Bridges to Excellence®
Depression Care Recognition
Program Guide

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INTRODUCTION

Altarum is excited to offer the opportunity for clinicians to participate in the Bridges to Excellence (BTE) recognition program and its automated EMR/Registry performance assessment system. The BTE EMR/Registry performance assessment system allows for rapid and independent medical record-based clinician performance evaluations by connecting local and national medical record data sources to Altarum. Altarum's goals are to: reduce the reporting burden for clinicians; leverage existing reporting/data aggregation initiatives; reduce data collection and reporting costs; facilitate the connection between quality improvement and incentives; and speed up cycle times between reporting, improvement and reporting. Clinicians who meet BTE performance thresholds may be eligible for BTE incentives through participating health plans, employers and coalitions.

The Depression Care Recognition Program is a BTE Clinician Recognition Program intended to identify clinicians who deliver high-value care to adult patients with depression. The program is designed with an understanding that adult patients may seek the care of various types of practitioners— primary care (PCPs), psychiatrists, and others—for treatment and management of their depression. Accordingly, the measures reflect that clinicians should do the following.

- Deliver high-quality care from the outset of patient contact
- Understand and consider previous treatment history to help avoid inappropriate treatment

The program comprises a set of measures, based on available clinical evidence, that promote a model of care that includes the following criteria.

- Comprehensive patient assessment and reassessment
- Patient education
- Shared decision making

BTE's Depression Care requirements assess clinical measures representing standards of care for patients with depression. Altarum believes that the BTE Depression Care Recognition program has the potential to significantly improve the quality of care experienced by patients with depression and to reduce the financial and human burden of unnecessary hospitalizations and complications.

To earn Depression Care Recognition, clinicians and medical practices voluntarily submit medical record data documenting their delivery of care to patients with depression. Altarum evaluates clinician data based on standard measures to publicly recognize those that meet the BTE Depression Care performance thresholds. Those clinicians not meeting the BTE Depression Care performance thresholds remain anonymous to health plan licensees. BTE's Depression Care program has three performance thresholds, which give physicians star ratings, based on their performance compared to their peers.

Clinician Benefits of Recognition

- Clinicians can demonstrate to the public and to their professional peers that they meet the standards of care assessed by the program by issuing a press release, as well as having their recognition achievements posted on Altarum's BTE web site www.bridgestoexcellence.org, and communicated to both health plans and employers.
- Clinicians may use the BTE Recognition to demonstrate that they meet the standards of care assessed by the program when contracting with health organizations and purchasers of health services.
- Clinicians can identify areas of their practice that vary from the performance criteria and take steps to improve quality of care.
- Where applicable, clinicians can establish eligibility for pay-for-performance bonuses or differential reimbursement or other incentives from payers and health plans.

Background on the Measurement Criteria

Eligible clinicians and medical practices voluntarily apply for BTE Recognition by submitting information on how they treat and manage their patients with regard to the following.

Clinical Measures[1]

1. PHQ-2 Screening
2. PHQ-9 Screening
3. PHQ-Adolescent Screening
4. Positive Depression Screening Follow Up
5. PHQ-9 Screening - 6 Month Follow Up
6. Continuous Antidepressant Treatment- if prescribed and effective
7. Substance Use Screening
8. Documentation of Substance Use Intervention/Counseling - if user
9. Documentation of Physical Activity Counseling
10. Collaborative Care Model Participation

Clinicians who demonstrate high-quality performance based on these measures are awarded BTE Depression Care Recognition.

[1] *Clinical measures evaluate performance based on care provided to a sample of individual patients and documented in the medical records of those patients. Clinical measures are scored based on the percentage of the sample (denominator) which meet or comply (numerator) with the measure threshold.*

Recognition Program Structure

Given the evidence in the literature advocating the creation of clinician quality reward programs that promote continuous quality improvement amongst its participants, the BTE Depression Care Recognition Program is designed for clinicians to achieve BTE award status based on their performance summed up across all measures.

Assessment for recognition in all 3 tiers is based upon data submitted on the same Depression measures (listed above).

Three Stars: Similar in design to Level I with the exception that the program recognition threshold is set to focus on a clinician-centric view of measurement, looking at individual metrics summed to produce a composite score. Program recognition threshold has been set to focus on above average performance.

Four Stars: Similar in design to Level II with the exception that the program recognition threshold is set to focus on very good performance.

Five Stars: Similar in design to Level III with the exception that the program recognition threshold is set to focus on exceptional performance.

What Recognition Requires

To seek BTE Depression Care Recognition, clinician applicants must submit medical record data that demonstrates they meet BTE's Depression Care performance requirements. Each measure has an assigned maximum available point value; the total of all the measures is the same across all stages of recognition. A clinician achieves points for a measure based on the percentage of their patient sample that meets or exceeds the set thresholds for that measure.

Bridges to Excellence (BTE) awards recognition to clinicians who achieve at minimum:

3-Stars:	50^{th} - 64^{th} percentile
4-stars:	65^{th} - 84^{th} percentile
5-stars:	85^{th} percentile and above

Recognition is based on clinician performance relative to their peers. The Star Ratings are determined by overall point score and is graded on a validated bell curve. The Raw Score equivalents will be published on an annual basis.

Table 1: Depression Care Measures, Performance Criteria and Scoring

Measure	Total Possible Points	Level of Evidence	Source
PHQ-2 Screening	20	USPSTF	B
PHQ-9 Screening	10	USPSTF	B
PHQ-Adolescent Screening	10	USPSTF	B
Positive Depression Screening Follow Up	15	APA	1
PHQ-9 Screening - 6 Month Follow Up	5	HEDIS	NONE
Continuous Antidepressant Treatment- if prescribed and effective	10	APA/NICE	1
Substance Use Screening	5		E
Documentation of Substance Use Intervention/Counseling - if user	5		E
Documentation of Physical Activity Counseling	10	Cochrane	2
Collaborative Care Model Participation	10	USPSTF	B
Total Possible Points	100		

USPSTF=United States Preventive Services Task Force
APA=American Psychiatric Association
Cochrane
NICE=National Institute for Clinical Excellence
HEDIS=Healthcare Effectiveness Data and Information Set

Eligibility for Clinician Participation

Clinicians may apply for BTE Depression Care Recognition as individuals or part of a medical practice. To be eligible, applicants must meet the following criteria.

- Applicants must be licensed as a medical doctor (M.D. or D.O.), nurse practitioner (N.P.), or physician assistant (P.A.).
- Applicants must provide continuing care for patients with depression and must be able to meet the minimum patient sample sizes.
- Applicants must complete all application materials and agree to the terms of the program by executing a data use agreement and authorization with a data aggregator partner.
- Applicants must submit the required data documenting their delivery of care for all eligible patients in their full patient panel.
- Applicants must use BTE supplied or approved methods for submitting data electronically.

Individual Clinician Applicant

An individual clinician applicant represents one licensed clinician practicing in any setting who provides continuing care for patients with depression.

Medical Practice Applicant

A medical practice applicant represents any practice with three or more licensed clinicians who, by formal arrangement, share responsibility for a common panel of patients and practice at the same site, defined as a physical location or street address. For purposes of this assessment process practices of two clinicians or less must apply as individual applicants.

Minimum Requirements

To be eligible for recognition, clinicians must have a minimum of 25 patients for the denominator for individual clinician applicants, and a minimum of 10 patients for the denominator for each individual clinician in a practice level applicant, with a minimum practice average of 25 patients per clinician.

Table 1 shows the program measures and the associated point values for scoring clinicians' performance.

How to Submit for Recognition

All Bridges to Excellence (BTE) Recognition Programs must be submitted electronically or via direct data submission through the Bridges to Excellence (BTE) web portal or via an EMR Partner listed below.

EMR Partners

Altarum has worked with many EMR Vendors to streamline the process for users wishing to submit their data for BTE recognition. Contact information for EMR companies who have completed certification as a Data Aggregator can be found below:

Vendor	Contact Information
Athena Health	bte@athenahealth.com
eClinicalWorks	incentiveprograms@eclinicalworks.com
Meridios	info@meridios.com
MediTab	info@meditab.com

BTE Depression Care Recognition Clinical Measures

The following examples illustrate the format used for clinical measures.

Evaluation Program Title: Depression Care Recognition Program

Clinical Measures

Clinical measures are standard measures with a numerator and denominator that reflect performance across a sample of eligible patients based on medical record documentation.

The following items are listed for each clinical measure.

Description: A statement of what is being measured specifically.

Data Source: A list of the data sources accepted for the clinical measure.

Explanation: Additional information about the clinical measure.

Denominator: A description of a subset of the applicant's eligible patients (domain denominator) for whom a particular measure is relevant (measure denominator).

Numerator: A description of patients in the applicant's eligible patients (denominator) who meet the measure threshold or standard.

Frequency: Time frames associated with the numerator requirements.

Scoring: Performance rating (percentage of patients meeting or complying with the measure) translated to points total for the clinical measure.

Information on the Domain Denominator is consistent across all the clinical measures and is listed under "Patient Eligibility Criteria", beginning on page 25.

Depression Care Recognition Program Measurement Set

PHQ-2 Screening

Description: Percentage of patients 12 through 75 years of age who had a PHQ-2 assessment.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR) to identify eligible patients in the doctors practice for the denominator and medical record data for PHQ-2 information for the numerator.

Explanation: The United States Preventive Services Task Force (USPSTF) recommends screening adults and adolescents for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up. Therefore, it is important that an objective instrument be used to document the clinical validity of the depression diagnosis. Although there are many instruments that may be used to screen and diagnose depression, the PHQ-2 has been studied extensively in broad populations as a screening, diagnostic, and monitoring instrument with good validity. This measure determines the rate of use of the PHQ-2 tool for the clinician's population of patients.

Denominator: Patients 12-75 years of age. See "Patient Eligibility Criteria", beginning on page 25.

Numerator: Patients in that denominator who have documentation of a completed PHQ-2 assessment.

The patient is numerator compliant if they had a PHQ-2 administered during the first 12 months from the first day of the reporting period. The following codes may be used to identify depression screenings:

HCPCS: S3005
ICD9: V79.0
ICD10: Z13.89

The following are not acceptable forms of documentation of PHQ-2 assessment:

- Patient self-reporting

Frequency: Earliest assessment over the first 12 months from the first day of the reporting period.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: USPSTF, LOE: B

PHQ-9 Screening

Description: Percentage of patients aged 18 through 75 years who screened positive on PHQ-2 had a PHQ-9 administered.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical records data (paper-based or EHR). This measure requires medical records data for PHQ-2 information for the denominator and for PHQ-9 information for the numerator.

Explanation: The United States Preventive Services Task Force (USPSTF) recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up. The PHQ-9 is a validated method of screening for major depressive disorder.

Denominator: Patients 18-75 years of age with a positive PHQ-2 assessment (score > 3) during the first 12 months from the first day of the reporting period. "Patient Eligibility Criteria", beginning on page 25, for information on codes to identify patients with depression see Table 3, page 26 for codes to identify patients with major depression or dysthymia, and Table 4, page 26 for the "Exclusion List".

Numerator: Patients in the denominator and have documentation of a completed PHQ-9 assessment.

The patient is numerator compliant if he or she had a PHQ-9 assessment during the reporting period.

The following are *not* acceptable forms of documentation of PHQ-9 assessment:

- Patient self-reporting

Frequency: Earliest assessment over the first 12 months from the first day of the reporting period.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: USPSTF, LOE: B

PHQ-Adolescent Screening

Description: Percentage of adolescent patients 12 through 17 years of age who screened positive on PHQ-2 had a PHQ-Adolescent administered.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for PHQ-2 information for the denominator and for PHQ-Adolescent information for the numerator.

Explanation: The United States Preventive Services Task Force (USPSTF) recommends screening adolescents for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up. The PHQ-Adolescent has been validated as a diagnostic instrument for quantifiable assessment in the diagnosis of depression.

Denominator: Patients aged 12-17 years with a positive PHQ-2 assessment (score > 3) during the first 12 months from the first day of the reporting period. "Patient Eligibility Criteria", beginning on page 25, for information on codes to identify patients with depression see Table 3, page 26 for codes to identify patients with major depression or dysthymia, and Table 4, page 26 for the "Exclusion List".

Numerator: Patients in the denominator and have documentation of a completed PHQ-Adolescent assessment.

The patient is numerator compliant if he or she had a PHQ-Adolescent assessment during the reporting period.

The following are *not* acceptable forms of documentation of PHQ-Adolescent assessment:

- Patient self-reporting

Frequency: Earliest assessment over the first 12 months from the first day of the reporting period.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: USPSTF, LOE: B

Positive Depression Screening Follow Up

Description: Percentage of patients 12 through 75 years of age who screened positive for depression were offered Cognitive Behavioral Therapy (CBT), referred to a psychiatrist or started on anti-depressants or psychotherapy

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires medical record data for identification of patients who tested positive for depression on PHQ-9 / Adolescent screen, for the denominator, and claims / encounter data or medical record data for identification of referral or therapy services, for the numerator.

Explanation: Because depression is treatable, the American Psychiatry Association recommends immediate treatment for depression. CBT, psychotherapy, antidepressants, and referral to psychiatry are all appropriate methods for managing depression.

Denominator: Patients aged 18-75 years with documentation of an index PHQ-9 score ≥ 10; or aged 12-17 years with documentation of index PHQ-Adolescent score ≥ 10 or its equivalent using a Modified score, during the first 12 months from the first day of the reporting period. "Patient Eligibility Criteria", beginning on page 25, for information on codes to identify patients with depression see Table 3, page 26 for codes to identify patients with major depression or dysthymia, and Table 4, page 26 for the "Exclusion List".

Numerator: Patients in the denominator who were offered CBT, referred to a psychiatrist or started on anti-depressants or psychotherapy within 30 days from the date of PHQ-9 / PHQ-Adolescent administration

The patient is numerator compliant if he or she was offered CBT, referred to a psychiatrist or started on anti-depressants or psychotherapy. The following codes may be used to identify Psychotherapy and Prescribed Antidepressants:

Psychotherapy
CPT: 90832, 90833, 90834,90836, 90837, 90838, 4060F, 4062F
ICD-10-PCS:GZ50ZZZ, GZ51ZZZ, GZ52ZZZ, GZ53ZZZ, GZ4ZZZ, GZ55ZZZ, GZ56ZZZ, GZ58ZZZ, GZ59ZZZ, GZ72ZZZ, GZHZZZ, HZ50ZZZ, HZ51ZZZ, HZ52ZZZ, HZ53ZZZ, HZ54ZZZ, HZ55ZZZ, HZ56ZZZ, HZ57ZZZ, HZ58ZZZ, HZ59ZZZ, HZ5BZZZ, HZ5CZZZ, HZ5DZZZ

Antidepressant Pharmacotherapy Prescribed
CPT: 4064F

The following are *not* acceptable forms of documentation:

- Patient self-reporting

Frequency: Referral for treatment or actual treatment started within 30 days from the date of PHQ-9 / PHQ-Adolescent administration

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: APA, LOE:1

PHQ-9 Screening - 6 Month Follow Up

Description: Percentage of patients 12 through 75 years of age with a diagnosis of depression, who had a follow-up PHQ-9 screen done within 6 months of an intervention.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with depression or dysthymia for the denominator, and medical record data for information for the numerator.

Explanation: Patients with depression should be managed longitudinally. Therefore, following an intervention, the patient should have a follow-up PHQ-9 within 6 months to monitor for improvement/remission, and/or recurrence.

Denominator: All patients age 12-75 with depression who are undergoing treatment with CBT, psychotherapy, antidepressants, and/or referral to psychiatrist) "Patient Eligibility Criteria", beginning on page 25, for information on codes to identify patients with depression see Table 3, page 26 for codes to identify patients with major depression or dysthymia, and Table 4, page 26 for the "Exclusion List".

Numerator: Patients in the denominator who had a PHQ-9 follow up assessment within 6 months of their initial intervention.

The following are *not* acceptable forms of documentation:

- Patient self-reporting

Frequency: Within 6 months following an intervention

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: HEDIS, LOE: NONE

The specifications for this measure are consistent with guidelines of the National Institute of Mental Health and the Centers for Mental Health Services.

American Academy of Child and Adolescent Psychiatry, American Psychiatric Association. Criteria for short-term treatment of acute psychiatric illness. 1997.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. Various pages.

Continuous Antidepressant Treatment- if prescribed and effective

Description: Percentage of patients 18 through 75 years of age who have diagnosis of depression and who have benefited from antidepressant medication and have remained on antidepressant medication for at least 4-9 months.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with depression or dysthymia for the denominator, and medical record data or drug claims data for information on use of antidepressant medications.

Explanation: According to the World Health Organization (2012), in adult individuals with depressive episode/disorders who have benefited from initial antidepressant treatment, the antidepressant treatment should not be stopped before 9 -12 months after recovery. Treatment should be regularly monitored, with special attention to treatment adherence. Frequency of contact should be determined by the adherence, severity and by local feasibility issues.

Denominator: Patients 18-75 years of age with a negative medication history, with a diagnosis of depression during the intake period and were treated with antidepressant medication that was considered effective. See "Patient Eligibility Criteria", beginning on page 25, for information on codes to identify patients with depression see Table 3, page 26 for codes to identify patients with major depression or dysthymia, and Table 4, page 26 for the "Exclusion List".

Numerator: Patients in the denominator whom had at minimum of 4-9 months of continuous treatment with antidepressant medication during the period following the index prescription start date (allowing for a 30-day potential gap). For a list of numerator compliant medications, see Tables 5- 9, starting on page 28 under "Relevant Medication Lists for Depression Care Measurement Set".

The following are *not* acceptable forms of documentation:

- Patient self-reporting

Frequency: At least 4-9 months of continuous treatment with antidepressant medication beginning on the Index Prescription Start Date. Continuous treatment allows gaps in medication treatment up to a total of 30 days during the evaluation period. Gaps can include either washout period gaps to change medication or treatment gaps to refill the same medication.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: APA/NICE, LOE: 1

Substance Use Screening

Description: Percentage of patients 18 through 75 years of age who are diagnosed with depression and have undergone substance use screening.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with depression or dysthymia for the denominator, and medical record data for information on screening for substance use, for the numerator.

Explanation: Patients with a diagnosis of depression are more likely to use/abuse alcohol and other substances. It is expert opinion that these patients should be screened for substance use annually.

Denominator: Patients 18-75 years of age with a diagnosis of depression or dysthymia, or documentation of an index PHQ-9 score ≥ 10 during the first 12 months from the first day of the reporting period. See "Patient Eligibility Criteria", beginning on page 25, for information on codes to identify patients with depression see Table 3, page 26 for codes to identify patients with major depression or dysthymia, and Table 4, page 26 for the "Exclusion List".

Numerator: Patients in the denominator who were screened for substance use.

The following are *not* acceptable forms of documentation:

- Patient self-reporting

Frequency: Once/reporting period

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: LOE: E

Documentation of Substance Use Intervention/Counseling- if user

Description: Percentage of patients 18 through 75 years of age with a diagnosis of depression who screen positive for substance use, and have then been counseled on this topic.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with depression or dysthymia who screen positive for substance use for the denominator, and medical record data for information on receiving counseling on substance use, for the numerator.

Explanation: Patients with depression who are using and/or abusing alcohol and other substances should have counseling around this topic in an attempt to help them decrease/stop substance use and understand the impact these substances can have on their depression. This measure is based on expert opinion.

Denominator: Patients 18-75 years of age with a diagnosis of depression or dysthymia who screen positive for substance use and/or abuse. "Patient Eligibility Criteria", beginning on page 25, for information on codes to identify patients with depression see Table 3, page 26 for codes to identify patients with major depression or dysthymia, and Table 4, page 26 for the "Exclusion List".

Numerator: Patients in the denominator who were offered counseling.

Frequency: Annually - Once/reporting period

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: LOE: E

Documentation of Physical Activity Counseling

Description: Percentage of patients 18 through 75 years of age with a diagnosis of depression or dysthymia or an index PHQ-9 score greater than or equal to 5 to be counseled on the benefits of exercise.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with depression or dysthymia for the denominator, and medical record data for information on counseling on benefits of exercise, for the numerator.

Explanation: A large Cochrane review determined that physical activity and exercise is beneficial for the management of depression. For mild depression, this review found that regular physical activity is just as efficacious as antidepressant medication. Therefore, all patients with depression should be counseled on the potential benefits of exercise.

Denominator: Patients 18-75 years of age with diagnosis of depression or dysthymia or documentation of an index PHQ-9 score ≥ 5 during the first 12 months from the first day of the reporting period. See "Patient Eligibility Criteria", beginning on page 25, for information on codes to identify patients with depression see Table 3, page 26 for codes to identify patients with major depression or dysthymia, and Table 4, page 26 for the "Exclusion List".

Numerator: Patients in the denominator with evidence of counseling on the benefits of regular exercise for managing their illness.

The following are *not* acceptable forms of documentation:

- Patient self-reporting

Frequency: Counseling on benefits of exercise started within 30 days of diagnosis of depression or within 30 days of a positive PHQ-9 score.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: Cochrane, LOE: 2

Collaborative Care Model Participation

Description: Does your practice participate in a Collaborative Care model. Collaborative Care models support patients with depression by offering care that is coordinated by a team, often consisting of a primary care physician, a case manager/social worker, and a psychiatrist. There are 3 main components to a Collaborative Care Model.

Data Source: Practice level information

Explanation: Collaborative Care models for managing depression have been shown to improve outcomes. Therefore, the USPSTF has recommended a collaborative care approach to managing patients with depression, whenever possible.

Denominator: Patient 18-75 years of age with a diagnosis of depression. See "Patient Eligibility Criteria", beginning on page 25, for information on codes to identify eligible patients. (Table 3, page 26).

Numerator: Patients in the denominator who are managed in a practice that supports and/or integrates a Collaborative Care model (see scoring table below)

Frequency: Once/reporting period

Scoring:

	Component of Collaborative Care	Points Given
1	Care coordination and Management	1
2	Regular/Proactive monitoring and treatment to target using validated clinical rating scales (PHQ-9)	2
3	Regular, systematic psychiatric caseload reviews and consultation for patients who do not show clinical improvement	2
	Total Points	5

Source and Level of Evidence: USPSTF, LOE: B

Recognition Process

Applying for Recognition

Clinician applicants opt to voluntarily submit their data to BTE for performance assessment through the Depression Care Recognition program. Participating clinicians must execute a data use agreement with the data aggregator partner through which they plan to submit data for BTE's automated performance assessment process. All data aggregator partners have data use agreements executed with Altarum. All necessary steps will be taken by the data aggregator and BTE to protect the confidentiality of patient data, as required by The Health Insurance Portability and Accountability Act of 1996 (HIPAA). To assist with clinician compliance with HIPAA, the data aggregator partner provides a Business Associate addendum referenced in the data use agreement, which states that both the data aggregator and the clinician applicantwill comply with HIPAA requirements.

Clinicians considering applying for recognition should:

1. Determine eligibility. See "Eligibility for Clinician Participation" for more information.
2. Familiarize themselves with the BTE Depression Care measures and specifications. See "What Recognition Requires".
3. Determine whether to apply as an individual clinician or medical practice.

Clinicians submitting through an electronic data aggregator partner are required to submit medical record data for all eligible patients across their full patient population on a quarterly calendar schedule. Clinicians are required to continue submitting data for all eligible patients each quarter unless they cease using the data aggregator's electronic system.

Clinicians that are new to an electronic data aggregator partner's system, where the system is not yet fully integrated in the clinicians' office and patient records have not been back loaded, are required to prospectively enter all eligible patients from their full patient panel into the data aggregator's electronic system. For individual applicants, clinician assessment will automatically be triggered after all required data is submitted through the data aggregator's electronic system for the minimum requirement of 25 eligible patients. For practice level applicants, assessment will automatically be triggered after all required data is submitted through the data aggregator's electronic system for 10 patients per individual clinician and a practice average of 25 patients per clinician. It is assumed that after one full year of usage of the data aggregator's electronic system that all eligible patients will be included.

Completed applications are processed for compliance with performance requirements, and applicant-specific reports with results for all Depression Care measures are produced within 30 days. The begin recognition date is calculated based on the date that the applicant's data is scored. BTE issues an official award certificate to each recognized clinician or medical practice.

Additionally, BTE reserves the right to complete an audit of any individual or practice application for Recognition. BTE or specified local organization subcontractors conduct audits of at least 5 percent of the recognized clinicians from each data aggregator partner each year. Audits may be completed by mail, electronically or on site, as determined by BTE. The remainder of the five percent will be identified by a single methodology that randomizes the medical groups who submit to the data aggregator and then sequentially selecting medical groups. The number

of medical groups selected is dependent on the total number of recognized clinicians in each medical group, enough groups will be selected to account for 5% of total recognized clinicians submitted by the data aggregator.

BTE will notify the data aggregator, which will notify the applicant if their application is chosen for audit, ascertain that audit personnel have no conflict of interest with the audited organization and provide instructions on audit requirements. Obtaining final Recognition results takes longer than usual for applicants chosen for audit. For those applicants selected for audit, final Recognition determination will be made within 60 days of the date of data submission. Upon passing an audit, the applicant's recognition dates are assigned retroactively to the date the applicant's data was scored. Failure to pass an audit or failure to respond to an audit request and complete the audit within 30 days results in no further consideration for the program for six months to two years (depending on the audit score) from the date of submission of the application.

Duration of Recognition

The Chronic Care Recognition Programs have duration of two years from the date on which the recognition was awarded; regardless of the pathway the clinician achieved the recognition – electronic data submission, direct data manual submission or NCQA.

For continuously assessed applicants who maintain their current level of recognition, new begin and end recognition dates will be assigned at the time of the most recent assessment. Recognition determinations are made on the basis of a specific patient population. Recognition status remains in effect for the duration of recognition as long as the clinician maintains their current practice and patient base. Clinicians are responsible for informing the data aggregator within 30 days who will inform BTE if they move or change practices.

Changes in Recognition Levels

Continuous data submission applicants are eligible for changes in recognition level. Clinicians who achieve at least Three Star Depression Care Recognition will maintain their Depression Care Recognition for the duration of recognition outlined above. However, during this time it is possible for the recognition status to move between program levels (3, 4, or 5 Stars) based on changes in clinical data from quarter to quarter. Changes to program level and recognition dates occur according to the following rules:

- Clinicians who achieve a higher level of recognition for two consecutive assessment periods will have their recognition level changed effective the date of the most recent assessment.
- Clinicians recognized at Four Stars or Five Stars can drop in levels of recognition based on lower scoring results for two consecutive assessment periods.
- Each time a clinician's recognition status changes levels in either direction a new begin recognition date is assigned for the date of the most recent assessment and a new end recognition date is calculated.
- Clinicians who drop below Three Stars for two consecutive quarterly assessments will be assigned or maintain Three Star Depression Care Recognition status and maintain their current begin and end recognition dates.

Example 1

- A provider submitted for Q1 and was assessed at a 3 Star Rating
  - The providers 'Current Recognition' Level is a 3 Star Rating
- The provider was submitted in Q2 and was assessed at a 5 Star Rating
  - The providers 'Current Recognition' Level is a 3 Star Rating
- The provider was submitted in Q3 and was assessed at a 4 Star Rating
  - The providers 'Current Recognition' Level is now a 4 Star Rating

How this works:

If a provider's assessment level increases for 2 consecutive assessments, the new recognition level equals the lower of the 2 most recent assessment levels.

Assessment Date	Assessed Rating	Recognition Rating	Recognition Dates
Q1	3	3	01/21/2013 - 01/20/2015
Q2	5	3	04/21/2013 - 04/20/2015
Q3	4	4	07/21/2013 -07/20/2015

Example 2

- A provider submitted in Q1 and was assessed at a 5 Star Rating
  - The providers 'Current Recognition' Level is a 5 Star Rating
- The provider submitted in Q2 and was assessed at a 4 Star Rating
  - The providers 'Current Recognition' Level is a 5 Star Rating
- The provider submitted in Q3 and was assessed at a 3 Star Rating
  - The providers 'Current Recognition' Level is now a 4 Rating

How this works:

If a provider's assessment level decreases for 2 consecutive assessments, the new recognition level equals the higher of the 2 most recent assessment levels.

Assessment Date	Assessed Rating	Recognition Rating	Recognition Dates
Q1	5	5	01/21/2013 - 1/20/2015
Q2	4	5	04/21/2013 - 04/20/2015
Q3	3	4	07/21/2013 - 07/20/2015

Example 3

- A provider submitted for Q1, Q2, and Q3, and was assessed at a 5 Star Rating all three submissions
    - The providers 'Current Recognition' Level remains unchanged and will be a 5 Star Rating

How it works:

If a provider's assessment level remains the same for 2 consecutive assessments, the recognition level is unchanged.

Assessment Date	Assessed Rating	Recognition Rating	Recognition Dates
Q1	5	5	01/21/2013 - 1/20/2015
Q2	5	5	04/21/2013 - 04/20/2015
Q3	5	5	07/21/2013 - 07/20/2015

Reporting Results to BTE and Its Partners

As part of Altarum's mission to identify and promote quality, the BTE report results to the following:

- To the data aggregator partner through which the recognition application was submitted. The data aggregator is required to share results reports with the clinician applicant to facilitate quality improvement.
- To BTE: Only Recognized statuses are reported to BTE for display on Altarum's BTE web site: www.bridgestoexcellence.org and transmission to BTE-licensed health plans for associated rewards payments. Once the final decision is made, Altarum will reveal the identity, program name and program rating of the recognized clinicians only. No clinical data is shared with BTE at any point in the process.

Terms of Recognition

When communicating with patients, third-party payers, managed care organizations (MCOs) and others, clinicians or practices who receive BTE Depression Care Recognition may represent themselves as BTE-recognized and meeting NQF/AQA quality measure requirements; however, clinicians or practices may not characterize themselves as "NQF/AQA-Approved" or "NQF/AQA- Endorsed." The use of this mischaracterization or other similarly inappropriate statements will be grounds for revocation of status.

Revoking Recognition

BTE may revoke a Recognition decision if any of the following occurs:

- The clinician or practice submits false data or does not collect data according to the procedures outlined in this manual, as determined by discussion with the clinician or practice or audit of application data and materials.
- The clinician or practice misrepresents the credentials of any of its clinicians.
- The clinician or practice misrepresents its Recognition status.
- The clinician or any of the practice's clinicians experience a suspension or revocation of medical licensure.
- The clinician or practice has been placed in receivership or rehabilitation and is being liquidated.
- State, federal or other duly authorized regulatory or judicial action restricts or limits the clinician or practice's operations.
- BTE identifies a significant threat to patient safety or care.

Data Use Terms

Data use terms are outlined in the data use agreement that the applicant signs with the selected data aggregator partner.

Patient Eligibility Criteria

An eligible Depression patient is one who meets all three criteria:

1. Is between 12 and 75 years of age.[2]

2. Has been under the care of the applicant for at least 12 months. This is defined by documentation of one or more face-to-face visits for depression care between the clinician and the patient: one within 12 months of the last day of the reporting period.

There are two accepted data sources that can be used to identify patients with depression: claims/encounter data and medical record data.

Claims/Encounter data: Patient is denominator compliant if patient 18-75 years of age during the measurement period, has a documented diagnosis of Depression listed on the problem list, has had at least one (1) face-to-face encounter in an ambulatory setting and has been under the care of the applicant for at least 12 months. See Table 3 for further information on diagnoses to identify patients with Depression and Table 2 for further information on procedural codes to identify a face-to-face visit.

Medical Record data: Patient is denominator compliant if the patient 18-75 years of age, with a documented diagnosis of Depression listed on the problem list, has had at least one (1) face-to-face encounter in an ambulatory setting and has been under the care of the applicant for at least 12 months. See Table 3 for further information on diagnoses to identify patients with Depression and Table 2 for further information on procedural codes to identify a face-to-face visit.

Exclusions: Patients with a primary diagnosis of bipolar disorder, psychotic disorder such as schizophrenia, schizoaffective disorders, psychosis NOS or personality disorder during the reporting period are excluded from the denominator.

Patients in hospice or palliative care are also excluded from the denominator. See Table 4, page 26 for further information on codes to identify patients with exclusions.

[2] As of the last day of the reporting period. Patients known to be deceased should be excluded.

Relevant Procedural and Diagnosis Codes for Depression Care Measurement Set

Table 2: Face-to-Face Visits

Procedural Codes
CPT: 99201-99215 Value Set Authority-Value Set Name - Office Visit - 2.16.840.1.113883.3.464.1003.101.12.1001 CPT: 99341, 99342, 99343, 99345, 99347, 99348, 99349, 99350 Value Set Authority-Value Set Name - Home Healthcare Services - 2.16.840.1.113883.3.464.1003.101.12.1016 HCPCS: G0438, G0439 Value Set Authority-Value Set Name - Annual Wellness Visit -2.16.840.1.113883.3.526.3.1240 CPT: 99385, 99386, 99387 Value Set Authority-Value Set Name - Preventive Care Services-Initial Office Visit, 18 and Up - 2.16.840.1.113883.3.464.1003.101.12.1023 CPT: 99395,99396,99397 Value Set Authority-Value Set Name - Preventive Care Services - Established Office Visit, 18 and Up - 2.16.840.1.113883.3.464.1003.101.12.1025

Table 3: Codes to Identify Patients with a Diagnosis of Depression and Dysthymia

Diagnosis Codes
ICD-9: 290.13, 290.21,290.43, 296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.36, 296.82, 298.0, 300.4, 301.12, 309.0, 309.1, 309.28, 311 ICD-10: F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.1, F43.21, F43.23, O99.340, O99.341, O99.342, O99.343, O99.345

Table 4: Codes/Notations to Identify Patients with Exclusions

Procedural & Diagnosis Codes / Notations
Bipolar ICD-9: 296.00, 296.01, 296.02, 296.03, 296.04, 296.05, 296.06, 296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.52, 296.60, 296.61, 296.62, 296.63, 296.64, 296.65, 296.66, 296.7, 296.80 ICD-10: F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9 Value Set Authority-Value Set Name-Bipolar Diagnosis-OID 2.16.840.1.113883.3.600.450 Dementia ICD-9:094.1, 290.0, 290.10 290.11, 290.12, 290.13, 290.20, 290.21, 290.3, 290.40, 290.41, 290.42, 290.43, 290.8, 290.9, 294.10, 294.11, 294.20, 294.21, 294.8, 331.0, 331.11, 331.19, 331.82 ICD-10: F01.50, F01.51, F02.80. F02.81, F03.90, F03.91, F05, F06.8, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09, G31.83 Value Set Authority-Value Set Name-Dementia & Mental Degenerations-OID 2.16.840.1.113883.3.526.3.1005 Personality Disorders

ICD-9: 301.0, 301.10, 301.11, 301.12, 301.13, 301.20, 301.21, 301.22, 301.3, 301.4, 301.50, 301.51, 301.59, 301.6, 301.7, 301.81, 301.82, 301.83, 301.84, 301.89, 301.9

ICD-10: F21, F34.0, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F68.10, F68.11, F68.12, F68.13
Value Set Authority-Value Set Name-Personality Disorder-OID 2.16.840.1.113883.3.67.1.101.1.246

Psychosis
ICD-9: 298.1, 298.9

ICD-10: F28, F29

Schizophrenia
ICD-9: 295.00, 295.01, 295.02, 295.03, 295.04, 295.05, 295.10, 295.11, 295.12, 295.13, 295.14, 295.15, 295.20, 295.21, 295.22, 295.23, 295.24, 29525, 295.30, 295.31, 295.32, 295.33, 295.34, 295.40, 295.41, 295.42, 295.43, 295.44, 295.45, 295.50, 295.51,295.52, 295.53, 295.54, 295.55, 295.60, 295.61, 295.62, 295.63, 295.64, 295.65, 295.70, 295.71, 295.72, 295.73, 295.74, 295.75, 295.80, 295.81, 295.82, 295.83, 295.84, 295.85, 295.90, 295.91, 295.92, 295.93, 295.94, 295.95

ICD-10: F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F25.0, F25.1, F25.8, F25.9
Value Set Authority-Value Set Name-Schizophrenia-OID 2.16.840.1.113883.3.464.1003.105.12.1104

Schizoaffective Disorders
ICD-10: F25.0, F25.1, F25.8, F25.9

ESRD
ICD9: 585.6

ICD10: N18.6
Value Set Authority-Value Set Name-End Stage Renal Disease-OID 2.16.840.1.113883.3.526.3.353

Dialysis
CPT: 90920, 90921, 90924, 90925, 90935, 90937, 90940, 90945, 90947
HCPCS: G0257
Value Set Authority-Value Set Name-Dialysis Services-OID 2.16.840.1.113883.3.464.1003.109.12.1013

Hospice Care
CPT: 99377, 99378
Value Set Authority-Value Set Name-Hospice Care CPT-OID 2.16.840.1.113883.3.3157.1004.19

Palliative Care
ICD-9: V66.7

ICD-10: Z51.5
Value Set Authority-Value Set Name- Palliative Care-OID 2.16.840.1.113762.1.4.1125.3

Relevant Medication Lists for Depression Care Measurement Set

Table 5: Monoamine Oxidase Inhibitors (MAOIs)

Drug Names	Generic Names
Emsam	Selegiline Transdermal
Marplan	Isocarboxazid
Nardil	Phenelzine
Parnate	Tranylcypromine
Phenelzine	Generic
Tranylcypromine	Generic

Table 6: Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

Drug Names	Generic Names
Cymbalta	Duloxetine
Desvenlafaxine	Generic
Duloxetine	Generic
Effexor	Venlafaxine
Effexor XR	Venlafaxine
Fetzima	Levomilnacipran
Khedezla	Desvenlafaxine
Pristiq	Desvenlafaxine
Venlafaxine	Generic
Venlafaxine (no trade name)	Venlafaxine

Table 7: Selective Serotonin Reuptake Inhibitors (SSRIs)

Drug Names	Generic Names
Celexa	Citalopram
Citalopram	Generic
Escitalopram	Generic
Fluoxetine	Generic
Fluoxetine (no trade name)	Fluoxetine

Fluvoxamine	Generic
Lexapro	Escitalopram
Luvox	Fluvoxamine
Luvox CR	Fluvoxamine
Olanzapine/Fluoxetine	Generic
Paroxetine	Generic
Paxil	Paroxetine
Paxil CR	Paroxetine
Pexeva	Paroxetine
Prozac	Fluoxetine
Prozac Weekly	Fluoxetine
Sarafem	Fluoxetine
Sertraline	Generic
Symbyax	Olanzapine/Fluoxetine
Zoloft	Sertraline

Table 8: Tricyclic Antidepressants (TCAs)

Drug Names	Generic Names
Amitriptyline	Generic
Amoxapine	Generic
Anafranil	Clomipramine
Chlordiazepoxide/Amitriptyline	Generic
Clomipramine	Generic
Desipramine	Generic
Doxepin	Generic
Elavil	Amitriptyline
Imipramine	Generic
Limbitrol	Chlordiazepoxide/Amitriptyline
Limbitrol DS	Chlordiazepoxide/Amitriptyline
Norpramin	Desipramine

Nortriptyline	Generic
Pamelor	Nortriptyline
Perphenazine/Amitriptyline	Generic
Protriptyline	Generic
Surmontil	Trimipramine
Tofranil	Imipramine
Tofranil-PM	Imipramine
Trimipramine	Generic
Vivactil	Protriptyline

Table 9: Other Antidepressants

Drug Names	Generic Names
Aplenzin	Bupropion Hydrobromide
Brintellix	Vortioxetine
Budeprion SR	Bupropion Hydrochloride
Budeprion XL	Bupropion Hydrochloride
Bupropion Hydrochloride	Generic
Forfivo XL	Bupropion Hydrochloride
Maprotiline	Generic
Mirtazapine	Generic
Nefazodone	Generic
Oleptro	Trazodone
Remeron	Mirtazapine
Remeron SolTab	Mirtazapine
Serzone	Nefazodone
Trazodone	Generic
Trintellix	Vortioxetine
Viibryd	Vilazodone
Wellbutrin	Bupropion Hydrochloride
Wellbutrin SR	Bupropion Hydrochloride
Wellbutrin XL	Bupropion Hydrochloride

APPENDICES

Appendix A: Audit Methodology

Altarum is responsible for conducting three levels of audit pertaining to applicant submissions for BTE Depression Care Recognition:

- Level 1: Data Aggregator (DA) Data Extraction code review
- Level 2: Data Validation (Load Summary) see table below
- Level 3: Clinician Chart Audit

Detailed audit policies are included in the *Recognition Process* section of this guide.

The following data validation checks are used in creating the load summary provided to the data aggregator after each data file submission to identify any missing or invalid data values:

Clinician Identifier Data

Data Field	Data Field Specifications and Acceptable/Valid Data Range(s)
Clinician_RespID	(Required field) Alphanumeric value up to 26 characters in length
Clinician_NPI	(Required field) Numeric value 10 characters in length
Clinician_DEA	Alphanumeric value 9 characters in length First letter must be “A”, “B”, “F” or “M”.
Clinician_MedicalLicense	Alphanumeric value up to 10 characters in length
Clinician_LastName	(Required field) Alpha value up to 50 characters in length
Clinician_FirstName	(Required field) Alpha value up to 50 characters in length
Clinician_MiddleName	Alpha value up to 30 characters in length
Clinician_Degree	(Required field) Numeric value 01 = M.D. 02 = D.O. 03 = N.P. 04 = P.A.
Clinician_PracticeAddress1	(Required field) Alphanumeric value up to 100 characters in length
Clinician_PracticeAddress2	Alphanumeric value up to 100 characters in length
Clinician_PracticeCity	(Required field) Alpha value up to 100 characters in length

Clinician_PracticeState	(Required field) Alpha value 2 characters in length
Clinician_PracticeZipCode	Numeric value 5 (#####), 9 (#########) or 10 characters (#####-####) in length
Clinician_emailaddress	Example smith@email.com
Clinician_PracticePhone	Alphanumeric value up to 30 characters in length
Clinician_DateofBirth	Numeric value: MM/DD/YYYY
Clinician_Gender	F = Female M = Male U = Unknown
Clinician_Specialty	01 = Allergy/Immunology 02 = Cardiology 03 = Critical Care Services 04 = Dermatology 05 = Endocrinology 06 = Gastroenterology 07 = Gen/Fam Practice 08 = Geriatric Medicine 09 = Hematology 10 = Infectious Disease 11 = Internal Medicine 12 = Nephrology 13 = Neurology 14 = Neurosurgery 15 = Obstetrics/Gynecology 16 = Occ. Medicine 17 = Oncology 18 = Ophthalmology 19 = Orthopedics 20 = Otolaryngology 21 = Pediatrics 22 = Phys/Rehab Medicine 23 = Psychiatry 24 = Psychopharmacology 25 = Pulmonary Medicine 26 = Rheumatology 27 = Surgery 28 = Urology 29 = Other – not listed
Practice ID	(Required field) Alphanumeric value up to 26 characters in length
PracticeName	(Required field) Alpha value up to 100 characters in length

Individual_Group	(Required Field) Alpha value "I" - Individual Scoring or "G" - Group Scoring
Group_GroupID	If yes, Provide the Group ID that the Individual Provider wishes to be associated with. Numeric value 10 characters in length
Data Submission through CCHIT /Meaningful Use Certified System	Yes/No
Full Patient Panel	Yes/No

Clinical Measures Data

Data field	Data field specifications	Data Values
ResponsibleProviderID	Internal provider ID that matches with the ID in the physician file	Any unique combination of characters and numbers
NPI	Responsible Provider NPI	Alphanumeric value 10 characters in length
groupID	The unique identifier that will identify the providers within a group applying for recognition together.	Alphanumeric value up to 50 characters in length
individualGroup	G if the provider is applying as part of a group for recognition. I if the provider is applying individually.	I or G - blank will default to I
ChartID	Unique patient or chart ID	Alphanumeric value up to 50 characters in length
lastVisitDate	The date of the last visit for that patient	MM/DD/YYYY - cannot be after the end of the reporting period
PatientDOB	The date of birth, or year of birth, of the patient	MM/DD/YYYY - or YYYY - must be 18-75 years old
patientGender	Patient's Gender	Female, Male
patientRace	The chosen race that the patients identify themselves with.	American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, Other Race, White, Declined to Identify

medicarePartB	Is the patient a Medicare Part B Fee-For-Service (FFS) beneficiary (includes Railroad Retirement Board, Medicare Secondary Payer, and Critical Access Hospitals method II; does not include Medicare Advantage beneficiaries)?	YES, NO blank will generate a WARNING when uploading
PHQ2screeningScore	Patient's PHQ-2 Score: 0-4 = No Depression, 5-9 = Mild Depression, 10-14 = Moderate Depression, 15-19 = Moderately Severe Symptoms, 20 or more = Severe Depression	Numerical Value (0-6)
PHQ2screeningDate	Date of most recent PHQ-2 depression screening?	MM/DD/YYYY - cannot be after the end of the reporting period
PHQ9screeningScore	Patient's PHQ-2 Score: 0-4 = No Depression, 5-9 = Mild Depression, 10-14 = Moderate Depression, 15-19 = Moderately Severe Symptoms, 20 or more = Severe Depression	Numerical Value (0-27)
PHQ9screeningDate	Date of initial PHQ-9 depression screening?	MM/DD/YYYY - cannot be after the end of the reporting period
PHQ9screening2Score	Patient's PHQ-2 Score: 0-4 = No Depression, 5-9 = Mild Depression, 10-14 = Moderate Depression, 15-19 = Moderately Severe Symptoms, 20 or more = Severe Depression	Numerical Value (0-27)
PHQ9screening2Date	Date of most recent or Follow up PHQ-9 depression screening?	MM/DD/YYYY - cannot be after the end of the reporting period
PHQAdolescentScreeningScore	Patient's PHQ Adolescent Screening score.	Numerical Value (0-27)
PHQAdolescentScreeningDate	Date of most recent PHQ-Adolescent depression screening.	MM/DD/YYYY - cannot be after the end of the reporting period
CognitiveBehaviorTherapyDATE	Date the patient was referred to CBT	MM/DD/YYYY - cannot be after the end of the reporting period

SpecialistReferralDATE	Date the patient was referred to a Specialist.	MM/DD/YYYY - cannot be after the end of the reporting period
AntidepressantInitialPrescribedDATE	Date the patient was first prescribed or dispensed on an Anti-Depressant.	MM/DD/YYYY - cannot be after the end of the reporting period
AntidepressantActiveDATE	Date the patient was placed on an Anti-Depressant Therapy.	MM/DD/YYYY - cannot be after the end of the reporting period
PsychotherapyDATE	Date the patient began Psychotherapy.	MM/DD/YYYY - cannot be after the end of the reporting period
DepressionDiagnosis	Does this patient have a diagnosis of depression?	YES, NO
DysthymiaDiagnosis	Does this patient have a diagnosis of dysthymia?	YES, NO
substanceUseScreening	Was the patient screened for substance use?	Positive, Negative
substanceUseScreeningDate	Date of most recent substance use screening.	MM/DD/YYYY - cannot be after the end of the reporting period
substanceUseCounselingDate	Date of most recent substance use counseling.	MM/DD/YYYY - cannot be after the end of the reporting period
activityCounseling	Did the patient receive physical activity counseling?	Active, Not Active
activityCounselingDate	Date of physical activity counseling - if any	MM/DD/YYYY - cannot be after the end of the reporting period
CareCoordination	Does your practice participate in a Collaborative Care model, via Care coordination and Management?	YES, NO
MonitoringandTreatment	Does your practice participate in a Collaborative Care model, via Regular/Proactive monitoring and treatment to target using validated clinical rating scales (PHQ-9)?	YES, NO
CaseLoadReviews	Does your practice participate in a Collaborative Care model, via Regular, systematic psychiatric caseload reviews and consultation for patients who do not show clinical improvement?	YES, NO

Measures Specifications

PHQ-2 Screening

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 12 – 75
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

PHQ2ScreeningScore = value present (0-6)
and
PHQ2ScreeningDate = date is present within reporting period (12 months)

SCORING:

Score=(numerator/denominator) x Total Possible Points

PHQ-9 Screening

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- lastVisitDate = date is present and within reporting period (12 months)
- PHQ2ScreeningScore = >3
- PHQ2ScreeningDate = date is present within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

PHQ9screeningScore = value present (0-27)
and
PHQ9ScreeningDate = date is present within reporting period (12 months)

SCORING:

Score=(numerator/denominator) x Total Possible Points

PHQ-Adolescent Screening

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 12-17
- lastVisitDate = date is present and within reporting period (12 months)
- PHQ2Screening = >3
- PHQ2ScreeningDate = date is present within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

PHQAdolescentScreeningScore = value present (0-27)
and
PHQAdolesentscreeningDate = date is present within reporting period (12 months)

SCORING:

Score=(numerator/denominator) x Total Possible Points

Positive Depression Screening Follow Up

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18-75
- lastVisitDate = date is present and within reporting period (12 months)
- PHQ9ScreeningScore = ≥ 10
- PHQ9ScreeningDate = date is present within reporting period (12 months)

AND/OR

- PatientAge = 12-17
- lastVisitDate = date is present and within reporting period (12 months)
- PHQAdolescentScreeningScore = ≥ 10
- PHQAdolescentScreeningDate = date is present within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

CognitiveBehaviorTherapyDate = date is present and within ≤ 30 days of PHQ9ScreeningDate
or
CognitiveBehaviorTherapyDate = date is present and within ≤ 30 days of PHQAdolescentScreeningDate

And/OR

SpecialistReferralDATE = date is present and within ≤ 30 days of PHQ9ScreeningDate
or
SpecialistReferralDATE = date is present and within ≤ 30 days of PHQAdolescentScreeningDate

And/OR

AntidepressantActiveDATE = date is present and within ≤ 30 days of PHQ9ScreeningDate
And/OR
AntidepressantActiveDATE = date is present and within ≤ 30 days of PHQAdolescentScreeningDate

And/OR

PsychotherapyDATE = date is present and within ≤ 30 days of PHQ9ScreeningDate
or
PsychotherapyDATE = date is present and within ≤ 30 days of PHQAdolescentScreeningDate

SCORING:

Score=(numerator/denominator) x Total Possible Points

PHQ-9 Screening - 6 Month Follow Up

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 12 - 75
- DepressionDiagnosis = YES
  or
  DysthymiaDiagnosis=Yes
- lastVisitDate = date is present and within reporting period (12 months)

  and
  - CognitiveBehaviorTherapyDATE = date is present and within reporting period (12 months)
    And/OR
  - SpecialistReferralDATE = date is present and within reporting period (12 months)
    And/OR
  - AntidepressantActiveDATE = date is present and within reporting period (12 months)
    And/OR
  - PsychotherapyDATE = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

PHQ9screening2Date = date is present within ≤ 6 months or ≤ 184 days from the CognitiveBehaviorTherapyDATE

And/OR

PHQ9screening2Date = date is present within ≤ 6 months or ≤ 184 days from the SpecialistReferralDATE

And/OR

PHQ9screening2Date = date is present within ≤ 6 months or ≤ 184 days from the AntidepressantActiveDATE

And/OR

PHQ9screening2Date = date is present within ≤ 6 months or ≤ 184 days from the PsychotherapyDATE

SCORING:

Score=(numerator/denominator) x Total Possible Points

Continuous Antidepressant Treatment- if prescribed and effective

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- lastVisitDate = date is present and within reporting period (12 months)
- AntidepressantActiveDATE= dated on or before the start of the reporting period (12 months) and
  - DepressionDiagnosis = YES
    And/OR
  - DysthymiaDiagnosis = YES

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

AntidepressantInitialPrescribedDATE = date is present and with a cumulative duration of ≥122 days but from the last day of the reporting period.

SCORING:

Score=(numerator/denominator) x Total Possible Points

Substance Use Screening

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 - 75
- lastVisitDate = date is present and within reporting period (12 months)

  and
  - DepressionDiagnosis = YES
    And/OR
  - DysthymiaDiagnosis = YES
    And/OR
  - PHQ9ScreeningScore= ≥ 10
    and
  - PHQ9ScreeningDate = date is present within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

substanceUseScreeningDate = date is present within reporting period (12 months)

SCORING:

Score=(numerator/denominator) x Total Possible Points

Documentation of Substance Use Intervention/Counseling - if user

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 - 75
- lastVisitDate = date is present and within reporting period (12 months)
- substanceUseScreening= Positive
- substanceUseScreeningDate = date is present within reporting period (12 months) and
  - DepressionDiagnosis = YES
    And/OR
  - DysthymiaDiagnosis = YES

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

substanceUseCounselingDate = date is present and within reporting period (12 months)

SCORING:

Score=(numerator/denominator) x Total Possible Points

Documentation of Physical Activity Counseling

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18-75
- lastVisitDate = date is present and within reporting period (12 months)

  and
  - DepressionDiagnosis = YES

  OR
  - DysthymiaDiagnosis = YES
    And/OR
  - PHQ9ScreeningScore= ≥ 5
    And/OR
  - PHQ9ScreeningDate = date is present within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

activityCounseling= Yes
and
activityCounselingDate = date is present and within ≤ 30 days of DysthmiaDiagnosisDate

SCORING:

Score=(numerator/denominator) x Total Possible Points

Collaborative Care Model Participation

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18-75
- lastVisitDate = date is present and within reporting period
- DepressionDiagnosis = YES
  Or
- DysthymiaDiagnosis = YES

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

CareCoordination = YES

And/OR

MonitoringandTreatment = YES

And/OR

CaseLoadReviews = YES

SCORING:

Score= CareCoordination = If yes, then 1 point
MonitoringandTreatment = If yes, then 2 points
CaseLoadReviews = If yes, then 2 points