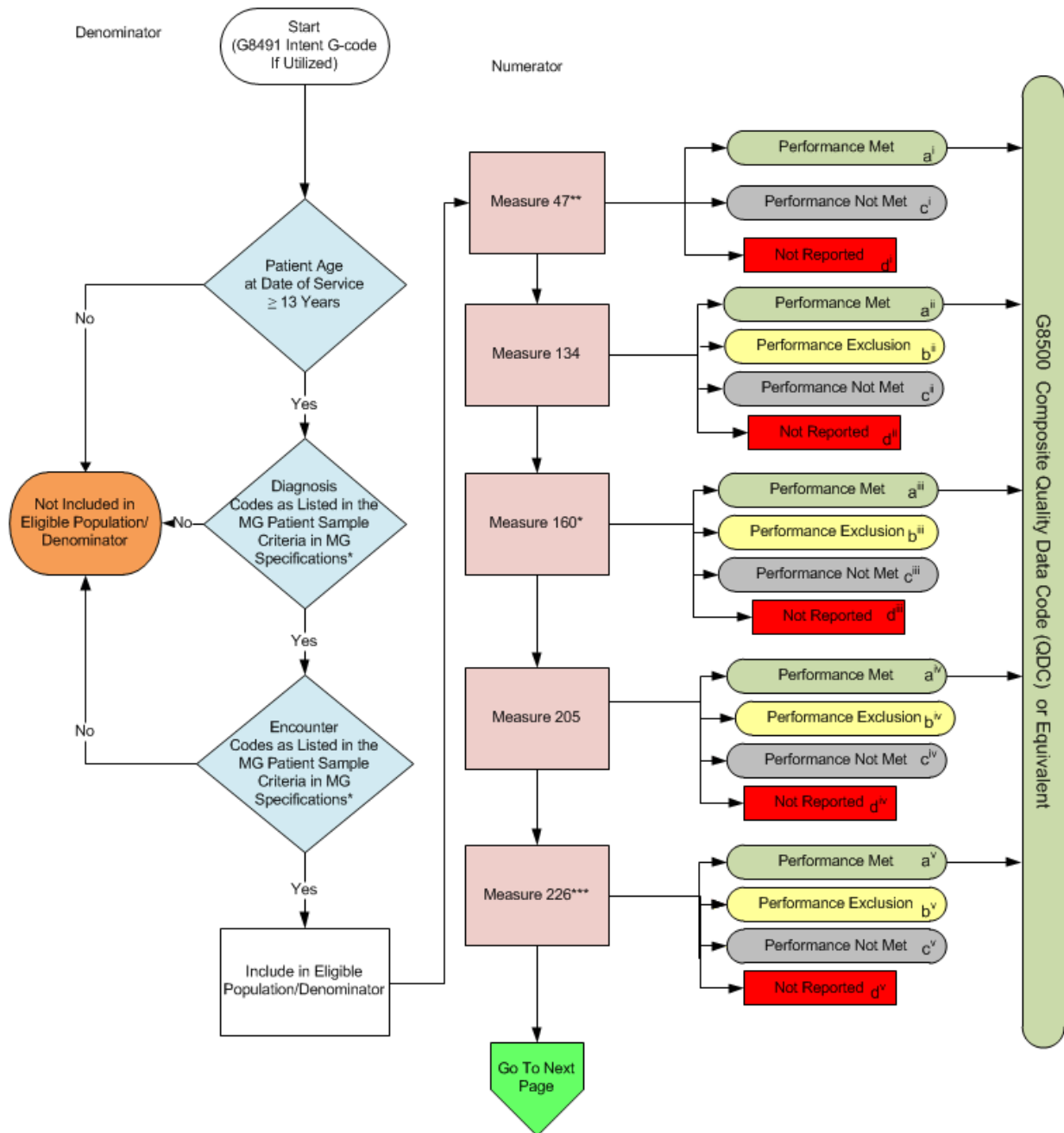


# 2015 Measures (MG) Group Flow HIV/AIDS

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



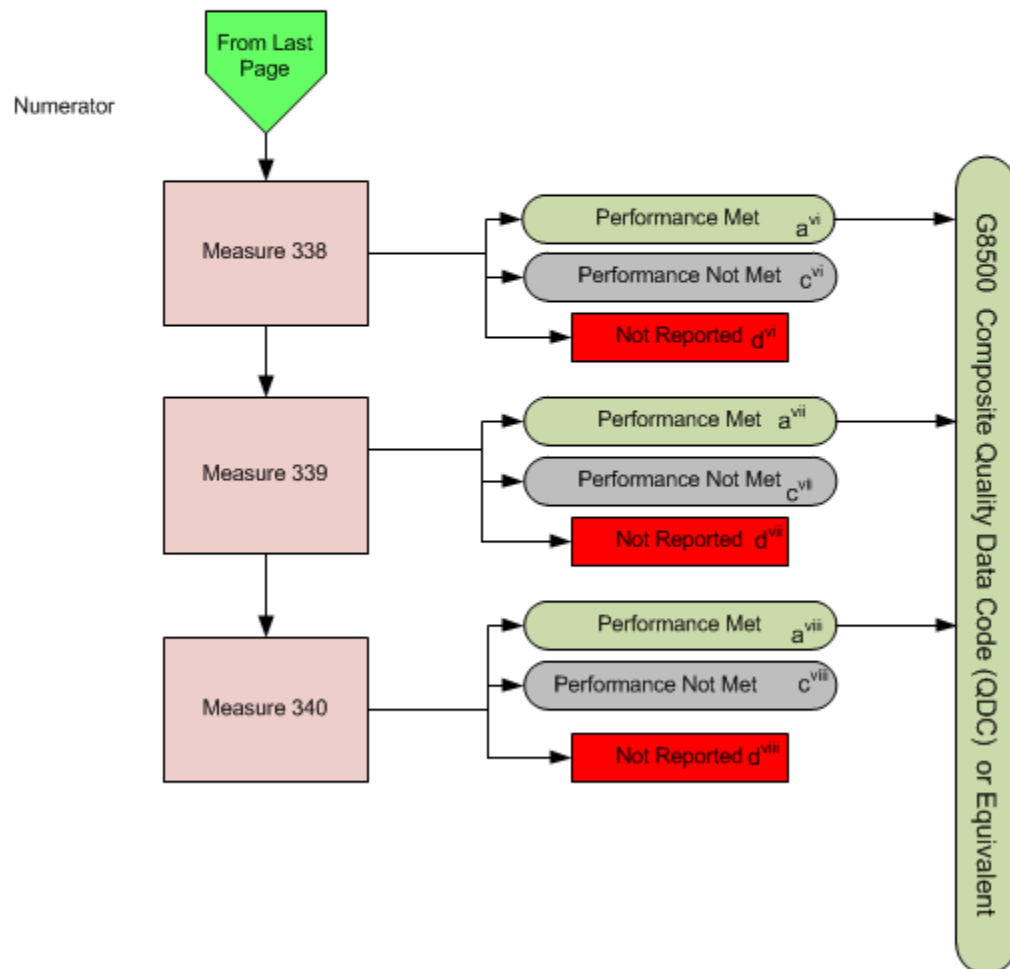
\*See the posted 2015 Measures Groups Specification Manual for Patient Sample Criteria, specific coding and instructions to report this measures group.

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

\*\*\*Measure #226 need only be reported on patients 18 years and older.

# 2015 Measures Group (MG) Flow HIV/AIDS

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



## 2015 Measures Group (MG) Flow HIV/AIDS

### 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 134</u> (ii)	<u>Measure 160*</u> (iii)	<u>Measure 205</u> (iv)	<u>Measure 226***</u> (v)	<u>Measure 338</u> (vi)	<u>Measure 339</u> (vii)	<u>Measure 340</u> (viii)
Patient X Patient Age 65	Met (a')	Met (a'')	Met (a''')	Met (a'')	Met (a'')	Met (a'')	Met (a'')	Met (a'')
Patient Y Patient Age 17	Not Applicable (e')	Not Met (c')	Met (a'')	Met (a'')	Not Applicable (e')	Met (a'')	Met (a'')	Not Reported (d'')
Patient Z Patient Age 72	Met (a')	Exclusion (b')	Met (a'')	Met (a'')	Exclusion (b')	Met (a'')	Met (a'')	Met (a'')

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

Patient X [a', a'', a''', a'', a'', a''] + Patient Y [e', c', a'', a'', a'', a''] + Patient Z [a', b'', a'', b'', a'', a''] = 1+0+1 = 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 134

Performance Met (1) =  $\frac{1}{2} = 50.00\%$   
Reported QDC for eligible patient (3) – Performance Exclusion (1)

#### Measure 160

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

#### Measure 205

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

#### Measure 226

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

#### Measure 338

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

#### Measure 339

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

#### Measure 340

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

\*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 #226 need only be reported on patients 18 years and older.

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

## **2015 Measures Group (MG) Flow HIV/AIDS**

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

1. Start with G8491 Intent G-code if Utilized
2. Check Patient Age:
  - a. If the Age is greater than or equal to 13 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 13 years of age at Date of Service equals Yes, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
  - a. If Diagnosis indicating HIV/AIDS as listed in the Measures Group Patient Sample Criteria equals No, do not include in Eligible Population/Denominator. Stop Processing.
  - b. If Diagnosis indicating HIV/AIDS as listed in the Measures Group Patient Sample Criteria equals Yes, proceed to check Encounter Performed.
4. Check Encounter Performed:
  - a. If Encounter as Listed in the Measures Group Patient Sample Criteria equals No, do not include in Eligible Population/Denominator. Stop Processing.
  - b. If Procedure as Listed in the Measures Group Patient Sample Criteria equals Yes, include in the Eligible Population/Denominator.
5. Denominator Population
  - a. Include in Eligible Population/Denominator 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) G8500 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 patient 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 G8500 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 134

- a. Numerator option Performance Met has an arrow pointing to G8500 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 160

- a. Numerator option Performance Met has an arrow pointing to G8500 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 205

- a. Numerator option Performance Met has an arrow pointing to G8500 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>iv</sup>.
- b. Numerator option Performance Exclusion is represented by letter b<sup>iv</sup>.
- c. Numerator option Performance Not Met is represented by letter c<sup>iv</sup>.
- d. Numerator option Not Reported is represented by letter d<sup>iv</sup>.

12. Measure 226

- a. Measure #226 only needs to be reported on patients 18 years and older. When measure #226 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 G8500 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>v</sup>.
- c. Numerator option Performance Exclusion is represented by letter b<sup>v</sup>.
- d. Numerator option Performance Not Met is represented by letter c<sup>v</sup>.
- e. Numerator option Not Reported is represented by letter d<sup>v</sup>.

13. Measure 338

- a. Numerator option Performance Met has an arrow pointing to G8500 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>vi</sup>.
- b. Numerator option Performance Not Met is represented by letter c<sup>vi</sup>.
- c. Numerator option Not Reported is represented by letter d<sup>vi</sup>.

14. Measure 339

- a. Numerator option Performance Met has an arrow pointing to G8500 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>vii</sup>.
- b. Numerator option Performance Not Met is represented by letter c<sup>vii</sup>.
- c. Numerator option Not Reported is represented by letter d<sup>vii</sup>.

15. Measure 340

- a. Numerator option Performance Met has an arrow pointing to G8500 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>viii</sup>.
- b. Numerator option Performance Not Met is represented by letter c<sup>viii</sup>.
- c. Numerator option Not Reported is represented by letter d<sup>viii</sup>.

## 16. Scenarios for Reporting and Performance Algorithms

### 17. Patient X Age 65

- a. Patient X Met Measure 47 (represented by a<sup>i</sup>)
- b. Patient X Met Measure 134 (represented by a<sup>ii</sup>)
- c. Patient X Met Measure 160 (represented by a<sup>iii</sup>)
- d. Patient X Met Measure 205 (represented by a<sup>iv</sup>)
- e. Patient X Met Measure 226 (represented by a<sup>v</sup>)
- f. Patient X Met Measure 338 (represented by a<sup>vi</sup>)
- g. Patient X Met Measure 339 (represented by a<sup>vii</sup>)
- h. Patient X Met Measure 340 (represented by a<sup>viii</sup>)

### 18. Patient Y Age 17

- a. Patient Y Not Applicable for Measure 47 (represented by e<sup>i</sup>)
- b. Patient Y Not Met but Reported Measure 134 (represented by c<sup>ii</sup>)
- c. Patient Y Met Measure 160 (represented by a<sup>iii</sup>)
- d. Patient Y Met Measure 205 (represented by a<sup>iv</sup>)
- e. Patient Y Not Applicable for Measure 226 (represented by e<sup>v</sup>)
- f. Patient Y Met Measure 338 (represented by a<sup>vi</sup>)
- g. Patient Y Met Measure 339 (represented by a<sup>vii</sup>)
- h. Patient Y did Not Report Measure 340 (represented by d<sup>viii</sup>)

### 19. Patient Z Age 72

- a. Patient Z Met Measure 47 (represented by a<sup>i</sup>)
- b. Patient Z Exclusion Reported for Measure 134 (represented by b<sup>ii</sup>)
- c. Patient Z Met Measure 160 (represented by a<sup>iii</sup>)
- d. Patient Z Met Measure 205 (represented by a<sup>iv</sup>)
- e. Patient Z Exclusion Reported for Measure 226 (represented by b<sup>v</sup>)
- f. Patient Z Met Measure 338 (represented by a<sup>vi</sup>)
- g. Patient Z Met Measure 339 (represented by a<sup>vii</sup>)
- h. Patient Z Met Measure 340 (represented by a<sup>viii</sup>)

## 20. 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 0 Plus Patient Z Reporting equals 1 for a total of 2 of the Required 20 Patient Sample Reported

## 21. Performance Algorithms

### 22. Measure 47

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

### 23. Measure 134

- a. Performance Met equals 1 divided by Reported QDC for 3 eligible patients minus 1 Performance Exclusion equals 50% Performance Rate
24. Measure 160
- a. Performance Met equals 3 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 100% Performance Rate
25. Measure 205
- a. Performance Met equals 3 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 100% Performance Rate
26. Measure 226
- a. Performance Met equals 1 divided by Reported QDC for 2 eligible patients minus 1 Performance Exclusion equals 100% Performance Rate
27. Measure 338
- a. Performance Met equals 3 divided by Reported QDC for 3 eligible patients equals 100% Performance Rate
28. Measure 339
- a. Performance Met equals 3 divided by Reported QDC for 3 eligible patients equals 100% Performance Rate
29. Measure 340
- a. Performance Met equals 2 divided by Reported QDC for 2 eligible patients equals 100% Performance Rate