Annual Reporting Requirements for PCMH Recognition

REPORTING PERIOD: JANUARY 1 – DECEMBER 31, 2019

Annual Reporting Requirements for PCMH Recognition

Overview—Reporting Period January 1 – December 31, 2019

Redesign Goals

NCQA redesigned its PCMH Recognition program in April 2017 for practices to maintain an ongoing status as a recognized practice with annual reporting, replacing the current program's three-year recognition cycle. The redesigned program offers:

- **Flexibility.** Practices take the path to recognition that suits their strengths, schedule and goals.
- **Personalized service.** Practices get more interaction with NCQA. Each practice is assigned a NCQA Representative who'll serve as the primary NCQA contact and "go-to" guide.
- **User-friendly approach.** Reporting requirements remain meaningful, but with simplified reporting and less paperwork.
- **Continuous improvement.** Annual checks help practices strengthen as medical homes by frequently reviewing progress and encouraging performance improvement.
- **Alignment with changes in health care.** The program aligns with current public and private initiatives and can adapt to future changes.

The recognition process has three parts:

1. **Commit.** When a practice signs up to work with NCQA, they complete an assessment online. The practice receives guidance from their NCQA Representative to determine their evaluation plan and schedule.
2. **Transform.** Practices gradually transform, building upon their prior success. During this time, they demonstrate progress by submitting data and evidence to be evaluated by NCQA. Practices submit through a newly streamlined system designed to reduce paperwork and administrative hassles.

   Along the way, NCQA conducts virtual reviews with the practice to gauge progress and to discuss next steps in the evaluation. The virtual reviews—conducted via screen sharing technology—give practices immediate and personalized feedback on what is going well and what needs to improve. This makes NCQA evaluations more educational and collaborative.
3. **Succeed.** The practice continues to implement and enhance their PCMH model to meet the needs of patients. Each year, the practice checks in with NCQA to demonstrate ongoing activities consistent with the PCMH model and the implementation of PCMH standards. This reporting includes attesting to certain policies and procedures and submission of key data.

Q-PASS—New Online Platform

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

Sustaining Your Recognition

This document focuses on data reporting requirements for annual reporting. Practices will demonstrate they continue to align with recognition requirements by submitting data and evidence on these critical aspects of PCMH:

- Team-Based Care & Practice Organization (TC).
- Knowing & Managing Your Patients (KM).
- Patient-Centered Access & Continuity (AC).
- Care Management & Support (CM).
- Care Coordination & Care Transitions (CC).
- Performance Measurement & Quality Improvement (QI).

Practices will also have the opportunity to submit data and evidence on special topics, such as behavioral health.

Annual Reporting Process: Reporting, Audit and Decision

- Practices will use Q-PASS to submit data and evidence for their annual reporting.
- Practices must verify core features of the medical home 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 recognition status changed to “Not Recognized.”

Annual Reporting Requirements (Annual Attestation and Reporting Requirements)

In this version, practices will attest that they have continued to adopt the medical home principles and maintained their medical home recognition using the PCMH Annual Questionnaire in Q-PASS. In the future, practices will attest to criteria based on the current PCMH program, which consists of key expectations that recognized practices must meet as a medical home. In addition to this attestation, the PCMH Annual Reporting Requirements table (starting on page 5 of this document) outlines reporting options for eligible recognized practices through successful transformation and achievement of PCMH recognition.

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.

Electronic Clinical Quality Measures

Electronic Clinical Quality Measures (eCQMs) are standardized performance measures from electronic health records (EHR) or health information technology systems. In the future, practices will have the option to submit electronic clinical quality measures (eCQMs) 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 (QCDRs) 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. 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 should go to the Share Credits tab from their Organization Dashboard in Q-PASS to set up their shared site groups.

Annual Reporting Requirements for PCMH Recognition

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

Team-Based Care and Practice Organization (AR-TC)

Report the following:

AR-TC 01 Patient Care Team Meetings

Knowing and Managing Your Patients (AR-KM)

Report the following:

AR-KM 01 Proactive Reminders

Patient-Centered Access and Continuity (AR-AC)

*Choose to report **one** of the following options:*

AR-AC 01 Patient Experience Feedback—Access

OR

AR-AC 02 Third Next Available Appointment

OR

AR-AC 03 Monitoring Access—Other Method

Care Management and Support (AR-CM)

Report the following:

AR-CM 01 Identifying and Monitoring Patients for Care Management

Annual Reporting Requirements for PCMH Recognition

Requirements Overview Continued—Reporting Period 1/1–12/31/2019

Care Coordination and Care Transitions (AR-CC)

Report the following:

AR-CC 01 Care Coordination Process

AND

*Choose to report **one** of the following options:*

AR-CC 02 Patient Experience Feedback—Care Coordination **OR** **AR-CC 03 Lab and Imaging Test Tracking** **OR** **AR-CC 04 Referral Tracking** **OR** **AR-CC 05 Care Transitions**

Performance Measurement and Quality Improvement (AR-QI)

Report the following:

AR-QI 01 Clinical Quality Measures **AND** **AR-QI 02 Resource Stewardship Measures** **AND** **AR-QI 03 Patient Experience Feedback**

Special Topic: Behavioral Health (AR-BH)

*Report **ALL** of the following (Required, but not scored):*

AR-BH 01 Behavioral Health eCQMs **AND** **AR-BH 02 Behavioral Health Staffing** **AND** **AR-BH 03 Behavioral Health Referral Monitoring**

AR-BH 04 Depression Screening **AND** **AR-BH 05 Anxiety Screening** **AND** **AR-BH 06 Behavioral Health Clinical Decision Support**

Team-Based Care and Practice Organization (AR-TC)

The practice continues to use a team-based approach to provide coordinated care.

Report the following:

AR-TC 01 Patient Care Team Meetings	(Required)

1. **Pre-Visit Planning Activities** (Shared)
   How does your practice anticipate and plan for upcoming patient visits? Check all that apply.
   - ☐ Team meetings/huddles.
   - ☐ Structured communication (messages in the medical record or regular email exchanges about upcoming patients, care needs and practice flow).
   - ☐ Dashboard in the EHR.
   - ☐ Checklist.
   - ☐ Appointment notes.
   - ☐ Other. _____

Knowing and Managing Your Patients (AR-KM)

The practice continues to proactively remind patients of upcoming services.

Report the following:

AR-KM 01 Proactive Reminders	(Required)

1. **Proactive Reminders—Frequency** (Shared)

   How frequently does your practice generate lists and reminders for patients in need of care services? Check all that apply (must report at least three of the following categories: Preventive care services, Immunizations, Chronic or acute care services & Patients not seen regularly):

   - Monthly.
   - Quarterly.
   - Annually.
   - We do not provide reminders for this category.
   - Other. _____

Note: *If 75 percent of clinicians have DRP or HSRP recognition, the practice receives credit for chronic care services.*

Patient-Centered Access and Continuity (AR-AC)

The practice continues to monitor appointment access.

*Choose to report **one** of the following options:*

AR-AC 01 Patient Experience Feedback—Access (Option)

If your patient experience survey includes questions related to access, provide the following:

1. **Patient Experience—Survey Tool** (Shared)
   - Upload copy of the patient experience survey tool. Practices that use a CAHPS survey do not need to provide the survey.
   - Indicate whether practice utilizes the CAHPS survey tool.
2. **Patient Experience—Data** (Site-specific)
   Enter:
   - Numerator: Number of completed surveys.
   - Denominator: Number of patients surveyed.
   - Reporting period (within 12 months prior to the reporting date).
3. **Patient Experience—Report** (Shared, if report is stratified by site.)
   Upload report with results from the access questions.

AR-AC 02 Third Next Available Appointment (Option)

1. **Third Next Available Appointment—Urgent** (Site-specific)
   Enter the third next available appointment for urgent appointments.
2. **Third Next Available Appointment—Routine** (Site-specific)
   Enter the third next available appointment for routine appointments (new patient physical, routine exam, return visit exam). For routine requests, exclude any appointments blocked for same-day or urgent visits (since they are "blocked off" the schedule).
   Practices may use the Institute for Healthcare Improvement's (IHI) method to calculate the third next available appointment.
   - Sample all clinicians on the team once a week, on the same day, at the same time of day, *for at least one month* during the annual reporting.
   - Count the number of days between a request for an appointment (e.g., enter dummy patient) with a physician and the third next available appointment for a new patient physical, routine exam, or return visit exam.
   - Report the average number of days for all physicians sampled.

***Note:** Count calendar days (e.g., include weekends) and days off.*

AR-AC 03 Monitoring Access—Other Method (Option)

1. **Other Method** (Site-specific)
   Upload evidence that demonstrates a different method used for enhanced patient scheduling/same-day service.
   Examples may include:
   - A report showing monitoring of access to both urgent and routine (new patient physical, routine exam, return visit exam) appointments using a method other than option 2 (AR-AC 02). The method must exclude use of appointment times from cancellations and no-shows and demonstrate a minimum of 5 consecutive days.
   - A summary or report of appointments designated for same-day urgent and routine visits.

***Note:** Adding ad hoc or unscheduled appointments to a full day of scheduled appointments does not meet the requirement. Conducting a walk-in clinic or open access scheduling does not meet the requirement. There should be appointments available to allow for patient planning needs.*

Care Management and Support (AR-CM)

The practice continues to identify patients who may benefit from care management.

Report the following:

AR-CM 01 Identifying and Monitoring Patients for Care Management	(Required)

1. **Care Management Criteria** (Shared)
   Which of the following are considered in your practice's criteria for identifying patients who may benefit from care management? Must select at least three from the list below. Check all that apply.
   - ☐ Behavioral health conditions.
   - ☐ High cost/high utilization.
   - ☐ Poorly controlled or complex conditions.
   - ☐ Social determinants of health.
   - ☐ Referrals by outside organizations, practice staff or patient/family/caregiver.
2. **Care Management—Number of Patients Identified** (Site-specific)
   - Enter the number of unique patients identified for care management using the criteria selected above.
3. **Patients at the Practice—Total Number** (Site-specific)
   - Enter the total number of patients attributed to the practice.
4. **Patients at the Practice—Definition** (Shared)
   - Define how the practice identifies patients attributed to the practice.

Care Coordination and Care Transitions (AR-CC)

The practice continues to coordinate care with labs, specialists, institutional settings or other care facilities.

*Report AC-CC 01 and choose to report **one** of the following options among AR-CC 02-05:*

AR-CC 01 Care Coordination Process (Required)	
Attest to referral tracking and follow-up, test tracking and follow-up and care transitions. **1. Tracking Lab Tests, Imaging Tests, Transitions of Care—Documented Process (Shared)** Does your practice use a written process for the following? Check all that apply. ☐ Tracking lab tests. ☐ Tracking imaging tests. ☐ Transitions of care. **2. Tracking, Flagging and Follow-Up on Lab Tests (Shared)** Does your practice track all labs until results are available, flagging and following up on overdue results? • Yes. • No. **3. Tracking, Flagging and Follow-Up on Imaging Tests (Shared)** Does your practice track all imaging tests until results are available, flagging and following up on overdue results? • Yes. • No. **4. Tracking, Flagging and Follow-Up on Specialist Referrals (Shared)** Does your practice track referrals until specialist reports are available, flagging and following up on overdue reports? • Yes. • No.	**No alternative reporting method available.**

AR-CC 02 Patient Experience Feedback—Care Coordination (Option)	
If your patient experience survey includes questions related to care coordination, provide the following: 1. **Patient Experience—Survey Tool** (Shared) • Upload Copy of the patient experience survey tool. Practices that use a CAHPS survey do not need to provide the survey. • Indicate whether practice utilizes the CAHPS survey tool. 2. **Patient Experience—Data** (Site-specific) Enter: • Numerator: Number of completed surveys. • Denominator: Number of patients surveyed. • Reporting period (within 12 months prior to the reporting date). 3. **Patient Experience—Report** (Shared, if report is stratified by site) Upload report with results from the care coordination questions.	**No alternative reporting method available.**
AR-CC 03 Lab and Imaging Test Tracking (Option)	
1. **Tracking Lab Test Results—Data** (Site-specific) Enter: • Numerator: Number of reports received from lab orders (count one report per order, with full results, even if reports for individual portions of an order come back at different times). • Denominator: Number of lab orders sent. • Reporting period (within 12 months prior to the reporting date). 2. **Tracking Imaging Test Results—Data** (Site-specific) Enter: • Numerator: Number of reports received from imaging orders (count one report per order, with full results, even if reports for individual portions of an order come back at different times). • Denominator: Number of imaging orders sent. • Reporting period (within 12 months prior to the reporting date).	**IF USING MANUAL DATA** (30 lab orders and 30 imaging orders) 1. **Tracking Lab Test Results—Data** (Site-specific) Enter: • Numerator: Number of lab reports received back from orders. Search the chart or tracking tool for the 30 lab orders identified in the denominator and report how many had a lab report that came back to the practice from the lab order (one report per order, full results of all tests). • Denominator: 30. Pick 30 consecutive lab orders from the past year. • Reporting period (within 12 months prior to the reporting date). 2. **Imaging Tracking Imaging Test Results—Data** (Site-specific) Enter: • Numerator: Number of reports received from imaging orders identified in the denominator (count one report per order, with full results, even if reports for individual portions of an order come back at different times). • Denominator: 30. Pick 30 consecutive imaging orders from the past year. • Reporting period (within 12 months prior to the reporting date).

AR-CC 04 Referral Tracking (Option)

1. **Tracking Referrals—Data** (Site-specific)
   Enter:
   - Numerator: Number of referral orders with consultant reports received from specialists (count one report per referral).
   - Denominator: Number of referral orders sent to specialists.
   - Reporting period (within 12 months prior to the reporting date).
2. **Tracking Referrals—eCQMs** (Shared)
   Does the practice track referrals orders received in question number 1 above using the CMS eCQM #50: *Closing the Referral Loop: Receipt of Specialist Report* (using QRDA III format)?
   Measure Description: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.
   - Yes.
   - No.

IF USING MANUAL DATA

1. **Tracking Referrals—Data** (Site-specific)
   Enter:
   - Numerator: Number of consultant reports received back from requests. Search the chart or tracking tool for the 30 referrals identified in the denominator and report how many have a consultant report that came back to the practice from the referral (one report per referral).
   - Denominator: 30. Pick 30 consecutive referrals to specialists from the past year.
   - Reporting period (within 12 months prior to the reporting date).

AR-CC 05 Care Transitions (Option)

Track percentage of care transitions for which a summary of care document or discharge instructions have been received.

1. **Care Transitions Follow-Up—Data** (Site-specific)
   Enter:
   - Numerator: Number of transitions in the denominator for which practice received discharge instructions or a summary of care document, including the following data, as applicable: transitioning provider contact information, procedures, encounter diagnosis, laboratory tests, vital signs, care plan goals and instructions, discharge instructions.
   - Denominator: Number of patient transitions identified by the practice (transitioned by a facility, including hospitals, ERs, skilled nursing facilities and surgical centers).
     Note: *Facilities other than hospitalizations and ED visits may be excluded.*
   - Reporting period (within 12 months prior to the reporting date).

Note: *This information is not required to be transmitted electronically.*

IF USING MANUAL DATA

1. **Care Transitions Follow-up—Data** (Site-specific)
   Enter:
   - Numerator: Number of summary care documents/discharge instructions. Search the chart or tracking tool for the 30 care transitions identified in the denominator and report how many have discharge instructions or a summary of care document associated with them.
   - Denominator: 30. Pick 30 consecutive care transitions from the past year.
     Note: *Facilities other than hospitalizations and ED visits may be excluded.*
   - Reporting period (within 12 months prior to the reporting date).

Performance Measurement and Quality Improvement (AR-QI)

The practice continues to collect and use performance measurement data for quality improvement activities.

Report the following:

AR-QI 01 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 monitors at least five clinical quality measures across the four categories (must monitor at least one measure of each type):

   - Immunization measures.
   - Other preventive care measures.
   - Chronic/acute care measures.
   - Behavioral health 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 numerator description for the measure. (Shared)
   D. The denominator description for the measure. (Shared)
   E. The number of patients in the numerator. (Site-specific)
   F. The number of patients in the denominator (after exclusions). (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:

- **H.** *PCMH practices are expected to continue quality improvement activities after achieving recognition. Practices demonstrate they act to improve on at least three measures across three measure categories toward a specified goal.*
- *Practices may upload a report instead of the QI Worksheet, if it includes all the data required in the QI Worksheet (A–H).*

2. **Clinical Quality Measures—eCQMs** (Shared)

   Does your practice have the capability to submit at least three electronic measures (using the QRDA III format) across at least three of the following categories: Immunizations, Other preventive care, Chronic/acute care, or Behavioral health?

   - Yes.
   - No.

Note: *Submission of eCQMs is under development.*

AR-QI 02 Resource Stewardship Measures (Required)

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

   Upload Quality Improvement (QI) Worksheet.

   At least annually, the practice monitors at least two measures of resource stewardship (must monitor at least one measure of each type):

   - Measures related to care coordination
   - Measures affecting health care costs.

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

   A. The measure category. (Shared)
   B. The measure name. (Shared)
   C. The numerator description for the measure. (Shared)
   D. The denominator description for the measure. (Shared)
   E. The number of patients in the numerator. (Site-specific)
   F. The number of patients in the denominator (after exclusions). (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:

- **H**. *PCMH practices are expected to continue quality improvement activities after achieving recognition. Practices demonstrate they act to improve on at least one measure of resource stewardship (care coordination or health care cost) toward a specified goal.*
- *Practices may upload a report instead of the QI Worksheet, if it includes all the data required in the QI Worksheet (A–H).*

2. **Resource Stewardship Measure—eCQMs (Shared)**

   Does your practice have the capability to submit at least one electronic measure (using the QRDA III format) in the resource stewardship category?

   - Yes.
   - No.

Note: *Submission of eCQMs is under development.*

AR-QI 03 Patient Experience Feedback (Required)

Choose either 1 or 2.

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

   Upload Quality Improvement (QI) Worksheet.

   At least annually, the practice collects or receives data on at least one patient experience measure.

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

   A. The measure category. (Access, communication, coordination. whole-person care, self-management support and comprehensiveness or other) (Shared)
   B. The measure name. (Shared)
   C. The numerator description for the measure. (Shared)
   D. The denominator description for the measure. (Shared)
   E. The number of patients in the numerator. (Site-specific)
   F. The number of patients in the denominator (after exclusions). (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:

- **H.** *PCMH practices are expected to continue quality improvement activities after achieving recognition. Practices demonstrate they act to improve on at least one measure of patient experience toward a specified goal.*
- *Practices may upload a report instead of the QI Worksheet, if it includes all the data required in the QI Worksheet (A–H).*

2. **Patient Feedback—Patient Advisory Council** (Shared)

   Upload other evidence demonstrating patient involvement in the practice's patient advisory council.

Special Topic: Behavioral Health (AR-BH)

Addressing the behavioral health needs of patients is an important aspect of comprehensive, whole-person care. In this section, NCQA seeks simply to understand the models used by recognized practices.

Practices must submit the information about behavioral health based on the information outlined below, but the responses will not impact recognition status. This special topic section is to help move practices towards better integration of behavioral health and to help NCQA track the degree to which practices are doing so in aggregate.

Note: If your practice cannot meet an AR-BH requirement because it does not collect data that requires a numerator, denominator and reporting period, then please enter "999" for the numerator and "999" for the denominator and use "01/01/2018-01/02/2018" as your date range. Click Save, then select Ready for Check-in. For any text responses that do not apply, please enter "NA" as your text evidence and click Save, then select Ready for Check-in.

AR-BH 01 Behavioral Health eCQMs (Informational)

1. **Behavioral Health Measure—eCQMs** (Shared)

   Does your practice have the capability to submit at least one electronic measure (using the QRDA III format) in the behavioral health category?

   - Yes.
   - No.

   Note: *Submission of eCQMs is under development.*

AR-BH 02 Behavioral Health Staffing (Informational)

1. **Relationships with Behavioral Health Specialist** (Shared)

   How does your practice address behavioral health needs of patients with the following behavioral health specialists? Check all that apply.

   a. Doctors of medicine (MD) or doctors of osteopathy (DO) who are state certified or licensed in psychiatry and/or addiction medicine
      - ☐ Agreements with external behavioral health specialists.
      - ☐ Co-location with behavioral health specialist.
      - ☐ Behavioral health specialist is integrated within the practice.
      - ☐ None of the above.
      - ☐ Other. _____

   b. Advanced practice registered nurses (APRN) (including nurse practitioners and clinical nurse specialists)
      - ☐ Agreements with external behavioral health specialists.
      - ☐ Co-location with behavioral health specialist.
      - ☐ Behavioral health specialist is integrated within the practice.
      - ☐ None of the above.
      - ☐ Other. _____

   c. Doctoral or master's-level psychologists who are state certified or licensed
      - ☐ Agreements with external behavioral health specialists.
      - ☐ Co-location with behavioral health specialist.
      - ☐ Behavioral health specialist is integrated within the practice.
      - ☐ None of the above.
      - ☐ Other. _____

   d. Doctoral or master's-level clinical social workers who are state certified or licensed.
      - ☐ Agreements with external behavioral health specialists.
      - ☐ Co-location with behavioral health specialist.

☐ Behavioral health specialist is integrated within the practice).
☐ None of the above.
☐ Other. _____

e. Doctoral or master's-level marriage and family counselors who are state certified, registered or licensed by the state to practice independently.
☐ Agreements with external behavioral health specialists.
☐ Co-location with behavioral health specialist.
☐ Behavioral health specialist is integrated within the practice.
☐ None of the above.
☐ Other. _____

f. Doctoral or master's-level alcohol and drug counselors who are state certified, registered or licensed by the state to practice independently.
☐ Agreements with external behavioral health specialists.
☐ Co-location with behavioral health specialist.
☐ Behavioral health specialist is integrated within the practice.
☐ None of the above.
☐ Other. _____

2. **Relationships with Behavioral Health Specialist** (Shared)
Provide a description of the patient "hand-off" process.

AR-BH 03 Behavioral Health Referral Monitoring (Informational)

Monitor 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 Behavioral Health Referrals Seen Within 10 days—Data** (Site-specific)
Enter:
- Numerator: Number of completed appointments or patients seen within 10 days of the referral. If the practice has an integrated behavioral health specialist and performs a warm hand-off at the time of the referral (patient is seen by the specialist on the same day the referral is made) this counts as an initial appointment.
- Denominator: 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).

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 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. **Monitoring Behavioral Health Referrals Seen Within 10 days—Data** (Site-specific)
Enter:
- Numerator: Number of completed appointments/patient seen within 10 days of the referral. Search the chart or tracking tool for the 30 behavioral health referrals and report how many have appointments were completed or patients were seen within 10 days of the referral.
- Denominator: 30. Pick 30 consecutive behavioral health referrals from the past year.
- Reporting period (within 12 months prior to the reporting date).

AR-BH 04 Depression Screening (Informational)

1. **Depression Screening—Tool** (Shared)
   Identify tool used to conduct depression screening.
   - PHQ-2.
   - PHQ-9.
   - None.
   - Other. _____
2. **Depression Screening—Patient Population** (Site-specific)
   Define the patients included in the denominator (e.g., certain age groups, people without a history of depression).
3. **Depression Screening—Data** (Site-specific)
   Enter:
   - Numerator: Number of patients screened.
   - Denominator: Number of patients.
   - Reporting period (within 12 months prior to the reporting date).
4. **Depression Screening & Follow-up—NQF 0418** (Shared)
   Is your practice using NQF-endorsed Measure 0418: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan to report the numerator and denominator?
   - Yes.
   - No.

AR-BH 05 Anxiety Screening (Informational)

1. **Anxiety Screening—Tool** (Shared)
   Identify tool used to conduct anxiety screening.
   - GAD-7.
   - PC-PTSD.
   - None.
   - Other. _____
2. **Anxiety Screening—Patient Population** (Site-specific)
   Define the patients included in the denominator (e.g., certain age groups, people without a history of anxiety).
3. **Anxiety Screening—Data** (Site-specific)
   Enter:
   - Numerator: Number of patients screened.
   - Denominator: Number of patients.
   - Reporting period (within 12 months prior to the reporting date).

AR-BH 06 Behavioral Health Clinical Decision Support (Informational)

1. **Clinical Decision Support—Mental Health** (Shared)
   Which mental health issues does your practice address with decision support based on evidence-based guidelines?
   - ☐ Depression.
   - ☐ Anxiety.
   - ☐ Bipolar disorder.
   - ☐ ADHD/ADD.
   - ☐ Dementia/Alzheimer's.
   - ☐ None.
   - ☐ Other. _____
2. **Clinical Decision Support—Substance Use Issues** (Shared)
   Which topics does your practice address with decision support based on evidence-based guidelines?
   - ☐ Illegal drug use.
   - ☐ Prescription drug addiction.
   - ☐ Alcoholism.
   - ☐ None.
   - ☐ Other. _____

Note: *This requirement focuses on treatment guidelines, not on screening guidelines.*