Screening for Depression and Follow-Up Plan (CMS 2v12)

<div style="background:black;color:white;text-align:center">Measure Basic Information</div>

Name and date of specifications used: Eligible Professional / Eligible Clinician electronic Clinical Quality Measure (eCQM) Specifications for Performance / Reporting Year 2023.

URL of Specifications: https://ecqi.healthit.gov/ecqm/ec/2023/cms002v12

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, 2023 – December 31, 2023

Benchmark:

	2019-2021	**2022**	**2023**
Benchmark for OHA measurement year	n/a*	64.6%	61.0%
Source		MY 2019 CCO 75th percentile	MY 2021 CCO 90th percentile

* In 2019-2021, CCOs were required to 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).

For standard, national measures, the Metrics & Scoring Committee has used CCO percentiles and national-level data/percentiles from the National Committee for Quality Assurance (NCQA). For ease of reference, the measurement year (MY) is noted for national-level and CCO statewide data/percentiles rather than the publication year. NCQA publishes annual data with national Medicaid, Commercial, and Medicare percentiles.

Note on telehealth: CMS 2023 telehealth guidance states that this electronic clinical quality measure is telehealth eligible. For further information specific to Oregon, the Health Evidence Review Commission (HERC) has provided this guideline on telehealth services.

Changes in Specifications from 2022 to 2023: This summary is provided to help highlight changes. For a complete list, see the Technical Release Notes:
https://ecqi.healthit.gov/ecqm/ec/2023/cms002v12?sort_order=2022vs2023

- Added the 2018 American College of Obstetricians and Gynecologists recommendation statement about perinatal depression to ensure the measure includes updated evidence and clinical guidelines.
- Added 'Psychiatric Nurse Practitioners' and replaced 'social worker' with 'clinical social worker' to improve alignment with measure intent and clarify appropriate follow-up providers after a positive depression screen.
- Revised existing guidance to clarify that the depression screening can take place up to 14 CALENDAR days prior to the date of the qualifying encounter in order to maintain consistency with the level of specificity included in the guidance.
- Updated version number of the Quality Data Model (QDM) used in the measure specification to v5.6.
- Revised existing language to improve alignment with measure intent and clarify that patients who have ever been diagnosed with depression or bipolar disorder should be excluded from the measure. See ONC Project Tracking System (JIRA): CQM-4608
- Made minor updates to grammar, wording, and formatting to improve readability and consistency.
- Added new and revised existing language to allow a grace period of up to two calendar days after the qualifying encounter for provider documentation of a follow-up plan in order to allow flexibility based on feedback from implementers about clinical workflows.
- Replaced the Global.CalendarAgeInYearsAt function with the native CQL function AgeInYearsAt to take advantage of existing CQL features and increase human readability. As a result of this change, the LOINC code 21112-8 is no longer required and has been removed from the Terminology section of the human readable specification.

Value Set Name and OID	Status
Value Set Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080)	Added the value set to the 'Qualifying Encounter During Measurement Period' definition to improve alignment with measure intent and expand eligible telehealth encounters to meet denominator criteria. Added value set based on review by technical experts, SMEs, and/or public feedback.
Value set Physical Therapy Evaluation (2.16.840.1.113883.3.526.3.1022)	Added 6 SNOMED CT codes (410158009, 410160006, 183326003, 410159001, 424203006, 424291000) based on review by technical experts, SMEs, and/or public feedback. Added 1 CPT code (97164) based on review by technical experts, SMEs, and/or public feedback.
Value set Adolescent Depression Medications (2.16.840.1.113883.3.526.3.1567)	Added 7 RxNorm codes (403969, 403970, 403971, 403972, 721787, 251201, 410584) based on review by technical experts, SMEs, and/or public feedback.
Value set Adult Depression Medications (2.16.840.1.113883.3.526.3.1566)	Added 21 RxNorm codes based on review by technical experts, SMEs, and/or public feedback.

Value set Bipolar Diagnosis (2.16.840.1.113883.3.600.450)	Added 9 ICD-10-CM codes (F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9) based on review by technical experts, SMEs, and/or public feedback. Added 2 ICD-9-CM codes (296.81, 296.82) based on review by technical experts, SMEs, and/or public feedback.
Value set Depression Diagnosis (2.16.840.1.113883.3.600.145)	Added 1 ICD-10-CM code (F32.A) based on terminology update.
Value set Medical Reason (2.16.840.1.113883.3.526.3.1007)	Deleted 1 SNOMED CT code (397745006) based on terminology update.
Value set Referral for Adolescent Depression (2.16.840.1.113883.3.526.3.1570)	Deleted 1 SNOMED CT code (183851006) based on review by technical experts, SMEs, and/or public feedback.
Value set Referral for Adult Depression (2.16.840.1.113883.3.526.3.1571)	Deleted 1 SNOMED CT code (305922005) based on review by technical experts, SMEs, and/or public feedback.

Denied claims: n/a

Measure Details

The detailed measure specifications are available in the eCQI Resource Center: https://ecqi.healthit.gov/ecqm/ec/2023/cms002v12Detailed value set contents are available in the Value Set Authority Center. 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 qualifying encounter during the measurement period.

Required exclusions for denominator: Patients who have ever been diagnosed with depression or with bipolar disorder at any time prior to the qualifying encounter

Denominator exceptions:
Patient Reason(s)

- Patient refuses to participate OR

Medical Reason(s)

- Documentation of medical reason for not screening patient for depression (e.g., cognitive, functional, or motivational limitations that may impact accuracy of results; 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)

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 or up to two days after the date of the qualifying encounter

Note: See specifications guidance statement for additional information on screening and follow-up

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 set content can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine. https://vsac.nlm.nih.gov/
  - For more information about value sets and the code systems used, a guide can be found in the CMS Measure Management Blueprint: https://www.cms.gov/files/document/blueprint-codes-code-systems-value-sets.pdf
- Additional information on OHA reporting requirements will be available in the Year Eleven (2023) Guidance Documentation, which will be posted at https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx

Version Control