Patient Confirmation Flow for PREV-5

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.
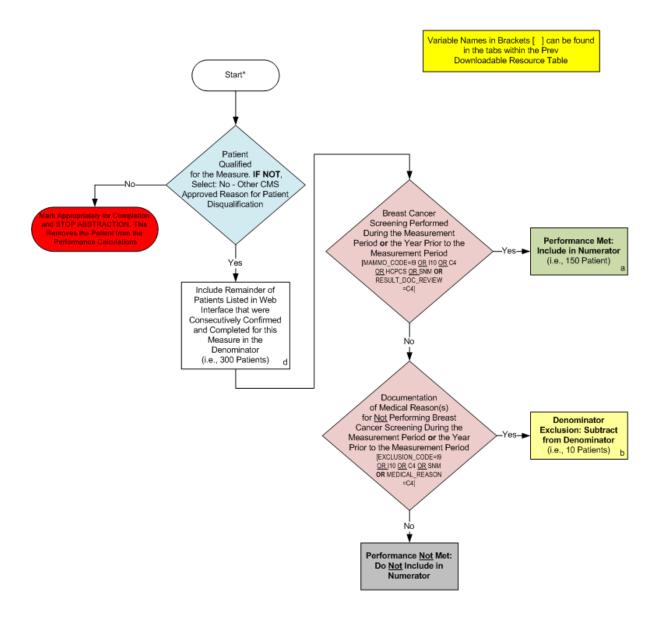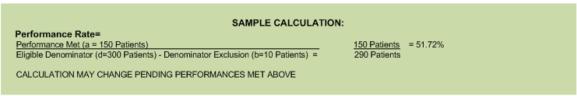
Start

Assigned Female Patients May Be Randomly Sampled if Aged 40 Through 69 Years at the Beginning of the Measurement Period

Medical Record Found

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

Yes

Patient Qualified for the Sample. **IF NOT**, Select the Reason & Enter Date Patient Became Ineligible for Sample (In Hospice, Moved out of Country, Deceased, HMO Enrollment)

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

Yes

Continue to Measure Flow

Patient Confirmation Flow for PREV-5

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 PREV-5 Patient Confirmation Flow. Assigned female patients may be randomly sampled if aged 40 through 69 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 PREV-5 measure flow.

2013 GPRO-PREV-5 (NQF 0031): Preventive Care and Screening: Breast Cancer Screening
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 Prev 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., 300 Patients) d

Breast Cancer Screening Performed During the Measurement Period or the Year Prior to the Measurement Period [MAMMO_CODE=I9 OR I10 OR C4 OR HCPCS OR SNM OR RESULT_DOC_REVIEW =C4]

Yes → **Performance Met: Include in Numerator (i.e., 150 Patient)** a

No ↓

Documentation of Medical Reason(s) for Not Performing Breast Cancer Screening During the Measurement Period or the Year Prior to the Measurement Period [EXCLUSION_CODE=I9 OR I10 OR C4 OR SNM OR MEDICAL_REASON =C4]

Yes → **Denominator Exclusion: Subtract from Denominator (i.e., 10 Patients)** b

No ↓

Performance Not Met: Do Not Include in Numerator

SAMPLE CALCULATION:

Performance Rate=

$$\frac{\text{Performance Met (a = 150 Patients)}}{\text{Eligible Denominator (d=300 Patients) - Denominator Exclusion (b=10 Patients)}} = \frac{150 \text{ Patients}}{290 \text{ Patients}} = 51.72\%$$

CALCULATION MAY CHANGE PENDING PERFORMANCES MET ABOVE

*See Data Guidance for further instructions to report this measure

v1.2

2013 GPRO-PREV-5 (NQF 0031): Preventive Care and Screening: Breast Cancer Screening
This flow applies to PQRS GPRO Web Interface and ACO GPRO Web Interface
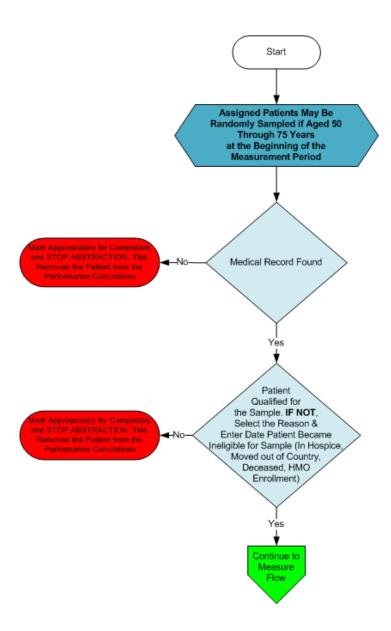
Variable names can be found in the tabs within the PREV Downloadable Resource Table.
See Data Guidance for further instructions to report this measure

1. Start processing 2013 GPRO PREV-5 (NQF 0031) Flow for the patients that qualified for sample in the PREV-5 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 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. 300 patients). Continue processing.

3. Check to determine if the patient had a breast cancer screening performed during the measurement period **or** the year prior to the measurement period. Variable Names: MAMMO_CODE=I9 OR C4 OR HCPCS OR SNM **OR** RESULT_DOC_REVIEW=C4.
    a. If no, the patient did not have a breast cancer screening performed during the measurement period **or** the year prior to the measurement period, continue processing.
    b. If yes, the patient did have a breast cancer screening performed during the measurement period **or** the year prior to the measurement period, 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. 150 patients). Stop processing.

4. Check to determine if the patient had documentation of medical reason(s) for Not performing a breast cancer screening during the measurement period **or** the year prior to the measurement period. Variable Names: EXCLUSION_CODE=I9 OR I10 OR C4 OR SNM **OR** MEDICAL_REASON=C4.
    a. If no, the patient did not have documentation of medical reason(s) for Not performing a breast cancer screening during the measurement period **or** the year prior to the measurement period, performance is not met and should not be included in the numerator. Stop processing.
    b. If yes, the patient had documentation of medical reason(s) for Not performing a breast cancer screening during the measurement period **or** the year prior to the measurement period, 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. 10 patients). Stop processing.
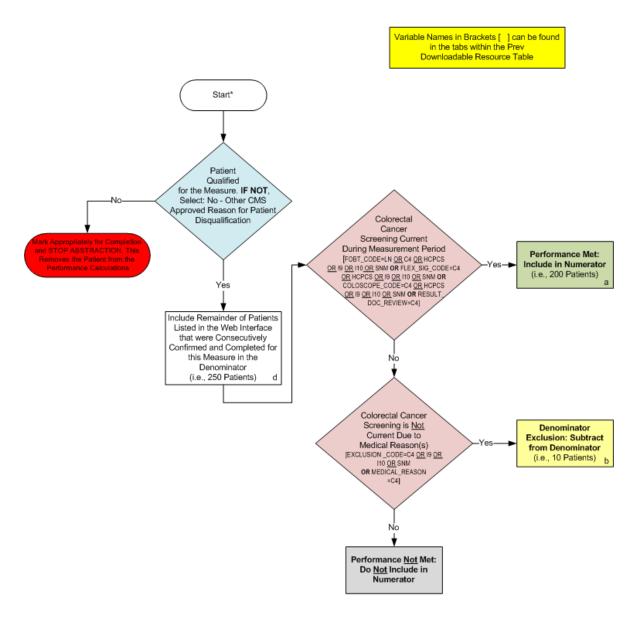
Sample Calculation
Performance Rate Equals
Performance Met is category 'a' in the measure flow (150 patients)
Eligible Denominator is category 'd' in the measure flow (300 patients)
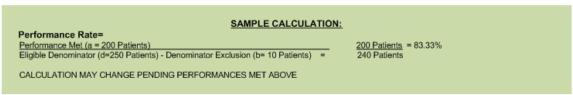Denominator Exclusion is category 'b' in the measure flow (10 Patients)

150 (Performance Met) divided by 290 (Eligible Denominator minus Denominator Exclusions) equals a performance rate of 51.72 percent
Calculation May Change Pending Performance Met

Patient Confirmation Flow for PREV-6

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 50 │
                 │  Through 75 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          │         │
  │ Calculations         │        Yes
  └──────────────────────┘         │
                                   ▼
                                   ◇
  ┌──────────────────────┐        ╱ ╲
  │ Mark Appropriately   │       Patient
  │ for Completion and   │    Qualified for
  │ STOP ABSTRACTION.    │◄─No─ the Sample. IF NOT,
  │ This Removes the     │    Select the Reason &
  │ Patient from the     │    Enter Date Patient Became
  │ Performance          │    Ineligible for Sample (In Hospice,
  │ Calculations         │    Moved out of Country,
  └──────────────────────┘    Deceased, HMO Enrollment)
                                   │
                                  Yes
                                   │
                                   ▼
                             ┌──────────┐
                             │Continue to│
                             │ Measure  │
                             │  Flow    │
                             └──────────┘
```

Patient Confirmation Flow for PREV-6

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 PREV-6 Patient Confirmation Flow. Assigned patients may be randomly sampled if aged 50 through 75 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 PREV-6 measure flow.

2013 GPRO-PREV-6 (NQF 0034): Preventive Care and Screening: Colorectal Cancer Screening
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 Prev 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 the Web Interface that were Consecutively Confirmed and Completed for this Measure in the Denominator (i.e., 250 Patients) d

Colorectal Cancer Screening Current During Measurement Period [FOBT_CODE=LN OR C4 OR HCPCS OR I9 OR I10 OR SNM OR FLEX_SIG_CODE=C4 OR HCPCS OR I9 OR I10 OR SNM OR COLOSCOPE_CODE=C4 OR HCPCS OR I9 OR I10 OR SNM OR RESULT_DOC_REVIEW=C4]

Yes → **Performance Met: Include in Numerator (i.e., 200 Patients)** a

No ↓

Colorectal Cancer Screening is Not Current Due to Medical Reason(s) [EXCLUSION_CODE=C4 OR I9 OR I10 OR SNM OR MEDICAL_REASON =C4]

Yes → **Denominator Exclusion: Subtract from Denominator (i.e., 10 Patients)** b

No ↓

Performance Not Met: Do Not Include in Numerator

SAMPLE CALCULATION:

Performance Rate=

$$\frac{\text{Performance Met (a = 200 Patients)}}{\text{Eligible Denominator (d=250 Patients) - Denominator Exclusion (b= 10 Patients)}} = \frac{200 \text{ Patients}}{240 \text{ Patients}} = 83.33\%$$

CALCULATION MAY CHANGE PENDING PERFORMANCES MET ABOVE

*See Data Guidance for further instructions to report this measure

v1.2

2013 GPRO-PREV-6 (NQF 0034): Preventive Care and Screening: Colorectal Cancer Screening

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

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

1. Start processing 2013 GPRO PREV-6 (NQF 0034) Flow for the patients that qualified for sample in the PREV-6 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 calculation. Stop processing.
   b. If yes, the patient does qualify for the measure, the patient will be included in the eligible denominator for performance rate calculation. Note: Include remainder of patients listed in 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. 250 patients). Continue processing.

3. Check to determine if the patient's colorectal cancer screening is current during the measurement period.
   Variable Names: FOBT_CODE=LN OR C4 OR HCPCS OR I9 OR I10 OR SNM **OR** FLEX_SIG_CODE=C4 OR HCPCS OR I9 OR I10 OR SNM **OR** COLOSCOPE_CODE=C4 OR HCPCS OR I9 OR I10 OR SNM **OR** RESULT_DOC_REVIEW=C4.
   a. If no, the patient's colorectal cancer screening is not current during the measurement period, continue processing.
   b. If yes, the patient's colorectal cancer screening is current during the measurement period, 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. 200 patients). Stop processing.

4. Check to determine if the patient's colorectal cancer screening is Not current due to medical reason(s).
   Variable Names: EXCLUSION_CODE=C4 OR I9 OR I10 OR SNM **OR** MEDICAL_REASON=C4.
   a. If no, the patient's colorectal cancer screening is Not current due to medical reason(s), performance is not met and should not be included in the numerator. Stop processing.
   b. If yes, the patient's colorectal cancer screening is Not current 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. 10 patients). Stop processing.

Sample Calculation
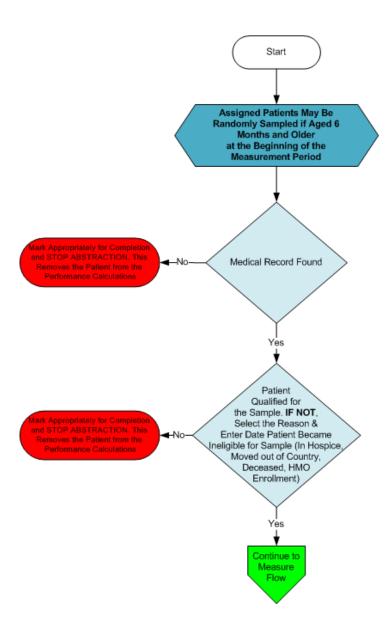Performance Rate Equals
Performance Met is category a in the measure flow (200 patients)
Eligible Denominator is category d in measure flow (250 patients)
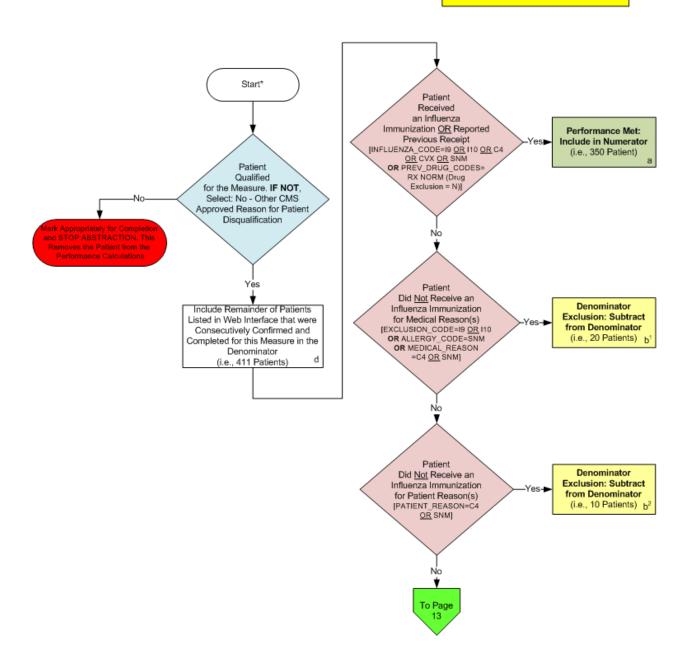Denominator Exclusion is category b in measure flow (10 Patients)
200 (Performance Met) divided by 240 (Eligible Denominator minus Denominator Exclusions) equals a performance rate of 83.33 percent
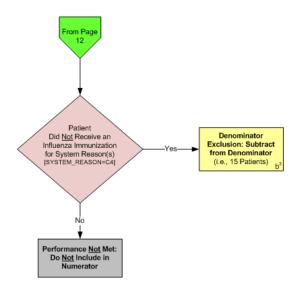Calculation May Change Pending Performance Met

Patient Confirmation Flow for PREV-7

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 6 Months and Older at the Beginning of the Measurement Period

Medical Record Found

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

Yes ↓

Patient Qualified for the Sample. IF NOT, Select the Reason & Enter Date Patient Became Ineligible for Sample (In Hospice, Moved out of Country, Deceased, HMO Enrollment)

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

Yes ↓

Continue to Measure Flow

Patient Confirmation Flow for PREV-7

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 PREV-7 Patient Confirmation Flow. Assigned patients may be randomly sampled if aged 6 months 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 PREV-7 measure flow.

2013 GPRO PREV-7 (NQF 0041): Preventive Care and Screening: Influenza Immunization
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 Prev 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 Received an Influenza Immunization OR Reported Previous Receipt [INFLUENZA_CODE=I9 OR I10 OR C4 OR CVX OR SNM OR PREV_DRUG_CODES= RX NORM (Drug Exclusion = N)]

Yes → **Performance Met: Include in Numerator (i.e., 350 Patient)** a

No ↓

Patient Did Not Receive an Influenza Immunization for Medical Reason(s) [EXCLUSION_CODE=I9 OR I10 OR ALLERGY_CODE=SNM OR MEDICAL_REASON =C4 OR SNM]

Yes → **Denominator Exclusion: Subtract from Denominator (i.e., 20 Patients)** b¹

No ↓

Patient Did Not Receive an Influenza Immunization for Patient Reason(s) [PATIENT_REASON=C4 OR SNM]

Yes → **Denominator Exclusion: Subtract from Denominator (i.e., 10 Patients)** b²

No ↓

To Page 13

*See Data Guidance for further instructions to report this measure

v1.2

2013 GPRO PREV-7 (NQF 0041): Preventive Care and Screening: Influenza Immunization
This flow applies to PQRS GPRO Web Interface and ACO GPRO Web Interface

From Page 12

Patient
Did Not Receive an
Influenza Immunization
for System Reason(s)
[SYSTEM_REASON=C4]

—Yes→

**Denominator
Exclusion: Subtract
from Denominator**
(i.e., 15 Patients) b³

No

**Performance Not Met:
Do Not Include in
Numerator**

SAMPLE CALCULATIONS:

Performance Rate=

Performance Met (a=350 Patients)
_____   350 Patients   = 95.63%
Eligible Denominator (d=411 Patients) - Denominator Exclusion (b¹=20 Patients + b²=10 Patients + b³=15 Patients) =   366 Patients

CALCULATIONS MAY CHANGE PENDING PERFORMANCES MET ABOVE

*See Data Guidance for further instructions to report this measure   v1.2

2013 GPRO PREV-7 (NQF 0041): Preventive Care and Screening: Influenza Immunization
This flow applies to PQRS GPRO Web Interface and ACO GPRO Web Interface

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

1. Start processing 2013 GPRO PREV-7 (NQF 0041) Flow for the patients that qualified for sample in the PREV-7 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 calculation. Note: Include remainder of patients listed in 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 received an influenza immunization <u>OR</u> reported previous receipt. Variable Names: INFLUENZA_CODE=I9 <u>OR</u> I10 <u>OR</u> C4 <u>OR</u> CVX <u>OR</u> SNM **OR** PREV_DRUG_CODES=RXNORM (drug exclusion = N).
   a. If no, the patient did not receive an influenza immunization <u>OR</u> did not report previous receipt, continue processing.
   b. If yes, the patient received an influenza immunization <u>OR</u> reported previous receipt, 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. 350 patients). Stop processing.

4. Check to determine if the patient did <u>Not</u> receive an influenza immunization for medical reason(s). Variable Names: EXCLUSION_CODE=I9 <u>OR</u> I10 **OR** ALLERGY_CODE=SNM **OR** MEDICAL_REASON=C4 <u>OR</u> SNM.
   a. If no, the patient did <u>Not</u> receive an influenza immunization for medical reason(s), continue processing.
   b. If yes, the patient did <u>Not</u> receive an influenza immunization 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.

5. Check to determine if the patient did <u>Not</u> receive an influenza immunization for patient reason(s). Variable Names: PATIENT_REASON=C4 <u>OR</u> SNM.
   a. If no, the patient did <u>Not</u> receive an influenza immunization for patient reason(s), continue processing.
   b. If yes, the patient did <u>Not</u> receive an influenza immunization for to patient 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. 10 patients). Stop processing.

6. Check to determine if the patient did <u>Not</u> receive an influenza immunization for system reason(s). Variable Names: SYSTEM_REASON=C4.
    a. If no, the patient did <u>Not</u> receive an influenza immunization for system reason(s), performance is not met and should not be included in the numerator. Stop processing.
    b. If yes, the patient did <u>Not</u> receive an influenza immunization for system 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. 15 patients). Stop processing.

Sample Calculation
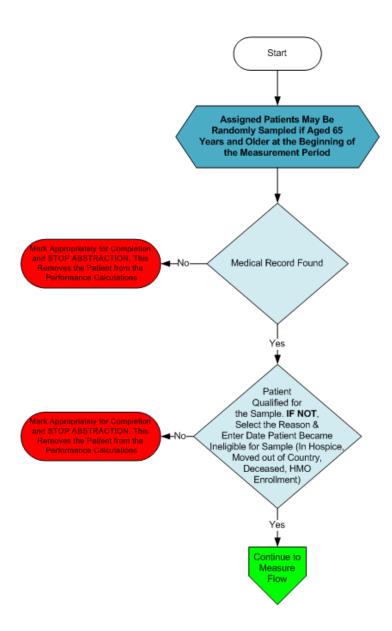Performance Rate Equals
Performance Met is category 'a' in the measure flow (350 patients)
Eligible Denominator is category 'd' in measure flow (411patients)
Denominator Exclusion is category 'b' in measure flow (45 Patients)
350 (Performance Met) divided by 366 (Eligible Denominator minus Denominator Exclusions) equals a performance rate of 95.63 percent
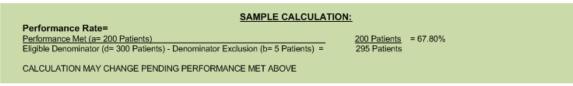Calculation May Change Pending Performance Met

Patient Confirmation Flow for PREV-8

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

Patient Confirmation Flow for PREV-8

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 PREV-8 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 PREV-8 measure flow.

2013 GPRO-PREV-8 (NQF 0043): Preventive Care and Screening: Pneumococcal Vaccination for Patients 65 Years and Older
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 Prev 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., 300 Patients) d

Patient Has Ever Received a Pneumococcal Vaccination [PNEUMO_CODE=C4 OR CVX OR SNM OR PREV_DRUG_CODES=RX NORM (Drug Exclusion = N)]

Yes → Performance Met: Include in Numerator (i.e., 200 Patients) a

No

Patient Has Never Received a Pneumococcal Vaccination for Medical Reason(s) [MEDICAL_REASON=C4 OR SNM]

Yes → Denominator Exclusion: Subtract from Denominator (i.e., 5 Patients) b

No

Performance **Not** Met: Do **Not** Include in Numerator

SAMPLE CALCULATION:

Performance Rate=

Performance Met (a= 200 Patients) / Eligible Denominator (d= 300 Patients) - Denominator Exclusion (b= 5 Patients) =   200 Patients / 295 Patients = 67.80%

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

*See Data Guidance for further instructions to report this measure

v1.2

2013 GPRO-PREV-8 (NQF 0043): Preventive Care and Screening: Pneumococcal Vaccination for Patients 65 Years and Older

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

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

1. Start processing 2013 GPRO PREV-8 (NQF 0043) Flow for the patients that qualified for sample in the PREV-8 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 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. 300 patients). Continue processing.

3. Check to determine if the patient has ever received a pneumococcal vaccination. Variable Names: PNEUMO_CODE=C4 OR CVX OR SNM **OR** PREV_DRUG_CODES=RXNORM (drug exclusion = N).
    a. If no, the patient has not ever received a pneumococcal vaccination, continue processing.
    b. If yes, patient has ever received a pneumococcal vaccination, 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. 200 patients). Stop processing.

4. Check to determine if the patient has never received a pneumococcal vaccination for medical reason(s). Variable Names: MEDICAL_REASON=C4 OR SNM.
    a. If no, the patient has never received a pneumococcal vaccination for medical reason(s), performance is not met and should not be included in the numerator. Stop processing.
    b. If yes, the patient has never received a pneumococcal vaccination 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. 5 patients). Stop processing.

Sample Calculation
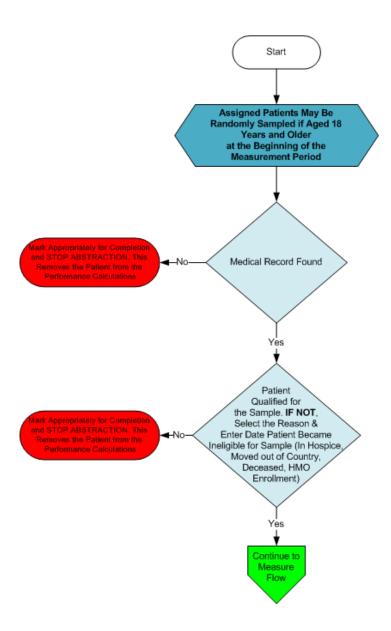Performance Rate Equals
Performance Met is category 'a' in the measure flow (200 patients)
Eligible Denominator is category 'd' in measure flow (300 patients)
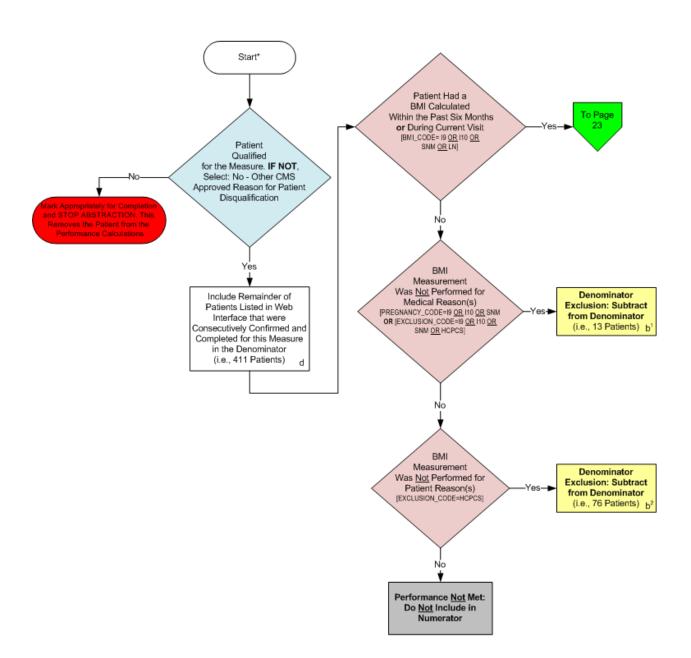Denominator Exclusion is category 'b' in measure flow (5 Patients)
200 (Performance Met) divided by 295 (Eligible Denominator minus Denominator Exclusions) equals a performance rate of 67.80 percent
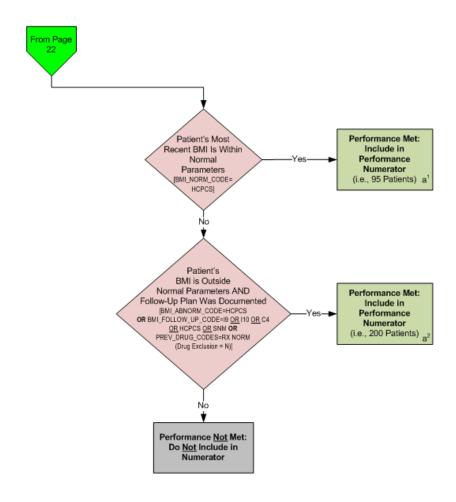Calculation May Change Pending Performance Met

Patient Confirmation Flow for PREV-9

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   │
               │         Years and Older        │
               │      at the Beginning of the   │
               │       Measurement Period       │
               └───────────────┬───────────────┘
                               │
                               ▼
┌──────────────────────────┐        ◆
│ Mark Appropriately for   │◄──No── Medical
│ Completion and STOP      │       Record Found
│ ABSTRACTION. This        │        ◆
│ Removes the Patient from │        │
│ the Performance          │       Yes
│ Calculations             │        │
└──────────────────────────┘        ▼
                                     ◆
┌──────────────────────────┐   Patient Qualified for
│ Mark Appropriately for   │   the Sample. IF NOT,
│ Completion and STOP      │◄──No── Select the Reason &
│ ABSTRACTION. This        │   Enter Date Patient Became
│ Removes the Patient from │   Ineligible for Sample (In Hospice,
│ the Performance          │   Moved out of Country,
│ Calculations             │   Deceased, HMO Enrollment)
└──────────────────────────┘        ◆
                                     │
                                    Yes
                                     │
                                     ▼
                               ┌──────────┐
                               │Continue to│
                               │ Measure   │
                               │   Flow    │
                               └──────────┘
```

Patient Confirmation Flow for PREV-9

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 PREV-9 Patient Confirmation Flow. Assigned patients may be randomly sampled if aged 18 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 PREV-9 measure flow.

2013 GPRO Prev-9 (NQF 0421): Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
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 Prev 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 Had a BMI Calculated Within the Past Six Months **or** During Current Visit [BMI_CODE= I9 OR I10 OR SNM OR LN]

Yes → To Page 23

No ↓

BMI Measurement Was Not Performed for Medical Reason(s) [PREGNANCY_CODE=I9 OR I10 OR SNM OR [EXCLUSION_CODE=I9 OR I10 OR SNM OR HCPCS]

Yes → **Denominator Exclusion: Subtract from Denominator** (i.e., 13 Patients) b^1

No ↓

BMI Measurement Was Not Performed for Patient Reason(s) [EXCLUSION_CODE=HCPCS]

Yes → **Denominator Exclusion: Subtract from Denominator** (i.e., 76 Patients) b^2

No ↓

Performance Not Met: Do Not Include in Numerator

*See Data Guidance for further instructions to report this measure

v1.2

2013 GPRO Prev-9 (NQF 0421): Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
This flow applies to PQRS GPRO Web Interface and ACO GPRO Web Interface

From Page 22

Patient's Most Recent BMI Is Within Normal Parameters [BMI_NORM_CODE= HCPCS] —Yes→ **Performance Met: Include in Performance Numerator** (i.e., 95 Patients) a^1

No

Patient's BMI is Outside Normal Parameters AND Follow-Up Plan Was Documented [BMI_ABNORM_CODE=HCPCS OR BMI_FOLLOW_UP_CODE=I9 OR I10 OR C4 OR HCPCS OR SNM OR PREV_DRUG_CODES=RX NORM (Drug Exclusion = N)] —Yes→ **Performance Met: Include in Performance Numerator** (i.e., 200 Patients) a^2

No

Performance Not Met: Do Not Include in Numerator

SAMPLE CALCULATION:

Performance Rate=

$$\frac{\text{Performance Met } (a^1 = 95 \text{ Patients} + a^2 = 200 \text{ Patients})}{\text{Eligible Denominator } (d = 411 \text{ Patients}) - \text{Denominator Exclusion } (b^1 = 13 \text{ Patients} + b^2 = 76 \text{ Patients}) =} \quad \frac{295 \text{ Patients}}{322 \text{ Patients}} = 91.61\%$$

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

*See Data Guidance for further instructions to report this measure

v1.2

2013 GPRO Prev-9 (NQF 0421): Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
This flow applies to PQRS GPRO Web Interface and ACO GPRO Web Interface

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

1. Start processing 2013 GPRO PREV-9 (NQF 0421) Flow for the patients that qualified for sample in the PREV-9 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 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 had a BMI calculated within the past six months or during current visit. Variable Names: BMI_CODE=I9 <u>OR</u> I10 <u>OR</u> SNM <u>OR</u> LN.
   a. If no, the patient did not have a BMI calculated within the past six months or during current visit, continue processing and proceed to step 4.
   b. If yes, the patient had a BMI calculated within the past six months or during current visit, continue processing and proceed to step 6.

4. Check to determine if BMI measurement was <u>Not</u> performed for medical reason(s). Variable Names: PREGNANCY_CODE=I9 <u>OR</u> I10 <u>OR</u> SNM **OR** EXCLUSION_CODE=I9 <u>OR</u> I10 <u>OR</u> SNM <u>OR</u> HCPCS.
   a. If no, the BMI measurement was <u>Not</u> performed for medical reason(s), continue processing.
   b. If yes, the BMI measurement was <u>Not</u> performed 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. 13 patients). Stop processing.

5. Check to determine if BMI measurement was <u>Not</u> performed for patient Reason(s). Variable Names: EXCLUSION_CODE=HCPCS
   a. If no, the BMI measurement was <u>Not</u> performed for patient reason(s), performance is not met and should not be included in the numerator. Stop processing.
   b. If yes, the BMI measurement was <u>Not</u> performed for patient 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. 76 patients). Stop processing.

6. Check to determine if the patient's most recent BMI is within normal parameters. Variable Names: BMI_NORM_CODE=HCPCS.
   a. If no, the patient's most recent BMI is not within normal parameters, continue processing.

b. If yes, the patient's most recent BMI is within normal parameters, 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. 95 patients). Stop processing.

7. Check to determine if the patient's BMI is outside normal parameters AND follow-up plan was documented. Variable Names: BMI_ABNORM_CODE=HCPCS **OR** BMI_FOLLOW_UP_CODE=I9 OR I10 OR C4 OR HCPCS OR SNM **OR** PREV_DRUG_CODES=RXNORM (drug exclusion = N).
   a. If no, the patient's BMI is not outside normal parameters AND follow-up plan was not documented, performance is not met and should not be included in the numerator. Stop processing.
   b. If yes, the patient's BMI is outside normal parameters AND follow-up plan was documented, 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. 200 patients). Stop processing.

Sample Calculation
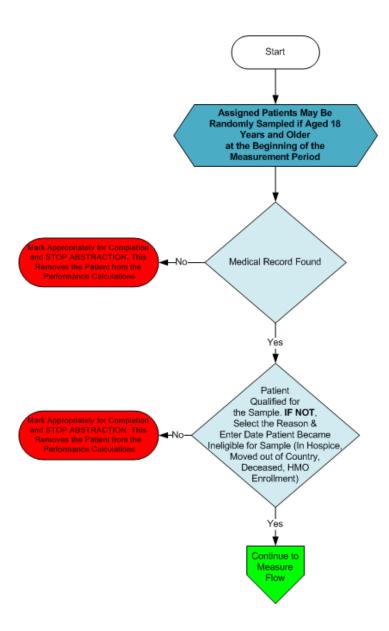Performance Rate Equals
Performance Met is category a in the measure flow (295 patients)
Eligible Denominator is category d in measure flow (411 patients)
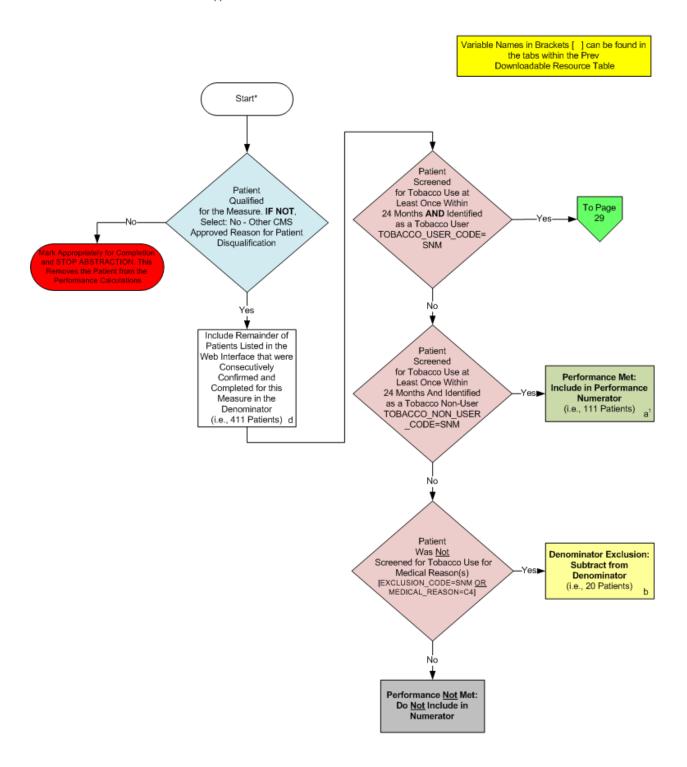Denominator Exclusion is category b in measure flow (89 patients)
295 (Performance Met) divided by 322 (Eligible Denominator minus Denominator Exclusions) equals a performance rate of 91.61 percent
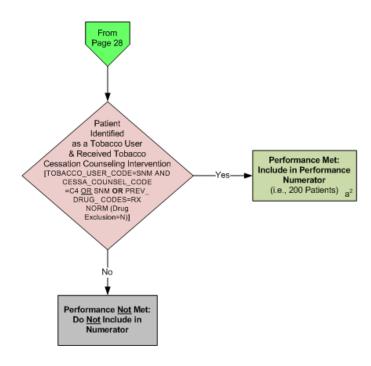Calculation May Change Pending Performance Met

Patient Confirmation Flow for PREV-10

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

Patient Confirmation Flow for PREV-10

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 PREV-10 Patient Confirmation Flow. Assigned patients may be randomly sampled if aged 18 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 PREV-10 measure flow.

2013 GPRO Prev-10 (NQF 0028): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
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 Prev 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 the Web Interface that were Consecutively Confirmed and Completed for this Measure in the Denominator (i.e., 411 Patients) d

Patient Screened for Tobacco Use at Least Once Within 24 Months **AND** Identified as a Tobacco User TOBACCO_USER_CODE= SNM

Yes — To Page 29

No

Patient Screened for Tobacco Use at Least Once Within 24 Months And Identified as a Tobacco Non-User TOBACCO_NON_USER _CODE=SNM

Yes — **Performance Met: Include in Performance Numerator** (i.e., 111 Patients) a^1

No

Patient Was <u>Not</u> Screened for Tobacco Use for Medical Reason(s) [EXCLUSION_CODE=SNM <u>OR</u> MEDICAL_REASON=C4]

Yes — **Denominator Exclusion: Subtract from Denominator** (i.e., 20 Patients) b

No

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

*See Data Guidance for further instructions to report this measure

v1.2

From
Page 28

Patient Identified as a Tobacco User & Received Tobacco Cessation Counseling Intervention [TOBACCO_USER_CODE=SNM AND CESSA_COUNSEL_CODE =C4 OR SNM OR PREV_ DRUG_ CODES=RX NORM (Drug Exclusion=N)]

Yes →

Performance Met: Include in Performance Numerator
(i.e., 200 Patients) a^2

No ↓

Performance Not Met: Do Not Include in Numerator

SAMPLE CALCULATION:

Performance Rate=

$$\frac{\text{Performance Met } (a^1 = 111 \text{ Patients} + a^2 = 200 \text{ Patients})}{\text{Eligible Denominator } (d = 411 \text{ Patients}) - \text{Denominator Exclusion } (b = 20 \text{ Patients}) =} \quad \frac{311 \text{ Patients}}{391 \text{ Patients}} = 79.54\%$$

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

*See Data Guidance for further instructions to report this measure   v1.2

2013 GPRO Prev-10 (NQF 0028): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
This flow applies to PQRS GPRO Web Interface and ACO GPRO Web Interface

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

1. Start processing 2013 GPRO PREV-10 (NQF 0028) Flow for the patients that qualified for sample in the PREV-10 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 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 has been screened for tobacco use at least once within 24 months **AND** identified as a tobacco user. Variable Names: TOBACCO_USER_CODE=SNM.
   a. If no, the patient has not been screened for tobacco use at least once within 24 months **AND** not identified as a tobacco user, continue processing and proceed to step 4.
   b. If yes, the patient has been screened for tobacco use at least once within 24 months **AND** identified as a tobacco user, continue processing and proceed to step 6.

4. Check to determine if the patient has been screened for tobacco use at least once within 24 months **AND** identified as a tobacco non-user. Variable Names: TOBACCO_NON_USER_CODE=SNM.
   a. If no, the patient has not been screened for tobacco use at least once within 24 months **AND** was not identified as a tobacco non-user, continue processing.
   b. If yes, the patient has been screened for tobacco use at least once within 24 months **AND** was identified as a tobacco non-user, 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. 111 patients). Stop processing.

5. Check to determine if the patient was Not screened for tobacco use for medical reason(s). Variable Names: EXCLUSION_CODE=SNM **OR** MEDICAL_REASON=C4.
   a. If no, the patient was Not screened for tobacco use for medical reason(s), performance is not met and should not be included in the numerator. Stop processing.
   b. If yes, patient was Not screened for tobacco use 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.

6. Check to determine if the patient was identified as a tobacco user and received tobacco cessation counseling intervention. Variable Names: TOBACCO_USER_CODE=SNM **AND** CESSA_COUNSEL_CODE=C4 <u>OR</u> SNM **OR** PREV_DRUG_CODES=RXNORM (drug exclusion=N).
    a. If no, the patient was identified as a tobacco user and did not receive tobacco cessation counseling intervention, performance is not met and should not be included in the numerator. Stop processing.
    b. If yes, patient was identified as a tobacco user and received tobacco cessation counseling intervention, 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. 200 patients). Stop processing.

Sample Calculation
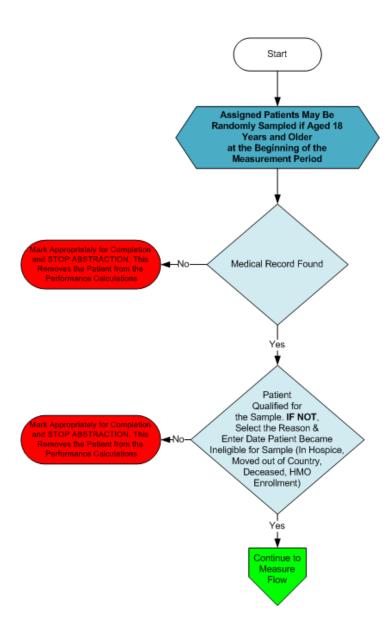Performance Rate Equals
Performance Met is category a in the measure flow (311 patients)
Eligible Denominator is category d in measure flow (411 patients)
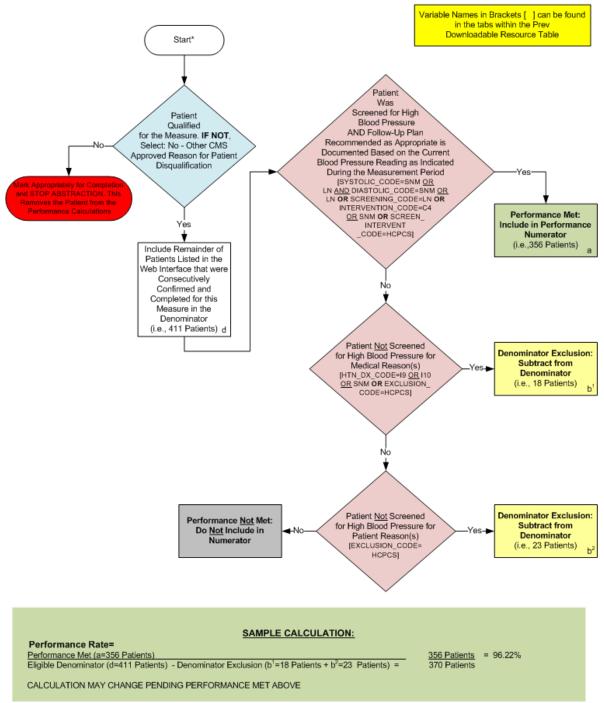Denominator Exclusion is category b in measure flow (20 patients)
311 (Performance Met) divided by 391 (Eligible Denominator minus Denominator Exclusions) equals a performance rate of 79.54 percent
Calculation May Change Pending Performance Met

Patient Confirmation Flow for PREV-11

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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                ┌──────────────────────────────┐
                │  Assigned Patients May Be     │
                │  Randomly Sampled if Aged 18  │
                │  Years and Older              │
                │  at the Beginning of the      │
                │  Measurement Period           │
                └──────────────────────────────┘
                               │
                               ▼
┌────────────────────────┐          ◇
│ Mark Appropriately for │◄──No──  Medical Record Found
│ Completion and STOP    │          ◇
│ ABSTRACTION. This      │
│ Removes the Patient    │          │
│ from the Performance   │         Yes
│ Calculations           │          │
└────────────────────────┘          ▼

┌────────────────────────┐          ◇
│ Mark Appropriately for │          Patient
│ Completion and STOP    │◄──No──   Qualified for
│ ABSTRACTION. This      │          the Sample. IF NOT,
│ Removes the Patient    │          Select the Reason &
│ from the Performance   │          Enter Date Patient Became
│ Calculations           │          Ineligible for Sample (In Hospice,
└────────────────────────┘          Moved out of Country,
                                     Deceased, HMO
                                     Enrollment)
                                     ◇
                                     │
                                    Yes
                                     │
                                     ▼
                              ┌──────────────┐
                              │ Continue to  │
                              │ Measure      │
                              │ Flow         │
                              └──────────────┘
```

Patient Confirmation Flow for PREV-11

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 PREV-11 Patient Confirmation Flow. Assigned patients may be randomly sampled if aged 18 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 PREV-11 measure flow.

2013 GPRO Prev-11 (NQF N/A): Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
This flow applies to PQRS GPRO Web Interface and ACO GPRO Web Interface

Start*

Variable Names in Brackets [ ] can be found in the tabs within the Prev 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

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

Patient Was Screened for High Blood Pressure AND Follow-Up Plan Recommended as Appropriate is Documented Based on the Current Blood Pressure Reading as Indicated During the Measurement Period [SYSTOLIC_CODE=SNM OR LN AND DIASTOLIC_CODE=SNM OR LN OR SCREENING_CODE=LN OR INTERVENTION_CODE=C4 OR SNM OR SCREEN_INTERVENT_CODE=HCPCS]

Yes →

Performance Met: Include in Performance Numerator (i.e., 356 Patients) a

No

Patient Not Screened for High Blood Pressure for Medical Reason(s) [HTN_DX_CODE=I9 OR I10 OR SNM OR EXCLUSION_CODE=HCPCS]

Yes →

Denominator Exclusion: Subtract from Denominator (i.e., 18 Patients) b[1]

No

Performance Not Met: Do Not Include in Numerator

← No

Patient Not Screened for High Blood Pressure for Patient Reason(s) [EXCLUSION_CODE=HCPCS]

Yes →

Denominator Exclusion: Subtract from Denominator (i.e., 23 Patients) b[2]

SAMPLE CALCULATION:

Performance Rate=

$$\frac{\text{Performance Met (a=356 Patients)}}{\text{Eligible Denominator (d=411 Patients) - Denominator Exclusion (b}^1\text{=18 Patients + b}^2\text{=23 Patients) =}} \quad \frac{356 \text{ Patients}}{370 \text{ Patients}} = 96.22\%$$

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

*See Data Guidance for further instructions to report this measure

v1.2

2013 GPRO Prev-11 (NQF N/A): Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

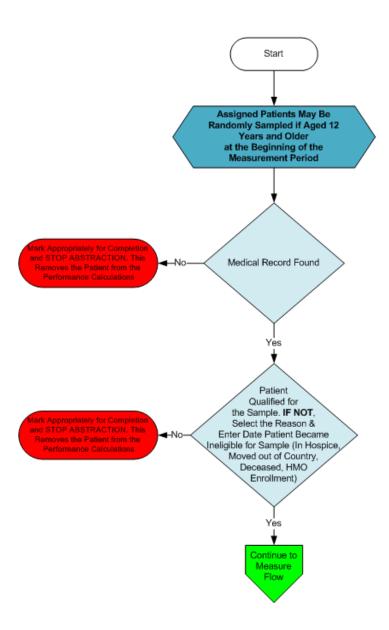*This flow applies to PQRS GPRO Web Interface and ACO GPRO Web Interface*

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

See Data Guidance for further instructions to report this measure.

1. Start processing 2013 GPRO PREV-11 (NQF N/A) Flow for the patients that qualified for sample in the PREV-11 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 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 high blood pressure AND follow-up plan recommended as appropriate is documented based on the current blood pressure reading as indicated during the measurement period. Variable Names SYSTOLIC_CODE=SNM <u>OR</u> LN <u>AND</u> DIASTOLIC_CODE=SNM <u>OR</u> LN **OR** SCREENING_CODE=LN **OR** INTERVENTION_CODE=C4 <u>OR</u> SNM **OR** SCREEN_INTERVENT_CODE=HCPCS.
   a. If no, the patient was not screened for high blood pressure AND no follow-up plan recommended as appropriate is documented based on the current blood pressure reading as indicated during the measurement period, continue processing.
   b. If yes, the patient was screened for high blood pressure AND follow-up plan recommended as appropriate is documented based on the current blood pressure reading as indicated during the measurement period, 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. 356 patients). Stop processing.

4. Check to determine if the patient was <u>Not</u> screened for high blood pressure for medical reason(s). Variable Names: HTN_DX_CODE=I9 <u>OR</u> I10 <u>OR</u> SNM **OR** EXCLUSION_CODE=HCPCS.
   a. If no, the patient was <u>Not</u> screened for high blood pressure for medical reason(s), continue processing.
   b. If yes, patient was <u>Not</u> screened for high blood pressure 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. 18 patients). Stop processing.

5. Check to determine if the patient was <u>Not</u> screened for high blood pressure for patient reason(s). Variable Names: EXCLUSION_CODE=HCPCS.
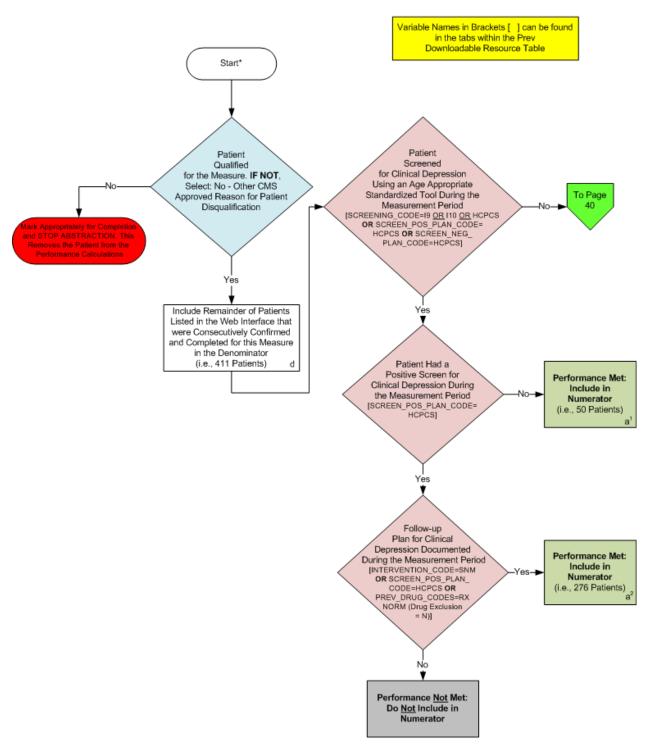
a. If no, the patient was <u>Not</u> screened for high blood pressure for patient reason(s), performance is not met and the patient should not be included in the numerator. Stop processing.

b. If yes, patient was <u>Not</u> screened for high blood pressure for patient 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. 23 patients). Stop processing.

Sample Calculation
Performance Rate Equals
Performance Met is category 'a' in the measure flow (356 patients)
Eligible Denominator is category 'd' in measure flow (411 patients)
Denominator Exclusion is category 'b' in measure flow (41 patients)
356 (Performance Met) divided by 370 (Eligible Denominator minus Denominator Exclusions) equals a performance rate of 96.22 percent
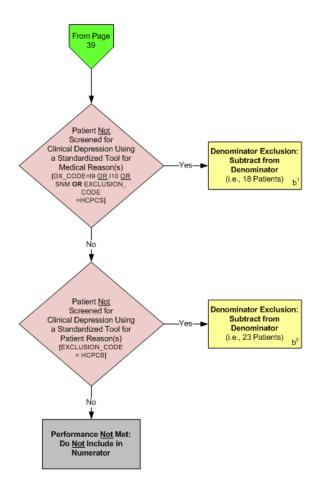Calculation May Change Pending Performance Met

Patient Confirmation Flow for PREV-12

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 12  │
                    │         Years and Older      │
                    │     at the Beginning of the  │
                    │      Measurement Period      │
                    └──────────────┬──────────────┘
                                   │
                                   ▼
  ┌────────────────────────┐              ◇
  │ Mark Appropriately for │ ◄──No──  Medical Record Found
  │ Completion and STOP    │              ◇
  │ ABSTRACTION. This      │              │
  │ Removes the Patient    │             Yes
  │ from the Performance   │              │
  │ Calculations           │              ▼
  └────────────────────────┘         ◇ Patient
                                      Qualified for
  ┌────────────────────────┐         the Sample. IF NOT,
  │ Mark Appropriately for │ ◄──No── Select the Reason &
  │ Completion and STOP    │         Enter Date Patient Became
  │ ABSTRACTION. This      │         Ineligible for Sample (In Hospice,
  │ Removes the Patient    │         Moved out of Country,
  │ from the Performance   │         Deceased, HMO
  │ Calculations           │         Enrollment) ◇
  └────────────────────────┘              │
                                         Yes
                                          │
                                          ▼
                                   ┌──────────────┐
                                   │ Continue to  │
                                   │  Measure     │
                                   │   Flow       │
                                   └──────────────┘
```

Patient Confirmation Flow for PREV-12

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 PREV-12 Patient Confirmation Flow. Assigned patients may be randomly sampled if aged 12 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 PREV-12 measure flow.

2013 GPRO-PREV-12 (NQF 0418): Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
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 Prev 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 the Web Interface that were Consecutively Confirmed and Completed for this Measure in the Denominator (i.e., 411 Patients) d

Patient Screened for Clinical Depression Using an Age Appropriate Standardized Tool During the Measurement Period [SCREENING_CODE=I9 OR I10 OR HCPCS OR SCREEN_POS_PLAN_CODE= HCPCS OR SCREEN_NEG_PLAN_CODE=HCPCS]

— No → **To Page 40**

Yes ↓

Patient Had a Positive Screen for Clinical Depression During the Measurement Period [SCREEN_POS_PLAN_CODE= HCPCS]

— No → **Performance Met: Include in Numerator (i.e., 50 Patients)** a[1]

Yes ↓

Follow-up Plan for Clinical Depression Documented During the Measurement Period [INTERVENTION_CODE=SNM OR SCREEN_POS_PLAN_ CODE=HCPCS OR PREV_DRUG_CODES=RX NORM (Drug Exclusion = N)]

— Yes → **Performance Met: Include in Numerator (i.e., 276 Patients)** a[2]

No ↓

Performance Not Met: Do Not Include in Numerator

*See Data Guidance for further instructions to report this measure

v1.2

2013 GPRO-PREV-12 (NQF 0418): Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
This flow applies to PQRS GPRO Web Interface and ACO GPRO Web Interface

From Page
39

Patient Not Screened for Clinical Depression Using a Standardized Tool for Medical Reason(s) [DX_CODE=I9 OR I10 OR SNM OR EXCLUSION_ CODE =HCPCS]

—Yes→ **Denominator Exclusion: Subtract from Denominator** (i.e., 18 Patients) b^1

No

Patient Not Screened for Clinical Depression Using a Standardized Tool for Patient Reason(s) [EXCLUSION_CODE = HCPCS]

—Yes→ **Denominator Exclusion: Subtract from Denominator** (i.e., 23 Patients) b^2

No

Performance Not Met: Do Not Include in Numerator

SAMPLE CALCULATION:

Performance Rate=

$$\frac{\text{Performance Met } (a^1 = 50 \text{ Patients} + a^2 = 276 \text{ Patients})}{\text{Eligible Denominator } (d=411 \text{ Patients}) - \text{Denominator Exclusion } (b^1=18 \text{ Patients} + b^2=23 \text{ Patients})} = \frac{326 \text{ Patients}}{370 \text{ Patients}} = 88.11\%$$

CALCULATION MAY CHANGE PENDING PERFORMANCES MET ABOVE

*See Data Guidance for further instructions to report this measure

v1.2

2013 GPRO-PREV-12 (NQF 0418): Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

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

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

See Data Guidance for further instructions to report this measure.

1. Start processing 2013 GPRO PREV-12 (NQF 0418) Flow for the patients that qualified for sample in the PREV-12 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 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 clinical depression using an age appropriate standardized tool during the measurement period. Variable Names: SCREENING_CODE=I9 OR I10 OR HCPCS **OR** SCREEN_POS_PLAN_CODE=HCPCS **OR** SCREEN_NEG_PLAN_CODE=HCPCS.
   a. If no, the patient was not screened for clinical depression using an age appropriate standardized tool during the measurement period, continue processing and proceed to step 6.
   b. If yes, the patient was screened for clinical depression using an age appropriate standardized tool during the measurement period, continue processing and proceed to step 4.

4. Check to determine if the patient had a positive screen for clinical depression during the measurement period. Variable Names: SCREEN_POS_PLAN_CODE=HCPCS.
   a. If no, the patient did not have a positive screen for clinical depression during the measurement period, 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. 50 patients). Stop processing.
   b. If yes, patient had a positive screen for clinical depression during the measurement period, continue processing.

5. Check to determine if the patient had a follow-up plan for clinical depression documented during the measurement period. Variable Names: INTERVENTION_CODE=SNM **OR** SCREEN_POS_PLAN_CODE=HCPCS **OR** PREV_DRUG_CODES=RXNORM (drug exclusion=N).
   a. If no, the patient did not a follow-up plan for clinical depression documented during the measurement period, performance is not met and the patient should not be included in the numerator. Stop processing.
   b. If yes, the patient had a follow-up plan for clinical depression documented during the measurement period, 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. 276 patients). Stop processing.

6. Check to determine if the patient was <u>Not</u> screened for clinical depression using a standardized tool for medical reason(s). Variable Names: DX_CODE=I9 <u>OR</u> I10 <u>OR</u> SNM **OR** EXCLUSION_CODE=HCPCS.
   a. If no, the patient was <u>Not</u> screened for clinical depression using a standardized tool for medical reason(s), continue processing
   b. If yes, the patient was <u>Not</u> screened for clinical depression using a standardized tool 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. 18 patients) Stop processing.

7. Check to determine if the patient was <u>Not</u> screened for clinical depression using a standardized tool for patient reason(s). Variable Names: EXCLUSIONS_CODE=HCPCS.
   a. If no, the patient <u>Not</u> screened for clinical depression using a standardized tool for patient reason(s), performance is not met and the patient should not be included in the numerator. Stop processing.
   b. If yes, the patient was <u>Not</u> screened for clinical depression using a standardized tool for patient 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. 23 patients). Stop processing.

Sample Calculation
Performance Rate Equals
Performance Met is category a in the measure flow (326 patients)
Eligible Denominator is category d in measure flow (411 patients)
Denominator Exclusion is category b in measure flow (41 patients)
326 (Performance Met) divided by 370 (Eligible Denominator minus Denominator Exclusions) equals a performance rate of 88.11 percent
Calculation May Change Pending Performance Met