



**CalHIVE BHI**

**Pilot Site Technical Specifications Manual**

**June 2025**

## Overview

This document includes the pilot site measures' specifications from all provider organizations participating in CalHIVE BHI.

Below is a summary of all measures:

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## Patients Referred to CoCM Program that Agreed to Services

### Description

The percentage of patients referred to CoCM program that agree to services.

### Characteristics

<b>Stratification</b>	None.
<b>Measure Code</b>	PRO1.
<b>Data Source</b>	Registry.
<b>Measurement Frequency</b>	Monthly.
<b>Reporting Frequency</b>	Monthly.
<b>Data Presentation</b>	EHR Clinic dashboard.
<b>People Responsible</b>	Data collection: MA, PCP, Behavioral Health Manager. Data Presentation: Behavioral Health Manager.
<b>Additional Detail</b>	None.
<b>Relevant Codes</b>	None.
<b>Exclusions</b>	Patients not referred to CoCM program.

### Administrative Specification

<b>Denominator</b>	Patients that have a referral documented in EHR to the CoCM program.
<b>Numerator</b>	Patients that have a referral documented in EHR for the CoCM program that were initially outreached within a week AND agreed to services.

## Revenue of Reimbursed CoCM CPT Codes

### Description

The rate of CoCM CPT codes that were billed and reimbursed 124 days after billing date on a quarterly basis to monitor revenue generation from CoCM program.

### Characteristics

<b>Stratification</b>	Stratification by the three CoCM CPT codes.
<b>Measure Code</b>	FIN1 – Denominator and numerator 1. FIN2 – Denominator and numerator 2.
<b>Data Source</b>	Internal Financial System (billing system), Cerner.
<b>Measurement Frequency</b>	Monthly.
<b>Reporting Frequency</b>	Monthly.
<b>Data Presentation</b>	Generated reports (excel spreadsheets). Data from generated reports will be adapted to CalHIVE BHI's reporting template.
<b>People Responsible</b>	Data collection: MA, PCP, Behavioral Health Manager. Data Presentation: Behavioral Health Manager.
<b>Additional Detail</b>	Chinese Hospital (CH) will submit a ticket to work with the Revenue Cycle Director and their IT team to pull a customized report just for the CoCM codes. CH anticipates that this will be fast.
<b>Relevant Codes</b>	99492 – Initial month. 99493 – Subsequent. 99494 – Ad on code (increments of 30 minutes, max 2).
<b>Exclusions</b>	Potentially Co-Payments, CPT codes that are not CoCM related.

### Administrative Specification

<b>Denominator 1</b>	Number of CoCM CPT codes that were billed during the measurement period.
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Denominator 2	Dollar amount of CoCM CPT codes that were billed from denominator 1.
Numerator 1	Number of CoCM CPT codes that were reimbursed 124 days or less after billing date during the measurement period.
Numerator 2	Dollar amount from reimbursed CoCM CPT codes of numerator 1.

## Population Reached by BHC

### Description

The percentage of unique patients who were referred to the PCBH program and successfully reached within 3 days of referral (intake completed must be documented in the tracker).

### Characteristics

<b>Stratification</b>	Insurance type at a future state.
<b>Measure Code</b>	PR01.
<b>Data Source</b>	Internal BHI Tracker.
<b>Measurement Frequency</b>	Monthly.
<b>Reporting Frequency</b>	Monthly.
<b>Data Presentation</b>	Report.
<b>People Responsible</b>	BHI Program Lead (Maureen Hosge).
<b>Additional Detail</b>	The MSW intern started the tracker that is specific to the training site. The official launch is happening in January 2025.
<b>Relevant Codes</b>	None.
<b>Exclusions</b>	None.

### Administrative Specification

<b>Denominator</b>	Number of unique patients during the measurement period that were referred to the PCBH program.
<b>Numerator</b>	Number of unique patients during the measurement period that were referred to the PCBH program AND had their first resource/telephonic/in-person intake completed within 3 days or less of the patient's referral.

## PCBH Generated Revenue

### Description

The percentage of CPT codes that were billed AND paid during the measurement period.

### Characteristics

<b>Stratification</b>	Stratification by CPT codes.
<b>Measure Code</b>	FIN1 – Denominator and numerator 1. FIN2 – Denominator and numerator 2.
<b>Data Source</b>	Internal Financial System (billing system) and BHI Tracker.
<b>Measurement Frequency</b>	Monthly.
<b>Reporting Frequency</b>	Monthly.
<b>Data Presentation</b>	Slide Report.
<b>People Responsible</b>	BHI program lead (Maureen Hodge).
<b>Additional Detail</b>	None.
<b>Relevant Codes</b>	90832 – Psychotherapy, 30 mins. 90834 – Psychotherapy, 45 mins. 90837 – Psychotherapy, 60 mins. 90791 – Psychiatric Diagnosis Evaluation
<b>Exclusions</b>	None.

### Administrative Specification

<b>Denominator 1</b>	Number of CPT codes that were billed during the measurement period at Ashwood.
<b>Denominator 2</b>	The dollar amount billed for the selected codes from Denominator 1 during the measurement period.
<b>Numerator 1</b>	Number of CPT codes that were reimbursed 90 days after the billing date at Ashwood. The billing date must be during the measurement period.

<b>Numerator 2</b>	The dollar amount reimbursed for the selected CPT codes from Numerator 1.
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## Patient Care Access through PCBH & Co-located Therapy

### Description

This measure will focus on tracking behavioral health access for Perlman's PCBH program and their co-located therapy.

This measure will provide insights over time into the next three things:

1. % patients accessing Behavioral Health services.
2. % patients accessing PCBH.
3. % patients accessing co-located therapy.

### Characteristics

<b>Stratification</b>	Payer/Product.
<b>Measure Code</b>	PRO1 – Denominator and numerator 1. PRO2 – Denominator and numerator 2.
<b>Data Source</b>	UCSD.
<b>Measurement Frequency</b>	Rolling 12-months.
<b>Reporting Frequency</b>	Rolling 12-months.
<b>Data Presentation</b>	EHR Clinic dashboard.
<b>People Responsible</b>	UCSD.
<b>Additional Detail</b>	None.
<b>Relevant Codes</b>	None.
<b>Exclusions</b>	Patients using hospice services and patients who died during the measurement period.

### Administrative Specification

<b>Denominator 1</b>	Total number of patients with a completed primary care office visit during the measurement period.
<b>Denominator 2</b>	Same as Denominator 1.
<b>Numerator 1</b>	

Total number of patients from denominator 1 who received care by a BHC (Health Coach) during the measurement period.

**Numerator 2**

Total number of patients from denominator 2 who received care through co-located therapy during the measurement period.

## Revenue Generated by PCBH

### Description

This measure will focus on tracking the number of CPT codes that were billed vs. the ones that were reimbursed for PCBH.

This measure will be divided into two:

1. # of CPT codes that were billed and reimbursed.
2. The dollar amount of potential revenue billed and how much it was reimbursed.

### Characteristics

<b>Stratification</b>	Stratification CPT codes.
<b>Measure Code</b>	FIN1 – Denominator and numerator 1. FIN2 – Denominator and numerator 2.
<b>Data Source</b>	Internal Financial System (billing system) from Perlman.
<b>Measurement Frequency</b>	Monthly.
<b>Reporting Frequency</b>	Monthly.
<b>Data Presentation</b>	None.
<b>People Responsible</b>	Data collection: Perlman Clinic, billing team. Data Presentation: BHI program lead.
<b>Additional Detail</b>	None.
<b>Relevant Codes</b>	90832 – Psychotherapy, 30 mins. 90834 – Psychotherapy, 45 mins. 90837 – Psychotherapy, 60 mins.
<b>Exclusions</b>	None.

### Administrative Specification

#### Denominator 1

	Number of CPT codes (90832) that were billed during the measurement period.
<b>Denominator 2</b>	The total dollar amount billed for the CPT codes (90832) from Denominator 1 during the measurement period.
<b>Numerator 1</b>	Number of CPT codes (90832) that were reimbursed.
<b>Numerator 2</b>	The dollar amount reimbursed for the CPT codes (90832) from Numerator 1.

## Population Reached by BHC

### Description

This measure will look into the rate of unique patients that had an encounter with their PCP during the measurement period AND were seen by a BHC through a warm handoff.

### Characteristics

<b>Stratification</b>	PCPs from Pilot Site.
<b>Measure Code</b>	PR01.
<b>Data Source</b>	Cerner.
<b>Measurement Frequency</b>	Monthly.
<b>Reporting Frequency</b>	Monthly.
<b>Data Presentation</b>	Reports for CalHIVE BHI, Excel table.
<b>People Responsible</b>	Data lead: Calvin Ky
<b>Additional Detail</b>	None.
<b>Relevant Codes</b>	CPT Codes (90791, 90832, 90834, 90837, 90839, 90840, 96156, 96158, 96159, 96160, 96161, 96162, 96163, 96164, 96165, 96166, 96167, 96168, 96170, 96171) & SPSI (00000X2) [\$0.00 Charge tagged onto our MCAL Patients].
<b>Exclusions</b>	None.

### Administrative Specification

<b>Denominator</b>	Number of unique patients that had an encounter with a PCP during a measurement period.
<b>Numerator</b>	Number of unique patients that had an encounter with a PCP that were also seen by a BHC through a warm handoff during the measurement period.

## Revenue Generated by PCBH

### Description

This measure will focus on tracking the number of CPT codes that were billed vs. the ones that were reimbursed.

This measure will be divided into two:

1. # CPT codes that were billed and reimbursed
2. The dollar amount of potential revenue billed and how much it was reimbursed

### Characteristics

<b>Stratification</b>	Stratification by CPT codes.
<b>Measure Code</b>	FIN1 – Denominator and numerator 1. FIN2 – Denominator and numerator 2.
<b>Data Source</b>	Chart files (Payers, Medicare and Medi-Cal).
<b>Measurement Frequency</b>	Monthly.
<b>Reporting Frequency</b>	Monthly.
<b>Data Presentation</b>	Reports for CalHIVE, Excel Table.
<b>People Responsible</b>	Data lead: Calvin Ky.
<b>Additional Detail</b>	Since the process is still new, some CPT Codes may not end up being used or we may eventually default to a small set of them.
<b>Relevant Codes</b>	CPT Codes (90791, 90832, 90834, 90837, 90839, 90840, 96156, 96158, 96159, 96160, 96161, 96162, 96163, 96164, 96165, 96166, 96167, 96168, 96170, 96171).
<b>Exclusions</b>	SPSI (00000X2) [\$0.00 Charge tagged onto our MCAL Patients].

### Administrative Specification

#### Denominator 1

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	Number of selected codes that were billed during the month measurement period.
<b>Denominator 2</b>	The dollar amount billed for the selected codes from Denominator 1 during the measurement period.
<b>Numerator 1</b>	Number of CPT codes that were reimbursed 45 days after the billing date. The billing date must be during the month of the measurement period.
<b>Numerator 2</b>	The dollar amount reimbursed for the selected codes from Numerator 1.

## Population Referred to BHC

Description

This measure will look into the rate of unique patients that had an encounter with their PCP during the measurement period AND were referred to BHC services.

Characteristics

Stratification	None.
Measure Code	PR01.
Data Source	EHR.
Measurement Frequency	Monthly.
Reporting Frequency	Monthly.
Data Presentation	EHR Registry.
People Responsible	Data Leads: Wendy and Olimpia.
Additional Detail	None.
Relevant Codes	None.
Exclusions	None.

Administrative Specification

Denominator	Number of unique patients that had an encounter with a PCP during a measurement period.
Numerator	Number of unique patients that were referred to receive BHC services.



## BHI Revenue

### Description

This measure will focus on tracking the number of CPT codes that were billed vs. the ones that were reimbursed.

This measure will be divided into two:

1. # CPT codes that were billed and reimbursed.
2. The dollar amount of potential revenue billed and how much it was reimbursed.

### Characteristics

<b>Stratification</b>	Stratification by CPT codes.
<b>Measure Code</b>	FIN1 – Denominator and numerator 1. FIN2 – Denominator and numerator 2.
<b>Data Source</b>	Internal Financial System (billing system), Integration in the EHR.
<b>Measurement Frequency</b>	Monthly.
<b>Reporting Frequency</b>	Monthly.
<b>Data Presentation</b>	Generated reports (excel spreadsheets).
<b>People Responsible</b>	Data Leads: Wendy and Olimpia.
<b>Additional Detail</b>	None.
<b>Relevant Codes</b>	90832 – Psychotherapy, 30 mins. 90834 – Psychotherapy, 45 mins. 90837 – Psychotherapy, 60 mins.
<b>Exclusions</b>	None.

### Administrative Specification

#### Denominator 1

	Number of selected codes that were billed during measurement period.
Denominator 2	The dollar amount billed for the selected codes from Denominator 1 during the measurement period.
Numerator 1	Number of CPT codes that were reimbursed.
Numerator 2	The dollar amount reimbursed for the selected codes from Numerator 1.

## Population reached by a BHC/BA

Description

This measure will look into the rate of unique empaneled patients that have been seen by a PCP AND got care from a BHC during the measurement period.

Characteristics

Stratification	None.
Measure Code	PRO1.
Data Source	EPIC EHR.
Measurement Frequency	Monthly.
Reporting Frequency	Monthly.
Data Presentation	None.
People Responsible	Data lead and program team member: Paul and Rachel
Additional Detail	We have a report built in Epic.
Relevant Codes	None.
Exclusions	None.

Administrative Specification

Denominator	Number of unique empaneled patients that been seen by a PCP during the measurement period.
Numerator	Number of unique empaneled patients that have been seen by a BHC/BA during the measurement period.

## Revenue generated by PCBH

### Description

This measure will focus on tracking the number of CPT codes that were billed vs. the ones that were reimbursed.

This measure will be divided into two:

1. # of CPT codes that were billed and reimbursed.
2. The dollar amount of potential revenue billed and how much it was reimbursed.

### Characteristics

<b>Stratification</b>	Stratification by CPT codes and providers.
<b>Measure Code</b>	FIN1 – Denominator and numerator 1. FIN2 – Denominator and numerator 2.
<b>Data Source</b>	Finance Team
<b>Measurement Frequency</b>	Monthly.
<b>Reporting Frequency</b>	Monthly.
<b>Data Presentation</b>	Report.
<b>People Responsible</b>	Data lead and program team members.
<b>Additional Detail</b>	None.
<b>Relevant Codes</b>	90832 – Psychotherapy, 30 mins. 90834 – Psychotherapy, 45 mins. 90837 – Psychotherapy, 60 mins.
<b>Exclusions</b>	None.

### Administrative Specification

<b>Denominator 1</b>	Number of CPT codes that were billed during the measurement period.
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Denominator 2	The dollar amount billed for the CPT codes from Denominator 1 during the measurement period.
Numerator 1	Number of CPT codes that were reimbursed 60 days after the billing date.
Numerator 2	The dollar amount reimbursed for the CPT codes from Numerator 1.

## Patients referred to CoCM program and completed the first scheduled appointment

### Description

This measure will look into the number of unique patients referred to the CoCM program and the number of unique patients who completed an initial visit, by provider.

### Characteristics

<b>Stratification</b>	Stratified by PCP.
<b>Measure Code</b>	PR01.
<b>Data Source</b>	EPIC referral and appointment data.
<b>Measurement Frequency</b>	Monthly.
<b>Reporting Frequency</b>	Monthly.
<b>Data Presentation</b>	Excel.
<b>People Responsible</b>	Program Team Members: Vicki and Jessica (via EPIC slicer/dicer).
<b>Additional Detail</b>	None.
<b>Relevant Codes</b>	Referral = APPT325; Visit type ID 1170001090 (Video Collaborative Initial) OR Visit Type ID1170001092 (Collaborative Care Initial).
<b>Exclusions</b>	None.

### Administrative Specification

<b>Denominator</b>	Number of unique patients that have a documented referral to the CoCM program in the reporting month.
<b>Numerator</b>	Number of unique patients that have a documented completed initial appointment in the reporting month.

## Revenue of reimbursed CoCM CPT codes

### Description

The rate of CoCM CPT codes that were billed and reimbursed x days after billing date on a quarterly basis to monitor revenue generation from CoCM program.

### Characteristics

<b>Stratification</b>	Stratification by the three CoCM CPT codes.
<b>Measure Code</b>	FIN1 – Denominator and numerator 1. FIN2 – Denominator and numerator 2.
<b>Data Source</b>	Internal Financial System (billing system).
<b>Measurement Frequency</b>	Monthly.
<b>Reporting Frequency</b>	Monthly.
<b>Data Presentation</b>	None.
<b>People Responsible</b>	Revenue Cycle and project lead.
<b>Additional Detail</b>	None.
<b>Relevant Codes</b>	99492 – Initial month. 99493 – Subsequent. 99494 – Ad on code (increments of 30 minutes, max 2).
<b>Exclusions</b>	None.

### Administrative Specification

<b>Denominator 1</b>	Number of CoCM CPT codes that were billed during the measurement period.
<b>Denominator 2</b>	Dollar amount of CoCM CPT codes that were billed from denominator 1.
<b>Numerator 1</b>	Number of CoCM CPT codes that were reimbursed 90 days or less after billing date (posting date) during the measurement period.
<b>Numerator 2</b>	Dollar amount from reimbursed CoCM CPT codes of numerator 1.

## Referrals to BHI program

### Description

This measure will track patients (18+) with an “arrived primary care visit” that had a BHI referral.

### Characteristics

Stratification	None.
Measure Code	PR01.
Data Source	Excel Sheet (Patient Tracker).
Measurement Frequency	Monthly.
Reporting Frequency	Monthly.
Data Presentation	None.
People Responsible	Data Lead: Sara Pouliot. Program Team Member: Ashton Harris.
Additional Detail	The Sharp team will only focus on tracking BHI referrals for those patients with an “arrived visit.” They will track this monthly and will submit monthly data to CalHIVE BHI.
Relevant Codes	None.
Exclusions	None.

### Administrative Specification

Denominator	The total number of patients from the pilot site who had a primary care “arrived visit”.
Numerator	The number of patients from the pilot site (arrived visits) who got a BHI referral.



## BHI visit revenue

### Description

This measure is divided into two parts:

1. It will provide the number of PCBH codes that were documented in the excel sheet (in the future, how many codes were billed) and how many were paid (this will be zero until billing starts).
2. It will also inform the dollar amount behind these PCBH codes that were documented (billed in the future) and the dollar amount for those PCBH codes that were paid (for now this will be zero until billing starts).

### Characteristics

<b>Stratification</b>	Stratification by CPT codes.
<b>Measure Code</b>	FIN1 – Denominator and numerator 1. FIN2 – Denominator and numerator 2.
<b>Data Source</b>	Excel Sheet (Patient Tracker).
<b>Measurement Frequency</b>	Monthly.
<b>Reporting Frequency</b>	Monthly.
<b>Data Presentation</b>	Generated reports (excel spreadsheets).
<b>People Responsible</b>	Data Lead: Sara Pouliot. Program Team Member: Ashton Harris.
<b>Additional Detail</b>	None.
<b>Relevant Codes</b>	90832 – Psychotherapy, 30 mins. 90834 – Psychotherapy, 45 mins. 90837 – Psychotherapy, 60 mins. 99484 – BHI services.
<b>Exclusions</b>	None.

### Administrative Specification

Denominator 1	Number of PCBH codes documented in the excel sheet. (In the future, this can change to the number of PCBH codes that were billed for services).
Denominator 2	The dollar amount of PCBH codes that were documented in the excel sheet (In the future this can change to the dollar amount from the PCBH codes that were billed for services.
Numerator 1	Number of PCBH codes that were paid from the excel sheet. (In the future, this can change to the number of PCBH codes that were billed during the measurement period and paid 60 days after the billing date).
Numerator 2	The dollar amount for the PCBH codes that were paid from the excel sheet (NUM 1).