



# PENNSYLVANIA HEALTH EQUITY ANALYSIS TOOL

## User Guide

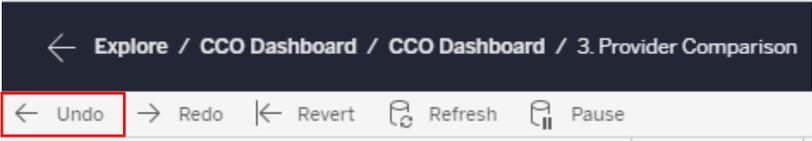
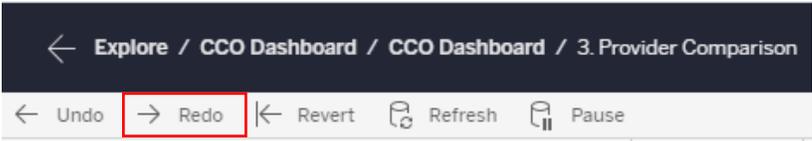
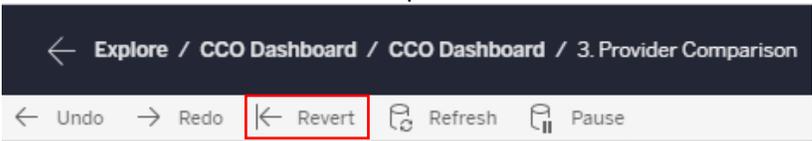
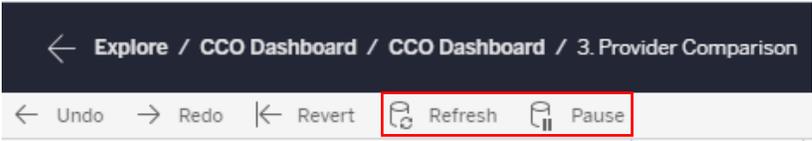
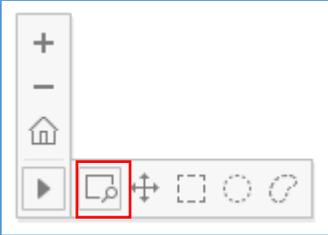


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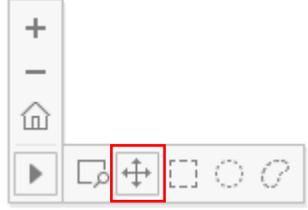
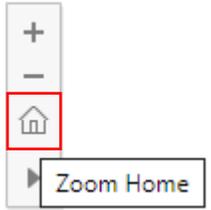
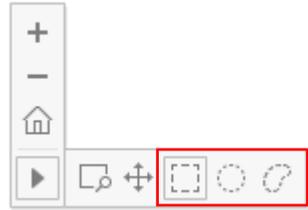
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## General Tableau User Interface Guide

### Interface Controls

Dashboard Controls	
Desired Action	Control(s)
Undo Last Action	<p>Click the "Undo" button in the top left corner</p> 
Redo Last Action	<p>Click the "Redo" button in the top left corner</p> 
Revert to Default View	<p>Click the "Revert" button in the top left corner</p>  <p>Please note: "Refresh" and "Pause" buttons will not be applicable to this dashboard as the data contained in the dashboards is a static time period.</p> 
Select Filters	Click desired field to filter on
Clear Filters	<ol style="list-style-type: none"> <li>1. Hit "ESC" key OR</li> <li>2. Click selected filters again to unselect active filters</li> </ol>
Zoom In on Map	<ol style="list-style-type: none"> <li>1. Scroll mouse wheel up OR</li> <li>2. Select "Zoom Area" from map menu AND Click OR</li> </ol>  <ol style="list-style-type: none"> <li>3. Use "+" icon in map menu OR</li> </ol> 

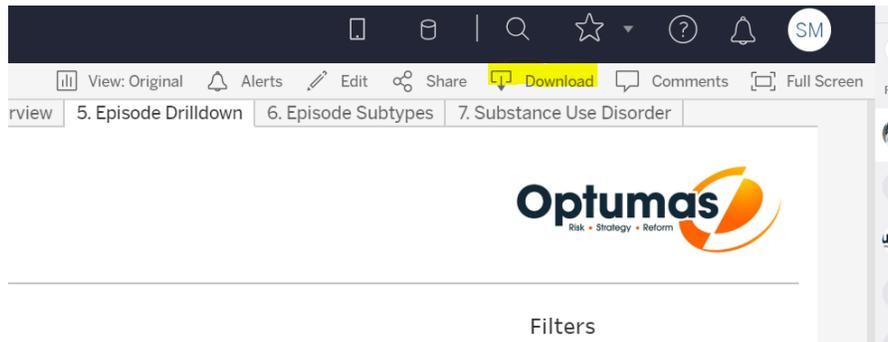
Section 1: General Tableau Dashboard Interface Controls

Dashboard Controls	
Desired Action	Control(s)
	4. Double-Click on map
Zoom Out of Map	<p>1. Scroll mouse wheel down OR 2. Use “-” icon in map menu OR</p>  <p>3. Shift+Double-Click on map</p>
Move around map	<p>Select "Pan" tool from map menu</p> 
Return to default map view	<p>Click “Zoom Home” (house shaped icon)</p> 
Select multiple areas on map	<p>1. Ensure one of the selection options (Rectangle, Radial, Lasso) is enabled in map menu AND</p>  <p>2. Click+drag</p>
Select single point on scatterplot	Click
Select multiple points on scatterplot	<p>1. Click+Drag OR 2. Hold CTRL+Click desired points</p>

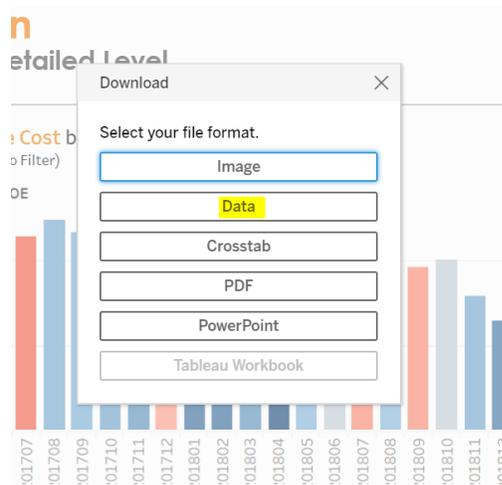
## Section 1: General Tableau Dashboard Interface Controls

### Process to Download Data

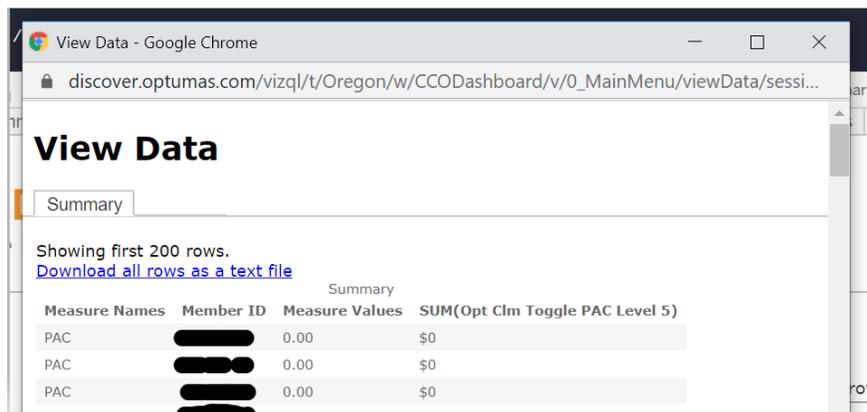
- 1) Once you have a table in Tableau filtered to a set of a data you would like to extract, find and click the “Download” button that appears to the upper right of the dashboard.



- 2) From the popup window, select “Data”.



- 3) A second window will open with an option to download all rows of data as a text file.



## PA Health Equity Analysis Tool User Guide

### Introduction

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Welcome to the landing page of the PA Health Equity Analysis Tool (HEAT).

The Introduction dashboard describes the high-level content of each subsequent dashboard, including the data source(s) used.

For questions regarding the data contained in the dashboard, please refer to the source documentation at the links provided.

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Introduction | Dual Index DB | Places and Population CT DB | Medicaid Outcomes DB | County Statistics DB | Feeding America DB

 **Pennsylvania Health Equity Analysis Tool**

This dashboard is designed to illustrate variation in a variety of health and social determinant of health indicators at the regional, county, zip code, and census tract levels. A detailed user guide is available on request.

**Contents**

1. The [Dual Index Dashboard](#) contains two indexes. The first index is based on a subset of population health statistics from the CDC's PLACES data set (<https://www.cdc.gov/places/index.html>), and an index based on several Medicaid utilization statistics. The population health index results are displayed on a census tract basis while the Medicaid index results are shown at the zip code level. Details regarding the indexes can be found in the user guide.
2. The [PLACES and Population CT Dashboard](#) contains the comprehensive set of PLACES measures, all of which are displayed at a census tract level.
3. The [Medicaid Outcomes Dashboard](#) has the individual Medicaid measures by zip code and by demographic. Please note that some values are redacted to protect patient privacy.
4. The [County Statistics Dashboard](#) contains a wide variety of population outcome and demographic measures at the county level. The data sources include the BRFSS data set ([https://www.cdc.gov/brfss/smart/Smart\\_data.htm](https://www.cdc.gov/brfss/smart/Smart_data.htm)), and census data (<https://data.census.gov/cedsci/?q=United%20States>).
5. The [Feeding America Dashboard](#) shows county level statistics related to food insecurity. The data is provided by the Feeding America Organization (<https://www.feedingamerica.org>).

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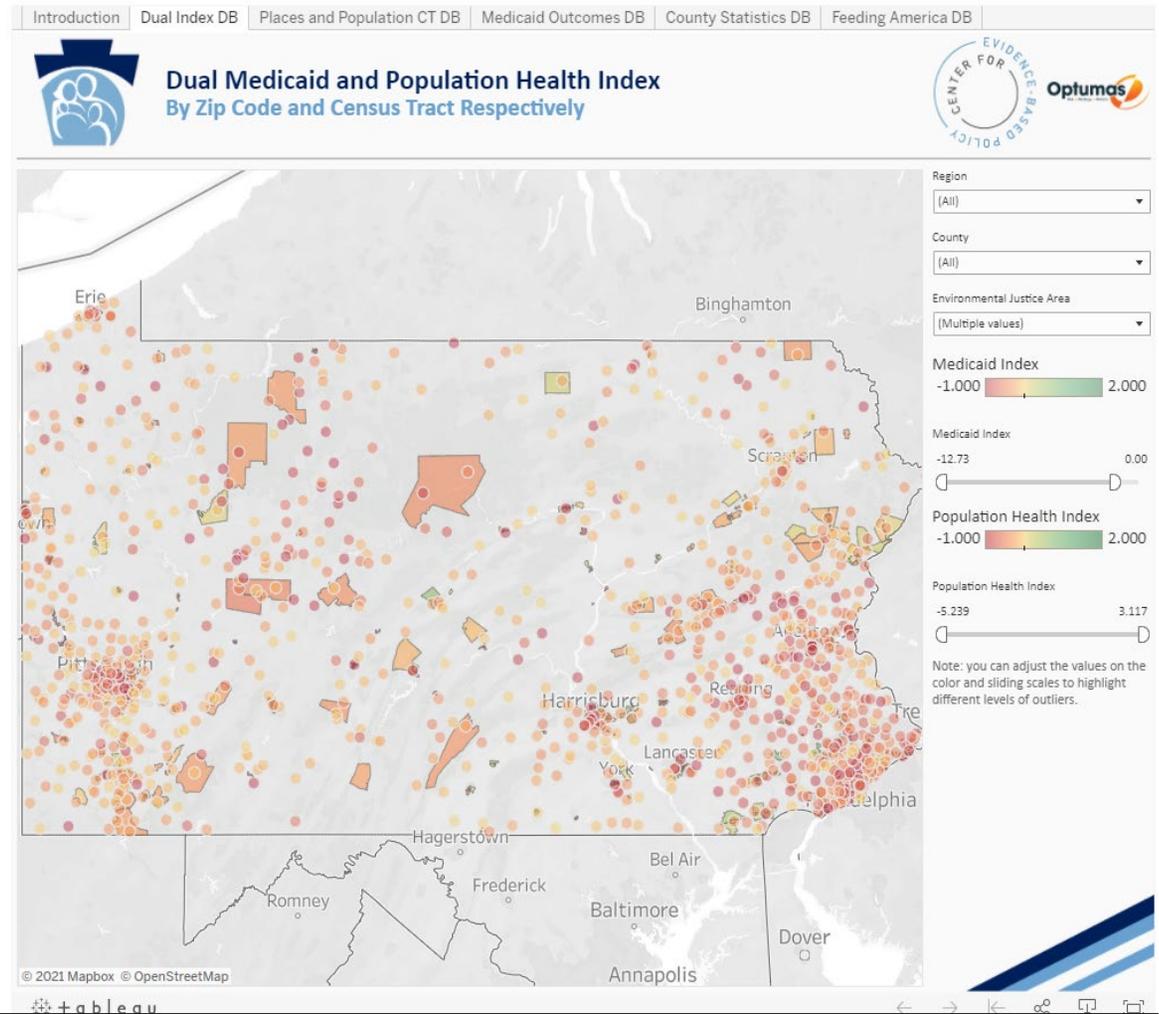
## Section 2: PA Health Equity Analysis Tool Guide

### Dual Medicaid and Population Health Index

This dashboard is intended to provide a high-level geographic perspective of areas that have significant opportunity to improve health equity outcomes in the lives of the people that live there.

The Dual Index Dashboard combines an index of Medicaid statistics at the zip code level with an index of population health statistics at the census tract level.

Results can be filtered by HealthChoices region, County, designation as an Environmental Justice Area (20%+ individuals live at or below the federal poverty line, and/or 30%+ or more the population identifies as a non-white minority), Medicaid Index value, and Population Health Index value.



*Tip: use the sliding bars to change the value ranges shown on the map for each index. This will make it easier to visually isolate highest impact opportunity areas.*

*The tooltips that show when you hover over a geography show the z-scores for each component of the index. They are adjusted such that a negative value will always correlate with a poorer result than a positive value. Additional detail is provided in the "Index Components" section.*

## Section 2: PA Health Equity Analysis Tool Guide

### Index Components

#### *Population Health Index*

The population health index is calculated by taking the straight average of the z-scores for several population health and outcome statistics for each census tract. The measures and data sources are summarized in the Table 1 below.

**Table 1: Measures Included in the Population Health Index**

<b>Measure Description</b>	<b>Data Source</b>
Coronary heart disease among adults aged $\geq 18$ years	Behavioral Risk Factor Surveillance System
Current smoking among adults aged $\geq 18$ years	Behavioral Risk Factor Surveillance System
Diagnosed diabetes among adults aged $\geq 18$ years	Behavioral Risk Factor Surveillance System
Obesity among adults aged $\geq 18$ years	Behavioral Risk Factor Surveillance System
Physical health not good for $\geq 14$ days among adults aged $\geq 18$ years	Behavioral Risk Factor Surveillance System
Stroke among adults aged $\geq 18$ years	Behavioral Risk Factor Surveillance System
Mental health not good for $\geq 14$ days among adults aged $\geq 18$ years	Behavioral Risk Factor Surveillance System
Life Expectancy	Census
Child Opportunity Index Z-score	Child Opportunity Index

Please note that because some statistics are not available for every census tract, using the average z-score can potentially overstate the impact of individual measures within the index. After identifying high priority areas using the two indexes, it is important to explore specific opportunities by looking at individual measures for that geography in the other dashboard views. The specific measures above can be viewed individually the Places and Population Dashboard as well as a variety of other statistics in the Center for Disease Control’s PLACES dataset.

Section 2: PA Health Equity Analysis Tool Guide

*Medicaid Index*

The Medicaid index is calculated by taking the straight average of the z-scores for the Medicaid utilization statistics shown in Table 2 for each zip code.

**Table 2: Measures Included in the Medicaid Index**

Adults ages 18-64 years	Children ages 0-18 years
ED visits per 1,000 member-months	ED visits per 1,000 member-months
Percent with at least one primary care visit	Percent with 6 or more well-child visits in the first 15 months of life
Percent with at least 1 A1c lab test among patients with diabetes	Percent with at least one primary care visit at ages $\geq 3$ years
Percent with at least one primary care visit among patients with diabetes	Percent with ratio of asthma controller/reliever medication $> 0.5$ at ages $\geq 5$ years
Diabetes short-term complications admissions rate	Percent with ratio of asthma controller/reliever medication $> 0.5$ at ages $\geq 5$ years
Percent with any follow-up after mental health hospitalization (7-day follow up and 30-day follow up shown separately)	
Percent with any initiation or engagement for treatment among persons with alcohol or other substance use disorders (initiation and engagement shown separately)	
Percent with any buprenorphine, methadone, or naltrexone among those with opioid use disorders	

Similar to Population Health Index, the potential for overweight individual measures within the index is possible; individual measures should be explored on the other dashboards to validate the opportunity within a given geography. Additionally, to protect Medicaid member privacy, statistics have been excluded from the dashboard in cases where utilization associated with a measure is sufficiently low within a zip code.

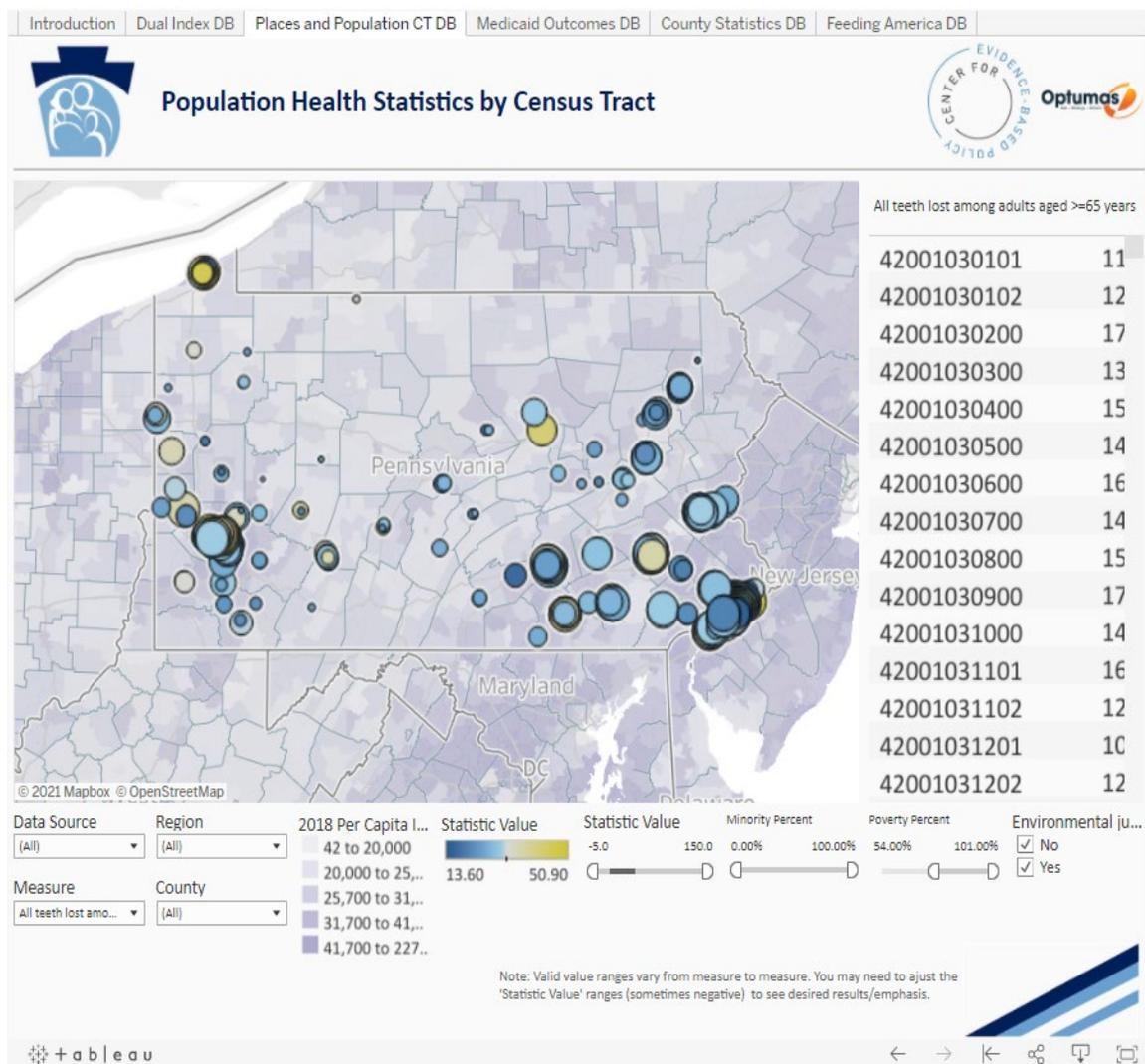
## Section 2: PA Health Equity Analysis Tool Guide

### Places and Population by Census Tract

This dashboard provides census tract level data included in the CDC’s PLACES data set, the Child Opportunity Index, and select census data such as life expectancy.

Available filters include data source, HealthChoices region, county, statistical value, percent of the population that is a minority, percent of the population that is at or below the federal poverty limit, and Environmental Justice Area designation status.

The background map shading shows 2018 per capita income. Each census tract with valid statistics (based on selected filter options) has a bubble. The bubble color is associated with the statistic scale directly below the map. The size of the bubble correlates with the size of the minority population for that census tract.



- Tips: 1) Hovering over bubble will bring up a summary of the race/ethnicity distribution for that specific census tract.  
 2) Keep in mind that a higher value represent better performance for some measures and a lower value is better performance for others. Interpret the color scale accordingly.*

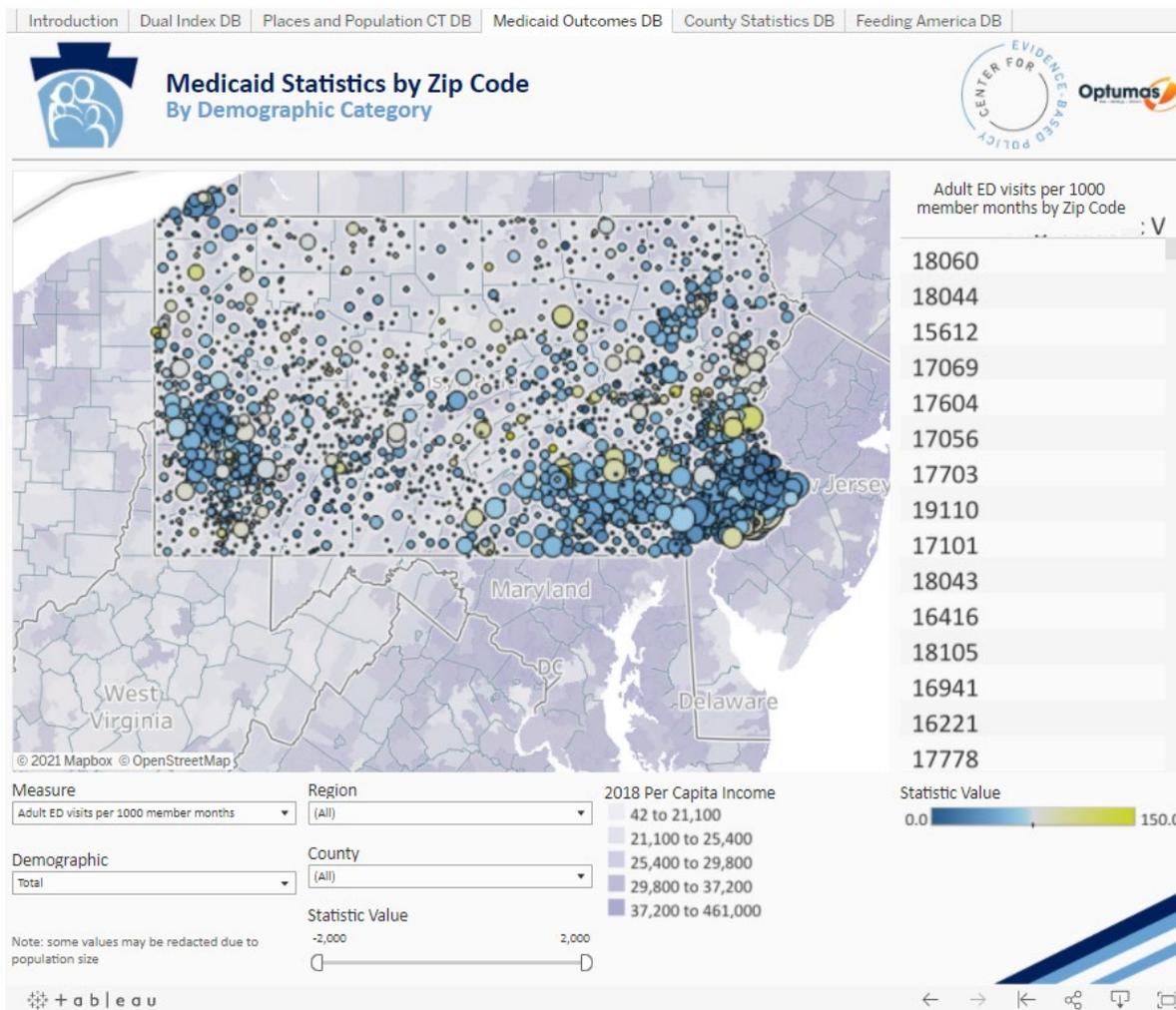
Section 2: PA Health Equity Analysis Tool Guide

Places and Population by Census Tract

This dashboard provides zip code level data for the Medicaid measures listed in Table 2.

Available filters HealthChoices region, demographic, county, and statistic value for the selected measure.

The background map shading shows 2018 per capita income. Each zip code with valid statistics (based on selected filter options and not excluded due to privacy redaction) has a bubble. The bubble color is associated with the statistic scale directly below the map. The size of the bubble correlates with the size of the Medicaid population for that zip code.



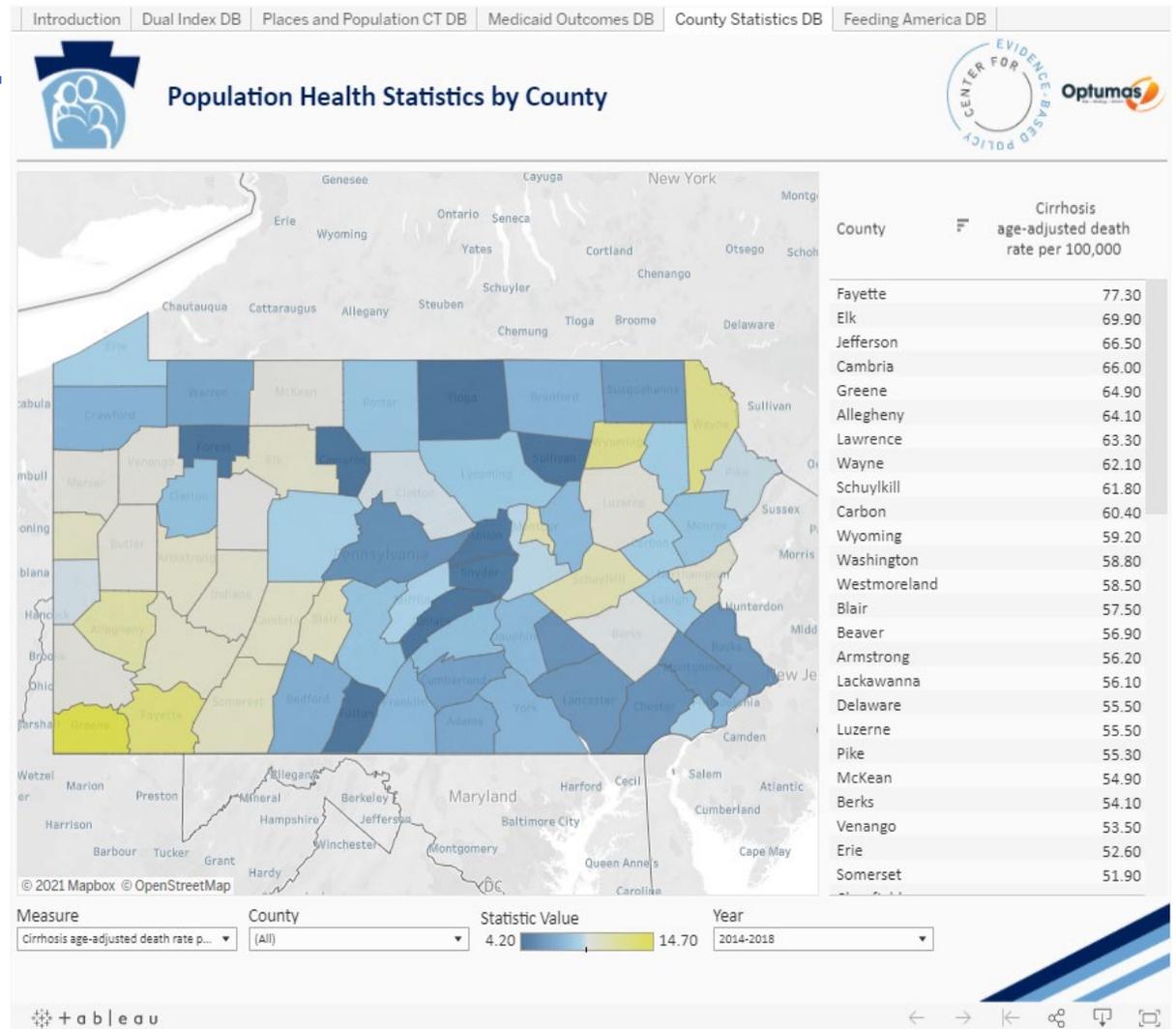
*Tips: 1) The total Medicaid population was not available for all zip codes due to redaction for privacy. For zip codes without an identified Medicaid population level, the bubble will*

## Section 2: PA Health Equity Analysis Tool Guide

### County Statistics

This dashboard provides a large number of county level statistics from a variety of sources including the Behavioral Risk Factor Surveillance Survey, Census, and Feeding America.

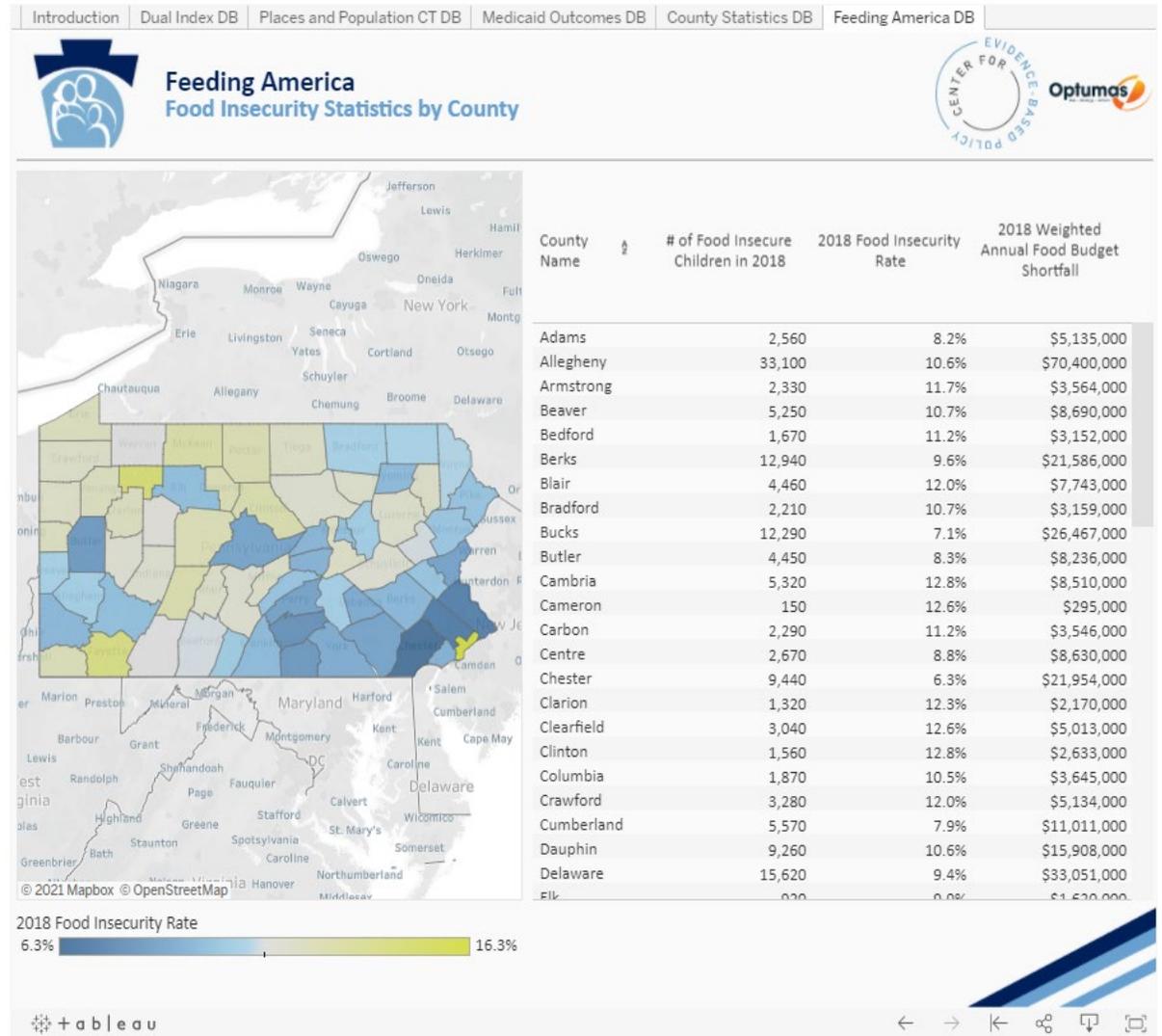
Available filters include county and year.



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Feeding America

This dashboard provides a variety of food insecurity related statistics provided by The Feeding America Initiative.



Section 3: Measure List and References

Comprehensive List of Measures

Measure	Source	Unit of Measurement
Accidental falls age-adjusted death rate per 100,000	Healthy People	County
Adolescent death rate per 100,000 age 10 to 14	Healthy People	County
Adolescent death rate per 100,000 age 15 to 19	Healthy People	County
Breast cancer age-adjusted death rate per 100,000 females	Healthy People	County
Campylobacter species incidence rate per 100,000	Healthy People	County
Cancer age-adjusted death rate per 100,000	Healthy People	County
Cervical cancer age-adjusted death rate per 100,000 females	Healthy People	County
Child death rate per 100,000 age 1 to 4	Healthy People	County
Child death rate per 100,000 age 5 to 9	Healthy People	County
Child maltreatment rate per 1,000 under age 18	Healthy People	County
Children Under 5 Living In Poverty (percent)	Healthy People	County
Cirrhosis age-adjusted death rate per 100,000	Healthy People	County
Colorectal cancer age-adjusted death rate per 100,000	Healthy People	County
Coronary heart disease age-adjusted death rate per 100,000	Healthy People	County
Deaths of Despair	Healthy People	County
Diabetes age-adjusted death rate per 100,000	Healthy People	County
Drug-induced age-adjusted death rate per 100,000	Healthy People	County
Fetal mortality rate per 1,000 live births and non-induced fetal deaths of 20+ weeks gestation	Healthy People	County
Firearm-related age-adjusted death rate per 100,000	Healthy People	County
Hip fracture age-adjusted hospitalization rate per 100,000 females age 65+	Healthy People	County
Hip fracture age-adjusted hospitalization rate per 100,000 males age 65+	Healthy People	County
HIV disease age-adjusted death rate per 100,000	Healthy People	County
HIV disease incidence rate per 100,000 age 13+	Healthy People	County
Homicide age-adjusted rate per 100,000	Healthy People	County
Houses Built Before 1950 (percent)	Healthy People	County
Infant Mortality	Healthy People	County
Infant mortality rate per 1,000 live births	Healthy People	County
Life Expectancy (Straight average of census tracts - years)	Healthy People	County
Lung cancer age-adjusted death rate per 100,000	Healthy People	County

Section 3: Measure List and References

Measure	Source	Unit of Measurement
Melanoma (skin) cancer age-adjusted death rate per 100,000	Healthy People	County
Motor vehicle crash age-adjusted death rate per 100,000	Healthy People	County
Motor vehicle crash death rate per 100 million vehicle miles traveled	Healthy People	County
Neonatal mortality rate per 1,000 live births	Healthy People	County
Percent of infants born at less than 1500 grams	Healthy People	County
Percent of infants born at less than 2500 grams	Healthy People	County
Percent of live births at 32 to 33 weeks gestation	Healthy People	County
Percent of live births at 34 to 36 weeks gestation	Healthy People	County
Percent of live births at less than 32 weeks gestation	Healthy People	County
Percent of live births at less than 37 weeks gestation	Healthy People	County
Percent of live births to mothers beginning prenatal care in the first trimester	Healthy People	County
Percent of live births to mothers who breastfeed their babies	Healthy People	County
Percent of live births to mothers who did not smoke during pregnancy	Healthy People	County
Percent of live births to mothers who received early and adequate prenatal care	Healthy People	County
Percent of low-risk first-time mothers giving birth by cesarean	Healthy People	County
Percent of low-risk women giving birth by cesarean with a prior cesarean birth	Healthy People	County
Percent of mothers age 18 to 49 who quit smoking during the first trimester of pregnancy	Healthy People	County
Perinatal mortality rate per 1,000 live births and non-induced fetal deaths of 28+ weeks gestation	Healthy People	County
Poisoning age-adjusted death rate per 100,000	Healthy People	County
Postneonatal mortality rate per 1,000 live births	Healthy People	County
Prostate cancer age-adjusted death rate per 100,000 males	Healthy People	County
Reported pregnancy rate per 1,000 females age 15 to 17	Healthy People	County
Reported pregnancy rate per 1,000 females age 18 to 19	Healthy People	County
Salmonella incidence rate per 100,000	Healthy People	County
Stroke age-adjusted death rate per 100,000	Healthy People	County
Suicide age-adjusted rate per 100,000	Healthy People	County
Tuberculosis incidence rate per 100,000	Healthy People	County
Uninsured Rate (percent)	Healthy People	County
Unintentional injury age-adjusted death rate per 100,000	Healthy People	County
Young adult death rate per 100,000 age 20 to 24	Healthy People	County
2018 Food Insecurity Rate	Feeding America	County

Section 3: Measure List and References

Measure	Source	Unit of Measurement
# of Food Insecure Persons in 2018	Feeding America	County
2018 Child Food Insecurity Rate	Feeding America	County
# of Food Insecure Children in 2018	Feeding America	County
2018 Cost Per Meal	Feeding America	County
2018 Weighted Annual Food Budget Shortfall	Feeding America	County
All teeth lost among adults aged >=65 years	CDC PLACES	Census Tract
Arthritis among adults aged >=18 years	CDC PLACES	Census Tract
Binge drinking among adults aged >=18 years	CDC PLACES	Census Tract
Cancer (excluding skin cancer) among adults aged >=18 years	CDC PLACES	Census Tract
Cervical cancer screening among adult women aged 21-65 years	CDC PLACES	Census Tract
Child Opportunity Index Z-score	CDC PLACES	Census Tract
Cholesterol screening among adults aged >=18 years	CDC PLACES	Census Tract
Chronic kidney disease among adults aged >=18 years	CDC PLACES	Census Tract
Chronic obstructive pulmonary disease among adults aged >=18 years	CDC PLACES	Census Tract
Coronary heart disease among adults aged >=18 years	CDC PLACES	Census Tract
Current asthma among adults aged >=18 years	CDC PLACES	Census Tract
Current lack of health insurance among adults aged 18-64 years	CDC PLACES	Census Tract
Current smoking among adults aged >=18 years	CDC PLACES	Census Tract
Diagnosed diabetes among adults aged >=18 years	CDC PLACES	Census Tract
Education Z-score	CDC PLACES	Census Tract
Fecal occult blood test, sigmoidoscopy, or colonoscopy among adults aged 50-75 years	CDC PLACES	Census Tract
Health And Environment Z-score	CDC PLACES	Census Tract
High blood pressure among adults aged >=18 years	CDC PLACES	Census Tract
High cholesterol among adults aged >=18 years who have been screened in the past 5 years	CDC PLACES	Census Tract
Life Expectancy	CDC PLACES	Census Tract
Mammography use among women aged 50-74 years	CDC PLACES	Census Tract
Mental health not good for >=14 days among adults aged >=18 years	CDC PLACES	Census Tract
No leisure-time physical activity among adults aged >=18 years	CDC PLACES	Census Tract
Obesity among adults aged >=18 years	CDC PLACES	Census Tract
Older adult men aged >=65 years who are up to date on a core set of clinical preventive services: Flu shot past year, PPV shot ever, Colorectal cancer screening	CDC PLACES	Census Tract

Section 3: Measure List and References

Measure	Source	Unit of Measurement
Older adult women aged $\geq 65$ years who are up to date on a core set of clinical preventive services: Flu shot past year, PPV shot ever, Colorectal cancer screening, and Mammogram past 2 years	CDC PLACES	Census Tract
Physical health not good for $\geq 14$ days among adults aged $\geq 18$ years	CDC PLACES	Census Tract
Population Statistics Index	CDC PLACES	Census Tract
Sleeping less than 7 hours among adults aged $\geq 18$ years	CDC PLACES	Census Tract
Socioeconomic Z-score	CDC PLACES	Census Tract
Stroke among adults aged $\geq 18$ years	CDC PLACES	Census Tract
Taking medicine for high blood pressure control among adults aged $\geq 18$ years with high blood pressure	CDC PLACES	Census Tract
Visits to dentist or dental clinic among adults aged $\geq 18$ years	CDC PLACES	Census Tract
Visits to doctor for routine checkup within the past year among adults aged $\geq 18$ years	CDC PLACES	Census Tract
ED visits per 1,000 member-months	Medicaid Utilization	Zip code
Percent with at least one primary care visit	Medicaid Utilization	Zip code
Percent with at least 1 A1c lab test among patients with diabetes	Medicaid Utilization	Zip code
Percent with at least one primary care visit among patients with diabetes	Medicaid Utilization	Zip code
Diabetes short-term complications admissions rate	Medicaid Utilization	Zip code
Percent with any follow-up after mental health hospitalization (7-day follow up and 30-day follow up shown separately)	Medicaid Utilization	Zip code
Percent with any initiation or engagement for treatment among persons with alcohol or other substance use disorders (initiation and engagement shown separately)	Medicaid Utilization	Zip code
Percent with any buprenorphine, methadone, or naltrexone among those with opioid use disorders	Medicaid Utilization	Zip code
ED visits per 1,000 member-months	Medicaid Utilization	Zip code
Percent with 6 or more well-child visits in the first 15 months of life	Medicaid Utilization	Zip code

### Section 3: Measure List and References

Measure	Source	Unit of Measurement
Percent with at least one primary care visit at ages >=3 years	Medicaid Utilization	Zip code
Percent with ratio of asthma controller/reliever medication>0.5 at ages >=5 years	Medicaid Utilization	Zip code
Percent with ratio of asthma controller/reliever medication>0.5 at ages >=5 years	Medicaid Utilization	Zip code

### Technical Documentation and Measure Definitions

- 1) Feeding America (beginning on page 46): <https://www.feedingamerica.org/sites/default/files/2019-05/2017-map-the-meal-gap-full.pdf>
- 2) PLACES Local Data for Better Health: <https://www.cdc.gov/places/measure-definitions/index.html>
- 3) Healthy People (detailed information on each individual measure): <https://www.healthypeople.gov/2020/data-search/Search-the-Data#hdisp=1>
- 4) Medicaid Utilization – please see the next section

## Section 4: Medicaid Measure Definitions

### Detailed Summary of Medicaid Quality Measures

<b>Children</b>				
<i>Measure</i>	<i>Denominator (calculated among all children)</i>	<i>Numerator (calculated among those in the denominator)</i>	<i>Data files</i>	<i>Source</i>
Utilization of emergency department (ED) services	Member-months of Medicaid enrollment among children	Number of ED visits, where the visit did not result in inpatient admission and was not for a mental health or substance use disorder	Enrollment, inpatient, outpatient, professional	Medicaid core set (AMB-CH)
Well-child visit utilization in first 15 months of life	Children turning 15 months in the year with continuous enrollment for the first 15 months	Children with 6 or more well-child visits in prior 15 months	Enrollment, professional	Medicaid core set (W15-CH)
Utilization of primary care visits, ages 3 and older	Children ages 3-18 years with continuous enrollment during the measurement year	Children with 1 or more primary care visits	Enrollment, professional, provider	Modified from RAMP study
Asthma medication management, ages 5 and older	Children ages 5-18 years with persistent asthma (based on diagnosis, events, and/or pharmacy) and continuous enrollment during the measurement year and the prior year. Excluding those with certain reasons for persistent asthma or other pulmonary conditions.	Children with asthma medication ratio of >0.50, based on: Units of Controller Medication/Unit of Total Asthma Medication	Enrollment, inpatient, outpatient, professional, pharmacy	Medicaid core set (AMR-CH)
<b>Adults</b>				
<i>Measure</i>	<i>Denominator (calculated among all adults)</i>	<i>Numerator (calculated among those in the denominator)</i>	<i>Data files</i>	<i>Source</i>
Utilization of emergency department services	Member-months of Medicaid enrollment among adults	Number of ED visits, where the visit did not result in inpatient admission and was not for a mental health or substance use disorder	Enrollment, professional	Modified from Medicaid core set (AMB-CH) among adults
Utilization of primary care visits	Adults with continuous enrollment during the measurement year	Adults with 1 or more primary care visits	Enrollment, professional, provider	Medicaid core set (AAP)

## Section 4: Medicaid Measure Definitions

### Detailed Summary of Medicaid Quality Measures

A1c testing among patients with diabetes	Adults with a diagnosis of diabetes or a diabetes medication fill and with continuous enrollment for the year	Adults with 1 or more A1c lab tests in the year	Enrollment, inpatient, outpatient, professional, pharmacy	Modified from Medicaid core set (CDC)
Utilization of primary care visits among patients with diabetes	Adults with a diagnosis of diabetes or a diabetes medication fill and with continuous enrollment for the year and without frailty or advanced illness	Adults with 1 or more primary care visits in the year	Enrollment, inpatient, outpatient, professional, pharmacy	Modified from RAMP study
Diabetes short-term complications admissions rate	Member-months of Medicaid enrollment among adults	Inpatient admissions with a primary diagnosis related to diabetes short-term complications	Enrollment, inpatient	Medicaid core set (PQI01-AD)
Follow-up after mental health hospitalization	Adults with a mental health hospitalization (without readmissions or transfers) with continuous enrollment 30 days after date of discharge	Adults with a mental health related visit within 7 days and 30 days after discharge (7 and 30 day follow up calculated separately)	Enrollment, inpatient, outpatient, professional	Medicare core set (FUH-AD)
Initiation and engagement of treatment for alcohol and other substance use disorders	Adults with an index event for alcohol or other substance use disorders who are continuously enrolled for 60 days prior to the index event through 48 days after the index event	Adults with initiation or engagement with medication or other behavioral health treatment (initiation and engagement calculated separately)	Enrollment, inpatient, outpatient, professional, pharmacy	Medicaid core set (IET)
Medication utilization among those with opioid use disorders	Adults with an index event opioid use disorder who are continuously enrolled	Adults with any procedure code or pharmacy record for buprenorphine, methadone, or naltrexone	Enrollment, inpatient, outpatient, professional, pharmacy	Medicaid Outcomes Distributed Research Network

Notes: All measures are conducted in CY 2019 with Dec 31 as the anchoring date. Medicaid Core Set refers to Medicaid adult and child [health care quality measures](#) published by CMS. Children are defined as ages 0-18 years unless otherwise specified. Adults are defined as ages 19-64 years. All measures exclude beneficiaries receiving hospice benefits and those with any dual eligibility for Medicare. For measures for which continuous enrollment is required, a gap of up

#### Section 4: Medicaid Measure Definitions

to 45 days in enrollment during the year is permitted. For the follow-up after mental health hospitalization, there is slight modification to the numerator in that we counted all mental health related visits, regardless of provider type.