



Follow-Up to Hospitalization for Mental Illness – Eliminating Barriers

2023

<i>Why we're in business</i>	OUR PURPOSE				
<h1>Transforming the health of the community, one person at a time</h1>					
<i>What we do</i>	OUR MISSION				
<h2>Better health outcomes at lower costs</h2>					
<i>What we represent</i>	OUR PILLARS				
 Focus on the Individual +  Whole Health +  Active Local Involvement					
<i>What drives our activity</i>	OUR BELIEFS				
<p>We believe healthier individuals create more vibrant families and communities.</p>	<p>We believe treating people with kindness, respect and dignity empowers healthy decisions.</p>	<p>We believe we have a responsibility to remove barriers and make it simple to get well, stay well, and be well.</p>	<p>We believe in treating the whole person, not just the physical body.</p>	<p>We believe local partnerships enable meaningful, accessible healthcare.</p>	

Agenda

- Purpose
- Follow-Up After Hospitalization for Mental Illness
 - HEDIS® Technical Specifications
- Why Is It Important?
- Eliminating Barriers
 - Resources (Internal and External)
- Questions



Purpose

Mental Illness



1 in 5 adults in Iowa live with some form of mental illness.



37,000 grapple with serious mental illness each day.



Only 44.8% of adults with mental illness reported receiving treatment within the past year.



Mental Illness accounts for more than 15% of the overall disease burden in the United States.

- Greater than the burden associated with all forms of cancer.



Increased risk of chronic disease (diabetes or cancer).

¹ Substance Abuse and Mental Health Services Administration (SAMHSA), Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health; <https://www.samhsa.gov/>

² Association for Psychological Science, Stigma as a Barrier to Mental Health Care, accessed 7/8/2020; <https://www.psychologicalscience.org/news/releases/stigma-as-a-barrier-to-mental-health-care.html>

Mental Illness in America

2 million hospitalizations occur each year from mental illness in the United States.

Risk of self-harm within the first three weeks post-discharge is much higher.

1 in 8 visits to U.S emergency departments are related to mental and substance use disorder.

During the first 7 days post-discharge patients are at greater risk for rehospitalization.



Follow-Up After Hospitalization for Mental Illness (FUH)

Follow-Up After Hospitalization: Overview

- Developed and maintained by National Committee for Quality Assurance (NCQA).
- Specifications for this measure are consistent with guidelines from the National Institute of Mental Health and the Centers for Mental Health Services.
- Assess both adults and children, 6 years of age and older.
- Measure is broken up into four sub-measures:
 - 7-day Adult
 - 7-day Child
 - 30-day Adult
 - 30-day Child
- Measures continuity of care for mental illness.

People are more likely to show for an appointment if they have talked to someone or were assisted in making the appointment.

<https://www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/>

Follow-Up After Hospitalization for Mental Illness (FUH)

This measure evaluates the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnosis and who had a follow-up visit **with a mental health practitioner**.

- **Which members are Qualified for this measure?**
 - For a member to be “Qualified”, they must be 6 years of age and older, hospitalized for treatment of selected mental illness or intentional self-harm diagnosis and assigned to your BH roster.
- **How does member become compliant for this measure?**
 - Member has a follow-up visit within 7 days of the hospital discharge.
 - **Note:** Visits that occur on the date of discharge will not count toward compliance.
 - Telehealth visits with a mental health practitioner are acceptable to address the care opportunity.
 - Members that qualify for this measure will be listed in your monthly gap in care report.
- **How does Iowa Total Care know member is compliant?**
 - Provider submits appropriate coding on their claim submission (see codes on next slide).
 - **Note:** This measure can only be compliant through claim submission.
 - Medical Records Review is not allowed.



An outpatient visit with a mental health practitioner after discharge is recommended to make sure that the patient’s transition to the home or work environment is supported and that gains made during hospitalization are not lost. It also helps healthcare providers detect early post-hospitalization reactions or medication problems and provide continuing care.

Follow-Up After Hospitalization (FUH), *continued*

Any of the following **meet criteria** for a follow-up visit:

- An outpatient visit (Visit Setting Unspecified Value Set) **with** (Outpatient POS Value Set) **with** a mental health provider.
- An outpatient visit (BH Outpatient Value Set) **with** a mental health provider.
- An intensive outpatient encounter or partial hospitalization (Visit Setting Unspecified Value Set) **with** (Partial Hospitalization POS Value Set).
- An intensive outpatient encounter or partial hospitalization (Partial Hospitalization or Intensive Outpatient Value Set).
- A community mental health center visit (Visit Setting Unspecified Value Set; BH Outpatient Value Set; Observation Value Set; Transitional Care Management Services Value Set) **with** (Community Mental Health Center POS Value Set).
- Electroconvulsive therapy (Electroconvulsive Therapy Value Set) **with** (Ambulatory Surgical Center POS Value Set; Community Mental Health Center POS Value Set; Outpatient POS Value Set; Partial Hospitalization POS Value Set).
- A telehealth visit: (Visit Setting Unspecified Value Set) **with** (Telehealth POS Value Set) **with** a mental health provider.
- An observation visit (Observation Value Set) **with** a mental health provider.
- Transitional care management services (Transitional Care Management Services Value Set), **with** a mental health provider.
- A visit in a behavioral healthcare setting (Behavioral Healthcare Setting Value Set).
- A telephone visit (Telephone Visits Value Set) **with** a mental health provider.
- Psychiatric collaborative care management (Psychiatric Collaborative Care Management Value Set).

**Appointments
cannot be on
the same day of
discharge.**

Follow-Up After Hospitalization (FUH), *continued*

Description	Codes
Outpatient Visit with a Mental Health Provider	CPT®/CPT® II: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72
BH Outpatient Visit with a Mental Health Provider	CPT: 98960 - 98962, 99078, 99201 - 99205, 99211 - 99215, 99241 - 99245, 99341 - 99345, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401 - 99404, 99411, 99412, 99510, 99483 HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, T1015
Intensive Outpatient Encounter or Partial Hospitalization	CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251, 99255 POS: 52
Electroconvulsive Therapy with Ambulatory Surgical Center POS / Community Mental Health Center POS / Outpatient POS / Partial Hospitalization POS	CPT: 90870 Ambulatory POS: 24 Community Mental Health Center POS: 53 Partial Hospitalization POS: 52 Outpatient POS: 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 24, 33, 49, 50, 52, 53, 71, 72
Telehealth Visit with a Mental Health Provider	CPT: 90791, 90792, 90832 - 90834, 90836 - 90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221 - 99223, 99231 - 99233, 99238, 99239, 99251 - 99255 POS: 02
Telephone Visit with a Mental Health Provider	CPT: 98966 - 98968, 99441 - 99443
E-visit / Virtual Check-In with a Mental Health Provider	CPT: 98969 - 98972, 99421 - 99423, 99444 - 99458
Observation	CPT: 99217 - 99220
Transitional Care Management	CPT: 99495, 99496

Why Is It Important?

Why Is It Important?

- Providers play an important role to members with behavioral health needs. Better health outcomes are positive for everyone. Studies have shown that it is important to provide follow-up visits to patients with a mental health provider after they have been hospitalized for mental illness.
- Visits made within **7 calendar days** of discharge are recommended to support the gains made during the hospitalization.
- An outpatient visit with a mental health practitioner after discharge supports the patient's transition to home and helps to ensure the gains made during hospitalization are not lost.
- An outpatient visit also helps healthcare providers detect early post-hospitalization medication problems or reactions.
- According to a guideline developed by the American Academy of Child and Adolescent Psychiatry and the American Psychiatric Association, there is a need for regular and timely assessments and documentation of the patient's response to all treatments.

Eliminating Barriers

Transition of Care

Iowa Total Care has implemented a Transition of Care program which connects our members with in-network mental health providers to receive the services and quality of care needed to manage their mental health.

A team of nurses, behavioral health specialists, and social workers:

- **Assist** in member care coordination from the day of admission until 30 days post-discharge.
- **Team up** with the hospital discharge planning team to ensure the member has an appointment scheduled within 7 days of discharge.
- **Collaborate** with outpatient behavioral health providers to assist in scheduling appointments, if needed.
- **Questions** about this program or other care management services:
 - Email Care_Management@IowaTotalCare.com or
 - Call 1-833-404-1061 (TTY: 711) and ask to speak with a behavioral case manager.

My Health Pays[®]

Members will earn \$30 in reward dollars for the My Health Pays program if they complete a 7-day follow-up visit with a behavioral health professional.

Members can use these rewards at Walmart to purchase everyday items*. The My Health Pays rewards can also be used to help members pay for:

- Utilities
- Telecommunications
- Education

My Health Pays reward dollars are added to member rewards card after we process the claim for the 7-day follow-up visit.



*This card may not be used to buy alcohol, tobacco or firearms products.

Eliminating Barriers: Tips and Tricks

- Ensure a few appointments each day are available to accommodate patients recently discharged from a facility for urgent/time sensitive visits.
- Educate your patients on the importance of follow-up appointments.
- Encourage patients to set appointment reminders on their phone calendars or in email.
- For children and adolescents, engage parents and/or caregivers in the treatment plan.
- When notified of a member's discharge, make sure a follow-up appointment is scheduled as soon as possible with a mental health professional.
- Integrate with other practices and hospitals through EMR or fax to get reports on time.
- Ask patients if they've seen any other professionals. If you are aware specialty care has occurred, please mention it and discuss as needed.
- Reassure your patient that they are not alone – an estimated **50%** of all Americans are diagnosed with a mental illness or disorder at some point in their lifetime.¹

¹ U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, "National Quality Measures Clearing House," accessed Sept 2, 2014, <http://www.qualitymeasures.ahrq.gov/content.aspx?id=46995&search=hospitalization+for+mental+illness>

Eliminating Barriers: Member Experience

Getting Needed Care

- For urgent specialty appointments, office staff should help coordinate with the appropriate specialty office.
- If a patient portal is available, encourage patients and caregivers to view results there.

Getting Care Quickly

- Maintain an effective triage system to ensure that frail and/or very sick patients are seen right away or provided alternate care via phone and urgent care.
- For patients who want to be seen on short notice but cannot access their doctor, offer appointments with a nurse practitioner or physician assistant.
- Ensure a few appointments each day are available to accommodate urgent visits.
- Address the 15-minute wait time frame by ensuring patients are receiving staff attention.
- Keep patients informed if there is a wait and give them the opportunity to reschedule.

Care Coordination

- Ensure there are open appointments for patients recently discharged from a facility.
- Integrate PCP and specialty practices through EMR or fax to get reports on time.
- Ask patients if they've seen any other providers. If you are aware specialty care has occurred, please mention it and discuss as needed.
- Encourage patients to bring in their medications to each visit.

Resources

Iowa Total Care Member Resources

Transportation Services

Non-emergency medical transportation to appointments at no cost. Call Access2Care to schedule: **1-877-271-4819**.

Video Appointments with a Doctor

We have partnered with Teladoc Health to give Iowa Total Care members 24/7 access to medical care at no cost. It's easy to connect via phone or video. Members may share visit results instantly with their primary care physician. Learn more at teladochealth.com.

Free Smartphone from SafeLink Wireless

Iowa Total Care is proud to be working with SafeLink Wireless. This program is offered at no cost to you. Members who qualify get a free smartphone and up to 350 minutes per month. Unlimited texting is included too. To apply for this program, visit safelink.com and use promo code IATOTALCARE or call **1-877-631-2550**.



24/7 Nurse Advice Line

Staffed with registered nurses. Assistance in English and Spanish is available. If you speak a different language, you can ask for an interpreter. To access the **24/7 Nurse Advice Line**, call Iowa Total Care at **1-833-404-1061** (TTY: 711).

Language Access Services

Access to interpreters over the phone or face-to-face. You can get interpreters for American sign language, too. Just call Iowa Total Care at **1-833-404-1061** (TTY: 711) for help.

FindHelp

Online tool that connects people in need to the programs that serve them. You can search for places that can help with food, housing, transportation, jobs, and more! To find resources near you, visit IowaTotalCare.FindHelp.com. Then enter your ZIP code to find help near you.

Iowa Total Care Provider Resources



Get the tools you need at iowatotalcare.com. From the 'For Providers' tab on our website, you can access:

- Your [Clinical Quality Consultant's](#) contact information.
- Training on programs and gap closure support to fit your practice needs.
- [Manuals, forms, and HEDIS tip sheets](#) to assist with caring for your patient.



From the Provider Portal (provider.iowatotalcare.com):

- Click on Patient and select member's name to access patient's medical records.
- Click on the Provider Analytics link to be directed to your Quality dashboard and P4P Scorecard.
- Click on Authorization to create or view status of submitted prior authorizations.
- Click on Claims to review status of submitted claims.



Questions or concerns?

Please reach out to your assigned clinical quality consultant or call Iowa Total Care Provider Services: 1-833-404-1061 (TTY: 711).

Mental Health Professional (CMS & NCQA)

Behavioral Health (BH) Professional

Mental Health Provider/Practitioner: A provider who delivers mental health services and meets any of the following criteria:

- An MD or doctor of osteopathy (DO) who is certified as a psychiatrist or child psychiatrist by the American Medical Specialties Board of Psychiatry and Neurology or by the American Osteopathic Board of Neurology and Psychiatry; or, if not certified, who successfully completed an accredited program of graduate medical or osteopathic education in psychiatry or child psychiatry and is licensed to practice patient care psychiatry or child psychiatry, if required by the state of practice.
- An individual who is licensed as a psychologist in their state of practice, if required by the state of practice.
- An individual who is certified in clinical social work by the American Board of Examiners; who is listed on the National Association of Social Worker's Clinical Register; or who has a master's degree in social work and is licensed or certified to practice as a social worker, if required by the state of practice.
- A registered nurse (RN) who is certified by the American Nurses Credentialing Center (a subsidiary of the American Nurses Association) as a psychiatric nurse or mental health clinical nurse specialist, or who has a master's degree in nursing with a specialization in psychiatric/mental health and two years of supervised clinical experience and is licensed to practice as a psychiatric or mental health nurse, if required by the state of practice.
- An individual (normally with a master's or a doctoral degree in marital and family therapy and at least two years of supervised clinical experience) who is practicing as a marital and family therapist and is licensed or a certified counselor by the state of practice, or if licensure or certification is not required by the state of practice, who is eligible for clinical membership in the American Association for Marriage and Family Therapy.

Behavioral Health (BH) Professional, *continued*

- An individual (normally with a master's or doctoral degree in counseling and at least two years of supervised clinical experience) who is practicing as a professional counselor and who is licensed or certified to do so by the state of practice, or if licensure or certification is not required by the state of practice, is a National Certified Counselor with a Specialty Certification in Clinical Mental Health Counseling from the National Board for Certified Counselors (NBCC).
- A physician assistant who is certified by the National Commission on Certification of Physician Assistants to practice psychiatry.
- A certified Community Mental Health Center (CMHC), or the comparable term (e.g., behavioral health organization, mental health agency, behavioral health agency) used within the state in which it is located, or a Certified Community Behavioral Health Clinic (CCBHC).
- Only authorized CMHCs are considered mental health providers. To be authorized as a CMHC, an entity must meet one of the following criteria:
 - The entity has been certified by CMS to meet the conditions of participation (CoPs) that community mental health centers (CMHCs) must meet in order to participate in the Medicare program, as defined in the Code of Federal Regulations Title 42. CMS defines a CMHC as an entity that meets applicable licensing or certification requirements for CMHCs in the State in which it is located and provides the set of services specified in section 1913(c)(1) of the Public Health Service Act (PHS Act).
 - The entity has been licensed, operated, authorized, or otherwise recognized as a CMHC by a state or county in which it is located.

Behavioral Health (BH) Professional, *continued*

- Only authorized CCBHCs are considered mental health providers. To be authorized as a CCBHC, an entity must meet one of the following criteria:
 - Has been certified by a State Medicaid agency as meeting criteria established by the Secretary for participation in the Medicaid CCBHC demonstration program pursuant to Protecting Access to Medicare Act § 223(a) (42 U.S.C. § 1396a note); or as meeting criteria within the State’s Medicaid Plan to be considered a CCBHC.
 - Has been recognized by the Substance Abuse and Mental Health Services Administration, through the award of grant funds or otherwise, as a CCBHC that meets the certification criteria of a CCBHC.

Questions?
