2017 CMS Quality Reporting - ABSTRACTION PROCESS OVERVIEW

STEP 1 - Can you locate the patient's medical record?

YES? Proceed to STEP 2

NO? Perform the following actions :

- Contact the other QROs for any other physicians listed in the Web Interface to determine if one of them possesses the necessary information
- If yes, request that the other QRO complete the measure in the Web Interface
- Within the **Comments** section of the Web Interface, the completing QRO must list the date and location of the source documentation used (minimizing abbreviations) and notify the original QRO of the measure's completion
- If no other QRO listed in the Web Interface possesses the necessary information, select "*No - Medical Record Not Found*"
- Patient is removed from the beneficiary sample for **all** measures, i.e., "skipped"

Proceed to the next patient in the Web Interface and begin with STEP 1

STEP 2 - During the MP, was the patient in hospice, enrolled in an HMO, moved out-of-the-country or deceased?

NO? Proceed to STEP 3

YES? Perform the following actions:

- Select "*Not Qualified for Sample*"
- Select the applicable reason from the drop-down menu within the Web Interface
- Enter the date when the patient became ineligible
- If the date is unknown, enter the last day of the measurement period, i.e., 12/31/17
- Patient is removed from the beneficiary sample for **all** measures, i.e., "skipped"

Proceed to the next patient listed in the Web Interface and begin with STEP 1

STEP 3 - Is there measure-specific reason for disqualification?*

NO? Proceed to STEP 4

YES? Perform the following actions:

*See pg. 2 for the list of *2017 CMS Quality Reporting - MEASURE-SPECIFIC EXCLUSIONS*

- Select "*Denominator Exclusion*"
- Within the **Comments** section of the Web Interface, list the applicable measure-specific reason, as well as the date and location of the source documentation used
- Use abbreviations as little as possible!
- Patient is removed from the performance calculations for **this** measure, i.e., "skipped"

Proceed to the next patient in the Web Interface and begin with STEP 1

STEP 4 - Is there another CMS-approved reason for disqualification?

NO? Proceed to STEP 5

YES? Perform the following actions:

- Additional disquaifying conditions are approved by CMS on a case-by-case basis.
- To request that a reason be reviewed, open a QualityNet ticket via the QualityNet website, including the patient rank, measure title, and reason for request
- If approved, enter the Help Desk ticket number assigned to your case in the **Help Desk ticket** field located within the Web Interface
- NOTE: The same ticket number can be used for multiple patients with identical reasons
- Patient is removed from the performance calculations for **this** measure, i.e., "skipped"

Proceed to the next patient listed in the Web Interface and begin with STEP 1

STEP 5 - Abstraction and Data Capture

- Complete all measure fields as appropriate
- Within the **Comments** section of the Web Interface, list the date and location of the source documentation used
- NOTE: Use abbreviations as little as possible!

Proceed to the next patient in the Web Interface and begin with STEP 1

Questions? Contact James Malayang, Senior Project Manager, POM ACO
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As of 12/5/2017

2017 CMS Quality Reporting - MEASURE-SPECIFIC EXCLUSIONS

	Measure Title	Measure-Specific Exclusions
CARE-1	*Medication Reconciliation Post-Discharge*	No current medications listed
		No discharge medications listed
		No follow-up visit in chart
		Follow-up > 32 days *(30 days, +/- 2 days from prefilled discharge date)*
		Author is **not** a prescribing practitioner, RN, or clinical pharmacist
CARE-2	*Screening for Future Falls*	Patient non-ambulatory at most recent encounter on 9/1/17
DM-2	*Diabetes - Hemoglobin A1c (HbA1c) Poor Control (>9%)*	Patient has no diagnosis of Type 1 or 2 diabetes on chart
		Patient has no *active* diagnosis of Type 1 or 2 diabetes on chart
		Elevated blood sugar is due to another medical condition, e.g., steroids for asthma
		Hemoglobin A1c (HbA1c) is ≤ 9%
		No Hemoglobin A1c (HbA1c) on chart
DM-7	*Diabetes - Eye Exam*	Patient has no diagnosis of Type 1 or 2 diabetes on chart
		Patient has no *active* diagnosis of Type 1 or 2 diabetes on chart during MP
		Elevated blood sugar is due to another medical condition, e.g., steroids for asthma
		Retinal **or** dilated eye exam was not performed as part of exam
		No eye exam on chart
		Exam performed outside of measure-specified time period, i.e., 1/1/2016 - 12/31/2017
HTN-2	*Controlling High Blood Pressure*	No active diagnosis of essential hypertension between 01/01 and 06/30/2017
		Systolic blood pressure > 140
		Diastolic blood pressure > 90
IVD-2	*Ischemic Vascular Disease (IVD) - Use of Aspirin or Another Antiplatelet*	No acute myocardial infarction between 01/01 - 12/31/2016
		No coronary artery bypass graft between 01/01 - 12/31/2016
		No percutaneous coronary intervention between 01/01 - 12/31/2016
		No active diagnosis of ischemic vascular disease during the measurement period
		No documented use of aspirin or other antiplatelet medication during the measurement period
		Patient is taking one of the **Denominator Exclusion** *Anticoagulant Medications*
MH-1	*Depression Remission at Twelve Months*	Patient has an active diagnosis of bipolar disorder
		Patient has an active diagnosis of personality disorder
		No index PHQ-9 on chart between 12/01/2015 - 11/30/2016
		Index PHQ-9 score is ≤ 9
		No repeat PHQ-9 on chart at 12 months after the index PHQ-9 (+/- 30 days)
		Repeat PHQ-9 score ≥ 5
PREV-5	*Breast Cancer Screening*	Patient had a bilateral mastectomy
		Patient had two (2) unilateral mastectomies
		No mammogram on chart between 10/01/2015 - 12/31/2017
		Most recent mammogram was before 10/01/2015
		Patient received an MRI **or** Ultrasound instead of a mammogram
		Patient-reported results are listed by the provider, however either the test type, date, or result is missng
PREV-6	*Colorectal Cancer Screening*	Patient has a history of colorectal cancer
		Patient has a history of total colectomy
		Patient received only digital rectal exam
		Patient-reported results are listed by the provider, however either the test type, date, or result is missng

	Measure Title	Measure-Specific Exclusions
PREV-7	*Influenza Immunization*	No chart documentation reflecting that the patient received an influenza immunization during a clinic visit between 10/01/2016 - 03/31/2017
		No chart documentation reflecting that the patient reported having previously received an influenza immunization between 08/01/2016 - 03/31/2017
PREV-8	*Pneumococcal Vaccination Status for Older Adults*	No chart documentation that the patient ever received either the PCV13 or PPSV23 pneumonia vaccination, either alone or in combination
		Patient-reported results are listed by the provider, however either the test type, date, or result is missing
PREV-9	*Body Mass Index (BMI) Screening and Follow-Up Plan*	Patient is pregnant
		Patient refused height and/or weight measurement
		Patient refused follow-up
		Patient is ≥ 65 years and weight loss or gain would complicate other health conditions, such as: illness or physical disability; mental illness, dementia, confusion; or vitamin/mineral deficiency
		Patient is emergent or urgent and a treatment delay would jeapordize patient health
		No BMI charted during current encounter **or** during the six (6) months prior to current encounter
		Patient's Body Mass Index is on the patient chart ***and*** **is within normal range**
		Patient's Body Mass Index is on the chart ***and abnormal*** but there is **no follow-up plan**
PREV-10	*Tobacco Use - Screening and Cessation Intervention*	Patient was not screened between 01/01/2016 and 12/31/2017
		Patient is a non-smoker
		Patient had a positive screen however cessation counseling was **not** provided to the patient
PREV-12	*Screening for Depression and Follow-Up Plan*	Patient has an active diagnosis of bipolar disorder
		Patient has an active diagnosis of personality disorder
		No depression screen on chart
		Patient refuses assessment
		Patient is emergent or urgent and a treatment delay would jeapordize patient health
		Patient's functional capacity or motivation to improve may impact the accuracy of results
		Patient was not screened with a standardized tool
		Patient has positive screen but no follow-up plan is documented
		Follow-up plan is present but missing the minimum requirment
		Follow-up plan does not refer to the positive screen
PREV-13	*Statin Therapy for the Prevention and Treatment of Cardiovascular Disease*	Patient not "high-risk" i.e., patient does not meet at least one (1) of the three (3) reporting criteria for this measure
		Patient pregnant **or** breastfeeding **or** diagnosed with rhabdomyolysis
		Patient is allergic **or** intolerant of statin medication
		Patient has active liver/hepatic disease **or** insufficiency
		Patient has end-stage renal disease (ESRD)
		Patient is diabetic **with** most recent fasting or direct LDL-C < 70 mg/dl **and** is not taking a statin

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2017 CMS Quality Reporting Quick Reference Guide

Measure	Description	Exclusions	Definitions	Data Guidance
CARE-1 Medication Reconciliation Post-Discharge	**Patients ≥ 18 yrs *who were*:** -- discharged from any inpatient facility **AND** -- seen within 30 days post-discharge *(+ or - 2 days either before or after the prefilled discharge date)* by professional providing ongoing care **AND** -- discharge medication list was reconciled with the current medication list in the MR.	• Deceased during CY 2017 • In hospice, including non-hospice with palliative goals or comfort care at anytime during CY 2017 • Moved out of country at anytime during CY 2017 • Enrolled in HMO at any time during CY 2017	• *CY* = Calendar Year • *Inpatient facility* = acute care hospital, inpatient psychiatric facility, skilled nursing or inpatient rehabilitation • *HMO* = Health Maintenance Organization • *MP* = Measurement Period = 01/01/2017 - 12/31/2017 • *MR* = Medical Record • *OV* = Office vist • *Professional providing ongoing care* = physician, prescribing practitioner, registered nurse, or clinical pharmacist • *WI* = Web Interface	**(1)** Inpatient discharges are pre-populated by CMS using claims data **(2)** Denominator is based on individual discharges followed by an OV, not individual patients. As a result, there may be multiple charge dates for the same patient **(3)** Documentation of the current medications with a notation that references the discharge medications, such as: *-- no changes in meds since discharge* *-- same meds at discharge* *-- discontinue all discharge meds* **(4)** Documentation of the patient's current medications with a notation that the discharge medications were reviewed. **(5)** Documentation that the provider "reconciled the current and discharge meds." **(6)** Documentation of a current medication list, a discharge medication list *and* notation that the appropriate practitioner type reviewed both lists on the same date of service **(7)** Notation that no medications were prescribed or ordered upon discharge. **(8)** Medication reconciliation post-discharge *can be performed during telehealth encounter*
CARE-2 Falls - Screening for Future Fall Risk	**Patients ≥ 65 yrs *who were*:** -- screened for future fall risk during CY **2017**	• Patient non-ambulatory *at most recent encounter during CY 2017* • Deceased during CY 2017 • In hospice, including non-hospice with palliative goals or comfort care at anytime during CY 2017 • Moved out of country at anytime during CY 2017 • Enrolled in HMO at any time during CY 2017	• *CY* = Calendar Year • *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.** • *HMO* = Health Maintenance Organization • *MP* = Measurment Period = 01/01/2017 - 12/31/2017 • *MR* = Medical Record • *Screening for Future Fall Risk* = assessment of whether an individual has experienced a fall or problems with gait or balance. While a specific screening tool is not required for this measure, potential screening tools include the Morse Fall Scale and the timed Get-Up-And-Go test. • *WI* = Web Interface	**(1)** A clinician with appropriate skills and experience may perform the screening **(2)** *Documentation of no falls is sufficient* **(3)** MR must include documentation of screening performed **(4)** Any history of falls screening during CY 2017 is acceptable **(5)** A gait or balance assessment is acceptable **(6)** A specific screening tool is not required **(7)** Fall risk screening is embedded within the Medicare Annual Wellness Visit documentaion **(8)** Fall risk screening *can be performed during telehealth encounter*
DM Composite - All or Nothing				
DM-2 Diabetes - Hemoglobin A1c (HbA1c) Poor Control (>9%)	**Patients 18 - 75 yrs during CY 2017 *with:*** -- active diagnosis or documented history of Type 1 or Type 2 DM during CY **2016** or CY **2017** **AND** -- *most recent* HbA1c > 9% during CY **2017**	• Diagnosis of secondary DM due to other condition • Deceased during CY 2017 • In hospice, including non-hospice with palliative goals or comfort care at anytime during CY 2017 • Moved out of country at anytime during CY 2017 • Enrolled in HMO at any time during CY 2017	• *Active Diagnosis* = a diagnosis that is: -- on the patient's problem list -- a diagnosis code on the encounter, or -- documented in a progress note indicating that the patient is being treated or managed for the disease or condition during the CY 2017 • *CY* = Calendar Year • *DM* = Diabetes Mellitus • *HMO* = Health Maintenance Organization • *MP* = Measurment Period = 01/01/2017 - 12/31/2017 • *MR* = Medical Record • *WI* = Web Interface	**(1)** Synonyms for HbA1c testing may include Glycohemoglobin A1c, HbA1c, Hemoglobin A1c, HgbA1c, A1c **(2)** Data source priority ranking: -- Lab report draw date (also known as collection date) -- Lab report date -- Flow sheet documentation -- Practitioner notes -- Other documentation -- Patient reported result (source of last resort) **(3)** Both patient reported and chart listed results must include date of test and numeric result (range unacceptable) **(4)** Documentation of *most recent* HbA1c result *can be completed during a telehealth encounter*
DM-7 Diabetes - Eye Exam	**Patients 18 - 75 yrs *with*:** -- active diagnosis or documented history of Type 1 or Type 2 DM during CY **2016** or CY **2017** **AND** -- a retinal or dilated eye exam performed or read by an ophthalmologist or optometrist during CY **2017 *or*** -- a *negative* retinal or dilated eye exam (e.g. no evidence of retinopathy) during CY **2016**	• Diagnosis of secondary DM due to other condition • Deceased during CY 2017 • In hospice, including non-hospice with palliative goals or comfort care at anytime during CY 2017 • Moved out of country at anytime during CY 2017 • Enrolled in HMO at any time during CY 2017	• *Active Diagnosis* = a diagnosis that is: -- on the patient's problem list -- a diagnosis code on the encounter, or -- documented in a progress note indicating that the patient is being treated or managed for the disease or condition during the MP • *CY* = Calendar Year • *DM* = Diabetes Mellitus • *HMO* = Health Maintenance Organization • *MP* = Measurment Period = 01/01/2017 - 12/31/2017 • *MR* = Medical Record • *WI* = Web Interface	**(1)** **Patient Reported Requirement:** Date (year) and result/finding **(2)** If an endocrinologist or PCP performs the appropriate imaging in their office and the results are reviewed by an eye care professional *(optometrist or ophthalmologist)* during CY 2017 or CY 2016 (if negative for retinopathy) then it is eligible for use in reporting **(3)** If the eye exam is not performed or reviewed by an ophthalmologist or optometrist, results may be read by a qualified reading center that operates under the direction of a medical director who is a retinal specialist **(4)** Documentation of diabetic retinal disease screening *can be completed during a telehealth encounter*

2017 CMS Quality Reporting Quick Reference Guide

Measure	Description	Exclusions	Definitions	Data Guidance
HTN-2 Controlling High Blood Pressure	**Patients 18 - 85 yrs *with:*** -- an **active** diagnosis of **essential HTN** between 01/01/**2017** and 06/30/**2017**	• Active diagnosis through *start* of CY 2017: -- ESRD -- Pregnancy -- Stage 5 CKD • Diagnosed *before or during* CY 2017: -- Dialysis -- History of renal transplant • Patients ≥ 65 yrs in an Institutional SNP or residing in a long-term care facility with a POS code 32, 33, 34, 54, or 56 at anytime during CY 2017 • Deceased during CY 2017 • In hospice, including non-hospice with palliative goals or comfort care at anytime during CY 2017 • Moved out of country at anytime during CY 2017 • Enrolled in HMO at any time during CY 2017 • Diagnosis of pregnancy during CY 2017	• *CKD* = Chronic Kidney Disease • *CY* = Calendar Year • *ESRD* = End-Stage Renal Disease • *HMO* = Health Maintenance Organization • *MP* = Measurment Period = 01/01/2017 - 12/31/2017 • *MR* = Medical Record • *SNP* = Special Needs Plan • *WI* = Web Interface	**(1)** Only BP readings performed by a clinician in the provider office are acceptable **(2)** If there are multiple BP readings on the same day, use the *lowest systolic* and *lowest diastolic* measurements (from different readings, if appropriate) as the most recent BP reading **(3)** Patient-reported BP values are *not acceptable* **(4)** If no BP is recorded during CY 2017, the patient's blood pressure is assumed "*not controlled*" **(5)** BP screening *cannot be completed during a telehealth encounter*
IVD-2 Ischemic Vascular Disease (IVD) - Use of Aspirin or Another Antiplatelet	**Patients ≥ 18 yrs *who were:*** -- diagnosed with AMI, CABG, or PCI during CY **2016** **OR** -- active diagnosis of IVD *during* CY **2017** ***and*** -- had documentation of ASA or other antiplatelet use during CY **2017**	• Documentation of **Denominator Exclusion** *Anticoagulant Medication* use overlapping CY 2017 • Diagnosis of PVD and/or PAD **do not** qualify as IVD • Deceased during CY 2017 • In hospice, including non-hospice with palliative goals or comfort care at anytime during CY 2017 • Moved out of country at anytime during CY 2017 • Enrolled in HMO at any time during CY 2017	• *Active Diagnosis* = a diagnosis that is: -- on the patient's problem list -- a diagnosis code on the encounter, or -- documented in a progress note indicating that the patient is being treated or managed for the disease or condition during CY 2017 • *AMI* = Acute Myocardial Infarction • *ASA* = Aspirin • *CABG* = Coronary Artery Bypass Graft • *CY* = Calendar Year • *HMO* = Health Maintenance Organization • *IVD* = Ischemic Vascular Disease • *MP* = Measurment Period = 01/01/2017 - 12/31/2017 • *MR* = Medical Record • *PAD* = Peripheral Arterial Disease • *PCI* = Percutaneous Coronary Intervention • *PVD* = Peripheral Vascular Disease • *WI* = Web Interface	**(1) Denominator Exclusion** Anticoagulant Medications: -- Apixaban -- Enoxaparin -- Argatroban -- Fondaparinux -- Bivalirudin -- Heparin -- Dabigatran -- Lepirudin -- Dalteparin -- Rivaroxaban -- Desirudin -- Tinzaparin -- Edoxaban -- Warfarin **(2)** Oral antiplatelet meds include: -- ASA -- clopidogrel or combination of aspirin and extended-release dipyridamole -- Prasugrel -- Ticagrelor -- Ticlopidine **(3)** Antiplatelet use documentation *can be completed during a telehealth encounter*
MH-1 Depression Remission at Twelve Months	**Patients ≥ 18 yrs *with:*** -- major depression or dysthymia **AND** -- an initial PHQ-9 > 9 documented between 12/1/**2015** and 11/30/**2016** **AND** -- demonstrate remission **as evidenced by** PHQ-9 < 5 at 12 months (+ or - 30 days) after index visit	• **Active diagnosis** of bipolar disorder • **Active diagnosis** of personality disorder • Permanent Nursing Home Resident • Deceased during CY 2017 • In hospice, including non-hospice with palliative goals or comfort care at anytime during CY 2017 • Moved out of country at anytime during CY 2017 • Enrolled in HMO at any time during CY 2017	• *Active Diagnosis* = a diagnosis that is: -- on the patient's problem list -- a diagnosis code on the encounter, or -- documented in a progress note indicating that the patient is being treated or managed for the disease or condition during CY 2017 • *CY* = Calendar Year • *HMO* = Health Maintenance Organization • *MP* = Measurement Period = 01/01/2017-12/31/2017 • *MR* = Medical Record • *Permanent Nursing Home Resident* = a patient who is residing in a skilled nursing facility on a long-term basis. -- It does not include patients who are receiving short-term rehabilitative services following a hospital stay or patients residing in assisted-living or group-home settings • *WI* = Web Interface	**(1)** Patient must be aged 18 years of age or older at Index Date **(2)** Index PHQ-9 > 9 *must* be documented between 12/1/**2015** and 11/30/**2016**; -- *if more than one PHQ-9 result in present, use most recent* **(3)** PHQ-9 can be administered via telephone, email, mail, e-visit, patient portal, iPad/tablet, or patient kiosk **(4)** Remission PHQ-9 < 5 must be documented during 12 months post-index date, +/- 30 days

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Measure	Description	Exclusions	Definitions	Data Guidance
PREV-5 Breast Cancer Screening	**Patients 50 - 74 yrs *who had*:** -- a mammogram screen for breast cancer between 10/01/**2015** and 12/31/**2017**	• Bilateral mastectomy • 2 unilateral mastectomies • Patients ≥ 65 yrs in an Institutional SNP or residing in a long-term care facility with a POS code 32, 33, 34, 54, or 56 at anytime during CY 2017 • Deceased during CY 2017 • In hospice, including non-hospice with palliative goals or comfort care, at anytime during CY 2017 • Moved out of country at anytime during CY 2017 • Enrolled in HMO at any time during CY 2017	• *CY* = Calendar Year • *HMO* = Health Maintenance Organization • *MP* = Measurment Period = 01/01/2017 - 12/31/2017 • *MR* = Medical Record • *SNP* = Special Needs Plan • *WI* = Web Interface	**(1)** MR documentation must include date the breast cancer screening was performed **and** the result/findings **(2)** Result of "normal" or "abnormal" is acceptable **(3)** If patient reported, must include date, type of test, **and** result/finding **(4)** Testing includes: Breast x-ray, diagnostic mammography, mammogram, screening mammography, **and digital breast tomosynthesis, a.k.a. 3D mammography** **(5)** MRI and Ultrasound results are **not** acceptable **(6)** Documentation of screening mammography *can be completed during a telehealth encounter* **(7)** An order for breast cancer screening without documentation of test completion is **not** acceptable
PREV-6 Colorectal Cancer Screening	**Patients 50 - 75 yrs who had *one* of the following:** -- **FOBT** during CY **2017** -- **Flexible sigmoidoscopy** during 01/01/**2013** - 12/31/**2017** -- **Colonoscopy** during 01/01/**2008** - 12/31/**2017** -- **CT colonography** during 01/01/**2013** - 12/31/**2017** -- **FIT-DNA** during 01/01/**2015** - 12/31/**2017**	• Diagnosis or past history of total colectomy or colorectal cancer • Patients ≥ 65 yrs in an Institutional SNP or residing in a long-term care facility with a POS code 32, 33, 34, 54, or 56 at anytime during CY 2017 • Deceased during CY 2017 • In hospice, including non-hospice with palliative goals or comfort care, at anytime during CY 2017 • Moved out of country at anytime during CY 2017 • Enrolled in HMO at any time during CY 2017	• *CT* = Computed tomography • *CY* = Calendar Year • *DRE* = Digital Rectal Exam • *FIT-DNA* = Fecal immunochemical DNA test • *FOBT* = Fecal Occult Blood Test • *HMO* = Health Maintenance Organization • *MP* = Measurment Period = 01/01/2017 - 12/31/2017 • *MR* = Medical Record • *SNP* = Special Needs Plan • *WI* = Web Interface	**(1)** *FOBT* includes ColoCARE, Coloscreen, EZ Detect, FIT, flushable reagent pads, flushable reagent stool blood test, guiac smear test, Hemoccult, Seracult, stool occult blood test **(2)** *Do not count* DRE or FOBT tests performed in the office **(3)** *Do not count* FOBTs performed on a sample collected via DRE **(4)** Documentation must include date of screening **and** result or findings -- Documentation of "normal" or "abnormal" is acceptable -- Patient-reported documentation requirement: date (year), type of test, **and** result/finding -- Documentation of colorectal cancer screening *can be completed during a telehealth encounter*
PREV-7 Influenza Immunization	**Patients ≥ 6 mos who:** -- received an influenza immunization during an office visit *between* 10/01/**2016** and 03/31/**2017** **OR** -- reported previously receiving an influenza immunization *between* 08/01/**2016** and 03/31/**2017**	• Medical reason, i.e., allergy • Patient reason, i.e., refused • System reason, i.e., vaccine unavailable • Deceased during CY 2017 • In hospice, including non-hospice with palliative goals or comfort care at anytime during CY 2017 • Moved out of country at anytime during CY 2017 • Enrolled in HMO at any time during CY 2017	• *CY* = Calendar Year • *HMO* = Health Maintenance Organization • *MP* = Measurment Period = 01/01/2017 - 12/31/2017 • *MR* = Medical Record • *WI* = Web Interface	**(1)** *If WI is pre-filled with "Yes", no further action is required* **(2)** Documentation must include date of administration and type of vaccine administered **(3)** Documented reason for not receiving influenza immunization: -- medical reason - e.g., patient allergy -- patient reason - e.g., patient declined -- system reason - e.g., vaccine unavailable **(4)** Documentation of previously receiving the influenza immunization *can be completed during a telehealth encounter*
PREV-8 Pneumococcal Vaccination Status for Older Adults	**Patients ≥ 65 yrs who:** -- have **ever** received a pneumococcal vaccine	• Deceased during CY 2017 • In hospice, including non-hospice with palliative goals or comfort care at anytime during CY 2017 • Moved out of country at anytime during CY 2017 • Enrolled in HMO at any time during CY 2017	• *CY* = Calendar Year • *HMO* = Health Maintenance Organization • *MP* = Measurment Period = 01/01/2017 - 12/31/2017 • *MR* = Medical Record • *WI* = Web Interface	**(1)** PCV13 and PPSV23, either alone or together, are acceptable **(2)** *Patient-reported results 2015 - Present*: *Must* include the month, year, and type of vaccine received **(3)** *Patient-reported results prior to 2015*: *Report alone is sufficient*, with date and vaccine type information being optional **(4)** Documentation of pneumococcal vaccination status *can be completed during a telehealth encounter*

2017 CMS Quality Reporting Quick Reference Guide

Measure	Description	Exclusions	Definitions	Data Guidance
PREV-9 Body Mass Index (BMI) Screening and Follow-Up Plan	**Patients ≥ 18 yrs with:** -- a documented BMI during the *current encounter* **or** if not calculated at the current encounter, use the most recent BMI calculated during the 6 months *prior to the current encounter* **AND** -- for BMI *above or below* the **normal range of ≥ 18.5 and < 25 kg/m^2**, a follow-up plan is documented either *during the current encounter* **or** during the *6 months prior* to the current encounter	• Pregnancy • Receiving palliative care • Refusal of height/weight measurement or follow-up • Patients ≥ 65 yrs for whom weight loss/gain would complicate other underlying conditions, such as: -- Illness or physical disability -- Mental illness, dementia, confusion -- Nutritional or vitamin/mineral deficiency • Urgent or emergent patients where treatment delay would jeopardize patient health • Deceased during CY 2017 • In hospice, including non-hospice with palliative goals or comfort care at anytime during CY 2017 • Moved out of country at anytime during CY 2017 • Enrolled in HMO at any time during CY 2017	• *BMI* - Body Mass Index • *CY* = Calendar Year • *Follow-Up Plan* = proposed outline of treatment for abnormal BMI • *Encounter* = patient visit where BMI is recorded • *HMO* = Health Maintenance Organization • *MP* = Measurment Period = 01/01/2017 - 12/31/2017 • *MR* = Medical Record • *WI* = Web Interface	**(1)** Follow-Up Plan *may* include documentation of: -- Education -- Pharmcological interventions -- Dietary supplements -- Exercise counseling -- Nutrition counseling -- Referral to one of the following: • Registered dietician • Nutritionist • Occupational therapy • Physical therapy • Primary care Physician (PCP) • Exercise physiologist • Mental health professional • Surgeon **(2)** Self-reported weights *cannot* be used. **(3)** Height and weight may be obtained from separate encounters **(4)** If there is more than one BMI on the chart, *use most recent* **(5)** BMI calculation and recommended follow-up plan *cannot be completed during a telehealth encounter*
PREV-10 Tobacco Use - Screening and Cessation Intervention	**Patients ≥ 18 yrs who were:** -- screened for tobacco use one or more times during CY 2016 and CY 2017 **AND** -- who received cessation counseling intervention *if identified as a tobacco user*	• Documentation of medical reason for *not screening* for tobacco use, such as: -- limited life expectancy -- other medical reason • Only medical reason *excluding patient from receiving cessation intervention* is limited life expectancy • Deceased during CY 2017 • In hospice, including non-hospice with palliative goals or comfort care at anytime during CY 2017 • Moved out of country at anytime during CY 2017 • Enrolled in HMO at any time during CY 2017	• *CY* = Calendar Year • *HMO* = Health Maintenance Organization • *MP* = Measurment Period = 01/01/2017 - 12/31/2017 • *MR* = Medical Record • *Tobacco Use* = Includes any type of tobacco, e.g., smoke and smokeless • *Tobacco Cessation Intervention* = Includes brief counseling (≤ 3 mins) and/or pharmacotherapy • *WI* = Web Interface	**(1)** Confirm patient screened for tobacco at least once between 01/01/2016 and 12/31/2017 **(2)** If more than one Tobacco Use Screening is on the chart, use most recent **(3)** Tobacco Use Screening and the Tobacco Cessation Intervention can occur at different encounters however they both must have occurred between 01/01/2016 and 12/31/2017 **(4)** *Both* the Tobacco Screening *and* the Tobacco Cessation Intervention *can be completed during a telehealth encounter* **(5)** Electronic Nicotine Delivery Systems (ENDS) *are not considered evidence of tobacco use and cannot be used as a tobacco cessation aid*
PREV-12 Screening for Depression and Follow-Up Plan	**Patients ≥ 12 yrs who were:** -- *screened for depression on the date of encounter* using an age appropriate standardized depression screening tool **AND** -- if positive, *a follow-up plan* is documented on the date of the positive screen	• Active diagnosis of depression • Active diagnosis of bipolar disorder • Patient refusal to participate • Urgent or emergent patients where treatment delay would jeopardize patient health • Patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools • Deceased during CY 2017 • In hospice, including non-hospice with palliative goals or comfort care at anytime during CY 2017 • Moved out of country at anytime during CY 2017 • Enrolled in HMO at any time during CY 2017	• *Active Diagnosis* = a diagnosis that is: -- on the patient's problem list -- a diagnosis code on the encounter, or -- documented in a progress note indicating that the patient is being treated or managed for the disease or condition during CY 2017 • *CY* = Calendar Year • *HMO* = Health Maintenance Organization • *MP* = Measurment Period = 01/01/2017 - 12/31/2017 • *MR* = Medical Record • *Standardized Depression Screening Tool* = a normalized and validated depression screening tool developed for the patient population in which it is being utilized • *WI* = Web Interface	**(1)** Adolescent Screening Tools (12 - 17 yrs) - s*ee POM ACO website for suggestions* **(2)** Adult Screening Tools (≥ 18 yrs) - *see POM ACO website for suggestions* **(3)** Name of the standardized depression screening tool used must be documented in the medical record **(4)** The depression screening must be reviewed and addressed in the office of the provider filing the code, on the date of the encounter **(5)** The screening and encounter must occur on the same date **(6)** Follow-Up Plan *must include one or more of the following*: -- Additional evaluation for depression -- Suicide Risk Assessment -- Referral to a practitioner who is qualified to diagnose and treat depression -- Pharmacological interventions -- Other interventions or follow-up for the diagnosis or treatment of depression **(7)** Follow-up plan must be related to the positive depression screening, e.g., "Patient referred for psychiatric evaluation due to positive depression screening." **(8)** Screening for depression *can be completed during a telehealth encounter* **however** the results *must* be reviewed/verified *and* documented by the eligible professional in the medical record *on the date of the encounter* to meet the screening portion of this measure **(9)** Documentation of recommended follow-up plan for a positive depression screen *can be completed during a telehealth encounter*

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Measure	Description	Exclusions	Definitions	Data Guidance
PREV-13 Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	**Patients ≥ 21 yrs at beginning of CY 2017 who:** -- have an active diagnosis or history of ASCVD **OR** **Patients ≥ 21 yrs at beginning of CY 2017 who:** -- have ever had a fasting or direct LDL-C ≥ 190 mg/dL at *any anytime during CY **2017 or*** -- were previously diagnosed or have an active diagnosis of familial / pure hypercholesterolemia **OR** **Patients 40 - 75 yrs at beginning of CY 2017 with:** -- a diagnosis of Type 1 or 2 DM ***and*** -- a fasting or direct LDL-C of 70 - 189 mg/dL recorded as the *highest result* during CY **2015**, CY **2016**, or CY **2017**	• Active diagnosis of pregnancy • Breastfeeding • Diagnosis of rhabdomyolysis • History of adverse effect, allergy, or intolerance to statin medication • Palliative care • Active liver disease or hepatic disease or insufficiency • ESRD • DM diagnosis with most recent fasting or direct LDL-C < 70 mg/dL and are not taking statin therapy • Deceased during CY 2017 • In hospice, including non-hospice with palliative goals or comfort care at anytime during CY 2017 • Moved out of country at anytime during CY 2017 • Enrolled in HMO at any time during CY 2017	• *Active Diagnosis* = a diagnosis that is: -- on the patient's problem list -- a diagnosis code on the encounter, or -- documented in a progress note indicating that the patient is being treated or managed for the disease or condition during CY 2017 • *ASCVD* = Clinical Atherosclerotic Cardiovascular Disease 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 • *CY* = Calendar Year • *DM* = Diabetes mellitis • *ESRD* = End-stage renal disease • *HMO* = Health Maintenance Organization • *LDL-C* = Low-Density Lipoprotein Cholesterol • *MP* = Measurment Period = 01/01/2017 - 12/31/2017 • *MR* = Medical Record • *WI* = Web Interface	**(1)** Adherence to statin therapy is **not** part of this measure **(2)** If laboratory unable to calculate LDL-C value due to high triglycerides, select "No". **(3)** If the test result is labeled "unreliable" and a result is provided, select "No" **(4)** Diabetes history is defined as any history of diabetes, prior to or during the measurement period **(5)** Documentation of statin therapy prescribed or being taken during the measurement period *cannot be completed during a telehealth encounter*

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