



**ATTACHMENT 1:**  
**2017 Reporting Form for Quality Metrics**  
*(Measurement Period: Calendar Year 2016)*

**THIS IS A FILLABLE FORM, PLEASE COMPLETE ELECTRONICALLY**

PCMH Organization name: \_\_\_\_\_  
 (PCMH Name)

PCMH Official providing report: \_\_\_\_\_  
 (Name) (Title)

\_\_\_\_\_  
 (Phone) (E-mail)

Date report submitted: \_\_/\_\_/\_\_\_\_  
 (Mo/Da/Year)

If the CSI has questions pertaining to the data provided in this report, the data contact person for your organization is: \_\_\_\_\_

(Name) (Title)  
 \_\_\_\_\_  
 (Phone) (E-mail)

**DATA FROM CALENDAR YEAR 2016**

**Two options exist for reporting in 2017. Which one are you using?**

\_\_\_\_\_ **Option 1: A patient-level data report** with the data elements required from Attachment 3 for each measure, for each patient, provided in a separate electronic file. Also complete the form below.

**OR**

\_\_\_\_\_ **Option 2: An attested aggregate data report**, using the form below, with data confirmed by the staff in the organization.

You can use the following to report MT PCMH measures for Option 2:

- Meaningful Use Clinical Quality Measure (CQM) reports out of your 2014 certified E.H.R for the full reporting period to provide the numerators and denominators for Option 2 for the measures with the corresponding CMS/NQF numbers.

**Which report did you use to create the data you are submitting?**

- \_\_\_\_\_ Standard Clinical Quality Measure (CQM) report out of your 2014 certified EHR
- \_\_\_\_\_ Standard Uniform Data System (UDS) report out of your 2014 certified EHR
- \_\_\_\_\_ Customized report out of your 2014 certified EHR
- \_\_\_\_\_ Combination of customized reports out of your 2014 certified EHR and chart abstraction
- \_\_\_\_\_ Other - Please define: \_\_\_\_\_
- \_\_\_\_\_ Unsure

**Please Note:**

- In 2017, a PCMH must use the same metrics as reported in 2015 and 2016. However, a PCMH may report on additional metrics at any time.
- In 2017, for the 2016 measurement period, PCMHs must report on at least four out of five metrics.

**The form below is required for BOTH Options 1 and 2. Please fill in the numerator and denominator for at least four of the five metrics.**

**Metric 1: Controlling High Blood Pressure**  
**MEASURE NUMBERS: CMS 165v4/NQF 0018**

1. \_\_\_\_\_ (#): denominator - number of patients 18 through 85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period of calendar year 2016.
2. \_\_\_\_\_ (#): numerator - number of patients in the denominator whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period.

**Metric 2: Tobacco Use: Screening and Cessation Intervention**  
**MEASURE NUMBERS: CMS 138v4/NQF 0028**

1. \_\_\_\_\_ (#): denominator - All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period of calendar year 2016.
2. \_\_\_\_\_ (#): numerator - 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.

**Metric 3: Diabetes: Hemoglobin A1c Poor Control**  
**MEASURE NUMBERS: CMS 122v4/NQF 0059**

1. \_\_\_\_\_ (#): denominator – number of patients 18 through 75 years of age who have the diagnosis of diabetes mellitus (type 1 or type 2), and had a visit during the measurement period of calendar year 2016.
2. \_\_\_\_\_ (#): numerator - number of patients in the denominator population whose most recent HbA1c level (performed during the measurement period of calendar year 2016) is > 9.0%

**Metric 4: Childhood Immunization Status**  
**MEASURE NUMBERS: CMS117v4/NQF 0038**

**PLEASE NOTE: Patients with a medical contraindication to any immunization should be excluded from (1). Patients who refused an immunization should be included in (1).**

1. \_\_\_\_\_ (#): denominator - Children who turn 2 years of age during the measurement period and who have a visit during the measurement period of calendar year 2016.
2. Numerators – Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday.

**NUMERATORS**

	4 DTAP
	3 polio
	1 MMR
	3 Hib
	3 HepB
	1 VZV
	4 PCV
	1 HepA
	2 or 3 RV
	2 Flu

3. \_\_\_\_\_ number of children meeting criteria '1' who received all of the following: ≥4 doses of DTaP, ≥3 doses of HepB, ≥3 doses of Hib, ≥3 doses of IPV, ≥1 dose of MMR, ≥4 doses of PCV, ≥1 dose of VZV, 1 dose of HepA, 2 or 3 of RV, and 2 Flu.

**Metric 5: Screening for Clinical Depression and Follow-up Plan**  
**MEASURE NUMBERS: CMS 2v5/NQF 0418**

1. \_\_\_\_\_ (#): denominator - all patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period of calendar year 2016.
2. \_\_\_\_\_ (#): numerator - patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND, if positive, a follow-up plan is documented on the date of the positive screen.