2022 CNY-AIM/IHANY
Web Interface_GPRO Education Series

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Medicare Shared Savings Program
Web Interface Measure-GPRO Reporting

In order to be eligible to share in any savings generated, an ACO must meet the established quality performance standard that corresponds to its performance year.

Quality reporting for the Shared Savings program is done by a manual abstraction process of web interface measures called ***Group Practice Reporting Option (GPRO)***.

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The Measurement Period is defined as:

January 1, 2022 – December 31, 2022.

Web Interface Reporting Period (for 2022 data):

Jan 3, 2023 – March 31, 2023

Medicare Shared Savings Program
2022 Web Interface Measures/Benchmarks

Appendix: Proposed CMS Web Interface Measure Benchmarks for the 2022 Performance Year

Measure-#	Description	30th perc.	40th perc.	50th perc.	60th perc.	70th perc.	80th perc.	90th perc.
Quality ID #: 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control[1]	70.00	60.00	50.00	40.00	30.00	20.00	10.00
Quality ID #: 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan[2]	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 236	Controlling High Blood Pressure	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 318	Falls: Screening for Future Fall Risk	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 110	Preventive Care and Screening: Influenza Immunization	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention[2]	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 113	Colorectal Cancer Screening	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 112	Breast Cancer Screening	30.00	40.00	50.00	60.00	70.00	80.00	90.00
Quality ID #: 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Quality ID #: 370	Depression Remission at Twelve Months	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Measure 438 (PREV-13) & 370 (MH-1) are reporting only and not scored (when data completeness is met).

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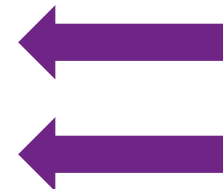
Medicare Shared Savings Program
2022 Web Interface Measure Specifications

CARE-2: Falls: Screening for Future Fall Risk
2022 Measure Specification

DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (<9%)
2022 Measure Specification

HTN-2: Controlling High Blood Pressure
2022 Measure Specification

MH-1: Depression Remission at Twelve Months
2022 Measure Specification

PREV-5: Preventive Care and Screening: Breast Cancer Screening
2022 Measure Specification

PREV-6: Preventive Care and Screening: Colorectal Cancer Screening
2022 Measure Specification

PREV-7: Preventative Care and Screening: Influenza Immunization
2022 Measure Specification

PREV-10: Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention
2022 Measure Specification

PREV-12: Preventative Care and Screening: Screening for Depression and Follow-Up Plan
2022 Measure Specification

PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
2022 Measure Specification

***All Coding documents can be found here.

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The Abstraction Process & Best Practices

Medicare Shared Savings Program
The Abstraction Process

Understanding Acceptable Documentation:

- Abstractors need to understand the metrics.

- Educate practices.

- Acceptable documentation is very measure-dependent.

Commonly Misunderstood Metrics:

- PREV-12: Preventive Care and Screening: Screening for Depression and Follow-Up Plan/MH-1: Depression Remission at 12 months/CARE-2: Fall Screening For Future Fall Risk.

Reasons for Misunderstandings:

- ❖ **Timing of the measure requirements: Most recent A1c or BP/ Follow up depression screening within 12 months/vaccination completed annually or mammogram within last 2 years and colorectal screening within a variety of times.**

- ❖ **Screening requirements: Fall screening can be documented any number of ways.**

- ❖ **Patients own misunderstandings/misperception of the screening.**

Commonly Under-Documented Metrics:

- HTN-2: Controlling High Blood Pressure.

- PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease.

- PREV-12: Preventive Care and Screening: Screening for Depression/MH-1: Depression Remission at 12 months.

Reasons for Lack of Documentation:

- ❖ **Patients miss appointments or appointments not occurring in the correct timing.**

- ❖ **Lack of notation in EMR of any actions taken**

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Medicare Shared Savings Program
The Web Interface Abstraction Tool

2021 CMS ACO Web Interface Template (2022 excel template not yet available)

2	3	4	5	6	7
Patient Demographics	Patient Demographics				
Patient ID ▾	Patient ID Type ▾	First Name ▾	Last Name ▾	Gender ▾	Date of Birth (MM/DD/YYYY) ▾
▬▬▬	MBI	▬▬▬	▬▬▬	▬▬▬	▬▬▬

QPP Website: https://qpp.cms.gov/

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Medicare Shared Savings Program
The Web Interface Abstraction Tool

2021 CMS ACO Web Interface Template (2022 excel template not yet available)

Patient Demographics	Patient Demographics						
Patient ID	**Patient ID Type**	**Medical Record Number**	**Clinic ID**	**Provider 1 NPI** Provider Names	**Provider 2 NPI** Provider Names	**Provider 3 NPI** Provider Names	**Comment**
▬▬	MBI		▬▬	▬▬	▬▬		Cardiology Associates of Schenectady for DX diagnosis
▬▬	MBI		▬▬	▬▬			

Medicare Shared Savings Program
The Web Interface Abstraction Tool: Patient Confirmation in the Sample

Eligibility: Determining whether the sample patient is eligible to be in the random sample.

Patient Confirmation			
Can you locate the patient's medical record and is the patient qualified for the sample? Learn More	**Disqualification Reason**	**Enter the date the patient became ineligible (MM/DD/YYYY)**	**Confirmation Comments**
Not Qualified for Sample	Deceased	11/30/2021	
Yes			

Measure Name	Help
Patient Confirmation	Select the disqualifying event that occurred during the measurement period (January 1 - December 31, 2021): • In Hospice: Select this option if the patient is not qualified for sample due to being in hospice care at any time during the measurement period (this includes non-hospice patients receiving palliative goals or comfort care). • Moved out of Country: Select this option if the patient is not qualified for sample because they moved out of the country any time during the measurement period • Deceased: Select this option if the patient died during the measurement period. • Non-FFS Medicare: Select this option if the patient was enrolled in Non-FFS Medicare at any time during the measurement period (i.e., commercial payers, Medicare Advantage, Non-FFS Medicare, HMOs, etc.). This exclusion is intended to remove patients for whom Fee-for-Service Medicare is not the primary payer. If "No - Medical Record Not Found" or "Not Qualified for Sample" is selected, the patient is completed but not confirmed. The patient will be "skipped" and another patient must be reported in their place, if available. The CMS Web Interface will automatically skip any patient for whom "No - Medical Record Not Found" or "Not Qualified for Sample" is selected in all other measures into which they have been sampled.

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Medicare Shared Savings Program
Abstraction Sample: Patient Confirmation

To be included in the measure sample, the following information must be completed for every patient prior to completing the measures to ensure the patient eligibility:

Can you locate the patient's medical record?
☐ Yes   ☐ No

Was the patient in hospice OR receiving palliative care goals OR comfort care at any time from January 1 – December 31, 2022?
☐ Yes*   ☐ No

Did the patient move out of the country at any time from January 1 – December 31, 2022?
☐ Yes*   ☐ No If yes, please provide date of move:

Was the patient deceased at any time from January 1 – December 31, 2022?
☐ Yes*   ☐ No If yes, please provide date of death:

Was the patient enrolled in an HMO (i.e., Commercial, Medicare Advantage, non-Medicare HMOs, etc.) at any time from January 1 – December 31, 2022?
☐ Yes*   ☐ No If yes, please provide name of HMO:

<u>*If yes, please provide the supporting documentation: Make a date and location notation in the comments section</u>

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Medicare Shared Savings Program
The Web Interface Abstraction Tool

Eligibility: Determining whether the sample patient is eligible to be in the random sample.

Lessons Learned from Abstraction Questions and QMV Audit

Web Interface Submission Documentation

- Ensure that the documentation *exactly* matches documentation in EMR.
  - ❖ Double check values and dates!

- **Timeframe:** Ensure that the services performed is within the acceptable timeframe for the measure specification.

- **Understand the measure specification details:**
  - ❖ Denominator, Numerator, Exclusions, and Exceptions
  - ❖ Use the resources in this slide set to become familiar with the measures.

Medicare Shared Savings Program
2022 Abstraction Tool Best Practices

Abstraction Document

- Keep your view and your work horizontal! Work row by row.

  - The patient confirmation section of the row activates the row and highlights the measures for that patient.

- ❖ *Completing a whole row (same patient) ensures that all measures for a sample patient are complete.*

Medical Record Information

- Ensure that the documentation evidence is located in the correct place in the EMR.

- In each of the measure **'comments' column** of the abstraction document:

  - Enter the date and location where the evidence is located.

- ❖ *If ever audited by CMS, this practice will help to quickly locate the information to produce the evidence for validation.*

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Medicare Shared Savings Program
Best Practices & Actions to Improve Quality Performance

Annual Wellness Exam: Complete Annual Wellness Exams on all eligible patients.
- **Most of the quality measures in this slide set will be covered by a completed annual wellness exam**.
- Be aware of the timeliness of certain measures- you may need to access additional encounters to achieve the validation in the right timeline.

Specialist Consultation Reports: Request medical summaries of outside providers and report results of any lab results, colorectal cancer screenings and mammograms if any are pending. *We need to be able to see the medical summary of that claim.*

Full Review of Consultation: Ensure that all consults are fully reviewed for additional results (mostly lab results) and notations.

EMR Information Location: File all consults and lab results in proper location in the EMR.

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Medicare Shared Savings Program
Abstraction Tool Best Practices

2021 Documentation Examples

❖ **CARE-2**

Additional fall risk screening information:

- A clinician with appropriate skills and experience may perform the screening
- Setting of screening is not restricted to an office setting
- Documentation of no falls is sufficient
- Medical record must include documentation of screening performed
- Any history of falls screening during the measurement period is acceptable as meeting the intent of the measu
- A gait or balance assessment meets the intent of the measure
- Screening for future fall risk may be completed during a telehealth encounter

❖ **DM-2**   *The lab report is best.*

- Synonyms for HbA1c testing may include
Glycohemoglobin A1c, HbA1c, Hemoglobin A1c, HgbA1c, A1c.
- Use the following priority ranking:
- Lab report draw date
- Lab report date
- Flow sheet documentation
- Practitioner notes
- Other documentation
- Patient Reported Requirement: Date and most recent value (distinct value required).
- Ranges and thresholds do not meet criteria for this indicator. A distinct numeric result is required for numerator compliance.
- At a minimum, documentation in the medical record must include a note indicating the date on which the HbA1c test was performed and the result. If the day is unknown, enter 01- i.e., 05/01/2021.
- Documentation of most recent HbA1c result may be completed during a telehealth encounter.
- HbA1c finger stick tests administered by a healthcare provider at the point of care are allowed.

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Medicare Shared Savings Program
Abstraction Tool Best Practices

2021 Documentation Examples

In both Measures, having the report is extremely important because it is going to provide the date and the result the best.

❖ *Prev-5*

- Total lookback period for a mammogram includes the measurement year, the year prior to the measurement year, and a 3-month grace period for a total of 27 months.
- Documentation in the medical record must include both of the following: A note indicating the date the breast cancer screening was performed AND the result or findings.
- Documentation of 'normal' or 'abnormal' is acceptable.
- Patient Reported Requirement: Date and type of test AND result/finding.
- Screening includes: Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography.
- MRI, Ultrasound and Biopsies are not considered breast cancer screening for this measure.
- Documentation of screening for breast cancer may be completed during a telehealth encounter.

❖ *Prev-6*

- FOBT: It is up to the organization to determine whether the specific test or brand meets the definition
- Do not count digital rectal exams (++DRE), FOBT tests performed in an office setting or performed on a sample collected via DRE.
- Documentation in the medical record must include both of the following: A note indicating the date the colorectal cancer screening was performed AND the result or findings.
- Documentation of 'normal' or 'abnormal' is acceptable.
- Patient Reported Requirement: Date (year) and type of test AND result/finding.
- Documentation of colorectal cancer screening may be completed during a telehealth encounter.

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Medicare Shared Savings Program
Tips for Your Abstraction Workflow

Working the Abstraction Tool

❖ Open the abstraction tool. It is an excel spreadsheet that has groups of columns for each measure. The answer to one question in one cell/field will trigger opening additional cells/fields within the measure set of columns until the measure is completed for validation or not validated.

❖ Scrolling from left to the right, scroll through the patient confirmation/eligibility columns to the first measure: Care-2: Fall Screening for Future Fall Risk.

❖ Using the Care-2 Ranking column, filter the tool in Ascending order: Lowest rank numbers to highest numbers.

❖ Starting with the lowest rank number first, work the first patient row to complete the patient confirmation and eligibility fields. If the patient is confirmed and eligible, then complete *all* the measures for which this first patient was sampled.

   ❖ Use the comments column within each measure section to document measure result details, date, and location of validation in the EMR. Be sure to name the EMR if you are working in multiple EMR products.

❖ When you have completed all the measures for which the patient has been included in the sample, you can move to the next patient row.

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Medicare Shared Savings Program
Tips for Your Abstraction Workflow

Working the Abstraction Tool (cont'd)

❖ Using the ranking numbers, we recommend that you complete all the patients sampled up to a ranking of 100 within the Care-2 measure. You may have a very small (as low as 1 or none) or many patients in each 100-rank grouping.

❖ Once you have completed whatever patients you have in the first 100 ranked patients for the Care-2 measure, *reverse the filter* for Care-2.

❖ Move to the next measure, DM-2: Diabetes Hemoglobin A1c: Poor Control and in the rank column *filter patient rows again* in ascending order (lowest to highest).

❖ Begin to work the whole patient row confirming the patient and eligibility then **each** measure for which the patient is chosen, including the Care-2 measure. Don't skip the Care-2 measure because the document is filtered for the DM-2 measure.

❖ Complete all the patients ranked up to 100 for the DM-2 measure.

❖ Repeat this whole process until you have completed the patients in the first 100 ranked in your sample – *for all the measures.*

❖ Each of us needs to complete the full sample of patients we have been given to work on. To fully complete the abstraction process, work in groups of 100 (ranked patients) until you have completed *every measure in every patient row.*

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Medicare Shared Savings Program
Tips for Your Abstraction Workflow

Why be So Specific About the Abstraction Workflow?

- **Our performance depends on it.**
    - Lower Ranks are needed early in the abstraction process.
    - *The overall performance for each measure is based on the first 250 consecutive (ranked) patients completed.*

- **Efficiency & Accuracy.**
    - Look at the whole patient as sample and finish the patient row entirely.

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Medicare Shared Savings Program
Best Practices & Actions to Improve Quality Performance

Patient Refusal: For patients that refuse any medical service for which they are eligible, document the refusal in the ***performance period/annually***. (particularly important to Influenza-Prev-7 & Depression Screening-Prev-12)

Problem List: Ensure that all applicable diagnoses are listed in the EMR current problems ***at all*** visits.

Medication Reconciliation: Ensure that ***all*** current medications are accurately listed in the EMR.

Snowbirds: If a patient is out of town for long periods and has other clinicians, request medical summaries from throughout the calendar year **before** the year end.

Primary Care Provider: Encourage the patient population that does not on appearance have a primary care physician (PCP) to initiate a relationship with a PCP.

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Medicare Shared Savings Program
Best Practices & Actions to Improve Quality Performance

Provider and Care Team Engagement

❖ Consistent communication to providers and care team members.

❖ Daily huddles, weekly and bi-weekly meetings around quality topics and process improvement

Practice Transformation/Workflow Optimization: Every Time, Every Patient!
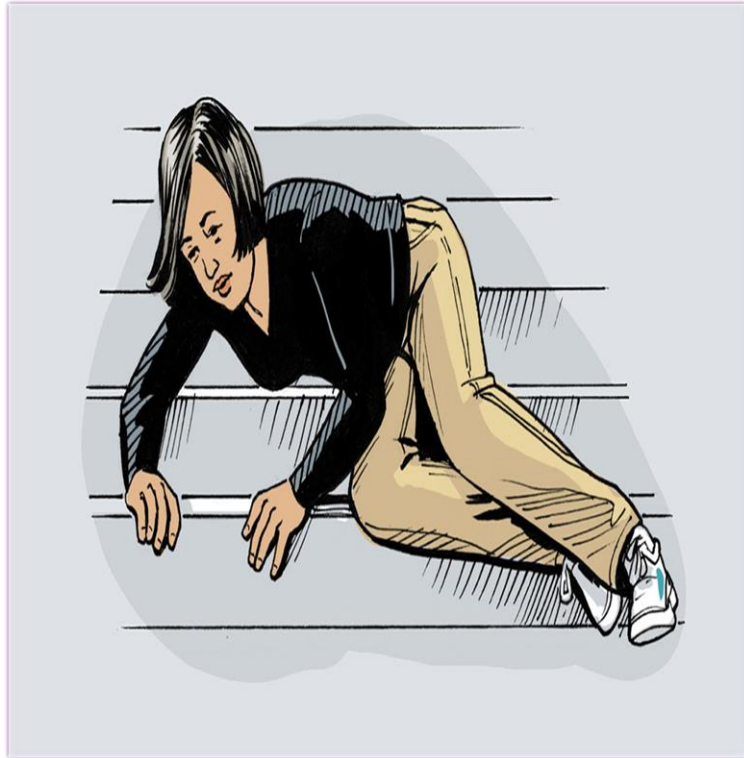
❖ Solid pre-visit planning workflow: Check health maintenance and gaps in care.

❖ Assess and review health maintenance and clinical coding conditions.

❖ Optimize and track check-out process.

❖ HealtheConnections (CNY-AIM) or HIXNY (IHANY) consent and look-up

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2022 Web Interface Measures

CARE-2: Falls: Screening for Future Fall Risk

The Why

Assessment and Management of Fall risk in Primary Care Settings

Falls: Definition and Magnitude of the Problem:

- Each year, approximately 30% to 40% of people aged 65 years and older who live in the community fall.[1] Roughly half of all falls result in an injury,[2] of which 10% are serious,[3] and injury rates increase with age.[4] The direct medical costs for falls total nearly **$30 billion annually**.[5]

- Falls in the outpatient setting are usually defined as "coming to rest unintentionally on the ground or lower level, not due to an acute overwhelming event"[6] (stroke, seizure, loss of consciousness) or external event to which any person would be susceptible.

- Falls are a major threat to older adults' quality of life, often causing a decline in self-care ability and participation in physical and social activities. Fear of falling, which develops in 20% to 39% of people who fall, can lead to further limiting activity, independent of injury.[7]

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Medicare Shared Savings Program
CARE 2: Falls: Screening for Future Fall Risk - *REVISED*

Description:

- Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.

Initial Population/ Denominator:

- Patients aged 65 years and older with a visit during the measurement period.

Numerator:

- Patients who were screened for future fall risk at least once within the measurement period.

Definition:

- **Screening for Future Fall Risk:** Assessment of whether an individual has experienced a fall or problems with gait or balance. A specific screening tool is not required for this measure, however potential screening tools include the Morse Fall Scale and the timed Get-Up-And-Go test.
- **Fall:** A sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure or overwhelming external force.

Exclusions:

- **None** – *Changed: previous year had non-ambulatory exclusion*

Exceptions:

- None

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Medicare Shared Savings Program
CARE 2: Falls: Screening for Future Fall Risk - *REVISED*

1.5.2023 Measure Clarification

The expectation for this measures is that a falls screening is completed during the measurement period for **each** eligible patient and no longer excludes those beneficiaries who are not ambulatory. The denominator exclusion for non-ambulatory patients was removed from the measure during the 2022 annual update and rulemaking cycle. The expectation is that a falls screening is completed during the measurement period for each eligible patient.

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Medicare Shared Savings Program
Care 2: Screening for Future Fall Risk: *Patient Confirmation*

Q: Is the patient qualified for this measure?

Consider whether the patient was:

- Assessed to be non-ambulatory during the measurement period. Or

- In hospice? Or

- Moved out of the country? Or

- Deceased? Or

- Non-FFS Medicare?

Denominator Exclusion, count as non-ambulatory *only if* non-ambulatory at the most recent encounter during the measurement period (i.e., patient is not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair).

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Care 2: Screening for Future Fall Risk: *Best Practices*

Documentation Issue: *A specific fall risk screening tool is not required for this measure.* **1. Screening Tools:** STEADI (Stopping Elderly Accidents, Deaths & Injuries) is most often used to screen for future fall risk. However, potential other screening tools include Morse Fall Scale and the timed Get-Up-And-Go test. **2. Documentation** found within a medical summary of an assessment movement or record of fall is also acceptable. An assessment or notation of whether an individual has experienced a fall, problems with gait or balance, has normal movement or indication that the patient has been exercising-running/walking is allowed to complete the measure.
Time frame: Must be assessed *annually* (at a minimum).
Tip: Indicate when and where the screening tool or medical notation is in the EMR.
Tip: In 2021, the few patients that did fail the measure, we found that there was inconsistent documentation. Patient was seen several times in the year, but no assessment was done or there was no notation in the medical notes related to a fall, gait, movement, or a formal assessment.

Medicare Shared Savings Program
Care 2: Screening for Future Fall Risk: *Abstraction Samples*

Confirmed Measure

CARE-2: Screening for Future Fall Risk

CARE-2 Rank	Is the patient qualified for this measure? Learn More	Was the patient screened for future fall risk at least once during the measurement period (January 1 – December 31, 2021)? Learn More	Skip Request Status	Skip Request Case Number	CARE-2 Comments (optional)
1	Yes	Yes			SPHP EPIC 9/28/21
2	Yes	Yes			
3	Yes	Yes			EPIC 11/10/2021

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Medicare Shared Savings Program
Care 2: Screening for Future Fall Risk: *Abstraction Samples*

Unconfirmed Measure

18	19	20	21	22	23
CARE-2: Screening for Future Fall Risk					
CARE-2 Rank	Is the patient qualified for this measure? Learn More	Was the patient screened for future fall risk at least once during the measurement period (January 1 – December 31, 2021)? Learn More	Skip Request Status	Skip Request Case Number	CARE-2 Comments (optional)
35	Yes	No			No fall risk assess

Medicare Shared Savings Program
DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
The Why

Over 1 in 10 Americans have Diabetes: *34.2 million people*

88 million American adults or *1 in 3* have a *prediabetes* condition

The percentage of adults with prediabetes who were aware of their condition doubled from 2005 - 2016. Most are still unaware of their condition

Adults diagnosed with diabetes:

15% were smokers

89% were overweight

38% were physically inactive

37% had chronic kidney disease CKD (less than 25% knew they had moderate to severe CKD)

The American Diabetes Association (ADA) released new research on March 22, 2018, estimating the total costs of diagnosed diabetes have risen to $327 billion in 2017 from $245 billion in 2012, when the cost was last examined: a 26% increase over a five-year period.

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Medicare Shared Savings Program
DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

Description:

- Percentage of patients 18 - 75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.

Improvement Notation:

- *Inverse Measure: The more patients that have an A1c greater than 9, the worse the scores are.*

  - Lower scores indicates better quality

  - **Less patients with poor control score increases quality**

Initial Population/ Denominator:

- Patients 18 - 75 years of age with diabetes with a visit during the measurement period.

Numerator:

- Patients whose most recent HbA1c level (performed in the measurement period) is >9.0%

2022 Clinical Quality Measure Specifications and Coding Documents

Medicare Shared Savings Program
DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

Denominator Exclusions

Patients aged 66 +
- In Institutional Special needs plans or residing in long term care with a POS code of 32, 33, 34, 54, or 56 for more than 90 consecutive days of the measurement period.

OR
- With at least one claim/encounter for frailty during the measurement period AND a dispense medication for dementia during the measurement period or the year prior to the measurement period.

OR
- With at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, Ed or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period.

Table: Dementia Exclusion Medications

Description	Prescription	
Cholinesterase inhibitors	Donepezil Galantamine	Rivastigmine
Miscellaneous central nervous system agents	Memantine	

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Medicare Shared Savings Program
DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

1.5.2023 Measure Clarification

For patients to be included in the measure, there must be medical record documentation that the patient had an active diagnosis of diabetes during the measurement period OR an active diagnosis of diabetes during the year prior to be *included* in the measure.

DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%): ***Best Practices***

Documentation Issue: A diagnosis of diabetes is needed in current problem list or medical summary in the ***current*** year. Without documentation of a diagnosis of diabetes, the measure fails. (Example: A patient is noted as pre-diabetic by a PCP but a cardiology consult notes a patient as a Type 2 diabetic supported with billing codes-this is what is flagged for the measure reporting.)
Timeframe: Hemoglobin A1c (HbA1c) must be taken at least once within each calendar year and the validation must be the most recent HbA1c.
TIP: A1c is often noted in endocrine consult notes within lab result and are often located at the end of the consult summary but not noted in the patient's labs (common occurrence with AMC Endocrinology patients).

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Medicare Shared Savings Program
DM 2 – Hemoglobin A1C Poor Control: **More Quick Tips**

- Ensure documentation of lab value and date matches last HgbA1c value in medical record exactly. (See confirmation flow in Measure Specification)

- Put proactive follow up lab and appointment scheduling in place for all patients with a **HgbA1C >9 every 3 months**

- Healtheconnections/HIXNY to locate an endocrinologist documentation.

Medicare Shared Savings Program
DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%): *Abstraction Samples*

Confirmed Measure

DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

DM-2 Rank	Does the patient have a documented history OR active diagnosis of diabetes during the measurement period or year prior to the measurement period (January 1, 2020 – December 31, 2021)? Learn More	Did the patient have one or more HbA1c tests performed during the measurement period (January 1 – December 31, 2021)? Learn More	Date drawn (MM/DD/YYYY) Learn More	HbA1c value (enter distinct value) Learn More	Skip Request Status	Skip Request Case Number	DM-2 Comments (optional)
145	Yes	Yes	11/17/2021	8.7			11/17/2021 Visit summary (Epic)
146	Yes	Yes	06/28/2021	6.5			SPHP EPIC

Unconfirmed Measure

DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

DM-2 Rank	Does the patient have a documented history OR active diagnosis of diabetes during the measurement period or year prior to the measurement period (January 1, 2020 – December 31, 2021)? Learn More	Did the patient have one or more HbA1c tests performed during the measurement period (January 1 – December 31, 2021)? Learn More	Date drawn (MM/DD/YYYY) Learn More	HbA1c value (enter distinct value) Learn More	Skip Request Status	Skip Request Case Number	DM-2 Comments (optional)
310	Yes	No					Last test done 8/2020, confirmed in Hixny

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Medicare Shared Savings Program
## DM-2: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%): *Abstraction Samples*

Unconfirmed Diagnosis

DM-2 Rank	Does the patient have a documented history OR active diagnosis of diabetes during the measurement period or year prior to the measurement period (January 1, 2020 – December 31, 2021)? Learn More	Did the patient have one or more HbA1c tests performed during the measurement period (January 1 – December 31, 2021)? Learn More	Date drawn (MM/DD/YYYY) Learn More	HbA1c value (enter distinct value) Learn More	Skip Request Status	Skip Request Case Number	DM-2 Comments (optional)
41	Not Confirmed - Diagnosis						Search SO claims file for diabetes dx

Medicare Shared Savings Program
HTN-2: Controlling High Blood Pressure
The Why
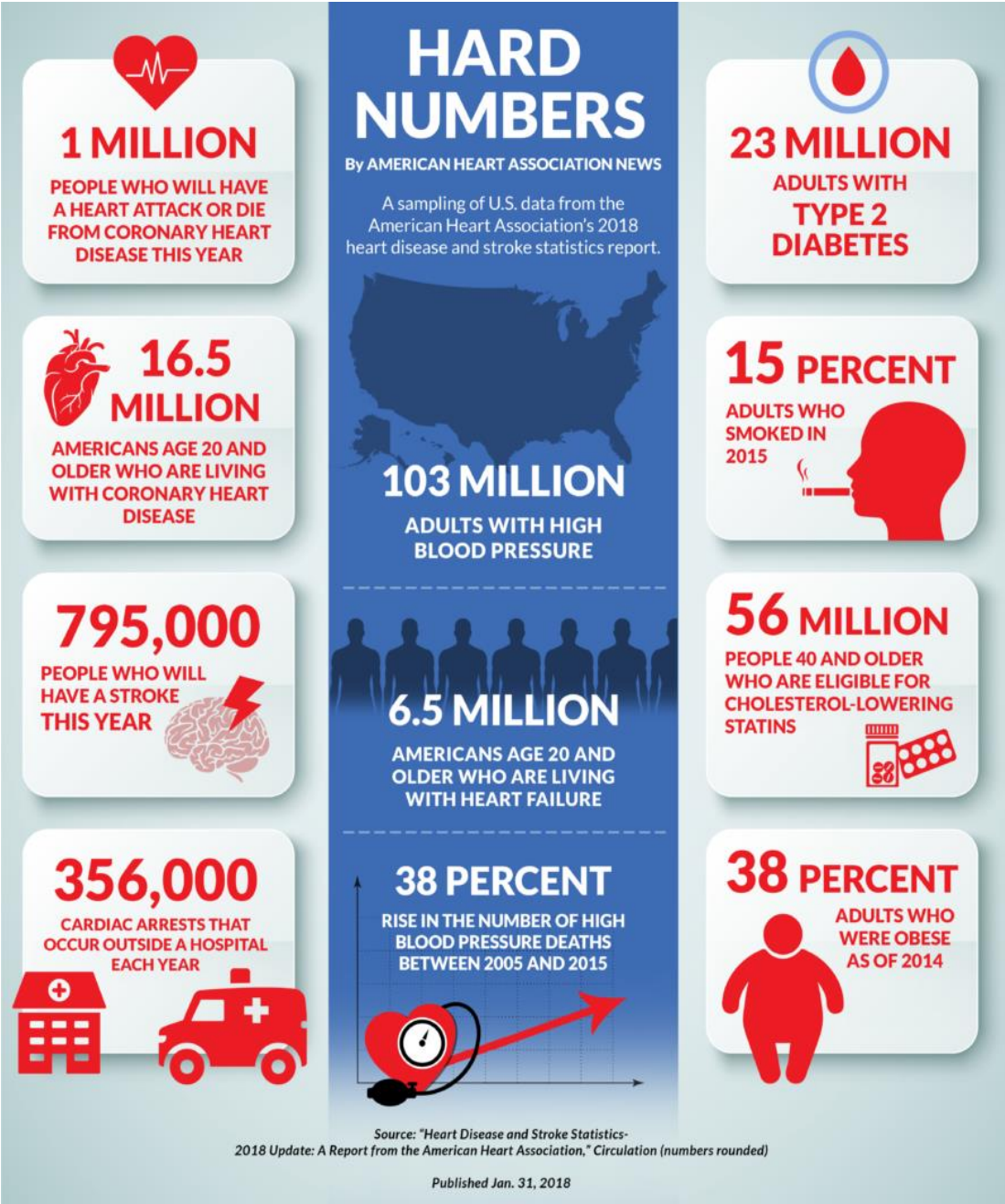
Medicare Shared Savings Program
HTN2: Controlling High Blood Pressure - *REVISED*

Description:

- Percentage of patients 18 - 85 years of age who had a diagnosis of **essential** hypertension **starting before and continuing into or starting during the first six months of** the measurement period and whose **_most recent_** blood pressure was adequately controlled (< 140/90 mmHg) during the measurement period. (2021 stated 'overlapping into the measurement period)

Initial Population/ Denominator:

- Patients 18 - 85 years of age who had a visit and a diagnosis of essential hypertension overlapping the measurement period.

Numerator:

- Patients whose **_most recent_** blood pressure is adequately controlled (systolic blood pressure is <140 mmHg and diastolic blood pressure <90 mmHg) during the measurement period.

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Medicare Shared Savings Program
HTN2: Controlling High Blood Pressure - *REVISED*

Denominator Exclusions

Patients : **(new: exclusion ages more defined)**

- With evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during measurement period.

- With a diagnosis of pregnancy during the measurement period.

- 66+ years in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34,35, 54, or 56 for more than 90 consecutive days during the measurement period.

- **66-80 years** with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period.

- **66-80 years** with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, Ed or non acute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year porior to the measurement period.

- **81+ years** with at least one claim/encounter for frailty during the measurement period.

Table: Dementia Exclusion Medications

Description	Prescription	
Cholinesterase inhibitors	Donepezil Galantamine	Rivastigmine
Miscellaneous central nervous system agents	Memantine	

Denominator Exceptions:

- None.

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HTN2: Controlling High Blood Pressure: *Best Practices - REVISED*

Documentation Issue: Need ***most recent*** blood pressure reading. This includes the latest PCP or Specialist visit: all consults need to be available.
Timeframe: The last blood pressure reading that occurred for the patient in the calendar year is required for reporting--***Annually***.
Tip: It is acceptable for a blood pressure reading to be taken by either a clinician OR a remote monitoring device and conveyed by the patient to their clinician via a telehealth encounter.

Medicare Shared Savings Program
HTN2: Controlling High Blood Pressure: *Abstraction Samples - REVISED*

Confirmed Diagnosis

HTN-2: Controlling High Blood Pressure

HTN-2 Rank	Does the patient have a documented diagnosis of essential hypertension within the first six months of the measurement period OR at any time prior to the measurement period but does not end before the start of the measurement period? Learn More	Was the patient's most recent blood pressure reading documented during the measurement period? Learn More	Date taken (MM/DD/YYYY) Learn More	Systolic Learn More	Diastolic Learn More	Skip Request Status	Skip Request Case Number	HTN-2 Comments (optional)
231	Yes	Yes	10/26/2021	125	70			10/26/2021 Oncology visit (EPic)

Unconfirmed Diagnosis

HTN-2: Controlling High Blood Pressure

HTN-2 Rank	Does the patient have a documented diagnosis of essential hypertension within the first six months of the measurement period OR at any time prior to the measurement period but does not end before the start of the measurement period? Learn More	Was the patient's most recent blood pressure reading documented during the measurement period? Learn More	Date taken (MM/DD/YYYY) Learn More	Systolic Learn More	Diastolic Learn More	Skip Request Status	Skip Request Case Number	HTN-2 Comments (optional)
230	Not Confirmed - Diagnosis							In HIXNY, HTN dx from Ellis Hospital on 1/2/2016

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Medicare Shared Savings Program
HTN2: Controlling High Blood Pressure: *Abstraction Samples - REVISED*

Additional Comment Examples:

- SPHP EPIC, media tab, 10/1/21 ENT consult

- Outside encounter from new PCP in VA scanned into Epic Media scan date 1/31/22 "Patient History" Encounter date 12/17/21 BP of 120/68 documented on page 5 of scanned.

Unconfirmed Measure:

HTN-2: Controlling High Blood Pressure

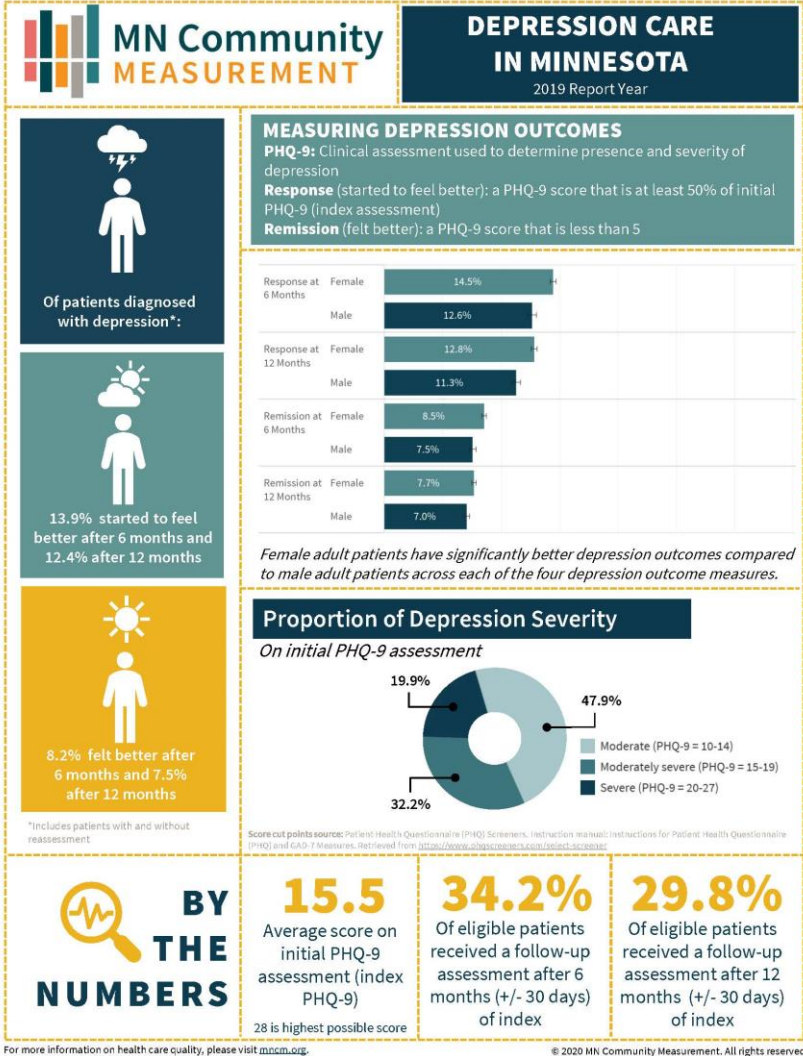| HTN-2 Rank	Does the patient have a documented diagnosis of essential hypertension within the first six months of the measurement period OR at any time prior to the measurement period but does not end before the start of the measurement period? Learn More	Was the patient's most recent blood pressure reading documented during the measurement period? Learn More	Date taken (MM/DD/YYYY) Learn More	Systolic Learn More	Diastolic Learn More	Skip Request Status	Skip Request Case Number	HTN-2 Comments (optional)
143	Yes	No						Patient has not had a BP reading done since 9/2020.

Medicare Shared Savings Program
MH-1: Depression Remission at 12 months
The Why

A Guide for Treating Depression in the Primary care Setting

- Many patients who suffer from depression do not often complain of a depressed mood but complain instead of multiple unexplained physical ailments such as fatigue, pain, sleep disturbances or eating disturbances.

- The risk of depression is higher in individuals with serious medical conditions, such as diabetes, cancer, and survivors of heart attacks and strokes.

Source: Tufts Health Plan: A Guide for Treating Depression in the Primary Care Setting

Source: MN Community Measurement 2019 By the Numbers Fact Sheet

Medicare Shared Savings Program
MH-1: Depression Remission at 12 Months - *REVISED*

Description:

- The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.

Initial Population/ Denominator:

- Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older with a diagnosis of major depression or dysthymia <u>and</u> an initial Patient Health Questionnaire-9 item version (PHQ-9) or Patient Health Questionnaire-9 Modified for Teens and Adolescents (PHQ-9M) score greater than nine during the index event. **Patients may be assessed using PHQ-9 or PHQ-9M on the same date or up to 7 days prior to the encounter (index event).**

Denominator Exclusions:

- Patients with a diagnosis of bipolar disorder.
- Patients with a diagnosis of select personality disorders.
- Patients with a diagnosis of schizophrenia or psychotic disorder.
- Patients with a diagnosis of pervasive developmental disorder.
- Patients who were permanent nursing home residents.
- **Patients with a diagnosis of personally disorder emotionally labile.**

Denominator Exceptions:

None

Numerator:

- Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older who achieved remission at twelve months as demonstrated by a twelve month (+/- 60 days PHQ-9 or PHQ-9M score of less than five.

MH-1: Depression Remission at 12 Months *Important Measure Exclusion & Inclusion Points - REVISED*

Measure Exclusion Variables (Use coding document)

- Bipolar Disorder
- Care Services Long Term Residential Facility
- Personality Disorder Emotional Labile
- Pervasive Developmental Disability
- Schizophrenia Psychosis

Measure Exception Variables (Use coding document)

None.

Diagnosis & Measures Inclusion:

- Use the Coding document to assist in determining whether the diagnosis you find in the EMR- confirms the patient for the measure.

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MH-1: Depression Remission at 12 Months: *Best Practices - REVISED*

Documentation Issue: The measure requires a PHQ-9 to be performed ***when*** there is an active diagnosis of major depression or dysthymia. We had several instances where several PHQ-2 were done within the timeframe but no PHQ-9.
Timeframe: PHQ-9 need to be repeated ***annually***. Last year many PHQ-9's were done **just out** of the timeframe and therefore not qualifying for the measure for the 2021 performance year.
Important: Without a PHQ-9 within the timeframe, the measure fails for every patient that has an active depression/dysthymia diagnosis and was chosen for reporting.
Tip: If a patient had a PHQ-9 score greater than 9, schedule a follow up appointment within 10-14 months post the date of the screening that was greater than 9.

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Medicare Shared Savings Program
MH-1: Depression Remission at 12 Months: *Abstraction Samples - REVISED*

Confirmed Measures

MH-1: Depression Remission at Twelve Months

MH-1 Rank	Does the patient have an active diagnosis of major depression or dysthymia during the denominator identification period (November 1, 2019 and October 31, 2020)? Learn More	Did the patient have one or more PHQ-9s or PHQ-9Ms administered during the denominator identification period (November 1, 2019 and October 31, 2020)? Learn More	Did the patient have a PHQ-9 or PHQ-9M score greater than 9 during the denominator identification period between November 01, 2019 and October 31, 2020? Learn More	PHQ-9 or PHQ-9M Index Event Date (MM/DD/YYYY) Learn More	PHQ-9 or PHQ-9M Score Learn More
169	Yes	Yes	Yes	11/15/2019	22

Did the patient have one or more PHQ-9 or PHQ-9M administered during the Measurement Assessment Period between (12 months +/- 60 days from the Index Event Date)? Learn More	Did the patient achieve remission with a follow-up PHQ-9 or PHQ-9M performed and a score less than 5 at 12 months (+/- 60 days) of the initial index event date PHQ-9 or PHQ-9M score greater than 9? Learn More	Remission Date (MM/DD/YYYY) Learn More	PHQ-9 or PHQ-9M Score associated with the Remission Date Learn More	Skip Request Status	Skip Request Case Number	MH-1 Comments (optional)
Yes	No					10/21/20: PHQ-9=18. 01/21/20: PHQ-9=16.

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Medicare Shared Savings Program
MH-1: Depression Remission at 12 Months: *Abstraction Samples - REVISED*

Unconfirmed Measure

MH-1: Depression Remission at Twelve Months

MH-1 Rank	Does the patient have an active diagnosis of major depression or dysthymia during the denominator identification period (November 1, 2019 and October 31, 2020)? Learn More	Did the patient have one or more PHQ-9s or PHQ-9Ms administered during the denominator identification period (November 1, 2019 and October 31, 2020)? Learn More	Did the patient have a PHQ-9 or PHQ-9M score greater than 9 during the denominator identification period between November 01, 2019 and October 31, 2020? Learn More	PHQ-9 or PHQ-9M Index Event Date (MM/DD/YYYY) Learn More	PHQ-9 or PHQ-9M Score Learn More
188	Yes	No			

Did the patient have one or more PHQ-9 or PHQ-9M administered during the Measurement Assessment Period between (12 months +/- 60 days from the Index Event Date)? Learn More	Did the patient achieve remission with a follow-up PHQ-9 or PHQ-9M performed and a score less than 5 at 12 months (+/- 60 days) of the initial index event date PHQ-9 or PHQ-9M score greater than 9? Learn More	Remission Date (MM/DD/YYYY) Learn More	PHQ-9 or PHQ-9M Score associated with the Remission Date Learn More	Skip Request Status	Skip Request Case Number	MH-1 Comments (optional)
						PHQ-9 not found in date range. All believed to be PHQ-2 tool.

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**American Cancer Society Recommendations for the
Early Detection of Breast Cancer**

- Finding breast cancer early and getting state-of-the-art cancer treatment are the most important strategies to prevent deaths from breast cancer. Breast cancer that's found early, when it's small and has not spread, is easier to treat successfully.

- Getting regular screening tests is the most reliable way to find breast cancer early. The American Cancer Society has screening guidelines for women at average risk of breast cancer, and for those at high risk for breast cancer.

Medicare Shared Savings Program
PREV-5: Breast Cancer Screening

Description:

- Percentage of women 50 - 74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period.

Initial Population/Denominator:

- Women 51 - 74 years of age with a visit during the measurement period.

Denominator Note:

- *The intent of the measure is that starting at age 50 women should have one or more mammograms every 24 months with a 3-month grace period.*

Trinity Health

2022 Clinical Quality Measure Specifications and Coding Documents

Medicare Shared Savings Program
PREV-5: Breast Cancer Screening

Denominator Exclusions:

- Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy. **OR**
- Patients, age 66+ years:
- In Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 **consecutive** days during the measurement period. **OR**
- With at least one claim/encounter for frailty during the measurement period *AND* a dispensed medication for dementia during the measurement period **or the year prior** to the measurement period. **OR**
- With at least one claim/encounter for frailty during the measurement period *AND* either one acute inpatient encounter with a diagnosis of advanced illness *or* two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period **or the year prior to the measurement period**.

Numerator:

- Women with one or more mammograms during the 27 months prior to the end of the measurement period. *(10/1/2020-12/31/2022)*

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Medicare Shared Savings Program
PREV-5: Breast Cancer Screening: *Important Measure Exception & Exclusion Points*

Measure Exception Variables (Use coding document)

- Bilateral Mastectomy
- Unilateral Unspecified Mastectomy
- Unilateral Left Mastectomy
- Unilateral Right Mastectomy
- Acute Inpatient
- Advanced Illness
- Frailty Diagnosis

Measure Exclusion Variables (Use coding document)

Dementia Drug Prescribed

Medicare Shared Savings Program
PREV-5: Breast Cancer Screening: *Best Practices*

Documentation Issue*: Getting mammogram reports back into medical record. We found several instances where there was notation that a screening was ordered and after further investigation, we found it was completed but the documentation had not made its way back to the patient's chart.
Time frame: Every two years or annually. The CMS measure looks for a screening done in the 27 months prior to the end of the performance period.
IMPORTANT: *Ensuring that when noting a screening that the image report is also in the EMR.*

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Medicare Shared Savings Program
PREV-5: Breast Cancer Screening: *Abstraction Samples*

Confirmed Measure

PREV-5: Breast Cancer Screening					
PREV-5 Rank	Is the patient qualified for this measure? Learn More	Was screening for breast cancer performed between October 1, 2019 and December 31, 2021? Learn More	Skip Request Status	Skip Request Case Number	PREV-5 Comments (optional)
143	Yes	Yes			3/4/2019 (Epic imaging)
144	Yes	Yes			6/16/2021 (Epic images tab)
145	Yes	Yes			SPHP EPIC 9/25/20
146	Yes	Yes			SPHP Athena 8/26/20

Denominator Exclusion

PREV-5: Breast Cancer Screening					
PREV-5 Rank	Is the patient qualified for this measure? Learn More	Was screening for breast cancer performed between October 1, 2019 and December 31, 2021? Learn More	Skip Request Status	Skip Request Case Number	PREV-5 Comments (optional)
222	Denominator Exclusion				bilateral mastectomy

Medicare Shared Savings Program
PREV-5: Breast Cancer Screening: *Abstraction Samples*

Unconfirmed Measures

PREV-5: Breast Cancer Screening

PREV-5 Rank	Is the patient qualified for this measure? Learn More	Was screening for breast cancer performed between October 1, 2019 and December 31, 2021? Learn More	Skip Request Status	Skip Request Case Number	PREV-5 Comments (optional)
152	Yes	No			Mammo ordered in 3/2020 not found. No other record found.

PREV-5: Breast Cancer Screening

PREV-5 Rank	Is the patient qualified for this measure? Learn More	Was screening for breast cancer performed between October 1, 2019 and December 31, 2021? Learn More	Skip Request Status	Skip Request Case Number	PREV-5 Comments (optional)
212	Yes	No			Notes in SPHP Athena that patient refuses mammo

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Medicare Shared Savings Program
PREV-6: Colorectal Cancer Screening
The Why

FACT:

60% of colorectal cancer deaths could be prevented with screening

Learn more at FightCRC.org ⭐ @FightCRC

FIGHT COLORECTAL CANCER

Of cancers that affect both men and women, colorectal cancer is the second leading cancer killer in the United States, but it doesn't have to be.
Colorectal cancer screening saves lives.

Screening can find precancerous polyps—abnormal growths in the colon or rectum—that can be removed before they turn into cancer.

Screening also helps find colorectal cancer at an early stage, when treatment works best.

About nine out of every 10 people whose colorectal cancers are found early and treated appropriately are still alive five years later.

Medicare Shared Savings Program
PREV-6: Colorectal Cancer Screening

Description:

- Percentage of adults 50 - 75 years of age who had appropriate screening for colorectal cancer.

Initial Population/ Denominator:

- Patients 50 - 75 years of age with a visit during the measurement period.

Denominator Exclusions:

- Patients with a diagnosis or past history of total colectomy or colorectal cancer. **OR**
- Patients, age 66 and older in Institutional Special Needs Plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 **consecutive** days during the measurement period. **OR**
- Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period **AND** a dispensed medication for dementia during the measurement period **or the year prior to the measurement period. OR**
- Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period **or the year prior to the measurement period.**

Medicare Shared Savings Program
PREV-6: Colorectal Cancer Screening

Numerator:

- Patients with one or more screenings for colorectal cancer.

- Appropriate screenings are defined by any one of the following criteria:
  - Fecal occult blood test (FOBT) during the measurement period.
  - Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period.
  - Colonoscopy during the measurement period or the nine years prior to the measurement period.
  - Fecal immunochemical DNA test (FIT-DNA) during the measurement period or the two years prior to the measurement period.
  - Computed tomography (CT) Colonography during the measurement period or the four years prior to the measurement period.

Guidance:

- Do not count Dre, FOBT tests performed in an office setting or performed on a sample collected via DRE

PREV-6: Colorectal Cancer Screening: *Best Practices*

Documentation Issue: 1. Identifying patients who are denominator eligible for this measure and updating their documents in their current EMR is important. **2.** If patient refuses it is important to ***document the refusal annually***.
Timeframe: This measure has a 9-year lookback period.
IMPORTANT: Ensuring that when noting a screening that the procedure or lab report is also in the EMR
Tip: Alternative to Colonoscopy: We found several instances where a colonoscopy was refused but a FIT test was completed or Cologuard. Not very easily found.

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Medicare Shared Savings Program
PREV-6:Colorectal Cancer Screening: *Important Measure Exception & Exclusion Points*

Measure Exception Variables (Use coding document)

None

Measure Exclusion Variables (Use coding document)

- Various malignant neoplasms.
- Secondary malignant neoplasm of large intestine and rectum.
- Lymphoma of the colon
- Primary adenocarcinoma of colon
- Primary adenocarcinoma of rectosigmoid junction
- Various carcinomas

Measure Denominator Exclusion Drugs

Dementia Medications

Trinity Health

Medicare Shared Savings Program
PREV-6: Colorectal Cancer Screening: *Abstraction Samples*

Confirmed Measures

60	61	62	63	64	65
PREV-6: Colorectal Cancer Screening					
PREV-6 Rank	Is the patient qualified for this measure? Learn More	Is the patient's colorectal cancer screening current during the measurement period? Learn More	Skip Request Status	Skip Request Case Number	PREV-6 Comments (optional)
398	Yes	Yes			12/22/2017 report (Epic-procedures tab. more recent report not visible.
60	Yes	Yes			4/12/2018 (epic-Procedures tab)

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Medicare Shared Savings Program
PREV-6: Colorectal Cancer Screening: *Abstraction Samples*

Confirmed: Colonoscopy Alternative

60	61	62	63	64	65
PREV-6: Colorectal Cancer Screening					
PREV-6 Rank	Is the patient qualified for this measure? Learn More	Is the patient's colorectal cancer screening current during the measurement period? Learn More	Skip Request Status	Skip Request Case Number	PREV-6 Comments (optional)
599	Yes	Yes			7/29/2020 FIT-DNA Cologuard (Epic Labs)

Unconfirmed Measure

60	61	62	63	64	65
PREV-6: Colorectal Cancer Screening					
PREV-6 Rank	Is the patient qualified for this measure? Learn More	Is the patient's colorectal cancer screening current during the measurement period? Learn More	Skip Request Status	Skip Request Case Number	PREV-6 Comments (optional)
321	Yes	No			no record found

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Medicare Shared Savings Program
PREV-7: Influenza Vaccination
The Why

- During 2019-2020, flu vaccination prevented an estimated:

  - **7.5 million influenza illnesses.**

  - **3.7 million influenza-associated medical visits,** and

  - **6,300 influenza-associated deaths.**

- During 2019-2020, flu vaccination prevented an estimated:

  - **105, 000 influenza-associated hospitalizations**

  - **A 26% associated lower risk** of ICU admission, and

  - **A 31% lower risk of death** from flu compared to those unvaccinated**.**

  According to the CDC-it is estimated that between:

  - *50%-70% of seasonal flu-related hospitalizations, and*

  - *70%-85% of seasonal flu-related deaths have occurred in people 65 years and older. ***

Flu vaccination:
- Has been associated with lower rates of some cardiac events among people with heart disease.

- Among people with diabetes and chronic lung disease has been shown to be associated with reduced hospitalizations from a worsening of their chronic condition (separate studies).

Flu vaccine prevents *millions of Illnesses* **and flu-related doctor's visits each year.**

Flu vaccine prevents *tens of thousands of hospitalizations* **each year**

Flu vaccine is a *preventative tool* **for people with certain chronic health conditions.**

Medicare Shared Savings Program
PREV-7: Influenza Immunization

Description:

- Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.

Initial Population:

- All patients aged 6 months and older seen for a visit during the measurement period.

Denominator:

- Equals Initial Population and seen for a visit between October 1 and March 31.

Denominator Exceptions:

- Documentation of **medical reason**(s) for not receiving influenza immunization: patient allergy or other medical reasons.
- Documentation of **patient reason**(s) for not receiving influenza immunization: patient declined or other patient reasons.
- Documentation of **system reason**(s) for not receiving influenza immunization: vaccine not available or other system reasons.

Numerator:

- Patients who received an influenza immunization **OR** who reported previous receipt of an influenza immunization.

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Documentation Issue: Details need to be documented **annually.**
Timeframe: If a patient refuses vaccination it *MUST* be documented annually. We cannot take a notation of refusal for another performance year to exclude the patient from the metric for the current year.

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Medicare Shared Savings Program
PREV-7:Influenza Immunization: *Important Measure Exception & Exclusion Points*

Measure Exception Variables (Use coding document)

None

Measure Exclusion Variables (Use coding document)

- Medical reasons including but not limited to: Anaphylactic reaction dure to eggs/Allergy to eggs/Egg protein allergy/Eggs in any form-Yolk/white/protein/product/raw/dried/Influenza vaccine allergy/Drug treatment not indicated.

- Patient reasons including but not limited: patient refusal/financial problem.

- System reasons including but not limited to: drug not available/delay or loss of benefits/appointment cancelled by hospital.

Medicare Shared Savings Program
PREV-7: Influenza Immunization: *Abstraction Samples*

Confirmed Measures

66	67	68	69	70	71
PREV-7: Influenza Immunization					
PREV-7 Rank	Is the patient qualified for this measure? Learn More	Did the patient receive an influenza immunization OR reported previous receipt of an influenza immunization between August 1, 2020 and March 31, 2021? Learn More	Skip Request Status	Skip Request Case Number	PREV-7 Comments (optional)
325	Yes	Yes			10/29/2020
401	Yes	Yes			10/01/2020 (Epic)
516	Yes	Yes			9/3/2020 (Epic)

Trinity Health

Medicare Shared Savings Program
PREV-7: Influenza Immunization: *Abstraction Samples*

Unconfirmed Measure

66	67	68	69	70	71
PREV-7: Influenza Immunization					
PREV-7 Rank	Is the patient qualified for this measure? Learn More	Did the patient receive an influenza immunization OR reported previous receipt of an influenza immunization between August 1, 2020 and March 31, 2021? Learn More	Skip Request Status	Skip Request Case Number	PREV-7 Comments (optional)
277	Yes	No			Vaccine not found in date range-only 12/10/2019 & 11/16/2021

Denominator Exception

9CV6C02DQ87	Yes	No - Denominator Exception - Patient Reasons			Patient Refused on 9/23/2020 & 12/9/2020 (Athena)

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Medicare Shared Savings Program
PREV-10: Preventive Care and Screening Tobacco Use: Screening and Cessation Intervention *REVISED*

The Why

The Facts:

- Tobacco use is the leading cause of preventable disease, disability, and death in the United States.
- Over 16 million people live with at least one disease caused by smoking and 58 million nonsmoking Americans are exposed to secondhand smoke.
- In 2015, 68% of adult smokers (22.7 million said that they wanted to quit smoking.
- In 2018, 55.1 % of adult smokers (over half of all smokers) said that they had made a quit attempt in the last year.
- **Four of every nine** adult cigarette smokers who saw a health professional during the past year did **not** receive advice to quit.

Cost of Smoking-Related Illness

- Smoking-related illness in the United States costs more than $300 billion each year, including:[11,12]
  - More than $225 billion for direct medical care for adults
  - More than $156 billion in lost productivity, including $5.6 billion in lost productivity due to secondhand smoke exposure

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Source: Centers for Disease Control and Prevention Website: Quit Smoking
Centers for Disease Control and Prevention: Office on Smoking and Health (OSH)

Medicare Shared Savings Program
PREV 10: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention   *REVISED*

Description:

- Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within **the measurement period *AND* who received tobacco cessation intervention on the date of the encounter or within the previous 12 months** if identified as a tobacco user.
- **Three** rates are reported:
  - Percentage of patients aged 18 years and older who were screened for tobacco use one or more times **within the measurement period**.
  - Percentage of patients aged 18 years and older who were identified as a tobacco user who received tobacco cessation intervention **on the date of the encounter or within the previous 12 months**.
  - Percentage of patients aged 18 years and older who were screened for tobacco use one or more times **within the measurement period** AND who received tobacco cessation intervention if identified as a tobacco user **on the date of the encounter or within the previous 12 months**.

Initial Population:

- All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period.

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Medicare Shared Savings Program
PREV 10: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention   *REVISED*

Denominator:
- **Population 1:** Equals Initial Population.
- **Population 2:** Equals Initial Population who were screened for tobacco use and identified as a tobacco user.
- **Population 3:** Equals Initial Population.

Denominator Exceptions:
- **Population 1:** Documentation of medical reason(s) for not screening for **tobacco use** (e.g., limited life expectancy, other medical reason).
- **Population 2:** Documentation of medical reason(s) for not providing **tobacco cessation intervention** (e.g., limited life expectancy, other medical reason).
- **Population 3:** Documentation of medical reason(s) for not screening for **tobacco use OR for not providing tobacco cessation intervention for patients identified as tobacco users** (e.g., limited life expectancy, other medical reason).

Numerator:
- **Population 1:** Patients who were screened for tobacco use at least once **within the measurement period**.
- **Population 2:** Patients who received tobacco cessation intervention **on the date of the encounter or within the previous 12 months**.
- **Population 3:** Patients who were screened for tobacco use at least once **within the measurement period** AND who received tobacco cessation intervention if identified as a tobacco user **on the date of the encounter or within the previous 12 months.**

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Medicare Shared Savings Program
PREV 10: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention   *REVISED*

1.5.2023 Measure Clarification

This measure no longer has a 24-month look back and is now the measurement year. CMS uses data from Medicare administrative data (i.e., claims data) from approximately January 2022 - October 2022 to sample patients who meet the denominator criteria and patient eligibility into each measure. Patients Ages 18 years and older who have at least two eligible encounters during the measurement period are selected for PREV-10. The process was the same in 2021.

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PREV-10: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
 REVISED *Important Measure Exception & Exclusion Points*

Numerator codes: Several-refer to coding document

Measure Exception Variables (Use coding document)

Limited Life Expectancy—Terminal Illness: Functional disorder present condition terminal

Medical Reason including but not limited to: Procedure contraindicated/drug treatment not indicated/treatment not tolerated/drug allergy/adverse reaction to drug

Measure Exclusion Variables (Use coding document)

- None.

Medicare Shared Savings Program
PREV 10: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention *REVISED*: *Best Practices*

Documentation Issue: With tobacco screening, current smokers who have been identified, there must be specific documentation of cessation counseling that occurred and then also noted annually in the medical record. Screening was very often completed for a patient identified as a current smoker however, cessation counseling was *not* noted for the *current* measurement period.

Timeframe: The 2022 tobacco screening measure allows for a tobacco cessation intervention to occur *on the date of the encounter or within the previous 12 months* for current smokers.

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Medicare Shared Savings Program
PREV 10: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention *REVISED*: *Abstraction Samples*

Confirmed Measure for Smoker-- with Cessation Intervention

72	73	74	75	76	77	78	79
PREV-10: Tobacco Use: Screening and Cessation Intervention							
PREV-10 Rank	Is the patient qualified for this measure? Learn More	Was the patient screened for tobacco use at least once within 24 months (January 1, 2020 – December 31, 2021)? Learn More	Was the patient identified as a tobacco user during the most recent tobacco use screening? Learn More	Did the patient receive tobacco cessation intervention? Learn More	Skip Request Status	Skip Request Case Number	PREV-10 Comments (optional)
230	Yes	Yes	Yes	Yes			Cessation Intervention: 9/10/2020

Confirmed Measure for Smoker-- with Cessation Intervention

72	73	74	75	76	77	78	79
PREV-10: Tobacco Use: Screening and Cessation Intervention							
PREV-10 Rank	Is the patient qualified for this measure? Learn More	Was the patient screened for tobacco use at least once within 24 months (January 1, 2020 – December 31, 2021)? Learn More	Was the patient identified as a tobacco user during the most recent tobacco use screening? Learn More	Did the patient receive tobacco cessation intervention? Learn More	Skip Request Status	Skip Request Case Number	PREV-10 Comments (optional)
288	Yes	Yes	Yes	Yes			6/16/2021 Visit summary notes pt is on Chantix

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Medicare Shared Savings Program
PREV 10: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention REVISED: *Abstraction Samples*

Confirmed Measures for Non-Smokers

PREV-10 Rank	Is the patient qualified for this measure? Learn More	Was the patient screened for tobacco use at least once within 24 months (January 1, 2020 – December 31, 2021)? Learn More	Was the patient identified as a tobacco user during the most recent tobacco use screening? Learn More	Did the patient receive tobacco cessation intervention? Learn More	Skip Request Status	Skip Request Case Number	PREV-10 Comments (optional)
62	Yes	Yes	No				12/14/2021 Podiatry visit (Epic)
584	Yes	Yes	No				12/15/2021 (Epic)
148	Yes	Yes	No				12/21/2021 Cardiology visit summary (Epic)

Unconfirmed Measure

PREV-10: Tobacco Use: Screening and Cessation Intervention

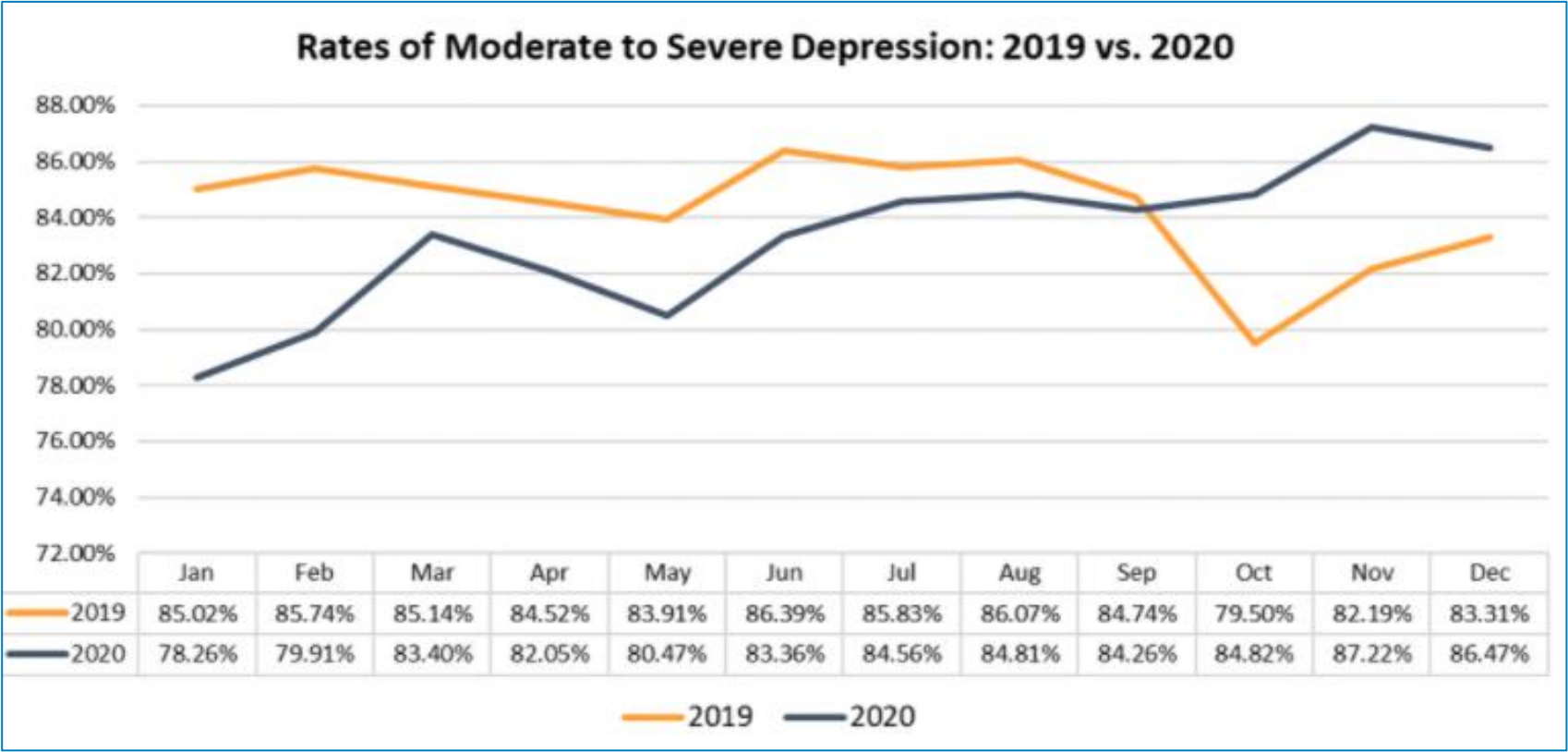| PREV-10 Rank	Is the patient qualified for this measure? Learn More	Was the patient screened for tobacco use at least once within 24 months (January 1, 2020 – December 31, 2021)? Learn More	Was the patient identified as a tobacco user during the most recent tobacco use screening? Learn More	Did the patient receive tobacco cessation intervention? Learn More	Skip Request Status	Skip Request Case Number	PREV-10 Comments (optional)
327	Yes	Yes	Yes	No			No tobacco cessation intervention found

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PREV-12: Preventive Care and Screening: Screening for Depression and Follow-Up Plan *REVISED*

The Why

- Nearly 1 in 5 American adults will have a diagnosable mental health condition in any given year.

  Source: 2017 National Survey on Drug Use and Health: Detailed Tables (samhsa.gov)

- Major depression is one of the most common mental illnesses.

  Source: The State of Mental Health in America | Mental Health America (mhanational.org)

Rates of Moderate to Severe Depression: 2019 vs. 2020

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	85.02%	85.74%	85.14%	84.52%	83.91%	86.39%	85.83%	86.07%	84.74%	79.50%	82.19%	83.31%
2020	78.26%	79.91%	83.40%	82.05%	80.47%	83.36%	84.56%	84.81%	84.26%	84.82%	87.22%	86.47%

Source: https://mhanational.org/mental-health-and-covid-19-what-mha-screening-data-tells-us-about-impact-pandemic#AnxietyandDepressionontheRise

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Medicare Shared Savings Program
PREV-12: Preventive Care and Screening: Screening for Depression and Follow-Up Plan *REVISED*

Description:
- Percentage of patients aged 12 years and older screened for depression on the date of the encounter **or up to 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.

Initial Population:
- All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period.

Denominator:
- Equals Initial Population

Exclusions:
- Patients with an active diagnosis for **depression or a diagnosis of bipolar disorder.**

Numerator:
- Patients screened for depression on the date of the encounter **or up to 14 days prior to the date of the encounter** using an age-appropriate standardized tool AND if positive, a follow-up plan that is documented on the date of the encounter.

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Medicare Shared Savings Program
PREV-12: Preventive Care and Screening: Screening for Depression and Follow-Up Plan *REVISED*

Suicide risk assessment tools and a referral to a qualified practitioner for diagnosis/treatment was removed as possible follow-up options. Therefore, a clinician would not be able to complete another screening at the time of the encounter to count towards a follow-up, since that would serve as the most recent screening.

To satisfy the follow-up requirement for a patient screening positively, the eligible clinician would need to provide one of the follow-up actions, which does not include use of a standardized depression screening tool. Additionally, suicide risk assessments have been removed as a numerator compliant follow-up plan option as this should be completed when appropriate and based on the assessment by the clinician regarding the severity of the patient's symptoms of depression at the time of depression screening.

Referral to another provider for additional assessment is still included in the definition of follow-up plan in the 2022 PREV-12 measure specifications **however,** for the purposes of this measure, additional screening and assessment during the qualifying encounter will not qualify as a follow-up plan.

Follow-Up Plan: The follow-up plan must be related to a positive depression screening, example: "Patient referred for psychiatric evaluation due to positive depression screening."

Examples of an acceptable follow-up plan include but are not limited to:
Referral to a provider, practitioner, or program for further evaluation for depression
Other interventions designed to treat depression such as behavioral health evaluation, psychotherapy,
pharmacological interventions, or additional treatment options. Examples of a follow-up plan include but are not limited to:
• Referral to a provider, practitioner, or program for further evaluation for depression, for example, referral to a psychiatrist, psychologist, social worker, mental health counselor, or other mental health service such as family or group therapy, support group, depression management program, or other service for treatment of depression
• Other interventions designed to treat depression such as behavioral health evaluation, psychotherapy, pharmacological interventions, or additional treatment options
Should a patient screen positive for depression a clinician should:
• Only order pharmacological intervention when appropriate and after sufficient diagnostic evaluation. However, for the purposes of this measure, additional screening and assessment during the qualifying encounter will not qualify as a follow-up plan.
• Opt to complete a suicide risk assessment when appropriate and based on individual patient characteristics. However, for the purposes of this measure, a suicide risk assessment or additional screening using a standardized tool will not qualify as a follow-up plan

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2022 Clinical Quality Measure Specifications and Coding Documents

Medicare Shared Savings Program
PREV-12: Preventive Care and Screening: Screening for Depression and Follow-Up Plan *REVISED: Best Practices*

Documentation Issue: 1. Documentation must include: Notation of a completed PHQ-2, the screening tool and its score, and clear notation of a patient refusal. **2.** Incomplete Assessments: We ran into several instances where there was an annual wellness visit (AWV) billed but no screening completed, or the screening was done but not filled out completely.
Timeframe: Need the tool completed once per calendar year at MINIMUM.
IMPORTANT: This measure is for patients **WITHOUT** an active major depression/bipolar diagnosis.
TIP: MH-1 is a measure for those with an active major diagnosis of depression or dysthymia. (We will address MH-1 later in the series--a PHQ-9 should be used.)

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PREV-12: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
REVISED Important Measure Exception & Exclusion Points

Measure Exception Variables (Use coding document)

Medical reasons – procedure contraindicated/drug resistance/medical complication/

Patient declined

Measure Exclusion Variables (Use coding document)

- Diagnosis of Bipolar 1 Disorder with circumstances including single manic episode/psychotic features/ major depressive episode
- Schizoaffective disorder, bipolar type disorder
- Major depressive affective disorder
- Vascular dementia with behavioral disturbance
- Dysthymic Disorder/Dysthymia

Medicare Shared Savings Program
PREV-12: Preventive Care and Screening: Screening for Depression and Follow-Up Plan *REVISED: Abstraction Samples*

Measure Exclusion

Patient ID	Was the patient screened for depression using an age appropriate standardized tool during the measurement period (January 1 - December 31, 2021)? Learn More	Was the screen positive for depression during the measurement period (January 1 - December 31, 2021)? Learn More	Was a follow-up plan for depression documented on the date of the positive screen? Learn More	Skip Request Status	Skip Request Case Number	PREV-12 Comments (optional)
8TC7MG1AU74						Active DX of Dysthymia (F34.1) and single major depressive episode (F32.5).

Confirmed Measure

80	81	82	83	84	85	86	87
PREV-12: Screening for Depression and Follow-Up Plan							
PREV-12 Rank	Is the patient qualified for this measure? Learn More	Was the patient screened for depression using an age appropriate standardized tool during the measurement period (January 1 – December 31, 2021)? Learn More	Was the screen positive for depression during the measurement period (January 1 - December 31, 2021)? Learn More	Was a follow-up plan for depression documented on the date of the positive screen? Learn More	Skip Request Status	Skip Request Case Number	PREV-12 Comments (optional)
247	Yes	Yes	Yes	Yes			SPHP EPIC 8/19/21, noted in encounter that patient was offered grief counseling and f/u

Medicare Shared Savings Program
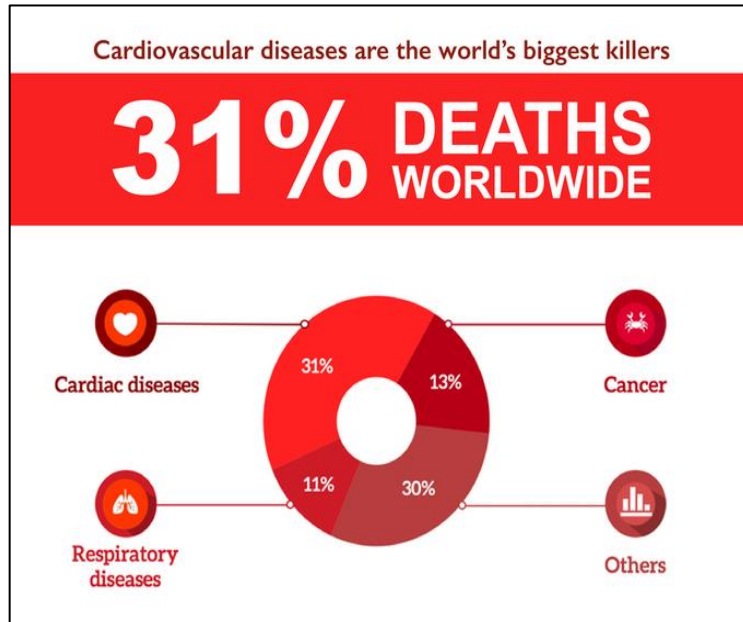## PREV-12: Preventive Care and Screening: Screening for Depression and Follow-Up Plan REVISED: Abstraction Sample

Unconfirmed Measure

80	81	82	83	84	85	86	87
PREV-12: Screening for Depression and Follow-Up Plan							
PREV-12 Rank	Is the patient qualified for this measure? Learn More	Was the patient screened for depression using an age appropriate standardized tool during the measurement period (January 1 – December 31, 2021)? Learn More	Was the screen positive for depression during the measurement period (January 1 – December 31, 2021)? Learn More	Was a follow-up plan for depression documented on the date of the positive screen? Learn More	Skip Request Status	Skip Request Case Number	PREV-12 Comments (optional)
66	Yes	Yes	Yes	No			SPHP Athena 1/6/21 PHQ2 noted as positive but no notes of f/u

PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease *REVISED*

The Why

Cardiovascular diseases are the world's biggest killers

31% DEATHS WORLDWIDE

Cardiac diseases — 31%
Cancer — 13%
Respiratory diseases — 11%
Others — 30%

The Facts:
- About 38% of American adults have high cholesterol (total blood cholesterol $\geq$ 200 mg/dl).
- If a person has high blood pressure, or diabetes they are at an elevated higher risk of a developing cardiovascular disease.

The American College of Cardiology and American Heart Association note the following in the *Guideline on the Primary Prevention of Cardiovascular Disease:*

- *Statins lower rates of cardiovascular events in patients both **with** and **without** evident cardiovascular disease (CVD).*

CLINICAL QUESTION:
Do statins reduce rates of cardiovascular events when used for primary prevention?
BOTTOM LINE:
When used for primary prevention, statins are associated with lower rates of all-cause mortality, major vascular events, and revascularizations compared with placebo. Statin therapy is not associated with increased rates of life-threatening adverse effects such as cancer.

Sources: 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease
2013 JAMA Clinical Evidence Synopsis: Stating Therapy for the Primary Prevention of Cardiovascular Disease.
Centers for disease Control and Prevention Website: Prevent Heart Disease.
Centers for Disease Control and Prevention Website: Cholesterol.

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Medicare Shared Savings Program
PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease *REVISED*

Description:

- Percentage of the following patients - all considered at high risk of cardiovascular events who were prescribed or were on statin therapy during the measurement period:
  - **All patients** who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), **including an ASCVD procedure**; **OR**
  - Patients aged **>= 20** years who have ever had a low-density lipoprotein cholesterol (LDL-C) level **>=** 190 mg/dL or were previously diagnosed with **or** currently have an active diagnosis of familial hypercholesterolemia; **OR**
  - Patients aged 40-75 years with a diagnosis of **diabetes*.**

Initial Population:

- **Population 1:** All patients who were previously diagnosed with or currently have an active diagnosis of clinical ASCVD, **including an ASCVD procedure**.
- **Population 2:** Patients aged **>=20** years at the beginning of the measurement period who have ever had a laboratory result of LDL-C >=190 mg/dl or were previously diagnosed with or currently have an active diagnosis of familial hypercholesteremia.
- **Population 3:** Patients aged 40-75 years at the beginning of the measurement period with **Type 1 or Type 2 diabetes*.**

* Removed LDL requirement

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Medicare Shared Savings Program
PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease *REVISED*

Denominator:

- All patients who **meet one or more** of the following criteria (considered at "high risk" for cardiovascular events, under ACC/AHA guidelines):
- **Population 1:** All patients who were previously diagnosed with or currently have an active diagnosis of clinical ASCVD, **including an ASCVD procedure**.
- **Population 2:** Patients aged **>=20** years at the beginning of the measurement period who have ever had a laboratory result of LDL-C >=190 mg/dl or were previously diagnosed with or currently have an active diagnosis of familial hypercholesteremia.
- **Population 3:** Patients aged 40-75 years at the beginning of the measurement period with **Type 1 or Type 2 diabetes***.

Denominator Exclusions:

- Patients who have a diagnosis of pregnancy at any time during the measurement period.
- Patients who are breastfeeding at any time during the measurement period.
- Patients who have a diagnosis of rhabdomyolysis at any time during the measurement period.

Denominator Exceptions:

- Patients with statin-associated muscle symptoms or an allergy to statin medication.
- Patients with active liver disease or hepatic disease or insufficiency
- Patients with end-stage renal disease (ESRD).

* Removed LDL requirement

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Medicare Shared Savings Program
PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
REVISED

1.5.2023 Measure Clarification

Changes for the eligible population for this measure are aligning with ACC/AHA guidelines.

The age range has been removed for population 1.
No history of Diabetes can be used.
The 2nd part of eligibility confirmation with the LDL- 70-189 has been removed for population 3.

The PREV-13 measure was updated to align with 2018 American College of Cardiology (ACC)/American Heart Association (AHA) cholesterol guidelines and recommendations. These revisions are reflected in multiple components of the measure specifications for all collection types. The measure definitions and/or guidance sections for all collection types were revised to align with and add clarity to the revisions within the measure to align with current clinical guidelines and recommendations. The denominator exception found in submission criteria 3 for patients with diabetes not taking statin therapy who have the most recent fasting or direct LDL-C laboratory test result < 70 mg/dL was removed as it is no longer applicable as the denominator criteria was revised to remove LDL-C laboratory testing criteria. Additionally, statin-associate muscle symptoms were added to the denominator exception for documentation of medical reason(s) for all submission criteria and all collection types as it would not be appropriate to prescribe statin therapy for this patient population.

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Medicare Shared Savings Program
PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease *REVISED: Important Inclusion Points*

DEFINITIONS:

Clinical atherosclerotic cardiovascular disease (ASCVD) includes:
- Acute coronary syndromes
- History of myocardial infarction
- Stable or unstable angina
- Coronary or other arterial revascularization
- Stroke or transient ischemic attack (TIA)
- Peripheral arterial disease of atherosclerotic origin

Lipoprotein Density Cholesterol (LDL-C) result - A fasting or non-fasting LDL-C laboratory test performed and direct or calculated test result documented in the medical record. When both direct and calculated test results are available on the same day, the direct LDL-C test result should be used.

Statin therapy - Administration of one or more of a group of medications that are used to lower plasma lipoprotein levels in the treatment of hyperlipoproteinemia.

Table 1 - Statin Medication Therapy List (NOTE: List does NOT include dosage):

Generic Name	Brand or Trade Name	Medication Type, If Applicable
Atorvastatin	Lipitor	Statin
Fluvastatin	Lescol XL or Lescol	Statin
Lovastatin (Mevinolin)	Mevacor or Altoprev	Statin
Pitavastatin	Livalo or Zypitamag or Nikita	Statin
Pravastatin Sodium	Pravachol	Statin
Rosuvastatin Calcium	Crestor	Statin
Simvastatin	Zocor	Statin
Amlodipine Besylate/Atorvastatin Calcium	Caduet	Fixed Dose Combination
Ezetimibe/Simvastatin	Vytorin	Fixed Dose Combination

Medicare Shared Savings Program
PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease REVISED: Important Measure Exception & Exclusion Points

Measure Exception Variables (Use coding document)

- Liver Disease
- Hepatitis A
- Hepatitis B
- End Stage Renal Disease (ESRD)
- Statin Allergy
- Muscle Symptoms

Measure Exclusion Variables (Use coding document)

- Breastfeeding
- Pregnancy
- Rhabdomyolsis

PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease *REVISED*: *Best Practices*

Documentation Issue: 1. Pure or familial hypercholesteremia must match the coding. Hypercholesteremia is not the same as hyperlipidemia-coding is different. Hyperlipidemia was noted as a diagnosis in a lot of cases, and we were unable to pass the measure because even though pure hypercholesteremia was the diagnosis billed it was not noted in the medical record as a diagnosis.

2. The measure assesses patients with a high risk for cardiovascular event given certain conditions and taking a statin as follows: A diagnosis of ASCVD (see coding document in measure details slide) OR An elevated LDL >190 or diagnosis of pure or familial hypercholesteremia OR Patient is 40-75 years and has a diagnosis of Diabetes. (We had a similar problem with this measure as we did with DM-2 in that a patient was billed for a Type 2 diagnosis, but the diagnosis was not noted in the medical record.)

Timeframe: There must be documentation of the drug prescription within the year. A medication must be listed in the EMR or newly prescribed during the calendar/performance year.

Tip: Many times, specialist consults were the source of validation of diagnosis and statin use for this measure. It is important to have specialist summaries available in the EMR.

Tip: Clarity on diagnosis and coding match will help this measure score well.

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Medicare Shared Savings Program
PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease *REVISED*: *Abstraction Samples*

Confirmed Measures

	88	89	90	91	92	93	94	95	96
PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease									
	PREV-13 Rank	Does the patient have a diagnosis of atherosclerotic cardiovascular disease (ASCVD)—active or history of—at any time up through the last day of the measurement period? Learn More	Has the patient ever had a fasting or direct laboratory test result of LDL–C≥190 mg/dL OR were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia? Learn More	Is the patient aged 40–75 years of age and has a diagnosis of Type 1 or Type 2 diabetes? Learn More	Has the patient had an LDL–C of 70–189 mg/dL between January 1, 2019 and December 31, 2021? Learn More	Was the patient taking or prescribed statin therapy during the measurement period (January 1 – December 31, 2021)? Learn More	Skip Request Status	Skip Request Case Number	PREV-13 Comments (optional)
	627	No - Diagnosis	Yes			Yes			SPHP Athena/EPIC Atorvastatin listed during 2/18/21 encounter
	298	No - Diagnosis	Yes			Yes			SPHP EPIC hypercholest., atorvastatin
	45	Yes				Yes			SPHP EPIC, CAD, Atorvastatin

Medicare Shared Savings Program
PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease *REVISED*: Abstraction Samples

Denominator Exclusion

PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

PREV-13 Rank	Does the patient have a diagnosis of atherosclerotic cardiovascular disease (ASCVD)—active or history of—at any time up through the last day of the measurement period? Learn More	Has the patient ever had a fasting or direct laboratory test result of LDL-C≥190 mg/dL OR were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia? Learn More	Is the patient aged 40–75 years of age and has a diagnosis of Type 1 or Type 2 diabetes? Learn More	Has the patient had an LDL-C of 70–189 mg/dL between January 1, 2019 and December 31, 2021? Learn More	Was the patient taking or prescribed statin therapy during the measurement period (January 1 – December 31, 2021)? Learn More	Skip Request Status	Skip Request Case Number	PREV-13 Comments (optional)
357	Yes				No - Denominator Exception - Medical Reasons			SPHP EPIC, CAD, allergy noted to Statins

Unconfirmed Measure

88	89	90	91	92	93	94	95	96

PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

PREV-13 Rank	Does the patient have a diagnosis of atherosclerotic cardiovascular disease (ASCVD)—active or history of—at any time up through the last day of the measurement period? Learn More	Has the patient ever had a fasting or direct laboratory test result of LDL-C≥190 mg/dL OR were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia? Learn More	Is the patient aged 40–75 years of age and has a diagnosis of Type 1 or Type 2 diabetes? Learn More	Has the patient had an LDL-C of 70–189 mg/dL between January 1, 2019 and December 31, 2021? Learn More	Was the patient taking or prescribed statin therapy during the measurement period (January 1 – December 31, 2021)? Learn More	Skip Request Status	Skip Request Case Number	PREV-13 Comments (optional)
616	Yes				No			Statin not found.

Measure Clarifications 1.5.2023

CARE-2: Fall Risk Screening Assessment: The expectation is that a falls screening is completed during the measurement period for ***each*** eligible patient and no longer excludes those beneficiaries who are not ambulatory.

DM-2: Hemoglobin A1c: There must be medical record documentation that the patient had an active diagnosis of diabetes during the measurement period OR an active diagnosis of diabetes during the year prior to be ***included*** in the measure.

PREV-10: Tobacco Screening & Cessation Counseling: This measure no longer has a 24-month look back and is now the measurement year. CMS uses data from January 2022-October 2022 and patients who have at least two eligible encounters during the measurement period are selected for this measure.

PREV-12: Depression Screening & Follow-Up: Suicide risk assessment tools and a referral to a qualified practitioner for diagnosis/treatment was removed as possible follow-up options.

Examples of an acceptable follow-up plan include but are not limited to:
- Referral to a provider, practitioner, or program for further evaluation for depression
- Other interventions designed to treat depression such as behavioral health evaluation, psychotherapy, pharmacological interventions, or additional treatment options.

PREV-13: Statin Therapy: Changes for the eligible population for this measure are aligning with ACC/AHA guidelines.
- The age range has been removed for population 1.
- No history of Diabetes can be used.
- The 2nd part of eligibility confirmation with the LDL- 70-189 has been removed for population 3.

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