

**Clinician Guide:
Bridges to Excellence
Congestive Heart Failure
Care Recognition Program**

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Table of Contents

INTRODUCTION	2
OVERVIEW	3
CLINICIAN BENEFITS OF RECOGNITION	4
BACKGROUND ON THE MEASUREMENT CRITERIA	4
RECOGNITION PROGRAM STRUCTURE	5
WHAT RECOGNITION REQUIRES	5
TABLE 1: CONGESTIVE HEART FAILURE CARE MEASURES, PERFORMANCE CRITERIA AND SCORING	6
ELIGIBILITY FOR CLINICIAN PARTICIPATION	7
BTE CONGESTIVE HEART FAILURE CARE RECOGNITION CLINICAL MEASURES	8
BETA BLOCKER THERAPY	9
ACE-I/ARB THERAPY	13
LEFT VENTRICULAR SYSTOLIC FUNCTION (LVF) ASSESSMENT	16
WEIGHT MEASUREMENT	18
ASSESSMENT OF CLINICAL SYMPTOMS OF VOLUME OVERLOAD	20
ASSESSMENT OF ACTIVITY LEVEL	22
PATIENT EDUCATION	24
PATIENT ELIGIBILITY CRITERIA	26
TABLE 1: CODES TO IDENTIFY A PATIENT WITH A DIAGNOSIS OF CONGESTIVE HEART FAILURE	27
TABLE 2: CODES TO IDENTIFY PATIENTS WITH EXCLUSIONS	27
APPLYING FOR RECOGNITION	28
DURATION OF RECOGNITION	29
CHANGES IN RECOGNITION LEVELS	30
REPORTING RESULTS TO HCI3 AND ITS PARTNERS	32
TERMS OF RECOGNITION	32

Introduction

The Health Care Incentives Improvement Institute (HCI3) is excited to offer the opportunity for clinicians to participate in the Bridges to Excellence (BTE) recognition program and 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. HCI3'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 BTE incentives through participating health plans, employers and coalitions.

HCI3 has partnered with CECity as the Performance Assessment Organization (PAO) for all Bridges to Excellence (BTE) Recognition Programs submitted electronically or direct data submission through CECity's cloud-based MedConcert® platform. Clinicians will be provided with real-time performance assessments, feedback reports, and access to dynamically linked improvement tools and resources to help them close performance gaps.

About CECity

Pittsburgh, PA-based CECity is the health care industry's leading platform-as-a-service provider of cloud-based applications and distribution networks for performance improvement, quality reporting, and lifelong learning. Health care professionals and healthcare organizations, including QIOs, health plans, hospitals, chain pharmacies, professional medical certifying and licensing boards, publishers, professional societies, and academic medical centers, count on CECity to power their solutions for continuous performance improvement, performance assessment, clinical registries, professional development, patient safety, medication adherence, care coordination, population health informatics, and quality reporting.

About MedConcert®

MedConcert, healthcare's first social cloud platform for continuous performance improvement and lifelong learning, provides one convenient, integrated solution to help all stakeholders answer the question, "How Do We Improve?" Through MedConcert, providers, practices, and healthcare organizations engage in building secure social networks to share best practices and connect in meaningful ways to address a variety of critical needs driven by healthcare reform. Through the MedConcert App Store, individuals and health systems access a wide variety of applications for pay for performance, performance dashboards, population health management, clinical integration, performance improvement, professional certification, patient surveys, care coordination, patient registries, enterprise-wide benchmarking, and much more.

Overview

The Health Care Incentive Improvement Institute 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 providers who demonstrate that they have implemented comprehensive solutions in the management of patients and deliver safe, timely, effective, efficient, equitable and patient-centered care.

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

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

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

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

BTE's Congestive Heart Failure Care requirements assess clinical measures representing standards of care for patients with CHF. HCI3 believes that the Congestive Heart Failure Care Recognition program has the potential to significantly improve the quality of care experienced by patients with CHF and to reduce the financial and human burden of unnecessary hospitalizations and complications.

To earn Congestive Heart Failure Care Recognition, clinicians and medical practices voluntarily submit medical record data documenting their delivery of care to patients with CHF. HCI3 has partnered with an objective third-party independent Performance Assessment Organizations (PAO) to evaluate clinician data based on standard measures to publicly recognize those that meet the BTE Congestive Heart Failure Care performance thresholds. Those clinicians not meeting the BTE Congestive Heart Failure Care performance thresholds remain anonymous to BTE and its health plan licensees. BTE's Congestive Heart Failure 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 HCI3's web site www.hci3.org and communicated to both health plans and employers.
- Clinicians may use the BTE Recognition to demonstrate that they meet the standards of care assessed by the program when contracting with health organizations and purchasers of health services.
- Clinicians can identify areas of their practice that vary from the performance criteria and take steps to improve quality of care.
- Where applicable, clinicians can establish eligibility for pay-for-performance bonuses or differential reimbursement or other incentives from payers and health plans.
- Clinicians who achieve Congestive Heart Failure Care Recognition by submitting data through a CCHIT-certified¹ electronic health record or through an electronic health record certified to meet the federally-defined Meaningful Use criteria will also receive BTE Level II Physician Office Link (POL) recognition.

Background on the Measurement Criteria

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

Clinical measures²

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

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

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

7. Patient Education

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

Recognition Program Structure

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

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

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

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

What Recognition Requires

To seek BTE Congestive Heart Failure Care Recognition, clinician applicants must submit medical record data that demonstrates they meet BTE’s Congestive Heart Failure 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 (PAO) award recognition to clinicians who achieve at least:

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

Minimum Requirements

To be eligible for recognition, clinicians must attain at least 60 percent of the total possible points. In the case of clinical measures, this means a minimum of 25 patients for the denominator of each measure for individual clinician applicants, and a minimum of 10 patients for the denominator of each measure for each individual clinician in a practice level applicant, with a minimum practice average of 25 patients per clinician.

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

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

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

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

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

Percentage of Total Points Needed to Achieve Level II Recognition	72.5
Percentage of Total Points Needed to Achieve Level III Recognition	85

Eligibility for Clinician Participation

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

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

Individual clinician applicant

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

Medical practice applicant

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

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

BTE Congestive Heart Failure Care Recognition Clinical Measures

The following examples illustrate the format used for clinical measures.

Evaluation Program Title: Congestive Heart Failure Care Recognition Program

Clinical Measures

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

The following items are listed for each clinical measure.

Description: A statement of what is being measured specifically.

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

Explanation: Additional information about the clinical measure.

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

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

Frequency: Time frames associated with the numerator requirements.

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

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

Congestive Heart Failure Care Recognition Program Measurement Set

Clinical Measures Specifications:

Beta Blocker Therapy:

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

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

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

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

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

1. Beta blocker(s) dispensed during the reporting period
2. Evidence of contraindication or previous adverse reaction to beta blocker therapy
- 3.

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

ICD-9 CODES	ICD-10 CODES
History of Asthma: 493.00 – 493.02, 493.10 – 493.12, 493.80 – 493.82, 493.90 – 493.92	History of Asthma: J45.20 – J45.22, J45.990, J45.991, J45.901, J45.902, J45.909, J45.998
History of Hypertension: 458.0, 458.1, 458.21, 458.29, 458.8, 458.9	History of Hypertension: I95.1 – I95.3, I95.9, I95.81, I95.89
History of heart block > 1 degree: 426.0, 426.12, 426.13, 426.2, 426.4, 426.50, 426.51, 426.52, 426.53, 426.54, 426.6, 426.7	History of heart block > 1 degree: I44.1, I44.2, I44.4, I44.5, I44.60, I44.69, I45.10, I44.30, I44.39, I45.4, I45.2, I45.3, I45.5, I45.6
History of sinus bradycardia: 427.81	History of sinus bradycardia: I49.5, R001
History of Chronic Obstructive Pulmonary Disease (COPD): 491.20, 491.21, 491.22, 493.20, 493.21, 493.22, 496	History of Chronic Obstructive Pulmonary Disease (COPD): J44.0, J44.1, J44.9

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

- Documentation indicating the date on which a beta blocker was prescribed during the reporting period.
- Documentation of a prescription for a beta blocker from another treating clinician during the reporting period.
- Documentation of diagnosis of or medical treatment for one of the following indicating a previous adverse reaction or contraindication to use of beta blocker therapy:
 - History of asthma or prescription for an inhaled corticosteroid over the past 12 months, from the last day of the reporting period
 - History of hypotension
 - History of heart block > 1 degree
 - History of sinus bradycardia
 - History of Chronic Obstructive Pulmonary Disease (COPD)
 - History of Class IV Congestive Heart Failure (CHF)

The following is not acceptable documentation:

1. Patient self-reporting

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

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

Left Ventricular Function (LVF) Testing

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

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

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

The following is not acceptable documentation:

1. Patient self-reporting

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

Scoring: If denominator subset ≥ 25 patients, then:

If [numerator/denominator] \geq minimum criteria, then Earned Points = [numerator/denominator] x maximum available points for the measure
If [numerator/denominator] < minimum criteria, then Earned Points = 0

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

ACE-I/ARB Therapy:

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

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

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

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

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

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

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

ICD-9 CODES	ICD-10 CODES
ACE-I or ARB therapy allergy or intolerance: 995.0 and E942.2, 995.1 and E942.2, 995.27 and E942.2, 995.29 and E942.2	ACE-I or ARB therapy allergy or intolerance: T782XXA, T783XXA, T50995A, T360X5A – T369X5A
Anuric renal failure: V56.0, V56.8, 39.95, 54.98, 788.5, 586, 403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13, 404.92, 404.93, 584.5 – 584.9, 585.5, 585.6	Anuric renal failure: Z49.31, Z49.32, R34, N19, I12.0, I13.11, I13.2, N17.0 – N17.2, N17.8, N17.9, N18.5, N18.6
Moderate or severe aortic stenosis: 440.1, 395.0, 396.0, 396.2, 396.8, 425.1, 747.22	Moderate or severe aortic stenosis: I70.1, I06.0, I08.0, I08.8, Q25.2, Q25.3
Pregnancy: V22.0 – V23.9	Pregnancy: Z34.00, Z34.80, Z34.90, Z33.1, O09.00, O09.10, O09.291, O09.40, O09.30, O09.90 – O09.93

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

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

The following is not acceptable documentation:

1. Patient self-reporting

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

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

Left Ventricular Function (LVF) Testing

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

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

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

The following is not acceptable documentation:

1. Patient self-reporting

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

Scoring: If denominator subset ≥ 25 patients, then:

If $[\text{numerator}/\text{denominator}] \geq \text{minimum criteria}$, then Earned Points =
[numerator/denominator] x maximum available points for the measure
If $[\text{numerator}/\text{denominator}] < \text{minimum criteria}$, then Earned Points
= 0

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

Left Ventricular Systolic Function (LVF) Assessment:

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

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

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

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

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

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

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

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

The following is not acceptable documentation for LVF assessment:

1. Patient self-reporting

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

Scoring: If [numerator/denominator] \geq minimum criteria, then Earned Points =
[numerator/denominator] x maximum available points for the measure
If [numerator/denominator] $<$ minimum criteria, then Earned
Points = 0

Weight Measurement:

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

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

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

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

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

CPT-II Codes: 2001F

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

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

The following is not acceptable documentation for weight measurement:

1. Patient self-reporting

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

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

Assessment of Clinical Symptoms of Volume Overload:

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

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

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

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

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

CPT-II Codes: 1004F

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

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

2. Documentation indicating the date and assessment for the absence of both or the presence of one of either dyspnea or orthopnea from another treating clinician during the reporting period.
3. Dated documentation of standardized scale or completion of an assessment tool during the reporting period. Standardized scale or assessment tools may include the New York Heart Association Functional Classification of Congestive Heart Failure (level of activity only); Kansas City Cardiomyopathy Questionnaire; Minnesota Living with Heart Failure Questionnaire; or Chronic Heart Failure Questionnaire.

The following is not acceptable documentation:

1. Patient self-reporting

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

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

Assessment of Activity Level:

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

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

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

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

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

CPT-II Codes: 1003F

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

1. Documentation indicating the date and patient's current level of physical activity during the reporting period.
2. Documentation indicating the date and patient's current level of physical activity from another treating clinician during the reporting period.

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

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

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

Patient Education:

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

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

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

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

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

CPT-II Codes: 4003F

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

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

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

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

The following is not acceptable documentation for patient education:

1. Patient self-reporting

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

Scoring: $\text{Earned Points} = \left[\frac{\text{numerator}}{\text{denominator}} \right] \times \text{maximum available points for the measure}$

Patient Eligibility Criteria

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

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

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

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

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

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

⁷ 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 Congestive Heart Failure

Diagnosis Codes
<p>Congestive Heart Failure</p> <p>ICD-9: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20-428.23, 428.30-428.33, 428.40-428.43, 428.9</p> <p>ICD-10: I11.0, I13.0, I13.2, I50.9, I50.1, I50.20-I50.23, I50.30-I50.33, I50.40-I50.43, I50.9</p>

Table 2: Codes to Identify Patients with Exclusions

Diagnosis Codes
<p>Hospice and Palliative Care</p> <p>ICD-9: V66.7</p> <p>ICD-10: Z51.5</p> <p>CPT: 99377, 99378</p>

Applying for Recognition

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

Clinicians considering applying for recognition should:

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

Clinicians submitting through a data aggregator partner are required to submit medical record data for all eligible patients across their full patient population on a quarterly calendar schedule. Clinicians are required to continue submitting data for all eligible patients each quarter unless they cease using the data aggregator's electronic system.

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

Completed applications are processed for compliance with performance requirements, and applicant-specific reports with results for all Congestive Heart Failure Care measures are

produced within 30 days. The begin recognition date is calculated based on the date that the applicant's data is scored. HCI3 issues an official certificate to each recognized clinician or medical practice.

Additionally, BTE reserves the right to complete an audit of any individual or practice application for Recognition. PAO or specified local organization subcontractors conduct audits of at least 5 percent of the recognized clinicians from each data aggregator partner each year. Audits may be completed by fax, mail, electronically or on site, as determined by the PAO. The remainder of the five percent will be identified by a single methodology that randomizes the medical groups who submit to the data aggregator and then sequentially selecting medical groups. The number of medical groups selected is dependent on the total number of recognized clinicians in each medical group, enough groups will be selected to account for 5% of total recognized clinicians submitted by the data aggregator.

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. Upon passing an audit, the applicant's recognition dates are assigned retroactively to the date the applicant's data was scored. Failure to pass an audit or failure to not respond to an audit request within 30 days results in no further consideration for the Congestive Heart Failure Care Recognition program for six months to two years (depending on the audit score) from the date of submission of the application.

Duration of Recognition

The Chronic Care Recognition Programs have duration of two years from the date on which the recognition was awarded; regardless of the pathway the clinician achieved the recognition – electronic data submission, direct data manual submission or NCQA. Patient Centered Medical Home Recognitions achieved through the NCQA have a three-year duration.

For continuously assessed applicants who maintain their current level of recognition, new begin and end recognition dates will be assigned at the time of the most recent assessment. Recognition determinations are made on the basis of a specific patient population. Recognition status remains in effect for the duration of recognition as long as the clinician maintains his or her current practice and patient base. Clinicians are responsible for informing the data aggregator within 30 days who will inform the PAO if they move or change practices.

Changes in Recognition Levels

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

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

Example 1: Clinician A assessment history

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

Example 2: Clinician B assessment history

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

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

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

Reporting Results to HCI3 and Its Partners

As part of HCI3's mission to identify and promote quality, PAO 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.
- To HCI3: Only Recognized statuses are reported to HCI3 for display on HCI3's web site www.hci3.org and transmission to BTE-licensed health plans for associated rewards payments. 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.

Terms of Recognition

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

Revoking Recognition

PAO 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.