

Medical Services Administration
Bureau of Medicaid Care Management and Quality Assurance
Behavioral Health & Developmental Disabilities Administration
Bureau of Community Based Services

SPECIFICATIONS FOR:

- ***Follow-Up After Hospitalization for Mental Illness***
- ***Follow-Up After Emergency Department (ED) Visit for Alcohol and Other Drug Dependence***



FY 2022

Revised June 22, 2022

Follow-Up after Hospitalization for Mental Illness (30 days)

MEASURE	
The percentage of discharges for individuals age six (6) and older, who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses, and who had a follow-up visit with a mental health provider within 30 days of discharge.	
MINIMUM STANDARD	
<p>The minimum standard for ages six (6) to 17 is at least 70%. The minimum standard for ages 18 and older is at least 58%.</p> <p>Plans will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2020 with calendar year 2021.</p>	
ELIGIBLE POPULATION	
Age	Age six (6) and older as of date of discharge.
Continuous Enrollment	Date of discharge through 30 days after discharge.
Allowable Gap	None.
Anchor Date	None.
Event/Diagnosis	<p>An acute inpatient discharge with a principal diagnosis of mental illness or intentional self-harm (Mental Illness Value Set; Intentional Self-Harm Value Set) on the discharge claim on or between January 1 and December 1 of the measurement year.</p> <p>To identify acute inpatient discharges:</p> <ul style="list-style-type: none"> • Identify all acute and non-acute inpatient stays (Inpatient Stay Value Set). • Exclude non-acute inpatient stays (Non-acute Inpatient Stay Value Set). • Identify the discharge date for the stay to determine whether it falls during the 12-month measurement period.
Exclusions	<p>Exclude discharges followed by readmission or direct transfer to a non-acute inpatient care setting within the 30-day follow-up period, regardless of principal diagnosis for the readmission.</p> <p>Exclude discharges followed by readmission or direct transfer to an acute inpatient care setting within 30-day follow-up period if the principal diagnosis was for non-mental health.</p>
ADMINISTRATIVE SPECIFICATIONS	
Denominator	The eligible population. Note: The denominator for this measure is based on discharges, not individuals.

Numerator	A follow-up visit with a mental health provider within 30 days after discharge. Does not include visits that occur on the date of discharge.
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DATA ELEMENTS

Data is extracted from the Medicaid Data Warehouse.

Please refer to the *Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (Child Core Set) Technical Specifications and Resource Manual for Federal Fiscal Year 2021 Reporting* for the current list of the specific codes and exclusions for this measure:

[Core Set of Children's Health Care Quality Measures for Medicaid and CHIP \(Child Core Set\) Technical Specifications and Resource Manual for Federal Fiscal Year 2021 Reporting](#)

Please refer to the *Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set) Technical Specifications and Resource Manual for Federal Fiscal Year 2021 Reporting* for the current list of the specific codes and exclusions for this measure:

[Core Set of Adult’s Health Care Quality Measures for Medicaid \(Adult Core Set\) Technical Specifications and Resource Manual for Federal Fiscal Year 2021 Reporting](#)

Month of Extract	Measurement Period
November 2022	07/01/21 – 6/30/22

Month available in CC360	Month of Extract	Measurement Period
Jan 2022	Nov 2021	07/01/20 – 06/30/21
Apr 2022	Feb 2022	10/01/20 – 09/30/21
Jul 2022	May 2022	01/01/21 – 12/31/21
Oct 2022	Aug 2022	04/01/21 – 03/31/22

PROCESS

The plan-specific percentages will be electronically transmitted to each MHP and PIHP. Quarterly results will also be available via CC360.

MEASUREMENT FREQUENCY

Annually

**Follow-Up after Emergency Department (ED) Visit
for Alcohol and Other Drug Dependence**

MEASURE	
The percentage of emergency department (ED) visits for individuals age 13 and older with a principle diagnosis of alcohol or other drug (AOD) abuse or dependence, who also had a follow up visit for AOD within 30 days of the ED visit.	
MINIMUM STANDARD	
Plans will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2020 with calendar year 2021.	
ELIGIBLE POPULATION	
Age	Age 13 and older as of date of the ED visit.
Continuous Enrollment	Date of the ED visit through 30 days after the ED visit (31 total days).
Allowable Gap	None.
Anchor Date	None.
Event/Diagnosis	An ED visit (ED Value Set) with a principal diagnosis of AOD abuse or dependence (AOD Abuse and Dependence Value Set) during the 12-month measurement period.
Exclusions	<p>Exclude ED visits that result in an inpatient stay and ED visits followed by an admission to an acute or non-acute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of principal diagnosis for the admission. To identify admissions to an acute or nonacute inpatient care setting:</p> <ol style="list-style-type: none"> 1. Identify all acute and non-acute inpatient stays (Inpatient Stay Value Set). 2. Identify the admission date for the stay. <p>An ED or observation visit billed on the same claim as an inpatient stay is considered a visit that resulted in an inpatient stay.</p>
ADMINISTRATIVE SPECIFICATIONS	
Denominator	The eligible population. Note: The denominator for this measure is based on ED visits, not individuals. If the member had more than one ED visit during the measurement period, only one visit per 31-day period will be included.
Numerator	A follow-up visit with any practitioner with a principal diagnosis of AOD within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.

DATA ELEMENTS

Data is extracted from the Medicaid Data Warehouse.

Please refer to the *Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set) Technical Specifications and Resource Manual for Federal Fiscal Year 2021 Reporting* for the current list of the specific codes and exclusions for this measure:

[Core Set of Adult's Health Care Quality Measures for Medicaid \(Adult Core Set\) Technical Specifications and Resource Manual for Federal Fiscal Year 2021 Reporting](#)

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MEASUREMENT FREQUENCY

Annually