

Table MPM-AD. Percentage of Adults Age 18 and Older who Received at Least 180 Days of Ambulatory Medication Therapy and an Annual Therapeutic Monitoring Visit, as Submitted by States for the FFY 2018 Adult Core Set Report (n = 36 states)

State	Population	Methodology	Denominator	Rate
State Mean				86.8
State Median				87.3
States Reporting Ages 18 to 64 (n=21)				
Alabama	Medicaid	Administrative	35,783	87.2
Arizona	Medicaid; Dual Eligibles	Administrative	55,749	87.6
Arkansas	Medicaid; CHIP; Dual Eligibles	Administrative	9,819	86.1
Connecticut	Medicaid; CHIP	Administrative	49,247	86.5
Delaware	Medicaid; Dual Eligibles	Administrative	5,314	84.9
Illinois	Medicaid; CHIP	Administrative	121,824	81.5
Iowa	Medicaid	Administrative	30,344	74.5
Louisiana	Medicaid; CHIP	Administrative	90,635	89.3
Maryland	Medicaid; CHIP	Administrative	67,244	88.2
Massachusetts	Medicaid	Administrative	61,076	87.6
Michigan	Medicaid	Administrative	136,812	86.2
Minnesota	Medicaid; CHIP; Dual Eligibles	Administrative	44,429	84.1
Mississippi	Medicaid	Administrative	18,237	88.2
Missouri	Medicaid; CHIP	Administrative	33,723	89.6
New Hampshire	Medicaid	Administrative	2,887	87.0
New York	Medicaid	Administrative	324,123	89.4
North Carolina	Medicaid	Administrative	59,132	89.1
Oklahoma	Medicaid; Dual Eligibles	Administrative	12,353	80.1
South Carolina	Medicaid; CHIP	Administrative	17,654	85.6
Vermont	Medicaid; CHIP	Administrative	8,577	82.6
West Virginia	Medicaid; Dual Eligibles	Administrative	49,133	88.7
States Reporting Age 18 and Older (n=15)				
California	Medicaid	Administrative	667,653	87.8
Dist. of Col.	Medicaid; CHIP; Dual Eligibles	Administrative	10,266	79.6
Florida	Medicaid	Administrative	110,165	92.9
Hawaii	Medicaid; Dual Eligibles	Administrative	28,430	88.8
Kentucky	Medicaid; Dual Eligibles	Administrative	118,727	89.9
New Jersey	Medicaid; CHIP	Administrative	96,005	89.7
New Mexico	Medicaid	Administrative	33,783	84.0
Ohio	Medicaid; CHIP	Administrative	171,232	87.3
Pennsylvania	Medicaid	Administrative	150,039	87.1
Rhode Island	Medicaid; CHIP	Administrative	17,598	84.9
Tennessee	Medicaid	Administrative	87,137	91.6
Texas	Medicaid	Administrative	87,716	92.7
Utah	Medicaid; Dual Eligibles	Administrative	4,046	86.6
Virginia	Medicaid; CHIP	Administrative	NR	92.3
Washington	Medicaid	Administrative	69,054	87.1

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 age 18 and older who received at least 180 treatment days of angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBs), or diuretics during the measurement year and who received annual therapeutic monitoring for the therapeutic agent in the measurement year. Specifications for this measure changed substantially for FFY 2018 and rates are not comparable with rates reported for previous years.

The term "states" includes the 50 states and the District of Columbia.

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

Table MPM-AD (continued)

Unless otherwise specified, states used Adult Core Set specifications, based on National Committee for Quality Assurance 2018 specifications.

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 18 to 64 or age 18 and older.

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.
- AR: Rate includes FFS and PCCM populations. Rate was audited by the state's data contractor.
- CA: Rate includes FFS and managed care populations (26 MCOs) age 18 and older. Rate excludes Medicare-Medicaid Dual Eligibles.
- 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) age 18 and older, 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) age 18 and older, 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) age 18 and older. 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.
- KY: Rate includes managed care population (5 MCOs) age 18 and older, 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.

Table MPM-AD (continued)

MA:	Rate includes PCCM and managed care population (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. Rate was validated by the state's EQRO.
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.
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.
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) age 18 and older, 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) age 18 and older. Rate excludes Medicare-Medicaid Dual Eligibles. 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) age 18 and older, 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) age 18 and older. 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) age 18 and older, 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) age 18 and older. Rate excludes Medicare-Medicaid Dual Eligibles. Rate was validated by the state's EQRO.
TX:	Rate includes FFS and managed care populations (5 MCOs) age 18 and older. Rate excludes Medicare-Medicaid Dual Eligibles. Rate was validated by the state's EQRO.
UT:	Rate includes managed care population (4 MCOs) age 18 and older, 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) age 18 and older. 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) age 18 and older, 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.