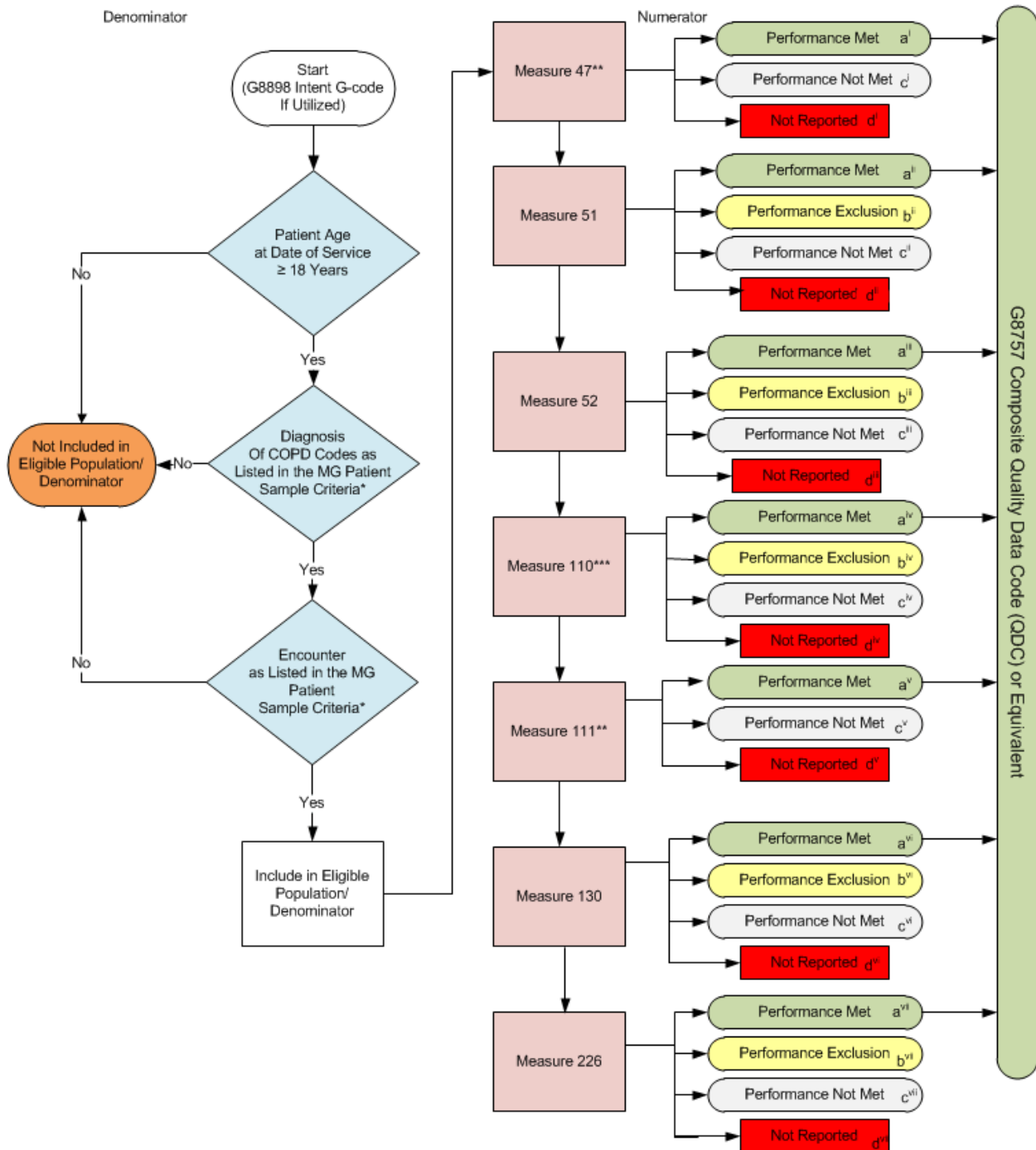


# 2015 Measures Group (MG) Flow Chronic Obstructive Pulmonary Disease (COPD)

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.

\*\*Measures #47 and #111 only needs to be reported for patients of 65 years or 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 Obstructive Pulmonary Disease (COPD)

### 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 51</u> (ii)	<u>Measure 52</u> (iii)	<u>Measure 110***</u> (iv)	<u>Measure 111**</u> (v)	<u>Measure 130</u> (vi)	<u>Measure 226</u> (vii)
Patient X Age 67 Visit 1/25/15	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> )	Met (a <sup>vii</sup> )
Patient Y Age 62 Visit 11/2/15	Not Applicable (e <sup>i</sup> )	Not Met (c <sup>ii</sup> )	Met (a <sup>iii</sup> )	Not Met (c <sup>iv</sup> )	Not Applicable (e <sup>v</sup> )	Exclusion (b <sup>vi</sup> )	Met (a <sup>vii</sup> )
Patient Z Age 70 Visit 6/20/15	Met (a <sup>i</sup> )	Met (a <sup>ii</sup> )	Met (a <sup>iii</sup> )	Not Applicable (e <sup>iv</sup> )	Not Reported (d <sup>v</sup> )	Met (a <sup>vi</sup> )	Met (a <sup>vii</sup> )

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

Patient X [e<sup>i</sup>, a<sup>ii</sup>, a<sup>iii</sup>, a<sup>iv</sup>, a<sup>v</sup>, a<sup>vi</sup>, a<sup>vii</sup>] + Patient Y [a<sup>i</sup>, c<sup>ii</sup>, a<sup>iii</sup>, c<sup>iv</sup>, e<sup>v</sup>, b<sup>vi</sup>, a<sup>vii</sup>] + Patient Z [a<sup>i</sup>, a<sup>ii</sup>, a<sup>iii</sup>, e<sup>iv</sup>, d<sup>v</sup>, a<sup>vi</sup>, a<sup>vii</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 51

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

#### Measure 52

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

#### Measure 110\*\*\*

Performance Met (1) =  $\frac{1}{2} = 50.00\%$   
Reported QDC for eligible patient (2) – Performance Exclusion (0)

#### Measure 111\*\*

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

#### 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)

\*\*Measures #47 and #111 only needs to be reported for patients of 65 years or 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 applicable measures contained in measures group, per eligible patient, equals one.

## **2015 Measures Group (MG) Flow Chronic Obstructive Pulmonary Disease (COPD)**

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

1. Start with G8898 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 Obstructive Pulmonary Disease (COPD) as Listed in the MG Patient Sample Criteria equals No, do not include in Eligible Population/Denominator. Stop Processing.
  - b. If Diagnosis of Chronic Obstructive Pulmonary Disease (COPD) 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) G8757 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 for patients of 65 years or 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 G8757 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 51

- a. Numerator option Performance Met has an arrow pointing to G8757 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>ii</sup>.
- b. Numerator option Performance Exclusion is represented by letter b<sup>ii</sup>.
- c. Numerator option Performance Not Met is represented by letter c<sup>ii</sup>.
- d. Numerator option Not Reported is represented by letter d<sup>ii</sup>.

10. Measure 52

- a. Numerator option Performance Met has an arrow pointing to G8757 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 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>iv</sup> in the Scenarios for Reporting Algorithms.
- b. Numerator option Performance Met has an arrow pointing to G8757 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>iv</sup>.
- c. Numerator option Performance Exclusion is represented by letter b<sup>iv</sup>.
- d. Numerator option Performance Not Met is represented by letter c<sup>iv</sup>.
- e. Numerator option Not Reported is represented by letter d<sup>iv</sup>.

12. Measure 111

- a. Measure #111 only needs to be reported for patients of 65 years or older. When measure #111 is Not Applicable it is represented by letter e<sup>v</sup> in the Scenarios for Reporting Algorithms.
- b. Numerator option Performance Met has an arrow pointing to G8757 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<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 130

- a. Numerator option Performance Met has an arrow pointing to G8757 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. Measure 226

- a. Numerator option Performance Met has an arrow pointing to G8757 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>vii</sup>.
- b. Numerator option Performance Exclusion is represented by letter b<sup>vii</sup>.
- c. Numerator option Performance Not Met is represented by letter c<sup>vii</sup>.
- d. Numerator option Not Reported is represented by letter d<sup>vii</sup>.

## 15. Scenarios for Reporting and Performance Algorithms

### 16. Patient X Age 67 Years Visit on 1/25/15

- a. Patient X Met Measure 47 (represented by a<sup>i</sup>)
- b. Patient X Met Measure 51 (represented by a<sup>ii</sup>)
- c. Patient X Met Measure 52 (represented by a<sup>iii</sup>)
- d. Patient X Met Measure 110 (represented by a<sup>iv</sup>)
- e. Patient X Met Measure 111 (represented by a<sup>v</sup>)
- f. Patient X Met Measure 130 (represented by a<sup>vi</sup>)
- g. Patient X Met Measure 226 (represented by a<sup>vii</sup>)

### 17. Patient Y Age 62 Years Visit on 11/2/15

- a. Patient Y Not Applicable for Measure 47 (represented by e<sup>i</sup>)
- b. Patient Y Not Met but Reported Measure 51 (represented by c<sup>ii</sup>)
- c. Patient Y Met Measure 52 (represented by a<sup>iii</sup>)
- d. Patient Y Not Met but Reported Measure 110 (represented by c<sup>iv</sup>)
- e. Patient Y Not Applicable for Measure 111 (represented by e<sup>v</sup>)
- f. Patient Y Exclusion Reported for Measure 130 (represented by b<sup>vi</sup>)
- g. Patient Y Met Measure 226 (represented by a<sup>vii</sup>)

### 18. Patient Z Age 70 Years Visit on 6/20/15

- a. Patient Z Met Measure 47 (represented by a<sup>i</sup>)
- b. Patient Z Met Measure 51 (represented by a<sup>ii</sup>)
- c. Patient Z Met Measure 52 (represented by a<sup>iii</sup>)
- d. Patient Z Not Applicable for Measure 110 (represented by e<sup>iv</sup>)
- e. Patient Z did Not Report Measure 111 (represented by d<sup>v</sup>)
- f. Patient Z Met Measure 130 (represented by a<sup>vi</sup>)
- g. Patient Z Met Measure 226 (represented by a<sup>vii</sup>)

### 19. 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

## 20. Performance Algorithms

### 21. Measure 47

- a. Performance Met equals 2 divided by Reported QDC for 2 eligible patients equals 100% Performance Rate

### 22. Measure 51

- a. Performance Met equals 2 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 66.67% Performance Rate

### 23. Measure 52

- a. Performance Met equals 3 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 100% Performance Rate

### 24. Measure 110

- a. Performance Met equals 1 divided by Reported QDC for 2 eligible patients minus 0 Performance Exclusions equals 50% Performance Rate

25. Measure 111

- a.  $\text{Performance Met} = \frac{1}{\text{Reported QDC for 1 eligible patient}}$  equals 100% Performance Rate

26. Measure 130

- a.  $\text{Performance Met} = \frac{2}{\text{Reported QDC for 3 eligible patients} - 1 \text{ Performance Exclusion}}$  equals 100% Performance Rate

27. Measure 226

- a.  $\text{Performance Met} = \frac{3}{\text{Reported QDC for 3 eligible patients} - 0 \text{ Performance Exclusions}}$  equals 100% Performance Rate