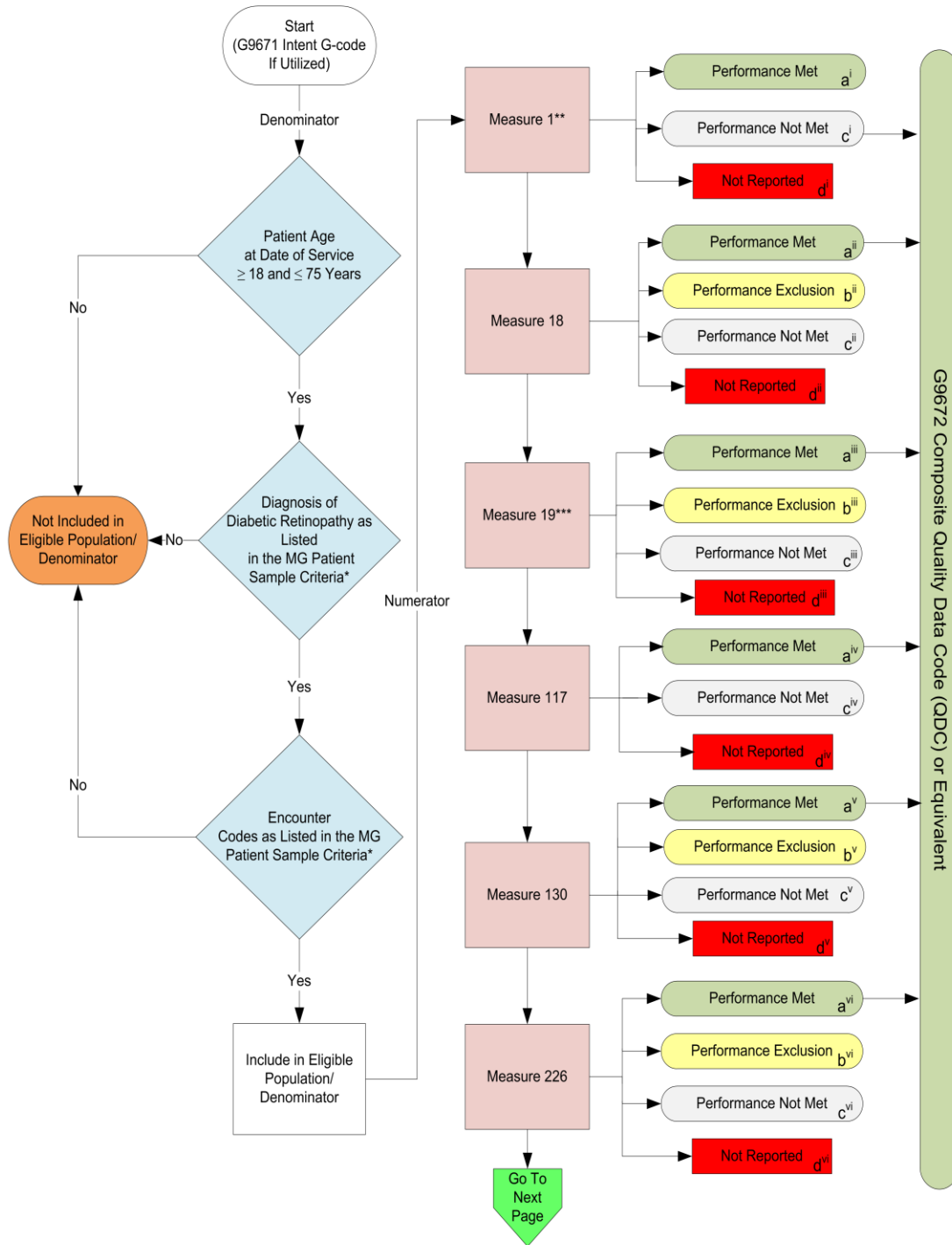


2016 Measures Group (MG) Flow Diabetic Retinopathy

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.

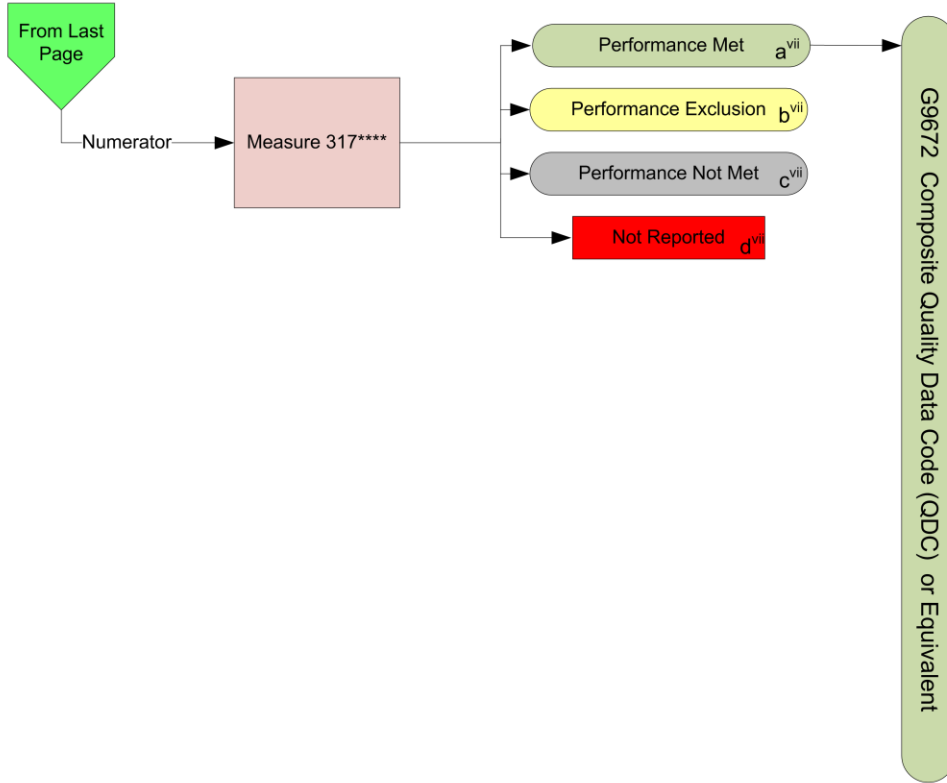
*See the posted 2016 Measures Groups Specification Manual for Patient Sample Criteria, specific coding and instructions to report this measures group.

**For performance on Measure #1, a lower rate indicates better clinical care or control.

***Measure #19 does not need to be reported (is not applicable) when the reporting provider manages the patient's diabetes care.

2016 Measures Group (MG) Flow Diabetic Retinopathy

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



****Measure #317 does not need to be reported (is not applicable) if the patient has an active diagnosis of hypertension.

2016 Measures Group (MG) Flow Diabetic Retinopathy

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

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

	<u>Measure 1**</u> (i)	<u>Measure 18</u> (ii)	<u>Measure 19***</u> (iii)	<u>Measure 117</u> (iv)	<u>Measure 130</u> (v)	<u>Measure 226</u> (vi)	<u>Measure 317****</u> (vi)
Patient X	Met (a ⁱ)	Met (a ⁱⁱ)	Met (a ⁱⁱⁱ)	Met (a ^{iv})	Met (a ^v)	Met (a ^{vi})	Met (a ^{vii})
Patient Y	Met (a ⁱ)	Not Met (c ⁱⁱ)	Not Applicable (e ⁱⁱⁱ)	Met (a ^{iv})	Met (a ^v)	Exclusion (b ^{vi})	Met (a ^{vii})
Patient Z	Not Met (c ⁱ)	Not Met (c ⁱⁱ)	Met (a ⁱⁱⁱ)	Not Reported (d ^{iv})	Met (a ^v)	Met (a ^{vi})	Not Met (c ^{vii})

Reporting Algorithm[^]

Patient X [aⁱ, aⁱⁱ, aⁱⁱⁱ, a^{iv}, a^v, a^{vi}, a^{vii}] + Patient Y [aⁱ, cⁱⁱ, eⁱⁱⁱ, a^{iv}, a^v, b^{vi}, a^{vii}] + Patient Z [cⁱ, cⁱⁱ, aⁱⁱⁱ, d^{iv}, a^v, a^{vi}, c^{vii}] = 1+1+0 = 2 of the Required 20 Patient Sample Reported

Performance Algorithms

Measure 1

Performance Met (2) = $\frac{2}{3} = 66.67\%$
Reported QDC for eligible patient (3)

Measure 18

Performance Met (1) = $\frac{1}{3} = 33.33\%$
Reported QDC for eligible patient (3) - Performance Exclusion (0)

Measure 19

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

Measure 117

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

Measure 130

Performance Met (3) = $\frac{3}{3} = 100.00\%$
Reported QDC for eligible patient (3) - Performance Exclusion (0)

Measure 226

Performance Met (2) = $\frac{2}{2} = 100.00\%$
Reported QDC for eligible patient (3) - Performance Exclusion (1)

Measure 317

Performance Met (2) = $\frac{2}{3} = 66.67\%$
Reported QDC for eligible patient (3) - Performance Exclusion (0)

**For performance on Measure #1, a lower rate indicates better clinical care or control.

***Measure #19 does not need to be reported (is not applicable) when the reporting provider manages the patient's diabetes care.

****Measure #317 does not need to be reported (is not applicable) if the patient has an active diagnosis of hypertension.

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

2016 Measures Group (MG) Flow Diabetic Retinopathy

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

1. Start with G9671 Intent G-code if Utilized
2. Check Patient Age:
 - a. If the Age is greater than or equal to 18 years and less than or equal to 75 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 18 years and less than or equal to 75 years of age at Date of Service equals Yes, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
 - a. If Diagnosis of Diabetic Retinopathy as Listed in the MG Patient Sample Criteria equals No, do not include in Eligible Population/Denominator. Stop Processing.
 - b. If Diagnosis of Diabetic Retinopathy 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 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) G9672 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 1
 - a. Measure #1 is an inverse measure. A lower calculated performance rate for this measure indicates better clinical control and care.
 - b. Numerator option Performance Met is represented by letter aⁱ.
 - c. Numerator option Performance Not Met has an arrow pointing to G9672 Composite Quality Data Code (QDC) or Equivalent. Performance Not Met is represented by letter cⁱ.

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

9. Measure 18

a. Numerator option Performance Met has an arrow pointing to G9672 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter aⁱⁱ.

b. Numerator option Performance Exclusion is represented by letter bⁱⁱ.

c. Numerator option Performance Not Met is represented by letter cⁱⁱ.

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

10. Measure 19

a. Measure #19 does not need to be reported (is not applicable) when the reporting provider manages the patient's diabetes care. When measure #19 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 G9672 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter aⁱⁱⁱ.

c. Numerator option Performance Exclusion is represented by letter bⁱⁱⁱ.

d. Numerator option Performance Not Met is represented by letter cⁱⁱⁱ.

e. Numerator option Not Reported is represented by letter dⁱⁱⁱ.

11. Measure 117

a. Numerator option Performance Met has an arrow pointing to G9672 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a^{iv}.

b. Numerator option Performance Not Met is represented by letter c^{iv}.

c. Numerator option Not Reported is represented by letter d^{iv}.

12. Measure 130

a. Numerator option Performance Met has an arrow pointing to G9672 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a^v.

b. Numerator option Performance Exclusion is represented by letter b^v.

c. Numerator option Performance Not Met is represented by letter c^v.

d. Numerator option Not Reported is represented by letter d^v.

13. Measure 226

a. Numerator option Performance Met has an arrow pointing to G9672 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a^{vi}.

b. Numerator option Performance Exclusion is represented by letter b^{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. Measure 317

- a. Measure #317 does not need to be reported (is not applicable) if the patient has an active diagnosis of hypertension. When measure #317 is Not Applicable it is represented by letter e^{vii} in the Scenarios for Reporting Algorithms.
- b. Numerator option Performance Met has an arrow pointing to G9672 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter aⁱⁱ.
- c. Numerator option Performance Exclusion is represented by letter b^{vii}.
- d. Numerator option Performance Not Met is represented by letter c^{vii}.
- e. Numerator option Not Reported is represented by letter d^{vii}.

15. Scenarios for Reporting and Performance Algorithms

16. Patient X

- a. Patient X Met Measure 1 (represented by aⁱ)
- b. Patient X Met Measure 18 (represented by aⁱⁱ)
- c. Patient X Met Measure 19 (represented by aⁱⁱⁱ)
- d. Patient X Met Measure 117 (represented by a^{iv})
- e. Patient X Met Measure 130 (represented by a^v)
- f. Patient X Met Measure 226 (represented by a^{vi})
- g. Patient X Met Measure 317 (represented by a^{vii})

17. Patient Y

- a. Patient Y Met Measure 1 (represented by aⁱ)
- b. Patient Y Not Met but Reported Measure 18 (represented by cⁱⁱ)
- c. Patient Y Not Applicable for Measure 19 (represented by eⁱⁱⁱ)
- d. Patient Y Met Measure 117 (represented by a^{iv})
- e. Patient Y Met Measure 130 (represented by a^v)
- f. Patient Y Exclusion Reported for 226 (represented by b^{vi})
- g. Patient Y Met Measure 317 (represented by a^{vii})

18. Patient Z

- a. Patient Z Not Met but Reported Measure 1 (represented by cⁱ)
- b. Patient Z Not Met but Reported Measure 18 (represented by cⁱⁱ)

- c. Patient Z Met Measure 19 (represented by aⁱⁱⁱ)
- d. Patient Z did Not Report Measure 117 (represented by d^{iv})
- e. Patient Z Met Measure 130 (represented by a^v)
- f. Patient Z Met Measure 226 (represented by a^{vi})
- g. Patient Z Not Met but Reported Measure 317 (represented by c^{vii})

19. 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

20. Performance Algorithms

21. Measure 1

- a. Performance Met equals 2 divided by Reported QDC for 3 eligible patients equals 66.67% Performance Rate

22. Measure 18

- a. Performance Met equals 1 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 33.33% Performance Rate

23. Measure 19

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

24. Measure 117

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

25. Measure 130

- a. Performance Met equals 3 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusion equals 100% Performance Rate

26. Measure 226

- a. Performance Met equals 2 divided by Reported QDC for 3 eligible patients minus 1 Performance Exclusion equals 100% Performance Rate

27. Measure 317

- a. Performance Met equals 2 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusion equals 66.67% Performance Rate