HEDIS Measures Webinar

Follow-Up After Emergency Department Visit for Mental Illness (FUM) or Substance Use (FUA)

ALAMEDA Alliance FOR HEALTH

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Agenda

1) Introduction
2) Measure Descriptions
3) Pay-for-Performance (P4P)
4) Promising Practices and Resources
5) Looking Ahead
6) Discussion

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Mission

Improving the health and well-being of our members by collaborating with our provider and community partners to deliver high quality and accessible services.

Vision

All residents of Alameda County will achieve optimal health and well-being at every stage of life.

Objectives

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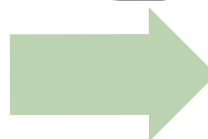
At the end of this webinar, you will be able to:

- Have a better understanding of the FUA and FUM measure definitions.
- Walk away with tactics to promote measures.
- Identify promising practices and resources that can be used in your practices.

Behavioral Health Insourcing

Current: Silos

- PCPs and Specialists
- AAH - Beacon network BH Providers for Mild/Moderate
- Alameda County BH Substance Use and Moderate/Severe Mental Health



Future: Integrated Care

- Team of PCP, specialists, and BH providers work together with patients and families

Behavioral Health Insourcing

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Mental Health & Substance Use Services Today:
Moving From Segregated Silos to "No Wrong Door" Coordinated Care

<table>
<tr><th colspan="3">MEDI-CAL MANAGED CARE
Alameda Alliance for Health</th><th colspan="3">Alameda County Health Care Services</th></tr>
<tr><th rowspan="2">Physical & Social health care services</th><th colspan="2">Mental Health Services</th><th rowspan="2">Rehabilitative & habilitative services (mental health)</th><th rowspan="2">Emergency mental health services</th><th rowspan="2">Inpatient mental health hospitalization</th></tr>
<tr><th>Mild to Moderate Acuity</th><th>Severe Acuity</th></tr>
<tr>
<td>• Maternity & Newborn care
• Pediatric services, including oral & vision
• Ambulatory patient services, including mental health within the PCP's scope of practice
• Prescription drugs
• Prevention & wellness services, and chronic disease management
• Enhanced Care Management
• Community Support Services</td>
<td>• Individual & Group Therapy
• Psychological testing when clinically indicated to evaluate a mental health condition
• Psychiatric consultation</td>
<td>• Individual & group therapy
• Psychological Testing
• Medication Management
• Substance Use</td>
<td>• Targeted case management
• Day treatment intensive programs
• Day rehabilitation
• Adult residential treatment services
• Full service partnerships</td>
<td>• Crisis intervention
• Crisis stabilization
• Adult crisis residential services</td>
<td>• John George Psychiatric Hospital</td>
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<tr><td></td><td colspan="4">School-based behavioral health services</td><td></td></tr>
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Behavioral Health Insourcing

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Scope of Behavioral Health Services AAH was insourced as of April 1, 2023

Summary of the Covered Benefits

- Mild-to-Moderate mental health services
  - Individual and group mental health evaluation and treatment (psychotherapy)
  - Psychological testing to evaluate a mental health condition
  - Outpatient services, laboratory, medications, supplies, and supplemental psychiatric consultation
- Autism Spectrum cognitive and supportive services
  - Behavioral Health Treatment (BHT) services for eligible beneficiaries under 21 years of age, and include Applied Behavioral Analysis (ABA); I.E. children with Autism Spectrum Disorder (ASD) or children for whom a physician or psychologist determines it is medically necessary
  - Services include behavioral intervention, comprehensive behavioral treatment, language training, modeling, natural teaching strategies, parent/guardian training, peer training, pivotal response training, schedules, scripting, self-management, social skills package, and story-based interventions
  - Services delivered in schools, homes, or other community-based settings

Background

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DHCS Bold Goal

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- DHCS included FUA and FUM as accountable measures on the Managed Care Accountability Set (MCAS).
- **DHCS's Bold Goal:** "Improve follow up for mental health and substance use disorder by 50%."

Resource: The California Department of Health Care Services (DHCS). (2022). *Comprehensive Quality Strategy*. DHCS. https://www.dhcs.ca.gov/services/Pages/DHCS-Comprehensive-Quality-Strategy.aspx

Key Reasons to Integrate Physical and Behavioral Health Services in Medicaid

Medicaid pays for more than a quarter, 26%, of all behavioral health spending nationally

Beneficiaries with behavioral health diagnoses account for almost half, 48%, of total Medicaid expenditures

20% of beneficiaries have a behavioral health — mental health and/or substance use disorder — diagnosis

Spending can increase up to 75% when beneficiaries with a chronic physical condition also have a mental illness

www.chcs.org | @CHCShealth

SOURCES: *Report to Congress on Medicaid and CHIP*, Medicaid and CHIP Payment and Access Commission, June 2015; *Clarifying Multimorbidity Patterns to Improve Targeting and Delivery of Clinical Services for Medicaid Populations*, Center for Health Care Strategies, December 2010.

Measure Importance

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- **FUM**
  - Mental illness can affect people of all ages.
  - Research suggests that follow-up care is linked to fewer repeat ED visits.
- **FUA**
  - About 7.5% of the American population, 12 y/o+, were classified as having a substance use disorder involving AOD.
  - High ED use for individuals with AOD may signal a lack of access to care or issues with continuity of care.

Resource: National Committee for Quality Assurance Follow-Up After Emergency Department Visit for Mental Illness – NCQA; Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - NCQA

Measure Descriptions

Measures Introduction

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- FUA and FUM are HEDIS measures and part of the Managed Care Accountability Set (MCAS).
- Inclusion and follow-up criteria are very similar for both measures.
- Administrative processes and care coordination are key to success.

Measure Descriptions

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FUM

For members **aged 6 years and older** who go to the emergency department for a diagnosis of **mental illness or intentional self-harm**, the percentage of ED visits for which there was a follow-up visit.

FUA

For members **aged 13 years and older** who go to the emergency department for a diagnosis of **substance use disorder (SUD)/drug overdose**, the percentage of ED visits for which there was a follow-up visit or pharmacotherapy dispensing event.

Identifying events for inclusion

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Possible diagnosis codes for eligible ED visits.

Measures	Diagnosis Codes
FUM	Mental Illness
	Intentional self-harm
FUA	AOD abuse and dependence
	Unintentional drug overdose

Exclusions

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Exclusions are the same for both measures

- ED visits that result in admission to inpatient care or residential treatment:
  - On the date of the ED visit, or
  - Within 30 days after the ED visit
- Patients who were in hospice or who died any time during 2023

Reported Rates

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Two rates are reported for each measure:

- % of ED visits for patients that received follow-up within 7 days of the ED visit (8 total days)
- % of ED visits for patients that received follow-up within 30 days of the ED visit (31 total days)

The Alliance is held accountable for the 30-day rate.

How is the denominator calculated?

- The denominator is based on submitted claims for ED visits.
  - If a patient has more than one ED visit in a 31-day period, only the first eligible visit is included.
- **It is possible for a patient to be included in the measure more than once**, if the ED visits are more than 30 days apart.

A patient visits the ED on Jan 1 for self-harm, then again for a major depressive episode on Jan 15.		Only the visit on Jan 1 counts in the denominator.
The patient visits the ED for another depressive episode on Feb 1.		This visit also counts in the denominator.

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How is the numerator calculated?

- We calculate compliance based on identified eligible ED visit claims and whether there was a visit for an eligible follow-up within the 7- and 30-day time periods.
  - Follow-up visits are identified via claims data, encounter data, or EMR data.
  - "Countable" visits include an eligible CPT code and a corresponding eligible diagnosis code.
- Additional details:
  - An outreach/scheduling or care coordination call alone <u>does not</u> count.
  - Meds for FUA- calling in for a refill does not count. The medication must be dispensed to count.
  - The visit does not have to be provided by your own practitioners. If they receive a qualifying service by an outside provider it will count.

Services that Count Towards FUM/FUA

Services	FUM	FUA
Outpatient behavioral health visit	x	x
Intensive outpatient or partial hospitalization	x	x
Community mental health center services	x	x
Observation	x	x
Telehealth / Telephone	x	x
E-visit or virtual check-in	x	x
Electroconvulsive therapy	x	
Behavioral health assessment		x
Substance use and disorder services		x
Non-residential substance abuse treatment		x
Peer Support Service		x
OUD monthly office-based treatment		x
Pharmacotherapy dispensing event or AOD med treatment		x

Who can conduct follow-up?

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FUA	FUM
➢ A mental health provider ➢ No specifications about CPT or diagnosis code ➢ Any provider, as long as there is a diagnosis code of SUD, substance use, or drug overdose "Any provider" includes MD, DO, NP, PA, RN	➢ There are no specific requirements. ➢ As long as the provider can use a qualifying CPT code according to their license and scope, it will count. ➢ For any visit with any provider, the visit must have a principal diagnosis of mental health disorder, **or** principal diagnosis of intentional self-harm with any diagnosis of mental health disorder

Who does NCQA consider a mental health provider?

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A provider who delivers mental health services and meets any of the following criteria:

- An MD, DO, or PA who is certified as a psychiatrist or licensed to practice psychiatry
- A licensed psychologist
- A certified social worker
- A certified/licensed psychiatric nurse or mental health clinical nurse specialist
- A certified counselor practicing as an MFT or a professional counselor with a Specialty Certification in Clinical Mental Health Counseling
- A certified Community Mental Health Center or Certified Community Behavioral Health Clinic

Medications list

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Pharmacotherapy dispensing event: member is dispensed one of the drugs listed in the "Alcohol Use Disorder Treatment Medications List" or the "Opioid Disorder Treatment Medications List" within the 30-day window.

TREATMENT MEDICATIONS	
Alcohol Use Disorder	**Opioid Use Disorder**
Disulfiram (oral)	Naltrexone (oral, injectable)
Naltrexone (oral, injectable)	Buprenorphine (oral, injection, implant)
Acamprosate (oral, delayed-release)	Buprenorphine/naloxone (sublingual tablet or film, buccal film)

Questions?

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Pay-for-Performance (P4P) Program

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Background

- Tied into DHCS Managed Care Accountability Set (MCAS) Metrics
- Supports the Alliance's Mission & Vision
- Promotes Quality Care

Measure

- Follow-Up After ED Visit for Mental Illness, 30 days (FUM)

AHS and CHCN Networks

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Point System

- Worth 10 points out of 60 in the clinical quality measures.
- 60% of points awarded if 50th percentile met.
    - 80% of points for 75th percentile
    - 100% of points for 90th
- If below 50th percentile:
    - 3% increase from 2022 = 20% of points
    - 6% increase from 2022 = 40% of points
- Minimum of 15 members required in measure eligible population.

Promising Practices and Resources

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Promising Practices

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Health Information Technology Solutions

- Set up automatic Electronic Health Records (EHR) alerts for patient ED visits (Epic users)
- Utilize Alliance's ED discharge report to identify visits that need follow-up

Outreach

- Work with a hospital social worker or care coordinator to schedule follow up visits before the patient is discharged
- Establish a workflow to conduct outreach and reminder calls
- Clearly explain the reason for the follow up visit

Remove access barriers

- Provide or facilitate transportation assistance
- Utilize telehealth to remove barriers with transportation or the patient's schedule
- Employ a team of navigators/CHWs to connect with patients when they leave the ED
- Utilize whole person care and peer support models

Equity Approaches

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Consider using an equity approach to increase access for targeted communities:

- Review visit measure completion rate factors
- Screen for health-related social needs.
- Design member information to be equitable.
- Involve patients, and their family members, in decision-making.
- Leverage shared decision-making, teach-back and motivational interviewing tools.
- Partner with local community resources.
- Utilize Community Health Workers (CHW).

Health Education

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[Patient Health & Wellness Education]

- **Live Healthy Library:** online materials and links
- **Provider Resource Guide:** health programs and community resources
- **Wellness Program & Materials Request Form:** request mailed materials

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Manage Your Pain Without Opioids

Prescription Opioids – Pain Relievers

At Alameda Alliance for Health (Alliance), we are here to help you take charge of your health. You can use this guide to learn about other ways to treat and manage your pain without opioids. Always work with your doctor to find out which treatment is best for you.

Below are some options that may work better and have fewer risks and side effects.

Other Medicines

These can include:

- Pain relievers such as acetaminophen (Tylenol), ibuprofen (Advil, Motrin), or naproxen.
- Some anti-depressants and anti-seizures, which can also be used for nerve pain.

Talk Therapy

Seeing a therapist may help lower stress and anxiety that trigger pain. Talk therapy teaches techniques to change the way you think and behave.

Exercise

Exercise can make your body stronger and feel better.

The Alliance offers:

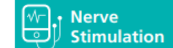
- Physical therapy.
- Occupational therapy.
- Water (aquatics) therapy.

Acupuncture

Acupuncture is a treatment where very thin needles are placed on certain points of your body. This may help with many types of pain.

Chiropractic Therapy

Chiropractors adjust the spine or other parts of the body. This may help with back and neck pain.



Nerve Stimulation

This device sends a mild electric current through nerves to block pain signals. One common device is called Transcutaneous Electrical Nerve Stimulation (TENS).

Project Support

Quality Improvement Team

- Project Management
  - Contact: **DeptQITeam@alamedaalliance.org**

Reports

Gap in Care Lists

- HEDIS
- Initial Health Appointment (IHA)
- Emergency Department Utilization

FUM/FUA ED Discharge Report

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This report shows the visit and discharge information for any patients who were seen at the ED.

- Reports ran each weekday. Monday reports capture weekend visits.
- Along with patient information, the report shows the diagnosis for the ED visit and the timeframe for follow-up that meets guidelines.
- Hospitals that contribute to the feed:

Alameda Hospital	Highland Hospital
Alta Bates Summit – Alta Bates	John George Psychiatric Hospital
Alta Bates Summit – Herrick	Saint Rose Hospital
Alta Bates Summit – Merritt	San Leandro Hospital
Eden Medical Center	Washington Hospital (in progress)

Billing Visit Codes

Visit Type	Code
BH Outpatient Visit	98960, 98961, 98962, 99202 – 99205, 99211 – 99215, 99242 – 99245, 99341 – 99345, 99347 – 99350, 99381 – 99387, 99391 – 99397, 99483, 99492 – 99494
Peer Support Service	T1016
Behavioral Health Assessment	G0442, H0049
OUD Monthly Office Based Treatment	G2086, G2087
E-visit or Virtual Check-In	99457, 99458
AOD Medication Treatment	H0033, J2315, Q9991, Q9992, S0109
Substance Use Disorder Services	H0050
Visit with Setting Unspecified	90791, 90792, 90832 – 90834, 90836 – 90840, 90847, 90849, 90853, 99221 – 99223, 99231 – 99233, 99238, 99239, 99251 – 99255 ~ *With* ~ **Place of Service (POS)** 2, 10, 11, 49, 50, 52, 53, 57, 58

Please note: this is not an exhaustive list. The following visit codes meet the requirements for the measure and are reimbursable under Medi-Cal. For any questions about acceptable visit types please contact the Alliance QI Team.

Looking ahead and other reminders

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Looking ahead

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Two new measures slated to be held to MPL in MY2024

Depression Screening and Follow-Up

- Members 12 y/o+ who were screened for depression, and if positive received follow-up care within 30 days.
  - Follow-Up types
    - Visits with diagnosis of depression or other BH condition
    - Case management with assessment
    - BH visit with assessment, therapy, or med mgmt.
    - Dispensed antidepressant medication

Depression Remission or Response

- Members 12 y/o+ with depression who achieve remission or response within 4-8 months.
- Measure is based on PHQ scores
  - Remission: most recent score is less than 5
  - Response: most recent score is at least 50% lower than initial score

Initial Health Appointments (IHA)

Requirements

Complete within 120 days of enrollment.

- Excludes members who completed an IHA within 12 month prior to enrollment.
- Requires a minimum of 2 documented outreach attempts.

Elements

- Comprehensive History
- Social History
- Review of Organ Systems
- Comprehensive Physical and Mental Status Exam
- Preventative Services

Provider	CPT Code	Description
PCP	99201 – 99205	Office or other outpatient visit for the evaluation and management of new patient
PCP	99211-99215	Office or other outpatient visit for the evaluation and management of established patient with PCP but new to the Alliance
PCP	99381-99387	Comprehensive Preventive Visit and management of a new patient
PCP	99391-99397	Comprehensive Preventive Visit and management of an established patient with PCP but new to the Alliance
OB/Gyn	59400, 59510, 59610, 59618	Under Vaginal Delivery, Antepartum and Postpartum Care Procedures, Under Cesarean Delivery Procedures, Under Delivery Procedures After Previous Cesarean Delivery, Under Delivery Procedures After Previous Cesarean Delivery
Nursing Home	99304-99306	New or Established Patient Comprehensive Nursing Facility Assessments

Access Standards

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PRIMARY CARE PHYSICIAN (PCP) APPOINTMENT	
Appointment Type:	**Appointment Within:**
Non-Urgent Appointment	10 Business Days of Request
OB/GYN Appointment	10 Business Days of Request
Urgent Appointment that *requires* PA	96 Hours of Request
Urgent Appointment that *does not* require PA	48 Hours of Request
SPECIALTY/OTHER APPOINTMENT	
Appointment Type:	**Appointment Within:**
Non-Urgent Appointment with a **Specialist** Physician	15 Business Days of Request
Non-Urgent Appointment with a **Behavioral Health** Provider	10 Business Days of Request
Non-Urgent Appointment with an **Ancillary Service** Provider	15 Business Days of Request
OB/GYN Appointment	15 Business Days of Request
Urgent Appointment that *requires* PA	96 Hours of Request
Urgent Appointment that *does not* require PA	48 Hours of Request
ALL PROVIDERS WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
Appointment Type:	**Appointment Within:**
In-Office Wait Time	60 Minutes
Call Return Time	1 Business Day
Time to Answer Call	10 Minutes
Telephone Access – Provide coverage 24 hours a day, 7 days a week.	
Telephone Triage and Screening – Wait time not to exceed 30 minutes.	
Emergency Instructions – Ensure proper emergency instructions.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

*** Per DMHC and DHCS Regulations, and NCQA HP Standards and Guidelines PA = Prior Authorization**

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We want to hear from you!

- What are some challenges/barriers or successes you have experienced in meeting these measures?
- What can the Alliance do to provide support?
- Any thoughts or reflections to share?

Thanks!
Questions?

You can contact us at:

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