



STATE OF NEW JERSEY

DEPARTMENT OF HEALTH

# BH7 Preventative Care and Screening: Screening for Depression and Follow-Up

Quality Improvement Program – New Jersey (QIP-NJ)  
Chart-Based Measure Specification Guidance



Solutions that Matter

# Agenda

- Presentation Information
- BH7 Overview
- BH7 Flowchart
- Standard Reporting Template
- Understanding Measure Criteria
- Examples with Sample Data
- Understanding BH7 Performance Calculation

# Presentation Information

**Objectives:** By the end of the presentation, viewers should be able to:

- Define the numerator & denominator criteria for BH7;
- State exclusion and exception criteria for BH7;
- Identify value sets used to define BH7 measure criteria;
- Understand how numerator compliance will be calculated for a given dataset.

**Reference Materials:** Viewers are advised to review and frequently reference the following materials while listening to the presentation:

- [QIP-NJ Measurement Specifications and Submission Guidelines \(Databook\)](#)
- [QIP-NJ Databook Value Set Compendium \(VSC\)](#)

Disclaimer: This presentation was recorded in July 2021. QIP-NJ measure specifications may be updated annually to align with changes published by the measure stewards. Hospitals participating in QIP-NJ should reference the latest version of the QIP-NJ Databook for the most accurate description of each measure's criteria.

# Acronyms Used in this Presentation

Acronym	Definition
BH	Behavioral Health
CPT	Current Procedure Terminology
ED	Emergency Department
EHR	Electronic Health Record
HCPCS	Healthcare Common Procedure Coding System
ICD-10 CM	International Classification of Diseases (Clinical Modification)
ICD-10 PCS	International Classification of Diseases (Procedure Coding System)
LOINC	Logical Observations, Identifiers, Names, Codes
UBREV	UB-04 Revenue Codes

# BH7 Overview

## Measure Description

Percentage of individuals aged 18 to 64 years screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the eligible encounter.

Refer to the Databook document for:

- Statewide Benchmark
- Measure Steward & Version



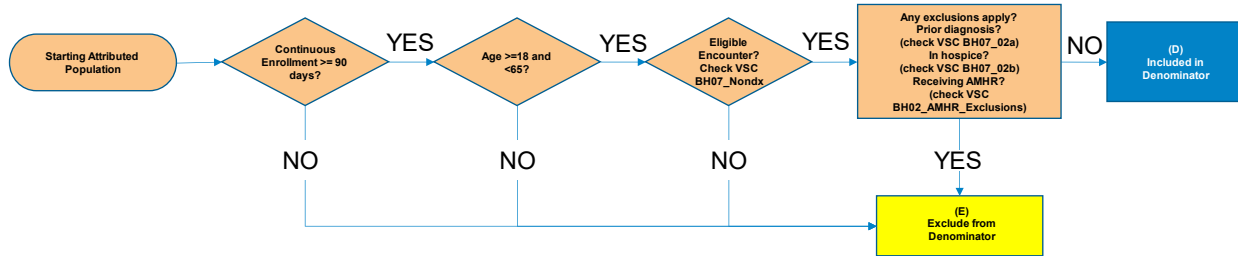
<u>Measure Description:</u> Percentage of individuals 18 to 64 years of age screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool and if positive, a follow-up plan is documented on the date of the eligible encounter.	
<u>Data Source:</u> <b>Chart/EHR</b>	<u>NQF #:</u> <b>Based on 0418</b>
<u>Measure Steward:</u> <b>CMS</b>	<u>Measure Steward Version:</u> <b>September 21, 2020</b>
<u>Statewide Benchmark:</u> <b>80%</b>	

# BH7 Flowchart

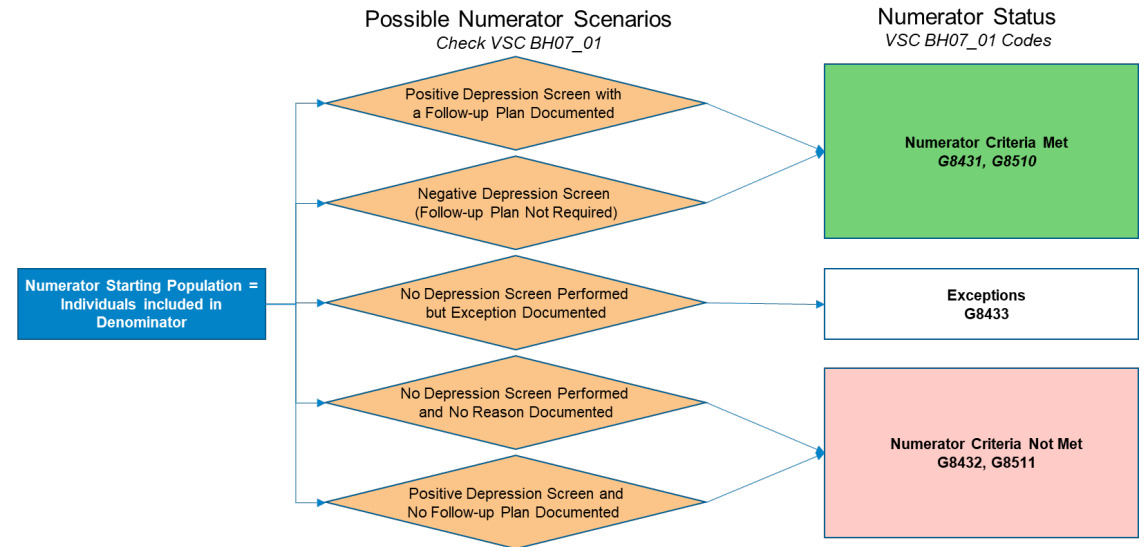
# BH7 Flowchart

The measure itself requires both a denominator (eligible individual population) and a numerator (measure compliant individual population). The flowchart below has been developed to assist in identifying the measures data elements and how they should be treated throughout the calculation process

## Denominator Workflow



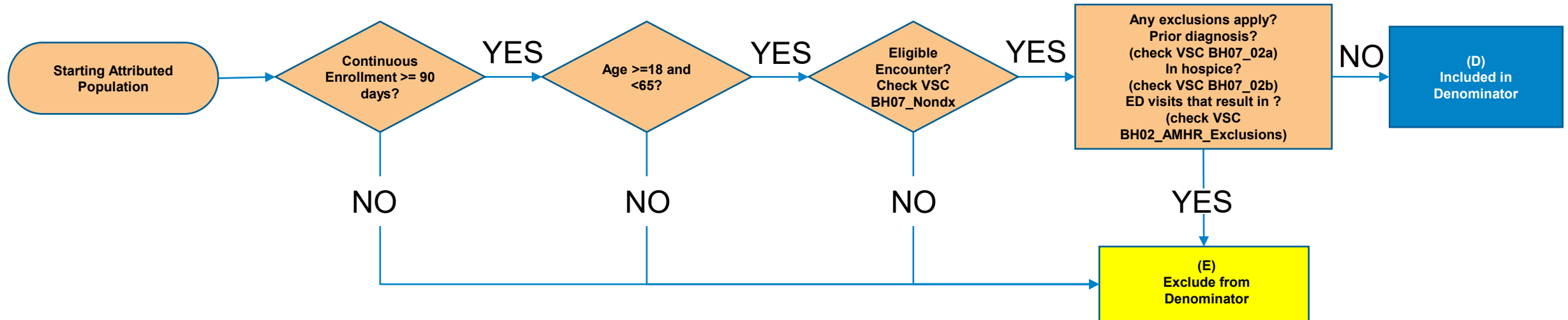
## Numerator Workflow



# BH7 Flowchart Part 1: Denominator

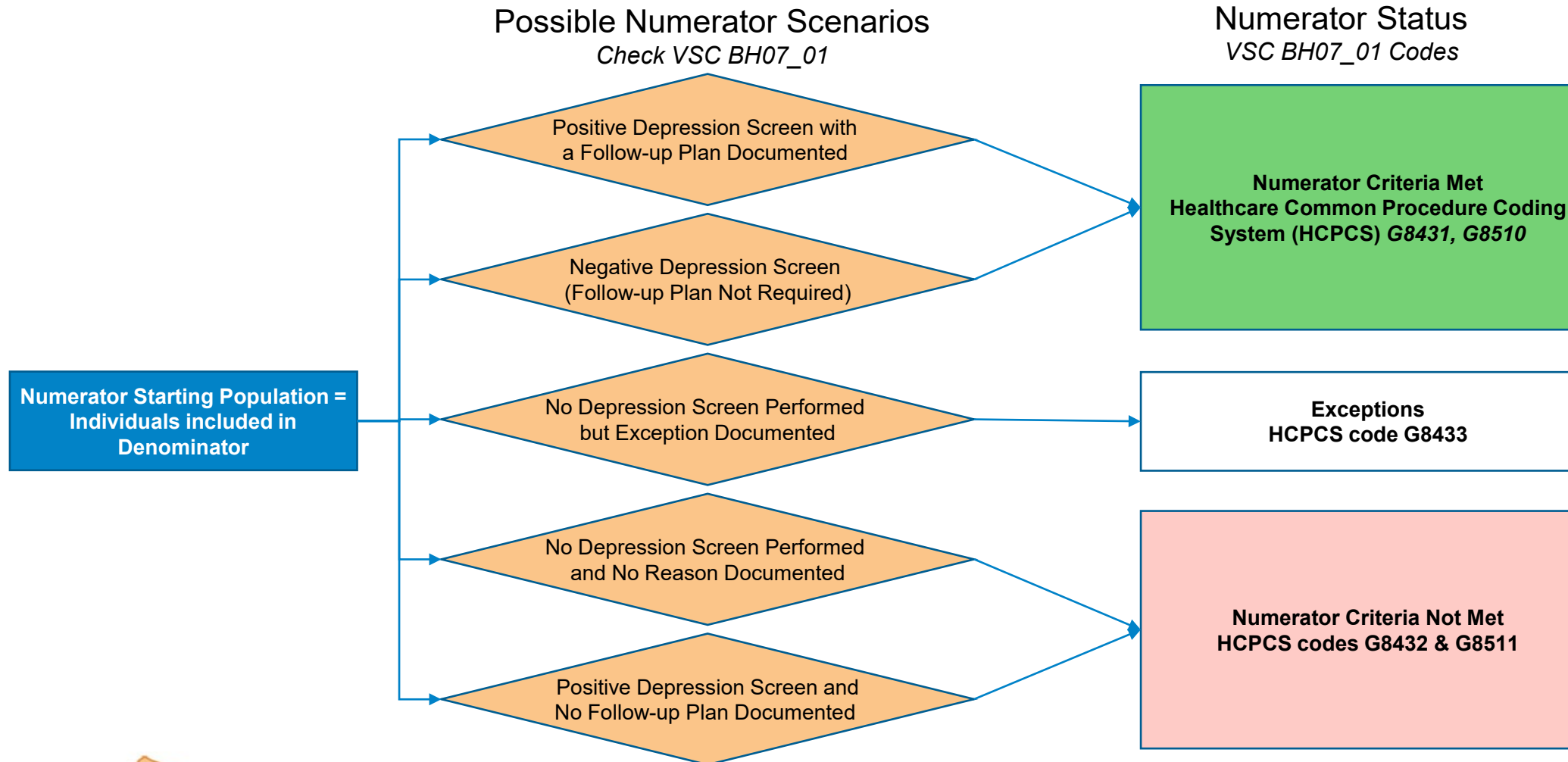
The portion of the measure's workflow below provides an overview of how the eligible individual denominator is calculated using available data sources.

*AMHR = Adult Mental Health Rehabilitation*





# BH7 Flowchart Part 2: Numerator



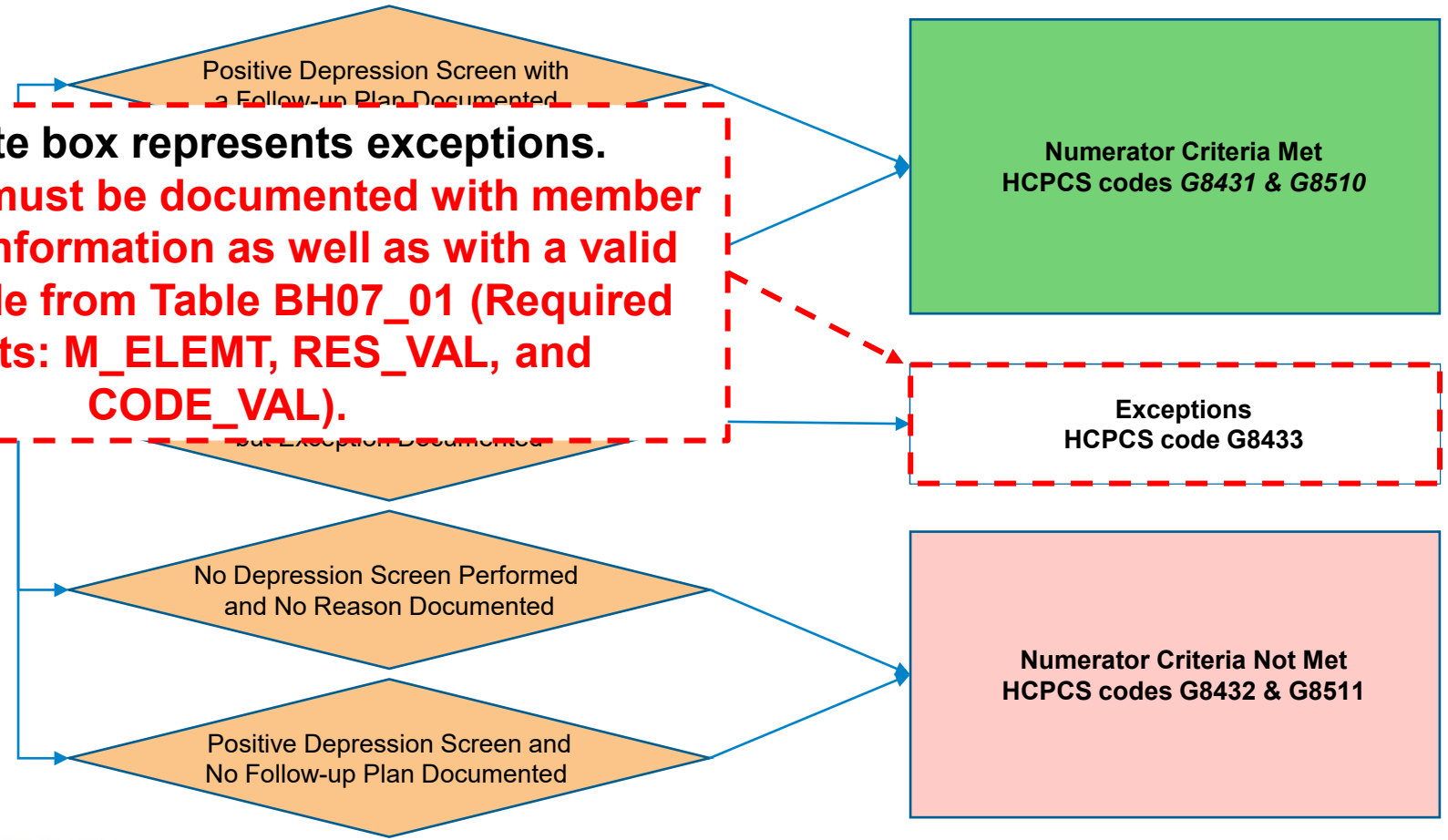
# BH7 Flowchart Part 3: Exceptions

Possible Numerator Scenarios  
Check VSC BH07\_01

Numerator Status  
VSC BH07\_01 Codes

Numerator Status  
Individual  
Denominator

**The white box represents exceptions.**  
**Exceptions must be documented with member and entity information as well as with a valid HCPCS code from Table BH07\_01 (Required Elements: M\_ELEMENT, RES\_VAL, and CODE\_VAL).**



# Standard Reporting Template

# Key Variables

## Individual data elements - required metadata of each file

<b>M_DOB</b>	Date of individual's birth
<b>M_ELEMT</b>	Data element component

## Date and time data elements

<b>SVC_DT</b>	Service date
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## Clinical & diagnostic data elements (Use attribution roster to query the chart/EHR)

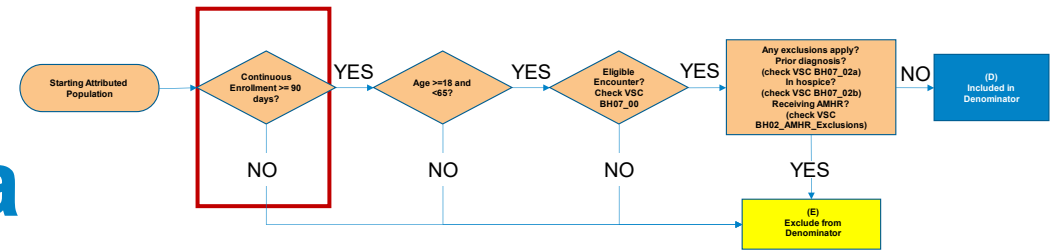
<b>RES_VAL</b>	Result value indicator; Use C=CPT, D=Discharge Status H=HCPCS I=ICD10CM, J= ICD10PCS, L=LOINC, N= NDC, P(NJ)=POS, R = RXNORM, S=SNOMED, T=(UB)TOB, U=UBREV, Z=OTHER (ONE value per row per member)
<b>CODE_VAL</b>	Reflects the value that is indicated in RES_VAL
<b>RES_VALP</b>	If there are additional components to RES_VAL, including procedure modifiers

## Measure-specific data elements (Use attribution roster to query the chart/electronic health record (EHR))

<b>DEPS_T1</b>	Depression screening tool name (BH07)
<b>DEPS_O1</b>	Result of Screening (BH07)
<b>DEPS_S1</b>	Screening Score: will be internally validated against finding of DEPS_O1 (BH07)
<b>DEPS_I1</b>	Follow-up Plan (BH07)

# Understanding Measure Criteria

# BH7: Continuous Eligibility Criteria

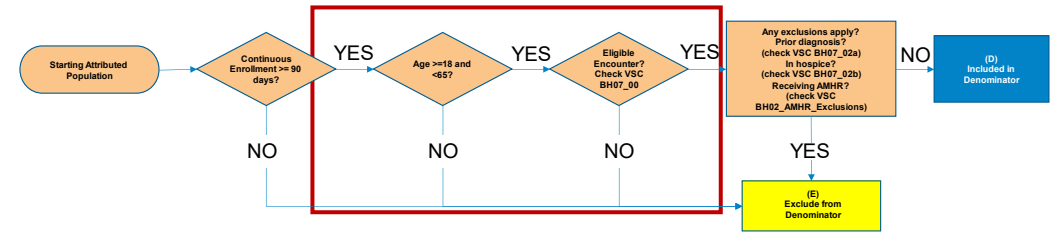


*Continuous eligibility is not part of the denominator criteria but must be assessed to determine denominator inclusion.*

Criteria	Data Elements	Value Set Reference
The individual must be continuously enrolled in Medicaid for at least 90 days during the MY during which an outpatient visit occurred.	Medicaid Enrollment	N/A
Individual must be enrolled on or before October 2 <sup>nd</sup> of the MY.	This will be specific to the EHR system	N/A

*NOTE: October 2<sup>nd</sup> is the last day an individual can be enrolled in Medicaid for this measure to ensure 90 days to December 31<sup>st</sup>, the end of the MY.*

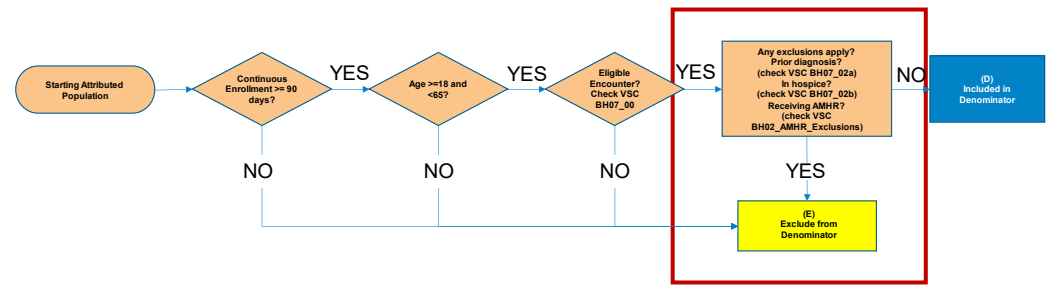
# BH7: Denominator Criteria



*Age and encounter criteria are specific to each measure; however, the attributed behavioral health (BH) population is over 18.*

Criteria	Data Elements	Value Set Reference	Variable(s)
Individual aged 18 or older and younger than 65 on the first day of the measurement year (MY).	Individual Date of Birth (DOB)	N/A	M_DOB
Individual had at least 1 eligible Emergency Department (ED) or Hospital Outpatient encounter during MY.	Encounter Code Encounter Date	Table BH07_Nondx	M_ELEMENT, SVC_DT, RES_VAL, CODE_VAL

# BH7: Exclusion Criteria

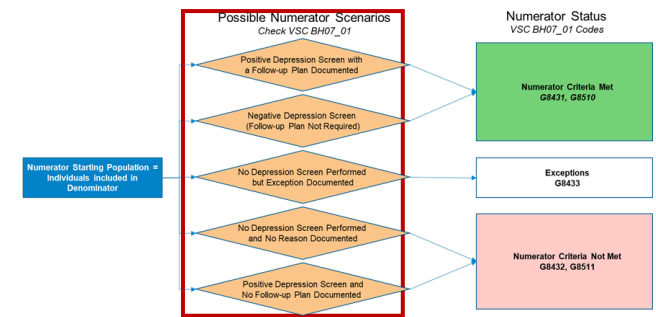


*Exclusions for BH7 include prior diagnoses or treatment for mental health disorders as well as hospice.*

Criteria	Data Elements	Value Set Reference	Variable(s)
Prior diagnosis during the MY.	<ul style="list-style-type: none"> <li>Exclusionary diagnosis code</li> </ul>	Table BH07_02a Table BH07_03	M_ELEMENT, RES_VAL, CODE_VAL
Individual is in hospice.	<ul style="list-style-type: none"> <li>Code for hospice</li> </ul>	Table BH07_02b	M_ELEMENT, RES_VAL, CODE_VAL
Individual is receiving AMHR within the same calendar month or calendar month subsequent to the index admission.	<ul style="list-style-type: none"> <li>Code indicating AMHR</li> </ul>	Table BH07_02c	M_ELEMENT, RES_VAL, CODE_VAL



# BH7 Numerator Criteria

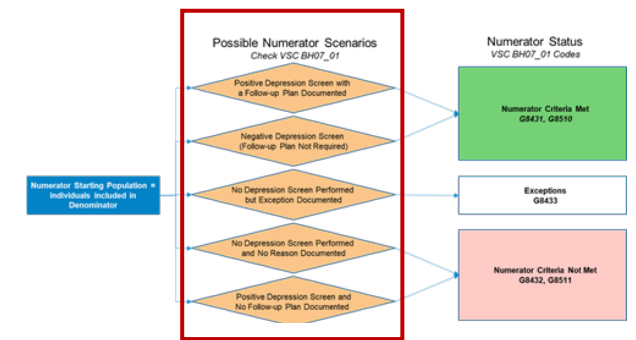


*The numerator of this measure requires documentation of at least one eligible encounter, an age-appropriate standardized depression screen, and if positive, a follow-up plan.*

Criteria	Data Elements	Value Set Reference	Variable(s)
Individuals screened for depression on date of eligible encounter or up to 14 days prior to the date of the encounter using age-appropriate tool.	<ul style="list-style-type: none"> <li>Depression Screen documented</li> <li>Depression Screen Date</li> <li>Eligible Encounter Date</li> </ul>	Table BH07_01 Table BH07_03	M_ELEMT, RES_VAL, CODE_VAL, SVC_DT, DEPS_T1

*NOTE: Individuals seen multiple times during the measurement period for an eligible encounter need not be screened more than once, unless clinically indicated.*

# BH7 Numerator Criteria Cont.

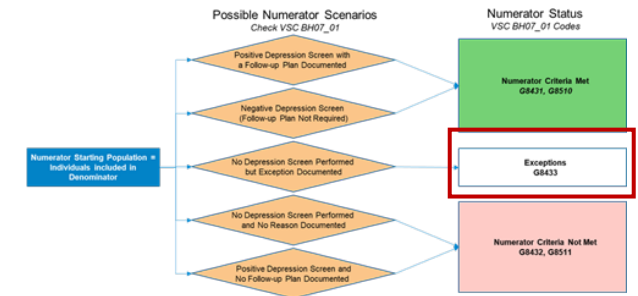


*The numerator of this measure requires documentation of at least one eligible encounter, an age-appropriate standardized depression screen, and if positive, a follow-up plan.*

Criteria	Data Elements	Value Set Reference	Variable
If screen is positive, a follow-up plan is documented on date of eligible encounter.	<ul style="list-style-type: none"> <li>Validated tool used and associated score</li> <li>Follow-up plan</li> </ul>	Table BH07_03	DEPS_T1, DEPS_O1, DEPS_S1, DEPS_I1

*NOTE: Individuals seen multiple times during the measurement period for an eligible encounter need not be screened more than once, unless clinically indicated.*

# BH7 Exception Criteria



*Exceptions will be accepted on a case-by-case basis keeping in line with the criteria below. All hospitals are required to document exceptions with member and entity information as well as with a valid HCPCS code from Table BH07\_01 (Required Elements: M\_ELEMENT, RES\_VAL, and CODE\_VAL).*

Criteria	Data Elements	Value Set Reference	Variable(s)
Individual has a documented reason for not screening for Depression: <ul style="list-style-type: none"> <li>Individual is in an emergent situation and screening would delay treatment</li> <li>Individual’s functional capacity or motivation may impact accuracy of results (delirium or court appointed cases).</li> </ul>	<ul style="list-style-type: none"> <li>Codes documenting Exceptions</li> </ul>	Table BH07_01	M_ELEMENT, RES_VAL, CODE_VAL

# Examples with Sample Data

# Sample Individual #1

# Sample Individual #1: Profile

Test Your Knowledge:  
 This individual has an exclusion.  
 From this profile, can you explain why they will be excluded from the denominator?

- Gender: Female
- Age: 23
- Encounter Date: October 15, 2020
- Revenue Code: 456
- HCPCS code: G8510
- ICD-10 Code: F3011
- Logical Observation Identifiers Names and Codes (LOINC) code: 89211-7
- Screening Tool Used: Beck Depression Inventory Fast Screen (BDI)

M_ID	M_DOB	M_GENDER	M_PROV	M_SAMP	M_ELEMT	SVC_DT	RES_VAL	CODE_VAL	DEPS_T1	DEPS_O1	DEPS_S1
BH07	5/14/1998	F	1013010917	0	D	10/15/2020	U	456			
BH07	5/14/1998	F	1013010917	0	E	10/15/2020	I	F3011			
BH07	5/14/1998	F	1013010917	0	N	10/15/2020	H	G8510			
BH07	5/14/1998	F	1013010917	0	N	10/15/2020	L	89211-7	01	02	10

# Sample Individual #1: Denominator

1. First, it is assumed that this individual has been attributed to your hospital, has 90 days of continuous enrollment in Medicaid, meets the age criteria and check if their index encounter was in an ED or outpatient hospital clinic (Value Set Table BH07\_Nondx).
  - ✓ The individual's encounter has a Revenue Code 456, meaning that the encounter was an Outpatient visit in an Urgent Care Clinic.
2. Next, a hospital should check if the individual has prior exclusionary diagnoses (Table BH07\_02), is in hospice (Table BH07\_02b), and/or is receiving AMHR within the same calendar month or subsequent month to the encounter (Table BH07\_02c).
  - ✗ This individual has an exclusionary diagnosis, ICD-10 code, F3011. Thus, they are excluded from the denominator.

(E)  
Exclude from  
denominator

# Sample Individual #2



# Sample Individual #2: Profile

- Gender: Male
- Age: 43
- Encounter Date: September 19, 2020
- Screening Date: September 25, 2020
- Revenue Code: 918
- HCPCS code: G8431
- Screening Tool Used: Major Depression Inventory [MDI]

Test Your Knowledge:  
Performance has been met for this individual. From this profile, can you explain why performance has been met?

M_ID	M_DOB	M_GENDER	M_PROV	M_SAMP	M_ELEMT	SVC_DT	RES_VAL	CODE_VAL	DEPS_T1	DEPS_O1	DEPS_S1	DEPS_I1
BH07	1/3/1977	M	1013010917	0	D	9/19/2020	U	918				
BH07	1/3/1977	M	1013010917	0	N	9/25/2020	H	G8431	05	01	26	03

# Sample Individual #2: Denominator

1. First, it is assumed that this individual has been attributed to your hospital, has 90 days of continuous enrollment in Medicaid, meets the age criteria and check if their index encounter was in an ED or outpatient hospital clinic (Value Set Table BH07\_Nondx).
  - ✓ The individual's encounter has a Revenue Code of 918, meaning that the encounter was visit for Outpatient Mental Health Hospital Services.
2. Next, a hospital should check if the individual has prior exclusionary diagnoses (Table BH07\_02), is in hospice (Table BH07\_02b), and/or is receiving AMHR within the same calendar month subsequent month to the encounter (Table BH07\_02c).
  - ✓ This individual does not have any exclusionary codes in their individual record.

Include in Denominator

# Sample Individual #2: Numerator

1. To determine if performance was met, a hospital must first determine if the individual was screened OR if they have a documented reason for not being screened for depression (Table BH07\_01).
  - ✓ The individual was screened using the Major Depression Inventory tool (DEPS\_T1=05).
2. Then, the score of the validated screening tool will determine if the individual has screened positive for depression. If the individual has a positive depression screen, a hospital should look to DEPS\_I1 to indicate what type of follow up plan was documented. If DEPS\_I1 is blank, no follow-up plan was documented.
  - ✓ The individual was screened with a validated screening tool, the MDI. They screened positive for depression (DEPS\_O1=01) and had a documented follow-up plan in their individual record (DEPS\_I1=03). The follow-up plan for this patient was “Referral to practitioner who is qualified to diagnose and treat depression.”

Performance Met

# Sample Individual #3

# Sample Individual #3: Profile

Test Your Knowledge:  
 Performance has NOT been met for this individual. From this profile, can you explain why performance has not been met?

- Gender: Male
- Age: 60
- Encounter Date: August 20, 2020
- Screening Date: August 20, 2020
- Revenue Code: 450
- HCPCS Code: G8433
- CPT Code: 92950

M_ID	M_DOB	M_GENDER	M_PROV	M_SAMP	M_ELEMENT	SVC_DT	RES_VAL	CODE_VAL	DEPS_T1	DEPS_O1	DEPS_S1
BH07	11/2/1959	M	1013010917	0	D	8/20/2020	U	450			
BH07	11/2/1959	M	1013010917	0	X	8/20/2020	H	G8433			
BH07	11/2/1959	M	1013010917	0	X	8/20/2020	C	92950			

# Sample Individual #3: Denominator

1. First, it is assumed that this individual has been attributed to your hospital, has 90 days of continuous enrollment in Medicaid, meets the age criteria and check if their index encounter was in an ED or outpatient hospital clinic (Value Set Table BH07\_Nondx).
  - ✓ The individual's encounter has a Revenue Code of 450, meaning that the encounter was in the ED.
2. Next, a hospital should check if the individual has prior exclusionary diagnoses (Table BH07\_02), is in hospice (Table BH07\_02b), and/or is receiving AMHR within the same calendar month or calendar month subsequent to the index encounter (Table BH07\_02c).
  - ✓ This individual does not have any exclusionary codes in their individual record.

Include in Denominator

# Sample Individual #3: Numerator

1. To determine if performance was met, a hospital must first determine if the individual was screened OR if the individual has a documented reason for not being screened for depression (Table BH07\_01).
  - × The individual was not screened but has a code or documented reason for not being screened. The HCPCS code G8433 is present indicating the individual was not screened and there is an exception documented. In the next row of data, it shows the individual was given Cardiopulmonary Resuscitation as indicated by CPT code 92950. This is an emergent situation and would *likely* result in an exception.

Possible Exception

*Note: Exceptions are determined on a case-by-case basis and are approved at the digression of the State.*

# How to Calculate Performance



# Calculating Performance: Subgroups

*For this sample calculation, this hospital has a starting attributed population of 30 individuals.*

Subgroup Criteria	Subgroup Counts
Starting Population (Attributed)	30
Exclusions	11
Positive Depression Screen with Follow-Up Plan	5
Negative Depression Screen (No Follow-Up Plan required)	7
No Depression Screen Performed but Exception Documented	3
No Depression Screen Performed and No reason Documented	4
Positive Depression Screen and No Follow-Up Plan Documented	0

# Calculating Performance: Denominator

- First, the **eligible population** for BH7 will be calculated from the starting attributed population.
- **Eligible population (BH7):** Attributed individuals, meeting the age and continuous eligibility criteria, who had an index encounter in an ED or outpatient hospital clinic during the MY who do not have any other exclusions.

**Starting Attributed Population – Exclusions = Eligible Population**

Subgroup Criteria	Subgroup Count
Starting Population (Attributed)	30
Exclusions	11
Eligible Population (Denominator)	19

# Calculating Performance: Numerator

- Next, the *numerator compliant individual population* will be calculated from the eligible population.
- **Measure Compliant Individual Population (BH7):** Individuals in the eligible population screened for depression on the date of the encounter or 14 days prior using a standardized depression screening tool and if positive, a follow-up plan is documented on the date of the eligible encounter.
- In this case, 2 exceptions must also be removed from the denominator.

**Positive Depression Screen with FU + Negative Depression Screen = Measure Compliant Individual Population**

Subgroup Criteria	Subgroup Count
Positive Depression Screen with Follow-Up Plan	5
Negative Depression Screen (No Follow-Up Plan required)	7
No Depression Screen Performed but Exception Documented	4
Measure Compliant Individual Population	12

# Calculating Performance: Percentage

- Finally, the measure compliant population will be derived as a portion the eligible population. This value is the hospital's performance on the measure.

**(Measure Compliant Individual Population / Eligible Population) \* 100 = Individual Hospital Performance**

Subgroup Criteria	Subgroup Count
Measure Compliant Individual Population	12
Eligible Population	19 (19 – 4 Exceptions)
Individual Hospital Performance	80%

## More Information

For more information about data submission, please review the standard reporting templates and associated guides available on the QIP-NJ website: <https://qip-nj.nj.gov/participants.html>.

For more information about the measures, please reference the QIP-NJ Databook FAQ document: [https://qip-nj.nj.gov/Documents/Databook%20FAQ\\_v1\\_1\\_FOR\\_POSTING.pdf](https://qip-nj.nj.gov/Documents/Databook%20FAQ_v1_1_FOR_POSTING.pdf).

With any additional questions or concerns, please contact [QIP-NJ@PCGUS.com](mailto:QIP-NJ@PCGUS.com).