

**Medicaid Managed Medical Assistance  
Performance Measure Specifications Manual  
For July 1, 2018 Reporting**

**The following areas have been updated:**

- Removed Transportation Timeliness, Transportation Availability, Highly Active Anti-Retroviral Treatment, and HIV-Related Outpatient Medical Visits.
  - Added Contraceptive Care – Postpartum Women Ages 16-20 and Contraceptive Care – Postpartum Women Ages 21-44.
  - Follow-up After Hospitalization for Mental Illness
    - Changed language to align with HEDIS FUH specifications.
    - Changed reference for who needs to supervise mental health practitioners in bullets 3, 5, and 6.
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**HEDIS Measures**

For all HEDIS measures, please refer to the National Committee for Quality Assurance's HEDIS® 2018 Technical Specifications for Health Plans.

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**Agency-Defined Measures**

**Call Answer Timeliness (CAT)**

**Description:** The percentage of calls received by the organization's Member Services call centers (during operating hours) during the measurement year that were answered by a live voice within 30 seconds.

**Age:** No age limitations.

**Data Collection Method:** Administrative data. No sampling allowed.

**Continuous Enrollment Criteria:** None

**Exclusions:** Exclude calls to a benefits contractor (e.g., mental health, dental, vision, pharmacy) that uses its own call center.

**Special Instruction:** Organizations that use the same systems, policies and procedures and staff to answer calls for all product lines may report the same rate for all product lines if they cannot report data by individual product line.

**Denominator:** The number of calls received by Member Services call centers (during hours of operation) during the measurement year, where the member called directly into Member Services or selected a Member Services option and was put in the call queue.

**Numerator:** The number of calls answered by a live voice within 30 seconds.

Time measured begins when the member is placed in the call queue to wait to speak with a Member Services representative.

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**Note:** Calls abandoned within 30 seconds and calls sent directly to voicemail remain in the measure data and are noncompliant for the numerator.

***Formulas***

For an organization with one call center that answers all the organization's calls and has the organization as its only client, report the measure as specified.

For an organization with one call center that answers all the organization's calls and has multiple clients, if the call center is unable to report timeliness data for the specific organization, report timeliness for the entire volume of calls the center handles.

For an organization with multiple call centers, each of which answers a portion of the total calls for the organization and has the organization as its only client, report the measure as a weighted average (see the formula below).

***Definitions***

- Let  $N_1$  = The total number of Member Services calls received by call center 1
- Let  $N_2$  = The total number of Member Services calls received by call center 2
- Let  $P_{CAT1}$  = The rate for the *Call Answer Timeliness* measure for call center 1
- Let  $P_{CAT2}$  = The rate for the *Call Answer Timeliness* measure for call center 2

***Set-up calculations***

Let  $W_1$  = The weight assigned to call center 1. This result is calculated by the formula  $W_1 = N_1/(N_1 + N_2)$

Let  $W_2$  = The weight assigned to call center 2. This result is calculated by the formula  $W_2 = N_2/(N_1 + N_2)$

***Pooled analysis***

The pooled result from the two rates is calculated as:

$$P_{CAT\ pooled} = W_1 * P_{CAT1} + W_2 * P_{CAT2}$$

***Notes:***

- If an organization blocks calls during peak call periods (or regular business hours) by immediately giving members a busy signal and keeping the calls from reaching the call queue, the auditor assesses the percentage of blocked calls and its impact on the measure.
- If an organization's phone system tracks members' wait time and can call members back when it is their turn in the queue, include the call in the denominator; however, it will probably be noncompliant for the numerator because it is unlikely that the start of the call-back process would occur in the 30-second time frame.

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**Mental Health Readmission Rate (RER)**

**Description:** The percentage of acute care facility discharges for enrollees who were hospitalized for a mental health diagnosis that resulted in a readmission for a mental health diagnosis within 30 days.

**Age:** 6 years and older as of the date of discharge.

**Data Collection Method:** Administrative data. No sampling allowed.

**Continuous Enrollment Criteria:** Continuously enrolled for 30 days following discharge.

**Exclusions:**

Discharges for:

- Enrollees who died during the hospital stay or within 30 days of discharge.
- Enrollees who were not discharged to a community setting or who were admitted to a non-community setting within 30 days after discharge. Such non-community settings include the Statewide Inpatient Psychiatric Program (SIPP), Department of Juvenile Justice or Child Welfare Behavioral Health Overlay Service facility, hospice, nursing facilities, state mental health facilities, acute medical hospitals, and correctional institutions.
- Enrollees who receive Florida Assertive Community Treatment services

**Special Instruction:** Discharges occurring at the end of the measurement year may result in a readmission in January and should be included in the numerator.

**Denominator:** Discharges to the community from an acute care facility (inpatient or crisis stabilization unit) with a principal diagnosis of mental illness and that met continuous enrollment criteria. Please refer to the Mental Illness Value Set in the most recent edition of the HEDIS Technical Specifications for Health Plans for the FUH measure and follow the steps found in the HEDIS Technical Specifications to identify acute inpatient discharges.

**Numerator:** Discharges that result in a readmission to an acute care facility (inpatient or crisis stabilization unit) with a principal diagnosis of mental illness and that met continuous enrollment criteria. Please refer to the Mental Illness Value Set in the most recent edition of the HEDIS Technical Specifications for Health Plans for the FUH measure and follow the steps found in the HEDIS Technical Specifications to identify acute inpatient discharges.

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**HEDIS/Agency-Defined Measures**

**Follow-up after Hospitalization for Mental Illness (FHM)**

**Description:** The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health diagnoses and who had a follow-up visit with a mental health practitioner.

**Data Collection Method:** Administrative data. No sampling allowed.

**Eligible Population**

**Age:** 6 years and older as of the date of discharge.

**Continuous enrollment:** Date of discharge through 30 days after discharge.

**Allowable gap:** No gaps in enrollment.

**Anchor date:** None.

**Event/diagnosis:** An acute inpatient discharge with a principal diagnosis of mental illness (HEDIS Mental Illness Value Set) on or between January 1 and December 1 of the measurement year. To identify acute inpatient discharges:

1. Identify all acute and nonacute inpatient stays (HEDIS Inpatient Stay Value Set).
2. Exclude nonacute inpatient stays (HEDIS Nonacute Inpatient Stay Value Set).
3. Identify the discharge date for the stay.

The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year.

**Acute readmission or direct transfer:** If the discharge is followed by readmission or direct transfer to an acute inpatient care setting for a principal mental health diagnosis (HEDIS Mental Health Diagnosis Value Set) within the 30-day follow-up period, count only the last discharge. Exclude both the initial discharge and the readmission/direct transfer discharge if the last discharge occurs after December 1 of the measurement year.

To identify readmissions and direct transfers to an acute inpatient care setting:

1. Identify all acute and nonacute inpatient stays (HEDIS Inpatient Stay Value Set).
2. Exclude nonacute inpatient stays (HEDIS Nonacute Inpatient Stay Value Set).
3. Identify the admission date for the stay.

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**Exclusions:** Exclude discharges followed by readmission or direct transfer to a nonacute inpatient care setting within the 30-day follow-up period, regardless of principal diagnosis for the readmission. To identify readmissions and direct transfers to a nonacute inpatient care setting:

1. Identify all acute and nonacute inpatient stays (HEDIS Inpatient Stay Value Set).
2. Confirm the stay was for nonacute care based on the presence of a nonacute code (HEDIS Nonacute Inpatient Stay Value Set) on the claim.
3. Identify the admission date for the stay.

Exclude discharges followed by readmission or direct transfer to an acute inpatient care setting within the 30-day follow-up period if the principal diagnosis was for non-mental health (any principal diagnosis code other than those included in the HEDIS Mental Health Diagnosis Value Set). To identify readmissions and direct transfers to an acute inpatient care setting:

1. Identify all acute and nonacute inpatient stays (HEDIS Inpatient Stay Value Set).
2. Exclude nonacute inpatient stays (HEDIS Nonacute Inpatient Stay Value Set).
3. Identify the admission date for the stay.

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

Exclude enrollees who receive Florida Assertive Community Treatment services.

**Administrative Specification**

**Denominator:** The eligible population.

**Numerators**

**30-Day Follow-Up:** A follow-up visit with a mental health practitioner within 30 days after discharge. Do not include visits that occur on the date of discharge.

**7-Day Follow-Up:** A follow-up visit with a mental health practitioner within 7 days after discharge. Do not include visits that occur on the date of discharge.

For both indicators, any of the following meet criteria for a follow-up visit:

- A visit (HEDIS FUH Stand Alone Visits Value Set) with a mental health practitioner, with or without a telehealth modifier (HEDIS Telehealth Modifier Value Set).
- A visit (HEDIS FUH Visits Group 1 Value Set *with* HEDIS FUH POS Group 1 Value Set) with a mental health practitioner, with or without a telehealth modifier (HEDIS Telehealth Modifier Value Set).

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- A visit (HEDIS FUH Visits Group 2 Value Set *with* HEDIS FUH POS Group 2 Value Set) with a mental health practitioner, with or without a telehealth modifier (HEDIS Telehealth Modifier Value Set).
- A visit in a behavioral healthcare setting (HEDIS FUH RevCodes Group 1 Value Set).
- A visit in a nonbehavioral healthcare setting (HEDIS FUH RevCodes Group 2 Value Set) with a mental health practitioner.
- A visit in a nonbehavioral healthcare setting (HEDIS FUH RevCodes Group 2 Value Set) with a diagnosis of mental illness (HEDIS Mental Illness Value Set).
- Transitional care management services (HEDIS TCM 7 Day Value Set), with or without a telehealth modifier (HEDIS Telehealth Modifier Value Set).

The following meets criteria for only the *30-Day Follow-Up* indicator:

- Transitional care management services (HEDIS TCM 14 Day Value Set), with or without a telehealth modifier (HEDIS Telehealth Modifier Value Set).

**Note**

- Organizations may have different methods for billing intensive outpatient visits and partial hospitalizations. Some methods may be comparable to outpatient billing, with separate claims for each date of service; others may be comparable to inpatient billing, with an admission date, a discharge date and units of service. Organizations whose billing methods are comparable to inpatient billing may count each unit of service as an individual visit. The unit of service must have occurred during the required period for the rate (e.g., within 30 days after discharge or within 7 days after discharge).
- See below for the definition of mental health practitioner.

**Allowable Encounter/Claim Codes\***

Plans may use the most recent version of the HEDIS value set codes for the FUH measure in addition to the service codes in the table below. In order to use the codes with 2-letter modifiers in the table, they must have the identified codes after them.

| Community behavioral health codes |    |    | Evaluation and management codes |
|-----------------------------------|----|----|---------------------------------|
| H2019                             | HR |    | H0004                           |
| H2019                             | HR | GT |                                 |
| H2019                             | HQ |    |                                 |
| H2030                             |    |    |                                 |
| H2019                             | HO |    |                                 |
| H2019                             | HN |    |                                 |
| H2020                             | HA |    |                                 |
| H2000                             | HP |    |                                 |
| H2000                             | HP | GT |                                 |
| H2000                             | HO |    |                                 |
| H2010                             | HO |    |                                 |

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|       |    |    |  |
|-------|----|----|--|
| H2010 | HO | GT |  |
| H0031 | HO |    |  |
| H0031 | HO | GT |  |
| H0031 | TS |    |  |
| H0031 | HN |    |  |
| H0031 | HN | GT |  |
| H0032 |    |    |  |
| H0032 | TS |    |  |
| T1015 | GT |    |  |
| H2010 | HE |    |  |
| H2010 | HE | GT |  |
| H2010 | HQ |    |  |
| T1023 | HE |    |  |
| H0046 |    |    |  |
| H0046 | GT |    |  |
| T1015 | HE |    |  |
| H2020 | HA |    |  |

**Mental Health Practitioner:**

- A Florida licensed 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.
- A Florida Licensed Psychologist or a doctoral level psychologist practicing under the auspices of a community mental health center and being supervised by a licensed psychologist.
- 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 is a Florida Licensed Clinical Social Worker; or who is a masters level social worker practicing under the auspices of a community mental health center and being supervised by a qualified supervisor as required by Chapter 491.
- A Florida-licensed 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.
- A Florida-licensed Marriage and Family Therapist or a masters level marriage and family therapist practicing under the auspices of a community mental health center and being supervised by a qualified supervisor as required by Chapter 491.
- A Florida Licensed Mental Health Counselor or a masters level counselor practicing under the auspices of a community mental health center and being supervised by a qualified supervisor as required by Chapter 491.

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**CMS Child Core Set**

For Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL), Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC), and Contraceptive Care – Postpartum Women Ages 16-20 (CCP-CH), please refer to the Medicaid and CHIP Child Core Set Technical Specifications and Resource Manual that was released by CMS in May 2017. Below is the link:

<https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf>

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**CMS Adult Medicaid Core Set**

For Plan All-Cause Readmissions (PCR), HIV Viral Load Suppression (VLS), Medical Assistance with Smoking and Tobacco Use Cessation (MSC), and Contraceptive Care – Postpartum Women Ages 21-44 (CCP-AD), please refer to the Medicaid Adult Core Set Technical Specifications and Resource Manual that was released by CMS in June 2017. Below is the link:

<https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-adult-core-set-manual.pdf>