Screening for Depression and Follow-Up Plan
(NQF 0418e/CMS 2v9)

Measure Basic Information

Name and date of specifications used: Eligible Professional / Eligible Clinician electronic Clinical Quality Measure (eCQM) Specifications for Performance / Reporting Year 2020.

URL of Specifications: https://ecqi.healthit.gov/ecqm/ep/2020/cms002v9

Measure Type:

HEDIS ☐   PQI ☐   Survey ☐   Other ■ Specify: eCQM

Measure Utility:

CCO Incentive ■   State Quality ■   CMS Adult Core Set ■   CMS Child Core Set ☐
Other ☐ Specify:

Data Source: Electronic Health Records

Measurement Period: January 1, 2020 – December 31, 2020

Benchmark:

	2013	2014	2015	2016	2017	2018	2019	2020
Benchmark for OHA measurement year	n/a	25%	25%	25%	52.9%	63.0%	n/a*	n/a*
Source		Metrics & Scoring Committee consensus	Metrics & Scoring Committee consensus	Metrics & Scoring Committee consensus	2015 CCO 75th percentile	2016 CCO 90th percentile		

* CCOs must report minimum population threshold and other reporting parameters as specified in OHA reporting guidance to qualify for 100% of quality pool (in addition to meeting 75% of remaining measures).

Changes in Specifications from 2019 to 2020: This summary is provided to help highlight changes. For a complete list, see the Technical Release Notes:
https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS2v9-TRN.xlsx

- Updated description statement **to include depression screenings performed 14 days prior to the encounter** to allow alternative methods of depression screenings, such as pre-screenings within EHRs, to more closely align with the measure intent.
- Updated rationale statement.

- Added guidance statements for: 1) Timing of the qualified depression screening encounter, and 2) Follow-up for positive pre-screening results to provide clarity and more closely align with the measure intent.
- Updated numerator statement to include depression screenings performed 14 days prior to the encounter to allow alternative methods of depression screenings, such as pre-screenings within EHRs, to more closely align with the measure intent.
- Added denominator exceptions statement for situations where a patient's <u>cognitive capacity</u>, functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools to align with American College of Physicians recommendation.
- Replaced 'Intervention, Performed' with 'Assessment, Performed' to align with Quality Data Model (QDM) v5.4 changes.
- Updated numerator logic to include depression screenings performed 14 days prior to the encounter to allow alternative methods of depression screenings, such as pre-screenings within EHRs, to more closely align with the measure intent.
- Updated the names of Clinical Quality Language (CQL) definitions, functions, and/or aliases for clarification and to align with CQL Style Guide.
- Updated Clinical Quality Language (CQL) expression to conform with the HL7 Standard: Clinical Quality Language Specification, Release 1 STU 3 (CQL 1.3).

Value Set Name and OID	Status
Value set Depression Screening Encounter Codes (2.16.840.1.113883.3.600.1916)	Added 11 CPT codes (96105, 96110, 96112, 96125, 96136, 96138, 99078, 99401, 99402, 99403, 99404) and deleted 1 CPT code (96118).
Value set Depression Screening Encounter Codes (2.16.840.1.113883.3.600.1916)	Deleted 10 SNOMED CT codes (108250004, 252592009, 274803000, 30346009, 37894004, 277404009, 43362002, 48423005, 67533008, 91573000).
Value set Bipolar Diagnosis (2.16.840.1.113883.3.600.450)	Deleted 2 SNOMED CT codes (191632009, 61771000119106).
Value set Depression medications - adolescent (2.16.840.1.113883.3.600.469)	Added 40 RxNorm codes.
Value set Depression medications - adult (2.16.840.1.113883.3.600.470)	Deleted 2 RxNorm codes (199820, 313497).

Denied claims: n/a

Measure Details

The detailed measure specifications are available in the eCQI Resource Center: https://ecqi.healthit.gov/ecqm/ep/2020/cms002v9. The following abbreviated information from the specifications is provided for convenience.

Data elements required denominator: All patients aged 12 years and older at the beginning of the measurement period with at least one eligible encounter during the measurement period.

Required exclusions for denominator: Patients with an active diagnosis for depression or a diagnosis of bipolar disorder

Denominator exceptions:
Patient Reason(s)

- Patient refuses to participate OR

Medical Reason(s)

- Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status OR
- Situations where the patient's cognitive capacity, functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium.

Deviations from cited specifications for denominator: None.

Data elements required numerator: Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the eligible encounter

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

What are the continuous enrollment criteria: For now, OHA does not use continuous enrollment criteria for EHR-based measures; the "eligible as of the last date of the reporting period" rule may be used to identify beneficiaries.

What are allowable gaps in enrollment: n/a

Define Anchor Date (if applicable): n/a

For more information:

- Measure specifications, guidance on how to read eCQMs, and other resources can be accessed through the CMS/ ONC eCQI Resource Center: https://ecqi.healthit.gov/ep-ec-ecqms
- Value Sets can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine. https://vsac.nlm.nih.gov/
- Additional information on OHA reporting requirements will be available in the Year Eight (2020) Guidance Documentation, which will be posted at https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx