



# Behavioral Health Data

CO APCD User Group Meeting  
October 25, 2019



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**VALUE** IN HEALTH CARE

# Discussion Overview

- Behavioral Health Overview
  - Definition of Behavioral Health
  - Behavioral Health Services and Disorders
- Behavioral Health Data in the CO APCD
  - Medical Claim submissions to the CO APCD
  - Medical Claims Data; BH Eligibility Data; BH Providers
  - How to identify BH data in the CO APCD
- Analysis of Behavioral Health Data
- Next Steps

# What is Behavioral Health?

- Behavioral Health encompasses an individual's emotional, psychological and social well-being
- Behavioral Health conditions include mental disorders and substance use disorders
- CMS Subcategories of behavioral health disorders:
  - Co-occurring disorders: both a mental and substance use disorder
  - Co-existing disorders: both a behavioral and physical health condition
- Behavioral health services include screening, prevention and treatment; provided by a wide range of professionals



# Behavioral Health Data in the CO APCD

- Mental Health Data and Substance Use Data
- Behavioral Health Data Sources
  - Medical claims received from Commercial payers (monthly)
  - Medical claims received from HCPF (monthly)
  - Medical claims received from CMS (quarterly)
- Receiving BH data since the inception of CO APCD
- Affordable Care Act – March 2010
  - Mental health coverage is required for all plans



# Substance Use Disorders

- Why doesn't the CO APCD have SUD Claims Data?
- 42 CFR Part 2
  - Title 42 of the Code of Federal Regulations (CFR) Part 2: Confidentiality of Substance Use Disorder Patient Records
  - The purpose is to protect the confidentiality of patient records
  - CIVHC Blog: Why the CO APCD Does Not Have Substance Use Disorder Claims
    - <https://www.civhc.org/2019/03/21/plaintalk-blog-why-the-co-apcd-does-not-have-substance-use-disorder-claims/>



# 42 CFR Part 2 – more detail

- 42 CFR Part 2
  - Provides National Definition of Substance Use Disorders
  - Subject to payer interpretation
  - In process of being modified
- SUD Processing in the CO APCD - 3M and HSRI
  - 3M performed additional filtering (based on SUD code sets and DRG grouping)
  - HSRI does not perform additional SUD filtering
    - Transition to HSRI as of March 2017



# Behavioral Health Data in the CO APCD

- What can be done to identify and select Behavioral Health information
  - Can we isolate Behavioral Health data from other claim submissions in the data warehouse?
- No specific flags or identifiers for Behavioral Health Data
  - Part of Medical Claims submissions



# Identifying Behavioral Health Data

- Identify Behavioral Health via Diagnosis and Procedure codes
  - HCUP CCS tables
    - Diagnosis and Procedure codes Grouped by clinical categories
  - HEDIS Measure code sets (publicly available)
- Eligibility files do contain a BH indicator
  - DSG Element ME123 - Behavioral Health Indicator
    - Coverage Type – indicates if BH is covered in plan





# Identifying Behavioral Health Data - other Identifiers

- Claims from Servicing Providers with specific Taxonomy Codes
  - Behavioral Health & Social Service Providers
  - Nursing Service Providers (Mental Health specific)
- Other Types of Codes Sets
  - Revenue Codes
  - Place of Service
  - HCPCS
  - Pharmacy Claims – AHFS classes



# Identifying Behavioral Health Data - RAEs

- Regional Accountable Entities (RAEs)
  - Submitting BH Encounter data directly to CO APCD
  - ACC Phase II - July 1, 2018
    - Colorado shifted from RCCO/BHO structure to RAEs
    - Integration of primary and behavioral health services
- RAE submitters (BH encounter claims)
  - Beacon Health Systems (BH submissions only)
  - Colorado Community Health Alliance (BH only)
  - Rocky Mountain Health Plans
  - Colorado Access



# CIVHC – Behavioral Health Projects

- Mental Health ED Utilization Report
  - Based on HEDIS Mental Health ICD-10 Diagnosis Codes
- Assessment of physical health among adults with serious mental illness
  - Based on specific ICD Diagnosis Codes provided by the client



# What's next

- What do users anticipate in terms of future Behavioral Health analysis?



# Questions and Wrap-up

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