ALL LEVELS

2017 CMS Web Interface

PREV-7 (NQF 0041): Preventive Care and Screening: Influenza Immunization

Measure Steward: PCPI

Contents

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.

WEB INTERFACE SAMPLING INFORMATION

<u>BENEFICIARY SAMPLING</u>

For more information on the sampling process and methodology please refer to the *2017 Web Interface Sampling Document,* available at CMS.gov.

NARRATIVE MEASURE SPECIFICATION

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

IMPROVEMENT NOTATION:
Higher score indicates better quality

INITIAL POPULATION:
All patients aged 6 months and older seen for at least two visits or at least one preventive visit during the measurement period

DENOMINATOR:
Equals Initial Population and seen for a visit between October 1 and March 31

DENOMINATOR EXCLUSIONS:
None

DENOMINATOR EXCEPTIONS:
- Documentation of medical reason(s) for not receiving influenza immunization (eg, patient allergy, other medical reasons)
- Documentation of patient reason(s) for not receiving influenza immunization (eg, patient declined, other patient reasons)
- Documentation of system reason(s) for not receiving influenza immunization (eg, vaccine not available, other system reasons)

NUMERATOR:
Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization

NUMERATOR EXCLUSIONS:
Not Applicable

DEFINITION:
Previous Receipt – receipt of the current season's influenza immunization from another provider OR from same provider prior to the visit to which the measure is applied (typically, prior vaccination would include influenza vaccine given since August 1st).

GUIDANCE:
To enable reporting of this measure at the close of the performance period, this measure will only assess the influenza season that ends in March of the performance period. The subsequent influenza season (ending March of the following year) will be measured and reported in the following year.

To account for the majority of reporting years' appropriate flu season duration, the measure logic will look at the first 89 days of the measurement period for the appropriate criteria and actions to be present/performed (January 1 through March 31). The measure developer believes it is best to keep the logic as static as possible from one reporting year to the next. Therefore, during leap years, only encounters that occur through March 30 will be counted in the denominator.

SUBMISSION GUIDANCE

PATIENT CONFIRMATION

Establishing patient eligibility for reporting requires the following:

- o Determine if the patient's medical record can be found

    - o If you can locate the medical record select "Yes"

    OR

    - o If you cannot locate the medical record select "No - Medical Record Not Found"

    OR

- o 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

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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).

The Measurement Period is defined as January 1 – December 31, 2017.

NOTE:

- *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*
- *HMO Enrollment: Select this option if the patient was enrolled in an HMO at any time during the measurement period (i.e., Medicare Advantage, non-Medicare HMOs, etc.)*

SUBMISSION GUIDANCE

DENOMINATOR CONFIRMATION

o   Determine if the patient is qualified for the measure. If the patient is qualified for this measure select "Yes"

         OR

o   If there is an "other" CMS approved reason for patient disqualification from the measure select "No-Other CMS Approved Reason"

Guidance   *Denominator*

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.

By selecting "No - Other CMS Approved Reason", the patient is only removed from the measure for which the reason was requested, not all Web Interface measures.

SUBMISSION GUIDANCE

NUMERATOR REPORTING

Denominator Exceptions

- o Determine if the patient received an influenza immunization OR reported previous receipt of an influenza immunization between August 1, 2016 through March 31, 2017

    - o If the patient did not receive an influenza immunization or did not report previous receipt of an influenza immunization between August 1, 2016 and March 31, 2017 select "No"

    OR

    - o If the patient received an influenza immunization or report previous receipt of an influenza immunization between August 1, 2016 and March 31, 2017 select "Yes"

    OR

    - o If the patient did not receive an influenza immunization for a medical reason select "No - Denominator Exception – Medical Reasons"

    OR

    - o If the patient did not receive an influenza immunization for a patient reason select "No - Denominator Exception – Patient Reasons"

    OR

    - o If the patient did not receive an influenza immunization for a system reason select "No - Denominator Exception – System Reasons"

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

Guidance

NOTE:

- - ***If the Web Interface has been prefilled with "Yes"*** *based on claims data, no further action is required*
- - ***Documentation of patient receipt of influenza immunization or report of previous receipt*** *may be completed during a telehealth encounter*
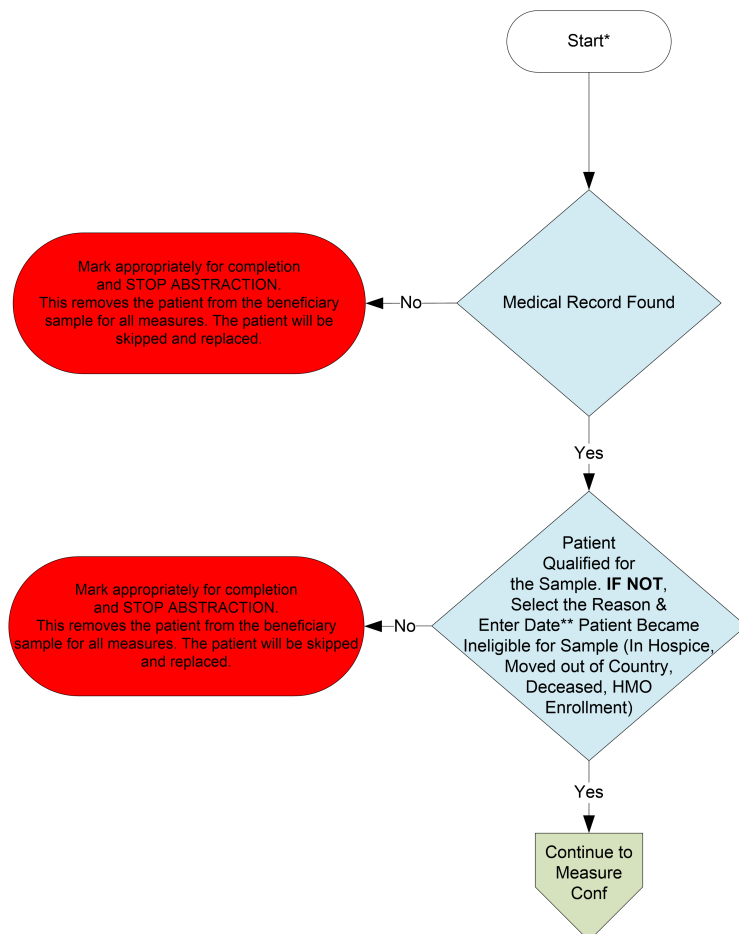
DOCUMENTATION REQUIREMENTS

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.

Appendix I: Performance Calculation Flow:

Patient Confirmation Flow

For 2017, confirmation of the "Medical Record Found", or indicating the patient is "Not Qualified for Sample" with a reason of "In Hospice", "Moved out of Country", "Deceased", or "HMO Enrollment", will only need to be done **once** per patient.

```
                              ┌──────────┐
                              │  Start*  │
                              └──────────┘
                                   │
                                   ▼
┌──────────────────────────┐      ◇
│ Mark appropriately for   │     ╱ ╲
│ completion               │    ╱   ╲
│ and STOP ABSTRACTION.    │◄─No  Medical Record Found
│ This removes the patient │    ╲   ╱
│ from the beneficiary     │     ╲ ╱
│ sample for all measures. │      ◇
│ The patient will be      │      │
│ skipped and replaced.    │     Yes
└──────────────────────────┘      │
                                   ▼
┌──────────────────────────┐      ◇
│ Mark appropriately for   │    Patient
│ completion               │   Qualified for
│ and STOP ABSTRACTION.    │◄─No the Sample. IF NOT,
│ This removes the patient │   Select the Reason &
│ from the beneficiary     │   Enter Date** Patient Became
│ sample for all measures. │   Ineligible for Sample (In Hospice,
│ The patient will be      │   Moved out of Country,
│ skipped and replaced.    │   Deceased, HMO
└──────────────────────────┘   Enrollment)
                                   │
                                  Yes
                                   │
                                   ▼
                              ┌──────────┐
                              │Continue to│
                              │ Measure  │
                              │  Conf    │
                              └──────────┘
```

*See the Measure Reporting Document for further instructions on how to report this measure
**If date is unknown, enter 12/31/2017

Patient Confirmation Flow

For 2017, confirmation of the "Medical Record Found", or indicating the patient is "Not Qualified for Sample" with a reason of "In Hospice", "Moved out of Country", "Deceased", or "HMO Enrollment", will only need to be done **once** per patient. Refer to the Measure Reporting Document for further instructions.

1. Start Patient Confirmation Flow.

2. Check to determine if Medical Record can be found.
    a. If no, Medical Record not found, mark appropriately for completion and stop abstraction. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced. Stop processing.
    b. If yes, Medical Record found, continue processing.

3. Check to determine if Patient Qualified for the sample.
    a. If no, the patient does not qualify for the sample, select the reason why and enter the date (if date is unknown, enter 12/31/2017) the patient became ineligible for sample. For example; In Hospice, Moved out of Country, Deceased, HMO Enrollment. Mark appropriately for completion and stop abstraction. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced. Stop processing.
    b. If yes, the patient does qualify for the sample; continue to the Measure Confirmation Flow for PREV-7.

Measure Confirmation Flow for PREV-7

For 2017, measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" will need to be done for each measure where the patient appears. Refer to the Measure Reporting Document for further instructions.

1. Start Measure Confirmation Flow for PREV-7. Complete for consecutively ranked patients aged 6 months and older at the beginning of the measurement period and seen for a visit between October 1, 2016 and March 31, 2017. Further information regarding patient selection for specific disease and patient care measures can be found in the Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-7 measure. If this is the case, the system will automatically remove the patient from the measure requirements.

2. Check to determine if the patient qualifies for the measure (Other CMS Approved Reason).
    a. If no, the patient does not qualify for the measure select: No – Other CMS Approved Reason for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. "Other CMS Approved Reason" may only be selected if you have received an approval from CMS in the resolution of a requested Quality Payment Program Service Desk Inquiry at QPP Service Desk. Stop processing.
    b. If yes, the patient does qualify for the measure, continue to the PREV-7 measure flow.

Measure Flow for PREV-7

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used as a substitution for the measure specifications. For Downloadable Resource Mapping Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the PREV Coding Document.

1. Start processing 2017 PREV-7 (NQF 0041) Flow for the patients that qualified for sample in the Patient Confirmation Flow and the Measure Confirmation Flow for PREV-7. Note: Include remainder of patients listed in Web Interface that were consecutively confirmed and completed for this measure in the denominator. For the sample calculation in the flow these patients would fall into the 'd' category (eligible denominator, i.e. 238 patients).

2. Check to determine if the patient received an influenza immunization OR reported previous receipt (immunization received between 8/1/2016 and 3/31/2017).
    a. If no, the patient did not receive an influenza immunization OR did not report previous receipt, continue processing.
    b. If yes, the patient received an influenza immunization OR reported previous receipt, performance is met and the patient will be included in the numerator. For the sample calculation in the flow these patients would fall into the 'a' category (numerator, i.e. 200 patients). Stop processing.

3. Check to determine if the patient did Not receive an influenza immunization for a denominator exception, medical reason(s).
    a. If no, the patient did Not receive an influenza immunization for a denominator exception, medical reason(s), continue processing.
    b. If yes, the patient did Not receive an influenza immunization for a denominator exception, medical reason(s), this is a denominator exception and the case should be subtracted from the denominator. For the sample calculation in the flow these patients would fall into the 'b^1' category (denominator exception, i.e. 10 patients). Stop processing.

4. Check to determine if the patient did Not receive an influenza immunization for a denominator exception, patient reason(s).
    a. If no, the patient did Not receive an influenza immunization for a denominator exception, patient reason(s), continue processing.
    b. If yes, the patient did Not receive an influenza immunization for a denominator exception, patient reason(s), this is a denominator exception and the case should be subtracted from the denominator. For the sample calculation in the flow these patients would fall into the 'b^2' category (denominator exception, i.e. 7 patients). Stop processing.

5. Check to determine if the patient did Not receive an influenza immunization for a denominator exception, system reason(s).
    a. If no, the patient did Not receive an influenza immunization for a denominator exception, system reason(s), performance is not met and should not be included in the numerator. Stop processing.
    b. If yes, the patient did Not receive an influenza immunization for a denominator exception, system reason(s), this is a denominator exception and the case should be subtracted from the denominator. For the sample calculation in the flow these patients would fall into the 'b^3' category (denominator exception, i.e. 5 patients). Stop processing.

Sample Calculation
Performance Rate Equals
Performance Met is category 'a' in the measure flow (200 patients)
Denominator is category 'd' in the measure flow (238 patients)

Denominator Exception is category 'b^1 plus b^2 plus b^3' in the measure flow (22 patients)
200 (Performance Met) divided by 216 (Denominator minus Denominator Exception) equals a performance rate of 92.59 percent
Calculation May Change Pending Performance Met

Appendix II: Downloadable Resource Mapping Table

Each data element within this measure's denominator or numerator is defined as a pre-determined set of clinical codes. These codes can be found in the 2017 Web Interface PREV Coding Document.

*PREV-7: Preventive Care and Screening: Influenza Immunization			
Measure Component/Excel Tab	Data Element	Variable Name	Coding System(s)
Numerator/Numerator Codes	Influenza Immunization	INFLUENZA_CODE	C4 CVX HCPCS SNM
		PREVIOUS_RECEIPT_CODE	SNM
Denominator Exception/ Denominator Exception Codes	Medical Reason	EGG_ALLERGY_CODE	I9 I10 SNM
		VACCINE_ALLERGY_CODE	SNM
		INTOLERANCE_CODE	SNM
		MEDICAL_REASON	SNM
	Patient Reason	PATIENT_DECLINED	SNM
		PATIENT_REASON	SNM
	System Reason	SYSTEM_REASON	SNM

* For EHR mapping, the coding within PREV-7 is considered to be all inclusive

Appendix III: Measure Rationale and Clinical Recommendation Statements

RATIONALE:
Annual influenza vaccination is the most effective method for preventing influenza virus infection and its complications. Influenza vaccine is recommended for all persons aged ≥ 6 months who do not have contraindications to vaccination.

CLINICAL RECOMMENDATION STATEMENTS:
The following evidence statements are quoted verbatim from the referenced clinical guidelines.

Routine annual influenza vaccination is recommended for all persons aged >=6 months who do not have contraindications. Vaccination optimally should occur before onset of influenza activity in the community. Health care providers should offer vaccination soon after vaccine becomes available (by October, if possible). Vaccination should be offered as long as influenza viruses are circulating. (CDC/ACIP, 2015)

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