2015 Physician Quality Reporting System Individual Measures Flow Manual

Introduction:

This document contains general implementation guidance for 2015 Physician Quality Reporting System (PQRS) Individual Measures Flows. The flows and associated algorithms are a resource for the application of logic for reporting and performance. This document provides strategies and information to facilitate satisfactory submission of registry data as well a detailed understanding of the claims-based measure.

The 2015 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting of Individual Measures, which can be found at http://www.cms.gov/PQRS/15_MeasuresCodes.asp, contains detailed descriptions for each quality measure. To completely understand the Individual Measure Flows, please review the 2015 PQRS Measure Specifications Manual for Claims and Registry Reporting of Individual Measures.

Disclaimer: Diagrams were created by CMS and may or may not have been reviewed by the Measure Steward. These diagrams should not be used in place of the measure specification but may be used as an additional resource.

Reporting Option for Individual Measures to Avoid the 2017 Negative Payment Adjustment:

Report on at least 9 individual measures covering 3 National Quality Strategy (NQS) domains for at least 50% of Medicare Part B FFS patients.

- EPs that submit quality data for **only 1 to 8** PQRS measures covering 3 NQS domains for at least 50% of the EP's Medicare Part B FFS patients **OR** that submit data for **9 or more** PQRS measures across **less than 3 domains** for at least 50% of the EP's Medicare Part B FFS patients eligible for each measure will be subject to Measure-Applicability Validation (MAV). (See http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/AnalysisAndPayment.html)
- Measures with a 0% performance rate will not be counted.
- An EP that sees at least 1 Medicare patient in a face-to-face encounter must report a minimum of 1 cross-cutting measure.

Interpretation of Individual Measure Flows:

Denominator:

The Individual Measure Flows are designed to provide interpretation of the measure logic and calculation methodology for reporting and performance rates. The flows start with the identification of the patient population (denominator) for the applicable measure's quality action (numerator). When determining the denominator for all measures, please remember to include only Medicare Part B FFS patients and CPT I Categories without modifiers 80, 81, 82 or AS.

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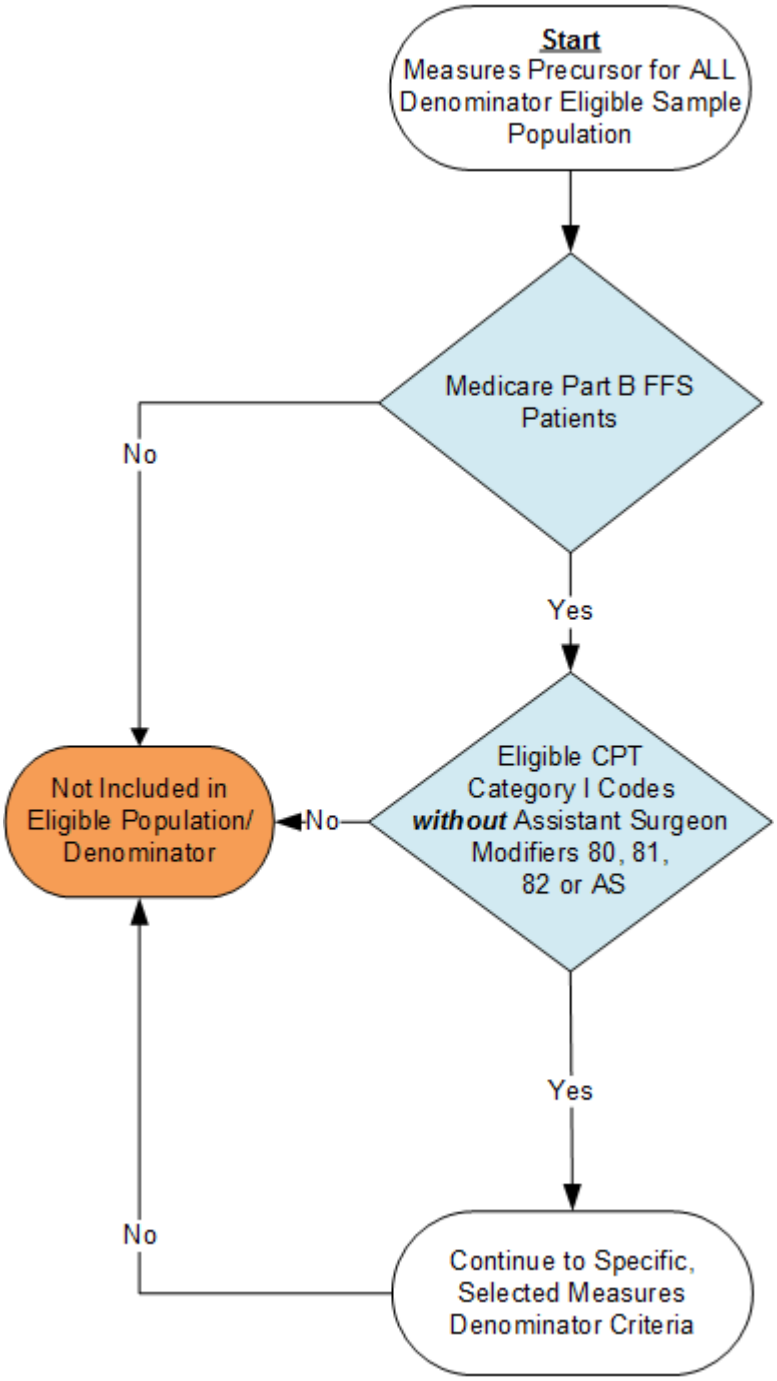
Below is an illustration of additional prerequisite denominator criteria to obtain the patient sample for all 2015 PQRS Individual Measures:



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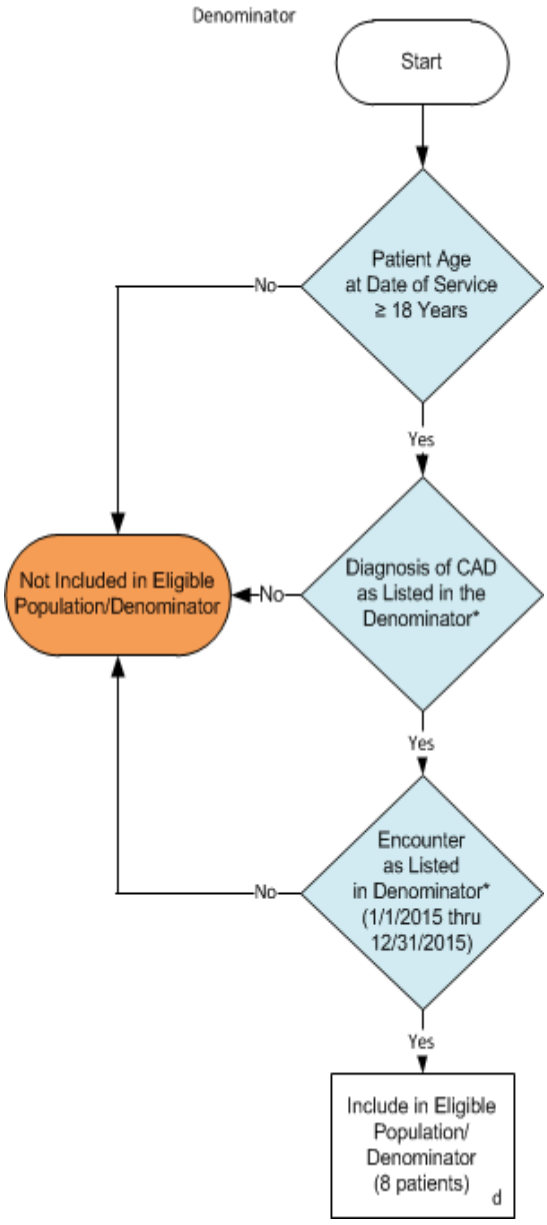
The Individual Measure Flows continue with the appropriate age group and denominator population for the measure. The Eligible Population box equates to the letter "d" by the patient population that meets the measures inclusion requirements. Below is an example of the denominator criteria used to determine the eligible population for PQRS #6 NQF # 0067: Coronary Artery Disease (CAD): Antiplatelet Therapy:



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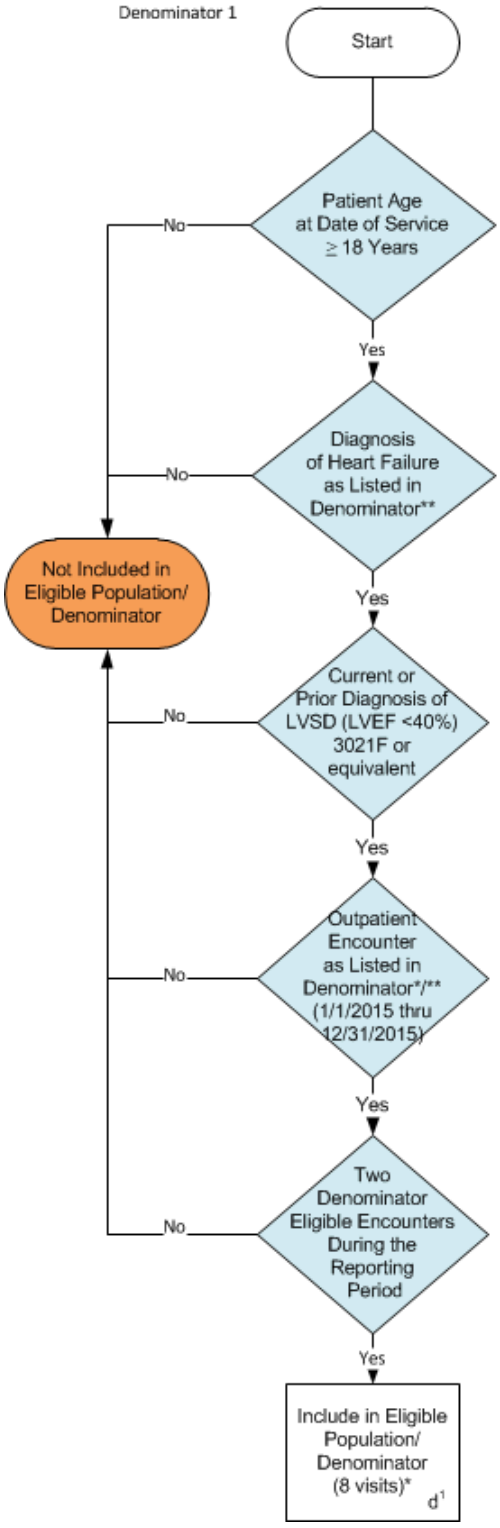
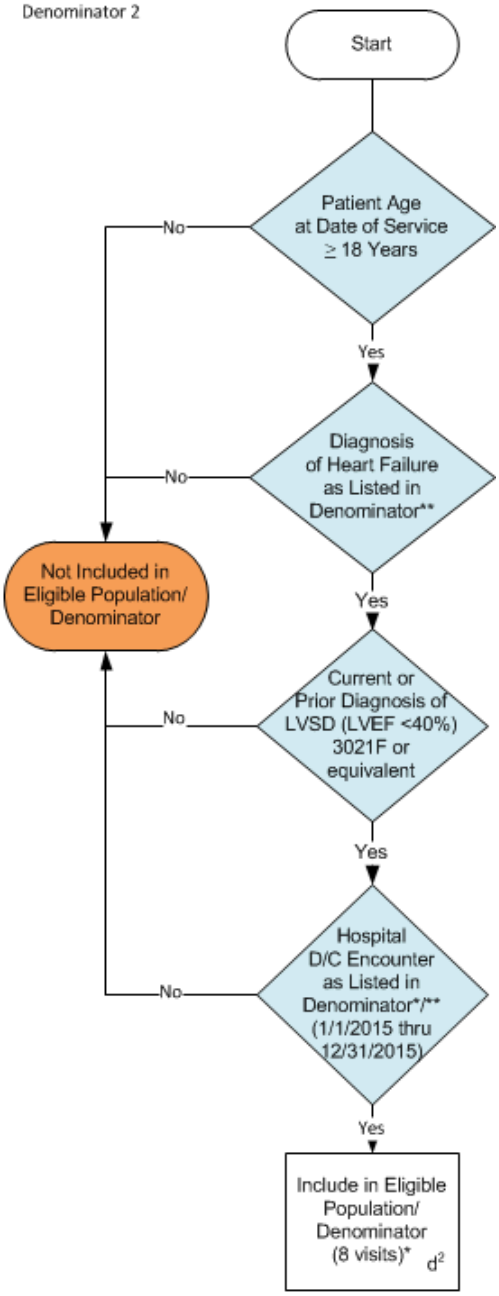
Some measures, such as Measure #5 Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD), have multiple options to determine the measure denominator. Patients meeting the criteria for either denominator option are included as part of the eligible population.





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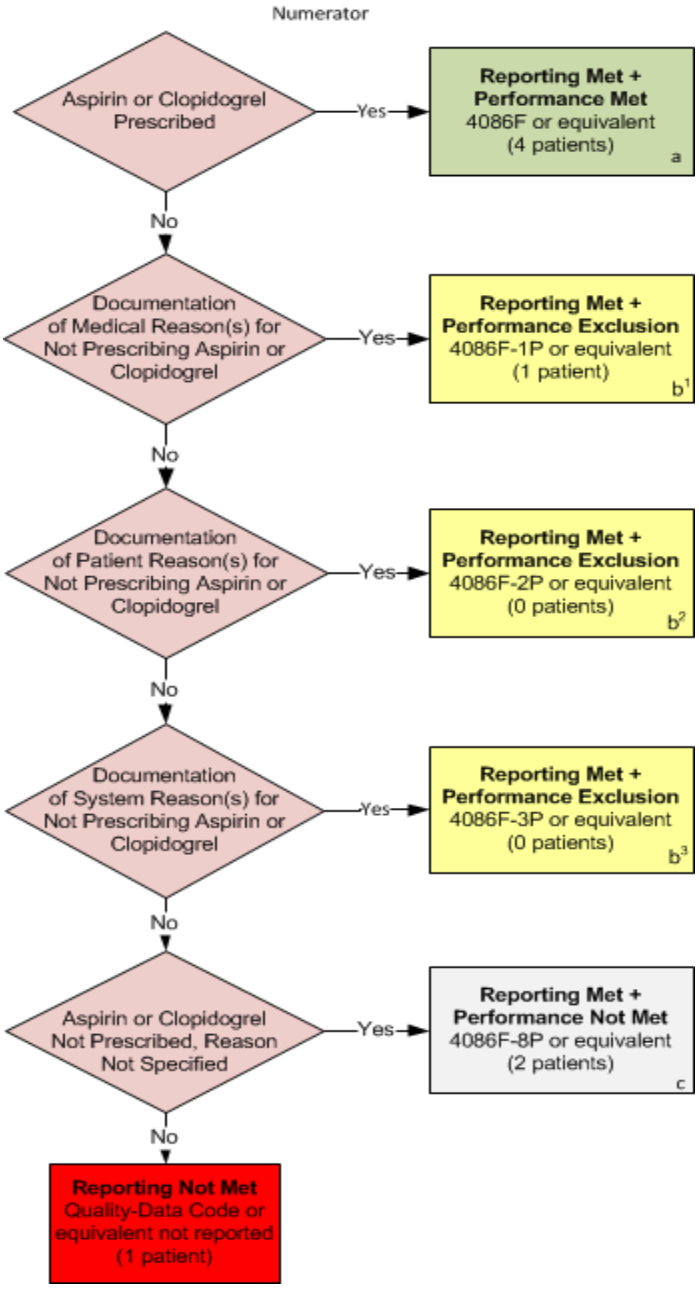
Numerator:
Once the denominator is identified, the flow illustrates and stratifies the quality action (numerator) for reporting satisfactorily. Depending on the measure being reported, there are several outcomes that may be applicable for reporting the measures outcome: Performance Met = "a"/green, Performance Exclusion = "b"/yellow, Performance Not Met = "c"/gray, and Not Reported = red box. On the flow, these outcomes are color-coded and labeled to identify the particular outcome of the measure represented. This is illustrated below for PQRS #6 NQF # 0067: Coronary Artery Disease (CAD): Antiplatelet Therapy:



Denominator/Numerator Variation of Claims-Based vs. Registry-Based Reporting

For some measures reportable via claims and registry, two Individual Measure Flows may be included. The denominator for the registry-based Individual Measure Flow may differ slightly from the denominator as outlined in the 2015 PQRS Measure Specifications Manual for Claims and Registry Reporting of Individual Measures. Some measures, such as Measure #19, have a clarifying code and/or language (e.g. G-code G8397 for Measure #19) in the numerator to identify eligible patients when no CPT I or ICD-9/ICD-10 diagnosis code exists. In the case of Measure #19, an applicable CPT I code does not exist for Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema AND level of severity of retinopathy. In claims-based reporting, an eligible professional would report the numerator code G8397 to identify patients who had a dilated macular or fundus exam with documentation of the results. To comply with the measure developer's intent of the measures and since registries may not necessarily be reliant on claims data; the flow shows these numerator codes in the denominator. Therefore the numerator quality-data code options for registry-based flows may vary from the 2015 PQRS Measure Specifications Manual for Claims and Registry Reporting of Individual Measures.

Reporting and Performance Algorithms:

Reporting Algorithm

The Reporting Algorithm is based on the eligible population and sample outcomes of the possible quality actions as described in the flow of the measure. Avoiding the 2017 PQRS Payment Adjustment is based on reporting satisfactorily for PQRS by reporting on at least 50% of the eligible patients for the measure. The Reporting Algorithm provides the calculation logic for patients who have been reported in the eligible professionals' appropriate denominator. Reporting satisfactorily may include the following categories provided in the numerator: Performance Met, Performance Exclusion, and Performance Not Met. Below is a sample reporting rate algorithm for Measure #6. In the example, 8 patients met the denominator criteria for eligibility, where 4 patients had the quality action performed (Performance Met), 1 patient did not receive the quality action for a documented reason (Performance Exclusion), and 2 patients were reported as not receiving the quality action (Performance Not Met). **Note**: In the example, 1 patient was eligible for the measure but was not reported (Reporting Not Met).

Reporting Rate=

$$\frac{\text{Performance Met (a=4 patients) + Performance Exclusion } (b^1+b^2+b^3=1 \text{ patients}) + \text{Performance Not Met (c=2 patients)}}{\text{Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{= 8 \text{ patients}} = 87.50\%$$

Performance Algorithm

The Performance Algorithm calculation is based on only those patients that were reported for the measure. For those patients reported, the numerator is determined by completing the quality action as indicated by Performance Met. Meeting the quality action for a patient, as indicated in the Individual Measure Specifications Manual, would add one patient to the denominator and one to the numerator. Patients reporting with Performance Exclusions are subtracted from the performance denominator when calculating the performance rate percentage. Below is a sample performance rate algorithm that represents this

calculation for Measure #6. In this scenario, the patient sample equals 7 patients where 4 of these patients had the quality action performed (Performance Met) and one patient was reported as having a Performance Exclusion.

Performance Rate=

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Reporting Numerator (7 patients)} - \text{Performance Exclusion } (b^1+b^2+b^3=1 \text{ patient})} = \frac{4 \text{ patients}}{6 \text{ patients}} = \mathbf{66.67\%}$$

For measures with inverse performance rates, such as Measure #1 Diabetes Mellitus: Hemoglobin A1c Poor Control in Diabetes Mellitus, a lower rate indicates better performance. Reporting the Performance Not Met is actually the clinically recommended outcome or quality action.

There are some measures that require the calculation of multiple performance rates. The Individual Measure Flow for these measures includes algorithm examples to understand the different performance rates required for the measure. Please note, only the performance rates outlined in the measure specification are to be submitted for registry submissions. The PQRS system will calculate an overall performance rate for the measure if none is specified within the measure.

Please review the Individual Measure Flows for more Reporting and Performance Rate Algorithm examples.

Measure Analytic Tag Definitions:

Analytical "tags" are provided for each measure. The analytical tag defines the time period or event in which the measure should be reported. Below are definitions of the analytical tags that are utilized for calculations of the individual measures:

- Patient-intermediate measures are reported a minimum of once per patient during the reporting period. The most recent quality-data code will be used, if the measure is reported more than once.
- Patient-process measures are reported a minimum of once per patient during the reporting period. The most advantageous quality-data code will be used if the measure is reported more than once.
- Patient-periodic measures are reported a minimum of once per patient per timeframe specified by the measure during the reporting period. The most advantageous quality-data code will be used if the measure is reported more than once. If more than one quality-data code is reported during the episode time period, performance rates shall be calculated by the most advantageous quality-data code.
- Episode measures are reported once for each occurrence of a particular illness or condition during the reporting period.
- Procedure measures are reported each time a procedure is performed during the reporting period.
- Visit measures are reported each time a patient is seen by the individual eligible professional during the reporting period.

Other Resources:

There are other resources that may be helpful for individual measure reporting. 2015 PQRS Implementation Guide is located on the Measures/Codes page of the PQRS website.