



ATTACHMENT 1 HMO Illinois / BlueAdvantage HMO 2008 Follow-Up after Hospitalization for Mental Illness QI Fund Project Overview

HIPAA Privacy Regulation

According to the HIPAA Privacy Regulations (45 CFR 160, 164) as amended August 14, 2002, health care providers can disclose protected health information ("PHI") to health plans for HEDIS data collection and other quality improvement activities. Providers are permitted under the HIPAA Privacy Regulations to disclose PHI to health plans for the above purposes without authorization from the patient when both the provider and health plan have or had a relationship with the patient and the information relates to that relationship. (45 CFR 164.506)(c)(4).

Identification of Members

Members who met **ALL** of the following criteria:

- Age 6 and older and enrolled in HMO Illinois or Blue Advantage HMO.
- **Discharged from an inpatient hospitalization for treatment of a mental health diagnosis between October 1, 2007 and December 31, 2007.**
- Any discharges not included in prior mailing.

Note the following:

- The last name for dependents with a hyphenated last name or a last name that is different than the subscriber's last name is shortened to include only the first five characters of the dependent's last name. Therefore, to assist you, we have included the subscriber's first and last name on all Data Request Forms.
- The most current BCBSIL ID has been provided. Please call if you are unable to identify the member.
- There are several options available to identify a member:
 - Name and DOB
 - BCBSIL ID and DOB
 - Name and BCBSIL ID
- If the member's name is different than the subscriber's name, the member will appear under the subscriber's name on your eligibility list.

Medical Record Data Abstraction Procedure

- Medical record documentation may include services performed in your practice or records from other providers.
- Document any services for which you have a record.
- Submit documentation for each member behind the appropriate Data Request Form. Do not staple documentation to the Data Request Form.
- In order to qualify as service OR exclusion to a service, SUPPORTING DOCUMENTATION must be included with your submission.

Scoring

1. If the HMO confirms that a member meets the criteria for exclusion, the member will be removed from the denominator. Please note that members who have not seen a practitioner in your IPA and members who have refused mental health services do not meet the criteria for exclusion, and therefore will not be removed from the denominator.
2. For 2008, the IPA rates will be calculated as follows:

Follow-Up After Hospitalization for Mental Illness 7 day rate

Numerator = number of members in the denominator with documentation of follow-up with a behavioral health practitioner or participation in a mental health PHP or IOP within 7 days of the discharge date.

Denominator = number of members for whom data request forms were sent to you minus the number of exclusions confirmed by the HMO.

Reporting of Results

1. IPAs will receive their own IPA results, as well as aggregate results.
2. IPAs with a 2008 Follow-Up After Hospitalization for Mental Illness QI Fund Project rate of $\geq 60\%$ will receive a Blue Star for the project.

Important Reminders

- If submitting medical record documentation, **you must submit relevant supporting documentation.** If services were not provided, but you have documentation of a valid exclusion, **you must also submit relevant supporting documentation.**
- All medical record data received must be documented on the original scan able Data Request Forms.
- Photocopies or fax copies of data request forms will **NOT** be accepted.
- IPA identifiers and the number of the Data Request Forms sent to you are pre-printed on the Attestation Form. Please record the following information on the Attestation Form:
 1. Number of Mental Health Data Request Forms being returned to BCBSIL
 2. Name and phone number of the IPA contact for the Follow-Up After Hospitalization for Mental Illness QI Fund Project
 3. Signature of IPA Medical Director/Administrator, confirming the submission is complete and accurate.
 4. We encourage you to keep a copy of your data request forms.
- Future mailings may also include members discharged with a hospitalization from October 1, 2007 through December 31, 2007 for a mental health diagnosis not identified in a previous mailing.

Guidelines for Obtaining Data

Most IPAs will need to use both administrative and medical record data to receive an optimal rate.

Step 1: For each identified member, review your administrative data to determine whether the member received the requested service.

Step 2: Review your medical records, if necessary, to determine if the member received the requested service.

Step 3: To submit medical record data on a data request form, follow the instructions in **Medical Record Data Abstraction Procedure.**

The deadline to submit all completed Mental Health Data Request Forms, the supporting documentation, and signed Attestation Form to BCBSIL is **March 28, 2008**. If you have any questions about the 2008 Follow-Up After Hospitalization for Mental Illness QI Fund Project or need a replacement data request form, please call Pat Madigan at (312) 653-5558.

Mail submissions to BCBSIL by the deadline using the enclosed postage paid envelope or an envelope Addressed to:

***Blue Cross Blue Shield of Illinois
300 E. Randolph, 24th Floor
Chicago, IL 60601
Attn: Pat Madigan***

ATTACHMENT 2

2008 Follow-Up After Hospitalization QI Fund Project Instructions for Completion of Data Request Forms

Complete and return **each** Mental Health Data Request Form in accordance with the following instructions. Please provide information on each member.

SECTION A:

If Section A is pre-filled with a date:

- BCBSIL has a claim for follow-up with a behavioral health practitioner within 7 days of discharge. Complete only question 3 in Section A and all of Section C.

If Section A is not pre-filled with a date:

- Review administrative/medical record data to identify if the member had a follow-up visit with any of the following within 7 days from the discharge date populated on the data request form:
 - A behavioral health practitioner
 - Attendance in a mental health Partial Hospital Program (PHP)
 - Intensive Outpatient Program (IOP)
 - Refer to the following tables for qualifying codes:
 - **Table 1: Codes to Identify Mental Health Diagnosis**
 - **Table 2: Codes to Identify Follow-up Visits**
1. Record the month, day, and year of the first visit with a behavioral health practitioner, including treatment in a partial hospital program (PHP) or intensive outpatient program (IOP), following the discharge date listed in the **IPA date of visit box** in SECTION A.
 2. Include a copy of the supporting documentation for the date of service. Examples of acceptable documentation of follow-up care with a behavioral health practitioner, including treatment in a partial hospital program (PHP) or intensive outpatient program (IOP), include:
 - A claim with a qualifying code (**Refer to Table 1 and Table 2 for qualifying codes**)
 - A Mental Health Verification of Services form (a sample is included in this mailing) **signed** by the behavioral health practitioner with the first date of service following the discharge date listed on the form.
 - A progress note from the behavioral health practitioner. Please note that the progress note should only have the date of service and the behavioral health provider's signature. All clinical information should be removed.
 - If claims data are used to document the mental health follow-up, a copy of the administrative record must be submitted.
 3. Indicate the specialty of the behavioral health practitioner or type of mental health treatment program.
 4. Next, indicate if the medical record contains documentation of communication from the PCP to the behavioral health practitioner and/or communication from the behavioral health practitioner to the PCP after the discharge date, or refusal to sign a release authorizing communication from the PCP to the behavioral health practitioner or the behavioral health practitioner to the PCP.
 5. The following types of documentation illustrate insufficient documentation. Mental Health Data Request Forms with these types of supporting documentation will **not** be counted.
 - A claim for a CPT code, CPT code with POS, UB Revenue or HCPCS code not listed in Attachment 2.
 - A Mental Health Data Request form without the behavioral health practitioner's specialty identified.
 - A progress note without a date or signature of the behavioral health practitioner.
 - A Mental Health Verification of Services form without a date of service within 30 days of the discharge listed on the Data Request Form or the signature of the behavioral health practitioner.
 - A note in medical record documenting the member had an appointment with a behavioral health practitioner.
 - A copy of a referral form for a behavioral health practitioner without the date of service and signature of the behavioral health practitioner.
 - Documentation of member's refusal for follow-up with a behavioral health practitioner.



SECTION B:

1. If the member did not received follow-up care with a behavioral health practitioner, including treatment in a partial hospital program (PHP) or intensive outpatient program (IOP), within thirty (30) days following the discharge date listed complete **Section B** of the Data Request Form. (**Refer to Table 3: Codes to Identify Non-Acute Care**).
2. Members who meet at least one of the following criteria confirmed by HMO, will be excluded from your population:
 - The member did not have an inpatient mental health admission.
 - The member is deceased within 30 days of the discharge date.
 - The member was **NOT** enrolled with your IPA at the time of the discharge date listed on the Data Request Form
 - The member disenrolled from your IPA within 30 days of the discharge date listed on the Data Request Form.
 - The member exhausted his/her **out-patient** mental health benefits prior to the discharge date listed on the Data Request Form.
 - The member was readmitted or directly transferred to a non-acute facility for any mental health principal diagnosis within 30 days after the discharge date listed on the Data Request Form.
 - The member was readmitted or directly transferred within 30 days after the discharge date listed on the Data Request Form to an acute or non-acute facility for any non-mental health principal diagnosis.
3. **Note that supporting documentation is needed in Section B as indicated by each question (See data request form).**

SECTION C:

1. Complete this section for all identified members.
2. Answer question 1 either yes or no. If the answer is no, stop and return the data request form. If the answer to question 1 is yes, complete questions 2 and 3.
3. No supporting documentation is needed for this section.

Table 1: Codes to Identify Mental Health Diagnosis

ICD-9-CM Diagnosis	DRG
295-299, 300.3, 300.4, 301, 308, 309, 311-314	426, 430

Table 2: Codes to Identify Follow-up Visits

CPT	HCPCS
Follow-up visits identified by the following CPT or HCPCS codes must be with a mental health practitioner.	
90804-90815, 98960-98962 , 99078 , 99201-99205, 99211-99215, 99217-99220 , 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411 , 99412 , 99510	G0155, G0176, G0177, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201 , S9480, S9484, S9485
CPT	POS
Follow-up visits identified by the following CPT/POS codes must be with a mental health practitioner.	
90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871, 90875, 90876	WITH 05, 07, 11, 12, 15, 20, 22, 49, 50, 52, 53, 71, 72
99221-99223, 99231-99233 , 99238 , 99239 , 99251-99255 , 99261-99263	WITH 52, 53
UB Revenue	
The organization does not need to determine practitioner type for follow-up visits identified by the following UB Revenue codes.	
0513, 0900-0905 , 0907, 0911- 0917 , 0919	
Visits identified by the following Revenue codes must be with a mental health practitioner or in conjunction with any diagnosis code from Table 1.	
0510 , 0515-0517 , 0519-0523 , 0526-0529 , 077x , 0982 , 0983	

Table 3: Codes to Identify Non-acute Care

Description	HCPCS	UB Revenue	UB Type of Bill	DRG	POS
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		
Rehabilitation		0118, 0128, 0138, 0148, 0158		462	
Respite		0655			
Intermediate care facility					54
Residential substance abuse treatment facility		1002			55
Psychiatric residential treatment center	T2048, H0017-H0019	1001			56
Comprehensive inpatient rehabilitation facility					61
Other nonacute care facilities that do not use the UB Revenue or Type of Bill codes for billing (e.g., ICF, SNF)					

*New codes are bolded.