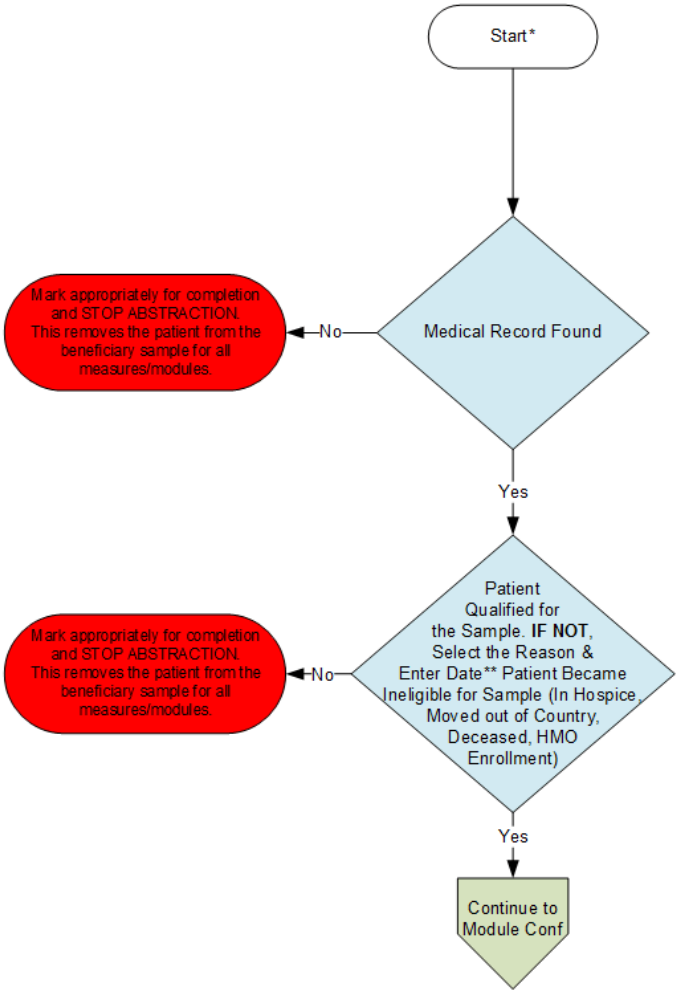
Patient Confirmation Flow

For 2015, 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. Refer to the Data Guidance for further instructions.

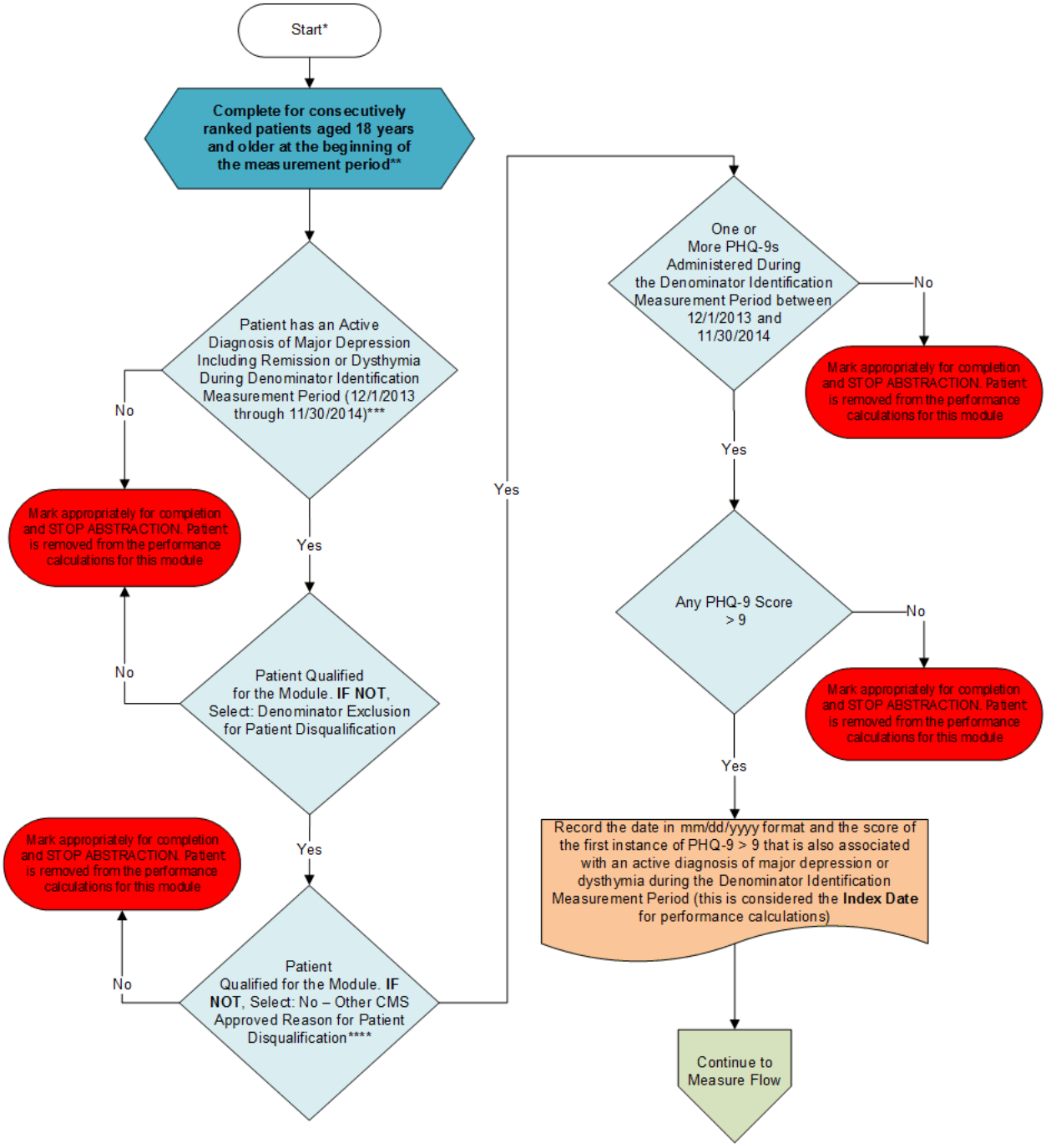


*See Data Guidance for further instructions to report this measure
**If date is unknown, enter 12/31/15

v3.0

Module Confirmation Flow for MH Module

For 2015, module or measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" will need to be done for each measure/module where the patient appears. Refer to the Data Guidance for further instructions.



*See Data Guidance for further instructions to report this module

**Further information regarding patient selection for specific disease modules and patient care measures can be found in the Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the MH module. If this is the case, the system will automatically remove the patient from the measure requirements.

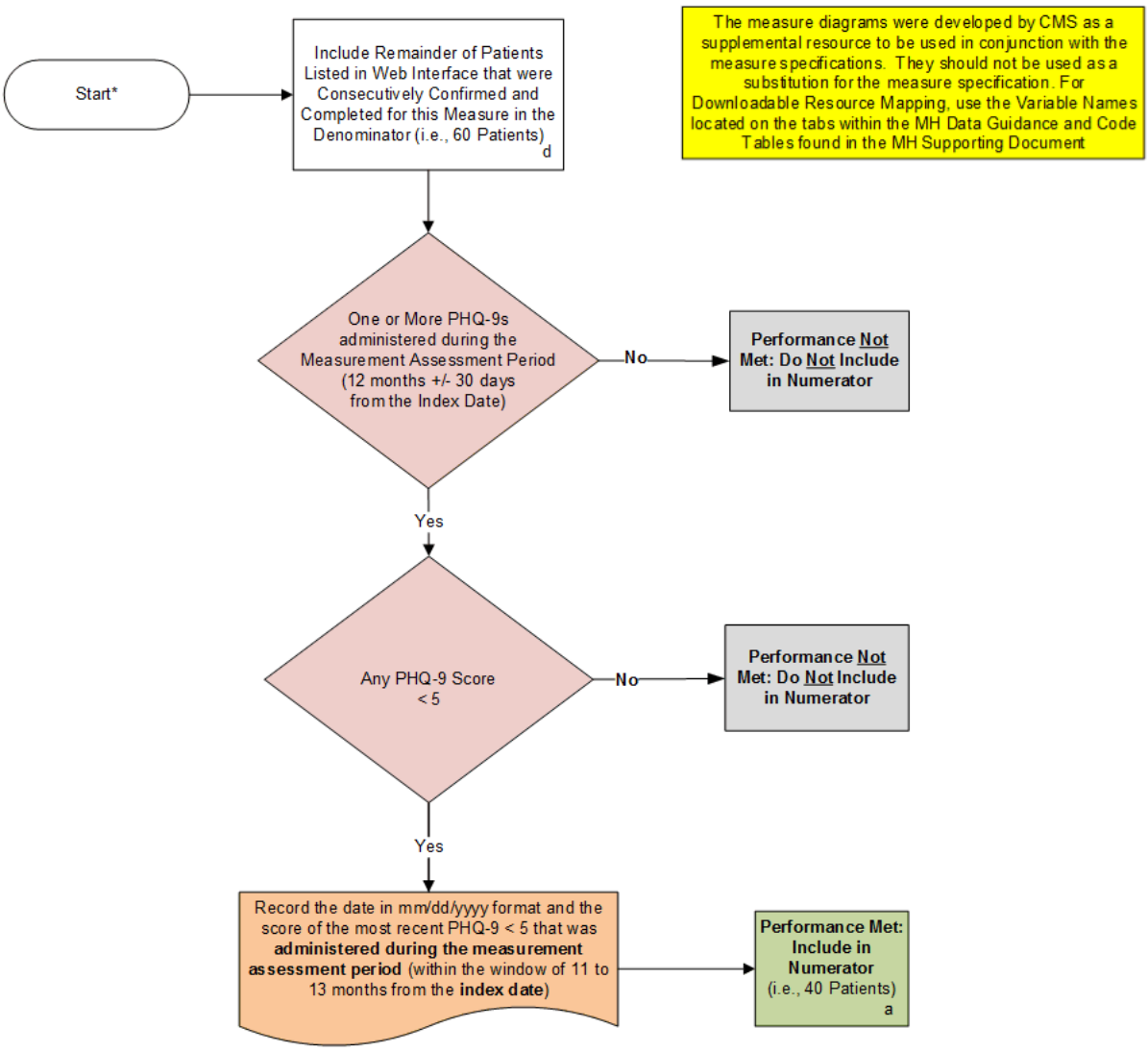
***The active diagnosis of Major Depression Including Remission or Dysthymia may correspond to a primary diagnosis at a psychiatric visit or any diagnosis (primary, secondary, etc.) at an office visit

****"Other CMS Approved Reason" is requested and approved by opening a Help Desk Ticket at Qnetsupport@hcqis.org

v3.0

2015 GPRO MH-1 (NQF 0710): Depression Remission at Twelve Months

This flow applies to GPRO Web Interface



SAMPLE CALCULATION:

Performance Rate=

Performance Met (a=40 Patients) / Eligible Denominator (d=60 Patients) = 40 Patients / 60 Patients = 66.67%

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

*See Data Guidance for further instructions to report this measure

v3.0

Patient Confirmation Flow

For 2015, 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. Refer to the Data Guidance for further instructions.

1. Start Patient Confirmation Flow.

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 beneficiary sample for all measures/modules. 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 (if date is unknown, enter 12/31/2015) 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 beneficiary sample for all measures/modules. Stop processing.
    b. If yes, the patient does qualify for the sample; continue to the Module Confirmation Flow for MH Module.

Module Confirmation Flow for MH Module

For 2015, module or measure specific reasons a patient is “Not Confirmed” or excluded for “Denominator Exclusion” or “Other CMS Approved Reason” will need to be done for each measure/module where the patient appears. Refer to the Data Guidance for further instructions.

1. Start Module Confirmation Flow for MH Module. Complete for consecutively ranked patients aged 18 years and older at the beginning of the measurement period. Further information regarding patient selection for specific disease modules and patient care measures can be found in the Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the MH module. If this is the case, the system will automatically remove the patient from the measure requirements.

2. Check to determine if the patient has an active diagnosis of major depression including remission or dysthymia during the denominator identification measurement period (12/1/2013 through 11/30/2014). The active diagnosis of major depression including remission or dysthymia may correspond to a primary diagnosis at a psychiatric visit or any diagnosis (primary, secondary, etc.) at an office visit.
    a. If no, the patient does not have an active diagnosis of major depression including remission or dysthymia during the denominator identification measurement period, mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this module. Stop processing
    b. If yes, the patient does have an active diagnosis of major depression including remission or dysthymia during the denominator identification measurement period, continue processing.

3. Check to determine if the patient qualifies for the module (Denominator Exclusion).
    a. If no, the patient does not qualify for the module select: Denominator Exclusion for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this module. Stop processing.
    b. If yes, the patient does qualify for the module, continue processing.

4. Check to determine if the patient qualifies for the module (Other CMS Approved Reason).
    a. If no, the patient does not qualify for the module select: No – Other CMS Approved Reason for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this module. “Other CMS Approved Reason” is requested and approved by opening a Help Desk Ticket at Qnetsupport@hcqis.org. Stop processing.
    b. If yes, the patient does qualify for the module, continue processing.

5. Check to determine if the patient had one or more PHQ-9s administered during the denominator identification measurement period between 12/1/2013 and 11/30/2014.
    a. If no, the patient did not have one or more PHQ-9s administered during the denominator identification measurement period, mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this module. Stop processing.

b. If yes, the patient did have one or more PHQ-9s administered during the denominator identification measurement period, continue processing.

6. Check to determine if the patient had any PHQ-9 score greater than 9.
    a. If no, the patient did not have any PHQ-9 score greater than 9, mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this module. Stop processing.
    b. If yes, the patient did have a PHQ-9 score greater than 9, record the date in mm/dd/yyyy format and the score of the first instance of PHQ-9 greater than 9 that is also associated with an active diagnosis of major depression or dysthymia during the denominator identification measurement period (this is considered the **index date** for performance calculations). Continue to the MH-1 measure flow.

2015 GPRO-MH-1 (NQF 0710): Depression Remission at Twelve Months

This flow applies to GPRO Web Interface

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used as a substitution for the measure specifications. For Downloadable Resource Mapping, use the Variable Names located on the tabs within the MH Data Guidance and Code Tables found in the MH Supporting Document.

1. Start processing 2015 GPRO MH-1 (NQF 0710) Flow for the patients that qualified for the sample in the Patient Confirmation Flow and the Module Confirmation Flow for MH Module. 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 calculation in the flow these patients would fall into the 'd' category (eligible denominator, i.e. 60 patients).

2. Check to determine if the patient had one or more PHQ-9s administered during the measurement assessment period (12 months +/- 30 days from the index date).
    a. If no, patient did not have one or more PHQ-9s administered during the measurement assessment period, performance is not met and the patient will not be included in the numerator. Stop processing.
    b. If yes, the patient did have one or more PHQ-9s administered during the measurement assessment period, continue processing.

3. Check to determine if the patient had any PHQ-9 score less than 5.
    a. If no, patient did not have any PHQ-9 score less than 5, performance is not met and the patient should not be included in the numerator. Stop processing.
    b. If yes, patient did have a PHQ-9 score less than 5, enter the date in mm/dd/yyyy format and the score of the most recent PHQ-9 less than 5 that was administered during the measurement assessment period (within the window of 11 to 13 months from the **index date**). Performance is met and the patient will be included in the numerator. For the sample calculation in the flow these patients would fall into the 'a' category (numerator, i.e. 40 patients). Stop processing.

Sample Calculation
Performance Rate Equals
Performance Met is category 'a' in the measure flow (40 patients)
Eligible Denominator is category 'd' in measure flow (60 patients)
40 (Performance Met) divided by 60 (Eligible Denominator) equals a performance rate of 66.67 percent
Calculation May Change Pending Performance Met