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

Measure Basic Information

Name and date of specifications used: HEDIS® 2016 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, 2016 – December 31, 2016.

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
2016 Benchmark: 79.9%, 2014 CCO 90th percentile

Incentive Measure changes in specifications from 2015 to 2016:
OHA is using HEDIS 2016 specifications for all 2016 measurement. Changes from HEDIS 2015 to 2016 include:

- Added value sets to identify acute inpatient discharges, readmissions and transfer settings for the event/diagnosis.
- Added "numerator events by supplemental data" to capture the number of members who meet numerator criteria using supplemental data. Note as OHA is only using administrative data to calculate this measure, this change does not apply.

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	See HEDIS 2016 for full value set.

To identify acute inpatient discharges:

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

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, 0559-0663, 0669, 1000-1002	0180-0185, 0187, 0188, 0210-0215, 0217, 0218, 0220-0225, 0227, 0228, 0280-0285, 0287-0289, 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

Required exclusions for denominator:

<table>
<tr><td>Mental health readmission or direct transfer</td><td>Exclude discharges followed by readmission or direct transfer to an acute inpatient care setting 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.

Exclude discharges followed by readmission or direct transfer to a non-acute facility 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.

Use the Inpatient Stay Value Set and Non-acute Inpatient Stay Value Set to identify readmissions or direct transfers.

In addition, OHA will also exclude the following codes with modifiers for adult mental health residential services:

<table><tr><th>Procedure Code</th><th>Modifier</th><th>Description</th></tr><tr><td>T1020</td><td>HK</td><td>Residential Tx Home</td></tr><tr><td>T1020</td><td>HK & HE</td><td>Residential Tx Facility</td></tr><tr><td>T1020</td><td>HK & TG</td><td>Secure Residential Tx Facility</td></tr></table>
Exclude the initial discharge and the readmission / direct transfer discharge if the readmission / direct transfer discharge occurs after December 1 of the measurement year.</td></tr>
<tr><td>Non-mental health readmission or direct transfer</td><td>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.

See HEDIS® 2016 Technical Specifications for Health Plans (Volume 2) for details.</td></tr>
</table>

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.

OHA has added several codes to the HEDIS® 2016 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.

Based on HEDIS® 2016 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® 2016 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: N/A