# Regional Accountable Entity

*Behavioral Health Incentive Specification Document*

***SFY 2018-2019***

***This document includes the details for calculations of the Regional Accountable Entity Behavioral Health Incentive Measures for the seven Regional Accountable Entities. All measures are calculated using paid FFS claims & paid and denied encounters data.***

# TABLE OF CONTENTS

| Revision History | | |
|---|---|---|
| **Document Date** | **Version** | **Change Description** |
| 7/9/2018 | V3 | Code 90792 was removed from ALL measures. |
| 8/27/2018 | V4 | Modified Incentive Measure 4- data source |
| 9/11/2018 | V5 | Code 90792 added back to ALL measures |
| 12/10/18 | V6 | Removed T1012<br>Updated codes 9834 to 90834 |
| 1/17/2019 | V7 | Updated Indicator 1 measurement period<br>Updated ICD-10 and CPT Codes with Jan 1 changes<br>Included same day visits for Indicator 1 and Indicator 4 |
| 2/5/2019 | V8 | Updated baselines and goals for all RAEs<br>Added FFS Claims to Data source on all measures |
| 5/3/19 | V9 | Remove Aid Code 70<br>Add Revenue Code 0529<br>Updated RAE and Department Goals |
| 5/31/19 | V9 | Added exclusion for 0-1 year olds to Indicator 4 |
| 9/4/19 | V10 | Updated Baseline and Goal Data |
| 12/16/19 | V11 | Updated Indicator 2 Baselines and Goals |

# PARTICIPATION MEASURES

To qualify for incentive payments, a RAEs must meet the following minimum performance requirements during the contract year:

1) Timely submission and completion of a corrective action plan submissions and activities
2) Timely and accurate submission of monthly encounter data

## Qualifier 1: Monthly Data Submission

**Description**: The number of successful months of monthly data submissions to the department.

**Successful monthly data submission is defined as:**
Submission of flat files that are submitted on time in accordance with the contract and meets the following flat file specifications:

- The flat file contains no lines that duplicate other lines within the submission, nor lines that duplicate lines from previous submissions
- The flat file has no missing key fields or incorrect formats.

Each monthly submission that contains only files meeting the above criteria will count towards this qualifying measure. Monthly submissions containing additional files to correct for the errors listed above, or containing additional supplemental files, will not count towards the qualifying measure.

**Data Source**: Encounter Submission through RAE flat files, using dates August 2018 through July 2019.

**Benchmark**: To receive 100% of the qualifying measure, the plan must have at least 10 months of successful monthly data submissions. For each month below the 10 months of successful submissions, the plan will lose a portion of the qualifying measure. For 8-9 months of successful submissions, the plan will lose 10% of the measure for each month below 10. For months below 8, the plan will lose the remainder of the qualifying measure. Thus, the schedule for this measure is as follows:

- 10-12 successful months of data submissions – 100%
- 9 successful months of data submissions – 90%
- 8 successful months of data submissions – 80%
- 7 or less successful months of data submissions – 0%

## Qualifier 2: Corrective Action Plan Compliance

**Description:** All corrective action plan submissions and activities shall be in accordance with the provisions of the Contract, for the duration of the Contract term.

**To qualify for the portion of the overall incentive funds allocated for this participation measure, the Contractor shall demonstrate 100% compliance.**

According to the corrective action plan (CAP) process, there are specific steps to ensure plans are a 100% compliant that are coordinated by the Departments EQRO, they are:

- The plan must submit the CAP within the timeframe given (30 days)
- The CAP must be approved by the Department -
- The CAP must be completed within the allowed timeframe outlined in the CAP

# INCENTIVE MEASURES

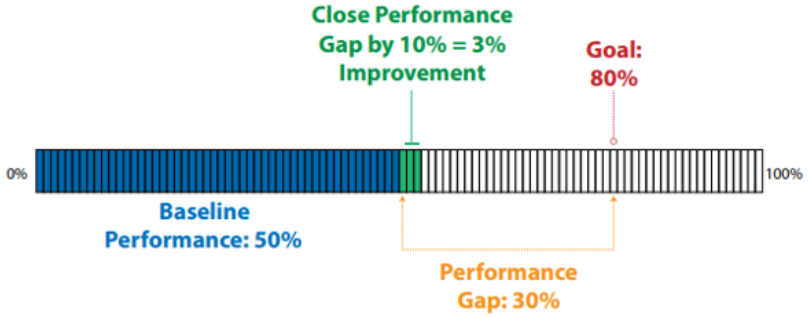
## Regional Baselines and Department Goals for Incentive Measures:

| Indicator | R1 | R2 | R3 | R4 | R5 | R6 | R7 | HCPF Goal |
|---|---|---|---|---|---|---|---|---|
| 1 | 40.88% | 35.68% | 35.38% | 33.97% | 32.12% | 33.60% | **46.56%** | **51.22%** |
| 2 | 65.02% | 71.82% | 51.53% | **76.17%** | 60.32% | 41.82% | 60.86% | **81.51%** |
| 3 | 36.24% | 36.31% | 29.24% | **45.17%** | 34.51% | 36.51% | 28.49% | **49.69%** |
| 4 | 21.79% | 34.67% | 30.94% | 35.44% | 27.29% | 23.47% | **49.45%** | **54.40%** |
| 5 | 10.26% | 15% | 7.29% | 15.33% | **34.51%** | 11.15% | 16.5% | **37.96%** |
| **RAE GOALS** The rates below is the target each RAE needs to hit in order to achieve the goal to earn incentive payments. | | | | | | | | |
| 1 | 41.91% | 37.24% | 36.96% | 35.69% | 34.03% | 35.36% | 47.02% | |
| 2 | 66.67% | 72.79% | 54.53% | 76.7% | 62.44% | 45.79% | 62.93% | |
| 3 | 37.58% | 37.64% | 31.29% | 45.62% | 36.03% | 37.03% | 30.61% | |
| 4 | 25.05% | 36.64% | 33.28% | 37.34% | 30% | 26.56% | 49.94% | |
| 5 | 13.03% | 17.30% | 10.36% | 17.59% | 34.85% | 13.38% | 18.65% | |

HCPF Goals were developed using the top performer (identified in green in the table above) using this equation:

**(top performer) + (10% of top performer) = HCPF Goal**

Each RAE will be responsible for closing their performance gap (between SFY 17-18 performance and the identified HCPF Goal) by 10% during the performance year (SFY 18-19). Please see the example below.



HCPF goals will be reviewed in November/December annually and RAEs will be notified of any updated goals once finalized.

# Indicator 1: Engagement in Outpatient Substance Use Disorder (SUD) Treatment

## Measure Description

The percentage of members who had two or more outpatient services for a primary diagnosis of SUD on or within 30 days of their first episode of substance use disorder treatment.

## Measurement Period

Triggering event: July 1, 2018 to June 1, 2019

Full measurement period: July 1, 2018 to June 30, 2019

## Denominator

Members will be included in the denominator if they are enrolled in the ACC and received an intake service for a primary covered SUD diagnosis (see Appendix A). For an outpatient visit, or intensive outpatient visit use the first date of service to determine the intake date. For an episode of detoxification use the last date of the first detox episode to determine the intake date.

| Condition Description | # Event | Detailed Criteria | Criteria Connector | Timeframe |
|---|---|---|---|---|
| Enrolled in the ACC | 1 | | and | During evaluation period |
| Initiated treatment for a primary Covered SUD diagnosis (see Appendix A) | 1 | **Codes to Identify Detoxification** | | During the evaluation period |
| | | S3005, T1007, T1019, T1023 | or | |
| | | **Codes to Identify Outpatient or Intensive Outpatient Visit** | | |
| | | **HCPCS** | | |
| | | G0176, G0177, H0001, H0002, H0004, H0005, H0007, H0015, H0020, H0022, H0031, H0033, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2035, H2036, S9480, S9485, T1006, T1012 | or | |
| | | **CPT** | | |
| | | 99202-99205, 99211-99215, 99217-99220, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99242-99245, 99341-99345, 99347-99350, | or | |

| | | | | |
|---|---|---|---|---|
| | | 90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 90875, 90876 | | |

## Population Exclusions

Members are excluded if there is previous substance use treatment history in the past 60 days.

## Numerator

Members in the denominator who have had at least two or more outpatient visits or intensive outpatient encounters with any primary SUD diagnosis (see Appendix A) on or within 30 days after the date of the initiation encounter (inclusive). Multiple engagement visits may occur on the same day.

***Notes:***

1. Do not count events that include inpatient detoxification or detoxification codes (see table below) when identifying engagement of SUD treatment.
2. Billing provider type is only used on FFS data for the calculation of this metric.

<table>
<tr><th>Condition Description</th><th># Event</th><th colspan="3">Detailed Criteria</th><th>Criteria Connector</th><th>Timeframe</th></tr>
<tr><td>Members included in the denominator</td><td>1</td><td colspan="3"></td><td>and</td><td>During evaluation period</td></tr>
<tr><td>Two or more outpatient visits with a PCMP</td><td>1</td><td colspan="3">90791, 90832, 90834, 90837, 90846, 90847</td><td>or</td><td>Within 30 days after initiation encounter</td></tr>
<tr><td rowspan="3">Two or more outpatient visits or intensive outpatient encounters with a primary covered SUD diagnosis (see Appendix A).</td><td rowspan="3">1</td><td colspan="3">Codes to Identify Outpatient or Intensive Outpatient Visit</td><td rowspan="3">or</td><td rowspan="3">Within 30 days after initiation encounter</td></tr>
<tr><td>HCPC</td><td rowspan="2">with</td><td>Billing Provider Type</td></tr>
<tr><td>G0176, G0177, H0001, H0002, H0004, H0005, H0007, H0015, H0020, H0022, H0031, H0033, H0034, H0035, H0036, H0037, H0038, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2015,</td><td>63, 64, 37, 35, 38, 25</td></tr>
</table>

| | | | | | | |
|---|---|---|---|---|---|---|
| | | H2016, H2017, H2018, H2035, H2036, S9480, S9485, T1006, T1012 | | | | |
| | | **CPT** | With | **Billing Provider Type** | or | |
| | | 99202-99205, 99211-99215, 99217-99220, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99242-99245, 99341-99345, 99347-99350, 90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 90875, 90876 | | 63, 64, 37, 35, 38, 25 | | |
| | | UB Revenue Codes | | | | Within 30 days after initiation encounter |
| | | The organization does not need to determine practitioner type for follow-up visits identified by the following UB Revenue codes. Visits identified by the following Revenue codes must be used in conjunction with any primary covered Substance Use diagnosis code (see Appendix A). | | | | |
| | | **Revenue Code** | with | **Billing Provider Type** | or | |
| | | 0529, 0900, 0914, 0915 | | 01 | | |
| | | UB Revenue Code 0900 with the following | | | | Within 30 days after initiation encounter |
| | | **CPT/HCPC** | with | **Billing Provider Type** | or | |
| | | G0176, G0177, H0001, H0002, H0004, H0005, | | 32, 45 | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | H0007, H0015, H0020, H0022, H0031, H0033, H0034, H0035, H0036, H0037, H0038, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2035, H2036, S9480, S9485, T1006, T1012 99202-99205, 99211-99215, 99217-99220, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99242-99245, 99341-99345, 99347-99350, 90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 90875, 90876 | | | | |

## Continuous Enrollment Criteria

Members must be continuously enrolled in the ACC on the date of intake through 30 days after the intake date, with no gaps.

## Data Source

RAE claims/encounter systems

FFS Claims

## Calculation of Measure

This measure will be calculated by the Department.

# Indicator 2: Follow-up appointment within 7 days of an Inpatient Hospital discharge for a mental health condition

## Measure Description

The percentage of member discharges from an inpatient hospital episode for treatment of a primary covered mental health diagnosis to the community or a non-24-hour treatment facility who were seen on an outpatient basis by a mental health provider on or within 7 days of discharge.

## Measurement Period

Triggering event: July 1, 2018 to June 24, 2019

Full measurement period: July 1, 2018 to June 30, 2019

## Denominator

Members will be included in the denominator if they are enrolled in the ACC and received a discharge from an inpatient hospital episode for treatment of a primary covered mental health diagnosis (See Appendix A) to the community or a non-24-hour treatment facility.

**Notes:**

1. The Department will not exclude state hospital stays not paid under Medicaid due to lack of data.
2. Billing provider type is only used on FFS data for the calculation of this metric.

| Condition Description | # Event | Detailed Criteria | Criteria Connector | Timeframe |
|---|---|---|---|---|
| Enrolled in the ACC | 1 | | and | During evaluation period |
| Member discharge from an inpatient hospital episode for a primary covered mental health diagnosis (see Appendix A). | 1 | **UB Revenue Code**<br>100-219 or 0100-0219 | | |

## Population Exclusions

Members with a non-acute care discharge will be excluded from the denominator based on the chart below.

| Codes to Identify Non-Acute Care | | | | | |
|---|---|---|---|---|---|
| **Condition Description** | **Billing Provider Type** | **HCPCS** | **UB Revenue** | **UB Type of Bill** | **POS** |

| | | | | | |
|---|---|---|---|---|---|
| Hospice | | | 0115, 0125, 0135, 0145, 0155, 0650, 0656, 0658, 0659 | 81x, 82x | 34 |
| SNF | | | 019x | 21x, 22x | 31, 32 |
| Hospital transitional care, swing bed or rehabilitation | | | | 18x, 28x | |
| Rehabilitation | | | 0118, 0128, 0138, 0148, 0158 | | |
| Respite | | | 655 | | |
| Intermediate care facility | | | | | 54 |
| Residential substance abuse treatment facility | | | 1002 | | 55 |
| Psychiatric residential treatment center | | H0017-H0019 | 1001 | | 56 |
| Psychiatric residential treatment center (when services are paid for by Fee For Service) | 30 | | 0911 | | |
| Residential Child Care Facility (when services are paid for by Fee For Service) | 52 | 90791, 90792, 90785, 90832, 90834, 90837, 90846, 90847, 90853, 96101, 96102, 90833, 90836, 90839, 90840, 90863 | | | 11, 14 |
| Comprehensive inpatient rehabilitation facility | | | | | 61 |
| Other non-acute care facilities that do not use the UB Revenue or type of bill codes for billing (e.g. ICF, SNF) | | | | | |

**The following are exclusions from the denominator:**

- If the discharge is followed by readmission or direct transfer to an emergency department for a primary diagnosis of mental health- within the 7-day follow-up period, count only the readmission discharge or the discharge from the emergency department to which the patient was transferred.

- Exclude discharges followed by admission or direct transfer to an acute or nonacute facility within the 7-day follow-up period, regardless of primary diagnosis for the admission.

These discharges are excluded from the measure because hospitalization or transfer may prevent an outpatient follow-up visit from taking place.

## Numerator

Members in the denominator who were seen on an outpatient basis (this excludes case management) with a mental health provider on or within 7 days of discharge.

**Notes:**

1. Billing provider type is only used on FFS data for the calculation of this metric.

| Condition Description | # Event | Detailed Criteria | | | Criteria Connector | Timeframe |
|---|---|---|---|---|---|---|
| Member included in the denominator | 1 | and | | | | Within 7 days of the discharge |
| Outpatient visit with a PCMP | 1 | 90791, 90832, 90834, 90837, 90846, 90847 | | | or | Within 7 days of the discharge |
| Mental health (outpatient) follow-up visit with a mental health provider | 1 | **Codes to Identify Mental Health Visits** | | | | Within 7 days of the discharge |
| | | **HCPCS** | with | **Billing Provider Type** | or | |
| | | G0176, G0177, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2011, H2012, H2014-H2018, H2022, M0064, S9480, S9485 | | 37, 35, 38, 28 | | |
| | | **CPT** | with | **Billing Provider Type** | or | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | 98960-98962, 99201-99205, 99211-99215, 99217-99220, 99242-99245, 99341-99345, 99347-99350 | | 37, 35, 38, 28 | | |
| | | **CPT** | with | **Billing Provider Type** | or | |
| | | 90791, 90792, 90832, 90834, 90837, 90839, 90847, 90849, 90853, 90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 | | 37, 35, 38, 28 | | |
| | | **UB Revenue Codes** | | | | Within 7 days of the discharge |
| | | ***The organization does not need to determine practitioner type for follow-up visits identified by the following UB Revenue codes. Visits identified by the following Revenue codes must be used in conjunction with any primary covered Mental Health diagnosis code (see Appendix A).*** | | | | |
| | | **Revenue Code** | **with** | **Billing Provider Type** | or | |
| | | 0900, 0914, 0915, 0529 | | 01 | | |
| | | **UB Revenue Code 0900 with the following** | | | | |
| | | **CPT/HCPC** | with | **Billing Provider Type** | or | Within 7 days of the discharge |
| | | G0176, G0177, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2011, H2012, H2014-H2018, H2022, M0064, S9480, | | 32, 45 | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | S9485, 98960-98962, 99201-99205, 99211-99215, 99217-99220, 99242-99245, 99341-99345, 99347-99350, 90791, 90792, 90832, 90834, 90837, 90839, 90847, 90849, 90853, 90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255 | | | | |

* For each denominator event (discharge), the follow-up visit must occur after the applicable discharge. An outpatient visit on the date of discharge should be included in the measure.

## Continuous Enrollment Criteria

Members must be continuously enrolled in the ACC from date of discharge for 7 days, with no gaps.

## Data Source

RAE claims/encounter systems

FFS Claims

## Calculation of Measure

This measure will be calculated by the Department.

# Indicator 3: Follow-up Appointment within 7 days of an Emergency Department (ED) visit for a Substance Use Disorder

## Measure Description

The percentage of member discharges from an emergency department episode for treatment of a covered substance use disorder (SUD) to the community or a non-24-hour treatment facility who were seen on an outpatient basis by a behavioral health provider on or within 7 days of discharge.

## Measurement Period

Triggering event: July 1, 2018 to June 24, 2019

Full measurement period: July 1, 2018 to June 30, 2019

## Denominator

Members will be included in the denominator if they are enrolled in the ACC and received a discharge from an emergency department episode for treatment of a primary covered substance use disorder diagnosis (see Appendix A) to the community or a non-24-hour treatment facility.

**Notes:**

1. The Department will not exclude state hospital stays not paid under Medicaid due to lack of data.
2. Billing provider type is only used on FFS data for the calculation of this metric.

| Condition Description | # Event | Detailed Criteria | Criteria Connector | Timeframe |
|---|---|---|---|---|
| Enrolled in the ACC | 1 | | and | During evaluation period |
| Member discharge from an emergency department episode for a primary substance use disorder diagnosis (see Appendix A). | 1 | **UB Revenue Code** | | |
| | | 45x or 045x | or | |
| | | **CPT** | | |
| | | 99281-99285 | or | |

## Population Exclusions

Members with a non-acute care discharge will be excluded from the measure.

| Codes to Identify Non-Acute Care | | | | | |
|---|---|---|---|---|---|
| **Condition Description** | **Billing Provider Type** | **HCPCS** | **UB Revenue** | **UB Type of Bill** | **POS** |

| | | | | | |
|---|---|---|---|---|---|
| Hospice | | | 0115, 0125, 0135, 0145, 0155, 0650, 0656, 0658, 0659 | 81x, 82x | 34 |
| SNF | | | 019x | 21x, 22x | 31, 32 |
| Hospital transitional care, swing bed or rehabilitation | | | | 18x, 28x | |
| Rehabilitation | | | 0118, 0128, 0138, 0148, 0158 | | |
| Respite | | | 655 | | |
| Intermediate care facility | | | | | 54 |
| Residential substance abuse treatment facility | | | 1002 | | 55 |
| Psychiatric residential treatment center | | H0017-H0019 | 1001 | | 56 |
| Psychiatric residential treatment center (when services are paid for by Fee For Service) | 30 | | 0911 | | |
| Residential Child Care Facility (when services are paid for by Fee For Service) | 52 | 90791, 90792, 90785, 90832, 90834, 90837, 90846, 90847, 90853, 96101, 96102, 90833, 90836, 90839, 90840, 90863 | | | 11, 14 |
| Comprehensive inpatient rehabilitation facility | | | | | 61 |
| Other non-acute care facilities that do not use the UB Revenue or type of bill codes for billing (e.g. ICF, SNF) | | | | | |

**The following are exclusions from the denominator:**

- If the discharge is followed by readmission or direct transfer to an emergency department for a primary diagnosis of substance use disorder (SUD) within the 7-day follow-up

period, count only the readmission discharge or the discharge from the emergency department to which the patient was transferred.

- Exclude discharges followed by admission or direct transfer to an acute or nonacute facility within the 7-day follow-up period, regardless of primary diagnosis for the admission.

These discharges are excluded from the measure because hospitalization or transfer may prevent an outpatient follow-up visit from taking place.

## Numerator

Members in the denominator who were seen on an outpatient basis (this excludes case management) with a behavioral health provider on or within 7 days of discharge.

| Condition Description | # Event | Detailed Criteria | | | Criteria Connector | Timeframe |
|---|---|---|---|---|---|---|
| Member included in the denominator | 1 | | | | and | Within 7 days of the discharge |
| Outpatient visit with a PCMP | 1 | 90791, 90832, 90834, 90837, 90846, 90847 | | | or | Within 7 days of the discharge |
| Substance Use Disorder (outpatient) follow-up visit with a behavioral health provider | 1 | **Codes to Identify Detoxification** | | | | |
| | | **HCPCS** | with | **Billing Provider Type** | or | |
| | | S3005, T1007, T1019, T1023 | | 63, 64, 37, 35, 38, 25 | | |
| | | **Codes to Identify Behavioral Health Visits** | | | | Within 7 days of the discharge |
| | | **HCPC** | with | **Billing Provider Type** | or | |
| | | G0176, G0177, H0001, H0002, H0004, H0005, H0007, H0015, H0020, H0022, H0031, H0033, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, | | 63, 64, 37, 35, 38, 25 | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | H2015, H2016, H2017, H2018, H2035, H2036, S9480, S9485, T1006, T1012 | | | | |
| | | **CPT** | with | **Billing Provider Type** | or | Within 7 days of the discharge |
| | | 99202-99205, 99211-99215, 99217-99220, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99242-99245, 99341-99345, 99347-99350, 90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 90875, 90876 | | 63, 64, 37, 35, 38, 25 | | |
| | | **UB Revenue Codes** | | | | Within 7 days of the discharge |
| | | ***The organization does not need to determine practitioner type for follow-up visits identified by the following UB Revenue codes. Visits identified by the following Revenue codes must be used in conjunction with any primary covered Substance Use diagnosis code (see Appendix A).*** | | | | |
| | | **Revenue Code** | with | **Billing Provider Type** | or | |
| | | 0529, 0900, 0914, 0915 | | 01 | | |
| | | **UB Revenue Code 0900 with the following** | | | | Within 7 days of the discharge |
| | | **CPT/HCPC** | with | **Billing Provider Type** | or | |
| | | S3005, T1007, T1019, T1023, G0176, G0177, H0001, H0002, H0004, H0005, | | 32, 45 | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | H0007, H0015, H0020, H0022, H0031, H0033, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2035, H2036, S9480, S9485, T1006, T1012 99202-99205, 99211-99215, 99217-99220, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99242-99245, 99341-99345, 99347-99350, 90791, 90792, 90832-90834, 90836-90840, 90847, 90849, 90853, 90875, 90876 | | | | |

## Continuous Enrollment Criteria

Members must be continuously enrolled in the ACC from date of discharge for 7 days, with no gaps.

## Data Source

RAE claims/encounter systems

FFS Claims

## Calculation of Measure

This measure will be calculated by the Department.

# Indicator 4: Follow-up after a Positive Depression Screen

## Measure Description

Percentage of members engaged in mental health service on or within 30 days of screening positive for depression within a Primary Care Setting.

> *In order to qualify for payment, depression screening rates cannot fall below 7%, as identified by the number of members with an outpatient primary care visit in the evaluation period who received a depression screening (G8431, G8510)

## Measurement Period

Triggering event: July 1, 2018 to June 1, 2019

Full measurement period: July 1, 2018 to June 30, 2019

## Denominator

All members with a positive depression screening as identified by procedure code G8431in a primary care setting.

**Notes:**

1. Billing provider type is only used on FFS data for the calculation of this metric.

**Exclusions from the Denominator:**

1. **Exclude members under 1 year old**

## Numerator

All members with a positive depression screen who also received one of the following services the same day or within 30 days:

| Condition Description | # Event | Detailed Criteria | Criteria Connector | Timeframe |
|---|---|---|---|---|
| Members included in the denominator | 1 | | and | During evaluation period |
| Outpatient visit with a PCMP | 1 | 90791, 90832, 90834, 90837, 90846, 90847 | or | Within 30 days of the positive depression screen |
| At least one of the following services | 1 | Codes to identify follow-up Assessment in any setting (Behavioral Health or Primary Care) | | Within 30 days of the Positive |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | CPT | | Billing Provider Type | | Depression Screen |
| | | 90791, 90792, 90832, 90834, 90837, 90846, 90847 | with | 35, 37, 38, 41, 25, 26, 05, 39 | Or | |
| | | Codes to identify follow-up Assessment in a Behavioral Health Setting using a Behavioral Health Screen or Evaluation and Management Codes, including Emergency Department E&M Codes and Consultation E&M Codes | | | | |
| | | CPT/HCPC | | Billing Provider Type | | |
| | | H0002, 90833, 90836, 90838, 99201-99205, 99211-99215, 99217-99226, 99231-99236, 99238, 99239, 99304-99310, 99315, 99316, 99318, 99324-99328, | With | 37, 35, 38, 25 | Or | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | 99334-99337, 99341-99345, 99347-99350, 99366, 99367, 99368, 99441-99443, 99281-99285, 99241-99245, 99251-99255 | | | | |
| | | UB Revenue Code 0529 or 0900 with the following | | | | |
| | | CPT/HCPC | | Billing Provider Type | | |
| | | H0002, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99201-99205, 99211-99215, 99217-99226, 99231-99236, 99238, 99239, 99304-99310, 99315, | with | 32, 45 | or | Within 30 days of the Positive Depression Screen |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99366, 99367, 99368, 99441-99443, 99281-99285, 99241-99245, 99251-99255 | | | | |

## Continuous Enrollment Criteria

Members must be continuously enrolled in the ACC on the date of the positive depression screen for 30 days, with no gaps.

## Data Source

RAE claims/encounter systems

FFS Claims

MCO Encounters as appropriate

## Calculation of Measure

This measure will be calculated by the Department.

# Indicator 5: Behavioral Health Screening or Assessment for children in the Foster Care system

## Measure Description

Percentage of foster care children who received a behavioral screening or assessment on or within 30 days of ACC enrollment.

## Measurement Period

Triggering event: July 1, 2018 to June 1, 2019

Full Measurement Period: July 1, 2018 to June 30, 2019

## Denominator

Total number of members who became Medicaid eligible on or after July 1, 2018 based on aid code and are assigned to a RAE. Members must be continuously enrolled for 30 days from the date of ACC enrollment.

**Notes:**

1. Billing provider type is only used on FFS data for the calculation of this metric.
2. If a member moves from one aid category to another, they will not be added to the denominator a second time. Only members new to foster care will count in the denominator.

| Condition Description | # Event | Detailed Criteria | Criteria Connector | Timeframe |
|---|---|---|---|---|
| Members who became Medicaid eligible based on aid code, are enrolled in a RAE for 30 days from the date of ACC enrollment | 1 | Aid Codes used to identify members<br>10, 11, 12, 13, 19, 20, 23 | and | During the evaluation period |

## Population Exclusions

| Condition Description | Billing Provider Type | HCPCS | UB Revenue | UB Type of Bill | POS |
|---|---|---|---|---|---|
| Psychiatric residential treatment center (when | 30 | | 0911 | | |

| | | | | | |
|---|---|---|---|---|---|
| services are paid for by Fee For Service) | | | | | |
| Residential Child Care Facility (when services are paid for by Fee For Service) | 52 | 90791, 90792, 90785, 90832, 90834, 90837, 90846, 90847, 90853, 96101, 96102, 90833, 90836, 90839, 90840, 90863 | | | 11, 14 |

Exclude members with aid code 70 from denominator.

## Numerator

Total number of members from the denominator who received one of the following services on or within 30 days of ACC enrollment:

| Condition Description | # Event | Detailed Criteria | | Criteria Connector | Timeframe |
|---|---|---|---|---|---|
| Members included in the denominator | 1 | | | and | During evaluation period |
| Outpatient visit with a PCMP | 1 | 90791, 90832, 90834, 90837, 90846, 90847 | | or | Within 30 days from the date of RAE enrollment |
| At least one of the following services | 1 | Codes to identify follow-up Assessment in a Behavioral Health Setting using a Behavioral Health Screen or Evaluation and Management Codes, including Emergency Department E&M Codes and Consultation E&M Codes | | | Within 30 days from the date of RAE enrollment |
| | | CPT/HCPC | with | Billing Provider Type | |

| | | | | | |
|---|---|---|---|---|---|
| | | H0002, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99201-99205, 99211-99215, 99217-99226, 99231-99236, 99238, 99239, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99366, 99367, 99368, 99441-99443, 99281-99285, 99241-99245, 99251-99255 | | 37, 35, 38, 25, | |
| | | UB Revenue Code 0529 or 0900 with the following | | | |
| | | CPT/HCPC | with | Billing Provider Type | Within 30 days from the date of RAE enrollment |
| | | H0002, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99201-99205, 99211-99215, 99217-99226, 99231-99236, 99238, 99239, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99366, 99367, | | 32, 45 | |

| | | | | | |
|---|---|---|---|---|---|
| | | 99368, 99441-99443, 99281-99285, 99241-99245, 99251-99255 | | | |

## Continuous Enrollment Criteria

Members must be continuously enrolled in the ACC for 30 days from the time enrollment began.

## Data Source

RAE claims/encounter systems

FFS Claims

## Calculation of Measure

This measure will be calculated by the Department.

## Appendix A

Covered Behavioral Health Diagnosis

### Covered Mental Health Diagnosis:

| ICD-10-CM Code Ranges | |
|---|---|
| Start Value | End Value |
| F20.0 | F42.3 |
| F42.8 | F48.1 |
| F48.9 | F51.03 |
| F51.09 | F51.12 |
| F51.19 | F51.9 |
| F53.0 | F53.1 |
| F60.0 | F63.9 |
| F68.10 | F69 |
| F90.0 | F98.4 |
| F98.8 | F99 |
| R45.1 | R45.2 |
| R45.5 | R45.82 |

### Covered Substance Use Disorder Diagnosis:

| ICD-10-CM Code Ranges | |
|---|---|
| Start Value | End Value |
| F10.10 | F10.26 |
| F10.28 | F10.96 |
| F10.98 | F13.26 |
| F13.28 | F13.96 |
| F13.98 | F18.159 |
| F18.18 | F18.259 |
| F18.28 | F18.959 |
| F18.980 | F19.16 |
| F19.18 | F19.26 |
| F19.28 | F19.99 |