Initial Population

Age ≥ 18 Years AND < 85 Years at Measurement Period

Occurrence of Diagnosis: ESSENTIAL HYPERTENSION*
< 6 Months Starts After Start of OR Starts Before Start of AND Overlaps Measurement Period

Encounter Performed‡ During Measurement Period

Denominator Exclusions

Diagnosis: PREGNANCY* Overlaps Measurement Period

Diagnosis: END STAGE RENAL DISEASE* Overlaps Measurement Period

Diagnosis: CHRONIC KIDNEY DISEASE, STAGE 5* Overlaps Measurement Period

Denominator Exclusion Count

= Initial Population (10 patients)

Denominator Exclusion Count (2 patients) c¹

Denominator Exclusion Count (0 patients) c²

Denominator Exclusion Count (1 patient) c³

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*Please refer to the specific section of the eCQM to identify the QDM data elements and associated value sets for use in reporting this eCQM.
‡ For a listing of appropriate encounters, please refer to the Population Criteria and associated value sets as specific data elements have not been listed.
2017 eCQM Flow
Measure Identifier: CMS165v5
NQF 0018: Controlling High Blood Pressure

*Please refer to the specific section of the eCQM to identify the QDM data elements and associated value sets for use in reporting this eCQM.
SAMPLE CALCULATION:

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

*Please refer to the specific section of the eCQM to identify the QDM data elements and associated value sets for use in reporting this eCQM.

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**Numerator**

Yes

Most Recent Physical Exam
Performed: DIASTOLIC BLOOD PRESSURE* (Result < 90mmHg) During Occurrence A of Encounter, Performed: ADULT OUTPATIENT VISIT*

Yes

Most Recent Physical Exam
Performed: SYSTOLIC BLOOD PRESSURE* (Result < 140mmHg) During Occurrence A of Encounter, Performed: ADULT OUTPATIENT VISIT*

No

No/Missing Numerator Data Submitted (0 patients)

No

No/Missing Numerator Data Submitted (0 patients)

Numerator Count (5 patients) a
Please refer to the specific section of the eCQM to identify the Population Criteria and associated value sets for use in reporting this eCQM.

1. Start Initial Population

2. Check Age:
   a. If the AGE greater than or equal to 18 years and less than 85 years of age at measurement period equals No, do not include in Initial Population. Stop Processing.
   b. If the AGE greater than or equal to 18 years and less than 85 years of age at measurement period equals Yes, proceed to check Diagnosis.

3. Check Occurrence A of Diagnosis:
   a. If the Occurrence A of Diagnosis QDM data element, ESSENTIAL HYPERTENSION, less than or equal to 6 months starts after start of measurement period or starts before start of AND overlaps measurement period equals No, do not include in the Initial Population. Stop Processing.
   b. If the Occurrence A of Diagnosis QDM data element, ESSENTIAL HYPERTENSION, less than or equal to 6 months starts after start of measurement period or starts before start of AND overlaps measurement period equals Yes, proceed to check Encounter Performed.

4. Check Encounter Performed:
   a. If the Encounter Performed QDM data element, OFFICE VISIT, during measurement period, equals No, proceed to check next Encounter Performed.
   b. If the Encounter Performed QDM data element, OFFICE VISIT, during measurement period, equals Yes, include in the Initial Population and proceed to the Denominator.
   c. If the Encounter Performed QDM data element, FACE-TO-FACE INTERACTION, during measurement period, equals No, proceed to check next Encounter Performed.
   d. If the Encounter Performed QDM data element, FACE-TO-FACE INTERACTION, during measurement period, equals Yes, include in the Initial Population and proceed to the Denominator.
   e. If the Encounter Performed 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 the Encounter Performed QDM data element, PREVENTIVE CARE SERVICES – ESTABLISHED OFFICE VISIT, 18 AND UP, during measurement period, equals Yes, include in the Initial Population and proceed to the Denominator.
   g. If the Encounter Performed 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 the Encounter Performed QDM data element, PREVENTIVE CARE SERVICES – INITIAL OFFICE VISIT, 18 AND UP, during measurement period, equals Yes, include in the Initial Population and proceed to the Denominator.
i. If the Encounter Performed QDM data element, HOME HEALTHCARE SERVICES, during measurement period, equals No, proceed to check next Encounter Performed.

j. If the Encounter Performed QDM data element, HOME HEALTHCARE SERVICES, during measurement period, equals Yes, include in the Initial Population and proceed to the Denominator.

k. If the Encounter Performed QDM data element, ANNUAL WELLNESS VISIT, during measurement period, equals No, do not include in the Initial Population. Stop Processing.

l. If the Encounter Performed QDM data element, ANNUAL WELLNESS VISIT, during measurement period, equals Yes, include in the Initial Population and proceed to the Denominator.

5. Start Denominator

a. Denominator equals the Initial 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:

a. If the Diagnosis QDM data element, PREGNANCY overlaps measurement period equals No, proceed to check Diagnosis.

b. If the Diagnosis QDM data element, PREGNANCY overlaps measurement period equals Yes, include in the Denominator Exclusion Count which is represented by Letter c1 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:

a. If the Diagnosis QDM data element, END STAGE RENAL DISEASE overlaps measurement period equals No, proceed to check Diagnosis.

b. If the Diagnosis QDM data element, END STAGE RENAL DISEASE overlaps measurement period equals Yes, include in the Denominator Exclusion Count which is represented by Letter c2 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:

a. If the Diagnosis QDM data element, CHRONIC KIDNEY DISEASE STAGE 5 overlaps measurement period equals No, proceed to check Procedure Performed.

b. If the Diagnosis QDM data element, CHRONIC KIDNEY DISEASE STAGE 5 overlaps measurement period equals Yes, include in the Denominator Exclusion Count which is represented by Letter c3 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 the Procedure Performed QDM data element, KIDNEY TRANSPLANT, or QDM data element, DIALYSIS SERVICES, or QDM data element, VASCULAR ACCESS FOR DIALYSIS, starts before end of measurement period equals No, proceed to check Intervention Performed.

b. If the Procedure Performed QDM data element, KIDNEY TRANSPLANT, or QDM data element, DIALYSIS SERVICES, or QDM data element, VASCULAR ACCESS FOR DIALYSIS, starts before end of
measurement period equals Yes, include in the Denominator Exclusion Count which is represented by Letter c^4 in the sample calculation listed at the end of this document. Letter c^4 equals 1 patient in the sample calculation. Stop Processing.

11. Check Intervention Performed:
   a. If the Intervention Performed QDM data element, OTHER SERVICES RELATED TO DIALYSIS, or QDM data element, DIALYSIS EDUCATION, starts before end of measurement period equals No, proceed to check Encounter Performed.
   b. If the Intervention Performed 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^5 in the sample calculation listed at the end of this document. Letter c^5 equals 0 patients in the sample calculation. Stop Processing.

12. Check Encounter Performed:
   a. If the Encounter Performed QDM data element, ESRD MONTHLY OUTPATIENT SERVICES, starts before end of measurement period equals No, include in the Eligible Population Count and proceed to the Numerator.
   b. If the Encounter Performed QDM data element, ESRD MONTHLY OUTPATIENT SERVICES, starts before end of measurement period equals Yes, include in the Denominator Exclusion Count which is represented by Letter c^6 in the sample calculation listed at the end of this document. Letter c^6 equals 1 patient in the sample calculation. Stop Processing.

13. Start Numerator

14. Check Most Recent Occurrence A Encounter Performed:
   a. If the Most Recent Occurrence A of Encounter Performed QDM data element, ADULT OUTPATIENT VISIT during measurement period equals No, include in the No/Missing Data Submitted count. Stop Processing.
   b. If the Most Recent Occurrence A of Encounter Performed QDM data element, ADULT OUTPATIENT VISIT during measurement period equals Yes, proceed to Encounter Performed.

15. Check Most Recent Occurrence A Encounter Performed:
   a. If the Most Recent Occurrence A Encounter Performed QDM data element, ADULT OUTPATIENT VISIT overlaps Occurrence A of Diagnosis: ESSENTIAL HYPERTENSION equals No, include in the No/Missing Data Submitted count. Stop Processing.
   b. If the Most Recent Occurrence A Encounter Performed QDM data element, ADULT OUTPATIENT VISIT overlaps Occurrence A of Diagnosis: ESSENTIAL HYPERTENSION equals Yes, check Encounter Performed.

16. Check Most Recent Occurrence A Encounter Performed:
   a. If the Most Recent Occurrence A Encounter Performed QDM data element, ADULT OUTPATIENT VISIT overlaps Physical Exam Performed: DIASTOLIC BLOOD PRESSURE (result) equals No, include in the No/Missing Data Submitted count. Stop Processing.
   b. If the Most Recent Occurrence A Encounter Performed QDM data element, ADULT OUTPATIENT VISIT overlaps Physical Exam Performed: DIASTOLIC BLOOD PRESSURE (result) equals Yes, proceed to Encounter Performed.
17. Check Most Recent Occurrence A Encounter Performed:
   a. If the Most Recent Occurrence A Encounter Performed QDM data element, ADULT OUTPATIENT VISIT overlaps SYSTOLIC BLOOD PRESSURE (result), equals No, include in the No/Missing Data Submitted count. Stop Processing.
   b. If the Most Recent Occurrence A Encounter Performed QDM data element, ADULT OUTPATIENT VISIT overlaps SYSTOLIC BLOOD PRESSURE (result), equals Yes, proceed to check Physical Exam Performed.

18. Check Most Recent Physical Exam Performed:
   a. If the Most Recent Physical Exam Performed QDM data element, DIASTOLIC BLOOD PRESSURE (result less than 90mmHg) during Occurrence A of Encounter Performed: ADULT OUTPATIENT VISIT, equals No, include in the No/Missing Data Submitted count. Stop Processing.
   b. If the Most Recent Physical Exam Performed QDM data element, DIASTOLIC BLOOD PRESSURE (result less than 90mmHg) during Occurrence A of Encounter Performed: ADULT OUTPATIENT VISIT, equals Yes, proceed to line 16, Check Physical Exam Performed.

19. Check Most Recent Physical Exam Performed:
   a. If the Most Recent Physical Exam Performed QDM data element, SYSTOLIC BLOOD PRESSURE (result less than 140mmHg) during Occurrence A of Encounter Performed: ADULT OUTPATIENT VISIT, equals No, include in the No/Missing Data Submitted count. Stop Processing.
   b. If the Most Recent Physical Exam Performed QDM data element, SYSTOLIC BLOOD PRESSURE (result less than 140mmHg) during Occurrence A of Encounter Performed: ADULT OUTPATIENT VISIT, 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.

**Performance Rate =**

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

**SAMPLE CALCULATION:**

\[
\text{Performance Rate} = \frac{5}{10 - 5 - 0} = 100.00\%
\]