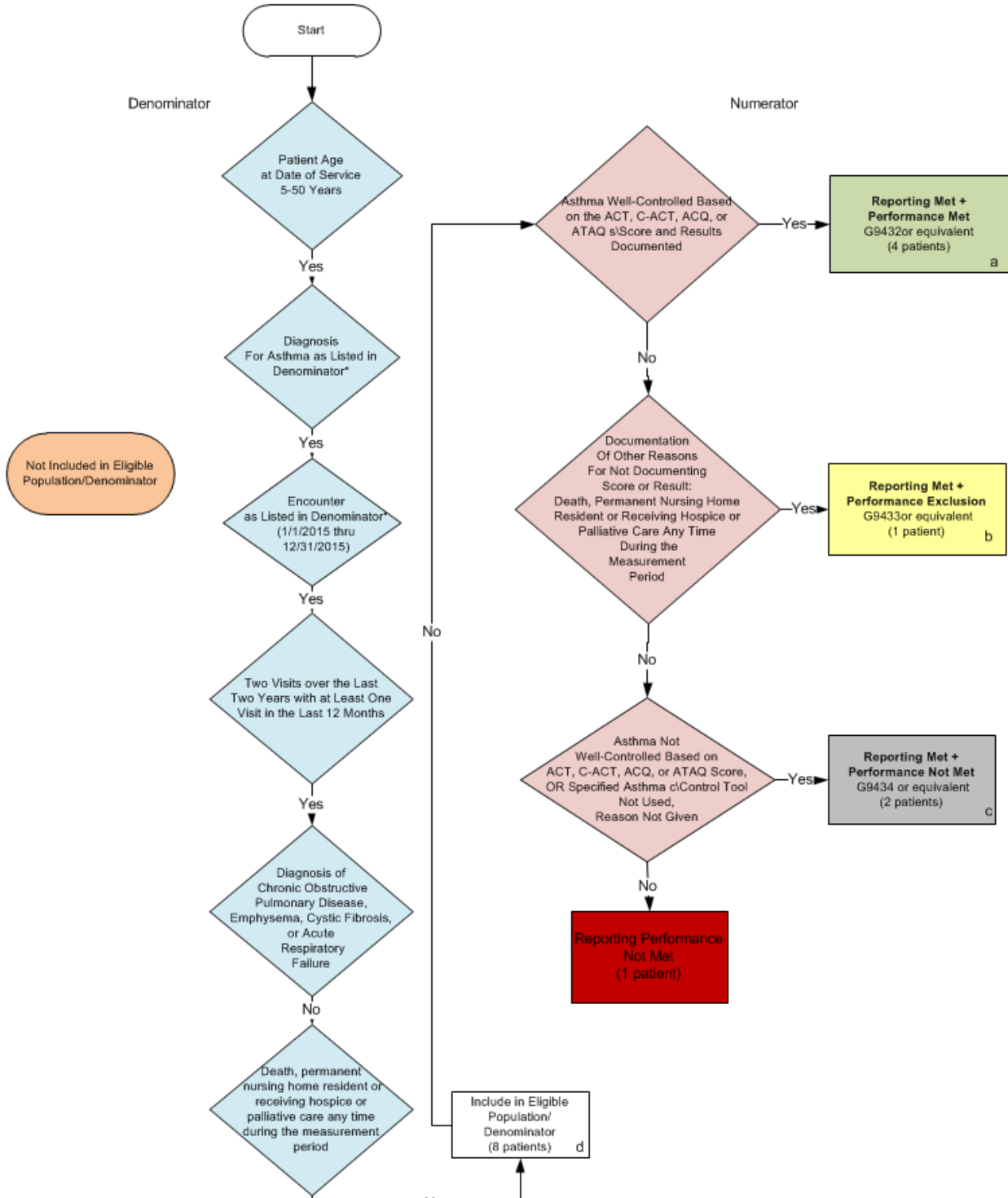


# 2015 Registry Individual Measure Flow PQRS #398: Optimal Asthma Control



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

NOTE: Reporting Frequency: Patient-process

**2015 Registry Individual Measure Flow: Sample Calculation**  
**PQRS #398: Optimal Asthma Control**

**SAMPLE CALCULATIONS:**

**Reporting Rate=**

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

**Performance Rate=**

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Reporting Numerator (7 patients) - Performance Exclusion (b=1 patient)}} = \frac{4 \text{ patients}}{6 \text{ patients}} = 66.67\%$$

\*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 #398: Optimal Asthma Control**

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 5 thru 50 Years of age at Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
  - b. If the Age is 5 thru 50 Years of age at Date of Service and equals Yes during the measurement period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
  - a. If Diagnosis of Asthma as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Diagnosis of Asthma as Listed in the Denominator equals Yes, proceed to Check Other Patient Diagnosis.
4. Check Other Patient Diagnosis:
  - a. If Patient Diagnosis of Chronic Obstructive Pulmonary Disease, Emphysema, Cystic Fibrosis or Acute Respiratory Failure as Listed in Denominator equals Yes, do not include in Eligible Patient Population. Stop Processing.
  - b. If Chronic Obstructive Pulmonary Disease, Emphysema, Cystic Fibrosis or Acute Respiratory Failure as Listed in Denominator equals No, 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 Asthma Well-Controlled Based on the ACT, C-ACT, ACQ, or ATAQ s\Score and Results Documented:
  - a. If Asthma Well-Controlled Based on the ACT, C-ACT, ACQ, or ATAQ s\Score and Results Documented 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 Asthma Well-Controlled Based on the ACT, C-ACT, ACQ, or ATAQ s\Score and Results Documented equals No, proceed to check Documentation of Other

Reasons for Not Documenting Score or Result: Death, Permanent Nursing Home Resident or Receiving Hospice or Palliative Care Any Time During the Measurement Period.

9. Check Documentation of Other Reasons for Not Documenting Score or Result: Death, Permanent Nursing Home Resident or Receiving Hospice or Palliative Care Any Time During the Measurement Period:
  - a. If Documentation of Other Reasons for Not Documenting Score or Result: Death, Permanent Nursing Home Resident or Receiving Hospice or Palliative Care Any Time During the Measurement Period equals Yes, include in the 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 Other Reasons for Not Documenting Score or Result: Death, Permanent Nursing Home Resident or Receiving Hospice or Palliative Care Any Time During the Measurement Period equals No, proceed to check Asthma Not Well Controlled Based on ACT, C-ACT, ACQ, or ATAQ Score or Specified Asthma c\Control Tool Not Used, Reason Not Given.
10. Check Asthma Not Well Controlled Based on ACT, C-ACT, ACQ, or ATAQ Score or Specified Asthma c\Control Tool Not Used, Reason Not Given:
  - a. If Asthma Not Well Controlled Based on ACT, C-ACT, ACQ, or ATAQ Score or Specified Asthma c\Control Tool Not Used, Reason Not Given equals Yes, include in Reporting Met and Performance Not Met.
  - b. Reporting Met and Performance Not Met 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 Asthma Not Well Controlled Based on ACT, C-ACT, ACQ, or ATAQ Score or Specified Asthma c\Control Tool Not Used, Reason Not Given equals No, proceed to Reporting Not Met.
11. Check Reporting Not Met:
  - a. If Reporting Not Met, the Quality Data Code or equivalent was not reported. 1 patient has been subtracted from the reporting numerator in sample calculation.

**SAMPLE CALCULATIONS:**

**Reporting Rate=**

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

**Performance Rate=**

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Reporting Numerator (7 patients) - Performance Exclusion (b=1 patient)}} = \frac{4 \text{ patients}}{6 \text{ patients}} = 66.67\%$$