

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):

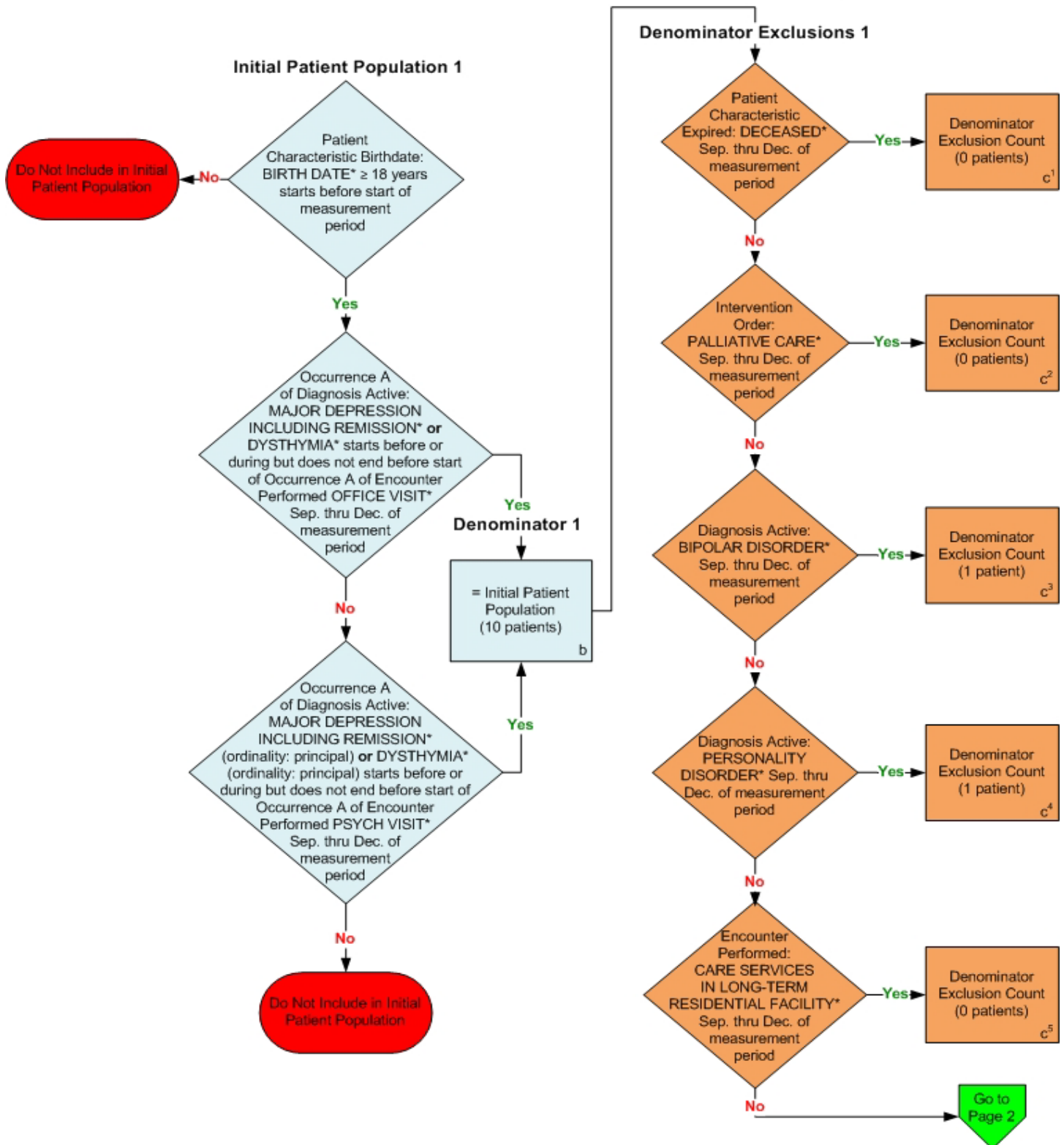
- 1 – Rendering NPI and TIN on QRDA Category III files
- 2 – Payers for all eligible patients identified on QRDA Category III files
- 3 – All of the identifiers for the eMeasures the eligible professional or group practice intends to report must be included in the appropriate fields of the QRDA Category 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: 160
NQF 0712: Depression Utilization of the PHQ-9 Tool

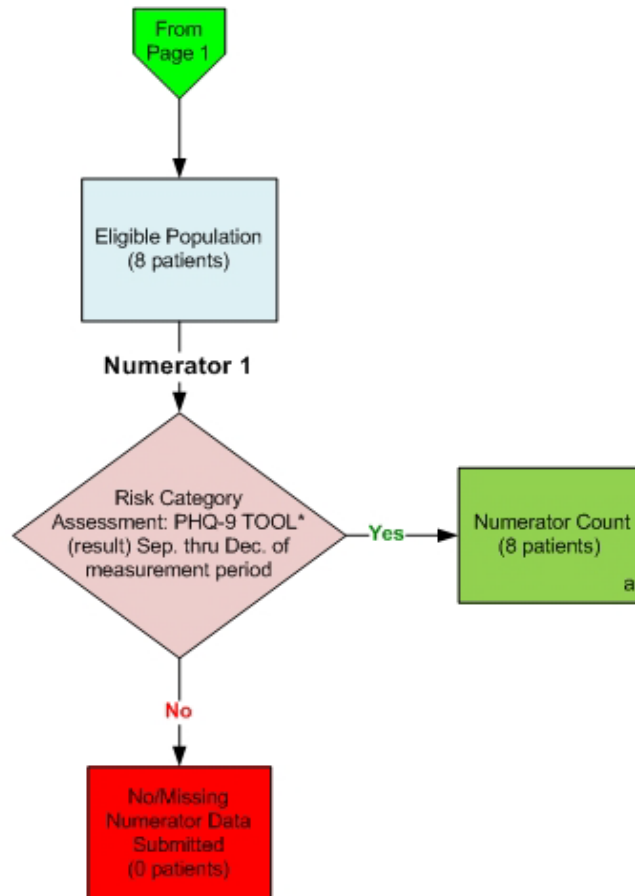
This eMeasure requires the reporting of three Performance Rates



*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.

‡ 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: 160
NQF 0712: Depression Utilization of the PHQ-9 Tool



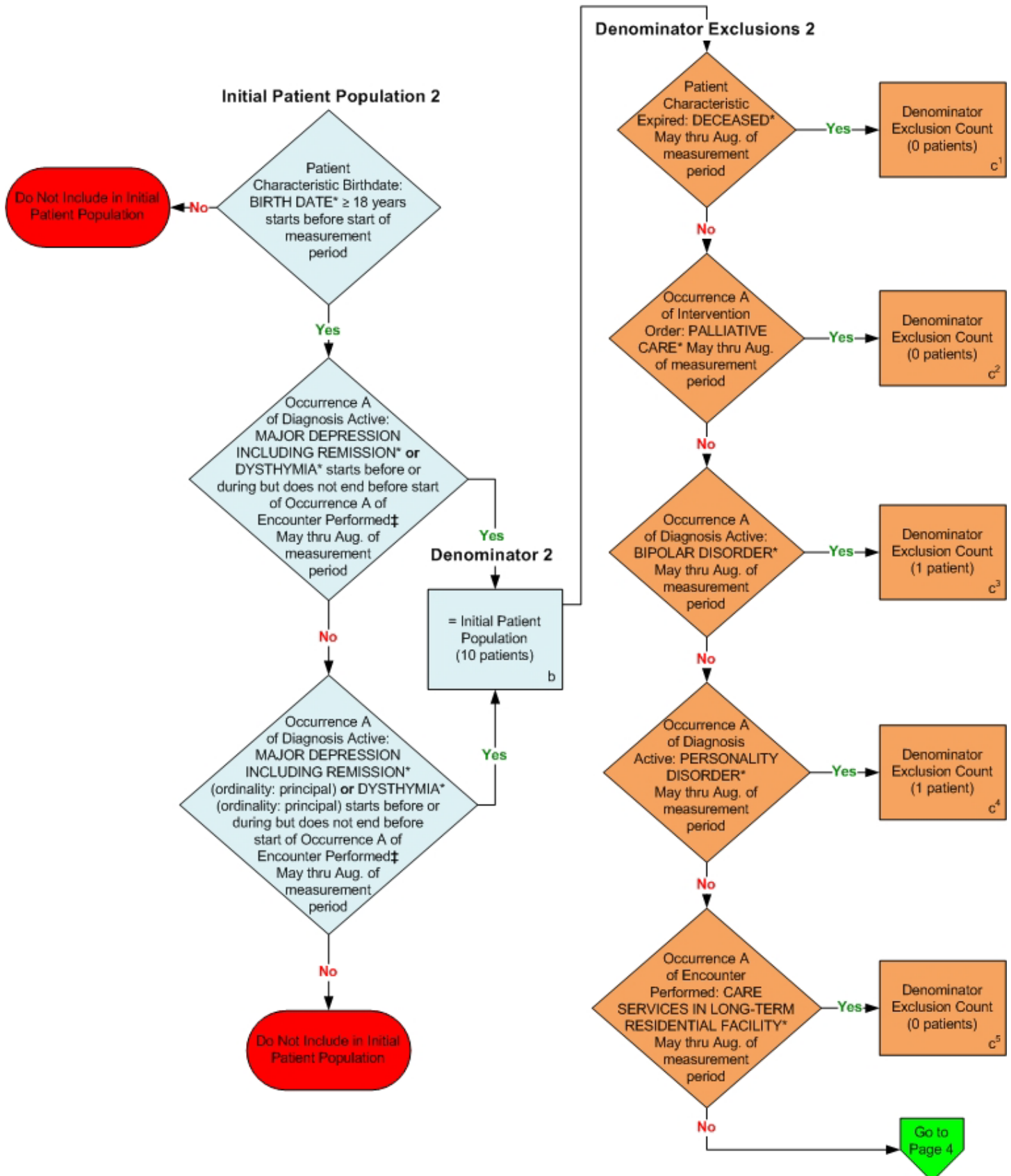
*Please refer to the specific section of the eMeasure to identify the QDM data elements and associated value sets for use in reporting this eMeasure.

SAMPLE CALCULATION: *Combination of Initial Patient Population 1; Denominator 1; Numerator 1*

Performance Rate =

$$\frac{\text{Numerator (a=8 patients)}}{\text{Denominator (b=10 patients) – Denominator Exclusions (c}^1\text{ + c}^2\text{ + c}^3\text{ + c}^4\text{ + c}^5\text{ = 2 patients) – Denominator Exceptions (N/A)}} = 100.00\%$$

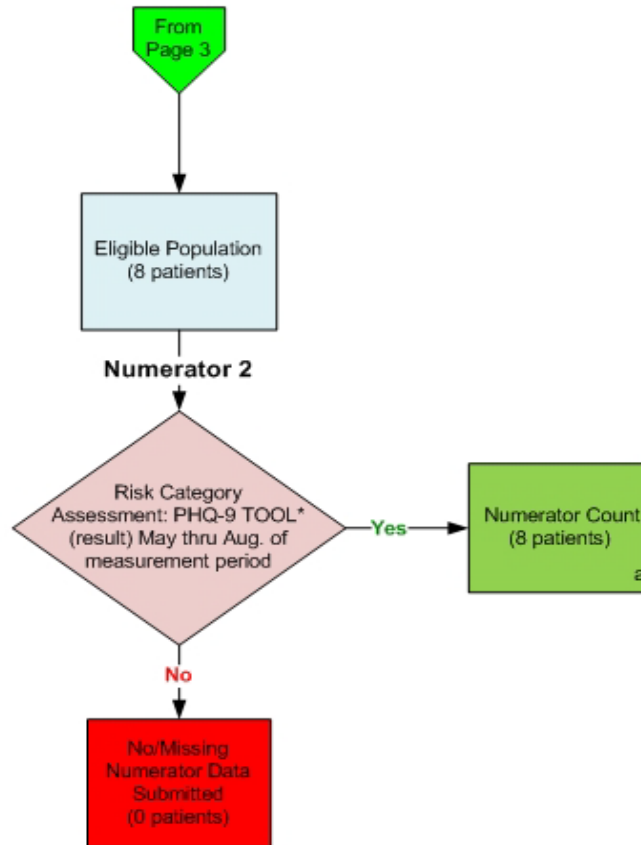
2014 eMeasure Flows
eMeasure Identifier: 160
NQF 0712: Depression Utilization of the PHQ-9 Tool



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‡ 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: 160
NQF 0712: Depression Utilization of the PHQ-9 Tool



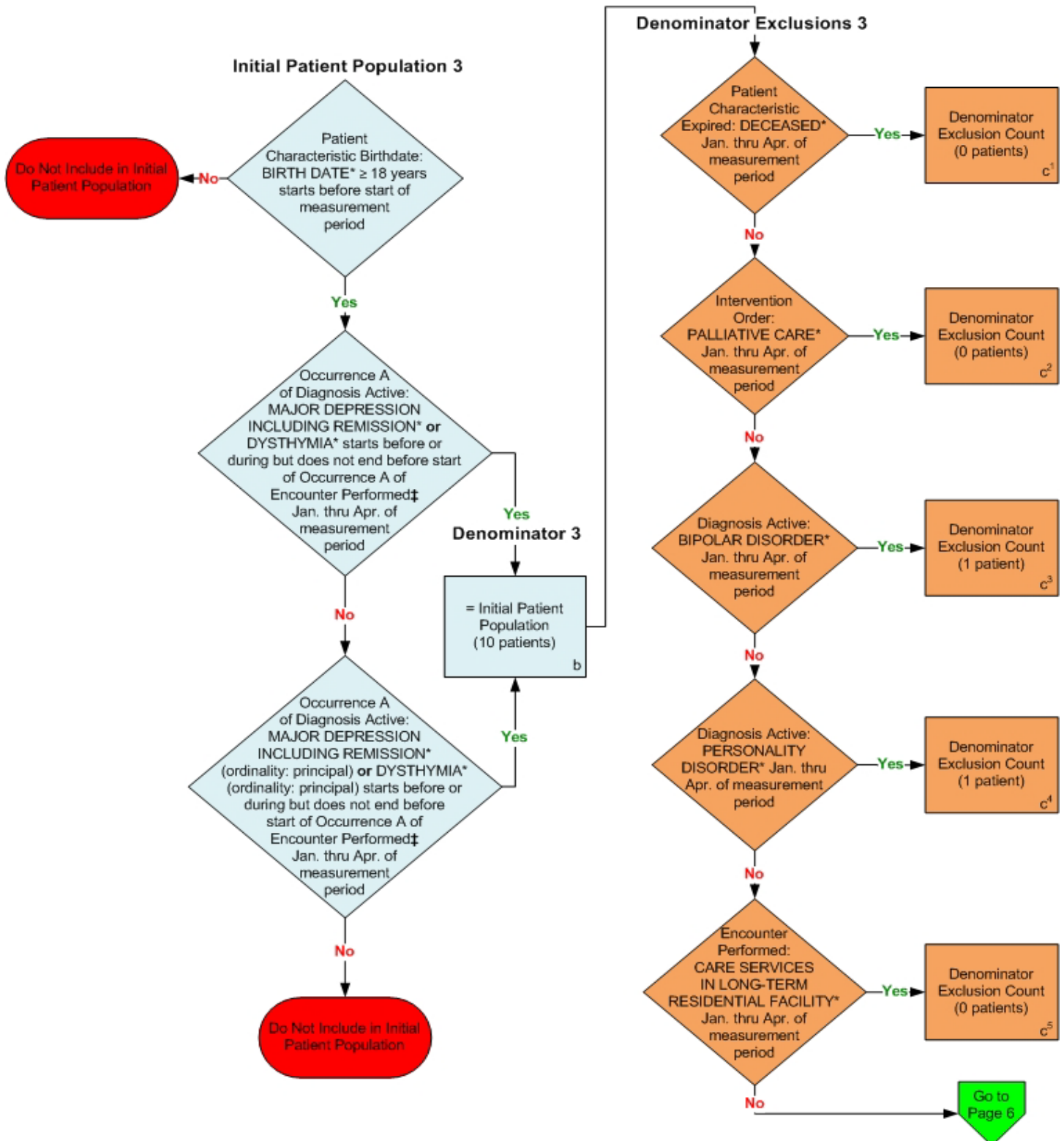
*Please refer to the specific section of the eMeasure to identify the QDM data elements and associated value sets for use in reporting this eMeasure.

SAMPLE CALCULATION: *Combination of Initial Patient Population 2; Denominator 2; Numerator 2*

Performance Rate =

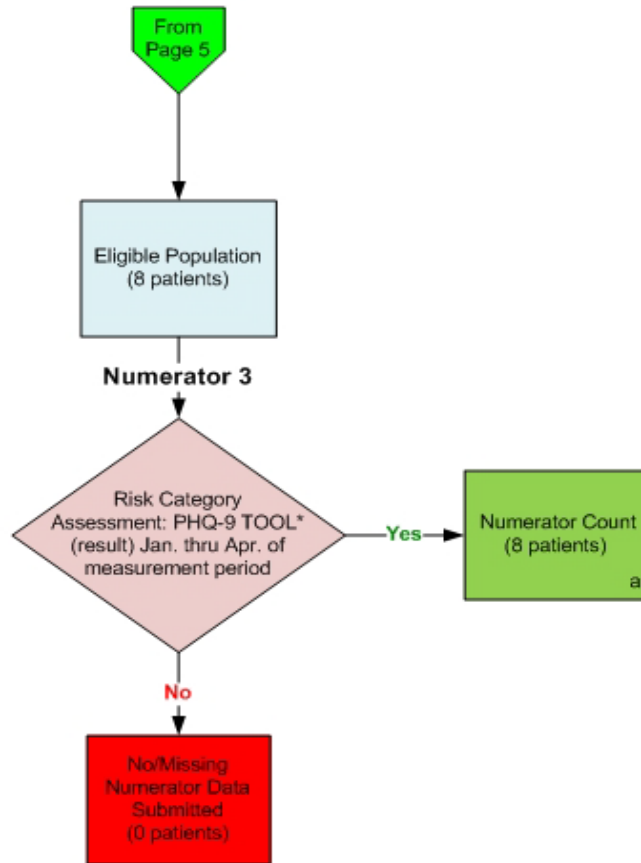
$$\frac{\text{Numerator (a=8 patients)}}{\text{Denominator (b=10 patients) – Denominator Exclusions (c}^1\text{ + c}^2\text{ + c}^3\text{ + c}^4\text{ + c}^5\text{ = 2 patients) – Denominator Exceptions (N/A)}} = 100.00\%$$

2014 eMeasure Flows
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*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.
‡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: 160
NQF 0712: Depression Utilization of the PHQ-9 Tool



*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.

SAMPLE CALCULATION: *Combination of Initial Patient Population 3; Denominator 3; Numerator 3*

Performance Rate =

$$\frac{\text{Numerator (a=8 patients)}}{\text{Denominator (b=10 patients) – Denominator Exclusions (c}^1\text{ + c}^2\text{ + c}^3\text{ + c}^4\text{ + c}^5\text{ = 2 patients) – Denominator Exceptions (N/A)}} = 100.00\%$$

2014 eMeasure Flows
eMeasure Identifier: 160

NQF 0712: Depression Utilization of the PHQ-9 Tool

This eMeasure requires the reporting of three Performance Rates

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 1
2. Check Patient Characteristic Birthdate:
 - a. If QDM data element, BIRTH DATE, is greater than or equal to 18 years starts before start of measurement period equals No, do not include in Initial Patient Population. Stop Processing.
 - b. If QDM data element, BIRTH DATE, is greater than or equal to 18 years starts before start of measurement period equals Yes, proceed to check Diagnosis Active.
3. Check Diagnosis Active:
 - a. If Occurrence A of QDM data element, MAJOR DEPRESSION INCLUDING REMISSION, or DYSTHYMIA, starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, OFFICE VISIT, September thru December of the measurement period equals Yes, include in Initial Patient Population 1 and go to Denominator 1.
 - b. If Occurrence A of QDM data element, MAJOR DEPRESSION, or DYSTHYMIA, starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, OFFICE VISIT, or PSYCH VISIT, September thru December of the measurement period equals No, go to check Diagnosis Active.
4. Check Diagnosis Active:
 - a. If Occurrence A of QDM data element, MAJOR DEPRESSION INCLUDING REMISSION (ordinality: principal, or DYSTHYMIA (ordinality: principal), starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, PSYCH VISIT, September thru December of the measurement period equals Yes, include in Initial Patient Population 1 and go to Denominator 1.
 - b. If Occurrence A of QDM data element, MAJOR DEPRESSION INCLUDING REMISSION (ordinality: principal), or DYSTHYMIA (ordinality: principal), starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, PSYCH VISIT, September thru December of the measurement period equals No, do not include in the Initial Patient Population. Stop Processing.
5. Start Denominator 1
 - 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.
6. Start Denominator Exclusions 1
7. Check Patient Characteristic Expired:
 - a. If QDM data element, DECEASED, September thru December of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C¹ in the sample calculation listed at the end of this document. Letter C¹ equals 0 patients in the sample calculation.
 - b. If the QDM data element, DECEASED, September thru December of the measurement period equals No, go to check Intervention Order.
8. Check Intervention Order:
 - a. If QDM data element, PALLIATIVE CARE, September thru December of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by

letter C² in the sample calculation listed at the end of this document. Letter C² equals 0 patients in the sample calculation.

- b. If QDM data element, PALLIATIVE CARE, September thru December of the measurement period equals No, go to check Diagnosis Active.

9. Check Diagnosis Active:

- a. If QDM data element, BIPOLAR DISORDER, September thru December of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C³ in the sample calculation listed at the end of this document. Letter C³ equals 1 patient in the sample calculation.
- b. If QDM data element, BIPOLAR DISORDER, September thru December of the measurement period equals No, go to check Diagnosis Active.

10. Check for Diagnosis Active:

- a. If QDM data element, PERSONALITY DISORDER, September thru December of the measurement period equals Yes, include in Denominator Exclusions count. Denominator Exclusion is represented by letter C⁴ in the sample calculation listed at the end of this document. Letter C⁴ equals 1 patient in the sample calculation.
- b. If QDM data element, PERSONALITY DISORDER, September thru December of the measurement period equals No, go to check Encounter Performed

11. Check for Encounter Performed:

- a. If QDM data element, CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY, September thru December of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C⁵ in the sample calculation listed at the end of this document. Letter C⁵ equals 0 patients in the sample calculation.
- b. If QDM data element, CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY, September thru December of the measurement period, equals No, include in Eligible Population and go to the Numerator.

12. Start Numerator 1

13. Check Risk Category Assessment:

- a. If QDM data element, PHQ-9 TOOL (result), September thru December of the measurement period 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 8 patients in the sample calculation. Continue on to Initial Patient Population 2.
- b. If QDM data element, PHQ-9 TOOL (result), September thru December of the measurement period equals No, include in the No/Missing Data Submitted count. Stop Processing. Continue on to Initial Patient Population 2.

SAMPLE CALCULATION: *Combination of Initial Patient Population 1; Denominator 1; Numerator 1*

Performance Rate =

Numerator (a= 8 patients)

÷

Denominator (b=10 patients) – Denominator Exclusions (c¹+c²+c³+c⁴+c⁵ = 2 patients) – *Denominator Exceptions (N/A)*
= **100.00%**

1. Start Initial Patient Population 2
2. Check Patient Characteristic Birthdate:
 - a. If QDM data element, BIRTH DATE, is greater than or equal to 18 years starts before start of measurement period equals No, do not include in Initial Patient Population. Stop Processing.
 - b. If QDM data element, BIRTH DATE, is greater than or equal to 18 years starts before start of measurement period equals Yes, proceed to check Diagnosis Active.
3. Check Diagnosis Active:
 - a. If Occurrence A of QDM data element, MAJOR DEPRESSION INCLUDING REMISSION, or DYSTHYMIA, starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, OFFICE VISIT, May thru August of the measurement period equals Yes, include in Initial Patient Population 2 and go to Denominator 2.
 - b. If Occurrence A of QDM data element, MAJOR DEPRESSION, or DYSTHYMIA, starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, OFFICE VISIT, or PSYCH VISIT, May thru August of the measurement period equals No, go to check Diagnosis Active.
4. Check Diagnosis Active:
 - a. If Occurrence A of QDM data element, MAJOR DEPRESSION INCLUDING REMISSION (ordinality: principal, or DYSTHYMIA (ordinality: principal), starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, PSYCH VISIT, May thru August of the measurement period equals Yes, include in Initial Patient Population 2 and go to Denominator 2.
 - b. If Occurrence A of QDM data element, MAJOR DEPRESSION INCLUDING REMISSION (ordinality: principal), or DYSTHYMIA (ordinality: principal), starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, PSYCH VISIT, May thru August of the measurement period equals No, do not include in the Initial Patient Population. Stop Processing.
5. Start Denominator 2
 - 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.
6. Start Denominator Exclusions 2
7. Check Patient Characteristic Expired:
 - b. If QDM data element, DECEASED, May thru August of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C¹ in the sample calculation listed at the end of this document. Letter C¹ equals 0 patients in the sample calculation.
 - c. If QDM data element, DECEASED, May thru August of the measurement period equals No, go to check Intervention Order.
8. Check Intervention Order:
 - d. If Occurrence A of QDM data element, PALLIATIVE CARE, May thru August of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C² in the sample calculation listed at the end of this document. Letter C² equals 0 patients in the sample calculation.
 - e. If Occurrence A of QDM data element, PALLIATIVE CARE, May thru August of the measurement period equals No, go to check Diagnosis Active.

9. Check Diagnosis Active:
 - f. If Occurrence A of QDM data element, BIPOLAR DISORDER, May thru August of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C³ in the sample calculation listed at the end of this document. Letter C³ equals 1 patient in the sample calculation.
 - g. If Occurrence A of QDM data element, BIPOLAR DISORDER, May thru August of the measurement period equals No, go to check Diagnosis Active.
10. Check Diagnosis Active:
 - h. If Occurrence A of QDM data element, PERSONALITY DISORDER, May thru August of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C⁴ in the sample calculation listed at the end of this document. Letter C⁴ equals 1 patient in the sample calculation.
 - i. If Occurrence A of QDM data element, PERSONALITY DISORDER, May thru August of the measurement period equals No, go to check Encounter Performed
11. Check Encounter Performed:
 - j. If Occurrence A of QDM data element, CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY, May thru August of the measurement period equals Yes, include in Denominator Exclusions count. Denominator Exclusion is represented by letter C⁵ in the sample calculation listed at the end of this document. Letter C⁵ equals 0 patients in the sample calculation.
 - k. If Occurrence A of QDM data element, CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY, May thru August of the measurement period, equals No, go to the Numerator.
12. Start Numerator 2
13. Check Risk Category Assessment:
 - l. If Occurrence A of QDM data element, PHQ-9 TOOL (result), May thru August of the measurement period 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 8 patients in the sample calculation. Continue on to Initial Patient Population 3.
 - m. If Occurrence A of QDM data element, PHQ-9 TOOL (result), May thru August of the measurement period equals No, include in the No/Missing Data Submitted count. Stop Processing. Continue on to Initial Patient Population 3.

SAMPLE CALCULATION: *Combination of Initial Patient Population 2; Denominator 2; Numerator 2*

Performance Rate =

Numerator (a= 8 patients)

÷

Denominator (b=10 patients) – Denominator Exclusions ($c^1+c^2+c^3+c^4+c^5 = 2$ patients) – *Denominator Exceptions (N/A)*

= **100.00%**

1. Start Initial Patient Population 3
2. Check Patient Characteristic Birthdate:
 - a. If the QDM data element, BIRTH DATE, is greater than or equal to 18 years starts before start of measurement period equals No, do not include in Initial Patient Population. Stop Processing.
 - b. If the QDM data element, BIRTH DATE, is greater than or equal to 18 years starts before start of measurement period equals Yes, proceed to check Diagnosis Active.
3. Check Diagnosis Active:
 - a. If Occurrence A of QDM data element, MAJOR DEPRESSION INCLUDING REMISSION, or DYSTHYMIA, starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, OFFICE VISIT, January thru April of the measurement period equals Yes, include in Initial Patient Population 2 and go to Denominator 2.
 - b. If Occurrence A of QDM data element, MAJOR DEPRESSION, or DYSTHYMIA, starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, OFFICE VISIT, or PSYCH VISIT, January thru April of the measurement period equals No, go to check Diagnosis Active.
4. Check Diagnosis Active:
 - a. If Occurrence A of QDM data element, MAJOR DEPRESSION INCLUDING REMISSION (ordinality: principal, or DYSTHYMIA (ordinality: principal), starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, PSYCH VISIT, January thru April of the measurement period equals Yes, include in Initial Patient Population 2 and go to Denominator 2.
 - b. If Occurrence A of QDM data element, MAJOR DEPRESSION INCLUDING REMISSION (ordinality: principal), or DYSTHYMIA (ordinality: principal), starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, PSYCH VISIT, January thru April of the measurement period equals No, do not include in the Initial Patient Population. Stop Processing.
5. Start Denominator 3
 - 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.
6. Start Denominator Exclusions 3
7. Check Patient Characteristic Expired:
 - a. If QDM data element, DECEASED, January thru April of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C¹ in the sample calculation listed at the end of this document. Letter C¹ equals 0 patients in the sample calculation.
 - b. If QDM data element, DECEASED, January thru April of the measurement period equals No, go to check Intervention Order.
8. Check Intervention Order:
 - a. If QDM data element, PALLIATIVE CARE, January thru April of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C² in the sample calculation listed at the end of this document. Letter C² equals 0 patients in the sample calculation.
 - b. If QDM data element, PALLIATIVE CARE, January thru April of the measurement period equals No, go to check Diagnosis Active.

9. Check for Diagnosis Active:
 - a. If QDM data element, BIPOLAR DISORDER, January thru April of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C³ in the sample calculation listed at the end of this document. Letter C³ equals 1 patient in the sample calculation.
 - b. If QDM data element, BIPOLAR DISORDER, January thru April of the measurement period equals No, go to check Diagnosis Active.
10. Check for Diagnosis Active:
 - a. If QDM data element, PERSONALITY DISORDER, January thru April of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C⁴ in the sample calculation listed at the end of this document. Letter C⁴ equals 1 patient in the sample calculation.
 - b. If QDM data element, PERSONALITY DISORDER, January thru April of the measurement period equals No, go to check Encounter Performed
11. Check for Encounter Performed:
 - a. If QDM data element, CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY, January thru April of the measurement period equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by letter C⁵ in the sample calculation listed at the end of this document. Letter C⁵ equals 0 patients in the sample calculation.
 - b. If QDM data element, CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY, January thru April of the measurement period, equals No, go to the Numerator.
12. Start Numerator 3
13. Check Risk Category Assessment:
 - a. If QDM data element, PHQ-9 TOOL (result), January thru April of the measurement period 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 8 patients in the sample calculation.
 - b. If QDM data element, PHQ-9 TOOL (result), January thru April of the measurement period equals No, include in the No/Missing Data Submitted count. Stop Processing.

SAMPLE CALCULATION: *Combination of Initial Patient Population 3; Denominator 3; Numerator 3*

Performance Rate =

Numerator (a= 8 patients)

÷

Denominator (b=10 patients) – Denominator Exclusions (c¹+c²+c³+c⁴+c⁵ = 2 patients) – *Denominator Exceptions (N/A)*

= **100.00%**