Bridges to Excellence®

Heart Failure

Care Recognition Program Guide

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INTRODUCTION

Altarum 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 Altarum. Altarum'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.

The Heart Failure Care Recognition Program is a BTE Clinician Recognition Program intended to identify clinicians who deliver high-value 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, nephrologists and others—for treatment and management of their 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 Heart Failure Care requirements assess clinical measures representing standards of care for patients with Heart Failure. Altarum believes that the BTE Heart Failure Care Recognition program has the potential to significantly improve the quality of care experienced by patients with Heart Failure and to reduce the financial and human burden of long-term complications due to Heart Failure.

To earn Heart Failure Care Recognition, clinicians and medical practices voluntarily submit medical record data documenting their delivery of care to patients with Heart Failure. Altarum evaluates clinician data based on standard measures to publicly recognize those that meet the BTE Heart Failure Care performance thresholds. Those clinicians not meeting the BTE Heart Failure Care performance thresholds remain anonymous to BTE and its health plan licensees. BTE's Heart Failure Care Recognition Program has three performance thresholds, which give physicians star ratings, based on their performance compared to their peers.

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, INQUIREhealthcare® website and communicated to health plans, employers and health coalitions.
- Where applicable, clinicians can establish eligibility for pay-for-performance bonuses or differential reimbursement or other incentives from payers and health plans.
- Clinicians may use BTE Recognition(s) 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.
- Eligible clinicians may use their BTE Recognition(s) qualify for "medium" status points for Improvement Activity (IA_PSPA_14) for the Merit-Based Incentive Payment System (MIPS) scoring system under QPP.
- Clinicians may use their BTE Recognition(s) to receive Maintenance of Certification (MOC) Part IV: Improvement in Medical Practice points from various medical specialty boards.

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[1]

1. Beta Blocker Therapy
2. ACEI/ARB Therapy
3. Blood Pressure (BP) Control
4. Clinical Assessment of Fluid Status
5. Documentation of Tobacco status
6. Documentation of Tobacco Cessation Counseling if user – and Treatment
7. Body Mass Index Calculated
8. Documentation of Counseling for Diet and Physical Activity
9. Documentation of Type of Heart Failure
10. Documentation of Severity of Heart Failure

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

[1] *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.*

Recognition Program Structure

Given the evidence in the literature advocating the creation of clinician quality reward programs that promote continuous quality improvement amongst its participants, the Heart Failure Recognition Program is designed for clinicians to achieve BTE award status based on their performance summed up across all measures.

Assessment for recognition in all 3 tiers is based upon data submitted on the same Heart Failure measures (listed above). The BTE program focuses on a clinician-centric view of measurement, looking at individual metrics summed to produce a composite score.

Three Stars: Similar in design to Level I with the exception that the program recognition threshold is set to focus on a clinician-centric view of measurement, looking at individual metrics summed to produce a composite score. Program recognition threshold has been set to focus on above average performance.

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

Five Stars: Similar in design to Level III with the exception that the program recognition threshold is set to focus on exceptional performance.

What Recognition Requires

To seek BTE Heart Failure Care Recognition, clinician applicants must submit medical record data that demonstrates they meet BTE's Heart Failure Care performance requirements. Each measure has an assigned maximum available point value (Table 1). A clinician achieves points for a measure based on the percentage of their patient sample that meets or exceeds the set thresholds for that measure.

Bridges to Excellence (BTE) awards recognition to clinicians who achieve at minimum:

3-Stars: 50^{th} - 64^{th} percentile
4-stars: 65^{th} - 84^{th} percentile
5-stars: 85^{th} percentile and above

Table 1: HF Care Measures, Performance Criteria and Scoring

Measure	Total Possible Points	Level of Evidence	Source
Beta Blocker Therapy	20	1A	AHA
ACEI/ARB Therapy	20	1A	AHA
Blood Pressure (BP) Control	15	1A	AHA
Clinical Assessment of Fluid Status	10	1B	AHA
Documentation of Tobacco Use Status	7.5	1C	AHA
Documentation of Tobacco Cessation Counseling if user – and Treatment	7.5	1C	AHA
Body Mass Index Calculated	5	1C	AHA
Documentation of Counseling for Diet, Salt Intake and Physical Activity	5	1A	AHA
Documentation of Type of Heart Failure	5	Expert Opinion	AHA
Documentation of Severity of Heart Failure	5 (Bonus)	Expert Opinion	AHA
Total Possible Points	100		

AHA= American Heart Association

Eligibility for Clinician Participation

Clinicians may apply for BTE Heart Failure Care Recognition as individuals or as 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 Heart Failure and must 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 BTE 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 Heart Failure.

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.

Minimum Submission Requirements

To be eligible for recognition, clinicians must have 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.

Table 1 (page 6) shows the program measures and the associated point values for scoring clinicians' performance.

How to Submit for Recognition

Step One:

Decide which program(s) to patriciate in by visiting the Bridges to Excellence website, http://www.bridgestoexcellence.org/recognition-programs.

Step Two:

Once you have selected the program(s) you would like to participate in, become familiar with the program structure, chronic care recognition program clinical measures and the associated requirements, the recognition process and patient eligibility criteria.

Step Three:

Determine which performance assessment pathway suites best. There are two pathway options for submitting the data to be scored.

Option One: Submit data directly via Altarum's BTE Web Portal, https://portal.bridgestoexcellence.org/login.

Option Two: Have your EMR vendor pull the data and submit it for scoring. You have this option if you use one of the following EMR providers that partners with BTE: Athena Health, eClinicalWorks, MediTab, or Meridios. The EMR will submit data for all of your patients who meet the program parameters. EMR contact information is listed below.

Vendor	Contact Information
Athena Health	bte@athenahealth.com
eClinicalWorks	incentiveprograms@eclinicalworks.com
Meridios	info@meridios.com
MediTab	info@meditab.com

BTE Heart Failure Care Recognition Clinical Measures

The following examples illustrate the format used for clinical measures.

Evaluation Program Title: 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 claims/encounter data and 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.

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

Numerator: A description of patients in 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) translated to points total for the clinical measure.

Information on the Domain Denominator is consistent across all the clinical measures and is listed under "Patient Eligibility Criteria", beginning on page 31.

Heart Failure Care Recognition Program Measurement Set

Beta Blocker Therapy

Description: Percentage of patients 18 through 75 years of age with a diagnosis of heart failure (HF) and left ventricular systolic dysfunction (LVSD) who have documented evidence of specific 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 heart failure (HF) 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 heart failure (HF) recommend beta blocker treatment for those with prior myocardial infarction (MI) and/or reduced ejection fraction. Specifically, carvedilol, long-acting metoprolol, or bisoprolol are indicated. It is anticipated that clinicians who provide services for the primary management of heart failure (HF) will submit this measure.

Denominator: See "Patient Eligibility Criteria", beginning on page 31, for information on codes to identify patients with HF (Table 3, page 32) AND evidence of left ventricular systolic dysfunction (LVSD is defined as a most recent left ventricular ejection fraction (LVEF) < 40%) OR documentation of moderately or severely depressed left ventricular systolic function.

Numerator: Patients in the denominator who are prescribed an Beta blocker.

DATA 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.

Electronic Collection: The patient is numerator compliant if he or she has documented evidence of specific beta blocker use or contraindication to beta blocker therapy as identified by pharmacy or claims data. This includes those patients with HF 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.

Medical Record Collection: Patient is numerator compliant if the patient has documentation their medical record of specific beta blockers use OR previous adverse reaction or contraindication to beta blocker therapy.

This includes those patients with HF 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 Heart Failure (HF)

The following is not acceptable documentation:

- Patient self-reporting

Below is a list of eligible codes to identify left ventricular function (LVF) testing:
Left Ventricular Function (LVF) Testing
CPT-I Codes (2000): 78414, 78468, 78472, 78473, 78480, 78481, 93303, 93304, 93312, 93314, 93315, 93317
CPT-I Codes (2002): 78483
CPT-I Codes (1999): 78494
CPT-I Codes (2009): 93307, 93308, 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:

- Patient self-reporting

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

Scoring: (Numerator/Denominator) * Total Points Possible = Points awarded

Source and Level of Evidence: AHA

ACE-I/ARB Therapy

Description: Percentage of patients aged 18 through 75 years with heart failure (HF) 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 heart failure (HF) 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 heart failure (HF) 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 heart failure (HF) will submit this measure.

Denominator: See "Patient Eligibility Criteria", beginning on page 31, for information on codes to identify patients with HF (Table 3, page 32) 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.

Numerator: Patients in the denominator who are on an ACEI or ARB (Medications may be found starting on page 34 under "Relevant Medication Lists for Heart Failure Care Measurement Set") unless allergy or contraindication is recorded in chart.

DATA Collection: The patient is numerator compliant if patient has HF and LVSD and is prescribed an ACEI or ARB medication.

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 HF 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.

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 HF 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
   - End stage renal disease (ESRD)

The following is not acceptable documentation:

- Patient self-reporting

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: 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93312, 93314, 93315, 93317, 93307, 93308, 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:

- Patient self-reporting

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

Scoring: (Numerator/Denominator) * Total Points Possible = Points awarded

Source and Level of Evidence: AHA

Blood Pressure Control

Description: Percentage of patients aged 18 through 59 years of age with a diagnosis of heart failure (HF) who had a most recent blood pressure reading less than 140/90 during the reporting period.

OR

Percentage of patients aged 60 through 75 years of age with a diagnosis of heart failure (HF) who had a most recent blood pressure reading less than 150/90 during the reporting period.

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 heart failure (HF) for the denominator, and claims/encounter or medical record data for documentation of a left ventricular systolic function (LVF) assessment for the numerator.

Explanation: Elevated systemic blood pressure both causes and worsens heart failure. The ACC/AHA recommend managing blood pressure in HF patients in alignment with the guidelines set by JNC-8 goals. Therefore, patients age 18-59 should have BP less than 140/90, while those ages 60-75 should have BP less than 150/90.

Denominator: See "Patient Eligibility Criteria", beginning on page 31, for information on codes to identify patients with HF (Table 3, page 32).

Numerator: Patients in the denominator aged 18-59 years of age who's most recent systolic blood pressure measurement of < 140 mmHg AND diastolic blood pressure of < 90 mmHg.

OR

Patients in the denominator aged 60-75 years of age who's most recent systolic blood pressure measurement of < 150 mmHg AND diastolic blood pressure of < 90 mmHg.

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 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.

OR

The patient is numerator compliant if the most recent systolic blood pressure measurement during the reporting period is < 150 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 ≥ 150 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: (Numerator/Denominator) * Total Points available

Source and Level of Evidence: AHA

Clinical Assessment of Fluid Status

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of heart failure (HF) for whom a documented clinical assessment is calculated during the reporting period.

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 heart failure (HF) for the denominator, and claims/encounter or medical record data for documentation of weight, peripheral edema, orthopnea or Jugular Venous Pressure (JVP) for the numerator.

Explanation: The American Heart Association (AHA) and American College of Cardiology (ACC) recommend a thorough physical examination for patients with a heart failure (HF) 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. Volume status can be assessed using patient's weight, degree of peripheral edema, presence of orthopnea, or JVP. It is anticipated that clinicians who provide services for the primary management of heart failure (HF) will submit this measure.

Denominator: See "Patient Eligibility Criteria", beginning on page 31, for information on codes to identify patients with HF (Table 3, page 32).

Numerator: Patients aged 18-75 years with a diagnosis of heart failure (HF) and documented evidence of clinical assessment. This can include the patient's weight, AND/OR degree of peripheral edema AND/OR presence of orthopnea, AND/OR measurement of JVP. See "Patient Eligibility Criteria" for further information on codes to identify patients with HF.

Electronic Collection: The patient is denominator compliant if he or she has a measurement of patient's weight, AND/OR degree of peripheral edema AND/OR presence of orthopnea, AND/OR measurement of JVP recorded during the reporting period, as identified by administrative claims data. Below is a list of eligible codes for weight measurement.

CPT-II Codes (2006): 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 HF 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:

- Patient self-reporting

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

Scoring: (Numerator/Denominator) * Total Points Possible = Points awarded

Source and Level of Evidence: AHA

Documentation of Tobacco Status

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of heart failure (HF) whose tobacco use status is documented during the reporting period.

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 heart failure (HF) for the denominator, and claims/encounter or medical record data for documentation of clinical symptoms of volume overload for the numerator.

Explanation: Tobacco use plays a significant role in the development and worsening of heart failure. The AHA recommend screening patients for tobacco use annually.

Denominator: See "Patient Eligibility Criteria", beginning on page 31, for information on codes to identify patients with HF (Table 3, page 32).

Numerator: Patients in the denominator with documentation of tobacco use status.

The patient is NOT numerator compliant if:

1. His or her tobacco use status documentation is missing.

OR

2. His or her tobacco status was not asked.

Frequency: Most recent tobacco use status over the last 12 months from the last day of the reporting period.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: AHA

Documentation of Tobacco Cessation Counseling if user – and Treatment

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of heart failure (HF) who use tobacco and have received cessation counseling or treatment during the reporting period.

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 heart failure (HF) for the denominator, and claims/encounter or medical record data for documentation of physical activity level for the numerator.

Explanation: Tobacco use plays a significant role in the development and worsening of heart failure. Patients who use tobacco should be counseled around the benefits of quitting. In addition, resources to assist in quitting smoking should be supplied, such as nicotine replacement therapy, referral to a smoking cessation counselor or support group, and smoking cessation pharmacotherapy.

Denominator: See "Patient Eligibility Criteria", beginning on page 31, for information on codes to identify patients with HF (Table 3, page 32).

Numerator: Patients in the denominator who are tobacco users and have received cessation counseling and/or treatment.

DATA Collection: The patient is numerator compliant if the patient has a diagnosis of HF and is a tobacco user and has documented date of receipt of cessation counseling and/or treatment during the reporting period, as identified by medical claims data or medical record data. The following codes may be used to identify smoking cessation counseling and/or treatment:

CPT I codes (2008): 99406, 99407

CPT II codes (2012): 4000F, 4001F, 4004F

HCPCS codes (2002): S9453
HCPCS codes (2015): G9458

For a list of numerator compliant medications, see page 38 under "Tobacco Cessation Medications".

Medical Record Collection: 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 tobacco cessation
4. Drug therapy

If the patient is a tobacco user, the patient is NOT numerator compliant if:

1. His or her status documentation is missing.
   OR
2. His or her tobacco user 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 available during the reporting period.

Frequency: Most recent counseling/treatment within the 12 months prior to the last day of the reporting period.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: AHA

Body Mass Index Calculated

Description: Percentage of patients 18 through 75 years of age with a diagnosis of heart failure (HF) for whom a documented body mass index (BMI) is calculated during the reporting period.

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 heart failure (HF) for the denominator, and claims/encounter or medical record data for documentation of patient education for the numerator.

Explanation: Obese and overweight status can play a role in the worsening of heart failure as systemic demands are increased. Patients should have annual BMI assessment to determine their status so providers can intervene, if appropriate.

Denominator: See "Patient Eligibility Criteria", beginning on page 31, for information on codes to identify patients with HF (Table 3, page 32).

Numerator: Patients in the denominator with a documented BMI calculation.

DATA Collection: The patient is numerator compliant if he or she has a calculation of their BMI documented during the reporting period. The following codes may be used to identify a documented BMI:

CPT II code (2010): 3008F

HCPCS codes (2014): G8417-G8420, G8938
HCPCS codes (2017): G9716

ICD-10: Z68.1 BMI less than 19, adult; Z68.20 – Z68.24 BMI between 20-24, adult; Z68.25-Z68.29 BMI between 25-29, adult; Z68.30 – Z68.39 BMI between 30-39, adult; Z68.4 BMI between 40 and over, adult.

Medical Record Collection: Evidence of one of the following is present in the eligible patient's chart:

1. Documentation of the result of a BMI calculation during the reporting period
2. Documentation in the medical record must include BMI result and exam date. Calculated BMI – Requires that both the height and weight be actually measured by an eligible professional or by their staff.

The following are not acceptable documentation for documented BMI calculation:

- Patient self-reporting

Not Eligible/Not Appropriate for BMI Measurement –
Patients can be considered not eligible in the following situations:

1. If the patient has a terminal illness – life expectancy less than 6 months
2. If the patient is pregnant
3. Patient physically unable to provide weight.

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

Scoring: (Numerator/Denominator) * Total Points Possible = Points awarded

Source and Level of Evidence: AHA

Documentation of Counseling on Diet and Exercise

Description: Percentage of patients aged 18 through 75 years with heart failure (HF) and documentation of counseling on diet and exercise.

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 heart failure (HF) 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 counseling on diet and exercise for patients with a heart failure (HF) diagnosis. This includes counseling around a low-salt diet and the benefits of regular physical activity as methods for improving fitness and preventing progression of heart failure.

Denominator: See "Patient Eligibility Criteria", beginning on page 31, for information on codes to identify patients with HF (Table 3, page 32).

Numerator: Patients aged 18-75 years with a diagnosis of heart failure (HF) and documentation the patient has received counseling on diet and exercise. See "Patient Eligibility Criteria" for further information on codes to identify patients with HF.

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

Scoring: (Numerator/Denominator) * Total Points Possible = Points awarded

Source and Level of Evidence: AHA

Documentation of Type of Heart Failure

Description: Percentage of patients aged 18 through 75 years with heart failure (HF) whom have the type of heart failure (HF) documented.

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 heart failure (HF) for the denominator, and claims/encounter or medical record data for documentation of patient education for the numerator.

Explanation: Experts suggest that documentation of type of heart failure is crucial for managing patients with this problem. This can be recorded as "Diastolic HF", "Heart failure with preserved EF", "Systolic HF", or "HF with reduced EF"

Denominator: See "Patient Eligibility Criteria", beginning on page 31, for information on codes to identify patients with HF (Table 3, page 32).

Numerator: The number of patients, age 18-75 with a specific diagnosis of heart failure such as: "Diastolic HF", "Heart failure with preserved EF", "Systolic HF", or "HF with reduced EF"

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

Scoring: (Numerator/Denominator) * Total Points Possible = Points awarded

Source and Level of Evidence: AHA

Documentation of Severity of Heart Failure

Description: Percentage of patients aged 18 through 75 years with heart failure (HF) whom have the severity of heart failure (HF) documented.

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 heart failure (HF) for the denominator, and claims/encounter or medical record data for documentation of patient education for the numerator.

Explanation: Experts suggest that documentation of severity of heart failure is crucial for managing patients with this problem. This can be recorded as any of the following: ACCF/AHA stages A-D OR New York Heart Association Functional Class I-IV

Denominator: See "Patient Eligibility Criteria", beginning on page 31, for information on codes to identify patients with HF (Table 3, page 32).

Numerator: The number of patients, age 18-75 with a specific diagnosis of heart failure severity such as ACCF/AHA stages A-D OR New York Heart Association Functional Class I-IV

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

Scoring: (Numerator/Denominator) * Total Points Possible = Points awarded

Source and Level of Evidence: AHA

Recognition Process

Applying for Recognition

Clinician applicants opt to voluntarily submit their data to BTE for performance assessment through the 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 Altarum. All necessary steps will be taken by the data aggregator and BTE 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 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 an electronic 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 back loaded, 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 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. BTE issues an official award 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. BTE 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 mail, electronically or on site, as determined by BTE. 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.

BTE 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 respond to an audit request and complete the audit within 30 days results in no further consideration for the 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.

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 their current practice and patient base. Clinicians are responsible for informing the data aggregator within 30 days who will inform BTE 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 Three Star Heart Failure Care Recognition will maintain their 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 (3, 4, or 5 Stars) 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 Four Stars or Five Stars 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 Three Stars for two consecutive quarterly assessments will be assigned or maintain Three Star Heart Failure Care Recognition status and maintain their current begin and end recognition dates.

Example 1

- A provider submitted for Q1 and was assessed at a 3 Star Rating
  - The providers 'Current Recognition' Level is a 3 Star Rating
- The provider was submitted in Q2 and was assessed at a 5 Star Rating
  - The providers 'Current Recognition' Level is a 3 Star Rating
- The provider was submitted in Q3 and was assessed at a 4 Star Rating
  - The providers 'Current Recognition' Level is now a 4 Star Rating

How this works:

If a provider's assessment level increases for 2 consecutive assessments, the new recognition level equals the lower of the 2 most recent assessment levels.

Assessment Date	Assessed Rating	Recognition Rating	Recognition Dates
Q1	3	3	01/21/2016 - 01/20/2018
Q2	5	3	04/21/2016 - 04/20/2018
Q3	4	4	07/21/2016 -07/20/2018

Example 2

- A provider submitted in Q1 and was assessed at a 5 Star Rating
  - The providers 'Current Recognition' Level is a 5 Star Rating
- The provider submitted in Q2 and was assessed at a 4 Star Rating
  - The providers 'Current Recognition' Level is a 5 Star Rating
- The provider submitted in Q3 and was assessed at a 3 Star Rating
  - The providers 'Current Recognition' Level is now a 4 Rating

How this works:

If a provider's assessment level decreases for 2 consecutive assessments, the new recognition level equals the higher of the 2 most recent assessment levels.

Assessment Date	Assessed Rating	Recognition Rating	Recognition Dates
Q1	5	5	01/21/2016 - 01/20/2018
Q2	4	5	04/21/2016 - 04/20/2018
Q3	3	4	07/21/2016 -07/20/2018

Example 3

- A provider submitted for Q1, Q2, and Q3, and was assessed at a 5 Star Rating all three submissions
    - The providers 'Current Recognition' Level remains unchanged and will be a 5 Star Rating

How it works:

If a provider's assessment level remains the same for 2 consecutive assessments, the recognition level is unchanged.

Assessment Date	Assessed Rating	Recognition Rating	Recognition Dates
Q1	5	5	01/21/2016 - 01/20/2018
Q2	5	5	04/21/2016 - 04/20/2018
Q3	5	5	07/21/2016 -07/20/2018

Reporting Results to BTE and Its Partners

As part of Altarum's mission to identify and promote quality, the BTE 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 BTE: Only Recognized statuses are reported to BTE for display on Altarum's BTE web site: www.bridgestoexcellence.org and transmission to BTE-licensed health plans for associated rewards payments. Once the final decision is made, Altarum will reveal the identity, program name and program rating 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 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

BTE 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.

Patient Eligibility Criteria

An eligible Heart Failure patient is one who meets all three criteria:

1. Is between 18 and 75 years of age.[2]

2. Has had a documented diagnosis of Heart Failure (as defined in Table 3 below) for at least 12 months, from the last day of the reporting period. Eligible diagnosis categories exclude causes of secondary Heart Failure.

3. Has been under the care of the applicant for at least 12 months. This is defined by documentation of one or care between the clinician and the patient: one within 12 months of the last day of the reporting period.

There are two accepted data sources that can be used to identify patients with Heart Failure:

Claims/Encounter data: Patient is denominator compliant if he or she is aged 18-75 years of age during the measurement period, with a documented diagnosis of Heart Failure listed on the problem list, has had at least one (1) face-to-face encounter in an ambulatory setting and has been under the care of the applicant for at least 12 months. See Table 3 for further information on diagnoses to identify patients with Heart Failure and Table 2 for further information on procedural codes to identify a face-to-face visit.

Medical Record data: Patient is denominator compliant if he or she is aged 18-75 years of age during the measurement period, with a documented diagnosis of Heart Failure listed on the problem list has had at least one (1) face-to-face encounter and has been under the care of the applicant for at least 12 months. See Table 3 for further information on diagnoses to identify patients with Heart Failure and Table 2 for further information on procedural codes to identify a face-to-face visit.

Exclusions: Patients in hospice or palliative care are excluded from the denominator. See Table 4 below for further information on codes to identify patients with exclusions.

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

Relevant Procedural and Diagnosis Codes for Heart Failure Care Measurement Set

Table 2: Face-to-Face Visits

Procedural Codes
CPT: 99201-99215 Value Set Authority-Value Set Name - Office Visit – OID - 2.16.840.1.113883.3.464.1003.101.12.1001
CPT: 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 Value Set Authority-Value Set Name - Home Healthcare Services – OID - 2.16.840.1.113883.3.464.1003.101.12.1016
HCPCS: G0438, G0439 Value Set Authority-Value Set Name - Annual Wellness Visit - OID -2.16.840.1.113883.3.526.3.1240
CPT: 99385, 99386, 99387 Value Set Authority-Value Set Name - Preventive Care Services-Initial Office Visit, 18 and Up – OID - 2.16.840.1.113883.3.464.1003.101.12.1023
CPT: 99395,99396,99397 Value Set Authority-Value Set Name - Preventive Care Services - Established Office Visit, 18 and Up - OID - 2.16.840.1.113883.3.464.1003.101.12.1025

Table 3: Codes to Identify a Patient with a Heart Failure

Diagnosis Codes
ICD-10: I11.0, I13.0, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9 Value Set Authority-Value Set Name - Heart Failure – OID - 2.16.840.1.113883.3.526.2.24

Table 4: Codes/Notations to Identify Patients with Exclusions

Procedural & Diagnosis Codes / Notations
Asthma ICD-10: J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.991, J45.998 Value Set Authority-Value Set Name – Asthma - OID- 2.16.840.1.113883.3.526.2.60
Aortic Stenosis ICD-10: I35.0, I06.0, Q23.0
Chronic Obstructive Pulmonary Disease (COPD) ICD-10: J44.0, J44.1, J44.9 Value Set Authority-Value Set Name – Chronic Obstructive Pulmonary Disease – OID - 2.16.840.1.113883.3.464.1003.102.11.1021
ESRD ICD10: N18.6 Value Set Authority-Value Set Name – End Stage Renal Disease – OID - 2.16.840.1.113883.3.526.2.589
Hypotension ICD-10: I95.0, I95.1, I95.2, I95.3, I95.81, I95.89, I95.9 Value Set Authority-Value Set Name – Chronic Obstructive Pulmonary Disease - OID - 2.16.840.1.113762.1.4.1111.49

Heart block > 1 degree
ICD-10: 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

Hospice and Palliative Care
ICD-10: Z51.5
Value Set Authority-Value Set Name – Palliative Care Encounter – OID - 2.16.840.1.113883.3.600.1.1575

Pregnancy
ICD10: O00.20, O00.21, O09.00-O09.03, O09.10-O09.13, O09.211-O09.219, O09.291-O09.299, O09.30-O09.33, O09.40- O09.43, O09.511- O09.529, O09.611- O09.619, O09.621- O09.629, O09.70- O09.73, O09.811-O09.819, O09.821- O09.829, O09.891- O09.899, O09.90- O09.93, O09.A0- O09.A

Sinus Bradycardia
ICD-10: R00.1

Relevant Medication Lists for Heart Failure Care Measurement Set

Table 5: Beta-Blocker

Drug Names	Generic Names
Acebutolol	Generic
Atenolol	Generic
Betapace	Sotalol
Betapace AF	Sotalol AF
Betaxolol	Generic
Bisoprolol	Generic
Brevibloc	Esmolol
Bystolic	Nebivolol
Byvalson	Nebivolol/Valsartan
Carvedilol	Generic
Coreg	Carvedilol
Coreg CR	Carvedilol
Corgard	Nadolol
Esmolol	Generic
Hemangeol	Propranolol Hydrochloride
Inderal	Propranolol Hydrochloride
Inderal LA	Propranolol Hydrochloride
InnoPran XL	Propranolol Hydrochloride
Kerlone	Betaxolol
Labetalol	Generic
Levatol	Penbutolol
Lopressor	Metoprolol Tartrate
Metoprolol Succinate	Generic
Metoprolol Tartrate	Generic
Nadolol	Generic
Pindolol	Generic
Propranolol Hydrochloride	Generic

Sectral	Acebutolol
Sorine	Sotalol
Sotalol	Generic
Sotalol AF	Generic
Sotylize	Sotalol
Tenormin	Generic
Timolol	Generic
Toprol-XL	Metoprolol Succinate
Trandate	Labetalol
Zebeta	Bisoprolol

Table 6: Angiotensin-Converting Enzyme (ACE) Inhibitors

Drug Names	Generic Names
Accupril	Quinapril
Aceon	Perindopril Erbumine
Altace	Ramipril
Amlodipine/Benazepril	Generic
Benazepril	Generic
Capoten	Captopril
Captopril	Generic
Enalapril	Generic
Enalaprilat	Generic
Epaned	Enalapril
Fosinopril	Generic
Lisinopril	Generic
Lotensin	Benazepril
Lotrel	Amlodipine/Benazepril
Mavik	Trandolapril
Moexipril	Generic
Monopril	Fosinopril
Perindopril Erbumine	Generic

Prestalia	Perindopril Arginine/Amlodipine
Prinivil	Lisinopril
Qbrelis	Lisinopril
Quinapril	Generic
Ramipril	Generic
Tarka	Trandolapril/Verapamil
Trandolapril	Generic
Trandolapril/Verapamil	Generic
Univasc	Moexipril
Vasotec	Enalapril
Vasotec IV	Enalaprilat
Zestril	Lisinopril

Table 7: Angiotensin Receptor Blockers (ARBs)

Drug Names	Generic Names
Amlodipine/Olmesartan Medoxomi	Generic
Amlodipine/Valsartan	Generic
Atacand	Candesartan Cilexetil
Avapro	Irbesartan
Azor	Amlodipine/Olmesartan Medoxomil
Benicar	Olmesartan Medoxomil
Byvalson	Nebivolol/Valsartan
Candesartan Cilexetil	Generic
Cozaar	Losartan
Diovan	Valsartan
Edarbi	Azilsartan Medoxomil
Entresto	Sacubitril/Valsartan
Eprosartan	Generic
Exforge	Amlodipine/Valsartan
Irbesartan	Generic
Losartan	Generic

Micardis	Telmisartan
Olmesartan Medoxomil	Generic
Telmisartan	Generic
Telmisartan/Amlodipine	Generic
Teveten	Eprosartan
Twynsta	Telmisartan/Amlodipine
Valsartan	Generic

Table 8: Beta Blocker/Thiazide Combos

Drug Names	Generic Names
Atenolol/Chlorthalidone	Generic
Bisoprolol/Hydrochlorothiazide	Generic
Corzide	Nadolol/Bendroflumethiazide
Dutoprol	Metoprolol succinate/Hydrochlorothiazide
Lopressor HCT	Metoprolol Tartrate/Hydrochlorothiazide
Metoprolol Tartrate/Hydrochlorothiazide	Generic
Nadolol/Bendroflumethiazide	Generic
Propranolol Hydrochloride/Hydrochlorothiazide	Generic
Tenoretic	Atenolol/Chlorthalidone
Ziac	Bisoprolol/Hydrochlorothiazide

Table 9: Angiotensin-Converting Enzyme (ACE) Inhibitor/Thiazide Combos

Drug Names	Generic Names
Accuretic	Quinapril/Hydrochlorothiazide
Benazepril/Hydrochlorothiazide	Generic
Capozide	Captopril/Hydrochlorothiazide
Captopril/Hydrochlorothiazide	Generic
Enalapril/Hydrochlorothiazide	Generic
Fosinopril/Hydrochlorothiazide	Generic
Lisinopril/Hydrochlorothiazide	Generic
Lotensin HCT	Benazepril/Hydrochlorothiazide

Moexipril/Hydrochlorothiazide	Generic
Monopril-HCT	Fosinopril/Hydrochlorothiazide
Prinzide	Lisinopril/Hydrochlorothiazide
Quinapril/Hydrochlorothiazide	Generic
Uniretic	Moexipril/Hydrochlorothiazide
Vaseretic	Enalapril/Hydrochlorothiazide
Zestoretic	Lisinopril/Hydrochlorothiazide

Table 10: Angiotensin Receptor Blocker (ARB)/Thiazide Combos

Drug Names	Generic Names
Amlodipine/Valsartan/Hydrochlorothiazide	Generic
Atacand HCT	Candesartan Cilexetil/Hydrochlorothiazide
Avalide	Irbesartan/Hydrochlorothiazide
Benicar HCT	Olmesartan Medoxomil/Hydrochlorothiazide
Candesartan Cilexetil/Hydrochlorothiazide	Generic
Diovan HCT	Valsartan/Hydrochlorothiazide
Edarbyclor	Azilsartan Medoxomil/Chlorthalidone
Exforge HCT	Amlodipine/Valsartan/Hydrochlorothiazide
Hyzaar	Losartan/Hydrochlorothiazide
Irbesartan/Hydrochlorothiazide	Generic
Losartan/Hydrochlorothiazide	Generic
Micardis HCT	Telmisartan/Hydrochlorothiazide
Telmisartan/Hydrochlorothiazide	Generic
Teveten HCT	Eprosartan/Hydrochlorothiazide
Tribenzor	Olmesartan Medoxomil/Amlodipine/Hydrochlorothiazide
Valsartan/Hydrochlorothiazide	Generic

Table 11: Tobacco 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 Nasal	Zyban (PDR)
CVS NTS Step 3 TD	Nicotine Nasal	Nicotrol TD	Zyban Oral
Habitrol (PDR)	Nicotine Patches (PDR)	Nicotrol Td TD	

APPENDICES

Appendix A: Audit Methodology

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

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

Detailed audit policies are included in the *Recognition Process* section of this guide.

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:

Clinician Identifier Data

Data Field	Data Field Specifications and Acceptable/Valid Data Range(s)
Clinician_RespID	(Required field) Alphanumeric value up to 26 characters in length
Clinician_NPI	(Required field) Numeric value 10 characters in length
Clinician_DEA	Alphanumeric value 9 characters in length First letter must be “A”, “B”, “F” or “M”.
Clinician_MedicalLicense	Alphanumeric value up to 10 characters in length
Clinician_LastName	(Required field) Alpha value up to 50 characters in length
Clinician_FirstName	(Required field) Alpha value up to 50 characters in length
Clinician_MiddleName	Alpha value up to 30 characters in length
Clinician_Degree	(Required field) Numeric value 01 = M.D. 02 = D.O. 03 = N.P. 04 = P.A.
Clinician_PracticeAddress1	(Required field) Alphanumeric value up to 100 characters in length
Clinician_PracticeAddress2	Alphanumeric value up to 100 characters in length
Clinician_PracticeCity	(Required field) Alpha value up to 100 characters in length

Clinician_PracticeState	(Required field) Alpha value 2 characters in length
Clinician_PracticeZipCode	Numeric value 5 (#####), 9 (#########) or 10 characters (#####-####) in length
Clinician_emailaddress	Example: smith@email.com
Clinician_PracticePhone	Alphanumeric value up to 30 characters in length
Clinician_DateofBirth	Numeric value: MM/DD/YYYY
Clinician_Gender	F = Female M = Male U = Unknown
Clinician_Specialty	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) Alphanumeric value up to 26 characters in length

PracticeName	(Required field) Alpha value up to 100 characters in length
Individual_Group	(Required Field) Alpha value "I" - Individual Scoring or "G" - Group Scoring
Group_GroupID	If yes, Provide the Group ID that the Individual Provider wishes to be associated with. Numeric value 10 characters in length
Data Submission through CCHIT /Meaningful Use Certified System	Yes/No
Full Patient Panel	Yes/No

Clinical Measures Data

Data Field	Data Field Specifications	Data Values
responsibleProviderID	Internal provider ID that matches with the ID in the physician file	Any unique combination of characters and numbers
NPI	Responsible Provider NPI	Alphanumeric value 10 characters in length
groupID	The unique identifier that will identify the providers within a group applying for recognition together.	Alphanumeric value up to 50 characters in length
individualGroup	G if the provider is applying as part of a group for recognition. I if the provider is applying individually.	I or G - blank will default to I
chartID	Unique patient or chart ID	Alphanumeric value up to 50 characters in length
lastVisitDate	The date of the last visit for that patient	MM/DD/YYYY - cannot be after the end of the reporting period
patientDOB	The date of birth, or year of birth, of the patient	MM/DD/YYYY - must be 18-75 years old throughout the *entire* reporting period
patientGender	Patient's Gender	Female, Male
medicarePartB	Is the patient a Medicare Part B Fee-For-Service (FFS) beneficiary (includes Railroad Retirement Board, Medicare Secondary Payer, and Critical Access Hospitals method II; does not include Medicare Advantage beneficiaries)?	YES, NO
HFDiagnosis	Does the patient have a diagnosis of Heart Failure?	YES, NO

LVSDDiagnosis	Does this patient have a diagnosis of LVSD?	YES, NO
lvfAssessDate	Date of most recent left ventricular systolic function assessment	MM/DD/YYYY - cannot be after the end of the reporting period
BetablockerTherapy	Does the patient have evidence of the use of Beta Blocker therapy?	• YES • NO • Documented allergy or contraindication
aceiArbTherapy	Does the patient have evidence of the use of ACEI ARB therapy?	• YES • NO • Documented allergy or contraindication
bloodPressureDate1	Date of prior Blood Pressure reading	MM/DD/YYYY
systolic1	Prior Systolic blood pressure value	Numeric value between 60 and 300
diastolic1	Prior Diastolic blood pressure value	Numeric value between 40 and 150
bloodPressureDate2	Date of most recent Blood Pressure reading	MM/DD/YYYY
systolic2	Most recent Systolic blood pressure value	Numeric value between 60 and 300
diastolic2	Most recent Diastolic blood pressure value	Numeric value between 40 and 150
weightMeasureDate	Date of most recent weight measurement	MM/DD/YYYY - cannot be after the end of the reporting period
peripheraledemaAssessment	Was the patient assessed for peripheral edema?	YES, NO
orthopneaAssessment	Was the patient assessed for orthopnea?	YES, NO
JVPAssessment	Was the patient assessed for Jugular Venous Pressure (JVP)?	YES, NO
tobaccoStatus	Is the patient a tobacco user?	Tobacco Free, Current Tobacco User
tobaccoStatusAssessmentDate	Date the patient's tobacco use status was most recently assessed	MM/DD/YYYY - cannot be after the end of the reporting period
tobaccoCessationAdviceOrTreatment	Did the patient receive tobaccoCessationAdviceOrTreatment?	YES, NO
tobaccoCessationAdviceOrTreatmentDate	Date the patient was most recently given tobacco cessation counseling or treatment	MM/DD/YYYY - cannot be after the end of the reporting period

bmiValue	Most recent Body Mass Index	Numeric value between 15.0 and 50.0
bmiValueDate	Date of most recent Body Mass Index (BMI) Calculation	MM/DD/YYYY - cannot be after the end of the reporting period
NutritionCounseling	Did the patient receive nutritional counseling?	YES, NO
NutritionCounselingDate	Date the patient was most recently given nutritional counseling	MM/DD/YYYY - cannot be after the end of the reporting period
activityStatus	What is the most recent activity status of the patient?	YES, NO
activityStatusDate	Date the patient's activity status was assessed	MM/DD/YYYY - cannot be after the end of the reporting period
activityCounseling	Did the patient receive physical activity counseling?	YES, NO
activityCounselingDate	Date the patient was most recently given physical activity counseling	MM/DD/YYYY - cannot be after the end of the reporting period
heartfailureType	What type of Heart Failure does the patient have?	• Systolic • Diastolic • Preserved EF • Reduced EF
heartfailureseverity	Is there documentation of Heart Failure Severity?	YES, NO
esrdPatient	Has the patient been diagnosed with End Stage Renal Failure?	YES, NO
dialysisPatient	Is the patient currently on dialysis?	YES, NO

Measures Specifications

Beta Blocker Therapy

DENOMINATOR REQUIREMENTS:

Patients are included in the denominator when:

- PatientAge = 18 – 75
- lastVisitDate = date is present and within reporting period (12 months)
- HFDiagnosis = YES
- LVSDDiagnosis = YES

NUMERATOR REQUIREMENTS:

Patients in the denominator are numerator compliant when:

BetablockerTherapy = YES

Or

BetablockerTherapy = documented allergy or contraindication

SCORING:

Score=(numerator/denominator) x Total Possible Points

ACEI/ARB Therapy

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- lastVisitDate = date is present and within reporting period (12 months)
- HFDiagnosis = YES
- LVSDDiagnosis = YES

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

aceiARBTherapy = YES

OR

aceiARBTherapy = documented allergy or contraindication

SCORING:

Score=(numerator/denominator) x Total Possible Points

Blood Pressure (BP) Control in Patients 18-59

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18-59
- HFDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

Systolic2 = value is present AND value is <140
AND
Diastolic2 = value is present AND value is <90
AND
BloodPressureDate2 = date is present and within reporting period (12 months)

SCORING:

Score=(numerator/denominator) x Total Possible Points

Blood Pressure (BP) Control in Patients 60-75

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 60-75
- HFDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

Systolic2 = value is present AND value is <150
AND
Diastolic2 = value is present AND value is <90
AND
BloodPressureDate2 = date is present and within reporting period (12 months)

SCORING:

Score=(numerator/denominator) x Total Possible Points

Clinical Assessment of Fluid Status

DENOMINATOR REQUIREMENTS

- PatientAge = 60-75
- HFDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

weightMeasureDate= date is present and within reporting period (12 months)

AND/OR

peripheraledemaAssessment = YES

AND/OR

orthopneaAssessment = YES

AND/OR

JVPAssessment = YES

SCORING:

Score=(numerator/denominator) x Total Possible Points

Documentation of Tobacco Status

DENOMINATOR REQUIREMENTS:

Patients are included in the denominator when:

- PatientAge = 18 – 75
- HFDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS:

Patients in the denominator are numerator compliant when:

TobaccoStatusAssessmentDate = date is present and within reporting period (12 months)

SCORING:

Score=(numerator/denominator) x Total Possible Points

Documentation of Tobacco Cessation counseling if user – and Treatment

DENOMINATOR REQUIREMENTS:

Patients are included in the denominator when:

- PatientAge = 18 – 75
- HFDiagnosis = YES
- TobaccoStatus = Current Tobacco User
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS:

Patients in the denominator are numerator compliant when:

TobaccoCessationAdviceOrTreatmentDate = date is present within the reporting period (12 months)

SCORING:

Score=(numerator/denominator) x Total Possible Points

Body Mass Index and Nutrition Counseling

DENOMINATOR REQUIREMENTS:

Patients are included in the denominator when:

- PatientAge = 18 – 75
- HFDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS:

Patients in the denominator are numerator compliant when:

BMI = <=25
AND
BMI Date = date is present and within reporting period (12 months)

OR

BMI = >25
AND
BMI Date = date is present and within reporting period (12 months)

SCORING:

Score=(numerator/denominator) x Total Possible Points

Documentation of Counseling on Diet and Exercise

DENOMINATOR REQUIREMENTS:

Patients are included in the denominator when:

- PatientAge = 18 – 75
- HFDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS:

Patients in the denominator are numerator compliant when:

NutritionCounseling = YES
AND
NutritionCounselingDate = date is present and within reporting period (12 months)

AND

activityStatus= “Active” or “Not Active”
AND
activityStatusDate = date is present and within reporting period (12 months)

AND

activityCounseling = YES
AND
activityCounselingDate = date is present and within reporting period (12 months)

SCORING:

Score=(numerator/denominator) x Total Possible Points

Documentation of Type of Heart Failure

DENOMINATOR REQUIREMENTS:

Patients are included in the denominator when:

- PatientAge = 18 – 75
- HFDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS:

Patients in the denominator are numerator compliant when:

heartfailureType = Systolic, Diastolic, Preserved EF, Reduced EF
AND
HeartfailureAssessedDate = date is present and within reporting period (12 months)

SCORING:

Score=(numerator/denominator) x Total Possible Points

Documentation of Severity of Heart Failure

DENOMINATOR REQUIREMENTS:

Patients are included in the denominator when:

- PatientAge = 18 – 75
- HFDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)

NUMERATOR REQUIREMENTS:

Patients in the denominator are numerator compliant when:

heartfailureseverity = YES
AND
HeartfailureAssessedDate = date is present and within reporting period (12 months)

SCORING:

Score=(numerator/denominator) x Total Possible Points