2016 Measures Group (MG) Flow
Inflammatory Bowel Disease (IBD)

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 specifications.

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

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

***For the purpose of reporting the IBD Measures Group, Measure #111 should be reported for patients 18 years and older.
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Note: For Measure numerator details, please refer to the Measures Groups Specification Manual
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Scenarios for Reporting (Patient) and Performance (Measure) Algorithms:
a= Performance Met; b=Performance Exclusion; c=Performance Not Met; d=Not Reported; e=Not applicable

<table>
<thead>
<tr>
<th>Measure 110**</th>
<th>Measure 111***</th>
<th>Measure 226</th>
<th>Measure 270</th>
<th>Measure 271</th>
<th>Measure 274</th>
<th>Measure 275</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td>(ii)</td>
<td>(iii)</td>
<td>(iv)</td>
<td>(v)</td>
<td>(vi)</td>
<td>(vii)</td>
</tr>
<tr>
<td>Patient X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visit 1/03/16</td>
<td>Met (a')</td>
<td>Met (a')</td>
<td>Met (a&quot;)</td>
<td>Met (a&quot;)</td>
<td>Exclusion</td>
<td>Met (a'*)</td>
</tr>
<tr>
<td>Patient Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visit 6/20/16</td>
<td>Not Applicable</td>
<td>Met (a')</td>
<td>Not Met (c')</td>
<td>Met (a&quot;)</td>
<td>Not Met (c')</td>
<td>Met (a'*)</td>
</tr>
<tr>
<td>Patient Z</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visit 10/01/16</td>
<td>Exclusion (b')</td>
<td>Met (a')</td>
<td>Met (a&quot;)</td>
<td>Not Reported (d')</td>
<td>Met (a&quot;)</td>
<td>Met (a'*)</td>
</tr>
</tbody>
</table>

**Reporting Algorithm***

Patient X: a, b, c, d, e
Patient Y: a, b, c, d, e
Patient Z: b, c, d, e
Patient X \[a, b, c, d, e\] + Patient Y \[a, b, c, d, e\] + Patient Z \[b, c, d, e\] = 1 + 1 + 0 = 2 of the Required 20 Patient Sample Reported

**Performance Algorithms**

\[
\text{Measure 110} = \frac{1}{1} = 100.00\% \\
\text{Performance Met (1)} = 1 \\
\text{Reported QDC for eligible patient (2) - Performance Exclusion (1)} = 1
\]

\[
\text{Measure 111} = \frac{3}{3} = 100.00\% \\
\text{Performance Met (3)} = 3 \\
\text{Reported QDC for eligible patient (3)} = 3
\]

\[
\text{Measure 226} = \frac{2}{3} = 66.67\% \\
\text{Performance Met (2)} = 2 \\
\text{Reported QDC for eligible patient (3) - Performance Exclusion (2)} = 2
\]

\[
\text{Measure 270} = \frac{2}{2} = 100.00\% \\
\text{Performance Met (2)} = 2 \\
\text{Reported QDC for eligible patient (3) - Performance Exclusion (3)} = 2
\]

\[
\text{Measure 271} = \frac{3}{3} = 100.00\% \\
\text{Performance Met (3)} = 3 \\
\text{Reported QDC for eligible patient (3) - Performance Exclusion (4)} = 3
\]

\[
\text{Measure 274} = \frac{1}{2} = 50.00\% \\
\text{Performance Met (1)} = 1 \\
\text{Reported QDC for eligible patient (3) - Performance Exclusion (1)} = 2
\]

\[
\text{Measure 275} = \frac{3}{3} = 100.00\% \\
\text{Performance Met (3)} = 3 \\
\text{Reported QDC for eligible patient (3) - Performance Exclusion (5)} = 3
\]

**Measure 110** is only applicable for visits in 11/2/2016 thru 3/31/2016 or 10/1/2016 thru 12/31/2016.

***For the purpose of reporting the IBD Measures Group, Measure #11 should be reported for patients 18 years and older.

****Reporting of all measures contained in measures group, per eligible patient, equals one.
2016 Measures Group (MG) Flow
Inflammatory Bowel Disease (IBD)

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

1. Start with G8899 Intent G-code if Utilized

2. Check Patient Age:
   a. If the Age is greater than or equal to 18 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 of age at Date of Service equals Yes, proceed to check Patient Diagnosis.

3. Check Patient Diagnosis:
   a. If Diagnosis indicating IBD as listed in the Measures Group Patient Sample Criteria equals No, do not include in Eligible Population/Denominator. Stop Processing.
   b. If Diagnosis indicating IBD as listed in the Measures Group Patient Sample Criteria equals Yes, proceed to check Encounter Performed.

4. Check Encounter Performed:
   a. If Encounter as Listed in the Measures Group Patient Sample Criteria equals No, do not include in Eligible Population/Denominator. Stop Processing.
   b. If Encounter as Listed in the Measures Group 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) G8758 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 110
   a. Measure #110 is only applicable for visits in 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 e in the Scenarios for Reporting Algorithms.
   b. Numerator option Performance Met has an arrow pointing to G8758 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a.
   c. Numerator option Performance Exclusion is represented by letter b.
d. Numerator option Performance Not Met is represented by letter c.
e. Numerator option Not Reported is represented by letter d.

9. Measure 111
   a. For the purposes of the IBD Measures Group, Measure #111 should be reported on patients aged 18 years and older.
   b. Numerator option Performance Met has an arrow pointing to G8758 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a.
   c. Numerator option Performance Not Met is represented by letter c.
   d. Numerator option Not Reported is represented by letter d.

10. Measure 226
    a. Numerator option Performance Met has an arrow pointing to G8758 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a.
    b. Numerator option Performance Exclusion is represented by letter b.
    c. Numerator option Performance Not Met is represented by letter c.
    d. Numerator option Not Reported is represented by letter d.

11. Measure 270
    a. Numerator option Performance Met has an arrow pointing to G8758 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a.
    b. Numerator option Performance Exclusion is represented by letter b.
    c. Numerator option Performance Not Met is represented by letter c.
    d. Numerator option Not Reported is represented by letter d.

12. Measure 271
    a. Numerator option Performance Met has an arrow pointing to G8758 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a.
    b. Numerator option Performance Exclusion is represented by letter b.
    c. Numerator option Performance Not Met is represented by letter c.
    d. Numerator option Not Reported is represented by letter d.

13. Measure 274
    a. Numerator option Performance Met has an arrow pointing to G8758 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a.
    b. Numerator option Performance Exclusion is represented by letter b.
c. Numerator option Performance Not Met is represented by letter c\textsuperscript{vi}.
d. Numerator option Not Reported is represented by letter d\textsuperscript{vi}.

14. Measure 275
a. Numerator option Performance Met has an arrow pointing to G8758 Composite Quality Data Code (QDC) or Equivalent. Performance Met is represented by letter a\textsuperscript{vii}.
b. Numerator option Performance Exclusion is represented by letter b\textsuperscript{vii}.
c. Numerator option Performance Not Met is represented by letter c\textsuperscript{vii}.
d. Numerator option Not Reported is represented by letter d\textsuperscript{vii}.

15. Scenarios for Reporting and Performance Algorithms

a. Patient X Met Measure 110 (represented by a\textsuperscript{i})
b. Patient X Met Measure 111 (represented by a\textsuperscript{ii})
c. Patient X Met Measure 226 (represented by a\textsuperscript{iii})
d. Patient X Met Measure 270 (represented by a\textsuperscript{iv})
e. Patient X Met Measure 271 (represented by a\textsuperscript{v})
f. Patient X Exclusion Reported for Measure 274 (represented by b\textsuperscript{vi})
g. Patient X Met Measure 275 (represented by a\textsuperscript{vii})

17. Patient Y Visit 6/20/2016
a. Patient Y Not Applicable for Measure 110 (represented by e\textsuperscript{i})
b. Patient Y Met Measure 111 (represented by a\textsuperscript{ii})
c. Patient Y Not Met but Reported Measure 226 (represented by c\textsuperscript{iii})
d. Patient Y Met Measure 270 (represented by a\textsuperscript{iv})
e. Patient Y Met Measure 271 (represented by a\textsuperscript{v})
f. Patient Y Not Met but Reported Measure 274 (represented by c\textsuperscript{vi})
g. Patient Y Met Measure 275 (represented by a\textsuperscript{vii})

18. Patient Z Visit 10/1/2016
a. Patient Z Exclusion Reported for Measure 110 (represented by b\textsuperscript{i})
b. Patient Z Met Measure 111 (represented by a\textsuperscript{ii})
c. Patient Z Met Measure 226 (represented by a\textsuperscript{iii})
d. Patient Z did Not Report Measure 270 (represented by d)
e. Patient Z Met Measure 271 (represented by a')
f. Patient Z Met Measure 274 (represented by a")
g. Patient Z Met Measure 275 (represented by a"')

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 110
a. Performance Met equals 1 divided by Reported QDC for 2 eligible patients minus 1 Performance Exclusion equals 100% Performance Rate

22. Measure 111
a. Performance Met equals 3 divided by Reported QDC for 3 eligible patients equals 100% Performance Rate

23. Measure 226
a. Performance Met equals 2 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 66.67% Performance Rate

24. Measure 270
a. Performance Met equals 2 divided by Reported QDC for 2 eligible patients minus 0 Performance Exclusions equals 100% Performance Rate

25. Measure 271
a. Performance Met equals 3 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 100% Performance Rate

26. Measure 274
a. Performance Met equals 1 divided by Reported QDC for 3 eligible patients minus 1 Performance Exclusion equals 50% Performance Rate

27. Measure 275
a. Performance Met equals 3 divided by Reported QDC for 3 eligible patients minus 0 Performance Exclusions equals 100% Performance Rate