

2014 eMeasure Flows  
Cover Page

**For eligible professionals reporting EHR clinical quality measures for Meaningful Use (MU) only (Option #1) in 2014, the following must be included in the submitted file(s):**

- 1 – Rendering NPI and TIN on QRDA Category III files
- 2 – Payers for all eligible patients identified on QRDA Category III files
- 3 – All of the identifiers for the eMeasures the eligible professional or group practice intends to report must be included in the appropriate fields of the QRDA Category III files even if they do not have any eligible patients for those eMeasures
- 4 – Performance rate(s) (or a measure observation value) must be included in the QRDA Category III file for every eMeasure the eligible professional intended to report according to the performance rate (or measure observation) algorithms provided in each of the flows
- 5 – For every patient evaluated for the eMeasures also identify payer, race, ethnicity and sex.

**For eligible professionals and group practices reporting EHR clinical quality measures for Meaningful Use (MU) and the Physician Quality Reporting System (PQRS) (Option #2) in 2014, the following must be included in the submitted file(s):**

- 1 – Rendering NPI and TIN on the appropriate fields of the QRDA Category I or QRDA Category III files for eligible professionals reporting as *individuals* **OR** submission of all NPIs within the TIN when reporting as a *group practice*
- 2 – At least **one** Medicare Part B beneficiary that is eligible for at least one of the eMeasures either via QRDA Category I or III files
- 3 – Valid HIC# for Medicare beneficiaries on QRDA Category I files
- 4 – Payers for all eligible patients identified on QRDA Category I or III files
- 5 – All of the identifiers for the eMeasures the eligible professional or group practice intends to report must be included in the appropriate fields of the QRDA Category I or III files even if they do not have any eligible patients for those eMeasures
- 6 – Performance rate(s) (or a measure observation value) must be included in the QRDA Category III file for every eMeasure the eligible professional intended to report according to the performance rate (or measure observation) algorithms provided in each of the flows
- 7 – All of the detailed data pertaining to the eMeasures the eligible professional intends to report must be included in the patient-level QRDA Category I files so that the system may generate accurate performance rate(s) (or a measure observation value)
- 8 – For every patient evaluated for the eMeasures also identify payer, race, ethnicity and sex.

2014 eMeasure Flows  
eMeasure Identifier: 157  
NQF 0384: Oncology: Medical and Radiation – Pain Intensity Quantified



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

<sup>‡</sup> 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.

2014 eMeasure Flows  
eMeasure Identifier: 157  
NQF 0384: Oncology: Medical and Radiation – Pain Intensity Quantified

**SAMPLE CALCULATION:**

**Performance Rate =**

$$\frac{\text{Numerator (a=6 patients)}}{\text{Denominator (b=10 patients) – Denominator Exclusions (N/A) – Denominator Exceptions (N/A)}} = 60.00\%$$

## 2014 eMeasure Flows

eMeasure Identifier: 157

### NQF 0384: Oncology: Medical and Radiation – Pain Intensity Quantified

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

1. Start Initial Patient Population
2. Check Diagnosis Active:
  - a. If Occurrence A of the QDM data element, CANCER, starts before or during but does not end before start of Occurrence A of Procedure Performed QDM data element, RADIATION TREATMENT MANAGEMENT, during measurement period equals No, go to Check Diagnosis Active.
  - b. If Occurrence A of the QDM data element, CANCER, starts before or during but does not end before start of Occurrence A of Procedure Performed QDM data element, RADIATION TREATMENT MANAGEMENT, during measurement period equals Yes, continue on to the Denominator.
3. Check Diagnosis Active:
  - a. If Occurrence A of the QDM data element, CANCER, starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, OFFICE VISIT, or FACE-TO-FACE INTERACTION, during measurement period equals Yes, proceed to check Procedure Performed.
  - b. If Occurrence A of the QDM data element, CANCER, starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, OFFICE VISIT, or FACE-TO-FACE INTERACTION, during measurement period equals No, do not include in Initial Patient Population. Stop Processing.
4. Check Procedure Performed:
  - a. If Occurrence A of QDM data element, CHEMOTHERAPY ADMINISTRATION, less than or equal to 30 days starts before or during Occurrence A of Encounter Performed QDM data element, OFFICE VISIT, or FACE-TO-FACE INTERACTION, equals Yes, proceed to check Procedure Performed.
  - b. If Occurrence A of QDM data element, CHEMOTHERAPY ADMINISTRATION, less than or equal to 30 days starts before or during Occurrence A of Encounter Performed QDM data element, OFFICE VISIT, or FACE-TO-FACE INTERACTION, equals No, do not include in Initial Patient Population. Stop Processing.
5. Check Procedure Performed:
  - a. If Occurrence B of QDM data element, CHEMOTHERAPY ADMINISTRATION, less than or equal to 30 days starts after end of Occurrence A of Encounter Performed QDM data element, OFFICE VISIT, or FACE-TO-FACE INTERACTION, equals Yes, Continue on to the Denominator.
  - b. If Occurrence B of QDM data element, CHEMOTHERAPY ADMINISTRATION, less than or equal to 30 days starts after end of Occurrence A of Encounter Performed QDM data element, OFFICE VISIT, or FACE-TO-FACE INTERACTION, equals No, do not include in Initial Patient Population. Stop Processing.
6. Start Denominator
  - a. Denominator equals the Initial Patient Population. Denominator is represented by letter B in the sample calculation listed at the end of this document. Letter B equals 10 patients in the sample calculation.

7. Start Numerator
8. Check Risk Category Assessment:
  - a. If the QDM data element, STANDARDIZED PAIN ASSESSMENT TOOL (result), during Occurrence A of Encounter Performed QDM data element, OFFICE VISIT, or FACE-TO-FACE INTERACTION, or Occurrence A of Procedure Performed QDM data element, RADIATION TREATMENT MANAGEMENT, equals Yes, include in Numerator Count. Numerator is represented by letter A in the sample calculation listed at the end of this document. Letter A equals 6 patients in the sample calculation.
  - b. If the QDM data element, STANDARDIZED PAIN ASSESSMENT TOOL (result), during Occurrence A of Encounter Performed QDM data element, OFFICE VISIT, or FACE-TO-FACE INTERACTION, or Occurrence A of Procedure Performed QDM data element, RADIATION TREATMENT MANAGEMENT, equals No, include in the No/Missing Data Submitted count. Stop Processing.

**SAMPLE CALCULATION:**

**Performance Rate =**

Numerator (a= 6 patients)

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

= **60.00%**