

Table CHL-AD. Percentage of Sexually Active Women Ages 21 to 24 who were Screened for Chlamydia, as Submitted by States for the FFY 2018 Adult Core Set Report (n = 38 states)

State	Population	Methodology	Denominator	Rate
State Mean				59.3
State Median				60.8
Alabama	Medicaid	Administrative	5,841	9.7
Arizona	Medicaid	Administrative	25,478	52.3
Arkansas	Medicaid; CHIP; Dual Eligibles	Administrative	3,959	60.9
California	Medicaid	Administrative	246,765	65.0
Connecticut	Medicaid	Administrative	13,698	73.0
Delaware	Medicaid	Administrative	1,681	65.0
Dist. of Col.	Medicaid; CHIP; Dual Eligibles	Administrative	3,393	77.0
Florida	Medicaid	Administrative	20,546	70.4
Hawaii	Medicaid	Administrative	4,792	55.0
Illinois	Medicaid; CHIP	Administrative	56,588	57.6
Iowa	Medicaid	Administrative	9,034	53.2
Kentucky	Medicaid; Dual Eligibles	Administrative	24,605	58.2
Louisiana	Medicaid	Administrative	34,174	68.3
Maryland	Medicaid; CHIP	Administrative	21,222	69.3
Massachusetts	Medicaid	Administrative	14,973	72.9
Michigan	Medicaid	Administrative	37,218	68.5
Minnesota	Medicaid; CHIP; Dual Eligibles	Administrative	19,581	59.3
Mississippi	Medicaid	Administrative	2,937	63.8
Missouri	Medicaid; CHIP	Administrative	18,461	38.6
Nebraska	Medicaid; CHIP	Administrative	2,352	41.6
New Hampshire	Medicaid	Administrative	562	56.6
New Jersey	Medicaid; CHIP	Administrative	16,519	67.2
New Mexico	Medicaid	Administrative	11,475	56.6
New York	Medicaid	Administrative	102,647	69.9
North Carolina	Medicaid	Administrative	37,513	64.8
Ohio	Medicaid; CHIP	Administrative	43,478	63.5
Oklahoma	Medicaid; Dual Eligibles	Administrative	4,815	61.1
Oregon	Medicaid; Dual Eligibles	Administrative	9,744	54.8
Pennsylvania	Medicaid	Administrative	41,489	64.8
Rhode Island	Medicaid; CHIP	Administrative	4,864	68.8
South Carolina	Medicaid; CHIP	Administrative	11,371	58.3
Tennessee	Medicaid	Administrative	26,534	57.7
Texas	Medicaid	Administrative	41,246	61.5
Utah	Medicaid; Dual Eligibles	Administrative	1,004	47.1
Vermont	Medicaid; CHIP	Administrative	2,576	58.3
Virginia	Medicaid; CHIP	Administrative	NR	53.1
Washington	Medicaid	Administrative	25,997	60.6
West Virginia	Medicaid	Administrative	9,335	48.9

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 women ages 21 to 24 who were sexually active and who had at least one test for chlamydia 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.

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: OR.

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

Table CHL-AD (continued)

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, Medicare-Medicaid Dual Eligibles, 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.
AR:	Rate includes FFS and PCCM populations. State applied optional exclusions. State did not use LOINC codes. Rate was audited by the state's data contractor.
CA:	Rate includes FFS, family planning program, 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, and Medicare-Medicaid Dual Eligibles.
DC:	Rate includes managed care population (3 MCOs), 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), 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.
HI:	Rate includes managed care population (5 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. 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.
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), representing 90 percent of the population. Rate excludes FFS population, representing 10 percent of the population. 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 (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 (commercial or Medicare), 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.

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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). Rate excludes Medicare-Medicaid Dual Eligibles.
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. MCO rates were audited by certified HEDIS auditors.
NJ:	Rate includes managed care population (5 MCOs), 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). Rate excludes Medicare-Medicaid Dual Eligibles. MCO rates were audited by certified HEDIS auditors.
NY:	Rate includes FFS and managed care populations (46 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), 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.
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). 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), 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). Rate excludes Medicare-Medicaid Dual Eligibles. Rate was validated by the state's EQRO.
TX:	Rate includes FFS and managed care populations (23 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Rate was validated by the state's EQRO.
UT:	Rate includes managed care population (4 MCOs), 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.
VA:	Rate includes managed care population (6 MCOs). 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), 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 excludes Medicare-Medicaid Dual Eligibles. State applied optional exclusions. Rate includes paid claims only.