

**Project Title:**

Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Funding Opportunity: Measure Development for the Quality Payment Program (Mental Health/Substance Use Care).

**Project Overview:**

The Centers for Medicare & Medicaid Services (CMS) has entered a cooperative agreement with the American Psychiatric Association (APA) and the National Committee for Quality Assurance (NCQA) to develop provider-level measures for mental health and substance use. The cooperative agreement name is MACRA/Measure Development for the Quality Payment Program. The cooperative agreement number is #1V1CMS331640-02-00.

**Date:**

Information included is current on September 8, 2020

**1. Measure Name (Measure Title De.2.)**

Measurement-based Care Processes: Baseline Assessment, Monitoring and Treatment Adjustment

**2. Descriptive Information****2.1 Measure Type (NQF Submission Form De.1.)**

Process

**2.2 Brief Description of Measure (NQF Submission Form De.3.)**

Percentage of individuals 18 years of age and older with a diagnosis of mental and/or substance abuse disorder, who had a baseline assessment with ongoing monitoring, AND who had an adjustment to their care plan following assessment and monitoring. Three rates are reported.

a. Percentage of individuals who had a baseline assessment in at least five (5) mental health domains including depression, anxiety, substance use, suicide risk and psychosis, as well as an assessment of functioning and recovery.

b. Percentage of individuals who had a baseline assessment, who were monitored with follow-up for improvement or maintenance of symptom severity, functioning and recovery.

c. Percentage of individuals who had a baseline assessment AND who had documentation of a clinical decision to adjust (or no adjustment) their care plan, including an adjustment to their medication OR therapy; OR referral OR consultation, following monitoring.

**2.3 If Paired or Grouped (NQF Submission Form De.4.)**

Not applicable.

**3. Measure Specifications****3.1 Measure-specific Web Page (NQF Submission Form S.1.)**

Not applicable.

### 3.2 If this is an eCQM (NQF Submission Form S.2a.)

This is not an eMeasure.

### 3.3 Data Dictionary, Code Table, or Value Sets (NQF Submission Form S.2b.)

See excel file with draft data elements (filename: MBC Process Measures Data Elements\_Jul2020)

### 3.4 For Instrument-Based Measure (NQF Submission Form S.2c)

**Standardized Tools** – For measure parts a. and b., a validated screening or assessment tool developed for the patient population in which it is being utilized. The name of the appropriate tool utilized must be documented in the medical record. For part a., assessment must be done using one or a combination of two or more symptom tools that cover depression, anxiety, substance use, suicide ideation and psychosis; and a tool for each of function and recovery. For part b., assessment for monitoring should be done using one or more symptom tools relevant to the condition being treated. Examples of validated tools include:

- [DSM-5 Cross-cutting measure](#) (Assessment for 13 mental health domains including, depression, anxiety, alcohol and substance use, suicide, and psychosis).

**OR**

- [Computerized Adaptive Testing \(CAT\) - MH](#) (Assessment in multiple mental health domains including, depression, anxiety, alcohol and substance use, suicide, and psychosis).

**OR**

- Any combination of validated assessment tools from the lists below, one for each covering depression, anxiety, alcohol and substance use, suicide, and psychosis; and one for each of function and recovery.

#### **Depression**

- [Patient Health Questionnaire \(PHQ-9\)](#)
- Geriatric Depression Scale (GDS)
- [Beck Depression Inventory \(BDI or BDI-II\)](#)
- [Hamilton Rating Scale for Depression \(HAM-D\)](#)
- Computerized Adaptive Testing Depression Inventory (CAT-DI)
- [PROMIS – Depression Short Form](#) or PROMIS – Computerized Adaptive Testing, Depression Module

#### **Anxiety**

- [Generalized Anxiety Disorder Assessment \(GAD-7\)](#)
- [PROMIS – Anxiety Short Form](#) or PROMIS – Computerized Adaptive Testing, Anxiety Module

### **Alcohol and Substance Use**

- [Alcohol Use Disorders Identification Test Consumption screening tool \(Audit-C\)](#)
- [Modified NIDA-ASSIST](#)
- [Drug Abuse Screening Test \(DAST-10\)](#)
- [Tobacco, Alcohol, Prescription medication, and other Substance use \(TAPS\) Tool I & II](#)
- [Substance Abuse Outcomes Module](#)
- [Brief Addiction Monitor \(BAM\)](#)

### **Suicide Risk**

- [Columbia-Suicide Severity Rating Scale \(C-SSRS\)](#)

### **Psychosis**

- [Self-report Psychosis Domain \(2-item\) on the DSM-5 Cross-cutting measure](#)
- [Brief Psychiatric Rating Scale \(BPRS\)](#) [clinician-rated]

### **Function**

- [World Health Organization Disability Assessment Schedule 2.0 \(WHODAS 2.0\) - 12-item Version](#)
- [Sheehan Disability Scale \(SDS\)](#)

### **Recovery**

- [Recovery Assessment Scale \(RAS\)](#)

### **3.5 For Endorsement Maintenance (NQF Submission Form S.3.1. and S.3.2.)**

Not applicable.

### **3.6 Numerator Statement (NQF Submission Form S.4.)**

Numerator 1: Individuals who have a baseline assessment with validated tools concurrent with or within 24 hours prior to an encounter, or across two encounters within 30 days, in at least five (5) mental health domains including depression, anxiety, substance use, suicide risk and psychosis, as well as an assessment of functioning and recovery during the measurement period.

Numerator 2: Individuals with validated tools completed concurrent or within 24 hours prior to a follow-up encounter. The tools are to be from a list of validated tools that evaluate symptoms; and functioning and recovery.

Numerator 3: Individuals who had documentation of an adjustment to their care plan, including an adjustment to their medication OR therapy; OR referral OR consultation.

### 3.7 Numerator Details (NQF Submission Form S.5.)

Numerator 1: A baseline assessment is completed within 24 hours prior to or on the date of a single encounter or the dates of two encounters within a 30-day period of each other using appropriate validated tools within the measurement period. The names of the tools utilized, and the results must be documented in the medical/health record.

Numerator 2: Monitoring of diagnosis specific symptoms; and functioning and recovery, is the administration of validated tools(s) to the individual within 24 hours prior to or on the date of a follow-up encounter. Follow-up encounters should occur at least once quarterly and may include a baseline assessment in 5 mental health domains, and in function and recovery. The names of the tool(s) utilized, and the results must be documented in the medical/health record and the same tool(s) must be used across index and follow-up encounter.

Numerator 3: The care plan adjustment is considered a proxy for the clinician's decision-making process, which includes review of the individual's validated tool data to adjust care for 'treatment to target'. The care plan adjustments reflect the clinician's decision points and may include, with less frequency, the decision for no adjustment at the time. Adjustments are identified for follow-up encounter occurring at least 6 months (+/-30 days) post an encounter with a defined care plan.

### 3.8 Denominator Statement (NQF Submission Form S.6.)

Denominator 1: Individuals aged 18 years and older with a diagnosis of a mental and/or substance use disorder with at least one encounter during the measurement period.

Denominator 2: Individuals aged 18 and older with a diagnosis of a mental and/or substance use disorder with at least one encounter (index visit) with assessment data from a baseline assessment in 5 mental health domains including depression, anxiety, alcohol and substance use, suicide, and/or psychosis; and function and recovery, during the measurement period.

Denominator 3: Individuals aged 18 and older with a diagnosis of a mental and/or substance use disorder with at least one encounter with a defined care plan during the measurement period.

### 3.9 Denominator Details (NQF Submission Form S.7.)

Denominator 1, 2 and 3:

Individuals aged  $\geq 18$  years on date of encounter

**AND**

**Mental and/or substance use disorder diagnosis during the performance period (ICD-10-CM; [\*=1-9]):** F1\*.10, F1\*.120, F1\*.122, F1\*.129, F1\*.14, F1\*.159, F1\*.181, F1\*.182, F1\*.188, F1\*.19, F1\*.20, F1\*.220, F1\*.222, F1\*.229, F1\*.23, F1\*.24, F1\*.259, F1\*.281, F1\*.282, F1\*.288, F1\*.29, F1\*.90, F1\*.920, F1\*.922, F1\*.929, F1\*.93, F1\*.94, F1\*.959, F1\*.981, F1\*.982, F1\*.988, F1\*.99, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.9, F33.0, F33.1, F33.2, F33.3,

F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.8, F34.9, F39, F41.0, F41.1, F41.3, F41.8, F41.9, F42.2, F42.3, and F42.4, F42, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.9, F44.89, F53, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9

**AND**

**Patient encounter during the performance period (CPT or HCPCS):** 59400, 59510, 59610, 59618, 90791, 90792, 90832, 90834, 90837, 92625, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146, 96150, 96151, 97165, 97166, 97167, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99483, 99484, 99492, 99493, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, G0101, G0402, G0438, G0439, G0444

Denominator 2:

**AND**

**Patient follow-up encounter:** An encounter within 90 days (+30 days) post an index visit. An index visit is a previous encounter with individual assessment data, in one or more of 5 mental health domains (depression, anxiety, substance use, suicide ideation and/or psychosis); and assessment in function and recovery.

Denominator 3:

**AND**

**Patient encounter with a defined care plan:** An encounter with a defined care plan, including one or more of pharmacotherapy, psychosocial therapy, social services referrals, and consultations.

**3.10 Denominator Exclusions (NQF Includes “Exception” in the “Exclusion” Field) (NQF Submission Form S.8.)**

**Exclusion(s)**

This section will be determined following measure testing.

**Exception(s)**

One or more of the following conditions are documented in the medical record:

- Clinician determined that the individual is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the individual’s health status,
- Psychiatric crisis evaluation (any crisis code),
- Clinician determined that the individual is unable to complete assessment due to acute symptoms of dementia, psychosis, medical conditions, or intoxication,

- Situations where the individual’s functional capacity or motivation (or lack thereof) to improve may impact the accuracy of results of validated tools. For example: certain court appointed cases or cases of delirium.

**3.11 Denominator Exclusion Details (NQF Includes “Exception” in the “Exclusion” Field) (NQF Submission Form S.9.)**

To be determined. This section will be updated following measure testing.

**3.12 Stratification Details/Variables (NQF Submission Form S.10.)**

To be determined. This section will be updated following measure testing.

**3.13 Risk Adjustment Type (NQF Submission Form S.11.)**

Not applicable.

**3.14 Type of Score (NQF Submission Form S.12.)**

Rate/Proportion

**3.15 Interpretation of Score (NQF Submission Form S.13.)**

Better quality = Higher Score

**3.16 Calculation Algorithm/Measure Logic (NQF Submission Form S.14.)**

**Submission Criteria 1:**

**Step 1. Denominator – Check age and diagnosis**

- Individual  $\geq$  18 years of age for the encounter.
- A mental and/or substance use disorder is documented for the encounter.

**Step 2: Denominator - Check Encounter Performed**

- If Encounter as Listed in the Denominator (reporting period) equals No, do not include in Eligible Population. Stop Processing.
- If Encounter as Listed in the Denominator (reporting period) equals Yes, proceed to check for a patient diagnosis.

**Step 3: Denominator Population:**

- Denominator Population is all Eligible Patients in the Denominator.

**Step 4: Numerator**

Check Assessments Performed:

- If Assessment Performed in five (5) mental health domains and global functioning and recovery, including;
  - depression
  - anxiety
  - psychosis

- suicide risk
- alcohol/substance
- global functioning
- recovery

equals Yes, include in **Data Completeness Met and Performance Met**.

b. If Assessment Performed in five (5) mental health domains and global functioning and recovery, including;

- depression
- anxiety
- psychosis
- suicide risk
- alcohol/substance
- global functioning
- recovery

equals No, proceed to check if denominator exception.

#### **Step 5: Denominator Exception**

a. If Assessment is NOT Performed in five (5) mental health domains and global functioning and recovery, including;

- depression
- anxiety
- psychosis
- suicide risk
- alcohol/substance
- global functioning
- recovery

AND there is a documented reason for why the assessment was not completed equals Yes, include in **Data Completeness Met and Denominator Exception**.

b. If Assessment NOT Performed in five (5) mental health domains and global functioning and recovery, including;

- depression
- anxiety
- psychosis
- suicide risk
- alcohol/substance
- global functioning
- recovery

AND there is a documented reason for why the assessment was not completed equals No, then proceed to check if performance NOT met.

#### **Step 6: Check if performance NOT met**

a. If Assessment NOT Performed in five (5) mental health domains and global functioning and recovery, including;

- depression
- anxiety
- psychosis
- suicide risk
- alcohol/substance
- global functioning
- recovery

AND there is NO documented reason for why the assessment was not completed equals Yes, then **Data Completeness Met and Performance Not Met.**

**Step 7: Check Data Completeness Not Met**

a. If data completeness not met, the quality data code or equivalent was not submitted.

**Submission Criteria 2:**

**Step 1. Denominator – Check age and diagnosis**

- a. Individual  $\geq$  18 years of age for the encounter.
- b. A mental and/or substance use disorder is documented for the encounter.

**Step 2: Denominator - Check for index visit**

a. Encounter within 12 months.

**Step 3: Check for Assessment data, including tool name and summary score**

a. The name of the assessment tool and the summary score is documented for the encounter.

**Step 4: Check for new patient**

a. Patient is not new patient during Oct 1 to Dec 31 (or Q4) (-30 days)

**Step 5: Check for patient discharge**

a. Patient is not discharged within 90 days (+30 days) post encounter date.

**Step 6: Check Encounter Performed**

- a. If encounter as listed in the denominator equals no, do not include in Eligible Population. Stop processing.
- b. If encounter as listed in the denominator equals yes, proceed to check for a patient diagnosis.

**Step 7: Denominator Population:**

a. Denominator population is all eligible encounters in the denominator.

**Step 8: Numerator**

Check for Follow-up Assessments data:



- a. If follow-up assessment data for the same disease-specific tool relevant to mental health diagnosis; and function and recovery tools as documented in the index visit, is documented in the health record equals Yes, include in **Data Completeness Met and Performance Met**.
- b. If follow-up assessment data for the same disease-specific tool relevant to mental health diagnosis; and function and recovery tools as documented in the index visit, is documented in the health record equals No, proceed to check if denominator exception.

**Step 9: Denominator Exception**

- a. If follow-up assessment data for the same disease-specific tool relevant to mental health diagnosis; and function and recovery tools as documented in the index visit, is NOT documented in the health record AND a reason for not completing the follow-up assessment is documented in the health record equals Yes, include in Data Completeness Met and Denominator Exception.
- b. If follow-up assessment data for the same disease-specific tool relevant to mental health diagnosis; and function and recovery tools as documented in the index visit, is NOT documented in the health record AND there is a documented reason for why the follow-up assessment was not completed equals No, then proceed to check if performance NOT met.

**Step 10: Check if performance NOT met**

- a. If follow-up assessment data for the same disease-specific tool relevant to mental health diagnosis; and function and recovery tools as documented in the index visit, is NOT documented in the health record AND there is NO documented reason for why the follow-up assessment was not completed equals Yes, then Data Completeness Met and Performance Not Met.

**Step 11: Check Data Completeness Not Met**

- a. If data completeness not met, the quality data code or equivalent was not submitted.

**Submission Criteria 3:**

**Step 1. Denominator – Check age and diagnosis**

- a. Individual  $\geq$  18 years of age for the encounter.
- b. A mental and/or substance use disorder is documented for the encounter.

**a. Step 2: Denominator - Check for index visit**

- b. Encounter within months.
- a.

**Step 4: Check for documentation of defined care plan**

- a. A care plan adjustment (or documentation that no adjustment is required) is documented outlining any pharmacotherapy, psychosocial therapy, social service referral and/or consultation.

**Step 5: Denominator Population:**

- a. Denominator population is all eligible patients in the denominator.

#### **Step 6: Numerator**

Check care plan adjustment as clinical decision-making:

- a. An adjustment (e.g., change in medication, psychosocial therapy, referral, consultation, etc.) to the patient's care plan is documented in the health record on the follow-up encounter equals Yes, include in **Data Completeness Met and Performance Met**.
- b. An adjustment (e.g., change in medication, psychosocial therapy, referral, consultation, etc.) to the patient's care plan is NOT made and no required change is documented in the health record on the follow-up encounter equals Yes, include in **Data Completeness Met and Performance Met**.
- c. An adjustment (e.g., change in medication, psychosocial therapy, referral, consultation, etc.) to the patient's care plan is made and documented in the health record on the follow-up encounter equals No, proceed to check if denominator exception.

#### **Step 7: Check if performance NOT met**

- a. An adjustment (e.g., change in medication, psychosocial therapy, referral, consultation, etc.) to the patient's care plan was NOT documented in the health record on the follow-up encounter AND there was NO documented reason, including no required change, in the health record equals Yes, then **Data Completeness Met and Performance Not Met**.

#### **Step 9: Check Data Completeness Not Met**

- a. If data completeness not met, the quality data code or equivalent was not submitted.

#### **3.17 Sampling (NQF Submission Form S.15.)**

Not applicable.

#### **3.18 Survey/Patient-Reported Data (NQF Submission Form S.16.)**

To be determined. This section will be updated following measure testing.

#### **3.19 Data Source (NQF Submission Form S.17.)**

Registry or Electronic Health Record

#### **3.20 Data Source or Collection Instrument (NQF Submission Form S.18.)**

PsychPRO Registry or Electronic Health Record

#### **3.21 Data Source or Collection Instrument (Reference) (NQF Submission Form S.19.)**

<https://www.psychiatry.org/psychiatrists/registry>

#### **3.22 Level of Analysis (NQF Submission Form S.20.)**

Clinician: Individual

Clinician: Group/Practice

#### **3.23 Care Setting (NQF Submission Form S.21.)**

Outpatient  
Ambulatory

**3.24 Composite Performance Measure (NQF Submission Form S.22.)**

Not applicable.