

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Webinar 3: State-Lead Behavioral Health Clinic Measures – Part 2 of 2

Presented by the Substance Abuse and
Mental Health Services Administration
July 26, 2016



Speaker

Peggy O'Brien, PhD, JD

Truven Health Analytics, an IBM company

Logistics

- **Chat function for questions**
- **Poll questions**
- **Slide and webinar availability**

Webinar Schedule

1. July 12: Introduction and Background – **States and BHCs**
2. July 19: State-Reported Measures – **States Only**
3. July 26: State-Reported Measures – **States Only**
4. August 2: Clinic-Reported Measures – **States and BHCs**
5. August 9: Clinic-Reported Measures – **States and BHCs**
6. August 16: Special Issues – **States and BHCs**
7. August 23: Special Issues – **States and BHCs**
8. September 6: Non-Required Measures – **States Only**

All scheduled for Tuesdays 2:00 to 3:30 pm ET

Focus Today

Outstanding questions from Webinar 2
Additional state-lead measures

Outstanding Questions following Webinar 2

State-Lead Measures – Webinar 3

- **Follow-Up After Discharge from the Emergency Department for Mental Health Treatment (FUM)**
- **Follow-Up After Discharge from the Emergency Department for Alcohol or Other Dependence Treatment (FUA)**
- **Follow-Up After Hospitalization for Mental Illness, ages 21+ (adult) (FUH-BH-A)**
- **Follow-Up After Hospitalization for Mental Illness, ages 6 to 21 (child/adolescent) (FUH-BH-C)**
- **Housing Status (HOU)**
- **Patient Experience of Care Survey (PEC)**
- **Youth/Family Experience of Care Survey (Y/FEC)**

Age and Stratification (1 of 2)

Measure

Follow-Up After Emergency Department Visit for Mental Illness(FUM)

Follow-Up After Emergency Department Visit for Alcohol and Other Dependence Treatment (FUA)

Follow-Up After Hospitalization for Mental Illness, Adult (FUH-BH-A)

Follow-Up After Hospitalization for Mental Illness, Child/Adolescent (FUH-BH-C)

Age Coverage

6 years and older as of the date of the ED visit

13 years and older as of the date of the ED visit

21 years and older as of the date of discharge

6–20 years as of the date of discharge

Stratification

Medicaid, Dual Medicare & Medicaid, Other

Medicaid, Dual Medicare & Medicaid, Other

Medicaid, Dual Medicare & Medicaid, Other
Ages 21-64 years
Ages 65 years and older

Medicaid, Dual Medicare & Medicaid, Other

Age and Stratification (2 of 2)

Measure

Age Coverage

Stratification

Housing Status (HOU)

All ages

None other than may be required for original reporting

Patient Experience of Care Survey (PEC)

18 years and older

None other than may be required for original reporting

Youth/Family Experience of Care Survey (Y/FEC)

17 years and younger

None other than may be required for original reporting

Follow-Up After Discharge from the Emergency Department for Mental Health Treatment (FUM) (1)

- **Denominator:** The number of ED visits for mental health treatment by consumers aged 6 and older
- **Denominator Measurement Period (MP):** The measurement year (MY) absent last 30 days of the MY
- **Why?** Captures ED visits during the MY but excludes last 30 days to permit measurement of up to 30 days follow-up
- **Numerator:**
 - *30-Day Follow-Up: An outpatient visit, intensive outpatient encounter or partial hospitalization, with any practitioner, with a primary diagnosis of a mental health disorder within 30 days after the ED visit*
 - *7-Day Follow-Up: An outpatient visit, intensive outpatient encounter or partial hospitalization, with any practitioner, with a primary diagnosis of a mental health disorder within 7 days after the ED visit*
- **Numerator Measurement Period:** The MY
- **Why?** Captures follow-up within the MY

| Year before MY1 | MY1 |
|-----------------|---------------------------------|
| | Numerator MP (post discharge) |
| | Denominator MP (post discharge) |

Follow-Up After Discharge from the Emergency Department for Mental Health Treatment (FUM) (2)

Follow-up After Emergency Department Visit for Mental Illness (FUM)

Based on measure stewarded by the
National Committee for Quality Assurance (Draft HEDIS 2017)

A. DESCRIPTION

The percentage of emergency department (ED) visits for consumers 6 years of age and older with a primary diagnosis of mental illness, who had an outpatient visit, an intensive outpatient encounter or a partial hospitalization for mental illness. Two rates are reported:

1. The percentage of ED visits for which the consumer received follow-up within 30 days of the ED visit.
2. The percentage of ED visits for which the consumer received follow-up within 7 days of the ED visit.

Data Collection Method: Administrative

Guidance for Reporting:

- When initially required of the CCBHCs, the Follow-Up After Discharge from the Emergency Department for Mental Health or Alcohol or Other Dependence (NQF # 2605) was intended. Because that measure (which included two rates (30 and 7 day follow-up) for each of mental illness and AOD dependence) has not been maintained and is being replaced with two measures for HEDIS 2017 use which separate mental illness and AOD dependence with two rates each, the specifications in this manual rely on the separate draft 2017 HEDIS measures.
- This measure is stratified by whether the consumer is a Medicaid beneficiary, eligible for both Medicare and Medicaid, and other. For purposes of determining whether a consumer is a Medicaid beneficiary or a dual Medicare and Medicaid enrollee, see Continuous Enrollment, Allowable Gap, and Anchor Date requirements below in section C.
- Referenced Value Sets may be found in the Healthcare Effectiveness Data and Information Set (HEDIS) specifications Volume 2. Value Sets are available at [NCOA HEDIS 2017](#)

A. Description

- *Description with two rates*
- *Data collection method*
- *Guidance for reporting:*
 - **Measure history**
 - **Stratification**
 - **Value sets**
 - **Cont'd next slide**

Follow-Up After Discharge from the Emergency Department for Mental Health Treatment (FUM) (3)

Follow-up After Emergency Department Visit for Mental Illness (FUM)

Please see NCQA Notice of Copyright and Disclaimers in front matter to this manual.

- Refer to the specific data-reporting template for the reporting requirements applicable to each measure and to the Appendices in Volume 2 of this manual.

Measurement Period: The measurement period for the denominator is the measurement year (e.g., for CCBHCs, DY1 or DY2) absent the last 30 days of the measurement year. The measurement period for the numerator is the measurement year.

B. DEFINITIONS

| TERM | DEFINITION |
|-----------------|--|
| Provider Entity | The provider entity that is being measured (i.e., BHC) |

C. ELIGIBLE POPULATION

| CRITERIA | REQUIREMENTS |
|-----------------------|---|
| Age | Consumers aged 6 years and older as of the date of the ED visit |
| Continuous Enrollment | Date of ED visit through 30 days after the ED visit |
| Allowable Gap | No gaps in enrollment |
| Anchor Date | None |
| Benefits | Medical and mental health |

A. Description (cont'd)

- *Guidance for reporting (cont'd):*
 - **Templates**
 - *Measurement period*

B. Definitions

C. Eligible Population

- *Age*
- *Enrollment*
- *Gap*
- *Anchor Date*
- *Benefits*
- *Cont'd next slide*

Follow-Up After Discharge from the Emergency Department for Mental Health Treatment (FUM) (4)

| CRITERIA | REQUIREMENTS |
|-----------------|--|
| Event/Diagnosis | <p>Follow the steps below to identify the eligible population:</p> <p><i>Step 1</i> Identify consumers flagged as having been seen at the provider entity during the measurement year.</p> <p><i>Step 2</i> Identify consumers from step 1 who were aged 6 years and older as of the date of the ED visit.</p> <p><i>Step 3</i> Identify consumers from step 2 who had an ED visit (ED Value Set) with a primary diagnosis of mental illness (Mental Illness Value Set) on or between the first day of the measurement year and the last day of the measurement year (less 30 days).</p> <p><i>Note:</i> The denominator for this measure is based on ED visits, not on consumers. If a consumer has more than one ED visit, include all ED visits between the first day of the measurement year and the last day of the measurement year (less 30 days).</p> <p><i>Note:</i> If a consumer has more than one ED visit in a 30-day period, include only the last ED visit in each 30-day period.</p> |

D. ADMINISTRATIVE SPECIFICATION

Denominator

The number of ED visits by consumers in the eligible population (Section C)

Note: The measurement period for the denominator is the measurement year less the last 30 days of the measurement year.

Numerator

30-Day Follow-Up

An outpatient visit, intensive outpatient encounter or partial hospitalization, with any practitioner, with a primary diagnosis of a mental health disorder within 30 days after the

C. Eligible Population

- *Event/Diagnosis:*
 - Consumers
 - Age
 - ED visit and dx
 - Denominator based on visits
 - Multiple ED visits

D. Administrative Specification

- *Denominator*
- *Numerator Rate 1 (cont'd next slide)*

Follow-Up After Discharge from the Emergency Department for Mental Health Treatment (FUM) (5)

Please see WCAH notice of copyright and disclaimers in front matter to this manual.

ED visit. Include outpatient visits, intensive outpatient visits or partial hospitalizations that occur on the date of the ED visit.

7-Day Follow-Up

An outpatient visit, intensive outpatient encounter or partial hospitalization, with any practitioner, with a primary diagnosis of a mental health disorder within 7 days after the ED visit. Include outpatient visits, intensive outpatient visits or partial hospitalizations that occur on the date of the ED visit.

For both indicators, any of the following meet criteria for a follow-up visit:

- A visit ([FUH Stand Alone Visits Value Set](#)) with a primary diagnosis of a mental health disorder ([Mental Health Diagnosis Value Set](#))
- A visit ([FUH Visits Group 1 Value Set](#) and [FUH POS Group 1 Value Set](#)) with a primary diagnosis of a mental health disorder ([Mental Health Diagnosis Value Set](#))
- A visit ([FUH Visits Group 2 Value Set](#) and [FUH POS Group 2 Value Set](#)) with a primary diagnosis of a mental health disorder ([Mental Health Diagnosis Value Set](#))
- A visit to a behavioral healthcare facility ([FUH RevCodes Group 1 Value Set](#))
- A visit to a non-behavioral healthcare facility ([FUH RevCodes Group 2 Value Set](#)) with a primary diagnosis of a mental health disorder ([Mental Health Diagnosis Value Set](#))

Note: Organizations may have different methods for billing intensive outpatient visits and partial hospitalizations. Some methods may be comparable to outpatient billing, with separate claims for each date of service; others may be comparable to inpatient billing, with an admission date, a discharge date and units of service. Organizations whose billing methods are comparable to inpatient billing may count each unit of service as an individual visit. The unit of service must have occurred during the required period for the rate (i.e., within 30 days after the ED visit or within 7 days after the ED visit).

Exclusions

ED visits followed by admission or direct transfer to an acute or nonacute inpatient care setting within the 30-day follow-up period, regardless of primary diagnosis for the admission. To identify admissions to an acute or nonacute inpatient care setting:

1. Identify all acute and nonacute inpatient stays ([Inpatient Stay Value Set](#)).
2. Identify the admission date for the stay.

D. Administrative Specification

- *Numerator Rate 1 (cont'd from last slide)*
- *Numerator Rate 2*
- *Billing note*
- *Exclusions (cont'd next slide)*

Follow-Up After Discharge from the Emergency Department for Mental Health Treatment (FUM) (6)

Follow-up After Emergency Department Visit for Mental Illness (FUM)
Please see NCQA Notice of Copyright and Disclaimers in front matter to this manual.

Note: These events are excluded from the measure because admission to the hospital or transfer may prevent an outpatient follow-up visit from taking place.

Note: Organizations identify “transfers” using their own methods and confirm the acute or nonacute inpatient care setting using the steps above.

E. ADDITIONAL NOTES

The source measure is designed for the Commercial, Medicaid, and Medicare population and does not require risk adjustment. The source measure was specified and tested at the health plan level. This measure is modified to require clinic-level reporting, and to be consistent in format with other measures in this set of BHC measures, but is not tested at the clinic level.

Interpretation of score: Better quality = Higher score

D. Administrative Specification

- *Exclusions (cont'd from last slide)*

E. Additional Notes

- *Source measure information*
- *Interpretation of score*

Follow-Up After Discharge from the Emergency Department for Mental Health Treatment (FUM) (7)

| | | | |
|----|--|----------------------|---|
| 2 | Follow-up After Emergency Department Visit for Mental Illness (FUM) | | |
| 3 | Based on a measure stewarded by the National Committee for Quality Assurance (Draft HEDIS 2017) | | |
| 4 | A. Measurement Year: | | |
| 5 | Insert measurement year based on CCBHC or non-CCBHC status. For CCBHCs, enter DY1 or DY2. For non-CCBHCs, enter year such as FY2017. | <input type="text"/> | |
| 6 | B. Data Source: | | |
| 7 | Select the data source type: | <input type="text"/> | |
| 8 | If administrative data only, select source (Medicaid Management Information System (MMIS) or Other): | <input type="text"/> | If other administrative data, specify data source: <input type="text"/> |
| 9 | If source other than administrative selected, provide source: | <input type="text"/> | |
| 10 | C. Date Range: | | |
| 11 | Denominator Start Date (mm/dd/yyyy) | <input type="text"/> | |
| 12 | Denominator End Date (mm/dd/yyyy) | <input type="text"/> | |
| 13 | Numerator Start Date (mm/dd/yyyy) | <input type="text"/> | |
| 14 | Numerator End Date (mm/dd/yyyy) | <input type="text"/> | |
| 15 | ... YFEC FUM FUA PCR-BH SSD SAA-BH FUH-BH-A FUH-BH-C ADD-BH AMM-BH IET-BH Other State ... | | |

Template:

A. Measurement Year

B. Data Source

C. Date Range

Follow-Up After Discharge from the Emergency Department for Mental Health Treatment (FUM) (8)

Template

D. Performance Measure

D. Performance Measure:

The percentage of emergency department (ED) visits for consumers 6 years of age and older with a primary diagnosis of mental illness, who had an outpatient visit, an intensive outpatient encounter or a partial hospitalization for mental illness. Two rates are reported:

1. The percentage of ED visits for which the consumer received follow-up within 30 days of the ED visit.
2. The percentage of ED visits for which the consumer received follow-up within 7 days of the ED visit.

The measure is stratified to report Medicaid, Medicare & Medicaid, other, and total population.

| Measure | Numerator | Denominator | Rate |
|---|-----------|-------------|------|
| ED MH Visits with 7 Day Follow-up | | | |
| Medicaid | | | |
| Medicare & Medicaid | | | |
| Other | | | |
| Total | 0 | 0 | |
| ED MH Visits with 30 Day Follow-up | | | |
| Medicaid | | | |
| Medicare & Medicaid | | | |
| Other | | | |
| Total | 0 | 0 | |

E. Adherence to Measure Specifications:

Population included in the denominator (indicate yes or no for each of the options below):

YFEC
 FUM
 FUA
 PCR-BH
 SSD
 SAA-BH
 FUH-BH-A
 FUH-BH-C
 ADD-BH
 AMM-BH
 IET-BH
 Other State

Follow-Up After Discharge from the Emergency Department for Mental Health Treatment (FUM) (9)

Template

E. Adherence to Measure Specification

- *Population included*
- *Cont'd next slide*

| A | B | C | D |
|---|---|--|---|
| E. Adherence to Measure Specifications: | | | |
| Population included in the denominator (indicate yes or no for each of the options below): | | | |
| Medicaid population | | | |
| Title XIX-eligible CHIP population | | | |
| Title XXI-eligible CHIP population | | | |
| Other CHIP enrollees | | | |
| Medicare population | | | |
| Medicare and Medicaid Dually-Eligible population | | | |
| VHA/TRICARE population | | | |
| Commercially insured population | | | |
| Uninsured population | | | |
| Other | | If Other, explain whether the denominator is a subset of definitions selected above, please further define the denominator, and indicate the number of consumers excluded: | |
| Did your calculation of the measure deviate from the measure specification in any way? | | If Yes, the measure differs: Explain how the calculation differed and why. | |
| Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure? | | If No, the denominator doesn't represent your total eligible population, explain which populations are excluded and why in the next cell: | |
| Specify the size of the population included in the denominator: | | Specify the size of the measure-eligible | |

Follow-Up After Discharge from the Emergency Department for Mental Health Treatment (FUM) (10)

Template

E. Adherence to Measure Specification (cont'd)

- *7 day follow-up by payer*
- *Cont'd next slide*

| | A | B | C | D |
|----|---|---|---|---|
| 44 | Provide the following information for each rate/stratification: | | | |
| 45 | ED MH Visits with 7 Day Follow-up: | | | |
| 46 | Medicaid Population: | | | |
| 47 | Did the numerator differ for the Medicaid population? | | If numerator differs, explain the deviation in the next cell: | |
| 48 | Did the denominator differ for the Medicaid population? | | If denominator differs, explain the deviation in the next cell: | |
| 49 | Did the calculation differ in some other way for the Medicaid | | If other, explain the deviation in the next | |
| 50 | Medicare & Medicaid Population: | | | |
| 51 | Did the numerator differ for the Medicare & Medicaid population? | | If numerator differs, explain the deviation in the next cell: | |
| 52 | Did the denominator differ for the Medicare & Medicaid population? | | If denominator differs, explain the deviation in the next cell: | |
| 53 | Did the calculation differ in some other way for the Medicare & Medicaid population? | | If other, explain the deviation in the next cell: | |
| 54 | Neither Medicaid nor Medicare & Medicaid Population: | | | |
| 55 | Did the numerator differ for the neither Medicaid nor Medicare & Medicaid population? | | If numerator differs, explain the deviation in the next cell: | |
| 56 | Did the denominator differ for the neither Medicaid nor Medicare & Medicaid population? | | If denominator differs, explain the deviation in the next cell: | |
| 57 | Did the calculation differ in some other way for the neither Medicaid nor Medicare & Medicaid population? | | If other, explain the deviation in the next cell: | |
| 58 | Total Eligible Population: | | | |
| 59 | Did the numerator differ for the Total Eligible population? | | If numerator differs, explain the deviation in the next cell: | |
| | Did the denominator differ for the | | If denominator differs, | |

Follow-Up After Discharge from the Emergency Department for Mental Health Treatment (FUM) (11)

Template

E. Adherence to Measure Specification (cont'd)

- *30 day follow-up by payer*

| A | B | C | D |
|---|---|---|---|
| id the calculation differ in some other way for the Total Eligible DMH Visits with 30 Day Follow-up: | | If other, explain the deviation in the next cell: | |
| Medicaid Population: | | | |
| id the numerator differ for the Medicaid population? | | If numerator differs, explain the deviation in the next cell: | |
| id the denominator differ for the Medicaid population? | | If denominator differs, explain the deviation in the next cell: | |
| id the calculation differ in some other way for the Medicaid population? | | If other, explain the deviation in the next cell: | |
| Medicare & Medicaid Population: | | | |
| id the numerator differ for the Medicare & Medicaid population? | | If numerator differs, explain the deviation in the next cell: | |
| id the denominator differ for the Medicare & Medicaid population? | | If denominator differs, explain the deviation in the next cell: | |
| id the calculation differ in some other way for the Medicare & Medicaid population? | | If other, explain the deviation in the next cell: | |
| either Medicaid nor Medicare & Medicaid Population: | | | |
| id the numerator differ for the either Medicaid nor Medicare & Medicaid population? | | If numerator differs, explain the deviation in the next cell: | |
| id the denominator differ for the either Medicaid nor Medicare & Medicaid population? | | If denominator differs, explain the deviation in the next cell: | |
| id the calculation differ in some other way for the neither Medicaid or Medicare & Medicaid population? | | If other, explain the deviation in the next cell: | |
| Total Eligible Population: | | | |
| id the numerator differ for the Total Eligible population? | | If numerator differs, explain the deviation in the next cell: | |

Follow-Up After Discharge from the Emergency Department for Mental Health Treatment (FUM) (12)

Template

E. Adherence to Measure Specification (cont'd)

F. Additional Notes

| | A | B | C | D |
|---|---|---|---|---|
| 7 | Medicare & Medicaid Population: | | | |
| 3 | Did the numerator differ for the Medicare & Medicaid population? | | If numerator differs, explain the deviation in the next cell: | |
| 3 | Did the denominator differ for the Medicare & Medicaid population? | | If denominator differs, explain the deviation in the next cell: | |
| 3 | Did the calculation differ in some other way for the Medicare & Medicaid population? | | If other, explain the deviation in the next cell: | |
| 1 | Neither Medicaid nor Medicare & Medicaid Population: | | | |
| 2 | Did the numerator differ for the neither Medicaid nor Medicare & Medicaid population? | | If numerator differs, explain the deviation in the next cell: | |
| 3 | Did the denominator differ for the neither Medicaid nor Medicare & Medicaid population? | | If denominator differs, explain the deviation in the next cell: | |
| 4 | Did the calculation differ in some other way for the neither Medicaid nor Medicare & Medicaid population? | | If other, explain the deviation in the next cell: | |
| 5 | Total Eligible Population: | | | |
| 5 | Did the numerator differ for the Total Eligible population? | | If numerator differs, explain the deviation in the next cell: | |
| 7 | Did the denominator differ for the Total Eligible population? | | If denominator differs, explain the deviation in the next cell: | |
| 3 | Did the calculation differ in some other way for the Total Eligible population? | | If other, explain the deviation in the next cell: | |
| 3 | F. Additional Notes: | | | |
| 3 | | | | |
| 1 | End of Worksheet | | | |

Questions so far?

Follow-Up After Discharge from the Emergency Department for Alcohol or Other Drug (AOD) Dependence Treatment (FUA) (1)

- **Denominator:** The number of ED visits for AOD treatment by consumers aged 13 and older with primary diagnosis of AOD dependence
- **Denominator Measurement Period (MP):** The measurement year (MY) absent last 30 days of the MY
- **Why?** Captures ED visits during the MY but excludes last 30 days to permit measurement of up to 30 days follow-up
- **Numerator:**
 - *30-Day Follow-Up: An outpatient visit, intensive outpatient encounter or partial hospitalization, with any practitioner, with a primary diagnosis of AOD within 30 days after the ED visit*
 - *7-Day Follow-Up: An outpatient visit, intensive outpatient encounter or partial hospitalization, with any practitioner, with a primary diagnosis of AOD within 7 days after the ED visit*
- **Numerator MP:** The MY
- **Why?** Captures follow-up within the MY

| Year before MY1 | MY1 |
|-----------------|---------------------------------|
| | Numerator MP (post discharge) |
| | Denominator MP (post discharge) |

Follow-Up After Discharge from the Emergency Department for Alcohol or Other Drug (AOD) Dependence Treatment (FUA) (2)

Something to think about with this measure:



- Someone is given a substance-related diagnosis in the ED
- At follow-up, there is no substance-related diagnosis

What does that do to the BHC follow-up rate?

What does that suggest for BHC training?

Poll Question 1

Do you have concerns about BHCs not including sufficient codes indicating AOD diagnosis or treatment, resulting in undercounting? Select all that apply.

- *Yes, I am concerned about it*
- *No, I am not concerned*

Please share any specific concerns in the chat box!

Follow-Up After Hospitalization for Mental Illness, ages 21+ (Adult) (FUH-BH-A)

- **Denominator:** The number of eligible discharges for consumers aged 21 and older hospitalized for treatment of selected mental illness diagnoses
- **Denominator Measurement Period (MP):** The measurement year (MY) measured from the discharge date less the last 30 days of the MY
- **Why?** To capture all discharges during the MY while allowing time for 30 days follow-up within the MY
- **Numerator:**
 - *30-Day Follow-Up: An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner within 30 days after discharge*
 - *7-Day Follow-Up: An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner within 7 days after discharge*
- **Numerator MP:**
 - *30-Day Follow-Up: The discharge date through 7 days after the discharge date*
 - *7-Day Follow-Up: The discharge date through 30 days after the discharge date*
- **Why?** To capture follow-up during the MY

| Year before MY1 | MY1 |
|-----------------|---------------------------------|
| | Numerator MP (post discharge) |
| | Denominator MP (post discharge) |

Follow-Up After Hospitalization for Mental Illness, ages 6 to 21 (Child/Adolescent) (FUH-BH-C)

- **Denominator:** The number of eligible discharges for consumers aged 6 to 20 years hospitalized for treatment of selected mental illness diagnoses
- **Denominator Measurement Period (MP):** The measurement year (MY) measured from the discharge date less the last 30 days of the MY
- **Why?** To capture all discharges during the MY while allowing time for 30 days follow-up within the MY
- **Numerator:**
 - *30-Day Follow-Up: An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner within 30 days after discharge*
 - *7-Day Follow-Up: An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner within 7 days after discharge*
- **Numerator MP:**
 - *30-Day Follow-Up: The discharge date through 7 days after the discharge date*
 - *7-Day Follow-Up: The discharge date through 30 days after the discharge date*
- **Why?** To capture follow-up during the MY

| Year before MY1 | MY1 |
|-----------------|---------------------------------|
| | Numerator MP (post discharge) |
| | Denominator MP (post discharge) |

Follow-Up Measures – Practical Considerations (1)

There are four measures related to follow-up. The state has claims data that allows it to measure follow-up but that does not help the BHCs to know when to conduct follow-up.

- *How* are the BHCs to know in a timely manner that one of their consumers has either visited the ED or been hospitalized?
- *Can* the state help the BHCs know this in time to facilitate 7-day follow-up?

Follow-Up Measures – Practical Considerations (2)

Can the state help the BHCs know about ED visits or hospitalizations in time to facilitate 7-day follow-up?

- *Can the state get data or alerts to the BHCs?*
- *Can the state facilitate agreements with hospitals to encourage prompt care coordination?*
- *Is there a way for hospitals to alert BHCs?*
- *Are care coordination teams possible?*
- *Can EHRs play a role?*
- *Can BHCs educate high risk consumers to call the BHC?*
- *Can BHCs provide ID cards for their consumers so hospitals can notify the BHC?*
- *How can this be done within HIPAA and 42 CFR Part 2?*



Housing Status (HOU) (1)



- **Denominator:** The number of consumers seen during each measurement period (MP)
- **Denominator MP:** The measurement year (MY) divided into two equal parts
- **Numerator:** The number of consumers in each living situation
- **Numerator MP:** The MY divided into two equal parts

| Measurement Year | |
|------------------|------------------|
| Numerator MP 1 | Numerator MP 2 |
| Denominator MP 1 | Denominator MP 2 |

Housing Status (HOU) (2)

- **Designed to parallel existing reporting requirements from the Uniform Reporting System and Mental Health Block Grants**
- **Timing and categories (10) are the same**
- **Collect data twice a year, always at admission and discharge and, if otherwise, use the living situation reported at the last assessment during the half-year MP.**
- **What is different: Report by BHC**

Patient Experience of Care Survey (PEC)

- **Uses Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Experience of Care Survey**
- **Designed to conform to existing requirements with two changes:**
 - *States report by BHC and, if part of the CCBHC demonstration, by comparison clinic*
 - *States oversample BHCs and comparison clinics reaching out to 300 consumers per BHC and comparison clinic*
- **Measurement Period: For both the numerator and denominator, it is the measurement year**

Youth/Family Experience of Care Survey (Y/FEC)

- **Youth/Family Services Survey for Families (YSS-F) Experience of Care Survey**
- **Designed to conform to existing requirements with two changes:**
 - *States report by BHC and, if part of the CCBHC demonstration, by comparison clinic*
 - *States oversample BHCs and comparison clinics reaching out to 300 consumers per BHC and comparison clinic*
- **Measurement Period: For both the numerator and denominator, it is the measurement year**



Questions?

Upcoming Webinar Schedule

- 4: August 2: Clinic-Reported Measures – **States and BHCs**
 - 5: August 9: Clinic-Reported Measures – **States and BHCs**
 - 6: August 16: Special Issues – **States and BHCs**
 - 7: August 23: Special Issues – **States and BHCs**
 - 8: September 6: Non-Required Measures – **States Only**
- All scheduled for Tuesdays 2:00 to 3:30 pm ET

Preview of Next Two Webinars

Webinar 4: August 2, 2016

Five BHC-Lead Measures

- Time to Initial Evaluation (I-EVAL)
- Preventive Care & Screening: Body Mass Index (BMI) Screening & Follow-Up (BMI-SF)
- Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (TSC)
- Preventive Care & Screening: Unhealthy Alcohol Use: Screening & Brief Counseling (ASC)
- Depression Remission at Twelve Months (DEP-REM-12)

Preview of Next Two Webinars

Webinar 5: August 9, 2016

Four BHC-Lead Measures

- Weight Assessment for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC-BH) –Administrative or Hybrid
- Screening for Clinical Depression and Follow-Up Plan (CDF-BH)
- Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C)
- Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-A)

Please Consider ...

- **What do you want to know about data collection, analysis, or reporting for the state-lead measures that has not been covered?**
- **What do you want the BHCs to know about the measures they report?**

If you have ideas now and wish to share by chat, please do so now.

BHC Measures (1)

| Measure | State or BHC Lead | CCBHC Required | CCBHC Not Required | Webinar |
|----------|-------------------|----------------|--------------------|---------|
| SSD | State | ✓ | n/a | 2 |
| SAA-BH | State | ✓ | n/a | 2 |
| ADD-BH | State | ✓ | n/a | 2 |
| IET-BH | State | ✓ | n/a | 2 |
| PCR-BH | State | ✓ | n/a | 2 |
| FUM | State | ✓ | n/a | 3 |
| FUA | State | ✓ | n/a | 3 |
| FUH-BH-A | State | ✓ | n/a | 3 |
| FUH-BH-C | State | ✓ | n/a | 3 |
| HOU | State | ✓ | n/a | 3 |
| PEC | State | ✓ | n/a | 3 |
| Y/FEC | State | ✓ | n/a | 3 |

BHC Measures (2)

| Measure | State or BHC Lead | CCBHC Required | CCBHC Not Required | Webinar |
|------------|-------------------|----------------|--------------------|---------|
| I-EVAL | BHC | ✓ | n/a | 4 |
| BMI-SF | BHC | ✓ | n/a | 4 |
| TSC | BHC | ✓ | n/a | 4 |
| ASC | BHC | ✓ | n/a | 4 |
| CDF-BH | BHC | ✓ | n/a | 5 |
| WCC-BH | BHC | ✓ | n/a | 5 |
| SRA-BH-C | BHC | ✓ | n/a | 5 |
| SRA-A | BHC | ✓ | n/a | 5 |
| DEP-REM-12 | BHC | ✓ | n/a | 5 |

BHC Measures (3)

| Measure | State or BHC Lead | CCBHC Required | CCBHC Not Required | Webinar |
|---------|-------------------|----------------|--------------------|---------|
| ROUT | BHC | n/a | ✓ | 8 |
| TX-EVAL | BHC | n/a | ✓ | 8 |
| SUIC | BHC | n/a | ✓ | 8 |
| DOC | BHC | n/a | ✓ | 8 |
| CBP-BH | BHC | n/a | ✓ | 8 |
| SU-A | State | n/a | ✓ | 8 |
| APM | State | n/a | ✓ | 8 |
| SMC | State | n/a | ✓ | 8 |
| AMS-BD | State | n/a | ✓ | 8 |

Poll Question 2

What do you think will be the biggest obstacles for you in obtaining claims data for dually eligible (Medicaid and Medicare) consumers? Select all that apply.

- 1. We do not have any access to Medicare data.*
- 2. Our access to Medicare data is delayed enough to affect our ability to report quality measures when required.*
- 3. We will have problems matching Medicare data with Medicaid identifiers.*
- 4. We will not be able to obtain substance use claims in Medicare data.*
- 5. We cannot obtain Medicare Part D data.*
- 6. Other*
- 7. I do not predict this to be a challenge*

Please summarize any additional comments on why you will or will not have difficulty obtaining duals data in the chat box.

Questions Answered Last Week -- 1

1. It appears through the template and webinar schedule there are 13, not 12, state lead measures. Is this correct?

The two patient experience of care surveys are contained in one measure.

Questions Answered Last Week -- 2

2. Is it correct that all information for measures (BHC or State) will be collected at the BHC level by each individual BHC under the demonstration grant and that the state lead measures will then be an aggregate of all the state demonstration?

The state will calculate the state-lead measures at the individual BHC (CCBHC) level for each BHC separately. The individual BHCs (CCBHCs) will calculate the BHC-lead measures for their BHC (CCBHC) and then send the results on to the state. For states participating in the demonstration program, the state will then send on to SAMHSA a separate data reporting template for each CCBHC with both the state calculated and the CCBHC calculated measures in that template. This means SAMHSA will receive a separate template for each CCBHC. **There will be no aggregation at the state level.**

Questions Answered Last Week -- 3

3. The Criteria for the CCBHC Demonstration Program includes the following text under Program Requirement 5.a.1: "The CCBHC has the capacity to collect, report, and track encounter, outcome, and quality data, including but not limited to data capturing: (1) consumer characteristics; ...; and (9) consumer outcomes. Data collection and reporting requirements are elaborated below and in Appendix A." Does SAMHSA intend that the 21 reported quality measures will address each of the data elements identified in 5.a.1. In particular, are "consumer characteristics", "staffing" and "care coordination" reported through the 21 quality measures? If not, are there additional reporting requirements related to these data elements?

Answer on next slide.

Questions Answered Last Week – 3

(cont'd)

The criteria expect that the CCBHCs will be capable of collecting data that addresses those elements. The quality measures and case load characteristics in the data reporting template are the primary reporting that will be required. Consumer characteristics are covered in the case load template, as well as, in part, in the measure stratifications. Care coordination is captured in a number of measures, most explicitly the follow-up measures. Staffing is not addressed in the measures but the cost reports contain elements of staffing reporting. While the quality measures do not directly address staffing, it is possible that the national evaluation will seek information that encompasses any of the 9 items enumerated in 5.a.1.

Contact Information

Please submit additional questions to CCBHC_Data_TA@samhsa.hhs.gov ([click to email](#)) about:

- Material covered today
- BHC-lead measures that will be covered in the next webinar
- Ideas for special issues
- Other questions related to data collection, analysis, or reporting

We will attempt to respond to them in the appropriate webinars.

***NOTE:** Please address questions related to these webinars to SAMHSA at this mailbox and not to CMS.

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover