Validation Process for HTPP Follow-up after Hospitalization for Mental Illness Measure
Performance Year Data
March 16, 2015

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. As outlined in the HTPP Reporting Timeline (see Appendix B and http://www.oregon.gov/oha/analytics/HospitalData/Timeline%20-%20Detailed%20Table%20(revised).pdf), OHA will share progress reports for the follow-up after hospitalization for mental illness measure with hospitals each quarter.

As part of this process, each quarter OHA will share rolling 12 months of discharge data. This information will be shared with any hospital with at least 10 discharges\(^1\) and be used for validation purposes.

Importantly, Medicaid claims data do 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 each quarter (see Appendix B). Hospitals will review these data, and place revised files noting any requested changes on the Apprise web portal within the timelines outlined in Appendix B. OHA will then review and calculate the rates for the progress reports. 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) each quarter (see Appendix B for timeframe).

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:
   o Correct Hospital Attribution (insert hospital name)
   o Delete Discharge (insert an X to indicate this record should not be included for your hospital)
   o Deletion Reason (if asking for record to be deleted, indicate reason in this field)
   o Other Requests (note any additional changes requested and include reason)

\(^1\) A performance attribution methodology (outlined Appendix A and in the measure specifications) is used for any hospital with fewer than 10 discharges. In such instances there is not a need to validate discharges since these hospitals will receive their DRG system rate (if they are a part of a system), or the statewide CCO rate (if they are not a part of a hospital system). See the Appendix A or the measure specifications for more information.
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 within the timelines outlined in Appendix B. If no response is received from the hospital by this date, OHA will calculate progress report 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 discharge list. 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 the 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, claims from PeaceHealth Sacred Heart at Riverbend and PeaceHealth Sacred Heart University District submitted may be submitted as ‘PeaceHealth’. As stipulated in the measure specification sheet 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).

Why Isn’t There Anything in My Hospital’s Folder on the Apprise Portal?
OHA will only share discharges with hospitals / hospital systems which have had at least 10 mental health discharges in the rolling 12 month period. If you do not see data for your hospital, it did not have at least 10 mental health discharges during the review period. Recall a performance attribution methodology (outlined Appendix A and in the measure specifications) is used for any hospital with fewer than 10 discharges. In such instances there is no need to validate discharges since these hospitals will receive their DRG system rate (if they are a part of a system), or the statewide CCO rate (if they are not a part of a hospital system). See the Appendix A or the measure specifications for more information.

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

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2 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.

6. Note that only DRG hospitals are included in ‘system’ calculations (so if a hospital system is made up of both DRG and other types of hospitals, only the system’s DRG hospitals are included in the system-level rate). This is because the HTPP program is limited to DRG hospitals.
## Appendix B

**Progress reporting for follow-up after hospitalization for mental illness measure (not tied to payment):**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 16, 2015</td>
<td>OHA sends hospitals denominator information for validation (for period 1/1/2014-11/30/2014)</td>
</tr>
<tr>
<td>April 6, 2015</td>
<td>Hospitals respond to OHA with any requested changes to the denominator. If no response is received from the hospital by this date, OHA will calculate rates based on the initial denominator. These rates are not tied to payment and are for hospitals to use in tracking progress against the benchmark only.</td>
</tr>
<tr>
<td>April 27, 2015</td>
<td>OHA distributes follow-up after hospitalization for mental illness progress report to hospitals (including follow-up occurring through 12/31/2014)</td>
</tr>
<tr>
<td>July 7, 2015</td>
<td>Hospitals respond to OHA with any requested changes to the denominator. If no response is received from the hospital by this date, OHA will calculate rates based on the initial denominator. These rates are not tied to payment and are for hospitals to use in tracking progress against the benchmark only.</td>
</tr>
<tr>
<td>July 28, 2015</td>
<td>OHA distributes follow-up after hospitalization for mental illness progress report to hospitals (including follow-up occurring through 3/31/2015)</td>
</tr>
<tr>
<td>September 15, 2015</td>
<td>OHA sends hospitals denominator information for validation (for period 7/1/2014-5/31/2015)</td>
</tr>
<tr>
<td>October 6, 2015</td>
<td>Hospitals respond to OHA with any requested changes to the denominator. If no response is received from the hospital by this date, OHA will calculate rates based on the initial denominator. These rates are not tied to payment and are for hospitals use in tracking progress against the benchmark only.</td>
</tr>
<tr>
<td>October 27, 2015</td>
<td>OHA distributes follow-up after hospitalization for mental illness progress report to hospitals (including follow-up occurring through 6/30/2015)</td>
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