



Short-term Behavioral Health Therapy in Primary Care

Measure Description

Percent of distinct members who received at least one behavioral health service delivered in a primary care setting within the 12-month evaluation period.

Evaluation Period

Rolling 12 month; 90 days claims run out

Numerator

Members in the denominator who have had at least one behavioral health visit billed in primary care settings within the rolling 12-month rolling evaluation period.

Condition Description	# Event	Detailed Criteria	Criteria Connector	Timeframe
Members included in the denominator	1		And	
Behavioral health visit in primary care [BH in PC Value Set] for clients enrolled in FFS or physical health managed care	1	(CPT Procedure Code in (90791, 90832, 90834, 90837, 90846, 90847))	And	During evaluation period
		(ENC_IND='N' or (ENC_IND='Y' and HLTH_PGM_CDE in (PIHP, RMHP))))	Or	During evaluation period

Denominator

Members will be counted in the denominator if they are enrolled in the ACC on the last day of the last month of the 12-month evaluation period.

Denominator Units: Distinct count of members meeting the above criteria



Denominator Eligibility/Enrollment Inclusion Criteria:

Condition Description	# Event	Detailed Criteria	Timeframe
Enrolled in the ACC	1	<ul style="list-style-type: none"> RAE Enrolled Indicator='Y' Snapshot Date = last month of the evaluation period RAE Enrollment End Date >= last day of the month of the evaluation period	Last month of the 12-month rolling evaluation period

Notes

- Multiple numerator events in an evaluation period for a unique member will only be counted once
- All diagnosis codes on the claim and encounter will be considered, not just the primary diagnosis
- Only claims and encounters submitted through the MMIS (interChange) will be used for this measure

