



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

Measure Basic Information

Name and date of specifications used: HEDIS® 2015 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, 2015 – December 31, 2015

2013 Benchmark: 68.0%; 2012 National Medicaid 90th percentile

2014 Benchmark: 68.8%; 2013 National Medicaid 90th percentile

2015 Benchmark: 70%; 2014 National Medicaid 90th percentile

Incentive Measure changes in specifications from 2014 to 2015:

OHA is using HEDIS 2015 specifications for all 2015 measurement. Changes from HEDIS 2013 to HEDIS 2015 include:

- HEDIS 2015 removed “discharge alive” from the event/diagnosis criteria.
- HEDIS 2015 clarified that professional claims may not be used to identify acute readmission discharges or discharges from the acute facility to which the member was transferred.
- HEDIS 2015 removed the Nonacute Care Value Set from the exclusion; requires organizations to use facility and proprietary coding to identify readmission or direct transfer to a nonacute facility. OHA will continue to use the latest available Value Set from HEDIS 2014 to identify nonacute care exclusions, along with additional codes OHA added to the measure in 2014.
- New codes included in the numerator:
 - FUH Stand Alone Visits: G0463, T1015
 - FUH Visits Group 1: 90791, 90792, 90832-90834, 90836-90840, 90867-90869
- Codes deleted from the numerator:
 - FUH Stand Alone Visits: 90804-90815
 - FUH Visits Group 1: 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90857, 90862



The Metrics & Scoring Committee agreed to modify this measure for 2015 to include qualifying follow-up services provided on the same day as the discharge. Modification options were discussed with the Metrics Technical Advisory Workgroup (TAG) in fall 2014 and the TAG recommendation has been incorporated into these specifications. Mainly, OHA reinstated the place of service (POS) requirement for the some of the numerator CPT codes in FUH Visits Group 1 Value Set, and all of the CPT codes in FUH Visits Group 2 Value Set. See Deviations section below.

HEDIS specifications are written for multiple lines of business and include a broad set of codes that could be used for measurement. OHA is not using all codes listed in the HEDIS specifications. 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.

Denied claims: Included Not included

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
ICD-9-CM Diagnosis (Principal)
295-299, 300.3, 300.4, 301,308,309, 311-314

Required exclusions for denominator:

Mental health readmission or direct transfer	<p>Exclude discharges followed by readmission or direct transfer to an <u>acute</u> facility for any mental health principal diagnosis (Mental Health Diagnosis Value Set) within the 30-day follow up period; count only the readmission discharge or the discharge from the facility to which the member was transferred. Although rehospitalizations might not be for a selected mental health disorder, it is probably for a related condition.</p> <p>Exclude discharges followed by readmission or direct transfer to a <u>non-acute</u> facility (HEDIS 2014 Nonacute Value Set) for any mental health principal diagnosis (Mental Health Diagnosis Value Set) within the 30-day follow up period. These discharges are excluded from the measure because readmission or transfer may prevent an outpatient follow-up visit from taking place.</p> <p>In addition, OHA will also exclude the following codes with modifiers for adult mental health residential services:</p>
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		Procedure Code	Modifier	Description
		T1020	HK	Residential Tx Home
		T1020	HK & HE	Residential Tx Facility
		T1020	HK & TG	Secure Residential Tx Facility
Exclude the initial discharge and the readmission / direct transfer discharge if the readmission / direct transfer discharge occurs after December 1 of the measurement year.				
Non-mental health readmission or direct transfer	<p>Exclude discharges in which the patient was transferred directly or readmitted within 30-days after discharge to an acute or non-acute facility for a non-mental health principal diagnosis (any principal diagnosis other than those included in the Mental Health Diagnosis Value Set). These discharges are excluded from the measure because rehospitalizations or transfer may prevent an outpatient follow-up visit from taking place.</p> <p>See HEDIS® 2015 Technical Specifications for Health Plans (Volume 2) for details.</p>			

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: None. HEDIS 2015® specifications leaves it up to the organization to identify exclusions.

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 following codes, within 7 days of discharges, 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, the Metrics & Scoring Committee and Metrics Technical Advisory Group agreed that follow-up visits occurring 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.

OHA has added several codes to the HEDIS® 2015 specifications to identify follow up care. These codes are listed in the table below and include: 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, OHA has also moved several CPT codes from the FUH Visits Group 1 Value Set to be standalone compliant.

Based on HEDIS® 2015 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* 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® 2015 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, 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:

Measure Details

3/9/2015 - Corrected error in table on page 4: **FUH Visits Group 2 Value Set**