Behavioral Health Integration (BHI) Incentive Program
Frequently Asked Questions
Performance Measures
April 1, 2021

This document provides additional guidance, information, and clarification to Medi-Cal managed care health plans (MCPs) regarding the Department of Health Care Services (DHCS) Behavioral Health Integration (BHI) Incentive Program's Performance Measures.

MCPs will report to DHCS on performance measures as specified in the terms of the Determination Letter and All Plan Letter, approved BHI Incentive Program application, terms of federal approval for BHI Incentive Program, and any applicable DHCS-issued guidance. MCPs are responsible for providing oversight of their contracted providers' projects, including requiring providers submit annual reports detailing performance measures. The BHI Incentive Program application identified which and how many performance measures are required for reporting for each project option. Performance measure reporting is one component of the required status reports for the BHI Incentive Program.

Contents

A. General Information

1. What is a performance measure?

Answer: Performance measures are metrics associated with specific project options. The BHI Incentive Program application identified which and how many performance measures are required for reporting for each project option.

2. **What level of reporting is expected?**

   Answer: MCP and provider level reporting.

3. **Do the performance measures need to be based on final, audited results?**

   Answer: No, the measures do not need to be based on final, audited results.

4. **What is the Measurement Period?**

   Answer: The measurement period is January 1 to December 31, unless otherwise required by the measure steward's performance measure technical specifications.

B. Due Dates

5. **When is the baseline data report due?**

   Answer: Measurement Year (MY) 2019 and/or MY 2020 are due no later than August 27, 2021. For MY 2021, the report is due by August 27, 2022.

6. **When are the annual data reports due?**

   Answer: Program Year 1 performance measures are due by, March 31, 2022 and Program Year 2 measures are due no later than March 31, 2023.

C. Baseline Data Reporting

7. **What measurement year should MCPs and providers report for baseline?**

   Answer: MY 2020 baseline data is required reporting. For data (performance measures) not previously reported, MCPs and providers will establish MY 2021 as the baseline. MY 2019 is optional reporting.

D. Measure Steward Technical Specifications and Data Sources

8. **What performance measure technical specifications should MCPs and providers follow?**

   Answer: MCPs and providers are to follow the measure stewards' performance measure technical specifications.

9. **What are the three performance measure stewards?**

   Answer: National Committee for Quality Assurance (NCQA), Centers for Medicare and Medicaid Services (CMS), and Pharmacy Quality Alliance (PQA).

10. **Where can MCPs and providers find technical specifications for NCQA?**

   Answer: MCPs and providers are to refer to the NCQA HEDIS Measurement Year 2020 and Measurement Year 2021 Volume 2 Technical Specifications for Health Plans.

11. **Where can MCPs and providers find technical specifications for CMS?**

   Answer: MCPs and providers may refer to the CMS Measures Inventory Tool webpage: https://cmit.cms.gov/CMIT_public/ListMeasures.

12. **Where can MCPs and providers find technical specifications for PQA?**

   Answer: MCPs and providers may visit PQA's overview for health plan measures at the following webpage: https://www.pqaalliance.org/measures-overview.

13. **What are the data sources the MCP and providers can utilize to report for performance measures?**

   Answer: MCPs and providers should report based on available data for each of the required performance measures. Data sources may include, but not limited to, HCPC codes, MCAS measures, and/or data collected at provider level as part of the BHI program project option implementation.

E. **Member Population for Reporting**

14. **Do MCPs and providers report performance measure data for only assigned Medi-Cal members?**

   Answer: This is left to the discretion of the MCP. It is not the BHI Incentive Program's intent to restrict the benefits to Medi-Cal members, or the single MCP's Medi-Cal members. However, some portion of the population that receive the benefits would have to be Medi-Cal.

15. **Do members need to have MCP coverage as their primary insurance, or can they have MCP as secondary insurance coverage?**

   Answer: MCPs and providers should not limit population reporting by coverage unless the performance measure technical specifications excludes.

16. **Are dual eligible members to be included?**

   Answer: MCPs should include dual eligible members unless the performance measure technical specifications excludes.

F. Performance Measure Reporting Template Technical Assistance

17. What level of data should be reported on the Performance Measure Summary Report tab?

Answer: MCP level reporting. Please report by population stratifications.

18. What level of data should be reported on the project option Performance Measure Report tabs?

Answer: Provider level reporting. Please report by population stratifications.