BH8 Substance Use Screening and Intervention Composite

QIP-NJ Chart-Based Measure Specification Guidance

Agenda

- Presentation Information
- BH8 Overview
- BH8 Flowchart
- Standard Reporting Template
- Understanding Measure Criteria
- Examples with Sample Data
- Understanding BH8 Performance Calculation

Presentation Information

Objectives: By the end of the presentation, viewers should be able to:

- Define the numerator & denominator criteria for BH8;

- State exclusion criteria for BH8;

- Identify value sets used to define BH8 measure criteria;

- Calculate performance for a sample set of data.

Reference Materials: Viewers are advised to reference the following program materials while listening to the presentation.

- Measurement Specifications and Submission Guidelines (Databook)

- QIP-NJ Databook Value Set Compendium (VSC)

Disclaimer: This presentation was recorded in May 2021. QIP-NJ measure specifications may be updated annually to align with changes published by the measure stewards. Hospitals participating in QIP-NJ should reference the latest version of the QIP-NJ Measurement Specifications and Submission Guidelines for the most accurate description of each measure's criteria.

Acronyms Used in this Presentation

Acronym	Definition
BH	Behavioral Health
CPT	Current Procedure Terminology
ED	Emergency Department
EHR	Electronic Health Record
HCPCS	Healthcare Common Procedure Coding System
ICD-10 CM	International Classification of Diseases (Clinical Modification)
ICD-10 PCS	International Classification of Diseases (Procedure Coding System)
LOINC	Logical Observations, Identifiers, Names, Codes
UBREV	UB-04 Revenue Codes

BH8: Substance Use Screening and Intervention Composite Overview

BH8 measures the percentage of individuals 18 to 64 years of age who received a substance use screening at least once within the last 12 months AND who received an intervention for all positive screening results.

Refer to the Databook document for:

- Statewide Target
- Measure Steward & Version

Measure BH8: Substance Use Screening and Intervention Composite

Measure Description:
Percentage of individuals 18 to 64 years of age who received a substance use screening at least once within the last 12 months AND who received an intervention for all positive screening results.

Data Source:	NQF #:
Chart/EHR	**Based on 2597**

Measure Steward:	Measure Steward Version:
ASAM	**March 06, 2015**

Statewide Target:
80%

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# BH8: Substance Use Screening and Intervention Composite Flowchart

BH8 Flowchart Overview

The measure itself requires both a denominator (eligible population) and a numerator (measure compliant population). The flowchart below has been developed to assist in identifying the measure's data elements and how they should be treated throughout the calculation process.
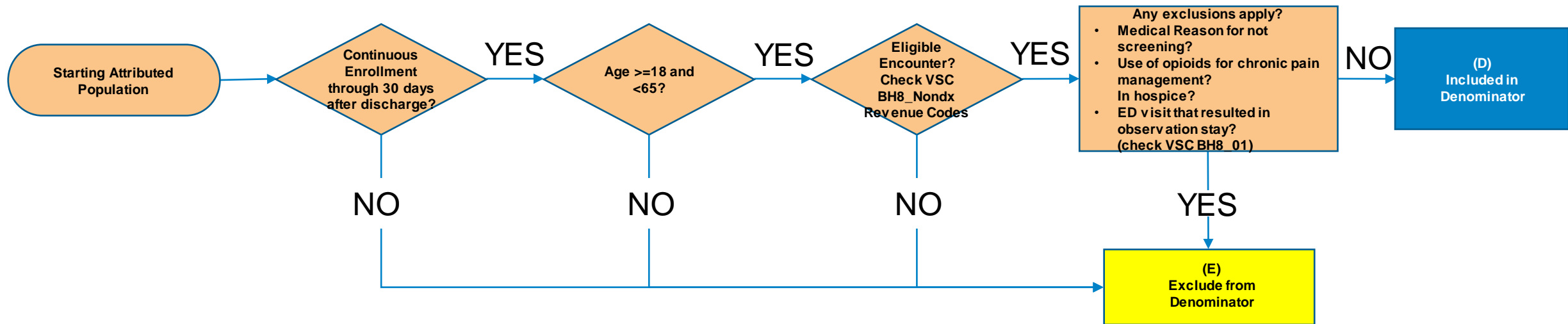
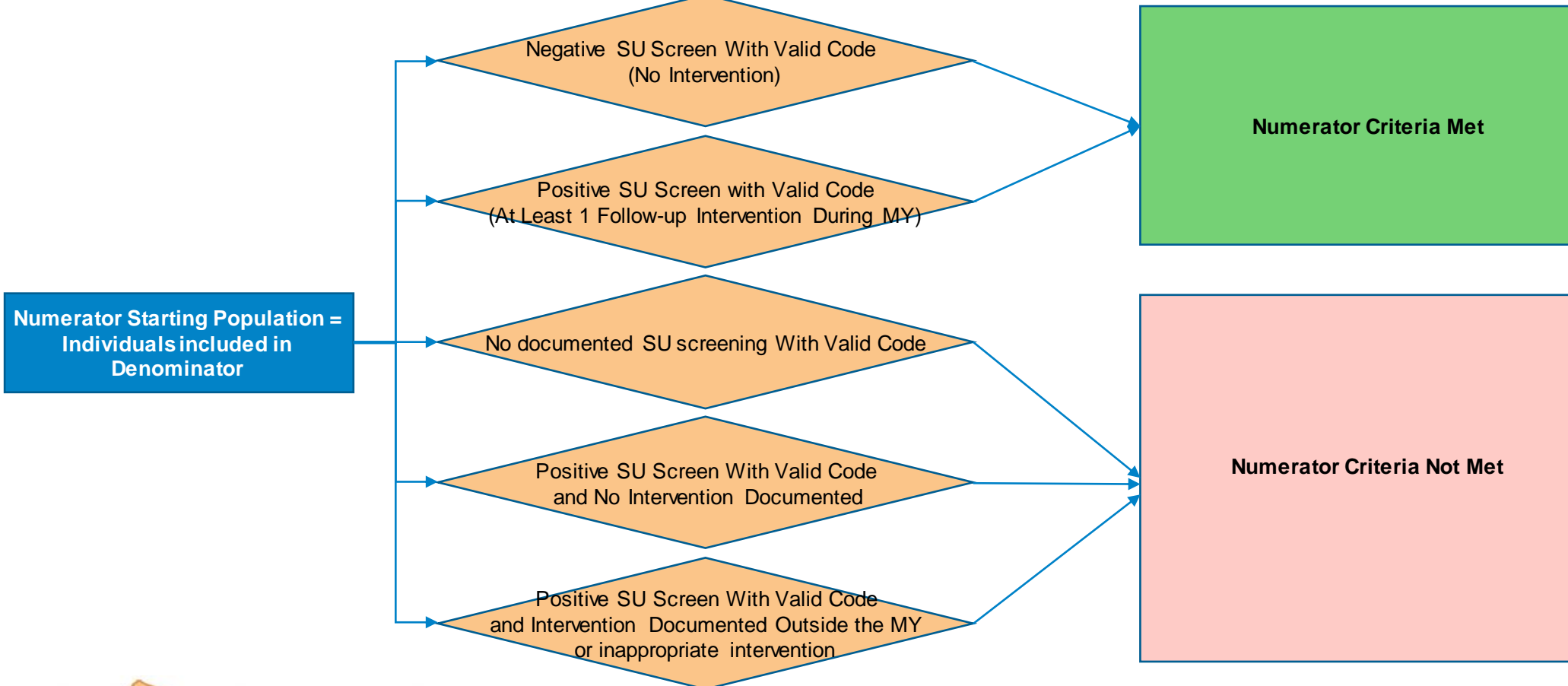**Denominator Workflow**
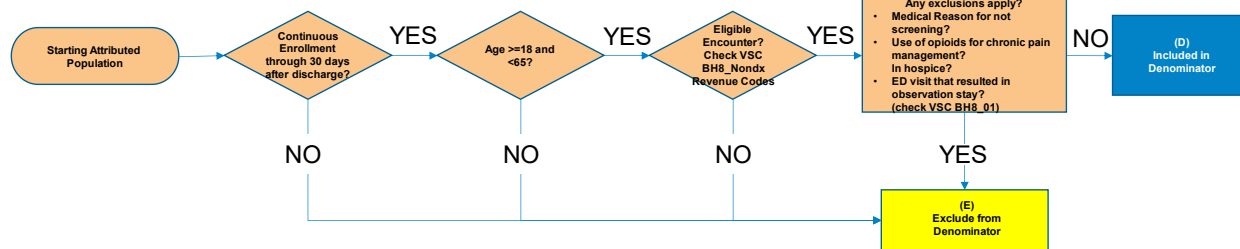
Numerator Workflow
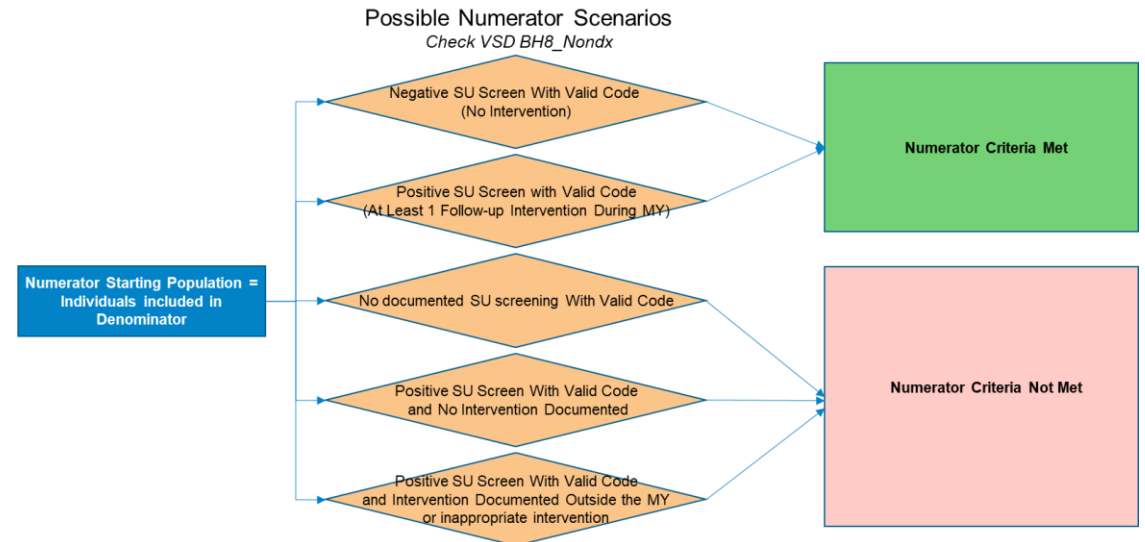
BH8 Flowchart Part 1: Denominator

The portion of the measure's workflow below provides an overview of how the denominator is calculated using available data sources.

BH8 Flowchart Part 2: Numerator

Possible Numerator Scenarios
Check VSD BH8_Nondx

Negative SU Screen With Valid Code
(No Intervention)

Positive SU Screen with Valid Code
(At Least 1 Follow-up Intervention During MY)

Numerator Criteria Met

Numerator Starting Population = Individuals included in Denominator

No documented SU screening With Valid Code

Positive SU Screen With Valid Code
and No Intervention Documented

Positive SU Screen With Valid Code
and Intervention Documented Outside the MY
or inappropriate intervention

Numerator Criteria Not Met

Prepared by Public Consulting Group

Standard Reporting Template

BH8 Key Variables

Individual data elements - required metadata of each file	
M_DOB	Date of individual's birth
M_ELEMT	Data element component

Date and time data elements	
SVC_DT	Service date

| Clinical & diagnostic data elements (Use attribution roster to query the chart/EHR)	
RES_VAL	Result value indicator; Use C=CPT, D=Discharge Status H=HCPCS I=ICD10CM, J= ICD10PCS, L=LOINC, N= NDC, P(NJ)=POS, R = RXNORM, S=SNOMED, T=(UB)TOB, U=UBREV, Z=OTHER (ONE value per row per member)
CODE_VAL	Reflects the value that is indicated in RES_VAL
RES_VALP	If there are additional components to RES_VAL, including procedure modifiers

Measure-specific data elements (Use attribution roster to query the chart/electronic health record (EHR))	
TOBA_T, ALCS_T, DRUG_T, INCL_T	Substance Use Screening Tool (BH8)
TOBA_S, ALC_S, DRUG_S, INCL_S	Total Test Score (BH8)
TOBA_I, ALC_I, DRUG_I, INCL_I	Substance Use Intervention (BH8)

Understanding Measure Criteria

BH8:
Continuous Eligibility Criteria
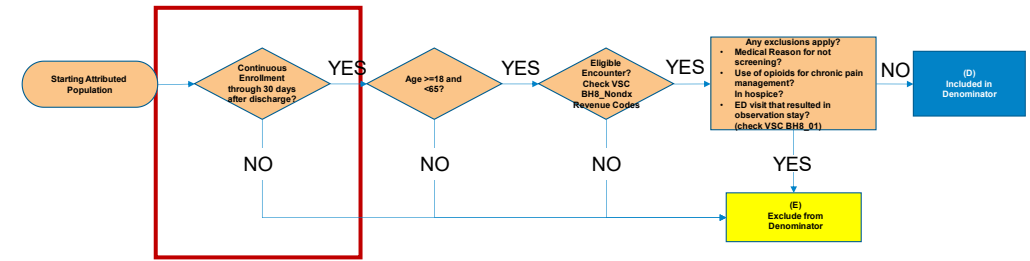
Continuous eligibility is not part of the denominator criteria but must be assessed to determine denominator inclusion.

Criteria	Data Elements	Value Set Reference
The individual must be continuously enrolled in Medicaid from the date of discharge through 30 days after discharge without a gap in coverage.	Medicaid enrollment	N/A

NOTE: Continuous Eligibility is not part of the denominator criteria but must also be assessed to determine denominator inclusion. In BH8, individuals must be continuously enrolled from the date of discharge through 30 days after discharge without a gap in coverage to be eligible.

BH8:
Denominator Criteria
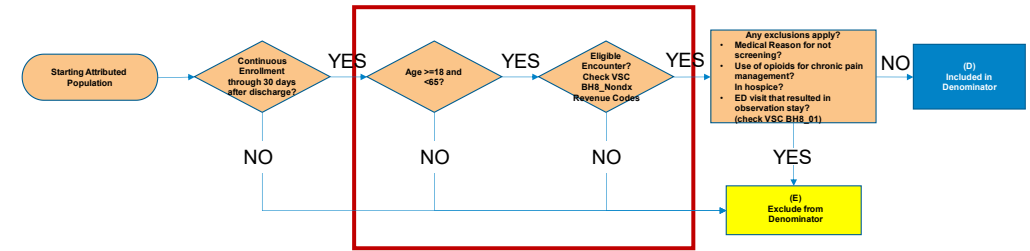
Age and encounter criteria are specific to each measure; however, the attributed behavioral health (BH) population is over 18.

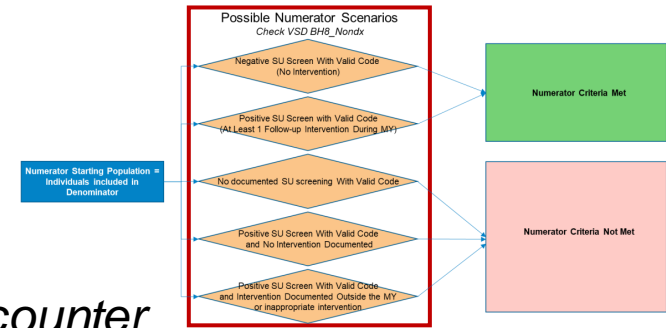| Criteria	Data Elements	Value Set Reference	Variable(s)
All individuals 18 through 64 years of age on the first day of the measurement year (MY).	Attributed BH population Eligible encounter	N/A	M_DOB
Individual had at least 1 eligible Emergency Department (ED) or Hospital Outpatient encounter during MY.	Encounter code Encounter date	Table BH08_Nondx	M_ELEMT SVC_DT RES_VAL CODE_VAL

Prepared by Public Consulting Group

BH8:
Exclusion Criteria
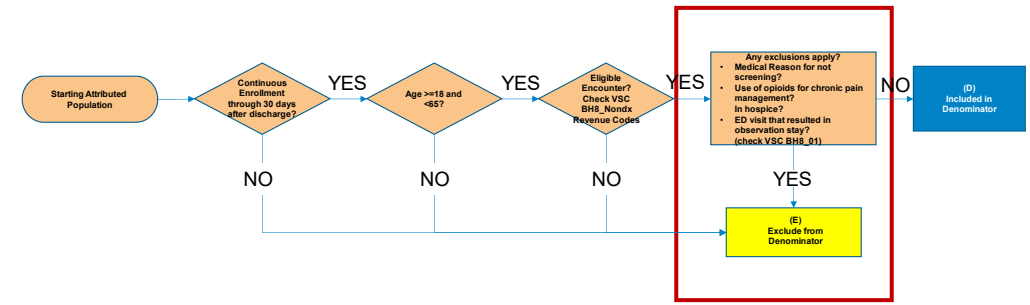
One exclusion for BH8 includes documentation of medical reason(s) for not screening.

Criteria	Data Elements	Value Set Reference	Variable(s)
Documentation of medical reason(s) for not screening.	Exclusionary diagnosis	Table BH8_01	M_ELEMT RES_VAL CODE_VAL
Use of opioids for chronic pain management (Medical notation that a pain contract agreement exists in the patient record).		https://njafp.org/new-prescribing-law/	M_ELEMT RES_VAL CODE_VAL
Individual is in hospice.	Code for hospice	Table BH8_01	M_ELEMT RES_VAL CODE_VAL
ED visit that results in observation stay.	CPT codes	Table BH8_01	M_ELEMT RES_VAL CODE_VAL

BH8 Numerator Criteria

Possible Numerator Scenarios
Check VSD BH8_Nondx

The numerator of this measure requires documentation of at least one eligible encounter and a substance use screen with an intervention for all positive results.

Criteria	Data Elements	Value Set Reference	Variable(s)	
Individuals who received the following substance use screenings at least once within the last 12 months in the ED or outpatient setting AND who received at least one intervention for all positive screening results.	Screening date Screening tool used Screening tool score Intervention	Table BH8_Nondx	M_ELEMT RES_VAL CODE_VAL SVC_DT TOBA_T TOBA_S TOBA_I ALCS_T ALCS_S ALCS_I	DRUG_T DRUG_S DRUG_I INCL_T INCL_S INCL_I

Examples with Sample Data

Sample Individual #1

Sample Individual #1: Profile

- Gender: Female

- Age: 29

- Encounter Date: September 1, 2020

- ICD-10 Code: C50

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	RES_VAL	CODE_VAL	RES_VAL P
BH8	0	4136900	8/16/1991	F	0	E	9/1/2020	I	C50	OPIOID

Sample Individual #1: Denominator

1. First, it is assumed that this individual has been attributed to your hospital, has continuous enrollment in Medicaid through 30 days after discharge, meets the age criteria and has had an appropriate encounter.

2. Next, a hospital should check if the individual has documentation of medical reason(s) for not screening, use of opioids for chronic pain management, limited life expectancy or hospice, or ED visits that resulted in an observation stay (Table BH8_01) during the MY.
   - ✖ This individual has an exclusionary condition--she has metastatic breast cancer and is taking opioids for pain management (ICD-10 Code C50 and RES_VALP=OPIOID). Thus, they are excluded from the denominator.

> (E)
> Exclude from denominator

Sample Individual #2

Sample Individual #2: Profile

- Gender: Male

- Age: 55

- Encounter Dates:
  - October 2, 2020
  - October 9, 2020

- Screening Date: October 9, 2020

- Revenue Code: 915

- Screening Tool Used: Fagerstrom Test for Nicotine Dependence (FND)
  - LOINC Code: 63638-1

- Screening Tool #2: CAGE Questionnaire for Detecting Alcoholism (CAGE)
  - HCPCS Code: H0049

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	RES_VAL	CODE_VAL	TOBA_T	TOBA_S	TOBA_I	ALCS_T	ALCS_S	ALCS_I
BH8	0	4136900	5/20/1965	M	0	D	10/2/2020	U	915						
BH8	0	4136900	5/20/1965	M	0	D	10/9/2020	U	915						
BH8	0	4136900	5/20/1965	M	0	N	10/9/2020	L	63638-1	01	06	01			
BH8	0	4136900	5/20/1965	M	0	N	10/9/2020	H	H0049				01	00	00

Sample Individual #2: Denominator

1. First, it is assumed that this individual has been attributed to your hospital, has continuous enrollment in Medicaid through 30 days after discharge, and meets the age criteria. Then a hospital should check if the index encounter was in an ED or outpatient hospital clinic (Value Set Table BH8_Nondx).

    ✓ The individual's encounter has a Revenue Code of 915, meaning that the encounter was visit for Outpatient Group Therapy.

2. Next, a hospital should check if the individual has documentation of medical reason(s) for not screening, use of opioids for chronic pain management, limited life expectancy or hospice, or ED visits that resulted in an observation stay (Table BH8_01) during the MY.

    ✓ This individual does not have any exclusionary codes in their individual record.

Include in Denominator

Sample Individual #2: Numerator

1. To determine if performance was met, a hospital must first determine if the individual was screened for substance use. (Table BH8_Nondx).

   ✓ The individual was screened using the Fagerstrom Test for Nicotine Dependence (FND) (TOBA_T=01) and the CAGE Questionnaire for Detecting Alcoholism (CAGE) (ALCS_T=01).

2. Then, the score of the validated screening tool(s) will determine if the individual has screened positive for substance use. If the individual has a positive depression screen, we look to TOBA_I, ALCS_I, DRUG_I, and/or INCL_I to indicate what type of follow up plan was documented. If the associated column is blank, no intervention was documented.

   ✓ The individual was screened with two validated screening tools, the FND and the CAGE. They screened positive for nicotine dependence (TOBA_S=06) and had an intervention in their individual record (TOBA_I=01). They screened negative for alcohol misuse (ALCS_S=00), so no intervention was necessary (ALCS_I=00).

   Performance Met

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Sample Individual #3

Sample Individual #3: Profile

- Gender: Male

- Age: 23

- Encounter Date: July 3, 2020

- Screening Date: July 3, 2020

- Revenue Code: 914

- Screening Tool Used: NIDA Drug Use Screening Tool (NMASSIST)
  - HCPCS Code: H0049

HOSP_ID	M_YR	M_DOB	M_GENDER	M_YR	M_ELEMT	SVC_DT	RES_VALP	CODE_VAL	INCL_T	INCL_S	INCL_I	EOF_ID
BH8	0	4136900	M	0	D	7/3/2020	U	914				
BH8	0	4136900	M	0	N	7/3/2020	H	H0049	02	27		999999

Sample Individual #3: Denominator

1. First, this example assumes that this individual has been attributed to your hospital, has continuous enrollment in Medicaid through 30 days after discharge, and meets the age criteria. Then, a hospital should check if the index encounter was in an ED or outpatient hospital clinic (Value Set Table BH8_Nondx).

   ✓ The individual's encounter has a Revenue Code of 914, meaning that the encounter was in Outpatient Individual Therapy.

2. Next, a hospital should check if the individual has documentation of medical reason(s) for not screening, use of opioids for chronic pain management, limited life expectancy or hospice, or ED visits that resulted in an observation stay (Table BH8_01) during the MY.

   ✓ This individual does not have any exclusionary codes in their individual record.

Include in Denominator

Sample Individual #3: Numerator

1. To determine if performance was met, a hospital must first determine if the individual was screened for substance use. (Table BH07_Nondx).

   ✓ The individual was screened using the NIDA Drug Use Screening Tool (NMASSIST) (INCL_T=02).

2. Then, the score of the validated screening tool(s) will determine if the individual has screened positive for substance use. If the individual has a positive screen, the variables TOBA_I, ALCS_I, DRUG_I, and/or INCL_I are where a hospital indicates what type of follow up plan was documented. If the associated column is blank it means no intervention was documented.

   ✗ The score was positive (INCL_S=27), however column INCL_I is blank indicating no intervention was documented.

Performance Not Met

How to Calculate Performance

Calculating Performance: Subgroups

For this sample calculation, the starting attributed population is 30 individuals.

Subgroup Criteria	Subgroup Counts
Starting Population (Attributed)	30
Exclusions	5
Negative SU Screen (No Intervention required)	8
Positive SU Screen with At Least One Intervention	9
No Documented SU Screening	6
Positive SU Screen with No Intervention	2
Positive SU Screen with Intervention Documented outside the MY or Inappropriate Intervention	0

Calculating Performance: Denominator

- First, a hospital must calculate the *eligible population* for BH8 from the starting attributed population.

- *Eligible population (BH8)*: Attributed individuals, meeting the age and continuous eligibility criteria, who had an index encounter in an ED or outpatient hospital clinic during the MY who do not have any other exclusions.

Starting Attributed Population – Exclusions = Eligible Population

Subgroup Criteria	Subgroup Count
Starting Population (Attributed)	30
Exclusions	5
Eligible Population (Denominator)	25

Calculating Performance: Numerator

- Next, a hospital must then calculate the **_numerator compliant population_** from the eligible population.

- **Measure Compliant Individual Population (BH8):** Individuals in the eligible population screened for substance use using a standardized screening tool and if positive, an intervention is documented on the date of the eligible encounter.

Positive SU Screen with FU + Negative SU Screen = Measure Compliant Individual Population

Subgroup Criteria	Subgroup Count
Negative SU Screen (No Intervention required)	8
Positive SU Screen with At Least One Intervention	9
Measure Compliant Individual Population	17

Calculating Performance: Percentage

- Finally, a hospital can derive the proportion of the eligible population that is measure compliant. This value is the hospital's performance on the measure.

(Measure Compliant Individual Population / Eligible Population) * 100 = Individual Hospital Performance

Subgroup Criteria	Subgroup Count
Measure Compliant Individual Population	17
Eligible Population	25
Individual Hospital Performance	68%

Conclusion

More Information

For more information about data submission, please review the standard reporting templates and associated guides available on the QIP-NJ website: https://qip-nj.nj.gov/participants.html.

For more information about the measures, please reference the QIP-NJ Databook FAQ document: https://qip-nj.nj.gov/resources.html.

With any additional questions or concerns, please contact QIP-NJ@PCGUS.com.