

**CBE ID**

0418

**Title**

Preventive Care and Screening: Screening for Depression and Follow-Up Plan

**Project**

Behavioral Health and Substance Use

**Endorsement Status**

Endorsement Removed

**Is Under Review**

No

**Previous Endorsement Cycle**

Fall 2020

**Removal Date**

Sun, 09/20/2020 - 20:00

**Initial Endorsement**

Wed, 07/30/2008 - 20:00

**Steward**

Centers for Medicare & Medicaid Services

**1.0 New or Maintenance**

Maintenance

**1.1 Measure Structure**

Single Measure

**1.3 Electronic Clinical Quality Measure (eCQM)**

No

**1.6 Measure Description**

Percentage of patients aged 12 years and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter

**1.7 Measure Type**

Process

**1.8 Level of Analysis**

Clinician: Group/Practice, Clinician: Individual

## 1.9 Care Setting

Outpatient Services

### 1.14 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

### 1.15 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

## 1.20 Types of Data Sources

Claims Data, Registry data

### 6.1.2 Current or Planned Use(s)

Payment Program, Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

## Exclusions

### Denominator Exclusions

Not Eligible – A patient is not eligible if one or more of the following conditions are documented during the encounter during the measurement period:

- Patient has an active diagnosis of depression prior to any encounter during the measurement period
- Patient has a diagnosed bipolar disorder prior to any encounter during the measurement period

### Denominator Exceptions

Patients with a Documented Reason for not Screening for Depression:

- Patient refuses to participate
- 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
- Situations where the patient's 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

## Measure Disclaimer

This measure and specifications are provided "as is" without warranty of any kind. This measure does not represent a practice guideline.

## Planned Use

Payment Program, Public Reporting, Quality Improvement with Benchmarking (external

benchmarking to multiple organizations)

### **Risk Adjustment**

No risk adjustment or risk stratification

### **Target Population**

Children, Elderly

### **Use In Federal Program**

Medicaid, Medicare Physician Quality Reporting System (PQRS), Medicare Shared Savings Program (MSSP), Merit-Based Incentive Payment System (MIPS), Physician Compare, Physician Feedback/Quality and Resource Use Reports (QRUR), Physician Value-Based Payment Modifier (VBM)

### **Steward Organization**

Centers for Medicare & Medicaid Services

### **Steward POC email**

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