



PARTNERSHIP

HEALTHPLAN
of CALIFORNIA

Electronic Submission of Depression Screening Data

Robert Moore, MD MPH MBA
Chief Medical Officer

About Us



Mission:

To help our members, and the communities we serve, be healthy.

Vision:

To be the most highly regarded managed care plan in California.



Agenda

- ECDS Perinatal QIP Measure
- Deep dive into Depression ECDS Measure
- Generating the test report: what does it take?
- Question and Answers

Why are we here?

- ECDS Perinatal QIP Measure
- \$5000 per organization this year to submit one file
- \$5000 per organization next year to set up monthly submission
- Plan in 2023: pay for performance

What are ECDS Measures?

Acronyms:

- ECDS=Electronic Clinical Data Systems
- A new type of clinical measure from the National Council for Quality Assurance (NCQA), within the Health Effective Data and Information Set (HEDIS)

What are they, really?

- ECDS measures systematically supplement Administrative (Claims) Data received by the health plan with data extracted from provider electronic medical record systems.

PQIP Measure

- An incentive of \$5,000 will be awarded for participating in the ECDS Implementation of EHR data collection by the end of the measurement year. The incentive is available once per Parent Organization.
- Providers should send a single file to PHC only including PHC members.
- The file should be downloaded from your EHR (not manual entry) and uploaded by Secure File Transfer Protocol (SFTP) to PHC by **July 30, 2021**.
- The PHC Data Interchange group must be able to absorb this file successfully, by September 30, 2021 to be eligible for the incentive.

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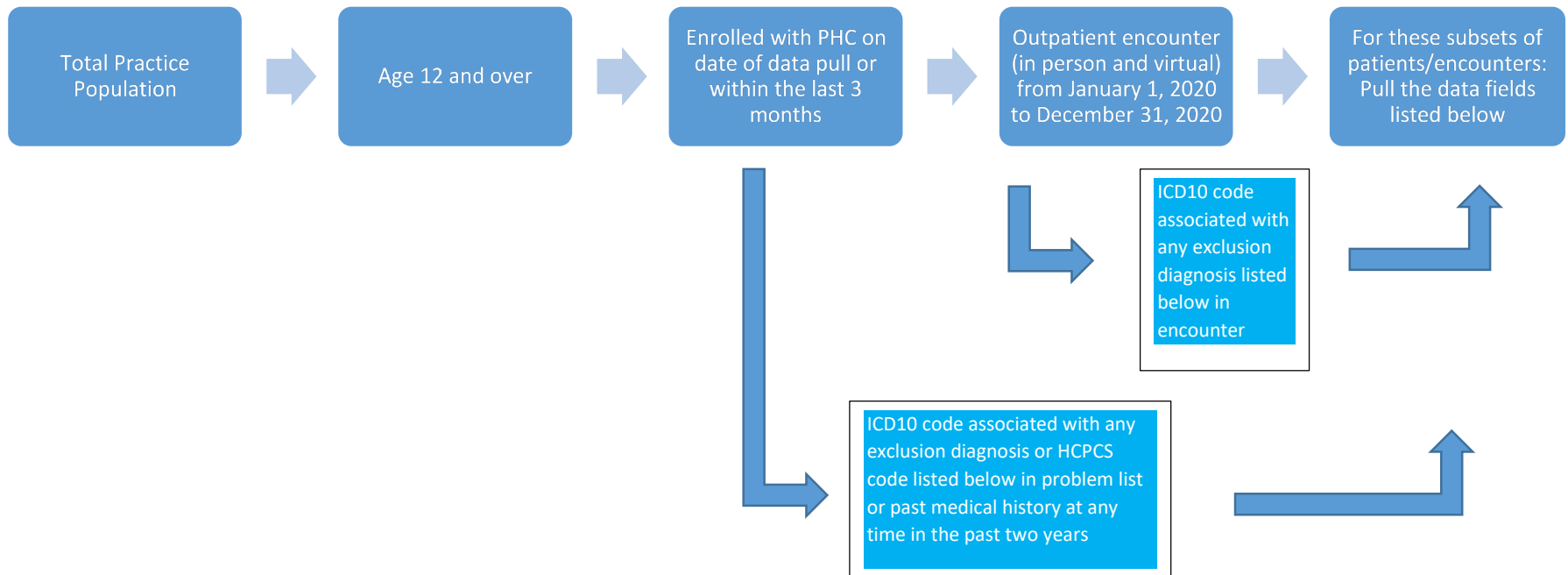
ECDS Depression Measure

- Report Logic

HEDIS Depression Measures

1. **Depression Screening and Follow up (DSF) (CMS Medicaid measure; included in the MCAS measure set; also MediCare ECQM measure: CMS 2v9; related CMS core measure CDF-AD and CDF-CH)**
 - a. The percentage of member 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.
2. **Utilization of PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS) (Medicaid measure)**
 - a. The percentage of members 12 years of age and older with a diagnosis of major depression or dysthymia, who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.
3. **Depression Remission or Response for Adolescents and Adults (DRR) (Medicaid measure)**
 - a. The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4-8 months of the elevated score
4. **Prenatal Depression Screening and Follow-Up (PND) (Medicaid)**
 - a. The percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care.
5. **Post-partum Depression Screening and Follow-Up (PDS) (Medicaid)**
 - a. The percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.
6. **Future related Medicare ECQM measures:**
 - a. CMS159v8 Depression Remission at Twelve Months
 - b. MCS161v8 Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
 - c. CMS177v8 Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

Data Pull Flow:





ECDS Depression Measure

- Data Submission Sections



Section 1: Visit Demographic

Field Name	Data Type (Max length)	Notes
Date of Service	Date	(MM/DD/YYYY)
Site ID Number (NPI number)	Varchar(25)	NPI number assigned to site where care was provided
Provider Site Name	Varchar(179)	PCP or Specialist Site Name/Practice site level (E.g. Perinatal Services at North Country)
Visit Clinician Full Name	Varchar(255)	"LastName, FirstName M"
Clinician NPI number	Varchar(25)	NPI number assigned to the rendering provider for the noted visit
Member Key	Varchar(30)	Member CIN Number (first 10 digits)
MemberName	Varchar(179)	Member's name can Follow "LastName, FirstName M" in the Member Name field. Or, submitted into the individual parsed fields. If using suffixes (e.g. jr., Sr., III) should be placed into the MemberLastName field, following the last name.
MemberFirstName	Varchar(50)	
MemberMiddleName	Varchar(25)	
MemberLastName	Varchar(100)	
DOB	DATE	The Member's date of birth (MM/DD/YYYY)
Sex	Varchar(1)	Valid values are : M (male), F (Female), O (Other), U (Unknown)

Section 2: Visit Procedure Codes

- CPT or HCPCS codes indicating an Outpatient Visit.
- Allowable codes in Attachment A. (First three tabs):
- OP Visits CMS Codes: (1st Tab)
 - Outpatient visits – Standards set by CMS and MediCal-specific code
- OP Interactive Value Set Directory (NCQA allowed) Codes: (2nd Tab)
 - Behavioral Health Encounters
 - Depression Case Management Encounters
 - Follow Up Visits
 - Medi-Cal only codes
- **If your office has another definition of outpatient visits, please compare to list and use the provider defined codes, letting us know about any that don't have a match.**



Overview of Codes

- Share Attachment A
- Review Tabs

Section 3: Pregnancy Section

Pregnant at time of Visit	Varchar (3)	Yes or No
Estimated date of delivery	Date	If within 12 months of delivery, actual date of delivery (MM/DD/YYYY), blank if already delivered
Actual date of delivery	Date	If within 12 months of delivery, actual date of delivery (MM/DD/YYYY), blank if not yet delivered
Gestation Weeks and Days at time of Service	Varchar (5)	Format: ##W#D
Weeks and days postpartum	Varchar (5)	Format: ##W#D
Weeks and days gestation at time of delivery	Varchar (5)	Format: ##W#D

Blank if not pregnant or recently

Section 4: Depression Screening Results

- Up to two different screening results per day of service may be entered
- Four fields:
 - LOINC code of screening tool (see next slide)
 - Name (Acronym) of screening tool (see next slide)
 - Score of screening tool (number)
 - Result of screening tool (Positive or Negative)

Acronyms and LOINC Codes: Tests for Adolescents

Description	LOINC Code
Depression Screening Instrument for Adolescents (12 to 17 Years)	
Patient Health Questionnaire (PHQ-9) [®]	44261-6
Patient Health Questionnaire Modified for Teens (PHQ-9M) [®]	89204-2
PRIME MD-PHQ2 [®]	55758-7
Beck Depression Inventory-Fast Screen (BDI-FS) [®]	89208-3
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	89205-9
PROMIS Depression	71965-8

Note: The PHQ-9M is sometimes called the PHQ-A

Acronyms and LOINC Codes Tests: Adults

Depression Screening Instrument for Adults (18+ Years)	
Patient Health Questionnaire (PHQ-9) [®]	44261-6
PRIME MD-PHQ2 [®]	55758-7
Beck Depression Inventory-Fast Screen (BDI-FS) [®]	89208-3
Beck Depression Inventory (BDI-II)	89209-1
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	89205-9
Geriatric Depression Scale Short Form (GDS)	48545-8
Geriatric Depression Scale Long Form (GDS)	48544-1
Edinburgh Postnatal Depression Scale (EPDS)	71354-5
My Mood Monitor (M-3) [®]	71777-7
PROMIS Depression	71965-8
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3

Additional Option: Duke Anxiety-Depression Scale (DADS), LOINC code: 90854-1 and 90853-3 for final score

Definition of Positive Screen--Adolescents

Instruments for Adolescents (12–17 years)	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	Total Score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M) [®]	Total Score ≥10
Patient Health Questionnaire-2 (PHQ-2) ^{®,2}	Total Score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) ^{®,1,2}	Total Score ≥8
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥10
PROMIS Depression	Total Score (T Score) ≥60

Definition of Positive Screen—Adults

Instruments for Adults (18+ years)	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	Total Score ≥ 10
Patient Health Questionnaire-2 (PHQ-2) ^{®,2}	Total Score ≥ 3
Beck Depression Inventory-Fast Screen (BDI-FS) ^{®,1,2}	Total Score ≥ 8
Beck Depression Inventory (BDI-II)	Total Score ≥ 20
Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	Total Score ≥ 17
Duke Anxiety-Depression Scale (DADS) ^{®,1}	Total Score ≥ 30
Geriatric Depression Scale Short Form (GDS) ²	Total Score ≥ 5
Geriatric Depression Scale Long Form (GDS)	Total Score ≥ 10
Edinburgh Postnatal Depression Scale (EPDS)	Total Score ≥ 10
My Mood Monitor (M-3) [®]	Total Score ≥ 5
PROMIS Depression	Total Score (T Score) ≥ 60
Clinically Useful Depression Outcome Scale (CUDOS)	Total Score ≥ 31

Interpretation of Screening Test

- Interpretation of screening score (Positive or Negative) (blank if no screen done on the date of service).
- May use one of the following G codes for the combination of screening with the result:
 - G8431 Screening for depression is documented as being positive and a follow-up plan is documented
 - G8510 Screening for depression is documented as negative, a follow-up plan is not required
 - G8940: if there is a positive screen, but no follow-up plan is documented; note that this will not be numerator compliant for the measure

Section 5: Follow-up for Depression

If positive depression screening, the goal is to perform within 30 days of a positive depression screen finding

Options for CPT/HCPCS/SNOMED (See Attachment A: First 2 tabs)

1. Office visit codes and follow up codes
2. Under COVID contingencies, telephone and video visits would be paid using standard office E&M codes with a .95 modifier.
3. If you use an atypical code for a warm handoff to behavioral health, please **indicate in separate documentation codes which are not be part of VSD.**

Options for ICD10 codes: See Attachment A: Depression Diagnosis Codes tab

Expected Content: Follow Up Visit

- Content of follow up visit: at least one of the following, note should relate these actions to the result of the screening test.
 - Additional evaluation of depression
 - Suicide risk assessment
 - Referral to practitioner qualified to diagnose and treat depression
 - Pharmacologic intervention (prescribed medication noted in visit)
 - Other interventions or follow up for diagnosis or treatment of depression (includes psychotherapy, additional treatment options)

Section 6: Exclusions

- Any exclusion diagnosis associated with at visit or in the medical history or problem list in the reporting year (2020) or the prior year (2019)
- Two fields per exclusion
 - ICD10 diagnosis code
 - Date code was either associated with a claim, or first entered into the problem list or past medical history
 - List of codes in Attachment A: Depression Diagnosis Codes tab and Exclusion VSD code tab (for bipolar disorder)

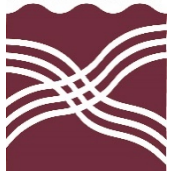
Exclusion Variations

CMS variation :May use G9717 if documentation of prior history of bipolar disorder or depression, with no screening or follow up required.

- CMS exceptions: **can use code: G8433**: “Screening for depression not completed, documented reason”
 - Refusal: Beneficiary refuses to participate
 - Emergency: Beneficiary in emergency or urgent situation where time is of the essence, and to delay treatment would jeopardize the beneficiary’s health status
 - Incapacity or Secondary gain: Situations where the beneficiary’s functional capacity or motivation to improve may impact the accuracy of results of depression screening assessment. For example: court-appointed care or delirium

Section 7: Exclusion Resolution

- What is an Exclusion Resolution?
- If any of the above diagnoses were in the problem list or past medical history list but have resolved; **indicate date problem noted as “resolved” if any.** (CMS specification)
- Fields/Resolution (up to 4 may be entered)
 - ICD10 diagnosis
 - Date of resolution of diagnosis.



Building the Report

- What does it involve:
 - Report from Shasta CHC
- Sample SQL code



Submitting the Report

- Setting up SFTP site: send name, email, phone number, site name to: EDI-Production-Support@partnershiphp.org
- Send confirmatory email when submitted to : Gsankaran@partnershiphp.org
- Using SFTP site (Log in needed); instructions included.

Primary Source Verification

- What will be validated: compare data with medical record.
- Advantage of remote access (our nurses do the work) vs. secure upload process
- How many will be validated: up to 50 charts (less for lower volume).
- Initial test validation: October
- Official HEDIS validation: February
- **We need your cooperation for these audits!**



Contact Us

PerinatalQIP@partnershiphp.org

