

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):

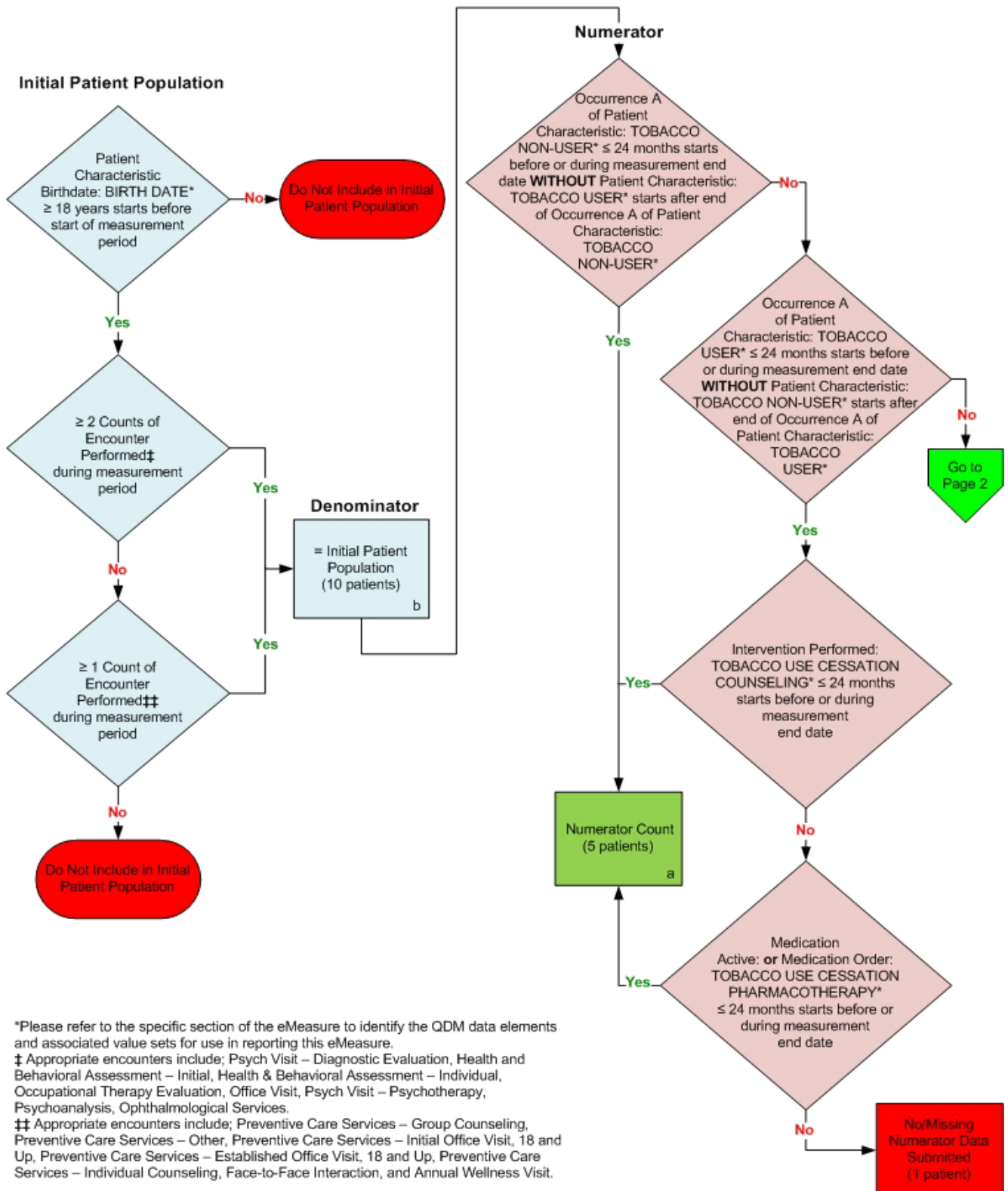
- 1 – Rendering NPI and TIN on QRDA Category III files
- 2 – Payers for all eligible patients identified on QRDA Category III files
- 3 – All of the identifiers for the eMeasures the eligible professional or group practice intends to report must be included in the appropriate fields of the QRDA Category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

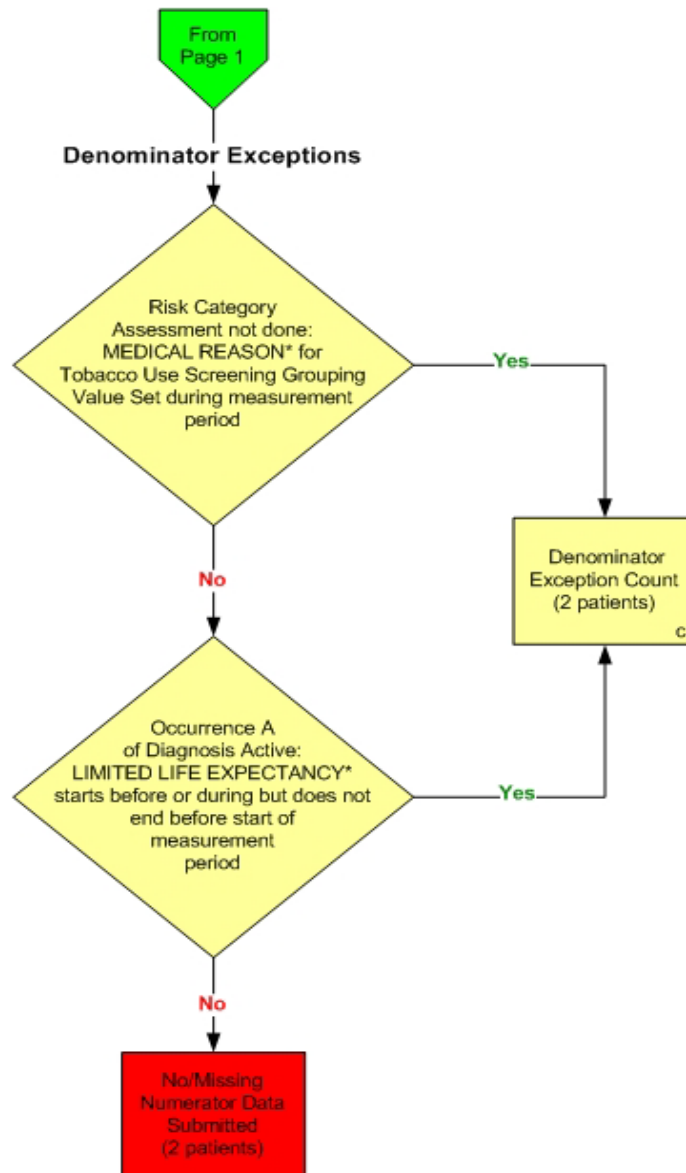
- 1 – Rendering NPI and TIN on the appropriate fields of the QRDA Category I or QRDA Category III files for eligible professionals reporting as *individuals* **OR** submission of all NPIs within the TIN when reporting as a *group practice*
- 2 – At least **one** Medicare Part B beneficiary that is eligible 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: 138

NQF 0028: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention



2014 eMeasure Flows
eMeasure Identifier: 138
NQF 0028: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention



*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 =

$$\frac{\text{Numerator (a= 5 patients)}}{\text{Denominator (b=10 patients) – Denominator Exclusions (N/A) – Denominator Exceptions (c= 2 patients)}} = 62.50\%$$

2014 eMeasure Flows
eMeasure Identifier: 138

NQF 0028: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

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 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 18 years 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, PSYCH VISIT – DIAGNOSTIC EVALUATION, 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, PSYCH VISIT - DIAGNOSTIC EVALUATION, during measurement period equals No, proceed to check next Encounter Performed.
 - e. If QDM data element, HEALTH AND BEHAVIORAL ASSESSMENT - INITIAL, 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, HEALTH AND BEHAVIORAL ASSESSMENT - INITIAL, during measurement period equals No, proceed to check next Encounter Performed.
 - g. If QDM data element, HEALTH & BEHAVIORAL ASSESSMENT - INDIVIDUAL, 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, HEALTH & BEHAVIORAL ASSESSMENT - INDIVIDUAL, during measurement period equals No, proceed to check next Encounter Performed.
 - i. If QDM data element, OCCUPATIONAL THERAPY EVALUATION, 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.

- j. If QDM data element, OCCUPATIONAL THERAPY EVALUATION, during measurement period equals No, proceed to check next Encounter Performed.
 - k. If QDM data element, PSYCH VISIT - PSYCHOTHERAPY, 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.
 - l. If QDM data element, PSYCH VISIT - PSYCHOTHERAPY, during measurement period equals No, proceed to check next Encounter Performed.
 - m. If QDM data element, PSYCHOANALYSIS, 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.
 - n. If QDM data element, PSYCHOANALYSIS, during measurement period equals No, proceed to check next Encounter Performed.
 - o. If QDM data element, OPHTHALMOLOGICAL SERVICES, during measurement period equals Yes, include in Initial Patient Population and proceed to the Denominator if total number of encounters are greater than or equal to 2.
 - p. If QDM data element, OPHTHALMOLOGICAL SERVICES, during measurement period equals No, proceed to check next Encounter Performed count greater than or equal to 1.
4. Check Encounter Performed: Total number of encounters must be greater than or equal to 1
- a. 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.
 - b. 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.
 - c. 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.
 - d. 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.
 - 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, FACE-TO-FACE INTERACTION, during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.
 - h. If QDM data element, FACE-TO-FACE INTERACTION, during the measurement period equals No, proceed to check next Encounter Performed.
 - i. If QDM data element, ANNUAL WELLNESS VISIT, during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator.
 - j. If QDM data element, ANNUAL WELLNESS VISIT, during the measurement period equals No, proceed to check next Encounter Performed.

- k. 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.
 - l. If QDM data element, PREVENTIVE CARE SERVICES – INDIVIDUAL COUNSELING, during the measurement period equals No, proceed to check next Encounter Performed.
 - m. 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.
 - n. If QDM data element, PREVENTIVE CARE SERVICES – GROUP COUNSELING, during the measurement period equals No, do not include in Initial Patient Population and 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 Numerator
 7. Check Patient Characteristic:
 - a. If Occurrence A of QDM data element TOBACCO NON-USER less than or equal to 24 months before or during measurement end date WITHOUT QDM data element TOBACCO USER starts after end of Occurrence A of TOBACCO NON-USER 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 5 patients in the sample calculation.
 - b. If Occurrence A of QDM data element TOBACCO NON-USER less than or equal to 24 months before or during measurement end date WITHOUT QDM data element TOBACCO USER starts after end of Occurrence A of TOBACCO NON-USER equals No, check next Patient Characteristic.
 8. Check Patient Characteristic:
 - a. If Occurrence A of QDM data element TOBACCO USER less than or equal to 24 months before or during measurement end date WITHOUT QDM data element TOBACCO NON-USER starts after end of Occurrence A of TOBACCO USER equals Yes, proceed to check Intervention Performed.
 - b. If Occurrence A of QDM data element TOBACCO USER less than or equal to 24 months before or during measurement end date and WITHOUT QDM data element TOBACCO NON-USER starts after end of Occurrence A of TOBACCO USER equals No, proceed to Denominator Exceptions.
 9. Check Intervention Performed:
 - a. If the QDM data element TOBACCO USE CESSATION COUNSELING less than or equal to 24 months starts before or during measurement end date 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 5 patients in the sample calculation.
 - b. If the QDM data element TOBACCO USE CESSATION COUNSELING less than or equal to 24 months starts before or during measurement end date equals No, proceed to check Medication Active or Medication Order.

10. Check Medication Active or Medication Order:

- a. If the QDM data element TOBACCO USE CESSATION PHARMACOTHERAPY less than or equal to 24 months starts before or during measurement end date 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 5 patients in the sample calculation.
- b. If the QDM data element TOBACCO USE CESSATION PHARMACOTHERAPY less than or equal to 24 months starts before or during measurement end date equals No, include in the No/Missing Data Submitted. Stop Processing.

11. Start Denominator Exceptions

12. Check Risk Category Assessment Not Done:

- a. If QDM data element MEDICAL REASON for Tobacco Use Screening Grouping Value Set during measurement period equals Yes, include in Denominator Exceptions count. Denominator Exceptions is represented by letter C in the sample calculation listed at the end of this document. Letter C equals 2 patients in the sample calculation.
- b. If QDM data element MEDICAL REASON for Tobacco Use Screening Grouping Value Set during measurement period equals No, proceed to Check Diagnosis Active.

13. Check Diagnosis Active:

- a. If Occurrence A of QDM data element LIMITED LIFE EXPECTANCY starts before or during but does not end before start of measurement period equals Yes, include in Denominator Exceptions count. Denominator Exception is represented by letter C in the sample calculation listed at the end of this document. Letter C equals 2 patients in the sample calculation.
- b. If Occurrence A of QDM data element LIMITED LIFE EXPECTANCY starts before or during but does not end before start of measurement period equals No, include in the No/Missing Data Submitted. Stop Processing.

SAMPLE CALCULATION:

Performance Rate =

Numerator (a= 5 patients)

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Denominator (b=10 patients) – *Denominator Exclusions (N/A)* – Denominator Exceptions (c= 2 patients)

= 62.50%