

2014 eMeasure Flows
Cover Page

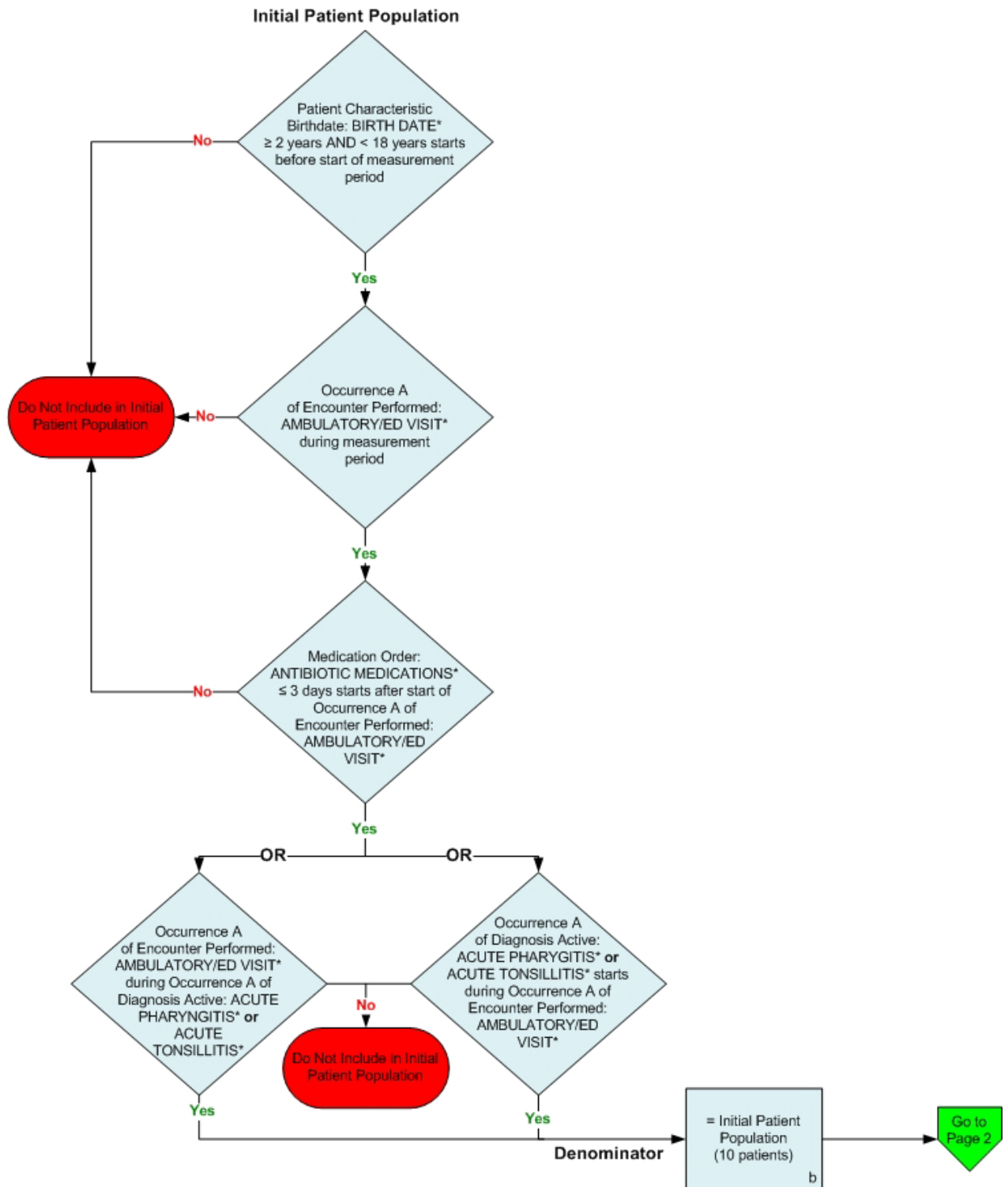
For eligible professionals reporting EHR clinical quality measures for Meaningful Use (MU) only (Option #1) in 2014, the following must be included in the submitted file(s):

- 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):

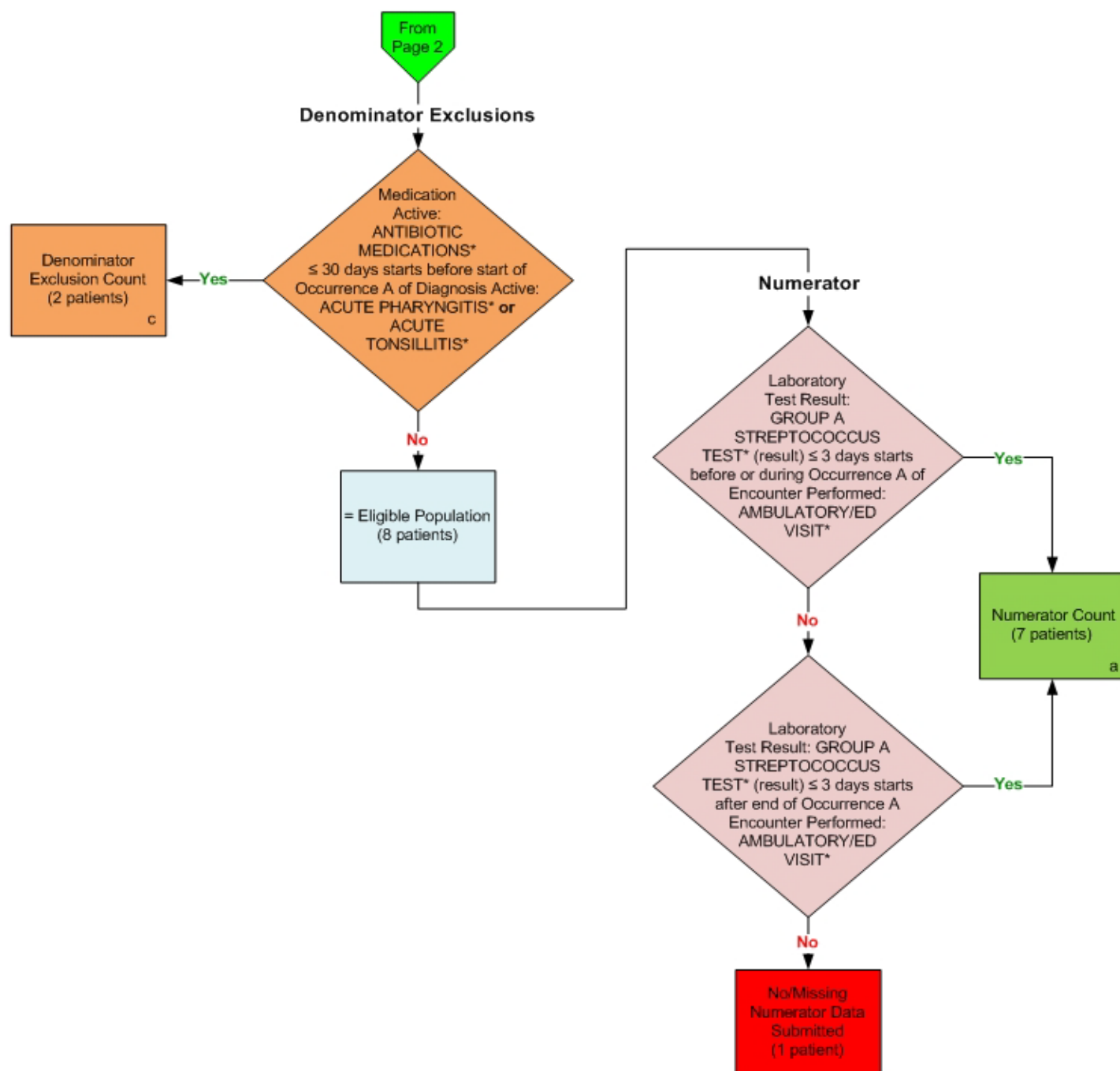
- 1 – Rendering NPI and TIN on the appropriate fields of the QRDA Category I or QRDA Category III files for eligible professionals reporting as *individuals* **OR** submission of all NPIs within the TIN when reporting as a *group practice*
- 2 – At least **one** Medicare Part B beneficiary that is eligible 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: 146
NQF 0002: Appropriate Testing for Children with Pharyngitis



*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: 146
NQF 0002: Appropriate Testing for Children with Pharyngitis



*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.

SAMPLE CALCULATION:

Performance Rate =

$$\frac{\text{Numerator (a=7 patients)}}{\text{Denominator (b=10 patients) - Denominator Exclusions (c=2 patients) - Denominator Exceptions (N/A)}} = 87.50\%$$

2014 eMeasure Flows
eMeasure Identifier: 146
NQF 0002: Appropriate Testing for Children with Pharyngitis

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 the QDM data element, BIRTH DATE, is greater than or equal to 2 years of age AND less than 18 years of age starts before the start of the measurement period equals No, do not include in Initial Patient Population and stop processing.
 - b. If the QDM data element, BIRTH DATE, is greater than or equal to 2 years of age AND less than 18 years of age starts before the start of the measurement period equals Yes, continue processing and proceed to check Encounter Performed.
3. Check Encounter Performed:
 - a. If Occurrence A of QDM data element, AMBULATORY/ED VISIT, during the measurement period equals Yes, proceed to check Medication Order.
 - b. If Occurrence A of QDM data element, AMBULATORY/ED VISIT, during the measurement period equals No, do not include in Initial Patient Population and stop processing.
4. Check Medication Order:
 - a. If the QDM data element, ANTIBIOTIC MEDICATIONS, less than or equal to 3 days starts after start of Occurrence A of QDM data element, AMBULATORY/ED VISIT, equals Yes, proceed to check Encounter Performed.
 - b. If the QDM data element, ANTIBIOTIC MEDICATIONS, less than or equal to 3 days starts after start of Occurrence A of QDM data element, AMBULATORY/ED VISIT, equals No, do not include in Initial Patient Population and stop processing.
5. Check Encounter Performed:
 - a. If Occurrence A of QDM data element, AMBULATORY/ED VISIT, during Occurrence A of QDM data element, ACUTE PHARYNGITIS OR ACUTE TONSILLITIS, equals Yes, continue on to the Denominator.
 - b. If Occurrence A of QDM data element, AMBULATORY/ED VISIT, during Occurrence A of QDM data element, ACUTE PHARYNGITIS OR ACUTE TONSILLITIS, equals No, proceed to check Diagnosis Active.
6. Check Diagnosis Active:
 - a. If Occurrence A of QDM data element, ACUTE PHARYNGITIS OR ACUTE TONSILLITIS, starts during Occurrence A of QDM data element, AMBULATORY/ED VISIT, equals Yes, continue on to the Denominator.
 - b. If Occurrence A of QDM data element, ACUTE PHARYNGITIS OR ACUTE TONSILLITIS, starts during Occurrence A of QDM data element, AMBULATORY/ED VISIT, equals No, do not include in Initial Patient Population and stop processing.

7. 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.

8. Start Denominator Exclusions

9. Check Medication Active:

- a. If QDM data element, ANTIBIOTIC MEDICATIONS, less than or equal to 30 days starts before start of Occurrence A of QDM data element, ACUTE PHARYNGITIS OR ACUTE TONSILLITIS, equals Yes, include in Denominator Exclusion count. Denominator Exclusion is represented by the letter C in the sample calculation listed at the end of this document. Letter C equals 2 patients in the sample calculation.
- b. If QDM data element, ANTIBIOTIC MEDICATIONS, less than or equal to 30 days starts before start of Occurrence A of QDM data element, ACUTE PHARYNGITIS OR ACUTE TONSILLITIS, equals No, proceed to Numerator.

10. Start Numerator

11. Check Laboratory Test Result:

- a. If QDM data element, GROUP A STREPTOCOCCUS TEST (result), less than or equal to 3 days starts before or during Occurrence A of QDM data element, AMBULATORY/ED VISIT, equals Yes, include in Numerator count. Numerator is represented by the letter A in the sample calculation listed at the end of this document. Letter A equals 7 patients in the sample calculation.
- b. If QDM data element, GROUP A STREPTOCOCCUS TEST (result), less than or equal to 3 days starts before or during Occurrence A of QDM data element AMBULATORY/ED VISIT equals No, proceed to check next Laboratory Test Result.
- c. If QDM data element, GROUP A STREPTOCOCCUS TEST (result), less than or equal to 3 days starts after end of Occurrence A of QDM data element, AMBULATORY/ED VISIT, equals Yes, include in Numerator count. Numerator is represented by the letter A in the sample calculation listed at the end of this document. Letter A equals 7 patients in the sample calculation.
- d. If QDM data element, GROUP A STREPTOCOCCUS TEST (result), less than or equal to 3 days starts after end of Occurrence A of QDM data element, AMBULATORY/ED VISIT, equals No, include in the No/Missing Numerator Data Submitted count and Stop Processing.

SAMPLE CALCULATION:

Performance Rate =

Numerator (a=7 patients)

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Denominator (b=10 patients) – Denominator Exclusions (c=2 patients) – *Denominator Exceptions (N/A)*

= **87.50%**