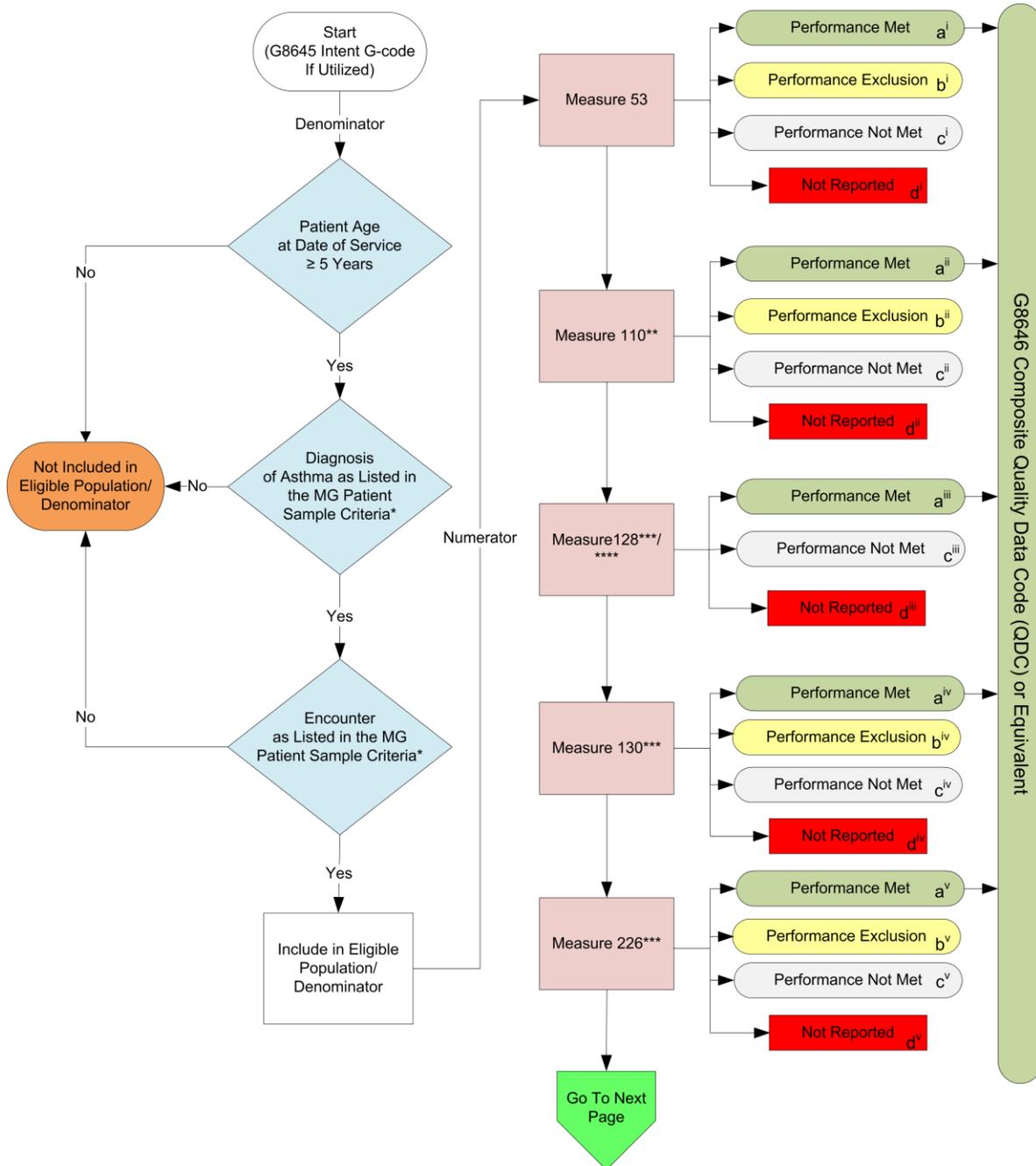


2016 Measures Group (MG) Flow Asthma

Note: For Measure numerator details, please refer to the Measures Groups Specification Manual



The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

*See the posted 2016 Measures Groups Specifications Manual for Patient Sample Criteria, specific coding and instructions to report this measures group.

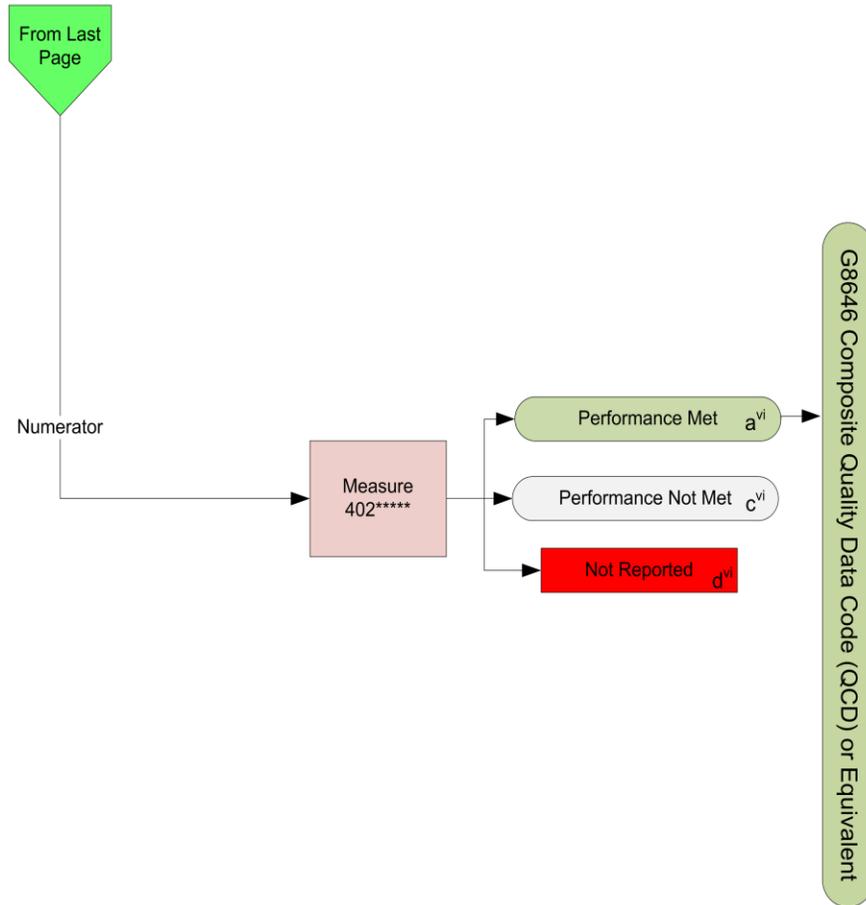
**Measure #110 is only applicable for visits that occur between 1/1/2016 thru 3/31/2016 or 10/1/2016 thru 12/31/2016.

***Measures #128, #130, and #226 only need to be reported on patients 18 years and older.

****Measure #128 does not need to be reported (is not applicable) if the patient is not eligible for BMI calculation or follow-up plan. See the Asthma Measures Group Overview for reasons for which the patient would be considered ineligible for the measure.

2016 Measures Group (MG) Flow Asthma

Note: For Measure numerator details, please refer to the Measures Groups Specification Manual



*****Measure #402 need only be reported on patients age 12-20 years of age.

2016 Measures Group (MG) Flow Asthma

Scenarios for Reporting (Patient) and Performance (Measure) Algorithms:

a= Performance Met; b=Performance Exclusion; c=Performance Not Met; d=Not Reported; e=Not Applicable

	Measure 53	Measure 110**	Measure 128****	Measure 130***	Measure 226***	Measure 402*****
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
Patient X Age 25 Years Visit 3/3/2016	Met (a ⁱ)	Met (a ⁱⁱ)	Met (a ⁱⁱⁱ)	Met (a ^{iv})	Met (a ^v)	Not Applicable (e ^{vi})
Patient Y Age 52 Years Visit 10/9/2016	Met (a ⁱ)	Not Met (c ⁱⁱ)	Not Met (c ⁱⁱⁱ)	Met (a ^{iv})	Exclusion (b ^v)	Not Applicable (e ^{vi})
Patient Z Age 13 Years Visit 7/21/2016	Not Reported (d ⁱ)	Not Applicable (e ⁱⁱ)	Not Applicable (e ⁱⁱⁱ)	Not Applicable (e ^{iv})	Not Applicable (e ^v)	Met (a ^{vi})

Reporting Algorithm[^]

Patient X [aⁱ, aⁱⁱ, aⁱⁱⁱ, a^{iv}, a^v, e^{vi}] + Patient Y [aⁱ, cⁱⁱ, cⁱⁱⁱ, a^{iv}, b^v, e^{vi}] + Patient Z [dⁱ, eⁱⁱ, eⁱⁱⁱ, e^{iv}, e^v, a^{vi}] = 1+1+0 = 2 of the Required 20 Patient Sample Reported

Performance Algorithms

Measure 53

Performance Met (2) = $\frac{2}{2} = 100.00\%$
Reported QDC for eligible patient (2) – Performance Exclusion (0)

Measure 110

Performance Met (1) = $\frac{1}{2} = 50.00\%$
Reported QDC for eligible patient (2) – Performance Exclusion (0)

Measure 128

Performance Met (1) = $\frac{1}{2} = 50.00\%$
Reported QDC for eligible patient (2)

Measure 130

Performance Met (2) = $\frac{2}{2} = 100.00\%$
Reported QDC for eligible patient (2) – Performance Exclusion (0)

Measure 226

Performance Met (1) = $\frac{1}{1} = 100.00\%$
Reported QDC for eligible patient (2) – Performance Exclusion (1)

Measure 402

Performance Met (1) = $\frac{1}{1} = 100.00\%$
Reported QDC for eligible patient (1)

**Measure #110 is only applicable for visits that occur between 1/1/2016 thru 3/31/2016 or 10/1/2016 thru 12/31/2016.

***Measures #128, #130, and #226 need only be reported on patients 18 years and older.

****Measure #128 does not need to be reported (is not applicable) if the patient is not eligible for BMI calculation or follow-up plan. See the Asthma Measures Group Overview for reasons for which the patient would be considered ineligible for the measure.

*****Measure #402 need only be reported on patients age 12-20 years of age.

[^]Reporting of all applicable measures contained in measures group, per eligible patient, equals one.

2016 Measures Group (MG) Flow Asthma

Please refer to the specific section of the 2016 PQRS Measures Groups Specifications Manual to identify specific coding and instructions to report the Asthma Measures Group Patient Sample Criteria (denominator), individual measures, and numerator options information for use in reporting this Measures Group.

1. Start with G8645 Intent G-code if Utilized
2. Check Patient Age:
 - a. If the Age is greater than or equal to 5 years of age at Date of Service equals No, do not include in Eligible Population/Denominator. Stop Processing.
 - b. If the Age is greater than or equal to 5 years of age at Date of Services equals Yes, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
 - a. If Diagnosis of Asthma as Listed in the MG Patient Sample Criteria equals No, do not include in Eligible Population/Denominator. Stop Processing.
 - b. If Diagnosis of Asthma as Listed in the MG Patient Sample Criteria equals Yes, proceed to check Encounter Performed.
4. Check Encounter Performed:
 - a. If Encounter as Listed in the MG Patient Sample Criteria equals No, do not include in Eligible Population. Stop Processing.
 - b. If Encounter as Listed in the MG Patient Sample Criteria equals Yes, include in the Eligible Population/Denominator.
5. Denominator Population
 - a. Include in Eligible Population/Denominator is all eligible patients who meet the Patient Sample Criteria (denominator) for the Measures Group. For each measure within the measures group each numerator option is represented by a letter which is used in the Scenarios for Reporting and Performance Algorithms at the end of this document.
6. Start Numerator Options for Measures within the Measures Group
7. Composite Quality Data Code (QDC) G8646 has been created for registries that utilize claims data. This QDC may be reported in lieu of individual QDCs when all quality clinical actions for all applicable measures within the group have been performed for this patient.
8. Measure 53
 - a. Numerator option Performance Met has an arrow pointing to G8646 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter aⁱ.
 - b. Numerator option Performance Exclusion is represented by letter bⁱ.
 - c. Numerator option Performance Not Met is represented by letter cⁱ.

d. Numerator option Not Reported is represented by letter dⁱ.

9. Measure 110

- a. Measure #110 is only applicable for visits between 1/1/2016 thru 3/31/2016 or 10/1/2016 thru 12/31/2016. When measure #110 is Not Applicable it is represented by letter eⁱⁱ in the Scenarios for Reporting Algorithms.
- b. Numerator option Performance Met has an arrow pointing to G8646 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter aⁱⁱ.
- c. Numerator option Performance Exclusion is represented by letter bⁱⁱ.
- d. Numerator option Performance Not Met is represented by letter cⁱⁱ.
- e. Numerator option Not Reported is represented by letter dⁱⁱ.

10. Measure 128

- a. Measure #128 only needs to be reported on patients 18 years and older. Measure #128 does not need to be reported (is not applicable) if the patient is not eligible for BMI calculation or follow-up plan. See the Asthma Measures Group Overview for reasons for which the patient would be considered ineligible for the measure. When measure #128 is Not Applicable it is represented by letter eⁱⁱⁱ in the Scenarios for Reporting Algorithms.
- b. Numerator option Performance Met has an arrow pointing to G8646 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter aⁱⁱⁱ.
- c. Numerator option Performance Not Met is represented by letter cⁱⁱⁱ.
- d. Numerator option Not Reported is represented by letter dⁱⁱⁱ.

11. Measure 130

- a. Measure #130 only needs to be reported on patients 18 years and older. When measure #130 is Not Applicable it is represented by letter e^{iv} in the Scenarios for Reporting Algorithms.
- b. Numerator option Performance Met has an arrow pointing to G8646 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a^{iv}.
- c. Numerator option Performance Exclusion is represented by letter b^{iv}.
- d. Numerator option Performance Not Met is represented by letter c^{iv}.
- e. Numerator option Not Reported is represented by letter d^{iv}.

12. Measure 226

- a. Measure #226 only needs to be reported on patients 18 years and older. When measure #226 is Not Applicable it is represented by letter e^v in the Scenarios for Reporting Algorithms.
- b. Numerator option Performance Met has an arrow pointing to G8646 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a^v.
- c. Numerator option Performance Exclusion is represented by letter b^v.

- d. Numerator option Performance Not Met is represented by letter c^v.
- e. Numerator option Not Reported is represented by letter d^v.

13. Measure 402

- a. Measure #402 only needs to be reported on patients age 12-20 years of age. When measure #402 is Not Applicable it is represented by letter e^{vi} in the Scenarios for Reporting Algorithms.
- b. Numerator option Performance Met has an arrow pointing to G8646 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a^{vi}.
- c. Numerator option Performance Not Met is represented by letter c^{vi}.
- d. Numerator option Not Reported is represented by letter d^{vi}.

14. Scenarios for Reporting and Performance Algorithms

15. Patient X Age 25 Years Visit on 3/3/2016

- a. Patient X Met Measure 53 (represented by aⁱ)
- b. Patient X Met Measure 110 (represented by aⁱⁱ)
- c. Patient X Met Measure 128 (represented by aⁱⁱⁱ)
- d. Patient X Met Measure 130 (represented by a^{iv})
- e. Patient X Met Measure 226 (represented by a^v)
- f. Patient X Not Applicable for Measure 402 (represented by e^{vi})

16. Patient Y Age 52 Years Visit on 10/9/2016

- a. Patient Y Met Measure 53 (represented by aⁱ)
- b. Patient Y Not Met but Reported Measure 110 (represented by cⁱⁱ)
- c. Patient Y Not Met but Reported Measure 128 (represented by cⁱⁱⁱ)
- d. Patient Y Met Measure 130 (represented by a^{iv})
- e. Patient Y Exclusion Reported for Measure 226 (represented by b^v)
- f. Patient Y Not Applicable for Measure 402 (represented by e^{vi})

17. Patient Z Age 13 Years Visit on 7/21/2016

- a. Patient Z did Not Report Measure 53 (represented by dⁱ)
- b. Patient Z Not Applicable for Measure 110 (represented by eⁱⁱ)
- c. Patient Z Not Applicable for Measure 128 (represented by eⁱⁱⁱ)
- d. Patient Z Not Applicable for Measure 130 (represented by e^{iv})

e. Patient Z Not Applicable for Measure 226 (represented by e^v)

f. Patient Z Met Measure 402 (represented by a^{vi})

18. Reporting Algorithm

a. Reporting of all applicable measures contained in the measures group, per eligible patient, equals one

b. Patient X Reporting equals 1 Plus Patient Y Reporting equals 1 Plus Patient Z Reporting equals 0 for a total of 2 of the Required 20 Patient Sample Reported

19. Performance Algorithms

20. Measure 53

a. Performance Met equals 2 divided by Reported QDC for 2 eligible patients minus 0 Performance Exclusions equals 100% Performance Rate

21. Measure 110

a. Performance Met equals 1 divided by Reported QDC for 2 eligible patients minus 0 Performance Exclusions equals 50% Performance Rate

22. Measure 128

a. Performance Met equals 1 divided by Reported QDC for 2 eligible patients equals 50% Performance Rate

23. Measure 130

a. Performance Met equals 2 divided by Reported QDC for 2 eligible patients minus 0 Performance Exclusions equals 100% Performance Rate

24. Measure 226

a. Performance Met equals 1 divided by Reported QDC for 2 eligible patients minus 1 Performance Exclusion equals 100% Performance Rate

25. Measure 402

a. Performance Met equals 1 divided by Reported QDC for 1 eligible patient equals 100% Performance Rate