

Quality ID #7 (NQF 0070): Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%) – National Quality Strategy Domain: Effective Clinical Care

**2018 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY**

MEASURE TYPE:

Process

DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a prior MI or a current or prior LVEF < 40% who were prescribed beta-blocker therapy

INSTRUCTIONS:

This measure is to be submitted a minimum of **once per performance period** for all patients with a diagnosis of CAD seen during the performance period. Only patients who had at least two denominator eligible visits during the performance period will be counted for Submission Criteria 1 and Submission Criteria 2 of this measure. This measure may be submitted by eligible clinicians who perform the quality actions described in the measure for the primary management of patients with CAD based on the services provided and the measure-specific denominator coding.

This measure will be calculated with 2 performance rates:

- 1) Percentage of patients with a diagnosis of CAD or history of cardiac surgery who have a current or prior LVEF < 40% who were prescribed beta-blocker therapy
- 2) Percentage of patients with a diagnosis of CAD or history of cardiac surgery who have a prior (within the past 3 years) myocardial infarction who were prescribed beta-blocker therapy

The eligible clinician should submit data on one of the submission criteria, depending on the clinical findings. If the patient has CAD or history of cardiac surgery and a current or prior LVEF < 40%, use Submission Criteria 1. If the patient has CAD or history of cardiac surgery and has a prior (within the past 3 years) MI, use Submission Criteria 2. The 3 year lookback period for the prior MI should be from the time of the encounter which is used to qualify for the denominator and evaluate the numerator. If the patient has both prior (within the past 3 years) MI and LVEF < 40%, the eligible clinician may submit quality-data codes for Submission Criteria 1 and this will count as appropriate submission for this patient.

Measure Submission:

The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry submissions; however, these codes may be submitted for those registries that utilize claims data.

THERE ARE TWO SUBMISSION CRITERIA FOR THIS MEASURE:

- 1) **Patients who are 18 years and older with a diagnosis of CAD or history of cardiac surgery who have a current or prior LVEF < 40%**

OR

- 2) **Patients who are 18 years and older with a diagnosis of CAD or history of cardiac surgery who have a prior myocardial infarction**

SUBMISSION CRITERIA 1: ALL PATIENTS WITH A DIAGNOSIS OF CAD OR HISTORY OF CARDIAC SURGERY WHO HAVE A CURRENT OR PRIOR LVEF < 40 %

DENOMINATOR (SUBMISSION CRITERIA 1):

All patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a current or prior LVEF < 40%

DENOMINATOR NOTE: *The history of cardiac surgery serves as a proxy for a diagnosis of CAD; a diagnosis is not needed if the patient has documented history of cardiac surgery. Only one of the two criteria – a diagnosis of CAD or history of cardiac surgery proxy – is required. To meet the denominator criteria, a patient must have an active diagnosis of CAD (or proxy documented) at the time of the encounter which is used to qualify for the denominator and evaluate the numerator.*

The encounter used to evaluate the numerator counts as 1 of the 2 encounters required for denominator inclusion. If the patient meets the CAD diagnosis criterion, the diagnosis needs to be active only at the encounter being evaluated for the numerator action. If the patient meets the proxy of a history of cardiac surgery inclusion criterion, there should be documentation of the proxy at the encounter being evaluated for the numerator action.

**Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for registry-based measures.*

Denominator Criteria (Eligible Cases) 1:

Patients aged ≥ 18 years on date of encounter

AND

Diagnosis for coronary artery disease (ICD-10-CM): 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, Z95.1, Z95.5, Z98.61

OR

History of cardiac surgery (CPT): 33140, 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536, 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92980, 92981, 92982, 92984, 92995, 92996

AND

Patient encounter during performance period – to be used for numerator evaluation (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

AND

At least one additional patient encounter during performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

AND

Left ventricular ejection fraction (LVEF) < 40%: G8694

NUMERATOR (SUBMISSION CRITERIA 1):

Patients who were prescribed beta-blocker therapy

Definitions:

Prescribed – May include prescription given to the patient for beta-blocker therapy at one or more visits in the measurement period OR patient already taking beta-blocker therapy as documented in current medication list.

Beta-blocker Therapy – For patients with prior LVEF < 40%, beta-blocker therapy includes the following: bisoprolol, carvedilol, or sustained release metoprolol succinate.

NUMERATOR NOTE: *To meet the intent of the measure, the numerator quality action must be performed at the encounter at which the active diagnosis of CAD or history of cardiac surgery proxy is documented. Denominator Exception(s) are determined on the date of the denominator eligible encounter.*

Numerator Options:

Performance Met:

Beta-blocker therapy prescribed or currently being taken
(G9189)

OR

Denominator Exception:

Documentation of medical reason(s) for not prescribing beta-blocker therapy (e.g., allergy, intolerance, other medical reasons) (G9190)

OR

Denominator Exception:

Documentation of patient reason(s) for not prescribing beta-blocker therapy (e.g., patient declined, other patient reasons) (G9191)

OR

Denominator Exception:

Documentation of system reason(s) for not prescribing beta-blocker therapy (e.g., other reasons attributable to the health care system) (G9192)

OR

Performance Not Met:

Beta-blocker therapy not prescribed, reason not given
(G9188)

OR

SUBMISSION CRITERIA 2: ALL PATIENTS WITH A DIAGNOSIS OF CAD OR HISTORY OF CARDIAC SURGERY WHO HAVE A PRIOR (WITHIN THE PAST 3 YEARS) MYOCARDIAL INFARCTION

DENOMINATOR (SUBMISSION CRITERIA 2):

All patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have prior (within the past 3 years) MI

Definition:

Prior Myocardial Infarction (MI) – for Submission Criteria 2, prior MI is limited to those occurring within the past 3 years

DENOMINATOR NOTE: *The history of cardiac surgery serves as a proxy for a diagnosis of CAD; a diagnosis is not needed if the patient has documented history of cardiac surgery. Only one of the two criteria – a diagnosis of CAD or history of cardiac surgery proxy – is required. To meet the denominator criteria, a*

patient must have an active diagnosis of CAD (or proxy documented) at the time of the encounter which is used to qualify for the denominator and evaluate the numerator.

The encounter used to evaluate the numerator counts as 1 of the 2 encounters required for denominator inclusion. If the patient meets the CAD diagnosis criterion, the diagnosis needs to be active only at the encounter being evaluated for the numerator action. If the patient meets the proxy of a history of cardiac surgery inclusion criterion, there should be documentation of the proxy at the encounter being evaluated for the numerator action.

*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for registry-based measures.

Denominator Criteria (Eligible Cases) 2:

Patients aged ≥ 18 years on date of encounter

AND

Diagnosis for coronary artery disease (ICD-10-CM): 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, Z95.1, Z95.5, Z98.61

OR

History of cardiac surgery (CPT): 33140, 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536, 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92980, 92981, 92982, 92984, 92995, 92996

AND

Diagnosis for myocardial infarction– includes patient that had a prior (within the past 3 years) myocardial infarction (ICD-10-CM): I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I21.9, I21.A1, I21.A9, I22.0, I22.1, I22.2, I22.8, I22.9, I24.1, I25.2

AND

Patient encounter during performance period – to be used for numerator evaluation (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

AND

At least one additional patient encounter during performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

NUMERATOR (SUBMISSION CRITERIA 2):

Patients who were prescribed beta-blocker therapy

Definitions:

Prescribed – May include prescription given to the patient for beta-blocker therapy at one or more visits in the measurement period OR patient already taking beta-blocker therapy as documented in current medication list.

Beta-blocker Therapy – For patients with prior MI, beta-blocker therapy includes any agent within the beta-blocker drug class. As of 2015, no recommendations or evidence are cited in current stable ischemic heart disease guidelines for preferential use of specific agents.

NUMERATOR NOTE: *To meet the intent of the measure, the numerator quality action must be performed at the encounter at which the active diagnosis of CAD or history of cardiac surgery proxy is documented. Denominator Exception(s) are determined on the date of the denominator eligible encounter.*

<u>Numerator Options:</u> <i>Performance Met:</i>	Beta-blocker therapy prescribed or currently being taken (4008F)
<u>OR</u>	
<i>Denominator Exception:</i>	Documentation of medical reason(s) for not prescribing beta-blocker therapy (e.g., allergy, intolerance, other medical reasons) (4008F with 1P)
<u>OR</u>	
<i>Denominator Exception:</i>	Documentation of patient reason(s) for not prescribing beta-blocker therapy (e.g., patient declined, other patient reasons) (4008F with 2P)
<u>OR</u>	
<i>Denominator Exception:</i>	Documentation of system reason(s) for not prescribing beta-blocker therapy (e.g., other reasons attributable to the health care system) (4008F with 3P)
<u>OR</u>	
<i>Performance Not Met:</i>	Beta-blocker therapy not prescribed, reason not otherwise specified (4008F with 8P)

RATIONALE:

For patients with coronary artery disease (CAD), beta-blockers are recommended for 3 years after myocardial infarction or acute coronary syndrome. Beta-blockers, particularly carvedilol, metoprolol succinate, or bisoprolol which have been shown to reduce risk of death, are recommended indefinitely for patients with CAD and LV systolic dysfunction. These agents have proven efficacy in reducing angina onset and improving the ischemic threshold during exercise. In patients who have suffered an MI, beta-blockers significantly reduce deaths and recurrent MIs (ACCF/AHA/ACP/AATS/PCNA/SCAI/STS, 2012).

Nonadherence to cardioprotective medications is prevalent among outpatients with CAD and can be associated with a broad range of adverse outcomes, including all-cause and cardiovascular mortality, cardiovascular hospitalizations, and the need for revascularization procedures (ACC/AHA, 2002).

This measure is intended to promote beta-blocker usage in select patients with CAD.

CLINICAL RECOMMENDATION STATEMENTS:

Beta-blocker therapy should be started and continued for 3 years in all patients with normal LV function after MI or ACS. (Class I, Level of Evidence: B) (ACCF/AHA/ACP/AATS/PCNA/SCAI/STS, 2012)

Beta-blocker therapy should be used in all patients with LV systolic dysfunction (EF \leq 40%) with heart failure or prior MI, unless contraindicated. (Use should be limited to carvedilol, metoprolol succinate, or bisoprolol, which have been shown to reduce risk of death.) (Class I, Level of Evidence: A) (ACCF/AHA/ACP/AATS/PCNA/SCAI/STS, 2012)

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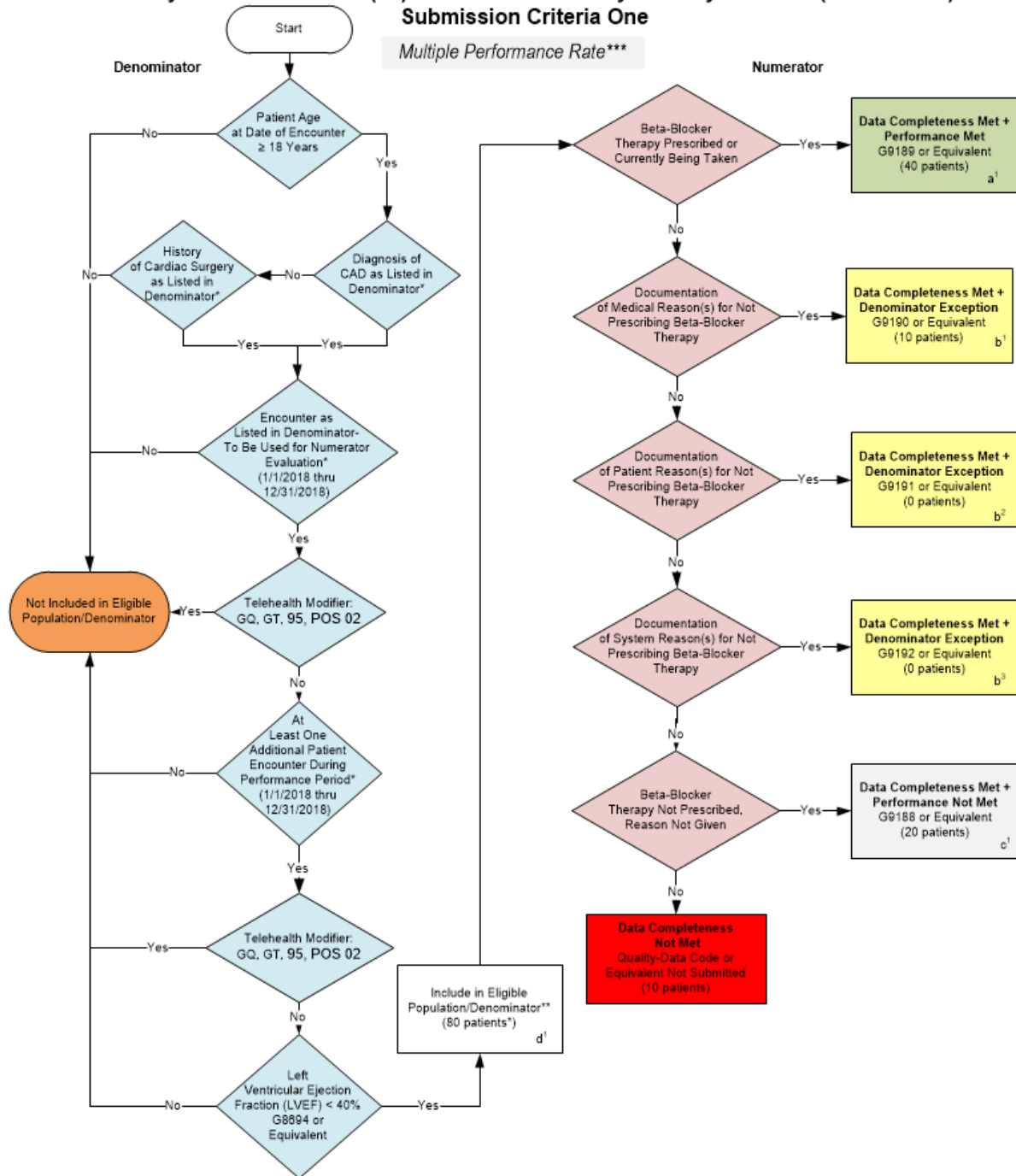
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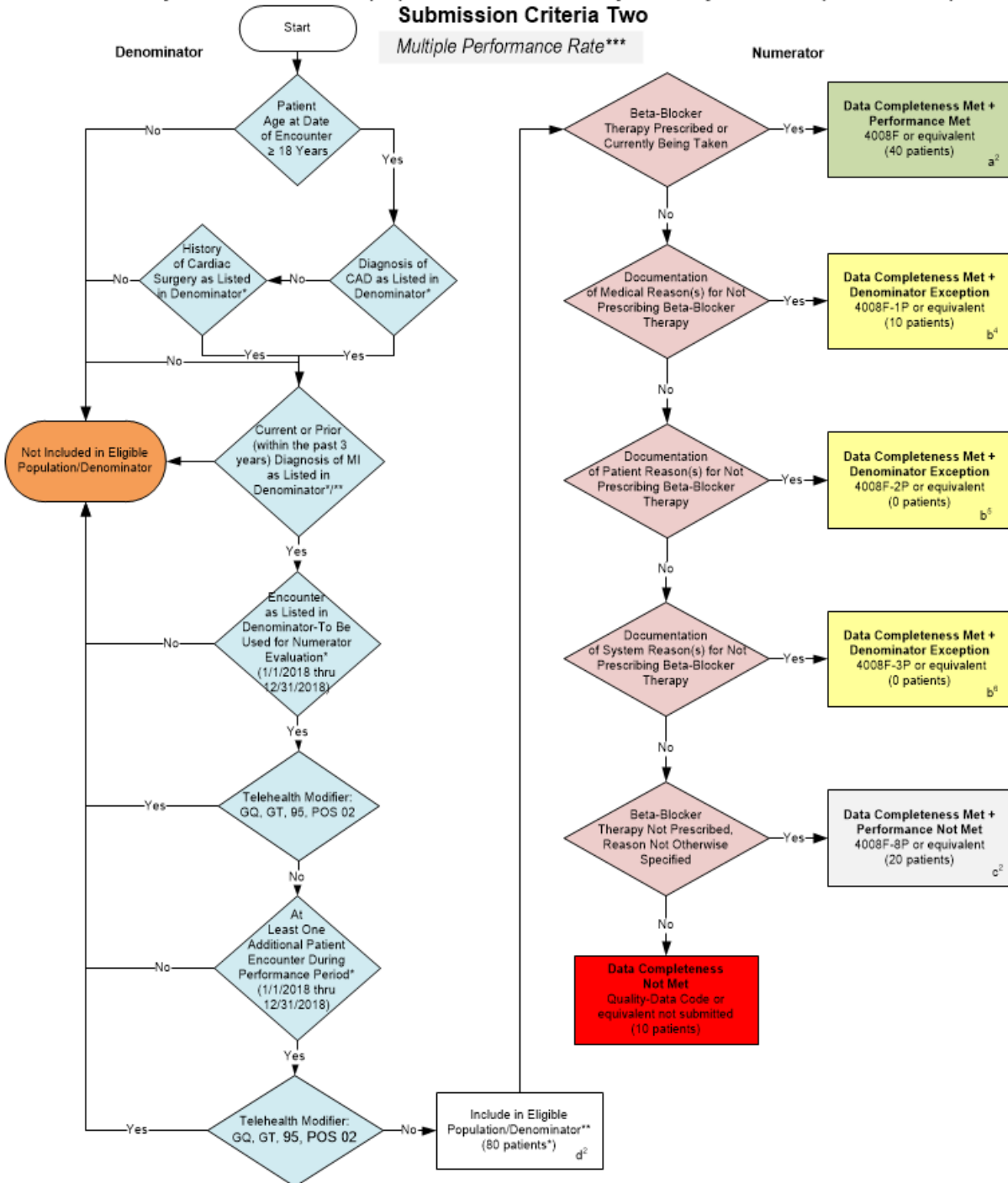
**2018 Registry Flow for Quality ID #7 NQF #0070:
Coronary Artery Disease (CAD): Beta-Blocker Therapy –
Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)
Submission Criteria One**



This measure should be calculated with 2 Performance Rates. Review the Sample Calculations to ensure the data completeness and performance rates are calculated accurately.
 *See the posted Measure Specification for specific coding and instructions to submit this measure.
 ** If the patient has both prior (within the past 3 years) MI and LVEF < 40%, Submission Criteria One will count as appropriate submission for this patient.
 ***It is anticipated for registry data submission that for every performance rate, a data completeness rate will be submitted. CMS will determine or use the overall data completeness and performance rate.
 NOTE: Submission Frequency: Patient-process.

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**2018 Registry Flow for Quality ID #7 NQF #0070:
Coronary Artery Disease (CAD): Beta-Blocker Therapy –
Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)
Submission Criteria Two**



This measure should be calculated with 2 Performance Rates. Review the Sample Calculations to ensure the data completeness and performance rates are calculated accurately.
 *See the posted Measure Specification for specific coding and instructions to submit this measure.
 ** If the patient has both prior (within the past 3 years) MI and LVEF < 40%, Submission Criteria One will count as appropriate submission for this patient.
 ***It is anticipated for registry data submission that for every performance rate, a data completeness rate will be submitted. CMS will determine or use the overall data completeness and performance rate.
 NOTE: Submission Frequency: Patient-process.
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**2018 Registry Flow for Quality ID #7 NQF #0070:
Coronary Artery Disease (CAD): Beta-Blocker Therapy –
Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)**

SAMPLE CALCULATIONS: Data Completeness and Performance Rate One: LVEF < 40%

Data Completeness One*=**

$$\frac{\text{Performance Met (a}^1=40 \text{ patients)} + \text{Denominator Exception (b}^1+\text{b}^2+\text{b}^3=10 \text{ patients)} + \text{Performance Not Met (c}^1=20 \text{ patients)}}{\text{Eligible Population / Denominator (d}^1=80 \text{ patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate One =

$$\frac{\text{Performance Met (a}^1=40 \text{ patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exception (b}^1+\text{b}^2+\text{b}^3=10 \text{ patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

SAMPLE CALCULATIONS: Data Completeness and Performance Rate Two: Myocardial Infarction

Data Completeness Two*=**

$$\frac{\text{Performance Met (a}^2=40 \text{ patients)} + \text{Denominator Exception (b}^4+\text{b}^5+\text{b}^6=10 \text{ patients)} + \text{Performance Not Met (c}^2=20 \text{ patients)}}{\text{Eligible Population / Denominator (d}^2=80 \text{ patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate Two =

$$\frac{\text{Performance Met (a}^2=40 \text{ patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exception (b}^4+\text{b}^5+\text{b}^6=10 \text{ patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

This measure should be calculated with 2 Performance Rates. Review the Sample Calculations to ensure the data completeness and performance rates are calculated accurately.

***It is anticipated for registry data submission that for every performance rate, a data completeness rate will be submitted. CMS will determine or use the overall data completeness and performance rate.

NOTE: Submission Frequency: Patient-process.

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v2

2018 Registry Flow for Quality ID
#7 NQF #0070: Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior
Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

Submission Criteria 1

1. Start with Denominator
2. Check Patient Age:
 - a. If the Age is greater than or equal to 18 years of age on Date of Encounter equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
 - b. If the Age is greater than or equal to 18 years of age on Date of Service equals Yes, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis (CAD):
 - a. If Diagnosis of CAD as Listed in the Denominator equals No, proceed to check Patient Procedure
 - b. If Diagnosis of CAD as Listed in the Denominator equals Yes, proceed to check Encounter-To be Used for Numerator Evaluation.
4. Check Patient Procedure (History of Cardiac Surgery):
 - a. If History of Cardiac Surgery as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If History of Cardiac Surgery as Listed in the Denominator equals Yes, proceed to check Encounter-To be Uses for Numerator Evaluation.
5. Check Encounter – To be Used for Numerator Evaluation:
 - a. If Encounter – To be Used for Numerator Evaluation as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Encounter – To be Used for Numerator Evaluation as Listed in the Denominator equals Yes during the measurement period, proceed to check Telehealth Modifier.
6. Check Telehealth Modifier:
 - a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing.
 - b. If Telehealth Modifier equals No, proceed to check At Least One Additional Patient Encounter Performed.
7. Check At Least One Additional Patient Encounter Performed:
 - a. If At Least One Additional Patient Encounter Performed as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If At Least One Additional Patient Encounter Performed as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.

8. Check Telehealth Modifier:
 - a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing.
 - b. If Telehealth Modifier equals No, proceed to check Left Ventricular Ejection Fraction (LVEF) less than 40%.
9. Check Left Ventricular Ejection Fraction (LVEF) less than 40%:
 - a. If Left Ventricular Ejection Fraction (LVEF) less than 40% as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Left Ventricular Ejection Fraction (LVEF) less than 40% as Listed in the Denominator equals Yes, include in the Eligible Population.
10. Denominator Population:
 - a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d¹ equals 80 patients in the Sample Calculation.
11. Start Numerator
12. Check Beta-Blocker Therapy Prescribed or is Currently Being Taken:
 - a. If Beta-Blocker Therapy Prescribed or is Currently Being Taken equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a¹ equals 40 patients in the Sample Calculation.
 - c. If Beta-Blocker Therapy Prescribed or is Currently Being Taken equals No, proceed to Documentation of Medical Reason(s) for Not Prescribing Beta-Blocker Therapy.
13. Check Documentation of Medical Reason(s) for Not Prescribing Beta-Blocker Therapy:
 - a. If Documentation of Medical Reason(s) for Not Prescribing Beta-Blocker Therapy equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b¹ equals 10 patients in the Sample Calculation.
 - c. If Documentation of Medical Reason(s) for Not Prescribing Beta-Blocker Therapy equals No, proceed to Documentation of Patient Reason(s) for Not Prescribing Beta-Blocker Therapy.
14. Check Documentation of Patient Reason(s) for Not Prescribing Beta-Blocker Therapy:
 - a. If Documentation of Patient Reason(s) for Not Prescribing Beta-Blocker Therapy equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b² equals 0 patients in the Sample Calculation.

- c. If Documentation of Patient Reason(s) for Not Prescribing Beta-Blocker Therapy equals No, proceed to Documentation of System Reason(s) for Not Prescribing Beta-Blocker Therapy.
15. Check Documentation of System Reason(s) for Not Prescribing Beta-Blocker Therapy:
- a. If Documentation of System Reason(s) for Not Prescribing Beta-Blocker Therapy equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b³ equals 0 patients in the Sample Calculation.
 - c. If Documentation of System Reason(s) for Not Prescribing Beta-Blocker Therapy equals No, proceed to Beta-Blocker Therapy Not Prescribed, Reason Not Given.
16. Check Beta-Blocker Therapy Not Prescribed, Reason Not Given:
- a. If Beta-Blocker Therapy Not Prescribed, Reason Not Given equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c¹ equals 20 patients in the Sample Calculation.
 - c. If Beta-Blocker Therapy Not Prescribed, Reason Not Given equals No, proceed to Data Completeness Not Met.
17. Check Data Completeness Not Met
- a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS: Data Completeness and Performance Rate One: LVEF < 40%

Data Completeness One*=**

$$\frac{\text{Performance Met (a}^1=40 \text{ patients)} + \text{Denominator Exception (b}^1+\text{b}^2+\text{b}^3=10 \text{ patients)} + \text{Performance Not Met (c}^1=20 \text{ patients)}}{\text{Eligible Population / Denominator (d}^1=80 \text{ patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate One =

$$\frac{\text{Performance Met (a}^1=40 \text{ patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exception (b}^1+\text{b}^2+\text{b}^3=10 \text{ patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

2018 Registry Flow for Quality ID

#7 NQF #0070: Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

Submission Criteria 2

1. Start with Denominator
2. Check Patient Age:
 - a. If the Age is greater than or equal to 18 years of age on Date of Encounter equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
 - b. If the Age is greater than or equal to 18 years of age on Date of Service equals Yes during the measurement period, proceed to check Patient Diagnosis
3. Check Patient Diagnosis (CAD):
 - a. If Diagnosis of CAD as Listed in the Denominator equals No, proceed to check Patient Procedure.
 - b. If Diagnosis of CAD as Listed in the Denominator equals Yes, proceed to check Current or Prior (within the past 3 years) Diagnosis of MI.
4. Check Patient Procedure (History of Cardiac Surgery):
 - a. If History of Cardiac Surgery as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If History of Cardiac Surgery as Listed in the Denominator equals Yes, proceed to check Current or Prior (within the past 3 years) Diagnosis of MI.
5. Check Current or Prior (within the past 3 years) Diagnosis of MI:
 - a. If Current or Prior (within the past 3 years) Diagnosis of MI equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Current or Prior (within the past 3 years) Diagnosis of MI equals Yes, proceed to check Encounter – To be Used for Numerator Evaluation.
6. Check Encounter – To be Used for Numerator Evaluation:
 - a. If Encounter – To be Used for Numerator Evaluation as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Encounter – To be Used for Numerator Evaluation as Listed in the Denominator equals Yes during the measurement period, proceed to check Telehealth Modifier.
7. Check Telehealth Modifier:
 - a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing.
 - b. If Telehealth Modifier equals No, proceed to check At Least One Additional Patient Encounter Performed.

8. Check At Least One Additional Patient Encounter Performed:
 - a. If At Least One Additional Patient Encounter Performed as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If At Least One Additional Patient Encounter Performed as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
9. Check Telehealth Modifier:
 - a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing.
 - b. .If Telehealth Modifier equals No, include in the Eligible Population.
10. Denominator Population:
 - a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d² equals 80 patients in the Sample Calculation.
11. Start Numerator
12. Check Beta-Blocker Therapy Prescribed or is Currently Being Taken:
 - a. If Beta-Blocker Therapy Prescribed or is Currently Being Taken equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a² equals 40 patients in the Sample Calculation.
 - c. If Beta-Blocker Therapy Prescribed or is Currently Being Taken equals No, proceed to Documentation of Medical Reason(s) for Not Prescribing Beta-Blocker Therapy.
13. Check Documentation of Medical Reason(s) for Not Prescribing Beta-Blocker Therapy:
 - a. If Documentation of Medical Reason(s) for Not Prescribing Beta-Blocker Therapy equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b⁴ equals 10 patients in the Sample Calculation.
 - c. If Documentation of Medical Reason(s) for Not Prescribing Beta-Blocker Therapy equals No, proceed to Documentation of Patient Reason(s) for Not Prescribing Beta-Blocker Therapy.
14. Check Documentation of Patient Reason(s) for Not Prescribing Beta-Blocker Therapy:
 - a. If Documentation of Patient Reason(s) for Not Prescribing Beta-Blocker Therapy equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b⁵ equals 0 patients in the Sample Calculation.

- c. If Documentation of Patient Reason(s) for Not Prescribing Beta-Blocker Therapy equals No, proceed to Documentation of System Reason(s) for Not Prescribing Beta-Blocker Therapy.
15. Check Documentation of System Reason(s) for Not Prescribing Beta-Blocker Therapy:
- a. If Documentation of System Reason(s) for Not Prescribing Beta-Blocker Therapy equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b⁶ equals 0 patients in the Sample Calculation.
 - c. If Documentation of System Reason(s) for Not Prescribing Beta-Blocker Therapy equals No, proceed to Beta-Blocker Therapy Not Prescribed, Reason Not Otherwise Specified.
16. Check Beta-Blocker Therapy Not Prescribed, Reason Not Otherwise Specified:
- a. If Beta-Blocker Therapy Not Prescribed, Reason Not Otherwise Specified equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c² equals 20 patients in the Sample Calculation.
 - c. If Beta-Blocker Therapy Not Prescribed, Reason Not Otherwise Specified equals No, proceed to Data Completeness Not Met.
17. Check Data Completeness Not Met
- a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS: Data Completeness and Performance Rate Two: Myocardial Infarction

Data Completeness Two*=**

$$\frac{\text{Performance Met (a}^2=40 \text{ patients)} + \text{Denominator Exception (b}^4+\text{b}^5+\text{b}^6=10 \text{ patients)} + \text{Performance Not Met (c}^2=20 \text{ patients)}}{\text{Eligible Population / Denominator (d}^2= 80 \text{ patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate Two =

$$\frac{\text{Performance Met (a}^2=40 \text{ patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exception (b}^4+\text{b}^5+\text{b}^6=10 \text{ patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$