Screened for Chlamydia: Ages 16–20	46	49.7	49.4	44.1	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 3–17	37	52.3	61.1	28.8	74.5

# Performance Rates on Frequently Reported Child Core Set Measures, FFY 2017 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Mean	Median	Bottom Quartile	Top Quartile
<b>Maternal and Perinatal Health</b>						
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 Medicaid/CHIP Enrollment	39	77.9	81.6	75.6	87.4
Frequency of Ongoing Prenatal Care	Percentage of Women Delivering a Live Birth who had at Least 81 Percent of Expected Prenatal Visits	34	57.1	61.7	43.5	67.0
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	9.0	10.6	8.1
<b>Care of Acute and Chronic Conditions</b>						
Ambulatory Care: Emergency Department Visits	Emergency Department Visits per 1,000 Enrollee-Months: Ages 0–19 [Lower rates are better]	47	44.3	42.3	51.1	39.1
Medication Management for People with Asthma	Percentage with Persistent Asthma who were Dispensed Appropriate Medication and Remained on Medication for at Least 75 Percent of Treatment Period: Ages 5–11	40	29.2	27.9	24.5	33.0
Medication Management for People with Asthma	Percentage with Persistent Asthma who were Dispensed Appropriate Medication and Remained on Medication for at Least 75 Percent of Treatment Period: Ages 12–18	40	28.6	26.9	24.1	32.2
Medication Management for People with Asthma	Percentage with Persistent Asthma who were Dispensed Appropriate Medication and Remained on Medication for at Least 75 Percent of Treatment Period: Ages 5–20	39	28.9	27.3	24.3	33.0
<b>Behavioral Health Care</b>						
Use of Multiple Concurrent Antipsychotics in Children and Adolescents	Percentage on Two or More Concurrent Antipsychotic Medications: Ages 1–17 [Lower rates are better]	37	2.7	2.7	3.6	1.6
Follow-Up After Hospitalization for Mental Illness	Percentage of Hospitalizations for Mental Illness with a Follow-Up Visit Within 7 Days of Discharge: Ages 6–20	44	51.5	47.8	39.7	64.0
Follow-Up After Hospitalization for Mental Illness	Percentage of Hospitalizations for Mental Illness with a Follow-Up Visit Within 30 Days of Discharge: Ages 6–20	45	69.5	69.2	62.5	79.6

# Performance Rates on Frequently Reported Child Core Set Measures, FFY 2017 (continued)

Measure Name	Rate Definition	Number of States Reporting Using Core Set Specifications	Performance Metrics			
			Mean	Median	Bottom Quartile	Top Quartile
<b>Behavioral Health Care (continued)</b>						
Follow-Up Care for Children Newly Prescribed ADHD Medication	Percentage Newly Prescribed ADHD Medication with 1 Follow-Up Visit During the 30-Day Initiation Phase: Ages 6–12	37	48.1	50.0	42.1	55.3
Follow-Up Care for Children Newly Prescribed ADHD Medication	Percentage Newly Prescribed ADHD Medication with at Least 2 Follow-Up Visits During the 10-Month Continuation and Maintenance Phase: Ages 6–12	37	58.6	61.5	55.0	65.4
<b>Dental and Oral Health Services</b>						
Percentage of Eligibles Who Received Preventive Dental Services	Percentage with at Least 1 Preventive Dental Service: Ages 1–20	50	47.6	48.2	44.7	52.1
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 6–9	30	22.8	22.9	18.0	24.9

Sources: Mathematica analysis of MACPro reports and Form CMS-416 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 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 2017. 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/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.

The Medication Management for People with Asthma rate for ages 19–20 is not displayed because it was not reported by at least 25 states.

<sup>a</sup> 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.

<sup>b</sup> Combination 1 includes one dose of meningococcal vaccine and Tdap vaccine.

# 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
<b>Primary Care Access and Preventive Care</b>						
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
<b>Maternal and Perinatal Health</b>						
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	39	57.5	60.1	54.1	65.9
<b>Care of Acute and Chronic Conditions</b>						
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]	29	19.6	18.0	23.4	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 100,000 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
<b>Care of Acute and Chronic Conditions (continued)</b>						
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	26	59.0	56.7	52.5	65.9
<b>Behavioral Health Care</b>						
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	30	38.2	37.0	34.7	41.0
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	31	14.4	14.5	10.3	17.8
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
<b>Behavioral Health Care (continued)</b>						
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	42	45.7	41.9	33.5	59.4
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	43	63.3	63.6	54.8	74.6
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>.