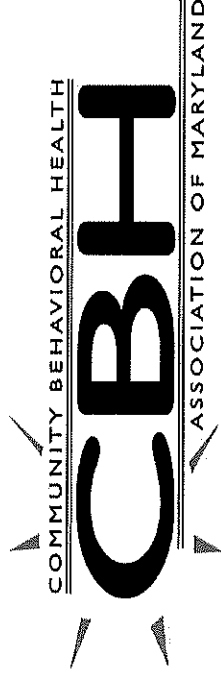


Behavioral Health Performance Measures in Publicly-Funded Maryland Health Programs

April 20, 2017



Health care payers are moving toward value-based purchasing, in which a provider's performance on defined measures will determine their level of payment. Despite all the changes happening in health care, **value-based payment is here to stay**, and CBH is undertaking efforts to help its members prepare.

In March 2017, CBH was awarded funding from the Community Health Resources Commission to develop a data warehouse. While we anticipate that the warehouse will collect basic data around services and utilization, we also hope to use the warehouse to assist members in the technological and practice changes needed to effectively support the transformation to value-based care.

To that end, CBH convened its members in March 2017 to review behavioral health performance measures in Medicare, as well as those contemplated in the duals ACO model and by the HSCRC's all-payer waiver. In this document, we have crosswalked those measures with existing measures currently under development by BHA and for the Medicaid managed care program. The crosswalk is sourced from:

- In Medicare, providers' performance on measures this year will define their level of payment in 2019.¹
- In 2019, Maryland is slated to roll out an Accountable Care Organization model for dual eligibles in four, high-density areas of the state, with broader roll-out possible in later years.²
- Maryland defined its performance expectations for Medicaid health plans, including behavioral health measures,³ and
- the Behavioral Health Administration is in the process of creating a performance measure for providers.

This creates a universe of 33 behavioral health performance measures upon which your current or future payers may base their level of payment to you. The bad news is that half of these measures are used by only one payer – but the good news is that fully half of these performance measures are used by more than one payer. Only two measures are used by a majority of payers. We offer this payer crosswalk to help you evaluate which MACRA measures make sense for you strategically, as well as which make sense for inclusion in CBH's data warehouse.

¹ Medicare performance measures can be found at <https://app.cms.gov/measures/quality> (accessed Mar. 22, 2017).

² Bob Atlas, EBG Advisors, "Maryland's Innovation Model for Medicare-Medicaid Dual Eligibles," at p. 18 (Mar. 22, 2017).

³ Medicaid Planning Administration, "New HealthChoice Evaluation Requirements 1115 Waiver Renewal," at pp. 8-18 (Mar. 27, 2017).



Performance Measures		MACRA High Priority	MACRA Lower Priority	Duals ACO	Medicaid MCOs	BHA	HSCRC - Hospital	TOTAL PAYERS
A	Adherence & Management of Medication							
1	Documentation of Current Medications in the Medical Record	X		X				2
2	Medication Reconciliation Post Discharge			X				1
3	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	X			X			2
4	Anti-Depressant Medication Management		X		X			2
5	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication		X		X			2
	TOTAL AREA WEIGHT:							9
B	BH Screening and Referrals							
1	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	X						1
2	Elder Maltreatment Screen and Follow-Up Plan	X						1
3	Depression Utilization of the PHQ-9 Tool		X					1
4	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan		X	X				2
5	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention		X	X				2
6	Tobacco Use and Help with Quitting Among Adolescents		X					1
7	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling		X		X			2
8	Initiation and Engagement of SUD Treatment			X	X			2
	TOTAL AREA WEIGHT:							12
C	Care Planning and Coordination							
1	Care Plan	X		X				2
2	Closing the Referral Loop: Receipt of Specialist Report	X						1
3	Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions	X						1

Performance Measures		MACRA High Priority	MACRA Lower Priority	Duals ACO	Medicaid MCOs	BHA	HSGRC - Hospital	TOTAL PAYERS
4	Follow-Up After Hospitalization for Mental Illness (FUH) **	X		X	X			3
5	Timely Transmission of Transition Record			X				1
TOTAL AREA WEIGHT: 8								
D	Response to Treatment							
1	Change in DLA-20 functional assessment score over time					X		1
2	Depression Remission at Six Months	X						1
3	Depression Remission at Twelve Months	X						1
4	Drug overdose death				X			1
5	CAHPS Health Plan - adult questionnaire			X	X			2
TOTAL AREA WEIGHT: 6								
F	Somatic health results							
1	Diabetes for SMI: HbA1c Testing			X	X			2
2	Diabetes for SMI: Med Attn for Nephropathy			X				1
3	Diabetes for SMI: Blood Pressure Control			X				1
4	Diabetes for SMI: HbA1c Poor Control >9%			X				1
5	Diabetes for SMI: HbA1c Control <8%			X				1
6	Diabetes for SMI: Eye Exam			X	X			2
7	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan		X	X				2
8	HIV Viral Load			X	X			2
9	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented		X					1
TOTAL AREA WEIGHT: 13								
G 1	Plan All-Cause Readmission **			X	X		X	3