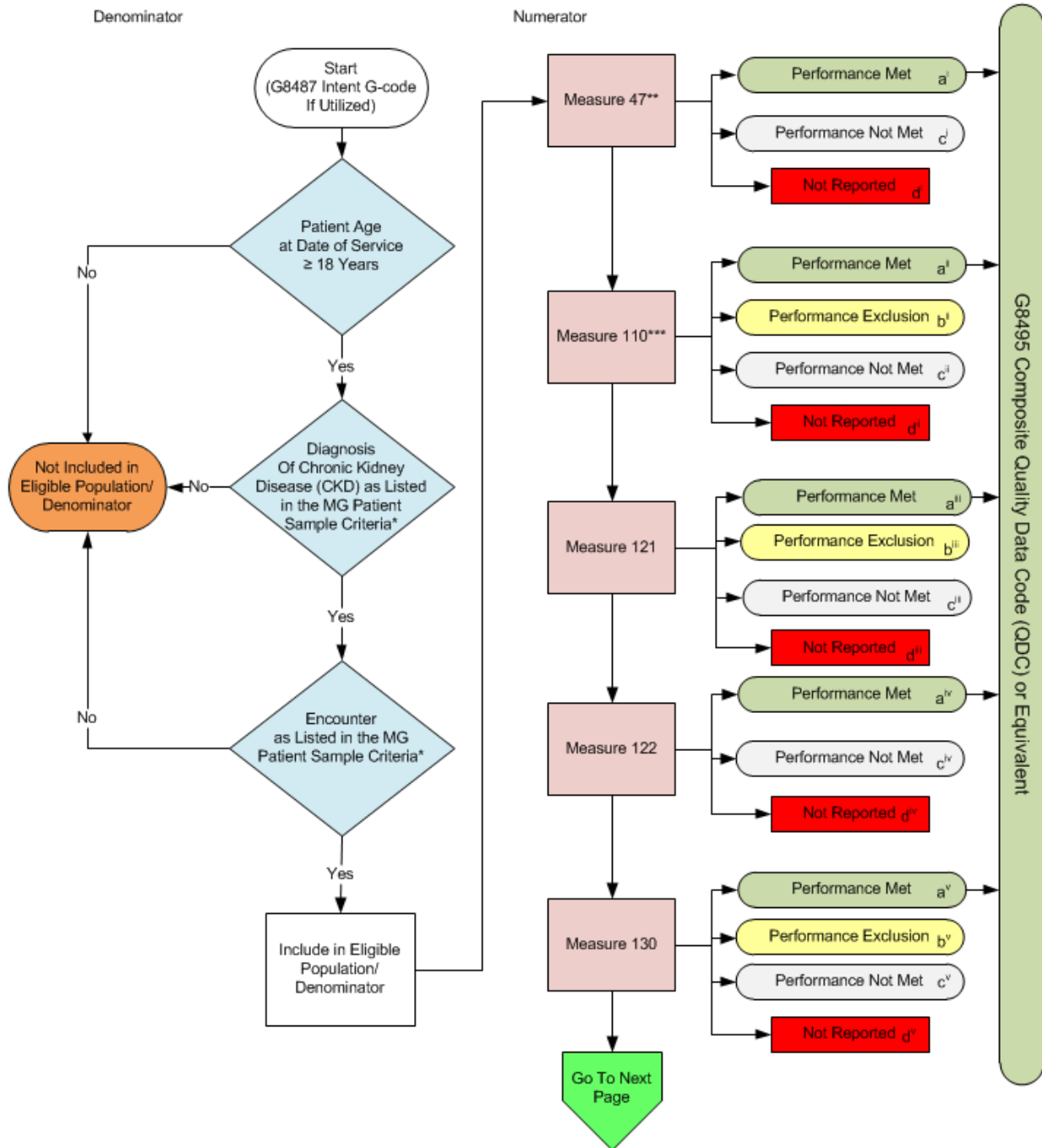


# 2015 Measures Group (MG) Flow Chronic Kidney Disease (CKD)

Note: For Measure numerator details, please refer to the Measures Groups Specification Manual



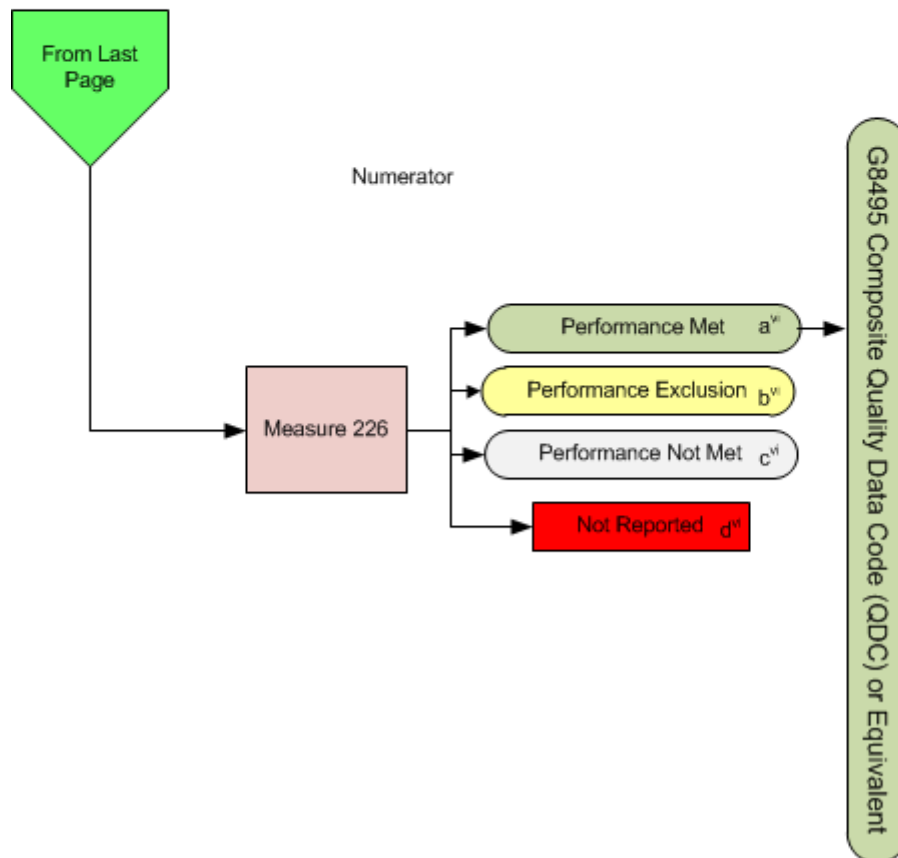
\* See the posted 2015 Measures Groups Specification Manual for Patient Sample Criteria specific coding and instructions to report this measures group.

\*\*Measure #47 need only be reported on patients 65 years and older.

\*\*\*Measure #110 is only applicable for visits that occur between 1/1/2015 thru 3/31/2015 or 10/1/2015 thru 12/31/2015.

# 2015 Measures Group (MG) Flow Chronic Kidney Disease (CKD)

Note: For Measure numerator details, please refer to the Measures Groups Specification Manual



## 2015 Measures Group (MG) Flow Chronic Kidney Disease (CKD)

### Scenarios for Reporting (Patient) and Performance (Measure) Algorithms:

a= Performance Met; b=Performance Exclusion; c=Performance Not Met; d=Not Reported; e=Not Applicable

	<u>Measure 47**</u> (i)	<u>Measure 110***</u> (ii)	<u>Measure 121</u> (iii)	<u>Measure 122</u> (iv)	<u>Measure 130</u> (v)	<u>Measure 226</u> (vi)
Patient X 70 years, Visit 10/12/15	Met (a <sup>i</sup> )	Met (a <sup>ii</sup> )	Met (a <sup>iii</sup> )	Met (a <sup>iv</sup> )	Met (a <sup>v</sup> )	Met (a <sup>vi</sup> )
Patient Y 65 years, Visit 01/16/15	Met (a <sup>i</sup> )	Not Met (c <sup>ii</sup> )	Not Met (c <sup>iii</sup> )	Met (a <sup>iv</sup> )	Exclusion (b <sup>v</sup> )	Met (a <sup>vi</sup> )
Patient Z 45 years, Visit 3/20/15	Not Applicable (e <sup>i</sup> )	Met (a <sup>ii</sup> )	Met (a <sup>iii</sup> )	Not Reported (d <sup>iv</sup> )	Met (a <sup>v</sup> )	Met (a <sup>vi</sup> )

### Reporting Algorithm\*\*\*\*

Patient X [a<sup>i</sup>, a<sup>ii</sup>, a<sup>iii</sup>, a<sup>iv</sup>, a<sup>v</sup>, a<sup>vi</sup>] + Patient Y [a<sup>i</sup>, c<sup>ii</sup>, c<sup>iii</sup>, a<sup>iv</sup>, b<sup>v</sup>, a<sup>vi</sup>] + Patient Z [e<sup>i</sup>, a<sup>ii</sup>, a<sup>iii</sup>, d<sup>iv</sup>, a<sup>v</sup>, a<sup>vi</sup>] = 1+1+0 =  
2 of the Required 20 Patient Sample Reported

### Performance Algorithms

#### Measure 47

Performance Met (2) =  $\frac{2}{2} = 100.00\%$   
Reported QDC for eligible patient (2)

#### Measure 110

Performance Met (2) =  $\frac{2}{3} = 66.67\%$   
Reported QDC for eligible patient (3) – Performance Exclusion (0)

#### Measure 121

Performance Met (2) =  $\frac{2}{3} = 66.67\%$   
Reported QDC for eligible patient (3) – Performance Exclusion (0)

#### Measure 122

Performance Met (2) =  $\frac{2}{2} = 100.00\%$   
Reported QDC for eligible patient (2)

#### Measure 130

Performance Met (2) =  $\frac{2}{2} = 100.00\%$   
Reported QDC for eligible patient (3) – Performance Exclusion (1)

#### Measure 226

Performance Met (3) =  $\frac{3}{3} = 100.00\%$   
Reported QDC for eligible patient (3) – Performance Exclusion (0)

\*\*Measure #47 need only be reported on patients 65 years and older.

\*\*\*Measure #110 is only applicable for visits that occur between 1/1/2015 thru 3/31/2015 or 10/1/2015 thru 12/31/2015.

\*\*\*\*Reporting of all measures contained in measures group, per eligible patient, equals one.

## **2015 Measures Group (MG) Flow Chronic Kidney Disease (CKD)**

Please refer to the specific section of the 2015 PQRS Measures Groups Specifications Manual to identify specific coding and instructions to report the Chronic Kidney Disease (CKD) Measures Group Patient Sample Criteria (denominator), individual measures and numerator options information for use in reporting this Measures Group.

1. Start with G8487 Intent G-code if Utilized
2. Check Patient Age:
  - a. If the Age is greater than or equal to 18 years of age at Date of Service equals No, do not include in Eligible Population/Denominator. Stop Processing.
  - b. If the Age is greater than or equal to 18 years of age at Date of Service equals Yes, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
  - a. If Diagnosis of Chronic Kidney Disease (CKD) as Listed in the MG Patient Sample Criteria equals No, do not include in Eligible Population/Denominator. Stop Processing.
  - b. If Diagnosis of Chronic Kidney Disease (CKD) as Listed in the MG Patient Sample Criteria equals Yes, proceed to check Encounter Performed.
4. Check Encounter Performed:
  - a. If Encounter as Listed in the MG Patient Sample Criteria equals No, do not include in Eligible Population. Stop Processing.
  - b. If Encounter as Listed in the MG Patient Sample Criteria equals Yes, include in the Eligible Population/Denominator.
5. Denominator Population
  - a. Include in Eligible Population/Denominator is all eligible patients who meet the Patient Sample Criteria (denominator) for the Measures Group. For each measure within the measures group each numerator option is represented by a letter which is used in the Scenarios for Reporting and Performance Algorithms at the end of this document.
6. Start Numerator Options for Measures within the Measures Group
7. Composite Quality Data Code (QDC) G8495 has been created for registries that utilize claims data. This QDC may be reported in lieu of individual QDCs when all quality clinical actions for all applicable measures within the group have been performed for this patient.
8. Measure 47
  - a. Measure #47 only needs to be reported on patients 65 years and older. When measure #47 is Not Applicable it is represented by letter e<sup>i</sup> in the Scenarios for Reporting Algorithms.
  - b. Numerator option Performance Met has an arrow pointing to G8495 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>i</sup>.
  - c. Numerator option Performance Not Met is represented by letter c<sup>i</sup>.
  - d. Numerator option Not Reported is represented by letter d<sup>i</sup>.

9. Measure 110

- a. Measure #110 is only applicable for visits that occur between 1/1/2015 thru 3/31/2015 or 10/1/2015 thru 12/31/2015. . When measure #110 is Not Applicable it is represented by letter e<sup>ii</sup> in the Scenarios for Reporting Algorithms.
- b. Numerator option Performance Met has an arrow pointing to G8495 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>ii</sup>.
- c. Numerator option Performance Exclusion is represented by letter b<sup>ii</sup>.
- d. Numerator option Performance Not Met is represented by letter c<sup>ii</sup>.
- e. Numerator option Not Reported is represented by letter d<sup>ii</sup>.

10. Measure 121

- a. Numerator option Performance Met has an arrow pointing to G8495 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>iii</sup>.
- b. Numerator option Performance Exclusion is represented by letter b<sup>iii</sup>.
- c. Numerator option Performance Not Met is represented by letter c<sup>iii</sup>.
- d. Numerator option Not Reported is represented by letter d<sup>iii</sup>.

11. Measure 122

- a. Numerator option Performance Met has an arrow pointing to G8495 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>iv</sup>.
- b. Numerator option Performance Not Met is represented by letter c<sup>iv</sup>.
- c. Numerator option Not Reported is represented by letter d<sup>iv</sup>.

12. Measure 130

- a. Numerator option Performance Met has an arrow pointing to G8495 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>v</sup>.
- b. Numerator option Performance Exclusion is represented by letter b<sup>v</sup>.
- c. Numerator option Performance Not Met is represented by letter c<sup>v</sup>.
- d. Numerator option Not Reported is represented by letter d<sup>v</sup>.

13. Measure 226

- a. Numerator option Performance Met has an arrow pointing to G8495 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>vi</sup>.
- b. Numerator option Performance Exclusion is represented by letter b<sup>vi</sup>.
- c. Numerator option Performance Not Met is represented by letter c<sup>vi</sup>.
- d. Numerator option Not Reported is represented by letter d<sup>vi</sup>.

14. Scenarios for Reporting and Performance Algorithms

15. Patient X Age 70 years Visit 10/12/15

- a. Patient X Met Measure 47 (represented by a<sup>i</sup>)
- b. Patient X Met Measure 110 (represented by a<sup>ii</sup>)
- c. Patient X Met Measure 121 (represented by a<sup>iii</sup>)
- d. Patient X Met Measure 122 (represented by a<sup>iv</sup>)
- e. Patient X Met Measure 130 (represented by a<sup>v</sup>)
- f. Patient X Met Measure 226 (represented by a<sup>vi</sup>)

16. Patient Y Age 65 years Visit 01/16/15
  - a. Patient Y Met Measure 47 (represented by a<sup>i</sup>)
  - b. Patient Y Not Met but Reported Measure 110 (represented by c<sup>ii</sup>)
  - c. Patient Y Not Met but Reported Measure 121 (represented by c<sup>iii</sup>)
  - d. Patient Y Met Measure 122 (represented by a<sup>iv</sup>)
  - e. Patient Y Exclusion Reported for Measure 130 (represented by b<sup>v</sup>)
  - f. Patient Y Met Measure 226 (represented by a<sup>vi</sup>)
17. Patient Z Age 45 years Visit 3/20/15
  - a. Patient Z Not Applicable for Measure 47 (represented by e<sup>i</sup>)
  - b. Patient Z Met Measure 110 (represented by a<sup>ii</sup>)
  - c. Patient Z Met Measure 121 (represented by a<sup>iii</sup>)
  - d. Patient Z did Not Report Measure 122 (represented by d<sup>iv</sup>)
  - e. Patient Z Met Measure 130 (represented by a<sup>v</sup>)
  - f. Patient Z Met Measure 226 (represented by a<sup>vi</sup>)
18. Reporting Algorithm
  - a. Reporting of all applicable measures contained in the measures group, per eligible patient, equals one
  - b. Patient X Reporting equals 1 Plus Patient Y Reporting equals 1 Plus Patient Z Reporting equals 0 for a total of 2 of the Required 20 Patient Sample Reported
19. Performance Algorithms
20. Measure 47
  - a. Performance Met equals 2 divided by Reported QDC for 2 eligible patients equals 100% Performance Rate
21. Measure 110
  - a. Performance Met equals 2 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 66.67% Performance Rate
22. Measure 121
  - a. Performance Met equals 2 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 66.67% Performance Rate
23. Measure 122
  - a. Performance Met equals 2 divided by Reported QDC for 2 eligible patients equals 100% Performance Rate
24. Measure 130
  - a. Performance Met equals 2 divided by Reported QDC for 3 eligible patients minus 1 Performance Exclusion equals 100% Performance Rate
25. Measure 226
  - a. Performance Met equals 3 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 100% Performance Rate