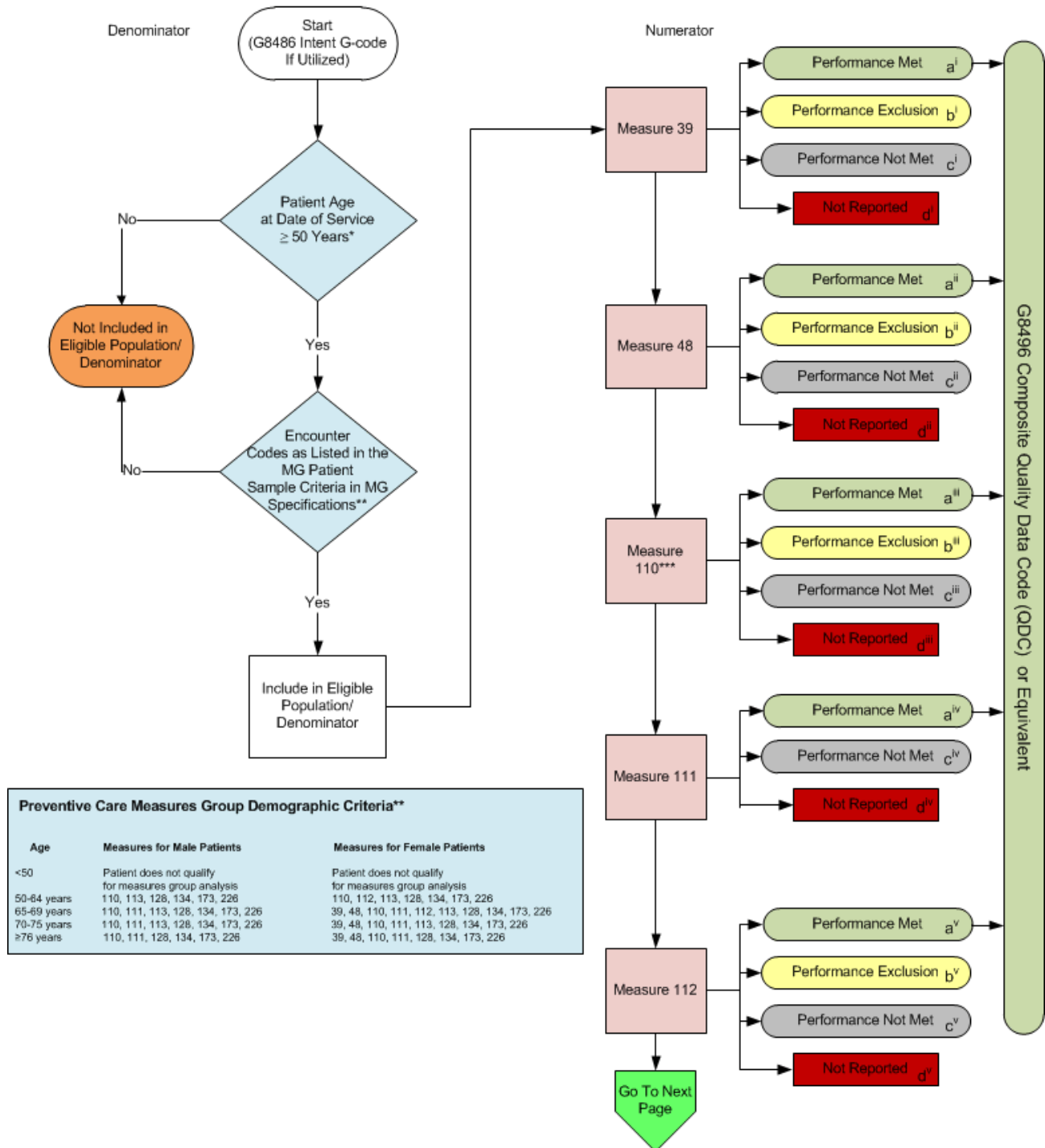


# 2015 Measures Group (MG) Flow Preventive Care

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



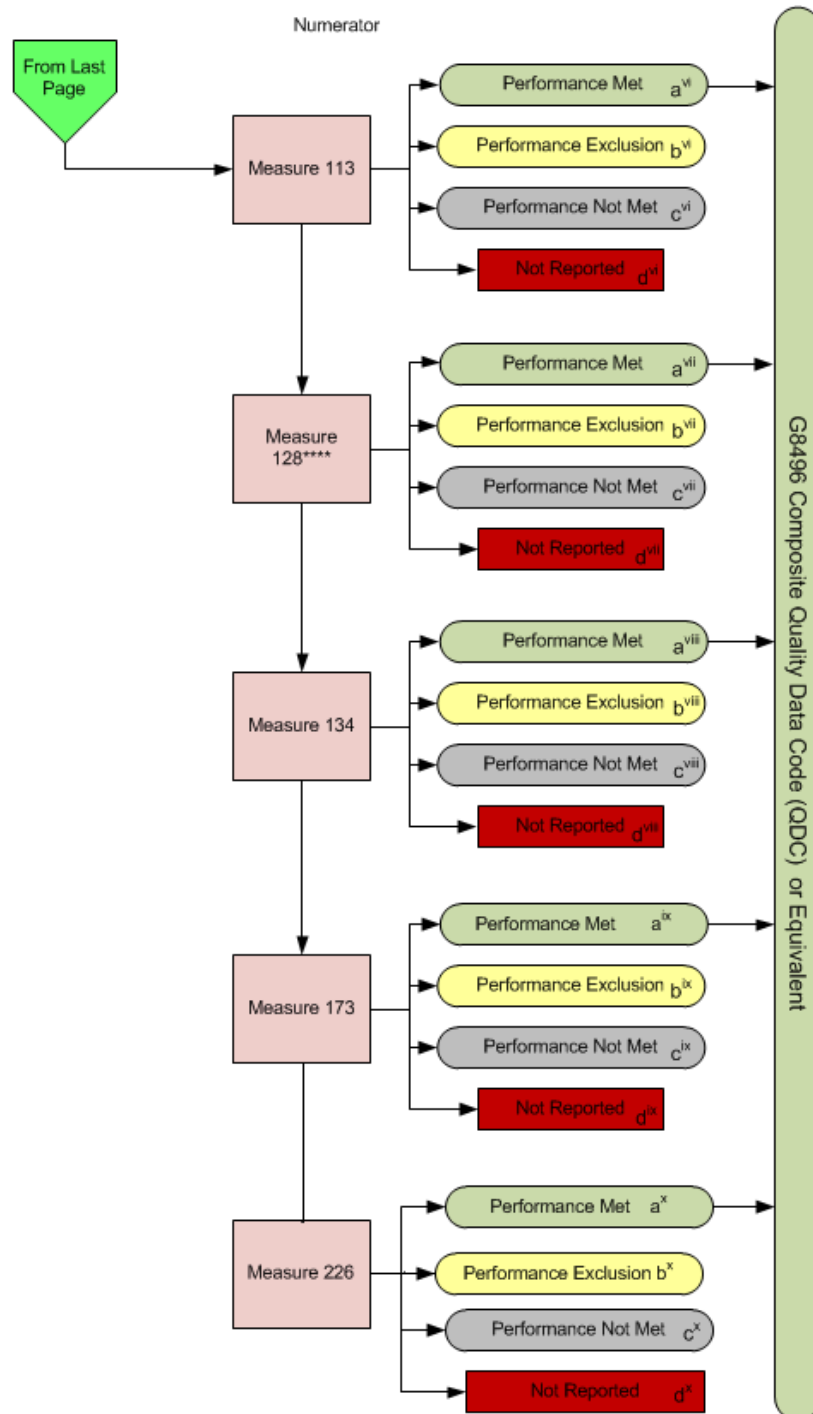
\*Please refer to the 'Preventive Care Measures Group Demographic Criteria' table for specifics regarding specialized age and gender criteria for each measure within the Measures Group.

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

\*\*\*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 Preventive Care

Note: For Measure numerator details, please refer to the Measures Groups Specification Manual.  
Please refer to the 'Preventive Care Measures Group Demographic Criteria' table for specifics regarding specialized age and gender criteria for each measure within the Measures Group.



\*\*\*\*When reporting Measure #128 the most recent clinical action performed should be used in the performance calculation.

# 2015 Measures Group (MG) Flow Preventive Care

## 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 39	Measure 48	Measure 110***	Measure 111	Measure 112	Measure 113	Measure 128****	Measure 134	Measure 173	Measure 226
	(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)	(viii)	(ix)	(x)
<b>Patient X</b> 65 y/o F 2/21/2015	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> )	Met (a <sup>viii</sup> )	Met (a <sup>ix</sup> )	Met (a <sup>x</sup> )
<b>Patient Y</b> 70 y/o M 11/15/2015	Not Applicable (e <sup>i</sup> )	Not Applicable (e <sup>ii</sup> )	Not Met (c <sup>iii</sup> )	Met (a <sup>iv</sup> )	Not Applicable (e <sup>v</sup> )	Exclusion (b <sup>vi</sup> )	Met (a <sup>vii</sup> )	Not Met (c <sup>viii</sup> )	Met (a <sup>ix</sup> )	Met (a <sup>x</sup> )
<b>Patient Z</b> 71 y/o F 7/8/2015	Met (a <sup>i</sup> )	Met (a <sup>ii</sup> )	Not Applicable (e <sup>iii</sup> )	Not Reported (d <sup>iv</sup> )	Not Applicable (e <sup>v</sup> )	Met (a <sup>vi</sup> )	Met (a <sup>vii</sup> )	Met (a <sup>viii</sup> )	Not Reported (d <sup>ix</sup> )	Not Reported (d <sup>x</sup> )

## Reporting Algorithm<sup>^</sup>

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

## Performance Algorithms

### Measure 39

Performance Met (2) = 2 = 100.00%  
Reported QDC for eligible patient (2) – Performance Exclusion (0) 2

### Measure 113

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

### Measure 48

Performance Met (2) = 2 = 100.00%  
Reported QDC for eligible patient (2) – Performance Exclusion (0) 2

### Measure 128

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

### Measure 110

Performance Met (1) = 1 = 50.00%  
Reported QDC for eligible patient (2) – Performance Exclusion (0) 2

### Measure 134

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

### Measure 111

Performance Met (2) = 2 = 100.00%  
Reported QDC for eligible patient (2) 2

### Measure 173

Performance Met (2) = 2 = 100.00%  
Reported QDC for eligible patient (2) – Performance Exclusion (0) 2

### Measure 112

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

### Measure 226

Performance Met (2) = 2 = 100.00%  
Reported QDC for eligible patient (2) – Performance Exclusion (0) 2

\*\*\*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 reporting Measure #128 the most recent clinical action performed should be used in the performance calculation.

<sup>^</sup>Reporting of all measures contained in measures group, per patient, equals one.

## **2015 Measures Group (MG) Flow Preventative Care**

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

1. Start with G8486 Intent G-code if Utilized
2. Check Patient Age:
  - a. Please refer to the Preventive Care Measures Group Demographic Criteria table for specifics regarding specialized age and gender criteria for each measure within the Measures Group
  - b. If the Age is greater than or equal to 50 years of age at Date of Service equals No, do not include in Eligible Population/Denominator. Stop Processing.
  - c. If the Age is greater than or equal to 50 years of age at Date of Service equals Yes, proceed to check Encounter Performed.
3. 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 Encounter as Listed in the Measures Group Patient Sample Criteria equals Yes, include in the Eligible Population/Denominator.
4. 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.
5. Start Numerator Options for Measures within the Measures Group
6. Composite Quality Data Code (QDC) G8496 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.
7. Measure 39
  - a. Measure #39 is only applicable for female patients aged 65 years and older. When measure #39 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 G8496 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>i</sup>.
  - c. Numerator option Performance Exclusion is represented by letter b<sup>i</sup>.
  - d. Numerator option Performance Not Met is represented by letter c<sup>i</sup>.
  - e. Numerator option Not Reported is represented by letter d<sup>i</sup>.
8. Measure 48

- a. Measure #48 is only applicable for female patients aged 65 years and older. When measure #48 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 G8496 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>.

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>iii</sup> in the Scenarios for Reporting Algorithms.
- b. Numerator option Performance Met has an arrow pointing to G8496 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>iii</sup>.
- c. Numerator option Performance Exclusion is represented by letter b<sup>iii</sup>.
- d. Numerator option Performance Not Met is represented by letter c<sup>iii</sup>.
- e. Numerator option Not Reported is represented by letter d<sup>iii</sup>.

10. Measure 111

- a. Measure #111 is only applicable for patients aged 65 years and older. When measure #111 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 G8496 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<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>.

11. Measure 112

- a. Measure #112 is only applicable for female patients age 50 thru 69 years of age. When measure #112 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 G8496 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>.

12. Measure 113

- a. Measure #113 is only applicable for patients age 50 thru 75 years of age. When measure #113 is Not Applicable it is represented by letter e<sup>vi</sup> in the Scenarios for Reporting Algorithms.
- b. Numerator option Performance Met has an arrow pointing to G8496 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>vi</sup>.
- c. Numerator option Performance Exclusion is represented by letter b<sup>vi</sup>.
- d. Numerator option Performance Not Met is represented by letter c<sup>vi</sup>.
- e. Numerator option Not Reported is represented by letter d<sup>vi</sup>.

13. Measure 128

- a. When reporting Measure #128 the most recent clinical action performed should be used in the performance calculation.
- b. Numerator option Performance Met has an arrow pointing to G8496 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>vii</sup>.
- c. Numerator option Performance Exclusion is represented by letter b<sup>vii</sup>.
- d. Numerator option Performance Not Met is represented by letter c<sup>vii</sup>.
- e. Numerator option Not Reported is represented by letter d<sup>vii</sup>.

14. Measure 134

- a. Numerator option Performance Met has an arrow pointing to G8496 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>viii</sup>.
- b. Numerator option Performance Exclusion is represented by letter b<sup>viii</sup>.
- c. Numerator option Performance Not Met is represented by letter c<sup>viii</sup>.
- d. Numerator option Not Reported is represented by letter d<sup>viii</sup>.

15. Measure 173

- a. Numerator option Performance Met has an arrow pointing to G8496 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>ix</sup>.
- b. Numerator option Performance Exclusion is represented by letter b<sup>ix</sup>.
- c. Numerator option Performance Not Met is represented by letter c<sup>ix</sup>.
- d. Numerator option Not Reported is represented by letter d<sup>ix</sup>.

16. Measure 226

- a. Numerator option Performance Met has an arrow pointing to G8496 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a<sup>x</sup>.
- b. Numerator option Performance Exclusion is represented by letter b<sup>x</sup>.
- c. Numerator option Performance Not Met is represented by letter c<sup>x</sup>.
- d. Numerator option Not Reported is represented by letter d<sup>x</sup>.

17. Scenarios for Reporting and Performance Algorithms

18. Patient X Female, Age 65, Visit Date 2/21/2015

- a. Patient X Met Measure 39 (represented by a<sup>i</sup>)
- b. Patient X Met Measure 48 (represented by a<sup>ii</sup>)
- c. Patient X Met Measure 110 (represented by a<sup>iii</sup>)
- d. Patient X Met Measure 111 (represented by a<sup>iv</sup>)
- e. Patient X Met Measure 112 (represented by a<sup>v</sup>)
- f. Patient X Met Measure 113 (represented by a<sup>vi</sup>)
- g. Patient X Met Measure 128 (represented by a<sup>vii</sup>)
- h. Patient X Met Measure 134 (represented by a<sup>viii</sup>)
- i. Patient X Met Measure 173 (represented by a<sup>ix</sup>)
- j. Patient X Met Measure 226 (represented by a<sup>x</sup>)

19. Patient Y Male, Age 70, Visit Date 11/15/2015

- a. Patient Y Not Applicable for Measure 39 (represented by e<sup>i</sup>)
- b. Patient Y Not Applicable for Measure 48 (represented by e<sup>ii</sup>)
- c. Patient Y Not Met but Reported Measure 110 (represented by c<sup>iii</sup>)

- d. Patient Y Met Measure 111 (represented by a<sup>iv</sup>)
  - e. Patient Y Not Applicable for Measure 112 (represented by e<sup>v</sup>)
  - f. Patient Y Exclusion Reported for Measure 113 (represented by b<sup>vi</sup>)
  - g. Patient Y Met Measure 128 (represented by a<sup>vii</sup>)
  - h. Patient Y Not Met but Reported Measure 134 (represented by c<sup>viii</sup>)
  - i. Patient Y Met Measure 173 (represented by a<sup>ix</sup>)
  - j. Patient Y Met Measure 226 (represented by a<sup>x</sup>)
20. Patient Z Female, Age 71, Visit Date 7/8/2015
- a. Patient Z Met Measure 39 (represented by a<sup>i</sup>)
  - b. Patient Z Met Measure 48 (represented by a<sup>ii</sup>)
  - c. Patient Z Not Applicable for Measure 110 (represented by e<sup>iii</sup>)
  - d. Patient Z did Not Report Measure 111 (represented by d<sup>iv</sup>)
  - e. Patient Z Not Applicable for Measure 112 (represented by e<sup>v</sup>)
  - f. Patient Z Met Measure 113 (represented by a<sup>vi</sup>)
  - g. Patient Z Met Measure 128 (represented by a<sup>vii</sup>)
  - h. Patient Z Met Measure 134 (represented by a<sup>viii</sup>)
  - i. Patient Z did Not Report Measure 173 (represented by d<sup>ix</sup>)
  - j. Patient Z did Not Report Measure 226 (represented by d<sup>x</sup>)
21. 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
22. Performance Algorithms
23. Measure 39
- a. Performance Met equals 2 divided by Reported QDC for 2 eligible patients minus 0 Performance Exclusions equals 100% Performance Rate
24. Measure 48
- a. Performance Met equals 2 divided by Reported QDC for 2 eligible patients minus 0 Performance Exclusions equals 100% Performance Rate
25. Measure 110
- a. Performance Met equals 1 divided by Reported QDC for 2 eligible patients minus 0 Performance Exclusions equals 50% Performance Rate
26. Measure 111
- a. Performance Met equals 2 divided by Reported QDC for 2 eligible patients equals 100% Performance Rate
27. Measure 112
- a. Performance Met equals 1 divided by Reported QDC for 1 eligible patient minus 0 Performance Exclusions equals 100% Performance Rate
28. Measure 113
- a. Performance Met equals 2 divided by Reported QDC for 3 eligible patients minus 1 Performance Exclusion equals 100% Performance Rate

29. Measure 128

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

30. Measure 134

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

31. Measure 173

- a. Performance Met equals 2 divided by Reported QDC for 2 eligible patients minus 0 Performance Exclusions equals 100% Performance Rate

32. Measure 226

- a. Performance Met equals 2 divided by Reported QDC for 2 eligible patients minus 0 Performance Exclusions equals 100% Performance Rate