



Rule of Record: CY 2020 ESRD PPS Final Rule

Clinical Depression Screening and Follow-Up (Reporting Measure)

Domain –*Care Coordination*

Higher rate desired

Measure Description

The percentage of eligible patients for which a facility reports in CROWNWeb one of four conditions related to clinical depression screening and follow-up (as provided below in the “Additional Information” section) before the close of the December 2021 clinical month in CROWNWeb. (Based on NQF #0418)

Measure Type

Process

Numerator Statement

Number of eligible patients in the performance period for whom a facility successfully reports one of six conditions related to clinical depression screening and follow-up

Denominator Statement

Number of eligible patients in the performance period

Exclusions

Facility Exclusions

1. Facilities with a CCN certification date on or after April 1 of the performance period.
2. Facilities treating fewer than 11 eligible patients during the performance period.
3. Facilities with at least one approved ECE month during the performance period.

Patient Exclusions

1. Patients who are younger than 12 years.
2. Patients treated at the facility for fewer than 90 days.
3. Patients not on ESRD treatment as defined by a completed 2728 form, a REMIS/CROWNWeb record, or a sufficient amount of dialysis reported on dialysis facility claims.

Data Source(s)

1. REMIS, CROWNWeb, Enrollment Data Base (EDB), and other CMS ESRD administrative data.

Additional Information

1. Facilities can select one of six conditions in CROWNWeb:
 - 1) Screening for clinical depression is documented as being positive, and a follow-up plan is documented.



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- 2) Screening for clinical depression documented as positive, and a follow-up plan not documented, and the facility possess documentation stating the patient is not eligible.
 - 3) Screening for clinical depression documented as positive, the facility possesses no documentation of a follow-up plan, and no reason is given.
 - 4) Screening for clinical depression is documented as negative, and a follow-up plan is not required.
 - 5) Screening for clinical depression not documented, but the facility possesses documentation stating the patient is not eligible.
 - 6) Clinical depression screening not documented, and no reason is given.
2. Facilities are required to select condition 1, 2, 3, 4, 5 or 6 for all eligible patients in order to be counted in the numerator.
 3. Facilities will be scored using the following equation:

$$\left[\frac{\text{Number of Eligible Patients for Whom a Facility Successfully Reports One of Six Conditions During the Performance Period}}{\text{Total number of Eligible Patients During the Performance Period}} \right] \times 10$$