



# Follow up After Hospitalization

- National Committee for Quality Assurance – NCQA - has developed the Healthcare Effectiveness Data and Information set – HEDIS – to ensure that individuals receive better care and live healthier lives as reflected by HEDIS accountability and benchmark Measures
- Creation of an accreditation process for health plans and doctors to obtain information regarding structures and processes, clinical quality and patient satisfaction.

- FUH measures reflect the importance of members receiving appropriate follow up care following inpatient hospitalization and treatment.
- As defined by the NCQA website:

Assesses adults and children 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm and had an outpatient visit, an intensive outpatient encounter or a partial hospitalization with a mental health practitioner. The measure identifies the percentage of members who received follow-up within 7 days and 30 days of discharge.
- Follow up care for individuals post hospital discharge is a key component in maintaining their well being and health.

# Why is follow up care so important?

- Ensuring that an individual receives follow up care can:
  - Reduce hospital readmissions and recidivism
  - Improve overall health outcomes and follow through with discharge plans
  - Increase individual connectedness to their treatment providers and supports
  - Increase patient adherence to treatment recommendations and reduce no show rates
  - Develop care coordination relationships between facilities and community providers

# Who can help close the FUH gap?

- AHCCCS has provided guidance that the AZ CYE 2018 Performance Measure Calculations are being used as the baseline criteria
- The guidance has led to an increased understanding of provider types and services who can assist with meeting the FUH measures
- Provider types whom can close the gap:

MH Practitioners	02*	HOSPITAL
MH Practitioners	11	PSYCHOLOGIST
MH Practitioners	29	COMMUNITY/RURAL HEALTH CENTER
MH Practitioners	42	HOSPITAL AFFILIATED CLINIC
MH Practitioners	51	BEHAVIORAL HEALTH COUNSELOR
MH Practitioners	52	MENTAL HEALTH CLINIC
MH Practitioners	75	MHS SOCIAL WORKER
MH Practitioners	76	MHS NURSE-PSYCHOLOGISTS
MH Practitioners	77	BH OUTPATIENT CLINIC
MH Practitioners	85	LICENSED CLINICAL SOCIAL WORKER (LCSW)
MH Practitioners	86	LICENSED MARRIAGE AND FAMILY THERAPIST
MH Practitioners	87	LICENSED PROFESSIONAL COUNSELOR
MH Practitioners	89	SCHOOL BASED CERTIFIED SCHOOL PSYCHOLOGIST
MH Practitioners	A4	LICENSED INDEPENDENT SUBSTANCE ABUSE COUNSELOR
MH Practitioners	C2	FEDERALLY QUALIFIED HEALTH CENTER
MH Practitioners	C5	638 FQHC
MH Practitioners	IC	INTEGRATED CLINIC
MH Practitioners	BC	BOARD CERTIFIED BEHAVIORAL ANALYST

# Who can help close the FUH gap?

MH Practitioners	071	MSW SOCIAL WORKER
MH Practitioners	083	PSYCHOLOGIST
MH Practitioners	098	PSYC/MENTAL HEALTH NURSE PRACTITIONER
MH Practitioners	191	PEDIATRIC - PSYCHIATRIST
MH Practitioners	192	PSYCHIATRIST
MH Practitioners	195	PSYCHIATRIST AND NEUROLOGIST
MH Practitioners	880	PEDIATRIC-BEHAVIORAL/DEVELOPMENTAL
MH Practitioners	965	PSYCHOANALYSIS

# What services help close the gap?

- CPT Codes:
- 99201-99205: New patient office or other outpatient services
- 99218-99220: New or Established Patient Initial Hospital Observation Care Services,
- 99241-99245: New or Established Patient Office or Other Outpatient Consultation
- 99341-99345: New Patient Home Services
- 99347-99350: Established Patient Home Services
- 99381-99387: Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient
- 99391-99397: Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient
- Telehealth POS: 02

# What services can close the gap?

- 90791-90792: Psychiatric Diagnostic Procedures
- 90832-90834: Psychotherapy
- 90836-90838: Psychotherapy
- 90839-90840: Psychotherapy for Crisis
- 90845, 90847, 90849, 90853: Other Psychotherapy
- 90870, 90875, 90876: Other Psychiatric Services or Procedures
- 99221, 99223: New or Established Patient Initial Hospital Inpatient Care Services
- 99231-99233: Subsequent Hospital Care
- 99238, 99239: Hospital discharge day management
- 99251-99255: New or Established Patient Initial Inpatient Consultation Services

WITH POS: 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72



# What services can close the gap?

- HCPCS:
- H0002: Behavioral health screening to determine eligibility for admission to treatment program
- H0004: Behavioral health counseling and therapy, per 15 minutes
- H0031: Mental health assessment, by non-physician
- H0034: Medication training and support, per 15 minutes
- H0036: Community psychiatric supportive treatment, face-to-face, per 15 minutes
- H0037: Community psychiatric supportive treatment program, per diem
- H0039: Assertive community treatment, face-to-face, per 15 minutes

# What services can close the gap?

- H0040: Assertive community treatment program, per diem
- H2000: Comprehensive multidisciplinary evaluation
- H2010-H2020: Comprehensive medication services, per 15 minutes
- H2011: Crisis intervention service, per 15 minutes
- H2012: Behavioral health day treatment, per hour
- H2013: Psychiatric health facility service, per diem
- H2014: Skills training and development, per 15 minutes
- H2015: Comprehensive community support services, per 15 minutes
- H2016: Comprehensive community support services, per diem
- H2017: Psychosocial rehabilitation services, per 15 minutes
- H2018: Psychosocial rehabilitation services, per diem
- H2019: Therapeutic behavioral services, per 15 minutes
- H2020: Therapeutic behavioral services, per diem
- S9480: Intensive outpatient psychiatric services, per diem
- S9484: Crisis intervention mental health services, per hour
- S9485: Crisis intervention mental health services, per diem
- T1015: Clinic visit/encounter, all-inclusive

# Key ingredients to close the FUH gaps

Provider type + Approved service code = FUH service

# What can you do to assist?

## Call to Action:

- Engage in discharge planning for your assigned clients: Important step in setting up post discharge services
- Provide service appointments that can make the biggest difference
- Update treatment plans to reflect goals and objectives focused on preventing future hospital admissions
- Schedule the 7-day follow-up visit within 5 days of discharge to allow flexibility in rescheduling.
- If the member's appointment does not occur within the first 7 days post-discharge, please schedule the appointment to occur within 30 days.

# What can we do to assist?

- Is there anything that our team can do to help you connect with your members?
- Is there any information that we may be able to provide to assist with coordination of care?
- Other ideas?

- Work with providers to learn about best practices and lessons learned
- Work with inpatient psychiatric facilities to provide FUH education and ensure proper discharge coordination
- Continue to monitor FUH measure and partner with hospital transition programs to ensure that members are connected to care following discharge
- Send out measure specifications sheet