CMS Web Interface Data Dictionary for Excel Template

2017 Performance Period

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Introduction

The CMS Web Interface Data Dictionary is intended to further assist users as they prepare to report data using the CMS Web Interface Excel Template. The information contained in this document reflects elements from the CMS Web Interface Excel Template. Users are encouraged to review and consult the CMS Web Interface Excel Template to understand how to report data given that it is the source that provides all necessary elements of information. The CMS Web Interface Excel Template is the interface used by the system.

It should be noted that this document is not intended to replace measure specifications. Please refer to the CMS Web Interface measure specifications for a comprehensive and in depth understanding of each measure.

Beneficiary Demographics

Medicare ID
Description: A Medicare Health Care Identification Number.
Constraints: May not be modified.
Usage: Used to uniquely identify the beneficiary. Populated automatically.

First Name
Description: The first name of the Beneficiary.
Constraints: May not be modified using the EXCEL Upload Process, but may be changed using the CMS Web Interface Edit Demographics Feature.
Usage: Used to Identify the Beneficiary. Populated automatically.

Last Name
Description: The last name of the Beneficiary.
Constraints: May not be modified using the EXCEL Upload Process, but may be changed using the CMS Web Interface Edit Demographics Feature.
Usage: Used to Identify the Beneficiary. Populated automatically.

Gender
Description: The gender of the Beneficiary
Values: UNKNOWN, MALE, FEMALE
Constraints: May not be modified using the EXCEL Upload Process, but may be changed using the CMS Web Interface Edit Demographics Feature.
Usage: Used to Identify the Beneficiary. Populated automatically

Date of Birth (MM/DD/YYYY)
Description: The birth date of the Beneficiary
Format: MM/DD/YYYY
Constraints: May not be modified using the EXCEL Upload Process, but may be changed using the CMS Web Interface Edit Demographics Feature.
Usage: Used to Identify the Beneficiary. Populated automatically

Medical Record Number
Description: The medical record number from the Electronic Health Record of the Beneficiary.
Format: String.
Constraints: Any combination of letters, numbers and special characters. Cannot exceed 128 characters.
Usage: Used to Identify the Beneficiary.

Notes: The ability to supply this value is for the convenience of the submitters. This value is not required by CMS. It can be used as a reference if information is looked up with a medical record number specific to the reporters system.

Clinic ID
Description: The Clinic Id for which treatment was supplied the Beneficiary.
Format: String.
Constraints: A combination of uppercase letters and numbers. No special characters. Cannot be longer than nine characters.
Usage: Used to Identify the Clinic.
Notes: This value is not required and if available will be included with the beneficiary sample. If it helps with performing your reporting activities you may use this field to identify a clinic who treated the beneficiary.

Provider Name 1 (First Name Last Name)
Description: The provider for which treatment was supplied to the Beneficiary.
Format: String.
Constraints: A combination of upper and lowercase letters and '-/. 32 - character limit each for both first and last name fields.
Usage: Used to Identify the Provider.
Notes: This value is not required and if available will be included with the beneficiary sample. If it helps with performing your reporting activities, you may use this field to identify a provider who treated the beneficiary.

Provider Name 2 (First Name Last Name)
Description: The provider for which treatment was supplied to the Beneficiary.
Format: String.
Constraints: A combination of upper and lowercase letters and '-/. 32 - character limit each for both first and last name fields.
Usage: Used to Identify the Provider.
Notes: This value is not required and if available will be included with the beneficiary sample. If it helps with performing your reporting activities, you may use this field to identify a provider who treated the beneficiary.

Provider Name 3 (First Name Last Name)
Description: The provider for which treatment was supplied to the Beneficiary.
Format: String.
Constraints: A combination of upper and lowercase letters and '-/. 32 - character limit each for both first and last name fields.

Usage: Used to Identify the Provider.

Notes: This value is not required and if available will be included with the beneficiary sample. If it helps with performing your reporting activities, you may use this field to identify a provider who treated the beneficiary.

General Comment

Description: General Comment enables users to document information or take notes about the beneficiary.

Format: String.

Constraints: Less than or equal to 1000 characters.

Usage: Provided to help the data recorder have a place to record notes relative to the beneficiary or the data they are supplying.

Notes: Not required.

Patient Confirmation

Can you locate the patient's medical record and is the patient qualified for the sample?

Description: This field is required for each beneficiary ranked with a measure.

Values: Yes, No – Medical Record Not Found, Not Qualified for Sample, N/A.

Constraints: Must match values.

Notes: Use N/A to blank out a value previously reported.

Disqualification Reason

Description: Required if "Not Qualified for Sample" is selected.

Values: In Hospice, Moved out of Country, Deceased, HMO Enrollment, N/A.

Constraints: Must match values.

Enter the date the patient became ineligible (MM/DD/YYYY)

Description: Required if "Not Qualified for Sample" is selected.

Format: MM/DD/YYYY.

Usage: Date field.

CARE-2: Screening for Future Fall Risk

Care Falls Rank
Description: The rank of the beneficiary for this measure. It is a numeric number. This value is populated automatically.
Constraints: The rank may not be changed for the beneficiary sample.
Notes: Not all beneficiaries will be ranked in the measure.

Is the patient qualified for this measure?
Description: This field is required for each beneficiary ranked in this measure that you report data for.
Values: Yes, No – Other CMS Approved Reason, N/A.
Constraints: Must match values.
Notes: Use N/A to blank out a value previously reported.

QPP Service Center Ticket Number
Description: This field is required when selecting No – Other CMS Approved Reason.
Format: Text String, May Contain Characters and Numbers.
Constraints: Less than or equal to 10 characters.

Was the patient screened for future fall risk at least once between January 1 and December 31, 2017?
Description: This field is required for each beneficiary ranked in this measure that you report data for.
Values: No, No – Denominator Exception – Medical Reasons, Yes, N/A.
Constraints: Must match values.
Notes: Use N/A to blank out a value previously reported.

Care Falls Comments (optional)
Description: Comments are not required and are offered for the data reporter's use to record information that might be helpful or related to the data reported.
Format: Text String, May Contain Characters, Numbers, Punctuation and Symbols.
Constraints: Less than or equal to 1000 characters.

DM: Diabetes Mellitus Composite

DM Rank
Description: The rank of the beneficiary for this measure. It is a numeric number. This value is populated automatically.

Constraints: The rank may not be changed for the beneficiary sample.
Notes: Not all beneficiaries will be ranked in the measure.

Does the patient have a documented history or active diagnosis of diabetes between January 1, 2016 and December 31, 2017?

Description: This field is required for each beneficiary ranked in this measure that you report data for.
Values: Yes, Not Confirmed – Diagnosis, No – Other CMS Approved Reason, N/A.
Constraints: Must match values.
Notes: Use N/A to blank out a value previously reported.

QPP Service Center Ticket Number

Description: This field is required when selecting No – Other CMS Approved Reason.
Format: Text String, May Contain Characters and Numbers.
Constraints: Less than or equal to 10 characters.

Did the patient have one or more HbA1c tests performed between January 1, 2017 and December 31, 2017?

Description: This field is required for each beneficiary ranked in the measure that you report data for when "Yes" was indicated to the question of documented history or active diagnosis of diabetes.
Values: No, Yes, N/A.
Constraints: Must match values.
Notes: Use N/A to blank out a value previously reported.

Date drawn (MM/DD/YYYY)

Description: Required if "Yes" is selected.
Format: MM/DD/YYYY.
Usage: Date field between 1/1/2017 and 12/31/2017.

HbA1c value (enter distinct value)

Description: Required if "Yes" is selected.
Format: A number between 0 and 25. Up to two decimal places are supported.
Usage: Enter 0 if the test was performed but the results were not documented.

Did the patient have a retinal or dilated eye exam by an eye care professional between January 1—December 31, 2017, OR a negative retinal exam (no evidence of retinopathy) by an eye care professional during 2016?

Description: This field is required for each beneficiary ranked in the measure that you report data for.

Values: No, Yes, N/A.
Constraints: Must match values.
Notes: Use N/A to blank out a value previously reported.

DM Comment (optional)
Description: Comments are not required and are offered for the data reporter's use to record information that might be helpful or related to the data reported.
Format: Text String, May Contain Characters, Numbers, Punctuation and Symbols.
Constraints: Less than or equal to 1000 characters.

HTN-2: Controlling High Blood Pressure

HTN Rank
Description: The rank of the beneficiary for this measure. It is a numeric number. This value is populated automatically.
Constraints: The rank may not be changed for the beneficiary sample.
Notes: Not all beneficiaries will be ranked in the measure.

Does the patient have a documented diagnosis of essential hypertension within the first six months of 2017 or at any time prior to January 1, 2017?
Description: This field is required for each beneficiary ranked in this measure that you report data for.
Values: Yes, Not Confirmed – Diagnosis, Denominator Exclusion, No – Other CMS Approved Reason, N/A.
Constraints: Must match values.
Notes: Use N/A to blank out a value previously reported.

QPP Service Center Ticket Number
Description: This field is required when selecting No – Other CMS Approved Reason.
Format: Text String, May Contain Characters and Numbers.
Constraints: Less than or equal to 10 characters.

Was the patient's most recent blood pressure reading documented between January 1 and December 31, 2017?
Description: This field is required for each beneficiary ranked in this measure that you report data for.
Values: No, Yes, N/A.
Constraints: Must match values.
Notes: Use N/A to blank out a value previously reported.

HTN-2 BP Date taken (MM/DD/YYYY)
Description: Required if "Yes" is selected.
Format: MM/DD/YYYY.
Usage: Date field between 1/1/2017 and 12/31/2017.

HTN-2 BP Systolic (Enter Number)
Description: Required if "Yes" is selected.
Format: A number between 0 and 350.
Usage: Enter N/A to remove a value previously reported.

HTN-2 BP Diastolic (Enter Number)
Description: Required if "Yes" is selected.
Format: A number between 0 and 200.
Usage: Enter N/A to remove a value previously reported.

HTN-2 Comments (optional)
Description: Comments are not required and are offered for the data reporter's use to record information that might be helpful or related to the data reported.
Format: Text String, May Contain Characters, Numbers, Punctuation and Symbols.
Constraints: Less than or equal to 1000 characters.

IVD-2: Ischemic Vascular Disease: Use of Aspirin or Another Antiplatelet

IVD Rank
Description: The rank of the beneficiary for this measure. It is a numeric number. This value is populated automatically.
Constraints: The rank may not be changed for the beneficiary sample.
Notes: Not all beneficiaries will be ranked in the measure.

Does the patient have a documented diagnosis of AMI, CABG or PCI between January 1, 2016 and December 31, 2016 OR an active diagnosis of IVD between January 1 and December 31, 2017?
Description: This field is required for each beneficiary ranked in this measure that you report data for.
Values: Yes, Not Confirmed – Diagnosis, Denominator Exclusion, No – Other CMS Approved Reason, N/A.
Constraints: Must match values.
Notes: Use N/A to blank out a value previously reported.

QPP Service Center Ticket Number
Description: This field is required when selecting No – Other CMS Approved Reason.
Constraints: Less than or equal to 10 characters.
Format: Text String, May Contain Characters and Numbers.

Does the patient have documented use of aspirin or another antiplatelet between January 1 and December 31, 2017?
Description: This field is required for each beneficiary ranked in this measure that you report data for when answer "Yes" to the patient is qualified for the measure.
Values: No, Yes, N/A.
Constraints: Must match values.

IVD-2 Comments (optional)
Description: Comments are not required and are offered for the data reporter's use to record information that might be helpful or related to the data reported.
Format: Text String, May Contain Characters, Numbers, Punctuation and Symbols.
Constraints: Less than or equal to 1000 characters.

MH-1: Depression Remission at Twelve Months

MH Rank
Description: The rank of the beneficiary for this measure. It is a numeric number. This value is populated automatically.
Constraints: The rank may not be changed for the beneficiary sample.
Notes: Not all beneficiaries will be ranked in the measure.

Does the patient have an active diagnosis of major depression or dysthymia between December 1, 2015 and November 30, 2016?
Description: This field is required for each beneficiary ranked in this measure that you report data for.
Values: Yes, Not Confirmed- Diagnosis, Denominator Exclusion, No – Other CMS Approved Reason, N/A.
Constraints: Must match values.
Notes: Use N/A to blank out a value previously reported.

QPP Service Center Ticket Number
Description: This field is required when selecting No – Other CMS Approved Reason.
Format: Text String, May Contain Characters and Numbers.
Constraints: Less than or equal to 10 characters.

Did the patient have one or more PHQ-9s administered between December 1, 2015 and November 30, 2016?
Description: This field is required for each beneficiary ranked in this measure that you report data for in which "Yes" was supplied as the answer for active diagnosis of depression.
Values: Yes, No, N/A.
Constraints: Must match values.
Notes: Use N/A to blank out a value previously reported.

Did the patient have a PHQ-9 score greater than 9 between December 1, 2015 and November 30, 2016?
Description: This field is required for each beneficiary ranked in this measure that you report data for in which "Yes" was supplied as the answer for one or more PHQ-9a administered.
Values: Yes, No, N/A.
Constraints: Must match values.
Notes: Use N/A to blank out a value previously reported.

PHQ-9 Index Date (MM/DD/YYYY)
Description: Required if "Yes" is selected.
Format: MM/DD/YYYY between 12/1/2015 and 11/30/2016.
Usage: Date field.

PHQ-9 Score (Enter Number)
Description: Required if "Yes" is selected for the PHQ-9 score greater than 9.
Format: A number between 10 and 27.
Usage: Enter N/A to remove a previously reported value.

Did the patient have one or more PHQ-9s administered during the measurement assessment period (12 months +/- 30 days from the index date)?
Description: This field is required for each beneficiary ranked in this measure that you report data for in which "Yes" was supplied as the answer for one or more PHQ-9a administered.
Values: Yes, No, N/A.
Constraints: Must match values.
Notes: Use N/A to blank out a value previously reported.

Did the patient achieve remission with a follow-up PHQ-9 performed and a score less than 5 at 12 months (+/- 30 days) of the initial Index Date?
Description: This field is required for each beneficiary ranked in this measure that you report data for in which "Yes" was supplied as the answer for one or more PHQ-9a administered during the assessment period.
Values: Yes, No, N/A.
Constraints: Must match values.
Notes: Use N/A to blank out a value previously reported.

PHQ-9 Follow-up Date (MM/DD/YYYY)
Description: Required if "Yes" is selected.
Format: MM/DD/YYYY.
Usage: Date field.

PHQ-9 Follow-up Score (Enter Number)
Description: Required if "Yes" is selected for the patient achieved remission question.
Format: A number between 0 and 4.
Usage: Enter N/A to remove a previously reported value.

MH-1 Comments (optional)
Description: Comments are not required and are offered for the data reporter's use to record information that might be helpful or related to the data reported.
Format: Text String, May Contain Characters, Numbers, Punctuation and Symbols.
Constraints: Less than or equal to 1000 characters.

PREV-5: Breast Cancer Screening

PC Mammogram Rank
Description: The rank of the beneficiary for this measure. It is a numeric number. This value is populated automatically.
Constraints: The rank may not be changed for the beneficiary sample.
Notes: Not all beneficiaries will be ranked in the measure.

Is the patient qualified for this measure?
Description: This field is required for each beneficiary ranked in this measure that you report data for.
Values: Yes, Denominator Exclusion, No – Other CMS Approved Reason, N/A.
Constraints: Must match values.
Notes: Use N/A to blank out a value previously reported.

QPP Service Center Ticket Number
Description: This field is required when selecting No – Other CMS Approved Reason.
Format: Text String, May Contain Characters and Numbers.
Constraints: Less than or equal to 10 characters.

Was screening for breast cancer performed between October 1, 2015 and December 31, 2017?
Description: This field is required for each beneficiary ranked in this measure that you report data for when answer "Yes" to the patient is qualified for the measure.
Values: No, Yes, N/A.
Constraints: Must match values.

PC Mammogram Comments (optional)
Description: Comments are not required and are offered for the data reporter's use to record information that might be helpful or related to the data reported.
Format: Text String, May Contain Characters, Numbers, Punctuation and Symbols.
Constraints: Less than or equal to 1000 characters.

PREV-6: Colorectal Cancer Screening

PC Colorectal Rank
Description: The rank of the beneficiary for this measure. It is a numeric number. This value is populated automatically.
Constraints: The rank may not be changed for the beneficiary sample.
Notes: Not all beneficiaries will be ranked in the measure.

Is the patient qualified for this measure?
Description: This field is required for each beneficiary ranked in this measure that you report data for.
Values: Yes, Denominator Exclusion, No – Other CMS Approved Reason, N/A.
Constraints: Must match values.
Notes: Use N/A to blank out a value previously reported.

QPP Service Center Ticket Number
Description: This field is required when selecting No – Other CMS Approved Reason.
Format: Text String, May Contain Characters and Numbers.
Constraints: Less than or equal to 10 characters.

Is the patient's colorectal cancer screening current?
Description: This field is required for each beneficiary ranked in this measure that you report data for when answer "Yes" to the patient is qualified for the measure.
Values: No, Yes, N/A.
Constraints: Must match values.

PC Colorectal Comments (optional)
Description: Comments are not required and are offered for the data reporter's use to record information that might be helpful or related to the data reported.
Format: Text String, May Contain Characters, Numbers, Punctuation and Symbols.
Constraints: Less than or equal to 1000 characters.

PREV-7: Influenza Immunization

PC Flu Shot Rank
Description: The rank of the beneficiary for this measure. It is a numeric number. This value is populated automatically.
Constraints: The rank may not be changed for the beneficiary sample.
Notes: Not all beneficiaries will be ranked in the measure.

Is the patient qualified for this measure?

Description: This field is required for each beneficiary ranked in this measure that you report data for.
Values: Yes, No – Other CMS Approved Reason, N/A.
Constraints: Must match values.

QPP Service Center Ticket Number
Description: This field is required when selecting No – Other CMS Approved Reason.
Format: Text String, May Contain Characters and Numbers.
Constraints: Less than or equal to 10 characters.

Did the patient receive an influenza immunization OR report previous receipt of an influenza immunization between August 1, 2016 and March 31, 2017?
Description: This field is required for each beneficiary ranked in this measure that you report data for when answer "Yes" to the patient is qualified for the measure.
Values: No, Yes, No - Denominator Exception - Medical Reasons, No - Denominator Exception - Patient Reasons, No - Denominator Exception - System Reasons, N/A.
Constraints: Must match values.

PC Flu Shot Comments (optional)
Description: Comments are not required and are offered for the data reporter's use to record information that might be helpful or related to the data reported.
Format: Text String, May Contain Characters, Numbers, Punctuation and Symbols.
Constraints: Less than or equal to 1000 characters.

PREV-8: Pneumococcal Vaccination Status for Older Adults

PC Pneumoshot Rank
Description: The rank of the beneficiary for this measure. It is a numeric number. This value is populated automatically.
Constraints: The rank may not be changed for the beneficiary sample.
Notes: Not all beneficiaries will be ranked in the measure.

Is the patient qualified for this measure?
Description: This field is required for each beneficiary ranked in this measure that you report data for.
Values: Yes, No – Other CMS Approved Reason, N/A.
Constraints: Must match values.

QPP Service Center Ticket Number
Description: This field is required when selecting No – Other CMS Approved Reason.
Format: Text String, May Contain Characters and Numbers.
Constraints: Less than or equal to 10 characters.

Has the patient ever received a pneumococcal vaccination?
Description: This field is required for each beneficiary ranked in this measure that you report data for when answer "Yes" to the patient is qualified for the measure.
Values: No, Yes, N/A.
Constraints: Must match values.

PC Pneumoshot Comments (optional)
Description: Comments are not required and are offered for the data reporter's use to record information that might be helpful or related to the data reported.
Format: Text String, May Contain Characters, Numbers, Punctuation and Symbols.
Constraints: Less than or equal to 1000 characters.

PREV-9: Body Mass Index (BMI) Screening and Follow-Up Plan

PC BMI Screen Rank
Description: The rank of the beneficiary for this measure. It is a numeric number. This value is populated automatically.
Constraints: The rank may not be changed for the beneficiary sample.
Notes: Not all beneficiaries will be ranked in the measure.

Is the patient qualified for this measure?

Description: This field is required for each beneficiary ranked in this measure that you report data for.

Values: Yes, Denominator Exclusion, No – Other CMS Approved Reason, N/A.

Constraints: Must match values.

QPP Service Center Ticket Number

Description: This field is required when selecting No – Other CMS Approved Reason.

Format: Text String, May Contain Characters and Numbers.

Constraints: Less than or equal to 10 characters.

Did the patient have a BMI documented during the most recent visit or in the last 6 months prior to the most recent visit?

Description: This field is required for each beneficiary ranked in this measure that you report data for when answer "Yes" to the patient is qualified for the measure.

Values: No, Yes, N/A.

Constraints: Must match values.

Was the patient's BMI within normal parameters?

Description: This field is required for each beneficiary ranked in this measure that you report data for when answer "Yes" to the patient had BMI documented.

Values: No, Yes, N/A.

Constraints: Must match values.

Was a follow-up plan documented?

Description: This field is required for each beneficiary ranked in this measure that you report data for when answer "No" to the BMI within normal parameters question.

Values: No, Yes, No - Denominator Exception – Medical Reasons, N/A.

Constraints: Must match values.

PC BMI Comments (optional)

Description: Comments are not required and are offered for the data reporter's use to record information that might be helpful or related to the data reported.

Format: Text String, May Contain Characters, Numbers, Punctuation and Symbols.

Constraints: Less than or equal to 1000 characters.

PREV-10: Tobacco Use: Screening and Cessation Intervention

PC Tobacco Use Rank
Description: The rank of the beneficiary for this measure. It is a numeric number. This value is populated automatically.
Constraints: The rank may not be changed for the beneficiary sample.
Notes: Not all beneficiaries will be ranked in the measure.

Is the patient qualified for this measure?
Description: This field is required for each beneficiary ranked in this measure that you report data for.
Values: Yes, No – Other CMS Approved Reason, N/A.
Constraints: Must match values.

QPP Service Center Ticket Number
Description: This field is required when selecting No – Other CMS Approved Reason.
Format: Text String, May Contain Characters and Numbers.
Constraints: Less than or equal to 10 characters.

Was the patient screened for tobacco use at least once between January 1, 2016 and December 31, 2017 AND identified as a tobacco user?
Description: This field is required for each beneficiary ranked in this measure that you report data for when answer "Yes" to the patient is qualified for the measure.
Values: No, Yes, Not Screened/Unknown, No - Denominator Exception – Medical Reasons, N/A.
Constraints: Must match values.

Did the patient receive tobacco cessation intervention?
Description: This field is required for each beneficiary ranked in this measure that you report data for when answer "Yes" to the patient screen for tobacco use question.
Values: No, Yes, No - Denominator Exception – Medical Reason, N/A.
Constraints: Must match values.

PC Tobacco Comments (optional)
Description: Comments are not required and are offered for the data reporter's use to record information that might be helpful or related to the data reported.
Format: Text String, May Contain Characters, Numbers, Punctuation and Symbols.
Constraints: Less than or equal to 1000 characters.

PREV-12: Screening for Depression and Follow-Up Plan

PC Depression Rank
Description: The rank of the beneficiary for this measure. It is a numeric number. This value is populated automatically.
Constraints: The rank may not be changed for the beneficiary sample.
Notes: Not all beneficiaries will be ranked in the measure.

Is the patient qualified for this measure?
Description: This field is required for each beneficiary ranked in this measure that you report data for.
Values: Yes, Denominator Exclusion, No – Other CMS Approved Reason, N/A.
Constraints: Must match values.

QPP Service Center Ticket Number
Description: This field is required when selecting No – Other CMS Approved Reason.
Format: Text String, May Contain Characters and Numbers.
Constraints: Less than or equal to 10 characters.

Was the patient screened for depression using an age appropriate standardized tool between January 1 and December 31, 2017?
Description: This field is required for each beneficiary ranked in this measure that you report data for when answer "Yes" to the patient is qualified for the measure.
Values: No, Yes, No - Denominator Exception – Medical Reasons, No – Denominator Exception – Patient Reasons, N/A.
Constraints: Must match values.

Was the screen positive for depression between January 1 and December 31, 2017?
Description: This field is required for each beneficiary ranked in this measure that you report data for when answer "Yes" to the Patient Screened for depression question.
Values: Yes, No, N/A.
Constraints: Must match values.

Was a follow-up plan for depression documented between January 1 and December 31, 2017?
Description: This field is required for each beneficiary ranked in this measure that you report data for when answer "Yes" to the screen positive for depression question.
Values: Yes, No, N/A.
Constraints: Must match values.

PREV-12 Comments (optional)
Description: Comments are not required and are offered for the data reporter's use to record information that might be helpful or related to the data reported.
Format: Text String, May Contain Characters, Numbers, Punctuation and Symbols.
Constraints: Less than or equal to 1000 characters.

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

PC Statin Rank
Description: The rank of the beneficiary for this measure. It is a numeric number. This value is populated automatically.
Constraints: The rank may not be changed for the beneficiary sample.
Notes: Not all beneficiaries will be ranked in the measure.

Does the patient have a diagnosis of atherosclerotic cardiovascular disease (ASCVD)—active or history of—at any time up through December 31, 2017?
Description: This field is required for each beneficiary ranked in this measure that you report data for.
Values: Yes, No – Diagnosis, Denominator Exclusion, No – Other CMS Approved Reason, N/A.
Constraints: Must match values.

QPP Service Center Ticket Number
Description: This field is required when selecting No – Other CMS Approved Reason.
Format: Text String, May Contain Characters and Numbers.
Constraints: Less than or equal to 10 characters.

Has the patient ever had a fasting or direct laboratory test result of LDL-C≥190mg/dL OR were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia?
Description: This field is required for each beneficiary ranked in this measure that you report data for when Risk Category 1 is "No – Diagnosis".

Values: Yes, No – Diagnosis, Denominator Exclusion, No – Other CMS Approved Reason, N/A.
Constraints: Must match values.

QPP Service Center Ticket Number
Description: This field is required when selecting No – Other CMS Approved Reason.
Format: Text String, May Contain Characters and Numbers.
Constraints: Less than or equal to 10 characters.

Is the patient aged 40-75 years of age and has a diagnosis of Type 1 or Type 2 diabetes?
Description: This field is required for each beneficiary ranked in this measure that you report data for when Risk Category 1 is "No – Diagnosis" and Risk Category 2 is "No – Diagnosis".
Values: Yes, No - Diagnosis or Not aged 40 to 75 years, N/A.
Constraints: Must match values.

Has the patient had an LDL-C of 70-189 mg/dL between January 1, 2015 and December 31, 2017?
Description: This field is required for each beneficiary ranked in this measure that you report data for when risk category 1 and risk category 2 are "No – Diagnosis" and "Is the patient aged 40-75 years of age and has a diagnosis of Type 1 or Type 2 diabetes?" is "Yes".
Values: Yes, No, Denominator Exclusion, No – Other CMS Approved Reason, N/A.
Constraints: Must match values.

QPP Service Center Ticket Number
Description: This field is required when selecting No – Other CMS Approved Reason.
Format: Text String, May Contain Characters and Numbers.
Constraints: Less than or equal to 10 characters.

Was the patient taking or prescribed statin therapy between January 1 and December 31, 2017?
Description: This field is required for each beneficiary ranked in this measure that you report data for when risk category 1 or risk category 2 is "Yes" or "Has the patient had an LDL-C of 70-189 mg/dL between January 1, 2015 and December 31, 2017?" is "Yes".
Values: Yes, No, No - Denominator Exception – Medical Reasons, N/A.
Constraints: Must match values.

PC Statin Comments (optional)
Description: Comments are not required and are offered for the data reporter's use to record information that might be helpful or related to the data reported.

Format: Text String, May Contain Characters, Numbers, Punctuation and Symbols.
Constraints: Less than or equal to 1000 characters.

CARE-1: Medication Reconciliation Post-Discharge

MRPD Rank
Description: The rank of the beneficiary for this measure. It is a numeric number. This value is populated automatically.
Constraints: The rank may not be changed for the beneficiary sample
Notes: Not all beneficiaries will be ranked in the measure.

Is the patient qualified for this measure?
Description: This field is required for each beneficiary ranked in this measure that you report data for.
Values: Yes, No – Other CMS Approved Reason, N/A
Constraints: Must match values.

QPP Service Center Ticket Number
Description: This field is required when selecting No – Other CMS Approved Reason.
Format: Text String, May Contain Characters and Numbers.
Constraints: Less than or equal to 10 characters.

Discharge Date (MM/DD/YYYY)
Description: This date is supplied for each discharge that you must report data for. This field may not be altered. This date is populated automatically.
Format: MM/DD/YYYY
Usage: Date field

Was the patient discharged from an inpatient facility on the discharge date listed +/- 2 calendar days?
Description: This field is required for each beneficiary ranked in the measure that you report data for and for each discharge date supplied.
Values: No, Yes, N/A
Constraints: Must match values.
Notes: Use N/A to blank out a value previously reported.

Was the patient seen within 30 days following this inpatient facility discharge?
Description: This field is required for each beneficiary ranked in the measure that you report data for and for each discharge date supplied.

Values: No, Yes, N/A
Constraints: Must match values.
Notes: Use N/A to blank out a value previously reported.

Were discharge medications reconciled with the current medication list in the outpatient medical record within 30 days following this inpatient facility discharge?

Description: This field is required for each beneficiary ranked in the measure that you report data for and for each discharge date supplied.
Values: No, Yes, N/A
Constraints: Must match values.
Notes: Use N/A to blank out a value previously reported.

CARE-1 Comments (optional)

Description: Comments are not required and are offered for the data reporter's use to record information that might be helpful or related to the data reported.
Format: Text String, May Contain Characters, Numbers, Punctuation and Symbols.
Constraints: Less than or equal to 1000 characters.