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| Overarching Principles and Definitions |
| Active Patients: | Out patients seen by a primary care clinician of the PCMH anytime within the last 24 monthsDefinition of primary care clinician includes the following: MD/DO, Physician’s Assistant (PA), and Certified Nurse Practitioner (CNP). The following are the eligible CPT/HCPCS office visit codes for determining Active Patient status: 99201-99205; 99212-99215; 99324-99337; 99341-99350; 99381 – 99387; 99391-99397; 99490, 99495-99496, G0402; G0438-G0439Acceptable Exclusions: Patients who have left the practice, as determined by one or more of the following:1. Patient has asked for records to be transferred or otherwise indicated that they are leaving the practice
2. Patient has passed away
3. Patient cannot be reached on 3 consecutive occasions via phone or emergency contact person
4. Patient has been discharged according to practice’s discharge policy
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| Outpatient Visit Criteria: | The following are the eligible CPT/HCPCS office visit codes for determining if a patient was seen during the measurement year. These codes are identical to those identifying active patients, with the exception of 99490 (CCM code) used in the active patient list, but not outpatient visit codes. 99201-99205; 99212-99215; 99324-99337; 99341-99350; 99381 – 99387; 99391-99397; 99495-99496, G0402; G0438-G0439 |
| Encounter Types: | In addition to following CPT/HCPCS code level of service guidelines to establish an eligible population, report writers should ensure encounter types are limited to include only face to face encounter types for those measures requiring a face to face encounter. Example: Depression screening: Patient turns 18 in July 2019. In the record they have two “encounters” in 2019 – a well visit in April and a nurse care manager phone call in August. Failure to limit encounter types correctly could result in the nurse care manager visit erroneously triggering this patient in the eligible population. |
| Practices using shared EHR systems: | Denominator calculation are based upon encounters in the PCMH unless otherwise specified. Numerator events may be from any source (e.g. a recorded BMI or lab value). |
| Value Set Information: | HEDIS® measures reference Value Sets are available for download at store.ncqa.org under the search term: “2016 Quality Rating System (QRS) HEDIS® Value Set Directory.” See attached “Instructions for Obtaining “2016 Quality Rating System (QRS) HEDIS® Value Set Directory.”  |

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| Measure: | Screening for Clinical Depression |
| Description: | The percentage of active patients 18 years of age and older on the date of the encounter screened for clinical depression using an age appropriate standardized tool  |
| Age criteria: | Eligible population is determined as 18 at the date of encounter.**Example 1:** Patient turns 18 on 4/15/2019Date of encounter 4/12/2019Patient is NOT IN denominator**Example 2:** Patient turns 18 on 4/15/2019Date of encounter 6/12/2019Patient is IN denominator |
| Numerator Statement: | Active patients 18 years of age and older on the date of encounter screened for clinical depression at least once during the measurement period using an age appropriate standardized tool  |
| Denominator Statement: | Active patients 18 years of age and older on the date of encounter. Encounter must meet the outpatient visit criteria. |
| Acceptable Exclusions: | 1. Patient has a diagnosed bipolar disorder
2. Patient has a diagnosis of dementia
3. Patient has a personality disorder
4. Patient has a diagnosis of psychosis
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| Adult Screening Tools: | Acceptable tools include the Patient Health Questionnaire (PHQ-9) |
| Look back Period: | 12 months |
| Identification of High Risk Population for follow-up in 5-7 months: | Patients with a PHQ score >=10  |
| Source: | Home grown |

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| Measure: | Screening for Anxiety |
| Description: | The percentage of active patients 18 years of age and older on the date of the encounter screened for anxiety using a standardized tool  |
| Age criteria: | Eligible population is determined as 18 at the date of encounter.**Example 1:** Patient turns 18 on 4/15/2019Date of encounter 4/12/2019Patient is NOT IN denominator**Example 2:** Patient turns 18 on 4/15/2019Date of encounter 6/12/2019Patient is IN denominator |
| Numerator Statement: | Active patients 18 years of age and older on the date of encounter screened for anxiety at least once during the measurement period using a standardized tool  |
| Denominator Statement: | Active patients 18 years of age and older on the date of encounter. Encounter must meet the outpatient visit criteria. |
| Acceptable Exclusions: | 1. Patient has a diagnosed bipolar disorder
2. Patient has a diagnosis of dementia
3. Patient has a personality disorder
4. Patient has a diagnosis of psychosis
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| Adult Screening Tools: | Acceptable tools include the GAD7 |
| Look back Period: | 12 months |
| Identification of High Risk Population for follow-up in 5-7 months: | Patients with a GAD7 score >=10  |
| Source: | Home grown |

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| Measure: | Screening for Substance Abuse |
| Description: | The percentage of active patients 18 years of age and older on the date of the encounter screened for anxiety using a standardized tool  |
| Age criteria: | Eligible population is determined as 18 at the date of encounter.**Example 1:** Patient turns 18 on 4/15/2019Date of encounter 4/12/2019Patient is NOT IN denominator**Example 2:** Patient turns 18 on 4/15/2019Date of encounter 6/12/2019Patient is IN denominator |
| Numerator Statement: | Active patients 18 years of age and older on the date of encounter screened for anxiety at least once during the measurement period using a standardized tool  |
| Denominator Statement: | Active patients 18 years of age and older on the date of encounter. Encounter must meet the outpatient visit criteria. |
| Acceptable Exclusions: | 1. Patient has a diagnosed bipolar disorder
2. Patient has a diagnosis of dementia
3. Patient has a personality disorder
4. Patient has a diagnosis of psychosis
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| Adult Screening Tools: | CAGE-AID |
| Look back Period: | 12 months |
| Identification of High Risk Population for follow-up in 5-7 months: | Patients with a CAGE-AID score >=1  |
| Source: | Home grown |