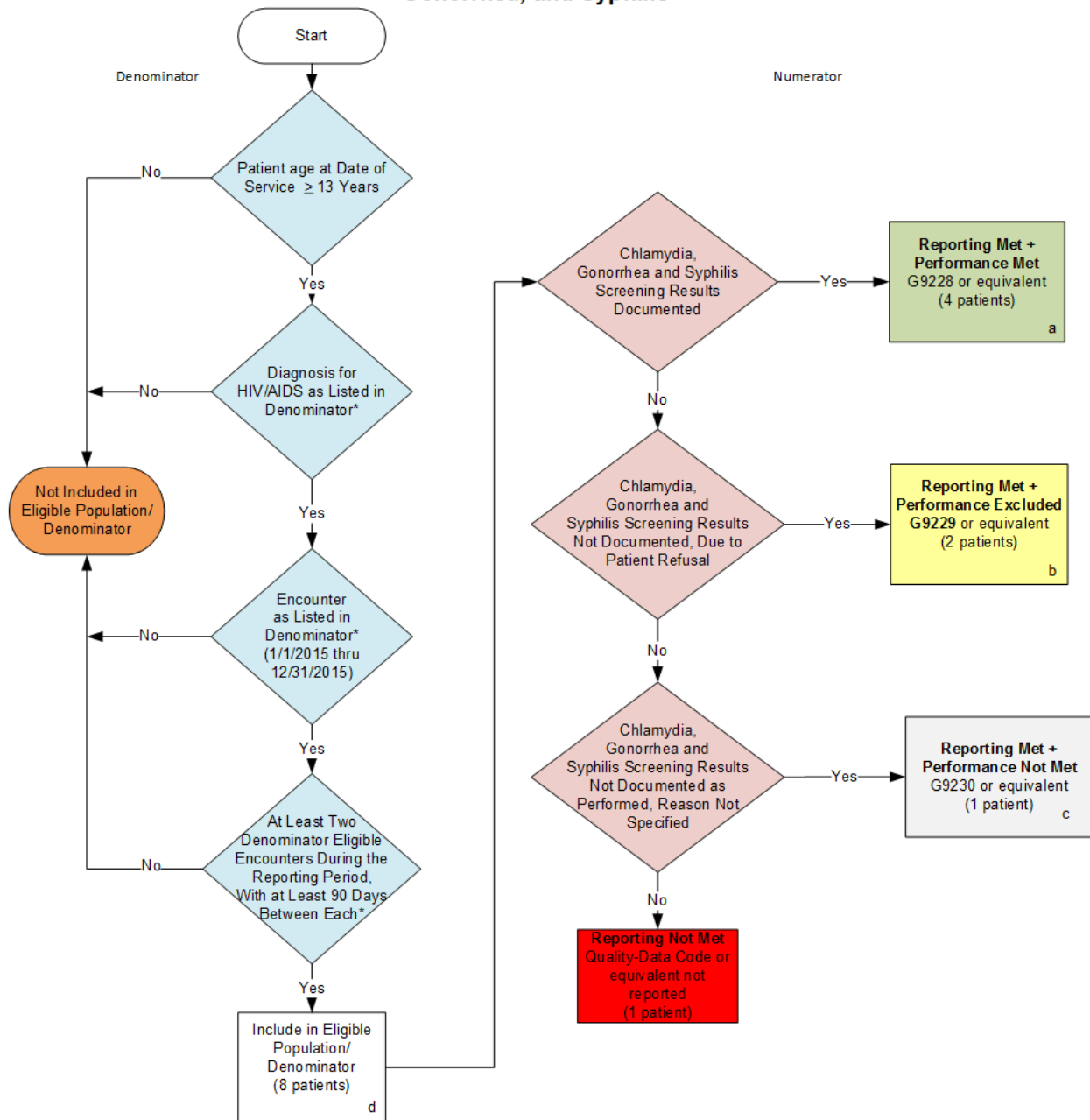


2015 Registry Individual Measure Flow
PQRS #205 NQF #0409: HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis



SAMPLE CALCULATIONS:

Reporting Rate=

$$\frac{\text{Performance Met (a=4 patients)} + \text{Performance Excluded (b=2 patients)} + \text{Performance not Met (c=1 patient)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a= 4 patients)}}{\text{Reporting Numerator (7 patients) - Performance Exclusion (b=2 patients)}} = \frac{4 \text{ patients}}{5 \text{ patients}} = 80\%$$

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

NOTE: Reporting Frequency; Patient-process

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PQRS #205 NQF #0409: HIV/AIDS: Sexually Transmitted Disease Screening for
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Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Patient Age:
 - a. If the Age is greater than or equal to 13 years of age at 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 13 years of age at Date of Service and equals Yes during the measurement period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
 - a. If Diagnosis for HIV/AIDS as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Diagnosis for HIV/AIDS as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
4. 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 At Least Two Denominator Eligible Encounters During the Reporting Period, With at Least 90 Days Between Each.
5. Check At Least Two Denominator Eligible Encounters During the Reporting Period, With at Least 90 Days Between Each:
 - a. If At Least Two Denominator Eligible Encounters During the Reporting Period, With at Least 90 Days Between Each equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If At Least Two Denominator Eligible Encounters During the Reporting Period, With at Least 90 Days Between Each 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 equals 8 patients in the sample calculation.
7. Start Numerator
8. Check Chlamydia, Gonorrhea and Syphilis Screenings Documented as Performed:
 - a. If Chlamydia, Gonorrhea and Syphilis Screening Results Documented 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 equals 4 patients in Sample Calculation.
 - c. If Chlamydia, Gonorrhea and Syphilis Screening Results Documented as Performed equals No, proceed to Chlamydia, Gonorrhea and Syphilis Screening Results Not Documented, Due to Patient Refusal.
9. Check Chlamydia, Gonorrhea and Syphilis Screening Results Not Documented, Due to Patient Refusal:
 - a. If Chlamydia, Gonorrhea and Syphilis Screening Results Not Documented, Due to Patient Refusal 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 equals 2 patients in the Sample Calculation.
 - c. If Chlamydia, Gonorrhea and Syphilis Screening Result Not Documented, Due to Patient Refusal equals No, proceed to Check Chlamydia, Gonorrhea and Syphilis Screening Results Not Documented as Performed, Reason not Specified.
10. Check Chlamydia, Gonorrhea and Syphilis Screening Results Not Documented as Performed, Reason Not Specified:
 - a. If Chlamydia, Gonorrhea and Syphilis Screening Results Not Documented as Performed, 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 and Performance Rate in the Sample Calculation listed at the end of this document. Letter c equals 1 patient in the Sample Calculation.
 - c. If Chlamydia, Gonorrhea and Syphilis Screening Results Not Documented as Performed, Reason Not Specified equals No, proceed to Reporting not Met
11. 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 the sample calculation.

SAMPLE CALCULATIONS:

Reporting Rate=

$$\frac{\text{Performance MeT (a=4 patients)} + \text{Performance Excluded (b=2 patients)} + \text{Performance Not Met (c=1 patient)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance MeT (a=4 patients)}}{\text{Reporting Numerator (7 patients) - Performance Exclusion (b=2 patients)}} = \frac{4 \text{ patients}}{5 \text{ patients}} = 80\%$$