Metrics that Matter

BEHAVIORAL HEALTH METRICS THAT MATTER MEASURE PROTFOLIO-

Behavioral Health Measure Specifications:
New Mexico Behavioral Health Providers Association (NMBHPA)

Version 1. December 2025
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Introduction

The Behavioral Health *Metrics that Matter* project is spearheaded by the New Mexico Behavioral Health Providers Association (NMBHPA). In the first pilot project year (July 1, 2023-June 30, 2024), one of the primary goals was to encourage behavioral health participation in innovative payment arrangements, with a longer-term goal of identifying successful behavioral health models that can be replicated for other behavioral health providers across the state. A crucial aspect of sustainable models that are meaningful to behavioral health providers is a strong set of relevant quality measures.

The purpose of identifying these measures was to address a gap in the measurement landscape where no impactful measures existed in available measure sets, thus highlighting potential opportunities for the project to address one of the main challenges in behavioral health: Value-Based Programs (VBP) arrangements – meaningful behavioral health quality measures.

The first ten behavioral health providers participating in this pilot project submitted data and tested a set of meaningful measures. The project has evolved over the past three years, incorporating the onboarding of additional providers as well as amendments to data processes and metric measurement to support practice transformation. At present, 17 participating behavioral health organizations submit monthly data to the state's Health Information Exchange (HIE) and a centralized project dashboard that incorporates risk stratification and predictive analytics.

Measure Overview

This section provides an overview of basic descriptive information on the NMBHPA measures, summarizing the key points contained in the rest of the document. A detailed explanation of the measure specifications, including definitions of key terms, are available starting on page 5 of this document.

Defining Disease Groups

Measure development focuses on the population of behavioral health based on the International Classification of Diseases 10 (ICD-10) primary, secondary, or any diagnosis within the last 12 months for acute disease group, 24 months for chronic disease group.

Patient Continuous Eligibility for Inclusion

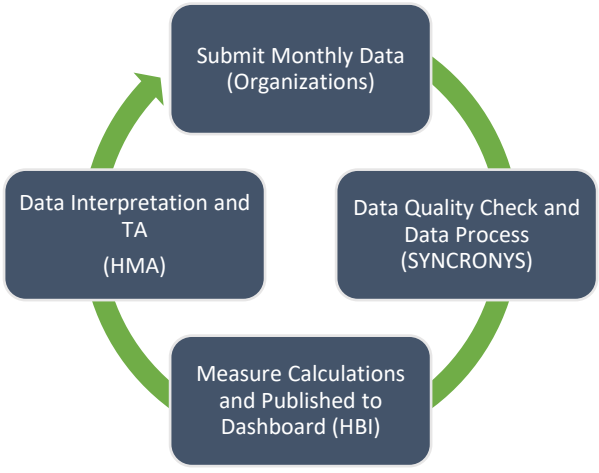
To be included in the measure, patients need to be on the roster for program-specific enrollment within the time and eligibility criteria listed in the denominator outlined in each measure specification. For example, patients need to be on a roster for at least 3 months and have 1 or more visits within the measurement period.

Reporting Requirements

Each organization reports on 10 measures:

- 6 Mandatory
- 3 Access
- 2 Process
- 2 Outcome

Figure 1. NMBPHA Data Reporting Process



Organizations submit data monthly flows to SYNCRONYS via a secure pipeline and data are stored on Health Insurance Portability and Accountability Act (HIPAA)-Compliant servers [Fig.1].

Measure Attributes

Measure attributes were identified across the following categories [Table 1]:

- **Person and Family Centered:** Services targeted to the needs and priorities of patients and families; encourages patient and family participation in improvement efforts and incorporates feedback
- **High Value:** Impacts financial sustainability, promotes whole-health, and/or uses data to drive clinical decision-making processes.
- **Organization Impact**: Organizations can directly influence measure performance.
- **Accessible:** Measure is currently tracked or easily available to organization.
- **Coordinated:** Measure requires exchanges between organization and hospitals, emergency care, specialty care, community supports, and primary care teams.
- **Innovation**: Measure related to a new approach, process, intervention, or strategy.

Table 1.

Measure Reporting Requirements for Organizations (Orgs.)			Measure Attributes								
MEASURES CATEGORY	No.	Measure Title	Measure Steward	Person and Family Centered	High Value	Organization Impact	Accessible	Coordinated	Innovation	Based	Focus Area
MANDATORY All Orgs.	1	Measurement Based Care: PHQ-9 Screening	APA	✓	✓	✓	✓		✓	Person	Clinical Quality
	2	Social Needs Assessment	Org-Specific	✓		✓		✓		Person	Behavioral Health Integration
	3	Patient Experience of Care*	SAMHSA	✓		✓	✓		✓	Person	Patient Experience
	4	Regular Engagement of Care	Org-Specific	✓	✓	✓	✓			Person	Engagement in Care
		Sub-measure: Regular Engagement of Care by Member Month	Org-Specific	✓	✓	✓	✓				
	5	Date from First Administrative Contact to First Clinical Service*	SAMHSA	✓	✓	✓	✓	✓		Timeliness	Continuity of Care
		Date from First Administrative Contact to First Clinical Service - Treat First*	SAMHSA	✓	✓	✓	✓	✓			
	6	All Cause Readmissions*	NCQA		✓					Person	Encounter
		Sub-measure: All Cuase Readmissions - Behavioral Health Readmissions in 30 Days*	NCQA		✓						
ACCESS All Orgs.	1	Follow-up After Emergency Department Visit for Mental Illness (FUM) - 30 Days and 7 Days	NCQA/HEDIS		✓					Access	Encounter
	2	Follow-up After Emergency Department Visit for Substance Use (FUA) - 30 Days and 7 Days	NCQA/HEDIS		✓						
	3	Follow-up After Hospitalization for Mental Illness (FUH) - 30 Days and 7 Days	NCQA/HEDIS		✓						
PROCESS Orgs. Choose 2	1	Measurement Based Care: (GAD-7, Columbia, org. specific)	APA	✓	✓	✓	✓		✓	Person	Clinical Quality
	2	Improving Language Access	Org-Specific	✓	✓		✓	✓	✓	Person	Equity
	3	Measure of Financial Burden to Patient	Org-Specific	✓		✓			✓	Person	Cost of Care
	4	Comprehensive Care for Patients with ABA	Org-Specific	✓			✓	✓	✓	Person	ABA
		ASD Set of Patient-Centered Outcome Measures	ICHOM	✓		✓	✓		✓		
		Functional Assessment Score Change (Vineland Behavioral Score Assessment)	ICHOM	✓	✓	✓	✓		✓		
	5	Net Promoter Score	Bain & Co	✓	✓	✓	✓		✓	Process	Organizational
OUTCOME Orgs. Choose 2	1	Depression Remission*	MNCM	✓	✓	✓	✓		✓	Person	Health Outcomes
	2	Deaths by Suicide*	SAMHSA		✓			✓		Person	Health Outcomes
	3	Percent of Successful Discharges	Org-Specific	✓	✓	✓	✓			Program	Engagement in Care
	4	Emergency Department Utilization (Cumulative)	Health Plan/ State/Org		✓					Utilization	Cost of Care
		Sub-measure: Emergency Department Utilization Behavioral Health Specific (Cumulative)	Health Plan/ State/Org		✓						
		Sub-measure: Emergency Department Utilization (Monthly)	Health Plan/ State/Org		✓						

**Indicates Community Health Behavioral Health Clinic (CCBHC) Measure* *MNCM: Minnesota Community Measurement Metric*

List of Measures by Category:

Mandatory Measures

1. Measurement Based Care: PHQ-9 Screening
2. Social Needs Assessment
3. Patient Experience of Care
4. Regular Engagement of Care
    - 4.i. Sub-measure: Regular Engagement of Care by Member Month
5. Date from First Administrative Contact to First Clinical Service
    - 5.i. Sub -measure: Date from First Administrative Contact to First Clinical Service - Treat First
6. All Cause Readmissions
    - 6.i. Sub-measure: All Cause Readmissions - Behavioral Health Readmission in 30 days

Access Measures

1. Follow-up After Emergency Department Visit for Mental Illness (FUM)
2. Follow-up After Emergency Department Visit for Substance Use (FUA)
3. Follow-up After Hospitalization for Mental Illness (FUH)

Process Measures

1. Measurement Based Care: Other (GAD-7, Columbia, org. specific)
2. Improving Language Access
3. Measure of Financial Burden to Patient
4. ASD Set of Patient-Centered Measures: Functional Assessment Score Change-Vineland Behavioral Score Assessment
5. Net Promotor Score

Outcome Measures

1. Depression Remission
2. Deaths by Suicide
3. Percent of Successful Discharges
4. Emergency Department Utilization (Cumulative)
    - 4.i. Sub-measure: Emergency Department Utilization Behavioral Health Specific (Cumulative)
    - 4.i. Sub-measure: Emergency Department Utilization (Monthly)

Mandatory Measures

New Mexico Behavioral Health Quality Measures Specifications	
Measure P01	Measurement Based Care: PHQ-9 Screening
Measure Category	☒ Mandatory ☐ Access ☐ Optional: Process ☐Optional: Outcome
Measure Focus	☒Person Based: Clinical Quality ☐Utilization Based ☐Encounter Based ☐Timeliness Based ☐Program Based ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of performance measure is to monitor the use of the Patient Health Questionnaire (PHQ-9) in assessing patients who are screened for depression or have an established diagnosis. The PHQ-9 is also used to help assess the presence and severity of depressive disorders to support appropriate treatment planning. The PHQ-9 is a brief depression tool, completed by the patient at the time of visit. It allows clinicians to rapidly score the patient for depression severity, as well as guide treatment decisions, and monitor patient progress. Studies show that results from PHQ-9 screening are reliable and valid for assessing the severity of depression.
Values to be Reported	
Numerator	Number of attributed patients aged 12 years and older with 3 or more PHQ-9 screenings completed.
Denominator	Number of attributed patients aged 12 years and older with 1 or more *visits* **and** 1 or more PHQ-9 screenings completed.
Formula	$(\%) = \frac{\#\ of\ Patients\ with\ \geq 3\ PHQ9\ Screenings}{\#\ of\ Patients\ with \geq 1\ Visits\ and\ \geq 1\ PHQ9\ Screenings} * 100$
Population Eligibility	Patients aged 12 years and older. Patients are required to be listed as active on the BH organizational roster.
Exclusions	None at this time.
Unit of Analysis	Unique Patients; PHQ-9 Screenings
Desired Direction	Increase
Calculation Interpretation	(%) Higher percentage indicates improvement
Measurement Period	Measurement Period (MP) is a timeframe for which data collection period was identified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY. [1]
Measurement Year	Measurement Year (MY) timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[1]
Data Sources	Behavioral Health Organizations' Patient Health Records, Encounters, and Roster files.

Data Elements	Data elements from data submission .csv template: ORG ID, MRN, Date of PHQ-9 Assessment, Total Score, Category of Depression (PHQ-9 csv Columns A, B, D, E, F)
Measure Notes	Measure Steward: American Psychological Association (APA) *Screening:* Completion of a clinical or diagnostic tool used to identify people at risk of developing or having a certain disease or condition, even if the symptoms are not present. *Patient Health Questionnaire-9 (PHQ-9):* is a tool that screens patients for depression in primary care settings. This measure can be used to track how depression severity and symptomology changes over time and therefore how effective treatment is. It can also be used to identify new cases of depression. The exact inclusion/exclusion may change, but the data elements captured here will give flexibility in measure structure. (% patients with PHQ-9 on >80% of visits; % of patients screened for depression; % patients with decrease in PHQ-9 score (initial to final)) as this measure is used for tracking both new and existing cases, no depression indicator (diagnosis) is needed at the time of screening.
References	[1]Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf

New Mexico Behavioral Health Quality Measures Specifications	
Measure P02	Social Needs Assessment
Measure Category	☒ Mandatory ☐ Access ☐ Optional: Process ☐Optional: Outcome
Measure Focus	☒Person Based: Behavioral Health Integration ☐Utilization Based ☐Encounter Based ☐Timeliness Based ☐Program Based ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of the Social Needs Assessment Tool to screen for non-medical social needs that can negatively impact health outcomes. Research shows that unmet health related social needs such as food insecurity, housing instability, transportation barriers, unemployment, or exposure to violence can contribute to poor health outcomes. By screening for these factors, health care providers can better understand the challenges patients face, inform individualized care plans, and connect patients to appropriate community resources and support services.
Values to be Reported	
Numerator	Number of attributed patients with 1 or more social needs assessment completed.
Denominator	Number of attributed patients with 1 or more visits.
Formula	$(\%) = \frac{\#\ of\ Patients\ with\ \geq 1\ Social\ Needs\ Assessments}{\#\ of\ Patients\ with \geq 1\ Visits} * 100$
Population Eligibility	No age limit. Parents or other authorized caregivers can do assess on behalf of children. Patient is required to be listed as active on the BH organizational roster.
Exclusions	None at this time.
Unit of Analysis	Unique Patients; Social Needs Assessment
Desired Direction	Increase
Calculation Interpretation	(%) Higher percentage indicates improvement
Measurement Period	Measurement Period (MP) is a timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY.[1]
Measurement Year	Measurement Year (MY) is a timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[1] above
Data Sources	Behavioral Health Organizations' Patient Health Records, Encounters, and Roster files. SDOH PRAPARE or SDOH WellRx or Other organization specific screening tools.
Data Elements	Data elements from data submission .csv template: Org ID, MRN, Date of PRAPARE Assessment, (SDOH PRAPARE csv Columns A, B, D) ---OR--- ORG ID, MRN, Date of WellRx or Other Assessment Used (SDOH Assessment WellRx or Other csv Columns A, B, D, E (E is optional))

Measure Notes	Measure Steward: Organization specific. Examples of social needs assessment tools include the Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PRAPARE), WellRx or organization specific tools used. This initial phase of measurement, the goal is to understand what percentage of patients have been screened. This measure may help organizations to look at how many of those screened scored high, had a follow-up, and were referred to certain community services i.e., housing, food, etc.
References	1. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf

New Mexico Behavioral Health Quality Measures Specifications	
Measure P03	Patient Experience of Care
Measure Category	☒ Mandatory ☐ Access ☐ Optional: Process ☐Optional: Outcome
Measure Focus	☒Person Based: Patient Experience ☐Utilization Based ☐Encounter Based ☐Timeliness Based ☐Program Based ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of this performance measure is to monitor the change in volume of completed patient experience of care assessments. Research shows that patient experience is correlated with lower medical malpractice risk. Satisfactory patient experience leads to greater patient and provider relationships, higher quality of employees, and reduction in turnover.
Values to be Reported	
Numerator	Number of attributed patients with 1 or more patient experience of care assessments completed every 6 months.
Denominator	Number of attributed patients with 1 or more visits.
Formula	$(\%) = \frac{\#\ of\ Patients\ with\ \geq 1\ Experience\ of\ Care\ Assessments}{\#\ of\ Patients\ with\ \geq 1\ Visits} * 100$
Population Eligibility	No age limit. Parents or other authorized caregivers can do assess on behalf of children. Patients are required to be listed as active on the BH organizational roster.
Exclusions	None at this time.
Unit of Analysis	Unique Patients; Patient Experience of Care Assessment
Desired Direction	Increase
Calculation Interpretation	(%) Higher percentage indicates improvement.
Measurement Period	Measurement Period (MP) is a timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY.[1]
Measurement Year	Measurement Year (MY) is a timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[1]
Data Sources	Behavioral Health Organizations' Patient Health Records and Encounters. Patient Experience of Care (Patient Experience-CSQ-8, Patient Experience-Qualtrics or Patient Experience-Treat First.
Data Elements	Data elements from data submission .csv template: ORG ID, MRN, Date of CSQ-8 Assessment, Total Score (CSQ-8 Patient Experience of Care csv Columns A, B, D, E)

Measure Notes	Measure Steward: Substance Abuse and Mental Health Services (SAMHSA). This initial phase of measurement to goal is to understand what percentage of patients have been assessed for their experience of care. Organizations may look evaluate what percentage of those screened, had specific score ranges that are identified as negative vs. positive experiences in order to address specific areas of concern or incentives favorable outcomes. The eight question Client Satisfaction Questionnaire (CSQ-8) is the main tool used for this measure.[2]
References	1. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf 2. Larsen DL, Attkisson CC, Hargreaves WA, Nguyen TD. Assessment of client/patient satisfaction: development of a general scale. Evaluation and Program Planning. 1979;2(3):197-207. PMID: 10245370 DOI: 10.1016/0149-7189(79)90094-6. https://www.recoveryanswers.org/assets/csq.pdf

New Mexico Behavioral Health Quality Measures Specifications	
Measure P04	Regular Engagement of Care
Measure Category	☒ Mandatory ☐ Access ☐ Optional: Process ☐Optional: Outcome
Measure Focus	☒Person Based: Engagement in Care ☐Utilization Based ☐Encounter Based ☐Timeliness Based ☐Program Based ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of this performance measure is to monitor how many patients are engaged in regular care and how often. Growing evidence shows that individuals with higher patient engagement (i.e., the knowledge, skills, and confidence to become actively engaged in their health care) have better health outcomes.
Values to be Reported	
Numerator	Number of attributed patients with 1 or more visits in each month for any service provided.
Denominator	Number of attributed patients with 1 or more visits.
Formula	$(\%) = \frac{\#\ of\ Patients\ with\ \geq 1\ Visits\ per\ Month}{\#\ of\ Patients\ with\ \geq 1\ Visits} * 100$
Population Eligibility	No age limit.
Exclusions	None at this time.
Unit of Analysis	Visits
Desired Direction	Increase
Calculation Interpretation	(%) Higher percentage indicates improvement.
Measurement Period	Measurement Period (MP) is a timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY.[1]
Measurement Year	Measurement Year (MY) is a timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[1]
Data Sources	Behavioral Health Organizations' Patient Health Records, Encounters, and Roster files.
Data Elements	Data elements from data submission .csv template: Patient Info csv: ORG ID, MRN, Pt Disenrollment Date from All Services (Columns A, B, F) --- Encounter csv: ORG ID, MRN, Date of Visit (Columns A, B, Q)

Measure Notes	Measure Steward: Organization specific. *Attribution*: Approach specific to each organization geared towards assigning provider accountability to patients to assess quality of care and improve system optimization.[2] Pros of calculation methods: no need to account for falling off/on roster, or continuous eligibility. At the end of the year, a calculation of % of patients with 100% engagement is possible. This measure tracked at the patient level can provide insight into how long patients stay engaged, how many have "regular" engagement, and could offer the ability to predict this by other variables such as demographics, social needs, experience, etc.
References	1. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf 2. Riley W, Love K, Wilson C. Patient Attribution—A Call for a System Redesign. JAMA Health Forum. 2023;4(3):e225527

New Mexico Behavioral Health Quality Measures Specifications	
Measure P04	Regular Engagement of Care by Member Month
Measure Category	☒ Mandatory ☐ Access ☐ Optional: Process ☐Optional: Outcome
Measure Focus	☒Person Based: Engagement in Care ☐Utilization Based ☐Encounter Based ☐Timeliness Based ☐Program Based ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of this performance measure is to gain understanding of how frequently the patient engages in care. Growing evidence shows that individuals with higher patient engagement (i.e., the knowledge, skills, and confidence to become actively engaged in their health care) have better health outcomes.
Values to be Reported	
Numerator	Number of months for attributed patients with 1 or more visits in each month for any service provided.
Denominator	Number of months for attributed patients with 1 or more visits.
Formula	$$(\%) = \frac{\#\ of\ Months\ Patients\ with\ \geq 1\ Visits}{\#\ of\ Total\ Months\ Patients\ with\ \geq 1\ Visits} * 100$$ *Example:* Numerator: 3 months (Oct./Nov./Feb.) where patients was engaged Denominator: 9 months (Oct./Nov./Dec./Jan./Feb./Mar./Apr./May./Jun
Population Eligibility	No age limit.
Exclusions	None at this time.
Unit of Analysis	Months
Desired Direction	Increase
Calculation Interpretation	(%) Higher percentage indicates improvement.
Measurement Period	Measurement Period (MP) is a timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY.[1]
Measurement Year	Measurement Year (MY) is a timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[1]
Data Sources	Behavioral Health Organizations' Patient Health Records, Encounters, and Roster files.
Data Elements	Data elements from data submission .csv template: Patient Info csv: ORG ID, MRN, Pt Disenrollment Date from All Services (Columns A, B, F) ----------

	Encounter csv: ORG ID, MRN, Date of Visit (Columns A, B, Q)
Measure Notes	Measure Steward: Organization specific. *Attribution*: Approach specific to each organization geared towards assigning provider accountability to patients to assess quality of care and improve system optimization.[2] Pros of calculation methods: no need to account for falling off/on roster, or continuous eligibility. At the end of the year, a calculation of % of patients with 100% engagement is possible. This measure tracked at the patient level can provide insight into how long patients stay engaged, how many have "regular" engagement, and could offer the ability to predict this by other variables such as demographics, social needs, experience, etc.
References	1. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf 2. Riley W, Love K, Wilson C. Patient Attribution—A Call for a System Redesign. JAMA Health Forum. 2023;4(3):e225527

New Mexico Behavioral Health Quality Measures Specifications	
Measure T01	Date from First Administrative Contact to First Clinical Service
Measure Category	☒ Mandatory ☐ Access ☐ Optional: Process ☐Optional: Outcome
Measure Focus	☐Person Based ☐Utilization Based ☐Encounter Based ☒Timeliness Based ☐Program Based ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of this performance measure is to monitor the length of time for new patients from initial patient contact to first billable service. Tracking this measure will allow for assessing the average days it takes to get patients in for evaluation from referral with stratifications for demographics, patient experience, social need, etc. to identify potential disparities and help to target efforts to minimize wait times.
Values to be Reported	
Numerator	Number of days from first contact for new patients to first billable service with behavioral health provider.
Denominator	Number of newly attributed patients with an intake visit. Patients must have had no visits at the behavioral health clinic in the past 6 months.
Formula	$(Avg.\ Days) = \frac{\#\ of\ Days\ from\ First\ Contact\ with\ New\ Patients\ to\ First\ Service}{\#\ of\ New\ Patients\ with\ an\ Intake\ Visit}$
Population Eligibility	No age limit.
Exclusions	None at this time.
Unit of Analysis	Days; Patients
Desired Direction	Decrease (average number of days).
Calculation Interpretation	(Average) Lower average days indicate improvement.
Measurement Period	Measurement Period (MP) is a timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY.[1]
Measurement Year	Measurement Year (MY) is a timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[1]
Data Sources	Behavioral Health Organizations' Patient Health Records and Roster file.
Data Elements	Data elements from data submission .csv template: Org ID, MRN, Date of First Administrative Contact (Intake), Date of First Visit (clinical/billable), Treat First (y/n) (Patient Info csv columns A, B, D, E)

Measure Notes	Measure Steward: SAMSHA: Treatment Planning/Evaluation; psycho-social evaluation. *Attribution*: Approach specific to each organization geared towards assigning provider accountability to patients to assess quality of care and improve system optimization.[2] *First Contact*: the first time that the person (or family/caregiver/guardian if the person is a child) contacts (call or walk-in for an appointment) the Behavioral Health Clinic (BHC) to obtain services, but also applies to a person if they have not received services by the BHC during the previous 6 months. A first contact also could be a crisis service provided by the BHC for a walk-in visit.
References	1. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf 2. Riley W, Love K, Wilson C. Patient Attribution—A Call for a System Redesign. JAMA Health Forum. 2023;4(3):e225527.

New Mexico Behavioral Health Quality Measures Specifications	
Measure T01	Date from First Administrative Contact to First Clinical Service- Treat First
Measure Category	☒ Mandatory ☐ Access ☐ Optional: Process ☐Optional: Outcome
Measure Focus	☐Person Based ☐Utilization Based ☐Encounter Based ☒Timeliness Based ☐Program Based ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of this performance measure is to evaluate for effective access for patients presenting for care when considered "Treat First". Tracking this measure will allow for assessing the average days it takes to get patients to be treated after they had an Intake and Evaluation.
Values to be Reported	
Numerator	Number of days from first contact for new patients to first treat service with behavioral health provider.
Denominator	Number of newly attributed patients with an intake visit and a treat visit. Patients must have had no visits at the behavioral health clinic in the past 6 months.
Formula	$(Avg.\ Days) = \frac{\#\ of\ Days\ from\ First\ Contact\ with\ New\ Patients\ to\ First\ BH\ Service}{\#\ of\ New\ [Treat\ First]\ Patients\ with\ an\ Intake\ Visit}$
Population Eligibility	No age limit.
Exclusions	None at this time.
Unit of Analysis	Days; Patients
Desired Direction	Decrease (average number of days).
Calculation Interpretation	(%) Lower average days indicates improvement.
Measurement Period	Measurement Period (MP) is a timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY.[1]
Measurement Year	Measurement Year (MY) is a timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[1]
Data Sources	Behavioral Health Organizations' Patient Health Records and Roster file.
Data Elements	Data elements from data submission .csv template: Org ID, MRN, Date of First Administrative Contact (Intake), Date of First Visit (clinical/billable), Treat First (y/n) (Patient Info csv columns A, B, D, E)

Measure Notes	Measure Steward: SAMSHA: Treatment Planning/Evaluation; psycho-social evaluation. *Attribution*: Approach specific to each organization geared towards assigning provider accountability to patients to assess quality of care and improve system optimization.[1] *First Contact*: the first time that the person (or family/caregiver/guardian if the person is a child) contacts (call or walk-in for an appointment) the Behavioral Health Clinic (BHC) to obtain services, but also applies to a person if they have not received services by the BHC during the previous 6 months. A first contact also could be a crisis service provided by the BHC for a walk-in visit.
References	1. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf

New Mexico Behavioral Health Quality Measures Specifications	
Measure E01	All Cause Readmissions
Measure Category	☒ Mandatory ☐ Access ☐ Optional: Process ☐Optional: Outcome
Measure Focus	☐Person Based ☐Utilization Based ☒Encounter Based ☐Timeliness Based ☐Program Based ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of this performance measure is to monitor the trend of inpatient stays (for any reason) resulting in readmissions within 30 days. The literature shows that almost 20% of patients experience adverse events within 3 weeks of discharge of which the majority of events could have been prevented.[1] Similarly, about 20% of Medicare beneficiaries discharged from a hospital were rehospitalized within 30 days of discharge.[2] Evaluating readmissions will help to demonstrate the potential cost-savings to healthcare payers and reduced health care expenses for individuals being treated.
Values to be Reported	
Numerator	Number of inpatient readmissions within 30 days with any diagnosis for attributed patients aged 18 years and older.
Denominator	Number of inpatient admission visits for attributed patients aged 18 years and older, with 1 or more inpatient admission visits **and** 1 or more behavioral health visits.
Formula	$(\%) = \frac{\#\ of\ Patients\ with\ Inpatient\ Non\_BH\ Readmission\ within\ 30\ days\ from\ their\ Last\ Admission}{\#\ of\ Patients\ with\ \geq 1\ Inpatient\ Visits\ and\ \geq 1\ BH\ Visits}$
Population Eligibility	Patients aged 18 years and older.
Exclusions	*Denominator*: 'Pregnancy', 'Perinatal Conditions' *Numerator*: 'Pregnancy', 'Perinatal Conditions', 'Chemotherapy Encounter', 'Rehabilitation', 'Kidney Transplant', 'Bone Marrow Transplant', 'Organ Transplant Other Than Kidney', 'Introduction of Autologous Pancreatic Cells', 'Potentially Planned Procedures'.
Unit of Analysis	Admissions Visits; Readmission Visits
Desired Direction	Decrease
Calculation Interpretation	(%) Lower percentage indicates improvement.
Measurement Period	Measurement Period (MP) is a timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY.[3]

Measurement Year	Measurement Year (MY) is a timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[3]
Data Sources	SYNCRONYS Health Information Exchange (HIE) Inpatient Encounters and Roster file.
Data Elements	Data elements from data submission .csv template: Org ID and MRN.
Measure Notes	Measure Steward: NCQA (modified HEDIS). Counts are admissions and readmissions, not individuals. Thus, someone hospitalized multiple times for the same condition may be counted more than once. Additionally, one hospital encounter may include multiple codes for the same condition, i.e., alcohol-related ICD-10-CM codes, but this encounter would only be counted once in the numerator. *Attribution*: Approach specific to each organization geared towards assigning provider accountability to patients to assess quality of care and improve system optimization.[4] Since this measure is cumulative, meaning once a patient is in numerator, they can't fall out of the numerator unless they also are removed from the denominator, the most recent date of submission has the cumulative counts of people meeting the measure.
References	1. Forster AJ, Murff HJ, Peterson JF, et al. The incidence and severity of adverse events affecting patients after discharge from the hospital. Ann Intern Med. 2003;138(3):161-7. 2. Jencks SF, Williams MV, Coleman EA. Rehospitalizations among patients in the Medicare fee-for-service program. N Engl J Med. 2009 Apr 2;360(14):1418-28. doi: 10.1056/NEJMsa0803563. Erratum in: N Engl J Med. 2011 Apr 21;364(16):1582. PMID: 19339721. 3. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf 4. Riley W, Love K, Wilson C. Patient Attribution—A Call for a System Redesign. JAMA Health Forum. 2023;4(3):e225527.

New Mexico Behavioral Health Quality Measures Specifications	
Measure E01	Sub-measure: All Cause Readmissions- Behavioral Health Readmissions in 30 Days
Measure Category	☒ Mandatory ☐ Access ☐ Optional: Process ☐Optional: Outcome
Measure Focus	☐Person Based ☐Utilization Based ☒Encounter Based ☐Timeliness Based ☐Program Based ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of this performance measure is to monitor the trend of inpatient stays related to behavioral health resulting in 30-day readmissions. The literature shows that almost 20% of patients experience adverse events within 3 weeks of discharge of which the majority of events could have been prevented.[1] Similarly, about 20% of Medicare beneficiaries discharged from a hospital were rehospitalized within 30 days of discharge.[2] Evaluating readmissions will help to demonstrate the potential cost-savings to healthcare payers and reduced health care expenses for individuals being treated.
Values to be Reported	
Numerator	Number of 30-day inpatient readmissions with primary and secondary behavioral health diagnosis for attributed patients aged 18 years and older.
Denominator	Number of behavioral health inpatient admission visits for attributed patients aged 18 years and older **and** 1 or more behavioral health visits.
Formula	$(\%) = \frac{\#\ of\ Patients\ with\ Inpatient\ BH\ Readmission\ within\ 30\ days\ from\ their\ last\ Admission}{\#\ of\ Patients\ with\ \geq 1\ Inpatient\ Visits\ and\ \geq 1\ BH\ Visits}$
Population Eligibility	Patients aged 18 years and older.
Exclusions	*Denominator*: 'Pregnancy', 'Perinatal Conditions' *Numerator*: 'Pregnancy', 'Perinatal Conditions', 'Chemotherapy Encounter', 'Rehabilitation', 'Kidney Transplant', 'Bone Marrow Transplant', 'Organ Transplant Other Than Kidney', 'Introduction of Autologous Pancreatic Cells', 'Potentially Planned Procedures'.
Unit of Analysis	Behavioral Health Admission Visits; Behavioral Health Readmission Visits
Desired Direction	Decrease
Calculation Interpretation	(%) Lower percentage indicates improvement.
Measurement Period	Measurement Period (MP) is a timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY.[3]

Measurement Year	Measurement Year (MY) is a timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[3]
Data Sources	SYNCRONYS Health Information Exchange (HIE) Inpatient Encounters, Readmission Visits and Roster file.
Data Elements	Data elements from data submission .csv template: Org ID and MRN.
Measure Notes	Measure Steward: NCQA (modified HEDIS). Counts are behavioral health admissions and readmissions, not individuals. Thus, someone hospitalized multiple times for the same condition may be counted more than once. Additionally, hospital encounter may include multiple codes ICD-10 for behavioral health condition (i.e., eight columns) but only primary and/or secondary behavioral health diagnosis will be counted. *Attribution*: Approach specific to each organization geared towards assigning provider accountability to patients to assess quality of care and improve system optimization.[3] Since this measure is cumulative, meaning once a patient is in numerator, they can't fall out of the numerator unless they also are removed from the denominator, the most recent date of submission has the cumulative counts of people meeting the measure.
References	1. Forster AJ, Murff HJ, Peterson JF, et al. The incidence and severity of adverse events affecting patients after discharge from the hospital. Ann Intern Med. 2003;138(3):161-7. 2. Jencks SF, Williams MV, Coleman EA. Rehospitalizations among patients in the Medicare fee-for-service program. N Engl J Med. 2009 Apr 2;360(14):1418-28. doi: 10.1056/NEJMsa0803563. Erratum in: N Engl J Med. 2011 Apr 21;364(16):1582. PMID: 19339721. 3. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf 4. Riley W, Love K, Wilson C. Patient Attribution—A Call for a System Redesign. JAMA Health Forum. 2023;4(3):e225527.

Access Measures

New Mexico Behavioral Health Quality Measures Specifications	
Measure P06	Follow-up After Emergency Department Visit for Mental Illness (FUM)
Measure Category	☐ Mandatory ☒ Access ☐ Optional: Process ☐Optional: Outcome
Measure Focus	☐Person Based: Clinical Quality ☐Utilization Based ☒Encounter Based ☐Timeliness Based ☐Program Based ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of this performance measure is to monitor the proportion of patients aged 6 years and older who have been discharged from the emergency department (ED) with a diagnosis of mental illness or intentional self-harm and who have had a follow-up visit for mental illness. FUM helps identify successes and areas to improve follow-up for members leaving the ED. Studies show that timely follow-up for mental health patients leads to fewer repeat ED visits, better overall health, and greater adherence to care instructions. Many patients with mental health disorders seen in the ED miss appropriate follow-up, but timely follow-up can improve outcomes and reduce the need for further hospitalizations, lowering total care costs.[1,2]
Values to be Reported	
Numerator	A follow-up visit with 1) any practitioner, 2) with a principal diagnosis of a mental health disorder or 3) with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder 4) within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit.
Denominator	An ED visit with a principal diagnosis of mental illness or intentional self-harm during the measurement year.
Formula	Two rates are calculated for this measure: 1. % of ED visits for which the patient had follow-up within 30 days after an ED visit (31 days total) 2. % of ED visits for which the patient had follow-up within 7 days after an ED visit (total 8 days) *The formula is not included due to its complexity; please consult the HEDIS specifications for details.*
Population Eligibility	Aged 6 years and older.
Exclusions	As per HEDIS measure specifications.
Unit of Analysis	ED Visits; Follow-up Visits
Desired Direction	Increase
Calculation Interpretation	(%) Higher percentage of follow-up visits completed by provider indicates improvement.

Measurement Period	Timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY.[3]
Measurement Year	Timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[3]
Data Sources	Behavioral Health Organizations' Patient Health Records, ED and Outpatient Encounters, and Roster files.
Data Elements	Data elements from data submission .csv template: Org ID and MRN.
Measure Notes	Measure Steward: National Committee for Quality Assurance (NCQA); Healthcare Effectiveness Data and Information Set (HEDIS). The CPT/HCPCS/HCPC codes are available in the HEDIS specifications.
references	1. NCDHHS North Carolina's Medicaid Quality Measurement Technical Specifications Manual for Standard Plans and Behavioral Health Intellectual/Developmental Disability Tailored Plans Version 1.6 OCT2023. 2. NCQA HEDIS National Committee for Quality Assurance (NCQA) HEDIS. 3. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf

New Mexico Behavioral Health Quality Measures Specifications	
Measure P06	Follow-up After Emergency Department Visit for Substance Use (FUA)
Measure Category	☐ Mandatory ☒ Access ☐ Optional: Process ☐Optional: Outcome
Measure Focus	☐Person Based: Clinical Quality ☐Utilization Based ☒Encounter Based ☐Timeliness Based ☐Program Based ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of this performance measure is to monitor the proportion of patients aged 13 years and older who have been discharged from the emergency department (ED) with a principal diagnosis of substance use disorder (SUD), who had a follow-up visit for SUD. Timely follow-up for ED patients with SUD can lower substance use, avoid repeat ED visits and hospitalizations, and decrease length of stay. According to SAMHSA, over 21 million Americans aged 12 years and older needed substance use treatment, yet only 4.2 million received it.[1]
Values to be Reported	
Numerator	A follow-up visit or a pharmacotherapy dispensing event within 7 days after the ED visit (8 total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.
Denominator	An ED visit with a principal diagnosis of SUD or any diagnosis of drug overdose during the measurement year.
Formula	Two rates are calculated for this measure: 1. % of ED visits for which the patient had follow-up within 30 days after an ED visit (31 days total) 2. % of ED visits for which the patient had follow-up within 7 days after an ED visit (total 8 days) *The formula is not included due to its complexity; please consult the HEDIS specifications for details.*
Population Eligibility	Patients aged 13 years and older.
Exclusions	As per HEDIS measure specifications.
Unit of Analysis	ED Visits; Follow-up Visits
Desired Direction	Increase
Calculation Interpretation	(%) Higher percentage of follow-up visits completed by provider indicates improvement.
Measurement Period	Timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY.[2]
Measurement Year	Timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[2]

Data Sources	Behavioral Health Organizations' Patient Health Records, ED and Outpatient Encounters, and Roster files.
Data Elements	Data elements from data submission .csv template: Org ID and MRN.
Measure Notes	Measure Steward: National Committee for Quality Assurance (NCQA); Healthcare Effectiveness Data and Information Set (HEDIS). The CPT/HCPCS/HCPC codes are available in the HEDIS specifications.
References	1. NCQA HEDIS National Committee for Quality Assurance (NCQA) HEDIS. 2. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf

New Mexico Behavioral Health Quality Measures Specifications	
Measure P06	Follow-up After Hospitalization for Mental Illness (FUH)
Measure Category	☐ Mandatory ☒ Access ☐ Optional: Process ☐Optional: Outcome
Measure Focus	☐Person Based: Clinical Quality ☐Utilization Based ☒Encounter Based ☐Timeliness Based ☐Program Based ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of this performance measure is to monitor the proportion of patients aged 6 and older discharged for a diagnosis of mental illness or intentional self-harm that resulted in follow-up care with a mental health provider within 7 and 30 days. Individuals hospitalized for mental health disorders frequently do not receive sufficient follow-up care. Follow-up care after psychiatric hospitalization has been shown to improve outcomes, lower the likelihood of re-hospitalization, and decrease outpatient costs. Research indicates that those who receive this care are less likely to be readmitted to inpatient facilities. Continuity of care may lead to improved mental health outcomes and support a return to baseline functioning in less restrictive settings.[1,2,3]
Values to be Reported	
Numerator	A follow-up visits with a mental health provider within 30 days or 7 days after discharge.
Denominator	An acute inpatient discharge with a principal diagnosis of mental illness or intentional self-harm on the discharge claim during the measurement year.
Formula	Two rates are calculated for this measure: 1. % of discharges for which the patient had follow-up within 30 days after an inpatient admission (31 days total) 2. % of discharges for which the patient had follow-up within 7 days after an inpatient admission (8 days total) *The formula is not included due to its complexity; please consult the HEDIS specifications for details.*
Population Eligibility	Patients aged 6 years and older.
Exclusions	As per HEDIS measure specifications.
Unit of Analysis	Inpatient Admission Visits; Follow-up Visits
Desired Direction	Increase
Calculation Interpretation	(%) Higher percentage of follow-up visits completed by provider indicates improvement.

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Measurement Period	Timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY.[4]
Measurement Year	Timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[4]
Data Sources	Behavioral Health Organizations' Patient Health Records, Inpatient and Outpatient Encounters, and Roster files.
Data Elements	Data elements from data submission .csv template: Org ID and MRN.
Measure Notes	Measure Steward: National Committee for Quality Assurance (NCQA); Healthcare Effectiveness Data and Information Set (HEDIS). Mental health provider is identified via the Encounter Facility. If the Encounter Facility is one of the participating BH organizations, then they meet the criteria for a mental health provider The CPT/HCPCS/HCPC codes are available in the HEDIS specifications.
References	1. NCQA HEDIS National Committee for Quality Assurance (NCQA) HEDIS. 2. Smith et al. (2017). Psychiatric Inpatient Discharge Planning Practices and Attendance at Aftercare Appointments. Psychiatric Services, 68(1), 92-95. (doi:10.1176/appi.ps.201500552) 3. Hengartner, Michael P., et al. (2015). Introduction of a psychosocial post-discharge intervention program aimed at reducing psychiatric re- hospitalization rates and at improving mental health and functioning. Perspectives in Psychiatric Care, 53(1): 10–15. (doi:10.1111/ppc.12131) 4. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf

Process Measures

New Mexico Behavioral Health Quality Measures Specifications	
Measure P06	Measurement Based Care: Other (GAD-7, Columbia, org. specific)
Measure Category	☐ Mandatory ☐ Access ☒ Optional: Process ☐Optional: Outcome
Measure Focus	☒Person Based: Clinical Quality ☐Utilization Based ☐Encounter Based ☐Timeliness Based ☐Program Based ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of this performance measure is to monitor the proportion of patients with Measure Informed Care (MIC). MBC is an evidence-based practice of using consistent and routine assessment of the patient-reported progress and outcome. Reported benefits of MBC are increased feedback to patients regarding treatment progress, higher level of engagement and respect, enhanced clinical responsiveness among other benefits.
Values to be Reported	
Numerator	Number of attributed patients with 3 or more assessments completed for the same presenting problem/condition (indication).
Denominator	Number of attributed patients with 1 or more visits **and** with 1 or more assessments completed.
Formula	$$(\%) = \frac{\#\ of\ Patients\ with\ \geq 3\ Assessments}{\#\ of\ Patients\ with \geq 1\ Visits\ and\ \geq 1\ Assessments} * 100$$
Population Eligibility	Patient's age dependent on the assessment best practices.
Exclusions	None at this time.
Unit of Analysis	Unique Patients; Age Dependent Assessment
Desired Direction	Increase
Calculation Interpretation	(%) Higher percentage of assessments completed by patients indicate improvement.
Measurement Period	Measurement Period (MP) is a timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY.[1]
Measurement Year	Measurement Year (MY) is a timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[1]
Data Sources	Behavioral Health Organizations' Patient Health Records, Encounters, and Roster files. Screening tools for Measurement Based Care (GAD7, Columbia Suicide).
Data Elements	Data elements from data submission .csv template: Org ID, MRN, Date of GAD7 or other assessment, Name of Assessment (opt), Total Score, Category of Severity (GAD7 csv columns A, B, D, E, F, G).

Measure Notes	Measure Steward: American Psychological Association (APA). Organization chooses to report on either GAD-7 or Colombia assessment. Generalized Anxiety Disorder 7 (GAD-7): The GAD-7 is a seven-item scale used to assess symptoms of generalized anxiety disorder (GAD). All 3 assessments need to be the same i.e., 3 GAD-7 instead of 1 GAD-7 and 2 Columbia assessment or Vineland.
References	1. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf

New Mexico Behavioral Health Quality Measures Specifications	
Measure P07	Improving Language Access
Measure Category	☐ Mandatory ☐ Access ☒ Optional: Process ☐Optional: Outcome
Measure Focus	☒Person Based: Equity ☐Utilization Based ☐Encounter Based ☐Timeliness Based ☐Program Based ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of this performance measure is monitoring the proportion of patients where language access for patients was administered. This measure is intended to identify if patients can access healthcare in the language of their preference. Research shows that language barriers can result in many challenges including being associated with health disparities, have a major impact on the quality of healthcare patients receive, increased number of services consumed by patients, and resulting in higher medical costs.
Values to be Reported	
Numerator	Number of attributed patients with 1 or more visits and 1 or more Improving Language Access assessment competed.
Denominator	Number of attributed patients with 1 or more visits.
Formula	$(\%) = \frac{\#\ of\ Patients\ with\ \geq 1\ Visits\ and\ \geq 1\ Improving\ Language\ Assessments}{\#\ of\ Patients\ with \geq 1\ Visits} * 100$
Population Eligibility	No age limit. Parents or other authorized caregivers can do assess on behalf of children. Patient is required to be listed as active on the BH organizational roster.
Exclusions	None at this time.
Unit of Analysis	Unique Patients; Improving Language Access Assessment
Desired Direction	Increase
Calculation Interpretation	(%) Higher percentage of patients screened for this social need indicates improvement.
Measurement Period	Measurement Period (MP) is a timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY.[1]
Measurement Year	Measurement Year (MY) is a timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[1]
Data Sources	Behavioral Health Organizations' Patient Health Records, Encounters, and Roster files. Screening tool for language burden or SDOH PRAPARE.

Data Elements	Data elements from data submission .csv template: Language csv Org ID, MRN, Date of Assessment (Columns A, B, C) ----OR---- SDOH PRAPARE csv Org ID, MRN, Date of PRAPARE assessment, Language Most Commonly Spoken (Columns A, B, D, P) ----OR---- Patient Info csv Org ID, MRN, Were Translation Services Needed, Were Translation Services Provided (cond. req) (Columns A, B, J, K).
Measure Notes	Measure Steward: Organization specific. Assessment for access to healthcare in the language of preference can range from asking the patient about their language, their preferred language, their English proficiency, or it can include offering materials in patients' preferred language both written and spoken (through translator) as a percent of visits where these services were provided.
References	1. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf

New Mexico Behavioral Health Quality Measures Specifications	
Measure P08	Measure of Financial Burden to Patient
Measure Category	☐ Mandatory ☐ Access ☒ Optional: Process ☐Optional: Outcome
Measure Focus	☒Person Based: Cost of Care ☐Utilization Based ☐Encounter Based ☐Timeliness Based ☐Program Based ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of this performance measure is monitoring the proportion of patients assessed for financial burden. Tracking this measure can help address disparities, for example, offering patients options for financial repayment or referring them to community based financial support.
Values to be Reported	
Numerator	Number of attributed patients with 1 or more Financial Burden assessment completed.
Denominator	Number of attributed patients with 1 or more visits.
Formula	$(\%) = \frac{\#\ of\ Patients\ with\ \geq 1\ Visits\ and\ \geq 1\ Financial\ Burden\ Assessments}{\#\ of\ Patients\ with \geq 1\ Visits} * 100$
Population Eligibility	No age limit. Parents or other authorized caregivers can do assess on behalf of children. Patient is required to be listed as active on the BH organizational roster.
Exclusions	None at this time.
Unit of Analysis	Unique Patients; Financial Burden Assessment
Desired Direction	Increase
Calculation Interpretation	(%) Higher percentage of patients screened for this social need indicates improvement.
Measurement Period	Measurement Period (MP) is a timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY.[1]
Measurement Year	Measurement Year (MY) is a timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[1]
Data Sources	Behavioral Health Organizations' Patient Health Records, Encounters, and Roster files. Screening tool for financial burden or SDOH PRAPARE or SDOH WellRx.
Data Elements	Data elements from data submission .csv template: SDOH PRAPARE csv Org ID, MRN, Date of PRAPARE Assessment, and any one of these columns valued: (Housing Insecurity, Food Insecurity, Utilities Insecurity, Lack of Childcare, Transportation, Unemployed Are you unemployed or without regular income with answer Y or N). (Columns A, B, D plus any one of E, F, G, H, I, J) ---OR---

	SDOH WellRx csv Org ID, MRN, Date of Assessment, and any one of these columns valued (Housing Insecurity, Food Insecurity, Utility Insecurity Utilities Concern, Lack of Childcare, Transportation Insecurity, Unemployment) (Columns A, B, D, F, G, H, I, J, K) ---OR--- Financial Burden csv Org ID, MRN, Date of FB Assessment, Financial Burden (y/n) (Columns A, B, C, D).
Measure Notes	Measure Steward: Organization specific.
References	1. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf

New Mexico Behavioral Health Quality Measures Specifications	
Measure P05	ASD Set of Patient-Centered Measures: Functional Assessment Score Change: Vineland Adaptive Behavioral Score Assessment
Measure Category	☐ Mandatory ☐ Access ☒ Optional: Process ☐Optional: Outcome
Measure Focus	☒Person Based ☐Utilization Based ☐Encounter Based ☐Timeliness Based ☐Program Based ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of this performance measure is to monitor the proportion of patients with Vineland Adaptive Behavior Scale Assessment (VABS). VABS is the most frequently used tool for evaluation of individuals with developmental disabilities and helps practitioners design treatment plans for adaptive behaviors including the ability to cope with environmental changes, to learn new everyday skills, and to demonstrate independence.
Values to be Reported	
Numerator	Number of attributed patients with more than 1 Vineland Behavioral Health Score assessments completed.
Denominator	Number of attributed patients with 1 or more visits and with 1 or more Vineland Behavioral Health Score assessments completed.
Formula	$(\%) = \frac{\#\ of\ Patients\ with > 1\ Vineland\ Behavioral\ Scores}{\#\ of\ Patients\ with \geq 1\ Visits\ and\ \geq 1\ Vineland\ Behavioral\ Scores} * 100$
Population Eligibility	No age limit. Parents or other authorized caregivers can do assess on behalf of children. Patient is required to be listed as active on the BH organizational roster.
Exclusions	None at this time.
Unit of Analysis	Unique Patients; Vineland Behavioral Health Score
Desired Direction	Increase
Calculation Interpretation	(%) Higher percentage indicates improvement.
Measurement Period	Measurement Period (MP) is a timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY.[1]
Measurement Year	Measurement Year (MY) is a timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[1]
Data Sources	Behavioral Health Organizations' Patient Health Records, Encounters, and Roster files. Screening tool for Vineland Behavioral Score.
Data Elements	Data elements from data submission .csv template: Org ID, Pt MRN, Date of Vineland Behavioral Assessment, Vineland Composite Behavioral Score (optional) (Vineland csv Columns A, B, D, E (opt))

Measure Notes	Measure Steward: International Consortium for Health Outcomes Measurement (ICHOM). Autism spectrum disorder (ASD) set of Patient-Centered Outcome Measures Functional Assessment Score Change - Vineland Behavior Scale. Focus area of Applied Behavioral Analysis (ABA).
References	1. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf

New Mexico Behavioral Health Quality Measures Specifications	
Measure NA	Net Promotor Sore
Measure Category	☐ Mandatory ☐ Access ☒ Optional: Process ☐Optional: Outcome
Measure Focus	☐Person Based ☐Utilization Based ☐ Encounter Based ☐Timeliness Based ☐Program Based ☒Organization Based
	DESCRIPTIONS
Purpose	The purpose of this performance measure is to monitor the level of patient loyalty and satisfaction. Tracking this measure will allow for assessing organizational growth and sustainability while increasingly improving patient experience and loyalty.[1]
Values to be Reported	
Numerator	The monthly percentage of Net Promoter Score of 9 or 10 collected from attributed patients within six months.
Denominator	Number of months the Net Promoter Score was submitted for attributed patients with 1 or more visits within six months.
Formula	$(Average) = \frac{Score\ (Month1 + Month2 + Month3 + Month3 + Month5 + Month6)}{6\ (\#\ of\ months)}$
Population Eligibility	No age limit. Parents or other authorized caregivers can do assess on behalf of children. Patients are required to be listed as active on the BH organizational roster.
Exclusions	NPS less than 9.
Unit of Analysis	Months; Net Promoter Score Percentage
Desired Direction	Increase
Calculation Interpretation	(%) Higher scores indicate improvement.
Measurement Period	Measurement Period (MP) is a timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY.[2]
Measurement Year	Measurement Year (MY) is a timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[2]
Data Sources	Behavioral Health Organizations' Patient Roster files and NPS files.
Data Elements	Data elements from data submission .csv template: Org ID, Start Date, End Date, Facility Code, Net Promoter Score (NPS csv Columns A, B, C, D, E).

Measure Notes	Measure Steward: Brain and Co. Value provided based on collected NPS scores from attributed patients during the measurement period represents the percentage of surveys returned with a score of 9 or 10. In the NMBHPA dashboard, this measure score is reported twice: 1. NPS July-December 2. NPS Jan-June *Attribution*: Approach specific to each organization geared towards assigning provider accountability to patients to assess quality of care and improve system optimization.[3]
References	1. Net Promoter, NPS. Brain & Company, Inc. Accessed at: https://elcentro.sonhs.miami.edu/research/measures-library/csq-8/index.html https://www.bain.com/consulting-services/customer-strategy-and-marketing/net-promoter-score-system/ 2. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf 3. Riley W, Love K, Wilson C. Patient Attribution—A Call for a System Redesign. JAMA Health Forum. 2023;4(3):e225527

[3]

Outcome Measures

New Mexico Behavioral Health Quality Measures Specifications	
Measure P09	Depression Remission
Measure Category	☐ Mandatory ☐ Access ☐ Optional: Process ☒Optional: Outcome
Measure Focus	☒Person Based: Health Outcomes ☐Utilization Based ☐Encounter Based ☐Timeliness Based ☐Program Based ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of this performance measure is to monitor the proportion of patients with Major Depression or Dysthymia who have reached remission at 6-8 months after a depressive episode. Depression is a risk factor for chronic illnesses and negative health outcomes. Adverse health risk behaviors and psychobiological factors associated with depression may explain depression's negative effect on outcomes of chronic illness.[1] Tracking this measure will help providers with patient's treatment goals, reduce relapse and recurrence. Managing suicidal depression is shown to reduce the risk of suicide attempts and suicide.
Values to be Reported	
Numerator	Number of attributed patients aged 12 years and older with ALL of the following criteria documented and met at 4-8 months after the initial elevated score, at the time of the visit: • One follow-up PHQ-9 score • PHQ-9 score less than 5 • 50% or more reduction in the PHQ-9 score following the initial elevated score
Denominator	Number of attributed patients aged 12 years and older with 1 or more visits: **AND**: • Diagnosis of Major Depressive Disorder or Dysthymia **OR** • Initial PHQ-9 score greater than 9
Formula	
$(\%) = \frac{\#\ of\ Patients\ with \geq 1\ and\ \geq PHQ9\ score\ less\ than\ 5\ and\ \geq 50\%\ reduction\ since\ the\ initial\ PHQ9\ elevated\ score:\ -/+60\ days}{\#\ of\ Patients\ with \geq 1\ Visits\ and\ MDD\ or\ initial\ PHQ9\ greater\ than\ 9} * 100$	
Population Eligibility	New patients aged 12 years and older at time of initial evaluation. Patient needs to be on roster for at least 4 months.
Exclusions	None at this time.
Unit of Analysis	Patient; PHQ-9 Screening
Desired Direction	Increase
Calculation Interpretation	(%) Higher rate of depression screening indicates improvement.
Measurement Period	Measurement Period (MP) is a timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY. [2]

Measurement Year	Measurement Year (MY) is a timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[2]
Data Sources	Behavioral Health Organizations' Patient Health Records, Encounters, and Roster files. Screening tool for depression: PHQ-9 tool.
Data Elements	Data elements from data submission .csv template: ORG ID, MRN, Date of PHQ-9 Assessment, Total Score, Category of Depression: (PHQ-9 csv Columns A, B, D, E, F).
Measure Notes	Measure Steward: MN Community Measurement (MNCM). These data will represent a subset of the population defined in the measure PHQ-9. *Initial Event* is the date on which the first reported elevated PHQ-9 score gather than 9, AND an active diagnosis of Depression or Dysthymia occurs within the measurement period.
References	1. Katon WJ. Epidemiology and treatment of depression in patients with chronic medical illness. Dialogues Clin Neurosci. 2011;13(1):7-23. doi: 10.31887/DCNS.2011.13.1/wkaton. PMID: 21485743; PMCID: PMC3181964.1. 2. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf

New Mexico Behavioral Health Quality Measures Specifications	
Measure P10	Deaths by Suicide
Measure Category	☐ Mandatory ☐ Access ☐ Optional: Process ☒Optional: Outcome
Measure Focus	☒Person Based: Health Outcome ☐Utilization Based ☐Encounter Based ☐Timeliness Based ☐Program Based ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of this performance measure is to monitor a rate of patients who died by suicide where behavioral health was the immediate or contributing cause of death. Suicide is one of the leading causes of death nationwide. In 2021, New Mexico had the 5th highest suicide mortality rate in the nation (25 deaths per 100,000 population).[1]
Values to be Reported	
Numerator	Number of attributed patients who died as the results of a completed suicide.
Denominator	Number of attributed patients with 1 or more visits who died of any cause.
Formula	$(\%) = \frac{\#\ of\ Patients\ who\ Died\ by\ Suicide}{\#\ of\ Patients\ with \geq 1\ Visits\ who\ Died\ of\ Any\ Cause} * 100$
Population Eligibility	No age limit.
Exclusions	Live active patients.
Unit of Analysis	Deceased Patients
Desired Direction	Decrease
Calculation Interpretation	(Rate per 1,000 population) Lower rate indicates improvement.
Measurement Period	Measurement Period (MP) is a timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY.[2]
Measurement Year	Measurement Year (MY) is a timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[2]
Data Sources	Behavioral Health Organizations' Patient Health Records and Roster files. Death Certificate data: date of death and cause of death.
Data Elements	Data elements from data submission .csv template: Date of Death, Death by Suicide (Y/N), (Patient Info csv Columns H, I).

Measure Notes	Measure Steward: Substance Abuse and Mental Health Services Administration (SAMHSA). *Attribution*: Approach specific to each organization geared towards assigning provider accountability to patients to assess quality of care and improve system optimization.[3]
References	1. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Access at: https://www.cdc.gov/suicide/suicide-rates-by-state.html 2. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf 3. Riley W, Love K, Wilson C. Patient Attribution—A Call for a System Redesign. JAMA Health Forum. 2023;4(3):e225527

New Mexico Behavioral Health Quality Measures Specifications	
Measure G01	Percent of Successful Discharges
Measure Category	☐ Mandatory ☐ Access ☐ Optional: Process ☒Optional: Outcome
Measure Focus	☐Person Based ☐Utilization Based ☐Encounter Based ☐Timeliness Based ☒Program Based: Engagement in Care ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of this performance measure is to monitor the rate for patients who have been successfully discharged according to their behavioral health treatment goals either from a specific program or from treatment altogether. Research and clinical guidelines from national entities like the American Geriatrics Society have pointed to the importance of providing goal-based care. Goal setting has been shown to reduce patient-reported treatment burden and receipt of unwanted care and correlates with greater physical and social wellbeing and care satisfaction.
Values to be Reported	
Numerator	Number of successful discharges as a result of behavioral health treatment goals achieved by attributed patients.
Denominator	Number of ALL discharge events for attributed patients.
Formula	$(\%) = \frac{\#\ of\ Successful\ Discharges\ (Treatment\ Goals\ Achieved)}{\#\ of\ Discharges\ from\ ALL\ Programs} * 100$
Population Eligibility	No age limit.
Exclusions	None at this time.
Unit of Analysis	Behavioral Health Program Discharge Events
Desired Direction	Increase
Calculation Interpretation	(%) Higher indicates improvement.
Measurement Period	Measurement Period (MP) is a timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY.[1]
Measurement Year	Measurement Year (MY) is a timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[1]
Data Sources	Behavioral Health Organizations' Patient Health Records, Encounters Roster and Discharge files.
Data Elements	Data elements from data submission .csv template: Org ID, MRN, Facility Code (if multiple for one or.), Date of Discharge from Program, Successful Discharge from Program (Discharge csv Columns A, B, C (opt), E, F).

Measure Notes	Measure Steward: Organization Specific. *Successful Discharge:* Successful discharge defined as individual was successful in completing a behavioral health program or successfully discharged from treatment. Patient can be enrolled in multiple behavioral health programs within the measurement period. Each discharge is counted as a separate event if it's for the same patient.
References	1. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf

New Mexico Behavioral Health Quality Measures Specifications	
Measure U01	Emergency Department Utilization (Cumulative)
Measure Category	☐ Mandatory ☐ Access ☐ Optional: Process ☒Optional: Outcome
Measure Focus	☐Person Based ☒Utilization Based: Cost of Care ☐Encounter Based ☐Timeliness Based ☐Program Based ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of this performance measure is to monitor the rate of Emergency Department (ED) visits. Assessing the impact of ED visit(s) utilization provides insights to start addressing access to coordinated care, care coordination, and avoidable ED visits. Published research shows that some Emergency Department (ED) visits are a high-intensity service and a cost and quality of care burden on the health care system and the patient. Some ED visits can be preventable and might be related to treatable conditions.
Values to be Reported	
Numerator	Number of Emergency Department (ED) visits for attributed patients.
Denominator	Number of attributed patients with 1 or more visits.
Formula:	
Member Months	Number of attributed patients x the number of months reported. For example, with reporting through March (9 months): the Eligible (105,288) x 9 = the member months (947,592)
Observed Events	The number of ED visits during the measurement period to date.
Individuals Observed	The number of eligible members who contributed to the number of events. One member may contribute more than one event.
Observed per 1,000 Members	Observed Events / Total Members x 1000 For example: Events (46,319) / Total Members (105,288) x 1000 = 439.93 (440)
Observed per 1,000 Members Months	Observed Events / Total Member Months x 1000 (at 9 months into measure year) For example: Events (46,319) / Total Member Months (1,263,456) x 1000 =36.66 (37)
Observed %	The percentage of the total population who had an ED Visit For example: Individuals Observed (18,663) / Total Population (105,288) =17.7%
Population Eligibility	No age limit
Exclusions	None at this time.
Unit of Analysis	Unique Patients; ED Visits
Desired Direction	Decrease
Calculation Interpretation	(Rate per 1,000) Lower rate indicates improvement.

Measurement Period	Measurement Period (MP) is a timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY.[1]
Measurement Year	Measurement Year (MY) is a timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[1]
Data Sources	SYNCRONYS Health Information Exchange (HIE). Patient Roster file.
Data Elements	Data elements from data submission .csv template: Org ID and MRN.
Measure Notes	Measure Steward: Health Plan/State/ Organization Specific. The behavioral health providers supply the list of actively engaged patients and the HIE provides all of their Emergency Department visits. Active patients: defined as being on the roster. Attribution: Approach specific to each organization geared towards assigning provider accountability to patients to assess quality of care and improve system optimization.[2]
References	1. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf 2. Riley W, Love K, Wilson C. Patient Attribution—A Call for a System Redesign. JAMA Health Forum. 2023;4(3):e225527

New Mexico Behavioral Health Quality Measures Specifications	
Measure U03	Sub-measure: Emergency Department Utilization- Behavioral Health Specific (Cumulative)
Measure Category	☐ Mandatory ☐ Access ☐ Optional: Process ☒Optional: Outcome
Measure Focus	☐Person Based ☒Utilization Based: Cost of Care ☐Encounter Based ☐Timeliness Based ☐Program Based ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of this performance measure is to monitor the rate of Emergency Department (ED) visits with primary and/or secondary behavioral health diagnoses. Assessing the impact of ED visit(s) utilization provides insights to start addressing access to coordinated care, care coordination and avoidable ED visits. Published research shows that some Emergency Department (ED) visits are a high-intensity service and a cost and quality of care burden on the health care system and the patient. Some ED visits can be preventable and might be related to treatable conditions.
Values to be Reported	
Numerator	Number of Emergency Department (ED) visits with behavioral health primary and/or secondary for attributed patients.
Denominator	Number of attributed patients with 1 or more ED visits.
Formula:	
Member Months	Number of attributed patients x the number of months reported. *The dashboard is currently reflecting ED visits x the number of months of data.
Observed Events	Number of ED visits for attributed patients within the measurement period with a primary and/or secondary behavioral health diagnosis.
Individuals Observed	The number of eligible members who contributed to the number of events. One member may contribute more than one event. *The dashboard is currently reflecting the number of encounters in this column, rather than individuals.
Observed per 1,000 Members	Observed Events / Total Members x 1000 For example: Events (46,319) / Total Members (105,288) x 1000 = 439.93 (440)
Observed per 1,000 Members Months	Observed Events / Total Member Months x 1000 (at 9 months into measure year) For example: Events (46,319) / Total Member Months (1,263,456) x 1000 =36.66 (37)
Observed %	The percentage of the total population who had a behavioral health ED Visit For example: Individuals Observed with BH ED Visit (18,663) / Total Population (105,288) =17.7%
Population Eligibility	No age limit
Exclusions	None at this time.
Unit of Analysis	Unique Patients; Behavioral Health ED Visits
Desired Direction	Decrease

Calculation Interpretation	(Rate per 1,000) Lower rate indicates improvement.
Measurement Period	Measurement Period (MP) is a timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY.[1]
Measurement Year	Measurement Year (MY) is a timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[1]
Data Sources	SYNCRONYS Health Information Exchange (HIE). Patient Roster file.
Data Elements	Data elements from data submission .csv template: Org ID and MRN.
Measure Notes	Measure Steward: Health Plan/State/ Organization Specific. The behavioral health providers supply the list of actively engaged patients and the HIE provides all of their Emergency Department visits. Active patients: defined as being on the roster. Attribution: Approach specific to each organization geared towards assigning provider accountability to patients to assess quality of care and improve system optimization.[2]
References	1. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf 2. Riley W, Love K, Wilson C. Patient Attribution—A Call for a System Redesign. JAMA Health Forum. 2023;4(3):e225527

New Mexico Behavioral Health Quality Measures Specifications	
Measure U02	Sub-measure: Emergency Department Utilization (Monthly)
Measure Category	☐ Mandatory ☐ Access ☐ Optional: Process ☒Optional: Outcome
Measure Focus	☐Person Based ☒Utilization Based: Cost of Care ☐Encounter Based ☐Timeliness Based ☐Program Based ☐Organization Based
	DESCRIPTIONS
Purpose	The purpose of this performance measure is to monitor the rate of Emergency Department (ED) visits. Assessing the impact of monthly ED visit(s) utilization provides quicker insights to start addressing access to coordinated care, care coordination and avoidable ED visits. Published research shows that some Emergency Department (ED) visits are a high-intensity service and a cost and quality of care burden on the health care system and the patient. Some ED visits can be preventable and might be related to treatable conditions.
Values to be Reported	
Numerator	Number of Emergency Department (ED) visits for attributed patients.
Denominator	Number of attributed patients with 1 or more visits.
Formula:	
Member Months	The measure is calculated for each month; therefore, member months will be the same as on the roster during within the current month.
Observed Events	Number of ED visits for attributed patients within the current month.
Individuals Observed	The number of eligible members who contributed to the number of events. One member may contribute to more than one event.
Observed per 1,000 Members	Observed Events / Total Members x 1000 For example: Events (4,468) / Total Members (105,288) x 1000 = 42.43 (42)
Observed per 1,000 Members Months	Observed Events / Total Member Months x 1000 For example: Events (4,468) / Total Member Months (105,288) x 1000 =42.43 (42)
Observed %	The percentage of the total population who had an ED Visit For example: Individuals Observed (2,831) / Total Population (105,288) =2.68% (2.7).
Population Eligibility	No age limit
Exclusions	None at this time.
Unit of Analysis	Unique Patients; ED Visits
Desired Direction	Decrease
Calculation Interpretation	(Rate per 1,000) Lower rate indicates improvement.

Measurement Period	Measurement Period (MP) is a timeframe for which data collection period was specified and must be used to calculate a measure. MP may be different for each measure and may correspond with the MY, but in some instances it does not, and the MP crosses over into MY.[1]
Measurement Year	Measurement Year (MY) is a timeframe for which data are outlined for *all measures* annual reporting purposes. Example: July 1, 2023-June 30, 2024.[1]
Data Sources	SYNCRONYS Health Information Exchange (HIE). Patient Roster file.
Data Elements	Data elements from data submission .csv template: Org ID and MRN.
Measure Notes	Measure Steward: Health Plan/State/ Organization Specific. The behavioral health providers supply the list of actively engaged patients and the HIE provides all of their Emergency Department visits. Active patients: defined as being on the roster. Attribution: Approach specific to each organization geared towards assigning provider accountability to patients to assess quality of care and improve system optimization.[2]
References	1. Quality Measures for Behavioral Health Clincs. Technical Specifications and Resource Manual. Feb. 2024. Accessed: https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf 2. Riley W, Love K, Wilson C. Patient Attribution—A Call for a System Redesign. JAMA Health Forum. 2023;4(3):e225527

END OF SECTION