Process Overview

Unlike other metrics for the Hospital Transformation Performance Program (HTPP), the Oregon Health Authority (OHA) will pull the data for the follow-up after hospitalization for mental illness measure directly from Medicaid claims. OHA has pulled the discharges for the baseline year of the program (October 2013 – September 2014), and is sharing these with hospitals for validation purposes. Importantly, Medicaid claims data does not always differentiate individual hospitals within larger hospital systems (e.g., claims from PeaceHealth Sacred Heart at Riverbend and PeaceHealth Sacred Heart University District may appear only as ‘PeaceHealth’). As part of the validation process hospitals can choose to identify the specific hospital from which a patient was discharged.

The Apprise secure web portal (https://secureportal.apprisehealthinsights.com) is being used to share mental illness discharges between OHA and hospitals. OHA will place files containing discharges for mental illness hospitalizations for each hospital / hospital system on the Apprise secure web portal on January 15, 2015. Hospitals will review these data, and place revised files noting any requested changes on the Apprise web portal by February 28, 2015. OHA will then review and calculate the final baseline rates. More specific instructions are included below.

Where Do I Access My Hospital’s Data?

Hospitals should review the files, which will be placed on the Apprise Health Insights secure web portal (https://secureportal.apprisehealthinsights.com) on January 15, 2015. Please go to the website as soon as possible after that date to review your hospital’s baseline data for this measure.

If you have any technical issues logging in to the Apprise system contact:
Mark Christman, Apprise Member Services Coordinator
Mark.christman@apprisehealthinsights.com
503.479.6017

Detailed Process and Data Guide

Each hospital system’s data is in the folder for that hospital / hospital system. Each row represents a discharge. If you do not want to request any changes to the data, no additional action is required. However, if you would like to request changes to your hospital’s data after you review it, follow these steps:

1. Indicate the requested changes in the columns on the right of the spreadsheet, which have been placed there specifically for this purpose. These fields are:
   - Correct Hospital Attribution (insert hospital name)
   - Delete Discharge (insert an X to indicate this record should not be included for your hospital)
   - Deletion Reason (if asking for record to be deleted, indicate reason in this field)
   - Other Requests (note any additional changes requested and include reason)

2. If any discharges are missing, append them to the list from OHA. Indicate that they are additions in the ‘Other Requests’ column.

3. Save the file with the extension “_hospital response_day.month.year” (e.g., BayArea_MH discharges for review20150105_hospital response_20.January.2015)

4. Upload it to your hospital’s folder on the Apprise portal.

5. Send an email to Sara Kleinschmit at OHA (sara.kleinschmit@state.or.us) so that we are aware that the data have been placed there for OHA review.

6. The file with requested changes must be uploaded to the Apprise web portal by February 28, 2015. If no response is received from the hospital by this date, OHA will calculate rates based on the initial denominator.
Transfers to Oregon State Hospital

Note patients transferred to the Oregon State Hospital will be included in OHA's discharges. However, if hospitals alert OHA that a patient included in the list was transferred to the Oregon State Hospital, OHA will verify the transfer and discharge will be excluded from the measure.

Such transfers will be dealt with on a case-by-case basis. Hospitals should indicate that a patient was transferred to the Oregon State Hospital in the Deletion Reason column of the file. OHA will then verify the transfer on a manual, case-by-case basis. If OHA is able to verify the transfer, the discharge will be removed from the denominator of this measure.

How Can I tell if My Hospital is Receiving Credit for a Discharge?

The files contain a column called ‘numerator’. If that field is populated with a ‘1’, it means that this discharge (row) is counted in the numerator (i.e., the patient received follow-up care within seven days of the discharge).

Member Allocation and Validation

In some cases, OHA’s Medicaid claims data does not differentiate individual hospitals within larger hospital systems. For example, (e.g., claims from PeaceHealth Sacred Heart at Riverbend and PeaceHealth Sacred Heart University District submitted only as ‘PeaceHealth’). As stipulated in the measure specification sheet¹ and included in Appendix A, as part of the validation process hospitals can choose to identify the specific hospital from which a patient was discharged. Hospitals should do so in the column provided.

If a hospital system chooses not to identify individual hospitals for their discharges, OHA will calculate the rates using the system rate (as outlined in the measure specification sheet and in Appendix A).

Review Process

OHA will review requests for denominator changes on a case by case basis; hospitals may be contacted for further information as required.

Version Control

- 10 February 2015. These instructions were updated on 10 February 2015 to note that transfers to the Oregon State Hospital will be excluded from the measure if hospitals alert OHA that a patient was transferred to the Oregon State Hospital and OHA is able to verify the transfer.

¹ See http://www.oregon.gov/oha/analytics/Pages/Hospital-Baseline-Data.aspx.
Appendix A

Member Allocation and Performance Attribution

**Member Allocation:** An allocation methodology will be used in instances in which hospitals that are part of a hospital system do not submit separate claims to OHA, but claims are instead submitted for the aggregated hospital system (e.g., claims from PeaceHealth Sacred Heart at Riverbend and PeaceHealth Sacred Heart University District submitted only as ‘PeaceHealth’). The allocation methodology will also be used in instances when there are fewer than 10 discharges for a hospital in the measurement period. This process is as follows:

1. OHA will pull the discharges for an 11 month period for all DRG hospitals in the state (discharges occurring in the final month of the full 12 month program year are not included to allow time for follow-up to occur)

2. The discharge data will be sent to each hospital/hospital system for validation. In the case of hospital systems, this will include breaking apart system rates and attributing to individual hospitals where possible. Hospitals/hospital systems will provide validated discharge information back to OHA. **In the baseline year (year one), hospitals must respond with any requested changes by February 28, 2015, and in the performance year (year two), hospitals must respond with any requested changes by March 31, 2016.**

3. OHA will then calculate the rates and identify the numerator. If a hospital or hospital system does not provide OHA with any requested changes to the discharge file by the dates above, OHA will calculate the rate based upon the initial pull.

**Performance Attribution:**

1. OHA is taking a tiered approach to attribution: (1) Use individual hospital rate; (2) Use system rate if individual hospital rate is unavailable and hospital is part of a system; and (3) Use statewide CCO rate if neither individual nor system rates are available.

2. In any instance in which a hospital is a part of a system and a hospital-level denominator is unavailable (because the hospital system chose not to, or was unable to attribute system-wide data to individual hospitals; a hospital did not have any discharges; or a hospital does not have a psychiatric ward), the hospital-system rate will be attributed to the individual hospital.

3. If a hospital is not a part of a hospital system and it does not have a psychiatric ward, the statewide CCO rate will be applied.

4. If a hospital is not a part of a hospital system and has a psychiatric ward but zero discharges, the statewide CCO rate will be applied.

5. If the validated denominator is <10 but >0 for any hospital:
   a. If the hospital is part of a hospital system, the system rate will be used.
   b. If the hospital is not part of a hospital system, the statewide CCO rate will be used.