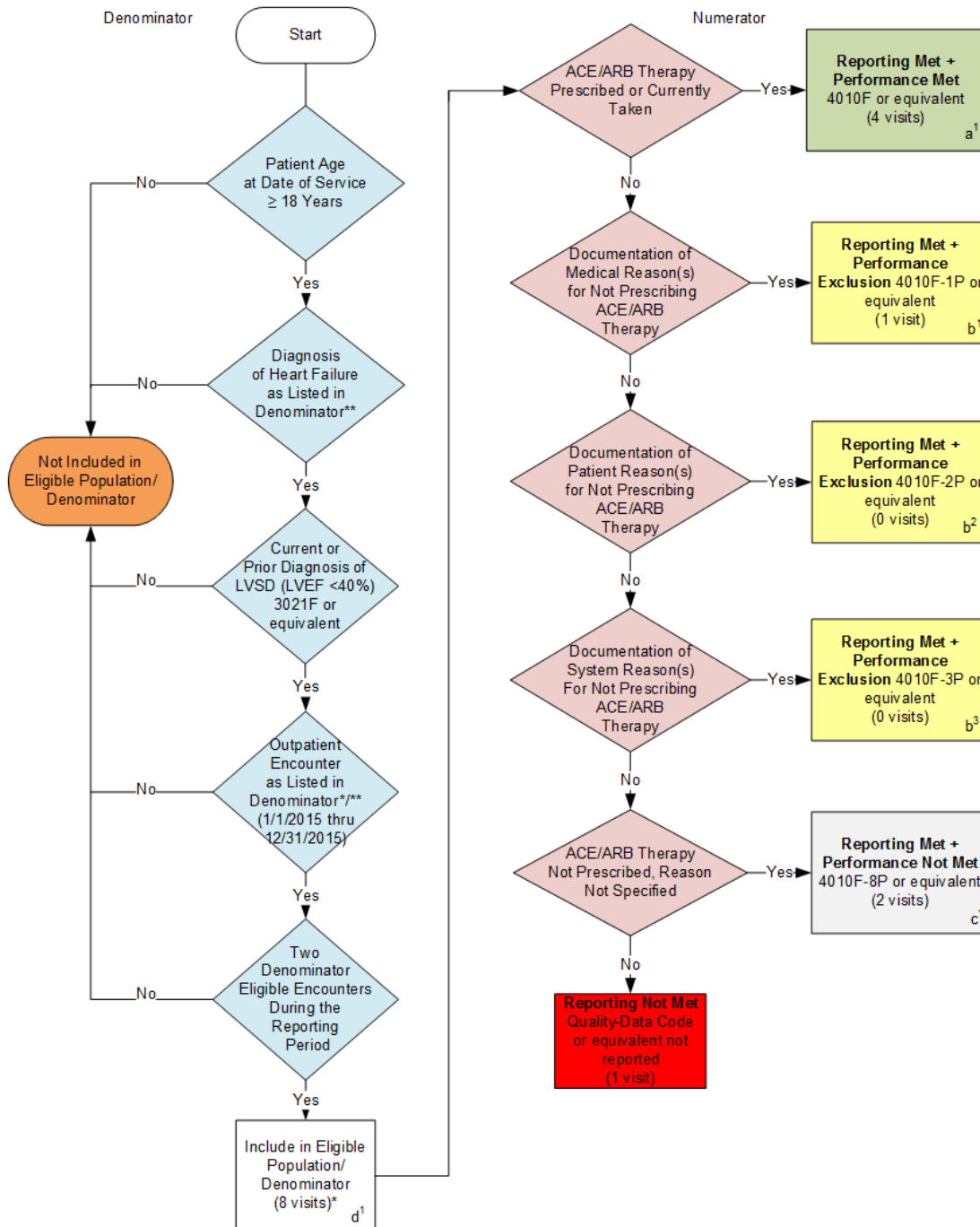


**2015 Registry Individual Measure Flow**  
**PQRS #5 NQF# 0081: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or**  
**Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)**  
**Reporting Option One**



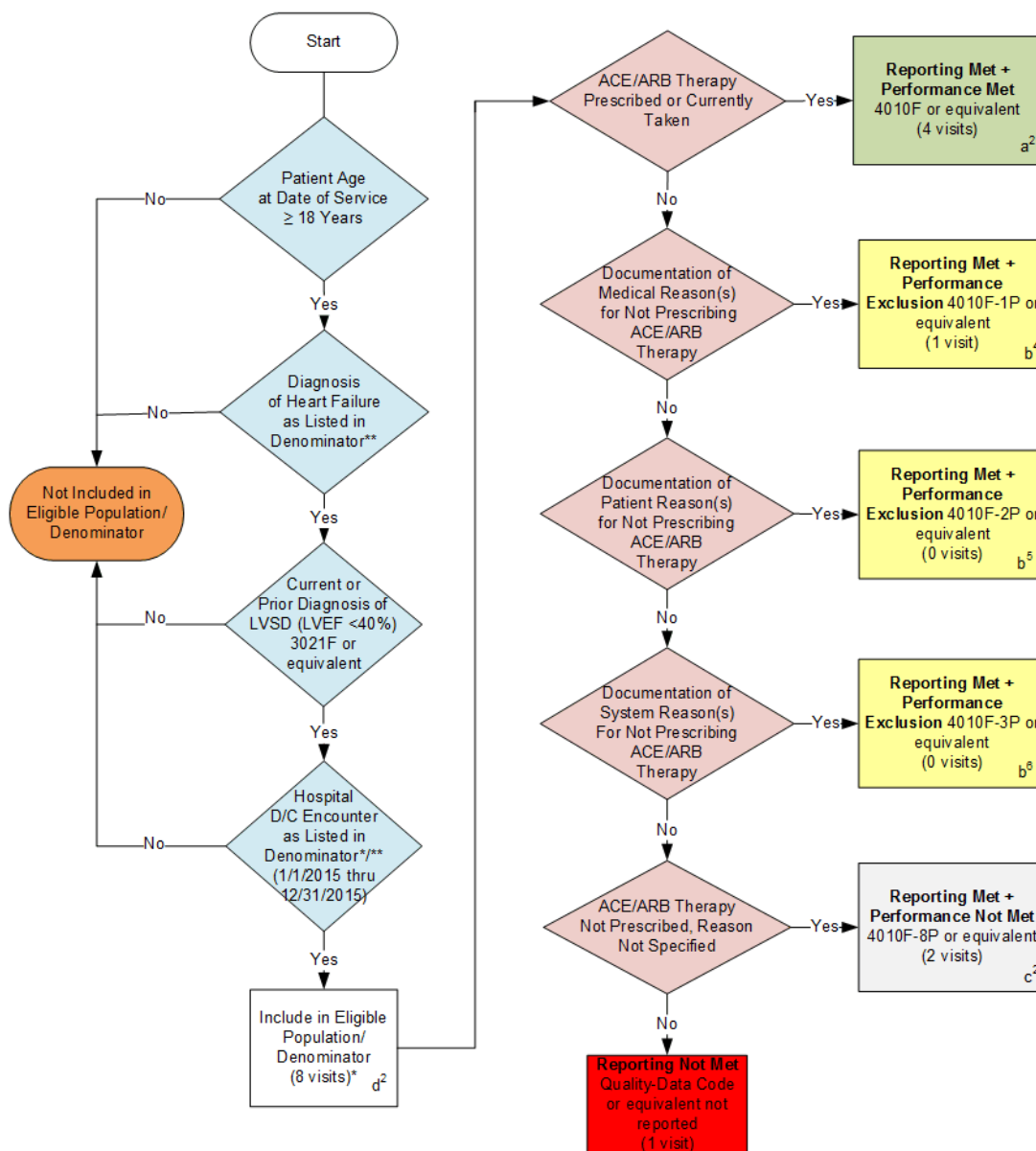
\*This measure is to be reported at two different frequencies, depending upon the clinical setting. This measure is to be reported for a minimum of once per reporting period when seen in the outpatient setting **AND** reported at each hospital discharge (99238\* and 99239\*) during the reporting period. Please reference the Reporting Criteria 2 for Hospital Discharge Setting Flow.

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

NOTE: Reporting Frequency: Patient-process

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**2015 Registry Individual Measure Flow**  
**PQRS #5 NQF# 0081: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or**  
**Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)**  
**Reporting Option Two**



\*This measure is to be reported at two different frequencies, depending upon the clinical setting. This measure is to be reported for a minimum of once per reporting period when **seen in the outpatient setting AND reported at each hospital discharge** (99238\* and 99239\*) during the reporting period. Please reference the Reporting Criteria for Outpatient Setting Flow.  
 \*\*See the posted Measure Specification for specific coding and instructions to report this measure.  
 NOTE: Reporting Frequency: Patient- process

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**2015 Registry Individual Measure Flow**  
**PQRS #5 NQF# 0081: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)**

**SAMPLE CALCULATION:**

**Reporting Rate=**  

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=8 encounters) + Performance Exclusion (b}^1\text{+b}^2\text{+b}^3\text{+b}^4\text{+b}^5\text{+b}^6\text{=2 encounters) + Performance Not Met (c}^1\text{+c}^2\text{=4 encounters)}}{\text{Eligible Population / Denominator (d}^1\text{+d}^2\text{=16 encounters)}} = \frac{14 \text{ encounters}}{16 \text{ pt/visits}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=8 encounters)}}{\text{Reporting Numerator (d}^1\text{+d}^2\text{=14 encounters) - Performance Exclusion (b}^1\text{+b}^2\text{+b}^3\text{+b}^4\text{+b}^5\text{+b}^6\text{=2 encounters)}} = \frac{8 \text{ encounters}}{12 \text{ encounters}} = 66.67\%$$

NOTE: Reporting Frequency: Patient-process

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**2015 Registry Individual Measure Flow**  
**PQRS #5 NQF #0081: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE)**  
**Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular**  
**Systolic Dysfunction (LVSD)**

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

**Reporting Option 1: Outpatient Setting**

1. Start with Denominator
2. Check Patient Age:
  - a. If the Age is greater than or equal to 18 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
  - b. If the Age is greater than or equal to 18 years of age on Date of Service and equals Yes during the measurement period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
  - a. If Diagnosis of Heart Failure as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Diagnosis of Heart Failure as listed in the denominator equals Yes, proceed to check Current of Prior Diagnosis of LVSD (LVEF <40%).
4. Check Current of Prior Diagnosis of LVSD (LVEF <40%):
  - a. If Diagnosis of LVSD (LVEF <40%) 3021F or equivalent as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing
  - b. If Diagnosis of LVSD (LVEF <40%) 3021F or equivalent as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
5. Check Encounter Performed:
  - a. If Outpatient Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Outpatient Encounter as Listed in the Denominator equals Yes, include in the Eligible population.
6. Check Two Denominator Eligible Encounters Performed:
  - a. If Two Denominator Eligible Encounters Performed as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Two Denominator Eligible Encounters Performed as Listed in the Denominator equals Yes, include in the 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<sup>1</sup> equals 8 visits in the sample calculation.

8. Start Numerator
9. Check ACE/ARB Therapy Prescribed or Currently Taken:
  - a. If ACE/ARB Therapy Prescribed or Currently Taken equals Yes, include in Reporting Met and Performance Met.
  - b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a<sup>1</sup> equals 4 visits in Sample Calculation.
  - c. If ACE/ARB Therapy Prescribed or Currently Taken equals No, proceed to Documentation of Medical Reason(s) for Not Prescribing ACE/ARB Therapy.
10. Check Documentation of Medical Reason(s) for Not Prescribing ACE/ARB Therapy:
  - a. If Documentation of Medical Reason(s) for Not Prescribing ACE/ARB Therapy equals Yes, include in Reporting Met and Performance Exclusion.
  - b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b<sup>1</sup> equals 1 visit in the Sample Calculation.
  - c. If Documentation of Medical Reason(s) for Not Prescribing ACE/ARB Therapy equals No, proceed to Documentation of Patient Reason(s) for Not Prescribing ACE/ARB Therapy.
11. Check Documentation of Patient Reason(s) for Not Prescribing ACE/ARB Therapy
  - a. If Documentation of Patient Reason(s) for Not Prescribing ACE/ARB Therapy equals Yes, include in Reporting Met and Performance Exclusion.
  - b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b<sup>2</sup> equals 0 visits in the Sample Calculation.
  - c. If Documentation of Patient Reason(s) for Not Prescribing ACE/ARB Therapy equals No, proceed to Documentation of System Reason(s) for Not Prescribing ACE/ARB Therapy>
12. Check Documentation of System Reason(s) for Not Prescribing ACE/ARB Therapy:
  - a. If Documentation of System Reason(s) for Not Prescribing ACE/ARB Therapy equals Yes, include in Reporting Met and Performance Exclusion.
  - b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b<sup>3</sup> equals 0 visits in the Sample Calculation.
  - c. If Documentation of System Reason(s) for Not Prescribing ACE/ARB Therapy equals No, proceed to ACE/ARB Therapy Not Prescribed and Reason Not Specified.
13. Check ACE/ARB Therapy Not Prescribed and Reason Not Specified:
  - a. If ACE/ARB Therapy was Not Prescribed and Reason Not Specified equals Yes, include in Reporting Met and Performance Not Met.
  - b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c<sup>1</sup> equals 2 visits in the Sample Calculation.
  - c. If ACE/ARB Therapy was not prescribed for Patient Reason equals No, proceed to Reporting Not Met.

14. Check Reporting Not Met

- a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the reporting numerator in sample calculation.

**2015 Registry Individual Measure Flow**  
**PQRS #5 NQF #0081: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE)**  
**Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular**  
**Systolic Dysfunction (LVSD)**

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

**Reporting Option 2: Hospital Discharge Setting**

1. Start with Denominator
2. Check Patient Age:
  - a. If the Age is greater than or equal to 18 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
  - b. If the Age is greater than or equal to 18 years of age on Date of Service and equals Yes during the measurement period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
  - a. If Diagnosis of Heart Failure as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Diagnosis of Heart Failure as listed in the denominator equals Yes, proceed to check Current of Prior Diagnosis of LVSD (LVEF <40%).
4. Check Current of Prior Diagnosis of LVSD (LVEF <40%):
  - a. If Diagnosis of LVSD (LVEF <40%) 3021F or equivalent as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing
  - b. If Diagnosis of LVSD (LVEF <40%) 3021F or equivalent as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
5. Check Hospital Discharge Encounter Performed:
  - a. If Hospital Discharge Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Hospital Discharge Encounter as Listed in the Denominator equals Yes, include in the Eligible population.
6. 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<sup>2</sup> equals 8 visits in the sample calculation.
7. Start Numerator
8. Check ACE/ARB Therapy Prescribed or Currently Taken:
  - a. If ACE/ARB Therapy Prescribed or Currently Taken equals Yes, include in Reporting Met and Performance Met.

- b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a<sup>2</sup> equals 4 visits in Sample Calculation.
  - c. If ACE/ARB Therapy Prescribed or Currently Taken equals No, proceed to Documentation of Medical Reason(s) for Not Prescribing ACE/ARB Therapy.
- 9. Check Documentation of Medical Reason(s) for Not Prescribing ACE/ARB Therapy:
  - a. If Documentation of Medical Reason(s) for Not Prescribing ACE/ARB Therapy equals Yes, include in Reporting Met and Performance Exclusion.
  - b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b<sup>4</sup> equals 1 visit in the Sample Calculation.
  - c. If Documentation of Medical Reason(s) for Not Prescribing ACE/ARB Therapy equals No, proceed to Documentation of Patient Reason(s) for Not Prescribing ACE/ARB Therapy.
- 10. Check Documentation of Patient Reason(s) for Not Prescribing ACE/ARB Therapy
  - a. If Documentation of Patient Reason(s) for Not Prescribing ACE/ARB Therapy equals Yes, include in Reporting Met and Performance Exclusion.
  - b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b<sup>5</sup> equals 0 visits in the Sample Calculation.
  - c. If Documentation of Patient Reason(s) for Not Prescribing ACE/ARB Therapy equals No, proceed to Documentation of System Reason(s) for Not Prescribing ACE/ARB Therapy>
- 11. Check Documentation of System Reason(s) for Not Prescribing ACE/ARB Therapy:
  - a. If Documentation of System Reason(s) for Not Prescribing ACE/ARB Therapy equals Yes, include in Reporting Met and Performance Exclusion.
  - b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b<sup>6</sup> equals 0 visits in the Sample Calculation.
  - c. If Documentation of System Reason(s) for Not Prescribing ACE/ARB Therapy equals No, proceed to ACE/ARB Therapy Not Prescribed and Reason Not Specified.
- 12. Check ACE/ARB Therapy Not Prescribed and Reason Not Specified:
  - a. If ACE/ARB Therapy was Not Prescribed and Reason Not Specified equals Yes, include in Reporting Met and Performance Not Met.
  - b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c<sup>2</sup> equals 2 visits in the Sample Calculation.
  - c. If ACE/ARB Therapy was not prescribed for Patient Reason equals No, proceed to Reporting Not Met.
- 13. Check Reporting Not Met
  - a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the reporting numerator in sample calculation.



**2015 Registry Individual Measure Flow**  
**PQRS #5 NQF #0081: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE)**  
**Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular**  
**Systolic Dysfunction (LVSD)**

SAMPLE CALCULATIONS:		
<b>Reporting Rate=</b>		
$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=8 visits) + Performance Exclusion (b}^1\text{+b}^2\text{+b}^3\text{+b}^4\text{+b}^5\text{+b}^6\text{=2 visit) + Performance Not Met (c}^1\text{+c}^2\text{=4 visits)}}{\text{Eligible Population / Denominator (d}^1\text{+d}^2\text{=16 visits)}} = \frac{14 \text{ visits}}{16 \text{ visits}} = 87.50\%$		
<b>Performance Rate=</b>		
$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=8 visits)}}{\text{Reporting Numerator (d}^1\text{+d}^2\text{=14 visits) - Performance Exclusion (b}^1\text{+b}^2\text{+b}^3\text{+b}^4\text{+b}^5\text{+b}^6\text{=2 visits)}} = \frac{8 \text{ patients}}{12 \text{ visits}} = 66.67\%$		

This measure contains 2 Reporting Criteria, although as the Sample Calculation indicates, there is **ONLY** one reporting rate and one performance rate for this measure.