

Table FUH-CH. Percentage of Discharges for Children Ages 6 to 20 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 Child Core Set Report (n = 45 states)

State	Population	Methodology	Denominator	Rate	
				7-Day Follow-Up	30-Day Follow-Up
State Mean				44.7	65.0
State Median				44.7	67.1
Alabama	Medicaid only	Administrative	4,054	45.9	68.6
Alabama	CHIP only	Administrative	285	34.7	56.8
Alaska	Medicaid & CHIP	Administrative	410	10.0	31.2
Arizona	Medicaid only	Administrative	4,358	61.2	77.7
Arkansas	Medicaid & CHIP	Administrative	6,109	45.5	69.0
California	Medicaid & CHIP	Administrative	13,826	67.8	80.4
Connecticut	Medicaid & CHIP	Administrative	2,721	62.7	79.6
Delaware	Medicaid & CHIP	Administrative	104	36.5	48.1
Dist. of Col.	Medicaid & CHIP	Administrative	570	48.8	74.2
Florida	Medicaid & CHIP	Administrative	40,165	30.6	51.2
Georgia	Medicaid & CHIP	Administrative	6,585	38.3	64.7
Hawaii	Medicaid & CHIP	Administrative	1,371	38.4	55.4
Illinois	Medicaid & CHIP	Administrative	12,138	48.4	68.0
Indiana	Medicaid & CHIP	Administrative	3,989	50.7	73.8
Iowa	Medicaid only	Administrative	3,763	40.6	67.5
Iowa	CHIP only	Administrative	384	50.5	82.6
Kansas	Medicaid & CHIP	Administrative	5,031	59.0	76.5
Kentucky	Medicaid & CHIP	Administrative	10,509	34.3	56.6
Louisiana	Medicaid & CHIP	Administrative	6,076	40.3	63.0
Maine	Medicaid & CHIP	Administrative	1,153	50.1	76.7
Massachusetts	Medicaid & CHIP	Administrative	2,219	57.0	78.5
Michigan	Medicaid only	Administrative	4,202	55.0	74.5
Minnesota	Medicaid & CHIP	Administrative	4,330	44.7	70.3
Mississippi	CHIP only	Administrative	268	37.7	66.0
Missouri	Medicaid & CHIP	Administrative	4,203	34.5	56.4
Montana	CHIP only	Administrative	137	57.7	77.4
Nebraska	Medicaid & CHIP	Administrative	1,506	29.7	63.9
Nevada	Medicaid only	Administrative	4,896	32.7	49.8
Nevada	CHIP only	Administrative	73	58.9	72.6
New Hampshire	Medicaid & CHIP	Administrative	764	61.1	78.0
New Jersey	Medicaid & CHIP	Administrative	695	15.5	32.4
New Mexico	Medicaid & CHIP	Administrative	5,981	38.0	61.6
New York	Medicaid & CHIP	Administrative	6,620	70.4	85.1
North Carolina	CHIP only	Administrative	425	39.3	63.5
Ohio	Medicaid & CHIP	Administrative	26,635	44.0	65.3
Oklahoma	Medicaid & CHIP	Administrative	6,058	27.2	51.2
Oregon	Medicaid & CHIP	Administrative	474	81.4	NR
Pennsylvania	Medicaid & CHIP	Administrative	11,944	51.3	74.2
Rhode Island	Medicaid & CHIP	Administrative	3,690	55.4	74.9
South Carolina	Medicaid & CHIP	Administrative	1,297	42.2	62.3
South Dakota	Medicaid & CHIP	Administrative	1,071	23.3	42.7
Tennessee	Medicaid only	Administrative	13,261	35.1	57.2
Tennessee	CHIP only	Administrative	277	49.1	71.8
Texas	Medicaid only	Administrative	23,239	33.6	56.5
Texas	CHIP only	Administrative	1,379	34.7	55.6

Table FUH-CH (continued)

State	Population	Methodology	Denominator	Rate	
				7-Day Follow-Up	30-Day Follow-Up
Utah	Medicaid only	Administrative	1,416	61.3	75.9
Utah	CHIP only	Administrative	58	32.8	46.6
Vermont	Medicaid & CHIP	Administrative	299	59.2	79.6
Virginia	Medicaid only	Administrative	NR	52.9	66.7
West Virginia	Medicaid only	Administrative	2,211	9.7	39.6
West Virginia	CHIP only	Administrative	93	21.5	55.9
Wyoming	Medicaid only	Administrative	398	53.3	76.4
Wyoming	CHIP only	Administrative	18	#	#

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 discharges for children ages 6 to 20 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. 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. The following state used National Committee for Quality Assurance 2017 specifications: OR.

Unless otherwise specified, the measurement period for this measure was January 1, 2017 to December 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.

= Rate not reported because denominator is less than 30.

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 rates include FFS and PCCM populations.

AL: CHIP rates include separate CHIP population. Rates exclude children enrolled in Medicaid-expansion CHIP; these children are included in the state's Medicaid rates.

AK: Rates include FFS population.

AZ: Rates include managed care population (3 MCOs), representing 92 percent of the population. Rates exclude FFS population, representing 8 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).

Table FUH-CH (continued)

CT:	Rates include FFS population. Rates were audited by a certified HEDIS auditor.
DE:	Rates include managed care population (1 MCO), representing 86 percent of the population. Rates exclude FFS population and enrollees in one MCO, representing 14 percent of the population.
DC:	Rates include FFS and managed care populations (3 MCOs), representing 74 percent of the population. Rates exclude one MCO, representing 26 percent of the population. Rates were audited in internal validation.
FL:	Rates include FFS, PCCM, and managed care populations (21 MCOs) age 6 and older. Rates include follow-up services provided by community mental health practitioners. MCO rates were audited by certified HEDIS auditors.
GA:	Rates include FFS and managed care populations (4 MCOs). Rates were validated by the state's EQRO.
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). State converts Place of Service (POS) codes using a standard conversion to the state's POS codes with specific exceptions to meet the measure specifications. Rates were validated by the state's EQRO.
IN:	Rates include managed care population (4 MCOs) age 6 and older, representing more than 90 percent of the population. Rates exclude FFS population, representing less than 10 percent of the population. MCO rates were audited by certified HEDIS auditors.
IA:	Medicaid rates include FFS and managed care populations (3 MCOs). Numerators include services with a primary diagnosis of mental health diagnosis or mental illness because provider type is not complete in the state's data.
IA:	CHIP rates include managed care population (3 MCOs). Numerators include services with a primary diagnosis of mental health diagnosis or mental illness because provider type is not complete in the state's data.
KS:	Rates include managed care population (3 MCOs) age 6 and older.
KY:	Rates include managed care population (5 MCOs) age 6 and older, representing 95 percent of the population. Rates exclude FFS population, representing 5 percent of the population. Rates were validated by certified HEDIS auditors.
LA:	Rates include FFS and managed care populations (5 MCOs). Rates were calculated using HEDIS-certified code and the state conducted an internal validation of the data.
ME:	Rates include FFS population.
MA:	Rates include PCCM and managed care populations (5 MCOs), representing 74 percent of the population. Rates exclude 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:	Rates include FFS and managed care populations (11 MCOs). Rates were validated by the state's EQRO.
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).
MO:	Rates include managed care population (3 MCOs), representing 72 percent of the Medicaid population and 49 percent of the CHIP population. Rate excludes FFS population as well as enrollees who did not meet continuous enrollment requirements for an MCO, representing 28 percent of the Medicaid population and 51 percent of the CHIP population. MCO rates were audited by a HEDIS certified vendor.
MT:	Rates include FFS population. Rates exclude services provided by Federally Qualified Health Centers and Rural Health Clinics because claims for these services are processed separately.
NE:	Rates include FFS and managed care populations (3 MCOs).
NV:	Medicaid rates include managed care population (3 MCOs) age 6 and older. Rates exclude FFS population.
NV:	CHIP rates include managed care population (3 MCOs). Rates exclude FFS population.
NH:	Rates include FFS and managed care populations (2 MCOs).
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.

Table FUH-CH (continued)

NM:	Rates include managed care population (4 MCOs) age 6 and older. MCO rates were audited by certified HEDIS auditors.
NY:	Rates include managed care population (18 MCOs), representing more than 90 percent of the population. Rates exclude FFS population, representing less than 10 percent of the population. State conducted an internal validation of the data.
NC:	Rates include FFS and PCCM populations. Rates were validated by an NCQA-certified vendor.
OH:	Rates include managed care population (5 MCOs) age 6 and older, representing 93 percent of the population. Rates exclude FFS population, representing 7 percent of the population.
OK:	Rates include FFS and PCCM populations. Rates exclude enrollees in home- and community-based services waivers.
OR:	Rate includes managed care population (16 CCOs), representing 88 percent of the population. Rate excludes FFS population, representing 12 percent of the population. State was not able to calculate the 30-day follow-up rate for FFY 2018. Rate includes additional procedure codes for follow-up visits (90846, H0006, H2021, T1016), which reflect coordinated care integrating 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.
PA:	Rates include managed care population (19 MCOs). 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 85 percent of the population. Rates exclude FFS population, representing 15 percent of the population.
SC:	Rates include managed care population (5 MCOs).
SD:	Rates include FFS population. Rates exclude children with a stay in a psychiatric residential treatment facility during the measurement year. Rates also 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:	Medicaid rates include managed care population (4 MCOs) age 6 and older. Rates were validated by the state's EQRO.
TN:	CHIP rates include the CHIP Health Plan Administrators and Medical Benefits Managers population age 6 and older. Rates were validated by the state's EQRO.
TX:	Medicaid rates include FFS and managed care populations (34 MCOs). Rates were validated by the state's EQRO.
TX:	CHIP rates include managed care population (17 MCOs). Rates were validated by the state's EQRO.
UT:	Medicaid rates include mental health plan population (8 MCOs) age 6 and older, representing 85 percent of the population. Rates exclude FFS population, representing 15 percent of the population. MCO rates were audited by certified HEDIS auditors.
UT:	CHIP rates include managed care population (2 MCOs). 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.
VA:	Rates include managed care population (6 MCOs) age 6 and older. State obtained rates from the NCQA Quality Compass and denominator is not available.
WV:	Medicaid rates include FFS and managed care populations (4 MCOs). State is unable to assess eligibility on specific dates. Therefore, the state was not able to apply the continuous enrollment criteria for the measure. 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. Rates include beneficiaries who were ages 6 to 20 at any time during the measurement year. Rates include paid claims only.
WV:	CHIP rates include FFS population.
WY:	Medicaid rates include FFS population.
WY:	CHIP rates include managed care population (1 MCO) ages 6 to 18.