TIP Measure Details 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 guide is for use by TI-participating Providers to build their understanding of the FUH (7/30-day) measures. FUH is a Healthcare Effectiveness Data and Information Set (HEDIS) measure designed and maintained by the National Committee for Quality Assurance (NCQA).

Measure Definition

Follow-Up After Hospitalization for Mental Illness (FUH): Percentage of discharges for members ages 6 and older who were hospitalized for treatment of select mental illness or intentional self-harm diagnoses and had a follow-up visit with a mental health practitioner. The measure identifies the percentage of members who received follow-up within 7 days and 30 days of discharge.

Note: TI Program Years 4-6 use HEDIS MY 2019 measure definitions.

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.

What We Measure

Your performance is reported as a percentage calculated as the $\frac{numerator}{denominator}$.

TI Areas of Concentration (AOC)	Denominator Definition	Numerator Definition
Adult PCP/BH, Hospital & Justice	**FUH 7 & FUH 30 Denominator:** Discharges for members 18 years or older who were hospitalized for treatment of selected mental illness or intentional self-harm in the reporting period.	**FUH 7 Numerator:** Discharges in the denominator where the member had a qualifying follow-up visit within 7 days after discharge. **FUH 30 Numerator:** Discharges in the denominator where the member had a qualifying follow-up visit within 30 days after discharge.
Peds BH	**FUH 7 & FUH 30 Denominator:** Discharges for members 6-17 years of age who were hospitalized for treatment of selected mental illness or intentional self-harm in the reporting period.	

Note: A qualifying follow-up visit that occurs on days 1-7 post-hospital discharge also puts the member in the numerator for both the FUH 7 and FUH 30 measures.

What Is the Reporting Period?

- A HEDIS measure's reporting period is a continuous 12-month window.
- TIP Provider Dashboards show your organization's performance on the selected measure for 12 consecutive, overlapping report periods, where each report period is a 12-month period ending in the month and year shown on the X-axis. Your performance levels for 12 report periods are provided so you can track how your performance changes across time.
- TI incentive payments are based on your performance for the Federal Fiscal Years (October 1st – September 30th).

Which Members Are in my Denominator?

To understand the members you are accountable for and who are attributed to you (i.e., in your denominator) for this measure, you need to know the denominator definition (above), as well as the AHCCCS member population assessed and attribution method used.

Member Population Assessed

- Members enrolled in one of the seven AHCCCS Complete Care (ACC) health plans.
- Members with SMI enrolled in an ACC health plan are included.

Note: This measure is based on number of discharges, not number of members. Members who are hospitalized more than once (with sufficient time lag) are counted multiple times in the denominator.

Attribution Methods

- In TI Years 5-6, attribution is done at the level of billing and servicing provider IDs. For a detailed explanation about the provider IDs used and examples, please see the Provider Identification Methodology video and slides.
    - If you have questions about the billing and servicing provider IDs used for your organization, please contact the AHCCCS Targeted Investments Team (targetedinvestments@azahcccs.gov).
- Attribution is re-evaluated each month for all reporting periods displayed on the dashboard.
- The attribution method used is specific to each AOC. Review the attribution method specific to the TI AOC you are enrolled in:

TI Area of Concentration (AOC)	Attribution Method
Adult PCP	● PCP attribution is based on PCP-Member assignments and claims as specified in this PCP Attribution Methodology Decision Tree. ○ List of AHCCCS PCP Provider Types & Specialties that qualify as a PCP. ● PCP attribution is at the member level. Members are attributed to one PCP for all PCP measures and for the entire measurement year. Therefore, all of a patient's qualifying hospital discharges in the performance year will be included in the attributed PCP's denominator. ● The most recent member assignments are used. Member assignments are provided by the health plans and AHCCCS monthly. Milestone performance will be based on attribution to members at the Organizational (Tax ID) level for participating sites.
Adult BH & Peds BH	● Attribution is based on each qualifying hospitalization episode. The episode will be attributed to all TI-participating BH providers seen in the 30 days after the last hospital discharge in the episode, as well as all TI-participating BH providers seen within a 90-day window prior to the first hospital admission in the episode.
Hospital	● Attribution is based on each qualifying hospitalization episode. The episode is attributed to the hospital where the hospitalization occurred. o Note: If a member has a readmission or direct transfer to an acute facility that occurs within 30 days of a prior discharge and has a primary diagnosis of mental illness or intentional self-harm, then the hospitalizations will be combined into a single episode. The episode will be attributed to the hospital where the initial admission occurred.
Justice	● Attribution is done using member referral lists. Members will be included in a TI participant's denominator if they meet all measure denominator criteria and were referred to the TI-participating organization within the two years prior to the end of the measurement year. ● Attribution is done at the level of hospitalization episodes. ● More detail on this and the other Justice measures see the Justice Measure Evaluation & Attribution video (slides).

What Services Qualify for the Numerator?

Billing Codes

- TI Program Years 4-6 use HEDIS MY 2019 measure definitions. Due to licensing agreements, we are not able to publish a list of all qualifying services codes. However, we can direct you to resources that contain more information.
    - Please see the Arizona Health Plan Measure Guides linked on our website.

  - For more information on HEDIS measures or to get your own license, see the NCQA HEDIS site.
  - Value sets and codes used in HEDIS 2020 (Measurement Year 2019) measure calculations are available at no cost. Download the 2019 Quality Rating System (QRS) HEDIS Value Set Directory from the NCQA store.

- In addition to the billing codes listed in the linked guides, the following accommodations have been made for TI performance measurement:
  - FUH numerator-qualifying telehealth services will get credit if they follow AHCCCS's telehealth billing guidelines allowed on the date of service.
  - Psychiatric Collaborative Care Model (CoCM) services (i.e., codes 99492, 99493, and 99494) will count as a numerator-qualifying visit for all servicing provider types (licensed and non-licensed).
    - CoCM is an approach to behavioral health integration recognized by CMS. Please see the TIPQIC website for billing guidance to maximize CoCM services for FUH compliance and a list of TIP Providers who deliver CoCM services. CoCM was discussed more in depth in our October 2020 QIC sessions.

Provider Types & Specialties

Click on the following links to see the lists of AHCCCS Provider types and specialties that qualify as a PCP and a mental health provider. With the exception of CoCM services, qualified follow-up services only count in the numerator if the "Service" provider (box 32a) is credentialed as a qualified mental health provider.

- PCP Provider Types & Specialties
- Mental Health Provider Types & Specialties

What Services Do Not Qualify for the Numerator?

- Day 0 (Zero) is the day of discharge and is not eligible to be included in the FUH 7/30-day measures. This is a CMS and NCQA policy. AHCCCS seeks to align with the national standards to the greatest extent possible.
- Any procedure code or service provider type not listed in the previous section does not qualify.

How Do I Document Services to Get Credit on the Measure?

- TI performance measurement relies on claims data. Hybrid chart review does not apply.

What Is My TI Performance Target?

- The table shows all of the TI FUH 7 & FUH 30 targets that were set. For your organization's specific target, please see your dashboard or the email received from the AHCCCS TI team.

TI **Area of Concentration (AOC)**	**FUH 7/30**	**Y4 Target***	**Y5 Target**	**Y6 Target**
Adult PCP	FUH 7	50%, 75%	50%, 70%	51%, 68%
	FUH 30	63%, 85%	63%, 85%	60%, 78%
Adult BH	FUH 7	70%, 80%	70%, 80%	62%, 73%
	FUH 30	90%	90%	87%
Peds BH	FUH 7	70%, 80%	70%, 85%	70%, 85%
	FUH 30	90%	92%	92%
Hospital	FUH 7	60%, 70%	60%, 70%	58%, 68%
	FUH 30	85%	85%	81%
Justice	FUH 7	N/A	68%	68%
	FUH 30	N/A	85%	85%

*TI Year 4 target adjustments were made to account for impacts of COVID. For your adjusted target, see the June 2021 email from the AHCCCS TI team.

How Were the Performance Targets Determined?

See TIP QIC website for details on target setting.

Additional TIP Guides

Find other TIP Measure Details Guides on our website, as well as Best Practice Audit Guides. For example, *TIP Best Practice Audit: Building Capacity for Performance Excellence* provides best practices for an organizational QI system, which is needed to optimize your organization's QI efforts for this measure.

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.