

FORM INSTRUCTIONS

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3. **The date and location of all source documentation must be entered into the "Comments" section of the Web Interface.**

DEMOGRAPHICS

Medicare/Medical Record/Other Patient ID: _____ Clinic ID: _____
 First / Last Name: _____ Date of Birth: ___/___/___

PATIENT MEDICAL RECORD

Medical Record Found?

- Yes
 No
 Not qualified for sample

Reason Not Qualified?

- Deceased - as of ___/___/___ HMO Enrollment - as of ___/___/___
 In hospice - as of ___/___/___ Moved Out-of-Country - as of ___/___/___

CARE-1: Medication Reconciliation Post-Discharge

RANK: _____

CARE-1 Confirmed

- Yes
 No - Measure-Specific Exclusion: _____
 No - Other CMS-Approved Reason - HelpDesk Ticket # _____

Comments: *

CARE-1 ABSTRACTION DATA

CMS-Provided Visit Date	Patient Seen?	Patient Seen On Date	Were Medications Reconciled?
___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No - Visit Outside Practice	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No - Denominator Exclusion - Medical Reason
___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No - Visit Outside Practice	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No - Denominator Exclusion - Medical Reason
___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No - Visit Outside Practice	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No - Denominator Exclusion - Medical Reason

Comments: *

CARE-2: Falls - Screening for Future Fall Risk

RANK: _____

CARE-2 Confirmed

- Yes
 No - Measure-Specific Exclusion: _____
 No - Other CMS-Approved Reason - HelpDesk Ticket # _____

Comments: *

CARE-2 ABSTRACTION DATA

Screening for Future Fall Risk?	Comments: *
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No - Denominator Exclusion - Medical Reasons	

DM-2: Diabetes - Hemoglobin A1c (HbA1c) Poor Control (>9%) and DM-7: Diabetes - Eye Exam

RANK: _____

DM-2 Confirmed

- Yes
 No - Missing diagnosis of either Type 1 or Type 2 diabetes mellitus
 No - Other CMS-Approved Reason - HelpDesk Ticket # _____

Comments: *

DM-2 ABSTRACTION DATA

HbA1c Test Performed?	Date Drawn	HbA1c Value	Comments: *
<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	_____	

DM-7 ABSTRACTION DATA

Retinal Exam Performed?	Comments: *
<input type="checkbox"/> Yes <input type="checkbox"/> No	

HTN-2: Controlling High Blood Pressure **RANK:** _____

HTN-2 Confirmed

Yes

No - Missing diagnosis of essential hypertension

No - Measure-Specific Exclusion: _____

No - Other CMS-Approved Reason - HelpDesk Ticket # _____

*Comments: **

HTN-2 ABSTRACTION DATA

<i>Most Recent BP</i>	<i>Date Taken</i>	<i>Systolic</i>	<i>Diastolic</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	_____	_____

*Comments: **

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

IVD-2 Confirmed

Yes

No - Missing diagnosis of AMI, CABG, or PCI between 1/1-12/31/2016

No - Missing active diagnosis of IVD **with** antiplatelet use during MP

No - Measure-Specific Exclusion: _____

No - Other CMS-Approved Reason - HelpDesk Ticket # _____

*Comments: **

IVD-2 ABSTRACTION DATA

Use of Aspirin/Antithrombotic Therapy?

Yes | No

*Comments: **

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

MH-1 Confirmed

Yes

No - Missing diagnosis of major depression or dysthymia

No - Measure-Specific Exclusion: _____

No - Other CMS-Approved Reason - HelpDesk Ticket # _____

*Comments: **

MH-1 ABSTRACTION DATA

Index PHQ-9

Index PHQ-9 Performed? Yes | No

Index PHQ-9 Date: ___/___/___

Index PHQ-9 Test > 9? Yes | No

Index PHQ-9 Test Score: _____

Follow-Up (FU) PHQ-9

FU PHQ-9 Performed? Yes | No

FU PHQ-9 Date: ___/___/___

FU PHQ-9 Test < 5? Yes | No

FU PHQ-9 Test Score: _____

*Comments: **

PREV-5: Breast Cancer Screening **RANK:** _____

PREV-5 Confirmed

Yes

No - Measure-Specific Exclusion: _____

No - Other CMS-Approved Reason - HelpDesk Ticket # _____

*Comments: **

PREV-5 ABSTRACTION DATA

Screening performed?

Yes | No

*Comments: **

PREV-6: Colorectal Cancer Screening **RANK:** _____

PREV-6 Confirmed

Yes

No - Measure-Specific Exclusion: _____

No - Other CMS-Approved Reason - HelpDesk Ticket # _____

*Comments: **

PREV-6 ABSTRACTION DATA

Screening current?

Yes | No

*Comments: **

PREV-7: Influenza Immunization **RANK:** _____

PREV-7 Confirmed

Yes

No - Measure-Specific Exclusion: _____

No - Other CMS-Approved Reason - HelpDesk Ticket # _____

*Comments: **

PREV-7 ABSTRACTION DATA

Immunization Received?

Yes | No

No - Denominator Exclusion - Medical reason

No - Denominator Exclusion - Patient reason

No - Denominator Exclusion - System reason

*Comments: **

PREV-8: Pneumococcal Vaccination Status for Older Adults **RANK:** _____

PREV-8 Confirmed

Yes

No - Measure-Specific Exclusion: _____

No - Other CMS-Approved Reason - HelpDesk Ticket # _____

*Comments: **

PREV-8 ABSTRACTION DATA

Vaccination Received?

Yes | No

*Comments: **

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

PREV-9 Confirmed

Yes

No - Measure-Specific Exclusion: _____

No - Other CMS-Approved Reason - HelpDesk Ticket # _____

*Comments: **

PREV-9 ABSTRACTION DATA

Calculated BMI?

Yes | No

No - Denominator Exclusion - Medical reason

No - Denominator Exclusion - Patient reason

BMI Evaluation & Treatment

BMI Normal? Yes No

Follow-Up Plan? Yes No

*Comments: **

PREV-10: Tobacco Use - Screening and Intervention **RANK:** _____

PREV-10 Confirmed

Yes

No - Measure-Specific Exclusion: _____

No - Other CMS-Approved Reason - HelpDesk Ticket # _____

*Comments: **

PREV-10 ABSTRACTION DATA

Tobacco Use

Yes | No

No - Unscreened / Unknown

No - Denominator Exclusion - Medical reason

Cessation Counseling Intervention

Yes No

*Comments: **

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

PREV-12 Confirmed

Yes

No - Measure-Specific Exclusion: _____

No - Other CMS-Approved Reason - HelpDesk Ticket # _____

*Comments: **

PREV-12 ABSTRACTION DATA

Clinical Depression Screening Performed?

Yes | No

No - Denominator Exclusion - Medical reason

No - Denominator Exclusion - Patient reason

Depression Screening Outcome & Follow-Up (FU)

Positive Screen? Yes No

Follow-Up Plan? Yes No

*Comments: **

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

RANK:

PREV-13 Confirmed

- Yes
- No - Missing active diagnosis of ASCVD
- No - No LDL-C \geq 190 mg/dL on chart
- No - No diagnosis of familial / pure hypercholesterolemia on chart
- No - No diagnosis of Type 1 or Type 2 diabetes mellitus with a fasting or direct LDL-C of 70-189 mg/dL recorded as highest result from 01/01/2015 - 12/31/2017
- No - Measure-Specific Exclusion: _____
- No - Other CMS-Approved Reason - HelpDesk Ticket # _____

Comments: *

PREV-13 ABSTRACTION DATA

- | | | |
|---------------------------|------------------------------|-----------------------------|
| LDL-C \geq 190 mg/dl? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Type 1 or 2 Diabetes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| LDL-C 70-189 mg/dl? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prescribed/Taking Statin? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: *

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 First / Last Name: _____ Date of Birth: ___/___/___

PATIENT MEDICAL RECORD

Medical Record Found?

- Yes
 No
 Not qualified for sample

Reason Not Qualified?

- Deceased - as of ___/___/___ HMO Enrollment - as of ___/___/___
 In hospice - as of ___/___/___ Moved Out-of-Country - as of ___/___/___

CARE-1 Confirmed

- Yes
 No - Measure-Specific Exclusion: _____
 No - Other CMS-Approved Reason - HelpDesk Ticket # _____

Comments:*

CARE-1 ABSTRACTION DATA

<i>CMS-Provided Visit Date</i>	<i>Patient Seen?</i>	<i>Patient Seen On Date</i>	<i>Were Medications Reconciled?</i>
___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No - Visit Outside Practice	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No - Denominator Exclusion - Medical Reason
___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No - Visit Outside Practice	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No - Denominator Exclusion - Medical Reason
___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No - Visit Outside Practice	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No - Denominator Exclusion - Medical Reason

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 First / Last Name: _____ Date of Birth: ___/___/___

PATIENT MEDICAL RECORD

Medical Record Found?

- Yes
 No
 Not qualified for sample

Reason Not Qualified?

- Deceased - as of ___/___/___ HMO Enrollment - as of ___/___/___
 In hospice - as of ___/___/___ Moved Out-of-Country - as of ___/___/___

CARE-2 Confirmed

- Yes
 No - Measure-Specific Exclusion: _____
 No - Other CMS-Approved Reason - HelpDesk Ticket # _____

Comments:*

CARE-2 ABSTRACTION DATA

Screening for Future Fall Risk?

- Yes | No | No - Denominator Exclusion - Medical Reasons

Comments: *

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First / Last Name: _____ Date of Birth: ___/___/___

PATIENT MEDICAL RECORD

Medical Record Found?

- Yes
 No
 Not qualified for sample

Reason Not Qualified?

- Deceased - as of ___/___/___ HMO Enrollment - as of ___/___/___
 In hospice - as of ___/___/___ Moved Out-of-Country - as of ___/___/___

DM-2 & DM-7 Confirmed

- Yes
 No - Missing diagnosis of either Type 1 or Type 2 diabetes mellitus
 No - Other CMS-Approved Reason - HelpDesk Ticket # _____

Comments:*

DM-2 ABSTRACTION DATA

HbA1c Test Performed?	Date Drawn	HbA1c Value	Comments: *
<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	_____	

DM-7 ABSTRACTION DATA

Retinal Exam Performed?	Comments: *
<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Medicare/Medical Record/Other Patient ID: _____ Clinic ID: _____
 First / Last Name: _____ Date of Birth: ___/___/___

PATIENT MEDICAL RECORD

Medical Record Found?

- Yes
 No
 Not qualified for sample

Reason Not Qualified?

- Deceased - as of ___/___/___ HMO Enrollment - as of ___/___/___
 In hospice - as of ___/___/___ Moved Out-of-Country - as of ___/___/___

HTN-2 Confirmed

- Yes
 No - Missing diagnosis of essential hypertension
 No - Measure-Specific Exclusion: _____
 No - Other CMS-Approved Reason - HelpDesk Ticket # _____

Comments:*

HTN-2 ABSTRACTION DATA

Most Recent BP	Date Taken	Systolic	Diastolic	Comments: *
<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	_____	_____	

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 First / Last Name: _____ Date of Birth: ___/___/___

PATIENT MEDICAL RECORD

Medical Record Found?

- Yes
 No
 Not qualified for sample

Reason Not Qualified?

- Deceased - as of ___/___/___ HMO Enrollment - as of ___/___/___
 In hospice - as of ___/___/___ Moved Out-of-Country - as of ___/___/___

IVD-2 Confirmed

- Yes
 No - Missing diagnosis of AMI, CABG, or PCI between 1/1-12/31/2016
 No - Missing active diagnosis of IVD **with** antiplatelet use during MP
 No - Measure-Specific Exclusion: _____
 No - Other CMS-Approved Reason - HelpDesk Ticket # _____

Comments:*

IVD-2 ABSTRACTION DATA

Use of Aspirin/Antithrombotic Therapy?

- Yes | No

Comments: *

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 First / Last Name: _____ Date of Birth: ___/___/___

PATIENT MEDICAL RECORD

Medical Record Found?

- Yes
 No
 Not qualified for sample

Reason Not Qualified?

- Deceased - as of ___/___/___ HMO Enrollment - as of ___/___/___
 In hospice - as of ___/___/___ Moved Out-of-Country - as of ___/___/___

MH-1 Confirmed

- Yes
 No - Missing diagnosis of major depression or dysthymia
 No - Measure-Specific Exclusion: _____
 No - Other CMS-Approved Reason - HelpDesk Ticket # _____

Comments:*

MH-1 ABSTRACTION DATA

Index PHQ-9

Index PHQ-9 Performed? Yes | No
 Index PHQ-9 Date: ___/___/___
 Index PHQ-9 Test > 9? Yes | No
 Index PHQ-9 Test Score: _____

Follow-Up (FU) PHQ-9

FU PHQ-9 Performed? Yes | No
 FU PHQ-9 Date: ___/___/___
 FU PHQ-9 Test < 5? Yes | No
 FU PHQ-9 Test Score: _____

Comments: *

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 First / Last Name: _____ Date of Birth: ___/___/___

PATIENT MEDICAL RECORD

Medical Record Found?

- Yes
 No
 Not qualified for sample

Reason Not Qualified?

- Deceased - as of ___/___/___ HMO Enrollment - as of ___/___/___
 In hospice - as of ___/___/___ Moved Out-of-Country - as of ___/___/___

PREV-5 Confirmed

- Yes
 No - Measure-Specific Exclusion: _____
 No - Other CMS-Approved Reason - HelpDesk Ticket # _____

Comments:*

PREV-5 ABSTRACTION DATA

Screening performed?

- Yes | No

Comments: *

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Medicare/Medical Record/Other Patient ID: _____ Clinic ID: _____
 First / Last Name: _____ Date of Birth: ___/___/___

PATIENT MEDICAL RECORD

Medical Record Found?

- Yes
 No
 Not qualified for sample

Reason Not Qualified?

- Deceased - as of ___/___/___ HMO Enrollment - as of ___/___/___
 In hospice - as of ___/___/___ Moved Out-of-Country - as of ___/___/___

PREV-6 Confirmed

- Yes
 No - Measure-Specific Exclusion: _____
 No - Other CMS-Approved Reason - HelpDesk Ticket # _____

Comments:*

PREV-6 ABSTRACTION DATA

Screening current?

- Yes | No

Comments: *

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DEMOGRAPHICS

Medicare/Medical Record/Other Patient ID: _____ Clinic ID: _____
 First / Last Name: _____ Date of Birth: ___/___/___

PATIENT MEDICAL RECORD

Medical Record Found?

- Yes
 No
 Not qualified for sample

Reason Not Qualified?

- Deceased - as of ___/___/___ HMO Enrollment - as of ___/___/___
 In hospice - as of ___/___/___ Moved Out-of-Country - as of ___/___/___

PREV-7 Confirmed

- Yes
 No - Measure-Specific Exclusion: _____
 No - Other CMS-Approved Reason - HelpDesk Ticket # _____

Comments:*

PREV-7 ABSTRACTION DATA

Immunization Received?

- Yes | No
 No - Denominator Exclusion - Medical reason
 No - Denominator Exclusion - Patient reason
 No - Denominator Exclusion - System reason

Comments: *

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Medicare/Medical Record/Other Patient ID: _____ Clinic ID: _____
 First / Last Name: _____ Date of Birth: ___/___/___

PATIENT MEDICAL RECORD

Medical Record Found?

- Yes
 No
 Not qualified for sample

Reason Not Qualified?

- Deceased - as of ___/___/___ HMO Enrollment - as of ___/___/___
 In hospice - as of ___/___/___ Moved Out-of-Country - as of ___/___/___

PREV-8 Confirmed

- Yes
 No - Measure-Specific Exclusion: _____
 No - Other CMS-Approved Reason - HelpDesk Ticket # _____

Comments:*

PREV-8 ABSTRACTION DATA

Vaccination Received?

- Yes | No

Comments: *

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DEMOGRAPHICS

Medicare/Medical Record/Other Patient ID: _____ Clinic ID: _____

First / Last Name: _____ Date of Birth: ___/___/___

PATIENT MEDICAL RECORD

Medical Record Found?

- Yes
 No
 Not qualified for sample

Reason Not Qualified?

- Deceased - as of ___/___/___ HMO Enrollment - as of ___/___/___
 In hospice - as of ___/___/___ Moved Out-of-Country - as of ___/___/___

PREV-9 Confirmed

- Yes
 No - Measure-Specific Exclusion: _____
 No - Other CMS-Approved Reason - HelpDesk Ticket # _____

Comments:*

PREV-9 ABSTRACTION DATA

Calculated BMI?

- Yes | No
 No - Denominator Exclusion - Medical reason
 No - Denominator Exclusion - Patient reason

BMI Evaluation & Treatment

- BMI Normal? Yes No
Follow-Up Plan? Yes No

Comments: *

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DEMOGRAPHICS

Medicare/Medical Record/Other Patient ID: _____ Clinic ID: _____
 First / Last Name: _____ Date of Birth: ___/___/___

PATIENT MEDICAL RECORD

Medical Record Found?

- Yes
 No
 Not qualified for sample

Reason Not Qualified?

- Deceased - as of ___/___/___ HMO Enrollment - as of ___/___/___
 In hospice - as of ___/___/___ Moved Out-of-Country - as of ___/___/___

PREV-10 Confirmed

- Yes
 No - Measure-Specific Exclusion: _____
 No - Other CMS-Approved Reason - HelpDesk Ticket # _____

Comments:*

PREV-10 ABSTRACTION DATA

Tobacco Use

- Yes | No
 No - Unscreened / Unknown
 No - Denominator Exclusion - Medical reason

*Cessation Counseling
Intervention*

- Yes No

Comments: *

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DEMOGRAPHICS

Medicare/Medical Record/Other Patient ID: _____ Clinic ID: _____
 First / Last Name: _____ Date of Birth: ___/___/___

PATIENT MEDICAL RECORD

Medical Record Found?

- Yes
 No
 Not qualified for sample

Reason Not Qualified?

- Deceased - as of ___/___/___ HMO Enrollment - as of ___/___/___
 In hospice - as of ___/___/___ Moved Out-of-Country - as of ___/___/___

PREV-12 Confirmed

- Yes
 No - Measure-Specific Exclusion: _____
 No - Other CMS-Approved Reason - HelpDesk Ticket # _____

Comments:*

PREV-12 ABSTRACTION DATA

Clinical Depression Screening Performed?

- Yes | No
 No - Denominator Exclusion - Medical reason
 No - Denominator Exclusion - Patient reason

Depression Screening Outcome & Follow-Up (FU)

- Positive Screen? Yes No
 Follow-Up Plan? Yes No

Comments: *

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DEMOGRAPHICS

Medicare/Medical Record/Other Patient ID: _____ Clinic ID: _____
 First / Last Name: _____ Date of Birth: ___/___/___

PATIENT MEDICAL RECORD

Medical Record Found?

- Yes
 No
 Not qualified for sample

Reason Not Qualified?

- Deceased - as of ___/___/___
 In hospice - as of ___/___/___
 HMO Enrollment - as of ___/___/___
 Moved Out-of-Country - as of ___/___/___

PREV-13 Confirmed

- Yes
 No - Missing active diagnosis of ASCVD
 No - No LDL-C \geq 190 mg/dL on chart
 No - No diagnosis of familial / pure hypercholesterolemia on chart
 No - No diagnosis of Type 1 or Type 2 diabetes mellitus with a fasting or direct LDL-C of 70-189 mg/dL recorded as highest result from 01/01/2015 - 12/31/2017
 No - Measure-Specific Exclusion: _____
 No - Other CMS-Approved Reason - HelpDesk Ticket # _____

Comments: *

PREV-13 ABSTRACTION DATA

- | | | |
|---------------------------|------------------------------|-----------------------------|
| LDL-C \geq 190 mg/dl? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Type 1 or 2 Diabetes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| LDL-C 70-189 mg/dl? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prescribed/Taking Statin? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: *