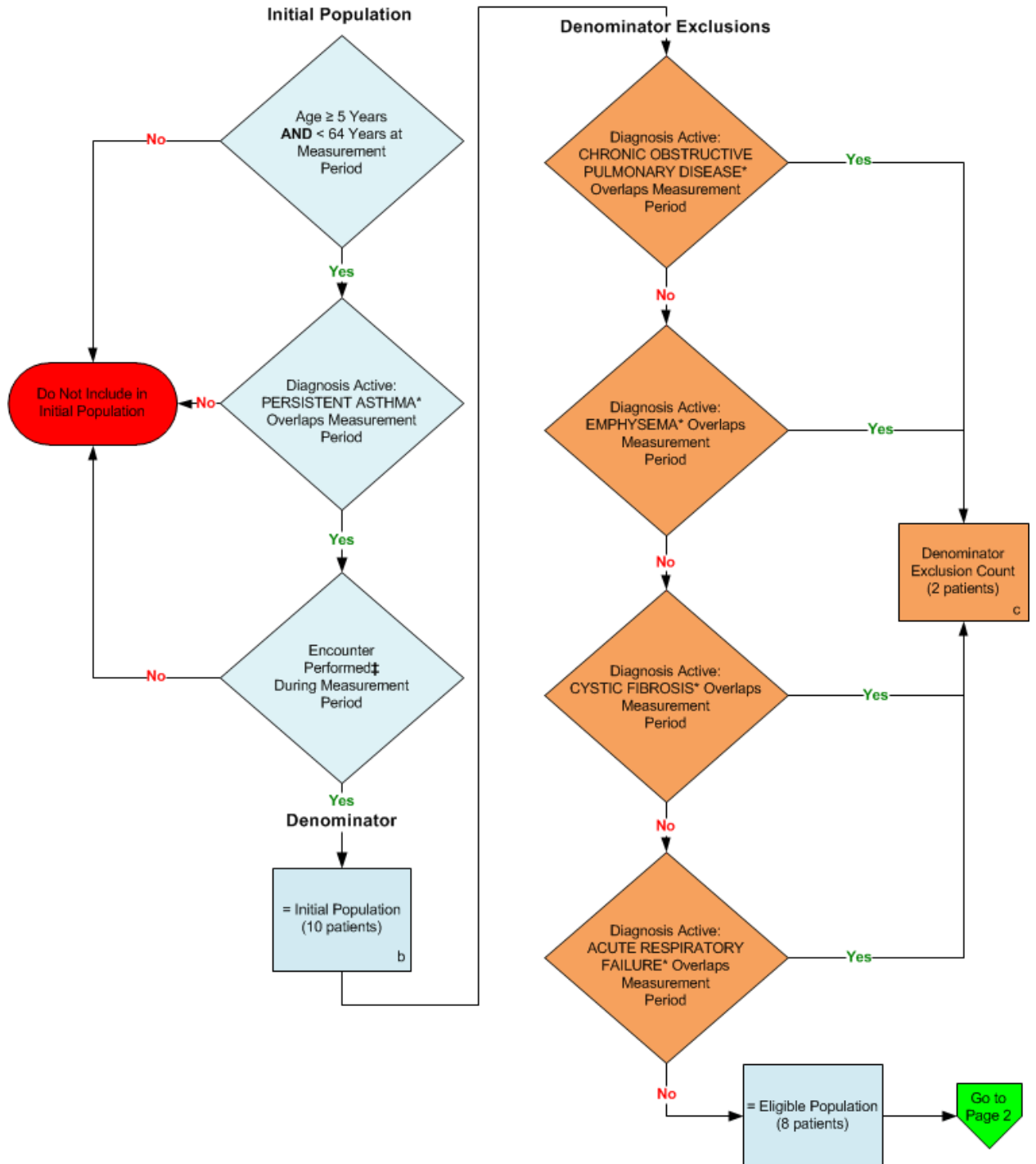


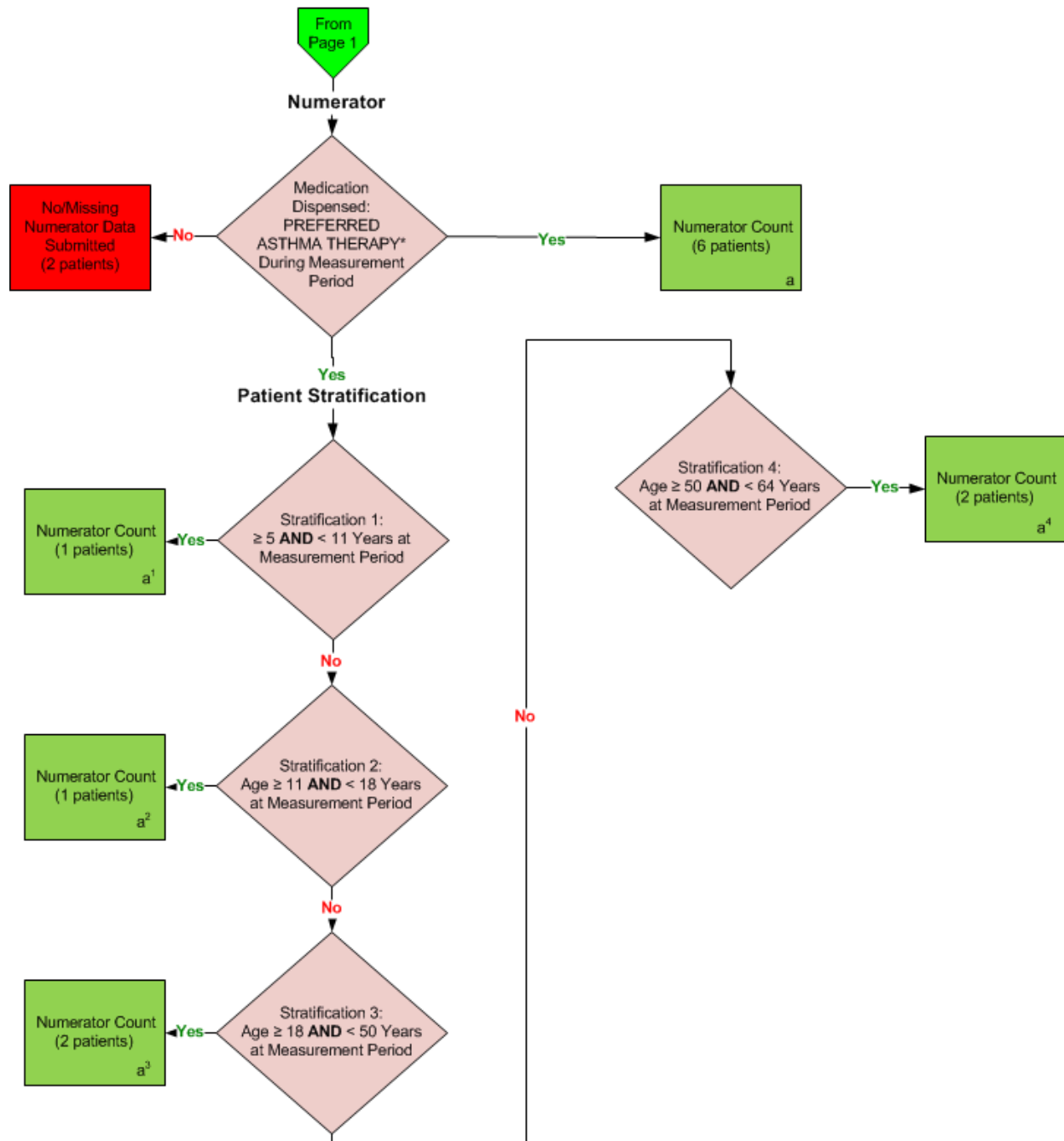
**2014 eCQM Flow**  
**Measure Identifier: CMS126v4**  
 NQF 0036: Use of Appropriate Medications for Asthma



\*Please refer to the specific section of the eCQM to identify the QDM data elements and associated value sets for use in reporting this eCQM.

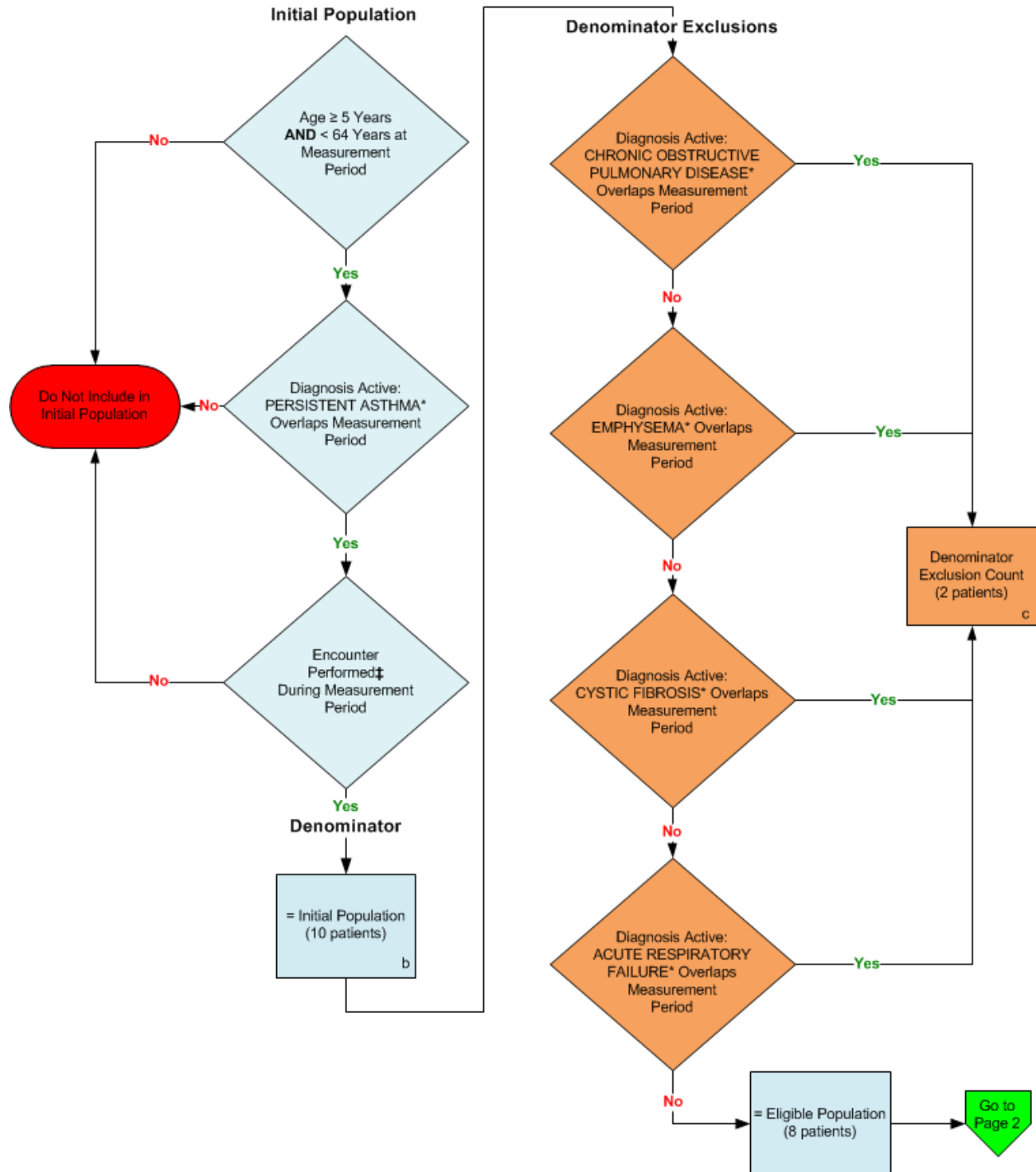
‡ For a list of appropriate encounters, please refer to the Population Criteria and associated value sets as specific data elements have not been listed.

**2014 eCQM Flow**  
**Measure Identifier: CMS126v4**  
NQF 0036: Use of Appropriate Medications for Asthma



\*Please refer to the specific section of the eCQM to identify the QDM data elements and associated value sets for use in reporting this eCQM.

**2014 eCQM Flow**  
**Measure Identifier: CMS126v4**  
 NQF 0036: Use of Appropriate Medications for Asthma



\*Please refer to the specific section of the eCQM to identify the QDM data elements and associated value sets for use in reporting this eCQM.

‡ For a list of appropriate encounters, please refer to the Population Criteria and associated value sets as specific data elements have not been listed.

2014 eCQM Flows  
Measure Identifier: CMS126v4  
NQF 0036: Use of Appropriate Medications for Asthma

Please refer to the specific section of the eCQM to identify the Population Criteria and associated value sets for use in reporting this eCQM.

1. Start Initial Population
2. Check Age:
  - a. If the AGE is greater than or equal to 5 years and less than 64 years at measurement period equals Yes, proceed to check Diagnosis Active.
  - b. If the AGE is greater than or equal to 5 years and less than 64 years at measurement period equals No, do not include in Initial Population. Stop Processing.
3. Check Diagnosis Active:
  - a. If the Diagnosis Active QDM data element, PERSISTANT ASTHMA, overlaps measurement period equals Yes, proceed to check Encounter Performed.
  - b. If the Diagnosis Active QDM data element, PERSISTANT ASTHMA, overlaps measurement period equals No, do not include in the Initial Population. Stop Processing.
4. Check Encounter Performed:
  - a. If the Encounter Performed QDM data element, OFFICE VISIT, equals Yes, during the measurement period, include in the Initial Population and continue on to the Denominator.
  - b. If the Encounter Performed QDM data element, OFFICE VISIT, equals No, during the measurement period, proceed to check next Encounter Performed.
  - c. If the Encounter Performed QDM data element, FACE-TO-FACE INTERACTION, equals Yes, during the measurement period, include in the Initial Population and continue on to the Denominator.
  - d. If the Encounter Performed QDM data element, FACE-TO-FACE INTERACTION, equals No, during the measurement period, proceed to check next Encounter Performed.
  - e. If the Encounter Performed QDM data element, PREVENTIVE CARE SERVICES – ESTABLISHED OFFICE VISIT, 0 to 17, equals Yes, during the measurement period, include in the Initial Population and continue on to the Denominator.
  - f. If the Encounter Performed QDM data element, PREVENTIVE CARE SERVICES – ESTABLISHED OFFICE VISIT, 0 to 17, equals No, during the measurement period, proceed to check next Encounter Performed.
  - g. If the Encounter Performed QDM data element, PREVENTIVE CARE SERVICES – ESTABLISHED OFFICE VISIT, 18 AND UP, equals Yes, during the measurement period, include in the Initial Population and continue on to the Denominator.

- h. If the Encounter Performed QDM data element, PREVENTIVE CARE SERVICES – ESTABLISHED OFFICE VISIT, 18 AND UP, equals No, during the measurement period, proceed to check next Encounter Performed.
  - i. If the Encounter Performed QDM data element, PREVENTIVE CARE SERVICES – INITIAL OFFICE VISIT, 18 AND UP, equals Yes, during the measurement period, include in the Initial Population and continue on to the Denominator.
  - j. If the Encounter Performed QDM data element, PREVENTIVE CARE SERVICES – INITIAL OFFICE VISIT, 18 AND UP, equals No, during the measurement period, proceed to check next Encounter Performed.
  - k. If the Encounter Performed QDM data element, PREVENTIVE CARE SERVICES – INITIAL OFFICE VISIT, 0 to 17, equals Yes, during the measurement period, include in the Initial Population and continue on to the Denominator.
  - l. If the Encounter Performed QDM data element, PREVENTIVE CARE SERVICES – INITIAL OFFICE VISIT, 0 to 17, equals No, during the measurement period, proceed to check next Encounter Performed.
  - m. If the Encounter Performed QDM data element, HOME HEALTHCARE SERVICES, equals Yes, during the measurement period, include in the Initial Population and continue on to the Denominator.
  - n. If the Encounter Performed QDM data element, HOME HEALTHCARE SERVICES, equals No, during the measurement period, do not include in the Initial Population. Stop Processing.
5. Start Denominator
- a. Denominator equals the Initial 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 Diagnosis Active:
- a. If the Diagnosis Active QDM data element, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, overlaps measurement period equals Yes, include in the Denominator Exclusion Count. Denominator Exclusion 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. Stop Processing.
  - b. If the Diagnosis Active QDM data element, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, overlaps measurement period equals No, do not include in the Denominator Exclusion Count and proceed to check next Diagnosis Active.
8. Check Diagnosis Active:
- a. If the Diagnosis Active QDM data element, EMPHYSEMA, overlaps measurement period equals Yes, include in the Denominator Exclusion Count. Denominator Exclusion Count 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. Stop Processing.

- b. If the Diagnosis Active QDM data element, EMPHYSEMA, overlaps measurement period equals No, do not include in the Denominator Exclusion Count and proceed to check next Diagnosis Active.

9. Check Diagnosis Active:

- a. If the Diagnosis Active QDM data element, CYSTIC FIBROSIS, overlaps measurement period equals Yes, include in the Denominator Exclusion Count. The Denominator Exclusion Count 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. Stop Processing.
- b. If the Diagnosis Active QDM data element, CYSTIC FIBROSIS, overlaps measurement period equals No, do not include in the Denominator Exclusion Count and proceed to check next Diagnosis Active.

10. Check Diagnosis Active:

- a. If the Diagnosis Active QDM data element, ACUTE RESPIRATORY FAILURE, overlaps measurement period equals Yes, include in the Denominator Exclusion Count. The Denominator Exclusion Count 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. Stop Processing.
- b. If the Diagnosis Active QDM data element, ACUTE RESPIRATORY FAILURE, overlaps measurement period equals No, do not include in the Denominator Exclusion Count and proceed to the Numerator.

11. Start Numerator

12. Check Medication Dispensed:

- a. If the Medication Dispensed QDM data element, PREFERRED ASTHMA THERAPY, during measurement period equals No, include in the No/Missing Data Submitted count. Stop Processing.
- b. If the Medication Dispensed QDM data element, PREFERRED ASTHMA THERAPY, during measurement period equals Yes, include in Numerator Count which is represented by Letter a. Letter a equals 6 patients in the sample calculation. Proceed to Stratification Count 1.

13. Stratification 1:

- a. If Stratification 1 is greater than or equal to 5 and less than 11 years at measurement period equals yes, include in Numerator Count. Numerator Count is represented by Letter a<sup>1</sup> in the sample calculation box. Letter a<sup>1</sup> equals 1 patient in the sample calculation. Stop Processing.
- b. If Stratification 1 is greater than or equal to 5 and less than 11 years at measurement period equals No, Proceed to Stratification 2.

14. Stratification 2:

- a. If Stratification 2 is greater than or equal to 11 and less than 18 years at measurement period equals yes, include in Numerator Count. Numerator Count is

- represented by Letter a<sup>2</sup> in the sample calculation box. Letter a<sup>2</sup> equals 1 patient in the sample calculation. Stop Processing.
- b. If Stratification 2 is greater than or equal to 11 and less than 18 years at measurement period equals No, Proceed to Stratification 3.

15. Stratification 3:

- a. If Stratification 3 is greater than or equal to 18 and less than 50 years at measurement period equals yes, include in Numerator Count. Numerator Count is represented by Letter a<sup>3</sup> in the sample calculation box. Letter a<sup>3</sup> equals 2 patients in the sample calculation. Stop Processing.
- b. If Stratification 3 is greater than or equal to 18 and less than 50 years at measurement period equals No, Proceed to Stratification 4.

16. Stratification 4:

- a. If Stratification 4 is greater than or equal to 50 and less than 64 years at measurement period equals yes, include in Numerator Count. Numerator Count is represented by Letter a<sup>4</sup> in the sample calculation box. Letter a<sup>4</sup> equals 2 patients in the sample calculation. Stop Processing.
- b. If Stratification 4 is greater than or equal to 50 and less than 64 years at measurement period equals No, Stop Processing.

SAMPLE CALCULATION with Stratification		
<b>Performance Rate=</b>		
Numerator (a = 6 patients)		= 75.00%
Denominator (b=10 patients) – Denominator Exclusions (c=2 patients) – Denominator Exceptions (N/A)		
<b>Stratification 1=</b>		
Numerator (a <sup>1</sup> = 1 patients)		= 12.50%
Denominator (b=10 patients) – Denominator Exclusions (c=2 patients) – Denominator Exceptions (N/A)		
<b>Stratification 2 =</b>		
Numerator (a <sup>2</sup> = 1 patients)		= 12.50%
Denominator (b=10 patients) – Denominator Exclusions (c=2 patients) – Denominator Exceptions (N/A)		
<b>Stratification 3 =</b>		
Numerator (a <sup>3</sup> = 2 patients)		= 25.00%
Denominator (b=10 patients) – Denominator Exclusions (c=2 patients) – Denominator Exceptions (N/A)		
<b>Stratification 4 =</b>		
Numerator (a <sup>4</sup> = 2 patients)		= 25.00%
Denominator (b=10 patients) – Denominator Exclusions (c=2 patients) – Denominator Exceptions (N/A)		