

WELCOME

Documenting DSF-E and SNS-E Codes Refresher

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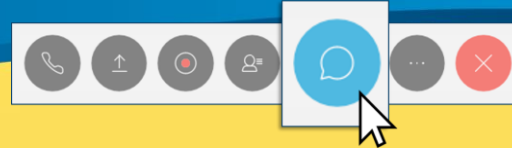


L.A. Care
HEALTH PLAN®

For All of L.A.



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Housekeeping

- Attendance and participation will be tracked via log-in.
- Webinar is being recorded.
- Questions will be managed through the Chat.
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Depression Screening and Follow-Up (DSF-E) & Social Need Screening and Intervention (SNS-E)



L.A. Care
HEALTH PLAN®

For All of L.A.

September 4, 2024



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Tiffany Wen, Program Manager
Quality Performance Management

Objective

- Overview of DSF-E and SNS-E measures
- NCQA Approved Screening Instruments
- How to Code and Submit Data
- How does SNS-E drive health inequities
- How to use the SNS-E measure to identify SDOH
- HEDIS resources and Support



Objective

Depression Screening and Follow-Up:

- Ability to receive and load the PHQ-2 and PHQ-9 screening to stratify the depression screening measures. There are other tests listed but PHQ-2 & PHQ-9 are the most commonly used. NCQA created LOINC codes to capture numerator compliance.
 - Measures:
 - Utilization of the PHQ-9/2 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)
 - Depression Remission or Response for Adolescents and Adults (DRR-E)
 - **Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)**
 - Postpartum Depression Screening and Follow-Up (PDS-E)
 - Prenatal Depression Screening and Follow-Up (PND-E)

Social Need Screening and Intervention (SNS-E):

- Ability to receive and load social need screening for unmet food, housing and transportation needs.





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



DSF-E Specifications

- Description:
 - The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.
 - *Depression Screening.* The percentage of members who were screened for clinical depression using a standardized instrument.
 - *Follow-Up on Positive Screen.* The percentage of members who received follow-up care within 30 days of a positive depression screen finding.
- Measurement Period
 - January 1–December 31



DSF-E Specifications

- Exclusions

- Members with a history of bipolar disorder (Bipolar Disorder Value Set; Other Bipolar Disorder Value Set) any time during the member's history through the end of the year prior to the measurement period.
- Members with depression (Depression Value Set) that starts during the year prior to the measurement period.
- Members who use hospice services (Hospice Encounter Value Set; Hospice Intervention Value Set) or elect to use a hospice benefit any time during the measurement period. Organizations that use the Monthly Membership Detail Data File to identify these members must use only the run date of the file to determine if the member elected to use a hospice benefit during the measurement period.
- Members who die any time during the measurement period.



Depression Screening and Follow-Up

NCQA Approved Instruments for ages 12 to 17

Instruments for Adolescents (≤17 years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥10
Patient Health Questionnaire Modified for Teens (PHQ-9M) [®]	89204-2	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) ^{®1}	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) ^{®1,2}	89208-3	Total score ≥8
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥10
PROMIS Depression	71965-8	Total score (T Score) ≥60

Note: Parents or guardians completing the PHQs for their adolescent children are acceptable.

¹Brief screening instrument. All other instruments are full-length.

²Proprietary; may be cost or licensing requirement associated with use.



Depression Screening and Follow-Up

NCQA Approved Instruments for Adults

Instruments for Adults (18+ years)	Total Score LOINC Codes	Positive Finding
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥10
Patient Health Questionnaire-2 (PHQ-2) ^{®1}	55758-7	Total score ≥3
Beck Depression Inventory-Fast Screen (BDI-FS) ^{®1,2}	89208-3	Total score ≥8
Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17
Duke Anxiety—Depression Scale (DUKE-AD) ^{®2}	90853-3	Total score ≥30
Geriatric Depression Scale Short Form (GDS) ¹	48545-8	Total score ≥5
Geriatric Depression Scale Long Form (GDS)	48544-1	Total score ≥10
Edinburgh Postnatal Depression Scale (EPDS)	48544-1	Total score ≥10
My Mood Monitor (M-3) [®]	71777-7	Total score ≥5
PROMIS Depression	71965-8	Total score (T Score) ≥60
Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31

¹Brief screening instrument. All other instruments are full-length.

²Proprietary; may be cost or licensing requirement associated with use.



DSF-E PHQ Forms

Patient Health Questionnaire (PHQ-2)

- **Instructions:** If PHQ-2 is built into your EMR, record the patient answers, or print out the short 2 questions form from the below link and ask patients to complete all while sitting in the waiting or exam room.

<https://www.primarypediatrics.com/wp-content/uploads/2020/04/PHQ-2-Depression-Scale.pdf>

- **Use:** The purpose of the PHQ-2 is not to establish a final diagnosis or to monitor depression severity, but rather to screen for depression as a “first-step” approach.
- **Scoring:** A PHQ-2 score ranges from 0 to 6; patients with scores of 3 or more should be further evaluated with the PHQ-9, other diagnostic instrument(s), or a direct interview to determine whether they meet criteria for a depressive disorder.
- **Medical record documentation needs to include the patient’s name and date of birth.**

Over the past 2 weeks, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things.

- 0 = Not at all
- 1 = Several days
- 2 = More than half the days
- 3 = Nearly every day

Feeling down, depressed, or hopeless.

- 0 = Not at all
- 1 = Several days
- 2 = More than half the days
- 3 = Nearly every day

Total point score: _____

Score interpretation:

PHQ-2 score	Probability of major depressive disorder (%)	Probability of any depressive disorder (%)
1	15.4	36.9
2	21.1	48.3
3	38.4	75.0
4	45.5	81.2
5	56.4	84.6
6	78.6	92.9



DSF-E PHQ Forms

Patient Health Questionnaire (PHQ-9)

- Instructions:** If PHQ-9 is built into your EMR, record the patient answers, or print out the short 9 questions form from the below link and ask patients to complete all while sitting in the waiting or exam room.

https://med.stanford.edu/fastlab/research/imapp/msrs/jcr_content/main/accordion/accordion_content3/download_256324296/file.res/PHQ9%20id%20date%2008.03.pdf

- Use:** The purpose of the PHQ-9 is not to establish a final diagnosis or to monitor depression severity, but rather to screen for depression as a “first-step” approach.
- Scoring:** A PHQ-9 score ranges from 0 to 27; the total sum of responses suggest varying levels of depression.
- Medical record documentation needs to include the patient’s name and date of birth.**

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ID #: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use “✓” to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, TOTAL:
please refer to accompanying scoring card).



DSF-E Specifications Follow-Up

Any of the following on or up to 30 days after the first positive screen:

- An outpatient, telephone, e-visit or virtual check-in follow-up visit (Follow Up Visit Value Set) with a diagnosis of depression or other behavioral health condition (Depression or Other Behavioral Health Condition Value Set).
- A depression case management encounter (Depression Case Management Encounter Value Set) that documents assessment for symptoms of depression (Symptoms of Depression Value Set) or a diagnosis of depression or other behavioral health condition (Depression or Other Behavioral Health Condition Value Set).
- A behavioral health encounter, including assessment, therapy, collaborative care or medication management (Behavioral Health Encounter Value Set; ICD-10-CM code Z71.82).
- A dispensed antidepressant medication (Antidepressant Medications List).

OR

Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.

Note: For example, if there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.



Coding Depression Screening

- *L.A. Care wants your data on screening and follow-up!*
- DSF-E will be a DHCS MCAS Minimum Performance Level (MPL) measure in 2025 where health plans are held to the National 50th percentile benchmark.
- Since the codes for the screening are LOINC codes, data submitted through claims/encounters will not be captured. Health plans and IPAs need to submit a Lab File in L.A. Care's file layout with the test result value. A result is required to meet measure compliance.
- Providers that utilize the Cozeva may upload Depression screenings on the platform.
- Submission for the screening occurs through two channels: Lab data and Electronic Clinical Data System (ECDS) reporting from your EHRs, EMRs, HIEs, and Case Management systems. Files submitted as Lab data are subject to Primary Source Verification (PSV) and medical record documentation will be required to prove a percentage of the cases.
- Submit HEDIS Roadmap Section 5 Supplemental Data



Coding Depression Screening

- Required data elements needed by L.A. Care:
 - Member ID
 - Member DOB
 - Service Date
 - PHQ Assessment Score
 - Logical Observation Identifiers Names and Codes (LOINC)
- Submit either one of the codes below, please use the appropriate codes according to the service that was rendered.

Description	LOINC Code
Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]	44261-6
Patient Health Questionnaire 2 item (PHQ-2) total score [Reported]	55758-7

To maximize data submission, your Case Management system needs to be configured to differentiate between the PHQ-2 and PHQ-9 assessment due to some scores overlapping.



Supplemental Data & Coding Depression Screening

Order	Field Header Nam	Data Type	Length	Required for HEDI	Expected Value	Description
8	DOS	date		Required	YYYY-MM-DD	Date on which Lab Test is ordered. Blank/Null records will be rejected and reported in error log..
12	LOINC	char	16	Optional		Code for Test done. It can be LOINC codes for the test. If test is present, Code flag should be present (e.g HEDIS measure DMS can expect this Test field to be "44261-6". In this case CPT code field can be blank) The value for either Procedure_Code or Test should be present in the file. Records without Procedure_Code or Test value will be rejected by the system during Data Intake.
14	Lab_Value	numeric	(20,4)	Optional		Lab result value or test result, i.e. "8.2" for HbA1c. For Depression screening (DSF-E) measure, enter PHQ-9/2 total score in this field.
16	Result_Flag	char	1	Optional	P = Positive N = Negative L = LOINC	Binary field to indicate lab test result as Positive/Negative. (e.g. Diabetes Retinal Screening test result) It is used for CDC measure, Hybrid Chase Request/Response files Enter L as LOINC for positive/negative finding LOINC code for SNS-E measure

Example:

DOS	LOINC	Lab_Value	Result_Flag
1/13/2024	44261-6	16	P
2/2/2024	44261-6	20	P
3/1/2024	55758-7	3	P
4/15/2024	44261-6	18	P
5/15/2024	44261-6	0	N
6/21/2024	44261-6	0	N
7/21/2024	55758-7	0	N





Social Need Screening and Intervention (SNS-E)



Social Need Screening and Intervention (SNS-E)

- This measure has 6 different submeasures, 2 for each of the 3 screening categories
- Description: The percentage of members who were screened, using pre-specified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.
 - *Food Screening.* The percentage of members who were screened for food insecurity.
 - *Food Intervention.* If screened positive, the percentage of members who received a corresponding intervention within 30 days (1 month) of the positive screening.
 - *Housing Screening.* The percentage of members who were screened for housing instability, homelessness or housing inadequacy.
 - *Housing Intervention.* If screened positive, the percentage of members who received a corresponding intervention within 30 days (1 month) of the positive screening.
 - *Transportation Screening.* The percentage of members who were screened for transportation insecurity.
 - *Transportation Intervention.* If screened positive, the percentage of members who received a corresponding intervention within 30 days (1 month) of the positive screening.



Social Need Screening and Intervention (SNS-E)

- Measurement period: January 1 – December 31.
- Entire Population (all ages)
- Ensure these questions are being asked and entered into the patient's medical record/electronic health record (EHR).
- While the National Committee for Quality Assurance (NCQA) has listed screening tools in the HEDIS Tech Specs, health plans and providers do not need to use the exact survey tool as long as the questions are identical.
- Any response to one of the pre-specified items included in the measure specification counts as numerator compliant for the screening numerator, including a documented decline.



Social Need Screening and Intervention (SNS-E)

- SNS-E measures how well health plans and providers screen and intervene for barriers to care at the population level.
- Case Management (CM) and Social Worker (SW) are great exemplars in removing Social Determinants of Health (SDOH) barriers.
- Use SNS-E data as a powerful lever to scale Case Management at a membership level to support health optimization, experience and improving health equity.
- Building SNS-E structure into existing touchpoints for each visit being done.
- Ensuring timely and adequate response.



Social Need Screening and Intervention (SNS-E)

Food Insecurity Instruments

Food Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	88122-7	LA28397-0 LA6729-3
	88123-5	LA28397-0 LA6729-3

Food Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Health Leads Screening Panel ^{®1}	95251-5	LA33-6
Hunger Vital Sign ^{™1} (HVS)	88124-3	LA19952-3
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE] ^{®1}	93031-3	LA30125-1
Safe Environment for Every Kid (SEEK) ^{®1}	95400-8	LA33-6
	95399-2	LA33-6
U.S. Household Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
U.S. Adult Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
U.S. Child Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
U.S. Household Food Security Survey—Six-Item Short Form [U.S. FSS]	95264-8	LA30985-8 LA30986-6
We Care Survey	96434-6	LA32-8
WellRx Questionnaire	93668-2	LA33-6

¹Proprietary; may be cost or licensing requirement associated with use.



Social Need Screening and Intervention (SNS-E)

Housing Instability and Homelessness Instruments

Housing Instability and Homelessness Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	71802-3	LA31994-9 LA31995-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99550-6	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	71802-3	LA31994-9 LA31995-6
Children's Health Watch Housing Stability Vital Signs™ ¹	98976-4	LA33-6
	98977-2	≥3
	98978-0	LA33-6
Health Leads Screening Panel® ¹	99550-6	LA33-6
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]® ¹	93033-9	LA33-6
	71802-3	LA30190-5

Housing Instability and Homelessness Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
We Care Survey	96441-1	LA33-6
WellRx Questionnaire	93669-0	LA33-6

¹Proprietary; may be cost or licensing requirement associated with use.



Social Need Screening and Intervention (SNS-E)

Housing Inadequacy Instruments

Housing Inadequacy Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	LA32691-0 LA28580-1 LA32693-6 LA32694-4 LA32695-1 LA32696-9 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
Norwalk Community Health Center Screening Tool [NCHC]	99134-9	LA33-6
	99135-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2

¹Proprietary; may be cost or licensing requirement associated with use.



Social Need Screening and Intervention (SNS-E)

Transportation Insecurity Instruments

Note: The SNS-E screening numerator counts only screenings that use instruments in the measure specification as identified by the associated LOINC code(s). Allowed screening instruments and LOINC codes for each social need domain are listed above.

Transportation Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	93030-5	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99594-4	LA33-6
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	99594-4	LA33093-8 LA30134-3
Comprehensive Universal Behavior Screen (CUBS)	89569-8	LA29232-8 LA29233-6 LA29234-4
Health Leads Screening Panel ^{®1}	99553-0	LA33-6
Inpatient Rehabilitation Facility - Patient Assessment Instrument (IRF-PAI)—version 4.0 [CMS Assessment]	93030-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Discharge from Agency [CMS Assessment]	93030-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Resumption of Care [CMS Assessment]	93030-5	LA30133-5 LA30134-3
Outcome and assessment information set (OASIS) form—version E—Start of Care [CMS Assessment]	93030-5	LA30133-5 LA30134-3
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE] ^{®1}	93030-5	LA30133-5 LA30134-3
PROMIS ^{®1}	92358-1	LA30024-6 LA30026-1 LA30027-9
WellRx Questionnaire	93671-6	LA33-6

¹Proprietary; may be cost or licensing requirement associated with use.



Supplemental Data Submissions

Examples for Food Insecurity Instruments using Accountable Health Communities (AHC)
Health-Related Social Needs (HRSN) Screening Tool

Food

Some people have made the following statements about their food situation. Please answer whether the statements were **OFTEN**, **SOMETIMES**, or **NEVER** true for you and your household in the last 12 months. ⁵

3. **Within the past 12 months, you worried that your food would run out before you got money to buy more.**
 - Often true
 - Sometimes true
 - Never true

4. **Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.**
 - Often true
 - Sometimes true
 - Never true



Supplemental Data Submissions

L.A. Care's Lab File Layout

Order	Field Header Nam	Data Type	Length	Required for HEDI	Expected Value	Description
8	DOS	date		Required	YYYY-MM-DD	Date on which Lab Test is ordered. Blank/Null records will be rejected and reported in error log..
12	LOINC	char	16	Optional		Code for Test done. It can be LOINC codes for the test. If test is present, Code flag should be present (e.g HEDIS measure DMS can expect this Test field to be "44261-6". In this case CPT code field can be blank) The value for either Procedure_Code or Test should be present in the file. Records without Procedure_Code or Test value will be rejected by the system during Data Intake.
15	Lab_Value_Generic	char	20	Optional		Use ONLY for Social needs screening (SNS-E) measure, if screened positive, enter positive finding LOINC code in this field and "L" in the Result_Flag field. if screened negative, enter "Negative" in this field and "L" in the Result_Flag field.
16	Result_Flag	char	1	Optional	P = Positive N = Negative L = LOINC	Binary field to indicate lab test result as Positive/Negative. (e.g. Diabetes Retinal Screening test result) It is used for CDC measure, Hybrid Chase Request/Response files Enter L as LOINC for positive/negative finding LOINC code for SNS-E measure

Examples:

DOS	LOINC	Lab_Value_Generic	Result_Flag
1/13/2024	88122-7	LA28397-0	L
2/2/2024	88123-5	LA6729-3	L
3/1/2024	71802-3	Negative	L
4/15/2024	93030-5	Negative	L



Social Need Screening and Intervention (SNS-E)

Documented Decline Response

- Documented decline responses are allowed and counted for screening (no intervention is required).
- If fielding a full screening tool or one or more questions per screening area, you have to document a refusal to the screening for numerator credit.
- When you place screening questions in the patient's medical record/electronic health record (EHR), Health Risk Assessment (HRA), portal questionnaire, or annual wellness visit form, you have to add 'declined' as a response option. Missing answers (no response) don't count as a decline, per NCQA.
- If it's a telephonic survey, and the member states they decline to answer, that counts. You don't have to offer 'decline' as a response option on an interactive surveys; you just have to document it.



Social Need Screening and Intervention (SNS-E)

- Barriers:
 - The screening numerator codes are LOINC codes, which are not a part of claims. We're not getting the LOINC codes as standard data which is a reason for the missing numerator hits.
 - Many providers and provider groups do not have the screening numerator codes or the intervention codes entered as LOINC codes in their EHR systems.
- Actions Needed:
 - Build one of the instrument templates into your EMR
 - Provide education and provider resources to screen each member/patient for social need and timely intervention if positive.
 - Documentation and submission of supplemental data.
 - Close gaps within Cozeva platform.
 - Extract LOINC code data from EHR systems and submit as supplemental data if available.
- Assessment:
 - Review impact on data submission and continue with closing gaps and submit incremental data monthly.
 - If no improvement from month to month, reach out to L.A. Care, our plan partners and IPA for support and guidance.

Note: The SNS-E screening will satisfy Social Determinants of Health (SDOH). You will need to submit one or more of the 25 Z codes in the standard claim submission.



SNS-E Resources

- Housing Support:
 - For any questions related to housing, contact the Housing Initiatives team at HHSS-Program@lacare.org
 - To submit a referral for housing, contact the Housing Initiatives team's referral inbox at HHSS-Referrals@lacare.org
- Food insecurity:
 - Food insecurity by itself is not a qualifying criteria for Meals as Medicine. However, if member has a chronic condition or a complex need, they may qualify. For related questions, you can contact the Meals As Medicine team: MealsAsMedicine@lacare.org
 - For more information on Homeless and Housing Support services, visit our sites at <https://www.lacare.org/providers/forms-manuals> and <https://www.lacare.org/providers/community-supports/meals>
- Transportation Services:
 - L.A. Care Transportation Website: [Transportation Services | L.A. Care Health Plan \(lacare.org\)](https://www.lacare.org/transportation-services)
 - For our Medi-Cal and Medicare Plus, transportation benefits for members to see their provider and obtain medically necessary covered services at no cost. Members can call L.A. Care Member Services on their health insurance card.
 - For our L.A. Care Covered/Direct and Personal Assistance Services Council (PASC) members, transportation benefits are covered. Review Member Evidence of Coverage (Member Handbook) for important information about transportation services offered by our plan.



Next Steps

1. Share this information with providers and co-workers
2. Screen patients for depression and social need
3. Provide follow-up care for those who screen positive
4. Code screenings and follow-up care
5. Reach out to L.A. Care to submit data
6. Utilize Cozeva to close care gaps
 - a. If interested and not currently using Cozeva, please email us at cozeva@lacare.org

Additional HEDIS Resources: <https://www.lacare.org/providers/provider-resources/tools-toolkits/hedis-resources>



Thank You!

