

Table SAA-AD. Percentage of Adults Ages 19 to 64 with Schizophrenia who were Dispensed and Remained on an Antipsychotic Medication for at Least 80 Percent of their Treatment Period, as Submitted by States for the FFY 2018 Adult Core Set Report (n = 33 states)

State	Population	Methodology	Denominator	Rate
State Mean				58.5
State Median				57.7
Alabama	Medicaid	Administrative	1,606	53.9
Arkansas	Medicaid; CHIP; Dual Eligibles	Administrative	2,485	57.2
California	Medicaid	Administrative	56,934	56.7
Connecticut	Medicaid; CHIP	Administrative	4,446	68.1
Delaware	Medicaid; CHIP	Administrative	463	52.7
Dist. of Col.	Medicaid; CHIP; Dual Eligibles	Administrative	304	40.1
Florida	Medicaid	Administrative	15,711	62.7
Hawaii	Medicaid	Administrative	1,118	65.9
Illinois	Medicaid; CHIP	Administrative	9,772	54.7
Iowa	Medicaid	Administrative	929	37.5
Kentucky	Medicaid; Dual Eligibles	Administrative	4,386	58.2
Louisiana	Medicaid; CHIP	Administrative	9,533	47.4
Massachusetts	Medicaid	Administrative	6,010	68.5
Michigan	Medicaid	Administrative	14,307	59.1
Mississippi	Medicaid	Administrative	3,288	57.4
Missouri	Medicaid; CHIP	Administrative	7,532	64.9
Nebraska	Medicaid; CHIP; Dual Eligibles	Administrative	981	54.4
Nevada	Medicaid	Administrative	1,614	40.1
New Hampshire	Medicaid	Administrative	428	79.7
New Mexico	Medicaid	Administrative	2,912	54.3
New York	Medicaid	Administrative	38,429	63.1
North Carolina	Medicaid	Administrative	10,212	57.7
Ohio	Medicaid; CHIP	Administrative	11,617	54.4
Pennsylvania	Medicaid	Administrative	15,369	69.0
Rhode Island	Medicaid	Administrative	1,333	66.2
South Carolina	Medicaid; CHIP	Administrative	3,186	58.0
Tennessee	Medicaid	Administrative	8,205	59.6
Texas	Medicaid	Administrative	21,366	55.8
Utah	Medicaid	Administrative	121	57.0
Vermont	Medicaid; CHIP	Administrative	284	79.2
Virginia	Medicaid; CHIP	Administrative	NR	67.0
Washington	Medicaid	Administrative	3,677	64.2
West Virginia	Medicaid; Dual Eligibles	Administrative	1,965	47.1

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

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. The following state used National Committee for Quality Assurance 2017 specifications: NV.

Unless otherwise specified, the measurement period for this measure was January 1, 2017 to December 31, 2017.

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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:	Rate includes FFS and PCCM populations. Rate excludes Medicare-Medicaid Dual Eligibles.
AR:	Rate includes FFS and PCCM populations. Rate was audited by the state's data contractor.
CA:	Rate includes FFS and managed care populations (26 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles.
CT:	Rate includes FFS population. Rate excludes Medicare-Medicaid Dual Eligibles. 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.
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. 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. MCO rates were audited by a certified HEDIS auditor.
HI:	Rate includes managed care population (5 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles.
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. For a small number of beneficiaries who received injections, the state was unable to calculate the proportion of days covered (PDC) and converted 80 percent of PDC to 9 injections and used the entire measurement year as the treatment period for injections. State attributes lower rate to ongoing issues with MCO pharmacy encounter claims.
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 validated by the state's EQRO.
LA:	Rate includes FFS and managed care populations (5 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. Rate was calculated using HEDIS-certified code and the state conducted an internal validation of the data.
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 (commercial or Medicare), reside in a long-term care institution, or receive limited or temporary Medicaid benefits.
MI:	Rate includes FFS and managed care populations (11 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles.
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.
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).

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NV:	Rate includes managed care population (3 MCOs). Rate excludes FFS population and Medicare-Medicaid Dual Eligibles.
NH:	Rate includes managed care population (2 MCOs), representing 86 percent of the population. Rate excludes FFS population, representing 14 percent of the population, and Medicare-Medicaid Dual Eligibles. MCO rates were audited by certified HEDIS auditors.
NM:	Rate includes managed care population (4 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. MCO rates were audited by certified HEDIS auditors.
NY:	Rate includes FFS and managed care populations (64 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. MCO rates were audited by a certified HEDIS auditor.
PA:	Rate includes managed care population (9 MCOs). Rate excludes Medicare-Medicaid Dual Eligibles. 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.
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. Rate was validated by the state's EQRO.
TX:	Rate includes managed care population (23 MCOs), representing 59 percent of the population. Rate excludes FFS population, representing 41 percent of the population, and Medicare-Medicaid Dual Eligibles. Rate was validated by the state's EQRO.
UT:	Rate includes managed care population (3 MCOs), representing 45 percent of the population. Rate excludes FFS population and enrollees in one MCO, representing 55 percent of the population, and Medicare-Medicaid Dual Eligibles. 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. Rate also excludes managed care populations who met the continuous eligibility requirement for Medicaid or CHIP but who were not enrolled in a single plan during the continuous enrollment period. Rate was audited by the state's EQRO.
WV:	Rate includes FFS and managed care populations (4 MCOs).