Speaker

Peggy O'Brien, PhD, JD
Truven Health Analytics, an IBM company

Logistics

- **Chat function**
- **Questions**
- **Poll questions**

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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 4

Remaining BHC-lead measures (2 hybrid, 2 EHR, 1 standard medical records specification)

Outstanding Questions from Webinar 4

BHC-Lead Measures – Webinar 5

- **Screening for Clinical Depression and Follow-Up Plan (CDF-BH)**
- **Weight Assessment for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC-BH)**
- **Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C)**
- **Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-A)**
- **Depression Remission at Twelve Months (DEP-REM-12)**

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Age and Stratification

Measure	Age Coverage	Stratification
Screening for Clinical Depression and Follow-Up Plan (CDF-BH)	Ages 12 and older	Medicaid, Dual Medicare & Medicaid, Other Ages 12-17 years Ages 18-64 years Ages 65 years and older
Weight Assessment for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC-BH) –Administrative or Hybrid	Ages 3-17	Medicaid, Dual Medicare & Medicaid, Other Ages 3-11 years Ages 12-17 years
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C)	Ages 6-17 years	Medicaid, Dual Medicare & Medicaid, Other
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-A)	Ages 18 and older	Medicaid, Dual Medicare & Medicaid, Other
Depression Remission at Twelve Months (DEP-REM-12)	Ages 18 and older	Medicaid, Dual Medicare & Medicaid, Other

Screening for Clinical Depression and Follow-Up Plan (CDF-BH) (1)

- **Denominator**: Number of consumers aged 12 and older with an outpatient visit during the measurement year (MY)

- **Denominator Measurement Period (MP):** The MY

- **Why?** To capture all consumers 12 and older seen during the MY

- **Numerator:** The number of denominator-eligible consumers who were screened for clinical depression using a standardized tool **AND**, **if positive**, for whom a follow-up plan is documented on the date of the positive screen

- **Numerator MP:** The MY

- **Why?** To assure all eligible consumers were properly screened for depression and, if the screen was positive, had a follow-up plan documented

Year before MY 1	MY1
	Numerator MP
	Denominator MP

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Screening for Clinical Depression and Follow-Up Plan (CDF-BH) (2)

Screening for Clinical Depression and Follow-Up Plan (CDF-BH)

Based on a measure stewarded by the
Centers for Medicare & Medicaid Services (NQF #0418; PQRS #134)

A. DESCRIPTION

Percentage of consumers aged 12 and older screened for clinical depression on the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen

Data Collection Method: Hybrid

Guidance for Reporting:

- This measure is stratified by whether the consumer is a Medicaid beneficiary, eligible for both Medicare and Medicaid, and other. It also is stratified by age group (ages 12 to 17, ages 18 to 64, and age 65 and older). For purposes of determining whether a consumer is a Medicaid beneficiary or a dual Medicare and Medicaid enrollee, use their insurance status on the date of the measured visit.

- This measure uses administrative data and medical record review to calculate the denominator exclusions for the measure. Providers may also choose to use medical record review to identify numerator cases. Providers should indicate in section E or F (Adherence to Measure Specifications or Additional Notes, respectively) of the data-reporting template, deviations from the measure specifications if they use the hybrid method to identify numerator cases.

- This measure may be calculated using sampling, but measure-specific guidelines on sampling are not available from the steward. Providers should review information in the introductory material to this manual related to sampling and hybrid measures and describe their sampling methodology in Section F (Additional Notes) of the data-reporting template.

A. Description

- *Narrative description*
- *Data collection method:* ***Hybrid***
- *Guidance for reporting:*
  - **Stratification (3 ages and 3 payers, status on day of visit)**
  - **Options for approach***
  - **Sampling requirements***
  Described next slide

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Screening for Clinical Depression and Follow-Up Plan (CDF-BH) (3)

This measure uses administrative data and medical record review to calculate the denominator exclusions for the measure. Providers may also choose to use medical record review to identify numerator cases. Providers should indicate in section E or F (Adherence to Measure Specifications or Additional Notes, respectively) of the data-reporting template, deviations from the measure specifications if they use the hybrid method to identify numerator cases.

This measure may be calculated using sampling, but measure-specific guidelines on sampling are not available from the steward. Providers should review information in the introductory material to this manual related to sampling and hybrid measures and describe their sampling methodology in Section F (Additional Notes) of the data-reporting template.

A. Description: Hybrid-- Options for Approach (cont'd)

- *Denominator uses outpatient billing codes to identify eligible population*
- *Denominator exclusions use administrative data and medical records (billing codes and entries in medical record)*
- *Numerator uses codes with option of using sample and medical record*

Sampling

- *May use sample*
- *Review introductory material and Appendix C*
- *Document approach*

Screening for Clinical Depression and Follow-Up Plan (CDF-BH) (4)

A. Description (cont'd)

- *Guidance for reporting:*
  - **Code changes from original**
  - **Encounter and screening same day**
  - **Only count most recent encounter**
  - **Source measure**
  - **Claims to include**
  - **Template & appendices (2)**
- *Measurement period*

Screening for Clinical Depression and Follow-Up Plan (CDF-BH) (5)

TERM	DEFINITION
Follow-up Plan	Proposed outline of treatment to be conducted as a result of clinical depression screening. Follow-up for a positive depression screening must include one (1) or more of the following: • Additional evaluation • Suicide risk assessment • Referral to a practitioner who is qualified to diagnose and treat depression • Pharmacological interventions • Other interventions or follow-up for the diagnosis or treatment of depression The documented follow-up plan must be related to positive depression screening, for example: "Patient referred for psychiatric evaluation due to positive depression screening."
Provider Entity	The provider entity that is being measured (i.e., BHC)
Screening	Completion of a clinical or diagnostic tool used to identify people at risk of developing or having a certain disease or condition, even in the absence of symptoms. Screening tests can predict the likelihood of someone having or developing a particular disease or condition. This measure looks for the screening being conducted in the practitioner's office that is filing the code.

B. Definitions

- *Follow-up Plan:*
  - **Necessary components**
  - **Related to positive screening**
- *Provider Entity*
- *Screening:*
  - **Clinical or diagnostic tool**

Cont'd next slide

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Screening for Clinical Depression and Follow-Up Plan (CDF-BH) (6)

TERM	DEFINITION
Standardized Tool	An assessment tool that has been appropriately normalized and validated for the population in which it is being utilized. The name of the age-appropriate standardized depression screening tool utilized must be documented in the medical record. Some depression screening tools are: Patient Health Questionnaire (PHQ-9); Beck Depression Inventory (BDI or BDI-II); Center for Epidemiologic Studies Depression Scale (CES-D); Depression Scale (DEPS); Duke Anxiety-Depression Scale (DADS); Geriatric Depression Scale (GDS); Hopkins Symptom Checklist (HSCL); The Zung Self-Rating Depression Scale (SDS), and Cornell Scale Screening (this screening tool is used in situations where the consumer has cognitive impairment and is administered through the caregiver), and PRIME MD-PHQ2.

B. Definitions (cont'd)

- *Standardized Tool*
  - **Normalized and validated**
  - **Age-appropriate**
  - **Documented in record**
  - **Examples of screening tools included**

Screening for Clinical Depression and Follow-Up Plan (CDF-BH) (7)

C. ELIGIBLE POPULATION

CRITERIA	REQUIREMENTS
Age	Consumers aged 12 years and older on date of encounter. Report three age stratifications: • 12–17 years • 18–64 years • 65 years and older
Event/Diagnosis	Follow the steps below to identify the eligible population: *Step 1* Identify consumers flagged as having been an outpatient visit at the provider entity at least once during the measurement year according to the codes (**Current Procedural Terminology [CPT®] and Healthcare Common Procedure Coding System [HCPCS]**) identifying outpatient visits in accordance with the source measure. *Step 2* Identify consumers from step 1 who were aged 12 years and older on the date of the encounter.

(text above table: tool is used in situations where the consumer has cognitive impairment and is administered through the caregiver), and PRIME MD-PHQ2.)

C. Eligible Population

- *Age 12+ on date of encounter, stratify as 12-17, 18-64, 65+*
- *Event/Diagnosis:*
  - **Step 1: Outpatient visit at provider entity at least once during year (codes = source measure)**
  - **Step 2: 12 or older on date of encounter**

Screening for Clinical Depression and Follow-Up Plan (CDF-BH) (8)

D. HYBRID SPECIFICATION

Denominator

The number of consumers in the eligible population (Section C) with an outpatient visit during the measurement year (refer to codes in source measure).

Numerator

The number of consumers who were screened for clinical depression using a standardized tool **AND**, **if positive**, a follow-up plan is documented on the date of the positive screen using one of the codes in Table CDF-A in Appendix CDF-BH.B.

Note: Providers should indicate deviations from the measure specifications if they choose to use the hybrid method to identify numerator cases.

Exclusions

Exclude consumers if **one or more** of the following conditions are documented in the patient medical record:

- Consumer has an active diagnosis of Depression or Bipolar Disorder (see Table CDF-B in Appendix CDF-BH.B)
- Consumer refuses to participate
- Consumer is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the consumer's health status
- Situations where the consumer's functional capacity or motivation to improve may impact the accuracy of results of nationally recognized standardized depression assessment tools (for example, certain court-appointed cases or cases of delirium).

In addition, use the codes in Table CDF-B in Appendix CDF-BH.B to identify G codes indicating rationales for not screening or not providing follow-up.

Example Calculation: See Appendix CDF-BH.A.

D. Hybrid Specification*

- *Denominator: Eligible population (Section C)*
- *Numerator:*
  - **Screened for clinical depression using standardized tool**
  - **If positive, follow-up plan documented on date of positive screen (Table CDF-A, Appendix CDF-BH.A)**
  - *Note*: **If hybrid approach to numerator, indicate in template**
- *Continued next slide*

* **See hybrid flow doc**

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Screening for Clinical Depression and Follow-Up Plan (CDF-BH) (9)

D. Hybrid Specification

- *Exclusions:*
  - **Active dx of Depression or Bipolar Disorder (Table CDF.B, Appendix CDF-BH.B)**
  - **Refuses to participate**
  - **Urgent or emergent situation**
  - **Functional capacity or motivation my impact accuracy of results**
- *Document exclusions in medical record & use codes in Table CDF-B, Appendix CDF-BH.B*
- *Example Calculation: Appendix CDF-BH.A*

Screening for Clinical Depression and Follow-Up Plan (CDF-BH) (10)

Appendix CDF-BH.B: Screening for Clinical Depression and Follow-Up Plan

Appendix CDF-BH.B: Screening for Clinical Depression and Follow-Up Plan

Table CDF-A. Codes to Identify Outpatient Visits

Table CDF-A. Codes to Document Clinical Depression Screen

Code	Description
G8431	Positive screen for clinical depression using a standardized tool and a follow-up plan documented.
G8510	Negative screen for clinical depression using standardized tool, patient not eligible/appropriate for follow-up plan documented.

Table CDF-B. Codes to Identify Exclusions

Code	Description
G8433	Screening for clinical depression not documented, patient not eligible/appropriate.
G8940	Screening for clinical depression documented, follow-up plan not documented, patient not eligible/appropriate.
Depression	F320, F321, F322, F323, F324, F325, F328, F329, F330, F331, F332, F333, F3340, F3341, F3342, F338, F339, F341
Bipolar Disorder	F310, F3110, F3111, F3112, F3113, F312, F3130, F3131, F3132, F314, F315, F3160, F3161, F3162, F3163, F3164, F3170, F3171, F3172, F3173, F3174, F3175, F3176, F3177, F3178, F3181, F3189, F319, F3010, F3011, F3012, F3013, F302, F303, F304, F308, F309

Appendix CDF-BH.B

- *Table CDF-A: Codes for clinical depression screen*
- *Table CDF-B: Codes for exclusions:*
  - **Screening not documented, patient not eligible**
  - **Screening documented, follow-up plan not documented, patient not eligible**
  - **Depression, Bipolar Disorder**

Screening for Clinical Depression and Follow-Up Plan (CDF-BH) (11)

Appendix CDF-BH.A

Example calculation

Appendix CDF-BH.A: Screening for Clinical Depression and Follow-Up Plan

Appendix CDF-BH.A: Screening for Clinical Depression and Follow-Up Plan

Percentage of consumers aged 12 years and older screened for clinical depression on the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen

EXAMPLE

Eligible Population or Denominator: Calculate the denominator as follows, with the measurement period (MP) being the measurement year (MY):

1. Consumers seen at the clinic who were aged 12 years or older on the date of first denominator eligible visit during the MY: 400

2. Of the 400 consumers, 250 are Medicaid beneficiaries, 100 are beneficiaries of both Medicare and Medicaid, and 50 are neither.

3. Consumers excluded due to active diagnosis of Depression or Bipolar Disorder: 20; due to refusal to participate: 15; due to emergency: 20; due to functional capacity or motivation: 15. Total: 70.

Calculate as follows:

Steps in calculation	Medicaid	Medicare & Medicaid	Neither	Total
Age and outpatient encounter-eligible consumers seen during MY	250	100	50	400
Exclusions	45	15	10	70
Denominator	205	85	40	330

Numerator: Calculate the numerator as follows, with the MP being the measurement year:

- Positive screen for clinical depression using a standardized tool and a follow-up plan documented (G8431).

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Screening for Clinical Depression and Follow-Up Plan (CDF-BH) (12)

Something to think about with this measure:

- Section A says:
  - Encounter and screening must be the same day
  - Only count the most recent encounter

What does that suggest for frequency of screening?

How do you integrate that into consumer visits?

Screening for Clinical Depression and Follow-Up Plan (CDF-BH) (13)

How do you integrate <u>routine</u> formal depression screening into consumer visits?

- **Build it into the EHR if used in the room with the consumer**

- **Provide clinicians with age-appropriate screening tools**

- **Provide clinicians with a tool with the codes for: 1) screening, 2) follow-up planning, and 3) rationales for not screening and/or follow-up planning**

- **Other possibilities?**

Poll Question (1)

Will it be easier to:

Option 1: **Train providers to use all appropriate codes so you can use the EHR to gather the data?**

Option 2: **Sample 411 representative medical records to determine, out of all eligible outpatient visits, what percentage had formal screening for clinical depression on the most recent visit and, if positive, a documented follow-up plan developed on the same day?**

Questions so far?

Weight Assessment for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC-BH) (1)

- **Denominator**: The number of children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner during the measurement year

- **Denominator Measurement Period (MP):** The measurement year (MY)

- **Why?** To assure assessment of BMI at least once a year

- **Numerator:** The number of children in the eligible population who had evidence of body mass index (BMI) percentile documentation

- **Numerator MP:** The MY

- **Why?** To assure assessment of BMI at least once a year

Year before MY 1	MY1
	Numerator MP
	Denominator MP

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Weight Assessment for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC-BH) (2)

Weight Assessment for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC-BH)

Based on a measure stewarded by the
National Committee for Quality Assurance (NQF #0024, HEDIS 2016)

A. DESCRIPTION

The percentage of children ages 3 to 17 who had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner and who had evidence of body mass index (BMI) percentile documentation during the measurement year

Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than the absolute BMI value.

Data Collection Method: Administrative or Hybrid

Guidance for Reporting:

- This measure is stratified by whether the consumer is a Medicaid beneficiary, eligible for both Medicare and Medicaid, and other. This measure also is stratified by age. Report two age stratifications (3-11 years, 12-17 years) and a total. The total is the sum of the age stratifications. 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.
- Only the BMI percentile component is included in this measure; the physical activity/nutrition counseling components are not included.

A. Description

- *Narrative/focus on assessment rather than BMI value*
- *Date Collection Method: Administrative **OR** hybrid*
- *Guidance for Reporting:*
  - **Stratification by age (3-11, 12-17) and payer**
  - **Limited to BMI documentation and not requirements related to physical activity and nutrition counseling**
  - **Continued next slide**

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activity/nutrition counseling components are not included.

- The eligible population (denominator) for this measure includes children ages 3 to 17 who have an outpatient visit. Medicaid enrollees or those dually eligible for Medicare and Medicaid must meet the continuous enrollment criteria. The remainder are stratified as "Other."
- A BMI percentile is included in the numerator count if the specified documentation is present, regardless of the primary intent of the visit. A BMI without a percentile is not acceptable for inclusion in the numerator count.
- For BHCs reporting a measure that is also an Electronic Health Record (EHR) Medicaid Incentive Program measure, indicate whether any information was

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Weight Assessment for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC-BH)
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extracted from EHRs. Report this information in Section F (Additional Notes) of the data-reporting template.
- The height, weight, and BMI must be from the same data source.

A. Description (Cont'd)

- *Eligible population must meet the continuous enrollment criteria to be Medicaid or, alternatively, dually eligible. The rest are "others."*
- *Numerator documentation must include a BMI percentile*
- *If use EHR to gather any data, so indicate in Additional Notes on template*
- *Height, weight and BMI must be from same source*

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- The height and weight measurement should be taken during the measurement year.
- If using hybrid specifications, documentation in the medical record should indicate the weight and BMI value, dated during the measurement year or year prior to the measurement year.
- This measure may be calculated using sampling, but measure-specific guidelines on sampling are not available. Providers should review information in the introductory material to this manual related to sampling and hybrid measures and describe their sampling methodology in Section F (Additional Notes) of the data-reporting template.
- Referenced Value Sets may be found at NCQA HEDIS 2016.
- To the extent possible, include all paid, suspended, pending, and denied claims.
- Refer to Appendix D for definitions of a PCP and OB/GYN practitioner.
- 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 is the measurement year. Hypertension diagnosis: Confirm anytime during the enrollee's history on or before the first six months of the measurement year

B. DEFINITIONS

TERM	DEFINITION

A. Description (Cont'd)

- *Height and weight must be during the MY*
- *If hybrid specification is used, the weight and BMI value must be documented in medical record and be from the MY or year prior*
- *A sample may be used: review front matter of specs and Appendix C in specs*
- *Value Sets are HEDIS*
- *Claims to include*
- *Eligible providers (Appendix D)*

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- 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 is the measurement year. Hypertension diagnosis: Confirm anytime during the enrollee's history on or before the first six months of the measurement year

B. DEFINITIONS

TERM	DEFINITION
BMI	Body mass index: A statistical measure of the weight of a person scaled according to height
BMI percentile	The percentile ranking based on the CDC's BMI-for-age growth charts, which indicates the relative position of the consumer's BMI number among others of the same gender and age
Provider Entity	The provider entity that is being measured (i.e., BHC)

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A. Description (Cont'd)

- *Template and appendices*
- *Measurement Period*

B. Definitions

- *BMI*
- *BMI percentile*
- *Provider Entity*

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CRITERIA	REQUIREMENTS
Age	Consumers aged 3–17 years as of the end of the measurement year. Report two age stratifications and a total: • 3 to 11 • 12 to 17 • Total The total is the sum of the age stratifications.
Continuous Enrollment	The measurement year
Allowable Gap	No more than one gap in continuous enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a consumer for whom enrollment is verified monthly, the child may not have more than a 1-month gap in coverage (i.e., a child whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Anchor Date	The last day of the measurement year
Benefits	Medical
Event/Diagnosis	Follow the steps below to identify the eligible population: *Step 1* Identify consumers flagged as having been seen at the provider entity at least once during the measurement year. *Step 2* Identify consumers from step 1 who were aged 3–17 years as of the end of the measurement year. *Step 3* Identify consumers from step 2 who had an outpatient visit (Outpatient Value Set) with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner during the measurement year.

C. Eligible Population

- *Age*
- *Continuous Enrollment: To determine Medicaid and dually Medicare and Medicaid*
- *Allowable Gap*
- *Anchor Date*
- *Benefits*
- *Event/Diagnosis*
  - **Step 1: Seen at BHC**
  - **Step 2: Age 3-17 end of MY**
  - **Step 3: Outpatient with PCP or OB/GYN during MY**

(WCC-BH)
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D. ADMINISTRATIVE SPECIFICATION

Denominator

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

Numerator

BMI percentile (BMI Percentile Value Set) during the measurement year

Note: Records that do not include documentation of BMI percentile, or that include notation of BMI value only, or height and weight only do not count as numerator compliant.

Exclusions (optional)

Consumers who have a diagnosis of pregnancy (Pregnancy Value Set) during the measurement year.

E. HYBRID SPECIFICATION

Denominator

A systematic sample drawn from the eligible population for the Total age band (ages 3 17). The Total sample is stratified by age to report rates for ages 3 to 11 and ages 12 t 17 and, separately, by whether the consumer is a Medicaid beneficiary, eligible for bo

D. Administrative Specification

- *NOTE: You have an option as to Administrative or Hybrid*
- *Denominator: Eligible Population (section C)*
- *Numerator: Documentation of BMI percentile (with H&W) during MY (using codes found in BMI Percentile Value Set)*
- *Exclusions: Diagnosis of pregnancy during MY*

Weight Assessment for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC-BH) (8)

measurement year.

E. HYBRID SPECIFICATION

Denominator

A systematic sample drawn from the eligible population for the Total age band (ages 3 to 17). The Total sample is stratified by age to report rates for ages 3 to 11 and ages 12 to 17 and, separately, by whether the consumer is a Medicaid beneficiary, eligible for both Medicare and Medicaid, and other.

Use a sample size of 411, unless special circumstances apply or the eligible population is smaller. BHCs may reduce the sample size using information from the current year's administrative rate or the prior year audited, hybrid rate, if one exists. Regardless of the selected sample size, the National Committee for Quality Assurance (NCQA) recommends an oversample to allow for substitution in the event that cases in the original sample turn out to be ineligible for the measure. For additional information on using a reduced sample size, refer to Appendix C, Guidance for Selecting Sample Sizes for Hybrid Measures.

Numerator

BMI percentile during the measurement year as identified by administrative data or medical record review.

- For those relying on **administrative data** rather than medical record review to calculate the numerator as part of the hybrid specification, refer to Administrative Specification to identify positive numerator hits from the administrative data.

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E. Hybrid Specification*

Denominator:

- **Systematic sample of eligible population ages 3-17, stratified by age and separately by payer**
- **Sample of 411 (unless smaller population or special circumstances)**
- **Oversample recommended**
- **See Appendix C in volume 2 of Specification Manual**

Numerator:

- **Documentation of BMI percentile using administrative data or medical records**
  - *If administrative, use Administrative spec for numerator*

* See hybrid flow doc

A# Weight Assessment for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC-BH) (9)

Weight Assessment for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC-BH)
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- For those relying on **medical record review** rather than administrative data to calculate the numerator as part of the hybrid specification, documentation must include height, weight, and BMI percentile during the measurement year. The height, weight, and BMI percentile must be from the same data source.

Either of the following meets criteria for BMI percentile:

o BMI percentile **OR**
o BMI percentile plotted on an age-growth chart

Note: Only evidence of the BMI percentile or BMI percentile plotted on an age-growth chart meets criteria.

Note: Ranges and thresholds do not meet criteria. A distinct BMI percentile or value, if applicable, is required for numerator compliance. Documentation of >99 percent or <1 percent meet criteria because a distinct BMI percentile is evident (i.e., 100 percent or 0 percent).

Exclusions (optional)

Refer to the Administrative Specification for exclusion criteria. Exclusionary evidence in the medical record must include a note indicating a diagnosis of pregnancy. The diagnosis must have occurred during the measurement year.

E. Hybrid Specification

Numerator (cont'd):

- *If Medical Record review, documentation must include H, W, and BMI percentile from same data source and from MY*
- *Must be percentile or percentile plotted on age-growth chart*

Exclusions: If medical record, a note indicating a diagnosis of pregnancy during the MY. Otherwise, appropriate codes.

Weight Assessment for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC-BH)(10)

Exclusions (optional)

Refer to the Administrative Specification for exclusion criteria. Exclusionary evidence in the medical record must include a note indicating a diagnosis of pregnancy. The diagnosis must have occurred during the measurement year.

F. ADDITIONAL NOTES

Records that do not include documentation of BMI percentile, or that include notation of BMI value only, or height and weight only do not count as numerator compliant.

Services may be rendered during a visit other than a well-child visit. These services count if the specified documentation is present, regardless of the primary intent of the visit.

The source measure is designed for the Medicaid population and is not risk adjusted. 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.

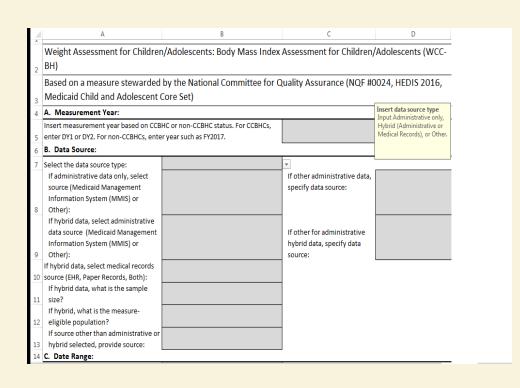Interpretation of score: Better quality = Higher score

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F. Additional Notes

- *Records must include documentation of the BMI percentile, height and weight*
- *Services need not be for a well-child visit, can be for any purpose*
- *Source measure information*
- *Score interpretation*

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Weight Assessment for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC-BH)(11)

Template: B. Data Source

- **Row 7: Select data source (Administrative, hybrid, other)**
- **Row 8: If administrative, select MMIS or other, if other specify**
- **Row 9: If hybrid, select administrative source, MMIS or other, if other specify**
- **Row 10: If hybrid, select Medical Records source (EHR, paper, both)**
- **Row 11: If hybrid, what is sample size?**
- **Row 12: If hybrid, what is measure-eligible population?**
- **Row 13: If not administrative or hybrid, provide source**

Poll Question (2)

How will you handle getting access to PCP and OB/Gyn BMI records?

Option 1: **We will provide PCP services for most of our consumers.**

Option 2: **We will obtain permission from our consumers to obtain it from their PCP.**

Option 3: **We will routinely obtain this information from our consumers and note in the data-reporting template that we use our own records rather than those of an outside PCP.**

Option 4: **Other**

Please enter any additional comments in the chat box.

Questions so far?

Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C) (1)

- **Denominator**: All consumer visits for those consumers 6–17 years of age with a diagnosis of major depressive disorder (MDD)
- **Denominator Measurement Period (MP):** The measurement year (MY)
- **Why?** To capture all visits in the MY of those 6-17 with a MDD diagnosis
- **Numerator:** The number of denominator eligible consumer visits with an assessment for suicide risk
- **Numerator MP:** The MY
- **Why?** To assure all those with MDD diagnosis are assessed for suicide risk each time they are seen during the MY

Year before MY 1	MY1
	Numerator MP
	Denominator MP

Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C)

Based on a measure stewarded by the
American Medical Association (AMA) and PCPI® Foundation (PCPI®) (NQF #1365, PQRS #382)

A. DESCRIPTION

Percentage of consumer visits for those consumers aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk

Data Collection Method: Electronic Health Records

Guidance for Reporting:

- This measure is stratified by whether the consumer is a Medicaid beneficiary, eligible for both Medicare and Medicaid, other, and by total population. For purposes of determining whether a consumer is a Medicaid beneficiary or a dual Medicare and Medicaid enrollee, use their insurance status on the date of the measured visit.
- This measure is specified for calculation using electronic health records.
- This measure is based on the percentage of consumer visits rather than consumers.
- More information about this measure is available in the eCQM Library (CMS 177v3), available at eCQM Library, Annual Updates, eCQM Electronic Specifications page on CMS.gov.
- More information about CMS177v3 is available in the Electronic Clinical Quality Improvement Resource Center (eCQI Resource Center)

A. Description

- *Narrative*
- *Data Collection Methods: EHR*
- *Guidance for Reporting:*
  - **Stratification**
  - **Based on number of visits rather than number of consumers**
  - **Information sources on the source measure at the eCQM Library and Resource Center**

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Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C) (3)

Improvement Resource Center (CCQI Resource Center)
- Value sets for this measure are available from the U.S. National Library of Medicine Value Set Authority Center (VSAC).
- Access to the VSAC requires a Unified Medical Language System (UMLS) license; states may apply for a UMLS license at UMLS Metathesaurus License webpage.
- When searching for value sets for this measure, states should use the measure's associated e-Measure number (CMS177v3) or NQF number (1365).
- The measure steward periodically releases updated value sets. Always use the value set that corresponds with the specification release date. This specification and associated value sets are part of the 07-01-2014 release.
- Refer to Appendix SRA-BH-C for e-Measure flows for this measure.

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Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C)

- 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 both the denominator and the numerator is the measurement year (e.g., for CCBHCs, DY1 or DY2).

B. DEFINITIONS

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

A. Description (cont'd)

- *Value Sets at the U.S. National Library of Medicine Value Set Authority Center (VSAC)*
- *License required*
- *How to locate the value sets for the e-Measure*
- *Use the value sets for the 07-01-2014 release on which this specification is based.*
- *See Appendix SRA-BH-C for e-Measure flows*
- *Refer to templates and appendices*
- *Measurement Period*

Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C) (4)

B. Definitions

- *Provider Entity*

C. Eligible Population

- *Age: 6-17 as of start of MY*
- *Event/Diagnosis:*
  - **Step 1: Seen at provider entity who were 6-17 at start of MY**
  - **Step 2: Had at least two qualifying visits during the MY**
  - **Step 3: Active diagnosis of MDD at time of encounter (each such encounter during the MY counts)**

  Note: Section D provides the logic to calculate the denominator (eligible population)

Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C) (5)

- Initial Consumer Population =
  - AND: "Consumer Characteristic Birthdate: birth date" >= 6 year(s) starts before start of "Measurement Period"
  - AND: "Consumer Characteristic Birthdate: birth date" < 17 year(s) starts before start of "Measurement Period"
  - AND: Count >= 2 of:
    - OR: "Encounter, Performed: Office Visit"
    - OR: "Encounter, Performed: Outpatient Consultation"
    - OR: "Encounter, Performed: Patient Provider Interaction"
    - OR: "Encounter, Performed: Psych Visit - Diagnostic Evaluation"
    - OR: "Encounter, Performed: Psych Visit - Family Psychotherapy"
    - OR: "Encounter, Performed: Psychoanalysis"
    - OR: "Encounter, Performed: Group Psychotherapy"
    - OR: "Encounter, Performed: Psych Visit - Psychotherapy"
    - during "Measurement Period"
  - AND:
    - OR:
      - AND: "Occurrence A of Diagnosis, Active: Major Depressive Disorder-Active" starts before or during "Occurrence A of Encounter, Performed: Psych Visit - Diagnostic Evaluation"
      - AND: "Occurrence A of Encounter, Performed: Psych Visit - Diagnostic Evaluation" during "Measurement Period"
      - AND NOT: "Occurrence A of Diagnosis, Active: Major Depressive Disorder-Active" ends before start of "Occurrence A of Encounter, Performed: Psych Visit - Diagnostic Evaluation"
    - OR:

D. Electronic Health Record Specification

- *Denominator Logic*
  - **Initial Consumer Population ***
    - *Age AND*
    - *2 outpatient visits of certain type AND*
    - *MDD diagnosis*

* Initial consumer population logic covers multiple pages

- **Denominator =**
  - AND: "Initial Consumer Population"

Numerator

The number of consumer visits with an assessment for suicide risk

Numerator Definition

The specific type and magnitude of the suicide risk assessment is intended to be at the discretion of the individual clinician and should be specific to the needs of the consumer.

Suicide risk assessment can include:

- specific inquiry about suicidal thoughts, intent, plans, means, and behaviors
- identification of specific psychiatric symptoms (e.g., psychosis, severe anxiety, substance use) or general medical conditions that may increase the likelihood of acting on suicidal ideas
- assessment of past and, particularly, recent suicidal behavior

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Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C)

- delineation of current stressors and potential protective factors (e.g., positive reasons for living, strong social support)
- identification of any family history of suicide or mental illness

Low burden tools to track suicidal ideation and behavior such as the Columbia-Suicide Severity Rating Scale can also be used.

D. Electronic Health Record Specification

- *Numerator Definition*
  - **Type and magnitude of SRA is at discretion of the clinician and depends on needs of consumer.**
  - **List of what SRA can include**

Numerator Guidance

A suicide risk assessment should be performed at every visit for Major Depressive Disorder during the measurement period.

This measure is an episode-of-care measure; the level of analysis for this measure is every visit for Major Depressive Disorder during the measurement period. A minimum of two encounters are required during the measurement period for a consumer to be included in this measure to establish that the eligible professional has an existing relationship with the consumer; if the consumer is only seen once by the eligible professional, the consumer is not included in the measure. Once it has been established that the consumer has been seen at least twice by the eligible professional, every visit for Major Depressive Disorder should be counted as a measurable episode for the measure calculation. For example, at every visit for MDD, the consumer should have a suicide risk assessment.

Use of a standardized tool or instrument to assess suicide risk will meet numerator performance. Standardized tools can be mapped to the concept "Intervention, Performed: Suicide Risk Assessment" included in the numerator logic below.

Numerator Logic

- AND: "Intervention, Performed: Suicide Risk Assessment" during
    - OR: "Occurrence A of Encounter, Performed: Office Visit"
    - OR: "Occurrence A of Encounter, Performed: Outpatient Consultation"
    - OR: "Occurrence A of Encounter, Performed: Face-to-Face Interaction"
    - OR: "Occurrence A of Encounter, Performed: Psych Visit - Diagnostic Evaluation"
    - OR: "Occurrence A of Encounter, Performed: Psych Visit - Psychotherapy"
    - OR: "Occurrence A of Encounter, Performed: Psych Visit - Family

D. Electronic Health Record Specification

- *Numerator Guidance*
    - **Perform at every visit with MDD diagnosis during measurement period**
    - **Episode of care measure:**
        - *2 visits to establish there is a relationship*
        - *If so, all visits count and SRA should occur at each visit*
    - **Use standardized tool**

Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C) (8)

Numerator Logic

- AND: "Intervention, Performed: Suicide Risk Assessment" during
    - OR: "Occurrence A of Encounter, Performed: Office Visit"
    - OR: "Occurrence A of Encounter, Performed: Outpatient Consultation"
    - OR: "Occurrence A of Encounter, Performed: Face-to-Face Interaction"
    - OR: "Occurrence A of Encounter, Performed: Psych Visit - Diagnostic Evaluation"
    - OR: "Occurrence A of Encounter, Performed: Psych Visit - Psychotherapy"
    - OR: "Occurrence A of Encounter, Performed: Psych Visit - Family Psychotherapy"
    - OR: "Occurrence A of Encounter, Performed: Psychoanalysis"
    - OR: "Occurrence A of Encounter, Performed: Group Psychotherapy"

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Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C)

Exclusions

None.

D. Electronic Health Record Specification

- *Numerator Logic:*
    - **SRA and Visit**
- *Exclusions: None*

Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C) (9)

E. Additional Notes

- *Source measure information*
- *Interpretation of score*
- *Data Criteria-Quality Data Model Data Elements available in the SRA Value Set*

See also Appendix SRA-BH-C: eCQM Flow for Reporting the SRA-BH-C Measure

Question Asked (1)

Does this assessment need to be performed at every visit for every adolescent diagnosed with MDD?

- Yes it does. The idea is that the child or adolescent has MDD and, at each visit, he/she is assessed for suicide risk.

Question Asked (2)

For the following measures, can the state use MMIS administrative data rather than the data sources called for in the BHC quality measure specifications:

- **Screening for Clinical Depression and Follow-Up Plan (CDF-BH) {administrative or hybrid}**

- **Weight Assessment for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC-BH) {hybrid}**

- **Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C) {EHR}**

Any Questions?

Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-A) (1)

- **Denominator**: All consumer visits for consumers 18 years and older with a new diagnosis or identified recurrent diagnosis of major depressive disorder (MDD)

- **Denominator Measurement Period (MP):** The measurement year (MY)

- **Why?** To capture all visits in the MY by those 18 and older with a new or recurrent MDD diagnosis

- **Numerator:** The number of consumer visits with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified

- **Numerator MP:** The MY

- **Why?** To assure all those with a denominator-eligible visit are assessed for suicide risk at each such visit

Year before MY 1	MY1
	Numerator MP
	Denominator MP

Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-A) (2)

- This captures the adult population (18 or older)

- You may use either electronic health records (an eMeasure) or medical records (codes and other records)

- New diagnosis or recurrent episode is first identified

- Flow for eMeasure is in Appendix SRA-A.A

- Calculation example for non-eMeasure is in Appendix SRA-A.B

Depression Remission at Twelve Months (DEP-REM-12) (1)

- **Denominator**: Adult consumers 18 years of age or older with Major Depression or Dysthymia
- **Denominator Measurement Period (MP):** MY beginning at index visit (diagnosis of MDD or dysthymia and PHQ-9 greater than nine)
- **Why?** To capture visits where depression is identified
- **Numerator:** The number of consumers in the eligible population who achieved remission with a PHQ-9 result less than 5, 12 months (± 30 days) after an index visit
- **Numerator MP:** From the index visit to the point 12 months later (± 30 days)
- **Why?** To capture remission (or non-remission) after 12 months

Year before MY 1	MY1	MY2	Year after MY2
	Numerator MP		
	Denominator MP (post-index)	Slide 52	

Depression Remission at Twelve Months (DEP-REM-12) (2)

A. DESCRIPTION

Adult consumers 18 years of age or older with Major Depression or Dysthymia who reached remission 12 months (± 30 days) after an index visit. This measure applies to consumers with both newly diagnosed and existing Depression whose current PHQ-9 score indicates a need for treatment.

Data Collection Method: Medical Records

Guidance for Reporting:

- This measure is stratified by whether the consumer is a Medicaid beneficiary, eligible for both Medicare and Medicaid, and other.
- This measure is to be reported once per reporting period for consumers seen during the denominator identification measurement period with a diagnosis of Depression and an initial PHQ-9 greater than nine.
- These measures apply to consumers who are diagnosed with Major Depression or Dysthymia; either newly diagnosed or existing.
- Provider entities will rely on medical records to compile this information. There are several potential sources of information that may be used individually or together:
  - Electronic health records (including billing records)
  - Paper health records
  - A registry
- Referenced Value Sets are available from the source measure steward's website at the Cycle A DDS Guides page on the MN Community Measurement.
- 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), but it starts for each person at their individual index date. The measurement period for the numerator runs from the index date for the individual during the measurement year to the point 12 months after (± 30 days).

A. Description

- *Applies to newly diagnosed <u>and</u> existing depression or dysthymia with PHQ-9 >9*
- *Reported once per MY for any one consumer*
- *Value sets on steward's website, link in specs*

Depression Remission at Twelve Months (DEP-REM-12) (3)

Depression Remission at Twelve Months (DEP-REM-12)

B. DEFINITIONS

TERM	DEFINITION
Index Date	An index visit occurs when ALL of the following criteria are met: • A PHQ-9 result greater than nine • An active diagnosis of Major Depression or Dysthymia** (Major Depression or Dysthymia Value Set) • The patient is NOT in a prior index period An index period begins with an index visit and is 13 months in duration. **For behavioral health providers only: The diagnosis of Major Depression or Dysthymia must be the primary diagnosis. *Note:* This distinction between behavioral health providers and other providers is only meaningful for BHCs that include non-behavioral health healthcare providers who may screen for depression as a part of providing general health care.
Provider Entity	The provider entity that is being measured (i.e., BHC)
PHQ-9	The Patient Health Questionnaire (PHQ-9) tool is a widely accepted, standardized tool that is completed by the consumer, ideally at each visit, and utilized by the provider to monitor treatment progress. It is available in many languages and was developed by Drs. Robert L. Spitzer,

B. Definitions

- *Index Visit*
  - **All criteria must be met**
    - *PHQ-9>9*
    - *Active dx of Major Depression or Dysthymia*
    - *Not in a prior index period*
  - **13 months duration**
  - **Depression or dysthymia dx must be primary if BH provider, otherwise in any position**

Depression Remission at Twelve Months (DEP-REM-12) (4)

diagnosis.
Note: This distinction between behavioral health providers and other providers is only meaningful for BHCs that include non-behavioral health healthcare providers who may screen for depression as a part of providing general health care.

Provider Entity	The provider entity that is being measured (i.e., BHC)
PHQ-9	The Patient Health Questionnaire (PHQ-9) tool is a widely accepted, standardized tool that is completed by the consumer, ideally at each visit, and utilized by the provider to monitor treatment progress. It is available in many languages and was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, et al. It is available at Patient Health Questionnaire (PHQ-9).
Remission	A PHQ-9 score of less than five
Twelve Months	The point in time from the index date in the measurement period that a patient meets the inclusion criteria (diagnosis and elevated PHQ-9 > 9) extending out twelve months and then allowing a grace period of thirty days prior to and thirty days after this date. Any PHQ-9 less than five obtained during this 60 day period is deemed remission at 12 months; values obtained prior to or after this period are not counted as numerator compliant (remission).

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B. Definitions
- *PHQ-9*
  - **Used for assessment and to monitor progress**
  - **No charge**
  - **Link in specs**
  - **Also available through Pfizer website (http://www.phqscreeners.com/) in many languages**
- *Remission: PHQ-9 <5*
- *Twelve Months: 12 months with 30 day grace period on either side*

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CRITERIA	REQUIREMENTS
Age	Consumers 18 years of age or older at the index visit
Event/Diagnosis	Follow the steps below to identify the eligible population: *Step 1* Identify consumers seen at the provider entity at least once during the measurement year. *Step 2* Identify consumers from step 1 who have a diagnosis of Major Depression or Dysthymia during an outpatient encounter during the measurement year (Major Depression or Dysthymia Value Set). *Note:* For behavioral health providers, the Depression or dysthymia diagnosis codes must be listed as the primary diagnosis. This excludes patients with other psychiatric diagnoses with a secondary component of Depression. If the provider is primary care, the diagnosis codes can be in any position (this might occur if the patient was diagnosed by a primary care provider and subsequently seen by the BHC). This distinction between behavioral health providers and other providers is only meaningful for BHCs that include non-behavioral health healthcare providers who may screen for depression as a part of providing general health care. *Step 3* Identify consumers from step 2 who have an index date PHQ-9 score greater than 9 documented during the twelve-month denominator identification period (code G9511). *Step 4* Identify consumers from step 3 who are aged 18 years and older at the index date. *Note:* To be considered denominator eligible for this measure, the consumer must have both the diagnosis of Major Depression or Dysthymia and an index date PHQ-9 score greater than 9 documented at the same encounter during the dates of denominator identification measurement period.

C. Eligible Population

- *Age: 18 or older at Index Visit*
- *Event/Diagnosis:*
  - **Step 1:** Seen at provider at least once in MY
  - **Step 2:** Diagnosis of Major Depression or Dysthymia during outpatient encounter during MY
  - **Step 3:** Index Visit PHQ-9 score >9 (must have new or existing diagnosis at same visit) **CODE G9511**
  - **Step 4:** 18 or older at Index Visit

D. Medical Record Specification

- *Denominator: Eligible population*
- *Numerator:*
  - **Coding possibilities:**
    - *Performance Met: PHQ-9 <5 at 12 months (± 30 days) **CODE G9509 or equivalent record of score***
    - *Performance not Met: **Either:***
      - PHQ-9 not assessed, **OR**
      - PHQ-9 ≥ 5 **CODE G9510 or equivalent record of score**

Cont'd next slide

Required Exclusions

The following exclusions must be applied to the eligible population:

- Consumer had an active diagnosis of Bipolar Disorder (Bipolar Disorder Value Set)
- Consumer had an active diagnosis of Personality Disorder (Personality Disorder Value Set)

For consumers with bipolar disorder or personality disorder diagnoses, those diagnoses can be in any position (primary, secondary, etc.).

Optional Exclusions: The following exclusions are allowed to be applied to the eligible population:

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Depression Remission at Twelve Months (DEP-REM-12)

- Consumer was a permanent nursing home resident at any time during the measurement year
- Consumer was in hospice or receiving palliative care at any time during the measurement year
- Consumer died prior to the end of the measurement year

Example Calculation

See Appendix DEP-REM-12

D. Medical Record Specification

- *Numerator (cont'd):*
  - **Required Exclusions:**
    - *Active diagnosis of Bipolar Disorder*
    - *Active diagnosis of Personality Disorder*
      Note: These diagnoses can be in any position. Value sets on steward site.
  - **Optional Exclusions:**
    - *Permanent nursing home resident at any point in MY*
    - *Hospice or palliative care in MY*
    - *Died during MY*
- *Example Calculation*

Poll Question (3)

For BHCs in attendance:

Yes or No: Do you presently use the HCPCS G-codes that are referenced for the PHQ-9 results?

If no, select an option below:

Option 1: We will implement them and train providers to use them.

Option 2: We will have another electronic method of determining results.

Option 3: We will undertake medical records review to determine results.

Questions?

Upcoming Webinar Schedule

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

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Preview of Next Two Webinars
Webinar 6 & 7: August 16 & 23, 2016

Sampling for hybrid measures

Quality Bonus Measures and Payments

Data for dually eligible beneficiaries

Continuous Quality Improvement (CQI) and the role of data

Differences regarding age coverage and stratification between BHC, HEDIS, and Medicaid Core measures

When is someone a CCBHC consumer

Lessons learned in state visits

Other issues/questions raised in earlier webinars

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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

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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

Contact Information

Please submit additional questions to CCBHC_Data_TA@samhsa.hhs.gov about:

- Material covered today

- Material scheduled for the next webinar

- Other questions related to data collection, analysis, or reporting

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