Section VI. Performance and Quality Improvement

6.1 Screening for Clinical Depression and Follow-up Plan. (modified from NQF #0418)[ii]

CONTINUOUS REPORTING				
Reporting Section	**Reporting Frequency**	**Level**	**Reporting Period**	**Due Date**
6. Performance and Quality Improvement	Annually	Contract	Calendar Year	June 30th of each year

A. Data element definitions - details for each data element reported to CMS and the state, including examples, calculation methods, and how various data elements are associated.

Element Letter	Element Name	Definition	Allowable Values
A.	Total number of members age 18 and older who had an outpatient visit.	Total number of members age 18 and older who had an outpatient visit during the reporting period.	Field Type: Numeric
B.	Total number of members age 18 and older screened for clinical depression using a standardized tool with appropriate follow-up plan documented.	Of the total reported in A, total number of members who were screened for clinical depression using a standardized tool during the reporting period, and if positive, a follow-up plan is documented on the date of the positive screen.	Field Type: Numeric Note: Is a subset of A.

B. QA Checks/Thresholds - procedures used by CMS and the state to establish benchmarks in order to identify outliers or data that are potentially erroneous.

- CMS and the state will perform an outlier analysis.
- As data are received from MMPs over time, CMS and the state will apply threshold checks.

C. Edits and Validation Checks - validation checks that should be performed by each MMP prior to data submission.

- Confirm those data elements listed above as subsets of other elements.
- MMPs should validate that data element B is less than or equal to data element A.
- All data elements should be positive values.

D. Analysis - how CMS and the state will evaluate reported data, as well as how other data sources may be monitored. CMS and the state will evaluate the percentage of members age:

- CMS and the state will evaluate the percentage of members screened for clinical depression using a standardized tool AND, if positive, whose follow-up plan was documented on the date of the positive screen during the reporting period.

E. Notes - additional clarifications to a reporting section. This section incorporates previously answered frequently asked questions.

- NOTE: CMS and States are still exploring whether or not medical record review should be included and required, in compliance with the Medicaid Adult Core Set, for this measure. MMCO will provide an update following receipt of and review of 2014 data received on this measure.
- MMPs should include all members, regardless of whether the member was enrolled through passive enrollment or opt-in enrollment. Medicaid-only members should not be included.
- MMPs should include all members who meet the criteria outlined in Section A, regardless if they are disenrolled as of the end of the reporting period (i.e., include all members regardless if they are currently enrolled or disenrolled as of the last day of the reporting period).
- The date of encounter and screening must occur on the same date of service and if a member has more than one encounter during the reporting period, the member should be counted only once
- Refer to the codes provided in Table 3 to identify outpatient visits.
- Refer to the codes provided in Table 4 to identify a Clinical Depression Screen.
- Refer to the codes provided in Table 5 to identify exclusions.
- Screening refers to the completion of a clinical or diagnostic tool used to identify people at risk of developing or having a certain disease or condition.
- A standardized tool refers to an assessment tool that has been appropriately normalized and validated for the population in which it is being utilized. Please see the Medicaid Adult Core Set located at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Medicaid-Adult-Core-Set-Manual.pdf for a list of acceptable depression screening tools.
- A follow-up plan refers to the proposed outline of treatment to be conducted as a result of a clinical depression screening. Follow-up for a positive depression screening much include one (1) or more of the following:
    - Additional evaluation
    - Suicide risk assessment
    - Referral to a practitioner who is qualified to diagnose and treat depression
    - Pharmacological interventions

- Other interventions or follow-up for the diagnosis or treatment of depression.

Table 3: Codes to Identify Outpatient Visits	
CPT	**HCPCS**
90791, 90792, 90832, 90834, 90837, 90839, 92557, 92567, 92568, 92625, 92626, 96150, 96151, 97003, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215	G0101, G0402, G0438, G0439, G0444

Table 4: Codes to Identify Clinical Depression Screen	
Code	**Description**
G8431	Positive screen for clinical depression using a standardized tool and a follow-up plan documented
G8510	Negative screen for clinical depression using standardized tool, patient not eligible/appropriate for follow-up plan documented

Table 5: Codes to Identify Exclusions	
Code	**Description**
G8433	Screening for clinical depression not documented, patient not eligible/appropriate
G8940	Screening for clinical depression documented, follow-up plan not documented, patient not eligible/appropriate

F. Data Submission - how MMPs will submit data collected to CMS and the state.

- MMPs will submit data collected for this measure through the Health Plan Management System (HPMS).