



## **2022 CMS Web Interface**

### **PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease**

#### **Measure Steward: CMS**

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## **INTRODUCTION**

There are a total of 10 individual measures included in the 2022 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 organizations an opportunity to better understand each of the 10 individual measures included in the 2022 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**

**BENEFICIARY SAMPLING**

For more information on the sampling process and methodology please refer to the 2022 CMS Web Interface Sampling Document, which will be made available during the performance year at CMS.gov.

**NARRATIVE MEASURE SPECIFICATION****DESCRIPTION:**

Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period:

- All patients who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure; OR
- Patients aged  $\geq 20$  years who have ever had a low-density lipoprotein cholesterol (LDL-C) level  $\geq 190$  mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia; OR
- Patients aged 40-75 years with a diagnosis of diabetes

**IMPROVEMENT NOTATION:**

Higher score indicates better quality.

**INITIAL POPULATION:**

Population 1:

All patients who were previously diagnosed with or currently have an active diagnosis of clinical ASCVD, including an ASCVD procedure

Population 2:

Patients aged  $\geq 20$  years at the beginning of the measurement period who have ever had a laboratory result of LDL-C  $\geq 190$  mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia

Population 3:

Patients aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes

**DENOMINATOR:**

All patients who meet one or more of the following criteria (considered at "high risk" for cardiovascular events, under ACC/AHA guidelines):

Population 1:

All patients who were previously diagnosed with or currently have an active diagnosis of ASCVD, including an ASCVD procedure,

Population 2:

Patients aged  $\geq 20$  years at the beginning of the measurement period who have ever had laboratory result of LDL-C  $\geq 190$  mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia

Population 3:

Patients aged 40 to 75 years at the beginning of the measurement period with Type 1 or Type 2 diabetes

**DENOMINATOR EXCLUSIONS:**

Patients who have a diagnosis of pregnancy at any time during the measurement period

Patients who are breastfeeding at any time during the measurement period

Patients who have a diagnosis of rhabdomyolysis at any time during the measurement period

**DENOMINATOR EXCEPTIONS:**

Patients with statin-associated muscle symptoms or an allergy to statin medication

Patients with active liver disease or hepatic disease or insufficiency

Patients with end-stage renal disease (ESRD)

**NUMERATOR:**

Patients who are actively using or who receive an order (prescription) for statin therapy at any time during the measurement period

**NUMERATOR NOTE:** *In order to meet the measure, current statin therapy use must be documented in the*

patient's current medication list or ordered during the measurement period. ONLY statin therapy meets the measure Numerator criteria (NOT other cholesterol lowering medications). Prescription or order does NOT need to be linked to an encounter or visit; it may be called to the pharmacy. Statin medication "samples" provided to patients can be documented as "current statin therapy" if documented in the medication list in health/medical record. Patients who meet the denominator criteria for inclusion, but are not prescribed or using statin therapy, will NOT meet performance for this measure unless they have an allowable denominator exception. Adherence to statin therapy is not calculated in this measure. Denominator Exceptions should be active during the measurement period.

It may not be appropriate to prescribe statin therapy for some patients (see exceptions and exclusions for the complete list).

### **NUMERATOR EXCLUSIONS:**

None

### **DEFINITIONS:**

**Clinical atherosclerotic cardiovascular disease (ASCVD) includes:**

- Acute coronary syndromes
- History of myocardial infarction
- Stable or unstable angina
- Coronary or other arterial revascularization
- Stroke or transient ischemic attack (TIA)
- Peripheral arterial disease of atherosclerotic origin

**Lipoprotein Density Cholesterol (LDL-C) result** - A fasting or non-fasting LDL-C laboratory test performed and direct or calculated test result documented in the medical record. When both direct and calculated test results are available on the same day, the direct LDL-C test result should be used.

**Statin therapy** - Administration of one or more of a group of medications that are used to lower plasma lipoprotein levels in the treatment of hyperlipoproteinemia.

**Table 1 - Statin Medication Therapy List (NOTE: List does NOT include dosage):**

Generic Name	Brand or Trade Name	Medication Type, If Applicable
Atorvastatin	Lipitor	Statin
Fluvastatin	Lescol XL or Lescol	Statin
Lovastatin (Mevinolin)	Mevacor or Altoprev	Statin
Pitavastatin	Livalo or Zypitamag or Nikita	Statin
Pravastatin Sodium	Pravachol	Statin
Rosuvastatin Calcium	Crestor	Statin
Simvastatin	Zocor	Statin
Amlodipine Besylate/Atorvastatin Calcium	Caduet	Fixed Dose Combination
Ezetimibe/Simvastatin	Vytorin	Fixed Dose Combination

**Statin-Associated Muscle Symptoms (SAMS)** – The 2018 ACC/AHA/MS Guideline (Grundy et al., 2019) includes the following SAMS: myalgias, myositis, myopathy, or statin-associated autoimmune myopathy. Patients who experience significant or repeated statin-associated muscle symptoms may prefer not to take or continue statin therapy and therefore may be removed from the denominator.

### **GUIDANCE:**

Denominator Population Guidance: The initial population covers three distinct populations. There is only one performance rate calculated for this measure. Use the following process to prevent counting patients more than once.

Denominator Population 1: All patients who were previously diagnosed with or currently have an active diagnosis of clinical ASCVD, including an ASCVD procedure before the end of the measurement period

If **YES**, patient meets Denominator Population 1 risk category

If **NO**, screen for next risk category

Denominator Population 2: Patients aged  $\geq 20$  years at the beginning of the measurement period who have ever had a laboratory test result of LDL-C  $\geq 190$  mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia

If **YES**, patient meets Denominator Population 2 risk category

If **NO**, screen for next risk category

Denominator Population 3: Patients aged 40 to 75 years at the beginning of the measurement period with an active diagnosis of Type 1 or Type 2 diabetes at any time during the measurement period

If **YES**, patient meets Denominator Population 3 risk category

If **NO**, patient does NOT meet denominator criteria and is NOT eligible for measure inclusion

#### **Denominator Population Guidance for Encounter:**

In order for the patient to be included in the denominator, the patient must have ONE denominator-eligible visit, defined as follows: Outpatient visit, initial or established office visit, face-to-face interaction, preventive care services, or annual wellness visit

#### **LDL-C Laboratory test result options:**

The measure can be reported for all patients with a documented LDL-C level recorded as follows:

To meet Denominator Population 1:

There is no LDL-C result required.

To meet Denominator Population 2:

If a patient has ANY previous laboratory result of LDL-C  $\geq 190$  mg/dL, report the highest value  $\geq 190$  mg/dL.

To meet Denominator Population 3:

There is no LDL-C result required.

#### **Intensity of statin therapy in primary and secondary prevention:**

The expert panel of the 2018 ACC/AHA/MS Guidelines (Grundy et al. 2019) defines recommended intensity of statin therapy on the basis of the average expected LDL-C response to specific statin and dose. Although intensity of statin therapy is important in managing cholesterol, this measure assesses prescription of ANY statin therapy, irrespective of intensity. Assessment of appropriate intensity and dosage documentation added too much complexity to allow inclusion of statin therapy intensity in the measure at this time.

#### **Lifestyle modification coaching:**

A healthy lifestyle is important for the prevention of cardiovascular disease. However, lifestyle modification monitoring and documentation added too much complexity to allow its inclusion in the measure at this time.



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## SUBMISSION GUIDANCE

### PATIENT CONFIRMATION

Establishing patient eligibility for submission requires the following:

- Determine if the patient's medical record can be found
  - If you can locate the medical record select "Yes"
- OR**
- If you cannot locate the medical record select "No - Medical Record Not Found"
- OR**
- 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

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#### **Guidance** Patient Confirmation

**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., 12/31/2022).**

**The Measurement Period is defined as January 1 – December 31, 2022.**

#### **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.
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## SUBMISSION GUIDANCE

**DENOMINATOR CONFIRMATION, POPULATION 1**

- Determine if the patient has a diagnosis of ASCVD (active or history of) including an ASCVD procedure at any time up through the last day of the measurement period
  - If the patient has a diagnosis of ASCVD (active or history of) including an ASCVD procedure documented in the patient's medical record select "Yes"
- OR**
- If you are unable to confirm the diagnosis of ASCVD (active or history of) including an ASCVD procedure documented in the patient's medical record select "No - Diagnosis"
- OR**
- If there is a denominator exclusion for patient disqualification from the measure select "[Denominator Exclusion](#)"
- OR**
- If there is an "other" CMS approved reason for patient disqualification from the measure select "No-Other CMS Approved Reason"

Denominator and Denominator Exclusion codes can be found in the 2022 CMS Web Interface PREV-13 Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

**Guidance**    **Denominator**

*If "Yes" is selected, skip to Statin Use Assessment.*

*If "No - Diagnosis" is selected, continue to Risk Category 2.*

*If "Denominator Exclusion" or "No – Other CMS Approved Reason" is selected, the patient will be "skipped" and another patient must be reported in their place, if available. The patient will only be removed from the measure for which one of these options was selected, not all CMS Web Interface measures.*

*Other CMS Approved Reason is reserved for unique cases that are not covered by any of the above stated skip reasons. To gain CMS approval, submit a skip request by selecting Request Other CMS Approved Reason in the patient qualification question for the measure. Note that skip requests can only be submitted manually through the CMS Web Interface.*

*To submit a skip request, follow these steps:*

- 1. After confirming the beneficiary for the sample, scroll to the measure you would like to skip.*
- 2. When confirming if the beneficiary is qualified for the measure, select Request Other CMS Approved Reason.*
- 3. In the skip request modal, review the organization you are reporting for and provide the submitter's email address. CMS uses this email to send status updates and/or reach out if further information is needed to resolve the skip request. You also need to provide specific information about the beneficiary's condition and why it disqualifies the beneficiary from this measure. Never include Personally Identifiable Information (PII) or Protected Health Information (PHI) in the case.*

*Beneficiaries remain incomplete until CMS resolves the skip request. The CMS Web Interface automatically updates the resolution of a skip request, either approved or denied. Beneficiaries for whom a CMS Approved Reason is approved are marked as Skipped and another beneficiary must be reported in their place, if available.*

**NOTE:**

- **Denominator Exclusion** should be active at any time during the measurement period
  - **Active Diagnosis** is defined as a diagnosis that is either on the patient's problem list, a diagnosis code description listed on the encounter, or is documented in a progress note indicating that the patient is being treated or managed for the disease or condition at any time during the measurement period
-

## SUBMISSION GUIDANCE

**DENOMINATOR CONFIRMATION, POPULATION 2**

- Determine if the patient is aged  $\geq 20$  years at the beginning of the measurement period AND has ever had a laboratory test result of LDL-C  $\geq 190$  mg/dL OR were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia
  - If the patient is  $\geq 20$  years at the beginning of the measurement period AND has ever had a laboratory test result of LDL-C  $\geq 190$  mg/dL documented OR were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia select "Yes"
- OR**
- If the patient is not  $\geq 20$  years at the beginning of the measurement period OR has never had a laboratory test result of LDL-C  $\geq 190$  mg/dL or has never been previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia documented select "No - Diagnosis"
- OR**
- If there is a denominator exclusion for patient disqualification from the measure select "[Denominator Exclusion](#)"
- OR**
- If there is an "other" CMS approved reason for patient disqualification from the measure select "No-Other CMS Approved Reason"

Denominator and Denominator Exclusion codes can be found in the 2022 CMS Web Interface PREV-13 Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

**Guidance Denominator**

**If "Yes" is selected, skip to Statin Use Assessment.**

**If "No - Diagnosis" is selected, continue to Risk Category 3.**

**If "Denominator Exclusion" or "No – Other CMS Approved Reason" is selected, the patient will be "skipped" and another patient must be reported in their place, if available. The patient will only be removed from the measure for which one of these options was selected, not all CMS Web Interface measures.**

**Other CMS Approved Reason** is reserved for unique cases that are not covered by any of the above stated skip reasons. To gain CMS approval, submit a skip request by selecting Request Other CMS Approved Reason in the patient qualification question for the measure. Note that skip requests can only be submitted manually through the CMS Web Interface.

To submit a skip request, follow these steps:

1. After confirming the beneficiary for the sample, scroll to the measure you would like to skip.
2. When confirming if the beneficiary is qualified for the measure, select Request Other CMS Approved Reason.
3. In the skip request modal, review the organization you are reporting for and provide the submitter's email address. CMS uses this email to send status updates and/or reach out if further information is needed to resolve the skip request. You also need to provide specific information about the beneficiary's condition and why it disqualifies the beneficiary from this measure. Never include Personally Identifiable Information (PII) or Protected Health Information (PHI) in the case.

Beneficiaries remain incomplete until CMS resolves the skip request. The CMS Web Interface automatically

updates the resolution of a skip request, either approved or denied. Beneficiaries for whom a CMS Approved Reason is approved are marked as Skipped and another beneficiary must be reported in their place, if available.

**NOTE:**

- **Denominator Exclusion** should be active at any time during the measurement period
- **If laboratory unable to calculate LDL-C** value due to high triglycerides, select "No". If the test result is labeled "unreliable" and a result is provided, also select "No"
- **Previous or active Diagnosis of Familial Hypercholesterolemia** - For the purposes of the measure, a previous or current diagnosis of familial hypercholesterolemia would be acceptable to satisfy the criteria in Denominator Population 2. However, in the absence of an official diagnosis, if the patient has an elevated cholesterol (i.e., LDL-C level  $\geq$  190 mg/dL) – either historical or current – this would also satisfy the intent of the denominator eligibility criteria for Denominator Population 2.
- **Active Diagnosis** is defined as a diagnosis that is either on the patient's problem list, a diagnosis code description listed on the encounter, or is documented in a progress note indicating that the patient is being treated or managed for the disease or condition at any time during the measurement period

## SUBMISSION GUIDANCE

### DENOMINATOR CONFIRMATION, POPULATION 3

- Determine if the patient is aged 40-75 years with Type 1 or Type 2 Diabetes
  - If the patient is aged 40-75 years with Type 1 or Type 2 Diabetes select "Yes"
- OR
- If the patient is not aged 40-75 years or does not have a diagnosis of Type 1 or Type 2 Diabetes select "No - Diagnosis"
- OR
- If there is a denominator exclusion for patient disqualification from the measure select "[Denominator Exclusion](#)"
- OR
- If there is an "other" CMS approved reason for patient disqualification from the measure select "No-Other CMS Approved Reason"

Denominator and Denominator Exclusion codes can be found in the 2022 CMS Web Interface PREV-13 Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

#### **Guidance**    **Denominator**

*If "Yes" is selected, continue to Statin Use Assessment.*

*If "No - Diagnosis" or "Denominator Exclusion" or "No – Other CMS Approved Reason" is selected, the patient will be "skipped" and another patient must be reported in their place, if available. The patient will only be removed from the measure for which one of these options was selected, not all CMS Web Interface measures.*

***Other CMS Approved Reason** is reserved for unique cases that are not covered by any of the above stated skip reasons. To gain CMS approval, submit a skip request by selecting Request Other CMS Approved Reason in the patient qualification question for the measure. Note that skip requests can only be submitted manually through the CMS Web Interface.*

*To submit a skip request, follow these steps:*

1. *After confirming the beneficiary for the sample, scroll to the measure you would like to skip.*
2. *When confirming if the beneficiary is qualified for the measure, select Request Other CMS Approved Reason.*
3. *In the skip request modal, review the organization you are reporting for and provide the submitter's email address. CMS uses this email to send status updates and/or reach out if further information is needed to resolve the skip request. You also need to provide specific information about the beneficiary's condition and why it disqualifies the beneficiary from this measure. Never include Personally Identifiable Information (PII) or Protected Health Information (PHI) in the case.*

*Beneficiaries remain incomplete until CMS resolves the skip request. The CMS Web Interface automatically updates the resolution of a skip request, either approved or denied. Beneficiaries for whom a CMS Approved Reason is approved are marked as Skipped and another beneficiary must be reported in their place, if available.*

**NOTE:**

- **Denominator Exclusion** should be active at any time during the measurement period
  - **Active Diagnosis** is defined as a diagnosis that is either on the patient's problem list, a diagnosis code listed on the encounter, or is documented in a progress note indicating that the patient is being treated or managed for the disease or condition at any time during the measurement period
-

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## SUBMISSION GUIDANCE

### NUMERATOR SUBMISSION

- Determine if the patient was taking or prescribed statin therapy during the measurement period
  - If the patient was taking or prescribed statin therapy select “Yes”
- OR**
- If the patient was not taking or prescribed statin therapy select “No”
- OR**
- If the patient was not prescribed statin therapy for medical reasons select “No - [Denominator Exception](#) - Medical Reasons”

Numerator Drug, Denominator Exception and Denominator Exception Drug codes can be found in the 2022 CMS Web Interface PREV-13 Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

### **Guidance** Numerator

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#### **NOTE:**

- ***For mapping from the EHR when an accepted drug allergy is found, look for drug classification with a “Yc” (Yes-conditional) in the Drug EX column of the Denominator Exception Drug Codes tab. These drugs may be used as a Denominator Exception if present in the patient’s record accompanied by an appropriate conditional reason why the patient isn’t taking the drug (e.g. statin-associated muscle symptoms or an allergy to statin medication)***
  - ***Denominator Exception should be active during the measurement period***
  - ***Documentation of statin therapy prescribed or being taken during the measurement period can be completed during a telehealth encounter***
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## **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.

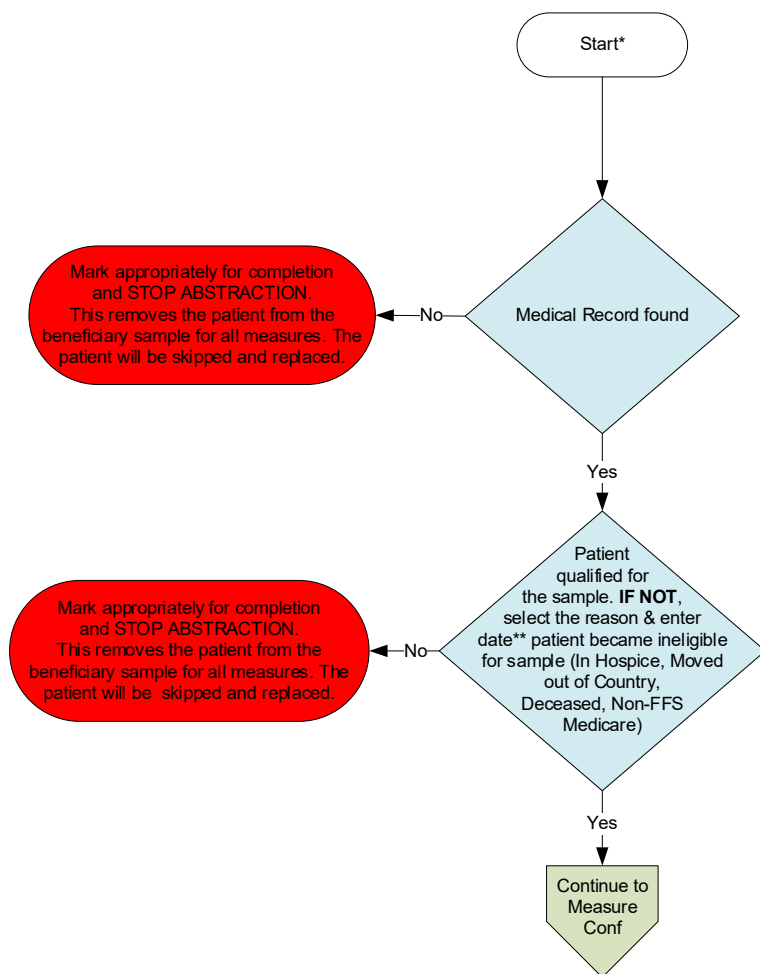
Claims data cannot be used to confirm a diagnosis (DM, HTN, etc..) used for sampling purposes as claims are the original source of the diagnosis sampling. Claims data can be used to prepare the CMS Web Interface Excel but supporting medical record documentation will be required to substantiate what is reported in the event of an audit.

Appendix I: Performance Calculation Flow

Disclaimer: Refer to the measure submission document for specific coding and instructions to submit this measure.

## Patient Confirmation Flow

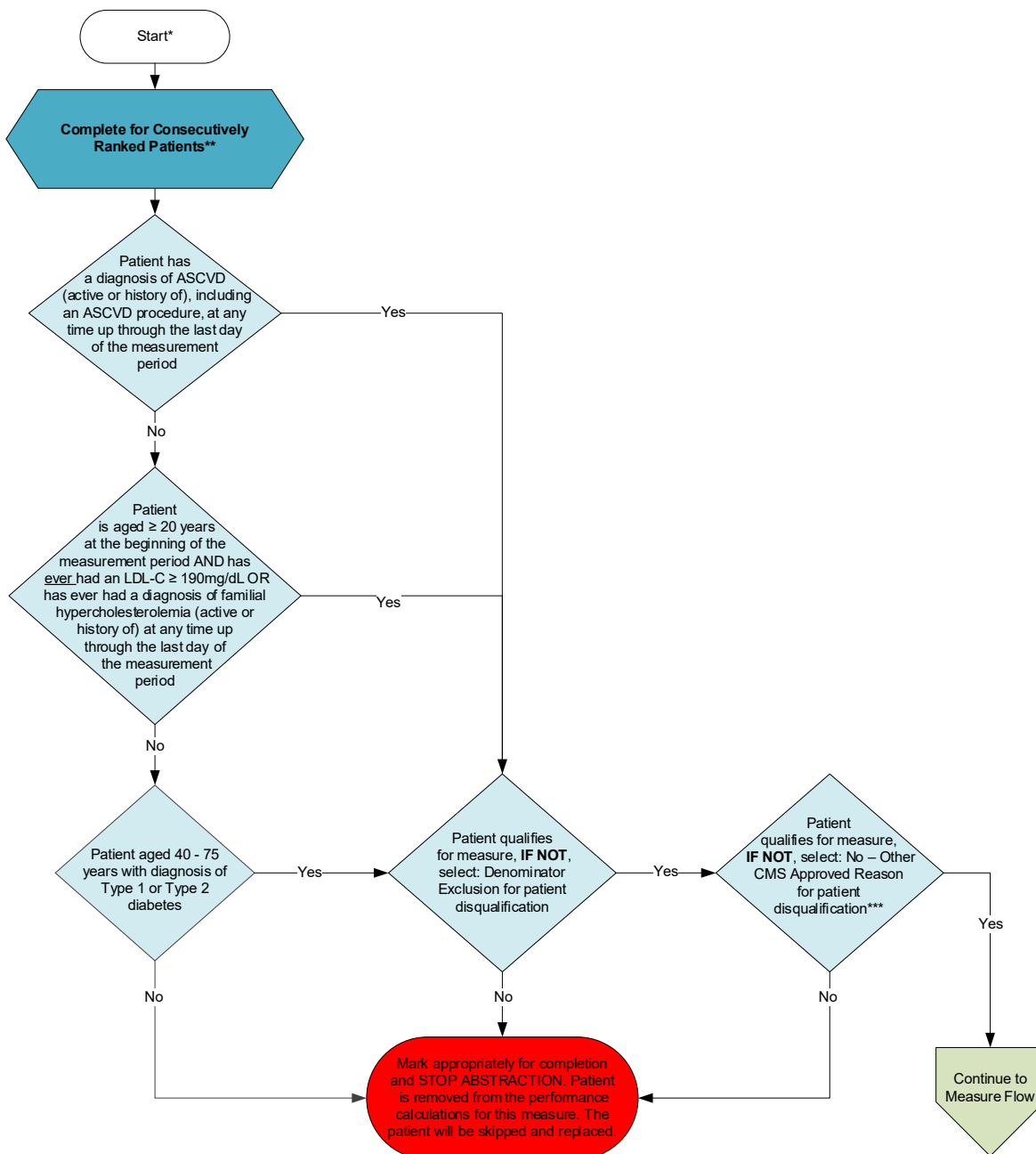
For 2022, confirmation of the "Medical Record Found", or indicating the patient is "Not Qualified for Sample" with a reason of "In Hospice", "Moved out of Country", "Deceased", or "Non-FFS Medicare", will only need to be done **once** per patient.



\*See the posted measure submission document for specific coding and instructions to submit this measure.  
 \*\*If date is unknown, enter 12/31/2022

## Measure Confirmation Flow for PREV-13

For 2022, 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.

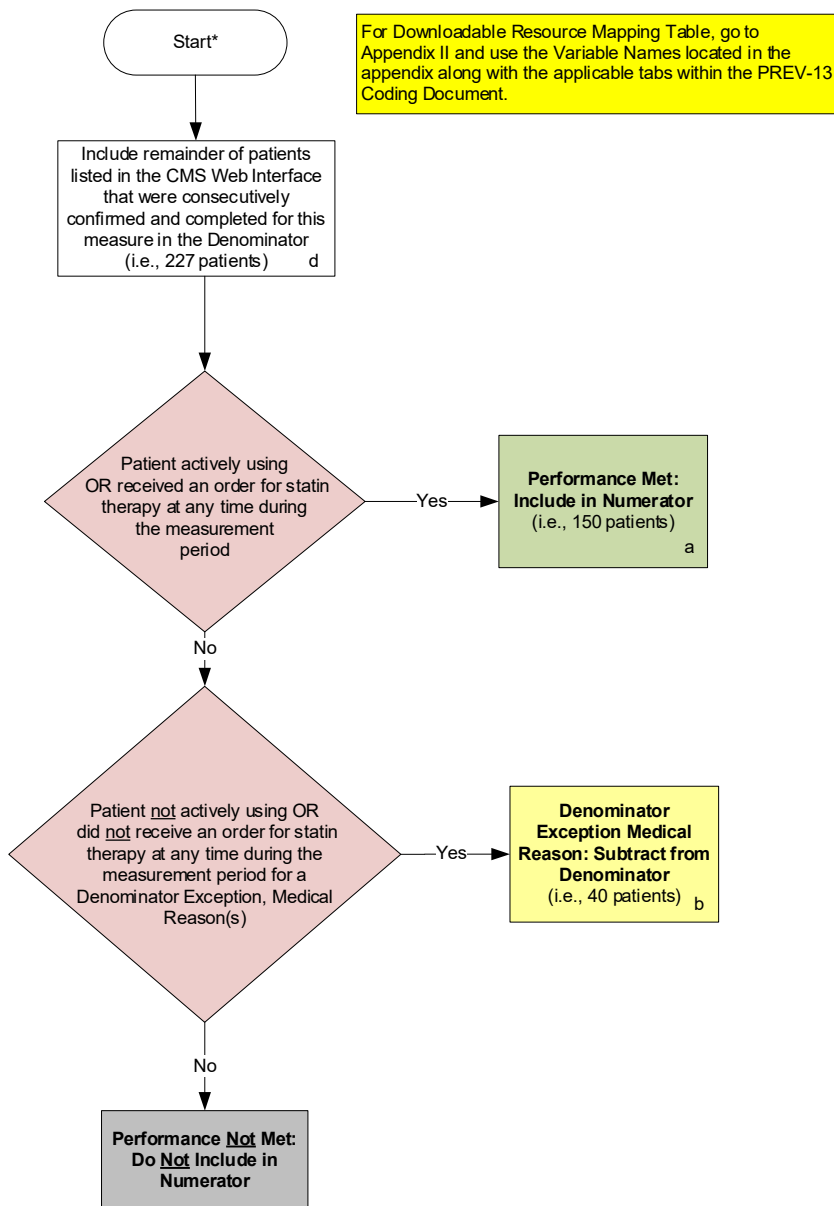


\*See the posted measure submission document for specific coding and instructions to submit this measure.

\*\*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-13 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 the CMS Web Interface updated the resolution of the skip request to be "Approved".

## Measure Flow for PREV-13



**SAMPLE CALCULATION:**

Performance Rate=

$$\frac{\text{Performance Met (a=150 patients)}}{\text{Denominator (d=227 patients) - Denominator Exception (b=40 patients)}} = \frac{150 \text{ patients}}{187 \text{ patients}} = 80.21\%$$

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

\*See the posted measure submission document for specific coding and instructions to submit this measure.

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### Patient Confirmation Flow

For 2022, 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.

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 12/31/2022) 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-13.

### Measure Confirmation Flow for PREV-13

For 2022, 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-13. Complete for consecutively ranked patients. 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-13 measure. If this is the case, the system will automatically remove the patient from the measure requirements.
2. Check to determine if the patient has a diagnosis of ASCVD (active or history of), including an ASCVD procedure, at any time up through the last day of the measurement period.
  - a. If no, the patient does not have a diagnosis of ASCVD (active or history of), including an ASCVD procedure, at any time up through the last day of the measurement period, continue processing.
  - b. If yes, the patient does have a diagnosis of ASCVD (active or history of), including an ASCVD procedure, at any time up through the last day of the measurement period, continue processing and proceed to step 5.
3. Check to determine if the patient is aged greater than or equal to 20 years at the beginning of the measurement period AND has ever had an LDL-C greater than or equal to 190 mg/dL OR has ever had a diagnosis of familial hypercholesterolemia (active or history of) at any time up through the last day of the measurement period.
  - a. If no, the patient is aged greater than or equal to 20 years at the beginning of the measurement period AND has not ever had a laboratory result of LDL-C greater than or equal to 190 mg/dL OR has ever had a diagnosis of familial hypercholesterolemia (active or history of) at any time up through the last day of the measurement period, continue processing.
  - b. If yes, the patient is aged greater than or equal to 20 years at the beginning of the measurement period AND has ever had a laboratory result of LDL-C greater than or equal to 190 mg/dL OR has ever had a diagnosis of familial hypercholesterolemia (active or history of) at any time up through the last day of the measurement period, continue processing and proceed to step 5.
4. Check to determine if the patient is aged 40-75 years with a diagnosis of Type 1 or Type 2 diabetes.
  - a. If no, the patient is not aged 40-75 years or does not have a diagnosis of Type 1 or Type 2 diabetes, mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced. Stop processing.
  - b. If yes, the patient is aged 40-75 years with a diagnosis of Type 1 or Type 2 diabetes, continue processing.
5. Check to determine if the patient qualifies for the measure (Denominator Exclusion).
  - a. If no, the patient does not qualify for the measure select: Denominator Exclusion 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. Stop processing.

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- b. If yes, the patient does qualify for the measure, continue processing.
6. 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 the CMS Web Interface updated the resolution of the skip request to be “Approved”. Stop processing.
    - b. If yes, the patient does qualify for the measure, continue to the PREV-13 measure flow.

### Measure Flow for PREV-13

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-13 Coding Document.

1. Start processing 2022 PREV-13 Flow for the patients that qualified for the sample in the Patient Confirmation Flow and the Measure Confirmation Flow for PREV-13. **Note:** Include remainder of patients listed in the 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. 227 patients).
2. Check to determine if the patient is actively using OR received an order for statin therapy at any time during the measurement period.
  - a. If no, the patient is not actively using OR did not receive an order for statin therapy at any time during the measurement period, continue processing.
  - b. If yes, the patient is actively using OR received an order for statin therapy at any time during the measurement period, 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. 150 patients). Stop processing.
3. Check to determine if the patient is Not actively using OR did Not receive an order for statin therapy at any time during the measurement period for a denominator exception, medical reason(s).
  - a. If no, the patient is Not actively using OR did Not receive an order for statin therapy at any time during the measurement period for a denominator exception, medical reason(s), performance is not met and the patient should not be included in the numerator. Stop processing.
  - b. If yes, the patient is Not actively using OR did Not receive an order for statin therapy at any time during the measurement period for a denominator exception, medical reason(s), this is a denominator exception and the case 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. 40 patients). Stop processing.

#### **Sample Calculation:**

Performance Rate equals Performance Met (a equals 150 patients) divided by Denominator (d equals 227 patients) minus Denominator Exception (b equals 40 patients). All equals 150 patients divided by 187 patients. All equals 80.21 percent.

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE



**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 2022 CMS Web Interface PREV-13 Coding Document.

**\*PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease**

Measure Component/Excel Tab	Data Element	Variable Name	Coding System(s)
Denominator/Denominator Codes	ASCVD Diagnosis or Procedure	ANGINA_CODE	I9 I10 SNM
		ATHERO_PAD_CODE	I9 I10 SNM
		CABG_SURG_CODE	I9 I10 SNM
		CABG_PCI_PROC_CODE	C4 HCPCS
		CAROTID_CODE	I9 I10 SNM
		IHD-CODE	I9 I10 SNM
		MI_CODE	I9 I10 SNM
		PCI_CODE	I10 SNM
		CVD_STROKE_TIA_CODE	I9 I10 SNM
	LDL-C ≥ 190 <u>OR</u> Familial Hypercholesterolemia <u>AND</u> Aged >= 20	LDL_CODE	LN <u>WITH</u> value ≥190 <u>AND</u> Aged >= 20
		FAMILIAL_HYPERCHOL_CODE	I10 SNM <u>AND</u> Aged >= 20
	Diabetes <u>AND</u> aged 40- 75	DIABETES_DX_CODE	I9 I10 SNM <u>AND</u> Aged 40-75

Measure Component/Excel Tab	Data Element	Variable Name	Coding System(s)
Denominator Exclusion/ Denominator Exclusion Codes	Exclusion	BREASTFEEDING_CODE	I10 SNM
		PREGNANCY_CODE	I10 SNM
		RHABDOMYOLYSIS_CODE	I10 SNM
Numerator/Numerator Drug Codes	Statin Therapy	STATIN_DRUG_CODE	RxNorm (Drug EX=N)
Denominator Exception/ Denominator Exception Codes/ Denominator Exception Drug Codes	Medical Reason	ESRD_CODE	I10 SNM
		HEPATITIS_A_CODE	I10 SNM
		HEPATITIS_B_CODE	I10 SNM
		LIVER_DISEASE_CODE	I10 SNM
		STATIN_ALLERGEN_CODE	SNM
		STATIN_ALLERGY_CODE	RxNorm (Drug EX=Yc) <u>AND</u> documented reason for not receiving statin therapy
		MUSCLE_SYMPTOMS_CODE	I9 I10 SNM

\*For EHR mapping, PREV-13 coding is considered all-inclusive.

## Appendix III: Measure Rationale and Clinical Recommendation Statements

### **RATIONALE:**

“Cardiovascular disease (CVD) is the leading cause of death in the United States, causing approximately 1 of every 3 deaths in the United States in 2015. In 2015, stroke caused approximately 1 of every 19 deaths in the United States and the estimated annual costs for CVD and stroke were \$329.7 billion, including \$199.2 billion in direct costs (hospital services, physicians and other professionals, prescribed medications, home health care, and other medical durables) and \$130.5 billion in indirect costs from lost future productivity (cardiovascular and stroke premature deaths). CVD costs more than any other diagnostic group” (Benjamin et al., 2018).

Data collected between 2011 and 2014 indicate that more than 94.6 million U.S. adults, 20 years or older, had total cholesterol levels equal to 200 mg/dL or more, while almost 28.5 million had levels 240 mg/dL or more (Benjamin et al., 2018). Elevated blood cholesterol is a major risk factor for CVD and statin therapy has been associated with a reduced risk of CVD. Numerous randomized trials have demonstrated that treatment with a statin reduces LDL-C and reduces the risk of major cardiovascular events by approximately 20 percent (Ference, 2015).

In 2018, updated guidelines on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults were published (see Grundy et al., 2019). This guideline was published by an Expert Panel, which synthesized evidence from randomized controlled trials to identify people most likely to benefit from cholesterol-lowering therapy. The American College of Cardiology (ACC)/American Heart Association (AHA)/Multi-society (MS) Guideline recommendations are intended to provide a strong evidence-based foundation for the treatment of blood cholesterol for the primary and secondary prevention and treatment of ASCVD in patients of all ages. The document concludes that the addition of statin therapy reduces the risk of ASCVD among high-risk individuals, defined as follows: individuals with clinical ASCVD, with LDL-C  $\geq$  190 mg/dL, or with diabetes (Grundy et al., 2019).

One study that surveyed U.S. cardiology, primary care, and endocrinology practices found that 1 in 4 guideline-eligible patients were not on a statin and less than half were on the recommended statin intensity. Untreated and undertreated patients had significantly higher LDL-C levels than those receiving guideline-directed statin treatment (Navar et al., 2017). In a follow-up study authored by Nanna et al., the same clinics were divided into tertiles based on the percentage of patients with guideline-recommended statin use. The researchers found that patients in the high-tertile clinics were more likely to achieve target LDL-C levels than patients at the low- or mid-tertile clinics, and this held true when patients were stratified by primary and secondary prevention (Nanna et al., 2019a).

Research also indicates that certain populations are far less likely to receive guideline-recommended statin therapy than others. A retrospective study of the National Health and Nutrition Examination Survey found that Black and Hispanic race or ethnicity, low income, lack of health insurance coverage, poor health care access, young age, and female gender are predictors of lower statin utilization (Gu et al., 2018). In particular, there is extensive evidence that women are far less likely than men to be prescribed guideline-recommended statin therapy (Zhang et al., 2016; Nanna et al., 2019b), despite research showing that female patients with cardiovascular disease derive the same or greater benefit from statin therapy as male patients with cardiovascular disease (Puri et al., 2014).

The Statin Safety Expert Panel that participated in a National Lipid Association (NLA) Statin Safety Task Force meeting in October 2013 reaffirms the general safety of statin therapy. Ultimately, the panel members concluded that for most patients requiring statin therapy, the potential benefits of statin therapy outweigh the potential risks. In general terms, the benefits of statins to prevent non-fatal myocardial infarction, revascularization, stroke, and CVD mortality, far outweigh any potential harm related to the drug (Jacobson, 2014).

### **CLINICAL RECOMMENDATION STATEMENTS:**

This electronic clinical quality measure is intended to align with the 2018 ACC/AHA/MS Guideline on the Management of Blood Cholesterol (Grundy et al., 2019), which indicates the use of statins as the first line of cholesterol-lowering medication therapy to lower the risk of ASCVD among at-risk populations.

**Recommendations for Management of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults—Statin Treatment:**

## Secondary Prevention:

1. In patients who are 75 years of age or younger with clinical ASCVD, high-intensity statin therapy should be initiated or continued with the aim of achieving a 50% or greater reduction in LDL-C levels (Class I Recommendation), (Grundy et al., 2019).
2. In patients with clinical ASCVD in whom high-intensity statin therapy is contraindicated or who experience statin-associated side effects, moderate-intensity statin therapy should be initiated or continued with the aim of achieving a 30% to 49% reduction in LDL-C levels (Class I Recommendation), (Grundy et al., 2019).
3. In patients older than 75 years of age with clinical ASCVD, it is reasonable to initiate moderate- or high-intensity statin therapy after evaluation of the potential for ASCVD risk reduction, adverse effects, and drug–drug interactions, as well as patient frailty and patient preferences (Class IIa Recommendation), (Grundy et al., 2019).

## Primary Prevention:

1. In patients 20 to 75 years of age with an LDL-C level of 190 mg/dL or higher ( $\geq 4.9$  mmol/L), maximally tolerated statin therapy is recommended. (Class I Recommendation), (Grundy et al., 2019).
2. In adults 40 to 75 years of age with diabetes mellitus, regardless of estimated 10-year ASCVD risk, moderate-intensity statin therapy is indicated (Class I Recommendation), (Grundy et al., 2019).

## Statin Safety and Statin-Associated Side Effects

A clinician–patient risk discussion is recommended before initiation of statin therapy to review net clinical benefit, weighing the potential for ASCVD risk reduction against the potential for statin-associated side effects, statin–drug interactions, and safety, while emphasizing that side effects can be addressed successfully (Class I Recommendation), (Grundy et al., 2019).

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## Appendix IV: Use Notices, Copyrights, and Disclaimers

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