



Improving Healthcare
for the Common Good

Commonwealth of Pennsylvania Department of Public Welfare Office of Mental Health and Substance Abuse Services

2016 Encounter Data Onsite Performance Measure Review

Value Behavioral Health

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Introduction

HealthChoices Behavioral Health (BH) is the mandatory managed care program which provides Medical Assistance recipients with BH services in the Commonwealth of Pennsylvania (PA). The PA Department of Human Services (DHS) Office of Mental Health and Substance Abuse Services (OMHSAS) contracted with IPRO as its external quality review organization (EQRO) to conduct the 2016 Encounter Data Validation (EDV) onsite reviews and webinars for the HealthChoices BH managed care organizations (BH-MCOs).

Encounter data validation is an ongoing process, involving the MCOs, the state encounter data unit and the EQRO. It includes both a baseline evaluation and ongoing monitoring of submission patterns. The purpose of this monitoring is to identify and resolve issues that arise in the encounter data submission process. In 2013, BH-MCO onsite reviews were conducted as a baseline evaluation of the BH-MCO encounter data units. In the third quarter of 2016 and the first and second quarters of 2017, BH-MCO's onsite visits and webinars were conducted as a part of the ongoing monitoring of submission of encounter data to the DHS's claim processing and management information system, Provider Reimbursement and Operations Management Information System (in electronic format; PROMISe).

Since 2005, on a weekly basis, IPRO receives encounter data extracts from PROMISe and loads the files to IPRO's Statistical Analysis Software (SAS) data warehouse (DW). For physical health (PH) encounter data, IPRO loads the PROMISe paid/accepted dental, professional, institutional and pharmacy extracts (**Table 1**). For BH encounter data, IPRO loads the PROMISe paid/accepted professional and institutional data extracts to its DW. Since January 1, 2012, IPRO also loads the PROMISe denied BH encounter data to its DW. As the weekly PH and BH encounter data extracts are loaded into IPRO's DW, IPRO conducts checks on the data elements and volumes received (**Table 1**).

Table 1: Physical and Behavioral Health Encounter Data Volume

Encounter Type	Claim Volume
Physical Health ¹	
Institutional	62,622,327
Professional	208,985,522
Dental	9,586,305
Pharmacy	368,870,836
Behavioral Health ¹	
Institutional	1,593,010
Professional	183,497,799

¹Claim header volume stored in IPRO's data warehouse as of 1/23/2017.

In addition, on a quarterly basis, IPRO receives the PH and BH eligibility slice files from DHS and loads them into IPRO's SAS DW. The BH eligibility slice file typically contains demographic and eligibility information about members, such as date of birth, county, gender, race, ethnicity, recipient ID#, assistance/aid categories, effective and expiration dates.

On a monthly basis, IPRO attends the Encounter Action Team (EAT) technical meetings with DHS, DXC Technology (formerly known as HP), which provides technical discussions on encounter data submission issues, change orders and defect statuses. On a monthly basis, IPRO also attends the technical PROMISe call with DXC Technology, Office of Medical Assistance Programs (OMAP), Mercer and the PH MCOs to discuss encounter data submission status and issues regarding the PH encounter data submissions. IPRO also participates on weekly PH calls with DHS and bi-weekly calls with OMHSAS to discuss BH encounter data validation activities.

The BH-MCOs were requested to complete and return the information systems capabilities assessment (ISCA) tool to IPRO prior to the EDV onsite visit and webinar. IPRO modified the 5/1/2002 version 1.0 ISCA found in CMS's appendix section of the External Quality Review Activity Protocol. IPRO tailored the questions for the BH-MCO, DHS and PROMISe submission process. IPRO also included a section on the BH-MCOs annual performance measure (PM) development activities and processes. The purpose of the assessment was to specify the capabilities of the BH-MCO's information systems (IS) and to pose standard questions to be used to assess the strengths of the BH-MCO with respect to these

capabilities. The ISCA assisted IPRO to assess the extent to which the BH-MCO's IS is capable of producing valid encounter data, PM member-level data, tracking PROMISE encounter data submissions and other data necessary to support quality assessment and improvement and PM improvement programs.

The ISCA completion was followed by an encounter data onsite visit or a 4-hour webinar. IPRO conducted a one-day onsite review of VBH. The purpose of the onsite visits/webinar was:

1. To be able to review the ISCA findings with the appropriate BH-MCO staff, and discuss any outstanding questions regarding the BH-MCO's ISCA responses;
2. To review the BH-MCO's production enrollment, claim/encounter, and PROMISE submission and PM development processes; and
3. To view member and claim examples selected from the 2016 BH Performance Measure HEDIS® Follow-up After Hospitalization for Mental Illness (FUH) member-level data files submitted on the BH-MCO's system screens.

OMHSAS required the BH-MCOs to submit the following 2016 Annual Performance Measures for measurement year 2015:

- Follow-up After Hospitalization for Mental Illness (FUH) PM. This 2016 BH PM assesses the percentage of discharges for members six years of age and older who were hospitalized for treatment of selected mental health disorders, who were seen on an ambulatory basis or who were in day/night treatment with a mental health provider on the date of discharge up to seven, and 30 days after hospital discharge. BH-MCOs are required to submit data files and source code to IPRO. For this measure two separate versions are requested: HEDIS specifications and PA-specific specifications.
- Readmission Within 30 Days of Inpatient Psychiatric Discharge (REA) PM. This 2016 BH PM assessed the percentage of discharges for enrollees from inpatient acute psychiatric care that were subsequently followed by an inpatient acute psychiatric care readmission within seven, and 30 days of the previous discharge. BH-MCOs are required to submit data files and source code to IPRO.

General Information

Value Behavioral Health of Pennsylvania (VBH), a Beacon Health Options Company, has participated in the BH HealthChoices contract since 1999. In 2016, VBH continued to service 13 counties for the HealthChoices product line. Their total average enrollment in 2015 was 281,161 members (**Table 2**).

The 2016 EDV onsite visit was held in VBH's offices in Trafford, PA on December 13, 2016. OMHSAS and IPRO attended the onsite visit. VBH and Beacon Health Options also attended the onsite visit.

Table 2 lists the PA BH counties where VBH enrolled members during 2015 and the average monthly number of HealthChoices members enrolled for the period from January 1, 2015 to December 31, 2015:

Table 2: Average Monthly HealthChoices Enrollment by County

BH-MCO County Name	Average Monthly Enrollment in 2015
Armstrong	12,182
Beaver	27,482
Butler	19,587
Cambria	25,249
Crawford	15,306
Fayette	33,055
Greene	7,301
Indiana	12,846
Lawrence	16,873
Mercer	21,621
Venango	10,048
Washington	28,367
Westmoreland	51,244
Total	281,161

During the EDV onsite visit, VBH demonstrated their transactional systems for claims processing and enrollment maintenance.

Performance Measure Development

VBH utilizes a separate relational database at the local level in PA and a DW at the national level for the development of the annual FUH and REA BH PMs. VBH develops the PM source code using Structured Query Language (SQL) programming language in an Oracle database management system (DBMS). VBH's data reporting repository includes MCO-paid and MCO-denied claims.

VBH utilizes a relational database to calculate the BH PMs. The data for the local PA-level relational database is populated daily and weekly from VBH's national DW. The national DW is refreshed directly from the Connects Administrative System (CAS). CAS is VBH's proprietary system. VBH uses CAS Platform – CONNECTS for all services and utilization data. CONNECTS is the platform for care management, reporting, research, financial and claims payment. CONNECTS includes functions such as member eligibility, service authorizations and utilization, complaints/grievances, member call center, provider credentialing and enrollment, claims processing, encounter data reporting and outcome measurement. When extracting claims data for the FUH and REA BH PMs, tables in the DW are linked to extract claims, members, providers, and reference information into VBH's reporting extract process. Reporting is done both at the local PA level and at the national level. VBH utilizes several internal controls, record counts and comparison of dollar amounts to ensure the accuracy and completeness of the data.

For inpatient services, the MCO paid claims are extracted based on VBH's authorizations. For the PMs, the discharge episodes are based on discharge dates included on the authorization. VBH does not use the discharge date submitted by the provider on the claim for the development of the BH PMs.

VBH merges various tables within the DW to produce the PM member-level data file. VBH uses tools and techniques such as multi-source record counts, control total checks, validation queries and filters to ensure accurate and complete data merges. The core data systems are refreshed with data from state eligibility files, end-user activity, and the processing of member activity checks, such as checks on the member segments, to ensure that services coincide with eligibility periods. VBH indicated that this helps to ensure that claim records being submitted to PROMISE and the PM data files are valid before the start of analysis. VBH also conducts duplicate check queries, cross reference table validations, record counts, and control totals to avoid irrelevant or duplicate data.

VBH utilizes a "software design life cycle" process to implement and test PM reporting code. VBH retains the PM specifications, programming code and PM rates for reasonability checks and prior-year comparisons. VBH tests the programming code to ensure quality of the output data produced for PM reporting.

During the EDV onsite visit, VBH indicated that the UB type of bill codes found in Table 1.4 of the 2016 FUH PM specifications do not include valid codes found in their claim system. FUH Table 1.4 includes UB type of bill codes included in the HEDIS 2016 FUH measure specifications and Nonacute Inpatient Stay value set. VBH does not utilize the UB type of bill codes to identify nonacute inpatient stays, VBH uses the revenue codes found in Table 1.4 of the specifications to identify nonacute inpatient stays to exclude.

As part of EDV, IPRO compared the 2016 FUH PM member-level data to the BH paid/accepted PROMISE DW tables maintained by IPRO. IPRO also compared the enrollment information of the members included on the 2016 FUH PM member-level file to IPRO's BH eligibility DW.

Enrollment

Prior to the EDV onsite, IPRO compared the members included in the 2016 FUH PM member-level data file to IPRO's BH eligibility data. IPRO utilized the enrollment data to verify and flag any member that was not enrolled with VBH on the discharge date or were enrolled with a different BH-MCO on the discharge date. The following data elements were reviewed during the EDV onsite on VBH's enrollment system: Recipient ID, date of birth, last and first name and enrollment and disenrollment dates for 2015. There were 2,280 internal control numbers (ICNs) submitted and accepted to PROMISE (**Table 3**). Of these, 2,278 (99.99%) were enrolled with VBH on discharge date, none were enrolled with another BH-MCO, and 2 (0.09%) were not enrolled in HealthChoices at discharge date (**Table 3**).

Table 3: Enrollment Denominator Comparison to the BH Eligibility Slice File

Denominator Type	Formula Description	Number or Percent of Members
BH-MCO PM denominator	M1	5,907
BH-MCO ICN submitted and accepted in PROMISe	PD3	2,280
BH Eligibility Slice File		
Enrolled with BH-MCO on discharge date	E1	2,278
Enrolled with other BH-MCO on discharge date	E2	0
Not enrolled in HealthChoices on discharge date	E3	2
Total	$E1 + E2 + E3 = DA$	2,280
Percent of PROMISe submitted and accepted ICNs with member enrolled with BH-MCO	$E1/DA$	99.91%
Percent of PROMISe submitted and accepted ICNs with member not enrolled with BH-MCO	$(E2 + E3)/DA$	0.09%

BH: behavioral health; MCO: managed care organization; PROMISe: Provider Reimbursement and Operations Management Information System (in electronic format); ICN: internal control number.

IPRO identified three member records to review during the onsite review (**Table 3**). The following observations were made during the EDV onsite review of the three member records, discrepancies were found with two of the three records reviewed:

- Member last and first name: IPRO was not able to confirm member last and first name in IPRO’s DW, since the information is not available in the quarterly BH Eligibility Slice File. The name on the 2016 FUH PM member-level data file matched the name in VBH’s enrollment system for all three records.
- Date of birth: IPRO was able to confirm that the date of birth on VBH’s enrollment system matched the date of birth on IPRO’s BH Eligibility DW for all three members.
- Enrollment history:
 - For one member, the effective and expiration dates from VBH’s enrollment system matched the BH Eligibility Slice File.
 - For one member, the enrollment history from the BH Eligibility Slice File indicated a gap in coverage, yet there was no gap in coverage on VBH’s enrollment system. However, the effective and expiration dates found in VBH’s enrollment system matched the DHS CIS system enrollment dates. Based on IPRO’s experience, the earliest enrollment date discrepancies are due to retroactivity and timing issues with the receipt of the BH Eligibility Slice File.
 - For one member, the enrollment history from the BH Eligibility Slice File indicated a gap in coverage. The effective and expiration dates found in VBH’s enrollment system did not match the DHS CIS system enrollment dates. VBH’s enrollment system contains logic to designate the effective and expiration dates in the following scenarios:
 - If the BH effective date and HealthChoices Medicaid (MA) effective date are not identical, VBH selects the later of the dates. If the BH effective date is missing, VBH selects the HealthChoices MA effective date. **Table 4** illustrates examples of enrollment records with derived effective dates.
 - If the BH expiration date and HealthChoices MA expiration date are not identical, VBH selects the earlier of the dates. HealthChoices disenrollment in a given county typically occurs on the last day of the month. HealthChoices eligibility terminations occurring mid-month are typically the result of a member being placed in some kind of facility (e.g., juvenile detention and long-term care). In these scenarios, VBH utilizes logic to extend the expiration date to the end of the month as the expiration date. **Table 4** illustrates examples of enrollment records with derived expiration dates.

Table 4: Enrollment Data for Members with Derived Effective and Expiration Dates

Recipient ID#	BH Effective Date	MA Effective Date	Derived Effective Date
1	Blank	08/20/2015	08/20/2015
2	02/15/2015	03/01/2015	03/01/2015
Recipient ID#	BH Expiration Date	MA Expiration Date	Derived Expiration Date
1	03/31/2015	03/01/2015	03/31/2015
2	06/15/2015	07/31/2015	06/30/2015

ID: identification; BH: behavioral health; MA: Medicaid.

PM FUH Denominator Comparison

Prior to the EDV onsite visit, IPRO compared the denominator PROMISE ICNs included in the 2016 FUH PM member-level data file to IPRO’s BH PROMISE institutional DW. IPRO identified PROMISE ICN records with discrepancies to review during the EDV onsite visit. The following data elements were reviewed during the onsite visit on VBH’s claim system: recipient ID, admission and discharge dates, dates of service, diagnosis codes, revenue codes, UB type of bill code, hospital/provider ID number, place of service (POS), patient discharge status codes.

Appendix A presents the 2016 PM FUH denominator comparison. IPRO selected a sample of three PROMISE ICNs from the PM FUH denominator comparison report to review during the EDV onsite visit on VBH’s claim system. The three FUH denominator PROMISE ICNs were found on the paid/accepted PROMISE institutional inpatient extract. The values of the data elements in the 2016 PM FUH member-level data file and VBH’s claim system were identical.

The following discrepancies were noted between the 2016 FUH PM member-level data and IPRO’s BH PROMISE paid/accepted DW during the review:

- Admission Dates: for one of the three FUH denominator PROMISE ICNs, the PROMISE admission date did not match VBH’s claim system. The discrepancy was attributed to VBH utilizing the admission date from the MCO-denied claim; the PM data file only allows for the identification of one PROMISE ICN and VBH included the PROMISE ICN for the MCO-paid claim.
- Discharge Dates: for two of the three FUH denominator PROMISE ICNs, the discharge date did not match between the VBH’s claim system and the encounter submitted to PROMISE. It was noted that VBH uses the authorization-covered days as the discharge date on the FUH PM member-level file.
- Diagnosis codes: for all three FUH denominator PROMISE ICNs, the PROMISE extract only included five diagnosis codes found on VBH’s claim system. VBH indicated they submit up to six unduplicated diagnosis codes for institutional encounters to PROMISE, only five diagnosis codes were found on the three ICNs.
- Revenue code: for one of the three FUH denominator PROMISE ICNs, the revenue code did not match the value found on VBH’s claim system. VBH indicated that the discrepancy was attributed to VBH’s mapping of the revenue code to align with the BHSRCC grid prior to PROMISE submission

Numerator Comparison

Prior to the EDV onsite review, IPRO compared the numerator PROMISE ICNs included in the 2016 FUH PM member-level data file to IPRO’s BH PROMISE professional DW. IPRO identified PROMISE ICN records with discrepancies to review during the EDV onsite visit. The following data elements were reviewed during the onsite on VBH’s claim system: Recipient ID, dates of service, diagnosis codes, hospital/provider ID number, POS and Current Procedural Terminology (CPT) codes.

Appendix B presents the 2016 PM FUH numerator comparison. IPRO selected a sample of three PROMISE ICNs from the PM FUH numerator comparison report to review during the EDV onsite on VBH’s claim system. The three FUH numerator PROMISE ICNs were found on the paid/accepted PROMISE professional extract. The values of the data elements in the 2016 PM FUH member-level data file and VBH’s claim system were identical.

The following discrepancies were noted between the 2016 PM FUH member-level data and IPRO's BH PROMISE paid/accepted DW during the review:

- POS: for two of the three FUH numerator PROMISE ICNs, the outpatient POS code did not match the value on VBH's claim system. VBH indicated that the discrepancy was attributed to VBH's mapping of the POS code to align with the BHSRCC grid prior to PROMISE submission. If a corresponding POS code is not found on the BHSRCC grid, then a POS code '99' is submitted to PROMISE.
- CPT code: for two of the three FUH numerator PROMISE ICNs, the CPT code did not match the value on VBH's claim system. VBH indicated that the discrepancy was attributed to VBH's mapping of the CPT code to align with the BHSRCC grid prior to PROMISE submission.
- Hospital/Provider ID#: for one of the three FUH numerator PROMISE ICNs, the hospital/provider ID# '888888888' did not match the value on VBH's claim system. It was identified that VBH was mapping values to '888888888' for the hospital/provider ID# on the FUH member-level data file submitted to IPRO.

IPRO identified records in the 2016 FUH PM member-level data file that were missing the PROMISE ICN. IPRO selected a sample of 25 denominator and 25 numerator records missing a PROMISE ICN and requested that VBH review the records and advise whether the associated encounter was submitted to PROMISE, the status of the encounter and the PROMISE ICN.

- VBH indicated that 20 out of the 25 denominator records were submitted and accepted by PROMISE. VBH indicated that four (4) denominator records were submitted and were denied by PROMISE. One (1) denominator record was submitted to PROMISE and VBH was awaiting response. VBH provided PROMISE ICNs for 23 out of the 25 denominator encounters.
- VBH indicated that 23 out of 25 numerator records were submitted and accepted by PROMISE. Two (2) records were submitted and rejected by PROMISE. VBH provided PROMISE ICNs for all the 25 numerator encounters.
- IPRO compared the 23 denominator PROMISE ICNs to IPRO's BH PROMISE institutional DW table. The data discrepancies identified were similar to the claim examples reviewed during the EDV onsite.
- IPRO compared the 25 numerator PROMISE ICNs to IPRO's BH PROMISE professional DW. The data discrepancies identified were similar to the claim examples reviewed during the EDV onsite.

Strengths and Opportunities for Improvement

The review of VBH's data systems, source code and quality assurance processes with regards to the 2016 PM development identified the following process strengths and opportunities for improvement:

Strengths

- VBH staff is knowledgeable and understands the HealthChoices product, business needs and the PM process.
- VBH programmers utilize a "software design life cycle process" to implement and test code and tools used to produce the PM reports. VBH's processes involve in-depth review of code and data techniques along with end user testing and third party validation. Code review, end user testing, control totals, and duplicate checks are used during the review of the data techniques used when PM data are being produced based on PM specifications.

Opportunities for Improvement

- VBH uses the authorization end date in the source code logic to identify the claim's discharge date used in the development of the PM member-level data files. By utilizing the authorization date for calculation of the PMs, only the covered or paid days are included and not the actual inpatient stay days. IPRO recommends VBH utilize the actual discharge date from the claim instead of the authorization end date.
- It is recommended that VBH communicates to IPRO any issues that arise while developing the FUH PM measure. VBH and IPRO can then work together to enhance specifications to pull in appropriate services.
- In developing the BH PM data files, VBH should utilize data prior to any BHSRCC grid mapping or defaulting. VBH has indicated that they are mapping and/or defaulting the POS, provider identification number, revenue and procedure codes. In the 2017 PM specifications, IPRO has added the following language: BH-MCOs must use the provider-submitted revenue codes, UB type of bill (TOB), POS codes and procedure codes when calculating this measure. BH-MCOs should not use any crosswalked codes or BHSRCC mapping for this measure.
- In the production of the 2016 PM data files, VBH did not include the PROMISe ICN for all the records. IPRO recommends that VBH builds logic to select and include the PROMISe ICN on the PM data files.

Appendix A: 2016 FUH PM Denominator Comparison to PROMISE

Table A1: 2016 FUH PM Denominator Comparison to PROMISE

Denominator Type	Formula Description	Number or Percent of Members
BH-MCO PM denominator	M1	5,907
BH-MCO ICN submitted and accepted in PROMISE	PD3	2,280
BH-MCO PM PROMISE denominator ICN submitted and PROMISE accepted, matched to PROMISE DW	DA2	2,280
BH-MCO recipient ID matches PROMISE	DM1	2,280
Percent of BH-MCO recipient ID matches PROMISE	DM1/DA2	100%
BH-MCO hospital/provider ID matches PROMISE	DM2	2,075
Percent of BH-MCO hospital/provider ID matches PROMISE	DM2/DA2	91.0%
BH-MCO admission date matches PROMISE	DM3	2,193
Percent of BH-MCO admission date matches PROMISE	DM3/DA2	96.2%
BH-MCO discharge date matches PROMISE	DM4	2,272
Percent of BH-MCO discharge date matches PROMISE	DM4/DA2	99.6%
BH-MCO discharge status code matches PROMISE	DM8	2,278
Percent of BH-MCO discharge status code matches PROMISE	DM8/DA2	99.9%

FUH: Follow-up After Hospitalization for Mental Illness; PM: performance measure; PROMISE: Provider Reimbursement and Operations Management Information System (in electronic format); BH: behavioral health; MCO: managed care organization; ICN: internal control number; DW: data warehouse.

Appendix B: 2016 FUH PM Numerator Comparison to PROMISE

Table B1: 2016 FUH PM Numerator Comparison to PROMISE

Numerator Type	Formula Description	Number or Percent of Members
BH-MCO PM numerator	M2	4,441
BH-MCO ICN submitted and accepted in PROMISE	PD3	2,280
BH-MCO PM PROMISE numerator ICN submitted and PROMISE accepted, matched to PROMISE DW	NA2	2,051
BH-MCO provider ID matches PROMISE	NM1	1,971
Percent of BH-MCO recipient ID matches PROMISE	NM1/NA2	96.1%
BH-MCO provider type matches PROMISE	NM2	1,933
Percent of BH-MCO provider type matches PROMISE	NM2/NA2	94.2%
BH-MCO POS matches PROMISE	NM3	1,981
Percent of BH-MCO POS matches PROMISE	NM3/NA2	96.6%
BH-MCO service date matches PROMISE	NM4	2,051
Percent of BH-MCO service date matches PROMISE	NM4/NA2	100.0%
BH-MCO primary diagnosis matches PROMISE	NM5	1,889
Percent of BH-MCO primary diagnosis matches PROMISE	NM5/NA2	92.1%
BH-MCO CPT/HCPCS/revenue code matches PROMISE	NM6	1,370
Percent of BH-MCO CPT/HCPCS/revenue code matches PROMISE	NM6/NA2	66.8%

FUH: Follow-up After Hospitalization for Mental Illness; PM: performance measure; PROMISE: Provider Reimbursement and Operations Management Information System (in electronic format); BH: behavioral health; MCO: managed care organization; ICN: internal control number; DW: data warehouse; CPT: Current Procedural Terminology; HCPCS: Healthcare Common Procedure Coding System.

Appendix C: 2016 Performance Measure Rates

Table C1: 2016 Performance Measure Rates

Measurement Year 2016 Performance Measures	Value Behavioral Health			HealthChoices Population			
	Numerator	Denominator	Rate	Numerator	Denominator	Average Rate	Weighted Average Rate
Readmission After Psychiatric Discharge	833	7,120	11.7%	6,737	48,239	14.0%	14.0%
Follow-up After Hospitalization - HEDIS 7 Day	2,731	5,907	46.2%	17,076	37,505	45.5%	44.9%
Follow-up After Hospitalization - HEDIS 30 Day	4,124	5,907	69.8%	24,662	37,505	65.8%	65.4%
Follow-up After Hospitalization - PA 7 Day	3,290	5,907	55.7%	21,216	37,505	56.6%	55.8%
Follow-up After Hospitalization - PA 30 Day	4,441	5,907	75.2%	27,371	37,505	73.0%	72.7%