

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

2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

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

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

This measure will be calculated with 2 performance rates:

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

The eligible clinician should submit data on one of the reporting criteria, depending on the clinical findings. If the patient has CAD or history of cardiac surgery and a current or prior LVEF < 40%, use Reporting Criteria 1. If the patient has CAD or history of cardiac surgery and have prior (resolved) (within the past 3 years) MI, use Reporting Criteria 2. If the patient has both prior (within the past 3 years) MI and LVEF < 40%, the eligible clinician may report quality-data codes for Reporting Criteria 1 and this will count as appropriate reporting for this patient.

Measure Reporting:

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

THERE ARE TWO REPORTING CRITERIA FOR THIS MEASURE:

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

OR

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

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

DENOMINATOR (REPORTING CRITERIA 1):

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

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

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

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

Denominator Criteria (Eligible Cases) 1:

Patients aged ≥ 18 years on date of encounter

AND

Diagnosis for coronary artery disease (ICD-10-CM): I20.0, I20.1, I20.8, I20.9, I24.0, I24.1, I24.8, I24.9, I25.10, I25.110, I25.111, I25.118, I25.119, I25.5, I25.6, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.83, I25.89, I25.9, Z95.1, Z95.5, Z98.61

OR

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

AND

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

WITHOUT

Telehealth Modifier: GQ, GT

AND

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

WITHOUT

Telehealth Modifier: GQ, GT

AND

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

NUMERATOR (REPORTING CRITERIA 1):

Patients who were prescribed beta-blocker therapy

Definitions:

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

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

NUMERATOR NOTE: *To meet the intent of the measure, the numerator quality action must be performed at the encounter at which the active diagnosis of CAD or history of cardiac surgical proxy is documented.*

Numerator Options:

<u>OR</u>	Performance Met:	Beta-blocker therapy prescribed or currently being taken (G9189)
	Denominator Exception:	Documentation of medical reason(s) for not prescribing beta-blocker therapy (e.g., allergy, intolerance, other medical reasons) (G9190)
	<u>OR</u>	
	Denominator Exception:	Documentation of patient reason(s) for not prescribing beta-blocker therapy (e.g., patient declined, other patient reasons) (G9191)
	<u>OR</u>	
	Denominator Exception:	Documentation of system reason(s) for not prescribing beta-blocker therapy (e.g., other reasons attributable to the health care system) (G9192)
<u>OR</u>	Performance Not Met:	Beta-blocker therapy not prescribed, reason not given (G9188)

OR

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

DENOMINATOR (REPORTING CRITERIA 2):

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

Definition:

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

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

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

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

Denominator Criteria (Eligible Cases) 2:

Patients aged ≥ 18 years on date of encounter

AND

Diagnosis for coronary artery disease (ICD-10-CM): I20.0, I20.1, I20.8, I20.9, I24.0, I24.1, I24.8, I24.9, I25.10, I25.110, I25.111, I25.118, I25.119, I25.5, I25.6, I25.700, I25.701, I25.708, I25.709, I25.710, I25.711, I25.718, I25.719, I25.720, I25.721, I25.728, I25.729, I25.730, I25.731, I25.738, I25.739, I25.750, I25.751, I25.758, I25.759, I25.760, I25.761, I25.768, I25.769, I25.790, I25.791, I25.798, I25.799, I25.810, I25.811, I25.812, I25.82, I25.83, I25.89, I25.9, Z95.1, Z95.5, Z98.61

OR

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

AND

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

AND

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

WITHOUT

Telehealth Modifier: GQ, GT

AND

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

WITHOUT

Telehealth Modifier: GQ, GT

NUMERATOR (REPORTING CRITERIA 2):

Patients who were prescribed beta-blocker therapy

Definitions:

Prescribed – May include prescription given to the patient for beta-blocker therapy at one or more visits in the measurement period OR patient already taking beta-blocker therapy as documented in current medication list. Beta-blocker Therapy – For patients with prior MI, beta-blocker therapy includes any agent within the beta-blocker drug class. As of 2015, no recommendations or evidence are cited in current stable ischemic heart disease guidelines for preferential use of specific agents.

NUMERATOR NOTE: To meet the intent of the measure, the numerator quality action must be performed at the encounter at which the active diagnosis of CAD or history of cardiac surgical proxy is documented.

Numerator Options:

Performance Met:

Beta-blocker therapy prescribed or currently being taken (4008F)

OR

Denominator Exception:

Documentation of medical reason(s) for not prescribing beta-blocker therapy (eg, allergy, intolerance, other medical reasons) (4008F *with* 1P)

OR

Denominator Exception:

Documentation of patient reason(s) for not prescribing beta-blocker therapy (eg, patient declined, other patient reasons) (4008F *with* 2P)

OR

Denominator Exception:

Documentation of system reason(s) for not prescribing beta-blocker therapy (eg, other reasons attributable to the health care system) (4008F *with* 3P)

OR

Performance Not Met:

Beta-blocker therapy not prescribed, reason not otherwise specified (4008F *with* 8P)

RATIONALE:

Nonadherence to cardioprotective medications is prevalent among outpatients with coronary artery disease and can be associated with a broad range of adverse outcomes, including all-cause and cardiovascular mortality, cardiovascular hospitalizations, and the need for revascularization procedures.

A patient with a diagnosis of coronary artery disease seen within a 12 month period and LVEF < 40% should be taking either bisoprolol, carvedilol, or sustained release metoprolol succinate. While all beta-blockers appear to be of equal efficacy in patients with chronic stable coronary artery disease, these three medications have specifically shown to reduce mortality in patients with reduced LVEF.

CLINICAL RECOMMENDATION STATEMENTS:

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

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

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2017 Registry Individual Flow
#7 NQF #0070: Coronary Artery Disease (CAD): Beta-Blocker Therapy –
Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)
Reporting Criteria One



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

*See the posted Measure Specification for specific coding and instructions to report this measure.

** If the patient has both prior (within the past 3 years) MI and LVEF < 40%. Reporting Criteria One will count as appropriate reporting for this patient.

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

and performance rate.

NOTE: Reporting Frequency: Patient-process.

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2017 Registry Individual Measure Flow
#7 NQF #0070: Coronary Artery Disease (CAD): Beta-Blocker Therapy –
Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)
Reporting Criteria Two



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

*See the posted Measure Specification for specific coding and instructions to report this measure.

** If the patient has both prior (within the past 3 years) MI and LVEF < 40%, Reporting Option One will count as appropriate reporting for this patient.

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

NOTE: Reporting Frequency: Patient-process.

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2017 Registry Individual Measure Flow
#7 NQF #0070: Coronary Artery Disease (CAD): Beta-Blocker Therapy –
Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%)

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

Data Completeness One*=**

$$\frac{\text{Performance Met (a}^1\text{=4 patients) + Denominator Exception (b}^1\text{+b}^2\text{+b}^3\text{=1 patient) + Performance Not Met (c}^1\text{=2 patients)}}{\text{Eligible Population / Denominator (d}^1\text{=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate One =

$$\frac{\text{Performance Met (a}^1\text{=4 patients)}}{\text{Data Completeness Numerator (7 patients) – Denominator Exception (b}^1\text{+b}^2\text{+b}^3\text{=1 patients)}} = \frac{4 \text{ patients}}{6 \text{ patients}} = 66.67\%$$

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

Data Completeness Two*=**

$$\frac{\text{Performance Met (a}^2\text{=4 patients) + Denominator Exception (b}^4\text{+b}^5\text{+b}^6\text{=1 patient) + Performance Not Met (c}^2\text{=2 patients)}}{\text{Eligible Population / Denominator (d}^2\text{= 8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate Two =

$$\frac{\text{Performance Met (a}^2\text{=4 patients)}}{\text{Data Completeness Numerator (7 patients) – Denominator Exception (b}^4\text{+b}^5\text{+b}^6\text{=1 patient)}} = \frac{4 \text{ patients}}{6 \text{ patients}} = 66.67\%$$

***It is anticipated for registry reporting that for every performance rate, a data completeness will be submitted. CMS will determine or use the overall data completeness and performance rate.
This measure should be calculated with 2 Performance Rates. Review the Sample Calculation to ensure the data completeness and performance rates are calculated accurately.
NOTE: Reporting Frequency: Patient-process.

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2017 Registry Individual Measure Flow
#7 NQF #0070: Coronary Artery Disease (CAD): Beta-Blocker Therapy – Prior
Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

Reporting Criteria 1

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

- a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing.
 - b. If Telehealth Modifier equals No, proceed to check Left ventricular ejection fraction (LVEF) less than 40%.
9. Check Left ventricular ejection fraction (LVEF) less than 40%:
 - a. If Left ventricular ejection fraction (LVEF) less than 40% as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Left ventricular ejection fraction (LVEF) less than 40% as Listed in the Denominator equals Yes, include in the Eligible population.
10. Denominator Population:
 - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d1 equals 8 patients in the sample calculation.
11. Start Numerator
12. Check Beta-Blocker Therapy Prescribed or is Currently Being Taken:
 - a. If Beta-Blocker Therapy was Prescribed or is Currently Being Taken equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a1 equals 4 patients in Sample Calculation.
 - c. If Beta-Blocker Therapy was Prescribed or is Currently Being Taken equals No, proceed to Documentation of Medical Reason(s) for Not Prescribing Beta-Blocker Therapy.
13. Check Documentation of Medical Reason(s) for Not Prescribing Beta-Blocker Therapy:
 - a. If Documentation of Medical Reason(s) for Not Prescribing Beta-Blocker Therapy equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b1 equals 1 patient in the Sample Calculation.
 - c. If Documentation of Medical Reason(s) for Not Prescribing Beta-Blocker Therapy equals No, proceed to Documentation of Patient Reason(s) for Not Prescribing Beta-Blocker Therapy.
14. Check Documentation of Patient Reason(s) for Not Prescribing Beta-Blocker Therapy:
 - a. If Documentation of Patient Reason(s) for Not Prescribing Beta-Blocker Therapy equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter b2 equals 0 patients in the Sample Calculation.
 - c. If Documentation of Patient Reason(s) for Not Prescribing Beta-Blocker Therapy equals No, proceed to Documentation of System Reason(s) for Not Prescribing Beta-Blocker Therapy.
15. Check Documentation of System Reason(s) for Not Prescribing Beta-Blocker Therapy:

- a. If Documentation of System Reason(s) for Not Prescribing Beta-Blocker Therapy equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter b3 equals 0 patients in the Sample Calculation.
 - c. If Documentation of System Reason(s) for Not Prescribing Beta-Blocker Therapy equals No, proceed to Beta-Blocker Therapy Not Prescribed, Reason Not Given.
16. Check Beta-Blocker Therapy Not Prescribed, Reason Not Given:
- a. If Beta-Blocker Therapy Not Prescribed, Reason Not Given equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c1 equals 2 patients in the Sample Calculation.
 - c. If Beta-Blocker Therapy Not Prescribed, Reason Not Given equals No, proceed to Data Completeness Not Met.
17. Check Data Completeness Not Met
- a. If Data Completeness Not Met, the Quality Data Code or equivalent was not reported. 1 patient has been subtracted from the data completeness numerator in sample calculation.

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

Data Completeness One*=**

$$\frac{\text{Performance Met (a}^1=4 \text{ patients)} + \text{Denominator Exception (b}^1+\text{b}^2+\text{b}^3=1 \text{ patient)} + \text{Performance Not Met (c}^1=2 \text{ patients)}}{\text{Eligible Population / Denominator (d}^1=8 \text{ patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate One =

$$\frac{\text{Performance Met (a}^1+=4 \text{ patients)}}{\text{Data Completeness Numerator (7 patients) – Denominator Exception (b}^1+\text{b}^2+\text{b}^3=1 \text{ patients)}} = \frac{4 \text{ patients}}{6 \text{ patients}} = 66.67\%$$

2017 Registry Individual Measure Flow

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

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

Reporting Criteria 2

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

8. Check Encounter Performed:
 - a. If At Least One Additional Patient Encounter Performed as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If At Least One Additional Patient Encounter Performed as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
9. Check Telehealth Modifier:
 - a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing.
 - b. If Telehealth Modifier equals No, include in the Denominator Population.
10. Denominator Population:
 - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d2 equals 8 patients in the sample calculation.
11. Start Numerator
12. Check Beta-Blocker Therapy Prescribed or is Currently Being Taken:
 - a. If Beta-Blocker Therapy was Prescribed or is Currently Being Taken equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a2 equals 4 patients in Sample Calculation.
 - c. If Beta-Blocker Therapy was Prescribed or is Currently Being Taken equals No, proceed to Documentation of Medical Reason(s) for Not Prescribing Beta-Blocker Therapy.
13. Check Documentation of Medical Reason(s) for Not Prescribing Beta-Blocker Therapy:
 - a. If Documentation of Medical Reason(s) for Not Prescribing Beta-Blocker Therapy equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b4 equals 1 patient in the Sample Calculation.
 - c. If Documentation of Medical Reason(s) for Not Prescribing Beta-Blocker Therapy equals No, proceed to Documentation of Patient Reason(s) for Not Prescribing Beta-Blocker Therapy.
14. Check Documentation of Patient Reason(s) for Not Prescribing Beta-Blocker Therapy:
 - a. If Documentation of Patient Reason(s) for Not Prescribing Beta-Blocker Therapy equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter b5 equals 0 patients in the Sample Calculation.
 - c. If Documentation of Patient Reason(s) for Not Prescribing Beta-Blocker Therapy equals No, proceed to Documentation of System Reason(s) for Not Prescribing Beta-Blocker Therapy.

15. Check Documentation of System Reason(s) for Not Prescribing Beta-Blocker Therapy:
 - a. If Documentation of System Reason(s) for Not Prescribing Beta-Blocker Therapy equals Yes, include in Data Completeness Met and Denominator Exception.
 - b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter b6 equals 0 patients in the Sample Calculation.
 - c. If Documentation of System Reason(s) for Not Prescribing Beta-Blocker Therapy equals No, proceed to Beta-Blocker Therapy Not Prescribed, Reason Not Specified.
16. Check Beta-Blocker Therapy Not Prescribed, Reason Not Specified:
 - a. If Beta-Blocker Therapy Not Prescribed, Reason Not Specified equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c2 equals 2 patients in the Sample Calculation.
 - c. If Beta-Blocker Therapy Not Prescribed, Reason Not Specified equals No, proceed to Data Completeness Not Met.
17. Check Data Completeness Not Met
 - a. If Data Completeness Not Met, the Quality Data Code or equivalent was not reported. 1 patient has been subtracted from the data completeness numerator in sample calculation.

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

Data Completeness Two*=**

$$\frac{\text{Performance Met (a}^2\text{=4 patients)} + \text{Denominator Exception (b}^4\text{+b}^5\text{+b}^6\text{=1 patient)} + \text{Performance Not Met (c}^2\text{=2 patients)}}{\text{Eligible Population / Denominator (d}^2\text{= 8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate Two =

$$\frac{\text{Performance Met (a}^2\text{=4 patients)}}{\text{Data Completeness Numerator (7 patients) – Denominator Exception (b}^4\text{+b}^5\text{+b}^6\text{=1 patient)}} = \frac{4 \text{ patients}}{6 \text{ patients}} = 66.67\%$$