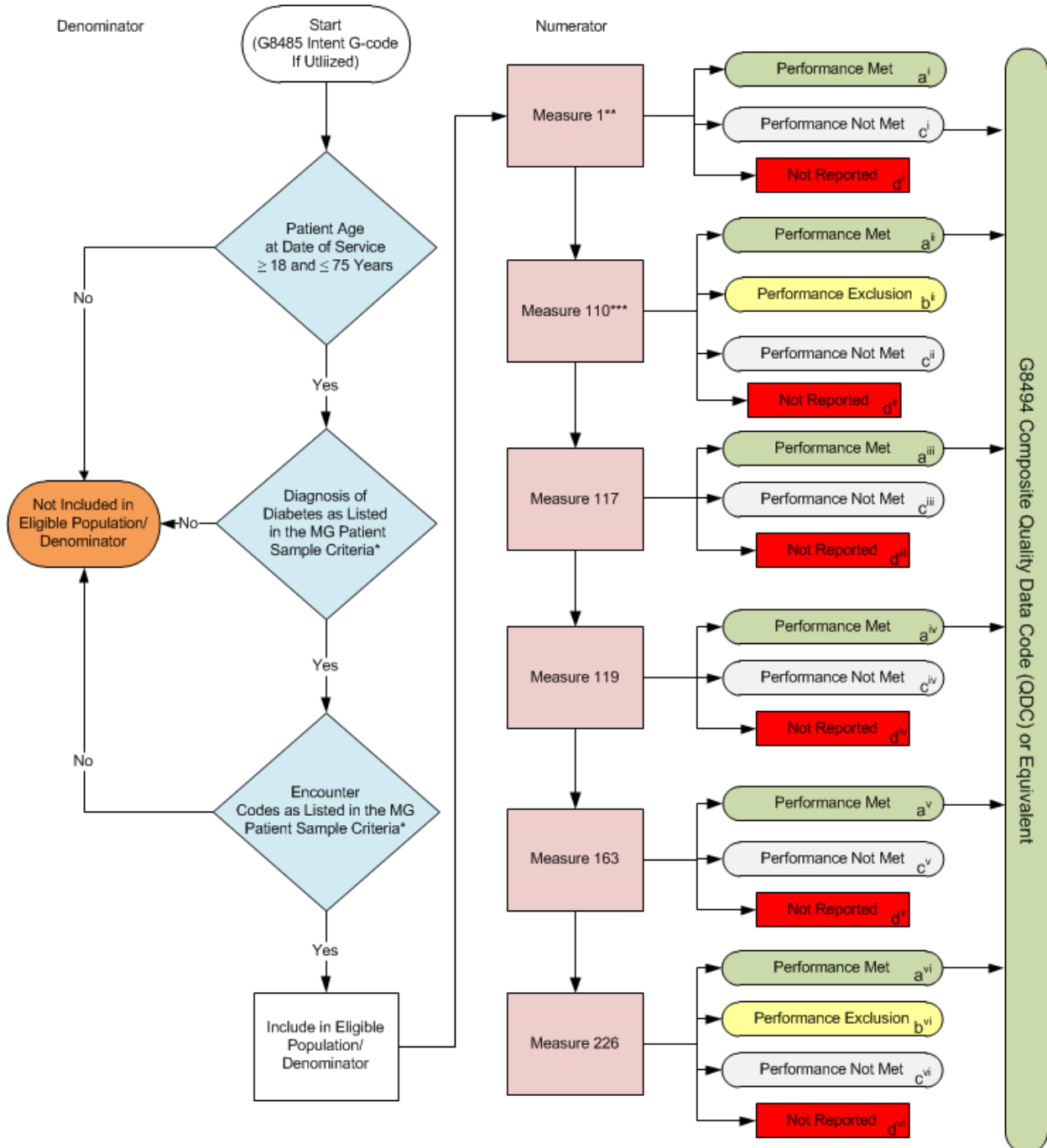


2015 Measures Group (MG) Flow Diabetes

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.

**For performance on Measure #1, a lower rate indicates better clinical care or control.

***Measure #110 is only applicable for visits in 1/1/2015 thru 3/31/2015 or 10/1/2015 thru 12/31/2015.

2015 Measures Group (MG) Flow Diabetes

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

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

	Measure 1** (i)	Measure 110*** (ii)	Measure 117 (iii)	Measure 119 (iv)	Measure 163 (v)	Measure 226 (vi)
Patient X Visit 10/30/15	Met (a ⁱ)	Met (a ⁱⁱ)	Met (a ⁱⁱⁱ)	Met (a ^{iv})	Met (a ^v)	Met (a ^{vi})
Patient Y Visit 6/3/15	Met (a ⁱ)	Not Applicable (e ⁱⁱ)	Not Met (c ⁱⁱⁱ)	Met (a ^{iv})	Met (a ^v)	Exclusion (b ^{vi})
Patient Z Visit 1/10/15	Not Met (c ⁱ)	Not Met (c ⁱⁱ)	Met (a ⁱⁱⁱ)	Not Reported (d ^{iv})	Met (a ^v)	Met (a ^{vi})

Reporting Algorithm****

Patient X [aⁱ,aⁱⁱ,aⁱⁱⁱ,a^{iv},a^v,a^{vi}] + Patient Y [aⁱ,eⁱⁱ,cⁱⁱⁱ,a^{iv},a^v,b^{vi}] + Patient Z [cⁱ,cⁱⁱ,aⁱⁱⁱ,d^{iv},a^v,a^{vi}] = 1+1+0 = 2 of the Required 20 Patient Sample Reported

Performance Algorithms

Measure 1

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

Measure 110

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

Measure 117

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

Measure 119

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

Measure 163

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

Measure 226

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

**For performance on Measure #1, a lower rate indicates better clinical care or control.

***Measure #110 is only applicable for visits in 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 Diabetes

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

1. Start with G8485 Intent G-code if Utilized
2. Check Patient Age:
 - a. If the Age is greater than or equal to 18 years and less than or equal to 75 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 and less than or equal to 75 years of age at Date of Service equals Yes, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
 - a. If Diagnosis of Diabetes as Listed in the MG Patient Sample Criteria equals No, do not include in Eligible Population/Denominator. Stop Processing.
 - b. If Diagnosis of Diabetes 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) G8494 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 1
 - a. Measure #1 is an inverse measure. A lower calculated performance rate for this measure indicates better clinical control and care.
 - b. Numerator option Performance Met is represented by letter aⁱ.
 - c. Numerator option Performance Not Met has an arrow pointing to G8494 Composite Quality Data Code (QDC) or Equivalent. Performance Not Met is represented by letter cⁱ.
 - d. Numerator option Not Reported is represented by letter dⁱ.
9. Measure 110

- a. Measure #110 is only applicable for visits in 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 eⁱⁱ in the Scenarios for Reporting Algorithms.
- b. Numerator option Performance Met has an arrow pointing to G8494 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter aⁱⁱ.
- c. Numerator option Performance Exclusion is represented by letter bⁱⁱ.
- d. Numerator option Performance Not Met is represented by letter cⁱⁱ.
- e. Numerator option Not Reported is represented by letter dⁱⁱ.

10. Measure 117

- a. Numerator option Performance Met has an arrow pointing to G8494 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter aⁱⁱⁱ.
- b. Numerator option Performance Not Met is represented by letter cⁱⁱⁱ.
- c. Numerator option Not Reported is represented by letter dⁱⁱⁱ.

11. Measure 119

- a. Numerator option Performance Met has an arrow pointing to G8494 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a^{iv}.
- b. Numerator option Performance Not Met is represented by letter c^{iv}.
- c. Numerator option Not Reported is represented by letter d^{iv}.

12. Measure 163

- a. Numerator option Performance Met has an arrow pointing to G8494 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a^v.
- b. Numerator option Performance Not Met is represented by letter c^v.
- c. Numerator option Not Reported is represented by letter d^v.

13. Measure 226

- a. Numerator option Performance Met has an arrow pointing to G8494 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a^{vi}.
- b. Numerator option Performance Exclusion is represented by letter b^{vi}.
- c. Numerator option Performance Not Met is represented by letter c^{vi}.
- d. Numerator option Not Reported is represented by letter d^{vi}.

14. Scenarios for Reporting and Performance Algorithms

15. Patient X Visit on 10/30/2015

- a. Patient X Met Measure 1 (represented by aⁱ)
- b. Patient X Met Measure 110 (represented by aⁱⁱ)
- c. Patient X Met Measure 117 (represented by aⁱⁱⁱ)
- d. Patient X Met Measure 119 (represented by a^{iv})
- e. Patient X Met Measure 163 (represented by a^v)
- f. Patient X Met Measure 226 (represented by a^{vi})

16. Patient Y Visit on 6/3/2015

- a. Patient Y Met Measure 1 (represented by aⁱ)
- b. Patient Y Not Applicable for Measure 110 (represented by eⁱⁱ)

- c. Patient Y Not Met but Reported Measure 117(represented by cⁱⁱⁱ)
 - d. Patient Y Met Measure 119 (represented by a^{iv})
 - e. Patient Y Met Measure 163 (represented by a^v)
 - f. Patient Y Exclusion Reported for Measure 226 (represented by b^{vi})
17. Patient Z Visit on 1/10/2015
- a. Patient Z Not Met but Reported Measure 1 (represented by cⁱ)
 - b. Patient Z Not Met but Reported Measure 110 (represented by cⁱⁱ)
 - c. Patient Z Met Measure 117(represented by aⁱⁱⁱ)
 - d. Patient Z did Not Report Measure 119 (represented by d^{iv})
 - e. Patient Z Met Measure 163 (represented by a^v)
 - f. Patient Z Met Measure 226 (represented by a^{vi})
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 1
- a. Performance Met equals 2 divided by Reported QDC for 3 eligible patients equals 66.67% Performance Rate
21. Measure 110
- a. Performance Met equals 1 divided by Reported QDC for 2 eligible patients minus 0 Performance Exclusions equals 50% Performance Rate
22. Measure 117
- a. Performance Met equals 2 divided by Reported QDC for 3 eligible patients equals 66.67% Performance Rate
23. Measure 119
- a. Performance Met equals 2 divided by Reported QDC for 2 eligible patients equals 100% Performance Rate
24. Measure 163
- a. Performance Met equals 3 divided by Reported QDC for 3 eligible patients equals 100% Performance Rate
25. Measure 226
- a. Performance Met equals 2 divided by Reported QDC for 3 eligible patients minus 1 Performance Exclusion equals 100% Performance Rate