

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# BHC Data Collection and Quality Reporting Webinar Series

**Presented by the Substance Abuse and Mental  
Health Services Administration  
Summer 2016**





# Webinar 1: Data Reporting and Quality Measurement: An Introduction

Presented by the Substance Abuse and  
Mental Health Services Administration  
July 12, 2016



# Speaker

**Peggy O'Brien, PhD, JD**

*Truven Health Analytics, an IBM Company*

# Focus Today

## About the webinars

### Reporting:

- *Context*
- *Level of reporting*
- *Consumer attribution*
- *Who reports what and to whom*
- *When and how reporting occurs*

### Specification components

### Data reporting template components



# About the Webinars

# Logistics

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

# Series Objectives

- **To be tools for dissemination to all states and BHCs using the measures**
- **All webinars will be posted so states and BHCs can share content as needed**
- **Because all states are different and are at different stages in implementation, the goal is to ensure that all states have the necessary information to develop their processes for collecting, analyzing and reporting the quality measures**

# Subject Matter Covered by Webinars

- **Background on data collection and reporting requirements**
- **Quality measure specifications**
- **Data reporting templates used for quality measure reporting**
- **Special issues related to quality measure reporting**
- **Lessons learned from state visits**
- **Answer questions and clear up confusion!**

# Reporting

# The Measures



- **Source:**  
*Appendix A to the CCBHC Certification Criteria \**  
32 measures -- 17 BHC-lead and 15 state-lead
- **BHC measures as drafted:**  
32 measures -- 14 BHC-lead and 18 state-lead
- **CCBHC measures as modified:**  
21 measures – 9 CCBHC-lead and 12 state-lead

## Criteria for the Demonstration Program to Improve Community Mental Health Centers and to Establish Certified Community Behavioral Health Clinics

### Table of Contents

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\* [Section 223 Demonstration Program for Certified Community Behavioral Health Clinics](#)

# Changes to the Measures

- **Shifted from BHC to state-lead:**
  - *Patient Experience of Care Survey (PEC)*
  - *Youth/Family Experience of Care Survey (Y/FEC)*
  - *Initiation and Engagement of AOD Treatment (IET)*
- **Dropped as inconsistent with current guidelines:**  
*Cardiovascular Health Screening for People with Schizophrenia or Bipolar Disorder who are Prescribed Antipsychotic Medications*
- **Replaced:** *Follow-up After Discharge from the Emergency Department for Mental Health and Alcohol or Other Dependence*, **with:**
  - *Follow-Up After Emergency Department Visits for Mental Illness (FUM)*
  - *Follow-Up After Emergency Department Visits for Alcohol and Other Drug Dependence (FUA)*

# BHC Measures Not Required of CCBHCs

- **CCBHC-Lead:**
  - Routine care
  - Days to comprehensive evaluation
  - Suicide deaths
  - Documentation of current medications
  - Controlling high blood pressure
- **State-Lead:**
  - Suicide attempts
  - Diabetes care (HbA1c poor control)
  - Metabolic monitoring children
  - Cardiovascular health monitoring
  - Adherence to mood stabilizers

# BHC Measures (1)

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

# BHC Measures (2)

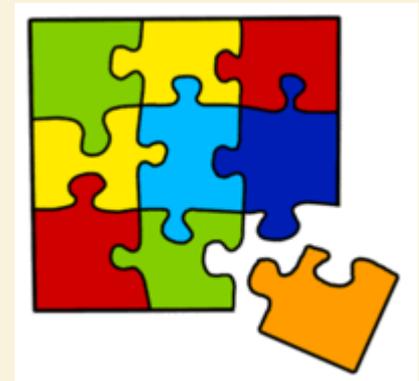
Measure	State or BHC Lead	CCBHC Required	CCBHC Not Required	Webinar
I-EVAL	BHC	✓		4
BMI-SF	BHC	✓		4
TSC	BHC	✓		4
ASC	BHC	✓		4
CDF-BH	BHC	✓		5
WCC-BH	BHC	✓		5
SRA-BH-C	BHC	✓		5
SRA-A	BHC	✓		5
DEP-REM-12	BHC	✓		5

# BHC Measures (3)

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

# Context

- Existing quality measures (e.g., Medicaid Core Set, National Quality Forum (NQF), HEDIS)
- TEDS, URS and other data reporting
- CCBHC data and quality measure reporting
- Other reporting

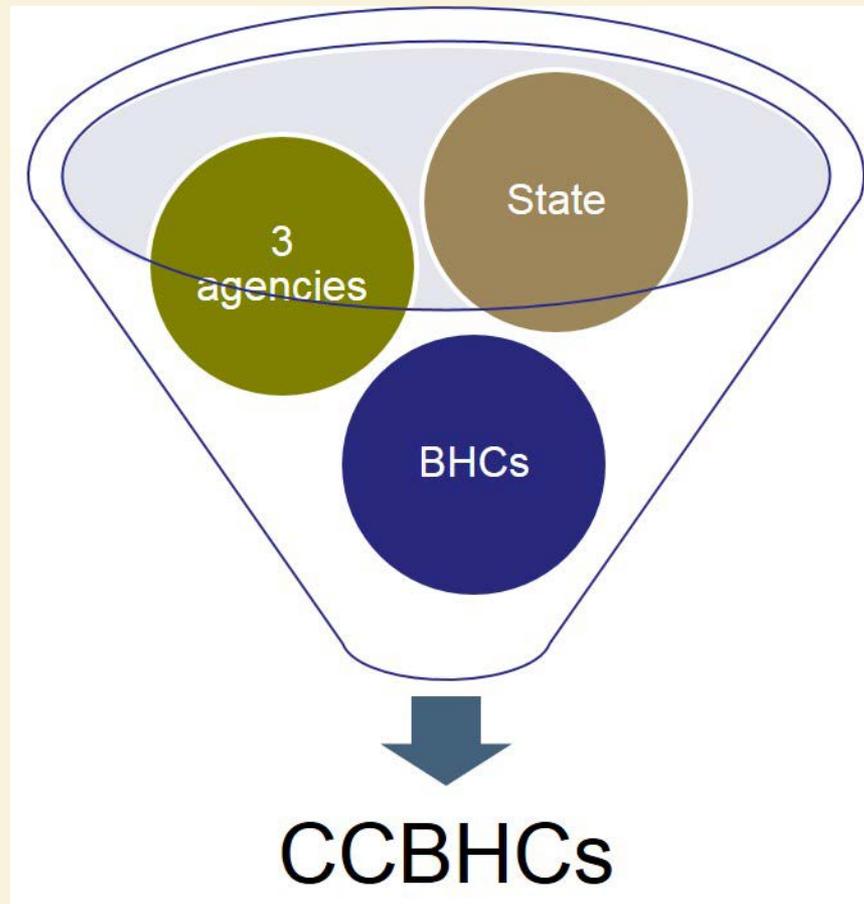


# Why It's Important

- **Internal quality improvement**
- **Accountability**
- **Incentives such as the Quality Bonus Payments (QBPs) that are part of the PPS**
- **Evaluation of the Demonstration Program**
- **Annual Reports to Congress to include recommendations on whether the Demonstration Program should be continued, expanded, modified, or terminated**



# Roles in the Demonstration Program

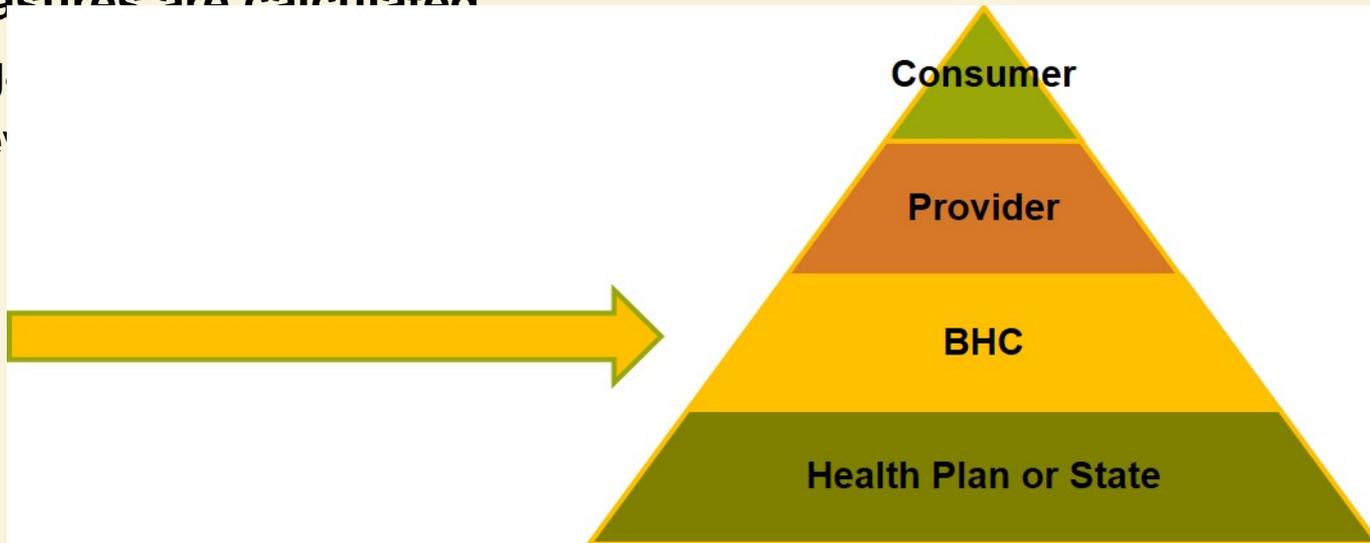


**The Level of Reporting is:**

**The BHC  
-- Always**

# The Level of Reporting and Who Does the Reporting

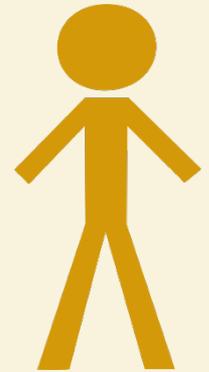
All measures are calculated  
aggreg  
BHC level



- **BHC-lead measures:** Report on the BHC population at the BHC level
- **State-lead measures:** Report on the BHC population at the BHC level

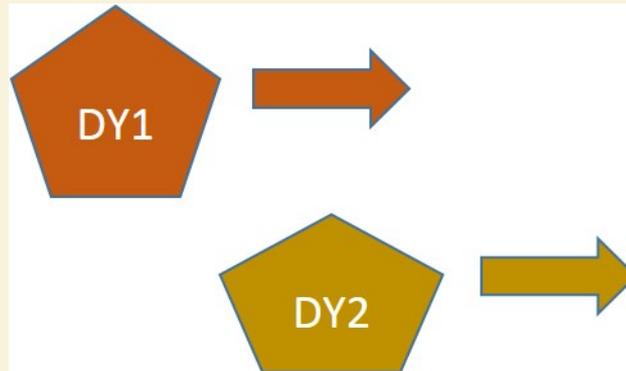
# Consumer Attribution

- **Attribution as a BHC consumer for data reporting requires:**
  - Identification / attribution / flagging of data to specific BHCs
  - For CCBHCs, at least ONE service that falls within the CCBHC scope of services during the demonstration year (whether or not provided within the four walls of the clinics)



# When Are Quality Measures and Metrics Reported?

**Measurement Year = Demonstration Year (DY)**

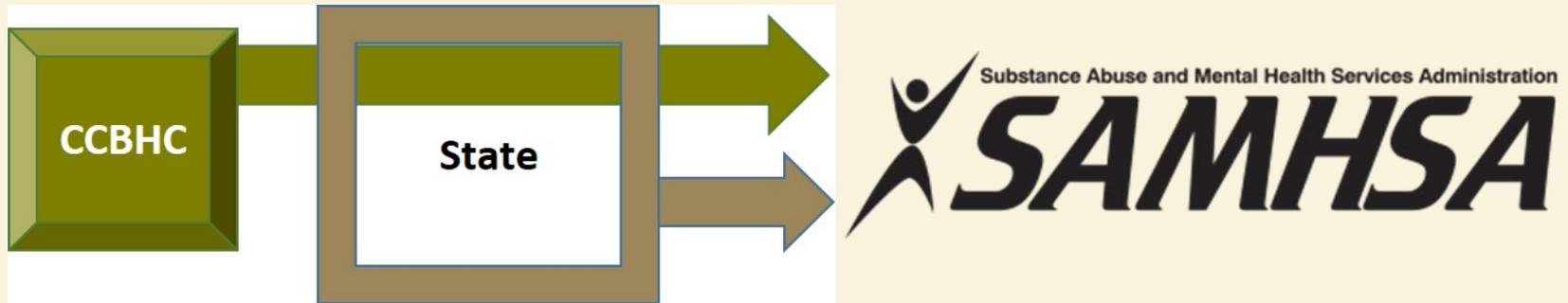


**For Demonstration Years (DY) 1 and 2:**

- **CCBHCs submit within 9 months**
- **States submit within 12 months**

**For non-CCBHCs, often fiscal year**

# The Flow of Reporting for Quality Measures



- **CCBHC-lead data and measures:** To their designated state agency
- **State-lead data and measures (including those from CCBHCs):** To SAMHSA by email using [CCBHCMeasuresSubmission@samhsa.hhs.gov](mailto:CCBHCMeasuresSubmission@samhsa.hhs.gov). SAMHSA will share the data with CMS for purposes of Quality Bonus Payments and with ASPE for purposes of the evaluation.

# What is Reported and How?

## How do we know what to report?    How do we report it?

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

Based on a measure stewarded by the  
Centers for Medicare and Medicaid Services (HEDIS 2016)

#### A. DESCRIPTION

Percentage of consumers ages 19 to 64 during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period

**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 at [NCQA HEDIS 2016](#).
- Table SAA-A (Appendix SAA-BH) provides a list of antipsychotics. The National Committee for Quality Assurance's (NCQA) National Drug Code (NDC) current list of antipsychotic medications can be found at: [NCQA HEDIS 2016](#).
- To the extent possible, include all paid, suspended, pending, and denied claims.
- 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 both the denominator and the numerator, the measurement period is the measurement year.

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

Based on a measure stewarded by the Centers for Medicare and Medicaid Services (HEDIS 2016, Medicaid Adult Core Set)

#### 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 clients ages 19 to 64 during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.

The measure is stratified to report Medicaid, Medicare & Medicaid, neither, and total population.

Measure	Numerator	Denominator	Rate
Medicaid			
Medicare & Medicaid			
Other			
<b>Total</b>		0	0

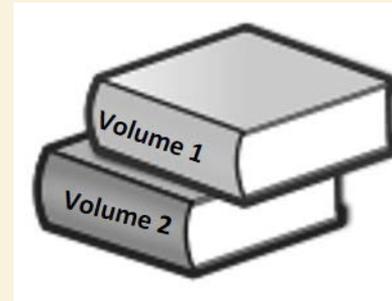
#### E. Adherence to Measure Specifications:

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

Medicaid population	
Title XIX-eligible CHIP population	
Title XXI-eligible CHIP population	
Other CHIP enrollees	
Medicare population	

# Specification Components

- Two Volumes
  - Volume 1: Introductory Material and Measure Specifications
  - Volume 2: Appendices
- Data-Reporting Templates



Questions so far?



# Specifications

# Specifications:

## Part A. Description

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

Based on a measure stewarded by the  
Centers for Medicare and Medicaid Services (HEDIS 2016)

#### A. DESCRIPTION

Percentage of consumers ages 19 to 64 during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period

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 at [NCOA HEDIS 2016](#).
- Table SAA-A (Appendix SAA-BH) provides a list of antipsychotics. The National Committee for Quality Assurance's (NCQA) National Drug Code (NDC) current list of antipsychotic medications can be found at: [NCOA HEDIS 2016](#).
- To the extent possible, include all paid, suspended, pending, and denied claims.
- 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 both the denominator and the numerator, the measurement period is the measurement year.

- **Narrative description**
- **Data collection method**
- **Guidance for reporting**
- **Measurement period**

# Part A:

## Data Collection Method



### Administrative

- **Claims/  
encounter data**

### Medical Records

**BHC medical records or other clinical data sources such as:**

- *Electronic health records*
- *Paper medical records*
- *Clinic registries*
- *Scheduling software*

### Hybrid

**The numerator combines:**

- *Administrative data sources*
- *Medical record data*

**The denominator uses a sample of the eligible population**

# Part A:

## Guidance for Reporting

- **Stratification (varies)**
  - *Payer status (Medicaid, Medicare & Medicaid (dually eligible), Others)*
  - *Age*
- **Code sources**
- **Refers to the data-reporting template**
- **Misc. other matters relevant to the measure**

# How to Determine Payer

- **First apply continuous enrollment requirements if they exist. If the person does not meet continuous enrollment requirements (where they exist), as a Medicaid or dually eligible enrollee, they are “Other.”**
- **If a measure specification does not include requirements for continuous enrollment, the insurance status at the time of the first visit during the measurement year will be applied for the entire year.**

# Part A:

## Measurement Period (MP)

### Measurement Year (MY)

- For the CCBHC Demonstration Program, the MY is linked to the Demonstration Year and is reported as DY1 or DY2.
- Elsewhere, the MY may align with the fiscal year or calendar year.

### Measurement Period (MP)

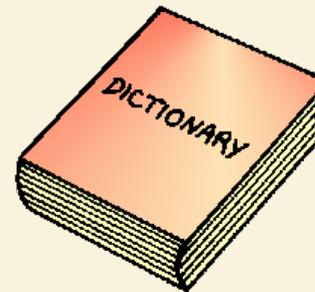
- The MP is the time covered by the data used to calculate the measure.
- It may or may not coincide with the MY (e.g., look-back, look-forward, partial year)
- It may differ for the numerator and denominator.

# Specifications:

## Part B. Definitions

### B. DEFINITIONS

TERM	DEFINITION
Calculating Number of Days Covered for Long-Acting Injections	Calculate number of days covered (for the numerator) for long-acting injections using the days-supply specified for the medication in Table SAA-A (Appendix SAA-BH). For multiple J Codes or NDCs for the same or different medications on the same day, use the medication with the longest days' supply. For multiple J Codes or NDCs for the same or different medications on different days with overlapping days' supply, count each day within the treatment period only once toward the numerator.
Calculating Number of Days Covered for Oral Medications	<p>If multiple prescriptions for the same or different oral medications are dispensed on the same day, calculate number of days covered by an antipsychotic medication (for the numerator) using the prescription with the longest days' supply.</p> <p>If multiple prescriptions for different oral medications are dispensed on different days, count each day within the treatment period only once toward the numerator.</p> <p>If multiple prescriptions for the same oral medication are dispensed on different days, sum the days' supply and use the total to calculate the number of days covered by an antipsychotic medication (for the numerator). For example, if three antipsychotic prescriptions for the same oral medication are dispensed on different days, each with a 30-day supply, sum the days' supply for a total of 90 days covered by an</p>



**Measure specific definitions**

# Specifications:

## Part C. Eligible Population

### C. ELIGIBLE POPULATION

CRITERIA	REQUIREMENTS
Age	Consumers aged 19 to 64 years as of the last day 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 for a 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
Event/Diagnosis	<p>Follow the steps below to identify the eligible population:</p> <p><i>Step 1</i> Identify consumers flagged as having been seen at the provider entity at least once during the measurement year.</p> <p><i>Step 2</i> Identify consumers from step 1 who were aged 19 to 64 years as of the last day of the measurement year.</p> <p><i>Step 3</i></p>

- Age
- Insurance requirements on claims - based data
  - *Continuous enrollment, allowable insurance gaps, anchor date, and benefits*
- Event/Diagnosis: step by step

# Specifications:

## Part D. Specification

### D. ADMINISTRATIVE SPECIFICATION

#### Denominator

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

#### Numerator

The number of consumers who achieved a PDC of at least 80 percent for their antipsychotic medications (Table SAA-A (Appendix SAA-BH); Long-Acting Injections 14 Days Supply Value Set; Long-Acting Injections 28 Days Supply Value Set) during the measurement year.

Follow the steps below to identify numerator compliance:

#### Step 1

Identify the IPSD. The IPSD is the earliest dispensing event for any antipsychotic medication (Table SAA-A (Appendix SAA-BH); Long-Acting Injections 14 Days Supply Value Set; Long-Acting Injections 28 Days Supply Value Set) during the measurement year.

#### Step 2

To determine the treatment period, calculate the number of days beginning on the IPSD

- **Denominator**
  - *Eligible population*
  - *Exclusions*
- **Numerator**
  - *Defined*
  - *Exclusions*

# Specifications:

## Part E. Additional Notes

### 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

- **Most have this section**
- **Information on source measure**
- **Information on performance measure rate interpretation**

# Value Sets and Codes

## Numerator

The number of consumers who achieved a PDC of at least 80 percent for their antipsychotic medications (Table SAA-A (Appendix SAA-BH); Long-Acting Injections 14 Days Supply Value Set; Long-Acting Injections 28 Days Supply Value Set) during the measurement year.

Follow the steps below to identify numerator compliance:

### Step 1

Identify the IPSD. The IPSD is the earliest dispensing event for any antipsychotic medication (Table SAA-A (Appendix SAA-BH); Long-Acting Injections 14 Days Supply Value Set; Long-Acting Injections 28 Days Supply Value Set) during the measurement year.

### Step 2

To determine the treatment period, calculate the number of days beginning on the IPSD through the end of the measurement year.

### Step 3

Count the days covered by at least one antipsychotic medication (Table SAA-A (Appendix SAA-BH); Long-Acting Injections 14 Days Supply Value Set; Long-Acting Injections 28 Days Supply Value Set) during the treatment period. To ensure that the day's supply does not exceed the treatment period, subtract any day's supply that extends beyond the last day of the measurement year.

### Step 4

- Many measures (state reported especially) use value sets to identify billing or diagnostic codes for calculation.
- Value set information for measures is derived from different sources depending on measure:
  - *HEDIS-derived measures*
  - *Other measures prepared by different stewards*
- If no value set, code sources are provided

# Other Parts of the Specifications

**Introductory material: Covers what we have discussed plus much more**

**Volume 2:**

- **Appendix of measurement periods**
- **Value set directory user manual**
- **Guidance for selecting sample sizes**
- **Definitions of practitioner types**
- **Measure-specific appendices**
  - **Examples** 
  - **Code tables**

## EXAMPLE

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

1. Number of consumers aged 18 or older who were seen at the clinic during the MY: 1,000
2. Number of visits during the MY by those 1,000 consumers: 6,000
3. Number of visits where the consumer was in an urgent or emergent medical situation where time was of the essence and to delay treatment would jeopardize the consumer's health status: 500
4. Of the 5,500 nonexcluded visits, 3,000 are by Medicaid beneficiaries, 1,000 are by consumers who are beneficiaries of both Medicare and Medicaid, and 1,500 are by consumers who are neither.

Calculate as follows:

Steps in calculation	Medicaid	Medicare & Medicaid	Neither	Total
Number of visits by age and encounter-eligible consumers during the MY	3,200	1,200	1,600	6,000
From those, exclude visits where there were medical reasons for not screening (G8430)	200	200	100	500
<b>Denominator</b>	<b>3,200-200 = 3,000</b>	<b>1,200-200 = 1,000</b>	<b>1,600-100 = 1,500</b>	<b>6,000-500 = 5,500</b>

Questions so far??



# Data Reporting Templates

# Template Components

- **Instructions for completion**
- **Divided into BHC-Lead and State-Lead sections (CCBHC required and not required)**
- **Case load characteristics**
- **One worksheet per measure**
- **Roll-up**
- **Measurement periods**

# Case Load Characteristics

Case Load Characteristics		
Characteristic	Number	Percent
<b>Age</b>		
0-11 years	5	2.50%
12-17 years	10	5.00%
18-64 years	15	7.50%
65+ years	20	10.00%
<b>Gender</b>		
Women		
Men		
Other		
Unknown		
<b>Ethnicity</b>		
Not Hispanic or Latino		
Hispanic or Latino		
Unknown		
<b>Race</b>		
White		
Black or African American		
American Indian or Alaskan Native		

- Completed by the BHC
- Automatically computes percent for each row

# Section A. Measurement Year

Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-BH)	
Based on a measure stewarded by the Centers for Medicare and Medicaid Services (HEDIS 2016, Medicaid Adult Core Set)	
<b>A. Measurement Year:</b>	
Insert measurement year based on CCBHC or non-CCBHC status. For CCBHCs, enter DY1 or DY2. For non-CCBHCs, enter year such as FY2017.	
<input type="text"/>	
<b>B. Data Source:</b>	
Select the data source type:	
If administrative data only, select source (Medicaid Management Information System (MMIS) or Other):	<input type="text"/>
If source other than administrative selected, provide source:	<input type="text"/>
If other administrative data, specify source:	<input type="text"/>
<div style="border: 1px solid black; background-color: yellow; padding: 5px;">Measurement year If entering data for a CCBHC, enter DY1 or DY2. If entering data for a non-CCBHC, enter data such as FY2017</div>	

**For each measure:**

- **Insert measurement year (MY)**
  - *If CCHBCs, use the Demonstration Year and designate it DY1 or DY2*

# Section B. Data Sources

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):	<input type="text"/>	If other administrative data, specify data source:	<input type="text"/>
If source other than administrative selected, provide source:	<input type="text"/>		

**C. Date Range:**

Denominator Start Date (mm/dd/yyyy)	<input type="text"/>
Denominator End Date (mm/dd/yyyy)	<input type="text"/>
Numerator Start Date (mm/dd/yyyy)	<input type="text"/>

If Administrative Data Source  
Select administrative data source

- Depending on the measure:
  - *Administrative*
  - *Medical records*
  - *Hybrid*
  - *Survey*
  - *URS/MHBG data*

# Section C. Date Range for Measurement Period

selected, provide 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 clients ages 19 to 64 during the measurement period were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.

**Denominator Start Date**  
Input date in the following format - mm/dd/yyyy

- **Separate start and end date for denominator and numerator respectively**

# Section D.

## Performance Measure

### D. Performance Measure:

The percentage of clients ages 19 to 64 during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.

The measure is stratified to report Medicaid, Medicare & Medicaid, neither, and total population.

Measure	Numerator	Denominator	Rate
Medicaid	100	200	50.00%
Medicare & Medicaid	150	300	50.00%
Other	50	300	16.67%
Total	300	800	37.50%

### E. Adherence to Measure Specifications:

- Description of measure
- Stratification information
- Table to insert numerator and denominator
- Totals and rates are calculated automatically

# Section E. Adherence to Measurement Specifications

Total		U	U
<b>E. Adherence to Measure Specifications:</b>			
Population included in the denominator (indicate yes or no for each of the options below):			
Medicaid population	Yes		
Title XIX-eligible CHIP population	Yes		
Title XXI-eligible CHIP population	No		
Other CHIP enrollees	No		
Medicare population	No		
Medicare and Medicaid Dually-Eligible population	Yes		
VHA/TRICARE population	No		
Commercially insured population	No		
Uninsured population	No		
Other	No	If Other, explain whether the denominator is a subset of definitions selected above, please further define the denominator, and indicate the number of consumers excluded:	
Did your calculation of the measure deviate from the measure specification in any way?		If Yes, the measure differs: Explain how the calculation differed and why.	
Does this denominator represent your total measure eligible population as defined by the Technical Specifications for this measure?		Indicated if your calculation of the measure deviates from the measure specification in any way by selecting Yes or No. denominator represent your eligible population, which populations excluded and why in detail:	
Specify the size of the population included in the denominator:		Specify the size of the measure-eligible population.	

- Identifies population included
- Identifies areas where calculation of measure or data reported may not adhere to measurement specifications

# Section F. Additional Notes

F. Additional Notes:

End of Worksheet

Additional Notes field  
Please note anything  
you would like to tell  
us about reporting this  
measure:

- **Space provided for additional information the reporter thinks important to communicate**

# Roll-Up Table

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication			
Measure	Numerator	Denominator	Rate
Medicaid	0	0	
Medicare & Medicaid	0	0	
Other	0	0	
Total	0	0	

- **Separate worksheet near end of templates**
- **Automatically filled from the Section D entries for each measure**

# Measurement Period Tables

(SAA-BH)	
Jan. 1, 2017 – Dec. 31, 2017	Jan
Feb. 1, 2017 – Jan. 31, 2018	Feb
March 1, 2017 – Feb. 28, 2018	Ma
April 1, 2017 – March 31, 2018	Apr
May 1, 2017 – April 30, 2018	Ma
June 1, 2017 – May 31, 2018	Jun
July 1, 2017 – June 30, 2018	July
Jan. 1, 2018 – Dec. 31, 2018	Jan

- Last worksheets in workbook
- Provides measurement periods for each measure for CCBHC calculation based on when the state's Demonstration Years begin and end



# Questions?

# Preview of Next Two Webinars

## Webinar 2: July 19, 2016

### Six State-Lead Measures

- 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)

# 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)

# Contact Information

Please submit additional questions to [CCBHC\\_Data\\_TA@samhsa.hhs.gov](mailto:CCBHC_Data_TA@samhsa.hhs.gov) about:

- Material covered today
- State-lead measures that will be covered in the next two webinars
- 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