

Table FUA/FUM-AD. Percentage of Emergency Department (ED) Visits for Adults Age 18 and Older who had a Principal Diagnosis of Mental Illness or Alcohol and Other Drug (AOD) Abuse or Dependence with a Follow-Up Visit within 7 Days and 30 Days of the ED Visit, as Submitted by States for the FFY 2018 Adult Core Set Report (n = 32 states)

			ED Visit for Mental Illness			ED Visit for AOD Abuse or Dependence		
State	Population	Methodology	Denominator	7-Day Follow-Up Rate	30-Day Follow-Up Rate	Denominator	7-Day Follow-Up Rate	30-Day Follow-Up Rate
State Mean				41.0	54.3		13.8	19.6
State Median				38.4	54.5		11.7	17.1
States Reporting Ages 18 to 64 (n=22)								
Alabama	Medicaid	Administrative	1,805	27.6	40.3	1,570	9.7	11.4
Arizona	Medicaid	Administrative	602	41.2	51.5	1,912	24.3	31.5
Arkansas	Medicaid; CHIP; Dual Eligibles	Administrative	922	34.3	48.8	948	3.9	5.2
California	Medicaid	Administrative	41,156	47.1	59.1	59,217	6.4	10.7
Delaware	Medicaid; Dual Eligibles	Administrative	292	26.4	39.4	680	10.1	17.4
Iowa	Medicaid	Administrative	5,826	48.8	59.3	4,448	40.7	44.7
Louisiana	Medicaid; CHIP	Administrative	6,535	27.5	40.6	8,267	7.4	12.2
Massachusetts	Medicaid	Administrative	9,556	75.9	83.0	12,943	24.3	33.9
Minnesota	Medicaid; CHIP; Dual Eligibles	Administrative	8,624	49.3	65.4	10,728	17.5	28.4
Mississippi	Medicaid	Administrative	1,729	31.2	49.2	920	5.5	8.2
Missouri	Medicaid; CHIP	Administrative	3,858	55.2	57.3	4,295	4.7	5.0
Nebraska	Medicaid; CHIP; Dual Eligibles	Administrative	1,958	35.3	59.3	664	5.4	9.8
Nevada	Medicaid	Administrative	2,499	41.9	51.0	4,238	9.2	13.0
New Hampshire	Medicaid	Administrative	644	75.3	84.0	638	22.7	34.6
New York	Medicaid	Administrative	41,924	57.7	70.8	41,168	21.0	27.5
Oklahoma	Medicaid; Dual Eligibles	Administrative	2,298	30.2	49.9	1,901	35.5	43.9
Oregon	Medicaid; Dual Eligibles	Administrative	9,670	43.9	59.0	NR	NR	NR
Pennsylvania	Medicaid	Administrative	914	35.3	49.7	17,993	15.3	23.2
South Carolina	Medicaid; CHIP	Administrative	2,827	30.3	45.9	2,422	8.4	13.3
Tennessee	Medicaid	Administrative	3,238	24.7	41.8	4,060	3.9	6.1
Vermont	Medicaid; CHIP	Administrative	657	58.3	68.2	1,024	17.9	27.1
West Virginia	Medicaid; Dual Eligibles	Administrative	6,587	4.4	13.1	4,057	8.1	15.9
States Reporting Other Ages (n=10)								
Connecticut	Medicaid	Administrative	10,016	62.6	74.0	12,049	21.4	31.5
Dist. of Col.	Medicaid; CHIP; Dual Eligibles	Administrative	412	29.1	41.3	439	13.7	15.9
Florida	Medicaid	Administrative	7,665	28.0	45.2	7,797	6.0	8.7
Hawaii	Medicaid; Dual Eligibles	Administrative	1,371	38.4	55.4	2,367	13.8	21.7
Kentucky	Medicaid; Dual Eligibles	Administrative	7,972	37.2	54.5	10,841	13.2	19.8
New Jersey	Medicaid; CHIP	Administrative	1,133	43.2	55.9	NR	NR	NR
New Mexico	Medicaid	Administrative	4,999	45.6	59.0	9,166	9.4	16.7
Ohio	Medicaid; CHIP	Administrative	21,051	55.3	65.7	18,235	16.9	24.3
Rhode Island	Medicaid; CHIP	Administrative	NR	NR	NR	3,228	14.1	21.7
Texas	Medicaid	Administrative	8,131	30.6	45.3	6,246	3.7	5.9

Table FUA/FUM-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 emergency department (ED) visits for Medicaid beneficiaries age 18 and older with a principal diagnosis of mental illness or alcohol or other drug (AOD) abuse or dependence, who had a follow-up visit for mental illness or AOD within 7 days of the ED visit and within 30 days of the ED visit.

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. AZ reported data for FFY 2016.

Unless otherwise specified, rates displayed in this table reflect state reporting for Medicaid beneficiaries ages 18 to 64. CT, DC, KY, OH and TX reported results for age 18 and older. FL reported results for age 18 and older for FUA rates and age 6 and older for FUM rates. HI reported results for age 13 and older for FUA rates and age 6 and older for FUM rates. NJ and NM reported results for age 6 and older. RI reported results for age 13 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; 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. 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 18 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 managed care population (3 MCOs) age 18 and older, representing 50 percent of the population. Rates exclude FFS population and enrollees in one MCO, representing 50 percent of the population. MCO rates were audited by certified HEDIS auditors.
- FL: Rates include managed care population (17 MCOs), representing 67 percent of the population. Rates exclude FFS population, representing 33 percent of the population, and Medicare-Medicaid Dual Eligibles. Follow-up after ED visit for mental illness rates include beneficiaries age 6 and older. Follow-up after ED visit for alcohol and other drug abuse or dependence rates include beneficiaries age 18 and older.
- HI: Rates include managed care population (5 MCOs). Follow-up after ED visit for mental illness rates include beneficiaries age 6 and older. Follow-up after ED visit for alcohol and other drug abuse or dependence rates include beneficiaries age 13 and older. Rates were validated by the state's EQRO.
- IA: Rates include FFS and managed care populations (3 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.
- KY: Rates include managed care population (5 MCOs) age 18 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.

Table FUA/FUM-AD (continued)

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.
MA:	Rates include managed care population (5 MCOs), representing 47 percent of the population. Rates exclude FFS and PCCM populations, representing 53 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.
MN:	Rates include FFS and managed care populations (8 MCOs). Rates include paid claims only.
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. Rates exclude FFS population and Medicare-Medicaid Dual Eligibles.
NH:	Rates include managed care population (2 MCOs), representing 86 percent of the population. Rates exclude FFS population, representing 14 percent of the population, and 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. State was unable to report rates for follow-up after ED visits for alcohol and other drug abuse or dependence for FFY 2018.
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 managed care population (59 MCOs), representing 77 percent of the population. Rates exclude FFS population, representing 23 percent of the population, and Medicare-Medicaid Dual Eligibles. State conducted an internal validation of the data.
OH:	Rates include managed care population (5 MCOs) age 18 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:	Rates include managed care population (16 CCOs), representing 82 percent of the population. Rates exclude FFS population, representing 18 percent of the population. State was unable to report rates for follow-up after ED visits for alcohol and other drug abuse or dependence for FFY 2018.
PA:	Rates include managed care population (9 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 13 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.
TN:	Rates include managed care population (4 MCOs). Rates exclude Medicare-Medicaid Dual Eligibles.
TX:	Rates include FFS and managed care populations (34 MCOs) age 18 and older. Rates exclude Medicare-Medicaid Dual Eligibles. Rates were validated by the state's EQRO.
VT:	Rates include statewide 1115 waiver population enrolled in a public non-risk prepaid inpatient health plan population, representing the total Medicaid population. Rates exclude Medicare-Medicaid Dual Eligibles.
WV:	Rates include FFS and managed care populations (4 MCOs). Rates include paid claims only.