

CMS Web Interface Data Dictionary for Excel Template

2018 Performance Year

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Introduction

The CMS Web Interface Data Dictionary is intended to further assist users as they prepare to report data using the CMS Web Interface Excel Template. The information contained in this document reflects elements from the CMS Web Interface Excel Template. Users are encouraged to review and consult the CMS Web Interface Excel Template to understand how to report data given that it is the source that provides all necessary elements of information. The CMS Web Interface Excel Template is the interface used by the system.

It should be noted that this document is not intended to replace measure specifications. Please refer to the CMS Web Interface measure specifications for a comprehensive and in-depth understanding of each measure.

Beneficiary Demographics

Beneficiary ID

Description: A Health Care Identification Number (HICN) or Medicare Beneficiary Identifier (MBI)

Constraints: May not be modified

Usage: Used to uniquely identify the beneficiary. Populated automatically.

Beneficiary ID Type

Description: Indicates whether a beneficiary ID is a HICN or MBI

Constraints: May not be modified

Usage: Used to uniquely identify the beneficiary. Populated automatically.

First Name

Description: The first name of the beneficiary

Constraints: May not be modified using the EXCEL Upload Process

Usage: Used to identify the beneficiary. Populated automatically.

Last Name

Description: The last name of the beneficiary

Constraints: May not be modified using the EXCEL Upload Process

Usage: Used to identify the beneficiary. Populated automatically.

Gender

Description: The gender of the beneficiary

Values: Unknown, Male, Female

Constraints: May not be modified using the EXCEL Upload Process

Usage: Used to identify the beneficiary. Populated automatically.

Date of Birth (MM/DD/YYYY)

Description: The birth date of the beneficiary

Format: MM/DD/YYYY

Constraints: May not be modified using the EXCEL Upload Process

Usage: Used to identify the beneficiary. Populated automatically.

Medical Record Number

Description: The medical record number from the Electronic Health Record of the Beneficiary

Format: String

Constraints: Any combination of letters, numbers and special characters. Cannot exceed 128 characters.

Usage: Used to identify the beneficiary

Notes: The ability to supply this value is for the convenience of the submitters. CMS does not require this value. It can be used as a reference if information is looked up with a medical record number specific to the reporter's system.

Clinic ID

Description: The Clinic ID for which treatment was supplied the beneficiary

Format: String

Constraints: A combination of uppercase letters and numbers. No special characters. Cannot be longer than nine characters.

Usage: Used to identify the clinic

Notes: This value is not required and, if available, will be included with the beneficiary sample. If it helps with performing your reporting activities, you may use this field to identify a clinic who treated the beneficiary.

Provider 1 NPI

Description: The provider for which treatment was supplied to the Beneficiary

Format: String

Constraints: A combination of upper and lowercase letters and '-/'. 32-character limit each for both first and last name fields

Usage: Used to identify the provider

Notes: This value is not required and, if available, will be included with the beneficiary sample. If it helps with performing your reporting activities, you may use this field to identify a provider who treated the beneficiary.

Provider 2 NPI

Description: The provider for which treatment was supplied to the beneficiary

Format: String

Constraints: A combination of upper and lowercase letters and '-/'. 32-character limit each for both first and last name fields

Usage: Used to identify the provider

Notes: This value is not required and, if available, will be included with the beneficiary sample. If it helps with performing your reporting activities, you may use this field to identify a provider who treated the beneficiary.

Provider 3 NPI

Description: The provider for which treatment was supplied to the beneficiary

Format: String

Constraints: A combination of upper and lowercase letters and '-/'. 32-character limit each for both first and last name fields.

Usage: Used to identify the provider

Notes: This value is not required and, if available, will be included with the beneficiary sample. If it helps with performing your reporting activities, you may use this field to identify a provider who treated the beneficiary.

Comment

Description: Comment enables users to document information or take notes about the beneficiary

Format: String

Constraints: Less than or equal to 1000 characters

Usage: Used to provide the data recorder a field to record notes relative to the beneficiary or the data they are supplying

Notes: Not required

Patient Confirmation

Can you locate the patient's medical record and is the patient qualified for the sample?

Description: Required for each beneficiary ranked with a measure

Values: Yes, No - Medical Record Not Found, Not Qualified for Sample, N/A

Constraints: Must match values

Notes: Use N/A to clear previously reported data

Disqualification Reason

Description: Required if "Not Qualified for Sample" is selected

Values: In Hospice, Moved out of Country, Deceased, Non-FFS Medicare, N/A

Constraints: Must match values

Enter the date the patient became ineligible (MM/DD/YYYY)

Description: Required if "Not Qualified for Sample" is selected

Format: MM/DD/YYYY

Usage: Date field

Confirmation Comments

Description: Confirmation comments enables users to document information or take notes about the beneficiary confirmation for the sample

Format: String

Constraints: Less than or equal to 1000 characters

Usage: Used to provide the data recorder a field to record notes relative to the beneficiary or the data they are supplying

Notes: Not required

CARE-2: Screening for Future Fall Risk

Care-2 Rank

Description: Rank of the beneficiary for this measure

Format: Numeric

Constraints: May not be changed for the beneficiary sample

Usage: Used to rank a beneficiary in this measure

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Is the patient qualified for this measure?

Description: Required for each beneficiary ranked in this measure for which you reported data

Values: Yes, Denominator Exclusion, No - Other CMS Approved Reason, N/A

Constraints: Must match values

Notes: Use N/A to clear previously reported data

QPP Service Center Case Number

Description: Required when selecting No - Other CMS Approved Reason

Format: Text string

Constraints: May only contain characters and numbers that are less than or equal to 10 characters

Was the patient screened for future fall risk at least once during the measurement period (January 1 and December 31, 2018)?

Description: Required for each beneficiary ranked in this measure for which you reported data

Values: No, Yes, N/A

Constraints: Must match values

Notes: Use N/A to clear previously reported data

Care-2 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

DM: Diabetes Mellitus Composite

DM Rank

Description: Rank of the beneficiary for this measure

Format: Numeric

Constraints: May not be changed for the beneficiary sample

Usage: Used to rank a beneficiary in this measure.

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Does the patient have a documented history OR active diagnosis of diabetes during the measurement period and year prior to the measurement period (January 1, 2017 and December 31, 2018)?

Description: Required for each beneficiary ranked in this measure for which you report data

Values: Yes, Not Confirmed - Diagnosis, No - Other CMS Approved Reason, N/A

Constraints: Must match values

Notes: Use N/A to clear previously reported data

QPP Service Center Case Number

Description: Required when selecting “No - Other CMS Approved Reason”

Format: Text string

Constraints: May contain characters and numbers less than or equal to 10 characters

Did the patient have one or more HbA1c tests performed during the measurement period (January 1 - December 31, 2018)?

Description: Required for each beneficiary ranked in the measure for which you report data

Values: No, Yes, N/A

Constraints: Must match values

Notes: Use N/A to clear previously reported data

Date drawn (MM/DD/YYYY)

Description: Required if “Yes” is selected

Format: MM/DD/YYYY

Usage: Date field between 1/1/2018 and 12/31/2018

HbA1c value (enter distinct value)

Description: Required if “Yes” is selected

Values: A number between 0 and 25

Format: Up to two decimal places are supported

Usage: Enter 0 if the test was performed but the results were not documented

Did the patient have a retinal or dilated eye exam by an eye care professional during the measurement period (January 1 - December 31, 2018), OR a negative retinal exam (no evidence of retinopathy) by an eye care professional during 2018?

Description: Required for each beneficiary ranked in the measure for which you report data

Values: No, Yes, N/A

Constraints: Must match values

Notes: Use N/A to clear previously reported data

DM Comment (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

HTN-2: Controlling High Blood Pressure

HTN-2 Rank

Description: The rank of the beneficiary for this measure

Format: Numeric

Constraints: May not be changed for the beneficiary sample

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Does the patient have a documented diagnosis of essential hypertension within the first six months of 2018 or at any time prior to January 1, 2018 but does not end before January 1, 2018?

Description: Required for each beneficiary ranked in this measure for which you report data

Values: Yes, Not Confirmed - Diagnosis, Denominator Exclusion, No - Other CMS Approved Reason, N/A

Constraints: Must match values

Notes: Use N/A to clear previously reported data

QPP Service Center Case Number

Description: Required when selecting "No - Other CMS Approved Reason"

Format: Text string

Constraints: May contain characters and numbers less than or equal to 10 characters

Was the patient's most recent blood pressure reading documented during the measurement period (January 1 - December 31, 2018)?

Description: Required for each beneficiary ranked in this measure for which you report data

Values: No, Yes, N/A

Constraints: Must match values

Notes: Use N/A to clear previously reported data

HTN-2 BP Date taken (MM/DD/YYYY)

Description: Required if "Yes" is selected

Format: MM/DD/YYYY

Usage: Date field between 1/1/2018 and 12/31/2018

HTN-2 BP Systolic (Enter Number)

Description: Required if "Yes" is selected

Values: A number between 0 and 350

Usage: Enter N/A to clear previously reported data

HTN-2 BP Diastolic (Enter Number)

Description: Required if "Yes" is selected

Values: A number between 0 and 200

Usage: Enter N/A to clear previously reported data

HTN-2 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

IVD-2: Ischemic Vascular Disease: Use of Aspirin or Another Antiplatelet

IVD-2 Rank

Description: The rank of the beneficiary for this measure

Format: Numeric

Constraints: May not be changed for the beneficiary sample

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Does the patient have a documented diagnosis of AMI, CABG or PCI between January 1 and December 31, 2017 OR an active diagnosis of IVD between January 1 and December 31, 2018?

Description: Required for each beneficiary ranked in this measure for which you report data

Values: Yes, Not Confirmed - Diagnosis, Denominator Exclusion, No - Other CMS Approved Reason, N/A

Constraints: Must match values

Notes: Use N/A to clear previously reported data

QPP Service Center Case Number

Description: Required when selecting "No - Other CMS Approved Reason"

Format: Text string

Constraints: May contain characters and numbers less than or equal to 10 characters

Does the patient have documented use of aspirin or another antiplatelet during the measurement period (January 1 - December 31, 2018)?

Description: Required for each beneficiary ranked in this measure for which you report data

Values: No, Yes, N/A

Constraints: Must match values

IVD-2 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

MH-1: Depression Remission at Twelve Months

MH-1 Rank

Description: Rank of the beneficiary for this measure

Format: Numeric

Constraints: May not be changed for the beneficiary sample

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Does the patient have an active diagnosis of major depression or dysthymia between December 1, 2016 and November 30, 2017?

Description: Required for each beneficiary ranked in this measure for which you report data

Values: Yes, Not Confirmed - Diagnosis, Denominator Exclusion, No - Other CMS Approved Reason, N/A

Constraints: Must match values

Notes: Use N/A to clear previously reported data

QPP Service Center Case Number

Description: Required when selecting "No - Other CMS Approved Reason"

Format: Text string

Constraints: May contain characters and numbers less than or equal to 10 characters

Did the patient have one or more PHQ-9s administered between December 1, 2016 and November 30, 2017?

Description: Required for each beneficiary ranked in this measure for which you report data

Values: No, Yes, N/A

Constraints: Must match values

Notes: Use N/A to clear previously reported data

Did the patient have a PHQ-9 score greater than 9 between December 1, 2016 and November 30, 2017?

Description: Required for each beneficiary ranked in this measure when you answer "Yes" to the previous question

Values: No, Yes, N/A

Constraints: Must match values

Notes: Use N/A to clear previously reported data

PHQ-9 Index Date (MM/DD/YYYY)

Description: Required if "Yes" is selected in the previous question

Format: MM/DD/YYYY between 12/1/2016 and 11/30/2017

Usage: Date field

PHQ-9 Score (Enter Number)

Description: Required if "Yes" is selected for the PHQ-9 score greater than 9 question

Format: Number between 10 and 27

Usage: Enter N/A to clear previously reported data

Did the patient have one or more PHQ-9s administered during the measurement assessment period (12 months +/- 30 days from the index date)?

Description: Required if “Yes” is selected for one or more PHQ-9a administered questions

Values: Yes, No, N/A

Constraints: Must match values

Notes: Use N/A to clear previously reported data

Did the patient achieve remission with a follow-up PHQ-9 performed and a score less than 5 at 12 months (+/- 30 days) of the initial Index Date?

Description: Required if “Yes” is selected for one or more PHQ-9a administered during the assessment period questions

Values: Yes, No, N/A

Constraints: Must match values

Notes: Use N/A to blank out a value previously reported

PHQ-9 Follow-up Date (MM/DD/YYYY)

Description: Required if “Yes” is selected

Format: MM/DD/YYYY

Constraints: A date between 11 and 13 months from the PHQ-9 index date.

Usage: Date field

PHQ-9 Follow-up Score

Description: Required if “Yes” is selected for the patient achieved remission question

Format: Number between 0 and 4

Usage: Enter N/A to clear previously reported data

MH-1 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

PREV-5: Breast Cancer Screening

PREV-5 Rank

Description: Rank of the beneficiary for this measure

Format: Numeric

Constraints: May not be changed for the beneficiary sample

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Is the patient qualified for this measure?

Description: Required for each beneficiary ranked in this measure for which you report data

Values: Yes, Denominator Exclusion, No - Other CMS Approved Reason, N/A

Constraints: Must match values

Notes: Use N/A to clear previously reported data

QPP Service Center Case Number

Description: Required when selecting “No - Other CMS Approved Reason”

Format: Text string

Constraints: May contain characters and numbers less than or equal to 10 characters

Was screening for breast cancer performed between October 1, 2016 and December 31, 2018?

Description: Required if the patient is qualified for the measure

Values: No, Yes, N/A

Constraints: Must match values

PREV-5 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

PREV-6: Colorectal Cancer Screening

PREV-6 Rank

Description: Rank of the beneficiary for this measure

Format: Numeric

Constraints: May not be changed for the beneficiary sample

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Is the patient qualified for this measure?

Description: Required for each beneficiary ranked in this measure for which you report data

Values: Yes, Denominator Exclusion, No - Other CMS Approved Reason, N/A

Constraints: Must match values

Notes: Use N/A to clear previously reported data

QPP Service Center Case Number

Description: Required when selecting “No - Other CMS Approved Reason”

Format: Text string

Constraints: May contain characters and numbers less than or equal to 10 characters

Is the patient's colorectal cancer screening current?

Description: Required if the patient is qualified for the measure

Values: No, Yes, N/A

Constraints: Must match values

PREV-6 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

PREV-7: Influenza Immunization

PREV-7 Rank

Description: Rank of the beneficiary for this measure

Format: Numeric

Constraints: May not be changed for the beneficiary sample

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Is the patient qualified for this measure?

Description: Required for each beneficiary ranked in this measure for which you report data

Values: Yes, No - Other CMS Approved Reason, N/A

Constraints: Must match values

QPP Service Center Case Number

Description: Required when selecting “No - Other CMS Approved Reason”

Format: Text string

Constraints: May contain characters and numbers less than or equal to 10 characters

Did the patient receive an influenza immunization OR report previous receipt of an influenza immunization between August 1, 2017 and March 31, 2018?

Description: Required if the patient is qualified for the measure

Values: No, Yes, No - Denominator Exception - Medical Reasons, No - Denominator Exception - Patient Reasons, No - Denominator Exception - System Reasons, N/A

Constraints: Must match values

PREV-7 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

PREV-8: Pneumococcal Vaccination Status for Older Adults

PREV-8 Rank

Description: Rank of the beneficiary for this measure

Format: Numeric

Constraints: May not be changed for the beneficiary sample

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Is the patient qualified for this measure?

Description: Required for each beneficiary ranked in this measure for which you report data

Values: Yes, No - Other CMS Approved Reason, N/A

Constraints: Must match values

QPP Service Center Case Number

Description: Required when selecting “No - Other CMS Approved Reason”

Format: Text string

Constraints: May contain characters and numbers less than or equal to 10 characters

Has the patient ever received a pneumococcal vaccination?

Description: Required if the patient is qualified for the measure

Values: No, Yes, N/A

Constraints: Must match values

PREV-8 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

PREV-9: Body Mass Index (BMI) Screening and Follow-Up Plan

PREV-9 Rank

Description: Rank of the beneficiary for this measure

Format: Numeric

Constraints: May not be changed for the beneficiary sample

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Is the patient qualified for this measure?

Description: Required for each beneficiary ranked in this measure for which you report data

Values: Yes, Denominator Exclusion, No - Other CMS Approved Reason, N/A

Constraints: Must match values

QPP Service Center Case Number

Description: Required when selecting “No - Other CMS Approved Reason”

Format: Text string

Constraints: May contain characters and numbers less than or equal to 10 characters

Did the patient have a BMI documented during the most recent visit or in the last 12 months prior to the most recent visit?

Description: Required if the patient is qualified for the measure

Values: No, Yes, N/A

Constraints: Must match values

Was the patient's BMI within normal parameters?

Description: Required if the patient has BMI documented

Values: No, Yes, N/A

Constraints: Must match values

Was a follow-up plan documented?

Description: Required if the patient's BMI is **not** within normal parameters

Values: No, Yes, No - Denominator Exception - Medical Reasons, N/A

Constraints: Must match values

PREV-9 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

PREV-10: Tobacco Use: Screening and Cessation Intervention

PREV-10 Rank

Description: Rank of the beneficiary for this measure

Format: Numeric

Constraints: May not be changed for the beneficiary sample

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Is the patient qualified for this measure?

Description: Required for each beneficiary ranked in this measure for which you report data

Values: Yes, No - Other CMS Approved Reason, N/A

Constraints: Must match values

QPP Service Center Case Number

Description: Required when selecting “No - Other CMS Approved Reason”

Format: Text string

Constraints: May contain characters and numbers less than or equal to 10 characters

Was the patient screened for tobacco use at least once during the measurement period and year prior to the measurement period (January 1, 2017 - December 31, 2018)?

Description: Required if the patient is qualified for the measure

Values: Yes, No, No - Denominator Exception - Medical Reasons, N/A

Constraints: Must match values

Was the patient identified as a tobacco user during the most recent tobacco use screening?

Description: Required if you selected “Yes” in the previous question

Values: No, Yes, N/A

Constraints: Must match values

Did the patient receive tobacco cessation intervention?

Description: Required for patients who have been screened for tobacco use

Values: No, Yes, No - Denominator Exception - Medical Reasons, N/A

Constraints: Must match values

PREV-10 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

PREV-12: Screening for Depression and Follow-Up Plan

PREV-12 Rank

Description: Rank of the beneficiary for this measure

Format: Numeric

Constraints: May not be changed for the beneficiary sample

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Is the patient qualified for this measure?

Description: Required for each beneficiary ranked in this measure for which you report data

Values: Yes, Denominator Exclusion, No - Other CMS Approved Reason, N/A

Constraints: Must match values

QPP Service Center Case Number

Description: Required when selecting “No - Other CMS Approved Reason”

Format: Text string

Constraints: May contain characters and numbers less than or equal to 10 characters

Was the patient screened for depression using an age appropriate standardized tool during the measurement period (January 1 - December 31, 2018)?

Description: Required if the patient is qualified for the measure

Values: No, Yes, No - Denominator Exception - Medical Reasons, No - Denominator Exception - Patient Reasons, N/A

Constraints: Must match values

Was the screen positive for depression during the measurement period (January 1 - December 31, 2018)?

Description: Required for beneficiaries who have been screened for depression

Values: No, Yes, N/A

Constraints: Must match values

Was a follow-up plan for depression documented during the measurement period (January 1 - December 31, 2018)?

Description: Required for beneficiaries who answered “Yes” to the screen positive for depression question

Values: No, Yes, N/A

Constraints: Must match values

PREV-12 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

PREV-13: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

PREV-13 Rank

Description: Rank of the beneficiary for this measure

Format: Numeric

Constraints: May not be changed for the beneficiary sample

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Does the patient have a diagnosis of atherosclerotic cardiovascular disease (ASCVD)—active or history of—at any time up through December 31, 2018?

Description: Required for each beneficiary ranked in this measure for which you report data

Values: Yes, No - Diagnosis, No - Denominator Exclusion, No - Other CMS Approved Reason, N/A

Constraints: Must match values

QPP Service Center Case Number

Description: Required when selecting “No - Other CMS Approved Reason”

Format: Text string

Constraints: May contain characters and numbers less than or equal to 10 characters

Has the patient ever had a fasting or direct laboratory test result of LDL-C ≥ 190 mg/dL OR were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia?

Description: Required for each beneficiary that answers “No – Diagnosis” to Risk Category 1 question

Values: Yes, No - Diagnosis, No – Denominator Exclusion, No - Other CMS Approved Reason, N/A

Constraints: Must match values

QPP Service Center Case Number

Description: Required when selecting “No - Other CMS Approved Reason”

Format: Text string

Constraints: May contain characters and numbers less than or equal to 10 characters

Is the patient aged 40-75 years of age and has a diagnosis of Type 1 or Type 2 diabetes?

Description: Required for each beneficiary that answers “No - Diagnosis” to the Risk Category 1 and Risk Category 2 questions

Values: Yes, No - Diagnosis, N/A

Constraints: Must match values

Has the patient had an LDL-C of 70-189 mg/dL between January 1, 2016 and December 31, 2018?

Description: Required for beneficiaries that answer “No – Diagnosis” to the Risk Category 1 and Risk Category 2 question and that are between 40-75-years-old and have a diagnosis of Type 1 or Type 2 diabetes

Values: Yes, No, No - Denominator Exclusion, No – Other CMS Approved Reason, N/A

Constraints: Must match values

QPP Service Center Case Number

Description: Required when selecting “No - Other CMS Approved Reason”

Format: Text string

Constraints: May contain characters and numbers less than or equal to 10 characters

Was the patient taking or prescribed statin therapy during the measurement period (January 1 - December 31, 2018?)

Description: Required for each beneficiary that answers “Yes” to the Risk Category 1 and Category ranked in this measure that you report data for when risk category 1 or risk category 2 is “Yes” or “Has the patient had an LDL-C of 70-189 mg/dL between January 1, 2016 and December 31, 2018?” is “Yes”.

Values: No, Yes, No - Denominator Exception - Medical Reasons, N/A

Constraints: Must match values. Use N/A to clear previously reported data

PREV-13 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters

CARE-1: Medication Reconciliation Post-Discharge

CARE-1 Rank

Description: Rank of the beneficiary for this measure

Format: Numeric

Constraints: May not be changed for the beneficiary sample

Notes: Not all beneficiaries will be ranked in the measure. Populated automatically.

Is the patient qualified for this measure?

Description: Required for each beneficiary ranked in this measure for which you report data

Values: Yes, No - Other CMS Approved Reason, N/A

Constraints: Must match values

QPP Service Center Case Number

Description: Required when selecting “No - Other CMS Approved Reason”

Format: Text string

Constraints: May contain characters and numbers less than or equal to 10 characters

Number of Discharges

Description: This number is supplied for the number of discharges per beneficiary that you report data for. This field may not be altered. This number is populated automatically.

Format: Text string

Usage: Populated automatically.

Discharge Date (MM/DD/YYYY)

Description: This date is supplied for each discharge that you must report data for. This field may not be altered. This date is populated automatically.

Format: MM/DD/YYYY

Usage: Date field

Was the patient discharged from an inpatient facility on the discharge date listed +/- 2 calendar days?

Description: Required for each beneficiary ranked in the measure with reported data and for each discharge date supplied

Values: No, Yes, N/A

Constraints: Must match values

Notes: Use N/A to blank out a value previously reported

Was the patient seen within 30 days following this inpatient facility discharge?

Description: Required for each beneficiary ranked in the measure with reported data and for each discharge date supplied

Values: No, Yes, N/A

Constraints: Must match values

Notes: Use N/A to clear previously reported data

Were discharge medications reconciled with the current medication list in the outpatient medical record within 30 days following this inpatient facility discharge?

Description: Required for each beneficiary ranked in the measure with reported data and for each discharge date supplied

Values: No, Yes, N/A

Constraints: Must match values

Notes: Use N/A to clear previously reported data

CARE-1 Comments (optional)

Description: Not required and are offered for the data reporter to use for recording information that may be helpful or related to the data reported. CMS does not use the information recorded in comments.

Format: Text string

Constraints: May contain characters, numbers, punctuation and symbols less than or equal to 1000 characters