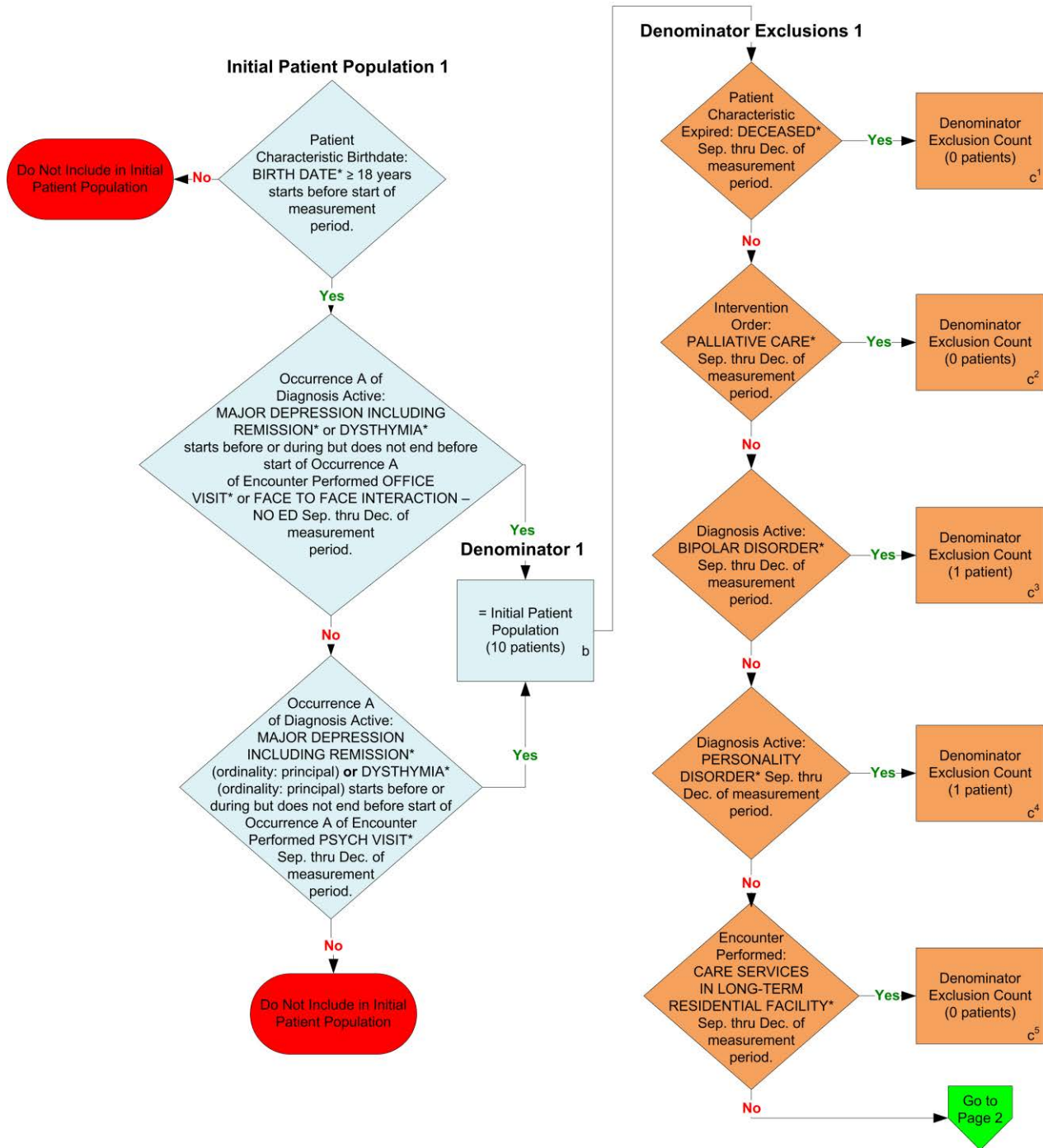


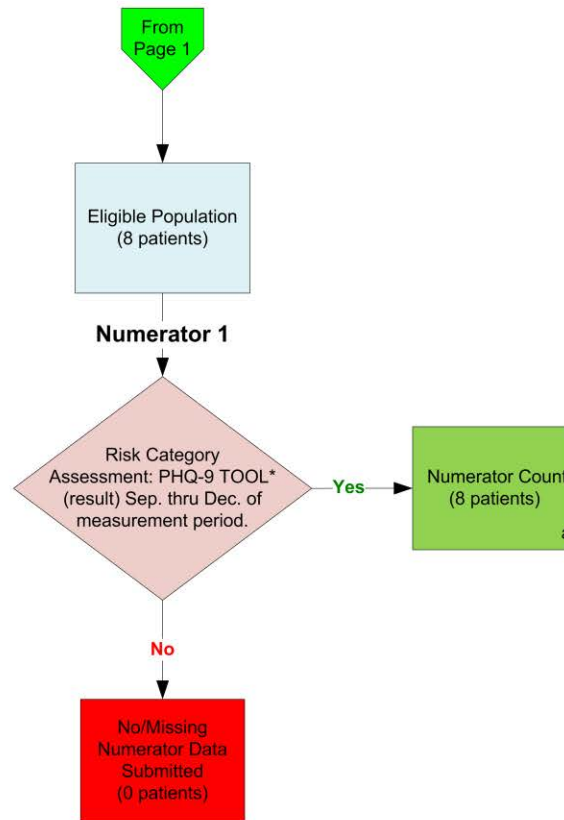
*This eCQM requires the reporting of three Performance Rates*



\*Please refer to the specific section of the eCQM to identify the QDM data elements and associated value sets for use in reporting this eCQM.

‡ For a listing of appropriate encounters, please refer to the QDM data elements and associated value sets as specific data elements have not been listed.

2014 eCQM Flow  
Measure Identifier: CMS160v3  
NQF 0712: Depression Utilization of the PHQ-9 Tool



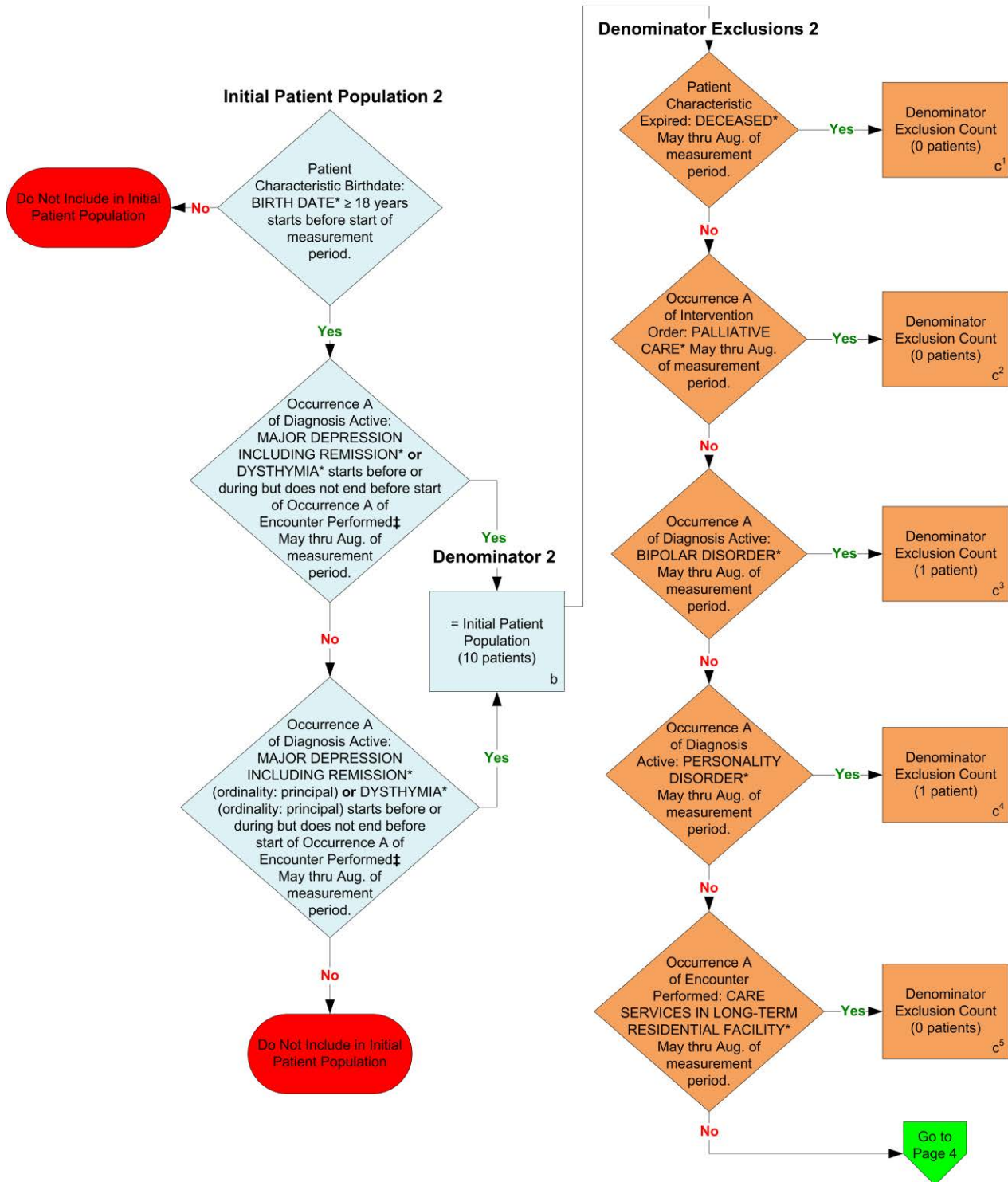
\*Please refer to the specific section of the eCQM to identify the QDM data elements and associated value sets for use in reporting this eCQM.

**SAMPLE CALCULATION:** *Combination of Initial Patient Population 1; Denominator 1; Numerator 1*

**Performance Rate =**

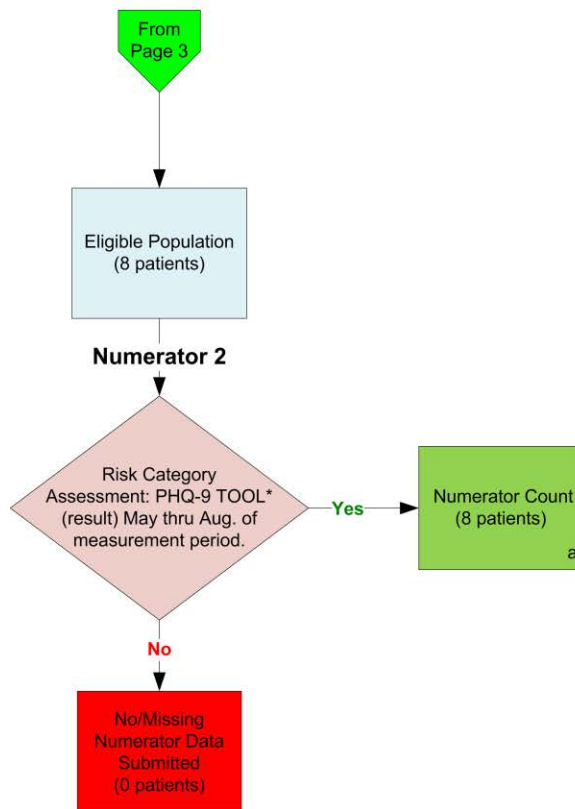
$$\frac{\text{Numerator (a=8 patients)}}{\text{Denominator (b=10 patients) – Denominator Exclusions (c}^1 + \text{c}^2 + \text{c}^3 + \text{c}^4 + \text{c}^5 = 2 \text{ patients) – Denominator Exceptions (N/A)}} = 100.00\%$$

2014 eCQM Flow  
Measure Identifier: CMS160v3  
NQF 0712: Depression Utilization of the PHQ-9 Tool



\*Please refer to the specific section of the eCQM to identify the QDM data elements and associated value sets for use in reporting this eCQM.  
‡ For a listing of appropriate encounters, please refer to the QDM data elements and associated value sets as specific data elements have not been listed.

2014 eCQM Flow  
Measure Identifier: CMS160v3  
NQF 0712: Depression Utilization of the PHQ-9 Tool



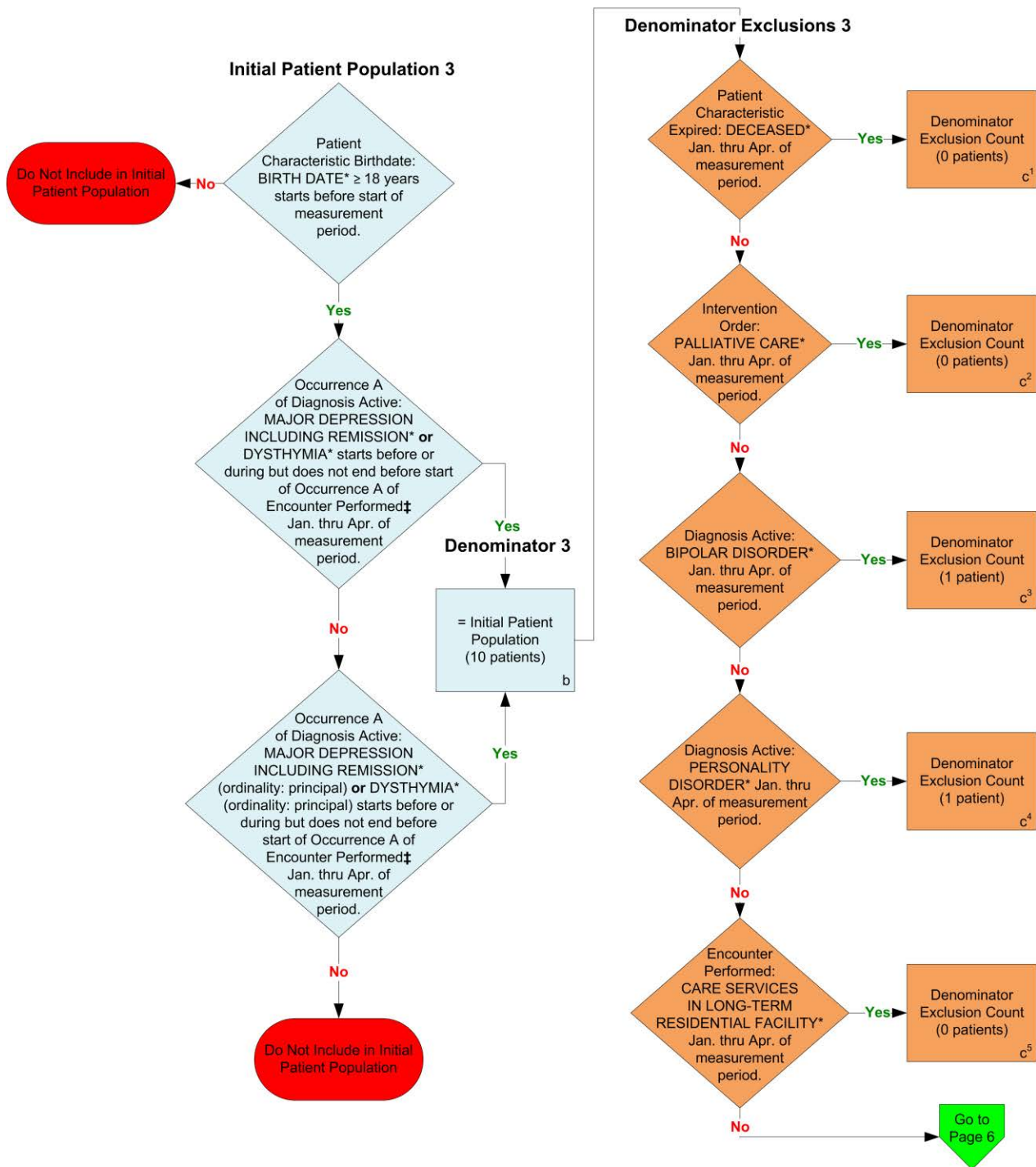
\*Please refer to the specific section of the eCQM to identify the QDM data elements and associated value sets for use in reporting this eCQM.

**SAMPLE CALCULATION:** *Combination of Initial Patient Population 2; Denominator 2; Numerator 2*

**Performance Rate =**

$$\frac{\text{Numerator (a=8 patients)}}{\text{Denominator (b=10 patients) – Denominator Exclusions (c}^1\text{ + c}^2\text{ + c}^3\text{ + c}^4\text{ + c}^5\text{ = 2 patients) – Denominator Exceptions (N/A)}} = 100.00\%$$

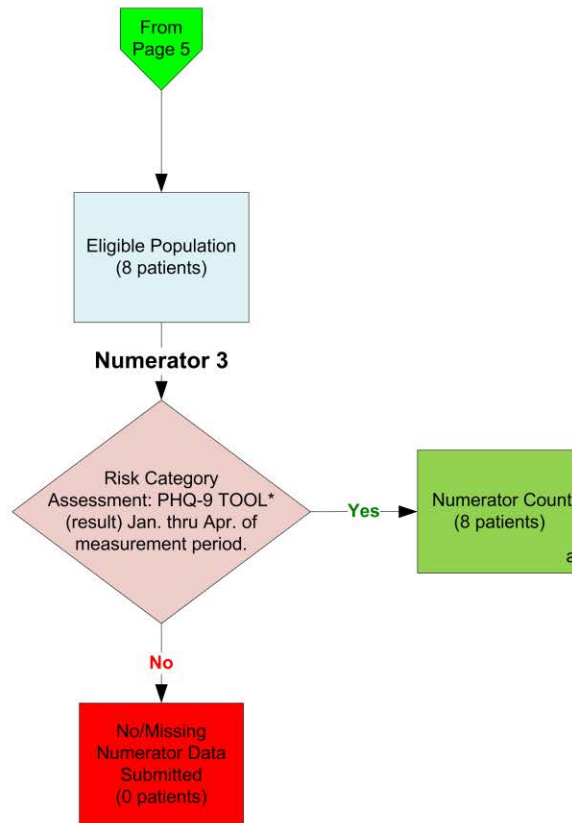
2014 eCQM Flow  
Measure Identifier: CMS160v3  
NQF 0712: Depression Utilization of the PHQ-9 Tool



\*Please refer to the specific section of the eCQM to identify the QDM data elements and associated value sets for use in reporting this eCQM.  
‡For a listing of appropriate encounters, please refer to the QDM data elements and associated value sets as specific data elements have not been listed.



2014 eCQM Flow  
Measure Identifier: CMS160v3  
NQF 0712: Depression Utilization of the PHQ-9 Tool



\*Please refer to the specific section of the eCQM to identify the QDM data elements and associated value sets for use in reporting this eCQM.

**SAMPLE CALCULATION:** *Combination of Initial Patient Population 3; Denominator 3; Numerator 3*

**Performance Rate =**

$$\frac{\text{Numerator (a=8 patients)}}{\text{Denominator (b=10 patients) – Denominator Exclusions (c}^1\text{ + c}^2\text{ + c}^3\text{ + c}^4\text{ + c}^5\text{ = 2 patients) – Denominator Exceptions (N/A)}} = 100.00\%$$

2014 eCQM Flows  
Measure Identifier: CMS160v3  
NQF 0712: Depression Utilization of the PHQ-9 Tool  
*This eCQM requires the reporting of three Performance Rates*

Please refer to the specific section of the eCQM to identify the QDM data elements and associated value sets for use in reporting this eCQM.

1. Start Initial Patient Population 1
2. Check Patient Characteristic Birthdate:
  - a. If QDM data element, BIRTH DATE, is greater than or equal to 18 years starts before start of measurement period equals No, do not include in Initial Patient Population. Stop Processing.
  - b. If QDM data element, BIRTH DATE, is greater than or equal to 18 years starts before start of measurement period equals Yes, proceed to check Diagnosis Active.
3. Check Diagnosis Active:
  - a. If Occurrence A of QDM data element, MAJOR DEPRESSION INCLUDING REMISSION, or DYSTHYMIA, starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, OFFICE VISIT or FACE TO FACE INTERACTION – NO ED, September thru December of the measurement period equals Yes, include in Initial Patient Population 1 and go to Denominator 1.
  - b. If Occurrence A of QDM data element, MAJOR DEPRESSION, or DYSTHYMIA, starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, OFFICE VISIT or FACE TO FACE INTERACTION – NO ED, September thru December of the measurement period equals No, go to check Diagnosis Active.
4. Check Diagnosis Active:
  - a. If Occurrence A of QDM data element, MAJOR DEPRESSION INCLUDING REMISSION (ordinality: principal), or DYSTHYMIA (ordinality: principal), starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, PSYCH VISIT, September thru December of the measurement period equals Yes, include in Initial Patient Population 1 and go to Denominator 1.
  - b. If Occurrence A of QDM data element, MAJOR DEPRESSION INCLUDING REMISSION (ordinality: principal), or DYSTHYMIA (ordinality: principal), starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, PSYCH VISIT, September thru December of the measurement period equals No, do not include in the Initial Patient Population. Stop Processing.
5. Start Denominator 1
  - a. Denominator equals the Initial Patient Population. Denominator is represented by letter B in the sample calculation listed at the end of this document. Letter B equals 10 patients in the sample calculation.
6. Start Denominator Exclusions 1
7. Check Patient Characteristic Expired:
  - a. If QDM data element, DECEASED, September thru December of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C<sup>1</sup> in the sample calculation listed at the end of this document. Letter C<sup>1</sup> equals 0 patients in the sample calculation.

- b. If the QDM data element, DECEASED, September thru December of the measurement period equals No, go to check Intervention Order.
- 8. Check Intervention Order:
  - a. If QDM data element, PALLIATIVE CARE, September thru December of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C<sup>2</sup> in the sample calculation listed at the end of this document. Letter C<sup>2</sup> equals 0 patients in the sample calculation.
  - b. If QDM data element, PALLIATIVE CARE, September thru December of the measurement period equals No, go to check Diagnosis Active.
- 9. Check Diagnosis Active:
  - a. If QDM data element, BIPOLAR DISORDER, September thru December of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C<sup>3</sup> in the sample calculation listed at the end of this document. Letter C<sup>3</sup> equals 1 patient in the sample calculation.
  - b. If QDM data element, BIPOLAR DISORDER, September thru December of the measurement period equals No, go to check Diagnosis Active.
- 10. Check for Diagnosis Active:
  - a. If QDM data element, PERSONALITY DISORDER, September thru December of the measurement period equals Yes, include in Denominator Exclusions count. Denominator Exclusion is represented by letter C<sup>4</sup> in the sample calculation listed at the end of this document. Letter C<sup>4</sup> equals 1 patient in the sample calculation.
  - b. If QDM data element, PERSONALITY DISORDER, September thru December of the measurement period equals No, go to check Encounter Performed
- 11. Check for Encounter Performed:
  - a. If QDM data element, CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY, September thru December of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C<sup>5</sup> in the sample calculation listed at the end of this document. Letter C<sup>5</sup> equals 0 patients in the sample calculation.
  - b. If QDM data element, CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY, September thru December of the measurement period, equals No, include in Eligible Population and go to the Numerator.
- 12. Start Numerator 1
- 13. Check Risk Category Assessment:
  - a. If QDM data element, PHQ-9 TOOL (result), September thru December of the measurement period equals Yes, include in Numerator Count. Numerator is represented by letter A in the sample calculation listed at the end of this document. Letter A equals 8 patients in the sample calculation. Continue on to Initial Patient Population 2.
  - b. If QDM data element, PHQ-9 TOOL (result), September thru December of the measurement period equals No, include in the No/Missing Data Submitted count. Stop Processing. Continue on to Initial Patient Population 2.



**SAMPLE CALCULATION:** *Combination of Initial Patient Population 1; Denominator 1; Numerator 1*

**Performance Rate =**

Numerator (a= 8 patients)

÷

Denominator (b=10 patients) – Denominator Exclusions ( $c^1+c^2+c^3+c^4+c^5 = 2$  patients) – *Denominator Exceptions (N/A)*

= **100.00%**

1. Start Initial Patient Population 2
2. Check Patient Characteristic Birthdate:
  - a. If QDM data element, BIRTH DATE, is greater than or equal to 18 years starts before start of measurement period equals No, do not include in Initial Patient Population. Stop Processing.
  - b. If QDM data element, BIRTH DATE, is greater than or equal to 18 years starts before start of measurement period equals Yes, proceed to check Diagnosis Active.
3. Check Diagnosis Active:
  - a. If Occurrence A of QDM data element, MAJOR DEPRESSION INCLUDING REMISSION, or DYSTHYMIA, starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, OFFICE VISIT or FACE TO FACE INTERACTION – NO ED, May thru August of the measurement period equals Yes, include in Initial Patient Population 2 and go to Denominator 2.
  - b. If Occurrence A of QDM data element, MAJOR DEPRESSION, or DYSTHYMIA, starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, OFFICE VISIT, or FACE TO FACE INTERACTION – NO ED, May thru August of the measurement period equals No, go to check Diagnosis Active.
4. Check Diagnosis Active:
  - a. If Occurrence A of QDM data element, MAJOR DEPRESSION INCLUDING REMISSION (ordinality: principal), or DYSTHYMIA (ordinality: principal), starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, PSYCH VISIT, May thru August of the measurement period equals Yes, include in Initial Patient Population 2 and go to Denominator 2.
  - b. If Occurrence A of QDM data element, MAJOR DEPRESSION INCLUDING REMISSION (ordinality: principal), or DYSTHYMIA (ordinality: principal), starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, PSYCH VISIT, May thru August of the measurement period equals No, do not include in the Initial Patient Population. Stop Processing.
5. Start Denominator 2
  - a. Denominator equals the Initial Patient Population. Denominator is represented by letter B in the sample calculation listed at the end of this document. Letter B equals 10 patients in the sample calculation.
6. Start Denominator Exclusions 2
7. Check Patient Characteristic Expired:
  - b. If QDM data element, DECEASED, May thru August of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C<sup>1</sup> in the sample calculation listed at the end of this document. Letter C<sup>1</sup> equals 0 patients in the sample calculation.
  - c. If QDM data element, DECEASED, May thru August of the measurement period equals No, go to check Intervention Order.
8. Check Intervention Order:
  - d. If Occurrence A of QDM data element, PALLIATIVE CARE, May thru August of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C<sup>2</sup> in the sample calculation listed at the end of this document. Letter C<sup>2</sup> equals 0 patients in the sample calculation.

- e. If Occurrence A of QDM data element, PALLIATIVE CARE, May thru August of the measurement period equals No, go to check Diagnosis Active.
9. Check Diagnosis Active:
  - f. If Occurrence A of QDM data element, BIPOLAR DISORDER, May thru August of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C<sup>3</sup> in the sample calculation listed at the end of this document. Letter C<sup>3</sup> equals 1 patient in the sample calculation.
  - g. If Occurrence A of QDM data element, BIPOLAR DISORDER, May thru August of the measurement period equals No, go to check Diagnosis Active.
10. Check Diagnosis Active:
  - h. If Occurrence A of QDM data element, PERSONALITY DISORDER, May thru August of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C<sup>4</sup> in the sample calculation listed at the end of this document. Letter C<sup>4</sup> equals 1 patient in the sample calculation.
  - i. If Occurrence A of QDM data element, PERSONALITY DISORDER, May thru August of the measurement period equals No, go to check Encounter Performed
11. Check Encounter Performed:
  - j. If Occurrence A of QDM data element, CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY, May thru August of the measurement period equals Yes, include in Denominator Exclusions count. Denominator Exclusion is represented by letter C<sup>5</sup> in the sample calculation listed at the end of this document. Letter C<sup>5</sup> equals 0 patients in the sample calculation.
  - k. If Occurrence A of QDM data element, CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY, May thru August of the measurement period, equals No, go to the Numerator.
12. Start Numerator 2
13. Check Risk Category Assessment:
  - l. If QDM data element, PHQ-9 TOOL (result), May thru August of the measurement period equals Yes, include in Numerator Count. Numerator is represented by letter A in the sample calculation listed at the end of this document. Letter A equals 8 patients in the sample calculation. Continue on to Initial Patient Population 3.
  - m. If QDM data element, PHQ-9 TOOL (result), May thru August of the measurement period equals No, include in the No/Missing Data Submitted count. Stop Processing. Continue on to Initial Patient Population 3.

**SAMPLE CALCULATION:** *Combination of Initial Patient Population 2; Denominator 2; Numerator 2*

**Performance Rate =**

Numerator (a= 8 patients)

÷

Denominator (b=10 patients) – Denominator Exclusions (c<sup>1</sup>+c<sup>2</sup>+c<sup>3</sup>+c<sup>4</sup>+c<sup>5</sup> = 2 patients) – *Denominator Exceptions (N/A)*

= **100.00%**

1. Start Initial Patient Population 3
2. Check Patient Characteristic Birthdate:
  - a. If the QDM data element, BIRTH DATE, is greater than or equal to 18 years starts before start of measurement period equals No, do not include in Initial Patient Population. Stop Processing.
  - b. If the QDM data element, BIRTH DATE, is greater than or equal to 18 years starts before start of measurement period equals Yes, proceed to check Diagnosis Active.
3. Check Diagnosis Active:
  - a. If Occurrence A of QDM data element, MAJOR DEPRESSION INCLUDING REMISSION, or DYSTHYMIA, starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, OFFICE VISIT or FACE TO FACE INTERACTION – NO ED, January thru April of the measurement period equals Yes, include in Initial Patient Population 2 and go to Denominator 2.
  - b. If Occurrence A of QDM data element, MAJOR DEPRESSION, or DYSTHYMIA, starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, OFFICE VISIT, or FACE TO FACE INTERACTION – NO ED, January thru April of the measurement period equals No, go to check Diagnosis Active.
4. Check Diagnosis Active:
  - a. If Occurrence A of QDM data element, MAJOR DEPRESSION INCLUDING REMISSION (ordinality: principal, or DYSTHYMIA (ordinality: principal), starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, PSYCH VISIT, January thru April of the measurement period equals Yes, include in Initial Patient Population 2 and go to Denominator 2.
  - b. If Occurrence A of QDM data element, MAJOR DEPRESSION INCLUDING REMISSION (ordinality: principal), or DYSTHYMIA (ordinality: principal), starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, PSYCH VISIT, January thru April of the measurement period equals No, do not include in the Initial Patient Population. Stop Processing.
5. Start Denominator 3
  - a. Denominator equals the Initial Patient Population. Denominator is represented by letter B in the sample calculation listed at the end of this document. Letter B equals 10 patients in the sample calculation.
6. Start Denominator Exclusions 3
7. Check Patient Characteristic Expired:
  - a. If QDM data element, DECEASED, January thru April of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C<sup>1</sup> in the sample calculation listed at the end of this document. Letter C<sup>1</sup> equals 0 patients in the sample calculation.
  - b. If QDM data element, DECEASED, January thru April of the measurement period equals No, go to check Intervention Order.
8. Check Intervention Order:
  - a. If QDM data element, PALLIATIVE CARE, January thru April of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion

- is represented by letter C<sup>2</sup> in the sample calculation listed at the end of this document. Letter C<sup>2</sup> equals 0 patients in the sample calculation.
- b. If QDM data element, PALLIATIVE CARE, January thru April of the measurement period equals No, go to check Diagnosis Active.
9. Check for Diagnosis Active:
    - a. If QDM data element, BIPOLAR DISORDER, January thru April of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C<sup>3</sup> in the sample calculation listed at the end of this document. Letter C<sup>3</sup> equals 1 patient in the sample calculation.
    - b. If QDM data element, BIPOLAR DISORDER, January thru April of the measurement period equals No, go to check Diagnosis Active.
  10. Check for Diagnosis Active:
    - a. If QDM data element, PERSONALITY DISORDER, January thru April of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C<sup>4</sup> in the sample calculation listed at the end of this document. Letter C<sup>4</sup> equals 1 patient in the sample calculation.
    - b. If QDM data element, PERSONALITY DISORDER, January thru April of the measurement period equals No, go to check Encounter Performed
  11. Check for Encounter Performed:
    - a. If QDM data element, CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY, January thru April of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C<sup>5</sup> in the sample calculation listed at the end of this document. Letter C<sup>5</sup> equals 0 patients in the sample calculation.
    - b. If QDM data element, CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY, January thru April of the measurement period, equals No, go to the Numerator.
  12. Start Numerator 3
  13. Check Risk Category Assessment:
    - a. If QDM data element, PHQ-9 TOOL (result), January thru April of the measurement period equals Yes, include in Numerator Count. Numerator is represented by letter A in the sample calculation listed at the end of this document. Letter A equals 8 patients in the sample calculation.
    - b. If QDM data element, PHQ-9 TOOL (result), January thru April of the measurement period equals No, include in the No/Missing Data Submitted count. Stop Processing.

**SAMPLE CALCULATION:** *Combination of Initial Patient Population 3; Denominator 3; Numerator 3*

**Performance Rate =**

Numerator (a= 8 patients)

÷

Denominator (b=10 patients) – Denominator Exclusions (c<sup>1</sup>+c<sup>2</sup>+c<sup>3</sup>+c<sup>4</sup>+c<sup>5</sup> = 2 patients) – *Denominator Exceptions (N/A)*

= **100.00%**