

NQF Feasibility Assessment Report

Measure Number: 3059e

Measure Title: One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk

A 2016 feasibility assessment was performed, in order to assess the extent to which the required data are readily available and can be accurately captured in a standardized way, without undue burden.

Two entities participated in the Feasibility assessment for this measure:

- One participating entity is a VA medical center, which consists of a 200-bed acute care facility and four community-based outpatient care clinics. This medical center provides care to approximately 62,000 veterans.
- The second participating entity is an academic medical center, which includes three hospitals, 40 outpatient locations with more than 150 clinics and extensive home care operations. This medical center handles over 2 million outpatient visits, and over 40,000 hospital-stays per year.

Feasibility Assessment Results

The required data elements are currently captured in the Electronic Health Record, although several are unable to be captured in structured fields. Two of the value sets are not being used, as one site reported that some information is captured through discrete fields when reviewing and capturing social history. Measure exceptions are also currently not captured in a standardized format in one EHR system. The information not captured in structured fields is captured via text. We anticipate that future iterations of vendor products will allow health care providers to collect all of the data elements through structured fields. No modifications have been made to the measure, as the measure is currently feasible for implementation, as specified.

Bonnie information on feasibility

Bonnie test cases were developed, in 2016, based on the latest HQMF R2 release. The measure logic performs as expected in the Bonnie system.

Feasibility score cards and simulated test cases are attached, for review.

3b.3. Feasibility

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element: Diagnosis: Chronic Hepatitis C			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	3	3	Always coded in nationally accepted standards
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	3	3	Requires no additional data entry from clinician solely for the quality measure and no EMR user interface changes. Data element is available as a byproduct of routine care

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element(s): Diagnosis: Decompensated Cirrhosis			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	3	3	Always coded in nationally accepted standards
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	3	3	Requires no additional data entry from clinician solely for the quality measure and no EMR user interface changes. Data element is available as a byproduct of routine care

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element(s): Diagnosis: Hepatocellular Carcinoma			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	3	3	Always coded in nationally accepted standards
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	3	3	Requires no additional data entry from clinician solely for the quality measure and no EMR user interface changes. Data element is available as a byproduct of routine care

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element: Diagnosis: History of Blood Transfusion			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	3	3	Always coded in nationally accepted standards
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	3	3	Requires no additional data entry from clinician solely for the quality measure and no EMR user interface changes. Data element is available as a byproduct of routine care

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element(s): Diagnosis: Injection Drug Use			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	2	3	Standards currently available, but not widely adopted
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	3	3	Requires no additional data entry from clinician solely for the quality measure and no EMR user interface changes. Data element is available as a byproduct of routine care

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element(s): Diagnosis: Limited Life Expectancy			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	2	3	Not defined in each system at this time
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	2	3	The information may not be from the most authoritative source and/ or has a moderate likelihood of being correct. (e.g., self-report of a vaccination).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	2	3	Standards currently available, but not widely adopted
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	2	3	Additional time and effort over and above routine care is required but some perceived to be of benefit

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element(s): Diagnosis: Waitlist for Organ Transplant			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	3	3	Always coded in nationally accepted standards
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	3	3	Requires no additional data entry from clinician solely for the quality measure and no EMR user interface changes. Data element is available as a byproduct of routine care

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element(s): Encounter, Performed: Annual Wellness Visit			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	3	3	Always coded in nationally accepted standards
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	3	3	Requires no additional data entry from clinician solely for the quality measure and no EMR user interface changes. Data element is available as a byproduct of routine care

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element(s): Encounter, Performed: Care Services in Long-Term Residential Facility			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	3	3	Always coded in nationally accepted standards
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	3	3	Requires no additional data entry from clinician solely for the quality measure and no EMR user interface changes. Data element is available as a byproduct of routine care

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element(s): Encounter, Performed: Face-to-Face Interaction			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	3	3	Always coded in nationally accepted standards
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	3	3	Requires no additional data entry from clinician solely for the quality measure and no EMR user interface changes. Data element is available as a byproduct of routine care

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element(s): Encounter, Performed: Home Healthcare Services			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	3	3	Always coded in nationally accepted standards
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	3	3	Requires no additional data entry from clinician solely for the quality measure and no EMR user interface changes. Data element is available as a byproduct of routine care

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element(s): Encounter, Performed: Nursing Facility Visit			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	3	3	Always coded in nationally accepted standards
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	3	3	Requires no additional data entry from clinician solely for the quality measure and no EMR user interface changes. Data element is available as a byproduct of routine care

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element(s): Encounter, Performed: Office Visit			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	3	3	Always coded in nationally accepted standards
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	3	3	Requires no additional data entry from clinician solely for the quality measure and no EMR user interface changes. Data element is available as a byproduct of routine care

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element(s): Encounter, Performed: Outpatient Consultation			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	3	3	Always coded in nationally accepted standards
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	3	3	Requires no additional data entry from clinician solely for the quality measure and no EMR user interface changes. Data element is available as a byproduct of routine care

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element(s): Encounter, Performed: Preventive Care Services – Established Office Visit, 18 and Up			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	3	3	Always coded in nationally accepted standards
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	3	3	Requires no additional data entry from clinician solely for the quality measure and no EMR user interface changes. Data element is available as a byproduct of routine care

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element(s): Encounter, Performed: Preventive Care Services – Initial Office Visit, 18 and Up			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	3	3	Always coded in nationally accepted standards
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	3	3	Requires no additional data entry from clinician solely for the quality measure and no EMR user interface changes. Data element is available as a byproduct of routine care

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element(s): Laboratory Test, Performed: HCV Antibody Test			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	2	3	Standards currently available, but not widely adopted
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	3	3	Requires no additional data entry from clinician solely for the quality measure and no EMR user interface changes. Data element is available as a byproduct of routine care

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element(s): Laboratory Test, Performed: HCV RIBA Test			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	3	3	Always coded in nationally accepted standards
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	3	3	Requires no additional data entry from clinician solely for the quality measure and no EMR user interface changes. Data element is available as a byproduct of routine care

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element(s): Laboratory Test, Performed: HCV RNA Test			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	3	3	Always coded in nationally accepted standards
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	3	3	Requires no additional data entry from clinician solely for the quality measure and no EMR user interface changes. Data element is available as a byproduct of routine care

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element(s): Laboratory Test, Performed not done: Medical Reason			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	2	3	Standards currently available, but not widely adopted
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	2	3	Additional time and effort over and above routine care is required but some perceived to be of benefit

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element(s): Laboratory Test, Performed not done: Patient Reason			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	2	3	Standards currently available, but not widely adopted
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	2	3	Additional time and effort over and above routine care is required but some perceived to be of benefit

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element(s): Procedure, Performed: Blood Transfusion			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	3	3	Always coded in nationally accepted standards
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	3	3	Requires no additional data entry from clinician solely for the quality measure and no EMR user interface changes. Data element is available as a byproduct of routine care

eMeasure Title: One-Time Screening for HCV for Patients at Risk			
Data Element(s): Procedure, Performed: Hemodialysis			
	Current	Future	Comments
	Feasible today up to 1 year	Feasible in 3- 5 years	
DATA AVAILABILITY: Is the data readily available in structured format , i.e., resides in fixed fields in EHRs?	3	3	Data element exists in structured format
DATA ACCURACY: What is the accuracy of the data element in EHRs under normal operating conditions? Are the data source and recorder specified?	3	3	The information is from the most authoritative source and is highly likely to be correct. (e.g., laboratory test results transmitted directed from the laboratory information into the EHR).
DATA STANDARDS: Is the data element coded using a nationally accepted terminology standard?	3	3	Always coded in nationally accepted standards
WORKFLOW: Is the data captured during the course of care and fits the typical EHR workflow for that user?	3	3	Requires no additional data entry from clinician solely for the quality measure and no EMR user interface changes. Data element is available as a byproduct of routine care

Bonnie Output, Screen Shots and Excel Summary

One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk

BONNIE

⌵ Measure Period: 2012

⚡ Dashboard ✎ Account ⓘ Help ↪ Logout

MEASURES   UPLOAD EXPECTED STATUS TEST PATIENTS

One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk  UPDATE  100 PASS 34 / 34 

BONNIE: TEST PATIENT RESULTS BY MEASURE

One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk

RESULT	CATEGORY
PASS	34 _{/34}
100%	Passing
100%	Coverage

PASS: [TESTOsbourne, Lane](#) 

Status	Population	Expected	Actual
✓	IPP	1	1
✓	DENOM	1	1
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0

✓ DENEXCEP 1 1

PASS: [TESTOscar, Larry](#) QRDA

Status	Population	Expected	Actual
✓	IPP	0	0
✓	DENOM	0	0
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: [TESTRonaldson, Ivan](#) QRDA

Status	Population	Expected	Actual
✓	IPP	0	0
✓	DENOM	0	0
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: [TESTAbdula, Ziggy](#) QRDA

Status	Population	Expected	Actual
✓	IPP	1	1
✓	DENOM	1	1
✓	DENEX	0	0
✓	NUMER	0	0

✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: TESTBirmingham, Yardley [QRDA](#)

Status	Population	Expected	Actual
✓	IPP	1	1
✓	DENOM	1	1
✓	DENEX	0	0
✓	NUMER	1	1
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: TESTChesson, Xerxes [QRDA](#)

Status	Population	Expected	Actual
✓	IPP	1	1
✓	DENOM	1	1
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: TESTDugger, Wade [QRDA](#)

Status	Population	Expected	Actual
✓	IPP	0	0
✓	DENOM	0	0
✓	DENEX	0	0

✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: TESTFranklin, Udi QRDA

Status	Population	Expected	Actual
✓	IPP	0	0
✓	DENOM	0	0
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: TESTIngrahm, Ryan QRDA

Status	Population	Expected	Actual
✓	IPP	0	0
✓	DENOM	0	0
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: TESTJackson, Quin QRDA

Status	Population	Expected	Actual
✓	IPP	0	0
✓	DENOM	0	0

✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: TESTJameson, Quasim QRDA

Status	Population	Expected	Actual
✓	IPP	0	0
✓	DENOM	0	0
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: TESTLightner, Otis QRDA

Status	Population	Expected	Actual
✓	IPP	0	0
✓	DENOM	0	0
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: TESTMadison, Nathan QRDA

Status	Population	Expected	Actual
✓	IPP	1	1

✓	DENOM	1	1
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: [TESTNolan, Manny](#) QRDA

Status	Population	Expected	Actual
✓	IPP	1	1
✓	DENOM	1	1
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: [TESTNye, Bill](#) QRDA

Status	Population	Expected	Actual
✓	IPP	1	1
✓	DENOM	1	1
✓	DENEX	0	0
✓	NUMER	1	1
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: [TESTOlsen, Langston](#) QRDA

Status	Population	Expected	Actual
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✓	IPP	0	0
✓	DENOM	0	0
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: [TESTSmith, Will](#) QRDA

Status	Population	Expected	Actual
✓	IPP	1	1
✓	DENOM	1	1
✓	DENEX	1	1
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: [TESTTaylor, Gus](#) QRDA

Status	Population	Expected	Actual
✓	IPP	0	0
✓	DENOM	0	0
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: [TESTStevenson, Henry](#) QRDA

Status	Population	Expected	Actual
✓	IPP	0	0
✓	DENOM	0	0
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: TESTVan Amelsvoort, Douglas

QRDA

Status	Population	Expected	Actual
✓	IPP	1	1
✓	DENOM	1	1
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: TESTWest, Charles

QRDA

Status	Population	Expected	Actual
✓	IPP	0	0
✓	DENOM	0	0
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: [TESTXiao, Bill](#)

QRDA

Status	Population	Expected	Actual
✓	IPP	0	0
✓	DENOM	0	0
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: [TESTAnasari, Bill](#)

QRDA

Status	Population	Expected	Actual
✓	IPP	1	1
✓	DENOM	1	1
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	1	1

PASS: [TESTArnold, Zaden](#)

QRDA

Status	Population	Expected	Actual
✓	IPP	0	0
✓	DENOM	0	0
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0

✓ DENEXCEP 0 0

PASS: TESTBernard, Young QRDA

Status	Population	Expected	Actual
✓	IPP	1	1
✓	DENOM	1	1
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: TESTCalvin, Xander QRDA

Status	Population	Expected	Actual
✓	IPP	1	1
✓	DENOM	1	1
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	1	1

PASS: TESTClay, Xander QRDA

Status	Population	Expected	Actual
✓	IPP	1	1
✓	DENOM	1	1
✓	DENEX	0	0
✓	NUMER	0	0

✓	NUMEX	0	0
✓	DENEXCEP	1	1

PASS: [TESTDavidson, Walter](#) QRDA

Status	Population	Expected	Actual
✓	IPP	1	1
✓	DENOM	1	1
✓	DENEX	0	0
✓	NUMER	1	1
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: [TESTEldridge, Vincent](#) QRDA

Status	Population	Expected	Actual
✓	IPP	1	1
✓	DENOM	1	1
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: [TESTLutz, Octovio](#) QRDA

Status	Population	Expected	Actual
✓	IPP	1	1
✓	DENOM	1	1
✓	DENEX	1	1

✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

PASS: TESTPaulson, Keith

QRDA

Status	Population	Expected	Actual
✓	IPP	1	1
✓	DENOM	1	1
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	1	1

PASS: TESTQuinnville, Jonathan

QRDA

Status	Population	Expected	Actual
✓	IPP	1	1
✓	DENOM	1	1
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	1	1

PASS: TESTUnderwood, Ernest

QRDA

Status	Population	Expected	Actual
✓	IPP	1	1
✓	DENOM	1	1

✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	1	1

PASS: TESTYoung, Aaron QRDA

Status	Population	Expected	Actual
✓	IPP	0	0
✓	DENOM	0	0
✓	DENEX	0	0
✓	NUMER	0	0
✓	NUMEX	0	0
✓	DENEXCEP	0	0

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