

Measures

- #5 Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- #8 Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- #47 Care Plan
- #110 Preventive Care and Screening: Influenza Immunization
- #130 Documentation of Current Medications in the Medical Record
- #226 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Reporting Instructions

(1) Identify patients with the following criteria:

- Aged 18 years and older on date of encounter
- Encounter during January 1 - December 31, 2016 with the following:
 - One of the following diagnosis codes indicating General Surgery:
I11.0, I13.0, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33,
I50.40, I50.41, I50.42, I50.43, I50.9
 - and
 - One of the following patient encounter codes:
99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306,
99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336,
99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

(2) Report all applicable measures within the measures group for at least 20 patients.

- The majority of the patients reported must be Medicare Part B Fee-for-service (FFS) patients, including Medicare Secondary and Railroad Medicare.
- For each measure, the measure's clinical performance must be satisfied for at least 1 patient. [Note: An asterisk (*) indicates that the measure's clinical performance is satisfied.]

For additional information or clinical rationale for measures, review the CMS Measure Specification for 2016 PQRS. All measures group Measure Specifications can be found on the NJII Member Portal > Registry > Getting Started section.

2016 PQRS

Heart Failure

Measures Group

Patient Information

First Name	Middle Initial	Last Name	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Visit Date	Medical Record Number	Gender	Male	Female
<input type="text"/>	<input type="text"/>	Medicare FFS Patient	Yes	No

Select Measures Performance

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- * Recommended clinical performance satisfied
- ^ Patient is excluded from measure's performance

Select one (1) clinical action for each measure below, where applicable:

#5: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Patients who were prescribed ACE inhibitor or ARB therapy within a 12-month period when seen in the outpatient setting or at hospital discharge.

- ACE/ARB therapy prescribed*
- ACE/ARB therapy not prescribed (Reason documented)^
- ACE/ARB therapy not prescribed (No reason documented)

#8: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Patients who were prescribed beta-blocker therapy within a 12-month period when seen in the outpatient setting or at each hospital discharge.

- Beta-blocker therapy prescribed *
- Beta-blocker therapy not prescribed (Reason documented)
- Beta-blocker therapy not prescribed (No reason documented)

Select Measures Performance

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#47: Care Plan

Patients who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but patient did not wish or was unable to name a surrogate decision maker or provide an advance care plan.

Advance Care Plan or surrogate decision maker documented in the medical record*

Advance Care Planning discussed and documented, patient did not wish to name a surrogate decision maker*

Advance care planning not documented, (No reason documented)

#110: Preventive Care and Screening: Influenza Immunization

Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization.

For Visit Date 01/01/16-03/31/16: Report if Received 08/01/15-03/31/16

For Visit Date 10/01/16-12/31/16: Report if Received 08/01/16-12/31/16

Administered or previously received *

Not administered (Reason documented)^

Not administered (No reason documented)

#130: Documentation of Current Medications in the Medical Record

Eligible professional attests to documenting, updating or reviewing a patient's current medications using all immediate resources available on the date of encounter. This list must include ALL known prescriptions, over-the counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosages, frequency and route of administration.

Current medications documented*

Current medications not documented (Patient not eligible)^

Current medications not documented (Reason not given)

Select Measures Performance

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#226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user.

Identified as tobacco user and cessation intervention performed*

Screened for tobacco use and identified as non-user of tobacco*

Not screened for tobacco use (Medical reason documented)^

Identified as tobacco user and cessation intervention NOT performed

Not screened for tobacco use (No reason documented)