



**Congestive Heart Failure
Care Recognition
Clinician Assessment
Policies and Procedures
Manual for Data Aggregator
Submissions**

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INTRODUCTION

Bridges to Excellence (BTE) is excited to offer this opportunity for clinicians to pilot its automated EMR/registry performance assessment system. The BTE EMR/registry performance assessment system allows for rapid and independent medical record-based clinician performance evaluations by connecting local and national medical record data sources to a network of performance assessment organizations. BTE's goals are to: reduce the reporting burden for clinicians; leverage existing reporting/data aggregation initiatives; reduce data collection and reporting costs; facilitate the connection between quality improvement and incentives; and speed up cycle times between reporting, improvement and reporting. Clinicians who meet BTE performance thresholds may be eligible for incentives through participating health plans, employers and coalitions.

This Policies and Procedures Manual provides information on the BTE Congestive Heart Failure Care Recognition Program Clinician Assessment process as well as instructions for data aggregators on how to submit clinician data to a Performance Assessment Organization (PAO) through electronic data submissions in order to qualify these clinicians for BTE recognition in the Congestive Heart Failure Care Recognition Program. All data must be submitted electronically to a PAO through the methods described here, whether the data is manually entered through chart reviews or submitted through an electronic system, such as an electronic health record, patient registry or decision support tool. Paper submissions will not be accepted.

Measurement results will be determined by collecting denominator (population) and numerator (measurement results) information, for the most recent date of care in order to calculate a result for each clinician or medical practice applicant.

Data aggregators are vendors or organizations that are data sources for clinicians' electronic medical record data (e.g. EMR vendors, patient registry vendors, health information exchanges, community initiatives). Data aggregator roles and responsibilities include: interfacing with clinicians via the electronic data, extracting de-identified medical record data in accordance with BTE's eligibility and measures specifications (as identified in this manual), sending extracted medical record data and clinician identifiers to a PAO quarterly in a standardized electronic format for performance measurement, and communicating performance assessment results and opportunities for improvement back to participating clinicians.

BTE is partnering with two PAOs to implement its automated EMR/registry performance assessment system: Minnesota Community Measurement (MNCM) and IPRO.

MN Community Measurement (MNCM) was formed in 2002 by several local health plans as a collaborative to collect performance data. By aggregating health plan claims data and collecting clinical information from physician offices, MNCM publicly reports physicians' performance results in Minnesota. MNCM's goals include improving care and supporting the quality initiatives of providers, reducing reporting-related expenses for medical groups, health plans, and

regulators through more efficient and effective regulation, and communicating findings in a fair, usable and reliable way to medical groups, regulators, purchasers and consumers.

IPRO is one of the nation's largest and most experienced not-for-profit quality assessment and improvement organizations. IPRO's mission is to improve the quality and value of health care services, and does so by supporting the development and implementation of performance measures; increasing the capacity of providers and government agencies for performance improvement; and fostering an environment through transparency and payment reform efforts, that rewards high-quality, high-value care. With 400 staff, IPRO performs work in over 30 states, serving federal, state and local government, and private clients.

Overview

Bridges to Excellence is a not-for-profit organization developed by employers, physicians, health care services, researchers, and other industry experts with a mission to create significant leaps in the quality of care by recognizing and rewarding health care clinicians who demonstrate that they have implemented comprehensive solutions in the management of patients and deliver safe, timely, effective, efficient, equitable and patient-centered care.

The Congestive Heart Failure Care Recognition Program is a BTE Clinician Recognition Program intended to identify clinicians who deliver high-value congestive heart failure care to adult patients. The program is designed with an understanding that patients may seek the care of various types of practitioners—primary care (PCPs), cardiologists, pulmonologists, and others—for treatment and management of their congestive heart failure. Accordingly, the measures reflect that clinicians should do the following.

- Deliver high-quality care from the outset of patient contact
- Understand and consider previous treatment history to help avoid inappropriate treatment

The program comprises a set of measures, based on available clinical evidence, that promote a model of care that includes the following criteria.

- Comprehensive patient assessment and reassessment
- Patient education
- Shared decision making

BTE's Congestive Heart Failure Care requirements assess clinical measures representing standards of care for patients with congestive heart failure. BTE believes that the Congestive Heart Failure Care Recognition program has the potential to significantly improve the quality of care experienced by CHF patients and to reduce the financial and human burden of unnecessary hospitalizations and complications.

To earn Congestive Heart Failure Care Recognition, clinicians and medical practices voluntarily submit medical record data documenting their delivery of care to patients with congestive heart

failure. BTE has partnered with two objective third-party independent Performance Assessment Organizations (PAOs) to evaluate clinician data based on standard measures to publicly recognize those that meet the BTE CHF Care performance thresholds. Those clinicians not meeting the BTE CHF Care performance thresholds remain anonymous to BTE and its health plan licensees. BTE's CHF Care Program has three performance thresholds.

Clinician Benefits of Recognition

- Clinicians can demonstrate to the public and to their professional peers that they meet the standards of care assessed by the program by issuing a press release, as well as having their recognition achievements posted on BTE's consumer portal, HealthGrades (www.healthgrades.com), and communicated to both health plans and employers.
- Clinicians may use the BTE Recognition to demonstrate that they meet the standards of care assessed by the program when contracting with health organizations and purchasers of health services.
- Clinicians can identify areas of their practice that vary from the performance criteria and take steps to improve quality of care.
- Where applicable, clinicians can establish eligibility for pay-for-performance bonuses, differential reimbursement or other incentives from payers and health plans.
- Clinicians who achieve Congestive Heart Failure Care Recognition by submitting data through a CCHIT-certified¹ electronic health record or through an electronic health record certified to meet the federally-defined Meaningful Use criteria will also receive BTE Level II Physician Office Link (POL) recognition.

Background on the Measurement Criteria

Eligible clinicians and medical practices voluntarily apply for BTE Recognition by submitting information on how they treat and manage their patients with regard to the following.

Clinical measures²

1. Beta Blocker Therapy
2. Ace Inhibitor/ARB Therapy
3. LVF Assessment
4. Weight Measurement
5. Assessment of Clinical Symptoms of Volume Overload
6. Assessment of Activity Level

¹ The Certification Commission for Healthcare Information Technology or CCHIT is a recognized certification body for electronic health records and their networks, and an independent, voluntary, private-sector initiative, whose mission is to accelerate the adoption of health information technology by creating an efficient, credible and sustainable certification program. A list of CCHIT-certified products can be found at <http://cchit.org/>.

² *Clinical measures* evaluate performance based on care provided to a sample of individual patients and documented in the medical records of those patients. Clinical measures are scored based on the percentage of the sample (denominator) which meet or comply (numerator) with the measure threshold.

7. Patient Education

Clinicians who demonstrate high-quality performance based on these measures are awarded BTE Congestive Heart Failure Care Recognition.

Recognition Program Structure

Given the evidence in the literature advocating the creation of clinician quality programs that promote continuous quality improvement amongst its participants, the BTE Congestive Heart Failure Care Recognition Program is designed to include 3 levels or tiers of recognition. Assessment for recognition in all 3 tiers is based upon data submitted on the same CHF measures (listed above).

Level I: Focuses on a clinician-centric view of measurement, looking at individual metrics summed to produce a composite score, with the inclusion of “minimum” performance requirements for select clinical measures (e.g., beta blocker therapy). Program recognition threshold has been set to focus on above average performance.

Level II: Similar in design to Level I with the exception that the program recognition threshold is set to focus on very good performance.

Level III: Similar in design to Levels I and II with the exception that the program recognition threshold is set to focus on exceptional performance.

What Recognition Requires

To seek BTE Congestive Heart Failure Care Recognition, clinician applicants must submit medical record data that demonstrates they meet BTE’s CHF Care performance requirements. Each measure has an assigned maximum available point value; the total of all the measures is the same across all levels of recognition. A clinician achieves points for a measure based on the percentage of his or her patient sample that meets or exceeds the set thresholds for that measure.

Performance Assessment Organizations (PAOs) award recognition to clinicians who achieve at least:

Level I: 60% of the total possible points
Level II: 72.5% of the total possible points
Level III: 85% of the total possible points

Minimum Requirements

To be eligible for recognition, clinicians must attain at least 60 percent of the total possible points. In the case of clinical measures, this means a minimum of 25 patients for the denominator

of each measure for individual clinician applicants, and a minimum of 10 patients for the denominator of each measure for each individual clinician in a practice level applicant, with a minimum practice average of 25 patients per clinician.

To achieve points for some measures, applicants must meet certain minimum criteria. Applicants who fail to meet the minimum criteria on a measure will receive 0 points for that measure. Applicants must qualify for each level of recognition before they can be assessed for a subsequent level (e.g., must pass Level I to be assessed for Level II).

Table 1 shows the program measures and the associated point values for scoring clinicians' performance.

Table 1: Congestive Heart Failure Care Measures, Performance Criteria and Scoring

Clinical Measures	Threshold	Minimum Criteria	Maximum Points
<i>Process Measures</i>			
Beta Blocker Therapy ³	N/A	≥ 75% of pts in sample	15
ACEI/ARB Therapy ³	N/A	≥ 75% of pts in sample	15
LVF Assessment	N/A	≥ 65% of pts in sample	15
Weight Measurement	N/A	N/A	15
Assessment of Clinical Symptoms of Volume Overload	N/A	N/A	15
Assessment of Activity Level	N/A	N/A	15
Patient Education	N/A	N/A	10
Total Points			100
Percentage of Total Points Needed to Achieve Level I Recognition			60
Percentage of Total Points Needed to Achieve Level II Recognition			72.5
Percentage of Total Points Needed to Achieve Level III Recognition			85

For a sample clinician scoring report, see Appendix B.

³ Measure is applicable to a subset of the eligible patient population only and requires a minimum of 25 eligible patients for the denominator subset. Applicants who do not meet this measure-specific patient minimum will not be scored on this measure, and the maximum points for the measure will be removed from the total possible points. In these cases, 60 percent of the total possible points are needed to achieve Level I recognition, 72.5 percent are needed to achieve Level II recognition, and 85 percent are needed to achieve Level III recognition.

POLICIES AND PROCEDURES

Eligibility for Clinician Participation

Clinicians may apply for BTE Congestive Heart Failure Care Recognition as individuals or part of a medical practice. To be eligible, applicants must meet the following criteria.

- Applicants must be licensed as a medical doctor (M.D. or D.O.), nurse practitioner (N.P.), or physician assistant (P.A.).
- Applicants must provide continuing care for people with congestive heart failure and be able to meet the minimum patient sample sizes.
- Applicants must complete all application materials and agree to the terms of the program by executing a data use agreement and authorization with a data aggregator partner.
- Applicants must submit the required data documenting their delivery of care for all eligible patients in their full patient panel.
- Applicants must use PAO-supplied or approved methods for submitting data electronically.

Individual clinician applicant

An individual clinician applicant represents one licensed clinician practicing in any setting who provides continuing care for patients with congestive heart failure⁴.

Medical practice applicant

A medical practice applicant represents any practice with three or more licensed clinicians who, by formal arrangement, share responsibility for a common panel of patients and practice at the same site, defined as a physical location or street address. For purposes of this assessment process practices of two clinicians or less must apply as individual applicants.

⁴ **Congestive Heart Failure patients** are 18-75 years of age, with a documented diagnosis of congestive heart failure (as defined by criteria labeled “Patient Eligibility Criteria”) for at least 12 months AND have been under the care of the applicant clinician or medical practice for at least 12 months. This is defined by documentation of two face-to-face visits for congestive heart failure care between the clinician and the patient: one within 12 months of the last day of the reporting period and one that predates the last day of the reporting period by at least 12 months.

Applying for Recognition

Clinician applicants opt to voluntarily submit their data to a PAO for performance assessment through the Congestive Heart Failure Care Recognition Program. Participating clinicians must execute a data use agreement with the data aggregator partner through which they plan to submit data for BTE's automated performance assessment process. All data aggregator partners have data use agreements executed with their partnering PAO. All necessary steps will be taken by the data aggregator and PAO to protect the confidentiality of patient data, as required by The Health Insurance Portability and Accountability Act of 1996 (HIPAA). To assist with clinician compliance with HIPAA, the data aggregator partner provides a Business Associate addendum referenced in the data use agreement, which states that both the data aggregator and the clinician applicant will comply with HIPAA requirements.

Clinicians considering applying for recognition should:

1. Determine eligibility. See "Eligibility for Clinician Participation" for more information.
2. Familiarize themselves with the BTE C Care measures and specifications. See "What Recognition Requires" and "Requirements for Congestive Heart Failure Care Recognition Program" for more information.
3. Determine whether to apply as an individual clinician or medical practice.

The following outlines the submission process for applicants with electronic data collection systems:

Clinicians submitting through a data aggregator partner are required to submit medical record data for all eligible patients across their full patient population. Data aggregators will submit the most recent patient level data for each participating clinician's full panel of eligible patients on a quarterly calendar schedule. Files are due by the end of the month following the end of the calendar quarter. The following illustrates the submission cycle due dates for sample reporting periods. Note that these are outside deadlines. Individual file submission dates will be agreed to between the data aggregator and PAO based on the estimated time needed by the data aggregator to prepare the quarterly data submission.

Reporting Period	Submission Deadline
January 1, 2009 – December 31, 2009	January 31, 2010
April 1, 2009 – March 31, 2010	April 30, 2010
July 1, 2009 – June 30, 2010	July 31, 2010
October 1, 2009 – September 30, 2010	October 31, 2010

Clinicians are required to continue submitting data for all eligible patients each quarter unless they cease using the data aggregator's electronic system.

Clinicians that are new to an electronic data aggregator partner's system, where the system is not yet fully integrated in the clinicians' office and patient records have not been backloaded, are required to prospectively enter all eligible patients from their full patient panel into the data aggregator's electronic system. For individual applicants, clinician assessment will automatically be triggered after all required data is submitted through the data aggregator's electronic system for the minimum requirement of 25 eligible patients. For practice level applicants, assessment will automatically be triggered after all required data is submitted through the data aggregator's electronic system for 10 patients per individual clinician and a practice average of 25 patients per clinician. It is assumed that after one full year of usage of the data aggregator's electronic system that all eligible patients will be included.

Once a clinician or practice has opted to send their data to a PAO, the necessary data elements, including de-identified patient information for each Congestive Heart Failure Care measure as well as clinician identifiers, will be transmitted from the data aggregator partner to the pre-identified PAO. Clinical information and clinician identifiers will be maintained in separate files to ensure that the identities of the clinicians remain unknown during scoring. Clinical data should be linked to the treating clinician through a unique coded clinician identifier assigned by the data aggregator. For practice applications, the clinical patient data should be linked to the individual medical practice members so that the PAOs can verify that all members of the practice meet the eligibility requirements. Clinical information must be transmitted at the individual patient level so that numerators and denominators presented in any summary data submission can be validated. Clinician identifiers to be submitted include:

- Responsible clinician identifier (unique coded clinician identifier assigned by the data aggregator)
- Clinician name (first, middle, last)
- Clinician address
- Clinician degree
- Clinician specialty
- Clinician gender
- Clinician date of birth
- Medical license number
- DEA number
- Clinician NPI
- Whether data submission occurred through a CCHIT or Meaningful Use certified system

It is the responsibility of the data aggregator to ensure that the responsible provider identifier assigned to each clinician remains the same over time. This is necessary for the PAO to be able to track recognition status and apply changes to recognition level appropriately.

Medical practices may apply for recognition as a practice or as individual clinicians. However, individual clinician identifiers must be supplied for each clinician included in a practice level recognition application. Two additional identifiers are also included for clinicians applying for recognition as part of a practice:

- Practice identifier (unique coded practice identifier assigned by the data aggregator)
- Practice name

Relevant de-identified medical record data should be submitted from the data aggregator partner to the pre-identified PAO for each eligible patient in the clinician applicant's patient panel. As part of their agreement with the selected data aggregator, clinicians will be asked to sign an attestation verifying that all eligible patients are being entered into the data aggregator's electronic system as they are seen, and verify whether all eligible patients are included in the system at the time of submission. The clinician identifier file contains an additional field for data aggregators to indicate whether data submitted represents all eligible patients treated by the clinician (full patient panel). For instructions on completing medical record abstraction, see the "Required Standards for Congestive Heart Failure Care Recognition" section in this document.

PAOs will provide data aggregators with standard file formats for both the clinical data and clinician identifier data files.

Evaluation Process

The PAO reviews and assesses the completeness of clinician data submitted each quarter and notifies the data aggregator partner if additional information is required. The PAO runs and provides the data aggregator with a file load summary either accepting or rejecting the data aggregator file if invalid or incomplete information is submitted. The load summary will identify which records contain invalid or incomplete data. It is the data aggregator's responsibility to correct or remove the problematic data and resubmit the file(s) to the PAO. The PAO is not required to make any changes to the files submitted by the data aggregators. Completed applications are processed for compliance with performance criteria, and applicant-specific reports with results for all Congestive Heart Failure Care measures are produced within 30 days.

All applicants must meet the Congestive Heart Failure program eligibility requirements to be scored. For practice level applicants, all individual clinicians included in the practice application must meet the Congestive Heart Failure Care program eligibility requirements to be scored. If a clinician included in a practice application does not meet the requirements, his or her designated patients' data will be excluded from the scoring. If the remaining members of the practice still meet the eligibility requirements without the backed out clinician and his or her patients, then the PAO will proceed to score the remaining members of the application as a practice. Only clinicians included in the scoring will be sent to BTE's Recognition Data Exchange (RDE) upon a Recognition determination. If the remaining members of the practice do not meet the eligibility requirements without the backed out clinician and his or her patients, then these clinicians will be assessed as individual applicants, if they meet the individual applicant

eligibility requirements. (For an example, see “Minimum Patient Requirements.”) The PAO will inform the data aggregator in its results reports which applicants, if any, were not scored due to inability to meet the eligibility requirements.

Clinician assessment will be ongoing for continuous data submissions. Assessment will be conducted quarterly based on the most current medical record data submitted for each eligible patient (see measures specifications for further details). For patients with no new data submitted in the current quarter, data aggregators will look back for the most recent patient information to be included in the current data submission for performance assessment.

Audit

The PAO is responsible for conducting three levels of audit pertaining to applicant submissions for BTE Congestive Heart Failure Care Recognition. The first level of audit is the data aggregator data extraction code review, the second level of audit is the data validation or load summary, and the third level of audit is the clinician chart audit.

Level 1 – Audit of data aggregator data extraction: The PAO will conduct an audit of each data aggregator’s data extraction process prior to accepting applications. The PAO will review the code that the data aggregator is using to extract the clinician data and verify that all eligible patients are accurately included in the denominator. The DA must also provide the PAO with documentation of the code or logic used to extract numerator data to ensure that all data submitted is in accordance with BTE’s measure specifications. Each data aggregator needs to pass the extraction audit before numerator data is abstracted for submission to the PAO. This level of review will also be conducted biannually and upon any changes to the data aggregator data extraction code. Data aggregators are responsible for informing the PAO when any changes are made. See Appendix A for a list of requirements each data aggregator needs to supply to the PAO for the data extraction audit.

Level 2 – Data validation: As stated above, the PAO runs and provides the data aggregator with a file load summary for each file submission, ensuring that each data field contains a valid data value that meets the data field specifications and makes sense in relation to itself and related data fields. The load summary will identify which records contain incomplete or invalid data values and designate them as errors or warnings. There is a zero tolerance policy for errors on required data fields and data values that do not meet data field specifications. It is the data aggregator’s responsibility to correct or remove the problematic data identified as errors and resubmit the file to the PAO. Files will not be rejected for invalid data values in clinical measures fields, but will be counted as a numerator miss for scoring purposes (with the exception of the poor control measures for which it will be counted as a numerator hit). Invalid data values in clinical measures fields are however identified as warnings in the load summary to the data aggregator, which is responsible for reporting this information back to the applicant in order to improve data collection. See Appendix A for the list of data validation checks used by the PAO.

Level 3 – Clinician chart audit: Additionally, BTE reserves the right to complete an audit of any individual or practice application for Recognition. PAOs or specified local organization subcontractors conduct audits of at least 5 percent of applicants from each data aggregator

partner each year. Congestive Heart Failure Care audits may be completed by fax, mail, electronically or on site, as determined by the PAO. Any data identified by the PAO as irregular will be subject to audit. The remainder of the 5 percent will be selected through a random sampling methodology.

The PAO will notify the data aggregator which will notify the applicant if their application is chosen for audit, ascertain that audit personnel have no conflict of interest with the audited organization and provide instructions on audit requirements. Obtaining final Recognition results takes longer than usual for applicants chosen for audit. For those applicants selected for audit, final Recognition determination will be made within 60 days of the date of data submission. Failure to pass an audit results in no further consideration for the Congestive Heart Failure Care program for six months to two years (depending on the audit score) from the date of submission of the application. For further information on clinician chart audit methodology and scoring, see Appendix A.

Scoring

The PAO makes a decision on whether to award Recognition on the basis of the applicant's overall performance against the criteria. Decisions are based on a numeric score. The Congestive Heart Failure Care program evaluates performance based upon an aggregate score achieved across the clinical measures. Clinical measures are scored based upon the percentage of the sample which meets or complies with the measure threshold or standard (numerator/denominator) multiplied by the maximum points assigned to the measure to determine the applicant's points total for that measure. Please note that zero points are earned on clinical measures if the percentage of the sample meeting or complying with the measure threshold or standard (numerator/denominator) does not meet the minimum requirements listed for the measure. These clinical measure scores are summed to determine the applicant's final score which is used to assess the applicant's recognition status.

Example: There is a total of 15 points available for LVF Assessment. If 65 percent of the patient sample meets this standard, then the clinician has met the minimum requirement for the measure and receives 65% of the total 15 points [$0.65 \times 15 = 9.75$] or 9.75 points. If 80 percent of the patient sample meets this measure, then the clinician has exceeded the minimum requirement for the measure, and receives 80% of the total 15 points [$0.8 \times 15 = 12$] or 12 points. If the applicant's performance on this measure is less than 65 percent of the patient sample meeting this measure, then the applicant does not meet the minimum requirement and receives 0 points.

Final Status Determinations

The PAO completes, reviews and makes Congestive Heart Failure Care Recognition status determinations. Applicants may, however, appeal a determination of Not Recognized, as described below under Reconsiderations.

The scoring thresholds are shown in the tables below. For Congestive Heart Failure Care there are two statuses for each level: Recognized and Not Recognized.

Level I Congestive Heart Failure Care Recognition	Percentage of Total Possible Points
Recognized	60-100
Not Recognized	0-59

Level II Congestive Heart Failure Care Recognition	Percentage of Total Possible Points
Recognized	72.5-100
Not Recognized	0-72.4

Level III Congestive Heart Failure Care Recognition	Percentage of Total Possible Points
Recognized	85-100
Not Recognized	0-84

“Recognized” indicates the applicant meets or exceeds the requirements acceptable for the program and that Congestive Heart Failure Care Recognition at that level has been achieved. Congestive Heart Failure Care Recognitions achieved on or before December 31, 2009 will be effective for three years. Beginning January 1, 2010, the Congestive Heart Failure Care Recognition term will be shortened to two years.

“Not Recognized” indicates that the applicant does not meet the requirements acceptable for the program at that level. PAOs do not release the identities of clinicians or practices who do not achieve at least Level I Congestive Heart Failure Care Recognition. Applicants who do not achieve Level I Recognition but continue to submit data on a quarterly basis will be reassessed each quarter and awarded recognition upon two consecutive quarters of successful recognition achievement.

Reconsideration

An applicant may request Reconsideration of a Recognition status decision of Not Recognized for any level. The Data Aggregator must receive a request for Reconsideration within 30 days after an applicant is notified of their recognition status. The request must list the measures or other information for which reconsideration is being requested. The clinician or practice may not submit additional documentation at this time, but may state how it believes the PAO misinterpreted the original documentation.

The first level of appeals is conducted at the data aggregator level. The data aggregator partner through which the recognition application was submitted will review the applicant’s data included in the request to ensure that the data submitted to the PAO was extracted in accordance with the BTE Congestive Heart Failure Care measures and specifications. If no issues are found, the data aggregator will then verify the data with the PAO, and the PAO will review the scoring of the applicant’s data. In the case of a deadlock, the appeal will be referred to BTE for

reconsideration. If necessary, final determination will be made by the physician members of the BTE Board.

The reconsideration decision is final and is provided in writing to the clinician or practice requesting Reconsideration.

Reporting Results

As part of BTE's mission to identify and promote quality, PAOs report results to the following:

- To the data aggregator partner through which the recognition application was submitted. The data aggregator is required to share results reports with the clinician applicant to facilitate quality improvement. See Appendix B for a sample results report.
- To BTE: Only Recognized statuses are reported to BTE for display on BTE's consumer portal for recognition information hosted by HealthGrades and transmission to BTE-licensed health plans for associated incentives. Once the final decision is made, the PAO will reveal the identity, program name and program level of the recognized clinicians only. No clinical data is shared with BTE at any point in the process.

PAOs are responsible for monitoring and reporting to BTE through the BTE Recognition Data Exchange (RDE) which Congestive Heart Failure Care Recognized clinicians submitted data for assessment through a CCHIT or Meaningful Use certified data aggregator product. These clinicians will automatically receive a Level II Physician Office Link (POL) recognition.

Certificates

BTE issues an official certificate to each recognized clinician.

Duration of Recognition

For Congestive Heart Failure Care Recognitions achieved on or before December 31, 2009, Recognition status remains in effect for **3 years** from the date on which a PAO awards recognition. Beginning January 1, 2010, the Congestive Heart Failure Care Recognition duration will be shortened to **2 years** from the date on which a PAO awards recognition. For continuously assessed applicants who maintain their current level of recognition, new begin and end recognition dates will be assigned at the time of the most recent assessment. Recognition determinations are made on the basis of a specific patient population. Recognition status remains in effect for the duration of recognition as long as the clinician maintains his or her current practice and patient base. Clinicians are responsible for informing the data aggregator within 30 days who will inform the PAO if they move or change practices.

Changes in Recognition Levels

Continuous data submission applicants are eligible for changes in recognition level. Clinicians who achieve at least Level I Congestive Heart Failure Care Recognition will maintain their Congestive Heart Failure Care Recognition for the duration of recognition outlined above. However, during this time it is possible for the recognition status to move between program levels (I, II and III) based on changes in clinical data from quarter to quarter. Changes to program level and recognition dates occur according to the following rules:

- Clinicians who achieve a higher level of recognition for two consecutive assessment periods will have their recognition level changed effective the date of the most recent assessment.
- Clinicians recognized at Level II or III can drop in levels of recognition based on lower scoring results for two consecutive assessment periods.
- Each time a clinician's recognition status changes levels in either direction a new begin recognition date is assigned for the date of the most recent assessment and a new end recognition date is calculated.
- Clinicians who drop below Level I for two consecutive quarterly assessments will be assigned or maintain Level I Congestive Heart Failure Care Recognition status and maintain their current begin and end recognition dates.

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Example 1: Clinician A

<i>Assessment period</i>	<i>Assessment date</i>	<i>Assessed (Scored) Level⁵</i>	<i>Recognition Level⁶</i>	<i>Recognition Dates</i>
10/1/07-9/30/08	10/22/08	Level III	Level III	10/22/08-10/22/2011
1/1/08-12/31/09	1/21/09	Level III	Level III	1/21/09-1/21/2012
4/1/08-3/31/09	4/18/09	Level III	Level III	4/18/09-4/18/2012
7/1/08-6/30/09	7/25/09	Level II	Level III	4/18/09-4/18/2012
10/1/08-9/30/09	10/16/09	Level II	Level II	10/16/09-10/16/2012

Example 2: Clinician B

<i>Assessment period</i>	<i>Assessment date</i>	<i>Assessed (Scored) Level</i>	<i>Recognition Level</i>	<i>Recognition Dates</i>
10/1/08-9/30/09	10/22/09	Not Pass	N/A	N/A
1/1/09-12/31/10	1/21/10	Level II	N/A	N/A
4/1/09-3/31/10	4/18/10	Level II	Level II	4/18/2010-4/18/2012
7/1/09-6/30/10	7/25/10	Not Pass	Level II	4/18/2010-4/18/2012
10/1/09-9/30/10	10/16/10	Not Pass	Level I	4/18/2010-4/18/2012

PAOs are responsible for managing changes to clinicians' start and end recognition dates and submitting updated recognition level and recognition dates to the BTE Recognition Data Exchange (RDE) on a monthly basis. PAOs are responsible for alerting data aggregators when applicants' assessment scores drop in level for one quarter. Data aggregators are responsible for alerting applicants that a second consecutive lower score will result in a change to their recognition level.

⁵ A clinician's Assessed Level is the BTE level at which the clinician's data is scored for the current measurement period.

⁶ A clinician's Recognition Level is the BTE level at which the clinician is currently recognized and the level that is distributed to BTE's health plan licensees and the BTE consumer portal at HealthGrades. A clinician's Recognition Level may or may not be the same as a clinician's Assessed Level.

Terms of Recognition

When communicating with patients, third-party payers, managed care organizations (MCOs) and others, clinicians or practices that receive BTE Congestive Heart Failure Care Recognition may represent themselves as BTE-recognized and meeting NQF/AQA quality measure requirements; however, clinicians or practices may not characterize themselves as “NQF/AQA-Approved” or “NQF/AQA-Endorsed.” The use of this mischaracterization or other similarly inappropriate statements will be grounds for revocation of status.

Revoking Recognition

PAOs may revoke a Recognition decision if any of the following occurs:

- The clinician or practice submits false data or does not collect data according to the procedures outlined in this manual, as determined by discussion with the clinician or practice or audit of application data and materials.
- The clinician or practice misrepresents the credentials of any of its clinicians.
- The clinician or practice misrepresents its Recognition status.
- The clinician or any of the practice's clinicians experience a suspension or revocation of medical licensure.
- The clinician or practice has been placed in receivership or rehabilitation and is being liquidated.
- State, federal or other duly authorized regulatory or judicial action restricts or limits the clinician or practice's operations.
- BTE identifies a significant threat to patient safety or care.

Data Use Terms

Data use terms are outlined in the data use agreement that the applicant signs with the selected data aggregator partner.

BTE Congestive Heart Failure Care Recognition Clinical Measures

The following examples illustrate the format used for clinical measures.

Evaluation Program Title: Congestive Heart Failure Care Recognition Program

Clinical Measures

Clinical measures are standard measures with a numerator and denominator that reflect performance across a sample of eligible patients based on medical record documentation.

The following items are listed for each clinical measure.

Description: A statement of what is being measured specifically.

Data source: A list of the data sources accepted for the clinical measure.

Explanation: Additional information about the clinical measure.

Numerator: A description of the applicant's eligible patients (denominator) who meet the measure threshold or standard.

Denominator Subset: A description of a subset of the applicant's eligible patients (domain denominator) for whom a particular measure is relevant (measure denominator).

Frequency: Time frames associated with the numerator requirements.

Scoring: Performance level (percentage of patients meeting or complying with the measure) translated to points total for the clinical measure.

Information on the Domain Denominator is consistent across all of the clinical measures and is listed under "Patient Eligibility Criteria".

REQUIREMENTS FOR CONGESTIVE HEART FAILURE CARE RECOGNITION PROGRAM

Congestive Heart Failure Care Recognition Program Measurement Set

Clinical Measures Specifications:

1. Beta Blocker Therapy:

Description: Percentage of patients aged 18 through 75 years old with congestive heart failure (CHF) and left ventricular systolic dysfunction (LVSD) who have documented evidence of beta blocker use, if not contraindicated.

Data source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with congestive heart failure (CHF) and left ventricular systolic dysfunction (LVSD) for the denominator, and claims/encounter, pharmacy or medical record data for beta blocker(s) use information for the numerator.

Explanation: The American Heart Association (AHA) and American College of Cardiology (ACC) guidelines for the management of patients with congestive heart failure (CHF) recommend beta blocker treatment for those with prior myocardial infarction (MI) and/or reduced ejection fraction. It is anticipated that clinicians who provide services for the primary management of congestive heart failure (CHF) will submit this measure.

Numerator: Patients aged 18-75 years with a diagnosis of congestive heart failure (CHF) and left ventricular systolic dysfunction (LVSD) with documented evidence of beta blocker, if not contraindicated. Three methods are provided to identify patients' documented beta blocker use: pharmacy, claims and medical record data. See "Denominator Subset" section below for further information on identifying patients with CHF and LVSD.

Electronic Collection: The patient is numerator compliant if he or she has documented evidence of beta blocker use or contraindication to beta blocker therapy as identified by pharmacy or claims data. This includes those patients with CHF and LVSD who had one of the following:

1. Beta blocker(s) dispensed during the reporting period
2. Evidence of contraindication or previous adverse reaction to beta blocker therapy

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Beta blocker treatment: For a list of numerator compliant beta blockers see Table 3 under “Relevant Medication Lists for CHF Care Measurement Set.” These lists are provided as an example, but do not constitute exhaustive lists of appropriate medications.

Evidence of Contraindication or Previous Adverse Reaction: The following codes may be used to identify contraindications to beta blocker therapy:

ICD-9 Codes:

History of asthma: 493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.80, 493.81, 493.82, 493.90, 493.91, 493.92

History of hypotension: 458.0, 458.1, 458.21, 29, 458.8, 458.9

History of heart block > 1 degree: 426.0, 426.12, 426.13, 426.2, 426.4, 426.50, 426.51, 426.52, 426.53, 426.54, 426.6, 426.7

History of sinus bradycardia: 427.81

History of Chronic Obstructive Pulmonary Disease (COPD): 491.20, 491.21, 491.22, 493.20, 493.21, 493.22, 496

Medical Record Collection: Patient is numerator compliant if he or she has documentation in the medical record of use of beta blockers OR previous adverse reaction or contraindication to beta blocker therapy. This includes those patients with CHF and LVSD who had one of the following:

1. Documentation indicating the date on which a beta blocker was prescribed during the reporting period.
2. Documentation of a prescription for a beta blocker from another treating clinician during the reporting period.
3. Documentation of diagnosis of or medical treatment for one of the following indicating a previous adverse reaction or contraindication to use of beta blocker therapy:
 - History of asthma or prescription for an inhaled corticosteroid over the past 12 months, from the last day of the reporting period
 - History of hypotension
 - History of heart block > 1 degree
 - History of sinus bradycardia

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- History of Chronic Obstructive Pulmonary Disease (COPD)
- History of Class IV Congestive Heart Failure (CHF)

For a list of numerator compliant beta blockers, see Table 3 under “Relevant Medication Lists for CHF Care Measurement Set.” These lists are provided as an example, but do not constitute exhaustive lists of appropriate medications.

The following is not acceptable documentation:

1. Patient self-reporting

Denominator: Patients aged 18-75 years with the domain denominator diagnosis (i.e., congestive heart failure [CHF]) AND evidence of left ventricular systolic dysfunction (LVSD). LVSD is defined as a most recent left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function. Information on the domain’s denominator diagnosis can be found under the “Patient Eligibility Criteria” section of the document.

Subset

Electronic Collection: Patient is denominator compliant if he or she has undergone left ventricular function (LVF) testing, as documented by administrative claims data AND documentation in the medical record of an ejection fraction < 40% or moderately or severely depressed left ventricular systolic function. Below is a list of eligible codes to identify left ventricular function (LVF) testing:

Left Ventricular Function (LVF) Testing

CPT-I Codes: 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350, 93543

Medical Record Collection: Patient is denominator compliant if he or she has documentation of one of the following on the problem list:

1. Left ventricular systolic dysfunction (LVSD)
2. Left ventricular ejection fraction (LVEF) < 40%
3. Moderate or severely depressed left ventricular systolic function

The following is not acceptable documentation:

1. Patient self-reporting

Frequency: Most recent documentation over the last 12 months from the last day of the reporting period.

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Scoring: If denominator subset ≥ 25 patients, then:

If $[\text{numerator/denominator}] \geq \text{minimum criteria}$, then Earned Points =
 $[\text{numerator/denominator}] \times \text{maximum available points for the measure}$

If $[\text{numerator/denominator}] < \text{minimum criteria}$, then Earned
Points = 0

If denominator subset < 25 patients, then measure is not scored.

2. ACE-I/ARB Therapy:

Description: Percentage of patients aged 18 through 75 years with congestive heart failure (CHF) and left ventricular systolic dysfunction (LVSD) who have documented evidence of angiotensin converting enzyme inhibitor (ACE-I) or angiotensin receptor blocker (ARB) therapy use, if not contraindicated.

Data source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with congestive heart failure (CHF) and left ventricular systolic dysfunction (LVSD) for the denominator, and claims/encounter, pharmacy or medical record data for documentation of ACE-I or ARB medication(s) use for the numerator.

Explanation: The American Heart Association (AHA) and American College of Cardiology (ACC) guidelines for the management of patients with congestive heart failure (CHF) recommend ACE-I/ARB treatment for those with prior myocardial infarction (MI) and or reduced ejection fraction. It is anticipated that clinicians who provide services for the primary management of congestive heart failure (CHF) will submit this measure.

Numerator: Patients aged 18-75 years with a diagnosis of congestive heart failure (CHF) and left ventricular systolic dysfunction (LVSD) with documented evidence of ACE-I or ARB medication use, if not contraindicated. Three methods are provided to identify patients' documented ACE-I or ARB medication use: pharmacy, claims and medical record data. See "Denominator Subset" section below for further information on identifying patients with CHF and LVSD.

Electronic Collection: The patient is numerator compliant if he or she has documented evidence of ACE-I or ARB medication(s) use or contraindication to ACE-I or ARB medications, as identified by pharmacy or claims data. This includes those patients with CHF and LVSD who had one of the following:

1. ACE-I or ARB medication(s) dispensed during the reporting period.
2. Evidence of contraindication or previous adverse reaction to ACE-I or ARB therapy

ACE-I/ARB Medications: For a list of numerator compliant ACE-I and ARB medications, see Tables 4 and 5 under "Relevant Medication Lists for CHF Care Measurement Set."

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Evidence of Contraindication or Previous Adverse Reaction: The following codes may be used to identify contraindications to ACE-I and/or ARB medications:

ICD-9 Codes:

ACE-I or ARB therapy allergy or intolerance: 995.0 and E942.9, 995.1 and E942.9, 995.27 and E942.9, 995.29 and E942.9

Anuric renal failure: V56.0, V56.8, 39.95, 54.98, 788.5, 586, 403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13, 404.92, 404.93, 584.5-584.9, 585.5, 585.6)

Moderate or severe aortic stenosis: 440.1, 395.0, 396.0, 396.2, 396.8, 425.1, 747.22

Pregnancy: V22.0-V23.9

Medical Record Collection: The patient is numerator compliant if he or she has documentation in the medical record of use of ACE-I or ARB medication OR previous adverse reaction or contraindication to ACE-I or ARB medications. This includes those patients with CHF and LVSD who had one of the following:

1. Documentation indicating the date on which an ACE-I or ARB medication was prescribed during the reporting period.
2. Documentation of a prescription for an ACE-I or ARB medication from another treating clinician during the reporting period.
3. Documentation of diagnosis of or medical treatment for one of the following indicating a previous adverse reaction or contraindication to use of ACE-I and/or ARB therapy:
 - ACE-I or ARB medication allergy or intolerance
 - Anuric renal failure
 - Moderate or severe aortic stenosis
 - Pregnancy

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For a list of numerator compliant ACE-I and ARB medications, see Tables 4 and 5 under "Relevant Medication Lists for CHF Care Measurement Set." These lists are provided as an example, but do not constitute exhaustive lists of appropriate medications.

The following is not acceptable documentation:

1. Patient self-reporting

Denominator Subset: Patients aged 18-75 years with the domain denominator diagnosis (i.e., congestive heart failure [CHF]) AND evidence of left ventricular systolic dysfunction (LVSD). LVSD is defined as a most recent left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function. Information on the domain's denominator diagnosis can be found under the "Patient Eligibility Criteria" section of the document.

Electronic Collection: Patient is denominator compliant if he or she has undergone left ventricular function (LVF) testing, as documented by administrative claims data AND documentation in the medical record of an ejection fraction < 40% or moderately or severely depressed left ventricular systolic function. Below is a list of eligible codes to identify left ventricular function (LVF) testing:

Left Ventricular Function (LVF) Testing

CPT-I Codes: 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350, 93543

Medical Record Collection: Patient is denominator compliant if he or she has documentation of one of the following on the problem list:

1. Left ventricular systolic dysfunction (LVSD)
2. Left ventricular ejection fraction (LVEF) < 40%
3. Moderate or severely depressed left ventricular systolic function

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The following is not acceptable documentation:

1. Patient self-reporting

Frequency: Most recent documentation over the last 12 calendar months from the last day of the reporting period.

Scoring: If denominator subset ≥ 25 patients, then:

If [numerator/denominator] \geq minimum criteria, then Earned Points =
[numerator/denominator] x maximum available points for the measure

If [numerator/denominator] < minimum criteria, then Earned Points = 0

If denominator subset < 25 patients, then measure is not scored.

3. Left Ventricular Systolic Function (LVF) Assessment:

Description: Percentage of patients aged 18 through 75 years with congestive heart failure (CHF) and documentation of a left ventricular systolic function (LVF) assessment.

Data source: Electronic data (visit, lab, encounter data, or claims) and or medical record data (paper based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with congestive heart failure (CHF) for the denominator, and claims/encounter or medical record data for documentation of a left ventricular systolic function (LVF) assessment for the numerator.

Explanation: The American Heart Association (AHA) and American College of Cardiology (ACC) guidelines for the management of patients with congestive heart failure (CHF) recommend assessment of left ventricular systolic function with 2-dimensional echocardiography or radionuclide ventriculography. It is anticipated that clinicians who provide services for the primary management of congestive heart failure (CHF) will submit this measure.

Numerator: Patients aged 18-75 years with a diagnosis of congestive heart failure (CHF) and documented evidence of a left ventricular systolic function (LVF) assessment. See “Patient Eligibility Criteria” for further information on codes to identify patients with CHF.

Electronic Collection: The patient is numerator compliant if he or she has undergone left ventricular function (LVF) testing during the reporting period, as identified by administrative claims data. Below is a list of eligible codes to identify left ventricular function (LVF) testing:

CPT-I Codes: 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314, 93315, 93317, 93350, 93543

Medical Record Collection: The patient is numerator compliant if he or she has dated documentation in the medical record of LVF assessment and results. This includes those patients with CHF who had one of the following:

1. Documentation indicating the date and results (quantitative or qualitative) of the LVF assessment during the reporting period.
2. Documentation indicating the date and results (quantitative or qualitative) of the LVF assessment from another treating clinician during the reporting period.

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The following is not acceptable documentation for LVF assessment:

1. Patient self-reporting

Frequency: Most recent result over the last 12 months from the last day of the reporting period.

Scoring: If [numerator/denominator] \geq minimum criteria, then Earned Points = [numerator/denominator] x maximum available points for the measure

If [numerator/denominator] $<$ minimum criteria, then Earned Points = 0

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4. Weight Measurement:

Description: Percentage of patients aged 18 through 75 years with congestive heart failure (CHF) and documentation of a weight measurement.

Data source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with congestive heart failure (CHF) for the denominator, and claims/encounter or medical record data for documentation of weight for the numerator.

Explanation: The American Heart Association (AHA) and American College of Cardiology (ACC) recommend a thorough physical examination for patients with a congestive heart failure (CHF) diagnosis to identify cardiac and non-cardiac disorders that may accelerate the progression of heart failure. This should include initial and ongoing assessments of the patient’s volume status. It is anticipated that clinicians who provide services for the primary management of congestive heart failure (CHF) will submit this measure.

Numerator: Patients aged 18-75 years with a diagnosis of congestive heart failure (CHF) and documented evidence of a weight measurement. See “Patient Eligibility Criteria” for further information on codes to identify patients with CHF.

Electronic Collection: The patient is denominator compliant if he or she has a weight measurement recorded during the reporting period, as identified by administrative claims data. Below is a list of eligible codes for weight measurement.

CPT-II Codes: 2001F

Medical Record Collection: The patient is numerator compliant if he or she has dated documentation in the medical record of weight measurement. This includes those patients with CHF who had one of the following:

1. Documentation indicating the date and weight measurement during the reporting period.
2. Documentation indicating the date and weight measurement from another treating clinician during the reporting period.

The following is not acceptable documentation for weight measurement:

1. Patient self-reporting

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Frequency: Most recent measurement over the last 12 months from the last day of the reporting period.

Scoring: Earned Points = [numerator/denominator] x maximum available points for the measure

5. Assessment of Clinical Symptoms of Volume Overload:

Description: Percentage of patients aged 18 through 75 years with congestive heart failure (CHF) and documentation of an assessment of clinical symptoms of volume overload.

Data source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with congestive heart failure (CHF) for the denominator, and claims/encounter or medical record data for documentation of clinical symptoms of volume overload for the numerator.

Explanation: The American Heart Association (AHA) and American College of Cardiology (ACC) recommend a thorough physical examination for patients with a congestive heart failure (CHF) diagnosis to identify cardiac and non-cardiac disorders that may accelerate the progression of heart failure. This should include initial and ongoing assessments of the patient’s volume status. It is anticipated that clinicians who provide services for the primary management of congestive heart failure (CHF) will submit this measure.

Numerator: Patients aged 18-75 years with a diagnosis of congestive heart failure (CHF) and documentation of an assessment of clinical symptoms of volume overload. See “Patient Eligibility Criteria” for further information on codes to identify patients with CHF.

Electronic Collection: The patient is numerator compliant if he or she has an assessment of clinical symptoms of volume overload during the reporting period, as identified by administrative claims data. Below is a list of eligible codes for clinical symptoms of volume overload:

CPT-II Codes: 1004F

Medical Record Collection: The patient is numerator compliant if he or she has dated documentation in the medical record of assessment of clinical symptoms of volume overload. This includes those patients with CHF who had one of the following:

1. Documentation indicating the date and assessment for the absence of both or the presence of one of either dyspnea or orthopnea during the reporting period.
2. Documentation indicating the date and assessment for the absence of both or the presence of one of either dyspnea or orthopnea from another treating clinician during the reporting period.

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3. Dated documentation of standardized scale or completion of an assessment tool during the reporting period. Standardized scale or assessment tools may include the New York Heart Association Functional Classification of Congestive Heart Failure (level of activity only); Kansas City Cardiomyopathy Questionnaire; Minnesota Living with Heart Failure Questionnaire; or Chronic Heart Failure Questionnaire.

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The following is not acceptable documentation:

1. Patient self-reporting

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Frequency: Most recent assessment over the last 12 months from the last day of the reporting period.

Scoring: Earned Points = [numerator/denominator] x maximum available points for the measure

6. Assessment of Activity Level:

Description: Percentage of patients aged 18 through 75 years with congestive heart failure (CHF) and documentation of an assessment of physical activity level.

Data source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with congestive heart failure (CHF) for the denominator, and claims/encounter or medical record data for documentation of physical activity level for the numerator.

Explanation: The American Heart Association (AHA) and American College of Cardiology (ACC) recommend a thorough physical examination for patients with a congestive heart failure (CHF) diagnosis to identify cardiac and noncardiac disorders that may accelerate the progression of heart failure. This should include initial and ongoing assessments of the patient’s activity level. It is anticipated that clinicians who provide services for the primary management of congestive heart failure (CHF) will submit this measure.

Numerator: Patients aged 18-75 years with a diagnosis of congestive heart failure (CHF) and documentation of an assessment of physical activity level. See “Patient Eligibility Criteria” for further information on codes to identify patients with CHF.

Electronic Collection: The patient is numerator compliant if he or she has an assessment of activity level during the reporting period, as identified by administrative claims data. Below is a list of eligible codes for assessment of physical activity level:

CPT-II Codes: 1003F

Medical Record Collection: The patient is numerator compliant if he or she has dated documentation in the medical record of assessment of activity level. This includes those patients with CHF who had one of the following:

1. Documentation indicating the date and patient’s current level of physical activity during the reporting period.
2. Documentation indicating the date and patient’s current level of physical activity from another treating clinician during the reporting period.
3. Dated documentation of standardized scale or completion of an assessment tool during the reporting period. Standardized scale or assessment tools may include the New York Heart Association Functional Classification of

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Congestive Heart Failure (level of activity only); Kansas City
Cardiomyopathy Questionnaire; Minnesota Living with Heart Failure
Questionnaire; or Chronic Heart Failure Questionnaire.

Frequency: Most recent assessment over the last 12 months from the last day of the
reporting period.

Scoring: Earned Points = [numerator/denominator] x maximum available points for the
measure

7. Patient Education:

Description: Percentage of patients aged 18 through 75 years with congestive heart failure (CHF) and documentation the patient has received patient education.

Data source: Electronic data (visit, lab, encounter data, or claims) and/or medical record data (paper-based or EHR). This measure requires the use of claims/encounter or medical record data for identification of patients with congestive heart failure (CHF) for the denominator, and claims/encounter or medical record data for documentation of patient education for the numerator.

Explanation: The American Heart Association (AHA) and American College of Cardiology (ACC) recommend patient education and close supervision for patients with a congestive heart failure (CHF) diagnosis to reduce the likelihood of noncompliance and lead to detection of changes in body weight or clinical status early enough for effective treatment to be instituted. It is anticipated that clinicians who provide services for the primary management of congestive heart failure (CHF) will submit this measure.

Numerator: Patients aged 18-75 years with a diagnosis of congestive heart failure (CHF) and documentation the patient has received patient education. See “Patient Eligibility Criteria” for further information on codes to identify patients with CHF.

Electronic Collection: The patient is numerator compliant if he or she has received patient education on disease management and health behavior during the reporting period, as identified by administrative claims data. Below is a list of eligible codes for patient education:

CPT-II Codes: 4003F

Medical Record Collection: The patient is numerator compliant if he or she has documentation in the medical record indicating the receipt of patient education on disease management and health behavior. This includes those patients with CHF who had one of the following:

1. Documentation indicating the date and receipt of patient education during the reporting period.
2. Documentation indicating the date and receipt of patient education from another treating clinician during the reporting period.

Patient education includes education on one or more of the following:

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1. Weight monitoring
2. Diet (sodium restriction)
3. Symptom management
4. Physical activity
5. Smoking cessation
6. Medication instruction
7. Minimizing or avoiding NSAIDs
8. Referral for a visiting nurse or specific educational or management program
9. Prognosis/End of life issues

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The following is not acceptable documentation for patient education:

1. Patient self-reporting

Frequency: Most recent d over the last 12 months from the last day of the reporting period.

Scoring: Earned Points = [numerator/denominator] x maximum available points for the measure

Patient Eligibility Criteria

An **eligible** congestive heart failure patient is one who meets **all three** criteria:

1. Is between 18 and 75 years of age.⁷
2. Has had a documented diagnosis of Congestive Heart Failure [CHF] (as defined in Table 1 below) for at least 12 months, from the last day of the reporting period.
3. Has been under the care of the applicant for at least 12 months. This is defined by documentation of two face-to-face visits for congestive heart failure (CHF) care between the clinician and the patient: one within 12 months of the last day of the reporting period and one that predates the last day of the reporting period by at least 12 months.

There are two accepted data sources that can be used to identify patients with congestive heart failure: claims/encounter data and medical record data.

Claims/Encounter data: Patient is denominator compliant if he or she is aged 18-75 and has had at least 2 face-to-face encounters for congestive heart failure (CHF) in an ambulatory setting: one within 12 months of the last day of the reporting period and one that predates the last day of the reporting period by at least 12 months. See Table 1 below for further information on codes to identify patients with congestive heart failure.

Medical Record data: Patient is denominator compliant if he or she is aged 18-75 with a documented diagnosis of congestive heart failure (CHF) listed on the problem list AND has been under the care of the applicant clinician or medical practice for at least 12 months. See Table 1 below for further information on diagnoses to identify patients with congestive heart failure.

Exclusions: Patients in hospice or palliative care are excluded from the denominator. See Table 2 below for further information on codes to identify patients with exclusions.

Table 1: Codes to Identify a Patient with a Diagnosis of Congestive Heart Failure

Diagnosis Codes
Congestive Heart Failure ICD-9: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9

⁷ As of the last date of the reporting period. Patients known to be deceased should be excluded.

Table 2: Codes to Identify Patients with Exclusions

Diagnosis Codes
Hospice and Palliative Care ICD-9: V66.7 CPT: 99377, 99378

Relevant Medication Lists for Congestive Heart Failure Care Measurement Set

Table 3: Beta Blocker Medications

Acebutolol	Corgard	Metoprolol/hydrochlorothiazide	Sotalol HCl
Atenolol	Corzide 40/5	Metoprolol Tartrate/ hydrochlorothiazide	Tenoretic
Atenolol/chlorthalidone	Corzide 80/5	Nadolol	Tenormin
Betapace	Esmolol	Nadolol/ bendroflumethiazide	Tenormin I.V.
Betapace AF	Inderal	Normodyne	Timolide
Betaxolol	Inderal LA	Penbutolol	Timolol
Bisoprolol	Inderide	Pindolol	Timolol Maleate/ hydrochlorothiazide
Bisoprolol/fumarate	Inderide LA	Propranolol	Timolol/ hydrochlorothiazide
Bisoprolol/hydrochlorothiazide	Kerlone	Propranolol HCl	Toprol
Blocadren	Labetalol	Propranolol hydrochloride	Toprol-XL
Brevibloc	Levator	Propranolol/hydrochlorothiazide	Trandate
Carteolol	Lopressor	Sectral	Trandate HCl
Cartrol	Lopressor HCT	Sorine	Visken
Carvedilol	Lopressor/hydrochlorothiazide	Sotalol	Zebeta
Coreg	Metoprolol		Ziac

Table 4: ACEI Medications

Accupril	Captopril/hydrochlorothiazide	Mavik	Quinapril Hydrochloride/ hydrochlorothiazide
Accuretic	Enalapril	Moexipril	Quinapril/hydrochlorothiazide
Aceon	Enalapril Maleate/diltiazem	Moexipril Hydrochloride	Ramipril
Altace	Enalapril Maleate/hydrochlorothiazide	Moexipril Hydrochloride/ hydrochlorothiazide	Tarka
Benazepril	Enalapril/diltiazem		Tezcem
Benazepril Hydrochloride	Enalapril/felodipine	Moexipril/hydrochlorothiazide	Trandolapril
Benazepril/amlodipine	Enalapril/hydrochlorothiazide	Monopril	Trandolapril/verapamil
Benazepril/hydrochlorothiazide	Enalaprilat	Monopril HCT	Trandolapril/verapamil hydrochloride
Capoten	Fosinopril	Monopril HCT 10/12.5	Uniretic
Capozide	Fosinopril Sodium/hydrochlorothiazide	Perindopril	Univasc
Capozide 25/15	Lexxel	Perindopril erbumine (added 12/10/04)	Vaseretic
Capozide 25/25	Lisinopril	Prinivil	Vasotec
Capozide 50/15	Lisinopril/hydrochlorothiazide	Prinzide	Zestoretic
Capozide 50/25	Lotensin	Quinapril	Zestril
Captopril	Lotensin HCT	Quinapril HCl	
Captopril HCT	Lotrel	Quinapril HCl/HCT	

Table 5: Angiotensin II inhibitors/angiotensin receptor blockers (ARBs)

Atacand	Cozaar	Irbesartan	Olmesartan/hydrochlorothiazide (added 12/10/04)
Atacand HCT	Diovan	Irbesartan/hydrochlorothiazide	Tasosartan
Avalide	Diovan HCT	Losartan	Telmisartan
Avapro	Eprosartan	Losartan/hydrochlorothiazide	Telmisartan/ hydrochlorothiazide
Benicar	Eprosartan/ hydrochlorothiazide	Micardis	Teveten
Candesartan	Hydrochlorothiazideolmesartan	Micardis HCT	Teveten HCT
Candesartan/ hydrochlorothiazide	Hyzaar	Olmesartan	Valsartan
			Valsartan/hydrochlorothiazide
			Verdia (added 12/10/04)

Minimum Patient Requirements

Applicants must abide by the minimum patient panel requirements as outlined below. Clinicians must elect and inform their data aggregator whether they are applying as an individual clinician or a medical practice. Clinicians are prohibited from applying as both individuals and part of a practice.

Individual clinician applicants: Individual clinician applicants must submit data on a minimum of 25 different eligible patients with congestive heart failure.

Medical practice applicants: For practice level applicants, the total number of congestive heart failure patients submitted must include:

- A minimum of 10 congestive heart failure patients per individual clinician
- A minimum practice average of 25 congestive heart failure patients per clinician

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Example 1: Medical Practice A

- Clinician 1 has 25 eligible patients.
- Clinician 2 has 55 eligible patients.
- Clinician 3 has 10 eligible patients.
- Total number of eligible patients for Practice A is 90.
- Practice average per clinician for Practice A is 30.

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Each clinician in Medical Practice A meets the individual minimum of 10 congestive heart failure patients. Medical Practice A also meets the minimum practice average of 25 congestive heart failure patients per clinician.

Example 2: Medical Practice B

- Clinician 1 has 25 eligible patients.
- Clinician 2 has 30 eligible patients.
- Clinician 3 has 7 eligible patients.
- Clinician 4 has 26 eligible patients.
- Total number of eligible patients for Practice B is 88.
- Practice average per clinician for Practice B is 22.

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Clinician 3 in Practice B does not meet the individual minimum of 10 congestive heart failure patients. Additionally, Practice B does not meet the minimum practice average of 25 heart failure patients per clinician. Clinician 3 and his or her patients will be removed from the assessment and the remaining clinicians (Clinicians 1, 2 and 4) will be scored as a practice, since they now have a practice average per clinician of 27 heart failure patients.

Example 3: Medical Practice C

- Clinician 1 has 25 eligible patients.
- Clinician 2 has 55 eligible patients.
- Clinician 3 has 7 eligible patients.
- Total number of eligible patients for Practice C is 87.
- Practice average per clinician for Practice C is 29.

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Clinician 3 does not meet the individual minimum of 10 eligible patients for practice level assessment. Since there are only 2 remaining eligible clinicians in this practice they will be scored as individuals. Each remaining clinician (Clinician 1 and Clinician 2) meets the individual clinician applicant minimum of 25 patients. Clinicians 1 and 2 can proceed with assessment as individuals.

APPENDICES

Appendix A: Audit Methodology

The PAO is responsible for conducting three levels of audit pertaining to applicant submissions for BTE Congestive Heart Failure Care Recognition:

- Level 1: Data Aggregator (DA) Data Extraction code review
- Level 2: Data Validation (Load Summary)
- Level 3: Clinician Chart Audit

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Level 1 Audit – Data Aggregator Data Extraction

The PAO will conduct an audit of each data aggregator's Congestive Heart Failure Care data extraction process prior to accepting applications. The PAO will review the code that the data aggregator is using to extract the clinician data and verify that all eligible patients are accurately included in the denominator. The DA must also provide the PAO with documentation of the code or logic used to extract numerator data to ensure that all data submitted is in accordance with BTE's measures specifications. Each data aggregator needs to pass the extraction audit before numerator data is abstracted for submission to the PAO. This level of review will also be conducted biannually and upon any changes to the data aggregator data extraction code. Data aggregators are responsible for informing the PAO when any changes are made.

Data aggregators are required to supply the PAO with the following information in order for the PAO to certify the denominators and numerator data submitted by the data aggregator:

- Patient lists produced by following the clinical measures specifications and patient eligibility requirements outlined in this document
- Source code used to produce denominator lists
- Patient attribution methodology documentation
- Exclusion criteria
- Source code used to extract numerator data for each Congestive Heart Failure Care measure

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Level 2 Audit – Data Validation (Load Summary)

The PAO runs and provides the data aggregator with a file load summary for each file submission within 3 days of receipt of the file, ensuring that each data field contains a valid data value that meets the data field specifications and makes sense in relation to itself and related data fields. The load summary will identify which records contain incomplete or invalid data values

and designate them as errors or warnings. There is a zero tolerance policy for errors on required data fields and data values that do not meet data field specifications. It is the data aggregator’s responsibility to correct or remove the problematic data identified as errors and resubmit the file to the PAO. Files will not be rejected for invalid data values in clinical measures fields, but will be counted as a numerator miss for scoring purposes (with the exception of the poor control measures for which it will be counted as a numerator hit). Invalid data values in clinical measures fields are however identified as warnings in the load summary to the data aggregator, which is responsible for reporting this information back to the applicant in order to improve data collection.

The following data validation checks are used in creating the load summary provided to the data aggregator after each data file submission to identify any missing or invalid data values:

Data Validation Checks for Clinical Measures Data Fields			
Data field	Data field specifications	Acceptable Data Value Range	Notes
Resp. Clinician ID	(Required Field) Alphanumeric value up to 26 characters in length		
Chart ID	(Required Field) Alphanumeric value		
Last Visit Date	(Required Field) Numeric value: MM/DD/YYYY	01-12/01-31/2000-Current Year <i>Date submitted is INVALID if it is a future date based on the last day of the reporting period.</i>	
Patient Year/Date of Birth	(Required Field) Numeric value: YYYY or MM/DD/YYYY	(Current Year/Date -75 years) - (Current Year/Date -18 years)	Current year/date anchored to the last day of the reporting period
LVSD Diagnosis	Alpha value	“YES”, “NO”	
Beta Blocker Therapy Date	Numeric value: MM/DD/YYYY	01-12/01-31/2000-Current Year <i>Date submitted is INVALID if it is a future date based on the last day of the reporting period.</i>	
Beta Blocker Therapy Contraindications	Alpha value	“YES”, “NO”	
ACE-Inhibitor Therapy Date	Numeric value: MM/DD/YYYY	01-12/01-31/2000-Current Year <i>Date submitted is INVALID if it is a future date based on the last day of the reporting period.</i>	
ACE Inhibitor Therapy Contraindications	Alpha value	“YES”, “NO”	
ARB Therapy Date	Numeric value: MM/DD/YYYY	01-12/01-31/2000-Current Year <i>Date submitted is INVALID if it is a</i>	

		<i>future date based on the last day of the reporting period.</i>	
ARB Therapy Contraindications	Alpha value	“YES”, “NO”	
LVF Assessment Date	Numeric value: MM/DD/YYYY	01-12/01-31/2000-Current Year <i>Date submitted is INVALID if it is a future date based on the last day of the reporting period.</i>	
Weight Measurement Date	Numeric value: MM/DD/YYYY	01-12/01-31/2000-Current Year <i>Date submitted is INVALID if it is a future date based on the last day of the reporting period.</i>	
Volume Overload Assessment Date	Numeric value: MM/DD/YYYY	01-12/01-31/2000-Current Year <i>Date submitted is INVALID if it is a future date based on the last day of the reporting period.</i>	
Activity Level Assessment Date	Numeric value: MM/DD/YYYY	01-12/01-31/2000-Current Year <i>Date submitted is INVALID if it is a future date based on the last day of the reporting period.</i>	
Patient Education Date	Numeric value: MM/DD/YYYY	01-12/01-31/2000-Current Year <i>Date submitted is INVALID if it is a future date based on the last day of the reporting period.</i>	

Data Validation Checks for Clinician Identifier Data Fields			
Data field	Data field specifications	Acceptable Data Value Range	Notes
Resp. Provider ID	<i>(Required field)</i> Alphanumeric value up to 26 characters in length		
NPI	<i>(Required field)</i> NPI: Numeric value 10 characters in length		
DEA Number	Alphanumeric value 9 characters in length	First letter must be “A”, “B”, “F” or “M”.	
Medical License Number	Alphanumeric value up to 10 characters in length		
Clinician Last Name	<i>(Required field)</i> Alpha value up to 50 characters in length		Leading abbreviations like “DR” or “Dr” must be dropped. Generational suffixes (e.g., Sr, Jr, II, III, etc.) should be included in the Last Name field without any punctuation. Suffix should be separated from the last name by a blank (e.g., Smith Jr).

Clinician First Name	(Required field) Alpha value up to 50 characters in length		
Clinician Middle Name	Alpha value up to 30 characters in length		
Clinician Degree	(Required field) Numeric value	“01”, “02”, “03”, “04”	01 = M.D. 02 = D.O. 03 = N.P. 04 = P.A.
Clinician/ Practice Address 1	(Required field) Alphanumeric value up to 100 characters in length		Should include the street name and number only.
Clinician/ Practice Address 2	Alphanumeric value up to 100 characters in length		Should include additional information such as suite, room, floor, building, etc.
Clinician/ Practice City	(Required field) Alpha value up to 100 characters in length		
Clinician/ Practice State	(Required field) Alpha value 2 characters in length	U.S. Postal Service abbreviation representing the state of the clinician’s or practice’s address	
Clinician/ Practice Zip Code	(Required field) Numeric value 5 (#####), 9 (#####) or 10 characters (#####-####) in length		
Clinician/ Practice Phone	Alphanumeric value up to 30 characters in length		Area code is required. Telephone number may be entered with or without punctuation.
Clinician Date of Birth	Numeric value: MM/DD/YYYY		
Clinician Gender	Alpha value	“F”, “M”, “U”	F = Female M = Male U = Unknown
Clinician Specialty	Numeric value	01-29	01 = Allergy/Immunology 02 = Cardiology 03 = Critical Care Services 04 = Dermatology 05 = Endocrinology 06 = Gastroenterology 07 = Gen/Fam Practice 08 = Geriatric Medicine 09 = Hematology 10 = Infectious Disease 11 = Internal Medicine 12 = Nephrology 13 = Neurology

			14 = Neurosurgery 15 = Obstetrics/Gynecology 16 = Occ. Medicine 17 = Oncology 18 = Ophthalmology 19 = Orthopedics 20 = Otolaryngology 21 = Pediatrics 22 = Phys/Rehab Medicine 23 = Psychiatry 24 = Psychopharmacology 25 = Pulmonary Medicine 26 = Rheumatology 27 = Surgery 28 = Urology 29 = Other – not listed
Practice ID	<i>(Required field for practice applicants only)</i> Alphanumeric value up to 26 characters in length		
Practice Name	<i>(Required field for practice applicants only)</i> Alpha value up to 100 characters in length		
Data Submission through CCHIT/ Meaningful Use certified System	Alpha value	“Y”, “N”	Y = Yes N = No Blank fields will default to “N”.
Full Patient Panel	Alpha value	“Y”, “N”	Y = Yes N = No Blank fields will default to “N”.

Level 3 Audit – Clinician Chart

BTE reserves the right to complete an audit of any individual or practice application for recognition. PAOs or specified local organization subcontractors conduct audits of at least 5 percent of applicants from each data aggregator partner each year. Congestive Heart Failure Care audits may be completed by fax, mail, electronically or on site, as determined by the PAO. Any data identified by the PAO as irregular through a pre-determined list of chart audit triggers is subject to audit. The remainder of the 5 percent is selected through a random sampling methodology. Once selected for an audit, an applicant submitting data continuously cannot be reselected for a subsequent audit through the random sampling methodology for a period of at least one year.

The PAO will notify the data aggregator which will notify the applicant if their application is chosen for audit, ascertain that audit personnel have no conflict of interest with the audited organization and provide instructions on audit requirements. Obtaining final Recognition results takes longer than usual for applicants chosen for audit. For those applicants selected for audit, final Recognition determination will be made within 60 days of the date of data submission.

The following chart identifies the components of the clinician chart audit depending on the data source of the patient information (whether the information is housed in an electronic medical record (EMR)/electronic health record (EHR), patient registry or paper chart).

<i>Patient data source / Audit Component</i>	<i>EMR/EHR</i>	<i>Registry</i>	<i>Paper Chart</i>
1. <i>Verification of data submitted in comparison to data in patient chart</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>
2. <i>Verification of patient selection for entry in electronic system (denominator certification)</i>	<i>N</i>	<i>Y</i>	<i>Y</i>

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For each applicant selected for audit, the PAO will identify and notify the data aggregator of 25 charts selected for review. For those clinicians chosen for audit due to an audit trigger, the patient charts containing the irregular data identified are included in the review. For all other audits the patient charts are identified through a random sampling methodology.

The auditor reviews all data fields submitted to the PAO in the clinical measures data file for each patient chart selected. The auditor is required to audit all the way through the 25 charts regardless of early findings to determine the final audit score. Errors are counted at the data field level. Applicants with 85 percent or greater accuracy on the audit will receive a Pass for the audit, and final recognition status will be determined. Failure to pass an audit results in no further consideration for the Congestive Heart Failure Care Recognition program for a pre-determined period of time from the date of submission of the application. Applicants with an audit score of 50 to 84 percent will be prohibited from resubmitting data to a PAO for a period of six months. Applicants with an audit score less than 50 will be prohibited from resubmitting data to a PAO for assessment for a period of two years.

Audit Score	Audit Determination	Lockout from Reconsideration
85-100	Pass	None
50-84	Fail	6 months
0-49	Fail	2 years

Applicants with an audit determination of “Fail” are automatically subject to re-audit upon their next data submission to any PAO after the completion of the lockout period. All audit decisions are considered final.

Detailed audit processes and procedures will be provided to data aggregators and selected applicants by the PAO.

Appendix B: Sample Results Report

COLOR KEY

Light Orange = Those values which are numerator compliant for each of the process measures

BTE Congestive Heart Failure Care Recognition Sample Data Set Calculation

Clinical Measures	<u>β Blocker Rx therapy</u>	<u>ACE-I/ARB Rx therapy</u>	<u>LVF Assessment</u>	<u>Weight Measurement</u>	<u>Clinical Symptoms of Volume Overload</u>	<u>Activity Level</u>	<u>Patient Education</u>
Patient 1	YES	NO	YES	YES	YES	YES	NO
Patient 2	NO	YES	NO	YES	NO	NO	NO
Patient 3	YES	YES	YES	YES	YES	YES	YES
Patient 4	YES	NO	YES	YES	YES	YES	NO
Patient 5	NO	YES	NO	YES	NO	NO	YES
Patient 6	YES	YES	YES	YES	YES	YES	YES
Patient 7	YES	YES	YES	YES	YES	YES	YES
Patient 8	NO	YES	NO	YES	NO	NO	YES
Patient 9	YES	YES	YES	YES	YES	YES	YES
Patient 10	YES	YES	YES	YES	YES	YES	YES
Patient 11	YES	YES	YES	YES	NO	YES	YES
Patient 12	YES	YES	YES	YES	NO	YES	YES
Patient 13	YES	YES	NO	YES	NO	YES	YES
Patient 14	YES	YES	YES	YES	YES	YES	NO
Patient 15	YES	YES	YES	YES	NO	YES	NO
Patient 16	YES	YES	NO	YES	YES	YES	YES
Patient 17	YES	YES	YES	YES	NO	YES	YES
Patient 18	YES	NO	YES	YES	YES	YES	NO
Patient 19	NO	YES	NO	YES	NO	NO	YES
Patient 20	YES	YES	YES	YES	YES	YES	YES
Patient 21	YES	YES	YES	NO	YES	YES	YES
Patient 22	YES	YES	YES	YES	YES	YES	YES
Patient 23	YES	YES	NO	YES	YES	YES	NO
Patient 24	YES	YES	YES	YES	YES	YES	YES
Patient 25	YES	YES	YES	YES	YES	YES	NO

Recognition Levels

Clinical Measures

	Threshold	Minimum Criteria	Sample Meeting Threshold	Maximum Available Points	Points Earned
β Blocker Medication Therapy w/LVSD	N/A	≥ 75% of pts in sample	21/25 = 84%	15	12.6
ACE-I/ARB Medication Therapy w/LVSD	N/A	≥ 75% of pts in sample	22/25 = 88%	15	13.2
LVF Assessment	N/A	≥ 65% of pts in sample	18/25 = 72%	15	10.8
Weight Measurement	N/A	N/A	24/25 = 96%	15	14.4
Assessment of Clinical Symptoms of Volume Overload	N/A	N/A	16/25 = 64%	15	9.6
Assessment of Activity Level	N/A	N/A	21/25 = 84%	15	12.6
Patient Education	N/A	N/A	17/25 = 68%	10	6.8
TOTAL POINTS				100	80.0
PERCENTAGE OF TOTAL POSSIBLE POINTS NEEDED TO ACHIEVE LEVEL I RECOGNITION				60.0	80.0
PERCENTAGE OF TOTAL POSSIBLE POINTS NEEDED TO ACHIEVE LEVEL II RECOGNITION				72.5	80.0
PERCENTAGE OF TOTAL POSSIBLE POINTS NEEDED TO ACHIEVE LEVEL III RECOGNITION				85.0	80.0