

Statewide PIP Metric: Mental Health Service Access Monitoring

Measure Basic Information

Description: Percent of members with a mental health service need who received outpatient mental health service in the measurement year.

Measure development: These specifications are developed based on a Washington State Department of Social and Health Services measure Mental Health Service Penetration Measure Definition (<https://www.dshs.wa.gov/sites/default/files/rda/reports/cross-system/DSHS-RDA-Medicaid-MH-svc-pen-broad.pdf>), with modification made based on Oregon Health Authority Health Evidence Review Commission's and Health System Division's comments. Hospice code set are adopted from Medicaid Adult Core Set 2021 Adult Core Set HEDIS Measures Value Set Directory (<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set-reporting-resources/index.html>). Psychotropic National Drug Codes (NDC) are retrieved from National Committee for Quality Assurance website based on Medicaid Adult Core Set 2021 Adult Core Set Measure SAA-AD Adherence to Antipsychotic Medications for Individuals with Schizophrenia instruction and medication list (<https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-adult-core-set-manual.pdf?t=1637275624>)

Data Source: MMIS/DSSURS

Measurement Period: 12 months

Identification Period: 24 months (the measurement year and the year prior to measurement year)

Baseline Period: 1/1/2021 – 12/31/2021

Denied claims: Included Not included

Member type: CCO A CCO B CCO G

Measure Details

Eligible Population

Ages

2 years and older as of December 31 of the measurement year. Report six age stratifications and a total:

- 2-5 years.
- 6–11 years.
- 12-17 years.

- 18–24 years.
- 25-64 years.
- 65 and older.
- Total 6 and older.
- Total 2 and older.

Please note that OHA may choose to collapse age grouping in reporting, if certain group(s) has small numbers that present high risk for a breach of confidentiality.

Continuous enrollment	The measurement year.
Allowable gap	No more than one gap in continuous enrollment of up to 45 days during the measurement year.
Anchor date	December 31 of the measurement year.
Benefit	Medical and Mental
Event/diagnosis	<p>Mental health service need is identified by the occurrence of any of the following conditions:</p> <ol style="list-style-type: none"> 1. Receipt of any mental health service encounter meeting the numerator service criteria in the 24-month identification window 2. Any diagnosis of mental illness (not restricted to primary) in the <u>MI-Diagnosis</u> code set in the 24-month identification window 3. Receipt of any psychotropic medication listed in the <u>Psychotropic-NDC</u> code set in the 24-month identification window

Administrative Specification

Denominator	The eligible population.
Numerators	<p>Members receiving at least one outpatient mental health service meeting at least one of the following criteria, applied by claim line, in the 12-month measurement year, <u>and after the denominator event:</u></p> <ol style="list-style-type: none"> 1) Receipt of an outpatient service with a procedure code in the <u>MH-Proc1</u> value set 2) Receipt of an outpatient service with: <ol style="list-style-type: none"> a) Servicing provider taxonomy code in the <u>MH-Taxonomy</u> value set AND b) Procedure code in <u>MH-Proc2</u> value set OR <u>MH-Proc3</u> value set AND c) Primary diagnosis code in the <u>MI-Diagnosis</u> value set 3) Receipt of an outpatient service with: <ol style="list-style-type: none"> a) Procedure code in <u>MH-Proc4</u> value set AND b) Any diagnosis code in the <u>MI-Diagnosis</u> value set 4) Receipt of an outpatient service with: <ol style="list-style-type: none"> a) Servicing provider taxonomy code in the <u>MH-Taxonomy</u> value set AND b) Procedure code in <u>MH-Proc5</u> value set AND c) Any diagnosis code in the <u>MI-Diagnosis</u> value set 5) Receipt of an outpatient service with:

- a) Procedure code in MH-Proc3 **AND**
- b) Primary diagnosis code in the MI-Diagnosis value set

Required exclusions for denominator: Members in hospice care in the measurement year.