

2025 Measurement Year

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)¹

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, F32.5, 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 anytime during the member's history through the end of the measurement period are excluded from the DRR-E measure:

- ▶ Bipolar disorder
- ▶ Personality disorder
- ▶ Psychotic disorder
- ▶ Pervasive development disorder
- ▶ Members in hospice
- ▶ Members who died during the measurement year



Best Practices:

- ▶ Use the Inovalon® Provider Enablement Quality Gap Insights 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](#)
- ▶ GCHP's Care Management Team is made up of registered nurses, care management coordinators, and social workers who are ready to help GCHP members manage their health. GCHP Care Management referrals can be made by submitting the referral form available on the GCHP website or by contacting the Care Management team by phone or email.
 - Care Management Contact: 1-805-437-5656
 - Care Management Email: CareManagement@goldchp.org
 - English Referral Form: [Click Here](#)
 - Spanish Referral Form: [Click Here](#)

¹ 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.