

Table APP-CH. 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, as Submitted by States for the FFY 2018 Child Core Set Report (n = 28 states)

State	Population	Methodology	Denominator	Rate
State Mean				62.2
State Median				63.5
Alabama	Medicaid only	Administrative	3,176	66.2
Alabama	CHIP only	Administrative	176	60.2
Arizona	Medicaid only	Administrative	2,672	68.5
California	Medicaid & CHIP	Administrative	5,919	59.1
Connecticut	Medicaid & CHIP	Administrative	1,208	81.5
Delaware	Medicaid & CHIP	Administrative	369	59.3
Dist. of Col.	Medicaid & CHIP	Administrative	177	34.5
Florida	Medicaid & CHIP	Administrative	7,303	60.7
Indiana	Medicaid & CHIP	Administrative	2,596	70.5
Iowa	Medicaid only	Administrative	2,144	57.6
Iowa	CHIP only	Administrative	163	60.1
Kansas	Medicaid & CHIP	Administrative	1,871	71.9
Kentucky	Medicaid & CHIP	Administrative	3,378	64.9
Louisiana	Medicaid & CHIP	Administrative	3,643	68.7
Massachusetts	Medicaid & CHIP	Administrative	1,368	74.3
Mississippi	Medicaid only	Administrative	2,608	66.6
Mississippi	CHIP only	Administrative	107	47.7
New Hampshire	Medicaid & CHIP	Administrative	329	60.5
New Mexico	Medicaid & CHIP	Administrative	1,017	58.3
New York	Medicaid & CHIP	Administrative	5,481	67.3
North Carolina	Medicaid only	Administrative	4,979	47.5
North Carolina	CHIP only	Administrative	298	51.0
Ohio	Medicaid & CHIP	Administrative	5,941	75.1
Oklahoma	Medicaid & CHIP	Administrative	7,534	53.6
Pennsylvania	Medicaid & CHIP	Administrative	3,525	70.3
Rhode Island	Medicaid & CHIP	Administrative	341	64.2
South Carolina	Medicaid & CHIP	Administrative	1,339	56.3
Tennessee	Medicaid only	Administrative	1,841	50.9
Tennessee	CHIP only	Administrative	204	40.7
Texas	Medicaid only	Administrative	13,355	46.7
Texas	CHIP only	Administrative	582	37.6
Vermont	Medicaid & CHIP	Administrative	224	69.2
Virginia	Medicaid & CHIP	Administrative	NR	62.7
West Virginia	CHIP only	Administrative	79	55.7

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

Notes: This measure identifies the 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.

The term “states” includes the 50 states and the District of Columbia.

Means are calculated as the unweighted average of all state rates. When a state reported separate rates for its Medicaid and CHIP populations, the mean and median rates were calculated using the rate for the larger measure-eligible population.

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

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

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The Child 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.

ADHD = Attention-Deficit/Hyperactivity Disorder; CCO = Coordinated Care Organization; CHIP = Children's Health Insurance Program; CMS = Centers for Medicare & Medicaid Services; CPT = Current Procedural Terminology; CY = Calendar Year; ED = Emergency Department; EPSDT = Early and Periodic Screening, Diagnostic, and Treatment; 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:	Medicaid rate includes FFS and PCCM populations.
AL:	CHIP rate includes separate CHIP population. Rate excludes children enrolled in Medicaid-expansion CHIP; these children are included in the state's Medicaid rate.
AZ:	Rate includes managed care population (3 MCOs), representing 92 percent of the population. Rate excludes FFS population, representing 8 percent of the population. State conducted an internal validation of the data.
CA:	Rate includes FFS and managed care populations (26 MCOs). Rate was validated by the state's EQRO.
CT:	Rate includes FFS population. Rate was audited by a certified HEDIS auditor.
DE:	Rate includes managed care population (1 MCO), representing 86 percent of the population. Rate excludes FFS population and enrollees in one MCO, representing 14 percent of the population.
DC:	Rate includes managed care population (3 MCOs), representing 66 percent of the population. Rate excludes FFS population and one MCO, representing 34 percent of the population. MCO rates were audited by certified HEDIS auditors.
FL:	Rate includes FFS, PCCM, and managed care populations (21 MCOs). MCO rates were audited by a certified HEDIS auditor.
IN:	Rate includes managed care population (4 MCOs), representing more than 90 percent of the population. Rate excludes FFS population, representing less than 10 percent of the population. MCO rates were audited by certified HEDIS auditors.
IA:	Medicaid rate includes FFS and managed care populations (3 MCOs).
IA:	CHIP rate includes managed care population (3 MCOs).
KS:	Rate includes managed care population (3 MCOs).
KY:	Rate includes managed care population (5 MCOs), representing 95 percent of the population. Rate excludes FFS population, representing 5 percent of the population. Rate was validated by certified HEDIS auditors.
LA:	Rate includes FFS and managed care populations (5 MCOs). 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 74 percent of the population. Rate excludes FFS population, representing 26 percent of the Medicaid population and 18 percent of the CHIP population, but the majority of these children would not have been measure-eligible, including children who have other primary insurance, children with limited Medicaid benefits, children in premium assistance programs, new enrollees who have not yet enrolled in an MCO, and children in state custody.
MS:	Medicaid rate includes managed care population (2 MCOs), representing 64 percent of the population. Rate excludes FFS population, representing 36 percent of the population.
MS:	CHIP rate includes managed care population (1 MCO), representing 50 percent of the population.
NH:	Rate includes managed care population (2 MCOs), representing 88 percent of the population. Rate excludes FFS population, representing 12 percent of the population. MCO rates were audited by certified HEDIS auditors.
NM:	Rate includes managed care population (4 MCOs). MCO rates were audited by certified HEDIS auditors.

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NY:	Rate includes managed care population (18 MCOs), representing more than 90 percent of the population. Rate excludes FFS population, representing less than 10 percent of the population. State conducted an internal validation of the data.
NC:	Medicaid rate includes FFS and PCCM populations. Rate was validated by an NCQA-certified vendor.
NC:	CHIP rate includes FFS and PCCM populations ages 6 to 17. Rate was validated by an NCQA-certified vendor.
OH:	Rate includes managed care population (5 MCOs), representing 93 percent of the population. Rate excludes FFS population, representing 7 percent of the population.
OK:	Rate includes FFS and PCCM populations. Rate excludes enrollees in home- and community-based services waivers.
PA:	Rate includes managed care population (19 MCOs). Data were submitted by MCOs and compiled by the state's EQRO.
RI:	Rate includes managed care population (2 MCOs), representing 85 percent of the population. Rate excludes FFS population, representing 15 percent of the population.
SC:	Rate includes managed care population (5 MCOs).
TN:	Medicaid rate includes managed care population (4 MCOs). Rate was validated by the state's EQRO.
TN:	CHIP rate includes the CHIP Health Plan Administrators and Medical Benefits Managers population. Rate was validated by the state's EQRO.
TX:	Medicaid rate includes FFS and managed care populations (29 MCOs). Rate was validated by the state's EQRO.
TX:	CHIP rate includes managed care population (17 MCOs). Rate was validated by the state's EQRO.
VT:	Rate includes statewide 1115 waiver population enrolled in a public non-risk prepaid inpatient health plan population, representing the total Medicaid population.
VA:	Rate includes managed care population (6 MCOs). State obtained rate from the NCQA Quality Compass and denominator is not available.
WV:	Rate includes FFS population.