CA1.7 Members receiving Medi-Cal specialty mental health services that received care coordination with the primary mental health provider.[ii]

CONTINUOUS REPORTING				
Reporting Section	**Reporting Frequency**	**Level**	**Reporting Period**	**Due Date**
CA1. Care Coordination	Annually	Contract	Calendar Year	By the end of the fourth month following the last day of the reporting period

A. Data element definitions – details for each data element reported to CMS and the state, including examples, calculation methods, and how various data elements are associated.

Element Letter	Element Name	Definition	Allowable Values
A.	Total number of members receiving Medi-Cal specialty mental health services.	Total number of members who have been continuously enrolled in the same MMP for at least five months during the reporting period and who have received Medi-Cal specialty mental health services for three or more consecutive months during the reporting period.	Field Type: Numeric
B.	Total number of members for whom the MMP was unable to reach the member's county mental health provider/county clinic, following at least three documented outreach attempts, for the purpose of care coordination of the member's mental health needs.	Of the total reported in A, the number of members for whom the MMP was unable to reach the member's county mental health provider/county clinic, following at least three documented outreach attempts, for the purpose of care coordination of the member's mental health needs during the reporting period.	Field type: Numeric Note: Is a subset of A.

Element Letter	Element Name	Definition	Allowable Values
C.	Total number of members for whom the MMP successfully contacted the member's county mental health provider/county clinic for the purpose of care coordination of the member's mental health needs.	Of the total reported in A, the number of members for whom the MMP successfully contacted the member's county mental health provider/county clinic for the purpose of care coordination of the member's mental health needs during the reporting period.	Field type: Numeric Note: Is a subset of A.
D.	Total number of members the MMP was unable to reach, following at least three documented outreach attempts, for the purpose of care coordination of the member's mental health needs.	Of the total reported in A, the number of members the MMP was unable to reach, following at least three documented outreach attempts, for the purpose of care coordination of the member's mental health needs during the reporting period.	Field type: Numeric Note: Is a subset of A.
E.	Total number of members the MMP successfully contacted for the purpose of care coordination of the member's mental health needs.	Of the total reported in A, the number of members the MMP successfully contacted for the purpose of care coordination of the member's mental health needs during the reporting period.	Field type: Numeric Note: Is a subset of A.

B. QA Checks/Thresholds – procedures used by CMS and the state to establish benchmarks in order to identify outliers or data that are potentially erroneous.

- Guidance will be forthcoming on the established benchmark for this measure for Demonstration Year 3.

C. Edits and Validation Checks – validation checks that should be performed by each MMP prior to data submission.

- Confirm those data elements listed above as subsets of other elements.

- MMPs should validate that data elements B, C, D, and E are less than or equal to data element A.
- All data elements should be positive values.

D. Analysis – how CMS and the state will evaluate reported data, as well as how other data sources may be monitored. CMS and the state will evaluate the percentage of members who have been continuously enrolled in the same MMP for at least five months during the reporting period who have received Medi-Cal specialty mental health services for three or more consecutive months during the reporting period:

- For whom the MMP successfully contacted the member's county mental health provider/county clinic for the purpose of care coordination of the member's mental health needs during the reporting period.
- For whom the member's county mental health provider/county clinic could be reached and who the MMP was able to successfully contact for the purpose of care coordination of the member's mental health needs during the reporting period (i.e., data element A minus data element B will serve as the denominator).
- Who the MMP successfully contacted for the purpose of care coordination of the member's mental health needs during the reporting period.
- Who could be reached and who the MMP was able to successfully contact for the purpose of care coordination of the member's mental health needs during the reporting period (i.e., data element A minus data element D will serve as the denominator).

E. Notes – additional clarifications to a reporting section. This section incorporates previously answered frequently asked questions.

- MMPs should include all members regardless of whether the member was enrolled through passive enrollment or opt-in enrollment. Medicaid-only members should not be included.
- MMPs should include all members who meet the criteria outlined in data element A, regardless of whether they are disenrolled as of the end of the reporting period (i.e., include all members regardless of whether they are currently enrolled or disenrolled as of the last day of the reporting period).
- Medi-Cal specialty mental health services are financed and administered by county agencies under the provisions of the 1915(b) SMHS waiver. For more information, including a list of specialty mental health services, refer to the Coordinated Care Initiative and Behavioral Health Services Fact Sheet available at: http://www.calduals.org/wp-content/uploads/2013/03/FAQ-BH.pdf
- To identify members who have received Medi-Cal specialty mental health services for three or more consecutive months during the reporting period, MMPs should refer to information provided by the county agencies and/or claims data provided by the State.

- For data element B, the MMP should only report those members for whom the MMP was unable to reach the member's county mental health provider/county clinic following at least three documented outreach attempts for the purpose of care coordination of the member's mental health needs during the reporting period. Documentation of outreach attempts must include:
    1. The name of the member's county mental health provider/county clinic;
    2. The name of the person the MMP attempted to contact at the member's county mental health provider/county clinic;
    3. The time and date of the outreach attempt;
    4. The method of the outreach attempt (e.g., phone, email, fax, in-person, etc.);
    5. The outcome of the outreach attempt.
- Data elements B and C are mutually exclusive (i.e., the same member should not be counted in both data elements B and C). If the member's county mental health provider/county clinic was not reached after three outreach attempts, but then subsequently is successfully contacted during the reporting period for the purpose of care coordination of the member's mental health needs, then the member should be counted in data element C.
- For data element D, the MMP should only report those members the MMP was unable to reach following at least three outreach attempts to contact the member for the purpose of care coordination of the member's mental health needs during the reporting period. Documentation of outreach attempts must include:
    1. The time and date of the outreach attempt;
    2. The method of the outreach attempt (e.g., phone, email, fax, in-person, etc.);
    3. The outcome of the outreach attempt.
- Data elements D and E are mutually exclusive (i.e., the same member should not be counted in both data elements D and E). If the member was not reached after three outreach attempts, but then subsequently is successfully contacted during the reporting period for the purpose of care coordination of the member's mental health needs, then the member should be counted in data element E.
- The MMP does not have to conduct separate outreach to the member for the specific purpose of care coordination of the member's mental health needs (i.e., the MMP may discuss the member's mental health needs as part of its broader care coordination efforts, such as when conducting the health risk assessment or developing the care plan). If the MMP discusses the member's mental health needs when conducting the health risk assessment or developing the care plan (or as part of other care coordination efforts), the MMP must clearly document the outcome

of the interaction with the member, following the instructions for documenting outreach attempts as noted above.

- The outreach attempts are meant to coordinate the behavioral health services being provided at the county with the medical services that the MMP is providing.

F. Data Submission – how MMPs will submit data collected to CMS and the state.

- MMPs will submit data collected for this measure in the above specified format through a secure data collection site accessed at the following web address: https://Financial-Alignment-Initiative.NORC.org