

# **Special Report: Reporting Results for Measures Leveraging Electronic Clinical Data for HEDIS®**

**November 2021**

*This data brief describes results for eight HEDIS® measures that use the **Electronic Clinical Data Systems reporting standard**.*

## **Key Findings**

- There was a large increase in reportable submissions for most measures across all product lines compared to previous years.
- There was an increase in the contributions of non-claims data sources (i.e., EHR, HIE/registry and case management data) for numerator reporting, particularly for the immunization measures.
- Generally, plans that used non-claims data sources typically had better performance than plans that only used claims data.

## **Background**

### **About HEDIS**

The Healthcare Effectiveness Data and Information Set® (HEDIS®<sup>1</sup>) is a national measurement set that assesses how well Medicare, Medicaid, and commercial health insurance plans manage the care of their enrolled populations. HEDIS assesses performance using a set of metrics that range from preventive services to behavioral health care and chronic disease management.

Most measures in HEDIS have been reported using a plan's administrative data, such as claims for health care services and enrollment files. Some measure concepts cannot be evaluated using administrative data only; in these cases, plans pull a systematic sample of medical records and review information manually to ascertain whether health care services were provided. Recently, HEDIS introduced a new method of reporting that harnesses electronic clinical data for quality measurement. The use and sharing of electronic clinical data have the potential to enrich the information available to health care providers for clinical care, and to decrease the burden associated with measures that require manual record abstraction.

### **HEDIS ECDS Reporting Standard**

In 2015, the National Committee for Quality Assurance (NCQA) introduced the **Electronic Clinical Data Systems** (ECDS) HEDIS reporting standard, which permits use of structured data for HEDIS reporting from electronic health records (EHRs), health information exchanges (HIE) and clinical registries, case management systems and administrative files. NCQA first introduced ECDS reporting in three depression measures to assess improvements in outcomes using information that are not found in claims. Over the last few years, NCQA added five additional measures assessing perinatal depression and alcohol screening (Box 1). This

<sup>1</sup> HEDIS is a registered trademark of the National Committee for Quality Assurance.

brief summarizes reporting results for the 2020 measurement year (MY) for these eight measures specified for ECDS reporting. Complete reporting results for all eight measures are in the Appendix.

## Data Source and Methods

This brief is based on data submitted to NCQA by health plans representing the 2018, 2019<sup>2</sup> and 2020 measurement years. Key data elements (e.g., numerator) are reported by the data source category in which they were found. When a data element is found in more than one source, a hierarchy is used to assign it only one data source category for reporting. Plans are instructed to first assign data from EHRs, followed by HIE/registries, then case management registries and lastly administrative claims.<sup>3</sup>

### Box 1. HEDIS Measures for ECDS Reporting

- Prenatal Immunization Status (PRS)
- Adult Immunization Status (AIS)
- Depression Screening and Follow-Up for Adolescents and Adults (DSF)
- Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)
- Depression Remission or Response for Adolescents and Adults (DRR)
- Prenatal Depression Screening and Follow-Up (PND)
- Postpartum Depression Screening and Follow-Up (PDS)
- Unhealthy Alcohol Use Screening and Follow-Up (ASF)

We assessed the number of plans with a reportable rate, defined as rates meeting the minimum denominator criterion of 30 members (or deliveries in the case of the perinatal measures). We also completed an analysis of the reporting results by type of data source used. To understand variation in the use of data sources and its contribution to differences in performance, we assessed the average contribution of each data source to the measure numerator across reportable submissions, as well as the performance distribution for submissions that used only claims data compared to those that used any non-claims data. For the behavioral health measures, results included in this report reflect the 'total' age stratification.

## Findings

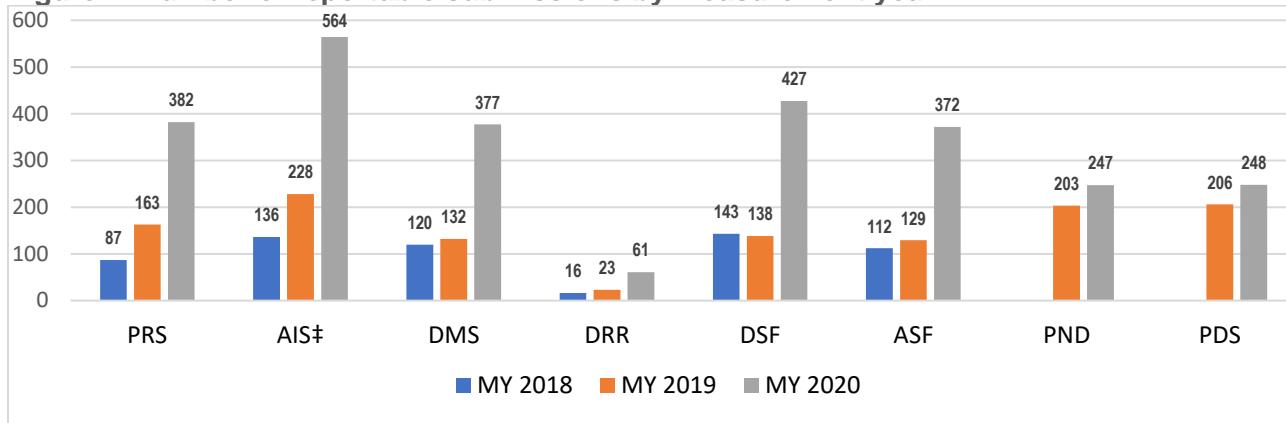
Below are the results on reporting trends over the last three years across all eight measures, followed by performance results for the immunization measures and the behavioral health measures.

### Reporting Trends

- There was a large increase in submissions across most measures across all product lines compared to previous years. (Figure 1).
- About 70 percent of commercial plans participated in ECDS reporting, 40 percent of Medicaid plans and 30 percent of Medicare plans. The largest increase was observed for *Prenatal Immunization Status* for commercial plans, with nearly three times the number of submissions than the previous year (Table ECDS-1 in Appendix).

<sup>2</sup> The Centers for Medicare & Medicaid Services eliminated requirements for the collection of HEDIS 2020 (MY 2019) data for Medicare Advantage plans in response to the COVID-19 Public Health Emergency. Submissions in MY 2019 are for Commercial and Medicaid product lines. This does not apply to the perinatal measures (PRS, PDS, PND), which are not specified for the Medicare product line.

<sup>3</sup> Refer to the ECDS reporting guidelines in the **HEDIS Volume 2** publication for more information.

**Figure 1. Number of reportable submissions by measurement year**

‡Adult Immunization Status is the only measure that includes Medicare data for MY 2019.

### Immunization Measures

The *Adult Immunization Status* (AIS) and *Prenatal Immunization Status* (PRS) measures assess whether adults and pregnant people, respectively, received routine vaccines based on recommendations from the CDC's Advisory Committee on Immunization Practices. These measures are ideally suited for the ECDS reporting standard, which encourages more structured data capture and sharing across systems that have been built for immunizations monitoring, such as immunization information systems (IIS).

#### Overall Performance

- PRS performance rates increased across all indicators. A/S performance rates were generally consistent with previous years. However, for Medicare plans, the A/S pneumococcal rate increased from 15.7 to 26.2 percent and the influenza rate increased from 18.4 to 32.6 percent (Table ECDS-2 in Appendix).
- Based on expert input and literature findings, ECDS performance rates for adult immunizations were lower than expected, although higher compared to previous years.

#### Use of Data Sources

- Although most immunizations were reported using claims data, a large proportion of immunizations were reported using EHR and HIE/registry data (Tables PRS-1 and AIS-1 in Appendix).
- There was an increase in the contributions of HIE/registry and EHR data sources to the numerators for Medicaid plans (Table 1).

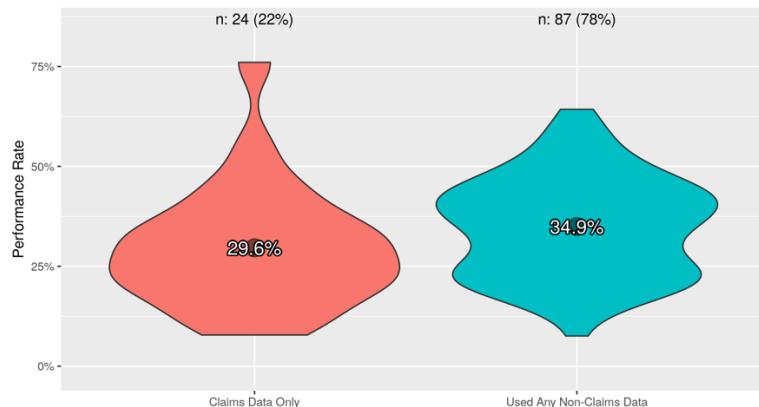
**Table 1. Average data source contribution to the immunization numerators, Medicaid product line, MY 2019-2020**

Measure	Data Source	Influenza		Tdap/Td		Herpes Zoster	
		MY 2019 %	MY 2020 %	MY 2019 %	MY 2020 %	MY 2019 %	MY 2020 %
PRS	EHR	11.2	15.1	12.0	14.5	N/A	N/A
	HIE/Registry	14.5	23.8	15.4	20.0	N/A	N/A
	Case Management	0.0	0.0	0.0	0.0	N/A	N/A
	Claims	74.4	61.1	72.5	65.5	N/A	N/A
AIS	EHR	10.8	15.4	10.7	15.3	11.6	19.4
	HIE/Registry	15.5	26.9	18.2	28.3	18.0	29.1
	Case Management	0.1	0.0	0.0	0.0	0.0	0.0
	Claims	73.5	57.7	71.1	56.4	63.7	49.5

### Performance Rates by Data Sources Used

- Performance rates for the immunization measures varied by data sources used for reporting.
- The average performance rate was higher among plans that used any non-claims data for numerator calculations (Tables PRS-2 and AIS-2 in Appendix). For example, the average performance among plans that used only claims data for the *PRS influenza* indicator was 29.6 percent, compared to 34.9 percent among plans that used any non-claims data (Figure 2).

**Figure 2. Average influenza performance rates for PRS by data sources used, Medicaid product line, MY 2020**

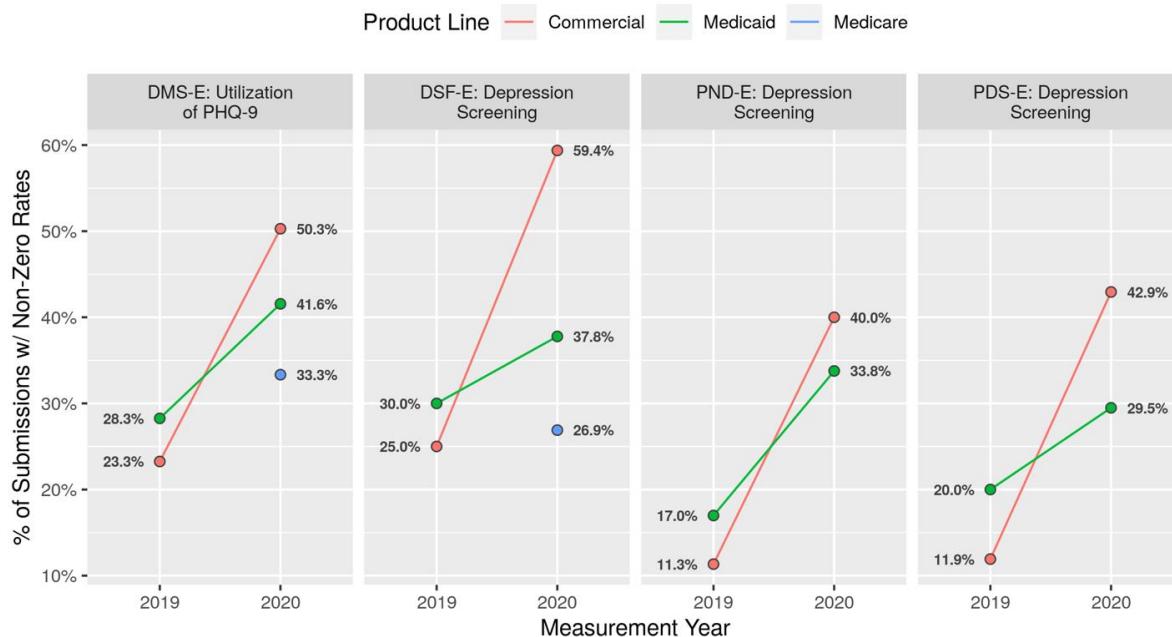


### Behavioral Health Measures

There are six behavioral health measures specified for ECDS reporting that use patient-reported outcomes to link to clinical actions for follow-up care. These measures require clinical data that are not found in claims (e.g., results of a standardized tool to assess and monitor depression) and are challenging to collect through traditional HEDIS reporting methods.

### Overall Performance

- Most plans reported performance rates of zero percent for most of the behavioral health measures that assess screening, follow-up and routine symptom monitoring (Table ECDS-3 in Appendix).
- However, for the utilization of PHQ-9 and depression screening and follow-up measures, there was an increase in the proportion of submissions with rates greater than zero. The largest increases were observed in the prenatal and postpartum depression screening measures for the commercial product line (nearly four times the number of submissions with non-zero rates compared with the previous year) (Figure 3).
- For the *Depression Remission or Response* measure, nearly all submissions (58 out of 61) reported a non-zero rate; since clinical data are also required to establish the denominator for this measure, we would expect that all health plan submissions would also have numerator data to report.

**Figure 3. Percentage of submissions with rates greater than zero, MY 2019-2020****Use of Data Sources**

- Among plans with rates greater than zero, most screening information was reported using EHR or Case Management data.
- Across the screening and follow-up measures, follow-up information was mostly reported using claims data (Table 2).

**Table 2. DSF average data source contribution to the numerator, MY 2019-2020**

Product Line	Data Source	Screening		Follow-Up	
		MY 2019 %	MY 2020 %	MY 2019 %	MY 2020 %
Commercial	EHR	23.0	35.4	47.4	19.7
	HIE/Registry	1.7	1.8	1.8	0.5
	Case Management	0.0	22.2	0.0	0.3
	Claims	0.2	0.0	50.8	79.6
Medicaid	EHR	22.2	26.9	25.2	20.9
	HIE/Registry	3.7	3.1	3.4	2.3
	Case Management	4.0	7.8	0.5	6.3
	Claims	0.1	0.0	70.9	70.4

**Performance Rates by Data Sources Used**

- Performance rates for the behavioral health measures varied by data sources used for reporting.
- Nearly all plans that used only claims data had performance rates of “zero.” For example, in DSF the average performance rate for plans that used only claims data for the screening rate was zero percent, while the average rate for plans that used any non-claims data source was between 2.9 and 11.4 percent (Table 3).
- Among plans with rates greater than zero, better performance was observed when measures used larger contributions of non-claims data sources.

**Table 3. DSF performance rates by data sources used, MY 2020**

Depression Screening (Total)						
Product Line	Data Source Use	Submissions	Mean %	Min %	Median %	Max %
Commercial	Claims only	78	0.0	0.0	0.0	0.0
	Any non-claims data	114	2.9	0.0	0.3	27.0
Medicaid	Claims only	56	0.0	0.0	0.0	0.0
	Any non-claims data	34	5.7	0.0	0.6	28.2
Medicare	Claims only	106	0.0	0.0	0.0	0.0
	Any non-claims data	39	11.4	0.0	2.5	46.7

## Summary and Conclusions

Reporting results showed that there has been a steady increase in ECDS reporting. The contributions from EHR, HIE/registry and case management data sources continue to increase, demonstrating that more plans are seeking information beyond claims for quality measurement.<sup>4</sup> However, challenges persist particularly regarding standardized data capture of behavioral health information at the point of care<sup>5</sup> and efficient sharing of relevant information between health care systems.

Improved health plan reporting and measure performance are feasible with strategic multistakeholder approaches that drive better use and sharing of electronic clinical data.<sup>6</sup> Public reporting of HEDIS measures using ECDS reporting is a critical step in the use of clinical data systems to measure quality. The PRS measure is the first publicly reported measure using the ECDS reporting standard for MY 2020. On October 1, 2021, NCQA announced that the other seven measures will be publicly reported starting in 2023 and 2024.<sup>7</sup>

## Acknowledgments

This report was written by Marleen Jones-Pool, Fern McCree, Emily Morden, Ryan Acton, Lindsey Roth and Sepheen Byron. The team would also like to thank NCQA staff for their review and input.

<sup>4</sup> Byron SC, Roth L, Acton RM, Shen A. Harnessing electronic clinical data to report adult and prenatal immunization quality measures. *Journal of the American Medical Informatics Association*. 2021;28(10):2226-2232. doi:[10.1197/jamia.ocab125](https://doi.org/10.1197/jamia.ocab125)

<sup>5</sup> Morden E, Byron S, Roth L, et al. Health Plans Struggle to Report on Depression Quality Measures that Require Clinical Data. *Academic Pediatrics*. Published online October 11, 2021. doi:[10.1016/j.acap.2021.09.022](https://doi.org/10.1016/j.acap.2021.09.022)

<sup>6</sup> National Committee for Quality Assurance. "Leveraging Electronic Clinical Data for HEDIS: Insights and Opportunities." NCQA. May 2021. [https://www.ncqa.org/wp-content/uploads/2021/05/20210526\\_Issue\\_Brief\\_Leveraging\\_Electronic\\_Clinical\\_Data\\_for\\_HEDIS.pdf](https://www.ncqa.org/wp-content/uploads/2021/05/20210526_Issue_Brief_Leveraging_Electronic_Clinical_Data_for_HEDIS.pdf)

<sup>7</sup> National Committee for Quality Assurance. "HEDIS Measurement Year (MY) 2021 Public Reporting Memo." NCQA. October 1, 2021. [https://www.ncqa.org/wp-content/uploads/2021/10/HEDIS-Public-Reporting-Memo\\_October-2021.pdf](https://www.ncqa.org/wp-content/uploads/2021/10/HEDIS-Public-Reporting-Memo_October-2021.pdf)

## Appendix

### Reporting Trends

**Table ECDS-1. ECDS Reportable<sup>1</sup> Submissions, MY 2019-2020**

Measure	Product Line	Number of Reportable Submissions <sup>1</sup>	
		MY 2019 <sup>2</sup>	MY 2020 N (% <sup>3</sup> )
Prenatal Immunization (PRS)	Commercial	97	271 (65.1)
	Medicaid	66	111 (40.8)
	Total	163	382
Adult Immunization (AIS)	Commercial	166	258 (62.0)
	Medicaid	62	103 (37.9)
	Medicare	79 <sup>3</sup>	203 (31.3)
	Total	228	564
Depression Screening and Follow-up (DSF)	Commercial	88	192 (46.2)
	Medicaid	50	90 (33.1)
	Medicare	No data <sup>2</sup>	145 (22.3)
	Total	138	427
Utilization of PHQ-9 (DMS)	Commercial	86	177 (42.5)
	Medicaid	46	77 (28.3)
	Medicare	No data <sup>2</sup>	123 (19.0)
	Total	132	377
Depression Remission or Response (DRR)	Commercial	18	27 (6.5)
	Medicaid	5	15 (5.5)
	Medicare	No data <sup>2</sup>	19 (2.9)
	Total	23	61
Prenatal Depression Screening and Follow-Up (PND)	Commercial	150	170 (40.9)
	Medicaid	53	77 (28.3)
	Total	203	247
Postpartum Depression Screening and Follow-Up (PDS)	Commercial	151	170 (40.9)
	Medicaid	55	78 (28.7)
	Total	206	248
Alcohol Screening and Follow-up (ASF)	Commercial	83	166 (39.9)
	Medicaid	46	75 (27.6)
	Medicare	No data <sup>2</sup>	131 (20.2)
	Total	129	372

<sup>1</sup> Submissions that had a denominator  $\geq 30$ .

<sup>2</sup> The Centers for Medicare & Medicaid Services (CMS) eliminated requirements for the collection of HEDIS 2020 (MY 2019) data for Medicare Advantage (MA) plans in response to the COVID-19 Public Health Emergency. MA plans were able to use NCQA's HEDIS data submission tool for internal quality improvement purposes. Because of these changes, submissions in MY 2019 are for commercial and Medicaid product lines only. Adult Immunization Status is the only measure that includes Medicare data for MY 2019. Therefore, the MY 2019 results could be impacted by both COVID-19 disruptions in data collection and the voluntary nature of this year's reporting.

<sup>3</sup> The percentage is calculated out of the total number of plans that submitted HEDIS (Commercial = 416, Medicaid = 272, Medicare = 649).

## Immunization Measures

**Table ECDS-2. Average performance rates, MY 2019-2020**

Measure	Product Line	Influenza		Tdap/Td		Herpes Zoster		Pneumococcal	
		MY 2019 %	MY 2020 %	MY 2019 %	MY 2020 %	MY 2019 %	MY 2020 %	MY 2019 %	MY 2020 %
AIS	Commercial	19.6	20.9	29.1	30.2	6.2	8.4	N/A	N/A
	Medicaid	15.2	18.3	28.9	33.8	2.2	3.9	N/A	N/A
	Medicare	18.4	32.6	22.1	19.7	9.7	9.5	15.7	26.2
PRS	Commercial	45.8	45.9	70.3	69.1	N/A	N/A	N/A	N/A
	Medicaid	29.6	33.8	49.5	53.9	N/A	N/A	N/A	N/A

## Prenatal Immunization Status (PRS)

**Table PRS-1. Average data source contribution to the numerator, MY 2019-2020**

Product Line	Data Source	Influenza		Tdap/Td	
		MY 2019 %	MY 2020 %	MY 2019 %	MY 2020 %
Commercial	EHR	7.2	6.3	8.5	6.7
	HIE/Registry	12.1	11.9	11.0	9.8
	Case Management	0.0	0.0	0.0	0.0
	Claims	80.7	81.9	80.4	83.5
Medicaid	EHR	11.2	15.1	12.0	14.5
	HIE/Registry	14.5	23.8	15.4	20.0
	Case Management	0.0	0.0	0.0	0.0
	Claims	74.4	61.1	72.5	65.5

**Table PRS-2. Performance rates by data sources used, MY 2020**

Product Line	Data Source Use	Influenza					Tdap/Td				
		Submissions	Mean %	Min %	Median %	Max %	Submissions	Mean %	Min %	Median %	Max %
Commercial	Claims only	75	42.0	20.8	43.3	84.7	85	66.3	26.9	69.9	95.0
	Any non-claims data	196	47.4	20.6	46.9	82.6	186	70.4	28.9	72.3	93.8
Medicaid	Claims only	24	29.6	7.8	27.8	76.0	24	52.9	28.5	51.7	91.6
	Any non-claims data	87	34.9	7.5	36.3	64.3	87	54.1	13.7	54.4	90.5

**Adult Immunization Status (AIS)**
**Table AIS-1. Average data source contribution to the numerator, MY 2019-2020**

Product Line	Data Source	Influenza		Tdap/Td		Herpes Zoster		Pneumococcal	
		MY 2019 %	MY 2020 %	MY 2019 %	MY 2020 %	MY 2019 %	MY 2020 %	MY 2019 %	MY 2020 %
Commercial	EHR	5.3	5.1	6.0	5.8	5.4	5.5	N/A	N/A
	HIE/Registry	7.8	13.2	8.6	13.6	8.6	14.1	N/A	N/A
	Case Management	0.0	0.0	0.0	0.0	0.0	0.0	N/A	N/A
	Claims	86.9	81.7	85.4	80.6	86.0	80.4	N/A	N/A
Medicaid	EHR	10.8	15.4	10.7	15.3	11.6	19.4	N/A	N/A
	HIE/Registry	15.5	26.9	18.2	28.3	18.0	29.1	N/A	N/A
	Case Management	0.1	0.0	0.0	0.0	0.0	0.0	N/A	N/A
	Claims	73.5	57.7	71.1	56.4	63.7	49.5	N/A	N/A
Medicare	EHR	8.1	5.8	10.1	7.3	10.0	6.2	11.8	6.5
	HIE/Registry	12.6	13.9	15.9	14.1	19.4	17.9	17.1	13.8
	Case Management	0.0	2.9	0.0	0.3	0.0	7.7	0.0	3.1
	Claims	79.2	74.0	73.9	76.3	64.3	53.8	67.2	74.2

**Table AIS-2a. Performance rates by data sources used, MY 2020**

Product Line	Data Source Use	Influenza					Tdap/Td				
		Submissions	Mean %	Min %	Median %	Max %	Submissions	Mean %	Min %	Median %	Max %
Commercial	Claims only	27	17.1	2.8	16.7	28.5	22	24.0	7.4	23.6	55.5
	Any non-claims data	231	21.3	7.0	19.6	53.0	236	30.8	10.8	28.6	76.0
Medicaid	Claims only	20	15.1	4.2	15.2	31.8	16	21.9	4.5	24.4	35.3
	Any non-claims data	83	19.1	4.1	18.9	40.3	87	36.0	9.9	35.0	77.2
Medicare	Claims only	80	22.2	0.0	21.2	62.7	99	9.8	0.0	7.8	38.9
	Any non-claims data	123	39.4	4.9	35.4	78.4	104	29.2	5.4	25.6	86.7

**Table AIS-2b. Performance rates by data sources used, MY 2020**

Product Line	Data Source Use	Herpes Zoster					Pneumococcal				
		Submissions	Mean %	Min %	Median %	Max %	Submissions	Mean %	Min %	Median %	Max %
Commercial	Claims only	67	6.3	1.4	5.9	31.2	N/A	N/A	N/A	N/A	N/A
	Any non-claims data	191	9.1	1.5	8.0	38.5	N/A	N/A	N/A	N/A	N/A
Medicaid	Claims only	29	1.3	0.0	0.8	6.1	N/A	N/A	N/A	N/A	N/A
	Any non-claims data	73	5.0	0.1	5.3	14.3	N/A	N/A	N/A	N/A	N/A
Medicare	Claims only	94	1.8	0.0	0.3	23.0	82	15.2	0.0	13.5	52.2
	Any non-claims data	109	16.2	0.3	7.8	70.4	121	33.7	7.1	29.7	86.2

## Behavioral Health Measures

**Table ECDS-3. Submissions with rates greater than zero, MY 2019-2020**

Measure	Product Line	MY 2019		MY 2020	
		Reportable Submissions	Submissions w/ Non-Zero Rate N (%)	Reportable Submissions	Submissions w/ Non-Zero Rate N (%)
Depression Screening and Follow-up (DSF)	Commercial	88	22 (25.0)	192	114 (59.4)
	Medicaid	50	15 (30.0)	90	34 (37.8)
	Medicare	N/A	N/A	145	39 (26.9)
	Total	138	37 (26.8)	427	187 (43.8)
Utilization of PHQ-9 (DMS)	Commercial	86	20 (23.2)	177	89 (50.3)
	Medicaid	46	13 (28.3)	77	32 (41.6)
	Medicare	N/A	N/A	123	41 (33.3)
	Total	132	33 (25.0)	377	162 (43.0)
Depression Remission or Response (DRR)	Commercial	18	16 (88.9)	27	27 (100.0)
	Medicaid	5	5 (100.0)	15	14 (93.3)
	Medicare	N/A	N/A	19	17 (89.5)
	Total	23	21 (91.3)	61	58 (95.1)
Prenatal Depression Screening and Follow-Up (PND)	Commercial	150	17 (11.3)	170	68 (40.0)
	Medicaid	53	9 (17.0)	77	26 (33.8)
	Total	203	26 (12.8)	247	94 (38.1)
Postpartum Depression Screening and Follow-Up (PDS)	Commercial	151	18 (11.9)	170	73 (42.9)
	Medicaid	55	11 (20.0)	78	23 (29.5)
	Total	206	29 (14.1)	248	96 (38.7)
Alcohol Screening and Follow-up (ASF)	Commercial	83	8 (9.6)	166	9 (5.4)
	Medicaid	46	1 (2.2)	75	6 (8.0)
	Medicare	N/A	N/A	131	9 (6.9)
	Total	129	9 (7.0)	372	24 (6.5)

## Depression Screening and Follow-Up for Adolescents and Adults (DSF)

**Table DSF-1. Average data source contribution to the numerator, MY 2019-2020**

Product Line	Data Source	Screening		Follow-Up	
		MY 2019 %	MY 2020 %	MY 2019 %	MY 2020 %
Commercial	EHR	23.0	35.4	47.4	19.7
	HIE/Registry	1.7	1.8	1.8	0.5
	Case Management	0.0	22.2	0.0	0.3
	Claims	0.2	0.0	50.8	79.6
Medicaid	EHR	22.2	26.9	25.2	20.9
	HIE/Registry	3.7	3.1	3.4	2.3
	Case Management	4.0	7.8	0.5	6.3
	Claims	0.1	0.0	70.9	70.4
Medicare	EHR	N/A	19.5	N/A	30.2
	HIE/Registry	N/A	1.6	N/A	3.2
	Case Management	N/A	5.8	N/A	3.6
	Claims	N/A	0.0	N/A	63.0

**Table DSF-2. Performance rates by data sources used, MY 2020**

Product Line	Data Source Use	Screening				Follow-Up					
		Submissions	Mean %	Min %	Median %	Max %	Submissions	Mean %	Min %	Median %	Max %
Commercial	Claims only	78	0.0	0.0	0.0	0.0	20	54.6	35.1	46.2	90.5
	Any non-claims data	114	2.9	0.0	0.3	27.0	27	77.4	42.2	79.4	93.1
Medicaid	Claims only	56	0.0	0.0	0.0	0.0	4	68.6	29.1	79.9	85.5
	Any non-claims data	34	5.7	0.0	0.6	28.2	18	64.9	42.9	71.1	82.4
Medicare	Claims only	106	0.0	0.0	0.0	0.0	4	66.7	27.0	77.6	84.5
	Any non-claims data	39	11.4	0.0	2.5	46.7	17	66.9	36.0	67.9	87.4

***Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)*****Table DMS-1. Average data source contribution to the numerator, MY 2019-2020**

Product Line	Data Source	MY 2019 %	MY 2020 %
Commercial	EHR	21.5	27.2
	HIE/Registry	1.8	1.2
	Case Management	0.0	21.9
	Claims	0.0	0.0
Medicaid	EHR	21.7	31.7
	HIE/Registry	4.3	2.1
	Case Management	2.2	7.7
	Claims	0.0	0.0
Medicare	EHR	N/A	24.7
	HIE/Registry	N/A	1.7
	Case Management	N/A	3.7
	Claims	N/A	3.3

**Table DMS-2. Performance rates by data sources used, MY 2020**

Product Line	Data Source Use	Submissions	Mean %	Min %	Median %	Max %
Commercial	Claims only	88	0.0	0.0	0.0	0.0
	Any non-claims data	89	6.0	0.0	0.2	55.3
Medicaid	Claims only	45	0.0	0.0	0.0	0.0
	Any non-claims data	32	7.7	0.0	0.9	54.2
Medicare	Claims only	86	1.7	0.0	0.0	53.7
	Any non-claims data	37	8.6	0.0	5.2	48.7

**Depression Remission or Response for Adolescents and Adults (DRR)**
**Table DRR-1. Average data source contribution to the numerator, MY 2019-2020**

Product Line	Data Source	Remission		Response		Follow-Up	
		MY 2019 %	MY 2020 %	MY 2019 %	MY 2020 %	MY 2019 %	MY 2020 %
Commercial	EHR	82.5	95.7	83.1	96.1	83.6	95.9
	HIE/Registry	6.4	3.7	5.8	3.4	5.2	2.9
	Case Management	0.0	0.1	0.0	0.0	0.0	0.2
	Claims	0.0	0.5	0.0	0.5	0.0	1.0
Medicaid	EHR	99.0	84.9	94.3	90.9	95.5	83.8
	HIE/Registry	1.0	1.2	5.7	1.0	4.5	1.3
	Case Management	0.0	7.2	0.0	7.1	0.0	13.3
	Claims	0.0	0.0	0.0	1.0	0.0	1.7
Medicare	EHR	N/A	64.3	N/A	75.6	N/A	77.9
	HIE/Registry	N/A	5.6	N/A	5.0	N/A	4.2
	Case Management	N/A	3.7	N/A	3.6	N/A	2.2
	Claims	N/A	15.8	N/A	15.8	N/A	15.8

**Table DRR-2a. Performance rates by data sources used, MY 2020**

Product Line	Data Source Use	Remission					Response				
		Submissions	Mean %	Min %	Median %	Max %	Submissions	Mean %	Min %	Median %	Max %
Commercial	Claims only	0	-	-	-	-	0	-	-	-	-
	Any non-claims data	27	6.9	1.8	4.9	20.3	27	11.4	2.8	9.8	25.9
Medicaid	Claims only	1	0.0	0.0	0.0	0.0	0	-	-	-	-
	Any non-claims data	14	8.2	1.4	5.8	29.3	15	11.5	1.5	8.5	34.8
Medicare	Claims only	5	0.5	0.0	0.3	1.8	3	2.2	0.5	0.5	5.5
	Any non-claims data	14	8.8	1.7	5.8	33.3	16	12.8	3.0	11.2	42.1

**Table DRR-2b. Performance rates by data sources used, MY 2020**

Product Line	Data Source Use	Follow-Up				
		Submissions	Mean %	Min %	Median %	Max %
Commercial	Claims only	0	-	-	-	-
	Any non-claims data	27	26.1	7.1	25.3	49.4
Medicaid	Claims only	0	-	-	-	-
	Any non-claims data	15	31.5	4.8	30.2	54.7
Medicare	Claims only	3	8.1	1.9	2.2	20.0
	Any non-claims data	16	30.8	12.8	29.3	61.3

### Prenatal Depression Screening and Follow-Up (PND)

Table PND-1. Average data source contribution to the numerator, MY 2019-2020

Product Line	Data Source	Screening			Follow-Up		
		MY 2019 %	MY 2020 %	MY 2019 %	MY 2020 %	MY 2019 %	MY 2020 %
Commercial	EHR	1.7	1.9	15.7	13.9		
	HIE/Registry	0.0	0.0	0.0	0.0		
	Case Management	0.0	0.0	0.0	0.0		
	Claims	98.3	98.1	84.3	86.1		
Medicaid	EHR	3.9	6.0	19.5	4.2		
	HIE/Registry	0.8	1.4	0.0	0.2		
	Case Management	0.0	0.0	0.0	0.0		
	Claims	95.3	92.6	80.5	95.6		

Table PND-2. Performance rates by data sources used, MY 2020

Product Line	Data Source Use	Screening				Follow-Up					
		Submissions	Mean %	Min %	Median %	Max %	Submissions	Mean %	Min %	Median %	Max %
Commercial	Claims only	102	0.0	0.0	0.0	0.0	0	-	-	-	-
	Any non-claims data	68	7.0	0.0	0.7	59.6	9	50.2	23.9	51.2	72.7
Medicaid	Claims only	51	0.0	0.0	0.0	0.0	0	-	-	-	-
	Any non-claims data	26	14.0	0.0	13.1	49.2	8	52.1	33.1	57.3	67.7

### Postpartum Depression Screening and Follow-Up (PDS)

Table PDS-1. Average data source contribution to the numerator, MY 2019-2020

Product Line	Data Source	Screening		Follow-Up	
		MY 2019 %	MY 2020 %	MY 2019 %	MY 2020 %
Commercial	EHR	10.8	17.1	56.7	36.4
	HIE/Registry	0.5	1.2	2.8	1.7
	Case Management	0.7	24.6	0.0	0.3
	Claims	0.0	0.1	40.5	61.6
Medicaid	EHR	11.7	14.9	58.6	17.3
	HIE/Registry	1.0	0.4	21.1	13.7
	Case Management	7.3	13.3	0.0	3.5
	Claims	0.0	0.9	20.2	65.5

**Table PDS-2. Performance rates by data sources used, MY 2020**

Product Line	Data Source Use	Screening					Follow-Up				
		Submissions	Mean %	Min %	Median %	Max %	Submissions	Mean %	Min %	Median %	Max %
Commercial	Claims only	97	0.0	0.0	0.0	0.0	0	-	-	-	-
	Any non-claims data	73	8.3	0.0	4.4	84.0	8	65.6	19.5	70.0	93.8
Medicaid	Claims only	55	0.0	0.0	0.0	0.0	2	52.7	47.9	52.7	57.5
	Any non-claims data	23	13.8	0.1	9.6	74.5	10	55.9	29.3	55.7	80.7

***Unhealthy Alcohol Use Screening and Follow-Up (ASF)*****Table ASF-1. Average data source contribution to the numerator, MY 2019-2020**

Product Line	Data Source	Screening		Follow-Up	
		MY 2019 %	MY 2020 %	MY 2019 %	MY 2020 %
Commercial	EHR	7.2	3.6	32.9	23.7
	HIE/Registry	0.0	0.0	0.0	0.0
	Case Management	0.0	1.8	0.0	0.0
	Claims	2.4	0.0	67.1	76.3
Medicaid	EHR	0.0	6.7	0.0	49.0
	HIE/Registry	0.0	0.0	0.0	0.0
	Case Management	0.0	1.3	0.0	0.0
	Claims	2.2	0.0	100.0	1.0
Medicare	EHR	N/A	3.8	N/A	51.3
	HIE/Registry	N/A	0.0	N/A	0.0
	Case Management	N/A	3.1	N/A	0.0
	Claims	N/A	0.0	N/A	48.7

**Table ASF-2. Performance rates by data sources used, MY 2020**

Product Line	Data Source Use	Screening					Follow-Up				
		Submissions	Mean %	Min %	Median %	Max %	Submissions	Mean %	Min %	Median %	Max %
Commercial	Claims only	157	0.0	0.0	0.0	0.0	4	0.9	0.4	1.0	1.3
	Any non-claims data	9	6.2	0.0	2.1	25.8	3	2.1	1.9	2.0	2.5
Medicaid	Claims only	69	0.0	0.0	0.0	0.0	1	0.0	0.0	0.0	0.0
	Any non-claims data	6	0.4	0.0	0.1	1.2	1	44.6	44.6	44.6	44.6
Medicare	Claims only	122	122	0.0	0.0	0.0	2	2.8	1.4	2.8	4.2
	Any non-claims data	9	9.9	0.0	1.5	41.6	3	3.3	2.7	2.9	4.4