

	Measure 1879: Adherence to Antipsychotic Medications for Individuals with Schizophrenia (Centers for Medicare and Medicaid Services)
Description	Percentage of individuals at least 18 years of age as of the beginning of the measurement period with schizophrenia or schizoaffective disorder who had at least two prescription drug claims for antipsychotic medications and had a Proportion of Days Covered (PDC) of at least 0.8 for antipsychotic medications during the measurement period (12 consecutive months).
Numerator	Individuals with schizophrenia or schizoaffective disorder who had at least two prescription drug claims for antipsychotic medications and have a PDC of at least 0.8 for antipsychotic medications.
Numerator Details	<p>The numerator is defined as individuals with a PDC of 0.8 or greater.</p> <p>The PDC is calculated as follows:</p> <p>PDC NUMERATOR The PDC numerator is the sum of the days covered by the days' supply of all prescription drug claims for all antipsychotic medications. The period covered by the PDC starts on the day the first prescription is filled (index date) and lasts through the end of the measurement period, or death, whichever comes first. For prescription drug claims with a days' supply that extends beyond the end of the measurement period, count only the days for which the drug was available to the individual during the measurement period. If there are claims for the same drug (generic name) on the same date of service, keep the claim with the largest days' supply. If claims for the same drug (generic name) overlap, then adjust the prescription start date to be the day after the previous fill has ended.</p> <p>PDC DENOMINATOR The PDC denominator is the number of days from the first prescription drug claim date through the end of the measurement period, or death date, whichever comes first.</p>
Denominator	Individuals at least 18 years of age as of the beginning of the measurement period with schizophrenia or schizoaffective disorder and at least two prescription drug claims for antipsychotic medications during the measurement period (12 consecutive months).
Denominator Details	<p>Target population meets the following conditions:</p> <ol style="list-style-type: none"> 1. Continuously enrolled in Medicare Part D with no more than a one-month gap in enrollment during the measurement period; 2. Continuously enrolled in Medicare Part A and Part B with no more than a one-month gap in Part A enrollment and no more than a one-month gap in Part B enrollment during the measurement period; and, 3. No more than one month of HMO (Health Maintenance Organization) enrollment during the measurement period. <p>IDENTIFICATION OF SCHIZOPHRENIA Individuals with schizophrenia or schizoaffective disorder are identified by having a diagnosis of schizophrenia within the inpatient or outpatient claims data. Individuals must have:</p>

At least two encounters with a diagnosis of schizophrenia or schizoaffective disorder with different dates of service in an outpatient setting, emergency department setting, or non-acute inpatient setting during the measurement period;

OR

At least one encounter with a diagnosis of schizophrenia or schizoaffective disorder in an acute inpatient setting during the measurement period.

CODES USED TO IDENTIFY SCHIZOPHRENIA OR SCHIZOAFFECTIVE DISORDER DIAGNOSIS

Codes used to identify schizophrenia or schizoaffective disorder are included in the attached excel worksheet of codes (NQF_1879_Code Tables_2018_Final.xlsx) under the tab NQF_1879_Schizophrenia.

Table 1: Schizophrenia or Schizoaffective Disorder Diagnosis

ICD-9-CM: 295.xx

ICD-10-CM: F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F25.0, F25.1, F25.8, F25.9

CODES USED TO IDENTIFY ENCOUNTER TYPE:

Codes used to identify encounters are under tab NQF_1879_Encounter_types.

Table 2.1: Outpatient Setting

Current Procedural Terminology (CPT): 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99385-99387, 99395-99397, 99401-99404, 99411, 99412, 99429, 99510

HCPCS: G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015

UB-92 revenue: 0510, 0511, 0513, 0516-0517, 0519-0523, 0526-0529, 0770, 0771, 0779, 0900-0905, 0907, 0911-0917, 0919, 0982, 0983

OR

CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90863, 90867-90870, 90875, 90876, 90880, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291

WITH

Place of Service (POS): 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72

Table 2.2: Emergency Department Setting

CPT: 99281-99285

UB-92 revenue: 0450, 0451, 0452, 0456, 0459, 0981

OR

CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90863, 90867-90870, 90875, 90876, 99291

WITH

POS: 23

Table 2.3: Non-Acute Inpatient Setting

CPT: 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337

HCPCS: H0017-H0019, T2048

UB-92 revenue: 0118, 0128, 0138, 0148, 0158, 0190-0194, 0199, 0524, 0525, 0550-0552, 0559, 0660-0663, 0669, 1000, 1001, 1003-1005

OR

CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90863, 90867-90870, 90875, 90876, 99291

WITH

POS: 31, 32, 56

Table 2.4: Acute Inpatient Setting

UB-92 revenue: 0100, 0101, 0110-0114, 0119-0124, 0129-0134, 0139-0144, 0149-0154, 0159, 0160, 0164, 0167, 0169, 0200-0204, 0206-0209, 0210-0214, 0219, 0720-0724, 0729, 0987

OR

CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90863, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291

WITH

POS: 21, 51

IDENTIFICATION OF PRESCRIPTION DRUG CLAIMS FOR ANTIPSYCHOTIC MEDICATION:

Individuals with at least two prescription drug claims for any of the following oral antipsychotic medications (Table 3: Oral Antipsychotic Medications) or long-acting injectable antipsychotic medications (see Table 4: Long-acting injectable antipsychotic medications). The National Drug Center (NDC) identifier for medications included in the measure denominator are listed in tab NQF_1879_ Antipsychotics of the attached excel

workbook. Obsolete drug products are excluded from National Drug Codes (NDCs) with an inactive date more than six years prior to the beginning of the measurement period or look-back period.

TABLE 3: ORAL ANTIPSYCHOTIC MEDICATIONS

The following are oral formulations only.

Typical Antipsychotic Medications:

chlorpromazine
fluphenazine
haloperidol
loxapine
molindone
perphenazine
prochlorperazine
thioridazine
thiothixene
trifluoperazine

Atypical Antipsychotic Medications:

aripiprazole
asenapine
brexpiprazole
cariprazine
clozapine
iloperidone
lurasidone
olanzapine
paliperidone
quetiapine
quetiapine fumarate (Seroquel)
risperidone
ziprasidone

Antipsychotic Combinations:

perphenazine-amitriptyline

TABLE 4: LONG-ACTING INJECTABLE ANTIPSYCHOTIC MEDICATIONS

The following are the long-acting (depot) injectable antipsychotic medications by class for the denominator. The route of administration includes all injectable and intramuscular formulations of the medications listed below.

Typical Antipsychotic Medications:

fluphenazine decanoate (J2680)
haloperidol decanoate (J1631)

Atypical Antipsychotic Medications:

	<p>aripiprazole (J0401) aripiprazole lauroxil (Aristada) olanzapine pamoate (J2358) paliperidone palmitate (J2426) risperidone microspheres (J2794)</p> <p>Note: Since the days' supply variable is not reliable for long-acting injections in administrative data, the days' supply is imputed as listed below for the long-acting (depot) injectable antipsychotic medications billed under Medicare Part D and Part B: fluphenazine decanoate (J2680) – 28 days' supply haloperidol decanoate (J1631) – 28 days' supply aripiprazole (J0401) – 28 days' supply aripiprazole lauroxil (Aristada) - 28 days' supply olanzapine pamoate (J2358) – 28 days' supply paliperidone palmitate (J2426) – 28 days' supply risperidone microspheres (J2794) – 14 days' supply</p>
Exclusions	Individuals with any diagnosis of dementia during the measurement period.
Exclusion details	<p>Individuals with any diagnosis of dementia are identified with the diagnosis codes listed below tab NQF_1879_Dementia</p> <p>Table 5: Codes Used to Identify Dementia ICD-9-CM: 290.0, 290.10, 290.11, 290.12, 290.13, 290.20, 290.21, 290.3, 290.40, 290.41, 290.42, 290.43, 290.8, 290.9, 291.2, 292.82, 294.10, 294.11, 294.20, 294.21, 330.1, 331.0, 331.19, 331.82 ICD-10-CM: E75.00, E75.01, E75.02, E75.09, E75.10, E75.11, E75.19, E75.4, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F05, F10.27, F11.122, F13.27, F13.97, F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0, G30.1, G30.8, G30.9, G31.09, G31.83</p>
Risk Adjustment	No risk adjustment or risk stratification
Stratification	<p>Depending on the operational use of the measure, measure results can be stratified by:</p> <ul style="list-style-type: none"> • State • Physician Group* • Age – Divided into six categories: 18-24, 25-44, 45-64, 65-74, 75-84, and 85+ years • Race/Ethnicity • Dual Eligibility <p>*See Calculation Algorithm/Measure Logic S.14 below for physician group attribution methodology used for this measure.</p>
Type	Process
Type of Score	Rate/proportion
Data Source	Claims
Level	Clinician : Group/Practice, Health Plan, Population : Regional and State
Setting	Outpatient Services

	Measure 1927: Cardiovascular Health Screening for People With Schizophrenia or Bipolar Disorder Who Are Prescribed Antipsychotic Medications (National Committee for Quality Assurance)
Description	The percentage of individuals 25 to 64 years of age with schizophrenia or bipolar disorder who were prescribed any antipsychotic medication and who received a cardiovascular health screening during the measurement year.
Numerator	Individuals who had one or more LDL-C screenings performed during the measurement year.
Numerator Details	<p>CODES TO IDENTIFY LDL-C SCREENINGS</p> <ul style="list-style-type: none"> - CPT: 80061, 83700, 83701, 83704, 83721 - CPT Category II: 3048F, 3049F, 3050F - LOINC: 2089-1, 12773-8, 13457-7, 18261-8, 18262-6, 22748-8, 39469-2, 49132-4, 55440-2, 69419-0
Denominator	Individuals ages 25 to 64 years of age by the end of the measurement year with a diagnosis of schizophrenia or bipolar disorder who were prescribed any antipsychotic medication during the measurement year.
Denominator Details	<p>- Medicaid beneficiaries 25 to 64 years of age by the end of the measurement year.</p> <p>- Two separate claims with schizophrenia or bipolar disorder as a primary diagnosis or one inpatient claim with schizophrenia or bipolar disorder as a primary diagnosis and a prescription for any antipsychotic medication in the measurement year.</p> <p>CODES TO IDENTIFY SCHIZOPHRENIA DIAGNOSIS</p> <ul style="list-style-type: none"> - ICD-9-CM Diagnosis: 295 - ICD-10-CM Diagnosis: F20, F25.9 <p>---</p> <p>CODES TO IDENTIFY BIPOLAR DISORDER DIAGNOSIS</p> <ul style="list-style-type: none"> - ICD-9-CM Diagnosis: 296.0, 296.1, 296.4, 296.5, 296.6, 296.7 - ICD-10-CM Diagnosis: F31 <p>---</p> <p>ANTIPSYCHOTIC MEDICATIONS</p> <p>Miscellaneous antipsychotic agents:</p> <p>Aripiprazole, Asenapine, Clozapine, Haloperidol, Iloperidone, Loxapine, Lurasidone, Molindone, Olanzapine, Paliperidone, Pimozide, Quetiapine, Quetiapine fumarate, Risperidone, Ziprasidone</p> <p>Phenothiazine antipsychotics:</p> <p>Chlorpromazine, Fluphenazine, Perphenazine, Perphenazine-amitriptyline, Prochlorperazine, Thioridazine, Trifluoperazine</p>

Psychotherapeutic combinations:

Fluoxetine-olanzapine

Thioxanthenes:

Thiothixene

Long-acting injections:

Fluphenazine decanoate, Haloperidol decanoate, Olanzapine, Paliperidone palmitate, Risperidone

CODES TO IDENTIFY VISIT TYPE

Acute inpatient

- UB Revenue: 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x, 021x, 072x, 0987

- CPT: 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291

WITH

POS: 21, 51

Outpatient, intensive outpatient and partial hospitalization

- CPT: 90804-90815, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99510

- HCPCS: G0155, G0176, G0177, G0409-G0411, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485

- UB Revenue: 0510, 0513, 0516, 0517, 0519-0523, 0526-0529, 0900, 0901, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983

- CPT: 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291

WITH

POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72

ED

- CPT: 99281-99285

- UB Revenue: 045x, 0981

- CPT: 90801, 90802, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876, 99291

WITH

POS: 23

Nonacute inpatient

- CPT: 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337

- HCPCS: H0017-H0019, T2048

- UB Revenue: 0118, 0128, 0138, 0148, 0158, 019x, 0524, 0525, 055x, 066x, 1000, 1001,

	1003-1005 - CPT: 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876, 99291 WITH POS: 31, 32, 56
Exclusions	Individuals are excluded from the denominator if they were discharged alive for a coronary artery bypass graft (CABG) or percutaneous coronary intervention (PCI) (these events may occur in the measurement year or year prior to the measurement year), or diagnosed with ischemic vascular disease (IVD) (this diagnosis must appear in both the measurement year and the year prior to the measurement year), chronic heart failure, or had a prior myocardial infarction (identified in the measurement year or as far back as possible).
Exclusion details	<p>Coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI). Individuals discharged alive for CABG or PCI in the measurement year or the year prior to the measurement year. Refer to (Table–E) and use codes for PCI and CABG only. CABG cases should be from inpatient claims/encounters only. Include all cases of PCI, regardless of setting (e.g., inpatient, outpatient, ED).</p> <p>Ischemic vascular disease (IVD). Individuals who met at least one of the following criteria during both the measurement year and the year prior to the measurement year. Criteria need not be the same across both years.</p> <ul style="list-style-type: none"> -At least one outpatient visit (Table–F) with an IVD diagnosis (Table–E), or -At least one acute inpatient claim/encounter (Table–F) with an IVD diagnosis (Table–E) <p>Chronic heart failure (CHF). Individuals who had at least one encounter, in any setting, with a code to identify CHF. Refer to (Table–E) and use codes for CHF only. Look as far back as possible in the patient’s history through the end of the measurement year.</p> <p>Prior Myocardial infarction (MI). Individuals who had at least one encounter, in any setting, with any code to identify MI (Table–E). Look as far back as possible in the patient’s history through the end of the measurement year.</p> <p>---</p> <p>Table – E: Codes to identify AMI, PCI, CABG, IVD and CHF</p> <p>AMI</p> <ul style="list-style-type: none"> - ICD-9-CM Diagnosis: 410.x1 <p>CABG (include only inpatient claims)</p> <ul style="list-style-type: none"> - CPT: 33510-33514, 33516-33519, 33521-33523, 33533-33536 - HCPCS: S2205-S2209 - ICD-9-CM Procedure: 36.1, 36.2 <p>PCI</p> <ul style="list-style-type: none"> - CPT: 92980, 92982, 92995 - HCPCS: G0290 - ICD-9-CM Procedure: 00.66, 36.06, 36.07 <p>CHF</p>

	<p>- ICD-9-CM Diagnosis: 425, 428</p> <p>IVD</p> <p>- ICD-9-CM Diagnosis: 411, 413, 414.0, 414.2, 414.8, 414.9, 429.2, 433-434, 440.1, 440.2, 440.4, 444, 445</p> <p>---</p> <p>Table –F: Codes to identify visit type</p> <p>Outpatient:</p> <p>- CPT: 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456</p> <p>- UB Revenue: 051x, 0520-0523, 0526-0529, 057x-059x, 0982, 0983</p> <p>Acute Inpatient:</p> <p>- CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291</p> <p>- UB Revenue: 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x, 021x, 072x, 0987</p>
Risk Adjustment	No risk adjustment or risk stratification
Stratification	Not applicable.
Type	Process
Type of Score	Rate/proportion
Data Source	Claims, Electronic Health Data, Electronic Health Records
Level	Health Plan, Integrated Delivery System, Population : Regional and State
Setting	Other:Any outpatient setting represented with Medicaid claims data, Outpatient Services

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	Measure 1937: Follow-Up After Hospitalization for Schizophrenia (7- and 30-day) (National Committee for Quality Assurance)
Description	<p>The percentage of discharges for individuals 18 – 64 years of age who were hospitalized for treatment of schizophrenia and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported.</p> <ul style="list-style-type: none"> •The percentage of individuals who received follow-up within 30 days of discharge •The percentage of individuals who received follow-up within 7 days of discharge
Numerator	<p>30-Day Follow-Up: An outpatient visit, intensive outpatient encounter or partial hospitalization (Table–C) with a mental health practitioner within 30 days after discharge. Include outpatient visits, intensive outpatient encounters or partial hospitalizations that occur on the date of discharge.</p> <p>7-Day Follow-Up: An outpatient visit, intensive outpatient encounter or partial hospitalization (Table–C) with a mental health practitioner within 7 days after discharge. Include outpatient visits, intensive outpatient encounters or partial hospitalizations that occur on the date of discharge.</p>
Numerator Details	<p>Follow-up visits identified by the following CPT or HCPCS codes must be with a mental health practitioner:</p> <p>CPT: 90804-90815, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409-G0411, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485</p> <p>Follow-up visits identified by the following CPT/POS codes must be with a mental health practitioner:</p> <p>CPT: 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90875, 90876</p> <p>WITH</p> <p>POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72</p> <p>CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>WITH</p> <p>POS: 52, 53</p> <p>The organization does not need to determine practitioner type for follow-up visits identified by the following UB revenue codes:</p> <p>UB Revenue: 0513, 0900-0905, 0907, 0911-0917, 0919</p> <p>Visits identified by the following revenue codes must be with a mental health practitioner or in conjunction with a diagnosis code:</p> <p>0510, 0515-0517, 0519-0523, 0526-0529, 0982, 0983.</p>
Denominator	<p>Adults 18 – 64 years of age of December 31 of the measurement year</p> <p>Discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal schizophrenia diagnosis.</p>
Denominator Details	<p>-Medicaid beneficiaries age 18 to 64 years of age as of December 31 of the measurement year</p>

	<p>-Two separate claims with schizophrenia as a primary diagnosis or one inpatient claim with schizophrenia as a primary diagnosis and a prescription for any antipsychotic medication in the measurement year</p> <p>-10 months continuous enrollment during the measurement year</p> <p>-Discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal schizophrenia diagnosis on or between January 1 and December 1 of the measurement year.</p> <p>-The denominator for this measure is based on discharges. Include all discharges for individuals who have more than one discharge on or between January 1 and December 1 of the measurement year.</p> <p>Codes to Identify Schizophrenia Diagnosis: ICD-9-CM Diagnosis: 295 ICD-10-CM Diagnosis: F20, F25.9</p>
Exclusions	<p>Schizophrenia readmission or direct transfer: If the discharge is followed by readmission or direct transfer to an acute facility for a schizophrenia diagnosis within the 30-day follow-up period, count only the readmission discharge or the discharge from the facility to which the member was transferred. Exclude both the initial discharge and the readmission/direct transfer discharge if the readmission/direct transfer discharge occurs after December 1 of the measurement year. Exclude discharges followed by readmission or direct transfer to a nonacute facility for a schizophrenia diagnosis within the 30-day follow-up period. These discharges are excluded from the measure because readmission or transfer may prevent an outpatient follow-up visit from taking place.</p> <p>Non-mental health readmission or direct transfer: Exclude discharges in which the patient was transferred directly or readmitted within 30 days after discharge to an acute or nonacute facility for a non-mental health principal diagnosis. These discharges are excluded from the measure because rehospitalization or transfer may prevent an outpatient follow-up visit from taking place.</p>
Exclusion details	<p>Exclude discharges followed by readmission or direct transfer to a nonacute facility for a schizophrenia principal diagnosis within the 30-day follow-up period. These discharges are excluded from the measure because readmission or transfer may prevent an outpatient follow-up visit from taking place.</p> <p>Codes to identify Nonacute Care:</p> <p>Hospice: UB Revenue: 0115, 0125, 0135, 0145, 0155, 0650, 0656, 0658, 0659 UB Type of Bill: 81x, 82x POS: 34</p> <p>SNF: UB Revenue: 019x ; UB Type of Bill: 21x, 22x, 28x ; POS: 31, 32</p> <p>Hospital transitional care, swing bed or rehabilitation: UB Type of Bill: 18x</p> <p>Rehabilitation:</p>

	UB Revenue: 0118, 0128, 0138, 0148, 0158 Respite: UB Revenue: 0655 Intermediate care facility: POS: 54 Residential substance abuse treatment facility: UB Revenue: 1002 POS: 55 Psychiatric residential treatment center; HCPCS: T2048, H0017-H0019 UB Revenue: 1001 POS: 56 Comprehensive inpatient rehabilitation facility: POS: 61
Risk Adjustment	No risk adjustment or risk stratification
Stratification	Not applicable.
Type	Process
Type of Score	Rate/proportion
Data Source	Claims
Level	Health Plan, Population : Regional and State
Setting	Other:Any outpatient setting represented with Medicaid claims data

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