



STATE OF NEW JERSEY

DEPARTMENT OF HEALTH

# M3: Maternal Depression Screening (PDS-E)

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

# Agenda

- Acronyms Used in this Presentation
- Presentation Information
- M3 Overview
- M3 Flowchart
- Standard Reporting Template
- Understanding Measure Criteria
- Examples with Sample Data
- How to Calculate Performance
- Conclusion

# Acronyms Used in this Presentation

Acronym	Definition
BDI	Beck Depression Inventory
CPT	Current Procedure Terminology
DOB	Date of Birth
EHR	Electronic Health Record
HCPCS	Healthcare Common Procedure Coding System
M3	Maternal Depression Screening (PDS-E)
MMC	Medicaid Managed Care
MY	Measurement Year
LOINC	Logical Observation Identifiers Names and Codes
PDS-E	Postpartum Depression Screening
QIP-NJ	Quality Improvement Program – New Jersey
SNOMED CT US Edition	Systematized Nomenclature of Medicine – Clinical Terms
VSC	Value Set Compendium

# Presentation Information

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

- Define the numerator & denominator criteria for M3;
- State exclusion criteria for M3;
- Identify value sets used to define M3 measure criteria;
- Calculate performance for a sample set of data.

**Reference Materials:** Viewers are advised to reference the following program 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 Measurement Specifications and Submission Guidelines for the most accurate description of each measure's criteria.

# M3 Overview

## Measure Description

M3 measures the percentage of women who had a screening for maternal depression at least once between delivery (index date) and prior to discharge.

Refer to the Databook document for:

- Statewide Benchmark
- Measure Steward & Version



### Measure M3: Maternal Depression Screening (PDS-E)

Measure Description:

The percentage of women who had a screening for maternal depression at least once between delivery (index date) and prior to discharge.

Data Source:

**Chart / EHR**

NQF #:

**Based on 1401**

Measure Steward:

**NCQA**

Measure Steward Version:

**HEDIS® MY 2020 & MY 2021 (ECDS)  
July 31, 2014**

Statewide Benchmark:

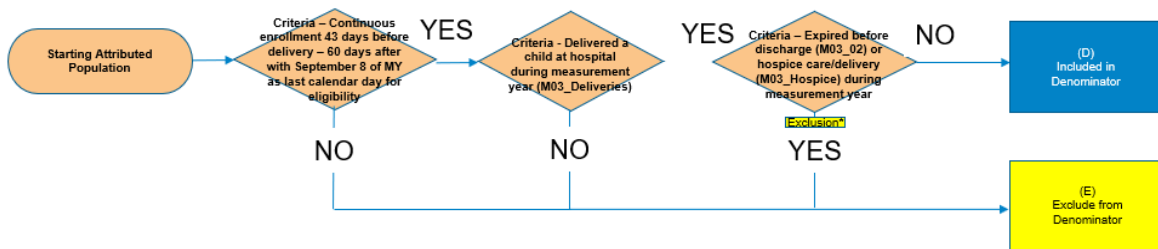
**90%**

# M3 Flowchart

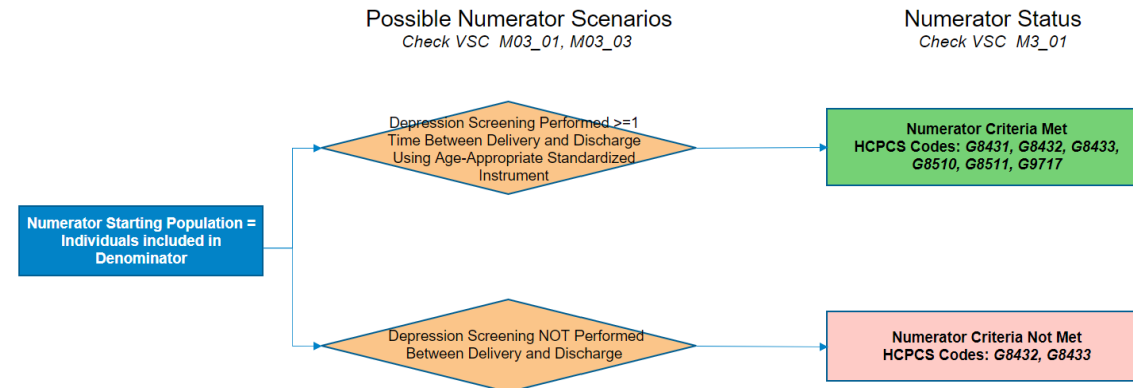
# M3 Flowchart Overview

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

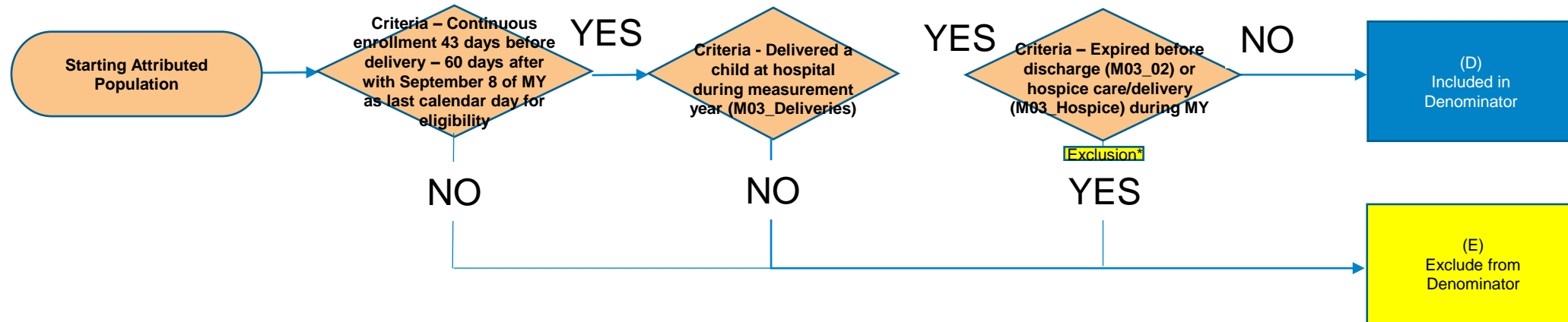


## Numerator Workflow



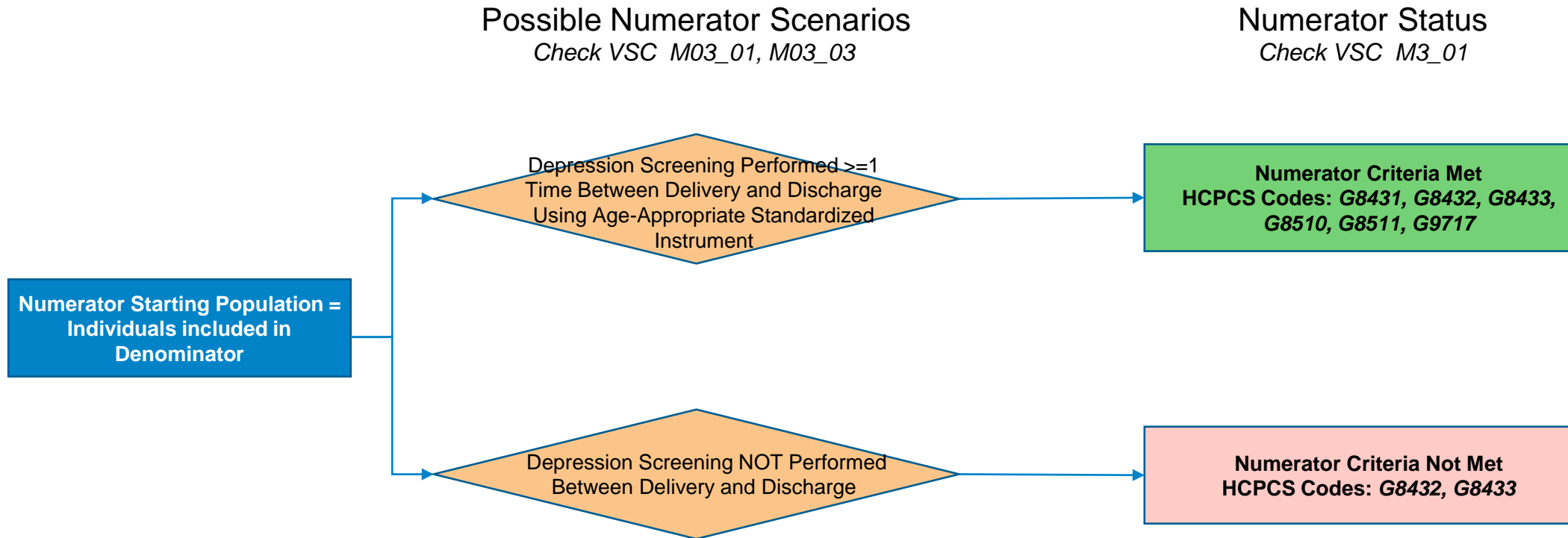
# M3 Flowchart Part 1: Denominator

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





# M3 Flowchart Part 2: Numerator



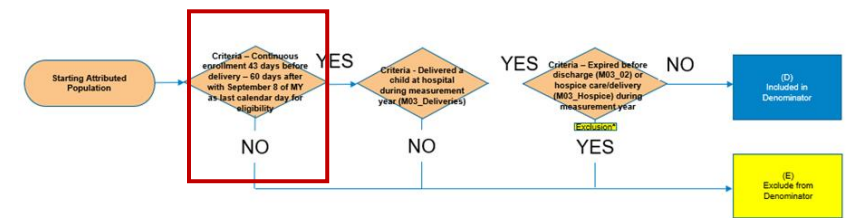
# Standard Reporting Template

# Key Variables

Member data elements - required metadata of each file	
<b>M_DOB</b>	Date of member's birth
<b>M_ELEMT</b>	Data element component
Date and time data elements	
<b>SVC_DT</b>	Service date
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
Measure-specific data elements (Use attribution roster to query the chart/EHR)	
<b>DEPS_T2</b>	Depression screening tool name (M03)
<b>DEPS_O2</b>	Result of Screening (M03)
<b>DEPS_S2</b>	Screening Score: will be internally validated against finding of DEPS_O2 (M03)
<b>DEPS_I2</b>	Follow Up Plan (M03)

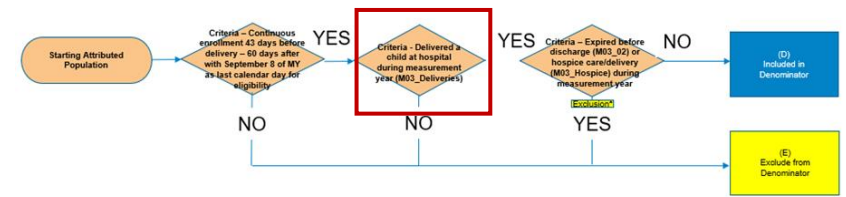
# Understanding Measure Criteria

# M3: Continuous Eligibility Criteria



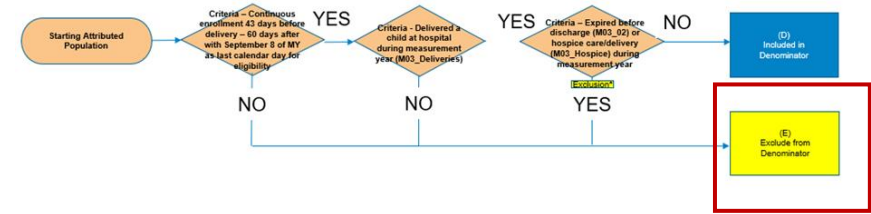
Criteria	Data Elements	Value Set Reference	Variable(s)
Individual must be continuously enrolled in MMC for at least 43 days prior to delivery through 60 days after delivery	<ul style="list-style-type: none"> <li>Medicaid Enrollment</li> </ul>	N/A	N/A
Individual must be enrolled on or before September 8th of the MY	<ul style="list-style-type: none"> <li>Specific to EHR system</li> </ul>	N/A	N/A

# M3: Denominator Criteria



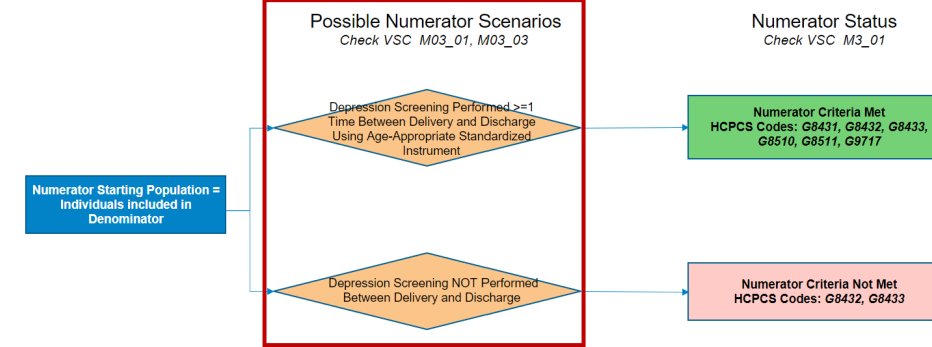
Criteria	Data Elements	Value Set Reference	Variable(s)
Individual is in the defined QIP-NJ Maternal Health Population who delivered at the hospital during the MY	<ul style="list-style-type: none"> <li>Delivery Classification</li> </ul>	M03_Deliveries	RES_VAL, CODE_VAL

# M3: Exclusion Criteria



Criteria	Data Elements	Value Set Reference	Variable(s)
Individual was transferred to another facility before or after delivery	<ul style="list-style-type: none"> <li>Exclusionary discharge code</li> </ul>	Table M03_02	M_ELEMT, RES_VAL, CODE_VAL
Individual expired prior to discharge	<ul style="list-style-type: none"> <li>Exclusionary diagnosis code</li> </ul>	Table M03_02	M_ELEMT, RES_VAL, CODE_VAL
Individual delivered in hospice or used hospice during the MY	<ul style="list-style-type: none"> <li>Exclusionary diagnosis code</li> </ul>	Table M03_Hospice	M_ELEMT, RES_VAL, CODE_VAL

# M3: Numerator Criteria



Criteria	Data Elements	Value Set Reference	Variable(s)
Individual who had a documented result of a maternal depression screening using an age-appropriate standardized instrument at least once between delivery and prior to discharge by any licensed practitioner	<ul style="list-style-type: none"> <li>Depression Screen documented</li> <li>Depression Screen Date</li> <li>Eligible Encounter Date</li> <li>Validated tool used and associated score</li> </ul>	Table M03_01 Table M03_03	M_ELEMT, DEPS_T2, DEPS_O2, DEPS_S2, DEPS_I2



# Examples with Sample Data

# Sample Individual #1

# Sample Individual #1: Profile

- Gender: Female
- Age: 29
- Encounter Date: September 16<sup>th</sup>, 2020
- Screening Date: September 16<sup>th</sup>, 2020
- CPT Code: 59400
- HCPCS Code: G8431
- Screening Tool: Beck Depression Inventory [BDI]
  - Score: 3 - positive, follow-up scheduled with a practitioner

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	RES_VAL	CODE_VAL	DEPS_T2	DEPS_O2	DEPS_S2	DEPS_I2
M003	0	4136900	8/8/1991	F	0	D	9/16/2020	C	59400				
M003	0	4136900	8/8/1991	F	0	N	9/16/2020	H	G8431		01		03
M003	0	4136900	8/8/1991	F	0	N	9/16/2020	L	89211-7	01		30	

# Sample Individual #1: Denominator

1. First, DOH acknowledges the assumption that this individual has been attributed to your hospital and meets the continuous eligibility requirements for the measure.
2. Next, check whether the individual delivered at the hospital during the MY (Table M03\_Deliveries).
  - ✓ Yes, this individual's CPT Code is 59400 which means they had routine obstetric care including antepartum care, and vaginal delivery (with or without episiotomy, and/or forceps). Thus, this individual can be included in the denominator.
3. Lastly, check if this individual delivered under hospice care or received hospice care during the MY (M03\_Hospice) or if they had an exclusionary discharge code (M03\_02).
  - ✓ This individual was not transferred to another facility before or after delivery, does not have an exclusionary discharge code (M03\_02), or a hospice code (M03\_Hospice), thus they are included in the denominator.

Include in Denominator

# Sample Individual #1: Numerator

1. To determine if the performance was met from the eligible population, determine if the individual had a documented result of a maternal depression screening (Table M03\_01) using an age-appropriate standardized instrument (M03\_03).
  - ✓ The individual's HCPCS code to document depression screen is G8431, meaning that the screening for clinical depression has been documented as positive and a follow up plan has been documented. The LOINC code for depression screening was 89211-7 which denotes the Beck Depression Inventory (BDI or BDI-II) screening tool.

Performance Met

# Sample Individual #2

# Sample Individual #2: Profile

- Gender: Female
- Age: 33
- Encounter Date: September 25th, 2020
- Screening Date: September 25th, 2020
- SNOMED Code: 25296001
- HCPCS Code: G8432

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	RES_VAL	CODE_VAL	DEPS_T2	DEPS_O2	DEPS_S2	DEPS_I2
M003	0	4136900	2/14/1987	F	0	D	10/15/2020	S	25296001				
M003	0	4136900	2/14/1987	F	0	D	10/15/2020	H	G8432	00	00		0

# Sample Individual #2: Denominator

1. First, DOH acknowledges the assumption that this individual has been attributed to your hospital and meets continuous eligibility requirements.
2. Next, confirm that this individual delivered at the hospital during the MY (Table M03\_Deliveries).
  - ✓ This individual's SNOMED code is 25296001 which is a delivery by Scanzoni maneuver (procedure) and is included in Table M03\_Deliveries.
3. Lastly, check if this individual delivered under hospice care or received hospice care during the MY (M03\_Hospice) or if they had an exclusionary discharge code (M03\_02).
  - ✓ This individual was not transferred to another facility before or after delivery, does not have an exclusionary discharge code (M03\_02), or a hospice code (M03\_Hospice), thus they are included in the denominator.

Include in Denominator



# Sample Individual #2: Numerator

1. To determine if the performance was met from the attributed population, determine if the individual had a documented result of a maternal depression screening (Table M03\_01) using an age-appropriate standardized instrument (M03\_03).
  - × The individual's HCPCS code to document depression screen is G8432, meaning that the screening for clinical depression was not documented, and a reason was not given. This means that the performance requirements were not met.

Performance Not Met

# Sample Individual #3

# Sample Individual #3: Profile

- Gender: Female
- Age: 41
- Encounter Date: October 15th, 2020
- Screening Date: N/A
- CPT Code: 59514
- Discharge Status Code: 64

M_ID	M_YR	HOSP_ID	M_DOB	M_GENDER	M_SAMP	M_ELEMT	SVC_DT	RES_VAL	CODE_VAL	DEPS_T2	DEPS_O2	DEPS_S2	DEPS_I2
M003	0	4136900	2/14/1979	F	0	D	9/25/2020	C	59514				
M003	0	4136900	2/14/1979	F	0	E	9/25/2020	D	64				

# Sample Individual #3: Denominator

1. First, DOH acknowledges the assumption that this individual has been attributed to our hospital and meets continuous enrollment criteria.
2. Next, confirm that this individual delivered at the hospital during the MY (Table M03\_Deliveries).
  - ✓ This individual has a CPT code of 59514 which indicates they had a Cesarean delivery which is included in the Table M03\_Deliveries.
3. Lastly, check if this individual delivered under hospice care or received hospice care during the MY (M03\_Hospice) or if they had an exclusionary discharge code (M03\_02).
  - ✓ This individual has a discharge code of 64, which indicates that they were discharged or transferred to a nursing facility that is certified under Medicaid but not Medicare (eff.10/2002). As this discharge code is found in Table M03\_02, it counts as an exclusion from the denominator.

(E)  
Exclude from  
Denominator

# How to Calculate Performance

# Calculating Performance: Subgroups

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

Subgroup Criteria	Subgroup Counts
Starting Population (Attributed)	30
Exclusions	5
Individual Has Document Result of a Maternal Depression Screen Using an Age-Appropriate Standardized Instrument At Least Once Between Delivery and Discharge	22
Individual Does NOT Have a Documented Result of a Maternal Depression Screen Using an Age-Appropriate Standardized Instrument At Least Once Between Delivery and Discharge	3

# Calculating Performance: Denominator

- First, calculate the **eligible population** for M3 from the starting attributed population.
- **Eligible population (M3)**: Of attributed individuals, all live births of women in the defined QIP-NJ Maternal Health Population who delivered at the hospital during the MY.

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

Subgroup Criteria	Subgroup Count
Starting Population (Attributed)	30
Exclusions	5
Eligible Population (Denominator)	25

# Calculating Performance: Numerator

- Next, calculate the **numerator compliant individual population** from the eligible population.
- **Measure Compliant Individual Population (M3):** Individuals in the eligible population having a document result of a maternal depression screening using an age-appropriate standardized instrument at least once between delivery and prior to discharge by any licensed practitioner.

**Individuals with a recorded result of a maternal depression screening using an age-appropriate standardized instrument at least once between delivery and discharge = Measure Compliant Individual Population**

Subgroup Criteria	Subgroup Counts
Individual Has Document Result of a Maternal Depression Screen Using an Age-Appropriate Standardized Instrument At Least Once Between Delivery and Discharge	22
<b>Measure Compliant Individual Population</b>	22



# Calculating Performance: Percentage

- Finally, derive the proportion of the eligible population that is measure compliant. This value is the hospital's performance on the measure.

**$(\text{Measure Compliant Individual Population} / \text{Eligible Population}) * 100 = \text{Individual Hospital Performance}$**

Subgroup Criteria	Subgroup Count
Measure Compliant Individual Population	22
Eligible Population	25
Individual Hospital Performance	88%

# Conclusion

# 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/resources.html>.

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