AHCCCS Targeted Investments Program

Peds Quality Improvement Collaborative

William Riley, PhD

TIP Year 5: Session #8
June 1, 2021

ASU College of Health Solutions
Arizona State University

AHCCCS Arizona Health Care Cost Containment System | Targeted Investments

ASU College of Health Solutions
Arizona State University
Center for Health Information and Research

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: Pediatric Provider Perspective	Facilitator: William Riley, PhD Banner Behavioral Health Hospital: Scott Bartlett, Paige Sheppard, Amber Heffernan Child Family & Support Services: Troy Bailey
12:15 PM – 12:55 PM	System Level Coordination for the Follow-up After Hospitalization Measure: Health Plan Perspective	Facilitator: William Riley Mercy Care: Jennifer Barrett AZ Complete Health: Jessica Padilla
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

TIPQIC Dashboard | William Riley

TIP QIC Targeted Investments Program Quality Improvement Collaborative

Select Filters: 1. Provider: Provider #1 | 2. Year: Year 5

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Year 5 Performance Summary for Provider #1

Most Recent Report Period **02/2020** to **01/2021**

June 01, 2021

		TARGET	PERFORMANCE	NUMERATOR / DENOMINATOR	% DIFF FROM BASELINE	% DIFF FROM 3 MONTHS PRIOR	% DIFF FROM SAME AOC	% OF POTENTIAL PAYMENT PER AOC*
PEDS BH	Follow-Up After Hospitalization for Mental Illness: 6-17 Years (7-day)	85%	75.0%	24 / 32	↑ 4.3%	–	↓ -6.8%	50%
	Follow-Up After Hospitalization for Mental Illness: 6-17 Years (30-day)	92%	84.4%	27 / 32	↓ -6.9%	↓ -6.9%	↓ -9.6%	25%
	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	50%	40.0%	12 / 30	↑ 20.0%	↑ +28.0%	↑ +13.3%	15%

* 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/

Provider #2

PEDS BH	Follow-Up After Hospitalization for Mental Illness: 6-17 Years (7-day)	85%	94.4%	17 / 18	↑ 7.9%	↑ +2.3%	↑ +17.4%	50%
	Follow-Up After Hospitalization for Mental Illness: 6-17 Years (30-day)	92%	94.4%	17 / 18	↑ 7.9%	↑ +2.3%	↑ +1.2%	25%
	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	50%	11.1%	1 / 9	↓ -44.4%	↓ -44.4%	↓ -68.5%	15%

Pediatric Metrics Average Performance (Jan 2021)

Pediatric TIP Measure	Average Performance
7 Day FUH	80.4%
30 Day FUH	93.3%
Metabolic Monitoring	35.3%
Adolescent Well-Care	51.7%
Well-Child (0-15 Months)	61.3%
Well-Child (3-6 Years)	65.3%

Pediatric Behavioral Health Provider 7 Day Follow-up After Hospitalization Performance (Jan 2021)

Provider Organization	Performance for 7 Day FUH
Top Provider 1	94.44%
Top Provider 2	87.50
Top Provider 3	87.50%
Top Provider 4	86.11%
Top Provider 5	85.71%
Bottom Provider 1	66.67%
Bottom Provider 2	66.67%
Bottom Provider 3	60%
Bottom Provider 4	52.85%
Bottom Provider 5	50%

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

- Banner Behavioral Health Hospital:
  - Scott Bartlett, MSW, DCSM, Case Management Director
  - Paige Sheppard, Transitional Care Navigator
  - Amber Heffernan, Transitional Care Navigator

- Child Family & Support Services:
  - Troy Bailey, Chief Business Officer

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:
  - Jennifer Barrett, Sr. Director, Business Consultation, Office of Health and Clinical Services

- AZ Complete Health:
  - Jessica Padilla, 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

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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