New York State | Department of Health | Medicaid Redesign Team

Behavioral Health
(HARP, Depression, Bipolar Disorder)

Clinical Advisory Group

Meeting Date: September 15

September 2015

Content

Introductions &

Tentative Meeting Schedule and Agenda

A.   Recap of Last Meeting

B.   HARP Subpopulation Outcome Measures

Tentative Meeting Schedule & Agenda

Depending on the number of issues address during each meeting, the meeting agenda for each CAG meeting will consist of the following:

Meeting 1
- Clinical Advisory Group- Roles and Responsibilities
- Introduction to Value Based Payment
- HARP population definition and analysis
- Introduction to outcome measures

Meeting 2
- Recap first meeting
- HARP Population Quality Measures

Meeting 3
- Bundles - Understanding the Approach
  - Depression Bundle
  - Bipolar Disorder Bundle

Meeting 4
- Depression and Bipolar Disorder Outcome Measures
- Wrap-up of open questions

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# Welcome to the Second Clinical Advisory Meeting of this Cycle

Are there any questions / suggestions based on the content of the first meeting?

Content HARP CAG Meeting 1

- Clinical Advisory Group Roles and Responsibilities
- Introduction to Value Based Payment
- HARP population definition and analysis
- Introduction to outcome measures

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A. Recap of Last Meeting

The total Medicaid population is divided in four subpopulations and the general population
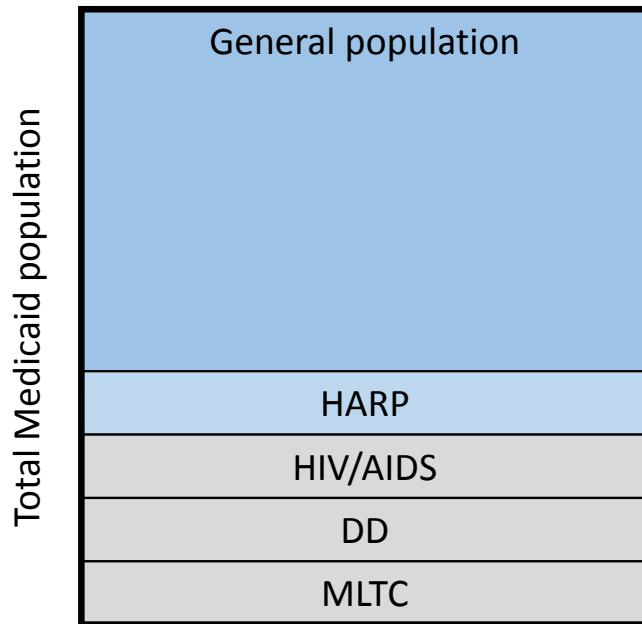

- Four subpopulations are carved out of the total Medicaid populations
- HARP is one of those subpopulations

Episodes can be used as a contracting mechanism for the general population

Total Medicaid population

General population

Depression

Bipolar disorder

HARP

HIV/AIDS

DD
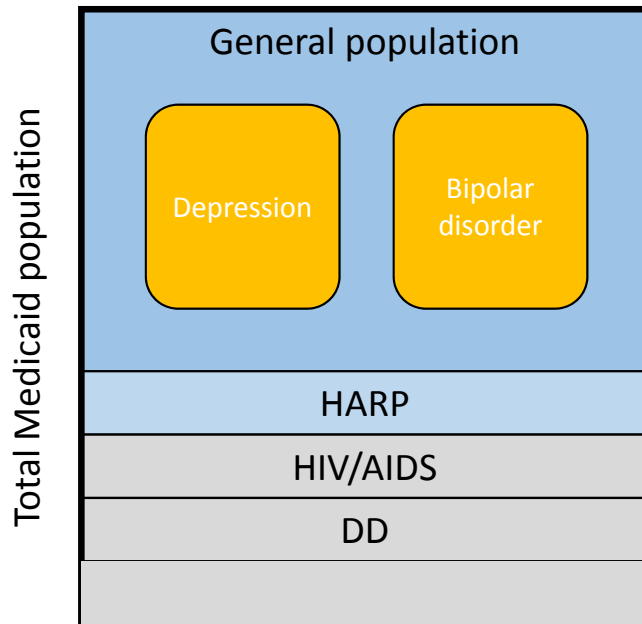
- Recap: an episode is a patient centered rather than provider-centered grouping of claims focused on the integrated care for a condition, for example depression or bipolar disorder

- For the general population those episodes can be used for contracting

- 'Depression' and 'Bipolar' are episodes that are part of the 'Chronic Bundle', as discussed in the previous meeting.

- 'Substance Abuse', and possibly 'Schizophrenia' will be added as bundles (the latter not as part of the Chronic Bundle)

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For subpopulation contracts, episodes are only used for analytical purposes

General population

Depression

Bipolar disorder

HARP

HIV/AIDS

DD

Total Medicaid population
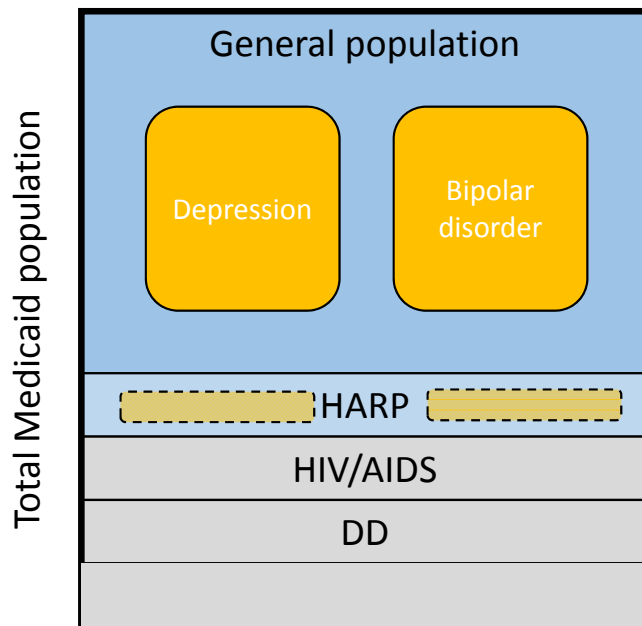
- Patients in a subpopulation could also have one or more episodes.

- However, for subpopulation contracts episodes are only used for analytical purposes. They can be used to help inform analysis on what is happening within the subpopulation.

- But they do not form the basis of any financial, contractual care arrangement. Subpopulations arrangements are inclusive of *total* cost of care and outcomes are measured at the level of the whole subpopulation.
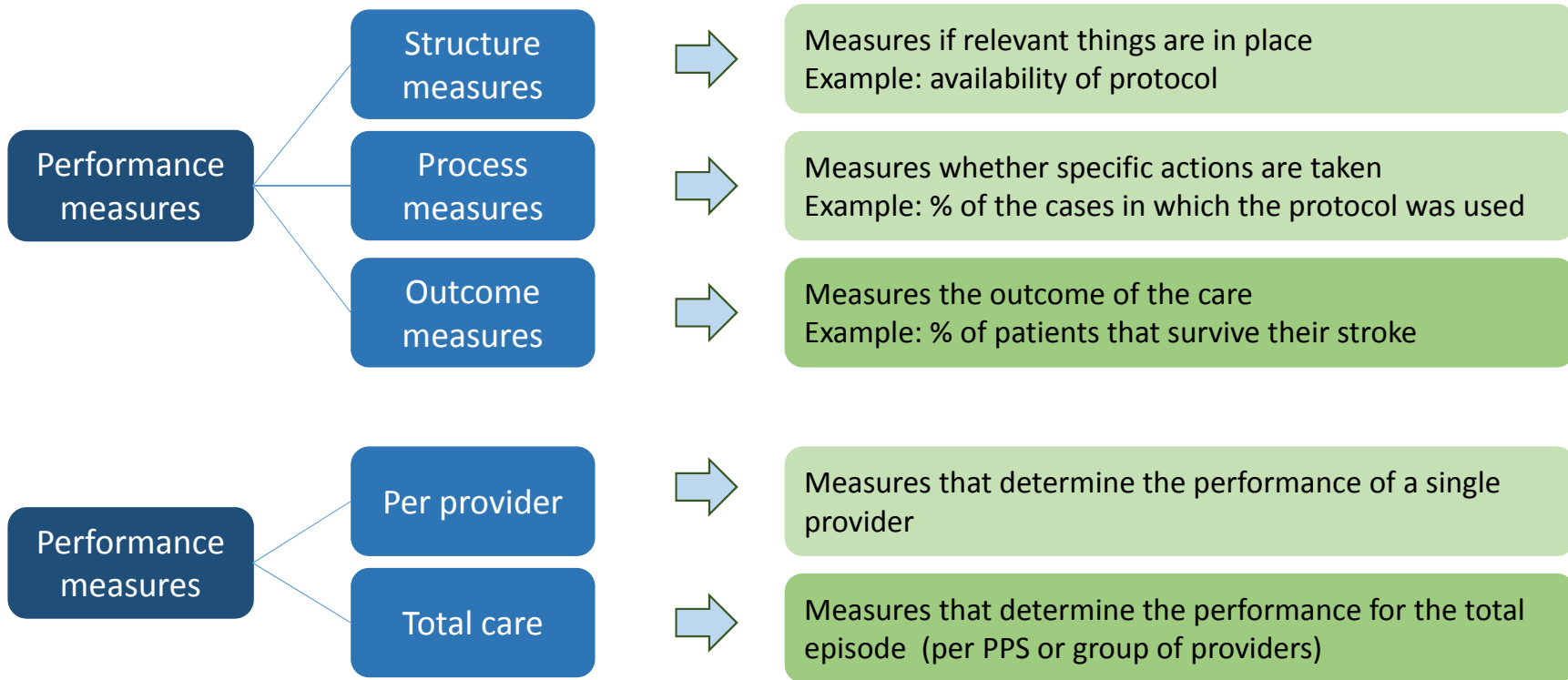
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B. HARP Subpopulation Quality Measures

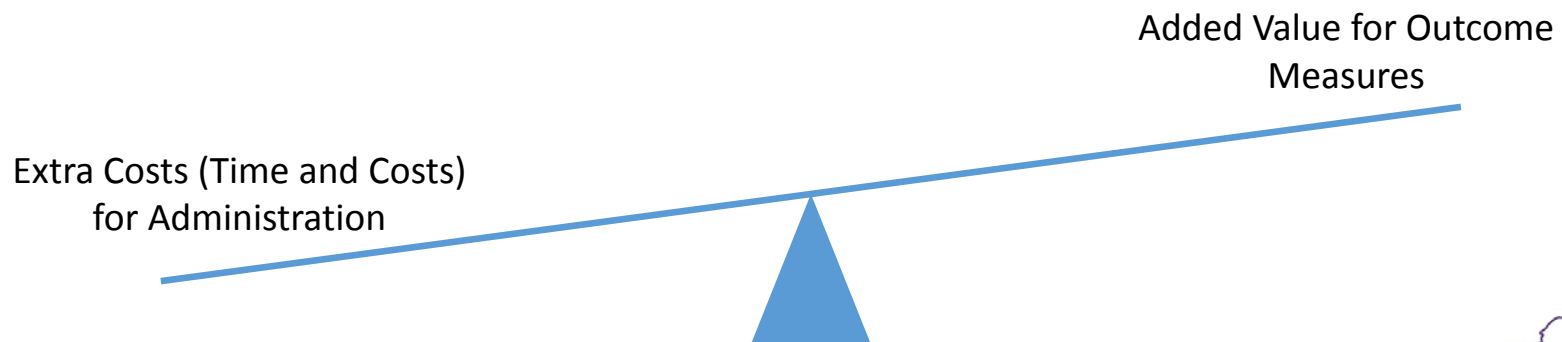## How are the quality measures going to be used?

- Improvement of quality measures could affect payment in different ways:
  - A higher score leading to a higher percentage of savings available for the providers
  - A higher score leading to a higher negotiated rate
  - *And vice versa*
- The measures selected by the CAG will become standard for all HARP VBP contracts to use
- How the providers and MCOs translate the outcomes for these measures into financial consequences is left to these stakeholders
- The State will make the outcomes of these measures transparent to all stakeholders. The outcome measures will be guidelines rather than mandates.

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To assess Value, focus should be selecting a Key Set of *Outcomes* for the Overall Subpopulation

Performance measures
- **Structure measures** → Measures if relevant things are in place
  Example: availability of protocol
- **Process measures** → Measures whether specific actions are taken
  Example: % of the cases in which the protocol was used
- **Outcome measures** → Measures the outcome of the care
  Example: % of patients that survive their stroke

Performance measures
- **Per provider** → Measures that determine the performance of a single provider
- **Total care** → Measures that determine the performance for the total episode (per PPS or group of providers)
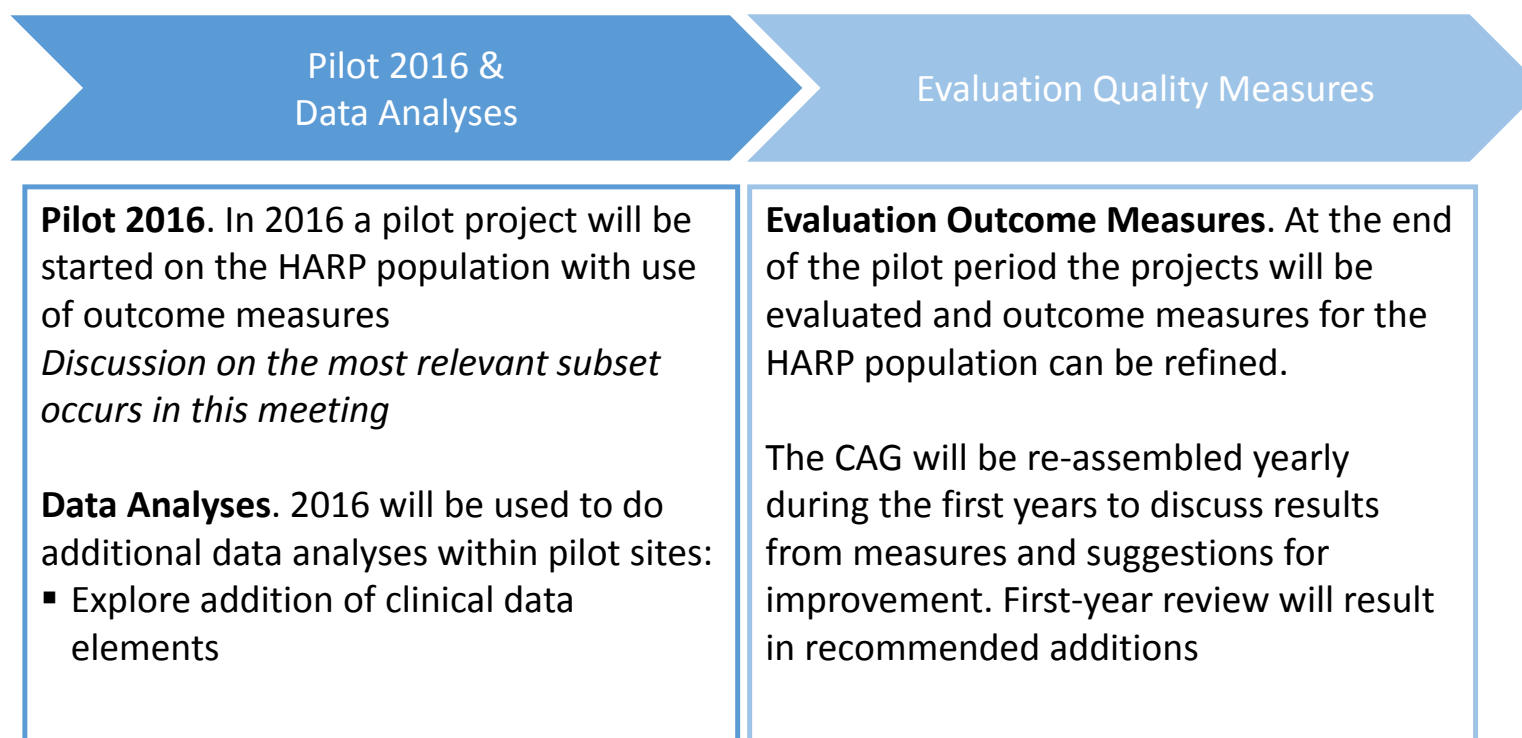
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The effort of collecting additional data for quality measurement must be weighed against the added value

- For care for HARP patients, quality measures can be derived from claims, but only partially so. Claims data, for example, can tell analysts very little about how well services are helping individuals improve their functioning in society.

- Other measures have been added to the HARP design, including patient surveys and assessments. Incorporating this data will require standardized collection efforts. Identification of key measures is important.
  - *The extra costs (in time and money) of collecting the additional data has to be weighed against the added value that the measure brings.*

Added Value for Outcome
Measures

Extra Costs (Time and Costs)
for Administration

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Suggested process for fine tuning quality measures

Pilot 2016 & Data Analyses	Evaluation Quality Measures
Pilot 2016. In 2016 a pilot project will be started on the HARP population with use of outcome measures *Discussion on the most relevant subset occurs in this meeting* **Data Analyses**. 2016 will be used to do additional data analyses within pilot sites: ▪ Explore addition of clinical data elements	**Evaluation Outcome Measures**. At the end of the pilot period the projects will be evaluated and outcome measures for the HARP population can be refined. The CAG will be re-assembled yearly during the first years to discuss results from measures and suggestions for improvement. First-year review will result in recommended additions

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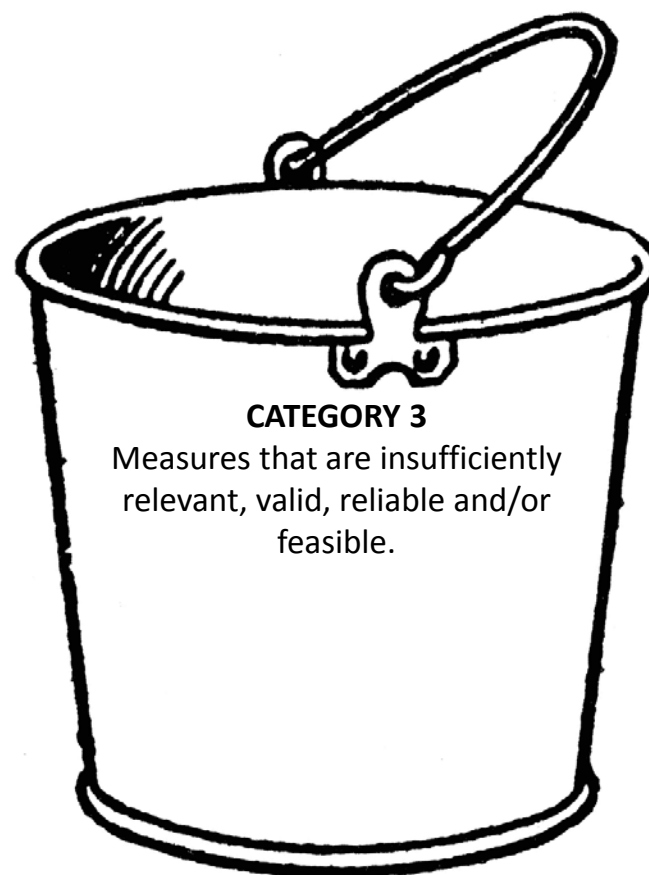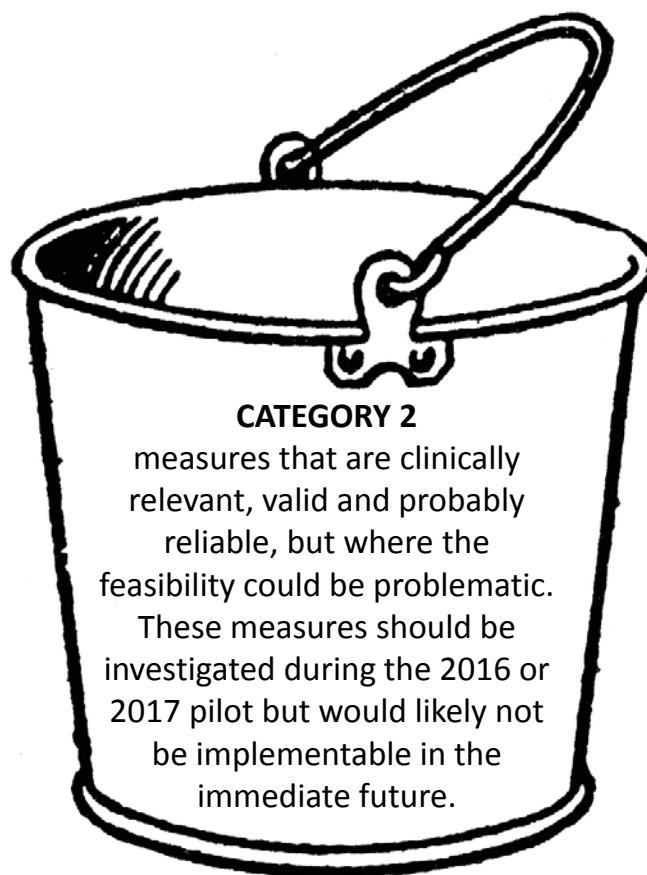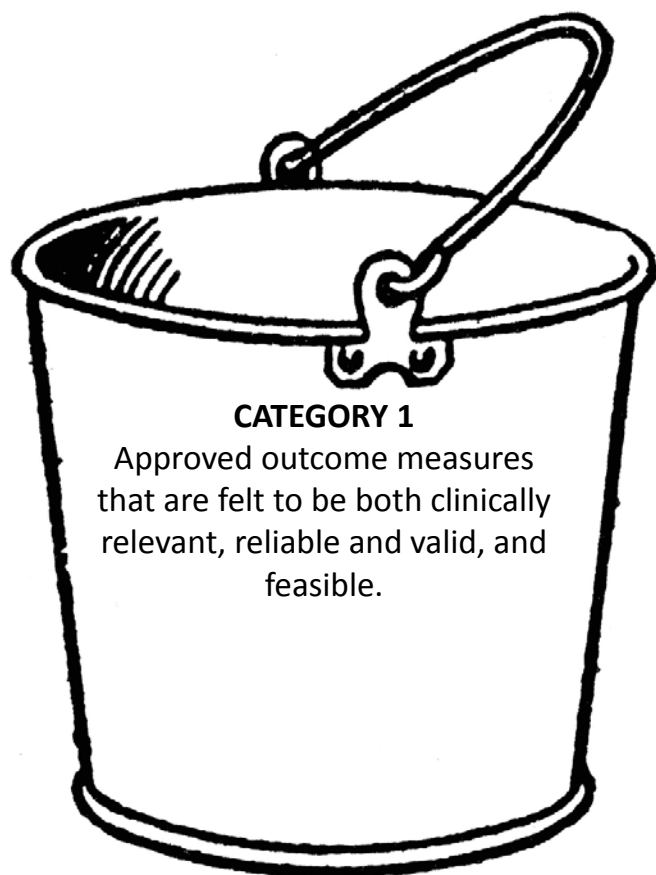# Process to walk through measures in this meeting

First step: Walk through measures by measure initiative; first allocation in three buckets

- Existing NYS measures:
  - DSRIP
  - QARR
- CMS Medicaid Core Set (Behavioral Performance Measures Set)
- NQF Endorsed Measures

Second step: decide on measures through re-walk by theme

Crucial here is to keep a focus on the specificity to the HARP population, some measures may just not be relevant, while other measures may need to be added to capture the meaningful themes

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For categorizing and prioritization of Measures we use three Categories (or 'Buckets')

CATEGORY 1
Approved outcome measures that are felt to be both clinically relevant, reliable and valid, and feasible.

CATEGORY 2
measures that are clinically relevant, valid and probably reliable, but where the feasibility could be problematic. These measures should be investigated during the 2016 or 2017 pilot but would likely not be implementable in the immediate future.

CATEGORY 3
Measures that are insufficiently relevant, valid, reliable and/or feasible.

Specific NYS HARP focus: Key Values of Behavioral Health Transformation

- Person-Centered

- Recovery-oriented

- Integrated

- Data-driven

- Evidence-based

Criteria for selecting Quality Measures

CLINICAL RELEVANCE

- **Focused on key *outcomes* of integrated care process**

    I.e. outcome measures are preferred over process measures; outcomes of the total care process are preferred over outcomes of a single component of the care process (i.e. the quality of one type of professional's care).

- **For process measures: crucial evidence-based steps in integrated care process that may not be reflected in the patient outcomes measured**

- **Existing variability in performance and/or possibility for improvement**

RELIABILITY AND VALIDITY

- **Measure is well established by reputable organization**

    By focusing on established measures (owned by e.g. NYS Office of Patient Quality and Safety (OQPS), endorsed by the National Quality Forum (NQF), HEDIS measures and/or measures owned by organizations such as the Joint Commission, the validity and reliability of measures can be assumed to be acceptable

- **Outcome measures are adequately risk-adjusted**

    Measures without adequate risk adjustment make it impossible to compare outcomes between providers

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Criteria for selecting Quality Measures

FEASIBILITY

- **Claims-based measures are preferred over non-claims based measures (clinical data, surveys)**

- **When clinical data or surveys are required, existing sources must be available**

  I.e. the link between the Medicaid claims data and this clinical registry is already established

- **Data sources must be patient-level data**

  I.e. surveys or measures that require random samples from patient records or patients are not acceptable because they do not allow drill-down to patient level and/or adequate risk-adjustment.

- **Data sources must be available without significant delay**

  I.e. data sources should not have a lag longer than the claims-based measures (which have a lag of six months).

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Available data sources specific to HARP

- Claims data

- Satisfaction and experience with care: Consumer Assessment of Healthcare Providers and Systems CAHPS (currently standard in mainstream plans), with added HARP survey (Quality of Life and Patient Experience): planned in 2017 for HARPs

- Health Homes data

- Uniquely specific to HARP: NYS InterRAI assessment Tool:
  - *Initial assessment plus yearly assessment of every HARP patient creates a unique data source that will allow for highly reliable and valid HARP measures*
  - *In discussing measures, availability of these data turns what otherwise would be practically unfeasible measures into feasible measures*
  - *This will require creating a link between Medicaid Claims Data and the Uniform Assessment System (UAS), a platform managed by DOH and accessed through the Health Commerce System*
  - *Potential discussion point: key outcome measures from HARP survey may be added to this assessment tool when relevant?*

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Which Measures Are Already Available?
HEDIS and QARR

HEDIS-QARR Measures

- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

- Diabetes Monitoring for People With Diabetes and Schizophrenia

- Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

- Mental Health Utilization

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

- Antidepressant Medication Management

Based on claims data

Based on claims data/ clinical data

HEDIS Only Measures

- Adherence to Antipsychotic Medications for Individuals With Schizophrenia

- Follow-up After Hospitalizations for Mental Illnesses (within 7 and 30 days)

Based on claims data

Based on claims data/ clinical data

For full definitions: http://www.qualitymeasures.ahrq.gov/index.aspx

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Which Measures Are Already Available? - DSRIP Measures

Measures for behavioral health:

- Diabetes Monitoring for People With Diabetes and Schizophrenia

- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

- Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia

- Potentially preventable ED visits (PPV) (for persons with BH diagnosis)

- Potentially preventable readmissions (PPR) for SNF patients

Based on claims data

- Antidepressant Medication Management

- Follow-Up After Hospitalization for Mental Illness within 7 (or 30) Days

- Screening for Clinical Depression

- Adherence to Antipsychotic Medications for Individuals With Schizophrenia

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

- Percent of Long Stay Residents who have Depressive Symptoms

Based on claims data/clinical data

Source: http://www.qualityforum.org/News_And_Resources/Endorsement_Summaries/Endorsement_Summaries.aspx

QARR measures suggested by OMH/OASAS

Measures for behavioral health:

- Readmission to mental health inpatient care within 30 days of discharge

- Outpatient Engagement (sample measure): % members hospitalized for treatment of selected mental health disorders who had two or more ambulatory care follow-up visits with a mental health practitioner within 30 days of discharge

- Admission to lower level of care within 14 days of discharge from inpatient rehab or detox treatment

- SUD pharmacotherapy for alcohol and opioid dependence

- SBIRT screening

Based on claims data/clinical data

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CMS Medicaid Core Set contains Behavioral Health Performance Measure Set

Measures for behavioral health:

- Adherence to Antipsychotics for Individuals with Schizophrenia

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

- Follow-Up After Hospitalization for Mental Illness

- Antidepressant Medication Management

Based on claims data

- Medical Assistance With Smoking and Tobacco Use Cessation

- Screening for Clinical Depression and Follow-Up Plan

Based on claims data/clinical data

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Which Measures are Endorsed by The National Quality Forum (NQF)?

Measures for Behavioral Health

- Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence

  Based on claims data

- Alcohol Screening and Follow-up for People with Serious Mental Illness

- Body Mass Index Screening and Follow-Up for People with Serious Mental Illness

- Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence

  Based on claims data/clinical data

- Controlling High Blood Pressure for People with Serious Mental Illness

- Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Testing

- Diabetes Care for People with Serious Mental Illness: Medical Attention for Nephropathy

Source: http://www.qualityforum.org/News_And_Resources/Endorsement_Summaries/Endorsement_Summaries.aspx

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Which Measures are Endorsed by The National Quality Forum (NQF)?

Measures for Behavioral Health

- Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

- Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

- Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)

- Diabetes Care for People with Serious Mental Illness: Eye Exam

Based on claims data/clinical data

- Depression Remission (at Twelve or Six Months)

- Depression Utilization of the PHQ-9 Tool

- Multidimensional Mental Health Screening Assessment

- Substance Use Screening and Intervention Composite

Based on clinical data

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Which Measures Are Already Available?
National Behavioral Health Quality Framework Measures (SAMSHA)

Measures for Behavioral Health

- Major Depressive Disorder (MDD): Diagnostic Evaluation

- Major Depressive Disorder (MDD): Suicide Risk Assessment

- Screening for Clinical Depression

- Depression Utilization of the PHQ-9 Tool

- Depression Remission at Twelve Months

- Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use

Based on claims data

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OMH/OASAS specific HARP measures

- Access to care (to be operationalized) – claims based feasible

- Recovery-oriented measures for HARP enrollees based on Home and Community Based Services Assessments (completed upon enrollment and annually thereafter)

Employment

- The percentage of members currently employed

- The percentage of members employed at least 35 hours per week in the past month

- The percentage of members employed at or above the minimum wage

Education

- The percentage of members currently enrolled in a formal education program

OMH/OASAS specific HARP measures

Housing

- The percentage of members who are homeless
- The percentage of members with residential instability in the past two years

Criminal Justice

- The percentage of members who were arrested within the past 30 days
- The percentage of members who were arrested within the past year
- The percentage of members who were incarcerated within the past 30 days
- The percentage of members who were incarcerated within the past year

Social Connectedness

- The percentage of members with social interaction in the past week
- The percentage of members with one or more social strengths

Self-Help Group Participation

- The percentage of members who attended a self-help or peer group in the past 30 days

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Selection of Measures – Screening and Assessment

Topic		#	Quality Measure	Type of Measure	QARR/HEDIS	DSRIP	QARR suggested by OMH/OASES	CMS	NQF	NBQF (SAMSHA)	OMH/OASAS specific HARP	Availability		CAG categorization
												Medicaid Claims Data	Clinical data	
Screening and assessment	Behavioral health screening	1	Screening for Clinical Depression	Process		X		X		X		YES	YES	
		2	SBIRT Screening	Process			X					YES	YES	
		3	Depression Utilization of the PHQ-9 Tool	Process					X	X		NO	YES	
		4	Multidimensional Mental Health Screening Assessment	Process					X			NO	YES	
		5	Major Depressive Disorder (MDD): Diagnostic Evaluation	Process						X		YES	NO	
		6	Major Depressive Disorder (MDD): Suicide Risk Assessment	Process						X		YES	NO	
	Substance use screening	7	Substance Use Screening and Intervention Composite	Process					X			NO	YES	
		8	Alcohol Screening and Follow-up for People with Serious Mental Illness	Process					X			YES	YES	
		9	Medical Assistance With Smoking and Tobacco Use Cessation	Process				X				YES	YES	
		10	Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence	Process					X			YES	YES	
		11	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Process					X			YES	NO	

Selection of Measures – Connection to Physical Health

Topic		#	Quality Measure	Type of Measure	QARR/HEDIS	DSRIP	QARR suggested by OMH/OASES	CMS	NQF	NBQF (SAMSHA)	OMH/OASAS specific HARP	Availability		CAG categorization
												Medicaid Claims Data	Clinical data	
Connection to Physical Health	Diabetes related measures	1	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Process	X	X						YES	NO	
		2	Diabetes Monitoring for People With Diabetes and Schizophrenia	Process	X	X						YES	NO	
		3	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Testing	Process					X			YES	YES	
		4	Diabetes Care for People with Serious Mental Illness: Medical Attention for Nephropathy	Process					X			YES	YES	
		5	Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	Process					X			YES	YES	
		6	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Process					X			YES	YES	
		7	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)	Process					X			YES	YES	
		8	Diabetes Care for People with Serious Mental Illness: Eye Exam	Process					X			YES	YES	
	Other measures	9	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	Process	X	X						YES	NO	
		10	Controlling High Blood Pressure for People with Serious Mental Illness	Process					X			YES	YES	
		11	Body Mass Index Screening and Follow-Up for People with Serious Mental Illness	Process					X			YES	YES	

Selection of Measures – Management of Symptoms with Medication

	Topic	#	Quality Measure	Type of Measure	QARR/HEDIS	DSRIP	QARR suggested by OMH/OASES	CMS	NQF	NBQF (SAMSHA)	OMH/OASAS specific HARP	Availability		CAG categorization
												Medicaid Claims Data	Clinical data	
Management of Symptoms with Medication		1	Antidepressant Medication Management	Process	X	X		X				YES	YES	
		2	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Process	X	X		X				YES	YES	
		3	SUD pharmacotherapy for alcohol and opioid dependence	Process			X					YES	YES	

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Selection of Measures – Hospital Use and Inpatient Psychiatric Care

Topic	#	Quality Measure	Type of Measure	QARR/HEDIS	DSRIP	QARR suggested by OMH/OASES	CMS	NQF	NBQF (SAMSHA)	OMH/OASAS specific HARP	Availability		CAG categorization
											Medicaid Claims Data	Clinical data	
Hospital Use and Inpatient Psychiatric Care	2	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Process	X	X		X				YES	NO	
	4	Potentially preventable ED visits (PPV) (for persons with BH diagnosis)	Outcome		X						YES	NO	
	5	Potentially preventable readmissions (PPR) for SNF patients	Outcome		X						YES	NO	
	7	Readmission to mental health inpatient care within 30 days of discharge	Outcome			X					YES	YES	
	1	Mental Health Utilization	Process	X							YES	NO	
	3	Follow-up After Hospitalizations for Mental Illnesses (within 7 and 30 days)	Process	X	X		X	X			YES	YES	
	6	Percent of Long Stay Residents who have Depressive Symptoms	Outcome		X						YES	YES	
	8	Outpatient Engagement	Outcome			X					YES	YES	
	9	Admission to lower level care within 14 days if discharge from inpatient rehab or detox treatment	Outcome			X					YES	YES	

Selection of Measures – Recovery/Function Improvement

	Topic	#	Quality Measure	Type of Measure	QARR/HEDIS	DSRIP	QARR suggested by OMH/OASES CMS	NQF	NBQF (SAMSHA)	OMH/OASAS specific HARP	Availability Medicaid Claims Data	Clinical data	CAG categorization
Recovery/Function Improvement		1	Depression Remission (at Twelve or Six Months)	Outcome				X	X		NO	YES	
	Employment	2	The % of members currently employed	Outcome						X	NO	NO	
		3	The % of members employed at least 35 hours per week in the past month	Outcome									
		4	The % of members employed at or above the minimum wage	Outcome									
	Education	5	The % of members currently enrolled in a formal education program	Outcome						X	NO	NO	
	Housing	6	The % of members who are homeless	Outcome						X	NO	NO	
		7	The % of members with residential instability in the past two years	Outcome									
	Criminal Justice	8	The % of members who were arrested within the past 30 days	Outcome						X	NO	NO	
		9	The % of members who were arrested within the past year	Outcome									
		10	The % of members who were incarcerated within the past 30 days	Outcome									
		11	The % of members who were incarcerated within the past year	Outcome									
	Social Connectedness	12	The % of members with social interaction in the past week	Outcome						X	NO	NO	
		13	The % of members with one or more social strengths	Outcome									
	Self-Help Group Participation	14	The % of members who attended a self-help or peer group in the past 30 days	Outcome						X	NO	NO	

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Weighting the Different Measures

- To create a single composite measure to establish 'value' of HARP care (cost / quality)

- Not all measures may be equally important. By allocating different 'weights' to the measures we can take relative importance into account.

- How would we weight the individual measures?

Part of Care	Measure	Weight
Screening and assessment	Measure 1	10
	Measure 2	15
Connection to Physical Health	Measure 3	5
Management of Symptoms with Medication	Measure 4	20
	Measure 5	10
Hospital Use and Inpatient Psychiatric Care	Measure 6	5
	Measure 7	15
Recovery/ Function Improvement	Measure 8	5
	Measure 9	5
	Measure 10	10
Total		100

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Meeting 3

- Depression and Bipolar Disorder Outcome Measures
- Wrap-up of open questions

Appendix

2015 Behavioral Health HEDIS/QARR Measures

Measure Specifications: http://www.ncqa.org/Portals/0/HEDISQM/Hedis2015/List_of_HEDIS_2015_Measures.pdf
Collection Period: 12 months
Update Frequency: Annually

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	HEDIS	Claims	This measure is used to assess the percentage of members 18 to 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.	A glucose test or a hemoglobin A1c (HbA1c) test performed during the measurement year	Medicaid members age 18 to 64 years as of December 31 of the measurement year with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication
Diabetes Monitoring for People With Diabetes and Schizophrenia	HEDIS	Claims	This measure is used to assess the percentage of members 18 to 64 years of age with schizophrenia and diabetes who had both a low-density lipoprotein cholesterol (LDL-C) test and a hemoglobin A1c (HbA1c) test during the measurement year.	A hemoglobin A1c (HbA1c) test and a low-density lipoprotein cholesterol (LDL-C) test performed during the measurement year	Medicaid members 18 to 64 years of age as of December 31 of the measurement year with schizophrenia and diabetes

For full definitions: http://www.qualitymeasures.ahrq.gov/index.aspx

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2015 Behavioral Health HEDIS/QARR Measures (cont.)

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	HEDIS	Claims	This measure is used to assess the percentage of members 18 to 64 years of age with schizophrenia and cardiovascular disease who had a low-density lipoprotein cholesterol (LDL-C) test during the measurement year.	A low-density lipoprotein cholesterol (LDL-C) test performed during the measurement year	Medicaid members age 18 to 64 years as of December 31 of the measurement year with schizophrenia and cardiovascular disease
Mental Health Utilization	HEDIS	Claims	This measure assesses the number and percentage of members receiving the following mental health services during the measurement year: • Any service • Inpatient • Intensive outpatient or partial hospitalization • Outpatient or emergency department (ED)	For commercial, Medicaid, and Medicare product lines, all member months during the measurement year for members with the mental health benefit, stratified by age and sex	Members who received inpatient, intensive outpatient, partial hospitalization, outpatient and emergency department (ED) mental health services
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	HEDIS	Claims	This measure is used to assess the percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.	Initiation of alcohol and other drug (AOD) treatment and two or more inpatient admissions, outpatient visits, intensive outpatient encounters, or partial hospitalizations with any AOD diagnosis within 30 days after the date of the Initiation encounter (inclusive)	Adolescent and adult members age 13 years and older as of December 31 of the measurement year, with a Negative Medication History, with a new episode of alcohol or other drug (AOD) dependence during the Intake Period

For full definitions: http://www.qualitymeasures.ahrq.gov/index.aspx

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2015 Behavioral Health HEDIS/QARR Measures (cont.)

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Antidepressant Medication Management	HEDIS	Claims/clinical data	This measure is used to assess the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication for at least 84 days (12 weeks).	At least 84 days (12 weeks) of continuous treatment with antidepressant medication during the 114-day period following the Index Prescription Start Date (IPSD) (inclusive) (see the related "Numerator Inclusions/Exclusions" field)	Members age 18 years and older as of April 30 of the measurement year, with a Negative Medication History, with a diagnosis of major depression during the Intake Period and were treated with antidepressant medication
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	HEDIS	Claims	This measure is used to assess the percentage of members 19 to 64 years of age 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 number of members who achieved a proportion of days covered (PDC) of at least 80 percent for their antipsychotic medications during the measurement year	Medicaid members 19 to 64 years of age as of December 31 of the measurement year with schizophrenia

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2015 Behavioral Health HEDIS/QARR Measures (cont.)

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Follow-Up After Hospitalization for Mental Illness within 7 Days	HEDIS	Claims/ clinical data	This measure is used to assess the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 days of discharge.	An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner within 7 days after discharge. Include outpatient visits, intensive outpatient visits, or partial hospitalizations that occur on the date of discharge.	Discharges for members age 6 years and older as of the date of discharge who were hospitalized for treatment of selected mental illness diagnoses and who were discharged from an acute inpatient setting (including acute care psychiatric facilities) with a principal diagnosis of mental illness on or between January 1 and December 1 of the measurement year.
Follow-Up After Hospitalization for Mental Illness within 30 Days	HEDIS	Claims/ clinical data	This measure is used to assess the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 30 days of discharge.	An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner within 30 days after discharge. Include outpatient visits, intensive outpatient visits, or partial hospitalizations that occur on the date of discharge.	Discharges for members age 6 years and older as of the date of discharge who were hospitalized for treatment of selected mental illness diagnoses and who were discharged from an acute inpatient setting (including acute care psychiatric facilities) with a principal diagnosis of mental illness on or between January 1 and December 1 of the measurement year.

For full definitions: http://www.qualitymeasures.ahrq.gov/index.aspx

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DSRIP Measures

- **Measure Specifications**: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/dsrip_specif_report_manual.pdf
- **Collection Period**: 12 months
- **Update Frequency**: Annually

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Diabetes Monitoring for People With Diabetes and Schizophrenia	HEDIS	Claims	This measure is used to assess the percentage of members 18 to 64 years of age with schizophrenia and diabetes who had both a low-density lipoprotein cholesterol (LDL-C) test and a hemoglobin A1c (HbA1c) test during the measurement year.	A hemoglobin A1c (HbA1c) test and a low-density lipoprotein cholesterol (LDL-C) test performed during the measurement year	Medicaid members 18 to 64 years of age as of December 31 of the measurement year with schizophrenia and diabetes
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	HEDIS	Claims	This measure is used to assess the percentage of members 18 to 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.	A glucose test or a hemoglobin A1c (HbA1c) test performed during the measurement year	Medicaid members age 18 to 64 years as of December 31 of the measurement year with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	HEDIS	Claims	This measure is used to assess the percentage of members 18 to 64 years of age with schizophrenia and cardiovascular disease who had a low-density lipoprotein cholesterol (LDL-C) test during the measurement year.	A low-density lipoprotein cholesterol (LDL-C) test performed during the measurement year	Medicaid members age 18 to 64 years as of December 31 of the measurement year with schizophrenia and cardiovascular disease

For full definitions: http://www.qualitymeasures.ahrq.gov/index.aspx

DSRIP Measures (cont.)

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Potentially preventable ED visits (for persons with BH diagnosis)	3M	Claims			
Potential preventable readmission for SNF (skilled nursing facilities) patients	3M	Claims			
Antidepressant Medication Management	HEDIS	Claims/ clinical data	This measure is used to assess the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication for at least 84 days (12 weeks).	At least 84 days (12 weeks) of continuous treatment with antidepressant medication during the 114-day period following the Index Prescription Start Date (IPSD) (inclusive) (see the related "Numerator Inclusions/Exclusions" field)	Members age 18 years and older as of April 30 of the measurement year, with a Negative Medication History, with a diagnosis of major depression during the Intake Period and were treated with antidepressant medication
Follow-Up After Hospitalization for Mental Illness within 7 (or 30) Days	HEDIS	Claims/ clinical data	This measure is used to assess the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 (or 30) days of discharge.	An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner within 7 (or 30) days after discharge. Include outpatient visits, intensive outpatient visits, or partial hospitalizations that occur on the date of discharge.	Discharges for members age 6 years and older as of the date of discharge who were hospitalized for treatment of selected mental illness diagnoses and who were discharged from an acute inpatient setting (including acute care psychiatric facilities) with a principal diagnosis of mental illness on or between January 1 and December 1 of the measurement year.

For full definitions: http://www.qualitymeasures.ahrq.gov/index.aspx

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DSRIP Measures (cont.)

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Screening for Clinical Depression	CMS NQF 0418 (adult)	Claims	% of patients aged 18 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Patients 18 years or older with an Adult Depression Screening and an active diagnosis of Depression and one of the following items documented on the day of the screening and diagnosis: ▪ Intervention, Performed:Additional evaluation for depression - adult. ▪ Intervention, Order: Referral for Depression Adult. ▪ Medication, Order: Depression medications - adult. ▪ Intervention, Performed: Follow-up for depression - adult. ▪ Procedure, Performed: Suicide Risk Assessment OR Patients 18 years or older with an Adult Depression Screening with no active diagnosis of Depression and a Negative Depression Screening documented on the day of the screening.	All patients aged 18 years and older before the beginning of the measurement period, with at least one eligible encounter, Depression Screening, during the measurement period.
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	HEDIS	Claims	This measure is used to assess the percentage of members 19 to 64 years of age 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 number of members who achieved a proportion of days covered (PDC) of at least 80 percent for their antipsychotic medications during the measurement year	Medicaid members 19 to 64 years of age as of December 31 of the measurement year with schizophrenia

For full definitions: http://www.qualitymeasures.ahrq.gov/index.aspx

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DSRIP Measures (cont.)

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	HEDIS	Claims	This measure is used to assess the percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.	Initiation of alcohol and other drug (AOD) treatment and two or more inpatient admissions, outpatient visits, intensive outpatient encounters, or partial hospitalizations with any AOD diagnosis within 30 days after the date of the Initiation encounter (inclusive)	Adolescent and adult members age 13 years and older as of December 31 of the measurement year, with a Negative Medication History, with a new episode of alcohol or other drug (AOD) dependence during the Intake Period
Percent of Long Stay Residents who have Depressive Symptoms	CMS	Claims	This measure is used to assess the percent of long-stay residents who have had symptoms of depression during the 2-week period preceding the Minimum Data Set (MDS) 3.0 target assessment date.	Long-stay residents with a selected target assessment where the target assessment meets either of two conditions	All long-stay residents with a selected target assessment, except those with exclusions

For full definitions: http://www.qualitymeasures.ahrq.gov/index.aspx

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QARR measures suggested by OMH/OASAS

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Readmission to mental health inpatient care within 30 days of discharge					
Outpatient engagement			% members hospitalized for treatment of selected mental health disorders who had two or more ambulatory care follow-up visits with a mental health practitioner within 30 days of discharge		
Admission to lower level of care within 14 days of discharge from inpatient rehab or detox treatment					
SUD pharmacotherapy for alcohol and opioid dependence					
SBIRT screening					

For full definitions: http://www.qualitymeasures.ahrq.gov/index.aspx

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CMS Medicaid Core Set contains Behavioral Health Performance Measure Set

Measure Specifications: http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/behavioral-hlth-performance-measure-set-2015.pdf

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Adherence to Antipsychotics for Individuals with Schizophrenia	HEDIS	Claims	This measure is used to assess the percentage of members 19 to 64 years of age 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 number of members who achieved a proportion of days covered (PDC) of at least 80 percent for their antipsychotic medications during the measurement year	Medicaid members 19 to 64 years of age as of December 31 of the measurement year with schizophrenia
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	HEDIS	Claims	This measure is used to assess the percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.	Initiation of alcohol and other drug (AOD) treatment and two or more inpatient admissions, outpatient visits, intensive outpatient encounters, or partial hospitalizations with any AOD diagnosis within 30 days after the date of the Initiation encounter (inclusive)	Adolescent and adult members age 13 years and older as of December 31 of the measurement year, with a Negative Medication History, with a new episode of alcohol or other drug (AOD) dependence during the Intake Period
Follow-Up After Hospitalization for Mental Illness	HEDIS	Claims/ clinical data	This measure is used to assess the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 7 (or 30) days of discharge.	An outpatient visit, intensive outpatient visit, or partial hospitalization with a mental health practitioner within 7 (or 30) days after discharge. Include outpatient visits, intensive outpatient visits, or partial hospitalizations that occur on the date of discharge.	Discharges for members age 6 years and older as of the date of discharge who were hospitalized for treatment of selected mental illness diagnoses and who were discharged from an acute inpatient setting (including acute care psychiatric facilities) with a principal diagnosis of mental illness on or between January 1 and December 1 of the measurement year.

For full definitions: http://www.qualitymeasures.ahrq.gov/index.aspx

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CMS Medicaid Core Set contains Behavioral Health Performance Measure Set

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Antidepressant Medication Management	HEDIS	Claims/ clinical data	This measure is used to assess the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication for at least 84 days (12 weeks).	At least 84 days (12 weeks) of continuous treatment with antidepressant medication during the 114-day period following the Index Prescription Start Date (IPSD) (inclusive) (see the related "Numerator Inclusions/Exclusions" field)	Members age 18 years and older as of April 30 of the measurement year, with a Negative Medication History, with a diagnosis of major depression during the Intake Period and were treated with antidepressant medication
Medical Assistance With Smoking and Tobacco Use Cessation	HEDIS	Claims	This measure is used to assess the percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) dependence who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.	Initiation of alcohol and other drug (AOD) treatment and two or more inpatient admissions, outpatient visits, intensive outpatient encounters, or partial hospitalizations with any AOD diagnosis within 30 days after the date of the Initiation encounter (inclusive)	Adolescent and adult members age 13 years and older as of December 31 of the measurement year, with a Negative Medication History, with a new episode of alcohol or other drug (AOD) dependence during the Intake Period

For full definitions: http://www.qualitymeasures.ahrq.gov/index.aspx

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CMS Medicaid Core Set contains Behavioral Health Performance Measure Set

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Screening for Clinical Depression and Follow-Up Plan	CMS NQF 0418 (adult)	Claims	% of patients aged 18 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Patients 18 years or older with an Adult Depression Screening and an active diagnosis of Depression and one of the following items documented on the day of the screening and diagnosis: ▪ Intervention, Performed:Additional evaluation for depression - adult. ▪ Intervention, Order: Referral for Depression Adult. ▪ Medication, Order: Depression medications - adult. ▪ Intervention, Performed: Follow-up for depression - adult. ▪ Procedure, Performed: Suicide Risk Assessment OR Patients 18 years or older with an Adult Depression Screening with no active diagnosis of Depression and a Negative Depression Screening documented on the day of the screening.	All patients aged 18 years and older before the beginning of the measurement period, with at least one eligible encounter, Depression Screening, during the measurement period.

For full definitions: http://www.qualitymeasures.ahrq.gov/index.aspx

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NQF Endorsed Measures

Measure Specifications: http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/behavioral-hlth-performance-measure-set-2015.pdf
Collection Period: 12 months
Update Frequency: Annually

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Follow-up after Discharge from the Emergency Department for Mental Health or Alcohol or Other Drug Dependence	National Committee for Quality Assurance	Claims	The % of discharges for patients 18 years of age and older who had a visit to the emergency department with a primary diagnosis of mental health or alcohol or other drug dependence during the measurement year AND who had a follow-up visit with any provider with a corresponding primary diagnosis of mental health or alcohol or other drug dependence within 7- and 30-days of discharge. Four rates are reported: -The % of emergency department visits for mental health for which the patient received follow-up within 7 days of discharge. -The % of emergency department visits for mental health for which the patient received follow-up within 30 days of discharge. -The % of emergency department visits for alcohol or other drug dependence for which the patient received follow-up within 7 days of discharge. -The % of emergency department visits for alcohol or other drug dependence for which the patient received follow-up within 30 days of discharge.	The numerator for each consists of two rates: Mental Health -Rate 1: An outpatient visit, intensive outpatient encounter or partial hospitalization with any provider with a primary diagnosis of mental health within 7 days after emergency department discharge -Rate 2: An outpatient visit, intensive outpatient encounter or partial hospitalization with any provider with a primary diagnosis of mental health within 30 days after emergency department discharge Alcohol or Other Drug Dependence -Rate 1: An outpatient visit, intensive outpatient encounter or partial hospitalization with any provider with a primary diagnosis of alcohol or other drug dependence within 7 days after emergency department discharge -Rate 2: An outpatient visit, intensive outpatient encounter or partial hospitalization with any provider with a primary diagnosis of alcohol or other drug dependence within 30 days after emergency department discharge	Patients who were treated and discharged from an emergency department with a primary diagnosis of mental health or alcohol or other drug dependence on or between January 1 and December 1 of the measurement year.

For full definitions: http://www.qualityforum.org/ProjectMeasures.aspx?projectID=74022

NEW YORK STATE OF OPPORTUNITY. | Department of Health

NQF Endorsed Measures (cont.)

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Alcohol Screening and Follow-up for People with Serious Mental Illness	National Committee for Quality Assurance	Claims/ clinical data	The percentage of patients 18 years and older with a serious mental illness, who were screened for unhealthy alcohol use and received brief counseling or other follow-up care if identified as an unhealthy alcohol user.	Patients 18 years and older who are screened for unhealthy alcohol use during the last 3 months of the year prior to the measurement year through the first 9 months of the measurement year and received two events of counseling if identified as an unhealthy alcohol user.	All patients 18 years of age or older as of December 31 of the measurement year with at least one inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year.
Body Mass Index Screening and Follow-Up for People with Serious Mental Illness	National Committee for Quality Assurance	Claims/ clinical data	The percentage of patients 18 years and older with a serious mental illness who received a screening for body mass index and follow-up for those people who were identified as obese (a body mass index greater than or equal to 30 kg/m2).	Patients 18 years and older with calculated body mass index documented during the measurement year or year prior to the measurement year and follow-up care is provided if a person's body mass index is greater than or equal to 30 kg/m2.	All patients 18 years of age or older as of December 31 of the measurement year with at least one inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year.

For full definitions: http://www.qualityforum.org/ProjectMeasures.aspx?projectID=74022

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NQF Endorsed Measures (cont.)

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Tobacco Use Screening and Follow-up for People with Serious Mental Illness or Alcohol or Other Drug Dependence	National Committee for Quality Assurance	Claims/ clinical data	The percentage of patients 18 years and older with a serious mental illness or alcohol or other drug dependence who received a screening for tobacco use and follow-up for those identified as a current tobacco user. Two rates are reported. Rate 1: The percentage of patients 18 years and older with a diagnosis of serious mental illness who received a screening for tobacco use and follow-up for those identified as a current tobacco user. Rate 2: The percentage of adults 18 years and older with a diagnosis of alcohol or other drug dependence who received a screening for tobacco use and follow-up for those identified as a current tobacco user.	Rate 1: Screening for tobacco use in patients with serious mental illness during the measurement year or year prior to the measurement year and received follow-up care if identified as a current tobacco user. Rate 2: Screening for tobacco use in patients with alcohol or other drug dependence during the measurement year or year prior to the measurement year and received follow-up care if identified as a current tobacco user.	Rate 1: All patients 18 years of age or older as of December 31 of the measurement year with at least one inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year. Rate 2: All patients 18 years of age or older as of December 31 of the measurement year with any diagnosis of alcohol or other drug dependence during the measurement year.

For full definitions: http://www.qualityforum.org/ProjectMeasures.aspx?projectID=74022

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NQF Endorsed Measures (cont.)

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Controlling High Blood Pressure for People with Serious Mental Illness	National Committee for Quality Assurance	Claims/ clinical data	The percentage of patients 18-85 years of age with serious mental illness who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year.	Patients whose most recent blood pressure (BP) is adequately controlled during the measurement year (after the diagnosis of hypertension) based on the following criteria: -Patients 18-59 years of age as of December 31 of the measurement year whose BP was <140/90 mm Hg. -Patients 60-85 years of age as of December 31 of the measurement year and flagged with a diagnosis of diabetes whose BP was <140/90 mm Hg. -Patients 60-85 years of age as of December 31 of the measurement year and flagged as not having a diagnosis of diabetes whose BP was <150/90 mm Hg.	All patients 18-85 years of age as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND a diagnosis of hypertension on or before June 30th of the measurement year.
Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Testing	National Committee for Quality Assurance	Claims/ clinical data	The percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) who had hemoglobin A1c (HbA1c) testing during the measurement year.	Patients who had Hemoglobin A1c (HbA1c) testing during the measurement year.	Patients 18-75 years of age as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND diabetes (type 1 and type 2) during the measurement year or year before.

For full definitions: http://www.qualityforum.org/ProjectMeasures.aspx?projectID=74022

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NQF Endorsed Measures (cont.)

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Diabetes Care for People with Serious Mental Illness: Medical Attention for Nephropathy	National Committee for Quality Assurance	Claims/ clinical data	The percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) who received a nephropathy screening test or had evidence of nephropathy during the measurement year.	Patients who received a nephropathy screening test or had evidence of nephropathy during the measurement year.	All patients 18-75 years as of December 31st of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND diagnosis of diabetes (type 1 and type 2) during the measurement year or the year before.
Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	National Committee for Quality Assurance	Claims/ clinical data	The percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent blood pressure (BP) reading during the measurement year is <140/90 mm Hg.	Patients whose most recent BP reading is less than 140/90 mm Hg during the measurement year.	All patients 18-75 years of age as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND diabetes (type 1 and type 2) during the measurement year or year prior to the measurement year.
Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	National Committee for Quality Assurance	Claims/ clinical data	The percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is >9.0%.	Patients whose most recent HbA1c level is greater than 9.0% (poor control) during the measurement year.	Patients 18-75 years of age as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND diabetes (type 1 and type 2) during the measurement year or the year before.

For full definitions: http://www.qualityforum.org/ProjectMeasures.aspx?projectID=74022

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NQF Endorsed Measures (cont.)

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Control (<8.0%)	National Committee for Quality Assurance	Claims/ clinical data	The percentage of patients 18-75 years of age with a serious mental and diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year is <8.0%.	Patients whose most recent HbA1c level was less than 8.0% during the measurement year.	Patients 18-75 years as of December 31st of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND diagnosis of diabetes (type 1 and type 2) during the measurement year or the year before.
Diabetes Care for People with Serious Mental Illness: Eye Exam	National Committee of Quality Assurance	Claims/ clinical data	The percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) who had an eye exam during the measurement year.	Patients who received an eye exam during the measurement year.	All patients 18-75 years as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND diagnosis of diabetes (type 1 and type 2) during the measurement year or the year before.

For full definitions: http://www.qualityforum.org/ProjectMeasures.aspx?projectID=74022

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NQF Endorsed Measures (cont.)

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Depression Remission at Twelve Months	MN Community Measurement	Clinical data	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment. This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at twelve months (+/- 30 days) are also included in the denominator.	Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine who achieve remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than five.	Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial (index) PHQ-9 score greater than nine.
Depression Remission at Six Months	MN Community Measurement	Clinical	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at six months defined as a PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment. This measure additionally promotes ongoing contact between the patient and provider as patients who do not have a follow-up PHQ-9 score at six months (+/- 30 days) are also included in the denominator.	Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine who achieve remission at six months as demonstrated by a six month (+/- 30 days) PHQ-9 score of less than five.	Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial (index) PHQ-9 score greater than nine.
Depression Utilization of the PHQ-9 Tool	MN Community Measurement	Clinical data	Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during the four month measurement period. The Patient Health Questionnaire (PHQ-9) tool is a widely accepted, standardized tool that is completed by the patient, ideally at each visit, and utilized by the provider to monitor treatment progress.	Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during the four month measurement period.	Adult patients age 18 and older with the diagnosis of major depression or dysthymia.

For full definitions: http://www.qualityforum.org/ProjectMeasures.aspx?projectID=74022

NQF Endorsed Measures (cont.)

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Multidimensional Mental Health Screening Assessment	M3 Information LLC	Clinical data	This is a process measure indicating the percent of patients who have had this assessment completed in a period of time. Specifically, adult patients age 18 and older in an ambulatory care practice setting who have a Multidimensional Mental Health Screening Assessment administered at least once during the twelve month measurement period (e.g., once during the calendar year) when staff-assisted care supports are in place to assure accurate diagnosis, effective treatment, and follow-up. "Staff-assisted care supports" refers to clinical staff that assist the primary care clinician by providing some direct care and/or coordination, case management, or mental health treatment. A Multidimensional Mental Health Screening Assessment is defined as a validated screening tool that screens for the presence or risk of having the more common psychiatric conditions, which for this measure include major depression, bipolar disorder, post-traumatic stress disorder (PTSD), one or more anxiety disorders (specifically, panic disorder, generalized anxiety disorder, obsessive-compulsive disorder, and/or social phobia), and substance abuse.	Adult patients age 18 and older in an ambulatory care practice setting, where staff-assisted care supports are in place to assure accurate diagnosis, effective treatment, and follow-up, who have a Multidimensional Mental Health Screening Assessment administered at least once during the stated twelve month measurement period (i.e., once during the measurement year (MY).	Adult patients age 18 and older in an ambulatory care practice setting, where staff-assisted care supports are in place, who had at least one visit during the MY.

For full definitions: http://www.qualityforum.org/ProjectMeasures.aspx?projectID=74022

NQF Endorsed Measures (cont.)

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Substance Use Screening and Intervention Composite	American Society of Addiction Medicine	Clinical data	Percentage of patients aged 18 years and older who were screened at least once within the last 24 months for tobacco use, unhealthy alcohol use, nonmedical prescription drug use, and illicit drug use AND who received an intervention for all positive screening results	Patients who received the following substance use screenings at least once within the last 24 months AND who received an intervention for all positive screening results: **Tobacco use component** Patients who were screened for tobacco use at least once within the last 24 months AND who received tobacco cessation intervention if identified as a tobacco user **Unhealthy alcohol use component** Patients who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user **Drug use component (nonmedical prescription drug use and illicit drug use)** Patients who were screened for nonmedical prescription drug use and illicit drug use at least once within the last 24 months using a systematic screening method AND who received brief counseling if identified as a nonmedical prescription drug user or illicit drug user	All patients aged 18 years and older who were seen twice for any visits or who had at least one preventive care visit during the 12 month measurement period

For full definitions: http://www.qualityforum.org/ProjectMeasures.aspx?projectID=74022

NEW YORK STATE OF OPPORTUNITY. | Department of Health

National Behavioral Health Quality Framework Measures (SAMSHA)

Measure Specifications:
http://help.compulinkadvantage.com/en/psych/content/nqf_0418_preventive_care_screening_for_clinical_depression_follow-up.htm

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Major Depressive Disorder (MDD): Diagnostic Evaluation	AMA-PCPI NQF - 0103	Claims	% of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who met the DSM-IV criteria during the visit in which the new diagnosis or recurrent episode was identified during the measurement period	Patients with evidence that they met the DSM-5 criteria for MDD AND for whom there is an assessment of depression severity during the visit in which a new diagnosis or recurrent episode was identified.	All patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder (MDD)
Major Depressive Disorder (MDD): Suicide Risk Assessment	AMA-PCPI NQF 0104	Claims	% of patients aged 18 years and older with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified.	Patients with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified.	All patients aged 18 years and older with a new diagnosis or recurrent episode of major depressive disorder (MDD)

For full definitions: http://help.compulinkadvantage.com/en/psych/content/nqf_0418_preventive_care_screening_for_clinical_depression_follow-up.htm
For full definitions: http://help.compulinkadvantage.com/en/psych/content/nqf_0712_depression_utilization_of_the_phq-9_tool.htm

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National Behavioral Health Quality Framework Measures (SAMSHA)

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator

Screening for Clinical Depression	CMS
	
	NQF 0418 (adult)
		Claims	% of patients aged 18 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Patients 18 years or older with an Adult Depression Screening and an active diagnosis of Depression and one of the following items documented on the day of the screening and diagnosis:
				  ▪ Intervention, Performed:Additional evaluation for depression - adult.
				  ▪ Intervention, Order: Referral for Depression Adult.
				  ▪ Medication, Order: Depression medications - adult.
				  ▪ Intervention, Performed: Follow-up for depression - adult.
				  ▪ Procedure, Performed: Suicide Risk Assessment
				OR Patients 18 years or older with an Adult Depression Screening with no active diagnosis of Depression and a Negative Depression Screening documented on the day of the screening.
					All patients aged 18 years and older before the beginning of the measurement period, with at least one eligible encounter, Depression Screening, during the measurement period.

Depression Utilization of the PHQ-9 Tool	NQF 0712	Claims	Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit.	Adult patients who have a PHQ-9 tool administered at least once during the four-month periods being measured.	Adult patients age 18 and older with an office visit and the diagnosis of major depression or dysthymia during each four month period.

For full definitions: http://www.mdinteractive.com/files/uploaded/file/cms2014/Measure106-2014cms.pdf

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National Behavioral Health Quality Framework Measures (SAMSHA)

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Depression Remission at Twelve Months	NQF 0710	Claims	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.	Adults who achieved remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than five.	Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine during an outpatient encounter.
Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	NQF 0110	Claims	Percentage of patients 18 years of age or older with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.	Patients in the denominator with evidence of an assessment for alcohol or other substance use following or concurrent with the new diagnosis, and prior to or concurrent with the initiation of treatment for that diagnosis.	Patients in the Initial Patient Population with a new diagnosis of unipolar depression or bipolar disorder during the first 323 days of the measurement period, and evidence of treatment for unipolar depression or bipolar disorder within 42 days of diagnosis. The existence of a 'new diagnosis' is established by the absence of diagnoses and treatments of unipolar depression or bipolar disorder during the 180 days prior to the diagnosis.

For full definitions: http://help.compulinkadvantage.com/en/psych/content/nqf_0710_depression_remission_at_twelve_months.htm
For full definitions: http://www.medicalsoftwareinc.com/downloads/MicroMDEMRClinicalQualityMeasureCalculations2014MicroMD9.0.pdf
For full definitions: http://help.compulinkadvantage.com/en/psych/content/nqf_0110_biplor_disorder_major_depressions_appraisal_alchoh_or_chem_use.htm

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OMH/OASAS Specific HARP Measures

Quality Measure	Measure Steward	Data Source	Description	Numerator	Denominator
Employment		Clinical data	• The percentage of members currently employed • The percentage of members employed at least 35 hours per week in the past month • The percentage of members employed at or above the minimum wage		
Education		Clinical data	• The percentage of members currently enrolled in a formal education program		
Housing		Clinical data	• The percentage of members who are homeless • The percentage of members with residential instability in the past two years		
Criminal Justice		Clinical data	• The percentage of members who were arrested within the past 30 days • The percentage of members who were arrested within the past year • The percentage of members who were incarcerated within the past 30 days • The percentage of members who were incarcerated within the past year		
Social Connectedness		Clinical data	• The percentage of members with social interaction in the past week • The percentage of members with one or more social strengths		
Self-Help Group Participation		Clinical data	• The percentage of members who attended a self-help or peer group in the past 30 days		

For full definitions: http://www.qualitymeasures.ahrq.gov/index.aspx