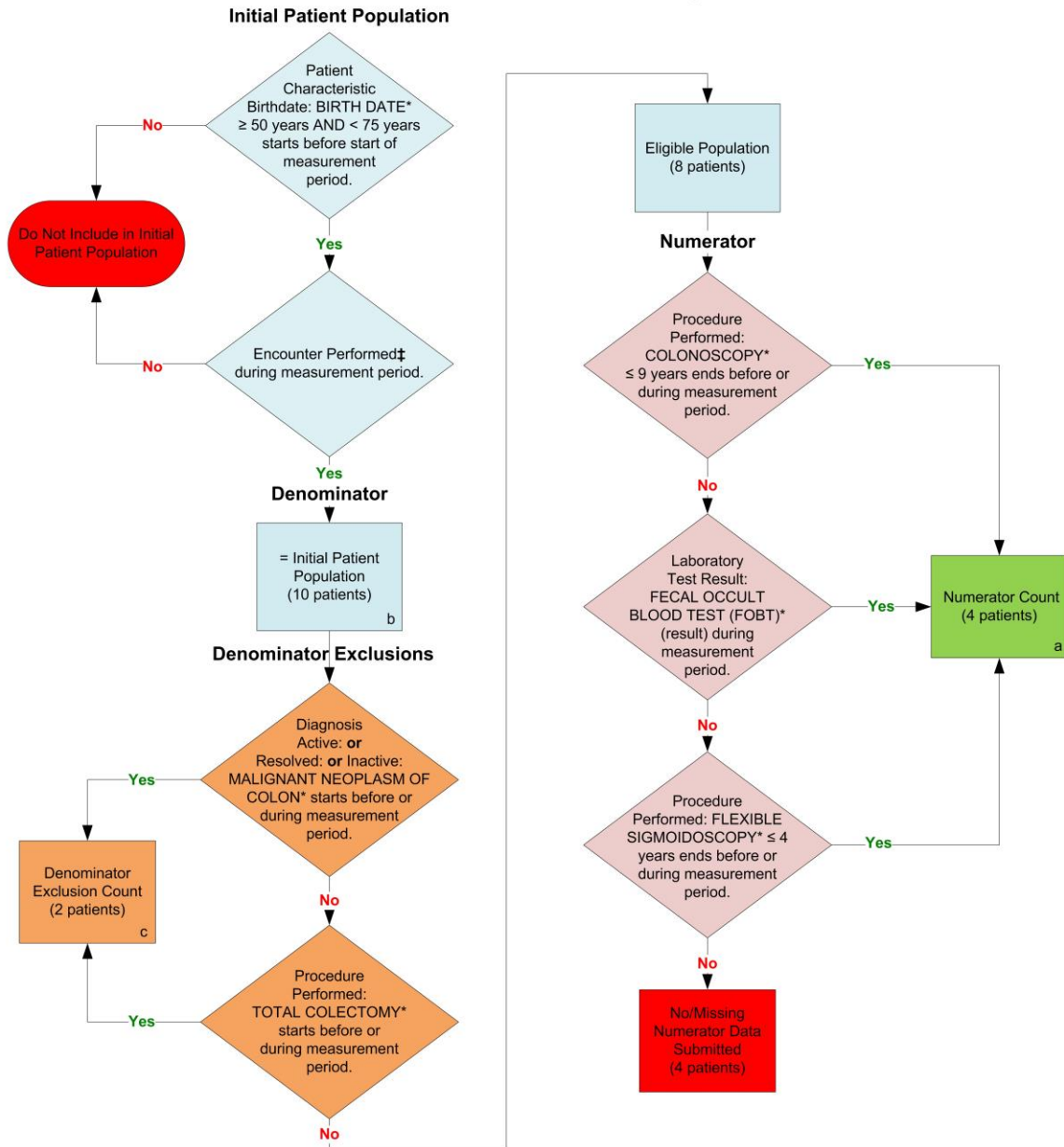


2014 eCQM Flow
Measure Identifier: CMS130v3
NQF 0034: Colorectal Cancer Screening



*Please refer to the specific section of the eCQM to identify the QDM data elements and associated value sets for use in reporting this eCQM.

‡ For a listing of appropriate encounters, please refer to the QDM data elements and associated value sets as specific data elements have not been listed.

SAMPLE CALCULATION:

Performance Rate =

$$\frac{\text{Numerator (a=4 patients)}}{\text{Denominator (b=10 patients) - Denominator Exclusions (c=2 patients) - Denominator Exceptions (N/A)}} = 50.00\%$$

2014 eCQM Flows
Measure Identifier: CMS130v3
NQF 0034: Colorectal Cancer Screening

Please refer to the specific section of the eCQM to identify the QDM data elements and associated value sets for use in reporting this eCQM.

1. Start Initial Patient Population
2. Check Patient Characteristic Birthdate:
 - a. If QDM data element, BIRTH DATE, is greater than or equal to 50 years of age AND less than 75 years of age before the start of the measurement period, equals No, do not include in Initial Patient Population and stop processing.
 - b. If QDM data element, BIRTH DATE, is greater than or equal to 50 years of age AND less than 75 years of age before the start of the measurement period, equals Yes, continue processing and proceed to check Encounter Performed.
3. Check Encounter Performed:
 - a. If QDM data element, OFFICE VISIT during the measurement period equals Yes, include in the Initial Patient Population and continue on to the Denominator.
 - b. If QDM data element, OFFICE VISIT during the measurement period equals No, proceed to check next Encounter Performed.
 - c. If QDM data element, FACE-TO-FACE INTERACTION during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.
 - d. If QDM data element, FACE-TO-FACE INTERACTION during the measurement period equals No, proceed to check next Encounter Performed.
 - e. If QDM data element, PREVENTIVE CARE SERVICES – ESTABLISHED OFFICE VISIT, 18 AND UP during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.
 - f. If QDM data element, PREVENTIVE CARE SERVICES – ESTABLISHED OFFICE VISIT, 18 AND UP during the measurement period equals No, proceed to check next Encounter Performed.
 - g. If QDM data element, PREVENTIVE CARE SERVICES – INITIAL OFFICE VISIT, 18 AND UP during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.

- h. If QDM data element, PREVENTIVE CARE SERVICES – INITIAL OFFICE VISIT, 18 AND UP during the measurement period equals No, proceed to check next Encounter Performed.
 - i. If QDM data element, HOME HEALTHCARE SERVICES during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.
 - j. If QDM data element, HOME HEALTHCARE SERVICES during the measurement period equals No, proceed to check next Encounter Performed.
 - k. If QDM data element, ANNUAL WELLNESS VISIT during the measurement period equals Yes, include in the Initial Patient Population and proceed Denominator.
 - l. If QDM data element, ANNUAL WELLNESS VISIT during the measurement period equals No, do not include in Initial Patient Population and stop processing.
- 4. Start Denominator
 - a. Denominator equals the Initial Patient Population. Denominator is represented by the letter B in the sample calculation listed at the end of this document. Letter B equals 10 patients in the sample calculation.
- 5. Start Denominator Exclusions
- 6. Check Diagnosis Active, Resolved or Inactive:
 - a. If QDM data element, MALIGNANT NEOPLASM OF COLON (active, resolved, or inactive) starts before or during the measurement period equals Yes, include in Denominator Exclusions Count. Exclusions are represented by the letter C in the sample calculation listed at the end of this document. Letter C equals 2 patients in the sample calculation.
 - b. If QDM data element, MALIGNANT NEOPLASM OF COLON (active, resolved, or inactive) starts before or during the measurement period equals No, proceed to check Procedure Performed.
- 7. Check Procedure Performed:
 - a. If QDM data element, TOTAL COLECTOMY starts before or during the measurement period equals Yes, include in Denominator Exclusions Count. Exclusions are represented by the letter C in the sample calculation listed at the end of this document. Letter C equals 2 patients in the sample calculation.

- b. If QDM data element, TOTAL COLECTOMY starts before or during the measurement period equals No, proceed to Numerator.
- 8. Start Numerator
- 9. Check Procedure Performed:
 - a. If QDM data element COLONOSCOPY less than or equal to 9 years ends before or during measurement period equals Yes, include in Numerator count. Numerator is represented by the letter A in the sample calculation listed at the end of this document. Letter A equals 4 patients in the sample calculation.
 - b. If QDM data element COLONOSCOPY less than or equal to 9 years ends before or during measurement period equals No, proceed to check Laboratory Test Result.
- 10. Check Laboratory Test Result:
 - a. If QDM data element, FECAL OCCULT BLOOD TEST (FOBT), (result), during measurement period equals Yes, include in Numerator count. Numerator is represented by the letter A in the sample calculation listed at the end of this document. Letter A equals 4 patients in the sample calculation.
 - b. If QDM data element, FECAL OCCULT BLOOD TEST (FOBT), (result) during measurement period equals No, proceed to check next Procedure Performed.
- 11. Check Procedure Performed:
 - a. If QDM data element, FLEXIBLE SIGMOIDOSCOPY, less than or equal to 4 years ends before or during measurement period equals Yes, include in Numerator count. Numerator is represented by the letter A in the sample calculation listed at the end of this document. Letter A equals 4 patients in the sample calculation.
 - b. If QDM data element, FLEXIBLE SIGMOIDOSCOPY, less than or equal to 4 years ends before or during measurement period equals No, include in the No/Missing Numerator Data Submitted count and stop processing.

SAMPLE CALCULATION:

Performance Rate =

Numerator (a=4 patients)

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Denominator (b=10 patients) – Denominator Exclusions (c=2 patients) – *Denominator Exceptions (N/A)*

= 50.00%