

2014 eMeasure Flows
Cover Page

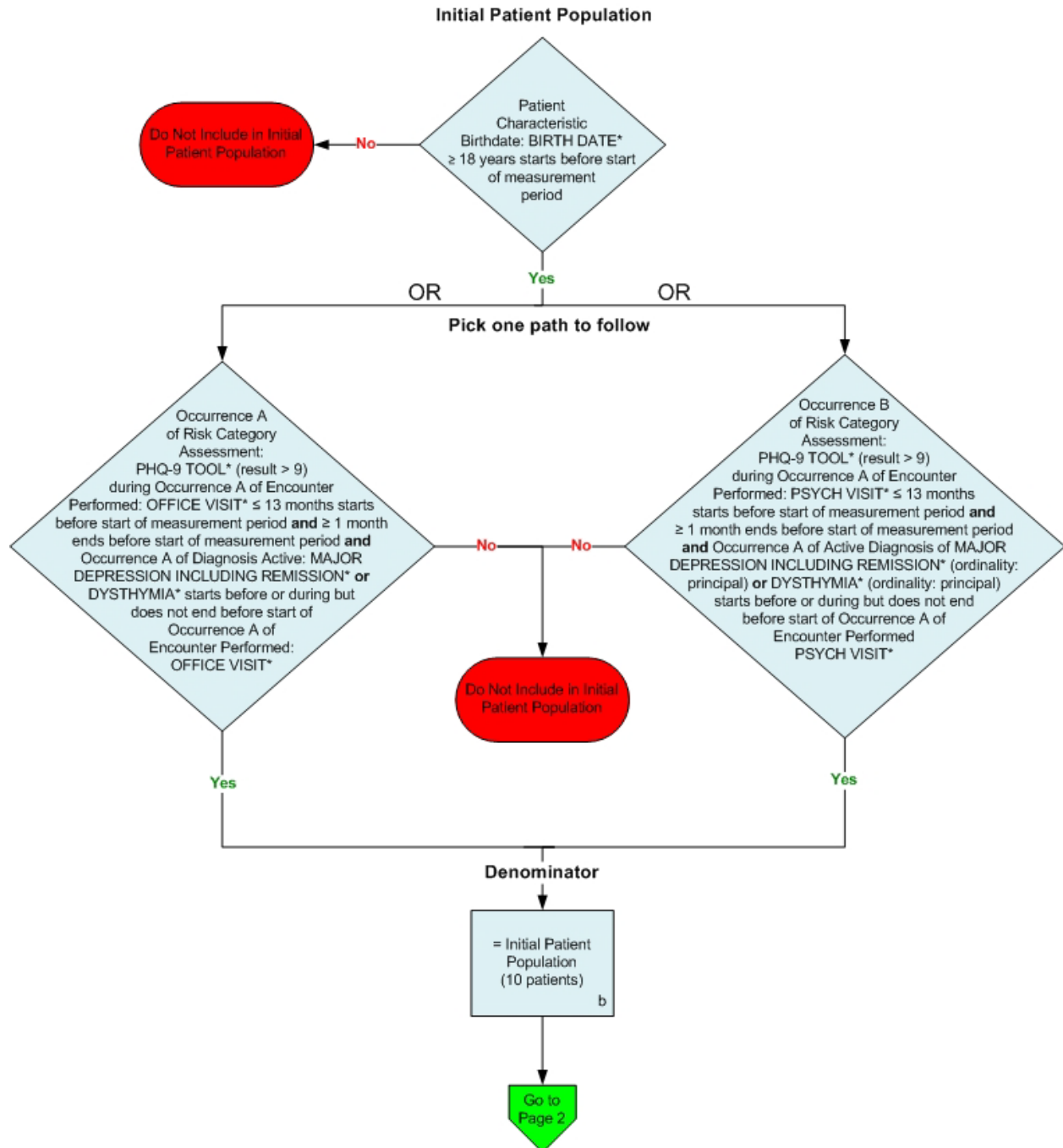
For eligible professionals reporting EHR clinical quality measures for Meaningful Use (MU) only (Option #1) in 2014, the following must be included in the submitted file(s):

- 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):

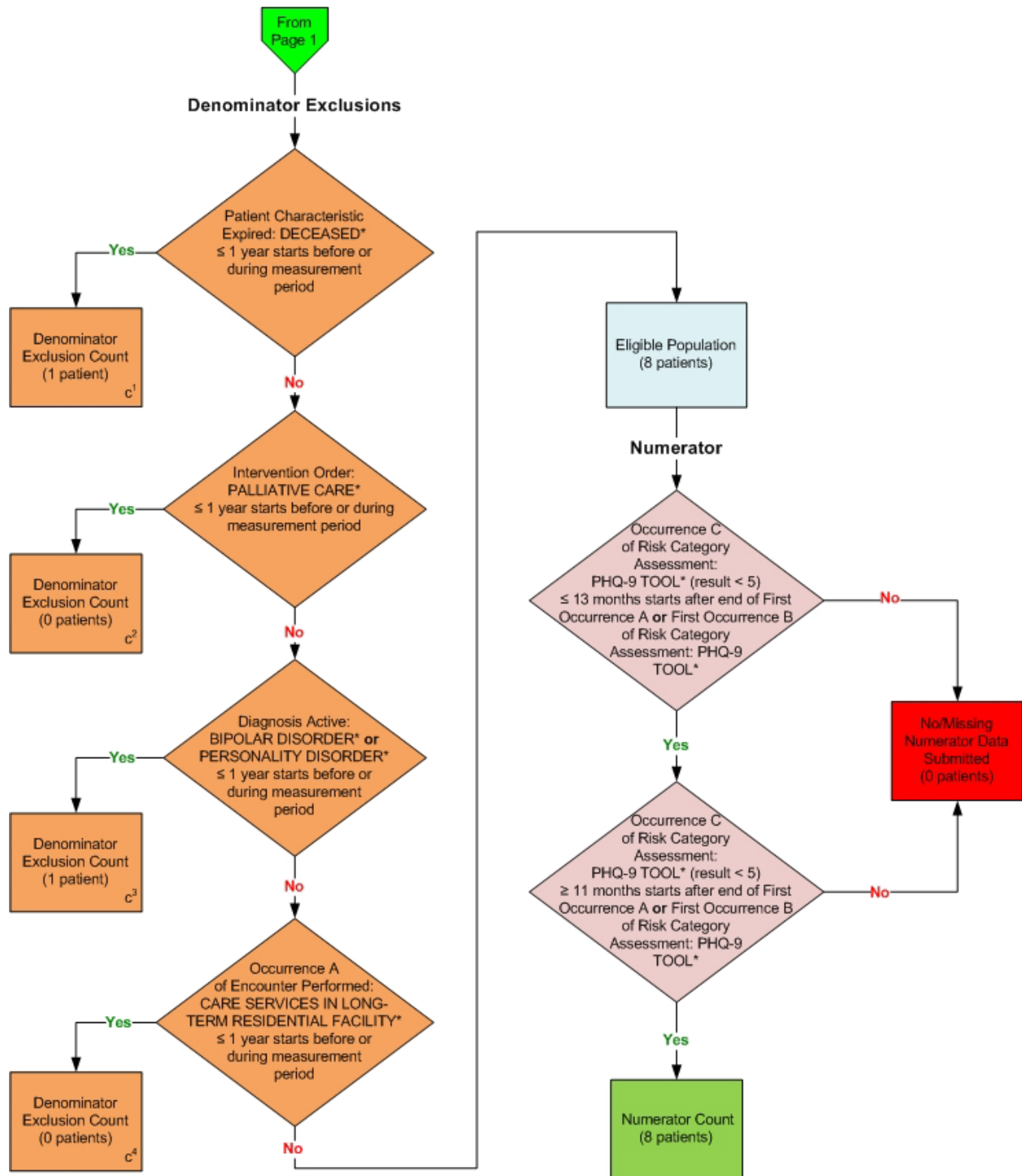
- 1 – Rendering NPI and TIN on the appropriate fields of the QRDA Category I or QRDA Category III files for eligible professionals reporting as *individuals* **OR** submission of all NPIs within the TIN when reporting as a *group practice*
- 2 – At least **one** Medicare Part B beneficiary that is eligible 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: 159
NQF 0710: Depression Remission at Twelve Months



*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.

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SAMPLE CALCULATION:

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

2014 eMeasure Flows
eMeasure Identifier: 159
NQF 0710: Depression Remission at Twelve Months

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 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 Risk Category Assessment. Proceed to Line 3 if outpatient encounter is OFFICE VISIT. Proceed to Line 4 if outpatient encounter is PSYCH VISIT.
3. Check Risk Category Assessment:
 - a. If Occurrence A of the QDM data element, PHQ-9 TOOL (result greater than 9), during Occurrence A of Encounter Performed QDM data element, OFFICE VISIT, less than or equal to 13 months starts before start of measurement period and greater than or equal to 1 month ends before start of measurement period and Occurrence A of Diagnosis Active QDM data element, MAJOR DEPRESSION INCLUDING REMISSION, or QDM data element, DYSTHMIA, starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, OFFICE VISIT, equals Yes, include in Initial Patient Population and proceed to Denominator.
 - b. If Occurrence A of the QDM data element, PHQ-9 TOOL (result greater than 9), during Occurrence A of Encounter Performed QDM data element, OFFICE VISIT, less than or equal to 13 months starts before start of measurement period and greater than or equal to 1 month ends before start of measurement period and Occurrence A of Diagnosis Active QDM data element, MAJOR DEPRESSION INCLUDING REMISSION, or QDM data element, DYSTHMIA, starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, OFFICE VISIT, equals No, do not include in the Initial Patient Population. Stop Processing.
4. Check Risk Category Assessment:
 - a. If Occurrence B of the QDM data element, PHQ-9 TOOL (result greater than 9), during Occurrence A of Encounter Performed QDM data element, PSYCH VISIT, less than or equal to 13 months starts before start of measurement period and greater than or equal to 1 month ends before start of measurement period and Occurrence A of Diagnosis Active QDM data element, MAJOR DEPRESSION INCLUDING REMISSION (ordinality: principal), or QDM data element, DYSTHMIA (ordinality: principal), starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, PSYCH VISIT, equals Yes, include in Initial Patient Population and proceed to Denominator.
 - b. If Occurrence B of the QDM data element, PHQ-9 TOOL (result greater than 9), during Occurrence A of Encounter Performed QDM data element, PSYCH VISIT, less than or equal to 13 months starts before start of measurement period and greater than or equal to 1 month ends before start of measurement period and Occurrence A of Diagnosis Active QDM data element, MAJOR DEPRESSION

INCLUDING REMISSION (ordinality:principal), or QDM data element, DYSTHIMIA (ordinality:principal), starts before or during but does not end before start of Occurrence A of Encounter Performed QDM data element, PSYCH 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 Patient Characteristic Expired:
 - a. If the QDM data element, DECEASED, less than or equal to 1 year starts before or during measurement period equals Yes, include in Denominator Exclusions count. Denominator Exclusion is represented by letter C¹ in the sample calculation listed at the end of this document. Letter C¹ equals 1 patient in the sample calculation.
 - b. If the QDM data element, DECEASED, less than or equal to 1 year starts before or during measurement period equals No, go to check Intervention Order.
8. Check for Intervention Order:
 - a. If the QDM data element, PALLIATIVE CARE, less than or equal to 1 year starts before or during measurement period equals Yes, include in Denominator Exclusions 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 the QDM data element, PALLIATIVE CARE, less than or equal to 1 year starts before or during measurement period equals No, go to check Diagnosis Active.
9. Check for Diagnosis Active:
 - a. If the QDM data element, BIPOLAR DISORDER, or the QDM data element, PERSONALITY DISORDER, less than or equal to 1 year starts before or during measurement period equals Yes, include in Denominator Exclusions 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 the QDM data element, BIPOLAR DISORDER, or the QDM data element, PERSONALITY DISORDER, less than or equal to 1 year starts before or during measurement period equals No, go to check Encounter Performed.
10. Check for Encounter Performed:
 - a. If Occurrence A of the QDM data element, CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY, less than or equal to 1 year starts before or during 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 0 patients in the sample calculation.
 - b. If Occurrence A of the QDM data element, CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY, less than or equal to 1 year starts before or during measurement period, equals No, include in eligible population and proceed to Numerator.
11. Start Numerator

12. Check Risk Category Assessment:
- a. If Occurrence C of the QDM data element, PHQ-9 TOOL (result less than 5), less than or equal to 13 months starts after end of First Occurrence A of QDM data element, PHQ-9 TOOL, or First Occurrence B of QDM data element, PHQ-9 TOOL, equals Yes, go to check Risk Category Assessment.
 - b. If Occurrence C of the QDM data element, PHQ-9 TOOL (result less than 5), less than or equal to 13 months starts after end of First Occurrence A of QDM data element, PHQ-9 TOOL, or First Occurrence B of QDM data element, PHQ-9 TOOL, equals No, include in the No/Missing Data Submitted count. Stop Processing.
13. Check Risk Category Assessment:
- a. If Occurrence C of the QDM data element, PHQ-9 TOOL (result less than 5), greater than or equal to 11 months starts after end of First Occurrence A of QDM data element, PHQ-9 TOOL, or First Occurrence B of QDM data element, PHQ-9 TOOL, 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 population.
 - b. If Occurrence C of the QDM data element, PHQ-9 TOOL (result less than 5), greater than or equal to 11 months starts after end of First Occurrence A of QDM data element, PHQ-9 TOOL, or First Occurrence B of QDM data element, PHQ-9 TOOL, 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 ($c^1+c^2+c^3+c^4 = 2$ patients) – *Denominator Exceptions (N/A)*

= **100.00%**