



Measure	Description	Disqualifications / Exclusions	Data Guidance
<p>GOAL = ↑ score</p> <p>CARE-1 Medication Reconciliation Post-Discharge</p>	<p>Patients 18 years of age and older who:</p> <ol style="list-style-type: none"> were discharged from one of the following facilities: <ul style="list-style-type: none"> Acute care hospital Inpatient psychiatric facility Skilled nursing facility Inpatient rehabilitation facility <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> were seen in an outpatient office visit, within 30-days post-discharge, by one of the following professionals providing on-going care: <ul style="list-style-type: none"> Physician Prescribing practitioner Registered nurse Clinical pharmacist <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> had their <u>discharge</u> medication list reconciled with the <u>most recent</u> medication list in the medical record 	<p>1) Patient is "Not Qualified for Sample" if <u>any</u> of the following are documented in the patient's chart at <u>any</u> time during CY 2018:</p> <ul style="list-style-type: none"> Deceased In hospice, including non-hospice with palliative goals or comfort care Moved out-of-country Enrolled in non-Medicare Health Maintenance Organization (HMO) 	<ol style="list-style-type: none"> CMS pre-populates inpatient discharge dates using claims data A discharge date is listed for each patient discharge with a 30-day follow-up visit during CY 2018; there can be more than one discharge date per patient Each prefilled discharge date can be confirmed with a "yes" if the date documented in the medical record is +/- 2 days from the prefilled discharge date A discharge medication reconciliation must be performed for <u>each discharge date listed</u> If there is <u>one</u> discharge medication reconciliation that is <u>within 30 days after more than one discharge date</u>, the same medication reconciliation can be applied to <u>more than one discharge date</u> Examples of acceptable discharge medication reconciliation documentation include the following: <ul style="list-style-type: none"> No changes in medications since discharge Same medications at discharge Discontinue all discharge medications Notation that the provider <i>"reconciled the current and discharge medications"</i> List of both current and discharge medications with a notation indicating that the appropriate type of practitioner reviewed both lists on the same date of service Notation that no medications were prescribed or ordered at discharge <u>Medical assistant</u> medication review alone does not qualify for this measure Data for this measure CAN be collected during a <i>telehealth encounter</i> For Encounter, Exception, and Inclusion code information, please see 2018_CARE_CODES_2.1.xlsx
<p>GOAL = ↑ score</p> <p>CARE-2 Screening for Future Fall Risk</p>	<p>Patients 65 years of age and older who:</p> <ol style="list-style-type: none"> were screened for future fall risk (<i>i.e., an assessment of whether an individual has experienced a fall or problem with gait or balance</i>) at <u>any</u> time during CY 2018 <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> had their fall risk screening administered by a clinician with appropriate skills and experience 	<p>1) Patient is "excluded" if they are non-ambulatory at the <u>most recent visit in CY 2018</u>, such as:</p> <ul style="list-style-type: none"> Bed ridden Immobile Confined to chair Wheelchair bound Dependent on helper pushing wheelchair Independent or minimal help in wheelchair <p>2) Patient is "not qualified for sample" if they experienced <u>any</u> of the following at <u>any</u> time during CY 2018:</p> <ul style="list-style-type: none"> Deceased In hospice, including non-hospice with palliative goals or comfort care Moved out-of-country Enrolled in non-Medicare Health Maintenance Organization (HMO) 	<ol style="list-style-type: none"> A fall is defined as a sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, <i>other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force</i> A screening for future fall risk assesses whether an individual has experienced a fall or problems with gait or balance. A specific screening tool is not required for this measure, however potential screening tools include the Morse Fall Scale and the timed Get-Up-And-Go test. Acceptable forms of fall risk screening documentation include: <ul style="list-style-type: none"> Documentation of <u>any</u> history of falls at <u>any</u> time during CY 2018 Documentation of <i>"no falls"</i> Documentation of gait or balance assessment results Data for this measure CAN be collected during a <i>telehealth encounter</i> For Encounter, Exception, and Inclusion code information, please see 2018_CARE_CODES_2.1.xlsx

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GOAL = ↓ score DM-2 Hemoglobin A1c (HbA1c) Poor Control (> 9%)	<p>Patients 18 - 75 years of age with:</p> <ol style="list-style-type: none"> a documented history or active diagnosis of Type 1 or Type 2 diabetes mellitus (DM) at any time during CY 2017 or CY 2018 <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> a most recent hemoglobin A1c > 9.0% that was drawn during CY 2018 	<ol style="list-style-type: none"> Patient is "excluded" if they have secondary diabetes mellitus (DM) due to another condition, such as chronic pancreatitis or gestational DM Patient is "not qualified for sample" if they experienced any of the following at any time during CY 2018: <ul style="list-style-type: none"> Deceased In hospice, including non-hospice with palliative goals or comfort care Moved out-of-country Enrolled in non-Medicare Health Maintenance Organization (HMO) 	<ol style="list-style-type: none"> Active diagnosis is defined as the following: <ul style="list-style-type: none"> a diagnosis that appears on the patient's problem list a diagnosis code listed on the encounter a diagnosis that is documented in a progress note indicating that the patient is being treated or managed for the disease or condition at any time during CY 2018 Synonyms for HbA1c testing may include: Glycohemoglobin A1c, HbA1c, Hemoglobin A1c, HgbA1c, A1c Self-reported HbA1c results are acceptable <i>as long as the test date and results / finding are included in the provider documentation</i>; if the actual day of the test is unknown, enter "01", e.g., 05/01/2018 HbA1c finger stick tests administered by a healthcare provider at the point of care are allowed Data for this measure CAN be collected during a <i>telehealth encounter</i> For Encounter, Diagnosis, and Inclusion code information, please see 2018_DM_CODES_2.1.xlsx
GOAL = ↑ score DM-7 Eye Exam	<p>Patients 18 - 75 years of age with:</p> <ol style="list-style-type: none"> a documented history or active diagnosis of Type 1 or Type 2 diabetes mellitus (DM) at any time during CY 2017 or CY 2018 <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> <ol style="list-style-type: none"> a retinal or dilated eye exam performed or read by an ophthalmologist or optometrist at any time during CY 2018 <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> a negative retinal or dilated eye exam (e.g. no evidence of retinopathy) at any time during CY 2017 	<ol style="list-style-type: none"> Patient is "excluded" if they have secondary diabetes mellitus (DM) due to another condition, such as chronic pancreatitis or gestational DM Patient is "not qualified for sample" if they experienced any of the following at any time during CY 2018: <ul style="list-style-type: none"> Deceased In hospice, including non-hospice with palliative goals or comfort care Moved out-of-country Enrolled in non-Medicare Health Maintenance Organization (HMO) 	<ol style="list-style-type: none"> Active diagnosis is defined as the following: <ul style="list-style-type: none"> a diagnosis that appears on the patient's problem list a diagnosis code listed on the encounter a diagnosis is documented in a progress note indicating that the patient is being treated or managed for the disease or condition at anytime during 2018 A diabetic eye exam performed by an endocrinologist or primary care provider (PCP) is acceptable if the results are reviewed by an optometrist or ophthalmologist during CY 2018 A diabetic eye exam that was performed during CY 2017 is acceptable <i>only if the test is negative for retinopathy</i> Self-report of diabetic eye exam results is acceptable <i>as long as the test year and result/findings are included in the provider documentation</i> Retinal imaging is acceptable as long as it includes the date when the fundus photography was performed and documentation that an eye care professional reviewed the results Data for this measure CAN be collected during a <i>telehealth encounter</i> For Encounter, Diagnosis, and Inclusion code information, please see 2018_DM_CODES_2.1.xlsx

GOAL = ↑ Overall Score | Diabetes Mellitus (DM) Composite ALL OR NOTHING

CY 2018 CMS Quality Payment Program (QPP) Merit-Based Incentive Payment System (MIPS) QUICK REFERENCE GUIDE

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<p>GOAL = ↑ score</p> <p>HTN-2 Controlling High Blood Pressure (BP)</p>	<p>Patients 18 - 85 years of age with:</p> <p>1a. a documented diagnosis of essential hypertension (HTN) <u>on or before 06/30/2018</u></p> <p style="text-align: center;">OR</p> <p>1b. a documented diagnosis of essential HTN at <u>any</u> time on or before 12/31/2017 but does not end before 01/01/2018</p> <p style="text-align: center;">AND</p> <p>2. a most recent, CY 2018 blood pressure (BP) of <u>less than</u> 140/90 mmHg</p> <p style="text-align: center;">AND</p> <p>3. the most recent CY 2018 BP was performed by a clinician during an outpatient visit in the provider's office</p>	<p>1) Patient is "excluded" if there is chart documentation of any of the following conditions at <u>any</u> time on or before 12/31/2018 that <u>do NOT end</u> before 01/01/2018:</p> <ul style="list-style-type: none"> • End-stage renal disease (ESRD) • Chronic Kidney Disease (CKD) stage 5 • Kidney dialysis • History of renal transplant • Pregnancy <p>2) Patient is "excluded" if at any time during CY 2018 they are 65 years of age or older AND participating in an Institutional Special Needs Plan (SNP) or residing in long-term care <u>with</u> one of the following POS codes at <u>any</u> time during CY 2018:</p> <ul style="list-style-type: none"> • 32 - Nursing Facility • 33 - Custodial Care Facility • 34 - Hospice • 54 - Intermediate Care Facility • 56 - Psychiatric Residential Treatment Center <p>3) Patient is "not qualified for sample" if they experienced <u>any</u> of the following at <u>any</u> time during CY 2018:</p> <ul style="list-style-type: none"> • Deceased • In hospice, including non-hospice with palliative goals or comfort care • Moved out-of-country • Enrolled in non-medicare Health Maintenance Organization (HMO) 	<p>(1) Essential HTN is high blood pressure that doesn't have a known secondary cause, also known as primary hypertension</p> <p>(2) <u>Only</u> blood pressure (BP) readings <u>performed by a clinician in the provider office are acceptable</u></p> <p>(3) Do not include blood pressure readings that meet the following criteria:</p> <ul style="list-style-type: none"> • Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or medication on or one day before the day of the procedure, <u>with the exception of fasting blood tests</u> <p>(4) If there are multiple BP readings on the same day, use the <u>lowest systolic</u> and lowest <u>diastolic</u> values <u>as the most recent BP reading</u></p> <p>(5) Patient-reported BP values (e.g., "home readings") are not acceptable</p> <p>(6) If no BP is recorded during CY 2018, the patient's blood pressure is assumed to be "<i>not controlled</i>"</p> <p>(7) For this measure, patients must be screened in-person via an outpatient visit</p> <p>(8) Data for this measure CANNOT be collected during a telehealth encounter</p> <p>(9) For Encounter, Exclusion, Diagnosis, and Inclusion code information, please see 2018_HTN_CODES_2.1.xlsx</p>		
<p>GOAL = ↑ score</p> <p>IVD-2 Ischemic Vascular Disease (IVD) - Use of Aspirin or Another Antiplatelet</p>	<p>Patients 18 years of age and older who:</p> <p>1a. were diagnosed with an acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous coronary intervention (PCI) at any time during CY 2017</p> <p style="text-align: center;">OR</p> <p>1b. who had an active diagnosis of ischemic vascular disease (IVD) during CY 2018</p> <p style="text-align: center;">AND</p> <p>2. a documented use of aspirin (ASA) or another antiplatelet medication during CY 2018</p>	<p>(1) Patient is "excluded" if there is documentation that they used one of the following <u>anticoagulant</u> medications <u>during CY 2018</u>:</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Apixaban / <i>Eliquis</i> • Argatroban / <i>N/A</i> • Bivalirudin / <i>Angiomax</i> • Dabigatran / <i>Pradaxa</i> • Dalteparin / <i>Fragmin</i> • Desirudin / <i>Iprivask</i> • Edoxaban / <i>N/A</i> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Enoxaparin / <i>Lovenox</i> • Fondaparinux / <i>Arixtra</i> • Heparin / <i>N/A</i> • Lepirudin / <i>Refludan</i> • Rivaroxaban / <i>Xarelto</i> • Tinzaparin / <i>Innohep</i> • Warfarin / <i>Coumadin</i> </td> </tr> </table> <p>2) Patient is "not qualified for sample" if they experienced <u>any</u> of the following at <u>any</u> time <u>during CY 2018</u>:</p> <ul style="list-style-type: none"> • Deceased • In hospice, including non-hospice with palliative goals or comfort care • Moved out-of-country • Enrolled in non-Medicare Health Maintenance Organization (HMO) 	<ul style="list-style-type: none"> • Apixaban / <i>Eliquis</i> • Argatroban / <i>N/A</i> • Bivalirudin / <i>Angiomax</i> • Dabigatran / <i>Pradaxa</i> • Dalteparin / <i>Fragmin</i> • Desirudin / <i>Iprivask</i> • Edoxaban / <i>N/A</i> 	<ul style="list-style-type: none"> • Enoxaparin / <i>Lovenox</i> • Fondaparinux / <i>Arixtra</i> • Heparin / <i>N/A</i> • Lepirudin / <i>Refludan</i> • Rivaroxaban / <i>Xarelto</i> • Tinzaparin / <i>Innohep</i> • Warfarin / <i>Coumadin</i> 	<p>(1) Active diagnosis is defined as the following:</p> <ul style="list-style-type: none"> • a diagnosis that appears on the patient's problem list • a diagnosis code listed on the encounter • a diagnosis is documented in a progress note indicating that the patient is being treated or managed for the disease or condition during CY 2018 <p>(2) Acceptable <u>antiplatelet</u> medications include:</p> <ul style="list-style-type: none"> • ASA / <i>Bayer, etc.</i> • Clopidogrel / <i>Plavix</i> • Combination of aspirin and extended-release dipyridamole / <i>Aggrenox</i> • Prasugrel / <i>Effient</i> • Ticagrelor / <i>Brilinta</i> • Ticlopidine / <i>Ticlid</i> • Yosprala / <i>combination of aspirin and omeprazole</i> <p>(3) A diagnosis of peripheral vascular disease (PVD) and/or peripheral artery disease (PAD) does not qualify as IVD</p> <p>(4) Data for this measure CAN be collected during a telehealth encounter</p> <p>(5) For Encounter, Exclusion, Diagnosis, and Inclusion code information, please see 2018_IVD_CODES_2.1.xlsx</p>
<ul style="list-style-type: none"> • Apixaban / <i>Eliquis</i> • Argatroban / <i>N/A</i> • Bivalirudin / <i>Angiomax</i> • Dabigatran / <i>Pradaxa</i> • Dalteparin / <i>Fragmin</i> • Desirudin / <i>Iprivask</i> • Edoxaban / <i>N/A</i> 	<ul style="list-style-type: none"> • Enoxaparin / <i>Lovenox</i> • Fondaparinux / <i>Arixtra</i> • Heparin / <i>N/A</i> • Lepirudin / <i>Refludan</i> • Rivaroxaban / <i>Xarelto</i> • Tinzaparin / <i>Innohep</i> • Warfarin / <i>Coumadin</i> 				

Measure	Description	Disqualifications / Exclusions	Data Guidance
<p>GOAL = ↑ score</p> <p>MH-1 Depression Remission at Twelve Months</p>	<p>Patients 18 years of age and older at the index date <i>with</i>:</p> <ol style="list-style-type: none"> an active diagnosis of major depression or dysthymia <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> an <i>initial</i> PHQ-9 score of > 9 documented between <u>12/1/2016</u> and <u>11/30/2017</u> <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> experienced remission as evidenced by a repeat PHQ-9 score of < 5 documented at 12 months (+/- 30 days) after the index date 	<ol style="list-style-type: none"> Patient is "excluded" if there is chart documentation of either of the following conditions at any time on or before 12/31/2018 but does NOT end before 01/01/2018: <ul style="list-style-type: none"> Bipolar Disorder Personality disorder Any of the following at any time during CY 2018: <ul style="list-style-type: none"> Permanent nursing home resident Deceased In hospice, including non-hospice with palliative goals or comfort care Moved out-of-country Enrolled in non-medicare HMO 	<ol style="list-style-type: none"> Active diagnosis is defined as the following: <ul style="list-style-type: none"> a diagnosis that appears on the patient's problem list a diagnosis code listed on the encounter a diagnosis is documented in a progress note indicating that the patient is being treated or managed for the disease or condition during CY 2018 Index date is defined as follows: <ul style="list-style-type: none"> the first instance of a PHQ-9 > 9 that is documented with a diagnosis of depression or dysthymia between <u>12/1/2016</u> and <u>11/30/2017</u> All nine (9) PHQ-9 questions must be answered to have a valid summary score If more than one PHQ-9 result is obtained during the 12-month (+/- 30 days) window, <i>use most recent</i> In addition to face-to-face, the PHQ-9 can be administered via telephone, email, mail, e-visit, patient portal, iPad/tablet, or patient kiosk The repeat PHQ-9 must be documented during the 12-month period following the index date (+/- 30 days) The repeat PHQ-9 CAN be performed during a telehealth encounter For Encounter, Exclusion, Diagnosis, and Inclusion code information, please see 2018_MH_CODES_2.1.xlsx
<p>GOAL = ↑ score</p> <p>PREV-5 Breast Cancer Screening</p>	<p>Patients between 50 and 74 years of age <i>who</i>:</p> <ol style="list-style-type: none"> had a mammogram between 10/01/2016 and 12/31/2018 	<ol style="list-style-type: none"> Patient is "excluded" if there is a documented history of either of the following conditions: <ul style="list-style-type: none"> Unilateral mastectomy x 2 Bilateral mastectomy Patient is "excluded" if at any time during CY 2018 they are 65 years of age or older and participating in an Institutional Special Needs Plan (SNP) or residing in long-term care with one of the following POS codes at any time during CY 2018: <ul style="list-style-type: none"> 32 - Nursing Facility 33 - Custodial Care Facility 34 - Hospice 54 - Intermediate Care Facility 56 - Psychiatric Residential Treatment Center Patient is "not qualified for sample" if they experienced any of the following at any time during CY 2018: <ul style="list-style-type: none"> Deceased In hospice, including non-hospice with palliative goals or comfort care Moved out-of-country Enrolled in non-medicare Health Maintenance Organization (HMO) 	<ol style="list-style-type: none"> Chart documentation must include both the <i>date the breast cancer screening was performed</i> and the <i>result/findings</i> Results documentation of "normal" or "abnormal" is acceptable Patient reported results must include the <i>test date, type of test, and test result/finding</i> Acceptable screening tests include the following: <ul style="list-style-type: none"> screening mammography diagnostic mammography film mammography digital mammography digital breast tomosynthesis (3D) mammography The following tests are not acceptable: breast biopsy, breast ultrasound, or breast magnetic resonance imaging (MRI) An order for breast cancer screening without documentation of test completion is not acceptable Documentation of screening mammography CAN be completed during a telehealth encounter For Encounter, Exclusion, Diagnosis, Inclusion, Exception, and Drug codes, please see 2018_PREV_CODES_2.1.xlsx

CY 2018 CMS Quality Payment Program (QPP) Merit-Based Incentive Payment System (MIPS) QUICK REFERENCE GUIDE

Measure	Description	Disqualifications / Exclusions	Data Guidance
<p>GOAL = ↑ score</p> <p>PREV-6 Colorectal Cancer Screening</p>	<p>Patients 50 - 75 years of age who had <u>one</u> of the following:</p> <ol style="list-style-type: none"> 1. Fecal Occult Blood Test (FOBT) at <u>any</u> time during CY 2018 <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 2. Flexible sigmoidoscopy between <u>01/01/2014</u> and <u>12/31/2018</u> <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 3. Colonoscopy between <u>01/01/2009</u> and <u>12/31/2018</u> <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 4. Computerized Tomography (CT) colonography between <u>01/01/2014</u> and <u>12/31/2018</u> <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 5. Fecal immunochemical DNA test (FIT-DNA) between <u>01/01/2016</u> and <u>12/31/2018</u> 	<ol style="list-style-type: none"> 1) Patient is "excluded" if there is a documented history of either of the following conditions: <ul style="list-style-type: none"> • colorectal cancer 2) Patient is "excluded" if at any time during CY 2018 they are 65 years of age or older and participating in an Institutional Special Needs Plan (SNP) or residing in long-term care with one of the following POS codes at any time during CY 2018: <ul style="list-style-type: none"> • 32 - Nursing Facility • 33 - Custodial Care Facility • 34 - Hospice • 54 - Intermediate Care Facility • 56 - Psychiatric Residential Treatment Center 3) Patient is "not qualified for sample" if they experienced any of the following at any time during CY 2018: <ul style="list-style-type: none"> • Deceased • In hospice, including non-hospice with palliative goals or comfort care • Moved out-of-country • Enrolled in non-Medicare Health Maintenance Organization (HMO) 	<ol style="list-style-type: none"> (1) It is up to the organization to determine whether the specific test or brand of FOBT meets the definition (2) Do not count digital rectal exams (DRE) or FOBTs performed in the office (3) Do not count FOBTs performed on a sample collected via DRE (4) Results documentation of "normal" or "abnormal" is acceptable (5) Patient reported results must include the test date, type of test, and test result/finding (6) Documentation of colorectal cancer screening CAN be completed during a telehealth encounter (7) For Encounter, Exclusion, Diagnosis, Inclusion, Exception, and Drug codes, please see 2018_PREV_CODES_2.1.xlsx
<p>GOAL = ↑ score</p> <p>PREV-7 Influenza Immunization</p>	<p>Patients 6 months of age and older who:</p> <ol style="list-style-type: none"> 1. received an influenza immunization during an office visit <u>between</u> 08/01/2017 and 03/31/2018 <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 2. reported previously receiving an influenza immunization <u>between</u> 08/01/2017 and 03/31/2018 	<ol style="list-style-type: none"> 1) Patient is "Not Qualified for Sample" if any of the following are documented in the patient's chart at any time during CY 2018: <ul style="list-style-type: none"> • Deceased • In hospice, including non-hospice with palliative goals or comfort care • Moved out-of-country • Enrolled in non-Medicare Health Maintenance Organization (HMO). 	<ol style="list-style-type: none"> (1) If the web interface (WI) is pre-filled with "Yes", <i>no further action is required</i> (2) Patient report of having previously received the influenza vaccine during the same flu season must include the date (year) of administration and type of vaccine administered (3) Acceptable, documented reasons for not receiving influenza immunization include: <ul style="list-style-type: none"> • medical reason - e.g., patient allergy • patient reason - e.g., patient declined • system reason - e.g., vaccine unavailable (4) Documentation of a patient having already received the influenza immunization earlier in the same flu season CAN be completed during a telehealth encounter (5) For Encounter, Exclusion, Diagnosis, Inclusion, Exception, and Drug codes, please see 2018_PREV_CODES_2.1.xlsx
<p>GOAL = ↑ score</p> <p>PREV-8 Pneumococcal Vaccination Status for Older Adults</p>	<p>Patients 65 years of age and older who:</p> <ol style="list-style-type: none"> 1. have ever received a pneumococcal vaccine 	<ol style="list-style-type: none"> 1) Patient is "Not Qualified for Sample" if any of the following are documented in the patient's chart at any time during CY 2018: <ul style="list-style-type: none"> • Deceased • In hospice, including non-hospice with palliative goals or comfort care • Moved out-of-country • Enrolled in non-Medicare Health Maintenance Organization (HMO) 	<ol style="list-style-type: none"> (1) Acceptable pneumococcal vaccines include <u>PCV13</u> and <u>PPSV23</u>, either separately or together (2) <u>PCV-7</u> is not an acceptable vaccine for this measure (3) Patient report of having previously received the pneumococcal vaccine must include the date (year) of administration and type of vaccine administered (4) Documentation of pneumococcal vaccination status CAN be completed during a telehealth encounter (5) For Encounter, Exclusion, Diagnosis, Inclusion, Exception, and Drug codes, please see 2018_PREV_CODES_2.1.xlsx

Measure	Description	Disqualifications / Exclusions	Data Guidance
<p>GOAL = ↑ score</p> <p>PREV-9 Body Mass Index (BMI) Screening and Follow-Up Plan</p>	<p>Patients 18 years of age and older <i>with</i>:</p> <p>1. a documented Body Mass Index (BMI) during the most recent encounter <u>or</u> during the <u>12 months prior</u> to the most recent encounter</p> <p style="text-align: center;">AND</p> <p>2. if BMI is <u>above or below</u> the normal range of $\geq 18.5 \text{ kg/m}^2$ AND less than 25 kg/m^2, a follow-up plan is documented either during the <u>most recent encounter</u> or during the <u>12 months prior</u> to the <u>most recent encounter</u></p>	<p>1) Patient is "excluded" if there is documentation of either of the following:</p> <ul style="list-style-type: none"> • Pregnancy at <u>any</u> time during CY 2018 • Patient refusal of height and/or weight at <u>any</u> time during CY 2018 • Patient refusal of follow-up at <u>any</u> time during CY 2018 <p>2) Patient is "Not Qualified for Sample" if <u>any</u> of the following are documented in the patient's chart at <u>any</u> time during CY 2018:</p> <ul style="list-style-type: none"> • Deceased • In hospice, including non-hospice with palliative goals or comfort care • Moved out-of-country • Enrolled in non-Medicare Health Maintenance Organization (HMO) 	<p>(1) Acceptable, documented medical reasons for not having a follow-up plan include:</p> <ul style="list-style-type: none"> • Elderly patients (65 or older) for whom weight reduction/weight gain would complicate other underlying health conditions, such as: <ul style="list-style-type: none"> - Illness or physical disability - Mental illness, dementia, confusion - Nutritional deficiency, such as vitamin/mineral deficiency • Patients in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status <p>(2) The BMI can be taken from either internal or external medical record documentation</p> <p>(3) A follow-up plan is required only if the BMI is above or below the normal range</p> <p>(4) A follow-up plan is a proposed outline of treatment to be conducted as a result of a BMI outside of normal parameters</p> <p>(5) A follow-up plan may include the following:</p> <ul style="list-style-type: none"> • Documentation of education • Treatment referral, <u>such as</u> to one of the following: <ul style="list-style-type: none"> - Registered dietician - Nutritionist - Occupational therapist - Physical therapist - Primary care provider - Exercise physiologist - Mental health professional - Surgeon <p>Example: "Patient referred to nutrition counseling for BMI above or below normal parameters"</p> <ul style="list-style-type: none"> • Pharmacological interventions • Dietary supplements • Exercise counseling • Nutrition counseling <p>(6) An eligible professional or their staff is required to measure both height and weight</p> <ul style="list-style-type: none"> • Height and weight may be taken from different encounters if both are measured within 12 months of the current encounter <p>(7) Self-reported weights cannot be used.</p> <p>(8) If there is more than one BMI on the chart, <u>use the most recent</u>.</p> <p>(9) BMI calculation and recommended follow-up plan CANNOT be completed during a telehealth encounter</p> <p>(10) For Encounter, Exclusion, Diagnosis, Inclusion, Exception, and Drug codes, please see 2018_PREV_CODES_2.1.xlsx</p>

CY 2018 CMS Quality Payment Program (QPP) Merit-Based Incentive Payment System (MIPS) QUICK REFERENCE GUIDE

Measure	Description	Disqualifications / Exclusions	Data Guidance
<p>GOAL = ↑ score</p> <p>PREV-10 Tobacco Use: Screening and Cessation Intervention</p>	<p>Patients 18 years of age and older who:</p> <ol style="list-style-type: none"> were screened for tobacco use <u>one or more times</u> during CY 2017 - CY 2018 <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> if identified as a tobacco user (either smoke or smokeless), the patient received a tobacco cessation intervention 	<p>1) Patient is "Not Qualified for Sample" if <u>any</u> of the following are documented in the patient's chart at <u>any</u> time during CY 2018:</p> <ul style="list-style-type: none"> Deceased In hospice, including non-hospice with palliative goals or comfort care Moved out-of-country Enrolled in an HMO, i.e., Medicare Advantage, non-Medicare HMOs, etc. 	<ol style="list-style-type: none"> If a patient has multiple tobacco use screenings during the 24-month period, <u>use the most recent</u> Tobacco use screening and the cessation intervention do not have to occur during the same encounter however the cessation intervention must take place after the most recent tobacco screening Tobacco refers to any type of tobacco, i.e., smoking or smokeless tobacco Tobacco cessation intervention includes brief counseling and/or pharmacotherapy: <ul style="list-style-type: none"> brief counseling <ul style="list-style-type: none"> 3 minutes or less minimal and intensive advice or counseling intervention conducted both in person and over the phone pharmacotherapy (see "REVISED CH 2018 PREV_Coding.xlsx" for additional detail) Acceptable, documented medical reason(s) for failing to provide either screening or a cessation intervention include limited life expectancy If more than one Tobacco Use Screening is on the chart, <u>use most recent</u> Both the Tobacco Screening and the Tobacco Cessation Intervention CAN be completed during a telehealth encounter For Encounter, Exclusion, Diagnosis, Inclusion, Exception, and Drug codes, please see 2018_PREV_CODES_2.1.xlsx
<p>GOAL = ↑ score</p> <p>PREV-12 Screening for Depression and Follow-Up Plan</p>	<p>Patients 12 years of age and older before 01/01/2018 who:</p> <ol style="list-style-type: none"> were <u>screened for depression</u> on the date of encounter <u>using an age-appropriate, standardized depression screening tool</u> <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> if positive, a <u>follow-up plan</u> is documented on the <u>same date as the positive screen</u> 	<p>1) Patient is "excluded" if there is chart documentation of an "active diagnosis" (i.e., the patient being managed for the disease or condition during the denominator identification period) of either of the following conditions:</p> <ul style="list-style-type: none"> Bipolar Disorder Depression <p>2) <u>Any</u> of the following at <u>any</u> time during CY 2018:</p> <ul style="list-style-type: none"> Permanent nursing home resident Deceased In hospice, including non-hospice with palliative goals or comfort care Moved out of country Enrolled in non-medicare HMO 	<ol style="list-style-type: none"> Acceptable, documented reasons for not receiving a depression screening include: <ul style="list-style-type: none"> <i>medical reason</i> - patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status <i>patient reason</i> - patient refuses to participate situations where the patient's <i>functional capacity or motivation</i> to improve may impact the accuracy of results of standardized depression assessment tools, e.g., certain court-appointed cases or cases of delirium The depression screening must be reviewed and addressed in the office of the provider filing the code, <u>on the date of the encounter</u> (i.e., the screening and encounter must occur on the same date) The depression screening follow-up plan <u>must include one or more of the following</u>: <ul style="list-style-type: none"> Additional evaluation for depression Suicide Risk Assessment Referral to a practitioner who is qualified to diagnose and treat depression Pharmacological interventions (see REVISED CH 2018 PREV_Coding.xlsx for additional detail) Other interventions or follow-up for the diagnosis or treatment of depression The depression screening follow-up plan must be related to the positive depression screening, e.g., "<i>Patient referred for psychiatric evaluation due to positive depression screening.</i>" The screening for depression CAN be completed during a telehealth encounter however the results <u>must</u> be reviewed / verified and documented by the eligible professional in the medical record <u>on the date of the encounter</u> to meet the screening portion of this measure Documentation of recommended follow-up plan for a positive depression screen CAN be completed during a telehealth encounter For Encounter, Exclusion, Diagnosis, Inclusion, Exception, and Drug codes, please see 2018_PREV_CODES_2.1.xlsx

Measure	Description	Disqualifications / Exclusions	Data Guidance
GOAL = ↑ score PREV-13 Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	<p>Patients 21 years of age and older as of 01/01/2018 who:</p> <ol style="list-style-type: none"> were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> have ever had a fasting or direct Low Density Lipoprotein Cholesterol (LDL-C) level \geq 190 mg/dL OR were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia <p style="text-align: center;">OR</p> <p>Patients 40 - 75 years of age as of 01/01/2018 with:</p> <ol style="list-style-type: none"> a diagnosis of Type 1 or 2 diabetes mellitus (DM) <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> a fasting or direct Low Density Lipoprotein Cholesterol (LDL-C) of 70 - 189 mg/dL that is recorded as the <u>highest fasting or direct laboratory test result</u> in CY 2016, CY 2017, or CY 2018 <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> are <u>actively using</u> or <u>received a prescription</u> for statin therapy at any point during CY 2018 	<ol style="list-style-type: none"> Patient is "excluded" if there is chart documentation of any of the following conditions at <u>any time</u> on or before 12/31/2018 that <u>do NOT end</u> before 01/01/2018: <ul style="list-style-type: none"> Pregnancy Breastfeeding Rhabdomyolysis Patient is "not qualified for sample" if they experienced <u>any</u> of the following at <u>any time</u> during CY 2018: <ul style="list-style-type: none"> Deceased In hospice, including non-hospice with palliative goals or comfort care Moved out-of-country Enrolled in non-medicare Health Maintenance Organization (HMO) 	<ol style="list-style-type: none"> Acceptable, documented reasons for not receiving a statin medication include: <ul style="list-style-type: none"> history of adverse effect, allergy, or intolerance to statin medication active liver disease, hepatic disease, or insufficiency end-stage renal disease (ESRD) diabetic patients whose most recent fasting or direct LDL-C laboratory test result is $<$ 70 mg/dL and are not taking statin therapy (refer to 3b) Clinical atherosclerotic disease (ASCVD) includes: <ul style="list-style-type: none"> Acute coronary syndromes History of myocardial infarction Stable or unstable angina Coronary or other arterial revascularization Stroke or transient ischemia attack (TIA) Peripheral arterial disease of atherosclerotic origin Current statin therapy must be documented in the patient's current medication list or documented as having been ordered during CY 2018 Only statin therapy meets the measure criteria; other cholesterol lowering medications are not acceptable Prescription or order for statin medication does not need to be linked to an encounter or visit Statin medication "<i>samples</i>" can be documented as "<i>current statin therapy</i>" if they are documented in the medication list in the medical record Adherence to statin therapy is not part of this measure If the laboratory is unable to calculate LDL-C value due to high triglycerides, select "<i>No</i>". If the test result is labeled "unreliable" and a result is provided, select "<i>No</i>" Diabetes history is defined as any history of diabetes, either prior to or during CY 2018 Documentation of statin therapy prescribed or being taken during CY 2018 CANNOT be completed during a telehealth encounter For Encounter, Exclusion, Diagnosis, Inclusion, Exception, and Drug codes, please see 2018_PREV_CODES_2.1.xlsx