

2014 eMeasure Flows
Cover Page

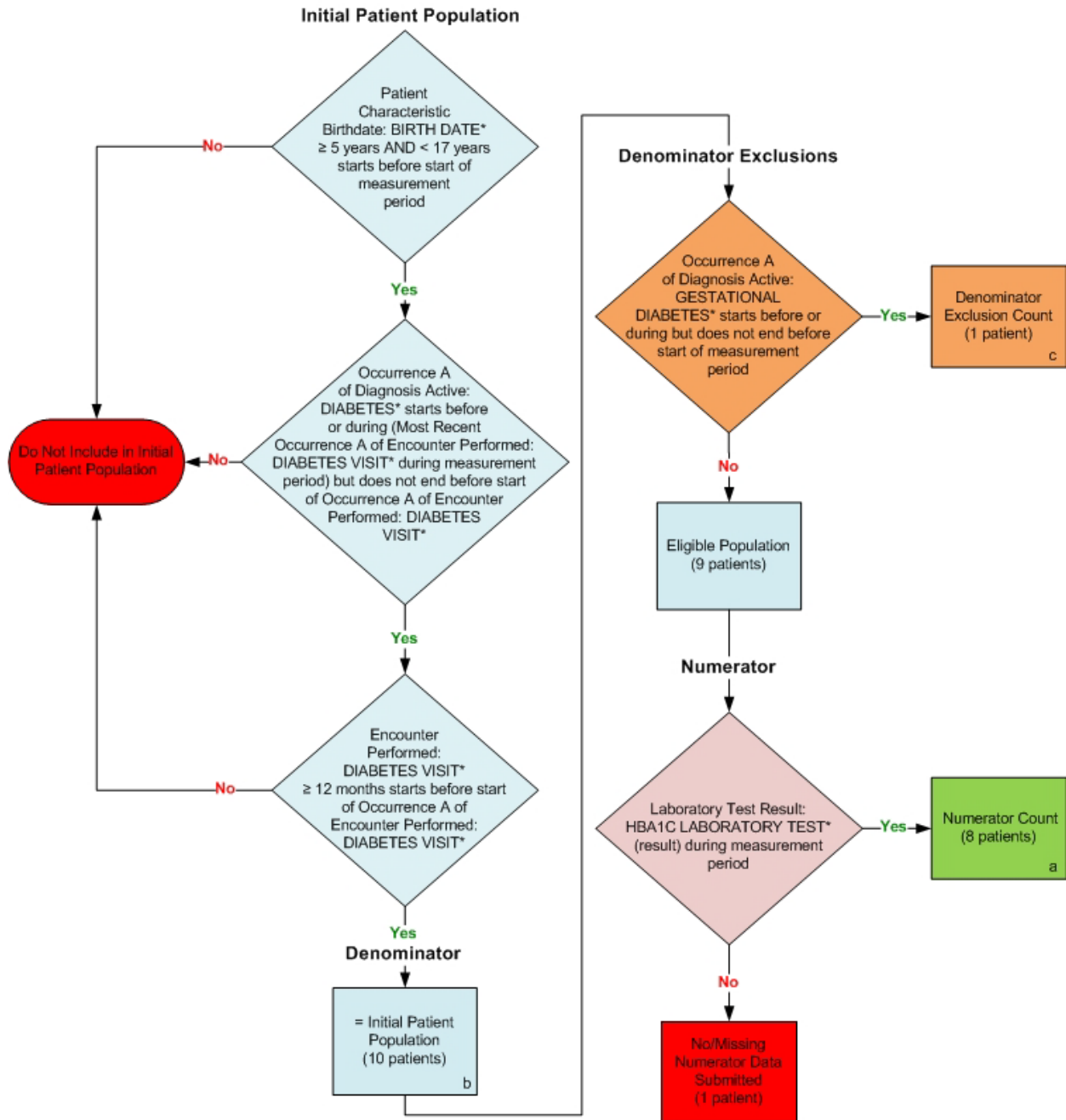
For eligible professionals reporting EHR clinical quality measures for Meaningful Use (MU) only (Option #1) in 2014, the following must be included in the submitted file(s):

- 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: 148
NQF 0060: Hemoglobin A1c Test for Pediatric Patients



*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 =

$$\frac{\text{Numerator (a = 8 patients)}}{\text{Denominator (b = 10 patients) - Denominator Exclusions (c = 1 patient) - Denominator Exceptions (N/A)}} = 88.89\%$$

2014 eMeasure Flows
eMeasure Identifier: 148
NQF 0060: Hemoglobin A1c Test for Pediatric Patients

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 5 years and less than 17 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 5 years and less than 17 years starts before start of measurement period equals YES, proceed to check Diagnosis Active.
3. Check Diagnosis Active:
 - a. If Occurrence A of the QDM data element, DIABETES, starts before or during Most Recent Occurrence A of Encounter Performed QDM data element, DIABETES VISIT, during measurement period, but does not end before start of Occurrence A of Encounter Performed QDM data element DIABETES VISIT, equals Yes, proceed to check Encounter Performed.
 - b. If Occurrence A of the QDM data element, DIABETES, starts before or during Most Recent Occurrence A of Encounter Performed QDM data element, DIABETES VISIT, during measurement period, but does not end before start of Occurrence A of Encounter Performed QDM data element DIABETES VISIT equals No, do not include in Initial Patient Population. Stop Processing.
4. Check Encounter Performed:
 - a. If QDM data element, DIABETES VISIT, greater than or equal to 12 months starts before start of Occurrence A of QDM data element, DIABETES VISIT, equals Yes, include in the Initial Patient Population and continue on to the Denominator.
 - b. If QDM data element, DIABETES VISIT, greater than or equal to 12 months starts before start of Occurrence A of QDM data element, DIABETES VISIT, equals No, do not include in the Initial Patient Population. Stop Processing.
5. 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.
6. Start Denominator Exclusions
7. Check for Diagnosis Active:
 - a. If Occurrence A of the QDM data element, GESTATIONAL DIABETES, starts before or during but does not end before start of measurement period, equals Yes, include in Denominator Exclusions count. Denominator Exclusion is represented by letter C in the sample calculation listed at the end of this document. Letter C equals 1 patient in the sample calculation.

- b. If Occurrence A of the QDM data element, GESTATIONAL DIABETES, starts before or during but does not end before start of measurement period, equals No, go to Numerator.
- 8. Start Numerator
- 9. Check Laboratory Test Result:
 - a. If the QDM data element, HBA1C LABORATORY TEST (result), during 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 the QDM data element, HBA1C LABORATORY TEST (result), during measurement period equals No, include in the No/Missing Data Submitted count. Stop Processing.

SAMPLE CALCULATION:

Performance Rate =

Numerator (a= 8 patients)

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Denominator (b=10 patients) – Denominator Exclusions (c=1 patient) – *Denominator Exceptions (N/A)*

= **88.89%**