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BHO Metric Definitions

I. Continuity of Care: Mental Health Follow-Up

**Metric 1: Percentage of MH Discharges Followed by an Outpatient Visit for MH Treatment within 7 Days**

Numerator:
The numerator includes the number of discharges from the denominator where the patient discharged had an outpatient mental health service visit within 7 days of a mental health discharge.

- Outpatient mental health services include OMH licensed clinics, CDT, DT, PH and services provided by a mental health practitioner or physician with a primary diagnosis of MI
- Also included are ACT services, PROS and RTF services.
- Only discharges where the outpatient service visit occurred as the next immediate service post discharge is counted towards the numerator.

Denominator:
The denominator includes discharges to the community from inpatient psychiatric units at general hospital (Article 28) or private hospital (Article 31) or state psychiatric hospitals (SPCs) identified on fee for service claims data.

- Discharges for recipients with continuous Medicaid eligibility of 30 days or more after discharge are included.
- Discharges for recipients who are Medicare-eligible are excluded.
- Discharges with patient status indicating discharges or transfers to institutional setting are excluded.

**Metric 2: Percentage of MH Discharges Followed by an Outpatient Visit for MH or SUD Treatment within 7 Days**

Numerator:
The numerator includes the number of discharges from the denominator where the patient discharged had an outpatient mental health service visit or substance use disorder service visit within 7 days of a mental health discharge.

- Outpatient mental health services include OMH licensed clinics, CDT, DT, PH and services provided by a mental health practitioner or physician with a primary diagnosis of MI
- Also included are ACT services, PROS and RTF services.
- SUD outpatient services, identified by rate and procedure codes, include MMTP, CD/Alcohol Outpatient Clinic, and CD/Alcohol Outpatient Rehabilitation are included.
- Only discharges where the outpatient service visit occurred as the next immediate service post discharge is counted towards the numerator.

Denominator:
The denominator includes discharges to the community from inpatient psychiatric units at general hospital (Article 28) or private hospital (Article 31) or state psychiatric hospitals (SPCs) identified on fee for service claims data.

- Discharges for recipients with continuous Medicaid eligibility of 30 days or more after discharge are included.
- Discharges for recipients who are Medicare-eligible are excluded.
- Discharges with patient status indicating discharges or transfers to institutional setting are excluded.
**Metric 3: Percentage of MH Discharges Followed by an Outpatient Visit for MH Treatment within 30 Days**

**Numerator:**
The numerator includes the number of discharges from the denominator where the patient discharged had an outpatient mental health service visit within 30 days of a mental health discharge.
- Outpatient mental health services include OMH licensed clinics, CDT, DT, PH and services provided by a mental health practitioner or physician with a primary diagnosis of MI
- Also included are ACT services, PROS and RTF services.
- Only discharges where the outpatient service visit occurred as the next immediate service post discharge is counted towards the numerator.

**Denominator:**
The denominator includes discharges to the community from inpatient psychiatric units at general hospital (Article 28) or private hospital (Article 31) or state psychiatric hospitals (SPCs) identified on fee for service claims data.
- Discharges for recipients with continuous Medicaid eligibility of 30 days or more after discharge are included.
- Discharges for recipients who are Medicare-eligible are excluded.
- Discharges with patient status indicating discharges or transfers to institutional setting are excluded.

**Metric 4: Percentage of MH Discharges Followed by an Outpatient Visit for MH or SUD Treatment within 30 Days**

**Numerator:**
The numerator includes the number of discharges from the denominator where the patient discharged had an outpatient mental health service visit or substance use disorder service visit within 30 days of a mental health discharge.
- Outpatient mental health services include OMH licensed clinics, CDT, DT, PH and services provided by a mental health practitioner or physician with a primary diagnosis of MI
- Also included are ACT services, PROS and RTF services.
- SUD outpatient services, identified by rate and procedure codes, include MMTP, CD/Alcohol Outpatient Clinic, and CD/Alcohol Outpatient Rehabilitation are included.
- Only discharges where the outpatient service visit occurred as the next immediate service post discharge is counted towards the numerator.

**Denominator:**
The denominator includes discharges to the community from inpatient psychiatric units at general hospital (Article 28) or private hospital (Article 31) or state psychiatric hospitals (SPCs) identified on fee for service claims data.
- Discharges for recipients with continuous Medicaid eligibility of 30 days or more after discharge are included.
- Discharges for recipients who are Medicare-eligible are excluded.
- Discharges with patient status indicating discharges or transfers to institutional setting are excluded.
II. Continuity of Care: Substance Use Disorder Follow-Up

Metric 20: Percentage of SUD Detox Discharges Followed by a Lower Level SUD Service within 14 Days

Numerator:
The numerator includes the number of discharges from the denominator that had non-crisis services within 14 days post discharge from inpatient detoxification.

- Non crisis services include Inpatient rehabilitation, Residential rehabilitation services, CD/Alcohol Outpatient Clinic, and CD/Alcohol Outpatient Rehabilitation and MMTP services.
- Only discharges where the outpatient service visit occurred as the next immediate service post discharge is counted towards the numerator.

Denominator:
The denominator includes discharges from inpatient detoxification.

- Discharges for recipients with continuous Medicaid eligibility of 30 days or more after discharge are included.
- Only recipients age 18 and over are included.
- Discharges for recipients who are Medicare-eligible are excluded.

Metric 24: Percentage of SUD Detox Discharges Followed by a Lower Level SUD Service within 30 Days

Numerator:
The numerator includes the number of discharges from the denominator that had non-crisis services within 30 days post discharge from inpatient detoxification.

- Non crisis services include Inpatient rehabilitation, Residential rehabilitation services, CD/Alcohol Outpatient Clinic, CD/Alcohol Outpatient Rehabilitation and MMTP services.
- Only discharges where the outpatient service visit occurred as the next immediate service post discharge is counted towards the numerator.

Denominator:
The denominator contains discharges from inpatient detoxification.

- Discharges for recipients with continuous Medicaid eligibility of 30 days or more after discharge are included.
- Only recipients age 18 and over are included.
- Discharges for recipients who are Medicare-eligible are excluded.

Metric 21: Percentage of SUD Rehabilitation Discharges Followed by a Lower Level SUD Service within 14 Days

Numerator:
The numerator includes the number of discharges from the denominator that had non-crisis services within 14 days post discharge from inpatient rehabilitation.

- Non crisis services include Residential rehabilitation services, CD/Alcohol Outpatient Clinic, CD/Alcohol Outpatient Rehabilitation and MMTP services.
- Also included are ACT services, PROS and RTF services.
- Only discharges where the outpatient service visit occurred as the next immediate service post discharge is counted towards the numerator.

Denominator:
The denominator contains discharges from inpatient rehabilitation.
- Discharges for recipients with continuous Medicaid eligibility of 30 days or more after discharge are included.
- Only recipients age 18 and over are included.
- Discharges for recipients who are Medicare-eligible are excluded.

**Metric 25: Percentage of SUD Rehabilitation Discharges Followed by a Lower Level SUD Service within 30 Days**

Numerator:
The numerator includes the number of discharges from the denominator that had non-crisis services within 30 days post discharge from inpatient rehabilitation.
- Non crisis services include Residential rehabilitation services, CD/Alcohol Outpatient Clinic, CD/Alcohol Outpatient Rehabilitation and MMTP services.
- Only discharges where the outpatient service visit occurred as the next immediate service post discharge is counted towards the numerator.

Denominator:
The denominator contains discharges from inpatient rehabilitation.
- Discharges for recipients with continuous Medicaid eligibility of 30 days or more after discharge are included.
- Only recipients age 18 and over are included.
- Discharges for recipients who are Medicare-eligible are excluded.

**Metric 22: Percentage of SUD Detox Discharges Followed by a Lower Level SUD Service or MH Outpatient Treatment within 14 Days**

Numerator:
The numerator includes the number of discharges from the denominator that had non-crisis services within 14 days post discharge from inpatient detoxification.
- Non crisis services include Inpatient rehabilitation, Residential rehabilitation services, CD/Alcohol Outpatient Clinic, CD/Alcohol Outpatient Rehabilitation and MMTP services.
- Also included are ACT services, PROS and RTF services.
- MH outpatient services include OMH licensed clinic, CDT, DT, and PH.
- Only discharges where the outpatient service visit occurred as the next immediate service post discharge is counted towards the numerator.

Denominator:
The denominator contains discharges from inpatient detoxification.
- Discharges for recipients with continuous Medicaid eligibility of 30 days or more after discharge are included.
- Only recipients age 18 and over are included.
- Discharges for recipients who are Medicare-eligible are excluded.

**Metric 26: Percentage of SUD Detox Discharges Followed by a Lower Level SUD Service or MH Outpatient Treatment within 30 Days**

**Numerator:**
The numerator includes the number of discharges from the denominator that had non-crisis services within 30 days post discharge from inpatient detoxification.
- Non crisis services include Inpatient rehabilitation, Residential rehabilitation services, CD/Alcohol Outpatient Clinic, CD/Alcohol Outpatient Rehabilitation and MMTP services.
- Also included are ACT services, PROS and RTF services.
- MH outpatient services include OMH licensed clinic, CDT, DT, and PH.
- Only discharges where the outpatient service visit occurred as the next immediate service post discharge is counted towards the numerator.

**Denominator:**
The denominator contains discharges from inpatient detoxification.
- Discharges for recipients with continuous Medicaid eligibility of 30 days or more after discharge are included.
- Only recipients age 18 and over are included.
- Discharges for recipients who are Medicare-eligible are excluded.

**Metric 24: Percentage of SUD Rehabilitation Discharges Followed by a Lower Level SUD Service or MH Outpatient Treatment within 14 Days**

**Numerator:**
The numerator includes the number of discharges from the denominator that had non-crisis services within 14 days post discharge from inpatient rehabilitation.
- Non crisis services include Residential rehabilitation services, CD/Alcohol Outpatient Clinic, CD/Alcohol Outpatient Rehabilitation and MMTP services.
- Also included are ACT services, PROS and RTF services.
- MH outpatient services include OMH licensed clinic, CDT, DT, and PH.
- Only discharges where the outpatient service visit occurred as the next immediate service post discharge is counted towards the numerator.

**Denominator:**
The denominator contains discharges from inpatient rehabilitation.
- Discharges for recipients with continuous Medicaid eligibility of 30 days or more after discharge are included.
- Only recipients age 18 and over are included.
- Discharges for recipients who are Medicare-eligible are excluded.
Metric 27: Percentage of SUD Rehabilitation Discharges Followed by a Lower Level SUD Service or MH Outpatient Treatment within 30 Days

Numerator:
The numerator includes the number of discharges from the denominator that had non-crisis services within 30 days post discharge from inpatient rehabilitation.
- Non crisis services include Residential rehabilitation services, CD/Alcohol Outpatient Clinic, CD/Alcohol Outpatient Rehabilitation and MMTP services.
- Also included are ACT services, PROS and RTF services.
- MH outpatient services include OMH licensed clinic, CDT, DT, and PH.
- Only discharges where the outpatient service visit occurred as the next immediate service post discharge is counted towards the numerator.

Denominator:
The denominator contains discharges from inpatient rehabilitation.
- Discharges for recipients with continuous Medicaid eligibility of 30 days or more after discharge are included.
- Only recipients age 18 and over are included.
- Discharges for recipients who are Medicare-eligible are excluded.

III. Engagement in Care: Mental Health Engagement in Care

Metric 8: Percentage of MH Discharges Followed by Two or More MH Outpatient Visits within 30 Days

Numerator:
The numerator includes the number of discharges from the denominator where the patient discharged had two or more outpatient services within thirty days of discharge.
- Outpatient mental health services include OMH licensed clinics, CDT, DT, PH and services provided by a mental health practitioner or physician with a primary diagnosis of MI
- Also included are ACT services, PROS and RTF services.
- Any one of the outpatient services does not have to be the next immediate service post discharge.

Denominator:
The denominator includes the number of discharges to the community from inpatient psychiatric units at general hospital (Article 28) or private hospital (Article 31) or state psychiatric hospitals (SPCs) identified on fee for service claims data.
- Discharges for recipients with continuous Medicaid eligibility of 60 days or more after discharge are included.
- Discharges for recipients who are Medicare-eligible are excluded.
- Discharges with patient status indicating discharges or transfers to institutional setting are excluded.
Metric 9: Percentage of MH Discharges Followed by Four or More MH Outpatient Visits within 60 Days

Numerator:
The numerator includes the number of discharges from the denominator where the patient discharged had four or more outpatient services within sixty days of discharge.
- Outpatient mental health services include OMH licensed clinics, CDT, DT, PH and services provided by a mental health practitioner or physician with a primary diagnosis of MI
- Also included are ACT services, PROS and RTF services.
- Any one of the outpatient services does not have to be the next immediate service post discharge.

Denominator:
The denominator includes the number of discharges to the community from inpatient psychiatric units at general hospital (Article 28) or private hospital (Article 31) or state psychiatric hospitals (SPCs) identified on fee for service claims data.
- Discharges for recipients with continuous Medicaid eligibility of 60 days or more after discharge are included.
- Discharges for recipients who are Medicare-eligible are excluded.
- Discharges with patient status indicating discharges or transfers to institutional setting are excluded.

IV. Engagement in Care: Substance Use Disorder Engagement in Care

Metric 28: Percentage of SUD Detox or Rehabilitation Discharges Followed by Two or More Lower Level SUD Services within 14 Days of Discharge

Numerator:
The numerator includes the number of discharges from the denominator that had 2 or more lower level non-crisis services within 14 days post discharge from inpatient rehabilitation.
- Lower level non crisis services include Residential rehabilitation services, CD/Alcohol Outpatient Clinic, CD/Alcohol Outpatient Rehabilitation and MMTP services.
- The services do not have to be the next immediate service post discharge.

Denominator:
The denominator includes the number of discharges to the community from inpatient detoxification and inpatient rehabilitation identified on claims data.
- Discharges for recipients with continuous Medicaid eligibility of 60 days or more after discharge are included.
- An inpatient detoxification service followed by an inpatient rehabilitation service within 14 days will counted as one episode in the denominator.
- Discharges for recipients who are Medicare-eligible are excluded.
- Only recipients age 18 and over are included.
Metric 29: Percentage of SUD Detox or Rehabilitation Discharges Followed by Three or More Lower Level SUD Services within 30 Days

Numerator:
The numerator includes the number of discharges from the denominator that had 3 or more lower level non-crisis services within 30 days post discharge from inpatient rehabilitation.
  - Lower level non-crisis services include Residential rehabilitation services, CD/Alcohol Outpatient Clinic, CD/Alcohol Outpatient Rehabilitation and MMTP services.
  - The services do not have to be the next immediate service post discharge.

Denominator:
The denominator includes the number of discharges to the community from inpatient detoxification and inpatient rehabilitation identified on claims data.
  - Discharges for recipients with continuous Medicaid eligibility of 60 days or more after discharge are included.
  - An inpatient detoxification service followed by an inpatient rehabilitation service within 14 days will counted as one episode in the denominator.
  - Discharges for recipients who are Medicare-eligible are excluded.
  - Only recipients age 18 and over are included.

V. Readmission: Mental Health Readmission

Metric 5: Rate of Readmission to Inpatient MH Treatment within 30 Days (Readmission in Any Geographic Region)

Numerator:
The numerator includes the number of discharges in the denominator where the patient was readmitted to any provider within 30 days of the last inpatient discharge for mental illness.

Denominator:
The denominator includes discharges to the community from inpatient psychiatric units at general hospital (Article 28) or private hospital (Article 31) or state psychiatric hospitals (SPCs) identified on fee for service claims data. Transfers from Article 28 or 31 hospitals to SPCs within a day are considered as one episode, with the record reconstructed to account for the entire episode as an SPC record.
  - Discharges for recipients with continuous Medicaid eligibility of 90 days or more after discharge are included.
  - Discharges for recipients who are Medicare-eligible are excluded.

Metric 6: Rate of Readmission to Inpatient MH Treatment within 30 Days (Readmission in the Same Geographic Region)

Numerator:
The numerator includes the number of discharges from the denominator where the patient was readmitted to a provider in the same region within 30 days of the last inpatient discharge for mental illness.
Denominator:
The denominator includes discharges to the community from inpatient psychiatric units at general hospital (Article 28) or private hospital (Article 31) or state psychiatric hospitals (SPCs) identified on fee for service claims data. Transfers from Article 28 or 31 hospitals to SPCs within a day are considered as one episode, with the record reconstructed to account for the entire episode as an SPC record.

- Discharges for recipients with continuous Medicaid eligibility of 90 days or more after discharge are included.
- Discharges for recipients who are Medicare-eligible are excluded.

**Metric 7: Rate of Readmission to Inpatient MH Treatment within 90 Days (Readmission in Any Geographic Region)**

Numerator:
The numerator includes the number of discharges from the denominator where the patient was readmitted to any provider within 90 days of the last inpatient discharge for mental illness.

Denominator:
The denominator includes discharges to the community from inpatient psychiatric units at general hospital (Article 28) or private hospital (Article 31) or state psychiatric hospitals (SPCs) identified on fee for service claims data. Transfers from Article 28 or 31 hospitals to SPCs within a day are considered as one episode, with the record reconstructed to account for the entire episode as an SPC record.

- Discharges for recipients with continuous Medicaid eligibility of 90 days or more after discharge are included.
- Discharges for recipients who are Medicare-eligible are excluded.

VI. **Readmission: Substance Use Disorder Readmission**

**Metric 30: Rate of Readmission to SUD Detox or Rehabilitation within 30 Days (Readmission in Any Geographic Region)**

Numerator:
The numerator includes the number of discharges from the denominator having readmission for substance use disorder to any provider within 30 days of the last substance use disorder discharge.

Denominator:
The denominator includes the number of discharges to the community from inpatient detoxification and inpatient rehabilitation identified on claims data.

- Discharges for recipients with continuous Medicaid eligibility of 90 days or more after discharge are included.
- An inpatient detoxification service followed by an inpatient rehabilitation service within 14 days will counted as one episode in the denominator.
- Discharges for recipients who are Medicare-eligible are excluded.
- Only recipients age 18 and over are included.
**Metric 31: Rate of Readmission to SUD Detox or Rehabilitation within 45 Days (Readmission in Any Geographic Region)**

**Numerator:**
The numerator includes the number of discharges from the denominator having readmission for substance use disorder to any provider within 45 days of the last substance use disorder discharge.

**Denominator:**
The denominator includes the number of discharges to the community from inpatient detoxification and inpatient rehabilitation identified on claims data.

- Discharges for recipients with continuous Medicaid eligibility of 90 days or more after discharge are included.
- An inpatient detoxification service followed by an inpatient rehabilitation service within 14 days will counted as one episode in the denominator.
- Discharges for recipients who are Medicare-eligible are excluded.
- Only recipients age 18 and over are included.

**Metric 32: Rate of Readmission to SUD Detox or Rehabilitation within 45 Days (Readmission in the Same Geographic Region)**

**Numerator:**
The numerator includes the number of discharges from the denominator having readmission for substance use disorder to a provider in the same region within 45 days of the last substance use disorder discharge.

**Denominator:**
The denominator includes the number of discharges to the community from inpatient detoxification and inpatient rehabilitation identified on claims data.

- Discharges for recipients with continuous Medicaid eligibility of 90 days or more after discharge are included.
- An inpatient detoxification service followed by an inpatient rehabilitation service within 14 days will counted as one episode in the denominator.
- Discharges for recipients who are Medicare-eligible are excluded.
- Only recipients age 18 and over are included.
VII. Medication Fill: Thirty Day Medication Fill

Metric 10: Percentage of MH Discharges where a Prescription for a Psychotropic Medication was Filled within 30 Days

Numerator:
The numerator includes the number of discharges from the denominator where the patient discharged had a psychotropic drug fill within 30 days of discharge.

Denominator:
The denominator includes the number of discharges to the community from inpatient psychiatric units at general hospital (Article 28) or private hospital (Article 31) or state psychiatric hospitals (SPCs) identified on fee for service claims data.
- Discharges for recipients with continuous Medicaid eligibility of 100 days or more after discharge are included.
- Discharges for recipients who are Medicare-eligible are excluded.
- Discharges with patient status indicating discharges or transfers to institutional setting are excluded.

Metric 12: Percentage of MH Discharges where a Prescription for an Antipsychotic Medication was Filled within 30 Days

Numerator:
The numerator includes the number of discharges from the denominator where the patient discharged had an Anti-Psychotic/Atypical Antipsychotic drug fill within 30 days of discharge.

Denominator:
The denominator includes the number of discharges to the community from inpatient psychiatric units at general hospital (Article 28) or private hospital (Article 31) or state psychiatric hospitals (SPCs) identified on fee for service claims data.
- Discharges for recipients with continuous Medicaid eligibility of 100 days or more after discharge are included.
- Discharges for recipients with a primary diagnosis of psychosis are included
- Discharges for recipients who are Medicare-eligible are excluded.
- Discharges with patient status indicating discharges or transfers to institutional setting are excluded.

Metric 14: Percentage of MH Discharges where a Prescription for a Mood Stabilizer/Antidepressant Medication was Filled within 30 Days

Numerator:
The numerator includes the number of discharges from the denominator where the patient discharged had a mood stabilizer/anti-depressant drug fill within 30 days of discharge.

Denominator:
The denominator includes the number of discharges to the community from inpatient psychiatric units at general hospital (Article 28) or private hospital (Article 31) or state psychiatric hospitals (SPCs) identified on fee for service claims data.
- Discharges for recipients with continuous Medicaid eligibility of 100 days or more after discharge are included.
- Discharges for recipients with a primary diagnosis of mood disorder are included
- Discharges with patient status indicating discharges or transfers to institutional setting are included
- Discharges for recipients who are Medicare-eligible are excluded.
- Discharges with patient status indicating discharges or transfers to institutional setting are excluded.

**Metric 16: Percentage of SUD Detox or Rehabilitation Discharges where a Prescription for an Anti-Addiction Medication was Filled within 30 Days**

**Numerator:**
The numerator includes the number of discharges from the denominator where the patient discharged had an anti-addiction drug fill within 30 days of discharge.

**Denominator:**
The denominator includes the number of discharges to the community from inpatient detoxification and inpatient rehabilitation identified on claims data.
- Discharges for recipients with continuous Medicaid eligibility of 100 days or more after discharge are included.
- An inpatient detoxification service followed by an inpatient rehabilitation service within 14 days counts as one inpatient stay in the denominator.
- Only recipients age 18 and over are included.
- Discharges for recipients who are Medicare-eligible are excluded.

**Metric 18: Percentage of SUD Detox or Rehabilitation Discharges where a Prescription for a Mood Stabilizer/Antidepressant Medication was Filled within 30 Days**

**Numerator:**
The numerator includes the number of discharges from the denominator where the patient discharged had a mood stabilizer/anti-depressant drug fill within 30 days of discharge.

**Denominator:**
The denominator includes the number of discharges to the community from inpatient detoxification and inpatient rehabilitation identified on claims data. These discharges must have a co-occurring diagnosis of mood disorder.
- Discharges for recipients with continuous Medicaid eligibility of 100 days or more after discharge are included.
- An inpatient detoxification service followed by an inpatient rehabilitation service within 14 days counts as one inpatient stay in the denominator.
- Only recipients age 18 and over are included.
- Discharges for recipients who are Medicare-eligible are excluded.
VIII. Medication Fill: One Hundred Day Medication Fill

*Metric 11: Percentage of MH Discharges where a Prescription for a Psychotropic Medication was Filled within 30 Days and a Second Such Prescription was Filled within 100 Days*

**Numerator:**
The numerator includes the number of discharges from the denominator where the patient discharged had a second psychotropic drug fill within 100 days of discharge.

**Denominator:**
The denominator includes the number of discharges to the community from inpatient psychiatric units at general hospital (Article 28) or private hospital (Article 31) or state psychiatric hospitals (SPCs) identified on fee for service claims data, where the discharged patient filled a psychotropic drug prescription within 30 days of discharge.

- Discharges for recipients with continuous Medicaid eligibility of 100 days or more after discharge are included.
- Discharges for recipients who are Medicare-eligible are excluded.
- Discharges with patient status indicating discharges or transfers to institutional setting are excluded.

*Metric 13: Percentage of MH Discharges where a Prescription for a Antipsychotic Medication was Filled within 30 Days and a Second Such Prescription was Filled within 100 Days*

**Numerator:**
The numerator includes the number of discharges from the denominator where the patient discharged had a second Anti-Psychotic/Atypical Anti-Psychotic drug fill within 100 days of discharge.

**Denominator:**
The denominator includes the number of discharges to the community from inpatient psychiatric units at general hospital (Article 28) or private hospital (Article 31) or state psychiatric hospitals (SPCs) identified on fee for service claims data, where the discharged patient filled an anti-psychotic/atypical anti-psychotic prescription within 30 days of discharge.

- Discharges for recipients with continuous Medicaid eligibility of 100 days or more after discharge are included.
- Discharges for recipients with a primary diagnosis of psychosis are included
- Discharges for recipients who are Medicare-eligible are excluded.
- Discharges with patient status indicating discharges or transfers to institutional setting are excluded.
Metric 15: Percentage of MH Discharges where a Prescription for a Mood Stabilizer/Antidepressant Medication was Filled within 30 Days and a Second Such Prescription was Filled within 100 Days

Numerator:
The numerator includes the number of discharges from the denominator where the patient discharged had a second mood stabilizer/anti-depressant drug fill within 100 days of discharge.

Denominator:
The denominator includes the number of discharges to the community from inpatient psychiatric units at general hospital (Article 28) or private hospital (Article 31) or state psychiatric hospitals (SPCs) identified on fee for service claims data, where the discharged patient filled a mood stabilizer/anti-depressant prescription within 30 days of discharge.

- Discharges for recipients with continuous Medicaid eligibility of 100 days or more after discharge are included.
- Discharges for recipients with a primary diagnosis of mood disorder are included.
- Discharges for recipients who are Medicare-eligible are excluded.
- Discharges with patient status indicating discharges or transfers to institutional setting are excluded.

Metric 17: Percentage of SUD Detox or Rehabilitation Discharges where a Prescription for an Anti-Addiction Medication was Filled within 30 Days and a Second Such Prescription was Filled within 100 Days

Numerator:
The numerator includes the number of discharges from the denominator where the patient discharged had a second anti-addiction drug fill within 100 days of discharge.

Denominator:
The denominator includes the number of discharges to the community from inpatient detoxification and inpatient rehabilitation identified on claims data where the discharged patient filled an anti-addiction prescription within 30 days of discharge.

- Discharges for recipients with continuous Medicaid eligibility of 100 days or more after discharge are included.
- An inpatient detoxification service followed by an inpatient rehabilitation service within 14 days counts as one inpatient stay in the denominator.
- Only recipients age 18 and over are included.
- Discharges for recipients who are Medicare-eligible are excluded.

Metric 19: Percentage of SUD Detox or Rehabilitation Discharges where a Prescription for a Mood Stabilizer/Antidepressant Medication was Filled within 30 Days and a Second Such Prescription was Filled within 100 Days

Numerator:
The numerator includes the number of discharges from the denominator where the patient discharged had a second mood stabilizer/anti-depressant drug fill within 100 days of discharge.
Denominator:
The denominator includes the number of discharges to the community from inpatient detoxification and inpatient rehabilitation identified on claims data where the discharged patient filled mood stabilizer/anti addiction prescription within 30 days of discharge. The discharge must have a co-occurring diagnosis of mood disorder.

- Discharges for recipients with continuous Medicaid eligibility of 100 days or more after discharge are included.
- An inpatient detoxification service followed by an inpatient rehabilitation service within 14 days counts as one inpatient stay in the denominator.
- Only recipients age 18 and over are included.
- Discharges for recipients who are Medicare-eligible are excluded.

IX. **Length of Stay: Mental Health Length of Stay**

*Metric 33: Percentage of MH Inpatient Stays that Exceeded a Long-Stay Threshold*

Construction of Cohort:
The cohort will include all mental health inpatient discharges within the specified timeframe. There are no Medicaid eligibility requirements, but discharges where the patient is Medicare eligible are excluded from the cohort.

X. **Length of Stay: Substance Use Disorder Length of Stay**

*Metric 34: Percentage of SUD Detox Stays that Exceeded a Long-Stay Threshold*

Construction of Cohort:
The cohort will include all inpatient detoxification discharges within the specified timeframe. There are no Medicaid eligibility requirements, but discharges where the patient is Medicare eligible are excluded from the cohort.

*Metric 35: Percentage of SUD Rehabilitation Stays that Exceeded a Long-Stay Threshold*

Construction of Cohort:
The cohort will include all inpatient rehabilitation discharges within the specified timeframe. There are no Medicaid eligibility requirements, but discharges where the patient is Medicare eligible are excluded from the cohort.