

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Webinar 2: State-Lead Behavioral Health Clinic Measures – Part 1 of 2

Presented by the Substance Abuse and
Mental Health Services Administration
July 19, 2016



Speaker

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Logistics

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

Webinar Schedule

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

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

Focus Today

- **Outstanding questions from Webinar 1**
- **Examination of six state-lead measures that use administrative data**

Outstanding Questions from Webinar 1

1. The specs and templates may be found on the [SAMHSA Quality Measure](#) page.
2. Other questions

State-Lead Measures (Webinar 2)

- **Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD)**
- **Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-BH)**
- **Follow-up Care for Children Prescribed ADHD Medication (ADD-BH)**
- **Antidepressant Medication Management (AMM-BH)**
- **Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-BH)**
- **Plan All-Cause Readmission Rate (PCR-BH)**

Age and Stratification (1 of 2)

Measure	Age Coverage	Stratification*
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD)	18-64 years	Medicaid, Dual Medicare & Medicaid, Other
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-BH)	19-64 years	Medicaid, Dual Medicare & Medicaid, Other
Follow-up Care for Children Prescribed ADHD Medication (ADD-BH)	6 to 12 years	Medicaid, Dual Medicare & Medicaid, Other

* As state-lead, only Medicaid and dually eligible are required.

Age and Stratification (2 of 2)

Measure

Antidepressant Medication Management (AMM-BH)

Age Coverage

18 years and older

Stratification*

Medicaid, Dual Medicare & Medicaid, Other
Ages 18-64
Age 65+

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-BH)

13 years and older

Medicaid, Dual Medicare & Medicaid, Other
Ages 13 to 17
Ages 18 to 64
Ages 65+

Plan All-Cause Readmission Rate (PCR-BH)

18 and older as of Index Discharge Date.

Medicaid, Dual Medicare & Medicaid, Other
Ages 18 to 64 years
Ages 65 years and older

* As state-lead, only Medicaid and dually eligible are required.

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD) (1)

- **Denominator:** The number of consumers 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication
- **Denominator Measurement Period:** The measurement year (MY) and the year prior to the MY
- **Why?** To capture and exclude those already identified as having diabetes
- **Numerator:** The number of consumers who had one or more diabetes screenings performed during the MY
- **Numerator Measurement Period:** The MY
- **Why?** To assure screening in the year of interest

Year before MY1	MY1
	Numerator MP
Denominator MP	

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD) (2)

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

Based on a measure stewarded by the
National Committee for Quality Assurance (NQF #1932, HEDIS 2016)

A. DESCRIPTION

The percentage of consumers 18-64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year

Data Collection Method: Administrative

Guidance for Reporting:

- This measure is stratified by whether the consumer is a Medicaid beneficiary, eligible for both Medicare and Medicaid, and other. For purposes of determining whether a consumer is a Medicaid beneficiary or a dual Medicare and Medicaid enrollee, see Continuous Enrollment, Allowable Gap, and Anchor Date requirements below in section C.
- Referenced Value Sets may be found in the Healthcare Effectiveness Data and Information Set (HEDIS) specifications Volume 2. Value Sets are available at [NQQA HEDIS 2016](#)
- 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 and the year prior to the measurement year. The measurement period for the numerator is the measurement year (e.g., for CCBHCs, DY1 or DY2).

A. Description:

- *Narrative*
- *Data Collection Method*
- *Guidance for Reporting*
 - **Stratification**
 - **Value Sets**
 - **Template and Appendices**
- *Measurement Period (see Appendix A too)*

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD) (3)

B. DEFINITIONS

TERM	DEFINITION
Antipsychotic Medication Dispensing Events	A dispensed antipsychotic, as identified by claim/encounter data. Antipsychotics are those identified on the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) 2016 Final National Drug Code (NDC) Lists webpage at HEDIS 2016 Final NDC Lists
Glucose Test	A glucose test (Glucose Tests Value Set) performed during the measurement year, as identified by claim/encounter or automated laboratory data
HbA1c Test	An Hemoglobin A1c (HbA1c) test (HbA1c Tests Value Set) performed during the measurement year, as identified by claim/encounter or automated laboratory data
Provider Entity	The provider entity that is being measured (i.e., BHC)

B. Definitions

- *Antipsychotic Medication Prescribing Events*
- *Glucose Test*
- *HbA1c Test*
- *Provider Entity*

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD) (4)

C. Eligible Population

- *Age*
- *Continuous Enrollment*
- *Allowable Gap*
- *Anchor Date*
- *Benefits*
- *Continued next slide*

C. ELIGIBLE POPULATION

CRITERIA	REQUIREMENTS
Age	Consumers aged 18–64 years as of the end of the measurement year
Continuous Enrollment	The measurement year
Allowable Gap	No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment consumer for whom enrollment is verified monthly, the consumer may not have more than a 1-month gap in coverage (i.e., a consumer whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Anchor Date	The last day of the measurement year
Benefits	Medical and pharmacy

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD) (5)

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CRITERIA	REQUIREMENTS
Event/Diagnosis	<p>Follow the steps below to identify the eligible population:</p> <p>Step 1 Identify consumers flagged as having been seen at the provider entity at least once during the measurement year.</p> <p>Step 2 Identify consumers from step 1 who were aged 18–64 years as of the end of the measurement year.</p> <p>Step 3 Identify consumers from step 2 with schizophrenia or bipolar disorder as those who met at least one of the following criteria during the measurement year:</p> <ol style="list-style-type: none"> 1. At least one acute inpatient encounter, with any diagnosis of schizophrenia or bipolar disorder. Any of the following code combinations meet criteria: <ul style="list-style-type: none"> • BH Stand Alone Acute Inpatient Value Set with Schizophrenia Value Set • BH Stand Alone Acute Inpatient Value Set with Bipolar Disorder Value Set • BH Stand Alone Acute Inpatient Value Set with Other Bipolar Disorder Value Set • BH Acute Inpatient Value Set with BH Acute Inpatient POS Value Set and Schizophrenia Value Set • BH Acute Inpatient Value Set with BH Acute Inpatient POS Value Set and Bipolar Disorder Value Set • BH Acute Inpatient Value Set with BH Acute Inpatient POS Value Set and Other Bipolar Disorder Value Set <p>OR</p>

C. Eligible Population (cont'd)

- *Event/Diagnosis*
 - **Step 1: Consumers**
 - **Step 2: Age**
 - **Step 3: Schizophrenia or Bipolar Disorder (continued next slide)**
 - **Step 4: Exclusions (next two slides)**

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD) (6)

Event/Diagnosis (cont'd)	<p>2. At least two visits in an outpatient, intensive outpatient (IOP), partial hospitalization (PH), emergency department (ED), or nonacute inpatient setting, on different dates of service, with any diagnosis of schizophrenia. Any two of the following code combinations meet criteria:</p> <ul style="list-style-type: none"> • <u>BH Stand Alone Outpatient/PH/IOP Value Set with Schizophrenia Value Set</u> • <u>BH Outpatient/PH/IOP Value Set with BH Outpatient/PH/IOP POS Value Set and Schizophrenia Value Set</u> • <u>ED Value Set with Schizophrenia Value Set</u> • <u>BH ED Value Set with BH ED POS Value Set and Schizophrenia Value Set</u> • <u>BH Stand Alone Nonacute Inpatient Value Set with Schizophrenia Value Set</u> • <u>BH Nonacute Inpatient Value Set with BH Nonacute Inpatient POS Value Set and Schizophrenia Value Set</u> <p>OR</p> <p>3. At least two visits in an outpatient, intensive outpatient (IOP), partial hospitalization (PH), ED, or nonacute inpatient setting, on different dates of service, with any diagnosis of bipolar disorder. Any two of the following code combinations meet criteria:</p> <ul style="list-style-type: none"> • <u>BH Stand Alone Outpatient/PH/IOP Value Set with Bipolar Disorder Value Set</u> • <u>BH Stand Alone Outpatient/PH/IOP Value Set with Other Bipolar Disorder Value Set</u> • <u>BH Outpatient/PH/IOP Value Set with BH Outpatient/PH/IOP POS Value Set and Bipolar Disorder Value Set</u> • <u>BH Outpatient/PH/IOP Value Set with BH Outpatient/PH/IOP POS Value Set and Other Bipolar Disorder Value Set</u>
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CRITERIA	REQUIREMENTS
Event/Diagnosis (cont'd)	<ul style="list-style-type: none"> • <u>ED Value Set with Bipolar Disorder Value Set</u> • <u>ED Value Set with Other Bipolar Disorder Value Set</u> • <u>BH ED Value Set with BH ED POS Value Set and Bipolar Disorder Value Set</u> • <u>BH ED Value Set with BH ED POS Value Set and Other Bipolar Disorder Value Set</u> • <u>BH Stand Alone Nonacute Inpatient Value Set with Bipolar Disorder Value Set</u> • <u>BH Stand Alone Nonacute Inpatient Value Set with Other Bipolar Disorder Value Set</u> • <u>BH Nonacute Inpatient Value Set with BH Nonacute Inpatient POS Value Set and Bipolar Disorder Value Set</u> • <u>BH Nonacute Inpatient Value Set with BH Nonacute Inpatient POS Value Set and Other Bipolar Disorder Value Set</u> <p><i>Step 4</i> Identify and exclude consumers from step 3 who met any of the following criteria:</p> <ol style="list-style-type: none"> 1. Exclude consumers with diabetes. There are two ways to identify consumers with diabetes: by claim/encounter data and by pharmacy data. The reporting entity must use both methods to identify consumers with diabetes, but a consumer need only be identified by one method to be excluded from the measure. Consumers may be identified as having diabetes during the measurement year or the year prior to the measurement year. <ul style="list-style-type: none"> - Claim/encounter data. Consumers who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years)

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD) (7)

CRITERIA	REQUIREMENTS
Event/Diagnosis (cont'd)	<ul style="list-style-type: none"> • ED Value Set with Bipolar Disorder Value Set • ED Value Set with Other Bipolar Disorder Value Set • BH ED Value Set with BH ED POS Value Set and Bipolar Disorder Value Set • BH ED Value Set with BH ED POS Value Set and Other Bipolar Disorder Value Set • BH Stand Alone Nonacute Inpatient Value Set with Bipolar Disorder Value Set • BH Stand Alone Nonacute Inpatient Value Set with Other Bipolar Disorder Value Set • BH Nonacute Inpatient Value Set with BH Nonacute Inpatient POS Value Set and Bipolar Disorder Value Set • BH Nonacute Inpatient Value Set with BH Nonacute Inpatient POS Value Set and Other Bipolar Disorder Value Set <p>Step 4 Identify and exclude consumers from step 3 who met any of the following criteria:</p> <ol style="list-style-type: none"> 1. Exclude consumers with diabetes. There are two ways to identify consumers with diabetes: by claim/encounter data and by pharmacy data. The reporting entity must use both methods to identify consumers with diabetes, but a consumer need only be identified by one method to be excluded from the measure. Consumers may be identified as having diabetes during the measurement year or the year prior to the measurement year. <ul style="list-style-type: none"> - Claim/encounter data. Consumers who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years)

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

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CRITERIA	REQUIREMENTS
Event/Diagnosis (cont'd)	<ul style="list-style-type: none"> • At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED visits (ED Value Set), or nonacute inpatient encounters (Nonacute Inpatient Value Set) on different dates of service, with a diagnosis of diabetes (Diabetes Value Set). Visit type need not be the same for the two visits. • At least one acute inpatient encounter (Acute Inpatient Value Set) with a diagnosis of diabetes (Diabetes Value Set) <p>OR</p> <ol style="list-style-type: none"> 2. Pharmacy data. Consumers who were dispensed insulin or oral hypoglycemics/ antihyperglycemics during the measurement year or year prior to the measurement year on an ambulatory basis (See Table CDC-A on the NCQA HEDIS 2015 Final National Drug Code (NDC) Lists webpage at: HEDIS 2016 Final NDC Lists). 3. Consumers who had no antipsychotic medications dispensed during the measurement year. There are two ways to identify dispensing events: by claim/encounter data and by pharmacy data. The reporting entity must use both methods to identify dispensing events, but an event need only be identified by one method to be counted. <ul style="list-style-type: none"> - Claim/encounter data. An antipsychotic medication (Long-Acting Injections Value Set) - Pharmacy data. Dispensed an antipsychotic medication on an ambulatory basis. (See Table SSD-D on the NCQA website at HEDIS 2016 Final NDC Lists for a current list of antipsychotic medications).

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD) (8)

D. ADMINISTRATIVE SPECIFICATION

Denominator

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

Note: The measurement period for the denominator is the measurement year and the year prior to the measurement year.

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Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

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Numerator

The number of consumers who had one or more diabetes screenings (a glucose test [[Glucose Tests Value Set](#)] or an HbA1c [[HbA1c Tests Value Set](#)]) performed during the measurement year, as identified by claim/encounter or automated laboratory data

Note: The measurement period for the numerator is the measurement year.

Exclusions

See *Step 4* in Section C above.

D. Administrative Specification:

- *Denominator*
- *Numerator*
- *Exclusions*

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD) (9)

E. Additional Notes:

- *Difference from source*
- *Interpretation*

E. ADDITIONAL NOTES

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

Questions so far?

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD) (10)

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

Based on a measure stewarded by the National Committee for Quality Assurance (NQF #1932, HEDIS 2016)

A. Measurement Year:
 Insert measurement year based on CCBHC or non-CCBHC status. For CCBHCs, enter DY1 or DY2. For non-CCBHCs, enter year such as FY2017.

B. Data Source:
 Select the data source type:
 If administrative data only, select source (Medicaid Management Information System (MMIS) or Other):
 If source other than administrative selected, provide source:
 If other administrative data, specify data source:

C. Date Range:
 Denominator Start Date (mm/dd/yyyy)
 Denominator End Date (mm/dd/yyyy)
 Numerator Start Date (mm/dd/yyyy)
 Numerator End Date (mm/dd/yyyy)

D. Performance Measure:
 The percentage of consumers 18-64 years of age with Schizophrenia or Bipolar Disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year
 The measure is stratified to report Medicaid, Medicare & Medicaid, other, and total population.

Measure	Numerator	Denominator	Rate
Medicaid			
Medicare & Medicaid			
Other			

Template

- A. *Measurement Year*
- B. *Data Source*
- C. *Date Range*
- D. *Performance Measure*
- E. *Adherence to Measure Specification*
- F. *Additional Notes*

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD) (11)

23 **E. Adherence to Measure Specifications:**

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

25 Medicaid population			
26 Title XIX-eligible CHIP population			
27 Title XXI-eligible CHIP population			
28 Other CHIP enrollees			
29 Medicare population			
30 Medicare and Medicaid Dually-Eligible population			
31 VHA/TRICARE population			
32 Commercially insured population			
33 Uninsured population			
Other		If Other, explain whether the denominator is a subset of definitions selected above, please further define the denominator, and indicate the number of consumers excluded:	
34 Did your calculation of the measure deviate from the measure specification in any way?		If Yes, the measure differs: Explain how the calculation differed and why.	
35 Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure?		If No, the denominator doesn't represent your total eligible population, explain which populations are excluded and why in the next cell:	
36 Specify the size of the population included in the denominator:		Specify the size of the measure-eligible population.	

38 Provide the following information for each rate/stratification:

39 **Medicaid Population:**

40 Did the numerator differ for the Medicaid population?		If numerator differs, explain the deviation in the next cell:	
41 Did the denominator differ for the Medicaid population?		If denominator differs, explain the deviation in the next cell:	
42 Did the calculation differ in some other way for the Medicaid population?		If other, explain the deviation in the next cell:	
43 Medicare & Medicaid Population:			
44 Did the numerator differ for the Medicare & Medicaid population?		If numerator differs, explain the deviation in the next cell:	
45 Did the denominator differ for the Medicare & Medicaid population?		If denominator differs, explain the deviation in the next cell:	
46 Did the calculation differ in some other way for the Medicare & Medicaid population?		If other, explain the deviation in the next cell:	
47 Neither Medicaid nor Medicare & Medicaid Population:			
48 Did the numerator differ for the neither Medicaid nor Medicare & Medicaid population?		If numerator differs, explain the deviation in the next cell:	
49 Did the denominator differ for the neither Medicaid nor Medicare & Medicaid population?		If denominator differs, explain the deviation in the next cell:	
50 Did the calculation differ in some other way for the neither Medicaid nor Medicare & Medicaid population?		If other, explain the deviation in the next cell:	
51 Total Eligible Population:			
52 Did the numerator differ for the Total Eligible population?		If numerator differs, explain the deviation in the next cell:	
53 Did the denominator differ for the Total Eligible population?		If denominator differs, explain the deviation in the next cell:	

Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (SSD) (12)

42	Did the calculation differ in some other way for the Medicaid population?		If other, explain the deviation in the next cell:	
43	Medicare & Medicaid Population:			
44	Did the numerator differ for the Medicare & Medicaid population?		If numerator differs, explain the deviation in the next cell:	
45	Did the denominator differ for the Medicare & Medicaid population?		If denominator differs, explain the deviation in the next cell:	
46	Did the calculation differ in some other way for the Medicare & Medicaid population?		If other, explain the deviation in the next cell:	
47	Neither Medicaid nor Medicare & Medicaid Population:			
48	Did the numerator differ for the neither Medicaid nor Medicare & Medicaid population?		If numerator differs, explain the deviation in the next cell:	
49	Did the denominator differ for the neither Medicaid nor Medicare & Medicaid population?		If denominator differs, explain the deviation in the next cell:	
50	Did the calculation differ in some other way for the neither Medicaid nor Medicare & Medicaid population?		If other, explain the deviation in the next cell:	
51	Total Eligible Population:			
52	Did the numerator differ for the Total Eligible population?		If numerator differs, explain the deviation in the next cell:	
53	Did the denominator differ for the Total Eligible population?		If denominator differs, explain the deviation in the next cell:	
54	Did the calculation differ in some other way for the Total Eligible population?		If other, explain the deviation in the next cell:	
55	F. Additional Notes:			
56				
57	End of Worksheet			

Questions so far??

Poll Question 1

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

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

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

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-BH)

- **Denominator:** The number of consumers ages 19 to 64 with schizophrenia who were dispensed an antipsychotic medication during the measurement year
- **Denominator Measurement Period:** The measurement year (MY) measured from the Index Prescription Start Date (IPSD) during the MY
- **Why?** To begin with the earliest prescription start date during the MY
- **Numerator:** The number of consumers who achieved a proportion of days covered (PDC) of at least 80% for their antipsychotic medications during the measurement year
- **Numerator Measurement Period:** The MY measured from the IPSD during the MY

Year before MY1	MY1
	Numerator MP
	Denominator MP

Follow-up Care for Children Prescribed ADHD Medication (ADD-BH) (1)

- Denominator:** The number of children aged 6-12 newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication
Denominator Measurement Period (MP):
 - Index Prescription Start Date (IPSD):* 10 months before the measurement year (MY) begins to 2 months after the MY begins ==1
 - Negative medication history review (NMHR):* 120 days before the IPSD MP begins to 120 days before the IPSD MP ends ==2
- Why?** To have a “clean period” before the 1st prescription which may be written up to 10 months before MY begins
- Numerator:**
 - Initiation:* An outpatient, intensive outpatient, or partial hospitalization follow-up visit with a practitioner with prescribing provider, within 30 days after the IPSD
 - Continuation and Maintenance:* Numerator compliant for Rate 1 Initiation Phase and at least two follow-up visits with any practitioner, from 31–300 days (9 months) after the IPSD
- Numerator Measurement Period:**
 - Initiation:* 30 days after the IPSD MP begins to 30 days after the IPSD MP ends ==3
 - Continuation and Maintenance:* 300 days after the IPSD MP begins to 300 days after the IPSD MP ends ==4
- Why?** To capture a 1st follow up (initiation) within 30 days of 1st prescription and 2 subsequent follow-ups within 9 months after the initiation visit

Two Years before MY1	Year before MY1	MY1
	3 -----IP Numerator MP-----	
		4 Contin'n Phase Num. MP
	1 --IPSD Denominator MP----	
	2 --NMHR Denominator MP---	

Follow-up Care for Children Prescribed ADHD Medication (ADD-BH) (2)

Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-BH)

Based on a measure stewarded by the
National Committee for Quality Assurance (NQF #0108; HEDIS 2016)

A. DESCRIPTION

Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

Initiation Phase: Percentage of children ages 6 to 12 as of the Index Prescription Start Date (IPSD) with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.

Continuation and Maintenance (C&M) Phase: Percentage of children ages 6 to 12 as of the IPSD with an ambulatory prescription dispensed for ADHD medication who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

Data Collection Method: Administrative

Guidance for Reporting:

- This measure is stratified by whether the consumer is a Medicaid beneficiary, eligible for both Medicare and Medicaid, and other. For purposes of determining whether a consumer is a Medicaid beneficiary or a dual Medicare and Medicaid enrollee, see Continuous Enrollment, Allowable Gap, and Anchor Date requirements below in section C.
- Children who switch between Medicaid and CHIP and whom the state cannot identify as continuously enrolled between the Rate 1 and Rate 2 continuous enrollment periods should only be included in Rate 1 (initiation phase).

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A. Description

- *Narrative: two rates*
- *Data Collection Method*
- *Guidance for Reporting:*
 - **Stratification**
 - **Attribution**

Follow-up Care for Children Prescribed ADHD Medication (ADD-BH) (3)

Description (cont'd)

- Many of the ADHD medications are also used in the treatment of narcolepsy. In order to have a precise ADHD measure, children with narcolepsy should be removed from the denominator of both indicators.
- Referenced Value Sets may be found at [NCQA HEDIS 2016](#).
- Table ADD.A (Appendix ADD-BH) provides a list of ADHD medications. NCQA's National Drug Code (NDC) current list of ADHD medications can be found at: [NCQA HEDIS 2016](#).
- To the extent possible, include all paid, suspended, pending, and denied claims.
- Refer to Appendix D for the definition of a prescribing 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:

For the denominator, two measurement periods are used:

- Index prescription start date (IPSD): 10 months before the measurement year begins to 2 months after the measurement year begins
- Negative medication history review: The time period between 120 days before the IPSD measurement period begins and 120 days before the IPSD measurement period ends

For the numerator, two measurement periods are used:

- Initiation Phase: The time period between 30 days after the IPSD measurement period begins and 30 days after the IPSD measurement period ends
- Continuation and Maintenance Phase: The time period between 300 days after the IPSD measurement period begins and 300 days after the IPSD measurement period ends

• *Guidance for Reporting:*

- **Narcolepsy**
- **Value Sets**
- **Medications list**
- **Claims to include**
- **Prescribing practitioner**
- **Template**
- *Measurement Period: Four MPs*

Follow-up Care for Children Prescribed ADHD Medication (ADD-BH) (4)

B. Definitions

B. DEFINITIONS

TERM	DEFINITION
Continuous Medication Treatment	The number of medication treatment days during the 10-month follow-up period must be ≥ 210 days (i.e., 300 treatment days – 90 gap days)
C&M Phase	The 300 days following the IPSD (10 months)
Initiation Phase	The 30 days following the IPSD

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Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-BH)

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TERM	DEFINITION
Intake Period	The 12-month window starting 10 months before the measurement year begins to 2 months after the measurement year begins
IPSD	Index Prescription Start Date. The earliest prescription dispensing date for an ADHD medication where the date is in the Intake Period and there is a Negative Medication History.
Negative Medication History	A period of 120 days (4 months) prior to the IPSD when the child had no ADHD medications dispensed for either new or refill prescriptions
New Episode	The child must have a 120-day (4-month) Negative Medication History on or before the IPSD.
Provider Entity	The provider entity that is being measured (i.e., BHC)
Treatment Days (Covered Days)	The actual number of calendar days covered with prescriptions within the specified 300-day measurement interval (e.g., a prescription of a 90 days' supply dispensed on the 220th day will have 80 days counted in the 300-day interval)

Follow-up Care for Children Prescribed ADHD Medication (ADD-BH) (5)

C. ELIGIBLE POPULATION

Eligible Population: Rate 1 - Initiation Phase

CRITERIA	REQUIREMENTS
Age	Consumers aged 6 years as of 10 months before the measurement year begins to age 12 as of 2 months after the measurement year begins
Continuous Enrollment	Initiation Phase: Children must be continuously enrolled for 120 days (4 months) prior to the IPSD through 30 days (1 month) after the IPSD.
Allowable Gap	None
Anchor Date	None
Benefits	Medical and pharmacy

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C. Eligible Population (Rate 1):

- Age
- Continuous Enrollment
- Allowable Gap
- Anchor Date
- Benefits
- Event/Diagnosis (cont'd)

Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-BH)

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CRITERIA	REQUIREMENTS
	Follow the steps below to identify the eligible population: <i>Step 1</i> Identify all children in the specified age range who were dispensed an ADHD medication (Table ADD.A (Appendix ADD-BH)) during the 12-month Intake Period.

Follow-up Care for Children Prescribed ADHD Medication (ADD-BH) (6)

Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-BH)
Please see NCOA Notice of Copyright and Disclaimers in front matter to this manual.

CRITERIA	REQUIREMENTS
Event/Diagnosis	<p>Follow the steps below to identify the eligible population:</p> <p><i>Step 1</i> Identify all children in the specified age range who were dispensed an ADHD medication (Table ADD.A (Appendix ADD-BH)) during the 12-month Intake Period.</p> <p><i>Step 2</i> Test for Negative Medication History. For each child identified in step 1, test each ADHD prescription for a Negative Medication History. The IPSD is the dispensing date of the earliest ADHD prescription in the Intake Period with a Negative Medication History.</p> <p><i>Step 3</i> Calculate continuous enrollment. For children in step 2, identify those who are continuously enrolled for 120 days (4 months) prior to the IPSD through 30 days after the IPSD.</p> <p><i>Step 4</i> For children in step 3, exclude those who had an acute inpatient encounter for mental health or chemical dependency during the 30 days after the IPSD. Any of the following meet criteria:</p> <ol style="list-style-type: none"> 1. An acute inpatient encounter (<u>Acute Inpatient Value Set</u>) with a principal mental health diagnosis (<u>Mental Health Diagnosis Value Set</u>) <p>OR</p> <ol style="list-style-type: none"> 2. An acute inpatient encounter (<u>Acute Inpatient Value Set</u>) with a principal diagnosis of chemical dependency (<u>Chemical Dependency Value Set</u>)

C. Eligible Population (Rate 1) (cont'd):

- *Age and dispensed*
- *Negative medication history*
- *Continuous enrollment*
- *Exclusions*

Follow-up Care for Children Prescribed ADHD Medication (ADD-BH) (7)

Follow-Up Care for Children Prescribed Attention-Deficit Hyperactivity Disorder (ADHD) Medication (ADD-BH)

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Eligible Population: Rate 2 - Continuation and Maintenance Phase

CRITERIA	REQUIREMENTS
Age	Consumers aged 6 years as of 10 months before the measurement year begins to age 12 years as of 2 months after the measurement year begins
Continuous Enrollment	Children must be continuously enrolled for 120 days (4 months) prior to the IPSD and 300 days (10 months) after the IPSD. Children who switch between Medicaid and CHIP and whom the state cannot identify as continuously enrolled between the Rate 1 and Rate 2 continuous enrollment periods should only be included in Rate 1.
Allowable Gap	One 45-day gap in enrollment between 31 days and 300 days (10 months) after the IPSD. 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	None.
Benefits	Medical and pharmacy

Eligible Population Rate 2 (cont'd next slide)

Follow-up Care for Children Prescribed ADHD Medication (ADD-BH) (8)

(400-011)
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CRITERIA	REQUIREMENTS
	<p>Follow the steps below to identify the eligible population:</p> <p><i>Step 1</i> Identify all children that meet the eligible population criteria for Rate 1—Initiation Phase.</p> <p><i>Step 2</i> Calculate continuous enrollment. For children in step 1, identify those who are continuously enrolled from 120 days (4 months) prior to the IPSD and 300 days (10 months) after the IPSD.</p> <p><i>Step 3</i> Calculate the continuous medication treatment. Using the children in step 2, determine if the child filled a sufficient number of prescriptions to provide continuous treatment for at least 210 days out of the 300-day period after the IPSD. The definition of “continuous medication treatment” allows gaps in medication treatment, up to a total of 90 days during the 300-day (10-month) period. (This period spans the Initiation Phase [1 month] and the C&M Phase [9 months].)</p> <p><i>Note:</i> Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.</p> <p><i>Note:</i> Regardless of the number of gaps, the total gap days may be no more than 90. Count any combination of gaps (e.g., one washout gap of 14 days and numerous weekend drug holidays).</p> <p><i>Step 4</i> Of the children in step 3, exclude those who had an acute inpatient encounter for mental health or chemical dependency during the 300 days (10 months) after the IPSD. Any of the following meet criteria:</p> <p>A. An acute inpatient encounter (<u>Acute Inpatient Value Set</u>) with a principal mental health diagnosis (<u>Mental Health Diagnosis Value Set</u>)</p> <p>OR</p> <p>B. An acute inpatient encounter (<u>Acute Inpatient Value Set</u>) with a principal diagnosis of chemical dependency (<u>Chemical Dependency Value Set</u>)</p>
Event/Diagnosis	

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Eligible Population Rate 2 (cont'd):

- *Met initiation*
- *Continuous enrollment*
- *Continuous medication treatment*
- *Exclusions*

Follow-up Care for Children Prescribed ADHD Medication (ADD-BH) (9)

(ADD-BH)
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D. ADMINISTRATIVE SPECIFICATION

Denominator

The number of consumers in the eligible population (Section C) for Rate 1 and Rate 2, respectively

Note: The measurement period for the IPSD is the time period 10 months before the measurement year begins to 2 months after the measurement year begins. The measurement period for the negative medication history review is the time period between 120 days before the IPSD measurement period begins and 120 days before the IPSD measurement period ends.

Numerator

Rate 1 - Initiation Phase

An outpatient, intensive outpatient, or partial hospitalization follow-up visit with a practitioner with prescribing authority, within 30 days after the IPSD. Any of the following code combinations billed by a practitioner with prescribing authority meet the criteria:

- [ADD Stand Alone Visits Value Set](#)
- [ADD Visits Group 1 Value Set with ADD POS Group 1 Value Set](#)
- [ADD Visits Group 2 Value Set with ADD POS Group 2 Value Set](#)

Note: Do not count a visit on the IPSD as the Initiation Phase visit.

Note: For the Initiation Phase numerator, the measurement period is the time period between 30 days after the IPSD measurement period begins and 30 days after the IPSD measurement period ends.

Rate 2 - Continuation and Maintenance

Identify all children that meet the following criteria:

- [Numerator compliant for Rate 1 Initiation Phase, and](#)
- [At least two follow-up visits with any practitioner, from 31–300 days \(9 months\) after the IPSD.](#)

One of the two visits (during days 31–300) may be a telephone visit ([Telephone Visits Value Set](#)) with any practitioner. Any of the following code combinations identify follow-up visits:

D. Administrative Specification:

- *Denominator*
- *Numerator:*
 - **Rate 1**
 - **Rate 2 (cont'd next slide)**

Follow-up Care for Children Prescribed ADHD Medication (ADD-BH) (10)

- [ADD Stand Alone Visits Value Set](#)
- [ADD Visits Group 1 Value Set with ADD POS Group 1 Value Set](#)
- [ADD Visits Group 2 Value Set with ADD POS Group 2 Value Set](#)
- [Telephone Visits Value Set](#)

Note: For the Continuation and Maintenance Phase numerator, the measurement period is the time period between 300 days after the IPSP measurement period begins and 300 days after the IPSP measurement period ends.

Exclusions (optional)

Exclude from the denominator for both rates, children with a diagnosis of narcolepsy ([Narcolepsy Value Set](#)) any time during their history through the last day of the measurement year.

Note: For the denominator, two measurement periods are used:

- Index prescription start date (IPSD): 10 months before the measurement year begins to 2 months after the measurement year begins
- Negative medication history review: The time period covering 120 days prior to the IPSD measurement period (beginning 120 days before the IPSD measurement period begins and ending 120 days before the IPSD measurement period ends)

E. ADDITIONAL NOTES

For children who have multiple overlapping prescriptions, count the overlap days once toward the days' supply (whether the overlap is for the same drug or for a different drug).

There may be different methods for billing intensive outpatient encounters and partial hospitalizations. Some methods may be comparable to outpatient billing, with separate claims for each date of service; others may be comparable to inpatient billing, with an admission date, a discharge date and units of service. Where billing methods are comparable to inpatient billing, each unit of service may be counted as an individual visit. The unit of service must have occurred during the time frame required for the rate (e.g., within 30 days after or from 31–300 days after the IPSD).

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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D. Administrative Specification (cont'd):

- *Numerator Rate 2 (cont'd)*
- *Exclusions (optional)*

E. Additional Notes:

- *Overlapping prescriptions*
- *Billing methods*
- *Source measure*
- *Interpretation of score*



Questions?

Antidepressant Medication Management (AMM-BH)

- **Denominator:** The number of consumers age 18 and older who were treated with antidepressant medication and who had a diagnosis of major depression
- **Denominator Measurement Period (MP):**
 - *Index prescription start date (IPSD):* 7 months before the measurement year (MY) begins and 4 months after the MY begins ==1
 - *Negative medication history review (NMHR):* 105 days before the IPSD MP begins and 105 days before the IPSD MP ends ==2
- **Why?** To have a “clean period” before the 1st prescription which may be written up to 7 months before MY begins
- **Numerator:** The number of consumers who remained on an antidepressant medication for at least 12 weeks and at least 6 months
- **Numerator Measurement Period:**
 - *Acute Phase:* 114 days after the IPSD MP begins to 114 days after the IPSD MP ends==3
 - *Continuation Phase:* 231 days after the IPSD MP begins to 231 days after the IPSD MP ends==4
- **Why?** To determine if the consumer remained on the medication for at least 12 weeks and 6 months respectively

Two Years before MY1	Year before MY1	MY1
	3 --Acute Numerator MP	
	4-Continuation Num. MP	
	1 --IPSD Denominator MP	
Slide 38	2 ----NMHR Denominator MP----	

Poll Question 2

Do you agree with the following statement?

“SSI spend-down requirements will result in consumer use of cash to purchase medication, making it difficult to accurately track medication purchases using claims data.”

Select the option with which you agree the most:

- 1. I think this is a big problem with any measure related to medication.*
- 2. It will happen but it will not have a significant effect on measures.*
- 3. I will need to confer with providers to see if this is a big problem.*
- 4. I do not predict this to be a challenge.*

Please summarize any additional comments on this subject in the chat box.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET-BH)

- **Denominator:** The number of consumers aged 13 and older with a new episode of alcohol or other drug dependence
- **Denominator Measurement Period (MP):**
 - *Index Episode Start Date (IESD):* The first 10 months and 15 days of the measurement year (MY)===1
 - *Negative Diagnosis History Review (NDHR):* 60 days prior to the MY to 60 days prior to the last possible date of the IESD during MY===2
- **Why?** To provide a clean period prior to first being seen for AOD treatment in MY
- **Numerator:**
 - *Initiation:* Initiation of AOD treatment within 14 days of diagnosis.
 - *Engagement:* Initiation of treatment with two or more additional services with a diagnosis of AOD within 30 days of the initiation visit
- **Numerator MP:**
 - *Initiation numerator:* 1st day of the first month of MY through 13 days after the IESD MP ends===3
 - *Engagement numerator:* 2nd day of the first month through 29 days after Initiation MP===4
- **Why?** To capture initiation of treatment and additional services (engagement) after index episode

Year before MY1	MY1
	3-Initiation Numerator MP-----
	4--Engagement Numerator MP-----
	1---IESD Denominator MP-----
	2----NDHR Denominator MP-----

Slide 40

Plan All-Cause Readmission Rate (PCR-BH)

- **Denominator:** The number of acute inpatient stays by consumers aged 18 and older
- **Denominator Measurement Period (MP):** The measurement year (MY) absent last 30 days of the MY
- **Why?** Captures acute inpatient stays during the MY but excludes last 30 days to permit measurement of unplanned readmissions within 30 days during the MY
- **Numerator:** Unplanned readmissions within 30 days of index acute inpatient stay
- **Numerator MP:** The MY
- **Why?** Captures unplanned readmission within 30 days during the MY

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

Questions??

Upcoming Webinar Schedule

- 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

Preview of Next Two Webinars

Webinar 3: July 26, 2016

Seven State-Lead Measures

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

Preview of Next Two Webinars

Webinar 4: August 2, 2016

Five BHC-Lead Measures

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

BHC Measures (1)

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

BHC Measures (2)

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

BHC Measures (3)

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

Contact Information

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

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

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

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover