Quality Provider Program — Mental Health

Working Your Open Gaps List: 7- and 30-day Follow Up After Hospitalization or Emergency Department Visit for Mental Illness (FUM/FUA/FUH)

Instructions

STEP1

Create a current gaps-in-care list:

- Open your "Gaps-in-Care for Download" report: OPP Report Hub.
- 2. Apply these filters:
 - Super clinic: Choose your clinic.
 - Measure: (Click all mental health measures or the exact one you need. Example: "Follow-up After Emergency Department Visit for Mental Illness: 7-day Follow Up [FUM_7]")
 - Status: Unclick the "Compliant" box; this will filter for only the achievable and noncompliant members.
- 3. In the dropdown menu on the top right side of the page, change the view from **Member** to **Download.**
- 4. Follow the instructions on the screen to export the data to Excel.

Refer to Report Hub Instructions: Basic User.

STEP 2

Format your Excel export.

(Refer to Formatting a Gaps List in Excel.)

STEP 3

Review "Tips for Working your Gaps-in-Care List" (beginning on <u>page 2</u>).

NOTE: Example screens used in this document are for instructional purposes only; the dates that appear are only representative of what a user might see.

Measure Information

The objective behind these mental health measures is to encourage patients and providers to manage acute mental health episodes, in addition to decreasing risk for readmission. As a result, use the filtered gaps-in-care list to schedule appointments for achievable members.

For this measure:

- Members who had more than 1 hospital/emergency department (ED) discharge, which includes all discharges on or between January 1st and December 1st of the measurement year.
- This measure is based on discharges from hospital or ED, not on members.

Tips for Working Your Gaps-in-Care List begin on page 2...



FUA, FUH, and FUM 7- and 30-day Visits, Continued

Continued from page 1...

TIPS FOR WORKING YOUR GAPS-IN-CARE LIST

 There are NO allowable corrections. To receive payment, submit an appropriate billing code.

For telehealth codes, refer to the Select Health Coding and Reimbursement Policy #85: Telehealth, which was last revised on July 1, 2022, to address the evolving nature of telehealth during the coronavirus (COVID-19) pandemic. Additional interim coding resources can be found online on the Select Health Coronavirus Updates page.

For more information, refer to <u>Select Health Preventive Care and</u>
<u>Screening Guidelines</u>, <u>Select Health Coding & Reimbursement policies</u>, or contact your Select Health Provider Development Representative.

- 2. The denominator for this measure is based on mental health hospital and ED visits, not members. If a member has more than 1 mental health hospital or ED visit in a 31-day period, only count the first visit. A second visit for a member is not eligible until 31 days after previous visit
 - For example, a patient was discharged from the hospital on July 4th and then was later readmitted on July 10th. For this measure, only the first visit (on July 4th) would fall into the denominator for the next 31 days. A clinic would not be credited for any readmittance that occurs before the 31 days, making August 5th the first day the patient could qualify to be included again in the denominator.
- 3 Use the Hospital Census report (updated daily) as a resource to assist with scheduling timely appointments after a member is discharged from the ED or an inpatient facility. Best practice is to run this report 1–2 times a week, create a list of members to call, and schedule follow-up appointments within the 7- and 30-day time frame.

To run the Hospital Census report:

- Open your Gaps-in-Care for Download report:
 QPP Report Hub.
- Choose "Hospital Census."
- Apply the super clinic filter (choose your clinic), and click "Apply."

