The following metrics are reported for your Collaborative Care (CoCM) Caseload.

1. **Total Enrollment** – Total number of patients enrolled in CoCM this month, all payers. *(Optimal Caseload: >75 patients / 1 BHCM FTE)*

2. **Medicaid Enrollment** – Total number of Medicaid patients enrolled in CoCM this month.

3. **Newly Enrolled** – Number of Medicaid patients who were diagnosed and enrolled in CoCM this month.

4. **Average Duration of Treatment**: For Medicaid patients discharged from CoCM this month, average number of weeks between initial assessment to date of discharge.

5. **Monthly Contact Rate** – Proportion (%) of Medicaid patients receiving active treatment in CoCM. Active treatment defined as patients who have had at least one clinical contact and symptom-monitoring scale completed this month. Appropriate scales include: PHQ-9, GAD-7, PCL-5, SMFQ, SCARED, PSC-17, and NICHQ Vanderbilt. *(2025 Target Rate: ≥ 80%)*

   Note: A "clinical contact" is defined as a contact in which symptom monitoring may occur and treatment is delivered with corroborating documentation in the patient chart. This includes virtual engagement if treatment is delivered.

   Numerator: Number of Medicaid patients that have had at least one clinical contact and symptom-monitoring scale completed this month
   Denominator: Number of Medicaid patients enrolled in CoCM this month

6. **Improvement Rate** – Proportion (%) of Medicaid patients enrolled in treatment for 70 days or greater who demonstrated clinically significant improvement on relevant symptom-monitoring scale. *(2025 Target Rate: ≥ 60%)*

   Numerator: Number of Medicaid patients enrolled in CoCM for 70 days or greater that have met improvement criteria on the relevant symptom-monitoring scale (See Appendix A)
   Denominator: Number of Medicaid patients enrolled in CoCM for 70 days or greater

7. **Remission Rate** – Proportion (%) of patients enrolled in treatment for any length of time who have achieved remission criteria during this month.

   Numerator: Number of Medicaid patients who have demonstrated remission.
   Denominator: Number of Medicaid patients enrolled during this month.

8. **Psychiatric Consultation Rate** – Among those enrolled in treatment for 70 days or greater who did not meet clinically significant improvement this month (see Appendix A), proportion (%) whose case was reviewed by the Psychiatric Consultant with treatment recommendations provided to the PCP or BHCM in the past 60 days. *(2025 Target Rate: ≥ 80%)*

   Numerator: Number of Medicaid patients that have been enrolled for 70 days or greater *who have not met clinical improvement criteria* this month, that have had their case reviewed by the Psychiatric Consultant in the past 60 days
   Denominator: Number of Medicaid patients that have been enrolled for 70 days or greater *who have not met clinical improvement criteria* this month

The following metrics are reported for your entire patient population. These metrics are not limited to Medicaid patients or to those actively enrolled in CoCM and therefore not tracked in your CoCM registry.

9. **Depression Screening Rate** – Proportion (%) of all patients seen during the reporting period who received their annual PHQ-2 or PHQ-9 screening (all payers)
   Numerator: Number of patients that received a PHQ-2 or 9 either during this visit **or** have been screened in the last 12 months
   Denominator: Number of patients seen in the practice for any reason this month that meet practice criteria for universal depression screen (Refer to practice workflow)
   (2025 Target Rate: 85%)

10. **Depression Screening Yield** – Number (#) and proportion (%) of all patients who scored a 10 or greater on their initial PHQ-9 during this month
    Numerator: Number of patients that scored a 10 or higher on their initial PHQ-9 this month
    Denominator: Number of patients who received their initial PHQ-9 during this month

11. **Behavioral Health Care Manager Staffing** – The total BHCM FTE devoted to CoCM this month

Appendix A. Improvement Rate Specifications

Symptom-Monitoring Tool	Improvement/Response Criteria
PHQ-9	Score 50% improved from baseline **OR** Score below 10
GAD-7	Score 50% improved from baseline **OR** Score below 10
PCL-5	Score improved by 12 points
NICHQ Vanderbilt	Vanderbilt-P score 50% improved **OR** Vanderbilt-T score 50% improved
SCARED	Score 50% improved from baseline on caregiver and/or youth self-report tool
SMFQ	SMFQ-C score is 8+ points improved **OR** SMFQ-P score is 6+ points improved
PSC-17	PSC-17 score is 50% improved from baseline

Notes: Include patients active at any time in the calendar month who had an elevated baseline score AND have been in treatment for at least 10 weeks.

Patient should count in improvement rate numerator when they meet criteria for the scale used to treat their primary diagnosis.