

Table HA1C-AD. Percentage of Adults Ages 18 to 75 with Diabetes (Type 1 or Type 2) who had a Hemoglobin A1c Test, as Submitted by States for the FFY 2018 Adult Core Set Report (n = 38 states)

State	Population	Methodology	Denominator	Rate
State Mean				82.5
State Median				85.3
States Reporting Ages 18 to 64 (n=23)				
Alabama	Medicaid	Administrative	20,728	74.9
Arkansas	Medicaid; CHIP; Dual Eligibles	Administrative	9,760	77.2
Connecticut	Medicaid; CHIP	Hybrid	1,393	85.6
Delaware	Medicaid; Dual Eligibles	Hybrid	411	83.1
Georgia	Medicaid	Administrative	48,395	66.6
Illinois	Medicaid; CHIP	Administrative	99,535	81.9
Iowa	Medicaid	Administrative	22,142	55.4
Louisiana	Medicaid; CHIP	Administrative	50,397	82.1
Maryland	Medicaid; CHIP	Hybrid	3,014	87.8
Massachusetts	Medicaid; Dual Eligibles	Hybrid	3,424	90.9
Michigan	Medicaid	Administrative	77,645	82.9
Mississippi	Medicaid	Hybrid	1,081	85.2
Missouri	Medicaid; CHIP	Administrative	23,949	78.4
Nevada	Medicaid	Hybrid	822	80.5
New Hampshire	Medicaid	Hybrid	861	90.4
New York	Medicaid	Administrative	236,556	84.3
North Carolina	Medicaid	Administrative	80,980	62.9
Oklahoma	Medicaid; Dual Eligibles	Administrative	20,926	72.9
Oregon	Medicaid; Dual Eligibles	Administrative	28,009	87.9
South Carolina	Medicaid; CHIP	Administrative	19,465	76.1
Vermont	Medicaid; CHIP	Administrative	3,963	87.6
West Virginia	Medicaid; Dual Eligibles	Administrative	36,890	72.7
Wisconsin	Medicaid	Hybrid	5,747	91.7
States Reporting Ages 18 to 75 (n=15)				
California	Medicaid	Administrative & Hybrid	462,553	86.0
Dist. of Col.	Medicaid; CHIP; Dual Eligibles	Hybrid	1,125	81.8
Florida	Medicaid	Administrative & Hybrid	63,130	85.7
Hawaii	Medicaid; Dual Eligibles	Administrative & Hybrid	17,664	85.2
Kentucky	Medicaid; Dual Eligibles	Hybrid	3,124	87.0
New Jersey	Medicaid; CHIP	Hybrid	3,215	84.5
New Mexico	Medicaid	Hybrid	1,781	85.7
Ohio	Medicaid; CHIP	Hybrid	2,295	85.4
Pennsylvania	Medicaid	Hybrid	5,436	87.2
Rhode Island	Medicaid; CHIP	Hybrid	812	90.1
Tennessee	Medicaid	Hybrid	6,876	85.4
Texas	Medicaid	Administrative & Hybrid	57,375	85.7
Utah	Medicaid; Dual Eligibles	Hybrid	1,581	90.0
Virginia	Medicaid; CHIP	Administrative	NR	87.2
Washington	Medicaid	Hybrid	2,202	89.2

Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle. More information on the Adult Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set/index.html>.

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.

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

Means are calculated as the unweighted average of all state rates.

Table HA1C-AD (continued)

Unless otherwise specified, states used Adult Core Set specifications, based on National Committee for Quality Assurance 2018 specifications. The following states used National Committee for Quality Assurance 2017 specifications: NV and OR.

Unless otherwise specified, the measurement period for this measure was January 1, 2017 to December 31, 2017.

Unless otherwise specified, rates displayed in this table reflect state reporting for Medicaid beneficiaries ages 18 to 64 or ages 18 to 75.

The Adult Core Set specifications include guidance for calculating this measure using the administrative method or the hybrid method. The hybrid method uses a combination of administrative and medical records data to identify services included in the numerator or to determine exclusions from the denominator based on diagnoses or other criteria. Unless otherwise specified, administrative data sources are the state's MMIS and/or data submitted by managed care plans; medical record data sources are paper and/or electronic health records.

Denominators are assumed to be the measure-eligible population for states using the administrative method; states using the hybrid method often reported the sample size for the medical chart review rather than the measure-eligible population. Some states reported exclusions from the denominator, as noted in the state-specific comments below.

AHRQ = Agency for Healthcare Research and Quality; CCO = Coordinated Care Organization; CHIP = Children's Health Insurance Program; CMS = Centers for Medicare & Medicaid Services; CMO = Care Management Organization; CY = Calendar Year; ED = Emergency Department; EHR = Electronic Health Record; EQRO = External Quality Review Organization; FFS = Fee for Service; FFY = Federal Fiscal Year; HEDIS = Healthcare Effectiveness Data and Information Set; HMO = Health Maintenance Organization; ICD = International Classification of Diseases; LOINC = Logical Observation Identifiers Names and Codes; MACPro = Medicaid and CHIP Program System; MCO = Managed Care Organization; MMIS = Medicaid Management Information System; NCQA = National Committee for Quality Assurance; NR = Not Reported; PCCM = Primary Care Case Management; PCP = Primary Care Practitioner.

State-Specific Comments:

- AL: Rate includes FFS and PCCM populations. Rate excludes Medicare-Medicaid Dual Eligibles.
- AR: Rate includes FFS and PCCM populations. State applied optional exclusions. Rate was audited by the state's data contractor.
- CA: Rate includes FFS and managed care populations (26 MCOs) ages 18 to 75. Rate excludes Medicare-Medicaid Dual Eligibles. Rate was derived using both administrative and hybrid method data. 25 MCOs used the hybrid method. The administrative method was used for one MCO, the FFS population, and for beneficiaries covered by a combination of FFS and managed care during the year. Denominator is the measure-eligible population.
- CT: Rate includes FFS population. Rate excludes Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 31,824. Rate was audited by a certified HEDIS auditor.
- DE: Rate includes managed care population (1 MCO), representing 72 percent of the population. Rate excludes FFS population and enrollees in one MCO, representing 28 percent of the population. Denominator is the sample size; measure-eligible population is 4,293. State attributes rate increase from FFY 2017 to value-based purchasing incentive for MCO related to this measure.
- DC: Rate includes managed care population (3 MCOs) ages 18 to 75, representing 50 percent of the population. Rate excludes FFS population and enrollees in one MCO, representing 50 percent of the population. Denominator is the sample size; measure-eligible population is 5,594. MCO rates were audited by certified HEDIS auditors.
- FL: Rate includes managed care population (17 MCOs) ages 18 to 75, representing 67 percent of the population. Rate excludes FFS population, representing 33 percent of the population, and Medicare-Medicaid Dual Eligibles. Rate was derived using both administrative and hybrid method data. Two MCOs used the administrative method and 15 MCOs used the hybrid method. Denominator is the measure-eligible population. MCO rates were audited by a certified HEDIS auditor.
- GA: Rate includes FFS and managed care populations (4 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles and Planning for Healthy Babies (P4HB) demonstration members per CMS Special Terms and Conditions.
- HI: Rate includes managed care population (5 MCOs) ages 18 to 75. Rate was derived using both administrative and hybrid method data. One MCO used the administrative method and four MCOs used the hybrid method. Denominator is the measure-eligible population.

Table HA1C-AD (continued)

IL:	Rate includes FFS, PCCM, and managed care populations (13 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Rate was validated by the state's EQRO.
IA:	Rate includes FFS and managed care populations (3 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. State applied optional exclusions.
KY:	Rate includes managed care population (5 MCOs) ages 18 to 75, representing 90 percent of the population. Rate excludes FFS population, representing 10 percent of the population. Denominator is the sample size; measure-eligible population is 22,909. Rate was validated by the state's EQRO.
LA:	Rate includes FFS and managed care populations (5 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Rate was calculated using HEDIS-certified code and the state conducted an internal validation of the data.
MD:	Rate includes managed care population (7 MCOs), representing 78 percent of the population. Rate excludes FFS population and enrollees in one MCO, representing 22 percent of the population, as well as Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 40,605. Rate was audited by certified HEDIS auditors.
MA:	Rate includes PCCM and managed care populations (5 MCOs), representing 63 percent of the population. Rate excludes FFS population, representing 37 percent of the population, but most FFS beneficiaries would not be eligible for the measure, including beneficiaries who have other insurance, reside in a long-term care institution, or receive limited or temporary Medicaid benefits. Denominator is the sample size; measure-eligible population is 42,317.
MI:	Rate includes FFS and managed care populations (11 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Data source is the state's Data Warehouse, which contains MMIS data and pharmacy data.
MS:	Rate includes managed care population (2 MCOs), representing 64 percent of the population. Rate excludes FFS population, representing 36 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 11,887.
MO:	Rate includes FFS and managed care populations (3 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles.
NV:	Rate includes managed care population (3 MCOs). Rate excludes FFS population and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 13,133.
NH:	Rate includes managed care population (2 MCOs), representing 86 percent of the population. Rate excludes FFS population, representing 14 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 2,095. MCO rates were audited by certified HEDIS auditors.
NJ:	Rate includes managed care population (5 MCOs) ages 18 to 75, representing 91 percent of the population. Rate excludes FFS population, representing 9 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 56,838.
NM:	Rate includes managed care population (4 MCOs) ages 18 to 75. Rate excludes Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 27,193. MCO rates were audited by certified HEDIS auditors.
NY:	Rate includes FFS and managed care populations (68 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. State conducted an internal validation of the data.
NC:	Rate includes FFS and PCCM populations. Rate excludes Medicare-Medicaid Dual Eligibles. Rate was validated by an NCQA-certified vendor.
OH:	Rate includes managed care population (5 MCOs) ages 18 to 75, representing 82 percent of the population. Rate excludes FFS population, representing 18 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 100,734. MCO rates were audited by a certified HEDIS auditor.
OK:	Rate includes FFS and PCCM populations. Rate excludes home- and community-based services waiver enrollees.
OR:	Rate includes managed care population (16 CCOs), representing 82 percent of the population. Rate excludes FFS population, representing 18 percent of the population.
PA:	Rate includes managed care population (9 MCOs) ages 18 to 75. Rate excludes Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 87,598. Data were submitted by MCOs and compiled by the state's EQRO.
RI:	Rate includes managed care population (2 MCOs) ages 18 to 75, representing 91 percent of the population. Rate excludes FFS population, representing 9 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 9,482.

Table HA1C-AD (continued)

SC:	Rate includes managed care population (5 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles.
TN:	Rate includes managed care population (4 MCOs) ages 18 to 75. Rate excludes Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 53,522. Rate was validated by the state's EQRO.
TX:	Rate includes FFS and managed care populations (24 MCOs) ages 18 to 75. Rate excludes Medicare-Medicaid Dual Eligibles. Rate was derived using both administrative and hybrid method data. The rates for the state's FFS population and one MCO were calculated using the administrative method. Twenty-three MCOs used the hybrid method. Denominator is the measure-eligible population. Rate was validated by the state's EQRO.
UT:	Rate includes managed care population (4 MCOs) ages 18 to 75, representing 75 percent of the population. Rate excludes FFS population, representing 25 percent of the population. Denominator is the sample size; measure-eligible population is 4,336. MCO rates were audited by certified HEDIS auditors.
VT:	Rate includes statewide 1115 waiver population enrolled in a public non-risk prepaid inpatient health plan population, representing the total Medicaid population. Rate excludes Medicare-Medicaid Dual Eligibles.
VA:	Rate includes managed care population (6 MCOs) ages 18 to 75. Rate excludes Medicare-Medicaid Dual Eligibles. State obtained rate from the NCQA Quality Compass and denominator is not available.
WA:	Rate includes managed care population (5 MCOs) ages 18 to 75, representing 87 percent of the population. Rate excludes FFS population, representing 13 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 42,827. Rate was audited by the state's EQRO.
WV:	Rate includes FFS and managed care populations (4 MCOs). Rate includes paid claims only. Rate was validated by the state's EQRO.
WI:	Rate includes managed care population (18 MCOs), representing 54 percent of the population. Rate excludes FFS population, representing 46 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is not available.