

ATTACHMENT F

**PBHCI ELECTRONIC DATA COLLECTION TOOL FOR GRANTEE
REGISTRY/ELECTRONIC HEALTH RECORDS (EHRs)**

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Cohort 8 Grantee Electronic Record System Data Request for National Cross-Site PBHCI Evaluation

Purpose of Data Request	The submission of this data is critical to help SAMHSA understand the services that PBHCI clients receive. We will use this data to monitor the delivery of care and calculate clinical quality measures. Only Cohort 8 grantees are being asked to submit this data.
General Directions	This spreadsheet lists the data elements/variables to extract from your EHRs, clinical registry, or other electronic systems. You may extract each data element from the most reliable data source. We are not prescriptive about the data source. Rather, each grantee should determine the most reliable data source for each variable. Many of the variables are intended to capture services provided by your PBHCI program or clinic. For these variables, do not limit reporting only to services that were delivered by staff/providers who are directly supported by the PBHCI grant. Rather, report all services provided by your PBHCI program. Our goal is to capture all services that PBHCI clients receive from the PBHCI program.
Structure of Data Submission	If possible, please submit your file(s) following the structure in the Example File Layout tab of this workbook. In this example, each row represents a unique client (identified using the TRAC identifier). The columns represent the requested variables. If this format is problematic, we will accept other formats that are organized according to the client's TRAC identifier. If combining these variables into a single file is problematic, you may submit separate files that contain a subgroup of variables. Please submit files in Excel (xls,xlsx, csv), SAS, Stata, or SPSS formats.
Timeframe of Data Request	Please submit data that contains data for all clients enrolled in the PBHCI program through September 30, 2016. Only report services delivered AFTER PBHCI enrollment; we are not asking you to report services delivered before the client enrolled in PBHCI. We recognize that many grantees did not begin client enrollment until late 2015 or 2016. Thus, your first reporting period may actually begin later than September 2015 to correspond with the date that the first consumer was enrolled in the program. Subsequent data requests will cover each quarter and follow a set reporting schedule that coincides with submission of the IPP indicators. You can submit files in the future that only cover the specified time period or submit a cumulative file that contains all data from the beginning of the grant period.
Variable Names and Service Codes	We have provided variable names. However, if you find it easier, you can submit the data using variable names from your system(s) and provide Mathematica with a crosswalk of variable names. Several of the services captured in this spreadsheet may be billable for some grantees. For those services, you may find it helpful to map them to billing codes. However, DO NOT limit reporting of these services only to those that are billable. Report both billable and non-billable services. For some variables, we have provided examples of billing codes that are frequently used for services but this is not an exhaustive list. Grantees may use other billing codes. Reporting of billing/procedure codes is optional. Please report if such codes are available/already in use and easily accessible in your systems. However, we are not asking you to assign services to codes if codes do not already exist. We recognize that there is variation across grantees and states in service definitions. We have attempted to provide clarifying definitions of each variable. Please contact us if you have questions about whether a particular service should be included.
Where to Submit Data	Do NOT email data files. Please use the password assigned to your program to submit the data via the secure website: https://www.pbhcieval.com/Grantee/SitePages/Home.aspx
Where to Get Help	Contact Mathematica with any questions about this request at pbhcieval@mathematica-mpr.com or 866-504-9640. Also contact Mathematica if you cannot access the website to submit the data.

I. Client Demographics				
Variable	Description	Format	Values	Definition of Variables
trac_id	TRAC identification number	Char	Integer	Use the same identification number used in the TRAC system to identify clients in this spreadsheet.
birth	Year of birth	Num	yyyy	Report the client's year of birth. We will use this information to verify an accurate match to the TRAC data.
mdx1 mdx2 mdx3 mdx1_s mdx2_s mdx3_s	Primary mental health and substance abuse diagnoses Secondary mental health and substance abuse diagnoses	Num	DSM, ICD-10 codes, or other	Report all of the client's primary/principal and secondary mental health and substance abuse diagnoses at your clinic using either DSM or ICD-10 codes; we will accept all codes. You do not need to list the diagnoses in any specific order. If you cannot list all diagnoses, please attempt to report the most frequent primary/principal and secondary diagnoses for the client.
pdx1 pdx2 pdx3 pdx1_s pdx2_s pdx3_s	Primary physical health diagnoses Secondary physical health diagnoses	Num	DSM, ICD-10 codes, or other	Report all of the client's primary/principal and secondary physical health diagnoses at your clinic using either DSM or ICD-10 codes; we will accept all codes. You do not need to list the diagnoses in any specific order. If you cannot list all diagnoses, please attempt to report the most frequent primary/principal and secondary diagnoses for the client.
gender	Client gender	Num	0 = Male 1 = Female 2 = Transgender 3 = Other 4 = Refused/unknown	Report client's gender. We will use this information to verify an accurate match to the TRAC data. If your organization uses other categories, such as transgender, you can may submit the data using those categories and provide Mathematica with a variable crosswalk.
race	Client race	Num	0 = Black or African American 1 = White 2 = Asian 3 = American Indian 4 = Alaska Native 5 = Native Hawaiian or other Pacific Islander 99 = Unknown	Report client's race. We will use this information to verify an accurate match to the TRAC data. These race categories are the same ones used in the TRAC system. If your organization uses other race categories, we will accept those (please label the categories in your data submission).
hispan	Is the client Hispanic or Latino(a)?	Num	0 = Not Hispanic or Latino(a) 1 = Hispanic or Latino(a) 99 = Unknown	Report if client is Hispanic. We will use this information to verify an accurate match to the TRAC data. Hispanic ethnicity is reported in TRAC.

II. Services Provided to PBHCI Clients by Your Clinic/Agency

The data elements in this section capture visits or encounters at your clinic/agency. These are not limited to visits/encounters with providers who are directly supported by the PBHCI grant. In most situations, these visits are face-to-face meetings with clients. In some circumstances the client may be present via telephone or video. **NOTE: For illustration, we have limited the number of rows in the spreadsheet to 5 observations/encounters for each variable. If there are more visit dates than rows available in the spreadsheet, please include the additional dates in your submission and number them sequentially.**

Variable	Date of Service (either mm/dd/yyyy or mmddyyyy is acceptable)	Definition of Encounter Types	Example Billing Codes (NOTE: these codes are only provided for illustration as guidance, do not limit your reporting to these codes. Grantees may use various procedure codes and not all services below are billable.)
mm_1 mm_2 mm_3 mm_4 mm_5	mmddyyyy mmddyyyy mmddyyyy mmddyyyy mmddyyyy	<p>Please report all dates of service and service codes for medication management services provided directly to the client. Medication management services are intended to ensure the client receives and uses medications appropriately and avoids drug interactions, side effects, and other negative outcomes.</p> <p>Examples of medication management services may include (but are not limited to):</p> <p>(1) discussions with client to assess his/her medication needs and/or complications (2) development or updating of medication management plan in collaboration with the client (3) discussions with client of medication use and side effects (4) other direct individualized education for clients about safe and effective medication use</p> <p>In medication management, the healthcare professional and client are both actively involved (e.g. discussing a client's medication during a team meeting in the absence of the client is NOT considered medication management). Medication management must be provided by qualified professional; these qualifications may vary depending on the medication management activity and is not limited to pharmacists, physicians, or nurses. Medication management is not limited to prescribed medications but also includes over the counter medications.</p>	<p>The following codes are often used for medication management services: E&M codes 99201–99255, 99281–99285, 99304–99337, or 99341–99350 are typically used by a physician or psychiatric nurse providing psychotropic pharmacologic management WITHOUT psychotherapy services. 99201–99255, 99281–99285, 99304–99337, or 99341–99350 + 90833, 90836, or 90838 E&M codes, used in conjunction with code 90833, 90836, or 90838 for physician or psychiatric nurse providing psychotropic pharmacologic management WITH psychotherapy services. Services provided by pharmacists using CPT codes 99605, 99606, 99607 are considered medication management. Grantees may bill for similar services using different codes.</p>
cc_1 cc_2 cc_3 cc_4 cc_5	mmddyyyy mmddyyyy mmddyyyy mmddyyyy mmddyyyy	<p>Please provide dates and service codes for case management (CM) and/or care coordination (CC) services. Case management and care coordination can be provided by a range of staff (case managers, care managers, patient navigators, peer support staff, etc.). Case management and care coordination could occur in the clinic or elsewhere in the community (for example, the client's home).</p>	<p>The following CPT codes are often used to bill for care management or case management: 99490, 98966, 98967, 98968, 99490, 99495, 99496</p>
mh_1 mh_2 mh_3 mh_4 mh_5	mmddyyyy mmddyyyy mmddyyyy mmddyyyy mmddyyyy	<p>Please provide dates and service codes for psychotherapy visits. These visits may include various forms of psychotherapy (group or individual) or talk therapy that occurs with the client. Psychotherapy visits are not restricted to visits with psychiatrists but may include a range of therapists (counselors, psychologists, social workers, etc.).</p>	<p>The following CPT codes are commonly used for psychotherapy with the client: 90832, 90833, 90834, 90836, 90837, 90838, 90845, 90846, 90849, 90853, 90875, 90876, and 90880.</p>

ps_1	mmddyyyy	<p>Please report dates and service codes for peer support services. Peer support services provide an opportunity for consumers in recovery to assist other consumers in achieving recovery through social support, empowerment, skill building, role modeling, and activation. Grantees may employ different types of peer support staff (for example, certified vs. not certified peer specialists). Report all peer support services with all types of peer support staff. Peer support visits may or may not be a billable service in your state. NOTE: Do NOT report care coordination or wellness services delivered by peer support staff for this variable. Rather, this variable is intended to capture all other peer support services that are not captured through the care coordination and wellness service variables.</p>	<p>H0038 is a HCPCS code used for peer support services.</p>
ps_2	mmddyyyy		
ps_3	mmddyyyy		
ps_4	mmddyyyy		
ps_5	mmddyyyy		
ph_1	mmddyyyy	<p>Please report dates and service codes for physical health or primary care visits provided by your clinic or PBHCI program. These include preventative and acute care visits for physical health conditions. These services are typically provided by primary care providers (e.g. MD, DO, NP, PA, RN). Include any physical health or primary care services provided by clinicians who are formally or informally affiliated with your program (including those for whom you have formal MOUs/agreements and others who you consider partner providers under the PBHCI program). For this variable, do NOT include services that are provided by clinicians unaffiliated with your PBHCI program (a separate variable below captures these services).</p>	<p>99214, 99204, and 99211–99215 are examples of CPT codes for office or other outpatient visit for the evaluation and management of an establishing patient or follow-up visit .</p>
ph_2	mmddyyyy		
ph_3	mmddyyyy		
ph_4	mmddyyyy		
ph_5	mmddyyyy		
tpl_1	mmddyyyy	<p>Please report all dates and service codes (if applicable) for developing or updating the treatment plan. The process of working directly with the client to identify his/her problems/needs, establish treatment goals, and decide what treatment methods will be used to address problems/needs and work toward goals. Report the date on which the treatment plan was developed or formally updated. (NOTE: Some grantees engage in joint treatment planning between behavioral health and physical health providers whereas others conduct somewhat separate treatment planning. Please report treatment planning that is captured in your systems and ideally includes both behavioral health and physical health treatment goals).</p>	<p>HCPCS code H0032 and CPT code 90885 are used for initial treatment plan development or update/review.</p>
tpl_2	mmddyyyy		
tpl_3	mmddyyyy		
tpl_4	mmddyyyy		
tpl_5	mmddyyyy		

III. Wellness Services Provided by Your PBHCI Program

Report clients' participation in the RFA-mandated wellness programs offered by or affiliated with your PBHCI program. These may be individual encounters or participation in group activities.

Variable	Date of Wellness Service (either mm/dd/yyyy or mmddyyyy is acceptable)	Definition of Services	Example Billing Codes (NOTE: This is not an exhaustive list of codes. Grantees may use various procedure/billing codes. Some wellness services are not billable). Only report participation in the evidence-based interventions listed.
wellsm_1	mmddyyyy	Report all dates on which client participated in <u>your selected evidence-based chronic disease self-management intervention(s)</u> . This can include individualized or group activities or sessions.	Grantees had the option to implement Whole Health Action Management (WHAM), the Health and Recovery Peer Program (HARP) or the Stanford Chronic Disease Self-Management (CDSM). Please only report participation in these evidence-based interventions.
wellsm_2	mmddyyyy		
wellsm_3	mmddyyyy		
wellsm_4	mmddyyyy		
wellsm_5	mmddyyyy		
wellnutr_1	mmddyyyy	Report all dates on which client participated in <u>your selected evidence-based nutrition, diet, or exercise intervention(s) indicated in your grant application</u> . This can include individualized counseling or group activities or sessions. Grantees were asked to select from the following: Nutrition and Exercise for Wellness and Recovery, Diabetes Awareness and Rehabilitation Training, Solutions for Wellness, In SHAPE, Stoplight Diet, Weight Watcher, and ACHIEVE. Only report participation in these interventions or other diet, nutrition, or exercise interventions <i>approved by your GPO</i> .	CPT codes 97802, 97803, 97804 are often used for individual and group medical nutrition therapy procedures. CPT code 96153 is often used for exercise intervention services (Please note that this is a general code that can be used for other behavioral health interventions as well).
wellnutr_2	mmddyyyy		
wellnutr_3	mmddyyyy		
wellnutr_4	mmddyyyy		
wellnutr_5	mmddyyyy		
welltob_1	mmddyyyy	Report all dates on which client participated in <u>your selected evidence-based tobacco cessation intervention(s) indicated in your grant application</u> . This can include individualized counseling or group activities/sessions. Grantees were asked to select from the following: DIMENSIONS Tobacco Free Program (formerly known as Peer-to-Peer Tobacco Dependence Recovery Program), Learning about Healthy Living, or Intensive Tobacco Dependence Intervention. Only report participation in these interventions or other tobacco interventions <i>approved by your GPO</i> .	CPT codes 99406, 99407 can be used for behavior change interventions, individual services related to smoking cessation counselling.
welltob_2	mmddyyyy		
welltob_3	mmddyyyy		
welltob_4	mmddyyyy		
welltob_5	mmddyyyy		

IV. Referrals to Providers Outside Your PBHCI Program

Report referrals to providers who are NOT involved in implementing the PBHCI program. These are typically specialists or other providers in the community who are not affiliated with the PBHCI program. Do **NOT** report internal referrals to PBHCI providers.

Variable	Date of Referral (either mm/dd/yyyy or mmddyyyy is acceptable)	Definition of Variables
wt_1 wt_2	mmddyyyy mmddyyyy	Report dates of external referrals for <u>obesity, weight management, nutrition, or exercise</u> . Do not report referrals to services or programs offered by your PBHCI program. Only report referrals to external providers.
emh_1 emh_2	mmddyyyy mmddyyyy	Report dates of referrals for <u>mental health services</u> . Do not report referrals to services or programs offered by your PBHCI program. Only report referrals to external providers.
sa_1 sa_2	mmddyyyy mmddyyyy	Report dates of referrals for <u>substance abuse services</u> . Do not report referrals to services or programs offered by your PBHCI program. Only report referrals to external providers.
tcs_1 tcs_2	mmddyyyy mmddyyyy	Report dates of referrals for <u>tobacco cessation</u> . Do not report referrals to services or programs offered by your PBHCI program. Only report referrals to external providers.
eph_1 eph_2	mmddyyyy mmddyyyy	Report dates of referrals for <u>physical health care</u> . Do not report referrals to services or programs offered by your PBHCI program. Only report referrals to external providers.

V. Medications

Report all medications (prescribed and over the counter) within the designated time period. These medications may appear on the client's medication list or could be gathered from other systems. These medications are **NOT** restricted to those prescribed by your PBHCI program or clinic but could also include medications prescribed by other physical health and behavioral health care providers (if you have access to this information). Do not limit your submission to psychiatric medications but attempt to include all medications. Please report medications using NDC codes if available.

Medication (NDC code)	Date Prescribed or Added to Medication List (either mm/dd/yyyy or mmddyyyy is acceptable)
med_1	mmddyyyy
med_2	mmddyyyy
med_3	mmddyyyy
med_4	mmddyyyy
med_5	mmddyyyy
med_6	mmddyyyy
med_7	mmddyyyy
med_8	mmddyyyy
med_9	mmddyyyy
med_10	mmddyyyy

VI. Service Utilization Outside of Your Clinic/Agency Program

Report health care services used by the client outside of your clinic or PBHCI program.

Variable	Date (either mm/dd/yyyy or mmddyyyy is acceptable)	Definition of Variables
inpt_1	mmddyyyy	Report dates of hospitalizations for any reason (mental health, substance use, physical health, or other) . A hospitalization is when a client is formally admitted into a hospital. Hospitalization does not include emergency room visits, partial hospitalization, day treatment, respite care, or entry into a residential facility. We recognize that grantees will have access to different dates; some will be able to report admission dates while others will only have access to discharge dates. We will accept either admission or discharge date. Please indicate in your submission if the dates provided are admission or discharge dates.
inpt_2	mmddyyyy	
inpt_3	mmddyyyy	
inpt_4	mmddyyyy	
ed_1	mmddyyyy	Report dates of emergency department visits for any reason (mental health, substance use, physical health, or other). Some emergency department visits may span more than one day. Please only report either the first or last day of the ED visit to avoid duplicate counting of visits.
ed_2	mmddyyyy	
ed_3	mmddyyyy	
ed_4	mmddyyyy	
pcout_1	mmddyyyy	Report dates of physical health or primary care visits OUTSIDE of your clinic or PBHCI program . That is, primary care or specialty physical health services that the client received elsewhere in the community from providers who are NOT formally or informally affiliated with your PBHCI program . These visits may include referrals made by your PBHCI program and any other primary care services that were not a result of a referral from your program. We recognize that some grantees have access to this information while others do not.
pcout_2	mmddyyyy	
pcout_3	mmddyyyy	
pcout_4	mmddyyyy	
pc_usc	0 = No 1 = Yes 99 = Unknown	Report if the client had a primary care provider as his/her usual source of care BEFORE enrolling in PBHCI . Grantees are not expected to access claims data to answer this question; data can be self-reported from client or captured at intake.