

2014 eMeasure Flows  
Cover Page

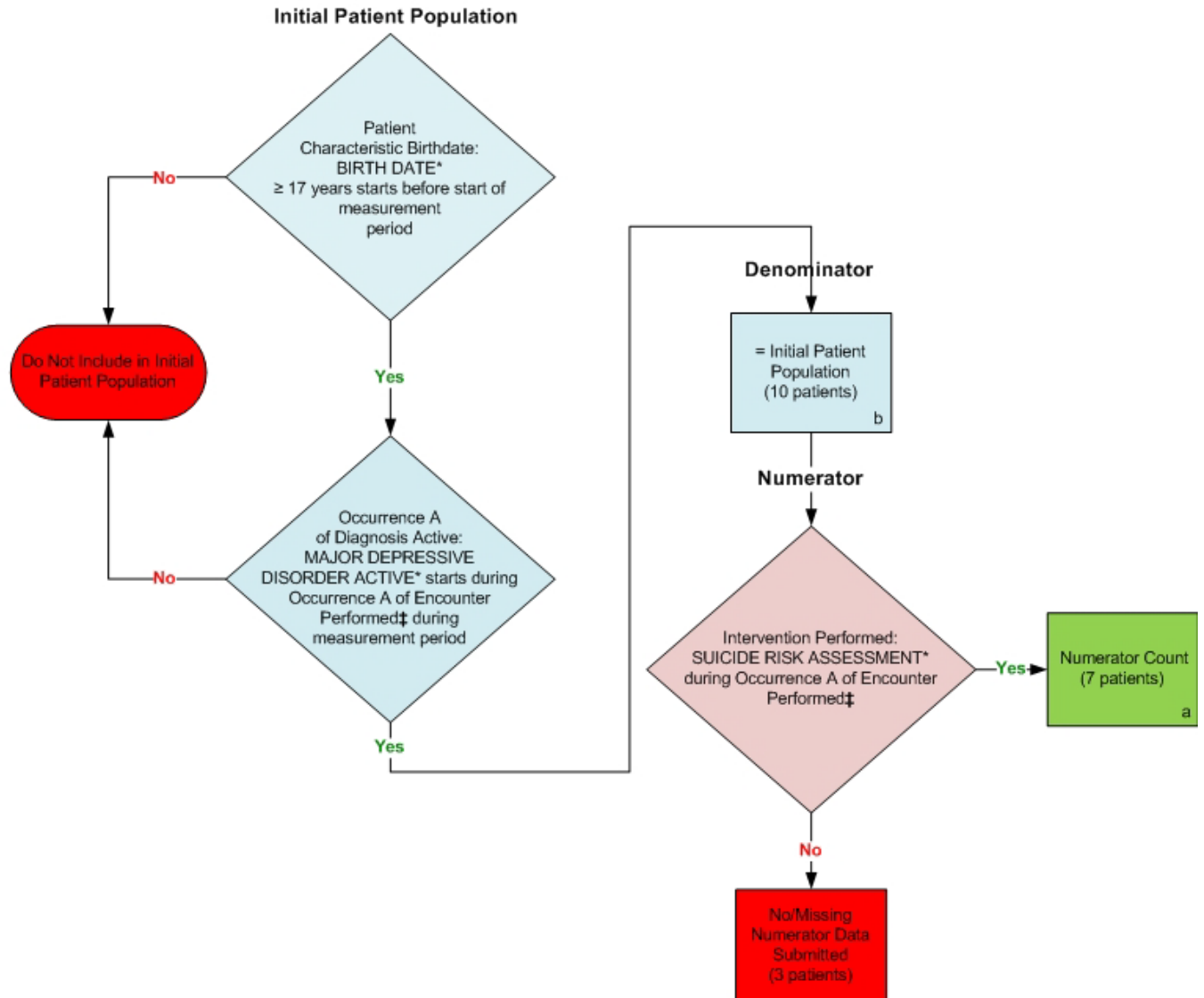
**For eligible professionals reporting EHR clinical quality measures for Meaningful Use (MU) only (Option #1) in 2014, the following must be included in the submitted file(s):**

- 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: 161  
NQF 0104: Major Depressive Disorder (MDD): Suicide Risk Assessment



\*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.

**SAMPLE CALCULATION:**

**Performance Rate =**  

$$\frac{\text{Numerator (a=7 patients)}}{\text{Denominator (b=10 patients) - Denominator Exclusions (N/A) - Denominator Exceptions (N/A)}} = 70.00\%$$

## 2014 eMeasure Flows

eMeasure Identifier: 161

### NQF 0104: Major Depressive Disorder (MDD): Suicide Risk Assessment

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 the QDM data element, BIRTH DATE, is greater than or equal to 17 years of age before the start of the 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 17 years of age before the start of the measurement period, equals Yes continue processing and proceed to check Diagnosis Active.
3. Check Diagnosis Active:
  - a. If Occurrence A of the QDM data element, MAJOR DEPRESSIVE DISORDER – ACTIVE, starts during Occurrence A of Encounter Performed QDM data element PSYCH VISIT – DIAGNOSTIC EVALUATION, during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.
  - b. If Occurrence A of the QDM data element, MAJOR DEPRESSIVE DISORDER – ACTIVE, starts during Occurrence A of Encounter Performed QDM data element PSYCH VISIT – DIAGNOSTIC EVALUATION, during the measurement period equals No, proceed to check next Diagnosis Active.
  - c. If Occurrence A of the QDM data element, MAJOR DEPRESSIVE DISORDER – ACTIVE, starts during Occurrence A of Encounter Performed QDM data element, PSYCH VISIT - PSYCHOTHERAPY, during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.
  - d. If Occurrence A of the QDM data element, MAJOR DEPRESSIVE DISORDER – ACTIVE, starts during Occurrence A of Encounter Performed QDM data element PSYCH VISIT - PSYCHOTHERAPY, during the measurement period equals No, proceed to check next Diagnosis Active.
  - e. If Occurrence A of the QDM data element, MAJOR DEPRESSIVE DISORDER – ACTIVE, starts during Occurrence A of Encounter Performed QDM data element, EMERGENCY DEPARTMENT VISIT, during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.
  - f. If Occurrence A of the QDM data element, MAJOR DEPRESSIVE DISORDER – ACTIVE, starts during Occurrence A of Encounter Performed QDM data element EMERGENCY DEPARTMENT VISIT, during the measurement period equals No, proceed to check next Diagnosis Active.
  - g. If Occurrence A of the QDM data element, MAJOR DEPRESSIVE DISORDER – ACTIVE, starts during Occurrence A of Encounter Performed QDM data element, OFFICE VISIT, during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.
  - h. If Occurrence A of the QDM data element, MAJOR DEPRESSIVE DISORDER – ACTIVE, starts during Occurrence A of Encounter Performed QDM data element OFFICE VISIT, during the measurement period equals No, proceed to check next Diagnosis Active.

- i. If Occurrence A of the QDM data element, MAJOR DEPRESSIVE DISORDER – ACTIVE, starts during Occurrence A of Encounter Performed QDM data element, OUTPATIENT CONSULTATION, during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.
  - j. If Occurrence A of the QDM data element, MAJOR DEPRESSIVE DISORDER – ACTIVE, starts during Occurrence A of Encounter Performed QDM data element OUTPATIENT CONSULTATION, during the measurement period equals No, proceed to check next Diagnosis Active.
  - k. If Occurrence A of the QDM data element, MAJOR DEPRESSIVE DISORDER – ACTIVE, starts during Occurrence A of Encounter Performed QDM data element, PSYCHOANALYSIS, during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.
  - l. If Occurrence A of the QDM data element, MAJOR DEPRESSIVE DISORDER – ACTIVE, starts during Occurrence A of Encounter Performed QDM data element PSYCHOANALYSIS, during the measurement period equals No, proceed to check next Diagnosis Active.
  - m. If Occurrence A of the QDM data element, MAJOR DEPRESSIVE DISORDER – ACTIVE, starts during Occurrence A of Encounter Performed QDM data element, FACE-TO-FACE INTERACTION, during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.
  - n. If Occurrence A of the QDM data element, MAJOR DEPRESSIVE DISORDER – ACTIVE, starts during Occurrence A of Encounter Performed QDM data element FACE-TO-FACE INTERACTION, during the measurement period equals No, do not include in Initial Patient Population. 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 Numerator
6. Check Intervention Performed:
- a. If QDM data element SUICIDE RISK ASSESSMENT during Occurrence A of Encounter Performed QDM data element, PSYCH VISIT – DIAGNOSTIC EVALUATION equals Yes, include in the Numerator count. The Numerator is represented by the letter A in the sample calculation listed at the end of this document. Letter A equals 7 patients in the sample calculation.
  - b. If QDM data element SUICIDE RISK ASSESSMENT during Occurrence A of Encounter Performed QDM data element, PSYCH VISIT – DIAGNOSTIC EVALUATION equals No, proceed to check next Intervention Performed.
  - c. If QDM data element SUICIDE RISK ASSESSMENT during Occurrence A of Encounter Performed QDM data element, PSYCH VISIT – PSYCHOTHERAPY equals Yes, include in the Numerator count. The Numerator is represented by the letter A in the sample calculation listed at the end of this document. Letter A equals 7 patients in the sample calculation.
  - d. If QDM data element SUICIDE RISK ASSESSMENT during Occurrence A of Encounter Performed QDM data element, PSYCH VISIT – PSYCHOTHERAPY equals No, proceed to check next Intervention Performed.

- e. If QDM data element SUICIDE RISK ASSESSMENT during Occurrence A of Encounter Performed QDM data element, EMERGENCY DEPARTMENT VISIT equals Yes, include in the Numerator count. The Numerator is represented by the letter A in the sample calculation listed at the end of this document. Letter A equals 7 patients in the sample calculation.
- f. If QDM data element SUICIDE RISK ASSESSMENT during Occurrence A of Encounter Performed QDM data element, EMERGENCY DEPARTMENT VISIT equals No, proceed to check next Intervention Performed.
- g. If QDM data element SUICIDE RISK ASSESSMENT during Occurrence A of Encounter Performed QDM data element, OFFICE VISIT equals Yes, include in the Numerator count. The Numerator is represented by the letter A in the sample calculation listed at the end of this document. Letter A equals 7 patients in the sample calculation.
- h. If QDM data element SUICIDE RISK ASSESSMENT during Occurrence A of Encounter Performed QDM data element, OFFICE VISIT equals No, proceed to check next Intervention Performed.
- i. If QDM data element SUICIDE RISK ASSESSMENT during Occurrence A of Encounter Performed QDM data element, OUTPATIENT CONSULTATION, equals Yes, include in the Numerator count. The Numerator is represented by the letter A in the sample calculation listed at the end of this document. Letter A equals 7 patients in the sample calculation.
- j. If QDM data element SUICIDE RISK ASSESSMENT during Occurrence A of Encounter Performed QDM data element, OUTPATIENT CONSULTATION equals No, proceed to check next Intervention Performed.
- k. If QDM data element SUICIDE RISK ASSESSMENT during Occurrence A of Encounter Performed QDM data element, PSYCHOANALYSIS, equals Yes, include in the Numerator count. The Numerator is represented by the letter A in the sample calculation listed at the end of this document. Letter A equals 7 patients in the sample calculation.
- l. If QDM data element SUICIDE RISK ASSESSMENT during Occurrence A of Encounter Performed QDM data element, PSYCHOANALYSIS equals No, proceed to check next Intervention Performed.
- m. If QDM data element SUICIDE RISK ASSESSMENT during Occurrence A of Encounter Performed QDM data element, FACE-TO-FACE INTERACTION, equals Yes, include in the Numerator count. The Numerator is represented by the letter A in the sample calculation listed at the end of this document. Letter A equals 7 patients in the sample calculation.
- n. If QDM data element SUICIDE RISK ASSESSMENT during Occurrence A of Encounter Performed QDM data element, FACE-TO-FACE INTERACTION equals No, include in No/Missing Numerator Data Submitted. Stop Processing.

#### **SAMPLE CALCULATION:**

##### **Performance Rate =**

Numerator (a=7 patients)

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

= **70.00%**