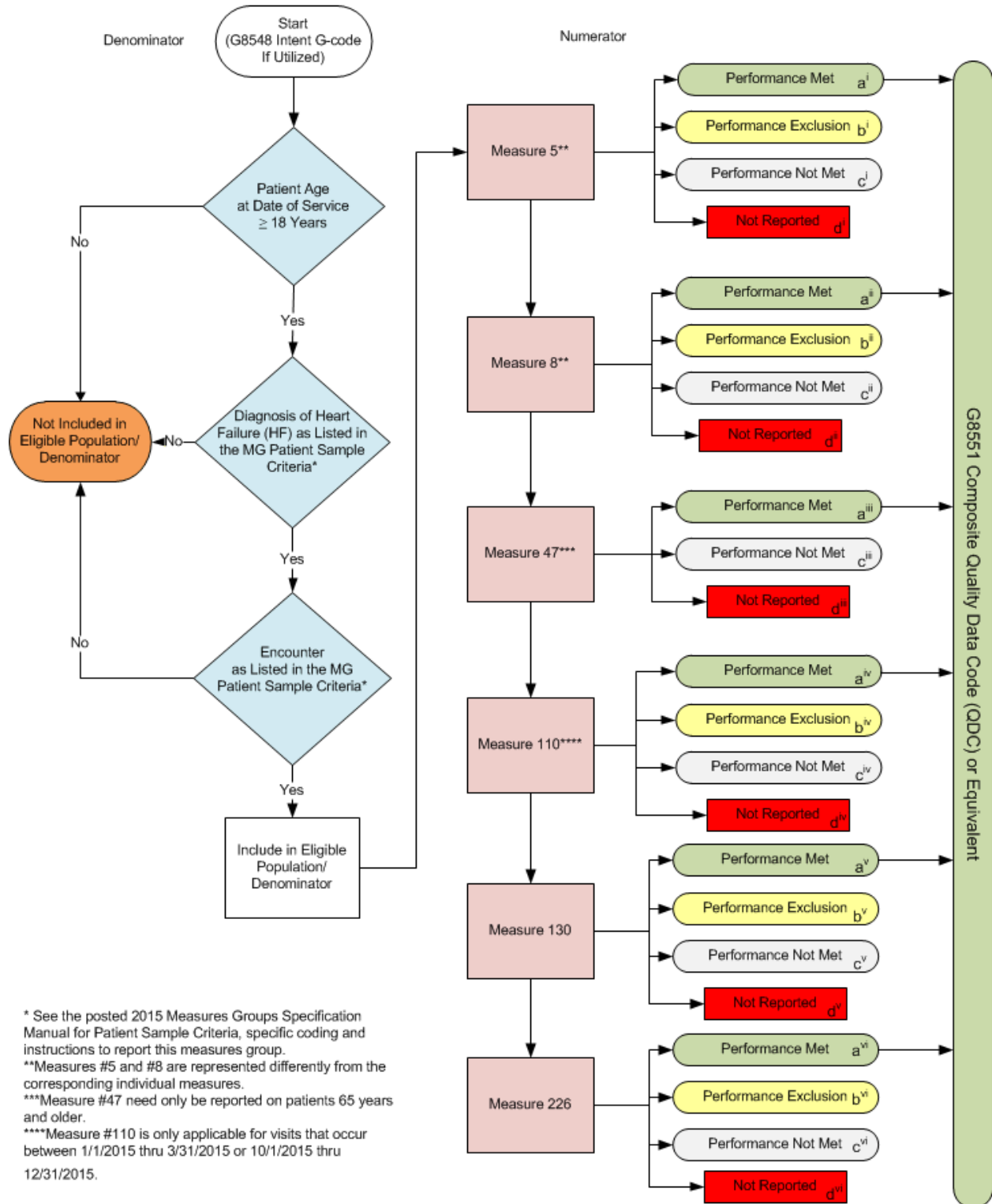


2015 Measures Group (MG) Flow Heart Failure (HF)

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



2015 Measures Group (MG) Flow Heart Failure (HF)

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 5**</u>	<u>Measure 8**</u>	<u>Measure 47***</u>	<u>Measure 110****</u>	<u>Measure 130</u>	<u>Measure 226</u>
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
Patient X Age 45 Visit 1/17/15	Met (a ⁱ)	Met (a ⁱⁱ)	Not Applicable (e ⁱⁱⁱ)	Met (a ^{iv})	Exclusion (b ^v)	Not Met (c ^{vi})
Patient Y Age 70 Visit 08/10/15	Met (a ⁱ)	Exclusion (b ⁱⁱ)	Not Met (c ⁱⁱⁱ)	Not applicable (e ^{iv})	Met (a ^v)	Met (a ^{vi})
Patient Z Age 68 Visit 11/20/15	Met (a ⁱ)	Met (a ⁱⁱ)	Met (a ⁱⁱⁱ)	Not Reported (d ^{iv})	Met (a ^v)	Met (a ^{vi})

Reporting Algorithm[^]

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

Performance Algorithms

Measure 5

Performance Met (3) = 3 = 100.00%
Reported QDC for eligible patient (3) – Performance Exclusion (0) 3

Measure 8

Performance Met (2) = 2 = 100.00%
Reported QDC for eligible patient (3) – Performance Exclusion (1) 2

Measure 47

Performance Met (1) = 1 = 50.00%
Reported QDC for eligible patient (2) 2

Measure 110

Performance Met (1) = 1 = 100.00%
Reported QDC for eligible patient (1) – Performance Exclusion (0) 1

Measure 130

Performance Met (2) = 2 = 100.00%
Reported QDC for eligible patient (3) – Performance Exclusion (1) 2

Measure 226

Performance Met (2) = 2 = 66.67%
Reported QDC for eligible patient (3) – Performance Exclusion (0) 3

**Measures #5 and #8 are represented differently from the corresponding individual measures.

***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 Heart Failure (HF)

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

1. Start with G8548 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 Heart Failure (HF) as Listed in the MG Patient Sample Criteria equals No, do not include in Eligible Population/Denominator. Stop Processing.
 - b. If Diagnosis of Heart Failure (HF) 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) G8551 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 5
 - a. Measure #5 is represented differently from the corresponding individual measure.
 - b. Numerator option Performance Met has an arrow pointing to G8551 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter aⁱ.
 - c. Numerator option Performance Exclusion is represented by letter bⁱ.
 - d. Numerator option Performance Not Met is represented by letter cⁱ.
 - e. Numerator option Not Reported is represented by letter dⁱ.
9. Measure 8
 - a. Measure #8 is represented differently from the corresponding individual measure.

- b. Numerator option Performance Met has an arrow pointing to G8551 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 47

- a. Measure #47 need only be reported on patients 65 years and older. When measure #47 is Not Applicable it is represented by letter eⁱⁱⁱ in the Scenarios for Reporting Algorithms.
- b. Numerator option Performance Met has an arrow pointing to G8551 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter aⁱⁱⁱ.
- c. Numerator option Performance Not Met is represented by letter cⁱⁱⁱ.
- d. Numerator option Not Reported is represented by letter dⁱⁱⁱ.

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^{iv} in the Scenarios for Reporting Algorithms.
- b. Numerator option Performance Met has an arrow pointing to G8551 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a^{iv}.
- c. Numerator option Performance Exclusion is represented by letter b^{iv}.
- d. Numerator option Performance Not Met is represented by letter c^{iv}.
- e. Numerator option Not Reported is represented by letter d^{iv}.

12. Measure 130

- a. Numerator option Performance Met has an arrow pointing to G8551 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a^v.
- b. Numerator option Performance Exclusion is represented by letter b^v.
- c. Numerator option Performance Not Met is represented by letter c^v.
- d. Numerator option Not Reported is represented by letter d^v.

13. Measure 226

- a. Numerator option Performance Met has an arrow pointing to G8551 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 Age 45 Visit 1/17/15.

- a. Patient X Met Measure 5 (represented by aⁱ)
- b. Patient X Met Measure 8 (represented by aⁱⁱ)
- c. Patient X Not Applicable for Measure 47 (represented by eⁱⁱⁱ)
- d. Patient X Met Measure 110 (represented by a^{iv})
- e. Patient X Exclusion Reported for Measure 130 (represented by b^v)

- f. Patient X Not Met but Reported Measure 226 (represented by c^{vi})
- 16. Patient Y Age 70 Visit 08/10/15
 - a. Patient Y Met Measure 5 (represented by aⁱ)
 - b. Patient Y Exclusion Reported for Measure 8 (represented by bⁱⁱ)
 - c. Patient Y Not Met but Reported Measure 47 (represented by cⁱⁱⁱ)
 - d. Patient Y Not Applicable for Measure 110 (represented by e^{iv})
 - e. Patient Y Met Measure 130 (represented by a^v)
 - f. Patient Y Met Measure 226 (represented by a^{vi})
- 17. Patient Z Age 68 Visit 11/20/15
 - a. Patient Z Met Measure 5 (represented by aⁱ)
 - b. Patient Z Met Measure 8 (represented by aⁱⁱ)
 - c. Patient Z Met Measure 47 (represented by aⁱⁱⁱ)
 - d. Patient Z did Not Report Measure 110 (represented by d^{iv})
 - e. Patient Z Met Measure 130 (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 5
 - a. Performance Met equals 3 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 100% Performance Rate
- 21. Measure 8
 - a. Performance Met equals 2 divided by Reported QDC for 3 eligible patients minus 1 Performance Exclusion equals 100% Performance Rate
- 22. Measure 47
 - a. Performance Met equals 1 divided by Reported QDC for 2 eligible patients equals 50% Performance Rate
- 23. Measure 110
 - a. Performance Met equals 1 divided by Reported QDC for 1 eligible patient minus 0 Performance Exclusions 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 2 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 66.67% Performance Rate