

**Table SSD-AD. Percentage of Adults Ages 18 to 64 with Schizophrenia or Bipolar Disorder who were Dispensed an Antipsychotic Medication and had a Diabetes Screening Test, as Submitted by States for the FFY 2018 Adult Core Set Report (n = 32 states)**

State	Population	Methodology	Denominator	Rate
State Mean				79.7
State Median				80.1
Alabama	Medicaid	Administrative	7,103	77.1
Arkansas	Medicaid; CHIP; Dual Eligibles	Administrative	4,618	76.9
California	Medicaid	Administrative	89,764	75.3
Connecticut	Medicaid; CHIP	Administrative	10,263	79.0
Delaware	Medicaid; CHIP	Administrative	1,543	71.4
Dist. of Col.	Medicaid; CHIP; Dual Eligibles	Administrative	859	69.0
Florida	Medicaid	Administrative	23,697	80.8
Hawaii	Medicaid	Administrative	3,320	72.1
Illinois	Medicaid; CHIP	Administrative	17,664	91.5
Iowa	Medicaid	Administrative	2,075	80.8
Kentucky	Medicaid; Dual Eligibles	Administrative	12,013	83.1
Louisiana	Medicaid; CHIP	Administrative	18,462	82.5
Massachusetts	Medicaid	Administrative	14,552	80.6
Michigan	Medicaid	Administrative	31,164	79.9
Mississippi	Medicaid	Administrative	4,374	70.8
Missouri	Medicaid; CHIP	Administrative	14,294	84.3
Nevada	Medicaid	Administrative	3,781	79.4
New Hampshire	Medicaid	Administrative	905	81.9
New Mexico	Medicaid	Administrative	6,369	76.9
New York	Medicaid	Administrative	60,518	79.6
North Carolina	Medicaid	Administrative	19,177	76.3
Ohio	Medicaid; CHIP	Administrative	29,641	80.2
Pennsylvania	Medicaid	Administrative	15,568	88.1
Rhode Island	Medicaid; CHIP	Administrative	3,118	79.6
South Carolina	Medicaid; CHIP	Administrative	4,834	72.5
Tennessee	Medicaid	Administrative	17,344	83.5
Texas	Medicaid	Administrative	31,941	80.9
Utah	Medicaid	Administrative	203	90.1
Vermont	Medicaid; CHIP	Administrative	882	77.8
Virginia	Medicaid; CHIP	Administrative	NR	82.2
Washington	Medicaid	Administrative	8,724	85.2
West Virginia	Medicaid; Dual Eligibles	Administrative	6,605	81.5

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 18 to 64 with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test 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.

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.

Table SSD-AD (continued)

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. Rate was validated by the state's EQRO.
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.
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.
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.

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Table SSD-AD (continued)

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 (61 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 FFS and managed care populations (23 MCOs). Rate excludes 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). Rate includes paid claims only.