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CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

HHQM-FUH PRA document

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1. Health Homes Quality Measures

1.1 Follow-Up After Hospitalization for Mental Illness (FUH) - Path 1

The screenshot shows the 'Follow-Up After Hospitalization for Mental Illness (FUH)' reporting page. The header includes navigation tabs for News, Tasks (4), Records (selected), Reports, and Actions, along with an Appian user profile. The main content area is titled 'Health Homes Quality Measure - NV - 2016' and includes a 'Request System Help' link. Below this, there are three buttons: 'REQUEST TECHNICAL ASSISTANCE', 'CLEAR', and 'VIEW ALL RESPONSES'. A 'View Implementation Guide' link is also present. The question 'Are you reporting on this measure?*' has 'Yes' selected with a radio button. Under 'Measurement Specification', 'National Committee for Quality Assurance (NCQA)/Healthcare Effectiveness Data and Information Set (HEDIS)' is selected. Under 'Data Source', 'Administrative Data Only' is selected. The 'Date Range' section is partially visible.

Figure 1: FUH Reporting - Yes

1.2 Measurement Specification – Path 1

This screenshot shows the 'Measurement Specification' section of the reporting interface. The 'Yes' radio button remains selected. Under 'Measurement Specification', 'National Committee for Quality Assurance (NCQA)/Healthcare Effectiveness Data and Information Set (HEDIS)' is selected. A dropdown menu for 'Specify version of HEDIS used*' is set to 'Select Year', with a note below it stating 'HEDIS: Healthcare Effectiveness Data and Information Set'. Under 'Data Source', 'Administrative Data' is selected. The 'Date Range' section includes a detailed instruction: 'Please define the date range for the reporting period based on the "From" time period as the month and year that corresponds to the beginning period in which utilization took place and please report the "To" time period as the month and year that corresponds to the end period in which utilization took place. Do not report the year in which data were collected from the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to the utilization of services.' Below this, there are two dropdown menus for 'Start Date', labeled 'Month' and 'Year'.

Figure 2: Measurement Specification 1

1.3 Measurement Specification – Path 2

News Tasks (4) **Records** Reports Actions Appian

Yes
 No

Measurement Specification +/-

National Committee for Quality Assurance (NCQA)/Healthcare Effectiveness Data and Information Set (HEDIS)
 Other

Explain *

Data Source +/-

Administrative Data
 Hybrid (Administrative and Medical Records Data)
 Other

Date Range +/-

Please define the date range for the reporting period based on the "From" time period as the month and year that corresponds to the beginning period in which utilization took place and please report the "To" time period as the month and year that corresponds to the end period in which utilization took place. Do not report the year in which data were collected from the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to the utilization of services.

Start Date

Figure 3: Measurement Specification 2

1.4 Date Range

News Tasks (4) **Records** Reports Actions Appian

Administrative Data
 Hybrid (Administrative and Medical Records Data)
 Other

Date Range +/-

Please define the date range for the reporting period based on the "From" time period as the month and year that corresponds to the beginning period in which utilization took place and please report the "To" time period as the month and year that corresponds to the end period in which utilization took place. Do not report the year in which data were collected from the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to the utilization of services.

Start Date

September 2002
 Month Year

End Date

October 2009
 Month Year

Definition of Population Included in the Measure +/-

Definition of Denominator

Select all that apply.

Figure 4: Date Range

1.5 Definition of Population Included in the Measure

Month Year

Definition of Population Included in the Measure

Definition of Denominator
Select all that apply

- Denominator includes Medicaid population
- Denominator includes Medicare and Medicaid Dually-Eligible population
- Other

Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure?

Yes
 No

Which delivery systems are represented in the Denominator?
Select all delivery systems that cover the measure-eligible population in your state. For each delivery system selected, report the percentage of the measure-eligible population that is represented in the data reported for the measure and the number of the health plans included (where applicable).

User must select at least one of the following

- Fees-for-Service (FFS)
- Primary Care Case Management (PCCM)
- Managed Care Organization / Pre-paid Inpatient Health Plan (MCO/PIHP)

Specify *

Explain which populations are excluded and why *

Specify total measure-eligible population *

Figure 5: Denominator Representation 1

1.6 Selection of Delivery Systems

Specify total measure-eligible population *

Which delivery systems are represented in the Denominator?
Select all delivery systems that cover the measure-eligible population in your state. For each delivery system selected, report the percentage of the measure-eligible population that is represented in the data reported for the measure and the number of the health plans included (where applicable).

- Fees-for-Service (FFS)
- Primary Care Case Management (PCCM)
- Managed Care Organization / Pre-paid Inpatient Health Plan (MCO/PIHP)
- Integrated Care Models (ICM)
- Other

Percentage of measure-eligible state population represented in data reported *

Percentage of measure-eligible state population represented in data reported *

Number of Health Plans *

Percentage of measure-eligible state population represented in data reported *

Percentage of measure-eligible state population represented in data reported *

Describe *

Percentage of measure-eligible state population represented in data reported *

If applicable, list the number of Health Plans represented

Figure 6: Denominator Representation 2

1.7 Health Home Provider Representation

News Tasks (5) **Records** Reports Actions Appian

Are all Health Home Providers represented in the denominator?*

Yes

No

If applicable, list the number of Health Plans represented

Please explain *

Performance Measure +/-

The percentage of Health Home enrollees ages 18 to 74 who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.

Age Range: 18-64

Please explain why data was not entered for this numerator/denominator/rate set *

Character count: 0/2000

Age Range: 65-74

Please explain why data was not entered for this numerator/denominator/rate set *

Figure 7: Denominator Representation 3

1.8 Performance Measure – Follow-up within 7 days of discharge (Checked all age range)

Performance Measure

Percentage of discharges for Health Home enrollees age 6 and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner. Two rates are reported:

- The percentage of discharges for which the enrollee received follow-up within 30 days of discharge.
- The percentage of discharges for which the enrollee received follow-up within 7 days of discharge.

Follow-Up within 7 days of discharge

Age Range: 6-17

Numerator	Denominator	Rate
0	0	0

Age Range: 18-64

Numerator	Denominator	Rate
0	0	0

Age Range: 65 and older

Numerator	Denominator	Rate
0	0	0

Age Range: Total

Numerator	Denominator	Rate
0	0	0

Follow-Up within 30 days of discharge

Age Range: 6-17

Numerator	Denominator	Rate
0	0	0

Age Range: 18-64

Please explain why data was not entered for this numerator/denominator/rate set *

Figure 8: Performance Measure 1

1.9 Performance Measure – Follow-up within 30 days of discharge (checked all age range)

The screenshot displays a dashboard for a performance measure. At the top, there are navigation tabs: News, Tasks (5), Records, Reports, and Actions. A user profile for 'Applan' is visible in the top right. The main content area is titled 'Follow-up within 30 days of discharge' and contains several rows of data for different age ranges. Each row has a checked checkbox, a table with three columns (Numerator, Denominator, Rate), and a red-bordered input field for the Rate. All values are 0. Below the data is a text area for 'Additional Notes/Comments on Measure' with a character count of 0/2000. At the bottom, there is a link for 'Deviations from Measure Specifications'.

Age Range	Numerator	Denominator	Rate
<input checked="" type="checkbox"/> Age Range: Total	0	0	0
<input checked="" type="checkbox"/> Age Range: 6-17	0	0	0
<input checked="" type="checkbox"/> Age Range: 18-64	0	0	0
<input checked="" type="checkbox"/> Age Range: 65 and older	0	0	0
<input checked="" type="checkbox"/> Age Range: Total	0	0	0

Figure 9: Performance Measure 2

1.10 Performance Measure – Follow-Up within 7 days of Discharge (checked one age range) Path 1

News Tasks (5) **Records** Reports Actions Applan

Follow-Up within 7 days of discharge

Age Range: 6-17

Numerator	Denominator	Rate
0	0	0

Age Range: 18-64
Please explain why data was not entered for this numerator/denominator/rate set *

Character count: 0/2000

Age Range: 65 and older
Please explain why data was not entered for this numerator/denominator/rate set *

Character count: 0/2000

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was selected in the "Definition of Population included in the Measure" section; however, no data were reported for the population age 65 and older. Are data available for population age 65 and over? *

Yes
 No

Please either:

1. enter a N/D/R for this age group.
2. return to the "Definition of Population included in the Measure" section and de-select the option "Denominator includes Medicare and Medicaid Dually-Eligible population"; or
3. explain below why data were not reported for age 65 and older (for example if the 65 and older group were combined with the 18-64 age group).

"Denominator includes Medicare and Medicaid Dually-Eligible population" was selected, but a numerator, denominator, and rate were not reported for the 65 and older population. Please explain why *

Age Range: Total
Please explain why data was not entered for this numerator/denominator/rate set *

Figure 10: Performance Measure 3

1.11 Performance Measure – Follow-Up within 7 days of Discharge (checked one age range) Path 2

News Tasks (5) **Records** Reports Actions Applan

Follow-Up within 7 days of discharge

Age Range: 6-17

Numerator	Denominator	Rate
0	0	0

Age Range: 18-64
Please explain why data was not entered for this numerator/denominator/rate set *

Character count: 0/2000

Age Range: 65 and older
Please explain why data was not entered for this numerator/denominator/rate set *

Character count: 0/2000

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was selected in the "Definition of Population Included in the Measure" section; however, no data were reported for the population age 65 and older. Are data available for population age 65 and over? *

Yes
 No

If applicable, please return to the "Definition of Population Included in the Measure" section and de-select the option "Denominator includes Medicare and Medicaid Dually-Eligible population" or provide explanation below.

"Denominator includes Medicare and Medicaid Dually-Eligible population" was not de-selected, please explain why *

Age Range: Total
Please explain why data was not entered for this numerator/denominator/rate set *

Figure 11: Performance Measure 4

1.12 Performance Measure – Follow-Up within 30 days of discharge (checked one age range) Path 1

News Tasks (5) **Records** Reports Actions

 Applan

Character count: 0/2000

Follow-Up within 30 days of discharge

Age Range: 6-17

Numerator	Denominator	Rate
0	0	0

Age Range: 18-64

Please explain why data was not entered for this numerator/denominator/rate set *

Character count: 0/2000

Age Range: 65 and older

Please explain why data was not entered for this numerator/denominator/rate set *

Character count: 0/2000

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was selected in the "Definition of Population included in the Measure" section; however, no data were reported for the population age 65 and older. Are data available for population age 65 and over? *

Yes
 No

Please either:

1. enter a N/D/R for this age group.
2. return to the "Definition of Population included in the Measure" section and de-select the option "Denominator includes Medicare and Medicaid Dually-Eligible population"; or
3. explain below why data were not reported for age 65 and older (for example if the 65 and older group were combined with the 18-64 age group).

"Denominator includes Medicare and Medicaid Dually-Eligible population" was selected, but a numerator, denominator, and rate were not reported for the 65 and older population. Please explain why *

Age Range: Total

Please explain why data was not entered for this numerator/denominator/rate set *

Figure 12: Performance Measure 5

1.13 Performance Measure – Follow-Up within 30 days of discharge (Checked one age range) Path 2

News Tasks (5) Records Reports Actions Applan

Character count: 0/2000

Follow-Up within 30 days of discharge

Age Range: 6-17

Numerator	Denominator	Rate
0	0	0

Age Range: 18-64
Please explain why data was not entered for this numerator/denominator/rate set *

Character count: 0/2000

Age Range: 65 and older
Please explain why data was not entered for this numerator/denominator/rate set *

Character count: 0/2000

The option "Denominator includes Medicare and Medicaid Dually-Eligible population" was selected in the "Definition of Population included in the Measure" section; however, no data were reported for the population age 65 and older. Are data available for population age 65 and over? *

Yes
 No

If applicable, please return to the "Definition of Population Included in the Measure" section and de-select the option "Denominator includes Medicare and Medicaid Dually-Eligible population" or provide explanation below.

"Denominator includes Medicare and Medicaid Dually-Eligible population" was not de-selected, please explain why *

Age Range: Total
Please explain why data was not entered for this numerator/denominator/rate set *

Figure 13: Performance Measure 6

1.14 Other Performance Measure

News Tasks (5) **Records** Reports Actions

Applan

Other Performance Measure +/-

Please describe the other methodology used *

Please describe the rate (e.g., 18-64)	Numerator	Denominator	Rate	
	0	0	0	Clear Row

+ Additional/Other Rate(s)

Additional Notes/Comments on Measure

Combined Rate(s) from Multiple Reporting Units +/-

Did you Combine Rates from Multiple Reporting Units (e.g., Health Home Providers) to Create a Health Home State-Level Rate? *

Yes
 No

Optional Measure Stratification +/-

If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, sex, language, disability status, or geography, complete the following as applicable.

Check all that apply

- Race (Non-Hispanic)
- Ethnicity
- Sex
- Primary Spoken Language
- Disability Status
- Geography

Final Comments (Optional)

Figure 14: Other Performance Measure

1.15 Deviations from Measure Specifications – 30-Day Follow up

Character count: 0/2000

Deviations from Measure Specifications

Did your calculation of the measure deviate from the measure specification in any way? *

Yes
 No

Please select and explain the deviation(s)

30-Day Follow up

Age Range: 6-17

Numerator

Denominator

Other

Age Range: 18-64

Numerator

Denominator

Explain *

Explain *

Explain *

Explain *

Explain *

Figure 15: Deviations from Measure Specifications 1

The screenshot shows a web application interface with a top navigation bar containing 'News', 'Tasks (5)', 'Records', 'Reports', and 'Actions'. A user profile icon for 'Applan' is in the top right. The main content area is divided into two columns. The left column contains a list of records with checkboxes for 'Denominator', 'Other', and 'Age Range: 65 and older' (with a sub-check for 'Numerator'). The right column contains corresponding 'Explain *' text input fields for each record.

Figure 16: Deviations from Measure Specifications 2

The screenshot shows the same CMS XLC interface as Figure 16. The left column lists records for 'Age Range: 65 and older' (with a sub-check for 'Numerator'), 'Denominator', 'Other', 'Age Range: Total' (with a sub-check for 'Numerator'), 'Denominator', and 'Other'. The right column contains 'Explain *' text input fields for each record.

Figure 17: Deviations from Measure Specifications 3

1.16 Deviations from Measure Specifications – 7-Day Follow up

The screenshot shows a web application interface with a dark blue header containing navigation tabs: News, Tasks (5), Records (highlighted), Reports, and Actions. A user profile icon for 'Applan' is in the top right. The main content area is titled '7-Day Follow up' and is organized into two sections based on age ranges. The first section is for 'Age Range: 6-17' and the second for 'Age Range: 18-64'. Each section contains three rows of checkboxes: Numerator, Denominator, and Other. To the right of each checkbox is a large, empty text box labeled 'Explain *'. The interface is clean and uses a light blue and white color scheme.

Figure 18: Deviations from Measure Specifications 4

The screenshot shows a similar web application interface. The header is identical to Figure 18. The main content area is titled 'Deviations from Measure Specifications 5'. It features three sections based on age ranges: 'Age Range: 65 and older', 'Age Range: Total', and another 'Age Range: Total'. Each section contains three rows of checkboxes: Numerator, Denominator, and Other. To the right of each checkbox is a large, empty text box labeled 'Explain *'. The layout and styling are consistent with the previous figure.

Figure 19: Deviations from Measure Specifications 5

1.17 Optional Measure Stratification

News Tasks (5) **Records** Reports Actions Appian

Optional Measure Stratification

If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, sex, language, disability status, or geography, complete the following as applicable.

Check all that apply

Race (Non-Hispanic)

White

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Black or African American

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

American Indian or Alaska Native

Figure 20: Optional Measure Stratification 1

News Tasks (5) **Records** Reports Actions Appian

Age Range: 65-74	0	0	0	Clear Row
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+ Additional/Alternative Classification/Sub-category

American Indian or Alaska Native

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Asian

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Native Hawaiian or Other Pacific Islander

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row

Figure 21: Optional Measure Stratification 2

News Tasks (5) **Records** Reports Actions Applan

Native Hawaiian or Other Pacific Islander

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Race(s)

Ethnicity

Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Not Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

Figure 22: Optional Measure Stratification 3

News Tasks (5) **Records** Reports Actions Applan

+ Additional/Alternative Classification/Sub-category

Not Hispanic or Latino

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

+ Additional Ethnicity(ies)

Sex

Male

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

+ Additional/Alternative Classification/Sub-category

Female

Classification/Sub-category	Numerator	Denominator	Rate	
Age Range: 18-64	0	0	0	Clear Row

Figure 23: Optional Measure Stratification 4

The screenshot shows the 'Records' tab in the CMS XLC interface. It displays three stratification sections, each with a table of data. The top section is for 'Female', the middle for 'English', and the bottom for 'Spanish'. Each section has a table with the following structure:

Classification/Sub-category	Numerator	Denominator	Rate	Clear Row
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

Each table is followed by a link: '+ Additional/Alternative Classification/Sub-category'. The 'Rate' column in each table is highlighted with a red box.

Figure 24: Optional Measure Stratification 5

The screenshot shows the 'Records' tab in the CMS XLC interface, continuing from the previous figure. It displays two stratification sections: 'Disability Status' and 'Geography'. The 'Disability Status' section is further divided into 'SSI' and 'Non-SSI'. Each section has a table with the following structure:

Classification/Sub-category	Numerator	Denominator	Rate	Clear Row
Age Range: 18-64	0	0	0	Clear Row
Age Range: 65-74	0	0	0	Clear Row

Each table is followed by a link: '+ Additional/Alternative Classification/Sub-category'. The 'Rate' column in each table is highlighted with a red box.

Figure 25: Optional Measure Stratification 6

The screenshot shows a web application interface with a top navigation bar containing 'News', 'Tasks (5)', 'Records', 'Reports', and 'Actions'. The 'Records' tab is active. Below the navigation, there are expandable sections for 'Urban' and 'Rural' categories. Each category contains a table with columns for 'Classification/Sub-category', 'Numerator', 'Denominator', and 'Rate'. The 'Rate' column has a 'Clear Row' button next to it. Below the tables, there is a section titled 'Final Comments (Optional)' with a text input field and a '+/-' toggle.

Figure 26: Optional Measure Stratification 7

1.18 Final Comments and Report Documents

The screenshot shows the same web application interface, but now the 'Final Comments (Optional)' section is expanded, showing a text input field. Below it is the 'Report Documents' section, which includes a list of 'Saved Documents' with a table containing columns for 'Name', 'Description', 'Date Created', 'Updated By', 'Size', and 'Type'. There is an 'UPLOAD' button and 'DELETE DOCUMENT(S)' and 'SAVE DOCUMENT(S)' buttons.

Figure 27: Final Comments and Report Documents

1.19 Follow-Up After Hospitalization for Mental Illness (FUH) - Path 2

News Tasks (5) **Records** Reports Actions Appian

View Implementation Guide

Are you reporting on this measure? *

Yes

No

Please explain why you are not reporting on the measure

Select all that apply (must select at least one)

Service not covered

Population not covered

Data not available

Portion of population not covered *

Entire population not covered

Partial population not covered

*** Explain the partial population not covered**

Explain why data not available

Select all that apply (must select at least one)

Budget Constraints

Staff Constraints

Data Inconsistencies/Accuracy

*** Please explain**

Data not submitted by Providers to State

Data source not easily accessible

Figure 28: FUH Reporting – No - 1

Data not submitted by Providers to State

Data source not easily accessible

Reason *Select all that apply*

Requires medical record review

Requires data linkage, which does not currently exist

Other

*** Please explain**

Information not collected

Reason *Select all that apply*

Not collected by provider (hospital/health plan)

Other

*** Please explain**

Other

*** Please explain**

Figure 29: FUH Reporting – No - 2

News Tasks (5) **Records** Reports Actions Appian

Small sample size (less than 30)

Continuous enrollment requirement not met due to start date of SPA

Other

Other
* Please explain

Enter specific sample size *

Explain other reason why data not reported *

Report Documents

Saved Documents

- Maximum documents that can be uploaded for this report: 84
- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx

<input type="checkbox"/>	Name	Description	Date Created	Updated By	Size	Type
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Figure 30: FUH Reporting – No – 3

Appendix A: Acronyms

Table 1: Acronyms

Acronym	Literal Translation
HHQM	Health Homes Quality Measure
FUH	Follow-Up After Hospitalization for Mental Illness
PRA	Paper Reduction Act of 1995