

Core Set of Adult Health Care
Quality Measures for Medicaid (Adult Core Set):
Illinois' Performance

Calendar Years 2012 through 2014

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Executive Summary

Medicaid Adult Core Set

The Patient Protection and Affordable Care Act (ACA) (Pub. L. 111-148) was signed into the law on March 23, 2010. This Act requires the Secretary of Health and Human Services (HHS) to develop and publish a core set of health care quality measures for adults enrolled in Medicaid (Adult Core Set). The Secretary also is responsible for annually updating the core set measures to reflect new measures or enhancements to existing measures. The Secretary issues an annual report on states' voluntary reporting of the Adult Core Set measures.

The data collected through these measures are to provide a clear understanding to states and to the Centers for Medicare and Medicaid Services (CMS) of the quality of health care provided to Medicaid eligible adults. The Adult Core Set also advances CMS and states toward a national system of data collection, measurement, reporting and quality improvement.

In January 2012, an initial core set of adult measures was published by the HHS Secretary included 26 measures that were identified by a partnership between CMS and the Agency for

Healthcare Research and Quality (AHRQ). The initial core set was published after the public comment period, occurring from December 30, 2010, to March 1, 2011, concluded. More information on the Adult Core Set measures and the Secretary's reports are available on CMS' [Adult Health Care Quality Measures](#) web page.

Key Findings

- In federal fiscal year (FFY) 2013, Illinois reported seven of 26 core measures to CMS. In FFY2014, Illinois increased reporting to 13 of 26 core measures. During FFY2015, 15 measures were reported from the core set of 26 with an additional developmental measure of contraceptive use reported for a total of 16 measures.
- For nine measures, the 2015 HEDIS® percentiles were compared to CY2014 rates. These comparisons reveal there are no measures achieving the 50th percentile or higher. This shows a need for improvement to assure access to care and quality of the content of care provided.
- For measures with trend data, from CY2013 to CY2014, year to year performance

improvement based on movement to a higher HEDIS® percentile, was seen for Chlamydia Screening in Women. Improvement occurred in both age categories and the total. Five measures (Breast Cancer Screening, Cervical Cancer Screening, Postpartum Care, Adult BMI, and Antidepressant Medication Management) showed no movement to either a higher or lower HEDIS® percentile.

- From CY2013 to CY2014, year to year performance improvement based on movement to a higher HEIDS® percentile was not seen for any measures.
- A Key Findings section is included for each measure. Refer to that section for year to year comparisons describing whether changes in performance are statistically significant.
- Measure programming deviations from some core measure specifications exist, but are minimized to the extent possible. These differences, as reported to CMS, are identified throughout this report.

Data Sources

HFS maintains an Enterprise Data Warehouse (EDW) that contains data from many sources. This document includes a detailed description of the data housed in the EDW.

April 2015 Core Set of Adult Health Care Quality Measures for Medicaid

Measure	NQF #	Measure Steward	Measure name
FVA	0039	NCQA	Flu Vaccinations for Adults Age 18-64
ABA	NA	NCQA	Adult Body Mass Index Assessment
BCS	2372	NCQA	Breast Cancer Screening
CCS	0032	NCQA	Cervical Cancer Screening
MSC	0027	NCQA	Medical Assistance with Smoking and Tobacco Use Cessation
CDF	0418	CMS	Screening for Clinical Depression and Follow-up Plan
PCR	1768	NCQA	Plan All-cause Readmissions
PQI01	0272	AHRQ	PQI 01: Diabetes Short-term Complications Admission Rate
PQI05	0275	AHRQ	PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate
PQI08	0277	AHRQ	PQI 08: Heart Failure Admission Rate
PQI15	0283	AHRQ	PQI 15: Asthma in Younger Adults Admission Rate
CHL	0033	NCQA	Chlamydia Screening in Women
FUH	0576	NCQA	Follow-up After Hospitalization for Mental Illness
PC01	0469	TJC	PC-01: Elective Delivery
PC03	0476	TJC	PC-03: Antenatal Steroids
HVL	2082	HRSA	HIV Viral Load Suppression
CBP	0018	NCQA	Controlling High Blood Pressure
HA1C	0057	NCQA	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing
HPC	0059	NCQA	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
AMM	0105	NCQA	Antidepressant Medication Management
SAA	NA	NCQA	Adherence to Antipsychotics for Individuals with Schizophrenia
MPM	2371	NCQA	Annual Monitoring for Patients on Persistent Medications
CPA	0006	AHRQ	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey, Version 5.0H (Medicaid)
CTR	0648	AMA-PCPI	Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care)
IET	0004	NCQA	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
PPC	1517	NCQA	Prenatal & Postpartum Care: Postpartum Care Rate

AMA-PCPI: American Medical Association-Physician Consortium for Performance Improvement; HRSA: Health Resources and Services Administration; NCQA: National Committee for Quality Assurance; NQF: National Quality Forum; TJC: The Joint Commission

Performance Measurement

HFS utilizes health care performance measurement for the following purposes:

Program Evaluation and Monitoring

Measuring performance over time allows HFS to monitor the status of particular health care indicators. This process can identify problems or barriers and areas for needed improvement. This information helps focus HFS' quality initiatives and resources to improve health care delivery. It also can demonstrate the success of programs and initiatives so that they can be sustained and expanded over time.

Quality Improvement

Quality improvement initiatives (QII) are selected based on 1) information obtained from ongoing program evaluation and monitoring that identifies problems, barriers or areas for improvement, 2) HFS' goals for improving health care outcomes, 3) compliance with care guidelines or federal requirements, and 4) research/literature on best practices. Quality improvement can take many forms, including policy changes, reimbursement/incentives, and provider education on evidence-based health care. More structured QIIs also can be used to address priority issues and may involve provider education and technical assistance, provider feedback, identification of lessons

learned and best practices, and monitoring over time to assess performance improvement.

Incentives

HFS rewards primary care providers enrolled in the Primary Care Case Management Program (PCCM) for performance through bonus payments. Bonus payments are made to providers who meet or exceed performance thresholds on particular performance measures. HFS has seen improvement in performance for those measures on which bonus payments are made. Bonus payments also are included in managed/coordinated care organization contracts to drive improvement.

Public Reporting

HFS regularly reports on performance measures through a variety of public reports such as the CHIP Annual Report, federally-required reports, the Perinatal Report, and the Title V MCH Block Grant; access reports on HFS' [Reports Center web page](#). During CY2016, HFS will develop new report formats to provide information in a user friendly way to compare performance among the various plans providing health care services.

Policy and Program Changes

Information obtained from performance measurement is used by HFS to inform policy decisions and make program changes, allowing HFS to focus resources on efforts that result in improved health outcomes and cost effectiveness.

Data Housed in the Enterprise Data Warehouse

Data Source	Time Period	Data Shared	Data Description
Current Data			
HFS	1996-2016	Claims	Information about health care services, including patient information, service location, provider of service, procedure, diagnosis, CPT codes
HFS	1996-2016	Recipient File	Patient-level information including eligibility, demographics, recipient ID
HFS	1996-2016	Provider File	Provider information including provider ID, provider type, address, billing address
IDPH	1990-2016	Adverse Pregnancy Outcomes Reporting System (APORS)	Information on infants born with birth defects or other abnormal conditions as contained in the infant discharge record.
IDPH	1960-2016	Childhood Immunizations	Immunizations administered in Local Health Departments and through the Cook County Department of Public Health, immunization information from the Global and Illinois Comprehensive Automated Immunization Registry Exchange (ICARE) registries, and immunization information from IDHS Cornerstone. Information includes clinic, medical information (BMI, lead screening, TB test, basic insurance information, basic school district information, patient immunization information – date, vaccine)
IDPH	1960-2016	Childhood Lead Screening	Information on lead screenings conducted by Local Health Departments and screening results for HFS children under age 7. Note: Currently only receive screenings, but will have results in the future.
IDPH	1970-2009	Vital Records	These are the legacy Vital Records prior to IDPH IVRS implementation. All data elements contained in the “certifiable” portion and all “Information for Medical and Health Use Only” portion of the Birth (1970-2009), Death (1970-2007).
IDPH	2008-2016	Expanded Illinois Vital Records System (IVRS)	Expanded tables that contain data from the IDPH IVRS. Birth: 2010-ongoing; Certified data through 2013 Death: 2008-ongoing; Certified data through 2014 Fetal Death: 1999-2012; Certified through 2013
IDPH	1970-2015	Out-of-State Vital Records	Out-of-state birth, death, and fetal death information for HFS enrollees
IDPH	1997-2016	Pre-Admission Screening	These data contain basic demographic data plus the determination of need (DON) score for patients admitted to a hospital.
IDPH	2009-2015	Hospital Discharges	Detailed data including up to 25 procedure diagnosis codes, limited to Illinois hospitals
IDHS Cornerstone	1992-2016	Family Case Management (FCM)	Enrollment and risk assessment information for pregnant women, infants and young children who are enrolled in FCM.
IDHS Cornerstone	1992-2016	Family Planning (FP)	Aggregate data on women served in FP program
IDHS Cornerstone	1992-2016	Healthy Start	Enrollment and risk assessment information for pregnant women, infants and young children who are enrolled in Healthy Start.
IDHS Cornerstone	1992-2016	Immunization	Immunization information for HFS participants from public health sector from Cornerstone.
IDHS Cornerstone	1992-2016	Better Birth Outcomes (BBO) (replaces Targeted Intensive Prenatal Case Management [TIPS])	Enrollment and risk assessment information for pregnant women, infants and young children who are enrolled in BBO.
IDHS Cornerstone	1992-2016	Supplemental Nutrition Program for Women, Infants and Children (WIC)	Enrollment and risk assessment information for pregnant women, infants and young children who are enrolled in WIC.
IDHS Cornerstone	1992-2016	Early Intervention (EI)	Enrollment information for HFS participants 0-3. In Process - Information from the EI Referral Form and the EI Referral Follow-up Form, including program eligibility and services, and specified information from the Individualized Family Services Plan.
DCFS	1996-2016	OBRA Medicaid Claims, skeletal data for client confirmation by HFS	Through the OBRA Waiver, Department of Children and Family Services (DCFS) sends claims for services to their Medicaid eligible wards. A skeletal file is also sent to HFS to confirm statuses and payment activity.
DSCC	2000-2012	Claim information, procedure and diagnosis information, basic demographic information	General claim information regarding children who have had a need for specialized care for which the University of Illinois Division of Specialized Care for Children (UIC-DSCC) provided services.
Under Construction			
IDPH		Early Hearing Detection and Intervention	Screening and diagnostic results for HFS participants
IDPH	1986-2013	Metabolic Genetic and Newborn Screening	Screening and diagnostic results for HFS participants; Sudden Infant Death Syndrome (SIDS) (basic information on child/mother for outreach/counseling purposes)
IDPH		Pregnancy Risk Assessment Monitoring System (PRAMS)	Aggregate data regarding population trends in activities and behaviors of pregnant women in Illinois.

Technical Notes

Data Limitations

The measures reported herein are computed on the administrative methodology using administrative claims, Vital Records, and registry data. The hybrid methodology, employing medical record reviews, was not used to calculate rates.

Rates reported may be higher or lower than actual performance due to incomplete or untimely encounter data, coding, and claims adjudication issues. Performance decreases for CY2014 could be the result of under reported encounter data by managed care plans. Between CY2014 and CY2015, Illinois Medicaid/CHIP experienced significant movement from fee for service to managed care. The number of Medicaid health plans grew from three to twelve and over one million recipients transitioned into managed care.

Some measures in this report may be identified as provisional. This indicates the measure was in testing at the time of the report, or the measure was newly developed or revised and ad hoc reports were used.

Data Quality

HFS implemented a number of initiatives to improve data quality, including contractual requirements for data reporting, reduced billing timeframe requirements, and quality improvement initiatives. Performance measure validation of the core set measures is conducted annually by a

National Committee for Quality Assurance (NCQA) certified vendor.

Differences from Adult Core Set Measure Specifications

Any differences between the core specifications and the measure programming logic are identified in this report. When measures use HEDIS[®] specifications they align with the correct data year, unless otherwise noted (e.g., HEDIS[®] 2015 specifications applied to CY2014 data). The Adult Core Set specifications are periodically updated and time and resource limitations may restrict the state's ability to update measures. Unless otherwise noted, the most recent specifications are used (e.g., HEDIS[®] 2015 specifications for CY2014 data).

Specifications describe the claim types to use in measure reporting. Affecting some measures, HFS uses rejected claims, but does not use pending claims since adjudication occurs in sufficient time to not impact measurement. Measure descriptions used in this report are from the Adult Core Set.

Illinois reports on the Adult Core Set measures annually to CMS using an online reporting tool. The rates reported to CMS include the combined Title XIX (Medicaid) and Title XXI (CHIP) populations. The rates reported to CMS differ from the rates reported in this document, since this document includes the population who are state-funded (neither Title XIX nor Title XXI).

The Adult Core Set specifications are available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Adult-Health-Care-Quality-Measures.html>.

HEDIS[®] Percentiles

A percentile is a measure showing the percentage performing at or below a certain level. At the 50th percentile, 50 percent of those measured are performing better and 50 percent performing worse than the performance level attained.

Throughout this report, the charts show the HEDIS[®] 2015 percentiles, when available, applied to CY2014 data and showing the percentile achieved. The dashboard applies the appropriate annual HEDIS[®] percentiles achieved for each calendar year of data. That is, HEDIS[®] 2014 percentiles applied to CY2013 data, and so on.

Measurement Years

A trend is reported, when possible. The measurement period for most measures is from calendar year (CY) 2012 to CY2014. However, some use federal fiscal year (FFY*). Based on the specifications, the Postpartum Care Rate (PPC) is reported for a period from November 6 to November 5.

The Adult Core Set Data Book is available at: <https://www.illinois.gov/hfs/info/reports/Pages/default.aspx>

*FFY = October 1–September 30

Illinois' Adult Core Set Measures Performance - CY2012-CY2014 Dashboard

Adult Core Set Measure	CY 2012	CY 2013	CY 2014	HEDIS® Percentiles: 2013 for CY2012 Data 2014 for CY2013 Data	Adult Core Set Measure	CY 2012	CY 2013	CY 2014
Breast Cancer Screening *				* Inverted - lower percentile denotes better performance	Diabetes Short Term Complications Admission Rate ***			
50-64 Years	48.5	50.7	51.5		18-64 Years	--	15.8	17.9
65-74 Years	46.7	46.9	44.0		65+ Years	--	Small n	Small n
Total	48.2	49.8	50.5		COPD/Asthma in Older Adults Admission Rate ***			
Cervical Cancer Screening (21-64 Years)	62.2	61.8	52.7	90 th Percentile or greater	40-64 Years	--	121.0	84.7
Chlamydia Screening in Women				75 th Percentile	65+ Years	--	145.6	123.4
16-20 Years	43.3	43.4	44.4	50 th Percentile	Total	--	122.5	86.4
21-24 Years	52.8	53.7	54.4	25 th Percentile	Asthma Younger Adults Admission Rate ***	--	10.0	11.4
Total	47.8	48.3	49.3	10 th Percentile	Heart Failure Admission Rate ***			
Follow-up after Hospitalization for Mental Illness: 21-64 Years **				Rate is <10 th percentile	18-64 Years	--	24.4	20.0
7 Days	19.1	18.4	26.6	N/A – Not Available	65+ Years	--	106.5	97.6
30 Days	34.3	32.5	44.0		Total	--	26.1	21.2
Diabetes Care: Hemoglobin A1c Testing					Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: **			
18-64 Years	73.6	75.7	79.7		Initiation 18-64 Years	--	--	35.9
65-75 Years	75.1	81.2	83.7		65+ Years	--	--	36.2
Total	73.7	76.0	79.9		Engagement 18-64 Years	--	--	10.0
Postpartum Care Rate	55.5	53.2	54.9		65+ Years	--	--	5.5
Adult BMI Assessment					Annual Monitoring for Patients on Persistent Medications			
18-64 Years	--	5.8	8.3		18-64 Years	--	--	78.9
64-74 Years	--	8.2	10.3		65+ Years	--	--	83.6
Total	--	5.8	8.3		Total	--	--	79.3
Antidepressant Medication Management:					Adherence to Antipsychotics for Individuals with Schizophrenia	--	--	55.4
Acute Phase (12 weeks) 18-64 Years	--	36.7	37.7		Use of Contraceptive Methods:			
65+ Years	--	45.5	47.6		Most/Moderately Effective 15-20 Years	--	19.4	18.8
Total	--	36.8	37.8		21-44 Years	--	46.8	45.2
Continuation Phase (6 months) 18-64 Years	--	17.8	19.5		LARC 15-20 Years	--	3.7	3.9
65+ Years	--	27.7	27.3		21-44 Years	--	8.0	7.6
Total	--	17.9	19.6					

* CY2012 BCS reflects HEDIS® 2014 age categories to permit comparison across years. Percentile not reported for CY2012 due to this difference.

** Adult Core Set age categories differ from HEDIS® specifications so percentile is not reported.

*** Rate per 100,000 member months

-- Denotes measure was not reported to CMS for the year indicated.

BCS-AD: Breast Cancer Screening

Measure Description:

For CY2012, the Adult Core Set measure specifications include the percentage of Medicaid-enrolled women ages 42-69 who received a mammogram to screen for breast cancer. Beginning with CY2013, the specified age categories changed to women ages 50-74. For each year, data reported here use the age category 50-74 to permit comparison.

Notes on Measure Programming or Differences from Measure Specifications:

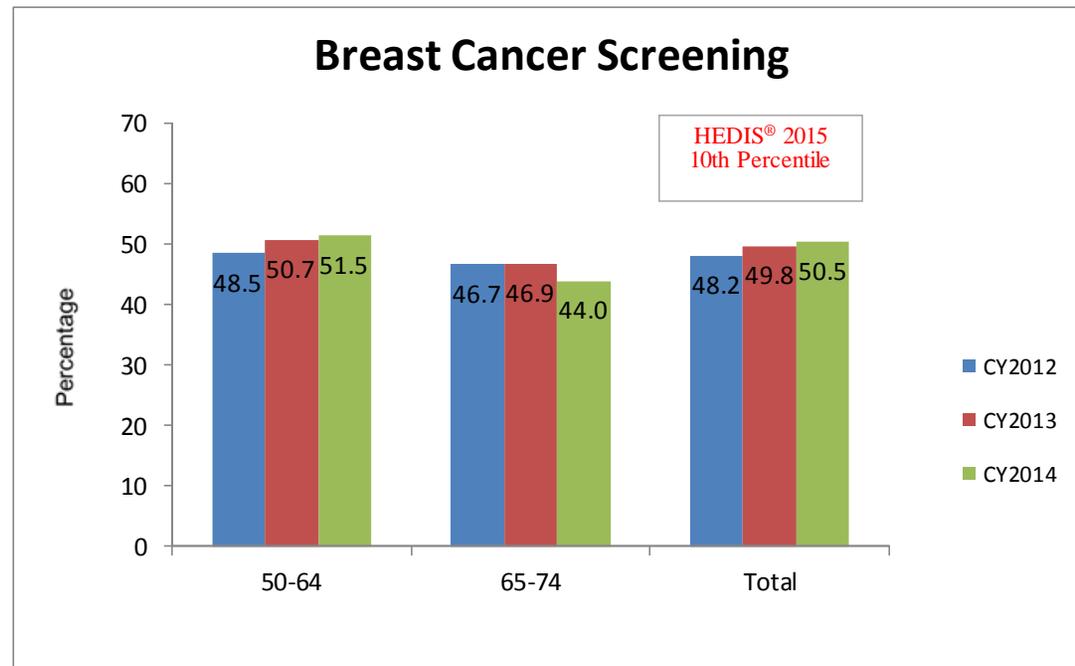
- With the shift to a predominately managed care healthcare delivery system, the CY2014 rate may be affected by incomplete encounter data.

Eligible Population:

Age	CY2012		CY2013		CY2014	
	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator
50-64	15,878	32,676	16,560	32,640	19,380	37,630
65-74	3,406	7,294	4,393	9,365	2,376	5,397
Total	19,284	39,970	20,953	42,005	21,756	43,027

Key Findings:

- The increases from CY2012 to CY2014 for those ages 50-64 and for the total population (ages 50-74) are statistically significant ($p < .05$).
- There is a statistically significant decline for those 65-74 from CY2012 to CY2014 ($p < .05$).



CCS-AD: Cervical Cancer Screening

Measure Description:

Percentage of women ages 21-64 who were screened for cervical cancer using either of the following criteria:

- Women ages 21-64 who had cervical cytology performed every 3 years
- Women ages 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years

Notes on Measure Programming or Differences from Measure Specifications:

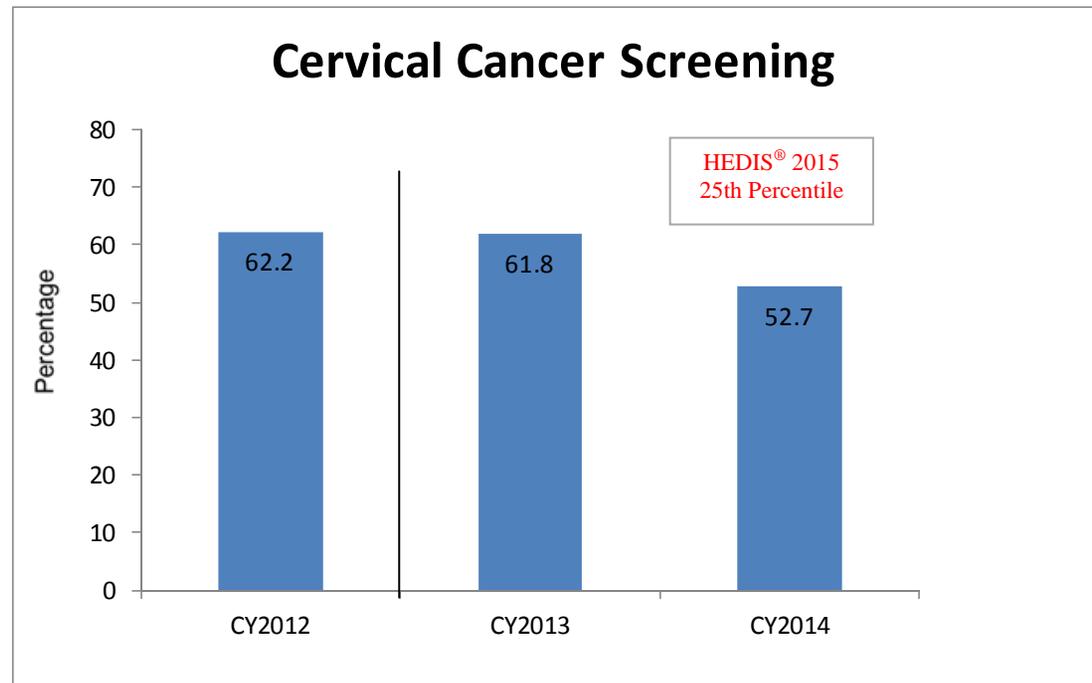
- The solid vertical line in the chart indicates that rates for CY2013 and after are not comparable to previous years due to changes in HEDIS[®] specifications.
- In January 2014, Illinois expanded Medicaid coverage under ACA which increased our enrolled population between ages 18-64. This accounts for the increase in the denominator.
- With the shift to a predominately managed care healthcare delivery system, the CY2014 rate may be affected by incomplete encounter data.

Eligible Population:

	CY2012	CY2013	CY2014
Numerator	236,516	245,421	267,467
Denominator	379,728	396,601	506,748

Key Findings:

- In CY2014, there was a substantial increase in the denominator size compared to previous years. This could be attributed to newly eligible women enrolling in Medicaid and for whom we have no previous medical data. In absolute numbers, more women received cervical cancer screening during CY2014 compared to previous years. But, relative to the denominator size, the rate decreased significantly compared to CY2012 ($p < .05$).
- There is opportunity for improvement since during CY2014 approximately half of eligible women received a cervical cancer screening.



CHL-AD: Chlamydia Screening in Women

Measure Description:

Percentage of Medicaid-enrolled women ages 16-24 who were identified as sexually active and who had at least one test for Chlamydia during the measurement year. The Adult Core Measure Set requires reporting of only the age group from 21-24. Both age groups and the total are reported here for comparison. Continuous enrollment during the measurement year is required for inclusion in this measure.

Notes on Measure Programming or Differences from Measure Specifications:

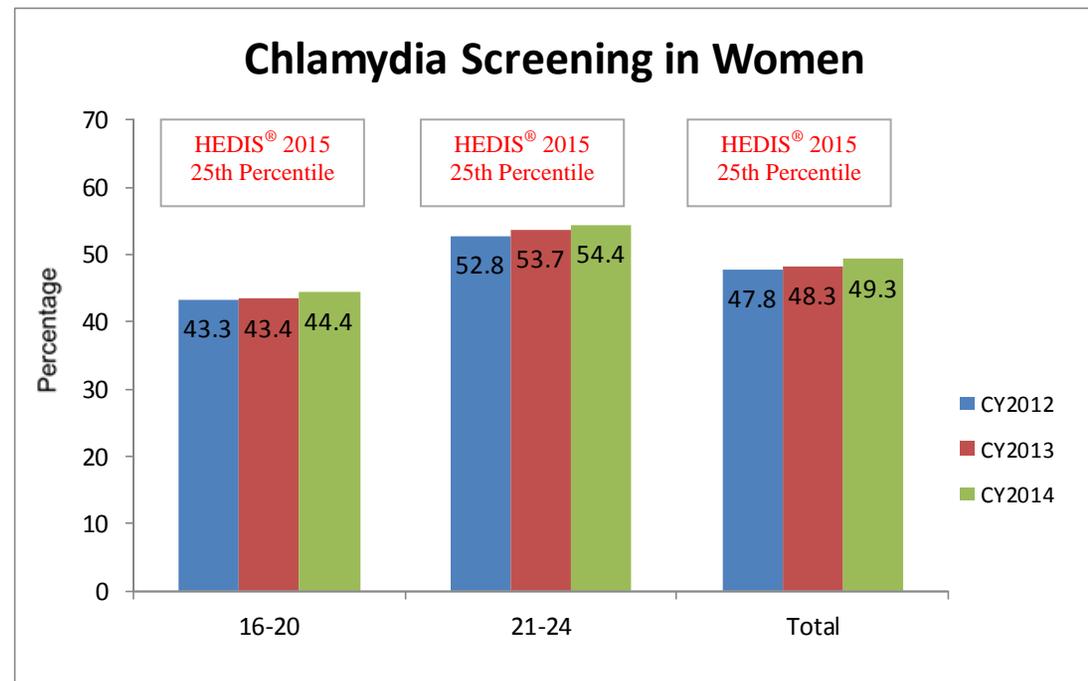
- With the shift to a predominately managed care healthcare delivery system, the CY2014 rate may be affected by incomplete encounter data.

Eligible Population:

Age	CY2012		CY2013		CY2014	
	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator
16-20	22,434	51,780	20,088	46,197	21,332	48,045
21-24	24,407	46,210	22,677	42,181	25,259	46,358
Total	46,841	97,990	42,765	88,378	46,591	94,403

Key Findings:

- From CY2012 to CY2014, there is a statistically significant increase ($p < .05$) in Chlamydia screening among women ages 16-20, 21-24 and the total (ages 16-24).
- The Chlamydia screening rate is consistently lower from CY2012 to CY2014 among 16-20 year olds compared to those 21-24 years of age.
- The CY2014 screening rates in both age groups and the total cohort are at the HEDIS[®] 25th percentile. While this is an improvement over previous years where the 10th percentile was achieved, there is opportunity for improvement.



FUH-AD: Follow-Up after Hospitalization for Mental Illness

Measure Description:

Percentage of discharges for Medicaid enrollees ages 21 and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge and within 30 days of discharge.

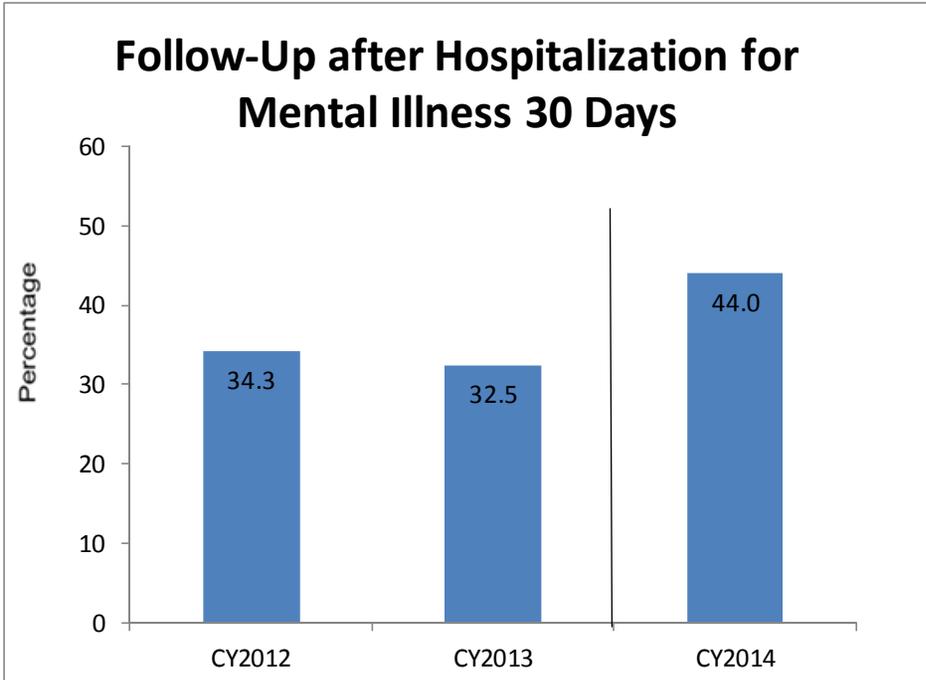
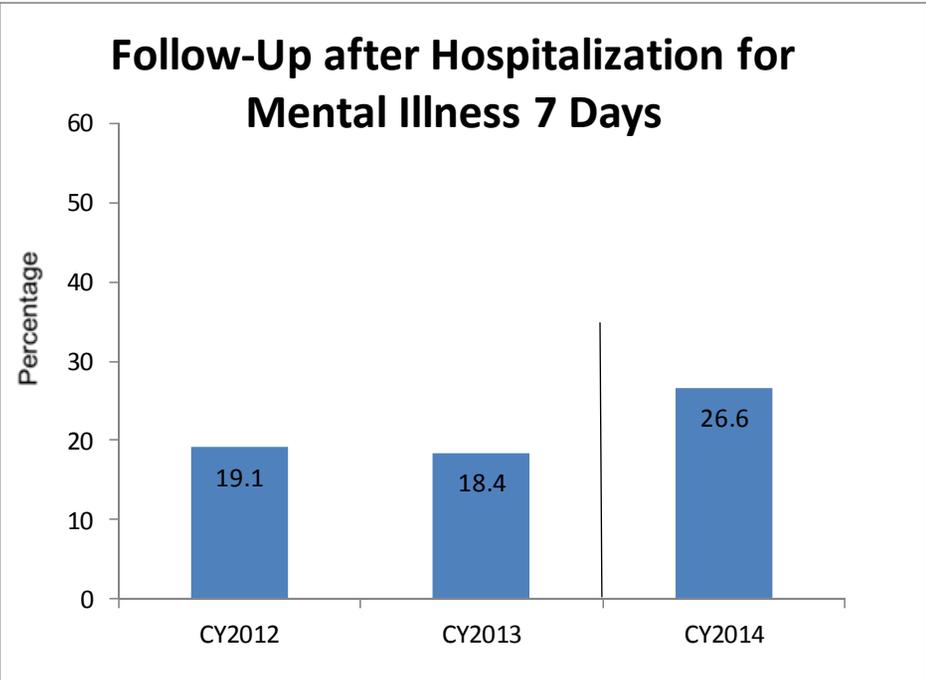
Notes on Measure Programming or Differences from Measure Specifications:

- Due to small cell size (i.e., less than 30) in the denominator for those ages 65 and older, the data are not reported in the table. For years with small cell sizes, the total count also is not reported to suppress data on those ages 65 and older that could be derived through subtraction.
- Place of Service codes used by HFS differ from those in the measure specifications. A standard conversion is applied to HFS' Place of Service codes with specific exceptions for this measure to meet the intent of the measure specifications. Measure audit results conclude that, although the method deviates from the specifications, the rates derived by HFS are comparable to rates derived using the specifications as written.
- The solid vertical line in the chart indicates that rates for CY2014 are not comparable to previous years. Calculation methodology changes impacted the denominator beginning with CY2014. Previously too many discharges were excluded from the denominator.
- With the shift to a predominately managed care healthcare delivery system, the CY2014 rate may be affected by incomplete encounter data.

Eligible Population:

	Age	CY2012		CY2013		CY2014	
		Numerator	Denominator	Numerator	Denominator	Numerator	Denominator
7-Day Follow-Up	21 - 64	432	2,255	483	2,616	4,414	16,556
	65 +	*	*	*	*	*	*
	Total	*	*	*	*	*	*
30-Day Follow-Up	21 - 64	774	2,255	851	2,616	7,293	16,556
	65 +	*	*	*	*	*	*
	Total	*	*	*	*	*	*

FUH-AD: Follow-Up after Hospitalization for Mental Illness



Key Findings:

- Rates for CY2014 are not comparable to previous years due to calculation methodology changes impacting the denominator.
- CY2014 data show that just over one in four receive a follow-up visit within 7 days after a hospital discharge for mental illness. This shows a need for improvement.

Key Findings:

- Rates for CY2014 are not comparable to previous years due to calculation methodology changes impacting the denominator.
- CY2014 data show that approximately two in four receive a follow-up visit within 30 days after a hospital discharge for mental illness. This shows a need for improvement.

HA1C-AD: Comprehensive Diabetes Care - Hemoglobin A1c Testing

Measure Description:

Percentage of Medicaid enrollees ages 18-75 with diabetes (type 1 and type 2) who had a Hemoglobin A1c (HbA1c) test.

Notes on Measure Programming or Differences from Measure Specifications:

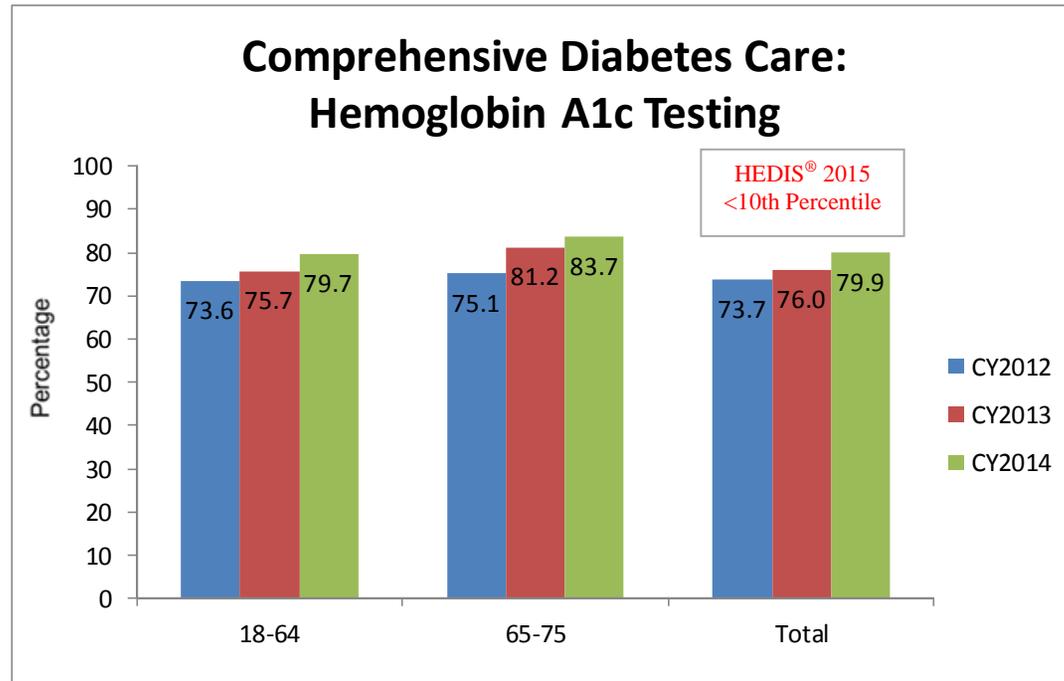
- With the shift to a predominately managed care healthcare delivery system, the CY2014 rate may be affected by incomplete encounter data.

Eligible Population:

Age	CY2012		CY2013		CY2014	
	Numerator	Denominator	Numerator	Denominator	Numerator	Denominator
18-64	42,633	57,882	46,669	61,605	65,271	81,863
65-75	2,692	3,581	2,994	3,686	3,568	4,260
Total	45,325	61,463	49,663	65,291	68,839	86,123

Key Findings:

- From CY2012 to CY2014, there is a statistically significant increase (p<.05) in HbA1c testing among those ages 18-64, 65-75 and the total (ages 18-75).
- While there were significant increases from CY2012 to CY2014, performance for the total (ages 18-75) is below the HEDIS® 2015 10th percentile showing need for improvement.



PPC-AD: Postpartum Care Rate

Measure Description:

Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a postpartum visit on or between 21 and 56 days after delivery.

Notes on Measure Programming or Differences from Measure Specifications:

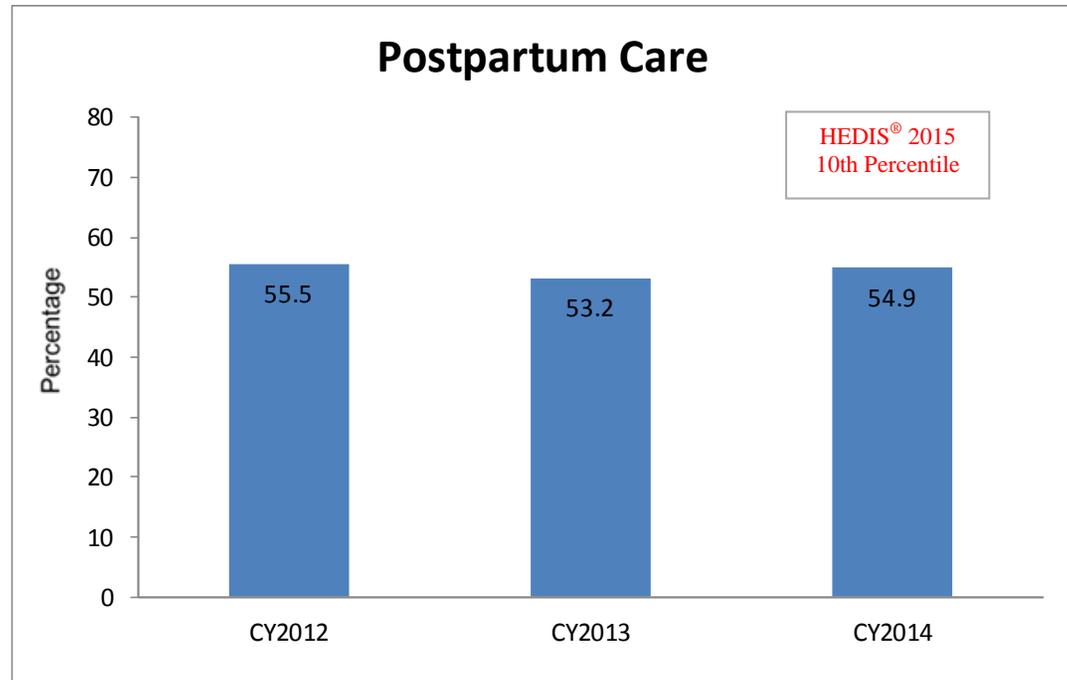
- With the shift to a predominately managed care healthcare delivery system, the CY2014 rate may be affected by incomplete encounter data.
- HFS investigated the distribution of the first postpartum visit by number of days after delivery. The data, as reported in HFS’ 2016 [Perinatal Report to the General Assembly](#), show that a substantial number of postpartum visits occur outside of the 21 to 56 day window defined by the HEDIS® measure. Therefore, these results reported here, while complying with Adult Core Set and HEDIS® measure specifications, should be viewed as a sub-set of all women who received a postpartum visit between one and 90 days after delivery.

Eligible Population:

	CY2012	CY2013	CY2014
Numerator	43,925	43,598	41,118
Denominator	79,141	81,874	74,812

Key Findings:

- From CY2012 to CY2014, there is a non-statistically significant decline of one percent in the provision of postpartum care.
- During CY2014 the HEDIS® 2015 10th percentile was achieved showing need for improvement.



ABA-AD: Adult BMI Assessment

Measure Description:

Percentage of Medicaid enrollees ages 18-74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

Notes on Measure Programming or Differences from Measure Specifications:

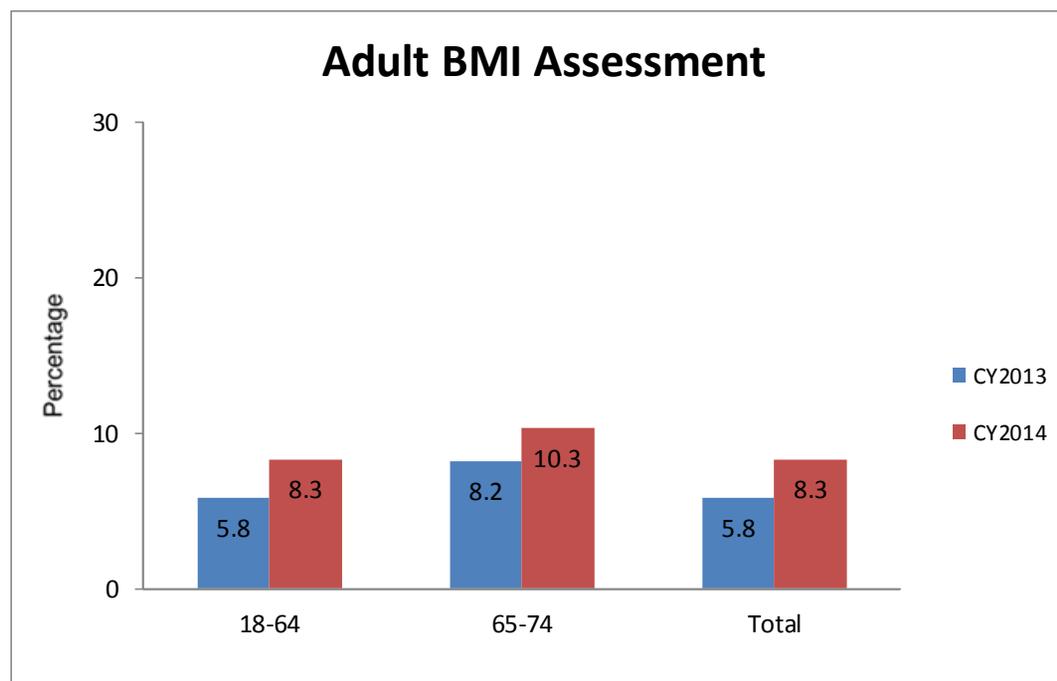
- With the shift to a predominately managed care healthcare delivery system, the CY2014 rate may be affected by incomplete encounter data.

Eligible Population:

Age	CY2013		CY2014	
	Numerator	Denominator	Numerator	Denominator
18-64	23,999	411,985	31,878	381,609
65-74	561	6,774	796	7,710
Total	24,560	418,759	32,674	389,319

Key Findings:

- HFS believes the actual rate of BMI assessment is much higher, but reporting of BMI is low since there is no separate reimbursement for BMI assessment and claims are not submitted when assessment is performed.
- While rates are very low, there is a statistically significant increase from CY2013 to CY2014 ($p < .05$) in BMI assessment among those ages 18-64, 65-74 and the total (ages 18-74).
- The CY2014 total achieved the HEDIS[®] 25th percentile. This is unchanged from CY2013 which also was at the 25th percentile. This shows opportunity for improvement.



AMM-AD: Antidepressant Medication Management

Measure Description:

Percentage of Medicaid enrollees ages 18 and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported:

- Effective Acute Phase Treatment – The percentage of Medicaid enrollees who remained on an antidepressant medication for at least 84 days (12 weeks)
- Effective Continuation Phase Treatment – The percentage of Medicaid enrollees who remained on antidepressant medication for at least 180 days (6 months)

Notes on Measure Programming or Differences from Measure Specifications:

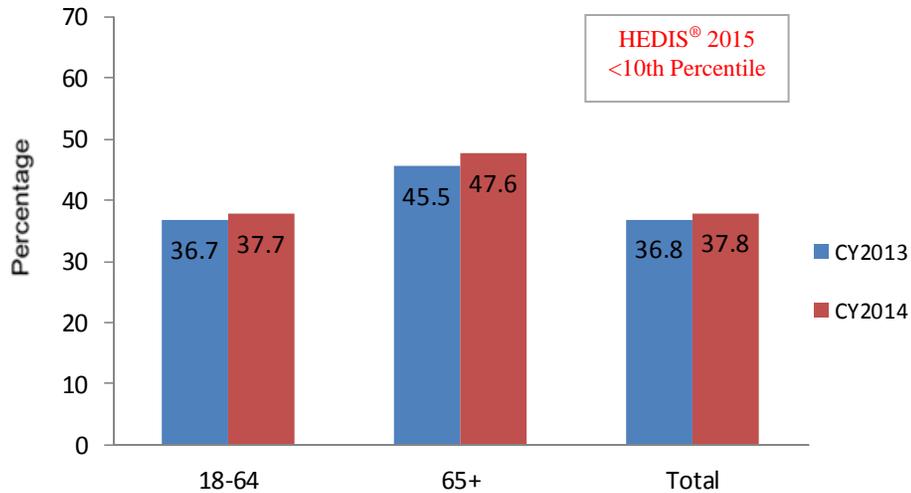
- With the shift to a predominately managed care healthcare delivery system, the CY2014 rate may be affected by incomplete encounter data.

Eligible Population:

		CY2013		CY2014		
		Age	Numerator	Denominator	Numerator	Denominator
# on 12 Weeks	18-64		10,383	28,236	13,113	34,766
	65+		123	270	211	443
	Total		10,506	28,506	13,324	35,209
# on 6 Months	18-64		5,036	28,236	6,804	34,766
	65+		75	270	121	443
	Total		5,111	28,506	6,925	35,209

AMM-AD: Antidepressant Medication Management

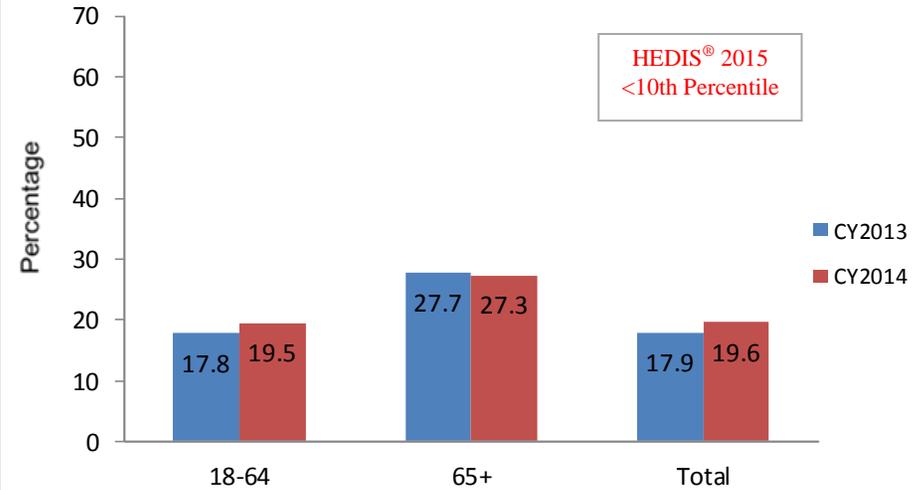
Antidepressant Medication Management: 12 Weeks



Key Findings:

- From CY2013 to CY2014, there is a statistically significant increase ($p < .05$) in medication management at 12 weeks among those ages 18-64 and the total.
- The increase of 2.1 percentage points, or 4.6 percent, among those ages 65+ is not statistically significant.
- CY2014 performance is less than the HEDIS® 2015 10th percentile. This is unchanged from CY2013 which also was below the 10th percentile. This shows need for improvement.

Antidepressant Medication Management: 6 Months



Key Findings:

- From CY2013 to CY2014, there is a statistically significant increase ($p < .05$) in medication management at six months among those ages 18-64 and the total.
- The decrease of 0.4 percentage points, or 1.4 percent, among those ages 65+ is not statistically significant.
- CY2014 performance is less than the HEDIS® 2015 10th percentile. This is unchanged from CY2013 which also was below the 10th percentile. This shows need for improvement.

PQI-01: Diabetes Short Term Complications Admission Rate

Measure Description:

Number of inpatient hospital admissions for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 enrollee months for Medicaid enrollees ages 18 and older.

Notes on Measure Programming or Differences from Measure Specifications:

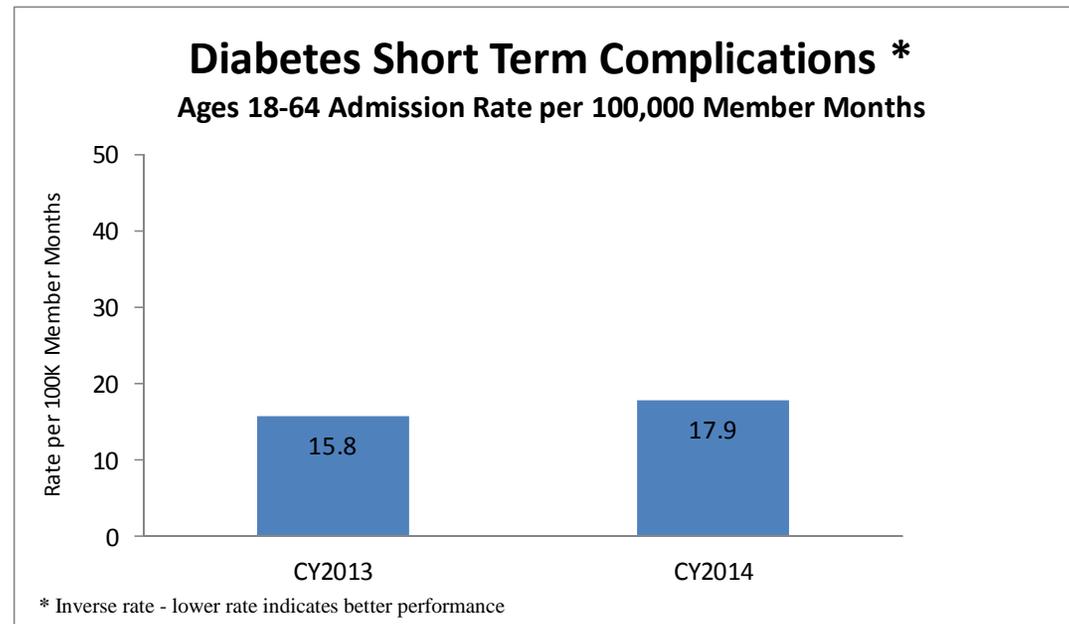
- Due to small cell size (i.e., less than 30) in the denominator for those ages 64+, the data are not reported in the table. For years with small cell sizes, the total count also is not reported to suppress data on those ages 64+ that could be derived through subtraction.
- In January 2014, Illinois expanded Medicaid coverage under ACA which increased our enrolled population between ages 18-64. This accounts for the increase in the member months (denominator).
- With the shift to a predominately managed care healthcare delivery system, the CY2014 rate may be affected by incomplete encounter data.

Eligible Population:

Age	CY2013		CY2014	
	Numerator (Discharges)	Denominator (Member Mos)	Numerator (Discharges)	Denominator (Member Mos)
18-64	1,779	11,196,720	2,838	15,783,113
65+	*	*	*	*
Total	*	*	*	*

Key Findings:

- The 2.1 per 100,000 member months increase from CY2013 to CY2014 is statistically significant (p<.05).
- A lower rate indicates better performance. The increase from CY2013 to CY2014 shows a need for improvement.



PQI-05: COPD or Asthma in Older Adults Admission Rate

Measure Description:

Number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 enrollee months for Medicaid enrollees ages 40 and older.

Notes on Measure Programming or Differences from Measure Specifications:

- In January 2014, Illinois expanded Medicaid coverage under ACA which increased our enrolled population between ages 18-64. This accounts for the increase in the member months (denominator).
- With the shift to a predominately managed care healthcare delivery system, the CY2014 rate may be affected by incomplete encounter data.

Eligible Population:

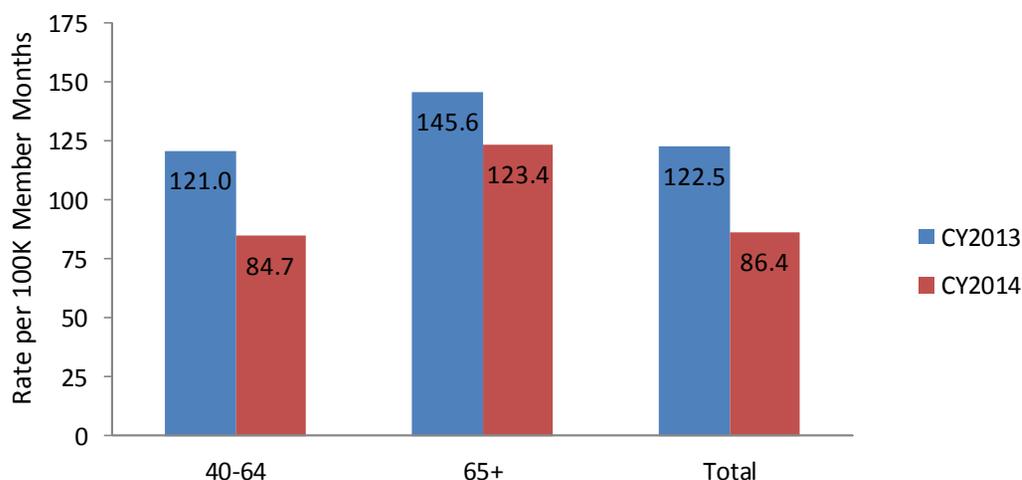
Age	CY2013		CY2014	
	Numerator (Discharges)	Denominator (Member Mos)	Numerator (Discharges)	Denominator (Member Mos)
40-64	4,465	3,688,700	5,125	6,044,585
65+	339	232,816	325	263,185
Total	4,804	3,921,516	5,450	6,307,770

Key Findings:

- In both age categories and the total, the CY2013 to CY2014 decreases are statistically significant ($p < .05$).
- The 40-64 age category experienced a larger decrease compared to those ages 65 and over.
- Since a lower rate indicates better performance, there was improvement in each age category and the total from CY2013 to CY2014.

COPD or Asthma in Older Adults *

Admission Rate per 100,000 Member Months



* Inverse rate - lower rate indicates better performance

PQI-15: Asthma in Younger Adults Admission Rate

Measure Description:

Number of inpatient hospital admissions for asthma per 100,000 enrollee months for Medicaid enrollees ages 18-39.

Notes on Measure Programming or Differences from Measure Specifications:

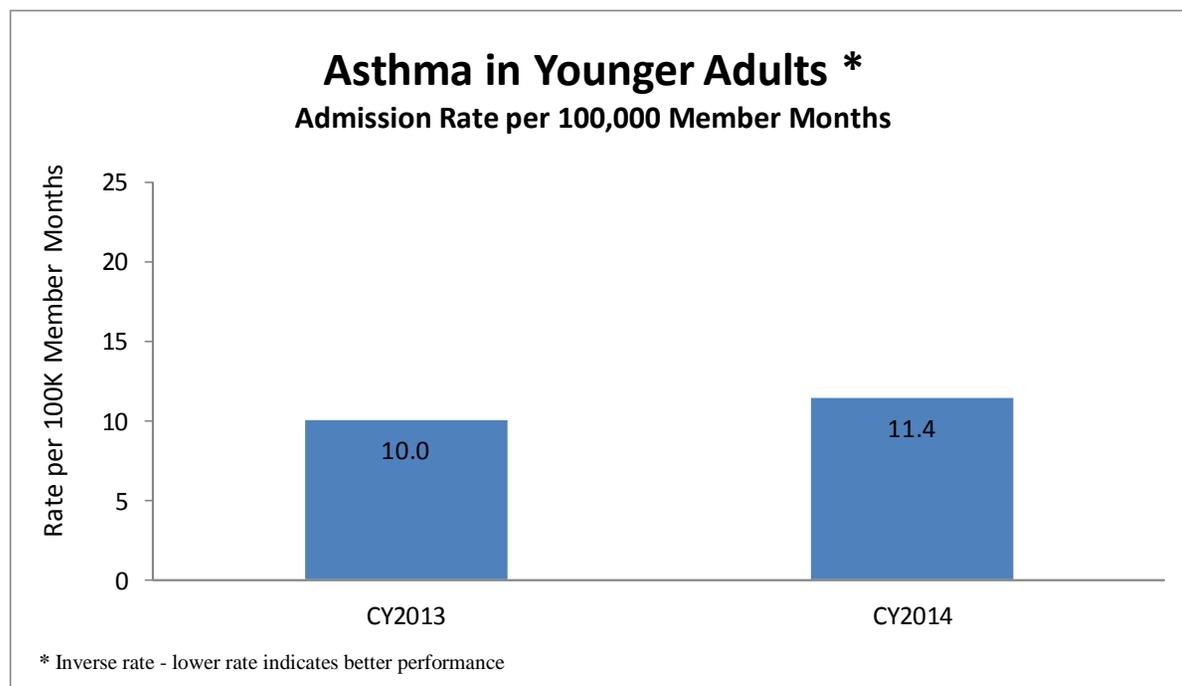
- In January 2014, Illinois expanded Medicaid coverage under ACA which increased our enrolled population between ages 18-64. This accounts for the increase in the member months (denominator).
- With the shift to a predominately managed care healthcare delivery system, the CY2014 rate may be affected by incomplete encounter data.

Eligible Population:

	CY2013	CY2014
Numerator	756	1,118
Denominator (Member Mos)	7,508,020	9,738,528

Key Findings:

- The 1.4 per 100,000 member months increase from CY2013 to CY2014 is statistically significant (p<.05).
- A lower rate indicates better performance. The increase from CY2013 to CY2014 shows a need for improvement.



PQI-08: Heart Failure Admission Rate

Measure Description:

Number of inpatient hospital admissions for heart failure per 100,000 enrollee months for Medicaid enrollees ages 18 and older.

Notes on Measure Programming or Differences from Measure Specifications:

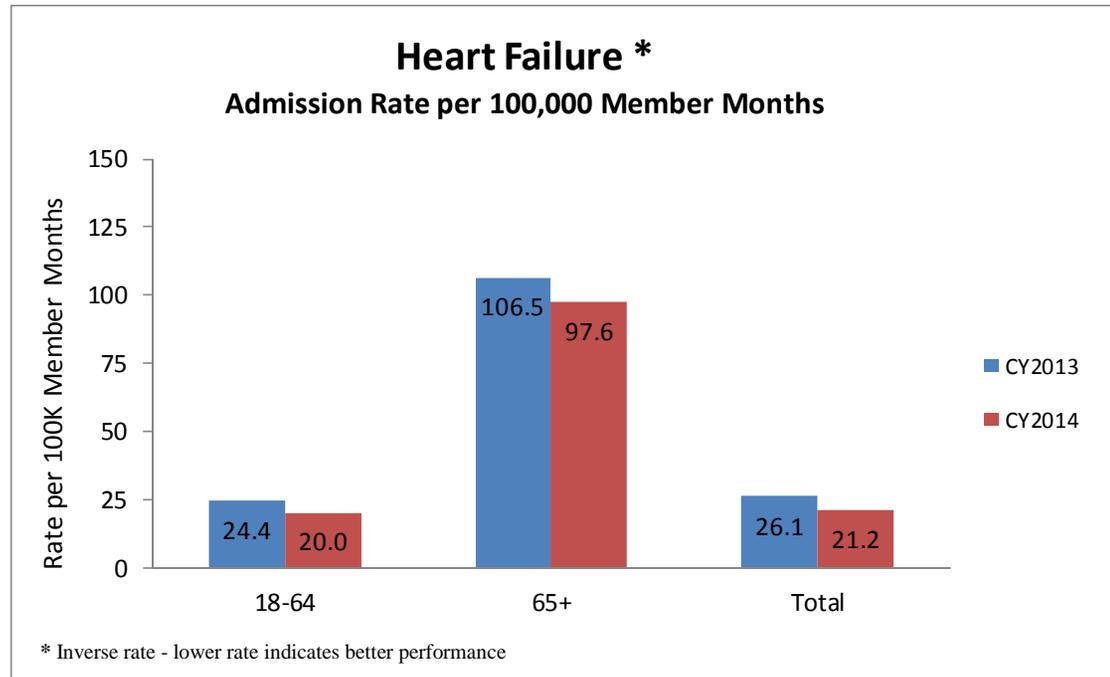
- In January 2014, Illinois expanded Medicaid coverage under ACA which increased our enrolled population between ages 18-64. This accounts for the increase in the member months (denominator).
- With the shift to a predominately managed care healthcare delivery system, the CY2014 rate may be affected by incomplete encounter data.

Eligible Population:

Age	CY2013		CY2014	
	Numerator (Discharges)	Denominator (Member Mos)	Numerator (Discharges)	Denominator (Member Mos)
18-64	2,736	11,196,720	3,157	15,783,113
65+	248	232,816	257	263,185
Total	2,984	11,429,536	3,414	16,046,298

Key Findings:

- The 18-64 age category and the total show statistically significant decreases (p<.05) in the heart failure admission rate from CY2013 to CY2014.
- The 65 and over age category experienced a non-statistically significant decrease of 8.9 admissions per 100,000 member months from CY2013 to CY2014.
- Since a lower rate indicates better performance, there was improvement in each age category and the total from CY2013 to CY2014.



IET: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

Measure Description:

Percentage of Medicaid enrollees ages 18 and older with a new episode of alcohol or other drug (AOD) dependence who:

- Initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis
- Initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.

Notes on Measure Programming or Differences from Measure Specifications:

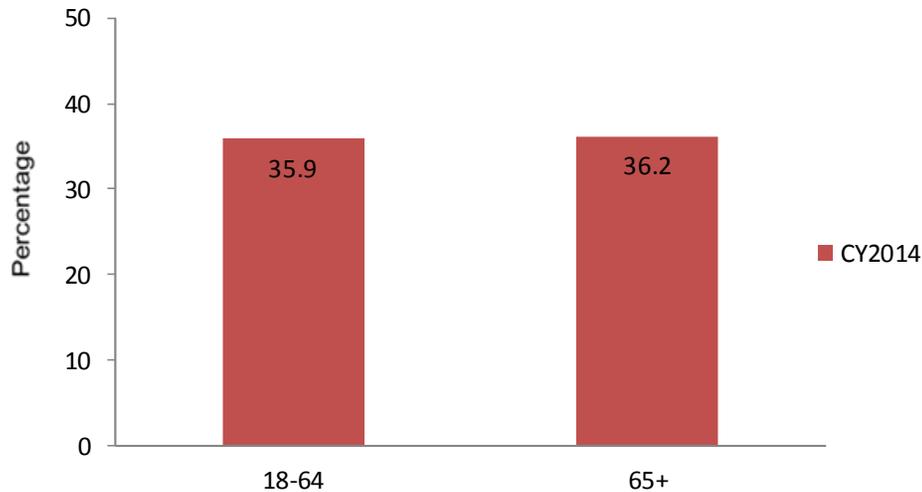
- This measure was first reported to federal CMS in FFY2015 for the CY2014 measurement period.
- With the shift to a predominately managed care healthcare delivery system, the CY2014 rate may be affected by incomplete encounter data.

Eligible Population:

		CY2014		
		Age	Numerator	Denominator
Initiation	18-64		23,882	66,419
	65+		145	400
Engagement	18-64		6,639	66,419
	65+		22	400

IET: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

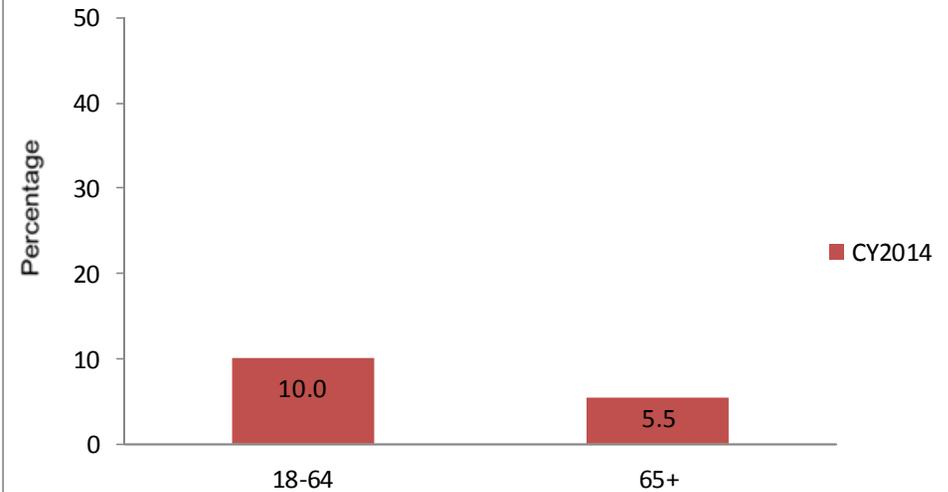
Alcohol and Other Drug Dependence Treatment: Initiation



Key Findings:

- This measure was first reported to federal CMS in FFY2015 for the CY2014 measurement period. Therefore, no comparison data are available to assess performance over time.
- Just over one-third of those ages 18-64 and 65 and over initiated AOD treatment within 14 days of diagnosis.

Alcohol and Other Drug Dependence Treatment: Engagement



Key Findings

- This measure was first reported to federal CMS in FFY2015 for the CY2014 measurement period. Therefore, no comparison data are available to assess performance over time.
- While initiation of treatment is nearly the same among both age groups, among those age 18-64 twice as many (one in 10) initiated AOD treatment within 14 days of diagnosis and had two additional visits within 30 days of the initiation visit compared to those ages 65 and over only (approximately one in 20).

MPM: Annual Monitoring for Patients on Persistent Medications

Measure Description:

Percentage of Medicaid enrollees ages 18 and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. There are rates for three persistent medications (i.e., angiotensin converting enzyme [ACE] or angiotensin receptor blockers [ARB], digoxin, and diuretics) separately reported to CMS. However, the total rate (the sum of the three numerators divided by the sum of the three denominators) is reported here.

Notes on Measure Programming or Differences from Measure Specifications:

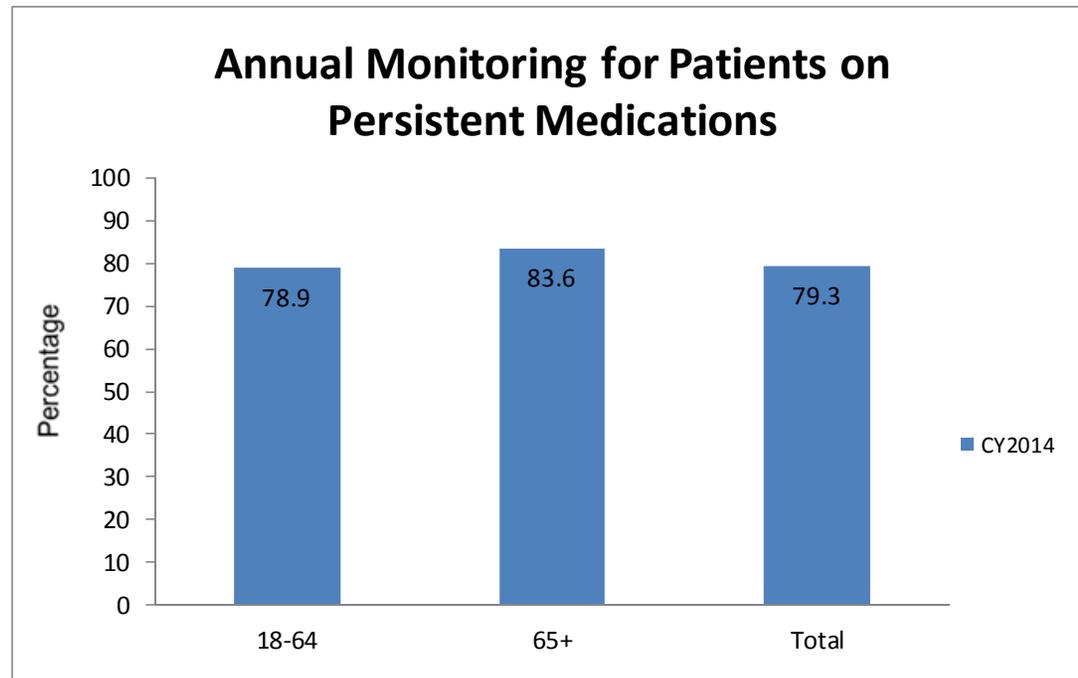
- This measure was first reported to federal CMS in FFY2015 for the CY2014 measurement period.
- With the shift to a predominately managed care healthcare delivery system, the CY2014 rate may be affected by incomplete encounter data.

Eligible Population:

CY2014		
Age	Numerator	Denominator
18-64	66,399	84,095
65+	6,209	7,420
Total	72,608	91,515

Key Findings:

- This measure was first reported to federal CMS in FFY2015 for the CY2014 measurement period. Therefore, no comparison data are available to assess performance over time.
- Over three quarters of those ages 18-64 and 65 and over received annual monitoring for persistent medications.
- Among those ages 65 and over, the rate of monitoring is 4.7 percentage points, or 5.9 percent, higher compared to those ages 18-64.



SAA: Adherence to Antipsychotic Medications for Individuals with Schizophrenia

Measure Description:

Percentage of Medicaid enrollees ages 19 to 64 during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.

Notes on Measure Programming or Differences from Measure Specifications:

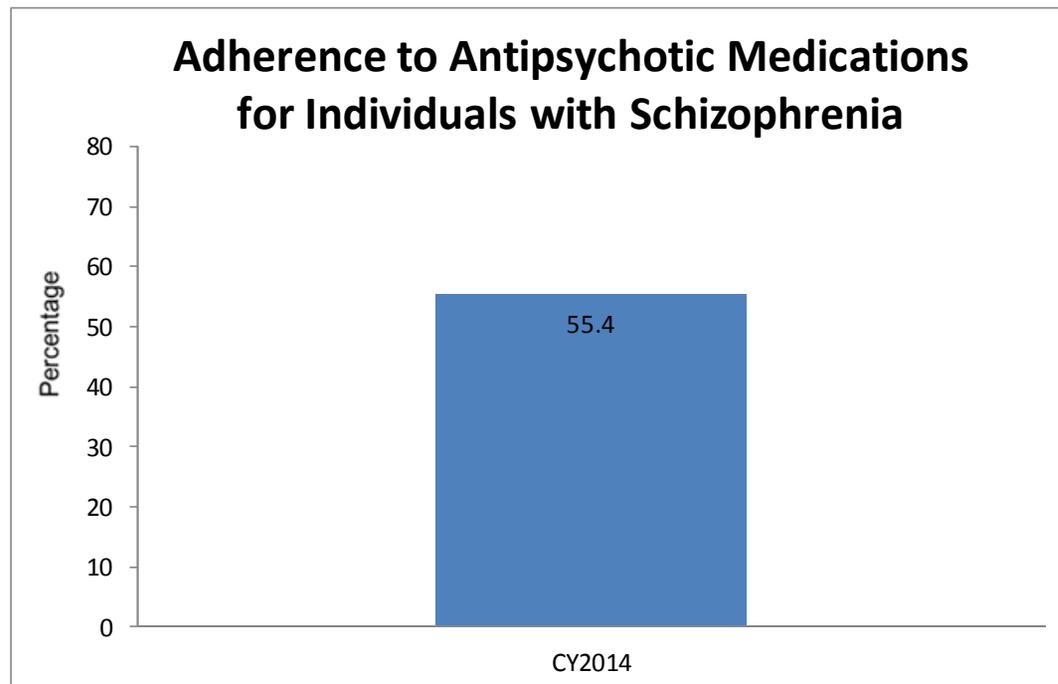
- This measure was first reported to federal CMS in FFY2015 for the CY2014 measurement period.
- With the shift to a predominately managed care healthcare delivery system, the CY2014 rate may be affected by incomplete encounter data.

Eligible Population:

	CY2014
Numerator	3,857
Denominator	6,958

Key Findings:

- This measure was first reported to federal CMS in FFY2015 for the CY2014 measurement period. Therefore, no comparison data are available to assess performance over time.
- The CY2014 data show that over one-half of individuals with schizophrenia who were dispensed an antipsychotic medication remained on that medication for at least 80 percent of their treatment period.



Developmental Measure: Use of Contraceptive Methods by Women Ages 15-44

Measure Description:

The proportion of women ages 15-44 years who are at risk of unintended pregnancy and who:

- Adopt or continue use of the most effective or moderately effective FDA-approved methods of contraception.
- Adopt or continue use of a long-acting reversible method of contraception (LARC).

Notes on Measure Programming or Differences from Measure Specifications:

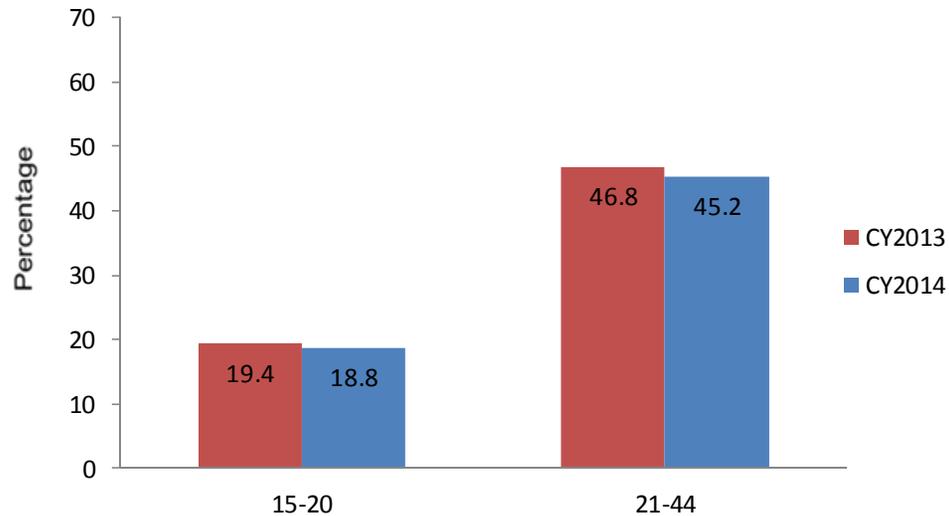
- The use of a most/moderately (Most/Mod.) effective method of contraception includes
 - Most: Female sterilization, contraceptive implants, or intrauterine devices or systems (IUD/IUS)
 - Moderately: Injectables, oral pills, patch, ring, or diaphragm.
- The use of a long-acting reversible method of contraception (LARC) includes use of contraceptive implants, or intrauterine devices or systems (IUD/IUS).
- HFS programmed this developmental measure of contraceptive use and reported it in FFY2015 to federal CMS as part of Maternal and Infant Health reporting.
- With the shift to a predominately managed care healthcare delivery system, the CY2014 rate may be affected by incomplete encounter data.

Eligible Population:

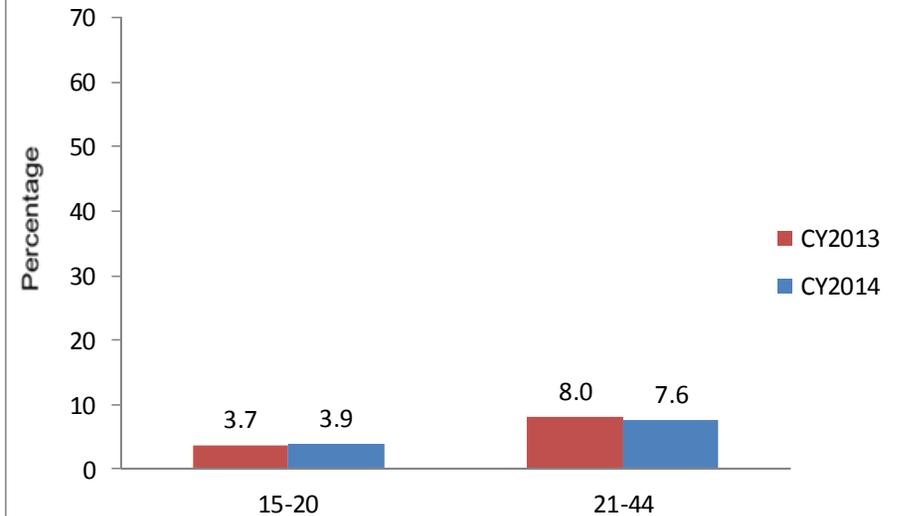
	Age	CY2013		CY2014	
		Numerator	Denominator	Numerator	Denominator
Most/ Mod.	15-20	30,233	155,593	28,546	151,696
	21-44	158,851	339,747	171,829	379,976
LARC	15-20	5,763	155,593	5,907	151,696
	21-44	27,165	339,747	28,892	379,976

Developmental Measure: Use of Contraceptive Methods by Women Ages 15-44

Use of a Most/Moderately Effective Form of Contraception



Use of a Long-acting Reversible Form of Contraception (LARC)



Key Findings:

- Among those ages 15-20 at risk of unintended pregnancy, less than one in five uses a most/moderately effective form of contraception.
- From CY2013 to CY2014, the rate of use of a most or moderately effective form of contraception decreased by 3.1 percent among those ages 15-20. This is a statistically significant decrease ($p < .05$).
- Among those ages 21-44 at risk of unintended pregnancy, less than one-half used a most/moderately effective form of contraception.
- The rate of use of a most/moderately effective form of contraception decreased by 3.4 percent among those ages 21-44 from CY2013 to CY2014. This decrease is statistically significant ($p < .05$).

Key Findings:

- Among those at risk of unintended pregnancy, use of LARC is lowest among those ages 15-20 compared to those ages 21-44.
- To avoid coercion, it is not anticipated that LARC use should attain 100 percent utilization. However, considering the measure focuses on women at risk of unintended pregnancy, the rate of LARC use is low ($< 4\%$ ages 15-20, $< 10\%$ ages 21-44). This increases the likelihood that a woman will have an unintended pregnancy.

Summary

During FFY2013, HFS first reported Adult Core Set measures to federal CMS. There is a focus on using the Adult Core Set measures to assess performance by using available claims and encounter data, and registry data exchanged among sister state agencies.

Enterprise Data Warehouse

Illinois' Enterprise Data Warehouse (EDW) is the foundation of performance measurement. The EDW is a repository that includes administrative claims data for Medicaid and CHIP participants in all delivery systems (fee-for-service, managed/coordinated care, and primary care case management), as well as data imported from other state agencies, including Vital Records data, and immunization registries. With the change in HFS' healthcare delivery system from fee-for-service to predominately managed care (see Delivery System Changes), the agency is focused on improving receipt of timely and complete encounter data.

Importing data from other state agencies comes with its own set of challenges and opportunities. Challenges include establishing needed authority by executing and maintaining cross-agency data sharing agreements, having needed resources in each agency to operationalize the data exchange, and working through complex issues, including data ownership, data access, and acceptable uses of data. The outcome, that far outweighs the challenges, includes a more robust data system with potential to improve quality measurement and care delivery.

Administrative Methodology

Illinois' decision to use the administrative method is based on the availability of data housed in the EDW. However, state budget constraints also contributed to this decision, since the hybrid method is expensive and the HFS budget has been under significant pressure.

- The administrative method results in a lower statewide rate due to incomplete or untimely encounter data. However, new contractual requirements are expected to improve the completeness and accuracy of encounter data over coming years.
- A limitation of using the administrative method is that it may underestimate rates due to lack of timely and complete data. Using the hybrid method, which includes medical record review, enhances the data by going to the source record to identify qualifying services.
- Differences in how states report the Adult Core Set, such as, the methodology used (e.g., administrative, encounter, hybrid) and the population(s) included or excluded from the measures (e.g., Title XIX only, Title XXI only, MCO only, combined Title XIX and XXI), affect comparability among states reporting on the Adult Core Set

While differences between the Adult Core Set measure specifications and the specifications used for reporting herein continue to exist, they have been minimized to the extent possible.

Delivery System Changes

By January 2015, Illinois transitioned from a primarily fee-for-service delivery system to a managed/coordinated care system. Quality measures are essential to assessing performance within the delivery system and identifying areas in need of quality improvement. To assure consistency, Illinois developed its own "core set" of measures to be included in all contracts, which includes a number of the Adult Core Set measures.

Summary

Data Integrity/Efficiencies

A number of changes were made to improve the efficiency of the performance measurement process and improve the integrity of the data.

- Beginning in April 2012, data audits are conducted annually by a certified External Quality Review Organization to improve upon the integrity of data and programming used for performance measurement.
- Performance measurement is used for a variety of purposes, and previously standardized performance measures were sometimes altered to suit those purposes. Performance measures now comply with nationally endorsed specifications, to the extent possible, with measures aligned across programs.
- A Quality of Care Measures Committee was formed to include all areas within HFS with responsibility for performance measurement for various programs. The Committee meets regularly and has made a number of decisions to improve the efficiency of the performance measurement process and the integrity of the data.

- HFS instituted programming that is table-driven and time-specific so that updates to measure coding schemes are more easily incorporated, less time consuming and anchored to the measurement period to which they apply.

Barriers

Revisions to the specifications consume a considerable amount of resources. Illinois has adopted an annual schedule for identifying changes, programming, testing, reporting, and auditing to assure that reporting timeframes are met, as well as timeframes required for other measure uses, such as bonus payments.

Performance Measurement

In programming the Adult Core Set measures, a number of efficiencies were instituted to develop and maintain measures over time. Issues and questions about measures were identified and resolved through the Quality of Care Measures Committee. Improvements include greater consistency, alignment, and better data quality, resulting in more accurate performance measurement, not only for Adult Core Set reporting purposes, but for measurement generally.

For further information or questions, contact:

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