Behavioral Health Clinics

Clarifications to Guidance about Quality Measures and Reporting – Questions Related to Webinar 1 and Other General Questions Related to Data Collection and Quality Reporting (July 12, 2016 –July 26, 2016)

SAMHSA, CMS, and ASPE have provided the following clarifications to questions from states and clinics regarding the 32 quality measures published by HHS.

Question 1: It appears through the template and upcoming webinar schedule there are 13, not 12, state lead measures. Is this correct?
Clarification: The two patient experience of care surveys are contained in one measure.

Question 2.a: Is it correct that all information for measures (BHC or State) will be collected at the BHC level by each individual BHC under the Section 223 demonstration program?
Clarification: Yes, all measures are calculated at the BHC level for each BHC individually.

Question 2.b: Under the Section 223 demonstration program, does the state aggregate the BHC measures before submitting to SAMHSA?
Clarification: No, all measures, whether state-lead or BHC-lead remain at the individual BHC level and the state submits a separate data reporting template to SAMHSA for each BHC in the state. There will be no aggregation at the state level.

Question 3: The Criteria for the Demonstration Program to Improve Community Mental Health Centers and to Establish Certified Community Behavioral Health Clinics 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; (2) staffing; (3) access to services; (4) use of services; (5) screening, prevention, and treatment; (6) care coordination; (7) other processes of care; (8) costs; 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?
Clarification: 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.

Question 4.a: Volume 1 of the BHC Quality Measures includes two tables with the 21 BHC quality measures. Table 1 lists clinic-lead measures, including WCC-BH and SRA-BH-C. Both of these measures are identified as Child Core measures; however, the data collection method for WCC-BH is identified as administrative or hybrid; for SRA-BH-C, the data collection method is identified as electronic health records. If states already submit the child core measure for these two measures, can they satisfy the BHC report template using results from the same Child Core measure?
Clarification: The data collection methods for all BHC measures that are also a part of the Medicaid Adult or Child Core Sets are the same as those in the CMS Technical Specifications; however the BHC Technical Specifications are specified to be reported at the BHC level and not at the state level which is how the Medicaid Core Sets are specified. The data/results that you are submitting for the CCBHC Demonstration should only include data on the CCBHC (patients

and services) and not for the state as a whole so therefore should be different than what you submit into MACPro for CMS (which is data on the entire state).

Question 4.b: Can states report some BHC-lead measures instead of requiring the BHCs to do it?

Clarification: When creating the quality measure tables and technical specifications, we divided the measures into two groups based on who we thought would have the information and on the level of effort that we felt it would take for them to report it. However, the state is permitted to report data on behalf of CCBHCs, including data for the BHC-lead measures.

Question 4.c: If the state elects to report BHC-Lead measures rather than having the BHCs do it, can the state use administrative data rather than EHR or hybrid data like the BHC specs require for three Medicaid Core Set measures (WCC-BH, SRA-BH-C, and CDF-BH)?

Clarification: States (or BHCs) should source data from the EHR or utilize hybrid data from medical chart and claims as required by the BHC specifications. If this is not possible, then administrative data derived from claims may be used. If a state is not able to report a measure as shown in the technical specifications then it should provide a detailed plan in its demonstration application that outlines how it will move toward reporting the measure as specified.

Question 5: The Value Set Authority Center (VSAC) requires a license to obtain the value sets for the two measures "Adult major depressive disorder (MDD): Suicide Risk Assessment" and "Child and adolescent major depressive disorder (MDD): Suicide Risk Assessment." Are there applicable value sets that can be downloaded without a license?

Clarification: The VSAC is part of NIH and the VSAC license is free. The link is in the measures and is: https://uts.nlm.nih.gov/license.html. The specs also refer to the CMS website for more information at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html. On that page you will go to eCQM Specifications for Eligible Professionals Update July 2014. Within the zip folder are subfolders for each measure. The child measure is CMS177v3 and the adult measure is CMS161v3. All of this information is in the BHC measure specifications. In each of those folders you will find several documents with additional information about the specs. This last information may be helpful as a supplement to the BHC specs but generally what the user needs is to obtain the free VSAC license and the value sets from that VSAC site and to use those in conjunction with the BHC specs.

Question 6: Are all the state-lead measures using administrative data the same as the standard measures (aside from the reporting level)?

Clarification: Many of these measures have been developed in different formats for different programs or initiatives. One BHC measure may be related to a HEDIS measure, a Medicaid Core Measure, and a PQRS measure. There are three potential differences between the state-lead measures using administrative data and the source measure: 1) the reporting level which the question acknowledges (they are reported at the BHC level and not the state or plan level); 2) format (the measures are formatted for general consistency as much as possible); and 3) other changes. Formatting changes include things such as: a) general additional information included in section A of the spec such as links to value sets, information on the measurement period, etc.; b) additional definitions in section B, such as the definition of "provider entity"; c) an additional step in the eligible population definition in section C to bring the spec to the BHC level as well as an attempt to more clearly provide the steps in determining the eligible population; d) reminders about measurement periods in section D; e) additional general information in section E such as information about the source measure and interpretation of the

score (for some measures this is added); and f) the appendices for some measures in volume 2. Other, non-level, non-formatting changes should be limited to measurement year/measurement period, stratification, and age requirements:

- Because the CCBHC demonstration programs will begin at different points between January 1 and July 1, 2017, the measurement year and periods identified in the source measures, which are linked to a measurement year that is the calendar year, will differ.
- Each of the BHC state-lead measures require stratification by payer (for the states, into Medicaid and dually eligible beneficiaries). The BHC state-lead measures, by requiring reporting for both Medicaid and dually-eligible, also may cover different populations than those for which you presently report a measure.
- Some of the BHC state-lead administrative measures require stratification by age (by abbreviation, these are PCR-BH, APM, FUH-BH-A, AMM-BH, and IET-BH, of which APM is not a required CCBHC demonstration program measure). You should check the age coverage and stratifications for these against what you report now because there may have been modifications. The PCR HEDIS measure may be reported for commercial consumers (ages 18-64) or for Medicaid consumers (18 and older) while the PCR-BH reports for those 18 and older, stratifying by 18-64 and 65+. APM-BH does not differ on age from the HEDIS source measure. FUH-BH-C and FUH-BH-A separate a HEDIS measure that covers all ages 6 and older into 6-20 (FUH-BH-C) and 21 and older, stratified into 21-64 and 65+ (FUH-BH-A).) AMM-BH is stratified (18-64, 65 and older) differently from the HEDIS measure (not stratified). IET-BH is stratified (13-17, 18-64, 65 and older) differently from the HEDIS measure (13-17, 18+). Most of these differences reflect the fact that many of the measures also are Medicaid Child or Adult Core Measures and, if you are reporting those, the stratifications and age coverage may differ in other ways (for example the Medicaid Core IET measure only covers those ages 18 and older, with stratification into 18-64 and 65+). We would also encourage you to check the age coverage for the state-lead BHC measures that are not stratified by age against those that you currently report.