



2024 INSOMNIA

MEASURE REPORTING WORKBOOK

2024 Insomnia Measure Reporting Workbook

Identifying eligible patients and extracting quality measure-related information in order to report on each measure should be done by each individual Workgroup member. You may discuss strategies with your staff, but at least 2-3 of the 10 charts for each measure should be pulled and reviewed by yourself in order to be able to provide the most informative feedback.

1) Pull charts for patients ≥ 7 years old from the previous reporting year who have the diagnosis of Insomnia. In order to determine eligibility, go onto Question #2 for each chart.

Does the patient meet the rest of the denominator criteria (if any)?*

- 2)
- If yes, go to Question #3.
 - If no, this patient is ineligible, pull another patient chart. (Keep track of why patients were ineligible)

*i.e. for Outcome Measure #1, they not only have to be adult patients with Insomnia, but they also have to have received an evidence-based insomnia treatment

- 3)
- Does the patient meet any of the exception criteria (if any)?
- If yes, this patient is ineligible, pull another patient chart. (Keep track of why patients were ineligible)
 - If no, this is an ELIGIBLE chart, go to Question #4.

- 4)
- Collect the **FIRST** 10 eligible patient charts using the process outlined in #1-3 above.**
- ** The same group of patient charts may be used to report multiple measures if the measures have the same denominator and exceptions.

- 5) Answer the questions below and fill out the highlighted yellow cells in the following tabs for each measure.

Have you ever reported insomnia quality measures? If yes, which measures?

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Please describe your clinical setting (academic, small/large health system, clinic, etc...)

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<p>Process Measure #1:</p>	<p>Proportion of patients ages 7 years or older diagnosed with insomnia who received an assessment of sleep quality for each visit at which insomnia is addressed</p>
<p>Denominator</p>	<p>All patients ages 7 years or older diagnosed with insomnia</p> <p>Patient is 7 years of age or older.</p> <p>Accompanied by One of the following diagnosis codes indicating insomnia: A81.83 Fatal familial insomnia; F51.01 Primary insomnia, idiopathic insomnia; F51.02 Adjustment insomnia; F51.03 Paradoxical insomnia; F51.04 Psychophysiologic insomnia; F51.05 Insomnia due to other mental disorder; F51.09 Other insomnia not due to a substance or known physiological condition; F51.05 Insomnia due to other mental disorder; F51.09 Other insomnia not due to a substance or known physiological condition; G47.00 Insomnia, unspecified; G47.01 Insomnia due to medical condition; G47.09 Other insomnia; Z73.810 Behavioral insomnia of childhood, sleep-onset association type; Z73.811 Behavioral insomnia of childhood, limit setting type; Z73.812 Behavioral insomnia of childhood, combined type; Z73.819 Behavioral insomnia of childhood</p> <p>Accompanied by One of the following patient encounter codes: 90791 Psychiatric diagnostic evaluation; 90792 Psychiatric diagnostic evaluation with medical services (this includes prescribing of medications); 90832 Psychotherapy, 30 min (actual time can be 16-37 min); 90834 Psychotherapy, 45 min (actual time can be 38-52 min) 90837 Psychotherapy, 60 min (actual time can be 53-67 min); 99202, 99203, 99204, 99205 (office/other outpatient services – new patient); 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient); 90833 Psychotherapy, 30 minutes, when performed with an evaluation and management service; 90836 Psychotherapy, 45 minutes, when performed with an evaluation and management service; 90838 Psychotherapy, 60 minutes, when performed with an evaluation and management service; 90863 Pharmacologic management, when performed with psychotherapy services</p> <p>(Note: An add-on code, +90863, pharmacologic management, including prescription and review of medications, can be added to a primary psychotherapy code-90832, 90834, 90837-but NOT with an E/M code.</p>
<p>Exceptions</p>	<p>At least one of the following is documented in the patient chart:</p> <ul style="list-style-type: none"> • Unstable medical or psychiatric status • Patient or caregiver/parent declines assessment. • Patient does not return for follow-up visit

Numerator	<p>Chart review indicates:</p> <p>Patient received an assessment of sleep quality which includes patient or caregiver/parent-reported sleep quality and satisfaction documented in the patient’s medical record AND at least one of the following:</p> <ol style="list-style-type: none"> 1. Patient or caregiver/parent-reported initial sleep latency, or wake time during the middle or end of the night documented in patient’s medical record. 2. Review of sleep diary or other objective measure of sleep (e.g., actigraph, other sleep technology) that includes daily measures of sleep onset latency, wake time after sleep onset, total sleep time, sleep schedule, and rating of overall sleep quality. This information can be included in the patient’s medical record, but a global summary should be provided by the clinician and documented in the patient’s medical record. 3. Administration of a validated questionnaire that assesses sleep quality or insomnia severity (e.g., ISI, PSQI). The actual questionnaire completed by the patient can be included in the patient’s medical record, but a global summary or interpretation of the questionnaire results provided by the clinician should be documented in the patient’s medical record.
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- A) How many charts did you have to review before finding the first 10 patients that were eligible? _____
- B) Were there any reasons that came up several times which caused patients to be ineligible? _____

Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the

- C) AASM at registry@aasm.org

<u>Eligible Chart #</u>	<u>Was the numerator criteria met?</u> (0=not met, 1=met)	<u>Was the reason the numerator was NOT met, captured by an exception (or other reason)?</u>
Chart #1		
Chart #2		
Chart #3		
Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		

Total # charts that met the numerator criteria:	0
Performance Rate %	0%
Exception Rate %	0%

D) Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

E) Measure Threshold

F) Was your Measure Threshold met? (0=not met, 1=met)

Outcome Measure #1:	Proportion of patients ages 7 years or older diagnosed with insomnia who showed improvement in sleep satisfaction or quality after treatment initiation
Denominator	<p>All patients ages 7 years or older diagnosed with insomnia who receive evidence-based insomnia treatment</p> <p>Patient is 7 years of age or older.</p> <p>Accompanied by One of the following diagnosis codes indicating insomnia: A81.83 Fatal familial insomnia; F51.01 Primary insomnia, idiopathic insomnia; F51.02 Adjustment insomnia; F51.03 Paradoxical insomnia; F51.04 Psychophysiological insomnia; F51.05 Insomnia due to other mental disorder; F51.09 Other insomnia not due to a substance or known physiological condition; F51.05 Insomnia due to other mental disorder; F51.09 Other insomnia not due to a substance or known physiological condition; G47.00 Insomnia, unspecified; G47.01 Insomnia due to medical condition; G47.09 Other insomnia; Z73.810 Behavioral insomnia of childhood, sleep-onset association type; Z73.811 Behavioral insomnia of childhood, limit setting type; Z73.812 Behavioral insomnia of childhood, combined type; Z73.819 Behavioral insomnia of childhood</p> <p>Accompanied by One of the following patient encounter codes: 90832 Psychotherapy, 30 min; 90834 Psychotherapy, 45 min; 90837 Psychotherapy, 60 min; 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient); 90833 Psychotherapy, 30 minutes, when performed with an evaluation and management service; 90836 Psychotherapy, 45 minutes, when performed with an evaluation and management service; 90838 Psychotherapy, 60 minutes, when performed with an evaluation and management service 90863 Pharmacologic management, when performed with psychotherapy services; 96158 Health behavior intervention, individual, face-to-face; initial 30 minutes; 96159 each additional 15 minutes (List separately in addition to code for primary service); 98978 device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days</p> <p>Accompanied by All patients diagnosed with insomnia who received insomnia management during the visit. Management may include initiation or renewal of insomnia treatments during the visit with the clinician.</p>
Exceptions	<p>At least one of the following is documented in the patient chart:</p> <ul style="list-style-type: none"> • Unstable medical or psychiatric status • Recent treatment initiated for a comorbid condition that may improve insomnia, prior to insomnia-specific treatment (e.g., chronic pain, OSA, RLS) • Patient or caregiver/parent declines assessment • Patient does not return for follow-up visit • Payer does not cover evidence-based treatment

Numerator	<p>Chart review indicates:</p> <p>Patient received an assessment of sleep quality which includes patient or caregiver/parent-reported sleep quality and satisfaction documented in the patient’s medical record AND at least one of the following:</p> <ol style="list-style-type: none"> 1. Patient or caregiver/parent-reported initial sleep latency, or wake time during the middle or end of the night documented in patient’s medical record. 2. Review of sleep diary or other objective measure of sleep (e.g., actigraph, other sleep technology) that includes daily measures of sleep onset latency, wake time after sleep onset, total sleep time, sleep schedule, and rating of overall sleep quality. This information can be included in the patient’s medical record, but a global summary should be provided by the clinician and documented in the patient’s medical record. 3. Administration of a validated questionnaire that assesses sleep quality or insomnia severity (e.g., ISI, PSQI). The actual questionnaire completed by the patient can be included in the patient’s medical record, but a global summary or interpretation of the questionnaire results provided by the clinician should be documented in the patient’s medical record.
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A) How many charts did you have to review before finding the first 10 patients that were eligible? _

B) Were there any reasons that came up several times which caused patients to be ineligible? _

c) **Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the AASM at registry@aasm.org**

<u>Eligible Chart #</u>	<u>Was the numerator criteria met? (0=not met, 1=met)</u>	<u>Was the reason the numerator was NOT met, captured by an exception (or other reason)?</u>
Chart #1		
Chart #2		
Chart #3		
Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:	0	

Performance Rate %	0%
Exception Rate %	0%

D) Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

E) Measure Threshold

F) Was your Measure Threshold met? (0=not met, 1=met)

Process Measure #2:	Proportion of patients ages 7 years or older diagnosed with insomnia who were offered an evidence-based insomnia treatment plan
Denominator	<p>All patients ages 7 years or older diagnosed with insomnia</p> <p>Patient is 7 years of age or older.</p> <p>Accompanied by One of the following diagnosis codes indicating insomnia: A81.83 Fatal familial insomnia; F51.01 Primary insomnia, idiopathic insomnia; F51.02 Adjustment insomnia; F51.03 Paradoxical insomnia; F51.04 Psychophysiological insomnia; F51.05 Insomnia due to other mental disorder; F51.09 Other insomnia not due to a substance or known physiological condition; F51.05 Insomnia due to other mental disorder; F51.09 Other insomnia not due to a substance or known physiological condition; G47.00 Insomnia, unspecified; G47.01 Insomnia due to medical condition; G47.09 Other insomnia; Z73.810 Behavioral insomnia of childhood, sleep-onset association type; Z73.811 Behavioral insomnia of childhood, limit setting type; Z73.812 Behavioral insomnia of childhood, combined type; Z73.819 Behavioral insomnia of childhood</p> <p>Accompanied by One of the following patient encounter codes: 90791 Psychiatric diagnostic evaluation; 90792 Psychiatric diagnostic evaluation with medical services; 90832 Psychotherapy, 30 min; 90834 Psychotherapy, 45 min; 90837 Psychotherapy, 60 min; 99202, 99203, 99204, 99205 (office/other outpatient services – new patient); 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient); 90833 Psychotherapy, 30 minutes, when performed with an evaluation and management service; 90836 Psychotherapy, 45 minutes, when performed with an evaluation and management service; 90838 Psychotherapy, 60 minutes, when performed with an evaluation and management service; 90863 Pharmacologic management, when performed with psychotherapy services; 96156 Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making); 96158 Health behavior intervention, individual, face-to-face; initial 30 minutes; 96159 each additional 15 minutes (List separately in addition to code for primary service); 98978 device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days</p> <p>Accompanied by Documentation in the patient record that evidence-based insomnia management was discussed during the encounter. Management may include initiation, continuation, or renewal of insomnia treatments during a visit with the clinician.</p>
Exceptions	<p>At least one of the following is documented in the patient chart:</p> <ul style="list-style-type: none"> • Unstable medical or psychiatric status • Recent treatment initiated for a comorbid condition that may improve insomnia, prior to insomnia-specific treatment (e.g., chronic pain, OSA, RLS) • Payer does not cover evidence-based treatment
Numerator	<p>Chart review indicates: Patient offered an evidenced-based treatment including at least one of the following:</p> <ul style="list-style-type: none"> • CBT-I • Specific CBT-I components • Approved insomnia medications • Medications that address insomnia comorbid conditions

A) How many charts did you have to review before finding the first 10 patients that were eligible?

B) Were there any reasons that came up several times which caused patients to be ineligible?

C) **Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the AASM at registry@aasm.org**

<u>Eligible Chart #</u>	<u>Was the numerator criteria met? (0=not met, 1=met)</u>	<u>Was the reason the numerator was NOT met, captured by an exception (or other reason)?</u>
Chart #1		
Chart #2		
Chart #3		
Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:	0	
Performance Rate %	0%	
Exception Rate %	0%	

D) Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

E) Measure Threshold

F) Was your Measure Threshold met? (0=not met, 1=met)

Process Measure #3:	Proportion of patients ages 7 years and older diagnosed with insomnia who received an assessment of daytime functioning at each visit where insomnia is addressed
Denominator	<p>All patients ages 7 years and older diagnosed with insomnia</p> <p>Patient is 7 years of age or older.</p> <p>Accompanied by One of the following diagnosis codes indicating insomnia: A81.83 Fatal familial insomnia; F51.01 Primary insomnia, idiopathic insomnia; F51.02 Adjustment insomnia; F51.03 Paradoxical insomnia; F51.04 Psychophysiological insomnia; F51.05 Insomnia due to other mental disorder; F51.09 Other insomnia not due to a substance or known physiological condition; F51.05 Insomnia due to other mental disorder; F51.09 Other insomnia not due to a substance or known physiological condition; G47.00 Insomnia, unspecified; G47.01 Insomnia due to medical condition; G47.09 Other insomnia; Z73.810 Behavioral insomnia of childhood, sleep-onset association type; Z73.811 Behavioral insomnia of childhood, limit setting type; Z73.812 Behavioral insomnia of childhood, combined type; Z73.819 Behavioral insomnia of childhood</p> <p>Accompanied by One of the following patient encounter codes: 90791 Psychiatric diagnostic evaluation; 90792 Psychiatric diagnostic evaluation with medical services; 90832 Psychotherapy, 30 min; 90834 Psychotherapy, 45 min 90837 Psychotherapy, 60 min; 99202, 99203, 99204, 99205 (office/other outpatient services – new patient); 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient); 90833 Psychotherapy, 30 minutes, when performed with an evaluation and management service; 90836 Psychotherapy, 45 minutes, when performed with an evaluation and management service; 90838 Psychotherapy, 60 minutes, when performed with an evaluation and management service; 90863 Pharmacologic management, when performed with psychotherapy services; 96156 Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making); 96158 Health behavior intervention, individual, face-to-face; initial 30 minutes; 96159 each additional 15 minutes (List separately in addition to code for primary service); 98978 device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days</p>
Exceptions	<p>At least one of the following is documented in the patient chart:</p> <ul style="list-style-type: none"> • Unstable medical or psychiatric status • Patient or caregiver/parent declines assessment • Patient does not return for follow-up visit • Patient is unable to engage in assessment
Numerator	<p>Chart review indicates:</p> <ul style="list-style-type: none"> • Patient’s adherence to therapy is assessed using an objective informatics system • When objective data are not available, subjective adherence reporting is documented • Patient’s adherence to therapy is assessed at least annually.

A) How many charts did you have to review before finding the first 10 patients that were eligible? _

B) Were there any reasons that came up several times which caused patients to be ineligible? _

C) **Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the AASM at registry@aasm.org**

<u>Eligible Chart #</u>	<u>Was the numerator criteria met?</u> <u>(0=not met, 1=met)</u>	<u>Was the reason the numerator was NOT met, captured by an exception (or other reason)?</u>
Chart #1		
Chart #2		
Chart #3		
Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:	0	
Performance Rate %	0%	
Exception Rate %	0%	

D) Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

E) Measure Threshold

F) Was your Measure Threshold met? (0=not met, 1=met)

Outcome Measure #2:	Proportion of patients ages 7 years and older diagnosed with insomnia who receive evidence-based insomnia treatment that showed improvement in at least one domain of daytime functioning after treatment initiation
Denominator	<p>All patients ages 7 years or older diagnosed with insomnia who receive evidence-based insomnia treatment</p> <p>Patient is 7 years of age or older.</p> <p>Accompanied by One of the following diagnosis codes indicating insomnia: A81.83 Fatal familial insomnia; F51.01 Primary insomnia, idiopathic insomnia; F51.02 Adjustment insomnia; F51.03 Paradoxical insomnia; F51.04 Psychophysiologic insomnia; F51.05 Insomnia due to other mental disorder; F51.09 Other insomnia not due to a substance or known physiological condition; F51.05 Insomnia due to other mental disorder; F51.09 Other insomnia not due to a substance or known physiological condition; G47.00 Insomnia, unspecified; G47.01 Insomnia due to medical condition; G47.09 Other insomnia; Z73.810 Behavioral insomnia of childhood, sleep-onset association type; Z73.811 Behavioral insomnia of childhood, limit setting type; Z73.812 Behavioral insomnia of childhood, combined type; Z73.819 Behavioral insomnia of childhood</p> <p>Accompanied by One of the following patient encounter codes: 90832 Psychotherapy, 30 min; 90834 Psychotherapy, 45 min; 90837 Psychotherapy, 60 min; 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient); 90833 Psychotherapy, 30 minutes, when performed with an evaluation and management service; 90836 Psychotherapy, 45 minutes, when performed with an evaluation and management service; 90838 Psychotherapy, 60 minutes, when performed with an evaluation and management service 90863 Pharmacologic management, when performed with psychotherapy services; 96158 Health behavior intervention, individual, face-to-face; initial 30 minutes; 96159 each additional 15 minutes (List separately in addition to code for primary service); 98978 device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days</p> <p>Accompanied by Documentation that the patient is currently receiving evidence-based treatment for his/her insomnia.</p> <p>Accompanied by Documentation that assessments of daytime functioning have been performed at baseline and at a return visit: <ul style="list-style-type: none"> • Documented baseline assessment of daytime functioning administered within one month maximum prior to treatment initiation • Documented assessment at a return visit of daytime functioning administered at least once at minimum between one and three months after treatment initiation. </p>
Exceptions	<p>At least one of the following is documented in the patient chart:</p> <ul style="list-style-type: none"> • Unstable medical or psychiatric status • Patient or caregiver/parent declines assessment • Patient does not return for follow-up visit • Payer does not cover evidence-based treatment
Numerator	<p>Chart review indicates: Documented improvement in daytime functioning</p>

- A) How many charts did you have to review before finding the first 10 patients that were eligible? -
- B) Were there any reasons that came up several times which caused patients to be ineligible? -

c) **Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the AASM at registry@aasm.org**

<u>Eligible Chart #</u>	<u>Was the numerator criteria met? (0=not met, 1=met)</u>	<u>Was the reason the numerator was NOT met, captured by an exception (or other reason)?</u>
Chart #1		
Chart #2		
Chart #3		
Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:	0	
Performance Rate %	0%	
Exception Rate %	0%	

D) Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

E) Measure Threshold -

F) Was your Measure Threshold met? (0=not met, 1=met) -

<p>Process Measure #4:</p>	<p>Proportion of patients ages 7 years or older diagnosed with insomnia who receive evidence-based insomnia treatment and have an assessment of treatment-related side effects at each visit in which insomnia is addressed</p>
<p>Denominator</p>	<p>All patients ages 7 years or older diagnosed with insomnia who receive evidence-based insomnia treatment</p> <p>Patient is 7 years of age or older.</p> <p>Accompanied by One of the following diagnosis codes indicating obstructive sleep apnea: A81.83 Fatal familial insomnia; F51.01 Primary insomnia, idiopathic insomnia; F51.02 Adjustment insomnia; F51.03 Paradoxical insomnia; F51.04 Psychophysiological insomnia; F51.05 Insomnia due to other mental disorder; F51.09 Other insomnia not due to a substance or known physiological condition; F51.05 Insomnia due to other mental disorder; F51.09 Other insomnia not due to a substance or known physiological condition; G47.00 Insomnia, unspecified; G47.01 Insomnia due to medical condition; G47.09 Other insomnia; Z73.810 Behavioral insomnia of childhood, sleep-onset association type; Z73.811 Behavioral insomnia of childhood, limit setting type; Z73.812 Behavioral insomnia of childhood, combined type; Z73.819 Behavioral insomnia of childhood</p> <p>Accompanied by One of the following patient encounter codes: 90791 Psychiatric diagnostic evaluation; 90792 Psychiatric diagnostic evaluation with medical services; 90832 Psychotherapy, 30 min; 90834 Psychotherapy, 45 min 90837 Psychotherapy, 60 min; 99202, 99203, 99204, 99205 (office/other outpatient services – new patient); 99211, 99212, 99213, 99214, 99215 (office/other outpatient services – established patient); 90833 Psychotherapy, 30 minutes, when performed with an evaluation and management service; 90836 Psychotherapy, 45 minutes, when performed with an evaluation and management service; 90838 Psychotherapy, 60 minutes, when performed with an evaluation and management service; 90863 Pharmacologic management, when performed with psychotherapy services 96156 Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making); 96158 Health behavior intervention, individual, face-to-face; initial 30 minutes; 96159 each additional 15 minutes (List separately in addition to code for primary service); 98978 device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days</p> <p>Accompanied by Documentation in the patient record that evidence-based insomnia treatment was discussed during the encounter. Management may include initiation, continuation, or renewal of insomnia treatments during the visit with the clinician</p>
<p>Exceptions</p>	<p>At least one of the following is documented in the patient chart:</p> <ul style="list-style-type: none"> • Unstable medical or psychiatric status • Patient or caregiver/parent declines treatment • Patient or caregiver/parent declines assessment • Patient does not return for a follow-up visit • Payer does not cover evidence-based treatment
<p>Numerator</p>	<p>Chart review indicates:</p> <ul style="list-style-type: none"> • Patient was assessed for side effects related to insomnia treatment(s)

A) How many charts did you have to review before finding the first 10 patients that were eligible?

B) Were there any reasons that came up several times which caused patients to be ineligible?

C) **Note: This is only a sample of patients. If you would like to review a larger sample, please reach out to the AASM at registry@aasm.org**

<u>Eligible Chart #</u>	<u>Was the numerator criteria met? (0=not met, 1=met)</u>	<u>Was the reason the numerator was NOT met, captured by an exception (or other reason)?</u>
Chart #1		
Chart #2		
Chart #3		
Chart #4		
Chart #5		
Chart #6		
Chart #7		
Chart #8		
Chart #9		
Chart #10		
Total # charts that met the numerator criteria:	0	
Performance Rate %	0%	
Exception Rate %	0%	

D) Did you extract information from an EHR or by chart review for the following? (pick from drop-down menu)

	<u>Data Source (EHR or Chart Review?)</u>
Denominator	
Exceptions	
Numerator	

E) Measure Threshold

F) Was your Measure Threshold met? (0=not met, 1=met)