

BREAST CANCER SCREENING (PREV 5)

**May be completed during a Telehealth Encounter. Population: women ages 50-74.*

- Mammogram between 10/1/2017-12/31/19
- Must include screening test type, date, and result
- Exclude if bilateral mastectomy or right and left unilateral mastectomy
- Exclude age 65 or older in Institutional Special Needs Program (SNP) or residing in long-term care with a POS code 32, 33, 34, 54, or 56
- No credit for patient refusal

COLORECTAL CANCER SCREENING (PREV 6)

**May be completed during a Telehealth Encounter. Population: Age 50-75.*

- Screening for colorectal cancer, defined by:
 - FOBT: 2019 (not performed via DRE)
 - Flexible Sigmoidoscopy 2015-2019
 - CT Colonography: 2015-2019
 - Colonoscopy: 2010-2019
 - FIT-DNA (e.g. Cologuard®) 2017-2019
 - Documentation must include test type, date, and result
- Excluded if total colectomy or colorectal cancer
- Exclude age 65 or older in Institutional Special Needs Program (SNP) or residing in long-term care with POS code 32, 33, 34, 54, 56
- No credit for patient refusal

INFLUENZA IMMUNIZATION (PREV 7)

**Screening and cessation intervention may be completed during a Telehealth Encounter. Population: ages 6 months and older.*

- Vaccination receipt August 2018-March 2019
- LAIV or intranasal flu vaccine no longer satisfy the measure
- Exceptions include documented: medical reasons i.e., allergy; patient reasons i.e., refusal; or system reasons i.e., vaccine shortage

TOBACCO USE: SCREENING AND CESSATION INTERVENTION (PREV 10)

**Screening and cessation intervention may be completed during a Telehealth Encounter.*

Population: ages 18 and older.

Tobacco Screening

- Tobacco screening 2018-2019 and should include screening for smokeless tobacco
- Most recent screening used to determine status
- Exception for no tobacco screening: Limited life expectancy or other documented medical reason

Cessation Intervention

- Includes brief counseling and/or pharmacotherapy, does **NOT** include brochures, pamphlets, and complementary/alternative therapies i.e. acupuncture
- Cessation must occur after the *most recent* tobacco user status is documented
- Exception for no cessation intervention: Limited life expectancy or other documented medical reason

SCREENING FOR CLINICAL DEPRESSION AND FOLLOW-UP PLAN (PREV 12)

**Screening and follow-up plan may be completed during a Telehealth Encounter BUT both must be documented on the date of the encounter. Population: ages 12 and older.*

Depression Screening

- Most recent depression screen in 2019 using an age appropriate standardized screening tool. Include:
 - Name of tool & documentation provider reviewed/verified results
- Exclusions: Bipolar Disorder or Depression diagnoses (To exclude a patient, dx of depression/bipolar must be active in 2019, and prior to the 2019 encounter)
- Exceptions (occur at encounter): refuses to participate; in urgent or emergent situation where time is of the essence; functional capacity or motivation to improve may impact results

Follow-Up Plan for positive screening

- Must be documented on date of positive screen and related to screening
- Must include one or more: additional evaluation for depression; suicide risk assessment, referral to practitioner qualified to diagnose and treat depression; pharmacological intervention; other intervention or f/u for diagnosis or treatment of depression

STATIN THERAPY FOR THE PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE (PREV 13)

Population includes 3 risk groups at beginning of measure period:

1. Ages ≥ 21 with ASCVD (i.e., ACS, hx of MI, angina, coronary/arterial revascularization, stroke, TIA, PAD) LDL-C result not factored
 2. Ages ≥ 21 who ever had LDL-C ≥ 190 mg/dL or diagnosis of familial/pure hypercholesterolemia
 3. Ages 40-75 with dx of diabetes with LDL-C 70-189 in 2017-2019
- Exclude patients (during 2019) with: pregnancy, breastfeeding, rhabdomyolysis
 - Exceptions (during 2019) for not prescribing statin therapy: adverse effect, allergy or intolerance to statin; active liver disease or hepatic disease/insufficiency, ESRD, diabetics if most recent LDL-C < 70 mg/dL and not taking statin (applies only to risk group 3.)
 - **No credit for patient refusal** - be sure to document in 2019 any allergy/intolerance

**This card is for reference only and is not a comprehensive list of all requirements. Please refer to CMS Quality Measure Specifications for exact details. <https://qpp.cms.gov/about/resource-library>*



2019 CMS WEB INTERFACE AT-RISK POPULATIONS



2019 CMS WEB INTERFACE CARE COORDINATION MEASURES

DIABETES: HEMOGLOBIN A1C (HBA1C) POOR CONTROL (>9%)

**Documentation of A1C may be performed at a Telehealth Encounter.*

Population: Type 1 or Type 2 Age 18-75.

Hemoglobin A1c Poor Control

- Latest HbA1c in 2019 and must include date/result. >9.0% indicates poor control
- HbA1c finger stick tests at point of care are allowed
- Synonyms for HbA1c testing may include Glycohemoglobin A1c, HbA1c, Hemoglobin A1c, HgbA1c, A1c
- **Patient Reported Requirement:** Date and most recent value (distinct value required)

HYPERTENSION: CONTROLLING HIGH BLOOD PRESSURE

Population: Age 18-85 with Essential/Primary Hypertension diagnosed prior to July 1, 2019.

- Latest blood pressure reading adequately controlled (<140/90)
- Do not include blood pressure (BP) taken on same day as diagnostic/therapeutic procedures that require change in diet, medication on or one day before test/procedure, with exception for fasting blood tests
- Excluded populations: ESRD, dialysis, renal transplant, CKD stage 5, or pregnancy
- Exclude age 65 or older in Institutional Special Needs Program (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56

MENTAL HEALTH: DEPRESSION REMISSION AT TWELVE MONTHS

**Documentation of follow-up PHQ-9M or PHQ-9 result less than 5 may be determined at a Telehealth Encounter.*

Population: Age 12 to 17 and 18 and older with a diagnosis of major depression or dysthymia & initial PHQ9 score greater than 9 during index event.

- Index visit: first visit between 11/1/17 to 10/31/2018 with PHQ-9 greater than 9 & major depression/dysthymia
- Remission: 10-14 months from index date with PHQ-9 less than 5
- Exclusions: permanent nursing home, disorders including bipolar, personality, schizophrenia, psychotic, pervasive developmental

CARE-2: FALLS SCREENING FOR FUTURE FALL RISK

** May be performed at a Telehealth Encounter. Population: Age 65 or older.*

- Acceptable documentation (must be in 2019) includes: "no falls", history of a fall in 2019, or a gait or balance assessment
- Exclusion: non-ambulatory at final encounter of 2019

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