Cardiac 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 Cardiac 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 Cardiac 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 Cardiac Care Recognition Program is a BTE Clinician Recognition Program intended to identify clinicians who deliver high-value cardiac care to adult patients. The program is designed with an understanding that adult patients may seek the care of various types of practitioners—primary care (PCPs), cardiologists, neurologists, and others—for treatment and management of their cardiovascular disease. 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 Cardiac Care requirements assess clinical measures representing standards of care for patients with cardiovascular disease or who have had a stroke. BTE believes that the Cardiac Care Recognition program has the potential to significantly improve the quality of care experienced by cardiovascular and stroke patients and to reduce the financial and human burden of unnecessary hospitalizations and complications.

To earn Cardiac Care Recognition, clinicians and medical practices voluntarily submit medical record data documenting their delivery of care to cardiovascular and stroke patients. 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 Cardiac Care performance thresholds. Those clinicians not meeting the BTE Cardiac Care performance thresholds remain anonymous to BTE and its health plan licensees. BTE's Cardiac Care Recognition 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 requirements 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 Cardiac Care Recognition by submitting data through a CCHIT-certified[1] 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 measures[2]
1. Blood Pressure (BP) control
2. LDL control
3. Complete Lipid profile
4. Use of Aspirin or another antithrombotic
5. Documentation of Smoking status and cessation advice and treatment

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[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.

Clinicians who demonstrate high-quality performance based on these measures are awarded BTE Cardiac 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 Cardiac 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 cardiac measures (listed above).

Level I: Focuses on a clinician-centric[3] view of measurement, looking at individual metrics summed to produce a composite score, with the inclusion of "minimum" performance requirements for all intermediate outcome control measures, both poor and superior (i.e., BP control and LDL control). Thresholds have been set to focus on above average performance.

Level II: Focuses on a combination of clinician and patient-centric[4] measurements. Level II includes the measurement of individual metrics summed to produce a composite score, with the inclusion of "minimum" performance requirements for all intermediate outcome control measures. Also looks at the defect rate of care delivery across poor control measures on a per patient basis. Thresholds have been set to focus on very good performance.

Level III: Focuses on patient-centric view of measurement, looking at the defect rate of care delivery across superior control measures on a per patient basis. Clinicians must demonstrate that they are using advanced processes and delivering all the right care on a per patient basis. Thresholds have been set to focus on exceptional performance.

What Recognition Requires

[3] Clinician-centric refers to performance assessment involving evaluation of clinician performance based upon discrete measures (i.e. BP <140/90), which is applied across the eligible patient panel. The results provide a picture of a clinician's performance on a given measures across his or her eligible patient panel. Since the process leads to clinician-focused results it is said to be "clinician-centric."

[4] Patient-centric refers to performance assessment involving evaluation of clinician performance based upon composite measures, created by combining 2 or more separate discrete measures into a single measure (i.e. combining BP <140/90 and LDL <100 mg/dl into 1 single measure), which is applied on a per patient basis. The results provide a picture of an individual patient's performance on a set of measures which make up the composite measure. Since the process leads to patient-focused results it is said to be "patient-centric."

To seek BTE Cardiac Care Recognition, clinician applicants must submit medical record data that demonstrates they meet BTE's Cardiac 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: 60% of the total possible points
Level III: 60% 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 the discrete intermediate outcomes control measures (i.e., BP, LDL), 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).

Tables 1, 2 and 3 show the program measures and the associated point values for scoring clinicians' performance.

Table 1: Cardiac Care Level I Measures, Performance Criteria and Scoring

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 requirements for intermediate outcome control measures (i.e., BP control and LDL control). Thresholds have been set to focus on above average performance.

Clinical Measures	Threshold	Minimum Criteria	Maximum Points
Poor Control Measures[5]			
Blood Pressure Control	≥ 145/95	≤ 45% of pts in sample	20
LDL Control	≥ 130 mg/dl	≤ 40% of pts in sample	20
Superior Control Measures			
Blood Pressure Superior Control	< 140/90	≥ 20% of pts in sample	10
LDL Superior Control	< 100 mg/dl	≥ 25% of pts in sample	10
Process Measures			
Complete Lipid Profile	N/A	N/A	10
Use of Aspirin or Another Antithrombotic	N/A	N/A	20
Smoking Status and Cessation Advice and Treatment	N/A	N/A	10
		Total Points	100
		Percentage of Total Points Needed to Achieve Recognition	60

[5] Poor control measures, both discrete and composite, are measures of poor care. A lower percentage is representative of good care. The number of points awarded to the applicant for a poor control measure is calculated by (1 – the percentage of patients meeting the threshold) x the maximum points for that measure.

Table 2: Cardiac Care Level II Measures, Performance Criteria and Scoring

Level II focuses on a combination of clinician and patient-centric measurements. Level II includes the measurement of individual metrics summed to produce a composite score, with the inclusion of "minimum" requirements for all intermediate outcome control measures. Also looks at the defect rate of care delivery across poor control measures on a per patient basis. Thresholds have been set to focus on very good performance.

Clinical Measures	Threshold	Minimum Criteria	Maximum Points
Poor Control Composite Measure[5]			
Blood Pressure Control	≥ 145/95	N/A	40
LDL Control	≥ 130 mg/dl		
Superior Control Measures			
Blood Pressure Superior Control	< 140/90	≥ 20% of pts in sample	10
LDL Superior Control	< 100 mg/dl	≥ 25% of pts in sample	10
Process Measures			
Complete Lipid Profile	N/A	N/A	10
Use of Aspirin or Another Antithrombotic	N/A	N/A	20
Smoking Status and Cessation Advice and Treatment	N/A	N/A	10
		Total Points	100
		Percentage of Total Points Needed to Achieve Recognition	60

[5] Poor control measures, both discrete and composite, are measures of poor care. A lower percentage is representative of good care. The number of points awarded to the applicant for a poor control measure is calculated by (1 – the percentage of patients meeting the threshold) x the maximum points for that measure.

Table 3: Cardiac Care Level III Measures, Performance Criteria and Scoring

Level III focuses on patient-centric view of measurement, looking at the defect rate of care delivery across superior control measures on a per patient basis. Clinicians must demonstrate that they are using advanced processes and delivering all the right care on a per patient basis. Thresholds have been set to focus on exceptional performance.

Clinical Measures	Threshold	Criteria	Maximum Points
Poor Control Composite Measure[5]			
Blood Pressure Control	≥ 145/95	N/A	40
LDL Control	≥ 130 mg/dl		
Superior Control Composite Measure			
Blood Pressure Superior Control	< 140/90	N/A	20
LDL Superior Control	< 100 mg/dl		
Process Measures			
Complete Lipid Profile	N/A	N/A	10
Use of Aspirin or Another Antithrombotic	N/A	N/A	20
Smoking Status and Cessation Advice and Treatment	N/A	N/A	10
		Total Points	100
		Percentage of Total Points Needed to Achieve Recognition	60

For a sample clinician scoring report, see Appendix B.

[5] Poor control measures, both discrete and composite, are measures of poor care. A lower percentage is representative of good care. The number of points awarded to the applicant for a poor control measure is calculated by (1 – the percentage of patients meeting the threshold) x the maximum points for that measure.

POLICIES AND PROCEDURES

Eligibility for Clinician Participation

Clinicians may apply for BTE Cardiac 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 patients with ischemic vascular disease 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 clinicians practicing in any setting who provides continuing care for patients with ischemic vascular disease[6].

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.

[6] **Eligible Cardiac patients** are 18-75 years of age, with a documented diagnosis of ischemic vascular disease (as defined by criteria labeled "Patient Eligibility Criteria") for at least 12 months AND have been under the care of the applicant clinician or practice for at least 12 months. This is defined by documentation of two face-to-face visits for ischemic vascular disease 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 Cardiac 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 Cardiac Care measures and specifications. See "What Recognition Requires" and "Requirements for Cardiac 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 due dates will be agreed to by the data aggregator and the PAO based on the estimated time needed by the data aggregator to prepare the quarterly 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 a 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 Cardiac 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 clinician 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 Cardiac 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 requirements, and applicant-specific reports with results for all Cardiac Care measures are produced within 30 days.

All applicants must meet the Cardiac Care program eligibility requirements to be scored. For practice level applicants, all individual clinicians included in the practice application must meet the Cardiac 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 Cardiac 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 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. 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. Cardiac 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 Cardiac 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 Cardiac 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 process 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 1:* For Level I, for Blood Pressure Superior Control, there is a total of 10 points for BP Control <140/90. If 20 percent of the patient sample has this level of BP control, then the clinician has met the minimum requirement for the measure and receives 20% of the total 10 points [0.20 x 10 = 2] or 2 points. If 50 percent of the patient sample has this level of BP control, then the clinician has exceeded the minimum requirement for the measure, and receives 50% of the total 10 points [0.50 x 10 = 5] or 5 points. If the applicant's performance on this measure is less than 20 percent of the patient sample with this level of BP control, then the applicant does not meet the minimum requirement and receives 0 points.

> *Example 2:* For Level II, for the poor control composite measure, there is a total of 40 points for BP Control ≥145/95 and LDL Control ≥130. If 20 percent of the patient sample meets at least one of these thresholds, then the clinician receives 80% of the total 40 points [0.80 x 40 = 32] or 32 points[7]. There are no minimum requirements for the poor control composite measure.

[7] Poor control measures, both discrete and composite, are measures of poor care. A lower percentage is representative of good care. The number of points awarded to the applicant for a poor control measure is calculated by (1 – the percentage of patients meeting the threshold) x the maximum points for that measure.

Example 3: For Level III, for the superior control composite measure, there is a total of 20 points for BP Control <140/90, and LDL Control <100. If 25 percent of the patient sample meets both of these thresholds, then the clinician receives 25% of the total 20 points [0.25 x 20= 5] or 5 points. There are no minimum requirements for the superior control composite measure.

Final Status Determinations

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

The scoring threshold is shown in the table below. For Cardiac Care Recognition, there are two statuses for each level: Recognized and Not Recognized.

Cardiac Care Recognition Status	Percentage of Total Possible Points
Recognized	60-100
Not Recognized	0-59

"Recognized" indicates the applicant meets or exceeds the requirements acceptable for the program and that Cardiac Care Recognition at that level has been achieved. Cardiac Care recognitions achieved on or before December 31, 2009 will be effective for three years. Beginning January 1, 2010, the Cardiac 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 Cardiac 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 Cardiac 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 Cardiac 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 Cardiac 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 Cardiac 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 Cardiac Care recognition will maintain their Cardiac 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 Cardiac Care Recognition status and maintain their current begin and end recognition dates.

Example 1: Clinician A

Assessment period	*Assessment date*	*Assessed (Scored) Level*[8]	*Recognition Level*[9]	*Recognition Dates*
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

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

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

[9] 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.

PAOs are responsible for managing changes to clinician's start and end recognition date 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.

Terms of Recognition

When communicating with patients, third-party payers, managed care organizations (MCOs) and others, clinicians or practices who receive BTE Cardiac 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 Cardiac Care Recognition Clinical Measures

The following examples illustrate the format used for clinical measures.

Evaluation Program Title: Cardiac 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.

Frequency: Time frames associated with the numerator requirements.

Scoring: Performance level (percentage of patients meeting or complying with the measure or standard) 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 CARDIAC CARE RECOGNITION PROGRAM

Cardiac Care Recognition Program Measurement Set

Clinical Measures Specifications:

1. Blood Pressure Control:

Description: Percentage of patients aged 18 through 75 years with ischemic vascular disease who had most recent blood pressure in poor control (greater than or equal to 145/95 mmHg).

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 ischemic vascular disease for the denominator, and medical record data for blood pressure information for the numerator.

Explanation: The American Heart Association (AHA), American Stroke Association (ASA), and American College of Cardiology (ACC) guidelines for secondary prevention suggest treatment for adult patients with cardiovascular disease and/or with a prior stroke who have blood pressure ≥ 145/95 mmHg. This is a poor control measure. A lower rate indicates better performance (i.e., low rates of poor control indicate better care). It is anticipated that clinicians who provide services for the primary management of ischemic vascular disease will submit this measure.

Numerator: Patients aged 18-75 years with a diagnosis of ischemic vascular disease and most recent systolic blood pressure measurement of ≥ 145mmHg OR diastolic blood pressure of ≥ 95 mmHg. See “Patient Eligibility Criteria” for further information on codes to identify patients with ischemic vascular disease. The steps below should be followed to determine the representative blood pressure reading.

1. *Identify the most recent visit to the doctor’s office or clinic in which a BP reading was noted.* BP reading is acceptable if the representative BP was obtained during a visit to the clinician’s office or non-emergency outpatient facility, such as clinic or urgent care center.

2. *Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.* If there are multiple BPs recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.

The patient is numerator compliant if the most recent systolic blood pressure measurement is ≥ 145 mmHg or missing, OR the most recent diastolic blood pressure measurement is ≥ 95 mmHg or missing, OR if the BP reading was not done during the reporting period (i.e. last 12 months from the last day of the reporting period[10]). The patient is NOT numerator compliant if the most recent systolic blood pressure measurement during the reporting period is < 145 mmHg AND the most recent diastolic blood pressure measurement during the reporting period is < 95 mmHg.

The following are not acceptable forms of documentation of blood pressure:

1. Use of terms "VS within normal limits," "VS WNL," or "Vital signs normal"
2. BP measurements obtained on the same day as a diagnostic or surgical procedure or at an emergency room visit
3. Patient self-reporting

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

Scoring: If [numerator/denominator] ≤ minimum criteria, then Earned Points = [1 – (numerator/denominator)] x maximum available points for the measure

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

[10] The last day of the reporting period is anchored to the last day of the current quarter.

2. Blood Pressure Superior Control:

Description: Percentage of patients aged 18 through 75 years with ischemic vascular disease who had most recent blood pressure in superior control (less than 140/90 mmHg).

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 ischemic vascular disease for the denominator, and medical record data for blood pressure information for the numerator.

Explanation: The American Heart Association (AHA), American Stroke Association (ASA), and American College of Cardiology (ACC) guidelines for secondary prevention suggest patients with cardiovascular disease and/or with a prior stroke have blood pressure < 140/90 mmHg. This is a superior control measure. A higher rate indicates better performance (i.e., high rates of superior control indicate better care). It is anticipated that clinicians who provide services for the primary management of ischemic vascular disease will submit this measure.

Numerator: Patients aged 18-75 years with a diagnosis of ischemic vascular disease and most recent systolic blood pressure measurement of < 140mmHg and a diastolic blood pressure of < 90mmHg. See "Patient Eligibility Criteria" for further information on codes to identify patients with ischemic vascular disease. The steps below should be followed to determine the representative blood pressure reading.

1. *Identify the most recent visit to the doctor's office or clinic in which a BP reading was noted.* BP reading is acceptable if the representative BP was obtained during a visit to the clinician's office or non-emergency outpatient facility, such as clinic or urgent care center.

2. *Identify the lowest systolic and lowest diastolic blood pressure reading from the most recent blood pressure notation in the medical record.* If there are multiple BPs recorded for a single date, use the lowest systolic and lowest diastolic BP on that date as the representative BP. The systolic and diastolic results do not need to be from the same reading.

The patient in numerator compliant if the most recent systolic blood pressure measurement during the reporting period is < 140 mmHg AND the most recent diastolic blood pressure measurement during the reporting period is < 90 mmHg. The patient is NOT numerator compliant if the most recent systolic blood pressure measurement is ≥140 mmHg or missing, OR the most recent

diastolic blood pressure measurement is ≥ 90 mmHg or missing, OR if the BP reading was not done during the reporting period.

The following are not acceptable forms of documentation of blood pressure:

1. Use of terms “VS within normal limits,” “VS WNL,” or “Vital signs normal”
2. BP measurements obtained on the same day as a diagnostic or surgical procedure or at an emergency room visit
3. Patient self-reporting

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

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

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

3. Lipid Control:

Description: Percentage of patients aged 18 through 75 years with ischemic vascular disease who had most recent LDL-C level in poor control (greater than or equal to 130 mg/dl).

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 ischemic vascular disease for the denominator, and laboratory or medical record data for LDL-C test information for the numerator.

Explanation: The American Heart Association (AHA), American Stroke Association (ASA), and American College of Physicians (ACP) guidelines for secondary prevention recommend treatment for patients with cardiovascular disease and/or prior stroke with an LDL ≥ 130 mg/dl. This is a poor control measure. A lower rate indicates better performance (i.e., low rates of poor control indicate better care). It is anticipated that clinicians who provide services for the primary management of ischemic vascular disease will submit this measure.

Numerator: Patients aged 18-75 years with a diagnosis of ischemic vascular disease and most recent LDL-C level ≥ 130 mg/dl. See "Patient Eligibility Criteria" for further information on codes to identify patients with ischemic vascular disease.

Electronic Collection: The patient is numerator compliant if the laboratory result of the most recent LDL-C test is ≥ 130 mg/dl, is missing, or if the test was not done during the reporting period. The patient is NOT numerator compliant if the laboratory result of the most recent LDL-C test during the reporting period is < 130 mg/dl.

Medical Record Collection: The patient is numerator compliant if the result of the most recent LDL-C test is ≥ 130 mg/dl, is missing, or if the test was not done during the reporting period. The patient NOT is numerator compliant if the result of the most recent LDL-C test during the reporting period is < 130 mg/dl.

At a minimum, documentation in the medical record must include a note indicating the date on which the LDL-C test was performed and the result. LDL-C levels may be calculated from total cholesterol, HDL-C and triglycerides using the Friedewald equation if the triglycerides are ≤ 400 mg/dl:

LDL-C = (total cholesterol) – (HDL) – (Triglycerides/5)

If the clinician/medical practice is manually extracting the data and if the triglycerides are > 400 mg/dl and LDL-C levels cannot be calculated using the Friedewald equation, LDL-C levels should be entered as a value of 500 and the date of the test documented.

If the clinician/medical practice is submitting through an EMR and if the triglycerides are > 400 mg/dl and LDL-C levels cannot be calculated using the Friedewald equation, the clinician/medical practice may enter LDL-C levels as a value of 500 and the date of the test documented if programming allows this option. However, this is not required.

The following is not acceptable documentation of LDL-C test results:

1. LDL-to-HDL ratio
2. Patient self-reporting

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

Scoring: If [numerator/denominator] ≤ minimum criteria, then Earned Points = [1 – (numerator/denominator)] x maximum available points for the measure

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

4. Lipid Superior Control:

Description: Percentage of patients aged 18 through 75 years with ischemic vascular disease who had most recent LDL-C level in superior control (less than 100 mg/dl).

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 ischemic vascular disease for the denominator, and laboratory or medical record data for LDL-C test information for the numerator.

Explanation: The American Heart Association (AHA), American Stroke Association (ASA), and American College of Physicians (ACP) guidelines for secondary prevention recommend patients with cardiovascular disease and/or prior stroke have an LDL < 100mg/dl. This is a superior control measure. A higher rate indicates better performance (i.e., high rates of superior control indicate better care). It is anticipated that clinicians who provide services for the primary management of ischemic vascular disease will submit this measure.

Numerator: Patients 18-75 years with a diagnosis of ischemic vascular disease and most recent LDL-C level < 100 mg/dl. See "Patient Eligibility Criteria" for further information on codes to identify patients with ischemic vascular disease.

Electronic Collection: The patient is numerator compliant if the laboratory result of the most recent LDL-C test during the reporting period is < 100 mg/dl. The patient is NOT numerator compliant if the laboratory result of the most recent LDL-C test result is ≥ 100 mg/dl, is missing, or if the test was not done during the reporting period.

Medical Record Collection: The patient is numerator compliant if the result of the most recent LDL-C test during the reporting period is < 100 mg/dl. The patient is NOT numerator compliant if the result of the most recent LDL-C test is ≥ 100 mg/dl, is missing, or if the test was not done during the reporting period.

At a minimum, documentation in the medical record must include a note indicating the date on which the LDL-C test was performed and the result. LDL-C levels may be calculated from total cholesterol, HDL-C and triglycerides using the Friedewald equation if the triglycerides are ≤ 400mg/dl:

LDL-C = (total cholesterol) – (HDL) – (Triglycerides/5)

If the clinician/medical practice is manually extracting the data and if the triglycerides are > 400 mg/dl and LDL-C levels cannot be calculated using the

Friedewald equation, LDL-C levels should be entered as a value of 500 and the date of the test documented.

If the clinician/medical practice is submitting through an EMR and if the triglycerides are > 400 mg/dl and LDL-C levels cannot be calculated using the Friedewald equation, the clinician/medical practice may enter LDL-C levels as a value of 500 and the date of the test documented if programming allows this option. However, this is not required.

The following is not acceptable documentation of LDL-C test results:

1. LDL-to-HDL ratio
2. Patient self-reporting

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

Scoring: If [numerator/denominator] ≥ 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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5. Complete Lipid Profile:

Description: Percentage of patients aged 18 through 75 years with ischemic vascular disease who had a full lipid profile completed.

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 ischemic vascular disease for the denominator, and laboratory or medical record data for lipid profile information for the numerator.

Explanation: The American Heart Association (AHA), American Stroke Association (ASA), and American College of Physicians (ACP) guidelines for secondary prevention emphasize the importance a complete lipid profile plays in ongoing management of care of patients with cardiovascular disease and/or prior stroke. It is anticipated that clinicians who provide services for the primary management of ischemic vascular disease will submit this measure.

Numerator: Patients aged 18-75 years with a diagnosis of ischemic vascular disease and documentation of full lipid profile completed. A full lipid profile includes all of the following:

1. Total serum Cholesterol (TC)
2. Serum Triglycerides (TRIG)
3. High- Density Lipoprotein (HDL)
4. Low- Density Lipoprotein (LDL)

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See "Patient Eligibility Criteria" for further information on codes to identify patients with ischemic vascular disease.

Electronic Collection: The patient is numerator compliant if he or she has laboratory documentation of the results of at least 3 of the 4 lipid profile components listed above during the reporting period. The patient is NOT numerator compliant if 2 or more of the lipid profile components are missing results or were not done during the reporting period.

Medical Record Collection: The patient is numerator compliant if he or she has documentation of the results of at least 3 of the 4 lipid profile components listed above during the reporting period. The patient is NOT numerator compliant if 2 or more of the lipid profile components are missing results or were not done during the reporting period.

The following is not acceptable documentation for full lipid profile:

1. LDL-to-HDL ratio
2. Patient self-reporting

Frequency: Most recent test results 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. Use of aspirin or another antithrombotic:

Description: Percentage of patients aged 18 through 75 years with ischemic vascular disease who have documentation of use of aspirin or another antiplatelet/antithrombotic, 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 or medical record data for identification of patients with ischemic vascular disease for the denominator, and pharmacy or medical record data for documentation of use of aspirin or another antiplatelet/antithrombotic for the numerator.

Explanation: The American Heart Association (AHA), American Stroke Association (ASA), and American College of Physicians (ACP) guidelines for secondary prevention recommend that patients with ischemic vascular disease and/or prior stroke should take aspirin or another antiplatelet/antithrombotic on a daily basis, if not contraindicated. It is anticipated that clinicians who provide services for the primary management of ischemic vascular disease will submit this measure.

Numerator: Patients aged 18-75 years with a diagnosis of ischemic vascular disease and documentation of use of aspirin or another antiplatelet/antithrombotic, if not contraindicated. Two methods are provided to identify patients with documented use of aspirin or another antiplatelet/antithrombotic: pharmacy data or medical record data.

See “Patient Eligibility Criteria” for further information on codes to identify patients with ischemic vascular disease.

Electronic Collection: The patient is numerator compliant if pharmacy data documents he or she was dispensed aspirin (75 to 325 mg daily) or another antiplatelet/antithrombotic during the reporting period, on an ambulatory basis.

Other antiplatelets/antithrombotics include:

1. Warfarin (Coumadin)
2. Clopidogrel (Plavix)
3. Enoxaprin (Lovenox)
4. Dipyridamole (w/aspirin = Aggrenox)

For a list of numerator compliant aspirin medications and other antiplatelets/ antithrombotics, see Tables 3 through 6 under “Relevant Medication Lists for Cardiac Care Measurement Set.” These lists are provided as an example, but do not constitute exhaustive lists of appropriate medications.

Medical Record Collection: The patient is numerator compliant if he or she has documentation in the medical record of use of aspirin or another antiplatelet/ antithrombotic OR contraindication to aspirin or another antiplatelet/ antithrombotic. This includes those patients with ischemic vascular disease who had one of the following:

1. Documentation indicating the date on which aspirin or another antiplatelet/ antithrombotic was prescribed during the reporting period.

2. Documentation of a prescription for aspirin or another antiplatelet/ antithrombotic from another treating clinician during the reporting period.

3. Documentation of diagnosis of or medical treatment for one of the following in which use of aspirin or another antiplatelet/antithrombotic is contraindicated:

    - Active peptic ulcer
    - History of recent[11] GI bleeding
    - History of intracranial hemorrhage (ICH)
    - Allergy or hypersensitivity to Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
    - Bleeding disorders including hemophilia, von Willebrand's disease, thrombocytopenia and severe liver disease

Other antiplatelets/antithrombotics include:

1. Warfarin (Coumadin)
2. Clopidogrel (Plavix)
3. Enoxaprin (Lovenox)
4. Dipyridamole (w/aspirin = Aggrenox)

For a list of numerator compliant aspirin medications and other antiplatelets/ antithrombotics, see Tables 3 through 6 under "Relevant Medication Lists for Cardiac 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 for aspirin or another antithrombotic use:

1. Patient self-reporting

[11] Over the last six months, from the last day of the reporting period.

Frequency: If patient with diagnosis of or treatment for condition for which aspirin or another antiplatelet/antithrombotic is contraindicated: during patient lifetime (unless more specific frequency is indicated above).

If patient with aspirin or antiplatelet/antithrombotic use: most recent prescription 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. Smoking Status and Cessation Advice and Treatment:

Description: Percentage of patients aged 18 through 75 years with ischemic vascular disease who have documentation of smoking status, and if a smoker, received cessation counseling or treatment.

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, pharmacy or medical record data for identification of patients with ischemic vascular disease for the denominator, and medical record data for documentation of smoking status, and if a smoker, pharmacy or medical record data for documentation of cessation counseling or treatment information for the numerator.

Explanation: The American Heart Association (AHA), American Stroke Association (ASA), and American College of Cardiology (ACC) guidelines for secondary prevention recommend all patients do not smoke and that those who do smoke receive cessation counseling and treatment. It is anticipated that clinicians who provide services for the primary management of ischemic vascular disease will submit this measure.

Numerator: Patients aged 18-75 years with a diagnosis of ischemic vascular disease and documentation of smoking status, and if smoker, date of cessation counseling or treatment. See "Patient Eligibility Criteria" for further information on codes to identify patients with ischemic vascular disease.

Electronic Collection: The patient is numerator compliant if he or she has smoking status documented (see Medical Record Collection below) AND if smoker has documented date of receipt of cessation counseling and/or treatment during the reporting period, as identified by claims data. The following codes may be used to identify smoking cessation counseling and/or treatment:

CPT I Codes: 99406, 99407;

HCPCS Codes: S9075, S9453.

Medical Record Collection: The patient is numerator compliant if he or she has smoking status documented AND if smoker, has documented date of receipt of cessation counseling and/or treatment during the reporting period. Acceptable forms of cessation counseling and treatment methods/resources include dated documentation of patient receiving/ participating in at least one of the following:

1. 1:1 teaching

2. Written or web-based risk-based educational materials
3. Group education class focused on smoking cessation
4. Drug Therapy

For a list of numerator compliant medications, see Table 7 under "Relevant Medications List for Cardiac Care Measurement Set." The list is provided as an example, but does not constitute an exhaustive list of appropriate medications.

If the patient is a non-smoker, the patient is NOT numerator compliant if:

1. His or her smoking status documentation is missing

   OR

2. His or her smoking status was not asked

If the patient is a smoker, the patient is NOT numerator compliant if:

1. His or her smoking status documentation is missing

   OR

2. His or her smoking status was not asked

   OR

3. His or her documentation on receiving cessation counseling and/or treatment is missing

   OR

4. He or she has not received cessation counseling and/or treatment

   OR

5. He or she has not received cessation counseling and/or treatment during the reporting period

   OR

6. His or her documentation on receiving cessation counseling and/or treatment is not during the reporting period

Frequency: If non-smoker: most recent smoking status.

If smoker: most recent smoking status and counseling/treatment over the last 12 months from last day of reporting period.

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

Patient Eligibility Criteria

An **eligible** ischemic vascular disease patient is one who meets **all three** criteria:

1. Is between 18 and 75 years of age.[12]
2. Has had a documented diagnosis of Ischemic Vascular Disease [IVD] (as defined in Table 1 below) for at least 12 months, from the last day of the reporting period. Eligible diagnosis categories include coronary artery disease (e.g., acute myocardial infarction, stable angina), peripheral arterial disease, and cerebrovascular disease (e.g., ischemia, stroke, embolism).
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 ischemic vascular disease (IVD) 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 ischemic vascular disease: 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 two face-to-face encounters for ischemic vascular disease (IVD) care, 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 ischemic vascular disease.

Also denominator compliant if the patient has documentation of being discharged alive for Anterior wall Myocardial Infarction (AMI), Coronary Artery Bypass Graft (CABG), or Percutaneous Transluminal Coronary Angioplasty (PTCA).

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

Also denominator compliant if the patient has documentation of being discharged alive for Anterior wall Myocardial Infarction (AMI), Coronary Artery Bypass Graft (CABG), or Percutaneous Transluminal Coronary Angioplasty (PTCA).

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.

[12] As of the last date of the reporting period. Patients known to be deceased should be excluded.

Table 1: Codes to Identify a Patient with a Diagnosis of Ischemic Vascular Disease

Diagnosis and CPT Codes
CORONARY ARTERY DISEASE **Coronary Artery Disease** ICD-9: 411, 411.0, 411.1, 411.81, 411.89, 414.0 **Acute Myocardial Infarction** ICD-9: 410, 410.00-410.02, 410.0-410.9, 410.10-410.12, 410.20-410.22, 410.30-410.32, 410.40-410.42, 410.50-410.52, 410.60-410.62, 410.70-410.72, 410.80-410.82, 410.90-410.92, 411, 411.0, 411.1, 411.81, 411.89 **Stable Angina** ICD-9: 413-413.1, 413.9 **Percutaneous Coronary Intervention** CPT: 92980-92981, 92982, 92984, 92995, 92996, 92997, 92998, 33140 ICD-9: 36.06, 36.07, 36.09 **CABG** CPT: 33510-33514, 33516-33519, 33521-33523, 33533-33536, 33542, 33545, 33572, 35600, 35601, 35606, 35612, 35616, 35621, 35623, 35626, 35631-35634, 35636-35638, 35642, 35645, 35646, 35647, 35650, 35651, 35654, 35656, 35661, 35663, 35665, 35666, 35671, 35501, 35506, 35508-35512, 35515, 35516, 35518, 35521-35523, 35525, 35526, 35531, 35533, 35535-35540, 35548, 35549, 35551, 35556, 35558, 35560, 35563, 35565, 35566, 35570, 35571 ICD-9: 36.1, 36.2
PERIPHERAL ARTERIAL DISEASE **Lower Extremity Arterial Disease/Peripheral Arterial Disease** ICD-9: 440.20-440.24, 440.29, 447.0-447.6, 447.8, 447.9, 444-444.2, 444.8-444.9
CEREBROVASCULAR DISEASE **Ischemia** ICD-9: 435, 435.0, 435.1, 435.3, 435.8, 435.9 **Stroke** ICD-9: 437.0-437.9, 438.0-438.2, 438.10-438.12, 438.20, 438.21, 438.22, 438.3, 438.30-438.32, 438.4, 438.40-438.42, 438.6-438.8, 438.81-438.85, 438.89, 438.9 **Atheroembolism** ICD-9: 444.0, 444.1, 445.0, 445.8, 445.01, 445.02, 445.81, 445.89

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 Cardiac Care Measurement Set

Table 3: Aspirin Family medications

Acetylsalicylic Acid	Aspirbuf	Buffered ASA	Excedrin Geltab
Acuprin 81	Aspircaf	Buffered Aspirin	Excedrin Migraine
Alka-Seltzer	Aspirtab	Buffered Baby ASA	Extra Strength Bayer
Alka-Seltzer Morning Relief	Aspirin Baby	Bufferin	Fiorinal
Anacin	Aspirin Bayer	Bufferin Arthritis Strength	Fiormor
Arthritis Foundation Aspirin	Aspirin Bayer Children's	Bufferin Extra Strength	Fiortal
Arthritis Pain Ascriptin	Aspirin Buffered	Buffex	Fortabs
Arthritis Pain Formula	Aspirin Child	Cama Arthritis-Reliever	Genacote
ASA	Aspirin Child Chewable	Child's Aspirin	Genprin
ASA Baby	Aspirin Children's	Coated Aspirin	Halfprin
ASA Baby Chewable	Aspirin EC	Cosprin	Litecoat Aspirin
ASA Baby Coated	Aspirin Enteric Coated	CTD Aspirin	Low Dose ASA
ASA Bayer	Aspirin Litecoat	Dasprin	Magnaprin
ASA Bayer Children's	Aspirin Lo-Dose	Doans Pills	Med Aspirin
ASA Buffered	Aspirin Low Strength	Easprin	Norwich Aspirin
ASA Children's	Aspirin Tri-Buffered	EC ASA	Pain Relief (Effervescent)
ASA EC	Aspirin, Extended Release	Ecotrin	Pain Relief with Aspirin
ASA Enteric Coated	Aspirin/Butalbital/ Caffeine	Ecotrin Low Strength Adult	Sloprin
ASA/Maalox	Aspirin-Caffeine	Effervescent Pain & Antacid	St. Joseph Aspirin
Ascriptin	Aspirin-pravastatin	Empirin	Stanback Analgesic
Aspergum	Bayer Aspirin	Encaprin	Therapy Bayer
Aspir-10	Bayer Aspirin PM Extra Strength	Entab	Tri Buffered Aspirin
Aspir-Low	Bayer Children's	Entaprin	Uni-As
Aspir-Lox	Bayer EC	Entercote	Uni-Buff
Aspir-Mox	Bayer Enteric Coated	Enteric Coated Aspirin	Uni-Tren
Aspir-Trin	Bayer Low Strength	Enteric Coated Baby Aspirin	Zorprin
	Bayer Plus	Excedrin	

Table 4: Coumadin/Warfarin medications

Anisindione	Liquamar
Barr Warfarin Sodium	Miradon
Coumadin	Panwarfin
Dicumarl	Warfarin
Jantoven	Warfarin Sodium

Table 5: Non-aspirin Antiplatelet medications

Aggrenox	Persantine
Clopidogrel	Plavix
Clopidogrel Bisulfate	Ticlid
Dipyridamole	Ticlopidine
Effient	Ticlopidine Hydrochloride

Table 6: Non-warfarin Antithrombotic medications

Dalteparin sodium	Fragmin
Enoxaparin Sodium	Lovenox
Heparin sodium	

Table 7: Smoking Cessation medications

Buproban Oral	Habitrol (TD)	Nicotine TD	NTS Step 1 TD
Bupropion SR	INTS Step 3 TD	Nicotine Transdermal TD	NTS Step 2 TD
Brupopion XL	Medic Nicotine TD	Nicotrol (PDR)	NTS Step 3 TD
Chantix (varenicline)	NicoDerm CQ	Nicotrol Inhaler (PDR)	Prostep TD
CVS NTS Step 1 TD	Nicoderm CQ TD	Nicotrol NS (PDR)	Wellbutrin
CVS NTS Step 2 TD	Nicoderm TD	Nicotrol NS Nasl	Zyban (PDR)
CVS NTS Step 3 TD	Nicotine Nasl	Nicotrol TD	Zyban Oral
Habitrol (PDR)	Nicotine Patches (PDR)	Nicotrol Td TD	

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 ischemic vascular disease (IVD).

Medical practice applicants: For medical practice applicants, the total number of ischemic vascular disease patients submitted must include:

- A minimum of 10 ischemic vascular disease patients per individual clinician
- A minimum practice average of 25 ischemic vascular disease patients per clinician

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.

Each clinician in Medical Practice A meets the individual minimum of 10 ischemic vascular disease patients. Medical Practice A also meets the minimum practice average of 25 ischemic vascular disease 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.

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

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 Cardiac Care Recognition:

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

Level 1 Audit – Data Aggregator Data Extraction

The PAO will conduct an audit of each data aggregator's Cardiac 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 Cardiac Care measure

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 *Date submitted is INVALID if it is a future date based upon the last day of the reporting period.*	
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 last day of reporting period
Systolic Blood Pressure	Numeric value	60-300 Data submitted is INVALID if: Systolic Blood Pressure < Diastolic Blood Pressure	
Diastolic Blood Pressure	Numeric value	40-150 *Data submitted is INVALID if: Diastolic Blood Pressure ≥ Systolic Blood Pressure*	
Blood Pressure Date	Numeric value: MM/DD/YYYY	01-12/01-31/2000-Current Year *Date submitted is INVALID if it is a future date based upon the last day of the reporting period.*	
Smoking Status	Alpha value	"SMOKER", "NON-SMOKER", "NOT KNOWN"	
Smoking Status Assessment Date	Numeric value: MM/DD/YYYY	01-12/01-31/2000-Current Year *Date submitted is INVALID if it is a future date based upon the last day of the reporting period..*	

Smoking Cessation and/or Treatment Date	Numeric value: MM/DD/YYYY	01-12/01-31/2000-Current Year *Date submitted is INVALID if it is a future date based upon the last day of the reporting period.*	
LDL Level (mg/dl)	Numeric value	15-500	
LDL Level Date	Numeric value: MM/DD/YYYY	01-12/01-31/2000-Current Year *Date submitted is INVALID if it is a future date based upon the last day of the reporting period.*	
HDL Level (mg/dl)	Numeric value		
HDL Level Date	Numeric value: MM/DD/YYYY	01-12/01-31/2000-Current Year *Date submitted is INVALID if it is a future date based upon the last day of the reporting period.*	
Triglyceride Level (mg/dl)	Numeric value		
Triglyceride Level Date	Numeric value: MM/DD/YYYY	01-12/01-31/2000-Current Year *Date submitted is INVALID if it is a future date based upon the last day of the reporting period*	
Total Cholesterol Level (mg/dl)	Numeric value		
Total Cholesterol Level Date	Numeric value: MM/DD/YYYY	01-12/01-31/2000-Current Year *Date submitted is INVALID if it is a future date based upon the last day of ther reporting period.*	
Aspirin Use Date	Numeric value: MM/DD/YYYY	01-12/01-31/2000-Current Year *Date submitted is INVALID if it is a future date based upon the last day of ther reporting period.*	
Antithrombotic/ Antiplatelet Use Date	Numeric value: MM/DD/YYYY	01-12/01-31/2000-Current Year *Date submitted is INVALID if it is a future date based upon the last day of ther reporting period.*	
Aspirin, Antiplatelet or Antithrombotic Contra-indications	Alpha value	"YES", "NO"	

Data Validation Checks for Clinician Identifier 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		

NPI	***(Required field)*** 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	***(Required field)*** 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	***(Required field for practice applicants only)*** Alphanumeric value up to 26 characters in length		
Practice Name	***(Required field for practice applicants only)*** Alpha value up to 100 characters in length		
Data Submission through CCHIT/ MeaningfulUse certified System	Alpha value	"Y", "N"	Y = Yes N = No Blank fields will default to "N".
Full Patient	Alpha value	"Y", "N"	Y = Yes

Panel			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. Cardiac 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).

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

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 Cardiac 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 Determiniation	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

Yellow = Those values which are numerator compliant for the poor control discrete measures OR Patient numerator compliant for poor control composite measure	Sky Blue = Those values which are numerator compliant for the superior control discrete measures OR Patient numerator compliant for superior control composite measure	Light Orange = Those values which are numerator compliant for each of the process measures

BTE Cardiac Care Recognition Sample Data Set Calculation

Clinical Measures	BP	LDL	Complete Lipid Profile	Use of ASA or Another Antithrombotic	Smoking Status Cessation & Tx
	-	-	-	-	-
Patient 1	125/75	92	NO	YES	NO
Patient 2	128/70	124	YES	NO	NO
Patient 3	140/85	95	YES	YES	YES
Patient 4	135/80	88	NO	YES	NO
Patient 5	155/100	118	YES	NO	YES
Patient 6	120/75	146	YES	YES	YES
Patient 7	125/70	120	YES	YES	YES
Patient 8	165/95	174	YES	NO	YES
Patient 9	140/75	96	YES	YES	YES
Patient 10	132/85	82	YES	YES	YES
Patient 11	132/80	115	YES	YES	NO
Patient 12	124/85	92	YES	YES	YES
Patient 13	120/70	98	YES	YES	NO
Patient 14	165/90	155	YES	YES	NO
Patient 15	135/90	128	YES	YES	NO
Patient 16	168/100	168	YES	YES	YES
Patient 17	130/70	124	YES	YES	YES
Patient 18	124/78	94	NO	YES	NO
Patient 19	135/85	116	YES	NO	YES
Patient 20	120/90	98	YES	YES	YES
Patient 21	110/75	110	YES	YES	YES
Patient 22	115/70	90	YES	YES	YES
Patient 23	125/75	114	YES	YES	NO
Patient 24	138/92	120	YES	YES	YES
Patient 25	120/80	84	YES	YES	NO

Level I Recognition

Clinical Measures	Threshold	Minimum Criteria	Sample Meeting Threshold	Maximum Available Points	Points Earned
	-	-	-	-	-
Poor control measures					
Blood Pressure Control	≥ 145/95	≤ 45% of pts in sample	4/25 = 16%	20	**16.8**
LDL Control	≥ 130 mg/dl	≤ 40% of pts in sample	4/25 = 16%	20	**16.8**
Superior control measures					
Blood Pressure Superior Control	< 140/90	≥ 20% of pts in sample	16/25 = 64%	10	**6.4**
LDL Superior Control	< 100 mg/dl	≥ 25% of pts in sample	11/25 = 44%	10	**4.4**
Process measures					
Complete Lipid Panel	N/A	N/A	22/25 = 88%	10	**8.8**
Use of Aspirin or Another Antithrombotic	N/A	≥ 50% of pts in sample	21/25 = 84%	20	**16.8**
Smoking Status and Cessation Advice & Tx	N/A	N/A	15/25 = 60%	10	**6.0**
TOTAL POINTS				**100**	**76**
PERCENTAGE OF TOTAL POINTS NEEDED TO ACHIEVE RECOGNITION				**60**	**60**

Level II Recognition

Clinical Measures	**Threshold**	**Minimum Criteria**	**Sample Meeting Threshold**	**Maximum Available Points**	**Points Earned**
Poor control composite measure					
Blood Pressure Control	≥ 145/95	N/A	5/25 = 20%	40	**32**
LDL Control	≥ 130 mg/dl				
Superior control measures					
Blood Pressure Superior Control	< 140/90	≥ 20% of pts in sample	16/25 = 64%	10	**6.4**
LDL Superior Control	< 100 mg/dl	≥ 25% of pts in sample	11/25 = 44%	10	**4.4**
Process measures					
Complete Lipid Panel	N/A	N/A	22/25 = 88%	10	**8.8**
Use of Aspirin or Another Antithrombotic	N/A	≥ 50% of pts in sample	21/25 = 84%	20	**16.8**
Smoking Status and Cessation Advice & Tx	N/A	N/A	15/25 = 60%	10	**6.0**
TOTAL POINTS				**100**	**74.4**
PERCENTAGE OF TOTAL POINTS NEEDED TO ACHIEVE RECOGNITION				**60**	**60**

Level III Recognition

Clinical Measures	Threshold	Minimum Criteria	Sample Meeting Threshold	Maximum Available Points	Points Earned
Poor control composite measure					
Blood Pressure Control	≥ 145/95	N/A	5/25 = 20%	40	**32**
LDL Control	≥ 130 mg/dl				
Superior control composite measure					
Blood Pressure Control	< 140/90	N/A	8/25 = 32%	20	**6.4**
LDL Control	< 100 mg/dl				
Process measures					
Complete Lipid Panel	N/A	N/A	22/25 = 88%	10	**8.8**
Use of Aspirin or Another Antithrombotic	N/A	≥ 50% of pts in sample	21/25 = 84%	20	**16.8**
Smoking Status and Cessation Advice & Tx	N/A	N/A	15/25 = 60%	10	**6.0**
TOTAL POINTS				**100**	**70**
PERCENTAGE OF TOTAL POINTS NEEDED TO ACHIEVE RECOGNITION				**60**	**60**