

2014 eMeasure Flows
Cover Page

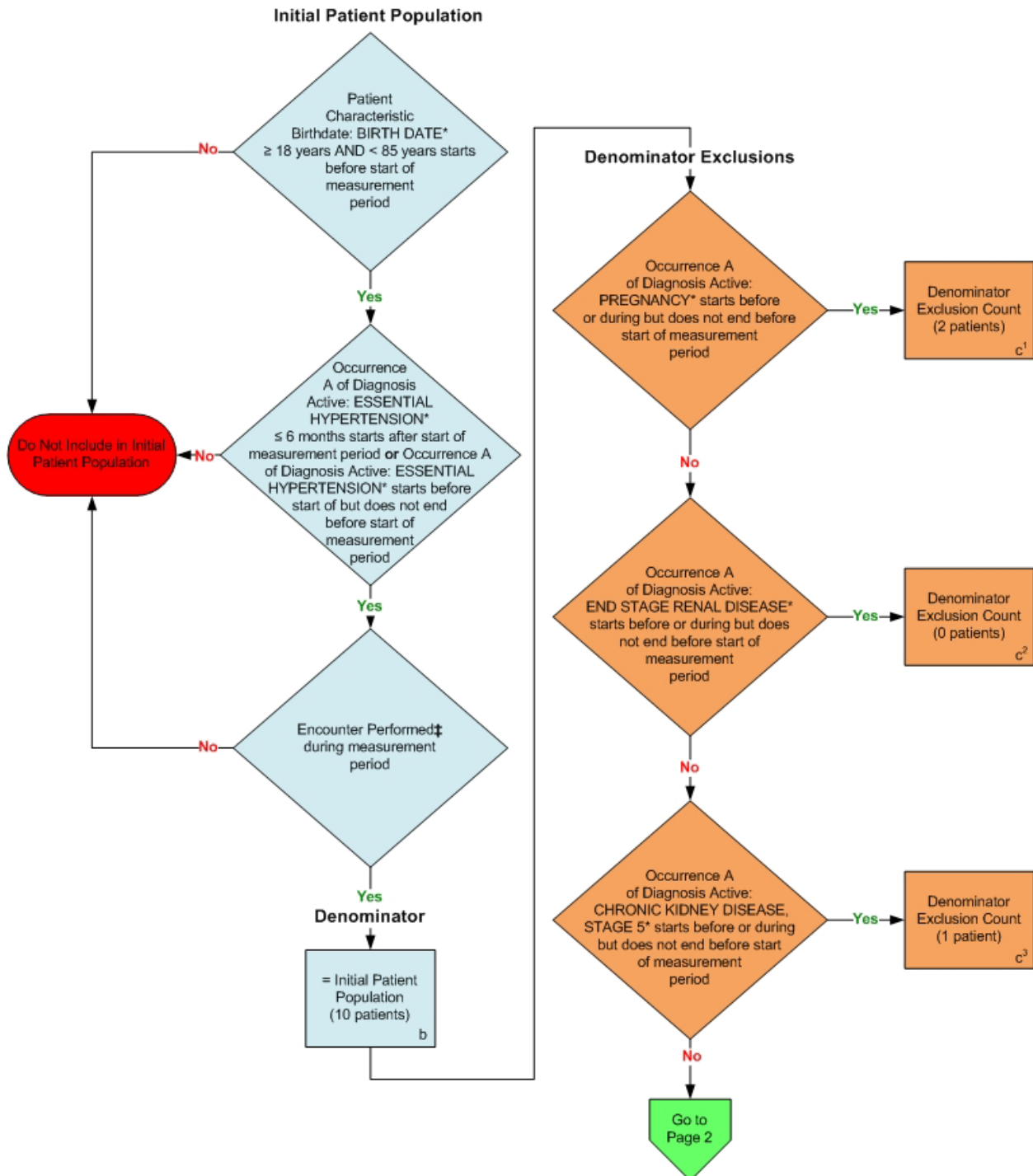
For eligible professionals reporting EHR clinical quality measures for Meaningful Use (MU) only (Option #1) in 2014, the following must be included in the submitted file(s):

- 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.

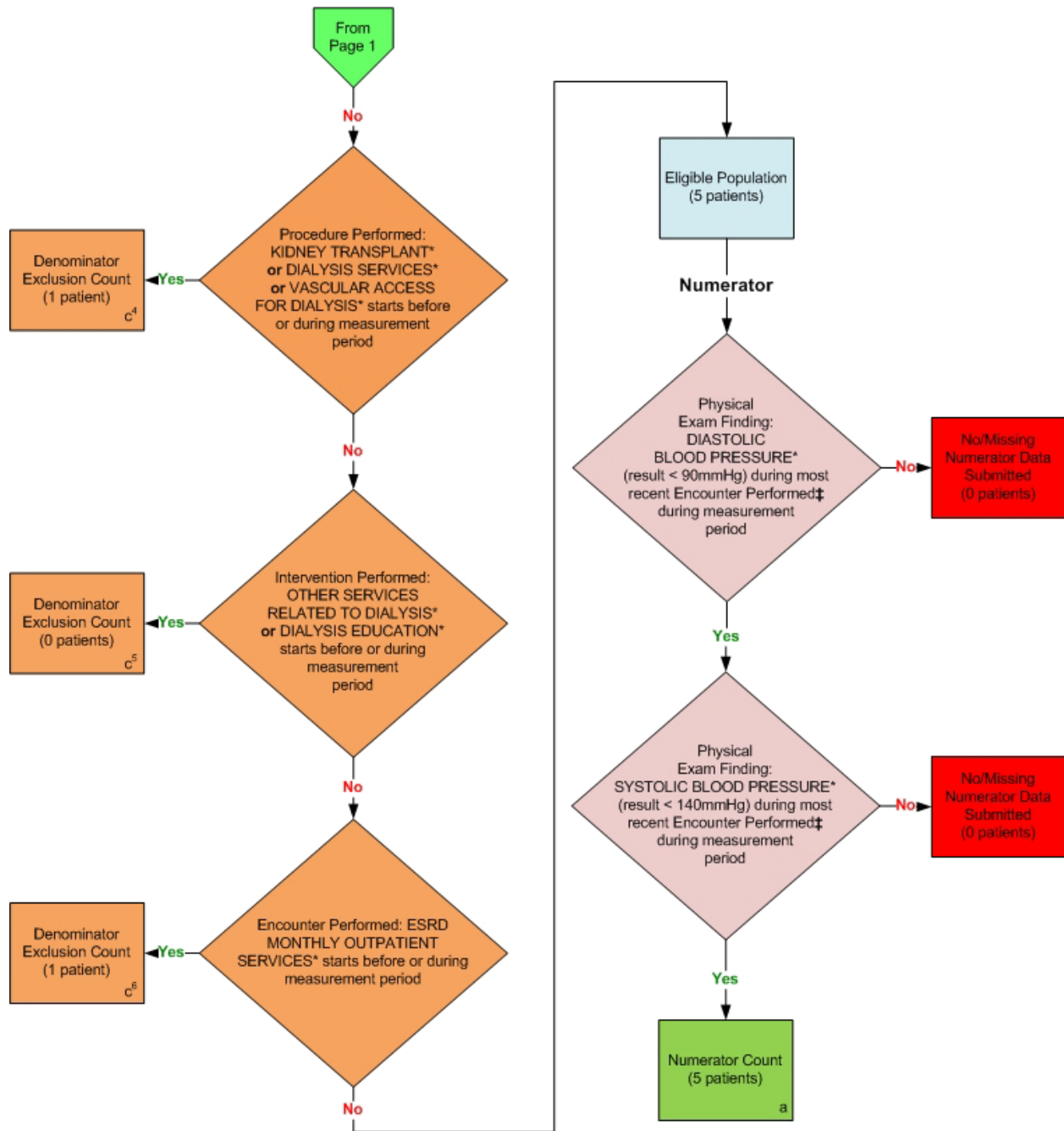
2014 eMeasure Flows
eMeasure Identifier: 165
NQF 0018: Controlling High Blood Pressure



*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: 165
NQF 0018: Controlling High Blood Pressure



*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.

SAMPLE CALCULATION:

$$\text{Performance Rate} = \frac{\text{Numerator (a=5 patients)}}{\text{Denominator (b=10 patients) - Denominator Exclusions (c¹ + c² + c³ + c⁴ + c⁵ + c⁶ = 5 patients) - Denominator Exceptions (N/A)}} = 100.00\%$$

2014 eMeasure Flows
eMeasure Identifier: 165
NQF 0018: Controlling High Blood Pressure

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 and less than 85 years of age starts before start of 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 and less than 85 years of age starts before start of measurement period, equals Yes, proceed to check Diagnosis Active.
3. Check Diagnosis Active:
 - a. If Occurrence A of QDM data element, ESSENTIAL HYPERTENSION, less than or equal to 6 months starts after start of measurement period or Occurrence A of QDM data element, ESSENTIAL HYPERTENSION, starts before start of but does not end before start of measurement period equals No, do not include in the Initial Patient Population. Stop Processing.
 - b. If Occurrence A of QDM data element, ESSENTIAL HYPERTENSION, less than or equal to 6 months starts after start of measurement period or Occurrence A of QDM data element, ESSENTIAL HYPERTENSION, starts before start of but does not end before start of measurement period equals Yes, proceed to check Encounter Performed.
4. Check Encounter Performed:
 - a. If QDM data element, OFFICE VISIT, during measurement period, equals No, proceed to check next Encounter Performed.
 - b. If QDM data element, OFFICE VISIT, during measurement period, equals Yes, include in the Initial Patient Population and proceed to the Denominator.
 - c. If QDM data element, FACE-TO-FACE INTERACTION, during measurement period, equals No, proceed to check next Encounter Performed.
 - d. If QDM data element, FACE-TO-FACE INTERACTION, during measurement period, equals Yes, include in the Initial Patient Population and proceed to the Denominator.
 - e. If QDM data element, PREVENTIVE CARE SERVICES – ESTABLISHED OFFICE VISIT, 18 AND UP, during measurement period, equals No, proceed to check next Encounter Performed.
 - f. If QDM data element, PREVENTIVE CARE SERVICES – ESTABLISHED OFFICE VISIT, 18 AND UP, during measurement period, equals Yes, include in the Initial Patient Population and proceed to the Denominator.
 - g. If QDM data element, PREVENTIVE CARE SERVICES – INITIAL OFFICE VISIT, 18 AND UP, during measurement period, equals No, proceed to check next Encounter Performed.
 - h. If QDM data element, PREVENTIVE CARE SERVICES – INITIAL OFFICE VISIT, 18 AND UP, during measurement period, equals Yes, include in the Initial Patient Population and proceed to the Denominator.
 - i. If QDM data element, HOME HEALTHCARE SERVICES, during measurement period, equals No, proceed to check next Encounter Performed.

- j. If QDM data element, HOME HEALTHCARE SERVICES, during measurement period, equals Yes, include in the Initial Patient Population and proceed to the Denominator.
 - k. If QDM data element, ANNUAL WELLNESS VISIT, during measurement period, equals No, do not include in the Initial Patient Population. Stop Processing.
 - l. If QDM data element, ANNUAL WELLNESS VISIT, during measurement period, equals Yes, include in the Initial Patient Population and proceed to the Denominator.
- 5. Start Denominator
 - a. Denominator equals the Initial Patient 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 Occurrence A of QDM data element, PREGNANCY, starts before or during but does not end before start of measurement period equals No, proceed to check Diagnosis Active
 - b. If Occurrence A of QDM data element, PREGNANCY, starts before or during but does not end before start of measurement period equals Yes, include in the Denominator Exclusion Count which is represented by letter C in the sample calculation listed at the end of this document. Letter C¹ equals 2 patients in the sample calculation. Stop Processing.
- 8. Check Diagnosis Active:
 - a. If Occurrence A of QDM data element, END STAGE RENAL DISEASE, starts before or during but does not end before start of measurement period equals No, proceed to check Diagnosis Active.
 - b. If Occurrence A of QDM data element, END STAGE RENAL DISEASE, starts before or during but does not end before start of measurement period equals Yes, include in the Denominator Exclusion Count which is represented by letter C in the sample calculation listed at the end of this document. Letter C² equals 0 patients in the sample calculation. Stop Processing.
- 9. Check Diagnosis Active:
 - a. If Occurrence A of QDM data element, CHRONIC KIDNEY DISEASE STAGE 5, starts before or during but does not end before start of measurement period equals No, proceed to check Procedure Performed.
 - b. If Occurrence A of QDM data element, CHRONIC KIDNEY DISEASE STAGE 5, starts before or during but does not end before start of measurement period equals Yes, include in the Denominator Exclusion Count which is represented by letter C in the sample calculation listed at the end of this document. Letter C³ equals 1 patient in the sample calculation. Stop Processing.
- 10. Check Procedure Performed:
 - a. If QDM data element, KIDNEY TRANSPLANT, or QDM data element, DIALYSIS SERVICES, or QDM data element, VASCULAR ACCESS FOR DIALYSIS, starts before or during measurement period equals No, proceed to check Intervention Performed.
 - b. If QDM data element, KIDNEY TRANSPLANT, or QDM data element, DIALYSIS SERVICES, or QDM data element, VASCULAR ACCESS FOR DIALYSIS, starts before or during measurement period equals Yes, include in the Denominator

Exclusion Count which is represented by letter C in the sample calculation listed at the end of this document. Letter C⁴ equals 1 patient in the sample calculation. Stop Processing.

11. Check Intervention Performed:
 - a. If QDM data element, OTHER SERVICES RELATED TO DIALYSIS, or QDM data element, DIALYSIS EDUCATION, starts before or during measurement period equals No, proceed to check Encounter Performed.
 - b. If QDM data element, OTHER SERVICES RELATED TO DIALYSIS, or QDM data element, DIALYSIS EDUCATION, starts before or during measurement period equals Yes, include in the Denominator Exclusion Count which is represented by letter C in the sample calculation listed at the end of this document. Letter C⁵ equals 0 patients in the sample calculation. Stop Processing.
12. Check Encounter Performed:
 - a. If QDM data element, ESRD MONTHLY OUTPATIENT SERVICES, starts before or during measurement period equals No, include in the Eligible Population Count and proceed to the Numerator.
 - b. If QDM data element, ESRD MONTHLY OUTPATIENT SERVICES, starts before or during measurement period equals Yes, include in the Denominator Exclusion Count which is represented by letter C in the sample calculation listed at the end of this document. Letter C⁶ equals 1 patient in the sample calculation. Stop Processing.
13. Start Numerator
14. Check Physical Exam Finding:
 - a. If QDM data element, DIASTOLIC BLOOD PRESSURE (result less than 90mmHg) during most recent Encounter Performed QDM data element, OFFICE VISIT, during measurement period, equals No, check next Physical Exam Finding.
 - b. If QDM data element, DIASTOLIC BLOOD PRESSURE (result less than 90mmHg) during most recent Encounter Performed QDM data element, OFFICE VISIT, during measurement period, equals Yes, proceed to line 15, check Physical Exam Finding.
 - c. If QDM data element, DIASTOLIC BLOOD PRESSURE (result less than 90mmHg) during most recent Encounter Performed QDM data element, OUTPATIENT CONSULTATION, during measurement period, equals No, check next Physical Exam Finding.
 - d. If QDM data element, DIASTOLIC BLOOD PRESSURE (result less than 90mmHg) during most recent Encounter Performed QDM data element, OUTPATIENT CONSULTATION, during measurement period, equals Yes,
 - e. If QDM data element, DIASTOLIC BLOOD PRESSURE (result less than 90mmHg) during most recent Encounter Performed QDM data element, PREVENTIVE CARE SERVICES – INITIAL OFFICE VISIT, 18 AND UP, during measurement period, equals No, check next Physical Exam Finding.
 - f. If QDM data element, DIASTOLIC BLOOD PRESSURE (result less than 90mmHg) during most recent Encounter Performed QDM data element, PREVENTIVE CARE SERVICES – INITIAL OFFICE VISIT, 18 AND UP, during measurement period, equals Yes, proceed to line 15, check Physical Exam Finding.

- g. If QDM data element, DIASTOLIC BLOOD PRESSURE (result less than 90mmHg) during most recent Encounter Performed QDM data element, PREVENTIVE CARE SERVICES – ESTABLISHED OFFICE VISIT, 18 AND UP, during measurement period, equals No, check next Physical Exam Finding.
 - h. If QDM data element, DIASTOLIC BLOOD PRESSURE (result less than 90mmHg) during most recent Encounter Performed QDM data element, PREVENTIVE CARE SERVICES – ESTABLISHED OFFICE VISIT, 18 AND UP, during measurement period, equals Yes, proceed to line 15, check Physical Exam Finding.
 - i. If QDM data element, DIASTOLIC BLOOD PRESSURE (result less than 90mmHg) during most recent Encounter Performed QDM data element, FACE-TO-FACE INTERACTION, during measurement period, equals No, check next Physical Exam Finding.
 - j. If QDM data element, DIASTOLIC BLOOD PRESSURE (result less than 90mmHg) during most recent Encounter Performed QDM data element, FACE-TO-FACE INTERACTION, during measurement period, equals Yes, proceed to line 15, check Physical Exam Finding.
 - k. If QDM data element, DIASTOLIC BLOOD PRESSURE (result less than 90mmHg) during most recent Encounter Performed QDM data element, HOME HEALTHCARE SERVICES, during measurement period, equals No, check next Physical Exam Finding.
 - l. If QDM data element, DIASTOLIC BLOOD PRESSURE (result less than 90mmHg) during most recent Encounter Performed QDM data element, HOME HEALTHCARE SERVICES, during measurement period, equals Yes, proceed to line 15, check Physical Exam Finding.
 - m. If QDM data element, DIASTOLIC BLOOD PRESSURE (result less than 90mmHg) during most recent Encounter Performed QDM data element, ANNUAL WELLNESS VISIT, during measurement period, equals No, include in the No/Missing Data Submitted count. Stop Processing.
 - n. If QDM data element, DIASTOLIC BLOOD PRESSURE (result less than 90mmHg) during most recent Encounter Performed QDM data element, ANNUAL WELLNESS VISIT, during measurement period, equals Yes, proceed to line 15, check Physical Exam Finding.
15. Check Physical Exam Finding:
- a. If QDM data element, SYSTOLIC BLOOD PRESSURE (result less than 140mmHg) during most recent Encounter Performed QDM data element, OFFICE VISIT, during measurement period, equals No, check next Physical Exam Finding.
 - b. If QDM data element, SYSTOLIC BLOOD PRESSURE (result less than 140mmHg) during most recent Encounter Performed QDM data element, OFFICE VISIT, during measurement period, equals Yes, include in Numerator Count, which is represented by letter A in the sample calculation listed at the end of this document. Letter A equals 5 patients in the sample calculation. Stop Processing.
 - c. If QDM data element, SYSTOLIC BLOOD PRESSURE (result less than 140mmHg) during most recent Encounter Performed QDM data element, OUTPATIENT CONSULTATION, during measurement period, equals No, check next Physical Exam Finding.
 - d. If QDM data element, SYSTOLIC BLOOD PRESSURE (result less than 140mmHg) during most recent Encounter Performed QDM data element, OUTPATIENT CONSULTATION, during measurement period, equals Yes, include in Numerator Count, which is represented by letter A in the sample

calculation listed at the end of this document. Letter A equals 5 patients in the sample calculation. Stop Processing.

- f. If QDM data element, SYSTOLIC BLOOD PRESSURE (result less than 140mmHg) during most recent Encounter Performed QDM data element, PREVENTIVE CARE SERVICES – PREVENTIVE CARE SERVICES – INITIAL OFFICE VISIT, 18 AND UP, during measurement period, equals No, check next Physical Exam Finding.
- g. If QDM data element, SYSTOLIC BLOOD PRESSURE (result less than 140mmHg) during most recent Encounter Performed QDM data element, PREVENTIVE CARE SERVICES – INITIAL OFFICE VISIT, 18 AND UP, during measurement period, equals Yes, include in Numerator Count, which is represented by letter A in the sample calculation listed at the end of this document. Letter A equals 5 patients in the sample calculation. Stop Processing.
- h. If QDM data element, SYSTOLIC BLOOD PRESSURE (result less than 140mmHg) during most recent Encounter Performed QDM data element, PREVENTIVE CARE SERVICES – ESTABLISHED OFFICE VISIT, 18 AND UP, during measurement period, equals No, check next Physical Exam Finding.
- i. If QDM data element, SYSTOLIC BLOOD PRESSURE (result less than 140mmHg) during most recent Encounter Performed QDM data element, PREVENTIVE CARE SERVICES – ESTABLISHED OFFICE VISIT, 18 AND UP, during measurement period, equals Yes, include in Numerator Count, which is represented by letter A in the sample calculation listed at the end of this document. Letter A equals 5 patients in the sample calculation. Stop Processing.
- j. If QDM data element, SYSTOLIC BLOOD PRESSURE (result less than 140mmHg) during most recent Encounter Performed QDM data element, FACE-TO-FACE INTERACTION, during measurement period, equals No, check next Physical Exam Finding.
- k. If QDM data element, SYSTOLIC BLOOD PRESSURE (result less than 140mmHg) during most recent Encounter Performed QDM data element, FACE-TO-FACE INTERACTION, during measurement period, equals Yes, include in Numerator Count, which is represented by letter A in the sample calculation listed at the end of this document. Letter A equals 5 patients in the sample calculation. Stop Processing.
- l. If QDM data element, SYSTOLIC BLOOD PRESSURE (result less than 140mmHg) during most recent Encounter Performed QDM data element, HOME HEALTHCARE SERVICES, during measurement period, equals No, check next Physical Exam Finding.
- m. If QDM data element, SYSTOLIC BLOOD PRESSURE (result less than 140mmHg) during most recent Encounter Performed QDM data element, HOME HEALTHCARE SERVICES, during measurement period, equals Yes, include in Numerator Count, which is represented by letter A in the sample calculation listed at the end of this document. Letter A equals 5 patients in the sample calculation. Stop Processing.
- n. If QDM data element, SYSTOLIC BLOOD PRESSURE (result less than 140mmHg) during most recent Encounter Performed QDM data element, ANNUAL WELLNESS VISIT, during measurement period, equals No, include in the No/Missing Data Submitted count. Stop Processing.
- o. If QDM data element, SYSTOLIC BLOOD PRESSURE (result less than 140mmHg) during most recent Encounter Performed QDM data element, ANNUAL WELLNESS VISIT, during measurement period, equals Yes, include in Numerator Count, which is represented by letter A in the sample calculation listed at the end of this document. Letter A equals 5 patients in the sample calculation. Stop Processing.

SAMPLE CALCULATION: Performance Rate

Numerator (a= 5 patients)

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Denominator (b=10 patients) – Denominator Exclusions ($c^1+c^2+c^3+c^4+c^5+c^6=5$ patients) – *Denominator Exceptions (N/A)*
= **100.00%**