NC InCK Alternative Payment Model (APM) Data Companion Guide for Providers:

Screening for Clinical Depression and Follow-Up Plan

Measure at a Glance[1]

Measure Name	Screening for Clinical Depression and Follow-Up Plan
Measure Abbreviation	CDF-CH-INCK
Measure Type	Process
Data Source	Claims Data; Health Information Exchange data
Measure Description	% of InCK-attributed children ages 12 to 17 years with a screen for depression documented on the date of the encounter AND, if positive, a follow-up plan is documented on the date of the eligible encounter.
Numerator	Patient screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter AND, if positive, a follow-up plan is documented on the date of the eligible encounter.
Denominator	All children ages 12 to 17 at the beginning of the measurement period with at least one eligible encounter during the measurement period.[2]

Note: [1]The NC InCK AOM uses an alternative measure specification that combines data from NC HealthConnex with claims/encounter data. This measure's specification is based on CMS's 2023 eCQM version (CMS2v12) of the Screening for Clinical Depression and Follow-Up (CDF) measure and also incorporates codes from the 2023 CMS Medicaid Child Core Set specifications.

[2]Children are excluded if there is an active diagnosis of depression or bipolar disorder prior to any encounter during the measurement period. Children with a documented reason for not screening for depression are also excluded.

An eligible encounter for the measure includes all encounters indicated by one of the CPT or HCPCS codes that are included in the CMS Core Child Set specifications, OR any encounter that is indicated as "outpatient" in the NC HealthConnex data. Providers are expected to document the follow-up plan on the date of the qualifying encounter or up to two calendar days after. However, for the purposes of this measure, the event date (date of referral/order) will be used to link the follow-up plan to the qualifying encounter, rather than the date of documentation.

Providers must use an age-appropriate, standardized, and validated depression screening tool for inclusion in the numerator of this measure. Providers have discretion to determine what is considered a negative or positive screening result, for the PHQ-9 a score of >9 is generally determined to be positive.

The documentable reasons for not screening for depression are:

- Patient refuses to participate.
- Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status.

- Situations where the patient's cognitive, functional, or motivational limitations may impact the accuracy of results.

A provider can document a reason for not screening or an exception to the measure using non-reimbursable G codes G8940 or G8433 or the appropriate data supplied to NC HealthConnex.

Screening for Clinical Depression: Clinical and Public Health Significance

Depression can cause significant negative outcomes, making early detection through screening important. For children, these negative outcomes can appear as poor performance in school, difficulty with interpersonal relationships, and may even lead to engagement in substance abuse or suicidal behavior.

Why does this measure matter to NC InCK?

Primary care providers are often the first line in diagnosis and treatment of depression. Patient outcomes are more likely to improve when there is collaboration between a primary care provider, case manager, and mental health provider to screen for depression symptoms, monitor symptoms, provide treatment, and refer to specialty care as needed. Addressing depression within the primary care setting is also in line with the NC InCK model of holistic care to improve health and wellbeing.

How will this data be measured?

The data for these measures are captured using a combination of billing data, and Health Information Exchange data. The measure specification for the NC InCK APM CDF-CH-INCK measure is a slight adaption from the standard CMS Core Child Set measure in order to incorporate information from electronic health records that providers are already submitting to NC HealthConnex, the statewide health information exchange.

Although there are a number of acceptable codes that can be billed for this measure, providers can ensure that depression screening and follow-up for their NC InCK population are captured in the numerator of this measure by using non-reimbursable G codes G8431 and G8510. Alternatively, practices can work with their IT teams to ensure that EHR data related to this measure is being appropriately shared with NC HealthConnex.

What data will I be receiving on this measure for the NC InCK APM?

In Fall 2023, Prepaid Health Plans (PHPs), Clinically Integrated Networks (CINs), and Advanced Medical Homes (AMHs) will receive data on this measure for calendar year 2022. CINs will be expected to share member-level data with AMHs. In future years, data from the performance year will be provided on an annual basis in the fall following the performance year. These first reports are shared for awareness and will not be tied to quality payments until performance year 2023.

Your CIN will receive member-level information, generated by NC Medicaid, indicating whether each NC InCK member had a documented depression screen and follow up action according to the measure specifications. CINs will calculate the percentage of the AMH's population that fell into the numerator of the measure. Payment will be based on an AMHs' performance, pooled across PHPs. CINs will distribute member-level information and quality performance rates to each AMH. The member-level information will also include numerator and denominator indicators, demographic information, and billing provider

information so that CINs and practices can use the data as a tool to support further opportunities for action.

How should I interpret the data I receive?

The CDF-CH-INCK measure is a pilot measure NC Medicaid is using to test and refine the ability to incorporate data from NC HealthConnex, NC's state health information exchange, into quality measurement. Some of the data entered by providers through EHRs may be captured with varying degrees of success. NC Medicaid will continue to refine its approach to ensure that data documented through EHRs is captured appropriately in NC HealthConnex. Please speak with your practice administrator for more information on how your practice is sharing data with NC HealthConnex.

There are many different coding combinations that a practice may use to document a depression screening, screening result, and follow-up. The custom CDF-CH-INCK measure is comprised of a unique set of proprietary codes including CPT,HCPCS, SNOMED CT®, ICD-10-CM, and LOINC® codes. Practices might have the license required to access to the code set associated with the CMS 2023 eCQM version (CMS2v12) of the CDF measure. Additionally, NC Medicaid can answer questions on a specific code's inclusion or exclusion as they arise.

How is this data linked to quality payments?

In order to earn incentive payments, an AMH must meet the following targets for the Screening for Clinical Depression & Follow-Up Plan measure. These targets were set by the NC InCK External APM Workgroup that included representatives from PHPs, CINs, NC Medicaid, physicians, and NC InCK staff. Please note that this measure will not be tied to quality payments until performance year 2023, with the data shared in 2024.

Tier 1 (50% Quality Payment)	Tier 2 (75% Quality Payment)	Tier 3 (100% Quality Payment)
Documented on 20% of panel	Documented on 40% of panel	Documented on 60% of panel

How can I improve my practice's performance on this measure?

The list below is a menu of options that have been used in different settings. Different interventions may work for different patient groups and different clinic settings.

Increase screening:

- Update EHRs to include prompts for screening
- Educate providers, care teams, patients, and families on the importance of screening

Develop a follow-up plan process that includes:

- Referral to a provider or program for further evaluation,
- Pharmacological intervention, or
- Additional treatment options such as psychotherapy

Improve documentation:

- Work with your billing team members to ensure that the non-reimbursable G codes are being submitted on Medicaid claims
- Consult with your IT team to make sure that EHR data is being shared with NC HealthConnex

Additional behavioral health resources for primary care providers

Some patients may have difficulty finding a behavioral health provider or may not be able to begin treatment as soon as necessary. Primary care providers that would like more tools to help patients with behavioral health issues might consider the following resources:

- The North Carolina Psychiatry Access Line (NC-PAL) – Providers can call the hotline to receive guidance and support from a child psychiatrist.
- NC DHHS also provides two continuing education trainings so providers can increase their behavioral health knowledge:
    - REACH (Resource for Advancing Children's Health) Institute's Pediatric Primary Care Mini-Fellowship Program (PPP)
    - Behavioral Expansion in Pediatric Residency Training (Be ExPeRT)