Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Logistics

• Chat function
• Questions
• Poll questions
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
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)
## Age and Stratification

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

<table>
<thead>
<tr>
<th>Year before MY 1</th>
<th>MY1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numerator MP</td>
</tr>
<tr>
<td></td>
<td>Denominator MP</td>
</tr>
</tbody>
</table>

Slide 10
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
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
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)

B. Definitions

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

Cont’d next slide
B. Definitions (cont’d)

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

<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standardized Tool</td>
<td>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.</td>
</tr>
</tbody>
</table>
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

### C. ELIGIBLE POPULATION

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td>Consumers aged 12 years and older on date of encounter. Report three age stratifications:</td>
</tr>
<tr>
<td></td>
<td>12–17 years</td>
</tr>
<tr>
<td></td>
<td>18–64 years</td>
</tr>
<tr>
<td></td>
<td>65 years and older</td>
</tr>
<tr>
<td><strong>Event/Diagnosis</strong></td>
<td>Follow the steps below to identify the eligible population:</td>
</tr>
<tr>
<td></td>
<td>Step 1: Identify consumers flagged as having 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.</td>
</tr>
<tr>
<td></td>
<td>Step 2: Identify consumers from step 1 who were aged 12 years and older on the date of the encounter.</td>
</tr>
</tbody>
</table>
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
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 may 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

- **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

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**Table CDF-A: Codes to Document Clinical Depression Screen**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50431</td>
<td>Positive screen for clinical depression using a standardized tool and a follow-up plan documented.</td>
</tr>
<tr>
<td>50510</td>
<td>Negative screen for clinical depression using standardized tool, patient not eligible, appropriate for follow-up plan documented.</td>
</tr>
</tbody>
</table>

**Table CDF-B: Codes to Identify Exclusions**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50435</td>
<td>Screening for clinical depression not documented, patient not eligible, appropriate.</td>
</tr>
<tr>
<td>50440</td>
<td>Screening for clinical depression documented, follow-up plan not documented, patient not eligible, appropriate.</td>
</tr>
</tbody>
</table>
### Appendix CDF-BH.A

#### Example calculation

**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: 13, due to emergency: 30, due to functional incapacity or need translation: 15. Total: 70.

**Steps in calculation:**

<table>
<thead>
<tr>
<th>Step</th>
<th>Medicaid</th>
<th>Medicare &amp; Medicaid</th>
<th>Neither</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age and outpatient encounters eligible consumers seen during MY</td>
<td>250</td>
<td>100</td>
<td>50</td>
<td>400</td>
</tr>
<tr>
<td>Exclusion</td>
<td>45</td>
<td>15</td>
<td>10</td>
<td>70</td>
</tr>
<tr>
<td>Denominator</td>
<td>205</td>
<td>85</td>
<td>40</td>
<td>330</td>
</tr>
</tbody>
</table>

**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 plus documented (G8411).
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?
How do you integrate routine 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.

<table>
<thead>
<tr>
<th>Year before MY</th>
<th>MY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Numerator MP</td>
<td></td>
</tr>
<tr>
<td>Denominator MP</td>
<td></td>
</tr>
</tbody>
</table>

Slide 25
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
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
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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- 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.

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<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
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</table>

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Weight Assessment for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC-BH) (5)

A. Description (Cont’d)
- Template and appendices
- Measurement Period

B. Definitions
- BMI
- BMI percentile
- Provider Entity
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
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
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
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.
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
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

<table>
<thead>
<tr>
<th>Year before MY 1</th>
<th>MY1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator MP</td>
<td></td>
</tr>
<tr>
<td>Denominator MP</td>
<td></td>
</tr>
</tbody>
</table>
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
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)*
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
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C) (6)

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
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C) (7)

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

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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 - Psychotherapy”
  - OR: “Occurrence A of Encounter, Performed: Psych Visit - Family
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA-BH-C) (8)

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.
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

<table>
<thead>
<tr>
<th>Year before MY 1</th>
<th>MY1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numerator MP</td>
</tr>
<tr>
<td></td>
<td>Denominator MP</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Year before MY 1</th>
<th>MY1</th>
<th>MY2</th>
<th>Year after MY2</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Numerator MP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Denominator MP (post-index)</td>
</tr>
</tbody>
</table>
A. Description

- Applies to newly diagnosed and 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
**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

<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
</tr>
</thead>
</table>
| 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  
  - The patient is NOT in a prior index period  
  - **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 care providers who may screen for depression as a part of providing general health care. |
| Provider Entry| The provider entity that is being ambrosed (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,  
  - Leonard C. Klerman.  
  - **Note:** This tool is only meaningful for BHCs that include non-behavioral health care providers who may screen for depression as a part of providing general health care. |
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/](http://www.phqscreeners.com/)) in many languages

- **Remission**: PHQ-9 < 5

- **Twelve Months**: 12 months with 30 day grace period on either side
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
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**

---

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

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

---

*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
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 (3)

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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.
Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover