DATA COLLECTION GUIDE
Direct Data Submission

Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015
(01/01/2014 to 12/31/2014 Dates of Service)

Changes from Draft Data Collection Guide:
1. Terminology change from “Denominator Certification” to “Pre-Submission Data Certification” throughout guide.
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### Process and Timeline Overview

<table>
<thead>
<tr>
<th>Process Step</th>
<th>Important Dates</th>
</tr>
</thead>
</table>
| **Registration**                                                             | • Registration begins December 15, 2014.  
  Medical groups register clinics and providers on the MNCM Data Portal and  
  electronically sign a Site Terms of Use Agreement and Business Associate Agreement.  
  **Resources:** Download *Clinic & Provider Registration Instructions* under RESOURCES on the MNCM Data Portal [https://data.mncm.org/login](https://data.mncm.org/login) or [www.mncm.org](http://www.mncm.org). **Medical groups must register prior to submitting data.**  
  **NOTE:** Medical groups only need to register once for each report year. If changes occur within a medical group (e.g., clinics closures) after registration and during the report year, contact MNCM Support. |
| **Pre-Submission Data Certification (formerly Denominator Certification)**    | • Submit document in March-April 2015.  
  Medical groups submit a pre-submission data certification form outlining the method  
  for identifying the patient population on the MNCM Data Portal. MNCM reviews and  
  approves the method. **MNCM must approve the pre-submission data certification form prior to data collection.** Plan accordingly.  
  **Resources:** Download *Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015 Pre-Submission Data Certification Template* under RESOURCES on the MNCM Data Portal. |
| **Data Collection and Submission**                                           | • MNCM Data Portal opens April 6, 2015.  
  Data collection begins after the billing cycle for the measurement period is  
  completed. Medical groups prepare and submit CSV files via the MNCM Data Portal.  
  **Resources:** Download *Data Collection Guide Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015 and Data Collection Spreadsheet Template* under RESOURCES on the MNCM Data Portal.  
  • MNCM Data Portal closes May 15, 2015. |
| **Preliminary Results Review, Quality Checks**                               | Completed after data submission and prior to validation audit.  
  Medical groups review preliminary results internally to verify rates and provide  
  comments. MNCM reviews preliminary results/comments.  
  **Resources:** On Home page, under Data Submission on the MNCM Data Portal. |
| **Data Validation**                                                           | MNCP auditor will contact medical groups to schedule validation audit after data file is submitted.  
  MNCM conducts audits to validate that submitted data matches the source data in  
  patient medical records.  
  **Resources:** MNCM will email instructions and post on the MNCM Data Portal a list of  
  patients randomly-selected for audit. |
| **Two-Week Medical Group Review Period**                                     | July 2015  
  Medical groups review preliminary statewide results prior to final statewide results  
  being publicly reported.  
  **Resources:** MNCM will email information and instructions to medical groups. |
| **Data Results**                                                              | Late 2015  
  After successful submission and validation of the clinical data, MNCM may publish  
  the results on [www.mnhealthscores.org](http://www.mnhealthscores.org) and other publications. |
Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015

Direct Data Submission

(01/01/2014 to 12/31/2014 Dates of Service)

Measure Specifications
**Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015**

**Direct Data Submission**

**Measure Specifications**

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage of pediatric patients ages 12 to 17 years who have a documented mental health and/or depression screening using one of the listed validated tools at a well-child visit during the measurement period.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methodology</td>
<td>Population identification is accomplished via a query of a practice management system or Electronic Medical Record (EMR) to identify the population of eligible patients (denominator). Data elements are either extracted from an EMR system or abstracted through medical record review. Full population data is required for clinics that had an EMR in place by 01/01/2013.</td>
</tr>
</tbody>
</table>
| Rationale | Two million US adolescents ages 12 to 17 years had a major depressive episode in 2008.\(^1\) The annual estimate for the percentage of children and adolescents with mental, emotional and behavioral disorders is between 14 and 20%.\(^2\) National mental health treatment expenditures were estimated at more than $11 billion in 1998.\(^3\) The American Academy of Pediatrics’ Bright Futures guidelines report:  
- Half of all the lifetime cases of mental illness begin by the age of 14 years, which means that mental disorders are chronic diseases of the young.  
- An estimated 21% of U.S. children and adolescents ages 9 to 17 years have a diagnosable mental health disorder that causes at least some impairment. The under-detection of mental health problems in pediatric practice has been well documented and recognized.  
- One of the most efficient ways for health care professionals to improve the recognition and treatment of psychosocial problems in children and adolescents is by using a mental health screening tool.  

US Preventive Services Task Force conducted a study in April 2009 assessing the health effects of routine primary care screening for Major Depressive Disorder (MDD) among children and adolescents ages 7 to 18 years, including evaluating the accuracy of screening tests. The study concluded primary care feasible screening tools may be accurate in identifying depressed adolescents. Pilot testing of measure with 17 medical groups representing 123 clinics and 20,350 adolescents demonstrated opportunity for improvement and variability among practices with an overall average rate of screening of 46.3%. |
| Measurement Period | Measurement period will be a fixed 12-month period: 01/01/2014 to 12/31/2014 |

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Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015
Direct Data Submission
Measure Specifications

<table>
<thead>
<tr>
<th>Denominator</th>
<th>Patients who meet each of the following criteria are included in the population:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Patient was age 12 years at the start of the measurement period to 17 years at the end of the measurement period (date of birth was on or between 01/01/1997 to 01/01/2002).</td>
</tr>
<tr>
<td></td>
<td>• Patient was seen by an eligible provider in an eligible specialty face-to-face at least once during the measurement period (01/01/2014 to 12/31/2014) for a well-child visit as identified using the CPT codes 99384 and 99394. See Table 1.</td>
</tr>
</tbody>
</table>

**Eligible clinics:** Clinics that provide well-child visit services

**Eligible specialties:** Family Medicine (Includes General Practice), Internal Medicine, and Pediatric/Adolescent Medicine

**Eligible providers:** Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Nurse Practitioner (NP)

<table>
<thead>
<tr>
<th>Exclusions</th>
<th>The following are exclusions:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patients with the following diagnosis. See tables for codes used to identify patients:</td>
</tr>
<tr>
<td></td>
<td>• Schizophrenia. ICD-9 diagnosis codes 295.00 to 295.95; see Table 2.</td>
</tr>
<tr>
<td></td>
<td>• Bipolar disorder, major depression. ICD-9 diagnosis codes 296.00 to 296.99; see Table 3.</td>
</tr>
<tr>
<td></td>
<td>• Depression NOS. ICD-9 diagnosis code 311; see Table 4.</td>
</tr>
<tr>
<td></td>
<td>• Personality disorders. ICD-9 diagnosis codes 301.0 to 301.9; see Table 5.</td>
</tr>
<tr>
<td></td>
<td>• Other specified intellectual disabilities (moderate, severe and profound). ICD-9 diagnosis codes 318.0 to 318.2; see Table 6.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Percentage of patients age 12 to 17 years with one of the specified mental health and/or depression screening tools administered and documented in the medical record.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mental health and/or depression screening includes the use of any one of the following list of validated tools. The list of tools was meant to be inclusive of current validated, age appropriate tools that will address screening of this population. Both publicly available and proprietary tools were included to allow options for provider preference. Please refer to the data collection guide for more information on age appropriateness and availability (public domain vs. proprietary).</td>
</tr>
<tr>
<td></td>
<td>For clinics that are currently not screening their adolescent patients for mental health, it is strongly recommended to select a tool that is available in the public domain and</td>
</tr>
</tbody>
</table>

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Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015

Direct Data Submission

Measure Specifications

can be administered using electronic means of capture. Specified mental health and/or depression screenings include:

Highly recommended for depression screening:

Public domain
- Patient Health Questionnaire - 9 item version (PHQ-9).
- PHQ-9M Modified for Teens/Adolescents.
- Kutcher Depression Scale (KADS).
OR

Proprietary
- Beck Depression Inventory II (BDI-II).
- Beck Depression Inventory Fast Screen (BDI-FS).
- Child Depression Inventory (CDI) [original version].
- Child Depression Inventory II (CDI-2).
OR

Acceptable but not highly recommended for depression screening:

Public domain
- Patient Health Questionnaire - PHQ-2.
OR

Highly recommended for general mental health screening:

Public domain or Proprietary with Permission in MN
- Pediatric Symptom Checklist- 17 items (PSC-17).
- Pediatric Symptom Checklist- 35 items (PSC-35) or Youth Self-Report (PCS Y-SR).

Codes Used to Identify Well-child Visits

Table 1: CPT Codes for Well-child Visits

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>CPT Code Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>99384</td>
<td>Initial comprehensive preventive medicine adolescent (age 12 through 17)</td>
</tr>
<tr>
<td>99394</td>
<td>Periodic comprehensive preventive medicine adolescent (age 12 through 17)</td>
</tr>
</tbody>
</table>
### Table 2: ICD-9 Codes to Identify Patients who have Schizophrenia

<table>
<thead>
<tr>
<th>ICD-9 Diagnosis Code</th>
<th>ICD-9 Diagnosis Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>295.00</td>
<td>Schizophrenia, simple type, unspecified</td>
</tr>
<tr>
<td>295.01</td>
<td>Schizophrenia, simple type, subchronic</td>
</tr>
<tr>
<td>295.02</td>
<td>Schizophrenia, simple type, chronic</td>
</tr>
<tr>
<td>295.03</td>
<td>Schizophrenia, simple type, subchronic with acute exacerbation</td>
</tr>
<tr>
<td>295.04</td>
<td>Schizophrenia, simple type, chronic with acute exacerbation</td>
</tr>
<tr>
<td>295.05</td>
<td>Schizophrenia, simple type, in remission</td>
</tr>
<tr>
<td>295.10</td>
<td>Schizophrenia, disorganized type, unspecified</td>
</tr>
<tr>
<td>295.11</td>
<td>Schizophrenia, disorganized type, subchronic</td>
</tr>
<tr>
<td>295.12</td>
<td>Schizophrenia, disorganized type, chronic</td>
</tr>
<tr>
<td>295.13</td>
<td>Schizophrenia, disorganized type, subchronic with acute exacerbation</td>
</tr>
<tr>
<td>295.14</td>
<td>Schizophrenia, disorganized type, chronic with acute exacerbation</td>
</tr>
<tr>
<td>295.15</td>
<td>Schizophrenia, disorganized type, in remission</td>
</tr>
<tr>
<td>295.20</td>
<td>Schizophrenia, catatonic type, unspecified</td>
</tr>
<tr>
<td>295.21</td>
<td>Schizophrenia, catatonic type, subchronic</td>
</tr>
<tr>
<td>295.22</td>
<td>Schizophrenia, catatonic type, chronic</td>
</tr>
<tr>
<td>295.23</td>
<td>Schizophrenia, catatonic type, subchronic with acute exacerbation</td>
</tr>
<tr>
<td>295.24</td>
<td>Schizophrenia, catatonic type, chronic with acute exacerbation</td>
</tr>
<tr>
<td>295.25</td>
<td>Schizophrenia, catatonic type, in remission</td>
</tr>
<tr>
<td>295.30</td>
<td>Schizophrenia, paranoid type, unspecified</td>
</tr>
<tr>
<td>295.31</td>
<td>Schizophrenia, paranoid type, subchronic</td>
</tr>
<tr>
<td>295.32</td>
<td>Schizophrenia, paranoid type, chronic</td>
</tr>
<tr>
<td>295.33</td>
<td>Schizophrenia, paranoid type, subchronic with acute exacerbation</td>
</tr>
<tr>
<td>295.34</td>
<td>Schizophrenia, paranoid type, chronic with acute exacerbation</td>
</tr>
<tr>
<td>295.35</td>
<td>Schizophrenia, paranoid type, in remission</td>
</tr>
<tr>
<td>295.40</td>
<td>Schizophreniform disorder, unspecified</td>
</tr>
<tr>
<td>295.41</td>
<td>Schizophreniform disorder, subchronic</td>
</tr>
<tr>
<td>295.42</td>
<td>Schizophreniform disorder, chronic</td>
</tr>
<tr>
<td>295.43</td>
<td>Schizophreniform disorder, subchronic with acute exacerbation</td>
</tr>
<tr>
<td>295.44</td>
<td>Schizophreniform disorder, chronic with acute exacerbation</td>
</tr>
<tr>
<td>295.45</td>
<td>Schizophreniform disorder, in remission</td>
</tr>
<tr>
<td>295.50</td>
<td>Latent schizophrenia, unspecified</td>
</tr>
<tr>
<td>295.51</td>
<td>Latent schizophrenia, subchronic</td>
</tr>
<tr>
<td>295.52</td>
<td>Latent schizophrenia, chronic</td>
</tr>
<tr>
<td>295.53</td>
<td>Latent schizophrenia, subchronic with acute exacerbation</td>
</tr>
<tr>
<td>295.54</td>
<td>Latent schizophrenia, chronic with acute exacerbation</td>
</tr>
<tr>
<td>295.55</td>
<td>Latent schizophrenia, in remission</td>
</tr>
<tr>
<td>295.60</td>
<td>Schizophrenia, residual type, unspecified</td>
</tr>
</tbody>
</table>
## Measure Specifications

<table>
<thead>
<tr>
<th>ICD-9 Diagnosis Code</th>
<th>ICD-9 Diagnosis Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>295.61</td>
<td>Schizophrenia, residual type, subchronic</td>
</tr>
<tr>
<td>295.62</td>
<td>Schizophrenia residual type, chronic</td>
</tr>
<tr>
<td>295.63</td>
<td>Schizophrenia, residual type, subchronic with acute exacerbation</td>
</tr>
<tr>
<td>295.64</td>
<td>Schizophrenia, residual type, chronic with acute exacerbation</td>
</tr>
<tr>
<td>295.65</td>
<td>Schizophrenia, residual type, in remission</td>
</tr>
<tr>
<td>295.70</td>
<td>Schizoaffective disorder, unspecified</td>
</tr>
<tr>
<td>295.71</td>
<td>Schizoaffective disorder, subchronic</td>
</tr>
<tr>
<td>295.72</td>
<td>Schizoaffective disorder, chronic</td>
</tr>
<tr>
<td>295.73</td>
<td>Schizoaffective disorder, subchronic with acute exacerbation</td>
</tr>
<tr>
<td>295.74</td>
<td>Schizoaffective disorder, chronic with acute exacerbation</td>
</tr>
<tr>
<td>295.75</td>
<td>Other specified types of schizophrenia, in remission</td>
</tr>
<tr>
<td>295.80</td>
<td>Other specified types of schizophrenia, unspecified</td>
</tr>
<tr>
<td>295.81</td>
<td>Other specified types of schizophrenia, subchronic</td>
</tr>
<tr>
<td>295.82</td>
<td>Other specified types of schizophrenia, chronic</td>
</tr>
<tr>
<td>295.83</td>
<td>Other specified types of schizophrenia, subchronic with acute exacerbation</td>
</tr>
<tr>
<td>295.84</td>
<td>Other specified types of schizophrenia, chronic with acute exacerbation</td>
</tr>
<tr>
<td>295.85</td>
<td>Other specified types of schizophrenia, in remission</td>
</tr>
<tr>
<td>295.90</td>
<td>Unspecified schizophrenia, unspecified</td>
</tr>
<tr>
<td>295.91</td>
<td>Unspecified schizophrenia, subchronic</td>
</tr>
<tr>
<td>295.92</td>
<td>Unspecified schizophrenia, chronic</td>
</tr>
<tr>
<td>295.93</td>
<td>Unspecified schizophrenia, subchronic with acute exacerbation</td>
</tr>
<tr>
<td>295.94</td>
<td>Unspecified schizophrenia, chronic with acute exacerbation</td>
</tr>
<tr>
<td>295.95</td>
<td>Unspecified schizophrenia, in remission</td>
</tr>
</tbody>
</table>

### Table 3: ICD-9 Codes to Identify Patients who have Bipolar Disorder or Major Depression

<table>
<thead>
<tr>
<th>ICD-9 Diagnosis Code</th>
<th>ICD-9 Diagnosis Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>296.00</td>
<td>Bipolar I Disorder, Single Manic Episode, Unspecified</td>
</tr>
<tr>
<td>296.01</td>
<td>Bipolar I Disorder, Single Manic Episode, Mild</td>
</tr>
<tr>
<td>296.02</td>
<td>Bipolar I Disorder, Single Manic Episode, Moderate</td>
</tr>
<tr>
<td>296.03</td>
<td>Bipolar I Disorder, Single Manic Episode, Severe Without Psychotic Features</td>
</tr>
<tr>
<td>296.04</td>
<td>Bipolar I Disorder, Single Manic Episode, Severe With Psychotic Features</td>
</tr>
<tr>
<td>296.05</td>
<td>Bipolar I Disorder, Single Manic Episode, In Partial Remission</td>
</tr>
<tr>
<td>296.06</td>
<td>Bipolar I Disorder, Single Manic Episode, In Full Remission</td>
</tr>
<tr>
<td>296.10</td>
<td>Manic disorder, recurrent episode; Unspecified</td>
</tr>
<tr>
<td>296.11</td>
<td>Manic disorder, recurrent episode; Mild</td>
</tr>
<tr>
<td>296.12</td>
<td>Manic disorder, recurrent episode; Moderate</td>
</tr>
<tr>
<td>296.13</td>
<td>Manic disorder, recurrent episode; Severe Without Psychotic Features</td>
</tr>
<tr>
<td>296.14</td>
<td>Manic disorder, recurrent episode; Severe With Psychotic Features</td>
</tr>
<tr>
<td>ICD-9 Diagnosis Code</td>
<td>ICD-9 Diagnosis Code Description</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>296.15</td>
<td>Manic disorder, recurrent episode; In Partial Remission</td>
</tr>
<tr>
<td>296.16</td>
<td>Manic disorder, recurrent episode; In Full Remission</td>
</tr>
<tr>
<td>296.20</td>
<td>Major depressive affective disorder single episode unspecified degree</td>
</tr>
<tr>
<td>296.21</td>
<td>Major depressive affective disorder single episode mild degree</td>
</tr>
<tr>
<td>296.22</td>
<td>Major depressive affective disorder single episode moderate degree</td>
</tr>
<tr>
<td>296.23</td>
<td>Major depressive affective disorder single episode severe degree without psychotic behavior</td>
</tr>
<tr>
<td>296.24</td>
<td>Major depressive affective disorder single episode severe degree specified as with psychotic behavior</td>
</tr>
<tr>
<td>296.25</td>
<td>Major depressive affective disorder single episode in partial or unspecified remission</td>
</tr>
<tr>
<td>296.26</td>
<td>Major depressive affective disorder single episode in full remission</td>
</tr>
<tr>
<td>296.30</td>
<td>Major depressive affective disorder recurrent episode unspecified degree</td>
</tr>
<tr>
<td>296.31</td>
<td>Major depressive affective disorder recurrent episode mild degree</td>
</tr>
<tr>
<td>296.32</td>
<td>Major depressive affective disorder recurrent episode moderate degree</td>
</tr>
<tr>
<td>296.33</td>
<td>Major depressive affective disorder recurrent episode severe degree without psychotic behavior</td>
</tr>
<tr>
<td>296.34</td>
<td>Major depressive affective disorder recurrent episode severe degree specified as with psychotic behavior</td>
</tr>
<tr>
<td>296.35</td>
<td>Major depressive affective disorder recurrent episode in partial or unspecified remission</td>
</tr>
<tr>
<td>296.36</td>
<td>Major depressive affective disorder recurrent episode in full remission</td>
</tr>
<tr>
<td>296.40</td>
<td>Bipolar I Disorder, Most Recent Episode Manic, Unspecified</td>
</tr>
<tr>
<td>296.41</td>
<td>Bipolar I Disorder, Most Recent Episode Manic, Mild</td>
</tr>
<tr>
<td>296.42</td>
<td>Bipolar I Disorder, Most Recent Episode Manic, Moderate</td>
</tr>
<tr>
<td>296.43</td>
<td>Bipolar I Disorder, Most Recent Episode Manic, Severe Without Psychotic Features</td>
</tr>
<tr>
<td>296.44</td>
<td>Bipolar I Disorder, Most Recent Episode Manic, Severe With Psychotic Features</td>
</tr>
<tr>
<td>296.45</td>
<td>Bipolar I Disorder, Most Recent Episode Manic, In Partial Remission</td>
</tr>
<tr>
<td>296.46</td>
<td>Bipolar I Disorder, Most Recent Episode Manic, In Full Remission</td>
</tr>
<tr>
<td>296.50</td>
<td>Bipolar I Disorder, Most Recent Episode Depressed, Unspecified</td>
</tr>
<tr>
<td>296.51</td>
<td>Bipolar I Disorder, Most Recent Episode Depressed, Mild</td>
</tr>
<tr>
<td>296.52</td>
<td>Bipolar I Disorder, Most Recent Episode Depressed, Moderate</td>
</tr>
<tr>
<td>296.53</td>
<td>Bipolar I Disorder, Most Recent Episode Depressed, Severe Without Psychotic Features</td>
</tr>
<tr>
<td>296.54</td>
<td>Bipolar I Disorder, Most Recent Episode Depressed, Severe With Psychotic Features</td>
</tr>
<tr>
<td>296.55</td>
<td>Bipolar I Disorder, Most Recent Episode Depressed, In Partial Remission</td>
</tr>
<tr>
<td>296.56</td>
<td>Bipolar I Disorder, Most Recent Episode Depressed, In Full Remission</td>
</tr>
<tr>
<td>296.60</td>
<td>Bipolar I Disorder, Most Recent Episode Mixed, Unspecified</td>
</tr>
<tr>
<td>296.61</td>
<td>Bipolar I Disorder, Most Recent Episode Mixed, Mild</td>
</tr>
<tr>
<td>296.62</td>
<td>Bipolar I Disorder, Most Recent Episode Mixed, Moderate</td>
</tr>
<tr>
<td>296.63</td>
<td>Bipolar I Disorder, Most Recent Episode Mixed, Severe Without Psychotic Features</td>
</tr>
<tr>
<td>296.64</td>
<td>Bipolar I Disorder, Most Recent Episode Mixed, Severe With Psychotic Features</td>
</tr>
</tbody>
</table>
### ICD-9 Diagnosis Code to Identify Adolescents with Depression NOS

<table>
<thead>
<tr>
<th>ICD-9 Diagnosis Code</th>
<th>ICD-9 Diagnosis Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>296.65</td>
<td>Bipolar I Disorder, Most Recent Episode Mixed, In Partial Remission</td>
</tr>
<tr>
<td>296.66</td>
<td>Bipolar I Disorder, Most Recent Episode Mixed, In Full Remission</td>
</tr>
<tr>
<td>296.7</td>
<td>Bipolar I Disorder, Most Recent Episode Unspecified</td>
</tr>
<tr>
<td>296.80</td>
<td>Bipolar Disorder NOS</td>
</tr>
<tr>
<td>296.81</td>
<td>Atypical manic disorder</td>
</tr>
<tr>
<td>296.82</td>
<td>Atypical depressive disorder</td>
</tr>
<tr>
<td>296.89</td>
<td>Bipolar II Disorder</td>
</tr>
<tr>
<td>296.90</td>
<td>Unspecified episode mood disorder</td>
</tr>
<tr>
<td>296.99</td>
<td>Other specified episodic mood disorder</td>
</tr>
</tbody>
</table>

### ICD-9 Diagnosis Code to Identify Patients who have Depression NOS

<table>
<thead>
<tr>
<th>ICD-9 Diagnosis Code</th>
<th>ICD-9 Diagnosis Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>311</td>
<td>Depressive disorder, not elsewhere classified</td>
</tr>
</tbody>
</table>

### Table 5: ICD-9 Codes to Identify Patients who have Personality disorders

<table>
<thead>
<tr>
<th>ICD-9 Diagnosis Code</th>
<th>ICD-9 Diagnosis Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>301.0</td>
<td>Paranoid personality disorder</td>
</tr>
<tr>
<td>301.10</td>
<td>Affective personality disorder unspecified</td>
</tr>
<tr>
<td>301.11</td>
<td>Chronic hypomanic personality disorder</td>
</tr>
<tr>
<td>301.12</td>
<td>Chronic depressive personality disorder</td>
</tr>
<tr>
<td>301.13</td>
<td>Cyclothymic disorder</td>
</tr>
<tr>
<td>301.20</td>
<td>Schizoid personality disorder unspecified</td>
</tr>
<tr>
<td>301.21</td>
<td>Introverted personality</td>
</tr>
<tr>
<td>301.22</td>
<td>Schizotypal personality disorder</td>
</tr>
<tr>
<td>301.3</td>
<td>Explosive personality disorder</td>
</tr>
<tr>
<td>301.4</td>
<td>Obsessive-compulsive personality disorder</td>
</tr>
<tr>
<td>301.50</td>
<td>Histrionic personality disorder unspecified</td>
</tr>
<tr>
<td>301.51</td>
<td>Chronic factitious illness with physical symptoms</td>
</tr>
<tr>
<td>301.59</td>
<td>Other histrionic personality disorder</td>
</tr>
<tr>
<td>301.6</td>
<td>Dependent personality disorder</td>
</tr>
<tr>
<td>301.7</td>
<td>Antisocial personality disorder</td>
</tr>
<tr>
<td>301.81</td>
<td>Narcissistic personality disorder</td>
</tr>
<tr>
<td>301.82</td>
<td>Avoidant personality disorder</td>
</tr>
<tr>
<td>301.83</td>
<td>Borderline personality disorder</td>
</tr>
<tr>
<td>301.84</td>
<td>Passive-aggressive personality</td>
</tr>
<tr>
<td>301.89</td>
<td>Other personality disorders</td>
</tr>
<tr>
<td>301.9</td>
<td>Unspecified personality disorder</td>
</tr>
</tbody>
</table>
Table 6: ICD-9 Codes to Identify Patients who have Specified Intellectual Disabilities

<table>
<thead>
<tr>
<th>ICD-9 Diagnosis Code</th>
<th>ICD-9 Diagnosis Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>318.0</td>
<td>Moderate intellectual disabilities</td>
</tr>
<tr>
<td>318.1</td>
<td>Severe intellectual disabilities</td>
</tr>
<tr>
<td>318.2</td>
<td>Profound intellectual disabilities</td>
</tr>
</tbody>
</table>
Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015

Direct Data Submission

Measure Specifications

Measure Logic/Flow Chart

Patient was between age 12 at the start of the measurement period to 17 at the end of the measurement period?

Yes

Was the patient seen by an eligible provider in an eligible specialty during the measurement period for a well-child visit as identified by CPT Procedure Codes 99384 and 99394?

Yes

Does patient have diagnoses listed in Tables 2 to 6?

Yes

No

2015 Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening

No

PATIENT NOT INCLUDED IN MEASURE

Was patient administered mental health and/or depression screening during the measurement period?

Yes

Patient was between age 12 at the start of the measurement period to 17 at the end of the measurement period?

No

PATIENT NOT INCLUDED IN MEASURE

No

PATIENT NOT INCLUDED IN NUMERATOR

No

PATIENT INCLUDED IN NUMERATOR

PATIENT INCLUDED IN DENOMINATOR

Yes

PATIENT INCLUDED IN NUMERATOR

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Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015

Direct Data Submission

(01/01/2014 to 12/31/2014 Dates of Service)

Data Collection and Submission Instructions
Data Collection and Submission Preparations and Considerations

Before collecting and submitting data to MNCM, the following items should be reviewed.

**Data submission preparations**

- Many resources can be found on the MNCM websites. MNCM recommends saving their location as favorites or bookmarks for easy future reference.
  - MNCM Data Portal: [https://data.mncm.org/login](https://data.mncm.org/login)
  - MNCM Corporate Website: [www.mncm.org](http://www.mncm.org)
  - MNHealthScores: [www.mnhealthscores.org](http://www.mnhealthscores.org)
- A dedicated folder location on the computer or network for all data submission documents may be useful.
- Name versions of documents clearly, including version numbers and/or dates, to ensure use of the most recent files.
- Login to the MNCM Data Portal. See Appendix C for step-by-step instructions. Under RESOURCES, access Direct Data Submission (DDS) documents.
  - Download the following documents:
    - Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015 Data Collection Guide;
    - Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015 Pre-Submission Data Certification Form;
    - Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015 Data Collection Form; and
    - Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015 Data Collection Spreadsheet Template.

**Data submission considerations**

**Patient attribution**

Each patient is attributed to the provider and clinic associated with the most recent well-child visit.
Total vs. sample population

During the pre-submission data certification process, medical groups must indicate whether total population or sample population data will be submitted.

Clinics with electronic medical records (EMRs) in place during the entire prior measurement period (dates of service 01/01/2013 to 12/31/2013) are required to submit total population data.

Clinics without EMRs in place during the entire prior measurement period are permitted to submit sample population data utilizing a random sampling methodology. See Appendix D for instructions on identifying a random sample of patients. Sample size restrictions do apply and require a minimum of sixty (60) records to be included in sample population data submissions. Clinics with sixty (60) or less patients in the total population must submit total population data.

MNCM encourages medical groups to submit total population whenever possible. Benefits include:

- **More reliable performance scores.** Performance measurement scores based on total population data more reliably reflect the quality of care delivered by a clinic and medical group. Reliability depends on the degree of random measurement error and the size of the population or sample. As the population size in a data submission increases, the margin of error for reporting differences in performance narrows. Performance scores calculated from sample population data will have a larger margin of error and the reporting clinic’s results may not be able to be statistically differentiated from the statewide average, resulting in a greater likelihood of receiving an Average HealthScore on mnhealthscores.org. This is especially important for clinics participating in Minnesota Bridges to Excellence and health plan pay-for-performance programs that rate clinics based on performance measurement scores.

- **Improved risk adjustment.** Risk adjustment is based on the distribution of characteristics within a clinic’s submitted patient population and its comparison to the statewide distribution. Potential variables for risk adjustment include health plan product, patient demographic information and health status factors. Total population data produces a more reliable representation of a clinic’s patient population and increases the number of variables available for risk adjustment.

Using multiple data collectors

Use of one data collector or data collection process is preferred as it ensures consistent methods for data collection and results in improved reliability. However, if more than one person must collect data, steps to maximize inter-rater reliability (IRR) are strongly recommended, including but not limited to training for all persons involved in data collection regarding the process and methods to be applied.
Pediatric Preventive Care: Adolescent Mental Health
and/or Depression Screening 2015

Direct Data Submission

Data Collection and Submission Instructions

Training could include a review of this guide and all related data collection forms, as well as instructions for locating information in the medical record. MNCM also recommends referring to data collection errors made in previous submissions, making plans to improve the data collection process, and performing quality checks on the data. This ensures that measurement specifications are interpreted consistently and data is collected uniformly across multiple data collectors.
Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015

Data Collection and Submission Instructions

Section A: Identifying the Patient Population

The first stage in the process to calculate performance scores is to apply a standard set of criteria to identify the total number of patients eligible for the measure. That number is called the “denominator.” The denominator is defined as the bottom number in a fraction. The detailed criteria used to identify the patient population are included in the Denominator section of the Measure Specifications on pages 5-7. All patients who meet denominator criteria must be included the patient population.

Step 1: Pre-Submission Data Certification (formerly Denominator Certification)

This must be done prior to identifying the patient population and collecting data.

To aid medical groups in identification of the correct patient population, MNCM will review each medical group’s source code and/or methodology for producing the patient population upfront. This process is intended to identify potential issues prior to data submission, thus avoiding rework for medical groups. However, the responsibility to submit an accurate patient population rests with the medical group. Please contact support@mncm.org with any questions.

NOTE: MNCM’s pre-submission data certification process may include a comprehensive review of the steps used by the medical group to identify the patient population, including a final listing of the identified patients. MNCM recommends saving all original queries, spreadsheets and/or other documentation of the process used to identify the patient population for potential review.

Patient Population Identification Methodology Details

The following elements are included on the Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015 Pre-Submission Data Certification Form. Medical groups will need to indicate on the form how they will identify each element.

- Date of birth range.
- ICD-9-CM and CPT codes included in query.
  - CPT codes are used to identify the patient population (See Table 1).
  - ICD-9 codes are used to identify exclusions (See Tables 2-6).
  - When querying the system for codes, use the appropriate sets of code ranges; do NOT use one single code range to query.
- Visit date range.
- Board certified specialties of providers who will be included in the query.
- How exclusions will be handled.
  - Medical groups with EMRs can list which accepted exclusions will be filtered through the query process.
Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015

Direct Data Submission

Data Collection and Submission Instructions

- Medical groups without EMRs can describe how exclusions will be identified and documented during record review.
- Whether total population or a random sample of the patient population will be submitted; if a sample, the process for generating a random sample.

The pre-submission data certification step is considered complete when a medical group receives the pre-submission data certification approval from MNCM.

Pre-Submission Data Certification Form

A template is provided to ensure all medical groups are using the required set of criteria to identify the patient population. Updated forms must be submitted on an annual basis.

The form requires source code or “screen shots,” which are helpful for the pre-submission data certification process. Medical groups need to complete this form and submit it through the MNCM Data Portal.

To download the form and submit it for certification:

2. Under RESOURCES, select “Cycle B - Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening” from the drop-down menu. Download the Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015 Pre-Submission Data Certification form.
3. Complete the form and save it in a dedicated file location on the computer or network.
4. Login to the MNCM Data Portal and select Denominator Certification under the Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening –2015 Report (2014 DOS) section. Follow the instructions to upload the form.
5. MNCM will review the information and respond within three business days. MNCM will either (1) contact the medical group for additional information, in which case the medical group will need to make the necessary revisions and re-upload the form; or (2) certify the methodology. This certification will be indicated in the MNCM Data Portal and an automatic e-mail notification will be sent to the medical group.
Step 2: Patient Population Identification

After completing Step 1, medical groups will be able to query their systems to determine the patient population for this measure. This step must be completed whether the group plans to submit total population or a sample of patients.

**NOTE:** Medical groups that implemented a new practice management system during the measurement year will need to generate the patient population list using both systems. Two queries or patient lists may be necessary; if so, the lists should be combined and a common identifier selected to de-duplicate the list. Please contact support@mncm.org with any questions.

System Query

Refer to the Data Elements and Field Specifications Table (pages 23-28) for details on formatting the data elements that must be submitted to MNCM.

The data elements include:

- Clinic
- Patient ID number
- Patient date of birth (DOB)
- Provider name, NPI, type and specialty code
- Insurance payer and insurance member ID
- Gender
- Zip Code
- Race/Hispanic ethnicity, country of origin and preferred language

Exclusions

In general, exclusions are kept to a minimum. They are supported by evidence that must show frequency of occurrence in which the results would be distorted without the exclusion or is clinically appropriate. A complete list is included in the Measure Specifications on page 5-7 under “Exclusions.” Also see Tables 2-6 on pages 8-12 for all codes applicable to exclusions.

Patients with exclusions must be removed upfront and not included in the patient level data file. If a sample of patients will be submitted and a patient in the random sample meets one of the exclusion criteria, replace the patient with another patient from the over sample. See Appendix D for instructions.

If a patient meets the criteria for the patient population denominator and none of the exclusions apply, the patient must be included.
Finalizing the patient population list

Once the query is completed, the file should be finalized using the following processes:

1. Sort the list by clinic sites where patients are attributed.
2. De-duplicate the list to include only one record per patient. If a patient is listed more than once within a clinic or the entire medical group, determine which provider or clinic the patient should be attributed to and delete the other record. See pages 15 for more information.
3. Review the number of patients in the population. Is the total number of patients realistic and does it make sense? If not, does a correction in the methodology or query need to be made?
4. “Inactive” patients: Patients designated as “inactive” in a practice management system, billing system or electronic medical record must be included in the patient population if they meet the criteria.

Sample Population

With sample population submissions, medical groups need to use the patient population list to pull a random sample of patients using Method 1 or 2 as detailed in Appendix D. The list of randomly sampled patients will be the list for which data elements need to be collected and submitted to MNCM.

Patient Registry Caution

Patient registries are important tools for clinics to track patient progress and to support quality improvement. However, MNCM cautions the use of patient registries to identify patient populations or for collection of clinical data. Many registries give a “snapshot” of patients at a given time; thus they may not include all patients according to established patient criteria or reflect the most recent clinical data (e.g., blood pressure or labs). If a medical group utilizes a registry that is programmed to update the patient population and clinical results on a continual basis (24/7), or was built using measure specifications, contact support@mncm.org to discuss its possible use.

During the validation audit, MNCM auditors will review patient records for validation and not patient registries. Thus, if a clinic uses data from a patient registry, the auditor may find more validation errors.
Section B: Data Collection

The second stage in the process to calculate performance scores is to collect the required data elements. Specific information can be found in the Data Elements and Field Specifications Table (pages 23-28). If medical groups are submitting total population data, data will need to be collected for all patients identified in the patient population. If medical groups are submitting sample population data, data will need to be collected for the patients in the sample. Review Appendix D for more information about how to identify a sample population.

Medical groups can collect clinical data from medical records by either extracting it from an EMR through a data query, or abstracting it from the medical record (paper record or EMR).

Data collection should occur after:

1. The clinic’s billing and medical record updates are complete for the measurement period; and
2. The patient population identification method is certified by MNCM; and
3. The patient population is pulled or, if applicable, a sample is selected according to the measure specifications and sampling instructions.

Step 1: Collect the Data

Data must be submitted using the provided Excel template. It contains all of the necessary fields and the correct column formatting to submit data according to the measure specifications. Download the Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015 Data Collection Spreadsheet Template from the MNCM Data Portal, under RESOURCES by selecting “Cycle B - Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening Resources” from the drop-down menu.

Locating Data Elements in the Patient Record

The primary source of data should be the clinic’s documentation in the medical record (e.g., flow sheets, progress notes, etc.). Information from sources external to the clinic or medical group may be used if it is documented in the patient’s medical record. Upon audit, MNCM will validate submitted data elements against what is documented in the medical record.

Tracking Data Location in the Patient Record

It is helpful during the audit process to know where data is located in the patient’s medical record. If information is kept in a place in the medical record that is not typical for the practice, document the location on the data collection form or directly in the Excel spreadsheet by adding a Notes column. Save a copy of the Excel file with the Notes column (for internal records) and without the column (for submission to MNCM).
Data Elements and Field Specifications Table

<table>
<thead>
<tr>
<th>Column</th>
<th>Field Name</th>
<th>Notes</th>
<th>Excel Format</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Clinic ID</td>
<td>Enter the <strong>MNCM Clinic ID</strong> for every patient/row submitted. MNCM assigns the clinic ID at the time of registration. Use the <strong>MNCM ID</strong> listed in the portal. Do NOT use the Medical Group ID. Blank values will create ERRORs upon submission. <strong>Quality Check:</strong> Verify ID in each cell matches the clinic ID in the MNCM Data Portal.</td>
<td>Text</td>
<td>9999</td>
</tr>
</tbody>
</table>
| B      | Patient ID | Enter a unique patient ID to identify each patient.  
- Keep a “crosswalk” between the patient ID and the patient name and DOB to help clinic staff locate records during validation audits.  
- Enter clinic-assigned ID (e.g., MRN, account number). Do NOT enter Social Security Numbers. Blank values will create ERRORs upon submission. **Quality Check:** Verify patients were not duplicated. If patient is duplicated, determine which clinic patient should be attributed to and delete the duplicate record. If submitting a sample population, replace the deleted record with the next patient. | Text | 1 |
## Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015
### Direct Data Submission
#### Data Collection and Submission Instructions

<table>
<thead>
<tr>
<th>Column</th>
<th>Field Name</th>
<th>Notes</th>
<th>Excel Format</th>
<th>Example</th>
</tr>
</thead>
</table>
| C      | Patient Date of Birth                           | Enter the patient’s date of birth. Patient must be between age 12 at the start of the measurement period and age 17 at the end of the measurement period (01/01/2014 to 12/31/2014).  
  • The date of birth range for this age group is between 01/01/1997 to 01/01/2002.  
Blank values or values outside the range of 01/01/1997 to 01/01/2002 will create ERRORs upon submission.  
**Quality Check:** Verify each date of birth is within the accepted range. | Date (mm/dd/yyyy) | 06/03/1999 |
| D      | Gender                                          | Enter the patient’s gender:  
  Female = F  
  Male = M  
  Unknown = U  
Blank values will create ERRORs upon submission.  
**Quality Check:** Verify each cell has one of the accepted codes. | Text | F |
| E      | Zip Code, Primary Residence                     | Enter the patient’s five-digit zip code of primary residence at the most recent encounter on or prior to 12/31/2014.  
  • If EMR query extracts a nine-digit number, submit the nine-digit number. The MNCM Data Portal will remove the last four digits automatically.  
Blank values will create ERRORs upon submission.  
**Quality Check:** Verify the zip code is five digits and that each cell has data. | Text | 55111 |
<table>
<thead>
<tr>
<th>Column</th>
<th>Field Name</th>
<th>Notes</th>
<th>Excel Format</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>Race/Ethnicity1</td>
<td>Please refer to a separate document entitled <a href="#">2015 REL Data Field Specifications and Codes</a> for the field specifications in Columns F – N. This document can be found via the link above, under the RESOURCES Tab in the data portal under the “Race/Ethnicity/Language Data (REL)” section, or on MNCM.org under Submitting Data &gt; Training &amp; Guidance &gt; Data Collection Guides.</td>
<td>Number</td>
<td>1</td>
</tr>
<tr>
<td>G</td>
<td>Race/Ethnicity2</td>
<td>These are optional fields.</td>
<td>Number</td>
<td>2</td>
</tr>
<tr>
<td>I</td>
<td>Race/Ethnicity4</td>
<td>Quality Check: Verify each cell has one of the accepted codes. Blank cells (if there is no data is available) are acceptable.</td>
<td>Number</td>
<td>1</td>
</tr>
<tr>
<td>J</td>
<td>Race/Ethnicity5</td>
<td></td>
<td>Text</td>
<td>LanguageB</td>
</tr>
<tr>
<td>K</td>
<td>Country of Origin Code</td>
<td></td>
<td>Number</td>
<td>1</td>
</tr>
<tr>
<td>L</td>
<td>Country of Origin “Other” Description</td>
<td></td>
<td>Text</td>
<td>CountryA</td>
</tr>
<tr>
<td>M</td>
<td>Preferred Language Code</td>
<td></td>
<td>Number</td>
<td>1</td>
</tr>
<tr>
<td>N</td>
<td>Preferred Language “Other” Description</td>
<td></td>
<td>Text</td>
<td>LanguageB</td>
</tr>
<tr>
<td>O</td>
<td>Provider NPI</td>
<td>Enter the 10-digit NPI of the provider associated with the most recent well-child visit.</td>
<td>Text</td>
<td>1234567891</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If the provider does not have an NPI, enter the provider ID as registered in the MNCM Data Portal.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Blank values will create ERRORs upon submission.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quality Check: Verify each cell has data.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Column</th>
<th>Field Name</th>
<th>Notes</th>
<th>Excel Format</th>
<th>Example</th>
</tr>
</thead>
</table>
| P      | Provider Specialty Code          | Enter the board certified specialty of the provider (if multiple specialties, choose primary specialty):  
1 = Family Medicine  
2 = Internal Medicine  
24 = Pediatric/Adolescent Medicine  
• If a provider from a specialty other than those listed above has pediatric patients and wishes to submit data, contact support@mncm.org.  
Blank values will create ERRORs upon submission.  
Quality Check: Verify that each cell has an accepted code. | Number       | 1       |
| Q      | Insurance Coverage Code          | Please refer to a separate document entitled 2015 Insurance Coverage Data Field Specifications and Codes for these field specifications. This document can be found via the link above, under the RESOURCES Tab in the data portal under the “Insurance Coverage Field Specs & Codes for DDS” section., or on MNCM.org under Submitting Data > Training & Guidance > Data Collection Guides.  
• This should be the patient’s most recent insurance on or prior to 12/31/2014. | Number       | 1       |
| R      | Insurance Coverage “Other” Description |                                                                                                                                                                                                     | Text         | Assurant Health |
| S      | Insurance Plan Member ID         | Quality Check: Verify each cell has an accepted code and that all 99 codes have a name entered in Column R. Verify Social Security Numbers are NOT submitted.                                                | Text         | FBOXZ7969 |
Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015

Direct Data Submission

Data Collection and Submission Instructions

<table>
<thead>
<tr>
<th>Column</th>
<th>Field Name</th>
<th>Notes</th>
<th>Excel Format</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>T</td>
<td>Well-Child Visit Date</td>
<td>Enter the date that the patient was seen for a well-child visit. Having a well-child visit during the measurement period includes this patient in the denominator. If there is more than one well-child visit during the measurement period, enter the most recent date. Blank values will create ERRORs upon submission. Quality Check: Verify all dates are within the measurement period date range.</td>
<td>Date (mm/dd/yyyy)</td>
<td>06/30/2014</td>
</tr>
<tr>
<td>U</td>
<td>Mental Health or Depression Screening Date</td>
<td>Enter the date that the patient was screened for mental health and/or depression. Typically this will be the same date as a well-child visit; however it is acceptable to have a mental health and/or depression assessment at another time during the measurement period. • If a mental health or depression screening occurred during an acute care or other type of visit during the measurement year, prior to or after a well-child visit, it is acceptable to use the date of the acute care visit when the screening occurred. Leave BLANK if patient did not have a mental health and/or depression screening Quality Check: Verify all dates are within the measurement period date range.</td>
<td>Date (mm/dd/yyyy)</td>
<td>06/30/2014</td>
</tr>
<tr>
<td>Column</td>
<td>Field Name</td>
<td>Notes</td>
<td>Excel Format</td>
<td>Example</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>---------</td>
</tr>
</tbody>
</table>
| V      | Mental Health or Depression Screening Tool | Indicate which mental health and/or depression screening tool was used: 1 = Patient Health Questionnaire - 9 item version (PHQ-9) 2 = PHQ-9M Modified for Teens/Adolescents 3 = Kutcher Depression Scale (KADS) 4 = Beck Depression Inventory II (BDI-II) 5 = Beck Depression Inventory Fast Screen (BDI-FS) 6 = Child Depression Inventory (CDI) [original version] 7 = Child Depression Inventory II (CDI-2) 8 = Patient Health Questionnaire - PHQ-2 9 = Pediatric Symptom Checklist - 17 items (PSC-17) 10 = Pediatric Symptom Checklist - 35 items (PSC-35) or Youth Self Report (PCS Y-SR) 11 = Global Appraisal of Individual Needs (GAIN-SS) screens for mental health and substance abuse  
See Appendix E for a list of comprehensive description of validated tools. Leave BLANK if patient did not have a mental health and/or depression screening with one of the above listed tools.  
**Quality Check:** Verify that each cell has an accepted code. | Number | 8 |
| W      | Result of Tool                  | Enter the total score (result) from the mental health and/or depression screening tool administered. If a code is provided in Column V indicating a tool was administered, then blank values in this field will create ERRORs upon submission.  
**Quality Check:** Verify the result is within the valid range for the tool that is used. | Number | 15 |
Step 2: Quality Check the Data

MNCM recommends completing several internal quality checks of the data prior to submission. Quality checks improve data accuracy, reduce the likelihood of errors, and ensure that the data can be validated upon audit.

Quality Check Option 1

Use Excel’s AutoFilter feature to complete data quality checks of specific data elements in the Excel file. To set the filter and review specific data elements, follow these instructions:

1. Click inside any data cell and activate the AutoFilter by:
   a. In Excel 2003, click the Data menu, point to Filter, and click AutoFilter.
2. The AutoFilter arrows should appear to the right of each column heading.
3. Click on the arrow of any column to display drop-down boxes and scan for key entry errors and “out-of-range” or missing data (e.g., a well-child visit outside the date of service range 01/01/2014 to 12/31/2014). Determine if the data needs to be corrected.
4. To display all data again, click on the same drop-down box and select All.
5. Remove the AutoFilter by:
   a. In Excel 2003, click Data, Filter, and then AutoFilter again.

Quality Check Example: Well-Child Visit Dates

To verify that every row has a well-child visit date, start by clicking the “Well-Child Visit Date” (Column T) drop-down menu to see a list of values and other selections. Click (Blank) to see which record(s) have a missing value. If any are found, go back to the source in the medical record and make appropriate changes to the Excel file. If no date is available, the patient should not be included in the data file.

Quality Check Option 2

Complete an internal audit of clinical data by reviewing a random sample of records to verify that the data matches the patient records. MNCM recommends a minimum of 8 to 10 records for the sample. If errors are found, make corrections in the Excel file.
Quality Check Option 3

Complete these general quality checks:

1. Conduct the quality checks listed in the Notes column of each data element in the Data Elements and Field Specifications Table (pages 23-28).
2. Verify excluded records are removed. See Tables 2-6 on pages 8-12 for all codes applicable to exclusions.
3. Confirm there are no hyphens or zeroes (0s). If the data field is supposed to be blank, do NOT enter hyphens or zero; instead leave it blank.
4. Confirm there are no blank rows at the end of the spreadsheet. Blank rows at the bottom of the Excel file can slow the data submission process.
   a. To check for blank rows, press Ctrl/End at the same time to go to the bottom-most cell in the spreadsheet. Remove any by highlighting the blank rows, right-clicking in the left margin, and selecting Delete.

Considerations during Quality Checks

If errors are found during quality checks, consider if the errors are isolated cases or indicative of a larger data collection problem. (e.g., there are no patients with “1” in Column V (Mental Health or Depression Screening Tool) and the clinic consistently uses the PHQ-9 to assess adolescents.)

It is important to complete quality checks before submitting data to MNCM. This can help avoid delays in file submission and ensure submission of the most accurate data. All changes, additions or corrections must be made in the Excel file before submitting data to MNCM.
Section C: Data File Creation

The third stage in the process to calculate performance scores is to create the data file for submission in the MNCM Data Portal. Before proceeding with the file submission, be sure to:

• Complete all data collection and data entry.
• Complete data quality checks.
• Combine all clinic files onto one spreadsheet. All clinics in a medical group must be uploaded in one, single file. The clinic identifier is the Clinic ID.
• Verify each column is formatted according to measure specifications (TEXT, NUMBER, or DATE formatting). Columns can remain at any width.
• Verify all original columns remain in the spreadsheet even if there is no data in a column. Do NOT delete any columns.

Once these steps are completed, save the Excel template and then save the file as a CSV file, which will be uploaded to the MNCM Data Portal. CSV stands for “comma separated values.” A CSV file is a common and simple format used to import or transport data between systems or software applications that are not directly related. If at any point in the process it is discovered that corrections to the data are needed, do NOT open the CSV file in Excel. Doing so destroys the formatting and alters the data. Instead, to view or make corrections to the data, open your original Excel file. Then save the changes as a new CSV file. If the CSV file is mistakenly opened in Excel, simply re-save a new CSV file from the original Excel file. Rename the old CSV file or delete it entirely.

Create CSV File for Data Submission

The steps for creating a CSV file using Excel 2003, 2007 or 2010 are below. If multiple tabs were created in the Excel spreadsheet, select the correct tab and proceed with the following steps. If only one tab was created, start with step 6.

<table>
<thead>
<tr>
<th>For Excel 2003 Users</th>
<th>For Excel 2007 Users</th>
<th>For Excel 2010 Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Open the original Excel file (.xls).</td>
<td>2. Right-click the tab of the spreadsheet you wish to save (near bottom of screen).</td>
<td>2. Right-click the tab of the spreadsheet you wish to save (near bottom of screen).</td>
</tr>
<tr>
<td>2. Click Edit or right-click the tab of the spreadsheet you wish to save (near bottom of screen).</td>
<td>3. Select Move or Copy Sheet To book (new book) – this is a drop-down selection.</td>
<td>3. Select Move or Copy Sheet To book (new book) – this is a drop-down selection.</td>
</tr>
<tr>
<td>3. Select Move or Copy Sheet To book (new book) – this is a drop-down selection.</td>
<td>4. Select Create a Copy; click “OK.”</td>
<td>4. Select Create a Copy; click “OK.”</td>
</tr>
<tr>
<td>4. Select Create Copy.</td>
<td>5. In this new book, click File, Save As.</td>
<td>5. In this new book, click the Office Button (upper left-hand corner of screen); select Save As.</td>
</tr>
<tr>
<td>5. In this new book, click File, Save As.</td>
<td>6. Select the folder and file name of your choice.</td>
<td>6. Select the folder and file name of your choice.</td>
</tr>
<tr>
<td>7. At the very bottom, you will see Save as type; choose from the drop-down menu, CSV (comma delimited).</td>
<td>8. Click Save. When you save the CSV file, the following warning will appear: “...may contain features that are not compatible with CSV. Do you want to keep the workbook in this format?” Click Yes.</td>
<td>8. Click Save. When you save the CSV file, the following warning will appear: “...may contain features that are not compatible with CSV. Do you want to keep the workbook in this format?” Click Yes.</td>
</tr>
<tr>
<td>9. Now you can close the file; a message will appear: “Do you want to save this file...?” Click Yes or No. Your CSV file is now ready for upload to the MNCM Data Portal. Do NOT open the CSV file in Excel. If the file is mistakenly opened, simply resave a new CSV file.</td>
<td>9. Now you can close the file; a message will appear: “Do you want to save this file...?” Click Yes or No. Your CSV file is now ready for upload to the MNCM Data Portal. Do NOT open the CSV file in Excel. If the file is mistakenly opened, simply resave a new CSV file.</td>
<td>9. Now you can close the file; a message will appear: “Do you want to save this file...?” Click Yes or No. Your CSV file is now ready for upload to the MNCM Data Portal. Do NOT open the CSV file in Excel. If the file is mistakenly opened, simply resave a new CSV file.</td>
</tr>
</tbody>
</table>
Section D: Data Submission

The fourth stage in the process to calculate performance scores is to submit the data file to MNCM through the MNCM Data Portal. Go to HOME in the MNCM Data Portal and scroll down to the Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening – 2015 Report (2014 DOS) measure. Click on Data Submission and follow the steps below.

Data File Transfer Selection

Beginning in 2014, the Minnesota Department of Health (MDH) requested the receipt of patient-level data for the uses described below. MDH assured MNCM medical groups are permitted to disclose this patient-level data to MDH under applicable law (including Minnesota law and HIPAA), as it will be used by MDH only for public health activities, health oversight activities and/or other activities required or authorized by state or federal law. Medical groups should indicate on the MNCM Data Portal whether they allow MNCM to share patient-level data with MDH. A list of the data elements for each measure that will be shared with MDH is available in the MNCM Data Portal, under RESOURCES and by selecting Minnesota Statewide Quality Reporting and Measurement System from the drop-down menu.

MDH will use patient level data to:

- Validate quality measure results
- Publicly report clinic results
- Research risk adjustment methodologies
- Benchmark and evaluate Health Care Homes
- Design and evaluate public health interventions
- Research and analyze health disparities

MDH will not use patient level data to pursue investigatory or regulatory activities.

To indicate a data sharing selection:

1. On the HOME tab of the MNCM Data Portal, click Data Files Transfer under the Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening – 2015 Report (2014 DOS) measure heading.
2. Choose one of the two data sharing options:
   - YES – My organization agrees to have MNCM share our patient-level data with MDH for specified measures.
   - NO – My organization does not agree to have MNCM share our patient-level data with MDH.
3. Click Save.
Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015
Direct Data Submission
Data Collection and Submission Instructions

Data Submission
On the HOME tab of the MNCM Data Portal, click Data Submission under the Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening – 2015 Report (2014 DOS) measuring heading. Use the following steps to submit data to MNCM.

Step 1: Enter Denominator
Medical groups may manually enter denominator counts and information, or upload a CSV file with the required information. Use the instructions below.

Manual Entry
To manually input denominator counts and information, enter the following information for each clinic row. Once complete, click Save and Continue.

- **Method Used for Data Collection:** Select one of the methods from the drop-down box
  - EMR: All data pulled via query
  - EMR: Some data looked up manually
  - EMR: All data looked up manually
  - Manual: Paper records only
  - Manual: EMR and paper record

- **REL Data Collection:** Indicate if collection of race, Hispanic ethnicity, preferred language and country of origin occurred using best practice methods, including:
  - For Hispanic Ethnicity and Race: Allowing patient to self-report race AND not using a multi-racial category AND using an EMR that allows for the collection and reporting of more than one race.
  - For Preferred Language and Country of Birth: Allowing patient to self-report these demographic data.

- **Number of Patients that Meet Inclusion Criteria (Less Exclusions):** Enter the number of patients who are eligible or met the inclusion criteria for the measure.
  - Do NOT include patients who met an accepted exclusion (e.g., deceased, etc.). Including excluded patients in this count will decrease the final rate, so remember to subtract these patients from the total population.
  - If submitting a sample, this number must be higher than the number entered in the next field (Number of Patients Submitting).

- **Number of Patients Submitting:** Enter the number of patients in the clinic that are being submitted.
  - For total population submission, enter the same number as what was entered in the Number of Eligible Patients category.
Data Collection and Submission Instructions

- For a sample submission, enter the number of patients being submitted for the sample.
- **Not Reporting:** Check this box if a clinic is not reporting for this cycle of data collection.
  - Be advised that MNCM’s policy requires ALL clinic sites within a medical group to submit data through the DDS process. That is also a condition of participation in Minnesota Bridges to Excellence (BTE) and other pay-for-performance programs.
  - Provide a reason the clinic is not reporting. (e.g., the clinic has no patients meeting eligibility criteria.)

**File Upload**

To enter the denominator counts and information into an Excel sheet that will then be uploaded to the Data Portal, use the following instructions.

1. Click on “Download the Denominator Worksheet.” The clinic names will be displayed in Column A and the clinic IDs will be displayed in Column B.
2. Complete the worksheet by entering the following information for each clinic:
   - **Method Used for Data Collection (Column C):** Enter the appropriate code for each clinic ID.
     - 1 = EMR: All data pulled via query
     - 2 = Manual: Paper records only
     - 3 = Manual: EMR and paper record
     - 4 = EMR: Some data looked up manually
     - 5 = EMR: All data looked up manually
   - **REL Data Collection (Columns D – G):** Indicate if collection of race, Hispanic ethnicity, preferred language and country of birth occurred using best practice methods, including:
     - For Race and Hispanic Ethnicity: Allowing patient to self-report race AND not using a multi-racial category AND using an EMR that allows for the collection and reporting of more than one race.
     - For Preferred Language and Country of Birth: Allowing patient to self-report these demographic data.
   
   For each clinic ID, indicate if best practices are used by using the following codes and instructions:
   - 1 = Yes, we follow the best practice
   - 0 = No, we do not follow the best practice
     - Column D: Enter the appropriate code (1 or 0) to indicate if patients are allowed to self-report race and Hispanic Ethnicity.
     - Column E: Enter the appropriate code (1 or 0) to indicate if clinic is NOT using a multi-racial category AND uses an EMR that allows for the collection and reporting of more than one race.

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Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015

Direct Data Submission

Data Collection and Submission Instructions

- Column F: Enter the appropriate code (1 or 0) to indicate if patients are allowed to self-report preferred language.
- Column G: Enter the appropriate code (1 or 0) to indicate if patients are allowed to self-report race and Hispanic Ethnicity.

- **Number of Patients that Meet Inclusion Criteria (Less exclusions) (Column H):** Enter the number of patients who are eligible or met the inclusion criteria for the measure for each clinic ID.
  - Do NOT include patients who met an accepted exclusion (e.g., deceased, etc.). Including excluded patients in this count will decrease the final rate, so remember to subtract these patients from the total population.
  - If submitting a sample, this number must be higher than the number entered in the next field (**Number of Patients Submitting**).

- **Number of Patients Submitting (Column I):** Enter the number of patients in the clinic that are being submitted for each clinic ID.
  - For total population submission, enter the same number as what was entered in the **Number of Eligible Patients** category.
  - For a sample submission, enter the number of patients being submitted for the sample.

- **Not Reporting (Column J):** Indicate if a clinic is not reporting for this cycle of data collection by entering the following code. Leave as “0” if a clinic is reporting data.
  - 1 = Clinic is NOT reporting
  - Be advised that MNCM’s policy requires ALL clinic sites within a medical group to submit data through the DDS process. That is also a condition of participation in Minnesota Bridges to Excellence (BTE) and other pay-for-performance programs.

- **Reason not reporting (Column K):** Provide a reason the clinic is not reporting. (e.g., the clinic has no patients meeting eligibility criteria.)

3. Save the Excel file as a CSV file (see page 31 for more information). Click **Browse** to search and find the CSV file and then click **Submit File**.

**Step 2: Review & Save**

Verify the numbers entered by reviewing all of the clinic site’s information for accuracy (no typos or duplicate patients). Click **Save and Continue**, or click **Back to Step 1** to re-enter the counts.

**Step 3: Upload Data**

Click **Browse** to search for the CSV file; then click **Upload CSV and Continue**. The MNCM Data Portal will scan the CSV file to identify possible errors. It will then provide an “Upload Status” indicating any errors or warnings in
the data file. Click **Refresh** if an “Upload Status” is not displayed. To view errors and warnings, click **View Errors & Warnings**.

1. **Errors:** For example, date of birth is out-of-range. If found, corrections must be made and a new file uploaded.
2. **Warnings:** For example, provider code other than one of the listed specialties is in data file. Review warnings and determine if corrections are needed.

If corrections are not necessary, click **Continue to Step 4**.

**Data file corrections**

If errors are found, the data file must be corrected and resubmitted in the MNCM Data Portal. Refer to the Data Elements and Field Specifications table (pages 23-28) to review the required data for each column.

- To start from Step 3: If corrections are only needed to the data file, **make corrections in the original Excel file and save the corrected file with a new name**. Then save as a new CSV file to upload. Do NOT make corrections in the original CSV file, as it will destroy the format and alter the data. Go back to the portal submission page and click **Re-Upload Data (csv) File**. Begin again with **Step 3 Upload Data**.
- To start from Step 1: Click **Clear & Start Over** to start the process completely over from **Step 1 Enter Denominator**. In this case, all number entries and a new file upload will be necessary.

Once the CSV File has been re-uploaded without any errors or warnings needing correction, click **Continue to Step 4**.

**Step 4: Review & Submit**

Review and check each box of the Pre-Submission Quality Checklist and contact MNCM at support@mncm.org with any questions regarding Pre-Submission Quality Checklist items. Review the quality checks for each item listed in the Data Elements and Field Specifications table (pages 23-28).

- To resubmit the data file only, click **Re-Upload Data (CSV) File**.
- To resubmit the denominator counts and the data file, click **Clear & Start Over** at the bottom of the page.
- After all boxes are checked, click **Continue**.

To save for further review prior to submission, click **Save as Draft**. To access the medical group’s information, click on **Data Submission** under the Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening — 2015 Report (2014 DOS) section.

When the data file is ready to submit to MNCM, click **Submit Data to MNCM**.
Step 5: Done!
The data file has been successfully submitted. MNCM will send an e-mail confirming receipt. Click Download Data near the top of the data comparison section to see which patients were included in the denominator (1) and which were not (0). This can be viewed by looking at the additional columns added to the right side of the file.
Section E: Data Validation

After data is submitted, MNCM completes key validation steps to identify potential errors. If errors are identified, the medical group must make corrections to the data file and resubmit before MNCM approves the data. MNCM completes data validation in three steps: data quality checks, the validation audit, and the two-week medical group review. MNCM completes data quality checks of the demographic data, patient population and performance score. Validation audits verify that the submitted data matches source data in the medical record. Prior to approving final scores, medical groups are given an opportunity to review preliminary statewide results during what is called the two-week medical group review. Each step is critical to the validation process and ensures results are accurate and comparable.

Preparing for the Validation Audit

All medical groups are subject to a validation audit. Medical groups selected for audit are contacted by MNCM for scheduling. MNCM will provide a list of records to be made available for audit. To prepare for audit:

- The medical group or clinic site representative must be available to participate in the entire audit process.
  - For data that resides in an electronic record, the audit will be conducted via a HIPAA secure, online meeting service; the medical group or clinic representative will need to retrieve and display the selected records and screens necessary to complete the validation.
  - For data that resides in a paper record, the audit will take place onsite.
- Patient names or other personal information may be “blinded.” MNCM will verify the record is correct using the date of birth submitted.
- Clinics must have the following available at the time of the validation audit:
  - ALL requested patient records.
  - The “crosswalk” between the unique patient identifier and the patient’s name and date of birth, as necessary.
  - Data collection forms and other notes describing where various data elements were located in the patient record.
  - List of patients that were excluded.

Validation Audit Process

MNCM utilizes the National Committee for Quality Assurance (NCQA) “8 and 30” process for validation audits.

- MNCM randomly selects 33 records from each applicable clinic site for validation. At most, 30 records for each clinic site will be reviewed. The additional three records are oversamples to ensure 30 records will be available on the day of the review.
- The MNCM auditor reviews records 1 through 8 in the sample to verify whether the submitted data matches the source data in the medical record.
Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015
Data Collection and Submission Instructions

- If no errors are found in these eight records, the compliance rate is 100%, and the clinic site is determined to be in high compliance. The MNCM auditor may determine no further record review is necessary. The MNCM auditor communicates results to MNCM staff.
- If the auditor identifies one or more records with errors, he/she will continue auditing records 9 through 30 and a compliance rate is calculated (e.g., 27/30 records compliant, 90%). If the compliance rate is less than 90%, the MNCM auditor will communicate the results with MNCM staff who will contact the medical group to discuss a resubmission plan.

Two-Week Medical Group Review
The two-week medical group review is the official opportunity for data submitters to review and comment on the results prior to finalization. Each medical group is responsible for reviewing its own results, investigating any concerns, and submitting evidence to MNCM if a change in results is requested. MNCM staff will review all requests and determine an appropriate course of action.

After Validation
Once MNCM validation processes are complete, MNCM will approve the data in the MNCM Data Portal. An automatic e-mail will be generated and sent to the medical group’s data contact notifying them that the data is approved.

After all statewide results are approved, MNCM may publish clinic and medical group level results on mnhealthscores.org. Results can also be found on the MNCM Data Portal > Results tab.

Medical groups should maintain data submission files and other documents related to data submission for two years.
Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015
Direct Data Submission
(01/01/2014 to 12/31/2014 Dates of Service)

Appendices
Appendix A: Measure Description

The Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening Rate calculates a numerator rate equal to the percentage of pediatric patients ages 12 to 17 who have a documented mental health and/or depression screening using one of the listed validated tools at a well-child visit during the measurement period.
Appendix B: MNCM Data Portal Registration

Registration must be completed prior to data submission and is completed once per year.

Registration instructions can be found under RESOURCES on the MNCM Data Portal https://data.mncm.org/login. Contact MNCM at support@mncm.org to register.

Medical groups that opened or closed clinics after the 2015 Clinic and Provider Registration ended in February 2015, must contact MNCM to discuss updating registration and clinic information.

If a medical group opened or acquired a new clinic in the last year, the new clinic must register and submit data with the medical group. Contact support@mncm.org to discuss submitting this data.
Appendix C: Resources to Help You Get Started

MNCM offers resources and tools to help identify patient populations, collect data, and get started in the data submission process:

To access the resources and tools for Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening, login to the MNCM Data Portal at https://mncm.data.org and click on RESOURCES.

Select “Cycle B - Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening” Resources from the drop down menu.

The “Cycle B - Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening” RESOURCES screen contains Frequently Asked Questions, Resources and this Direct Data Submission Collection Guide.

The documents required from that screen include:

- **Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015 Data Collection Guide**
- **Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015 Data Collection Spreadsheet Excel Template**
- **Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015 Pre-Submission Data Certification Template**
- **Optional: Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening 2015 Data Collection Form** (This is a patient-level form that is most useful for medical groups and clinics using paper records.)

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Appendix D: Sampling Methods

If the clinic is submitting a sample population, use one of the methods below to pull a random sample of patients. Prior to pulling the random sample, first identify all patients who meet eligibility criteria.

Refer to the patient population identification process on pages 18 - 21 for more detailed information about identifying patients. The patients pulled into the random sample will be the patients that are included in the data submission file.

Method 1: Excel Random Number Generator

For patient lists generated in Excel, use the “RAND” function to assign a random number to each record. (See Microsoft Excel Help, topic RAND, for more information.)

1. Insert a blank column on the leftmost side of the spreadsheet.
2. Label new column “RAND.”
3. Place cursor in the first blank cell (A2) and type =RAND().
4. Press enter. (A number like 0.793958 will appear.)
5. Place the cursor back into this cell; resting over the corner to have the pointer change to a black cross, double click or drag the formula down to the last row/patient.
6. Highlight the whole column and click Edit, Copy, Paste Special = Values to freeze the random number.
7. Sort entire patient population by this new random number.
8. Work down the list, row by row starting with the first row, until the number of records in the sample is met for submission (at least 60 patients per clinic, per measure).
9. If a patient meets one of the accepted exclusions, do not include the patient in the data submission. Note the exclusion reason on the data collection form and keep working down the list. Use oversample records following the last record/row of the original sample. For example, if 60 records are being submitted and two exclusions were found in the first 60 records/rows, use the patients from rows 61 and 62 to replace the excluded records/rows.

Method 2: Paper List Sample Selection

For paper-generated lists, complete the following steps to identify a random sample.

1. Start with a list that has patients sorted by some unique patient-related variable.
   a. Identifying numbers like medical record number (MRN) or chart number are ideal.
   b. Sorting alphabetically is the least desirable in terms of randomness; however, this may be used when there is no other alternative.
2. Select every Nth patient until the number of patients totals the number of records being submitted.
a. N should equal the clinic site’s total population divided by the number of patients that will be submitted (if needed, round down to the nearest whole number). Review ALL randomly selected records and oversamples to exhaust the entire patient list. Highlight or mark every Nth patient on the list. The marked patients are the sample.

b. For example, if a clinic site has 600 pediatric patients and 60 patients will be submitted, divide 600/60 = 10. Select every 10th patient on the list.

3. If a patient meets one of the accepted exclusions, do not include the patient in the data submission. Note the exclusion reason on the data collection form, and select the next patient on the list (just below the excluded patient).

For either method, if a record in the sample is not available or “missing,” do NOT exclude this record. Either locate the record and complete the data collection, or include the record and leave the data fields blank.
### Appendix E: Mental Health/Depression Instruments and Descriptions:

Tables courtesy of staff at the Minnesota Department of Health and Department of Human Services

#### Table 7: Depression only screeners – Highly Recommended and Public Domain

<table>
<thead>
<tr>
<th>TOOL</th>
<th>SCREENING PURPOSE</th>
<th>AGE</th>
<th>DESCRIPTION</th>
<th>LINGUISTIC/CULT SENSITIVITY</th>
<th>PSYCHOMETRICS</th>
<th>PRACTICALITY</th>
<th>COST/ AVAILABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHQ-9</td>
<td>Depression and suicide risk</td>
<td>13 years to adult</td>
<td>9 items, self-reported by patient</td>
<td>Available in multiple languages</td>
<td>Reliability: No data found. Validity: Area under ROC curve .88. Sensitivity: .895 Specificity: .775 (cut-off score of &gt;11)</td>
<td>Administration is less than 5 mins. Minimum expertise necessary is not specified.</td>
<td>Free. <a href="http://www.phqscreeners.com">www.phqscreeners.com</a></td>
</tr>
<tr>
<td>PHQ-9, Modified for Teens</td>
<td>Depression and suicide risk</td>
<td>12-18 years</td>
<td>9 items, self-reported by patient</td>
<td>Validated in English. Available in Spanish. Norms not available.</td>
<td>Reliability: No data found. Validity: No data found. Sensitivity: .73 Specificity: .94</td>
<td>Administration is less than 5 mins. Minimum expertise necessary is professional or office staff.</td>
<td>Free. Available in multiple places online. <a href="https://brightfutures.aap.org/tool_and_resource_kit.html">https://brightfutures.aap.org/tool_and_resource_kit.html</a></td>
</tr>
<tr>
<td>KADS Kutcher Adolescent Depression Scale</td>
<td>Depression Can be used in schools, primary care, and research.</td>
<td>12-17 years</td>
<td>Versions: 16 items 11 items 6 items</td>
<td>6 Item Version: Reliability: Internal consistency .90 Specificity: .71 based on cut-off score 6 (6 items) 11 Item Version: Reliability: Internal consistency .84 16 Item Version: Reliability: Internal consistency .84 All Versions: Validity: Area under (ROC) curve: .89 Sensitivity: .92</td>
<td>Administration is 5 mins and scoring is 1 min. Minimum expertise necessary is Trained health care professionals or educators.</td>
<td>Free with permission. <a href="http://www.teenmentalhealth.org">www.teenmentalhealth.org</a></td>
<td></td>
</tr>
</tbody>
</table>

Helpline: 612-746-4522 | E-mail: support@mncm.org | MNCM Data Portal: [https://data.mncm.org/login](https://data.mncm.org/login) © MN Community Measurement, 2015. All rights reserved.
### Table 8: Depression only screeners – Highly Recommended and Proprietary

<table>
<thead>
<tr>
<th>TOOL</th>
<th>SCREENING PURPOSE</th>
<th>AGE</th>
<th>DESCRIPTION</th>
<th>PSYCHOMETRICS</th>
<th>PRACTICALITY</th>
<th>COST/ AVAILABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>BDI II</td>
<td>Beck Depression Inventory II</td>
<td>Depression and suicide risk Reflects DSM IV criteria.</td>
<td>13 years to adult</td>
<td>21 items, self-reported by patient</td>
<td>Reliability: Internal consistency: .92 Validity: Convergent .84; Area under ROC curve: .78 Sensitivity: .84 Specificity: .81</td>
<td>Administration is 5 mins. Minimum expertise necessary is Master’s level or higher.</td>
</tr>
<tr>
<td>BDI-FS BDI – Fast Screen</td>
<td>Depression</td>
<td>13 years to adult</td>
<td>7 items, self-reported by patient</td>
<td>Not available.</td>
<td>Reliability: Internal consistency .89 Validity: Area under ROC curve: .90 Sensitivity: .89 Specificity: .74 (cut-off score 6)</td>
<td>Administration is less than 5 mins. Minimum expertise necessary is Master’s level or higher.</td>
</tr>
<tr>
<td>CDI Children’s Depression Inventory Original Version</td>
<td>Depression Can be used in multiple settings including primary care.</td>
<td>7-17 years</td>
<td>27 items, self-reported by patient 12 items, reported by teacher 17 items, reported by parent</td>
<td>Validated in English and Spanish. Available in multiple languages. Text is in 1st grade reading level.</td>
<td>Reliability: English Internal consistency .83-.88; Spanish Internal consistency: .85 boys and .86 girls; Test-retest: .86. Validity: Convergent: .56-.78 Sensitivity: .94 Specificity: .84 (cut-off score: 16)</td>
<td>Administration is 15 mins. Minimum expertise necessary is trained professionals and paraprofessionals.</td>
</tr>
<tr>
<td>CDI-2, Children’s Depression Inventory, 2nd version</td>
<td>Depression Has emotional and functional scales.</td>
<td>7-17 years</td>
<td>28 items, self-reported by patient OR 10 item, self-reported by patient 12 items, reported by teacher. 17 items, reported by parent.</td>
<td>Validated in English. Available in Spanish. Text is in 2nd grade reading level. Norms are based on gender, racial/ethnic, geographic distribution reflecting census.</td>
<td>Reliability: internal consistency .91 (28 item youth) (.82 (10 item youth)); subscale internal consistency .76-.85 (youth), .89 (teacher), .88 (parent). Test-retest .98 (youth). Validity: No data found Sensitivity: .83 Specificity: .73</td>
<td>Administration is 15-20 mins for the 28 item scale and 5 mins for the 10 item scale. Minimum expertise necessary is not specified.</td>
</tr>
</tbody>
</table>

* Price estimates for proprietary tools obtained during measure development in 2013 and may be subject to change.
Pediatric Preventive Care: Adolescent Mental Health
and/or Depression Screening 2015
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Table 9: Depression only screeners – Acceptable but Not Highly Recommended and Public Domain

<table>
<thead>
<tr>
<th>TOOL</th>
<th>SCREENING PURPOSE</th>
<th>AGE</th>
<th>DESCRIPTION</th>
<th>LINGUISTIC/CULT SENSITIVITY</th>
<th>PSYCHOMETRICS</th>
<th>PRACTICALITY</th>
<th>COST/ AVAILABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHQ-2 Patient Health Questionnaire – 2 item</td>
<td>Depression. Can be used as initial step prior to PHQ-9.</td>
<td>13-17 years</td>
<td>2 items, self-reported by patient</td>
<td>Validated in English.</td>
<td>Reliability: No data found. Validity: Area under ROC curve: .84 Sensitivity: .83-.87 Specificity: .78-.92</td>
<td>Administration 1 minute. Minimum expertise necessary is not specified.</td>
<td>Free, available online.</td>
</tr>
</tbody>
</table>
### Table 10: General mental health screeners – Highly Recommended or Proprietary with Permission in MN

<table>
<thead>
<tr>
<th>TOOL</th>
<th>SCREENING PURPOSE</th>
<th>AGE</th>
<th>DESCRIPTION</th>
<th>LINGUISTIC SENSITIVITY</th>
<th>PSYCHOMETRICS</th>
<th>PRACTICALITY</th>
<th>COST/ AVAILABILITY</th>
</tr>
</thead>
</table>
| PSC-17 Pediatric Symptom Checklist, 17 item version | Mental health screening and functional screening. | 4-16 years | 17 items reported by parent 17 items reported by patients 11 years and older | Parent tool is available in English, Spanish, Chinese, and Vietnamese. Youth tool is available in English and Spanish. Text is in 5th-6th grade reading level. | **Parent version**  
**Reliability:** Internal consistency .67-.82  
**Validity:** Concurrent .72-.74  
**Sensitivity:** .42-.88  
**Specificity:** .61-.91 | Administration is less than 5 mins and scoring is 1-2 mins. Minimum expertise is not specified for admin/scoring. Master degree recommended for interpretation. | Free  
[www.massgeneral.org/psychiatry/services/psc_home.aspx](http://www.massgeneral.org/psychiatry/services/psc_home.aspx) |
| PSC-35 parent version, PSC Youth Self-Report (Y-SR) | Mental health screening and functional screening. | 4-16 years | 35 items reported by parent 35 items reported by patients 11 years and older | Validated in U.S., Japan, Austria, Chile, Philippines, and Botswana. Written versions available in multiple languages. Audio versions available in English, Hmong, Somali and Spanish. | **Reliability:** Internal consistency .91 (parent); Test-retest .84-.91  
**Validity:** Validated per publisher  
**Sensitivity:** .68  
**Specificity:** .95 (Parent version, cut-off score 28) | Time to administer is 5 mins and scoring is 1-2 mins. Minimum expertise is not specified for admin/scoring. Master degree recommended for interpretation. | Free  
[www.massgeneral.org/psychiatry/services/psc_home.aspx](http://www.massgeneral.org/psychiatry/services/psc_home.aspx)  
| GAIN-SS Global Appraisal of Individual Needs, Short Screener | Mental health disorders, substance use, crime/violence. | 10 years to adult | 20 items, self-reported by patient | Available in English. | **Reliability:** Internal consistency .96  
**Validity:** Correlation .84-.94 with full 123-item GAIN  
**Sensitivity:** .90  
**Specificity:** .92 | Time to administer is 10 mins. Minimum expertise necessary is minimal. | Proprietary; Minnesota has license for all providers to use within state. |
Mental Health Screening Instruments for Minnesota Pediatric Measures

Recommendations by the Minnesota Departments of Health and Human Services, April 2013

Highly Recommended for Depression Screening

Public domain

- Kutcher Adolescent Depression Scale (KADS).
- Patient Health Questionnaire – 9 item version (PHQ-9).
- PHQ-9 Modified for Teens/Adolescents (also commonly called PHQ-A).

Proprietary

- Beck Depression Inventory II (BDI-II).
- Beck Depression Inventory Fast Screen (BDI-FS).
- Children’s Depression Inventory (CDI) [original version].
- Children’s Depression Inventory II (CDI-2).

Highly Recommended for General Mental Health Screening

Public domain (or licensed for use in Minnesota)

- Pediatric Symptom Checklist – 17 items (PSC-17).

Acceptable but Not Highly Recommended for Depression Screening

Public domain

- PHQ-2 – Limited validity data available for adolescents.

Not Recommended

Screens only for specific mental health condition other than depression

- Screen for Childhood Anxiety Related Emotional Disorders (SCARED or SCARED-R) – does not screen depression or broader mental health.
- Spence Children’s Anxiety Scale (SCAS) – does not screen depression or broader mental health.

Intended for diagnostic assessment, not screening

- Connors Rating Scales – assessment tool, not designed for universal screening.
- Vanderbilt Assessment Scales – intended for age 6-12 years in context of concern for or follow up of ADD/ADHD.
- Strengths and Difficulties Questionnaire (SDQ) – teacher report is necessary to achieve adequate sensitivity and specificity.
Not a standardized instrument or inadequate psychometric properties for use in primary care

- Brief Impairment Scale (BIS) – does not screen depression; limited validity data; no sensitivity/specificity data.
- Children’s Depression Inventory (CDI) [original] short form (10 questions) – no validity or sensitivity/specificity data found.
- Children’s Global Assessment Scale (C-GAS) – not standardized, no validation; based on prior clinical assessment.
- Short Mood Feeling Questionnaire (SMFQ) – weak convergent validity data.
Appendix F: About Direct Data Submission

The goal of Direct Data Submission (DDS) is to collect data from medical groups on specific health care conditions and publicly report comparable rates of health care quality at the clinic site level. All medical groups follow the same instructions for population identification and data collection. MNCM certifies methodologies prior to data collection. Then, each medical group submits data to MNCM via a secure, online data portal. As an independent auditor and as a service to each medical group, MNCM validates the data for accuracy, calculates scores from the validated data, and then publicly reports the data on MNCM’s consumer-facing, public-reporting website www.mnhealthscores.org.

Required Reporting
DDS fulfills participation requirements for MDH’s Minnesota Statewide Quality Reporting and Measurement System (SQRMS), as well as other health plan pay-for-performance programs and Minnesota BTE. In addition, DDS results can be used by medical groups for quality improvement purposes.

DDS Terms and Conditions
To participate in the DDS process, medical groups must agree to:

- Complete a Business Associate Agreement with MNCM (signed electronically in the MNCM Data Portal).
- Submit a patient-level file to MNCM through our secure MNCM Data Portal, which automatically calculates performance scores.
- Participate in the data validation process as required by MNCM.
- Have results publicly reported on www.mnhealthscores.org and in other formats.
- Submit data for ALL clinic sites.
- Submit data in the required format (CSV).
- Submit data in good faith.
- Adhere to and follow all data submission timelines and formatting specifications.

Medical groups should also understand:

- MNCM works with corresponding health plans to determine primary payer type (Commercial/Private, Medicaid, Medicare, uninsured/self/pay) on a medical group’s behalf to reduce burden.
- The MN BTE program and most Minnesota health plans only accept results generated from the DDS process for their incentive programs due to the ability to validate the results.

Compliance with Federal and State Regulations
Helpline: 612-746-4522 | E-mail: support@mncm.org | MNCM Data Portal: https://data.mncm.org/login
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Appendices

MNCM legal counsel has provided assurances that the DDS process complies with applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH) Act, and Minnesota statutes as long as MNCM has a signed BAA with each participating medical group and is acting as a business associate (e.g., by gathering and submitting data on its behalf). The BAA can be signed electronically in the MNCM Data Portal. MNCM is also open to signing a medical group’s standard BAA document if specific provisions from MNCM’s BAA are added to the medical group’s standard BAA. The BAA is signed once and remains in effect for all DDS measures.

Health Insurance Portability and Accountability Act (HIPAA)

- The activities of data collection, data submission, public reporting and use of results for quality improvement are considered within the scope of “health care operations” associated with a medical group’s quality improvement efforts.
- The federal HIPAA law specifically allows release of individually identifiable health information - without the consent or authorization of the individual - for treatment, payment and health care operations of, or for, the provider.
- MNCM’s BAA is updated to include all provisions required by the HITECH Act and its implementing regulations.

Minnesota Statute

- The primary governing Minnesota statute for data submission is MN Stat. Section 144.335.
- Subd. 3a. entitled "Patient consent to release of records; liability" states: (a) A provider, or a person who receives health records from a provider, may not release a patient's health records to a person without a signed and dated consent from the patient or the patient’s legally authorized representative authorizing the release, unless the release is specifically authorized by law.
- However, the statute does not restrict release (without patient authorization) to only those circumstances authorized by state law; it also applies to a release authorized by federal law.
- MNCM legal counsel has provided assurance that it is reasonable to conclude that the HIPAA privacy regulation does specifically authorize the release of such information. A covered entity is authorized by HIPAA to release patient information for, among other things, health care operations and to its business associate that is providing such health care operations on its behalf. As stated above, the services MNCM is engaged in with providers fall within the scope of health care operations, and MNCM is acting as a business associate to medical groups when performing the services discussed above.
Mission and Vision
The mission of MNCM is to accelerate the improvement of health by publicly reporting health care information. Our vision is to:

- Be the trusted source for performance measurement and public reporting of quality data across the spectrum of health care;
- Drive change towards more safe, effective, patient centered, timely, efficient, and equitable care;
- Be a resource used by providers to improve care and patients to make better decisions;
- Catalyze our community to work together on health care measurement to reduce administrative costs and maximize value.

Measure Development
Measures are selected according to MNCM’s Strategic Measurement Development Process. An impact and recommendation document on a measurement topic is presented for discussion to the Measurement and Reporting Committee (MARC).

Topics for measure development must meet the following criteria for consideration:

- Will the measure(s) make a difference?
  - Degree of impact.
  - Degree of improvability.
  - Degree of inclusiveness.
  - Degree of performance variation.
  - Note: Outcome measures are desired.
- Will the measure(s) improve care by affecting the patient/physician relationship?
  - Pass the feasibility test (resources/barriers/culture).
  - Align with national, regional and local priorities.
  - Be relevant to consumers.
  - Support and enhance the patient/provider relationship.

Pediatric Preventive Care Measure Development Workgroup
Pilot results demonstrated opportunity for improvement in the screening of adolescents for mental health and/or depression - conditions with an increasing prevalence - and variability in rates between practices. The measure development workgroup recommended that this measure be considered for wider implementation and use in Minnesota.
Rationale for excluded diagnoses: The work group desired to strike an appropriate balance for screening this age range. Excluding all diagnoses that the tools could identify (anxiety, risky behavior, academic difficulties, etc.) could prevent screening for other conditions, like depression, that may develop.

Additional Considerations:
During the measure development process, there was some discussion about having a measure that additionally included an action being taken based on the score of the tool administered (counseling, referral, treatment, etc.) During pilot testing, the measure was specified for the administration of the tool and included an optional field (not required) for reporting the score of the assessment. After pilot testing and successful submission of tool values/scores, the measure development work group concluded that it was reasonable and feasible to require that the value/score be submitted for all patients screened. Future measure enhancements and/or recommendations may be based on this data.

Future considerations for depression outcomes were discussed by the work group, who determined that it was important to focus initial efforts on screening.

Additionally, the measure development work group strongly encourages mental health screening at ages younger than 12, and would recommend that screening additionally occur starting at age 5 with validated age appropriate tools. The work group also supports and encourages social-emotional developmental screening for children from 6 months to five years.

Modifications to specifications as a result of pilot
- Require the value/score of the tool be collected and submitted (optional during pilot)
- Confusion surrounding tools PHQ-9M and PHQ-A was clarified. The PHQ-A is an 83 item yes/no questionnaire that also contains depression question. All groups in the pilot were using the PHQ-9M, but some called it the PHQ-A.
- **Future Considerations** Consider reducing the number of allowable tools. Initially there was a desire to include proprietary tools if the practitioner preferred and paid for a particular tool; however, there was little to no use of proprietary tools during the pilot. All listed tools meet the intent of the measure, have strong psychometric properties and result in a score. Tools used in implementation will be evaluated before reducing the list.