DATA COLLECTION GUIDE

2017 Depression Care Measures
(02/01/2016 to 01/31/2017 Dates of Service)

Data Submission: 02/01/2017 to 02/28/2017
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Preface

Dear Data Submitters,

Attached is our 2017 Depression Care Measures Data Collection Guide. We greatly appreciate your medical group or clinic contributing data on quality, patient outcomes and patient experience. We know your contribution is vital to MN Community Measurement’s ability to achieve our mission to accelerate the improvement of health by publicly reporting health care information.

We value your involvement and want to support your success as well. We provide resources, tools and reports that your medical group or clinic can use for quality improvement.

The following resources can be found on our corporate website, MNCM.org:

- Public reports including the Health Care Quality Report, Heath Equity of Care Report, Health Care Disparities Report and Total Cost of Care Report
- Patient education and engagement resources
- Provider tools and resources
- Monthly Q & A session details
- Educational webinars throughout the year
- Health Trackers

Additionally, these resources can be found on the secure MNCM Data Portal:

- Detailed reports and charts of clinical measure results
- Charts of specific clinical measure results segmented by race, Hispanic ethnicity, preferred language and country of origin (REL) for medical groups following best practices
- Patient Experience of Care Survey results at the domain and question-level

Finally, on MNHealthScores.org, you can see public-facing results of all of our measures for clinics, medical groups or hospitals. As this is our consumer-focused site, it has less detail than is available in our reports and on the Data Portal.

MNCM is committed to working with our multi-stakeholder committees to champion the highest value measures that will make the most impact in our community, while balancing burden on organizations that supply the data. As performance improves, we have processes in place to ensure the appropriate retirement of measures to minimize burden.

Thank you again for your important role in our work. If you have questions, feel free to contact us at 612-746-4522 or support@mncm.org.

Anne Snowden, MPH, CPHQ
Director, Performance Measurement & Reporting

Helpline: 612-746-4522 | E-mail: support@mncm.org | MNCM Data Portal: https://data.mncm.org/login
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Summary of Changes

A. Measure Specification Changes from Previous Year
   1. Clarification of Index Period and Assessment Period for each measure in the measure set.
   2. Clarification of requirements for psychiatry providers and behavioral health providers with a psychiatrist on site.

   See Measure Specifications for further detail.

B. Field Specification Changes from Previous Year
   1. Clarification of requirements for diagnosis code (Column T).

   See Data Elements and Field Specifications table for further detail.

C. Other Changes from Previous Year
   1. Addition of Dates of Service information (Section II-A)
   2. Clarifying language added to description of Clinic Level Population Count 3: Total Adult Patients with a Completed PHQ-9 AND diagnosis of Major Depression or Dysthymia (Section II-B).
   3. Clarification of requirements for Patient Level Contacts, Patient Attribution, and exclusion of patients via patient level contacts (Section II-C).
   4. Addition of instructions for submission of Method of Data Collection information (Section III-B).

D. Changes from Draft to Final
   1. Update of cover letter (Preface).
   2. Update of Pre-Submission Data Certification deadline (Process and Timeline Overview)
   3. Textual changes in the Pre-Submission Data Certification Section (Section I-D) to align with other Data Collection Guides.
   4. Clarifying language added to Patient Level Contacts, Index Visits and Exclusions information (Section II-C).
   5. Removal of punctuation from Field Names in Data Elements and Field Specifications table (Columns E, L, N & R).
   6. Change of ‘Insurance Coverage Other Description’ example in Data Elements and Field Specifications table.
   7. Addition of Excel 2016 references to Data Quality Checks (Section II-E) and Data File Creation (Section III-A).
   8. Correction to description of ‘Download Data’ output (Section III-B).
## Measure Specifications

**NOTE:** The Index Periods and Assessment Periods detailed in the Measure Specifications below are **NOT** the dates of service that should be submitted. See Section II-A for instructions to identify the correct service dates for submission.

| Summary of Changes | Clarification of Index Period and Assessment Period for each measure in the measure set.  
|                   | Clarification of requirements for psychiatry providers and behavioral health providers with a psychiatrist on site. |

### Measure 1
**Depression: Remission at Six Months**

**Description**
The percentage of patients 18 years of age or older with Major Depression or Dysthymia who reached remission six months (+/- 30 days) after an index visit.

**Measurement Period**
- **Index Period:** January 1 through December 31, 2015
- **Assessment Period:** June 1, 2015 through July 30, 2016

**Eligible Population**
- Family Medicine, Internal Medicine, Geriatric Medicine, Psychiatry, Behavioral Health

<table>
<thead>
<tr>
<th>Eligible Specialties</th>
<th>Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice Registered Nurses (APRN)</th>
</tr>
</thead>
</table>

| Eligible Providers   | Licensed Psychologist (LP), Licensed Independent Clinical Social Worker (LICSW), Licensed Professional Clinical Counselor (LPCC), Licensed Marriage & Family Therapist (LMFT) |

| Ages                | 18 years of age or older at the index visit |

**Event (Index Visit)**
- An index visit occurs when ALL of the following criteria are met during a face-to-face visit or contact with an eligible provider in an eligible specialty:
  - A PHQ-9 result greater than nine
  - An active diagnosis of Major Depression or Dysthymia** (Major Depression or Dysthymia Value Set)
  - The patient is NOT in a prior index period

  An index period begins with an index visit and is 13 months in duration.

  **For psychiatry providers and behavioral health providers with a psychiatrist on site:** The diagnosis of Major Depression or Dysthymia must be the primary diagnosis.

**Denominator**
- The eligible population

**Numerator**
- The number of patients in the denominator who reached remission, with a PHQ-9 result less than five, six months (+/- 30 days) after an index visit.
# 2017 Depression Care Measures
## Measure Specifications

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
</tr>
</thead>
</table>
| **Required Exclusions** | The following exclusions must be applied to the eligible population:  
  - Patient had an active diagnosis of Bipolar Disorder (*Bipolar Disorder Value Set*)  
  - Patient had an active diagnosis of Personality Disorder (*Personality Disorder Value Set*) |
| **Allowable Exclusions** | The following exclusions are allowed to be applied to the eligible population:  
  - Patient was a permanent nursing home resident at any time during the measurement period  
  - Patient was in hospice or receiving palliative care at any time during the measurement period  
  - Patient died prior to the end of the measurement period |

### Measure Scoring

<table>
<thead>
<tr>
<th>Measure Type</th>
<th>Interpretation of Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rate/Proportion</strong></td>
<td>A higher score indicates better quality</td>
</tr>
</tbody>
</table>

### Measure 2

<table>
<thead>
<tr>
<th>Description</th>
<th>Depression: Remission at 12 Months</th>
</tr>
</thead>
</table>
| **Measurement Period** | Index Period: January 1 through December 31, 2015  
  Assessment Period: December 2, 2015 through January 30, 2017 |
| **Eligible Population** | Family Medicine, Internal Medicine, Geriatric Medicine, Psychiatry, Behavioral Health |
| **Eligible Providers** | Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice Registered Nurses (APRN)  
  If a physician is on site, these providers are also eligible: Licensed Psychologist (LP), Licensed Independent Clinical Social Worker (LICSW), Licensed Professional Clinical Counselor (LPCC), Licensed Marriage & Family Therapist (LMFT) |
| **Ages** | 18 years of age or older at the index visit |
| **Event (Index Visit)** | An index visit occurs when ALL of the following criteria are met during a face-to-face visit or contact with an eligible provider in an eligible specialty:  
  - A PHQ-9 result greater than nine  
  - An active diagnosis of Major Depression or Dysthymia** (*Major Depression or Dysthymia Value Set*)  
  - The patient is NOT in a prior index period  
  **For psychiatry providers and behavioral health providers with a psychiatrist on site**: The diagnosis of Major Depression or Dysthymia must be the primary diagnosis.|

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## Measure Specifications

<table>
<thead>
<tr>
<th>Denominator</th>
<th>The eligible population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Numerator</strong></td>
<td>The number of patients in the denominator who reached remission, with a PHQ-9 result less than five, 12 months (+/- 30 days) after an index visit.</td>
</tr>
</tbody>
</table>
| **Required Exclusions** | The following exclusions must be applied to the eligible population:  
  - Patient had an active diagnosis of Bipolar Disorder (*Bipolar Disorder* Value Set)  
  - Patient had an active diagnosis of Personality Disorder (*Personality Disorder* Value Set) |
| **Allowable Exclusions** | The following exclusions are allowed to be applied to the eligible population:  
  - Patient was a permanent nursing home resident at any time during the measurement period  
  - Patient was in hospice or receiving palliative care at any time during the measurement period  
  - Patient died prior to the end of the measurement period |
| **Measure Scoring**   | Rate/Proportion |
| **Interpretation of Score** | A higher score indicates better quality. |
| **Measure Type**      | Outcome |

### Measure 3
**Depression: Response at Six Months**

**Description**
The percentage of patients 18 years of age or older with Major Depression or Dysthymia who demonstrated a response to treatment six months (+/- 30 days) after an index visit.

**Measurement Period**
- **Index Period:** January 1 through December 31, 2015  
- **Assessment Period:** June 1, 2015 through July 30, 2016

**Eligible Population**
- **Specialties:** Family Medicine, Internal Medicine, Geriatric Medicine, Psychiatry, Behavioral Health

**Eligible Providers**
- Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice Registered Nurses (APRN)
  - If a physician is on site, these providers are also eligible: Licensed Psychologist (LP), Licensed Independent Clinical Social Worker (LICSW), Licensed Professional Clinical Counselor (LPCC), Licensed Marriage & Family Therapist (LMFT)

**Ages**
- 18 years of age or older at the index visit
# 2017 Depression Care Measures
## Measure Specifications

| Event (Index Visit) | An index visit occurs when ALL of the following criteria are met during a face-to-face visit or contact with an eligible provider in an eligible specialty:  
- A PHQ-9 result greater than nine  
- An active diagnosis of Major Depression or Dysthymia** *(Major Depression or Dysthymia Value Set)*  
- The patient is NOT in a prior index period  
An index period begins with an index visit and is 13 months in duration.  
** For psychiatry providers and behavioral health providers with a psychiatrist on site: the diagnosis of Major Depression or Dysthymia must be the primary diagnosis. |
|---|---|

<table>
<thead>
<tr>
<th>Denominator</th>
<th>The eligible population</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Numerator</th>
<th>The number of patients in the denominator who demonstrated a response to treatment, with a PHQ-9 result that is reduced by at least 50 percent since the index PHQ-9 result, six months (+/- 30 days) after an index visit.</th>
</tr>
</thead>
</table>

| Required Exclusions | The following exclusions must be applied to the eligible population:  
- Patient had an active diagnosis of Bipolar Disorder *(Bipolar Disorder Value Set)*  
- Patient had an active diagnosis of Personality Disorder *(Personality Disorder Value Set)* |
|---|---|

| Allowable Exclusions | The following exclusions are allowed to be applied to the eligible population:  
- Patient was a permanent nursing home resident at any time during the measurement period  
- Patient was in hospice or receiving palliative care at any time during the measurement period  
- Patient died prior to the end of the measurement period |
|---|---|

<table>
<thead>
<tr>
<th>Measure Scoring</th>
<th>Rate/Proportion</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Interpretation of Score</th>
<th>A higher score indicates better quality</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Measure Type</th>
<th>Outcome</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Measure 4</th>
<th>Depression: Response at 12 Months</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>The percentage of patients 18 years of age or older with Major Depression or Dysthymia who demonstrated a response to treatment 12 months (+/- 30 days) after an index visit.</th>
</tr>
</thead>
</table>

| Measurement Period | Index visits occurring January 1 through December 31, 2014  
Assessment Period: December 2, 2015 through January 30, 2017 |
|---|---|

| Eligible Population | Eligible Specialties | Family Medicine, Internal Medicine, Geriatric Medicine, Psychiatry, Behavioral Health |
|---|---|

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# 2017 Depression Care Measures
## Measure Specifications

| Eligible Providers | Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice Registered Nurses (APRN)  
If a physician is on site, these providers are also eligible: Licensed Psychologist (LP), Licensed Independent Clinical Social Worker (LICSW), Licensed Professional Clinical Counselor (LPCC), Licensed Marriage & Family Therapist (LMFT) |
| Ages | 18 years of age or older at the index visit |
| Event (Index Visit) | An index visit occurs when ALL of the following criteria are met during a face-to-face visit or contact with an eligible provider in an eligible specialty:  
• A PHQ-9 result greater than nine  
• An active diagnosis of Major Depression or Dysthymia** (Major Depression or Dysthymia Value Set)  
• The patient is NOT in a prior index period  
An index period begins with an index visit and is 13 months in duration.  
** For psychiatry providers and behavioral health providers with a psychiatrist on site: the diagnosis of Major Depression or Dysthymia must be the primary diagnosis. |
| Denominator | The eligible population |
| Numerator | The number of patients in the denominator who demonstrated a response to treatment, with a PHQ-9 result that is reduced by at least 50 percent since the index PHQ-9 result, 12 months (+/- 30 days) after an index visit |
| Required Exclusions | The following exclusions must be applied to the eligible population:  
• Patient had an active diagnosis of Bipolar Disorder (Bipolar Disorder Value Set)  
• Patient had an active diagnosis of Personality Disorder (Personality Disorder Value Set) |
| Allowable Exclusions | The following exclusions are allowed to be applied to the eligible population:  
• Patient was a permanent nursing home resident at any time during the measurement period  
• Patient was in hospice or receiving palliative care at any time during the measurement period  
• Patient died prior to the end of the measurement period |
| Measure Scoring | Rate/Proportion |
| Interpretation of Score | A higher score indicates better quality |
| Measure Type | Outcome |

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Measure Logic / Flow Charts

Flow Chart 1: Clinic Level Population Counts

Is the patient age 18 or older? 

No

Yes

Was the patient seen by an eligible provider during the measurement period?

No

Yes

INCLUDE IN CLINIC LEVEL POPULATION COUNT #1

Does the patient have a diagnosis code listed in Depression or Dysthymia Value Set?

Yes

No

Was this patient seen by a behavioral health provider?

Yes

Is the diagnosis in the primary position?

Yes

No

INCLUDE IN CLINIC LEVEL POPULATION COUNT #2

Did the patient have a PHQ-9 test administered?

Yes

No

INCLUDE IN CLINIC LEVEL POPULATION COUNT #3

Yes

No

PATIENT NOT INCLUDED

Clinic Level Population Counts

Measure Logic Flow Chart for ALL Patients

Please see Section II for more detailed information about each count

Answer questions using the following measurement periods:

02/01/2016 to 05/31/2016
06/01/2016 to 09/30/2016
10/01/2016 to 01/31/2017

Does the patient have a valid exclusion? See Measure Specifications for required and allowable exclusions.
Flow Chart 2: Determining Index

Delegation Care Measure Flow Chart for Determining Index
See Appendix D for Dates of Index in relation to Report Year and Measure

Is the patient age 18 or older?

No

Was the patient seen by an eligible provider during the measurement period?

No

Yes

Does the patient have a diagnosis code listed in Depression or Dysthymia Value Set?

No

Yes

Was this patient seen by a behavioral health provider?

No

Yes

Is the diagnosis in the primary position?

No

Yes

Did the patient have a PHQ-9 test administered?

No

Yes

Was the score over nine?

No

Yes

Following patient index, clinic must submit all follow-up PHQ-9 scores obtained within the patient’s 13 month assessment timeframe.

PATIENT INDEXED

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No
Flow Chart 3: Determining Numerator Compliance

Depression Care Measure Flow Chart for Determining Numerator Compliance

See Appendix D for Dates of Index in relation to Report Year and Measure

- Was the indexed patient administered a PHQ-9?
  - Yes
    - Was the PHQ-9 test administered within six months (+/- 30 days) of the patient’s indexed visit?
      - Yes
        - Was the most recent score within the timeframe reduced by 50% of the index visit’s PHQ-9 score?
          - Yes
            - INCLUDED IN NUMERATOR FOR REMISSION RATE
          - No
            -INCLUDED IN NUMERATOR FOR RESPONSE RATE
        - No
          - INCLUDED IN NUMERATOR FOR RESPONSE RATE
      - No
        - Answer both questions to determine numerator criteria
          - INCLUDED IN NUMERATOR FOR RESPONSE RATE
          - INCLUDED IN NUMERATOR FOR REMISSION RATE
    - No
      - Answer both questions to determine numerator criteria
        - INCLUDED IN NUMERATOR FOR RESPONSE RATE
        - INCLUDED IN NUMERATOR FOR REMISSION RATE
  - No
    - Submit ALL PHQ-9 scores regardless of score value within the patient’s thirteen month assessment timeframe. Answer both questions to determine numerator criteria.
      - Yes
        -Was the PHQ-9 test administered within 12 months (+/- 30 days) of the patient’s indexed visit?
          - Yes
            - Was the most recent score within the timeframe reduced by 50% of the index visit’s PHQ-9 score?
              - Yes
                - INCLUDED IN NUMERATOR FOR REMISSION RATE
              - No
                - INCLUDED IN NUMERATOR FOR RESPONSE RATE
          - No
            - Was the most recent score within the timeframe less than five?
              - Yes
                - INCLUDED IN NUMERATOR FOR RESPONSE RATE
              - No
                - INCLUDED IN NUMERATOR FOR RESPONSE RATE
      - No
        - INCLUDED IN DENOMINATOR

Patient REMAINS IN DENOMINATOR
### Process and Timeline Overview

<table>
<thead>
<tr>
<th>Process Step</th>
<th>Important Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>December 2016 to February 2017.</td>
</tr>
<tr>
<td>Registration must be completed prior to data submission. Please refer to the Clinic and Provider Registration Instructions guide available on the Resources tab of the MNCM Data Portal as well as on MNCM.org for more information.</td>
<td></td>
</tr>
<tr>
<td>Pre-Submission Data Certification</td>
<td>Submit document by February 1, 2017.</td>
</tr>
<tr>
<td>See Section I for more information.</td>
<td></td>
</tr>
<tr>
<td>Data Collection and Submission</td>
<td>MNCM Data Portal is open for submission February 1 through February 28, 2017.</td>
</tr>
<tr>
<td>See Sections II and III for more information.</td>
<td></td>
</tr>
<tr>
<td>Preliminary Results Review, Quality Checks</td>
<td>February and March 2017.</td>
</tr>
<tr>
<td>See Sections III-B and IV for more information.</td>
<td></td>
</tr>
<tr>
<td>Data Validation (Audits)</td>
<td>March and April 2017.</td>
</tr>
<tr>
<td>See Section IV for more information</td>
<td></td>
</tr>
<tr>
<td>Two-Week Medical Group Review Period</td>
<td>May 2017</td>
</tr>
<tr>
<td>See Section IV for more information</td>
<td></td>
</tr>
<tr>
<td>Final Data Results</td>
<td>Summer 2017</td>
</tr>
</tbody>
</table>

**Sharing Data Files and Protected Health Information (PHI) Securely:**

It is important that data files and PHI are shared securely between organizations. Email is not a secure mode of transmitting data.

- Do not send a data file or patient list that contains PHI to MNCM via email.
- Do not include any identifiable patient information in the body of an email message.
  - Examples of PHI include (but are not limited to) the following: patient ID, patient date of birth, patient name, patient address or zip code, insurance member ID, dates of service.

Please contact support@mncm.org to determine a secure mode of transmission.
Data Submission Resources

The Depression Care resources page contains useful documents and answers to Frequently Asked Questions. To access the resources page:

1. Log in to the MNCM Data Portal.
2. Click on the Resources tab.
3. Select Cycle A – Depression Care from the drop down menu.
   a. Download the following documents:
      i. Depression Care Measures 2017 Data Collection Guide
      ii. Depression Care 2017 Pre-Submission Data Certification Form
      iii. Depression Care 2017 Data Collection Spreadsheet Template
      iv. Optional: Depression Care 2017 Data Collection Form. This is a patient-level form that is most useful for medical groups and clinics using paper records.
      v. 2017 Depression Care Measures Value Set Dictionary. This workbook includes all Value Sets referenced in this guide.

For questions not answered by the information available on the Resources tab, contact MNCM at support@mncm.org or 612-746-4522.
Direct Data Submission
Process Steps
for
2017 Depression Care Measures
Section I: Agreements and Pre-Submission Data Certification

Clinic and provider registration as well as the electronic signing of the Business Associate Agreement (BAA), the Direct Data Submission (DDS) Terms and Conditions, and selection of a Data File Transfer option must be completed prior to data submission.

A. Business Associate Agreement

A business associate is a person or entity that performs certain functions or activities that involve the use or disclosure of PHI on behalf of, or provides services to, a covered entity. The HIPAA Privacy Rule requires that a covered entity obtain satisfactory assurances from its business associate that the business associate will appropriately safeguard the PHI it receives on behalf of the covered entity. Since MNCM is performing services on behalf of medical groups submitting data that involve the use and disclosure of PHI, it is necessary for covered entities submitting PHI to MNCM to sign a BAA.

To electronically sign the BAA:
1. Click on the Home tab.
2. Click on the BAA Agreement link under the Depression measure heading.
3. Review the text, click the check box at the bottom of the Agreement and click OK.
   a. Once electronically signed, the Agreement applies to all DDS measures and does not need to be signed again unless provisions of the Agreement change.
   b. Failure to electronically sign the Agreement will preclude the medical group from submitting data.

B. Direct Data Submission Terms and Conditions

Please see Appendix A for detailed information about the DDS Terms and Conditions. These steps must be completed for each of the three Depression measure periods.

To confirm agreement with the DDS Terms and Conditions:
1. Click on the Home tab.
2. Click on the DDS Terms & Conditions link under the Depression measure heading.
3. Review the text, click the check box at the bottom of the DDS Terms and Conditions and click Select.
   a. Failure to agree to the DDS Terms and Conditions will preclude the medical group from submitting data for the measure.
C. Data File Transfer Selection

Beginning in 2014, the Minnesota Department of Health (MDH) has requested the receipt of patient level data. MDH has assured MNCM that medical groups are permitted to disclose this patient-level data to MDH under applicable law (including Minnesota law and HIPAA), because it will be used by MDH only for public health activities, health oversight activities, or other activities required or authorized by state or federal law. A list of the data elements to be shared with MDH for each measure is available in the MNCM Data Portal on the Resources tab by selecting “Minnesota Statewide Quality Reporting and Measurement System” from the drop-down menu.

MDH will use patient level data to:

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

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

Medical groups must indicate on the MNCM Data Portal whether they choose to allow MNCM to share patient-level data with MDH. This step must be completed for each of the three Depression measure periods and all three measure periods must have the same selection.

1. Click on Data Files Transfer on the Home tab in the MNCM Data Portal under the Depression section.

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.

If a selection error is made, please contact MNCM at support@mncm.org to request a selection change.
D. Pre-Submission Data Certification

To aid medical groups in preparing for data collection, MNCM will review each medical group’s source code and/or methodology for identifying the correct patient level contacts and other requested information. Medical groups document the methodology and source code on a template provided by MNCM and upload the template to the MNCM Data Portal for review. This standard template is provided to ensure that all medical groups are using the same required set of criteria. MNCM recommends that medical groups complete this review process prior to using the source code and/or methodology to identify the correct patient level contacts and collect data.

This review process is intended to identify potential issues prior to data submission, thus avoiding rework for medical groups; however, the responsibility to submit accurate data rests with the medical group.

There are two options for completing the Pre-Submission Data Certification step:

1. Clinics/medical groups that utilize the same methodology for all three measure periods may complete one Pre-Submission Data Certification form.
   - The form must detail the correct date of birth and date of visit ranges for all three measure periods.
   - The form must be uploaded to the February 1 to May 31 measure period following the directions below.

2. Clinics/medical groups that utilize a different methodology for any of the three measure periods must complete a unique Pre-Submission Data Certification form for each measure period with information specific to that measure period.
   - The forms must be uploaded to the applicable measure period following the directions below.

To download and complete the template and submit it for certification:

1. Login to the MNCM Data Portal.
2. Under the Resources tab, select Cycle A – Depression Care from the drop-down menu.
3. Download the Depression Care Pre-Submission Data Certification Form.
4. Complete and save the form.
5. Login to the MNCM Data Portal and from the Home page click on Denominator Certification under the applicable Depression measure period header. Follow the instructions to upload the saved form to the MNCM Data Portal.

MNCM will review the documentation and will either (1) contact the medical group if more clarification is needed or (2) certify the methodology. An automatic e-mail will notify the medical group when the method is certified.
Section II: Data Collection

After Pre-submission Data Certification is complete, medical groups may query their systems to identify Clinic Level Population Counts and the Patient Level Contacts to be submitted. MNCM recommends saving all original queries, spreadsheets and other documentation of the process used to identify the counts and contacts for potential review. This information may be requested during validation.

A. Dates of Service
Clinic level population counts and patient level contact data are submitted to the MNCM Data Portal based on three measurement periods. Data must be submitted for all three measurement periods to calculate measure results.

<table>
<thead>
<tr>
<th>Measurement Period</th>
<th>File</th>
<th>Submission Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/01/2016 to 05/31/2016</td>
<td>File #1</td>
<td>First</td>
</tr>
<tr>
<td>06/01/2016 to 09/30/2016</td>
<td>File #2</td>
<td>Second</td>
</tr>
<tr>
<td>10/01/2016 to 01/31/2017</td>
<td>File #3</td>
<td>Third</td>
</tr>
</tbody>
</table>

B. Clinic Level Population Counts
- Clinics that do not use the PHQ-9 tool must still submit clinic level population counts.
- Counts are calculated by measurement period.
  - See Section II-A for measurement period parameters.
- All patients included in these counts must be 18 or older at the time of the qualifying visit.
- All counts are of unique patients, not the count of visits.
  - Example: A patient seen three times in April and once in October would be counted once in the Feb. 1 through May 31 measure period and once in the Oct. 1 through Jan. 31 measure period.

Clinic Level Population Count 1: Total Adult Patients
The total number of unique adult patients seen in the clinic for any reason with a contact with an eligible provider during the measurement period.

Clinic Level Population Count 2: Total Adult Patients with Depression Diagnosis
This count is the denominator for the PHQ-9 Utilization measure.
- Total number of unique adult patients that had at least one contact with an eligible provider during the measurement period with a diagnosis of Major Depression or Dysthymia. (Major Depression of Dysthymia Value Set)
- Diagnosis can be either an existing or a new diagnosis.
- Diagnosis can be in any position for primary care providers, but must be in the primary position for behavioral health providers.
- Patient should be counted regardless of whether a PHQ-9 tool was administered or its results.
- If an exclusion applies to the patient, do not include them in the count.

If a clinic DID NOT have any patients with a diagnosis of Major Depression or Dysthymia, a zero (0) should be entered for this count and “No Depression Patients Seen this Period” checked.
Clinic Level Population Count 3: Total Adult Patients with a Completed PHQ-9 AND diagnosis of Major Depression or Dysthymia

This count is the numerator for the PHQ-9 Utilization measure.

- Total number of unique adult patients that had at least one contact with an eligible provider during the measurement period with a diagnosis of Major Depression or Dysthymia (Major Depression or Dysthymia Value Set) and who had a PHQ-9 tool administered and completed during the measurement period.
  - Partially completed tools (e.g. answering 6 of the 9 questions) do not count as a completed tool. A valid PHQ-9 requires the completion of all nine questions for accurate scoring.
- Diagnosis can be either an existing or a new diagnosis.
- Diagnosis can be in any position for primary care providers, but must be in the primary position for behavioral health providers.
- If an exclusion applies to the patient, do not include them in the count.

If the clinic does not use the PHQ-9 tool, enter zero (0) for this count. Do NOT check “No Depression Patients Seen this Period” unless the clinic had zero patients with a diagnosis of depression who were seen during the measurement period.

C. Patient Level Contacts

A contact refers to a visit, telephone call, e-visit or other contact that is associated with a PHQ-9 assessment tool being completed by the patient by any acceptable mode of administration.

- Patient level contacts are submitted in three measurement period based data files.
  - See Section II-A for measurement period parameters.
- For proper rate calculation, each data file must include all contacts for patients indexed during the Index Period. The data file must also include contacts eligible to be newly indexed and all additional contacts for the newly indexed patient.
  - See the Measure Specifications for the Index Period.
- Each contact is one row in the file.
  - If a patient has multiple contacts in a measurement period, the patient will have the corresponding number of rows in the data file.
  - It is unnecessary to submit contacts where a PHQ-9 assessment tool was not completed.
- Contacts must be sorted appropriately within the file and files must be submitted in chronological order for accurate identification of indexes and calculation of results.
  - See Section III-A for file sorting instructions.
Index Visits

The MNCM Data Portal includes a patient in the eligible population for measure result calculation when a contact associated with that patient is indexed. An index contact occurs when a patient level contact meets both of the following criteria:

1. **Depression diagnosis**
   - A visit or contact is coded with one of the diagnoses indicating Major Depression or Dysthymia (*Major Depression or Dysthymia Value Set*)
     - For psychiatry and behavioral health providers with a psychiatrist on site, the diagnosis code must be in the primary position.
     - For other eligible providers, the diagnosis code may be in any position.

2. **PHQ-9 Score greater than nine**
   - The patient completed a PHQ-9 tool during the visit or contact AND the result was greater than nine.

NOTE: Indexing applies to patients who are both newly diagnosed AND those who have an existing diagnosis of depression. Indexing does not require that the depression or dysthymia diagnosis code be new to the patient.

The date of the index event marks the beginning of a 13 month assessment window where subsequent PHQ-9 results are submitted for calculation of remission and/or response. A new index event cannot occur during the 13 month assessment window. After the 13 month assessment window ends, patients who again meet the index criteria can initiate a new index event and subsequent 13 month assessment window.

**Patient ID**

The patient ID number must remain the same for all submitted contacts during the patient’s entire 13 month assessment window in order for follow up PHQ-9 results to be used for measure calculation. If a patient’s ID number changes please contact MNCM at support@mncm.org.

**Exclusions**

**Required:** An active diagnosis of Bipolar Disorder (*Bipolar Disorder Value Set*) or Personality Disorder (*Personality Disorder Value Set*) are required exclusions and must be applied when identifying patients for contact data collection and Clinic Level Population Counts. These exclusion diagnoses may be in any position.

**Optional:** The allowable exclusions described in the measure specifications may be applied when identifying patients for contact data collection and Clinic Level Population Counts.

For required and allowable exclusions applied to Patient Level Contacts:
- Patients who have NOT already been submitted and/or indexed in the MNCM Data Portal may be excluded upfront.
- For patients who have already been submitted to the MNCM Data Portal, submit a record in the data file for the patient that includes the appropriate exclusion code and date.
  - Submission of exclusion data will remove previously indexed patients from result calculation.

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2017 Depression Care Measures
Data Collection

- If a date is not available, it is acceptable to create a proxy encounter with the date of 02/01/2016.
- It is recommended that once an exclusion record has been submitted for a patient, no subsequent contacts be submitted for that patient.
  - If subsequent contacts are submitted for a previously excluded patient, submit the proper exclusion code and date on all contacts to ensure that the patient continues to be excluded.
    - Only consistent use of exclusion codes and dates on all contact records submitted for excluded patients will ensure the full exclusion of the patient from result calculation.
    - Submitting contacts for excluded patients without an exclusion code and date may result in an index contact that would be included in result calculation.

Total Population
This measure requires total population data submission. The submission of all eligible visits, contacts and PHQ-9 scores that occurred during the measurement period is required. **Sampling is not allowed.**

Patient Attribution
To appropriately attribute patient contacts to a provider/clinic, choose either of the following options:

- Attribute the patient contact to the provider who billed for the contact and the clinic where the contact occurred.
- Attribute the patient contact to the provider who is assigned as the patient’s primary care provider and the clinic where the contact occurred.

**Note:** the patient must remain in the data file if they meet eligibility criteria even if their provider no longer works at the clinic.

D. Data Collection

Data collection occurs after:
1. The clinic’s billing and medical record updates are complete for the measurement period;
2. The patient identification methodology is certified by MNCM; and
3. The total patient contact list is prepared.

The medical record is used as the data source during audit for verifying the data that was submitted for rate calculation.

Data Collection: Using Multiple Data Abstractors
For medical groups that collect data via manual chart abstraction, MNCM recommends that one data abstractor is used when possible. If more than one abstractor collects data, maximize inter-rater reliability (IRR) by training all abstractors about the definitions of each data element and about the location of clinical information in the patient record.
Data Elements and Field Specifications

Use this section to build your data file for submission. The specifications contain detailed information regarding each column in the submission file, including column order, definitions, examples, and appropriate formatting.

Summary of Changes

| Clarification of requirements for diagnosis code (Column T). |
| Removal of punctuation from Field Names (Columns E, L, N & R). |

<table>
<thead>
<tr>
<th>Column</th>
<th>Field Name</th>
<th>Notes</th>
<th>Excel Format</th>
<th>Example</th>
</tr>
</thead>
</table>
| A      | Patient ID   | Enter a unique patient ID to identify each patient and assigned by the clinic. The patient’s medical record number may be used. Medical groups or clinics that choose not to use the medical record number should:  
  - NOT use the patient’s Social Security Number  
  - Maintain a crosswalk between the patient ID and the medical record number or patient name and Date Of Birth (DOB)  
Medical groups or clinics that do not have an Electronic Health Record (EHR) should also maintain a crosswalk between patient ID and patient name and DOB as a tool to locate records during audit.  
  - The patient ID assigned needs to identify the patient uniquely and in order to accurately calculate the measures, the **patient ID must remain the same for all submitted contacts during their entire 13-month assessment window**. If the patient ID numbers have changed, please contact MNCM at support@mncm.org.  
A blank field will create an ERROR upon submission.  
**Quality Check:** Verify that each cell has a Patient ID. | Text         | 987654         |
## 2017 Depression Care Measures

### Data Collection

<table>
<thead>
<tr>
<th>Column</th>
<th>Field Name</th>
<th>Notes</th>
<th>Excel Format</th>
<th>Example</th>
</tr>
</thead>
</table>
| B      | Patient Date of Birth | Enter the patient’s date of birth. Patient must be 18 years or older (no upper age limit) at the index visit. A blank field or a value outside of the allowable range will create an ERROR upon submission. 
**Quality Check:** Verify that the date of birth in each cell is within the accepted range. | Date (mm/dd/yyyy) | 10/13/1985 |
| C      | Clinic ID        | Enter the **MNCM Clinic ID** of the clinic to which the patient is attributed based on the attribution methodology detailed in Section II. 

MNCM assigns clinic IDs at the time of initial registration. Clinic IDs are listed in the MNCM Data Portal on the Clinics tab. Do NOT use the medical group ID. 

A blank field will create an ERROR upon submission. 

**Quality Check:** Verify that the ID in each cell matches the clinic ID in the MNCM Data Portal. | Text | 304 |
| D      | Patient Gender   | Enter the patient’s gender: 

Female = F  Male = M  Unknown = U  

Unknown should be utilized for transgender or androgynous patients or in situations when the patient’s gender is not available in the record. 

A blank field will create an ERROR upon submission. 

**Quality Check:** Verify that each cell has one of the accepted codes. | Text | F |
## 2017 Depression Care Measures
### Data Collection

<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>E</td>
<td>Zip Code_Primary Residence</td>
<td>Enter the five-digit zip code of the patient’s primary residence at the most recent encounter on or prior to 01/30/2017.</td>
<td>Text</td>
<td>55111</td>
</tr>
<tr>
<td></td>
<td>CHANGE for 2017</td>
<td>• If extraction results in a nine-digit zip code, all nine-digits may be submitted. The MNCM Data Portal will only store the first five digits. A blank field will create an ERROR upon submission.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Race/Ethnicity1</td>
<td>Please refer to a separate document entitled REL Data Elements, Field Specifications &amp; Codes for Column F-N field definitions and specifications. This document can be found in the MNCM Data Portal under the Resources Tab in the Race/Ethnicity/Language Data (REL) section, or on MNCM.org under Submitting Data &gt; Training and Guidance &gt; Data Collection Guides.</td>
<td>Number</td>
<td>1</td>
</tr>
<tr>
<td>G</td>
<td>Race/Ethnicity2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>Race/Ethnicity3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Race/Ethnicity4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J</td>
<td>Race/Ethnicity5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K</td>
<td>Country of Origin Code</td>
<td>For more information about collecting this data from patients, refer to the Handbook on the Collection of Race Ethnicity and Language Data available on MNCM.org under Submitting Data &gt; Training &amp; Guidance &gt; Data Collection Guides.</td>
<td>Number</td>
<td>2</td>
</tr>
<tr>
<td>L</td>
<td>Country of Origin Other Description CHANGE for 2017</td>
<td>Quality Check: Verify that each cell has one of the accepted codes. Blank cells (if data is not available) are acceptable.</td>
<td>Text</td>
<td>Country A</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 CHANGE for 2017</td>
<td></td>
<td>Text</td>
<td>Language B</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>
<tr>
<td>O</td>
<td>Provider NPI</td>
<td>Enter the 10-digit National Provider Identifier (NPI) of the provider to which the patient is attributed based on the attribution methodology detailed in Section II. If the provider does not have an NPI, enter the provider ID as registered in the MNCM Data Portal. Blank fields are accepted for contacts not directly associated with a billable event. <strong>Quality Check:</strong> Verify that completed cells have valid NPI values.</td>
<td>Text</td>
<td>1234567891</td>
</tr>
<tr>
<td>P</td>
<td>Provider Specialty Code</td>
<td>Enter the specialty code of the physician. If the provider is not a physician, enter the specialty code of the supervising physician. 1 = Family Practice 8 = Psychiatry 2 = Internal Medicine 9 = Obstetrics/Gynecology 5 = Geriatric Medicine A blank field will create an ERROR upon submission. <strong>Quality check:</strong> Verify that each cell has an accepted code.</td>
<td>Number</td>
<td>1</td>
</tr>
<tr>
<td>Q</td>
<td>Insurance Coverage Code</td>
<td>Please refer to a separate document entitled <em>Insurance Coverage Data Elements, Field Specifications &amp; Codes</em> for these field specifications. This document can be found in the MNCM Data Portal under the Resources tab in the Insurance Coverage Field Specs &amp; Codes for DDS section, or on MNCM.org under Submitting Data &gt; Training and Guidance &gt; Data Collection Guides. • Enter codes corresponding to the patient’s most recent insurance on or prior to the last of each measurement period: o 05/31/2016 (file 1) o 09/30/2016 (file 2) o 01/31/2017 (file 3) <strong>Quality Check:</strong> Verify that each cell has an accepted code and that all 99 codes have a name entered in Column R. Verify that Social Security Numbers are NOT submitted.</td>
<td>Number</td>
<td>1</td>
</tr>
<tr>
<td>R</td>
<td>Insurance Coverage Other Description</td>
<td>Change for 2017</td>
<td>Text</td>
<td>WORKERS COMPENSATION ONLY</td>
</tr>
<tr>
<td>S</td>
<td>Insurance Plan Member ID</td>
<td><strong>Quality Check:</strong> Verify that each cell has an accepted code and that all 99 codes have a name entered in Column R. Verify that Social Security Numbers are NOT submitted.</td>
<td>Text</td>
<td>FBZXV1234</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>
<tr>
<td>T</td>
<td>Diagnosis</td>
<td>Enter the diagnosis code for Major Depressive disorder or Dysthymia (<em>Major Depression or Dysthymia Value Set</em>) that was associated with the visit or contact. <em>Diagnosis codes must include appropriate decimal points.</em> Blank fields are allowed if a diagnosis for depression or dysthymia is not associated with the contact. <strong>Quality Check:</strong> Verify that completed cells contain only diagnosis codes from the <em>Major Depression or Dysthymia Value Set</em>.</td>
<td>Text</td>
<td>F33.41</td>
</tr>
<tr>
<td>U</td>
<td>Contact Date</td>
<td>Enter the date of the PHQ-9 tool completion (contact date). A blank field will create an ERROR upon submission. <strong>Quality Check:</strong> Verify that each contact date is within the measurement period.</td>
<td>Date (mm/dd/yyyy)</td>
<td>10/31/2016</td>
</tr>
<tr>
<td>V</td>
<td>PHQ-9 Score</td>
<td>Enter the result of the PHQ-9 tool completed on the contact date entered in Column U. The PHQ-9 must be completed in its entirety. Valid scores are whole numbers zero – 27. Leave BLANK if the PHQ-9 result is missing, invalid or incomplete. Do NOT enter zero for these contacts. <strong>Quality Check:</strong> Verify that only whole numbers are entered and that no score is greater than 27.</td>
<td>Number</td>
<td>13</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>
| W      | Exclusion Reason | Enter the value that corresponds to any applicable exclusion criteria. An exclusion reason may be entered on any contact for a patient to whom the exclusion criteria apply.  
1 = Death  
3 = Hospice or palliative care  
4 = Permanent resident of nursing home  
5 = Bipolar disorder (Bipolar Disorder Value Set)  
6 = Personality disorder (Personality Disorder Value Set)  
Leave BLANK if exclusion criteria do not apply.  
**Quality check:** Verify that each completed cell has an accepted code. | Number       | 1         |
| X      | Exclusion Date  | Enter the date that the exclusion reason is documented.  
**Quality Check:** Verify that a date is provided for each contact with a completed cell in Column W. | Date         | 10/25/2016 |
E. Data Quality Checks
MNCM recommends that medical groups complete several quality checks of the data prior to file upload. Quality checks improve data accuracy, reduce the likelihood of errors, and ensure that the data can be successfully validated upon audit.

Quality Check 1: File Check
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:

1. Click inside any data cell and activate the AutoFilter by:
   a. In Excel 2003, click the Data menu, point to Filter, and then click AutoFilter.

2. Click on the drop-down boxes of any column and scan for key entry errors, “out-of-range” or missing data and determine if the data needs to be corrected.

Quality Check 2: Verify Clinical Data
Verify the collected clinical data by reviewing a small sample of records (eight to 10) to compare with the documentation within the patients’ medical records. If errors are identified, make the corrections in the data file. Also consider whether the errors were isolated or indicative of a larger data collection problem.

Quality Check 3: General
Complete the general quality checks outlined below:

1. Complete the quality checks listed in the Notes section of each data element in the Data Elements and Field Specifications table.
2. Verify that all fields intended to be left blank are indeed blank, do NOT enter hyphens or zeroes.
3. Check that the Excel file does not have blank rows at the bottom of the spreadsheet.
   a. To check for blank rows: Press Ctrl/End at the same time to go to the bottom-most cell in the spreadsheet. If there are several blank rows, remove them by highlighting the blank rows, right-clicking in the left margin, and selecting Delete.

Quality Check 4: Patient ID and PHQ-9 Scores
Complete the following checks:

- Verify the patient ID format is the same as what was submitted in the previous report year. The patient ID must remain constant during the entire 13 month assessment window.
- Verify ALL follow-up PHQ-9 scores are submitted for patients indexed since the start of the Index Period, regardless of score or how/where the tool was administered.
- Verify that the file includes contacts eligible to be newly indexed and all additional contacts for the newly indexed patient.
**Section III: Data Submission**

**A. Data File Creation**

Before proceeding with the file submission, be sure to:

- Complete all data collection and data entry.
- Complete data quality checks.
- Combine all clinic files into one spreadsheet. All clinics in a medical group must be uploaded in one, single file per measure period. The clinic identifier is the Clinic ID.
  - If data was collected in one spreadsheet for all dates of service, sort by contact date and create three separate files for each measurement period.
- Verify that each column is formatted according to measure specifications (TEXT, NUMBER, or DATE formatting). Columns can remain at any width.
- Check that the field labels in the header row (first row) match the labels on the Excel template exactly.
- Verify that all original columns remain in the spreadsheet even if there is no data in the column. Do NOT delete any columns.
- **Sort each measure period data file first by PatientID and then by contact date in ascending order (oldest to newest).**
  - Files must be sorted in this manner for the MNCM Data Portal to correctly evaluate each patient record.

Once the above steps are completed:

1. Save the Excel template.
2. Save the file in CSV format.
   - The CSV file will be the data file uploaded to the MNCM Data Portal.

**How to create a CSV file from an Excel file:**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Open the original Excel file (.xls).</td>
<td>2. Click the <strong>Office Button</strong> (upper left-hand corner of screen); select <strong>Save As</strong>.</td>
<td>3. Click the <strong>File</strong> tab (upper left-hand corner of screen); select <strong>Save As</strong>.</td>
</tr>
<tr>
<td>2. Activate the worksheet to be uploaded by clicking the worksheet tab.</td>
<td>3. Click the <strong>Save As</strong> dialog box, choose <strong>CSV (comma delimited)</strong> from the <strong>Save as type</strong> drop-down.</td>
<td></td>
</tr>
<tr>
<td>3. Click <strong>File, Save As.</strong></td>
<td>4. Navigate to the folder where the file will be saved.</td>
<td>7. <strong>Save</strong>. 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 <strong>Yes</strong>.</td>
</tr>
<tr>
<td>5. Enter the file name.</td>
<td>6. At the bottom of the <strong>Save As</strong> dialog box, choose <strong>CSV (comma delimited)</strong> from the <strong>Save as type</strong> drop-down.</td>
<td></td>
</tr>
<tr>
<td>7. <strong>Save</strong>. The following warning will appear: “Do you want to save this file...?” Click <strong>Yes</strong>.</td>
<td>8. Close the file. A message will appear: “Do you want to save this file...?” Click <strong>Yes</strong> or <strong>No</strong>.</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:**

If corrections to the data are needed after the CSV file has been created, **do NOT open the CSV file in Excel** to make these corrections. Doing so alters the data. To make changes, follow these steps:

1. Open the original Excel template.
3. Save the Excel template.
4. Save the file with the changes as a new CSV file.

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B. Data Submission

Click on Data Submission on the Home tab in the MNCM Data Portal under the applicable Depression measure period section. Repeat the data submission steps below for each of the three Depression measure periods. Data submission for each measure period must be completed in chronological order. Fully complete Steps 1 through 5 below for each measure period before beginning the next chronological measure period.

Step 1: Enter Denominator

Using the instructions below, manually enter denominator counts and information or complete and upload a file with this information. Whether done manually or via file upload, the information must be completed for each clinic row. Once the information is populated, click on Save and Continue.

Manual Entry:

- **Method Used for Data Collection**: Select one of the methods from the drop-down box.
- **REL Data Collection**: Indicate if collection of race, Hispanic ethnicity, preferred language and country of origin occurred using best practice methods. Best practice methods include:
  - Race: Reporting Multiple Races: NOT using a multi-racial category, allowing patients to select more than one race AND using a system that allows the collection and reporting of more than one race for each patient.

- **Clinic Level Population Counts**: Enter counts for each clinic level population count listed below. See Section II for count requirements.
  - Clinic Level Population Count 1: Total Adult Patients.
  - Clinic Level Population Count 2: Total Adult Patients with Depression Diagnosis.
  - Clinic Level Population Count 3: Total Adult Patients with Depression Diagnosis and Completed PHQ-9.

- **No Depression Patients with Diagnosis Seen this Period**: Check this box if a clinic did not see any patients with a diagnosis of Major Depression or Dysthymia (Major Depression or Dysthymia Value Set) during the measure period.
  - Provide a reason the clinic is not reporting (e.g., no patients meet eligibility criteria).
  - Please be advised MNCM’s policy requires ALL clinic sites within a medical group to submit their data through the DDS process. Likewise, this is a condition of participation in Minnesota Bridges to Excellence (BTE) and other pay-for-performance programs.
Excel Upload:
1. Click on Download the Denominator Worksheet.
   • Clinic names will display in Column A and clinic IDs will display 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 origin occurred using best practice methods. Best practice methods include:
     o **Race: Self-Report:** Allowing patient to self-report their race and Hispanic ethnicity.
     o **Race: Reporting Multiple Races:** NOT using a multi-racial category, allowing patients to select more than one race AND using a system that allows the collection and reporting of more than one race for each patient.
     o **Language: Self-Report:** Allowing patient to self-report preferred language.
     o **Country: Self-Report:** Allowing patient to self-report country of origin.
     For each clinic ID indicate if best practices are used by using the following:
     1 = Yes, we follow the best practice
     0 = No, we do not follow the best practice
     o Column C: Enter the appropriate code (1 or 0) to indicate if patients are allowed to self-report race and Hispanic ethnicity.
     o Column D: Enter the appropriate code (1 or 0) to indicate if clinic is NOT using a multi-racial category, allowing patients to select more than one race AND using a system that allows the collection and reporting of more than one race for each patient.
     o Column E: Enter the appropriate code (1 or 0) to indicate if patients are allowed to self-report preferred language.
     o Column F: Enter the appropriate code (1 or 0) to indicate if patients are allowed to self-report country of origin.
   • **Clinic Level Population Counts:** Enter counts for each clinic level population count listed below. See Section II for count requirements.
     o Clinic Level Population Count 1: Total Adult Patients (Column H).
     o Clinic Level Population Count 2: Total Adult Patients with Depression Diagnosis (Column I).
     o Clinic Level Population Count 3: Total Adult Patients with Depression Diagnosis and Completed PHQ-9 (Column J).
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- No Depression Patients with Diagnosis Seen this Period (Column K): Indicate if a clinic did not see any patients with a diagnosis of Major Depression or Dysthymia (Major Depression or Dysthymia Value Set) during the measure period by entering the applicable code. Leave as “0” if a clinic is reporting data.
  
  0 = Clinic is reporting
  1 = Clinic is NOT reporting
  
  Please be advised MNCM’s policy requires ALL clinic sites within a medical group to submit their data through the DDS process. Likewise, this is a condition of participation in Minnesota Bridges to Excellence (BTE) and other pay-for-performance programs.

- Reason not reporting (Column L): Provide a reason that the clinic is not reporting (e.g., no patients meet eligibility criteria). If clinic did see eligible patients, leave blank.

3. Save the Excel file as a CSV file (see Section III - A for more information). Click Browse to search and find the CSV file and then click Submit File.

Step 2: Review & Save
Verify the counts 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 and click Upload CSV and Continue. The MNCM Data Portal will scan the CSV file to identify possible errors. The Data Portal will then provide an Upload Status that will indicate if there are errors or warnings in the data file. Click on the Refresh link to view an updated upload status. To view errors and warnings, click View Errors & Warnings. If there are errors, the data file will need to be corrected and resubmitted to the Data Portal. Refer to the Data Elements and Field Specifications to review the required data specifications for each column.

- Errors: Corrections must be made and a corrected file uploaded (e.g., date of birth is out-of-range). Proceed to instructions below.

- Warnings: Closely review these possible errors and decide whether corrections are needed. If corrections to the data file are necessary, proceed to instructions below. If corrections are not necessary, click Continue to Step 4.

If corrections to the data file are necessary, make corrections in the original Excel file and save the corrected file. Then save as a new CSV file to upload. Do NOT make corrections in the CSV file as this will alter the data.

- To re-enter population counts and upload the corrected file starting from Step 1: Enter Denominator click Clear & Start Over. Note: All denominator count entries and a new file upload will be necessary if Clear & Start Over is clicked.

- If corrections are only needed to the data file click Re-Upload Data (csv) File. Begin with Step 3: Upload Data.

Once the Data (CSV) File has been successfully uploaded to the Data Portal, click Continue to Step 4.
Step 4: Review & Submit
Review the quality checks for each item listed in the Data Elements and Field Specifications table as well as the preliminary results and their comparison to the previous measure period’s results to determine if there are errors in the data.

- 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.

Again, make corrections in the original Excel file. Then save as a new CSV file to upload. Do NOT make corrections in the CSV file as this will alter the data.

Once the data has been successfully submitted, review and check each box of the Pre-Submission Quality Checklist. Click Continue. The page will be refreshed.

Data Comparison Notes
MNCM requests medical groups review the preliminary results for accuracy.

1. Review the following columns of information
   For all three measure periods:
   - “New Ptnt Index Contacts”, “Exclusions” and “Follow-up Scores” – These rows contain the counts of new indexes, exclusions and follow-up scores submitted in the data file.
   - “Total Adult Patients” and “Adults with Depression” – These rows contain Clinic Level Population Counts 1 and 2.

   - **Response, Remission and Usage at 6 Months and 12 Months (Only for October to January measure period)** – These rows contains rate results for the current measurement year and previous measurement year.

2. Compare the group and individual clinic results (counts and rates) to the prior submission.

Using the text box provided, describe reasons for any substantial changes. This is a required field. Comments in this field inform MNCM about reasons for the changes and avoids additional follow-up. After you complete the text box, click "Save Notes."

If you are unable to complete this step click “Save as Draft”. To access the submission again, click on Data Submission under the Depression Care section on the HOME tab. Contact support@mncm.org if you need assistance.

**NOTE:** If this is the first data submission for this measure or if there have been substantial changes to the measure itself, the Data Comparison Notes text box will not display.

When the data is ready to submit to MNCM: Click Submit Data to MNCM and proceed to Step 5: Done.

The Submit Data to MNCM button will not appear until the Pre-Submission Quality Checklist and Data Comparison Notes steps have been completed as stated above.
Step 5: Done
The data file has been successfully submitted. The MNCM Data Portal will generate an e-mail confirming receipt.

To download a report of patient level contact information, click Download Data near the top of the data comparison section. The report will only contain those contacts that were recorded in the MNCM Data Portal. Columns on the far right of the report indicate whether the contact was recorded as an Activation (Index) or New Score.
Section IV: Data Validation

After data is submitted, MNCM completes the following validation steps. Each step is critical to ensure results are accurate and comparable.

Quality Checks
MNCM completes quality checks of the demographic data, eligible population and preliminary performance results. If errors are identified, the medical group must make corrections to the data file and resubmit.

Validation Audit
All medical groups are subject to an audit. Medical groups selected for an audit are contacted by MNCM. A list of records for audit will be provided. Other audit preparations:

- 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 audit.
  - 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 that was submitted.
- The following items must be available for the 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.

NCQA 8 and 30 Audit Process
MNCM utilizes the National Committee for Quality Assurance (NCQA) “8 and 30” process for 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 one through eight in the sample to verify whether the submitted data matches the source data in the medical record.
- If no errors are found in these eight records, the compliance rate is 100 percent, 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 errors in these eight records, the auditor will continue auditing records nine through 30 and a compliance rate is calculated (e.g., 27/30 records compliant, 90 percent). If the compliance rate is less than 90 percent, the auditor will communicate the results with MNCM, who will contact the medical group to discuss a data resubmission plan.
Two-Week Medical Group Review
The two-week medical group review is the medical group’s official opportunity to review and comment on the results prior to finalization. Each medical group is responsible for reviewing their 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. A notification about this review will be sent to the primary data contact and other key contacts registered by the medical group in the MNCM Data Portal.

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

Appendix A: About Direct Data Submission

The goal of Direct Data Submission (DDS) is to collect patient-level data from medical groups on specific health care conditions and publicly report comparable results of health care quality at the clinic site level. All medical groups follow the same instructions for eligible 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 results from the validated data, and publicly reports the data on MNCM’s website, MNHealthScores.org.

Required Reporting

DDS fulfills participation requirements for the Minnesota Department of Health’s Minnesota Statewide Quality Reporting and Measurement System (SQRMS) as well as other health plan pay-for-performance programs and 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:

- MNCM’s DDS Terms and Conditions (signed electronically on the MNCM Data Portal).
- Complete a BAA with MNCM (signed electronically on the MNCM Data Portal).
- Submit a patient-level file to the secure MNCM Data Portal that automatically calculates results.
- Participate in the data validation process as required by MNCM.
- Have results publicly reported on MNHealthScores.org and in other reports.
- Submit data for ALL clinic sites.
- Submit data in required format (CSV).
- Submit data in good faith.
- Adhere to and follow all data submission timelines and formatting specifications.

Medical groups also understand that:

- MNCM works with corresponding health plans to determine Primary payer type (Commercial/Private, Medicaid, Medicare, uninsured/self/pay) on your behalf to reduce burden.
- The BTE program and most Minnesota health plans only accept results generated from the DDS method for their incentive programs, because the patient-level results can be validated.
Compliance with Federal and State Regulations

Our legal counsel has assured us that the DDS method 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 statute as long as we are acting as a business associate to each participating medical group (e.g., by gathering and submitting data on its behalf) and have a signed BAA with the medical group. The BAA is signed electronically on the MNCM Data Portal. The BAA is signed once and remains in effect for all DDS measures.

Health Insurance Portability and Accountability Act Law:

- 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 the medical group 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 business associate agreement has been updated to include all provisions required by the HITECH Act.

Minnesota Statute:

- The primary governing Minnesota statute 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 – the statute also applies to a release authorized by federal law.
- Legal counsel assures us 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 falls within the scope of health care operations, and MNCM is acting as a business associate to the medical groups when performing the services discussed above.
Appendix B: About MN Community Measurement and Measure Development

Mission and Vision:
The mission of MN Community Measurement is to accelerate the improvement of health by publicly reporting health care information. Our vision is that MN Community Measurement will:

- Be the primary trusted source for health data sharing and measurement;
- Drive change that improves health, patient experience, cost and equity of care for everyone in our community;
- Be a resource used by providers and patients to improve care; and,
- Partner with others to use our information to catalyze significant improvements in health.
Appendix C: Patient Reported Outcome (PRO) Tool

The most important step in measuring the change in a patient’s depression symptoms and ultimately their outcome of remission is to implement the administration of the PRO tools into your clinic’s processes and work flows.

The PHQ-9 assessment tool must be implemented in a clinic in order for the clinic to participate in the Depression Care measures as the measures are based on serial PHQ-9 assessments and resulting scores. To obtain a copy of the PHQ-9 tool or additional language translations, please visit www.phqscreeners.com.

Acceptable methods for obtaining PHQ-9 scores include:
- Office visit/in-person
- Telephone encounter
- E-Visit
- Mail (post)
- Electronic administration (email, patient portal, iPad/tablet, patient kiosk)

The PHQ-9 is a screen with nine items, each earning a score from zero to three, providing a zero to 27 total severity score:
- If a patient chooses more than one answer, select the “worst” of the answers which will be the higher score.
- Valid scores are whole numbers 0 – 27.
- The patient must answer ALL nine questions for the score to be valid.
- If the PHQ-9 result is missing, invalid or incomplete, do NOT submit zero for these contacts.

References
Please include the following copyright information on all PHQ-9 assessment tools utilized by clinicians.

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Permissions
This tool is in the public domain and requires no further permission for use. Results can be stored in an EMR and no approval is needed for other uses of the data such as research or publication. More information can be obtained from the tool developer.
Appendix D: Timelines for Measure Calculation

Information in the first table is utilized to calculate the six- and 12-month measure sets. Information in the second table is utilized to calculate the PHQ-9 Utilization measure.

<table>
<thead>
<tr>
<th>Depression Measure</th>
<th>Index Period*</th>
<th>Assessment Period**</th>
<th>Report Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patients indexed in this timeframe comprise the measure denominator.</td>
<td>Follow-up scores obtained in this timeframe from patients in the denominator are evaluated for numerator compliance.</td>
<td></td>
</tr>
<tr>
<td>Six Month Follow-up, Response and Remission Measures</td>
<td>01/01/2015 to 12/31/2015</td>
<td>06/01/2015 to 07/30/2016</td>
<td>2017</td>
</tr>
<tr>
<td></td>
<td>01/01/2016 to 12/31/2016</td>
<td>06/01/2016 to 07/30/2017</td>
<td>2018</td>
</tr>
<tr>
<td></td>
<td>01/01/2017 to 12/31/2017</td>
<td>06/01/2017 to 07/30/2018</td>
<td>2019</td>
</tr>
<tr>
<td>Twelve Month Follow-up, Response and Remission Measures</td>
<td>01/01/2015 to 12/31/2015</td>
<td>12/02/2015 to 01/30/2017</td>
<td>2017</td>
</tr>
<tr>
<td></td>
<td>01/01/2016 to 12/31/2016</td>
<td>12/02/2016 to 01/30/2018</td>
<td>2018</td>
</tr>
<tr>
<td></td>
<td>01/01/2017 to 12/31/2017</td>
<td>12/02/2017 to 01/30/2019</td>
<td>2019</td>
</tr>
</tbody>
</table>

* The Index Contact Date is the date on which the patient meets inclusion criteria (diagnosis of major depression or dysthymia and PHQ-9 score greater than nine). This date serves as the anchor date from which the six and 12 month measures are calculated.

** Due to the +/- 30-day calculation, the follow-up dates do not fall exactly on the first of the month or last day of the month.

<table>
<thead>
<tr>
<th>Utilization of PHQ-9 Tool</th>
<th>Dates of Service</th>
<th>Report Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients with major depression or dysthymia seen during the measure period (four months) who are administered at least one PHQ-9 during that four-month measure period.</td>
<td>10/01/2016 to 01/31/2017</td>
<td>2017</td>
</tr>
<tr>
<td></td>
<td>10/01/2017 to 01/31/2018</td>
<td>2018</td>
</tr>
<tr>
<td></td>
<td>10/01/2018 to 01/31/2019</td>
<td>2019</td>
</tr>
</tbody>
</table>
Appendix E: Suite of Available Depression Care Measures

The following is a list of measures for the depression population. All of these measures are calculated based on the population counts and file submission of patients meeting inclusion criteria. Not all measures are used for public reporting or payer reward programs, but all results are available to medical groups for internal use and quality improvement purposes.

<table>
<thead>
<tr>
<th>Measure and Purpose</th>
<th>Definition</th>
<th>Reporting*</th>
</tr>
</thead>
</table>
| **Percentage of the adult population with Major Depression or Dysthymia during the measurement period.** Prevalence of depression. | Adults age 18 and older with a diagnosis of Major Depression or Dysthymia (Major Depression or Dysthymia Value Set) with at least one visit to an eligible provider during the measurement period.  
\[
\text{# adult patients with depression} \quad \frac{\text{total # adult patients}}{\text{Calculated from clinic level population counts.}}
\] | Internal |
| **Percentage of the adult population with Major Depression or Dysthymia who had a PHQ-9 during the measurement period. Process supporting implementation and use of PHQ-9.** | Percent of patients with a diagnosis of Major Depression or Dysthymia (Major Depression or Dysthymia Value Set) with a completed PHQ-9 during the measurement period. This measure is determining the rate of the use of the PHQ-9 tool for the medical group’s population of patients with Major Depression or Dysthymia.  
\[
\text{# adult pts with depression who had a PHQ-9 administered} \quad \frac{\text{# adult patients with depression}}{\text{Calculated from clinic level population counts.}}
\] | Public |
| **Percentage of the adult population with Major Depression or Dysthymia whose index PHQ-9 score is greater than nine.** | Percent of patients with a diagnosis of Major Depression or Dysthymia (Major Depression or Dysthymia Value Set) with a completed PHQ-9 during the measurement period whose PHQ-9 score is greater than nine.  
\[
\text{# adult pts with depression and PHQ-9 > 9} \quad \frac{\text{# adult pts with depression who had a PHQ-9 administered}}{\text{Calculated from clinic level population counts and patient level file.}}
\] | Internal |
## 2017 Depression Care Measures

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<table>
<thead>
<tr>
<th>Measure and Purpose</th>
<th>Definition</th>
<th>Reporting*</th>
</tr>
</thead>
</table>
| PHQ-9 follow-up assessment at six months. Process supporting the achievement of the outcome of remission. | Percent of depression patients with an index PHQ-9 score greater than nine who have a PHQ-9 tool administered six months after index (+/- 30 days).  
   
   # adult pts with depression and PHQ-9 > 9 who have six month PHQ-9 (+/- 30 days)  
   
   # adult pts with depression with index contact PHQ-9 > 9  
   
   *Calculated from patient level file.* | Public |
| PHQ-9 with a 50 percent or more decrease in score (response) at six months. Intermediate outcome measure towards the goal of remission. | Percent of depression patients with an index PHQ-9 score greater than nine whose PHQ-9 score is reduced by 50 percent or greater six months after index (+/- 30 days).  
   
   # adult pts with >/= 50% decrease in PHQ-9 score at 6 months(+/- 30 days)  
   
   # adult pts with depression with index contact PHQ-9 > 9  
   
   *Calculated from patient level file.* | Public |
| PHQ-9 score < five (remission) at six months. Outcome measure demonstrating improvement in depression symptoms. | Percent of depression patients who have reached remission at six months (+/- 30 days) after an index PHQ-9 score greater than nine. Remission is defined as a PHQ-9 score less than five.  
   
   # adult pts with a PHQ-9 score < 5 at 6 months(+/- 30 days)  
   
   # adult pts with depression with index contact PHQ-9 > 9  
   
   *Calculated from patient level file.* | Public and Payer Reward Programs, Required for MDH |
| PHQ-9 follow-up assessment at 12 months. Process supporting the achievement of the outcome of remission. | Percent of depression patients with an index PHQ-9 score greater than nine who have a PHQ-9 tool administered 12 months after index (+/- 30 days).  
   
   # adult pts with depression and PHQ-9 > 9 who have 12 month PHQ-9 (+/- 30 days)  
   
   # adult pts with depression with index contact PHQ-9 > 9  
   
   *Calculated from patient level file.* | Public |
## 2017 Depression Care Measures
### Appendices

<table>
<thead>
<tr>
<th>Measure and Purpose</th>
<th>Definition</th>
<th>Reporting*</th>
</tr>
</thead>
</table>
| PHQ-9 with a 50 percent or more decrease in score (response) at 12 months. Intermediate outcome measure towards the goal of remission. | Percent of depression patients with an index PHQ-9 score greater than nine whose PHQ-9 score is reduced by 50 percent or greater 12 months after index (+/- 30 days).  
   # adult pts with >/= 50% decrease in PHQ-9 score at 12 months  
   # adult pts with depression with index contact PHQ-9 > 9  
   Calculated from patient level file. | Public     |
| PHQ-9 score < five (remission) at 12 months. Outcome measure demonstrating improvement in depression symptoms. | Percent of depression patients who have reached remission at 12 months (+/- 30 days) after an index PHQ-9 score greater than nine. Remission is defined as a PHQ-9 score less than five.  
   # adult pts with a PHQ-9 score < 5 at 12 months  
   # adult pts with depression with index contact PHQ-9 > 9  
   Calculated from patient level file. | Public  
   Meaningful Use  
   PQRS/ACO |

* The following are definitions of reporting audiences:  
  Internal = Medical groups will see their own results and data may be used for reporting at a summary statewide level, but not used for public reporting at a clinic site level.  
  Public = Measure results will be reported publically by clinic and medical group site on the MNCM website and in the Health Care Quality Report.  
  Payer = Measure results will be used for payer reward programs.
Appendix F: Glossary of Terms

Standard list of terms often used in the data submission process. Not all terms apply to all measures.

Allowable Exclusions: Allowable exclusions are optional. A medical group may choose to remove patients from data submission who meet the criteria described in the Allowable Exclusions section of the measure specifications.

Assignment: The process by which clinics are assigned to clinical quality measures, for which they are then responsible to report data to MNCM. Assignments are based on specialties offered at each clinic. These specialties are selected by the medical group during clinic registration.

Audit: The process by which MNCM reviews and validates the data submitted to ensure the data reflects the patient record. Audits are completed on-site at a clinic or electronically.

Behavioral Health Providers: The following provider types are expected to submit data for the Depression Care Measures only if there is also a physician on-site: Licensed Psychologist (LP), Licensed Independent Clinical Social Worker (LICSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage & Family Therapist (LMFT). These provider types are not required to register in the MNCM Data Portal.

Calculated Exclusions: Exclusions that are calculated by the MNCM Data Portal based on data supplied in the data file. Patients to whom a calculated exclusion applies must still be included in the data file; upon submission, the Data Portal will remove the appropriate patients from measure calculation.

Clinic: The individual practice site or sites that are registered under the main medical group. Clinics are locations where primary or specialty care ambulatory services are provided for a fee by one or more physicians.

A clinic site location is a building, separate space or an entity with a street address. It should be a functional unit that is easily understood by patients/consumers. The goal of reporting by clinic site is to provide patients/consumers with information about the entity with which they are most familiar and to provide information to clinics that is actionable for quality improvement purposes.

Clinic and Provider Registration: The annual process by which clinics and providers register on the MNCM Data Portal. Providers who worked at a clinic site during the previous calendar year must be registered. Typically this occurs annually during December and January. Please see the Clinic and Provider Registration Instructions for specific details and guidance.

Clinic ID: Assigned to a clinic by the Data Portal when the clinic first registers on the MNCM Data Portal.

Clinic Level Population Counts: Specific to Depression Care Measures. Summary counts entered during the “Enter Denominator” step of data submission for the Depression Care Measures. The purpose of these counts is to provide information about the population of patients cared for at each clinic site and to understand the processes related to diagnosis, monitoring and treatment of depression. All clinic level population counts are specific to the measure period (four month period) in which they are being entered.
Clinical Staff: Defined, for the purposes of Clinic and Provider Registration, as the following provider types: physicians (MD or DO), advanced practice registered nurses (e.g., Certified Nurse Practitioner, Certified Nurse Specialist, and Certified Nurse Midwife) and physician assistants (PA).

Contacts Tab: Tab in the MNCM Data Portal that lists all contacts for a particular medical group. Medical groups can add, remove or edit contact people on this tab. While changes can be made at any time, this information must be updated by medical groups during Clinic and Provider Registration.

Contact: Specific to Depression Care Measures. Visit, telephone call, e-visit or other contact that is associated with a PHQ-9 tool being completed by the patient.

Crosswalk: Process by which a unique identifier is linked to a patient’s name and date of birth so medical records can be located by clinic staff in the case of an audit by MNCM.

CSV File: Acronym for “comma separated values.” A CSV file is a common and simple format that is used to import/transport data between systems or software applications that are not directly related (e.g., from a spreadsheet to a database). All data submission files are formatted as CSV files.

Data Collection Form: Form that has all patient-level data elements necessary to collect for measure. It is optional for medical groups to use this form. It may be most useful for clinics/medical groups using paper records.

Data Collection Guides: Document providing instructions for clinics/medical groups to submit data counts or files to the MNCM Data Portal.

Data Comparison: Part of DDS process where clinics/medical groups are asked to review the current measurement period’s preliminary results for each clinic compared to the last data submission for this measure and consider any changes between the current period and the prior period. It is expected that an explanation will be entered into a text box to account for any changes or to indicate that the data comparison is expected.

Data Elements: Components necessary to submit data files to MNCM and to calculate measure results.

Data File: Excel template supplied on the MNCM Data Portal for DDS data submission. Templates are specific to and formatted correctly for each measure.

Data File Transfer Selection: MDH has requested the receipt of patient level data. Medical groups must indicate on the MNCM Data Portal if they chose to allow MNCM to share patient-level data with MDH. This is called Data File Transfer Selection. Detailed information about the Data File Transfer Selection options can be found in Section I of the data collection guides.

Data Portal: Secure, HIPAA-compliant portal owned by MNCM where clinics/medical groups can submit patient-level data to MNCM for validation and accurate calculation of results.

Data Quality Checks: MNCM recommends completing several internal quality checks of the data prior to data file submission. Quality checks improve data accuracy, reduce the likelihood of errors and ensure the data can be validated upon audit. Please refer to specific data collection guides for guidance on data quality checks for each measure.
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Denominator: The denominator is the bottom number in a fraction. In epidemiology, it represents a population group at risk of a specific disease. In clinical quality measurement, it is the total number of patients (or observations) included in the calculated score.

Direct Data Submission (DDS): The DDS method was developed by MNCM to allow medical groups to submit patient-level data for verification of results. In this process, medical groups upload files of patient-level clinical data and clinic results are automatically calculated by the MNCM Data Portal. MNCM validates data submitted through the DDS process before results are publicly reported.

Electronic Medical Record: A digital version of a paper chart that contains all of a patient’s medical history from one practice, which is also known as EMR or Electronic Health Record (EHR).

Eligible Population: A group of patients who have met all eligibility criteria to be included in a measure.

Errors: The error and warning report will be displayed after a patient-level data file is submitted via the MNCM Data Portal. Errors are “hard stops” in the Data Portal (e.g., dates of birth in the file are outside the date of birth range specified for a measure) that result in the submission of a file not being allowed. They must be corrected and a revised patient level data file must be uploaded to the Data Portal before submission can occur.

Excel Format: Format of Excel template columns necessary to submit data file to MNCM Data Portal.

Excel Template: See Data File.

Field Specifications: The detailed section in the data collection guides that provides instructions and guidance for the collection of required data elements for measure score calculation.

Final Results: Results calculated by the MNCM Data Portal after submission of a patient level data file after validation is completed. Final results are displayed on MNHealthScores.org.

Full-Time Equivalent (FTE): The best reflection of the time the provider practiced in a typical work week at each clinic site over the course of a calendar year. FTE information is submitted during Clinic and Provider Registration in the provider registration step. Please see the Clinic and Provider Registration Instructions guide for more information.

Group and Clinic Sites Tabs: These tabs display information about the medical group and clinic sites in the MNCM Data Portal. Information can be edited for the group or clinic sites as needed.

Home Tab: This tab displays information about all the current measures and deadlines for which the medical group is responsible.

Hospital-Based Outpatient Clinic Locations: These are included in the physician clinic definition and must be registered and report required measures.

Inactive Patients: Patients designated as inactive in a practice management system, billing system or electronic medical record must be included in the eligible population if they meet measure criteria.
Index Period: The patient-specific 13 month period following an index event during which time all PHQ-9 results are submitted and Depression Care measures for six and 12 months are calculated from.

Indexed Visit: Specific to Depression Care Measures. Visit at which a patient is activated for the depression measure meaning patient had appropriate diagnosis AND an elevated PHQ-9 test score (above nine).

Insurance Coverage Data Elements, Field Specifications and Codes: Document to be used in conjunction with the data collection guides to accurately collect and report insurance coverage data elements.

Inter-Rater Reliability (IRR): Recommended to conduct several sample audits with all abstractors for training purposes if more than one person will abstract data. This ensures measurement specifications are interpreted consistently and data is collected uniformly.

Measure Logic/Flow Charts: Used to help illustrate the identification of the eligible population and the logic of measure calculation.

Measure Period: Timeframe being measured. Additional definition specific to Depression Care Measures: three periods, each four months in duration that make up the Measurement Year.

Measure Specifications: Provide detailed information about each measure, including measure description, methodology, measurement period, denominator, exclusions and numerator. Located in the data collection guides that are available on MNCM.org and the MDH website.

Measurement Year: See Measure Period. Additional definition specific to Depression Care Measures: the 12-month period that encompasses all three four-month measure periods.

Medical Group: The highest level of the MNCM Data Portal clinic and provider registration construct. The medical group represents a single centralized organization that operates one or more clinic sites. Organizations define the parameters of the medical group at the time of registration and may choose to divide clinics operated by the organization into more than one medical group. Medical groups with only one clinic site must enter information under both the medical group and clinic sections, even though the information will be the same. When reporting on the clinical quality measures, data for all clinic sites is submitted to MNCM in one file via the medical group.

Medical Group ID: Assigned to a medical group by MNCM when the medical group first registers on the MNCM Data Portal.

Multi-Specialty Clinics: A clinic site that has multiple specialties located in one building (one street address). Medical groups have the option to register a single clinic site or register each specialty as its own clinic site and then also register a main clinic site. How clinics decide to register depends on how the clinic desires to have their clinical measures publicly reported on MNHealthScores.org. Please review the Clinic and Provider Registration Instructions guide for further information about registering multi-specialty clinics.
National Provider Identifier (NPI): A unique identifier for individual providers or organizations that render health care. Health care providers who are HIPAA-covered entities obtain an NPI to identify themselves in HIPAA standard transactions. Also referred to as Provider ID.

Newly Opened/Acquired Clinics: If a medical group opened or acquired a new clinic in the last year, the new clinic must be registered with the medical group and must submit data with the medical group. If the new clinic uses a different practice management system, billing system or EMR, they should follow the same instructions and measure specifications to collect the data, and the medical group should include the new clinic’s data in the data submission to MNCM.

Numerator: The numerator is the top number in a fraction. In epidemiology, it represents the number of people in a population group who develop the disease of interest. In clinical quality measurement, it is the number of patients that meet all specified targets of a measure.

Patient Attribution: A patient is attributed to one clinic and provider that are considered to be responsible for managing the patient’s care. Please refer to specific data collection guides to review patient attribution for each measure as they differ.

Patient-Level Data: Data elements required to calculate measure results. Data is submitted to MNCM Data Portal via a HIPAA-secure process.

Patient Registries: A tool used by some medical groups to track patient progress and for quality improvement purposes. MNCM cautions the use of patient registry information for quality measures. Many registries give a “snapshot” of patients at a given time and would therefore not include all patients according to established patient criteria or may not reflect the most recent clinical data (e.g., most recent blood pressure or labs). Registries that are programmed to update the patient population and clinical results on a continual basis (24/7) could possibly be used to create data file for submission; however, please discuss this with MNCM before use. During the validation audit, the MNCM auditor will use the patient record not the patient registry. If a clinic uses data from a patient registry, the auditor may find a more recent date/value in the medical record and this would be counted as an error.

PHQ-9 Tool: Specific to Depression Care Measures. Component of the Patient Health Questionnaire (PHQ) consisting of nine questions to assess depression severity level of patient.

Pre-Submission Data Certification: This process is intended to help identify potential data issues prior to file submission.

Pre-Submission Data Certification Form: Document medical groups complete to outline the method for identifying the eligible population and other details pertinent to the validation of submitted data.

Preliminary Results: Results calculated by the MNCM Data Portal after submission of a data file but before results are fully validated.
Primary Data Contact: The person from the medical group who uploads/submits data files for the clinical quality measures; receives communications from MNCM about data submission and other important updates; and completes the medical group’s annual registration of the clinics and clinical staff on the MNCM Data Portal. It is important that the Primary Data Contact information for medical groups remains up-to-date to ensure MNCM communication is received by the appropriate person in a timely manner.

Provider File: Excel Template available on the MNCM Data Portal for Clinic and Provider Registration. This document is uploaded to the MNCM Data Portal during registration.

Provider ID: Created by medical group/clinic for providers who do not have an NPI. This ID will be used in the data file submission to MNCM.

Provider Type: Medical Doctor (MD, including physicians who have medical degrees from other countries such as MBBCH, MBBS, MBCHB); Doctor of Osteopathy (DO); Physician Assistant (PA) or Advanced Practice Registered Nurse (e.g., Certified Nurse Practitioner, Certified Nurse Specialist, Certified Nurse Midwife) are providers that are required to be registered during Clinic and Provider Registration. Refer to the specific measure specifications for eligible provider types required to report clinical data for each measure as they differ.

Provider Registration: See Clinic and Provider Registration.

Provider Specialty Code: Codes generated by MNCM to indicate the board certified specialty of providers. The codes are included in the provider registration file and DDS data file. Please see the Clinic and Provider Registration Instructions guide as well as each data collection guide for further guidance.

Providers Tab: This tab displays all of the information about providers submitted during Clinic and Provider Registration.

REL: Acronym referring to data elements of race, Hispanic ethnicity, preferred language and country of origin.

REL Best Practice: Data collection best practice methods for REL data elements include: allowing patients to self-report race and Hispanic ethnicity, preferred language and country of origin as well as NOT using a multi-racial category; allowing patients to select more than one race; and using a system that allows the collection and reporting of more than one race for each patient. For more information about collecting this data from patients, refer to the Handbook on the Collection of Race Ethnicity and Language Data available on MNCM.org under Submitting Data > Training & Guidance > Data Collection Guides.

REL Data Elements, Field Specifications and Codes: Document to be used in conjunction with the data collection guides to accurately collect and report REL data elements.

Required Exclusions: This type of exclusion is required. A medical group must remove patients from data submission who meet the criteria described in the Required Exclusions section of the Measure Specifications. These exclusions have evidence that they are clinically appropriate or that the frequency and impact of the inclusion of these patients would distort the calculated result.
2017 Depression Care Measures
Appendices

**Results Tab:** This tab includes final data results and file downloads from prior submission cycles, as well as charts of current and historical results.

**Resources Tab:** This tab is organized by topic or measure, and houses data submission guides, tools and frequently asked questions by measure.

**Roll-up:** Process by which multiple clinics report data under one clinic. Clinics can report clinic quality data as one clinic if they meet all of the three following criteria: A) have common ownership; B) have a majority (more than half) of common clinical staff working across the multiple locations (these clinical staff must rotate between all of the clinic locations); and C) the total clinical staff across all locations is no greater than 20 FTEs. Please see clinical staff for further details.

**Statewide Quality Reporting and Measurement System:** State health reform law passed in 2008. Under this law with specific directives within Minnesota Statutes, section 62U.02, all physician clinics are required to register and submit data on measures to be publicly reported to the Commissioner of Health. To implement physician clinic registration and the collection of quality measurement data, MDH developed SQRMS, created through Minnesota Rules, Chapter 4654. MDH has contracted with MNCM to assist with implementing SQRMS. Under this contract, MNCM supports physician clinics in meeting registration and measure requirements.

**Summary of Changes:** Area at the beginning of each data collection guide which highlights changes from the previous year.

**System Query:** Process by which data elements are pulled from chart system (EMR or manual) by clinics/medical groups.

**Total Population:** Consists of the entire eligible population. Please refer to the specific data collection guides for further instructions on how to submit total population.

**Two-Week Review Period:** Period after data submission in which clinics/medical groups can review their preliminary results in comparison with other clinics/medical groups. This is a very important validation step to ensure accurate results before public reporting.

**Urgent Care Clinics:** A type of clinic. Urgent care clinics must register and complete an annual Health Information Technology (HIT) survey; however, urgent care clinics are not required to report on clinical quality measures.

**Value Set:** A set of administrative codes used to define a concept related to the measure construct (e.g. denominator, exclusions) using standard coding systems (e.g. ICD-10, CPT, LOINC).

**Value Set Dictionary:** A spreadsheet based list of codes by measure. Contains all Value Sets applicable to a given measure.

**Warnings:** The error and warning report is displayed in the MNCM Data Portal after data file submission. Warnings should be reviewed to determine if corrections are needed.