

2024 Medicaid Quality Measures Definitions

Measure Name	Definition
Adherence to Antipsychotic Medications for Individuals with Schizophrenia: Age 18 and Older	Percentage of adults 18 and older with schizophrenia or schizoaffective disorder who were prescribed and remained on an antipsychotic medication for at least 80% of their treatment time period.
Ambulatory Care: Emergency Department Visits: Ages 0 to 19	Rate of emergency department (ED) visits per 1,000 beneficiary months among children up to age 19.
Antidepressant Medication Management: Age 18 and Older	Percentage of adults 18 and older diagnosed with major depression who were treated with antidepressant medication.
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications: Ages 18 to 64	Percentage of adults 18 to 64 with schizophrenia, schizoaffective disorder, or bipolar disorder who were prescribed an antipsychotic medication and were screened for diabetes.
Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older	Percentage of emergency department (ED) visits for adults 18 and older with a principal diagnosis of mental illness or intentional self-harm that had a follow-up visit for mental illness within 1) 7 days of the ED visit and 2) 30 days of the ED visit.
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17	Percentage of emergency department (ED) visits for children ages 6-17 with a principal diagnosis of mental illness or intentional self-harm that had a follow-up visit for mental illness within 1) 7 days of the ED visit and 2) 30 days of the ED visit.
Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older	Percentage of emergency department (ED) visits for adults 18 and older with a principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose that had a follow-up within 1) 7 days of the ED visit and 2) 30 days of the ED visit.
Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17	Percentage of emergency department (ED) visits for adolescents ages 13-17 with a principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose that had a follow-up within 1) 7 days of the ED visit and 2) 30 days of the ED visit.
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older	Percentage of discharges for adults 18 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses that had a follow-up visit with a mental health provider within 1) 7 days after discharge and 2) 30 days after discharge.
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17	Percentage of discharges for children ages 6-17 who were hospitalized for treatment of selected

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	<p>mental illness or intentional self-harm diagnoses that had a follow-up visit with a mental health provider within 1) 7 days after discharge and 2) 30 days after discharge.</p>
<p>Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication: Ages 6 to 12</p>	<p>Percentage of children ages 6 to 12 who were newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication and who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.</p>
<p>Initiation and Engagement of Substance Use Disorder Treatment: Age 18 and Older</p>	<p>Percentage of new substance use disorder (SUD) episodes for adults age 18 and older that result in treatment initiation and engagement. Two rates are reported: 1) the percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days (initiation rate); and 2) the percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation (engagement rate). This measure reports the treatment initiation and engagement rates for SUD episodes with the following diagnoses: 1) Total SUD; 2) Alcohol Use Disorder; 3) Opioid Use Disorder; 4) Other SUD.</p>
<p>Medical Assistance With Smoking and Tobacco Use Cessation: Age 18 and Older</p>	<p>Percentage of adults age 18 and older who reported that they were current smokers or tobacco users and who were provided medical assistance with smoking and tobacco use cessation in the six months prior to the survey.</p>
<p>Metabolic Monitoring for Children and Adolescents on Antipsychotics: Ages 1 to 17</p>	<p>Percentage of children and adolescents ages 1 to 17 who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported: 1) the percentage who received blood glucose testing; 2) the percentage who received cholesterol testing; and 3) the percentage who received both blood glucose and cholesterol testing.</p>
<p>Screening for Depression and Follow-Up Plan: Age 18 and Older</p>	<p>Percentage of adults age 18 and older who were screened for depression on the date of the encounter or 14 days prior to the date of encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the qualifying encounter.</p>

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<p>Screening for Depression and Follow-Up Plan: Ages 12 to 17</p>	<p>Percentage of adolescents ages 12 to 17 who were screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the qualifying encounter.</p>
<p>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics: Ages 1 to 17</p>	<p>Percentage of children and adolescents ages 1 to 17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment in the 90 days prior to the prescription through 30 days after the prescription.</p>
<p>Use of Pharmacotherapy for Opioid Use Disorder: Ages 18 to 64</p>	<p>Percentage of adults ages 18 to 64 with an opioid use disorder (OUD) who filled a prescription for or were administered or dispensed a U.S. Food and Drug Administration (FDA)-approved medication for the disorder.</p>
<p>Asthma Medication Ratio: Ages 5 to 18</p>	<p>Percentage of children and adolescents ages 5 to 18 who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater.</p>
<p>Asthma Medication Ratio: Ages 19 to 64</p>	<p>Percentage of adults ages 19 to 64 who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater.</p>
<p>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older</p>	<p>Percentage of episodes for adults age 18 and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. This measure is reported as an inverted rate. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (e.g., the proportion of episodes that did not result in an antibiotic dispensing event).</p>
<p>Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years</p>	<p>Percentage of episodes for children ages 3 months to 17 years with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. This measure is reported as an inverted rate. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (e.g., the proportion of episodes that did not result in an antibiotic dispensing event).</p>
<p>Concurrent Use of Opioids and Benzodiazepines: Age 18 and Older</p>	<p>Percentage of adults age 18 and older with concurrent use of prescription opioids and</p>

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	benzodiazepines for 30 or more cumulative days. Adults with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care are excluded.
Controlling High Blood Pressure: Ages 18 to 85	Percentage of adults ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.
Hemoglobin A1c Control for Patients with Diabetes: Ages 18 to 75	Percentage of beneficiaries ages 18 to 75 with diabetes (type 1 and type 2) who had hemoglobin A1c (HbA1c) at the following levels: (1) HbA1c Control (<8.0%) - Higher rates are better for this rate; and (2) HbA1c Poor Control (>9.0%) - Lower rates are better for this rate.
Plan All-Cause Readmissions: Ages 18 to 64	This measure reports state performance on the number of acute inpatient or observation stays with a discharge for adults ages 18 to 64 that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. This measure uses risk adjustment to calculate the Expected 30-Day Readmissions Rate based on the characteristics of index hospital stays, including presence of surgeries, discharge condition, comorbidity, age, and gender.
PQI 01: Diabetes Short-Term Complications Admission Rate: Age 18 and Older	Number of hospitalizations for a principal diagnosis of diabetes with short-term complications per 100,000 beneficiary months for adults age 18 and older. Short-term complications include diabetic ketoacidosis, hyperosmolarity, and coma.
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate: Age 40 and Older	Number of hospitalizations with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for adults age 40 and older.
PQI 08: Heart Failure Admission Rate: Age 18 and Older	Number of hospitalizations with a principal diagnosis of heart failure per 100,000 beneficiary months for adults age 18 and older.
PQI 15: Asthma in Younger Adults Admission Rate: Ages 18 to 39	Number of hospitalizations with a principal diagnosis of asthma per 100,000 beneficiary months for adults ages 18 to 39.
Use of Opioids at High Dosage in Persons Without Cancer: Age 18 and Older	Percentage of adults age 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) for 90

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	<p>days or more during the measurement year. Adults with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care are excluded from this measure.</p>
Oral Evaluation, Dental Services: Ages <1 through 20	<p>Percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation.</p>
Sealant Receipt on Permanent First Molars: Age 10	<p>Percentage of enrolled children who turned 10 who have ever received sealants on permanent first molar teeth.</p>
Topical Fluoride for Children: Ages 1 through 20	<p>Percentage of enrolled children ages 1 through 20 who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services.</p>
CAHPS Health Plan Survey 5.1H - Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items: Ages 0 to 17	<p>This measure shows information on parents' experiences with their child's health care. Results summarize experiences of care provided to children through composites (including getting needed care, getting care quickly, customer service, and how well doctors communicate) and ratings (including rating of personal doctor, rating of specialist seen most often, rating of all health care, and rating of health plan).</p>
CAHPS Health Plan Survey 5.1H, Adult Version (Medicaid): Age 18 and Older	<p>This measure shows information on the experiences of adults with their health care and gives a general indication of how well the health care meets their expectations. Results summarize Medicaid beneficiaries' experiences through composites (including getting needed care, getting care quickly, how well doctors communicate, and customer service), ratings (including rating of personal doctor, rating of specialist seen most often, rating of all health care, and rating of health plan), and an individual question focused on coordination of care.</p>
National Core Indicators Survey: Age 18 and Older	<p>Performance on three indicators of the experiences and self-reported outcomes of long-term services and supports (LTSS) of adults with intellectual and developmental disabilities (IDD) in each state: (1) Life Decisions Scale; (2) Everyday Choices Scale; (3) Always Has a Way to Get Places.</p>
Contraceptive Care - All Women Ages 15 to 20	<p>Percentage of women ages 15 to 20 at risk of unintended pregnancy who were provided: (1) a most effective or moderately effective method of contraception; (2) a long-acting reversible</p>

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	method of contraception (LARC). The goal of this measure is to provide an indicator to assess the provision of most or moderately effective contraceptive methods, and see where there is room for improvement.
Contraceptive Care - All Women Ages 21 to 44	Percentage of women ages 21 to 44 at risk of unintended pregnancy who were provided: (1) a most effective or moderately effective method of contraception; (2) a long-acting reversible method of contraception (LARC). The goal of this measure is to provide an indicator to assess the provision of most or moderately effective contraceptive methods, and see where there is room for improvement.
Contraceptive Care - Postpartum Women Ages 15 to 20	Percentage of postpartum women ages 15 to 20 who had a live birth and who were provided: (1) a most effective or moderately effective method of contraception within 3 and 90 days of delivery; (2) a long-acting reversible method of contraception (LARC) within 3 and 90 days of delivery.
Contraceptive Care - Postpartum Women Ages 21 to 44	Percentage of postpartum women ages 21 to 44 who had a live birth and who were provided: (1) a most effective or moderately effective method of contraception within 3 and 90 days of delivery; (2) a long-acting reversible method of contraception (LARC) within 3 and 90 days of delivery.
Live Births Weighing Less Than 2,500 Grams	Percentage of live births that weighed less than 2,500 grams at birth.
Low-Risk Cesarean Delivery	Percentage of nulliparous (first birth), term (37 or more completed weeks based on the obstetric estimate), singleton (one fetus), in a cephalic presentation (head-first) births delivered by cesarean.
Prenatal and Postpartum Care: Age 21 and Older	Percentage of live birth deliveries to women age 21 and older that had (1) a prenatal care visit in the first trimester, on or before the Medicaid or CHIP enrollment start date, or within 42 days of enrollment, and (2) a postpartum visit on or between 7 and 84 days after delivery.
Prenatal and Postpartum Care: Under Age 21	Percentage of live birth deliveries to women under age 21 that had (1) a prenatal care visit in the first trimester, on or before the Medicaid or CHIP enrollment start date, or within 42 days of

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	enrollment, and (2) a postpartum visit on or between 7 and 84 days after delivery.
Breast Cancer Screening: Ages 50 to 74	Percentage of women ages 52 to 74 who received a mammogram to screen for breast cancer.
Cervical Cancer Screening: Ages 21 to 64 Child and Adolescent Well-Care Visits: Ages 3 to 21	Percentage of women ages 21 to 64 who were screened for cervical cancer using one of the following criteria: (1) women ages 21 to 64 who had cervical cytology performed within the last 3 years; (2) women ages 30 to 64 who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years; or (3) women ages 30 to 64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years.
Childhood Immunization Status: Age 2	Percentage of adults ages 46 to 75 who had appropriate screening for colorectal cancer.
Chlamydia Screening in Women Ages 16 to 20	Percentage of women ages 16 to 20 who were identified as sexually active and who had at least one test for chlamydia.
Chlamydia Screening in Women Ages 21 to 24	Percentage of women ages 21 to 24 who were identified as sexually active and who had at least one test for chlamydia.
Colorectal Cancer Screening: Ages 45 to 75	Percentage of adults ages 46 to 75 who had appropriate screening for colorectal cancer.
Developmental Screening in the First Three Years of Life: Ages 0 to 3	Percentage of children who were screened for risk of developmental, behavioral, or social delays using a standardized screening tool for global developmental screenings in the 12 months preceding or on their first, second, or third birthday.
Immunizations for Adolescents: Age 13	Percentage of adolescents who turned 13 and who had specific vaccines and combinations of vaccines by their 13th birthday: (1) Meningococcal vaccine: the percentage who received one dose of meningococcal vaccine from their 11th birthday through their 13th birthday; (2) Tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine: the percentage who received one Tdap vaccine from their 10th birthday through their 13th birthday; and (3) Human papillomavirus (HPV) vaccine series: the percentage who received the complete HPV vaccine series from their 9th birthday through their 13th birthday.
Lead Screening in Children: Age 2	Percentage of children who turned age 2 and who had one or more capillary or venous lead

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	blood test for lead poisoning from birth through their second birthday.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Ages 3 to 17	Percentage of children and adolescents ages 3 to 17 who had an outpatient visit with a primary care practitioner or obstetrician/gynecologist and who had evidence of the following: (1) body mass index (BMI) percentile documentation; (2) counseling for nutrition; (3) counseling for physical activity.
Well-Child Visits in the First 30 Months of Life	Percentage of children who had well-child visits with a primary care practitioner during the last 15 months. Two rates are reported: (1) children who turned age 15 months and who had six or more well-child visits from birth to age 15 months; and (2) children who turned age 30 months and who had two or more well-child visits from age 15 months to 30 months.