51604Q7T0LON: Original APPENDIX A

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Ohio Department of Medicaid Health Home SPMI/SED Enrollee Identification Methodology Using Updated Mental Health Diagnosis Codes May 16, 2014

To be enrolled in an Ohio Mental Health -Health Home, a Medicaid consumer must meet at least ONE of the four pathways during the research time period\* 1

## 1. Medicaid Mental Health Claims History

A. Four or more visits with one or more of the following Mental Health codes (data provided by OhioMHAS):

Z1831, 90862 (1/1/2013 forward)	Pharmacological Management
Z1833, H0004	Counseling & Therapy (lnd)
Z1834, H0004	Counseling & Therapy (Grp)
ZI837, S9484	Crisis Intervention
Z1838, S0201	Partial Hospitalization
Z1840, H0036	Community Psychiatric Support Tx (lnd)
Z1841, H0036	Community Psychiatric Support Tx (Grp)
S0281	Mental Health -Health Home

AND

B. One or more Medicaid claims containing a primary or secondary mental health diagnoses listed in "Attachment 1\*- Health Home Mental Health Diagnosis Codes."

## 2. High Mental Health pharmaceutical use defined as:

- A. Received 12 or more prescriptions during the research time period from the following drug classes or lists
  - i. Psychotherapy medications, Tranquilizers, Antipsychotics;
  - ii. Antimanic Agents;
  - iii. Anticonvulsant, Benzodiazepine;
  - iv Anticonvulsant, Misc;
  - v. Any drug listed on **Attachment 2\* Health Home Mental Health Pharmaceuticals**
  - vi If the client is age 18 or younger, any drug listed on Attachment 3\* Additional Health Home Mental Health Pharmaceuticals for Consumers 18 and Younger

<sup>&</sup>lt;sup>1</sup> The research time period will be updated regularly based on updated Medicaid claims data. As of April 2014, the research time period will be Jan 1– Dec 31, 2013.

<sup>•</sup> Attachments 1, 2 and 3 referenced above are available on the web site of Ohio Department of Mental Health Addiction Services at the following link: <a href="http://mha.ohio.gov/Default.aspx?tabid=601">http://mha.ohio.gov/Default.aspx?tabid=601</a>

OR

B. Received any office administered antipsychotic medication ("J code injectable")

AND In addition to 2A OR 2B, the enrollee must have BOTH:

C. One or more Medicaid claims containing a primary or secondary mental health diagnoses listed in "Appendix A: Health Home Mental Health Diagnosis Codes."

**AND** 

D. Meets the cost threshold of greater than or equal to the average total Medicaid cost of the SPMI/SED overall population (\$10,471 for SPMI; \$5,653 for SED)

## 3. History of Hospital Inpatient Admission

A. Has had at least one inpatient hospital admission during the research period for any primary diagnosis

AND

B. Has had one or more Medicaid claims containing a primary or secondary mental health diagnoses listed in "Appendix A: Health Home Mental Health Diagnosis Codes."

AND

C. Has had Medicaid claims during the research period of at least the average total cost of SPMIISED overall population (\$10,471 for SPMI; \$5,653 for SED)

## 4. History of Emergency Room Use

A. Has had 4 or more visits to a hospital emergency department

AND

B. One or more Medicaid claims containing a primary or secondary mental health diagnoses listed in "Appendix A: Health Home Mental Health Diagnosis Codes."

AND

C. Has Medicaid claims during the research period of at least the average total cost of the SPMI/SED overall population (\$10,471 for SPMI; \$5,653 for SED)