

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):

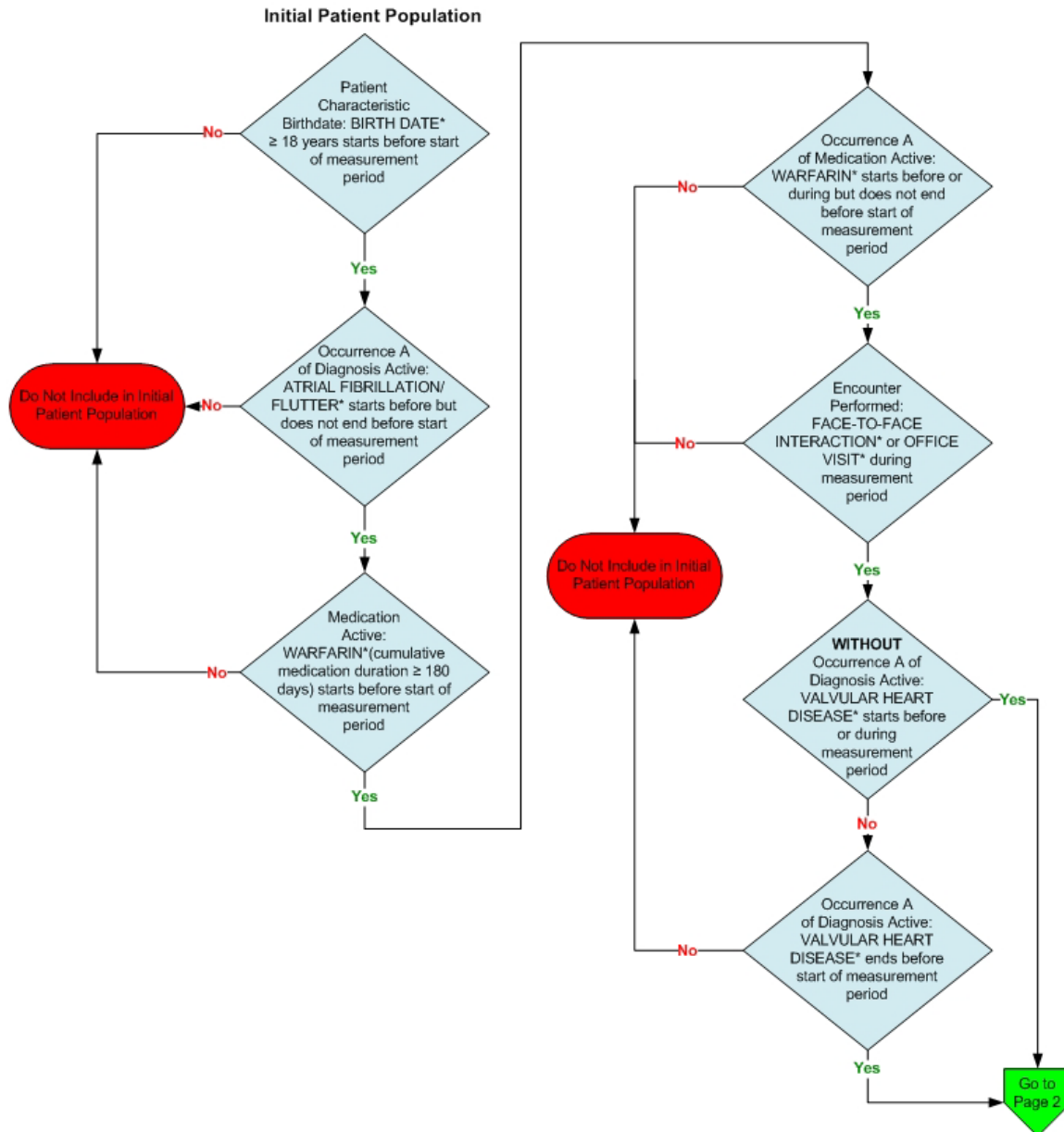
- 1 – Rendering NPI and TIN on QRDA Category III files
- 2 – Payers for all eligible patients identified on QRDA Category III files
- 3 – All of the identifiers for the eMeasures the eligible professional or group practice intends to report must be included in the appropriate fields of the QRDA Category 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: 179

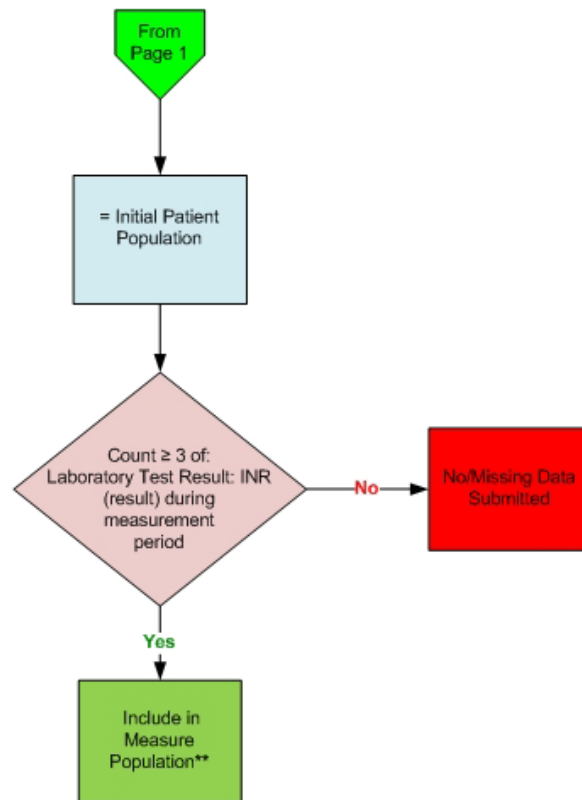
ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range



*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.

2014 eMeasure Flows
eMeasure Identifier: 179

ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range



CALCULATION INSTRUCTIONS TO OBTAIN THE MEASURE OBSERVATION

****Please note that the logic expressions in the body section of the HQMF of this measure should *not* be used to calculate this clinical quality measure. They are only provided to represent the data elements needed for the calculation. In order to calculate this clinical quality measure correctly, only use the narrative specifications contained in the header section of the HQMF and the annotated database query found in the supplemental file named "CMS179v2_Supplemental_SQL_Logic_Reference.pdf".**

2014 eMeasure Flows
eMeasure Identifier: 179

ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range

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 QDM data element, BIRTH DATE, 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 QDM data element, BIRTH DATE, greater than or equal to 18 years starts before start of measurement period equals Yes, go to check Diagnosis Active.
3. Check Diagnosis Active:
 - a. If Occurrence A of QDM data element, ATRIAL FIBRILLATION/FLUTTER, starts before but does not end before start of measurement period equals Yes, go to check Medication Active.
 - b. If Occurrence A of QDM data element, ATRIAL FIBRILLATION/FLUTTER, starts before but does not end before start of measurement period equals No, do not include in Initial Patient Population. Stop Processing.
4. Check Medication Active:
 - a. If QDM data element, WARFARIN (cumulative medication duration greater than or equal to 180 days), starts before start of measurement period equals Yes, go to check medication active.
 - b. If QDM data element, WARFARIN (cumulative medication duration greater than or equal to 180 days), starts before start of measurement period equals No, do not include in Initial Patient Population. Stop Processing.
5. Check Medication Active:
 - a. If Occurrence A of QDM data element, WARFARIN, starts before or during but does not end before start of measurement period equals Yes, go to check Encounter Performed.
 - b. If Occurrence A of QDM data element, WARFARIN starts before or during but does not end before start of measurement period equals No, do not include in Initial Patient Population. Stop Processing.
6. Check Encounter Performed:
 - a. If QDM data element, FACE-TO-FACE INTERACTION, or QDM data element OFFICE VISIT, during measurement period equals Yes, go to check Diagnosis Active.
 - b. If QDM data element, FACE-TO-FACE INTERACTION, or QDM data element OFFICE VISIT, during measurement period equals No, do not include in Initial Patient Population. Stop Processing.
7. Check Diagnosis Active:
 - a. If Without Occurrence A of QDM data element, VALVULAR HEART DISEASE, starts before or during measurement period equals Yes, include in Initial Patient Population and go to Measure Population.
 - b. If Without Occurrence A of QDM data element, VALVULAR HEART DISEASE, starts before or during measurement period equals No, check Diagnosis Active.

8. Check Diagnosis Active:
 - a. If Occurrence A of QDM data element, VALVULAR HEART DISEASE, ends before start of measurement period equals Yes, include in Initial Patient Population and go to Measure Population.
 - b. If Occurrence A of the QDM data element, VALVULAR HEART DISEASE, ends before start of measurement period equals No, do not include in Initial Patient Population. Stop Processing.
9. Start Measure Population
 - a. Beginning Measure Population equals the Initial Patient Population. Continue on to determine Measure Population.
10. Check Laboratory Test Result:
 - a. If count greater than or equal to 3 of the QDM data element, INR (result) during measurement period equals No, include in the No/Missing Data Submitted count. Stop Processing.
 - b. If count greater than or equal to 3 of the QDM data element, INR (result greater than or equal to 0.8) during measurement period equals Yes, include in Measure Population.

CALCULATION INSTRUCTIONS TO OBTAIN THE MEASURE OBSERVATION

****Please note that the logic expressions in the body section of the HQMF of this measure should *not* be used to calculate this clinical quality measure. They are only provided to represent the data elements needed for the calculation. In order to calculate this clinical quality measure correctly, only use the narrative specifications contained in the header section of the HQMF and the annotated database query found in the supplemental file named "CMS179v2_Supplemental_SQL_Logic_Reference.pdf".**