**Data Onboarding Questionnaire**

Welcome to the CalHIVE Behavioral Health Integration (CalHIVE BHI) improvement collaborative and congratulations on your acceptance to the program. For the next three years we will be focusing on the integration of behavioral health services into primary care. As a CalHIVE BHI participant, your organization will be required to collect and report  
enrollment, demographic, and measurement performance data for each participating clinician and their affiliated practice location(s). Data submissions will occur quarterly, and performance data will be reported utilizing rolling 12-months measurement periods.

Quarterly data webinars and office hours will be held throughout the program to review measure specifications, timelines, and highlight best data reporting practices from the cohort. CalHIVE BHI’s technical assistance will be provided by the California Quality Collaborative (CQC), a program of the Purchaser Business Group on Health ([PBGH](https://www.pbgh.org/wp-content/uploads/2022/01/Tableau-MFA-Instructions.pdf)) and Collaborative Family Healthcare Association (CFHA).

CalHIVE BHI participants will report data of the following measures:

* **Enrollment (total members/patients enrolled to the PO and attributed to a clinician)**
* **Depression Screening and Follow-Up for Adolescents and Adults (DSF)**
* **Depression Remission or Response for Adolescents and Adults (DRR)**
* **Unhealthy Alcohol Use Screening and Follow-up (ASF)**
* **Hemoglobin A1c Control for Patients with Diabetes – HbA1c Poor Control (> 9%)**
* **Emergency Department Visits**

CalHIVE BHI’s Data Onboarding Questionnaire is meant to further our understanding of your organization’s data reporting capabilities and systems. Please read and respond to **ALL** the questions below. We will review this questionnaire in our Data Onboarding call.

If you answer is a “No” or “Unsure” to any of the questions below, please utilize the “Comments” section to provide an explanation of your answer and any concerns you might have. If you selected a “Yes”, you are also welcome to write any comments that would help us understand your organization’s capabilities. The more detail, the better!

If your organization’s data team is unsure on how to answer a question or needs to have a discussion to address any concerns, the CalHIVE BHI Team is happy to set up a meeting to support any inquiries. Please contact Anna Baer at [abaer@pbgh.org](mailto:abaer@pbgh.org).

**CalHIVE Data Reporting Templates:**

1. [CalHIVE BHI Enrollment File Template](https://www.pbgh.org/wp-content/uploads/2023/06/CalHIVE-BHI-Enrollment-File-Template.xlsx)
2. [CalHIVE BHI Measurement File Template](https://www.pbgh.org/wp-content/uploads/2023/06/CalHIVE-BHI-Measurement-File-Template.xlsx)

**Questionnaire:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Question | Yes | No | Unsure | Comments |
| Are you able to access Box, the could-based content management, collaboration, and file sharing tool, within your organization?  ***Note:*** *Try accessing this example of a Box link used for data submission:* [*Box Link*](https://pbgh.app.box.com/f/6e25911f7989423cba580f6b84cc5f57) |  |  |  |  |
| If you were able to access the Box link in the prior question, could your organization submit data files through the link?  ***Note:*** *CQC will utilize Box for the secure transmission of clinician level measurement and demographic data.* |  |  |  |  |
| Measurement data is to be reported at the clinician level (Type 1 NPI) by line of business with their associated practice identified. Do you have the capability to report results this way?  ***Note:*** *CQC collects deidentified measurement data at the clinician level through numerators and denominators.* |  |  |  |  |
| Does your organization have a unique identifier for your practice locations (physical locations where care is being delivered)? For example, practice level TIN, Type 2 NPI, or some other internal identifier?  ***Note:*** *Please describe the practice identifier you plan to utilize during CalHIVE BHI in the comments section.* |  |  |  |  |
| Does your organization have the capability to stratify measurement data by payer/product lines? *If ‘yes’, describe the payer/product lines your organization intends to report in the comments section. If ‘No’ or ‘Unsure’ please describe your reason(s) in the comments.*  **Payer/Product Categories:**   * Commercial HMO * Commercial PPO * Medicare Fee for Service * Medicare Advantage * Medi-Cal Managed Care * Medi-Cal Fee for Service * Uninsured * Medi-Medi * Military (VA) * Other or Unknown |  |  |  |  |
| Does your organization collect race, ethnicity, and primary/preferred language (REaL) data for your patients?  ***Note:*** *In the “comments” provide us with a percentage of your membership with race, ethnicity, and primary/preferred language data.* |  |  |  | % of patients with only race data:  % of patients with only ethnicity data:  % of patients with only primary/preferred language:  % of patient with race and ethnicity data: |
| Does your organization have the capability to report stratified measurement data across the following races and ethnicities? *If you answer ‘No’ or ‘Unsure’ please expand on your answer in the comments.*  **Race Categories:**   * American Indian or Alaska Native * Asian * Black or African American * Native Hawaiian or Other Pacific Islander * White * Two or More Races * Other/Declined/Unknown Race   **Ethnicity Categories:**   * Hispanic or Latin(o, a, e, x) * Not Hispanic or Latin(o, a, e, x) * Declined/Unknown Ethnicity |  |  |  |  |
| Does your organization collect sexual orientation and gender identity (SOGI) data for your patients?  ***Note:*** *In the “comments” provide us with a percentage of your membership with sexual orientation and gender identity data.* |  |  |  | % of patients with only sexual orientation data:  % of patients with only gender identity data:  % of patient with sexual orientation and gender identity data: |
| What data sources (internally and externally) do you have access to report results on the CalHIVE BHI measures? *Please describe any challenges that you may anticipate from any of the measures below.*  CalHIVE BHI required measures:   * **Enrollment** * **Depression Screening and Follow-Up for Adolescents and Adults (DSF)** * **Depression Remission or Response for Adolescents and Adults (DRR)** * **Unhealthy Alcohol Use Screening and Follow-up (ASF)** * **Hemoglobin A1c Control for Patients with Diabetes – HbA1c Poor Control (> 9%)** * **Emergency Department Visits**   ***Note:*** *Please provide us with your data sources in the comments (e.g., claims data, EHRs, Registries, etc.). If you don’t have a data source, please type “N/A”.* |  |  |  | Data Source per measure –  **Enrollment:**  **Depression Screening and Follow-Up for Adolescents and Adults (DSF):**  **Depression Remission or Response for Adolescents and Adults (DRR):**  **Unhealthy Alcohol Use Screening and Follow-up (ASF):**  **Hemoglobin A1c Control for Patients with Diabetes – HbA1c Poor Control (> 9%):**  **Emergency Department Visits:** |
| What EHR system(s) does your organization use?  ***Note:*** *Provide us with the name of your EHR(s) in the comments section.* |  |  |  |  |
| Do you anticipate changing your EHR system(s) during the program?  *If so, please explain in the comments when do you anticipate the transition to happen.* |  |  |  |  |
| Does the EHR in the planned pilot site have structured data fields for the following measures:   * **Depression Screening and Follow-Up for Adolescents and Adults (DSF)** * **Depression Remission or Response for Adolescents and Adults (DRR)** * **Unhealthy Alcohol Use Screening and Follow-up (ASF)**   ***Note:*** *Please describe the data fields in your EHR in the comments.*  *If your EHR(s) doesn’t/don’t have the capability to collect and report the measures above, what kind of support would be helpful to build these measures? (e.g., coding, documentation, workflows to report measures, best practices when building measures in EHR, etc.) Please be specific and provide this information in the comments section.* |  |  |  |  |
| Does your organization have a separate Behavioral Health HER system(s)?  ***Note:*** *If yes, please provide us with the name of your Behavioral Health EHR and how it is being used in your organization in the comments section.* |  |  |  |  |
| CalHIVE BHI will utilize rolling 12-month measurement periods for reporting of measurement data. Can your data systems and organization provide results in this manner?  Rolling 12-month measurement periods examples:   * *7/1/2022 – 6/30/2023* * *8/1/2022 – 7/31/2023* * *9/1/2022 – 8/31/2023*   ***Note:*** *During the first Test data collection cycle, provider organizations will be asked to report results for the following measurement period:*   * *Calendar Year 2022 –* ***(1/1/2022 – 12/31/2022)***   *During the second test data collection cycle, provider organizations will be asked to report results for the following measurement period:*   * *Rolling 12-Month measurement period –* ***(7/1/2022 – 6/30/2023)***   *Future subsequent reporting cycles will include three annual measurement periods.* |  |  |  |  |
| Does your organization have an attribution methodology to assign members to clinicians? |  |  |  |  |
| Can you report measures without continuous enrollment? (The anchor data will inform you which members to include.) |  |  |  |  |
| Has your organization executed the California Health and Human Services Data Exchange Framework’s Data Sharing Agreement? If yes, what are some activities currently happening with your data infrastructure?  More information on the Data Exchange Framework and Data Sharing Agreement click [here](https://www.cdii.ca.gov/committees-and-advisory-groups/data-exchange-framework/#past-dxf-webinar-materials).  ***Note:*** *In the comments, please expand on your answer.* |  |  |  |  |
| Does your organization’s data team currently have documentation on processes, data sources and training for when data reporting requests arise and/or when staff turnover occurs?  ***Note:*** *Please expand on your answer in the comments sections.* |  |  |  |  |