

**Table APC-CH. Percentage of Children and Adolescents Ages 1 to 17 who were on Two or More Concurrent Antipsychotic Medications for at Least 90 Consecutive Days, as Submitted by States for the FFY 2018 Child Core Set Report (n = 39 states) [Lower rates are better]**

State	Population	Methodology	Denominator	Rate
State Mean				2.7
State Median				2.9
Alabama	Medicaid only	Administrative	4,925	4.0
Alabama	CHIP only	Administrative	250	1.2
Arizona	Medicaid only	Administrative	6,085	1.1
Arkansas	Medicaid & CHIP	Administrative	2,595	1.0
California	Medicaid & CHIP	Administrative	12,495	3.3
Connecticut	Medicaid & CHIP	Administrative	3,302	2.5
Delaware	Medicaid & CHIP	Administrative	799	2.8
Dist. of Col.	Medicaid & CHIP	Administrative	203	1.5
Florida	Medicaid & CHIP	Administrative	11,607	1.9
Indiana	Medicaid & CHIP	Administrative	3,548	0.8
Iowa	Medicaid only	Administrative	4,052	2.4
Iowa	CHIP only	Administrative	334	0.3
Kansas	Medicaid & CHIP	Administrative	4,697	4.2
Kentucky	Medicaid & CHIP	Administrative	6,344	2.2
Louisiana	Medicaid & CHIP	Administrative	5,788	1.9
Maine	Medicaid & CHIP	Administrative	1,531	1.4
Massachusetts	Medicaid & CHIP	Administrative	3,375	2.9
Michigan	Medicaid only	Administrative	7,442	4.6
Mississippi	Medicaid only	Administrative	3,131	0.4
Missouri	Medicaid only	Administrative	8,992	3.6
Missouri	CHIP only	Administrative	308	3.2
Nebraska	Medicaid & CHIP	Administrative	2,493	4.0
Nevada	Medicaid only	Administrative	330	3.6
Nevada	CHIP only	Administrative	40	7.5
New Hampshire	Medicaid & CHIP	Administrative	830	4.1
New Jersey	Medicaid & CHIP	Administrative	4,224	3.1
New Mexico	Medicaid & CHIP	Administrative	1,764	3.2
New York	Medicaid & CHIP	Administrative	12,384	3.2
North Carolina	Medicaid only	Administrative	9,452	3.1
North Carolina	CHIP only	Administrative	482	1.2
Ohio	Medicaid & CHIP	Administrative	11,791	3.5
Oklahoma	Medicaid & CHIP	Administrative	5,944	3.6
Pennsylvania	Medicaid only	Administrative	10,167	1.5
Rhode Island	Medicaid & CHIP	Administrative	540	2.0
South Carolina	Medicaid & CHIP	Administrative	2,147	0.7
South Dakota	Medicaid & CHIP	Administrative	756	4.6
Tennessee	Medicaid only	Administrative	6,772	2.3
Tennessee	CHIP only	Administrative	230	2.2
Texas	Medicaid only	Administrative	25,322	2.0
Texas	CHIP only	Administrative	640	0.3
Utah	Medicaid only	Administrative	172	4.7
Utah	CHIP only	Administrative	39	7.7
Vermont	Medicaid & CHIP	Administrative	428	3.7
Virginia	Medicaid & CHIP	Administrative	NR	2.9
Washington	Medicaid & CHIP	Administrative	2,480	2.7
West Virginia	Medicaid only	Administrative	1,937	0.3
West Virginia	CHIP only	Administrative	69	8.7
Wyoming	Medicaid only	Administrative	520	4.2

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Table APC-CH (continued)

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 were treated with antipsychotic medications and who were on two or more concurrent antipsychotic medications for at least 90 consecutive days 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. 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 October 31, 2017. AZ reported data for FFY 2016.

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.

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 was validated using decision support software.

CT: Rate includes FFS population.

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 (3 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). Rate was validated by the state’s EQRO.

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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.
ME:	Rate includes FFS population.
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.
MI:	Rate includes managed care population (11 MCOs), representing 80 percent of the population. Rate excludes FFS population, representing 20 percent of the population. MCO rates were validated by the state's EQRO.
MS:	Rate includes managed care population (2 MCOs), representing 64 percent of the population. Rate excludes FFS population, representing 36 percent of the population.
MO:	Medicaid rate includes FFS and managed care populations (3 MCOs).
MO:	CHIP rate includes FFS and managed care populations (3 MCOs).
NE:	Rate includes FFS and managed care populations (3 MCOs).
NV:	Medicaid rate includes managed care population (3 MCOs). Rate excludes FFS population.
NV:	CHIP rate includes managed care population (3 MCOs). Rate excludes FFS 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.
NJ:	Rate includes managed care population (5 MCOs), representing 93 percent of the population. Rate excludes FFS population, representing 7 percent of the population.
NM:	Rate includes managed care population (4 MCOs). MCO rates were audited by certified HEDIS auditors.
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. 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 (9 MCOs). Data were submitted by MCOs and compiled by the state's EQRO.
RI:	Rate includes managed care population (1 MCO). Rate excludes FFS population and enrollees in one MCO.
SC:	Rate includes managed care population (5 MCOs).
SD:	Rate includes FFS population. Rate excludes services provided by Indian Health Service and may not capture all services reimbursed on a per diem basis, such as those provided by Rural Health Clinics and Federally Qualified Health Centers.
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.
UT:	Medicaid rate includes managed care population (4 MCOs), representing 85 percent of the population. Rate excludes FFS population, representing 15 percent of the population. MCO rates were audited by certified HEDIS auditors.

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UT:	CHIP rate includes managed care population (2 MCOs). 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.
VA:	Rate includes managed care population (6 MCOs). State obtained rate from the NCQA Quality Compass and denominator is not available.
WA:	Rate includes managed care population (5 MCOs), representing 97 percent of the population. Rate excludes FFS and PCCM populations, representing 3 percent of the population. 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:	Medicaid rate includes FFS and managed care populations (4 MCOs). Rate includes paid claims only.
WV:	CHIP rate includes FFS population.
WY:	Rate includes FFS population.