

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):

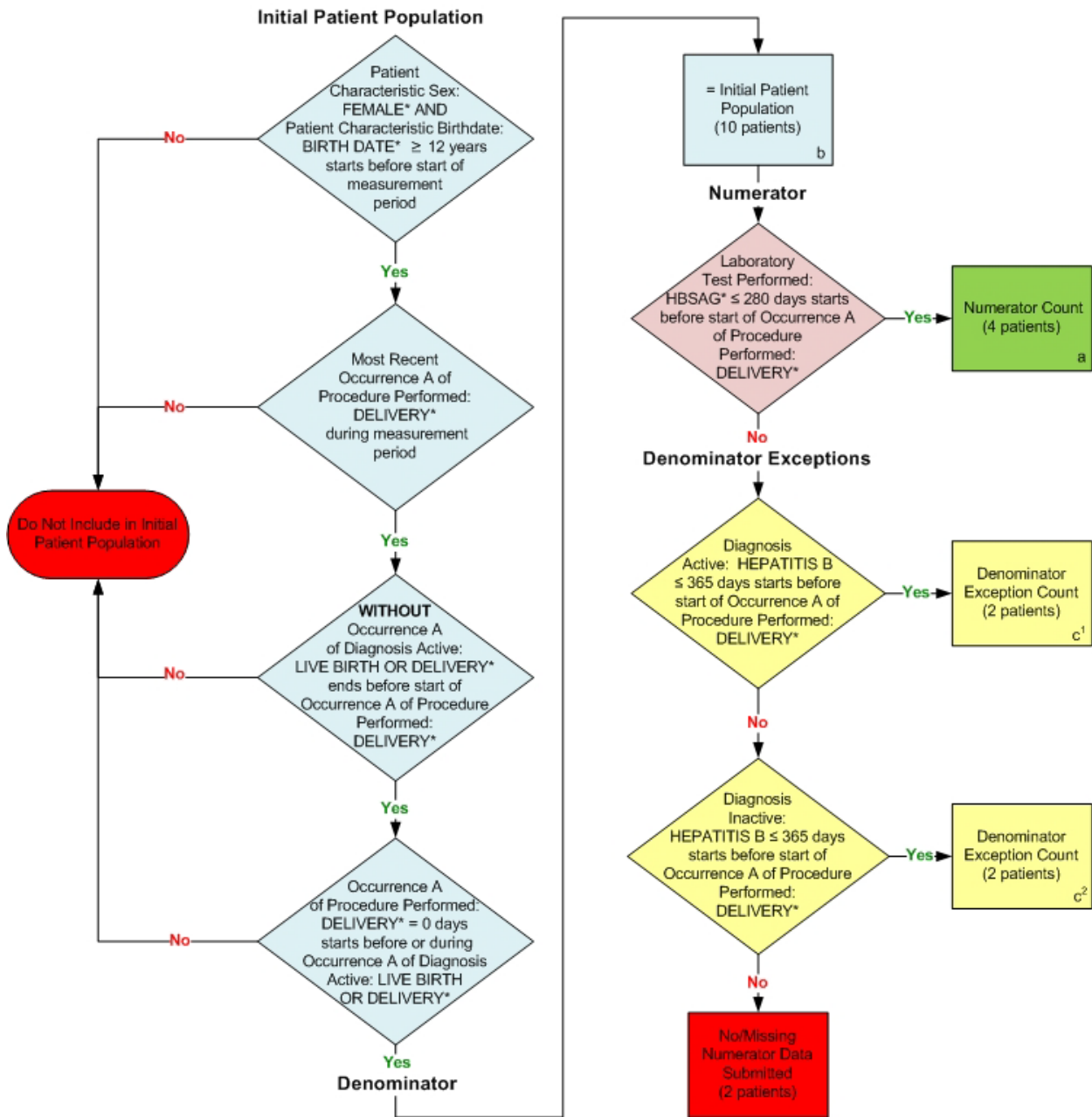
- 1 – Rendering NPI and TIN on QRDA Category III files
- 2 – Payers for all eligible patients identified on QRDA Category III files
- 3 – All of the identifiers for the eMeasures the eligible professional or group practice intends to report must be included in the appropriate fields of the QRDA Category 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: 158

NQF 0608: Pregnant Women that had HBsAg Testing



*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 =

$$\frac{\text{Numerator (a=4 patients)}}{\text{Denominator (b=10 patients) - Denominator Exclusions (N/A) - Denominator Exceptions (c¹ + c²=4)}} = 66.67\%$$

2014 eMeasure Flows
eMeasure Identifier: 158
NQF 0608: Pregnant Women that had HBsAg Testing

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 Sex and Patient Characteristic Birthdate:
 - a. If the QDM data element, FEMALE, and the QDM data element, BIRTH DATE, greater than or equal to 12 years starts before start of measurement period, equals No, do not include in Initial Patient Population. Stop Processing.
 - b. If the QDM data element, FEMALE, and the QDM data element, BIRTH DATE, greater than or equal to 12 years starts before start of measurement period, equals Yes, go to check Procedure Performed.
3. Check Procedure Performed:
 - a. If the Most Recent Occurrence A of QDM data element, DELIVERY, during measurement period equals Yes, proceed to check Diagnosis Active.
 - b. If the First Occurrence A of QDM data element, DELIVERY, during measurement period equals No, do not include in Initial Patient Population. Stop Processing.
4. Check Diagnosis Active:
 - a. If WITHOUT Occurrence A of QDM data element, LIVE BIRTH OR DELIVERY, ends before start of Occurrence A of Procedure Performed QDM data element, DELIVERY, equals Yes, proceed to check Procedure Performed.
 - b. If WITHOUT Occurrence A of QDM data element, LIVE BIRTH OR DELIVERY, ends before start of Occurrence A of Procedure Performed QDM data element, DELIVERY, equals No, do not include in Initial Patient Population. Stop Processing.
5. Check Procedure Performed:
 - a. If Occurrence A of QDM data element, DELIVERY, equal to zero days starts before or during Occurrence A of Diagnosis Active QDM data element, LIVE BIRTH OR DELIVERY, equals Yes, continue on to the Denominator.
 - b. If Occurrence A of QDM data element, DELIVERY, equal to zero days starts before or during Occurrence A of, Diagnosis Active QDM data element, LIVE BIRTH OR DELIVERY, 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 Laboratory Test Performed:
 - a. If the QDM data element, HBSAG, less than or equal 280 days starts before start of Occurrence A of Procedure Performed QDM data element, DELIVERY, 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 the QDM data element, HBSAG, less than or equal 280 days starts before start of Occurrence A of Procedure Performed QDM data element, DELIVERY, equals No, proceed to Denominator Exceptions.
9. Start Denominator Exceptions
10. Check Diagnosis Active:
 - a. If the QDM data element, HEPATITIS B, less than or equal to 365 days starts before start of Occurrence A of Procedure Performed QDM data element, DELIVERY, equals Yes, include in Denominator Exceptions count. Denominator Exception is represented by letter C¹ in the sample calculation listed at the end of this document. Letter C¹ equals 2 patients in the sample calculation.
 - b. If the QDM data element, HEPATITIS B, less than or equal to 365 days starts before start of Occurrence A of Procedure Performed QDM data element, DELIVERY, equals No, proceed to check Diagnosis Inactive.
11. Check Diagnosis Inactive:
 - a. If the QDM data element, HEPATITIS B, less than or equal to 365 days starts before start of Occurrence A of Procedure Performed QDM data element, DELIVERY, equals Yes, include in Denominator Exceptions count. Denominator Exception is represented by letter C² in the sample calculation listed at the end of this document. Letter C² equals 2 patients in the sample calculation.
 - b. If the QDM data element, HEPATITIS B, less than or equal to 365 days starts before start of Occurrence A of Procedure Performed QDM data element, DELIVERY, equals No, include in the No/Missing Data Submitted count. Stop Processing.

SAMPLE CALCULATION:

Performance Rate =

Numerator (a= 4 patients)

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Denominator (b=10 patients) – *Denominator Exclusions (N/A)* – Denominator Exceptions (c¹+c² = 4 patients)

= **66.67%**