



## 2019 Quality Measures Guide for ONCOCHART

*This is the latest information we have obtained in regards to Quality for 2019. This document will be periodically updated as more information becomes available.*

The PQRS program was replaced by the Quality performance category in the [Merit-Based Incentive Program \(MIPS\)](#)

### Quality Measures

ONCOCHART has made recording Quality data simple by aggregating the necessary questions onto tabs located in specific narratives. Answer the questions, and the Quality calculator will calculate the outcomes.

ONCOCHART has a [tool](#) to help you track your progress in regards to Quality.

It is highly recommended you answer **all** designated Quality measures, so that CMS can gather the information. This will also help you in not having to plan out which measures for which you want to collect data. It is **required** that you submit Quality data, or you may incur payment adjustments in future years.

It is very important you answer the questions and provide the healthcare quality information for which CMS is looking.

For example, if the patient is over or under weight, and you don't document your plan to get their weight back on track, it may count against the eligible clinician in terms of numerator/denominator calculations.

Another example is if the patient hasn't received a flu shot, and you did not indicate the patient hasn't received a flu shot, it may count against the EP in terms of numerator/denominator calculations.

### Measure Implementation

Please note that 100% compliance for each measure is not the expected outcome, given that patients may not receive recommended care for reasons such as refusal or contraindications to treatment, which are not currently captured as exclusions in this set of measures.

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## 2019 Quality Performance Category Requirements

Eligible clinicians will need to report [up to 6 measures](#), including at least one outcome measure. If an outcome measure is not available, choose a high priority measure. Alternatively, clinicians can choose to report data on a complete specialty measure set that also includes at least one high priority measure if an outcome measure is not in the specialty measure set.

To give yourself flexibility, we suggest you answer all of the below Quality measures in ONCOCHART. This will give you more options come attestation time.

### Names and locations of all certified Quality Measures contained in ONCOCHART

**Breast Cancer Screening (ID 112):** Percentage of women age 50 - 74 who had a mammogram to screen for breast cancer. The question(s)/answer(s) associated with this measure can be found under Initial Evaluation and Follow-Up: INI > *Sys Review* > *Measure 112* . [C](#), [R](#)

**Colorectal Cancer Screening (ID 113):** Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer. The question(s)/answer(s) associated with this measure can be found under Initial Evaluation and Follow-Up > *Sys Review* > *Measure 113*. [C](#), [R](#)

**Controlling High Blood Pressure (ID 236):** Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement period. The question(s)/answer(s) associated with this measure can be found under Initial Evaluation and Follow-Up > *Quality Measures* > *Measure 236*. [H](#), [O](#), [C](#), [R](#)

**Documentation of Current Medications in the Medical Record (ID 130):** Percentage of specified visits for patients ages 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. The question(s)/answer(s) associated with this measure can be found under Initial Evaluation and Follow-Up > *Allergy/Rx/Chemo* > *Measure 130*. [H](#), [C](#), [R](#)

**Falls: Risk Assessment (ID 154):** Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period. The question(s)/answer(s) associated with this measure can be found under Initial Evaluation and Follow-Up > *Performance Indicators* > *Measure 154*. [H](#), [C](#), [R](#)

**Oncology: Medical and Radiation - Pain Intensity Quantified (ID 143):** Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently *receiving chemotherapy or radiation therapy* in which pain intensity is quantified. The question(s)/answer(s) associated with this measure can be found under *Weekly Progress Note* > *Pain* > *Measure 143*. [H](#), [R](#)

**Oncology: Medical and Radiation – Plan of Care for Moderate to Severe Pain (ID 144):** Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving

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chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain. The question(s)/answer(s) associated with this measure can be found under *Weekly Progress Note > Pain > < Measure 144*. **H, R**

**Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (ID 128):**

Percentage of patients aged 18 years and older with an encounter during the reporting period with a documented calculated BMI during the encounter or during the previous 6 months, **AND** when the BMI is outside of normal parameters, follow-up is documented during the encounter or during the previous six months of the encounter with the BMI outside of normal parameters. **Normal parameters: Age 18 years and older; BMI  $\geq 18.5$  and  $<25$ .** The question(s)/answer(s) associated with this measure can be found under Initial Evaluation and Follow-Up > *Quality Measures > Measure 128*. **C, R**

**Preventive Care and Screening: Influenza Immunization for Patients 6 months or older (ID 110):**

Percentage of patients aged 6 months and older who received an influenza immunization during the flu season (October through March). The question(s)/answer(s) associated with this measure can be found under INI and FUE > *Quality Measures > Measure 110*. **C, R**

**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (ID 226):**

Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months **AND** who received cessation counseling intervention if identified as a tobacco user. The question(s)/answer(s) associated with this measure can be found under INI and FUE > *Soc Hist > Measure 226*. **C, R**

**Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer**

**Patients (ID 102):** Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, or external beam radiotherapy to the prostate, or radical prostatectomy, or cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer. The question(s)/answer(s) associated with this measure can be found under WPN > *Quality, Prostate > Measure 102*. **R**



## 2019 Quality Measures Submission Options

For the 2019 reporting period, eligible clinicians have the option to submit Quality measures via a qualified registry or Medicare Part B Claims. **(Verify measure submission methods at <https://qpp.cms.gov/mips/quality-measures>)**

2019 Quality Reporting Period - [Entire calendar year](#).

### Important Information for Quality

The recommended method of Quality data submission is via a qualified registry. Make sure you contact the certified registry as soon as possible. If you choose another submission option, you'll need to make sure you've researched what that entails and make sure everything you need is in place.

Reference pages 2 and 3 to find out the submission methods available for each measure in ONCOCHART.

**C – Indicates a measure that is reportable via claims. (Also see page 10)**

**H – Indicates a high priority measure.**

**O – Indicates an outcome measure.**

**R – Indicates a measure that is reportable via a Registry. (See page 10 for list of registries)**

**Indicates Radiation Oncology Measure Set**

**Screenshots of each 2019 Quality Measure question are on pages 6, 7, 8 and 9.**

If your questions and answers do not look **exactly** as they are displayed on pages 6, 7, 8, 9, 10, 11, 12 and 13, please contact ONCOCHART Support. Do not alter, add or remove these questions/answers, or you may negatively affect your results.



## 2019 MIPS Quality IDs

**Breast Cancer Screening (NQF 2372):** Quality ID 112

**Colorectal Cancer Screening (NQF 0034):** Quality ID 113

**Controlling High Blood Pressure (NQF 0018):** Quality ID 236

**Documentation of Current Medications in the Medical Record (NQF 0419):** Quality ID 130

**Falls: Risk Assessment (NQF 0101):** Quality ID 154

**Oncology: Medical and Radiation - Pain Intensity Quantified (NQF 0384):** Quality ID 143

**Oncology: Medical and Radiation - Plan of Care for Moderate to Severe Pain (NQF 0383):**  
Quality ID 144

**Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (NQF 0421):** Quality ID 128

**Preventive Care and Screening: Influenza Immunization for Patients 6 months or older (NQF 0041):** Quality ID 110

**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (NQF 0028):** Quality ID 226

**Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (NQF 0389):** Quality ID 102



## 2019 Quality Measure Screenshots

### Breast Cancer Screening (ID 112):

Breast Cancer Screening

Age 65 or older in SNP or residing in long term care  
 Bilateral mastectomy or right and left unilateral mastectomy  
 Hospice services used by patient any time during the measurement period  
 Patient age between 50 and 74 years  
 Screening mammography documented & reviewed.  
 Screening mammogram not performed/no reason specified

### Colorectal Cancer Screening (ID 113):

Fecal Occ Bd last 12mo cpt

Flex Sig with 4 years cpt

Colonoscopy last 9 yrs cpt

CT Colonography last 4... cpt

FIT-DNA last 2 years cpt

Documented and reviewed  
 Not performed, no reason documented  
 Age 65 or older in SNP or residing in long term care  
 Hospice services provided during measurement period  
 Past history or diagnosis of total colectomy or colorectal cancer

### Controlling High Blood Pressure (ID 236)

Control High BP

Diagnosed with hypertension  
 Systolic BP < 140 mmHg  
 Systolic BP >= 140 mmHg  
 Diastolic BP < 90 mmHg  
 Diastolic BP >= 90 mmHg  
 Documentation of end stage renal disease (ESRD), dialysis, renal transplant or pregnancy  
 No documentation of BP, reason not given  
 Age 65 or older in SNP or residing in long term care  
 Hospice services given during measurement period



## Documentation of Current Medications in the Medical Record (ID 130):

\*Meds Documented 18... cpt ▼

▼

Medications documented  
Not Eligible, Urgent Situation  
Not Documented, Reason not Specified

## Falls: Risk Assessment (ID 154):

Fall Risk Assess Doc. cpt ▼

▼

Fall risk assessment documented  
Not completed, Medical Reason, Reduced Mobility  
Not Completed, Reason Not Specified

Screened Future Falls cpt ▼

▼

2 or More Falls with injury in Past Year  
Documented Fall with Injury in Past Year  
Not Eligible, No Falls  
Not Eligible, 1 Fall in Past Year  
Not Eligible, Falls Not Documented

Hospice Services cpt ▼

▼

Hospice services provided  
No hospice services provided

## Oncology: Medical and Radiation - Pain Intensity Quantified (ID 143):

Pain intensity cpt ▼

▼

Pain severity quantified; pain present  
Pain severity quantified; no pain present  
Pain severity not documented, reason not otherwise specified

## Oncology: Medical and Radiation – Plan of Care for Moderate to Severe Pain (ID 144):

Measure 144: Plan of ...

Plan of Care for Pain cpt ▼

▼

Pain screened as moderate to severe  
Plan of care to address moderate to severe pain  
Plan of care for moderate to severe pain not documented on or before the date of the second visit with a clinician, reason not given

ONCOCHART Message

?

Pain screened as moderate to severe  
Plan of care to address moderate to severe pain documented on or before the date of the second visit with a clinician  
Plan of care for moderate to severe pain not documented on or before the date of the second visit with a clinician, reason not given



## Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (ID 128):

**BMI and Plan** cpt ▼

Calculated BMI within normal parameters & documented  
 BMI above upper level, FU Plan documented  
 BMI below lower level, FU Plan documented  
 BMI not calculated, No Reason  
 BMI outside limits, no FU Plan documented, no reason  
 BMI outside limits, FU Plan not documented, documentation the patient is not eligible  
 BMI outside limits, FU Plan is not completed for documented reason  
 Not eligible, overweight & managed by other physician  
 Not eligible, terminal illness, < 6 months life expectancy  
 Not eligible, patient is pregnant  
 Not eligible, patient refuses BMI measurement  
 Not eligible, medical reason  
 Not eligible, emergent medical situation.  
 Not eligible, reason documented

## Preventive Care and Screening: Influenza Immunization for Patients 6 months or older (ID 110):

\*Flu immunization

6 months or older  
 Influenza immunization administered between 10/1 and 3/31 or given previously  
 Ordered but not given, med unavailable  
 Not ordered or given, reason documented  
 Not ordered or given, reason not given

## Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (ID 226):

**Screening** cpt ▼

Screened for use, tobacco user  
 Screened for use, tobacco non-user  
 Not screened, medical reason(s)  
 Not screened, reason not given

**Cessation Inter** cpt ▼

Tobacco user, received cessation intervention  
 Tobacco user, cessation intervention not provided, documented medical reason(s)  
 Tobacco user, cessation intervention not provided, reason not given

**Tobacco Screen & Inter** cpt ▼

Screened for use, received cessation intervention if tobacco user  
 Screened & identified as tobacco non-user  
 Tobacco screening not performed for medical reasons.  
 Tobacco user, cessation intervention not provided, documented medical reason(s)  
 Tobacco screening not performed reason not specified

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## Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (ID 102):

\*Bone Scan Use

cpt ▼

▼

Bone Scan Done Pre treatment or Post Diagnosis  
Bone Scan Done, Medical Reason  
Bone Scan Done, System Reasons  
Bone Scan Not Done Pre Treatment or Post Diagnosis

Risk of Recurrence

cpt ▼

▼

Very low risk PSA < 10ng/mL and GL ≤ 6 and T1c and PSA density < 0.15 ng/mL/g and in < 3 cores with ≤ 50% involvement  
Low risk PSA < 10 ng/mL and GL = 6 and T1-T2a  
Intermediate risk PSA 10-20 ng/mL or GL = 7 or T2b-T2c  
High risk PSA > 20 or GL 8-10 or T3a  
Very high risk T3b-T4 or primary GL pattern 5 or > 4 cores with GL 8-10  
Undetermined recurrence risk



The reporting period for Quality Measures for 2019 is **the entire calendar year**.

**CPTs Associated with each Quality Measure excluding the Office Visit and OTV CPTs**

**Breast Cancer Screening (ID 112):**

G9708, G9709, G9898, G9899, G9900

**Colorectal Cancer Screening (ID 113):** 3017F, 3017F-8P, G9710, G9711, G9901

**Controlling High Blood Pressure (ID 236):** G8752, G8753, G8754, G8755, G8756, G9231, G9740, G9910

**Documentation of Current Medications in the Medical Record (ID 130):** G8427, G8428, G8430

**Falls: Risk Assessment (ID 154):** 1100F, G9718, 3288F, 3288F-1P, 3288F-8P

**Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (ID 128):** G8417, G8418, G8419, G8420, G8421, G8422, G8938, G9716

**Preventive Care and Screening: Influenza Immunization for Patients 6 months or older (ID 110):** G8482, G8483, G8484

**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (ID 226):** G9902, G9903, G9904, G9905, G9906, G9907, G9908, G9909, 4004F, 1036F, 4004F-1P, 4004F-8P

**Oncology: Medical and Radiation - Pain Intensity Quantified (ID 143):** 1125F, 1126F, 1125F-8P

**Oncology: Medical and Radiation – Plan of Care for Moderate to Severe Pain (ID 144):** M1000, M1001, M1002

**Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (ID 102):** 3269F, 3269F-1P, 3269F-3P, 3270F, G9706



### Breast Cancer Screening (ID 112):

Answer CPTs:	Age 65 or older in SNP or residing in long term care - G9898 Bilateral mastectomy or right and left unilateral mastectomy - G9708 Hospice services used by patient any time during the measurement period - G9709 Screening mammography documented & reviewed. - G9899 Screening mammogram not performed/no reason specified - G9900
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### Colorectal Cancer Screening (ID 113):

Answer CPTs:	Documented and reviewed - 3017F Not performed, no reason documented - 3017F8P Age 65 or older in SNP or residing in long term care - G9901 Hospice services provided during measurement period - G9710 Past history or diagnosis of total colectomy or colorectal cancer - G9711
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### Controlling High Blood Pressure (ID 236):

Answer CPTs:	Diagnosed with hypertension - HYPER Systolic BP < 140 mmHg - G8752 Systolic BP >= 140 mmHg - G8753 Diastolic BP < 90 mmHg - G8754 Diastolic BP >= 90 mmHg - G8755 Documentation of end stage renal disease (ESRD), dialysis, renal transplant or pregnancy - G9231 No documentation of BP, reason not given - G8756 Age 65 or older in SNP or residing in long term care - G9910 Hospice services given during measurement period - G9740
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### Documentation of Current Medications in the Medical Record (ID 130):

Answer CPTs:	Medications documented - G8427 Not Eligible, Urgent Situation - G8430 Not Documented, Reason not Specified - G8428
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### Falls: Risk Assessment (ID 154):

Answer CPTs:	Fall risk assessment documented - 3288F Not completed, Medical Reason, Reduced Mobility - 3288F1P Not Completed, Reason Not Specified - 3288F8P
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Answer CPTs:	2 or More Falls with injury in Past Year - 1100F Documented Fall with Injury in Past Year - 1100F
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Answer CPTs:	Hospice services provided - G9718
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### Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (ID 128):

Answer CPTs:	Calculated BMI within normal parameters & documented - G8420 BMI above upper level, FU Plan documented - G8417 BMI below lower level, FU Plan documented - G8418 BMI not calculated, No Reason - G8421 BMI outside limits, no FU Plan documented, no reason - G8419 BMI outside limits, FU Plan not documented, documentation the patient is not eligible - G8938 BMI outside limits, FU Plan is not completed for documented reason - G9716 Not eligible, overweight & managed by other physician - G8422 Not eligible, terminal illness, < 6 months life expectancy - G8422 Not eligible, patient is pregnant - G8422 Not eligible, patient refuses BMI measurement - G8422 Not eligible, medical reason - G8422 Not eligible, emergent medical situation. - G8422 Not eligible, reason documented - G8422
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### Preventive Care and Screening: Influenza Immunization for Patients 6 months or older (ID 110):

Answer CPTs:	Influenza immunization administered between 10/1 and 3/31 or given previously - G8482 Not ordered or given, reason documented - G8483 Not ordered or given, reason not given - G8484
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### Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (ID 226):

Answer CPTs:	Screened for use, tobacco user - G9902 Screened for use, tobacco non-user - G9903 Not screened, medical reason(s) - G9904 Not screened, reason not given - G9905
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Answer CPTs:	Tobacco user, received cessation intervention - G9906 Tobacco user, cessation intervention not provided, documented medical reason(s) - G9907 Tobacco user, cessation intervention not provided, reason not given - G9908
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Answer CPTs:	Screened for use, received cessation intervention if tobacco user - 4004F Screened & identified as tobacco non-user - 1036F Tobacco screening not performed for medical reasons. - 4004F1P Tobacco user, cessation intervention not provided, documented medical reason(s) - G9909 Tobacco screening/tobacco cessation intervention not performed reason not specified - 4004F8P
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### Oncology: Medical and Radiation - Pain Intensity Quantified (ID 143):

Answer CPTs:	Pain severity quantified; pain present - 1125F Pain severity quantified; no pain present - 1126F Pain severity not documented, reason not otherwise specified - 1125F8P
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### **Oncology: Medical and Radiation – Plan of Care for Moderate to Severe Pain (ID 144):**

Answer CPTs:	Pain screened as moderate to severe - M1000 Plan of care to address moderate to severe pain documented on or before the date of the second visit with a clinician - M1001 Plan of care for moderate to severe pain not documented on or before the date of the second visit with a clinician, reason not given - M1002
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### **Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients (ID 102):**

Answer CPTs:	Bone Scan Done Pre treatment or Post Diagnosis - 3269F Bone Scan Done, Medical Reason - 3269F1P Bone Scan Done, System Reasons - 3269F3P Bone Scan Not Done Pre Treatment or Post Diagnosis - 3270F
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Answer CPTs:	Very low risk PSA < 10ng/mL and GL ≤ 6 and T1c and PSA density < 0.15 ng/mL/g and in < 3 cores with ≤ 50% involvement - G9706 Low risk PSA < 10 ng/mL and GL = 6 and T1-T2a - G9706
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## **Registries**

The registry listed on the next page is a company with which we've had conversations. We've informed them of our plan, and they've indicated to us that they could help you achieve your MIPS goals. This company is NOT associated or affiliated with BMSI Partners, Inc, and you'll be contracting with directly them.

When you contact them, let them know you're using the ONCOCHART as your EMR, and you'd like them to assist you in submitting Quality category data to CMS for the 2019 performance period. If you choose, you may ask them to assist you with submitting data for the Improvement Activities category, also.

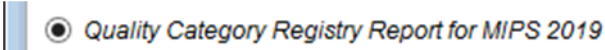
The official numerator, denominator and percentage values will be determined by the registry.

### **How will the data get from ONCOCHART to the registry?**

ONCOCHART will provide you a way to run a report that you can provide to the registry. You can export this data to an Excel Spreadsheet. This data will come directly from the specified CPTs in your billing manager. If you're in the habit or suppressing billing, this may reduce the amount of data available for export.



Look for this report on the Common Reports tab



### Healthmonix

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### Medicare Part B Claims Submission Method (Claims)

If you would like to submit Quality measures via [Medicare Part B Claims](#), it is our recommendation that you speak with your billing company/personnel to inform them of your intent and to verify that all necessary CPTs on page 10 are correct, have pricing, are being generated and are being billed to CMS in a timely manner. Individual clinicians in a small practice and small practices participating as a group can submit their quality measures through Medicare Part B Claims.