



2017 CMS Web Interface Reporting

Measure Specification Review

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Medicare Shared Savings Program and Next Generation ACO Model

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- Next Generation ACOs:
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Agenda

- Review of Measure Reporting Document Format
- Review of Coding Document Format
- 2017 Web Interface Measures
 - List of Measures
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 - CARE-2
 - DM-2
 - DM-7
 - HTN-2
 - IVD-2
- Resources
- Questions



Review of Measure Reporting Document Format

- Components of the Document
- Review of IVD-2 Measure Reporting Document



Measure Reporting Document (1 of 10)

IVD-2: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet | 2017



2017 CMS Web Interface

IVD-2 (NQF 0068): Ischemic Vascular Disease (IVD):
Use of Aspirin or Another Antiplatelet

Measure Steward: NCQA

Measure Reporting Document (2 of 10)

- Table of Contents
- Introduction
- Web Interface Sampling Information
- Narrative Measure Specification
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- Documentation Requirements
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- Appendix II – Downloadable Resource Mapping Table
- Appendix III – Measure Rationale and Clinical Recommendation Statements
- Appendix IV – Use Notices, Copyrights, Disclaimers

Measure Reporting Document (3 of 10)

IVD-2: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

2017

INTRODUCTION

There are a total of 15 individual measures (including one composite consisting of two measures) included in the 2017 CMS Web Interface targeting high-cost chronic conditions, preventive care, and patient safety. The measures documents are represented individually and contain measure specific information. The corresponding coding documents are posted separately in an Excel format.

The Measure Documents are being provided to allow group practices and Accountable Care Organizations (ACOs) an opportunity to better understand each of the 15 individual measures included in the 2017 CMS Web Interface data submission method. Each Measure Document contains information necessary to submit data through the CMS Web Interface.

Narrative specifications, supporting submission documentation, and calculation flows are provided within each document. Please review all of the measure documentation in its entirety to ensure complete understanding of these measures.

Measure Reporting Document (4 of 10)

IVD-2: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet | 2017

WEB INTERFACE SAMPLING INFORMATION

BENEFICIARY SAMPLING

For more information on the sampling process and methodology please refer to the *2017 Web Interface Sampling Document*, available at [CMS.gov](https://www.cms.gov).

Measure Reporting Document (5 of 10)

IVD-2: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet | 2017

NARRATIVE MEASURE SPECIFICATION

DESCRIPTION:

Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period

IMPROVEMENT NOTATION:

Higher score indicates better quality

INITIAL POPULATION:

Patients 18 years of age and older with a visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD overlapping the measurement year

DENOMINATOR:

Equals Initial Population

DENOMINATOR EXCLUSIONS:

Patients who had documentation of use of anticoagulant medications overlapping the measurement year

DENOMINATOR EXCEPTIONS:

None

NUMERATOR:

Patients who had an active medication of aspirin or another antiplatelet during the measurement year

NUMERATOR EXCLUSIONS:

Not Applicable

DEFINITIONS:

None

GUIDANCE:

None

Measure Reporting Document (6 of 10)

IVD-2: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet | 2017

SUBMISSION GUIDANCE

PATIENT CONFIRMATION

Establishing patient eligibility for reporting requires the following:

- Determine if the patient's medical record can be found
 - If you can locate the medical record select "Yes"
- OR
- If you cannot locate the medical record select "No - Medical Record Not Found"
- OR
- Determine if the patient is qualified for the sample
 - If the patient is deceased, in hospice, moved out of the country or was enrolled in HMO select "Not Qualified for Sample", select the applicable reason from the provided drop-down menu, and enter the date the patient became ineligible

Guidance Patient Confirmation

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 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 sampled.

If "Not Qualified for Sample" is selected and the date is unknown, you may enter the last date of the measurement period (i.e., 12/31/2017).

Measure Reporting Document (7 of 10)

IVD-2: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet | 2017

SUBMISSION GUIDANCE

DENOMINATOR CONFIRMATION

- Determine if the patient was diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, OR who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period
 - If the patient was diagnosed with AMI, CABG or PCI OR had an active diagnosis of IVD select "Yes"
- OR
- If you are unable to confirm if the patient was diagnosed with AMI, CABG or PCI OR had an active diagnosis of IVD select "Not Confirmed - Diagnosis"
- OR
- If there is a denominator exclusion for patient disqualification from the measure select "[Denominator Exclusion](#)"
- OR
- If there is an "other" CMS approved reason for patient disqualification from the measure select "No - Other CMS Approved Reason"

Denominator and Denominator Exclusion Drug codes can be found in the 2017 Web Interface IVD Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

Guidance *Denominator*

If "Not Confirmed-Diagnosis" or "Denominator Exclusion" or "No - Other CMS Approved Reason" is selected, the patient will be "skipped" and another patient must be reported in their place, if available. The patient will only be removed from the measure for which one of these options was selected, not all Web Interface measures.

CMS Approved Reason may only be selected when approved by CMS. To request a CMS Approved Reason, you would need to provide the patient rank, measure, and reason for request in a Quality Payment Program Service Desk inquiry. A CMS decision will be provided in the resolution of the inquiry. Patients for whom a CMS Approved Reason is selected will be "skipped" and another patient must be reported in their place, if available.

Measure Reporting Document (8 of 10)

IVD-2: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet | 2017

SUBMISSION GUIDANCE

NUMERATOR REPORTING

- Determine if the patient has documented use of aspirin or another antiplatelet during the measurement period
 - If the patient does not use aspirin or another antiplatelet select "No"
- OR
- If the patient uses aspirin or another antiplatelet select "Yes"

Numerator Drug codes can be found in the 2017 Web Interface IVD Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

Guidance Numerator

NOTE:

- *Oral Antiplatelet therapy includes: Aspirin, clopidogrel or combination of aspirin and extended release dipyridamole, Prasugrel, Ticagrelor, and Ticlopidine*
- *Documented use of aspirin or another antiplatelet during the measurement period may be completed during a telehealth encounter*

Measure Reporting Document (9 of 10)

IVD-2: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

2017

DOCUMENTATION REQUIREMENTS

When submitting data through the CMS Web Interface, the expectation is that medical record documentation is available that supports the action reported in the Web Interface i.e., medical record documentation is necessary to support the information that has been submitted.

Measure Reporting Document (10 of 10)

Appendices

Performance Calculation Flow

Downloadable Resource Mapping Table

Measure Rationale and Clinical Recommendation Statements

Use Notices, Copyrights, and Disclaimers

Review of Coding Document Format

- Review of IVD-2 Coding Document



Coding Document (1 of 4)

2017 CMS WEB INTERFACE DOWNLOADABLE RESOURCE IVD Encounter Codes

Module Type	Module Indicator GPRO	Variable Name	Code System	Code	Code Description
IVD	IVDConfirm	ENCOUNTER_CODE	C4	99201	For CMS sampling use only
IVD	IVDConfirm	ENCOUNTER_CODE	C4	99202	For CMS sampling use only
IVD	IVDConfirm	ENCOUNTER_CODE	C4	99203	For CMS sampling use only
IVD	IVDConfirm	ENCOUNTER_CODE	C4	99204	For CMS sampling use only
IVD	IVDConfirm	ENCOUNTER_CODE	C4	99205	For CMS sampling use only
IVD	IVDConfirm	ENCOUNTER_CODE	C4	99212	For CMS sampling use only
IVD	IVDConfirm	ENCOUNTER_CODE	C4	99213	For CMS sampling use only
IVD	IVDConfirm	ENCOUNTER_CODE	C4	99214	For CMS sampling use only
IVD	IVDConfirm	ENCOUNTER_CODE	C4	99215	For CMS sampling use only
IVD	IVDConfirm	ENCOUNTER_CODE	C4	99341	For CMS sampling use only
IVD	IVDConfirm	ENCOUNTER_CODE	C4	99342	For CMS sampling use only
IVD	IVDConfirm	ENCOUNTER_CODE	C4	99343	For CMS sampling use only
IVD	IVDConfirm	ENCOUNTER_CODE	C4	99344	For CMS sampling use only
IVD	IVDConfirm	ENCOUNTER_CODE	C4	99345	For CMS sampling use only
IVD	IVDConfirm	ENCOUNTER_CODE	C4	99347	For CMS sampling use only
IVD	IVDConfirm	ENCOUNTER_CODE	C4	99348	For CMS sampling use only

Coding Document (2 of 4)

2017 CMS WEB INTERFACE DOWNLOADABLE RESOURCE
IVD Denominator Exclusion Drug Codes

Module Type	Module Indicator GPRO	Variable Name	Code System	Code	Drug Description	Drug Category	Drug EX
IVD	2	ANTICOAG_DRUG_CODE	RxNorm	1037045	dabigatran etexilate 150 MG Oral Capsule	Anticoagulant	Y
IVD	2	ANTICOAG_DRUG_CODE	RxNorm	1037179	dabigatran etexilate 75 MG Oral Capsule	Anticoagulant	Y
IVD	2	ANTICOAG_DRUG_CODE	RxNorm	1110708	argatroban 1 MG/ML Injectable Solution	Anticoagulant	Y
IVD	2	ANTICOAG_DRUG_CODE	RxNorm	1114198	rivaroxaban 10 MG Oral Tablet	Anticoagulant	Y
IVD	2	ANTICOAG_DRUG_CODE	RxNorm	1232082	rivaroxaban 15 MG Oral Tablet	Anticoagulant	Y
IVD	2	ANTICOAG_DRUG_CODE	RxNorm	1232086	rivaroxaban 20 MG Oral Tablet	Anticoagulant	Y
IVD	2	ANTICOAG_DRUG_CODE	RxNorm	1361029	heparin sodium, porcine 10 UNT/ML Injectable Solution	Anticoagulant	Y
IVD	2	ANTICOAG_DRUG_CODE	RxNorm	1361226	heparin sodium, porcine 1000 UNT/ML Injectable Solution	Anticoagulant	Y
IVD	2	ANTICOAG_DRUG_CODE	RxNorm	1361568	5 ML heparin sodium, porcine 2000 UNT/ML Injection	Anticoagulant	Y
IVD	2	ANTICOAG_DRUG_CODE	RxNorm	1361574	heparin sodium, porcine 20000 UNT/ML Injectable Solution	Anticoagulant	Y
IVD	2	ANTICOAG_DRUG_CODE	RxNorm	1361577	10 ML heparin sodium, porcine 2500 UNT/ML	Anticoagulant	Y

Coding Document (3 of 4)

2017 CMS WEB INTERFACE DOWNLOADABLE RESOURCE IVD Denominator Codes

Module Type	Module Indicator GPRO	Variable Name	Code System	Code	Code Description
IVD	IVDConfirm	AMI_CODE	I9	410.00	Acute myocardial infarction of anterolateral wall, episode of care unspecified
IVD	IVDConfirm	AMI_CODE	I9	410.01	Acute myocardial infarction of anterolateral wall, initial episode of care
IVD	IVDConfirm	AMI_CODE	I9	410.02	Acute myocardial infarction of anterolateral wall, subsequent episode of care
IVD	IVDConfirm	AMI_CODE	I9	410.10	Acute myocardial infarction of other anterior wall, episode of care unspecified
IVD	IVDConfirm	AMI_CODE	I9	410.11	Acute myocardial infarction of other anterior wall, initial episode of care
IVD	IVDConfirm	AMI_CODE	I9	410.12	Acute myocardial infarction of other anterior wall, subsequent episode of care
IVD	IVDConfirm	AMI_CODE	I9	410.20	Acute myocardial infarction of inferolateral wall, episode of care unspecified
IVD	IVDConfirm	AMI_CODE	I9	410.21	Acute myocardial infarction of inferolateral wall, initial episode of care
IVD	IVDConfirm	AMI_CODE	I9	410.22	Acute myocardial infarction of inferolateral wall, subsequent episode of care
IVD	IVDConfirm	AMI_CODE	I9	410.30	Acute myocardial infarction of inferoposterior wall, episode of care unspecified
IVD	IVDConfirm	AMI_CODE	I9	410.31	Acute myocardial infarction of inferoposterior wall, initial episode of care
IVD	IVDConfirm	AMI_CODE	I9	410.32	Acute myocardial infarction of inferoposterior wall, subsequent episode of care
IVD	IVDConfirm	AMI_CODE	I9	410.40	Acute myocardial infarction of other inferior wall, episode of care unspecified

Coding Document (4 of 4)

2017 CMS WEB INTERFACE DOWNLOADABLE RESOURCE IVD Numerator Drug Codes

Module Type	Module Indicator GPRO	Variable Name	Code System	Code	Drug Description	Drug Category	Drug EX
IVD	2	ASA_DRUG_CODE	RxNorm	855818	Prasugrel 5 MG Oral Tablet	Oral anti-platelet therapy	N
IVD	2	ASA_DRUG_CODE	RxNorm	855812	Prasugrel 10 MG Oral Tablet	Oral anti-platelet therapy	N
IVD	2	ASA_DRUG_CODE	RxNorm	853499	Aspirin 228 MG Chewing Gum	Oral anti-platelet therapy	N
IVD	2	ASA_DRUG_CODE	RxNorm	749196	Clopidogrel 300 MG Oral Tablet	Oral anti-platelet therapy	N
IVD	2	ASA_DRUG_CODE	RxNorm	747211	Aspirin 81 MG Disintegrating Tablet	Oral anti-platelet therapy	N
IVD	2	ASA_DRUG_CODE	RxNorm	646434	Aspirin 325 MG Delayed Release Oral Capsule	Oral anti-platelet therapy	N
IVD	2	ASA_DRUG_CODE	RxNorm	349516	Aspirin 800 MG Oral Tablet	Oral anti-platelet therapy	N
IVD	2	ASA_DRUG_CODE	RxNorm	318272	Aspirin 81 MG Chewable Tablet	Oral anti-platelet therapy	N
IVD	2	ASA_DRUG_CODE	RxNorm	313406	Ticlopidine 250 MG Oral Tablet	Oral anti-platelet therapy	N
IVD	2	ASA_DRUG_CODE	RxNorm	309362	clopidogrel 75 MG Oral Tablet	Oral anti-platelet therapy	N
IVD	2	ASA_DRUG_CODE	RxNorm	308417	Aspirin 975 MG Enteric Coated Tablet	Oral anti-platelet therapy	N
IVD	2	ASA_DRUG_CODE	RxNorm	308416	Aspirin 81 MG Enteric Coated Tablet	Oral anti-platelet therapy	N
IVD	2	ASA_DRUG_CODE	RxNorm	308414	Aspirin 75 MG Chewable Tablet	Oral anti-platelet therapy	N

2017 Web Interface Measures

- List of Measures
- Review of:
 - CARE-1
 - CARE-2
 - DM-2
 - DM-7
 - HTN-2
 - IVD-2



2017 Web Interface Measures (1 of 2)

List of Measures

CARE-1 (ACO-12): Medication Reconciliation Post-Discharge

CARE-2 (ACO-13): Falls: Screening for Future Fall Risk

DM-2 (ACO-27): Diabetes: Hemoglobin A1c Poor Control (>9%)*

DM-7 (ACO-41): Diabetes: Eye Exam*

HTN-2 (ACO-28): Controlling High Blood Pressure

IVD-2 (ACO-30): Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

MH-1 (ACO-40): Depression Remission at Twelve Months

* DM composite (all or nothing scoring)

2017 Web Interface Measures (2 of 2)

List of Measures

PREV-5 (ACO-20): Breast Cancer Screening

PREV-6 (ACO-19): Colorectal Cancer Screening

PREV-7 (ACO-14): Preventive Care and Screening: Influenza Immunization

PREV-8 (ACO-15): Pneumococcal Vaccination Status for Older Adults

PREV-9 (ACO-16): Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

PREV-10 (ACO-17): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

PREV-12 (ACO-18): Preventive Care and Screening: Screening for Depression and Follow-Up Plan

PREV-13 (ACO-42): Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

CARE-1 (1 of 4)

Measure Description:

The percentage of discharges from any inpatient facility (e.g., hospital, skilled nursing facility, or rehabilitation facility) for patients 18 years and older seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist providing on-going care for whom the discharge medication list was reconciled with the current medication list in the outpatient medical record.

Denominator Exclusions: None

Denominator Exceptions: None

WHAT?

Reconciliation of the patient's medication list within 30 days of each discharge.

CARE-1 (2 of 4)

WHO?

Any of the following healthcare professionals who are providing on-going care to the patient may perform the medication reconciliation:

- Physician; or
- Prescribing practitioner; or
- Registered Nurse; or
- Clinical Pharmacist (who has medication prescribing authority).

If others perform the medication reconciliation there must be documentation that one of the above healthcare professionals is aware of the review.

WHEN?

The reconciliation must take place within 30 days of the patient's discharge from an inpatient facility. If a patient has more than one discharge, medication reconciliation must be performed within 30 days of each discharge.

CARE-1 (3 of 4)

What are the DOCUMENTATION REQUIREMENTS?

The patient's medical record must contain:

- Evidence of medication reconciliation and the date on which it was performed. Any of the following evidence meets criteria:
 - Documentation of the current medications with a reference to the discharge medications (e.g., no changes in meds since discharge, same meds at discharge, discontinue all discharge meds);
 - Documentation of the patient's current medications with a notation that the discharge medications were reviewed;
 - Documentation that the provider "reconciled the current and discharge meds";
 - 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; and
 - Notation that no medications were prescribed or ordered upon discharge.

CARE-1 (4 of 4)

Measure Logic

Confirm Patient Qualified Options

- Yes (*continue to Each Discharge from Inpatient Facility Options*)
- No - Other CMS Approved Reason [*requested through help desk ticket – if **CMS approval received**, stop abstraction – patient removed from CARE-1 sample (skipped) and replaced with another patient*]

Each Discharge from Inpatient Facility Options

- No (*discharge not included in the denominator*)
- Yes (*continue to Seen Within 30 Days of Each Discharge Options*)

Seen Within 30 Days of Each Discharge Options

- No (*discharge not included in the denominator*)
- Yes (*discharge included in the denominator – continue to Medications Reconciled Each Discharge Options*)

Medications Reconciled Each Discharge Options

- No (*discharge not included in numerator*)
- Yes (*discharge included in numerator*)

CARE-2 (1 of 3)

Measure Description:

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

Denominator Exclusions: None

Denominator Exceptions: Medical reasons

WHAT?

Completion of a fall risk screening. Assessment of whether an individual has experienced a fall or problems with gait or balance. A specific screening tool is not required, however potential screening tools include the Morse Fall Scale and the timed Get-Up-And-Go test.

WHO?

Any healthcare professional reporting this measure may document measure information received from the patient, authorized representative(s), caregiver(s) or other available healthcare resources.

CARE-2 (2 of 3)

WHEN?

The screening must take place within the measurement period.

What are the DOCUMENTATION REQUIREMENTS?

The patient's medical record must contain:

- Documentation of whether the patient has been assessed for a history of falls or any fall with injury. Documentation of no falls is sufficient. Gait or balance assessment meets the intent of the measure;

or

- Documentation of the reason why the Quality Action is not performed due to an exception (see measure specifications for specific medical reason exceptions).

CARE-2 (3 of 3)

Measure Logic

Confirm Patient Qualified Options

- Yes (*patient included in the denominator – continue to Screening for Future Fall Risk*)
- No - Other CMS Approved Reason [*requested through help desk ticket – if **CMS approval received**, stop abstraction – patient removed from CARE-2 sample (skipped) and replaced with another patient*]

Screening for Future Fall Risk Options

- No (*patient does not meet numerator criteria*)
- Yes (*patient meets numerator criteria*)
- No - Denominator Exception - Medical Reasons (*patient removed from denominator*)

DM-2 (1 of 3)

Measure Description:

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

Denominator Exclusions: None

Denominator Exceptions: None

WHAT?

Performance of an HbA1c test and documentation of its result. The patient meets the numerator criteria if the most recent HbA1c level is *greater than* 9.0% OR the most recent test result is missing OR there are no HbA1c tests performed and results documented.

Note: This is an inverse measure where a lower score indicates better quality.

DM-2 (2 of 3)

WHO?

Any qualified healthcare professional may obtain the HbA1c test and record its result.

WHEN?

The HbA1c test must be performed, and its results documented, within the measurement period. If there is more than one HbA1c test performed, use the most recent.

What are the DOCUMENTATION REQUIREMENTS?

The patient's medical record must contain:

- A diagnosis of diabetes;
and
- The date and value of the HbA1c test.

DM-2 (3 of 3)

Measure Logic

Confirm History or Active Diagnosis of Diabetes Options

- Yes (*patient included in the denominator – continue to HbA1c Test*)
- Not Confirmed-Diagnosis [*stop abstraction – patient removed from DM sample (skipped) and replaced with another patient*]
- No - Other CMS Approved Reason [*requested through help desk ticket – **if CMS approval received**, stop abstraction – patient removed from DM sample (skipped) and replaced with another patient*]

HbA1c Test Options

- No (*patient meets numerator criteria*)
- Yes
 - *enter most recent HbA1c date*
 - *enter most recent HbA1c value*

NOTE: Patient with value greater than 9.0% OR no test performed OR missing value meets numerator criteria. Patient with value equal to or less than 9.0% does not meet numerator criteria.

DM-7 (1 of 4)

Measure Description:

Percentage of patients 18 – 75 years of age with diabetes who had retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal or dilated eye exam (no evidence of retinopathy) in the 12 months prior to the measurement period.

Denominator Exclusions: None

Denominator Exceptions: None

WHAT?

Performance of a retinal or dilated eye exam. Retinal imaging is also acceptable if reviewed by an appropriate professional, as described below.

DM-7 (2 of 4)

WHO?

The eye exam must be performed or results reviewed by an optometrist or ophthalmologist.

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 the measurement period or the year prior to the measurement period (if negative for retinopathy) then it is eligible for use in reporting.

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.

WHEN?

The retinal or dilated eye exam can occur during the measurement period (2017) OR a negative retinal exam (no evidence of retinopathy) can occur in the year prior to the measurement period (2016).

DM-7 (3 of 4)

What are the DOCUMENTATION REQUIREMENTS?

The patient's medical record must contain:

- A diagnosis of diabetes;
and
- Evidence that a retinal or dilated eye exam was performed by an eye care professional and the date it was performed during the measurement period. If a retinal or dilated eye exam was not performed during the measurement period but was performed the year prior to the measurement period and the results were negative, the date and result of that eye exam;
or
- If retinal imaging was performed, the date imaging was performed and evidence that it was reviewed by an eye care professional.

DM-7 (4 of 4)

Measure Logic

Confirm History or Active Diagnosis of Diabetes Options

- Yes (*patient included in the denominator – continue to Eye Exam*)
- Not Confirmed-Diagnosis [*stop abstraction – patient removed from DM sample (skipped) and replaced with another patient*]
- No - Other CMS Approved Reason [*requested through help desk ticket – if **CMS approval received**, stop abstraction – patient removed from DM sample (skipped) and replaced with another patient*]

Eye Exam Options

- No (*patient does not meet numerator criteria*)
- Yes (*patient meets numerator criteria*)

HTN-2 (1 of 4)

Measure Description:

Percentage of patients 18 – 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement period.

Denominator Exclusions: Patients with evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period. Also exclude patients with a diagnosis of pregnancy during the measurement period.

Denominator Exceptions: None

WHAT?

Performance of a blood pressure reading and documentation of its result. A systolic result of *less than* 140 mmHg and diastolic result *less than* 90 mmHg is required for numerator inclusion (in control).

HTN-2 (2 of 4)

WHO?

Any qualified healthcare professional may take the patient's blood pressure. Only blood pressure readings performed by a clinician in the provider office are acceptable for numerator compliance with this measure. Patient reported blood pressure readings, including readings directly from home monitoring devices, are not acceptable.

WHEN?

The blood pressure must be taken and the value recorded during the measurement period. If there is more than one blood pressure reading, use the most recent.

HTN-2 (3 of 4)

What are the DOCUMENTATION REQUIREMENTS?

The patient's medical record must contain:

- A diagnosis of essential hypertension within the first six months of the measurement period or at any time prior to the measurement period;
and
- The date and value of the most recent systolic and diastolic blood pressure readings. If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic reading as the most recent blood pressure reading;
or
- Documentation of exclusion criteria.

HTN-2 (4 of 4)

Measure Logic

Confirm Diagnosis of Essential Hypertension Options

- Yes (*patient included in the denominator – continue to Blood Pressure Measurement*)
- Not Confirmed - Diagnosis [*stop abstraction – patient removed from HTN sample (skipped) and replaced with another patient*]
- Denominator Exclusion [*stop abstraction – patient removed from HTN sample (skipped) and replaced with another patient*]
- No - Other CMS Approved Reason [*requested through help desk ticket – if **CMS approval received**, stop abstraction – patient removed from HTN sample (skipped) and replaced with another patient*]

Blood Pressure Documented Options

- No (*patient does not meet numerator criteria*)
- Yes
 - *enter most recent systolic and diastolic blood pressure date*
 - *enter most recent systolic and diastolic blood pressure values*

NOTE: Patient with values less than 140 and less than 90 meets numerator criteria. Patient with values greater than or equal to 140 or greater than or equal to 90 does not meet numerator criteria.

IVD-2 (1 of 4)

Measure Description:

Percentage of patients 18 years of age and older who were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antiplatelet during the measurement period.

Denominator Exclusions: Patients who had documentation of use of anticoagulant medications overlapping the measurement year.

Denominator Exceptions: None

WHAT?

Prescription for aspirin or another antiplatelet.

IVD-2 (2 of 4)

WHO?

Any eligible professional with prescribing authority may prescribe aspirin or another antiplatelet. In addition to aspirin, antiplatelet medications may include: clopidogrel, a combination of aspirin and extended release dipyridamole, Prasugrel, Ticagrelor, and Ticlopidine.

WHEN?

The prescription for aspirin or another antiplatelet must be either initiated or continued during the measurement period.

IVD-2 (3 of 4)

What are the DOCUMENTATION REQUIREMENTS?

The patient's medical record must contain:

- An active diagnosis of ischemic vascular disease during the measurement period or diagnosed with AMI, CABG or PCI during the 12 months prior to the measurement period;
and
- An active prescription for aspirin or another antiplatelet anytime during the measurement period;
or
- Documentation of exclusion criteria.

IVD-2 (4 of 4)

Measure Logic

Confirm Active Diagnosis of Ischemic Vascular Disease or Patient Diagnosed with AMI, CABG or PCI Options

- Yes (*patient included in the denominator – continue to Aspirin/Antiplatelet Therapy*)
- Not Confirmed-Diagnosis [*stop abstraction – patient removed from IVD sample (skipped) and replaced with another patient*]
- Denominator Exclusion [*stop abstraction – patient removed from IVD sample (skipped) and replaced with another patient*]
- No - Other CMS Approved Reason [*requested through help desk ticket – **if CMS approval received**, stop abstraction – patient removed from IVD sample (skipped) and replaced with another patient*]

Aspirin/Antiplatelet Therapy Options

- No (*patient does not meet numerator criteria*)
- Yes (*patient meets numerator criteria*)

Resources

- Newsletters
- Specifications
- Websites and Portals
- Mailboxes and Help Desks



Newsletters

- **Newsletters are:**
 - Include announcements for:
 - Important program information
 - Upcoming deadlines
 - Upcoming webinars

- **Spotlight Newsletter for Shared Savings Program ACOs**
 - Sent to contacts listed in HPMS

- **Next Generation ACO Newsletter**
 - Sent to ACO Executives, Primary Contacts, and any other ACO-designated Newsletter/Briefing contacts

Specifications

2017 Reporting Year Documentation

Over the coming months, we will make available resources related to quality measurement for the 2017 reporting year, including measure-specific documentation and resources reflecting adjustments to the ACO quality performance standard finalized in the 2017 Physician Fee Schedule (PFS) Final Rule (November 2016). As finalized in the 2017 PFS Final Rule, there are 31 quality measures for the 2017 reporting year, which span four quality domains: Patient / Caregiver Experience, Care Coordination / Patient Safety, Preventive Health, and At-Risk Population. Of the 31 measures, 8 measures of patient / caregiver experience are collected via the CAHPS survey, 7 are calculated via claims, 1 is calculated from Quality Payment Program data, and 15 are collected via the CMS Web Interface.

- [2017 Reporting Year Narrative Specifications \[PDF, 476KB\]](#) . This document contains the 2017 narrative specifications for the 31 quality measures.
- CMS Web Interface Measures
 - Visit the [Quality Payment Program Education & Tools website](#) for the CMS Web Interface measure documentation. The specifications are located in the Quality Measures Specifications zip file under the Documents and Download heading, “For Registries, Qualified Clinical Data Registries, and EHR Vendors.”

Websites and Portals

- **Shared Savings Program website**
 - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Quality-Measures-Standards.html>

- **Shared Savings Program ACO Portal**
 - <https://portal.cms.gov>

- **Next Generation ACO Model Website**
 - <https://innovation.cms.gov/initiatives/Next-Generation-ACO-Model/>

- **Next Generation ACO Connect Site**
 - <https://app.innovation.cms.gov/NGACOConnect>

Mailboxes and Help Desks

- Medicare Shared Savings Program
 - E-mail: SharedSavingsProgram@cms.hhs.gov

- For questions related to the Quality Payment Program, MIPS, MACRA, APM, measures, CMS Web Interface reporting, and EIDM
 - Email: qpp@cms.hhs.gov
 - Phone: (866) 288-8292
 - Monday – Friday, 8 a.m. – 8 p.m. ET

- Next Generation Model
 - Email: NextGenerationACOModel@cms.hhs.gov

QUESTIONS?

Thank you for your participation!

