

ADULT AND CHILD CORE SET HEALTH CARE QUALITY MEASURES

BACKGROUND

Health care quality measures are utilized to measure adherence to evidence-based treatment guidelines and to assess the results of care. The application of quality measurement tools supports performance improvement initiatives and fosters accountability. The Centers for Medicare and Medicaid Services (CMS) has adopted a core set of health care quality measures for adults participating in Medicaid programs and children enrolled in Medicaid and the Children's Health Insurance Program (CHIP). Through the use of the Adult and Child Core Sets, CMS seeks to improve the quality of care provided to Medicaid and CHIP beneficiaries.

Annually CMS compiles results submitted by state Medicaid and CHIP programs and reports performance. Reporting of these core sets is currently voluntary by state Medicaid and CHIP programs. Each state has the option to pick which Adult and Child Core Set measures they choose to report and which pharmacy programs are reported [i.e. Fee-for-Service, Managed Care Organizations (MCOs), CHIP, Dual Medicaid-Medicare Eligible, etc.]. The yearly performance summary reported by CMS provides an overview for measures reported by at least 25 states.

Within the Adult and Child Core Sets some of the measures can be reported utilizing administrative claims data. MS-DUR assists the Mississippi Division of Medicaid (DOM) in their annual reporting of certain quality measures that can be assessed through administrative claims data.

This report is a summary of the Adult and Child Core Set measures completed by MS-DUR for 2021 annual reporting for federal fiscal year (FFY) 2020. The core set reporting for FFY 2020 covers care furnished to children and adults in Medicaid and CHIP in calendar year 2019. For the measures reported by MS-DUR, performance is reported for FFS and all MCO pharmacy programs. For each measure, a short description of the measure and performance are reported.

MEASURES

Adult and Child Core Set: Asthma Medication Ratio (AMR):

The "Asthma Medication Ratio" is included in both the Medicaid Adult and Child Core Sets for FYY-2020 reporting (AMR-AD, AMR-CH). The AMR assesses the appropriate use of controller medications for beneficiaries with persistent asthma. The AMR measure is defined as the percentage of beneficiaries having persistent asthma and a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. This measure was developed by the National Collaborative for Innovation in Quality Measurement, and is included in HEDIS® 2019. The measurement specifications are listed in Table 1. Changes made from the prior year included updating drug and condition value sets and clarification of some terms. The measurement specifications are summarized in Table 1¹.

TABLE 1: AMR-AD and AMR-CH Measurement Specifications

Measurement Year	January 1, 2019 - December 31, 2019
Denominator	<p>Medicaid enrollees 5 - 18 for children and 19 - 64 for adults identified as having persistent asthma. Beneficiaries are identified as having persistent asthma if they meet at least one of the following criteria during both the measurement year and the year prior to the measurement year.</p> <ul style="list-style-type: none">- At least one emergency department (ED) visit with a principal diagnosis of asthma.- At least one acute inpatient encounter with a principal diagnosis of asthma.- At least four outpatient visits or observation visits on different dates of service with any diagnosis of asthma and at least two asthma medication dispensing events (only 3 of 4 visits can be telehealth).- At least four asthma medication dispensing events.
Numerator	Beneficiaries with a ratio of controller medications units to total asthma medication units of 0.50 or greater.
Continuous Enrollment	Beneficiary must be enrolled for entire measurement year and the prior year. No more than one gap in continuous enrollment of up to 45 days is allowed during each year.
Exclusions	Beneficiaries are excluded from the denominator if they had no asthma medications dispensed during the measure year or if they had any diagnosis, in any setting, during the observation year or prior year for emphysema, COPD, obstructive chronic bronchitis, chronic respiratory conditions due to fumes/vapors, cystic fibrosis, or acute respiratory failure.
Anchor Date	The anchor date for determining age is December 31 of the measurement year.

Table 2 shows the AMR-CH quality measure rates for CY 2019 for all Mississippi Medicaid beneficiaries meeting the inclusion criteria for the denominator. The overall rate within Mississippi Medicaid for children was 59.2% which was a slight decrease from 64.0% for CY 2018. The rate for Fee-For-Service was significantly higher than the rate for the three Coordinated Care Organizations (CCOs). There was little variation in rates among the CCOs. Rates varied considerably for different racial groups.

TABLE 2: Asthma Medication Ratio (AMR-CH) by Beneficiary Characteristic * Children Only * <i>Mississippi Medicaid January 1, 2019 - December 31, 2019</i> <i>Includes Medicaid ONLY - No CHIP</i>				
Beneficiary Characteristics		Denominator	Numerator	Rate
TOTAL		8,757	5,180	59.2%
Age	5 - 11	4,640	3,015	65.0%
	12 - 18	4,117	2,165	52.6%
Gender	Female	3,612	2,173	60.2%
	Male	5,145	3,007	58.4%
Race	Caucasian	2,666	1,944	72.9%
	Afr. Amer.	5,710	2,981	52.2%
	Amer. Indian	26	21	80.8%
	Hispanic	143	83	58.0%
	Other	212	151	71.2%
Pharmacy Program	FFS	642	559	87.1%
	UHC	3,507	2,017	57.5%
	MAG	4,363	2,469	56.6%
	MOL	245	135	55.1%

Table 3 shows the AMR-AD quality measure rates for CY 2019 for all Mississippi Medicaid beneficiaries meeting the inclusion criteria for the denominator. The overall rate for adults within Mississippi Medicaid was 44.3% which was approximately the same as for CY 2018 (44.5%). However, the adult rate was still considerably lower than for children. The rate for Fee-For-Service was significantly higher than the rate for the two Coordinated Care Organizations (CCOs). There was little variation in rates among the CCOs. Rates varied for different racial groups but there was less variability across race than there was for children.

TABLE 3: Asthma Medication Ratio (AMR-AD) by Beneficiary Characteristic * Adults Only * <i>Mississippi Medicaid January 1, 2019 - December 31, 2019</i> <i>Includes Medicaid ONLY - No CHIP</i>				
Beneficiary Characteristics		Denominator	Numerator	Rate
TOTAL		2,184	967	44.3%
Age	19 - 50	1,479	652	44.1%
	51 - 64	705	315	44.7%
Gender	Female	1,631	705	43.2%
	Male	553	262	47.4%
Race	Caucasian	655	314	47.9%
	Afr. Amer.	1,320	555	42.0%
	Amer. Indian	3	1	33.3%
	Hispanic	11	6	54.5%
	Other	195	91	46.7%
Pharmacy Program	FFS	220	178	80.9%
	UHC	722	276	38.2%
	MAG	1,196	495	41.4%
	MOL	46	18	39.1%

Adult Core Set: Use of Opioids at High Dosage in Persons without Cancer (OHD):

In March, 2016, the Centers for Disease Control (CDC) released the final version of their Guidelines for Prescribing Opioids for Chronic Pain.² One of the CDC recommendations was that high dosages of opioids should be avoided whenever possible. The CDC’s clinical evidence review found that higher opioid dosages are associated with increased risks for motor vehicle injury, opioid use disorder, and overdose. The “Use of Opioids at High Dosage in Persons Without Cancer” (OHD-AD) was developed by the Pharmacy Quality Alliance and added to the Medicaid Adult Core Set in 2016. The OHD-AD assesses the potentially inappropriate prescribing of opioids at average morphine milligram equivalents (MME) of 90 or more for treatment periods of 90 or more days. The measurement specifications are summarized in Table 4¹.

TABLE 4: OHD-AD Measurement Specifications	
Measurement Year	January 1, 2019 - December 31, 2019
Denominator	Medicaid enrollees 18 years and older with two or more prescription claims for opioids with unique dates of service, for which the sum of the days' supply is ≥ 15 . Beneficiary's treatment period must be 90 or more days.
Continuous Enrollment	Beneficiary must be enrolled for entire observation year with no more than one gap in continuous enrollment of up to 45 days.
Anchor Date for Age	Age is calculated for first day of the measurement year.
Treatment Period	The beneficiary's treatment period begins on the date of the first fill of an opioid prescription and extends through day of the last fill + days supply -1 OR the last day of the measurement year, whichever comes first.
Exclusions	Beneficiaries are excluded if they have any diagnosis of cancer or sickle cell, or receive any hospice services during the observation year.
Numerator	Any beneficiaries in denominator with an average daily dosage ≥ 90 MME over the treatment period.

Table 5 shows the OHD-AD quality measure rates for CY 2019 for all Mississippi Medicaid beneficiaries meeting the inclusion criteria for the denominator. The overall rate within Mississippi Medicaid was 1.7% which was significantly lower than the rate of 2.5% for CY 2018. The rate for FFS was higher than the rates for the three Coordinated Care Organizations (CCOs). There was some variation in rates among the CCOs. The rate for Caucasians was significantly higher than for African Americans or Other race. The rates for American Indians and Hispanics are not reliable due to the small number of beneficiaries in the denominator for these groups.

**TABLE 5: Use of Opioids at High Dosage
in Persons Without Cancer**

*Includes all Medicaid Beneficiaries Meeting Inclusion Criteria
Mississippi Medicaid January 1, 2019 - December 31, 2019
Includes Medicaid ONLY - No CHIP*

Beneficiary	Denominator	Numerator	Rate	
TOTAL	11,112	190	1.7%	
Age	18 - 65	11,083	190	1.7%
	65+	29	0	0.0%
Gender	Female	7,884	111	1.4%
	Male	3,228	79	2.4%
Race	Caucasian	4,088	126	3.1%
	Afr. Amer.	5,896	48	0.8%
	Amer. Indian	23	0	0.0%
	Hispanic	28	1	3.6%
	Other	1,077	15	1.4%
Pharmacy Program	FFS	1,686	41	2.4%
	UHC	4,152	71	1.7%
	MAG	4,811	73	1.5%
	MOL	463	5	1.1%

Adult Core Set: Concurrent Use of Opioids and Benzodiazepines:

In March, 2016, the Centers for Disease Control (CDC) released the final version of their Guidelines for Prescribing Opioids for Chronic Pain². One of the CDC recommendations was that concomitant use of opioids and benzodiazepines should be avoided whenever possible. The “Concurrent Use of Opioids and Benzodiazepines” (COB-AD) measure was developed by the Pharmacy Quality Alliance and added to the Medicaid Adult Core Set for FFY 2018 reporting. The COB-AD assesses the percentage of beneficiaries who are taking opioids that have concurrent use of benzodiazepines for 30 or more days. The measurement specifications are summarized in Table 6¹.

TABLE 6: COB-AD Measurement Specifications	
Measurement Year	January 1, 2019 - December 31, 2019
Denominator	Medicaid enrollees 18 years and older with two or more prescription claims for opioids with unique dates of service, for which the sum of the days' supply is ≥ 15 .
Anchor Date for Age	Age is calculated for first day of the measurement year.
Continuous Enrollment	Beneficiary must be enrolled for entire measurement year with no more than one gap in continuous enrollment of up to 45 days.
Index Prescription Start Date (IPSD)	The beneficiary's first fill of an opioid prescription (IPSD) must occur before December 2 of the measurement year.
Exclusions	Beneficiaries are excluded if they have any diagnosis of cancer or sickle cell, or receive any hospice services during the observation year.
Numerator	Any beneficiaries in denominator with concurrent use of opioids and benzodiazepines for 30 or more cumulative days.

Table 7 shows the COB-AD quality measure rates for CY 2019 for all Mississippi Medicaid beneficiaries meeting the inclusion criteria for the denominator. The overall rate within Mississippi Medicaid was 7.5%. This shows a continued significant decrease for this measure (20.0% for CY 2017, 13.7% for CY 2018 and 7.5% for CY 2019). The rates varied slightly for Fee-For-Service, UHC and MAG and were lower for MOL. In the past, rates for females were much higher than males but were only slightly higher this year. Significant racial disparities occurred. The rate for Caucasians continued to be significantly higher than for African Americans or Other race. The rates for American Indians and Hispanics are not reliable due to the small number of beneficiaries in the denominator for these groups.

**TABLE 7: COB-AD Concurrent Use of
Opioids and Benzodiazepines**

*Mississippi Medicaid January 1, 2019 - December 31, 2019
Includes all Medicaid Beneficiaries Meeting Inclusion Criteria
- DOES NOT include CHIP -*

Beneficiary		Denominator	Numerator	Rate
TOTAL		12,559	937	7.5%
Age	18 - 65	12,523	932	7.4%
	65+	36	5	13.9%
Gender	Female	8,937	682	7.6%
	Male	3,622	255	7.0%
Race	Caucasian	4,601	507	11.0%
	Afr. Amer.	6,656	340	5.1%
	Amer. Indian	24	1	4.2%
	Hispanic	36	4	11.1%
	Other	1,242	85	6.8%
Pharmacy Program	FFS	1,951	176	9.0%
	UHC	4,624	309	6.7%
	MAG	5,412	436	8.1%
	MOL	572	16	2.8%

Child Core Set: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication (ADD-CH):

The “Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication” is included in the Child Core Sets for FYY-2020 reporting (ADD-CH). The ADD-CH assesses the percentage of children newly prescribed ADHD medication who had at least three follow-up visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

Initiation Phase: Percentage of children ages 6 to 12 as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.

Continuation and Maintenance Phase: Percentage of children ages 6 to 12 as of the IPSD with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days after the Initiation Phase ended.

The only change made from the prior year was updating the exclusions for both rates to indicate that children with an acute inpatient encounter for a behavioral or neurodevelopmental disorder should be excluded from the eligible population. The measurement specifications are summarized in Table 8³.

TABLE 8: ADD-CH Measurement Specifications	
Measurement Year	January 1, 2019 - December 31, 2019
Data Used	Pharmacy and medical claims for January 1, 2018 - December 31, 2019
Narcolepsy and Hospice Care Exclusion	Exclude all children with diagnosis of narcolepsy or in hospice any time during their history through December 31 of the measurement year.
Denominator (Rate 1 - Initiation Phase)	Medicaid enrollees 6 - 12 with initial prescription start date (IPSD) for an ADHD medication during intake period and meeting the following inclusion/exclusion criteria.
Anchor Date for Age	Age is calculated at IPSD.
Intake Period	The 12-month window starting March 1 of year prior to measurement year and ending last day of February of the measurement year.
Initial Prescription Start Date (IPSD)	The earliest prescription fill for an ADHD medication where the date is in the Intake Period and there is a Negative Medication History.
Negative Medication History	A period of 120 days prior to the IPSD when the beneficiary had no ADHD medication dispensed for either new or refill prescriptions.
Continuous Enrollment (Rate 1)	Beneficiary must be continuously enrolled for 120 days pre-IPSD and during the Initiation Phase (30 days post-IPSD).
Acute Mental Health or Chemical Dependency Exclusion (Rate 1)	Exclude children who had an acute inpatient encounter for mental health or chemical dependency during the Initiation Phase (30 days post-IPSD).
Numerator Rate 1	Beneficiaries in denominator who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
Continuous Enrollment (Rate 2)	Beneficiary must be continuously enrolled for 120 days pre-IPSD and to the end of the Continuation and Maintenance Phase (300 days post-IPSD).
Continuous Medication Treatment (Rate 2)	Beneficiary must have \geq 120 ADHD medication treatment days within the period 31 days post-IPSD through 300 days post-IPSD (Rate 2 - Continuation and Maintenance Phase)
Acute Mental Health or Chemical Dependency Exclusion (Rate 2)	Exclude children who had an acute inpatient encounter for mental health or chemical dependency within 300 days post-IPSD.
Numerator Rate 2	Beneficiaries in denominator who had at least two follow-up visits with practitioner with prescribing authority during the Continuation and Management Phase (31 - 300 days post-IPSD).

Table 9 shows the ADD-CH quality measure rates for CY 2019 for all Mississippi Medicaid beneficiaries meeting the inclusion criteria for the denominators for each treatment phase. The overall rate within Mississippi Medicaid for children for the Initiation Phase was 60.2% and was 70.7% for the Continuation and Maintenance Phase. For Rate 1 very little variation was observed for gender, pharmacy program, or race categories with sufficient numbers in the denominators. Some variation was observed for Rate 2.

TABLE 9: ADD-CH Follow-Up Care For Children Prescribed ADHD Medication*Includes all Medicaid Beneficiaries Meeting Inclusion Criteria**Mississippi Medicaid January 1, 2019 - December 31, 2019**Includes Medicaid ONLY - No CHIP*

Beneficiary		Rate 1 - Initiation Phase			Rate 2 - Continuation and Maintenance Phase		
		Denominator	Numerator	Rate	Denominator	Numerator	Rate
TOTAL		4,630	2,788	60.2%	1,063	752	70.7%
Gender	Female	1,669	1,021	61.2%	406	299	73.6%
	Male	2,961	1,767	59.7%	657	453	68.9%
Race	Caucasian	1,884	1,157	61.4%	678	471	69.5%
	Afr. Amer.	2,579	1,539	59.7%	348	258	74.1%
	Amer. Indian	10	4	40.0%	1	1	100%
	Hispanic	60	33	55.0%	12	7	58.3%
	Other	97	55	56.7%	24	15	62.5%
Pharmacy Program	FFS	502	289	57.6%	144	84	58.3%
	UHC	1,876	1,065	56.8%	407	289	71.0%
	MAG	2,153	1,375	63.9%	492	364	74.0%
	MOL	99	59	59.6%	20	15	75.0%

*NOTE: Beneficiaries are reported under the Pharmacy Program they were enrolled in at the IPSD.***Adult and Child Core Set: Contraceptive Care – Postpartum Women (CCP)**

The “Contraceptive Care – Postpartum Women” is included in both the Medicaid Adult and Child Core Sets for FFY 2020 reporting (CCP-AD, CCP-CH). The CCP assesses the provision of contraceptive care to postpartum women. The measure is stratified into two age groups: ages 15 to 20 (Child Measure) and 21 to 44 (Adult Measure). For each age group, four measures are reported: percentage of women who had a live birth provided most or moderately effective contraception within 3 and 60 days of delivery and the percentage provided long-acting reversible methods of contraception (LARC) within 3 and 60 days of delivery. No changes were made from the prior year specifications. The measure specifications are outlined in Table 10^{1,3}.

TABLE 10: CCP-AD and CCP-CH Measurement Specifications	
Measurement Year	January 1, 2019 - December 31, 2019
Denominator	Women 15 - 20 for children and 21 - 44 for adults who had a live birth occurring before October 31 in the measurement year. NOTE: Some women may have more than one delivery in the measurement year; this measure is designed to identify unique live births (defined as those that occur \geq 180 days apart) rather than women who had a live birth.
Continuous Enrollment	Within the measurement year, women must be enrolled from the date of delivery to 60 days postpartum. No allowable gap during the continuous enrollment period.
Anchor Date	The anchor date for determining age is the date of delivery.
Numerator	Live births where women were provided: <ul style="list-style-type: none"> (1) Most or moderately effective contraception within 3 days of delivery (2) Most or moderately effective contraception within 60 days of delivery (3) LARC within 3 days of delivery (4) LARC within 60 days of delivery

It is important to note that some women may have more than one delivery in the measurement year. This measure is designed to identify unique live births (defined as those that occur \geq 180 days apart) rather than women who had a live birth. During the reporting period in CY 2019, 2 children and 9 women had 2 live births included in the measure. Provision of contraception is reported separately for each live birth.

Table 11 shows the CCP-CH quality measure rates for CY 2019 for all live births meeting the inclusion criteria for the denominator. All four rates varied significantly among racial groups. Rates varied slightly for the three Coordinated Care Organizations (CCOs) and the 60-day rates for FFS were lower than the rates for the CCOs.

TABLE 11: Contraceptive Care - Postpartum Women (CCP-CH)										
by Beneficiary Characteristic										
* Children 15 - 20 Years Old Only *										
<i>Mississippi Medicaid January 1, 2019 - December 31, 2019</i>										
<i>Includes Medicaid ONLY - No CHIP</i>										
Beneficiary Characteristics	Denominator (Number of live birth events)	Provided Most or Moderately Effective Contraception				Provided LARC				
		Within 3 days of delivery		Within 60 days of delivery		Within 3 days of delivery		Within 60 days of delivery		
		Numerator	Rate	Numerator	Rate	Numerator	Rate	Numerator	Rate	
TOTAL	3,445	58	1.7%	1,520	44.1%	32	0.9%	378	11.0%	
Race	Caucasian	1,411	12	0.9%	653	46.3%	3	0.2%	212	15.0%
	Afr. Amer.	1,880	44	2.3%	819	43.6%	28	1.5%	153	8.1%
	Amer. Indian	37	0	0.0%	5	13.5%	0	0.0%	2	5.4%
	Hispanic	53	2	3.8%	21	39.6%	1	1.9%	5	9.4%
	Other	64	0	0.0%	22	34.4%	0	0.0%	6	9.4%
Pharmacy Program	FFS	334	10	3.0%	94	28.1%	7	2.1%	33	9.9%
	UHC	795	17	2.1%	367	46.2%	9	1.1%	91	11.4%
	MAG	968	11	1.1%	451	46.6%	6	0.6%	100	10.3%
	MOL	1,348	20	1.5%	608	45.1%	10	0.7%	154	11.4%

Table 12 shows the CCP-AD quality measure rates for CY 2019 for all live births meeting the inclusion criteria for the denominator. All four rates varied significantly among racial groups. Rates varied slightly for the three Coordinated Care Organizations (CCOs) and the 60-day rates for FFS were lower than the rates for the CCOs.

TABLE 12: Contraceptive Care - Postpartum Women (CCP-AD) by Beneficiary Characteristic * Adults 21 - 44 Years Old Only * <i>Mississippi Medicaid January 1, 2019 - December 31, 2019</i> <i>Includes Medicaid ONLY - No CHIP</i>										
Beneficiary Characteristics	Denominator (Number of live birth events)	Provided Most or Moderately Effective Contraception				Provided LARC				
		Within 3 days of delivery		Within 60 days of delivery		Within 3 days of delivery		Within 60 days of delivery		
		Numerator	Rate	Numerator	Rate	Numerator	Rate	Numerator	Rate	
TOTAL	15,580	1,744	11.2%	6,900	44.3%	103	0.7%	1,318	8.5%	
Race	Caucasian	5,904	725	12.3%	2,732	46.3%	20	0.3%	602	10.2%
	Afr. Amer.	9,025	960	10.6%	3,920	43.4%	80	0.9%	650	7.2%
	Amer. Indian	139	9	6.5%	27	19.4%	1	0.7%	5	3.6%
	Hispanic	113	15	13.3%	50	44.2%	0	0.0%	18	15.9%
	Other	399	35	8.8%	171	42.9%	2	0.5%	43	10.8%
Pharmacy Program	FFS	1,442	123	8.5%	377	26.1%	12	0.8%	76	5.3%
	UHC	3,910	470	12.0%	1,831	46.8%	17	0.4%	341	8.7%
	MAG	4,265	577	13.5%	2,025	47.5%	34	0.8%	376	8.8%
	MOL	5,963	574	9.6%	2,667	44.7%	40	0.7%	525	8.8%

Adult and Child Core Set: Contraceptive Care – All Women (CCW):

The “Contraceptive Care – All Women” is included in both the Medicaid Adult and Child Core Sets for FFY 2020 reporting (CCW-AD, CCW-CH). The CCW assesses the provision of contraceptive care to all women at risk of unintended pregnancy. The measure is stratified into two age groups: ages 15 to 20 (Child Measure) and 21 to 44 (Adult Measure). For each age group, two rates are reported: percentage of women who were provided most or moderately effective contraception and the percentage provided long-acting reversible methods of contraception (LARC). The first rate is an intermediate outcome measure and the second rate is an access measure. No changes were made from the prior year specifications. The measure specifications are outlined in Table 13^{1,3}.

Table 13 shows the CCW-CH quality measure rates for CY 2019 for all beneficiaries age 15 through 20 meeting the inclusion criteria for the denominator. Both rates varied significantly among racial groups. Rates varied among the pharmacy programs with the FFS program having the highest rate.

**TABLE 13: Contraceptive Care - All Women (CCW-CH)
by Beneficiary Characteristic**

*** Children 15 - 20 Years Old Only ***

Mississippi Medicaid January 1, 2019 - December 31, 2019

Includes Medicaid ONLY - No CHIP

Beneficiary Characteristics		Denominator	Provided Most or Moderately Effective Contraception		Provided LARC	
			Numerator	Rate	Numerator	Rate
TOTAL		33,231	10,752	32.4%	782	2.4%
Race	Caucasian	10,396	4,019	38.7%	384	3.7%
	Afr. Amer.	20,737	6,354	30.6%	360	1.7%
	Amer. Indian	214	35	16.4%	7	3.3%
	Hispanic	953	126	13.2%	5	0.5%
	Other	931	218	23.4%	26	2.8%
Pharmacy Program	FFS	5,034	2,023	40.2%	152	3.0%
	UHC	11,927	3,645	30.6%	273	2.3%
	MAG	13,472	4,355	32.3%	299	2.2%
	MOL	2,798	729	26.1%	58	2.1%

Table 14 shows the CCW-AD quality measure rates for CY 2019 for all beneficiaries age 21 through 44 meeting the inclusion criteria for the denominator. Both rates varied a good bit among racial groups. Rates varied slightly among the pharmacy programs with the FFS program having the highest rate on both measures.

**TABLE 14: Contraceptive Care - All Women (CCW-AD)
by Beneficiary Characteristic**

*** Adults 21 - 44 Years Old Only ***

Mississippi Medicaid January 1, 2019 - December 31, 2019

Includes Medicaid ONLY - No CHIP

Beneficiary Characteristics		Denominator	Provided Most or Moderately Effective Contraception		Provided LARC	
			Numerator	Rate	Numerator	Rate
TOTAL		54,904	13,056	23.8%	1,068	1.9%
Race	Caucasian	17,815	3,556	20.0%	425	2.4%
	Afr. Amer.	34,379	8,968	26.1%	587	1.7%
	Amer. Indian	186	17	9.1%	1	0.5%
	Hispanic	384	104	27.1%	21	5.5%
	Other	2,140	411	19.2%	34	1.6%
Pharmacy Program	FFS	23,381	6,104	26.1%	504	2.2%
	UHC	11,824	2,573	21.8%	225	1.9%
	MAG	14,776	3,296	22.3%	242	1.6%
	MOL	4,923	1,083	22.0%	97	2.0%

Adult Core Set: Adherence to Antipsychotic Medications For Individuals with Schizophrenia (SAA):

The “Adherence to Antipsychotic Medications for Individuals with Schizophrenia” is included in the Medicaid Adult Core Set for FFY 2020 reporting (SAA-AD). The SAA assesses the percentage of beneficiaries ages 18 and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period. The measure specifications are outlined in Table 15¹.

TABLE 15: SAA-AD Measurement Specifications	
Measurement Year	January 1, 2019 - December 31, 2019
Denominator	Medicaid enrollees 18 years and older with diagnosis of schizophrenia or schizoaffective disorder and 2 or more dispensing events for antipsychotic medications.
Continuous Enrollment	Beneficiary must be enrolled for entire observation year with no more than one gap in continuous enrollment of up to 45 days.
Anchor Date for Age	Age is calculated for first day of the measurement year.
Treatment Period	The beneficiary's treatment period is the time between the date of the first dispensing event for an antipsychotic medication and the last day of the measurement year.
Exclusions	Beneficiaries are excluded if: <ul style="list-style-type: none"> - any hospice services during the observation year. - diagnosis of dementia during the measurement year. - age 66 to 80 with claim/encounter for frailty during measurement year and diagnosis of advanced illness during measurement year or prior year. - age 81 and older with claim/encounter for frailty during measurement year.
Numerator	Any beneficiaries with a Proportion of Days Covered (PDC) for antipsychotic medications of 80% or more during their treatment period.

Table 16 shows the SAA-AD quality measure rates for CY 2019 for all Mississippi Medicaid beneficiaries meeting the inclusion criteria for the denominator. The overall rate within Mississippi Medicaid was 52.7%. This is somewhat lower than the rate of 57.4% reported by DOM for CY 2018. However, any comparison should be done with caution since the rate reported for CY 2018 included CCOs only and several new exclusion criteria were implemented for CY 2019. The rate for Molina was significantly lower than for FFS or the other two CCOs. The only significant differences in rates by race were for American Indians and Hispanics. The rates for these sub-groups should not be considered reliable due to small denominators. The typical standard for reliability is a denominator of ≥ 30 .

**TABLE 16: Adherence to Antipsychotic Medications
For Individuals With Schizophrenia**

Includes all Medicaid Beneficiaries Meeting Inclusion Criteria

Mississippi Medicaid January 1, 2019 - December 31, 2019

Includes Medicaid ONLY - No CHIP

Beneficiary		Denominator	Numerator	Rate
TOTAL		3,739	1,971	52.7%
Gender	Female	1,741	891	51.2%
	Male	1,998	1,080	54.1%
Race	Caucasian	888	487	54.8%
	Afr. Amer.	2,359	1,229	52.1%
	Amer. Indian	4	1	25.0%
	Hispanic	21	16	76.2%
	Other	467	238	51.0%
Pharmacy Program	FFS	655	349	53.3%
	UHC	1,232	652	52.9%
	MAG	1,651	893	54.1%
	MOL	201	77	38.3%

NOTE: Beneficiaries are reported under the Pharmacy Program they were enrolled in at the end of the measurement year.

CONCLUSIONS/RECOMMENDATIONS

The preceding report was provided for informational purposes only. No recommendations accompany this report.

References:

1. Adult Core Set Technical Specifications and Resources Manual for FFY 2020 Reporting.pdf. Accessed November 9, 2020. https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/fffy-2020-hh-core-set-manual.pd_4.pdf
2. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016. *JAMA*. 2016;315(15):1624-1645. doi:10.1001/jama.2016.1464
3. Child Core Set Technical Specifications and Resources Manual for FFY 2020 Reporting. Accessed November 9, 2020. https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/2020.child%2520core%2520set%2520resource%2520manual_2.pdf