C·B·H

a division of DBHIDS

PAY-FOR-PERFORMANCE (P4P)

Operational Definitions

Updated December 2025

Community Behavioral Health

MAIN OFFICES 215.413.3100 | MEMBER SERVICES 888.545.2600 | PROVIDER RELATIONS 215.413.7660 | CBHPHILLY.ORG

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1. OVERVIEW

1.1. Introduction

This Operational Definitions Master Document is intended to be used as a guide for understanding the performance evaluation process and performance measures included in the Community Behavioral Health (CBH) Pay-for-Performance (P4P) program for reporting year 2025. CBH uses P4P as one way to assess the quality of services our members are receiving and rewards providers that perform above performance targets with a bonus payment, in addition to regular payments for services. In its current form, P4P has been in place since 2007. The performance measures used either align with state and national measures or are developed by CBH and DBHIDS subject matter experts, in conjunction with providers. All measures used for P4P align with the DBHIDS Practice Guidelines and are either process or outcome measures that reflect best practices. Unless otherwise indicated, P4P measures utilize claims and CBH eligibility data for processing.

These operational definitions outline the assessment process, the measures, a rationale explaining why each measure is important, and what or who is included or excluded in each element of the measure. The following overview describes how total scores on each P4P report are calculated and eligibility criteria for a P4P award. We hope that you find this document to be useful.

1.2. How Scores are Calculated on the Matrix

Weighted Mean

The CBH weighted mean is the average for that measure for all providers. It is calculated by dividing the sum of the numerators by the sum of the denominators for each measure. Using this method to calculate the mean gives each treatment episode or discharge equal "weight" in the calculation. This methodology accounts for differences in provider size and ensures that the contribution each episode or discharge gives to the average is the same, regardless of the size of the provider.

Weighted Standard Deviation

The weighted standard deviation measures the way scores vary around the mean. Using the weighted standard deviation accounts for differences in provider size and ensures that the contribution that each episode or discharge contributes is the same, regardless of the size of the provider.

Thresholds

Providers are assessed using performance thresholds based on the most current national or state standards, where available. Where there is no national or state standard for a measurement, CBH calculates performance thresholds based on the distribution, or the weighted mean and standard deviation. When the distribution is used, thresholds for "good" performance (falling within the "green" band) are set by adding ½ of the weighted standard deviation to the weighted mean (or subtracting for reverse measures where a lower rate is better) and, for "poor" performance (falling within the "red" band), by subtracting ½ of the weighted standard deviation from the weighted mean (or adding for reverse measures). "Average" performance is that which falls within the yellow band, or ½ of the weighted standard deviation above and below the weighted mean.

Weight

Each measure is given a "weight," meaning a certain number of points. Measures that are new or have significantly changed since the previous reporting year are not given points and are considered "contextual" (performance is considered baseline and provided for context). Weights indicate the relative importance of that measure as compared with other measures for a particular level of care (LOC). A measure that is worth more points contribute more weight to the provider's total score. The weights are determined by DBH and CBH leadership and are based on CBH priorities and measures that are more within a provider's control to impact. A provider is given the maximum number of points available for a rate that falls in the green threshold and one-half of the maximum number of points available for a rate that falls in the yellow threshold. A rate in the red range receives zero points. For example:

Providers with a rate for this measure that is at or above 84% will receive 3 points out of a possible 3 points; Providers with a rate that is between 73% (inclusive of 73%) to 84% will receive 1.5 points out of a possible 3 points; Providers with a rate below 73% will receive 0 points out of a possible 3 points.

Rate Range	Rate	Points
At or above	84%	3
Between	73%–84%	1.5
Below	73%	0

Change Measure Calculations

Providers may also be assessed on change in performance from last measurement period to this measurement period through a change measure. New measures or measures that have changed significantly do not have a change measure associated with them. Performance on the change measure will be shown on the matrix next to performance on the corresponding measure.

Change measures receive the same weight (number of points) as the associated measure. Therefore, the total points possible for performance scores and improvement scores are the same. The color band from Year 2 (current measurement period) for a provider is compared to the color band from Year 1 (prior measurement period) for each measure. Therefore, change is determined by performance relative to the performance benchmarks and is not solely based on change in the rate from Year 1 to Year 2.

In 2019, CBH began to award additional points to providers for improvement. Providers no longer have points deducted for deterioration in performance, nor do they receive points for maintaining good performance. This change in methodology was made to acknowledge the efforts of providers over the past year to improve their performance. To calculate the change score for a measure, the weight (points) achieved on the measure is multiplied by the following base weights, which are the same for every change measure:

		Current Year (Year 2)		
		Green	Yellow	Red
Prior Year (Year 1)	Red	1.00	0.75	0.00
	Yellow	0.75	0.00	0.00
	Green	0.00	0.00	0.00

A provider whose rate went from the yellow band last year to green band this year would receive: 0.75 x 3 points = 2.25 points towards their total improvement score. A provider whose rate went from the red band last year to the green band this year would receive: 1.00 x 3 points = 3 points towards their total improvement score.

1.2.1. Network Improvement & Accountability Collaborative (NIAC) Score

Definition

In an effort to incorporate additional measures of service quality into P4P provider assessment, the provider's NIAC Score is included in calculation of the provider's total score for a given LOC.

NIAC Score Calculation

The score used in P4P and shown in the matrix is the total score on the Network Inclusion Criteria (NIC) tool for a provider and that LOC in the calendar year prior to the reporting year. If a provider received more than one total score on the NIC tool during the calendar year, the most recent score for that program and LOC is used.

NIC scores will be carried over a maximum of two (2) years if a provider did not receive a score on the NIC tool for the current reporting year. If a program did not receive a NIC score for the current reporting year, the NIC score received in the prior reporting year will be applied. If a provider did not receive a NIC score in the prior reporting year, the score received in the reporting year 2 years prior to the current year will be applied.

Thresholds (for all populations and all LOCs)

Thresholds for NIAC scores are based on what NIAC considers "good," "fair," and "poor" performance, and are as follows:

Range	Rate	Performance
At or above	65%	Good
Between	50%–65%	Fair
Below	50%	Poor

Weights

NIAC scores are weighted equivalent to 1/10 (10%) of total available points for the assessed LOC.

1.2.2. Calculating Total Scores

Definition

The Total Score, expressed as a percentage, is your agency's overall performance for that LOC and grouping. Consistent with assessing providers on performance separately from improvement, providers receive two total scores: one for performance on the measures in the current reporting period and a second for improvement on measures from the last to the current reporting period.

Total Score for Performance

The Total Score for performance is calculated by dividing the total number of points a provider has achieved for that LOC by the total number of points available for that LOC, multiplied by 100 and rounded to one decimal place.

Total Score for Improvement

The Total Score for improvement is calculated by dividing the total number of points a provider has achieved for improvement on change measures in that LOC by the total number of points available for change measures in that LOC, multiplied by 100 and rounded to one decimal place.

2. ACUTE PSYCHIATRIC INPATIENT FOR CHILDREN AND ADULT EXTENDED ACUTE CARE

LOCs	➡ Children's Acute Inpatient (IP): 100.001, 100.002, 100.004-100.008, 100.010-100.012, 100.030, 100.032, 100.034, 100.037-100.039 ➡ Extended Acute Care (EAC): 140.001-140.002, 140.022, 140.023
P4P Measurement Period	➡ Children's Psychiatric Acute Inpatient (CIP): January 1, 2024 – December 31, 2024 ➡ Adult Extended Acute Care (EAC): January 1, 2024 – December 31, 2024
Episodes	Children's IP ➡ An episode of Inpatient treatment begins on the service date of the first claim received for an Inpatient LOC and ends on the service date of the final claim for Inpatient care, as determined by the lack of a subsequent Inpatient claim lasting 1 or more days. ➡ Subsequent Inpatient claims within 1 day shall be counted as a *continuous episode* if the claim is made by the same provider and a *transfer* if the claim is made by a different provider. ➡ Subsequent claims outside 1 day shall be counted as a readmission, and therefore the start of a new episode of treatment. EAC ➡ An episode of EAC treatment begins on the service date of the first claim received for an EAC LOC and ends on the service date of the final claim for EAC care, as determined by the lack of a subsequent EAC claim lasting 1 or more days. ➡ Subsequent EAC claims within 1 day shall be counted as a continuous episode, if the claim is made by the same provider and a transfer if the claim is made by a different provider. ➡ Subsequent claims outside of 1 day shall be counted as a readmission, and therefore the start of a new episode of treatment.
Child vs. Adult Populations	Definition: A "child" is considered a member who is less than 18 years old on the episode start date. An episode of treatment for a member who is less than 18 years of age appears in the Child Inpatient report.

Measurements for All LOCs

Measurement Labels		Practice Guidelines Domain	Measurement Description
CIP	EAC		
CIP01	EAC06 (New and Contextual)	Continuing Support and Early Re-Intervention	7-Day Follow-Up After Discharge Aggregate
CIP02	EAC01	Continuing Support and Early Re-Intervention	30-Day Follow-Up After Discharge Aggregate
CIP16	EAC05	Continuing Support and Early Re-Intervention	30 Day Readmission Outcomes Aggregate

2.1. CIP01/EAC06 (New and Contextual): 7-Day Follow-Up After Discharge Aggregate

Rationale	We include measurements of follow-up as an assessment of whether care is continued in a timely fashion after discharge following an Inpatient Psychiatric stay, since continuing support and early re-intervention are important components of continued wellness and recovery.	
Definition	Percent of Inpatient discharges for which the member received at least one follow-up service within 7 days of discharge.	
	Eligible Population (Inclusion Criteria)	➡ Philadelphia County HealthChoices members who were discharged from a Psychiatric Inpatient program during the measurement year. ➡ Member must be continually eligible for Philadelphia County HealthChoices for at least 30 days post Inpatient discharge. ➡ Members must be at least 6 years of age.
	Do Not Include	➡ Members who have insurance coverage other than HealthChoices (i.e. Medicare or Commercial) ➡ Members who do not maintain HealthChoices eligibility continuously for 30 days. ➡ Members that have EAC claims within 1 day post Inpatient discharge. ➡ If the member is transferred to another Psychiatric Inpatient or Extended Acute Care facility ➡ Members that have another IP episode within 7 days of discharge. ➡ If the IP discharge uses any of the discharge status codes listed in Reference Table

	If Member has Multiple IP Discharges During Measurement Period	The member is considered to have multiple episodes; therefore, although a member may be included in the discharge count of more than one provider or of one provider multiple times, each discharge will be counted once.
Denominator	Qualifying Discharges: Discharges of the Eligible Population listed above during the measurement period.	
Numerator	Discharges with Follow-Up: Of the Eligible Population, those discharges for which CBH received a claim for a follow-up service within 7 days from the date of discharge from a Psychiatric Inpatient hospital. All behavioral health services that are a step-down from acute inpatient and extended acute care are considered a follow-up service.	

Thresholds and Points

Current Year	Percentage	Points
At or above	63%	3
Between	53.18%–63%	1.5
Below	53.18%	0

2.2. CIP02/EAC01: 30-Day Follow-Up After Discharge Aggregate

Rationale	We include measurements of follow-up rate as an assessment of whether care is continued in a timely fashion after discharge following an Inpatient Psychiatric stay, since continuing support and early re-intervention are important components of continued wellness and recovery.	
Definition	Percent of IP discharges for which the member received at least one follow-up service within 30 days of discharge.	
	Eligible Population (Inclusion Criteria)	➡ Philadelphia County HealthChoices members who were discharged from a Psychiatric Inpatient/EAC program during the measurement year ➡ Member must be continually eligible for Philadelphia County HealthChoices for at least 30 days post Inpatient/EAC discharge. ➡ Members must be at least 6 years of age.

	Do Not Include	➡ Members who have insurance coverage other than HealthChoices (e.g., Medicare or commercial) ➡ Members who do not maintain HealthChoices eligibility continuously for 30 days ➡ Members that have EAC claims within 1 day post Inpatient discharge ➡ If the member is transferred to another Psychiatric Inpatient or Extended Acute Care facility ➡ Members that have another IP episode within 7 days of discharge ➡ If the IP discharge uses any of the discharge status codes listed in Reference Table
	If Member has Multiple IP Discharges During Measurement Period	The member is considered to have multiple episodes; therefore, although a member may be included in the discharge count of more than one provider or of one provider multiple times, each discharge will be counted once.
Denominator	Qualifying Discharges: Discharges of the Eligible Population listed above during the measurement period.	
Numerator	Discharges with Follow-Up: Of the Eligible Population, those discharges for which CBH received a claim for a follow-up service within 30 days from the date of discharge from a Psychiatric Inpatient hospital or Extended Acute Care.	

Thresholds and Points

CIP02			EAC01		
Current Year	**Percentage**	**Points**	**Current Year**	**Percentage**	**Points**
At or above	75%	3	At or above	92%	4
Between	67.29%–75%	1.5	Between	82%–92%	2
Below	67.29%	0	Below	82%	0

2.3. CIP16/EAC05: 30-Day Readmission Outcomes Aggregate

Rationale	Effective service planning and coordination/continuity of care are key components to preventing readmissions especially for those with case management. To measure the effectiveness of service planning and continuity of care, particularly discharge planning

	and coordination, we will examine the rate of members who are readmitted to inpatient treatment within a short time following discharge.	
Definition	Percent of discharges from IP that are readmitted to Inpatient treatment within 30 days.	
	Eligible Population (Inclusion Criteria)	➡ Philadelphia County HealthChoices members who were discharged from a Psychiatric Inpatient/EAC program during the measurement year. ➡ Member must be continually eligible for Philadelphia County HealthChoices for at least 30 days post Psychiatric Inpatient/EAC discharge.
	Do Not Include	➡ If the member is ineligible for HealthChoices at the time of discharge. ➡ Members who have insurance coverage other than HealthChoices (i.e. Medicare or Commercial) ➡ If the IP discharge uses any of the discharge status codes listed in Reference Table
	If Member has Multiple IP Discharges During Measurement Period	The member is considered to have multiple episodes. Therefore, although a member may be included in the readmission count of more than one provider or of one provider multiple times, each readmission will be counted once.
Denominator	Qualifying Discharges: Discharges from Acute Inpatient or EAC during the measurement period.	
Numerator	Discharges with Readmission: Those discharges for which CBH received a claim for a new Psychiatric Inpatient or EAC admission within 30 days from the member's initial Psychiatric Inpatient or EAC discharge.	

Threshold and Points

CIP16			EAC05		
Current Year	**Percentage**	**Points**	**Current Year**	**Percentage**	**Points**
Above	16.54%	0	Above	43.5%	0
Between	11.75%–16.54%	1	Between	38.7%–43.5%	1.5
Below	11.75%	2	At or below	38.7%	3

2.4. Reference Tables

2.4.1. Disqualifying Discharge Status Codes

Discharge Code	Discharge Status Label
2	Discharged/transferred to another hospital for inpatient care
3	Discharged/transferred to a skilled nursing facility (SNF)
4	Discharged/Transferred to an Intermediate Care Facility
5	Discharge/transferred to another type of institution for inpatient care
20	Expired
30	Still a patient
43	Discharged/Transferred to a Federal Hospital
51	Discharged/Transferred to a Hospice medical facility
61	Discharged/Transferred to a Hospital-based Medicare Approved Swing Bed
62	Discharged/Transferred to an Inpatient Rehabilitation Facility Including Distinct Part Units of a Hospital
63	Discharged/Transferred to Long Term Care Hospitals
64	Discharged/Transferred to a Nursing Facility Certified Under Medicaid but not Certified Under Medicare
65	Discharged/Transferred to a Psychiatric Hospital or Psychiatric Distinct Part Unit of a Hospital
66	Discharged/Transferred to a Critical Access Hospital (CAH)
70	Discharged/transferred to another Type of Health Care Institution not Defined Elsewhere in this Code List
30	Still a patient
81	Discharged to home or self-care with a planned acute care hospital readmission (eff. 10/2013)
82	Discharged/transferred to a short-term general hospital for inpatient care with a planned acute care hospital inpatient readmission
83	Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital readmission
84	Discharged/transferred to a facility that provides custodial or supportive care with a planned acute care hospital inpatient readmission
85	Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission

Discharge Code	Discharge Status Label
86	Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital readmission
87	Discharged/transferred to court/law enforcement with a planned acute care hospital inpatient readmission
88	Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission
89	Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission
90	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital
91	Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission
92	Discharged/transferred to nursing facility certified under Medicaid but not certified under Medicare with a planned acute care hospital readmission
93	Discharged/transferred to a psychiatric hospital/distinct part unit of a hospital with a planned acute care hospital inpatient readmission
94	Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission
95	Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned inpatient readmission

3. ASAM 3.5: CLINICALLY MANAGED HIGH-INTENSITY RESIDENTIAL SERVICES

FKA Non-Hospital Residential Rehabilitation (NHRR)

LOCs	200.028 (200-28: ASAM 3.5, Clinically Managed High Intensity Residential Services)
P4P Measurement Period	January 1, 2024 – December 31, 2024

Measurements for All LOCs

Measurement Labels	Practice Guidelines Domain	Measurement Description
NHRR01	Continuing Support and Early Re-Intervention	Percent of Discharges Having Follow-Up within 7 Days
NHRR03	Continuing Support and Early Re-Intervention	Percent of Discharges Having Follow-Up within 30 Days
NHRR04	Continuing Support and Early Re-Intervention	Percent of Discharges Not Readmitted Within 90 Days
NHRR05	Continuing Support and Early Re-Intervention	Percent of Discharges Receiving Methadone or Buprenorphine within 7 Days or Vivitrol or Sublocade within 35 Days

Populations Included

ASAM 3.5 providers are evaluated based upon the population of CBH members that they serve. There are currently two populations evaluated for ASAM 3.5 providers: **General** and **Women with Children**.

Note: *Please note that Journey of Hope programs for Chronically Homeless members are assessed as their own P4P grouping.*

NHRR00 Episode

Definition	Episodes are distinguished from one another either by a *discharge* or a *gap*. Depending on the category gaps vary in length and for different reasons.	
	Discharge	If the episode is defined by discharge, the episode is considered ended at the treatment end date provided to the CBH Care Manager at the time of discharge review. Discharge of episodes generally applies only to authorized LOCs.
	Gap	➡ If the episode Is defined by gap, the episode is considered ended on the specified service date of the final claim for that LOC and provider if that claim is followed by a specified number of days where the member remains eligible for Health Choices (or BHSI or OMH funding, as defined in the operational definitions for the specific LOC) but does not receive services in that LOC or with that provider. ➡ The gap in care for ASAM 3.5 is a 1-day gap. ➡ A member shall be considered transferred if the service date on the final claim with a provider is within one (1) day of a claim in the same LOC but with a different provider.
Mean Length of Stay (LOS)	The mean LOS expresses the average length of episodes of care provided by the reporting provider. This shall usually be defined either by number of contacts (with each claim counted as a contact for that LOC), or by the number of days elapsed from the first claim to the final claim.	

3.1. NHRR01: Percent of Discharges Having Follow-Up within 7 Days / NHRR03: Percent of Discharges Having Follow-Up within 30 Days

Rationale	We include a measurement of follow-up rate as an assessment of how care is continued in a timely fashion after discharge from a drug & alcohol residential rehabilitation facility since continuing support and early re-intervention are essential to sustaining wellness and enhancing long term recovery and are important components of the DBHIDS Practice Guidelines.	
Definition	Percent of discharges from Non-Hospital Residential Rehabilitation with a follow-up service within 7 and 30 days of the discharge.	
	Eligible Population (Inclusion Criteria)	➡ Philadelphia County HealthChoices (CBH) funded members that were discharged from a Non-Hospital Residential Rehabilitation center during the measurement year. ➡ Philadelphia County HealthChoices (CBH) members that do not have commercial or other insurance coverage (i.e. Medicare)

		➡ Member must be continuously eligible for Philadelphia County HealthChoices funding for at least 30 days following their discharge from Non-Hospital Residential Rehabilitation. ➡ Members must be older than 6 years of age but younger than 64 years of age
	Do Not Include	➡ Members who have insurance coverage other than HealthChoices ➡ Members who do not maintain CBH HealthChoices eligibility continuously for 30 days ➡ If the member is transferred to another Residential Rehabilitation Center, Psychiatric Inpatient, Extended Acute Care or Detoxification Center ➡ If the member has a Discharge Status Code of 20 (deceased)
	If Member has Multiple IP Discharges During Measurement Period	The member is considered to have multiple episodes. Therefore, although a member may be included in the discharge count of more than one provider or of one provider multiple times during the reporting year, each discharge will be counted once.
Denominator	Qualifying Discharges: The discharges of the Eligible Population listed above during the measurement period.	
Numerator	Discharges with Follow-Up: Of the Eligible Population, those discharges for which CBH received a claim for a follow-up service within 7 and 30 days from the date of discharge from a ASAM 3.5 program (General or Women with Children).	

Thresholds and Points

NHHR01 | ASAM 3.5, General			NHHR01 | ASAM 3.5, Women w/Children		
Current Year	**Percentage**	**Points**	**Current Year**	**Percentage**	**Points**
At or Above	53.1%	4	At or Above	88.5%	4
Between	40.9%–53.1%	2	Between	75.4%–88.5%	2
Below	40.9%	0	Below	75.4%	0

NHHR03 | ASAM 3.5, General			NHHR03 | ASAM 3.5, Women w/Children		
Current Year	Percentage	Points	Current Year	Percentage	Points
At or Above	68.8%	2	At or Above	92.9%	2
Between	58.6%–68.8%	1	Between	82.8%–92.9%	1
Below	58.6%	0	Below	92.9%	2

3.2. NHRR04: Percent of Discharges Not Readmitted within 90 Days

Rationale	Recovery initiation (not returning to the same or higher LOC within a critical window following discharge from a Residential Rehabilitation program) is an indicator of sustained wellness post-discharge and is associated with long-term recovery.	
Definition	Percent of discharges for which the member has not readmitted to Non-Hospital Residential Rehabilitation or an equal LOC (e.g., Psychiatric Inpatient, Extended Acute Care or Detoxification) within 90 days from initial discharge date	
	Eligible Population (Inclusion Criteria)	➡ Philadelphia County HealthChoices (CBH) funded members that were admitted into a Non-Hospital Residential Rehabilitation center during the measurement year ➡ CBH-funded members that do not have commercial or other insurance coverage (e.g., Medicare) ➡ Member must be continuously eligible for Philadelphia County HealthChoices funding for at least 90 days following their discharge from Non-Hospital Residential Rehabilitation. ➡ Members must be older than 6 years of age but younger than 64 years of age.
	Do Not Include	➡ Members who have insurance coverage other than HealthChoices ➡ If the member is transferred to another Residential Rehabilitation Center, Psychiatric Inpatient, Extended Acute Care or Detoxification Center ➡ If the member has a Discharge Status Code of 20 (deceased)
	If Member has Multiple IP Discharges During Measurement Period	The member is considered to have multiple episodes; therefore, although a member may be included in the discharge count of more than one provider or of one provider multiple times during the reporting year, each discharge will be counted once.

Denominator	Qualifying Discharges: Discharges of the Eligible Population listed above during the measurement period.
Numerator	Discharges not Readmitted within 90 Days: Those discharges for which CBH did not receive a claim for ASAM 3.5, Residential Independent Non-Hospital Treatment, or Psychiatric Inpatient (including Extended Acute Care) or Detoxification/Withdrawal Management LOCs within 90 days from the date of discharge of their initial Non-Hospital Residential Rehabilitation treatment.

Thresholds and Points

NHHR04 | ASAM 3.5, General			NHHR04 | ASAM 3.5, Women w/Children		
Current Year	**Percentage**	**Points**	**Current Year**	**Percentage**	**Points**
At or Above	60.9%	3	At or Above	46.7%	3
Between	55.5%–60.9%	1.5	Between	26.2%–46.7%	1.5
Below	55.5%	0	Below	26.2%	0

3.3. NHRR05: Percent of Discharges Receiving Methadone or Buprenorphine within 7 Days or Vivitrol or Sublocade within 35 Days

Rationale	Compared to non-pharmacological therapies, people receiving medications for opioid use disorder OUD (MOUD), which are evidence-based pharmacological treatments for OUD, remain in treatment longer, have reduced illicit opioid use or prescription opioid misuse, and are at lower risk of opioid-related harms, including overdose and death. Therefore, we measure the extent to which members being discharged from ASAM Residential are receiving MOUD soon after discharge as a proxy indicator of MOUD induction during residential treatment.	
Definition	Percent of discharges with a Methadone or Buprenorphine claim within 7 days, or a Vivitrol or Sublocade claim within 35 days	
	Eligible Population (Inclusion Criteria)	➡ Philadelphia County HealthChoices (CBH) funded members that were discharged from a Non-Hospital Residential Rehabilitation center during the measurement year ➡ CBH-funded members that do not have commercial or other insurance coverage (e.g., Medicare) ➡ Member must be continuously eligible for Philadelphia County HealthChoices funding for at least 90 days following their discharge from Non-Hospital Residential Rehabilitation.

		➡ Members must be at least 6 years of age and younger than 65 years of age.
	Do Not Include	➡ Members who have insurance coverage other than HealthChoices ➡ If the member is transferred to another Residential Rehabilitation Center, Psychiatric Inpatient, Extended Acute Care or Detoxification Center ➡ If the member has a Discharge Status Code of 20 (deceased)
	If Member has Multiple IP Discharges During Measurement Period	The member is considered to have multiple episodes; therefore, although a member may be included in the discharge count of more than one provider or of one provider multiple times during the reporting year, each discharge will be counted once.
Denominator	Qualifying Discharges: Of the eligible population listed above, discharges during the measurement period with a primary or non-primary OUD diagnosis: ➡ F11.1XX (excluding F11.11, in remission) – Opioid Abuse ➡ F11.2XX (excluding F11.21, in remission) – Opioid Dependence	
Numerator	Discharges receiving MOUD: Of the qualifying discharges, those that meet one of the following conditions: Methadone claim within 7 days, or Buprenorphine claim within 7 days, or Vivitrol claim within 35 days, or Sublocade claim within 35 days.	

Thresholds and Points

NHHR05 | ASAM 3.5, General			NHHR05 | ASAM 3.5, Women w/Children		
Current Year	**Percentage**	**Points**	**Current Year**	**Percentage**	**Points**
At or Above	55.0%	2	At or Above	82.7%	2
Between	43.3%–55.0%	1	Between	54.8%–82.7%	1
Below	43.3%	0	Below	54.8%	0

4. JOURNEY OF HOPE (JOH)

LOCs	200.009, 200.028
P4P Measurement Period for Discharges	January 1, 2024 – December 31, 2024 (CY 2024)

JOH00: Episode

Rationale	Episodes are created in order to enumerate the lengths of stay, courses of treatment and readmissions received by a member in a LOC, provided by a single grouped provider.	
Definition	An episode is a length of time spent receiving services in a LOC, distinct from other lengths of stay or courses of treatment. Episodes are distinguished from one another by a discharge.	
	Discharge	If the episode is defined by discharge, the episode is considered ended at the treatment end date provided to the Journey of Hope program manager.
	Multiple Episodes	For some LOCs, members may have multiple episodes during the measurement year. In most cases, episodes shall be counted once per measure. In some cases, the measure specifies a count of unique clients, in which case each member shall be counted once regardless of the number of episodes that member has.
Mean LOS	The average LOS expresses the average length of episodes of care provided by the reporting provider. This is by the number of days elapsed from the admission date to the treatment end date reported to the JoH program manager.	

Measures Included

Measurement Labels	Practice Guidelines Domain	Measurement Description
JoH11-Stable	Screening, Assessment, Service Planning and Delivery	Percent Not Readmitted to Acute LOCs within 90 Days of Discharge (Recovery Initiation); Excluding Discharge Dispositions to Jail or Higher Acuity LOCs
JoH03a-Stable	Screening, Assessment, Service Planning and Delivery	Percent Having LOS Greater than or Equal to Three (3) Months, Excluding Discharge Dispositions to Jail or Higher Acuity LOCs
JoH14-Stable	Continuing Support & Early Re-Intervention	7-Day Follow-Up Rate, Excluding Discharge Dispositions to Jail or Higher Acuity LOCs

Measurement Labels	Practice Guidelines Domain	Measurement Description
JoH06b-Stable	Continuing Support & Early Re-Intervention	14-Day Follow-Up Rate, Excluding Discharge Dispositions to Jail or Higher Acuity LOCs

4.1. JoH11 (Stable Discharges): Percent Not Readmitted to Acute LOCs within 90 Days of Discharge (Recovery Initiation); Excluding Discharge Dispositions to Jail or Higher Acuity LOCs

Rationale	Recovery initiation (not returning to the same or higher LOC within a critical window following discharge from at Journey of Hope program) is an indicator of sustained wellness post-discharge and is associated with long-term recovery.	
Definition	Percent of discharges for which the member is not readmitted to the same or higher LOC (e.g., Inpatient, EAC, Detox or Rehab/ASAM) within 90 days of discharge	
	Eligible Population (Inclusion Criteria)	Individuals who were discharged from Journey of Hope within the measurement period.
	Do Not Include	Excluded discharges are those transferred to other LOCs/treatment (e.g., Inpatient, Detox, Rehab, or Medical/Nursing Care) or who went directly to jail.
	If Member has Multiple JoH Discharges During Measurement Period	The member is considered to have multiple episodes. Therefore, although a member may be included in the discharge count of more than one provider or of one provider multiple times, each discharge will be counted once.
	Measurement Note	All qualifying episodes will be counted for this measure even in instances when individuals return to a Journey of Hope program within 30 days from discharge.
Denominator	Qualifying Discharges: Based on discharge disposition, qualifying discharges from Journey of Hope include Halfway House, Independent Living, MH Residential Program, Recovery House, Living with Friends/Family/Spouse, Other, PSH, Safe Haven, Shelter, or Whereabouts Unknown. Discharges of members older than 6 years of age who do not have Medicare coverage or insurance other than DBHIDS funding and who are continuously eligible for CBH Medicaid funding for the 90 consecutive days following discharge.	
Numerator	Discharges: Those JoH discharges for which CBH/BHSI did not receive a claim for the same or higher LOC within 90 days from date of discharge.	

Threshold and Points

Current Year	Percentage	Points
At or above	90.0%	2
Between	80.1%–89.99%	1
Below	80.0%	0

4.2. JoH03a (Stable Discharges): Percent Having LOS Greater than or Equal to Three (3) Months; Excluding Discharge Dispositions to Jail or Higher Acuity LOCs

Rationale	As JoH serves chronically homeless individuals, it is expected that this population would require longer time to engage and longer time in the program to address living situation issues (e.g., issuance of a form of identification, housing, etc.) related to homelessness. Hence a stay greater than or equal to three months is expected to be a minimally sufficient time to address living situation issues as well as for individuals to be engaged in their SUD treatment.	
Definition	Percent of Journey of Hope members who were discharged from the JoH program greater than or equal to three months of admittance.	
	Eligible Population (Inclusion Criteria)	Individuals who were discharged from Journey of Hope within the measurement period.
	Do Not Include	Excluded discharges are those transferred to other LOCs/treatment (e.g., Inpatient, Detox, Rehab, or Medical/Nursing Care) or who went directly to jail.
	If Member has Multiple JoH Discharges During Measurement Period	The member is considered to have multiple episodes. Therefore, although a member may be included in the discharge count of more than one provider or of one provider multiple times, each discharge will be counted once.
	Measurement Note	All qualifying episodes will be counted for this measure even in instances when individuals return to a Journey of Hope program within 30 days from discharge.
Denominator	Qualifying Discharges: Based on discharge disposition, qualifying discharges from Journey of Hope include Halfway House, Independent Living, MH Residential Program, Recovery House, Living with Friends/Family/Spouse, Other, PSH, Safe Haven, Shelter, or Whereabouts Unknown.	

	Discharges of members older than 6 years of age who do not have Medicare coverage or insurance other than DBHIDS funding and who are continuously eligible for CBH Medicaid funding for the 90 consecutive days following discharge.
Numerator	Discharges: Percent of Journey of Hope individuals who were discharged greater than or equal to three months from admission to a JoH program.

Thresholds and Points

Current Year	Percentage	Points
At or above	86.4%	2
Between	68.81%–86.39%	1
Below	66.8%	0

4.3. JoH14 (Stable Discharges): 7-Day Follow-Up Rate, Excluding Discharge Dispositions to Jail or Higher Acuity LOCs

Rationale	We include a measurement of follow-up rate as an assessment of how care is continued in a timely fashion after discharge following a Journey of Hope stay since continuing support and early re-intervention are essential to sustaining wellness and enhancing long term recovery and are important components of the Practice Guidelines.	
Definition	Percent of JoH discharges for which the member received at least one follow-up LOC within seven days of discharge.	
	Eligible Population (Inclusion Criteria)	Individuals who were discharged from Journey of Hope within the measurement period.
	Do Not Include	Excluded discharges are those transferred to other LOCs/treatment (e.g., Inpatient, Detox, Rehab, or Medical/Nursing Care) or who went directly to jail.
	If Member has Multiple JoH Discharges During Measurement Period	The member is considered to have multiple episodes. Therefore, although a member may be included in the discharge count of more than one provider or of one provider multiple times, each discharge will be counted once.

	Measurement Note	In instances when individuals return to a Journey of Hope program within 30 days from discharge, the first qualifying episode will be excluded from this measure.
Denominator	Qualifying Discharges: Based on discharge disposition, qualifying discharges from Journey of Hope include Halfway House, Independent Living, MH Residential Program, Recovery House, Living with Friends/Family/Spouse, Other, PSH, Safe Haven, Shelter, or Whereabouts Unknown. Discharges of members older than 6 years of age who do not have Medicare coverage or insurance other than DBHIDS funding and who are continuously eligible for CBH Medicaid funding for the 90 consecutive days following discharge.	
Numerator	Discharges with Follow-Up: Those qualifying discharges for which CBH/BHSI received a claim for a follow-up LOC within seven days from the member's date of discharge from Journey of Hope.	

Thresholds and Points

Current Year	Percentage	Points
At or above	91.3%	2
Between	81.2%–91.29%	1
Below	81.1%	0

4.4. JoH06b (Stable Discharges): 14-Day Follow-Up Rate, Excluding Discharge Dispositions to Jail or Higher Acuity LOCs

Rationale	We include a measurement of follow-up rate as an assessment of how care is continued in a timely fashion after discharge following a Journey of Hope stay since continuing support and early re-intervention are essential to sustaining wellness and enhancing long term recovery and are important components of the Practice Guidelines.	
Definition	Percent of JoH discharges for which the member received at least one follow-up LOC within 14 days of discharge.	
	Eligible Population (Inclusion Criteria)	Individuals who were discharged from Journey of Hope within the measurement period.
	Do Not Include	Excluded discharges are those transferred to other LOCs/treatment (e.g., Inpatient, Detox, Rehab, or Medical/Nursing Care) or who went directly to jail.

	If Member has Multiple IP Discharges During Measurement Period	The member is considered to have multiple episodes. Therefore, although a member may be included in the discharge count of more than one provider or of one provider multiple times, each discharge will be counted once.
	Measurement Note	In instances when individuals return to a Journey of Hope program within 30 days from discharge, the first qualifying episode will be excluded from this measure.
Denominator	Qualifying Discharges: Based on discharge disposition, qualifying discharges from Journey of Hope include Halfway House, Independent Living, MH Residential Program, Recovery House, Living with Friends/Family/Spouse, Other, PSH, Safe Haven, Shelter, or Whereabouts Unknown. Discharges of members older than 6 years of age who do not have Medicare coverage or insurance other than DBHIDS funding and who are continuously eligible for CBH Medicaid funding for the 90 consecutive days following discharge.	
Numerator	Discharges with Follow-Up: Those qualifying discharges for which CBH/BHSI received a claim for a follow-up LOC within 14 days from the member's date of discharge from Journey of Hope.	

Thresholds and Points

Current Year	Percentage	Points
At or above	90.0%	2
Between	80.1%–89.99%	1
Below	80.0%	0

4.5. Discharges

4.5.1. All Discharges

JoH01b (Recovery Initiation); JoH02a (LOS); JoH13 (7-Day Follow-Up); JoH05b (14-Day Follow-Up); JoH08b (30-Day Follow-Up)

All Discharges	Exclusion Criteria
➡ Halfway House	➡ Correctional Instit.
➡ Living Alone/Independent	➡ Comm. Inpatient
➡ MH Res. Program	➡ SUD Res. Program

All Discharges	Exclusion Criteria
➡ Recovery House	➡ SUD Treatment/Detox.
➡ With Parent/Guardian	➡ Medical/Nursing Care
➡ With Other Friends/Family	➡ Consumer Died
➡ With Spouse/Sig.Other	➡ Went To Boarding Home
➡ Permanent Supportive Housing	➡ Nursing Home
➡ Safe Haven	
➡ Shelter	
➡ Wherabouts Unknown	
➡ AWOL/AMA	
➡ Street	
➡ Dual Diagnosis Res.	

4.5.2. Stable Discharges

JoH11 (Recovery Initiation); JoH03a (LOS); JoH14 (7-Day Follow-Up); JoH05b (14 Day Follow-Up); JoH08b (30 Day Follow-Up)

Stable Discharges	Exclusion Criteria
➡ Halfway House	➡ Correctional Instit.
➡ Living Alone/Independent	➡ Comm.Inpatient
➡ MH Res. Program	➡ SUD Res. Program
➡ Recovery House	➡ SUD Treatment/Detox.
➡ With Parent/Guardian	➡ Medical/Nursing Care
➡ With Other Friends/Family	➡ Went To Boarding Home
➡ With Spouse/Sig.Other	➡ Nursing Home
➡ Permanent Supportive Housing	➡ AWOL/AMA
➡ Dual Diagnosis Res.	➡ Safe Haven
	➡ Shelter
	➡ Whereabouts Unknown
	➡ Street
	➡ Consumer Died

4.5.3. Vulnerable Discharges

JoH12, (Recovery Initiation); JoH04a (LOS); JoH15 (7-Day Follow-Up); JoH06b (14-Day Follow-Up); JoH010b (30-Day Follow-Up)

Vulnerable Discharges	Exclusion Criteria
➡ Safe Haven	➡ Correctional Instit.
➡ Shelter	➡ Comm. Inpatient
➡ Wherabouts Unknown	➡ SUD Res. Program
➡ AWOL/AMA	➡ SUD Treatment/Detox.
➡ Street	➡ Medical/Nursing Care
	➡ Went To Boarding Home
	➡ Nursing Home
	➡ Halfway House
	➡ Living Alone/Independent
	➡ MH Res. Program
	➡ Recovery House
	➡ With Parent/Guardian
	➡ With Other Friends/Family
	➡ With Spouse/Sig.Other
	➡ Permanent Supportive Housing
	➡ Consumer Died
	➡ Dual Diagnosis Res.

5. MENTAL HEALTH OUTPATIENT (MHOP)

LOCs	LOCs as listed in Reference Table 5.5.1. and Table 5.5.4.
P4P Measurement Period for Discharges	January 1, 2024 – December 31, 2024
Child vs. Adult Populations	Rationale: We assess providers separately on their services to children with a DSM diagnosis of autism spectrum disorder (ASD) and without ASD because these two groups of children may have very different service utilization patterns. This distinction is made at the member level, not the provider level, so if a provider served both children with and without an ASD diagnosis during the measurement period, the data for those children will appear in the respective performance reports, according to their diagnoses. Definition: A "child" is considered a member who is less than 18 years old on the episode start date. An episode of treatment for a member who is less than 18 years of age appears in either the Child ASD or Child Non-ASD report. Conversely, an episode of treatment for a member who is 18 years or older is considered an "adult" and will appear in the adult report. An episode of treatment for child with a DSM diagnosis of ASD appears in the Child ASD report.

MHOP00: Episode – Therapeutic vs. MHOP

Rationale	Episodes are created to enumerate the lengths of stay, courses of treatment and readmissions received by a member in a LOC, provided by a single grouped provider.	
Definition	An episode is a length of time spent receiving services in a LOC, distinct from other lengths of stay or courses of treatment.	
	MHOP and Therapeutic Episodes	➡ Certain measures distinguish between MHOP and therapeutic services. A therapeutic service is defined as all LOC codes included in Table 5.5.1.; an assessment service is defined as all LOC codes included in Table 5.5.3. ➡ For MHOP01, a treatment episode begins on the date of the first assessment service, as defined in Table 5.5.3. ➡ For MHOP04a and MHOP05, the therapeutic episode begins on the date of the first therapeutic service, as defined in Table 5.5.1.
	Episode End	The episode is considered ended when there is a gap of 120 days or more between services in this LOC.
	Multiple Episodes	For some LOCs, members may have multiple episodes during the course of the measurement year. In most cases, episodes shall be counted once per measure. In some cases, the measure specifies a count of unique

		clients, in which case each member shall be counted once regardless of the number of episodes that member has.
Mean LOS	The average LOS expresses the average length of episodes of care provided by the reporting provider. This is by the number of days elapsed from the admission date to the treatment end date reported to the JoH program manager.	

Measures Included

Adults	Children Non-ASD	Children w/ASD	Measurement Description
MHOP01	MHOP01	Not assessed on this measure	Percent not readmitted to acute LOCs within 90 days of discharge (recovery initiation), excluding discharge dispositions to jail or higher acuity LOCs
MHOP04a	MHOP04a	MHOP04a	Percent having LOS greater than or equal to three months, excluding discharge dispositions to jail or higher acuity LOCs
MHOP05	MHOP05	MHOP05	7-day follow-up rate, excluding discharge dispositions to jail or higher acuity LOCs

Bonus (not a scored measure) for all groupings:

- Community Connection and Mobilization: Participation in Behavioral Health Screening Events

5.1. MHOP01: Percent Discharged from Higher LOCs Having MHOP Follow-Up Within 30 Days

Rationale	Timely access to outpatient services ensures continuity of care, an essential tool in sustaining wellness and enhancing long term recovery. Thus, this measure examines whether outpatient providers offer members timely outpatient follow-up after discharge from a higher LOC (e.g. Inpatient, Acute Partial, Residential Rehabilitation, etc.).	
Definition	The percentage of outpatient mental health services, as defined in Reference Tables 5.5.1. and 5.5.5., that occur within 30 days of discharge from a higher LOC, as defined in Reference Table 5.5.7. RTF services apply to children only.	
	Eligible Population (Inclusion Criteria)	➡ Philadelphia County HealthChoices members between ages 18-64 years of age (adults) or 17 years of age and younger (children) who do not have other insurance coverage ➡ Member must be continuously eligible for HealthChoices for at least 30 days post discharge from their higher LOC. ➡ Members must have at least one paid claim for a MHOP service preceded by a discharge from a higher LOC within 90 days, as defined in Reference Table 5.5.7.

		➡ The MHOP service must occur within the measurement year ➡ The MHOP service must be the first service received following the discharge from a higher LOC ➡ The Higher LOC discharge was no more than 90 days prior to the first MHOP service ➡ The higher LOC discharges may fall within the last 90 days of the previous calendar year.
	Do Not Include	➡ This measure is not used for children who have a diagnosis of ASD. ➡ Members who have insurance coverage other than HealthChoices. ➡ Members who lose HealthChoices eligibility for 15 days or more during the 30 days following discharge from the higher LOC. ➡ Any qualifying outpatient service that is not the first in sequence following a higher-level-of-care discharge. ➡ Individuals discharged from certain higher LOC services (as defined in Reference Table 5.5.2.). ➡ MHOP services received concurrent with ASAM 1.0, ASAM 2.1, CIRC, IBHS, FBS, Acute Partial, or ACT services (Reference Table 5.5.3.). ➡ Providers that perform assessments only, as individuals assessed by those providers necessarily receive additional services from other providers and not by the assessing provider (the outpatient portion of each episode ends when the individual begins service with a different provider).
	If Member has Multiple IP Discharges During Measurement Period	The individual may have multiple episodes with the same provider (a gap of 120 days or more between services) or with multiple providers within the reporting calendar year. The member may be counted multiple times in the measure if that individual is determined to have multiple new episodes within the measurement year.
Linking Outpatient Services to Discharges from Higher LOCs		To be included in this measure, the outpatient service must occur within the reporting calendar year and must be the first service following a higher-level-of-care discharge. Some discharges from higher levels of care may occur in the previous year. When this occurs, it is important to make sure that the outpatient service is directly preceded by a higher-level-of-care discharge. For example, a member has an outpatient service on January 20, 2024, which was preceded by a higher level-of-care discharge on December 5, 2023 (previous calendar year). However, the member also received an outpatient service on December 22, 2023 (previous calendar year as well). In this scenario, the outpatient service on January 20th will be excluded from the denominator because it is not directly preceded by a higher-level-of-care discharge. Although it represents the member's first outpatient service within the reporting calendar year, it is not the first outpatient service in the outpatient episode. In contrast, a member has an outpatient service on January 20, 2024. They were discharged from a higher level-of-care on December 5, 2023, and did not receive any outpatient services in between the inpatient discharge and the outpatient service. In this second scenario, the outpatient service occurs within the reporting calendar year and

	represents the first qualifying outpatient service in the episode, so it will be kept in the denominator.
Denominator	Qualifying outpatient services: From the Eligible Population, number of qualifying MHOP services that are directly preceded by a discharge from a higher LOC (as defined above) within 90 days.
Numerator	30-day Outpatient Follow-up: From the qualifying outpatient services, number of outpatient services occurring within 30 days of a qualifying discharge from a higher LOC.

Thresholds and Points

MHOP01 | Adults			MHOP01 | Children Non-ASD		
Current Year	**Percentage**	**Points**	**Current Year**	**Percentage**	**Points**
At or Above	84.4%	3	At or Above	80.00%	3
Between	73.40%–84.39%	1.5	Between	67.10%–80%	1.5
Below	73.4%	0	Below	67.1%	0

5.2. MHOP04a: Percent of Episodes with at Least Two Therapeutic Services within 30 Days of Episode Start

Rationale	Engagement in treatment early in the therapeutic relationship is critical to promoting long-term wellness and recovery. Because early engagement is an important element of care, measures of engagement/retention focus on the first 90 days of outpatient service.	
Definition	Percent of individuals who receive two or more therapeutic MHOP services (as defined in Reference Table 5.5.1.) with the same provider on separate days within 30 days following the episode start date. Episode start date is the date of the first therapeutic service claim.	
	Eligible Population (Inclusion Criteria)	➡ Philadelphia County HealthChoices members between 18-64 years of age (adults), or 17 years of age or younger (children) who do not have other insurance coverage ➡ Member must be continuously eligible for HealthChoices for at least 30 days following the episode start date. ➡ Episode start dates must occur within the measurement calendar year. ➡ Children who have a diagnosis of ASD are measured separately from those who do not.

	Do Not Include	➡ Members 65 and older ➡ Members who have insurance coverage other than HealthChoices ➡ Individuals whose outpatient episodes began prior to the reporting year ➡ All LOCs coded as assessment or evaluation ➡ Individuals who use Inpatient, Detox, Rehab, RTFA, or RTF within 30 days of the episode start date ➡ MHOP services received during an acute episode or concurrent with a higher LOC. ➡ MHOP services received concurrent with ASAM 1.0, 2.1, CIRC, IBHS, FBS, Acute Partial, or ACT services (Reference Table 5.5.3.). ➡ Providers that perform assessments only (Reference Table 5.5.5.), as individuals assessed by those providers necessarily receive additional services from other providers and not by the assessing provider (the outpatient portion of each episode ends when the individual begins service with a different provider).
	If a member has multiple qualifying episodes with the same or multiple providers during the measurement period	A qualifying episode consists of a service that begins an episode followed by at least one MHOP service with the same provider. The individual may have multiple episodes with the same provider or with multiple providers within the reporting calendar year. The member may be counted multiple times if that individual is determined to have multiple new episodes within the measurement year.
Denominator	Qualifying episodes: Discharges of the Eligible Population listed above during the measurement period.	
Numerator	Episodes with two or more visits: From the qualifying episodes, number of episodes that have two or more Therapeutic Outpatient services with the same provider and within 30 days of the therapeutic episode start date. The therapeutic services must have occurred on separate dates.	

Thresholds and Points

MHOP04a | Adults

Current Year	Percentage	Points
At or above	68.50%	3
Between	52.70%–68.50%	1.5
Below	52.7%	0

MHOP04a | Children Non-ASD

Current Year	Percentage	Points
At or above	75.38%	2
Between	60.37%–75.38%	1
Below	60.4%	0

MHOP04a | Children w/ASD

Current Year	Percentage	Points
At or above	48.15%	3
Between	19.06%–48.15%	1.5
Below	19.06%	0

5.3. MHOP05: Percent of Episodes Having Two or Fewer Services (Retention)

Rationale	Engagement in treatment early in the therapeutic relationship is critical to promoting long-term recovery. Because early engagement is an important element of care, this retention measure supplements the other early engagement measures in examining clients' levels of engagement with an outpatient provider.	
Definition	Lack of retention is measured as the percent of clients who have two or less therapeutic services (as defined in Reference Table 5.5.1) on separate days with the same provider during a therapeutic episode.	
	Eligible Population (Inclusion Criteria)	➡ Philadelphia County HealthChoices members between 18-64 years of age (adults) or 17 years of age or younger (children) who do not have other insurance coverage ➡ Members must be continuously eligible for HealthChoices for at least 90 days following the episode start date. ➡ Episode start dates must occur within the measurement calendar year. ➡ Children who have a diagnosis of ASD are measured separately from those who do not.
	Do Not Include	➡ Members 65 and older

		➡ Members who have insurance coverage other than HealthChoices ➡ Individuals whose outpatient episodes began prior to the reporting year ➡ All LOCs coded as assessment or evaluation. ➡ Individuals who use Inpatient, Detox, Rehab, RTFA, or RTF within the first 30 days of the episode start date. ➡ Outpatient services received during an acute episode or concurrent with a higher LOC. ➡ MHOP services received concurrent with ASAM OP, IOP, CIRC, IBHS, FBS, Acute Partial, or ACT services (Reference Table 5.5.3.). ➡ Providers that perform assessments only (Reference Table 5.5.5.), as individuals assessed by those providers necessarily receive additional services from other providers and not by the assessing provider (the outpatient portion of each episode ends when the individual begins service with a different provider).
	If Member has multiple qualifying episodes during measurement period	A qualifying therapeutic episode consists of a service included in Reference Table 5.5.1. that begins an episode followed by at least one MHOP service with the same provider. The individual may have multiple episodes with the same provider or with multiple providers within the reporting calendar year. The member may be counted multiple times if that individual is determined to have multiple new therapeutic episodes within the measurement year.
Denominator		Qualifying episodes: From the eligible population, number of new outpatient therapeutic episodes. Services that begin episodes need to occur within the measurement calendar year.
Numerator		Members with two or fewer dates of service: From the qualifying episodes, number of episodes with two or less therapeutic services on different days with the same provider

Thresholds and Points

MHOP05 | Adults

Current Year	Percentage	Points
Above	36.4%	0
Between	24.31%–36.4%	1.5
At or Below	24.3%	3

MHOP05 | Children Non-ASD

Current Year	Percentage	Points
Above	40.0%	0
Between	21.11%–40.0%	1.5
At or Below	21.11%	3

MHOP05 | Children w/ASD

Current Year	Percentage	Points
Above	61.6%	0
Between	36.3%–61.6%	1.5
At or Below	36.3%	3

5.4. Community Connection and Mobilization: Participation in a Behavioral Health Screening Event

Rationale	Behavioral health screening events are an important way for service providers to increase access to care by working with communities to provide outreach to individuals who may not otherwise seek treatment or those who may not be aware of the services available to them. These screening events also help to reduce stigma around receiving behavioral health services by presenting behavioral health as an essential part of overall wellness.
Definition	Providers are considered to have participated in a behavioral health screening event if the Parent Provider has completed at least one event in conjunction with the community.
Event Criteria	The P4P cycle for 2024 events is: November 1, 2023 – October 31, 2024. To receive P4P credit in 2024, community-based behavioral health screening events hosted by Drug and Alcohol and MHOP providers must meet the following criteria: ➡ Providers are required to host the following number of events, based on their 2023 combined Drug & Alcohol and MHOP 2023 census: » Small Providers = 2023 combined census of less than 500 CBH members → 1 event » Large Providers = 2023 combined census of 500 CBH members or more → 2 events ➡ Providers may host their event either in person or on-line.

- The provider must outreach to the community to advertise/market the event, even if the event is hosted on-line.
- Additional criteria:
  - Event must be registered on the *Healthy Minds Philly* calendar.
  - Event must be posted on *Healthy Minds Philly* calendar.
  - Provider must submit feedback form within two weeks of event. The provider must include evidence of community outreach in this summary.

The amount of this special award is determined by the DBHIDS Commissioner at the end of the reporting year and may fluctuate each year.

5.5. Reference Tables

5.5.1. LOC Codes for MHOP Therapeutic Services Excluding Assessment

These services are included in MHOP04a and MHOP05 and in the definition of a therapeutic episode. New LOCs are in red.

LOC Code	LOC Label
300.005	(300-5) MEDICATION MANAGEMENT
300.008	(300-8) INDIV.THERAPY w/ PSYCHIATRIST
300.009	(300-9) INDIV.THERAPY NON-PSYCHIATRIST
300.010	(300-10) FAMILY/COUPLES PSYCHIATRIST
300.011	(300-11) FAMILY/COUPLE, NON-PSYCHIATRIST
300.012	(300-12) COLLATERAL FAMILY PSYCHIATRIST
300.013	(300-13) GROUP THERAPY
300.016	(300-16) CONSULTATION FEES-INITIAL
300.017	(300-17) CONSULTATION FEES-FOLLOW UP
300.018	(300-18) NON-ACUTE ECT
300.019	(300-19) Peace
300.020	(300-20) Healing Hurt People-Licensed Clinician
300.021	(300-21) Healing Hurt People-Certified Peer Specialist
300.022	(300-22) Psychological Assessment

LOC Code	LOC Label
300.023	(300-23) ICWC-PPS Payment
300.024	(300-24) COLLATERAL FAMILY, NON- PSYCHIATRIST
300.026	(300-26) CLOZARIL MONITOR & EVAL
300.027	(300-27) CLOZAPINE SUPP SVCS
300.028	(300-28) RN/LPN HOME VISIT;1-28 DAYS
300.029	(300-29) RN/LPN HOME VISIT >28 DAYS
300.032	(300-32) TRAUMA COUNSELING
300.035	(300-35) THERAPY W/ PSYCHIATRIST
300.036	(300-36) THERAPY NON-PSYCHIATRIST
300.037	(300-37) SPECIALIZED AUTISM SERVICES
300.038	(300-38) OUTPATIENT THERAPY FOR REACTIVE ATTACHMENT
300.039	(300-39) O/P THERAPY FOR DEAF W/DR.
300.040	(300-40) O/P THERAPY FOR DEAF W/MASTER LEVEL
300.041	(300-41) SPECIALIZED OUTPATIENT
300.042	(300-42) COMP. CHILD EVAL MD
300.047	(300-47) MH SERVICES
300.049	(300-49) THERAPEUTIC FLOOR TIME
300.055	(300-55) MEDICATION ADMIN AND EVAL (NON -PSYCHIATRIST)
300.056	(300-56) Office/Outpatient Medical mgmt of New Patient
300.064	(300-64) MEDICATION MANAGEMENT
300.065	(300-65) INDIV. THERAPY PSYCHIATRIST
300.066	(300-66) INDIV.THERAPY NON-PSYCHIATRIST
300.067	(300-67) FAMILY/COUPLES PSYCHIATRIST
300.068	(300-68) FAMILY/COUPLE NON-PSYCHIATRIST
300.069	(300-69) GROUP
300.070	(300-70) COLLATERAL FAMILY PSYCHIATRIST

LOC Code	LOC Label
300.071	(300-71) COLLATERAL FAMILY NON-PSYCHIAT RIST
300.073	(300-73) INDIVIDUAL THERAPY W/MED MGMT PSYCHIATRIST
300.075	(300-75) CANS CYD
300.077	(300-77) MH SERVICES (INTENSIVE)
300.084	(300-84) ADOLESCENT COURT PROGRAM
300.087	(300-87) COLLATERAL FAMILY - ENHANCED NON-PSYCH
300.088	(300-88) FAMILY/COUPLE - ENHANCED, NON-PSYCH
300.089	(300-89) FUNCTIONAL FAMILY THERAPY
300.090	(300-90) O/P FAMILY/COUPLE THERAPY FOR DEAF WITH MASTER LEVEL
300.091	(300-91) COLLATERAL GROUP THERAPY
300.092	(300-92) BEHAVIORAL HEALTH OCCUPATIONAL THERAPY
300.093	(300-93) MUSIC THERAPY
300.094	(300-94) ENHANCED GROUP THERAPY
300.095	(300-95) OUTPATIENT PSYCHIATRIC-RN/LPN SHORT VISIT
300.096	(300-96) MOBILE MENTAL HEALTH TREATMENT
300.097	(300-97) ART THERAPY
300.098	(300-98) Outpatient Medical Evaluation Mngmt of established patient
300.099	(300-99) SPECIALIZED MMHT FAMILY THERAPY
300.100	(300-100) SPECIALIZED OUTPATIENT FAMILY THERAPY
300.101	(300-101) SPECIALIZED OUTPATIENT INDIVIDUAL THERAPY
300.102	(300-102) SPECIALIZED GROUP THERAPY
300.103	(300-103) SPECIALIZED MMHT INDIVIDUAL THERAPY
300.104	(300-104) SPECIALIZED MEDICATION MANAGEMENT
300.106	(300-106) MH SERVICES (COMMUNITY)
300.108	(300-108) GROUP MUSIC THERAPY
300.109	(300-109) GROUP ART THERAPY

LOC Code	LOC Label
300.110	(300-110) MMHT-COLLATERAL FAMILY-NON-PSYCHIATRIST
300.111	(300-111) MMHT-FAMILY/COUPLES-NON-PSYCHIATRIST
300.120	(300-120) Group Therapy PSB-CBT-SY
300.121	(300-121) Individual Therapy w/CRNP
300.123	(300-123) MEDICATION MANAGEMENT-CRNP
300.124	(300-124) INDIVIDUAL THERAPY W/MED MGMT-CRNP
300.126	(300-126) CRISIS INTERVENTION-MOBILE INDIVIDUAL
300.142	(300-142) INDIVIDUAL THERAPY- NON - PSYCHIATRIST-MODERATE
300.143	(300-143) INDIVIDUAL THERAPY - NON - PSYCHIATRIC-COMPLEX
300.153	(300-153) OUTPATIENT PSYCHIATRIC- INDIVIDUAL THERAPY(OTHER)
300.155	(300-155) INDIVIDUAL THERAPY NON-PSYCH 60 MIN.
300.156	(300-156) INDIVIDUAL THERAPY - CFTSI
300.157	(300-157) Individual Therapy - TF-CBT
300.158	(300-158) FAMILY THERAPY - CFTSI
300.159	(300-159) Family Therapy - TF-CBT
300.161	(300-161) MMH MEDICATION MANAGEMENT
300.162	(300-162) INDIV. THERAPY W/PSYCHIATRIST- MODERATE
300.163	(300-163) INDIV. THERAPY W/PSYCHIATRIST COMPLEX
300.164	(300-164) Outpatient Psychiatric-individual Therapy Non-Psychiatrist
300.166	(300-166) Group Therapy-DBT Skills Comprehensive
300.171	(300-171) OP Psychiatric-Ind'l Therapy Non-Psych Trauma Counseling
300.173	(300-173) OP Psychiatric-Ind'l Therapy Non-Psych-Complex-Trauma Couns
300.182	(300-182) Family Therapy - PCIT
300.183	(300-183) Group Therapy - DBT
300.184	(300-184) Individual Therapy-PE
300.185	(300-185) Individual Therapy - DBT

LOC Code	LOC Label
300.186	(300-186) Family Collateral - PCIT
300.187	(300-187) Family Collateral - TF-CBT
300.188	(300-188) Group Therapy - Family DBT Group
300.189	(300-189) Group Therapy - Family Collateral DBT Group
300.191	(300-191) PriCARE-Family Collateral Group
300.192	(300-192) BHC-Psychologist
300.193	(300-193) BHC-Licensed Clinician
300.200	(300-200) MAT-Medication Management Opioid Tx-Non-Methadone
300.202	(300-202) PEACE-Case Rate Payment (1-7 days)
300.203	(300-203) PEACE-Case Rate Payment (8-14 days)
300.204	(300-204) PEACE-Case Rate Payment (15-21 days)
300.205	(300-205) PEACE-Case Rate Payment (22days or greater)
300.206	(300-206) Individual Therapy-ESFT
300.207	(300-207) Family Therapy-ESFT
300.208	(300-208) Family Collateral Therapy- ESFT
300.210	(300-210) Individual Therapy-EMDR
300.211	(300-211) Individual Therapy-CBT
300.212	(300-212) Group Therapy-CBT
300.213	(300-213) Family Therapy-CBT
300.220	(300-220) Individual Therapy-TARGET
300.221	(300-221) Group Therapy-TARGET
300.222	(300-222) Individual Therapy-Exposure Based CBT
300.223	(300-223) Family Therapy-Exposure Based CBT
300.224	(300-224) Family Collateral Therapy- Exposure Based CBT
300.225	(300-225) Spravato-Observation and Monitoring
300.226	(300-226) Group Therapy PSB-CBT-A

LOC Code	LOC Label
300.228	(300-228) Group therapy for diagnosis of eating disorder

5.5.2. Individuals Discharged from These Services are Excluded from Follow-Up Measures

New LOCs are in red.

LOC Code	LOC Label
325.001	(325-1) LICENSED ADULT PSY. PART. – ADULT ADULT
325.002	(325-2) LICENSED ADULT PSY. PART. – CHILD CHILD
325.003	(325-3) PSYCH. PART. ADULT-NONCOVERED NONCOVERED MEDICARE
325.004	(325-4) PSYCH. PART. CHILD–NONCOVERED NONCOVERED MEDICARE
325.005	(325-5) LICENSED CHILD PSY. PART. ADULT ADULT
325.006	(325-6) LICENSED CHILD PSY. PART. CHILD CHILD
325.007	(325-7) PARTIAL AFTER SCHOOL
325.008	(325-8) ACUTE PARTIAL
325.009	(325-9) INTERMEDIATE PARTIAL
325.010	(325-10) CHILD TRANSITION PROGRAM
325.011	(325-11) CHILD PRESCHOOL PROGRAM
325.012	(325-12) SUBACUTE PARTIAL - PCHD ONLY
325.013	(325-13) INTERMEDIATE PARTIAL-PCHD ONLY
325.014	(325-14) ACUTE PARTIAL - PCHD ONLY
325.016	(325-16) ACUTE PARTIAL/INTENS/NEW VITAE ONLY
325.017	(325-17) ACUTE PARTIAL SPECIFIC AUTH
325.018	(325-18) SCHOOL BASED
325.019	(325-19) PARTIAL PSYCHIATRIC: LTSR
325.020	(325-20) EVALUATION NON-MD
325.022	(325-022) Partial Psychiatric – New Sub-acute Partial PCHD Only

LOC Code	LOC Label
325.023	(325-023) Partial Psychiatric – New Intermediate Partial PCHD Only
325.024	(325-024) Partial Psychiatric – New Acute Partial PCHD Only
400.001	(400-1) BEHAV.SPECIALIST RETRAINING
400.002	(400-2) BEHAVIORAL SPECIALIST PhD.
400.003	(400-3) BEHAV.SPECIALIST MASTER LEVEL
400.004	(400-4) CASE MANAGEMENT SERVICES
400.005	(400-5) DIAGNOSIS INTELLECT EVALUATION
400.006	(400-6) DIAGNOSIS PERSONALITY EVAL.
400.007	(400-7) MOBILE THERAPY
400.008	(400-8) THERAPEUTIC SUPPORT
400.009	(400-9) COMPREHENS DIAGNOSTIC PSY.EVAL EVALUATION
400.010	(400-10) COMPREHENSIVE NEURO.EVALUATION EVALUATION
400.011	(400-11) COMPREHENS. NEURO. PERSONAL. EVAL PERSONALITY EVALUATION
400.012	(400-12) PSYCHOLOGICAL EVALUATION
400.013	(400-13) OTHER
400.014	(400-14) AFTER SCHOOL PROGRAM
400.015	(400-15) THERAPEUTIC CAMP
400.016	(400-16) TSS AIDE
400.018	(400-18) GROUP TSS
400.019	(400-19) PACT WRAPAROUND
400.020	(400-20) CAP WRAPAROUND 265 E. LEHIGH AVE.
400.021	(400-21) CAP WRAPAROUND 27 E. MOUNT AIRY AVE.
400.022	(400-22) INTENSIVE SUMMER CAMP
400.023	(400-23) ENHANCED SUMMER CAMP
400.024	(400-24) EMERGENCY THERAPEUTIC SUPPORT
400.025	(400-25) EMERGENCY BEHAVIORAL SPECIALIST CONSULT.

LOC Code	LOC Label
400.026	(400-26) EMERGENCY MOBILE THERAPY
400.027	(400-27) TSS AIDE - INTERPRETER
400.028	(400-28) SPECIALIZED DUAL DIAGNOSIS
400.029	(400-29) PSYCHOLOGICAL EVAL-MODEL COURT
400.030	(400-30) PILOT EVALUATION PROGRAM
400.031	(400-31) TSS SCHOOL
400.032	(400-32) TSS NON-SCHOOL
400.034	(400-34) CTSS MENTAL HEALTH WORKER
400.035	(400-35) CTSS THERAPIST
400.036	(400-36) BSC SPECIALIZED
400.037	(400-37) BSC-Functional Behavioral Analysis
400.041	(400-41) SBBH (BACHE-MARTIN)
400.042	(400-42) SBBH (FERGUSON)
400.043	(400-43) SBBH (COOK-WISSAHICKON)
400.044	(400-44) SBBH (KELLY)
400.045	(400-45) SBBH (A.D. HARRINGTON)
400.046	(400-46) SBBH (TURNER)
400.047	(400-47) CARE
400.050	(400-50) BIOPSYCHOSOCIAL EVAL MD
400.051	(400-51) BIOPSYCHOSOCIAL EVAL NON-MD
400.052	(400-52) COURT EVALUATION MD
400.053	(400-53) COURT EVALUATION NON-MD
400.054	(400-54) RE-EVALUATION MD
400.057	(400-57) RE-EVALUATION NON-MD
400.060	(400-60) PRESCHOOL FAMILY INTERVENTION
400.061	(400-61) SBBH (CLEMENTE)

LOC Code	LOC Label
400.062	(400-62) SBBH (DOUGLASS, F.)
400.063	(400-63) SBBH (HARDING)
400.064	(400-64) SBBH (JONES)
400.065	(400-65) SBBH (WEBSTER)
400.066	(400-66) SBBH (MITCHELL, S.W.)
400.067	(400-67) MOBILE THERAPY DEAF SERVICES
400.068	(400-68) TSS SCHOOL WITH AUTISM
400.069	(400-69) TSS NON-SCHOOL WITH AUTISM
400.070	(400-70) SBBH
400.072	(400-72) TESC
400.075	(400-75) CANS JJS
400.076	(400-76) SVC FOR DEAF CHILDREN BEHAVIOR SPECIALIST
400.077	(400-77) SVC FOR DEAF CHILDREN TSS SCHO OL
400.078	(400-78) SVC FOR DEAF CHILDREN TSS NON- SCHOOL
400.079	(400-79) SVC DEAF CHILD TSS AIDE SCHOOL
400.080	(400-80) SVC DEAF CHILD TSS AIDE NON-SC HOOL
400.081	(400-81) GROUP TSS - SPECIALIZED
400.083	(400-83) LEAD CLINICIAN
400.084	(400-84) SBBH - MOBILE THERAPY
400.085	(400-85) SBBH - GROUP MOBILE THERAPY
400.086	(400-86) NURTURE
400.087	(400-87) SBBH - SCHOOL BASED SEVICES ASSESSMENT
400.088	(400-88) SCHOOLTHERAPEUTIC SERVICES
400.089	(400-89) IBHS - TRAUMA COUNSELING
400.090	(400-90) PSYCHOSEXUAL EVALUATION
400.091	(400-91) PCIT-LEAD CLINICIAN

LOC Code	LOC Label
400.092	(400-92) MULTI-SYSTEMIC THERAPY
400.094	(400-94) MOBILE THERAPY WITH AUTISM
400.095	(400-95) BSC WITH AUTISM
400.096	(400-96) ABA SERVICES
400.097	(400-97) AFTER SCHOOL TRAUMA TREATMENT PROGRAM
400.098	(400-98) AFTER SCHOOL WELLNESS PROGRAM
400.099	(400-99) FUNCTIONAL FAMILY THERAPY
400.100	(400-100) FFT ASSESSMENT
400.101	(400-101) DEAF CBE-PSYCHOLOGIST
400.102	(400-102) DEAF CBR-PYCHOLOGIST
400.103	(400-103) IBHS School Therapeutic Services II
400.104	(400-104) FACT-MT
425.010	(425-10) Behavior Consultation- Specialized
425.013	(425-13) Mobile Therapy-Specialized
425.015	(425-15) IBHS Group Service (9 to 12 group members)
425.018	(425-18) Behavioral Health Technician-Specialized
425.020	(425-20) Functional Family Therapy
425.021	(425-21) Multi Systemic Therapy
425.022	(425-22) Multi Systemic Therapy-PSB
425.023	(425-23) CTSS
425.025	(425-25) Early Childhood Intensive Treatment
425.026	(425-26) Therapeutic Afterschool Program
425.027	(425-27) Summer Therapeutic Activities Program
425.030	(425-30) Assistant Behavior Consultation-ABA Services
425.035	(425-35) Family Peer Support
425.036	(425-36) STEP IBHS LOC Assessment by Licensed Professional

LOC Code	LOC Label
425.038	(425-38) STEP IBHS Assessment
425.039	(425-39) STEP IBHS Initial Treatment
425.049	(425-49) IBHS ABA Services LOC Assessment by Licensed Prof.
425.041	(425-41) STEP Behavior Consultation Licensed
425.043	(425-43) STEP Mobile Therapy-Licensed
425.050	(425-50) IBHS ABA Services Psychological Evaluation
425.051	(425-51) IBHS ABA Services Mobile Therapy
425.052	(425-52) IBHS ABA Services Mobile Therapy-Licensed
425.053	(425-53) ABA Group (2-3 Group Members)
425.054	(425-54) ABA Group Services (4-6 Group Members)
425.058	(425-58) Behavioral Consultation
425.059	(425-59) Mobile Therapist
425.060	(425-60) Behavioral Health Technician
425.061	(425-61) IBHS Group Services
425.062	(425-62) Step Behavior Consultation
425.063	(425-63) STEP Mobile Therapist
425.064	(425-64) STEP Group Services
425.065	(425-65) ABA Group Services-BHT
425.066	(425-66) ABA Group Services-BC
700.003	(700-3) DAY PROGRAM ITEMIZED
700.004	(700-4) DAY PROGRAM ITEMIZED
700.007	(700-7) CIRC-Psychiatric Rehab-Site Based
700.009	(700-9) CIRC-Psychiatric Rehab-Mobile
700.011	(700-11) WHOQOL-BREF Assessment
700.024	(700-24) CIRC-Common Ground-Medication Training
700.025	(700-25) CIRC-Individual Therapy PE

LOC Code	LOC Label
700.026	(700-26) CIRC-Group Therapy DBT
700.027	(700-27) CIRC-Individual Therapy DBT
700.028	(700-28) CIRC-Group Therapy-Family DBT Group
700.029	(700-29) CIRC-Group Therapy-Family Collateral DBT Group
700.030	(700-30) CIRC-Evaluation-CRNP
700.031	(700-31) CIRC-Medication Management CRNP
700.034	(700-34) Outpatient Medical Evaluation and Management of New Patient
700.035	(700-35) Outpatient Medical Evaluation Mngmt of Established Patient
800.019	(800-19) ACT (ASSERTIVE COMMUNITY OUTREACH)
800.022	(800-22) Community Support Psychiatric- Assertive Community Trt CTT II
800.044	(800-44) CIRT Outreach Team

5.5.3. Alternative Services That May Meet Follow-Up Needs

Individuals receiving these services concurrently with MHOP following discharge from a higher LOC are excluded from follow-up measures. New LOCs are in red.

LOC Code	LOC Label
325.001	(325-1) LICENSED ADULT PSY. PART. – ADULT ADULT
325.002	(325-2) LICENSED ADULT PSY. PART. – CHILD CHILD
325.003	(325-3) PSYCH. PART. ADULT–NONCOVERED NONCOVERED MEDICARE
325.004	(325-4) PSYCH. PART. CHILD–NONCOVERED NONCOVERED MEDICARE
325.005	(325-5) LICENSED CHILD PSY. PART. ADULT ADULT
325.006	(325-6) LICENSED CHILD PSY. PART. CHILD CHILD
325.007	(325-7) PARTIAL AFTER SCHOOL
325.008	(325-8) ACUTE PARTIAL
325.009	(325-9) INTERMEDIATE PARTIAL
325.010	(325-10) CHILD TRANSITION PROGRAM

LOC Code	LOC Label
325.011	(325-11) CHILD PRESCHOOL PROGRAM
325.012	(325-12) SUBACUTE PARTIAL - PCHD ONLY
325.013	(325-13) INTERMEDIATE PARTIAL-PCHD ONLY
325.014	(325-14) ACUTE PARTIAL - PCHD ONLY
325.016	(325-16) ACUTE PARTIAL/INTENS/NEW VITAE ONLY
325.017	(325-17) ACUTE PARTIAL SPECIFIC AUTH
325.018	(325-18) SCHOOL BASED
325.019	(325-19) PARTIAL PSYCHIATRIC: LTSR
325.020	(325-20) EVALUATION NON-MD
325.022	(325-022) Partial Psychiatric – New Sub-acute Partial PCHD Only
325.023	(325-023) Partial Psychiatric – New Intermediate Partial PCHD Only
325.024	(325-024) Partial Psychiatric – New Acute Partial PCHD Only
325.025	(325-25) Eating Disorder Partial Hospital Program (PHP)
325.026	(325-26) Half Day Extended Care PHP
350.001	(350-1) PSYCH. EVALUATION
350.002	(350-2) PHYSICAL EXAM BY A PHYSICIAN
350.003	(350-3) ASSESSMENT
350.005	(350-5) MEDICATION MANAGEMENT
350.007	(350-7) PSYCHOLOGICAL TESTING
350.008	(350-8) INDIV.THERAPY-PSYCHIATRIST PSYCHIATRIST
350.009	(350-9) INDIV.THERAPY-NON-PSYCHIATRIST NON-PSYCHIATRIST
350.010	(350-10) FAMILY/COUPLES-PSYCHIATRIST
350.011	(350-11) FAM./COUPLES NON-PSYCHIATRIST NON-PSYCHIATRIST
350.012	(350-12) COLLATERAL FAMILY PSYCHIATRIST
350.013	(350-013) GROUP SESSIONS
350.015	(350-15) Evaluation-Physician Assistant

LOC Code	LOC Label
350.018	(350-18) Office/Outpatient Medical Evalation Mngmt of New Patient
350.019	(350-19) Outpatient medical and eval mngmt of established patient
350.025	(350-25) COLLATER.FAM.NON-PSYCHIATRIST NON-PSYCHIATRIST
350.035	(350-35) THERAPY W/ PSYCHIATRIST
350.036	(350-36) THERAPY NON-PSYCHIATRIST
350.037	(350-37) SPECILAIZED OP PRE-ENGAGEMENT 30 DAYS
350.038	(350-38) IND.THERAPY NON-PSYCH INTERPRE TER
350.040	(350-40) BIOPSYCHOSOCIAL EVAL. MD
350.041	(350-41) BIOPSYCHOSOCIAL EVAL. NON-MD
350.042	(350-42) RE-EVALUATION MD
350.043	(350-43) RE-EVALUATION NON-MD
350.055	(350-55) MEDICATION ADMIN AND EVAL (NON -PSYCHIATRIST)
350.056	(350-56) FAM/COUPLES NON-PSYCH INTERPRE TER
350.057	(350-57) BEHAVIORAL HEALTH COUNSELING & THERAPY
350.058	(350-58) COLLATERAL GROUP THERAPY
350.059	(350-59) MEDICATION MANAGEMENT INTERPRETER
350.060	(350-60) GROUP THERAPY INTERPRETER
350.061	(350-61) BIOPSYCHOSOCIAL EVAL, MD. INTERPRETER
350.123	(350-123) MEDICATION MANAGEMENT-CRNP
350.124	(350-124) FAMILY THERAPY - TFCBT
350.127	(350-127) INDIVIDUAL THERAPY - TFCBT
350.152	(350-152) CRNP EVALUATION
350.154	(350-154) MAT-Medication Admin and Eval -Opioid Tx-Non-Methadone
350.155	(350-155) MAT-Medication Management -Opioid Tx-Non-Methadone
350.156	(350-156) MAT-Physical Exam-Opioid Tx-Non Methadone
350.157	(350-157) Individual Therapy Psychiatrist

LOC Code	LOC Label
350.159	(350-159) ASAM 1.0 Individual Therapy- Psychiatrist
350.163	(350-163) Individual Therapy-PE
350.164	(350-164) Individual Therapy-CBT
350.165	(350-165) Group Therapy-CBT
350.166	(350-166) Family Therapy-CBT
350.170	(350-170) ASAM 2.1 IOP
350.171	(350-171) Tobacco Cessation
350.695	(350.695) ASSESSMENT/SERVICE PLANNING
350.696	UNKNOWN MEMBER
350.697	(350.697) INDIVIDUAL COUNSELING
350.698	(350.698) FAMILY COUNSELING
350.699	(350.699) SERVICE CONSULATIONS
350.700	(350.700) RECOVERY ORENTIED ASSESSMENT/PLANNING
350.700	(350.700) RECOVERY RESOURCE COORDINATION
350.956	(350.956) PYSCHOEDUCATIONAL GROUP
350.957	(350.957) FAMILY COUNSELING
350.958	(350.958) RECOVERY RESOURCE/REFERRAL ASSISTANCE
350.959	(350.959) PYSCHOEDUCATIONAL GROUP
350.960	(350.960) RECOVERY HOUSE
350.961	(350.961) SCREENING
350.962	(350.962) SERVICE CONSULATIONS
350.963	(350.963) INDIVIDUAL COUNSELING
350.964	(350.964) ASSESSMENT/SERVICE PLANNING
350.975	(350-975) URINE ANALYSIS
350.976	(350-976) PHYSICAL EXAM
350.982	(350-982) TRANSLATION SERVICE FOR HEARING IMPAIRED-

LOC Code	LOC Label
350.983	(350-983) ASSESSMENT ONLY
350.984	(350-984) PSYCHIATRIC EVALUATIONS
350.985	(350-985) INDIVIDUAL SESSIONS
350.988	(350-988) PSYCHIATRIC EVALUATIONS
350.990	(350-990) MED CHECK
350.991	(350-991) INDIVIDUAL SESSIONS
350.995	(350-995) FAMILY THERAPY
350.996	(350-996) FAMILY SESSIONS
350.997	(350-997) ENHANCED OUTPATIENT
350.998	(350-998) DRUG EVALUATION VISIT
350.999	(350-999) COMPREHENSIVE PYSCHOLOGICAL
375.009	(375-009) LAAM
375.002	(375-2) PARTIAL D&A - METHADONE MAINTENANCE DAILY
375.011	(375-11) IOP (15 min)
375.014	(375-14) ASAM 2.5 Partial Hospitalization Services
400.001	(400-1) BEHAV.SPECIALIST RETRAINING RETRAINING
400.002	(400-2) BEHAVIORAL SPECIALIST PhD.
400.003	(400-3) BEHAV.SPECIALIST MASTER LEVEL
400.004	(400-4) CASE MANAGEMENT SERVICES
400.005	(400-5) DIAGNOSIS INTELLECT EVALUATION
400.006	(400-6) DIAGNOSIS PERSONALITY EVAL.
400.007	(400-7) MOBILE THERAPY
400.008	(400-8) THERAPEUTIC SUPPORT
400.009	(400-9) COMPREHENS DIAGNOSTIC PSY.EVAL EVALUATION
400.010	(400-10) COMPREHENSIVE NEURO.EVALUATION EVALUATION
400.011	(400-11) COMPREHENS.NEURO.PERSONAL.EVAL PERSONALITY EVALUATION

LOC Code	LOC Label
400.012	(400-12) PSYCHOLOGICAL EVALUATION
400.013	(400-13) OTHER
400.014	(400-14) AFTER SCHOOL PROGRAM
400.015	(400-15) THERAPEUTIC CAMP
400.016	(400-16) TSS AIDE
400.018	(400-18) GROUP TSS
400.019	(400-19) PACT WRAPAROUND
400.020	(400-20) CAP WRAPAROUND 265 E. LEHIGH AVE.
400.021	(400-21) CAP WRAPAROUND 27 E. MOUNT AIRY AVE.
400.022	(400-22) INTENSIVE SUMMER CAMP
400.023	(400-23) ENHANCED SUMMER CAMP
400.024	(400-24) EMERGENCY THERAPEUTIC SUPPORT
400.025	(400-25) EMERGENCY BEHAVIORAL SPECIALIS T CONSULT.
400.026	(400-26) EMERGENCY MOBILE THERAPY
400.027	(400-27) TSS AIDE - INTERPRETER
400.028	(400-28) SPECIALIZED DUAL DIAGNOSIS
400.029	(400-29) PSYCHOLOGICAL EVAL-MODEL COURT
400.030	(400-30) PILOT EVALUATION PROGRAM
400.031	(400-31) TSS SCHOOL
400.032	(400-32) TSS NON-SCHOOL
400.034	(400-34) CTSS MENTAL HEALTH WORKER
400.035	(400-35) CTSS THERAPIST
400.036	(400-36) BSC SPECIALIZED
400.041	(400-41) SBBH (BACHE-MARTIN)
400.042	(400-42) SBBH (FERGUSON)
400.043	(400-43) SBBH (COOK-WISSAHICKON)

LOC Code	LOC Label
400.044	(400-44) SBBH (KELLY)
400.045	(400-45) SBBH (A.D. HARRINGTON)
400.046	(400-46) SBBH (TURNER)
400.047	(400-47) CARE
400.050	(400-50) BIOPSYCHOSOCIAL EVAL MD
400.051	(400-51) BIOPSYCHOSOCIAL EVAL NON-MD
400.052	(400-52) COURT EVALUATION MD
400.053	(400-53) COURT EVALUATION NON-MD
400.054	(400-54) RE-EVALUATION MD
400.057	(400-57) RE-EVALUATION NON-MD
400.060	(400-60) PRESCHOOL FAMILY INTERVENTION
400.061	(400-61) SBBH (CLEMENTE)
400.062	(400-62) SBBH (DOUGLASS, F.)
400.063	(400-63) SBBH (HARDING)
400.064	(400-64) SBBH (JONES)
400.065	(400-65) SBBH (WEBSTER)
400.066	(400-66) SBBH (MITCHELL, S.W.)
400.067	(400-67) MOBILE THERAPY DEAF SERVICES
400.068	(400-68) TSS SCHOOL WITH AUTISM
400.069	(400-69) TSS NON-SCHOOL WITH AUTISM
400.070	(400-70) SBBH
400.072	(400-72) TESC
400.075	(400-75) CANS JJS
400.076	(400-76) SVC FOR DEAF CHILDREN BEHAVIOR SPECIALIST
400.077	(400-77) SVC FOR DEAF CHILDREN TSS SCHO OL
400.078	(400-78) SVC FOR DEAF CHILDREN TSS NON- SCHOOL

LOC Code	LOC Label
400.079	(400-79) SVC DEAF CHILD TSS AIDE SCHOOL
400.080	(400-80) SVC DEAF CHILD TSS AIDE NON-SC HOOL
400.081	(400-81) GROUP TSS - SPECIALIZED
400.083	(400-83) LEAD CLINICIAN
400.084	(400-84) SBBH - MOBILE THERAPY
400.085	(400-85) SBBH - GROUP MOBILE THERAPY
400.086	(400-86) NURTURE
400.087	(400-87) SBBH - SCHOOL BASED SEVICES ASSESSMENT
400.088	(400-88) SCHOOLTHERAPEUTIC SERVICES
400.089	(400-89) IBHS - TRAUMA COUNSELING
400.090	(400-90) PSYCHOSEXUAL EVALUATION
400.091	(400-91) PCIT-LEAD CLINICIAN
400.092	(400-92) MULTI-SYSTEMIC THERAPY
400.094	(400-94) MOBILE THERAPY WITH AUTISM
400.095	(400-95) BSC WITH AUTISM
400.096	(400-96) ABA SERVICES
400.097	(400-97) AFTER SCHOOL TRAUMA TREATMENT PROGRAM
400.098	(400-98) AFTER SCHOOL WELLNESS PROGRAM
400.099	(400-99) FUNCTIONAL FAMILY THERAPY
400.100	(400-100) FFT ASSESSMENT
400.101	(400-101) DEAF CBE-PSYCHOLOGIST
400.102	(400-102) DEAF CBR-PYCHOLOGIST
400.103	(400-103) IBHS School Therapeutic Services II
400.104	(400-104) FACT-MT
425.009	(425-9) Behavior Consultation- Licensed
425.010	(425-10) Behavior Consultation- Specialized

LOC Code	LOC Label
425.011	(425-11) Mobile Therapist
425.013	(425-13) Mobile Therapy-Specialized
425.015	(425-15) IBHS Group Service (9 to 12 group members)
425.018	(425-18) Behavioral Health Technician-Specialized
425.020	(425-20) Functional Family Therapy
425.021	(425-21) Multi Systemic Therapy
425.022	(425-22) Multi Systemic Therapy-PSB
425.023	(425-23) CTSS
425.025	(425-25) Early Childhood Intensive Treatment
425.026	(425-26) Therapeutic Afterschool Program
425.027	(425-27) Summer Therapeutic Activities Program
425.030	(425-30) Assistant Behavior Consultation-ABA Services
425.035	(425-35) Family Peer Support
425.036	(425-36) STEP IBHS LOC Assessment by Licensed Professional
425.038	(425-38) STEP IBHS Assessment
425.039	(425-39) STEP IBHS Initial Treatment
425.049	(425-49) IBHS ABA Services LOC Assessment by Licensed Prof.
425.050	(425-50) IBHS ABA Services Psychological Evaluation
425.051	(425-51) IBHS ABA Services Mobile Therapy
425.052	(425-52) IBHS ABA Services Mobile Therapy-Licensed
425.053	(425-53) ABA Group (2-3 Group Members)
425.058	(425-58) Behavioral Consultation
425.059	(425-59) Mobile Therapist
425.060	(425-60) Behavioral Health Technician
425.061	(425-61) IBHS Group Services
425.062	(425-62) Step Behavior Consultation

LOC Code	LOC Label
425.063	(425-63) STEP Mobile Therapist
425.064	(425-64) STEP Group Services
425.065	(425-65) ABA Group Services-BHT
425.066	(425-66) ABA Group Services-BC
700.003	(700-3) DAY PROGRAM ITEMIZED
700.004	(700-4) DAY PROGRAM ITEMIZED
700.007	(700-7) CIRC-Psychiatric Rehab-Site Based
700.009	(700-9) CIRC-Psychiatric Rehab-Mobile
700.011	(700-11) WHOQOL-BREF Assessment
700.024	(700-24) CIRC-Common Ground-Medication Training
700.025	(700-25) CIRC-Individual Therapy PE
700.026	(700-26) CIRC-Group Therapy DBT
700.027	(700-27) CIRC-Individual Therapy DBT
700.028	(700-28) CIRC-Group Therapy-Family DBT Group
700.029	(700-29) CIRC-Group Therapy-Family Collateral DBT Group
700.030	(700-30) CIRC-Evaluation-CRNP
700.031	(700-31) CIRC-Medication Management CRNP
700.034	(700-34) Outpatient Medical Evaluation and Management of New Patient
700.035	(700-35) Outpatient Medical Evaluation Mngmt of Established Patient
800.001	(800-1) Family Based Mental Health Services-Specialized
800.003	(800-3) NON FIDELITY ACT
800.008	(800-8) Family Based Mental Health Services
800.009	(800-9) ICM:OFFICE/HOME/OTHER
800.012	(800-12) RES COOR:OFFICE/HOME/OTHER
800.018	(800-18) COMMUNITY SUPPORT PSYCHIATRIC TARGET MH CASE MGMT-BLENDED CM
800.019	(800-19) ACT (ASSERTIVE COMMUNITY OUTREACH)

LOC Code	LOC Label
800.022	(800-22) Community Support Psychiatric- Assertive Community Trt CTT II
800.024	(800-024) BHID Non-Fidelity ACT
800.026	(800-026) Community Support Psychiatric – D&A Treatment Court Case Mgmt.
800.033	(800-33) Blended Case Management-SBPP
800.036	(800-36) D&A Case Management Non- Billable
800.037	(800-37) D&A Certified Recovery Specialist Non-Billable

5.5.4. LOCs Indicating Methadone Maintenance

Individuals receiving these services are excluded from all continuity of care and early engagement/retention measures.

LOC Code	LOC Label
350.168	(350-168) D&A-Methadone Daily
350.169	(350-169) D&A-Methadone Take Home Services
375.002	(375-002) METHADONE MAINTENANCE
375.002	(375-2) METHADONE MAINTENANCE DAILY
375.012	(375-12) METHADONE TAKE HOME SERVICE

5.5.5. Assessment/Evaluation LOCs

These services are included in MHOP01 but excluded from MHOP04a and MHOP05. Outpatient providers who provide only these services are not evaluated for P4P.

LOC Code	LOC Label
300.001	(300-1) EVALUATION MD
300.002	(300-2) EVALUATION NON-MD
300.003	(300-3) ASSESSMENT
300.004	(300-4) MEDICAL EVALUATION
300.006	(300-6) PSYCHOSOCIAL EVALUATION

LOC Code	LOC Label
300.007	(300-7) PSYCHOLOGICAL TESTING
300.015	(300-15) ASSESSMENT-OTHER
300.043	(300-43) INITIAL IP CONSULT
300.048	(300-48) SPECIALIZED ASSESSMENT
300.050	(300-50) BIOPSYCHOSOCIAL EVAL MD
300.051	(300-51) BIOPSYCHOSOCIAL EVAL NON-MD
300.052	(300-52) COURT EVALUATION MD
300.053	(300-53) COURT EVALUATION NON-MD
300.054	(300-54) RE-EVALUATION MD
300.056	(300-56) Office/Outpatient Medical Mgmt of New Patient
300.057	(300-57) RE-EVALUATION NON-MD
300.058	(300-58) JUV JUS RE-EVALUATION MD
300.059	(300-59) JUV JUS RE-EVALUATION NON-MD
300.060	(300-60) BIOPSYCHOSOCIAL EVAL MD
300.061	(300-61) BIOPSYCHOSOCIAL EVAL NON-MD
300.062	(300-62) RE-EVALUATION MD
300.063	(300-63) ASSESSMENT
300.072	(300-72) RE-EVALUATION NON-MD
300.085	(300-85) MH/MR SPECIALIZED EVALUATION NON-MD
300.086	(300-86) MH/MR SPECIALIZED RE-EVALUATIO N NON-MD
300.098	(300-98) Outpatient Medical Evaluation Mngmt of established patient
300.107	(300-107) FQHC CLINIC VISIT
300.130	(300-130) IP FOLLOW-UP CONSULTATION, LOW
300.131	(300-131) IP FOLLOW-UP CONSULTATION, MODERATE
300.132	(300-132) IP FOLLOW-UP CONSULTATION, HIGH
300.136	(300-136) CRISIS INTERVENTION -HOTLINE SVC/TELEPHONE CRISIS

LOC Code	LOC Label
300.137	(300-137) INITIAL INPATIENT CONSULT, MINOR
300.138	(300-138) INT INP Consult for new or estab PT for 45 minutes
300.139	(300-139) INITIAL INPATIENT CONSULT, MODERATE
300.140	(300-140) INT INP consult for new or estab PT for total time 60 min
300.141	(300-141) INT INP consult for new or estab PT for total time 80 min
300.144	(300-144) BEHAVIORAL HEALTH FORENSIC EVALUATION-MDI-TIER I
300.145	(300-145) BEHAVIORAL HEALTH FORENSIC EVALUATION-MD-TIER II
300.146	(300-146) BEHAVIORAL HEALTH FORENSIC EVALUATION-MD-TIER III
300.147	(300-147) BEHAVIORAL HEALTH FORENSIC EVALUATION-MD-ADDENDUM
300.148	(300-148) BEHAVIORAL HEALTH FORENSIC EVAL-PSYCHOLOGIST TIER I
300.149	(300-149) BEHAVIORAL HEALTH FORENSIC EVAL-PSYCHOLOGIST-TIER II
300.150	(300-150) BEHAVIORAL HEALTH FORENSIC EVAL-PSYCHOLOGIST-TIER III
300.151	(300-151) BEHAVIORAL HEALTH FORENSIC EVAL-PSYCHOLOGIST ADDENDUM
300.152	(300-152) CRNP EVALUATION
300.167	(300-167) Common Ground-Medication Train and Support
300.169	(300-169) Autism Extended Assessment
300.170	(300-170) Initial Autism Assessment
300.179	(300-179) Office Consult New or Established PT-Problem Mod
300.197	(300-197) Biopsychosocial Evaluation Psychologist-Adults
300.198	(300-198) Biopsychosocial Re Evaluation Psychologist-Adults
300.199	(300-199) MAT-Physical Exam-Opioid Tx-Non-Methadone
300.201	(300-201) MAT-Medication Admin and Eval Opioid Tx-Non-Methadone
300.216	(300-216) Neuropsychology Consult-First Hour
300.217	(300-217) Neuropsychology Consult- Additional Hours
300.218	(300-218) Neuropsychological Testing First Hour
300.219	(300-219) Neuropsychological Testing Additional Hours

LOC Code	LOC Label
300.229	(300-229) Psychological Test Administration and Scoring
325.021	(325-21) ACUTE PARTIAL 60-MINUTES

5.5.6. Services Delivered by an MD or CRNP

LOC Code	LOC Label
300.001	(300-1) EVALUATION MD
300.042	(300-42) COMP. CHILD EVAL MD
300.050	(300-50) BIOPSYCHOSOCIAL EVAL MD
300.052	(300-52) COURT EVALUATION MD
300.054	(300-54) RE-EVALUATION MD
300.123	(300-123) MEDICATION MANAGEMENT-CRNP
300.124	(300-124) INDIVIDUAL THERAPY W/MED MGMT-CRNP
300.144	(300-144) BEHAVIORAL HEALTH FORENSIC EVALUATION-MDI-TIER I
300.145	(300-145) BEHAVIORAL HEALTH FORENSIC EVALUATION-MD-TIER II
300.146	(300-146) BEHAVIORAL HEALTH FORENSIC EVALUATION-MD-TIER III
300.147	(300-147) BEHAVIORAL HEALTH FORENSIC EVALUATION-MD-ADDENDUM
300.152	(300-152) CRNP EVALUATION

5.5.7. Higher LOCs

Discharges from these services are included in follow-up measures; Individuals who use these LOCs within 30 days of the episode start date are excluded from MHOP04a. New LOCs are in red.

LOC Code	LOC Label
100.001	(100-1) ACUTE HOSPITAL SERVICES
100.002	(100-2) SUBACUTE HOSPITAL SERVICES
100.004	(100-4) ACUTE 302
100.005	(100-5) ACUTE HOSPITAL SERVICES (B)

LOC Code	LOC Label
100.006	(100-6) ACUTE HOSPITAL SERVICES (C)
100.007	(100-7) ACUTE SVCS-CHILD/ADOLESCENT
100.008	(100-8) SUBACUTE SVCS-CHILD/ADOLESCENT
100.010	(100-10) INPATIENT PSYCHIATRIC-2:1 STAFFING
100.011	(100-11) ACUTE MH/D&A CO-OCCURING
100.012	(100-12) SUBACUTE MH/D&A CO-OCCURING
100.014	(100-14) 302 -1:1 STAFFING
100.022	(100-22) ONE:ONE STAFFING
100.028	(100-28) 1-1 INPATIENT ADD-ON
100.030	(100-30) SPECIALIZED CHILDREN/ ADOLESCENT
100.034	(100-34) Acute Stabilization-Child/ Adolescent
100.037	(100-37) Inpatient Psychiatric-High Acuity
140.001	(140-1) EXTENDED ACUTE HOSPITAL BASED SERVICES
140.002	(140-2) EAC SPECIALIZED
200.001	(200-1) DETOXIFICATION
200.002	(200-2) SHORT TERM REHAB
200.003	(200-3) OTHER CHEMOTHERAPY
200.005	(200-5) HALFWAY HOUSE
200.007	(200-7) LONG TERM REHAB
200.008	(200-8) SHORT-TERM SPECIALIZED
200.009	(200-9) SPECIALIZED REHAB
200.010	(200-10) CO-OCCURING
200.011	(200-11) CO-OCCURRING, WOMEN'S PROGRAM
200.012	(200-12) HIV - TOGETHER HOUSE
200.022	(200-22) ONE:ONE STAFFING
200.023	(200-23) TRANSITIONAL REHAB

LOC Code	LOC Label
200.027	(200-27) ASAM 3.7-Medically Monitored Intensive Inpatient
200.028	(200-28) ASAM 3.5 Clinically Managed High Intensity Residential Srv
300.154	(300-154) CRISIS INTERVENTION SVS-WALKIN CRISIS
500.002	(500-2) R&B AND TREATMENT
500.005	(500-5) R&B & (SPECIALIZED) TREATMENT
500.007	(500-7) R&B &TREATMENT (ENHANCED RATE)
500.008	(500-8) RCTF LEVEL 2
500.022	(500-22) ONE:ONE STAFFING
550.001	(550-1) TREATMENT ONLY
550.002	(550-2) R&B AND TREATMENT
550.007	(550-7) BIOPSYCHOSOCIAL R&B+TREATMENT
550.012	(550-12) FOSTER CARE R&B+TREATMENT LEVEL B
550.022	(550-22) ONE:ONE STAFFING
550.025	(550-25) RCTF LEVEL 2 TREATMENT ONLY
550.026	(550-26) RCTF LEVEL 3 TREATMENT ONLY
550.027	(550-27) RCTF LEVEL 2-SPECIALIZED - TREATMENT ONLY
550.028	(550-28) RTCF LEVEL 2 - SPECIALIZED - R&B AND TREATMENT
550.030	(550-30) One-One Staffing with R&B and Treatment

6. CHILDRENS BLENDED GENERIC TARGETED CASE MANAGEMENT (TCM)

LOCs	CBH LOC 800.009, 800.018 and 800.033
P4P Measurement Period	January 1, 2024– December 31, 2024
Episodes	A new TCM episode is defined as one where the person has not had a TCM visit within that LOC and that provider for a 31-day period prior to that claim.
Age	In TCM a "child" can be up to 21 years of age, while, within CBH, "child" refers to individuals younger than 18. ➡ For providers with child-specific services, age was disregarded. ➡ For providers of adult TCM or ACT services only, age was disregarded. ➡ Otherwise, persons are divided based on age following CBH's definition.

Measurements for All LOCs (Changes are in red.)

Measurement Labels	Practice Guidelines Domain	Measurement Description
TCM01b	Screening, Assessing, Service Planning and Delivery	Percent of Authorizations without Gaps Between Services of 31 Days or More (FKA: Percent of Authorizations with Gaps Between Services of 31 Days or more)
TCM03	Screening, Assessing, Service Planning and Delivery	Percent of TCM-Authorized Individuals with Concurrent Acute Inpatient Services (FKA: Percent of Authorizations with At Least One Acute Inpatient Admission)
TCM04	Screening, Assessing, Service Planning and Delivery	Percent of TCM-Authorized Individuals Having TCM Contact Within 2 Days of Inpatient Admission
TCM05	Continuing Support and Early Re-Intervention	Percent of TCM-Authorized Individuals Having TCM Contact Within 7 Days of Inpatient Discharge

6.1. TCM01: Percent of Authorizations without Gaps Between Services of 31 Days or More

Rationale	To measure the continuity of service provided to CBH-funded TCM members. Continuity of care is an important measure as we believe that the likelihood of recovery is improved when services are consistent and continuous.	
Definition	Percentage of CBH members authorized for Children's Case Management with no gaps between services, defined as 31-days or longer between service claim dates, in the measurement period.	
	Eligible Population (Inclusion Criteria)	➡ Philadelphia County HealthChoices (CBH) members who at any point during the measurement period had a TCM authorization. ➡ Member must have multiple claims spanning at least 31 days during the measurement period.
	Do Not Include	➡ The time between the authorization open date and the date of the first claim and the time between the date of the last claim and the authorization close date. Therefore, if either of these time periods lasts 31 days, that period is not counted as a gap in service ➡ Members that have insurance coverage other than Philadelphia County HealthChoices ➡ Authorizations in which the member lost CBH eligibility for 15 days or more ➡ Any 31-day gaps in service that occur before the date the authorization was generated
	If a client is authorized for TCM services with multiple providers during the measurement period	The member is considered to have multiple episodes with overlapping time periods. Therefore, a member may be included in the denominator of more than one provider.
	If there are multiple gaps during an authorization	A member is only counted in the numerator once, regardless of the number of 31-day gaps in service.
Denominator	Members Served: The total number of members with multiple CBH paid claims for a specific authorization with the given provider and LOC in the measurement period. These paid claims must span at least 31 days in the measurement period.	
Numerator	Members with Observed Gaps in Service: Of the members served, the number of members with no 31-day or longer gaps between service claim dates with the provider in the measurement period.	

Thresholds and Points

Current Year	Percentage	Points
At or above	65.6%	1
Between	48.8% - 65.6%	0.5
Below	48.8%	0

6.2. TCM03: Percent of TCM-Authorized Individuals with Concurrent Acute Inpatient Services

Rationale	As it is expected that successful TCM engagement will in most cases foster connections to services that will over time, reduce the need for inpatient admissions. It is also expected that better engaged individuals will have lower hospital utilization rates.	
Definition	Percentage of TCM members who have one or more inpatient episodes during the measurement period while they are receiving CBH-funded TCM services.	
	Eligible Population (Inclusion Criteria)	➡ Philadelphia County HealthChoices (CBH) members who at any point during the measurement period had a TCM authorization. ➡ Member must have a TCM treatment dosage of at least 90 days
	Do Not Include	➡ Members that have insurance coverage other than Philadelphia County HealthChoices ➡ Members that do not have a TCM treatment dosage of at least 90 days ➡ Members that are authorized for TCM during the measurement period that were not admitted to Psychiatric Inpatient or Extended Acute Services
	When there is a gap in service	At 60 days without a CBH TCM claim for a given provider and LOC combination, a break in the episode is indicated. The episode end date is the last day the member received TCM services before this gap.
	If a client is authorized for TCM services with multiple providers	The member is considered to have multiple episodes with overlapping time periods. Therefore, a member may be included in the denominator of more than one provider.
Denominator	Qualifying Members: During the measurement year, members that are authorized for TCM with at least a 90 Day TCM Treatment Dosage	

Numerator	Members Admitted to IP: Of the Qualifying Members, those that were admitted to a CBH-funded Psychiatric Inpatient facility during that episode. The admission can take place at any point during or after the 90-day required "dose" of TCM services.

Thresholds and Points

Current Year	Percentage	Points
Above	15.0%	0
Between	10.0%–15.0%	1
At or Below	10.0%	2

6.3. TCM04: Percent of TCM Authorized Individuals Having a TCM Contact within 2 Days of Inpatient Admission

Rationale	To measure provider compliance with TCM standards and consistency with practice guidelines. Continuity of care is an important measure, as we believe that the likelihood of recovery is improved when services are consistent and continuous.	
Definition	Percentage of inpatient episodes for which a CBH TCM claim is made within two days following the date of admission to an Inpatient Psychiatric Facility.	
	Eligible Population (Inclusion Criteria)	➡ Philadelphia County HealthChoices (CBH) members who at any point during the measurement period had a TCM authorization ➡ Must have at least one paid TCM claim associated with the authorization ➡ Member must have been admitted to a Psychiatric Inpatient Facility during the measurement year and during the TCM Authorization ➡ Member must be authorized for TCM services at the time of their Psychiatric Inpatient admission
	Do Not Include	➡ Members that have insurance coverage other than Philadelphia County HealthChoices ➡ Member was not authorized for TCM services at the time of admission to the Psychiatric Inpatient ➡ Member's Psychiatric Inpatient episode did not occur during the measurement year or during the member's TCM authorization

	When there are multiple authorizations	Include all CBH authorizations (TCM and Psychiatric Inpatient) for members who have more than one authorization in the measurement period.
Denominator		Qualifying Authorizations: During the measurement year, members that are authorized for TCM with at least one paid claim associated to their authorization and have been admitted to a Psychiatric Inpatient facility during the TCM authorization.
Numerator		Episodes Receiving TCM Services Within Two Days of Admission: Of the Qualifying Authorizations, any inpatient episode for which the client has a TCM claim with the specified provider and LOC within two days of the inpatient admission date.

Thresholds and Points

Current Year	Percentage	Points
At or above	90.0%	1
Between	80.0%–90.0%	0.5
Below	80.0%	0

Please Note: *There has been a change in scoring for TCM04: Providers that had zero acute inpatient admissions within the reporting period (a rate of 0% for TCM03) will also receive one point on this measure to acknowledge the work that the provider has done to successfully keep members in the community.*

6.4. TCM05: Percent of TCM Authorized Individuals Having a TCM Contact within 7 Days of Inpatient Discharge

Rationale		To measure provider compliance with TCM standards and consistency with practice guidelines. Continuity of care is an important measure as we believe that the likelihood of recovery is improved when services are consistent and continuous.
Definition		Percentage of inpatient episodes for which a CBH TCM claim is made within seven days following the date of discharge from an Inpatient Psychiatric Facility.
	Eligible Population (Inclusion Criteria)	➡ Philadelphia County HealthChoices (CBH) members who at any point during the measurement period had a TCM authorization ➡ Must have at least one paid TCM claim associated with the authorization ➡ Member must have been admitted to a Psychiatric Inpatient Facility during the measurement year and during the TCM Authorization

		➡ Member must be authorized for TCM services at the time of their Psychiatric Inpatient discharge
	Do Not Include	➡ Members that have insurance coverage other than Philadelphia County HealthChoices ➡ Member was not authorized for TCM services at the time of discharge from the Psychiatric Inpatient ➡ Member's Psychiatric Inpatient episode did not occur during the measurement year or during the members TCM authorization
	When there are multiple authorizations	Include all CBH authorizations (TCM and Psychiatric Inpatient) for members who have more than one authorization in the measurement period.
Denominator	Qualifying authorizations: During the measurement year, members that are authorized for TCM with at least one paid claim associated to their authorization and have been discharged from a Psychiatric Inpatient facility that occurred during the TCM authorization.	
Numerator	Members Receiving TCM Services Within Seven Days of Discharge: Of the Qualifying Authorizations, any inpatient episode for which the client has a TCM claim with the specified provider and LOC within seven days of the inpatient discharge date.	

Thresholds and Points

Current Year	Percentage	Points
At or above	90.0%	1
Between	80.0%–90.0%	0.5
Below	80.0%	0

Please Note: *There has been a change in scoring for TCM05: Providers that had zero acute inpatient admissions within the reporting period (a rate of 0% for TCM03) will also receive one point on this measure to acknowledge the work that the provider has done to successfully keep members in the community.*