

2014 eMeasure Flows
Cover Page

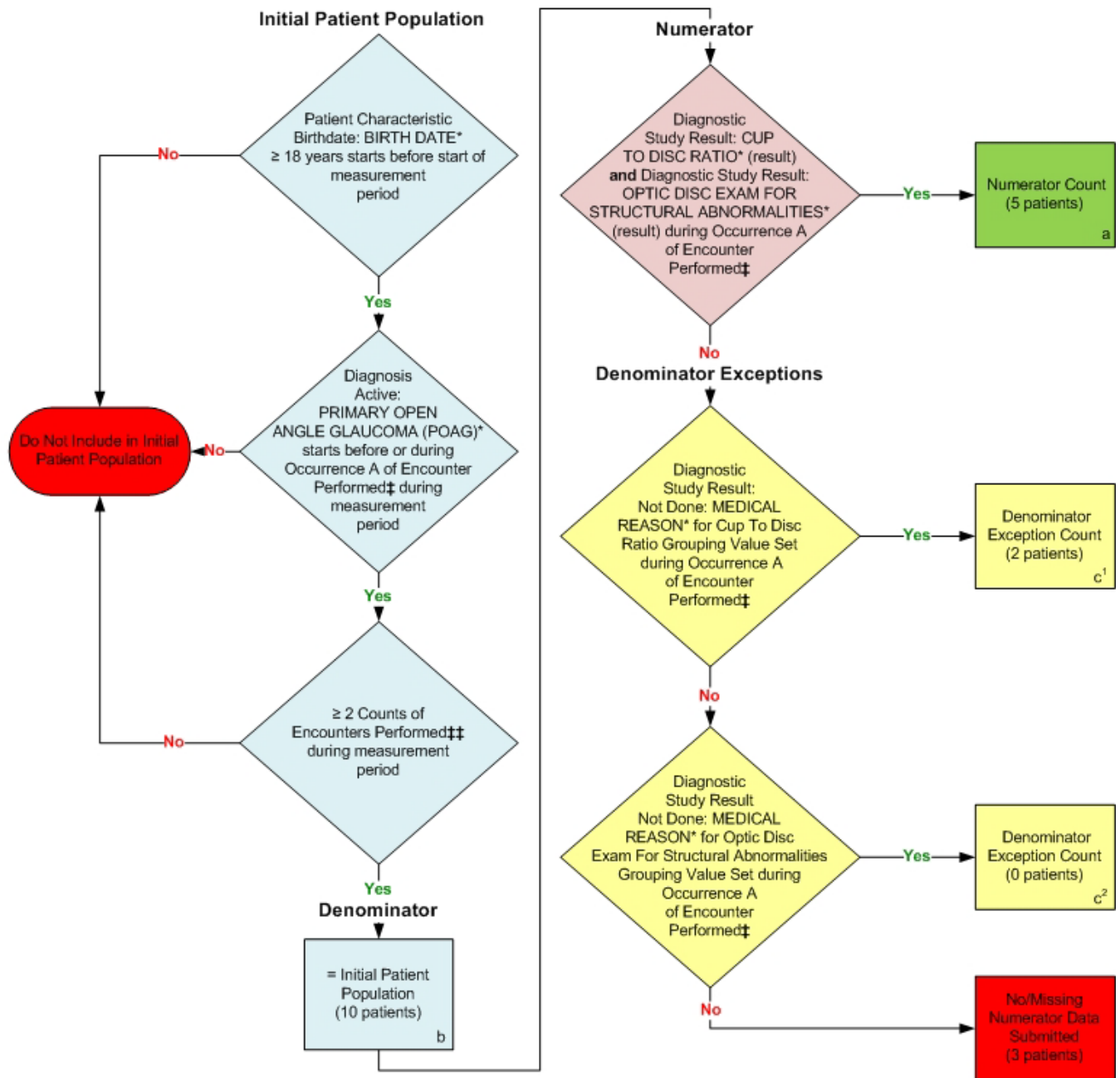
For eligible professionals reporting EHR clinical quality measures for Meaningful Use (MU) only (Option #1) in 2014, the following must be included in the submitted file(s):

- 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: 143
NQF 0086: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation



*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.

‡ Appropriate encounters include; Ophthalmological Services, Care Services in Long-Term Residential Facility, Nursing Facility Visit, Office Visit, Outpatient Consultation and Face-to-Face Interaction.

‡‡ Appropriate encounters include; Patient Provider Interaction, Ophthalmological Services, Care Services in Long-Term Residential Facility, Nursing Facility Visit, Office Visit, Outpatient Consultation

SAMPLE CALCULATION:

Performance Rate =

$$\frac{\text{Numerator (a=5 patients)}}{\text{Denominator (b=10 patients) – Denominator Exclusions (N/A) – Denominator Exceptions (c¹+c²=2)}} = 62.50\%$$

2014 eMeasure Flows
eMeasure Identifier: 143

NQF 0086: Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation

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, 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 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 Diagnosis Active.
3. Check Diagnosis Active:
 - a. If Occurrence A of QDM data element, PRIMARY OPEN ANGLE GLAUCOMA (POAG), starts before or during Occurrence A of Encounter Performed QDM data element OPHTHALMOLOGICAL SERVICES during measurement period, equals Yes include in Initial Patient Population and continue on to Encounter Performed.
 - b. If Occurrence A of QDM data element, PRIMARY OPEN ANGLE GLAUCOMA (POAG), starts before or during Occurrence A of Encounter Performed QDM data element OPHTHALMOLOGICAL SERVICES during measurement period, equals No proceed to check next Diagnosis Active.
 - c. If Occurrence A of QDM data element, PRIMARY OPEN ANGLE GLAUCOMA (POAG), starts before or during Occurrence A of Encounter Performed QDM data element CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY during measurement period, equals Yes include in Initial Patient Population and continue on to Encounter Performed.
 - d. If Occurrence A of QDM data element, PRIMARY OPEN ANGLE GLAUCOMA (POAG), starts before or during Occurrence A of Encounter Performed QDM data element CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY during measurement period, equals No proceed to check next Diagnosis Active.
 - e. If Occurrence A of QDM data element, PRIMARY OPEN ANGLE GLAUCOMA (POAG), starts before or during Occurrence A of Encounter Performed QDM data element NURSING FACILITY VISIT during measurement period, equals Yes include in Initial Patient Population and continue on to Encounter Performed.
 - f. If Occurrence A of QDM data element, PRIMARY OPEN ANGLE GLAUCOMA (POAG), starts before or during Occurrence A of Encounter Performed QDM data element NURSING FACILITY VISIT during measurement period, equals No proceed to check next Diagnosis Active.
 - g. If Occurrence A of QDM data element, PRIMARY OPEN ANGLE GLAUCOMA (POAG), starts before or during Occurrence A of Encounter Performed QDM data element OFFICE VISIT during measurement period, equals Yes include in Initial Patient Population and continue on to Encounter Performed.

- h. If Occurrence A of QDM data element, PRIMARY OPEN ANGLE GLAUCOMA (POAG), starts before or during Occurrence A of Encounter Performed QDM data element OFFICE VISIT during measurement period, equals No proceed to check next Diagnosis Active.
 - i. If Occurrence A of QDM data element, PRIMARY OPEN ANGLE GLAUCOMA (POAG), starts before or during Occurrence A of Encounter Performed QDM data element OUTPATIENT CONSULTATION during measurement period, equals Yes include in Initial Patient Population and continue on to Encounter Performed.
 - j. If Occurrence A of QDM data element, PRIMARY OPEN ANGLE GLAUCOMA (POAG), starts before or during Occurrence A of Encounter Performed QDM data element OUTPATIENT CONSULTATION during measurement period, equals No proceed to check next Diagnosis Active.
 - k. If Occurrence A of QDM data element, PRIMARY OPEN ANGLE GLAUCOMA (POAG), starts before or during Occurrence A of Encounter Performed QDM data element FACE-TO-FACE INTERACTION during measurement period, equals Yes include in Initial Patient Population and continue on to Encounter Performed.
 - l. If Occurrence A of QDM data element, PRIMARY OPEN ANGLE GLAUCOMA (POAG), starts before or during Occurrence A of Encounter Performed QDM data element FACE-TO-FACE INTERACTION during measurement period, equals No, do not include in Initial Patient Population and stop processing.
4. Check Encounter Performed: Total number of encounters must be greater than or equal to 2:
- a. If QDM data element, OPHTHALMOLOGICAL SERVICES, during the measurement period equals Yes, include in the Initial Patient Population and proceed to check for another Encounter Performed until total number of Encounter Performed are greater than or equal to 2.
 - b. If QDM data element, OPHTHALMOLOGICAL SERVICES, during the measurement period equals No, proceed to check next Encounter Performed.
 - c. If QDM data element, CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY, during the measurement period equals Yes, include in the Initial Patient Population and proceed to check for another Encounter Performed until total number of Encounter Performed are greater than or equal to 2.
 - d. If QDM data element, CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY, during the measurement period equals No, proceed to check next Encounter Performed.
 - e. If QDM data element, NURSING FACILITY VISIT, during the measurement period equals Yes, include in the Initial Patient Population and proceed to check for another Encounter Performed until total number of Encounter Performed are greater than or equal to 2.
 - f. If QDM data element, NURSING FACILITY VISIT, during the measurement period equals No, proceed to check next Encounter Performed.
 - g. If QDM data element, OFFICE VISIT, during the measurement period equals Yes, include in the Initial Patient Population and proceed to check for another Encounter Performed until total number of Encounter Performed are greater than or equal to 2.
 - h. If QDM data element, OFFICE VISIT, during the measurement period equals No, proceed to check next Encounter Performed.

- i. If QDM data element, OUTPATIENT CONSULTATION, during the measurement period equals Yes, include in the Initial Patient Population and proceed to check for another Encounter Performed until total number of Encounter Performed are greater than or equal to 2.
 - j. If QDM data element, OUTPATIENT CONSULTATION, during the measurement period equals No, proceed to check next Encounter Performed.
 - k. If QDM data element, PATIENT PROVIDER INTERACTION, during the measurement period equals Yes, include in the Initial Patient Population and proceed to Denominator if total number of Encounters Performed are greater than or equal to 2.
 - l. If QDM data element, PATIENT PROVIDER INTERACTION, during the measurement period equals No, do not include in the Initial Patient Population. Stop Processing.
5. Start Denominator
- a. Denominator equals the Initial Patient Population. Denominator is represented by the 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 Diagnostic Study Result:
- a. If QDM data element CUP TO DISC RATIO (result) AND if QDM data element OPTIC DISC EXAM FOR STRUCTURAL ABNORMALITIES (result) during Occurrence A of Encounter Performed QDM data element OPHTHALMOLOGICAL SERVICES equals Yes, include in the Numerator count. The Numerator is represented by the letter A in the sample calculation listed at the end of this document. Letter A equals 5 patients in the sample calculation.
 - b. If QDM data element CUP TO DISC RATIO (result) AND if QDM data element OPTIC DISC EXAM FOR STRUCTURAL ABNORMALITIES (result) during Occurrence A of Encounter Performed QDM data element OPHTHALMOLOGICAL SERVICES equals No, proceed to check next Diagnostic Study Result.
 - c. If QDM data element CUP TO DISC RATIO (result) AND if QDM data element OPTIC DISC EXAM FOR STRUCTURAL ABNORMALITIES (result) during Occurrence A of Encounter Performed QDM data element CARE SERVICES IN LONG-TERM FACILITY equals Yes, include in the Numerator count. The Numerator is represented by the letter A in the sample calculation listed at the end of this document. Letter A equals 5 patients in the sample calculation.
 - d. If QDM data element CUP TO DISC RATIO (result) AND if QDM data element OPTIC DISC EXAM FOR STRUCTURAL ABNORMALITIES (result) during Occurrence A of Encounter Performed QDM data element CARE SERVICES IN LONG-TERM FACILITY equals No, proceed to check next Diagnostic Study Result.
 - e. If QDM data element CUP TO DISC RATIO (result) AND if QDM data element OPTIC DISC EXAM FOR STRUCTURAL ABNORMALITIES (result) during Occurrence A of Encounter Performed QDM data element NURSING FACILITY VISIT equals Yes, include in the Numerator count. The Numerator is represented by the letter A in the sample calculation listed at the end of this document. Letter A equals 5 patients in the sample calculation.

- f. If QDM data element CUP TO DISC RATIO (result) AND if QDM data element OPTIC DISC EXAM FOR STRUCTURAL ABNORMALITIES (result) during Occurrence A of Encounter Performed QDM data element NURSING FACILITY VISIT equals No, proceed to check next Diagnostic Study Result.
 - g. If QDM data element CUP TO DISC RATIO (result) AND if QDM data element OPTIC DISC EXAM FOR STRUCTURAL ABNORMALITIES (result) during Occurrence A of Encounter Performed QDM data element OFFICE VISIT equals Yes, include in the Numerator count. The Numerator is represented by the letter A in the sample calculation listed at the end of this document. Letter A equals 5 patients in the sample calculation.
 - h. If QDM data element CUP TO DISC RATIO (result) AND if QDM data element OPTIC DISC EXAM FOR STRUCTURAL ABNORMALITIES (result) during Occurrence A of Encounter Performed QDM data element OFFICE VISIT equals No, proceed to check next Diagnostic Study Result.
 - i. If QDM data element CUP TO DISC RATIO (result) AND if QDM data element OPTIC DISC EXAM FOR STRUCTURAL ABNORMALITIES (result) during Occurrence A of Encounter Performed QDM data element OUTPATIENT CONSULTATION equals Yes, include in the Numerator count. The Numerator is represented by the letter A in the sample calculation listed at the end of this document. Letter A equals 5 patients in the sample calculation.
 - j. If QDM data element CUP TO DISC RATIO (result) AND if QDM data element OPTIC DISC EXAM FOR STRUCTURAL ABNORMALITIES (result) during Occurrence A of Encounter Performed QDM data element OUTPATIENT CONSULTATION equals No, proceed to check next Diagnostic Study Result.
 - k. If QDM data element CUP TO DISC RATIO (result) AND if QDM data element OPTIC DISC EXAM FOR STRUCTURAL ABNORMALITIES (result) during Occurrence A of Encounter Performed QDM data element FACE-TO-FACE INTERACTION equals Yes, include in the Numerator count. The Numerator is represented by the letter A in the sample calculation listed at the end of this document. Letter A equals 5 patients in the sample calculation.
 - l. If QDM data element CUP TO DISC RATIO (result) AND if QDM data element OPTIC DISC EXAM FOR STRUCTURAL ABNORMALITIES (result) during Occurrence A of Encounter Performed QDM data element FACE-TO-FACE INTERACTION equals No, proceed to Denominator Exceptions.
8. Start Denominator Exceptions:
 9. Check Diagnostic Study Result Not Done:
 - a. If QDM data element MEDICAL REASON for Cup to Disc Ratio Grouping Value Set during Occurrence A of Encounter Performed QDM data element OPHTHALMOLOGICAL SERVICES equals Yes, include in the Denominator Exception count. The Denominator Exception is represented by the letter C¹ in the sample calculation listed at the end of this document. Letter C¹ equals 2 patients in the sample calculation.
 - b. If QDM data element MEDICAL REASON for Cup to Disc Ratio Grouping Value Set during Occurrence A of Encounter Performed QDM data element OPHTHALMOLOGICAL SERVICES equals No, proceed to check next Diagnostic Study Result Not Done.

- c. If QDM data element MEDICAL REASON for Cup to Disc Ratio Grouping Value Set during Occurrence A of Encounter Performed QDM data element CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY equals Yes, include in the Denominator Exception count. The Denominator Exception is represented by the letter C¹ in the sample calculation listed at the end of this document. Letter C¹ equals 2 patients in the sample calculation.
- d. If QDM data element MEDICAL REASON for Cup to Disc Ratio Grouping Value Set during Occurrence A of Encounter Performed QDM data element CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY equals No, proceed to check next Diagnostic Study Result Not Done.
- e. If QDM data element MEDICAL REASON for Cup to Disc Ratio Grouping Value Set during Occurrence A of Encounter Performed QDM data element NURSING FACILITY VISIT equals Yes, include in the Denominator Exception count. The Denominator Exception is represented by the letter C¹ in the sample calculation listed at the end of this document. Letter C¹ equals 2 patients in the sample calculation.
- f. If QDM data element MEDICAL REASON for Cup to Disc Ratio Grouping Value Set during Occurrence A of Encounter Performed QDM data element NURSING FACILITY VISIT equals No, proceed to check next Diagnostic Study Result Not Done.
- g. If QDM data element MEDICAL REASON for Cup to Disc Ratio Grouping Value Set during Occurrence A of Encounter Performed QDM data element OFFICE VISIT equals Yes, include in the Denominator Exception count. The Denominator Exception is represented by the letter C¹ in the sample calculation listed at the end of this document. Letter C¹ equals 2 patients in the sample calculation.
- h. If QDM data element MEDICAL REASON for Cup to Disc Ratio Grouping Value Set during Occurrence A of Encounter Performed QDM data element OFFICE VISIT equals No, proceed to check next Diagnostic Study Result Not Done.
- i. If QDM data element MEDICAL REASON for Cup to Disc Ratio Grouping Value Set during Occurrence A of Encounter Performed QDM data element OUTPATIENT CONSULTATION equals Yes, include in the Denominator Exception count. The Denominator Exception is represented by the letter C¹ in the sample calculation listed at the end of this document. Letter C¹ equals 2 patients in the sample calculation.
- j. If QDM data element MEDICAL REASON for Cup to Disc Ratio Grouping Value Set during Occurrence A of Encounter Performed QDM data element OUTPATIENT CONSULTATION equals No, proceed to check next Diagnostic Study Result Not Done.
- k. If QDM data element MEDICAL REASON for Cup to Disc Ratio Grouping Value Set during Occurrence A of Encounter Performed QDM data element FACE-TO-FACE INTERACTION equals Yes, include in the Denominator Exception count. The Denominator Exception is represented by the letter C¹ in the sample calculation listed at the end of this document. Letter C¹ equals 2 patients in the sample calculation.

- I. If QDM data element MEDICAL REASON for Cup to Disc Ratio Grouping Value Set during Occurrence A of Encounter Performed QDM data element FACE-TO-FACE INTERACTION equals No, proceed to check Diagnostic Study Result Not Done.

10. Check Diagnostic Study Result Not Done:

- a. If QDM data element MEDICAL REASON for Optic Disc Exam for Structural Abnormalities Grouping Value Set during Occurrence A of Encounter Performed QDM data element OPHTHALMOLOGICAL SERVICES equals Yes, include in the Denominator Exception count. The Denominator Exception is represented by the letter C² in the sample calculation listed at the end of this document. Letter C² equals 0 patients in the sample calculation.
- b. If QDM data element MEDICAL REASON for Optic Disc Exam for Structural Abnormalities Grouping Value Set during Occurrence A of Encounter Performed QDM data element OPHTHALMOLOGICAL SERVICES equals No, proceed to check next Diagnostic Study Result Not Done.
- c. If QDM data element MEDICAL REASON for Optic Disc Exam for Structural Abnormalities Grouping Value Set during Occurrence A of Encounter Performed QDM data element CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY equals Yes, include in the Denominator Exception count. The Denominator Exception is represented by the letter C² in the sample calculation listed at the end of this document. Letter C² equals 0 patients in the sample calculation.
- d. If QDM data element MEDICAL REASON for Optic Disc Exam for Structural Abnormalities Grouping Value Set during Occurrence A of Encounter Performed QDM data element CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY equals No, proceed to check next Diagnostic Study Result Not Done.
- e. If QDM data element MEDICAL REASON for Optic Disc Exam for Structural Abnormalities Grouping Value Set during Occurrence A of Encounter Performed QDM data element NURSING FACILITY VISIT equals Yes, include in the Denominator Exception count. The Denominator Exception is represented by the letter C² in the sample calculation listed at the end of this document. Letter C² equals 0 patients in the sample calculation.
- f. If QDM data element MEDICAL REASON for Optic Disc Exam for Structural Abnormalities Grouping Value Set during Occurrence A of Encounter Performed QDM data element NURSING FACILITY VISIT equals No, proceed to check next Diagnostic Study Result Not Done.
- g. If QDM data element MEDICAL REASON for Optic Disc Exam for Structural Abnormalities Grouping Value Set during Occurrence A of Encounter Performed QDM data element OFFICE VISIT equals Yes, include in the Denominator Exception count. The Denominator Exception is represented by the letter C² in the sample calculation listed at the end of this document. Letter C² equals 0 patients in the sample calculation.
- h. If QDM data element MEDICAL REASON for Optic Disc Exam for Structural Abnormalities Grouping Value Set during Occurrence A of Encounter Performed QDM data element OFFICE VISIT equals No, proceed to check next Diagnostic Study Result Not Done.

- i. If QDM data element MEDICAL REASON for Optic Disc Exam for Structural Abnormalities Grouping Value Set during Occurrence A of Encounter Performed QDM data element OUTPATIENT CONSULTATION equals Yes, include in the Denominator Exception count. The Denominator Exception is represented by the letter C² in the sample calculation listed at the end of this document. Letter C² equals 0 patients in the sample calculation.
- j. If QDM data element MEDICAL REASON for Optic Disc Exam for Structural Abnormalities Grouping Value Set during Occurrence A of Encounter Performed QDM data element OUTPATIENT CONSULTATION equals No, proceed to check next Diagnostic Study Result Not Done.
- k. If QDM data element MEDICAL REASON for Optic Disc Exam for Structural Abnormalities Grouping Value Set during Occurrence A of Encounter Performed QDM data element FACE-TO-FACE INTERACTION equals Yes, include in the Denominator Exception count. The Denominator Exception is represented by the letter C² in the sample calculation listed at the end of this document. Letter C² equals 0 patients in the sample calculation.
- l. If QDM data element MEDICAL REASON for Optic Disc Exam for Structural Abnormalities Grouping Value Set during Occurrence A of Encounter Performed QDM data element FACE-TO-FACE INTERACTION equals No, include in the No/Missing Numerator Data Submitted count and stop processing.

SAMPLE CALCULATION:

Performance Rate =

Numerator (a=5 patients)

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Denominator (b=10 patients) – *Denominator Exclusions (N/A)* – Denominator Exceptions (c¹+c²=2)

= 62.50%