

# CMS Web Interface Data Dictionary for Excel Template

2018 Performance Year

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## Introduction

The CMS Web Interface Data Dictionary is intended to further assist users as they prepare to report data using the CMS Web Interface Excel Template. The information contained in this document reflects elements from the CMS Web Interface Excel Template. Users are encouraged to review and consult the CMS Web Interface Excel Template to understand how to report data given that it is the source that provides all necessary elements of information. The CMS Web Interface Excel Template is the interface used by the system.

It should be noted that this document is not intended to replace measure specifications. Please refer to the CMS Web Interface measure specifications for a comprehensive and in-depth understanding of each measure.

## Beneficiary Demographics

### Beneficiary ID

**Description:** A Health Care Identification Number (HICN) or Medicare Beneficiary Identifier (MBI)

**Constraints:** May not be modified

**Usage:** Used to uniquely identify the beneficiary. Populated automatically.

### Beneficiary ID Type

**Description:** Indicates whether a beneficiary ID is a HICN or MBI

**Constraints:** May not be modified

**Usage:** Used to uniquely identify the beneficiary. Populated automatically.

### First Name

**Description:** The first name of the beneficiary

**Constraints:** May not be modified using the EXCEL Upload Process

**Usage:** Used to identify the beneficiary. Populated automatically.

### Last Name

**Description:** The last name of the beneficiary

**Constraints:** May not be modified using the EXCEL Upload Process

**Usage:** Used to identify the beneficiary. Populated automatically.

### Gender

**Description:** The gender of the beneficiary

**Values:** UNKNOWN, MALE, FEMALE

**Constraints:** May not be modified using the EXCEL Upload Process

**Usage:** Used to identify the beneficiary. Populated automatically.

### Date of Birth (MM/DD/YYYY)

**Description:** The birth date of the beneficiary

**Values:** MM/DD/YYYY

**Constraints:** May not be modified using the EXCEL Upload Process

**Usage:** Used to identify the beneficiary. Populated automatically.



### **Medical Record Number**

**Description:** The medical record number from the Electronic Health Record of the Beneficiary

**Format:** String

**Constraints:** Any combination of letters, numbers and special characters. Cannot exceed 128 characters.

**Usage:** Used to identify the beneficiary

**Notes:** The ability to supply this value is for the convenience of the submitters. CMS does not require this value. It can be used as a reference if information is looked up with a medical record number specific to the reporter's system.

### **Clinic ID**

**Description:** The Clinic Id for which treatment was supplied the beneficiary

**Format:** String

**Constraints:** A combination of uppercase letters and numbers. No special characters. Cannot be longer than nine characters.

**Usage:** Used to identify the clinic

**Notes:** This value is not required and, if available, will be included with the beneficiary sample. If it helps with performing your reporting activities, you may use this field to identify a clinic who treated the beneficiary.

### **Provider 1 NPI**

**Description:** The provider for which treatment was supplied to the Beneficiary

**Format:** String

**Constraints:** A combination of upper and lowercase letters and '-/'. 32-character limit each for both first and last name fields

**Usage:** Used to identify the provider

**Notes:** This value is not required and, if available, will be included with the beneficiary sample. If it helps with performing your reporting activities, you may use this field to identify a provider who treated the beneficiary.

### **Provider 2 NPI**

**Description:** The provider for which treatment was supplied to the beneficiary

**Format:** String

**Constraints:** A combination of upper and lowercase letters and '-/'. 32-character limit each for both first and last name fields

**Usage:** Used to identify the provider

**Notes:** This value is not required and, if available, will be included with the beneficiary sample. If it helps with performing your reporting activities, you may use this field to identify a provider who treated the beneficiary.

### **Provider 3 NPI**

**Description:** The provider for which treatment was supplied to the beneficiary

**Format:** String

**Constraints:** A combination of upper and lowercase letters and '-/'. 32-character limit each for both first and last name fields.

**Usage:** Used to identify the provider

**Notes:** This value is not required and, if available, will be included with the beneficiary sample. If it helps with performing your reporting activities, you may use this field to identify a provider who treated the beneficiary.

### **Comment**

**Description:** Comment enables users to document information or take notes about the beneficiary

**Format:** String

**Constraints:** Less than or equal to 1000 characters

**Usage:** Used to provide the data recorder a field to record notes relative to the beneficiary or the data they are supplying

**Notes:** Not required

### **Patient Confirmation**

#### **Can you locate the patient's medical record and is the patient qualified for the sample?**

**Description:** Required for each beneficiary ranked with a measure

**Values:** Yes, No - Medical Record Not Found, Not Qualified for Sample, N/A

**Constraints:** Must match values

**Notes:** Use N/A to clear previously reported data

#### **Disqualification Reason**

**Description:** Required if "Not Qualified for Sample" is selected

**Values:** In Hospice, Moved out of Country, Deceased, Non-FFS Medicare, N/A

**Constraints:** Must match values

#### **Enter the date the patient became ineligible (MM/DD/YYYY)**

**Description:** Required if "Not Qualified for Sample" is selected

**Format:** MM/DD/YYYY

**Usage:** Date Field

#### **Confirmation Comments**

**Description:** Confirmation comments enables users to document information or take notes about the beneficiary confirmation for the sample

**Format:** String

**Constraints:** Less than or equal to 1000 characters

**Usage:** Used to provide the data recorder a field to record notes relative to the beneficiary or the data they are supplying

**Notes:** Not required

## CARE-2: Screening for Future Fall Risk

### CARE-2 Rank

**Description:** Rank of the beneficiary for this measure

**Format:** Numeric

**Constraints:** May not be changed for the beneficiary sample

**Usage:** Used to rank a beneficiary in this measure

**Notes:** Not all beneficiaries will be ranked in the measure. Populated automatically.

### Confirmation Comments

**Description:** Confirmation comments enables users to document information or take notes about the beneficiary confirmation for the sample

**Format:** String

**Constraints:** Less than or equal to 1000 characters

**Usage:** Used to provide the data recorder a field to record notes relative to the beneficiary or the data they are supplying

**Notes:** Not required

### Is the patient qualified for this measure?

**Description:** Required for each beneficiary ranked in this measure for which you reported data

**Values:** Yes, Denominator Exclusion, No - Other CMS Approved Reason, N/A

**Constraints:** Must match values

**Notes:** Use N/A to clear previously reported data

### Was the patient screened for future fall risk at least once during the measurement period (January 1 and December 31, 2018)?

**Description:** Required for each beneficiary ranked in this measure for which you reported data

**Values:** No, Yes, N/A

**Constraints:** Must match values

**Notes:** Use N/A to clear previously reported data

### CARE-2 Comments (optional)

**Description:** Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

**Format:** Text string

**Constraints:** May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

## **DM: Diabetes Mellitus Composite**

### **DM Rank**

**Description:** Rank of the beneficiary for this measure

**Format:** Numeric

**Constraints:** May not be changed for the beneficiary sample

**Usage:** Used to rank a beneficiary in this measure.

**Notes:** Not all beneficiaries will be ranked in the measure. Populated automatically.

### **Does the patient have a documented history OR active diagnosis of diabetes during the measurement period and year prior to the measurement period (January 1, 2017 and December 31, 2018)?**

**Description:** Required for each beneficiary ranked in this measure for which you report data

**Values:** Yes, Not Confirmed - Diagnosis, No - Other CMS Approved Reason, N/A

**Constraints:** Must match values

**Notes:** Use N/A to clear previously reported data

### **QPP Service Center Case Number**

**Description:** Required when selecting "No - Other CMS Approved Reason"

**Format:** Text string

**Constraints:** May contain characters and numbers less than or equal to 10 characters

### **Did the patient have one or more HbA1c tests performed during the measurement period (January 1 - December 31, 2018)?**

**Description:** Required for each beneficiary ranked in the measure for which you report data

**Values:** No, Yes, N/A

**Constraints:** Must match values

**Notes:** Use N/A to clear previously reported data

### **Date drawn (MM/DD/YYYY)**

**Description:** Required if "Yes" is selected

**Format:** MM/DD/YYYY

**Usage:** Date field between 1/1/2018 and 12/31/2018

### **HbA1c value (enter distinct value)**

**Description:** Required if "Yes" is selected

**Values:** A number between 0 and 25

**Format:** Up to two decimal places are supported

**Usage:** Enter 0 if the test was performed but the results were not documented

**Did the patient have a retinal or dilated eye exam by an eye care professional during the measurement period (January 1 - December 31, 2018), OR a negative retinal exam (no evidence of retinopathy) by an eye care professional during 2018?**

**Description:** Required for each beneficiary ranked in the measure for which you report data

**Values:** No, Yes, N/A

**Constraints:** Must match values

**Notes:** Use N/A to clear previously reported data

#### **DM Comment (optional)**

**Description:** Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

**Format:** Text string

**Constraints:** May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

## **HTN-2: Controlling High Blood Pressure**

### **HTN-2 Rank**

**Description:** The rank of the beneficiary for this measure

**Format:** Numeric

**Constraints:** May not be changed for the beneficiary sample

**Notes:** Not all beneficiaries will be ranked in the measure. Populated automatically.

**Does the patient have a documented diagnosis of essential hypertension within the first six months of 2018 or at any time prior to January 1, 2018 but does not end before January 1, 2018?**

**Description:** Required for each beneficiary ranked in this measure for which you report data

**Values:** Yes, Not Confirmed - Diagnosis, Denominator Exclusion, No - Other CMS Approved Reason, N/A

**Constraints:** Must match values

**Notes:** Use N/A to clear previously reported data

### **QPP Service Center Case Number**

**Description:** Required when selecting "No - Other CMS Approved Reason"

**Format:** Text string

**Constraints:** May contain characters and numbers less than or equal to 10 characters

**Was the patient's most recent blood pressure reading documented during the measurement period (January 1 - December 31, 2018)?**

**Description:** Required for each beneficiary ranked in this measure for which you report data

**Values:** No, Yes, N/A

**Constraints:** Must match values

**Notes:** Use N/A to clear previously reported data

### **HTN-2 BP Date taken (MM/DD/YYYY)**

**Description:** Required if “Yes” is selected

**Format:** MM/DD/YYYY

**Usage:** Date field between 1/1/2018 and 12/31/2018

### **HTN-2 BP Systolic (Enter Number)**

**Description:** Required if “Yes” is selected

**Values:** A number between 0 and 350

**Usage:** Enter N/A to clear previously reported data

### **HTN-2 BP Diastolic (Enter Number)**

**Description:** Required if “Yes” is selected

**Values:** A number between 0 and 200

**Usage:** Enter N/A to clear previously reported data

### **HTN-2 Comments (optional)**

**Description:** Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

**Format:** Text string

**Constraints:** May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

## **IVD-2: Ischemic Vascular Disease: Use of Aspirin or Another Antiplatelet**

### **IVD-2 Rank**

**Description:** The rank of the beneficiary for this measure

**Format:** Numeric

**Constraints:** May not be changed for the beneficiary sample

**Notes:** Not all beneficiaries will be ranked in the measure. Populated automatically.

### **Does the patient have a documented diagnosis of AMI, CABG or PCI between January 1 and December 31, 2017 OR an active diagnosis of IVD between January 1 and December 31, 2018?**

**Description:** Required for each beneficiary ranked in this measure for which you report data

**Values:** Yes, Not Confirmed - Diagnosis, Denominator Exclusion, No - Other CMS Approved Reason, N/A

**Constraints:** Must match values

**Notes:** Use N/A to clear previously reported data

### **QPP Service Center Case Number**

**Description:** Required when selecting “No - Other CMS Approved Reason”

**Format:** Text string

**Constraints:** May contain characters and numbers less than or equal to 10 characters

**Does the patient have documented use of aspirin or another antiplatelet during the measurement period (January 1 - December 31, 2018)?**

**Description:** Required for each beneficiary ranked in this measure for which you report data

**Values:** No, Yes, N/A

**Constraints:** Must match values

**IVD-2 Comments (optional)**

**Description:** Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

**Format:** Text string

**Constraints:** May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

**MH-1: Depression Remission at Twelve Months**

**MH-1 Rank**

**Description:** Rank of the beneficiary for this measure

**Format:** Numeric

**Constraints:** May not be changed for the beneficiary sample

**Notes:** Not all beneficiaries will be ranked in the measure. Populated automatically.

**Does the patient have an active diagnosis of major depression or dysthymia between December 1, 2016 and November 30, 2017?**

**Description:** Required for each beneficiary ranked in this measure for which you report data

**Values:** Yes, Not Confirmed - Diagnosis, Denominator Exclusion, No - Other CMS Approved Reason, N/A

**Constraints:** Must match values

**Notes:** Use N/A to clear previously reported data

**QPP Service Center Case Number**

**Description:** Required when selecting "No - Other CMS Approved Reason"

**Format:** Text string

**Constraints:** May contain characters and numbers less than or equal to 10 characters

**Did the patient have one or more PHQ-9s administered between December 1, 2016 and November 30, 2017?**

**Description:** Required for each beneficiary ranked in this measure for which you report data

**Values:** Yes, No, N/A

**Constraints:** Must match values

**Notes:** Use N/A to clear previously reported data

**Did the patient have a PHQ-9 score greater than 9 between December 1, 2016 and November 30, 2017?**

**Description:** Required for each beneficiary ranked in this measure when you answer “Yes” to the previous question

**Values:** Yes, No, N/A

**Constraints:** Must match values

**Notes:** Use N/A to clear previously reported data

**PHQ-9 Index Date (MM/DD/YYYY)**

**Description:** Required if “Yes” is selected in the previous question

**Format:** MM/DD/YYYY between 12/1/2016 and 11/30/2017

**Usage:** Date field

**PHQ-9 Score (Enter Number)**

**Description:** Required if “Yes” is selected for the PHQ-9 score greater than 9 question

**Format:** Number between 10 and 27

**Usage:** Enter N/A to clear previously reported data

**Did the patient have one or more PHQ-9s administered during the measurement assessment period (12 months +/- 30 days from the index date)?**

**Description:** Required if “Yes” is selected for one or more PHQ-9a administered questions

**Values:** Yes, No, N/A

**Constraints:** Must match values

**Notes:** Use N/A to clear previously reported data

**Did the patient achieve remission with a follow-up PHQ-9 performed and a score less than 5 at 12 months (+/- 30 days) of the initial Index Date?**

**Description:** Required if “Yes” is selected for one or more PHQ-9a administered during the assessment period questions

**Values:** Yes, No, N/A

**Constraints:** Must match values

**Notes:** Use N/A to blank out a value previously reported

**PHQ-9 Follow-up Date (MM/DD/YYYY)**

**Description:** Required if “Yes” is selected

**Format:** MM/DD/YYYY

**Usage:** Date field

**PHQ-9 Follow-up Score**

**Description:** Required if “Yes” is selected for the patient achieved remission question

**Format:** Number between 0 and 4

**Usage:** Enter N/A to clear previously reported data



### **MH-1 Comments (optional)**

**Description:** Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

**Format:** Text string

**Constraints:** May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

## **PREV-5 Breast Cancer Screening**

### **PREV-5 Rank**

**Description:** Rank of the beneficiary for this measure

**Format:** Numeric

**Constraints:** May not be changed for the beneficiary sample

**Notes:** Not all beneficiaries will be ranked in the measure. Populated automatically.

### **Is the patient qualified for this measure?**

**Description:** Required for each beneficiary ranked in this measure for which you report data

**Values:** Yes, Denominator Exclusion, No - Other CMS Approved Reason, N/A

**Constraints:** Must match values

**Notes:** Use N/A to clear previously reported data

### **QPP Service Center Case Number**

**Description:** Required when selecting "No - Other CMS Approved Reason"

**Format:** Text string

**Constraints:** May contain characters and numbers less than or equal to 10 characters

### **Was screening for breast cancer performed between October 1, 2016 and December 31, 2018?**

**Description:** Required if the patient is qualified for the measure

**Values:** No, Yes, N/A

**Constraints:** Must match values

### **PREV-5 Comments (optional)**

**Description:** Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

**Format:** Text string

**Constraints:** May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

## PREV-6 Colorectal Cancer Screening

### PREV-6 Rank

**Description:** Rank of the beneficiary for this measure

**Format:** Numeric

**Constraints:** May not be changed for the beneficiary sample

**Notes:** Not all beneficiaries will be ranked in the measure. Populated automatically.

### Is the patient qualified for this measure?

**Description:** Required for each beneficiary ranked in this measure for which you report data

**Values:** Yes, Denominator Exclusion, No - Other CMS Approved Reason, N/A

**Constraints:** Must match values

**Notes:** Use N/A to clear previously reported data

### QPP Service Center Case Number

**Description:** Required when selecting “No - Other CMS Approved Reason”

**Format:** Text string

**Constraints:** May contain characters and numbers less than or equal to 10 characters

### Is the patient’s colorectal cancer screening current?

**Description:** Required if the patient is qualified for the measure

**Values:** No, Yes, N/A

**Constraints:** Must match values

### PREV-6 Comments (optional)

**Description:** Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

**Format:** Text string

**Constraints:** May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

## PREV-7: Influenza Immunization

### PREV-7 Rank

**Description:** Rank of the beneficiary for this measure

**Format:** Numeric

**Constraints:** May not be changed for the beneficiary sample

**Notes:** Not all beneficiaries will be ranked in the measure. Populated automatically.

### Is the patient qualified for this measure?

**Description:** Required for each beneficiary ranked in this measure for which you report data

**Values:** Yes, No - Other CMS Approved Reason, N/A

**Constraints:** Must match values

### **QPP Service Center Case Number**

**Description:** Required when selecting “No - Other CMS Approved Reason”

**Format:** Text string

**Constraints:** May contain characters and numbers less than or equal to 10 characters

### **Did the patient receive an influenza immunization OR report previous receipt of an influenza immunization between August 1, 2017 and March 31, 2018?**

**Description:** Required if the patient is qualified for the measure

**Values:** No, Yes, No - Denominator Exception - Medical Reasons, No - Denominator Exception - Patient Reasons, No - Denominator Exception - System Reasons, N/A

**Constraints:** Must match values

### **PREV-7 Comments (optional)**

**Description:** Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

**Format:** Text string

**Constraints:** May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

## **PREV-8: Pneumococcal Vaccination Status for Older Adults**

### **PREV-8 Rank**

**Description:** Rank of the beneficiary for this measure

**Format:** Numeric

**Constraints:** May not be changed for the beneficiary sample

**Notes:** Not all beneficiaries will be ranked in the measure. Populated automatically.

### **Is the patient qualified for this measure?**

**Description:** Required for each beneficiary ranked in this measure for which you report data

**Values:** Yes, No - Other CMS Approved Reason, N/A

**Constraints:** Must match values

### **QPP Service Center Case Number**

**Description:** Required when selecting “No - Other CMS Approved Reason”

**Format:** Text string

**Constraints:** May contain characters and numbers less than or equal to 10 characters

### **Has the patient ever received a pneumococcal vaccination?**

**Description:** Required if the patient is qualified for the measure

**Values:** No, Yes, N/A

**Constraints:** Must match values

### **PREV-8 Comments (optional)**

**Description:** Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

**Format:** Text string

**Constraints:** May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

### **PREV-9: Body Mass Index (BMI) Screening and Follow-Up Plan**

#### **PREV-9 Rank**

**Description:** Rank of the beneficiary for this measure

**Format:** Numeric

**Constraints:** May not be changed for the beneficiary sample

**Notes:** Not all beneficiaries will be ranked in the measure. Populated automatically.

#### **Is the patient qualified for this measure?**

**Description:** Required for each beneficiary ranked in this measure for which you report data

**Values:** Yes, Denominator Exclusion, No - Other CMS Approved Reason, N/A

**Constraints:** Must match values

#### **QPP Service Center Case Number**

**Description:** Required when selecting "No - Other CMS Approved Reason"

**Format:** Text string

**Constraints:** May contain characters and numbers less than or equal to 10 characters

#### **Did the patient have a BMI documented during the most recent visit or in the last 12 months prior to the most recent visit?**

**Description:** Required if the patient is qualified for the measure

**Values:** No, Yes, N/A

**Constraints:** Must match values

#### **Was the patient's BMI within normal parameters?**

**Description:** Required if the patient has BMI documented

**Values:** No, Yes, N/A

**Constraints:** Must match values

#### **Was a follow-up plan documented?**

**Description:** Required if the patient's BMI is not within normal parameters

**Values:** No, Yes, No - Denominator Exception - Medical Reasons, N/A

**Constraints:** Must match values

### **PREV-9 Comments (optional)**

**Description:** Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

**Format:** Text string

**Constraints:** May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

## **PREV-10: Tobacco Use: Screening and Cessation Intervention**

### **PREV-10 Rank**

**Description:** Rank of the beneficiary for this measure

**Format:** Numeric

**Constraints:** May not be changed for the beneficiary sample

**Notes:** Not all beneficiaries will be ranked in the measure. Populated automatically.

### **Is the patient qualified for this measure?**

**Description:** Required for each beneficiary ranked in this measure for which you report data

**Values:** Yes, No - Other CMS Approved Reason, N/A

**Constraints:** Must match values

### **QPP Service Center Case Number**

**Description:** Required when selecting "No - Other CMS Approved Reason"

**Format:** Text string

**Constraints:** May contain characters and numbers less than or equal to 10 characters

### **Was the patient screened for tobacco use at least once during the measurement period and year prior to the measurement period (January 1, 2017 - December 31, 2018)?**

**Description:** Required if the patient is qualified for the measure

**Values:** No, Yes, No - Denominator Exception - Medical Reasons, N/A

**Constraints:** Must match values

### **Was the patient identified as a tobacco user during the most recent tobacco use screening?**

**Description:** Required if you selected "Yes" in the previous question

**Values:** No, Yes, N/A

**Constraints:** Must match values

### **Did the patient receive tobacco cessation intervention?**

**Description:** Required for patients who have been screened for tobacco use

**Values:** No, Yes, No - Denominator Exception - Medical Reasons, N/A

**Constraints:** Must match value

### **PREV-10 Comments (optional)**

**Description:** Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

**Format:** Text string

**Constraints:** May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

### **PREV-12: Screening for Depression and Follow-Up Plan**

#### **PREV-12 Rank**

**Description:** Rank of the beneficiary for this measure

**Format:** Numeric

**Constraints:** May not be changed for the beneficiary sample

**Notes:** Not all beneficiaries will be ranked in the measure. Populated automatically.

#### **Is the patient qualified for this measure?**

**Description:** Required for each beneficiary ranked in this measure for which you report data

**Values:** Yes, Denominator Exclusion, No - Other CMS Approved Reason, N/A

**Constraints:** Must match values

#### **QPP Service Center Case Number**

**Description:** Required when selecting "No - Other CMS Approved Reason"

**Format:** Text string

**Constraints:** May contain characters and numbers less than or equal to 10 characters

#### **Was the patient screened for depression using an age appropriate standardized tool during the measurement period (January 1 - December 31, 2018)?**

**Description:** Required if the patient is qualified for the measure

**Values:** No, Yes, No - Denominator Exception - Medical Reasons, No - Denominator Exception - Patient Reasons, N/A

**Constraints:** Must match values

#### **Was the screen positive for depression during the measurement period (January 1 - December 31, 2018)?**

**Description:** Required for beneficiaries who have been screened for depression

**Values:** Yes, No, N/A

**Constraints:** Must match values

#### **Was a follow-up plan for depression documented during the measurement period (January 1 - December 31, 2018)?**

**Description:** Required for beneficiaries who answered "Yes" to the screen positive for depression question

**Values:** Yes, No, N/A

**Constraints:** Must match values

### **PREV-12 Comments (optional)**

**Description:** Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

**Format:** Text string

**Constraints:** May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

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

### **PREV-13 Rank**

**Description:** Rank of the beneficiary for this measure

**Format:** Numeric

**Constraints:** May not be changed for the beneficiary sample

**Notes:** Not all beneficiaries will be ranked in the measure. Populated automatically.

### **Does the patient have a diagnosis of atherosclerotic cardiovascular disease (ASCVD)—active or history of—at any time up through December 31, 2018?**

**Description:** Required for each beneficiary ranked in this measure for which you report data

**Values:** Yes, No - Diagnosis, No- Denominator Exclusion, No - Other CMS Approved Reason, N/A

**Constraints:** Must match values

### **QPP Service Center Case Number**

**Description:** Required when selecting “No - Other CMS Approved Reason”

**Format:** Text string

**Constraints:** May contain characters and numbers less than or equal to 10 characters

### **Has the patient ever had a fasting or direct laboratory test result of LDL-C $\geq$ 190mg/dL OR were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia?**

**Description:** Required for each beneficiary that answers “No – Diagnosis” to Risk Category 1 question

**Values:** Yes, No - Diagnosis, No – Denominator Exclusion, No - Other CMS Approved Reason, N/A

**Constraints:** Must match values

### **QPP Service Center Case Number**

**Description:** Required when selecting “No - Other CMS Approved Reason”

**Format:** Text string

**Constraints:** May contain characters and numbers less than or equal to 10 characters

### **Is the patient aged 40-75 years of age and has a diagnosis of Type 1 or Type 2 diabetes?**

**Description:** Required for each beneficiary that answers “No - Diagnosis” to the Risk Category 1 and Risk Category 2 questions

**Values:** Yes, No - Diagnosis

**Constraints:** Must match values

### **Has the patient had an LDL-C of 70-189 mg/dL between January 1, 2016 and December 31, 2018?**

**Description:** Required for beneficiaries that answer “No – Diagnosis” to the Risk Category 1 and Risk Category 2 question and that are between 40-75-years-old and have a diagnosis of Type 1 or Type 2 diabetes

**Values:** Yes, No – Diagnosis, N/A

**Constraints:** Must match values

### **QPP Service Center Case Number**

**Description:** Required when selecting “No - Other CMS Approved Reason”

**Format:** Text string

**Constraints:** May contain characters and numbers less than or equal to 10 characters

### **Was the patient taking or prescribed statin therapy during the measurement period (January 1 - December 31, 2018?)**

**Description:** Required for each beneficiary that answers “Yes” to the Risk Category 1 and Category ranked in this measure that you report data for when risk category 1 or risk category 2 is “Yes” or “Has the patient had an LDL-C of 70-189 mg/dL between January 1, 2016 and December 31, 2018?” is “Yes”.

**Values:** Yes, No – Denominator Exception – Medical Reasons, No – Other CMS Approved Reason, N/A

**Constraints:** Must match values. Use N/A to clear previously reported data

### **PREV-13 Comments (optional)**

**Description:** Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

**Format:** Text string

**Constraints:** May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

## **CARE-1: Medication Reconciliation Post-Discharge**

### **CARE-1 Rank**

**Description:** Rank of the beneficiary for this measure

**Format:** Numeric

**Constraints:** May not be changed for the beneficiary sample

**Notes:** Not all beneficiaries will be ranked in the measure. Populated automatically.



### **Is the patient qualified for this measure?**

**Description:** Required for each beneficiary ranked in this measure for which you report data

**Values:** Yes, No - Other CMS Approved Reason, N/A

**Constraints:** Must match values

### **QPP Service Center Case Number**

**Description:** Required when selecting “No - Other CMS Approved Reason”

**Format:** Text string

**Constraints:** May contain characters and numbers less than or equal to 10 characters

### **Discharge Date (MM/DD/YYYY)**

**Description:** This date is supplied for each discharge that you must report data for. This field may not be altered. This date is populated automatically.

**Format:** MM/DD/YYYY

**Usage:** Date field

### **Was the patient discharged from an inpatient facility on the discharge date listed +/- 2 calendar days?**

**Description:** Required for each beneficiary ranked in the measure with reported data and for each discharge date supplied

**Values:** No, Yes, N/A

**Constraints:** Must match values

**Notes:** Use N/A to blank out a value previously reported

### **Was the patient seen within 30 days following this inpatient facility discharge?**

**Description:** Required for each beneficiary ranked in the measure with reported data and for each discharge date supplied

**Values:** No, Yes, N/A

**Constraints:** Must match values

**Notes:** Use N/A to clear previously reported data


### **Were discharge medications reconciled with the current medication list in the outpatient medical record within 30 days following this inpatient facility discharge?**

**Description:** Required for each beneficiary ranked in the measure with reported data and for each discharge date supplied

**Values:** No, Yes, N/A

**Constraints:** Must match values

**Notes:** Use N/A to clear previously reported data



**CARE-1 Comments (optional)**

**Description:** Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

**Format:** Text string

**Constraints:** May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters