TIP QIC Targeted Investments Program
Quality Improvement Collaborative

AHCCCS
Arizona Health Care Cost Containment System

Best Practice Audit Guide:
Follow-up After Hospitalization for Mental Illness (FUH)

The AHCCCS Targeted Investments Program (TIP) Quality Improvement Collaborative (QIC) evaluates TI-participating Providers' performance on select quality measures and assists providers in performance improvement efforts. This best practice audit guide is for TI-participating Providers to evaluate their quality improvement (QI) efforts related to the FUH (7/30-day) measure. FUH is a Healthcare Effectiveness Data and Information Set (HEDIS) measure designed and maintained by the National Committee for Quality Assurance (NCQA).

Why It Matters

Approximately one in five Americans will experience a mental illness in a given year (1). One in five children have had or will have a seriously debilitating mental illness at some point in their life (2). According to NCQA (3), individuals hospitalized for mental illness are vulnerable after discharge. Timely follow-up visits with qualified mental health providers are critical for their health and well-being.

Setting Up for Performance Improvement

The following items are best practices to improve your organization's performance on these measures.

Category	Best Practice Audit Checklist
Measure Definition & TIP Performance Measurement Details	☐ Review importance of follow-up after hospitalization to patient outcomes (see *Why It Matters* above) ☐ Understand details of the HEDIS measure (see *TIP Measure Details Guide: Follow-up After Hospitalization for Mental Illness*). Details include: ○ What is measured ○ What billing codes and provider types do and do not qualify ○ When is the reporting periodTIPQIC.org ☐ Understand details of TIP Performance Measurement (see *TIP Measure Details Guide: Follow-up After Hospitalization for Mental Illness*). Details include: ○ Member population assessed ○ Attribution methods ○ Performance targets ☐ Estimate financial incentives earned through this measure ○ Use AHCCCS TI payment methodologies to estimate annual TI incentive payments
Leadership Buy-In & Organizational Commitment	☐ Review *TIP Best Practice Audit: Building Capacity for Performance Excellence* for best practices for QI systems–such as executive leadership support ☐ Establish a time-specific and measurable aim ○ Example: Within 6 months, > 85% of members hospitalized with mental illness or intentional self-harm will have a follow-up visit within 7 days after discharge ○ For more information on setting goals/aims, see Institute for Healthcare Improvement ○ Identify processes and procedures needed to complete this–such as, monitoring performance on goal, monitoring hospitalization admissions and discharges,

	Provider/Staff and Patient/Family education, etc. Some of these are provided in this document with best practices learned from your peers ☐ Frequently update physicians and staff on performance and progress towards care/performance aims
Internal Reporting & Monitoring	☐ Create an internal report to monitor relevant hospitalizations and follow up events ○ See the next section, *Identify Relevant Members/Member Events*, for how to identify relevant hospitalizations which you will track in these internal reports ☐ Verify your internal reports: Compare reports to TIP, health plans, and/or network reports. If there are unexplained differences in the number of attributed members or performance, follow up to explore the cause ☐ Consider Social Determinants of Health (SDoH) screening results in conducting risk stratification of your patient population ☐ *If FUH targets not met, form a QI group to explore the cause and develop an action plan to improve patient care and meet targets
Provider/Staff Education	☐ Stress medical importance of a follow-up visit with a mental health provider within 7 days after hospital discharge
Billing	☐ Train billing staff to ensure follow-up claims are submitted with numerator-qualifying services and servicing providers ☐ Submit claims and encounter data in a timely manner ☐ For patients on a Medicaid and non-Medicaid health plan, submit claims to both health plans to receive credit for TIP measures even when the non-Medicaid health plan pays the full claims ○ Encounters must be submitted to Medicaid and adjudicated to count towards the TIP measures. Even if a submitted and adjudicated claim is not paid by the Medicaid health plan, it will count towards the TIP measures
Monitoring and Reconciling Assigned Members (PCP agencies only)	☐ Routinely pull panel of assigned patients ○ If participating in non-TI value-based payment arrangement, you should receive monthly panels and attribution lists from health plan ☐ Routinely reconcile these lists with each health plan

*Denotes continuous improvement opportunity

Identifying Relevant Members/Member Events

This section has best practices shared by your peers on how to identify member hospitalization events. Not all mental illness hospitalizations can be identified through the HIE; therefore, it is important for hospitals and clinics to coordinate.

Category	Best Practice Audit Checklist
Hospital-Clinic Coordination	☐ Build relationships with the discharge teams at the hospitals where majority of your members' BH discharges occur ☐ Create a group email that is not solely dependent upon one person to receive email communication to/from hospitals and provider organizations ○ Designate processes to ensure the account is monitored daily ☐ Provide discharge materials for hospitals to provide to members during discharge to enunciate importance of follow up for member's health

Hospital Admission Notification Protocol(s)	☐ Receive Mental Illness Admission, Discharge & Transfer (ADT) report/alerts from the Health Information Exchange (HIE) – Reach out to your HIE Account Manager for help on any of the below ○ Select desired alert(s) ○ Designate who within organization will submit updated member panel(s) and will receive/monitor the alert ○ Specify response and follow-up procedures ○ In July 2021, Health Current expanded available ADT alerts to include mental illness hospitalization alerts from select "mixed use" psychiatric hospitals. ADT alerts for sub-acute psychiatric facilities are not available at this time ○ *Identify admissions that did not generate an alert and troubleshoot reasons why ☐ Regularly review each health plan's respective hospital census tracker
Hospital Discharge Notification Protocol(s)	☐ Receive Mental Illness Admission, Discharge & Transfer (ADT) report/alerts from the Health Information Exchange (HIE) – Reach out to your HIE Account Manager for help on any of the below ○ Select desired alert(s) ○ Designate who within organization will submit updated member panel(s) and will receive/monitor the alert ○ Specify response and follow-up procedures ○ In July 2021, Health Current expanded available ADT alerts to include mental illness hospitalization alerts from select "mixed use" psychiatric hospitals. ADT alerts for sub-acute psychiatric facilities are not available at this time. ○ *Identify discharges that did not generate an alert and troubleshoot reasons why ☐ Regularly review each health plan's respective hospital census tracker

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Following Up with Members

This section has best practices shared by your peers on what you can do to increase follow-up visits.

Category	Best Practice Audit Checklist
Clinic-Patient Relationship	☐ Visit patients while they are in the hospital, if possible, to build a relationship
Scheduling Follow-up Visit	☐ Begin discharge care coordination with hospital staff soon after admission ☐ Clinic confirms scheduling of follow-up visit prior to hospital discharge ☐ Provide a tangible appointment reminder to member
Patient & Family Education / Health Literacy	☐ Develop processes to educate patients and family members on reasoning for and importance of a follow-up visit within 7 days after hospital discharge while the member is still hospitalized
Outreach Policies	☐ Create an outreach policy for FUH for severe mental illness (SMI) populations ☐ Create an outreach policy for FUH for general mental health (GMH) populations ☐ Create FUH appointment no-show policies and re-engagement protocols ☐ Create outreach policy for out-of-compliant patients–such as calling patient, engaging the practice care manager, engaging the MCO ☐ Utilize an automated appointment reminder system to disseminate text, email, and/or phone appointment reminders

	○ Capable of both reminding patients to schedule appointments and/or reminding patients of already scheduled appointments
Integration and/or Coordination of Primary Care and Behavioral Health Services	☐ Implement a practice-specific action plan to integrate primary care and behavioral health services based on an integrated toolkit–such as, Organizational Assessment Toolkit (OATI), Behavioral Health Integration Capacity Assessment (BHICA), or the PCBH Implementation Toolkit. Results of integration include: ○ Behavioral health and primary care fully integrated; located within the same site ○ A primary care practice that uses the Collaborative Care Model (CoCM) ○ Contractual relationships with primary care or behavioral health clinics ○ Form referral relationships with primary care, behavioral health, and/or specialty providers
Social Determinants of Health (SDoH)	☐ Screen and log SDoH needs for each member ☐ Develop processes to follow-up with member to ensure SDoH needs are met ○ Example: Secure transportation to the clinic for clients without reliable transportation ☐ Designate a care manager to coordinate referrals to community resources, when warranted

Additional TIP Guides

To optimize your organization's QI efforts for these measures, ensure that you have a QI system in place. Key best practices are specified in the *TIP Best Practice Audit: Building Capacity for Performance Excellence*. Find other TIP Best Practice Audit Guides on our website, as well as TIP Measure Detail Guides.

Questions? Contact the ASU TIPQIC Team (TIPQIC@asu.edu) or AHCCCS Targeted Investments Team (targetedinvestments@azahcccs.gov) with questions or to request further assistance.

References

1. Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health. Rockville, MD: Center for Behavioral Health Statistics and Quality. Substance Abuse and Mental Health Services Administration. 2016.
2. Merikangas KR, He J, Burstein M, et al. Lifetime Prevalence of Mental Disorders in US Adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). Journal of the American Academy of Child and Adolescent Psychiatry. 2010;49(10):980-989. doi:10.1016/j.jaac.2010.05.017.
3. https://www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/. Accessed 11/12/2021.