

Mental Health Screening Guidance Document

- I. **Purpose:** To offer guidance regarding Mental Health Screening and the electronic capture of Mental Health Screening results and follow-up in support of standardized statewide reporting on Mental Health Screening and follow-up.
- II. **Mental Health Screening and the Electronic Capture of Mental Health Screening Results**
 - A. **In the context of OneCare incentive/payment programs** (such as the CPR Program or the Primary Care Participant Mental Health Screening Initiative), Mental Health Screening refers to clinically screening and assessing patients for depression and risk of suicide, anxiety, and other mental health disorders.
 - B. Different options exist with regard to available Mental Health Screening tools. For the purpose of standardizing the statewide capture and reporting of Mental Health Screening results, whenever OneCare references Mental Health Screening, OneCare Participants, Preferred Providers, and Collaborators are being asked to utilize the following Mental Health Screening tools, *as clinically indicated*:
 - a. The Patient Health Questionnaire (PHQ-9) screening assessment for depression and suicide;
 - b. The Patient Health Questionnaire (PHQ-2) **plus** the Columbia Suicide Severity Rating Scale (C-SSRS) assessment of suicide risk;
 - c. The Patient Health Questionnaire for Adolescents (PHQ-A) screening assessment for depression and suicide;
 - d. The Edinburgh Postnatal Depression Scale; **or**
 - e. The General Anxiety Disorder (GAD-7) screening assessment for anxiety disorders.
 - C. Selecting the clinically indicated Mental Health Screening tool(s) is a determination based on the clinical judgment of the treating provider.
 - D. Primary care providers participating in OneCare incentive/payment programs (such as the CPR Program or the Primary Care Participant Mental Health Screening Initiative) must electronically capture Mental Health Screening responses and electronically track qualifying follow-up treatment. At a minimum, Participants must be able to electronically report historical and year-to-date Mental Health Screening rates and qualifying follow-up rates to OneCare. Results should be reported in an aggregate and de-identified format, and should not include any individual's protected health information (PHI). Reporting practice sites may be randomly audited from time to time to confirm reported values are being generated electronically and are being reflected accurately.
 - E. The OneCare payer-specific annual depression screening metric remains tied to the CMS Prev-12 directions. For detailed guidance including measure specifications, please see *OneCare Prev-12 Preventative Care and Screening: Screening for Depression and Follow-Up Plan* (PY22 available now, PY23 to be distributed to the OneCare Network in mid-April 2023).

III. **Review Process:** This Guidance Document shall be reviewed periodically and updated to be consistent with requirements established by OneCare management, with input from the OneCare Population Health Strategy Committee when appropriate.

IV. **References:**

- OneCare's Policy and Procedure Glossary
- OneCare Risk Bearing Participant and Preferred Provider Agreement
- OneCare Prev-12 Preventative Care and Screening: Screening for Depression and Follow-Up Plan
- HIPAA Privacy Rule - 45 CFR §164.514(a)-(b)

V. **Related Policies/Procedures**

- 03-06 Assignment of Attributed Lives
- 04-08-PY24 Comprehensive Payment Reform Program PY 2024
- 04-19-PY23-25 Participant Population Health Model and Payments PY 2023-2025
- 04-22-PY23 Mental Health Screening Initiative for Primary Care Participants
- 05-02 Participant, Preferred Provider and Collaborator Appeals
- 05-06-PY23 ACO Network Payer Program Participation PY 2023