Follow-Up after Hospitalization for Mental Illness (NQF 0576)

Measure Basic Information

Name and date of specifications used: HEDIS® 2017 Technical Specifications for Health Plans (Volume 2)

URL of Specifications: N/A

Measure Type:
HEDIS ☐ PQI ☐ Survey☐ Other ■ Specify: HEDIS-like

Measure Utility:
CCO Incentive■ Core Performance ■ CMS Adult Set■ CHIP Set■ State Performance■
Other☐ Specify:

Data Source: MMIS/DSSURS

Measurement Period: January 1, 2017 – December 31, 2017.

2013 Benchmark: 68.0%; 2012 National Medicaid 90th percentile
2014 Benchmark: 68.8%; 2013 National Medicaid 90th percentile
2015 Benchmark: 70.0%; 2014 National Medicaid 90th percentile
2016 Benchmark: 79.9%, 2014 CCO 90th percentile
2017 Benchmark: 82.7%, 2015 CCO 75th percentile (rebased)

Incentive Measure changes in specifications from 2016 to 2017:
OHA is using HEDIS 2017 specifications for all 2017 measurement. Changes from HEDIS 2016 to 2017 include:

- Removed language instructing to use only facility claims to identify discharges and diagnoses for denominator events. (HEDIS 2017 General Guideline 46)
- Modified the denominator and denominator exclusion sections.
- Added value sets to identify direct transfers.
- Added place of service codes 16, 17, 18, 19 to FUH POS Group 1 Value Set.
- Added 57 UB type of bill codes to Nonacute Inpatient Stay Value Set.
- Removed H0006 from the numerator codes. OHA originally added this code several years ago as part of a deviation from HEDIS specifications to better reflect wraparound / case management services; however upon further review, this code is focused on alcohol and/or drug services and not appropriate for inclusion in the specifications.

HEDIS specifications are written for multiple lines of business and include a broad set of codes that could be used for measurement. Codes OHA is not using include, but are not limited to, LOINC, CPT, and HCPCS codes that are not open to Medicaid in Oregon. A general rule of thumb is that only CPT/HCPCS codes

associated with the prioritized list will be used to calculate the measures; however as some measure specifications include denied claims, a claim that was denied because it included codes not on the prioritized list might still be counted toward the measure.

OHA is following HEDIS guidelines for Effectiveness of Care, Access/Availability of Care, Experience of Care, and Utilization measures to determine which services count. OHA is not using all codes listed in the HEDIS specifications.

Denied claims: Included ■ Not included ☐

Member type: CCO A ■ CCO B ■ CCO G ☐

Measure Details

Data elements required denominator: Discharges from acute inpatient settings (including acute care psychiatric facilities) for members age 6 years of age and above who were hospitalized for treatment of selected mental health disorders (Mental Illness Value Set).

Mental Illness Value Set	
ICD-9-CM Diagnosis (Principal)	**ICD-10-CM Diagnosis (Principal)**
295-299, 300.3, 300.4, 301,308,309, 311-314	F20-F39, F42 – F43.9, F44.89, F53, F60-F63.9, F68, F84, F90-F94

To identify acute inpatient discharges:

1. Identify all acute and non-acute inpatient stays (Inpatient Stay Value Set)
2. Exclude non-acute inpatient stays (Non-acute Inpatient Stay Value Set)
3. Identify the discharge date for the stay. Include only discharges between Jan 1 and Dec 1 of the measurement year.

If the discharge is followed by readmission or direct transfer to an acute inpatient care setting for a mental health principal diagnosis (Mental Health Diagnosis Value Set) within the 30-day follow up period; count only the last discharge. Exclude both the initial discharge and the readmission/direct transfer if the last discharge occurs after December 1 of the measurement year.

To identify readmission or direct transfer to an acute inpatient care setting:

1. Identify all acute and non-acute inpatient stays (Inpatient Stay Value Set)
2. Exclude non-acute inpatient stays (Non-acute Inpatient Stay Value Set)
3. Identify the admission date for the stay.

Inpatient Stay Value Set
UB Revenue
0100, 0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000, 1001, 1002

Non-acute Inpatient Stay Value Set	
UB Revenue	**UBTOB**
0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190-0194, 0199, 0524, 0525, 0550-0552, 0559, 0660-0663, 0669, 1000-1002	0180-0185, 0187, 0188, 0210-0215, 0217, 0218, 0220-0225, 0227, 0228, 0280-0285, 0287-0289, 0650, 0652-0655, 0657, 0658, 0660, 0662-0665, 0667, 0668, 0860, 0862-0865, 0867, 0868, 018F, 018G, 018H, 018I, 018J, 018K, 018M, 018O, 018X, 018Y, 018Z, 021F, 021G, 021H, 021I, 021J, 021K, 021M, 021O, 021X, 021Y, 021Z, 022F, 022G, 022H, 022I, 022J, 022K, 022M, 022O, 022X, 022Y, 022Z, 028F, 028G, 028H, 028I, 028J, 028K, 028M, 028O, 028X, 028Y, 028Z, 065F, 065G, 065H, 065I, 065J, 065K, 065M, 065N, 065O, 065X, 065Y, 065Z, 066F, 066G, 066H, 066I, 066J, 066K, 066M, 066N, 066O, 066X, 066Y, 066Z, 086F, 086G, 086H, 086I, 086J, 086K, 086M, 086N, 086O, 086X, 086Y, 086Z

Required exclusions for denominator:

Exclude nonacute readmission or direct transfer regardless of diagnosis	Exclude discharges followed by readmission or direct transfer to a nonacute inpatient care setting within the 30-day follow up period, regardless of principal diagnosis for the readmission. To identify readmission or direct transfer to a nonacute inpatient care setting: 1. Identify all acute and non-acute inpatient stays (Inpatient Stay Value Set) 2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Non-acute Inpatient Stay Value Set) 3. Identify the admission date for the stay.
Exclude acute readmission or direct transfer with mental health diagnosis	Exclude discharges followed by readmission or direct transfer to an acute inpatient care setting within the 30-day follow up period if the principal diagnosis was for non-mental health (ana principal diagnosis code other than those included in the Mental Health Diagnosis Value Set) To identify readmission or direct transfer to an acute inpatient care setting: 1. Identify all acute and non-acute inpatient stays (Inpatient Stay Value Set) 2. Exclude non-acute inpatient stays (Non-acute Inpatient Stay Value Set) 3. Identify the admission date for the stay.
OHA additional exclusions	In addition, OHA will also exclude the following codes with modifiers for adult mental health residential services:

Procedure Code	Modifier	Description
T1020	HK	Residential Tx Home
T1020	HK & HE	Residential Tx Facility
T1020	HK & TG	Secure Residential Tx Facility

~~Use only facility claims to identify discharges with a principal mental health diagnosis. Do not use diagnoses from professional claims to identify discharges.~~

Deviations from cited specifications for denominator: OHA has added an exclusion for adult mental health residential services (see table above).

Data elements required numerator: Discharges for members age 6 years of age and above who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, reflected by the following codes, within 7 days of discharge, and on the date of discharge.

See Deviations section below for the detailed data layout for the numerator.

Required exclusions for numerator: None.

Deviations from cited specifications for numerator:
HEDIS® specifications cite follow-up with a "mental health practitioner." Follow-up visits do not have to be limited to mental health care practitioners.

In 2013 and 2014, OHA excluded follow-up visits that occur on the day of discharge. This modification was made because after modifying the measure to exclude place of service codes, it was no longer possible to distinguish between routine hospital discharge activities and follow up visits that should count toward the measure.

For 2015 and subsequent measurement years, the Metrics & Scoring Committee and Metrics Technical Advisory Group agreed that follow-up visits occuring on the day of discharge needed to be reincorporated into the measure. To do this, OHA has reinstated the use of place of service (POS) codes, as per the original HEDIS® specifications. Place of service codes must be on the same claim as the qualifying procedure codes. However, the additional codes to identify community-based follow-up services are still counted as qualifying numerator events. This reinstatement of the POS codes allows OHA to capture qualifying follow-up services provided on the date of discharge.

In addition, although the numerator services could be provided on the day of dicharge, the intent of the measure is to insure follow-up services provided after the discharge, and that OHA does not identify numerator services from the initial inpatient claims where the index mental health discharges were determined.

OHA has added several codes to the HEDIS® 2017 specifications to identify follow up care. These codes are indicated with asterisks in the tables below: 90846, ~~H0006,~~ H2021, T1016.

While the place of service requirements for FUH Visits Group 1 Value Set and FUH Visits Group 2 Value Set have been reinstated for the 2015 measurement and subsequent measurement years, OHA has also moved several CPT codes from the FUH Visits Group 1 Value Set to be standalone compliant (90791, 90792, 90832-90834, 90836-90838).

Based on HEDIS® 2017 FUH Stand Alone Visits Value Set with OHA deviation	
CPT	**HCPCS**
98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510, 90846* Moved from FUH Visits Group 1 Value Set: 90791, 90792, 90832-90834, 90836-90838	G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, ~~H0006*,~~ H0031, H0034-H0037, H0039, H0040, H2000, H2001,H2010-H2020, H2021*, M0064, S0201, S9480, S9484, S9485, T1015, T1016*

OR

Based on HEDIS® 2017 FUH Visits Group 1 Value Set with OHA deviation		FUH POS Group 1 Value Set
CPT		**POS**
90839, 90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876	**WITH**	03,05,07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72

OR

FUH Visits Group 2 Value Set		FUH POS Group 2 Value Set
CPT		**POS**
99221-99223, 99231-99233, 99238, 99239, 99251-99255	**WITH**	52, 53

OR

FUH RevCodes Group 1 Value Set
UB Revenue
There is no need to determine the practitioner type for follow-up visits identified by the following UB revenue codes.
0513, 0900-0905, 0907, 0911-0917, 0919

OR

FUH RevCodes Group 2 Value Set
UB Revenue
A visit to a non-behavioral health facility in conjunction with a principal diagnosis code from an ICD-9 code in the [Mental Illness Value Set].
0510, 0515-0517, 0519-0523, 0526-0529, 0982, 0983

OR

TCM 7 Day Value Set
CPT

Transitional care management services where the date of service on the claim is 29 days after the mental illness discharge date.
99496

What are the continuous enrollment criteria: Date of discharge through 30 days after discharge.

What are allowable gaps in enrollment: None.

Define Anchor Date (if applicable): None.

For More Information: N/A