

Table AMM-AD. Percentage of Adults Age 18 and Older with a Diagnosis of Major Depression who were Treated with and Remained on an Antidepressant Medication, as Submitted by States for the FFY 2018 Adult Core Set Report (n = 33 states)

State	Population	Methodology	Denominator	Rate	
				Acute Phase Treatment	Continuation Phase Treatment
State Mean				50.0	34.4
State Median				50.3	34.8
States Reporting Ages 18 to 64 (n=19)					
Alabama	Medicaid	Administrative	4,135	45.4	31.0
California	Medicaid	Administrative	1,693	46.7	26.1
Delaware	Medicaid; Dual Eligibles	Administrative	26	47.9	33.4
Illinois	Medicaid; CHIP	Administrative	618	41.7	23.1
Iowa	Medicaid	Administrative	2	29.6	21.4
Louisiana	Medicaid; CHIP	Administrative	128	52.3	38.4
Massachusetts	Medicaid; Dual Eligibles	Administrative	1,060	50.3	35.6
Michigan	Medicaid	Administrative	14	47.0	27.0
Minnesota	Medicaid; Dual Eligibles	Administrative	26,872	53.0	38.7
Mississippi	Medicaid	Administrative	4,686	37.3	21.5
Missouri	Medicaid; CHIP	Administrative	89	43.7	26.7
New Hampshire	Medicaid	Administrative	1,270	57.1	41.0
New York	Medicaid	Administrative	1,267	52.0	37.6
North Carolina	Medicaid	Administrative	22,854	46.5	31.2
South Carolina	Medicaid; CHIP	Administrative	8,448	40.6	25.5
Vermont	Medicaid; CHIP	Administrative	3,472	73.5	59.3
Washington	Medicaid	Administrative	24,766	51.6	35.9
West Virginia	Medicaid; Dual Eligibles	Administrative	19	57.3	39.9
Wisconsin	Medicaid	Administrative	10,523	62.0	45.9
States Reporting Age 18 and Older (n=14)					
Connecticut	Medicaid; CHIP	Administrative	13,524	61.3	44.6
Dist. of Col.	Medicaid; CHIP; Dual Eligibles	Administrative	1,489	52.7	36.3
Florida	Medicaid	Administrative	22,671	52.6	37.2
Hawaii	Medicaid; Dual Eligibles	Administrative	3,734	50.3	34.5
Kansas	Medicaid; Dual Eligibles	Administrative	5,023	50.7	33.8
Kentucky	Medicaid; Dual Eligibles	Administrative	29,102	52.9	38.6
New Mexico	Medicaid	Administrative	12,307	48.7	33.2
Ohio	Medicaid; CHIP	Administrative	52,508	49.7	34.0
Pennsylvania	Medicaid	Administrative	42,840	51.4	37.1
Rhode Island	Medicaid; CHIP	Administrative	6,047	50.8	36.2
Tennessee	Medicaid	Administrative	25,351	47.1	30.6
Texas	Medicaid	Administrative	25,711	49.6	34.8
Utah	Medicaid; Dual Eligibles	Administrative	472	47.2	29.2
Virginia	Medicaid; CHIP	Administrative	NR	50.2	35.2

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

Notes: This measure identifies the percentage of adults age 18 and older diagnosed with major depression who were treated with antidepressant medication and remained on antidepressant medication treatment for the 12-week acute phase and the 6-month continuation phase.

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

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

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

Table AMM-AD (continued)

Unless otherwise specified, the measurement period for this measure was May 1, 2016 to April 30, 2017.

Unless otherwise specified, rates displayed in this table reflect state reporting for Medicaid beneficiaries ages 18 to 64 or age 18 and older.

The Adult Core Set specifications include guidance for calculating this measure using the administrative method. Unless otherwise specified, the administrative data source is the state's MMIS and/or data submitted by managed care plans, including behavioral health plans.

Denominators are assumed to be the measure-eligible population for states using the administrative method. Some states reported exclusions from the denominator, as noted in the state-specific comments below.

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

State-Specific Comments:

AL:	Rates include FFS and PCCM populations. Rates exclude Medicare-Medicaid Dual Eligibles.
CA:	Rates include FFS and managed care populations (26 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.
CT:	Rates include FFS population age 18 and older. Rates exclude Medicare-Medicaid Dual Eligibles. Rates were audited by a certified HEDIS auditor.
DE:	Rates include managed care population (1 MCO), representing 72 percent of the population. Rates exclude FFS population and enrollees in one MCO, representing 28 percent of the population.
DC:	Rates include managed care population (3 MCOs) age 18 and older, representing 50 percent of the population. Rates exclude FFS population and enrollees in one MCO, representing 50 percent of the population. MCO rates were audited by certified HEDIS auditors.
FL:	Rates include managed care population (17 MCOs) age 18 and older, representing 67 percent of the population. Rates exclude FFS population, representing 33 percent of the population, and Medicare-Medicaid Dual Eligibles. MCO rates were audited by a certified HEDIS auditor.
HI:	Rates include managed care population (5 MCOs) age 18 and older. Rates were validated by the state's EQRO.
IL:	Rates include FFS, PCCM, and managed care populations (13 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles. State converts Place of Service (POS) codes using a standard conversion to the state's POS codes with specific exceptions to meet the measure specifications. Rates were validated by the state's EQRO.
IA:	Rates include FFS and managed care populations (3 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.
KS:	Rates include managed care population (3 MCOs) age 18 and older.
KY:	Rates include managed care population (5 MCOs) age 18 and older, representing 90 percent of the population. Rates exclude FFS population, representing 10 percent of the population. Rates were validated by the state's EQRO.
LA:	Rates include FFS and managed care populations (5 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles. Rates were calculated using HEDIS-certified code and the state conducted an internal validation of the data.
MA:	Rates include PCCM and managed care populations (5 MCOs), representing 63 percent of the population. Rates exclude 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. Rates were validated by the state's EQRO.
MI:	Rates include FFS and managed care populations (11 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles. Data source is the state's Data Warehouse, which contains MMIS data and pharmacy data.
MN:	Rates include FFS and managed care populations (8 MCOs). Rates include paid claims only. Rates were audited by a certified HEDIS auditor.

Table AMM-AD (continued)

MS:	Rates include managed care population (2 MCOs), representing 64 percent of the population. Rates exclude FFS population, representing 36 percent of the population, and Medicare-Medicaid Dual Eligibles.
MO:	Rates include FFS and managed care populations (3 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.
NH:	Rates include managed care population (2 MCOs), representing 85 percent of the population. Rates exclude FFS population, representing 15 percent of the population, and Medicare-Medicaid Dual Eligibles. MCO rates were audited by certified HEDIS auditors.
NM:	Rates include managed care population (4 MCOs) age 18 and older. Rates exclude Medicare-Medicaid Dual Eligibles. MCO rates were audited by certified HEDIS auditors.
NY:	Rates include FFS and managed care populations (65 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles. State conducted an internal validation of the data.
NC:	Rates include FFS and PCCM populations. Rates exclude Medicare-Medicaid Dual Eligibles. Rates were validated by an NCQA-certified vendor.
OH:	Rates include managed care population (5 MCOs) age 18 and older, representing 82 percent of the population. Rates exclude FFS population, representing 18 percent of the population, and Medicare-Medicaid Dual Eligibles. MCO rates were audited by a certified HEDIS auditor.
PA:	Rates include managed care population (9 MCOs) age 18 and older. Rates exclude Medicare-Medicaid Dual Eligibles. Data were submitted by MCOs and compiled by the state's EQRO.
RI:	Rates include managed care population (2 MCOs) age 18 and older, representing 91 percent of the population. Rates exclude FFS population, representing 9 percent of the population, and Medicare-Medicaid Dual Eligibles.
SC:	Rates include managed care population (5 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.
TN:	Rates include managed care population (4 MCOs) age 18 and older. Rates exclude Medicare-Medicaid Dual Eligibles. Rates were validated by the state's EQRO.
TX:	Rates include FFS and managed care populations (24 MCOs) age 18 and older. Rates exclude Medicare-Medicaid Dual Eligibles. Rates were validated by the state's EQRO.
UT:	Rates include managed care population (4 MCOs) age 18 and older, representing 75 percent of the population. Rates exclude FFS population, representing 25 percent of the population. State attributes lower performance to challenges tracking behavioral health medications because they are carved out of managed care coverage. MCO rates were audited by certified HEDIS auditors.
VT:	Rates include statewide 1115 waiver population enrolled in a public non-risk prepaid inpatient health plan population, representing the total Medicaid population. Rates exclude Medicare-Medicaid Dual Eligibles. State attributes higher performance to frequent patient-provider interactions as part of medical home primary care model.
VA:	Rates include managed care population (6 MCOs) age 18 and older. Rates exclude Medicare-Medicaid Dual Eligibles. State obtained rates from the NCQA Quality Compass and denominator is not available.
WA:	Rates include managed care population (5 MCOs) age 18 and older, representing 87 percent of the population. Rates exclude FFS population, representing 13 percent of the population, and Medicare-Medicaid Dual Eligibles. Rates were audited by the state's EQRO.
WV:	Rates include FFS and managed care populations (4 MCOs). State did not require enrollment on the Index Prescription Start Date (IPSD) because the state cannot assess enrollment on specific dates. Rates include paid claims only.
WI:	Rates include managed care population (19 MCOs), representing 54 percent of the population. Rates exclude FFS population, representing 46 percent of the population, and Medicare-Medicaid Dual Eligibles.