Quality ID #226 (NQF 0028): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
– National Quality Strategy Domain: Community/Population Health
– Meaningful Measure Area: Prevention and Treatment of Opiod and Substance Use Disorders

2019 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months **AND** who received tobacco cessation intervention if identified as a tobacco user

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for patients seen during the performance period. This measure is intended to reflect the quality of services provided for preventive screening for tobacco use. For the purposes of the measure, the most recent denominator eligible encounter should be used to determine if the numerator action for each of the submission criteria was performed within the 24 month look back period from the date of the most recent denominator eligible encounter. It is anticipated that Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided will submit this measure.

This measure will be calculated with 3 performance rates:

1) Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months
2) Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention
3) Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

THERE ARE THREE SUBMISSION CRITERIA FOR THIS MEASURE:

1) All patients who were screened for tobacco use

AND

2) All patients who were identified as a tobacco user and who received tobacco cessation intervention

AND

3) All patients who were screened for tobacco use and, if identified as a tobacco user received tobacco cessation intervention, or identified as a tobacco non-user

This measure contains three submission criteria which aim to identify patients who were screened for tobacco use (submission criteria 1), patients who were identified as tobacco users and who received tobacco cessation intervention (submission criteria 2), and a comprehensive look at the overall performance on tobacco screening and cessation intervention (submission criteria 3). By separating this measure into various submission criteria, the MIPS eligible professional or MIPS eligible clinician will be able to better ascertain where gaps in performance exist, and identify opportunities for improvement. The overall rate (submission criteria 3) can be utilized to compare performance to prior published versions of this measure.

SUBMISSION CRITERIA 1: ALL PATIENTS WHO WERE SCREENED FOR TOBACCO USE

DENOMINATOR (SUBMISSION CRITERIA 1):
All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period

DENOMINATOR NOTE: **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 MIPS CQMs.*

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years
AND
At least two patient encounters during the performance period (CPT): 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 92557, 92625, 96150, 96151, 96152, 97165, 97166, 97167, 97168, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350
WITHOUT
Telehealth Modifier: GQ, GT, 95, POS 02
OR
At least one preventive encounter during the performance period (CPT or HCPCS): 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, G0438, G0439
WITHOUT
Telehealth Modifier: GQ, GT, 95, POS 02

NUMERATOR (SUBMISSION CRITERIA 1):
Patients who were screened for tobacco use at least once within 24 months

Definitions:
Tobacco Use – Includes any type of tobacco.

NUMERATOR NOTE: *In the event that a patient is screened for tobacco use and tobacco status is unknown, submit G9905. Denominator Exception(s) are determined on the date of the most recent denominator eligible encounter for all submission criteria.*

Numerator Options:

Performance Met:	Patient screened for tobacco use AND identified as a tobacco user **(G9902)**
OR	
Performance Met:	Patient screened for tobacco use AND identified as a tobacco non-user **(G9903)**

OR

Denominator Exception: Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason) **(G9904)**

OR

Performance Not Met: Patient not screened for tobacco use, reason not given **(G9905)**

SUBMISSION CRITERIA 2: ALL PATIENTS WHO WERE IDENTIFIED AS A TOBACCO USER AND WHO RECEIVED TOBACCO CESSATION INTERVENTION

DENOMINATOR (SUBMISSION CRITERIA 2):
All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period who were screened for tobacco use and identified as a tobacco user

DENOMINATOR NOTE: **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 MIPS CQMs.*

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years
AND
All eligible instances when **G9902** is submitted for Performance Met (patient screened for tobacco use and identified as a tobacco user) in the numerator of Submission Criteria 1
AND
At least two patient encounters during the performance period (CPT): 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 92557, 92625, 96150, 96151, 96152, 97165, 97166, 97167, 97168, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350
WITHOUT
Telehealth Modifier: GQ, GT, 95, POS 02
OR
At least one preventive encounter during the performance period (CPT or HCPCS): 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, G0438, G0439
WITHOUT
Telehealth Modifier: GQ, GT, 95, POS 02

NUMERATOR (SUBMISSION CRITERIA 2):
Patients who received tobacco cessation intervention

Definitions:
Tobacco Cessation Intervention Includes brief counseling (3 minutes or less), and/or pharmacotherapy. Note: For the purpose of this measure, brief counseling (e.g., minimal and intensive advice/counseling interventions conducted both in person and over the phone) qualifies for the numerator. Written self-help materials (e.g., brochures, pamphlets) and complementary/alternative therapies do not qualify for the numerator.

NUMERATOR NOTE: *This measure defines tobacco cessation counseling as lasting 3 minutes or less. Services typically provided under CPT codes 99406 and 99407 satisfy the requirement of tobacco cessation intervention, as these services provide tobacco cessation counseling for 3-10 minutes. If a patient received these types of services, submit G-code G9906. Denominator Exception(s) are determined on the date of the most recent denominator eligible encounter for all submission criteria.*

Numerator Options:

Performance Met: Patient identified as a tobacco user received tobacco cessation intervention (counseling and/or pharmacotherapy) **(G9906)**

OR

Denominator Exception: Documentation of medical reason(s) for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason) **(G9907)**

OR

Performance Not Met: Patient identified as tobacco user did not receive tobacco cessation intervention (counseling and/or pharmacotherapy), reason not given (**G9908)**

SUBMISSION CRITERIA 3: ALL PATIENTS WHO WERE SCREENED FOR TOBACCO USE AND, IF IDENTIFIED AS A TOBACCO USER RECEIVED TOBACCO CESSATION INTERVENTION, OR IDENTIFIED AS A TOBACCO NON-USER

DENOMINATOR (SUBMISSION CRITERIA 3):

All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period

DENOMINATOR NOTE: **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 MIPS CQMs.*

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years

AND

At least two patient encounters during the performance period (CPT): 90791, 90792, 90832, 90834, 90837, 90845, 92002, 92004, 92012, 92014, 92521, 92522, 92523, 92524, 92540, 92557, 92625, 96150, 96151, 96152, 97165, 97166, 97167, 97168, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

OR

At least one preventive encounter during the performance period (CPT or HCPCS): 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99429*, G0438, G0439

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

NUMERATOR (SUBMISSION CRITERIA 3):

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

Definitions:

Tobacco Use – Includes any type of tobacco.

Tobacco Cessation Intervention – Includes brief counseling (3 minutes or less), and/or pharmacotherapy. Note: For the purpose of this measure, brief counseling (e.g., minimal and intensive advice/counseling interventions conducted both in person and over the phone) qualifies for the numerator. Written self-help materials (e.g., brochures, pamphlets) and complementary/alternative therapies do not qualify for the numerator.

NUMERATOR NOTE: *In the event that a patient is screened for tobacco use and identified as a user but did not receive tobacco cessation intervention or if tobacco status is unknown, submit 4004F with 8P. This measure defines tobacco cessation counseling as lasting 3 minutes or less. Services typically provided under CPT codes 99406 and 99407 satisfy the requirement of tobacco cessation intervention, as these services provide tobacco cessation counseling for 3-10 minutes. If a patient received these types of services, submit CPT II 4004F. Denominator Exception(s) are determined on the date of the most recent denominator eligible encounter for all submission criteria.*

Numerator Options:

Performance Met:	Patient screened for tobacco use AND received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user **(4004F)**
OR	
Performance Met:	Current tobacco non-user **(1036F)**
OR	
Denominator Exception:	Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason) **(4004F *with* 1P)**
OR	
Denominator Exception:	Documentation of medical reason(s) for not providing tobacco cessation intervention if identified as a tobacco user (e.g., limited life expectancy, other medical reason) **(G9909)**
OR	
Performance Not Met:	Tobacco screening not performed OR tobacco cessation intervention not provided, reason not otherwise specified **(4004F *with* 8P)**

RATIONALE:

This measure is intended to promote adult tobacco screening and tobacco cessation interventions for those who use tobacco products. There is good evidence that tobacco screening and brief cessation intervention (including counseling and/or pharmacotherapy) is successful in helping tobacco users quit. Tobacco users who are able to stop using tobacco lower their risk for heart disease, lung disease, and stroke.

CLINICAL RECOMMENDATION STATEMENTS:

The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA) – approved pharmacotherapy for cessation to adults who use tobacco. (Grade A Recommendation) (U.S. Preventive Services Task Force, 2015)

The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. (Grade A Recommendation) (U.S. Preventive Services Task Force, 2015)

The USPSTF concludes that the current evidence is insufficient to recommend electronic nicotine delivery systems for tobacco cessation in adults, including pregnant women. The USPSTF recommends that clinicians direct patients who smoke tobacco to other cessation interventions with established effectiveness and safety (previously stated). (Grade I Statement) (U.S. Preventive Services Task Force, 2015)

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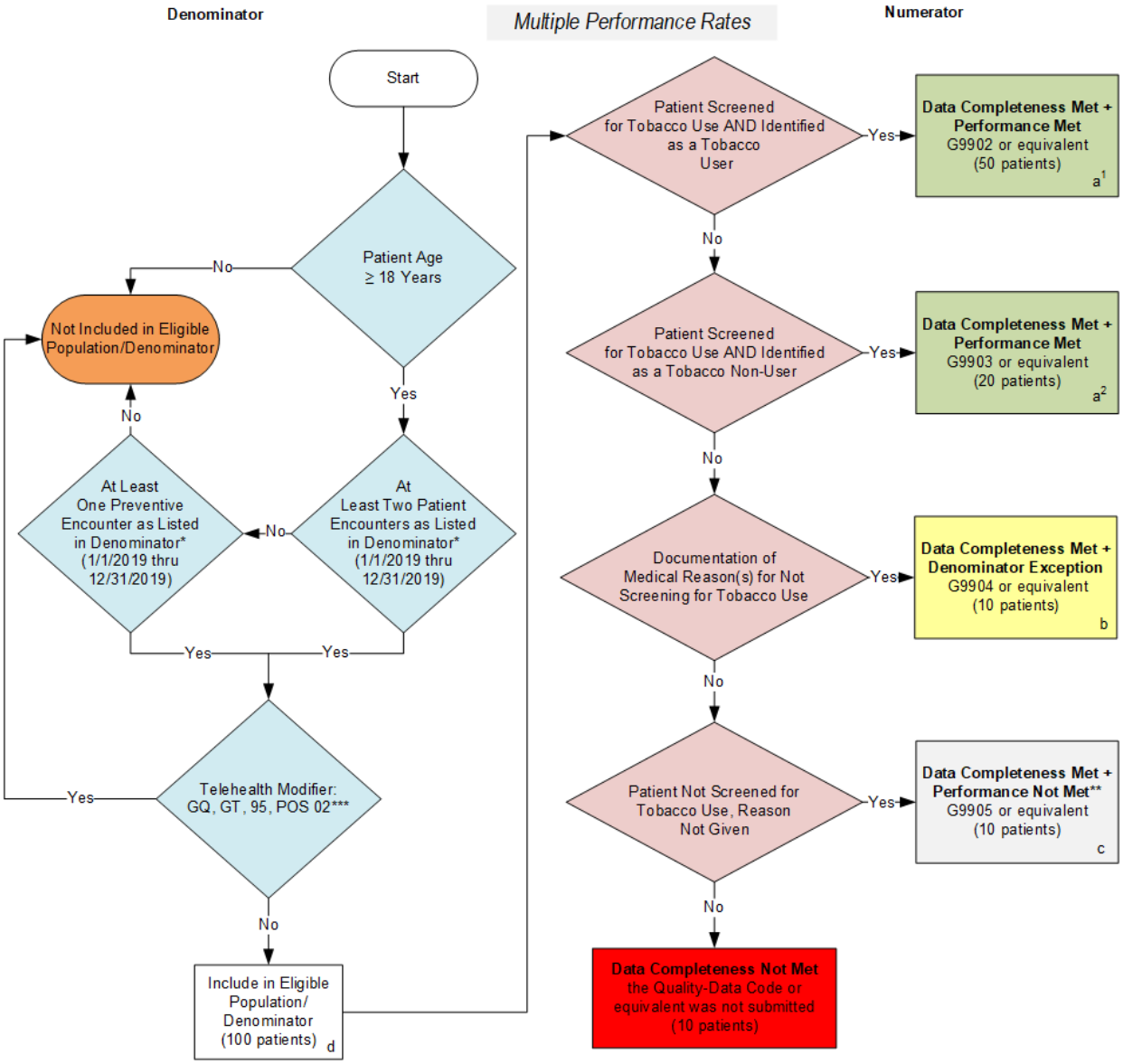
2019 Clinical Quality Measure for Quality ID #226 NQF #0028: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Submission Criteria One



SAMPLE CALCULATIONS SUBMISSION CRITERIA ONE:

Data Completeness=

Performance Met (a^1+a^2=70 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=10 patients) = 90 patients = **90.00%**

Eligible Population / Denominator (d=100 patients) = 100 patients

Performance Rate=

Performance Met (a^1+a^2=70 patients) = 70 patients = **87.50%**

Data Completeness Numerator (90 patients) – Denominator Exception (b=10 patients) = 80 patients

*See the posted Measure Specification for specific coding and instructions to submit this measure.
**In the event that the tobacco status is unknown submit G9905.
***All encounters should be without the telehealth modifier in order to be denominator eligible.
NOTE: Submission Frequency: Patient-process

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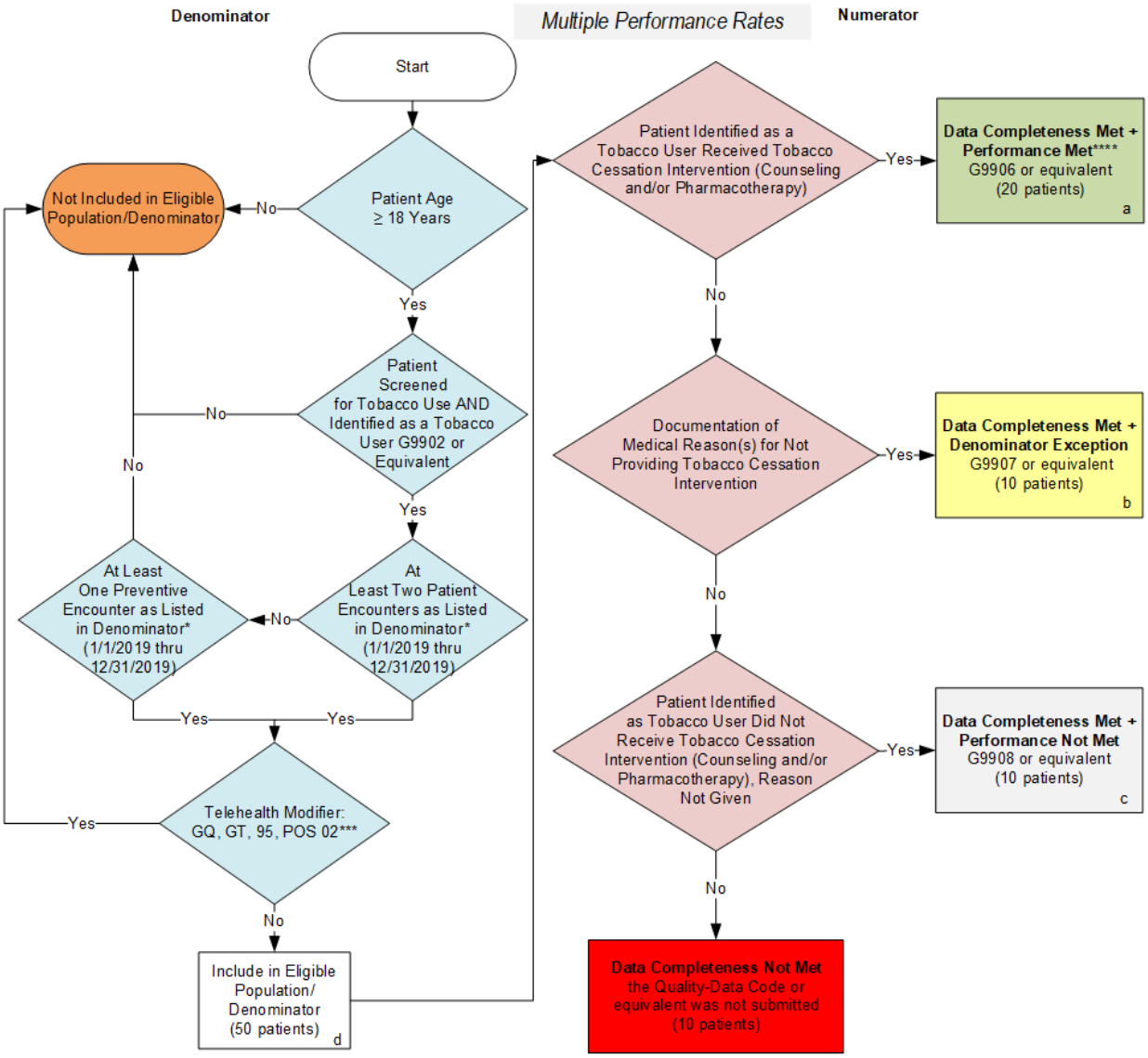
2019 Clinical Quality Measure Flow for Quality ID #226 NQF #0028: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention Submission Criteria Two



SAMPLE CALCULATIONS SUBMISSION CRITERIA TWO:

Data Completeness=

Performance Met (a=20 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=10 patients) = 40 patients = **80.00%**

Eligible Population / Denominator (d=50 patients) = 50 patients

Performance Rate=

Performance Met (a=20 patients) = 20 patients = **66.67%**

Data Completeness Numerator (40 patients) – Denominator Exception (b=10 patients) = 30 patients

*See the posted Measure Specification for specific coding and instructions to submit this measure.
***All encounters should be without the telehealth modifier in order to be denominator eligible.
****This measure defines tobacco cessation counseling as lasting 3 minutes or less. Services typically provided under CPT codes 99406 and 99407 satisfy the requirement of tobacco cessation intervention, as these services provide tobacco cessation counseling for 3-10 minutes. If a patient received these types of services, report submit G-code G9906.
NOTE: Submission Frequency: Patient-process

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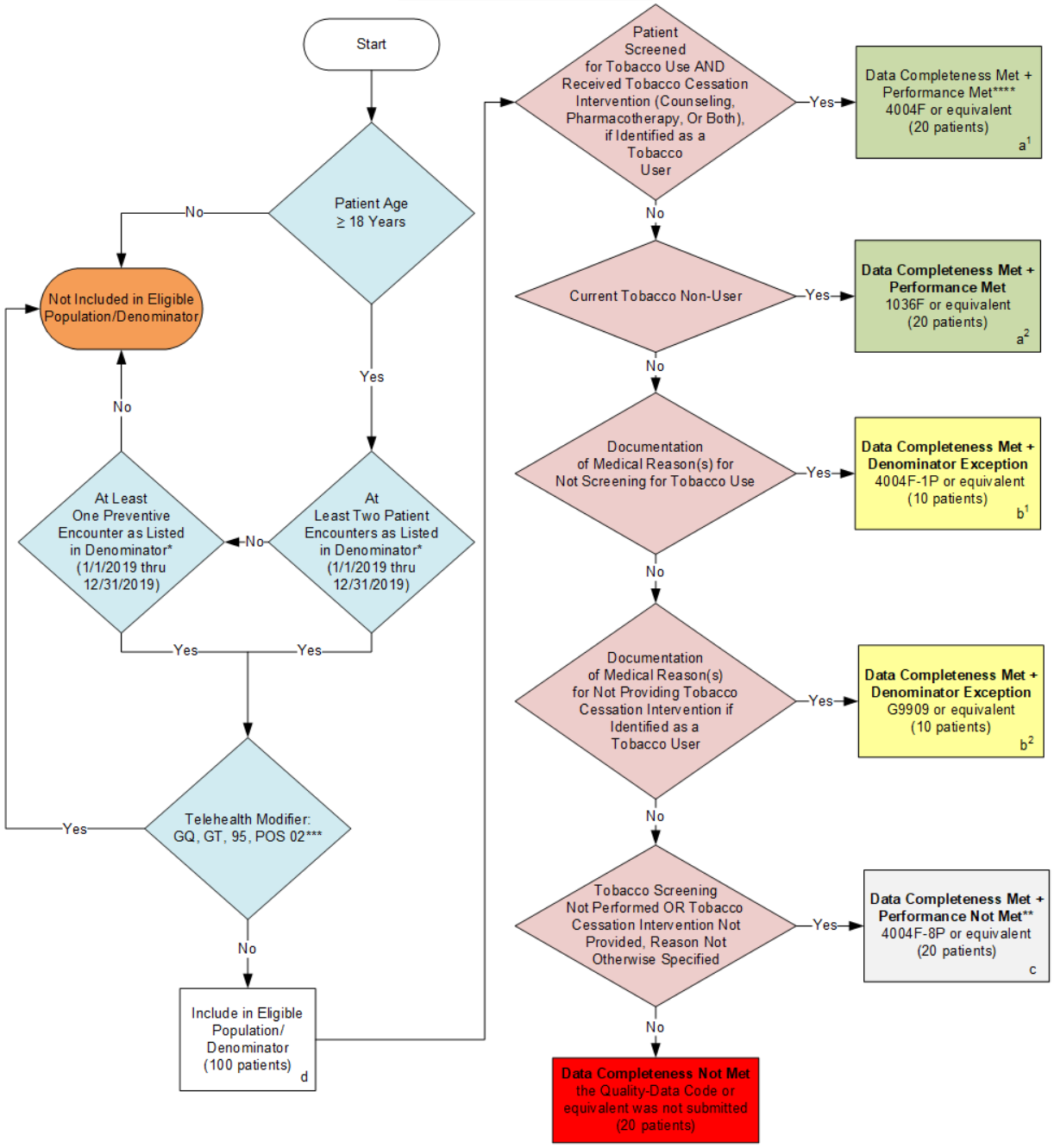
2019 Clinical Quality Measure Flow for Quality ID #226 NQF #0028: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention Submission Criteria Three

Denominator | *Multiple Performance Rates* | **Numerator**



*See the posted Measure Specification for specific coding and instructions to submit this measure.
***All encounters should be without the telehealth modifier in order to be denominator eligible.
****This measure defines tobacco cessation counseling as lasting 3 minutes or less. Services typically provided under CPT codes 99406 and 99407 satisfy the requirement of tobacco cessation intervention, as these services provide tobacco cessation counseling for 3-10 minutes. If a patient received these types of services, report submit G-code G9906.
NOTE: Submission Frequency: Patient-process

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2019 Clinical Quality Measure Flow for Quality ID #226 NQF #0028: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention Submission Criteria Three

Multiple Performance Rates

SAMPLE CALCULATIONS SUBMISSION CRITERIA THREE:

Data Completeness=

Performance Met (a^1+a^2=40 patients) + Denominator Exception (b^1+b^2=20 patients) + Performance Not Met (c=20 patients) = 80 patients = **80.00%**

Eligible Population / Denominator (d=100 patients) = 100 patients

Performance Rate=

Performance Met (a^1+a^2=40 patients) = 40 patients = **66.67%**

Data Completeness Numerator (80 patients) – Denominator Exception (b^1+b^2=20 patients) = 60 patients

*See the posted Measure Specification for specific coding and instructions to submit this measure.
**In the event that a patient is identified as a user but did not receive tobacco cessation intervention submit 4004F-8P.
***All encounters should be without the telehealth modifier in order to be denominator eligible.
****This measure defines tobacco cessation counseling as lasting 3 minutes or less. Services typically provided under CPT codes 99406 and 99407 satisfy the requirement of tobacco cessation intervention, as these services provide tobacco cessation counseling for 3-10 minutes. If a patient received these types of services, submit 4004F.
NOTE: Submission Frequency: Patient-process

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2019 Clinical Quality Measure Flow for Quality ID #226 NQF #0028: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

This Measure Has Three Submission Criteria. All Performance Rates Must Be Submitted if Patient Is Identified as a Tobacco User. If Patient is Identified as a Tobacco Non-User, only Performance Rates for Submission Criteria One and Three Must Be Submitted.

Multiple Performance Rates

Submission Criteria #1 All Patients Who Were Screened for Tobacco Use

SAMPLE CALCULATIONS SUBMISSION CRITERIA ONE:

Data Completeness=

Performance Met (a^1+a^2=70 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=10 patients) = 90 patients = **90.00%**

Eligible Population / Denominator (d=100 patients) = 100 patients

Performance Rate=

Performance Met (a^1+a^2=70 patients) = 70 patients = **87.50%**

Data Completeness Numerator (90 patients) – Denominator Exception (b=10 patients) = 80 patients

Submission Criteria #2 All Patients Who Were Identified as a Tobacco User Who Received Tobacco Cessation Intervention

SAMPLE CALCULATIONS SUBMISSION CRITERIA TWO:

Data Completeness=

Performance Met (a=20 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=10 patients) = 40 patients = **80.00%**

Eligible Population / Denominator (d=50 patients) = 50 patients

Performance Rate=

Performance Met (a=20 patients) = 20 patients = **66.67%**

Data Completeness Numerator (40 patients) – Denominator Exception (b=10 patients) = 30 patients

Submission Criteria #3 Patients Screened for Tobacco Use AND Who Received Tobacco Cessation Intervention if Identified as a Tobacco User

SAMPLE CALCULATIONS SUBMISSION CRITERIA THREE:

Data Completeness=

Performance Met (a^1+a^2=40 patients) + Denominator Exception (b^1+b^2=20 patients) + Performance Not Met (c=20 patients) = 80 patients = **80.00%**

Eligible Population / Denominator (d=100 patients) = 100 patients

Performance Rate=

Performance Met (a^1+a^2=40 patients) = 40 patients = **66.67%**

Data Completeness Numerator (80 patients) – Denominator Exception (b^1+b^2=20 patients) = 60 patients

2019 Clinical Quality Measure Flow Narrative for Quality ID #226 NQF #0028: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

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

Submission Criteria #1

1. Start with Denominator
2. Check Patient Age:
    a. If Patient Age is greater than or equal to 18 Years equals No during the measurement period, do not include in Eligible Population. Stop Processing.
    b. If Patient Age is greater than or equal to 18 Years equals Yes during the measurement period, proceed to check At Least Two Patient Encounters.
3. Check At Least Two Patient Encounters:
    a. If At Least Two Patient Encounters as Listed in the Denominator equals No, proceed to check At Least One Preventive Encounter.
    b. If At Least Two Patient Encounters as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
4. Check Telehealth Modifier:
    a. If Telehealth Modifier equals Yes, proceed to check At Least One Preventive Encounter.
    b. If Telehealth Modifier equals No, include in Eligible Population.
5. Check At Least One Preventive Encounter:
    a. If At Least One Preventive Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If At Least One Preventive Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
6. Check Telehealth Modifier:
    a. If Telehealth Modifier equals Yes, do not include in Eligible Population. Stop Processing.
    b. If Telehealth Modifier equals No, include in Eligible Population.
7. 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 100 patients in the Sample Calculation.
8. Start Numerator
9. Check Patient Screened for Tobacco Use AND Identified as a Tobacco User:

a. If Patient Screened for Tobacco Use AND Identified as a Tobacco User 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^1 equals 50 patients in the Sample Calculation.

c. If Patient Screened for Tobacco Use AND Identified as a Tobacco User equals No, proceed to check Patient Screened for Tobacco Use AND Identified as a Tobacco Non-User.

10. Check Patient Screened for Tobacco Use AND Identified as a Tobacco Non-User:

    a. If Patient Screened for Tobacco Use AND Identified as a Tobacco Non-User 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^2 equals 20 patients in the Sample Calculation.

    c. If Patient Screened for Tobacco Use AND Identified as a Tobacco Non-User equals No, proceed to check Documentation of Medical Reason(s) for Not Screening for Tobacco Use.

11. Check Documentation of Medical Reason(s) for Not Screening for Tobacco Use:

    a. If Documentation of Medical Reason(s) for Not Screening for Tobacco Use 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 10 patients in the Sample Calculation.

    c. If Documentation of Medical Reason(s) for Not Screening for Tobacco Use equals No, proceed to check Patient Not Screened for Tobacco Use, Reason Not Given.

12. Check Patient Not Screened for Tobacco Use, Reason Not Given:

    a. If Patient Not Screened for Tobacco Use, 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 10 patients in the Sample Calculation.

    c. If Patient Not Screened for Tobacco Use, Reason Not Given equals No, proceed to check Data Completeness Not Met.

13. Check Data Completeness Not Met:

    a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS SUBMISSION CRITERIA ONE:

Data Completeness=

$$\frac{\text{Performance Met } (a^1+a^2=70 \text{ patients}) + \text{Denominator Exception } (b=10 \text{ patients}) + \text{Performance Not Met } (c=10 \text{ patients})}{\text{Eligible Population / Denominator } (d=100 \text{ patients})} = \frac{90 \text{ patients}}{100 \text{ patients}} = \mathbf{90.00\%}$$

Performance Rate=

$$\frac{\text{Performance Met } (a^1+a^2=70 \text{ patients})}{\text{Data Completeness Numerator } (90 \text{ patients}) - \text{Denominator Exception } (b=10 \text{ patients})} = \frac{70 \text{ patients}}{80 \text{ patients}} = \mathbf{87.50\%}$$

2019 Clinical Quality Measure Flow Narrative for Quality ID #226 NQF #0028:

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

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

Submission Criteria #2

1. Start with Denominator
2. Check Patient Age:
    a. If Patient Age is greater than or equal to 18 Years equals No during the measurement period do not include in Eligible Population. Stop Processing.
    b. If Patient Age is greater than or equal to 18 Years equals Yes during the measurement period, proceed to check Patient Screened for Tobacco Use AND Identified as a Tobacco User.
3. Check Patient Screened For Tobacco Use AND Identified as a Tobacco User:
    a. If Patient Screened For Tobacco Use AND Identified as a Tobacco User equals Yes, proceed to check At Least Two Patient Encounters.
    b. If Patient Screened For Tobacco Use AND Identified as a Tobacco User equals No, do not include in Eligible Population. Stop Processing
4. Check At Least Two Patient Encounters:
    a. If At Least Two Patient Encounters as Listed in the Denominator equals No, proceed to check At Least One Preventive Encounter.
    b. If At Least Two Patient Encounters as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
5. Check Telehealth Modifier:
    a. If Telehealth Modifier equals Yes, proceed to check At Least One Preventive Encounter.
    b. If Telehealth Modifier equals No, include in Eligible Population.
6. Check At Least One Preventive Encounter:
    a. If At Least One Preventive Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If At Least One Preventive Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
7. Check Telehealth Modifier:
    a. If Telehealth Modifier equals Yes, do not include in Eligible Population. Stop Processing.
    b. If Telehealth Modifier equals No, include in Eligible Population.
8. 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 50 patients in the Sample Calculation.

9. Start Numerator

10. Check Patient Identified as a Tobacco User Received Tobacco Cessation Intervention (Counseling and/or Pharmacotherapy):

    a. If Patient Identified as a Tobacco User Received Tobacco Cessation Intervention (Counseling and/or Pharmacotherapy) 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 20 patients in the Sample Calculation.

    c. If Patient Identified as a Tobacco User Received Tobacco Cessation Intervention (Counseling and/or Pharmacotherapy) equals No, proceed to check Documentation of Medical Reason(s) for Not Providing Tobacco Cessation Intervention.

11. Check Documentation of Medical Reason(s) for Not Providing Tobacco Cessation Intervention:

    a. If Documentation of Medical Reason(s) for Not Providing Tobacco Cessation Intervention 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 10 patients in the Sample Calculation.

    c. If Documentation of Medical Reason(s) for Not Providing Tobacco Cessation Intervention equals No, proceed to check Patient Identified as Tobacco User Did Not Receive Tobacco Cessation Intervention (Counseling and/or Pharmacotherapy), Reason Not Given.

12. Check Patient Identified as Tobacco User Did Not Receive Tobacco Cessation Intervention (Counseling and/or Pharmacotherapy), Reason Not Given:

    a. If Patient Identified as Tobacco User Did Not Receive Tobacco Cessation Intervention (Counseling and/or Pharmacotherapy), 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 10 patients in the Sample Calculation.

    c. If Patient Identified as Tobacco User Did Not Receive Tobacco Cessation Intervention (Counseling and/or Pharmacotherapy), Reason Not Given equals No, proceed to check Data Completeness Not Met.

13. Check Data Completeness Not Met:

    a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS SUBMISSION CRITERIA TWO:

Data Completeness=

$$\frac{\text{Performance Met (a=20 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=10 patients)}}{\text{Eligible Population / Denominator (d=50 patients)}} = \frac{40 \text{ patients}}{50 \text{ patients}} = \mathbf{80.00\%}$$

Performance Rate=

$$\frac{\text{Performance Met (a=20 patients)}}{\text{Data Completeness Numerator (40 patients) – Denominator Exception (b=10 patients)}} = \frac{20 \text{ patients}}{30 \text{ patients}} = \mathbf{66.67\%}$$

2019 Clinical Quality Measure Flow Narrative for Quality ID #226 NQF #0028:

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

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

Submission Criteria #3

1. Start with Denominator
2. Check Patient Age:
    a. If Patient Age is greater than or equal to 18 Years equals No during the measurement period, do not include in Eligible Population. Stop Processing.
    b. If Patient Age is greater than or equal to 18 Years equals Yes during the measurement period, proceed to check At Least Two Patient Encounters.
3. Check At Least Two Patient Encounters:
    a. If At Least Two Patient Encounters as Listed in the Denominator equals No, proceed to check At Least One Preventive Encounter.
    b. If At Least Two Patient Encounters as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
4. Check Telehealth Modifier:
    a. If Telehealth Modifier equals Yes, proceed to check At Least One Preventive Encounter.
    b. If Telehealth Modifier equals No, include in Eligible Population.
5. Check At Least One Preventive Encounter:
    a. If At Least One Preventive Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
    b. If At Least One Preventive Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
6. Check Telehealth Modifier:
    a. If Telehealth Modifier equals Yes, do not include in Eligible Population. Stop Processing.
    b. If Telehealth Modifier equals No, include in Eligible Population.
7. 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 100 patients in the Sample Calculation.
8. Start Numerator

9. Check Patient Screened for Tobacco Use AND Received Tobacco Cessation Intervention (Counseling, Pharmacotherapy, Or Both), if Identified as a Tobacco User:

    a. If Patient Screened for Tobacco Use AND Received Tobacco Cessation Intervention (Counseling, Pharmacotherapy, Or Both), if Identified as a Tobacco User 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^1 equals 20 patients in the Sample Calculation.

    c. If Patient Screened for Tobacco Use AND Received Tobacco Cessation Intervention (Counseling, Pharmacotherapy, Or Both), if Identified as a Tobacco User equals No, proceed to check Current Tobacco Non-User.

10. Check Current Tobacco Non-User:

    a. If Current Tobacco Non-User 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^2 equals 20 patients in the Sample Calculation.

    c. If Current Tobacco Non-User equals No, proceed to check Documentation of Medical Reason(s) for Not Screening for Tobacco Use.

11. Check Documentation of Medical Reason(s) for Not Screening for Tobacco Use:

    a. If Documentation of Medical Reason(s) for Not Screening for Tobacco Use 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^1 equals 10 patients in the Sample Calculation.

    c. If Documentation of Medical Reason(s) for Not Screening for Tobacco Use equals No, proceed to check Documentation of Medical Reason(s) for Not Providing Tobacco Cessation Intervention if Identified as a Tobacco User.

12. Check Documentation of Medical Reason(s) for Not Providing Tobacco Cessation Intervention if Identified as a Tobacco User:

    a. If Documentation of Medical Reason(s) for Not Providing Tobacco Cessation Intervention if Identified as a Tobacco User 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^2 equals 10 patients in the Sample Calculation.

    c. If Documentation of Medical Reason(s) for Not Providing Tobacco Cessation Intervention if Identified as a Tobacco User equals No, proceed to check Tobacco Screening Not Performed OR Tobacco Cessation Intervention Not Provided, Reason Not Otherwise Specified.

13. Check Tobacco Screening Not Performed OR Tobacco Cessation Intervention Not Provided, Reason Not Otherwise Specified:

    a. If Tobacco Screening Not Performed OR Tobacco Cessation Intervention Not Provided, Reason Not Otherwise Specified 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 20 patients in the Sample Calculation.

    c. If Tobacco Screening Not Performed OR Tobacco Cessation Intervention Not Provided, Reason Not Otherwise Specified equals No, proceed to check Data Completeness Not Met.

14. Check Data Completeness Not Met:

    a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 20 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS SUBMISSION CRITERIA THREE:

Data Completeness=

$$\frac{\text{Performance Met } (a^1+a^2=40 \text{ patients}) + \text{Denominator Exception } (b^1+b^2=20 \text{ patients}) + \text{Performance Not Met } (c=20 \text{ patients})}{\text{Eligible Population / Denominator } (d=100 \text{ patients})} = \frac{80 \text{ patients}}{100 \text{ patients}} = \mathbf{80.00\%}$$

Performance Rate=

$$\frac{\text{Performance Met } (a^1+a^2=40 \text{ patients})}{\text{Data Completeness Numerator (80 patients)} - \text{Denominator Exception } (b^1+b^2=20 \text{ patients})} = \frac{40 \text{ patients}}{60 \text{ patients}} = \mathbf{66.67\%}$$