

Mental Health Service Penetration – Broad Measure Definition (MH-B)

January 25, 2017

Medicaid Version 1.6

Description

The percentage of members with a mental health service need who received mental health services in the measurement year.

These specifications are derived from a measure developed by the Washington State Department of Social and Health Services, in collaboration with Medicaid delivery system stakeholders, as part of the 5732/1519 performance measure development process.

Eligible Population

Ages	Separate reporting for age groups 6 – 17, 18 – 64 and 65+
Continuous enrollment	The measurement year
Allowable gap	Member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Anchor date	December 31 of the measurement year
Identification window	January 1 of the year prior to the measurement year through December 31 of the measurement year (24 months)
Benefit	Medicaid-only and dual eligibles excluding Part C enrollees Exclude persons with third-party liability (coverage)
Data sources	Medicaid MCO encounters and HCA-paid claims RSN/BHO encounter data and DBHR-paid behavioral health services Medicare Parts A and B claims and Medicare Part D encounters
Event/diagnosis	Members meeting the mental health service need criteria defined below
Claim status	Include only final paid claims or accepted encounters in measure calculation

Mental Health Service Need Definition

Mental health service need is identified by the occurrence of any of the following conditions:

1. Receipt of any mental health service meeting the numerator service criteria in the 24-month identification window
2. Any diagnosis of mental illness (not restricted to primary) in any of the categories listed in MH-Dx-value-set.xlsx in the 24-month identification window. These categories include:
 - a. Psychotic Diagnosis Set 101
 - b. Mania/Bipolar Diagnosis Set 102
 - c. Depression Diagnosis Set 103
 - d. Anxiety Diagnosis Set 104
 - e. ADHD Diagnosis Set 105
 - f. Disruptive/Impulse/Conduct Diagnosis Set 106
 - g. Adjustment Diagnosis Set 107
3. Receipt of any psychotropic medication listed in MH-Rx-value-set.xlsx in the 24-month identification window. These medications comprise the following drug therapy classes:
 - a. Antianxiety Rx
 - b. Antidepressants Rx
 - c. Antimania Rx
 - d. Antipsychotic Rx
 - e. ADHD Rx
4. Any claim with a service procedure code in the following set: 90791, 90792, 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90816, 90817, 90818, 90819, 90821, 90822, 90823, 90824, 90825, 90826, 90827, 90828, 90829, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90857, 90862, 90889, H0004, H0023, H0025, H0027, H0030, H0031, H0032, H0035, H0036, H0037, H0038, H0039, H0040, H0046, H1011, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2021, H2022, H2023, H2035, H2027, H2030, H2031, H2033, M0064, Q5008, S9480, S9482, S9484, S9485, T1025, T1026, T2038, T2048, 96101, 96102, 96103, 96110, 96111, 96116, 96118, 96119, 96120
5. Any psychiatric inpatient stay in the following facility types: Community Psychiatric Hospital, Evaluation & Treatment Center, Child Long-Term Inpatient, Child Study Treatment Center, Eastern and Western State Hospital
6. A tribal mental health encounter paid through ProviderOne

Denominator

Include in the denominator all individuals in the eligible population with a mental health service need in the 24-month identification window.

Numerator

Include in the numerator all individuals receiving at least one mental health services meeting at least one of the following criteria in the 12-month measurement year:

TABLE 1.

Numerator Service Criteria

Criterion	Value Sets
Mental health service modality from RSN/BHO encounter data	<p>crisis services, day support, engagement & outreach, family treatment, group treatment services, high intensity treatment, individual treatment services, intake evaluation, brief intervention treatment, medication management, medication monitoring, mental health clubhouse, peer support, psychological assessment, care coordination services, rehabilitation case management, special population evaluation, stabilization services, supported employment, therapeutic psychoeducation, case management, child family team meeting, co-occurring treatment, community transition, community based wraparound services, residential treatment services</p> <p>Note: Classification of outpatient or residential BHO services is based on procedure code and modifier field values defined in the applicable Service Encounter Reporting Instructions (SERI)</p>
Tribal mental health encounter	A tribal mental health encounter paid through ProviderOne
Mental health provider taxonomy	<p>Primary diagnosis code is a valid value in the MH-Dx-value-set.xlsx set AND</p> <p>Servicing provider taxonomy code is in the set: 101Y00000X, 101YM0800X, 101YP2500X, 103G00000X, 103T00000X, 103TB0200X, 103TC0700X, 103TC1900X, 103TC2200X, 103TF0000X, 103TH0100X, 103TP0016X, 103TP0814X, 103TP2700X, 103TP2701X, 103TR0400X, 104100000X, 1041C0700X, 106H00000X, 163WP0809X, 2080P0006X, 2084A0401X, 2084F0202X, 2084N0400X, 2084N0402X, 2084N0600X, 2084P0015X, 2084P0800X, 2084P0802X, 2084P0804X, 2084P0805X, 2084S0012X, 2084V0102X, 251S00000X, 261QM0801X, 273R00000X, 283Q00000X, 323P00000X, 363LP0808X, 364SP0808X</p>
Mental health procedure code	<p>90791, 90792, 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90816, 90817, 90818, 90819, 90821, 90822, 90823, 90824, 90825, 90826, 90827, 90828, 90829, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90857, 90862, 90889, H0004, H0023, H0025, H0027, H0030, H0031, H0032, H0035, H0036, H0037, H0038, H0039, H0040, H0046, H1011, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, H2021, H2022, H2023, H2035, H2027, H2030, H2031, H2033, M0064, Q5008, S9480, S9482, S9484, S9485, T1025, T1026, T2038, T2048, 96101, 96102, 96103, 96110, 96111, 96116, 96118, 96119, 96120</p>
Mental health condition management in primary care	<p>Primary diagnosis code is a valid value in the MH-Dx-value-set.xlsx set AND</p> <p>Procedure code is in the set: 99201-99215 (Office), 99241-99255 (Consultation), or 99441-99444 (telephonic or online) AND</p> <p>(for Medicaid claims/encounters) Servicing provider taxonomy code is in the set: 101YA0400X, 101YM0800X, 101YP2500X, 103T00000X, 103TC0700X, 103TP0016X, 104100000X, 1041C0700X, 106H00000X,</p>

163W00000X, 163WH0200X, 163WP0807X, 163WP0808X,
163WP0809X, 163WW0101X, 193200000X, 193400000X, 207LA0401X,
207LP2900X, 207P00000X, 207Q00000X, 207QA0000X, 207QA0401X,
207QA0505X, 207QG0300X, 207QH0002X, 207QS1201X, 207R00000X,
207RA0000X, 207RA0401X, 207RC0000X, 207RC0001X, 207RC0200X,
207RE0101X, 207RG0100X, 207RG0300X, 207RH0000X, 207RH0002X,
207RH0003X, 207RI0001X, 207RI0008X, 207RI0011X, 207RI0200X,
207RN0300X, 207RP1001X, 207RR0500X, 207RS0010X, 207RS0012X,
207RT0003X, 207RX0202X, 207V00000X, 207VC0200X, 207VG0400X,
207VM0101X, 207VX0000X, 207VX0201X, 208000000X, 2080A0000X,
2080H0002X, 2080P0006X, 2080P0008X, 2080P0201X, 2080P0202X,
2080P0204X, 2080P0205X, 2080P0206X, 2080P0207X, 2080P0208X,
2080P0210X, 2080P0214X, 2080P0216X, 2083P0901X, 2084A0401X,
2084F0202X, 2084N0400X, 2084N0402X, 2084P0015X, 2084P0800X,
2084P0802X, 2084P0804X, 2084P0805X, 208800000X, 208D00000X,
208M00000X, 208VP0000X, 208VP0014X, 251S00000X, 261Q00000X,
261QD1600X, 261QF0400X, 261QM0801X, 261QM1300X,
261QP0904X, 261QP0905X, 261QP2300X, 261QR0200X, 261QR0400X,
261QR0405X, 261QR1300X, 261QU0200X, 273R00000X, 282N00000X,
282NC0060X, 282NC2000X, 282NR1301X, 283Q00000X, 320800000X,
324500000X, 363LA2100X, 363LA2200X, 363LC1500X, 363LF0000X,
363LG0600X, 363LP0200X, 363LP0808X, 363LP1700X, 363LP2300X,
363LW0102X, 363LX0001X, 363LX0106X, 364S00000X, 364SF0001X,
364SP0808X, 367A00000X

For Medicare paid claims, allow any servicing provider taxonomy code under this criterion