2016 Measures Group (MG) Flow
Cardiovascular Prevention

Note: For Measure numerator details, please refer to the Measures Groups Specification Manual

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

*See the posted 2016 Measures Groups Specification Manual for Patient Sample Criteria, specific coding and instructions to report this measures group.

**Measure #204 need only be reported when the patient has a diagnosis indicating Ischemic Vascular Disease (IVD) or Acute Myocardial Infarction as indicated in the Overview of the Cardiovascular Prevention Measures Group.

***Measure #226 need only be reported on patients age 21-65 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period. Additionally Measure #226 need not be reported (is not applicable) if the patient has evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period or if the patient has a diagnosis of pregnancy during the measurement period.

v2
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***Measure #317 need not be reported (is not applicable) if the patient has an active diagnosis of hypertension.

*Measure #438 has three criteria by which a patient can be considered eligible for the measure. Report if the patient is in at least one of the three populations indicated in the Overview of the Cardiovascular Prevention Measures Group.
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Scenarios for Reporting (Patient) and Performance (Measure) Algorithms:

\( a = \text{Performance Met} \); \( b = \text{Performance Exclusion} \); \( c = \text{Performance Not Met} \); \( d = \text{Not Reported} \); \( e = \text{Not Applicable} \)

<table>
<thead>
<tr>
<th>Measure 130 (i)</th>
<th>Measure 204** (ii)</th>
<th>Measure 226 (iii)</th>
<th>Measure 236*** (iv)</th>
<th>Measure 317**** (v)</th>
<th>Measure 438* (vi)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient X IVD, HTN, and ASCVD</td>
<td>Met ((a))</td>
<td>Met ((a))</td>
<td>Met ((a))</td>
<td>Not Applicable ((e))</td>
<td>Met ((a))</td>
</tr>
<tr>
<td>Patient Y without IVD or AMI and with ASCVD</td>
<td>Met ((a))</td>
<td>Not Applicable ((e))</td>
<td>Not Met ((c))</td>
<td>Not Applicable ((e))</td>
<td>Met ((a))</td>
</tr>
<tr>
<td>Patient Z IVD and DM LDL-C=190 mg/dL</td>
<td>Not Met ((c))</td>
<td>Not Met ((c))</td>
<td>Not Met ((c))</td>
<td>Not Applicable ((e))</td>
<td>Met ((a))</td>
</tr>
</tbody>
</table>

**Reporting Algorithm**

Patient X \([\(a\), \(a\), \(a\), \(a\), \(a\), \(a\)]\) + Patient Y \([\(a\), \(e\), \(c\), \(b\), \(a\), \(b\)]\) + Patient Z \([\(c\), \(c\), \(a\), \(e\), \(a\), \(d\)]\) = 1+1+0 = 2 of the Required 20 Patient Sample Reported

**Performance Algorithms**

**Measure 130**
Reported QDC for eligible patient (3) - Performance Exclusion (0) = \(2 = 66.67\%\) 3

**Measure 204**
Reported QDC for eligible patient (2) = \(1 = 50.00\%\) 2

**Measure 226**
Reported QDC for eligible patient (3) - Performance Exclusion (0) = \(2 = 66.67\%\) 3

**Measure 236**
Reported QDC for eligible patient (1) = \(1 = 100.00\%\) 1

**Measure 317**
Reported QDC for eligible patient (2) - Performance Exclusion (0) = \(2 = 100.00\%\) 2

**Measure 438**
Reported QDC for eligible patient (2) - Performance Exclusion (1) = \(1 = 100.00\%\) 1

**Measure 204** need only be reported when the patient has a diagnosis indicating Ischemic Vascular Disease (IVD) or Acute Myocardial Infarction as indicated in the Overview of the Cardiovascular Prevention Measures Group.

**Measure 236** need only be reported on patients age 21-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period. Additionally Measure 236 need not be reported (is not applicable) if the patient has evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period or if the patient has a diagnosis of pregnancy during the measurement period.

**Measure 317** need not be reported (is not applicable) if the patient has an active diagnosis of hypertension.

*Measure 438 has three criteria by which a patient can be considered eligible for the measure. Report if the patient is in at least one of the three populations indicated in the Overview of the Cardiovascular Prevention Measures Group.

**Reporting of all applicable measures contained in measures group, per eligible patient, equals one.**
2016 Measures Group (MG) Flow
Cardiovascular Prevention

Please refer to the specific section of the 2016 PQRS Measures Groups Specifications Manual to identify specific coding and instructions to report the Cardiovascular Prevention Measures Group Patient Sample Criteria (denominator), individual measures, and numerator options information for use in reporting this Measures Group.

1. Start with G9673 Intent G-code if Utilized

2. Check Patient Age:
   a. If the Age is greater than or equal to 21 years of age at Date of Service equals No, do not include in Eligible Population/Denominator. Stop Processing.
   b. If the Age is greater than or equal to 21 years of age at Date of Service equals Yes, proceed to check Patient Diagnosis.

3. Check Encounter Performed:
   a. If Encounter as Listed in the MG Patient Sample Criteria equals No, do not include in Eligible Population. Stop Processing.
   b. If Encounter as Listed in the MG Patient Sample Criteria equals Yes, include in the Eligible Population/Denominator.

4. Denominator Population
   a. Include in Eligible Population/Denominator is all eligible patients who meet the Patient Sample Criteria (denominator) for the Measures Group. For each measure within the measures group each numerator option is represented by a letter which is used in the Scenarios for Reporting and Performance Algorithms at the end of this document.

5. Start Numerator Options for Measures within the Measures Group

6. Composite Quality Data Code (QDC) G9677 has been created for registries that utilize claims data. This QDC may be reported in lieu of individual QDCs when all quality clinical actions for all applicable measures within the group have been performed for this patient.

7. Measure 130
   a. Numerator option Performance Met has an arrow pointing to G9677 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a.
   b. Numerator option Performance Exclusion is represented by letter b.
   c. Numerator option Performance Not Met is represented by letter c.
   d. Numerator option Not Reported is represented by letter d.

8. Measure 204
   a. Measure #204 need only be reported when the patient has a diagnosis indicating Ischemic Vascular Disease (IVD) or Acute Myocardial Infarction as indicated in the Overview of the Cardiovascular Prevention Measures Group. When measure #204 is Not Applicable it is represented by letter e in the Scenarios for Reporting Algorithms.
b. Numerator option Performance Met has an arrow pointing to G9677 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter aiv.

c. Numerator option Performance Not Met is represented by letter civ.

d. Numerator option Not Reported is represented by letter div.

9. Measure 226

a. Numerator option Performance Met has an arrow pointing to G9677 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter aiv.

b. Numerator option Performance Exclusion is represented by letter biv.

c. Numerator option Performance Not Met is represented by letter civ.

d. Numerator option Not Reported is represented by letter div.

10. Measure 236

a. Measure #236 only needs to be reported for patients 21 through 85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period. Additionally Measure #236 need not be reported (is not applicable) if the patient has evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period or if the patient has a diagnosis of pregnancy during the measurement period. When measure #236 is Not Applicable it is represented by letter eiv in the Scenarios for Reporting Algorithms.

b. Numerator option Performance Met has an arrow pointing to G9677 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter aiv.

c. Numerator option Performance Not Met is represented by letter civ.

d. Numerator option Not Reported is represented by letter div.

e. Numerator option Not Reported is represented by letter div.

11. Measure 317

a. Measure #317 does not need to be reported (is not applicable) if the patient has an active diagnosis of hypertension. When measure #317 is Not Applicable it is represented by letter eiv in the Scenarios for Reporting Algorithms.

b. Numerator option Performance Met has an arrow pointing to G9677 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter aiv.

c. Numerator option Performance Exclusion is represented by letter biv.

d. Numerator option Performance Not Met is represented by letter civ.

e. Numerator option Not Reported is represented by letter div.
12. Measure 438
   a. Measure 438 has three criteria by which a patient can be considered eligible for the measure. Report if the patient is in at least one of the three populations indicated in the Overview of the Cardiovascular Prevention Measures Group. When measure #438 is Not Applicable it is represented by letter e\textsuperscript{vi} in the Scenarios for Reporting Algorithms.
   b. Numerator option Performance Met has an arrow pointing to G9677 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a\textsuperscript{vi}.
   c. Numerator option Performance Exclusion is represented by letter b\textsuperscript{vi}.
   d. Numerator option Performance Not Met is represented by letter c\textsuperscript{vi}.
   e. Numerator option Not Reported is represented by letter d\textsuperscript{vi}.

13. Scenarios for Reporting and Performance Algorithms

14. Patient X has IVD, HTN, and ASCVD
   a. Patient X Met Measure 130 (represented by a\textsuperscript{i})
   b. Patient X Met Measure 204 (represented by a\textsuperscript{ii})
   c. Patient X Met Measure 226 (represented by a\textsuperscript{iii})
   d. Patient X Met Measure 236 (represented by a\textsuperscript{iv})
   e. Patient X Not Applicable for Measure 317 (represented by e\textsuperscript{v})
   f. Patient X Met Measure 438 (represented by a\textsuperscript{vi})

15. Patient Y without IVD or AMI and with ASCVD
   a. Patient Y Met Measure 130 (represented by a\textsuperscript{i})
   b. Patient Y Not Applicable for Measure 204 (represented by e\textsuperscript{i})
   c. Patient Y Not Met but Reported Measure 226 (represented by c\textsuperscript{iii})
   d. Patient Y Not Applicable for Measure 236 (represented by e\textsuperscript{iv})
   e. Patient Y Not Applicable for Measure 317 (represented by e\textsuperscript{v})
   f. Patient Y Exclusion Reported for Measure 438 (represented by b\textsuperscript{vi})

16. Patient Z has IVD and Diabetes and LDL-C equals 190 mg/dL
   a. Patient Z Not Met but Reported Measure 130 (represented by c\textsuperscript{i})
   b. Patient Z Not Met but Reported Measure 204 (represented by c\textsuperscript{ii})
   c. Patient Z Met Measure 226 (represented by a\textsuperscript{iii})
   d. Patient Z Not Applicable for Measure 236 (represented by e\textsuperscript{iv})
e. Patient Z Met Measure 317 (represented by $a^e$)

f. Patient Z did Not Report Measure 438 (represented by $d^o$)

17. Reporting Algorithm
   a. Reporting of all applicable measures contained in the measures group, per eligible patient, equals one
   b. Patient X Reporting equals 1 Plus Patient Y Reporting equals 1 Plus Patient Z Reporting equals 0 for a total of 2 of the Required 20 Patient Sample Reported

18. Performance Algorithms

19. Measure 130
   a. Performance Met equals 2 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 66.67% Performance Rate

20. Measure 204
   a. Performance Met equals 1 divided by Reported QDC for 2 eligible patients equals 50% Performance Rate

21. Measure 226
   a. Performance Met equals 2 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 66.67% Performance Rate

22. Measure 236
   a. Performance Met equals 1 divided by Reported QDC for 1 eligible patients equals 100% Performance Rate

23. Measure 317
   a. Performance Met equals 2 divided by Reported QDC for 2 eligible patients minus 0 Performance Exclusions equals 100% Performance Rate

24. Measure 438
   a. Performance Met equals 1 divided by Reported QDC for 2 eligible patients minus 1 Performance Exclusion equals 100% Performance Rate