Bridges to Excellence®

Coronary Artery Disease Care Recognition Program Guide

Altarum | Bridges to Excellence
3520 Green Court, Suite 300
Ann Arbor, MI 48105
bte@altarum.org | www.bridgestoexcellence.org
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INTRODUCTION

Altarum is excited to offer the opportunity for clinicians to participate in the Bridges to Excellence (BTE) recognition program and its automated EMR/Registry performance assessment system. The BTE EMR/Registry performance assessment system allows for rapid and independent medical record-based clinician performance evaluations by connecting local and national medical record data sources to Altarum. Altarum's goals are to: reduce the reporting burden for clinicians; leverage existing reporting/data aggregation initiatives; reduce data collection and reporting costs; facilitate the connection between quality improvement and incentives; and speed up cycle times between reporting, improvement and reporting. Clinicians who meet BTE performance thresholds may be eligible for BTE incentives through participating health plans, employers and coalitions.

The Coronary Artery Disease (CAD) Care Recognition Program is a BTE Clinician Recognition Program intended to identify clinicians who deliver high-value care to adult patients with CAD. The program is designed with an understanding that adult patients may seek the care of various types of practitioners— primary care (PCPs), cardiologists, nephrologists and others—for treatment and management of CAD. Accordingly, the measures reflect that clinicians should do the following.

- Deliver high-quality care from the outset of patient contact
- Understand and consider previous treatment history to help avoid inappropriate treatment
- Make efforts to reduce the risks of preventable illness

The program comprises a set of measures, based on available clinical evidence, that promote a model of care that includes the following criteria.

- Comprehensive patient assessment and reassessment
- Patient education
- Shared decision making

BTE's Coronary Artery Disease Care requirements assess clinical measures representing standards of care for patients with CAD. BTE believes that the BTE Coronary Artery Disease Care Recognition program has the potential to significantly improve the quality of care experienced by patients with CAD and to reduce the financial and human burden of long-term complications due to CAD.

To earn Coronary Artery Disease Care Recognition, clinicians and medical practices voluntarily submit medical record data documenting their delivery of care to patients with CAD. Altarum evaluates clinician data based on standard measures to publicly recognize those that meet the BTE CAD Care performance thresholds. Those clinicians not meeting the BTE CAD Care performance thresholds remain anonymous to BTE's health plan licensees. BTE's CAD Care Recognition Program has three performance thresholds which give physicians star ratings, based on their performance compared to their peers.

Clinician Benefits of Recognition

- Clinicians can demonstrate to the public and to their professional peers that they meet the standards of care assessed by the program by issuing a press release, as well as having their recognition achievements posted on BTE's web site www.bridgestoexcellence.org, and communicated to both health plans and employers.
- Clinicians may use the BTE Recognition to demonstrate that they meet the standards of care assessed by the program when contracting with health organizations and purchasers of health services.
- Clinicians can identify areas of their practice that vary from the performance criteria and take steps to improve quality of care.
- Where applicable, clinicians can establish eligibility for pay-for-performance bonuses or differential reimbursement or other incentives from payers and health plans.

Background on the Measurement Criteria

Eligible clinicians and medical practices voluntarily apply for BTE Recognition by submitting information on how they treat and manage their patients with regard to the following. Note that these measures focus on secondary prevention for patients with CAD (or equivalent).

Clinical Measures[1]

1. Blood Pressure Control
2. Blood Pressure Measurement Twice Annually
3. High Intensity Statin Therapy
4. Antiplatelet Therapy
5. Beta Blocker Therapy
6. ACEI/ARB Therapy
7. Tobacco Status Use Status
8. Tobacco Cessation Advice and Treatment – if user
9. Body Mass Index (BMI)
10. Nutrition and Exercise (Lifestyle) Counseling
11. Depression Screening
12. Influenza Immunization

Clinicians who demonstrate high-quality performance based on these measures are awarded BTE Coronary Artery Disease Care Recognition.

[1] Clinical measures evaluate performance based on care provided to a sample of individual patients and documented in the medical records of those patients. Clinical measures are scored based on the percentage of the sample (denominator) which meet or comply (numerator) with the measure threshold.

Recognition Program Structure

Given the evidence in the literature advocating the creation of clinician quality reward programs that promote continuous quality improvement amongst its participants, the BTE Coronary Artery Disease Care Recognition Program is designed for clinicians to achieve BTE award status based on their performance summed up across all measures.

Assessment for recognition in all 3 tiers is based upon data submitted on the same Coronary Artery Disease Care measures (listed above).

Three Stars: Similar in design to Level I with the exception that the program recognition threshold is set to focus on a clinician-centric view of measurement, looking at individual metrics summed to produce a composite score. Program recognition threshold has been set to focus on above average performance.

Four Stars: Similar in design to Level II with the exception that the program recognition threshold is set to focus on very good performance.

Five Stars: Similar in design to Level III with the exception that the program recognition threshold is set to focus on exceptional performance.

What Recognition Requires

To seek BTE Coronary Artery Disease Care Recognition, clinician applicants must submit medical record data that demonstrates they meet BTE's Coronary Artery Disease Care performance requirements. Each measure has an assigned maximum available point value; the total of all the measures is the same across all levels of recognition. A clinician achieves points for a measure based on the percentage of their patient sample that meets or exceeds the set thresholds for that measure.

Bridges to Excellence (BTE) awards recognition to clinicians who achieve at minimum:

3-Stars:	50^{th} - 64^{th} percentile
4-stars:	65^{th} - 84^{th} percentile
5-stars:	85^{th} percentile and above

Recognition is based on clinician performance relative to their peers. The Star Ratings are determined by overall point score and is graded on a validated bell curve. The Raw Score equivalents will be published on an annual basis.

Table 1: Coronary Artery Disease Care Measures, Performance Criteria and Scoring

Measure	Total Possible Points	Level of Evidence	Source
Blood Pressure Control	20	2	AHA/JNC
Blood Pressure Measurement Twice Annually	2.5	E	JNC
High Intensity Statin Therapy	15	1A	ACC/AHA
Antiplatelet Therapy	10	A	ACC/AHA
Beta Blocker Therapy	10	2	ACC/AHA
ACEI/ARB Therapy	10	A	ACC/AHA
Documented Tobacco Status	2.5	B	ACC/AHA
Tobacco Use and Cessation Advice and Treatment-If User	7.5	B	ACC/AHA
Body Mass Index (BMI)	2.5	B	ACC/AHA
Nutrition and Exercise (Lifestyle) Counseling	7.5	B/C	ACC/AHA
Depression Screening	10	A	ACC/AHA
Influenza Immunization	2.5	B	ACC/AHA
Total Possible Points	100		

ACC=American College of Cardiology
AHA= American Heart Association
JNC= Joint National Committee

Eligibility for Clinician Participation

Clinicians may apply for BTE Coronary Artery Disease Care Recognition as individuals or as part of a medical practice. To be eligible, applicants must meet the following criteria.

- Applicants must be licensed as a medical doctor (M.D. or D.O.), nurse practitioner (N.P.), or physician assistant (P.A.).
- Applicants must provide continuing care for patients with CAD and must be able to meet the minimum patient sample sizes.
- Applicants must complete all application materials and agree to the terms of the program by executing a data use agreement and authorization with a data aggregator partner.
- Applicants must submit the required data documenting their delivery of care for all eligible patients in their full patient panel.
- Applicants must use BTE supplied or approved methods for submitting data electronically.

Individual Clinician Applicant

An individual clinician applicant represents one licensed clinician practicing in any setting who provides continuing care for patients with CAD.

Medical Practice Applicant

A medical practice applicant represents any practice with three or more licensed clinicians who, by formal arrangement, share responsibility for a common panel of patients and practice at the same site, defined as a physical location or street address. For purposes of this assessment process practices of two clinicians or less must apply as individual applicants.

Minimum Requirements

To be eligible for recognition, clinicians must have a minimum of 25 patients for the denominator for individual clinician applicants, and a minimum of 10 patients for the denominator for each individual clinician in a practice level applicant, with a minimum practice average of 25 patients per clinician.

Table 1 shows the program measures and the associated point values for scoring clinicians' performance.

How to Submit for Recognition

All Bridges to Excellence (BTE) Recognition Programs must be submitted electronically or via direct data submission through the Bridges to Excellence (BTE) web portal or via an EMR Partner listed below.

EMR Partners

BTE has worked with many EMR Vendors to streamline the process for users wishing to submit their data for BTE recognition. Contact information for EMR companies who have completed certification as a Data Aggregator can be found below:

Vendor	Contact Information
Athena Health	bte@athenahealth.com
eClinicalWorks	incentiveprograms@eclinicalworks.com
Meridios	info@meridios.com
MediTab	info@meditab.com

BTE Coronary Artery Disease Recognition Clinical Measures

The following examples illustrate the format used for clinical measures.

Evaluation Program Title: Coronary Artery Disease Recognition Program

Clinical Measures

Clinical measures are standard measures with a numerator and denominator that reflect performance across a sample of eligible patients based on claims/encounter data and medical record documentation.

The following items are listed for each clinical measure.

Description: A statement of what is being measured specifically.

Data Source: A list of the data sources accepted for the clinical measure.

Explanation: Additional information about the clinical measure.

Denominator: A description of a subset of the applicant's eligible patients (domain denominator) for whom a particular measure is relevant (measure denominator).

Numerator: A description of patients in the applicant's eligible patients (denominator) who meet the measure threshold or standard.

Frequency: Time frames associated with the numerator requirements.

Scoring: Performance level (percentage of patients meeting or complying with the measure) translated to points total for the clinical measure.

Information on the Denominator is consistent across all the clinical measures and is listed under "Patient Eligibility Criteria", beginning on page 30.

Coronary Artery Disease Care Recognition Program Measurement Set

Blood Pressure Control

Description: Percentage of patients 18 through 75 years of age with a diagnosis of coronary artery disease (CAD) who had a most recent blood pressure reading less than 140/90 during the reporting period.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with CAD for the denominator, and medical record data for blood pressure information for the numerator.

Explanation: The Eighth Report of the Joint National Committee (JNC 8) guidelines on prevention, detection, evaluation, and treatment of high blood pressure suggest that all patients with known CAD should have a target BP of less than 140/90. For some patients, a lower target may be appropriate. However, there have been significant adverse events when blood pressures are managed too aggressively in this cohort of patients.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with coronary artery disease (Table 3, page 31).

Numerator: Patients in the denominator whom had a most recent systolic blood pressure measurement of < 140 mmHg and diastolic blood pressure of < 90 mmHg. The steps below should be followed to determine the representative blood pressure reading.

1. Identify the most recent visit to the doctor's office or clinic in which a BP reading was noted. BP reading is acceptable if the representative BP was obtained during a visit to the clinician's office or non-emergency outpatient facility such as an endocrine office or urgent care center.

2. Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple BPs recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading, but must be from the same date.

DATA Collection: The patient is numerator compliant if the most recent systolic blood pressure measurement during the reporting period is < 140 mmHg and the most recent diastolic blood pressure measurement during the reporting period is < 90 mmHg. The patient is NOT numerator compliant if the most recent systolic blood pressure measurement is ≥ 140 mmHg or missing, OR the most recent diastolic blood pressure measurement is ≥ 90 mmHg, or if either result is missing, OR if the BP reading was not done during the reporting period.

The following are NOT acceptable forms of documentation of blood pressure:

1. Use of terms "VS within normal limits," "VS WNL," or "Vital signs normal"

2. BP measurements obtained on the same day as a diagnostic or surgical procedure or at an emergency room visit
3. Patient self-reporting

Frequency: Most recent reading within 12 months prior to the last day of the reporting period.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and level of Evidence: JNC8 Level A, AHA Level 2

Blood Pressure Measurement Twice Annually

Description: Percentage of patients 18 through 75 years of age with a diagnosis of CAD who had their blood pressure measured twice annually during the reporting period.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with CAD who have had 2 blood pressure measurements, at least 90 days apart during the last 12 months from the reporting period

Explanation: JNC/AHA 2015 guidelines recommend that all hypertensive patients with CAD have their blood pressure measured and documented at least twice annually to determine control and make necessary adjustments to lifestyle and medications.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with coronary artery disease (Table 3, page 31).

Numerator: Patients in the denominator who had at minimum two (2) blood pressure measurements within the reporting period. The measurements must be separated by at least 90 days.

DATA Collection: The patient is numerator compliant if the patient had two (2) blood pressure measurements (separated by at least 90 days) documented during the reporting period.

Exclusions: Patients with terminal illness, patients on hospice.

Frequency: Blood pressure reading documented twice and 90 days apart, within the 12 months prior to the last day of the reporting period.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: JNC8/AHA, Grade B

High Intensity Statin Therapy

Description: Percentage of patients 18 through 75 years of age with a diagnosis coronary artery disease (CAD) who are taking a high intensity statin medication.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with CAD for the denominator, and medical record data for medication use information for the numerator.

Explanation: The American Heart Association and the American College of Cardiology recommend that all patients with known CAD (or equivalent) take a high intensity statin medication to lower risk of a future cardiovascular event.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with coronary artery disease (Table 3, page 31).

Numerator: Patients in the denominator who are on a high intensity statin medication (Tables 8, pages 35).

DATA Collection: If the patient is prescribed a moderate/high intensity statin medication. At a minimum, documentation in the medical record must include a note indicating that the patient has been prescribed or is already prescribed high intensity statin medication.

Exclusions: Allergy or documented contraindication to statin medication.

Frequency: Most recent reading within 12 months prior to the last day of the reporting period.

Scoring: (Numerator/Denominator) * Total Points available

Source and Level of Evidence: ADA/AHA, Level A

Antiplatelet Therapy

Description: Percentage of patients 18 through 75 years of age with a diagnosis of coronary artery disease (CAD) (or equivalent) who were prescribed an antiplatelet therapy, unless contraindicated, during the reporting period.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with CAD for the denominator, and claims/encounter and medical record data which states that these patients are prescribed antiplatelet therapy.

Explanation: ACC/AHA guidelines recommend all patients with coronary artery disease (CAD) be prescribed antiplatelet therapy to reduce the future risk of a cardiovascular event.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with coronary artery disease (Table 3, page 31).

Numerator: Patients in the denominator who are on an antiplatelet therapy. Please see Table 9 on page 35 for a list of antiplatelet agents.

DATA Collection: The patient is numerator compliant if the patient has a diagnosis of coronary artery disease (CAD) and currently on or is prescribed antiplatelet therapy during the reporting period.

Exclusions: Allergy or documented contraindication, history of GI bleeding or hemorrhagic stroke

Frequency: Most recent documentation of antiplatelet within the 12 months prior to the last day of the reporting period.

Scoring: (Numerator/Denominator) * Max Points

Source and Level of Evidence: ACC/AHA, Level A

Beta Blocker Therapy

Description: Percentage of patients 18 through 75 years of age with a diagnosis of coronary artery disease (CAD) are actively on or prescribed a Beta Blocker during the reporting period.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification patients with CAD for the denominator, and claims/encounter and medical record data, which states that these patients are prescribed Beta Blocker Medications

Explanation: The ACC/AHA recommend that patients with known CAD (or equivalent) should be taking a beta blocker. These medications have been shown to reduce morbidity and mortality in patients with CAD. Beta blockers have also been shown to reduce heart failure associated with CAD.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with coronary artery disease (Table 3, page 31).

Numerator: Patients in the denominator who are prescribed a beta blocker. Please see Tables 10-11 on page 36-37 for a list of Beta Blocker medications.

DATA Collection: The patient is numerator compliant if the patient has a diagnosis of coronary artery disease (CAD) and currently on or is prescribed a Beta Blocker during the reporting period.

Exclusions: Allergy or documented contraindication to beta blocker use, including bradycardia, syncope.

Frequency: Most recent documentation of beta blocker use in patients with CAD within the 12 months prior to the last day of the reporting period.

Scoring: (Numerator/Denominator) * Max Points

Source and level of Evidence: ACC/AHA, Level 2

ACEI/ARB Therapy

Description: Percentage of patients with coronary artery disease (CAD) AND diabetes, hypertension (HTN), chronic kidney disease (CKD), or congestive heart failure (CHF) who are taking an ACEI or ARB medication.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with CAD, diabetes, HTN, CHF and CKD for the denominator, and claims/encounter and medical record data which states that these patients are prescribed ACEI/ARB medication.

Explanation: The ACC/AHA recommend that all patients with CAD AND diabetes, hypertension (HTN), chronic kidney disease (CKD), or congestive heart failure (CHF) should be taking an ACEI or ARB medication. These medications have been shown to reduce morbidity and mortality and decrease risk of another cardiovascular event.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with coronary artery disease (Table 3, page 31) AND diabetes, hypertension (HTN), chronic kidney disease (CKD), or congestive heart failure (CHF). Please see Tables 4-7 on pages 31-34 for additional condition codes.

Numerator: Patients in the denominator who are prescribed or are currently on an ACEI or ARB, unless allergy or contraindication is recorded in chart. Please see Tables 12-15 on page 35-39 for a list of ACEI/ARB medications.

DATA Collection: The patient is numerator compliant if he or she has with known CAD (or equivalent) AND diabetes, hypertension (HTN), chronic kidney disease (CKD), or congestive heart failure (CHF) and is prescribed an ACEI or ARB medication.

Exclusions: ESRD, dialysis patients, ARB/ACEI allergy or documented contraindication

Frequency: Most recent documentation of ACEI/ARB use in patients with CAD (or equivalent) AND diabetes, hypertension (HTN), chronic kidney disease (CKD), or congestive heart failure (CHF) within the 12 months prior to the last day of the reporting period.

Scoring: (Numerator/Denominator) * Max Points

Source and Level of Evidence: ACC/AHA, Level A

Tobacco Status Use Status

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of coronary artery disease (CAD) whose tobacco use status is documented during the reporting period.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with CAD for the denominator, and medical record data for documentation of tobacco use status information for the numerator.

Explanation: The ACC/AHA guidelines recommend that CAD patients do not use tobacco products and that those who do, received cessation counseling and treatment. It is anticipated that clinicians who provide services for the primary management of CAD will submit this measure.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with coronary artery disease (Table 3, page 31).

Numerator: Patients in the denominator with documentation of tobacco use status.

The patient is NOT numerator compliant if:

1. His or her tobacco use status documentation is missing.

OR

2. His or her tobacco status was not asked.

Frequency: Most recent tobacco use status over the last 12 months from the last day of the reporting period.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: ACC/AHA, Level A

Tobacco Cessation Advice and Treatment - if user

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of coronary artery disease (CAD) who use tobacco and have received cessation counseling or treatment during the reporting period.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with CAD that use tobacco for the denominator, and medical record data for documentation of cessation counseling or treatment information for the numerator.

Explanation: The ACC/AHA guidelines recommend that CAD patients do not use tobacco products and that those who do received cessation counseling and treatment. It is anticipated that clinicians who provide services for the primary management of CAD will submit this measure.

Denominator: S See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with coronary artery disease (Table 3, page 31).

Numerator: Patients in the denominator who are tobacco users and have received cessation counseling and/or treatment.

DATA Collection: The patient is numerator compliant if he or she has CAD and is a tobacco user and has documented date of receipt of cessation counseling and/or treatment during the reporting period, as identified by medical claims data or medical record data. The following codes may be used to identify smoking cessation counseling and/or treatment:

CPT I Codes: 99406, 99407

CPT II Codes: 4000F, 4001F, 4004F

HCPCS Codes: S9453, G0436, G0437, G9458

For a list of numerator compliant medications, see Table 16, pages 39 under "Tobacco Cessation Medications".

Medical Record Collection: Acceptable forms of cessation counseling and treatment methods/resources include dated documentation of patient receiving/ participating in at least one of the following:

1. 1:1 teaching
2. Written or web-based risk-based educational materials
3. Group education class focused on tobacco cessation
4. Drug therapy

If the patient is a tobacco user, the patient is NOT numerator compliant if:

1. His or her status documentation is missing.

OR

2. His or her tobacco user status was not asked.
   OR
3. His or her documentation on receiving cessation counseling and/or treatment is missing.
   OR
4. He or she has not received cessation counseling and/or treatment.
   OR
5. He or she has not received cessation counseling and/or treatment during the reporting period.
   OR
6. His or her documentation on receiving cessation counseling and/or treatment is not available during the reporting period.

Frequency: Most recent counseling/treatment within the 12 months prior to the last day of the reporting period.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: ACC/AHA, Level A

Body Mass Index (BMI)

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of coronary artery disease (CAD) for whom a documented body mass index (BMI) is calculated during the reporting period.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with CAD for the denominator, and claims/encounter and medical record data for BMI information for the numerator.

Explanation: ACC/AHA guidelines recognized that overweight and obesity status are independent risk factors for development and worsening of coronary artery disease. All individuals who have CAD or equivalent should be counseled to eat a diet low in saturated and trans fat, be physically active, and achieve a healthy weight. Counseling can be performed by PCP, RN, dietician, or nutritionist. It is anticipated that clinicians who provide services for the primary management of CAD will submit this measure.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with coronary artery disease (Table 3, page 31).

Numerator: Patients in the denominator with a documented BMI calculation.

DATA Collection: The patient is numerator compliant if he or she has a calculation of their BMI documented during the reporting period. The following codes may be used to identify a documented BMI:

CPT II Code: 3008F
HCPCS Codes: G8417-G8420, G8938, G9716

ICD-9: V-Codes: V85.0 BMI less than 19, adult; V85.1 BMI between 19-24, adult; V85.2 BMI between 25-29, adult; V85.3 BMI between 30-39, adult; V85.4 BMI between 40 and over, adult.

ICD-10: Z68.1 BMI less than 19, adult; Z68.20 – Z68.24 BMI between 20-24, adult; Z68.25-Z68.29 BMI between 25-29, adult; Z68.30 – Z68.39 BMI between 30-39, adult; Z68.4 BMI between 40 and over, adult.

Medical Record Collection: Evidence of one of the following is present in the eligible patient's chart:

1. Documentation of the result of a BMI calculation during the reporting period
2. Documentation in the medical record must include BMI result and exam date. Calculated BMI – Requires that both the height and weight be actually measured by an eligible professional or by their staff.

The following are not acceptable documentation for documented BMI calculation:

- Patient self-reporting

Not Eligible/Not Appropriate for BMI Measurement –
Patients can be considered not eligible in the following situations:

1. If the patient has a terminal illness – life expectancy less than 6 months
2. If the patient is pregnant
3. Patient physically unable to provide weight.

Frequency: Most recent test result over the last 12 months from last day of the reporting period.

Scoring: (Numerator/Denominator) * Total Points Possible = Points awarded

Source and Level of Evidence: AHA/ACC, Level A

Nutrition and Exercise (Lifestyle) Counseling

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of coronary artery disease (CAD) for whom lifestyle counseling is performed and documented.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with CAD for the denominator, and claims/encounter and medical record data for nutrition / obesity / lifestyle counseling for the numerator.

Explanation: ACC/AHA guidelines recognize the importance of proper diet and exercise in secondary prevention of CAD. All individuals who have known CAD should be counseled to:

1. Limit intake of saturated fat and trans-fat. (Level B)
2. Increase intake of fruits and vegetables. (Level B)
3. Exercise Regularly. 30-60 minutes of aerobic exercise on most days (Level B) AND resistance training 2 days/week (Level C)

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with coronary artery disease (Table 3, page 31).

Numerator: Patients in the denominator with documentation of nutrition counseling and/or lifestyle modification given.

DATA Collection: The patient is numerator compliant if he or she has documentation of lifestyle counseling which includes nutrition and physical activity counseling.

Medical Record Collection: Evidence of one of the following is present in the eligible patient's chart:

- Must document that nutritional counseling and physical activity counseling has been provided.

The following are <u>not</u> acceptable documentation for documented nutritional counseling:

- Patient self-reporting

Frequency: Most recent test result over the last 12 months from last day of the reporting period.
Not Eligible/Not Appropriate for nutritional counseling –
Patients can be considered not eligible in the following situations:

- If the patient has a terminal illness – life expectancy less than 6 months

If the patient is pregnant

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: AHA/ACC, Level B-C

Depression Screening

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of coronary artery disease (CAD) for whom an annual screening for depression with a PHQ-2 or PHQ-9 tool was conducted during the reporting period.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with CAD who had screening for depression annually.

Explanation: Studies have demonstrated that patients with CAD have an increased risk of depression, especially following myocardial infarction. Conversely, depressed patients often demonstrate poor management of their chronic diseases, including CAD. Therefore, evidence suggests that patients with CAD should have annual screening for depression.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with coronary artery disease (Table 3, page 31).

Numerator: Patients in the denominator who have had depression screening with PHQ-2 or PHQ-9 within the reporting period.

DATA Collection: The patient is numerator compliant if the patient has a diagnosis of CAD and has had a PHQ-2 or PHQ-9 score documented in the reporting period. The following codes may be used to identify that a depression screening was conducted utilizing the PHQ-2 or PHQ-9:

HCPCS Codes: G8431, G8510, G9393, G9395, G9396, G9509, G9510, G9511, G9573, G9574

Exclusions: Patients with terminal illness, patients on hospice, patients with dementia, patients with psychosis

Frequency: PHQ-2 or PHQ-9 measurement documented once within the 12 months prior to the last day of the reporting period.

Scoring: (Numerator/Denominator) * Total Possible Points

Level of Evidence: ACC/AHA Level B

Influenza Immunization

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of coronary artery disease (CAD) for whom an influenza immunization was recommended, administered or previously administered during the reporting year.

Data Source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification patients with CAD for the denominator, and claims/encounter and medical record data, which states that these patients are offered flu vaccines

Explanation: The ACC/AHA recommend that patients with known CAD (or equivalent) should have an annual flu shot. This vaccine has been shown to decrease morbidity and mortality from influenza in patients with known CAD, often by preventing infection or alleviating symptoms. If a patient declines flu vaccine, this should be documented in the chart.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with coronary artery disease (Table 3, page 31).

Numerator: Patients in the denominator who received an influenza immunization OR who reported previously receiving of an influenza immunization.

DATA Collection: The patient is numerator compliant if the patient had a documented influenza vaccine during the reporting period. The following codes may be used to identify receipt of influenza vaccine:

HCPCS Codes: G0008, G8482, G8483, G9484, Q2034-Q2039

Medical Record Collection: Evidence of one of the following is present in the eligible patient's chart:

- Influenza immunization administered or previously received

Exclusions: Documentation of medical reason(s) for not administering influenza immunization (e.g. patient allergic reaction, patient refusal, vaccine not available).

Frequency: Most recent documentation of flu vaccine being offered in patients with CAD within the 12 months prior to the last day of the reporting period.

Scoring: (Numerator/Denominator) * Total Points available

Source and level of Evidence: ACC/AHA, Level B

Recognition Process

Applying for Recognition

Clinician applicants opt to voluntarily submit their data to BTE for performance assessment through the CAD Care Recognition program. Participating clinicians must execute a data use agreement with the data aggregator partner through which they plan to submit data for BTE's automated performance assessment process. All data aggregator partners have data use agreements executed with Altarum. All necessary steps will be taken by the data aggregator and BTE to protect the confidentiality of patient data, as required by The Health Insurance Portability and Accountability Act of 1996 (HIPAA). To assist with clinician compliance with HIPAA, the data aggregator partner provides a Business Associate addendum referenced in the data use agreement, which states that both the data aggregator and the clinician applicantwill comply with HIPAA requirements.

Clinicians considering applying for recognition should:

1. Determine eligibility. See "Eligibility for Clinician Participation" for more information.
2. Familiarize themselves with the BTE CAD Care measures and specifications. See "What Recognition Requires".
3. Determine whether to apply as an individual clinician or medical practice.

Clinicians submitting through an electronic data aggregator partner are required to submit medical record data for all eligible patients across their full patient population on a quarterly calendar schedule. Clinicians are required to continue submitting data for all eligible patients each quarter unless they cease using the data aggregator's electronic system.

Clinicians that are new to an electronic data aggregator partner's system, where the system is not yet fully integrated in the clinicians' office and patient records have not been back loaded, are required to prospectively enter all eligible patients from their full patient panel into the data aggregator's electronic system. For individual applicants, clinician assessment will automatically be triggered after all required data is submitted through the data aggregator's electronic system for the minimum requirement of 25 eligible patients. For practice level applicants, assessment will automatically be triggered after all required data is submitted through the data aggregator's electronic system for 10 patients per individual clinician and a practice average of 25 patients per clinician. It is assumed that after one full year of usage of the data aggregator's electronic system that all eligible patients will be included.

Completed applications are processed for compliance with performance requirements, and applicant-specific reports with results for all CAD Care measures are produced within 30 days. The begin recognition date is calculated based on the date that the applicant's data is scored. BTE issues an official award certificate to each recognized clinician or medical practice.

Additionally, BTE reserves the right to complete an audit of any individual or practice application for Recognition. BTE or specified local organization subcontractors conduct audits of at least 5 percent of the recognized clinicians from each data aggregator partner each year. Audits may be completed by mail, electronically or on site, as determined by BTE. The remainder of the five percent will be identified by a single methodology that randomizes the

medical groups who submit to the data aggregator and then sequentially selecting medical groups. The number of medical groups selected is dependent on the total number of recognized clinicians in each medical group, enough groups will be selected to account for 5% of total recognized clinicians submitted by the data aggregator.

BTE will notify the data aggregator, which will notify the applicant if their application is chosen for audit, ascertain that audit personnel have no conflict of interest with the audited organization and provide instructions on audit requirements. Obtaining final Recognition results takes longer than usual for applicants chosen for audit. For those applicants selected for audit, final Recognition determination will be made within 60 days of the date of data submission. Upon passing an audit, the applicant's recognition dates are assigned retroactively to the date the applicant's data was scored. Failure to pass an audit or failure to respond to an audit request and complete the audit within 30 days results in no further consideration for the program for six months to two years (depending on the audit score) from the date of submission of the application.

Duration of Recognition

The Chronic Care Recognition Programs have duration of two years from the date on which the recognition was awarded; regardless of the pathway the clinician achieved the recognition – electronic data submission, direct data manual submission or NCQA.

For continuously assessed applicants who maintain their current level of recognition, new begin and end recognition dates will be assigned at the time of the most recent assessment. Recognition determinations are made on the basis of a specific patient population. Recognition status remains in effect for the duration of recognition as long as the clinician maintains their current practice and patient base. Clinicians are responsible for informing the data aggregator within 30 days who will inform BTE if they move or changepractices.

Changes in Recognition Levels

Continuous data submission applicants are eligible for changes in recognition level. Clinicians who achieve at least Three Star CAD Care Recognition will maintain their CAD Care Recognition for the duration of recognition outlined above. However, during this time it is possible for the recognition status to move between program levels (3, 4, or 5 Stars) based on changes in clinical data from quarter to quarter. Changes to program level and recognition dates occur according to the following rules:

- Clinicians who achieve a higher level of recognition for two consecutive assessment periods will have their recognition level changed effective the date of the most recent assessment.
- Clinicians recognized at Four Stars or Five Stars can drop in levels of recognition based on lower scoring results for two consecutive assessment periods.
- Each time a clinician's recognition status changes levels in either direction a new begin recognition date is assigned for the date of the most recent assessment and a new end recognition date is calculated.
- Clinicians who drop below Three Stars for two consecutive quarterly assessments will be assigned or maintain Three Star CAD Care Recognition status and maintain their current begin and end recognition dates.

Example 1

- A provider submitted for Q1 and was assessed at a 3 Star Rating
  - The providers 'Current Recognition' Level is a 3 Star Rating
- The provider was submitted in Q2 and was assessed at a 5 Star Rating
  - The providers 'Current Recognition' Level is a 3 Star Rating
- The provider was submitted in Q3 and was assessed at a 4 Star Rating
  - The providers 'Current Recognition' Level is now a 4 Star Rating

How this works:

If a provider's assessment level increases for 2 consecutive assessments, the new recognition level equals the lower of the 2 most recent assessment levels.

Assessment Date	Assessed Rating	Recognition Rating	Recognition Dates
Q1	3	3	01/21/2013 - 01/20/2015
Q2	5	3	04/21/2013 - 04/20/2015
Q3	4	4	07/21/2013 -07/20/2015

Example 2

- A provider submitted in Q1 and was assessed at a 5 Star Rating
  - The providers 'Current Recognition' Level is a 5 Star Rating
- The provider submitted in Q2 and was assessed at a 4 Star Rating
  - The providers 'Current Recognition' Level is a 5 Star Rating
- The provider submitted in Q3 and was assessed at a 3 Star Rating
  - The providers 'Current Recognition' Level is now a 4 Rating

How this works:

If a provider's assessment level decreases for 2 consecutive assessments, the new recognition level equals the higher of the 2 most recent assessment levels.

Assessment Date	Assessed Rating	Recognition Rating	Recognition Dates
Q1	5	5	01/21/2013 - 1/20/2015
Q2	4	5	04/21/2013 - 04/20/2015
Q3	3	4	07/21/2013 - 07/20/2015

Example 3

- A provider submitted for Q1, Q2, and Q3, and was assessed at a 5 Star Rating all three submissions
  - The providers 'Current Recognition' Level remains unchanged and will be a 5 Star Rating

How it works:

If a provider's assessment level remains the same for 2 consecutive assessments, the recognition level is unchanged.

Assessment Date	Assessed Rating	Recognition Rating	Recognition Dates
Q1	5	5	01/21/2013 - 1/20/2015
Q2	5	5	04/21/2013 - 04/20/2015
Q3	5	5	07/21/2013 - 07/20/2015

Reporting Results to BTE and Its Partners

As part of Altarum's mission to identify and promote quality, BTE reports results to the following:

- To the data aggregator partner through which the recognition application was submitted. The data aggregator is required to share results reports with the clinician applicant to facilitate quality improvement.
- To BTE: Only Recognized statuses are reported to BTE for display on Altarum's BTE web site: www.bridgestoexcellence.org and transmission to BTE-licensed health plans for associated rewards payments. Once the final decision is made, Altarum will reveal the identity, program name and program rating of the recognized clinicians only. No clinical data is shared with BTE at any point in the process.

Terms of Recognition

When communicating with patients, third-party payers, managed care organizations (MCOs) and others, clinicians or practices who receive BTE CAD Care Recognition may represent themselves as BTE-recognized and meeting NQF/AQA quality measure requirements; however, clinicians or practices may not characterize themselves as "NQF/AQA-Approved" or "NQF/AQA- Endorsed." The use of this mischaracterization or other similarly inappropriate statements will be grounds for revocation of status.

Revoking Recognition

BTE may revoke a Recognition decision if any of the following occurs:

- The clinician or practice submits false data or does not collect data according to the procedures outlined in this manual, as determined by discussion with the clinician or practice or audit of application data and materials.
- The clinician or practice misrepresents the credentials of any of its clinicians.
- The clinician or practice misrepresents its Recognition status.
- The clinician or any of the practice's clinicians experience a suspension or revocation of medical licensure.
- The clinician or practice has been placed in receivership or rehabilitation and is being liquidated.
- State, federal or other duly authorized regulatory or judicial action restricts or limits the clinician or practice's operations.
- BTE identifies a significant threat to patient safety or care.

Data Use Terms

Data use terms are outlined in the data use agreement that the applicant signs with the selected data aggregator partner.

Patient Eligibility Criteria

An eligible CAD (or equivalent) patient is one who meets both criteria:

1. Is between 18 and 75 years of age.[2]

2. Has had a documented diagnosis of Coronary Artery Disease or equivalent (as defined in Table 3 below) for at least 12 months, from the last day of the reporting period.

3. Has been under the care of the applicant for at least 12 months. This is defined by documentation of one or more face-to-face visits for Coronary Artery Disease care between the clinician and the patient: one within 12 months of the last day of the reporting period.

There are two accepted data sources that can be used to identify patients with Coronary Artery Disease.

Claims/Encounter data: Patient is denominator compliant if the patient is 18-75 years of age during the measurement period, has a documented diagnosis of Coronary Artery Disease listed on the problem list, has had at least one (1) face-to-face encounter in an ambulatory setting and has been under the care of the applicant for at least 12 months. See Table 3 for further information on diagnoses to identify patients with Coronary Artery Disease and Table 2 for further information on procedural codes to identify a face-to-face visit.

Medical Record data: Patient is denominator compliant if the patient 18-75 years of age, with a documented diagnosis of Coronary Artery Disease listed on the problem list, has had at least one (1) face-to-face encounter in an ambulatory setting and has been under the care of the applicant for at least 12 months. See Table 3 for further information on diagnoses to identify patients with Coronary Artery Disease and Table 2 for further information on procedural codes to identify a face-to-face visit.

Exclusions: Patients in hospice or palliative care are excluded from the denominator. See Table 7 below for further information on codes to identify patients with exclusions.

[2] As of the last day of the reporting period. Patients known to be deceased should be excluded.

Relevant Procedural and Diagnosis Codes for CAD Care Measurement Set

Table 2: Face-to-Face Visits

Procedural Codes
CPT: 99201-99215, 99341-99350, G0402

Table 3: Codes to Identify a Patient with a Diagnosis of Coronary Artery Disease

Diagnosis Codes
ICD-9: 411.0, 411.1, 411.81, 411.89, 413.0, 413.1, 413.9, 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07, 414.2, 414.3, 414.8, 414.9 ICD-10: I20.0, I20.1, I20.8, I20.9, I24.0, I24.1, I24.8, I24.9, I25.10, I25.110, I25.111, I25.118, I25.119, I25.5, I25.6, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.83, I25.89, I25.9, V45.81, V45.82, Z95.1, Z95.5, Z98.61

Table 4: Codes to Identify a Patient with a Diagnosis of Diabetes

Diagnosis Codes
ICD-9: 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.21, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07. ICD-10: E10.10, E10.11, E10.21, E10.22, E10.29, E10.311, E10.319, E10.321, E10.329, E10.331, E10.339, E10.341, E10.349, E10.351, E10.359, E10.36, E10.39, E10.40, E10.41, E10.42, E10.43, E10.44, E10.49, E10.51, E10.52, E10.59, E10.610, E10.618, E10.620, E10.621, E10.622, E10.628, E10.630, E10.638, E10.641, E10.649, E10.65, E10.69, E10.8, E10.9, E11.00, E11.01, E11.21, E11.22, E11.29, E11.311, E11.319, E11.321, E11.329, E11.331, E11.339, E11.341, E11.349, E11.351, E11.359, E11.36, E11.39, E11.40, E11.41, E11.42, E11.43, E11.44, E11.49, E11.51, E11.52, E11.59, E11.610, E11.618, E11.620, E11.621, E11.622, E11.628, E11.630, E11.638, E11.641, E11.649, E11.65, E11.69, E11.8, E11.9, E13.00, E13.01, E13.10, E13.11, E13.21, E13.22, E13.29, E13.311, E13.319, E13.321, E13.329, E13.331, E13.339, E13.341, E13.349, E13.351, E13.359, E13.36, E13.39, E13.40, E13.41, E13.42, E13.43, E13.44, E13.49, E13.51, E13.52, E13.59, E13.610, E13.618, E13.620, E13.621, E13.622, E13.628, E13.630, E13.638, E13.641, E13.649, E13.65, E13.69, E13.8, E13.9

Table 5: Codes to Identify a Patient with a Diagnosis of Essential Hypertension

Diagnosis Codes
ICD-9: 401, 401.0, 401.1, 401.9 ICD-10: I10

Table 6: Codes to Identify a Patient with a Diagnosis of Chronic Kidney Disease

Diagnosis Codes
ICD-9: 585.1, 585.2, 585.3, 585.4, 585.5, 585.9 ICD-10: N18.1, N18.2, N18.3, N18.4, N18.5, N18.9

Table 7: Codes/Notations to Identify Patients with Exclusions

Procedural & Diagnosis Codes / Notations
CORONARY ARTERY DISEASE, OTHER Acute Myocardial Infarction ICD-9: 410.00, 410.01, 410.11, 410.20, 410.21, 410.30, 410.31, 410.40, 410.41, 410.50, 410.51, 410.60, 410.61, 410.70, 410.71, 410.80, 410.81, 410.90, 410.91 ICD-10: I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I24.1, I22.0, I22.1, I22.2, I22.8, I22.9 Stable Angina ICD-9: 413, 413.0, 413.1, 413.9 ICD-10: I20.8-I20.9, I20.1 Percutaneous Coronary Intervention CPT: 92980-92981, 92982, 92984, 92995, 92996, 92997, 92998, 33140 ICD-9: 36.06, 36.07, 36.09 ICD-10: 02C, 02C0, 02C1, 02C2, 02C3 CABG CPT: 33510-33514, 33516-33519, 33521-33523, 33533-33536, 33542, 33545, 33572, 35600, 35601, 35606, 35612, 35616, 35621, 35623, 35626, 35631- 35634, 35636- 35638, 35642, 35645, 35646, 35647, 35650, 35651, 35654, 35656, 35661, 35663, 35665, 35666, 35671, 35501, 35506, 35508-35512, 35515, 35516, 35518, 35521- 35523, 35525, 35526, 35531, 35533, 35535- 35540, 35548, 35549, 35551, 35556, 35558, 35560, 35563, 35565, 35566, 35570, 35571 ICD-9: 36.10, 36.11. 36.12, 36.13, 36.14, 36.15, 36.16, 36.17, 36.19 ICD-10PCS: 0210093, 0210098, 0210099, 021009C, 021009F, 021009W, 02100A3, 02100A8, 02100A9, 02100AC, 02100AF, 02100AW, 02100J3, 02100J8, 02100J9, 02100JC, 02100JF, 02100JW, 02100K3, 02100K8, 02100K9, 02100KC, 02100KF, 02100KW, 02100Z3, 02100Z8, 02100Z9, 02100ZC, 02100ZF, 0210444, 0210493, 0210498, 0210499, 021049C, 021049F, 021049W, 02104A3, 02104A8, 02104A9, 02104AC, 02104AF, 02104AW, 02104D4, 02104J3, 02104J8, 02104J9, 02104JC, 02104JF, 02104JW, 02104K3, 02104K8, 02104K9, 02104KC, 02104KF, 02104KW, 02104Z3, 02104Z8, 02104Z9, 02104ZC, 02104ZF, 0211093, 0211098, 0211099, 021109C, 021109F, 021109W, 02110A3, 02110A8, 02110A9, 02110AC, 02110AF, 02110AW, 02110J3, 02110J8, 02110J9, 02110JC, 02110JF, 02110JW, 02110K3, 02110K8, 02110K9, 02110KC, 02110KF, 02110KW, 02110Z3, 02110Z8, 02110Z9, 02110ZC,

02110ZF, 0211444, 0211493, 0211498, 0211499, 021149C, 021149F, 021149W, 02114A3, 02114A8, 02114A9, 02114AC, 02114AF, 02114AW ,02114D4, 02114J3, 02114J8, 02114J9, 02114JC, 02114JF, 02114JW, 02114K3, 02114K8, 02114K9, 02114KC, 02114KF, 02114KW, 02114Z3, 02114Z8, 02114Z9, 02114ZC, 02114ZF, 0212093, 0212098, 0212099, 021209C, 021209F, 021209W, 02120A3, 02120A8, 02120A9, 02120AC, 02120AF, 02120AW, 02120J3, 02120J8, 02120J9, 02120JC, 02120JF, 02120JW, 02120K3, 02120K8, 02120K9, 02120KC, 02120KF, 02120KW, 02120Z3, 02120Z8, 02120Z9, 02120ZC, 02120ZF, 0212444, 0212493, 0212498, 0212499, 021249C, 021249F, 021249W, 02124A3, 02124A8, 02124A9, 02124AC, 02124AF, 02124AW, 02124D4, 02124J3, 02124J8, 02124J9, 02124JC, 02124JF, 02124JW, 02124K3, 02124K8, 02124K9, 02124KC, 02124KF, 02124KW, 02124Z3, 02124Z8, 02124Z9, 02124ZC, 02124ZF, 0213093, 0213098, 0213099, 021309C, 021309F, 021309W, 02130A3, 02130A8, 02130A9, 02130AC, 02130AF, 02130AW, 02130J3, 02130J8, 02130J9, 02130JC, 02130JF, 02130JW, 02130K3, 02130K8, 02130K9, 02130KC, 02130KF, 02130KW, 02130Z3, 02130Z8, 02130Z9, 02130ZC, 02130ZF, 0213444, 0213493, 0213498, 0213499, 021349C, 021349F, 021349W, 02134A3, 02134A8, 02134A9, 02134AC, 02134AF, 02134AW, 02134D4, 02134J3, 02134J8, 02134J9, 02134JC, 02134JF, 02134JW, 02134K3, 02134K8, 02134K9, 02134KC, 02134KF, 02134KW, 02134Z3, 02134Z8, 02134Z9, 02134ZC, 02134ZF

PERIPHERAL ARTERIAL DISEASE

Lower Extremity Arterial Disease/Peripheral Arterial Disease
ICD-9: 440.20-440.24, 440.29, 447.0-447.6, 447.8, 447.9, 444.2, 444.81, 444.89, 444.9

ICD-10: I70.201-I70.209, I70.211-I70.213, I70.218, I70.219, I70.221-I70.223, I70.228, I70.229, I70.231-I70.235, I70.238, I70.239, I70.241-I70.245, I70.248, I70.249, I70.25, I70.261-I70.263, I70.268, I70.269, I70.291- I70.293, I70.298, I70.299, I74.3-I74.5, I74.8, I74.9, I77.9

CEREBROVASCULAR DISEASE

Ischemia
ICD-9: 411.0, 411.1, 411.81, 411.89, 413.0, 413.9, 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07, 414.2, 414.3, 414.4, 414.8, 414.9, 429.2, 433.00, 433.01, 433.10, 433.11, 433.20, 433.21, 433.30, 433.31, 433.80, 43381, 433.90, 433.91, 434.00, 434.01, 434.10, 434.11, 434.80, 434.91, 437.0, 440.1, 440.20, 440.21, 440.22, 440.30, 440.31, 440.32, 440.4, 440.8, 440.9, 444.1, 444.21, 444.22, 444.81, 444.89, 444.9, 445.01, 445.02, 445.81, 445.89

ICD-10: I20.0, I20.8, I20.9, I24.0, I24.1, I24.8, I24.9, I25.10, I25.110, I25.111, I25.118, I25.119, I25.5, I25.6, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.83, I25.84, I25.89, I25.9, I63.00, I63.011, I63.012, I63.019, I63.02, I63.031, I63.032, I63.039, I63.09, I63.10, I63.111, I63.112, I63.119, I63.12, I63.131, I63.132, I63.139, I63.19, I63.20, I63.211, I63.212, I63.213, I63.219, I63.22, I63.231, I63.232, I63.233, I63.239, I63.29, I63.30, I63.311, I63.312, I63.319, I63.321, I63.322, I63.329, I63.331, I63.332, I63.339, I63.341, I63.342, I63.349, I63.39, I63.40, I63.411, I63.412, I63.419, I63.421, I63.422, I63.429, I63.431, I63.432, I63.439, I63.441, I63.442, I63.449, I63.49, I63.50, I63.511, I63.512, I63.513, I63.519, I63.521, I63.522, I63.523, I63.529, I63.531, I63.532, I63.533, I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I63.6, I63.8, I63.9, I65.01, I65.02, I65.03, I65.09, I65.1, I65.21, I65.22, I65.23, I65.29, I65.8, I65.9, I66.01, I66.02, I66.03, I66.09, I66.11, I66.12, I66.13, I66.19, I66.21, I66.22, I66.23, I66.29, I66.3, I66.8, I66.9, I67.2, I70.0, I70.1, I70.201, I70.202, I70.203, I70.208, I70.209, I70.211, I70.212, I70.213, I70.218, I70.219, I70.221, I70.222, I70.223, I70.228, I70.229, I70.231, I70.232, I70.233, I70.234, I70.235, I70.238, I70.239, I70.241, I70.242, I70.243, I70.244,

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Stroke

ICD-9: 433.01, 433.11, 433.21, 433.81, 433.91, 434.01, 434.11, 434.91

ICD-10: I63.00, I63.011, I63.012, I63.013, I63.019, I63.02, I63.031, I63.032, I63.033, I63.039, I63.09, I63.10, I63.111, I63.112, I63.113, I63.119, I63.12, I63.131, I63.132, I63.133, I63.139, I63.19, I63.20, I63.211, I63.212, I63.213, I63.219, I63.22, I63.231, I63.232, I63.233, I63.239, I63.29, I63.30, I63.311, I63.312, I63.313, I63.319, I63.321, I63.322, I63.323, I63.329, I63.331, I63.332, I63.333, I63.339, I63.341, I63.342, I63.343, I63.349, I63.39, I63.40, I63.411, I63.412, I63.413, I63.419, I63.421, I63.422, I63.423, I63.429, I63.431, I63.432, I63.433, I63.439, I63.441, I63.442, I63.443, I63.449, I63.49, I63.50, I63.511, I63.512, I63.513, I63.519, I63.521, I63.522, I63.523, I63.529, I63.531, I63.532, I63.533, I63.539, I63.541, I63.542, I63.543, I63.549, I63.59, I63.6, I63.8, I63.9

Atheroembolism

ICD-9: 445.01, 445.02, 445.81, 445.89

ICD-10: I75.011, I75.012, I75.013, I75.019, I75.021, I75.022, I75.023, I75.029, I75.81, I75.89

ESRD

ICD9: 585.6

ICD10: N18.6

Value Set Authority-Value Set Name-End Stage Renal Disease-OID 2.16.840.1.113883.3.526.3.353

Dialysis

CPT: 90920, 90921, 90924, 90925, 90935, 90937, 90940, 90945, 90947

HCPCS: G0257

Value Set Authority-Value Set Name-Dialysis Services-OID 2.16.840.1.113883.3.464.1003.109.12.1013

Hospice Care

CPT: 99377, 99378

Value Set Authority-Value Set Name-Hospice Care CPT-OID 2.16.840.1.113883.3.3157.1004.19

Palliative Care

ICD-9: V66.7

ICD-10: Z51.5

Value Set Authority-Value Set Name- Palliative Care-OID 2.16.840.1.113762.1.4.1125.3

Relevant Medication Lists for Coronary Artery Disease Care Measurement Set

Table 8: HMG-CoA Reductase Inhibitors (Statins) - High

Drug Names	Generic Names	
Amlodipine/Atorvastatin	Generic	40 – 80 mg
Atorvastatin	Generic	40 – 80 mg
Caduet	Amlodipine/Atorvastatin	40 – 80 mg
Crestor	Rosuvastatin	20 – 40 mg
Lipitor	Atorvastatin	40 – 80mg
Liptruzet	Ezetimibe/Atorvastatin	40 – 80 mg
Rosuvastatin	Generic	20 – 40 mg

Table 9: Antiplatelet Agents

Drug Names	Generic Names
Aggrastat	Tirofiban
Aggrenox	Aspirin/dipyridamole
Agrylin	Anagrelide
Anagrelide	Generic
Aspirin	Generic
Aspirin/dipyridamole	Generic
Bayer Aspirin	Aspirin
Bayer Low Dose Aspirin	Aspirin
Bayer Women's Low Dose Aspirin	Aspirin/Calcium Carbonate
Brilinta	Ticagrelor
Bufferin	Aspirin
Cilostazol	Generic
Clopidogrel	Generic
dipyridamole	Generic
Ecotrin	Aspirin
Ecotrin Low Strength	Aspirin
Effient	Prasugrel

Integrilin	Eptifibatide
Kengreal	Cangrelor
Persantine	Dipyridamole
Plavix	Clopidogrel
Pletal	Cilostazol
Reopro	Abciximab
St. Joseph Low Dose Aspirin	Aspirin
Ticlid	Ticlopidine

Table 10: Beta-Blockers

Drug Names	Generic Names
Acebutolol	Generic
Atenolol	Generic
Betapace	Sotalol
Betapace AF	Sotalol AF
Betaxolol	Generic
Bisoprolol	Generic
Brevibloc	Esmolol
Bystolic	Nebivolol
Byvalson	Nebivolol/Valsartan
Carvedilol	Generic
Coreg	Carvedilol
Coreg CR	Carvedilol
Corgard	Nadolol
Esmolol	Generic
Hemangeol	Propranolol Hydrochloride
Inderal	Propranolol Hydrochloride
Inderal LA	Propranolol Hydrochloride
InnoPran XL	Propranolol Hydrochloride
Kerlone	Betaxolol
Labetalol	Generic

Levatol	penbutolol
Lopressor	metoprolol tartrate
Metoprolol succinate	Generic
Metoprolol tartrate	Generic
Nadolol	Generic
Pindolol	Generic
Propranolol Hydrochloride	Generic
Sectral	Acebutolol
Sorine	sotalol
Sotalol	Generic
Sotalol AF	Generic
Sotylize	sotalol
Tenormin	Generic
timolol	Generic
Toprol-XL	metoprolol succinate
Trandate	labetalol
Zebeta	bisoprolol

Table 11: Beta Blocker/Thiazide Combos

Drug Names	Generic Names
Atenolol/Chlorthalidone	Generic
Bisoprolol/Hydrochlorothiazide	Generic
Corzide	Nadolol/Bendroflumethiazide
Dutoprol	Metoprolol succinate/Hydrochlorothiazide
Lopressor HCT	Metoprolol Tartrate/Hydrochlorothiazide
Metoprolol Tartrate/Hydrochlorothiazide	Generic
Nadolol/Bendroflumethiazide	Generic
Propranolol Hydrochloride/Hydrochlorothiazide	Generic
Tenoretic	Atenolol/Chlorthalidone
Ziac	Bisoprolol/Hydrochlorothiazide

Table 12: Angiotensin-Converting Enzyme (ACE) Inhibitors

Drug Names	Generic Names
Accupril	Quinapril
Aceon	Perindopril Erbumine
Altace	Ramipril
Amlodipine/Benazepril	Generic
Benazepril	Generic
Capoten	Captopril
Captopril	Generic
Enalapril	Generic
Enalaprilat	Generic
Epaned	Enalapril
Fosinopril	Generic
Lisinopril	Generic
Lotensin	Benazepril
Lotrel	Amlodipine/benazepril
Mavik	Trandolapril
Moexipril	Generic
Monopril	Fosinopril
Perindopril Erbumine	Generic
Prestalia	Perindopril Arginine/Amlodipine
Prinivil	Lisinopril
Qbrelis	Lisinopril
Quinapril	Generic
Ramipril	Generic
Tarka	Trandolapril/Verapamil
Trandolapril	Generic
Trandolapril/verapamil	Generic
Univasc	Moexipril
Vasotec	Enalapril

Vasotec IV	Enalaprilat
Zestril	Lisinopril

Table 13: Angiotensin-Converting Enzyme (ACE) Inhibitor/Thiazide Combos

Drug Names	Generic Names
Accuretic	Quinapril/Hydrochlorothiazide
Benazepril/Hydrochlorothiazide	Generic
Capozide	Captopril/Hydrochlorothiazide
Captopril/Hydrochlorothiazide	Generic
Enalapril/Hydrochlorothiazide	Generic
Fosinopril/Hydrochlorothiazide	Generic
Lisinopril/Hydrochlorothiazide	Generic
Lotensin HCT	Benazepril/Hydrochlorothiazide
Moexipril/Hydrochlorothiazide	Generic
Monopril-HCT	Fosinopril/Hydrochlorothiazide
Prinzide	Lisinopril/Hydrochlorothiazide
Quinapril/Hydrochlorothiazide	Generic
Uniretic	Moexipril/Hydrochlorothiazide
Vaseretic	Enalapril/Hydrochlorothiazide
Zestoretic	Lisinopril/Hydrochlorothiazide

Table 14: Angiotensin Receptor Blockers (ARBs)

Drug Names	Generic Names
Amlodipine/Olmesartan Medoxomi	Generic
Amlodipine/Valsartan	Generic
Atacand	Candesartan Cilexetil
Avapro	Irbesartan
Azor	Amlodipine/Olmesartan Medoxomil
Benicar	Olmesartan Medoxomil
Byvalson	Nebivolol/Valsartan
Candesartan cilexetil	Generic
Cozaar	Losartan

Diovan	Valsartan
Edarbi	Azilsartan Medoxomil
Entresto	Sacubitril/Valsartan
Eprosartan	Generic
Exforge	Amlodipine/Valsartan
Irbesartan	Generic
Losartan	Generic
Micardis	Telmisartan
Olmesartan medoxomil	Generic
Telmisartan	Generic
Telmisartan/Amlodipine	Generic
Teveten	Eprosartan
Twynsta	Telmisartan/Amlodipine
Valsartan	Generic

Table 15: Angiotensin Receptor Blocker (ARB)/Thiazide Combos

Drug Names	Generic Names
Amlodipine/Valsartan/Hydrochlorothiazide	Generic
Atacand HCT	Candesartan Cilexetil/Hydrochlorothiazide
Avalide	Irbesartan/Hydrochlorothiazide
Benicar HCT	Olmesartan Medoxomil/Hydrochlorothiazide
Candesartan Cilexetil/Hydrochlorothiazide	Generic
Diovan HCT	Valsartan/Hydrochlorothiazide
Edarbyclor	Azilsartan Medoxomil/Chlorthalidone
Exforge HCT	Amlodipine/Valsartan/Hydrochlorothiazide
Hyzaar	Losartan/Hydrochlorothiazide
Irbesartan/Hydrochlorothiazide	Generic
Losartan/Hydrochlorothiazide	Generic
Micardis HCT	Telmisartan/Hydrochlorothiazide
Telmisartan/Hydrochlorothiazide	Generic
Teveten HCT	Eprosartan/Hydrochlorothiazide

Tribenzor	Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide
Valsartan/Hydrochlorothiazide	Generic

Table 16: Tobacco Cessation Medications

Buproban Oral	Habitrol (TD)	Nicotine TD	NTS Step 1 TD
Bupropion SR	INTS Step 3 TD	Nicotine Transdermal TD	NTS Step 2 TD
Brupopion XL	Medic Nicotine TD	Nicotrol (PDR)	NTS Step 3 TD
Chantix (varenicline)	NicoDerm CQ	Nicotrol Inhaler (PDR)	Prostep TD
CVS NTS Step 1 TD	NicoDerm CQ TD	Nicotrol NS (PDR)	Wellbutrin
CVS NTS Step 2 TD	NicoDerm TD	Nicotrol NS Nasl	Zyban (PDR)
CVS NTS Step 3 TD	Nicotine Nasal	Nicotrol TD	Zyban Oral
Habitrol (PDR)	Nicotine Patches (PDR)	Nicotrol TD	

APPENDICES

Appendix A: Audit Methodology

Altarum is responsible for conducting three levels of audit pertaining to applicant submissions for BTE CAD Care Recognition:

- Level 1: Data Aggregator (DA) Data Extraction code review
- Level 2: Data Validation (Load Summary) See table below
- Level 3: Clinician Chart Audit

Detailed audit policies are included in the *Recognition Process* section of this guide.

The following data validation checks are used in creating the load summary provided to the data aggregator after each data file submission to identify any missing or invalid data values:

Clinician Identifier Data

Data Field	Data Field Specifications and Acceptable/Valid Data Range(s)
Clinician_RespID	(Required field) Alphanumeric value up to 26 characters in length
Clinician_NPI	(Required field) Numeric value 10 characters in length
Clinician_DEA	Alphanumeric value 9 characters in length First letter must be “A”, “B”, “F” or “M”.
Clinician_MedicalLicense	Alphanumeric value up to 10 characters in length
Clinician_LastName	(Required field) Alpha value up to 50 characters in length
Clinician_FirstName	(Required field) Alpha value up to 50 characters in length
Clinician_MiddleName	Alpha value up to 30 characters in length
Clinician_Degree	(Required field) Numeric value 01 = M.D. 02 = D.O. 03 = N.P. 04 = P.A.
Clinician_PracticeAddress1	(Required field) Alphanumeric value up to 100 characters in length
Clinician_PracticeAddress2	Alphanumeric value up to 100 characters in length
Clinician_PracticeCity	(Required field) Alpha value up to 100 characters in length

Clinician_PracticeState	(Required field) Alpha value 2 characters in length
Clinician_PracticeZipCode	Numeric value 5 (#####), 9 (#########) or 10 characters (#####-####) in length
Clinician_emailaddress	Example smith@email.com
Clinician_PracticePhone	Alphanumeric value up to 30 characters in length
Clinician_DateofBirth	Numeric value: MM/DD/YYYY
Clinician_Gender	F = Female M = Male U = Unknown
Clinician_Specialty	01 = Allergy/Immunology 02 = Cardiology 03 = Critical Care Services 04 = Dermatology 05 = Endocrinology 06 = Gastroenterology 07 = Gen/Fam Practice 08 = Geriatric Medicine 09 = Hematology 10 = Infectious Disease 11 = Internal Medicine 12 = Nephrology 13 = Neurology 14 = Neurosurgery 15 = Obstetrics/Gynecology 16 = Occ. Medicine 17 = Oncology 18 = Ophthalmology 19 = Orthopedics 20 = Otolaryngology 21 = Pediatrics 22 = Phys/Rehab Medicine 23 = Psychiatry 24 = Psychopharmacology 25 = Pulmonary Medicine 26 = Rheumatology 27 = Surgery 28 = Urology 29 = Other – not listed
Practice ID	(Required field) Alphanumeric value up to 26 characters in length
PracticeName	(Required field) Alpha value up to 100 characters in length

Individual_Group	(Required Field) Alpha value "I" - Individual Scoring or "G" - Group Scoring
Group_GroupID	If yes, Provide the Group ID that the Individual Provider wishes to be associated with. Numeric value 10 characters in length
Data Submission through CCHIT /Meaningful Use Certified System	Yes/No
Full Patient Panel	Yes/No

Clinical Measures Data

Data field	Data field specifications	Data Values
responsibleProviderID	Internal provider ID that matches with the ID in the physician file	Any unique combination of characters and numbers
NPI	Responsible Provider NPI	Alphanumeric value 10 characters in length
groupID	The unique identifier that will identify the providers within a group applying for recognition together.	Alphanumeric value up to 50 characters in length
individualGroup	G if the provider is applying as part of a group for recognition. I if the provider is applying individually.	I or G - blank will default to I.
chartID	Unique patient or chart ID	Alphanumeric value up to 50 characters in length
lastVisitDate	The date of the last visit for that patient	MM/DD/YYYY - cannot be after the end of the reporting period
patientDOB	The date of birth, or year of birth, of the patient	MM/DD/YYYY – must be 18-75 years' old
patientGender	Patient's Gender	Female, Male
medicarePartB	Is the patient a Medicare Part B Fee-For-Service (FFS) beneficiary (includes Railroad Retirement Board, Medicare Secondary Payer, and Critical Access Hospitals method II; does not include Medicare Advantage beneficiaries)?	YES, NO blank will generate a WARNING when uploading
cadDiagnosis	Does this patient have a diagnosis of Coronary Artery Disease (CAD)?	YES, NO blank will generate a WARNING when uploading
bloodPressureDate1	Date of prior Blood Pressure reading	MM/DD/YYYY

systolic1	Prior Systolic blood pressure value	Numeric value between 60 and 300
diastolic1	Prior Diastolic blood pressure value	Numeric value between 40 and 150
bloodPressureDate2	Date of most recent Blood Pressure reading	MM/DD/YYYY
systolic2	Most recent Systolic blood pressure value	Numeric value between 60 and 300
diastolic2	Most recent Diastolic blood pressure value	Numeric value between 40 and 150
statinStatus	Is the patient currently taking a moderate or high intensity statin?	YES, No, documented allergy or contraindication
Antiplatelets	Does the patient receive antiplatelet therapy?	YES, NO, documented allergy or contraindication
Beta_Blocker	Does the patient take a beta blocker?	YES, No, documented allergy or contraindication
diabetesDiagnosis	Does this patient have a diagnosis of Diabetes?	YES, NO
hypertensionDiagnosis	Does this patient have a diagnosis of Hypertension?	YES, NO
chronicKidneyDiseaseDiagnosis	Does this patient have a diagnosis of Chronic Kidney Disease?	YES, NO
chfDiagnosis	Does the patient have a diagnosis of Congestive Heart Failure?	YES, NO
aceiArbTherapy	Does the patient have evidence of the use of ACEI ARB therapy?	YES, NO, documented allergy or contraindication
tobaccoStatus	Is the patient a tobacco user?	Tobacco Free, Current Tobacco User
tobaccoStatusAssessmentDate	Date the patient's tobacco use status was most recently assessed	MM/DD/YYYY - cannot be after the end of the reporting period
tobaccoCessationAdviceOrTreatment	Did the patient receive Tobacco Cessation Advice or Treatment?	YES, NO
tobaccoCessationAdviceOrTreatmentDate	Date the patient was most recently given tobacco cessation counseling or treatment	MM/DD/YYYY - cannot be after the end of the reporting period
bmiValue	Most recent Body Mass Index	Numeric value
bmiValueDate	Date of most recent Body Mass Index (BMI) Calculation	MM/DD/YYYY - cannot be after the end of the reporting period

NutritionCounseling	Did the patient receive nutritional counseling?	YES, NO
NutritionCounselingDate	Date the patient was most recently given nutritional counseling	MM/DD/YYYY - cannot be after the end of the reporting period
activityStatus	What is the most recent activity status of the patient?	Active, Not Active
activityStatusDate	Date the patient's activity status was assessed	MM/DD/YYYY - cannot be after the end of the reporting period
activityCounseling	Did the patient receive physical activity counseling?	YES, NO
activityCounselingDate	Date the patient was most recently given physical activity counseling	MM/DD/YYYY - cannot be after the end of the reporting period
PHQ2screening	Was the patient screened for depression using the PHQ-2 tool?	YES, NO, Patient Exclusion Present
PHQ2screeningDate	Date of most recent PHQ-2 depression screening?	MM/DD/YYYY - cannot be after the end of the reporting period
PHQ9screening	Was the patient screened for depression using the PHQ-9 tool?	YES, NO, Patient Exclusion Present
PHQ9screeningDate	Date of most recent PHQ-9 depression screening?	MM/DD/YYYY - cannot be after the end of the reporting period
InfluenzaImmunization	Was an influenza immunization recommended, ordered, administered or previously received within the reporting year?	YES, NO, documented allergy or contraindication
InfluenzaImmunizationDate	Date Assessed	MM/DD/YYYY - cannot be after the end of the reporting period

Measures Specifications

Blood Pressure Control

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- Patient age = 18 – 75
- cadDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

Systolic2 = value is present AND value is <140
AND
Diastolic2 = value is present AND value is <90
AND
BloodPressureDate2 = lastVisitDate = date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

Blood Pressure Measurement Twice Annually

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- Patient age = 18 – 75
- cadDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

Systolic1 = value is present
AND
Diastolic1 = value is present
AND
BloodPressureDate1 = date is present and within reporting period (12 months)

AND

Systolic2 = value is present
AND
Diastolic2 = value is present
AND
BloodPressureDate2 = date is present and at least 90 days apart from BloodPressureDate1 and BloodPressureDate2 is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

High Intensity Statin Therapy

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- Patient age = 18 – 75
- cadDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

StatinStatus = YES

OR

StatinStatus = documented allergy or contraindication

SCORING

Score=(numerator/denominator) x Total Possible Points

Antiplatelet Therapy

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- Patient age = 18 – 75
- cadDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

antiplateletTherapy = YES

OR

antiplateletTherapy = documented allergy or contraindication

SCORING

Score=(numerator/denominator) x Total Possible Points

Beta Blocker Therapy

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- cadDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

Beta_Blocker = YES

Or

Beta_Blocker = documented allergy or contraindication

SCORING

Score=(numerator/denominator) x Total Possible Points

ACEI/ARB Therapy

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- lastVisitDate = date is present and within reporting period (12 months)
- cadDiagnosis = YES

AND

- diabetesDiagnosis = YES

OR

- HypertensionDiagnosis = YES

OR

- ChronicKidneyDiseaseDiagnosis = YES

OR

- chfDiagnosis = YES

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

AceiArbTherapy = YES

OR

AceiArbTherapy = documented allergy or contraindication

OR

EXCLUSIONS:
ESRDPatient = YES
DialysisPatient = YES

SCORING

Score=(numerator/denominator) x Total Possible Points

Tobacco Status Use Status

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- cadDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

tobaccoStatus= Tobacco Free or Current Tobacco User
AND
TobaccoStatusAssessmentDate = date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

Documentation of Tobacco Cessation counseling if user – and Treatment

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- cadDiagnosis = YES
- TobaccoStatus = Current Tobacco User
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

TobaccoCessationAdviceOrTreatmentDate = date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

Body Mass Index (BMI)

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- cadDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

bmiValue = <=25
AND
bmiValueDate = date is present and within reporting period (12 months)

OR

bmiValue = >25
AND
bmiValueDate = date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

Nutrition and Exercise (Lifestyle) Counseling

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- cadDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

NutritionCounseling = YES
AND
NutritionCounselingDate = date is present and within reporting period (12 months)

AND

activityCounseling = YES
AND
activityCounselingDate = date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

Depression Screening

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- Patient age = 18 – 75
- cadDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

PHQ2screening = YES
AND
PHQ2screeningDate = date is present and within reporting period (12 months)

OR

PHQ9screening = YES
AND
PHQ9screeningDate = date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

Influenza Immunization

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- cadDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

influenzaImmunization = YES
AND
influenzaImmunizationDate = date is present and within reporting period (12 months)

OR

influenzaImmunization = documented allergy or contraindication

SCORING

Score=(numerator/denominator) x Total Possible Points