2021 CMS Web Interface

PREV-7 (NQF 0041): Preventive Care and Screening: Influenza Immunization

Measure Steward: NCQA

Contents

INTRODUCTION

There are a total of 10 individual measures included in the 2021 CMS Web Interface targeting high-cost chronic conditions, preventive care, and patient safety. The measures documents are represented individually and contain measure specific information. The corresponding coding documents are posted separately in an Excel format.

The measure documents are being provided to allow organizations an opportunity to better understand each of the 10 individual measures included in the 2021 CMS Web Interface data submission method. Each measure document contains information necessary to submit data through the CMS Web Interface.

Narrative specifications, supporting submission documentation, and calculation flows are provided within each document. Please review all of the measure documentation in its entirety to ensure complete understanding of these measures.

CMS WEB INTERFACE SAMPLING INFORMATION

<u>**BENEFICIARY SAMPLING**</u>

For more information on the sampling process and methodology please refer to the 2021 CMS Web Interface Sampling Document, which will be made available during the performance year at CMS.gov.

NARRATIVE MEASURE SPECIFICATION

DESCRIPTION:
Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization

IMPROVEMENT NOTATION:
Higher score indicates better quality

INITIAL POPULATION:
All patients aged 6 months and older seen for a visit during the measurement period

DENOMINATOR:
Equals Initial Population and seen for a visit between October 1 and March 31

DENOMINATOR EXCLUSIONS:
None

DENOMINATOR EXCEPTIONS:
- Documentation of medical reason(s) for not receiving influenza immunization (e.g., patient allergy, other medical reasons)
- Documentation of patient reason(s) for not receiving influenza immunization (e.g., patient declined, other patient reasons)
- Documentation of system reason(s) for not receiving influenza immunization (e.g., vaccine not available, other system reasons)

NUMERATOR:
Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization

NUMERATOR EXCLUSIONS:
Not Applicable

DEFINITION:
Previous Receipt – receipt of the current season's influenza immunization from another provider OR from same provider prior to the visit to which the measure is applied (typically, prior vaccination would include influenza vaccine given since August 1st).

GUIDANCE:
To enable reporting of this measure at the close of the reporting period, this measure will only assess the influenza season that ends in March of the reporting period. The subsequent influenza season (ending March of the following year) will be measured and reported in the following year.

Due to the changing nature of the CDC/ACIP recommendations regarding the live attenuated influenza vaccine (LAIV) for a particular flu season, this measure will not include the administration of this specific formulation of the flu vaccination. Given the variance of the timeframes for the annual update cycles, program implementation, and publication of revised recommendations from the CDC/ACIP, it has been determined that the coding for this measure will specifically exclude this formulation, so as not to inappropriately include this form of the vaccine for flu seasons when CDC/ACIP explicitly advise against it. However, it is recommended that all eligible professionals or eligible clinicians review the guidelines for each flu season to determine appropriateness of the LAIV and other formulations of the flu vaccine. Should the LAIV be recommended for administration for a particular flu season, an eligible professional or clinician may consider one of the following options: 1) satisfy the numerator by reporting previous receipt or using the CVX 88 for unspecified formulation, 2) report a denominator exception, either as a patient reason (e.g., for patient preference) or a system reason (e.g., the institution only carries LAIV).

SUBMISSION GUIDANCE

PATIENT CONFIRMATION

Establishing patient eligibility for submission requires the following:

- o Determine if the patient's medical record can be found

    - o If you can locate the medical record select "Yes"

  OR

    - o If you cannot locate the medical record select "No - Medical Record Not Found"

  OR

    - o Determine if the patient is qualified for the sample

        - ▪ If the patient is deceased, in hospice, moved out of the country or did not have Fee-for-Service (FFS) Medicare as their primary payer select "Not Qualified for Sample", select the applicable reason from the provided drop-down menu, and enter the date the patient became ineligible

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Guidance   *Patient Confirmation*

If "No – Medical Record Not Found" or "Not Qualified for Sample" is selected, *the patient is completed but not confirmed. The patient will be "skipped" and another patient must be reported in their place, if available. The CMS Web Interface will automatically skip any patient for whom "No – Medical Record Not Found" or "Not Qualified for Sample" is selected in all other measures into which they have been sampled.*

If "Not Qualified for Sample" is selected and the date is unknown, *you may enter the last date of the measurement period (i.e., 12/31/2021).*

The Measurement Period is defined *as January 1 – December 31, 2021.*

NOTE:

- - ***In Hospice:*** *Select this option if the patient is not qualified for sample due to being in hospice care at any time during the measurement period (this includes non-hospice patients receiving palliative goals or comfort care)*
- - ***Moved out of Country:*** *Select this option if the patient is not qualified for sample because they moved out of the country any time during the measurement period*
- - ***Deceased:*** *Select this option if the patient died during the measurement period*
- - ***Non-FFS Medicare:*** *Select this option if the patient was enrolled in Non-FFS Medicare at any time during the measurement period (i.e., commercial payers, Medicare Advantage, Non-FFS Medicare, HMOs, etc.) This exclusion is intended to remove beneficiaries for whom Fee-for-Service Medicare is not the primary payer.*

SUBMISSION GUIDANCE

DENOMINATOR CONFIRMATION

o   Determine if the patient is qualified for the measure.

   o   If the patient is qualified for this measure select "Yes"

   OR

   o   If there is an "other" CMS approved reason for patient disqualification from the measure select "No-Other CMS Approved Reason"

Guidance	*Denominator*

Other CMS Approved Reason is reserved for unique cases that are not covered by any of the above stated skip reasons. To gain CMS approval, submit a skip request by selecting Request Other CMS Approved Reason in the patient qualification question for the measure. Note that skip requests can only be submitted manually through the CMS Web Interface.

To submit a skip request, follow these steps:

1.   *After confirming the beneficiary for the sample, scroll to the measure you would like to skip.*

2.   *When confirming if the beneficiary is qualified for the measure, select Request Other CMS Approved Reason.*

3.   *In the skip request modal, review the organization you are reporting for and provide the submitter's email address. CMS uses this email to send status updates and/or reach out if further information is needed to resolve the skip request. You also need to provide specific information about the beneficiary's condition and why it disqualifies the beneficiary from this measure. Never include Personally Identifiable Information (PII) or Protected Health Information (PHI) in the case.*

Beneficiaries remain incomplete until CMS resolves the skip request. The CMS Web Interface automatically updates the resolution of a skip request, either approved or denied. Beneficiaries for whom a CMS Approved Reason is approved are marked as Skipped and another beneficiary must be reported in their place, if available.

By selecting "No - Other CMS Approved Reason", *the patient is only removed from the measure for which the reason was requested, not all CMS Web Interface measures.*

SUBMISSION GUIDANCE

NUMERATOR SUBMISSION

- o Determine if the patient received an influenza immunization OR reported previous receipt of an influenza immunization between August 1, 2020 and March 31, 2021
  - o If the patient received an influenza immunization or reported previous receipt of an influenza immunization between August 1, 2020 and March 31, 2021 select "Yes"

  OR

  - o If the patient did not receive an influenza immunization or did not report previous receipt of an influenza immunization between August 1, 2020 and March 31, 2021 select "No"

  OR

  - o If the patient did not receive an influenza immunization for a medical reason select "No - Denominator Exception – Medical Reasons"

  OR

  - o If the patient did not receive an influenza immunization for a patient reason select "No - Denominator Exception – Patient Reasons"

  OR

  - o If the patient did not receive an influenza immunization for a system reason select "No - Denominator Exception – System Reasons"

Numerator and Denominator Exception codes can be found in the 2021 CMS Web Interface PREV-7 Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

Guidance   Numerator

NOTE:
- *If the CMS Web Interface has been prefilled with "Yes"* based on claims data, no further action is required
- *Documentation of patient reported* previous receipt of influenza immunization is acceptable during the flu season
- *Influenza immunization during the flu season or report of previous receipt* may or may not be completed during a telehealth encounter

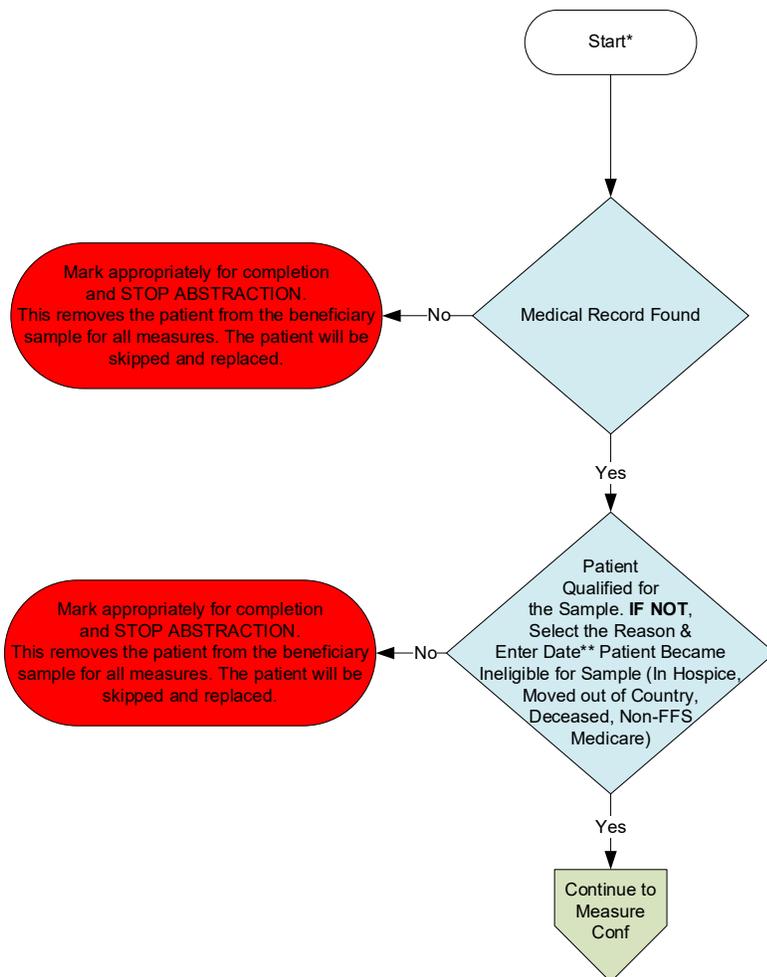## DOCUMENTATION REQUIREMENTS

When submitting data through the CMS Web Interface, the expectation is that medical record documentation is available that supports the action reported in the CMS Web Interface i.e., medical record documentation is necessary to support the information that has been submitted.

Appendix I: Performance Calculation Flow

Disclaimer: Refer to the measure submission document for specific coding and instructions to submit this measure.

Patient Confirmation Flow

For 2021, confirmation of the "Medical Record Found", or indicating the patient is "Not Qualified for Sample" with a reason of "In Hospice", "Moved out of Country", "Deceased", or "Non-FFS Medicare", will only need to be done **once** per patient.

```
                        ┌──────────┐
                        │  Start*  │
                        └────┬─────┘
                             │
                             ▼
┌────────────────────────┐        ◇
│ Mark appropriately     │◄──No── Medical
│ for completion and     │       Record Found
│ STOP ABSTRACTION.      │        ◇
│ This removes the       │        │
│ patient from the       │       Yes
│ beneficiary sample for │        │
│ all measures. The      │        ▼
│ patient will be        │
│ skipped and replaced.  │
└────────────────────────┘

┌────────────────────────┐     Patient Qualified for
│ Mark appropriately     │     the Sample. IF NOT,
│ for completion and     │◄─No─ Select the Reason &
│ STOP ABSTRACTION.      │     Enter Date** Patient Became
│ This removes the       │     Ineligible for Sample (In Hospice,
│ patient from the       │     Moved out of Country,
│ beneficiary sample for │     Deceased, Non-FFS
│ all measures. The      │     Medicare)
│ patient will be        │        │
│ skipped and replaced.  │       Yes
└────────────────────────┘        │
                                   ▼
                           ┌──────────────┐
                           │ Continue to  │
                           │ Measure      │
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                           └──────────────┘
```
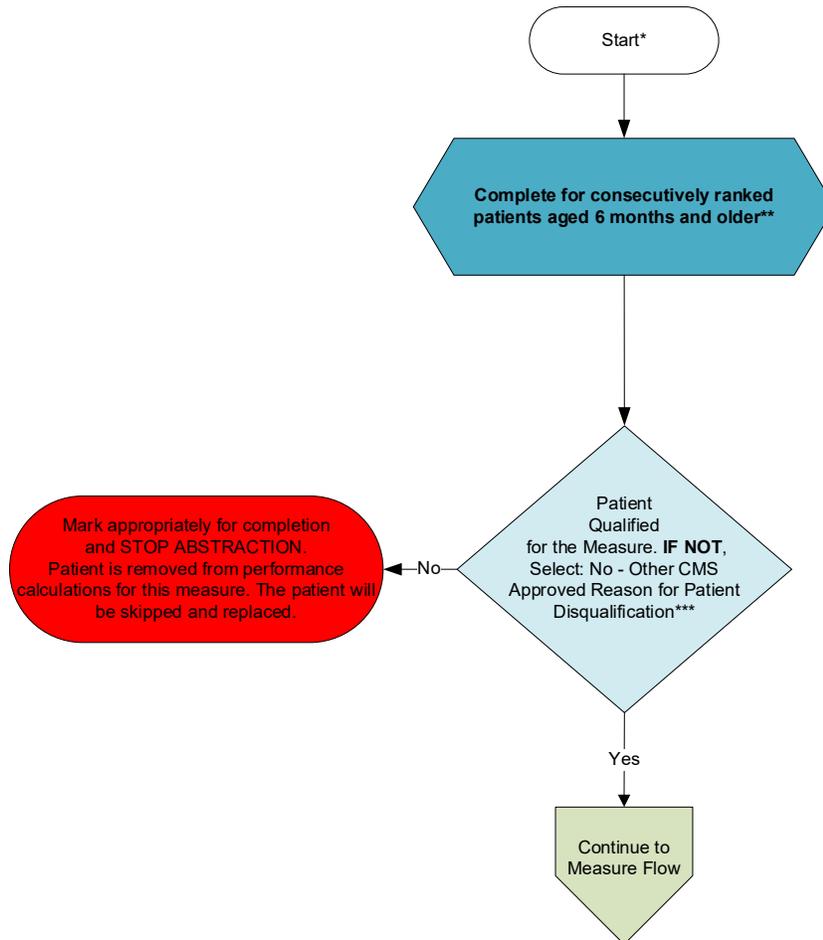
*See the posted measure submission document for specific coding and instructions to submit this measure.
**If date is unknown, enter 12/31/2021

Measure Confirmation Flow for PREV-7

For 2021, measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" will need to be done for each measure where the patient appears.
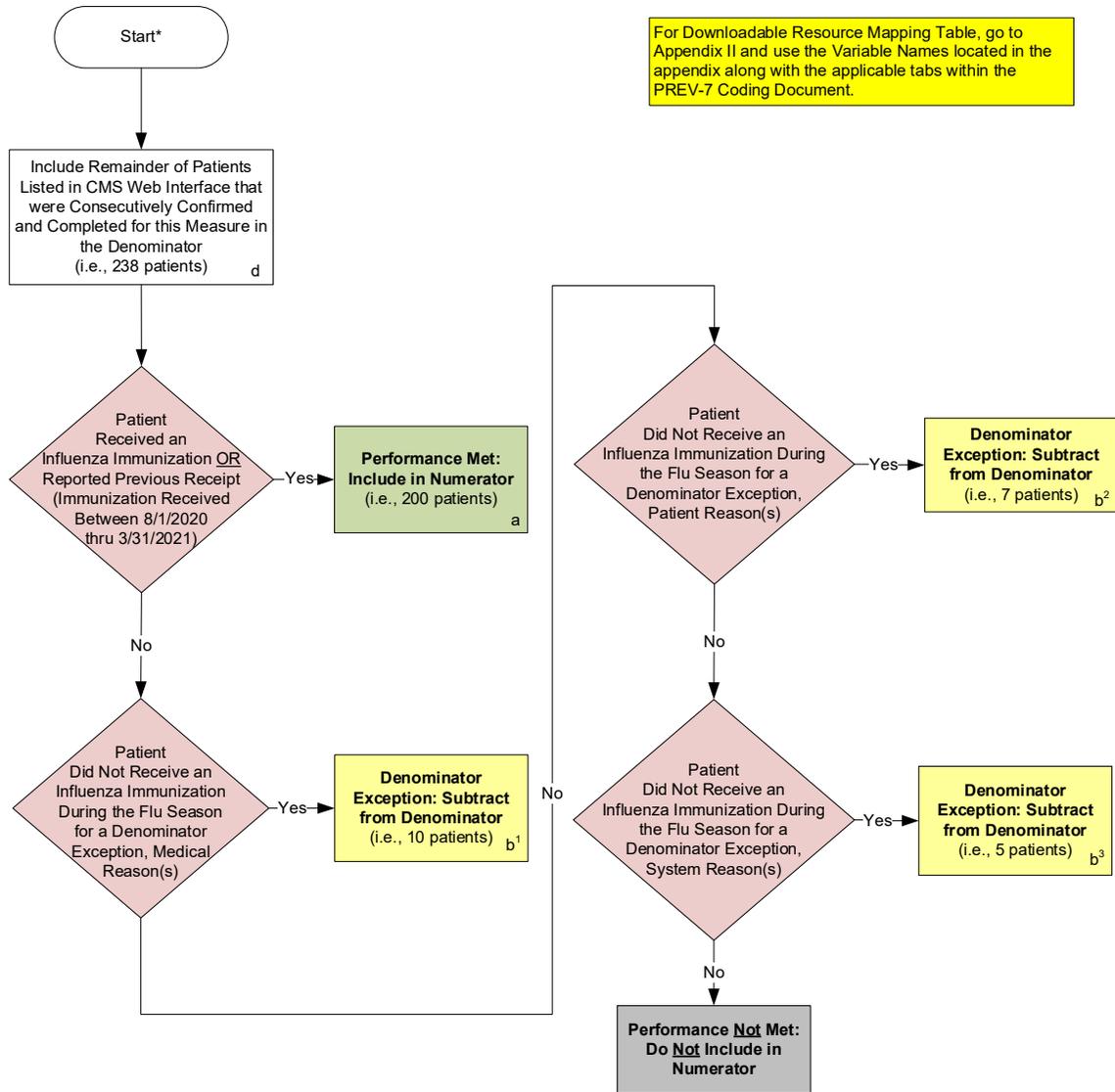
Start*

Complete for consecutively ranked patients aged 6 months and older**

Patient Qualified for the Measure. **IF NOT**, Select: No - Other CMS Approved Reason for Patient Disqualification***

No → Mark appropriately for completion and STOP ABSTRACTION. Patient is removed from performance calculations for this measure. The patient will be skipped and replaced.

Yes

Continue to Measure Flow

*See the posted measure submission document for specific coding and instructions to submit this measure.
**Further information regarding patient selection for specific disease and patient care measures can be found in the CMS Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-7 measure. If this is the case, the system will automatically remove the patient from the measure requirements.
***"Other CMS Approved Reason" may only be selected if the CMS Web Interface updated the resolution of the skip request to be "Approved".

Measure Flow for PREV-7

Start*

For Downloadable Resource Mapping Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the PREV-7 Coding Document.

Include Remainder of Patients Listed in CMS Web Interface that were Consecutively Confirmed and Completed for this Measure in the Denominator (i.e., 238 patients) — d

Patient Received an Influenza Immunization OR Reported Previous Receipt (Immunization Received Between 8/1/2020 thru 3/31/2021)

→ Yes → **Performance Met: Include in Numerator** (i.e., 200 patients) — a

→ No →

Patient Did Not Receive an Influenza Immunization During the Flu Season for a Denominator Exception, Medical Reason(s)

→ Yes → **Denominator Exception: Subtract from Denominator** (i.e., 10 patients) — b^1

Patient Did Not Receive an Influenza Immunization During the Flu Season for a Denominator Exception, Patient Reason(s)

→ Yes → **Denominator Exception: Subtract from Denominator** (i.e., 7 patients) — b^2

→ No →

Patient Did Not Receive an Influenza Immunization During the Flu Season for a Denominator Exception, System Reason(s)

→ Yes → **Denominator Exception: Subtract from Denominator** (i.e., 5 patients) — b^3

→ No →

Performance Not Met: Do Not Include in Numerator

SAMPLE CALCULATION:

Performance Rate=

$$\frac{\text{Performance Met (a=200 patients)}}{\text{Denominator (d=238 patients) - Denominator Exception (}b^1+b^2+b^3=22\text{ patients)}} = \frac{200 \text{ patients}}{216 \text{ patients}} = 92.59\%$$

CALCULATIONS MAY CHANGE PENDING PERFORMANCES MET ABOVE

*See the posted measure submission document for specific coding and instructions to submit this measure.

Patient Confirmation Flow

For 2021, confirmation of the "Medical Record Found", or indicating the patient is "Not Qualified for Sample" with a reason of "In Hospice", "Moved out of Country", "Deceased", or "Non-FFS Medicare", will only need to be done **once** per patient. Refer to the Measure Submission Document for further instructions.

1. Start Patient Confirmation Flow.

2. Check to determine if Medical Record can be found.

    a. If no, Medical Record not found, mark appropriately for completion and stop abstraction. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced. Stop processing.

    b. If yes, Medical Record found, continue processing.

3. Check to determine if Patient Qualified for the sample.

    a. If no, the patient does not qualify for the sample, select the reason why and enter the date (if date is unknown, enter 12/31/2021) the patient became ineligible for sample. For example: In Hospice, Moved out of Country, Deceased, Non-FFS Medicare. Mark appropriately for completion and stop abstraction. This removes the patient from the beneficiary sample for all measures. The patient will be skipped and replaced. Stop processing.

    b. If yes, the patient does qualify for the sample; continue to the Measure Confirmation Flow for PREV-7.

Measure Confirmation Flow for PREV-7

For 2021, measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" will need to be done for each measure where the patient appears. Refer to the Measure Submission Document for further instructions.

1. Start Measure Confirmation Flow for PREV-7. Complete for consecutively ranked patients aged 6 months and older. Further information regarding patient selection for specific disease and patient care measures can be found in the CMS Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-7 measure. If this is the case, the system will automatically remove the patient from the measure requirements.

2. Check to determine if the patient qualifies for the measure (Other CMS Approved Reason).

   a. If no, the patient does not qualify for the measure select: No – Other CMS Approved Reason for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. The patient will be skipped and replaced.

   "Other CMS Approved Reason" may only be selected if the CMS Web Interface updated the resolution of the skip request to be "Approved". Stop processing.

   b. If yes, the patient does qualify for the measure, continue to the PREV-7 measure flow.

Measure Flow for PREV-7

For Downloadable Resource Mapping Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the PREV-7 Coding Document.

1. Start processing 2021 PREV-7 (NQF 0041) Flow for the patients that qualified for sample in the Patient Confirmation Flow and the Measure Confirmation Flow for PREV-7. **Note:** Include remainder of patients listed in CMS Web Interface that were consecutively confirmed and completed for this measure in the denominator. For the sample calculation in the flow these patients would fall into the 'd' category (eligible denominator, i.e. 238 patients).

2. Check to determine if the patient received an influenza immunization OR reported previous receipt (immunization received between 8/1/2020 and 3/31/2021).

    a. If no, the patient did not receive an influenza immunization OR did not report previous receipt, continue processing.

    b. If yes, the patient received an influenza immunization OR reported previous receipt, performance is met and the patient will be included in the numerator. For the sample calculation in the flow these patients would fall into the 'a' category (numerator, i.e. 200 patients). Stop processing.

3. Check to determine if the patient did Not receive an influenza immunization for a denominator exception, medical reason(s).

    a. If no, the patient did Not receive an influenza immunization for a denominator exception, medical reason(s), continue processing.

    b. If yes, the patient did Not receive an influenza immunization for a denominator exception, medical reason(s), this is a denominator exception and the case should be subtracted from the denominator. For the sample calculation in the flow these patients would fall into the 'b¹' category (denominator exception, i.e. 10 patients). Stop processing.

4. Check to determine if the patient did Not receive an influenza immunization for a denominator exception, patient reason(s).

    a. If no, the patient did Not receive an influenza immunization for a denominator exception, patient reason(s), continue processing.

    b. If yes, the patient did Not receive an influenza immunization for a denominator exception, patient reason(s), this is a denominator exception and the case should be subtracted from the denominator. For the sample calculation in the flow these patients would fall into the 'b²' category (denominator exception, i.e. 7 patients). Stop processing.

5. Check to determine if the patient did Not receive an influenza immunization for a denominator exception, system reason(s).

    a. If no, the patient did Not receive an influenza immunization for a denominator exception, system reason(s), performance is not met and the patient should not be included in the numerator. Stop processing.

    b. If yes, the patient did Not receive an influenza immunization for a denominator exception, system reason(s), this is a denominator exception and the case should be subtracted from the denominator. For the sample calculation in the flow these patients would fall into the 'b³' category (denominator exception, i.e. 5 patients). Stop processing.

SAMPLE CALCULATION:

Performance Rate=

$$\frac{\text{Performance Met (a=200 patients)}}{\text{Denominator (d=238 patients) - Denominator Exception } (b^1+b^2+b^3\text{=22 patients})} = \frac{200 \text{ patients}}{216 \text{ patients}} = 92.59\%$$

CALCULATIONS MAY CHANGE PENDING PERFORMANCES MET ABOVE

Appendix II: Downloadable Resource Mapping Table

Each data element within this measure's denominator or numerator is defined as a pre-determined set of clinical codes. These codes can be found in the 2021 CMS Web Interface PREV-7 Coding Document.

<div align="center">

***PREV-7: Preventive Care and Screening: Influenza Immunization**
</div>

Measure Component/Excel Tab	Data Element	Variable Name	Coding System(s)
Numerator/Numerator Codes	Influenza Immunization	INFLUENZA_CODE	C4 CVX HCPCS SNM
		PREVIOUS_RECEIPT_CODE	SNM
Denominator Exception/ Denominator Exception Codes	Medical Reason	EGG_ALLERGY_CODE	I10 SNM
		EGG_SUBST_ALLERGY_CODE	SNM
		VACCINE_ALLERGY_CODE	SNM
		INTOLERANCE_CODE	SNM
		MEDICAL_REASON	SNM
	Patient Reason	PATIENT_DECLINED	SNM
		PATIENT_REASON	SNM
	System Reason	SYSTEM_REASON	SNM

* For EHR mapping, the coding within PREV-7 is considered to be all inclusive

Appendix III: Measure Rationale and Clinical Recommendation Statements

RATIONALE:

Influenza vaccination is the most effective protection against influenza virus infection (Centers for Disease Control and Prevention [CDC], 2018). Influenza may lead to serious complications including hospitalization or death (CDC, 2018). Influenza vaccine is recommended for all persons aged >= 6 months who do not have contraindications to vaccination. However, data indicate that less than half of all eligible individuals receive an influenza vaccination (CDC, 2015). This measure promotes annual influenza vaccination for all persons aged >= 6 months.

CLINICAL RECOMMENDATION STATEMENTS:

Routine annual influenza vaccination is recommended for all persons aged >= 6 months who do not have contraindications. Optimally, vaccination should occur before onset of influenza activity in the community. Although vaccination by the end of October is recommended, vaccine administered in December or later, even if influenza activity has already begun, is likely to be beneficial in the majority of influenza seasons (CDC/Advisory Committee on Immunization Practices [ACIP], 2018).

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