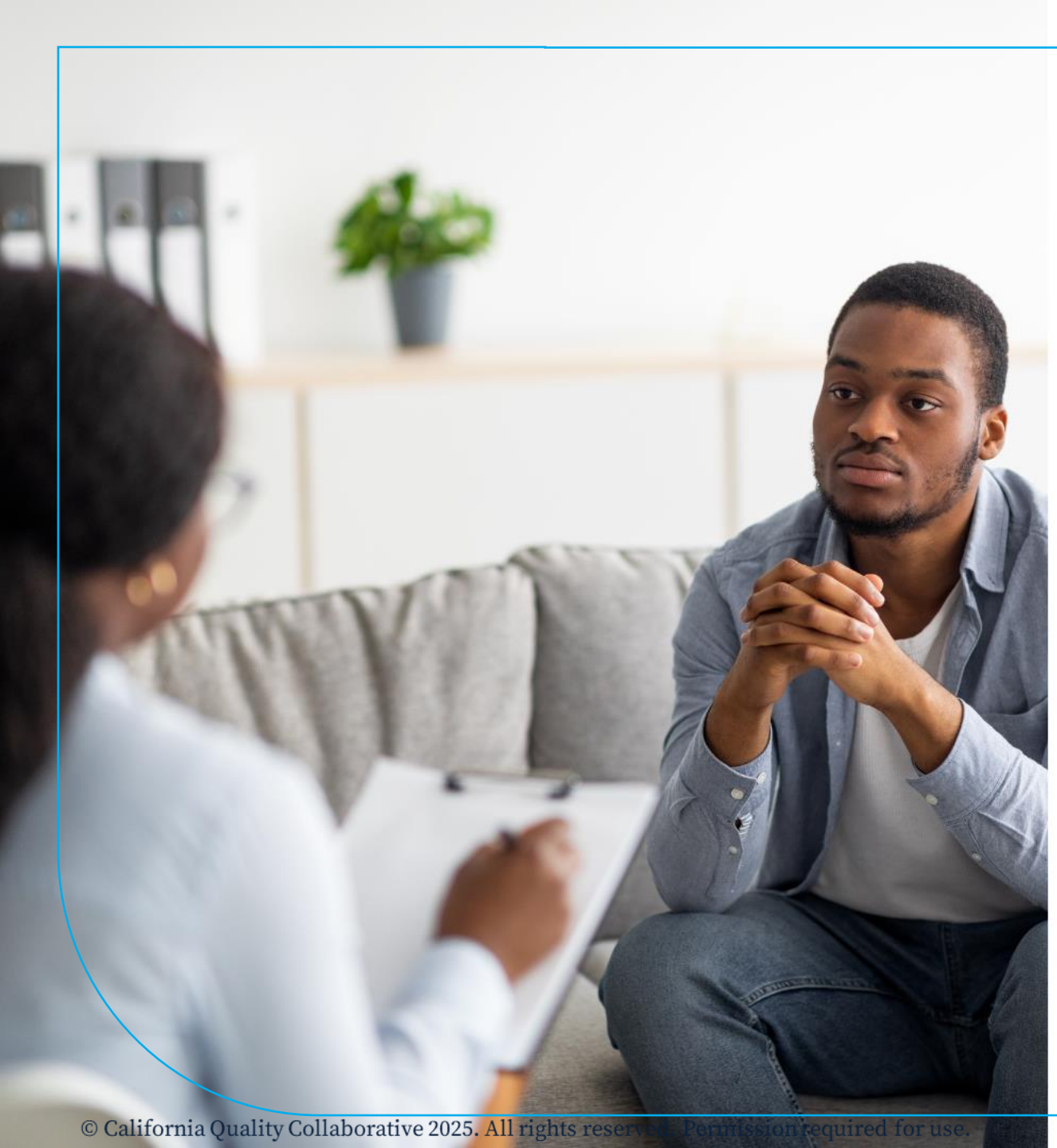

Thursday, December 11; 1 p.m. – 2 p.m. PT

Cycle 7

CalHIVE BHI Data Webinar

California Quality Collaborative

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Tech Tips

Welcome!

Add your organization to your name

Turn on video if possible

Engaging Today

- Share questions in the chat or come off mute

Need help?

Direct message
Anna Baer
if you have any technical issues

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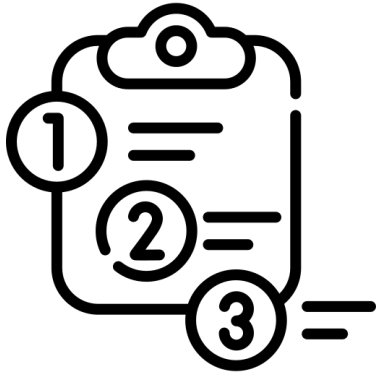
Our Agenda

Today, we will:



Review Cycle 7 pilot site data submission process, deliverables and timeline

Review Cycle 7 global data submission process, deliverables and timeline

Reflect on cohort and organization level data outcomes through June 2025

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Sharing: Data Improvement Reflections

For your global measure performance, what data improvement are you most proud of in Cycle 6?

Come off mute or share in the chat!

Find Cycle 6 Performance (Appendix, data packet)

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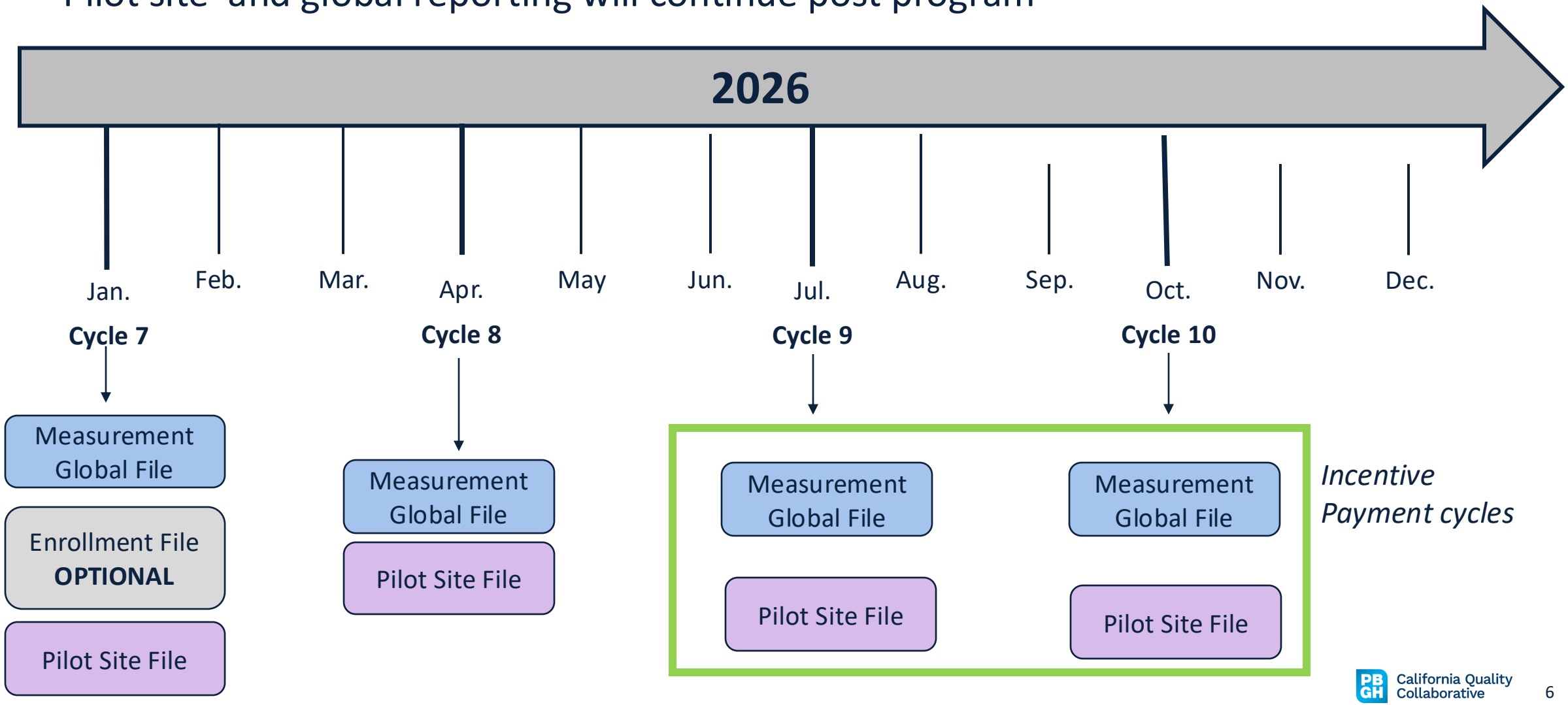
CalHIVE BHI Cycle 7 Reporting

2026 Data Reporting Timeline for CalHIVE BHI

- Pilot site and global reporting will continue post program



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CalHIVE BHI's Cycle 7 Timeline – Pilot Site Reporting

Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
January 2026						
				1	2	3
4	5	6	7	8	**9**	10
11	12	13	14	15	**16**	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Pilot Site File Due Date

Measurement File Due Date

Enrollment File **OPTIONAL**

File Resubmission Due Date

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Cycle 7 – Pilot Site Reporting Data Deliverables

Pilot Site File
Jan. 9th, 2026

- Submitted **quarterly** to report pilot site measure performance data. Data will be reported through numerators and denominators. Stratification is optional.
- **Please report the following measurement periods according to your pilot site measure specifications:**
  - **Process Measure – Q4 2025 or the following months**
    - 10/1/2025 – 10/31/2025
    - 11/1/2025 – 11/30/2025
    - 12/1/2025 – 12/31/2025
  - **Financial Measure – Q3 2025 of the following months**
    - 7/1/2025 – 7/31/2025
    - 8/1/2025 – 8/31/2025
    - 9/1/2025 – 9/30/2025

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Reminder - Pilot Site File Data Requirements

Measurement Period Last Date:

- 6/1/2025 – 6/30/2025 = 6/30/2025
- Q3 of 2025 = 9/31/2025

PO Identifier:

- The same PO identifier used in your global reporting.

Measure Name/ID:

- Process – PRO1
- Financial – FIN1
- If financial measure is divided in two measures, then use the FIN1 and FIN2.

Stratification Fields:

- Clinician NPI Type 1: NPIs should be 10 numbers
- Payer: Use product codes from the Global Technical Specifications (HMOPOS, PPO, MA, etc.)
- Behavioral or Physical Health Condition: Include all patients and your choice of BH or physical health conditions (e.g., All Patients, Diabetes, Depression, etc.)
- CPT Codes
- Other

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Cycle 7 Data Deliverables

Measurement File
Jan. 9th 2026

- Submitted **quarterly** to report performance data across all CalHIVE BHI measures. Data will be reported at the clinician level (numerators/ denominators) with their corresponding practice locations and payer-product mix.

- **Please report the following measurement period:**
  - 8/1/2024 – 7/31/2025 (7/31/2025) Rolling 12 Months
  - 9/1/2024 – 8/31/2025 (8/31/2025) Rolling 12 Months
  - 10/1/2024 – 9/30/2025 (9/30/2025) Rolling 12 Months

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Reminders: Naming File Format

Example Organization Name: Long Beach IPA

First Submission:

- Long Beach IPA Pilot Site File

First Resubmission (validation failed the 1st time):

- Long Beach IPA Pilot Site File res1

Second Resubmission (validation failed the 2nd time:

- Long Beach IPA Pilot Site res2

Submission:

- Use the same unique Box link that was provided to you during Cycle Test 1.
- If you have lost your unique Box link, email Anna Baer.

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Reminder: Measurement Files' Validation Email

Data Validation Results:

A validation email will be sent to your organization's data team indicating whether your file passed or failed validation.

Note: During our data analysis we may find inconsistencies with your measurement data logic. **Anna** will reach out if any corrections are necessary.

What will you find in your validation email:

Errors: An error will make your file fail validation.

Warning: A warning will make your file pass validation, but you should review your file and confirm that you have reported on everything that was agreed with CalHIVE BHI's data team.

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CalHIVE BHI Data Cycles | Timeline & Reporting Periods

Data Cycle	Data Webinar & Office Hours	Enrollment File	Global Measurement File	Pilot Site Reporting	Global Measurement File and Pilot Site Resubmission	Global Measurement File Reporting Periods	Pilot Site File Reporting Periods

7	DW: Thurs. 12/11/2025	Optional	Fri. 1/9/2026	Fri. 1/9/2026	Fri. 1/16/2026	• 8/1/2024 – 7/31/2025
						• 9/1/2024 – 8/31/2025
						• 10/1/2024 – 9/30/2025
							• **Process Measure** – Q4 2025
							  • 10/1/2025 – 10/31/2025
							  • 11/1/2025 – 11/30/2025
							  • 12/1/2025 – 12/31/2025
							• **Financial Measure** – Q3 2025
							  • 7/1/2025 – 7/31/2025
							  • 8/1/2025 – 8/31/2025
							  • 9/1/2025 – 9/30/2025

8	DW: Thurs. 3/12/2026
	DB: Thurs. 4/2/2026
		X	Fri. 4/10/2026	Fri. 4/10/2026	Fri. 4/17/2026	• 11/1/2024 – 10/31/2025
						• 12/1/2024 – 11/30/2025
						• 1/1/2025 – 12/31/2025
							• **Process Measure** – Q1 2026
							  • 1/1/2026 – 1/31/2026
							  • 2/1/2026 – 2/28/2026
							  • 3/1/2026 – 3/31/2026
							• **Financial Measure** – Q4 2025
							  • 10/1/2025 – 10/31/2025
							  • 11/1/2025 – 11/30/2025
							  • 12/1/2025 – 12/31/2025

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CalHIVE BHI Data Cycles | Timeline & Reporting Periods

Data Cycle	Data Webinar & Office Hours	Enrollment File	Global Measurement File	Pilot Site Reporting	Global Measurement File and Pilot Site Resubmission	Global Measurement File Reporting Periods	Pilot Site File Reporting Periods

9	DW: Thurs. 6/11/2026
	DB: Tue. 6/30/2026
		X	Fri. 7/10/2026	Fri. 7/10/2026	Fri. 7/17/2026	• 2/1/2025 – 1/31/2026
						• 3/1/2025 – 2/28/2026
						• 4/1/2025 – 3/31/2026
							• **Process Measure** – Q2 2026
							  • 4/1/2026 – 4/30/2026
							  • 5/1/2026 – 5/31/2026
							  • 6/1/2026 – 6/30/2026
							• **Financial Measure** – Q1 2026
							  • 1/1/2026 – 1/31/2026
							  • 2/1/2026 – 2/28/2026
							  • 3/1/2026 – 3/31/2026

10	DW: Thurs. 9/10/2026	X	Fri. 10/9/2026	Fri. 10/9/2026	Fri. 10/16/2026	• 5/1/2025 – 4/30/2026
						• 6/1/2025 – 5/31/2026
						• 7/1/2025 – 6/30/2026
							• **Process Measure** – Q3 2026
							  • 7/1/2026 – 7/31/2026
							  • 8/1/2026 – 8/31/2026
							  • 9/1/2026 – 9/30/2026
							• **Financial Measure** – Q2 2026
							  • 4/1/2026 – 4/33/2026
							  • 5/1/2026 – 5/31/2026
							  • 6/1/2026 – 6/30/2026

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Cycle 9 and 10 Incentive Payment Structure

Cycle 9

Due 7/10/2026

Cycle 10

Due 10/9/2026

To receive payment:

- Must submit both data cycles
- Follow data reporting requirements
- Payment will be received no earlier than 12/31/26
- DRR – Depression Remission or Response

Global and Pilot Site Files (not reporting DRR) + Global and Pilot Site Files (not reporting DRR) } **$4,000 payment**

OR

Global and Pilot Site Files (with DRR) + Global and Pilot Site Files (with DRR) } **$10,000 payment**

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Questions?

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Depression Remission or Response for Adolescents and Adults (DRR)

Your Experience

CalHIVE BHI Depression Reporting

Depression Remission or Response for Adolescents and Adults:

- The percentage of members 12 years of age and older with a diagnosis of major depression and an elevated PHQ-9 score (>9), who had evidence of response or remission within 4–8 months of the elevated score.
  - **DRR1 – Follow-Up PHQ-9:** The percentage of members who have a follow-up PHQ-9 score documented within 4–8 months after the initial elevated PHQ-9 score.
  - **DRR2 – Depression Remission:** The percentage of members who achieved remission within 4-8 months after the initial elevated PHQ-9 score.
  - **DRR3 – Depression Response:** The percentage of members who showed response within 4-8 months after the initial elevated PHQ-9 score.

Keep in Mind:

- Numerator and Denominator in DRR2 and DRR3 are small sample sizes – Are there opportunities to change workflows to increase outcomes?
- It can be challenging to report DRR – What can you share about your experience?
- Some organizations are working on reporting DRR – What insights can you share if already reporting?

Find the full depression reporting logic here and in the Appendix

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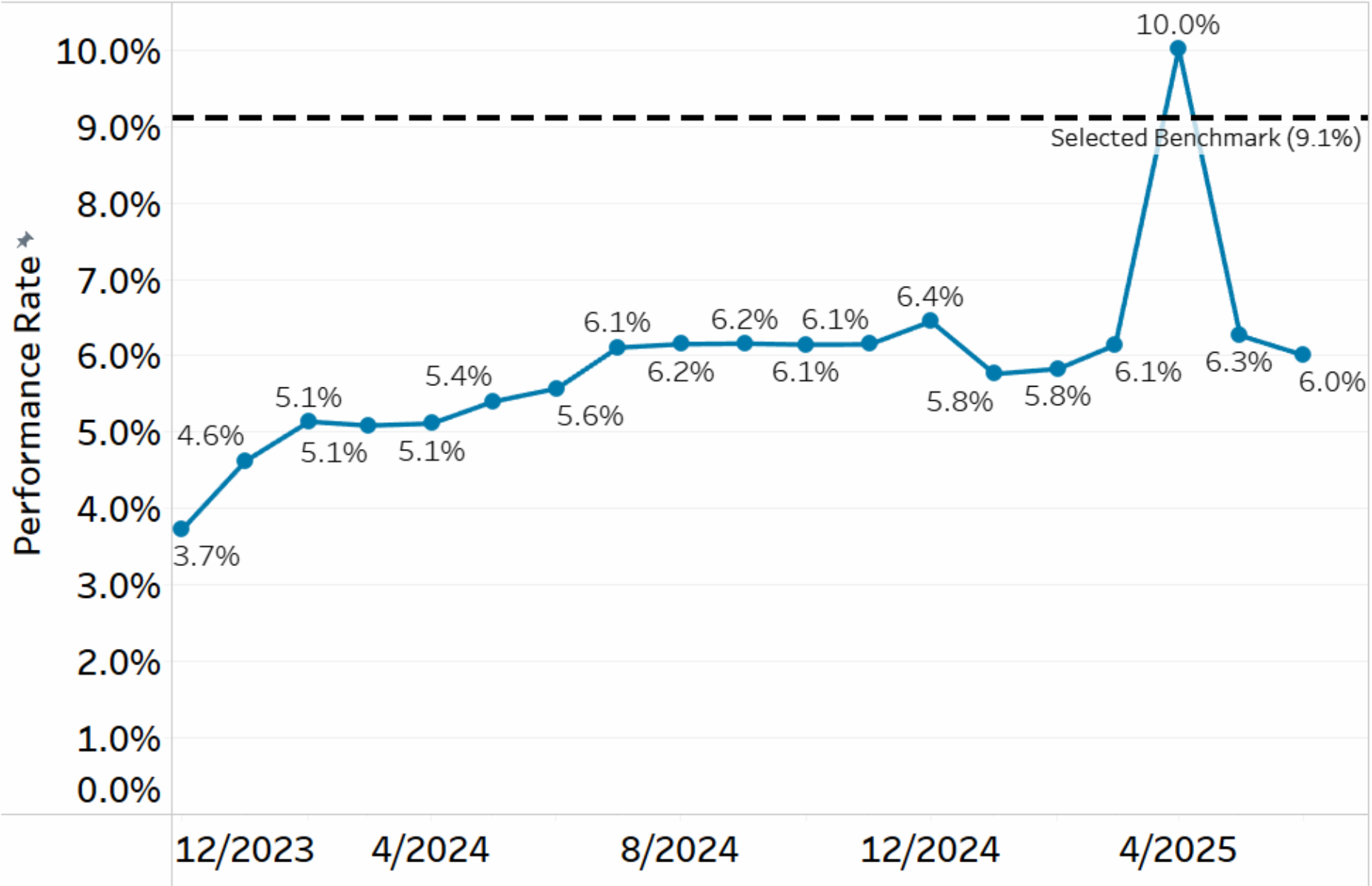
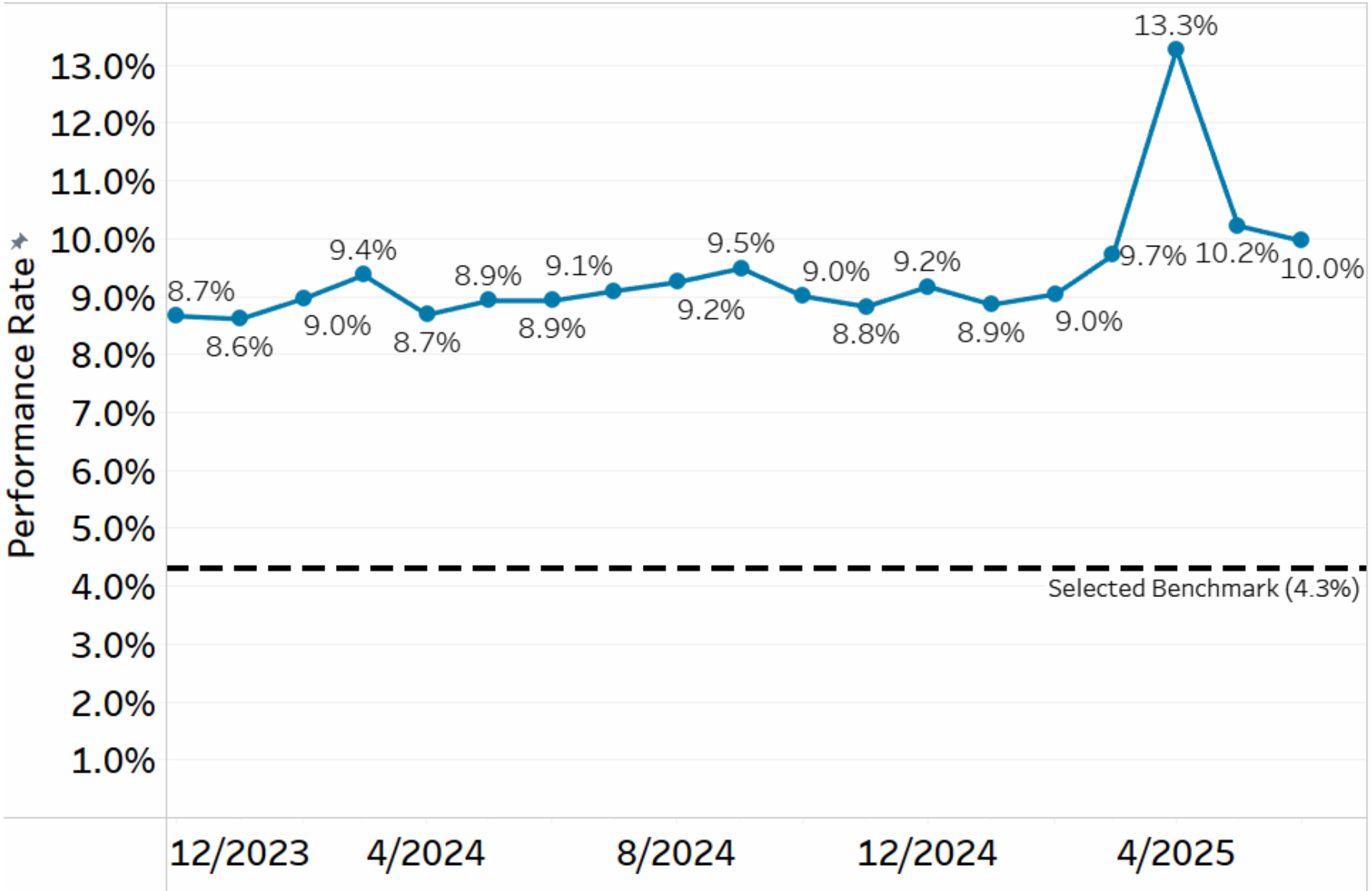
CalHIVE BHI - Depression Remission (4-8 Months) (Over Time)



Note:

- Higher performance rate is better
- All practices across all reporting organizations
- *2.4% relative improvement from baseline*
- *2.3% absolute change from baseline*

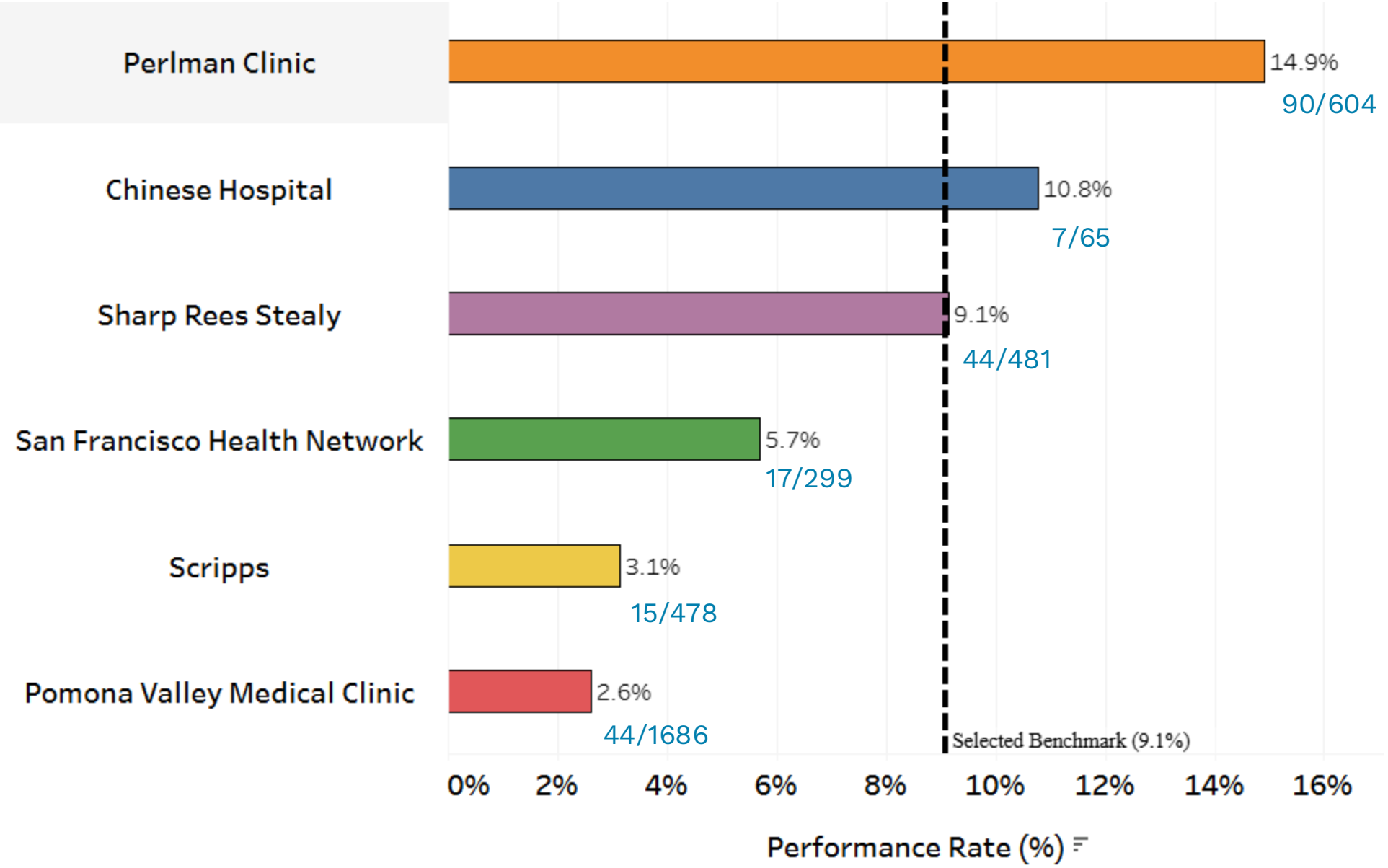
CalHIVE BHI - Depression Response (4-8 Months) (Over Time)



Notes:

- A higher performance rate is better
- All practices across all reporting organizations
- *1.4% relative improvement from baseline*
- *1.3% absolute change from baseline*

Depression Remission (4-8 Months) by Provider Organization (6/30/2025)

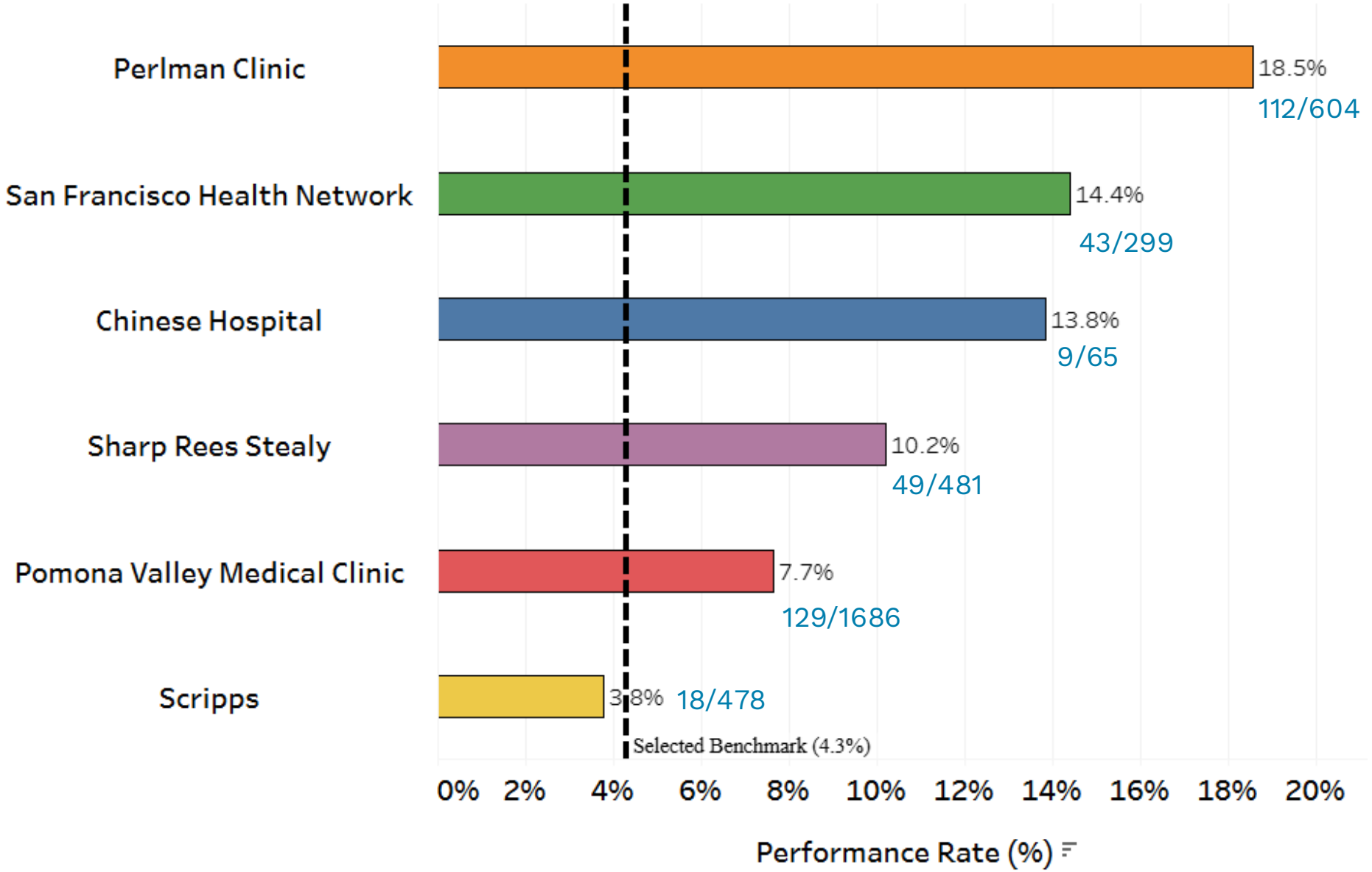


- What questions are coming up about your organization's reporting on depression remission?

Note:

- Higher performance rate is better
- Key: numerator / denominator

Depression Response (4-8 Months) by Provider Organization (6/30/2025)



- What trends are you seeing at your organization?
- Are you facing difficulties in reporting depression response?

Note:

- Higher performance rate is better
- Key: numerator/denominator

Discussion Questions

For DRR - Depression Remission or Response for Adolescents and Adults:

1. How are you reporting?
   - In EHR or other method?
   - If not reporting, what roadblocks are you facing?
2. What questions do you have on the measure?
3. What would you want to improve?
   - Data reporting, workflows, staff training, etc.?

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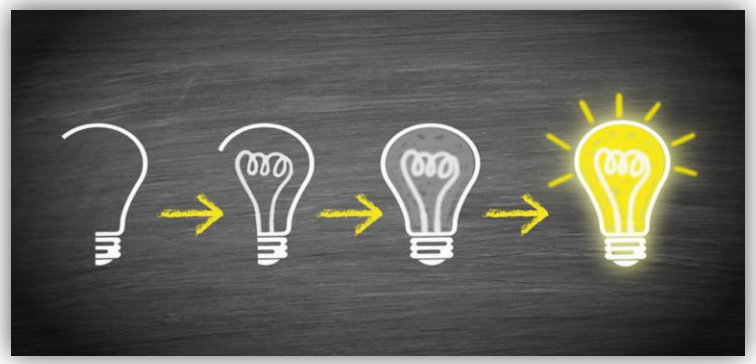
Feedback please!

1. Today's webinar was useful for me and my work *[select one]*
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree



2. Of the topics we covered today, what was especially helpful? *[select multiple]*
   - Reflect on cohort and organization level data outcomes through June 2025
   - Review Cycle 7 pilot site data submission process, deliverables and timeline
   - Review Cycle 7 global data submission process, deliverables and timeline

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Reminder!

Please reach out to Anna at abaer@pbgh.org with any questions

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Thank you!

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CalHIVE BHI Cohort Data Performance

Cycle Baseline to Cycle 6 (December 2023 to June 2025)

Introduction

This document presents an analysis of performance across the CalHIVE BHI cohort for each global measure. Included data spans from **December 2023 to June 2025 (Cycle Baseline to Cycle 6).**

- Each measure is presented as a bar graph and line graph with each organization reporting on the measure included.
  - Bar graph – Demonstrates Cycle 6 (June 2025) compared to baseline
- Additionally, a line graph is shown for the entire collaborative.
- Data includes all products.
- The benchmark in each graph is the calculated 2023 CalHIVE BHI network average.
- View the CalHIVE BHI Specifications Manual for a definition of all measures.

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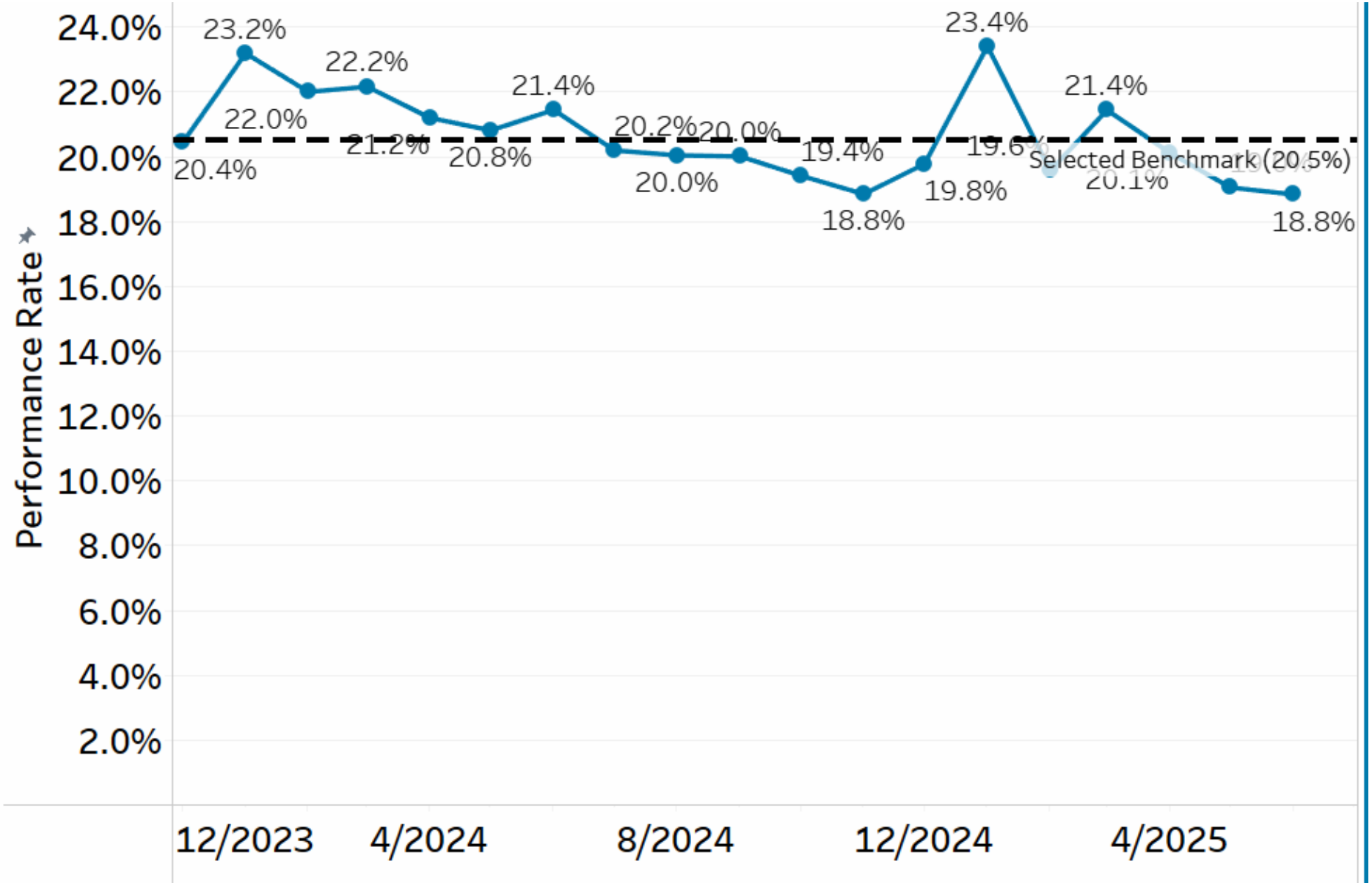
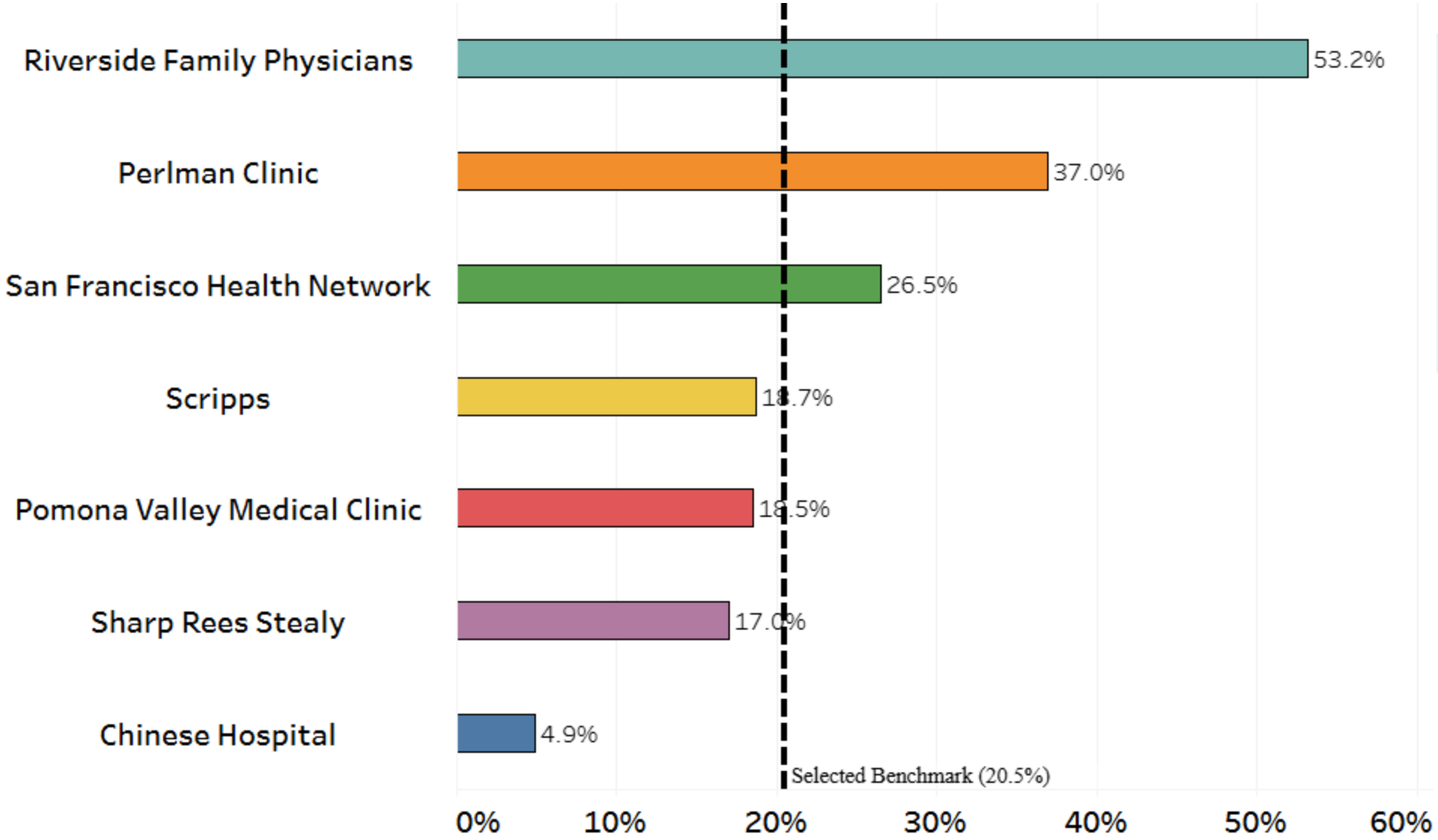
CalHIVE BHI - Diabetes HbA1c Poor Control >9% (Over Time)



Notes

- Lower performance rate is better
- 7.9% relative improvement from benchmark

Diabetes HbA1c Poor Control >9% by Provider Organization (6/30/2025)



Notes

- Lower performance rate is better

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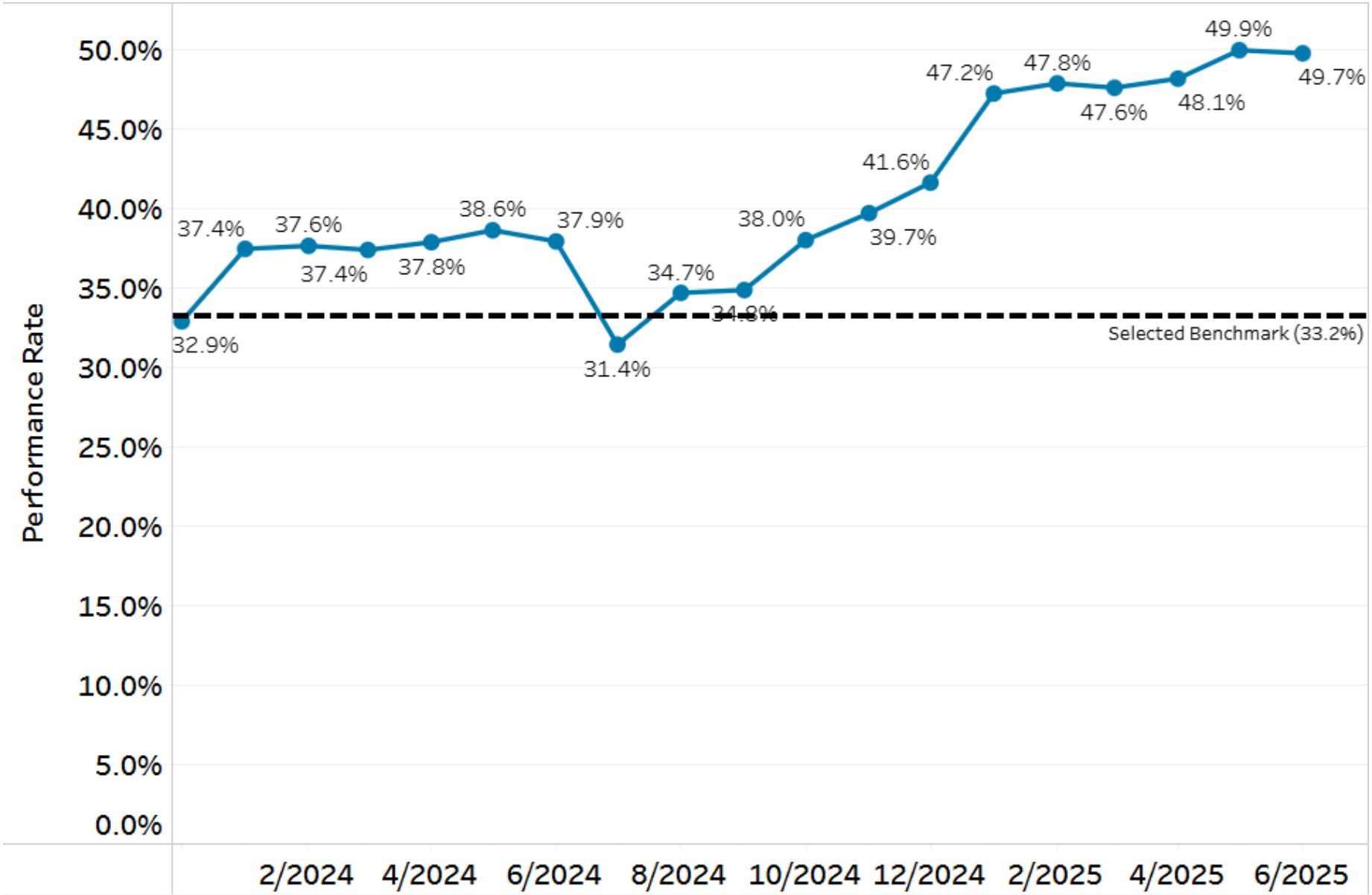
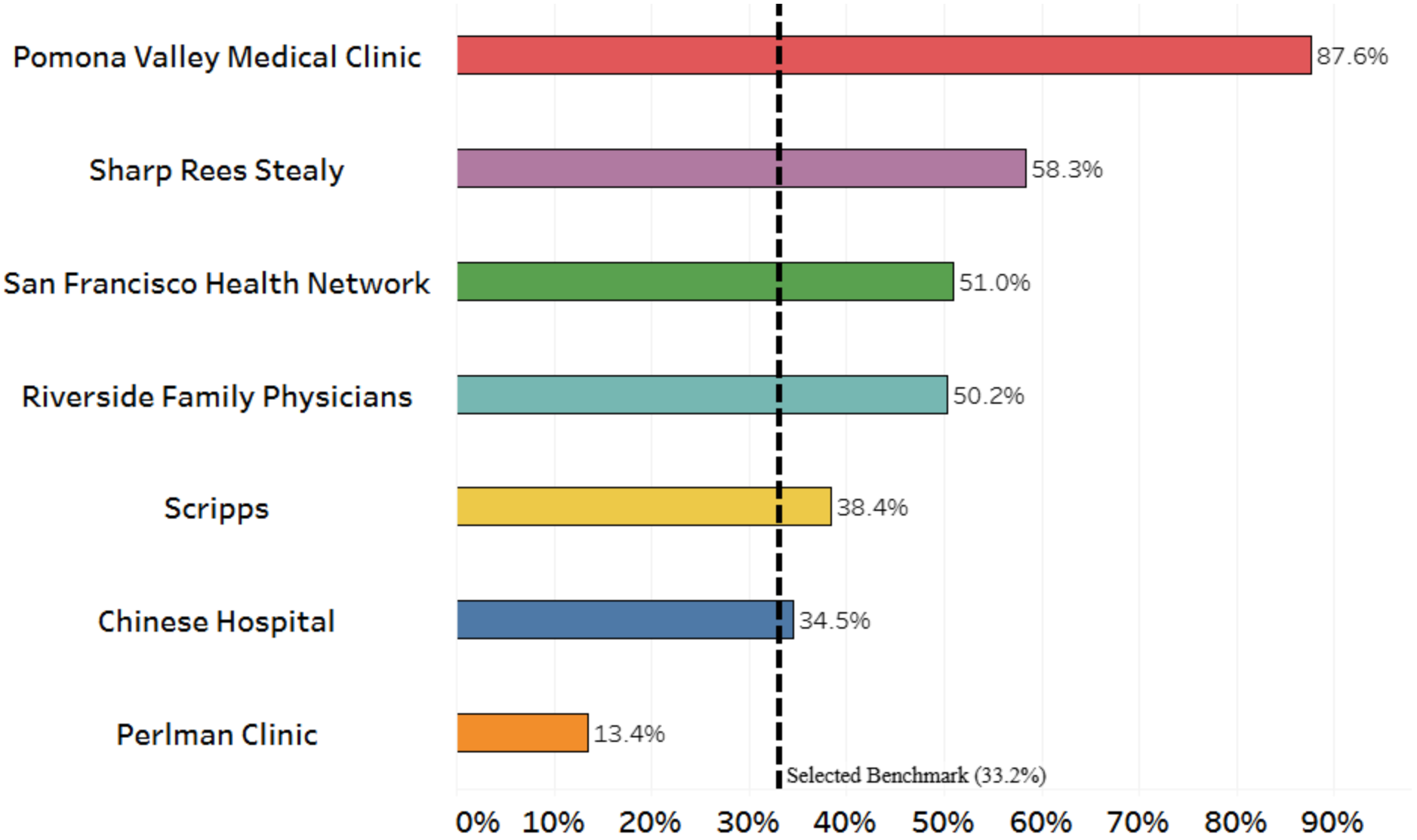
CalHIVE BHI - Depression Screening & Follow Up (Over Time)



Notes:

- Higher performance rate is better
- 25.1% relative improvement from baseline
- 16.9% absolute change from baseline

Depression Screening & Follow Up by Provider Organization (6/30/2025)



Note:

- Higher performance rate is better

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CalHIVE BHI Depression Measures

CalHIVE BHI Depression Measures

Depression Screening and Follow Up for Adolescents and Adults:

- The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.
  - **DSF1 – Depression Screening:** The percentage of members who were screened for clinical depression using a standardized instrument.
  - **DSF2 – Follow-Up on Positive Screen:** The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

Depression Remission or Response for Adolescents and Adults:

- The percentage of members 12 years of age and older with a diagnosis of major depression and an elevated PHQ-9 score (>9), who had evidence of response or remission within 4–8 months of the elevated score.
  - **DRR1 – Follow-Up PHQ-9:** The percentage of members who have a follow-up PHQ-9 score documented within 4–8 months after the initial elevated PHQ-9 score.
  - **DRR2 – Depression Remission:** The percentage of members who achieved remission within 4-8 months after the initial elevated PHQ-9 score.
  - **DRR3 – Depression Response:** The percentage of members who showed response within 4-8 months after the initial elevated PHQ-9 score.

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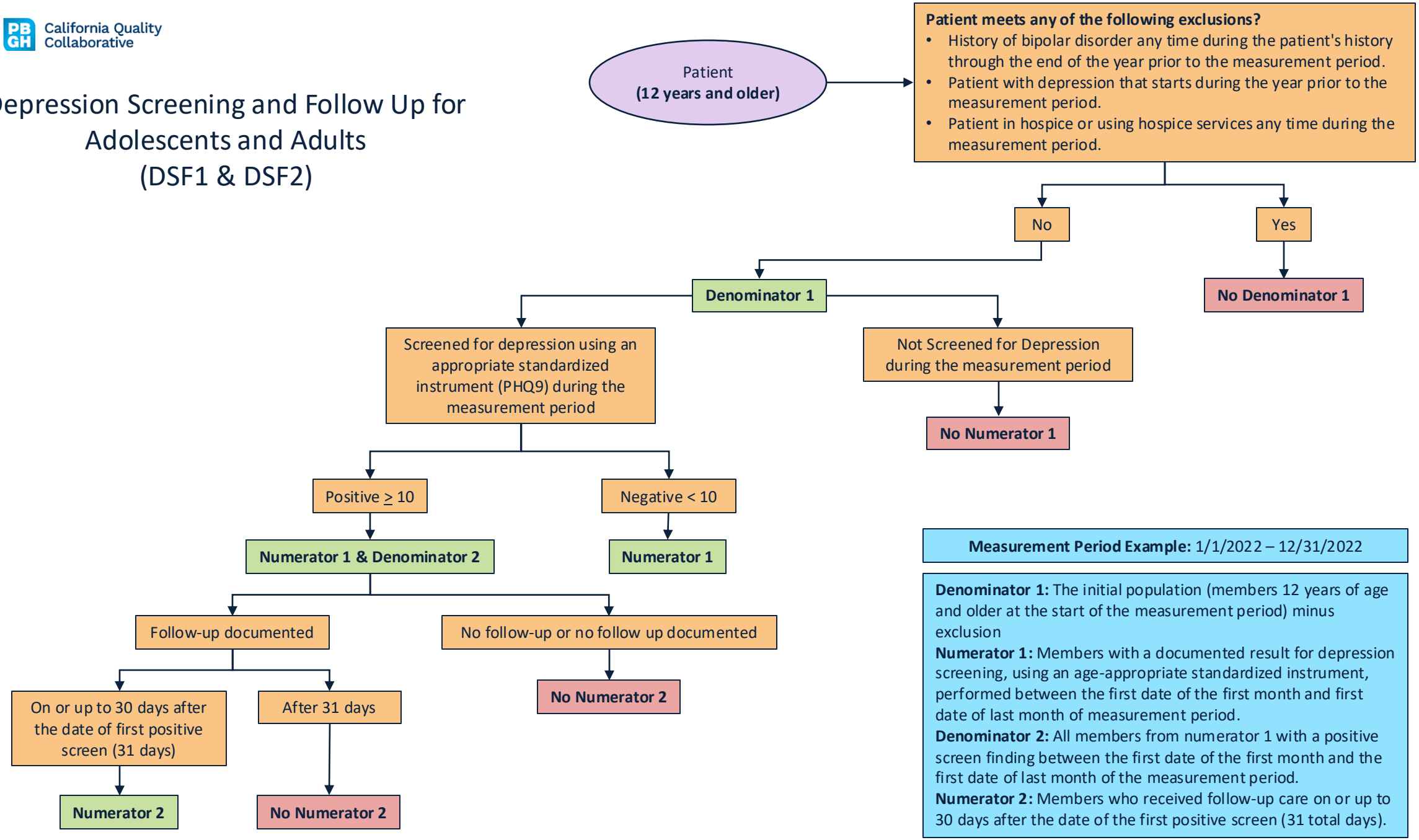
Depression Screening and Follow Up for Adolescents and Adults (DSF1 & DSF2)



Measurement Period Example: 1/1/2022 – 12/31/2022

Denominator 1: The initial population (members 12 years of age and older at the start of the measurement period) minus exclusion

Numerator 1: Members with a documented result for depression screening, using an age-appropriate standardized instrument, performed between the first date of the first month and first date of last month of measurement period.

Denominator 2: All members from numerator 1 with a positive screen finding between the first date of the first month and the first date of last month of the measurement period.

Numerator 2: Members who received follow-up care on or up to 30 days after the date of the first positive screen (31 total days).

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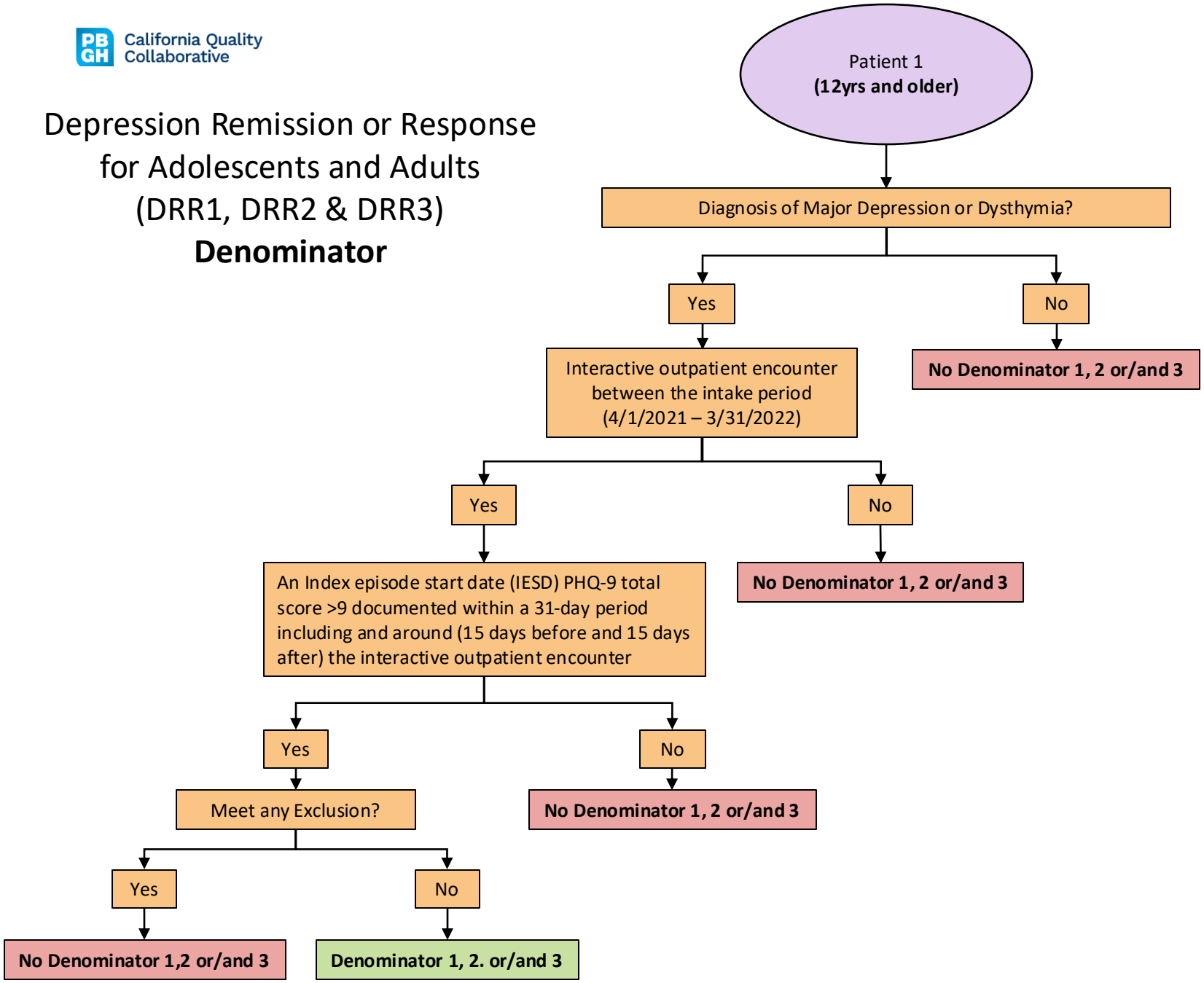
Depression Remission or Response for Adolescents and Adults (DRR1, DRR2 & DRR3)

Denominator



Measurement Period Example: 1/1/2022 – 12/31/2022

IESD: Earliest date during the intake period where a PHQ9 greater than 9 is documented within a 31-day period including and around (15 days before and 15 days after) an interactive outpatient encounter with a diagnosis of major depression or dysthymia.

Intake Period: April 1 of the year prior to the Measurement Period through March 31 of the Measurement Period.

Exclusion:
Patients with any of the following any time during the patient's history through the end of the measurement period:

- Bipolar disorder.
- Personality disorder.
- Psychotic disorder.
- Pervasive developmental disorder.

OR

- Members in hospice or using hospice services any time during the measurement period.

Denominator 1, 2, and 3: Patients 12 years and older as of the start of the intake period who had an interactive outpatient encounter with a diagnosis of major depression or dysthymia and a PHQ-9 total score greater than 9 documented within a 31-day period from the encounter (-15/15+ days).

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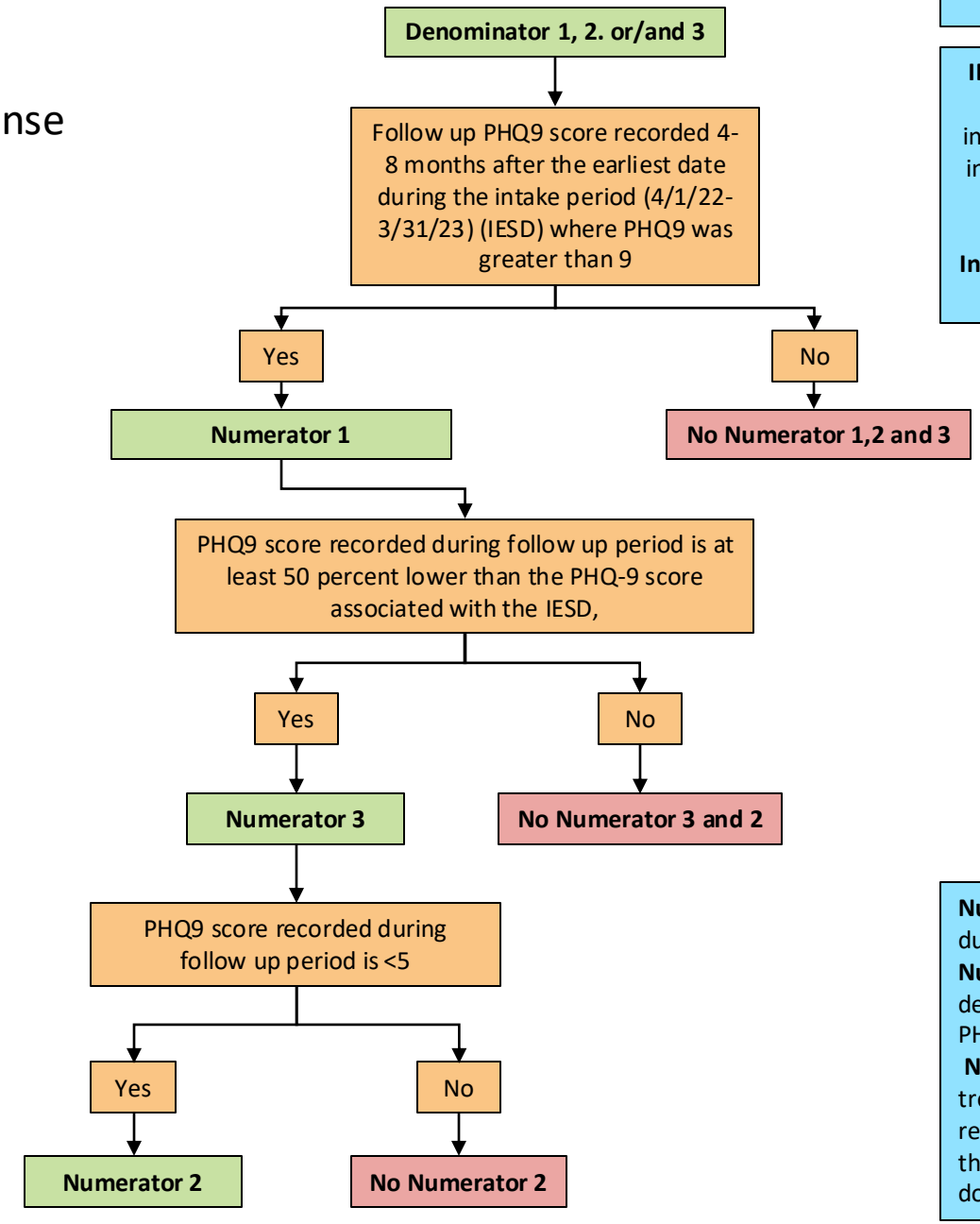
Depression Remission or Response for Adolescents and Adults (DRR1, DRR2 and DRR3)

Numerator



Measurement Period Example: 1/1/2022 – 12/31/2022

IESD: Earliest date during the intake period where a PHQ9 greater than 9 is documented within a 31-day period including and around (15 days before and 15 days after) an interactive outpatient encounter with a diagnosis of major depression or dysthymia.

Intake Period: April 1 of the year prior to the Measurement Period through March 31 of the Measurement Period.

Numerator 1: A PHQ-9 total score in the member's record during the depression follow-up period.
Numerator 2: Members who achieve remission of depression symptoms, as demonstrated by the most recent PHQ-9 score of <5 during the depression follow-up period.
Numerator 3: Members who indicate a response to treatment for depression, as demonstrated by the most recent PHQ-9 total score being at least 50 percent lower than the PHQ-9 score associated with the IESD, documented during the depression follow-up period.