

Table CBP-AD. Percentage of Adults Ages 18 to 85 who had a Diagnosis of Hypertension and whose Blood Pressure was Adequately Controlled, as Submitted by States for the FFY 2018 Adult Core Set Report (n = 28 states)

State	Population	Methodology	Denominator	Rate
State Mean				56.3
State Median				57.8
States Reporting Ages 18 to 64 (n=11)				
California	Medicaid	Hybrid	20,672	63.5
Connecticut	Medicaid; CHIP	Hybrid	1,058	62.2
Delaware	Medicaid; Dual Eligibles	Hybrid	411	46.3
Maryland	Medicaid	Hybrid	3,030	62.4
Massachusetts	Medicaid; Dual Eligibles	Hybrid	2,901	66.6
Mississippi	Medicaid	Hybrid	822	41.9
Nevada	Medicaid	Hybrid	822	50.0
New Hampshire	Medicaid	Hybrid	621	69.7
New York	Medicaid; CHIP	Hybrid	11,696	59.2
West Virginia	Medicaid	Hybrid	1,644	58.4
Wisconsin	Medicaid	Hybrid	5,834	59.7
States Reporting Ages 18 to 85 (n=17)				
Dist. of Col.	Medicaid; CHIP; Dual Eligibles	Hybrid	858	34.0
Florida	Medicaid	Hybrid	5,602	55.0
Hawaii	Medicaid; Dual Eligibles	Hybrid	25,541	52.1
Kansas	Medicaid; Dual Eligibles	Hybrid	1,233	53.6
Kentucky	Medicaid; Dual Eligibles	Hybrid	2,042	51.7
Louisiana	Medicaid; CHIP	Hybrid	2,055	37.7
New Jersey	Medicaid; CHIP	Hybrid	2,049	55.2
New Mexico	Medicaid	Hybrid	1,636	49.9
Ohio	Medicaid; CHIP	Hybrid	2,053	54.3
Oregon	Medicaid; Dual Eligibles	Electronic health records	97,503	68.3
Pennsylvania	Medicaid	Hybrid	3,568	64.3
Rhode Island	Medicaid; CHIP	Hybrid	739	71.7
Tennessee	Medicaid	Hybrid	4,033	57.2
Texas	Medicaid	Hybrid	6,248	43.6
Utah	Medicaid; Dual Eligibles	Hybrid	1,463	66.4
Virginia	Medicaid; CHIP	Hybrid	NR	61.7
Washington	Medicaid	Hybrid	2,183	59.9

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 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year (<140/90 for adults ages 18 to 59 and for adults ages 60 to 85 with a diagnosis of diabetes, and <150/90 for adults ages 60 to 85 without a diagnosis of diabetes).

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 states used National Committee for Quality Assurance 2017 specifications: NV and OR. This table excludes AR, which reported the measure but did not use Adult Core Set specifications to calculate the measure.

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 85.

The Adult Core Set specifications include guidance for calculating this measure using the hybrid method. The hybrid method uses a combination of administrative and medical records data to identify services

Table CBP-AD (continued)

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:

- CA: Rate includes managed care population (26 MCOs), representing 90 percent of the population. Rate excludes FFS population, representing 10 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure eligible population is 474,595.
- CT: Rate includes FFS population. Rate excludes Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 39,948. 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 6,221.
- DC: Rate includes managed care population (3 MCOs) ages 18 to 85, 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 8,047. MCO rates were audited by certified HEDIS auditors.
- FL: Rate includes managed care population (17 MCOs) ages 18 to 85, representing 67 percent of the population. Rate excludes FFS population, representing 33 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 97,722. MCO rates were audited by a certified HEDIS auditor.
- HI: Rate includes managed care population (5 MCOs) ages 18 to 85. Denominator is the measure-eligible population; sample size is not available. Rate was validated by the state's EQRO.
- KS: Rate includes managed care population (3 MCOs) ages 18 to 85. Denominator is the sample size; measure-eligible population is 14,976.
- KY: Rate includes managed care population (5 MCOs) ages 18 to 85, 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 103,492. Rate was validated by the state's EQRO.
- LA: Rate includes managed care population (5 MCOs) ages 18 to 85, representing 95 percent of the population. Rate excludes FFS population, representing 5 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 92,745. 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. Denominator is the sample size; measure-eligible population is 68,523. Rate was audited by certified HEDIS auditors.
- MA: Rate includes PCCM and managed care populations (6 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 58,013.
- 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 22,715.

Table CBP-AD (continued)

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 17,347.
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. Denominator is the sample size; measure-eligible population is 2,472. MCO rates were audited by certified HEDIS auditors.
NJ:	Rate includes managed care population (5 MCOs) ages 18 to 85, 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 87,771.
NM:	Rate includes managed care population (4 MCOs) ages 18 to 85. Rate excludes Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 30,856. MCO rates were audited by certified HEDIS auditors.
NY:	Rate includes managed care population (31 MCOs), representing 77 percent of the population. Rate excludes FFS population, representing 23 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 302,143. State conducted an internal validation of the data.
OH:	Rate includes managed care population (5 MCOs) ages 18 to 85, 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 152,036. MCO rates were audited by a certified HEDIS auditor.
OR:	Rate includes managed care population (16 CCOs) ages 18 to 85 who are included in electronic health records in the state. Rate excludes FFS population and managed care enrollees who are not included in electronic health record data.
PA:	Rate includes managed care population (9 MCOs) ages 18 to 85. Rate excludes Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 129,527. Data were submitted by MCOs and compiled by the state's EQRO.
RI:	Rate includes managed care population (2 MCOs) ages 18 to 85, 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 14,866.
TN:	Rate includes managed care population (4 MCOs) ages 18 to 85. Rate excludes Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 84,344. Rate was validated by the state's EQRO.
TX:	Rate includes managed care population (23 MCOs) ages 18 to 85, representing 59 percent of the population. Rate excludes FFS population, representing 41 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 64,217. Rate was validated by the state's EQRO.
UT:	Rate includes managed care population (4 MCOs) ages 18 to 85, 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 5,473. MCO rates were audited by certified HEDIS auditors.
VA:	Rate includes managed care population (6 MCOs) ages 18 to 85. 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 85, 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 54,211. Rate was audited by the state's EQRO.
WV:	Rate includes managed care population (4 MCOs), representing 80 percent of the population. Rate excludes FFS population, representing 20 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 36,459. 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.