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
– Meaningful Measure Area: Management of Chronic Conditions

2019 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

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 Merit-based Incentive Payment System (MIPS) 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 Merit-based Incentive Payment System (MIPS) 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 Merit-based Incentive Payment System (MIPS) eligible clinician may submit quality-data codes for Submission Criteria 1 and this will count as appropriate submission for this patient.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

THERE ARE TWO SUBMISSION CRITERIA FOR THIS MEASURE:
1) All patients with a diagnosis of CAD or history of cardiac surgery who have a current or prior LVEF < 40%

OR

2) All patients with a diagnosis of CAD or history of cardiac surgery who have a prior (within the past 3 years) 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 MIPS CQMs.*

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 MIPS CQMs.*

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.*

Numerator Options:

Performance Met:	Beta-blocker therapy prescribed or currently being taken **(4008F)**
OR	
Denominator Exception:	Documentation of medical reason(s) for not prescribing beta-blocker therapy (eg, allergy, intolerance, other medical reasons) **(4008F *with* 1P)**
OR	
Denominator Exception:	Documentation of patient reason(s) for not prescribing beta-blocker therapy (eg, patient declined, other patient reasons) **(4008F *with* 2P)**
OR	
Denominator Exception:	Documentation of system reason(s) for not prescribing beta-blocker therapy (eg, other reasons attributable to the health care system) **(4008F *with* 3P)**
OR	
Performance Not Met:	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 <= 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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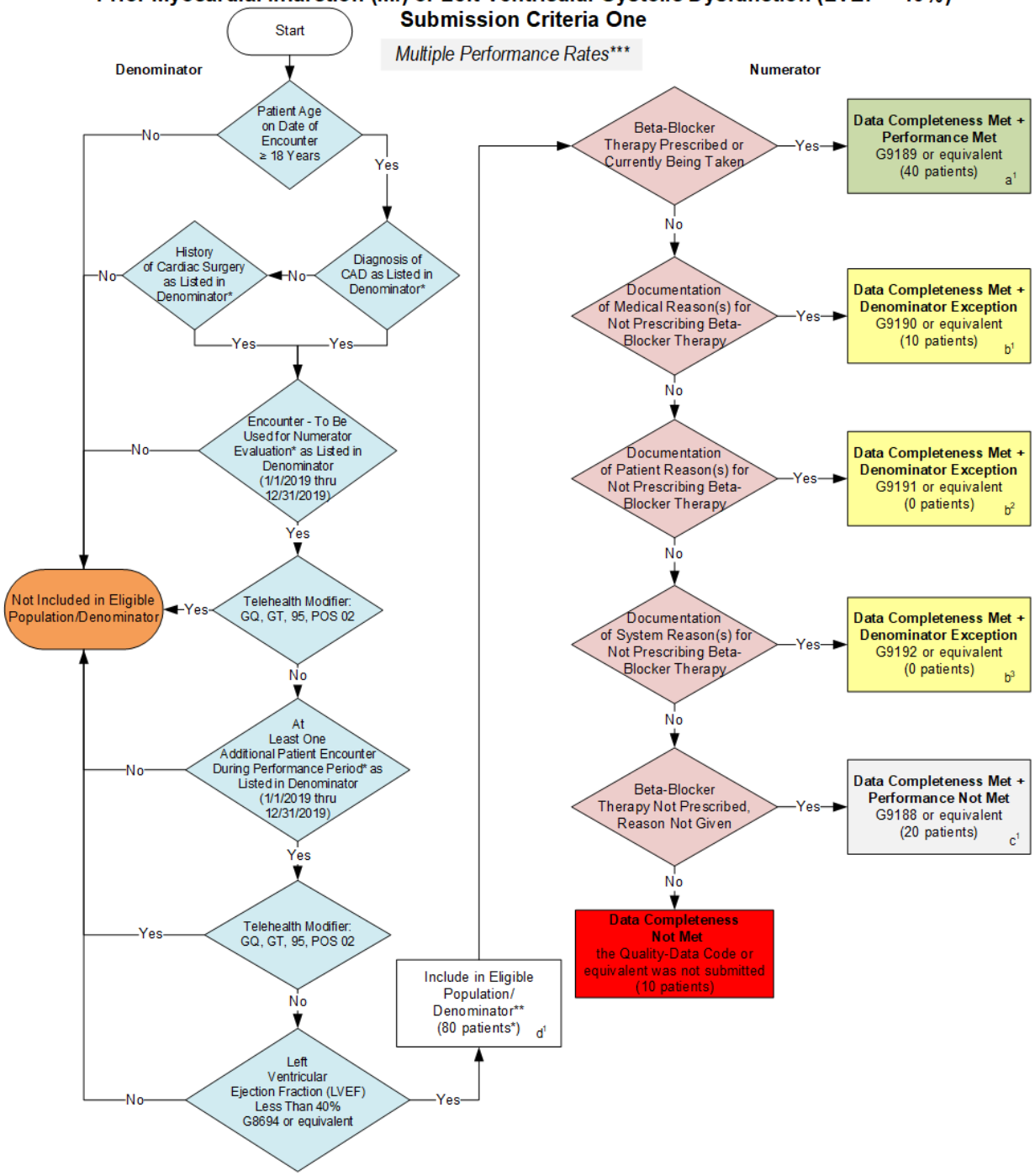
2019 Clinical Quality Measure Flow for Quality ID #7 NQF #0070: Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%) Submission Criteria One



This measure should be calculated with two 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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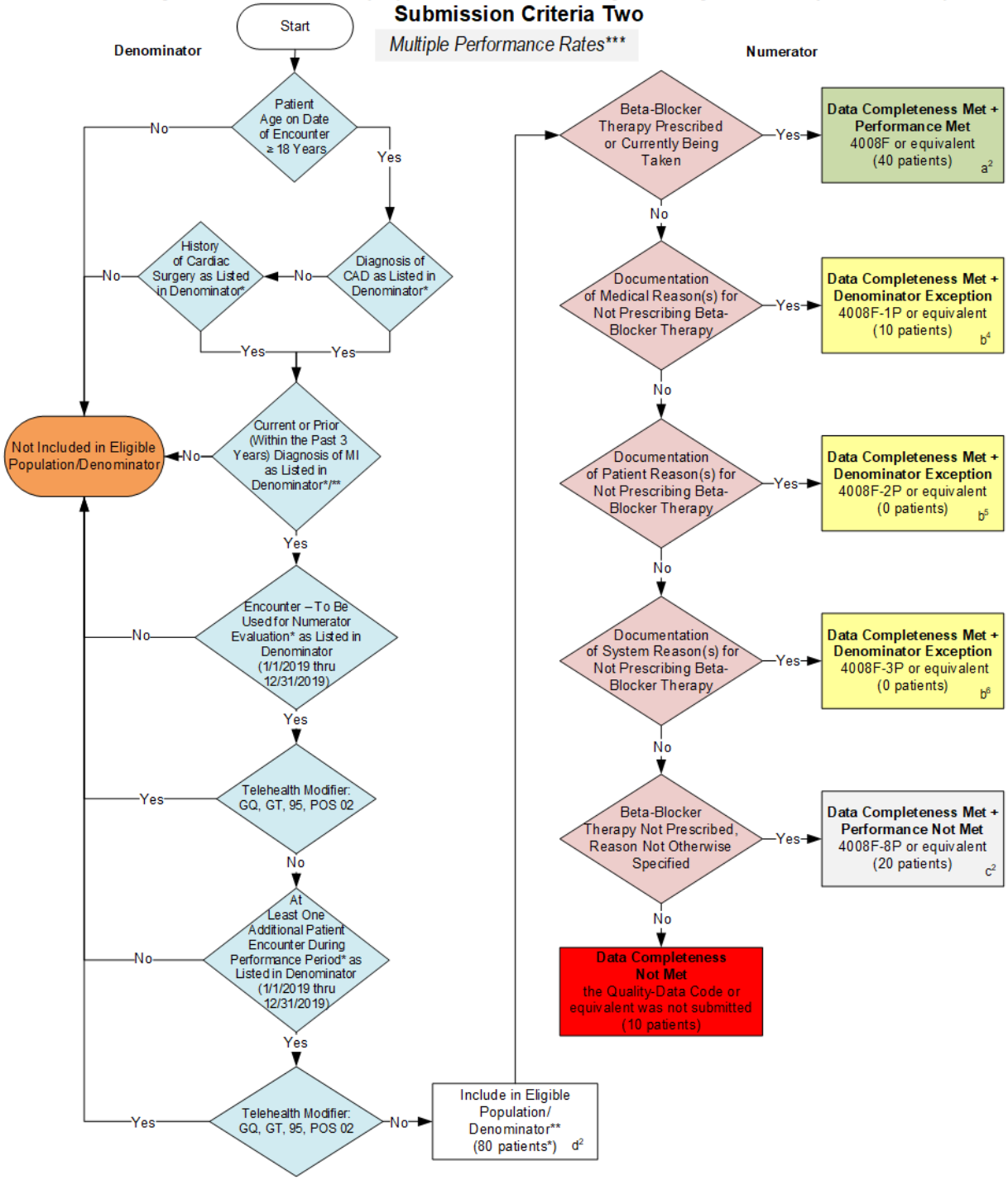
2019 Clinical Quality Measure Flow for Quality ID #7 NQF #0070: Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)

Submission Criteria Two

*Multiple Performance Rates****



This measure should be calculated with two 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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v3

2019 Clinical Quality Measure 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%)

*Multiple Performance Rates****

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

Data Completeness One* =**

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

Performance Rate One =

Performance Met (a^1=40 patients) = 40 patients = **66.67%**
Data Completeness One Numerator (70 patients) – Denominator Exception ($b^1+b^2+b^3$=10 patients) = 60 patients

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

Data Completeness Two* =**

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

Performance Rate Two =

Performance Met (a^2=40 patients) = 40 patients = **66.67%**
Data Completeness Two Numerator (70 patients) – Denominator Exception ($b^4+b^5+b^6$=10 patients) = 60 patients

This measure should be calculated with two 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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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.

2019 Clinical Quality Measure Flow Narrative 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.

Submission Criteria 1

1. Start with Denominator
2. Check Patient Age:
    a. If Patient Age is greater than or equal to 18 Years on Date of Encounter equals No during the measurement period, do not include in Eligible Population. Stop Processing.
    b. If Patient Age is greater than or equal to18 Years on Date of Encounter 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 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 Population. Stop Processing.
    b. If History of Cardiac Surgery as Listed in the Denominator equals Yes, proceed to check Encounter – To Be Used 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 Population. Stop Processing.
    b. If Encounter – To Be Used for Numerator Evaluation as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
6. Check Telehealth Modifier:
    a. If Telehealth Modifier equals Yes, do not include in Eligible Population. Stop Processing.
    b. If Telehealth Modifier equals No, proceed to check At Least One Additional Patient Encounter During Performance Period.
7. Check At Least One Additional Patient Encounter During Performance Period:
    a. If At Least One Additional Patient Encounter During Performance Period as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.

b. If At Least One Additional Patient Encounter During Performance Period 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 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% equals No, do not include in Eligible Population. Stop Processing.

    b. If Left Ventricular Ejection Fraction (LVEF) Less Than 40% equals Yes, include in 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 d^1 equals 80 patients in the Sample Calculation.

11. Start Numerator

12. Check Beta-Blocker Therapy Prescribed or Currently Being Taken:

    a. If Beta-Blocker Therapy Prescribed or 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 a^1 equals 40 patients in the Sample Calculation.

    c. If Beta-Blocker Therapy Prescribed or Currently Being Taken equals No, proceed to check 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 b^1 equals 10 patients in the Sample Calculation.

    c. If Documentation of Medical Reason(s) for Not Prescribing Beta-Blocker Therapy equals No, proceed to check 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 b^2 equals 0 patients in the Sample Calculation.

c. If Documentation of Patient Reason(s) for Not Prescribing Beta-Blocker Therapy equals No, proceed to check 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 b^3 equals 0 patients in the Sample Calculation.

    c. If Documentation of System Reason(s) for Not Prescribing Beta-Blocker Therapy equals No, proceed to check 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 c^1 equals 20 patients in the Sample Calculation.

    c. If Beta-Blocker Therapy Not Prescribed, Reason Not Given equals No, proceed to check 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* =**

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

Performance Rate One =

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

2019 Clinical Quality Measure Flow Narrative 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.

Submission Criteria 2

1. Start with Denominator
2. Check Patient Age:
    a. If Patient Age is greater than or equal to 18 Years on Date of Encounter equals No during the measurement period, do not include in Eligible Population. Stop Processing.
    b. If Patient Age is greater than or equal to18 Years on Date of Encounter 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 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 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 Population. Stop Processing.
    b. If Encounter – To Be Used for Numerator Evaluation as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
7. Check Telehealth Modifier:
    a. If Telehealth Modifier equals Yes, do not include in Eligible Population. Stop Processing.

b. If Telehealth Modifier equals No, proceed to check At Least One Additional Patient Encounter During Performance Period.

8. Check At Least One Additional Patient Encounter During Performance Period:

    a. If At Least One Additional Patient Encounter During Performance Period as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.

    b. If At Least One Additional Patient Encounter During Performance Period 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 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 d^2 equals 80 patients in the Sample Calculation.

11. Start Numerator

12. Check Beta-Blocker Therapy Prescribed or Currently Being Taken:

    a. If Beta-Blocker Therapy Prescribed or 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 a^2 equals 40 patients in the Sample Calculation.

    c. If Beta-Blocker Therapy Prescribed or Currently Being Taken equals No, proceed to check 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 b^4 equals 10 patients in the Sample Calculation.

    c. If Documentation of Medical Reason(s) for Not Prescribing Beta-Blocker Therapy equals No, proceed to check 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 b^5 equals 0 patients in the Sample Calculation.

c. If Documentation of Patient Reason(s) for Not Prescribing Beta-Blocker Therapy equals No, proceed to check 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 b^6 equals 0 patients in the Sample Calculation.

    c. If Documentation of System Reason(s) for Not Prescribing Beta-Blocker Therapy equals No, proceed to check 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 c^2 equals 20 patients in the Sample Calculation.

    c. If Beta-Blocker Therapy Not Prescribed, Reason Not Otherwise Specified equals No, proceed to check 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***=

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

Performance Rate Two =

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