

Providing CHIP and Medicaid services to Tarrant, Denton, Parker, Wise, Hood and Johnson

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What is HEDIS?

HEDIS (Healthcare Effectiveness Data Information Set) is a widely used set of performance measures in the managed care industry, developed and maintained by NCQA. HEDIS measures results and drives improvement efforts surrounding best practices.

Adolescents on Antipsychotics (APP) Measure

What is the APP Measure Looking At?

The percentage of children and adolescents age 1-17 with a new prescription for an antipsychotic medication that had documentation of psychosocial care as their first-line treatment.

The Importance of the APP Measure

- Antipsychotic medications may be effective treatment for a narrowly defined set of psychiatric disorders in children and adolescents
- They are often prescribed for nonpsychotic conditions for which psychosocial interventions are considered first line treatment
- Safer first-line psychosocial interventions may be underutilized
- Children and adolescents may unnecessarily incur the risks associated with antipsychotic medications

Who is Included in the APP Measure?

Members age 1-17 dispensed their first antipsychotic medication.

When Does a Member "Pass" the Measure?

When there is documentation of psychosocial care in the 121-day period from 90 days prior through 30 days after the medication is dispensed.

Which Members are Excluded?

Members with at least one inpatient encounter or two outpatient encounters with a diagnosis of schizophrenia, schizoaffective disorder, bipolar, other psychotic disorder, autism or other developmental disorder. Members on hospice are also excluded.

What Can Providers Do To Improve APP Rates?

- When prescribed, antipsychotic medications should be part of a comprehensive, multi-modal plan for coordinated treatment that includes psychosocial care
- Psychosocial care, which includes behavioral interventions, psychological therapies and skills training, among others, is the recommended first-line treatment option for children and adolescents diagnosed with nonpsychotic conditions such as attention-deficit disorder and disruptive behaviors
- Periodically review the ongoing need for continued therapy with antipsychotic medications
- Assess the need for Case Management and refer if necessary
- Ensure progress notes are complete and accurate

Follow-Up After Hospitalization (FUH) Measure

What is the FUH Measure Looking At?

Individuals (six years and older) who are hospitalized for a mental health diagnosis and then discharged to the community. The measure assesses the percentage who receive an outpatient appointment with a mental health practitioner within seven days of discharge, but no later than 30 days from the discharge date.

Why is the FUH Measure Important?

Evidence suggests that individuals who receive follow-up care after a psychiatric hospitalization show a decline in re-admittance to an inpatient facility. Additionally, the ability to provide consistent continuity of care can result in better mental health outcomes and supports a patient's return to baseline functioning in a less-restrictive level of care.

Who is Included in the Measure?

- Members age 6+ hospitalized with a primary diagnosis of mental illness or intentional self-harm

When Does a Member 'Pass' The Measure?

- When there is an aftercare appointment within 7 (or 30) days of the hospitalization
- Please Note: Visits that occur on the same date of discharge are not reportable as part of the quality measure. Scheduling follow up appointments between the first and seventh day *after* hospital discharge ensures meaningful, effective engagement

What After Services Qualify?

- Medication Management with a Psychiatrist/ARNP
- Individual Therapy in the home or office in accordance with program specifications
- Electroconvulsive Therapy (ECT)
- Intensive Outpatient Program (IOP) or Partial Hospitalization Program (PHP)
- Mental Health and/or Substance Use Assessments, Screenings, Treatment Planning

- Community-Based Wrap-Around and/or Day Treatment Services
- Telehealth Services with a Mental Health Provider

Which Members Are Excluded?

- Non-acute IP stays are excluded
- Members on hospice are also excluded

What Can Providers Do To Improve FUH Engagement Rates?

Inpatient Providers:

- Ensure flexibility when scheduling appointments for patients who are being discharged from acute care; the appointment should be scheduled within seven days of discharge
- Review medications with patients to ensure they understand the purpose, appropriate frequency, and method of administration
- Educate office staff on local resources to assist with barriers such as transportation needs
- Establish communication pathway with inpatient discharge coordinators at local facilities
- Submit claims in a timely manner

Outpatient Providers:

- Discharge planning should begin as soon as the individual is admitted and should be ongoing and specific
- Schedule the patient's aftercare appointment prior to discharge
- Attempt to alleviate barriers to attending appointments prior to discharge (i.e., obtaining accurate, current contact information, coordinating with Beacon)
- Ensure the Member's discharge paperwork is sent to the outpatient provider and to Beacon within 24 hours
- Invite care coordinators to meet Members so that aftercare planning can occur

What are the Discharge Diagnosis Codes that need a Follow-Up Visit?

These are some common ICD-10 codes for Mental Illness that need a follow up visit within 7 (or no longer than 30) days after the Inpatient Visit:

F20.0, F20.1, F20.89, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F31.0, F31.10, F31.30, F31.89, F32.0, F34.9, F39, F42, F90.0, F90.1, F90.2, F91.1, F91.2, F91.3, F91.8, F93.0, F93.8, F94.8

Contact Beacon:

- 885-481-7045
- 24 hours a day
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