Quality ID #431 (NQF 2152): Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

2023 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 12 months AND who received brief counseling if identified as an unhealthy alcohol user.

INSTRUCTIONS:
This measure is to be submitted **once per performance period** for patients seen during the performance period. This measure is intended to reflect the quality of services provided for preventive screening for unhealthy alcohol use. There is no diagnosis associated with 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 based on the services provided and the measure-specific denominator coding. For the purposes of the measure, the most recent denominator eligible encounter should be used to determine if the numerator action for the submission criteria was performed within the 12-month look back period.

This measure will be calculated with 3 performance rates:

1) Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 12 months
2) Percentage of patients aged 18 years and older who were identified as unhealthy alcohol users who received brief counseling
3) Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 12 months AND who received brief counseling if identified as unhealthy alcohol users

The denominator of submission criteria 2 is a subset of the resulting numerator for submission criteria 1, as submission criteria 2 is limited to assessing if patients identified as unhealthy alcohol users received brief counseling. For all patients, submission criteria 1 and 3 are applicable, but submission criteria 2 will only be applicable for those patients who are identified as unhealthy alcohol users. Therefore, data for every patient that meets the age and encounter requirements will only be submitted for submission criteria 1 and 3, whereas data submitted for submission criteria 2 will be for a subset of patients who meet the age and encounter requirements, as the denominator has been further limited to those who were identified as unhealthy alcohol users.

NOTE: *Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.*

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 THREE SUBMISSION CRITERIA FOR THIS MEASURE:

1) All patients who were screened for unhealthy alcohol use using a systematic screening method

AND

2) All patients who were identified as unhealthy alcohol users who received brief counseling

AND

3) All patients who were screened for unhealthy alcohol use using a systematic screening method and, if identified as unhealthy alcohol users received brief counseling, or were not identified as unhealthy alcohol users

This measure contains three submission criteria which aim to identify patients who were screened for unhealthy alcohol use using a systematic screening method (submission criteria 1), patients who were identified as unhealthy alcohol users and who received brief counseling (submission criteria 2), and a comprehensive look at the overall performance on unhealthy alcohol use screening and brief counseling (submission criteria 3). By separating this measure into various submission criteria, the MIPS eligible professional or MIPS eligible clinician will be able to better ascertain where gaps in performance exist, and identify opportunities for improvement. The overall rate (submission criteria 3) should be utilized to compare performance to published versions of this measure prior to the 2021 performance year, when the measure had a single performance rate. For accountability reporting in the CMS MIPS program, the rate for submission criteria 2 is used for performance.

SUBMISSION CRITERIA 1: ALL PATIENTS WHO WERE SCREENED FOR UNHEALTHY ALCOHOL USE

DENOMINATOR (SUBMISSION CRITERIA 1):
All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period

> ***DENOMINATOR NOTE:*** **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):**
> Patients aged ≥ 18 years
> **AND**
> **At least two patient encounters during the performance period (CPT or HCPCS):** 90791, 90792, 90832, 90834, 90837, 90845, 92517, 92518, 92519, 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92546, 92548, 92549, 92550, 92552, 92553, 92555, 92556, 92557, 92567, 92570, 92584, 92587, 92588, 92650*, 92651, 92652, 92653, 92620, 92625, 92626, 96156, 96158, 97165, 97166, 97167, 97168, 97802, 97803, 97804, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0270, G0271
> **OR**
> **At least one preventive encounter during the performance period (CPT or HCPCS):** 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, G0438, G0439
> **AND NOT**
> **DENOMINATOR EXCLUSIONS:**
> **Patients with dementia any time during the patient's history through the end of the measurement period:** M1164
> **OR**
> **Patients who use hospice services any time during the measurement period:** M1165

NUMERATOR (SUBMISSION CRITERIA 1):
Patients who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 12 months

Definition:
Systematic screening method – For purposes of this measure, one of the following systematic methods to assess unhealthy alcohol use must be utilized. "Systematic screening methods" and thresholds for defining unhealthy alcohol use include:

- AUDIT Screening Instrument (score ≥ 8)
- AUDIT-C Screening Instrument (score ≥ 4 for men; score ≥ 3 for women)
- Single Question Screening - How many times in the past year have you had 5 (for men) or 4 (for women and all adults older than 65 years) or more drinks in a day? (response ≥ 1)

NUMERATOR NOTE: *To satisfy the intent of this measure, a patient must have at least one screening for unhealthy alcohol use during the 12-month period. If a patient has multiple screenings for unhealthy alcohol use during the 12-month period, only the most recent screening, which has a documented status of unhealthy alcohol user or unhealthy alcohol non-user, will be used to satisfy the measure requirements.*

Numerator Options:

Performance Met:	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method **(G2196)**
OR	
Performance Met:	Patient screened for unhealthy alcohol use using a systematic screening method and not identified as an unhealthy alcohol user **(G2197)**
OR	
Performance Not Met:	Patient not screened for unhealthy alcohol use using a systematic screening method **(G2199)**

SUBMISSION CRITERIA 2: ALL PATIENTS WHO WERE IDENTIFIED AS UNHEALTHY ALCOHOL USERS AND WHO RECEIVED BRIEF COUNSELING

DENOMINATOR (SUBMISSION CRITERIA 2):
All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period who were screened for unhealthy alcohol use and identified as an unhealthy alcohol user

DENOMINATOR NOTE: **Signifies that this CPT Category I code is a non-covered service under the Medicare Part B PFS. These non-covered services should be counted in the denominator population for MIPS CQMs.*

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years
AND
All eligible instances when **G2196** is submitted for Performance Met (patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method) in the numerator of Submission Criteria 1
AND

At least two patient encounters during the performance period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90845, 92517, 92518, 92519, 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92546, 92548, 92549, 92550, 92552, 92553, 92555, 92556, 92557, 92567, 92570, 92584, 92587, 92588, 92650*, 92651, 92652, 92653, 92620, 92625, 92626, 96156, 96158, 97165, 97166, 97167, 97168, 97802, 97803, 97804, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0270, G0271

OR

At least one preventive encounter during the performance period (CPT or HCPCS): 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, G0438, G0439

AND NOT

DENOMINATOR EXCLUSIONS:

Patients with dementia any time during the patient's history through the end of the measurement period: M1164

OR

Patients who use hospice services any time during the measurement period: M1165

NUMERATOR (SUBMISSION CRITERIA 2):

Patients who received brief counseling

Definition:

Brief counseling – "Brief counseling" for unhealthy alcohol use refers to one or more counseling sessions, a minimum of 5-15 minutes, which may include: feedback on alcohol use and harms; identification of high risk situations for drinking and coping strategies; increased motivation and the development of a personal plan to reduce drinking.

NUMERATOR NOTE: *In the event that a patient is screened for unhealthy alcohol use and identified as an unhealthy user but did not receive brief alcohol cessation counseling submit G2202.*

Numerator Options:

Performance Met:	Patient identified as an unhealthy alcohol user received brief counseling **(G2200)**
OR	
Performance Not Met:	Patient did not receive brief counseling if identified as an unhealthy alcohol user **(G2202)**

SUBMISSION CRITERIA 3: ALL PATIENTS WHO WERE SCREENED FOR UNHEALTHY ALCOHOL USE AND, IF IDENTIFIED AS AN UNHEALTHY ALCOHOL USER RECEIVED BRIEF COUNSELING, OR WERE NOT IDENTIFIED AS AN UNHEALTHY ALCOHOL USER

DENOMINATOR (SUBMISSION CRITERIA 3):

All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period

DENOMINATOR NOTE: **Signifies that this CPT Category I code is a non-covered service under the Medicare Part B PFS. These non-covered services should be counted in the denominator population for MIPS CQMs.*

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years

AND

At least two patient encounters during the performance period (CPT or HCPCS): 90791, 90792, 90832, 90834, 90837, 90845, 92517, 92518, 92519, 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92546, 92548, 92549, 92550, 92552, 92553, 92555, 92556, 92557, 92567, 92570, 92584, 92587, 92588, 92650*, 92651, 92652, 92653, 92620, 92625, 92626, 96156, 96158, 97165, 97166, 97167, 97168, 97802,

97803, 97804, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, G0270, G0271
OR
At least one preventive encounter during the performance period (CPT or HCPCS): 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, G0438, G0439
AND NOT
DENOMINATOR EXCLUSIONS:
Patients with dementia any time during the patient's history through the end of the measurement period: M1164
OR
Patients who use hospice services any time during the measurement period: M1165

NUMERATOR (SUBMISSION CRITERIA 3):
Patients who were screened for unhealthy alcohol use using a systematic screening method at least once within 12 months **AND** who received brief counseling if identified as an unhealthy alcohol user

Definition:
Brief counseling – "Brief counseling" for unhealthy alcohol use refers to one or more counseling sessions, a minimum of 5-15 minutes, which may include: feedback on alcohol use and harms; identification of high risk situations for drinking and coping strategies; increased motivation and the development of a personal plan to reduce drinking.

NUMERATOR NOTE: *To satisfy the intent of this measure, a patient must have at least one unhealthy alcohol use screening during the 12-month period. If a patient has multiple unhealthy alcohol use screenings during the 12-month period, only the most recent screening, which has a documented status of unhealthy alcohol user or unhealthy alcohol non-user, will be used to satisfy the measure requirements.*

In the event that a patient is screened for unhealthy alcohol use and identified as an unhealthy user but did not receive brief alcohol cessation counseling submit G9624.

Numerator Options:

Performance Met:	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling **(G9621)**
OR	
Performance Met:	Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method **(G9622)**
OR	
Performance Not Met:	Patient not screened for unhealthy alcohol use using a systematic screening method or patient did not receive brief counseling if identified as an unhealthy alcohol user **(G9624)**

RATIONALE:
This measure is intended to promote unhealthy alcohol use screening and brief counseling which have been shown to be effective in reducing alcohol consumption, particularly in primary care settings. A number of studies, including patient and provider surveys, have documented low rates of alcohol misuse screening and counseling in primary care settings. According to a study analyzing the quality of health care in the United States, on average, 45% of patients

(n=6,676) were screened for problem drinking. (MCGlynn, et. al, 2003). In the national Healthcare for Communities Survey, only 8.7% of problem drinkers reported having been asked and counseled about their alcohol use in the last 12 months. (D'Amico, et. al., 2005)). A nationally representative sample of 648 primary care physicians were surveyed to determine how such physicians identify--or fail to identify--substance abuse in their patients, what efforts they make to help these patients and what are the barriers to effective diagnosis and treatment. Of physicians who conducted annual health histories, less than half ask about the quantity and frequency of alcohol use (45.3 percent). Only 31.8 percent say they ever administer standard alcohol or drug use screening instruments to patients. (CASA, 2000). A national systematic sample of 2,000 physicians practicing general internal medicine, family medicine, obstetrics-gynecology, and psychiatry were surveyed to determine the frequency of screening and intervention for alcohol problems. Of the 853 respondent physicians, 88% usually or always ask new outpatients about alcohol use. When evaluating patients who drink, 47% regularly inquire about maximum amounts on an occasion, and 13% use formal alcohol screening tools. Only 82% routinely offer intervention to diagnosed problem drinkers. (Friedman, et. al., 2000). In 2014, the CDC analyzed data from 17 states and the District of Columbia via the Behavioral Risk Factor Surveillance System to estimate the prevalence of adults who reported receiving elements of alcohol screening and brief intervention. While 77.7% of adults reported being asked about alcohol use by a health professional, only 32.9% were asked about binge-level alcohol consumption and among binge drinkers only 37.2% reported being counseled on the harms of binge drinking. Only 18.1% reported being advised to cut down on alcohol consumption or to quit drinking. (McKnight-Eily, et. al., 2017). A multi-site, cross-sectional survey of primary care residents from six primary care residency programs administered from March 2010 through December 2012 found that a minority of the residents appropriately screen or provide intervention for at risk alcohol users. While 60% (125/208) stated they screen patients at an initial visit, only 17% (35/208) screened patients at subsequent visits. 54% (108/202) reported they did not feel they had adequate training to provide brief intervention to patients found to be at-risk alcohol users and 21% (43/208) felt they could really help at-risk drinkers. (Barnes et. al., 2015). A study evaluating self-reported prevalence of alcohol screening using information drawn from the ConsumerStyles survey (a random internet panel) found that only 24.7% (n=2,592) of adults reported being asked about their alcohol use. While prevalence among men and women were about the same, there was lower prevalence of screening among Black non-Hispanics than white non-Hispanics (16.2% vs. 26.9%) and college graduates reported a higher prevalence of screening than those with a high school degree or less (38.1% vs. 20.8%). (Denny et. al., 2015). A cross-sectional analysis using 2016 DocStyles data that evaluated with use of different screening tools used to screen for alcohol misuse by 1,506 primary care providers found that while most providers screen for alcohol misuse (96%) only 38% reported using a USPSTF recommended screening tool. (Tan et. al., 2018).

CLINICAL RECOMMENDATION STATEMENTS:

The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use. (Grade B recommendation) (USPSTF, 2018)

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2023 Clinical Quality Measure Flow for Quality ID #431 (NQF 2152): Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling Submission Criteria One

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*

Multiple Performance Rates

SAMPLE CALCULATIONS: SUBMISSION CRITERIA ONE

Data Completeness=

Performance Met (a^1+a^2=70 patients) + Performance Not Met (c^1=20 patients) = 90 patients = **90.00%**

Eligible Population / Denominator (d^1=100 patients) = 100 patients

Performance Rate=

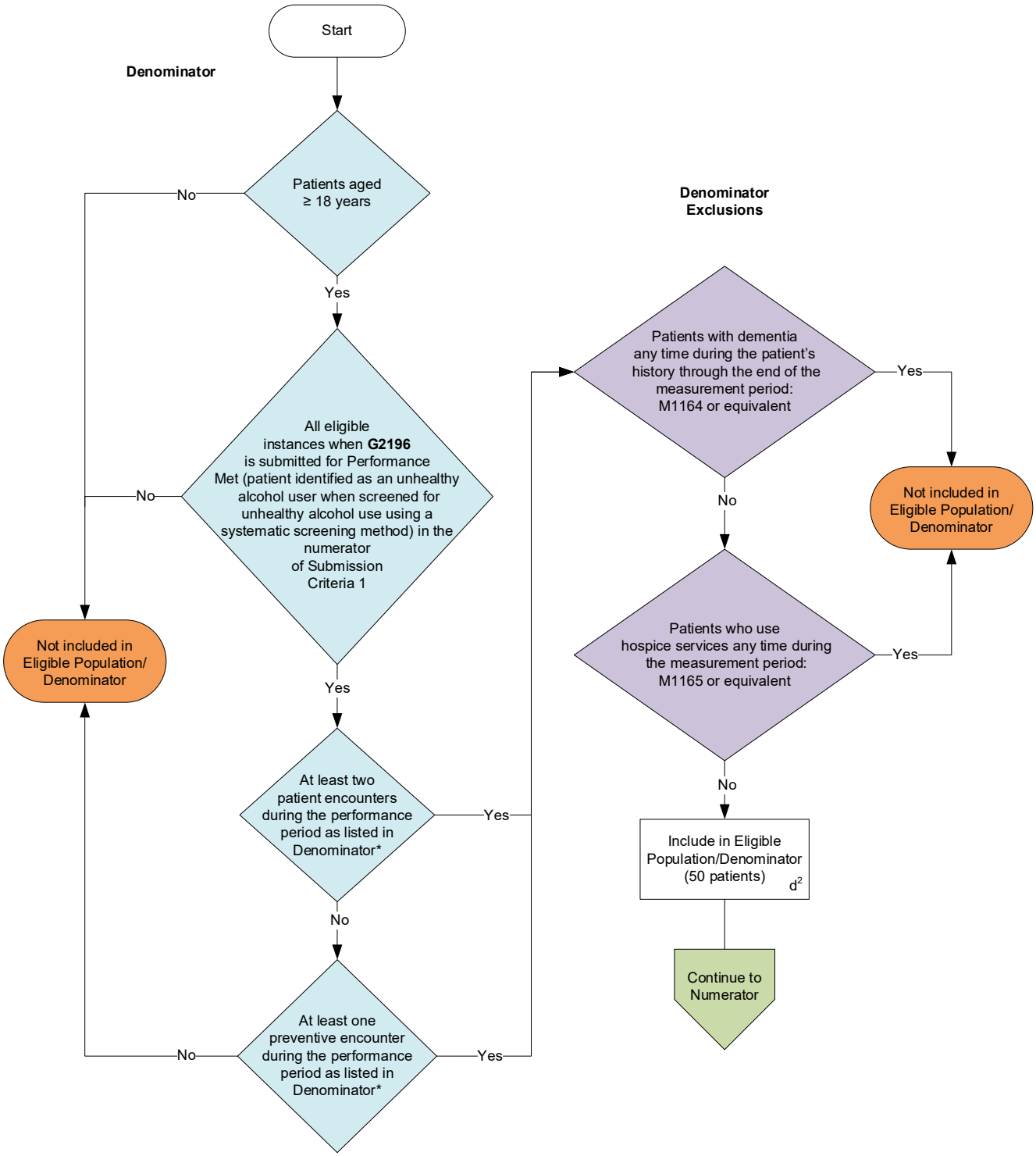
Performance Met (a^1+a^2=70 patients) = 70 patients = **77.78%**

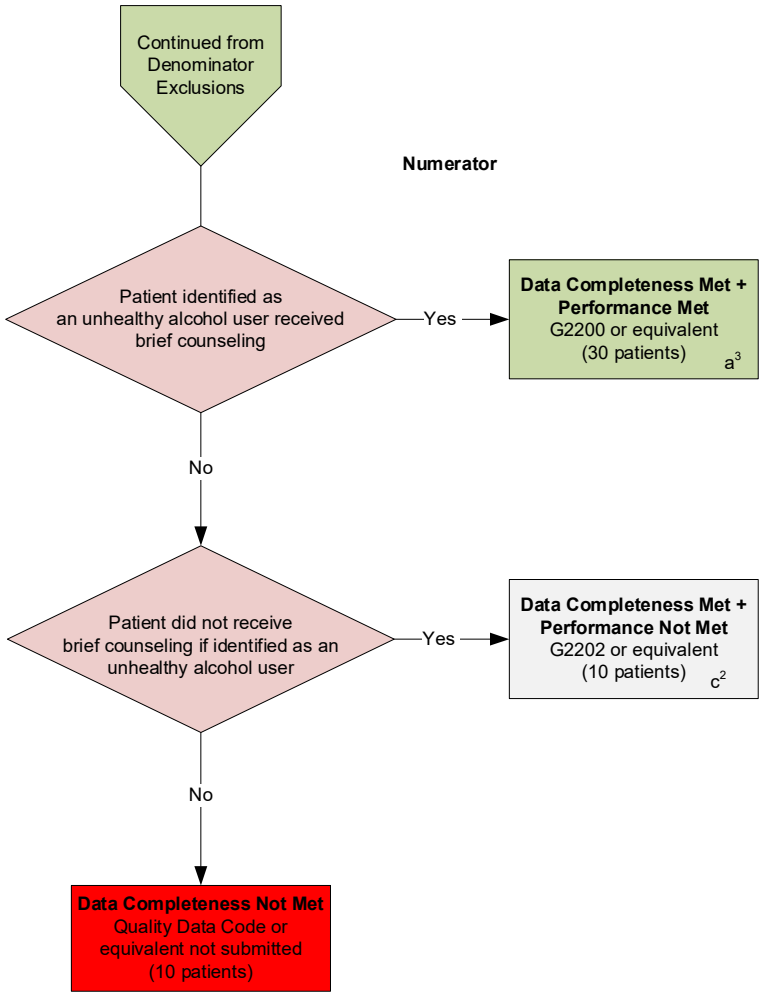
Data Completeness Numerator (90 patients) = 90 patients

*See the posted measure specification for specific coding and instructions to submit this measure.

Note: Submission Frequency: Patient-Process

Submission Criteria Two





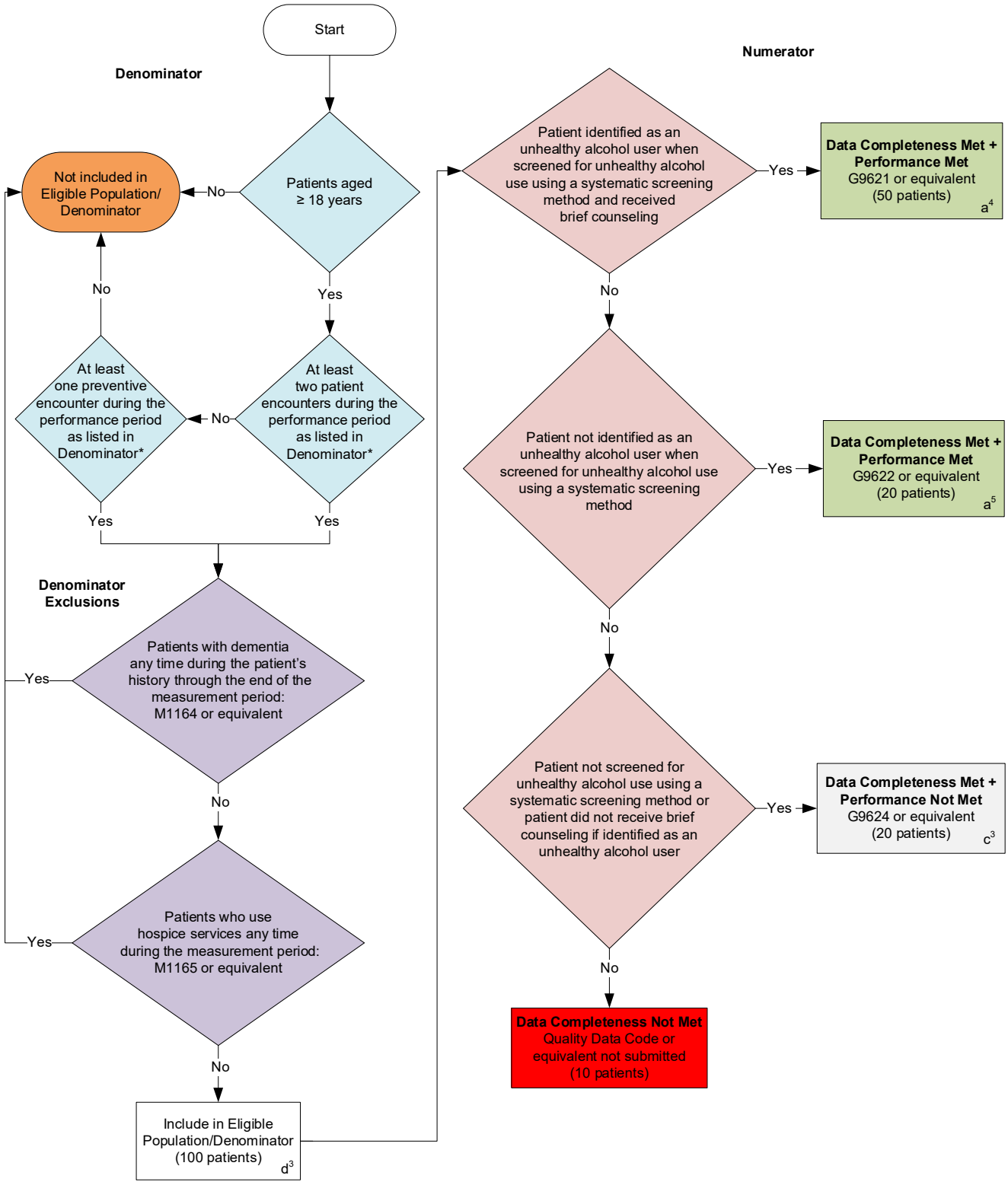
SAMPLE CALCULATIONS: SUBMISSION CRITERIA TWO

Data Completeness=
Performance Met (a^3=30 patients) + Performance Not Met (c^2=10 patients) = 40 patients = **80.00%**
Eligible Population / Denominator (d^2=50 patients) = 50 patients

Performance Rate=
Performance Met (a^3=30 patients) = 30 patients = **75.00%**
Data Completeness Numerator (40 patients) = 40 patients

*See the posted measure specification for specific coding and instructions to submit this measure.
Note: Submission Frequency: Patient-Process

Submission Criteria Three



SAMPLE CALCULATIONS: SUBMISSION CRITERIA THREE

Data Completeness=

Performance Met (a^4+a^5=70 patients) + Performance Not Met (c^3=20 patients) = 90 patients = **90.00%**

Eligible Population / Denominator (d^3=100 patients) = 100 patients

Performance Rate=

Performance Met (a^4+a^5=70 patients) = 70 patients = **77.78%**

Data Completeness Numerator (90 patients) = 90 patients

*See the posted measure specification for specific coding and instructions to submit this measure.
Note: Submission Frequency: Patient-Process

2023 Clinical Quality Measure Flow Narrative for Quality ID #431 (NQF 2152): Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*

Multiple Performance Rates

Submission Criteria One:

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years*:
    a. If *Patients aged greater than or equal to 18 years* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged greater than or equal to 18 years* equals Yes, proceed to check *At least two patient encounters during the performance period as listed in Denominator**.
3. Check *At least two patient encounters during the performance period as listed in Denominator**:
    a. If *At least two patient encounters during the performance period as listed in Denominator** equals No, proceed to check *At least one preventive encounter during the performance period as listed in Denominator**.
    b. If *At least two patient encounters during the performance period as listed in Denominator** equals Yes, proceed to check *Patients with dementia any time during the patient's history through the end of the measurement period*.
4. Check *At least one preventive encounter during the performance period as listed in Denominator**:
    a. If *At least one preventive encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *At least one preventive encounter during the performance period as listed in Denominator** equals Yes, proceed to check *Patients with dementia any time during the patient's history through the end of the measurement period*.
5. Check *Patients with dementia any time during the patient's history through the end of the measurement period*:
    a. If *Patients with dementia any time during the patient's history through the end of the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients with dementia any time during the patient's history through the end of the measurement period* equals No, proceed to check *Patients who use hospice services any time during the measurement period*.
6. Check *Patients who use hospice services any time during the measurement period*:
    a. If *Patients who use hospice services any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients who use hospice services any time during the measurement period* equals No, include in *Eligible Population/Denominator*.
7. 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 100 patients in the Sample Calculation.

8. Start Numerator

9. Check *Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method*:

    a. If *Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method* equals Yes, include in *Data Completeness Met and Performance Met*.

        - *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 50 patients in the Sample Calculation.

    b. If *Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method* equals No, proceed to check *Patient screened for unhealthy alcohol use using a systematic screening method and not identified as an unhealthy alcohol user*.

10. Check *Patient screened for unhealthy alcohol use using a systematic screening method and not identified as an unhealthy alcohol user*:

    a. If *Patient screened for unhealthy alcohol use using a systematic screening method and not identified as an unhealthy alcohol user* equals Yes, include in *Data Completeness Met and Performance Met*.

        - *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 20 patients in the Sample Calculation.

    b. If *Patient screened for unhealthy alcohol use using a systematic screening method and not identified as an unhealthy alcohol user* equals No, proceed to check *Patient not screened for unhealthy alcohol use using a systematic screening method*.

11. Check *Patient not screened for unhealthy alcohol use using a systematic screening method*:

    a. If *Patient not screened for unhealthy alcohol use using a systematic screening method* equals Yes, include in *Data Completeness Met and Performance Not Met*.

        - *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.

    b. If *Patient not screened for unhealthy alcohol use using a systematic screening method* equals No, proceed to check *Data Completeness Not Met*.

12. 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: Submission Criteria One

Data Completeness equals Performance Met (a^1 plus a^2 equals 70 patients) plus Performance Not Met (c^1 equals 20 patients) divided by Eligible Population / Denominator (d^1 equals 100 patients). All equals 90 patients divided by 100

patients. All equals 90.00 percent.

Performance Rate equals Performance Met (a^1 plus a^2 equals 70 patients) divided by Data Completeness Numerator (90 patients). All equals 70 patients divided by 90 patients. All equals 77.78 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

Note: Submission Frequency: Patient-Process

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.

Submission Criteria Two:

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years*:
    a. If *Patients aged greater than or equal to 18 years* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged greater than or equal to 18 years* equals Yes, proceed to check *All eligible instances of Performance Met when patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method in the numerator of Submission Criteria 1*.
3. Check *All eligible instances of Performance Met when patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method in the numerator of Submission Criteria 1:*
    a. If *All eligible instances of Performance Met when patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method in the numerator of Submission Criteria 1* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *All eligible instances of Performance Met when patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method in the numerator of Submission Criteria 1* equals Yes, proceed to check *At least two patient encounters during the performance period as listed in Denominator**.
4. Check *At least two patient encounters during the performance period as listed in Denominator**:
    a. If *At least two patient encounters during the performance period as listed in Denominator** equals No, proceed to check *At least one preventive encounter during the performance period as listed in Denominator**.
    b. If *At least two patient encounters during the performance period as listed in Denominator** equals Yes, proceed to check *Patients with dementia any time during the patient's history through the end of the measurement period*.
5. Check *At least one preventive encounter during the performance period as listed in Denominator**:
    a. If *At least one preventive encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *At least one preventive encounter during the performance period as listed in Denominator** equals Yes, proceed to check *Patients with dementia any time during the patient's history through the end of the measurement period*.

6. Check *Patients with dementia any time during the patient's history through the end of the measurement period*:

    a. If *Patients with dementia any time during the patient's history through the end of the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patients with dementia any time during the patient's history through the end of the measurement period* equals No, proceed to check *Patients who use hospice services any time during the measurement period*.

7. Check *Patients who use hospice services any time during the measurement period*:

    a. If *Patients who use hospice services any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patients who use hospice services any time during the measurement period* equals No, include in *Eligible Population/Denominator*.

8. 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 50 patients in the Sample Calculation.

9. Start Numerator

10. Check *Patient identified as an unhealthy alcohol user received brief counseling*:

    a. If *Patient identified as an unhealthy alcohol user received brief counseling* equals Yes, include in *Data Completeness Met and Performance Met*.

        - *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^3 equals 30 patients in the Sample Calculation.

    b. If *Patient identified as an unhealthy alcohol user received brief counseling* equals No, proceed to check *Patient did not receive brief counseling if identified as an unhealthy alcohol user*.

11. Check *Patient did not receive brief counseling if identified as an unhealthy alcohol user*:

    a. If *Patient did not receive brief counseling if identified as an unhealthy alcohol user* equals Yes, include in *Data Completeness Met and Performance Not Met*.

        - *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 10 patients in the Sample Calculation.

    b. If *Patient did not receive brief counseling if identified as an unhealthy alcohol user* equals No, proceed to check *Data Completeness Not Met*.

12. 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: Submission Criteria Two

Data Completeness equals Performance Met (a^3 equals 30 patients) plus Performance Not Met (c^2 equals 10 patients) divided by Eligible Population / Denominator (d^2 equals 50 patients). All equals 40 patients divided by 50 patients. All equals 80.00 percent.

Performance Rate equals Performance Met (a^3 equals 30 patients) divided by Data Completeness Numerator (40 patients). All equals 30 patients divided by 40 patients. All equals 75.00 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

Note: Submission Frequency: Patient-Process

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.

Submission Criteria Three:

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years*:
    a. If *Patients aged greater than or equal to 18 years* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged greater than or equal to 18 years* equals Yes, proceed to check *At least two patient encounters during the performance period as listed in Denominator**.
3. Check *At least two patient encounters during the performance period as listed in Denominator**:
    a. If *At least two patient encounters during the performance period as listed in Denominator** equals No, proceed to check *At least one preventive encounter during the performance period as listed in Denominator**.
    b. If *At least two patient encounters during the performance period as listed in Denominator** equals Yes, proceed to check *Patients with dementia any time during the patient's history through the end of the measurement period*.
4. Check *At least one preventive encounter during the performance period as listed in Denominator**:
    a. If *At least one preventive encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *At least one preventive encounter during the performance period as listed in Denominator** equals Yes, proceed to check *Patients with dementia any time during the patient's history through the end of the measurement period*.
5. Check *Patients with dementia any time during the patient's history through the end of the measurement period*:
    a. If *Patients with dementia any time during the patient's history through the end of the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients with dementia any time during the patient's history through the end of the measurement period* equals No, proceed to check *Patients who use hospice services any time during the measurement period*.
6. Check *Patients who use hospice services any time during the measurement period*:

a. If *Patients who use hospice services any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

b. If *Patients who use hospice services any time during the measurement period* equals No, include in *Eligible Population/Denominator*.

7. 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^3 equals 100 patients in the Sample Calculation.

8. Start Numerator

9. Check *Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling*:

    a. If *Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling* equals Yes, include in *Data Completeness Met and Performance Met*.

        - *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^4 equals 50 patients in the Sample Calculation.

    b. If *Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling* equals No, proceed to check *Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method*.

10. Check *Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method*:

    a. If *Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method* equals Yes, include in *Data Completeness Met and Performance Met*.

        - *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^5 equals 20 patients in the Sample Calculation.

    b. If *Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method* equals No, proceed to check *Patient not screened for unhealthy alcohol use using a systematic screening method or patient did not receive brief counseling if identified as an unhealthy alcohol user*.

11. Check *Patient not screened for unhealthy alcohol use using a systematic screening method or patient did not receive brief counseling if identified as an unhealthy alcohol user*:

    a. If *Patient not screened for unhealthy alcohol use using a systematic screening method or patient did not receive brief counseling if identified as an unhealthy alcohol user* equals Yes, include in *Data Completeness Met and Performance Not Met*.

        - *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^3 equals 20 patients in the Sample Calculation.

b. If *Patient not screened for unhealthy alcohol use using a systematic screening method or patient did not receive brief counseling if identified as an unhealthy alcohol user* equals No, proceed to check *Data Completeness Not Met*.

12. 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: Submission Criteria Three

Data Completeness equals Performance Met (a^4 plus a^5 equals 70 patients) plus Performance Not Met (c^3 equals 20 patients) divided by Eligible Population / Denominator (d^3 equals 100 patients). All equals 90 patients divided by 100 patients. All equals 90.00 percent.

Performance Rate equals Performance Met (a^4 plus a^5 equals 70 patients) divided by Data Completeness Numerator (90 patients). All equals 70 patients divided by 90 patients. All equals 77.78 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

Note: Submission Frequency: Patient-Process

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.