2019 CMS Web Interface

PREV-10 (NQF 0028): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Measure Steward: PCPI

Contents

INTRODUCTION

There are a total of 10 individual measures included in the 2019 CMS Web Interface targeting high-cost chronic conditions, preventive care, and patient safety. The measures documents are represented individually and contain measure specific information. The corresponding coding documents are posted separately in an Excel format.

The measure documents are being provided to allow group practices and Accountable Care Organizations (ACOs) an opportunity to better understand each of the 10 individual measures included in the 2019 CMS Web Interface data submission method. Each measure document contains information necessary to submit data through the CMS Web Interface.

Narrative specifications, supporting submission documentation, and calculation flows are provided within each document. Please review all of the measure documentation in its entirety to ensure complete understanding of these measures.

CMS WEB INTERFACE SAMPLING INFORMATION

<u>**BENEFICIARY SAMPLING**</u>

For more information on the sampling process and methodology please refer to the 2019 CMS Web Interface Sampling Document, which will be made available during the performance year at CMS.gov.

NARRATIVE MEASURE SPECIFICATION

DESCRIPTION:
Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user

Three rates are reported:

   a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months
   b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention
   c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user

IMPROVEMENT NOTATION:
Higher score indicates better quality

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

DENOMINATOR:
Population 1: Equals Initial Population

Population 2: Equals Initial Population who were screened for tobacco use and identified as a tobacco user

Population 3: Equals Initial Population

DENOMINATOR EXCLUSIONS:
None

DENOMINATOR EXCEPTIONS:
Population 1: Documentation of medical reason(s) for not screening for tobacco use (eg, limited life expectancy, other medical reason)

Population 2: Documentation of medical reason(s) for not providing tobacco cessation intervention (eg, limited life expectancy, other medical reason)

Population 3: Documentation of medical reason(s) for not screening for tobacco use OR for not providing tobacco cessation intervention for patients identified as tobacco users (eg, limited life expectancy, other medical reason)

NUMERATOR:
Population 1: Patients who were screened for tobacco use at least once within 24 months

Population 2: Patients who received tobacco cessation intervention

Population 3: Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user

NUMERATOR EXCLUSIONS:
Not Applicable

DEFINITIONS:
Tobacco Use – Includes any type of tobacco

Tobacco Cessation Intervention – Includes brief counseling (3 minutes or less), and/or pharmacotherapy --
Note: Concepts aligned with brief counseling (eg, minimal and intensive advice/counseling interventions conducted both in person and over the phone) are included in the 2019 CMS Web Interface PREV Coding Document for the numerator. Other concepts such as written self-help materials (eg, brochures, pamphlets) and complementary/alternative therapies are not included in the 2019 CMS Web Interface PREV Coding Document and do not qualify for the numerator.

GUIDANCE:
If a patient uses any type of tobacco (ie, smokes or uses smokeless tobacco), the expectation is that they should receive tobacco cessation intervention: either counseling and/or pharmacotherapy.

In order to promote a team-based approach to patient care, the tobacco cessation intervention can be performed by another healthcare provider; therefore, the tobacco use screening and tobacco cessation intervention do not need to be performed by the same provider or clinician.

If a patient has multiple tobacco use screenings during the 24-month period, only the most recent screening, which has a documented status of tobacco user or tobacco non-user, will be used to satisfy the measure requirements.

If tobacco use status of a patient is unknown, the patient does not meet the screening component required to be counted in the numerator and should be considered a measure failure. Instances where tobacco use status of "unknown" is recorded include: 1) the patient was not screened; or 2) the patient was screened and the patient (or caregiver) was unable to provide a definitive answer. If the patient does not meet the screening component of the numerator but has an allowable medical exception, then the patient should be removed from the denominator of the measure and reported as a valid exception.

The medical reason exception may be applied to either the screening data element OR to any of the applicable tobacco cessation intervention data elements (counseling and/or pharmacotherapy) included in the measure.

If a patient has a diagnosis of limited life expectancy, that patient has a valid denominator exception for not being screened for tobacco use or for not receiving tobacco use cessation intervention (counseling and/or pharmacotherapy) if identified as a tobacco user.

As noted in Appendix III in a recommendation statement from the USPSTF, the current evidence is insufficient to recommend electronic nicotine delivery systems (ENDS) including electronic cigarettes for tobacco cessation. Additionally, ENDS are not currently classified as tobacco in the recent evidence review to support the update of the USPSTF recommendation given that the devices do not burn or use tobacco leaves. In light of the current lack of evidence, the measure does not currently capture e-cigarette usage as either tobacco use or a cessation aid.

The requirement of two or more visits is to establish that the eligible professional or eligible clinician has an existing relationship with the patient for certain types of encounters.

This measure contains three reporting rates which aim to identify patients who were screened for tobacco use (rate/population 1), patients who were identified as tobacco users and who received tobacco cessation intervention (rate/population 2), and a comprehensive look at the overall performance on tobacco screening and cessation intervention (rate/population 3). By separating this measure into various reporting rates, the eligible professional or eligible clinician will be able to better ascertain where gaps in performance exist, and identify opportunities for improvement. The overall rate (rate/population 3) can be utilized to compare performance to prior published versions of this measure.

SUBMISSION GUIDANCE

NOTE: *For this quality measure, the CMS Web Interface displays the measure in a manner that condenses and simplifies data entry for this specification. This specification is provided to clearly delineate the patient population, quality actions, and subsequent performance rates that are calculated from this quality measure.*

PATIENT CONFIRMATION

Establishing patient eligibility for submission requires the following:

- o Determine if the patient's medical record can be found

    - o If you can locate the medical record select "Yes"

    OR

    - o If you cannot locate the medical record select "No - Medical Record Not Found"

    OR

- o Determine if the patient is qualified for the sample

    - ▪ If the patient is deceased, in hospice, moved out of the country, or did not have Fee-for-Service (FFS) Medicare as their primary payer select "Not Qualified for Sample", select the applicable reason from the provided drop-down menu, and enter the date the patient became ineligible

If "No – Medical Record Not Found" or "Not Qualified for Sample" is selected, *the patient is completed but not confirmed. The patient will be "skipped" and another patient must be reported in their place, if available. The CMS Web Interface will automatically skip any patient for whom "No – Medical Record Not Found" or "Not Qualified for Sample" is selected in all other measures into which they have been sampled.*

If "Not Qualified for Sample" is selected and the date is unknown, *you may enter the last date of the measurement period (i.e., 12/31/2019).*

The Measurement Period is defined *as January 1 – December 31, 2019.*

NOTE:

- - ***In Hospice****: Select this option if the patient is not qualified for sample due to being in hospice care at any time during the measurement period (this includes non-hospice patients receiving palliative goals or comfort care).*
- - ***Moved out of Country:*** *Select this option if the patient is not qualified for sample because they moved out of the country any time during the measurement period.*
- - ***Deceased:*** *Select this option if the patient died during the measurement period.*
- - ***Non-FFS Medicare:*** *Select this option if the patient was enrolled in Non-FFS Medicare at any time during the measurement period (i.e., commercial payers, Medicare Advantage, Non-FFS Medicare, HMOs, etc.) This exclusion is intended to remove beneficiaries for whom Fee-for-Service Medicare is not the primary payer.*

SUBMISSION GUIDANCE

DENOMINATOR CONFIRMATION, POPULATION 1

Tobacco Screening All

- o Determine if the patient is qualified for the measure

  - o If you are able to confirm the patient is qualified for the measure select "Yes"

  OR

  - o If there is an "other" CMS approved reason for patient disqualification from the measure select "No - Other CMS Approved Reason"

Guidance **Denominator**

CMS Approved Reason *may only be selected when approved by CMS. To request a CMS Approved Reason, you would need to provide the patient rank, measure and reason for request in a CMS Quality Payment Program Service Desk inquiry. CMS decision will be provided in the resolution of the inquiry. Patients for whom a CMS Approved Reason is selected will be "skipped" and another patient must be reported in their place, if available.*

By selecting "No – Other CMS Approved Reason", *the patient is only removed from the measure for which the reason was requested, not all CMS Web Interface measures.*

SUBMISSION GUIDANCE

NUMERATOR SUBMISSION, POPULATION 1

Tobacco Screening All

- o Determine if the patient was screened for tobacco use at least once within 24 months

    - o If the patient was screened for tobacco use select "Yes"

    OR

    - o If the patient was not screened for tobacco use select "No"

    OR

    - o If the patient was not screened for tobacco use for a medical reason select "No - Denominator Exception - Medical Reasons"

Numerator and Denominator Exception codes can be found in the 2019 CMS Web Interface PREV Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

Guidance   Numerator

NOTE:

- - *If there is more than 1 patient query* regarding tobacco use, use the most recent during the 24-month period.
- - "*Within 24 months" is defined as* the 24-month look-back from the measurement period end date (1/1/2018 - 12/31/2019).
- - *Screening for tobacco use* may be completed during a telehealth encounter.

SUBMISSION GUIDANCE

DENOMINATOR CONFIRMATION, POPULATION 2

Tobacco User Received Tobacco Cessation Intervention

- o   Determine if the patient is qualified for the measure

    - o   If you are able to confirm the patient is qualified for the measure select "Yes"

    OR

    - o   If there is an "other" CMS approved reason for patient disqualification from the measure select "No - Other CMS Approved Reason"

IF YES

- o   Determine if the patient was screened for tobacco use at least once within 24 months

    - o   If the patient was screened for tobacco use select "Yes"

        IF YES

        - ▪ Determine if the patient was identified as a tobacco user during the most recent tobacco use screening.
            - • If the patient was identified as a tobacco user select "Yes"
            OR
            - • If the patient was identified as a tobacco non-user select "No"

    OR

    - o   If the patient was not screened for tobacco use select "No"

Denominator codes can be found in the 2019 CMS Web Interface PREV Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

Guidance	Denominator

CMS Approved Reason may only be selected when approved by CMS. To request a CMS Approved Reason, you would need to provide the patient rank, measure and reason for request in a CMS Quality Payment Program Service Desk inquiry. CMS decision will be provided in the resolution of the inquiry. Patients for whom a CMS Approved Reason is selected will be "skipped" and another patient must be reported in their place, if available.

By selecting "No – Other CMS Approved Reason", the patient is only removed from the measure for which the reason was requested, not all CMS Web Interface measures.

NOTE:

- *Patients identified as tobacco non-users* are not eligible for the denominator or Population 2, as the numerator action assessed in this population criteria 2 is pertinent to patients identified as tobacco users only.
- *If there is more than 1 patient query* regarding tobacco use, use the most recent during the 24-month period.
- "*Within 24 months" is defined as* the 24-month look-back from the measurement period end date (1/1/2018 - 12/31/2019).
- *Screening for tobacco use* may be completed during a telehealth encounter.

<u>SUBMISSION GUIDANCE</u>

NUMERATOR SUBMISSION, POPULATION 2

Tobacco User Received Tobacco Cessation Intervention

- o Determine if the patient received tobacco cessation intervention
  - o If the patient received tobacco cessation intervention select "Yes"

   OR

  - o If the patient did not receive tobacco cessation intervention select "No"

  OR

  - o If the patient did not receive tobacco cessation intervention for a medical reason select "No - Denominator Exception - Medical Reasons"

Numerator and Denominator Exception codes can be found in the 2019 CMS Web Interface PREV Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

Guidance	*Numerator*

NOTE:

- - *Screening for tobacco use and cessation intervention* do not have to occur on the same encounter, but both must occur during the 24-month look-back period and the cessation intervention must occur during or after the most recent tobacco user status is documented.
- - *Tobacco cessation intervention* can be performed by another healthcare provider; therefore, the tobacco use screening and tobacco cessation intervention do not need to be performed by the same provider or clinician.
- - *Tobacco cessation intervention* may be completed during a telehealth encounter.

SUBMISSION GUIDANCE

DENOMINATOR CONFIRMATION, POPULATION 3

Tobacco Non-users and Users Received Tobacco Cessation Intervention

- o Determine if the patient is qualified for the measure

    - o If you are able to confirm the patient is qualified for the measure select "Yes"

    OR

    - o If there is an "other" CMS approved reason for patient disqualification from the measure select "No - Other CMS Approved Reason"

Guidance   *Denominator*

CMS Approved Reason *may only be selected when approved by CMS. To request a CMS Approved Reason, you would need to provide the patient rank, measure and reason for request in a Quality Payment Program Service Desk inquiry. CMS decision will be provided in the resolution of the inquiry. Patients for whom a CMS Approved Reason is selected will be "skipped" and another patient must be reported in their place, if available.*

By selecting "No – Other CMS Approved Reason", the patient is only removed from the measure for which the reason was requested, not all CMS Web Interface measures.

SUBMISSION GUIDANCE

NUMERATOR SUBMISSION, POPULATION 3

Tobacco Non-users and Users Received Tobacco Cessation Intervention

- o Determine if the patient was screened for tobacco use at least once <u>within 24 months</u>
    - o If the patient was screened for tobacco use select "Yes"

    OR

    - o If the patient was not screened for tobacco use select "No"

    OR

    - o If the patient was not screened for tobacco use for a medical reason select "No - <u>Denominator Exception</u> - Medical Reasons"

IF YES
- o Determine if the patient was identified as a tobacco user during the most recent tobacco use screening
    - o If the patient was identified as a tobacco user select "Yes"

    IF YES

    - o Determine if the patient received tobacco cessation intervention
        - ▪ If the patient did receive tobacco cessation intervention select "Yes"

        OR

        - ▪ If the patient did not receive tobacco cessation intervention select "No"

        OR

        - • If the patient did not receive tobacco cessation intervention for a medical reason select "No - <u>Denominator Exception</u> - Medical Reasons"

    OR

    - o If the patient was identified as a tobacco non-user select "No"

Numerator and Denominator Exception codes can be found in the 2019 CMS Web Interface PREV Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

Guidance	*Numerator*

NOTE:

- - *If there is more than 1 patient query* regarding tobacco use, use the most recent during the 24-month period.
- - "*Within 24 months" is defined as* the 24-month look-back from the measurement period end date (1/1/2018- 12/31/2019).
- - *Screening for tobacco use and cessation intervention* do not have to occur on the same encounter, but both must occur during the 24-month look-back period, and the cessation intervention must occur during or after the most recent tobacco user status is documented.
- - *Screening for tobacco use and cessation intervention* may be completed during a telehealth encounter
- - *Tobacco cessation intervention* can be performed by another healthcare provider; therefore, the tobacco use screening and tobacco cessation intervention do not need to be performed by the same provider or clinician.

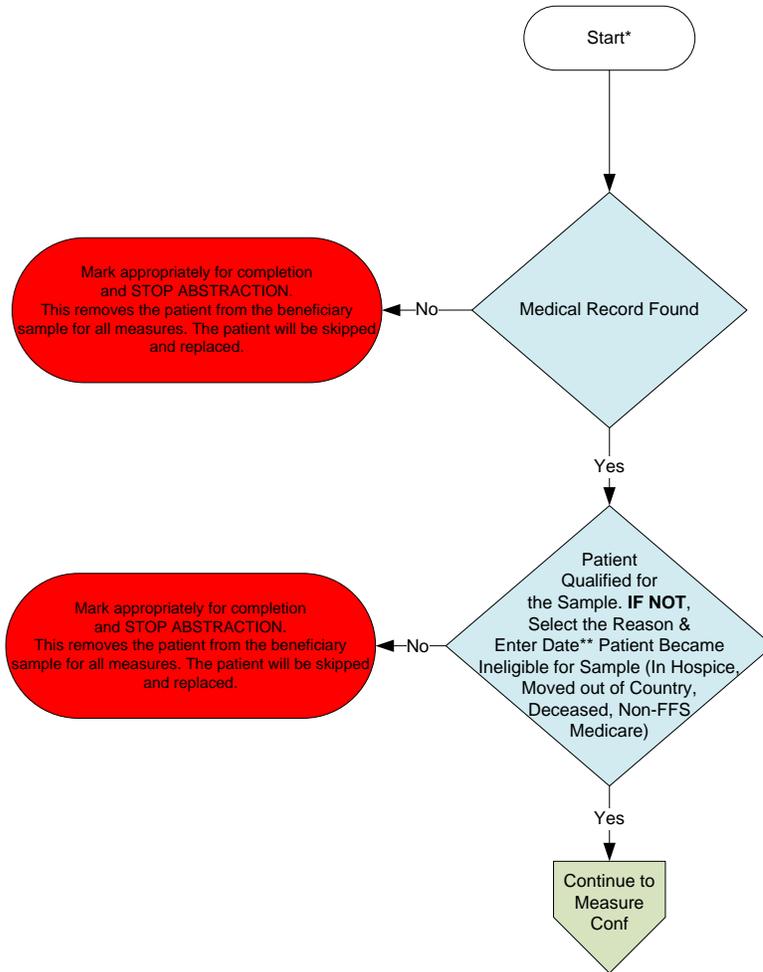## DOCUMENTATION REQUIREMENTS

When submitting data through the CMS Web Interface, the expectation is that medical record documentation is available that supports the action reported in the CMS Web Interface i.e., medical record documentation is necessary to support the information that has been submitted.

Appendix I: Performance Calculation Flow

Patient Confirmation Flow

For 2019, confirmation of the "Medical Record Found", or indicating the patient is "Not Qualified for Sample" with a reason of "In Hospice", "Moved out of Country", "Deceased", or "Non-FFS Medicare", will only need to be done **once** per patient.

Multiple Performance Rates

```
                          ┌──────────┐
                          │  Start*  │
                          └────┬─────┘
                               │
                               ▼
┌──────────────────────┐    ◇◇◇◇◇◇◇
│ Mark appropriately   │   ◇         ◇
│ for completion       │  ◇  Medical  ◇
│ and STOP ABSTRACTION.│◄─◇  Record    ◇  No
│ ...                  │   ◇  Found    ◇
└──────────────────────┘    ◇◇◇◇◇◇◇
                               │ Yes
                               ▼
┌──────────────────────┐    ◇◇◇◇◇◇◇
│ Mark appropriately   │◄── Patient Qualified
│ ...                  │ No
└──────────────────────┘    ◇◇◇◇◇◇◇
                               │ Yes
                               ▼
                          ┌──────────┐
                          │ Continue │
                          │ to Measure│
                          │   Conf   │
                          └──────────┘
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Red box (Medical Record Found – No):
Mark appropriately for completion and STOP ABSTRACTION. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced.

Decision diamond 1: Medical Record Found — No / Yes

Decision diamond 2: Patient Qualified for the Sample. **IF NOT**, Select the Reason & Enter Date** Patient Became Ineligible for Sample (In Hospice, Moved out of Country, Deceased, Non-FFS Medicare) — No / Yes

Red box (Patient Qualified – No):
Mark appropriately for completion and STOP ABSTRACTION. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced.

Green box: Continue to Measure Conf

*See the Measure Submission Document for further instructions on how to submit this measure
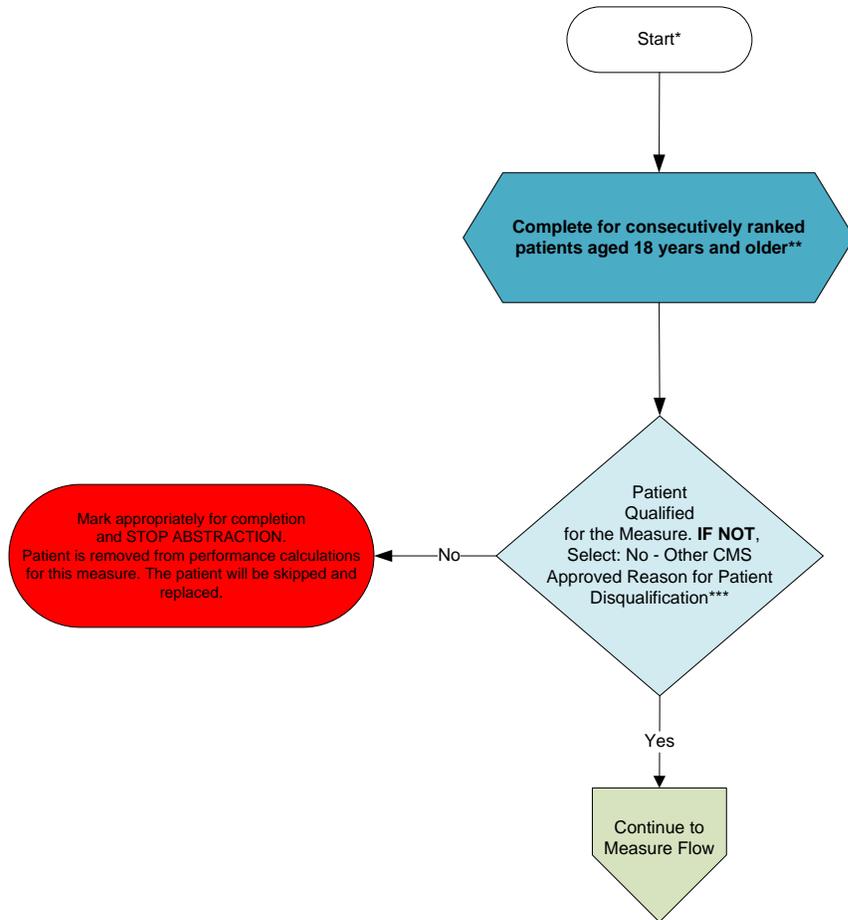**If date is unknown, enter 12/31/2019

Measure Confirmation Flow for PREV-10

For 2019, measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" will need to be done for each measure where the patient appears.

Multiple Performance Rates

**Population 1
Tobacco Screening**

Start*

Complete for consecutively ranked patients aged 18 years and older**

Patient Qualified for the Measure. **IF NOT**, Select: No - Other CMS Approved Reason for Patient Disqualification***

No → Mark appropriately for completion and STOP ABSTRACTION. Patient is removed from performance calculations for this measure. The patient will be skipped and replaced.

Yes

Continue to Measure Flow

*See the Measure Submission Document for further instructions on how to submit this measure

**Further information regarding patient selection for specific disease and patient care measures can be found in the CMS Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-10 measure. If this is the case, the system will automatically remove the patient from the measure requirements.
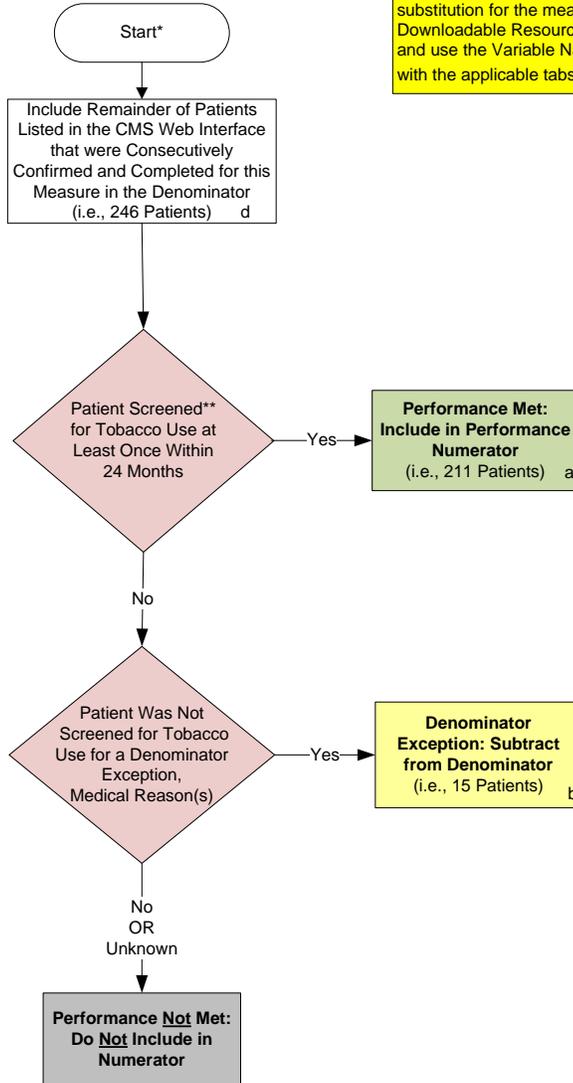
***"Other CMS Approved Reason" may only be selected if you have received an approval from CMS in the resolution of a requested Quality Payment Program Service Desk Inquiry at qpp@cms.hhs.gov

Measure Flow for PREV-10

Multiple Performance Rates

**Population 1
Tobacco Screening**

Start*

Include Remainder of Patients Listed in the CMS Web Interface that were Consecutively Confirmed and Completed for this Measure in the Denominator (i.e., 246 Patients)   d

Patient Screened** for Tobacco Use at Least Once Within 24 Months

— Yes → **Performance Met: Include in Performance Numerator** (i.e., 211 Patients)   a

No

Patient Was Not Screened for Tobacco Use for a Denominator Exception, Medical Reason(s)

— Yes → **Denominator Exception: Subtract from Denominator** (i.e., 15 Patients)   b

No
OR
Unknown

Performance Not Met: Do Not Include in Numerator

SAMPLE CALCULATION:

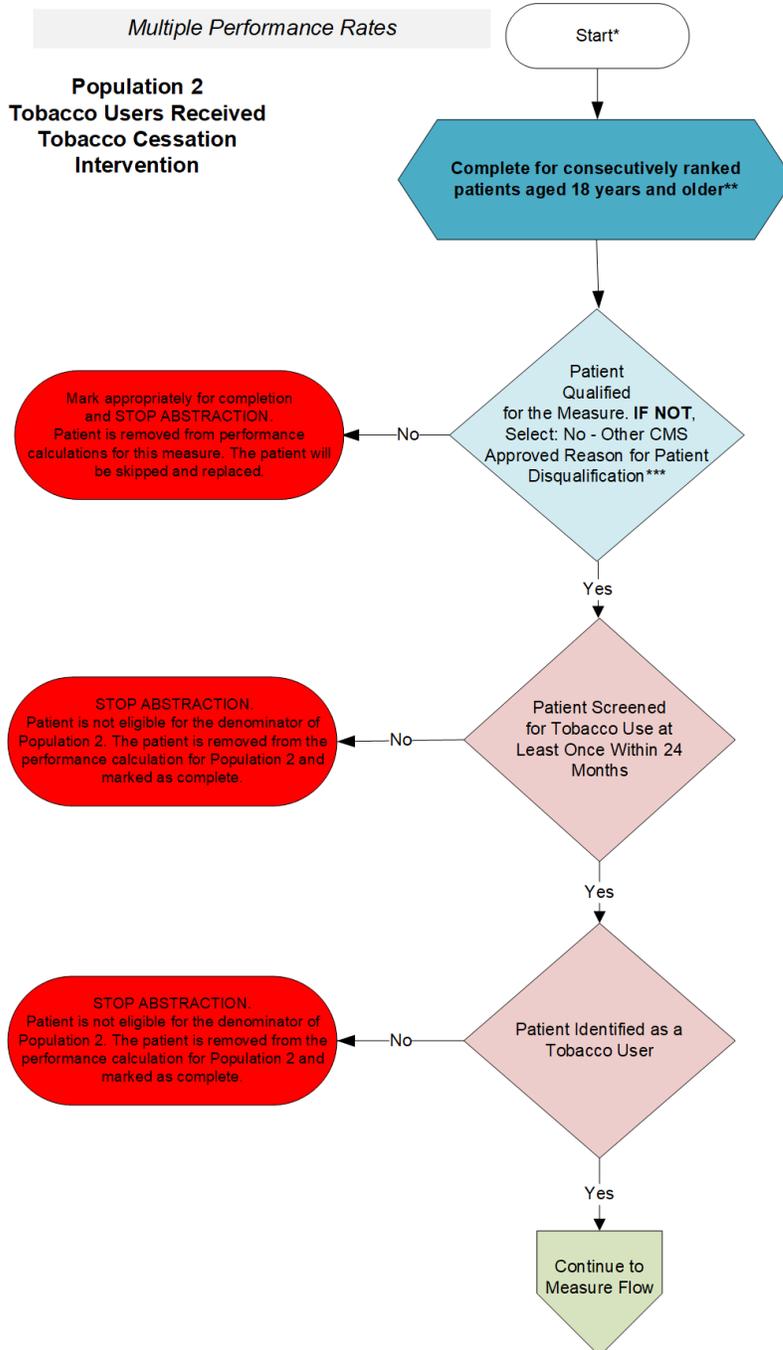**Performance Rate=**

$$\text{Performance Rate} = \frac{\text{Performance Met (a=211 Patients)}}{\text{Denominator (d=246 Patients)} - \text{Denominator Exception (b=15 Patients)}} = \frac{211 \text{ Patients}}{231 \text{ Patients}} = 91.34\%$$

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

*See the Measure Submission Document for further instructions on how to submit this measure
** Tobacco user status is REQUIRED- must be identified as tobacco user OR tobacco non-user.

Measure Confirmation Flow for PREV-10

For 2019, measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" will need to be done for each measure where the patient appears.

Multiple Performance Rates

Population 2 Tobacco Users Received Tobacco Cessation Intervention

Start*

Complete for consecutively ranked patients aged 18 years and older**

Patient Qualified for the Measure. **IF NOT**, Select: No - Other CMS Approved Reason for Patient Disqualification***

— No → Mark appropriately for completion and STOP ABSTRACTION. Patient is removed from performance calculations for this measure. The patient will be skipped and replaced.

Yes ↓

Patient Screened for Tobacco Use at Least Once Within 24 Months

— No → STOP ABSTRACTION Patient is not eligible for the denominator of Population 2. The patient is removed from the performance calculation for Population 2 and marked as complete.

Yes ↓

Patient Identified as a Tobacco User

— No → STOP ABSTRACTION. Patient is not eligible for the denominator of Population 2. The patient is removed from the performance calculation for Population 2 and marked as complete.

Yes ↓

Continue to Measure Flow

*See the Measure Submission Document for further instructions on how to submit this measure
**Further information regarding patient selection for specific disease and patient care measures can be found in the CMS Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-10 measure. If this is the case, the system will automatically remove the patient from the measure requirements.
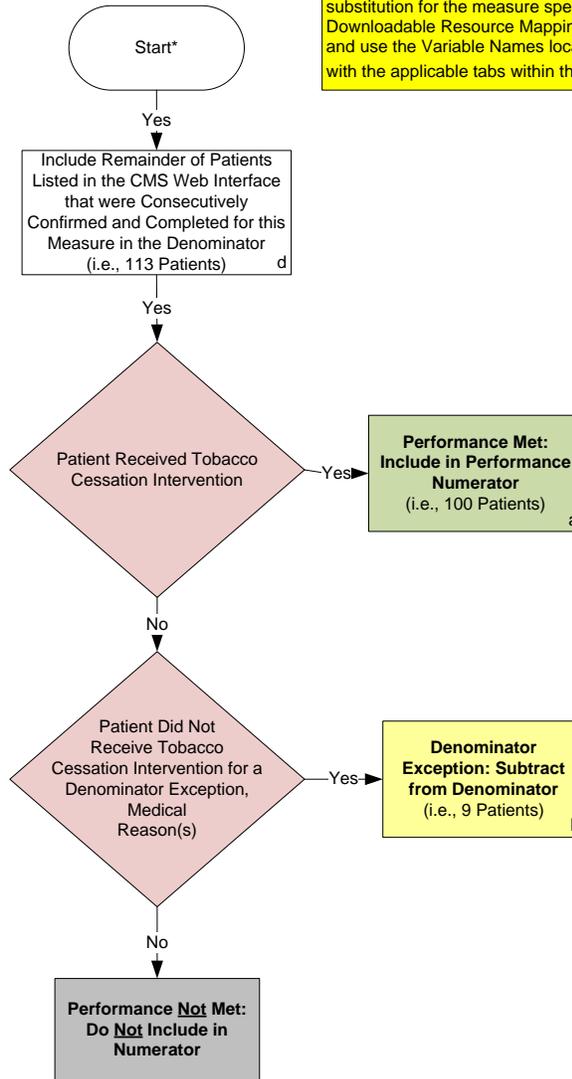****"Other CMS Approved Reason" may only be selected if you have received an approval from CMS in the resolution of a requested Quality Payment Program Service Desk Inquiry at qpp@cms.hhs.gov

Measure Flow for PREV-10

Multiple Performance Rates

**Population 2
Tobacco Users Received
Tobacco Cessation
Intervention**

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used as a substitution for the measure specification. For Downloadable Resource Mapping Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the PREV Coding Document.

Start*

Yes

Include Remainder of Patients Listed in the CMS Web Interface that were Consecutively Confirmed and Completed for this Measure in the Denominator (i.e., 113 Patients)   d

Yes

Patient Received Tobacco Cessation Intervention → Yes → **Performance Met: Include in Performance Numerator** (i.e., 100 Patients)   a

No

Patient Did Not Receive Tobacco Cessation Intervention for a Denominator Exception, Medical Reason(s) → Yes → **Denominator Exception: Subtract from Denominator** (i.e., 9 Patients)   b

No

Performance Not Met: Do Not Include in Numerator

SAMPLE CALCULATION:

Performance Rate=

$$\text{Performance Rate} = \frac{\text{Performance Met (a=100 Patients)}}{\text{Denominator (d=113 Patients) - Denominator Exception (b=9 Patients)}} = \frac{100 \text{ Patients}}{104 \text{ Patients}} = 96.15\%$$

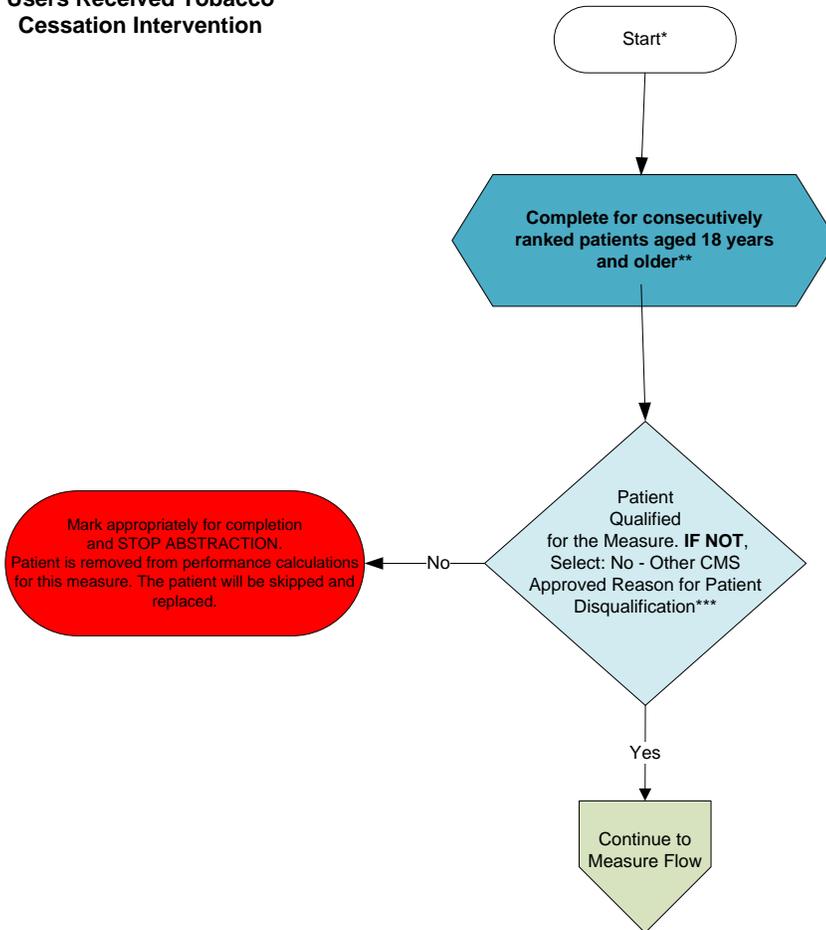CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

*See the Measure Submission Document for further instructions on how to submit this measure

Measure Confirmation Flow for PREV-10

For 2019, measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" will need to be done for each measure where the patient appears.

Multiple Performance Rates

**Population 3
Tobacco Non-users and
Users Received Tobacco
Cessation Intervention**

Start*

Complete for consecutively ranked patients aged 18 years and older**

Patient Qualified for the Measure. **IF NOT**, Select: No - Other CMS Approved Reason for Patient Disqualification***

No → Mark appropriately for completion and STOP ABSTRACTION. Patient is removed from performance calculations for this measure. The patient will be skipped and replaced.
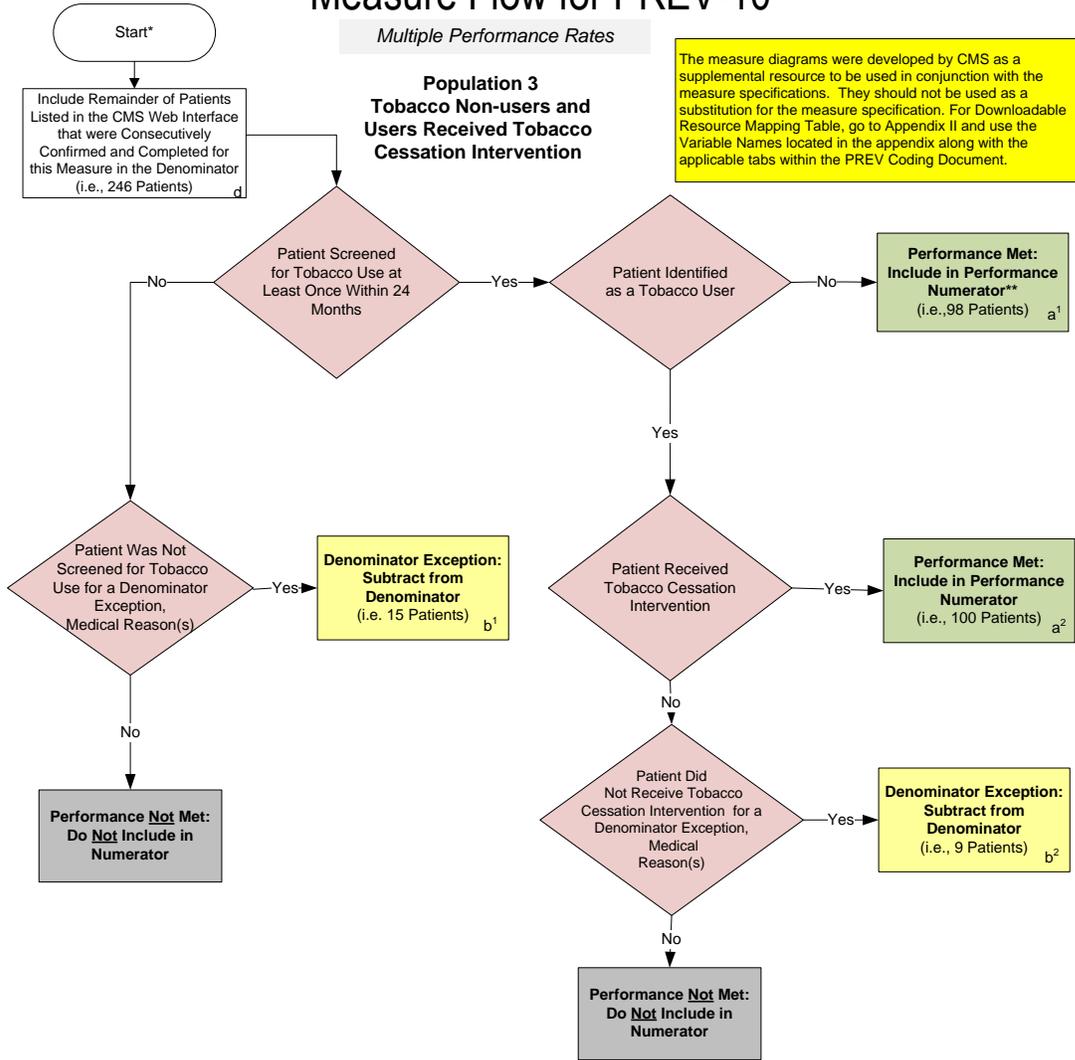
Yes

Continue to Measure Flow

*See the Measure Submission Document for further instructions on how to submit this measure

**Further information regarding patient selection for specific disease and patient care measures can be found in the CMS Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-10 measure. If this is the case, the system will automatically remove the patient from the measure requirements.

***"Other CMS Approved Reason" may only be selected if you have received an approval from CMS in the resolution of a requested Quality Payment Program Service Desk Inquiry at qpp@cms.hhs.gov

Measure Flow for PREV-10

Multiple Performance Rates

**Population 3
Tobacco Non-users and
Users Received Tobacco
Cessation Intervention**

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used as a substitution for the measure specification. For Downloadable Resource Mapping Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the PREV Coding Document.

Start*

Include Remainder of Patients Listed in the CMS Web Interface that were Consecutively Confirmed and Completed for this Measure in the Denominator (i.e., 246 Patients) d

Patient Screened for Tobacco Use at Least Once Within 24 Months — No / Yes

Patient Identified as a Tobacco User — No → **Performance Met: Include in Performance Numerator**** (i.e.,98 Patients) a^1

Patient Was Not Screened for Tobacco Use for a Denominator Exception, Medical Reason(s) — Yes → **Denominator Exception: Subtract from Denominator** (i.e. 15 Patients) b^1

No → **Performance Not Met: Do Not Include in Numerator**

Patient Identified as a Tobacco User — Yes

Patient Received Tobacco Cessation Intervention — Yes → **Performance Met: Include in Performance Numerator** (i.e., 100 Patients) a^2

No

Patient Did Not Receive Tobacco Cessation Intervention for a Denominator Exception, Medical Reason(s) — Yes → **Denominator Exception: Subtract from Denominator** (i.e., 9 Patients) b^2

No → **Performance Not Met: Do Not Include in Numerator**

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*See the Measure Submission Document for further instructions on how to submit this measure
** This pathway indicates the patient was screened and identified as a Tobacco Non-User.

Patient Confirmation Flow

For 2019, confirmation of the "Medical Record Found", or indicating the patient is "Not Qualified for Sample" with a reason of "In Hospice", "Moved out of Country", "Deceased", or "Non-FFS Medicare", will only need to be done **once** per patient. Refer to the Measure Submission Document for further instructions.

1. Start Patient Confirmation Flow.

2. Check to determine if Medical Record can be found.
   a. If no, Medical Record not found, mark appropriately for completion and stop abstraction. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced. Stop processing.
   b. If yes, Medical Record found, continue processing.

3. Check to determine if Patient Qualified for the sample.
   a. If no, the patient does not qualify for the sample, select the reason why and enter the date (if date is unknown, enter 12/31/2019) the patient became ineligible for sample. For example: In Hospice, Moved out of Country, Deceased, Non-FFS Medicare. Mark appropriately for completion and stop abstraction. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced. Stop processing.
   b. If yes, the patient does qualify for the sample; continue to the Measure Confirmation Flow for PREV-10 Population 1.

Measure Confirmation Flow for PREV-10

Population 1

For 2019, measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" will need to be done for each measure where the patient appears. Refer to the Measure Submission Document for further instructions.

1. Start Measure Confirmation Flow for PREV-10 Population 1. Complete for consecutively ranked patients aged 18 years and older. Further information regarding patient selection for specific disease and patient care measures can be found in the CMS Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-10 measure. If this is the case, the system will automatically remove the patient from the measure requirements.

2. Check to determine if the patient qualifies for the measure (Other CMS Approved Reason).
   a. If no, the patient does not qualify for the measure select: No – Other CMS Approved Reason for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. "Other CMS Approved Reason" may only be selected if you have received an approval from CMS in the resolution of a requested Quality Payment Program Service Desk Inquiry at qpp@cms.hhs.gov. Stop processing.
   b. If yes, the patient does qualify for the measure, continue to the PREV-10 measure flow Population 1.

Measure Flow for PREV-10

Population 1

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used as a substitution for the measure specifications. For Downloadable Resource Mapping Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the PREV Coding Document.

1. Start processing 2019 PREV-10 (NQF 0028) Flow Population 1 for the patients that qualified for sample in the Patient Confirmation Flow and the Measure Confirmation Flow for PREV-10 Population 1. **Note:** Include remainder of patients listed in CMS Web Interface that were consecutively confirmed and completed for Population 1 in the denominator. For the sample calculation in the flow these patients would fall into the 'd' category (eligible denominator, i.e. 246 patients).

2. Check to determine if the patient has been screened for tobacco use at least once within 24 months. Tobacco user status is REQUIRED – must be identified as tobacco user OR tobacco non-user.
    a. If no, the patient has not been screened for tobacco use at least once within 24 months continue processing.
    b. If yes, the patient has been screened for tobacco use at least once within 24 months, performance is met and the patient will be included in the numerator for Population 1. For the sample calculation in the flow these patients would fall into the 'a' category (numerator, i.e. 211 patients). Stop processing for Population 1.

3. Check to determine if the patient was <u>Not</u> screened for tobacco use for a denominator exception, medical reason(s).
    a. If no, the patient was <u>Not</u> screened for tobacco use for a denominator exception, medical reason(s), performance is not met and the patient should not be included in the numerator. Stop processing for Population 1.
    b. If yes, the patient was <u>Not</u> screened for tobacco use for a denominator exception, medical reason(s), this is a denominator exception and the patient should be subtracted from the denominator. For the sample calculation in the flow these patients would fall into the 'b' category (denominator exception, i.e. 15 patients). Stop processing for Population 1.

Sample Calculation
Performance Rate Equals
Performance Met is category 'a' in the measure flow (211 patients)
Denominator is category 'd' in the measure flow (246 patients)
Denominator Exception is category 'b' in the measure flow (15 patients)
211 (Performance Met) divided by 231 (Denominator minus Denominator Exception) equals a performance rate of 91.34 percent
Calculation May Change Pending Performance Met

Measure Confirmation Flow for PREV-10

Population 2

For 2019, measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" will need to be done for each measure where the patient appears. Refer to the Measure Submission Document for further instructions.

1. Start Measure Confirmation Flow for PREV-10 Population 2. Complete for consecutively ranked patients aged 18 years and older. Further information regarding patient selection for specific disease and patient care measures can be found in the CMS Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-10 measure. If this is the case, the system will automatically remove the patient from the measure requirements.

2. Check to determine if the patient qualifies for the measure (Other CMS Approved Reason).
    a. If no, the patient does not qualify for the measure select: No – Other CMS Approved Reason for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. "Other CMS Approved Reason" may only be selected if you have received an approval from CMS in the resolution of a requested Quality Payment Program Service Desk Inquiry at qpp@cms.hhs.gov. Stop processing.
    b. If yes, the patient does qualify for the measure, continue processing.

3. Check to determine if the patient has been screened for tobacco use at least once within 24 months.
    a. If no, the patient has not been screened for tobacco use at least once within 24 months, stop abstraction. Patient is not eligible for the denominator of Population 2. The patient is removed from the performance calculation for Population 2 and marked as complete. Stop processing for Population 2.
    b. If yes, the patient has been screened for tobacco use at least once within 24 months, continue processing.

4. Check to determine if the patient is identified as a tobacco user.
    a. If no, the patient is not identified as a tobacco user, stop abstraction. Patient is not eligible for the denominator of Population 2. The patient is removed from the performance calculation for Population 2 and marked as complete. Stop processing for Population 2.
    b. If yes, the patient is identified as a tobacco user, continue to the PREV-10 measure flow Population 2.

Measure Flow for PREV-10

Population 2

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used as a substitution for the measure specifications. For Downloadable Resource Mapping Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the PREV Coding Document.

1. Start processing 2019 PREV-10 (NQF 0028) Flow Population 2 for the patients that qualified for sample in the Patient Confirmation Flow and the Measure Confirmation Flow for PREV-10 Population 2. **Note:** Include remainder of patients listed in CMS Web Interface that were consecutively confirmed and completed for Population 2 in the denominator. For the sample calculation in the flow these patients would fall into the 'd' category (eligible denominator, i.e. 113 patients).

2. Check to determine if the patient received tobacco cessation intervention
   a. If no, the patient has not received tobacco cessation intervention after identified as a tobacco user, continue processing.
   b. If yes, the patient received tobacco cessation intervention, performance is met and the patient will be included in the numerator. For the sample calculation in the flow these patients would fall into the 'a' category (numerator, i.e. 100 patients). Stop processing for Population 2.

3. Check to determine if the patient did Not receive tobacco cessation intervention for a denominator exception, medical reason(s).
   a. If no, the patient did Not receive tobacco cessation intervention for a denominator exception, medical reason(s), performance is not met and the patient should not be included in the numerator. Stop processing for Population 2.
   b. If yes, the patient did Not receive tobacco cessation intervention for a denominator exception, medical reason(s), this is a denominator exception and the patient should be subtracted from the denominator. For the sample calculation in the flow these patients would fall into the 'b' category (denominator exception, i.e. 9 patients). Stop processing for Population 2.

Sample Calculation

Performance Rate Equals

Performance Met is category 'a' in the measure flow (100 patients)

Denominator is category 'd' in the measure flow (113 patients)

Denominator Exception is category 'b' in the measure flow (9 patients)

100 (Performance Met) divided by 104 (Denominator minus Denominator Exception) equals a performance rate of 96.15 percent

Calculation May Change Pending Performance Met

Measure Confirmation Flow for PREV-10

Population 3

For 2019, measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" will need to be done for each measure where the patient appears. Refer to the Measure Submission Document for further instructions.

1. Start Measure Confirmation Flow for PREV-10 Population 3. Complete for consecutively ranked patients aged 18 years and older. Further information regarding patient selection for specific disease and patient care measures can be found in the CMS Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-10 measure. If this is the case, the system will automatically remove the patient from the measure requirements.

2. Check to determine if the patient qualifies for the measure (Other CMS Approved Reason).
   a. If no, the patient does not qualify for the measure select: No – Other CMS Approved Reason for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. "Other CMS Approved Reason" may only be selected if you have received an approval from CMS in the resolution of a requested Quality Payment Program Service Desk Inquiry at qpp@cms.hhs.gov. Stop processing.
   b. If yes, the patient does qualify for the measure, continue to the PREV-10 measure flow Population 3.

Measure Flow for PREV-10

Population 3

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used as a substitution for the measure specifications. For Downloadable Resource Mapping Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the PREV Coding Document.

1. Start processing 2019 PREV-10 (NQF 0028) Flow Population 3 for the patients that qualified for the sample in the Patient Confirmation Flow and the Measure Confirmation Flow for PREV-10 Population 3. **Note**: Include remainder of patients listed in CMS Web Interface that were consecutively confirmed and completed for this measure in the denominator. For the sample calculation in the flow these patients would fall into the 'd' category (eligible denominator, i.e. 246 patients).

2. Check to determine if the patient has been screened for tobacco use at least once within 24 months.
   a. If no, the patient has not been screened for tobacco use at least once within 24 months continue processing.
   b. If yes, the patient has been screened for tobacco use at least once within 24 months continue processing and proceed to step 4.

3. Check to determine if the patient was <u>Not</u> screened for tobacco use for a denominator exception, medical reason(s).
   a. If no, the patient was <u>Not</u> screened for tobacco use for a denominator exception, medical reason(s), performance is not met and the patient should not be included in the numerator. Stop processing for Population 3.
   b. If yes, the patient was <u>Not</u> screened for tobacco use for a denominator exception, medical reason(s), this is a denominator exception and the patient should be subtracted from the denominator. For the sample calculation in the flow these patients would fall into the 'b^{1}' category (denominator exception, i.e. 15 patients). Stop processing for Population 3.

4. Check to determine if the patient is identified as a tobacco user.
   a. If no, the patient is not identified as a tobacco user, performance is met and the patient will be included in the numerator. This pathway indicates the patient was screened and identified as a tobacco non-user.. For the sample calculation in the flow these patients would fall into the 'a^{1}' category (numerator, i.e. 98 patients). Stop processing for Population 3.
   b. If yes, the patient is identified as a tobacco user, continue processing.

5. Check to determine if the patient received tobacco cessation intervention.
   a. If no, the patient has not received tobacco cessation intervention, continue processing.
   b. If yes, the patient received tobacco cessation intervention, performance is met and the patient will be included in the numerator. For the sample calculation in the flow these patients would fall into the 'a^{2}' category (numerator, i.e. 100 patients). Stop processing for Population 3.

6. Check to determine if the patient did <u>Not</u> receive tobacco cessation intervention for a denominator exception, medical reason(s).
   a. If no, the patient did <u>Not</u> receive tobacco cessation intervention for a denominator exception, medical reason(s), performance is not met and the patient should not be included in the numerator. Stop processing for Population 3.
   b. If yes, the patient did <u>Not</u> receive tobacco cessation intervention for a denominator exception, medical reason(s), this is a denominator exception and the patient should be subtracted from the

denominator. For the sample calculation in the flow these patients would fall into the 'b^2' category (denominator exception, i.e. 9 patients). Stop processing for Population 3.

Sample Calculation

Performance Rate Equals

Performance Met is category 'a^1 plus a^2' in the measure flow (198 patients)

Denominator is category 'd' in the measure flow (246 patients)

Denominator Exception is category 'b^1 plus b^2' in the measure flow (24 patients)

198 (Performance Met) divided by 222 (Denominator minus Denominator Exception) equals a performance rate of 89.19 percent

Calculation May Change Pending Performance Met

Appendix II: Downloadable Resource Mapping Table

Each data element within this measure's denominator or numerator is defined as a pre-determined set of clinical codes. These codes can be found in the 2019 CMS Web Interface PREV Coding Document.

*PREV-10: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Measure Component/Excel Tab	Data Element	Variable Name	Coding System(s)
Denominator/Denominator Codes (Population 2)	Tobacco Screen/User	TOBACCO_SCREEN_CODE AND TOBACCO_USER_CODE	LN AND SNM
Numerator/Numerator Codes/Numerator Drug Codes	Tobacco Screen (Population 1)	TOBACCO_SCREEN_CODE	LN
	Cessation Intervention (Population 2)	CESSA_COUNSEL_CODE	C4 SNM
		CESSA_DRUG_CODE	RxNorm (Drug EX=N)
	Tobacco Screen/Non-User (Population 3)	TOBACCO_SCREEN_CODE AND TOBACCO_NON_USER_CODE	LN AND SNM
	Tobacco Screen/User (Population 3)	TOBACCO_SCREEN_CODE AND TOBACCO_USER_CODE	LN AND SNM
	Cessation Intervention (Population 3)	CESSA_COUNSEL_CODE	C4 SNM
		CESSA_DRUG_CODE	RxNorm (Drug EX=N)
Denominator Exception/ Denominator Exception Codes	Medical Reason	LIMITED_LIFE_EXPECTANCY	SNM
		MEDICAL_REASON	SNM

For EHR mapping, the coding within PREV-10 is considered to be all inclusive

Appendix III: Measure Rationale and Clinical Recommendation Statements

RATIONALE:

This measure is intended to promote adult tobacco screening and tobacco cessation interventions for those who use tobacco products. There is good evidence that tobacco screening and brief cessation intervention (including counseling and/or pharmacotherapy) is successful in helping tobacco users quit. Tobacco users who are able to stop using tobacco lower their risk for heart disease, lung disease, and stroke.

CLINICAL RECOMMENDATION STATEMENTS:

The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)-approved pharmacotherapy for cessation to adults who use tobacco. (Grade A Recommendation) (U.S. Preventive Services Task Force, 2015)

The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. (Grade A Recommendation) (U.S. Preventive Services Task Force, 2015)

The USPSTF concludes that the current evidence is insufficient to recommend electronic nicotine delivery systems for tobacco cessation in adults, including pregnant women. The USPSTF recommends that clinicians direct patients who smoke tobacco to other cessation interventions with established effectiveness and safety (previously stated). (Grade I Statement) (U.S. Preventive Services Task Force, 2015)

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