



**Centers for Medicare & Medicaid  
Services  
CMS eXpedited Life Cycle (XLC)**

## **Medicaid and CHIP Program (MACPro)**

# **CQM 2018 - Follow-Up After Hospitalization for Mental Illness: Ages 6-20 (FUH-CH) Core Measure PRA Document**

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# 1. Follow-Up After Hospitalization for Mental Illness: Ages 6-20 (FUH-CH) Screenshots

## 1.1 Measurement Specifications – Path 1

Figure 1: Measurement Specifications – Path 1

## 1.2 Measurement Specifications – Path 2

Figure 2: Measurement Specifications – Path 2

## 1.3 Data Source

Figure 3: Data Source

# 1.4 Date Range

**Date Range** Collapse

For all measures, states should report start and end dates for the measurement period. For some measures, the specifications require a "look-back period" before or after the measurement period to determine eligibility or utilization. The measurement period entered in the Start and End Date fields should not include the "look-back period."

**Start Date**

Select Month  Select Year

Month Year

**End Date**

Select Month  Select Year

Month Year

**Figure 4: Date Range**

# 1.5 Definition of Population Included in the Measure

## Definition of Population Included in the Measure

Collapse

### Definition of Denominator \*

- Denominator includes CHIP (Title XXI) population only
- Denominator includes Medicaid (Title XIX) population only
- Denominator includes CHIP and Medicaid (Title XIX)

If the denominator is a subset of the definition selected above, please further define the denominator, and indicate the number of children excluded

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

- Yes
- No

### What is the sample size? \*

### What is the measure-eligible population? \*

### Which delivery systems are represented in the Denominator? \*

Select all delivery systems that apply in your state (must select at least one); for each delivery system selected, enter the percentage of the measure-eligible population represented by that service delivery system. For example, if the measure-eligible population represents all managed care enrollees, enter 100 percent for MCO.

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

### Explain which populations are excluded and why \*

### Percentage of total state FFS population represented \*

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.

### Percentage of total state PCCM population represented \*

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.

### Number of Health Plans \*

### Percentage of total state MCO/PIHP population represented \*

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.

### Percentage of total state ICM population represented \*

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.

### Describe \*

### Percentage of total other population represented \*

The percentage provided here should represent the percentage of the denominator population(s) included in the measure (i.e., Medicaid, CHIP, etc.) that receives items/services through the selected delivery system. For example, if the population included in the reported data represents all managed care enrollees and half of your state's fee-for-service enrollees, select managed care and enter 100, and select fee-for-service and enter 50.

### If applicable, list the number of Health Plans represented

Figure 5: Definition of Population Included in the Measure

## 1.6 Performance Measure - Path 1

Figure 6: Performance Measure - Path 1

## 1.7 Performance Measure - Path 2

Numerator	Denominator	Rate
0	0	0

  

Numerator	Denominator	Rate
0	0	0

Figure 7: Performance Measure - Path 2

## 1.8 Deviations from Measure Specifications – Screenshot 1

News Tasks (3) **Records** Reports Actions Appian

### 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)

**7 Day Follow-Up**

Numerator

Denominator

Other

**30 Day Follow-Up**

Numerator

Explain \*

Explain \*

Explain \*

Explain \*

Figure 8: Deviations from Measure Specifications – Screenshot 1

## 1.9 Deviations from Measure Specifications – Screenshot 2

News Tasks (3) **Records** Reports Actions Appian

Denominator

Other

Explain \*

Explain \*

Figure 9 : Deviations from Measure Specifications – Screenshot 2



## 1.10 Combined Rate(s) from Multiple Reporting Units

News Tasks (13) Records Reports **Actions** Appian

**Combined Rate(s) from Multiple Reporting Units** Collapse

Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate? \*

Yes  
 No

If yes, indicate whether the state-level rate is weighted

The rates are weighted based on the size of the measure-eligible population for each reporting unit  
 The rates are weighted based on another weighting factor

Describe the other weighting factor:

The rates are not weighted

Figure 10: Combined Rate(s) from Multiple Reporting Units

## 1.11 Additional Note/Comments on Measure (Optional)

News Tasks (13) Records Reports **Actions** Appian

**Additional Notes/Comments on Measure (Optional)** Collapse

Character count: 0/4000

Figure 11: Additional Notes/Comments on Measure (Optional)

## 1.12 Optional Measure Stratification – Screenshot 1

Note: Same N/D/R sets are displayed under each of the stratification categories

News Tasks (13) **Records** Reports **Actions** Appian

**Optional Measure Stratification** Collapse

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.

Enter rate values to one decimal place (XX.X). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.

Check all that apply

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

Figure 12: Optional Measure Stratification – Screenshot 1

## 1.13 Optional Measure Stratification – Screenshot 2

Note: Same N/D/R sets are displayed under each of the stratification categories

### Optional Measure Stratification

[Collapse](#)

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.

Enter rate values to one decimal place (XX.X). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.

**Check all that apply**

- Race (Non-Hispanic)
  - White

Classification/Sub-category	Numerator	Denominator	Rate	
7 Day Follow-Up	0	0	0	Clear Row
30 Day Follow-Up	0	0	0	Clear Row

[+ Additional/Alternative Classification/Sub-category](#)

- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- [+ Additional Race\(s\)](#)
- Ethnicity
- Sex
- Primary Spoken Language
- Disability Status
- Geography

**Figure 13: Optional Measure Stratification – Screenshot 2**

## Appendix A: Acronyms

Table 1: Acronyms

Acronym	Definition
<b>CQM</b>	Child Quality Measures
<b>PRA</b>	Paperwork Reduction Act of 1995