

Tennessee Health

Link: [Quality Metrics](#)

7 & 30 Day Psych IP/RTF Readmission Rate

Data

- Use of ADT feeds
- Trending of members failing measure to identify interventions

Relationships

- Outreach to local hospitals to develop relationships
- Make contact with social workers to assist in transition planning

Member Engagement

- Outreach to members while inpatient
- Conduct post discharge follow-up to ensure aftercare appointment adherence and access to medication

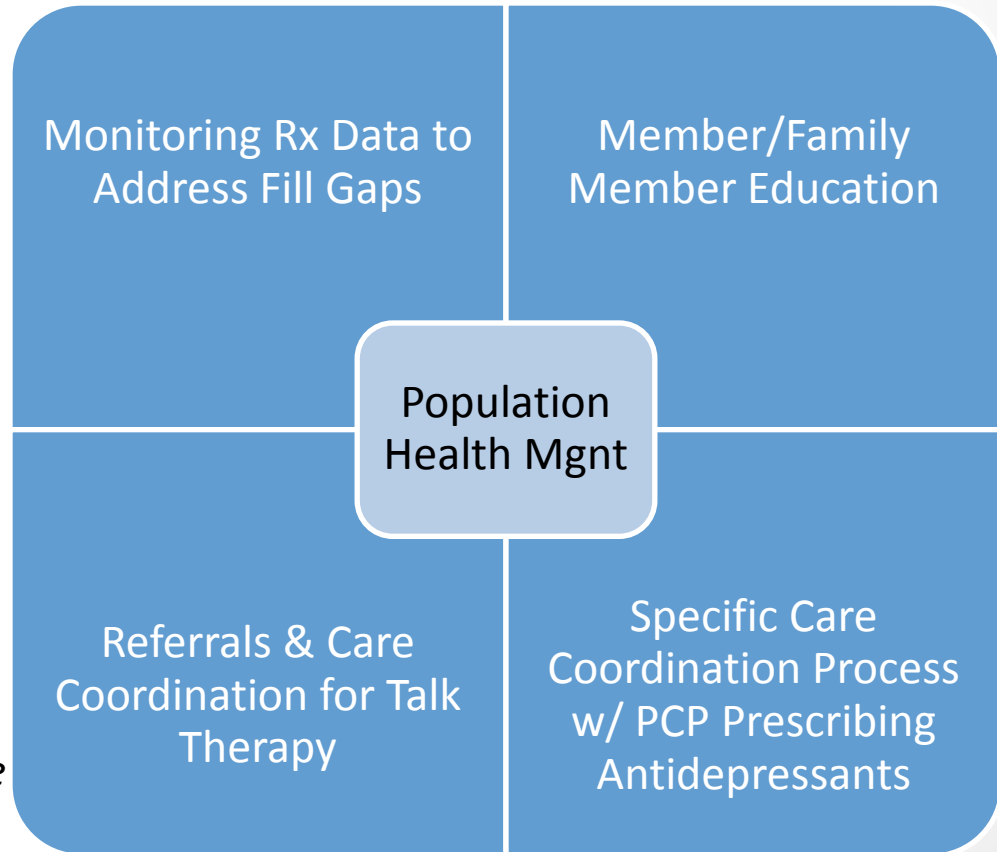
Antidepressant Medication Management

Description

- Percentage of members (18 years of age +) with a diagnosis of major depression who were treated with antidepressant medication and remained on an antidepressant for
 - 12 weeks (Acute Phase)
 - 6 months (Continuation Phase)

Understanding the timeframes

- Intake period: *The 12-month window starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year.*



AMM: Allowable Rx Gaps

Effective Acute Phase:

- Gap in medication treatment up to a total of 31 days during the 115-day period.

Effective Continuation Phase:

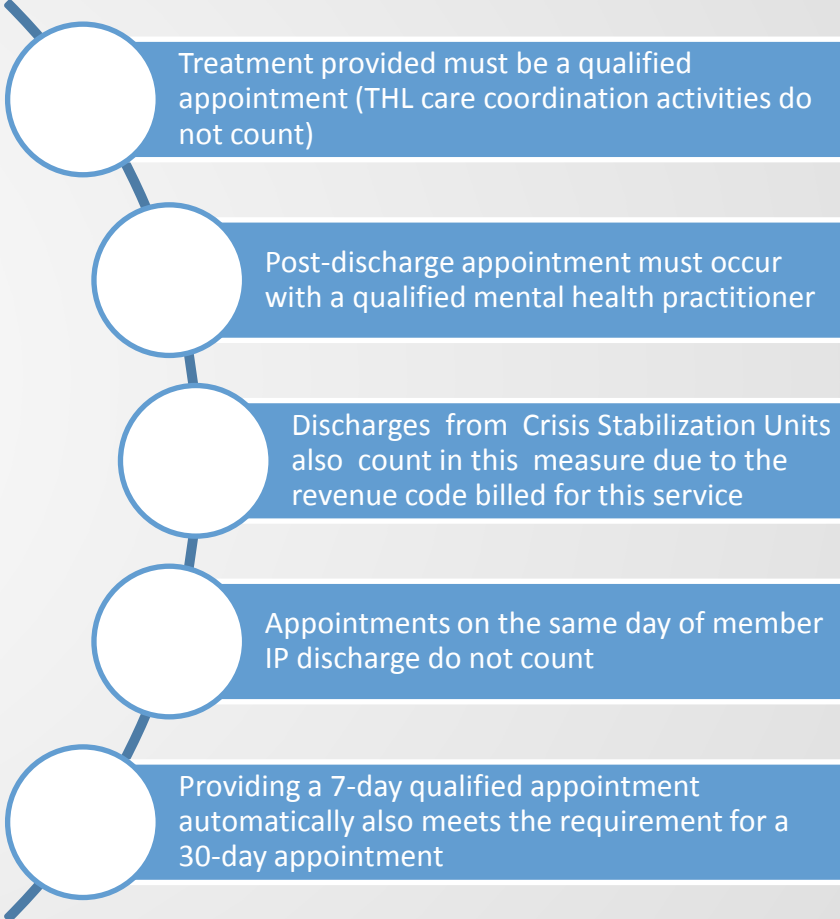
- Gap in medication treatment up to a total of 52 days during the 232-day period.

- Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication

Follow-up After Hospitalization for Mental Illness

The percentage of discharges for members (6 years +) who were discharged from an acute inpatient setting with a mental health diagnosis who had a follow-up appointment with a mental health practitioner:

- Within 7 days
- Within 30 days



Treatment provided must be a qualified appointment (THL care coordination activities do not count)

Post-discharge appointment must occur with a qualified mental health practitioner

Discharges from Crisis Stabilization Units also count in this measure due to the revenue code billed for this service

Appointments on the same day of member IP discharge do not count

Providing a 7-day qualified appointment automatically also meets the requirement for a 30-day appointment

Follow-up After Hospitalization for Mental Illness

License Types	
Qualifies	Does Not Qualify
Psychiatrists	Primary Care Physicians
Psychologists	Drug & Alcohol Counselors
Licensed Social Workers	Non-licensed Clinicians*
Licensed Counselors	
Licensed Therapists	
Psychiatric Nurses (APRN/NP)	
Services	
Qualifies	Does Not Qualify
Outpatient appointment for mental health services with a mental health provider	Appointment with a primary care physician
Partial hospitalization for mental health treatment	Appointment primarily for substance use treatment
Intensive outpatient for mental health treatment	Pastoral counseling
Group/family mental health treatment with a mental health provider	Tennessee Health Link care coordination activities
Outpatient ECT	

*Non-licensed masters prepared clinicians under the supervision of a licensed clinician is allowable through CMHCs.

Use of Multiple Concurrent Antipsychotics in Children & Adolescents (APC)

- The percentage of children and adolescents 1–17 years of age who were treated with antipsychotic medications and were on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year.
- **Note:** A lower rate indicates better performance.



BMI & Weight Assessment

ABA

- This measure assesses whether or not an adult ages 18-74 has had documentation of weight and BMI during the measurement year or year prior.
- For members younger than 20, a BMI percentile is required.
- Any medical record containing this information can be used. Inpatient, home health, behavioral health, etc.
- THL providers can record the member's weight & BMI and code for it closing the care opportunity.

WCC

- This measure assesses whether or not children ages 3-17 had documentation of height, weight, and BMI during the measurement year along with counseling for nutrition and physical activity.
- BMI must be recorded as a percentile and/or documented on an age-growth chart.
- THL providers can record the member's height, weight, & BMI and code for it closing the care opportunity.


*Please refer to the THL coding guide available in the Tools section of the CCT for the appropriate codes to satisfy these measures.

*Members with BMIs outside of the normal range should be encouraged to follow-up with their PCP.

Comprehensive Diabetes Care

- This measure assesses that the following care was provided to diabetic members: A1c testing and control, medical attention for nephropathy, blood pressure control <140/90, and retinal eye exam.
- Only an eye care professional can close the care opportunity for retinal eye exams. The eye exam can be from the year prior if it was negative for retinopathy.
- Retinal eye exams do not require a referral and are covered under the diabetic member's TennCare medical benefit.
- Blood pressure can also be recorded and coded by any provider in an outpatient or non-acute inpatient setting.
- Attention for nephropathy can be satisfied in several ways. The most common are through medication and urine screening.
- A1c testing must be completed annually. Three rates are measures for HEDIS: <7, <8, and poor control >9. A1c testing may be completed by any provider in any setting. Coding for the result must be submitted within 7 days of the test.
- Please refer to the THL coding guide available in the Tools section of the CCT for the appropriate codes related to blood pressure, nephropathy, and A1c.

EPSDT Well-Care Visits



Education	<ul style="list-style-type: none">• Parent/Guardian• Resources/Tools
Assigned PCP/Pediatrician	<ul style="list-style-type: none">• Finding a PCP• Changing PCPs
Coordinating Care	<ul style="list-style-type: none">• Partner with MCO PCMH Providers• Use materials to work with smaller PCP practices

Online Resources:

TennCare Kids <https://www.tn.gov/tenncare/tenncare-kids.html>

Bright Futures/American Academy of Pediatrics (AAP) Periodicity Schedule

https://www.aap.org/en-us/Documents/periodicity_schedule.pdf

Tennessee Chapter, American Academy of Pediatrics (TNAAP)

<https://www.tnaap.org/programs/epsdt-coding/epsdt-well-child-visits>

Q & A