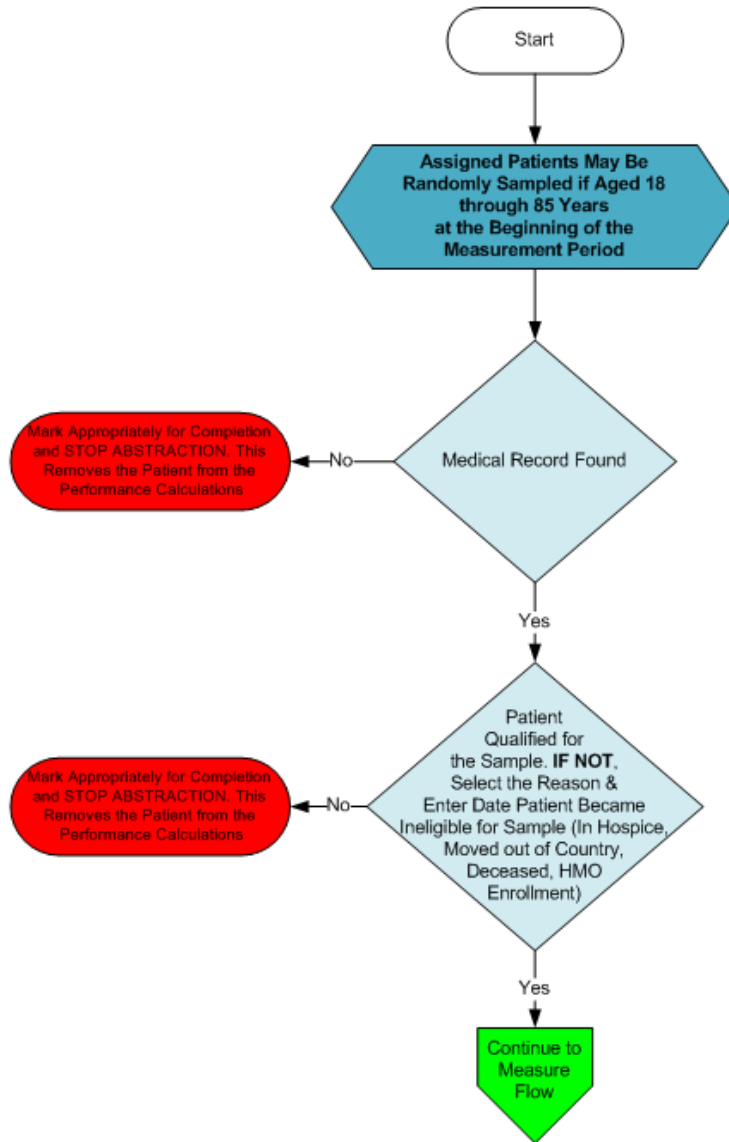# Patient Confirmation Flow for HTN-2

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.
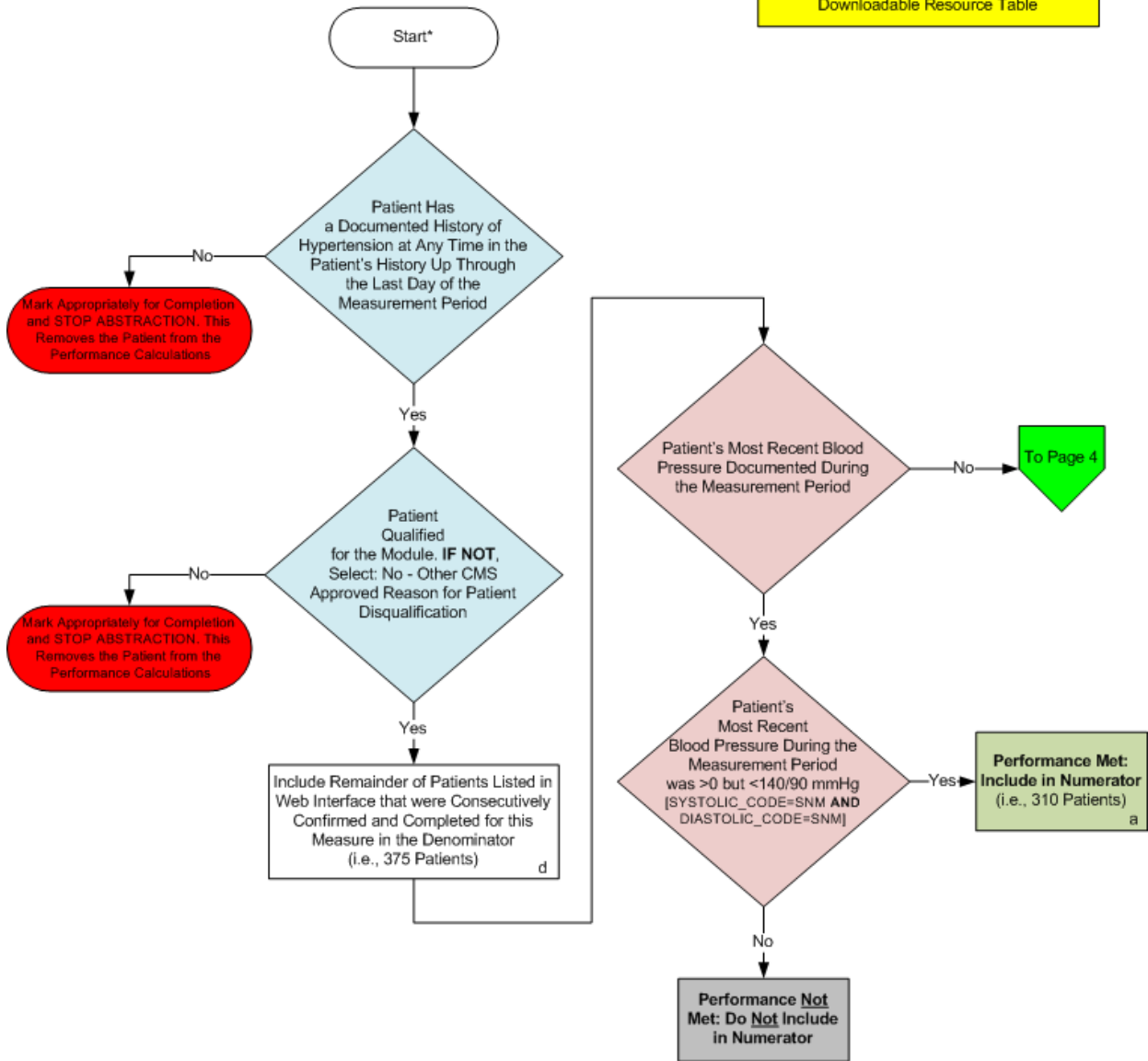
```
                        ┌─────────────┐
                        │    Start    │
                        └─────────────┘
                               │
                               ▼
                 ┌───────────────────────────┐
                 │  Assigned Patients May Be  │
                 │ Randomly Sampled if Aged 18│
                 │      through 85 Years      │
                 │     at the Beginning of the│
                 │     Measurement Period     │
                 └───────────────────────────┘
                               │
                               ▼
  ┌──────────────────────┐          ◇
  │ Mark Appropriately   │        ◇   ◇
  │ for Completion and   │◀─No── ◇ Medical ◇
  │ STOP ABSTRACTION.    │        ◇ Record  ◇
  │ This Removes the     │        ◇ Found   ◇
  │ Patient from the     │          ◇   ◇
  │ Performance Calc.    │            ◇
  └──────────────────────┘            │
                                      Yes
                                      │
                                      ▼
                                      ◇
                              ◇                 ◇
  ┌──────────────────────┐◇                       ◇
  │ Mark Appropriately   │  Patient Qualified for    
  │ for Completion and   │◀─No── the Sample. IF NOT,  
  │ STOP ABSTRACTION.    │  Select the Reason & Enter 
  │ This Removes the     │  Date Patient Became       
  │ Patient from the     │  Ineligible for Sample (In 
  │ Performance Calc.    │  Hospice, Moved out of     
  └──────────────────────┘  Country, Deceased, HMO    
                              ◇  Enrollment)  ◇
                              ◇                 ◇
                                      ◇
                                      │
                                      Yes
                                      │
                                      ▼
                              ┌─────────────┐
                              │ Continue to │
                              │   Measure   │
                              │    Flow     │
                              └─────────────┘
```

Patient Confirmation Flow for HTN-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 HTN-2 Patient Confirmation Flow. Assigned patients may be randomly assigned if aged 18 through 85 years 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.
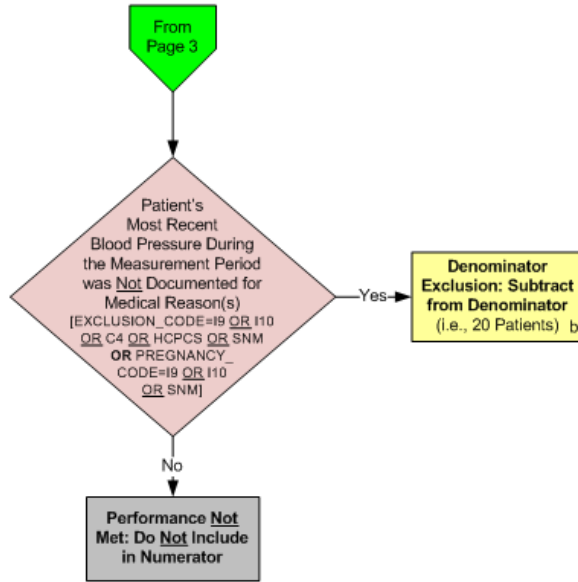   b. If yes, the patient does qualify for the sample; continue to the 2013 GPRO-HTN-2 measure flow.

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

Start*

Patient Has a Documented History of Hypertension at Any Time in the Patient's History Up Through the Last Day of the Measurement Period

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

Yes

Patient Qualified for the Module. **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., 375 Patients)   d

Patient's Most Recent Blood Pressure Documented During the Measurement Period

No → To Page 4

Yes

Patient's Most Recent Blood Pressure During the Measurement Period was >0 but <140/90 mmHg [SYSTOLIC_CODE=SNM **AND** DIASTOLIC_CODE=SNM]

Yes → **Performance Met: Include in Numerator** (i.e., 310 Patients)   a

No

Performance Not Met: Do Not Include in Numerator

SAMPLE CALCULATION:

Performance Rate=

Performance Met (a = 310 Patients) / Eligible Denominator (d=375 Patients) - Denominator Exclusion (b = 20 Patients) = 310 Patients / 355 Patients = 87.32%

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

*See Data Guidance for further instructions to report this measure

v1.2

2013 GPRO-HTN-2 (NQF 0018): Hypertension: Controlling High Blood Pressure
This flow applies to PQRS GPRO Web Interface and ACO GPRO Web Interface

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

1. Start processing 2013 GPRO HTN-2 (NQF 0018) Flow for the patients that qualified for sample in the HTN-2 Patient Confirmation Flow.

2. Check to determine if the patient has a documented history of hypertension at any time in the patient's history up through the last day of the measurement period.
   a. If no, the patient does not have a documented history of hypertension at any time in the patient's history up through the last day of 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 does a documented history of hypertension at any time in the patient's history up through the last day of the measurement period, continue processing.

3. Check to determine if the patient qualified for the module
   a. If no, the patient did not qualify for the module select: No – Other CMS Approved Reason for patient disqualification. Mark appropriately for completion and stop processing. This removes the patient from the performance calculations. Stop processing.
   b. If yes, the patient does qualify for the module, 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. 375 patients). Continue processing.

4. Check to determine if the patient's most recent blood pressure was documented during the measurement period.
   a. If no, the patient's most recent blood pressure was not documented during the measurement period, continue processing and proceed to step 6.
   b. If yes, the patient's most recent blood pressure was documented during the measurement period, continue processing and proceed to step 5.

5. Check to determine if the patient's most recent blood pressure during the measurement period was greater than zero but less than 140 over 90 mmHg. Variable Names: SYSTOLIC_CODE=SNM AND DIASTOLIC_CODE=SNM.
   a. If no, the patient's most recent blood pressure during the measurement period was not greater than zero, but less than 140 over 90 mmHg, performance is not met and should not be included in the numerator. Stop processing.
   b. If yes, the patient's most recent blood pressure during the measurement period was greater than zero, but less than 140 over 90 mmHg, 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. 310 patients). Stop processing.

6. Check to determine if the patient's most recent blood pressure during the measurement period was <u>Not</u> documented for medical reason(s). Variable Names: EXCLUSION_CODE=I9 <u>OR</u> I10 <u>OR</u> C4 <u>OR</u> HCPCS <u>OR</u> SNM **OR** PREGNANCY_CODE=I9 <u>OR</u> I10 <u>OR</u> SNM.

    a. If no, the patient's most recent blood pressure during the measurement period was <u>Not</u> documented for medical reason(s), performance is not met and should not be included in the numerator. Stop processing.

    b. If yes, the patient's most recent blood pressure during the measurement period was <u>Not</u> documented for 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. 20 patients). Stop processing.

Sample Calculation
Performance Rate Equals
Performance Met is category 'a' in the measure flow (310 patients)
Eligible Denominator is category 'd' in measure flow (375 patients)
Denominator Exclusion is category 'b' in measure flow (20 patients)
310 (Performance Met) divided by 355 (Eligible Denominator minus Denominator Exclusions) equals a performance rate of 87.32 percent
Calculation May Change Pending Performance Met