



2019 CMS Web Interface

PREV-7 (NQF 0041): Preventive Care and Screening: Influenza Immunization

Measure Steward: PCPI

Contents

| | |
|---|-----------|
| INTRODUCTION | 3 |
| CMS WEB INTERFACE SAMPLING INFORMATION | 4 |
| BENEFICIARY SAMPLING | 4 |
| NARRATIVE MEASURE SPECIFICATION | 5 |
| DESCRIPTION: | 5 |
| IMPROVEMENT NOTATION: | 5 |
| INITIAL POPULATION: | 5 |
| DENOMINATOR: | 5 |
| DENOMINATOR EXCLUSIONS: | 5 |
| DENOMINATOR EXCEPTIONS: | 5 |
| NUMERATOR: | 5 |
| NUMERATOR EXCLUSIONS: | 5 |
| DEFINITION: | 5 |
| GUIDANCE: | 5 |
| SUBMISSION GUIDANCE | 6 |
| PATIENT CONFIRMATION | 6 |
| SUBMISSION GUIDANCE | 7 |
| DENOMINATOR CONFIRMATION | 7 |
| SUBMISSION GUIDANCE | 8 |
| NUMERATOR SUBMISSION | 8 |
| DOCUMENTATION REQUIREMENTS | 9 |
| APPENDIX I: PERFORMANCE CALCULATION FLOW: | 10 |
| APPENDIX II: DOWNLOADABLE RESOURCE MAPPING TABLE | 17 |
| APPENDIX III: MEASURE RATIONALE AND CLINICAL RECOMMENDATION STATEMENTS | 18 |
| RATIONALE: | 18 |
| CLINICAL RECOMMENDATION STATEMENTS: | 18 |
| APPENDIX IV: USE NOTICES, COPYRIGHTS, AND DISCLAIMERS | 19 |
| COPYRIGHT | 19 |

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

BENEFICIARY SAMPLING

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 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization

IMPROVEMENT NOTATION:

Higher score indicates better quality

INITIAL POPULATION:

All patients aged 6 months and older seen for a visit during the measurement period

DENOMINATOR:

Equals Initial Population and seen for a visit between October 1 and March 31

DENOMINATOR EXCLUSIONS:

None

DENOMINATOR EXCEPTIONS:

- Documentation of medical reason(s) for not receiving influenza immunization (eg, patient allergy, other medical reasons)
- Documentation of patient reason(s) for not receiving influenza immunization (eg, patient declined, other patient reasons)
- Documentation of system reason(s) for not receiving influenza immunization (eg, vaccine not available, other system reasons)

NUMERATOR:

Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization

NUMERATOR EXCLUSIONS:

Not Applicable

DEFINITION:

Previous Receipt – receipt of the current season's influenza immunization from another provider OR from same provider prior to the visit to which the measure is applied (typically, prior vaccination would include influenza vaccine given since August 1st).

GUIDANCE:

To enable reporting of this measure at the close of the reporting period, this measure will only assess the influenza season that ends in March of the reporting period. The subsequent influenza season (ending March of the following year) will be measured and reported in the following year.

To account for the majority of reporting years' appropriate flu season duration, the measure logic will look at the first 89 days of the measurement period for the appropriate criteria and actions to be present/performed (January 1 through March 31). The measure developer believes it is best to keep the logic as static as possible from one reporting year to the next. Therefore, during leap years, only encounters that occur through March 30 will be counted in the denominator.

As a result of updated CDC/ACIP guidelines which include the interim recommendation that live attenuated influenza vaccine (LAIV) should not be used due to low effectiveness against influenza A(H1N1)pdm09 in the United States during the 2013-14 and 2015-16 seasons, the measure specifications have been updated and no longer include LAIV or intranasal flu vaccine as an option for numerator eligibility.

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

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., 12/31/2019).

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

- o Determine if the patient is qualified for the measure.
 - o If the patient is qualified for this 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. A 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**

- Determine if the patient received an influenza immunization OR reported previous receipt of an influenza immunization between August 1, 2018 and March 31, 2019
- If the patient received an influenza immunization or reported previous receipt of an influenza immunization between August 1, 2018 and March 31, 2019 select “Yes”

OR

- If the patient did not receive an influenza immunization or did not report previous receipt of an influenza immunization between August 1, 2018 and March 31, 2019 select “No”

OR

- If the patient did not receive an influenza immunization for a medical reason select “No - [Denominator Exception](#) – Medical Reasons”

OR

- If the patient did not receive an influenza immunization for a patient reason select “No - [Denominator Exception](#) – Patient Reasons”

OR

- If the patient did not receive an influenza immunization for a system reason select “No - [Denominator Exception](#) – System 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 the CMS Web Interface has been prefilled with “Yes” based on claims data, no further action is required***
 - ***Documentation of patient reported previous receipt of influenza immunization is acceptable during the flu season***
 - ***Influenza immunization during the flu season or report of previous receipt may or may not be completed during a telehealth encounter***
-

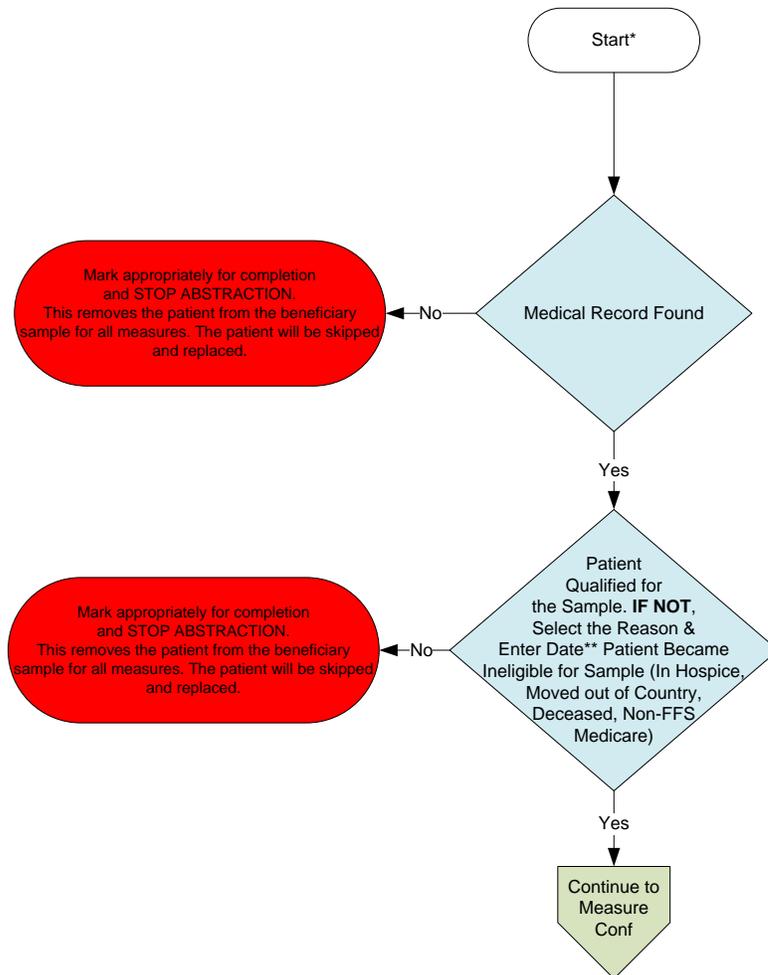
DOCUMENTATION REQUIREMENTS

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.

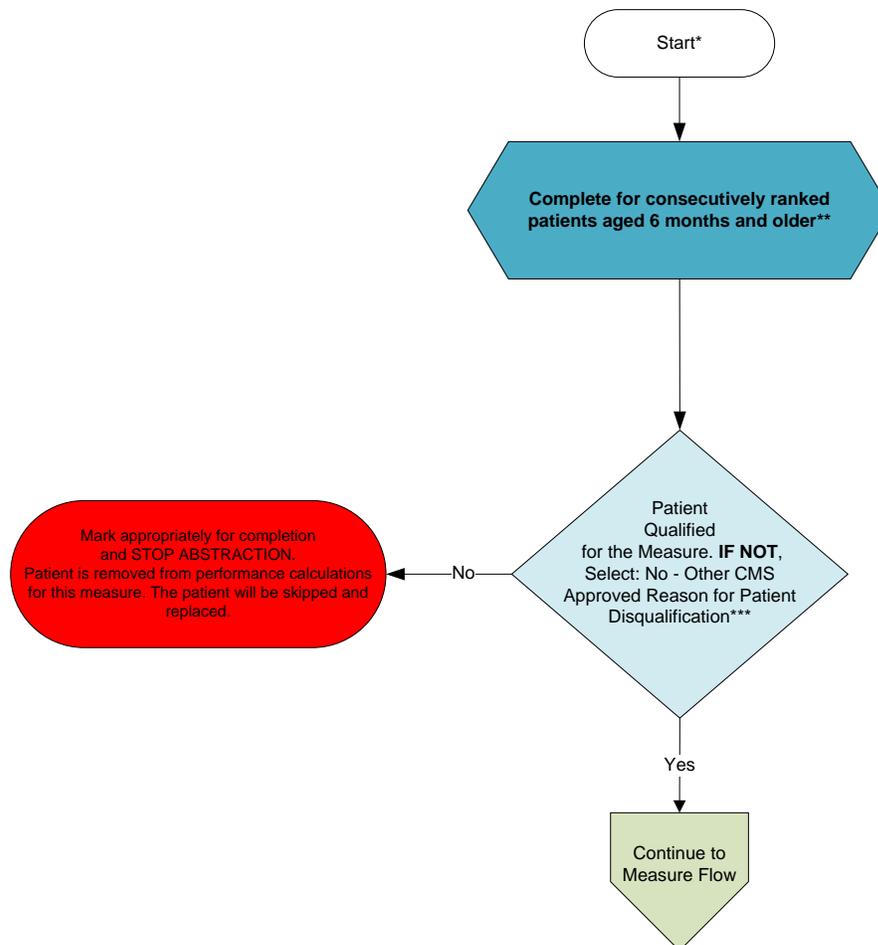


*See the Measure Submission Document for further instructions on how to submit this measure

**If date is unknown, enter 12/31/2019

Measure Confirmation Flow for PREV-7

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.

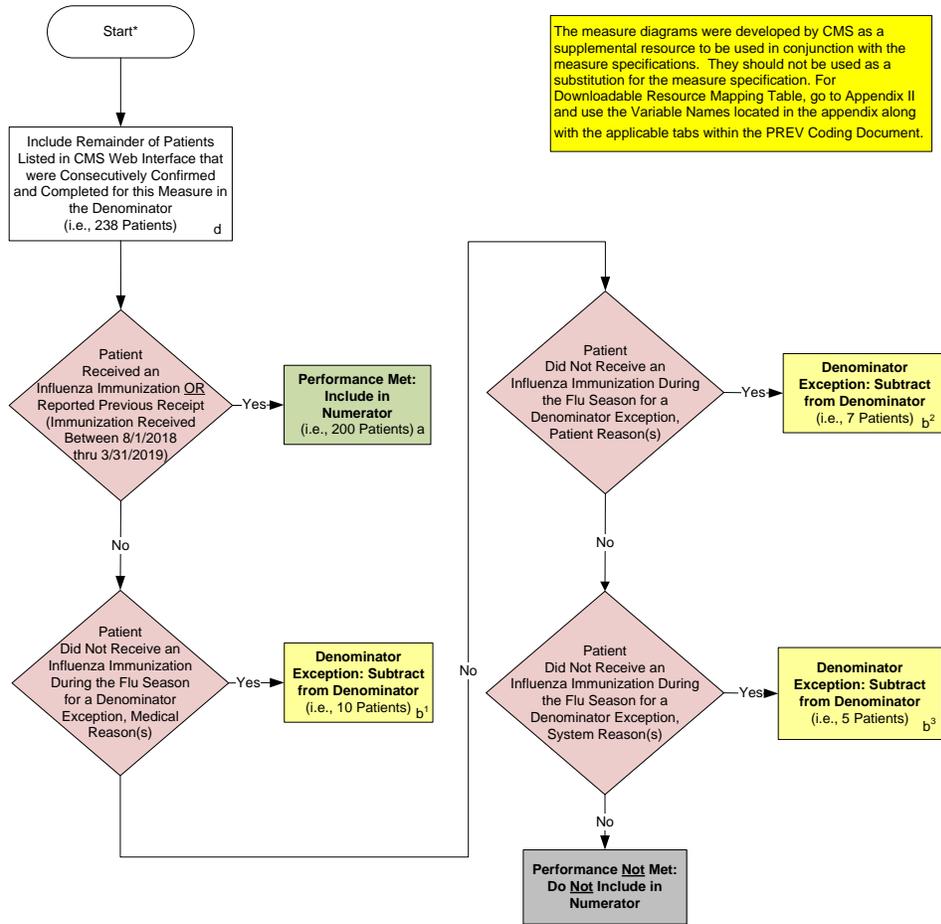


*See the Measure Submission Document for further instructions on how to submit this measure

**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-7 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-7



SAMPLE CALCULATION:

Performance Rate=
 Performance Met (a=200 Patients) = 200 Patients = 92.59%
 Denominator (d=238 Patients) - Denominator Exception (b¹=10 Patients + b²=7 Patients + b³=5 Patients) = 216 Patients

CALCULATIONS MAY CHANGE PENDING PERFORMANCES MET ABOVE

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

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-7.

Measure Confirmation Flow for PREV-7

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-7. Complete for consecutively ranked patients aged 6 months 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-7 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 CMS Quality Payment Program Service Desk Inquiry at gpp@cms.hhs.gov. Stop processing.
 - b. If yes, the patient does qualify for the measure, continue to the PREV-7 measure flow.

Measure Flow for PREV-7

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-7 (NQF 0041) Flow for the patients that qualified for sample in the Patient Confirmation Flow and the Measure Confirmation Flow for PREV-7. **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. 238 patients).
2. Check to determine if the patient received an influenza immunization OR reported previous receipt (immunization received between 8/1/2018 and 3/31/2019).
 - a. If no, the patient did not receive an influenza immunization OR did not report previous receipt, continue processing.
 - b. If yes, the patient received an influenza immunization OR reported previous receipt, 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. 200 patients). Stop processing.
3. Check to determine if the patient did Not receive an influenza immunization for a denominator exception, medical reason(s).
 - a. If no, the patient did Not receive an influenza immunization for a denominator exception, medical reason(s), continue processing.
 - b. If yes, the patient did Not receive an influenza immunization 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 'b¹' category (denominator exception, i.e. 10 patients). Stop processing.
4. Check to determine if the patient did Not receive an influenza immunization for a denominator exception, patient reason(s).
 - a. If no, the patient did Not receive an influenza immunization for a denominator exception, patient reason(s), continue processing.
 - b. If yes, the patient did Not receive an influenza immunization for a denominator exception, patient 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 'b²' category (denominator exception, i.e. 7 patients). Stop processing.
5. Check to determine if the patient did Not receive an influenza immunization for a denominator exception, system reason(s).
 - a. If no, the patient did Not receive an influenza immunization for a denominator exception, system reason(s), performance is not met and the patient should not be included in the numerator. Stop processing.
 - b. If yes, the patient did Not receive an influenza immunization for a denominator exception, system 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 'b³' category (denominator exception, i.e. 5 patients). Stop processing.

Sample Calculation

Performance Rate Equals

Performance Met is category 'a' in the measure flow (200 patients)

Denominator is category 'd' in the measure flow (238 patients)

Denominator Exception is category 'b¹ plus b² plus b³' in the measure flow (22 patients)

200 (Performance Met) divided by 216 (Denominator minus Denominator Exception) equals a performance rate of 92.59 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-7: Preventive Care and Screening: Influenza Immunization**

| Measure Component/Excel Tab | Data Element | Variable Name | Coding System(s) |
|---|------------------------|------------------------|---------------------------|
| Numerator/Numerator Codes | Influenza Immunization | INFLUENZA_CODE | C4 CVX HCPCS SNM |
| | | PREVIOUS_RECEIPT_CODE | SNM |
| Denominator Exception/ Denominator Exception Codes | Medical Reason | EGG_ALLERGY_CODE | I9 I10 SNM |
| | | EGG_SUBST_ALLERGY_CODE | SNM |
| | | VACCINE_ALLERGY_CODE | SNM |
| | | INTOLERANCE_CODE | SNM |
| | | MEDICAL_REASON | SNM |
| | Patient Reason | PATIENT_DECLINED | SNM |
| | | PATIENT_REASON | SNM |
| | System Reason | SYSTEM_REASON | SNM |

* For EHR mapping, the coding within PREV-7 is considered to be all inclusive

Appendix III: Measure Rationale and Clinical Recommendation Statements**RATIONALE:**

Influenza vaccination is the most effective protection against influenza virus infection (CDC, 2016). Influenza may lead to serious complications including hospitalization or death (CDC, 2016). Influenza vaccine is recommended for all persons aged ≥ 6 months who do not have contraindications to vaccination. However, data indicate that less than half of all eligible individuals receive an influenza vaccination (CDC, 2015). This measure promotes annual influenza vaccination for all persons aged ≥ 6 months.

CLINICAL RECOMMENDATION STATEMENTS:

Routine annual influenza vaccination is recommended for all persons aged ≥ 6 months who do not have contraindications. Optimally, vaccination should occur before onset of influenza activity in the community. Health care providers should offer vaccination by October, if possible. Vaccination should continue to be offered as long as influenza viruses are circulating. (CDC/Advisory Committee on Immunization Practices (ACIP), 2017)

Appendix IV: Use Notices, Copyrights, and Disclaimers

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