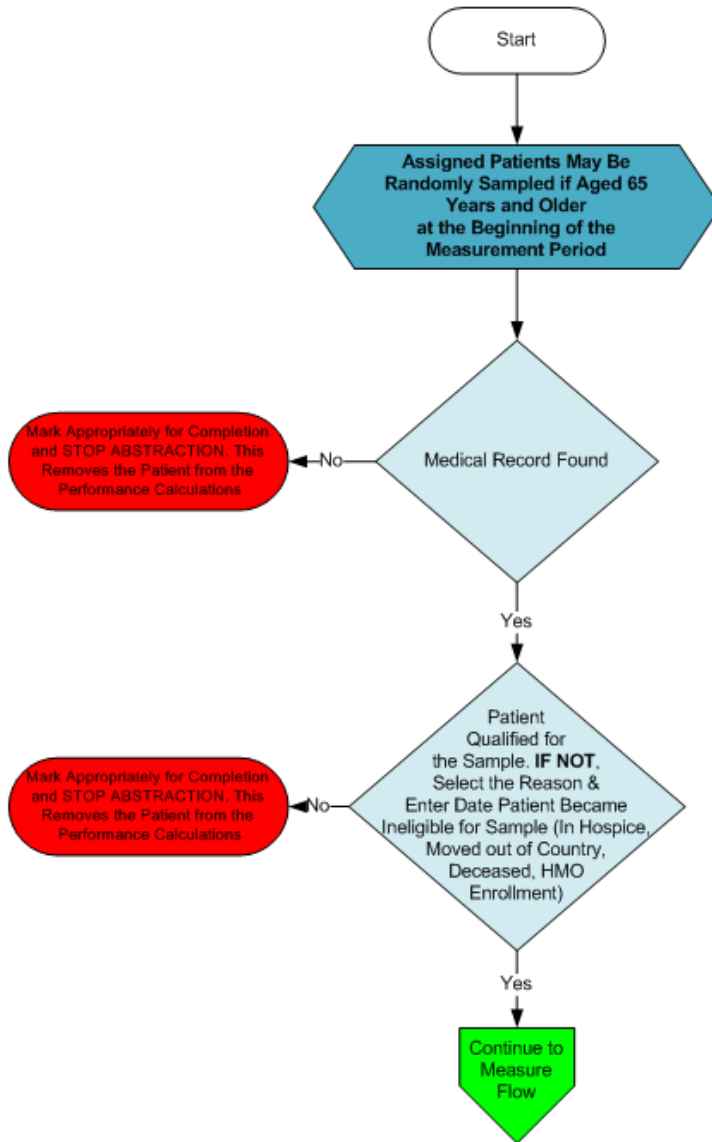# Patient Confirmation Flow for CARE-1

For 2013, confirmation of the "Medical Record Found", or indicating the patient is "Not Qualified for Sample" with a reason of "In Hospice", "Moved out of Country", "Deceased", or "HMO Enrollment", will only need to be done **once** per patient. For module or measure specific reasons a patient is "Not Confirmed" or excluded for "Other CMS Approved Reason", please refer to the associated Data Guidance.
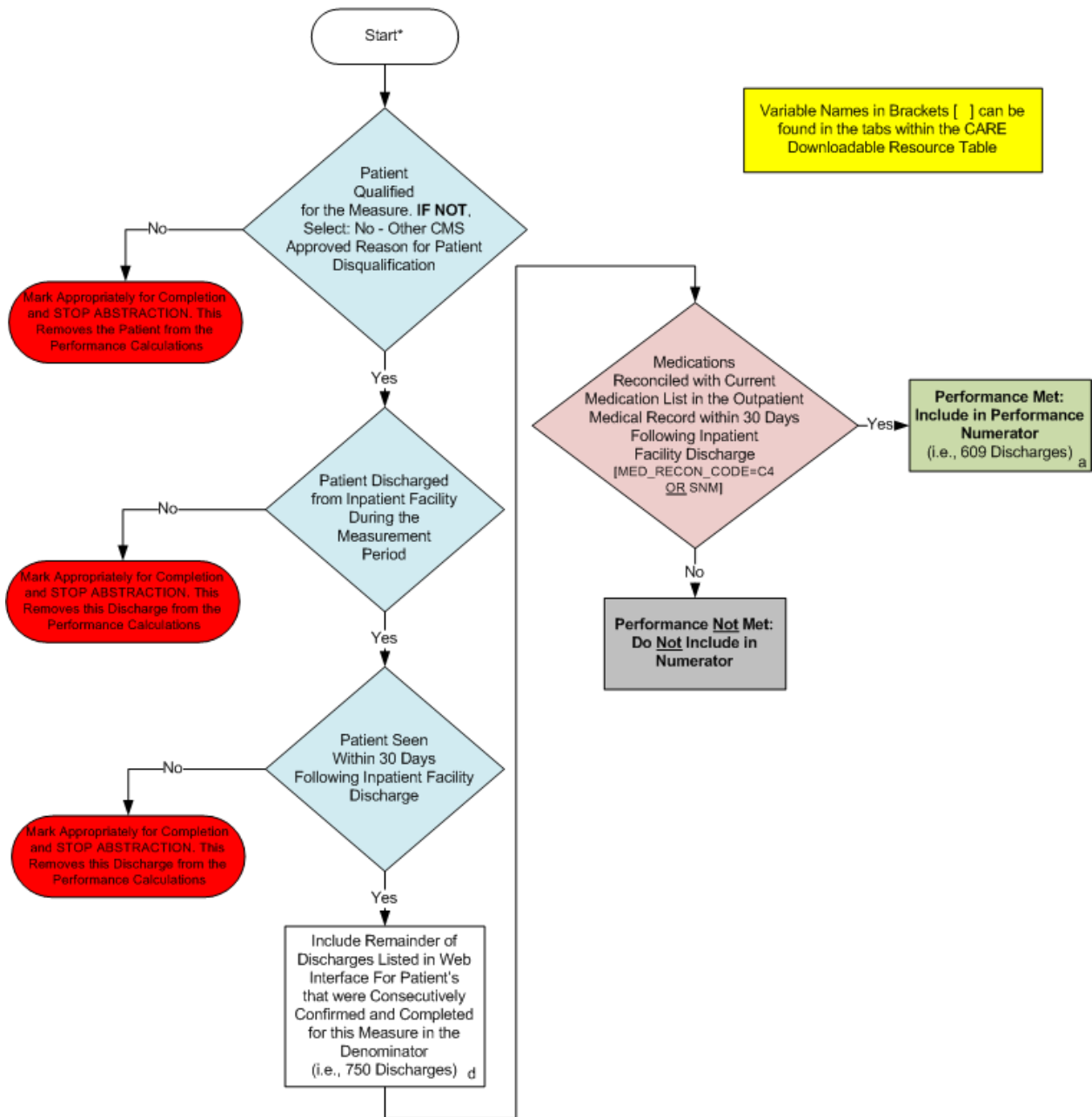
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                          ┌──────────┐
                          │  Start   │
                          └────┬─────┘
                               │
                               ▼
                  ⬡ Assigned Patients May Be ⬡
                    Randomly Sampled if Aged 65
                        Years and Older
                       at the Beginning of the
                        Measurement Period
                               │
                               ▼
  ╭────────────────────╮      ◇
  │ Mark Appropriately │◄─No── Medical Record Found
  │ for Completion and │      ◇
  │ STOP ABSTRACTION.  │       │
  │ This Removes the   │      Yes
  │ Patient from the   │       │
  │ Performance        │       ▼
  │ Calculations       │      ◇
  ╰────────────────────╯       Patient
                               Qualified for
  ╭────────────────────╮      the Sample. IF NOT,
  │ Mark Appropriately │◄─No── Select the Reason &
  │ for Completion and │      Enter Date Patient Became
  │ STOP ABSTRACTION.  │      Ineligible for Sample (In Hospice,
  │ This Removes the   │      Moved out of Country,
  │ Patient from the   │      Deceased, HMO
  │ Performance        │      Enrollment)
  │ Calculations       │       │
  ╰────────────────────╯      Yes
                               │
                               ▼
                         Continue to
                          Measure
                            Flow
```

Patient Confirmation Flow for CARE-1

For 2013, confirmation of the "Medical Record Found", or indicating the patient is "Not Qualified for Sample" with a reason of "In Hospice", "Moved out of Country", "Deceased", or "HMO Enrollment", will only need to be done **once** per patient. For module or measure specific reasons a patient is "Not Confirmed" or excluded for "Other CMS Approved Reason", please refer to the associated Data Guidance.

1. Start CARE-1 Patient Confirmation Flow. Assigned patients may be randomly sampled if aged 65 years and older at the beginning of the measurement period.

2. Check to determine if Medical Record can be found
    a. If no, Medical Record not found, mark appropriately for completion and stop abstraction. This removes the patient from the performance calculations. Stop processing.
    b. If yes, Medical Record found, continue processing.

3. Check to determine if Patient Qualified for the sample
    a. If no, the patient does not qualify for the sample, select the reason why and enter the date the patient became ineligible for sample. For example; In Hospice, Moved out of Country, Deceased, HMO Enrollment. Mark appropriately for completion and stop abstraction. This removes the patient from the performance calculations. Stop processing.
    b. If yes, the patient does qualify for the sample; continue to the 2013 GPRO-CARE-1 measure flow.

2013 GPRO CARE-1 (NQF 0097): Medication Reconciliation
This flow applies to PQRS GPRO Web Interface and ACO GPRO Web Interface
Note: This measure applies to each inpatient discharge

Start*

Variable Names in Brackets [ ] can be found in the tabs within the CARE Downloadable Resource Table

Patient Qualified for the Measure. IF NOT, Select: No - Other CMS Approved Reason for Patient Disqualification

— No → Mark Appropriately for Completion and STOP ABSTRACTION. This Removes the Patient from the Performance Calculations

Yes ↓

Patient Discharged from Inpatient Facility During the Measurement Period

— No → Mark Appropriately for Completion and STOP ABSTRACTION. This Removes this Discharge from the Performance Calculations

Yes ↓

Patient Seen Within 30 Days Following Inpatient Facility Discharge

— No → Mark Appropriately for Completion and STOP ABSTRACTION. This Removes this Discharge from the Performance Calculations

Yes ↓

Include Remainder of Discharges Listed in Web Interface For Patient's that were Consecutively Confirmed and Completed for this Measure in the Denominator (i.e., 750 Discharges) d

Medications Reconciled with Current Medication List in the Outpatient Medical Record within 30 Days Following Inpatient Facility Discharge [MED_RECON_CODE=C4 OR SNM]

— Yes → **Performance Met: Include in Performance Numerator (i.e., 609 Discharges) a**

No ↓

Performance Not Met: Do Not Include in Numerator

SAMPLE CALCULATION:

Performance Rate=

$$\frac{\text{Performance Met (a = 609 Discharges)}}{\text{Eligible Denominator (d= 750 Discharges)}} = \frac{609 \text{ Discharges}}{750 \text{ Discharges}} = 81.20\%$$

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

*See Data Guidance for further instructions to report this measure

v1.2

2013 GPRO CARE-1 (NQF 0097): Medication Reconciliation
This flow applies to PQRS GPRO Web Interface and ACO GPRO Web Interface
Note: This measure applies to each inpatient discharge

Variable names can be found in the tabs within the CARE Downloadable Resource Table.

See Data Guidance for further instructions to report this measure.

1. Start processing 2013 GPRO CARE-1 (NQF 0097) Flow for the patients that qualified for sample in the CARE-1 Patient Confirmation Flow.

2. Check to determine if the patient qualified for the measure
   a. If no, the patient did not qualify for the measure select: No – Other CMS Approved Reason for patient disqualification. Mark appropriately for completion and stop abstraction. This removes the patient from the performance calculations. Stop processing.
   b. If yes, the patient does qualify for the measure, continue processing.

3. Check to determine if the patient was discharged from an inpatient facility during the measurement period.
   a. If no, the patient was not discharged from an inpatient facility during the measurement period, mark appropriately for completion and stop abstraction. This removes the patient from the performance calculations. Stop processing.
   b. If yes, the patient was discharged from an inpatient facility during the measurement period, continue processing.

4. Check to determine if the patient was seen within 30 days following the inpatient facility discharge.
   a. If no, the patient was not seen within 30 days following the inpatient facility discharge, mark appropriately for completion and stop abstraction. This removes the patient from the performance calculations. Stop processing.
   b. If yes, the patient was seen within 30 days following the inpatient facility discharge, the patient is included in the eligible denominator for performance rate calculations. Note: Include remainder of patients listed in the Web Interface that were consecutively confirmed and completed for this measure in the denominator. For the sample performance rate calculation in the flow these patients would fall into the 'd' category (eligible denominator, i.e. 750 discharges). Continue processing.

5. Check to determine if the medications were reconciled with the current medication list in the outpatient medical record within 30 days following inpatient facility discharge. Variable Names: MED_RECON_CODE=C4 OR SNM.
   a. If no, the medications were not reconciled with the current medication list in the outpatient medical record within 30 days following the inpatient facility discharge, performance is not met and should not be included in the numerator. Stop processing.
   b. If yes, the medications were reconciled with the current medication list in the outpatient medical record within 30 days following the inpatient facility discharge, performance is met and the patient is included in the numerator. For the sample performance rate calculation in the flow these patients would fall into the 'a' category (numerator, i.e. 609 discharges). Stop processing.

Sample Calculation

Performance Rate Equals

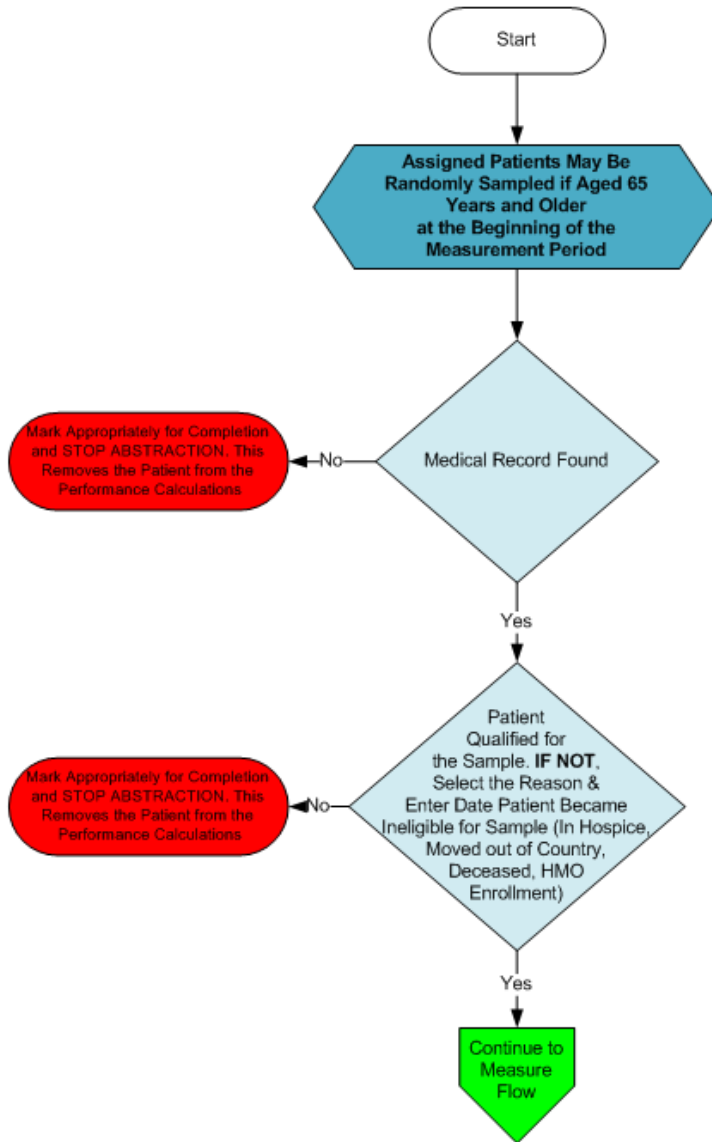Performance Met is category 'a' in the measure flow (609 discharges)

Eligible Denominator is category 'd' in measure flow (750 discharges)

609 (Performance Met) divided by 750 (Eligible Denominator) equals a performance rate of 81.20 percent

Calculation May Change Pending Performance Met

Patient Confirmation Flow for CARE-2

For 2013, confirmation of the "Medical Record Found", or indicating the patient is "Not Qualified for Sample" with a reason of "In Hospice", "Moved out of Country", "Deceased", or "HMO Enrollment", will only need to be done **once** per patient. For module or measure specific reasons a patient is "Not Confirmed" or excluded for "Other CMS Approved Reason", please refer to the associated Data Guidance.

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                          ┌──────────┐
                          │  Start   │
                          └──────────┘
                                │
                                ▼
              ╔═══════════════════════════════════╗
              ║  Assigned Patients May Be         ║
              ║  Randomly Sampled if Aged 65      ║
              ║  Years and Older                  ║
              ║  at the Beginning of the          ║
              ║  Measurement Period               ║
              ╚═══════════════════════════════════╝
                                │
                                ▼
  ┌──────────────────────┐              ◆
  │ Mark Appropriately   │            ◆   ◆
  │ for Completion and   │◄── No ──  Medical Record
  │ STOP ABSTRACTION.    │            Found
  │ This Removes the     │            ◆   ◆
  │ Patient from the     │              ◆
  │ Performance          │               │
  │ Calculations         │              Yes
  └──────────────────────┘               │
                                         ▼
                                         ◆
  ┌──────────────────────┐             Patient
  │ Mark Appropriately   │           Qualified for
  │ for Completion and   │◄── No ── the Sample. IF NOT,
  │ STOP ABSTRACTION.    │          Select the Reason &
  │ This Removes the     │          Enter Date Patient Became
  │ Patient from the     │          Ineligible for Sample (In Hospice,
  │ Performance          │          Moved out of Country,
  │ Calculations         │          Deceased, HMO Enrollment)
  └──────────────────────┘               │
                                        Yes
                                         │
                                         ▼
                                  ┌─────────────┐
                                  │ Continue to │
                                  │  Measure    │
                                  │   Flow      │
                                  └─────────────┘
```

Patient Confirmation Flow for CARE-2

For 2013, confirmation of the "Medical Record Found", or indicating the patient is "Not Qualified for Sample" with a reason of "In Hospice", "Moved out of Country", "Deceased", or "HMO Enrollment", will only need to be done **once** per patient. For module or measure specific reasons a patient is "Not Confirmed" or excluded for "Other CMS Approved Reason", please refer to the associated Data Guidance.
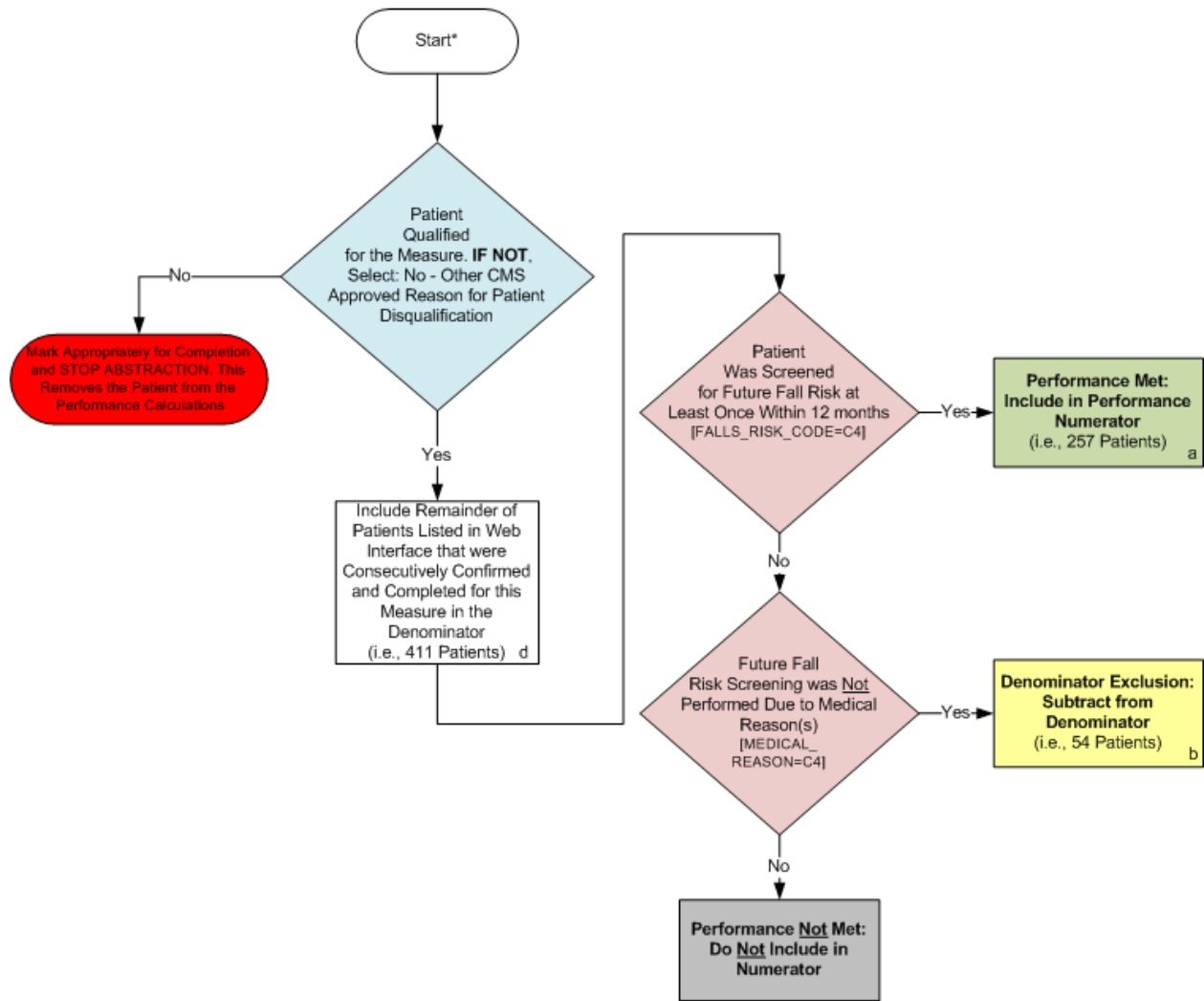
1. Start CARE-2 Patient Confirmation Flow. Assigned patients may be randomly sampled if aged 65 years and older at the beginning of the measurement period.

2. Check to determine if Medical Record can be found
    a. If no, Medical Record not found, mark appropriately for completion and stop abstraction. This removes the patient from the performance calculations. Stop processing.
    b. If yes, Medical Record found, continue processing.

3. Check to determine if Patient Qualified for the sample
    a. If no, the patient does not qualify for the sample, select the reason why and enter the date the patient became ineligible for sample. For example; In Hospice, Moved out of Country, Deceased, HMO Enrollment. Mark appropriately for completion and stop abstraction. This removes the patient from the performance calculations. Stop processing.
    b. If yes, the patient does qualify for the sample; continue to the 2013 GPRO-CARE-2 measure flow.

2013 GPRO CARE-2 (NQF 0101): Falls: Screening for Future Fall Risk
This flow applies to PQRS GPRO Web Interface and ACO GPRO Web Interface

Variable Names in Brackets [ ] can be found in the tabs within the CARE Downloadable Resource Table

Start*

Patient Qualified for the Measure. **IF NOT**, Select: No - Other CMS Approved Reason for Patient Disqualification

No → Mark Appropriately for Completion and STOP ABSTRACTION. This Removes the Patient from the Performance Calculations

Yes →

Include Remainder of Patients Listed in Web Interface that were Consecutively Confirmed and Completed for this Measure in the Denominator (i.e., 411 Patients)   d

Patient Was Screened for Future Fall Risk at Least Once Within 12 months [FALLS_RISK_CODE=C4]

Yes → **Performance Met: Include in Performance Numerator** (i.e., 257 Patients)   a

No →

Future Fall Risk Screening was <u>Not</u> Performed Due to Medical Reason(s) [MEDICAL_REASON=C4]

Yes → **Denominator Exclusion: Subtract from Denominator** (i.e., 54 Patients)   b

No →

Performance <u>Not</u> Met: Do <u>Not</u> Include in Numerator

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SAMPLE CALCULATION:

Performance Rate=

$$\frac{\text{Performance Met (a =257 Patients) =}}{\text{Eligible Denominator (d=411 Patients) - Denominator Exclusion (b=54 Patients) =}} \quad \frac{257 \text{ Patients}}{357 \text{ Patients}} = 71.99\%$$

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

*See Data Guidance for further instructions to report this measure

v1.2

2013 GPRO CARE-2 (NQF 0101): Falls: Screening for Future Fall Risk

This flow applies to PQRS GPRO Web Interface and ACO GPRO Web Interface

Variable names can be found in the tabs within the CARE Downloadable Resource Table.
See Data Guidance for further instructions to report this measure.

1. Start processing 2013 GPRO CARE-2 (NQF 0101) Flow for the patients that qualified for sample in the CARE-2 Patient Confirmation Flow.

2. Check to determine if the patient qualified for the measure
   a. If no, the patient did not qualify for the measure select: No – Other CMS Approved Reason for patient disqualification. Mark appropriately for completion and stop abstraction. This removes the patient from the performance calculations. Stop processing.
   b. If yes, the patient does qualify for the measure, the patient will be included in the eligible denominator for performance rate calculations. Note: Include remainder of patients listed in the Web Interface that were consecutively confirmed and completed for this measure in the denominator. For the sample performance rate calculation in the flow these patients would fall into the 'd' category (eligible denominator, i.e. 411 patients). Continue processing.

3. Check to determine if the patient was screened for future fall risk at least once within 12 months. Variable Names: FALLS_RISK_CODE=C4.
   a. If no, the patient was not was not screened for future fall risk at least once within 12 months, continue processing.
   b. If yes, the patient was screened for future fall risk at least once within 12 months, performance is met and the patient will be included in the numerator. For the sample performance rate calculation in the flow these patients would fall into the 'a' category (numerator, i.e. 257 patients). Stop processing.

4. Check to determine if the patient was <u>Not</u> screened for future fall risk at least once within 12 months due to medical reason(s). Variable Names MEDICAL_REASON=C4.
   a. If no, the patient was <u>Not</u> screened for future fall risk at least once within 12 months due to medical reason(s), performance is not met and should not be included in the numerator. Stop processing.
   b. If yes, the patient was <u>Not</u> screened for future fall risk at least once within 12 months due to medical reason(s), this is a denominator exclusion and the case should be subtracted from the eligible denominator. For the sample performance rate calculation in the flow these patients would fall into the 'b' category (denominator exclusion, i.e. 54 patients). Stop processing.

Sample Calculation
Performance Rate Equals
Performance Met is category 'a' in the measure flow (411 patients)
Eligible Denominator is category 'd' in measure flow (257 patients)
Denominator Exclusion is category 'b' in measure flow (54 patients)
257 (Performance Met) divided by 357 (Eligible Denominator minus Denominator Exclusion) equals a performance rate of 71.99 percent
Calculation May Change Pending Performance Met