

Data Collection & Evaluation

Questions	Answers
<p>How will providers need to report the data? Will the data be reported to the LME/MCO or the state? how do you upload all the provider data to pull it together?</p>	<p>This information will be gathered using a uniform data collection tool guided by SAMHSA. The state is awaiting additional guidance from SAMHSA about the specific data that will be required and how data is to be gathered and reported. Providers will be expected to report the data to both the LME/MCO as well as the state. Data will be sent to the state and not to CMT.</p>
<p>What is the role of CMT with regard to data collection and evaluation?</p>	<p>The North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services has a contract with CMT to provide support for the analysis of state level data for the CCBHC demonstration data. Data collected by providers will be sent to the state and not directly to CMT.</p>
<p>What resources are available to increase the abilities of current EHR systems to capture the required measures and allow for easy reporting?</p>	<p>Information about the North Carolina Division of Medical Assistance's EHR incentive programs be found at: https://www2.ncdhhs.gov/dma/provider/ehr.htm. There is some funding available through the CCBHC planning grant to provide sites technical assistance related to data collection and reporting.</p>
<p>What is the role of the LME/MCO with regard to data collection and evaluation?</p>	<p>As LME/MCOs will be responsible for the management and payment of CCBHCs, they will likely have an important role in the data collection and reporting processes. As additional guidance is received from SAMHSA, the state will be able to provide more clarity about the role of the LME/MCO with regard to data collection and evaluation.</p>
<p>Do the quality measures and the reporting of quality measures include other payors or are they just limited to Medicaid beneficiaries?</p>	<p>"Reporting is annual and data are required to be reported for all CCBHC consumers, or where data constraints exist, for all Medicaid enrollees in the CCBHCs." (RFA, Appendix A, pg 65) While the state and SAMHSA is only requiring that providers report the data for Medicaid beneficiaries, it is recommended that sites develop a process for capturing this data for all consumers, regardless of payor source.</p>

<p>What are the requirements of the LME/MCOs with regard to the data reporting requirements?</p>	<p>"The state's contract with the managed care entity must contain requirements for reporting CCBHC data. We recommend the state include the following items in its contract: (1) data to be reported; (2) the period during which data must be collected; (3) the method to meet reporting requirements; and, (4) the entity responsible entity for data collection. The data that must be reported for this demonstration is specified in Appendix A of SAMHSA's Criteria for the Demonstration Program to Improve Community Mental Health Centers and to Establish CCBHCs. Further requirements also may be found in Program Requirement 5.A of those criteria. States also must collect data to allow for oversight of managed care contract execution with CCBHCs and to remedy performance issues." (RFA, Appendix III, pg 28)</p>
<p>Whose responsibility is it to collect the data for the quality bonus payments? Will it be the state or the LME/MCOs?</p>	<p>SAMHSA has included six measures that will be linked with the quality bonus payments. Of those six measures, 3 are collected at the provider level and 3 are collected at the state level. Providers will be expected to report those measures to the LME/MCO and the state.</p>
<p>Will LME/MCOs have access to FQHC data that they do not currently have access to?</p>	<p>If an FQHC is certified as a CCBHC, then the LME/MCO will have access to the FQHC's data as it relates to the CCBHC demonstration services and requirements.</p>
<p>Currently encounter data is captured in 15 minute units. This fails to capture many activities that providers are required to do, such as care coordination. How are sites expected to capture these services or activities?</p>	<p>Sites are not expected to capture these activities or services as billable services. The cost of providing these services is included in the prospective payment rate, which will be billed to the LME/MCO when a Medicaid beneficiary receives one of the 9 billable services.</p>
<p>How will the CCBHC demonstration period attend to bigger systems outcomes, such as employment, housing, homelessness, and emergency department utilization?</p>	<p>While none of the identified data measures directly capture these bigger systems outcomes, sites will be expected to develop 3-5 continuous quality improvement projects that may include some of these outcomes. As well, sites with the support of the state will complete a needs assessment which will be used to modify their staffing plan.</p>

Some providers are not consistent with reporting of their claims to LME/MCOs. How will these be managed for CCBHCs?

The state will work with the LME/MCO to develop a contract regarding data and claims reporting for CCBHC services. Additional guidance will be provided to LME/MCOs if a site is selected within their catchment area.