BH7 Preventative Care and Screening: Screening for Depression and Follow-Up

Quality Improvement Program – New Jersey (QIP-NJ)
Chart-Based Measure Specification Guidance
Agenda

• Presentation Information
• BH7 Overview
• BH7 Flowchart
• Standard Reporting Template
• Understanding Measure Criteria
• Examples with Sample Data
• Understanding BH7 Performance Calculation
Presentation Information

Objectives: By the end of the presentation, viewers should be able to:

- Define the numerator & denominator criteria for BH7;
- State exclusion and exception criteria for BH7;
- Identify value sets used to define BH7 measure criteria;
- Understand how numerator compliance will be calculated for a given dataset.

Reference Materials: Viewers are advised to review and frequently reference the following materials while listening to the presentation:

- QIP-NJ Measurement Specifications and Submission Guidelines (Databook)
- QIP-NJ Databook Value Set Compendium (VSC)

Disclaimer: This presentation was recorded in July 2021. QIP-NJ measure specifications may be updated annually to align with changes published by the measure stewards. Hospitals participating in QIP-NJ should reference the latest version of the QIP-NJ Databook for the most accurate description of each measure’s criteria.
## Acronyms Used in this Presentation

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH</td>
<td>Behavioral Health</td>
</tr>
<tr>
<td>CPT</td>
<td>Current Procedure Terminology</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>EHR</td>
<td>Electronic Health Record</td>
</tr>
<tr>
<td>HCPCS</td>
<td>Healthcare Common Procedure Coding System</td>
</tr>
<tr>
<td>ICD-10 CM</td>
<td>International Classification of Diseases (Clinical Modification)</td>
</tr>
<tr>
<td>ICD-10 PCS</td>
<td>International Classification of Diseases (Procedure Coding System)</td>
</tr>
<tr>
<td>LOINC</td>
<td>Logical Observations, Identifiers, Names, Codes</td>
</tr>
<tr>
<td>UBREV</td>
<td>UB-04 Revenue Codes</td>
</tr>
</tbody>
</table>
**BH7 Overview**

**Measure Description**

Percentage of individuals aged 18 to 64 years 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.

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**Refer to the Databook document for:**

- Statewide Benchmark
- Measure Steward & Version

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**Measure Description:**

Percentage of individuals 18 to 64 years of age 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.

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**Data Source:**
Chart/EHR

**NGF #:**
Based on 0418

**Measure Steward:**
CMS

**Measure Steward Version:**
September 21, 2020

**Statewide Benchmark:**
80%
BH7 Flowchart
**BH7 Flowchart**

The measure itself requires both a denominator (eligible individual population) and a numerator (measure compliant individual population). The flowchart below has been developed to assist in identifying the measures data elements and how they should be treated throughout the calculation process.

**Denominator Workflow**

**Numerator Workflow**

Possible Numerator Scenarios
Check VSC BH07_01
- Positive Depression Screen with a Follow-up Plan Documented
- Negative Depression Screen (Follow-up Plan Not Required)
- No Depression Screen Performed, but Exception Documented
- No Depression Screen Performed and No Reason Documented
- Positive Depression Screen and No Follow-up Plan Documented

Numerator Status
VSC BH07_01 Codes
- Numerator Criteria Met G9431, G9510
- Numerator Criteria Not Met G9432, G9511
- Exceptions G9433

Starting Attributed Population
- Continuous Enrollment for 90 days?
  - YES
  - In hospice?
    - NO
    - Age >18 and <65?
      - YES
      - Eligible Encounter? Check VSC BH07, 085
        - YES
        - Any exclusions apply?
          - YES
          - Prior diagnosis (check VSC BH07, 085)
            - NO
            - In hospice (check VSC BH07, 085)
              - NO
              - Receiving AMHR (check VSC BH07_AMHR_Exclusions)
              - YES
              - (D)
                - Included in Denominator
              - NO
                - (E)
                  - Excluded from Denominator

- NO
  - Age >18 and <65?
    - YES
    - Eligible Encounter? Check VSC BH07, 085
      - YES
      - Any exclusions apply?
        - YES
        - Prior diagnosis (check VSC BH07, 085)
          - NO
          - In hospice (check VSC BH07, 085)
            - NO
            - Receiving AMHR (check VSC BH07_AMHR_Exclusions)
            - YES
            - (D)
              - Included in Denominator
            - NO
              - (E)
                - Excluded from Denominator

- NO
  - NO
  - YES
  - (F)
    - Excluded from Denominator
BH7 Flowchart Part 1: Denominator

The portion of the measure’s workflow below provides an overview of how the eligible individual denominator is calculated using available data sources.

AMHR = Adult Mental Health Rehabilitation
BH7 Flowchart Part 2: Numerator

Possible Numerator Scenarios

Check VSC BH07_01

- Positive Depression Screen with a Follow-up Plan Documented
- Negative Depression Screen (Follow-up Plan Not Required)
- No Depression Screen Performed but Exception Documented
- No Depression Screen Performed and No Reason Documented
- Positive Depression Screen and No Follow-up Plan Documented

Numerator Status

VSC BH07_01 Codes

- Numerator Criteria Met
  Healthcare Common Procedure Coding System (HCPCS) G8431, G8510

Exceptions
  HCPCS code G8433

Numerator Criteria Not Met
  HCPCS codes G8432 & G8511

Numerator Starting Population = Individuals included in Denominator
BH7 Flowchart Part 3: Exceptions

Possible Numerator Scenarios
Check VSC BH07_01
- Positive Depression Screen with a Follow-up Plan Documented
- No Depression Screen Performed but Exception Documented
- No Depression Screen Performed and No Reason Documented
- Positive Depression Screen and No Follow-up Plan Documented

Numerator Status
VSC BH07_01 Codes
- Numerator Criteria Met
  HCPCS codes G8431 & G8510
- Exceptions
  HCPCS code G8433
- Numerator Criteria Not Met
  HCPCS codes G8432 & G8511

The white box represents exceptions. Exceptions must be documented with member and entity information as well as with a valid HCPCS code from Table BH07_01 (Required Elements: M_ELEM, RES_VAL, and CODE_VAL).

Numerator Starting Population = Individuals included in Denominator
Numerator Criteria Met
HCPCS codes G8431 & G8510
Exclusions
(Remove from Denominator)
Standard Reporting Template
## Key Variables

### Individual data elements - required metadata of each file

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M_DOB</td>
<td>Date of individual’s birth</td>
</tr>
<tr>
<td>M_ELEM</td>
<td>Data element component</td>
</tr>
</tbody>
</table>

### Date and time data elements

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVC_DT</td>
<td>Service date</td>
</tr>
</tbody>
</table>

### Clinical & diagnostic data elements  (Use attribution roster to query the chart/EHR)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>RES_VAL</td>
<td>Result value indicator; Use C=CPT, D=Discharge Status H=HCPCS I=ICD10CM, J=ICD10PCS, L=LOINC, N=NDC, P(NJ)=POS, R=RXNORM, S=SNOMED, T=(UB)TOB, U=UBREV, Z=OTHER (ONE value per row per member)</td>
</tr>
<tr>
<td>CODE_VAL</td>
<td>Reflects the value that is indicated in RES_VAL</td>
</tr>
<tr>
<td>RES_VALP</td>
<td>If there are additional components to RES_VAL, including procedure modifiers</td>
</tr>
</tbody>
</table>

### Measure-specific data elements  (Use attribution roster to query the chart/electronic health record (EHR))

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPS_T1</td>
<td>Depression screening tool name (BH07)</td>
</tr>
<tr>
<td>DEPS_O1</td>
<td>Result of Screening (BH07)</td>
</tr>
<tr>
<td>DEPS_S1</td>
<td>Screening Score: will be internally validated against finding of DEPS_O1 (BH07)</td>
</tr>
<tr>
<td>DEPS_I1</td>
<td>Follow-up Plan (BH07)</td>
</tr>
</tbody>
</table>
Understanding Measure Criteria
BH7: Continuous Eligibility Criteria

Continuous eligibility is not part of the denominator criteria but must be assessed to determine denominator inclusion.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Data Elements</th>
<th>Value Set Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>The individual must be continuously enrolled in Medicaid for at least 90 days during the MY during which an outpatient visit occurred.</td>
<td>Medicaid Enrollment</td>
<td>N/A</td>
</tr>
<tr>
<td>Individual must be enrolled on or before October 2(^{nd}) of the MY.</td>
<td>This will be specific to the EHR system</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**NOTE:** October 2\(^{nd}\) is the last day an individual can be enrolled in Medicaid for this measure to ensure 90 days to December 31\(^{st}\), the end of the MY.
BH7: Denominator Criteria

Age and encounter criteria are specific to each measure; however, the attributed behavioral health (BH) population is over 18.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Data Elements</th>
<th>Value Set Reference</th>
<th>Variable(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual aged 18 or older and younger than 65 on the first day of the measurement year (MY).</td>
<td>Individual Date of Birth (DOB)</td>
<td>N/A</td>
<td>M_DOB</td>
</tr>
<tr>
<td>Individual had at least 1 eligible Emergency Department (ED) or Hospital Outpatient encounter during MY.</td>
<td>Encounter Code Encounter Date</td>
<td>Table BH07_Nondx</td>
<td>M_ELEMT, SVC_DT, RES_VAL, CODE_VAL</td>
</tr>
</tbody>
</table>
Exclusions for BH7 include prior diagnoses or treatment for mental health disorders as well as hospice.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Data Elements</th>
<th>Value Set Reference</th>
<th>Variable(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior diagnosis during the MY.</td>
<td>• Exclusionary diagnosis code</td>
<td>Table BH07_02a Table BH07_03</td>
<td>M_ELEMT, RES_VAL, CODE_VAL</td>
</tr>
<tr>
<td>Individual is in hospice.</td>
<td>• Code for hospice</td>
<td>Table BH07_02b</td>
<td>M_ELEMT, RES_VAL, CODE_VAL</td>
</tr>
<tr>
<td>Individual is receiving AMHR within the same calendar month or calendar month subsequent to the index admission.</td>
<td>• Code indicating AMHR</td>
<td>Table BH07_02c</td>
<td>M_ELEMT, RES_VAL, CODE_VAL</td>
</tr>
</tbody>
</table>
The numerator of this measure requires documentation of at least one eligible encounter, an age-appropriate standardized depression screen, and if positive, a follow-up plan.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Data Elements</th>
<th>Value Set Reference</th>
<th>Variable(s)</th>
</tr>
</thead>
</table>
| Individuals screened for depression on date of eligible encounter or up to 14 days prior to the date of the encounter using age-appropriate tool. | • Depression Screen documented  
• Depression Screen Date  
• Eligible Encounter Date | Table BH07_01  
Table BH07_03 | M_ELEMT, RES_VAL, CODE_VAL, SVC_DT, DEPS_T1 |

NOTE: Individuals seen multiple times during the measurement period for an eligible encounter need not be screened more than once, unless clinically indicated.
The numerator of this measure requires documentation of at least one eligible encounter, an age-appropriate standardized depression screen, and if positive, a follow-up plan.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Data Elements</th>
<th>Value Set Reference</th>
<th>Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>If screen is positive, a follow-up plan is documented on date of eligible encounter.</td>
<td>• Validated tool used and associated score • Follow-up plan</td>
<td>Table BH07_03</td>
<td>DEPS_T1, DEPS_O1, DEPS_S1, DEPS_I1</td>
</tr>
</tbody>
</table>

NOTE: Individuals seen multiple times during the measurement period for an eligible encounter need not be screened more than once, unless clinically indicated.
BH7 Exception Criteria

Exceptions will be accepted on a case-by-case basis keeping in line with the criteria below. All hospitals are required to document exceptions with member and entity information as well as with a valid HCPCS code from Table BH07_01 (Required Elements: M_ELEMT, RES_VAL, and CODE_VAL).

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Data Elements</th>
<th>Value Set Reference</th>
<th>Variable(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual has a documented reason for not screening for Depression:</td>
<td>• Codes documenting Exceptions</td>
<td>Table BH07_01</td>
<td>M_ELEMT, RES_VAL, CODE_VAL</td>
</tr>
<tr>
<td>• Individual is in an emergent situation and screening would delay treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Individual’s functional capacity or motivation may impact accuracy of results (delirium or court appointed cases).</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Examples with Sample Data
Sample Individual #1
Sample Individual #1: Profile

- Gender: Female
- Age: 23
- Encounter Date: October 15, 2020
- Revenue Code: 456
- HCPCS code: G8510
- ICD-10 Code: F3011

Test Your Knowledge:
This individual has an exclusion. From this profile, can you explain why they will be excluded from the denominator?

<table>
<thead>
<tr>
<th>M_ID</th>
<th>M_DOB</th>
<th>M_GENDER</th>
<th>M_PROV</th>
<th>M_SAMP</th>
<th>M_ELEMT</th>
<th>SVC_DT</th>
<th>RES_VAL</th>
<th>CODE_VAL</th>
<th>DEPS_T1</th>
<th>DEPS_O1</th>
<th>DEPS_S1</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH07</td>
<td>5/14/98</td>
<td>F</td>
<td>1013010917</td>
<td>0</td>
<td>D</td>
<td>10/15/2020</td>
<td>U</td>
<td>456</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BH07</td>
<td>5/14/98</td>
<td>F</td>
<td>1013010917</td>
<td>0</td>
<td>E</td>
<td>10/15/2020</td>
<td>I</td>
<td>F3011</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BH07</td>
<td>5/14/98</td>
<td>F</td>
<td>1013010917</td>
<td>0</td>
<td>N</td>
<td>10/15/2020</td>
<td>H</td>
<td>G8510</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BH07</td>
<td>5/14/98</td>
<td>F</td>
<td>1013010917</td>
<td>0</td>
<td>N</td>
<td>10/15/2020</td>
<td>L</td>
<td>89211-7</td>
<td>01</td>
<td>02</td>
<td>10</td>
</tr>
</tbody>
</table>
Sample Individual #1: Denominator

1. First, it is assumed that this individual has been attributed to your hospital, has 90 days of continuous enrollment in Medicaid, meets the age criteria and check if their index encounter was in an ED or outpatient hospital clinic (Value Set Table BH07_Nondx).
   ✓ The individual’s encounter has a Revenue Code 456, meaning that the encounter was an Outpatient visit in an Urgent Care Clinic.

2. Next, a hospital should check if the individual has prior exclusionary diagnoses (Table BH07_02), is in hospice (Table BH07_02b), and/or is receiving AMHR within the same calendar month or subsequent month to the encounter (Table BH07_02c).
   ✗ This individual has an exclusionary diagnosis, ICD-10 code, F3011. Thus, they are excluded from the denominator.

(E) Exclude from denominator
Sample Individual #2
Sample Individual #2: Profile

- Gender: Male
- Age: 43
- Encounter Date: September 19, 2020
- Screening Date: September 25, 2020
- Revenue Code: 918
- HCPCS code: G8431
- Screening Tool Used: Major Depression Inventory [MDI]

Test Your Knowledge: Performance has been met for this individual. From this profile, can you explain why performance has been met?

<table>
<thead>
<tr>
<th>M_ID</th>
<th>M DOB</th>
<th>M_GENDER</th>
<th>M_PROV</th>
<th>M_SAMP</th>
<th>M_ELEM</th>
<th>SVC_DT</th>
<th>RES_VAL</th>
<th>CODE_VAL</th>
<th>DEPS T1</th>
<th>DEPS O1</th>
<th>DEPS S1</th>
<th>DEPS I1</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH07</td>
<td>1/3/1977</td>
<td>M</td>
<td>1013010917</td>
<td>0</td>
<td>D</td>
<td>9/19/2020</td>
<td>U</td>
<td>918</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BH07</td>
<td>1/3/1977</td>
<td>M</td>
<td>1013010917</td>
<td>0</td>
<td>N</td>
<td>9/25/2020</td>
<td>H</td>
<td>G8431</td>
<td>05</td>
<td>01</td>
<td>26</td>
<td>03</td>
</tr>
</tbody>
</table>
Sample Individual #2: Denominator

1. First, it is assumed that this individual has been attributed to your hospital, has 90 days of continuous enrollment in Medicaid, meets the age criteria and check if their index encounter was in an ED or outpatient hospital clinic (Value Set Table BH07_Nondx).
   ✓ The individual’s encounter has a Revenue Code of 918, meaning that the encounter was visit for Outpatient Mental Health Hospital Services.

2. Next, a hospital should check if the individual has prior exclusionary diagnoses (Table BH07_02), is in hospice (Table BH07_02b), and/or is receiving AMHR within the same calendar month subsequent month to the encounter (Table BH07_02c).
   ✓ This individual does not have any exclusionary codes in their individual record.

Include in Denominator
1. To determine if performance was met, a hospital must first determine if the individual was screened OR if they have a documented reason for not being screened for depression (Table BH07_01).
   ✓ The individual was screened using the Major Depression Inventory tool (DEPS_T1=05).

2. Then, the score of the validated screening tool will determine if the individual has screened positive for depression. If the individual has a positive depression screen, a hospital should look to DEPS_I1 to indicate what type of follow up plan was documented. If DEPS_I1 is blank, no follow-up plan was documented.
   ✓ The individual was screened with a validated screening tool, the MDI. They screened positive for depression (DEPS_O1=01) and had a documented follow-up plan in their individual record (DEPS_I1=03). The follow-up plan for this patient was “Referral to practitioner who is qualified to diagnose and treat depression.”

Performance Met
Sample Individual #3: Profile

- Gender: Male
- Age: 60
- Encounter Date: August 20, 2020
- Screening Date: August 20, 2020
- Revenue Code: 450
- HCPCS Code: G8433
- CPT Code: 92950

Test Your Knowledge:
Performance has NOT been met for this individual. From this profile, can you explain why performance has not been met?

<table>
<thead>
<tr>
<th>M_ID</th>
<th>MDOB</th>
<th>M_GENDER</th>
<th>M_PROV</th>
<th>M_SAMP</th>
<th>M_ELEMT</th>
<th>SVC_DT</th>
<th>RES_VAL</th>
<th>CODE_VAL</th>
<th>DEPS_T1</th>
<th>DEPS_O1</th>
<th>DEPS_S1</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH07</td>
<td>11/2/1959</td>
<td>M</td>
<td>1013010917</td>
<td>0</td>
<td>D</td>
<td>8/20/2020</td>
<td>U</td>
<td>450</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BH07</td>
<td>11/2/1959</td>
<td>M</td>
<td>1013010917</td>
<td>0</td>
<td>X</td>
<td>8/20/2020</td>
<td>H</td>
<td>G8433</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BH07</td>
<td>11/2/1959</td>
<td>M</td>
<td>1013010917</td>
<td>0</td>
<td>X</td>
<td>8/20/2020</td>
<td>C</td>
<td>92950</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sample Individual #3: Denominator

1. First, it is assumed that this individual has been attributed to your hospital, has 90 days of continuous enrollment in Medicaid, meets the age criteria and check if their index encounter was in an ED or outpatient hospital clinic (Value Set Table BH07_Nondx).
   ✓ The individual’s encounter has a Revenue Code of 450, meaning that the encounter was in the ED.

2. Next, a hospital should check if the individual has prior exclusionary diagnoses (Table BH07_02), is in hospice (Table BH07_02b), and/or is receiving AMHR within the same calendar month or calendar month subsequent to the index encounter (Table BH07_02c).
   ✓ This individual does not have any exclusionary codes in their individual record.

Include in Denominator
Sample Individual #3: Numerator

1. To determine if performance was met, a hospital must first determine if the individual was screened OR if the individual has a documented reason for not being screened for depression (Table BH07_01).

   ✗ The individual was not screened but has a code or documented reason for not being screened. The HCPCS code G8433 is present indicating the individual was not screened and there is an exception documented. In the next row of data, it shows the individual was given Cardiopulmonary Resuscitation as indicated by CPT code 92950. This is an emergent situation and would likely result in an exception.

   Possible Exception

Note: Exceptions are determined on a case-by-case basis and are approved at the digression of the State.
How to Calculate Performance
Calculating Performance: Subgroups

*For this sample calculation, this hospital has a starting attributed population of 30 individuals.*

<table>
<thead>
<tr>
<th>Subgroup Criteria</th>
<th>Subgroup Counts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starting Population (Attributed)</td>
<td>30</td>
</tr>
<tr>
<td>Exclusions</td>
<td>11</td>
</tr>
<tr>
<td>Positive Depression Screen with Follow-Up Plan</td>
<td>5</td>
</tr>
<tr>
<td>Negative Depression Screen (No Follow-Up Plan required)</td>
<td>7</td>
</tr>
<tr>
<td>No Depression Screen Performed but Exception Documented</td>
<td>3</td>
</tr>
<tr>
<td>No Depression Screen Performed and No reason Documented</td>
<td>4</td>
</tr>
<tr>
<td>Positive Depression Screen and No Follow-Up Plan Documented</td>
<td>0</td>
</tr>
</tbody>
</table>
Calculating Performance: Denominator

- First, the *eligible population* for BH7 will be calculated from the starting attributed population.
- *Eligible population (BH7):* Attributed individuals, meeting the age and continuous eligibility criteria, who had an index encounter in an ED or outpatient hospital clinic during the MY who do not have any other exclusions.

Starting Attributed Population – Exclusions = Eligible Population

<table>
<thead>
<tr>
<th>Subgroup Criteria</th>
<th>Subgroup Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starting Population (Attributed)</td>
<td>30</td>
</tr>
<tr>
<td>Exclusions</td>
<td>11</td>
</tr>
<tr>
<td>Eligible Population (Denominator)</td>
<td>19</td>
</tr>
</tbody>
</table>
Calculating Performance: Numerator

• Next, the *numerator compliant individual population* will be calculated from the eligible population.

• **Measure Compliant Individual Population (BH7):** Individuals in the eligible population screened for depression on the date of the encounter or 14 days prior using a standardized depression screening tool and if positive, a follow-up plan is documented on the date of the eligible encounter.

• In this case, 2 exceptions must also be removed from the denominator.

Positive Depression Screen with FU + Negative Depression Screen = Measure Compliant Individual Population

<table>
<thead>
<tr>
<th>Subgroup Criteria</th>
<th>Subgroup Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Depression Screen with Follow-Up Plan</td>
<td>5</td>
</tr>
<tr>
<td>Negative Depression Screen (No Follow-Up Plan required)</td>
<td>7</td>
</tr>
<tr>
<td>No Depression Screen Performed but Exception Documented</td>
<td>4</td>
</tr>
<tr>
<td>Measure Compliant Individual Population</td>
<td>12</td>
</tr>
</tbody>
</table>
Calculating Performance: Percentage

• Finally, the measure compliant population will be derived as a portion the eligible population. This value is the hospital’s performance on the measure.

\[(\text{Measure Compliant Individual Population} / \text{Eligible Population}) \times 100 = \text{Individual Hospital Performance}\]

<table>
<thead>
<tr>
<th>Subgroup Criteria</th>
<th>Subgroup Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure Compliant Individual Population</td>
<td>12</td>
</tr>
<tr>
<td>Eligible Population</td>
<td>19 (19 – 4 Exceptions)</td>
</tr>
<tr>
<td>Individual Hospital Performance</td>
<td>80%</td>
</tr>
</tbody>
</table>
More Information

For more information about data submission, please review the standard reporting templates and associated guides available on the QIP-NJ website: [https://qip-nj.nj.gov/participants.html](https://qip-nj.nj.gov/participants.html).

For more information about the measures, please reference the QIP-NJ Databook FAQ document: [https://qip-nj.nj.gov/Documents/Databook%20FAQ_v1_1_FOR_POSTING.pdf](https://qip-nj.nj.gov/Documents/Databook%20FAQ_v1_1_FOR_POSTING.pdf).

With any additional questions or concerns, please contact [QIP-NJ@PCGUS.com](mailto:QIP-NJ@PCGUS.com).