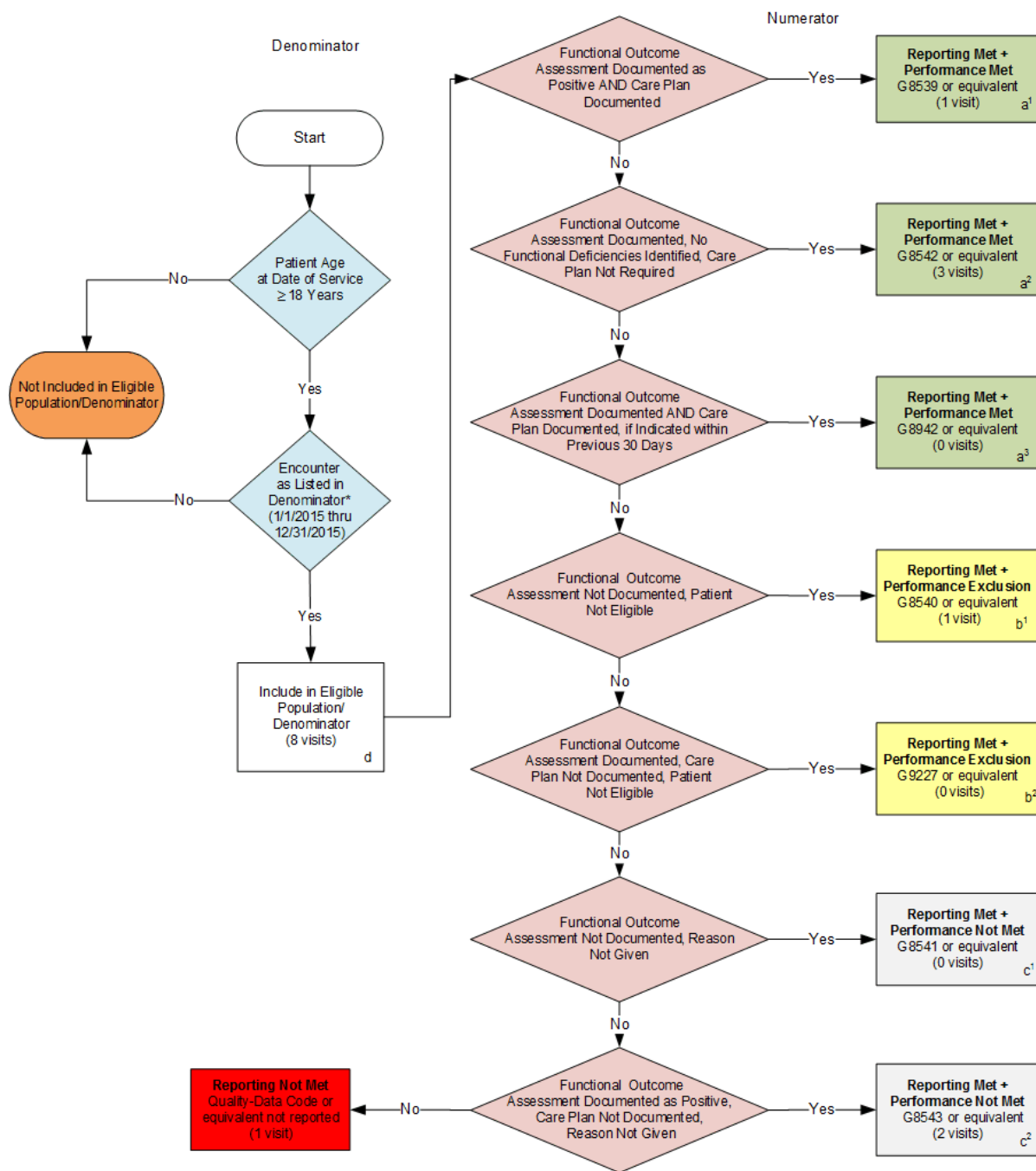


## 2015 Claims/Registry Individual Measure Flow PQRS #182: Functional Outcome Assessment



### SAMPLE CALCULATIONS:

#### Reporting Rate=

Performance Met ( $a^1 + a^2 + a^3 = 4$  visits) + Performance Exclusion ( $b^1 + b^2 = 1$  visit) + Performance Not Met ( $c^1 + c^2 = 2$  visits) = 7 visits = 87.50%  
Eligible Population / Denominator ( $d = 8$  visits) = 8 visits

#### Performance Rate=

Performance Met ( $a^1 + a^2 + a^3 = 4$  visits) = 4 visits = 66.66%  
Reporting Numerator (7 visits) - Performance Exclusion ( $b^1 + b^2 = 1$  visit) = 6 visits

\*See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Report Frequency- Visit

## **2015 Claims/Registry Individual Measure Flow**

### **PQRS #182: Functional Outcome Assessment**

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Patient Age:
  - a. If the Age is greater than or equal to 18 years of age at Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
  - b. If the Age is greater than or equal to 18 years of age at Date of Service and equals Yes during the measurement period, proceed to check Encounter Performed.
3. Check Encounter Performed:
  - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible Population.
4. Denominator Population:
  - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 visits in the sample calculation.
5. Start Numerator
6. Check Functional Outcome Assessment Documented as Positive AND Care Plan Documented:
  - a. If Functional Outcome Assessment Documented as Positive AND Care Plan Documented equals Yes, include in Reporting Met and Performance Met.
  - b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a<sup>1</sup> equals 1 visit in Sample Calculation.
  - c. If Functional Outcome Assessment Documented as Positive AND Care Plan Documented equals No, proceed to Functional Outcome Assessment Documented as Negative, No Functional Deficiencies Identified, Care Plan Not Required.
7. Check Functional Outcome Assessment Documented, No Functional Deficiencies Identified, Care Plan Not Required:
  - a. If Functional Outcome Assessment Documented, No Functional Deficiencies Identified, Care Plan Not Required equals Yes, include in Reporting Met and Performance Met.
  - b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a<sup>2</sup> equals 3 visits in the Sample Calculation.

- c. If Functional Outcome Assessment Documented, No Functional Deficiencies Identified, Care Plan Not Required equals No, proceed to Functional Outcome Assessment Documented AND Care Plan Documented, if Indicated within Previous 30 Days.
- 8. Check Functional Outcome Assessment Documented AND Care Plan Documented, if Indicated within Previous 30 Days:
  - a. If Functional Outcome Assessment Documented AND Care Plan Documented, if Indicated within Previous 30 Days equals Yes, include in the Reporting Met and Performance Met.
  - b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a<sup>3</sup> equals 0 visits in the Sample Calculation.
  - c. If Functional Outcome Assessment Documented AND Care Plan Documented, if Indicated within Previous 30 Days equals No, proceed to Functional Outcome Assessment Not Documented, Patient Not Eligible.
- 9. Check Functional Outcome Assessment Not Documented, Patient Not Eligible:
  - a. If Functional Outcome Assessment Not Documented, Patient Not Eligible equals Yes, include in Reporting Met and Performance Exclusion.
  - b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b<sup>1</sup> equals 1 visit in the Sample Calculation.
  - c. If Functional Outcome Assessment Not Documented, Patient Not Eligible equals No, proceed to Functional Outcome Assessment Documented, Care plan Not Documented, Patient Not Eligible.
- 10. Check Functional Outcome Assessment Documented, Care plan Not Documented, Patient Not Eligible:
  - a. If to Functional Outcome Assessment Documented, Care plan Not Documented, Patient Not Eligible equals Yes, include in Reporting Met and Performance Exclusion.
  - b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter b<sup>2</sup> equals 0 visits in the Sample Calculation.
  - c. If Functional Outcome Assessment Documented, Care plan Not Documented, Patient Not Eligible equals No, proceed to Functional Outcome Assessment Not Documented, Reason Not Given.
- 11. Check Functional Outcome Assessment Not Documented, Reason Not Given:
  - a. If Functional Outcome Assessment Not Documented, Reason Not Given equals Yes, include in Reporting Met and Performance Not Met.
  - b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter c<sup>1</sup> equals 0 visits in the Sample Calculation.
  - c. If Functional Outcome Assessment Not Documented, Reason Not Given equals No, proceed to Functional Outcome Assessment Documented as Positive, Care Plan Not Documented, Reason Not Given.

12. Check Functional Outcome Assessment Documented as Positive, Care Plan Not Documented, Reason Not Given:
  - a. If Functional Outcome Assessment Documented as Positive, Care Plan Not Documented, Reason Not Given equals Yes, include in Reporting Met and Performance Not Met.
  - b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter c<sup>2</sup> equals 2 visits in the Sample Calculation.
  - c. If Functional Outcome Assessment Documented as Positive, Care Plan Not Documented, Reason Not Given equals No, proceed to Reporting Not Met.
13. Check Reporting Not Met:
  - a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 visit has been subtracted from the reporting numerator in the sample calculation.

**SAMPLE CALCULATIONS:**

**Reporting Rate=**

$$\frac{\text{Performance MeT (a'+a''+a''=4 visits) + Performance Exclusion (b'+b''= 1 visit) + Performance Not Met (c'+c''=2 visits)}}{\text{Eligible Population / Denominator (d=8 visits)}} = \frac{7 \text{ visits}}{8 \text{ visits}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance MeT (a'+a''+a''=4 visits)}}{\text{Reporting Numerator (7 visits) – Performance Exclusion (b'+ b''=1 visit)}} = \frac{4 \text{ visits}}{6 \text{ visits}} = 66.66\%$$