



# Annual Reporting Requirements for PCMH Distinction in Behavioral Health Integration

**REPORTING PERIOD: JANUARY 1 – DECEMBER 31, 2019**



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# Annual Reporting Requirements for PCMH Recognition

Overview – Reporting Period January 1 – December 31, 2019

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## Distinction in Behavioral Health Integration Annual Reporting Requirements

NCQA's Behavioral Health Integration Distinction recognizes primary care practices that put the right resources, evidence-based protocols, standardized tools and quality measures in place to support the broad needs of patients with behavioral health related conditions within the primary care setting. The annual reporting requirements (starting on page 3 of this document) show that the practice has continued to monitor the aspects of their behavioral health care. These activities enhance the level of care provided in a primary care practice and improve access, clinical outcomes and patient experience for patients with behavioral health conditions.

Annual reporting requirements may be removed, modified or added over time. Practices will be notified of changes and given time to prepare data and evidence.

## Q-PASS—Online Platform

NCQA launched Q-PASS to support the new recognition process, in April 2017. Practices can apply for recognition and distinctions, sign agreements, access training and other resources, submit evidence, update and confirm data, track evaluations completed, print certificates and sustain their recognition and distinction using this system.

## Annual Reporting Process: Reporting, Audit and Decision

- Practices will use Q-PASS to submit data and evidence for their annual reporting.
- Practices must verify that core features of a medical home with integrated behavioral health have been sustained.
- Practices must meet the minimum number of requirements for each category.
- NCQA reviews submission and notifies practices of their sustained recognition status.
- NCQA will randomly select practices for audit to validate attestation and submission.
- Practices that do not submit on time or fail to meet other requirements may have their recognition status suspended or revoked. That may include having their distinction status removed from their recognition.

## Electronic Clinical Quality Measures

Electronic Clinical Quality Measures (eCQM) are standardized performance measures from electronic health records (EHR) or health information technology systems. In the future, practices will have the option to submit eCQM using QRDA III format to NCQA in support of their recognition process. The **identified measures** can be submitted through electronic health record systems, health information exchanges, qualified clinical data registries (QCDR) and data analytics companies as long as they can use the electronic specifications as defined by the Centers for Medicare & Medicaid Services for the ambulatory quality reporting programs. Although this alternate submission process is not yet active, more details about the data submission process to NCQA will be forthcoming.

## Shared vs. Site-Specific Evidence

If evidence is identified as “shared,” the organization may submit it once on behalf of all or a specified group of practice sites. If evidence is identified as “site-specific,” the practice must provide site-specific data or evidence. The organization would set up their site groups then would select the credits the organization would like to share from the Share Credits tab from their Organization Dashboard in Q-PASS.

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# Annual Reporting Requirements for PCMH Distinction in Behavioral Health Integration

Requirements Overview—Reporting Period January 1 – December 31, 2019

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## Distinction in Behavioral Health Integration (AR-BH)

Report the following:

AR-BH 01 Continued Behavioral Health Referral Monitoring

Choose to report one of the following:

AR-BH 02 Continued Training and Resources for Behavioral Health

OR

AR-BH 03 Continued Use of a Behavioral Health Clinician in the Practice

OR

AR-BH 04 Prescribing Clinician Providing Medication Assisted Treatment

Report the following:

AR-BH 05 Behavioral Health Screenings and Assessments

AND

AR-BH 06 Behavioral Health Clinical Quality Measures

## Distinction in Behavioral Health Integration (AR-BH)

The practice continues to support the needs of patients with behavioral health conditions.

Report the following:

### AR-BH 01 Continued Behavioral Health Referral Monitoring (Required)

#### Choose Reporting Method 1, 2 or 3:

The practice monitors access to appointments for behavioral healthcare (for all referrals combined).

#### 1. Monitoring Behavioral Health Referrals Scheduled—Data (Site-specific)

Enter:

- Numerator: Number of referrals for which an appointment was scheduled.
- Denominator: The number of initial behavioral health referrals. Include referrals to integrated behavioral health specialists, as well as to specialists in the community.
- Reporting period (within 12 months prior to the reporting date).

#### 2. Monitoring Referral Response Timeliness and Quality – Evidence of Implementation (Shared)

- Upload evidence that demonstrates the practice has continued to assess the timeliness and quality of all referrals at the practice.

#### 3. Monitoring Referral Response Timeliness and Quality – Data (Site-specific)

Enter:

- Numerator: Number of referrals responses that meet the practice's self-defined timeliness and quality standard.
- Denominator: Number of behavioral health referrals response received. Include referrals to integrated behavioral health specialists, as well as to specialists in the community.
- Reporting period (within 12 months prior to the reporting date).

#### IF USING MANUAL DATA

#### 1. Monitoring Behavioral Health Referrals Scheduled—Data (Site-specific)

Enter:

- Numerator: Number of referrals for which an appointment was scheduled. Search the chart or tracking tool for the 30 behavioral health referrals noted for the denominator and report how many had an appointment scheduled.
- Denominator: 30. Pick 30 consecutive behavioral health referrals from the past year.
- Reporting period (within 12 months prior to the reporting date).

#### 2. No alternative reporting method available.

#### 3. Monitoring Referral Response Timeliness and Quality – Data (Site-specific)

Enter:

- Numerator: Number of referrals responses that meet the practice's self-defined timeliness and quality standard. Search the chart or tracking tool for the 30 behavioral health referrals noted for the denominator and report how many referral responses met the practice's self-defined standard.
- Denominator: 30. Pick 30 consecutive behavioral health referrals from the past year.
- Reporting period (within 12 months prior to the reporting date).

## Behavioral Health Workforce:

Choose to report **one** of the following requirements about the behavioral health workforce:

### AR-BH 02 Continued Training and Resources for Behavioral Health

(Option)

#### 1. Training and Resources (Shared)

The practice has continued to provide resources and training for the care team. Check all that apply:

- Skill development and support systems for care team members.
- Clinical protocols to determine when to contact a consulting specialist to advise on cases.
- Training to conduct screening and brief interventions for alcohol. (NA for practices that do not serve patients over the age of 12)
- Training to conduct screening and brief interventions for depression. (NA for practices that do not serve patients over the age of 12)
- Training on when to access a clinician for medication-assisted treatment (MAT) prescribing. (NA for pediatric practices)
- CME opportunities or library of resources.

### AR-BH 03 Continued Use of a Behavioral Health Clinician in the Practice

(Option)

#### 1. Continued Use of a Behavioral Health Clinician in the Practice (Site-Specific)

The practice has at least one clinician in the practice who can provide brief interventions to patients with behavioral health conditions.

Number of FTE clinicians providing brief interventions \_\_\_\_\_

**Note:** This does not need to be a whole number.

Enter the clinician's qualifications \_\_\_\_\_

### AR-BH 04 Prescribing Clinician Providing Medication Assisted Treatment

(Option)

#### 1. Prescribing Clinician Providing Medication Assisted Treatment (Site-specific)

The practice has at least one clinician who can provide medication assisted treatment and behavioral therapy directly or via referral.

Number of clinicians practicing MAT \_\_\_\_\_

Report the following:

## AR-BH 05 Behavioral Health Screenings and Assessments

(Required)

### 1. Behavioral Health Screenings and Assessments (Shared)

In addition to depression screening, the practice conducts the following behavioral health screenings/assessments using a standardized tool. Check all that apply:

- Anxiety.
- Alcohol use disorder.
- Substance use disorder.
- Pediatric behavioral health screening.
- Post-traumatic stress disorder.
- Attention deficit/hyperactivity disorder.
- Postpartum depression.

## AR-BH 06 Behavioral Health Clinical Quality Measures

(Required)

### 1. Quality Improvement Worksheet (Shared, some data must be site-specific)

Upload Quality Improvement (QI) Worksheet.

At least annually, the practice measures or receives data on at least 2 behavioral health clinical quality measures.

**Use the QI Worksheet to provide the following information for each measure:**

- A. The measure category. (Shared)
- B. The measure name. (Shared)
- C. The denominator description for the measure. (Shared)
- D. The numerator description for the measure. (Shared)
- E. The number of patients in the denominator (after exclusions). (Site-specific)
- F. The number of patients in the numerator. (Site-specific)
- G. Reporting period (within 12 months prior to the reporting date). (Site-specific)
- H. Was the measure a target for quality improvement in the past year? (Yes/No).

**Note:** If your practice has an alternative report that is inclusive of all data required in the QI Worksheet (A–H), it may upload as evidence in lieu of the QI Worksheet.