



## QIP-NJ Chart-Based Measure Specification Guidance Transcript

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

Updated July 2021

#### Introduction (Slide 1):

Hello, and welcome to the measure specification webinar for Behavioral Health Measure 7--Preventative Care and Screening: Screening for Depression and Follow-Up Plan. The purpose of this webinar is to define the components of Behavioral Health Measure 7, as well as describe the workflow for determining a hospital's performance on this measure. The full specification for this measure can be found on pages 52 through 56 of version 1.1 of the QIP-NJ Measure Specifications and Submission Guidelines document, also referred to as the Databook. This Databook is available for download on the QIP-NJ website.

BH7 is a chart-based measure, meaning participating hospitals will be submitting data on attributed individuals via a flat file or via the excel-based standard reporting template as described on the Participants and Stakeholders page of the QIP-NJ website. Hospitals will run a query of their EHR system for records of attributed individuals after receiving attribution lists. The query will look for measure-specific denominator eligibility criteria as outlined in the measure specification.

All data components, including exceptions, will be reviewed for completeness and the Department will independently determine whether or not they qualify. Further, hospitals may estimate their performance, however this will be independently calculated and ultimately determined by the Department. Hospitals should note that incentive payments will be contingent on fully executing all QIP-NJ submission guidelines. For more information on data submission procedures of non-claims-based measures, please refer to the "Non-Claims-Based Measures" section on page 7 of v1.1 of the Databook.

#### Agenda (Slide 2):

The agenda for this presentation is as follows: First, the Department will discuss the learning objectives of this presentation and provide viewers with links to the resource materials that inform this content in section one, "Presentation Information". Then, in "BH7 Overview" and "BH7 Flowchart" the Department will provide viewers with a description of the measure taking a look at the workflow developed to codify measure criteria. In the "Standard Reporting Template" and "Understanding Measure Criteria" sections, the Department will explain how to report each of the measure components by examining the required data elements for the numerator, denominator, exclusions, and exceptions. Next, in "Examples with Sample Data" the Department will provide examples of how a hospital might perform on this measure with individual-level sample data. Finally, in section six of this presentation, "Understanding BH7 Performance Calculation" the Department will discuss the intricacies of performance calculation taking into account the special considerations of this measure.

#### Presentation Information (Slide 3):

By the end of this presentation, hospital viewers should be able to articulate how numerator compliance will be calculated for BH7 and begin to plan for how the data submission process for this measure will be formalized in their respective organizations. This presentation aims to prepare hospitals for data submission activities by familiarizing them with the measure specifications and the corresponding value sets for BH7, as well as the variables within the standard reporting template that will be used to identify BH7 measure criteria.

Viewers are advised to review and frequently reference the Databook and the QIP-NJ Databook Value Set Compendium (also called the VSC) while listening to this presentation. Both of these documents may be found on the QIP-NJ website on the Documents & Resources page. Active links to these materials are also available in this presentation.

#### Acronyms Used in This Presentation (Slide 4):

The Department will use the following acronyms in this presentation. Please take a moment to familiarize yourself with these acronyms.

#### BH7 Overview (Slide 5):

BH7 has been adapted from National Quality Forum (or NQF) measure 0418. BH7 will measure the percentage of attributed individuals aged 18 years and older screened for depression on the date of the encounter or 14 days prior to the date of encounter using an age-appropriate standardized depression screening tool and, if positive, have a follow-up plan documented on the date of the eligible encounter. A list of approved depression screening tools is available in the Databook and also found in VSC Table BH07\_03. Other tools may be used only with the explicit pre-approval of NJ DOH. The statewide benchmark for this measure is 80%. Sampling is allowed for measure BH7. Please refer to the Databook for Sampling Methodology for this measure. Please note that the baseline period runs from July 1, 2020 through December 31, 2020. The measurement period for year 1 runs from July 1, 2021, to December 31, 2021. For additional information, please also refer to the Databook.

#### BH7 Flowchart (Slide 6):

Now, the Department will discuss the flowchart on this slide for Behavioral Health Measure 7-- Preventative Care and Screening: Screening for Depression and Follow-Up Plan.

#### BH7 Flowchart (Slide 7):

In this presentation, the Department has created a flowchart for the denominator criteria and the numerator criteria. When calculated, the denominator will reflect the eligible population and the numerator will reflect the measure compliant population. The flowcharts have been developed to codify the measure criteria and assist in identifying the data elements.

#### BH7 Flowchart Part 1 (Slide 8):

Part 1 of the BH7 Flowchart displays a decision point for each criterion in BH7 that determines if an individual from the attributed population should be included or excluded from the denominator.

Now, the Department will walk through the diagram together taking time to consider each element. First, a hospital must determine if the attributed individual's Medicaid enrollment meets the continuous eligibility criteria for this measure. For BH7, the attributed individual must be continuously enrolled in

Medicaid for at least 90 days. If this is true, a hospital should then assess whether the individual's age is greater than 18 and less than 65 at the beginning of the measurement period. If the individual is in the eligible age range, a hospital should also then check to see if they had an eligible encounter by referring to the codes listed in the BH07\_Nondx value set within the VSC. Finally, a hospital should check if the individual has any exclusionary conditions, such as a prior diagnosis of depression documented during the measurement period, if they were in hospice at any point during the measurement period, or if they were already receiving Adult Mental Health Rehabilitation within the same calendar month or calendar month subsequent to the index admission. The associated value sets within the VSC are listed in parentheses here and in the Databook.

#### BH7 Flowchart Part 2: Numerator (Slide 9):

Part 2 of the BH7 Flowchart displays a decision point for each criterion that determines if an individual should be included in the numerator. The HCPCS codes listed in value set BH07\_01 of the QIP-NJ VSC reflect all possible numerator scenarios for this measure. The first orange diamond at the top indicates an individual who screened positive for depression and had a follow-up plan documented in their patient record. The second orange diamond indicates an individual who screened negative for depression and therefore, no follow-up plan was required. The top two orange diamonds are scenarios in which the numerator criteria for the measure are met and the corresponding HCPCS codes are G8431 and G8510.

The third orange diamond indicates that the individual was not screened for depression on or 14 days prior to the eligible encounter, but an exception was documented. The Department will address exceptions in more depth on the next slide. HCPCS code G8433 indicates an exception.

The fourth orange diamond indicates that the individual was not screened for depression on or 14 days prior to the eligible encounter and there was no valid reason that would constitute an exception documented in the patient record. Finally, the fifth orange diamond down indicates that the individual screened positive for depression on or 14 days prior to the eligible encounter date, but no follow-up plan was documented in the patient record. These last two diamonds are scenarios in which the numerator criteria were not met for BH7 and the corresponding HCPCS codes are G8432 and G8511.

#### BH7 Flowchart Part 3: Exceptions (Slide 10):

BH7 is one of the only measures to have a separate subgroup for exceptions to account for individuals who had a documented reason for not being screened for depression during their eligible encounter or 14 days prior. Hospitals must submit exceptions within their flat file or template submission for state approval. Exceptions will be approved by the Department on a case-by-case basis. Valid reasons for not being screened for depression include if an individual refuses to participate, if an individual is in an emergent situation where time is of the essence and to delay treatment would jeopardize the individual's health status, or if the individual's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. An example of this last condition would be certain court appointed cases or cases of delirium. Documentation is required for any exception to be approved by the Department.

If approved by the Department, exceptions will be removed from the denominator and numerator when calculating hospital performance.

#### Standard Reporting Template (Slide 11):

The Standard Reporting Template, as described in the materials posted on the QIP-NJ website, will be used to submit data for chart-based measures. Please refer to the Standard Reporting Template materials on the QIP-NJ website for information on how to use the template to report results for the baseline period, also known as MY0.

#### Key Variables (Slide 12):

The following is a list of some of the key variables within the standard reporting template that pertain to BH7. Hospitals must report member data elements to identify the attributed individual. The M\_ELEMMT variable refers to the data element component addressed by each row of data for an individual. In other words, does the row of data qualify the individual for the numerator or denominator or is the row being used to document an exclusion or exception?

The RES\_VAL and CODE\_VAL variables will be used to report the appropriate code, such as UBREV codes for eligible encounters, ICD-10 for exclusionary diagnoses or LOINC codes for screening tools used.

The measure specific-data elements will be used to document the tool name, the raw score, the results on the depression screen (whether it was positive or negative), and the prescribed follow-up plan.

#### Understanding Measure Criteria (Slide 13):

Now that the Department has reviewed the measure Flowchart and the key variables in the Standard Reporting Template, let's further examine what individual data elements are required to meet each criterion for BH7.

#### BH7: Continuous Eligibility Criteria (Slide 14):

Continuous Eligibility is not part of the denominator criteria but must be assessed to determine denominator inclusion. For BH7, the individual must be continuously enrolled in Medicaid for at least 90 days during the MY during which an outpatient visit occurred. Due to the fact that an individual will need to be enrolled for at least 90 days prior to end of the measurement year, October 2<sup>nd</sup> is the last day an individual can be enrolled in Medicaid to qualify for this measure.

Hospitals will need to refer to their attribution rosters to confirm Medicaid enrollment. The Department would advise for each hospital to look at Column O on their attribution rosters, which is the "MCO End Date." This will be the date through which the member is enrolled in the current MCO. There is no value set for continuous eligibility.

#### BH7: Denominator Criteria (Slide 15):

There are two criteria that qualify an individual for the denominator of this measure. First, an individual must be 18 or older and younger than 65 on the first day of the measurement year. The data element required to verify an individual's age will be their Date of Birth. The column/variable in the standard reporting template used to report a member's data of birth is M\_DOB.

Second, an individual must have had at least 1 eligible ED or Hospital outpatient encounter during the Measurement Year. To meet this criterion, hospitals must provide the date of encounter and an encounter code that corresponds with one of the codes listed in Table BH07\_Nondx of the Value Set Compendium.

To report this information using the standard reporting template, hospitals will use the M\_ELEMT, SVC\_DT, RES\_VAL, and CODE\_VAL columns.

#### BH7 Exclusion Criteria (Slide 16):

There are three exclusionary criteria for this measure. First, individuals are excluded if they have a prior diagnosis for mental health disorders during the measurement year. The list of diagnoses codes that would constitute an exclusion for BH7 are available in Table BH07\_02a and Table BH07\_03 of the Value Set Compendium. Individuals are also excluded if they have a hospice claim in the measurement year. Exclusionary codes for hospice are located in Table BH07\_02b. Finally, an individual will be excluded from the denominator of BH7 if they are receiving Adult Mental Health Rehabilitation within the same calendar month or calendar month subsequent to the index admission. The Adult Mental Health Rehabilitation value set is located in value set, Table BH07\_02c of the Value Set Compendium.

To report exclusions on the standard reporting template, hospitals will need to use the M\_ELEMT, RES\_VAL, and CODE\_VAL columns.

#### BH7 Numerator Criteria (Slide 17):

There are two criteria that qualify an individual for the numerator of this measure. First, an individual must be screened on or up to 14 days prior to an eligible encounter using an age-appropriate tool. The data elements required to prove an individual in the eligible population was screened for depression are documentation of the Depression Screen using a valid code from value set BH07\_01, the Depression Screen Date, and the Eligible Encounter date.

This information will be reported on the standard reporting template using columns M\_ELEMT, RES\_VAL, CODE\_VAL, SVC\_DT, and DEPS\_T1. The DEPS\_T1 variable identifies the depression screening tool name with a two-digit code unique to the standard reporting template. Codes for the depression screening tools are available in the standard reporting template on the EMR\_IN\_Data Dictionary tab. Some depression screening tools have associated LOINC codes and others do not, however it is expected that the hospital will provide as much information as is available to identify the depression screening tool used.

The Department notes at the bottom of this slide that 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. (Slide 18):

The second criterion to determine numerator compliance depends upon the result of the depression screening tool. If the depression screen is positive, individuals must have a follow-up plan documented on the date of eligible encounter. The data elements required for this criterion are the validated depression screening tool used with associated score and documentation of an appropriate follow-up plan. Please refer to Table BH07\_03 for more information on which codes should be used to document the Depression Screen.

The standard reporting template has four key variables that correspond to this criterion: DEPS\_T1, DEPS\_O1, DEPS\_S1, and DEPS\_I1. In order for a hospital to be numerator compliant on a particular individual, they must fill out at least 3 of these 4 columns, DEPS\_T1 to indicate what depression screening tool was used, DEPS\_O1 to indicate if the screen was positive or negative or indeterminate, and DEPS\_S1

to show the individual's raw score. Depending on the results of the screen, hospitals will provide data for DEPS\_I1 to demonstrate what type of follow-up the individual received. As a gentle reminder, the collection of these data elements is meant to ensure individuals receive a timely and appropriate follow-up if they are identified as at risk for depression.

#### BH7: Exception Criteria (Slide 19):

An exception is unique because exceptions will be approved by the Department 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. One of the data elements required to correctly document an exception is the HCPCS code: G8433. Hospitals should note this code is necessary, but not sufficient to document an exception. Hospitals must also explain in a separate field the reason why they believe this individual has a valid exception for this measure. An example of an exception is presented in later slides.

The reporting variables for exceptions are M\_ELEMT, RES\_VAL, and CODE\_VAL.

#### Examples with Sample Data (Slide 20):

Now, the Department will walk through a few examples with sample patient data. This data has been randomly generated and does not reflect any real patient information.

#### Sample Individual #1 (Slide 21):

Sample individual number 1.

#### Sample Individual #1: Profile (Slide 22):

The first example is a 23-year-old female with an encounter date on October 15<sup>th</sup>, 2020, as shown by the M\_DOB variable and the SVC\_DT variable. Below, please see an example of how this data might be recorded using the standard reporting template. Please note that some of the columns from the standard reporting template have been omitted here for brevity.

Sample Individual #1 was seen in an outpatient urgent care clinic (Rev code 456). In the first row, the RES\_VAL variable is equal to U which denotes a UBREV code and the CODE\_VAL variable is equal to 456. In addition, notice how the M\_ELEMT variable shows that the first row of data qualifies her for the Denominator. In the second row of data, there is an ICD-10 code, F3011, showing this individual was seen during the eligible encounter for a mild manic episode. Moving to the third row of data, it is clear that she was subsequently screened for depression on the date of her encounter because there is a HCPCS code, G8510 associated with her record, which not only indicates she was screened, but that she screened negative for depression. This individual was screened using the Beck Depression Inventory Fast Screen (BDI) as denoted by the LOINC code 89211- and the "01" code in the DEPS\_T1 variable column.

This individual will be excluded from the denominator of this measure. Take a minute and see if you can explain why this individual will be excluded from the eligible population for this measure.

#### Sample Individual #1: Denominator (Slide 23):

First, for this example, the Department assumes this is an individual attributed to your hospital, has 90 days of continuous enrollment in Medicaid, and meets the age criteria. Sample Individual #1 has an eligible encounter as shown by Revenue code 456 which is an acceptable code in Table BH07\_Nondx. Next, a

hospital should next 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 has an exclusionary diagnoses F3011, and thus they are excluded from the denominator.

Sample Individual #2 (Slide 24):

Sample individual number 2.

Sample Individual #2: Profile (Slide 25):

The second example is a 43-year-old male with an encounter date on September 19<sup>th</sup>, 2020, as shown by the M\_DOB variable and the SVC\_DT variable. In reviewing the first row of data in the standard reporting template, a hospital should see he was seen in an Outpatient Mental Health Hospital Clinic (Rev code 918). The second row of data shows a different service date, however, September 25<sup>th</sup>, 2020. In this row, the HCPCS code is G8431 which indicates the man screened positive for depression 6 days prior to his encounter date and had an appropriate follow-up. The DEPS\_T1 code is "05" indicating this sample Individual #2 was screened with the Major Depression Inventory (MDI) tool. The MDI does not have an associated LOINC code, and thus there is no LOINC code in this individual's record.

The DEPS\_O1 variable is "01" demonstrating that sample patient #2 screened positive. This can be verified this using the DEPS\_S1 variable which shows this individual's raw score on the MDI. Finally, the Department will look to the DEPS\_I1 variable to see that this individual has an associated follow-up.

Sample Individual #2: Denominator (Slide 26):

First, for the purposes of this example, the Department assumes this individual is attributed to your hospital, has 90 days of continuous enrollment in Medicaid and meets the age criteria. Sample Individual #2 has an eligible encounter as shown by revenue code 918 which is an acceptable code in Table BH07\_Nondx. Next, a hospital should check if this individual has any exclusionary codes associated with their record. This individual does not have any of the exclusion codes listed in Table BH07\_02, Table BH07\_02b or Table BH07\_02c.

Sample Individual #2: Numerator (Slide 27):

Now a hospital must determine if Sample Individual #2 will be counted in the numerator. First, a hospital should see if the individual was screened or if there is a documented exception in their record. Sample Individual #2 was screened. The score of Sample Individual #2 indicates that they were positive for depression and the HCPCS code in their record as well as the "03" code in the DEPS\_I1 variable shows a follow-up plan was present. Specifically, the follow-up plan for this individual was referral to a practitioner who is qualified to diagnose and treat depression, which is the appropriate course of action for this individual as determined by a number of factors.

Performance has been met for this individual because they were screened and were connected to the appropriate follow-up service provider.

Sample Individual #3 (Slide 28):

Sample individual number 3.



Sample Individual #3: Profile (Slide 29):

The third and final example is a 61-year-old male with an encounter and screening date on August 20<sup>th</sup>, 2020, as shown by the M\_DOB variable and the SVC\_DT variable. He had an Emergency Department (ED) visit. (Rev code 450) and was subsequently screened for depression. Sample Individual #3 has an associated HCPCS code G8433 which indicates he was not screened for depression, but a reason was given as to why this individual was not screened.

Using the standard reporting template record for this individual, a hospital should see the individual has a documented exception based on “X” result in the M\_ELEMENT column. Hospitals are able to denote exceptions using this response for individuals who were not screened and cannot be excluded from the measure. The Department recognizes that there are situations in which a depression screening would delay treatment or cases in which an individual functional capacity or motivation may impact the accuracy of results (delirium or court appointed cases) and thus is giving participating hospitals the opportunity to provide a reason why there may be an exception made for these individuals. If approved, exceptions will be removed from denominator and numerator of this measure.

Sample Individual #3: Denominator (Slide 30):

Assume this individual is attributed to your hospital, has 90 days of continuous enrollment in Medicaid during the MY and meets the age criteria. Sample Individual #3 has an eligible encounter as shown by revenue code 450 which is an acceptable code in Table BH07\_Nondx. Next, a hospital should check Sample Individual #3's encounter date to see if it meets continuous enrollment criteria. The encounter date for this individual is on or before October 2<sup>nd</sup> of the measurement year. Finally, a hospital should check if this individual has any exclusionary codes associated with their record related to hospice, AMHR or a prior diagnosis. This individual does not have any of the exclusion codes listed in Table BH07\_02, Table BH07\_02b or Table BH07\_02c.

Sample Individual #3: Numerator (Slide 31):

Now a hospital must determine if Sample Individual #3 will be counted in the numerator. First, a hospital should see if the individual was screened or if there is a documented exception in their record. In this example, it is already known that Sample Patient #3 was not screened due to the HCPCS code G8433 but that an exception was documented. The third row of data showed CPT code 92950, which is the code for Cardiopulmonary Resuscitation. This means the individual was likely in cardiac arrest when they were received in the emergency room. Administering a depression screening to this patient would delay treatment, and thus this situation would likely result in an exception.

Exceptions are determined on a case-by-case basis and are approved at the sole discretion of the Department.

How to Calculate Performance (Slide 32):

The Department hopes the previous sample patient profiles helped increase understanding in the data elements necessary to determine whether an individual meets the measure criteria. Now, the Department will calculate the hospital's overall performance based on a cohort of 30 individuals who fall into the eligible population and numerator compliant population. This calculation example is not connected to the patient profiles presented on previous slides.



#### Calculating Performance: Subgroups (Slide 33):

Here is a sample population of individuals divided into subgroups. There are 30 individuals in the starting population who were part of the hospital's attributed Behavioral Health population. There are 11 individuals within this population with known exclusions. There are 5 individuals who had a positive depression screen with follow-up plan, 7 individuals with a negative depression screen, 3 individuals with documented exceptions to being screened, 4 individuals with no depression screen performed and no documented exception, and 0 individuals with a positive depression screen and no follow-up plan.

#### Calculating Performance: Denominator (Slide 34):

The eligible population for BH7 is the Denominator. To find the value of the denominator, a hospital should subtract the exclusions from the starting attributed population. So, in the sample population, 30 individuals minus 11 individuals with exclusionary codes is 19 individuals in the eligible population.

#### Calculating Performance: Numerator (Slide 35):

The numerator compliant population for BH7 becomes the numerator. To find the value of the numerator, a hospital should add the individuals with a positive depression screen and follow-up plan to the individuals with a negative depression screen. These subgroups appear here in the green cells. So, in the sample population, 5 individuals plus 7 individuals results in 12 individuals in the numerator compliant population.

Please note that there are also individuals in this example with the documented exceptions listed. This subgroup is separate from the denominator but will be excluded from both the numerator and the denominator. The next slide will show this in more detail.

#### Calculating Performance: Percentage (Slide 36):

After a hospital has identified the eligible population and the numerator compliant population, it can calculate its performance on BH7 as a percentage. After subtracting the exceptions from the eligible population, a hospital would be left with 15 individuals. 12 individuals who are numerator compliant divided by 15 individuals who are in our eligible population multiplied by 100 equals 80% compliant. The statewide benchmark is 80%, so this hospital would be at this marker.

#### More Information (Slide 37):

This concludes the Department's measure specification webinar for Measure BH7. Thank you for listening and please reach out by email at [QIP-NJ@pcgus.com](mailto:QIP-NJ@pcgus.com) if you have additional questions about this measure.