

## CY2021 SD Health Home Outcome Measures

### Item 1 Health Home ID

<b>Description</b>	Health Home ID is a 4-digit clinic number ending in 1 assigned to the clinic location. If you do not know your clinic ID, please contact the state office for assistance.
<b>Format/Input options</b>	Alpha Numeric
<b>Field Length</b>	4

### Item 2 Provider Billing NPI

<b>Description</b>	The Billing NPI is the 10-digit number associated with the clinic location for billing purposes. If you do not know the Billing NPI for the clinic, please contact your billing office.
<b>Format/Input options</b>	Alpha Numeric
<b>Field Length</b>	10

### Item 3 Provider Servicing NPI

<b>Description</b>	The Servicing NPI is the unique 10-digit number associated with the designated provider. If you do not know the Billing NPI for the clinic, please contact your enrollment office.
<b>Format/Input options</b>	Alpha Numeric
<b>Field Length</b>	10

### Item 4 Recipient ID

<b>Description</b>	The Recipient ID is the 9-digit Medicaid number associated with the recipient. This number can be found on the caseload report provided at the beginning of each month.
<b>Format/Input options</b>	Alpha Numeric
<b>Field Length</b>	9

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### \*Item 5 Depression Screening Measure – Screen Completed

<b>Description</b>	<p>The percentage of recipients age 12 and older who were screened for clinical depression using a standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the positive screen within the last 12 months. (See Appendix C for what makes these a positive Depression Screen for each of these tools.)</p> <p>Adolescent Screening Tools: (ages 12 to 17): could include but are not limited to the following</p> <ul style="list-style-type: none"> <li>• Patient Health Questionnaire for Adolescents (PHQ-A),</li> <li>• Beck Depression Inventory-Primary Care Version (BDI-PC),</li> <li>• Mood Feeling Questionnaire,</li> <li>• Center for Epidemiologic Studies Depression Scale (CES-D)</li> <li>• PRIME MD-PHQ2.</li> </ul> <p>Adult Screening Tools (age 18 and older) could include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>• Patient Health Questionnaire (PHQ9),</li> <li>• Beck Depression Inventory (BDI or BDI-II),</li> <li>• Center for Epidemiologic Studies Depression Scale (CES-D),</li> <li>• Depression Scale (DEPS),</li> <li>• Duke Anxiety-Depression Scale (DADS),</li> <li>• Geriatric Depression Scale (SDS),</li> <li>• Cornell Scale Screening and</li> <li>• PRIME MD-PHQ2.</li> </ul>
<b>Measurement Period</b>	Defined reporting period and six months prior
<b>Numerator</b>	Select an input option for each recipient in the denominator who during the measurement period was screened for clinical depression on the date of the encounter
<b>Denominator</b>	All recipients age 12 or older who during the measurement period had an outpatient visit. (see CMS specified encounter codes for Depression in the Appendix B)
<b>Format/Input options</b>	Alpha Numeric/ Y=Yes, N=No, A = Not applicable, R=refused
<b>Allowable Exclusions</b>	Patient refuses to participate; recipients under the age of 12; 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 functional capacity or motivation to improve may impact the accuracy of results of nationally recognized standardized depression assessment tools. For example: certain court-appointed cases or cases of delirium. Patient has an active diagnosis of depression or bipolar disorder
<b>Field Length</b>	1

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### Item 6 Depression Screening Measure – Positive Screen

<b>Description</b>	<p>The percentage of recipients age 12 and older who were screened for clinical depression using a standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the positive screen within the last 12 months. (See Appendix C for what makes these a positive Depression Screen for each of these tools.)</p> <p>Adolescent Screening Tools: (ages 12 to 17): could include but are not limited to the following</p> <ul style="list-style-type: none"> <li>• Patient Health Questionnaire for Adolescents (PHQ-A),</li> <li>• Beck Depression Inventory-Primary Care Version (BDI-PC),</li> <li>• Mood Feeling Questionnaire,</li> <li>• Center for Epidemiologic Studies Depression Scale (CES-D)</li> <li>• PRIME MD-PHQ2.</li> </ul> <p>Adult Screening Tools (age 18 and older) could include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>• Patient Health Questionnaire (PHQ9),</li> <li>• Beck Depression Inventory (BDI or BDI-II),</li> <li>• Center for Epidemiologic Studies Depression Scale (CES-D),</li> <li>• Depression Scale (DEPS),</li> <li>• Duke Anxiety-Depression Scale (DADS),</li> <li>• Geriatric Depression Scale (SDS),</li> <li>• Cornell Scale Screening and</li> <li>• PRIME MD-PHQ2.</li> </ul>
<b>Measurement Period</b>	Defined reporting period and six months prior
<b>Numerator</b>	Select an input option for each recipient in the denominator who during the measurement period who had a positive depression screen.
<b>Denominator</b>	Those patients with a “Y” as found in Item 5
<b>Format/Input options</b>	Alpha Numeric/ Y=Yes, N=No, A= Not applicable
<b>Allowable Exclusions</b>	Patient refuses to participate; recipients under the age of 12; 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 functional capacity or motivation to improve may impact the accuracy of results of nationally recognized standardized depression assessment tools. For example: certain court-appointed cases or cases of delirium. Patient has an active diagnosis of depression or bipolar disorder
<b>Field Length</b>	1

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### Item 7 Depression Screening Measure – Follow-up Plan Documented

<b>Description</b>	<p>The percentage of recipients age 12 and older who were screened for clinical depression using a standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the positive screen within the last 12 months. (See Appendix C for what makes these a positive Depression Screen for each of these tools.)</p> <p>Adolescent Screening Tools: (ages 12 to 17): could include but are not limited to the following</p> <ul style="list-style-type: none"> <li>• Patient Health Questionnaire for Adolescents (PHQ-A),</li> <li>• Beck Depression Inventory-Primary Care Version (BDI-PC),</li> <li>• Mood Feeling Questionnaire,</li> <li>• Center for Epidemiologic Studies Depression Scale (CES-D)</li> <li>• PRIME MD-PHQ2.</li> </ul> <p>Adult Screening Tools (age 18 and older) could include but are not limited to the following:</p> <ul style="list-style-type: none"> <li>• Patient Health Questionnaire (PHQ9),</li> <li>• Beck Depression Inventory (BDI or BDI-II),</li> <li>• Center for Epidemiologic Studies Depression Scale (CES-D),</li> <li>• Depression Scale (DEPS),</li> <li>• Duke Anxiety-Depression Scale (DADS),</li> <li>• Geriatric Depression Scale (SDS),</li> <li>• Cornell Scale Screening and</li> <li>• PRIME MD-PHQ2.</li> </ul>
<b>Measurement Period</b>	Defined reporting period and period and six months prior
<b>Numerator</b>	Select an input option for each recipient in the denominator who during the measurement period who had follow-plan documented on the date of the positive screen
<b>Denominator</b>	Those patients with a “Y” as found in Item 6
<b>Format/Input options</b>	Alpha Numeric/ Y=Yes, N=No, A= Not applicable
<b>Allowable Exclusions</b>	Patient refuses to participate; recipients under the age of 12; 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 functional capacity or motivation to improve may impact the accuracy of results of nationally recognized standardized depression assessment tools. For example: certain court-appointed cases or cases of delirium. Patient has an active diagnosis of depression or bipolar disorder
<b>Field Length</b>	1

## CY2021 SD Health Home Outcome Measures

### \*Item 8 Obesity Body Mass Index

<b>Description</b>	<b>BMI:</b> Percentage of recipients age 6 - 74 years who had an outpatient visit and whom had their BMI documented during the last 12 months
<b>Measurement Period</b>	Defined reporting period and six months prior
<b>Numerator</b>	<b>BMI:</b> Select an input option for all recipients in the denominator to answer the following question. Does the recipient have a documented BMI during the last 12 months?
<b>Denominator</b>	<b>BMI:</b> PCP- recipients 6-74 years of age who had an outpatient visit (See Item 16).
<b>Format/ Input options</b>	Alpha Numeric/ Y = Yes, N = No or A = Not applicable
<b>Allowable Exclusions</b>	None
<b>Field Length</b>	1

### Item 9 Body Mass Index

<b>Description</b>	Most recent Body Mass Index when a value of Y was entered for Item 8
<b>Measurement Period</b>	Defined reporting period and six months prior
<b>Format/ Input options</b>	Numeric with decimals/Enter the Body Mass Index. Number with one decimal point e.g. 8.1, 8.0, 12.2 or A= not applicable
<b>Allowable Exclusions</b>	None
<b>Field Length</b>	4,1

## CY2021 SD Health Home Outcome Measures

### Item 10 Breast Cancer Screening

<b>Description</b>	Percentage of women age 50-75 who were up to date on their Breast Cancer Screening by use of a Mammogram or MRI.
<b>Measurement Period</b>	Defined reporting period and six months prior.
<b>Numerator</b>	Select an input option for all recipients in the denominator to answer the following question. Was the recipient up to date on their Breast Cancer Screening by use of Mammogram or MRI?
<b>Denominator</b>	Women ages of 50-75
<b>Format/Input options</b>	Alpha Numeric/ Y=Yes, N=No, A = Not Applicable, R = Refused
<b>Allowable Exclusions</b>	Recipient outside the age range, Bilateral Mastectomy or two unilateral Mastectomies.
<b>Field Length</b>	1

### Item 11 Colorectal Screen

<b>Description</b>	Percentage of recipients up to date on appropriate screenings for colorectal cancer (colonoscopy – every 10 years or a FIT/ sDNA-FIT/ iFOBT test – every year)
<b>Measurement Period</b>	Defined reporting period and six months prior.
<b>Numerator</b>	Select an input option for all recipients in the denominator to answer the following question. Was the recipient up to date with their colorectal cancer screenings.
<b>Denominator</b>	Recipients between the ages of 50-75.
<b>Format/Input options</b>	Alpha Numeric/ Y=Yes, N=No, A= Not applicable, R= Refused
<b>Allowable Exclusions</b>	Recipients outside of the age range. Colorectal cancer, total colectomy
<b>Field Length</b>	1

## CY2021 SD Health Home Outcome Measures

### \*Item 12 Hypertension

<b>Description</b>	Percentage of recipients ages 18 to 85 who had an encounter during the last 12 months. (See Item 16) who have a diagnosis of Hypertension.
<b>Measurement Period</b>	Defined measurement period and six months prior
<b>Numerator</b>	Select an input option for all recipients in the denominator to answer the following question. Did the recipient have a diagnosis of Hypertension? (Appendix A Item 29)
<b>Denominator</b>	Recipients ages 18 to 85 who had an encounter during the last 12 months. (See Item 16)
<b>Input options</b>	Alpha Numeric/Y = Yes, N = No, A=Not applicable
<b>Allowable Exclusions</b>	Recipients outside Age range, Pregnant Women

### Item 13 Hypertension BP Systolic Value

(Note: if multiple blood pressure measurements are taken at a single visit, use the most recent measurement taken at that visit. The following blood pressures should not be included for the measure: patient reported BP checks, BPs taken in the following settings: Inpatient Settings, ER, other surgical or diagnostic procedures)

<b>Description</b>	Most recent blood pressure systolic value for recipients where a Y was indicated in Item 12.
<b>Measurement Period</b>	Defined reporting period and six months prior
<b>Format/Input options</b>	Numeric no decimals/ 3 digits If 29 = N, should be 000
<b>Allowable Exclusions</b>	Pregnant Women
<b>Field Length</b>	3

### Item 14 Hypertension BP Diastolic Value

(See Note in Item 13)

<b>Description</b>	Most recent blood pressure diastolic value for recipients where a Y was indicated in Item 12.
<b>Measurement Period</b>	Defined reporting period and six months prior
<b>Format/Input options</b>	Numeric no decimals/ 3 digits, if 29 = N, should be 000
<b>Allowable Exclusions</b>	Pregnant Women
<b>Field Length</b>	3

## CY2021 SD Health Home Outcome Measures

### Item 15 Care Plan

<b>Description</b>	Percentage of recipients with an active care plan that has been updated at least once in the last year.
<b>Measurement Period</b>	Defined reporting period and six months prior
<b>Numerator</b>	Select an input option to answer the question on all recipients in the denominator. Does the recipient have a written care plan present that includes ALL the following? <ul style="list-style-type: none"><li>• Care team</li><li>• Agreement of plan by participant</li><li>• Emergency plan of care</li><li>• Reviewed/creation date during the measurement period.</li></ul>
<b>Denominator</b>	All recipients with at least one encounter during the past 12 months (See Item 16)
<b>Format/ Input options</b>	Alpha Numeric/ Y=Yes, N=No
<b>Allowable Exclusions</b>	None
<b>Field Length</b>	1



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### Item 16 Face to Face Visit

<b>Description</b>	Percentage of recipients who had a face-to-face visit with a provider during the last 12 months
<b>Measurement Period</b>	Defined reporting period and six months prior
<b>Numerator</b>	Select an input option to answer the following question for each of the recipients in the Denominator. Did the recipient have a face to face visit during the measurement period? (See Appendix B)
<b>Denominator.</b>	All recipients
<b>Format/ Input options</b>	Alpha Numeric/ Y=Yes, N=No
<b>Allowable Exclusions</b>	None
<b>Field Length</b>	1

### Item 17 Face to Face Visits Scheduled

<b>Description</b>	How many face-to- face visits with a provider were scheduled in the measurement period?
<b>Measurement Period</b>	Defined reporting period and the 6 months prior
<b>Numerator</b>	The number of scheduled face-to-face visits with a Provider (do not include cancelled appointments)
<b>Denominator</b>	All recipients with $\geq 1$ encounter. (See Item 16)
<b>Format/ Input options</b>	Numeric/ 4digit with no decimals
<b>Allowable Exclusions</b>	None
<b>Field Length</b>	4

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### Item 18 Face to Face Visits Missed

<b>Description</b>	During the Measurement period, how many scheduled face-to-face visits with a provider did the patient “no-show” (i.e. not cancelled)?
<b>Measurement Period</b>	Defined reporting period and the 6 months prior
<b>Numerator</b>	The number of scheduled face-to-face provider visits that resulted in a “no-show” (i.e. not cancelled)
<b>Denominator</b>	The number of scheduled face-to-face visits with a Provider (do not include cancelled appointments) (See Item 16)
<b>Format/ Input options</b>	Numeric/ 4 digit with no decimals, if none enter “0” NO BLANKS
<b>Allowable Exclusions</b>	None
<b>Field Length</b>	4

## CY2021 SD Health Home Outcome Measures

### Appendix A – Diagnosis codes

#### Item 12 – Hypertension

**ICD-9-CM [for use 1/1/2015 – 9/30/2015]:** 401.0, 401.10, 401.1, 401.9, 402.00, 402.01, 402.10, 402.11, 402.90, 402.91, 403.00, 403.01, 403.10, 403.11, 403.90, 403.91, 404.00, 404.01, 404.03, 404.10, 404.11, 404.12, 404.13, 404.90, 404.91, 404.92, 404.93

**ICD-10-CM [for use 10/1/2015 – 12/31/9999]:** I10, I11.0, I11.9, I12.0, I12.9, I13.0, I13.10, I13.11, I13.2

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### **Appendix B: patient encounter or office visit codes (use for everything but Depression)**

99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99281, 99282, 99283, 99284, 99285, 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99455, 99456, G0402, G0438, G0439

### **Item 5 - Depression Measure –patient encounter or office visit codes.**

CPT: 90791, 90792, 90832, 90834, 90837, 90837, 90839, , 92625, , 96116, 96118, 96151, 97003, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215 or HCPCS: G0101, G0402, G0438, G0439, G0444

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# Appendix C: Depression Screen tool Severity Assessment Criteria

**Adolescent Screening Tools: (ages 12 to 17): could include but are not limited to the following:**

- **Patient Health Questionnaire for Adolescents (PHQ-A)**

- For adolescents, depression severity is correlated with PHQ-A scores as follows:
  - 20–27: Severe major depression
  - 15–19: Moderately severe major depression
  - 10–14: Moderate major depression
  - 5–9: Indeterminate or mild depression (People with this score could have had major depression that is now improved, chronic mild depression [dysthymia], or transient mild depression. The PHQ-A cannot distinguish among these. Use clinical judgment to determine appropriate next steps.)

- **Beck Depression Inventory-Primary Care Version (BDI-PC)**

<u>Score</u>	<u>Range</u>
0-9	No depression
10-18	Mild – Moderate Depression
19-29	Moderate – Severe Depression
30-63	Severe Depression

- **Mood Feeling Questionnaire**

- Score of 12 or more indicates depressive disorder

- **Center for Epidemiologic Studies Depression Scale (CES-D)**

- Do not score the tool if it is missing more than 4 responses.
- For each item, look up your response and corresponding score (0-3).
- Fill in the score for each item under the last column labeled Score.
- Calculate the Total Score by adding up all 20 scores.
- A total Score of 16 or higher is considered depressed.

- **PRIME MD-PHQ2.**

- If the response is "yes" to either question, consider administering the PHQ-9 questionnaire or asking the patient more questions about possible depression.
- If the response to both questions is "no", the screen is negative.

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### Adult Screening Tools (age 18 and older) could include but are not limited to the following:

- **Patient Health Questionnaire (PHQ9)**

- For adults age 18 and older, depression severity is correlated with PHQ9 scores as follows:

- 20–27: Severe major depression
- 15–19: Moderately severe major depression
- 10–14: Moderate major depression
- 5–9: Indeterminate or mild depression (People with this score could have had major depression that is now improved, chronic mild depression [dysthymia], or transient mild depression. The PHQ9 cannot distinguish among these. Use clinical judgment to determine appropriate next steps.)

- **Beck Depression Inventory (BDI or BDI-II)**

- **Beck Depression Inventory – BDI I**

<u>Score</u>	<u>Range</u>
0-9	No depression
10-18	Mild – Moderate Depression
19-29	Moderate – Severe Depression
30-63	Severe Depression

- **Beck Depression Inventory – BDI II**

<u>Score</u>	<u>Range</u>
0-13	Minimal
14-19	Mild
20-28	Moderate
29-63	Severe

- **Center for Epidemiologic Studies Depression Scale (CES-D)**

- Do not score the tool if it is missing more than 4 responses. 1) For each item, look up your response and corresponding score (0-3). 2) Fill in the score for each item under the last column labeled Score. 3) Calculate the Total Score by adding up all 20 scores.
- A total Score of 16 or higher is considered depressed.

- **Depression Scale (DEPS)**

- Scores of 9-10 indicate a level of depressive syndrome
- Scores of 11-12 indicate a level of clinical depression.

- **Duke Anxiety-Depression Scale (DADS)**

- Add the scores next to each of the blanks you checked. <sup>(SEP)</sup>
- If your total score is 5 or greater, then your symptoms of anxiety and/or depression may be excessive. <sup>(SEP)</sup>
- For exact scoring, multiply the total score by 7.143 to obtain the DUKE-AD score on a scale of 0 for lowest to 100 for highest symptom level.
- A raw score of 5 or greater (out of a possible 14) indicates high risk for anxiety or depression.

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The Duke Anxiety-Depression Scale (DUKE-AD) has been shown to be an effective brief screener for both clinical anxiety and depression as diagnosed by the psychiatric criteria of the Diagnostic and Statistical Manual of Mental Disorders, Revised Third Edition (DSM-III-R). The DUKE-AD can be administered as part of the 17-item Duke Health Profile (DUKE) or independently.

- **Geriatric Depression Scale (SDS)**
  - A score of > 5 suggests depression
  
- **Cornell Scale Screening**
  - Scoring System:
    - a = Unable to evaluate
    - 0 = Absent
    - 1 = Mild to Intermittent
    - 2 = Severe

Scores above 10 indicate a probable major depression. Scores above 18 indicate a definite major depression. Scores below 6 as a rule are associated with absence of significant depressive symptoms.

- **PRIME MD-PHQ2**
  - If the response is "yes" to either question, consider administering the PHQ-9 questionnaire or asking the patient more questions about possible depression.
  - If the response to both questions is "no", the screen is negative.