Measure #110 (NQF 0041): Preventive Care and Screening: Influenza Immunization – National Quality Strategy Domain: Community/Population Health

<u>2017 OPTIONS FOR INDIVIDUAL MEASURES:</u>
REGISTRY ONLY

<u>MEASURE TYPE:</u>
Process

<u>DESCRIPTION:</u>
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

<u>INSTRUCTIONS:</u>
This measure is to be reported a minimum of <u>**once for visits for patients seen**</u> between January and March for the 2016-2017 influenza season AND a minimum of <u>**once for visits for patients seen**</u> between October and December for the 2017-2018 influenza season. This measure is intended to determine whether or not all patients aged 6 months and older received (either from the reporting eligible clinician or from an alternate care provider) the influenza immunization during the flu season. There is no diagnosis associated with this measure. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

- If reporting this measure between January 1, 2017 and March 31, 2017, quality-data code **G8482** should be reported when the influenza immunization is administered to the patient during the months of August, September, October, November, and December of 2016 or January, February, and March of 2017 for the flu season ending March 31, 2017.
- If reporting this measure between October 1, 2017 and December 31, 2017, quality-data code **G8482** should be reported when the influenza immunization is administered to the patient during the months of August, September, October, November, and December of 2017 for the flu season ending March 31, 2018.
- Influenza immunizations administered during the month of August or September of a given flu season (either 2016-2017 flu season OR 2017-2018 flu season) can be reported when a visit occurs during the flu season (October 1 - March 31). In these cases, **G8482** should be reported.

Measure Reporting:
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

<u>DENOMINATOR:</u>
All patients aged 6 months and older seen for at least two visits or at least one preventive visit during the measurement period

DENOMINATOR NOTE: For the purposes of the program, in order to report on the flu season 2016-2017, the patient must have a qualifying encounter between January 1 and March 31, 2017. In order to report on the flu season 2017-2018, the patient must have a qualifying encounter between October 1 and December 31, 2017. At least one of the qualifying encounters needs to occur within the flu season that is being reported; any additional encounter(s) may occur at any time within the measurement period.

*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for registry-based measures.

<u>Denominator Criteria (Eligible Cases):</u>
Patients aged ≥ 6 months seen for a visit between October 1 and March 31
<u>AND</u>
At least two patient encounters with at least one encounter during January thru March and/or October thru December **(CPT):** 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350
<u>WITHOUT:</u>
Telehealth Modifier: GQ, GT
<u>OR</u>
At least one encounter - January thru March and/or October thru December **(CPT or HCPCS):** 90945, 90947, 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970, 96160, 96161, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99381*, 99382*, 99383*, 99384*, 99385*, 99386*, 99387*, 99391*, 99392*, 99393*, 99394*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, 99512*, G0438, G0439
<u>WITHOUT:</u>
Telehealth Modifier: GQ, GT

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

Numerator Instructions:
The numerator for this measure can be met by reporting either administration of an influenza vaccination or that the patient reported previous receipt of the current season's influenza immunization. If the performance of the numerator is not met, an eligible clinician can report a valid denominator exception for having not administered an influenza vaccination. For eligible clinicians reporting a denominator exception for this measure, there should be a clear rationale and documented reason for not administering an influenza immunization if the patient did not indicate previous receipt, which could include a medical reason (e.g., patient allergy), patient reason (e.g., patient declined), or system reason (e.g., vaccination not available). The system reason should be indicated only for cases of disruption or shortage of influenza vaccination supply.

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).

Numerator Options:
Performance Met: Influenza immunization administered or previously
                                                        received **(G8482)**

OR

Denominator Exception: Influenza immunization was not administered for reasons
                                                        documented by clinician (e.g., patient allergy or other
                                                        medical reasons, patient declined or other patient reasons,
                                                        vaccine not available or other system reasons) **(G8483)**

OR

Performance Not Met: Influenza immunization was not administered, reason not
                                                        given **(G8484)**

RATIONALE:

Annual influenza vaccination is the most effective method for preventing influenza virus infection and its complications. Influenza vaccine is recommended for all persons aged ≥ 6 months who do not have contraindications to vaccination.

CLINICAL RECOMMENDATION STATEMENTS:
The following evidence statements are quoted verbatim from the referenced clinical guidelines.

Routine annual influenza vaccination is recommended for all persons aged >=6 months who do not have contraindications. Vaccination optimally should occur before onset of influenza activity in the community. Health care providers should offer vaccination soon after vaccine becomes available (by October, if possible). Vaccination should be offered as long as influenza viruses are circulating. (CDC/ACIP, 2015)

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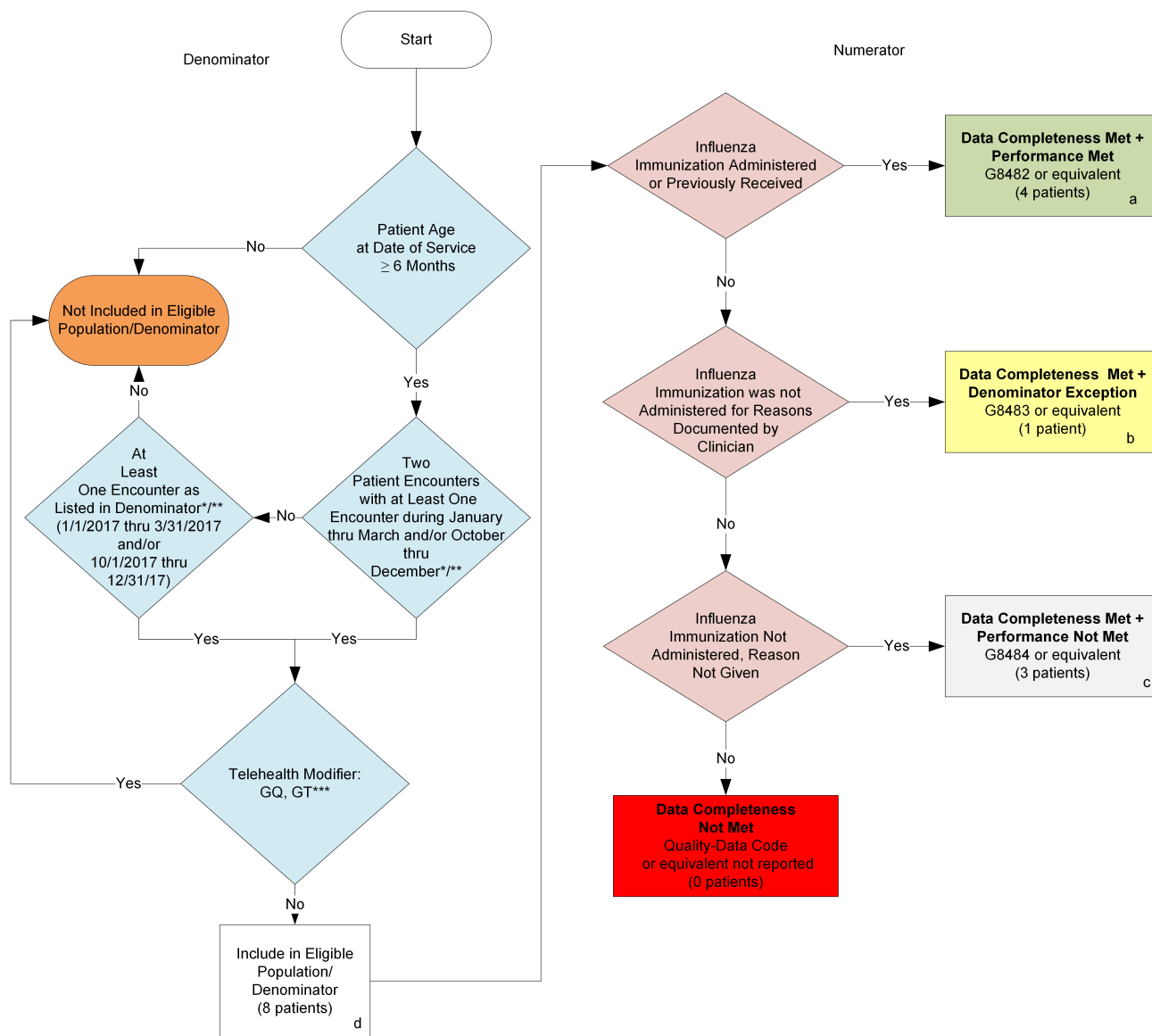
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2017 Registry Individual Measure Flow
#110 NQF #0041: Preventive Care and Screening: Influenza Immunization

Start

Denominator

Numerator

Patient Age at Date of Service ≥ 6 Months
- No → **Not Included in Eligible Population/Denominator**
- Yes ↓

Two Patient Encounters with at Least One Encounter during January thru March and/or October thru December*/
- No → **At Least One Encounter as Listed in Denominator*/** (1/1/2017 thru 3/31/2017 and/or 10/1/2017 thru 12/31/17)**
  - No → **Not Included in Eligible Population/Denominator**
  - Yes ↓
- Yes ↓

Telehealth Modifier: GQ, GT*
- Yes → **Not Included in Eligible Population/Denominator**
- No ↓

Include in Eligible Population/ Denominator (8 patients) d

Influenza Immunization Administered or Previously Received
- Yes → **Data Completeness Met + Performance Met** G8482 or equivalent (4 patients) a
- No ↓

Influenza Immunization was not Administered for Reasons Documented by Clinician
- Yes → **Data Completeness Met + Denominator Exception** G8483 or equivalent (1 patient) b
- No ↓

Influenza Immunization Not Administered, Reason Not Given
- Yes → **Data Completeness Met + Performance Not Met** G8484 or equivalent (3 patients) c
- No ↓

Data Completeness Not Met Quality-Data Code or equivalent not reported (0 patients)

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=4 patients) + Denominator Exception (b=1 patient) + Performance Not Met (c=3 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{\text{8 patients}}{\text{8 patients}} = 100.00\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Data Completeness Numerator (8 patients) – Denominator Exception (b=1 patients)}} = \frac{\text{4 patients}}{\text{7 patients}} = 57.14\%$$

* See the posted Measure Specification for specific coding and instructions to report this measure.

** For the purposes of the program, in order to report on the flu season 2016-2017, the patient must have a qualifying visit between January 1 and March 31, 2017. In order to report on the flu season 2017-2018, the patient must have a qualifying visit between October 1 and December 31, 2017. At least one of the eligible encounters need to occur within the flu season performance period, the second encounter may occur at any time within the measurement year.

***All encounters should be without the telehealth modifier in order to be denominator eligible.

NOTE: Reporting Frequency: Patient-Periodic

v1

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator

2. Check Patient Age:

    a. If the Age is greater than or equal to 6 months of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.

    b. If the Age is greater than or equal to 6 months of age on Date of Service and equals Yes during the measurement period, proceed to check Patient Encounter.

3. Check Encounter Performed:

    a. If Two Encounters with at Least One Encounter During January thru March and/or October thru December as Listed in the Denominator equals No, proceed to check Encounter Performed.

    b. If Two Encounters with at Least One Encounter During January thru March and/or October thru December as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.

4. Check Encounter Performed:

    a. If At Least One Preventive Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.

    b. If At Least One Preventive Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.

5. Check Telehealth Modifier:

    a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing.

    b. If Telehealth Modifier equals No, include in the Eligible population.

6. Denominator Population:

    a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.

7. Start Numerator

8. Check Influenza Immunization Administered or Previously Received:

    a. If Influenza Immunization Administered or Previously Received equals Yes, include in Data Completeness Met and Performance Met.

    b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 3 patients in Sample Calculation.

c. If Influenza Immunization Administered or Previously Received equals No, proceed to Influenza Immunization Not Administered for Documented Reasons.

9. Check Influenza Immunization was not administered for Reasons Documented by Clinician:

    a. If Influenza Immunization was not administered for Reasons Documented by Clinician equals Yes, include in Data Completeness Met and Denominator Exception.

    b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 1 patient in the Sample Calculation.

    c. If Influenza Immunization was not Administered for Reasons Documented by Clinician equals No, proceed to Influenza Immunization was Not Administered, Reason Not Given.

10. Check Influenza Immunization Not Administered, Reason Not Given:

    a. If Influenza Immunization Not Administered, Reason Not Given equals Yes, include in the Data Completeness Met and Performance Not Met.

    b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 3 patients in the Sample Calculation.

    c. If Influenza Immunization Not Administered, Reason Not Given equals No, proceed to Data Completeness Not Met.

11. Check Data Completeness Not Met:

    a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the data completeness numerator in the sample calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=4 patients) + Denominator Exception (b=1 patient) + Performance Not Met (c=3 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{8 \text{ patients}}{8 \text{ patients}} = \textbf{100.00\%}$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Data Completeness Numerator (8 patients) – Denominator Exception (b=1 patients)}} = \frac{4 \text{ patients}}{7 \text{ patients}} = \textbf{57.14\%}$$