Bridges to Excellence®

Inflammatory Bowel Disease

Care Recognition

Program Guide

> Please note that Telehealth and Home visit temporary codes for the Public Health Emergency of the COVID-19 Pandemic were added to "Face-to-Face Visits" found in Table 2 on page 32. These codes may be used for visits on or after April 14, 2020.

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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 Inflammatory Bowel Disease (IBD) Care Recognition Program is a BTE Clinician Recognition Program intended to identify clinicians who deliver high-value IBD care to adult patients. The program is designed with an understanding that adult patients may seek the care of both specialists i.e. gastroenterologists as well as primary care physicians (PCPs)—for treatment and management of their inflammatory bowel disease. Accordingly, the measures reflect that clinicians should do the following.

- Deliver high-quality care from the outset of patient contact
- Understand and consider previous treatment history to help avoid inappropriate treatment
- Make efforts to reduce the risks of preventable illness

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 Inflammatory Bowel Disease Care requirements assess clinical measures representing standards of care for patients with Inflammatory Bowel Disease. BTE believes that the BTE IBD Care Recognition program has the potential to significantly improve the quality of care experienced by patients with IBD and to reduce the financial and human burden of unnecessary hospitalizations and complications.

To earn IBD Care Recognition, clinicians and medical practices voluntarily submit medical record data documenting their delivery of care to patients with IBD. Those clinicians not meeting the BTE Inflammatory Bowel Disease Care performance thresholds remain anonymous to BTE and its health plan licensees. BTE's Inflammatory Bowel Disease 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) to 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.

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. IBD Type, Anatomic Location, and Disease Activity
2. IBD External Manifestations Assessed
3. Corticosteroid-Sparing Therapy Prescribed
4. Bone Loss Assessment for Patients Receiving Corticosteroid Therapy
5. Osteoporosis Therapy in Patients with Bone Loss
6. Testing for latent TB before initiation of anti-TNF therapy
7. Assessment of Hepatitis B Virus exposure before initiating anti-TNF therapy
8. Influenza Immunization
9. Pneumococcal Immunization
10. Documentation of Tobacco Status
11. Documentation of Tobacco Cessation counseling if user – and Treatment
12. Appropriate Use of Surveillance Colonoscopy for Prevention of Colon Cancer
13. Depression Screening Annually (Report Only)
14. Use of Biologics (Report Only)

Clinicians who demonstrate high-quality performance based on these measures are awarded BTE Inflammatory Bowel Disease Care Recognition.

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[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 BTE Inflammatory Bowel Disease Care 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 Inflammatory Bowel Disease Care measures (listed above).

Three Stars: Program recognition threshold has been set to focus on above average performance.

Four Stars: Program recognition threshold is set to focus on excellent performance.

Five Stars: Program recognition threshold is set to focus on exceptional performance.

What Recognition Requires

To seek BTE Inflammatory Bowel Disease Care Recognition, clinician applicants must submit medical record data that demonstrates they meet BTE's Inflammatory Bowel Disease 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 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 - 64 points
> 4-stars: 65 - 84 points
> 5-stars: 85 points and above

Table 1: Inflammatory Bowel Disease Care Measures, Performance Criteria and Scoring

Measure	Total Possible Points	Level of Evidence	Source
IBD Type, Anatomic Location, Disease Activity	15	C	AGA, PQRS
IBD External Manifestations Assessed	10	C	AGA, PQRS
Corticosteroid-Sparing Therapy Prescribed	10	A	AGA, PQRS
Bone Loss Assessment for Patients Receiving Corticosteroid Therapy	7.5	A/B	AGA, PQRS, CCFA
Osteoporosis Therapy in Patients with Bone Loss	2.5	B	AGA, PQRS, CCFA
Testing for latent TB before initiating anti-TNF Therapy	10	C	AGA, PQRS, CCFA
Assessment of Hepatitis B Virus before initiating anti-TNF Therapy	10	C	AGA, PQRS, CCFA
Influenza Immunization	7.5	C	AGA, PQRS, ACG, CCFA
Pneumococcal Immunization	7.5	C	NQF, AGA, PQRS, ACG, CCFA
Documentation of Tobacco Status	5	A	AGA, PQRS, CCFA
Documentation of Tobacco Cessation Counseling if user – and Treatment	5	A	AGA, PQRS, CCFA
Appropriate Use of Surveillance Colonoscopy for Prevention of Colorectal Cancer	10	B	ACG
Depression Screening Annually	0		Report Only, Not Calculated in Score
Use of Biologics	0		Report Only, Not Calculated in Score
Total Possible Points	100		

ACG=American College of Gastroenterology
AGA= American Gastroenterological Association
CCFA=Crohn's and Colitis Foundation of America
NQF= National Quality Forum
PQRS= Physician Quality Reporting System

Eligibility for Clinician Participation

Clinicians may apply for BTE Inflammatory Bowel Disease 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 Inflammatory Bowel Disease 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 Inflammatory Bowel Disease.

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 Requirements

To be eligible for recognition, clinicians must have a minimum of 25 patients for the denominator for individual clinician applicants, and a minimum of 10 patients for the denominator 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.

BRIDGES TO EXCELLENCE (BTE) RECOGNITION PROGRAMS

Asthma Care   Cardiac Care   COPD Care

Depression Care   Diabetes Care   Heart Failure Care

Hypertension Care   IBD Care   Maternity Care

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	ClinicalQualityPrograms@athenahealth.com
eClinicalWorks	IncentivePrograms@eclinicalworks.com
MediTab	info@meditab.com
Meridios	info@meridios.com

BTE Inflammatory Bowel Disease Care Recognition Clinical Measures

The following examples illustrate the format used for clinical measures.

Evaluation Program Title: Inflammatory Bowel Disease 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.

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 30.

Inflammatory Bowel Disease Care Recognition Program Measurement Set

IBD Type, Anatomic Location, and Disease Activity

Description: Percentage of patients 18 through 75 years of age with a diagnosis of inflammatory bowel disease (IBD) who were assessed for disease type, anatomic location and activity, during the reporting year.

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 IBD who were assessed for disease type, anatomic location and activity, at least once during the reporting year.

Explanation: American Gastroenterology Association (AGA) 2011 guidelines recommend that all IBD patients aged 18 years and older have an assessment of disease type, anatomic location and activity, at least once during the reporting year.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with IBD (Table 3, page 31).

Numerator: Patients in the denominator who were assessed for disease type and anatomic location and activity; and documented.

DATA Collection: The patient is numerator compliant if the patient is aged 18-75 and the following is assessed and documented:

Disease Type: Crohn disease, ulcerative colitis, or indeterminate colitis

Anatomic Location: Involved areas of the GI tract e.g. esophageal, gastric, small intestine, cecum, hepatic flexure, ascending colon, transverse colon, splenic flexure, descending colon, sigmoid colon, rectum (proctitis); left-sided colitis, extensive colitis, pancolitis

Activity: Mild, Moderate, Not Assessed Within Past Year, Quiescent, Severe

Exclusions: Documentation of patient reason(s) for not performing assessments (e.g., patient refuses endoscopic and/or radiologic assessment).

Frequency: This measure is to be reported a minimum of once per reporting period for all patients with a diagnosis of inflammatory bowel disease seen during the reporting period.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: AGA, PQRS, Level CIBD External Manifestations Assessed

IBD External Manifestations Assessed

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of inflammatory bowel disease (IBD) who were assessed for external manifestations during the reporting year.

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 IBD who were assessed for external manifestations at least once during the reporting year.

Explanation: American Gastroenterology Association (AGA) 2011 guidelines recommend that all IBD patients aged 18 years and older have an assessment of external manifestations at least once during the reporting year.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with IBD (Table 3, page 31).

Numerator: Patients in the denominator who were assessed for, but not limited to description/assessment of the following complications: uveitis, episcleritis, arthritis, rash, abscess

Exclusions: Documentation of patient reason(s) for not performing assessments (e.g., patient refuses endoscopic and/or radiologic assessment).

Frequency: This measure is to be reported a minimum of once per reporting period for all patients with a diagnosis of inflammatory bowel disease seen during the reporting period.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: AGA, PQRS, Level C

Corticosteroid-Sparing Therapy Prescribed

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of inflammatory bowel disease (IBD) who have been managed by corticosteroid greater than or equal to 10mg/day of prednisone for 60 or greater consecutive days that have been prescribed corticosteroid sparing therapy in the last reporting year.

Definition: Corticosteroids – Prednisone equivalents used expressly for the treatment of IBD and not for other indications (including premedication before anti-TNF therapy, non-IBD indications) can be determined using the following: 1 mg of prednisone = 1 mg of prednisolone; 5 mg of cortisone; 4 mg of hydrocortisone; 0.8 mg of triamcinolone; 0.8 mg of methylprednisolone; 0.15 mg of dexamethasone; 0.15 mg of betamethasone.

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 IBD who were assessed for corticosteroid-sparing therapy at least once during the reporting year.

Explanation: American Gastroenterology Association (AGA) 2011 guidelines recommend that all IBD patients aged 18 years and older have an assessment of prescribed corticosteroid-sparing therapy at least once during the reporting year.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with IBD (Table 3, page 31).

Numerator: Patients in the denominator who are managed with corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600mg prednisone or greater for all fills AND prescribed a corticosteroid sparing therapy (e.g., thiopurines, methotrexate, or biologic agents). Corticosteroid sparing therapy prescribed (4142F)

Corticosteroid (greater than or equal to 10mg/day)
HCPCS (2015): G9469

Corticosteroid Sparing Therapy:
CPT (2012): 4142F, 4142F-1P

Exclusions: Patient not treated with corticosteroids (3750F), or documentation of medical reason(s) for not treating with corticosteroid sparing therapy

Frequency: This measure is to be reported a minimum of once per reporting period for all patients with a diagnosis of IBD seen during the reporting period.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: AGA, PQRS, Level A

Bone Loss Assessment for Patients Receiving Corticosteroid Therapy

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of inflammatory bowel disease (IBD) who have received dose of corticosteroids greater than or equal to 10 mg/day of prednisone for 60 or greater consecutive days who were assessed for risk of bone loss once per the reporting year.

Definition: Corticosteroids – Prednisone equivalents used expressly for the treatment of IBD and not for other indications (including premedication before anti-TNF therapy, non-IBD indications) can be determined using the following: 1 mg of prednisone = 1 mg of prednisolone; 5 mg of cortisone; 4 mg of hydrocortisone; 0.8 mg of triamcinolone; 0.8 mg of methylprednisolone; 0.15 mg of dexamethasone; 0.15 mg of betamethasone.

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 IBD who were assessed for bone loss assessment for patients receiving corticosteroid therapy at least once during the reporting year.

Explanation: American Gastroenterology Association (AGA) 2011 guidelines and the Crohn's and Colitis Foundation of America recommend that all IBD patients aged 18 years and older have an assessment of bone loss, at least once during the reporting year, for patients receiving corticosteroid therapy.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with IBD (Table 3, page 31).

Numerator: Patients in the denominator who have received doses of corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600mg prednisone or greater for all fills (G9469) AND who were documented for risk of bone loss during the reporting year or the pervious calendar year. Within the past 2 years, Central Dual-energy X-Ray Absorptiometry (DXA) ordered and documented, review of systems and medication history or pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (G8861)

Bone Loss Risk Assessment:
CPT (2012): 3095F, 3096F
HCPCS (2015): G8861, G8863

Exclusions: Patients not treated with corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or with a single prescription equating to 600mg prednisone or greater for all fills.

Frequency: This measure is to be reported a minimum of once per reporting period for all patients with a diagnosis of inflammatory bowel disease seen during the reporting period.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: AGA, CCFA, PQRS, Level A/B

Osteoporosis Therapy in Patients with Bone Loss

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of inflammatory bowel disease (IBD) who were recommended for or received osteoporosis pharmacotherapy (other than minerals/vitamins) for bone loss, once per the reporting year.

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 IBD who have received osteoporosis pharmacotherapy (other than minerals/vitamins) for bone loss, once per the reporting year.

Explanation: PQRS measures recommend that all IBD patients aged 18 years and older receive osteoporosis pharmacotherapy (other than minerals/vitamins) for bone loss, if they have osteoporosis.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with IBD (Table 3, page 31).

Numerator: Patients in the denominator who were documented to have bone loss during the reporting year or the pervious calendar year AND were recommended for or received osteoporosis pharmacotherapy (other than minerals/vitamins) for bone loss, once per the reporting year (4005F).

Pharmacologic Therapy:
CPT (2012): 4005F, 4005F-1P, 4005F-2P,4005F-8P

Exclusions: Patients not documented to have bone loss or documented medical reason for not prescribing (e.g., patient allergic reaction, potential adverse drug reaction, patient refusal).

Frequency: This measure is to be reported a minimum of once per reporting period for all patients with a diagnosis of inflammatory bowel disease seen during the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: PQRS, Level B

Testing for latent TB before initiation of anti-TNF Therapy

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of inflammatory bowel disease (IBD) for whom a TB screening was performed and results interpreted within six months prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy.

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 IBD who were assessed for latent TB testing before initiating anti-TNF therapy at least once during the reporting year.

Explanation: American Gastroenterology Association (AGA) 2011 guidelines and the Crohn's and Colitis Foundation of America recommend that all IBD patients aged 18 years and older have an assessment of testing for latent TB before initiating anti-TNF therapy at least once during the reporting year.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with IBD (Table 3, page 31).

Numerator: Patients in the denominator who had TB screening performed and results interpreted, within 6 months prior to receiving a first course of anti-TNF therapy. Documentation that tuberculosis (TB) screening test performed and results interpreted (3510F) AND Patients receiving a first course of anti-TNF therapy (G8868)

Exclusions: Documentation of medical reason(s) for not screening for TB within six months prior to first course of anti-TNF therapy (i.e. patient positive for TB and documentation of past treatment; patient who has recently completed a course of anti-TB therapy within six months prior to first course of anti-TNF therapy, patient declined TB testing). Patient not receiving a first course of anti-TNF (tumor necrosis factor) therapy (6150F).

Frequency: This measure is to be reported a minimum of once per reporting period for all patients with a diagnosis of inflammatory bowel disease seen during the reporting period.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: AGA, CCFA, PQRS, Level C

Assessment of Hepatitis B Virus Exposure Before initiating Anti-TNF Therapy

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of inflammatory bowel disease (IBD) who had Hepatitis B Virus (HBV) status assessed and results interpreted, within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy.

Definition: Assessment of HBV status includes documentation of the following serology: 1) HB surface antigen 2) HB surface antibody 3) HB core antibody

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 IBD who were assessed for hepatitis B virus before initiating anti-TNF therapy at least once during the reporting year.

Explanation: American Gastroenterology Association (AGA) 2011 guidelines and the Crohn's and Colitis Foundation of America recommend that all IBD patients aged 18 years and older have an assessment of hepatitis B virus exposure before initiating anti-TNF therapy, at least once during the reporting year.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with IBD (Table 3, page 31) who received a first course of anti-TNF therapy (G8868).

Numerator: Patients in the denominator who had HBV status assessed and results interpreted within one year prior to receiving a first course of anti-TNF therapy.

Hepatitis B Virus Assessed
CPT:3517F, 3517F-1P, 3517F-2P,3517F-8P,3216F, 4149F
HCPCS: G8869, G8870

Exclusions: Documentation of medical reason(s) for not assessing for hepatitis B virus (HBV) status (e.g. patient refused testing) within one year prior to first course of anti-TNF (tumor- necrosis factor) therapy. Patients in whom no anti-TNF therapy is planned or patients not receiving a first course of anti-TNF (tumor necrosis factor) therapy (6150F).

Frequency: This measure is to be reported a minimum of once per reporting period for all patients with a diagnosis of inflammatory bowel disease seen during the reporting period.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: AGA, CCFA, PQRS, Level C

Influenza Immunization

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of inflammatory bowel disease (IBD) for whom influenza immunization was recommended, administered or previously received during the reporting year.

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 IBD who were immunized for influenza at least once during the reporting year.

Explanation: American Gastroenterology Association (AGA) 2011 guidelines, American College of Gastroenterology and the Crohn's and Colitis Foundation of America recommend that all IBD patients aged 18 years and older have an immunization for influenza at least once during the reporting year.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with IBD (Table 3, page 31).

Numerator: Patients in the denominator who received an influenza immunization OR who reported previous receipt of an influenza immunization. Influenza immunization administered or previously received (G8482).

The following codes may be used to identify Influenza Immunization:
CPT: 4035F, 4035F-1P, 4035F-2P,4035F-3P,4035F-3P, 4035F-8P, 4037F, 4037F-1P, 4037F-2P, 4037F-3P, 4037F-8P
HCPCS: G8482, G8483 (exclusion code)

Exclusions: Documentation of medical reason(s) for not administering influenza immunization (e.g. patient allergic reaction, patient refusal, vaccine not available).

Frequency: This measure is to be reported a minimum of once per reporting period for all patients with a diagnosis of inflammatory bowel disease seen during the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: AGA, ACG, CCFA, PQRS, Level C

Pneumococcal Immunization

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of inflammatory bowel disease (IBD) that had pneumococcal vaccination administered or previously received.

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 IBD who were immunized for pneumococcal disease at least once during the reporting year.

Explanation: American Gastroenterology Association (AGA) 2011 guidelines, American College of Gastroenterology and the Crohn's and Colitis Foundation of America recommend that all IBD patients aged 18 years and older have an assessment of immunization for pneumococcal disease at least once during the reporting year.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with IBD (Table 3, page 31).

Numerator: Patients in the denominator who have ever received a pneumococcal vaccination. (4040F)

The following codes may be used to identify Pneumococcal Vaccine:
CPT: 4040F, 4040F-1P, 4040F-2P, 4040F-8P
HCPCS: G8864, G8867, G8865, G8866

Exclusions: Documentation of medical reason(s) for not administering pneumococcal immunization (e.g., patient allergic reaction, potential adverse drug reaction patient refusal).

Frequency: This measure is to be reported a minimum of once per reporting period for all patients with a diagnosis of inflammatory bowel disease seen during the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: NQF, AGA, ACG, PQRS, Level C

Documentation of Tobacco Status

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of inflammatory bowel disease (IBD) 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 IBD who were assessed for tobacco screening at least once during the reporting year.

Explanation: American Gastroenterology Association (AGA) 2011 guidelines, the United States Preventive Service Task Force (USPSTF) and the Crohn's and Colitis Foundation of America recommend that all IBD patients aged 18 years and older have an assessment of tobacco screening at least once during the reporting year.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with IBD (Table 3, page 31).

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

The patient is NOT numerator compliant if:

His or her tobacco use status documentation is missing.
OR
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: AGA, USPTF, PQRS, Level A

Tobacco Cessation Advice and Treatment - if user

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of inflammatory bowel disease (IBD) 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 IBD who were provided tobacco cessation counseling and / or intervention, at least once during the reporting year.

Explanation: American Gastroenterology Association (AGA) 2011 guidelines, the United States Preventive Service Task Force (USPSTF) and the Crohn's and Colitis Foundation of America recommend that all IBD patients aged 18 years and older have tobacco cessation counseling and / or intervention if identified as a tobacco user, at least once during the reporting year.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with IBD (Table 3, page 31).

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 he or she has IBD 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: 99406, 99407
CPT II: 4000F, 4001F, 4004F
HCPCS: S9453, G0436, G9458

For a list of numerator compliant medications, see Table 9, pages 34 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: AGA, USPTF, PQRS, Level A

Appropriate Use of Surveillance Colonoscopy for the Prevention of Colorectal Cancer

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of inflammatory bowel disease (IBD) , either ulcerative colitis or Crohn's colitis, involving >1/3 of the colon, who received a surveillance colonoscopy, within the past 2 years.

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 IBD who were assessed for colorectal cancer screenings at least once during the reporting year.

Explanation: American College of Gastroenterology (ACG) 2010 guidelines recommend that all IBD patients who have had the disease for 8 years or longer have an assessment of colorectal cancer surveillance at least once during the reporting year.   Although colonoscopy does not need to be done once a year, the last colonoscopy should be documented in every note, or at least once a year.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with IBD (Table 3, page 31) AND carry a diagnosis of ulcerative or Crohn's colitis AND have involvement of greater than 1/3 of the colon AND have had the diagnosis of IBD for $\geq$ 8 years.

Numerator: Patients in the denominator who had documentation of colonoscopy within the past 2 years AND carry a diagnosis of ulcerative or Crohn's colitis AND have involvement of greater than 1/3 of the colon AND have had the diagnosis of IBD for $\geq$ 8 years.

Exclusions: Documentation of medical reason(s) for not performing colonoscopy every 2 years patient refusal; patients with colitis affecting less than 1/3 of the colon (biopsy-proven); patients diagnosed with IBD less than 8 years prior.

Frequency: This measure is to be reported a minimum of once per reporting period for all patients with a diagnosis of inflammatory bowel disease seen during the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: ACG, Level B

Depression Screening

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of inflammatory bowel disease (IBD) for whom an annual screening for depression with a PHQ-2 or PHQ-9 tool was conducted 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 IBD who have had screening for depression annually.

Explanation: Studies have demonstrated that IBD patients have an increased risk of depression. Conversely, depressed patients often demonstrate poor management of their chronic diseases.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with IBD (Table 3, page 31).

Numerator: Patients in the denominator who have had depression screening with PHQ-2 or PHQ-9 within the reporting period.

DATA Collection: The patient is numerator compliant if he or she has IBD and has had a PHQ-2 or PHQ-9 score documented in the reporting period.

The following codes may be used to identify that a depression screening was conducted utilizing the PHQ-2 or PHQ-9:
HCPCS: G8431, G8510, G9393, G9395, G9396, G9510, G9509, G9511, G9573, G9574

Exclusions: Patients with terminal illness, patients on hospice, patients with dementia, patients with psychosis

Frequency: PHQ-2 or PHQ-9 measurement documented once within the 12 months prior to the last day of the reporting period.

Scoring: (Numerator/Denominator) * Total Possible Points

Source and Level of Evidence: ADA, Level B

Use of Biologics

Description: Percentage of patients aged 18 through 75 years of age with a diagnosis of inflammatory bowel disease (IBD) , either ulcerative colitis or Crohn's disease who are on biologics in the last reporting year.

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 IBD who were assessed for use of biologics.

Explanation: American College of Gastroenterology (ACG) 2010 guidelines recommend consideration that all IBD patients who have active disease and who have failed prior treatment are recommended to receive a biologic.

Denominator: See "Patient Eligibility Criteria", beginning on page 30, for information on codes to identify patients with IBD (Table 3, page 31).

Numerator: Patients who received biologics in the last reporting year.

Exclusions: Documentation of medical reason(s) for not prescribing biologics e.g. patient allergic or not tolerating use of biologics, patient refusal etc.

Frequency: This measure is to be reported a minimum of once per reporting period for all patients with a diagnosis of inflammatory bowel disease seen during the reporting period. This measure may be reported by all clinicians who manage patients with IBD.

Scoring: N/A

Recognition Process

Applying for Recognition

Clinician applicants opt to voluntarily submit their data to BTE for performance assessment through the IBD 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 IBD 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 IBD 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 releases an official award certificate for each recognized clinician or medical practice via the BTE web page, http://www.bridgestoexcellence.org.

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 IBD Care Recognition will maintain their IBD 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 IBD 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
  - o   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 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 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, the PAO 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 Asthma 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 Inflammatory Bowel Disease 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 Inflammatory Bowel Disease (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 Inflammatory Bowel Disease.

3.   Has been under the care of the applicant for at least 12 months. This is defined by documentation of one or more face-to-face visits for IBD 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 IBD:

Claims/Encounter data: Patient is denominator compliant if patient 18-75 years of age during the measurement period, has a documented diagnosis of IBD 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 IBD and Table 2 for further information on procedural codes to identify a face-to-face visit.

Medical Record data: Patient is denominator compliant if the patient 18-75 years of age, with a documented diagnosis of IBD 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 IBD and Table 2 for further information on procedural codes to identify a face-to-face visit.

Exclusions: Patients that are on dialysis, with a diagnosis of End Stage Renal Failure, OR other related conditions: Patients in hospice or palliative care are also excluded from the denominator. See Table 5 for further information on codes to identify patients with exclusions.

> Please note that Telehealth and Home visit temporary codes for the Public Health Emergency of the COVID-19 Pandemic were added to "Face-to-Face Visits" found in Table 2 on page 14. These codes may be used for visits on or after April 1, 2020.

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

Relevant Procedural and Diagnosis Codes for Inflammatory Bowel Disease (IBD) Care Measurement Set

Table 2: Face-to-Face Visits

Procedural Codes
CPT (2013): 99201-99215 Value Set Authority-Value Set Name - Office Visit - 2.16.840.1.113883.3.464.1003.101.12.1001
CPT (2013): 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 Value Set Authority-Value Set Name - Home Healthcare Services - 2.16.840.1.113883.3.464.1003.101.12.1016
HCPCS (2014): G0438, G0439 Value Set Authority-Value Set Name - Annual Wellness Visit -2.16.840.1.113883.3.526.3.1240
CPT (2009): 99385, 99386, 99387 Value Set Authority-Value Set Name - Preventive Care Services-Initial Office Visit, 18 and Up - 2.16.840.1.113883.3.464.1003.101.12.1023
CPT (2009): 99395,99396,99397 Value Set Authority-Value Set Name - Preventive Care Services - Established Office Visit, 18 and Up - 2.16.840.1.113883.3.464.1003.101.12.1025
==Temporary Addition for Telehealth Services for Est Patients for the COVID-19 Pandemic== (Added 04/2020) CPT: 98966, 98967, 98968, 99441, 99442, 99443 Value Set Authority-Value Set Name – Telehealth Services – OID - 2.16.840.1.113883.3.464.1003.101.12.1031
==Temporary Addition for the PHE for the COVID-19 Pandemic== (Added 04/2020) CPT: Patient Evaluations - 97161, 97162, 97163, 97164, CPT: Home Visits - 99347, 99348, 99349, 99350, 99341, 99342, 99343, 99344, 99345

Table 3: Codes to Identify Patients with a Diagnosis of IBD

Diagnosis Codes
ICD-10: K50.00, K50.011, K50.012, K50.013, K50.014, K50.018, K50.019, K50.10, K50.111, K50.112, K50.113, K50.114, K50.118, K50.119, K50.80, K50.811, K50.812, K50.813, K50.814, K50.818, K50.819, K50.90, K50.911, K50.912, K50.913, K50.914, K50.918, K50.919, K51.00, K51.011, K51.012, K51.013, K51.014, K51.018, K51.019, K51.20, K51.211, K51.212, K51.213, K51.214, K51.218, K51.219, K51.30, K51.311, K51.312, K51.313, K51.314, K51.318, K51.319, K51.40, K51.411, K51.412, K51.413, K51.414, K51.418, K51.419, K51.50, K51.511, K51.512, K51.513, K51.514, K51.518, K51.519, K51.80, K51.811, K51.812, K51.813, K51.814, K51.818, K51.819, K51.90, K51.911, K51.912, K51.913, K51.914, K51.918, K51.919

Table 4: Colonoscopy Codes

Procedural Codes
CPT (2015): 44388, 44389, 44392, 44394, 45378, 45380, 45381, 45384, 45385 HCPC (2000): G0105 HCPCS (1998): G0120

Table 5: Codes/Notations to Identify Patients with Exclusions

Procedural & Diagnosis Codes / Notations

<u>Dementia</u>

ICD-10: A52.17, A52.17, F01.50, F01.51, F02.80, F02.81, F03.90, F03.91, F05, F06.8, G30.0, G30.1, G30.8, G30.9, G31.01, G31.09

Value Set Authority-Value Set Name-Dementia & Mental Degenerations-OID: 2.16.840.1.113883.3.526.3.1005

<u>Schizophrenia and Psychosis Disorder</u>

ICD-10: F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F23, F25.0, F25.1, F25.8, F25.9, F28 F29

Value Set Authority-Value Set Name-Schizophrenia-OID 2.16.840.1.113883.3.464.1003.105.12.1104

<u>ESRD</u>

ICD10: N18.6

Value Set Authority-Value Set Name-End Stage Renal Disease-OID 2.16.840.1.113883.3.526.3.353

<u>Dialysis</u>

CPT: 1019320, 90935, 90937, 90940, 90945, 90947, 90957, 90958, 90959

HCPCS: G0257

Value Set Authority-Value Set Name-Dialysis Services-OID 2.16.840.1.113883.3.464.1003.109.12.1013

<u>Hospice Care</u>

CPT: 1013823, 99377, 99378

Value Set Authority-Value Set Name-Hospice Care CPT-OID 2.16.840.1.113883.3.3157.1004.19

<u>Palliative Care</u>

ICD-10: Z51.5

Value Set Authority-Value Set Name- Palliative Care Encounter -OID 2.16.840.1.113883.3.600.1.1575

Relevant Medication Lists for IBD Care Measurement Set

Table 6: Corticosteroid Medications

Drug Names	Generic Names
Cortisone Acetate	Generic
Dexamethasone	Generic
Hydrocortisone	Cortef
Methylprednisolone	Medrol
Prednisolone	Orapred, Prelone, Pediapred, Orapred ODT
Prednisone	Generic
Triamcinolone	Generic
Betamethasone	Generic

Table 7: Osteoporosis Pharmacotherapy

Drug Names	Drug Type
Alendronate	Aminobiphosponates
Risedronate	Aminobiphosponates
Ibandronate	Aminobiphosponates
Zoledronic Acid	Aminobiphosponates
Estrogen	Hormone
Denosumab	Momoclonal Antibody
Raloxifene	Selective estrogen receptor modulator (SERM)
Teriparatide	Anabolic PTH fragment
Tofacitinib	Janus kinase inhibitor
Etrolizumab	Anti-adhesion therapy

Table 8: Anti-TNF Medications and other Biologics

Drug Names	Drug Type
Infliximab	Anti-TNF agents
Adalimumab	Anti-TNF agents
Certolizumab Pegol	Anti-TNF agents
Golimumab	Anti-TNF agents

Vendolizumab	Anti-Adhesion Therapy
Tofacitinib	Janus Kinase Inhibitor
Etrolizumab	Anti-Adhesion Therapy

*Table 9: Tobacco **Cessation** Medications*

Aplenzin	Habitrol (TD)	Nicotrol (PDR)	Prostep TD
Buproban Oral	INTS Step 3 TD	Nicotrol Inhaler (PDR)	Wellbutrin
Bupropion SR	Medic Nicotine TD	Nicotrol NS (PDR)	Wellbutrin XL or SR
Bupropion XL	NicoDerm CQ	Nicotrol NS Nasal	Zyban (PDR)
Chantix (varenicline)	Nicoderm CQ TD	Nicotrol TD	Zyban Oral
Commit	Nicoderm TD	Nicotrol Td TD	
CVS NTS Step 1 TD	Nicotine Nasal	Buproban	
CVS NTS Step 2 TD	Nicotine Patches (PDR)	Nicorette	
CVS NTS Step 3 TD	Nicorelief	NTS Step 1 TD	
Furtive XL	Nicotine TD	NTS Step 2 TD	
Habitrol (PDR)	Nicotine Transdermal TD	NTS Step 3 TD	

APPENDICES

Appendix A: Audit Methodology

Altarum is responsible for conducting three levels of audit pertaining to applicant submissions for BTE Inflammatory Bowel Disease 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 face-to face encounter/visit for the 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
patientRace	The chosen race that the patients identify themselves with.	• American Indian or Alaskan Native • Asian, Black or African American • Native Hawaiian or Other Pacific Islander • Other Race • White • Declined to Identify

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 - (blank will default to NO and generate a WARNING when uploading.)
IBDDiagnosis	Does this patient have a diagnosis of IBD?	YES, NO
IBD_Under_Care_of_Provider	Under Care of Provider At least One Year	YES, NO
Diagnosis_of_IBD_One_Year	Diagnosis of IBD for at Least One Year	YES, NO
Diagnosis_of_IBD_Eight_Years	Diagnosis of IBD for at Least Eight Years	YES, NO
IBDType	Is the inflammatory bowel disease type, anatomic location and luminal disease activity been assessed and documented at least once during the reporting year?	• Crohn's Disease • Indeterminate Colitis • Ulcerative Colitis
IBDTypeDate	Date Type Assessed	MM/DD/YYYY - cannot be after the end of the reporting period
IBDLocation	Inflammation Location	• Upper GI • Small Intestine • Large Intestine
IBDExtent	Is the inflammatory bowel disease type, anatomic location and luminal disease activity been assessed and documented at least once during the reporting year?	• Less than 1/3 of colon • Greater than 1/3 of colon
IBDExtentDate	Date Extent Assessed	MM/DD/YYYY - cannot be after the end of the reporting period
IBDActivity	Is the inflammatory bowel disease type, anatomic location and luminal disease activity been assessed and documented at least once during the reporting year?	• Mild • Moderate • Quiescent • Severe

IBDActivityDate	Date Activity Assessed	MM/DD/YYYY - cannot be after the end of the reporting period
ExternalManifestations	External Manifestations	• Arthritis • Biliary • Dermatologic • Ocular • Thromboembolic • None
ExternalMainfestations_DateAssessed	Date Assessed	Enter a Complete Date ex: MM/DD/YYYY
Corticosteroid_10_mg_60_days	Is the patient receiving corticosteroids greater than or equal to 10 mg/day for 60 or more consecutive days? YES (G9469), NO (G9468 or 3750F)	YES, NO
CorticosteroidSparingTherapy	Was the patient prescribed corticosteroid sparing therapy (e.g., thiopurines, methotrexate, or anti- TNF agents) within the last 12 months? YES (4142F or 4142F-1P), NO (4142F-8P)	YES, NO
BoneLossRiskAssessed	Is there documentation that the patient was assessed for risk of bone loss during the reporting year? YES (3095F, 3096F, G8861), NO (G8863)	YES, NO
BoneLossRiskDateAssessed	Date Assessed	MM/DD/YYYY - cannot be after the end of the reporting period
OsteoporosisTherapy	Was the patient recommended for, or prescribed osteoporosis therapy if they had documented Bone Loss YES (4005F), NO	YES, NO
OsteoporosisTherapyDateAssessed	Date Assessed	MM/DD/YYYY - cannot be after the end of the reporting period
First_Course_Anti_TNF_Therapy	Is the patient receiving their first course ever of anti-TNF (tumor necrosis factor) therapy, initiated within the reporting year?	YES, NO
AntiTNF_InitiationDate	Anti-TNF initiation date	MM/DD/YYYY - cannot be after the end of the reporting period

TuberculosisScreening	Is there documentation that a tuberculosis (TB) screening was performed and the results interpreted within six months prior to receiving their first course ever of anti- TNF therapy?	YES, NO
TuberculosisScreeningDate	Date Assessed	MM/DD/YYYY - cannot be after the end of the reporting period
Positive_TB_treated_TB	Was the patient positive for TB in the past and received a complete course for anti-TB therapy	YES, NO
HepatitisBStatus	Is there documentation that Hepatitis B Virus (HBV) status was assessed and the results interpreted within one year prior to receiving their first course ever of anti-TNF therapy?	YES, NO
HepBStatusDate	Date Assessed	MM/DD/YYYY - cannot be after the end of the reporting period
InfluenzaImmunization	Was an influenza immunization recommended, ordered, administered or previously received within the reporting year?	• YES • NO • Documented allergy or contraindication
InfluenzaImmunizationDate	Date Assessed	MM/DD/YYYY - cannot be after the end of the reporting period
PneumococcalVaccine	Was a pneumococcal vaccine administered or previously received?	• YES • NO • Documented allergy or contraindication
PneumococccalVaccineDate	Date Assessed	MM/DD/YYYY - cannot be after the end of the reporting period
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
tobaccoCessationAdviceOr TreatmentDate	Date the patient was most recently given tobacco cessation counseling or treatment	MM/DD/YYYY - cannot be after the end of the reporting period
SurveillanceColonoscopy	Was a surveillance colonoscopy performed?	YES, NO

SurveillanceColonoscopyDate	Date of most recent colonoscopy.	MM/DD/YYYY - cannot be after the end of the reporting period
UlcerativeColitisDiagnosis	Does this patient have a diagnosis of Ulcerative Colitis?	YES, NO
CrohnColitisDiagnosis	Does this patient have a diagnosis of Crohn's Colitis?	YES, NO
PHQ2screening	Was the patient screened for depression using the PHQ-2 tool?	• YES • NO • Patient Exclusion Present
PHQ2screeningDate	Date of most recent PHQ-2 depression screening?	MM/DD/YYYY - cannot be after the end of the reporting period
PHQ9screening	Was the patient screened for depression using the PHQ-9 tool?	• YES • NO • Patient Exclusion Present
PHQ9screeningDate	Date of most recent PHQ-9 depression screening?	MM/DD/YYYY - cannot be after the end of the reporting period
IBDBiologics	Was the patient receiving biologics	YES, NO
IBDBiologicsDateAssessed	Date Assessed	MM/DD/YYYY - cannot be after the end of the reporting period

Measures Specifications

IBD Type, Anatomic Location, and Disease Activity

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

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

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

IBDType = Crohn's Disease, Indeterminate Colitis or Ulcerative Colitis
AND
IBDTypeDate = date is present and within reporting period (12 months)

AND

IBDLocation= Upper GI, Small Intestine or Large Intestine
AND
IBDExtent= Less than 1/3 of colon or Greater than 1/3 of colon
AND
IBDExtentDate= date is present and within reporting period (12 months)

AND

IBDActivity= Mild, Moderate, Quiescent, Severe
AND
IBDActivityDate= date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

IBD External Manifestations Assessed

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

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

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

ExternalManifestations = Arthritis, Biliary, Dermatologic, Ocular, Thromboembolic or None

AND

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

SCORING

Score=(numerator/denominator) x Total Possible Points

Corticosteroid-Sparing Therapy Prescribed

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

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

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

Corticosteroid_10_mg_60_days = YES

AND

CorticosteroidSparingTherapy = YES

SCORING

Score=(numerator/denominator) x Total Possible Points

Bone Loss Assessment for Patients Receiving Corticosteroid Therapy

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

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

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

Corticosteroid_10_mg_60_days = YES
AND
BoneLossRiskAssessed = YES
AND
BoneLossRiskDateAssessed = date is present and within reporting period (24 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

Osteoporosis Therapy in Patients with Bone Loss

<u>DENOMINATOR REQUIREMENTS</u>

Patients are included in the denominator when:

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

<u>NUMERATOR REQUIREMENTS</u>

Patients in the denominator are numerator compliant when:

BoneLossRiskDateAssessed = date is present and within 24 months of the end of the reporting period
AND
BoneLossRiskAssessed = YES

AND

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

<u>SCORING</u>

Score=(numerator/denominator) x Total Possible Points

Testing for latent TB before initiation of anti-TNF Therapy

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

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

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

TuberculosisScreeningDate= date is present, within reporting period (12 months), within 183 days prior to the AntiTNF_InitiationDate

AND

AntiTNF_InitiationDate= date is present

SCORING

Score=(numerator/denominator) x Total Possible Points

Assessment of Hepatitis B Virus Exposure Before initiating Anti-TNF therapy

<u>DENOMINATOR REQUIREMENTS</u>

Patients are included in the denominator when:

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

<u>NUMERATOR REQUIREMENTS</u>

Patients in the denominator are numerator compliant when:

HepatitisBStatus = YES
AND
HepBStatusDate = date is present and within reporting period (12 months) and with 365 days of
AntiTNF_InitiationDate

<u>SCORING</u>

Score=(numerator/denominator) x Total Possible Points

Influenza Immunization

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

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

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

InfluenzaImmunization = YES
AND
InfluenzaImmunizationDate= date is present and within reporting period (12 months)

OR

influenzaImmunization= documented allergy or contraindication

SCORING

Score=(numerator/denominator) x Total Possible Points

Pneumococcal Immunization

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

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

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

PneumococcalVaccine = YES
AND
PneumococccalVaccineDate= date is present and within reporting period (12 months)

OR

PneumococcalVaccine = documented allergy or contraindication

SCORING

Score=(numerator/denominator) x Total Possible Points

Documentation of Tobacco Status

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

- PatientAge = 18 – 75
- IBDDiagnosis = 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

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
- IBDDiagnosis = YES
- lastVisitDate = date is present and within reporting period (12 months)
- TobaccoStatus = Current Tobacco User

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

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

SCORING

Score=(numerator/denominator) x Total Possible Points

Appropriate Use of Surveillance Colonoscopy for the Prevention of Colorectal Cancer

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

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

AND

- o UlcerativeColitisDiagnosis=YES
- *OR*
- o CrohnsColitisDiagnosis=YES

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

SurveillanceColonoscopy = YES

AND

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

SCORING

Score=(numerator/denominator) x Total Possible Points

Depression Screening Annually

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

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

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

PHQ2screening = YES

AND

PHQ2screeningDate = date is present and within reporting period (12 months)

OR

PHQ9screening = YES

AND

PHQ9screeningDate = date is present and within reporting period (12 months)

SCORING

Score=(numerator/denominator) x Total Possible Points

Use of Biologics

DENOMINATOR REQUIREMENTS

Patients are included in the denominator when:

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

NUMERATOR REQUIREMENTS

Patients in the denominator are numerator compliant when:

IBDBiologics = YES

AND

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

SCORING

Score=(numerator/denominator) x Total Possible Points