

Table CCS-AD. Percentage of Women Ages 21 to 64 who were Screened for Cervical Cancer, as Submitted by States for the FFY 2018 Adult Core Set Report (n = 40 states)

State	Population	Methodology	Denominator	Rate
State Mean				55.2
State Median				56.1
Alabama	Medicaid	Administrative	75,726	40.2
Arizona	Medicaid	Administrative	273,399	50.5
Arkansas	Medicaid; CHIP; Dual Eligibles	Administrative	44,385	37.1
California	Medicaid	Administrative & Hybrid	2,427,945	55.0
Connecticut	Medicaid; CHIP	Hybrid	1,121	72.0
Delaware	Medicaid	Hybrid	411	35.3
Dist. of Col.	Medicaid; CHIP; Dual Eligibles	Hybrid	977	58.0
Florida	Medicaid	Hybrid	5,635	59.8
Georgia	Medicaid	Administrative	184,096	46.7
Hawaii	Medicaid	Administrative & Hybrid	64,295	59.7
Illinois	Medicaid; CHIP	Administrative	552,338	52.3
Iowa	Medicaid	Administrative	79,899	55.4
Kansas	Medicaid	Hybrid	1,193	58.3
Kentucky	Medicaid; Dual Eligibles	Administrative & Hybrid	262,585	54.7
Louisiana	Medicaid; CHIP	Administrative	272,868	51.6
Maryland	Medicaid; CHIP	Hybrid	3,020	61.2
Massachusetts	Medicaid; Dual Eligibles	Hybrid	2,100	71.5
Michigan	Medicaid	Administrative	382,126	47.5
Minnesota	Medicaid; CHIP; Dual Eligibles	Administrative	219,906	54.7
Mississippi	Medicaid	Hybrid	806	62.8
Missouri	Medicaid; CHIP	Administrative	159,754	43.3
Nebraska	Medicaid; CHIP; Dual Eligibles	Administrative	28,242	63.2
New Hampshire	Medicaid	Hybrid	806	61.4
New Jersey	Medicaid; CHIP	Hybrid	2,024	59.5
New Mexico	Medicaid	Administrative & Hybrid	125,908	52.6
New York	Medicaid	Administrative	1,090,592	62.8
North Carolina	Medicaid	Administrative	349,720	42.3
Ohio	Medicaid; CHIP	Hybrid	2,055	58.1
Oklahoma	Medicaid; Dual Eligibles	Administrative	33,899	44.3
Oregon	Medicaid; Dual Eligibles	Administrative	127,572	57.2
Pennsylvania	Medicaid	Hybrid	3,604	60.8
Rhode Island	Medicaid; CHIP	Hybrid	822	71.4
South Carolina	Medicaid; CHIP	Administrative	118,063	49.9
Tennessee	Medicaid	Hybrid	3,927	62.2
Texas	Medicaid	Administrative & Hybrid	207,327	53.4
Utah	Medicaid; Dual Eligibles	Hybrid	1,597	53.9
Vermont	Medicaid; CHIP	Administrative	29,358	56.8
Virginia	Medicaid; CHIP	Administrative	NR	65.4
Washington	Medicaid	Hybrid	2,193	56.9
West Virginia	Medicaid; Dual Eligibles	Administrative	118,247	46.6

Source: Mathematica analysis of MACPro reports for the FFY 2018 reporting cycle. More information on the Adult Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set/index.html>.

Notes: This measure identifies the percentage of women ages 21 to 64 who were screened for cervical cancer using either of the following criteria: (1) women ages 21 to 64 who had cervical cytology (Pap test) performed every 3 years, or (2) women ages 30 to 64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

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

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

Table CCS-AD (continued)

Unless otherwise specified, states used Adult Core Set specifications, based on National Committee for Quality Assurance 2018 specifications. The following state used National Committee for Quality Assurance 2017 specifications: OR.

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

The Adult Core Set specifications include guidance for calculating this measure using the administrative method or the hybrid method. The hybrid method uses a combination of administrative and medical records data to identify services included in the numerator or to determine exclusions from the denominator based on diagnoses or other criteria. Unless otherwise specified, administrative data sources are the state's MMIS and/or data submitted by managed care plans; medical record data sources are paper and/or electronic health records.

Denominators are assumed to be the measure-eligible population for states using the administrative method; states using the hybrid method often reported the sample size for the medical chart review rather than the measure-eligible population. Some states reported exclusions from the denominator, as noted in the state-specific comments below.

AHRQ = Agency for Healthcare Research and Quality; CCO = Coordinated Care Organization; CHIP = Children's Health Insurance Program; CMS = Centers for Medicare & Medicaid Services; CMO = Care Management Organization; CY = Calendar Year; ED = Emergency Department; EHR = Electronic Health Record; EQRO = External Quality Review Organization; FFS = Fee for Service; FFY = Federal Fiscal Year; HEDIS = Healthcare Effectiveness Data and Information Set; HMO = Health Maintenance Organization; ICD = International Classification of Diseases; LOINC = Logical Observation Identifiers Names and Codes; MACPro = Medicaid and CHIP Program System; MCO = Managed Care Organization; MMIS = Medicaid Management Information System; NCQA = National Committee for Quality Assurance; NR = Not Reported; PCCM = Primary Care Case Management; PCP = Primary Care Practitioner.

State-Specific Comments:

- AL: Rate includes FFS and PCCM populations. Rate excludes Medicare-Medicaid Dual Eligibles.
- AZ: Rate includes managed care population (6 MCOs), representing 78 percent of the population. Rate excludes FFS population, Medicare-Medicaid Dual Eligibles, seriously mentally ill population, and state long-term care elderly, physically, or developmentally disabled population, representing 22 percent of the population. State conducted an internal validation of the data.
- AR: Rate includes FFS and PCCM populations. State did not use LOINC codes. Rate was audited by the state's data contractor.
- CA: Rate includes FFS, family planning program, and managed care populations (26 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Rate was derived using both administrative and hybrid method data. Twenty-five MCOs used the hybrid method. Administrative method was used for one MCO, the FFS population, and for beneficiaries covered by a combination of FFS and managed care during the year. Denominator is the measure eligible population. Rate was audited using decision support software.
- CT: Rate includes FFS population. Rate excludes Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 152,722. State attributes rate increase from FFY 2017 to quality improvement efforts. Rate was audited by a certified HEDIS auditor.
- DE: Rate includes managed care population (1 MCO), representing 72 percent of the population. Rate excludes FFS population and enrollees in one MCO, representing 28 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 8,975.
- DC: Rate includes managed care population (3 MCOs), representing 50 percent of the population. Rate excludes FFS population and enrollees in one MCO, representing 50 percent of the population. Denominator is the sample size; measure-eligible population is 31,189. MCO rates were audited by certified HEDIS auditors.
- FL: Rate includes managed care population (17 MCOs), representing 67 percent of the population. Rate excludes FFS population, representing 33 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 272,587. MCO rates were audited by a certified HEDIS auditor.
- GA: Rate includes FFS and managed care populations (4 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Rate was validated by the state's EQRO.
- HI: Rate includes managed care population (5 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Rate was derived using both administrative and hybrid method data. One MCO used the administrative method and four MCOs used the hybrid method. Denominator is the measure-eligible population. Rate was validated by the state's EQRO.

Table CCS-AD (continued)

IL:	Rate includes FFS, PCCM, and managed care populations (13 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Rate was validated by the state's EQRO.
IA:	Rate includes FFS and managed care populations (3 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. State applied optional exclusions.
KS:	Rate includes managed care population (3 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 41,842. Rate was validated by the state's EQRO.
KY:	Rate includes managed care population (5 MCOs), representing 90 percent of the population. Rate excludes FFS population, representing 10 percent of the population. Rate was derived using both administrative and hybrid method data. One MCO used the administrative method and four MCOs used the hybrid method. Denominator is the measure-eligible population. Rate was validated by the state's EQRO.
LA:	Rate includes managed care population (5 MCOs), representing 95 percent of the population. Rate excludes FFS population, representing 5 percent of the population, and Medicare-Medicaid Dual Eligibles. Rate was calculated using HEDIS-certified code and the state conducted an internal validation of the data.
MD:	Rate includes managed care population (8 MCOs), representing 83 percent of the population. Rate excludes FFS population, representing 17 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 225,623. Rate was audited by certified HEDIS auditors.
MA:	Rate includes PCCM and managed care populations (5 MCOs), representing 63 percent of the population. Rate excludes FFS population, representing 37 percent of the population, but most FFS beneficiaries would not be eligible for the measure, including beneficiaries who have other insurance, reside in a long-term care institution, or receive limited or temporary Medicaid benefits. Denominator is the sample size; measure-eligible population is 216,082.
MI:	Rate includes FFS and managed care populations (11 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles.
MN:	Rate includes FFS and managed care populations (8 MCOs). Rate includes paid claims only. Rate was audited by a certified HEDIS auditor.
MS:	Rate includes managed care population (2 MCOs), representing 64 percent of the population. Rate excludes FFS population, representing 36 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 46,852.
MO:	Rate includes FFS and managed care populations (3 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles.
NE:	Rate includes FFS and managed care populations (3 MCOs).
NH:	Rate includes managed care population (2 MCOs), representing 85 percent of the population. Rate excludes FFS population, representing 15 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 10,236. MCO rates were audited by certified HEDIS auditors.
NJ:	Rate includes managed care population (5 MCOs), representing 91 percent of the population. Rate excludes FFS population, representing 9 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 260,082.
NM:	Rate includes managed care population (4 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Rate was derived using both administrative and hybrid method data. Three MCOs used the administrative method and one MCO used the hybrid method. Denominator is the measure-eligible population. MCO rates were audited by certified HEDIS auditors.
NY:	Rate includes FFS and managed care populations (68 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. State conducted an internal validation of the data.
NC:	Rate includes FFS and PCCM populations. Rate excludes Medicare-Medicaid Dual Eligibles. Rate was validated by an NCQA-certified vendor.
OH:	Rate includes managed care population (5 MCOs), representing 82 percent of the population. Rate excludes FFS population, representing 18 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 487,890. MCO rates were audited by a certified HEDIS auditor.
OK:	Rate includes FFS and PCCM populations. Rate excludes home- and community-based services waiver enrollees.
OR:	Rate includes managed care population (16 CCOs), representing 82 percent of the population. Rate excludes FFS population, representing 18 percent of the population.

Table CCS-AD (continued)

PA:	Rate includes managed care population (9 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 455,656. Data were submitted by MCOs and compiled by the state's EQRO.
RI:	Rate includes managed care population (2 MCOs), representing 91 percent of the population. Rate excludes FFS population, representing 9 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 55,371.
SC:	Rate includes managed care population (5 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles.
TN:	Rate includes managed care population (4 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 262,868. Rate was validated by the state's EQRO.
TX:	Rate includes FFS and managed care populations (23 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Rate was derived using both administrative and hybrid method data. The rates for the state's FFS population and eighteen MCOs were calculated using the administrative method. Five MCOs used the hybrid method. Denominator is the measure-eligible population. Rate was validated by the state's EQRO.
UT:	Rate includes managed care population (4 MCOs), representing 75 percent of the population. Rate excludes FFS population, representing 25 percent of the population. Denominator is the sample size; measure-eligible population is 18,563. MCO rates were audited by certified HEDIS auditors.
VT:	Rate includes statewide 1115 waiver population enrolled in a public non-risk prepaid inpatient health plan population, representing the total Medicaid population. Rate excludes Medicare-Medicaid Dual Eligibles.
VA:	Rate includes managed care population (6 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. State obtained rate from the NCQA Quality Compass and denominator is not available.
WA:	Rate includes managed care population (5 MCOs), representing 87 percent of the population. Rate excludes FFS population, representing 13 percent of the population, and Medicare-Medicaid Dual Eligibles. Denominator is the sample size; measure-eligible population is 269,842. Rate was audited by the state's EQRO.
WV:	Rate includes FFS and managed care populations (4 MCOs). Rate includes paid claims only.