

## 2023 MCAS MEASURE: DEPRESSION REMISSION OR RESPONSE FOR ADOLESCENTS AND ADULTS (DRR-E)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan's (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, "Depression Remission or Response for Adolescents and Adults (DRR-E)."

**Measure Description: The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score.**

- ▶ **Follow-Up PHQ-9.** The percentage of members who have a follow-up Patient Health Questionnaire-9 (PHQ-9) score documented within four to eight months after the initial elevated PHQ-9 score.
- ▶ **Depression Remission.** The percentage of members who achieved remission within four to eight months after the initial elevated PHQ-9 score.
- ▶ **Depression Response.** The percentage of members who showed response within four to eight months after the initial elevated PHQ-9 score.

**Data Collection Method:** Electronic Clinical Data Systems (ECDS)<sup>1</sup>

### DRR-E Clinical Code Set

- ▶ For billing, reimbursement, and reporting of services completed, submit claims in a timely with the appropriate medical codes for all conditions evaluated and services completed.

### Codes used to identify members with major depression or dysthymia.

Description	ICD-10-CM	LOINC
Major Depression or Dysthymia	F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.9, F34.1	
PHQ-9 Total Score		44261-6
PHQ-9 (Modified for Teens) Total Score		89204-2

### Eligible Screening Tools:

Selection of the appropriate PHQ-9 assessment should be based on the member's age.

- PHQ-9: 12 years of age and older.
- PHQ-9 Modified for Teens: 12–17 years of age.

### Exclusion Criteria – Members with any of the following conditions during the intake period or measurement year are excluded from the DSS-E measure:

- Bipolar disorder
- Personality disorder
- Psychotic disorder
- Pervasive development disorder
- Members in hospice

### The medical record must include:

- A note indicating the name of the specific antigen and the date of the immunization; or
- A certificate of immunization prepared by an authorized health care provider or agency that includes specific dates and types of immunizations administered.



**Best Practices:**

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members of the need for a visit.
- ▶ Clinical recommendations:
  - Clinicians should establish and maintain follow-up with adult patients who have depression. Appropriate, reliable follow-up is highly correlated with improved response and remission scores.
  - The American Academy of Pediatrics recommends that adolescents with depression should be assessed for treatment response and remission of symptoms using a depression assessment tool, such as the PHQ-9 Modified for Teens.
- ▶ Always offer general checkups and follow ups even if the patient is being followed by a behavioral health provider. Encourage the following:
  - Antidepressant medications and regular medication check appointments.
  - Exercise and other behavioral changes.
  - Better eating habits and to avoid alcohol and drugs.
  - Meditation.
  - Mindfulness or breathing exercises.
- ▶ Collaboration with a behavioral health provider that can offer psychotherapy treatments.
- ▶ Members of the care team understand the importance of depression management and screening.
- ▶ Involve the patient's support in managing their depression.
- ▶ Set realistic expectations with the patient.
  - Know that achieving remission may not be a quick process. Medications prescribed for depression may take some time before they become effective. Patience is key.
- ▶ Always be alert for suicidal symptoms.
  - Have a standard workflow in place for patients who answer yes regarding suicidal ideation. Have staff and treatment plans in place for these patients.
- ▶ Ensure routine follow up for members who test positive on the PHQ-9, and test the member at each follow up encounter to track improvements or declines in their PHQ-9 score. Alter treatment based on scores.
- ▶ Behavioral health referrals can be made through Carelon Behavioral Health (formerly Beacon Health Options). Providers may also use this link to access valuable information, forms and documents: [Click Here](#)
- ▶ Our team of nurses, social workers and care management coordinators work together to empower members to exercise their options and access the services appropriate to meet their individual health needs to promote quality outcomes. GCHP Care Management includes complex and non-complex care management that offers transition to adult services, disease specific education, identification of social determinants of health and linkage to appropriate resources in the community. To learn more, please call GCHP's Care Management Team at:
  - Providers, call: 1-805-437-5777
  - Members, call: 1-805-437-5656
  - GCHP website, Care Management: [Click Here](#)

<sup>1</sup>ECDS is a HEDIS® reporting standard that uses structured data systems (e.g., administrative claims, clinical registries, health information exchanges, electronic health records, disease / cases management systems) to report rates on ECDS designated measures.