

AHCCCS Targeted Investments Program

Adult Quality Improvement Collaborative

William Riley, PhD

TIP Year 5: Session #8
June 8, 2021

Disclosures

- There are no disclosures for this presentation.

Agenda

TIME	TOPIC	PRESENTER
11:30 AM – 11:32 AM	Introduction & Agenda Overview	Kailey Love
11:32 AM – 11:35 AM	Collaborative Care Model Billing Update	Stephanie Furniss, PhD
11:35 AM – 11:45 AM	Process Analysis for 7 Day Behavioral Health Follow-up After Hospitalization	William Riley, PhD
11:45 AM – 12:15 PM	System Level Coordination for the Follow-up After Hospitalization Measure: Provider Perspective	Facilitator: William Riley <u>Aurora Behavioral Health Hospital:</u> Suzanne Northey, Mariah Cholley, Karen McIntosh, Trevor Cooke <u>Lifewell:</u> Amber Hoch, Shana Hanley, Dan Wheeler
12:15 PM – 12:55 PM	System Level Coordination for the Follow-up After Hospitalization Measure: Health Plan Perspective	Facilitator: William Riley <u>Mercy Care:</u> Paul Fawson <u>AZ Complete Health:</u> James Smith
12:55 PM – 1:00 PM	Next Steps	Kailey Love

Billing Guidance for Collaborative Care Model (CoCM) Services

Collaborative Care Model (CoCM) services (i.e., codes 99492, 99493 and 99494) are recognized in the TI Program as a qualifying follow up visit for the FUH measures.

To maximize CoCM services for FUH compliance, the following may be useful in guiding how your organization bills for these services:

- Providers may submit only one CoCM claim per member per calendar month.
- All CoCM services factored into a claim must have been provided in the calendar month.
- The date of service on the submitted CoCM claim must be within the calendar month in which the services were provided. The coding guidelines do not otherwise dictate which date in the month must be listed. Therefore, the date of service can be the date of the first service, the date of a subsequent service that month, and the last day of the month are all allowed.
- The CoCM claim date of service, in relation to the most recent hospital discharge date, determines how many days passed between hospital discharge and the provided follow up service.

Note: This guidance was developed and validated by subject matter experts in CoCM billing and coding from AHCCCS and other organizations. It does not conflict with CoCM billing guidelines from CMS.

Learning Objectives

1. Identify failure modes for behavioral health patient attribution for hospital discharge follow-up
2. Describe attribution methodology differences by MCOs
3. Describe the preferred approach for provider attribution for behavioral health hospitalization admission
4. Describe the preferred approach for notifying providers of a behavioral health hospital admission

Gap

- A substantial portion of members that involve behavioral health hospitalization do not receive follow-up within 7 days of discharge

Select Filters: **Provider #1** 2. Year Click Download to export this view as an image, PDF or PowerPoint file. Please contact us at TIPQIC@asu.edu with questions or comments. Last updated 5/26/2021.

Year 5 Performance Summary for

Provider #1

June 01, 2021

Most Recent Report Period 02/2020 to 01/2021

		TARGET	PERFORMANCE	NUMERATOR / DENOMINATOR	% DIFF FROM BASELINE	% DIFF FROM 3 MONTHS PRIOR	% DIFF FROM SAME AOC	% OF POTENTIAL PAYMENT PER AOC
ADULT BH	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	70%	58.4%	101 / 173	<div><div></div><div>-8.4%</div></div>	<div><div></div><div>-8.2%</div></div>	<div><div></div><div>+8.1%</div></div>	15%
	Follow-Up After Hospitalization for Mental Illness: 18 and older (7-day)	70%	57.8%	2,622 / 4,533	<div><div></div><div>1.1%</div></div>	<div><div></div><div>-1.4%</div></div>	<div><div></div><div>-9.0%</div></div>	50%
	Follow-Up After Hospitalization for Mental Illness: 18 and older (30-day)	90%	74.9%	3,396 / 4,533	<div><div></div><div>0.2%</div></div>	<div><div></div><div>-1.2%</div></div>	<div><div></div><div>-7.4%</div></div>	25%

* The measure-based milestones shown in this view account for 90-95% of annual TI potential payment per Area of Concentration (AOC). Not shown here: 5% of PCP, BH, and Justice payments are tied to IPAT score submission, and 5% of all payments are tied to sufficient QIC attendance. The TI Webpage contains additional information: <https://www.azahcccs.gov/PlansProviders/TargetedInvestments/>

Year 5 Performance Summary for

Provider #2

June 01, 2021

Most Recent Report Period 02/2020 to 01/2021

		TARGET	PERFORMANCE	NUMERATOR / DENOMINATOR	% DIFF FROM BASELINE	% DIFF FROM 3 MONTHS PRIOR	% DIFF FROM SAME AOC	% OF POTENTIAL PAYMENT PER AOC
ADULT PCP	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	70%	60.7%	51 / 84	<div><div></div><div>8.3%</div></div>	<div><div></div><div>+13.5%</div></div>	<div><div></div><div>+7.9%</div></div>	15%
	Follow-Up After Hospitalization for Mental Illness: 18 and older (7-day)	70%	54.8%	34 / 62	<div><div></div><div>-7.1%</div></div>	<div><div></div><div>-13.8%</div></div>	<div><div></div><div>-8.8%</div></div>	50%
	Follow-Up After Hospitalization for Mental Illness: 18 and older (30-day)	85%	66.1%	41 / 62	<div><div></div><div>-12.3%</div></div>	<div><div></div><div>-13.4%</div></div>	<div><div></div><div>-14.7%</div></div>	25%

Adult Metrics Average Performance (Jan 2021)

Adult TIP Measure	PCP Average Performance	BH Average Performance
7 Day FUH	60.1%	63.6%
30 Day FUH	77.5%	80.9%
Diabetes Screening	56.3%	54%

Adult 7 Day Follow-up After Hospitalization Performance (Jan 2021)

PCP Provider Organization	PCP Performance	BH Provider Organization	BH Performance
Top Provider 1	100%	Top Provider 1	100%
Top Provider 2	78.48	Top Provider 2	82.6%
Top Provider 3	77.61%	Top Provider 3	79.2%
Top Provider 4	75.32%	Top Provider 4	75.6%
Top Provider 5	70.76%	Top Provider 5	75%
Bottom Provider 1	42.68%	Bottom Provider 1	55%
Bottom Provider 2	41.67%	Bottom Provider 2	53.7%
Bottom Provider 3	39.72%	Bottom Provider 3	51.9%
Bottom Provider 4	38.89%	Bottom Provider 4	50%
Bottom Provider 5	33.33%	Bottom Provider 5	0%

Health Plan Avg. Performance (2020)

	Average	
Health Plan	7 Day FUH Pediatric BH Performance	7 Day FUH Adult BH Performance
Health Plan 1	81.2%	70%
Health Plan 2	80.1%	65%
Health Plan 3	78.8%	63%
Health Plan 4	77.8%	59%
Health Plan 5	77.6%	55%
Health Plan 6	75.8%	55%
Health Plan 7	70.2%	44%

Root Cause Analysis for 7 Day Follow-up After Hospital Discharge

1. Appointment was scheduled but patient does not show
2. Appointment is not scheduled:
 - Hospital notifies clinic but clinic does not respond
 - Hospital can only schedule transport 2-days in advance of discharge
 - Clinic is not aware of the hospital admission
 - Clinic is not aware of hospital discharge
 - Clinic does not schedule a follow-up within 7 days
 - Clinic only allows patient to schedule appointment
3. Patient is retroactively enrolled for Medicaid coverage

Goal to Achieve 7-day FUH

- Behavioral health clinics need to know who their patient is and the patient needs to know who the provider is in order to be able to provide 7-day follow-up
- Clinic must develop reliable patient coordination system

Gaps to Notify Clinic of BH Admission

- MCO Process
 - There is not a uniform process for attribution
 - No common notification process, frequency, or report formatting
- Hospital Process
 - Multiple approaches are used for hospital admission notification
- Clinics Need
 - Real time patient rosters with uniform notification and inquiry
 - Real time notification that a patient has been admitted or are about to be discharged

Provider Panel

- Aurora Behavioral Health:
 - Suzanne Northey, Senior Director, Clinical Services
 - Mariah Cholley, Director of Social Services – Glendale
 - Karen McIntosh, Director of Social Services – Tempe
 - Trevor Cooke, Senior Director, Quality & Risk
- Lifewell:
 - Amber Hoch, LMSM, LISAC

Provider Perspective

1. Please briefly describe your organization
2. Please describe briefly your current process for ensuring the 7-day FUH.
3. Please identify the three major reasons why the 7-day FUH is not completed.
4. Describe the best approach for provider attribution for behavioral health hospitalization admission
5. Describe the best approach for notifying providers of a behavioral health hospital admission
6. Please identify what you need most from your system counterparts
 - Behavioral health provider
 - Primary care provider
 - Hospital
 - MCO

Health Plan Panel

- Mercy Care:
 - Paul Fawson, Sr. Director, Informatics and Value Based Solutions, Mercy Care
- AZ Complete Health:
 - James Smith, CPHQ, MSOP, BA, CSSYB, Quality Improvement Specialist

Health Plan Perspective

1. Briefly describe your system to notify providers of:
 - attribution of patients to behavioral health and primary care providers
 - notification to behavioral health and primary care providers of hospital admission
2. What are the three major causes for breakdowns?
3. Describe the best approach for provider attribution for behavioral health hospitalization admission
4. Describe the best approach for notifying providers of a behavioral health hospital admission
5. Please identify what you need most from your system counterparts
 - Behavioral health provider
 - Primary care provider
 - Hospital
 - Other MCOs

Interventions

- FUH appointment reminder 1 Pager
 - Goal is to have HH & Hospitals utilize as part of D/C process
 - Member to take with them upon discharge
 - This addresses members reporting they did not know or forgot their FUH appt.
- FUH Provider Quick Reference Guide
 - Was created for providers to help understand the different aspects of the FUH measure
 - Type of provider allowed
 - Helpful Tips



Adobe Acrobat
Document



Adobe Acrobat
Document

Interventions



- BH Inpatient admission report:
 - Daily Medicaid BH Inpatient Admissions, Adult and Child
 - Authorization data driven
 - Lists members and attribution to a health home
 - Automated, daily load to HH SFTP site
 - All HH now have access
 - BH Inpatient Reports have been made for FQHC's
 - Working on setting up SFTP sites for all FQHC facilities
 - Goal to increase D/C planning and coordination, improve FUH compliance

Next Steps

- Post-Event Survey: 2 Parts
 - General Feedback
 - Continuing Education Evaluation
- Continuing Education for 2021 will be awarded post all 2021 QIC sessions (December 2021)
- Questions or concerns?
 - Please contact ASU QIC team at TIPQIC@asu.edu if questions or concerns

Thank you!

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