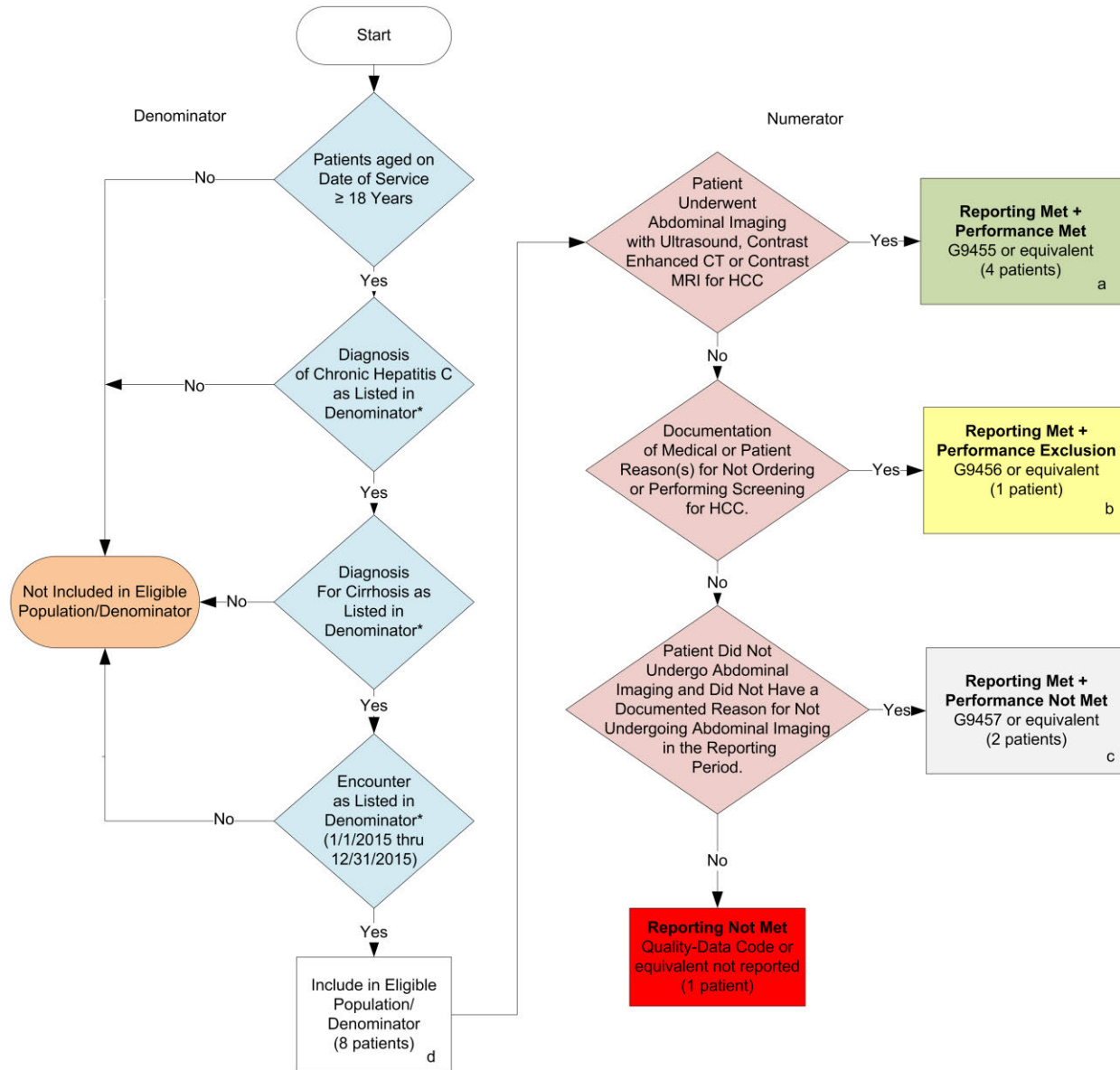


2015 Registry Individual Measure Flow
PQRS #401: Screening for Hepatocellular Carcinoma (HCC) in Patients with Hepatitis C Cirrhosis



SAMPLE CALCULATIONS:

Reporting Rate=

$$\frac{\text{Performance Met (a=4 patients)} + \text{Performance Exclusions Met (b= 1patient)} + \text{Performance Not Met (c=2 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Reporting Numerator (7 patients)}} = \frac{4 \text{ patients}}{7 \text{ patients}} = 57.14\%$$

*See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Patient-process

2015 Registry Individual Measure Flow
PQRS #401 Screening for Hepatocellular Carcinoma (HCC) in Patients with
Hepatitis C Cirrhosis

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Patient Age:
 - a. If the Age is greater than or equal to 18 Years on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
 - b. If the Age is greater than or equal to 18 Years on Date of Service and equals Yes during the measurement period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis Chronic Hepatitis C:
 - a. If Diagnosis of Chronic Hepatitis C as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Diagnosis of Chronic Hepatitis C as Listed in the Denominator equals Yes, proceed to check Patient Diagnosis Cirrhosis.
4. Check Patient Diagnosis Cirrhosis:
 - a. If Diagnosis for Cirrhosis as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Diagnosis for Cirrhosis as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
5. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible population.
6. Denominator Population:
 - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.
7. Start Numerator

8. Check Patient Underwent Abdominal Imaging with Ultrasound, Contrast Enhanced CT or Contrast MRI for HCC:
 - a. If Patient Underwent Abdominal Imaging with Ultrasound, Contrast Enhanced CT or Contrast MRI for HCC equals Yes, include in Reporting Met and Performance Met.
 - b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 patients in Sample Calculation.
 - c. If Patient Underwent Abdominal Imaging with Ultrasound, Contrast Enhanced CT or Contrast MRI for HCC equals No, proceed to Documentation of Medical or Patient Reason(s) for Not Ordering or Performing Screening for HCC.
9. Check Documentation of Medical or Patient Reason(s) for Not Ordering or Performing Screening for HCC:
 - a. If Documentation of Medical or Patient Reason(s) for Not Ordering or Performing Screening for HCC equals Yes, include in Reporting Met and Performance Exclusion.
 - b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 1 patient in the Sample Calculation.
 - c. If Documentation of Medical or Patient Reason(s) for Not Ordering or Performing Screening for HCC equals No, proceed to Patient Did Not Undergo Abdominal Imaging and Did Not Have a Documented Reason for Not Undergoing Abdominal Imaging in the Reporting Period.
10. Check Patient Did Not Undergo Abdominal Imaging and Did Not Have a Documented Reason for Not Undergoing Abdominal Imaging in the Reporting Period:
 - a. If Patient Did Not Undergo Abdominal Imaging and Did Not Have a Documented Reason for Not Undergoing Abdominal Imaging in the Reporting Period equals Yes, include in reporting met and performance exclusion.
 - b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c equals 2 patients in the Sample Calculation.
 - c. If Patient Did Not Undergo Abdominal Imaging and Did Not Have a Documented Reason for Not Undergoing Abdominal Imaging in the Reporting Period equals No, proceed to Reporting Not Met.
11. Check Reporting Not Met:
 - a. If Reporting Not Met equals No, Quality Data Code or equivalent was not reported. 1 patient has been subtracted from the reporting numerator in sample calculation.

SAMPLE CALCULATIONS:

Reporting Rate=

Performance Met (a=4 patients) + Performance Exclusions Met (b= 1patient) + Performance Not Met (c=2 patients) = 7 patients = 87.50%
 Eligible Population / Denominator (d=8 patients) = 8 patients

Performance Rate=

Performance Met (a=4 patients) = 4 patients = 57.14%
 Reporting Numerator (7 patients) = 7 patients