



RI MomsPRN

Maternal Psychiatry Resource Network

Measure Specification Guide – April 6, 2021 Final

Each quarter, practices are required to either report or provide...

- 1) aggregate de-duplicated counts or de-identified data of perinatal patients attributed during the specified period;
- 2) aggregate de-duplicated counts or de-identified data of perinatal patients who were screened for each domain (depression, anxiety, and substance use) during said time period;
- 3) aggregate de-duplicated counts or de-identified data of perinatal patients who ever screened positive for each domain (depression, anxiety, and substance use) during the time period;
- 4) aggregate de-duplicated counts or de-identified data of perinatal patient zip code information to complete a medically underserved/rural analysis as defined by RIDOH of all reported measures during said time period.

Analysis support: RIDOH and CTC-RI can provide de-duplication, aggregation, and/or zip code analysis reporting assistance for interested practices. Practices would use the RI MomsPRN excel reporting template to provide de-identified denominator/numerator data variables for the specified reporting period each quarter to jarruda@ctc-ri.org. Practices can also choose to complete the de-duplication, aggregation, and zip code analysis in accordance with the below measure specification on their own as well. For the first performance period quarterly report due July 9, practices opting to perform this analysis on their own will have to send a de-identified data file to CTC for quality assurance purposes to jarruda@ctc-ri.org. After that report, CTC-RI will provide updated guidance on how to report aggregated and de-duplicated counts going forward.

Rationale: By providing year-to-date performance data each quarter, practices will be able to track their progress toward screening all attributed perinatal patients for depression, anxiety, and substance use at least once during the entire performance period (04/01/2021-03/31/2022) using a validated screening tool of their choosing for each domain (depression, anxiety, and substance use). Please refer below for reporting due dates and measure specification information.

	Date Range	Report Due
Baseline Measures	02/01/2020-01/31/2021	April 9, 2021
Project Report 1	04/01/2021-5/31/2021	July 9, 2021
Project Report 2	04/01/2021-08/31/2021	October 8, 2021
Project Report 3	04/01/2021-12/31/2021	January 14, 2022
Project Report 4	04/01/2021-03/31/2022	April 8, 2022

Supplemental funding available for practices able to report optional demographic and/or treatment/referral data




RIDOH and CTC-RI are pleased to provide enrolled RI MomsPRN practices the opportunity to earn up to \$3,000 of additional practice funding above and beyond the \$10,000 practices are already eligible to receive.

- Practices interested and able to report the following **demographic characteristics (age, race, ethnicity, health coverage/plan, and/or pregnancy status at time of screen or data pull)** with their required quarterly reports will be able to receive an additional \$1,500 of practice payments. With this demographic reporting, we are seeking to align with current electronic health record coding/reporting. For any demographic variables deemed hard to collect, RIDOH and CTC are willing to accommodate longer implementation timeframes and have follow-up discussions regarding feasibility. Below is a framework approach on acceptable demographic definitions in the event none of these variables are currently captured in a practice’s electronic health record.

- Age: Month/Year of birth preferred (please do not include date) and/or age ranges 11-14, 15-19, 20-24, 25-34, 35-44, 45-55
 - Race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, More than One Race, or Unrecorded
 - Ethnicity: Hispanic/Latino/Latinx, Not Hispanic/Latino/Latinx, or unrecorded
 - Health coverage: the health plan name or in aggregate (Medicaid, Commercial, Uninsured, Other). Please be sure to report those with no insurance.
 - Pregnancy: Please indicate if perinatal patient is pregnant either by time of screen or at time of data run, whichever is easiest (yes/no)
- Those practice interested and able to report de-identified **treatment at practice and/or referral offered** counts/data for perinatal patients screening positive for any domain (depression, anxiety, or substance use) will be eligible to earn an additional \$1,500 of practice payments.
 - Please refer to the specification document for measures marked as optional for further guidance.

Please note that the demographic and referral/treatment data reporting are completely optional and are not required. All practices will be able to earn the \$10,000 they are already eligible to receive by completing various deliverables over the contract period as outlined in the milestone document regardless of their decision to provide any optional data. RIDOH and CTC are seeking this supplemental data for program planning, reporting, and evaluation purposes. In addition, practices can choose to provide one or both supplemental data categories. CTC-RI will then issue supplemental practice payments (midpoint and at contract close) totaling the eligible relevant amounts following quarterly data submissions.

To opt into this optional data reporting and formally become eligible to receive additional practice payments up to \$3,000, please digitally sign the supplemental data form CTC-RI will be sending out. Below is screen shot of the form. Once signed, optional data would begin to be reported and included with quarterly screening reports, starting with the report due on July 9, 2021. As mentioned previously, some reporting flexibility may be offered for select variables.

RIDOH and CTC-RI are pleased to provide practices who participate in the RI MomsPRN Program an opportunity to earn additional practice payments of up to \$3,000 for the collection and reporting of supplemental data/counts with required quarterly screening reports. Practices who opt to provide the demographic factors listed below will be eligible to receive \$1,500 of extra practice payments. Similarly, those practices who opt to report referral and in-house treatment data/counts for perinatal patients screening positive for depression, anxiety, and/or substance use will be eligible to receive an additional \$1,500 practice payments. These payments will be split and processed along with the second infrastructure payment (midpoint of program) and the contract close-out payment. Practices can choose to provide one or both supplemental data categories. For any demographic variables deemed hard to collect, RIDOH and CTC are willing to accommodate longer implementation timeframes and have follow-up discussions regarding feasibility. This agreement indicating practice data intentions is due to be signed no later than May 10, 2021.

[Insert practice name and/or site] will provide the following additional data with their required quarterly screening reports (check all that apply):

De-identified perinatal patient demographic data for \$1,500 of additional practice payments. *Please check any variables that may be "hard" to collect/report at this point in time.*

Age

Race

Ethnicity

Health plan/insurance type

Pregnancy status at time of screen or data run

De-identified perinatal patient data documenting any treatment at practice and/or external referrals offered for those who screen positive for any and all behavioral health domain (depression, anxiety, and/or substance use) for \$1,500 of additional practice payments

[Insert practice name and/or site] will not provide either of the above additional data

Practice Representative Signature	CTC-RI Representative Signature
Date	Date
Name	
Position	
Practice	

Required Measure: Screening for Perinatal Clinical Depression	
Description:	The percentage of pregnant and postpartum patients screened for clinical depression at least once using an age-appropriate standardized tool
Age	The eligible population are patients aged 11-55 years at the time of encounter
Measurement Period:	Report 1: Date Range: 04/01/2021-05/31/2021 Due: July 9, 2021 Report 2: Date Range: 04/01/2021-08/31/2021 Due: October 8, 2021 Report 3: Date Range: 04/01/2021-12/31/2021 Due: January 14, 2022 Report 4: Date Range: 04/01/2021-03/31/2022 Due: April 8, 2022
Numerator Statement:	<p>Perinatal patients seen during the measurement period. Data source options for prenatal or postpartum visits/patients include but are not limited to:</p> <ul style="list-style-type: none"> • E & M codes: 59425; 59426; 59430; or 99201-99215 which needs to be paired with a diagnosis code (ICD-10) of pregnancy supervision; or • Relevant pregnancy and postpartum “problem code designations” in electronic health record system; or • Any other code, including telemedicine, or field that the practice uses to define prenatal and postpartum visits and/or perinatal patients. <p>-AND-</p> <p>Screened for clinical depression at least once during this measurement period using an age-appropriate standardized tool. Data source options for depression screening include but are not limited to:</p> <ul style="list-style-type: none"> • Structured data field indicating depression screening performed (yes, no, declined) or any screening result (positive, negative, or a score [EPDS (0-30) and/or PHQ-9 (0-27)]); or • Screening codes: Potential code includes <i>CPT 96127 - Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument</i>, which could be used for depression, anxiety and SUD screening. Use of the <i>CPT 96127</i> code would need to be paired either with a structured data field or a relevant Z code (Z13.31 - encounter for screening for depression) to indicate a depression, anxiety or SUD screen. Additional codes <i>96160</i>, <i>96161</i> or <i>99420</i> among others could also be used to help pull this data at your practice; <p>Stratification by Zip Codes: List of zip codes for perinatal patients seen during the Project Report Measurement Period -AND- were screened for clinical depression at least once during this measurement period.</p>
Denominator Statement:	<p>Perinatal seen during the measurement period. Data source options for prenatal or postpartum visits/patients include but are not limited to:</p> <ul style="list-style-type: none"> • E & M codes: 59425; 59426; 59430; or 99201-99215 which needs to be paired with a diagnosis code (ICD-10) of pregnancy supervision; or • Relevant pregnancy and postpartum “problem code designations” in electronic health record system; or • Any other code, including telemedicine, or field that the practice uses to define prenatal and postpartum visits and/or perinatal patients.
Exclusions:	None
Patient Declined Screening:	Perinatal patients seen for a visit during the measurement period may decline a screening for clinical depression. Patients who decline screening are still counted in the denominator for this measure, but not in the numerator. Practices should track and report declines.
Perinatal Depression Screening Tools:	Acceptable tools include the Edinburgh Postnatal Depression Scale (EPDS), Patient Health Questionnaire (PHQ-2/PHQ-9) or some combination of both the PHQ and EPDS. Please discuss with the project team if already using another standardized tool.
Medically Underserved	Practices opting to complete all data analysis independently, must also stratify quarterly year-to-date summary counts for this measure by medically underserved and/or rural patient zip code

and/or Rural Analysis:	designation. RIDOH and CTC can help practices perform this analysis. Medically underserved and/or rural perinatal patient designation are those residing in the following zip codes: 02807, 02809, 02814, 02825, 02828, 02830, 02839, 02852, 02858, 02859, 02864, 02865, 02882, 02885, 02893, 02895, 02896, 02903, 02907, 02914, 02917, 02918. RIDOH will also need periodic aggregate analysis of screening results for patients not residing in the above listed zip codes.
Optional Demographic Data	Age, race, ethnicity, health plan/coverage, and pregnancy at time of screen or data run

Required Measure: Ever Screened Positive for Perinatal Clinical Depression	
Description:	The percentage of pregnant and postpartum patients who were screened for clinical depression and screened positive for clinical depression using an age-appropriate standardized tool
Age	The eligible population are patients aged 11-55 years at the time of encounter
Measurement Period:	Report 1: Date Range: 04/01/2021-05/31/2021 Due: July 9, 2021 Report 2: Date Range: 04/01/2021-08/31/2021 Due: October 8, 2021 Report 3: Date Range: 04/01/2021-12/31/2021 Due: January 14, 2022 Report 4: Date Range: 04/01/2021-03/31/2022 Due: April 8, 2022
Numerator Statement:	<p>Perinatal patients seen during the measurement period. Data source options for prenatal or postpartum visits/patients include but are not limited to:</p> <ul style="list-style-type: none"> • E & M codes: 59425; 59426; 59430; or 99201-99215 which needs to be paired with a diagnosis code (ICD-10) of pregnancy supervision; or • Relevant pregnancy and postpartum “problem code designations” in electronic health record system; or • Any other code, including telemedicine, or field that the practice uses to define prenatal and postpartum visits and/or perinatal patients. <p>-AND-</p> <p>Screened for clinical depression at least once during this measurement period using an age-appropriate standardized tool. Data source options for depression screening include but are not limited to:</p> <ul style="list-style-type: none"> • Structured data field indicating depression screening performed (yes, no, declined) or any screening result (positive, negative, or a score [EPDS (0-30) and/or PHQ-9 (0-27)]); or • Screening codes: Potential code includes <i>CPT 96127 - Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument</i>, which could be used for depression, anxiety and SUD screening. Use of the <i>CPT 96127</i> code would need to be paired either with a structured data field or a relevant Z code (Z13.31 - encounter for screening for depression) to indicate a depression, anxiety or SUD screen. Additional codes <i>96160, 96161</i> or <i>99420</i> among others could also be used to help pull this data at your practice; <p>-AND-</p> <p>Ever screened positive for clinical depression at least once during the measurement period as indicated by: An EPDS score ≥ 13 and/or a PHQ-9 score ≥ 10</p> <p>Data source options for screened positive:</p> <ul style="list-style-type: none"> • Structured data field indicating depression score (EPDS 0-30, PHQ-9 0-27); or • Structured data field indicating result (positive, negative)

	Stratification by Zip Codes: List of zip codes for perinatal patients seen during the Project Report Measurement Period -AND- were screened for clinical depression at least once during this measurement period
Denominator Statement:	Perinatal patients seen during the measurement period. Data source options for prenatal or postpartum visits/patients include but are not limited to: <ul style="list-style-type: none"> E & M codes: 59425; 59426; 59430; or 99201-99215 which needs to be paired with a diagnosis code (ICD-10) of pregnancy supervision; or Relevant pregnancy and postpartum “problem code designations” in electronic health record system; or Any other code, including telemedicine, or field that the practice uses to define prenatal and postpartum visits and/or perinatal patients. -AND- Screened for clinical depression at least once during this measurement period using an age-appropriate standardized tool. Data source options for depression screening include but are not limited to: <ul style="list-style-type: none"> Structured data field indicating depression screening performed (yes, no, declined) or any screening result (positive, negative, or a score); or Screening codes: Potential code includes <i>CPT 96127 - Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument</i>, which could be used for depression, anxiety and SUD screening. Use of the <i>CPT 96127</i> code would need to be paired either with a structured data field or a relevant Z code (Z13.31 - encounter for screening for depression) to indicate a depression, anxiety or SUD screen. Additional codes <i>96160</i>, <i>96161</i> or <i>99420</i> among others could also be used to help pull this data at your practice;
Exclusions:	Patients who are not screened or decline screening are not counted in the numerator or denominator for this measure
Perinatal Depression Screening Tools:	Acceptable tools include the Edinburgh Postnatal Depression Scale (EPDS), Patient Health Questionnaire (PHQ-2/PHQ-9) or some combination of both the PHQ and EPDS. Please discuss with project team if already using another standardized tool.
Medically Underserved and/or Rural Analysis:	Practices opting to complete all data analysis independently, must also stratify quarterly year-to-date summary counts for this measure by medically underserved and/or rural patient zip code designation. RIDOH and CTC can help practices perform this analysis. Medically underserved and/or rural perinatal patient designation are those residing in the following zip codes: 02807, 02809, 02814, 02825, 02828, 02830, 02839, 02852, 02858, 02859, 02864, 02865, 02882, 02885, 02893, 02895, 02896, 02903, 02907, 02914, 02917, 02918. RIDOH will also need periodic aggregate analysis of screening results for patients not residing in the above listed zip codes.
Optional Demographic Data	Age, race, ethnicity, health plan/coverage, and pregnancy at time of screen or data run

OPTIONAL MEASURE – Additional payment available if practice reports quarterly

Optional Measure: Ever Screened Positive for Perinatal Clinical Depression and Treated by Practice and/or Referred for Treatment	
Description:	The percentage of pregnant and postpartum patients who screened positive for clinical depression using an age-appropriate standardized tool and were treated by the practice and/or referred for treatment
Age	The eligible population are patients aged 11-55 years at the time of encounter
Measurement Period:	Report 1: Date Range: 04/01/2021-05/31/2021 Due: July 9, 2021 Report 2: Date Range: 04/01/2021-08/31/2021 Due: October 8, 2021

	<p>Report 3: Date Range: 04/01/2021-12/31/2021 Due: January 14, 2022 Report 4: Date Range: 04/01/2021-03/31/2022 Due: April 8, 2022</p>
<p>Numerator Statement:</p>	<p>Perinatal patients seen during the measurement period. Data source options for prenatal or postpartum visits/patients include but are not limited to:</p> <ul style="list-style-type: none"> • E & M codes: 59425; 59426; 59430; or 99201-99215 which needs to be paired with a diagnosis code (ICD-10) of pregnancy supervision; or • Relevant pregnancy and postpartum “problem code designations” in electronic health record system; or • Any other code, including telemedicine, or field that the practice uses to define prenatal and postpartum visits and/or perinatal patients. <p>-AND-</p> <p>Screened for clinical depression at least once during this measurement period using an age-appropriate standardized tool. Data source options for depression screening include but are not limited to:</p> <ul style="list-style-type: none"> • Structured data field indicating depression screening performed (yes, no, declined) or any screening result (positive, negative, or a score [EPDS (0-30) and/or PHQ-9 (0-27)]); or • Screening codes: Potential code includes <i>CPT 96127 - Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument</i>, which could be used for depression, anxiety and SUD screening. Use of the <i>CPT 96127</i> code would need to be paired either with a structured data field or a relevant Z code (Z13.31 - encounter for screening for depression) to indicate a depression, anxiety or SUD screen. Additional codes <i>96160, 96161</i> or <i>99420</i> among others could also be used to help pull this data at your practice; <p>-AND-</p> <p>Ever screened positive for clinical depression at least once during this measurement period as indicated by: An EPDS score ≥ 13 and/or a PHQ-9 score ≥ 10</p> <p>Data source options for screened positive:</p> <ul style="list-style-type: none"> • Structured data field indicating depression score (EPDS 0-30, PHQ-9 0-27); or • Structured data field indicating result (positive, negative) <p>-AND-</p> <p><u>Treated by the practice and/or external referral for treatment offered</u></p> <p>Data source options for treated at practice and/or external referral for treatment offered include but is not limited to:</p> <ul style="list-style-type: none"> • Structured data field indicating <u>treatment at practice</u> provided (yes, no) or any relevant behavioral health codes, telemedicine codes, or documentation for relevant services, treatments, or prescriptions provided by the practice. Treatment at practice can include internal referrals to integrated behavioral health staff/services and/or any behavioral health treatment/prescriptions offered by the practice in response to positive screen. • Structured data field <u>indicating an external referral for treatment was offered</u> (yes, no, not applicable - [already in treatment]). Practices are also encouraged to specify the external referral type offered based on the below categories, which is based on level of care: <ul style="list-style-type: none"> ○ Outpatient services ○ Intensive Outpatient Program (IOP)/Partial Hospitalization Program (PHP)

	<ul style="list-style-type: none"> ○ Inpatient services <p>Stratification by Zip Code: List of zip codes for patients seen for a prenatal or postpartum visit during the Project Report Measurement Period -AND- were screened for clinical depression at least once during this measurement period.</p>
Denominator Statement:	<p>Perinatal patients seen during the measurement period. Data source options for prenatal or postpartum visits/patients include but are not limited to:</p> <ul style="list-style-type: none"> • E & M codes: 59425; 59426; 59430; or 99201-99215 which needs to be paired with a diagnosis code (ICD-10) of pregnancy supervision; or • Relevant pregnancy and postpartum “problem code designations” in electronic health record system; or • Any other code, including telemedicine, or field that the practice uses to define prenatal and postpartum visits and/or perinatal patients. <p>-AND-</p> <p>Screened for clinical depression at least once during this measurement period using an age-appropriate standardized tool. Data source options for depression screening include but are not limited to:</p> <ul style="list-style-type: none"> • Structured data field indicating depression screening performed (yes, no, declined) or any screening result (positive, negative, or a score [EPDS (0-30) and/or PHQ-9 (0-27)]); or • Screening codes: Potential code includes <i>CPT 96127 - Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument</i>, which could be used for depression, anxiety and SUD screening. Use of the <i>CPT 96127</i> code would need to be paired either with a structured data field or a relevant Z code (Z13.31 - encounter for screening for depression) to indicate a depression, anxiety or SUD screen. Additional codes <i>96160</i>, <i>96161</i> or <i>99420</i> among others could also be used to help pull this data at your practice; <p>-AND-</p> <p>Ever screened positive for clinical depression at least once during this measurement period as indicated by: An EPDS score ≥ 13 and/or a PHQ-9 score ≥ 10</p> <p>Data source options for screened positive:</p> <ul style="list-style-type: none"> • Structured data field indicating depression score (EPDS 0-30, PHQ-9 0-27); or • Structured data field indicating result (positive, negative)
Exclusions:	Patients who are not screened or decline screening or who are screened and screen negative are not counted in the numerator or denominator for this measure.
Perinatal Depression Screening Tools:	Acceptable tools include the Edinburgh Postnatal Depression Scale (EPDS), Patient Health Questionnaire (PHQ-2/PHQ-9) or some combination of both the PHQ and EPDS. Please discuss with project team if already using another standardized tool.
Medically Underserved and/or Rural Analysis:	Practices opting to complete all data analysis independently, must also stratify quarterly year-to-date summary counts for this measure by medically underserved and/or rural patient zip code designation. RIDOH and CTC can help practices perform this analysis. Medically underserved and/or rural perinatal patient designation are those residing in the following zip codes: 02807, 02809, 02814, 02825, 02828, 02830, 02839, 02852, 02858, 02859, 02864, 02865, 02882, 02885, 02893, 02895, 02896, 02903, 02907, 02914, 02917, 02918. RIDOH will also need periodic aggregate analysis of screening results for patients not residing in the above listed zip codes.
Optional Demographic Data	Age, race, ethnicity, health plan/coverage, and pregnancy at time of screen or data run

Required Measure: Screening for Perinatal Anxiety	
Description:	The percentage of pregnant and postpartum patients screened for anxiety at least once using an age-appropriate standardized tool
Age	Eligible population is determined to be between 11-55 years of age at the time of encounter.
Measurement Period:	Report 1: Date Range: 04/01/2021-05/31/2021 Due: July 9, 2021 Report 2: Date Range: 04/01/2021-08/31/2021 Due: October 8, 2021 Report 3: Date Range: 04/01/2021-12/31/2021 Due: January 14, 2022 Report 4: Date Range: 04/01/2021-03/31/2022 Due: April 8, 2022
Numerator Statement:	<p>Perinatal seen during the measurement period. Data source options for prenatal or postpartum visits/patients include but are not limited to:</p> <ul style="list-style-type: none"> • E & M codes: 59425; 59426; 59430; or 99201-99215 which needs to be paired with a diagnosis code (ICD-10) of pregnancy supervision; or • Relevant pregnancy and postpartum “problem code designations” in electronic health record system; or • Any other code, including telemedicine, or field that the practice uses to define prenatal and postpartum visits and/or perinatal patients. <p>-AND-</p> <p>Screened for anxiety at least once during this measurement period using an age-appropriate standardized tool. Data source options for anxiety screening include but are not limited to:</p> <ul style="list-style-type: none"> • Structured data field indicating depression screening performed (yes, no, declined) or any screening result (positive, negative, or a score); or • Screening codes: Potential code includes <i>CPT 96127 - Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument</i>, which could be used for depression, anxiety and SUD screening. Use of the <i>CPT 96127</i> code would need to be paired either with a structured data field or a relevant Z code to indicate a depression, anxiety or SUD screen. Additional code such as <i>99420</i> among others could also be used to help pull this data at your practice; <p>Stratification by Zip Code: List of zip codes for perinatal patients seen during the Project Report Measurement Period -AND- were screened for anxiety at least once during this measurement period.</p>
Denominator Statement:	<p>Perinatal patients seen during the measurement period. Data source options for prenatal or postpartum visits/patients include but are not limited to:</p> <ul style="list-style-type: none"> • E & M codes: 59425; 59426; 59430; or 99201-99215 which needs to be paired with a diagnosis code (ICD-10) of pregnancy supervision; or • Relevant pregnancy and postpartum “problem code designations” in electronic health record system; or • Any other code, including telemedicine, or field that the practice uses to define prenatal and postpartum visits and/or perinatal patients.
Exclusions:	None
Patient Declined Screening:	Patients seen for a prenatal or postpartum visit during the measurement period may decline screening for anxiety. Patients who decline screening are still counted in the denominator for this measure, but not in the numerator. Practices should track and report declines.
Perinatal Screening Tools:	Acceptable tools include the Generalized Anxiety Disorder-7 (GAD-7) or discuss with project team if already using another standardized tool.
Medically Underserved and/or Rural Analysis:	Practices opting to complete all data analysis independently, must also stratify quarterly year-to-date summary counts for this measure by medically underserved and/or rural patient zip code designation. RIDOH and CTC can help practices perform this analysis. Medically underserved and/or rural perinatal patient designation are those residing in the following zip codes: 02807,

	02809, 02814, 02825, 02828, 02830, 02839, 02852, 02858, 02859, 02864, 02865, 02882, 02885, 02893, 02895, 02896, 02903, 02907, 02914, 02917, 02918. RIDOH will also need periodic aggregate analysis of screening results for patients not residing in the above listed zip codes.
Optional Demographic Data	Age, race, ethnicity, health plan/coverage, and pregnancy at time of screen or data run

Required Measure: Ever Screened Positive for Perinatal Anxiety	
Description:	The percentage of pregnant and postpartum patients who were screened for anxiety that screened positive for anxiety using an age-appropriate standardized tool
Age	Eligible population is determined to be between 11-55 years of age at the time of encounter.
Measurement Period:	Report 1: Date Range: 04/01/2021-05/31/2021 Due: July 9, 2021 Report 2: Date Range: 04/01/2021-08/31/2021 Due: October 8, 2021 Report 3: Date Range: 04/01/2021-12/31/2021 Due: January 14, 2022 Report 4: Date Range: 04/01/2021-03/31/2022 Due: April 8, 2022
Numerator Statement:	<p>Perinatal seen during the measurement period. Data source options for prenatal or postpartum visits/patients include but are not limited to:</p> <ul style="list-style-type: none"> E & M codes: 59425; 59426; 59430; or 99201-99215 which needs to be paired with a diagnosis code (ICD-10) of pregnancy supervision; or Relevant pregnancy and postpartum “problem code designations” in electronic health record system; or Any other code, including telemedicine, or field that the practice uses to define prenatal and postpartum visits and/or perinatal patients. <p>-AND-</p> <p>Screened for anxiety at least once during this measurement period using an age-appropriate standardized tool. Data source options for anxiety screening include but are not limited to:</p> <ul style="list-style-type: none"> Structured data field indicating depression screening performed (yes, no, declined) or any screening result (positive, negative, or a score [GAD7 0-21]); or Screening codes: Potential code includes <i>CPT 96127 - Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument</i>, which could be used for depression, anxiety and SUD screening. Use of the <i>CPT 96127</i> code would need to be paired either with a structured data field or a relevant Z code to indicate a depression, anxiety or SUD screen. Additional code such as <i>99420</i> among others could also be used to help pull this data at your practice; <p>-AND-</p> <p>Ever screened positive for anxiety at least once during this measurement period as indicated by: A GAD7 score ≥ 7</p> <p>Data source options for screened positive:</p> <ul style="list-style-type: none"> Structured data field indicating anxiety score (GAD7 0-21); or Structured data field indicating result (positive, negative) <p>Stratification by Zip Code: List of zip codes for perinatal patients seen during the Project Report Measurement Period -AND- were screened for anxiety at least once during this measurement period.</p>
Denominator Statement:	Perinatal patients seen during the measurement period. Data source options for prenatal or postpartum visits/patients include but are not limited to:

	<ul style="list-style-type: none"> E & M codes: 59425; 59426; 59430; or 99201-99215 which needs to be paired with a diagnosis code (ICD-10) of pregnancy supervision; or Relevant pregnancy and postpartum “problem code designations” in electronic health record system; or Any other code, including telemedicine, or field that the practice uses to define prenatal and postpartum visits and/or perinatal patients. <p>-AND-</p> <p>Screened for anxiety at least once during this measurement period using an age-appropriate standardized tool. Data source options for anxiety screening include but are not limited to:</p> <ul style="list-style-type: none"> Structured data field indicating depression screening performed (yes, no, declined) or any screening result (positive, negative, or a score [GAD7 0-21]); or Screening codes: Potential code includes <i>CPT 96127 - Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument</i>, which could be used for depression, anxiety and SUD screening. Use of the <i>CPT 96127</i> code would need to be paired either with a structured data field or a relevant Z code to indicate a depression, anxiety or SUD screen. Additional code such as <i>99420</i> among others could also be used to help pull this data at your practice;
Exclusions:	Perinatal patients who are not screened or decline screening are not counted in the numerator or denominator for this measure
Perinatal Screening Tools:	Acceptable tools include the Generalized Anxiety Disorder-7 (GAD-7) or discuss with project team if already using another standardized tool.
Medically Underserved and/or Rural Analysis:	Practices opting to complete all data analysis independently, must also stratify quarterly year-to-date summary counts for this measure by medically underserved and/or rural patient zip code designation. RIDOH and CTC can help practices perform this analysis. Medically underserved and/or rural perinatal patient designation are those residing in the following zip codes: 02807, 02809, 02814, 02825, 02828, 02830, 02839, 02852, 02858, 02859, 02864, 02865, 02882, 02885, 02893, 02895, 02896, 02903, 02907, 02914, 02917, 02918. RIDOH will also need periodic aggregate analysis of screening results for patients not residing in the above listed zip codes.
Optional Demographic Data	Age, race, ethnicity, health plan/coverage, and pregnancy at time of screen or data run

OPTIONAL MEASURE – Additional payment available if practice reports quarterly

Optional Measure: Ever Screened Positive for Perinatal Anxiety and Treated by Practice and/or Referred for Treatment	
Description:	The percentage of pregnant and postpartum patients who screened positive for anxiety using an age-appropriate standardized tool that were treated by the practice and/or referred for treatment
Age	Eligible population is determined to be between 11-55 years of age at the time of encounter.
Measurement Period:	Report 1: Date Range: 04/01/2021-05/31/2021 Due: July 9, 2021 Report 2: Date Range: 04/01/2021-08/31/2021 Due: October 8, 2021 Report 3: Date Range: 04/01/2021-12/31/2021 Due: January 14, 2022 Report 4: Date Range: 04/01/2021-03/31/2022 Due: April 8, 2022
Numerator Statement:	Perinatal patients seen during the measurement period. Data source options for prenatal or postpartum visits/patients include but are not limited to: <ul style="list-style-type: none"> E & M codes: 59425; 59426; 59430; or 99201-99215 which needs to be paired with a diagnosis code (ICD-10) of pregnancy supervision; or

- Relevant pregnancy and postpartum “problem code designations” in electronic health record system; or
- Any other code, including telemedicine, or field that the practice uses to define prenatal and postpartum visits and/or perinatal patients.

-AND-

Screened for anxiety **at least once** during this measurement period using an age-appropriate standardized tool. Data source options for anxiety screening include but are not limited to:

- Structured data field indicating depression screening performed (yes, no, declined) or any screening result (positive, negative, or a score [GAD7 0-21]); or
- Screening codes: Potential code includes *CPT 96127 - Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument*, which could be used for depression, anxiety and SUD screening. Use of the *CPT 96127* code would need to be paired either with a structured data field or a relevant Z code to indicate a depression, anxiety or SUD screen. Additional code such as *99420* among others could also be used to help pull this data at your practice;

-AND-

Ever screened **positive** for anxiety at least once during this measurement period as indicated by:
A GAD7 score ≥ 7

Data source options for screened positive:

- Structured data field indicating GAD7 anxiety score (0-21); or
- Structured data field indicating result (positive, negative)

-AND-

Treated by the practice and/or external referral for treatment offered

Data source options for treated at practice and/or external referral for treatment offered include but is not limited to:

- Structured data field indicating treatment at practice provided (yes, no) or any relevant behavioral health codes, telemedicine codes, or documentation for relevant services, treatments, or prescriptions provided by the practice. Treatment at practice can include internal referrals to integrated behavioral health staff/services and/or any behavioral health treatment/prescriptions offered by the practice in response to positive screen.
- Structured data field indicating an external referral for treatment was offered (yes, no, not applicable - [already in treatment]). Practices are also encouraged to specify the external referral type offered based on the below categories, which is based on level of care:
 - Outpatient services
 - Intensive Outpatient Program (IOP)/Partial Hospitalization Program (PHP)
 - Inpatient services

Stratification by Zip Codes List of zip codes for perinatal patients seen for a prenatal or postpartum visit during the Project Report Measurement Period **-AND-** were screened for anxiety at least once during this measurement period.

Denominator Statement:

Perinatal patients seen during the measurement period. Data source options for prenatal or postpartum visits/patients include but are not limited to:

- E & M codes: 59425; 59426; 59430; or 99201-99215 which needs to be paired with a diagnosis code (ICD-10) of pregnancy supervision; or

	<ul style="list-style-type: none"> • Relevant pregnancy and postpartum “problem code designations” in electronic health record system; or • Any other code, including telemedicine, or field that the practice uses to define prenatal and postpartum visits and/or perinatal patients. <p>-AND-</p> <p>Screened for anxiety at least once during this measurement period using an age-appropriate standardized tool. Data source options for anxiety screening include but are not limited to:</p> <ul style="list-style-type: none"> • Structured data field indicating anxiety screening performed (yes, no, declined) or any screening result (positive, negative, or score [GAD7 0-21]); or • Screening codes: Potential codes include <i>CPT 96127 - Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument</i> could be used for depression, anxiety and SUD screening. Use of the <i>CPT 96127</i> code would need to be paired with either a structured data field or a relevant Z code to distinguish a depression, anxiety or SUD screening. Additional codes such as <i>99420</i> among others could be used to also help pull this data at your practice; <p>-AND-</p> <p>Ever screened positive for anxiety at least once during this measurement period as indicated by: A GAD7 score ≥ 7</p> <p>Data source options for screened positive:</p> <ul style="list-style-type: none"> • Structured data field indicating GAD7 anxiety score (0-21); or • Structured data field indicating result (positive, negative)
Exclusions:	Perinatal patients who are not screened or decline screening or who are screened, and screen negative are not counted in the numerator or denominator for this measure.
Perinatal Screening Tools:	Acceptable tools include the Generalized Anxiety Disorder-7 (GAD-7) or discuss with project team if already using another standardized tool.
Medically Underserved and/or Rural Analysis:	Practices opting to complete all data analysis independently, must also stratify quarterly year-to-date summary counts for this measure by medically underserved and/or rural patient zip code designation. RIDOH and CTC can help practices perform this analysis. Medically underserved and/or rural perinatal patient designation are those residing in the following zip codes: 02807, 02809, 02814, 02825, 02828, 02830, 02839, 02852, 02858, 02859, 02864, 02865, 02882, 02885, 02893, 02895, 02896, 02903, 02907, 02914, 02917, 02918. RIDOH will also need periodic aggregate analysis of screening results for patients not residing in the above listed zip codes.
Optional Demographic Data	Age, race, ethnicity, health plan/coverage, and pregnancy at time of screen or data run

Required Measure: Screening for Substance Use	
Description:	The percentage of pregnant and postpartum patients screened for substance use at least once using an age-appropriate standardized tool
Age	The eligible population are patients aged 11-55 years at the time of encounter
Measurement Period:	Report 1: Date Range: 04/01/2021-05/31/2021 Due: July 9, 2021 Report 2: Date Range: 04/01/2021-08/31/2021 Due: October 8, 2021 Report 3: Date Range: 04/01/2021-12/31/2021 Due: January 14, 2022 Report 4: Date Range: 04/01/2021-03/31/2022 Due: April 8, 2022
Numerator Statement:	<p>Perinatal patients seen during the measurement period. Data source options for prenatal or postpartum visits/patients include but are not limited to:</p> <ul style="list-style-type: none"> • E & M codes: 59425; 59426; 59430; or 99201-99215 which needs to be paired with a diagnosis code (ICD-10) of pregnancy supervision; or • Relevant pregnancy and postpartum “problem code designations” in electronic health record system; or • Any other code, including telemedicine, or field that the practice uses to define prenatal and postpartum visits and/or perinatal patients. <p>-AND-</p> <p>Screened for substance use at least once during this measurement period using an age-appropriate standardized tool. Data source options for substance use screening include but are not limited to:</p> <ul style="list-style-type: none"> • Structured data field indicating substance use screening performed (yes, no, declined) or any screening result (positive (any response yes), negative, or any score [DAST-10 (0-10), AUDIT-C (0-12), or NIDA Quick Screen (any answer option)]); or • Screening codes: Potential codes include <i>CPT 96127 - Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument</i> could be used for depression, anxiety and SUD screening. Use of the <i>CPT 96127</i> code would need to be paired with either a structured data field or a relevant Z code to distinguish a depression, anxiety or SUD screening. Additional codes such as <i>99420</i> among others could be used to also help pull this data at your practice; <p>Stratification by Zip Code: List of zip codes for perinatal patients seen during the Project Report Measurement Period -AND- were screened for substance use disorder at least once during this measurement period.</p>
Denominator Statement:	<p>Perinatal patients seen during the measurement period. Data source options for prenatal or postpartum visits/patients include but are not limited to:</p> <ul style="list-style-type: none"> • E & M codes: 59425; 59426; 59430; or 99201-99215 which needs to be paired with a diagnosis code (ICD-10) of pregnancy supervision; or • Relevant pregnancy and postpartum “problem code designations” in electronic health record system; or • Any other code, including telemedicine, or field that the practice uses to define prenatal and postpartum visits and/or perinatal patients
Exclusions:	None
Patient Declined Screening:	Perinatal patients seen during the measurement period may decline screening for substance use. Patients who decline screening are still counted in the denominator for this measure, but not in the numerator. Practices should track and report declines.
Perinatal Substance Use Screening Tools:	Acceptable tools include the NIDA Quick Screen V1.0 or the Drug Abuse Screening Test (DAST-10) paired along with the Alcohol Use Disorders Identification Test – Concise (AUDIT-C). Please discuss with project team if already using other standardized tools.

SUD Analysis Context	If using the DAST and Audit-C or any other combination of validated SUD screening tools that is substance specific (i.e., alcohol, drugs, prescription medicine, or illicit substances), it is recommended that practices track and report each tool to ensure all selected tools are administered to reflect comprehensive care. For purposes of this evaluation for those practices performing the analysis independently, the administration of any SUD validated tool (i.e., even just one tool) will result in that patient being counted as fully screened for substance use.
Medically Underserved and/or Rural Analysis:	Practices opting to complete all data analysis independently, must also stratify quarterly year-to-date summary counts for this measure by medically underserved and/or rural patient zip code designation. RIDOH and CTC can help practices perform this analysis. Medically underserved and/or rural perinatal patient designation are those residing in the following zip codes: 02807, 02809, 02814, 02825, 02828, 02830, 02839, 02852, 02858, 02859, 02864, 02865, 02882, 02885, 02893, 02895, 02896, 02903, 02907, 02914, 02917, 02918. RIDOH will also need periodic aggregate analysis of screening results for patients not residing in the above listed zip codes.
Optional Demographic Data	Age, race, ethnicity, health plan/coverage, and pregnancy at time of screen or data run

Required Measure: Ever Screened Positive for Substance Use	
Description:	The percentage of pregnant and postpartum patients who were screened for substance use and screened positive for substance use using an age-appropriate standardized tool
Age	The eligible population are patients aged 11-55 years at the time of encounter
Measurement Period:	Report 1: Date Range: 04/01/2021-05/31/2021 Due: July 9, 2021 Report 2: Date Range: 04/01/2021-08/31/2021 Due: October 8, 2021 Report 3: Date Range: 04/01/2021-12/31/2021 Due: January 14, 2022 Report 4: Date Range: 04/01/2021-03/31/2022 Due: April 8, 2022
Numerator Statement:	<p>Perinatal patients seen during the measurement period. Data source options for prenatal or postpartum visits/patients include but are not limited to:</p> <ul style="list-style-type: none"> • E & M codes: 59425; 59426; 59430; or 99201-99215 which needs to be paired with a diagnosis code (ICD-10) of pregnancy supervision; or • Relevant pregnancy and postpartum “problem code designations” in electronic health record system; or • Any other code, including telemedicine, or field that the practice uses to prenatal and postpartum visits and/or perinatal patients. <p>-AND-</p> <p>Screened for substance use at least once during this measurement period using an age-appropriate standardized tool. Data source options for substance use screening include but are not limited to:</p> <ul style="list-style-type: none"> • Structured data field indicating substance use screening performed (yes, no, declined) or any screening result (positive (any response other than never), negative, or any score [DAST-10 (0-10), AUDIT-C (0-12), or NIDA Quick Screen (any answer option)]); or • Screening codes: Potential codes include <i>CPT 96127 - Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument</i> could be used for depression, anxiety and SUD screening. Use of the <i>CPT 96127</i> code would need to be paired with either a structured data field or a relevant Z code to distinguish a depression, anxiety or SUD screening. Additional codes such as <i>99420</i> among others could be used to also help pull this data at your practice; <p>-AND-</p>

	<p>Ever screened positive for substance use at least once during this measurement period. Data source options include but are not limited to:</p> <ul style="list-style-type: none"> • Screening tool result as indicated by: <ul style="list-style-type: none"> ○ A NIDA score = any question response(s) other than “never” ○ A DAST-10 score ≥ 1 and/or an AUDIT-C score ≥ 3; or • Structured data field indicating overall screening result (negative, positive = any response other than “never”) <p>Stratification by Zip Code: List of zip codes for perinatal patients seen during the Project Report Measurement Period -AND- were screened for substance use disorder at least once during this measurement period.</p>
Denominator Statement:	<p>Patients seen for a prenatal or postpartum visit during the measurement period Data source options for prenatal or postpartum visits/patients include but are not limited to:</p> <ul style="list-style-type: none"> • E & M codes: 59425; 59426; 59430; or 99201-99215 which needs to be paired with a diagnosis code (ICD-10) of pregnancy supervision; or • Relevant pregnancy and postpartum “problem code designations” in electronic health record system; or • Any other code, including telemedicine, or field that the practice uses to prenatal and postpartum visits and/or perinatal patients. <p>AND-</p> <p>Screened for substance use at least once during this measurement period using an age-appropriate standardized tool. Data source options for substance use screening include but are not limited to:</p> <ul style="list-style-type: none"> • Structured data field indicating substance use screening performed (yes, no, declined) or any screening result (positive (any response other than never), negative, or any score); or • Screening codes: Potential codes include <i>CPT 96127 - Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument</i> could be used for depression, anxiety and SUD screening. Use of the <i>CPT 96127</i> code would need to be paired with either a structured data field or a relevant Z code to distinguish a depression, anxiety or SUD screening. Additional codes such as <i>99420</i> among others could be used to also help pull this data at your practice;
Exclusions:	Patients who are not screened or decline screening are not counted in the numerator or denominator for this measure
Perinatal Substance Use Screening Tools:	Acceptable tools include the NIDA Quick Screen V1.0 or the Drug Abuse Screening Test (DAST-10) paired along with the Alcohol Use Disorders Identification Test – Concise (AUDIT-C). Please discuss with project team if already using other standardized tools.
Medically Underserved and/or Rural Analysis:	Practices opting to complete all data analysis independently, must also stratify quarterly year-to-date summary counts for this measure by medically underserved and/or rural patient zip code designation. RIDOH and CTC can help practices perform this analysis. Medically underserved and/or rural perinatal patient designation are those residing in the following zip codes: 02807, 02809, 02814, 02825, 02828, 02830, 02839, 02852, 02858, 02859, 02864, 02865, 02882, 02885, 02893, 02895, 02896, 02903, 02907, 02914, 02917, 02918. RIDOH will also need periodic aggregate analysis of screening results for patients not residing in the above listed zip codes.
Optional Demographic Data	Age, race, ethnicity, health plan/coverage, and pregnancy at time of screen or data run

OPTIONAL MEASURE – Additional payment available if practice reports quarterly

Optional Measure: Ever Screened Positive for Perinatal Substance Use and Treated by Practice and/or Referred for Treatment	
Description:	The percentage of pregnant and postpartum patients who screened positive for substance use at least once using an age-appropriate standardized tool that were treated by the practice and/or referred for treatment
Age:	The eligible population are patients aged 11-55 years at the time of encounter
Measurement Period:	Report 1: Date Range: 04/01/2021-05/31/2021 Due: July 9, 2021 Report 2: Date Range: 04/01/2021-08/31/2021 Due: October 8, 2021 Report 3: Date Range: 04/01/2021-12/31/2021 Due: January 14, 2022 Report 4: Date Range: 04/01/2021-03/31/2022 Due: April 8, 2022
Numerator Statement:	<p>Perinatal patients seen during the measurement period. Data source options for prenatal or postpartum visits/patients include but are not limited to:</p> <ul style="list-style-type: none"> • E & M codes: 59425; 59426; 59430; or 99201-99215 which needs to be paired with a diagnosis code (ICD-10) of pregnancy supervision; or • Relevant pregnancy and postpartum “problem code designations” in electronic health record system; or • Any other code, including telemedicine, or field that the practice uses to define prenatal and postpartum visits and/or perinatal patients. <p>-AND-</p> <p>Screened for substance use at least once during this measurement period using an age-appropriate standardized tool. Data source options for substance use screening include but are not limited to:</p> <ul style="list-style-type: none"> • Structured data field indicating substance use screening performed (yes, no, declined) or any screening result (positive (any response other than never), negative, or any score [DAST-10 (0-10), AUDIT-C (0-12), or NIDA Quick Screen (any answer option)]); or • Screening codes: Potential codes include <i>CPT 96127 - Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument</i> could be used for depression, anxiety and SUD screening. Use of the <i>CPT 96127</i> code would need to be paired with either a structured data field or a relevant Z code to distinguish a depression, anxiety or SUD screening. Additional codes such as <i>99420</i> among others could be used to also help pull this data at your practice; <p>-AND-</p> <p>Ever screened positive for substance use (positive = any response other than “never”) at least once during this measurement period. Data source options for screened positive include but are not limited to:</p> <ul style="list-style-type: none"> • Screening tool result as indicated by: <ul style="list-style-type: none"> ○ A NIDA score >= any question response(s) other than “never” ○ A DAST-10 score >=1 and/or an AUDIT-C score >=3; or • Structured data field indicating overall screening result (negative, positive = any response other than “never”) <p>-AND-</p> <p><u>Treated by the practice and/or external referral for treatment offered</u></p> <p>Data source options for treated at practice and/or external referral for treatment offered include but is not limited to:</p>

	<ul style="list-style-type: none"> • Structured data field indicating <u>treatment at practice</u> provided (yes, no) or any relevant behavioral health codes, telemedicine codes, or documentation for relevant services, treatments, or prescriptions provided by the practice. Treatment at practice can include internal referrals to integrated behavioral health staff/services and/or any behavioral health treatment/prescriptions offered by the practice in response to positive screen • Structured data field <u>indicating an external referral for treatment was offered</u> (yes, no, not applicable - [already in treatment]). Practices are also encouraged to specify the external referral type offered based on the below categories, which is based on level of care: <ul style="list-style-type: none"> ○ Outpatient services ○ Intensive Outpatient Program (IOP)/Partial Hospitalization Program (PHP) ○ Induction on to MAT (Medication Assisted Treatment (i.e., buprenorphine, methadone) ○ Residential/Inpatient services <p>Stratification by Zip Code: List of zip codes for perinatal patients during the Project Report Measurement Period -AND- were screened for substance use disorder at least once during this measurement period.</p>
<p>Denominator Statement:</p>	<p>Perinatal patients seen during the measurement period. Data source options for prenatal or postpartum visits/patients include but are not limited to:</p> <ul style="list-style-type: none"> • E & M codes: 59425; 59426; 59430; or 99201-99215 which needs to be paired with a diagnosis code (ICD-10) of pregnancy supervision; or • Relevant pregnancy and postpartum “problem code designations” in electronic health record system; or • Any other code, including telemedicine, or field that the practice uses to define prenatal and postpartum visits and/or perinatal patients. <p>-AND-</p> <p>Screened for substance use at least once during this measurement period using an age-appropriate standardized tool. Data source options for substance use screening include but are not limited to:</p> <ul style="list-style-type: none"> • Structured data field indicating substance use screening performed (yes, no, declined) or any screening result (positive (any response other than never), negative, or any score [DAST-10 (0-10), AUDIT-C (0-12), or NIDA Quick Screen (any answer option)]); or • Screening codes: Potential codes include <i>CPT 96127 - Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument</i> could be used for depression, anxiety and SUD screening. Use of the <i>CPT 96127</i> code would need to be paired with either a structured data field or a relevant Z code to distinguish a depression, anxiety or SUD screening. Additional codes such as <i>99420</i> among others could be used to also help pull this data at your practice; <p>-AND-</p> <p>Ever screened positive for substance use (positive = any response other than “never”); Data source options for screened positive include but are not limited to:</p> <ul style="list-style-type: none"> • Screening tool result as indicated by: <ul style="list-style-type: none"> ○ A NIDA score = any question response(s) other than “never” ○ A DAST-10 score ≥ 1 and/or an AUDIT-C score ≥ 3; or • Structured data field indicating overall screening result (negative, positive = any response other than “never”)
<p>Exclusions:</p>	<p>Perinatal patients who are not screened or decline screening or who are screened and screen negative are not counted in the numerator or denominator for this measure.</p>

Perinatal Substance Use Screening Tools:	Acceptable tools include the NIDA Quick Screen V1.0 or the Drug Abuse Screening Test (DAST-10) paired along with the Alcohol Use Disorders Identification Test – Concise (AUDIT-C). Please discuss with project team if already using other standardized tools.
Medically Underserved and/or Rural Analysis:	Practices opting to complete all data analysis independently, must also stratify quarterly year-to-date summary counts for this measure by medically underserved and/or rural patient zip code designation. RIDOH and CTC can help practices perform this analysis. Medically underserved and/or rural perinatal patient designation are those residing in the following zip codes: 02807, 02809, 02814, 02825, 02828, 02830, 02839, 02852, 02858, 02859, 02864, 02865, 02882, 02885, 02893, 02895, 02896, 02903, 02907, 02914, 02917, 02918. RIDOH will also need periodic aggregate analysis of screening results for patients not residing in the above listed zip codes.
Optional Demographic Data	Age, race, ethnicity, health plan/coverage, and pregnancy at time of screen or data run