

## 2014 eMeasure Flows

### Cover Page

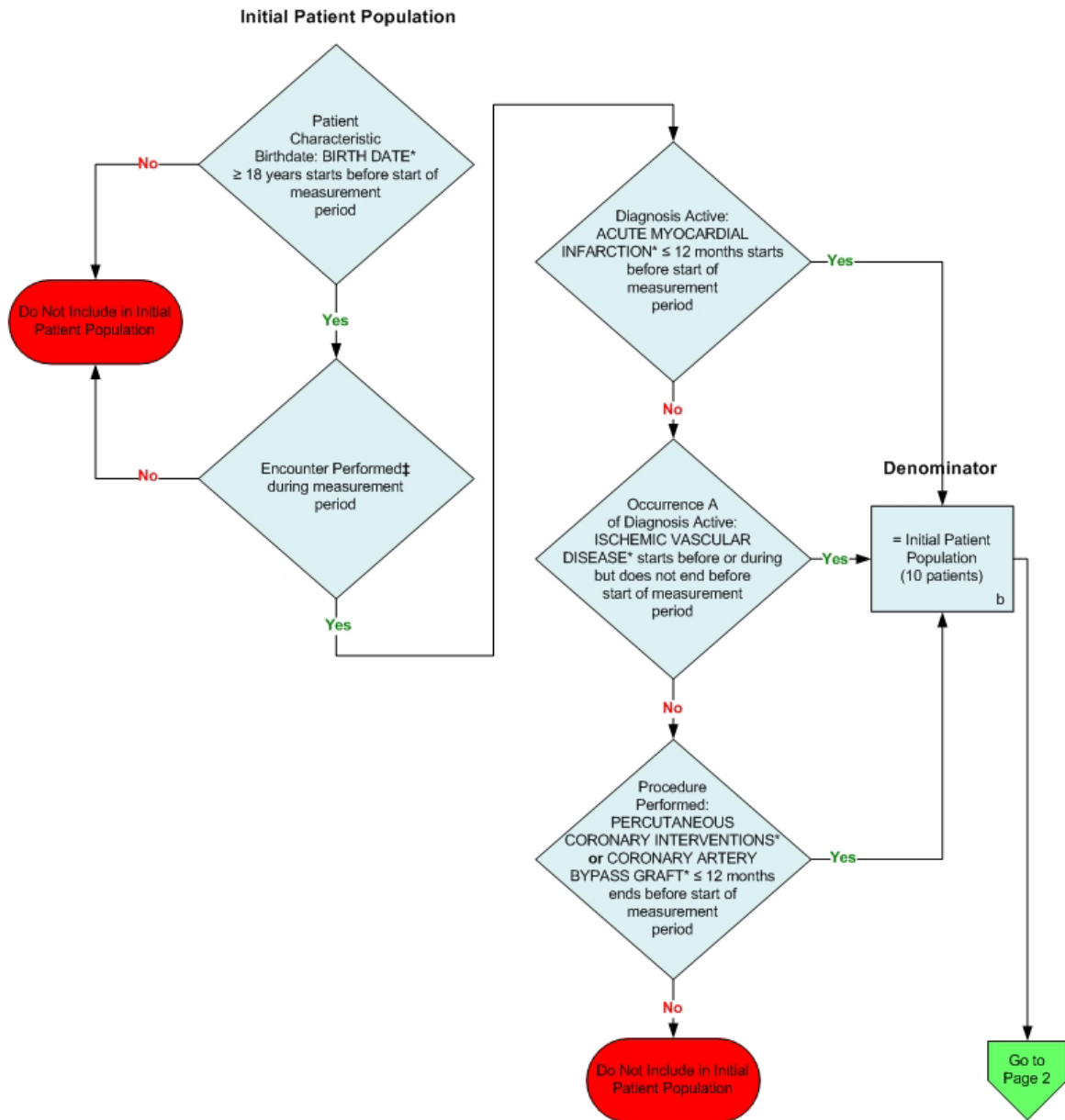
**For eligible professionals reporting EHR clinical quality measures for Meaningful Use (MU) only (Option #1) in 2014, the following must be included in the submitted file(s):**

- 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.

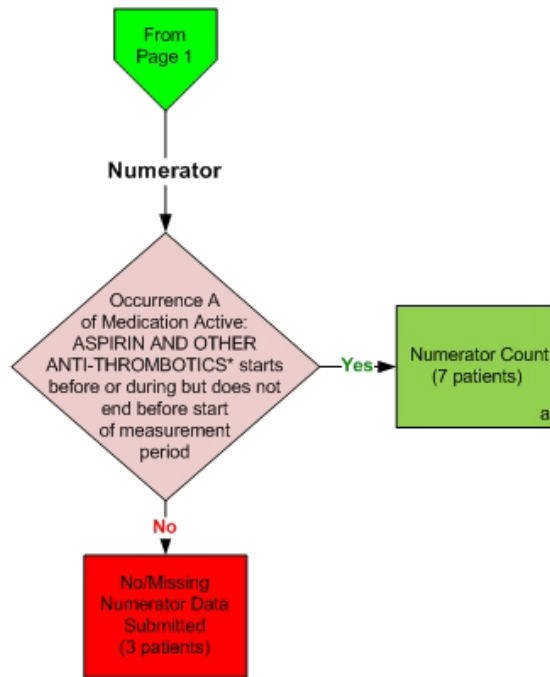
2014 eMeasure Flows  
eMeasure Identifier: 164  
NQF 0068: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic



\*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.

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

2014 eMeasure Flows  
eMeasure Identifier: 164  
NQF 0068: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic



\*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 =**

$$\frac{\text{Numerator (a=7 patients)}}{\text{Denominator (b=10 patients) - Denominator Exclusions (N/A) - Denominator Exceptions (N/A)}} = 70.00\%$$

2014 eMeasure Flows  
eMeasure Identifier: 164

NQF 0068: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

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 Encounter Performed.
3. Check Encounter Performed:
  - a. If QDM data element, OFFICE VISIT, during the measurement period equals Yes, include in the Initial Patient Population and proceed to check Diagnosis Active.
  - b. If QDM data element, OFFICE VISIT, during the measurement period equals No, proceed to check next Encounter Performed.
  - c. If QDM data element, FACE-TO-FACE INTERACTION, during the measurement period equals Yes, include in the Initial Patient Population and proceed to check Diagnosis Active.
  - d. If QDM data element, FACE-TO-FACE INTERACTION, during the measurement period equals No, proceed to check next Encounter Performed.
  - e. If QDM data element, PREVENTIVE CARE SERVICES – ESTABLISHED OFFICE VISIT, 18 AND UP, during the measurement period equals Yes, include in the Initial Patient Population and proceed to check Diagnosis Active.
  - f. If QDM data element, PREVENTIVE CARE SERVICES – ESTABLISHED OFFICE VISIT, 18 AND UP, during the measurement period equals No, proceed to check next Encounter Performed.
  - g. If QDM data element, PREVENTIVE CARE SERVICES – INITIAL OFFICE VISIT, 18 AND UP, during the measurement period equals Yes, include in the Initial Patient Population and proceed to check Diagnosis Active.
  - h. If QDM data element, PREVENTIVE CARE SERVICES – INITIAL OFFICE VISIT, 18 AND UP, during the measurement period equals No, proceed to check next Encounter Performed.
  - i. If QDM data element, HOME HEALTHCARE SERVICES, during the measurement period equals Yes, include in the Initial Patient Population and proceed to check Diagnosis Active.

- j. If QDM data element, HOME HEALTHCARE SERVICES, during the measurement period equals No, proceed to check next Encounter Performed.
  - k. If QDM data element, ANNUAL WELLNESS VISIT, during the measurement period equals Yes, include in the Initial Patient Population and proceed to check Diagnosis Active.
  - l. If QDM data element, ANNUAL WELLNESS VISIT, during the measurement period equals No, do not include in Initial Patient Population and stop processing.
- 4. Check Diagnosis Active:
  - a. If QDM data element, ACUTE MYOCARDIAL INFARCTION, less than or equal to 12 months starts before start of measurement period equals Yes, include in the Initial Patient Population and proceed to the Denominator.
  - b. If QDM data element, ACUTE MYOCARDIAL INFARCTION, less than or equal to 12 months starts before start of measurement period equals No, proceed to check Diagnosis Active.
- 5. Check Diagnosis Active:
  - a. If Occurrence A of QDM data element, ISCHEMIC VASCULAR DISEASE, starts before or during but does not end before start of the measurement period equals Yes, include in the Initial Patient Population and proceed to the Denominator.
  - b. If Occurrence A of QDM data element, ISCHEMIC VASCULAR DISEASE, starts before or during but does not end before start of the measurement period equals No, proceed to check Procedure Performed.
- 6. Check Procedure Performed:
  - a. If QDM data element, PERCUTANEOUS CORONARY INTERVENTIONS, or QDM data element, CORONARY ARTERY BYPASS GRAFT, less than or equal to 12 months ends before start of measurement period equals Yes, include in the Initial Patient Population and proceed to the Denominator.
  - b. If QDM data element, PERCUTANEOUS CORONARY INTERVENTIONS, or QDM data element, CORONARY ARTERY BYPASS GRAFT, less than or equal to 12 months ends before start of measurement period 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 Numerator

9. Check Medication Active:

- a. If Occurrence A of QDM data element, ASPIRIN AND OTHER ANTI-THROMBOTICS, starts before or during but does not end before start of measurement period 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 Occurrence A of QDM data element, ASPIRIN AND OTHER ANTI-THROMBOTICS, starts before or during but does not end before start of measurement period 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 (N/A)* – *Denominator Exceptions (N/A)*

**= 70.00%**