Regional Accountable Entity

Behavioral Health Incentive Specification Document SFY 2022-2023



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 claims/encounters data.

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Revision History					
Document Date	Version	Change Description			
6.27.2022	V1	Updated RAE and Department Goals for SFY22-23			
10.1.2022	V2	Update Qualifier 1 & Department Goals			
12.22.2022	V3	Updated Baselines and Goals, Updated Qualifier 1			

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PARTICIPATION MEASURES

To qualify for participation in the BHIP Program, RAEs must meet the following:

1) The Contractor must manage the program such that the weighted average per-member-per-month trend is 4% or less from FY 2021-2022 to FY 2022-23. The Department may, at its discretion, and with contractor consent, modify the target trend to account for underlying changes in the program's risk structure or population.

To qualify for incentive payments, 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 quarterly encounter data

Qualifier 1: Quarterly Data Submission

Description: The number of successful quarters of quarterly data submissions to the Department.

Successful quarterly 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 quarterly submission that contains only files meeting the above criteria will count towards this qualifying measure. Quarterly 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 of service of July 2022 through June 2023, as adjudicated by the RAEs through September 2023.

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There are five flat file submissions (four quarterly submissions and one annual submission). To receive 100% of the qualifying measure, the plan must have at least four successful flat file submissions. For each submission below four successful submissions, the plan will lose 20% of the qualifying measure. Thus, the schedule for this measure is as follows:

- Five successful data submissions 100%
- Four successful data submissions 100%
- Three successful data submissions 80%
- Two successful data submissions 60%
- One successful data submission 40%
- Zero successful data submissions 20%

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:

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

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INCENTIVE MEASURES

Regional Baselines and Department Goals for Incentive Measures*:

	FY2020-2021 Performance							
								HCPF
Indicator	R1	R2	R3	R4	R5	R6	R7	Performance
1	47.90%	50.80%	45.09%	48.51%	36.65%	41.61%	54.10%	46.28%
2	44.48%	50.07%	56.76%	70.43%	56.03%	64.51%	41.42%	52.99%
3	32.46%	29.64%	30.50%	36.49%	35.25%	35.30%	32.75%	33.27%
4 - Gate	19.31%	29.34%	26.70%	46.47%	10.50%	25.81%	79.78%	33.12%
4	57.49%	87.09%	43.47%	50.19%	39.21%	47.48%	73.39%	62.88%
5	16.39%	18.60%	15.41%	33.11%	28.57%	17.82%	23.29%	22.04%
			FY2	021-2022	Goals			
Indicator	R1	R2	R3	R4	R5	R6	R7	HCPF Goal
1	49.06%	51.67%	46.53%	49.61%	38.94%	43.40%	54.64%	59.51%
2	47.78%	52.81%	58.83%	71.13%	58.17%	65.81%	45.03%	77.47%
3	33.23%	30.69%	31.46%	36.85%	35.74%	35.78%	33.49%	40.14%
4 - Gate	26.15%	35.18%	32.81%	50.60%	18.23%	32.00%	80.58%	87.76%
4	61.32%	87.96%	48.70%	54.75%	44.87%	52.31%	75.63%	95.80%
5	18.39%	20.38%	17.51%	33.44%	29.36%	19.68%	24.60%	36.42%

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

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^{*}The baseline for establishing goals is now based on performance from 2 years back. Goals for FY2022-2023 are set using FY2020-2021 as the baseline.

^{*}Each RAE will be responsible for closing their performance gap (between SFY 20-21 performance and the identified HCPF Goal) by 10% during the performance year (SFY 22-23). Please see the example below.



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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, 2022 to June 1, 2023

Full measurement period: July 1, 2022 to June 30, 2023

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
		Codes to Identify Detoxi H0010 H0011 Codes to Identify Outpatient	or	
		Outpatient Visit HCPCS		
Initiated treatment for a primary Covered SUD diagnosis (see Appendix A)	1	G0176, G0177, H0001, H0002, H0004, H0005, H0007, H0015, H0020, H0022, H0031, H0033, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2035, H2036, S9480, S9485, T1006, T1012	or	During the evaluation period
		СРТ		
		99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99238,		

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99239, 99251, 99252, 99253,
99254, 99255, 99242, 99242,
99243, 99244, 99245, 99341,
99342, 99343, 99344, 99345,
99347, 99348, 99349, 99350,
90791, 90792, 90832, 90833,
90834, 90836, 90837, 90838,
90839, 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.

Condition Description	# Event	Detailed Criteria			Criteria Connector	Timeframe
Members included in the denominator	1				and	During evaluation period
Two or more outpatient visits with a PCMP	1	90791, 90832, 90834, 90837, 90846, 90847			or	Within 30 days after initiation encounter
Two or more outpatient visits or intensive outpatient encounters with a primary covered SUD diagnosis (see Appendix A).	1	G0176, G0177, H0001, H0002, H0004, H0005, H0006, H0007, H0015, H0020, H0022, H0031,	witpatient Vision		or Outpatient	Within 30 days after initiation encounter

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HH0034, H0035,				
H0036, H0037,				
H0038, H0039,				
H0040, H2000,				
H2001, H2012,				
H2013, H2014,				
H2015, H2016,				
H2017, H2018,				
H2035, H2036,				
H0032, S9480,				
S9485, T1006,				
T1012				
CPT		Billing		
011		Provider		
		Type		
99202-99205,		63, 64,		
99211-99215,		37, 35,		
99217-99220,		38, 25		
99221-99223,		20, 23		
99231-99233,				
99238, 99239,				
99251-99255,	With		or	
99242-99245,				
99341-99345,				
99347-99350,				
90791, 90792,				
90832-90834,				
90836-90840,				
90847, 90849,				
90853, 90875,				
90876				
	B Revenue	e Codes		
	2 110 , 0110			
The organization does	not need to	determine p	ractitioner type	
for follow-up visits id				
codes. Visits identified				Within 30
be used in conjunctio				days after
	osis code (s	ee Appendix	A).	initiation
Revenue Code		Billing		encounter
		Provider		
	with	Type	or	
0529, 0900, 0914,	***1	01	01	
0915, 1000, 1002		02		

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UB Revenue	Code 1000	with the foll	owing	
СРТ/НСРС		Billing		
		Provider		
		Type		
G0176, G0177,		32, 45		
H0001, H0002,				
H0004, H0005,				
H0007, H0015,				
H0020, H0022,				
H0031, H0033,				
H0034, H0035,				
H0036, H0037,				
H0038, H0039,				
H0040, H2000,				Within 30
H2001, H2012,				days after
H2013, H2014,				initiation
H2015, H2016,	with		or	encounter
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.

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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, 2022 to June 24, 2023

Full measurement period: July 1, 2022 to June 30, 2023

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	
Member discharge from		UB Revenue Code	;	During
an inpatient hospital episode for a primary covered mental health diagnosis (see Appendix	1	100-219 or 0100-0219		evaluation period
A)				

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			

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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		
Qualified Residential Treatment Programs (when services are paid for by Fee For Service)	52, 68	90791, 90792, 90785, 90832, 90834, 90837, 90846, 90847, 90853, 96101, 96102, 90833, 90836, 90839, 90840, 90863			11, 14
Comprehensive inpatient rehabilitation facility			IID D		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:

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- 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	Detaile	d 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, 9083	4, 90837, 908	or	Within 7 days of the discharge	
Mental health (outpatient) follow-up visit with a mental health provider	1	HCPCS G0176, G0177, H0002, H0004, H0031, H0034- H0037, H0039, H0040, H2000, H2001, H2011, H2012, H2014- H2018, H2022, M0064, S9480, S9485	with	Billing Provider Type 37, 35, 38, 28	or or	Within 7 days of the discharge
		СРТ	with	Provider Type	Of	

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98960-98962,		37, 35,		
99201-99205,		38, 28		
99211-99215,				
99217-99220,				
99242-99245,				
99341-99345,				
99347-99350				
776 11 7766		Billing		-
CPT		Provider		
CII		Type		
90791, 90792,		37, 35,		
90832, 90834,		37, 33, 38, 28		
		36, 26		
90837, 90839,				
90847, 90849,	with		or	
90853, 90870,				
90875, 90876,				
99221-99223,				
99231-99233,				
99238, 99239,				
99251-99255				
	UB Revenue	Codes		
	UB Revenue		nugatitionau	
The organization de	oes not need t	o determine	-	
The organization do type for follow-up v	oes not need t isits identified	o determine l by the follo	owing UB	Within 7
The organization de type for follow-up v Revenue codes. Visi	oes not need t isits identified its identified l	o determine I by the follow by the follow	owing UB ving Revenue	Within 7
The organization de type for follow-up v Revenue codes. Vist codes must be used	oes not need t isits identified its identified l in conjunctio	o determine I by the follow by the follow n with any p	owing UB ving Revenue orimary	days of the
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The organization de type for follow-up v Revenue codes. Visi codes must be used covered Mental Hea	oes not need t isits identified its identified l in conjunctio	o determine I by the follow by the follow n with any p code (see A Billing	owing UB ving Revenue orimary	days of the
The organization de type for follow-up v Revenue codes. Vist codes must be used covered Mental Head Revenue Code	oes not need t isits identified its identified l in conjunctio alth diagnosis	o determine d by the follow n with any p code (see A Billing Provider Type	owing UB ving Revenue primary ppendix A).	days of the
The organization de type for follow-up v Revenue codes. Visi codes must be used covered Mental Hea	oes not need t isits identified its identified l in conjunctio alth diagnosis	o determine d by the follow y the follow n with any p code (see A Billing Provider	owing UB ving Revenue primary ppendix A).	days of the
The organization de type for follow-up v Revenue codes. Visi codes must be used covered Mental Head Revenue Code 0900, 0914, 0915, 0529	oes not need t isits identified its identified l in conjunctio alth diagnosis with	o determine by the follow on with any process code (see A Billing Provider Type	owing UB ving Revenue primary ppendix A).	days of the
The organization de type for follow-up v Revenue codes. Visi codes must be used covered Mental Head Revenue Code 0900, 0914, 0915, 0529	oes not need t isits identified its identified l in conjunctio alth diagnosis	o determine I by the follow In with any process Code (see Argument Billing Provider Type 01 with the following	owing UB ving Revenue primary ppendix A).	days of the
The organization de type for follow-up v Revenue codes. Vist codes must be used covered Mental Head Revenue Code 0900, 0914, 0915, 0529 UB Revenue	oes not need t isits identified its identified l in conjunctio alth diagnosis with	o determine d by the follow n with any p code (see A Billing Provider Type 01 with the follow	owing UB ving Revenue primary ppendix A).	days of the
The organization de type for follow-up v Revenue codes. Visi codes must be used covered Mental Head Revenue Code 0900, 0914, 0915, 0529	oes not need t isits identified its identified l in conjunctio alth diagnosis with	o determine by the follow n with any p code (see A Billing Provider Type 01 with the follow Billing Provider	owing UB ving Revenue primary ppendix A).	days of the
The organization de type for follow-up v Revenue codes. Visicodes must be used covered Mental Hed Revenue Code 0900, 0914, 0915, 0529 UB Revenue CPT/HCPC	oes not need t isits identified its identified l in conjunctio alth diagnosis with	o determine by the follow on with any process code (see Armonia Billing Provider Type 01 With the follow Billing Provider Type	owing UB ving Revenue primary ppendix A).	days of the
The organization de type for follow-up v Revenue codes. Vist codes must be used covered Mental Head Revenue Code 0900, 0914, 0915, 0529 UB Revenue CPT/HCPC G0176, G0177,	oes not need t isits identified its identified l in conjunctio alth diagnosis with	o determine by the follow n with any p code (see A Billing Provider Type 01 with the follow Billing Provider	owing UB ving Revenue primary ppendix A).	days of the discharge
The organization de type for follow-up v Revenue codes. Visi codes must be used covered Mental Hee Revenue Code 0900, 0914, 0915, 0529 UB Revenu CPT/HCPC G0176, G0177, H0002, H0004,	oes not need t isits identified its identified l in conjunctio alth diagnosis with	o determine by the follow on with any process code (see Armonia Billing Provider Type 01 With the follow Billing Provider Type	owing UB ving Revenue primary ppendix A).	days of the discharge Within 7
The organization de type for follow-up v Revenue codes. Visic codes must be used covered Mental Hed Revenue Code 0900, 0914, 0915, 0529 UB Revenue CPT/HCPC G0176, G0177, H0002, H0004, H0031, H0034-	oes not need to isits identified to its identified to in conjunction alth diagnosis with	o determine by the follow on with any process code (see Armonia Billing Provider Type 01 With the follow Billing Provider Type	owing UB ving Revenue primary ppendix A). Or	days of the discharge Within 7 days of the
The organization de type for follow-up v Revenue codes. Visi codes must be used covered Mental Hee Revenue Code 0900, 0914, 0915, 0529 UB Revenu CPT/HCPC G0176, G0177, H0002, H0004,	oes not need t isits identified its identified l in conjunctio alth diagnosis with	o determine by the follow on with any process code (see Armonia Billing Provider Type 01 With the follow Billing Provider Type	owing UB ving Revenue primary ppendix A).	days of the discharge Within 7
The organization de type for follow-up v Revenue codes. Visic codes must be used covered Mental Hed Revenue Code 0900, 0914, 0915, 0529 UB Revenue CPT/HCPC G0176, G0177, H0002, H0004, H0031, H0034-	oes not need to isits identified to its identified to in conjunction alth diagnosis with	o determine by the follow on with any process code (see Armonia Billing Provider Type 01 With the follow Billing Provider Type	owing UB ving Revenue primary ppendix A). Or	days of the discharge Within 7 days of the
The organization de type for follow-up v Revenue codes. Vist codes must be used covered Mental Head Revenue Code O900, 0914, 0915, 0529 UB Revenue CPT/HCPC G0176, G0177, H0002, H0004, H0031, H0034-H0037, H0039,	oes not need to isits identified to its identified to in conjunction alth diagnosis with	o determine by the follow on with any process code (see Armonia Billing Provider Type 01 With the follow Billing Provider Type	owing UB ving Revenue primary ppendix A). Or	days of the discharge Within 7 days of the
The organization de type for follow-up v Revenue codes. Visi codes must be used covered Mental Hed Revenue Code 0900, 0914, 0915, 0529 UB Revenue CODE CPT/HCPC G0176, G0177, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2011,	oes not need to isits identified to its identified to in conjunction alth diagnosis with	o determine by the follow on with any process code (see Armonia Billing Provider Type 01 With the follow Billing Provider Type	owing UB ving Revenue primary ppendix A). Or	days of the discharge Within 7 days of the
The organization de type for follow-up v Revenue codes. Vist codes must be used covered Mental Head Covered Mental Head Revenue Code O900, 0914, 0915, 0529 UB Revenue CPT/HCPC G0176, G0177, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2011, H2012, H2014-	oes not need to isits identified to its identified to in conjunction alth diagnosis with	o determine by the follow on with any process code (see Armonia Billing Provider Type 01 With the follow Billing Provider Type	owing UB ving Revenue primary ppendix A). Or	days of the discharge Within 7 days of the
The organization de type for follow-up v Revenue codes. Visi codes must be used covered Mental Hed Revenue Code 0900, 0914, 0915, 0529 UB Revenue CODE CPT/HCPC G0176, G0177, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2011,	oes not need to isits identified to its identified to in conjunction alth diagnosis with	o determine by the follow on with any process code (see Armonia Billing Provider Type 01 With the follow Billing Provider Type	owing UB ving Revenue primary ppendix A). Or	days of the discharge Within 7 days of the

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1		
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.

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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, 2022 to June 24, 2023

Full measurement period: July 1, 2022 to June 30, 2023

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	
Member discharge from		UB Revenue Code		
an emergency department episode for a primary	1	45x or 045x	or	During evaluation
substance use disorder	1	СРТ		period
diagnosis (see Appendix A).		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		

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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			1000		55
Psychiatric residential treatment center		H0017-H0019	1001		56
Psychiatric residential treatment center (when services are paid for by Fee For Service)	30		0911		
Qualified Residential Treatment Programs (when services are paid for by Fee For Service)	52, 68	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

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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	a	Criteria Connector	Timeframe
Member included in the denominator	1				and	Within 7 days of the discharge
Outpatient visit with a PCMP	1	90791, 90832, 908 908	,	7, 90846,	or	Within 7 days of the discharge
		HCPCS H2036 H0010 H0011	Identify with	Detoxificati Billing Provider Type 63, 64, 37, 35,	on	
Substance Use Disorder (outpatient) follow-up visit with a behavioral health provider	1	H0011 Codes to Ident HCPC G0176, G0177, H0001, H0002, H0004, H0005, H0006, H0007, H0015, H0020, H0022, H0031, H0032 H0033, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2012, H2013,	with	38, 25 vioral Healt Billing Provider Type 63, 64, 37, 35, 38, 25	h Visits or	Within 7 days of the discharge

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	H2014, H2015,	<u> </u>			
	H2016, H2017,				
	H2018, H2035,				
	H2036, S9480,				
	S9485, T1006,				
	T1012				
	11012		Billing		
	СРТ		Provider		
			Type		
	00202 00205				
	99202-99205,		63, 64,		
	99211-99215,		37, 35,		
	99217-99220,		38, 25		
	99221-99223,				
	99231-99233,				*****
	99238, 99239,				Within 7
	99251-99255,	with		or	days of the
	99242-99245,				discharge
	99341-99345,				
	99347-99350,				
	90791, 90792,				
	90832-90834,				
	90836-90840,				
	90847, 90849,				
	90853, 90875,				
	90876				
	UE	Revenu	e Codes		
	The enemy is not an in-		d to dotame		
	The organization doe				
	practitioner type for j	_		•	
	following UB Revenu		•	•	Within 7
	following Revenue co				days of the
	with any primary cov	ered Sub	stance Use a	liagnosis code	discharge
	(see Appendix A).				
	_		Billing		
	Revenue Code		Provider		
		with	Type	or	
	0529, 0900, 0914,		01		
	0915, 1000, 1002		02		
	UB Revenue C	ode 100) with the fo	llowing	
				nowing	
			Billing		Within 7
	CPT/HCPC		Provider		days of the
			Type		discharge
	G0176, G0177,	with	32, 45	or	
	H0001, H0002,				
	H0004, H0005,				
	H0006, H0007,				
ı	, ,	i			i l

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H0015, H0020,		
H0022, H0031,		
H0033, H0034,		
H0035, H0036,		
H0037, H0039,		
H0040, H2000,		
H2001, H2012,		
H2013, H2014,		
H2015, H2016,		
H2017, H2018,		
H0032, 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.

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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 (Primary Care Visit as defined by the RAE ACC Well Visit KPI <u>Specification</u> and <u>Value Set</u>).

*In order to qualify for payment, depression screening rates must increase by a 10% Gap closure between RAE performance and the Department Goal, 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, 2022 to June 1, 2023

Full measurement period: July 1, 2022 to June 30, 2023

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 11 years 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

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		(Behav	ioral Healt		
	СРТ		Billing Provider Type		
	90791, 90792, 90832, 90834, 90837, 90846, 90847	with	35, 37, 38, 41, 25, 26, 05, 39	Or	
					Within 30
4					days of the
1		E&M	Codes and		Positive Depression
		E&I			Screen
	СРТ/НСРС		Provider Type		
	H0002, H2011, H0031, 90833, 90836, 90838, 99201- 99205, 99211- 99215, 99217- 99226, 99231- 99236, 99238, 99239, 99304-	With	37, 35, 38, 25	Or	
	1	CPT 90791, 90792, 90832, 90834, 90837, 90846, 90847 Codes to ider Behavioral H Health Managemer Department CPT/HCPC H0002, H2011, H0031, 90833, 90836, 90838, 99201- 99205, 99211- 99215, 99211- 99215, 99217- 99226, 99231- 99236, 99238, 99239,	CPT 90791, 90792, 90832, 90834, 90837, 90846, 90847 Codes to identify fo Behavioral Health Screen Management Code Department E&M (E&I) CPT/HCPC H0002, H2011, H0031, 90833, 90836, 90838, 99201- 99205, 99211- 99215, 99217- 99226, 99231- 99226, 99231- 99236, 99238, 99239, 99304-	CPT CPT 90791, 90792, 90832, 90834, 90837, 90846, 90847 Codes to identify follow-up As Behavioral Health Setting using Health Screen or Evaluate Management Codes, including Department E&M Codes and E&M Codes CPT/HCPC H0002, H2011, H0031, 90833, 90836, 90838, 99201- 99205, H2011- 99215, 99211- 99215, 99217- 99226, 99231- 99236, 99238, 99239, 99304-	CPT 90791, 90792, 90832, 90834, 90837, 90846, 90847 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 H0002, H2011, H0031, 90833, 90836, 90838, 99201- 99205, 99211- 99215, 99211- 99215, 99211- 99226, 99231- 99226, 99231- 99226, 99231- 99236, 99238, 99239, 99304-

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99315,				
99316,				
99318,				
99324-				
99328,				
99328,				
99337,				
99341-				
99345,				
99347-				
99350,				
99366,				
99367,				
99368,				
99441-				
99443,				
99281-				
99285,				
99241-				
99241-				
99251-				
99255	~ .	0.740		
I R PAMANI				
OD Kevell			900 with the	
OB Reveni		lowing	900 with the	
		lowing Billing	900 with the	
CPT/HCPC		lowing	900 with the	
		lowing Billing	900 with the	
CPT/HCPC		Billing Provider Type	900 with the	
CPT/HCPC H0002,		lowing Billing Provider	900 with the	
CPT/HCPC H0002, H2011,		Billing Provider Type	900 with the	
CPT/HCPC H0002, H2011, H0031,		Billing Provider Type	900 with the	
CPT/HCPC H0002, H2011, H0031, 90791,		Billing Provider Type	900 with the	
CPT/HCPC H0002, H2011, H0031, 90791, 90792,		Billing Provider Type	900 with the	Within 30
CPT/HCPC H0002, H2011, H0031, 90791, 90792, 90832,		Billing Provider Type	900 with the	days of the
CPT/HCPC H0002, H2011, H0031, 90791, 90792, 90832, 90833,		Billing Provider Type	900 with the	
CPT/HCPC H0002, H2011, H0031, 90791, 90792, 90832, 90833, 90834,		Billing Provider Type		days of the Positive
CPT/HCPC H0002, H2011, H0031, 90791, 90792, 90832, 90833, 90834, 90836,	fol	Billing Provider Type	or	days of the Positive Depression
CPT/HCPC H0002, H2011, H0031, 90791, 90792, 90832, 90833, 90834, 90836, 90837,	fol	Billing Provider Type		days of the Positive
CPT/HCPC H0002, H2011, H0031, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838,	fol	Billing Provider Type		days of the Positive Depression
CPT/HCPC H0002, H2011, H0031, 90791, 90792, 90832, 90833, 90834, 90836, 90837,	fol	Billing Provider Type		days of the Positive Depression
CPT/HCPC H0002, H2011, H0031, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838,	fol	Billing Provider Type		days of the Positive Depression
CPT/HCPC H0002, H2011, H0031, 90791, 90792, 90832, 90833, 90836, 90837, 90838, 90846, 90847,	fol	Billing Provider Type		days of the Positive Depression
CPT/HCPC H0002, H2011, H0031, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99201-	fol	Billing Provider Type		days of the Positive Depression
CPT/HCPC H0002, H2011, H0031, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99201- 99205,	fol	Billing Provider Type		days of the Positive Depression
CPT/HCPC H0002, H2011, H0031, 90791, 90792, 90832, 90833, 90836, 90837, 90838, 90846, 90847, 99201- 99205, 99211-	fol	Billing Provider Type		days of the Positive Depression
CPT/HCPC H0002, H2011, H0031, 90791, 90792, 90832, 90833, 90836, 90837, 90838, 90846, 90847, 99201- 99205, 99211- 99215,	fol	Billing Provider Type		days of the Positive Depression
CPT/HCPC H0002, H2011, H0031, 90791, 90792, 90832, 90833, 90836, 90837, 90838, 90846, 90847, 99201- 99205, 99211-	fol	Billing Provider Type		days of the Positive Depression

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00001		
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		

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

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This measure will be calculated by the Department.

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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, 2022 to June 1, 2023

Full Measurement Period: July 1, 2022 to June 30, 2023

Denominator

Total number of members who became Medicaid eligible on or after July 1, 2022 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 10, 11, 12, 13, 19, 20, 23,	and	During the evaluation period

Population Exclusions

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

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services are paid for				
by Fee For Service)				
		90791, 90792,		
		90785, 90832,		
Qualified Residential		90834, 90837,		
Treatment Programs		90846, 90847,		
(when services are	52, 68	90853, 96101,		11, 14, 56
paid for by Fee For		96102, 90833,		
Service)		90836, 90839,		
		90840, 90863,		
		H0019		

Exclude members with aid code 30 & 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 Criter	ia	Criteria Connector	Timeframe
Members included in the denominator	1			and	During evaluation period
Outpatient visit with a PCMP	1	90791, 90832, 9083 90837, 90846, 9084		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 CPT/HCPC with Provider		Within 30 days from the date of RAE enrollment	

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	1		
H0002, H0031,		37, 35, 38,	
H2011, 90791,		25,	
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-			
99245, 99251-			
	0.520	0000 :1	
UB Revenue Code			
the fol	lowing		
		Billing	
CPT/HCPC		Provider	
		Type	
H0002, H0031,			
112011 00701			
H2011, 90791,			
90792, 90832,			
90792, 90832, 90833, 90834,			
90792, 90832, 90833, 90834, 90836, 90837,			
90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846,			
90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99201-	with		Within 30 days
90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99201- 99205, 99211-	with	22 45	Within 30 days
90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99201- 99205, 99211- 99215, 99217-	with	32, 45	from the date of
90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99201- 99205, 99211- 99215, 99217- 99226, 99231-	with	32, 45	•
90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99201- 99205, 99211- 99215, 99217- 99226, 99231- 99236, 99238,	with	32, 45	from the date of
90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99201- 99205, 99211- 99215, 99217- 99226, 99231- 99236, 99238, 99239, 99304-	with	32, 45	from the date of
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	from the date of
90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99201- 99205, 99211- 99215, 99217- 99226, 99231- 99236, 99238, 99239, 99304- 99310, 99315, 99316, 99318,	with	32, 45	from the date of
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	from the date of
90792, 90832, 90833, 90834, 90836, 90837, 90838, 90846, 90847, 99201- 99205, 99211- 99215, 99217- 99226, 99231- 99236, 99238, 99239, 99304- 99310, 99315, 99316, 99318,	with	32, 45	from the date of

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99347-99350,	
99366, 99367,	
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.

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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	F64.9		
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			
Kar	iges		
Start	End Value		
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		

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Appendix B

Schedule for Sharing Quarterly Data

Data From the Following Time Periods:	Date of Transfer
data catch up period for quarters 1, 2 and 3 of FY1920	10/31/2020
07/01/2019 – 06/30/2020	12/15/2020
10/01/2019 — 09/30/2020	3/15/2021
01/01/2020 – 12/31/2020	6/15/2021
04/01/2020 — 03/31/2021	9/15/2021
07/01/2020 — 06/30/2021	12/15/2021

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