

Quality ID #137 (NQF 0650): Melanoma: Continuity of Care – Recall System – National Quality Strategy Domain: Communication and Care Coordination

2018 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:

Structure

DESCRIPTION:

Percentage of patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma whose information was entered, at least once within a 12 month period, into a recall system that includes:

- A target date for the next complete physical skin exam, AND
- A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment

INSTRUCTIONS:

This measure is to be submitted a minimum of **once per performance period** for patients with a current diagnosis of melanoma or a history of melanoma seen during the performance period. It is anticipated that eligible clinicians providing care for patients with melanoma or a history of melanoma will submit this measure.

MEASURE SUBMISSION:

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

DENOMINATOR:

All patients, regardless of age, with a current diagnosis of melanoma or a history of melanoma

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 registry-based measures.

Denominator Criteria (Eligible Cases):

Diagnosis for melanoma or history of melanoma (ICD-10-CM): C43.0, C43.10, C43.11, C43.12, C43.20, C43.21, C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59, C43.60, C43.61, C43.62, C43.70, C43.71, C43.72, C43.8, C43.9, D03.0, D03.10, D03.11, D03.12, D03.20, D03.21, D03.22, D03.30, D03.39, D03.4, D03.51, D03.52, D03.59, D03.60, D03.61, D03.62, D03.70, D03.71, D03.72, D03.8, D03.9, Z85.820

AND

Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

NUMERATOR:

Patients whose information is entered, at least once within a 12 month period, into a recall system that includes:

A target date for the next complete physical exam AND

A process to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment

Numerator Instructions: To satisfy this measure, the recall system must be linked to a process to notify patients when their next physical exam is due, and to follow up with patients who either did not make an appointment within the specified timeframe or who missed a scheduled appointment and must include the following elements at a minimum: patient identifier, patient contact information, cancer diagnosis(es), date(s) of initial cancer diagnosis (if known), and the target date for the next complete physical exam.

NUMERATOR NOTE: For Denominator Exception(s), patients are ineligible for this measure if at the time of encounter there are system reason(s) for not entering the patient's information into a recall system (e.g. melanoma is being monitored by another physician provider).

Numerator Options:

Performance Met:

Patient information entered into a recall system that includes: target date for the next exam specified AND a process to follow up with patients regarding missed or unscheduled appointments **(7010F)**

OR

Denominator Exception:

Documentation of system reason(s) for not entering patient's information into a recall system (e.g., melanoma being monitored by another physician provider) **(7010F with 3P)**

OR

Performance Not Met:

Recall system not utilized, reason not otherwise specified **(7010F with 8P)**

RATIONALE:

Lack of follow-up with providers is noted in the Institute of Medicine (IOM) report on patient errors. Follow-up for skin examination and surveillance is an important aspect in the management of patients with a current diagnosis or a history of melanoma. The presence of a recall system, whether it is electronic or paper based, enables providers to ensure that patients receive follow-up appointments in accordance with their individual needs.

CLINICAL RECOMMENDATION STATEMENTS:

Skin examination and surveillance at least once a year for life is recommended for all melanoma patients, including those with stage 0, in situ melanoma. Clinicians should educate all patients about post-treatment monthly self-exam of their skin and of their lymph nodes if they had stage 1A to IV melanoma. Specific signs or symptoms are indications for additional radiologic imaging. (NCCN, 2011)

No clear data regarding follow-up interval exists, but at least annual history and physical examination with attention to the skin and lymph nodes is recommended. (AAD, 2011)

Regular clinical follow-up and interval patient self-exam of skin and regional lymph nodes are the most important means of detecting recurrent disease or new primary melanoma; findings from history and physical exam should direct the need for further studies to detect local, regional, and distant metastasis. (AAD, 2011)

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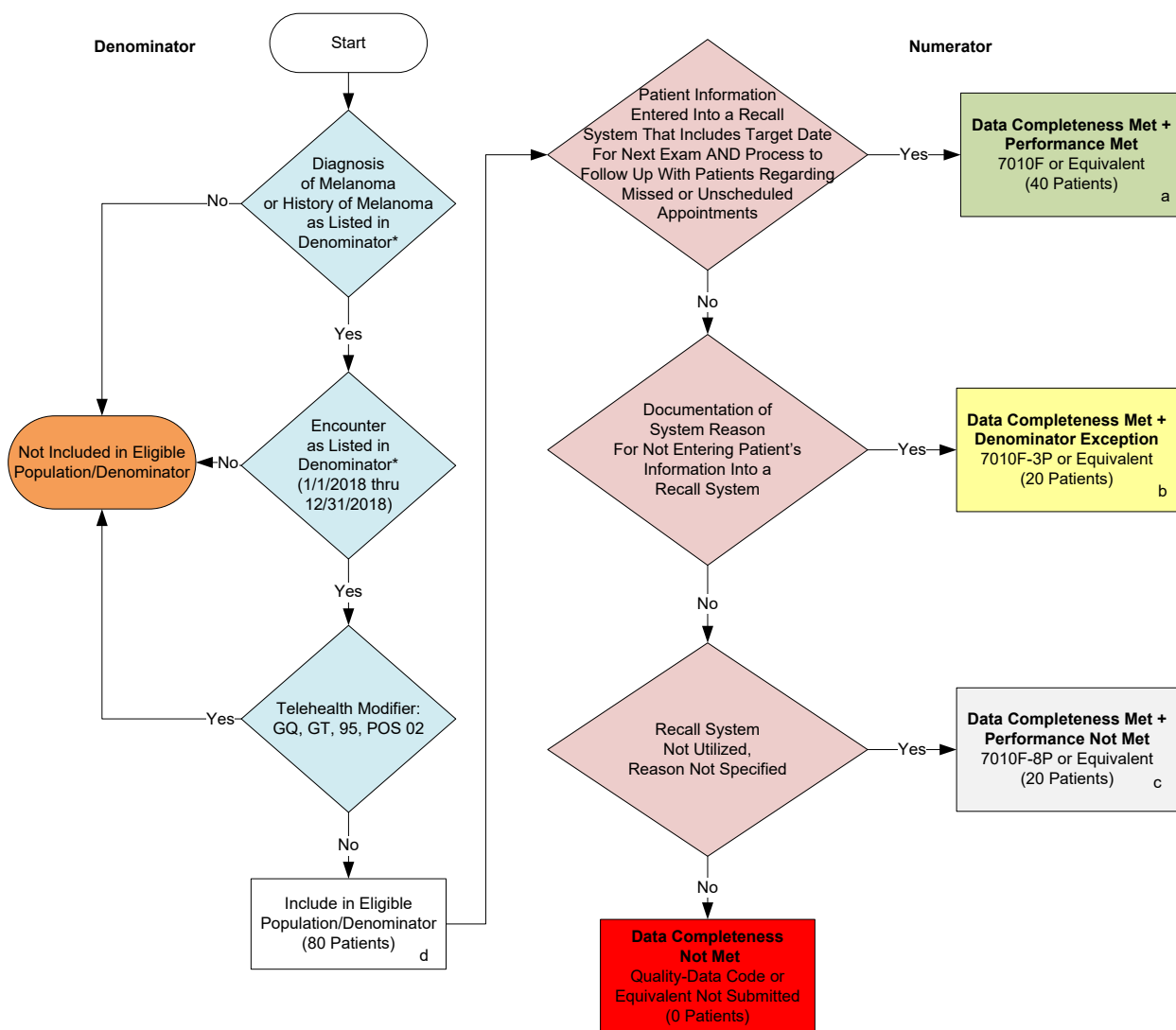
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2018 Registry Flow for Quality ID #137 NQF #0650: Melanoma: Continuity of Care – Recall System



SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients)} + \text{Denominator Exception (b=20 patients)} + \text{Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{80 \text{ patients}}{80 \text{ patients}} = 100.00\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (80 patients) – Denominator Exception (b=20 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

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

NOTE: Submission Frequency: Patient-process

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**2018 Registry Flow for Quality ID
#137 NQF #0650: Melanoma: Continuity of Care – Recall System**

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

1. Start with Denominator
2. Check Patient Diagnosis:
 - a. If Diagnosis of Melanoma or History of Melanoma as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Diagnosis of Melanoma or History of Melanoma as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
3. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
4. Check Telehealth Modifier:
 - a. If Telehealth Modifier equals Yes, do not include in Eligible Patient Population. Stop Processing.
 - b. If Telehealth Modifier equals No, include in the Eligible Population.
5. 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 80 patients in the Sample Calculation.
6. Start Numerator
7. Check Patient Information Entered into a Recall System that Includes Target Date for Next Exam AND Process to Follow Up with Patients Regarding Missed or Unscheduled Appointments:
 - a. If Patient Information Entered into a Recall System that Includes Target Date for Next Exam AND Process to Follow Up with Patients Regarding Missed or Unscheduled Appointments 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 40 patients in the Sample Calculation.
 - c. If Patient Information Entered into a Recall System that Includes Target Date for Next Exam AND Process to Follow Up with Patients Regarding Missed or Unscheduled Appointments equals No, proceed to Documentation of System Reason for Not Entering Patient's Information into a Recall System.
8. Check Documentation of System Reason for Not Entering Patient's Information into a Recall System:

- a. If Documentation of System Reason for Not Entering Patient's Information into a Recall System 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 20 patients in the Sample Calculation.
 - c. If Documentation of System Reason for Not Entering Patient's Information into a Recall System equals No, proceed to Recall System Not Utilized, Reason Not Specified.
9. Check Recall System Not Utilized, Reason Not Specified:
- a. If Recall System Not Utilized, Reason Not 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 Recall System Not Utilized, Reason Not Specified equals No, proceed to Data Completeness Not Met.
10. Check Data Completeness Not Met:
- a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 0 patients has been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients)} + \text{Denominator Exception (b=20 patients)} + \text{Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{80 \text{ patients}}{80 \text{ patients}} = 100.00\%$$

Performance Rate=

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