MNCM Measure	**Depression Remission at** Twelve **Months** Please refer to table starting on Page 4 for complete list of measures.
Description	This measure is used to assess the percentage of patients who have reached remission at six months (+/- 30 days) after being identified as having an initial PHQ-9 score > 9. Remission is defined as a PHQ-9 score less than 5.
Methodology	Population identification is accomplished via a query of a practice management system or Electronic Medical Record (EMR) to identify the population of eligible patients (denominator). Data elements are either extracted from an EMR system or abstracted through medical record review.
Rationale	The priority aim addressed by this measure is to improve the outcomes of treatment for patients with major depression or dysthymia. The Center for Disease Control and Prevention states that 15.7% of people report being told by a health care professional that they had depression at some point in their lifetime. Persons with a current diagnosis of depression and a lifetime diagnosis of depression or anxiety were significantly more likely than persons without these conditions to have cardiovascular disease, diabetes, asthma and obesity and to be a current smoker, to be physically inactive and to drink heavily. According to National Institute of Mental Health (NIMH), 6.7 percent of the U.S. population ages 18 and older (14.8 million people) in any given year have a diagnosis of a major depressive disorder. Major depression is the leading cause of disability in the U.S. for ages 15 - 44. Additionally, dysthymia accounts for an additional 3.3 million Americans. Suicide rates for Minnesotans are 10.4 per 100,000 or 1.3 suicides per day, with the highest rates among the following groups: males (4 times greater than females), ages 30 to 49 years, and non-hispanic whites.

Denominator	Patients meeting all of the following criteria:
	
	• Adults age 18 and older; no upper age limit
	• Patient visits or contacts during the measurement period
	• Diagnosis of Major Depression or Dysthymia; ICD-9 codes include:
	  o 296.2x Major depressive disorder, single episode
	  o 296.3x Major depressive disorder, recurrent episode
	  o 300.4 Dysthymic disorder
	  o For primary care providers, these diagnosis codes can be in ~~any~~ position
	  o For behavioral health providers, the depression or dysthymia diagnosis codes need to be listed as the ~~primary diagnosis~~. This is to insure that the patient is primarily being treated for major depression and does not have other more serious psychiatric conditions like psychoses, schizophrenia or bipolar disorder with underlying depression.
	• Initial PHQ-9 score is > nine
	• Include the following provider specialties: Family Practice, Internal Medicine, Geriatric Medicine, and Psychiatry/ Behavioral Health.

Exclusions	• Patient death • Hospice • Permanent Resident of Nursing Home • Bipolar Disorder (Principal Diagnosis; initially diagnosed as depression but upon further treatment & evaluation primary diagnosis changed to bipolar disorder) • Personality Disorder (Principal Diagnosis; initially diagnosed as depression but upon further treatment & evaluation primary diagnosis changed to personality disorder)
Numerator Rate	• The number of patients with major depression or dysthymia ~~and~~ an initial PHQ-9 score > nine whose PHQ-9 score at six months (+/- 30 days) is less than 5.

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E-mail: support@mncm.org Data Portal: https://data.mncm.org/login   Consumer Web site: www.mnhealthscores.org Corporate Web site: www.mncm.org

Bipolar and Personality Disorders ICD-9 Codes

ICD-9 Code	ICD-9 Description
296.00	Bipolar I Disorder, Single Manic Episode, Unspecified
296.01	Bipolar I Disorder, Single Manic Episode, Mild
296.02	Bipolar I Disorder, Single Manic Episode, Moderate
296.03	Bipolar I Disorder, Single Manic Episode, Severe Without Psychotic Features
296.04	Bipolar I Disorder, Single Manic Episode, Severe With Psychotic Features
296.05	Bipolar I Disorder, Single Manic Episode, In Partial Remission
296.06	Bipolar I Disorder, Single Manic Episode, In Full Remission
296.10	Manic disorder, recurrent episode; Unspecified
296.11	Manic disorder, recurrent episode; Mild
296.12	Manic disorder, recurrent episode; Moderate
296.13	Manic disorder, recurrent episode; Severe Without Psychotic Features
296.14	Manic disorder, recurrent episode; Severe With Psychotic Features
296.15	Manic disorder, recurrent episode; In Partial Remission
296.16	Manic disorder, recurrent episode; In Full Remission
296.40	Bipolar I Disorder, Most Recent Episode Manic, Unspecified
296.41	Bipolar I Disorder, Most Recent Episode Manic, Mild
296.42	Bipolar I Disorder, Most Recent Episode Manic, Moderate
296.43	Bipolar I Disorder, Most Recent Episode Manic, Severe Without Psychotic Features
296.44	Bipolar I Disorder, Most Recent Episode Manic, Severe With Psychotic Features
296.45	Bipolar I Disorder, Most Recent Episode Manic, In Partial Remission
296.46	Bipolar I Disorder, Most Recent Episode Manic, In Full Remission
296.50	Bipolar I Disorder, Most Recent Episode Depressed, Unspecified
296.51	Bipolar I Disorder, Most Recent Episode Depressed, Mild
296.52	Bipolar I Disorder, Most Recent Episode Depressed, Moderate
296.53	Bipolar I Disorder, Most Recent Episode Depressed, Severe Without Psychotic Features
296.54	Bipolar I Disorder, Most Recent Episode Depressed, Severe With Psychotic Features
296.55	Bipolar I Disorder, Most Recent Episode Depressed, In Partial Remission
296.56	Bipolar I Disorder, Most Recent Episode Depressed, In Full Remission
296.60	Bipolar I Disorder, Most Recent Episode Mixed, Unspecified
296.61	Bipolar I Disorder, Most Recent Episode Mixed, Mild
296.62	Bipolar I Disorder, Most Recent Episode Mixed, Moderate
296.63	Bipolar I Disorder, Most Recent Episode Mixed, Severe Without Psychotic Features
296.64	Bipolar I Disorder, Most Recent Episode Mixed, Severe With Psychotic Features
296.65	Bipolar I Disorder, Most Recent Episode Mixed, In Partial Remission
296.66	Bipolar I Disorder, Most Recent Episode Mixed, In Full Remission
296.7	Bipolar I Disorder, Most Recent Episode Unspecified

ICD-9 Code	ICD-9 Description
296.80	Bipolar Disorder NOS
296.89	Bipolar II Disorder
301.0	Paranoid personality disorder
301.1	Affective personality disorder
301.10	Affective personality disorder unspecified
301.11	Chronic hypomanic personality disorder
301.12	Chronic depressive personality disorder
301.13	Cyclothymic disorder
301.2	Schizoid personality disorder
301.20	Schizoid personality disorder unspecified
301.21	Introverted personality
301.22	Schizotypal personality disorder
301.3	Explosive personality disorder
301.4	Obsessive-compulsive personality disorder
301.5	Histrionic personality disorder
301.50	Histrionic personality disorder unspecified
301.51	Chronic factitious illness with physical symptoms
301.59	Other histrionic personality disorder
301.6	Dependent personality disorder
301.7	Antisocial personality disorder
301.8	Other personality disorders
301.81	Narcissistic personality disorder
301.82	Avoidant personality disorder
301.83	Borderline personality disorder
301.84	Passive-aggressive personality
301.89	Other personality disorders
301.9	Unspecified personality disorder

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E-mail: support@mncm.org Data Portal: https://data.mncm.org/login   Consumer Web site: www.mnhealthscores.org Corporate Web site: www.mncm.org

The following is a list of measures for the depression population. Not all measures will be used for public reporting or BTE's reward program, but all rates will be available to the medical groups. Internal = medical groups will see their own results and data may be used for reporting at a summary state-wide level but not by individual medical group, Public = measure rates will be reported publically by clinic site on the MNCM website and in the Health Care Quality report, BTE = measure rates will be used to determine BTE rewards.

	Measure	Definition	Reporting
#1	Percentage of the adult population with major depression or dysthymia during the measurement period	Adults age 18 & older with a diagnosis of major depression or dysthymia with at least one visit to a billable/ eligible provider during the measurement period. ICD-9 codes: o 296.2x - Major Depressive disorder, single episode o 296.3x – Major depressive disorder, recurrent episode o 300.4x – Dysthymic Disorder <u># adult patients with depression (296.2x, 296.3x and 300.4)</u> total # adult patients	Internal
#2a	Percentage of the adult population with unspecified depression diagnosis during the measurement period These patients will not be included in the subsequent outcome measures for depression	Adults age 18 & older with a diagnosis of Depression; Not Otherwise Specified with at least one visit to a billable/ eligible provider during the measurement period ICD-9 codes: o 311 - Depressive disorder, not elsewhere classified <u># of adult patients with diagnosis of depression not elsewhere classified (311)</u> # total adult patients *Note: If a patient has both codes during the measurement period (311 and one of the major depression or dysthymia codes) count the patient as having major depression or dysthymia, not depression NOS*	Internal
#2b	Percentage of the adult population with <u>depression</u> who have unspecified depression diagnosis during the measurement period	Adults age 18 & older with a diagnosis of depression during the measurement period. This measure is tracking the rate of the use of 311 unspecified depression as a percent of all patients diagnosed with depression. <u># of adult patients with diagnosis of depression not elsewhere classified (311)</u> (# adult patients with 311) + (# adult patients with 296.2x, 296.3x and 300.4)	Internal

MNCM Measurement and Field Specifications for Depression

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	Measure	Definition	Reporting
#3	Percentage of the adult population with major depression or dysthymia who had a PHQ-9 during the measurement period	Percent of patients with a diagnosis of major depression or dysthymia (296.2, 296.3 or 300.4) 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. $$\frac{\text{\# adult pts with depression (296.2x, 296.3x and 300.4) who had a PHQ-9 administered}}{\text{\# adult patients with depression (296.2x, 296.3x and 300.4)}}$$	Public
#4	Percentage of the adult population with major depression or dysthymia whose index PHQ-9 score is > nine	Percent of patients with a diagnosis of major depression or dysthymia (296.2, 296.3 or 300.4) with a completed PHQ-9 during the measurement period whose PHQ-9 score is > 9. $$\frac{\text{\# adult pts with depression (296.2x, 296.3x and 300.4) and PHQ-9 > 9}}{\text{\# adult pts with depression (296.2x, 296.3x and 300.4) who had a PHQ-9 administered}}$$ *Note: Index contact is the first contact with confirming diagnosis and PHQ-9 score is > 9; serves at the starting measurement point for each patient included in the denominator.*	Internal
#5	PHQ-9 follow-up assessment at six months	Percent of patients with a diagnosis of major depression or dysthymia (296.2, 296.3 or 300.4) and a PHQ-9 score at the index contact > 9 who have a follow-up PHQ-9 test at 6 months from the index contact date with a "grace period" of 60 days, + 30 or - 30 days from the date of the index contact. The <u>most recent</u> PHQ-9 score within this window is the score that will be used. $$\frac{\text{\# adult pts with depression \& PHQ-9 > 9 who have 6 month PHQ-9 (+/- 30 days)}}{\text{\# adult pts with depression with index contact PHQ-9 > 9}}$$	Internal
#6	PHQ-9 with a 50 percent or more decrease in score (response) at six months	Based on the denominator of patients with major depression or dysthymia (296.2, 296.3 or 300.4) whose initial PHQ-9 is > 9, the percent of patients who have a reduction in their PHQ-9 score at six months by 50 percent or greater. $$\frac{\text{\# adult pts with >/ = 50\% decrease in PHQ-9 score at 6 months(+/- 30 days)}}{\text{\# adult pts with depression with index contact PHQ-9 > 9}}$$ *For example, if a patient's initial PHQ-9 was 21 and the six month PHQ-9 is 10, this patient has achieved a response outcome.*	Internal
#7	PHQ-9 score < five (remission) at six months	Based on the denominator of patients with major depression or dysthymia (296.2, 296.3 or 300.4) whose initial PHQ-9 is > 9, the percent of patients whose six month PHQ-9 score is less than five. This is the definition of remission. $$\frac{\text{\# adult pts with a PHQ-9 score < 5 at 6 months(+/- 30 days)}}{\text{\# adult pts with depression with index contact PHQ-9 > 9}}$$	Public and BTE

	Measure	Definition	Reporting
#8	PHQ-9 follow-up assessment at twelve months	Percent of patients with a diagnosis of major depression or dysthymia (296.2, 296.3 or 300.4) and a PHQ-9 score at the index contact > 9 who have a follow-up PHQ-9 test at 12 months from the index contact date with a "grace period" of 60 days, + 30 or - 30 days from the date of the index contact. The <u>most recent</u> PHQ-9 score within this window is the score that will be used. <u># adult pts with depression & PHQ-9 > 9 who have 12 month PHQ-9 (+/- 30 days)</u> # adult pts with depression with index contact PHQ-9 > 9	Internal
#9	PHQ-9 with a 50 percent or more decrease in score (response) at twelve months	Based on the denominator of patients with major depression or dysthymia (296.2, 296.3 or 300.4) whose initial PHQ-9 is > 9, the percent of patients who have a reduction in their PHQ-9 score at 12 months by 50 percent or greater. This is the definition of a response. For example if a patient's initial PHQ-9 was 16 and the 12 month PHQ-9 is 8, this patient achieved a response outcome. <u># adult pts with >/ = 50% decrease in PHQ-9 score at 12 months</u> # adult pts with depression with index contact PHQ-9 > 9	Internal
#10	PHQ-9 score < five (remission) at twelve months	Based on the denominator of patients with major depression or dysthymia (296.2, 296.3 or 300.4) whose initial PHQ-9 is > 9, the percent of patients whose 12 month PHQ-9 score is less than five. This is the definition of remission. <u># adult pts with a PHQ-9 score < 5 at 12 months</u> # adult pts with depression with index contact PHQ-9 > 9	Public

- Measures are calculated from two sources. The population counts entered prior to file submission are important for measures # 1, 2a, 2b, 3 and 4. Measures 5 through 10 are calculated based on the patients whose initial PHQ-9 score is > nine and are submitted in to the portal as part of the direct data submission process.
- Response is defined as a 50% or more reduction of PHQ-9 score
- Remission is defined as a PHQ-9 score of less than 5
- PHQ-9 scores will be included if they are plus or minus 30 days of the point of measurement. For example a patient's index contact date (starting date) is 2/15/2008. The six month date from this time would be 8/15/2008, but the patient's contact date for PHQ-9 is 8/27/2008; this PHQ-9 score and date would be accepted because it is within the 60 day grace period.
- The <u>most recent</u> PHQ-9 within the +/- 30 days will be used
- For the 2010 BTE rewards program, the only measure that will be used is the six-month remission rate defined as a six-month PHQ-9 score of < 5.

MNCM Measurement and Field Specifications for Depression
Updated 12-30-2009

Data Element Number/ Name	Notes	Excel Format	Example
PatientID	Unique identifier for this patient assigned by the clinic. • **Sort file by PatientID and then Contact Date to allow for programming logic** • Do not submit an identifiable number such as MRN, account number or SSN. • _REMEMBER to keep a "crosswalk"_ between the patient ID and the patient name and DOB to help clinic staff locate the record for validation audit.	Text	56609
Date of Birth	Enter the patient's date of birth. Patient's age must be 18 or older (no upper age limit). For purposes of population identification, It is acceptable to use age at the time of the encounter or birth date earlier than 12/31/1991.	Date (mm/dd/yyyy)	05/08/1985
ClinicID	Enter the clinic ID for every visit/row submitted for DDS. MNCM assigns the clinic ID at the time of registration. Clinic IDs are listed in the MNCM Data Portal. The clinic ID from the index contact is the clinic site that the patient will be attributed to.	Text	999
Patient Gender New	Enter the patient's gender: Female = F; Male = M; Unknown = U	Text	F
Patient Zip Code New	Enter the patient's 5-digit zip code of primary residence at the most recent encounter on or prior to 12/31/2009. • _If EMR query extracts a 9-digit number, submit the 9-digit number (the portal will remove the last 4 digits automatically)._	Text	55111
Race, Ethnicity, Language and Country of Origin fields	For the Depression Measures, these fields are voluntary for 2010 dates of service and will not be reported in 2011. These will be required fields for 2011 dates of service and will be used for risk stratification and reporting in 2012.		
OPTIONAL Race and Ethnicity Code Up to three possible categories: • **Race1**	Enter the patient-reported race/ethnicity using the codes listed below. Enter one race or up to three races for patients that report multi-racial status. If race/ethnicity data is incomplete, leave blank. Enter 97 if the patient chooses not to disclose race/ethnicity. Enter 98 if the patient reports race/ethnicity is unknown. _1 = American Indian or Alaska Native_	Number	Race1 = 1 Race2 = (blank or other listed code) Race3 = (blank or other listed code)

Data Element Number/ Name	Notes	Excel Format	Example
• **Race2** • **Race3**	*2 = Asian* *3 = Black or African American* *4 = Hispanic or Latino* *5 = Native Hawaiian/Other Pacific Islander* *6 = White* *97 = Chose not to disclose/declined* *98 = Unknown*		
OPTIONAL **Country of Origin Code**	Enter the patient-reported country of origin (birth country) using one of the codes listed on Page 14. If country of origin data is incomplete, leave blank. Enter 997 if the patient does not disclose country. Enter 998 if the patient reports country is unknown. Enter 999 if the country does not match one of the codes listed and enter the country in the next field.	Number	1
OPTIONAL **Country of Origin Other Description**	If Country of Origin Code is 999, enter a description here. If Country of Origin Code is not 999, leave blank.	Text	Country XYZ
OPTIONAL **Primary Language Code**	Enter the patient-reported specific language preference using one of the codes listed on Page 15. If language data is incomplete, leave blank. Enter 97 if the patient does not disclose language. Enter 98 if the patient reports language is unknown. Enter 99 if the language does not match one of the codes listed and enter the language in the next field.	Number	1
OPTIONAL **Primary Language Other Description**	If the Primary Language Code is 99, enter a description here. If the Primary Language Code is not 99, leave blank.	Text	Language XYZ
Provider ID	Enter a unique ID of the patient's provider. The provider ID from the index contact is the provider that the patient will be attributed to. *Recommendation: Enter the same ID used in the portal registration process.*	Text	SLH

Data Element Number/ Name	Notes	Excel Format	Example
Provider Specialty Code	1 = Family Practice 2 = Internal Medicine 5 = Geriatric Medicine 8 = Psychiatry/ Behavioral 9 = Obstetrics/ Gynecology * * Please note: OBGYN providers who function in a primary care role and/or treat patients with major depression are encouraged to submit data for their patients with major depression and associated PHQ-9 scores. Contact MNCM at support@mncm.org if there is a provider who wishes to submit data and the code is not listed above or if you have questions.	Number	8
Insurance Coverage Code	<u>This field is required</u>. Code for the appropriate insurance entity and only include the primary payer. Look at the patient's insurance card and note the name and logo of the payer. Enter one of the codes from page13 that corresponds with the patient's insurance coverage at the most recent encounter. For the depression measures, if the insurance changes during the course of the 13 months of measurement, insurance information submitted will update the patient's index contact record. Examples of insurance coverage: *If the patient's insurance card has the Blue Cross Blue Shield of MN name and logo on the front of the card, enter 1 for BCBS of MN.* *If the patient's insurance card has Medicare Health Insurance on the front of the card, enter 8 for Medicare FFS.* *If the patient's insurance card has MN Department of Human Services on the front of the card, enter 13 (MN Department of Human Services, Medicaid FFS).* *If the patient does not have insurance, enter 16 (Self-pay) or 29 (Uninsured).* *If the patient's insurance does not match one of the listed codes, enter 99 (Other) and enter the insurance name in the* Insurance Coverage "Other" Description *field.*	Number	1
Insurance Coverage Other Description	If Insurance Coverage Code is 99 (Other), enter the insurance name here. If Insurance Coverage Code is not 99, leave blank.	Text	Assurant Health
Health Plan/Insurance Plan Member ID	Enter the patient's Health Plan/Insurance Plan Member ID. Format field as TEXT in Excel spreadsheet to allow for leading zeros. Do not enter hyphens or spaces. Make sure that the number is not in scientific notation format prior to saving your file as	Text	FBOXZ7926998

Data Element Number/ Name	Notes	Excel Format	Example
	.csv. • If the member ID is a SSN (e.g., Medicare Fee-for-Service product), leave blank. • If the patient does not have insurance (self-pay or uninsured), leave blank.		

Diagnosis	Enter the diagnosis code for the visit.
	In order for the patient to meet inclusion criteria, the diagnosis of major depression or dysthymia <u>and</u> a PHQ-9 score > 9 need to occur on the same visit/ contact.
	    The major depression and dysthmia codes are as follows:
	       296.2x Major depressive disorder, single episode
	       296.3x Major depressive disorder, recurrent episode
	       300.4 Dysthymic disorder
	This visit is marked in the portal as the index contact (activation) which is the point for the start of measuring patient outcomes.
	• It is appropriate to include both newly diagnosed patients <u>and</u> patients with existing depression who have a PHQ-9 score > 9, indicating a need for treatment.
	• If a patient visit record is submitted to the portal with the correct diagnosis codes but a low PHQ-9 score, this record will be rejected and the portal will keep searching until a visit with diagnosis codes and PHQ-9 > 9 occurs. Likewise, if a visit record is submitted with a high PHQ-9 score but no associated diagnosis codes, the record will be rejected.
	• <u>Once a patient has an index visit</u>; subsequent visits are allowed to match up to that patient. Other diagnosis codes may be suppressed by the medical group or submitted as part of the record, regardless the portal will accept the subsequent records.
	• <u>If the patient does not yet have an index visit</u> and other diagnosis codes are submitted, the records containing the other diagnosis will cause an error on file submission and will need to be removed.
		Text	296.32

Contact Date	Enter the date of visit, telephone call, e-visit or other contact that is associated with the PHQ-9 tool given to the patient. • Once the patient has been identified as meeting the inclusion criteria of diagnosis codes and PHQ-9 > 9, <u>include all</u> subsequent contact dates and PHQ-9 scores for the patient, regardless of diagnosis or setting in which the PHQ-9 is administered within your medical group. • **Format this field as a Short Date in Excel (do not leave as "General" formatting) prior to converting your file to .csv.** Incorrect formatting can lead to dates not sorting or converting correctly, adversely impacting programming logic and the assigning of index and new scores.	Date (mm/dd/yyyy)	8/31/2010

Data Element Number/ Name	Notes	Excel Format	Example
	• **It is very important to sort your file by PatientID and Contact date, order of contact dates is oldest to newest.** (5/12/2008 is an "older date" as compared to 2/1/2009 a "newer date") This allows the portal program to evaluate each patient and incoming visit record correctly. Records that are out of sort order will not have the index and follow-up visits assigned appropriately and will not pass validation audit. • For each submission period; only submit contact dates within the range of the current measurement period.		
PHQ-9 Score	Enter the PHQ-9 total score associated with the contact date. Once the patient has been identified as meeting the inclusion criteria of diagnosis codes and PHQ-9 > 9, <u>include all</u> subsequent contact dates and PHQ-9 scores for the patient, regardless of diagnosis or setting in which the PHQ-9 is administered within your medical group. If no PHQ-9 was done, leave blank. Do not include decimals as part of the score, only submit whole scores Do not include incomplete PHQ-9 scores, in this situation leave the score field blank. *For example, a patient only answers the first 5 questions which total up to a score of 4, submitting a 4 might falsely indicate remission when this may not be the case.*	Numeric (no decimals)	13
Exclusion Reason	If the patient has a valid reason for exclusion from the depression measures, enter the exclusion reason code: 1 = Death 3 = Hospice 4 = Permanent Resident of Nursing Home 5 = Bipolar Disorder (Primary diagnosis changed) 6 = Personality Disorder (Primary diagnosis changed) **Please Note:** Do **not** exclude patients "up front" in the query process for identifying your population. Include the eligible patients as part of the submission file and enter a valid exclusion code and date. For patients with bipolar or personality disorder: Do not exclude patients who have these bipolar or personality codes just because the codes are present. If the patient has major depression codes <u>and</u> bipolar or personality codes, the patient needs to be <u>included</u>. Exclusions # 5 and 6 are only to be used if the patient is initially thought to have major depression or dysthymia and it is determined at a later date that the patient has bipolar or personality disorder.	Numeric	1

Data Element Number/ Name	Notes	Excel Format	Example
	For example, a patient is diagnosed in April with major depression and a PHQ-9 score of 23, therefore meeting the inclusion criteria. Several visits/ contacts with PHQ-9s occur in April and May. In June the patient has a first manic episode and is determined to have bipolar disorder. This patient may be excluded using code 5 = Bipolar disorder because their diagnosis changed. This patient will be excluded from outcomes calculations. Please be advised that if a patient is excluded and in a future submission the major depression/ dysthymia codes are used and PHQ-9 score > 9, the patient will be considered eligible again and will be assigned a new index contact.		
Exclusion Date	Date the patient exclusion is documented.	Date (mm/dd/yyyy)	8/25/2010

Insurance Coverage Codes (listed alphabetically)

Medical groups are required to submit the patient's insurance coverage code and member ID. MNCM shares this information with the corresponding health plan who then maps the member ID to the appropriate insurance product category (e.g., Commercial, Medicaid, Medicare). The "self-pay" and "uninsured" codes identify patients without insurance.

Look at the patient's insurance card and note the name and logo of the payer. Enter one of the codes below in the *Insurance Coverage Code* field that corresponds with the patient's insurance coverage at the most recent encounter.

18	Aetna	30	MMSI (Mayo Management Services Inc.)
33	Allina Partners Care	13	MN Department of Human Services (Medicaid Fee-for-Service)
27	America's PPO	6	Preferred One
22	American Family	10	PrimeWest (including by not limited to PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)
15	Blue Cross Blue Shield (not MN; Anthem, etc.)	25	Prudential
1	Blue Cross Blue Shield of Minnesota (including but not limited to Aware Gold, Blue Plus , Options Blue, Preferred Gold, Simply Blue, PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)	12	Sanford Health Plan
17	Cigna (Great West, etc.)	34	Security Health Plan
23	Comprehensive Care Services	16	Self-pay
2	FirstPlan Minnesota (including but not limited to PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)	9	South Country Health Alliance (SCHA) (including by not limited to PMAP, MinnesotaCare, MSHO, GAMC)
32	HealthEOS	24	State Farm
3	HealthPartners (including but not limited to individual or group plans, PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)	26	Travelers Insurance
14	Humana	7	UCare (including by not limited to PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)
21	Indian Health Services	29	Uninsured
11	Itasca Medical Care (including by not limited to PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)	31	United Health Care
4	Medica (including but not limited to Patient Choice, Definity Health, Elect, Essential, Insights, LaborCare, Medica Choice, Premier, Primary, Select Care, UHC, PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)	19	Veterans Administration (VA) (CHAMPVA)
20	Medicaid (not MN)	28	Wausau (not Patient Choice)
8	Medicare Fee-for-Service and supplemental plans (such as Pyramid Life, Tricare/CHAMPUS, Unicare, ZMedicare)	99	Other
5	Metropolitan Health Plan (MHP) (including by not limited to PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)		

Examples:

- *If the patient's insurance card has the Blue Cross Blue Shield of MN name and logo on the front of the card, enter 1 for BCBS of MN.*

- *If the patient's insurance card has Medicare Health Insurance on the front of the card, enter 8 for Medicare FFS.*

- *If the patient's insurance card has MN Department of Human Services on the front of the card, enter 13 (MN Department of Human Services, Medicaid FFS).*

- *If the patient does not have insurance, enter 16 (Self-pay) or 29 (Uninsured).*

- *If the patient's insurance does not match one of the listed codes, enter 99 (Other) and enter the insurance name in the* Insurance Coverage "Other" Description *field.*

Codes for Patient Country of Origin

2	Afghanistan	52	Ecuador	102	Malawi	152	Solomon Islands
3	Albania	53	Egypt	103	Malaysia	153	Somalia
4	Algeria	54	El Salvador	104	Maldives	154	South Africa
5	American Samoa	55	Equatorial Guinea	105	Mali	155	South Korea
6	Angola	56	Eritrea	106	Malta	156	Spain
7	Argentina	57	Estonia	107	Marshall Islands	157	Sri Lanka
8	Armenia	58	Ethiopia	108	Mauritania	158	Sudan
9	Australia	59	Fiji	109	Mauritius	159	Suriname
10	Austria	60	Finland	110	Mexico	160	Swaziland
11	Azerbaijan	61	France	111	Micronesia	161	Sweden
12	Bahamas	62	Gabon	112	Moldova	162	Switzerland
13	Bahrain	63	Gambia	113	Mongolia	163	Syria
14	Bangladesh	64	Georgia	114	Montenegro	164	Taiwan
15	Barbados	65	Germany	115	Morocco	165	Tajikistan
16	Belarus	66	Ghana	116	Mozambique	166	Tanzania
17	Belgium	67	Greece	117	Namibia	167	Thailand
18	Belize	68	Grenada	118	Nepal	168	Togo
19	Benin	69	Guam	119	Netherlands	169	Tonga
20	Bhutan	70	Guatemala	120	New Zealand	170	Trinidad and Tobago
21	Bolivia	71	Guinea	121	Nicaragua	171	Tunisia
22	Bosnia Herzegovina	72	Guinea-Bissau	122	Niger	172	Turkey
23	Botswana	73	Guyana	123	Nigeria	173	Turkmenistan
24	Brazil	74	Haiti	124	North Korea	174	Uganda
25	Brunei	75	Honduras	125	Norway	175	Ukraine
26	Bulgaria	76	Hungary	126	Oman	176	United Arab Emirates
27	Burma	77	Iceland	127	Pakistan	177	United Kingdom
28	Burkina Faso	78	India	128	Palestinian State (proposed)	1	United States
29	Burundi	79	Indonesia	129	Panama	178	Uruguay
30	Cambodia	80	Iran	130	Papua New Guinea	179	Uzbekistan
31	Cameroon	81	Iraq	131	Paraguay	180	Vanuatu
32	Canada	82	Ireland	132	Peru	181	Venezuela
33	Cape Verde	83	Israel	133	Philippines	182	Virgin Islands, U.S
34	Central African Republican	84	Italy	134	Poland	183	Vietnam
35	Chad	85	Jamaica	135	Portugal	184	Western Sahara
36	Chile	86	Japan	136	Puerto Rico	185	Yemen
37	China	87	Jordan	137	Qatar	186	Yugoslavia (former)
38	Colombia	88	Kazakhstan	138	Romania	187	Zambia
39	Comoros	89	Kenya	139	Russia	188	Zimbabwe
40	Congo, Democratic Republic of	90	Kuwait	140	Rwanda	997	Chose not to disclose/declined
41	Congo, Republic of	91	Kyrgyzstan	141	Saint Lucia	998	Unknown
42	Costa Rica	92	Laos	142	Saint Vincent & the Grenadines	999	Other
43	Cote D'Ivoire	93	Latvia	143	Samoa		
44	Croatia	94	Lebanon	144	Sao Tome and Principe		
45	Cuba	95	Lesotho	145	Saudi Arabia		
46	Cyprus	96	Liberia	146	Senegal		
47	Czech Republic	97	Libya	147	Serbia		
48	Denmark	98	Lithuania	148	Sierra Leone		
49	Djibouti	99	Luxembourg	149	Singapore		
50	Dominican Republic	100	Macedonia	150	Slovakia		
51	East Timor	101	Madagascar	151	Slovenia		

From the *Handbook on the Collection of Race/Ethnicity/Language Data in Medical Groups*, www.mncm.org

Codes for Patient Language Preference

1	Amharic	9	French	17	Laotian	25	Spanish	33	Yoruba
2	Arabic	10	German	18	Mandarin	26	Swahili	97	Chose not to disclose/declined
3	Bosnia	11	Hearing Impaired	19	Oromo	27	Tagalog	98	Unknown
4	Burmese	12	Hindi	20	Polish	28	Thai	99	Other
5	Cambodian	13	Hmong	21	Romanian	29	Tibetan		
6	Cantonese	14	Japanese	22	Russian	30	Tigrinya		
7	Chinese	15	Karen	23	Sign Language	31	Urdu		
8	English	16	Korean	24	Somali	32	Vietnamese		

From the *Handbook on the Collection of Race/Ethnicity/Language Data in Medical Groups*, www.mncm.org

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E-mail: support@mncm.org Data Portal: https://data.mncm.org/login Consumer Web site: www.mnhealthscores.org Corporate Web site: www.mncm.org

MNCM Measurement and Field Specifications for Depression
Updated 12-30-2009

MNCM Measure	**Depression Remission at Six Months** Please refer to table starting on Page 4 for complete list of measures.
Description	This measure is used to assess the percentage of patients who have reached remission at six months (+/- 30 days) after being identified as having an initial PHQ-9 score > 9. Remission is defined as a PHQ-9 score less than 5.
Methodology	Population identification is accomplished via a query of a practice management system or Electronic Medical Record (EMR) to identify the population of eligible patients (denominator). Data elements are either extracted from an EMR system or abstracted through medical record review.
Rationale	The priority aim addressed by this measure is to improve the outcomes of treatment for patients with major depression or dysthymia. The Center for Disease Control and Prevention states that 15.7% of people report being told by a health care professional that they had depression at some point in their lifetime. Persons with a current diagnosis of depression and a lifetime diagnosis of depression or anxiety were significantly more likely than persons without these conditions to have cardiovascular disease, diabetes, asthma and obesity and to be a current smoker, to be physically inactive and to drink heavily. According to National Institute of Mental Health (NIMH), 6.7 percent of the U.S. population ages 18 and older (14.8 million people) in any given year have a diagnosis of a major depressive disorder. Major depression is the leading cause of disability in the U.S. for ages 15 - 44. Additionally, dysthymia accounts for an additional 3.3 million Americans. Suicide rates for Minnesotans are 10.4 per 100,000 or 1.3 suicides per day, with the highest rates among the following groups: males (4 times greater than females), ages 30 to 49 years, and non-hispanic whites.

Denominator	Patients meeting all of the following criteria:
	
	• Adults age 18 and older; no upper age limit
	• Patient visits or contacts during the measurement period
	• Diagnosis of Major Depression or Dysthymia; ICD-9 codes include:
	    o 296.2x Major depressive disorder, single episode
	    o 296.3x Major depressive disorder, recurrent episode
	    o 300.4 Dysthymic disorder
	    o For primary care providers, these diagnosis codes can be in ~~any~~ position
	    o For behavioral health providers, the depression or dysthymia diagnosis codes need to be listed as the ~~primary diagnosis~~. This is to insure that the patient is primarily being treated for major depression and does not have other more serious psychiatric conditions like psychoses, schizophrenia or bipolar disorder with underlying depression.
	• Initial PHQ-9 score is > nine
	• Include the following provider specialties: Family Practice, Internal Medicine, Geriatric Medicine, and Psychiatry/ Behavioral Health.

Exclusions	• Patient death • Hospice • Permanent Resident of Nursing Home • Bipolar Disorder (Principal Diagnosis; initially diagnosed as depression but upon further treatment & evaluation primary diagnosis changed to bipolar disorder) • Personality Disorder (Principal Diagnosis; initially diagnosed as depression but upon further treatment & evaluation primary diagnosis changed to personality disorder)
Numerator Rate	• The number of patients with major depression or dysthymia ~~and~~ an initial PHQ-9 score > nine whose PHQ-9 score at six months (+/- 30 days) is less than 5.

Bipolar and Personality Disorders ICD-9 Codes

ICD-9 Code	ICD-9 Description
296.00	Bipolar I Disorder, Single Manic Episode, Unspecified
296.01	Bipolar I Disorder, Single Manic Episode, Mild
296.02	Bipolar I Disorder, Single Manic Episode, Moderate
296.03	Bipolar I Disorder, Single Manic Episode, Severe Without Psychotic Features
296.04	Bipolar I Disorder, Single Manic Episode, Severe With Psychotic Features
296.05	Bipolar I Disorder, Single Manic Episode, In Partial Remission
296.06	Bipolar I Disorder, Single Manic Episode, In Full Remission
296.10	Manic disorder, recurrent episode; Unspecified
296.11	Manic disorder, recurrent episode; Mild
296.12	Manic disorder, recurrent episode; Moderate
296.13	Manic disorder, recurrent episode; Severe Without Psychotic Features
296.14	Manic disorder, recurrent episode; Severe With Psychotic Features
296.15	Manic disorder, recurrent episode; In Partial Remission
296.16	Manic disorder, recurrent episode; In Full Remission
296.40	Bipolar I Disorder, Most Recent Episode Manic, Unspecified
296.41	Bipolar I Disorder, Most Recent Episode Manic, Mild
296.42	Bipolar I Disorder, Most Recent Episode Manic, Moderate
296.43	Bipolar I Disorder, Most Recent Episode Manic, Severe Without Psychotic Features
296.44	Bipolar I Disorder, Most Recent Episode Manic, Severe With Psychotic Features
296.45	Bipolar I Disorder, Most Recent Episode Manic, In Partial Remission
296.46	Bipolar I Disorder, Most Recent Episode Manic, In Full Remission
296.50	Bipolar I Disorder, Most Recent Episode Depressed, Unspecified
296.51	Bipolar I Disorder, Most Recent Episode Depressed, Mild
296.52	Bipolar I Disorder, Most Recent Episode Depressed, Moderate
296.53	Bipolar I Disorder, Most Recent Episode Depressed, Severe Without Psychotic Features
296.54	Bipolar I Disorder, Most Recent Episode Depressed, Severe With Psychotic Features
296.55	Bipolar I Disorder, Most Recent Episode Depressed, In Partial Remission
296.56	Bipolar I Disorder, Most Recent Episode Depressed, In Full Remission
296.60	Bipolar I Disorder, Most Recent Episode Mixed, Unspecified
296.61	Bipolar I Disorder, Most Recent Episode Mixed, Mild
296.62	Bipolar I Disorder, Most Recent Episode Mixed, Moderate
296.63	Bipolar I Disorder, Most Recent Episode Mixed, Severe Without Psychotic Features
296.64	Bipolar I Disorder, Most Recent Episode Mixed, Severe With Psychotic Features
296.65	Bipolar I Disorder, Most Recent Episode Mixed, In Partial Remission
296.66	Bipolar I Disorder, Most Recent Episode Mixed, In Full Remission
296.7	Bipolar I Disorder, Most Recent Episode Unspecified

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ICD-9 Code	ICD-9 Description
296.80	Bipolar Disorder NOS
296.89	Bipolar II Disorder
301.0	Paranoid personality disorder
301.1	Affective personality disorder
301.10	Affective personality disorder unspecified
301.11	Chronic hypomanic personality disorder
301.12	Chronic depressive personality disorder
301.13	Cyclothymic disorder
301.2	Schizoid personality disorder
301.20	Schizoid personality disorder unspecified
301.21	Introverted personality
301.22	Schizotypal personality disorder
301.3	Explosive personality disorder
301.4	Obsessive-compulsive personality disorder
301.5	Histrionic personality disorder
301.50	Histrionic personality disorder unspecified
301.51	Chronic factitious illness with physical symptoms
301.59	Other histrionic personality disorder
301.6	Dependent personality disorder
301.7	Antisocial personality disorder
301.8	Other personality disorders
301.81	Narcissistic personality disorder
301.82	Avoidant personality disorder
301.83	Borderline personality disorder
301.84	Passive-aggressive personality
301.89	Other personality disorders
301.9	Unspecified personality disorder

MNCM Measurement and Field Specifications for Depression
Updated 12-30-2009

The following is a list of measures for the depression population. Not all measures will be used for public reporting or BTE's reward program, but all rates will be available to the medical groups. Internal = medical groups will see their own results and data may be used for reporting at a summary state-wide level but not by individual medical group, Public = measure rates will be reported publically by clinic site on the MNCM website and in the Health Care Quality report, BTE = measure rates will be used to determine BTE rewards.

	Measure	Definition	Reporting
#1	Percentage of the adult population with major depression or dysthymia during the measurement period	Adults age 18 & older with a diagnosis of major depression or dysthymia with at least one visit to a billable/ eligible provider during the measurement period. ICD-9 codes: o 296.2x - Major Depressive disorder, single episode o 296.3x – Major depressive disorder, recurrent episode o 300.4x – Dysthymic Disorder $$\frac{\text{\# adult patients with depression (296.2x, 296.3x and 300.4)}}{\text{total \# adult patients}}$$	Internal
#2a	Percentage of the adult population with unspecified depression diagnosis during the measurement period These patients will not be included in the subsequent outcome measures for depression	Adults age 18 & older with a diagnosis of Depression; Not Otherwise Specified with at least one visit to a billable/ eligible provider during the measurement period ICD-9 codes: o 311 - Depressive disorder, not elsewhere classified $$\frac{\text{\# of adult patients with diagnosis of depression not elsewhere classified (311)}}{\text{\# total adult patients}}$$ *Note: If a patient has both codes during the measurement period (311 and one of the major depression or dysthymia codes) count the patient as having major depression or dysthymia, not depression NOS*	Internal
#2b	Percentage of the adult population with <u>depression</u> who have unspecified depression diagnosis during the measurement period	Adults age 18 & older with a diagnosis of depression during the measurement period. This measure is tracking the rate of the use of 311 unspecified depression as a percent of all patients diagnosed with depression. $$\frac{\text{\# of adult patients with diagnosis of depression not elsewhere classified (311)}}{\text{(\# adult patients with 311) + (\# adult patients with 296.2x, 296.3x and 300.4)}}$$	Internal

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MNCM Measurement and Field Specifications for Depression

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	Measure	Definition	Reporting
#3	Percentage of the adult population with major depression or dysthymia who had a PHQ-9 during the measurement period	Percent of patients with a diagnosis of major depression or dysthymia (296.2, 296.3 or 300.4) 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. $$\frac{\text{\# adult pts with depression (296.2x, 296.3x and 300.4) who had a PHQ-9 administered}}{\text{\# adult patients with depression (296.2x, 296.3x and 300.4)}}$$	Public
#4	Percentage of the adult population with major depression or dysthymia whose index PHQ-9 score is > nine	Percent of patients with a diagnosis of major depression or dysthymia (296.2, 296.3 or 300.4) with a completed PHQ-9 during the measurement period whose PHQ-9 score is > 9. $$\frac{\text{\# adult pts with depression (296.2x, 296.3x and 300.4) and PHQ-9 > 9}}{\text{\# adult pts with depression (296.2x, 296.3x and 300.4) who had a PHQ-9 administered}}$$ *Note: Index contact is the first contact with confirming diagnosis and PHQ-9 score is > 9; serves at the starting measurement point for each patient included in the denominator.*	Internal
#5	PHQ-9 follow-up assessment at six months	Percent of patients with a diagnosis of major depression or dysthymia (296.2, 296.3 or 300.4) and a PHQ-9 score at the index contact > 9 who have a follow-up PHQ-9 test at 6 months from the index contact date with a "grace period" of 60 days, + 30 or - 30 days from the date of the index contact. The <u>most recent</u> PHQ-9 score within this window is the score that will be used. $$\frac{\text{\# adult pts with depression \& PHQ-9 > 9 who have 6 month PHQ-9 (+/- 30 days)}}{\text{\# adult pts with depression with index contact PHQ-9 > 9}}$$	Internal
#6	PHQ-9 with a 50 percent or more decrease in score (response) at six months	Based on the denominator of patients with major depression or dysthymia (296.2, 296.3 or 300.4) whose initial PHQ-9 is > 9, the percent of patients who have a reduction in their PHQ-9 score at six months by 50 percent or greater. $$\frac{\text{\# adult pts with >/ = 50\% decrease in PHQ-9 score at 6 months(+/- 30 days)}}{\text{\# adult pts with depression with index contact PHQ-9 > 9}}$$ *For example, if a patient's initial PHQ-9 was 21 and the six month PHQ-9 is 10, this patient has achieved a response outcome.*	Internal
#7	PHQ-9 score < five (remission) at six months	Based on the denominator of patients with major depression or dysthymia (296.2, 296.3 or 300.4) whose initial PHQ-9 is > 9, the percent of patients whose six month PHQ-9 score is less than five. This is the definition of remission. $$\frac{\text{\# adult pts with a PHQ-9 score < 5 at 6 months(+/- 30 days)}}{\text{\# adult pts with depression with index contact PHQ-9 > 9}}$$	Public and BTE

	Measure	Definition	Reporting
#8	PHQ-9 follow-up assessment at twelve months	Percent of patients with a diagnosis of major depression or dysthymia (296.2, 296.3 or 300.4) and a PHQ-9 score at the index contact > 9 who have a follow-up PHQ-9 test at 12 months from the index contact date with a "grace period" of 60 days, + 30 or - 30 days from the date of the index contact. The <u>most recent</u> PHQ-9 score within this window is the score that will be used. <u># adult pts with depression & PHQ-9 > 9 who have 12 month PHQ-9 (+/- 30 days)</u> # adult pts with depression with index contact PHQ-9 > 9	Internal
#9	PHQ-9 with a 50 percent or more decrease in score (response) at twelve months	Based on the denominator of patients with major depression or dysthymia (296.2, 296.3 or 300.4) whose initial PHQ-9 is > 9, the percent of patients who have a reduction in their PHQ-9 score at 12 months by 50 percent or greater. This is the definition of a response. For example if a patient's initial PHQ-9 was 16 and the 12 month PHQ-9 is 8, this patient achieved a response outcome. <u># adult pts with >/ = 50% decrease in PHQ-9 score at 12 months</u> # adult pts with depression with index contact PHQ-9 > 9	Internal
#10	PHQ-9 score < five (remission) at twelve months	Based on the denominator of patients with major depression or dysthymia (296.2, 296.3 or 300.4) whose initial PHQ-9 is > 9, the percent of patients whose 12 month PHQ-9 score is less than five. This is the definition of remission. <u># adult pts with a PHQ-9 score < 5 at 12 months</u> # adult pts with depression with index contact PHQ-9 > 9	Public

- Measures are calculated from two sources. The population counts entered prior to file submission are important for measures # 1, 2a, 2b, 3 and 4. Measures 5 through 10 are calculated based on the patients whose initial PHQ-9 score is > nine and are submitted in to the portal as part of the direct data submission process.
- Response is defined as a 50% or more reduction of PHQ-9 score
- Remission is defined as a PHQ-9 score of less than 5
- PHQ-9 scores will be included if they are plus or minus 30 days of the point of measurement. For example a patient's index contact date (starting date) is 2/15/2008. The six month date from this time would be 8/15/2008, but the patient's contact date for PHQ-9 is 8/27/2008; this PHQ-9 score and date would be accepted because it is within the 60 day grace period.
- The <u>most recent</u> PHQ-9 within the +/- 30 days will be used
- For the 2010 BTE rewards program, the only measure that will be used is the six-month remission rate defined as a six-month PHQ-9 score of < 5.

MNCM Measurement and Field Specifications for Depression
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Data Element Number/ Name	Notes	Excel Format	Example
PatientID	Unique identifier for this patient assigned by the clinic. • **Sort file by PatientID and then Contact Date to allow for programming logic** • Do not submit an identifiable number such as MRN, account number or SSN. • _REMEMBER to keep a "crosswalk"_ between the patient ID and the patient name and DOB to help clinic staff locate the record for validation audit.	Text	56609
Date of Birth	Enter the patient's date of birth. Patient's age must be 18 or older (no upper age limit). For purposes of population identification, It is acceptable to use age at the time of the encounter or birth date earlier than 12/31/1991.	Date (mm/dd/yyyy)	05/08/1985
ClinicID	Enter the clinic ID for every visit/row submitted for DDS. MNCM assigns the clinic ID at the time of registration. Clinic IDs are listed in the MNCM Data Portal. The clinic ID from the index contact is the clinic site that the patient will be attributed to.	Text	999
Patient Gender **New**	Enter the patient's gender: Female = F; Male = M; Unknown = U	Text	F
Patient Zip Code **New**	Enter the patient's 5-digit zip code of primary residence at the most recent encounter on or prior to 12/31/2009. • _If EMR query extracts a 9-digit number, submit the 9-digit number (the portal will remove the last 4 digits automatically)._	Text	55111
Race, Ethnicity, Language and Country of Origin fields	For the Depression Measures, these fields are voluntary for 2010 dates of service and will not be reported in 2011. These will be required fields for 2011 dates of service and will be used for risk stratification and reporting in 2012.		
OPTIONAL Race and Ethnicity Code Up to three possible categories: • **Race1**	Enter the patient-reported race/ethnicity using the codes listed below. Enter one race or up to three races for patients that report multi-racial status. If race/ethnicity data is incomplete, leave blank. Enter 97 if the patient chooses not to disclose race/ethnicity. Enter 98 if the patient reports race/ethnicity is unknown. _1 = American Indian or Alaska Native_	Number	Race1 = 1 Race2 = (blank or other listed code) Race3 = (blank or other listed code)

Data Element Number/ Name	Notes	Excel Format	Example
• **Race2** • **Race3**	*2 = Asian* *3 = Black or African American* *4 = Hispanic or Latino* *5 = Native Hawaiian/Other Pacific Islander* *6 = White* *97 = Chose not to disclose/declined* *98 = Unknown*		
OPTIONAL **Country of Origin Code**	Enter the patient-reported country of origin (birth country) using one of the codes listed on Page 14. If country of origin data is incomplete, leave blank. Enter 997 if the patient does not disclose country. Enter 998 if the patient reports country is unknown. Enter 999 if the country does not match one of the codes listed and enter the country in the next field.	Number	1
OPTIONAL **Country of Origin Other Description**	If Country of Origin Code is 999, enter a description here. If Country of Origin Code is not 999, leave blank.	Text	Country XYZ
OPTIONAL **Primary Language Code**	Enter the patient-reported specific language preference using one of the codes listed on Page 15. If language data is incomplete, leave blank. Enter 97 if the patient does not disclose language. Enter 98 if the patient reports language is unknown. Enter 99 if the language does not match one of the codes listed and enter the language in the next field.	Number	1
OPTIONAL **Primary Language Other Description**	If the Primary Language Code is 99, enter a description here. If the Primary Language Code is not 99, leave blank.	Text	Language XYZ
Provider ID	Enter a unique ID of the patient's provider. The provider ID from the index contact is the provider that the patient will be attributed to. *Recommendation: Enter the same ID used in the portal registration process.*	Text	SLH

Data Element Number/ Name	Notes	Excel Format	Example
Provider Specialty Code	1 = Family Practice 2 = Internal Medicine 5 = Geriatric Medicine 8 = Psychiatry/ Behavioral 9 = Obstetrics/ Gynecology * * Please note: OBGYN providers who function in a primary care role and/or treat patients with major depression are encouraged to submit data for their patients with major depression and associated PHQ-9 scores. Contact MNCM at support@mncm.org if there is a provider who wishes to submit data and the code is not listed above or if you have questions.	Number	8
Insurance Coverage Code	<u>This field is required</u>. Code for the appropriate insurance entity and only include the primary payer. Look at the patient's insurance card and note the name and logo of the payer. Enter one of the codes from page 13 that corresponds with the patient's insurance coverage at the most recent encounter. For the depression measures, if the insurance changes during the course of the 13 months of measurement, insurance information submitted will update the patient's index contact record. Examples of insurance coverage: • *If the patient's insurance card has the Blue Cross Blue Shield of MN name and logo on the front of the card, enter 1 for BCBS of MN.* • *If the patient's insurance card has Medicare Health Insurance on the front of the card, enter 8 for Medicare FFS.* • *If the patient's insurance card has MN Department of Human Services on the front of the card, enter 13 (MN Department of Human Services, Medicaid FFS).* • *If the patient does not have insurance, enter 16 (Self-pay) or 29 (Uninsured).* • *If the patient's insurance does not match one of the listed codes, enter 99 (Other) and enter the insurance name in the* Insurance Coverage "Other" Description *field.*	Number	1
Insurance Coverage Other Description	If Insurance Coverage Code is 99 (Other), enter the insurance name here. If Insurance Coverage Code is not 99, leave blank.	Text	Assurant Health
Health Plan/Insurance Plan Member ID	Enter the patient's Health Plan/Insurance Plan Member ID. • Format field as TEXT in Excel spreadsheet to allow for leading zeros. Do not enter hyphens or spaces. Make sure that the number is not in scientific notation format prior to saving your file as	Text	FBOXZ7926998

Data Element Number/ Name	Notes	Excel Format	Example
	.csv. • If the member ID is a SSN (e.g., Medicare Fee-for-Service product), leave blank. • If the patient does not have insurance (self-pay or uninsured), leave blank.		

Diagnosis	Enter the diagnosis code for the visit.
	 In order for the patient to meet inclusion criteria, the diagnosis of major depression or dysthymia <u>and</u> a PHQ-9 score > 9 need to occur on the same visit/ contact.
	     The major depression and dysthmia codes are as follows:
	         296.2x Major depressive disorder, single episode
	         296.3x Major depressive disorder, recurrent episode
	         300.4 Dysthymic disorder
	 This visit is marked in the portal as the index contact (activation) which is the point for the start of measuring patient outcomes.
	 • It is appropriate to include both newly diagnosed patients <u>and</u> patients with existing depression who have a PHQ-9 score > 9, indicating a need for treatment.
	 • If a patient visit record is submitted to the portal with the correct diagnosis codes but a low PHQ-9 score, this record will be rejected and the portal will keep searching until a visit with diagnosis codes and PHQ-9 > 9 occurs. Likewise, if a visit record is submitted with a high PHQ-9 score but no associated diagnosis codes, the record will be rejected.
	 • <u>Once a patient has an index visit</u>; subsequent visits are allowed to match up to that patient. Other diagnosis codes may be suppressed by the medical group or submitted as part of the record, regardless the portal will accept the subsequent records.
	 • <u>If the patient does not yet have an index visit</u> and other diagnosis codes are submitted, the records containing the other diagnosis will cause an error on file submission and will need to be removed.
		Text	296.32

Contact Date	Enter the date of visit, telephone call, e-visit or other contact that is associated with the PHQ-9 tool given to the patient. • Once the patient has been identified as meeting the inclusion criteria of diagnosis codes and PHQ-9 > 9, <u>include all</u> subsequent contact dates and PHQ-9 scores for the patient, regardless of diagnosis or setting in which the PHQ-9 is administered within your medical group. • **Format this field as a Short Date in Excel (do not leave as "General" formatting) prior to converting your file to .csv.** Incorrect formatting can lead to dates not sorting or converting correctly, adversely impacting programming logic and the assigning of index and new scores.	Date (mm/dd/yyyy)	8/31/2010

Data Element Number/ Name	Notes	Excel Format	Example
	• **It is very important to sort your file by PatientID and Contact date, order of contact dates is oldest to newest.** (5/12/2008 is an "older date" as compared to 2/1/2009 a "newer date") This allows the portal program to evaluate each patient and incoming visit record correctly. Records that are out of sort order will not have the index and follow-up visits assigned appropriately and will not pass validation audit. • For each submission period; only submit contact dates within the range of the current measurement period.		
PHQ-9 Score	Enter the PHQ-9 total score associated with the contact date. Once the patient has been identified as meeting the inclusion criteria of diagnosis codes and PHQ-9 > 9, include all subsequent contact dates and PHQ-9 scores for the patient, regardless of diagnosis or setting in which the PHQ-9 is administered within your medical group. If no PHQ-9 was done, leave blank. Do not include decimals as part of the score, only submit whole scores Do not include incomplete PHQ-9 scores, in this situation leave the score field blank. *For example, a patient only answers the first 5 questions which total up to a score of 4, submitting a 4 might falsely indicate remission when this may not be the case.*	Numeric (no decimals)	13
Exclusion Reason	If the patient has a valid reason for exclusion from the depression measures, enter the exclusion reason code: 1 = Death 3 = Hospice 4 = Permanent Resident of Nursing Home 5 = Bipolar Disorder (Primary diagnosis changed) 6 = Personality Disorder (Primary diagnosis changed) **Please Note:** Do **not** exclude patients "up front" in the query process for identifying your population. Include the eligible patients as part of the submission file and enter a valid exclusion code and date. For patients with bipolar or personality disorder: Do not exclude patients who have these bipolar or personality codes just because the codes are present. If the patient has major depression codes and bipolar or personality codes, the patient needs to be included. Exclusions # 5 and 6 are only to be used if the patient is initially thought to have major depression or dysthymia and it is determined at a later date that the patient has bipolar or personality disorder.	Numeric	1

Data Element Number/ Name	Notes	Excel Format	Example
	For example, a patient is diagnosed in April with major depression and a PHQ-9 score of 23, therefore meeting the inclusion criteria. Several visits/ contacts with PHQ-9s occur in April and May. In June the patient has a first manic episode and is determined to have bipolar disorder. This patient may be excluded using code 5 = Bipolar disorder because their diagnosis changed. This patient will be excluded from outcomes calculations. Please be advised that if a patient is excluded and in a future submission the major depression/ dysthymia codes are used and PHQ-9 score > 9, the patient will be considered eligible again and will be assigned a new index contact.		
Exclusion Date	Date the patient exclusion is documented.	Date (mm/dd/yyyy)	8/25/2010

Insurance Coverage Codes (listed alphabetically)

Medical groups are required to submit the patient's insurance coverage code and member ID. MNCM shares this information with the corresponding health plan who then maps the member ID to the appropriate insurance product category (e.g., Commercial, Medicaid, Medicare). The "self-pay" and "uninsured" codes identify patients without insurance.

Look at the patient's insurance card and note the name and logo of the payer. Enter one of the codes below in the *Insurance Coverage Code* field that corresponds with the patient's insurance coverage at the most recent encounter.

18	Aetna	30	MMSI (Mayo Management Services Inc.)
33	Allina Partners Care	13	MN Department of Human Services (Medicaid Fee-for-Service)
27	America's PPO	6	Preferred One
22	American Family	10	PrimeWest (including by not limited to PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)
15	Blue Cross Blue Shield (not MN; Anthem, etc.)	25	Prudential
1	Blue Cross Blue Shield of Minnesota (including but not limited to Aware Gold, Blue Plus , Options Blue, Preferred Gold, Simply Blue, PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)	12	Sanford Health Plan
17	Cigna (Great West, etc.)	34	Security Health Plan
23	Comprehensive Care Services	16	Self-pay
2	FirstPlan Minnesota (including but not limited to PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)	9	South Country Health Alliance (SCHA) (including by not limited to PMAP, MinnesotaCare, MSHO, GAMC)
32	HealthEOS	24	State Farm
3	HealthPartners (including but not limited to individual or group plans, PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)	26	Travelers Insurance
14	Humana	7	UCare (including by not limited to PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)
21	Indian Health Services	29	Uninsured
11	Itasca Medical Care (including by not limited to PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)	31	United Health Care
4	Medica (including but not limited to Patient Choice, Definity Health, Elect, Essential, Insights, LaborCare, Medica Choice, Premier, Primary, Select Care, UHC, PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)	19	Veterans Administration (VA) (CHAMPVA)
20	Medicaid (not MN)	28	Wausau (not Patient Choice)
8	Medicare Fee-for-Service and supplemental plans (such as Pyramid Life, Tricare/CHAMPUS, Unicare, ZMedicare)	99	Other
5	Metropolitan Health Plan (MHP) (including by not limited to PMAP, MinnesotaCare, MSHO, GAMC, Medicare managed care products)		

Examples:

- *If the patient's insurance card has the Blue Cross Blue Shield of MN name and logo on the front of the card, enter 1 for BCBS of MN.*

- *If the patient's insurance card has Medicare Health Insurance on the front of the card, enter 8 for Medicare FFS.*

- *If the patient's insurance card has MN Department of Human Services on the front of the card, enter 13 (MN Department of Human Services, Medicaid FFS).*

- *If the patient does not have insurance, enter 16 (Self-pay) or 29 (Uninsured).*

- *If the patient's insurance does not match one of the listed codes, enter 99 (Other) and enter the insurance name in the* Insurance Coverage "Other" Description *field.*

Codes for Patient Country of Origin

2	Afghanistan	52	Ecuador	102	Malawi	152	Solomon Islands
3	Albania	53	Egypt	103	Malaysia	153	Somalia
4	Algeria	54	El Salvador	104	Maldives	154	South Africa
5	American Samoa	55	Equatorial Guinea	105	Mali	155	South Korea
6	Angola	56	Eritrea	106	Malta	156	Spain
7	Argentina	57	Estonia	107	Marshall Islands	157	Sri Lanka
8	Armenia	58	Ethiopia	108	Mauritania	158	Sudan
9	Australia	59	Fiji	109	Mauritius	159	Suriname
10	Austria	60	Finland	110	Mexico	160	Swaziland
11	Azerbaijan	61	France	111	Micronesia	161	Sweden
12	Bahamas	62	Gabon	112	Moldova	162	Switzerland
13	Bahrain	63	Gambia	113	Mongolia	163	Syria
14	Bangladesh	64	Georgia	114	Montenegro	164	Taiwan
15	Barbados	65	Germany	115	Morocco	165	Tajikistan
16	Belarus	66	Ghana	116	Mozambique	166	Tanzania
17	Belgium	67	Greece	117	Namibia	167	Thailand
18	Belize	68	Grenada	118	Nepal	168	Togo
19	Benin	69	Guam	119	Netherlands	169	Tonga
20	Bhutan	70	Guatemala	120	New Zealand	170	Trinidad and Tobago
21	Bolivia	71	Guinea	121	Nicaragua	171	Tunisia
22	Bosnia Herzegovina	72	Guinea-Bissau	122	Niger	172	Turkey
23	Botswana	73	Guyana	123	Nigeria	173	Turkmenistan
24	Brazil	74	Haiti	124	North Korea	174	Uganda
25	Brunei	75	Honduras	125	Norway	175	Ukraine
26	Bulgaria	76	Hungary	126	Oman	176	United Arab Emirates
27	Burma	77	Iceland	127	Pakistan	177	United Kingdom
28	Burkina Faso	78	India	128	Palestinian State (proposed)	1	United States
29	Burundi	79	Indonesia	129	Panama	178	Uruguay
30	Cambodia	80	Iran	130	Papua New Guinea	179	Uzbekistan
31	Cameroon	81	Iraq	131	Paraguay	180	Vanuatu
32	Canada	82	Ireland	132	Peru	181	Venezuela
33	Cape Verde	83	Israel	133	Philippines	182	Virgin Islands, U.S
34	Central African Republican	84	Italy	134	Poland	183	Vietnam
35	Chad	85	Jamaica	135	Portugal	184	Western Sahara
36	Chile	86	Japan	136	Puerto Rico	185	Yemen
37	China	87	Jordan	137	Qatar	186	Yugoslavia (former)
38	Colombia	88	Kazakhstan	138	Romania	187	Zambia
39	Comoros	89	Kenya	139	Russia	188	Zimbabwe
40	Congo, Democratic Republic of	90	Kuwait	140	Rwanda	997	Chose not to disclose/declined
41	Congo, Republic of	91	Kyrgyzstan	141	Saint Lucia	998	Unknown
42	Costa Rica	92	Laos	142	Saint Vincent & the Grenadines	999	Other
43	Cote D'Ivoire	93	Latvia	143	Samoa		
44	Croatia	94	Lebanon	144	Sao Tome and Principe		
45	Cuba	95	Lesotho	145	Saudi Arabia		
46	Cyprus	96	Liberia	146	Senegal		
47	Czech Republic	97	Libya	147	Serbia		
48	Denmark	98	Lithuania	148	Sierra Leone		
49	Djibouti	99	Luxembourg	149	Singapore		
50	Dominican Republic	100	Macedonia	150	Slovakia		
51	East Timor	101	Madagascar	151	Slovenia		

From the *Handbook on the Collection of Race/Ethnicity/Language Data in Medical Groups*, www.mncm.org

Codes for Patient Language Preference

1	Amharic	9	French	17	Laotian	25	Spanish	33	Yoruba
2	Arabic	10	German	18	Mandarin	26	Swahili	97	Chose not to disclose/declined
3	Bosnia	11	Hearing Impaired	19	Oromo	27	Tagalog	98	Unknown
4	Burmese	12	Hindi	20	Polish	28	Thai	99	Other
5	Cambodian	13	Hmong	21	Romanian	29	Tibetan		
6	Cantonese	14	Japanese	22	Russian	30	Tigrinya		
7	Chinese	15	Karen	23	Sign Language	31	Urdu		
8	English	16	Korean	24	Somali	32	Vietnamese		

From the *Handbook on the Collection of Race/Ethnicity/Language Data in Medical Groups*, www.mncm.org

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E-mail: support@mncm.org Data Portal: https://data.mncm.org/login   Consumer Web site: www.mnhealthscores.org Corporate Web site: www.mncm.org

2010 Direct Data Submission Guide

Depression Care Measures

Updated:

December 30, 2009

Table of Contents

Measurement Specifications*: Separate documents for the Depression Care measurement specifications were distributed along with this guide and can be downloaded from the MNCM Data Portal, or contact support@mncm.org.*

Step 5: Determine Population Counts for the Measurement Period

Purpose: 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.
- The incidence of major depression/ dysthymia in the clinic's adult population
- The use or overuse of the non-specific ICD-9 code for depression (311)
- The utilization of the PHQ-9 tool for patients with diagnosed depression/ dysthymia

In addition to creating a file of all your patients with depression and their PHQ-9 scores, you will be asked to provide some summary counts in the data portal. Prior to file upload of the denominator file, medical groups enter the counts of the following during the measurement period. These counts are entered directly into the portal by clinic site.

These population counts are important and contribute to the measurement calculations.

All counts pertain to the current measurement period. For example, if the measurement period is June 1, 2009 through September 30, 2009, you would count the number of patients in each category during that time frame.
All are counts of unique patients, not the number of visits.

Total Adult Patients:
The total number of unique adult patients (ages 18+) seen in your clinic for any reason with a contact with a billable provider during the measurement period.

Total Adult Patients with Depression Diagnosis (296.2x, 296.3x and 300.4):
These ICD-9 codes define major depression and dysthymia and would be a subset of your total adult patients. The total number of adult patients with a contact with a billable provider who have at least one contact in the measurement period with the following ICD-9 codes:
- 296.2x Major depressive disorder, single episode
- 296.3x Major depressive disorder, recurrent episode
- 300.4 Dysthymic disorder

> **If the provider is primary care, the ICD-9 codes <u>can be in any position</u>.**

> **If the provider is behavioral health, the ICD-9 codes <u>need to be in the primary position only</u>.**
> This excludes patients with other psychiatric diagnoses with a secondary component of depression.

It does not matter if this is a new diagnosis or if the patient is returning for a follow-up visit. If they have these codes during the measurement period, include them in the count.

Total Adult Patients with Depression NOS (311) code:
This would be <u>another</u> subset of your adult population. The total number of adult patients with a contact with a billable provider with a 311 code (Depression NOS not elsewhere classified). Because one of the goals of measuring this population is accurate diagnosis (and subsequently coding), please only include in this count patients who have a 311 code <u>and not</u> the major depression/ dysthymia codes of (296.2, 296.3 or 300.4). One way you could structure your query would be to search for ICD-9 code = 311 and is not equal to 296.2, 296.3 or 300.4.

Total Adult Patients with a Completed PHQ-9:
This is a subset of the patients ages 18+ <u>with the major depression/ dysthymia diagnosis codes of (296.2, 296.3 or 300.4)</u> Count the number of these patients during the measurement period who also have a PHQ-9 test done during the measurement period.

If the patient did not have one of the depression diagnoses during the measurement period, but had PHQ-9, **do not include** this patient in your count.

It is acceptable to "count" a patient has having a PHQ-9 administered if the patient only partially completed the PHQ-9 tool, but do not send partial scores as part of your denominator file.

Example: Patient with diagnoses of cardiovascular disease and hypertension is seen in the clinic for an annual exam and as a routine part of assessment is given a PHQ-9 assessment. This patient scores a "2" and does not have a diagnosis of major depression. You would not include this patient in the count of patients with major depression or dysthymia (296.2x, 296.3x or 300.4) who had a PHQ-9 administered because the patient does not have depression.

From the Portal's Home Page; locate the correct depression submission period and click on Data Submission

Example: For the measurement period of June 1, 2009 through September 30, 2009

A clinic site sees 2,579 patients age 18 or greater with dates of service between 6/1/2009 and 9/30/2009. Of these adult patients, 102 have a diagnosis of major depression or dysthymia (ICD-9 codes 296.2, 296.3 or 300.4) during that same timeframe. Additionally, 19 patients have a diagnosis code of 311 and do not have the major depression/ dysthymia diagnosis codes. Of the 102 patients with a diagnosis of major depression/ dysthymia, 81 patients have had a PHQ-9 done during the measurement time frame.

Your data input screen would look like this:

Once you have entered your population counts for each clinic site, you have the opportunity to review the information you have entered with a verification step in the data portal. At this point **please review** all of the clinic site's information for accuracy (no typos or duplicates). If you do find a data entry error, click "Back to Step 1" and make a correction. Once you have verified that all have been entered correctly, click "Save and Continue" → Caution after you hit save, this part of the data submission is frozen and cannot be corrected.

After you have submitted your population counts, you may upload your denominator file; see next section for tips on file creation.

NRI / MHSIP Inpatient Consumer Survey

Unit ID: _____   Survey No.: _____   Date: _____

(MM/YY)

In order to provide the best possible mental health services, we need to know what you think about the services you received during this hospital stay, the people who provided it, and the results. Please indicate your **level of disagreement or agreemen**t with each of the statements below. Your answers are confidential and will not influence the services you receive. **CIRCLE THE NUMBER** in the box that best describes your answer. There is space at the end of the survey to comment on any of your answers.

	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Does Not Apply
As a direct result of the services I received						
1. I am better able to deal with crisis.	1	2	3	4	5	NA
2. My symptoms are not bothering me as much.	1	2	3	4	5	NA
3. The medications I am taking help me control symptoms that used to bother me.	1	2	3	4	5	NA
4. I do better in social situations.	1	2	3	4	5	NA
5. I deal more effectively with daily problems.	1	2	3	4	5	NA
During my hospital stay:						
6. I was treated with dignity and respect.	1	2	3	4	5	NA
7. Staff here believed that I could grow, change and recover.	1	2	3	4	5	NA
8. I felt comfortable asking questions about my treatment and medications.	1	2	3	4	5	NA
9. I was encouraged to use self-help/support groups.	1	2	3	4	5	NA
10. I was given information about how to manage my medication side effects.	1	2	3	4	5	NA
11. My other medical conditions were treated.	1	2	3	4	5	NA
12. I felt this hospital stay was necessary.	1	2	3	4	5	NA
13. I felt free to complain without fear of retaliation.	1	2	3	4	5	NA
14. I felt safe to refuse medication or treatment during my hospital stay.	1	2	3	4	5	NA
15. My complaints and grievances were addressed.	1	2	3	4	5	NA
16. I participated in planning my discharge.	1	2	3	4	5	NA
17. Both I and my doctor or therapist from the community were actively involved in my hospital treatment plan.	1	2	3	4	5	NA
18. I had an opportunity to talk with my doctor or therapist from the community prior to discharge.	1	2	3	4	5	NA
19. The surroundings and atmosphere at the hospital helped me get better.	1	2	3	4	5	NA
20. I felt I had enough privacy in the hospital.	1	2	3	4	5	NA
21. I felt safe while I was in the hospital.	1	2	3	4	5	NA
22. The hospital environment was clean and comfortable.	1	2	3	4	5	NA

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	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Does Not Apply
23. Staff were sensitive to my cultural background.	1	2	3	4	5	NA
24. My family and/or friends were able to visit me.	1	2	3	4	5	NA
25. I had a choice of treatment options.	1	2	3	4	5	NA
26. My contact with my Doctor was helpful.	1	2	3	4	5	NA
27. My contact with nurses and therapists was helpful.	1	2	3	4	5	NA
28. If I had a choice of hospitals, I would still choose this one.	1	2	3	4	5	NA

Please answer the following questions to let us know a little about you.

29. Age
- ☐ 13-17
- ☐ 18-24
- ☐ 25-34
- ☐ 35-54
- ☐ 55-64
- ☐ 65 and older

30. Gender
- ☐ Male
- ☐ Female

31. Survey completed on Discharge:
- ☐ Yes
- ☐ No

32. Length of Stay *(This episode)*
- ☐ 1 week or less
- ☐ 1 month or less
- ☐ 3 months or less
- ☐ More than 3 months

33. Race/Ethnicity (check one)
- ☐ Native American /Alaskan Native
- ☐ Asian/Pacific Islander
- ☐ African American
- ☐ Hispanic/Latino
- ☐ White/Caucasian
- ☐ Other

34. Marital Status
- ☐ Never Married
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

35. Legal Status
- ☐ Voluntary Patient
- ☐ Voluntary by parent, guardian, etc.
- ☐ Involuntary: Civil
- ☐ Involuntary: Criminal
- ☐ Involuntary: Juvenile Justice
- ☐ Other: _____

Comments:

Please return the completed survey to the facility. Thank you for your response.

CROSS WALK of HCAHPS and OT3-047-09 Inpatient Care Survey

HCAHPS	ICS					
Responses: Never - sometimes – Usually – Always	Responses:					
	Strongly Disagree	**Disagree**	**I am Neutral**	**Agree**	**Strongly Agree**	**Does Not Apply**
	As a direct result of the services I received 1. I am better able to deal with crisis. 2. My symptoms are not bothering me as much. 3. The medications I am taking help me control symptoms that used to bother me. 4. I do better in social situations. 5. I deal more effectively with daily problems.					
1. During this hospital stay, how often did nurses treat you with <u>courtesy and respect</u>? 2. During this hospital stay, how often did nurses <u>listen carefully to you</u>? 3. During this hospital stay, how often did nurses <u>explain things</u> in a way you could understand? 4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? 5. During this hospital stay, how often did doctors treat you with <u>courtesy and respect</u>? 6. During this hospital stay, how often did doctors <u>listen carefully to you</u>? 7. During this hospital stay, how often did doctors <u>explain things</u> in a way you could understand?	6. I was treated with dignity and respect. 23. Staff were sensitive to my cultural background. 25. I had a choice of treatment options. 26. My contact with my Doctor was helpful. 27. My contact with nurses and therapists was helpful. 8. I felt comfortable asking questions about my treatment and medications.					
	7. Staff here believed that I could grow, change and recover. 9. I was encouraged to use self-help/support groups.					
8. During this hospital stay, how often were your room and	19. The surroundings and atmosphere at the hospital helped me get					

bathroom kept clean? 9. During this hospital stay, how often was the area around your room quiet at night? 10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan? If yes, 11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?	better. 24. My family and/or friends were able to visit me. 20. I felt I had enough privacy in the hospital. 21. I felt safe while I was in the hospital. 22. The hospital environment was clean and comfortable.
12. During this hospital stay, did you need medicine for pain? If yes, 13. During this hospital stay, how often was your pain well controlled? 14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?	
15. During this hospital stay, were you given any medicine that you had not taken before? If yes, 16. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? 17. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?	10. I was given information about how to manage my medication side effects. 14. I felt safe to refuse medication or treatment during my hospital stay.
	11. My other medical conditions were treated. 12. I felt this hospital stay was necessary. 13. I felt free to complain without fear of retaliation. 15. My complaints and grievances were addressed.
18. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility? 1 Own home 2 Someone else's home 3 Another	16. I participated in planning my discharge.

health facility If Another, Go to Question 21 19. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital? 1 Yes 2 No 20. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital? 1 Yes 2 No	17. Both I and my doctor or therapist from the community were actively involved in my hospital treatment plan. 18. I had an opportunity to talk with my doctor or therapist from the community prior to discharge.
21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay? 22. Would you recommend this hospital to your friends and family? 1 Definitely no 2 Probably no 3 Probably yes 4 Definitely yes	28. If I had a choice of hospitals, I would still choose this one.

23. In general, how would you rate your overall health?
        1   Excellent 2   Very good 3   Good 4   Fair 5   Poor
 	
24. What is the highest grade or level of school that you have <u>completed</u>?
        1   8th grade or less 2   Some high school, but did not graduate
        3   High school graduate or GED 4   Some college or 2-year degree
        5   4-year college graduate 6   More than 4-year college degree
 	
25. Are you of Spanish, Hispanic or Latino origin or descent?
        1   No, not Spanish/Hispanic/Latino 2   Yes, Puerto Rican
        3   Yes, Mexican, Mexican American, Chicano 4   Yes, Cuban
        5   Yes, other Spanish/Hispanic/Latino
26. What is your race? Please choose one or more.
	29. Age 13-17 18-24 25-34 35-54 55-64 65 and older
	
	30. Gender Male Female
	
	31. I am completing this survey at discharge? Yes No
	
	32. Length of Stay (This episode) 1 week or less
	
	  1 month or less 3 months or less More than 3 months
	
	33. Race/Ethnicity (check one)
	
	  Native American/Alaskan Native Asian/Pacific Islander
	
	  African American Hispanic/Latino
	
	  White/Caucasian Other

1 White 2 Black or African American 3 Asian
4 Native Hawaiian or other Pacific Islander
5 American Indian or Alaska Native
 	
27. What language do you <u>mainly </u>speak at home?
1 English 2 Spanish
3 Some other language (please print): _____
	34. Marital Status
	
	  Never Married Married Separated Divorced Widowed
	
	35. Legal Status
	
	  Voluntary Patient Voluntary by parent, guardian, etc.
	
	  Involuntary: Civil Involuntary: Criminal
	
	  Involuntary: Juvenile Justice Other: _____
	
	Comments: