

Table FUH-AD. Percentage of Discharges for Adults Age 21 and Older Hospitalized for Treatment of Mental Illness with a Follow-Up Visit with a Mental Health Practitioner within 7 and 30 Days After Discharge, as Submitted by States for the FFY 2018 Adult Core Set Report (n = 43 states)

State	Population	Methodology	Denominator	Rate	
				7-Day Follow-Up	30-Day Follow-Up
State Mean				39.2	58.2
State Median				38.0	58.6
States Reporting Ages 21 to 64 (n=30)					
Alabama	Medicaid	Administrative	4,361	38.5	55.3
Arizona	Medicaid	Administrative	8,352	41.4	61.7
Arkansas	Medicaid; CHIP; Dual Eligibles	Administrative	2,474	31.7	53.3
California	Medicaid	Administrative	27,690	54.4	67.0
Delaware	Medicaid; Dual Eligibles	Administrative	1,206	30.5	47.3
Dist. of Col.	Medicaid; CHIP; Dual Eligibles	Administrative	3,005	57.6	73.3
Georgia	Medicaid	Administrative	8,131	31.9	51.5
Illinois	Medicaid; CHIP	Administrative	24,055	26.4	42.5
Iowa	Medicaid	Administrative	4,676	32.8	59.8
Louisiana	Medicaid; CHIP	Administrative	13,879	17.3	39.3
Maryland	Medicaid; CHIP	Administrative	4,898	38.4	60.3
Massachusetts	Medicaid; Dual Eligibles	Administrative	8,975	52.7	74.0
Michigan	Medicaid	Administrative	13,590	43.8	65.6
Minnesota	Medicaid; CHIP; Dual Eligibles	Administrative	9,937	35.0	62.9
Mississippi	Medicaid	Administrative	5,795	33.6	59.4
Missouri	Medicaid; CHIP	Administrative	9,228	22.7	37.9
Nebraska	Medicaid; CHIP; Dual Eligibles	Administrative	2,336	47.4	72.5
New Hampshire	Medicaid	Administrative	1,633	53.6	71.7
New York	Medicaid	Administrative	31,105	44.7	61.4
North Carolina	Medicaid	Administrative	12,886	25.4	46.1
Oklahoma	Medicaid; Dual Eligibles	Administrative	3,521	18.9	39.5
Oregon	Medicaid; Dual Eligibles	Administrative	2,583	85.3	NR
Pennsylvania	Medicaid	Administrative	30,453	34.9	56.0
South Carolina	Medicaid; CHIP	Administrative	1,880	29.0	52.4
South Dakota	Medicaid; CHIP; Dual Eligibles	Administrative	614	32.6	56.8
Vermont	Medicaid; CHIP; Dual Eligibles	Administrative	1,305	51.0	69.8
Washington	Medicaid; Dual Eligibles	Administrative	6,238	66.5	82.1
West Virginia	Medicaid; Dual Eligibles	Administrative	3,847	10.0	33.7
Wisconsin	Medicaid	Administrative	6,225	42.7	66.2
Wyoming	Medicaid; Dual Eligibles	Administrative	128	39.8	57.8
States Reporting Other Ages (n=13)					
Connecticut	Medicaid	Administrative	8,049	51.0	70.4
Florida	Medicaid	Administrative	39,041	30.5	51.1
Hawaii	Medicaid; Dual Eligibles	Administrative	1,371	38.4	55.4
Kansas	Medicaid	Administrative	5,031	59.0	76.5
Kentucky	Medicaid; Dual Eligibles	Administrative	10,509	34.3	56.6
Nevada	Medicaid	Administrative	4,896	32.7	49.8
New Jersey	Medicaid; CHIP	Administrative	695	15.5	32.4
New Mexico	Medicaid	Administrative	5,981	38.0	61.6
Ohio	Medicaid; CHIP	Administrative	26,635	44.0	65.3
Rhode Island	Medicaid; CHIP	Administrative	3,690	55.4	74.9
Tennessee	Medicaid	Administrative	13,261	35.1	57.2
Texas	Medicaid	Administrative	15,457	20.7	38.9
Utah	Medicaid; Dual Eligibles	Administrative	1,416	61.3	75.9

Table FUH-AD (continued)

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 discharges for adults age 21 and older who were hospitalized for treatment of selected mental illness diagnoses with a follow-up visit with a mental health practitioner within 7 days after discharge and within 30 days after discharge. Specifications for this measure changed substantially for FFY 2018 and rates are not comparable with rates reported for previous years.

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 states used National Committee for Quality Assurance 2017 specifications: NV and OR.

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

Unless otherwise specified, rates displayed in this table reflect state reporting for Medicaid beneficiaries ages 21 to 64. CT and TX reported results for age 21 and older. FL, HI, KS, KY, NJ, NM, NV, OH, RI, TN and UT reported results for age 6 and older.

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: Rates include FFS and PCCM populations. Rates exclude Medicare-Medicaid Dual Eligibles.
- AZ: Rates include managed care population (3 MCOs), representing 78 percent of the population. Rates exclude FFS population, Medicare-Medicaid Dual Eligibles, seriously mentally ill population, Children's Rehabilitative Services (CRS) population, and state long-term care elderly, physically, or developmentally disabled population, representing 22 percent of the population. Rates include services provided by Regional Health Centers, Behavioral Health Outpatient Clinics, Integrated Clinics, and Federally Qualified Health Centers. State conducted an internal validation of the data.
- AR: Rates include FFS and PCCM populations. Rates were audited by the state's data contractor.
- CA: Rates include FFS and managed care populations (26 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.
- CT: Rates include FFS population age 21 and older. Rates exclude Medicare-Medicaid Dual Eligibles. Rates were audited by a certified HEDIS auditor.
- DE: Rates include managed care population (1 MCO), representing 72 percent of the population. Rates exclude FFS population and enrollees in one MCO, representing 28 percent of the population.
- DC: Rates include FFS and managed care populations (4 MCOs). Rates were audited in internal validation.
- FL: Rates include managed care population (17 MCOs) age 6 and older, representing 67 percent of the population. Rates exclude FFS population, representing 33 percent of the population, and Medicare-Medicaid Dual Eligibles. Rates include follow-up services provided by community mental health practitioners. MCO rates were audited by a certified HEDIS auditor.
- GA: Rates include FFS and managed care populations (4 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles and Planning for Healthy Babies (P4HB) demonstration members per CMS Special Terms and Conditions. Rates were validated by the state's EQRO.

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HI:	Rates include managed care population (5 MCOs) age 6 and older. Rates were validated by the state's EQRO.
IL:	Rates include FFS, PCCM, and managed care populations (13 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles. Rates were validated by the state's EQRO.
IA:	Rates include FFS and managed care populations (3 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles. Numerators include services with a primary diagnosis of mental health diagnosis or mental illness because provider type is not well-populated in the state's data.
KS:	Rates include managed care population (3 MCOs) age 6 and older. Rates exclude Medicare-Medicaid Dual Eligibles.
KY:	Rates include managed care population (5 MCOs) age 6 and older, representing 90 percent of the population. Rates exclude FFS population, representing 10 percent of the population. Rates were validated by the state's EQRO.
LA:	Rates include FFS and managed care populations (5 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles. Rates were calculated using HEDIS-certified code and the state conducted an internal validation of the data.
MD:	Rates include managed care population (8 MCOs), representing 83 percent of the population. Rates exclude FFS population, representing 17 percent of the population, and Medicare-Medicaid Dual Eligibles.
MA:	Rates include PCCM and managed care populations (5 MCOs), representing 63 percent of the population. Rates exclude 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, reside in a long-term care institution, or receive limited or temporary Medicaid benefits.
MI:	Rates include FFS and managed care populations (11 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.
MN:	Rates include FFS and managed care populations (8 MCOs). Rates include paid claims only. Rates were audited by a certified HEDIS auditor.
MS:	Rates include managed care population (2 MCOs), representing 64 percent of the population. Rates exclude FFS population, representing 36 percent of the population, and Medicare-Medicaid Dual Eligibles.
MO:	Rates include FFS and managed care populations (3 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles. Rates are provisional. State began an alternative payment model with Certified Community Behavioral Health Clinics (CCBHCs) in conjunction with the Department of Mental Health in July 2017, which resulted in data system changes that limited the state's ability to identify all services provided by clinics during the measurement year.
NE:	Rates include FFS and managed care populations (3 MCOs).
NV:	Rates include managed care population age 6 and older. Rates exclude FFS population and Medicare-Medicaid Dual Eligibles.
NH:	Rates include FFS population, 1115 premium assistance population, managed care population (2 MCOs), and beneficiaries discharged from state-run inpatient psychiatric hospital. Rates exclude Medicare-Medicaid Dual Eligibles.
NJ:	Rates include managed care population (5 MCOs) age 6 and older who receive services from the state's Division of Developmental Disabilities (DDD) or are in Managed Long Term Services and Supports (MLTSS). Rates exclude FFS population, Medicare-Medicaid Dual Eligibles, and managed care enrollees who did not receive services from DDD or participate in MLTSS.
NM:	Rates include managed care population (4 MCOs) age 6 and older. Rates exclude Medicare-Medicaid Dual Eligibles. MCO rates were audited by certified HEDIS auditors.
NY:	Rates include FFS and managed care populations (59 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles. State conducted an internal validation of the data.
NC:	Rates include FFS and PCCM populations. Rates exclude Medicare-Medicaid Dual Eligibles. Rates were validated by an NCQA-certified vendor.
OH:	Rates include managed care population (5 MCOs) age 6 and older, representing 82 percent of the population. Rates exclude FFS population, representing 18 percent of the population, and Medicare-Medicaid Dual Eligibles. MCO rates were audited by a certified HEDIS auditor.
OK:	Rates include FFS and PCCM populations. Rates exclude home- and community-based services waiver enrollees.
OR:	Rate includes managed care population (16 CCOs), representing 82 percent of the population. Rate excludes FFS population, representing 18 percent of the population. Rate includes additional procedure codes for follow-up visits (90846, H2021, H2022, T1016), which reflect coordinated care integrating

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	physical and mental health services. Denominator excludes discharges followed by direct transfer to adult mental health residential services, using procedure code T1020 with modifier HK, HE, or TG. State was not able to report the 30-day follow-up rate for FFY 2018.
PA:	Rates include behavioral health managed care population (5 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles. Data were submitted by MCOs and compiled by the state's EQRO.
RI:	Rates include managed care population (2 MCOs) age 6 and older, representing 91 percent of the population. Rates exclude FFS population, representing 9 percent of the population, and Medicare-Medicaid Dual Eligibles.
SC:	Rates include managed care population (5 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.
SD:	Rates include FFS population. Rates exclude 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:	Rates include managed care population (4 MCOs) age 6 and older. Rates exclude Medicare-Medicaid Dual Eligibles. Rates were validated by the state's EQRO.
TX:	Rates include FFS and managed care populations (34 MCOs) age 21 and older. Rates exclude Medicare-Medicaid Dual Eligibles. Rates were validated by the state's EQRO.
UT:	Rates include mental health plan population (8 MCOs) age 6 and older, representing 75 percent of the population. Rates exclude FFS population, representing 25 percent of the population. MCO rates were audited by certified HEDIS auditors.
VT:	Rates include statewide 1115 waiver population enrolled in a public non-risk prepaid inpatient health plan population, representing the total Medicaid population. Rates were validated by the state's EQRO.
WA:	Rates include FFS and managed care populations (5 MCOs).
WV:	Rates include FFS and managed care populations (4 MCOs). Continuous enrollment criteria were not applied because the state cannot assess enrollment on specific dates. Denominator includes discharges that occurred during the last month of the measurement year. Rates exclude discharges followed by a direct transfer to another acute care facility or a readmission for diagnosis within 30 days of discharge. Numerator includes the following provider types: mental health facilities, psychiatry, child psychiatry, psychiatric nurse, supportive therapists, and psychologist. Denominator includes beneficiaries who were ages 21 to 64 at any time during the measurement year. Rates include paid claims only.
WI:	Rates include managed care population (19 MCOs), representing 54 percent of the population. Rates exclude FFS population, representing 46 percent of the population, and Medicare-Medicaid Dual Eligibles.
WY:	Rates include FFS population.