



Electronic Clinical Quality Measures (eCQM) Development and Maintenance for Eligible Professionals

Support Contractor

**Eligible Clinician Electronic Clinical Quality Measure (eCQM)
Diabetes Measures**

Questions and Answers

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The following document provides actual questions from audience participants. Webinar attendees submitted the following questions and subject-matter experts provided the responses during the live webinar. The questions and answers may have been edited for grammar.

Question 1: For the CQM CM122, we asked QPP if palliative care concepts can be mapped in the EHR as synonymous with hospice care. The answer was “No”, only hospice care. Yet, when we are submitting for what should be essentially the same measure in the Web Interface (we submit for multiple organizations - some via CQM, some via Web Interface) the concept of palliative care is explicitly included along with hospice care. Can you please clarify the rationale for including palliative care in one reporting mechanism and not the other?

When abstracting for the WI, patients are removed at the patient confirmation level if they are in hospice, palliative care, comfort care, etc. These patients are removed from all measures in which they've been attributed per the WI program and replaced. It is not done at an individual measure level. Any future questions regarding WI measures should be submitted to www.qpp@cms.gov.

Question 2: Is there consideration for denominator exclusions for residents of long term care facilities?

In the current 2019 specification, residents of long term care facilities are not excluded. However, we are considering excluding that population during the next annual update.

Question 3: Clarification on denominator age. Is 18-75 during anytime in the reporting period or is 18-75 during the visit that happens within the reporting period?

The measure intent is to focus on people with diabetes age 18-75. To ensure that we are not including anyone under the age of 18, and no one over the age of 75, the current eMeasure logic identifies people who are age 18-74 at the beginning of the year. Using the upper age limit of 74 at the beginning of the measurement period means we will only be identifying people who will be turning 75 during the measurement year and not including anyone who is 76 or older.



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Question 4: What about POCT A1c?

POCT, or Point of Care Testing, A1c tests are not currently part of the "HbA1c Laboratory Test" used in the measure. However, we may consider that form of testing for the specification during the next annual update.

Question 5: In regards to the numerator, please explain how not having a test with a value satisfies the measure?

The measure is evaluating what is considered poor care, HbA1c values above 9.0%. Patients who receive no HbA1c tests at all during the year or who are tested but no results are returned, are also not receiving high quality care. Thus, the measure captures that in addition to values above 9.0%.

Question 6: What if patient has 9.1 in June but 7.0 in September. Will they still be considered Poor Control (>9)?

The measure evaluates the results of the most recent test, which is the last test during the measurement year. Therefore, the patient described in the example provided would not be counted for the numerator for the Diabetes Poor Control (>9%) measure.

Question 7: Are there any plans to add in Fructosamine Levels or allow a conversion to an Hgb A1c score to meet the measure?

Currently, fructosamine levels or conversions to an HbA1c score are not allowed in the measure. However, this may be something we consider for the next annual update.

Question 8: Do you have some examples of hospice flags?

The measure specification uses values sets and logic to identify patients in hospice. Measure users should use those value sets and implement the provided logic to identify patients in hospice.



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Question 9: Can the value be as reported by the patient or does the provider have to obtain the A1c?

The values for HbA1c tests should come from laboratory tests and be provided to the provider. Values reported by the patient are not allowed.

Question 10: How do you account for the new onset diabetic whose A1C may be above 9?

The measure does not specifically account for new onset diabetes. It is expected that there may be some patients who are newly diagnosed who might only have one HbA1c test before the end of the year that might be above 9.0%. This would most likely be a minority of patients and it is expected that it would be a fairly uniform number of patients across providers. It should not have a big impact on performance overall.

Question 11: Is it the last HbA1c in the chart that will count?

The most recent, or last HbA1c test during the measurement year, is what will be evaluated for the Diabetes HbA1c Poor Control (>9%) measure.

Question 12: Still doesn't include secondary diagnosis of diabetes (i.e., diabetes in pregnancy), correct?

Correct, secondary diabetes or temporary forms of diabetes caused by pregnancy or drugs/medications do not count for this measure.

Question 13: Does this mean in order to record the measure they need an office visit code for that visit

An office visit during the measurement period is required to identify the initial patient population for the denominator, but not for the numerator which evaluated HbA1c test results. Coding for the denominator office visit is provided in the measure value sets.



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Question 14: **So what do you do when patients just don't follow the recommendations of the provider? Thus making their A1C higher.**

We would hope that providers work with their patients to make sure they understand the importance of getting their blood sugar under control. However, it is understood that there will be a population of patients who do not. Those patients may end up in the numerator of this measure.

Question 15: **Is there any lookback into the prior calendar year for a laboratory result? (e.g. A1c of 9.2% in Dec 2018)**

No, there is no lookback for this measure. It only assesses lab tests and results during the measurement period.

Question 16: **So if a future order for A1c is entered into the EMR and it's not completed before year end, do we get dinked? So they should be removed before year end?**

It is possible that laboratory test may be ordered without completion or receipt of results before the end of the year. This would most likely be a small minority of patients and it is expected that it would be a fairly uniform number of patients across providers. It should not have a big impact on performance overall.

Question 17: **75 years of age should be at the beginning of the measurement period or on 31st December? Should we consider patients turning 76 during measurement period?**

The measure intent is to focus on people with diabetes age 18-75. To ensure that we are not including anyone under the age of 18, and no one over the age of 75, the current eMeasure logic identifies people who are age 18-74 at the beginning of the year. Using the upper age limit of 74 at the beginning of the measurement period means we will only be identifying people who will be turning 75 during the measurement year and not including anyone who is 76 or older.



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Question 18: We are an urgent care. Sometimes A1c are required for the patient visit. Do I still mark that it has not been done?

We need more information to adequately answer this question.

Question 19: Does the A1c need to be within a year from the office visit or in 2019?

The HbA1c test should occur during the measurement year.

Question 20: If there is a value $\geq 9\%$ during the measurement period followed by a result $< 9\%$ later in the same period, would the patient fall into the numerator?

The measure evaluates the results of the most recent test, which is the last test during the measurement year. Therefore, the patient described in the example provided would not be counted for the numerator for the Diabetes Poor Control ($>9\%$) measure.

Question 21: Regarding DM Poor control measure, will it ever be the case that tracking of $>9\%$ is separated from the 'No A1c test' in the reporting year to get a truer sense of actual statistics across the population?

Although we do not have any current plan to do so, we may evaluate the appropriateness of separating out missing tests (no test performed) from the Diabetes Poor Control ($>9\%$) for a future update.

Question 22: Can a podiatrist use the measure because we see diabetic patients?

If the encounter codes included in the value sets for this measure apply, and the podiatrist cares for patients with diabetes, they may report this measure.

Question 23: Does the A1c have to be drawn during the current calendar year or just within the last 12 months?

The HbA1c test should be performed during the measurement year.



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Question 24: Are there any plans to allow Fructosamine tests or a Conversion to an A1c score to count as meeting the measure? We have quite a few patients whose A1c scores are not valid.

Currently, fructosamine levels or conversions to an HbA1c score are not allowed in the measure. However, this may be something we consider for the next annual update.

Question 25: How should a future order for HbA1c be measured for reporting (i.e., our physicians put a future A1c order in the chart for the patient to complete at a future date)? There is a current result for an A1c under 9 in the chart, but these patients are being put in the numerator due to the future order.

If the future order was a test that should be completed during the measurement year, then it should be evaluated as part of this measure. So for example, if the patient has a result <9.0% from a June test and there is an order for a test in October of the same year that is never completed, that will count for the numerator of the Diabetes HbA1c Poor Control (>9%) measure.

Question 26: What if I don't diagnose diabetes but my certified system offers this measure? Should I report tests done by other physicians?

This measure should only be reported by EPs that care for patients with diabetes.

Question 27: Is a result of 9.0 included in the numerator?

No, only results greater than 9.0%, missing results from tests that are ordered, and a complete lack of testing during the measurement year count for the numerator.

Question 28: Is gestational diabetes included in this measure?



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Secondary forms of diabetes or temporary forms of diabetes caused by pregnancy or drugs/medications do not count for this measure.

Question 29: **What if a test is done outside and only the result is documented in EHR? In this scenario, LOINC codes won't be available in the order section.**

Correct. The measure is looking for a test to be performed with a result. The example provided would be lacking the former. This may be something we evaluate during the next annual update of the measure.

Question 30: **So what happens if a patient turns 18 at the end of the year?**

No one under the age of 18 will be included in the measure due to the way the measure logic is set up. The measure intent is to focus on people with diabetes age 18-75. To ensure that we are not including anyone under the age of 18, and no one over the age of 75, the current eMeasure logic identifies people who are age 18-74 at the beginning of the year. Using the upper age limit of 74 at the beginning of the measurement period means we will only be identifying people who will be turning 75 during the measurement year and not including anyone who is 76 or older.

Question 31: **For the eye exam and HbA1c, why are there no options for "pt. refused" to put patients into an exception?**

Eye exams for patients with diabetes are extremely important and we do not want to allow patient refusal as a means of exemption to the measure. We hope that providers can work with their patients to make them understand the importance of routine eye exams.

Question 32: **Are there exclusions for patients who pass away, but have already been seen during the measurement year?**

Currently there are no exclusions or exceptions for patients who die during the measurement year.

Question 33: **Is there an exclusion for a patient seen in the ED who is critically ill?**



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No, there is no exclusion for patients who are seen in the ED who are critically ill.

Question 34: **Should we be running our own test or can we accept what the patient tells us their results were or do we have to look up the lab result and record?**

Patient-reported results are not allowed for this measure. The provider office should be ordering the HbA1c tests and obtaining the results.

Question 35: **Is each patient counted only once during the calendar year for each measure?**

Yes, each patient is only counted once during the measurement period for the Diabetes HbA1c Poor Control (>9%) measure. That may vary for other measures.

Question 36: **For hospitalized patients, if the A1c is 12% but during the hospitalization the blood sugars are consistently under 130, would these patients be considered uncontrolled?**

Only information from the outpatient setting should be included for the Diabetes HbA1c Poor Control (>9%) measure. It is not intended for use with hospitalized patients or inpatient data.

Question 37: **Does the Diabetes diagnosis have to be documented on the same visit or can the diagnosis and visit be on different dates?**

The measure logic only specifies that the diagnosis of diabetes must overlap with the measurement year, or be active during the measurement year. There should also be a qualifying encounter, based on the specified code set, during the measurement year.

Question 38: **Regarding the patient age, I was under the impression that the patient had to be 18-75 at the beginning of the Report Period? (and I believe that's what slide 13 had said as well)**



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The measure intent is to focus on people with diabetes age 18-75. To ensure that we are not including anyone under the age of 18, and no one over the age of 75, the current eMeasure logic identifies people who are age 18-74 at the beginning of the year. Using the upper age limit of 74 at the beginning of the measurement period means we will only be identifying people who will be turning 75 during the measurement year and not including anyone who is 76 or older.

Question 39: **Do outside results (in a specialist's office, not the PCP) count for a patient's A1c?**

If the results taken by another provider are part of the data that is sent when a provider reports this measure, they will count towards that provider's performance.

Question 40: **Does a point of care test taken by a clinical staff member in the patient's home count for the measure?**

POCT, or Point of Care Testing, A1c tests are not currently part of the "HbA1c Laboratory Test" used in the measure. However, we may consider that form of testing for the specification during the next annual update.

Question 41: **What about results obtained in the HIE?**

Providing the results are made available to the EHR data source that is reporting the measure, they should count toward performance.

Question 42: **If a patient provides you with a record of an A1c result from an outside ordering provider and this can be entered as discreet data into your EHR, would this not count toward the measure? This would be patient reported, but you would have an actual record of the result.**

In the example provided, the tests and results are coming from another provider and are entered into the provider's EHR and reported. This data can count for the measure.



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Question 43: **Are HbA1c finger stick tests administered by a healthcare provider at the point of care allowed?**

POCT, or Point of Care Testing, A1c tests are not currently part of the "HbA1c Laboratory Test" used in the measure. However, we may consider that form of testing for the specification during the next annual update.

Question 44: **A1cs should be drawn every 91 days?**

Yes, HbA1c tests are useful at an approximate 3-month interval. Recommendations from the American Diabetes Association state the following:
"Perform the A1C test at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
"Perform the A1C test quarterly in patients whose therapy has changed or who are not meeting glycemic goals."

Question 45: **If we have the most recent HbA1c lab result report from another provider what is the best way to document that lab result in order to capture?**

The lab order, the date of the lab order and test result should be entered as discrete pieces of data into the EHR so that they can be used for reporting the measure.

Question 46: **If the most recent A1c measure was performed at a Home Health visit are providers expected to integrate this result via structured data into the EHR in order for it to count? How is the practice going to know that the Home Health agency has ordered this on our behalf?**

This measure does not include codes for home health.

Question 47: **What are suggestions for patients who state their diabetes is treated elsewhere?**



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Providers may want to consider whether or not they should be reporting the Diabetes Poor Control (>9%) measure if they are not treating their patients' diabetes.

Question 48: **CMS doesn't cover A1c monthly, however, would it be every 3 months?**

Recommendations from the American Diabetes Association state the following:

"Perform the A1C test at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).

"Perform the A1C test quarterly in patients whose therapy has changed or who are not meeting glycemic goals."

Question 49: **If the patient is only seen once in the beginning of the year and not again, will an A1c reported later in the year be counted for the person?**

Yes, the most recent, or last test of the measurement year is what will be evaluated for the Diabetes Poor Control (>9%) measure.

Question 50: **Can we expect CVD management to be added to diabetes management (i.e. LDL control or statin use)?**

We do not have any near-term plan to add such a measure to our suite of diabetes measures, however we may consider it for the future.

Question 51: **If the result is negative and the date of the prior exam is in 2018, will that qualify as a count for this reporting period?**

Yes, if the current measurement year is 2019 and there is an exam in 2018 with a negative result that will qualify for the numerator.

Question 52: **What if the Ophthalmologist is treating Diabetic Retinopathy and wants to monitor the patient's diabetes control?**



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While it would be appropriate for ophthalmologists to monitor and treat patients' diabetic retinopathy, it is not expected, nor would it be appropriate that they would be responsible for the full care needed to treat diabetes.

Question 53: **Are Optometrist eligible to submit this measure? I guess they should not be and only ophthalmologist should be eligible for this measure?**

The eye exams for the Diabetes Eye Exam measure may be performed by optometrists or ophthalmologists.

Question 54: **Does it have to be done only by Ophthalmology or would an ED provider qualify?**

The eye exams for the Diabetes Eye Exam measure should be performed by optometrists or ophthalmologists. Images taken remotely and interpreted by an optometrist or ophthalmologist may also qualify for the numerator.

Question 55: **Are there plans in the future to add “Blindness” as an exclusion?**

In the past, coding to adequately determine the extent of blindness was not available so it was not excluded from the measure. However, there are now ICD-10 codes available that provide the appropriate level of specificity. We are evaluating how best to incorporate an exclusion for blindness during a future update of the measure.

Question 56: **Podiatrist use this code to show an exam was done by a professional eye doctor, is this okay?**

This measure may be reported as long as the results of the exam are documented in the EHR.

Question 57: **Does the diabetes diagnosis have to be on the same date as the visit or can they occur on different dates?**

The diabetes diagnosis only has to overlap with the measurement period or be active during the measurement period.



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Question 58: What is the definition of an "eye care professional"? Can an LVN take the image and send it off to a professional for evaluation?

An eye care professional is defined as either an optometrist or ophthalmologist. Images taken remotely may be used provided that they are reviewed and interpreted by an eye care professional.

Question 59: How do you account for retinal photography done in the primary care setting? It is not always billed by an eye care professional in the PCP setting.

Images taken remotely or in the primary care setting may be used provided that they are reviewed and interpreted by an eye care professional.

Question 60: Why is there no exclusion for gestational diabetes in the denominator for retinal exam since GDM is often transient?

Patients with gestational diabetes should not be included as there are no codes for gestational diabetes in the value set used to identify the initial patient population for the denominator.

Question 61: Do you look for providers with a taxonomy indicating eye care professional for compliance for this measure? Many community health centers have retinal photography machines that do not require an eye care professional to operate.

The eye exams for the Diabetes Eye Exam measure should be performed by optometrists or ophthalmologists. Images taken remotely and interpreted by an optometrist or ophthalmologist may also qualify for the numerator.

Question 62: How do we document that the patient was good and did not need an exam during the measurement period?



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Exams from the previous year with a negative finding or no evidence of retinopathy would qualify the patient for not needing an eye exam during the measurement year.

Question 63: The IRIS registry looks for dilation drops. We use an OPTOS which requires no drops and our Diabetes eye exam numbers are low. Is there a code for OPTOS?

This measure does not collect data from IRIS.

Question 64: Can you confirm that an acceptable compliance with the measure includes a non-ophthalmologist or non-optometrist using a digital retinal scanner to conduct the test, but is later read by the ophthalmologist or optometrist?

Correct. Images taken remotely or in the primary care setting that are reviewed and interpreted by an optometrist or ophthalmologist qualify for the numerator.

Question 65: If the patient is not dilated, but a test like an OCT is performed, is that patient in the numerator?

Providing that an OCT test can be mapped to one or more of the codes provided in the value sets of the measure, yes.

Question 66: Quality ID 117: Is this only reported by the ophthalmologist/optometrist or by the PCP?

With regard to the Diabetes Eye Exam measure, it can be reported by a primary care provider, ophthalmologist, or optometrist.

Question 67: What about the Retina Vue POC system at the primary level?

We would need to know what procedure code that is in order determine if it is included in the measure's value sets.



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Question 68: Eye exam - so if it is one of those exams where there isn't necessarily an explicit "no retinopathy" - but there is NEITHER a diagnosis of "retinopathy" - would we assume no retinopathy? If retinal exam w/out retinopathy diagnosis, then consider exam to be negative?

The current version of the specification does not allow for the absence of a retinopathy diagnosis to indicate a negative finding. However, we are planning to develop logic that might allow that for a future version of the measure logic.

Question 69: What is the definition of evidence of the diabetic retinal eye exam, if it is patient reported? Do you have to have a copy of the report in the chart for patient reported?

The current version of the Diabetes Eye Exam measure does not allow for patient-reported results. There should either be an eye exam performed by an eye care professional during the measurement year or an exam performed in the previous measurement year with a negative finding.

Question 70: What about patients with diagnosed retinopathy in previous year? Do they still need current year eye exam?

Yes, if a patient is diagnosed with retinopathy in the previous year, they should receive an eye exam in the current measurement year. Only exams with negative findings in the previous year would allow the exam to be skipped during the current measurement year.

Question 71: We have practices that have an IRIS machine on site. The office performs the test and the test is then sent to an Ophthalmologist for review and the results are sent back through an interface. Will this also count as an eye exam being done by an eye professional?

Yes, images taken remotely or in the primary care setting that are interpreted and reviewed by an optometrist or ophthalmologist qualify for the numerator.



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Question 72: Are CPT II codes included in the Measure Terminology?

No, there are no CPT Category II codes used in the Diabetes Eye Exam eCQM.

Question 73: Do we need to have an office visit done the day the eye exam is measured in order to use the measure?

No, the measure logic does not require an office visit on the date of the eye exam.

Question 74: Are blind patients excluded?

No, currently blind patients are not excluded from the Diabetes Eye Exam measure though we are considering excluding such patients for future versions of the measure.

Question 75: What would you consider to be patient reported evidence that the eye exam was done?

Patient-reported data is generally not allowed for this measure. However, a note or letter prepared by an ophthalmologist, optometrist, PCP or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the date when the procedure was performed and the results would count for the measure. This information would then have to be entered into discrete fields in the EHR for use in reporting the eCQM.

Question 76: For CMS131, what counts as "evidence of an eye exam?" If a patient tells their MD they had an exam and were told it was "negative," does that count as long as the MD charts that? Or do you need actual numbers, results, etc.?

Patient-reported data is generally not allowed for this measure. However, a note or letter prepared by an ophthalmologist, optometrist, PCP or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the



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date when the procedure was performed and the results would count for the measure. This information would then have to be entered into discrete fields in the EHR for use in reporting the eCQM.

Question 77: **Is code ‘2022F’ the correct code for reporting (no other clarification provided with questions)?**

CPT Category II codes are not allowed for this eCQM.

Question 78: **Would you repeat in short version if it has to be an optometrist or ophthalmologist?**

Either an optometrist or ophthalmologist can perform the eye exam for the Diabetes Eye Exam measure.

Question 79: **Would providers such as PA or NP specializing in eye disease also be an acceptable provider?**

No, currently the Diabetes Eye Exam measure requires the eye exam to be performed by either an optometrist or ophthalmologist.

Question 80: **Does health maintenance documentation of an externally completed eye exam count as compliant or are we required to have the actual eye exam result?**

Qualification for the numerator requires an eye exam that is performed by either an optometrist or ophthalmologist during the measurement year OR an exam with a negative result from the year prior to the measurement year. Note that the result is only required for exams from the year prior to the measurement year, which must have a negative finding to qualify for the numerator.

Question 81: **If the 2018 exam result was negative, how do we record them for 2019 if they don't do an exam?**



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The measure allows exams to occur every other year providing that there was no finding of retinopathy in the previous year. We have not guidance for recording in the alternate years.

Question 82: Is '92250' an acceptable CPT code when using the OPTOS to determine diabetes for the diabetes eye exam measure?

We cannot comment on what CPT codes are designated to report OPTOS. We suggest that you check with your professional society or a coding expert.

Question 83: How does an optometrist/ ophthalmologist reviewing/ interpreting an eye exam done in PCP office get counted in the measure set as completed?

Information from the interpreting optometrist or ophthalmologist would have to be entered into the EHR. For example, a note or letter prepared by an ophthalmologist, optometrist, PCP or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the date when the procedure was performed and the results would count for the measure. This information would then have to be entered into discrete fields in the EHR for use in reporting the eCQM.

Question 84: If the ICD-09 code is charted for the patient in the EHR for a long standing condition and the physician did not chart the ICD-10 codes, then patient will not get pulled in denominator? Is this correct?

These measures use ICD-10 codes, per the coding requirements.

Question 85: We see many residents in nursing homes and will use procedure codes such as 99308, 99305, and 99307. Are you including these codes so that we can report successfully?

These codes are not currently included in our value sets. We will consider the appropriateness of adding these codes during our next annual update for 2021.



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Question 86: **Can/Should podiatrist perform the micro albumin if they have the capability?**

It is not expected, nor does it sound appropriate, that a podiatrist would be monitoring kidney health for a patient with diabetes.

Question 87: **What exactly do you mean by evidence of nephropathy/ what do you really expect as evidence for nephropathy?**

Evidence of nephropathy includes diagnoses such as chronic kidney disease, end stage renal disease, kidney failure, diabetic nephropathy, glomerulonephritis and nephrotic syndrome. Additionally, a patient may qualify for the numerator if he or she is actively taking an ACE or ARB medication OR receives some sort of treatment, such as dialysis, or a screening for kidney disease such as a protein urea lab test.

Question 88: **If they are on an ACEi/ARB, does this count as treatment and not require testing?**

For the purpose of qualifying for the numerator of this measure, yes, an active ACE or ARB prescription would count as treatment. Please note that it does not necessarily mean that the patient would not require other testing or treatment. Such decisions should be made by the clinician with the patient.

Question 89: **Is there a reason the measure does not consider GFRs for meeting the measure?**

Capturing GFR information was not previously possible for use in measurement. However, we are now evaluating approaches for capturing such information for a future version of the Diabetes: Medical Attention for Nephropathy measure.

Question 90: **Where can we get those codes that were added or removed for CMS 134?**



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All code sets should be available in the Value Set Authority Center (VSAC), available at <https://vsac.nlm.nih.gov/>.

Question 91: **If there is a diagnosis, is the diagnosis itself sufficient as a numerator definition or would appropriate medication or other treatment need to be shown also? If so, what are those medications/treatments? Are there resources?**

An active diagnosis during the measurement year that fits in the value sets provided (e.g., chronic kidney disease, kidney failure, etc.) would suffice for numerator qualification.

Question 92: **Does the protein test need to have a numeric value? We frequently see a result of "positive" instead of a numeric result.**

The protein test should have a result that is not null (or empty/blank) to qualify for the numerator.

Question 93: **Does a plasma creatinine test count toward the measure?**

No, a plasma creatinine test does not count toward the numerator of the measure, however, a protein/creatinine ratio test from the urine would count.

Question 94: **If patient is on an ACE/ARB for hypertension, are they also excluded or does that only apply if they have a diagnosis of kidney disease?**

A patient who is receiving ACE or ARB medications, regardless of the reason, would qualify for the numerator of the Diabetes: Medical Attention for Nephropathy measure.

Question 95: **Would a diagnosis of CKD (chronic kidney disease) count in the numerator?**

Yes, an active diagnosis of Chronic Kidney Disease would count for the numerator.



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Question 96: Does an active prescription of Epoetin qualify a patient for this measure?

No, currently the Diabetes: Medical Attention for Nephropathy measure does not count an active prescription for Epoetin. We may evaluate the appropriateness of including that medication for a future version of the measure.

Question 97: Would a clinic performing Urinalysis qualify as a screening for kidney disease?

Providing that the information about the urinalysis test is entered into discrete fields in the EHR from which the data will be reported for the measure, yes.

Question 98: Does a CMP count as one of the test?

No, a comprehensive metabolic panel does not count for the measure. Currently, the Diabetes: Medical Attention for Nephropathy focuses on urine tests for albumin or protein.

Question 99: What if the provider did not prescribed an ACE/ARB but screened for Nephropathy as an ACE/ARB may not be clinically appropriate?

A screening for nephropathy during the measurement year would qualify for the numerator.

Question 100: What evidence of nephropathy should be included in the chart?

Evidence of nephropathy includes diagnoses such as chronic kidney disease, end stage renal disease, kidney failure, diabetic nephropathy, glomerulonephritis and nephrotic syndrome. Additionally, a patient may qualify for the numerator if he or she is actively taking an ACE or ARB medication OR receives some sort of treatment, such as dialysis, or a screening for kidney disease such as a protein urea lab test.



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Question 101: Is there a list of tests that qualify for this measure, if so, where do we find that list?

All qualifying tests for the numerator are included in the value sets that are provided for the measure.

Question 102: Where do we go to find a list of all CPT codes in a value set for this measure?

All code sets should be available in the Value Set Authority Center (VSAC), available at <https://vsac.nlm.nih.gov/>.

Question 103: Does screening for kidney disease count in the numerator even if test comes back with no nephropathy?

Yes, a screening for kidney disease during the measurement year, regardless of the result, will count for the numerator of the measure.

Question 104: If result/exam documentation is located in the EMR tool that allows for viewing external results, would this suffice for the exam portion of the evidence for patient reported?

Please note that there is no "patient-reported" component of the Diabetes: Medical Attention for Nephropathy measure.

Question 105: Are patients counted only once in these measures for year 2019?

Yes, patients are only counted once during the measurement year for the Medical Attention for Nephropathy measure.

Question 106: Would you happen to know the code you mentioned should be linked with the clinic performed urinalysis?

All qualifying tests for the numerator are included in the value sets that are provided for the measure.



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Question 107: Are you looking at Pharmacy claims for ACE? ARB?

This version of the Diabetes: Medical Attention for Nephropathy measure is an eCQM and uses data available from EHRs. If pharmacy claims data is mapped appropriately in the EHR that could be used for the measure. Data about active prescriptions from the EHR can also be used.

Question 108: Does the test need to be completed versus just ordered?

The laboratory test should be ordered and completed so that a result is available in the EHR to qualify for the numerator.

Question 109: Where does one find these 'value sets' you are referring to?

All code sets should be available in the Value Set Authority Center (VSAC), available at <https://vsac.nlm.nih.gov/>.

Question 110: Does it count if there is an order or if there is a result? Such as, patient was seen December 31 and ordered, but no result yet.

The laboratory test should be ordered and completed so that a result is available in the EHR to qualify for the numerator.

Question 111: We are able to view results from another office off the CDC, but it is not added to the Patient Chart as a discrete result. The CDC is kept in the chart. Would that qualify for numerator?

The data needed for the measure must be part of the EHR data source that is reporting the measure.

Question 112: You keep saying nephropathy screening was "ordered" does this mean if we order the test but the patient doesn't get it done it would meet the measure?



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No, the laboratory test should be ordered and completed so that a result is available in the EHR to qualify for the numerator.

Question 113: Can we use outside provider results if patient is managed by an endocrinologist, but has their primary care in our clinic?

Providing that the information from the other provider is entered into the EHR data source that is reporting the measure, then yes, outside provider results can qualify for the measure.

Question 114: How will we get clarification on follow up of order versus result?

The laboratory test should be ordered and completed so that a result is available in the EHR to qualify for the numerator.

Question 115: The measure looks at quality of care. Just ordering the test should meet the spirit of the measure?

The laboratory test should be ordered and completed so that a result is available in the EHR to qualify for the numerator.

Question 116: When you say patient reported results, if the patient says they got their results at Dr. Smith's office and the clinic's staff reaches out to Dr. Smith's office and gets the results of the previous test by fax and the staff enters this in as a historical lab with date and result will this count for the measure?

Please note that there is no "patient-reported" component of the Diabetes: Medical Attention for Nephropathy measure. However, in the scenario you describe, the information is coming from another provider. As long as that information is entered into the EHR data source that is reporting the measure, then that information can be used.

Question 117: How about people who have their diabetes treated elsewhere. Can they be excluded?



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Providers may want to consider whether or not they should be reporting the Diabetes: Medical Attention for Nephropathy measure if they are not treating their patients' diabetes.

Question 118: **An order does not necessarily mean performed. Please clarify?**

The laboratory test should be ordered and completed so that a result is available in the EHR to qualify for the numerator.

Question 119: **In reference to using pharmacy claims, if a claim is available that shows the test was performed from a different clinician external to the organization, this is not in the permanent record, but evidence is available in the claim, does that count in numerator?**

Pharmacy claims would not count towards the numerator unless the results are available in the EHR.

Question 120: **How are reports that are mailed or faxed to us to be reported as a structured item?**

Such information would need to be entered into the EHR. For example, a note or letter prepared by an ophthalmologist, optometrist, PCP or other health care professional indicating that an ophthalmoscopic exam was completed by an eye care professional (optometrist or ophthalmologist), the date when the procedure was performed and the results would count for the measure. This information would then have to be entered into discrete fields in the EHR for use in reporting the eCQM.

Question 121: **Our practice obtains many outside results where there is no EHR interface, therefore requiring manual entry. Also noted are those new patients seen at the end of the year who will not meet the metric during the performance period. My question is do you have any good advice on determining internal goals or targets?**

Implement the measures first and assess how your providers and practices compare to national benchmarks. Then set reasonable, iterative goals for improvement.



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Question 122: In all these measures, is a single patient counted only once?

Yes, for these three measures, a patient is only counted once during the measurement period.

Question 123: We are podiatrists. We see quite a bit of Diabetic patients. Do you have any measure related to feet?

The QPP Resource center website, www.qpp@cms.gov provides available measures by medical specialty.

Question 124: Do you have advice for the best place to see 2019 eCQM changes?

The eCQI Resource Center provides technical release notes that document changes between consecutive year releases of the eCQMs. The eCQI Resource Center can be accessed at <https://ecqi.healthit.gov/eligible-professional/eligible-clinician-ecqms>.

Question 125: Can you comment why foot exam was dropped?

The CY 2019 Final Rule states that this measure was removed because it is duplicative to the currently adopted Measure 126: Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy – Neurological Evaluation (finalized in 81 FR 77558 through 77675). We strive to not duplicate measures in the program. We believe Measure 126 is a more appropriate measure because it targets an at-risk patient population, is clinically significant, and is in alignment with current clinical guidelines for neurological evaluation of diabetic neuropathy.

Question 126: Where may we obtain copies of the value sets referenced?

Value Sets may be viewed at www.qpp.cms.gov.

Question 127: Where are these measures reported? Through MIPS?

The measures presented during this presentation are reportable through the MIPS program.



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Question 128: We just received ~1.5 payment adjustment on our first claim of 2019, what could this have come from? We were successful in attesting with a registry in 2017.

Please submit this request to www.qpp.cms.gov.

Question 129: What is the best way to document "Value Based" data related to Diabetic patient care?

Please submit this request to www.qpp.cms.gov.

Question 130: Where can we go to get a copy of the measures for 2019? I can only find 2018.

Measures may be found at www.qpp.cms.gov.

Question 131: Where do we find value sets?

All code sets for eCQMs should be available in the Value Set Authority Center (VSAC), available at <https://vsac.nlm.nih.gov/>.