

2014 eMeasure Flows
Cover Page

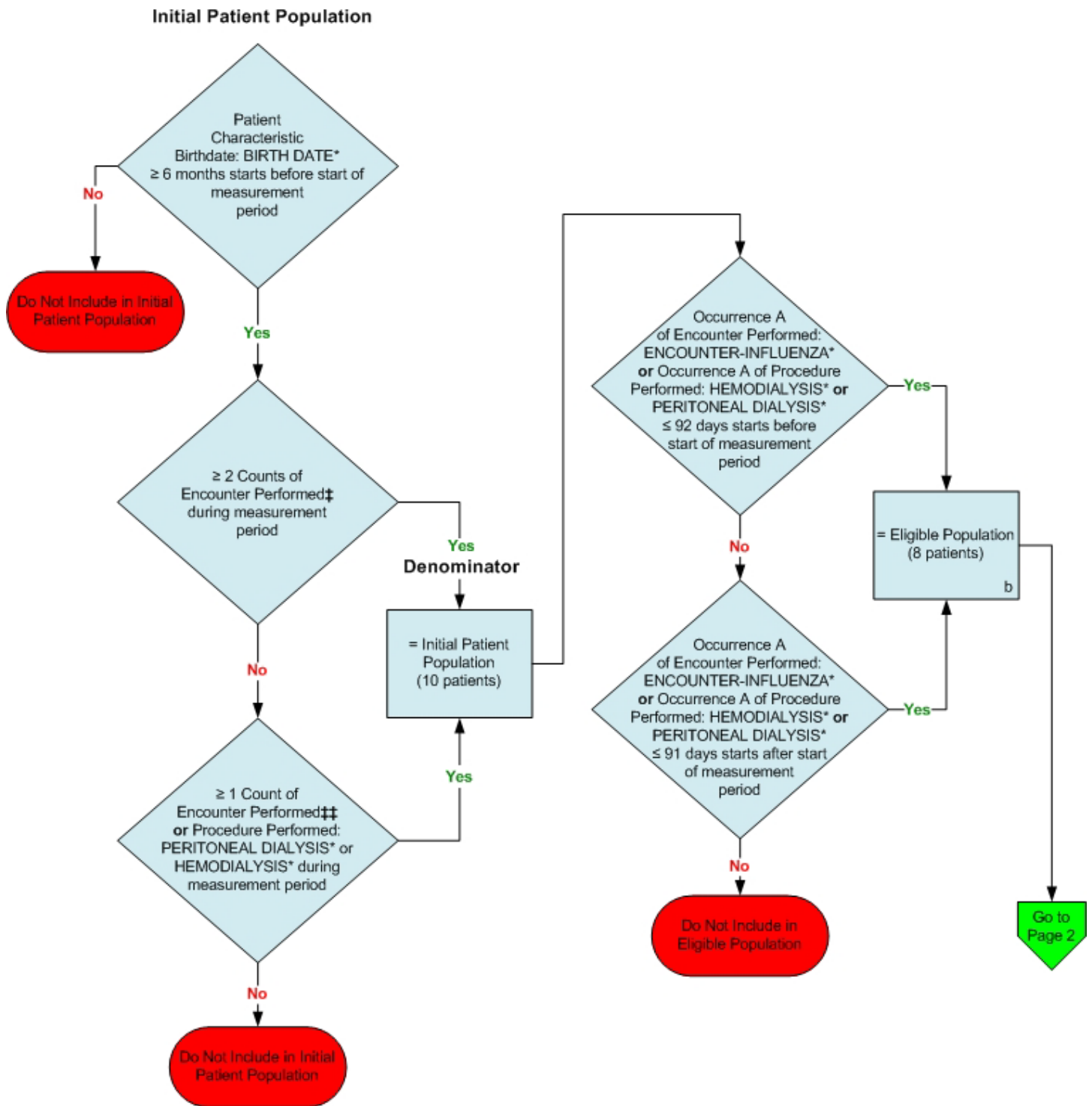
For eligible professionals reporting EHR clinical quality measures for Meaningful Use (MU) only (Option #1) in 2014, the following must be included in the submitted file(s):

- 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: 147
NQF 0041: Preventive Care and Screening: Influenza Immunization



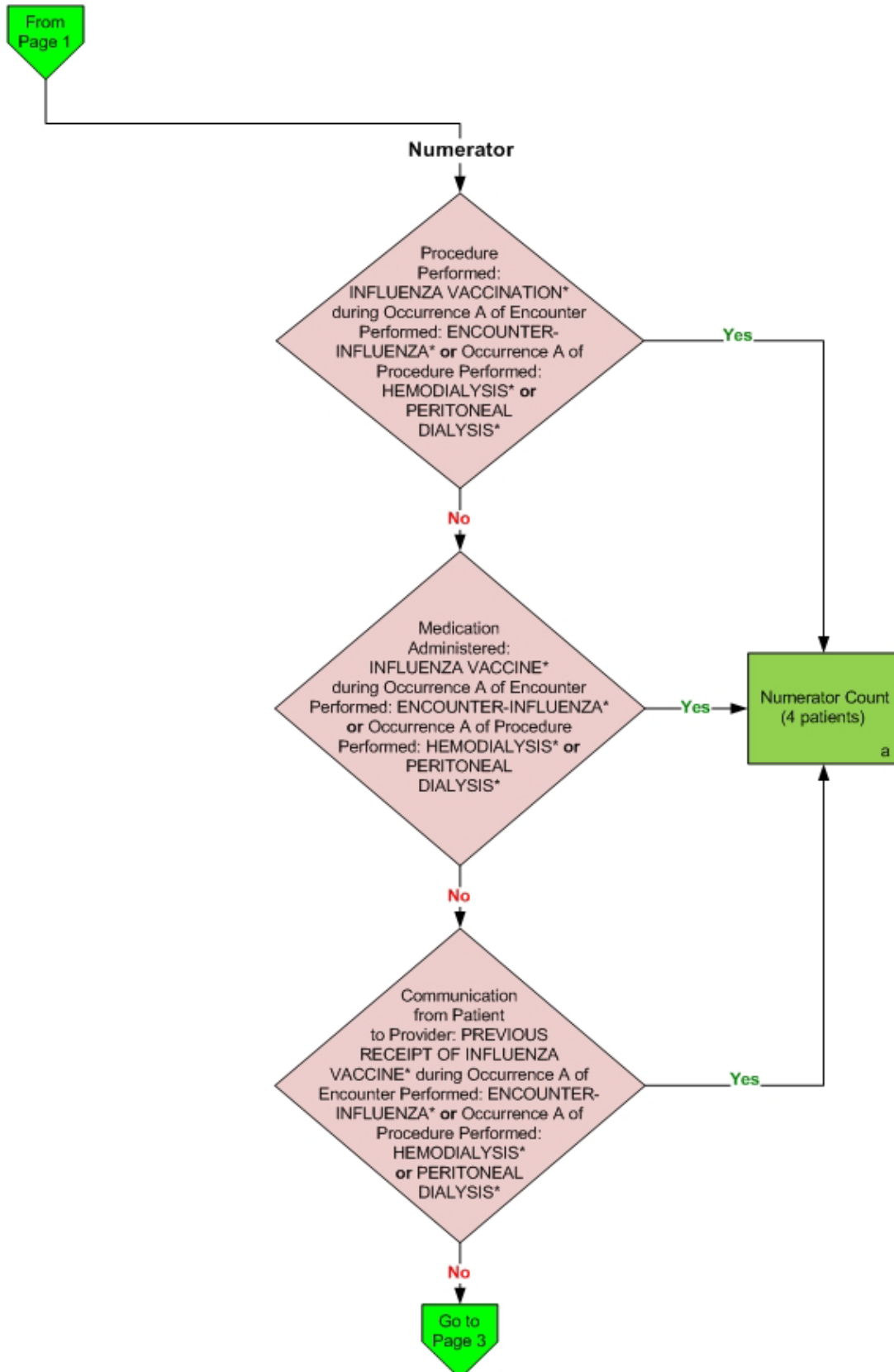
* Please refer to the specific section of the eMeasure to identify the QDM data elements and associated value sets for use in reporting this eMeasure.

‡ Appropriate encounters include; Office Visit, Outpatient Consultation, Care Services in Long-Term Residential Facility, Home Health Care Services, Patient Provider Interaction

‡‡ Appropriate encounter include; Preventive Care-Initial Office Visit, 0 to 17, Preventive Care Services-Initial Office Visit, 18 and Up, Preventive Care Services-Other, Discharge Services-Nursing Facility, Nursing Facility Visit, Annual Wellness Visit, Preventive Care-Established Office Visit, 0 to 17, Preventive Care Services-Established Office Visit, 18 and Up, Preventive Care Services-Individual Counseling, Preventive Care Services-Group Counseling

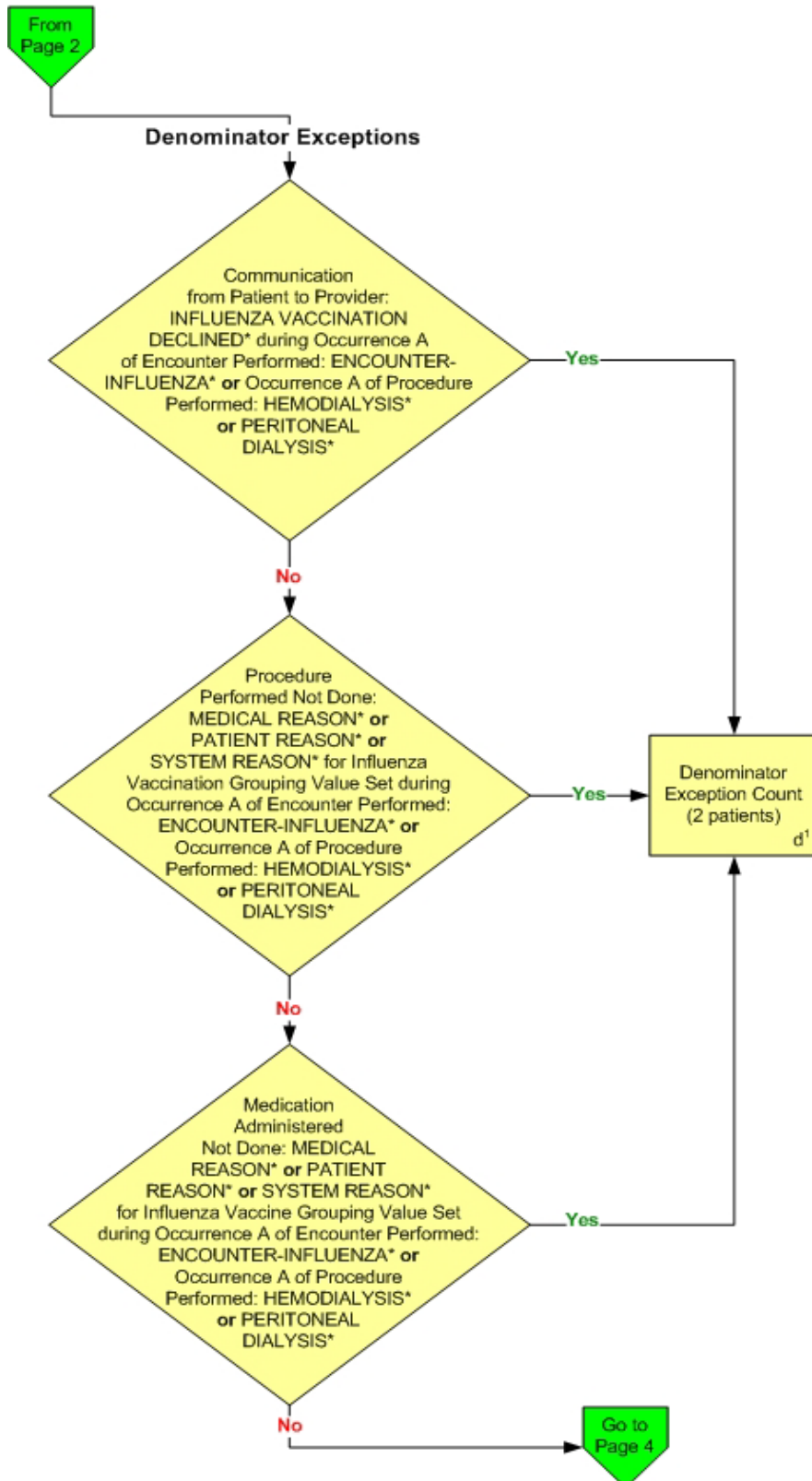
2014 eMeasure Flows
eMeasure Identifier: 147

NQF 0041: Preventive Care and Screening: Influenza Immunization



* 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.

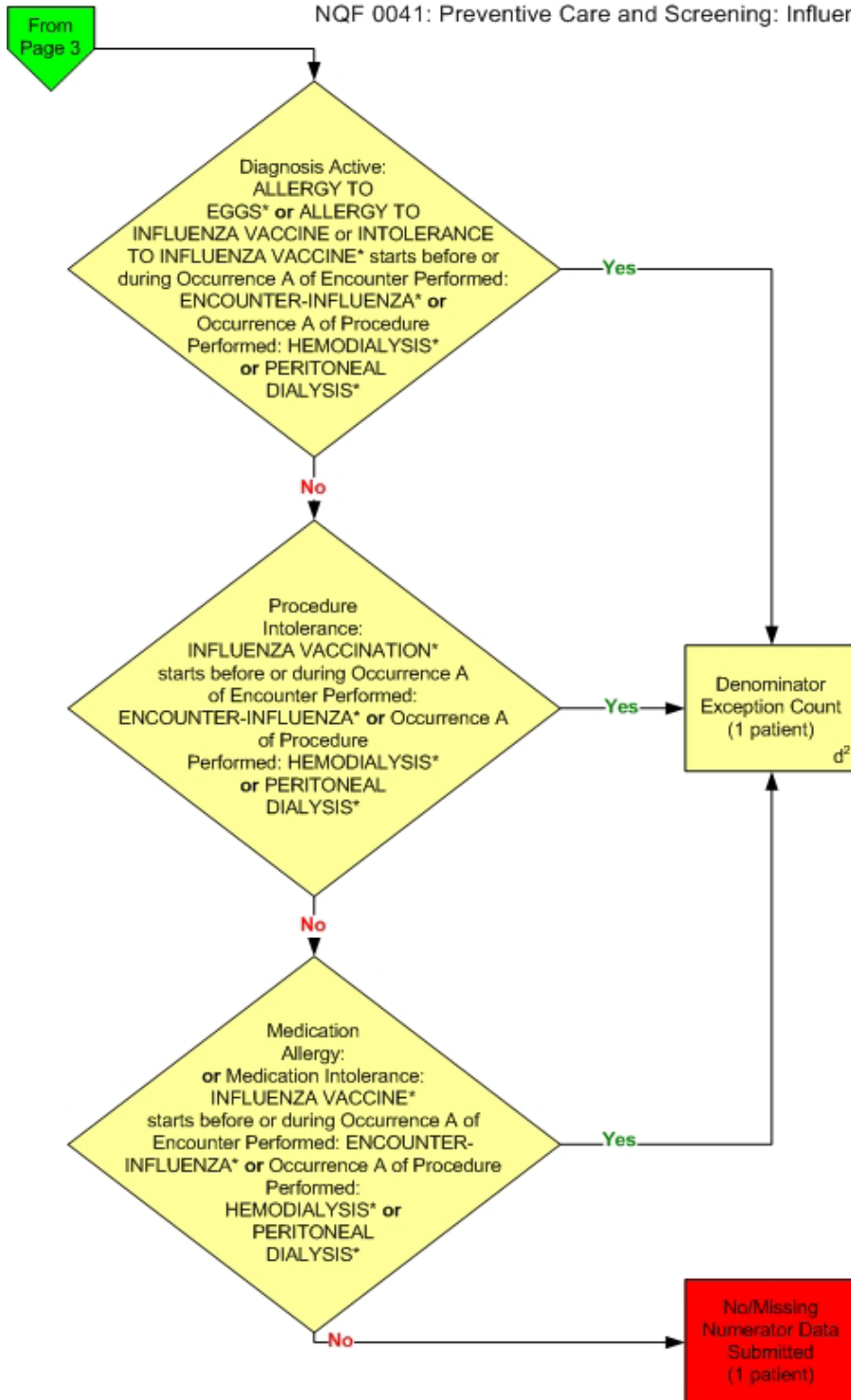
2014 eMeasure Flows
eMeasure Identifier: 147
NQF 0041: Preventive Care and Screening: Influenza Immunization



* 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.

2014 eMeasure Flows
eMeasure Identifier: 147

NQF 0041: Preventive Care and Screening: Influenza Immunization



* 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:

Performance Rate =

$$\frac{\text{Numerator (a=4 patients)}}{\text{Denominator (b=8 patients) - Denominator Exclusions (N/A) - Denominator Exceptions (d¹ + d²= 3 patients)}} = 80.00\%$$

2014 eMeasure Flows
eMeasure Identifier: 147
NQF 0041: Preventive Care and Screening: Influenza Immunization

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 Patient Characteristic Birthdate:
 - a. If QDM data element, BIRTH DATE, is greater than or equal to 6 months of age before the start of the 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 6 months of age before the start of the measurement period, equals Yes, continue processing and proceed to check Encounter Performed.
3. Check Encounter Performed: Total number of encounters must be greater than or equal to 2
 - a. If QDM data element, OFFICE VISIT, during measurement period equals Yes, include in Initial Patient Population and proceed to check for another Encounter Performed until total number of encounters are greater than or equal to 2.
 - b. If QDM data element, OFFICE VISIT, during measurement period equals No, proceed to check next Encounter Performed.
 - c. If QDM data element, OUTPATIENT CONSULTATION, during measurement period equals Yes, include in Initial Patient Population and proceed to check for another Encounter Performed until total number of encounters are greater than or equal to 2.
 - d. If QDM data element, OUTPATIENT CONSULTATION, during measurement period equals No, proceed to check next Encounter Performed.
 - e. If QDM data element, CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY, during measurement period equals Yes, include in Initial Patient Population and proceed to check for another Encounter Performed until total number of encounters are greater than or equal to 2.
 - f. If QDM data element, CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY, during measurement period equals No, proceed to check next Encounter Performed.
 - g. If QDM data element, HOME HEALTHCARE SERVICES, during measurement period equals Yes, include in Initial Patient Population and proceed to check for another Encounter Performed until total number of encounters are greater than or equal to 2.
 - h. If QDM data element, HOME HEALTHCARE SERVICES, during measurement period equals No, proceed to check next Encounter Performed.
 - i. If QDM data element, PATIENT PROVIDER INTERACTION, during measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator if total number of encounters are greater than or equal to 2.
 - j. If QDM data element, PATIENT PROVIDER INTERACTION, during measurement period equals No, proceed to check Encounter Performed.

4. Check Encounter Performed: Total number of encounters must be greater than or equal to 1
 - a. If QDM data element, PREVENTIVE CARE – INITIAL OFFICE VISIT, 0 TO 17, during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.
 - b. If QDM data element, PREVENTIVE CARE – INITIAL OFFICE VISIT, 0 TO 17, during the measurement period equals No, proceed to check next Encounter Performed.
 - c. 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.
 - d. 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.
 - e. If QDM data element, PREVENTIVE CARE SERVICES – OTHER during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.
 - f. If QDM data element, PREVENTIVE CARE SERVICES – OTHER, during the measurement period equals No, proceed to check next Encounter Performed.
 - g. If QDM data element, DISCHARGE SERVICES – NURSING FACILITY, during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.
 - h. If QDM data element, DISCHARGE SERVICES – NURSING FACILITY, during the measurement period equals No, proceed to check next Encounter Performed.
 - i. If QDM data element, NURSING FACILITY VISIT during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.
 - j. If QDM data element, NURSING FACILITY VISIT, 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 to Denominator.
 - l. If QDM data element, ANNUAL WELLNESS VISIT, during the measurement period equals No, proceed to check next Encounter Performed.
 - m. If QDM data element, PREVENTIVE CARE – ESTABLISHED OFFICE VISIT, 0 TO 17, during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.
 - n. If QDM data element, PREVENTIVE CARE – ESTABLISHED OFFICE VISIT, 0 TO 17, during the measurement period equals No, proceed to check next Encounter Performed.
 - o. 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.
 - p. 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.

- q. If QDM data element, PREVENTIVE CARE SERVICES – INDIVIDUAL COUNSELING, during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.
 - r. If QDM data element, PREVENTIVE CARE SERVICES – INDIVIDUAL COUNSELING, during the measurement period equals No, proceed to check next Encounter Performed.
 - s. If QDM data element, PREVENTIVE CARE SERVICES – GROUP COUNSELING, during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.
 - t. If QDM data element, PREVENTIVE CARE SERVICES – GROUP COUNSELING, during the measurement period equals No, proceed to check Procedure Performed.
5. Check Procedure Performed:
- a. If QDM data element, PERITONEAL DIALYSIS, during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.
 - b. If QDM data element, PERITONEAL DIALYSIS, during the measurement period equals No, check next Procedure Performed.
 - c. If QDM data element, HEMODIALYSIS, during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.
 - d. If QDM data element, HEMODIALYSIS, during the measurement period equals No, do not include in Initial Patient Population and stop processing.
6. Start Denominator
- a. Denominator equals the Initial Patient Population, proceed to check Encounter Performed or Procedure Performed.
7. Check Encounter Performed or Procedure Performed:
- a. If Occurrence A of QDM data element, ENCOUNTER-INFLUENZA, OR Occurrence A of QDM data element, HEMODIALYSIS, OR Occurrence A of QDM data element, PERITONEAL DIALYSIS, less than or equal to 92 days starts before start of measurement period equals Yes, include in Eligible Population and proceed to Numerator.
 - b. If Occurrence A of QDM data element, ENCOUNTER-INFLUENZA, OR if Occurrence A of QDM data element, HEMODIALYSIS, OR Occurrence A of QDM data element, PERITONEAL DIALYSIS, less than or equal to 92 days starts before start of measurement period equals No, proceed to check Encounter Performed or Procedure Performed.
8. Check Encounter Performed or Procedure Performed:
- a. If Occurrence A of QDM data element, ENCOUNTER-INFLUENZA, OR if Occurrence A of QDM data element, HEMODIALYSIS, OR Occurrence A of QDM data element, PERITONEAL DIALYSIS, less than or equal to 91 days starts after start of measurement period equals Yes, include in Eligible Population. Eligible Population equals the Initial Patient Population plus the Eligible Population. Eligible Population is represented by the letter B in the sample calculation listed at the end of this document. Letter B equals 8 patients in the sample calculation. Proceed to Numerator.

- b. If Occurrence A of QDM data element, ENCOUNTER-INFLUENZA, OR if Occurrence A of QDM data element, HEMODIALYSIS, OR Occurrence A of QDM data element, PERITONEAL DIALYSIS, less than or equal to 91 days starts after start of measurement period equals No, do not include in Eligible Population and stop processing.

9. Start Numerator

10. Check Procedure Performed:

- a. If QDM data element, INFLUENZA VACCINATION, during Occurrence A of Encounter Performed QDM data element, ENCOUNTER-INFLUENZA, OR Occurrence A of Procedure Performed, QDM data element, HEMODIALYSIS, OR Occurrence A of Procedure Performed, QDM data element, PERITONEAL DIALYSIS 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 4 patients in the sample calculation.
- b. If QDM data element, INFLUENZA VACCINATION, during Occurrence A of Encounter Performed QDM data element, ENCOUNTER-INFLUENZA, OR Occurrence A of Procedure Performed, QDM data element, HEMODIALYSIS, OR Occurrence A of Procedure Performed, QDM data element, PERITONEAL DIALYSIS equals No, check Medication Administered.

11. Check Medication Administered:

- a. If QDM data element, INFLUENZA VACCINE, during Occurrence A of Encounter Performed QDM data element, ENCOUNTER-INFLUENZA, OR Occurrence A of Procedure Performed, QDM data element, HEMODIALYSIS, OR Occurrence A of Procedure Performed, QDM data element, PERITONEAL DIALYSIS, 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 4 patients in the sample calculation.
- b. If QDM data element, INFLUENZA VACCINE, during Occurrence A of Encounter Performed QDM data element, ENCOUNTER-INFLUENZA, OR Occurrence A of Procedure Performed, QDM data element, HEMODIALYSIS, OR Occurrence A of Procedure Performed, QDM data element, PERITONEAL DIALYSIS, equals No, check Communication: From Patient to Provider.

12. Check Communication: From Patient to Provider:

- a. If QDM data element, PREVIOUS RECEIPT OF INFLUENZA VACCINE, during Occurrence A of Encounter Performed QDM data element, ENCOUNTER-INFLUENZA, OR Occurrence A of Procedure Performed, QDM data element, HEMODIALYSIS, OR Occurrence A of Procedure Performed, QDM data element, PERITONEAL DIALYSIS, 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 4 patients in the sample calculation.
- b. If QDM data element PREVIOUS RECEIPT OF INFLUENZA VACCINE, during Occurrence A of Encounter Performed QDM data element, ENCOUNTER-INFLUENZA, OR Occurrence A of Procedure Performed, QDM data element,

HEMODIALYSIS, OR Occurrence A of Procedure Performed, QDM data element, PERITONEAL DIALYSIS, equals No, proceed to Denominator Exceptions.

13. Start Denominator Exceptions

14. Check Communication: From Patient to Provider:

- a. If QDM data element, INFLUENZA VACCINATION DECLINED, during Occurrence A of Encounter Performed QDM data element, ENCOUNTER-INFLUENZA, OR Occurrence A of Procedure Performed, QDM data element, HEMODIALYSIS, OR Occurrence A of Procedure Performed, QDM data element, PERITONEAL DIALYSIS, equals Yes, include in Denominator Exceptions count. The Denominator Exception is represented by the letter D1 in the sample calculation listed at the end of this document. Letter D1 equals 2 patients in the sample calculation.
- b. If QDM data element, INFLUENZA VACCINATION DECLINED, during Occurrence A of Encounter Performed QDM data element, ENCOUNTER-INFLUENZA, OR Occurrence A of Procedure Performed, QDM data element, HEMODIALYSIS, OR Occurrence A of Procedure Performed, QDM data element, PERITONEAL DIALYSIS, equals No, proceed to check Procedure, Performed not done.

15. Check Procedure, Performed not done:

- a. If QDM data element, MEDICAL REASON, OR QDM data element, PATIENT REASON, OR QDM data element, SYSTEM REASON, for Influenza Vaccination Grouping Value Set during Occurrence A of Encounter Performed QDM data element, ENCOUNTER-INFLUENZA, OR Occurrence A of Procedure Performed, QDM data element, HEMODIALYSIS, OR Occurrence A of Procedure Performed, QDM data element, PERITONEAL DIALYSIS, equals Yes, include in Denominator Exceptions count. The Denominator Exception is represented by the letter D1 in the sample calculation listed at the end of this document. Letter D1 equals 2 patients in the sample calculation.
- b. If QDM data element, MEDICAL REASON, OR QDM data element, PATIENT REASON, OR QDM data element, SYSTEM REASON, for Influenza Vaccination Grouping Value Set during Occurrence A of Encounter Performed QDM data element, ENCOUNTER-INFLUENZA, OR Occurrence A of Procedure Performed, QDM data element, HEMODIALYSIS, OR Occurrence A of Procedure Performed, QDM data element, PERITONEAL DIALYSIS, equals No, proceed to check Medication, Administered not done.

16. Check Medication, Administered not done:

- a. If QDM data element, MEDICAL REASON, OR QDM data element, PATIENT REASON, OR QDM data element, SYSTEM REASON, for Influenza Vaccine Grouping Value Set during Occurrence A of Encounter Performed QDM data element, ENCOUNTER-INFLUENZA, OR Occurrence A of Procedure Performed, QDM data element, HEMODIALYSIS, OR Occurrence A of Procedure Performed, QDM data element, PERITONEAL DIALYSIS, equals Yes, include in Denominator Exceptions count. The Denominator Exception is represented by the letter D¹ in the sample calculation listed at the end of this document. Letter D¹ equals 2 patients in the sample calculation.

- b. If QDM data element, MEDICAL REASON, OR QDM data element, PATIENT REASON, OR QDM data element, SYSTEM REASON, for Influenza Vaccine Grouping Value Set during Occurrence A of Encounter Performed QDM data element, ENCOUNTER-INFLUENZA, OR Occurrence A of Procedure Performed, QDM data element, HEMODIALYSIS, OR Occurrence A of Procedure Performed, QDM data element, PERITONEAL DIALYSIS, equals No, proceed to check Diagnosis Active.

17. Check Diagnosis Active:

- a. If QDM data element, ALLERGY TO EGGS, OR QDM data element, ALLERGY TO INFLUENZA VACCINE, OR QDM data element, INTOLERANCE TO INFLUENZA VACCINE, starts before or during Occurrence A of Encounter Performed QDM data element, ENCOUNTER-INFLUENZA, OR Occurrence A of Procedure Performed, QDM data element, HEMODIALYSIS, OR Occurrence A of Procedure Performed, QDM data element, PERITONEAL DIALYSIS, equals Yes, include in Denominator Exceptions count. The Denominator Exception is represented by the letter D² in the sample calculation listed at the end of this document. Letter D² equals 1 patient in the sample calculation.
- b. If QDM data element, ALLERGY TO EGGS, OR QDM data element, ALLERGY TO INFLUENZA VACCINE, OR QDM data element, INTOLERANCE TO INFLUENZA VACCINE, starts before or during Occurrence A of Encounter Performed QDM data element, ENCOUNTER-INFLUENZA, OR Occurrence A of Procedure Performed, QDM data element, HEMODIALYSIS, OR Occurrence A of Procedure Performed, QDM data element, PERITONEAL DIALYSIS, equals No, proceed to check next Procedure Intolerance.

18. Check Procedure Intolerance:

- a. If QDM data element, INFLUENZA VACCINATION, starts before or during Occurrence A of Encounter Performed QDM data element, ENCOUNTER-INFLUENZA, OR Occurrence A of Procedure Performed, QDM data element, HEMODIALYSIS, OR Occurrence A of Procedure Performed, QDM data element, PERITONEAL DIALYSIS, equals Yes, include in Denominator Exceptions count. The Denominator Exception is represented by the letter D² in the sample calculation listed at the end of this document. Letter D² equals 1 patient in the sample calculation.
- b. If QDM data element, INFLUENZA VACCINATION, starts before or during Occurrence A of Encounter Performed QDM data element, ENCOUNTER-INFLUENZA, OR Occurrence A of Procedure Performed, QDM data element, HEMODIALYSIS, OR Occurrence A of Procedure Performed, QDM data element, PERITONEAL DIALYSIS, equals No, proceed to check Medication Allergy or Medication Intolerance.

19. Check Medication Allergy or Medication Intolerance:

- a. If QDM data element, INFLUENZA VACCINE, starts before or during Occurrence A of Encounter Performed QDM data element, ENCOUNTER-INFLUENZA, OR Occurrence A of Procedure Performed, QDM data element, HEMODIALYSIS, OR Occurrence A of Procedure Performed, QDM data element, PERITONEAL DIALYSIS equals Yes, include in Denominator Exceptions count. The

Denominator Exception is represented by the letter D² in the sample calculation listed at the end of this document. Letter D² equals 1 patient in the sample calculation.

- b. If QDM data element, INFLUENZA VACCINE, starts before or during Occurrence A of Encounter Performed QDM data element, ENCOUNTER-INFLUENZA, OR Occurrence A of Procedure Performed, QDM data element, HEMODIALYSIS, OR Occurrence A of Procedure Performed, QDM data element, PERITONEAL DIALYSIS equals No, include in the No/Missing Numerator Data Submitted count and stop processing.

SAMPLE CALCULATION:

Performance Rate =

Numerator (a=4 patients)

÷

Denominator (b=8 patients) – *Denominator Exclusions (N/A)* – Denominator Exceptions (d¹ + d²= 3 patients)

= **80.00%**