

Measure	Data Source	Denominator	Numerator	Rationale	Number of Groups with Adequate Sample Size
Coordination of Care with the PCP	A group-specific audit is mailed to and completed by the group and returned to the plan.	Members having a paid claim for a 90801 in the measurement year, random sample.	All denominator members from whom consent has been requested to communicate with the PCP, consent has been obtained, and there is documentation in the medical record that actual communication with the PCP did subsequently occur.	Enhances coordination of care for the member; supports NCQA survey; applicable to all BH specialists; generates adequate sample sizes for all participating groups.	88 of 88
Substance Abuse Assessment	A group-specific audit is mailed to and completed by the group and returned to the plan.	Members having a paid claim for a 90801 in the measurement year, random sample.	All denominator members who have been screened for substance abuse, and - where positive - there is documentation in the medical record that treatment for the substance abuse was incorporated into the plan of care.	Enhances recognition and treatment of dual diagnosis; applicable to all BH specialists; generates adequate sample sizes for all participating groups.	88 of 88
Major Depression Drug Measure	Administrative claims data	Members with ten (10) or more outpatient claims with a principle diagnosis in the major depressive group within the past twenty-four (24) months for which valid claims data is available.	All denominator members with at least one claim for an antidepressant medication during the measurement period.	Measures adherence to guideline-supported care; addresses the most prevalent behavioral health diagnoses.	52 of 88

Involvement of the Family in Child Treatment 1	A group-specific audit is mailed to and completed by the group and returned to the plan.	Members aged <18 years having a paid claim for a 90801 in the measurement year, random sample.	All denominator members with documentation in the medical record that a family member or guardian was involved in treatment within the next four sessions immediately subsequent to - but not including - the 90801 visit.	Measures adherence to guideline-supported care; addresses a special population of interest; involves groups specializing in child treatment who may have inadequate samples on other PFP measures.	49 of 88
Patient Satisfaction 2	A provider-specific satisfaction survey is mailed to and completed by the member and returned to the plan.	Members aged >17 years having a paid claim for a 90801 in January - October of the measurement year.	The rate for this measure is the group's mean score on a 0 - 10 scale for the question "How likely are you to recommend this provider to a friend or colleague?", where "0" is "not at all likely" and "10" is "extremely likely".	Captures the voice of the customer; measures patient engagement; provides simple outcomes data with potential for incentivization in future years.	66 of 88
Treatment of Depression: Antidepressant Compliance in the Acute Phase (0 - 90 days) - <i>to be added in 2007</i>	Administrative claims data	Members with a 90801 with a principle diagnosis of depression and a claim for any antidepressant within ± 90 days of the date of service on the 90801 claim.	All denominator members having >60 drug days in the 90 days immediately following the fill date of the initial antidepressant claim.	Measures compliance with optimal care as specified in the HEDIS Antidepressant Medication Measure; addresses the most prevalent behavioral health diagnoses.	63 of 88
Treatment of Depression: Optimal Practitioner Contact in the Acute Phase (0 - 90 days) - <i>to be added in 2007</i>	Administrative claims data	Members with a 90801 with a principle diagnosis of depression and a claim for any antidepressant within ± 90 days of the date of service on the 90801 claim.	All denominator members having at least three (3) outpatient visits in the 90 days immediately following the date of service on the 90801 claim, including the 90801 visit.	Measures compliance with optimal care as specified in the HEDIS Antidepressant Medication Measure; addresses the most prevalent behavioral health diagnoses.	63 of 88

Treatment of Substance Abuse: Engagement of Patients identified with SA Disorders in Outpatient Treatment - <i>to be added in 2007</i>	Administrative claims data	Members with an outpatient 90801 claim with a principle diagnosis of substance abuse within the past twenty-four (24) months for which valid claims data is available.	All denominator members with three (3) or more outpatient claims with a principle diagnosis of substance abuse <i>or</i> one or more claim(s) for IOP, PHP, residential or inpatient services for substance abuse, within the forty-four (44) days immediately following the date of service on the 90801 claim.	Measures compliance with optimal care as specified in the HEDIS Initiation and Engagement in Treatment for Alcohol or Other Drug Measure; addresses high-morbidity, high-cost population.	36 of 88
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1 This measure was developed in response to requests from our child specialists, several of whom participated in the focus group that produced the measure.

2 The intake episode is a critical time to achieve engagement and ensure the member remains in treatment. Plan data indicate less than 7% of members seek MHSA treatment in a typical year, and 19-20% of those will terminate treatment after one visit.