



# **Cardiovascular, Fall 2019 Cycle Track 2: CDP Technical Report**

**TECHNICAL REPORT  
MARCH 23, 2021**

This report is funded by the Centers for Medicare & Medicaid Services under HHSM-500-2017-00060I Task Order HHSM-500-T0001.

**<http://www.qualityforum.org>**

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## Executive Summary

Cardiovascular disease (CVD) is a significant burden in the United States (U.S.), leading to approximately one in four deaths per year.<sup>1</sup> Heart disease is the leading cause of death in the U.S.<sup>2</sup> Considering the impact of CVD, measures that assess clinical quality and patient outcomes are critical to reducing its negative impacts.

At the start of this project, the Cardiovascular Standing Committee evaluated one newly submitted measure and six measures undergoing maintenance review against the National Quality Forum's (NQF) standard evaluation criteria.

Due to circumstances surrounding the COVID-19 global pandemic, commenting periods for all measures evaluated in the fall 2019 cycle were extended from 30 days to 60 days. Based on the comments received during this 60-day extended commenting period, measures entered one of two tracks. If the comments received required a post-comment meeting for the Standing Committee to discuss and create a response, the measures were moved to *Track 2* and deferred to the spring 2020 cycle. All other measures continued on *Track 1* as part of the fall 2019 cycle.

The Standing Committee evaluated one measure undergoing maintenance review against NQF's standard evaluation criteria. The Standing Committee recommended the measure for endorsement. The Consensus Standards Approval Committee (CSAC) upheld the Standing Committee's recommendation.

### Track 2: Measures Deferred to Spring 2020 Cycle

#### Endorsed Measure:

- **NQF #0018** Controlling High Blood Pressure (National Committee for Quality Assurance (NCQA))

### Track 1: Measures Previously Reviewed During Fall 2019 Cycle

#### Endorsed Measures:

- **NQF #0071** Persistence of Beta-Blocker Treatment After a Heart Attack (NCQA)
- **NQF #0965** Discharge Medications (ACE/ARB and beta blockers) in Eligible ICD/CRT-D Implant Patients (American College of Cardiology (ACC))
- **NQF #3534** 30-Day All-Cause Risk Standardized Mortality Odds Ratio Following Transcatheter Aortic Valve Replacement (TAVR) (ACC)

#### Measures Not Endorsed:

- **NQF #0670** Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative Evaluation in Low-Risk Surgery Patients (ACC)
- **NQF #0671** Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI) (ACC)

- **NQF #0672** Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients (ACC)

This report contains details of the evaluation of the measure assigned to *Track 2* and moved to the spring 2020 cycle. A detailed summary of the Standing Committee's discussion and ratings of the criteria for this measure is in [Appendix A](#). The detailed evaluation summaries of the fall 2019 *Track 1* measures were included in a [separate report](#).

## Introduction

To support the measurement of the quality of care for patients with cardiovascular disease (CVD), NQF endorses and maintains performance measures related to multiple areas of cardiovascular care. The measures in the Cardiovascular portfolio have been grouped into various topic areas related to cardiovascular health. These topic areas include primary prevention and screening, coronary artery disease (CAD), ischemic vascular disease (IVD), acute myocardial infarction (AMI), cardiac catheterization, percutaneous coronary intervention (PCI), heart failure (HF), rhythm disorders, implantable cardioverter-defibrillators (ICDs), cardiac imaging, cardiac rehabilitation, and high blood pressure.

## NQF Portfolio of Performance Measures for Cardiovascular Conditions

The Cardiovascular Standing Committee ([Appendix C](#)) oversees NQF's portfolio of Cardiovascular measures ([Appendix B](#)), which includes measures for AMI, cardiac catheterization/PCI, CAD/IVD, cardiac imaging, heart failure, hyperlipidemia, hypertension, ICDs, rhythm disorders, and survival after cardiac arrest. This portfolio contains 41 endorsed measures: 19 process measures, 17 outcome and resource use measures, and five composite measures (see Table 1).

**Table 1. NQF Cardiovascular Portfolio of Measures**

	Process	Outcome/Resource Use	Composite
Acute myocardial infarction (AMI)	5	3	1
Cardiac catheterization/percutaneous coronary intervention (PCI)	0	8	1
Coronary artery disease (CAD)/ischemic vascular disease (IVD)	6	1	1
Heart failure	5	2	0
Hyperlipidemia	1	0	0
Hypertension	0	1	0
Implantable cardiovascular devices (ICDs)	1	0	2
Rhythm disorders	1	1	0
Survival after cardiac arrest	0	1	0
<b>Total</b>	<b>19</b>	<b>17</b>	<b>5</b>

Additional measures have been assigned to other portfolios. These include readmissions measures for AMI and HF (All-Cause Admissions/Readmissions Committee), measures for coronary artery bypass graft (CABG) (Surgery Committee), and measures for primary prevention of cardiovascular diseases (Prevention and Population Health Committee).

## Cardiovascular Measure Evaluation

On February 6, 2020, the Cardiovascular Standing Committee evaluated one new measure and six measures undergoing maintenance review against NQF's [standard measure evaluation criteria](#). Six measures were assigned to *Track 1* and continued in the fall 2019 cycle. The remaining measure was assigned to *Track 2* to allow time for a post-comment meeting to discuss and respond to the comment received. This report focuses on the measure assigned to *Track 2*.

**Table 2. Cardiovascular Measure Evaluation Summary, Track 2**

	Maintenance	New	Total
Measures reviewed	1	0	1
Measures endorsed	1	0	1

## NQF Member and Public Comment

Considering the recent COVID-19 global pandemic, many organizations needed to focus their attention on the public health crisis. To provide greater flexibility for stakeholders and continue the important work in quality measurement, NQF extended commenting periods and adjusted measure endorsement timelines for the fall 2019 cycle.

Commenting periods for all measures evaluated in the fall 2019 cycle were extended from 30 days to 60 days. Based on the comments received during this 60-day extended commenting period, measures entered one of two tracks:

### **Track 1: Measures That Remained in Fall 2019 Cycle**

**Measures that did not receive public comments or only received comments in support of the Standing Committee's recommendations** moved forward to the CSAC for review and discussion during its meeting on July 28-29, 2020.

### **Track 2: Measures Deferred to Spring 2020 Cycle**

**Fall 2019 measures that required further action or discussion from a Standing Committee were deferred to the spring 2020 cycle.** This includes measures in which consensus was not reached or those that require a response to public comments received. Measures undergoing maintenance review retained endorsement during that time.

During the November 17-18, 2020 CSAC meeting, the CSAC reviewed all measures assigned to *Track 2*.

## Comments Received Prior to Standing Committee Evaluation

NQF accepts comments on endorsed measures on an ongoing basis through the [Quality Positioning System \(QPS\)](#). In addition, NQF solicits comments for a continuous 16-week period during each evaluation cycle via an online tool located on the project webpage. For this evaluation cycle, the commenting period opened on December 5, 2019, and closed on May 24, 2020. Pre-meeting commenting closed on January 28, 2020. As of that date, no comments were submitted.

## Comments Received After Standing Committee Evaluation

The extended public commenting period with NQF member support closed on May 24, 2020. Following the Standing Committee's evaluation of the measures under review, NQF received one comment from one organization (a member organization) pertaining to the draft report and the measures under review. This comment was discussed at the June 30, 2020 post-comment meeting. It is summarized in [Appendix A](#).

Throughout the extended public commenting period, NQF members had the opportunity to express their support (either *support* or *do not support*) for each measure submitted for endorsement consideration to inform the Standing Committee's recommendations. No NQF members provided their expression of support.

## Summary of Measure Evaluation: Fall 2019 Measures, Track 2

The following brief summary of the measure evaluation highlights the major issues that the Standing Committee considered. Details of the Standing Committee's discussion and ratings of the criteria for this measure are included in [Appendix A](#).

### NQF #0018 Controlling High Blood Pressure (NCQA): Endorsed

**Description:** The percentage of adults 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year;

**Measure Type:** Outcome; Intermediate Clinical Outcome; **Level of Analysis:** Health Plan; **Setting of Care:** Outpatient Services; **Data Source:** Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records

Prior to the Standing Committee meeting, this measure was reviewed by the NQF Scientific Methods Panel (SMP). The SMP passed the measure with a moderate rating for both reliability and validity.

The Standing Committee recommended the measure for endorsement. They voted to pass this measure on evidence and performance gap. The Standing Committee discussed challenges with setting appropriate blood pressure goals and the nuances of blood pressure measurement. It mentioned that treatment to a single set target for both diastolic and systolic blood pressure can be difficult and may not be appropriate at the individual patient level. The Standing Committee and the developer discussed measuring based on a point measure versus an average of readings and the data challenges related to obtaining an average reading. The Standing Committee was pleased to see the inclusion of some forms of remote monitoring in the updated specifications but noted that only monitors that auto-transmit data are currently included. The Standing Committee discussed the simplicity of having one blood pressure measure versus having multiple measures split by age. They noted that as age increases, the absolute risk reduction gained through treatment also increases; however, the potential for adverse events also rises with age. A Standing Committee member noted that age does not correspond perfectly with physiological state. Ultimately, the Standing Committee decided that this measure is appropriate for use at a population level for health plans, noting that the measure performance goal is not 100 percent. The Standing Committee accepted the SMP's moderate rating on reliability unanimously but chose to vote on the validity criterion. The Standing Committee did not express any concerns about the

feasibility of the measure. They agreed that the benefits outweighed the harms and the measure passed on use and usability.

During the public comment period, an organization commented that the definition of “blood pressure (BP) control” in this measure does not align with the American Academy of Family Physician’s (AAFP) clinical guidelines that recommend a goal systolic blood pressure of less than 150 millimeters mercury (mmHg) and a goal diastolic blood pressure of less than 90 mmHg in the general population of ages greater than or equal to 60 years. In addition, the commenter expressed concern that self-monitoring and reporting of blood pressure by the patient are not allowed in the proposed measure. The commenter also suggested using blood pressure readings taken over time as this may be more reliable than the point reading used for this measure.

The Standing Committee discussed this comment during the September 29, 2020 post-comment meeting. Multiple guidelines exist for blood pressure targets and the guidelines give different targets for similar populations. The Standing Committee determined that the blood pressure target in the measure is appropriate given the measure’s broad target population and health plan level of analysis. The developer clarified that self-monitoring and reporting of blood pressure are included in the measure. They agreed that readings over time may be more reliable but stated that capturing that data is not feasible at this time.

Following the post-comment meeting, the CSAC convened to finalize endorsement decisions. The CSAC expressed no concerns with the Standing Committee’s evaluation or recommendation and voted unanimously to endorse the measure.

## Measures Withdrawn From Consideration

One measure previously endorsed by NQF has not been resubmitted for maintenance of endorsement. Endorsement for this measure has been removed.

**Table 3. Measures Withdrawn From Consideration**

Measure	Reason for withdrawal
NQF #2396 Carotid Artery Stenting: Evaluation of Vital Status and NIH Stroke Scale at Follow-Up	The developer did not seek re-endorsement.



## References

- 1 Heron M. Deaths: Leading Causes for 2014. *Natl Vital Stat Rep*. 2016;65(5):1-96.
- 2 Heron M. Deaths: Leading Causes for 2017. *Natl Vital Stat Rep Cent Dis Control Prev Natl Cent Health Stat Natl Vital Stat Syst*. 2017;68(6):1-77.

## Appendix A: Details of Measure Evaluation

**Rating Scale:** H=High; M=Moderate; L=Low; I=Insufficient; NA=Not Applicable

Quorum (15 out of 22 Standing Committee members) was met and maintained for the entirety of the February 6, 2020 measure evaluation meeting.

### Track 2 – Endorsed Measures

#### NQF #0018 Controlling High Blood Pressure

[Submission](#) | [Specifications](#)

**Description:** The percentage of adults 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

**Numerator Statement:** Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.

**Denominator Statement:** Patients 18-85 years of age who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year.

**Exclusions:** This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, this measure excludes patients with evidence of end-stage renal disease, dialysis, nephrectomy, or a kidney transplant on or prior to December 31 of the measurement year. It also excludes female patients with a diagnosis of pregnancy during the measurement year and patients who had a nonacute inpatient admission during the measurement year.

**Adjustment/Stratification:** No risk adjustment or risk stratification

**Level of Analysis:** Health Plan

**Setting of Care:** Outpatient Services

**Type of Measure:** Outcome: Intermediate Clinical Outcome

**Data Source:** Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records

**Measure Steward:** National Committee for Quality Assurance

#### STANDING COMMITTEE MEETING February 6, 2020

##### 1. Importance to Measure and Report: The measure meets the Importance criteria.

(1a. Evidence, 1b. Performance Gap)

1a. Evidence: **H-2; M-13; L-1; I-0**; 1b. Performance Gap: **H-11; M-5; L-0; I-0**

Rationale:

- The developer provided a diagram outlining the steps between the process and the intermediate outcome (adequate control of blood pressure) and how the intermediate outcome, in turn, influences the longer-term outcomes (reduction in cardiovascular events).
- The evidence base for this measure includes two graded clinical practice guidelines: one from the American College of Cardiology (ACC)/American Heart Association (AHA) and one from the American College of Physicians (ACP)/American Academy of Family Physicians (AAFP). The guidelines differ in age of target population and recommend different blood pressure goals.
- The Standing Committee discussed challenges with setting appropriate blood pressure goals, the nuances of blood pressure measurement, and how the implementation of blood pressure management, control, and clinical evidence recommendations interrelate.
- The Standing Committee mentioned that treatment to a single set target for both diastolic and systolic blood pressure can be difficult and may not be appropriate at the individual patient level. The Standing Committee noted that this measure is intended for use at a population level and not at the patient level.

- The Standing Committee discussed the simplicity of having one blood pressure measure versus having multiple measures split by age, taking note of the differences in the guidelines. They noted that as age increases, the absolute risk reduction gained through treatment also increases; however, the potential for adverse events also rises with age. A Standing Committee member noted that age does not correspond perfectly with physiological state.
- Ultimately, the Standing Committee decided that the evidence supported the use of this measure for the level of analysis specified.
- The developer provided HEDIS measure results from recent years, sharing the following results for 2018:
  - For commercial plans: mean of 55%, range of 0-85%
  - For Medicare plans: mean of 69%, range of 0-100%
  - For Medicaid plans: mean of 59%, range of 0-85%
- The developer stated they do not currently collect performance data stratified by race, ethnicity, or language. They summarized literature demonstrating variation in the prevalence of hypertension by race and noted the presence of disparities in awareness, treatment, and control of hypertension.

**2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria.**

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)

2a. Reliability: **Accepted Scientific Methods Panel (SMP) Rating (Moderate)**; 2b. Validity: **H-0; M-13; L-3; I-0**

**Rationale:**

- This measure was deemed complex and was evaluated by the SMP.
- Reliability of the health plan measure score was tested using a beta-binomial approach (i.e., signal-to-noise); overall reliability ranged from 0.982-0.999 across the three types of plans.
- The NQF SMP's ratings for reliability: H-4; M-1; L-0; I-2
- The Standing Committee had no concerns regarding reliability and voted unanimously to accept the SMP's rating.
- The SMP initially had concerns about the comparison measures the developers chose to demonstrate construct validity. The developer provided updated construct validity testing.
- The developer hypothesized that health plans that perform well managing one chronic condition (e.g., hypertension) should perform well managing other chronic conditions. They repeated the construct validity analysis using two a1C control measures: NQF #0575 *Comprehensive Diabetes Care: HbA1c Control (< 8%)* and NQF #0059 *Comprehensive Diabetes Care: HbA1c Poor Control (>9%)*.
  - The Pearson correlation with #0575 across the three types of health plans ranged from 0.51 to 0.81; Medicare had the lowest correlation score while commercial had the highest correlation score.
  - The Pearson correlation with #0059 across the three types of health plans ranged from -0.58 to -0.82; Medicare had the lowest correlation score, and commercial and Medicaid had very similar scores.
- The Standing Committee discussed the lack of race and ethnicity data and the impact this might have on risk and control.
- The developer stated they would like to be able to do this analysis; however, they are not receiving any race and ethnicity data from health plans.
- The Standing Committee decided to vote on validity rather than accept the SMP's rating.

**3. Feasibility: H-9; M-7; L-0; I-0**

(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/unintended consequences identified; 3d. Data collection strategy can be implemented)

**Rationale:**

- The Standing Committee had no concerns regarding this criterion. The measure uses readily available data elements that are generated during care delivery.

**4. Use and Usability**

4a. Use; 4a1. Accountability and transparency; 4a2. Feedback on the measure by those being measured and others; 4b. Usability; 4b1. Improvement; 4b2. The benefits to patients outweigh evidence of unintended negative consequences to patients)

4a. Use: **Pass-16; No Pass-0** 4b. Usability: **H-3; M-12; L-1; I-0**

**Rationale:**

- The Standing Committee had no concerns regarding these criteria. The measure is used in numerous accountability applications and is publicly reported. The developer reports that performance has been generally improving over the last several years by approximately 1 percent each year.

**5. Related and Competing Measures**

- This measure is related to the following measures:
  - #0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
  - #2602 Controlling High Blood Pressure for People With Serious Mental Illness
  - #2606 Diabetes Care for People With Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)
  - #0729 Optimal Diabetes Care (Minnesota Community Measurement)
  - #0076 Optimal Vascular Care (Minnesota Community Measurement)
- The Standing Committee noted that measure #2602 has blood pressure targets that conflict with NQF #0018. The developer stated they are working on updating #2602 to align with #0018 and that this conflict will be resolved.

**6. Standing Committee Recommendation for Endorsement: Y-16; N-0**

**7. Public and Member Comment**

- An organization commented that the definition of “blood pressure (BP) control” in this measure does not align with the American Academy of Family Physician’s (AAFP) clinical guidelines that recommend a goal SBP of less than 150 mmHg and a goal DBP of less than 90 mmHg in the general population of ages greater than or equal to 60 years. In addition, the commenter expressed concern that self-monitoring and reporting of blood pressure by the patient are not allowed in the proposed measure. The commenter also suggested using blood pressure readings taken over time as this may be more reliable than the point reading used for this measure.
- Multiple guidelines exist for blood pressure targets and the guidelines give different targets for similar populations. The Standing Committee determined that the blood pressure target in the measure is appropriate given the measure’s broad target population and health plan level of analysis.
- The developer clarified that self-monitoring and reporting of blood pressure are included in the measure. It agreed that readings over time may be more reliable but stated that capturing that data is not feasible at this time.

**8. Consensus Standards Approval Committee (CSAC) Endorsement Decision: Y-11; N-0 (November 17-18, 2020: Approved for continued endorsement)**

**9. Appeals**

- No appeals were received.

## Appendix B: Cardiovascular Portfolio—Use in Federal Programs<sup>a</sup>

NQF #	Title	Federal Programs: Finalized or Implemented as of June 22, 2020
0018	Controlling High Blood Pressure	Medicare Shared Savings Program (Implemented), Merit-Based Incentive Payment System (MIPS) Program (Implemented), Marketplace Quality Rating System (QRS) (Implemented), Medicaid (Implemented)
0066	Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy – Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%)	MIPS (Implemented)
0067	Chronic Stable Coronary Artery Disease: Antiplatelet Therapy	MIPS (Implemented)
0070/ 0070e	Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	MIPS (Implemented), Medicaid Promoting Interoperability Program for Eligible Professionals (Implemented)
0081/ 0081e	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	MIPS (Implemented), Medicaid Promoting Interoperability Program for Eligible Professionals (Implemented)
0083/ 0083e	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	MIPS (Implemented), Medicaid Promoting Interoperability Program for Eligible Professionals (Implemented)
0229	Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following heart failure (HF) hospitalization for patients 18 and older	Hospital Value-Based Purchasing (VBP) (Implemented)
0230	Hospital 30-day, all-cause, risk-standardized mortality rate (RSMR) following acute myocardial infarction (AMI) hospitalization for patients 18 and older	Hospital VBP (Implemented)

<sup>a</sup> Per CMS Measures Inventory Tool, last accessed 02/10/2021

NQF #	Title	Federal Programs: Finalized or Implemented as of June 22, 2020
0290	Median Time to Transfer to Another Facility for Acute Coronary Intervention	Hospital Outpatient Quality Reporting (Hospital OQR) (Implemented)
0643	Cardiac Rehabilitation Patient Referral From an Outpatient Setting	MIPS (Implemented)
0669	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low-Risk Surgery	Hospital OQR (Implemented)
1525	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	MIPS (Implemented)
2474	Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation	MIPS (Implemented)

## Appendix C: Cardiovascular Standing Committee and NQF Staff

### STANDING COMMITTEE

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## Appendix D: Measure Specifications

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### NQF #0018 Controlling High Blood Pressure

#### STEWARD

National Committee for Quality Assurance

#### DESCRIPTION

The percentage of adults 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

#### TYPE

Outcome: Intermediate Clinical Outcome

#### DATA SOURCE

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.

#### LEVEL

Health Plan

#### SETTING

Outpatient Services

#### NUMERATOR STATEMENT

Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.

#### NUMERATOR DETAILS

There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review

##### ADMINISTRATIVE CLAIMS

Use codes (See code value sets located in question S.2b.) to identify the most recent BP reading taken during an outpatient visit, a nonacute inpatient encounter, or remote monitoring event during the measurement year.

The blood pressure reading must occur on or after the date when the second diagnosis of hypertension (identified using the event/diagnosis criteria).

The patient is numerator compliant if the blood pressure is <140/90 mm Hg. The patient is not compliant if the blood pressure is ≥140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the

lowest systolic and lowest diastolic blood pressure on that date as the presentative blood pressure.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.

#### VALUE SET / NUMERATOR COMPLIANCE

Systolic Less Than 140 Value Set / Systolic compliant

Systolic Greater Than or Equal to 140 Value Set / Systolic not compliant

Diastolic Less Than 80 Value Set / Diastolic compliant

Diastolic 80-89 Value Set / Diastolic compliant

Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant

See attached code value sets.

#### MEDICAL RECORD REVIEW

The number of patients in the denominator whose most recent blood pressure (both systolic and diastolic) is adequately controlled during the measurement year. For a patient's blood pressure to be controlled the systolic and diastolic blood pressure must be <140/90 mm hg (adequate control). To determine if a member's blood pressure is adequately controlled, the representative blood pressure must be identified.

All eligible blood pressure measurements recorded in the record must be considered. If an organization cannot find the medical record, the patient remains in the measure denominator and is considered noncompliant for the numerator.

Use the following guidance to find the appropriate medical record to review.

- Identify the patient's PCP.
- If the patient had more than one PCP for the time-period, identify the PCP who most recently provided care to the patient.
- If the patient did not visit a PCP for the time-period or does not have a PCP, identify the practitioner who most recently provided care to the patient.
- If a practitioner other than the patient's PCP manages the hypertension, the organization may use the medical record of that practitioner.

Identify the most recent blood pressure reading noted during the measurement year.

The blood pressure reading must occur on or after the date when the second diagnosis of hypertension (identified using the event/diagnosis criteria) occurred.

Do not include BP readings:

- Taken during an acute inpatient stay or an ED visit.
- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
- Reported by or taken by the patient.

BP readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.

Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.

The patient is not compliant if the BP reading is  $\geq 140/90$  mm Hg or is missing, or if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing).

#### DENOMINATOR STATEMENT

Patients 18-85 years of age who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year.

#### DENOMINATOR DETAILS

Patients who had continuous enrollment in the measurement year. No more than one gap in continuous enrollment of up to 45 days during the measurement year. If the patient has Medicaid, then no more than a 1-month gap in coverage.

Patients are identified for the denominator using claim/encounter data.

Patients who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year. Visit type need not be the same for the two visits.

Any of the following combinations meet criteria:

- Outpatient visit with any diagnosis of hypertension
- A telephone visit with any diagnosis of hypertension
- An online assessment with any diagnosis of hypertension

Only one of the two visits may be a telephone visit, an online assessment or an outpatient telehealth visit. Identify outpatient telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient visit.

See attached code value sets.

#### EXCLUSIONS

This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, this measure excludes patients with evidence of end-stage renal disease, dialysis, nephrectomy, or kidney transplant on or prior to the December 31 of the measurement year. It also excludes female patients with a diagnosis of pregnancy during the measurement year, and patients who had a nonacute inpatient admission during the measurement year.

#### EXCLUSION DETAILS

##### ADMINISTRATIVE CLAIMS

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.

Exclude adults who meet any of the following criteria:

- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:

- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.

- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run data of the file to determine if a patient had an LTI flag during the measurement year.

- Members 66-80 years of age as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded:

1. At least one claim/encounter for frailty during the measurement year.

2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):

- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.

2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.

3. Identify the discharge date for the stay.

- At least one acute inpatient encounter with an advanced illness diagnosis.

- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.

2. Exclude nonacute inpatient stays.

3. Identify the discharge date for the stay.

- A dispensed dementia medication.

#### DEMENTIA MEDICATIONS

##### DESCRIPTION / PRESCRIPTION

Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine

Miscellaneous central nervous system agents / Memantine

- Members 81 years of age and older as of December 31 of the measurement year (all product lines) with frailty during the measurement year.

Exclude patients with evidence of end-stage renal disease, dialysis, nephrectomy, or kidney transplant on or prior to December 31 of the measurement year, female patients with a diagnosis of pregnancy during the measurement year, and patients who had a nonacute inpatient admission during the measurement year. To identify nonacute inpatient admissions:

1. Identify all acute and nonacute inpatient stays.

2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.

3. Identify the admission date for the stay.

See attached code value sets.

#### MEDICAL RECORD REVIEW

Exclusionary evidence in the medical record must include a note indicating diagnosis of pregnancy or evidence of a nonacute inpatient admission during the measurement year, or evidence of ESRD, dialysis, nephrectomy or kidney transplant any time during the patient's history through December 31 of the measurement year.

#### RISK ADJUSTMENT

No risk adjustment or risk stratification

#### STRATIFICATION

N/A

#### TYPE SCORE

Rate/proportion better quality = higher score

#### ALGORITHM

STEP 1: Determine the eligible population. To do so, identify adults who meet all specified criteria.

- AGES: 18-75 years as of December 31 of the measurement year.

- EVENT/DIAGNOSIS: Identify patients with hypertension in two ways: by claim/encounter data and by medical record data. SEE responses in S.6 and S.7 for eligible population and denominator criteria and details.

STEP 2: Exclude patients who meet the exclusion criteria. SEE responses in S.8 and S.9 for denominator exclusion criteria and details.

STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.

STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.

STEP 5: Determine whether the result was <140/90 mm Hg.

STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2). 116000 | 123834 | 135810 | 140881 | 117446 | 141015

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## Appendix E1: Related and Competing Measures (tabular)

Comparison of NQF #0018, NQF #0061, NQF #2602, NQF #2606, NQF #0729 and NQF #0076

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
Steward	National Committee for Quality Assurance	National Committee for Quality Assurance	National Committee for Quality Assurance	National Committee for Quality Assurance	MN Community Measurement	MN Community Measurement
Description	The percentage of adults 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg.	The percentage of patients 18-85 years of age with serious mental illness who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year. Note: This measure is adapted from an existing health plan measure used in a variety of reporting programs for the general population (NQF #0018 Controlling High Blood Pressure). It was originally endorsed in 2009	The percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent blood pressure (BP) reading during the measurement year is <140/90 mm Hg. Note: This measure is adapted from an existing health plan measure used in a variety of reporting programs for the general population (NQF #0061 Comprehensive Diabetes Care: Blood Pressure Control <140/90 mm Hg) which is endorsed by NQF and is stewarded by NCQA.	The percentage of patients 18-75 years of age who had a diagnosis of type 1 or type 2 diabetes and whose diabetes was optimally managed during the measurement period as defined by achieving ALL of the following: <ul style="list-style-type: none"> <li>• HbA1c less than 8.0 mg/dL</li> <li>• Blood Pressure less than 140/90 mmHg</li> <li>• On a statin medication, unless allowed contraindications or exceptions are present</li> <li>• Non-tobacco user</li> <li>• Patient with ischemic vascular disease is on daily aspirin or anti-</li> </ul>	The percentage of patients 18-75 years of age who had a diagnosis of ischemic vascular disease (IVD) and whose IVD was optimally managed during the measurement period as defined by achieving ALL of the following: <ul style="list-style-type: none"> <li>• Blood pressure less than 140/90 mmHg</li> <li>• On a statin medication, unless allowed contraindications or exceptions are present</li> <li>• Non-tobacco user</li> <li>• On daily aspirin or anti-platelet</li> </ul>



	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
			and is owned and stewarded by NCQA. The specifications for the existing measure (Controlling High Blood Pressure NQF #0018) have been updated based on 2013 JNC-8 guideline. NCQA will submit the revised specification for Controlling High Blood Pressure NQF #0018 in the 4th quarter 2014 during NQF's scheduled measure update period. This measure uses the new specification to be consistent with the current guideline.		platelets, unless allowed contraindications or exceptions are present Please note that while the all-or-none composite measure is considered to be the gold standard, reflecting best patient outcomes, the individual components may be measured as well. This is particularly helpful in quality improvement efforts to better understand where opportunities exist in moving the patients toward achieving all of the desired outcomes. Please refer to the additional numerator logic provided for each component.	medication, unless allowed contraindications or exceptions are present
Type	Outcome: Intermediate Clinical Outcome	Outcome: Intermediate Clinical Outcome	Outcome	Outcome	Composite	Composite
Data Source	Claims, Electronic Health Data, Electronic Health Records,	Claims, Electronic Health Data, Electronic Health Records, Paper	Claims, Electronic Health Records, Paper Medical Records The	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records The	Electronic Health Records, Paper Medical Records An excel template with	Electronic Health Records, Paper Medical Records AAn excel template with

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
	<p>Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.</p> <p>No data collection instrument provided Attachment 0018_CBP_Value_Sets_Fall_2019-</p>	<p>Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.</p> <p>No data collection instrument provided Attachment 0061_CDC_BP_Control_Value_Sets_Fall_2019-637088223907626862.xlsx</p>	<p>denominator for this measure is based on administrative claims and medical record documentation (this is used to confirm the diagnosis of hypertension identified in claims/encounter data). The numerator for this measure is based on medical record documentation collected in the course of providing care to health plan patients.</p> <p>No data collection instrument provided Attachment 2602_CBP_for_People_With_Mental_Illness_Value_Set-636583543692086216.xlsx</p>	<p>denominator for this measure is based on claim/encounter and pharmacy data. The numerator for this measure is based on medical record documentation collected in the course of providing care to health plan patients.</p> <p>No data collection instrument provided Attachment 2606_BP_Control_for_People_With_Mental_Illness_Value_Sets-636583537864052580.xlsx</p>	<p>formatted columns for data fields is provided. Almost all medical groups in MN (99.5%) extract the information from their EMR. Paper abstraction forms are provided for those clinics who wish to use them as an interim step to create their data file. All data is uploaded in electronic format (.csv file) to a HIPAA secure, encrypted and password protected data portal. We capture information from the clinics about how their data is obtained. In 2018:</p> <ul style="list-style-type: none"> <li>• 71% (476) clinics had an EMR and pulled all data via query</li> <li>• 26% (176) clinics had an EMR and used a combination of query and manual look up for data collection</li> <li>• 2.2% (15) clinics had an EMR and looked up all data manually</li> </ul>	<p>formatted columns for data fields is provided. Almost all the medical groups in MN (99.9%) extract the information from their EMR. Other options have been historically available: Registries can be used as a source of information to create the data file; however groups must ensure that all of their eligible patients are included. Paper abstraction forms are provided for those clinics who wish to use them as an interim step to creating their data file.</p> <p>All data is uploaded in electronic format (.csv file) to a HIPAA secure, encrypted and password protected data portal.</p> <p>Available at measure-specific web page URL</p>

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
	637002741932672877.xlsx				<ul style="list-style-type: none"> <li>• 0.15% (1) clinic had a hybrid EMR and paper record system</li> <li>• 0.15% (1) clinic had paper records only</li> </ul> <p>Feasibility Note: 71% of practices can extract all of the information needed via query. Please note that all fields are defined and included in the data dictionary [Tab = Data Field Dictionary] and also included in the data collection guide URL provided in S.1. Available at measure-specific web page URL identified in S.1 Attachment MNCM_Diabetes_Measure_Data_Dictionary_and_Risk_Adj__10-19-2018.xlsx</p>	identified in S.1 Attachment MNCM_0076_Optimal_Vascular_Care_Specs_Fields_12-2019.xlsx
Level	Health Plan	Health Plan	Health Plan	Health Plan	Clinician : Group/Practice	Clinician : Group/Practice
Setting	Outpatient Services	Outpatient Services	Outpatient Services	Outpatient Services	Outpatient Services	Outpatient Services
Numerator	Patients whose most recent	Patients whose most recent blood	Patients whose most recent blood	Patients whose most recent BP reading is less	The number of patients in the denominator	The number of patients in the

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
Statement	blood pressure level was <140/90 mm Hg during the measurement year.	pressure level was <140/90 mm Hg during the measurement year.	pressure (BP) is adequately controlled during the measurement year (after the diagnosis of hypertension) based on the following criteria: -Patients 18-59 years of age as of December 31 of the measurement year whose BP was <140/90 mm Hg. -Patients 60-85 years of age as of December 31 of the measurement year and flagged with a diagnosis of diabetes whose BP was <140/90 mm Hg. -Patients 60-85 years of age as of December 31 of the measurement year and flagged as not having a diagnosis of diabetes whose BP was <150/90 mm Hg.	than 140/90 mm Hg during the measurement year. This intermediate outcome is a result of blood pressure control (<140/90 mm Hg). Blood pressure control reduce the risk of cardiovascular diseases. There is no need for risk adjustment for this intermediate outcome measure.	whose diabetes was optimally managed during the measurement period as defined by achieving ALL of the following: • The most recent HbA1c in the measurement period has a value less than 8.0 mg/dL • The most recent Blood Pressure in the measurement period has a systolic value of less than 140 mmHg AND a diastolic value of less than 90 mmHg • On a statin medication, unless contraindications or exceptions are present • Patient is not a tobacco user • Patient with ischemic vascular disease (Ischemic Vascular Disease Value Set) is on daily aspirin or anti-platelets, unless allowed	denominator whose IVD was optimally managed during the measurement period as defined by achieving ALL of the following: • The most recent blood pressure in the measurement period has a systolic value of less than 140 mmHg AND a diastolic value of less than 90 mmHg • On a statin medication, unless contraindications or exceptions are present • Patient is not a tobacco user • On daily aspirin or anti-platelet medication, unless contraindications or exceptions are present

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
					contraindications or exceptions are present	
Numerator or Details	<p>There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review</p> <p>ADMINISTRATIVE CLAIMS</p> <p>Use codes (See code value sets located in question S.2b.) to identify the most recent BP reading taken during an outpatient visit, a nonacute inpatient encounter, or remote monitoring event during the</p>	<p>There are two data sources and approaches used for collecting data and reporting the numerator for this measure: Administrative Claims and Medical Record Review.</p> <p>ADMINISTRATIVE CLAIMS</p> <p>Use codes (See code value sets located in question S.2b.) to identify the most recent blood pressure reading taken during an outpatient visit or a nonacute inpatient encounter or remote monitoring event during the measurement year.</p>	<p>The number of patients whose most recent blood pressure (BP) is adequately controlled during the measurement year, but after the diagnosis of hypertension (See Essential Hypertension Value Set). For an individual's BP to be adequately controlled, both the systolic and diastolic BP must -85meet the following criteria:</p> <ul style="list-style-type: none"> <li>- Patients 18-59 years of age as of December 31 of the measurement year whose BP was &lt;140/90 mm Hg.</li> <li>- Patients 60-85 years of age as of December 31 of the measurement year</li> </ul>	<p>ADMINISTRATIVE:</p> <p>Use automated data to identify the most recent BP reading taken during an outpatient visit (see Outpatient Visit Value Set) or a nonacute inpatient encounter (Nonacute Inpatient Value Set) during the measurement year. The patient is numerator compliant if the BP is &lt;140/90 mm Hg. The patient is not compliant if the BP is =140/90 mm Hg, if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.</p> <p>Organizations that use</p>	<p>Please note that while the all-or-none composite measure is considered to be the gold standard, reflecting best patient outcomes, the individual components may be measured as well. This is particularly helpful in quality improvement efforts to better understand where opportunities exist in moving the patients toward achieving all of the desired outcomes. Please refer to the additional numerator logic provided for each component and note that all of the denominator criteria apply to the numerator as well, but are not repeated in the numerator codes/ descriptions.</p> <p>HbA1c Date [Date (mm/dd/yyyy)] AND</p>	<p>In order to be numerator compliant all four components must be met</p> <ul style="list-style-type: none"> <li>* Blood pressure less than 140/90 mmHg AND</li> <li>* On a statin medication, unless allowed contraindications or exceptions are present AND</li> <li>* Non-tobacco user AND</li> <li>* On daily aspirin or anti-platelet medication, unless allowed contraindications or exceptions are present</li> </ul> <p>BLOOD PRESSURE COMPONENT</p> <p>Blood Pressure Date [Date (mm/dd/yyyy)] AND</p> <p>BP Systolic [Numeric] AND</p>

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	<p>measurement year.</p> <p>The blood pressure reading must occur on or after the date when the second diagnosis of hypertension (identified using the event/diagnosis criteria).</p> <p>The patient is numerator compliant if the blood pressure is &lt;140/90 mm Hg. The patient is not compliant if the blood pressure is ≥140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or</p>	<p>The patient is numerator compliant if the blood pressure is &lt;140/90 mm Hg. The patient is not compliant if the blood pressure is ≥140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.</p> <p>Organizations that use CPT Category II codes to identify numerator</p>	<p>and flagged with a diagnosis of diabetes whose BP was &lt;140/90 mm Hg.</p> <p>- Patients 60-85 years of age as of December 31 of the measurement year and flagged as not having a diagnosis of diabetes whose BP was &lt;150/90 mm Hg.</p> <p>To determine if an individual's BP is adequately controlled, the representative BP (i.e., the most recent BP reading during the measurement year but after the diagnosis of hypertension was made) must be identified.</p> <p>Note: Only the medical records of one practitioner or provider team should be used for both the confirmation of the</p>	<p>CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>Systolic Less Than 140 Value Set / Systolic compliant</p> <p>Systolic Greater Than/Equal To 140 Value Set / Systolic not compliant</p> <p>Diastolic Less Than 80 Value Set / Diastolic compliant</p> <p>Diastolic 80–89 Value Set / Diastolic compliant</p> <p>Diastolic Greater Than/Equal To 90 Value</p>	<p>HbA1c Value [Numeric]</p> <p>Numerator component calculation: numerator component compliant is HbA1c during the last 12 months (measurement year) AND most recent HbA1c value is less than 8.0.</p> <p>Enter the date of the most recent HbA1c test during the measurement period.</p> <p>Enter the value of the most recent HbA1c test during the measurement period.</p> <p>Leave BLANK if an HbA1c was never performed.</p> <ul style="list-style-type: none"> <li>A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result during the measurement period.</li> <li>Do not include BP readings:</li> </ul>	<p>BP Diastolic [Numeric]</p> <p>Numerator component calculation: numerator component compliant is BP during the measurement year AND Systolic &lt; 140 AND Diastolic &lt; 90.</p> <p>BP Date</p> <p>Enter the date of the most recent blood pressure result during the measurement period.</p> <ul style="list-style-type: none"> <li>A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result during the measurement period.</li> <li>Do not include BP readings:</li> </ul>

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	diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the presentative blood pressure. Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for	compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels. VALUE SET / NUMERATOR COMPLIANCE Systolic Less Than 140 Value Set / Systolic compliant Systolic Greater Than or Equal to 140 Value Set / Systolic noncompliant Diastolic Less Than 80 Value Set / Diastolic compliant Diastolic 80-89 Value Set / Diastolic compliant	diagnosis of hypertension and the representative BP. All eligible BP measurements recorded in the records from one practitioner or provider team (even if obtained by a different practitioner) should be considered (e.g., from a consultation note or other note relating to a BP reading from a health care practitioner or provider team). If an organization cannot find the medical record, the patient remains in the measure denominator and is considered noncompliant for the numerator. The numerator should be calculated	Set / Diastolic not compliant MEDICAL RECORD: The organization should use the medical record from which it abstracts data for the other diabetes care indicators such as HbA1c test. If the organization does not abstract for other indicators, it should use the medical record of the provider that manages the patient's diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the patient receives care. To determine if BP is adequately controlled, the organization must identify the representative BP following the steps below.	<ul style="list-style-type: none"> <li>If the HbA1c result is too high to calculate, still enter the HbA1c test date if it is the most recent test result during the measurement period.</li> </ul> <p>Blood Pressure Date [Date (mm/dd/yyyy)] AND BP Systolic [Numeric] AND BP Diastolic [Numeric] Numerator component calculation: numerator component compliant is BP during the measurement year AND Systolic &lt; 140 AND Diastolic &lt; 90. Enter the date of the most recent blood pressure result during the measurement period. Leave BLANK if a blood pressure was not obtained during the measurement period.</p> <ul style="list-style-type: none"> <li>A test result from a provider outside</li> </ul>	<ul style="list-style-type: none"> <li>Taken during an acute inpatient stay or an ED visit.</li> <li>Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole).</li> <li>Obtained the same day as a major diagnostic or surgical procedure (e.g., EKG/ECG, stress test, administration of IV contrast for a radiology procedure, endoscopy).</li> <li>Reported by or taken by the patient.</li> <li>Leave BLANK if a blood pressure was not obtained during the measurement period.</li> </ul> <p>BP Systolic</p>



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	<p>both systolic and diastolic levels.</p> <p>VALUE SET / NUMERATOR COMPLIANCE</p> <p>Systolic Less Than 140 Value Set / Systolic compliant</p> <p>Systolic Greater Than or Equal to 140 Value Set / Systolic not compliant</p> <p>Diastolic Less Than 80 Value Set / Diastolic compliant</p> <p>Diastolic 80-89 Value Set / Diastolic compliant</p> <p>Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD REVIEW</p>	<p>Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD REVIEW</p> <p>The most recent BP level (taken during the measurement year) is &lt;140/90 mm Hg, as documented through administrative data or medical record review.</p> <p>The organization should use the medical record from which it abstracts data for the other measures in the Comprehensive Diabetes Care set.</p> <p>If the organization</p>	<p>using the following steps:</p> <p>Step 1: Identify the patient's Primary Care Provider (PCP).</p> <p>-If the patient had more than one PCP for the time period, identify the PCP who most recently provided care to the patient.</p> <p>-If the patient did not visit a PCP for the time period or does not have a PCP, identify the practitioner who most recently provided care to the patient.</p> <p>-If a practitioner other than the patient's PCP manages the hypertension, the organization may use the medical record of that practitioner.</p> <p>Step 2: Identify the representative BP</p>	<p>Identify the most recent BP reading noted during the measurement year. Do not include BP readings that meet the following criteria:</p> <ul style="list-style-type: none"> <li>-Taken during an acute inpatient stay or an ED visit.</li> <li>-Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole).</li> <li>-Obtained the same day as a major diagnostic or surgical procedure (e.g., stress test, administration of IV contrast for a radiology procedure, endoscopy).</li> </ul> <p>Reported by or taken by the patient.</p> <p>Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical</p>	<p>of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result during the measurement period.</p> <ul style="list-style-type: none"> <li>Do not include BP readings: <ul style="list-style-type: none"> <li>o Taken during an acute inpatient stay or an ED visit.</li> <li>o Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole).</li> <li>o Obtained the same day as a major diagnostic or surgical procedure (e.g., EKG/ECG, stress test, administration of IV contrast for a radiology procedure, endoscopy).</li> <li>o Reported by or taken by the patient.</li> </ul> </li> </ul>	<p>Enter the value of the most recent systolic blood pressure result during the measurement period.</p> <ul style="list-style-type: none"> <li>If more than one value is recorded on the most recent date, the lowest value may be submitted. It does NOT need to be from the same reading submitted in Column Z (BP Diastolic).</li> <li>NOTE: The systolic blood pressure is the upper number in the recorded fraction. For example, the systolic value for a blood pressure of 124/72 mmHg is 124.</li> <li>Leave BLANK if a blood pressure was not obtained during the measurement period.</li> </ul> <p>BP Diastolic</p>



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	<p>The number of patients in the denominator whose most recent blood pressure (both systolic and diastolic) is adequately controlled during the measurement year. For a patient's blood pressure to be controlled the systolic and diastolic blood pressure must be &lt;140/90 mm hg (adequate control). To determine if a member's blood pressure is adequately controlled, the representative blood pressure must be identified.</p>	<p>does not abstract for other measures, it should use the medical record of the provider that manages the patient's diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the patient receives care.</p> <p>Identify the most recent blood pressure reading noted during the measurement year. Do not include blood pressure readings that meet the following criteria:</p> <ul style="list-style-type: none"> <li>-Taken during an acute inpatient stay or an ED visit.</li> </ul>	<p>level, defined as the most recent BP reading during the measurement year.</p> <ul style="list-style-type: none"> <li>-The reading must occur after the date when the diagnosis of hypertension was made or confirmed.</li> <li>-If multiple BP measurements occur on the same date, or are noted in the chart on the same date, the lowest systolic and lowest diastolic BP reading should be used. The systolic and diastolic results do not need to be from the same reading</li> <li>-If no BP is recorded during the measurement year, assume that the individual is "not controlled."</li> <li>-Do not include BP readings that meet the following criteria:</li> </ul>	<p>record. If there are multiple BPs recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading when multiple readings are recorded for a single date. The patient is not numerator compliant if the BP does not meet the specified threshold or is missing, or if there is no BP reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).</p>	<p><b>BP Systolic</b> Enter the value of the most recent systolic blood pressure result during the measurement period.</p> <p>If more than one value is recorded on the most recent date, the lowest systolic value from multiple readings on the same date may be submitted.</p> <p>NOTE: The systolic blood pressure is the upper number in the recorded fraction. For example, the systolic value for a blood pressure of 124/72 mmHg is 124.</p> <p><b>BP Diastolic</b> Enter the value of the most recent diastolic blood pressure result during the measurement period.</p> <p>If more than one value is recorded on the most recent date, the lowest diastolic value from</p>	<p>Enter the value of the most recent diastolic blood pressure result during the measurement period.</p> <ul style="list-style-type: none"> <li>• If more than one value is recorded on the most recent date, the lowest value may be submitted. It does NOT need to be from the same reading as submitted in (BP Systolic).</li> <li>• NOTE: The diastolic blood pressure is the lower number in the recorded fraction. For example, the diastolic value for a blood pressure of 124/72 mmHg is 72.</li> <li>• Leave BLANK if a blood pressure was not obtained during the measurement period.</li> </ul> <p>CHOLESTEROL MANAGEMENT STATIN COMPONENT</p>

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	<p>All eligible blood pressure measurements recorded in the record must be considered. If an organization cannot find the medical record, the patient remains in the measure denominator and is considered noncompliant for the numerator. Use the following guidance to find the appropriate medical record to review.</p> <ul style="list-style-type: none"> <li>- Identify the patient's PCP.</li> <li>- If the patient had more than one PCP for the time-period, identify the PCP who most</li> </ul>	<p>-Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.</p> <p>-Reported by or taken by the patient.</p> <p>Blood pressure readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device,</p>	<ul style="list-style-type: none"> <li>- Taken during an acute inpatient stay or an ED visit</li> <li>- Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole)</li> <li>- Obtained the same day as a major diagnostic or surgical procedure (e.g., stress test, administration of IV contrast for a radiology procedure, endoscopy)</li> <li>- Reported by or taken by the patient</li> </ul>		<p>multiple readings on the same date may be submitted.</p> <ul style="list-style-type: none"> <li>• NOTE: The diastolic blood pressure is the lower number in the recorded fraction. For example, the diastolic value for a blood pressure of 124/72 mmHg is 72.</li> </ul> <p>LDL Date [Date (mm/dd/yyyy)] AND LDL Value [Numeric]</p> <p>Numerator component calculation: Is used for the cholesterol component for statin use; patients with low untreated LDL values may not be appropriate for the initiation of statin medication.</p> <p>Enter the date of the most recent LDL test on or prior to the end of the measurement period.</p> <p>Leave BLANK if an LDL was never performed.</p>	<p>LDL Date [Date (mm/dd/yyyy)] AND LDL Value [Numeric]</p> <p>For calculating exceptions to statin use based on very low LDL (&lt; 40 for cardiovascular disease and &lt; 70 for patients with diabetes)</p> <p>Enter the date of the most recent LDL test result between 01/01/2015 and 12/31/2019.</p> <ul style="list-style-type: none"> <li>• A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result within the allowable time period.</li> <li>• If the LDL result is too high to</li> </ul>

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	<p>recently provided care to the patient.</p> <ul style="list-style-type: none"> <li>- If the patient did not visit a PCP for the time-period or does not have a PCP, identify the practitioner who most recently provided care to the patient.</li> <li>- If a practitioner other than the patient's PCP manages the hypertension, the organization may use the medical record of that practitioner. Identify the most recent blood pressure reading noted during the measurement year.</li> </ul>	<p>and results were digitally stored and transmitted to the provider and interpreted by the provider.</p> <p>Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple blood pressure readings recorded for a single date, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure. The systolic and diastolic results do not need to be from the same reading when</p>			<ul style="list-style-type: none"> <li>• A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result within the allowable time period.</li> <li>• If the LDL result is too high to calculate, still enter the LDL test date if it is the most recent test result within the allowable time period.</li> </ul> <p>LDL values within the last five years will be used to calculate potential exceptions to being on a statin medication. Leave BLANK if an LDL test was not performed between 01/01/201x and 12/31/201x (five-year increments). Statin Medication [Numeric] AND</p>	<p>calculate, still enter the LDL test date if it is the most recent test result within the allowable time period.</p> <ul style="list-style-type: none"> <li>• LDL values within the last five years will be used to calculate potential exceptions to being on a statin medication.</li> <li>• Leave BLANK if an LDL test was not performed between 01/01/2015 and 12/31/2019. Enter the value of the most recent LDL test result between 01/01/2015 and 12/31/2019.</li> <li>• Leave BLANK if an LDL test was not performed during the allowable time period, or if the most recent test result was too high to calculate.</li> </ul>

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	<p>The blood pressure reading must occur on or after the date when the second diagnosis of hypertension (identified using the event/diagnosis criteria) occurred.</p> <p>Do not include BP readings:</p> <ul style="list-style-type: none"> <li>- Taken during an acute inpatient stay or an ED visit.</li> <li>- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with</li> </ul>	<p>multiple readings are recorded for a single date.</p> <p>The patient is not numerator compliant if the blood pressure does not meet the specified threshold or is missing, or if there is no blood pressure reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).</p>			<p>Statin Medication Date [Date (mm/dd/yyyy)] AND/OR</p> <p>Station Medication Exception [Numeric] AND</p> <p>Station Medication Exception Date [Date (mm/dd/yyyy)]</p> <p>Numerator component calculation: numerator component compliant if on a statin (prescribed/ordered) or low LDL value (see above) or documented contraindication/exception is present.</p> <p>Statin Medication: Enter the code that corresponds to whether the patient was prescribed a statin medication or if a statin medication was active on the patient's medication list during the measurement period.</p>	<p>Statin Medication [Numeric] AND</p> <p>Statin Medication Date [Date (mm/dd/yyyy)] AND/OR</p> <p>Station Medication Exception [Numeric] AND</p> <p>Station Medication Exception Date [Date (mm/dd/yyyy)]</p> <p>Numerator component calculation: numerator component compliant if on a statin (prescribed/ordered) or low LDL value (see above) or documented contraindication/exception is present.</p> <p>Statin Medication: Enter the code that corresponds to whether the patient was prescribed a statin medication or if a statin medication</p>

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	<p>the exception of fasting blood tests.</p> <p>- Reported by or taken by the patient.</p> <p>BP readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider. Identify the lowest systolic and lowest</p>				<p>Please refer to Appendix C for a list of statin medications.</p> <p>1 = Yes, patient was prescribed a statin medication or a statin medication was indicated as active on the patient's medication list during the measurement period.</p> <p>2 = No, patient was not prescribed a statin medication and a statin medication was not indicated as active on the patient's medication list during the measurement period.</p> <p>The following exceptions to statin medication use will be identified by the Data Portal based on the submitted LDL values:</p> <ul style="list-style-type: none"> <li>• Patients with ischemic vascular disease aged 21 to 75 years and an LDL result less than 40 mg/dL</li> </ul>	<p>was active on the patient's medication list during the measurement period. Please see Appendix A for a list of statin medications.</p> <p>1 = Yes, patient was prescribed a statin medication, or a statin medication was indicated as active on the patient's medication list during the measurement period.</p> <p>2 = No, patient was not prescribed a statin medication and a statin medication was not indicated as active on the patient's medication list during the measurement period.</p> <ul style="list-style-type: none"> <li>• The following exceptions to statin medication use will be identified by the Data Portal</li> </ul>

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	<p>diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.</p> <p>The patient is not compliant if the BP reading is <math>\geq 140/90</math> mm Hg or is missing, or if there is no BP reading during the measurement year or if the reading is</p>				<ul style="list-style-type: none"> <li>Patients aged 40 – 75 years with an LDL result less than 70 mg/dL</li> <li>Patients aged 21 – 39 years with an LDL less than 190 mg/dL</li> </ul> <p>Statin Medication Date: Enter the most recent date of a statin prescription, order or review of active medications list during the measurement period. If no statin prescribed, ordered, or reviewed as an active medication during the measurement period, leave blank</p> <p>Statin Medication Exception: If the patient was NOT prescribed or did not have a statin medication active on their medication list during the measurement period, enter the value that corresponds to any</p>	<p>based on the submitted LDL values:</p> <ul style="list-style-type: none"> <li>Patients with ischemic vascular disease aged 21 to 75 years and an LDL result less than 40 mg/dL</li> <li>Patients aged 40 – 75 years with an LDL result less than 70 mg/dL</li> <li>Patients aged 21 – 39 years with an LDL less than 190 mg/dL</li> </ul> <p>Statin Medication Date: Enter the date of the most recent statin prescription, order or review on an active medications list that included a statin during the measurement period.</p> <ul style="list-style-type: none"> <li>If a statin was not prescribed, ordered, or reviewed as an active medication during the</li> </ul>

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	incomplete (e.g., the systolic or diastolic level is missing).				<p>of the following contraindications or exceptions:</p> <p>1 = Pregnancy at any time during the measurement period</p> <p>2 = Active liver disease (liver failure, cirrhosis, hepatitis)</p> <p>3 = Rhabdomyolysis</p> <p>4 = End stage renal disease on dialysis</p> <p>5 = Heart failure</p> <p>6 = Other provider documented reason: breastfeeding during the measurement period</p> <p>7 = Other provider documented reason: woman of childbearing age not actively taking birth control during the measurement period</p> <p>8 = Other provider documented reason: allergy to statin</p> <p>9 = Drug interaction with a listed medication taken during the measurement period (valid drug-drug</p>	<p>measurement period, leave BLANK.</p> <p>Station Medication Exception</p> <p>If the patient was NOT prescribed or did not have a statin medication active on their medication list during the measurement period (Column AA = 2), enter the value that corresponds to any of the following contraindications or exceptions:</p> <p>1 = Pregnancy at any time during the measurement period</p> <p>2 = Active liver disease (liver failure, cirrhosis, hepatitis)</p> <p>3 = Rhabdomyolysis</p> <p>4 = End stage renal disease on dialysis</p> <p>5 = Heart failure</p> <p>6 = Other provider documented reason: breastfeeding during</p>

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					<p>interactions include HIV protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol).</p> <p>10 = Other provider documented reason: intolerance (with supporting documentation of trying a statin at least once within the last five years). Additionally, Myopathy and Myositis (CHOL-05) Value Set may be used to document intolerance to statins.</p> <p>If none of the above contraindications or exceptions are documented, leave BLANK. NOTE: Items 1 – 5 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: Pregnancy V/Z Codes (PREG-01), Pregnancy Diagnosis Codes (PREG-02), Liver</p>	<p>the measurement period</p> <p>7 = Other provider documented reason: woman of childbearing age not actively taking birth control during the measurement period</p> <p>8 = Other provider documented reason: allergy to statin</p> <p>9 = Drug interaction with a listed medication taken during the measurement period (valid drug-drug interactions include HIV protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol).</p> <p>10 = Other provider documented reason: intolerance (with supporting documentation of trying a statin at least</p>



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					<p>Disease (CHOL-01), Rhabdomyolysis (CHOL-02), ESRD on Dialysis (CHOL-03), and Heart Failure (CHOL-04)</p> <p>Statin Medication Exception Date: If the patient has a documented contraindication or exception enter the date of the contraindication or exception. If only the month and year are known, enter the first day of the month.</p> <p>Tobacco Status Documentation Date [Date (mm/dd/yyyy)] AND Tobacco Status [Numeric]</p> <p>Numerator component calculation: numerator component compliant if tobacco status within the last two years and status is tobacco-free.</p> <p>Tobacco Status Documentation Date:</p>	<p>once within the last five years). Additionally, Myopathy and Myositis (CHOL-05) Value Set may be used to document intolerance to statins.</p> <ul style="list-style-type: none"> <li>• If none of the above contraindications or exceptions are documented, leave BLANK.</li> <li>• NOTE: Items 1 – 5 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: Pregnancy V/Z Codes (PREG-01), Pregnancy Diagnosis Codes (PREG-02), Liver Disease (CHOL-01), Rhabdomyolysis (CHOL-02), ESRD on Dialysis (CHOL-03), and Heart Failure (CHOL-04)</li> </ul> <p>Statin Medication Exception Date:</p>

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					<p>Enter the most recent date that the patient's tobacco status was documented during the measurement period or year prior.</p> <ul style="list-style-type: none"> <li>If the patient's tobacco status is not documented or the date of documentation cannot be determined, leave BLANK</li> </ul> <p>Tobacco Status: Enter the code that corresponds to the patient's most recent tobacco status during the measurement period or year prior.</p> <p>1 = Tobacco free (patient does not use tobacco; patient was a former user and is not a current user)</p> <p>2 = No documentation</p> <p>3 = Current tobacco user (tobacco includes any amount of cigarettes, cigars, pipes or smokeless tobacco)</p>	<p>If the patient has a documented contraindication or exception enter the date of the contraindication or exception.</p> <ul style="list-style-type: none"> <li>If only the month and year are known, enter the first day of the month.</li> </ul> <p>ASPIRIN/ANTIPLATELET COMPONENT</p> <p>Aspirin or Anti-platelet Medication [Numeric] AND Aspirin or Anti-platelet Date [Date (mm/dd/yyyy)] AND/OR Aspirin or Anti-platelet Exception [Numeric] AND Aspirin or Anti-platelet Exception Date [Date (mm/dd/yyyy)]</p> <p>Numerator component calculation: numerator</p>

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					<ul style="list-style-type: none"> <li>If the date of the tobacco status documentation is not documented in the patient record, enter 2</li> <li>E-cigarettes are not considered tobacco products.</li> </ul> <p>Aspirin or Anti-platelet Medication [Numeric] AND  Aspirin or Anti-platelet Date [Date (mm/dd/yyyy)] AND/OR  Aspirin or Anti-platelet Exception [Numeric] AND  Aspirin or Anti-platelet Exception Date [Date (mm/dd/yyyy)]</p> <p>Numerator component calculation: Calculation applied only if patient has ischemic vascular disease (IVD); if no IVD indicated, is a numerator component “free-pass”. For patients with IVD, numerator component compliant if indicated on daily</p>	<p>component compliant if indicated on daily aspirin or anti-platelet medication (prescribed/ ordered) or documented contraindication/exception is present.</p> <p>Aspirin or Anti-platelet Medication  Enter the code that corresponds to whether the patient is prescribed a daily aspirin product or antiplatelet medication or if an aspirin product or anti-platelet medication was active on the patient’s medication list at any time during the measurement period. Please see Appendix B for methods to identify appropriate aspirin products or antiplatelet medications.</p>

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					<p>aspirin or anti-platelet medication (prescribed/ordered) or documented contraindication/exception is present.</p> <p>Aspirin or Anti-platelet Medication:</p> <p>For patients with Ischemic Vascular Disease (IVD), enter the code that corresponds to whether the patient is prescribed a daily aspirin product or antiplatelet medication or if an aspirin product or anti-platelet medication was active on the patient's medication list during the measurement period.</p> <p>Please see Appendix D for methods to identify appropriate aspirin products or antiplatelet medications.</p> <p>1 = Yes, patient was prescribed a daily aspirin product or antiplatelet medication,</p>	<p>1 = Yes, patient was prescribed a daily aspirin product or antiplatelet medication, or one was indicated as active on the patient's medication list during the measurement period.</p> <p>2 = No, patient was not prescribed a daily aspirin product or antiplatelet medication and one was not indicated as active on the patient's medication list during the measurement period.</p> <ul style="list-style-type: none"> <li>Aspirin/narcotic combination medications do not qualify as a daily aspirin product.</li> </ul> <p>Aspirin or Anti-platelet Medication Date</p> <p>Enter the date of the most recent daily</p>

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					<p>or one was indicated as active on the patient's medication list during the measurement period.</p> <p>2 = No, patient was not prescribed a daily aspirin product or antiplatelet medication and one was not indicated as active on the patient's medication list during the measurement period.</p> <p>Aspirin/narcotic combination medications do not qualify as a daily aspirin product.</p> <p>Aspirin or Anti-platelet Date:</p> <p>For patients with IVD, enter the date of the most recent daily aspirin product or anti-platelet medication prescription, order or review of an active medication list that included a daily aspirin product or anti-platelet medication</p>	<p>aspirin product or anti-platelet medication prescription, order or review of an active medication list that included a daily aspirin product or anti-platelet medication during the measurement period.</p> <p>* If a daily aspirin product or anti-platelet medication was not prescribed, ordered or reviewed as an active medication during the measurement period, leave blank.</p> <p>Aspirin or Anti-platelet Medication Exception</p> <p>For patients who were not prescribed or taking a daily aspirin product or anti-platelet medication during the measurement period, enter the code that corresponds to any of</p>

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
					<p>during the measurement period.</p> <p>If a daily aspirin product or anti-platelet medication was not prescribed, ordered or reviewed as an active medication during the measurement period leave blank</p> <p>Aspirin or Anti-platelet Medication Exception:</p> <p>For patients with IVD who were not prescribed or taking a daily aspirin product or anti-platelet medication during the measurement period, enter the code that corresponds to any of the following contraindications or exceptions:</p> <p>1 = Prescribed anti-coagulant medication during the measurement period</p> <p>2 = History of gastrointestinal bleeding</p>	<p>the following contraindications or exceptions:</p> <p>1 = Prescribed anti-coagulant medication during the measurement period</p> <p>2 = History of gastrointestinal bleeding</p> <p>3 = History of intracranial bleeding</p> <p>4 = Bleeding disorder</p> <p>5 = Other provider documented reason: allergy to aspirin or anti-platelets</p> <p>6 = Other provider documented reason: use of non-steroidal anti-inflammatory agents</p> <p>7 = Other provider documented reason: documented risk for drug interaction</p> <p>8 = Other provider documented reason: uncontrolled hypertension (systolic blood pressure</p>

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
					<p>3 = History of intracranial bleeding</p> <p>4 = Bleeding disorder</p> <p>5 = Other provider documented reason: allergy to aspirin or anti-platelets</p> <p>6 = Other provider documented reason: use of non-steroidal anti-inflammatory agents</p> <p>7 = Other provider documented reason: documented risk for drug interaction with a medication taken during the measurement period.</p> <p>8 = Other provider documented reason: uncontrolled hypertension (systolic blood pressure greater than 180 mmHg and/or diastolic blood pressure greater than 110 mmHg)</p> <p>9 = Other provider documented reason: gastroesophageal reflux disease (GERD)</p>	<p>greater than 180 mmHg and/or diastolic blood pressure greater than 110 mmHg)</p> <p>9 = Other provider documented reason: gastroesophageal reflux disease (GERD)</p> <p>If none of the above contraindications or exceptions are documented, leave BLANK.</p> <p>NOTE: Items 1 and 2 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: GI Bleed (ASA-01) and Intracranial Bleed (ASA-02).</p> <p>Aspirin or Anti-platelet Exception Date</p> <p>If the patient has a documented contraindication or exception enter the date of the</p>

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					<p>If none of the above contraindications or exceptions are documented, leave BLANK.</p> <p>NOTE: Items 2 and 3 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: GI Bleed (ASA-01) and Intracranial Bleed (ASA-02).</p> <p>Aspirin or Anti-platelet Medication Exception Date:</p> <p>If the patient has a documented aspirin product or anti-platelet medication exception enter the date of the contraindication or exception.</p>	<p>contraindication or exception. If only the month and year are known, enter the first day of the month.</p> <p>TOBACCO COMPONENT</p> <p>Tobacco Status Documentation Date [Date (mm/dd/yyyy)]</p> <p>AND</p> <p>Tobacco Status [Numeric]</p> <p>Numerator component calculation: numerator component compliant if tobacco status within the last two years and status is tobacco-free.</p> <p>Tobacco Status Documentation Date: Enter the most recent date that the patient's tobacco status was documented during the measurement period or year prior.</p>



	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
						<p>If the patient's tobacco status is not documented or the date of the documentation cannot be determined, leave BLANK.</p> <p>Tobacco Status: Enter the code that corresponds to the patient's most recent tobacco status during the measurement period or year prior.</p> <p>1 = Tobacco free (patient does not use tobacco; patient was a former user and is not a current user)</p> <p>2 = No documentation</p> <p>3 = Current tobacco user (tobacco includes any amount of cigarettes, cigars, pipes or smokeless tobacco)</p> <p>* If the date of the tobacco status documentation is not</p>

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						documented in the patient record, enter 2. * E-cigarettes are not considered tobacco products. A blank field will create an ERROR upon submission.
Denominator Statement	Patients 18-85 years of age who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year.	Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.	All patients 18-85 years of age as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND a diagnosis of hypertension on or before June 30th of the measurement year.	All patients 18-75 years of age as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND diabetes (type 1 and type 2) during the measurement year or year prior to the measurement year.	Patients ages 18 to 75 with a diagnosis of diabetes (Diabetes Value Set) with any contact during the current or prior measurement period OR had diabetes (Diabetes Value Set) present on an active problem list at any time during the measurement period. Both contacts AND problem list must be queried for diagnosis (Diabetes Value Set). AND patient has at least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible	Patients ages 18 years or older at the start of the measurement period AND less than 76 years at the end of the measurement period who have a diagnosis of ischemic vascular disease (Ischemic Vascular Disease Value Set) with any contact during the current or prior measurement period OR had ischemic vascular disease (Ischemic Vascular Disease Value Set) present on an active problem list at any time during the measurement period.

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					provider in an eligible specialty for any reason during the measurement period.	Both contacts AND the active problem list must be queried for diagnosis (Ischemic Vascular Disease) AND At least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period.
Denominator Details	Patients who had continuous enrollment in the measurement year. No more than one gap in continuous enrollment of up to 45 days during the measurement year. If the	There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs	Age: 18-85 years as of December 31 of the measurement year Benefit: Medical Continuous Enrollment: No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous	Age: 18-75 years as of December 31 of the measurement year Benefit: Medical Continuous Enrollment: No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is	Please also refer to all code lists included in the data dictionary attached in S.2b. • 18 years or older at the start of the measurement period AND less than 76 years at the end of the measurement period • Patient had a diagnosis of diabetes (Diabetes Value Set) with any	Please also refer to all code lists included in the data dictionary attached in S.2b. Patients ages 18 years or older at the start of the measurement period AND less than 76 years at the end of the measurement period who have a diagnosis of ischemic vascular disease

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	<p>patient has Medicaid, then no more than a 1-month gap in coverage.</p> <p>Patients are identified for the denominator using claim/encounter data.</p> <p>Patients who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year. Visit type need not be the same for the two visits.</p> <p>Any of the following</p>	<p>to be identified by one method to be included in the measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.</p> <p>CLAIM/ENCOUNTER DATA</p> <p>Patients who met any of the following criteria during the measurement year of the year prior to the measurement year (count services that occur over both years):</p> <ul style="list-style-type: none"> <li>- At least one acute inpatient encounter with a diagnosis of diabetes without telehealth.</li> <li>- At least one acute inpatient</li> </ul>	<p>enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the individual may not have more than a 1-month gap in coverage (i.e., an individual whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).</p> <p>Identify Serious Mental Illness: Identify patients with a serious mental illness. They must meet at least one of the following criteria during the measurement year or the year prior:</p> <p>At least one acute inpatient claim/encounter with any diagnosis of schizophrenia, bipolar I disorder, or major depression using any of the</p>	<p>verified monthly, the individual may not have more than a 1-month gap in coverage (i.e., an individual whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).</p> <p>All patients 18-75 years of age as of December 31 of the measurement year with a serious mental illness [see SMI Value Set] and diabetes (type 1 and type 2) [see Diabetes Value Set]</p> <p>The following steps should be followed to identify patients with a serious mental illness and a diagnosis for diabetes:</p> <p>(1) Identify Serious Mental Illness</p> <p>Step 1: Identify Patients with a serious mental illness. They must meet at least one of the following criteria during</p>	<p>contact during the current or prior measurement period OR had diabetes (Diabetes Value Set) present on an active problem list at any time during the measurement period. Both contacts AND the active problem list must be queried for diagnosis (Diabetes Value Set).</p> <ul style="list-style-type: none"> <li>• At least one established patient office visit (Established Pt Diabetes &amp; Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period</li> </ul> <p>Eligible specialties: Family Medicine, Internal Medicine, Geriatric Medicine, Endocrinology</p> <p>Eligible providers: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice</p>	<p>(Ischemic Vascular Disease Value Set) with any contact during the current or prior measurement period OR had ischemic vascular disease (Ischemic Vascular Disease Value Set) present on an active problem list at any time during the measurement period.</p> <p>Both contacts AND the active problem list must be queried for diagnosis (Ischemic Vascular Disease)</p> <p>AND</p> <p>At least one established patient office visit (Established Pt Diabetes &amp; Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period.</p>

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	<p>combinations meet criteria:</p> <ul style="list-style-type: none"> <li>- Outpatient visit with any diagnosis of hypertension</li> <li>- A telephone visit with any diagnosis of hypertension</li> <li>- An online assessment with any diagnosis of hypertension</li> </ul> <p>Only one of the two visits may be a telephone visit, an online assessment or an outpatient telehealth visit. Identify outpatient telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated</p>	<p>discharge with a diagnosis of diabetes on the discharge claim. To identify an acute inpatient discharge:</p> <ol style="list-style-type: none"> <li>1. Identify all acute and nonacute inpatient stays.</li> <li>2. Exclude nonacute inpatient stays.</li> <li>3. Identify the discharge date for the stay.</li> </ol> <ul style="list-style-type: none"> <li>- At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type</li> </ul>	<p>following code combinations:</p> <ul style="list-style-type: none"> <li>- BH Stand Alone Acute Inpatient Value Set with one of the following diagnoses:</li> <li>- Schizophrenia Value Set</li> <li>- Bipolar Disorder Value Set</li> <li>- Major Depression Value Set</li> <li>- BH Acute Inpatient Value Set with BH Acute Inpatient POS Value Set and one of the following diagnoses:</li> <li>- Schizophrenia Value Set</li> <li>- Bipolar Disorder Value Set</li> <li>- Major Depression Value Set</li> </ul> <p>At least two visits in an outpatient, intensive outpatient, partial</p>	<p>the measurement year or the year prior:</p> <p>At least one acute inpatient claim/encounter with any diagnosis of schizophrenia, bipolar I disorder, or major depression using any of the following code combinations:</p> <ul style="list-style-type: none"> <li>• BH Stand Alone Acute Inpatient Value Set with one of the following diagnoses: <ul style="list-style-type: none"> <li>o Schizophrenia Value Set</li> <li>o Bipolar Disorder Value Set</li> <li>o Major Depression Value Set</li> </ul> </li> <li>• BH Acute Inpatient Value Set with BH Acute Inpatient POS Value Set and one of the following diagnoses: <ul style="list-style-type: none"> <li>o Schizophrenia Value Set</li> <li>o Bipolar Disorder Value Set</li> </ul> </li> </ul>	Registered Nurses (APRN)	<p>Eligible Specialties:</p> <p>Family Medicine, Internal Medicine, Geriatric Medicine, Cardiology</p> <p>Eligible Providers:</p> <p>Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice Registered Nurses (APRN)</p>

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	<p>with the outpatient visit.</p> <p>See attached code value sets.</p>	<p>need not be the same for the two visits. To identify a nonacute inpatient discharge:</p> <ol style="list-style-type: none"> <li>1. Identify all acute and nonacute inpatient stays.</li> <li>2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.</li> <li>3. Identify the discharge date for the stay.</li> </ol> <p>-- Only include nonacute inpatient encounters without telehealth.</p> <p>-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a</p>	<p>hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or bipolar I disorder. Any two of the following code combinations meet criteria:</p> <ul style="list-style-type: none"> <li>- BH Stand Alone Outpatient/PH/IOP Value Set with one of the following diagnoses:</li> <li>- Schizophrenia Value Set</li> <li>- Bipolar Disorder Value Set</li> <li>- BH Outpatient/PH/IOP Value Set with BH Outpatient/PH/IOP POS Value Set and one of the following diagnoses:</li> </ul>	<p>o Major Depression Value Set</p> <p>At least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or bipolar I disorder. Any two of the following code combinations meet criteria:</p> <ul style="list-style-type: none"> <li>• BH Stand Alone Outpatient/PH/IOP Value Set with one of the following diagnoses: <ul style="list-style-type: none"> <li>o Schizophrenia Value Set</li> <li>o Bipolar Disorder Value Set</li> </ul> </li> <li>• BH Outpatient/PH/IOP Value Set with BH Outpatient/PH/IOP POS Value Set and one of the following diagnoses: <ul style="list-style-type: none"> <li>o Schizophrenia Value Set</li> </ul> </li> </ul>		

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		<p>telehealth modifier or the presence of a telehealth POS code associated with the outpatient set. See attached code value sets.</p> <p>PHARMACY DATA</p> <p>Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.</p> <p>PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES</p> <p>DESCRIPTION / PRESCRIPTION</p> <p>Alpha-glucosidase inhibitors / Acarbose, Miglitol</p> <p>Amylin analogs / Pramlintide</p>	<ul style="list-style-type: none"> <li>- Schizophrenia Value Set</li> <li>- Bipolar Disorder Value Set</li> <li>- ED Value Set with one of the following diagnoses:</li> <li>- Schizophrenia Value Set</li> <li>- Bipolar Disorder Value Set</li> <li>- BH ED Value Set with BH ED POS Value Set and one of the following diagnoses:</li> <li>- Schizophrenia Value Set</li> <li>- Bipolar Disorder Value Set</li> <li>- BH Stand Alone Nonacute Inpatient Value Set with one of the following diagnoses:</li> </ul>	<ul style="list-style-type: none"> <li>o Bipolar Disorder Value Set <ul style="list-style-type: none"> <li>• ED Value Set with one of the following diagnoses:</li> </ul> </li> <li>o Schizophrenia Value Set</li> <li>o Bipolar Disorder Value Set <ul style="list-style-type: none"> <li>• BH ED Value Set with BH ED POS Value Set and one of the following diagnoses:</li> </ul> </li> <li>o Schizophrenia Value Set</li> <li>o Bipolar Disorder Value Set <ul style="list-style-type: none"> <li>• BH Stand Alone Nonacute Inpatient Value Set with one of the following diagnoses:</li> </ul> </li> <li>o Schizophrenia Value Set</li> <li>o Bipolar Disorder Value Set <ul style="list-style-type: none"> <li>• BH Nonacute Inpatient Value Set with BH Nonacute Inpatient POS Value Set and one</li> </ul> </li> </ul>		

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		Antidiabetic combinations / Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empagliflozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin	<ul style="list-style-type: none"> <li>- Schizophrenia Value Set</li> <li>- Bipolar Disorder Value Set</li> <li>- BH Nonacute Inpatient Value Set with BH Nonacute Inpatient POS Value Set and one of the following diagnoses: <ul style="list-style-type: none"> <li>- Schizophrenia Value Set</li> <li>- Bipolar Disorder Value Set</li> </ul> </li> </ul> <p>Identify Hypertension: A diagnosis of hypertension is identified if there is at least one outpatient visit (Outpatient CPT Value Set) with a diagnosis of hypertension (Essential Hypertension Value Set) during the first</p>	<p>of the following diagnoses:</p> <ul style="list-style-type: none"> <li>o Schizophrenia Value Set</li> <li>o Bipolar Disorder Value Set</li> </ul> <p>(2) Identify Diabetes</p> <p>Step 2: Of the patients identified in Step 1, identify patients with diabetes (see Diabetes Value Set) during the measurement year or the year prior using the following data:</p> <p>Claim/encounter data:</p> <ul style="list-style-type: none"> <li>• At least two outpatient visits (see Outpatient Value Set), observation visits (see Observation Value Set), ED visits (ED Value Set) or nonacute inpatient encounters (see Nonacute Inpatient Value Set) on different dates of service, with a diagnosis of diabetes (see Diabetes Value Set). Visit type need not be</li> </ul>		



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		Insulin / Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin degludec, Insulin detemir, Insulin glargine, Insulin glulisine, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin human inhaled Meglitinides / Nateglinide, Repaglinide Glucagon-like peptide-1 (GLP1) agonists / Dulaglutide, Exenatide, Albiglutide, Liraglutide Sodium glucose cotransporter 2 (SGLT2) inhibitor / Canagliflozin,	six months of the measurement year and confirmed with a notation of one of the following in the medical record on or before June 30 of the measurement year: Hypertension Intermittent HTN HTN History of HTN High BP Hypertensive vascular disease (HVD) Hyperpiesia Hyperpiesis Borderline HTN Intermittent HTN The notation of hypertension may appear on or before June 30 of the measurement year, including prior to the measurement year. It does not matter if hypertension was treated or is	the same for the two visits. <ul style="list-style-type: none"> <li>At least one acute inpatient encounter (see Acute Inpatient Value Set) with a diagnosis of diabetes (see Diabetes Value Set).</li> </ul> Pharmacy data: <ul style="list-style-type: none"> <li>Patients who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year (see Table 1)</li> </ul> Both methods to identify the eligible population should be used, however, an individual need only be identified by one to be included in the measure.           TABLE 1. PRESCRIPTIONS TO IDENTIFY PATIENTS WITH DIABETES Alpha-glucosidase inhibitors:		

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		<p>Dapagliflozin, Empagliflozin</p> <p>Sulfonylureas / Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide</p> <p>Thiazolidinediones / Pioglitazone, Rosiglitazone</p> <p>Dipeptidyl peptidase-4 (DDP-4) inhibitors / Alogliptin, Linagliptin, Saxagliptin, Sitagliptin</p> <p>Note: Glucophage/metformin as a solo agent is not included because it is used to treat conditions other than diabetes; members with diabetes on these medications are identified through</p>	<p>currently being treated. The notation indicating a diagnosis of hypertension may be recorded in any of the following documents:</p> <p>Problem list (this may include a diagnosis prior to June 30 of the measurement year or an undated diagnosis; see Note at the end of this section)</p> <p>Office note</p> <p>Subjective, Objective, Assessment, Plan (SOAP) note</p> <p>Encounter form</p> <p>Telephone call record</p> <p>Diagnostic report</p> <p>Hospital discharge summary</p> <p>Statements such as “rule out HTN,” “possible HTN,” “white-coat HTN,”</p>	<p>Acarbose, Miglitol</p> <p>Amylin analogs:</p> <p>Pramlintide</p> <p>Antidiabetic combinations:</p> <p>Glimepiride-pioglitazone, Glimepiride-rosiglitazone, Glipizide-metformin, Glyburide-metformin, Metformin-pioglitazone, Metformin-rosiglitazone, Metformin-sitagliptin, Saxagliptin, Sitagliptin-simvastatin</p> <p>Insulin:</p> <p>Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin detemir, Insulin glargine, Insulin glulisine, Insulin inhalation, Insulin isophane beef-pork, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin</p>		

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		diagnosis codes only.	<p>“questionable HTN” and “consistent with HTN” are not sufficient to confirm the diagnosis if such statements are the only notations of hypertension in the medical record.</p> <p>If an organization cannot find the medical record, the patient remains in the measure denominator and is considered noncompliant for the numerator.</p> <p>Flag to identify diabetes:</p> <p>After the denominator is identified, assign each patient a flag to identify if the patient does or does not have diabetes as identified by claims/encounter and pharmacy data (see description below). The flag is</p>	<p>regular human, Insulin zinc human</p> <p>Meglitinides:</p> <p>Nateglinide, Repaglinide</p> <p>Miscellaneous antidiabetic agents:</p> <p>Exenatide, Liraglutide, Metformin-repaglinide, Sitagliptin</p> <p>Sulfonylureas:</p> <p>Acetohexamide, Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide</p> <p>Thiazolidinediones:</p> <p>Pioglitazone, Rosiglitazone</p>		

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
			<p>used to determine the appropriate BP threshold to use during numerator assessment.</p> <p>Assign a flag of diabetic to patients who were identified as diabetic using claims/encounter and pharmacy data. The organization must use both methods to identify patients with diabetes, but a patient only needs to be identified by one method.</p> <p>Claim/encounter data:</p> <p>-At least two outpatient visits (see Outpatient Value Set), observation visits (see Observation Value Set), ED visits (ED Value Set) or nonacute inpatient encounters (see Nonacute Inpatient</p>			

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
			<p>Value Set) on different dates of service, with a diagnosis of diabetes (see Diabetes Value Set). Visit type need not be the same for the two visits.</p> <p>-At least one acute inpatient encounter (see Acute Inpatient Value Set) with a diagnosis of diabetes (see Diabetes Value Set).</p> <p>Pharmacy data:</p> <p>-Patients who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year (see Table 1).</p> <p>TABLE 1. PRESCRIPTIONS TO IDENTIFY PATIENTS WITH DIABETES</p>			

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
			<p>Alpha-glucosidase inhibitors: Acarbose, Miglitol</p> <p>Amylin analogs: Pramlintide</p> <p>Antidiabetic combinations: Glimepiride-pioglitazone, Glimepiride-rosiglitazone, Glipizide-metformin, Glyburide-metformin, Metformin-pioglitazone, Metformin-rosiglitazone, Metformin-sitagliptin, Saxagliptin, Sitagliptin-simvastatin</p> <p>Insulin: Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin detemir, Insulin glargine, Insulin glulisine, Insulin inhalation, Insulin</p>			

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			isophane beef-pork, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin zinc human Meglitinides: Nateglinide, Repaglinide Miscellaneous antidiabetic agents: Exenatide, Liraglutide, Metformin-repaglinide, Sitagliptin Sulfonylureas: Acetohexamide, Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide Thiazolidinediones: Pioglitazone, Rosiglitazone			

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
			<p>Assign a flag of not diabetic to patients who do not have a diagnosis of diabetes during the measurement year or year prior to the measurement year and who meet either of the following criteria:</p> <ul style="list-style-type: none"> <li>- A diagnosis of polycystic ovaries (Polycystic Ovaries Value Set), in any setting, any time during the patient's history through December 31 of the measurement year.</li> <li>- A diagnosis of gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.</li> </ul>			



	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
Exclusions	This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings. Additionally, this measure excludes patients with evidence of end-stage renal disease, dialysis, nephrectomy, or kidney transplant on or prior to the December 31 of the measurement year. It also excludes female patients with a	This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings. Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled	All patients who meet one or more of the following criteria should be excluded from the measure: - Evidence of end-stage renal disease (ESRD) or kidney transplant - A diagnosis of pregnancy	Patients who do not have a diagnosis of diabetes and meet one of the following criteria may be excluded from the measure: -Patients with a diagnosis of polycystic ovaries. -Patients with gestational or steroid-induced diabetes.	Valid allowable exclusions include patients who were a permanent resident of a nursing home, pregnant, died or were in hospice or palliative care during the measurement year.	The following exclusions are allowed to be applied to the eligible population: permanent nursing home residents, receiving hospice or palliative care services, or died prior to the end of the measurement period.

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
	diagnosis of pregnancy during the measurement year, and patients who had a nonacute inpatient admission during the measurement year.	into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.				
Exclusion Details	<p>ADMINISTRATIVE CLAIMS</p> <p>Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods, which may include but are not limited to enrollment</p>	<p>ADMINISTRATIVE CLAIMS</p> <p>Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or</p>	<p>All patients who meet one or more of the following criteria may be excluded from the measure:</p> <ul style="list-style-type: none"> <li>- All patients with evidence of end-stage renal disease (ESRD) (see ESRD Value Set; ESRD Obsolete Value Set) or kidney transplant (see Kidney Transplant Value Set) on or prior to December 31 of the measurement year. Documentation in the medical record must include a dated</li> </ul>	<p>Patients who do not have a diagnosis of diabetes (see Diabetes Value Set), in any setting, during the measurement year or year prior to the measurement year and who meet either of the following criteria:</p> <ul style="list-style-type: none"> <li>-A diagnosis of polycystic ovaries (see Polycystic Ovaries Value Set), in any setting, any time during the person's history through December 31 of the measurement year.</li> <li>-A diagnosis of gestational diabetes or</li> </ul>	<ul style="list-style-type: none"> <li>• Patient was pregnant during measurement period (ICD-10 O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83, O24.911, O24.912, O24.913, O24.919, O24.92, O24.93</li> <li>• Patient was a permanent nursing</li> </ul>	<ul style="list-style-type: none"> <li>* Patient was a permanent nursing home resident at any time during the measurement period</li> <li>* Patient was in hospice or receiving palliative care at any time during the measurement period</li> <li>* Patient died prior to the end of the measurement period</li> </ul>

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
	<p>data, medical record or claims/encounter data.</p> <p>Exclude adults who meet any of the following criteria:</p> <ul style="list-style-type: none"> <li>- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> <li>-- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.</li> <li>-- Living long-term in an institution any time during the measurement year as identified by the</li> </ul> </li> </ul>	<p>claims/encounter data.</p> <p>Exclude adults who meet any of the following criteria:</p> <ul style="list-style-type: none"> <li>- Medicare adults 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> <li>-- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.</li> <li>-- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run data of the file to determine if a member had an LTI</li> </ul> </li> </ul>	<p>note indicating evidence of ESRD, kidney transplant or dialysis.</p> <ul style="list-style-type: none"> <li>- All patients with a diagnosis of pregnancy (see Pregnancy Value Set) during the measurement year.</li> </ul>	<p>steroid-induced diabetes (see Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.</p>	<p>home resident during the measurement period</p> <ul style="list-style-type: none"> <li>• Patient was in hospice or palliative care at any time during the measurement period,</li> <li>• Patient died prior to the end of the measurement period</li> </ul>	

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	<p>LTI flag in the Monthly Membership Detail Data File. Use the run data of the file to determine if a patient had an LTI flag during the measurement year.</p> <p>- Members 66-80 years of age as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded:</p> <ol style="list-style-type: none"> <li>1. At least one claim/encounter for frailty during the</li> </ol>	<p>flag during the measurement year.</p> <p>- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and with advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded:</p> <ol style="list-style-type: none"> <li>1. At least one claim/encounter for frailty during the measurement year.</li> <li>2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):</li> </ol>				

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	<p>measurement year.</p> <p>2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):</p> <p>-- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two</p>	<p>-- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters nonacute inpatient discharges on different dates of services, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:</p> <ol style="list-style-type: none"> <li>1. Identify all acute and nonacute inpatient stays.</li> <li>2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.</li> <li>3. Identify the discharge date for the stay.</li> </ol>				

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	<p>visits. To identify a nonacute inpatient discharge:</p> <ol style="list-style-type: none"> <li>1. Identify all acute and nonacute inpatient stays.</li> <li>2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.</li> <li>3. Identify the discharge date for the stay.</li> </ol> <p>-- At least one acute inpatient encounter with an advanced illness diagnosis.</p> <p>-- At least one acute inpatient discharge with an advanced illness diagnosis.</p> <p>To identify an acute inpatient discharge:</p>	<p>-- At least one acute inpatient encounter with an advanced illness diagnosis.</p> <p>-- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:</p> <ol style="list-style-type: none"> <li>1. Identify all acute and nonacute inpatient stays.</li> <li>2. Exclude nonacute inpatient stays.</li> <li>3. Identify the discharge date for the stay.</li> </ol> <p>-- A dispensed dementia medication</p> <p>DEMENTIA MEDICATIONS DESCRIPTION / PRESCRIPTION</p> <p>Cholinesterase inhibitors /</p>				

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	<p>1. Identify all acute and nonacute inpatient stays.</p> <p>2. Exclude nonacute inpatient stays.</p> <p>3. Identify the discharge date for the stay.</p> <p>-- A dispensed dementia medication.</p> <p>DEMENTIA MEDICATIONS DESCRIPTION / PRESCRIPTION</p> <p>Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine</p> <p>Miscellaneous central nervous system agents / Memantine</p> <p>- Members 81 years of age and older as of December 31 of the</p>	<p>Donepezil; Galantamine; Rivastigmine</p> <p>Miscellaneous central nervous system agents / Memantine</p> <p>Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.</p> <p>See attached code value sets.</p> <p>MEDICAL RECORD</p> <p>Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year</p>				

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	<p>measurement year (all product lines) with frailty during the measurement year.</p> <p>Exclude patients with evidence of end-stage renal disease, dialysis, nephrectomy, or kidney transplant on or prior to December 31 of the measurement year, female patients with a diagnosis of pregnancy during the measurement year, and patients who had a nonacute inpatient admission during the measurement year. To identify nonacute</p>	<p>or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.</p>				



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	inpatient admissions: 1. Identify all acute and nonacute inpatient stays. 2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim. 3. Identify the admission date for the stay. See attached code value sets. MEDICAL RECORD REVIEW Exclusionary evidence in the medical record must include a note indicating diagnosis of pregnancy or evidence of a nonacute inpatient admission during					

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	the measurement year, or evidence of ESRD, dialysis, nephrectomy or kidney transplant any time during the patient's history through December 31 of the measurement year.					
Risk Adjustm ent	No risk adjustment or risk stratification	No risk adjustment or risk stratification	No risk adjustment or risk stratification	No risk adjustment or risk stratification	Statistical risk model	Statistical risk model
Stratifica tion	N/A	No stratification	Not applicable.	Not applicable.	The diabetes population is not currently stratified when publicly reported on our consumer website, MN HealthScores. The data is, however, stratified by public (MN Health Care Programs- Prepaid Medical Assistance including dual eligibles, MinnesotaCare, and General Assistance	The measure for the ischemic vascular disease population is not currently stratified when publicly reported on our consumer website, MN HealthScores. The data is, however, stratified by insurance product in our 2019 Health Care

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					<p>Medical Care) and private purchasers for our 2017 Health Care Disparities Report. This report notes a gap in outcomes of fifteen percentage points between diabetic patients in public programs and other purchasers.</p> <p><a href="http://mncm.org/wp-content/uploads/2018/03/2017-Disparities-Report-FINAL-3.26.2018.pdf">http://mncm.org/wp-content/uploads/2018/03/2017-Disparities-Report-FINAL-3.26.2018.pdf</a></p>	<p>Disparities Reports by insurance type and race/ethnicity/language and country of origin.</p> <p><a href="https://mncm.org/wp-content/uploads/2019/04/mncm-disparities-report-by-insurance-2019.pdf">https://mncm.org/wp-content/uploads/2019/04/mncm-disparities-report-by-insurance-2019.pdf</a></p> <p><a href="https://mncm.org/reports-and-websites/reports-and-data/health-equity-of-care-report/">https://mncm.org/reports-and-websites/reports-and-data/health-equity-of-care-report/</a></p> <p>These reports note gaps in outcomes for ischemic vascular disease patients in public programs versus other purchasers (6.6%) and disparities by race and ethnicity (as much as 12% for Black or African American and American Indian or Alaskan Natives)</p>

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Type Score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score	Rate/proportion better quality = higher score	Ratio better quality = higher score
Algorithm	<p>STEP 1: Determine the eligible population. To do so, identify adults who meet all specified criteria.</p> <p>- AGES: 18-75 years as of December 31 of the measurement year.</p> <p>- EVENT/DIAGNOSIS: Identify patients with hypertension in two ways: by claim/encounter data and by medical record data. SEE responses in S.6 and S.7 for eligible population and</p>	<p>STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.</p> <p>- AGES: 18-75 years as of December 31 of the measurement year.</p> <p>- EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details.</p> <p>STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8</p>	<p>Step 1: Identify patients with serious mental illness (schizophrenia, bipolar I disorder, and major depression).</p> <p>Step 2: Identify patients from step 1 who also have a diagnosis of hypertension in claims and confirmed the hypertension diagnosis in medical records.</p> <p>Step 3: Exclude patients who meet the exclusion criteria as specified in the "Denominator Exclusion Details" section. This is the denominator.</p> <p>Step 4: Of those in the denominator, identify the lowest</p>	<p>Step 1: Identify patients with serious mental illness.</p> <p>Step 2: Identify patients from step 1 who also have a diagnosis of diabetes during the measurement year or the year prior.</p> <p>Step 3: Exclude patients who meet the exclusion criteria as specified in the "Denominator Exclusion Details" section.</p> <p>Step 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.</p> <p>Step 5. Determine whether the result was &lt;140/90 mm Hg.</p> <p>Step 6: Calculate the rate by dividing the numerator (Step 5) by</p>	<p>This measure is calculated by submitting a file of individual patient values (e.g. blood pressure, A1c value, etc.) to a HIPAA secure data portal. Programming within the data portal determines if each patient is a numerator case and then a rate is calculated for each clinic site. Please also refer to the measure calculation algorithms submitted within the data dictionary for this measure.</p> <p>If any component of the numerator is noncompliant for any one of the five components, then the patient is numerator noncompliant for the composite patient level</p>	<p>This measure is calculated by submitting a file of individual patient values (e.g. blood pressure, tobacco status, etc) to a HIPAA secure data portal. Programming within the data portal determines if each patient is a numerator case and then a rate is calculated for each clinic site. Please also refer to the measure calculation algorithms submitted within the data dictionary for this measure.</p> <p>If any component of the numerator is noncompliant for any one of the four components, then the patient is numerator noncompliant for the composite patient</p>

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	<p>denominator criteria and details.</p> <p>STEP 2: Exclude patients who meet the exclusion criteria. SEE responses in S.8 and S.9 for denominator exclusion criteria and details.</p> <p>STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.</p> <p>STEP 4: Identify the lowest systolic and</p>	<p>and S.9 for denominator exclusion criteria and details.</p> <p>STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.</p> <p>STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.</p> <p>STEP 5. Determine whether the result was &lt;140/90 mm Hg.</p>	<p>systolic and lowest diastolic BP reading from the most recent BP notation in the medical record.</p> <p>Step 5: Calculate the rate by dividing the number of patients whose most recent blood pressure is adequately controlled by the denominator (after exclusions). 123834   140881   135810</p>	<p>the denominator (after exclusions) (Step 3). 123834   140881   135810</p>	<p>all-or none optimal diabetes care measure. Numerator logic is as follows:</p> <p>A1c Component:</p> <p>Is the HbA1c date in the measurement period? If no, is numerator noncompliant for this component. If yes, assess next variable.</p> <p>Is the HbA1c value less than 8.0? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component.</p> <p>Note: A1c needs to occur during the measurement year AND most recent value less than 8.0</p> <p>Assess next component.</p> <p>Blood Pressure Component:</p> <p>Is Blood Pressure date in the measurement period? If no, is numerator noncompliant for this</p>	<p>level all-or none optimal vascular care measure.</p> <p>Numerator logic is as follows:</p> <p>Blood Pressure Component:</p> <p>Is Blood Pressure date in the measurement year? If no, is numerator noncompliant for this component. If yes, assess next variable.</p> <p>BP Systolic &lt; 140? If no, is numerator noncompliant for this component. If yes, assess next variable.</p> <p>BP Diastolic &lt; 90? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component.</p> <p>Note: BP needs to occur during the measurement year AND most recent BP systolic less than 140</p>

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	lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. STEP 5: Determine whether the result was <140/90 mm Hg. STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).	STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).			component. If yes, assess next variable. BP Systolic < 140? If no, is numerator noncompliant for this component. If yes, assess next variable. BP Diastolic < 90? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component. Note: BP needs to occur during the measurement year AND most recent BP systolic less than 140 AND BP diastolic less than 90 Assess next component. Cholesterol Statin Use Component: Is the patient on a statin medication? If yes, and most recent date is in the measurement year, is numerator compliant for this component. If no, assess next variable. For patients not on a statin the following	AND BP diastolic less than 90 Assess next component. Cholesterol Statin Use Component: Is the patient on a statin medication? If yes, and most recent date is in the measurement year, is numerator compliant for this component. If no, assess next variable. For patients not on a statin the following variables are used to assess numerator compliance related to contraindications or exceptions to statin use: Is the patient age 18 to 20? If yes, numerator compliant (free-pass), if no, assess next variable. Patients age 21 to 75. Is their most recent LDL in the last five

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
					<p>variables are used to assess numerator compliance related to contraindications or exceptions to statin use:</p> <p>Is the patient age 18 to 20? If yes, numerator compliant (free-pass), if no, assess next variable.</p> <p>Is the patient age 21 to 75? Do they have ischemic vascular disease (IVD)?</p> <p>If Yes IVD, is their most recent LDL in the last five years less than 40?</p> <p>If Yes, numerator compliant (free-pass), if no, assess next variable.</p> <p>Does the patient have a valid contraindication/exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin,</p>	<p>years less than 40? If Yes, numerator compliant (free-pass), if no, assess next variable.</p> <p>Does the patient have a valid contraindication/exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.</p>

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
					<p>or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.</p> <p>If No IVD, is the patient age 21 to 39 and is their most recent LDL in the last 5 years greater than or equal to 190? If No, numerator compliant (free-pass).</p> <p>If Yes LDL greater than or equal to 190, does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, end stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or intolerance with documentation of trying</p>	<p>Note: Patient is either on a statin (prescribed/ ordered) during the measurement year or has a valid exception either by age, presence or absence of ischemic vascular disease, low untreated LDL or valid contraindication/ exception.</p> <p>Assess next component.</p> <p>Tobacco-Free Component: Is Tobacco Status = 1 (Tobacco Free) and Tobacco Assessment Date a valid date? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component. Assess next component.</p> <p>Daily Aspirin/ Anti-platelet Component:</p>



	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
					<p>a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.</p> <p>If No IVD, no LDL greater than or equal to 190 for patients ages 40 to 70, is their most recent LDL in the last five years less than 70? If Yes, numerator compliant (free-pass), if no, assess next variable.</p> <p>Does the patient have a valid contraindication/exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, end stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes,</p>	<p>Is the patient on daily aspirin or an antiplatelet? If yes, and date of most recent aspirin/ anti-platelet is in the measurement year is numerator compliant, if no, assess next variable.</p> <p>Does the patient have a valid contraindication/exception to aspirin anti-platelet use defined as one of the following: anti-coagulant medication, history of gastrointestinal bleed, history of intracranial bleed, allergy, or physician documented reasons related to: risk of drug interaction, use of NSAIDS, uncontrolled HTN or gastro-intestinal reflux disease. If yes, is numerator compliant for this component. If</p>

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
					<p>is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.</p> <p>Note: Patient is either on a statin (prescribed/ ordered) during the measurement year or has a valid exception either by age, presence or absence of ischemic vascular disease, low untreated LDL or valid contraindication/ exception.</p> <p>Assess next component.</p> <p>Tobacco-Free Component:</p> <p>Is Tobacco Status = 1 (Tobacco Free) and Tobacco Assessment Date a valid date? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component. Assess next component.</p> <p>Daily Aspirin/ Anti-platelet Component:</p>	<p>no, fail this numerator component and remains in the denominator.</p> <p>Note: Patients are either on daily aspirin (indicated/ prescribed/ ordered) or an anti-platelet prescribed/ ordered) during the measurement year or has a valid contraindication/ exception.</p> <p>If all of the above numerator components are in compliance, then the patient calculated as a numerator case for the optimal vascular care measure.</p>

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
					<p>Does the patient have cardiovascular/ ischemic vascular disease? If no, is numerator compliant (free-pass), if yes assess next variable.</p> <p>Is the patient on daily aspirin or an antiplatelet? If yes, and date of most recent aspirin/ anti-platelet is in the measurement year is numerator compliant, if no, assess next variable.</p> <p>Does the patient have a valid contraindication/ exception to aspirin anti-platelet use defined as one of the following: anti-coagulant medication, history of gastrointestinal bleed, history of intracranial bleed, allergy, or physician documented reasons related to: risk of drug interaction, use of NSAIDS, uncontrolled HTN or gastro-intestinal reflux disease. If yes, is numerator compliant for</p>	

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
					<p>this component. If no, fail this numerator component and remains in the denominator.</p> <p>Note: Patients with ischemic vascular disease are either on daily aspirin (indicated/ prescribed/ ordered) or an anti-platelet prescribed/ ordered) during the measurement year or has a valid contraindication/ exception.</p> <p>If all of the above numerator components are in compliance, then the patient calculated as a numerator case for the optimal diabetes care measure.</p>	
Submission items	5.1 Identified measures: 0061 : Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	5.1 Identified measures:  5a.1 Are specs completely harmonized? Yes	5.1 Identified measures: 0018 : Controlling High Blood Pressure  5a.1 Are specs completely harmonized? Yes	5.1 Identified measures: 0061 : Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	5.1 Identified measures: 0061 : Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg) 0545 : Adherence to Statins for Individuals with Diabetes Mellitus	5.1 Identified measures: 0067 : Chronic Stable Coronary Artery Disease: Antiplatelet Therapy 0543 : Adherence to Statin Therapy for

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
	<p>2602 : Controlling High Blood Pressure for People with Serious Mental Illness</p> <p>2606 : Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (&lt;140/90 mm Hg)</p> <p>5a.1 Are specs completely harmonized? Yes</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: There are several related measures that assess blood pressure control</p>	<p>5a.2 If not completely harmonized, identify difference, rationale, impact: Measure 0061 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level is &lt;140/90 mm Hg. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients who have optimally managed modifiable risk factors including blood pressure and</p>	<p>5a.2 If not completely harmonized, identify difference, rationale, impact: This measure was adapted from the existing measure (Controlling High Blood Pressure NQF #0018) for the subpopulation of people with serious mental illness who have a higher risk of disease and for whom there is evidence of disparity in treatment compared to the general population. The numerator of this measure is consistent with the measure used for the general population while the denominator has been adapted to facilitate an adequate number of individuals with</p>	<p>5a.1 Are specs completely harmonized? Yes</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: This measure was adapted from the existing measure (Comprehensive Diabetes Care: Blood Pressure Control &lt;140/90 mm Hg NQF #0061) for the subpopulation of people with serious mental illness who have a higher risk of disease and for whom there is evidence of disparity in treatment compared to the general population. The numerator of this measure is consistent with the measure used for the general population while the denominator has been adapted to focus on individuals with serious mental illness. NCQA is</p>	<p>0575 : Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (&lt;8.0%)</p> <p>2712 : Statin Use in Persons with Diabetes</p> <p>5a.1 Are specs completely harmonized? No</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: Denominator differences due to data source, different composite measure construct and philosophical beliefs of our measure development work group. Please see 5b.1.</p> <p>5b.1 If competing, why superior or rationale for additive value: 2 measures are part of a composite measure that is stewarded by NCQA.</p>	<p>Individuals with Cardiovascular Disease</p> <p>0068 : Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet</p> <p>0073 : Ischemic Vascular Disease (IVD): Blood Pressure Control</p> <p>5a.1 Are specs completely harmonized? No</p> <p>5a.2 If not completely harmonized, identify difference, rationale, impact: There are some differences noted in the denominator definitions, source data and settings of care. #0068 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet AND</p>

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
	but are either focused on different population, use different data sources or are specified at different levels of accountability than NQF 0018. Measure 0061 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level is <140/90 mm Hg. Measure 2602 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage	four other indicators. NCQA's measure 0061 is included with five other NCQA diabetes measures. The five other diabetes measures are individually NQF endorsed (Endocrine Maintenance Phase 1). Together, the six NCQA individual diabetes measures (including measure 0061) make a set of diabetes HEDIS measures but are not considered all or nothing. NCQA uses individual measures to provide health plans and others the opportunity to measure, report and incentivize each aspect of quality care for the	serious mental illness. NCQA is the owner and steward of the existing NQF-endorsed measure and the specifications are harmonized. Building on this existing measure helps to reduce the burden of implementation for organizations and to align incentives for providers and organizations to focus on key quality of care issues. Note: The specifications for the existing measure (Controlling High Blood Pressure NQF #0018) have been updated based on 2013 JNC-8 guidelines. NCQA will submit the revised specification for Controlling High Blood Pressure NQF #0018 in the 4th quarter 2014 during	the current owner and steward of the existing NQF-endorsed measure and the specifications are harmonized. Building on this existing measure helps to reduce the burden of implementation for organizations and to align incentives for providers and organizations to focus on key quality of care issues.  5b.1 If competing, why superior or rationale for additive value: Not applicable.	# 0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg) # 0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%) NCQA's composite is a different measure construct; it is calculated at the physician panel level (what percentage of my patients have an A1c < 8.0, what percentage had BP < 140/90) but is not a patient level composite. MNMCM believes that its patient level all-or-none composite is superior, patient-centric (not provider centric) and individual patients achieving as many health targets as possible only increases their likelihood of reducing long term microvascular and macrovascular	#0073 Ischemic Vascular Disease (IVD): Blood Pressure Control are most closely related to the components of our measure, however this measure focuses on the inpatient setting and only patients discharged with acute myocardial infarction, coronary bypass graft or percutaneous coronary interventions. #0067 Chronic Stable Coronary Artery Disease: Antiplatelet Therapy focuses only on patients with coronary artery disease; however from specifications available through QPS not able to compare diagnosis code definitions. This measure, #0076 Optimal Vascular Care is more inclusive with

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
	of patients 18-85 years of age with serious mental illness who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year. Measure 2606 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent blood pressure reading during the measurement year is <140/90	diabetes population. HARMONIZED MEASURE ELEMENTS: Measures 0061 and 0729 both focus on an adult patient population 18-75 years of age with diabetes (type 1 and type 2). Both measures assess whether the patient's most recent blood pressure level in the measurement period was <140/90 mm Hg. Both measures also specify denominator visit criteria to include patients with at least two outpatient visits in the last two years with a diagnosis of diabetes. UNHARMONIZED MEASURE	NQF's scheduled measure update period. This measure uses the new specification to be consistent with the current guideline.  5b.1 If competing, why superior or rationale for additive value: Not applicable.		complication of diabetes. These two measure's numerators are harmonized. We have philosophical differences in the denominator definitions and this is due in part to the data source. NCQA uses claims data to identify diabetic patients, MNCM used EMR based data. NCQA's methodology looks for diabetes diagnosis codes but additionally will include patients on oral medications and insulin who do not have the diagnosis. We also believe that is important to exclude diabetic women who are currently pregnant during the measurement year, related to cholesterol management. NCQA's denominator value sets	a denominator definition of ischemic vascular disease (atherosclerosis of coronary and peripheral arteries) #0543 Adherence to statin therapy for individuals with cardiovascular disease. This medication claims based measure's denominator is more aligned with our intent (coronary, cerebrovascular and peripheral artery disease), however endorsement was removed in 2015.  5b.1 If competing, why superior or rationale for additive value: There are other similar measures that address three of the four components separately, but no currently endorsed measure exists that is

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
	<p>mm Hg. Measure 0076 is NQF endorsed as a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult ischemic vascular disease patients, 18-75 years of age, who have optimally managed modifiable risk factors including blood pressure and three other indicators. Measure 0729 is NQF endorsed as a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes</p>	<p>ELEMENTS: - Data Source: Measure 0061 is collected through administrative claims and/or medical record. Measure 0729 is collected through medical record abstraction. - Level of Accountability: Measure 0061 is a health plan level measure and is used in NCQA's clinical quality and recognition programs (See 4.1 Usability and Use). Measure 0729 is a physician level measure. - Data Elements: Measure 0061 uses two methods to identify patients in the denominator 1) claims/encounter data with a</p>			<p>intentionally include these patients. This measure is related (but not exactly the same) 0545: Adherence to Statins for Individuals with Diabetes Mellitus (CMS) Uses the same denominator definition as the NCQA composite. From information available in QPS, it does not appear that there are exceptions to this measure related to liver disease, rhabdomyolysis, pregnancy, etc. This is different from our planned cholesterol component for statin use. We believe our cholesterol component is superior in that it takes into account patient safety. This measure is related (but not exactly the same)</p>	<p>a patient level all-or-none composite measure. # 0076 Optimal Vascular Care is superior to the newly submitted measure for consideration because its measure construct additionally includes: * contraindications and exceptions to statin use * risk adjustment; actual and expected rates reported * allowable exclusions for potentially frail older adults age 65 to 75 (hospice or palliative services, nursing home, death)</p>



	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
	<p>patients, 18-75 years of age, who have optimally managed modifiable risk factors including blood pressure and four other indicators.</p> <p>HARMONIZED MEASURE ELEMENTS: All measures described above focus on a blood pressure target of &lt;140/90 mm Hg.</p> <p>UNHARMONIZED MEASURE ELEMENTS: - Data Source and Level of Accountability: Measures 0018, 0061, 2602, and 2606 are collected through administrative claims and/or</p>	<p>diagnosis of diabetes and 2) pharmacy data for insulin or hypoglycemic/anti hyperglycemics (see S.7 Denominator Details). Measure 0729 uses encounter data with a diagnosis for diabetes to identify patients in the denominator. NCQA uses two identification methods to ensure that only patients with diagnosed diabetes are included in the denominator. - Exclusions: Exclusions for measures 0061 and 0729 are substantially aligned with some variation due to differences in health plan and</p>			<p>2712: Statin Use in Persons with Diabetes (PQA)</p> <p>This measure uses a different data source; pharmacy claims. Because the data source relies on filled prescriptions, the only way to identify the denominator is if the patient is on a diabetes drug, which does not encompass all diabetic patients that should be on a statin. Exclusions for this measure do not take into account the exceptions and contraindications for use of statins. We believe our cholesterol component is superior.</p>	

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
	<p>medical record review using health plan reported data. Measures 0076 and 0729 are collected through medical record abstraction and reported at the physician level of accountability. - Population Focus: Measure 0018 is focused on the general population of people with hypertension while the other measures focus on either diabetes, serious mental illness with diabetes, or serious mental illness with hypertension. - Age Range: Measures 0018</p>	<p>clinician level reporting. IMPACT ON INTERPRETABILITY AND DATA COLLECTION BURDEN: The differences between these measures do not have an impact on interpretability of publicly reported rates. There is no added burden of data collection because the data for each measure is collected from different data sources by different entities.</p> <p>5b.1 If competing, why superior or rationale for additive value: N/A</p>				

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
	and 2602 focus on adults 18-85 while the other measures focus on adults 18-75. IMPACT ON INTERPRETABILITY?AND DATA COLLECTION BURDEN:? The differences between measures 0018, 0061, 2602, and 2606 do not have an impact on interpretability of?publicly?reported rates or an impact on data collection burden as the measures are focused on different populations. The differences between 0018, 0076, and 0729 also do not have an impact on					

	0018 Controlling High Blood Pressure	0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	2602 Controlling High Blood Pressure for People with Serious Mental Illness	2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)	0729 Optimal Diabetes Care	0076 Optimal Vascular Care
	<p>interpretability of publicly reported rates or an impact on data collection burden because the data for each measure is collected from different data sources by different entities.</p> <p>5b.1 If competing, why superior or rationale for additive value: NA</p>					

## Appendix E2: Related and Competing Measures (narrative)

### Comparison of NQF #0018, NQF #0061, NQF #2602, NQF #2606, NQF #0729 and NQF #0076

0018 Controlling High Blood Pressure

0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

2602 Controlling High Blood Pressure for People with Serious Mental Illness

2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

0729 Optimal Diabetes Care

0076 Optimal Vascular Care

#### *Steward*

##### **0018 Controlling High Blood Pressure**

National Committee for Quality Assurance

##### **0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

National Committee for Quality Assurance

##### **2602 Controlling High Blood Pressure for People with Serious Mental Illness**

National Committee for Quality Assurance

##### **2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)**

National Committee for Quality Assurance

##### **0729 Optimal Diabetes Care**

MN Community Measurement

##### **0076 Optimal Vascular Care**

MN Community Measurement

#### *Description*

##### **0018 Controlling High Blood Pressure**

The percentage of adults 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

##### **0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg.

##### **2602 Controlling High Blood Pressure for People with Serious Mental Illness**

The percentage of patients 18-85 years of age with serious mental illness who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year.

Note: This measure is adapted from an existing health plan measure used in a variety of reporting programs for the general population (NQF #0018 Controlling High Blood Pressure). It was originally endorsed in 2009 and is owned and stewarded by NCQA. The

specifications for the existing measure (Controlling High Blood Pressure NQF #0018) have been updated based on 2013 JNC-8 guideline. NCQA will submit the revised specification for Controlling High Blood Pressure NQF #0018 in the 4th quarter 2014 during NQF's scheduled measure update period. This measure uses the new specification to be consistent with the current guideline.

#### **2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)**

The percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent blood pressure (BP) reading during the measurement year is <140/90 mm Hg.

Note: This measure is adapted from an existing health plan measure used in a variety of reporting programs for the general population (NQF #0061 Comprehensive Diabetes Care: Blood Pressure Control <140/90 mm Hg) which is endorsed by NQF and is stewarded by NCQA.

#### **0729 Optimal Diabetes Care**

The percentage of patients 18-75 years of age who had a diagnosis of type 1 or type 2 diabetes and whose diabetes was optimally managed during the measurement period as defined by achieving ALL of the following:

- HbA1c less than 8.0 mg/dL
- Blood Pressure less than 140/90 mmHg
- On a statin medication, unless allowed contraindications or exceptions are present
- Non-tobacco user
- Patient with ischemic vascular disease is on daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present

Please note that while the all-or-none composite measure is considered to be the gold standard, reflecting best patient outcomes, the individual components may be measured as well. This is particularly helpful in quality improvement efforts to better understand where opportunities exist in moving the patients toward achieving all of the desired outcomes. Please refer to the additional numerator logic provided for each component.

#### **0076 Optimal Vascular Care**

The percentage of patients 18-75 years of age who had a diagnosis of ischemic vascular disease (IVD) and whose IVD was optimally managed during the measurement period as defined by achieving ALL of the following:

- Blood pressure less than 140/90 mmHg
- On a statin medication, unless allowed contraindications or exceptions are present
- Non-tobacco user
- On daily aspirin or anti-platelet medication, unless allowed contraindications or exceptions are present

### *Type*

#### **0018 Controlling High Blood Pressure**

Outcome: Intermediate Clinical Outcome

**0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

Outcome: Intermediate Clinical Outcome

**2602 Controlling High Blood Pressure for People with Serious Mental Illness**

Outcome

**2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)**

Outcome

**0729 Optimal Diabetes Care**

Composite

**0076 Optimal Vascular Care**

Composite

*Data Source***0018 Controlling High Blood Pressure**

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.

No data collection instrument provided Attachment 0018\_CBP\_Value\_Sets\_Fall\_2019-637002741932672877.xlsx

**0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records This measure is based on administrative claims and medical record documentation collected in the course of providing care to health plan patients. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via NCQA's online data submission system.

No data collection instrument provided Attachment 0061\_CDC\_BP\_Control\_Value\_Sets\_Fall\_2019-637088223907626862.xlsx

**2602 Controlling High Blood Pressure for People with Serious Mental Illness**

Claims, Electronic Health Records, Paper Medical Records The denominator for this measure is based on administrative claims and medical record documentation (this is used to confirm the diagnosis of hypertension identified in claims/encounter data). The numerator for this measure is based on medical record documentation collected in the course of providing care to health plan patients.

No data collection instrument provided Attachment 2602\_CBP\_for\_People\_With\_Mental\_Illness\_Value\_Set-636583543692086216.xlsx

**2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)**

Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records The denominator for this measure is based on claim/encounter and pharmacy data. The

numerator for this measure is based on medical record documentation collected in the course of providing care to health plan patients.

No data collection instrument provided Attachment

2606\_BP\_Control\_for\_People\_With\_Mental\_Illness\_Value\_Sets-636583537864052580.xlsx

### **0729 Optimal Diabetes Care**

Electronic Health Records, Paper Medical Records An excel template with formatted columns for data fields is provided. Almost all medical groups in MN (99.5%) extract the information from their EMR. Paper abstraction forms are provided for those clinics who wish to use them as an interim step to create their data file. All data is uploaded in electronic format (.csv file) to a HIPAA secure, encrypted and password protected data portal. We capture information from the clinics about how their data is obtained. In 2018:

- 71% (476) clinics had an EMR and pulled all data via query
- 26% (176) clinics had an EMR and used a combination of query and manual look up for data collection
- 2.2% (15) clinics had an EMR and looked up all data manually
- 0.15% (1) clinic had a hybrid EMR and paper record system
- 0.15% (1) clinic had paper records only

Feasibility Note: 71% of practices can extract all of the information needed via query.

Please note that all fields are defined and included in the data dictionary [Tab = Data Field Dictionary] and also included in the data collection guide URL provided in S.1.

Available at measure-specific web page URL identified in S.1 Attachment

MNCM\_Diabetes\_Measure\_Data\_Dictionary\_and\_Risk\_Adj\_\_10-19-2018.xlsx

### **0076 Optimal Vascular Care**

Electronic Health Records, Paper Medical Records AAn excel template with formatted columns for data fields is provided. Almost all the medical groups in MN (99.9%) extract the information from their EMR. Other options have been historically available: Registries can be used as a source of information to create the data file; however groups must ensure that all of their eligible patients are included. Paper abstraction forms are provided for those clinics who wish to use them as an interim step to creating their data file.

All data is uploaded in electronic format (.csv file) to a HIPAA secure, encrypted and password protected data portal.

Available at measure-specific web page URL identified in S.1 Attachment MNCM\_-0076\_Optimal\_Vascular\_Care\_Specs\_Fields\_12-2019.xlsx

## *Level*

### **0018 Controlling High Blood Pressure**

Health Plan

### **0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

Health Plan

### **2602 Controlling High Blood Pressure for People with Serious Mental Illness**

Health Plan



**2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)**

Health Plan

**0729 Optimal Diabetes Care**

Clinician : Group/Practice

**0076 Optimal Vascular Care**

Clinician : Group/Practice

*Setting*

**0018 Controlling High Blood Pressure**

Outpatient Services

**0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

Outpatient Services

**2602 Controlling High Blood Pressure for People with Serious Mental Illness**

Outpatient Services

**2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)**

Outpatient Services

**0729 Optimal Diabetes Care**

Outpatient Services

**0076 Optimal Vascular Care**

Outpatient Services

*Numerator Statement*

**0018 Controlling High Blood Pressure**

Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.

**0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

Patients whose most recent blood pressure level was <140/90 mm Hg during the measurement year.

**2602 Controlling High Blood Pressure for People with Serious Mental Illness**

Patients whose most recent blood pressure (BP) is adequately controlled during the measurement year (after the diagnosis of hypertension) based on the following criteria:

-Patients 18-59 years of age as of December 31 of the measurement year whose BP was <140/90 mm Hg.

-Patients 60-85 years of age as of December 31 of the measurement year and flagged with a diagnosis of diabetes whose BP was <140/90 mm Hg.

-Patients 60-85 years of age as of December 31 of the measurement year and flagged as not having a diagnosis of diabetes whose BP was <150/90 mm Hg.

## **2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)**

Patients whose most recent BP reading is less than 140/90 mm Hg during the measurement year.

This intermediate outcome is a result of blood pressure control (<140/90 mm Hg). Blood pressure control reduce the risk of cardiovascular diseases. There is no need for risk adjustment for this intermediate outcome measure.

## **0729 Optimal Diabetes Care**

The number of patients in the denominator whose diabetes was optimally managed during the measurement period as defined by achieving ALL of the following:

- The most recent HbA1c in the measurement period has a value less than 8.0 mg/dL
- The most recent Blood Pressure in the measurement period has a systolic value of less than 140 mmHg AND a diastolic value of less than 90 mmHg
- On a statin medication, unless allowed contraindications or exceptions are present
- Patient is not a tobacco user
- Patient with ischemic vascular disease (Ischemic Vascular Disease Value Set) is on daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present

## **0076 Optimal Vascular Care**

The number of patients in the denominator whose IVD was optimally managed during the measurement period as defined by achieving ALL of the following:

- The most recent blood pressure in the measurement period has a systolic value of less than 140 mmHg AND a diastolic value of less than 90 mmHg
- On a statin medication, unless allowed contraindications or exceptions are present
- Patient is not a tobacco user
- On daily aspirin or anti-platelet medication, unless allowed contraindications or exceptions are present

## *Numerator Details*

### **0018 Controlling High Blood Pressure**

There are two data sources and approaches used for collecting data reporting the numerator for this measure: Administrative Claims and Medical Record Review

#### **ADMINISTRATIVE CLAIMS**

Use codes (See code value sets located in question S.2b.) to identify the most recent BP reading taken during an outpatient visit, a nonacute inpatient encounter, or remote monitoring event during the measurement year.

The blood pressure reading must occur on or after the date when the second diagnosis of hypertension (identified using the event/diagnosis criteria).

The patient is numerator compliant if the blood pressure is <140/90 mm Hg. The patient is not compliant if the blood pressure is ≥140/90 mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the presentative blood pressure.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.

#### VALUE SET / NUMERATOR COMPLIANCE

Systolic Less Than 140 Value Set / Systolic compliant

Systolic Greater Than or Equal to 140 Value Set / Systolic not compliant

Diastolic Less Than 80 Value Set / Diastolic compliant

Diastolic 80-89 Value Set / Diastolic compliant

Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant

See attached code value sets.

#### MEDICAL RECORD REVIEW

The number of patients in the denominator whose most recent blood pressure (both systolic and diastolic) is adequately controlled during the measurement year. For a patient's blood pressure to be controlled the systolic and diastolic blood pressure must be <140/90 mm hg (adequate control). To determine if a member's blood pressure is adequately controlled, the representative blood pressure must be identified.

All eligible blood pressure measurements recorded in the record must be considered. If an organization cannot find the medical record, the patient remains in the measure denominator and is considered noncompliant for the numerator.

Use the following guidance to find the appropriate medical record to review.

- Identify the patient's PCP.
- If the patient had more than one PCP for the time-period, identify the PCP who most recently provided care to the patient.
- If the patient did not visit a PCP for the time-period or does not have a PCP, identify the practitioner who most recently provided care to the patient.
- If a practitioner other than the patient's PCP manages the hypertension, the organization may use the medical record of that practitioner.

Identify the most recent blood pressure reading noted during the measurement year.

The blood pressure reading must occur on or after the date when the second diagnosis of hypertension (identified using the event/diagnosis criteria) occurred.

Do not include BP readings:

- Taken during an acute inpatient stay or an ED visit.
- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
- Reported by or taken by the patient.

BP readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.

Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, use

the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.

The patient is not compliant if the BP reading is  $\geq 140/90$  mm Hg or is missing, or if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing).

#### **0061 Comprehensive Diabetes Care: Blood Pressure Control ( $<140/90$ mm Hg)**

There are two data sources and approaches used for collecting data and reporting the numerator for this measure: Administrative Claims and Medical Record Review.

##### **ADMINISTRATIVE CLAIMS**

Use codes (See code value sets located in question S.2b.) to identify the most recent blood pressure reading taken during an outpatient visit or a nonacute inpatient encounter or remote monitoring event during the measurement year.

The patient is numerator compliant if the blood pressure is  $<140/90$  mm Hg. The patient is not compliant if the blood pressure is  $\geq 140/90$  mm Hg, if there is no blood pressure reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple blood pressure readings on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.

Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.

##### **VALUE SET / NUMERATOR COMPLIANCE**

Systolic Less Than 140 Value Set / Systolic compliant

Systolic Greater Than or Equal to 140 Value Set / Systolic noncompliant

Diastolic Less Than 80 Value Set / Diastolic compliant

Diastolic 80-89 Value Set / Diastolic compliant

Diastolic Greater Than or Equal to 90 Value Set / Diastolic not compliant

See attached code value sets.

##### **MEDICAL RECORD REVIEW**

The most recent BP level (taken during the measurement year) is  $<140/90$  mm Hg, as documented through administrative data or medical record review.

The organization should use the medical record from which it abstracts data for the other measures in the Comprehensive Diabetes Care set. If the organization does not abstract for other measures, it should use the medical record of the provider that manages the patient's diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the patient receives care.

Identify the most recent blood pressure reading noted during the measurement year. Do not include blood pressure readings that meet the following criteria:

- Taken during an acute inpatient stay or an ED visit.

- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.

-Reported by or taken by the patient.

Blood pressure readings from remote monitoring devices that are digitally stored and transmitted to the provider may be included. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to the provider and interpreted by the provider.

Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record. If there are multiple blood pressure readings recorded for a single date, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure. The systolic and diastolic results do not need to be from the same reading when multiple readings are recorded for a single date.

The patient is not numerator compliant if the blood pressure does not meet the specified threshold or is missing, or if there is no blood pressure reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).

## **2602 Controlling High Blood Pressure for People with Serious Mental Illness**

The number of patients whose most recent blood pressure (BP) is adequately controlled during the measurement year, but after the diagnosis of hypertension (See Essential Hypertension Value Set). For an individual's BP to be adequately controlled, both the systolic and diastolic BP must meet the following criteria:

- Patients 18-59 years of age as of December 31 of the measurement year whose BP was <140/90 mm Hg.
- Patients 60-85 years of age as of December 31 of the measurement year and flagged with a diagnosis of diabetes whose BP was <140/90 mm Hg.
- Patients 60-85 years of age as of December 31 of the measurement year and flagged as not having a diagnosis of diabetes whose BP was <150/90 mm Hg.

To determine if an individual's BP is adequately controlled, the representative BP (i.e., the most recent BP reading during the measurement year but after the diagnosis of hypertension was made) must be identified.

Note: Only the medical records of one practitioner or provider team should be used for both the confirmation of the diagnosis of hypertension and the representative BP. All eligible BP measurements recorded in the records from one practitioner or provider team (even if obtained by a different practitioner) should be considered (e.g., from a consultation note or other note relating to a BP reading from a health care practitioner or provider team). If an organization cannot find the medical record, the patient remains in the measure denominator and is considered noncompliant for the numerator.

The numerator should be calculated using the following steps:

Step 1: Identify the patient's Primary Care Provider (PCP).

-If the patient had more than one PCP for the time period, identify the PCP who most recently provided care to the patient.

-If the patient did not visit a PCP for the time period or does not have a PCP, identify the practitioner who most recently provided care to the patient.

-If a practitioner other than the patient's PCP manages the hypertension, the organization may use the medical record of that practitioner.

Step 2: Identify the representative BP level, defined as the most recent BP reading during the measurement year.

-The reading must occur after the date when the diagnosis of hypertension was made or confirmed.

-If multiple BP measurements occur on the same date, or are noted in the chart on the same date, the lowest systolic and lowest diastolic BP reading should be used. The systolic and diastolic results do not need to be from the same reading

-If no BP is recorded during the measurement year, assume that the individual is "not controlled."

-Do not include BP readings that meet the following criteria:

- Taken during an acute inpatient stay or an ED visit
- Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole)
- Obtained the same day as a major diagnostic or surgical procedure (e.g., stress test, administration of IV contrast for a radiology procedure, endoscopy)
- Reported by or taken by the patient

#### **2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)**

##### **ADMINISTRATIVE:**

Use automated data to identify the most recent BP reading taken during an outpatient visit (see Outpatient Visit Value Set) or a nonacute inpatient encounter (Nonacute Inpatient Value Set) during the measurement year. The patient is numerator compliant if the BP is <140/90 mm Hg. The patient is not compliant if the BP is ≥140/90 mm Hg, if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing). If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP. Organizations that use CPT Category II codes to identify numerator compliance for this indicator must search for all codes in the following value sets and use the most recent codes during the measurement year to determine numerator compliance for both systolic and diastolic levels.

##### **VALUE SET / NUMERATOR COMPLIANCE**

Systolic Less Than 140 Value Set / Systolic compliant

Systolic Greater Than/Equal To 140 Value Set / Systolic not compliant

Diastolic Less Than 80 Value Set / Diastolic compliant

Diastolic 80–89 Value Set / Diastolic compliant

Diastolic Greater Than/Equal To 90 Value Set / Diastolic not compliant

##### **MEDICAL RECORD:**

The organization should use the medical record from which it abstracts data for the other diabetes care indicators such as HbA1c test. If the organization does not abstract for other indicators, it should use the medical record of the provider that manages the patient's

diabetes. If that medical record does not contain a BP, the organization may use the medical record of another PCP or specialist from whom the patient receives care.

To determine if BP is adequately controlled, the organization must identify the representative BP following the steps below.

Identify the most recent BP reading noted during the measurement year. Do not include BP readings that meet the following criteria:

- Taken during an acute inpatient stay or an ED visit.
- Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole).
- Obtained the same day as a major diagnostic or surgical procedure (e.g., stress test, administration of IV contrast for a radiology procedure, endoscopy).

Reported by or taken by the patient.

Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If there are multiple BPs recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading when multiple readings are recorded for a single date. The patient is not numerator compliant if the BP does not meet the specified threshold or is missing, or if there is no BP reading during the measurement year or if the reading is incomplete (i.e., the systolic or diastolic level is missing).

#### 0729 Optimal Diabetes Care

Please note that while the all-or-none composite measure is considered to be the gold standard, reflecting best patient outcomes, the individual components may be measured as well. This is particularly helpful in quality improvement efforts to better understand where opportunities exist in moving the patients toward achieving all of the desired outcomes. Please refer to the additional numerator logic provided for each component and note that all of the denominator criteria apply to the numerator as well, but are not repeated in the numerator codes/ descriptions.

HbA1c Date [Date (mm/dd/yyyy)] AND

HbA1c Value [Numeric]

Numerator component calculation: numerator component compliant is HbA1c during the last 12 months (measurement year) AND most recent HbA1c value is less than 8.0.

Enter the date of the most recent HbA1c test during the measurement period.

Enter the value of the most recent HbA1c test during the measurement period.

Leave BLANK if an HbA1c was never performed.

- A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result during the measurement period.
- If the HbA1c result is too high to calculate, still enter the HbA1c test date if it is the most recent test result during the measurement period.

Blood Pressure Date [Date (mm/dd/yyyy)] AND

BP Systolic [Numeric] AND

BP Diastolic [Numeric]

Numerator component calculation: numerator component compliant is BP during the measurement year AND Systolic < 140 AND Diastolic < 90.

Enter the date of the most recent blood pressure result during the measurement period.

Leave BLANK if a blood pressure was not obtained during the measurement period.

- A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result during the measurement period.
- Do not include BP readings:
  - o Taken during an acute inpatient stay or an ED visit.
  - o Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole).
  - o Obtained the same day as a major diagnostic or surgical procedure (e.g., EKG/ECG, stress test, administration of IV contrast for a radiology procedure, endoscopy).
  - o Reported by or taken by the patient.

#### BP Systolic

Enter the value of the most recent systolic blood pressure result during the measurement period.

If more than one value is recorded on the most recent date, the lowest systolic value from multiple readings on the same date may be submitted.

NOTE: The systolic blood pressure is the upper number in the recorded fraction. For example, the systolic value for a blood pressure of 124/72 mmHg is 124.

#### BP Diastolic

Enter the value of the most recent diastolic blood pressure result during the measurement period.

If more than one value is recorded on the most recent date, the lowest diastolic value from multiple readings on the same date may be submitted.

- NOTE: The diastolic blood pressure is the lower number in the recorded fraction. For example, the diastolic value for a blood pressure of 124/72 mmHg is 72.

LDL Date [Date (mm/dd/yyyy)] AND

LDL Value [Numeric]

Numerator component calculation: Is used for the cholesterol component for statin use; patients with low untreated LDL values may not be appropriate for the initiation of statin medication.

Enter the date of the most recent LDL test on or prior to the end of the measurement period.

Leave BLANK if an LDL was never performed.

- A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result within the allowable time period.
- If the LDL result is too high to calculate, still enter the LDL test date if it is the most recent test result within the allowable time period.



LDL values within the last five years will be used to calculate potential exceptions to being on a statin medication. Leave BLANK if an LDL test was not performed between 01/01/201x and 12/31/201x (five-year increments).

Statin Medication [Numeric] AND

Statin Medication Date [Date (mm/dd/yyyy)] AND/OR

Station Medication Exception [Numeric] AND

Station Medication Exception Date [Date (mm/dd/yyyy)]

Numerator component calculation: numerator component compliant if on a statin (prescribed/ ordered) or low LDL value (see above) or documented contraindication/exception is present.

Statin Medication:

Enter the code that corresponds to whether the patient was prescribed a statin medication or if a statin medication was active on the patient's medication list during the measurement period.

Please refer to Appendix C for a list of statin medications.

1 = Yes, patient was prescribed a statin medication or a statin medication was indicated as active on the patient's medication list during the measurement period.

2 = No, patient was not prescribed a statin medication and a statin medication was not indicated as active on the patient's medication list during the measurement period.

The following exceptions to statin medication use will be identified by the Data Portal based on the submitted LDL values:

- Patients with ischemic vascular disease aged 21 to 75 years and an LDL result less than 40 mg/dL
- Patients aged 40 – 75 years with an LDL result less than 70 mg/dL
- Patients aged 21 – 39 years with an LDL less than 190 mg/dL

Statin Medication Date:

Enter the most recent date of a statin prescription, order or review of active medications list during the measurement period.

If no statin prescribed, ordered, or reviewed as an active medication during the measurement period, leave blank

Statin Medication Exception:

If the patient was NOT prescribed or did not have a statin medication active on their medication list during the measurement period, enter the value that corresponds to any of the following contraindications or exceptions:

1 = Pregnancy at any time during the measurement period

2 = Active liver disease (liver failure, cirrhosis, hepatitis)

3 = Rhabdomyolysis

4 = End stage renal disease on dialysis

5 = Heart failure

6 = Other provider documented reason: breastfeeding during the measurement period

7 = Other provider documented reason: woman of childbearing age not actively taking birth control during the measurement period

8 = Other provider documented reason: allergy to statin

9 = Drug interaction with a listed medication taken during the measurement period (valid drug-drug interactions include HIV protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol).

10 = Other provider documented reason: intolerance (with supporting documentation of trying a statin at least once within the last five years). Additionally, Myopathy and Myositis (CHOL-05) Value Set may be used to document intolerance to statins.

If none of the above contraindications or exceptions are documented, leave BLANK. NOTE: Items 1 – 5 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: Pregnancy V/Z Codes (PREG-01), Pregnancy Diagnosis Codes (PREG-02), Liver Disease (CHOL-01), Rhabdomyolysis (CHOL-02), ESRD on Dialysis (CHOL-03), and Heart Failure (CHOL-04)

Statin Medication Exception Date:

If the patient has a documented contraindication or exception enter the date of the contraindication or exception. If only the month and year are known, enter the first day of the month.

Tobacco Status Documentation Date [Date (mm/dd/yyyy)] AND

Tobacco Status [Numeric]

Numerator component calculation: numerator component compliant if tobacco status within the last two years and status is tobacco-free.

Tobacco Status Documentation Date:

Enter the most recent date that the patient's tobacco status was documented during the measurement period or year prior.

- If the patient's tobacco status is not documented or the date of documentation cannot be determined, leave BLANK

Tobacco Status:

Enter the code that corresponds to the patient's most recent tobacco status during the measurement period or year prior.

1 = Tobacco free (patient does not use tobacco; patient was a former user and is not a current user)

2 = No documentation

3 = Current tobacco user (tobacco includes any amount of cigarettes, cigars, pipes or smokeless tobacco)

- If the date of the tobacco status documentation is not documented in the patient record, enter 2
- E-cigarettes are not considered tobacco products.

Aspirin or Anti-platelet Medication [Numeric] AND

Aspirin or Anti-platelet Date [Date (mm/dd/yyyy)] AND/OR

Aspirin or Anti-platelet Exception [Numeric] AND

Aspirin or Anti-platelet Exception Date [Date (mm/dd/yyyy)]

Numerator component calculation: Calculation applied only if patient has ischemic vascular disease (IVD); if no IVD indicated, is a numerator component "free-pass". For patients with

IVD, numerator component compliant if indicated on daily aspirin or anti-platelet medication (prescribed/ ordered) or documented contraindication/exception is present.

**Aspirin or Anti-platelet Medication:**

For patients with Ischemic Vascular Disease (IVD), enter the code that corresponds to whether the patient is prescribed a daily aspirin product or antiplatelet medication or if an aspirin product or anti-platelet medication was active on the patient's medication list during the measurement period.

Please see Appendix D for methods to identify appropriate aspirin products or antiplatelet medications.

1 = Yes, patient was prescribed a daily aspirin product or antiplatelet medication, or one was indicated as active on the patient's medication list during the measurement period.

2 = No, patient was not prescribed a daily aspirin product or antiplatelet medication and one was not indicated as active on the patient's medication list during the measurement period.

Aspirin/narcotic combination medications do not qualify as a daily aspirin product.

**Aspirin or Anti-platelet Date:**

For patients with IVD, enter the date of the most recent daily aspirin product or anti-platelet medication prescription, order or review of an active medication list that included a daily aspirin product or anti-platelet medication during the measurement period.

If a daily aspirin product or anti-platelet medication was not prescribed, ordered or reviewed as an active medication during the measurement period leave blank

**Aspirin or Anti-platelet Medication Exception:**

For patients with IVD who were not prescribed or taking a daily aspirin product or anti-platelet medication during the measurement period, enter the code that corresponds to any of the following contraindications or exceptions:

1 = Prescribed anti-coagulant medication during the measurement period

2 = History of gastrointestinal bleeding

3 = History of intracranial bleeding

4 = Bleeding disorder

5 = Other provider documented reason: allergy to aspirin or anti-platelets

6 = Other provider documented reason: use of non-steroidal anti-inflammatory agents

7 = Other provider documented reason: documented risk for drug interaction with a medication taken during the measurement period.

8 = Other provider documented reason: uncontrolled hypertension (systolic blood pressure greater than 180 mmHg and/or diastolic blood pressure greater than 110 mmHg)

9 = Other provider documented reason: gastroesophageal reflux disease (GERD)

If none of the above contraindications or exceptions are documented, leave BLANK.

NOTE: Items 2 and 3 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: GI Bleed (ASA-01) and Intracranial Bleed (ASA-02).

**Aspirin or Anti-platelet Medication Exception Date:**

If the patient has a documented aspirin product or anti-platelet medication exception enter the date of the contraindication or exception.

## 0076 Optimal Vascular Care

In order to be numerator compliant all four components must be met

- \* Blood pressure less than 140/90 mmHg AND
- \* On a statin medication, unless allowed contraindications or exceptions are present AND
- \* Non-tobacco user AND
- \* On daily aspirin or anti-platelet medication, unless allowed contraindications or exceptions are present

### BLOOD PRESSURE COMPONENT

Blood Pressure Date [Date (mm/dd/yyyy)] AND

BP Systolic [Numeric] AND

BP Diastolic [Numeric]

Numerator component calculation: numerator component compliant is BP during the measurement year AND Systolic < 140 AND Diastolic < 90.

BP Date

Enter the date of the most recent blood pressure result during the measurement period.

- A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result during the measurement period.
- Do not include BP readings:
  - o Taken during an acute inpatient stay or an ED visit.
  - o Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole).
  - o Obtained the same day as a major diagnostic or surgical procedure (e.g., EKG/ECG, stress test, administration of IV contrast for a radiology procedure, endoscopy).
  - o Reported by or taken by the patient.
- Leave BLANK if a blood pressure was not obtained during the measurement period.

BP Systolic

Enter the value of the most recent systolic blood pressure result during the measurement period.

- If more than one value is recorded on the most recent date, the lowest value may be submitted. It does NOT need to be from the same reading submitted in Column Z (BP Diastolic).
- NOTE: The systolic blood pressure is the upper number in the recorded fraction. For example, the systolic value for a blood pressure of 124/72 mmHg is 124.
- Leave BLANK if a blood pressure was not obtained during the measurement period.

BP Diastolic

Enter the value of the most recent diastolic blood pressure result during the measurement period.

- If more than one value is recorded on the most recent date, the lowest value may be submitted. It does NOT need to be from the same reading as submitted in (BP Systolic).

- NOTE: The diastolic blood pressure is the lower number in the recorded fraction. For example, the diastolic value for a blood pressure of 124/72 mmHg is 72.
- Leave BLANK if a blood pressure was not obtained during the measurement period.

#### CHOLESTEROL MANAGEMENT STATIN COMPONENT

LDL Date [Date (mm/dd/yyyy)] AND

LDL Value [Numeric]

For calculating exceptions to statin use based on very low LDL (< 40 for cardiovascular disease and < 70 for patients with diabetes)

Enter the date of the most recent LDL test result between 01/01/2015 and 12/31/2019.

- A test result from a provider outside of the reporting medical group is allowed if the result is documented in the reporting medical group's patient record and is the most recent test result within the allowable time period.

- If the LDL result is too high to calculate, still enter the LDL test date if it is the most recent test result within the allowable time period.

- LDL values within the last five years will be used to calculate potential exceptions to being on a statin medication.

- Leave BLANK if an LDL test was not performed between 01/01/2015 and 12/31/2019.

Enter the value of the most recent LDL test result between 01/01/2015 and 12/31/2019.

- Leave BLANK if an LDL test was not performed during the allowable time period, or if the most recent test result was too high to calculate.

Statin Medication [Numeric] AND

Statin Medication Date [Date (mm/dd/yyyy)] AND/OR

Station Medication Exception [Numeric] AND

Station Medication Exception Date [Date (mm/dd/yyyy)]

Numerator component calculation: numerator component compliant if on a statin (prescribed/ ordered) or low LDL value (see above) or documented contraindication/exception is present.

Statin Medication:

Enter the code that corresponds to whether the patient was prescribed a statin medication or if a statin medication was active on the patient's medication list during the measurement period.

Please see Appendix A for a list of statin medications.

1 = Yes, patient was prescribed a statin medication, or a statin medication was indicated as active on the patient's medication list during the measurement period.

2 = No, patient was not prescribed a statin medication and a statin medication was not indicated as active on the patient's medication list during the measurement period.

- The following exceptions to statin medication use will be identified by the Data Portal based on the submitted LDL values:

- o Patients with ischemic vascular disease aged 21 to 75 years and an LDL result less than 40 mg/dL

- o Patients aged 40 – 75 years with an LDL result less than 70 mg/dL

- o Patients aged 21 – 39 years with an LDL less than 190 mg/dL

#### Statin Medication Date

Enter the date of the most recent statin prescription, order or review on an active medications list that included a statin during the measurement period.

- If a statin was not prescribed, ordered, or reviewed as an active medication during the measurement period, leave BLANK.

#### Station Medication Exception

If the patient was NOT prescribed or did not have a statin medication active on their medication list during the measurement period (Column AA = 2), enter the value that corresponds to any of the following contraindications or exceptions:

1 = Pregnancy at any time during the measurement period

2 = Active liver disease (liver failure, cirrhosis, hepatitis)

3 = Rhabdomyolysis

4 = End stage renal disease on dialysis

5 = Heart failure

6 = Other provider documented reason: breastfeeding during the measurement period

7 = Other provider documented reason: woman of childbearing age not actively taking birth control during the measurement period

8 = Other provider documented reason: allergy to statin

9 = Drug interaction with a listed medication taken during the measurement period (valid drug-drug interactions include HIV protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol).

10 = Other provider documented reason: intolerance (with supporting documentation of trying a statin at least once within the last five years). Additionally, Myopathy and Myositis (CHOL-05) Value Set may be used to document intolerance to statins.

- If none of the above contraindications or exceptions are documented, leave BLANK.
- NOTE: Items 1 – 5 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: Pregnancy V/Z Codes (PREG-01), Pregnancy Diagnosis Codes (PREG-02), Liver Disease (CHOL-01), Rhabdomyolysis (CHOL-02), ESRD on Dialysis (CHOL-03), and Heart Failure (CHOL-04)

#### Statin Medication Exception Date:

If the patient has a documented contraindication or exception enter the date of the contraindication or exception.

- If only the month and year are known, enter the first day of the month.

#### ASPIRIN/ANTIPLATELET COMPONENT

Aspirin or Anti-platelet Medication [Numeric] AND

Aspirin or Anti-platelet Date [Date (mm/dd/yyyy)] AND/OR

Aspirin or Anti-platelet Exception [Numeric] AND

Aspirin or Anti-platelet Exception Date [Date (mm/dd/yyyy)]

Numerator component calculation: numerator component compliant if indicated on daily aspirin or anti-platelet medication (prescribed/ ordered) or documented contraindication/exception is present.

Aspirin or Anti-platelet Medication

Enter the code that corresponds to whether the patient is prescribed a daily aspirin product or antiplatelet medication or if an aspirin product or anti-platelet medication was active on the patient's medication list at any time during the measurement period.

Please see Appendix B for methods to identify appropriate aspirin products or antiplatelet medications.

1 = Yes, patient was prescribed a daily aspirin product or antiplatelet medication, or one was indicated as active on the patient's medication list during the measurement period.

2 = No, patient was not prescribed a daily aspirin product or antiplatelet medication and one was not indicated as active on the patient's medication list during the measurement period.

- Aspirin/narcotic combination medications do not qualify as a daily aspirin product.

#### Aspirin or Anti-platelet Medication Date

Enter the date of the most recent daily aspirin product or anti-platelet medication prescription, order or review of an active medication list that included a daily aspirin product or anti-platelet medication during the measurement period.

\* If a daily aspirin product or anti-platelet medication was not prescribed, ordered or reviewed as an active medication during the measurement period, leave blank.

#### Aspirin or Anti-platelet Medication Exception

For patients who were not prescribed or taking a daily aspirin product or anti-platelet medication during the measurement period, enter the code that corresponds to any of the following contraindications or exceptions:

1 = Prescribed anti-coagulant medication during the measurement period

2 = History of gastrointestinal bleeding

3 = History of intracranial bleeding

4 = Bleeding disorder

5 = Other provider documented reason: allergy to aspirin or anti-platelets

6 = Other provider documented reason: use of non-steroidal anti-inflammatory agents

7 = Other provider documented reason: documented risk for drug interaction

8 = Other provider documented reason: uncontrolled hypertension (systolic blood pressure greater than 180 mmHg and/or diastolic blood pressure greater than 110 mmHg)

9 = Other provider documented reason: gastroesophageal reflux disease (GERD)

If none of the above contraindications or exceptions are documented, leave BLANK.

NOTE: Items 1 and 2 above can be defined by diagnosis codes that may be used in data collection. Value Sets include: GI Bleed (ASA-01) and Intracranial Bleed (ASA-02).

#### Aspirin or Anti-platelet Exception Date

If the patient has a documented contraindication or exception enter the date of the contraindication or exception. If only the month and year are known, enter the first day of the month.

#### TOBACCO COMPONENT

Tobacco Status Documentation Date [Date (mm/dd/yyyy)] AND

Tobacco Status [Numeric]

Numerator component calculation: numerator component compliant if tobacco status within the last two years and status is tobacco-free.

Tobacco Status Documentation Date:

Enter the most recent date that the patient's tobacco status was documented during the measurement period or year prior.

If the patient's tobacco status is not documented or the date of the documentation cannot be determined, leave BLANK.

Tobacco Status:

Enter the code that corresponds to the patient's most recent tobacco status during the measurement period or year prior.

1 = Tobacco free (patient does not use tobacco; patient was a former user and is not a current user)

2 = No documentation

3 = Current tobacco user (tobacco includes any amount of cigarettes, cigars, pipes or smokeless tobacco)

\* If the date of the tobacco status documentation is not documented in the patient record, enter 2.

\* E-cigarettes are not considered tobacco products.

A blank field will create an ERROR upon submission.

### *Denominator Statement*

#### **0018 Controlling High Blood Pressure**

Patients 18-85 years of age who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year.

#### **0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

Patients 18-75 years of age by the end of the measurement year who had a diagnosis of diabetes (type 1 and type 2) during the measurement year or the year prior to the measurement year.

#### **2602 Controlling High Blood Pressure for People with Serious Mental Illness**

All patients 18-85 years of age as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND a diagnosis of hypertension on or before June 30th of the measurement year.

#### **2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)**

All patients 18-75 years of age as of December 31 of the measurement year with at least one acute inpatient visit or two outpatient visits for schizophrenia or bipolar I disorder, or at least one inpatient visit for major depression during the measurement year AND diabetes (type 1 and type 2) during the measurement year or year prior to the measurement year.



### **0729 Optimal Diabetes Care**

Patients ages 18 to 75 with a diagnosis of diabetes (Diabetes Value Set) with any contact during the current or prior measurement period OR had diabetes (Diabetes Value Set) present on an active problem list at any time during the measurement period. Both contacts AND problem list must be queried for diagnosis (Diabetes Value Set).

AND patient has at least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period.

### **0076 Optimal Vascular Care**

Patients ages 18 years or older at the start of the measurement period AND less than 76 years at the end of the measurement period who have a diagnosis of ischemic vascular disease (Ischemic Vascular Disease Value Set) with any contact during the current or prior measurement period OR had ischemic vascular disease (Ischemic Vascular Disease Value Set) present on an active problem list at any time during the measurement period.

Both contacts AND the active problem list must be queried for diagnosis (Ischemic Vascular Disease)

AND

At least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period.

## *Denominator Details*

### **0018 Controlling High Blood Pressure**

Patients who had continuous enrollment in the measurement year. No more than one gap in continuous enrollment of up to 45 days during the measurement year. If the patient has Medicaid, then no more than a 1-month gap in coverage.

Patients are identified for the denominator using claim/encounter data.

Patients who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year.

Visit type need not be the same for the two visits.

Any of the following combinations meet criteria:

- Outpatient visit with any diagnosis of hypertension
- A telephone visit with any diagnosis of hypertension
- An online assessment with any diagnosis of hypertension

Only one of the two visits may be a telephone visit, an online assessment or an outpatient telehealth visit. Identify outpatient telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient visit.

See attached code value sets.

### **0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

There are two ways to identify patients with diabetes: by claim/encounter data and by pharmacy data. The organization must use both methods to identify the eligible population, but a patient only needs to be identified by one method to be included in the

measure. Patients may be identified as having diabetes during the measurement year or the year prior to the measurement year.

#### CLAIM/ENCOUNTER DATA

Patients who met any of the following criteria during the measurement year or the year prior to the measurement year (count services that occur over both years):

- At least one acute inpatient encounter with a diagnosis of diabetes without telehealth.
- At least one acute inpatient discharge with a diagnosis of diabetes on the discharge claim.

To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.
2. Exclude nonacute inpatient stays.
3. Identify the discharge date for the stay.

- At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters or nonacute inpatient discharges, on different dates of service, with a diagnosis of diabetes. Visit type need not be the same for the two visits.

To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.
2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
3. Identify the discharge date for the stay.

-- Only include nonacute inpatient encounters without telehealth.

-- Only one of the two visits may be an outpatient telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier or the presence of a telehealth POS code associated with the outpatient set.

See attached code value sets.

#### PHARMACY DATA

Patients who were dispensed insulin or hypoglycemics/antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year.

#### PRESCRIPTIONS TO IDENTIFY MEMBERS WITH DIABETES

##### DESCRIPTION / PRESCRIPTION

Alpha-glucosidase inhibitors / Acarbose, Miglitol

Amylin analogs / Pramlintide

Antidiabetic combinations / Alogliptin-metformin, Alogliptin-pioglitazone, Canagliflozin-metformin, Dapagliflozin-metformin, Empagliflozin-linagliptin, Empagliflozin-metformin, Glimepiride-pioglitazone, Glipizide-metformin, Glyburide-metformin, Linagliptin-metformin, Metformin-pioglitazone, Metformin-repaglinide, Metformin-rosiglitazone, Metformin-saxagliptin, Metformin-sitagliptin

Insulin / Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin degludec, Insulin detemir, Insulin glargine, Insulin glulisine, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin human inhaled

Meglitinides / Nateglinide, Repaglinide

Glucagon-like peptide-1 (GLP1) agonists / Dulaglutide, Exenatide, Albiglutide, Liraglutide

Sodium glucose cotransporter 2 (SGLT2) inhibitor / Canagliflozin, Dapagliflozin, Empagliflozin

Sulfonylureas / Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide

Thiazolidinediones / Pioglitazone, Rosiglitazone

Dipeptidyl peptidase-4 (DDP-4) inhibitors / Alogliptin, Linagliptin, Saxagliptin, Sitagliptin

Note: Glucophage/metformin as a solo agent is not included because it is used to treat conditions other than diabetes; members with diabetes on these medications are identified through diagnosis codes only.

## **2602 Controlling High Blood Pressure for People with Serious Mental Illness**

Age: 18-85 years as of December 31 of the measurement year

Benefit: Medical

Continuous Enrollment: No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the individual may not have more than a 1-month gap in coverage (i.e., an individual whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

Identify Serious Mental Illness:

Identify patients with a serious mental illness. They must meet at least one of the following criteria during the measurement year or the year prior:

At least one acute inpatient claim/encounter with any diagnosis of schizophrenia, bipolar I disorder, or major depression using any of the following code combinations:

- BH Stand Alone Acute Inpatient Value Set with one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- Major Depression Value Set
- BH Acute Inpatient Value Set with BH Acute Inpatient POS Value Set and one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- Major Depression Value Set

At least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or bipolar I disorder. Any two of the following code combinations meet criteria:

- BH Stand Alone Outpatient/PH/IOP Value Set with one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- BH Outpatient/PH/IOP Value Set with BH Outpatient/PH/IOP POS Value Set and one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set

- ED Value Set with one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- BH ED Value Set with BH ED POS Value Set and one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- BH Stand Alone Nonacute Inpatient Value Set with one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set
- BH Nonacute Inpatient Value Set with BH Nonacute Inpatient POS Value Set and one of the following diagnoses:
- Schizophrenia Value Set
- Bipolar Disorder Value Set

#### Identify Hypertension:

A diagnosis of hypertension is identified if there is at least one outpatient visit (Outpatient CPT Value Set) with a diagnosis of hypertension (Essential Hypertension Value Set) during the first six months of the measurement year and confirmed with a notation of one of the following in the medical record on or before June 30 of the measurement year:

Hypertension

Intermittent HTN

HTN

History of HTN

High BP

Hypertensive vascular disease (HVD)

Hyperpiesia

Hyperpiesis

Borderline HTN

Intermittent HTN

The notation of hypertension may appear on or before June 30 of the measurement year, including prior to the measurement year. It does not matter if hypertension was treated or is currently being treated. The notation indicating a diagnosis of hypertension may be recorded in any of the following documents:

Problem list (this may include a diagnosis prior to June 30 of the measurement year or an undated diagnosis; see Note at the end of this section)

Office note

Subjective, Objective, Assessment, Plan (SOAP) note

Encounter form

Telephone call record

Diagnostic report

Hospital discharge summary

Statements such as “rule out HTN,” “possible HTN,” “white-coat HTN,” “questionable HTN” and “consistent with HTN” are not sufficient to confirm the diagnosis if such statements are the only notations of hypertension in the medical record.

If an organization cannot find the medical record, the patient remains in the measure denominator and is considered noncompliant for the numerator.

Flag to identify diabetes:

After the denominator is identified, assign each patient a flag to identify if the patient does or does not have diabetes as identified by claims/encounter and pharmacy data (see description below). The flag is used to determine the appropriate BP threshold to use during numerator assessment.

Assign a flag of diabetic to patients who were identified as diabetic using claims/encounter and pharmacy data. The organization must use both methods to identify patients with diabetes, but a patient only needs to be identified by one method.

Claim/encounter data:

-At least two outpatient visits (see Outpatient Value Set), observation visits (see Observation Value Set), ED visits (ED Value Set) or nonacute inpatient encounters (see Nonacute Inpatient Value Set) on different dates of service, with a diagnosis of diabetes (see Diabetes Value Set). Visit type need not be the same for the two visits.

-At least one acute inpatient encounter (see Acute Inpatient Value Set) with a diagnosis of diabetes (see Diabetes Value Set).

Pharmacy data:

-Patients who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year (see Table 1).

#### TABLE 1. PRESCRIPTIONS TO IDENTIFY PATIENTS WITH DIABETES

Alpha-glucosidase inhibitors:

Acarbose, Miglitol

Amylin analogs:

Pramlintide

Antidiabetic combinations:

Glimepiride-pioglitazone, Glimepiride-rosiglitazone, Glipizide-metformin, Glyburide-metformin, Metformin-pioglitazone, Metformin-rosiglitazone, Metformin-sitagliptin, Saxagliptin, Sitagliptin-simvastatin

Insulin:

Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin detemir, Insulin glargine, Insulin glulisine, Insulin inhalation, Insulin isophane beef-pork, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin zinc human

Meglitinides:

Nateglinide, Repaglinide

Miscellaneous antidiabetic agents:

Exenatide, Liraglutide, Metformin-repaglinide, Sitagliptin

Sulfonylureas:

Acetohexamide, Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide

Thiazolidinediones:

Pioglitazone, Rosiglitazone

Assign a flag of not diabetic to patients who do not have a diagnosis of diabetes during the measurement year or year prior to the measurement year and who meet either of the following criteria:

- A diagnosis of polycystic ovaries (Polycystic Ovaries Value Set), in any setting, any time during the patient's history through December 31 of the measurement year.
- A diagnosis of gestational diabetes or steroid-induced diabetes (Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.

#### **2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)**

Age: 18-75 years as of December 31 of the measurement year

Benefit: Medical

Continuous Enrollment: No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the individual may not have more than a 1-month gap in coverage (i.e., an individual whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

All patients 18-75 years of age as of December 31 of the measurement year with a serious mental illness [see SMI Value Set] and diabetes (type 1 and type 2) [see Diabetes Value Set]

The following steps should be followed to identify patients with a serious mental illness and a diagnosis for diabetes:

##### **(1) Identify Serious Mental Illness**

Step 1: Identify Patients with a serious mental illness. They must meet at least one of the following criteria during the measurement year or the year prior:

At least one acute inpatient claim/encounter with any diagnosis of schizophrenia, bipolar I disorder, or major depression using any of the following code combinations:

- BH Stand Alone Acute Inpatient Value Set with one of the following diagnoses:
  - o Schizophrenia Value Set
  - o Bipolar Disorder Value Set
  - o Major Depression Value Set
- BH Acute Inpatient Value Set with BH Acute Inpatient POS Value Set and one of the following diagnoses:
  - o Schizophrenia Value Set
  - o Bipolar Disorder Value Set
  - o Major Depression Value Set

At least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or non-acute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or bipolar I disorder. Any two of the following code combinations meet criteria:

- BH Stand Alone Outpatient/PH/IOP Value Set with one of the following diagnoses:
  - o Schizophrenia Value Set
  - o Bipolar Disorder Value Set
- BH Outpatient/PH/IOP Value Set with BH Outpatient/PH/IOP POS Value Set and one of the following diagnoses:
  - o Schizophrenia Value Set
  - o Bipolar Disorder Value Set
- ED Value Set with one of the following diagnoses:
  - o Schizophrenia Value Set
  - o Bipolar Disorder Value Set
- BH ED Value Set with BH ED POS Value Set and one of the following diagnoses:
  - o Schizophrenia Value Set
  - o Bipolar Disorder Value Set
- BH Stand Alone Nonacute Inpatient Value Set with one of the following diagnoses:
  - o Schizophrenia Value Set
  - o Bipolar Disorder Value Set
- BH Nonacute Inpatient Value Set with BH Nonacute Inpatient POS Value Set and one of the following diagnoses:
  - o Schizophrenia Value Set
  - o Bipolar Disorder Value Set

(2) Identify Diabetes

Step 2: Of the patients identified in Step 1, identify patients with diabetes (see Diabetes Value Set) during the measurement year or the year prior using the following data:

Claim/encounter data:

- At least two outpatient visits (see Outpatient Value Set), observation visits (see Observation Value Set), ED visits (ED Value Set) or nonacute inpatient encounters (see Nonacute Inpatient Value Set) on different dates of service, with a diagnosis of diabetes (see Diabetes Value Set). Visit type need not be the same for the two visits.
- At least one acute inpatient encounter (see Acute Inpatient Value Set) with a diagnosis of diabetes (see Diabetes Value Set).

Pharmacy data:

- Patients who were dispensed insulin or hypoglycemics/ antihyperglycemics on an ambulatory basis during the measurement year or the year prior to the measurement year (see Table 1)

Both methods to identify the eligible population should be used, however, an individual need only be identified by one to be included in the measure.

TABLE 1. PRESCRIPTIONS TO IDENTIFY PATIENTS WITH DIABETES

Alpha-glucosidase inhibitors:

Acarbose, Miglitol

Amylin analogs:

Pramlintide

Antidiabetic combinations:

Glimepiride-pioglitazone, Glimepiride-rosiglitazone, Glipizide-metformin, Glyburide-metformin, Metformin-pioglitazone, Metformin-rosiglitazone, Metformin-sitagliptin, Saxagliptin, Sitagliptin-simvastatin

Insulin:

Insulin aspart, Insulin aspart-insulin aspart protamine, Insulin detemir, Insulin glargine, Insulin glulisine, Insulin inhalation, Insulin isophane beef-pork, Insulin isophane human, Insulin isophane-insulin regular, Insulin lispro, Insulin lispro-insulin lispro protamine, Insulin regular human, Insulin zinc human

Meglitinides:

Nateglinide, Repaglinide

Miscellaneous antidiabetic agents:

Exenatide, Liraglutide, Metformin-repaglinide, Sitagliptin

Sulfonylureas:

Acetohexamide, Chlorpropamide, Glimepiride, Glipizide, Glyburide, Tolazamide, Tolbutamide

Thiazolidinediones:

Pioglitazone, Rosiglitazone

#### **0729 Optimal Diabetes Care**

Please also refer to all code lists included in the data dictionary attached in S.2b.

- 18 years or older at the start of the measurement period AND less than 76 years at the end of the measurement period
- Patient had a diagnosis of diabetes (Diabetes Value Set) with any contact during the current or prior measurement period OR had diabetes (Diabetes Value Set) present on an active problem list at any time during the measurement period. Both contacts AND the active problem list must be queried for diagnosis (Diabetes Value Set).
- At least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period

Eligible specialties: Family Medicine, Internal Medicine, Geriatric Medicine, Endocrinology

Eligible providers: Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice Registered Nurses (APRN)

#### **0076 Optimal Vascular Care**

Please also refer to all code lists included in the data dictionary attached in S.2b.

Patients ages 18 years or older at the start of the measurement period AND less than 76 years at the end of the measurement period who have a diagnosis of ischemic vascular disease (Ischemic Vascular Disease Value Set) with any contact during the current or prior measurement period OR had ischemic vascular disease (Ischemic Vascular Disease Value Set) present on an active problem list at any time during the measurement period.

Both contacts AND the active problem list must be queried for diagnosis (Ischemic Vascular Disease)

AND



At least one established patient office visit (Established Pt Diabetes & Vasc Value Set) performed or supervised by an eligible provider in an eligible specialty for any reason during the measurement period.

Eligible Specialties:

Family Medicine, Internal Medicine, Geriatric Medicine, Cardiology

Eligible Providers:

Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), Advanced Practice Registered Nurses (APRN)

## *Exclusions*

### **0018 Controlling High Blood Pressure**

This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, this measure excludes patients with evidence of end-stage renal disease, dialysis, nephrectomy, or kidney transplant on or prior to the December 31 of the measurement year. It also excludes female patients with a diagnosis of pregnancy during the measurement year, and patients who had a nonacute inpatient admission during the measurement year.

### **0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

This measure excludes adults in hospice. It also excludes adults with advanced illness and frailty, as well as Medicare adults 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Additionally, exclude patients who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year and who did NOT have a diagnosis of diabetes. These patients are sometimes pulled into the denominator via pharmacy data. They are then removed once no additional diagnosis of diabetes (Type 1 or Type II) is found.

### **2602 Controlling High Blood Pressure for People with Serious Mental Illness**

All patients who meet one or more of the following criteria should be excluded from the measure:

- Evidence of end-stage renal disease (ESRD) or kidney transplant
- A diagnosis of pregnancy

### **2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)**

Patients who do not have a diagnosis of diabetes and meet one of the following criteria may be excluded from the measure:

- Patients with a diagnosis of polycystic ovaries.
- Patients with gestational or steroid-induced diabetes.

### **0729 Optimal Diabetes Care**

Valid allowable exclusions include patients who were a permanent resident of a nursing home, pregnant, died or were in hospice or palliative care during the measurement year.

## 0076 Optimal Vascular Care

The following exclusions are allowed to be applied to the eligible population: permanent nursing home residents, receiving hospice or palliative care services, or died prior to the end of the measurement period.

### *Exclusion Details*

## 0018 Controlling High Blood Pressure

### ADMINISTRATIVE CLAIMS

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.

Exclude adults who meet any of the following criteria:

- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:

- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.

- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run data of the file to determine if a patient had an LTI flag during the measurement year.

- Members 66-80 years of age as of December 31 of the measurement year (all product lines) with frailty and advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded:

1. At least one claim/encounter for frailty during the measurement year.

2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):

- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters or nonacute inpatient discharges (instructions below) on different dates of service, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.

2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.

3. Identify the discharge date for the stay.

- At least one acute inpatient encounter with an advanced illness diagnosis.

- At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.

2. Exclude nonacute inpatient stays.

3. Identify the discharge date for the stay.

- A dispensed dementia medication.

### DEMENTIA MEDICATIONS

#### DESCRIPTION / PRESCRIPTION

Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine

Miscellaneous central nervous system agents / Memantine

- Members 81 years of age and older as of December 31 of the measurement year (all product lines) with frailty during the measurement year.

Exclude patients with evidence of end-stage renal disease, dialysis, nephrectomy, or kidney transplant on or prior to December 31 of the measurement year, female patients with a diagnosis of pregnancy during the measurement year, and patients who had a nonacute inpatient admission during the measurement year. To identify nonacute inpatient admissions:

1. Identify all acute and nonacute inpatient stays.
2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
3. Identify the admission date for the stay.

See attached code value sets.

#### MEDICAL RECORD REVIEW

Exclusionary evidence in the medical record must include a note indicating diagnosis of pregnancy or evidence of a nonacute inpatient admission during the measurement year, or evidence of ESRD, dialysis, nephrectomy or kidney transplant any time during the patient's history through December 31 of the measurement year.

### **0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

#### ADMINISTRATIVE CLAIMS

Exclude patients who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the service began. These patients may be identified using various methods, which may include but are not limited to enrollment data, medical record or claims/encounter data.

Exclude adults who meet any of the following criteria:

- Medicare adults 66 years of age and older as of December 31 of the measurement year who meet either of the following:

- Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.

- Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run data of the file to determine if a member had an LTI flag during the measurement year.

- Adults 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty and with advanced illness. Patients must meet BOTH of the following frailty and advanced illness criteria to be excluded:

1. At least one claim/encounter for frailty during the measurement year.
2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):

- At least two outpatient visits, observation visits, ED visits, nonacute inpatient encounters nonacute inpatient discharges on different dates of services, with an advanced illness diagnosis. Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:

1. Identify all acute and nonacute inpatient stays.

2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.
3. Identify the discharge date for the stay.
  - At least one acute inpatient encounter with an advanced illness diagnosis.
  - At least one acute inpatient discharge with an advanced illness diagnosis. To identify an acute inpatient discharge:
    1. Identify all acute and nonacute inpatient stays.
    2. Exclude nonacute inpatient stays.
    3. Identify the discharge date for the stay.
  - A dispensed dementia medication

#### DEMENTIA MEDICATIONS

#### DESCRIPTION / PRESCRIPTION

Cholinesterase inhibitors / Donepezil; Galantamine; Rivastigmine

Miscellaneous central nervous system agents / Memantine

Exclude patients with gestational diabetes or steroid diabetes. Codes associated with identifying these identifying exclusions are attached in a separate file with code value sets.

See attached code value sets.

#### MEDICAL RECORD

Exclusionary evidence in the medical record must include a note indicating the patient did NOT have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year AND had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year.

### **2602 Controlling High Blood Pressure for People with Serious Mental Illness**

All patients who meet one or more of the following criteria may be excluded from the measure:

- All patients with evidence of end-stage renal disease (ESRD) (see ESRD Value Set; ESRD Obsolete Value Set) or kidney transplant (see Kidney Transplant Value Set) on or prior to December 31 of the measurement year. Documentation in the medical record must include a dated note indicating evidence of ESRD, kidney transplant or dialysis.
- All patients with a diagnosis of pregnancy (see Pregnancy Value Set) during the measurement year.

### **2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)**

Patients who do not have a diagnosis of diabetes (see Diabetes Value Set), in any setting, during the measurement year or year prior to the measurement year and who meet either of the following criteria:

- A diagnosis of polycystic ovaries (see Polycystic Ovaries Value Set), in any setting, any time during the person's history through December 31 of the measurement year.
- A diagnosis of gestational diabetes or steroid-induced diabetes (see Diabetes Exclusions Value Set), in any setting, during the measurement year or the year prior to the measurement year.

#### **0729 Optimal Diabetes Care**

- Patient was pregnant during measurement period (ICD-10 O24.011, O24.012, O24.013, O24.019, O24.02, O24.03, O24.111, O24.112, O24.113, O24.119, O24.12, O24.13, O24.311, O24.312, O24.313, O24.319, O24.32, O24.33, O24.811, O24.812, O24.813, O24.819, O24.82, O24.83, O24.911, O24.912, O24.913, O24.919, O24.92, O24.93)
- Patient was a permanent nursing home resident during the measurement period
- Patient was in hospice or palliative care at any time during the measurement period,
- Patient died prior to the end of the measurement period

#### **0076 Optimal Vascular Care**

- \* Patient was a permanent nursing home resident at any time during the measurement period
- \* Patient was in hospice or receiving palliative care at any time during the measurement period
- \* Patient died prior to the end of the measurement period

### *Risk Adjustment*

#### **0018 Controlling High Blood Pressure**

No risk adjustment or risk stratification

#### **0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

No risk adjustment or risk stratification

#### **2602 Controlling High Blood Pressure for People with Serious Mental Illness**

No risk adjustment or risk stratification

#### **2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)**

No risk adjustment or risk stratification

#### **0729 Optimal Diabetes Care**

Statistical risk model

#### **0076 Optimal Vascular Care**

Statistical risk model

### *Stratification*

#### **0018 Controlling High Blood Pressure**

N/A

#### **0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

No stratification

#### **2602 Controlling High Blood Pressure for People with Serious Mental Illness**

Not applicable.

#### **2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)**

Not applicable.

### **00729 Optimal Diabetes Care**

The diabetes population is not currently stratified when publicly reported on our consumer website, MN HealthScores. The data is, however, stratified by public (MN Health Care Programs- Prepaid Medical Assistance including dual eligibles, MinnesotaCare, and General Assistance Medical Care) and private purchasers for our 2017 Health Care Disparities Report. This report notes a gap in outcomes of fifteen percentage points between diabetic patients in public programs and other purchasers. <http://mncm.org/wp-content/uploads/2018/03/2017-Disparities-Report-FINAL-3.26.2018.pdf>

### **0076 Optimal Vascular Care**

The measure for the ischemic vascular disease population is not currently stratified when publicly reported on our consumer website, MN HealthScores. The data is, however, stratified by insurance product in our 2019 Health Care Disparities Reports by insurance type and race/ethnicity/language and country of origin.

<https://mncm.org/wp-content/uploads/2019/04/mncm-disparities-report-by-insurance-2019.pdf>

<https://mncm.org/reports-and-websites/reports-and-data/health-equity-of-care-report/>

These reports note gaps in outcomes for ischemic vascular disease patients in public programs versus other purchasers (6.6%) and disparities by race and ethnicity (as much as 12% for Black or African American and American Indian or Alaskan Natives)

### *Type Score*

#### **0018 Controlling High Blood Pressure**

Rate/proportion better quality = higher score

#### **0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

Rate/proportion better quality = higher score

#### **2602 Controlling High Blood Pressure for People with Serious Mental Illness**

Rate/proportion better quality = higher score

#### **2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)**

Rate/proportion better quality = higher score

#### **00729 Optimal Diabetes Care**

Rate/proportion better quality = higher score

#### **0076 Optimal Vascular Care**

Ratio better quality = higher score

### *Algorithm*

#### **0018 Controlling High Blood Pressure**

STEP 1: Determine the eligible population. To do so, identify adults who meet all specified criteria.

- AGES: 18-75 years as of December 31 of the measurement year.

- EVENT/DIAGNOSIS: Identify patients with hypertension in two ways: by claim/encounter data and by medical record data. SEE responses in S.6 and S.7 for eligible population and denominator criteria and details.

STEP 2: Exclude patients who meet the exclusion criteria. SEE responses in S.8 and S.9 for denominator exclusion criteria and details.

STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.

STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.

STEP 5: Determine whether the result was <140/90 mm Hg.

STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).

#### **0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

STEP 1: Determine the eligible population. To do so, identify patients who meet all the specified criteria.

- AGES: 18-75 years as of December 31 of the measurement year.

- EVENT/DIAGNOSIS: Identify patients with diabetes in two ways: by claim/encounter data and by pharmacy data. SEE S.6 and S.7 for eligible population and denominator criteria and details.

STEP 2: Exclude patients who meet the exclusion criteria. SEE S.8 and S.9 for denominator exclusion criteria and details.

STEP 3: Determine the number of patients in the eligible population who had a blood pressure reading during the measurement year through the search of administrative data systems or medical record data.

STEP 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.

STEP 5: Determine whether the result was <140/90 mm Hg.

STEP 6: Calculate the rate by dividing the numerator (STEP 5) by the denominator (after exclusions) (STEP 2).

#### **2602 Controlling High Blood Pressure for People with Serious Mental Illness**

Step 1: Identify patients with serious mental illness (schizophrenia, bipolar I disorder, and major depression).

Step 2: Identify patients from step 1 who also have a diagnosis of hypertension in claims and confirmed the hypertension diagnosis in medical records.

Step 3: Exclude patients who meet the exclusion criteria as specified in the “Denominator Exclusion Details” section. This is the denominator.

Step 4: Of those in the denominator, identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record.

Step 5: Calculate the rate by dividing the number of patients whose most recent blood pressure is adequately controlled by the denominator (after exclusions). 123834 | 140881 | 135810

## **2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)**

Step 1: Identify patients with serious mental illness.

Step 2: Identify patients from step 1 who also have a diagnosis of diabetes during the measurement year or the year prior.

Step 3: Exclude patients who meet the exclusion criteria as specified in the “Denominator Exclusion Details” section.

Step 4: Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.

Step 5. Determine whether the result was <140/90 mm Hg.

Step 6: Calculate the rate by dividing the numerator (Step 5) by the denominator (after exclusions) (Step 3). 123834 | 140881 | 135810

## **0729 Optimal Diabetes Care**

This measure is calculated by submitting a file of individual patient values (e.g. blood pressure, A1c value, etc.) to a HIPAA secure data portal. Programming within the data portal determines if each patient is a numerator case and then a rate is calculated for each clinic site. Please also refer to the measure calculation algorithms submitted within the data dictionary for this measure.

If any component of the numerator is noncompliant for any one of the five components, then the patient is numerator noncompliant for the composite patient level all-or none optimal diabetes care measure.

Numerator logic is as follows:

A1c Component:

Is the HbA1c date in the measurement period? If no, is numerator noncompliant for this component. If yes, assess next variable.

Is the HbA1c value less than 8.0? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component.

Note: A1c needs to occur during the measurement year AND most recent value less than 8.0

Assess next component.

Blood Pressure Component:

Is Blood Pressure date in the measurement period? If no, is numerator noncompliant for this component. If yes, assess next variable.

BP Systolic < 140? If no, is numerator noncompliant for this component. If yes, assess next variable.

BP Diastolic < 90? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component.

Note: BP needs to occur during the measurement year AND most recent BP systolic less than 140 AND BP diastolic less than 90

Assess next component.

Cholesterol Statin Use Component:



Is the patient on a statin medication? If yes, and most recent date is in the measurement year, is numerator compliant for this component. If no, assess next variable.

For patients not on a statin the following variables are used to assess numerator compliance related to contraindications or exceptions to statin use:

Is the patient age 18 to 20? If yes, numerator compliant (free-pass), if no, assess next variable.

Is the patient age 21 to 75? Do they have ischemic vascular disease (IVD)?

If Yes IVD, is their most recent LDL in the last five years less than 40? If Yes, numerator compliant (free-pass), if no, assess next variable.

Does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

If No IVD, is the patient age 21 to 39 and is their most recent LDL in the last 5 years greater than or equal to 190? If No, numerator compliant (free-pass).

If Yes LDL greater than or equal to 190, does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

If No IVD, no LDL greater than or equal to 190 for patients ages 40 to 70, is their most recent LDL in the last five years less than 70? If Yes, numerator compliant (free-pass), if no, assess next variable.

Does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, ends stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

Note: Patient is either on a statin (prescribed/ ordered) during the measurement year or has a valid exception either by age, presence or absence of ischemic vascular disease, low untreated LDL or valid contraindication/ exception.

Assess next component.

Tobacco-Free Component:

Is Tobacco Status = 1 (Tobacco Free) and Tobacco Assessment Date a valid date? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component. Assess next component.

Daily Aspirin/ Anti-platelet Component:

Does the patient have cardiovascular/ ischemic vascular disease? If no, is numerator compliant (free-pass), if yes assess next variable.

Is the patient on daily aspirin or an antiplatelet? If yes, and date of most recent aspirin/ anti-platelet is in the measurement year is numerator compliant, if no, assess next variable.

Does the patient have a valid contraindication/ exception to aspirin anti-platelet use defined as one of the following: anti-coagulant medication, history of gastrointestinal bleed, history of intracranial bleed, allergy, or physician documented reasons related to: risk of drug interaction, use of NSAIDS, uncontrolled HTN or gastro-intestinal reflux disease. If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

Note: Patients with ischemic vascular disease are either on daily aspirin (indicated/ prescribed/ ordered) or an anti-platelet prescribed/ ordered) during the measurement year or has a valid contraindication/ exception.

If all of the above numerator components are in compliance, then the patient calculated as a numerator case for the optimal diabetes care measure.

### **0076 Optimal Vascular Care**

This measure is calculated by submitting a file of individual patient values (e.g. blood pressure, tobacco status, etc) to a HIPAA secure data portal. Programming within the data portal determines if each patient is a numerator case and then a rate is calculated for each clinic site. Please also refer to the measure calculation algorithms submitted within the data dictionary for this measure.

If any component of the numerator is noncompliant for any one of the four components, then the patient is numerator noncompliant for the composite patient level all-or none optimal vascular care measure.

Numerator logic is as follows:

Blood Pressure Component:

Is Blood Pressure date in the measurement year? If no, is numerator noncompliant for this component. If yes, assess next variable.

BP Systolic < 140? If no, is numerator noncompliant for this component. If yes, assess next variable.

BP Diastolic < 90? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component.

Note: BP needs to occur during the measurement year AND most recent BP systolic less than 140 AND BP diastolic less than 90

Assess next component.

Cholesterol Statin Use Component:

Is the patient on a statin medication? If yes, and most recent date is in the measurement year, is numerator compliant for this component. If no, assess next variable.

For patients not on a statin the following variables are used to assess numerator compliance related to contraindications or exceptions to statin use:

Is the patient age 18 to 20? If yes, numerator compliant (free-pass), if no, assess next variable.

Patients age 21 to 75. Is their most recent LDL in the last five years less than 40? If Yes, numerator compliant (free-pass), if no, assess next variable.

Does the patient have a valid contraindication/ exception to statin use defined as one of the following: pregnancy, active liver disease, rhabdomyolysis, end stage renal disease on dialysis, heart failure, breastfeeding, allergy to statin, drug-drug interaction with statin, or intolerance with documentation of trying a statin at least once in the last 5 years)? If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

Note: Patient is either on a statin (prescribed/ ordered) during the measurement year or has a valid exception either by age, presence or absence of ischemic vascular disease, low untreated LDL or valid contraindication/ exception.

Assess next component.

Tobacco-Free Component:

Is Tobacco Status = 1 (Tobacco Free) and Tobacco Assessment Date a valid date? If yes, is numerator compliant for this component. If no, is numerator noncompliant for this component. Assess next component.

Daily Aspirin/ Anti-platelet Component:

Is the patient on daily aspirin or an antiplatelet? If yes, and date of most recent aspirin/ anti-platelet is in the measurement year is numerator compliant, if no, assess next variable.

Does the patient have a valid contraindication/ exception to aspirin anti-platelet use defined as one of the following: anti-coagulant medication, history of gastrointestinal bleed, history of intracranial bleed, allergy, or physician documented reasons related to: risk of drug interaction, use of NSAIDS, uncontrolled HTN or gastro-intestinal reflux disease. If yes, is numerator compliant for this component. If no, fail this numerator component and remains in the denominator.

Note: Patients are either on daily aspirin (indicated/ prescribed/ ordered) or an anti-platelet prescribed/ ordered) during the measurement year or has a valid contraindication/ exception.

If all of the above numerator components are in compliance, then the patient calculated as a numerator case for the optimal vascular care measure.

### *Submission items*

#### **0018 Controlling High Blood Pressure**

5.1 Identified measures: 0061 : Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

2602 : Controlling High Blood Pressure for People with Serious Mental Illness

2606 : Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: There are several related measures that assess blood pressure control but are either focused on different population, use different data sources or are specified at different levels of accountability than NQF 0018. Measure 0061 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level is <140/90 mm Hg. Measure 2602 is NQF endorsed as a single measure that uses health plan reported data to assess the

percentage of patients 18-85 years of age with serious mental illness who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year. Measure 2606 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with a serious mental illness and diabetes (type 1 and type 2) whose most recent blood pressure reading during the measurement year is <140/90 mm Hg. Measure 0076 is NQF endorsed as a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult ischemic vascular disease patients, 18-75 years of age, who have optimally managed modifiable risk factors including blood pressure and three other indicators. Measure 0729 is NQF endorsed as a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients, 18-75 years of age, who have optimally managed modifiable risk factors including blood pressure and four other indicators. HARMONIZED MEASURE ELEMENTS: All measures described above focus on a blood pressure target of <140/90 mm Hg. UNHARMONIZED MEASURE ELEMENTS: - Data Source and Level of Accountability: Measures 0018, 0061, 2602, and 2606 are collected through administrative claims and/or medical record review using health plan reported data. Measures 0076 and 0729 are collected through medical record abstraction and reported at the physician level of accountability. - Population Focus: Measure 0018 is focused on the general population of people with hypertension while the other measures focus on either diabetes, serious mental illness with diabetes, or serious mental illness with hypertension. - Age Range: Measures 0018 and 2602 focus on adults 18-85 while the other measures focus on adults 18-75. IMPACT ON INTERPRETABILITY?AND DATA COLLECTION BURDEN:? The differences between measures 0018, 0061, 2602, and 2606 do not have an impact on interpretability of publicly reported rates or an impact on data collection burden as the measures are focused on different populations. The differences between 0018, 0076, and 0729 also do not have an impact on interpretability of publicly reported rates or an impact on data collection burden because the data for each measure is collected from different data sources by different entities.

5b.1 If competing, why superior or rationale for additive value: NA

#### **0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)**

5.1 Identified measures:

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: Measure 0061 is NQF endorsed as a single measure that uses health plan reported data to assess the percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level is <140/90 mm Hg. Measure 0729 is a composite measure (all or nothing) that uses physician reported data to assess the percentage of adult diabetes patients who have optimally managed modifiable risk factors including blood pressure and four other indicators. NCQA's measure 0061 is included with five other NCQA diabetes measures. The five other diabetes measures are individually NQF endorsed (Endocrine Maintenance Phase 1). Together, the six NCQA individual diabetes measures (including measure 0061) make a set of diabetes HEDIS measures but are not considered all or nothing. NCQA uses individual measures to provide health plans and others the opportunity to measure, report and incentivize each aspect of quality care for the diabetes population. HARMONIZED MEASURE ELEMENTS: Measures 0061 and 0729 both focus on an adult patient population 18-75 years of age with diabetes (type 1 and type 2). Both

measures assess whether the patient's most recent blood pressure level in the measurement period was <140/90 mm Hg. Both measures also specify denominator visit criteria to include patients with at least two outpatient visits in the last two years with a diagnosis of diabetes. UNHARMONIZED MEASURE ELEMENTS: - Data Source: Measure 0061 is collected through administrative claims and/or medical record. Measure 0729 is collected through medical record abstraction. - Level of Accountability: Measure 0061 is a health plan level measure and is used in NCQA's clinical quality and recognition programs (See 4.1 Usability and Use). Measure 0729 is a physician level measure. - Data Elements: Measure 0061 uses two methods to identify patients in the denominator 1) claims/encounter data with a diagnosis of diabetes and 2) pharmacy data for insulin or hypoglycemic/antihyperglycemics (see S.7 Denominator Details). Measure 0729 uses encounter data with a diagnosis for diabetes to identify patients in the denominator. NCQA uses two identification methods to ensure that only patients with diagnosed diabetes are included in the denominator. - Exclusions: Exclusions for measures 0061 and 0729 are substantially aligned with some variation due to differences in health plan and clinician level reporting. IMPACT ON INTERPRETABILITY AND DATA COLLECTION BURDEN: The differences between these measures do not have an impact on interpretability of publicly reported rates. There is no added burden of data collection because the data for each measure is collected from different data sources by different entities.

5b.1 If competing, why superior or rationale for additive value: N/A

## **2602 Controlling High Blood Pressure for People with Serious Mental Illness**

5.1 Identified measures: 0018 : Controlling High Blood Pressure

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure was adapted from the existing measure (Controlling High Blood Pressure NQF #0018) for the subpopulation of people with serious mental illness who have a higher risk of disease and for whom there is evidence of disparity in treatment compared to the general population. The numerator of this measure is consistent with the measure used for the general population while the denominator has been adapted to facilitate an adequate number of individuals with serious mental illness. NCQA is the owner and steward of the existing NQF-endorsed measure and the specifications are harmonized. Building on this existing measure helps to reduce the burden of implementation for organizations and to align incentives for providers and organizations to focus on key quality of care issues. Note: The specifications for the existing measure (Controlling High Blood Pressure NQF #0018) have been updated based on 2013 JNC-8 guidelines. NCQA will submit the revised specification for Controlling High Blood Pressure NQF #0018 in the 4th quarter 2014 during NQF's scheduled measure update period. This measure uses the new specification to be consistent with the current guideline.

5b.1 If competing, why superior or rationale for additive value: Not applicable.

## **2606 Diabetes Care for People with Serious Mental Illness: Blood Pressure Control (<140/90 mm Hg)**

5.1 Identified measures: 0061 : Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

5a.1 Are specs completely harmonized? Yes

5a.2 If not completely harmonized, identify difference, rationale, impact: This measure was adapted from the existing measure (Comprehensive Diabetes Care: Blood Pressure Control <140/90 mm Hg NQF #0061) for the subpopulation of people with serious mental illness who have a higher risk of disease and for whom there is evidence of disparity in treatment compared to the general population. The numerator of this measure is consistent with the measure used for the general population while the denominator has been adapted to focus on individuals with serious mental illness. NCQA is the current owner and steward of the existing NQF-endorsed measure and the specifications are harmonized. Building on this existing measure helps to reduce the burden of implementation for organizations and to align incentives for providers and organizations to focus on key quality of care issues.

5b.1 If competing, why superior or rationale for additive value: Not applicable.

## 0729 Optimal Diabetes Care

5.1 Identified measures: 0061 : Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

0545 : Adherence to Statins for Individuals with Diabetes Mellitus

0575 : Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

2712 : Statin Use in Persons with Diabetes

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: Denominator differences due to data source, different composite measure construct and philosophical beliefs of our measure development work group. Please see 5b.1.

5b.1 If competing, why superior or rationale for additive value: 2 measures are part of a composite measure that is stewarded by NCQA.

# 0061 Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

# 0575: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)

NCQA's composite is a different measure construct; it is calculated at the physician panel level (what percentage of my patients have an A1c < 8.0, what percentage had BP < 140/90) but is not a patient level composite. MNMCM believes that its patient level all-or-none composite is superior, patient-centric (not provider centric) and individual patients achieving as many health targets as possible only increases their likelihood of reducing long term microvascular and macrovascular complication of diabetes.

These two measure's numerators are harmonized.

We have philosophical differences in the denominator definitions and this is due in part to the data source. NCQA uses claims data to identify diabetic patients, MNMCM used EMR based data. NCQA's methodology looks for diabetes diagnosis codes but additionally will include patients on oral medications and insulin who do not have the diagnosis. We also believe that is important to exclude diabetic women who are currently pregnant during the measurement year, related to cholesterol management. NCQA's denominator value sets intentionally include these patients.

This measure is related (but not exactly the same)

0545: Adherence to Statins for Individuals with Diabetes Mellitus (CMS)

Uses the same denominator definition as the NCQA composite. From information available in QPS, it does not appear that there are exceptions to this measure related to liver disease, rhabdomyolysis, pregnancy, etc. This is different from our planned cholesterol

component for statin use. We believe our cholesterol component is superior in that it takes into account patient safety.

This measure is related (but not exactly the same)

2712: Statin Use in Persons with Diabetes (PQA)

This measure uses a different data source; pharmacy claims. Because the data source relies on filled prescriptions, the only way to identify the denominator is if the patient is on a diabetes drug, which does not encompass all diabetic patients that should be on a statin. Exclusions for this measure do not take into account the exceptions and contraindications for use of statins. We believe our cholesterol component is superior.

## **0076 Optimal Vascular Care**

5.1 Identified measures: 0067 : Chronic Stable Coronary Artery Disease: Antiplatelet Therapy

0543 : Adherence to Statin Therapy for Individuals with Cardiovascular Disease

0068 : Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

0073 : Ischemic Vascular Disease (IVD): Blood Pressure Control

5a.1 Are specs completely harmonized? No

5a.2 If not completely harmonized, identify difference, rationale, impact: There are some differences noted in the denominator definitions, source data and settings of care. #0068 Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet AND #0073 Ischemic Vascular Disease (IVD): Blood Pressure Control are most closely related to the components of our measure, however this measure focuses on the inpatient setting and only patients discharged with acute myocardial infarction, coronary bypass graft or percutaneous coronary interventions. #0067 Chronic Stable Coronary Artery Disease: Antiplatelet Therapy focuses only on patients with coronary artery disease; however from specifications available through QPS not able to compare diagnosis code definitions. This measure, #0076 Optimal Vascular Care is more inclusive with a denominator definition of ischemic vascular disease (atherosclerosis of coronary and peripheral arteries) #0543 Adherence to statin therapy for individuals with cardiovascular disease. This medication claims based measure's denominator is more aligned with our intent (coronary, cerebrovascular and peripheral artery disease), however endorsement was removed in 2015.

5b.1 If competing, why superior or rationale for additive value: There are other similar measures that address three of the four components separately, but no currently endorsed measure exists that is a patient level all-or-none composite measure.

# 0076 Optimal Vascular Care is superior to the newly submitted measure for consideration because its measure construct additionally includes:

- \* contraindications and exceptions to statin use

- \* risk adjustment; actual and expected rates reported

- \* allowable exclusions for potentially frail older adults age 65 to 75 (hospice or palliative services, nursing home, death)

## **Appendix F: Pre-Evaluation Comments**

No comments were received by the pre-evaluation meeting deadline of January 28, 2020.



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