

**Table BCS-AD. Percentage of Women Ages 50 to 74 who had a Mammogram to Screen for Breast Cancer, as Submitted by States for the FFY 2018 Adult Core Set Report (n = 41 states)**

State	Population	Methodology	Denominator	Rate
State Mean				53.6
State Median				54.6
<b>States Reporting Ages 50 to 64 (n=26)</b>				
Alabama	Medicaid	Administrative	17,403	42.1
Arizona	Medicaid; Dual Eligibles	Administrative	48,927	56.1
California	Medicaid	Administrative	466,318	54.5
Connecticut	Medicaid; CHIP	Administrative	25,384	63.1
Delaware	Medicaid; Dual Eligibles	Administrative	2,819	52.4
Georgia	Medicaid	Administrative	41,770	38.0
Illinois	Medicaid; CHIP	Administrative	95,205	52.4
Iowa	Medicaid	Administrative	9,886	59.1
Louisiana	Medicaid; CHIP	Administrative	29,899	55.2
Maryland	Medicaid	Administrative	30,725	66.1
Massachusetts	Medicaid; Dual Eligibles	Administrative	44,361	69.9
Michigan	Medicaid	Administrative	68,747	60.8
Minnesota	Medicaid; CHIP; Dual Eligibles	Administrative	46,675	58.5
Mississippi	Medicaid	Administrative	9,165	54.5
Missouri	Medicaid; CHIP	Administrative	16,964	45.8
Nebraska	Medicaid; CHIP; Dual Eligibles	Administrative	3,985	34.9
Nevada	Medicaid	Administrative	9,637	54.3
New Hampshire	Medicaid	Administrative	1,562	60.2
New York	Medicaid	Administrative	235,600	66.9
North Carolina	Medicaid	Administrative	68,422	29.5
Oklahoma	Medicaid; Dual Eligibles	Administrative	13,451	43.5
South Carolina	Medicaid	Administrative	12,936	56.7
Vermont	Medicaid; CHIP	Administrative	6,049	54.6
West Virginia	Medicaid; Dual Eligibles	Administrative	30,790	52.1
Wisconsin	Medicaid	Administrative	9,545	65.4
Wyoming	Medicaid; Dual Eligibles	Administrative	1,501	22.7
<b>States Reporting Ages 50 to 74 (n=15)</b>				
Dist. of Col.	Medicaid; CHIP; Dual Eligibles	Administrative	4,951	61.7
Florida	Medicaid	Administrative	42,488	58.2
Hawaii	Medicaid; Dual Eligibles	Administrative	17,171	59.5
Kansas	Medicaid; Dual Eligibles	Administrative	10,214	47.0
Kentucky	Medicaid; Dual Eligibles	Administrative	45,906	52.9
New Jersey	Medicaid; CHIP	Administrative	47,474	58.5
New Mexico	Medicaid	Administrative	25,706	49.5
Ohio	Medicaid; CHIP	Administrative	78,144	53.2
Pennsylvania	Medicaid	Administrative	72,000	58.4
Rhode Island	Medicaid; CHIP	Administrative	9,710	63.5
Tennessee	Medicaid	Administrative	40,088	53.8
Texas	Medicaid	Administrative	47,808	50.9
Utah	Medicaid; Dual Eligibles	Administrative	4,266	46.7
Virginia	Medicaid; CHIP	Administrative	NR	58.3
Washington	Medicaid	Administrative	42,913	55.3

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

Table BCS-AD (continued)

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

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

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

Unless otherwise specified, the measurement period for this measure was January 1, 2017 to December 31, 2017. AZ reported data for FFY 2016.

Unless otherwise specified, rates displayed in this table reflect state reporting for Medicaid beneficiaries ages 50 to 64 or ages 50 to 74.

The Adult Core Set specifications include guidance for calculating this measure using the administrative method. Unless otherwise specified, the administrative data source is the state’s MMIS and/or data submitted by managed care plans, including behavioral health plans.

Denominators are assumed to be the measure-eligible population for states using the administrative method. 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.
AZ:	Rate includes managed care population (6 MCOs), representing 78 percent of the population. Rate excludes FFS population, seriously mentally ill population, and state long-term care elderly, physically, or developmentally disabled population, representing 22 percent of the population. State conducted an internal validation of the data.
CA:	Rate includes FFS and managed care populations (26 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Rate was audited using decision support software.
CT:	Rate includes FFS population. Rate excludes Medicare-Medicaid Dual Eligibles. 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.
DC:	Rate includes managed care population (3 MCOs) ages 50 to 74, representing 50 percent of the population. Rate excludes FFS population and enrollees in one MCO, representing 50 percent of the population. MCO rates were audited by certified HEDIS auditors.
FL:	Rate includes managed care population (17 MCOs) ages 50 to 74, representing 67 percent of the population. Rate excludes FFS population, representing 33 percent of the population, and Medicare-Medicaid Dual Eligibles. 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. Rate was validated by the state's EQRO.
HI:	Rate includes managed care population (5 MCOs) ages 50 to 74. Rate was validated by the state's EQRO.
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.
KS:	Rate includes managed care population (3 MCOs) ages 50 to 74.
KY:	Rate includes managed care population (5 MCOs) ages 50 to 74, representing 90 percent of the population. Rate excludes FFS population, representing 10 percent of the population. Rate was validated by the state's EQRO.

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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 (8 MCOs), representing 83 percent of the population. Rate excludes FFS population, representing 17 percent of the population, and Medicare-Medicaid Dual Eligibles. 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.
MI:	Rate includes FFS and managed care populations (11 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles.
MN:	Rate includes FFS and managed care populations (8 MCOs). Rate includes paid claims only. Rate was audited by a certified HEDIS auditor.
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.
MO:	Rate includes FFS and managed care populations (3 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles.
NE:	Rate includes FFS and managed care populations (3 MCOs). State did not use the optional exclusion for bilateral mastectomy.
NV:	Rate includes managed care population (3 MCOs). Rate excludes FFS population and Medicare-Medicaid Dual Eligibles.
NH:	Rate includes managed care population (2 MCOs), representing 85 percent of the population. Rate excludes FFS population, representing 15 percent of the population, and Medicare-Medicaid Dual Eligibles. MCO rates were audited by certified HEDIS auditors.
NJ:	Rate includes managed care population (5 MCOs) ages 50 to 74, representing 91 percent of the population. Rate excludes FFS population, representing 9 percent of the population, and Medicare-Medicaid Dual Eligibles.
NM:	Rate includes managed care population (4 MCOs) ages 50 to 74. Rate excludes Medicare-Medicaid Dual Eligibles. MCO rates were audited by certified HEDIS auditors.
NY:	Rate includes FFS and managed care populations (69 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 50 to 74, representing 82 percent of the population. Rate excludes FFS population, representing 18 percent of the population, and Medicare-Medicaid Dual Eligibles. 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.
PA:	Rate includes managed care population (9 MCOs) ages 50 to 74. Rate excludes Medicare-Medicaid Dual Eligibles. Data were submitted by MCOs and compiled by the state's EQRO.
RI:	Rate includes managed care population (2 MCOs) ages 50 to 74, representing 91 percent of the population. Rate excludes FFS population, representing 9 percent of the population, and Medicare-Medicaid Dual Eligibles.
SC:	Rate includes managed care population (5 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles.
TN:	Rate includes managed care population (4 MCOs) ages 50 to 74. Rate excludes Medicare-Medicaid Dual Eligibles. Rate was validated by the state's EQRO.
TX:	Rate includes FFS and managed care populations (23 MCOs) ages 50 to 74. Rate excludes Medicare-Medicaid Dual Eligibles. Rate was validated by the state's EQRO.
UT:	Rate includes managed care population (4 MCOs) ages 50 to 74, representing 75 percent of the population. Rate excludes FFS population, representing 25 percent of the population. 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. Rate was validated by the state's EQRO.

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Table BCS-AD (continued)

VA:	Rate includes managed care population (6 MCOs) ages 50 to 74. 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 50 to 74, representing 87 percent of the population. Rate excludes FFS population, representing 13 percent of the population, and Medicare-Medicaid Dual Eligibles. Rate also excludes managed care populations who met the continuous eligibility requirement for Medicaid or CHIP but who were not enrolled in a single plan during the continuous enrollment period. Rate was audited by the state's EQRO.
WV:	Rate includes FFS and managed care populations (4 MCOs). Rate includes paid claims only.
WI:	Rate includes managed care population (19 MCOs), representing 54 percent of the population. Rate excludes FFS population, representing 46 percent of the population, and Medicare-Medicaid Dual Eligibles.
WY:	Rate includes FFS population.