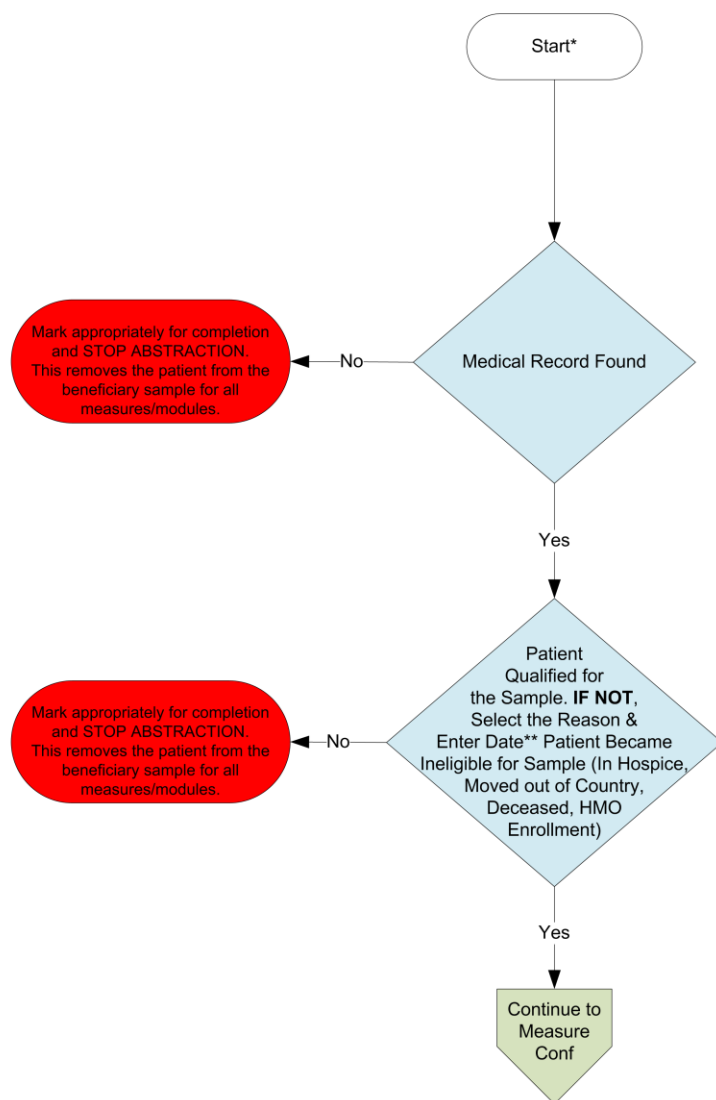


Patient Confirmation Flow

For 2016, 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.

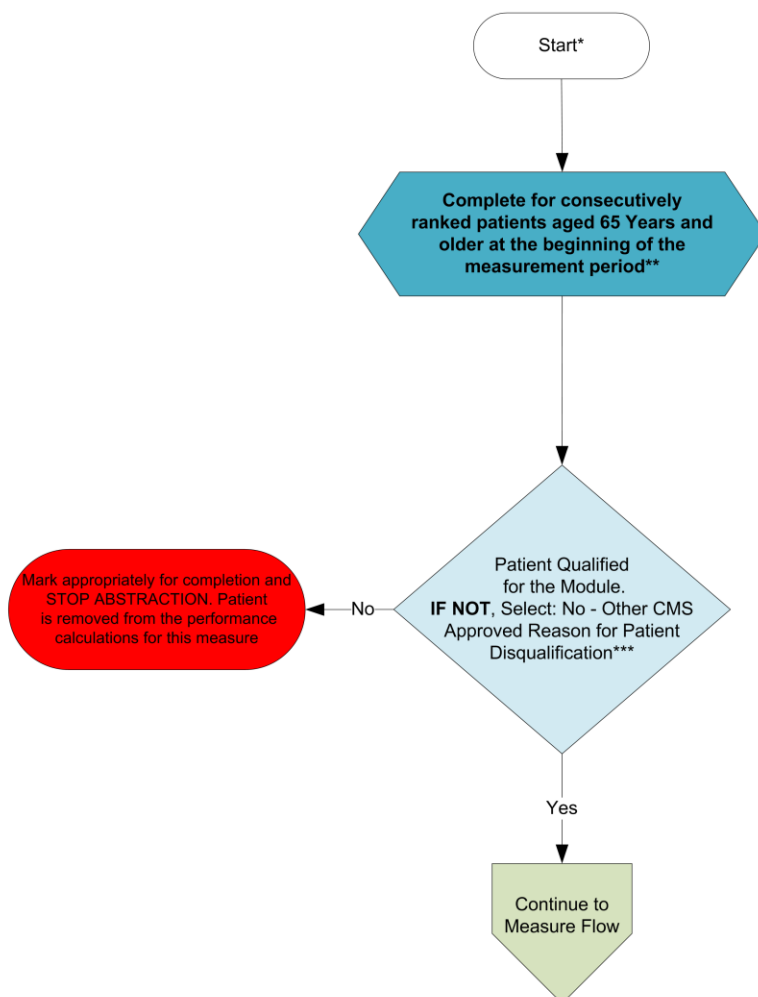


*See Data Guidance for further instructions to report the CARE measures

**If date is unknown, enter 12/31/2016

Measure Confirmation Flow for Care-2

For 2016, 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.

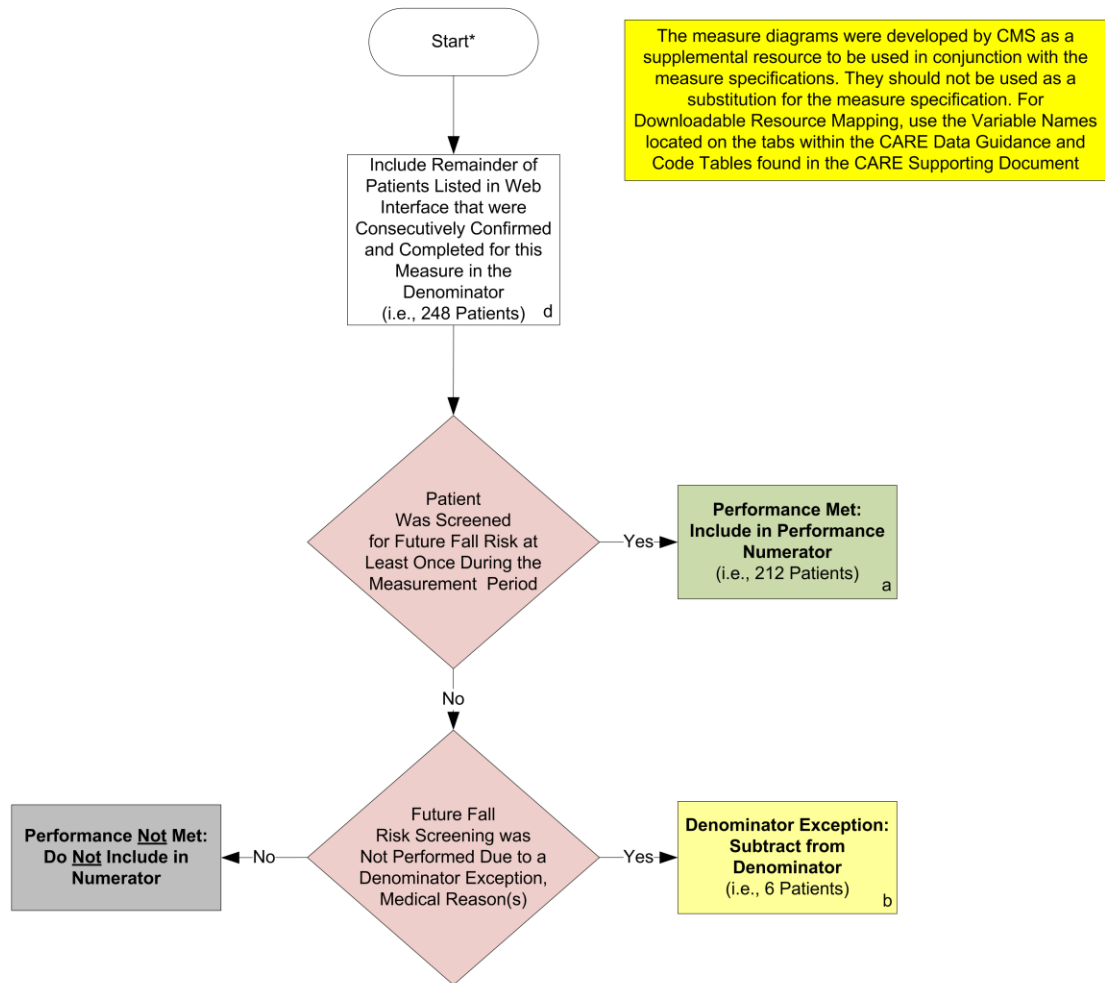


*See Data Guidance for further instructions to report this measure

**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 CARE-2 measure. If this is the case, the system will automatically remove the patient from the measure requirements.

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

2016 GPRO CARE-2 (NQF 0101): Falls: Screening for Future Fall Risk
 This flow applies to the GPRO Web Interface



SAMPLE CALCULATION:

Performance Rate=

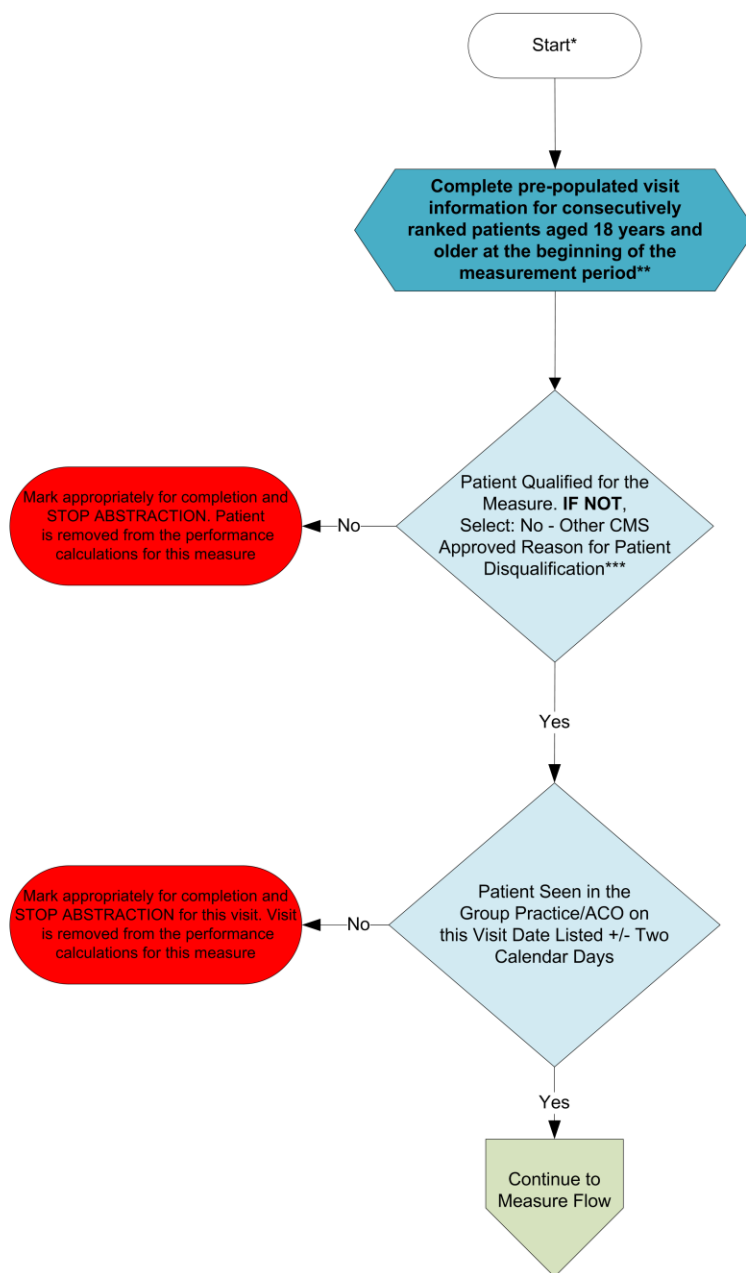
$$\frac{\text{Performance Met (a = 212 Patients)}}{\text{Eligible Denominator (d = 248 Patients) - Denominator Exception (b = 6 Patients)}} = \frac{212 \text{ Patients}}{242 \text{ Patients}} = 87.60\%$$

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

*See Data Guidance for further instructions to report this measure

Measure Confirmation Flow for Care-3

For 2016, 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 measure

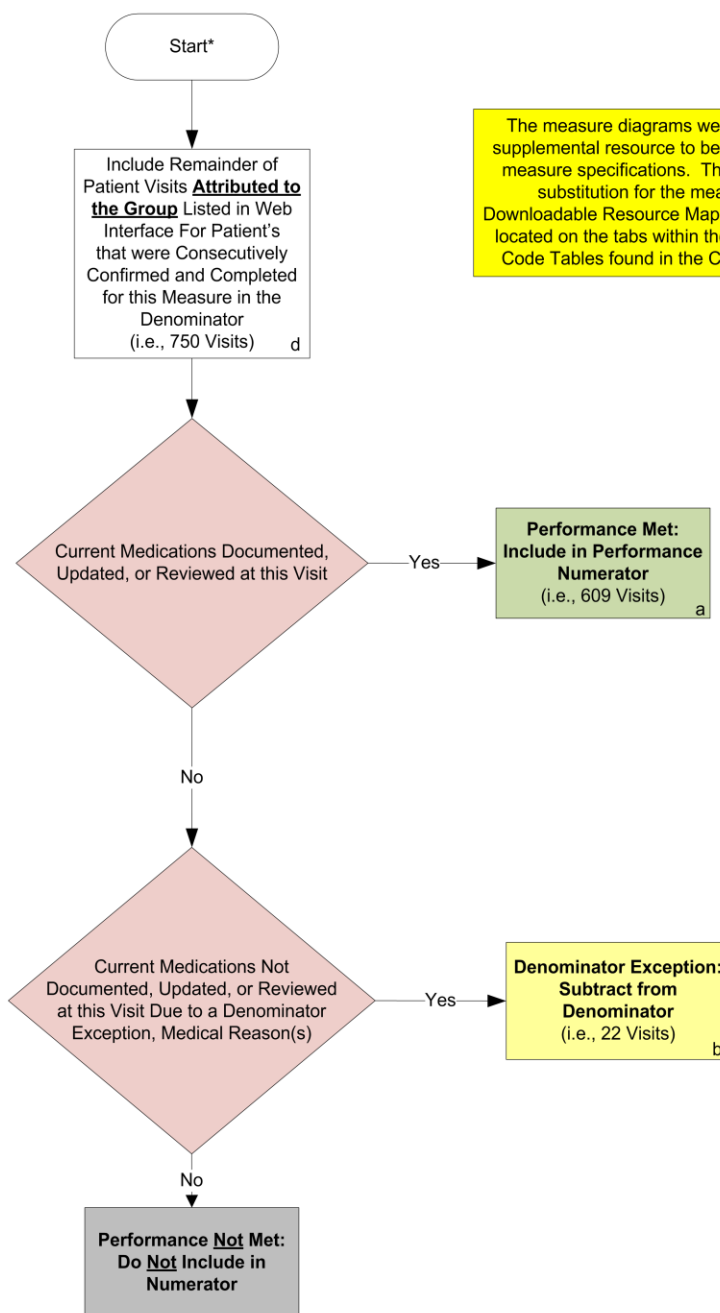
**Further information regarding patient selection for specific disease modules and patient care measures can be found in the Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the CARE-3 measure. If this is the case, the system will automatically remove the patient from the measure requirements.

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

2016 GPRO CARE-3 (NQF 0419): Documentation of Current Medications in the Medical Record

This flow applies to GPRO Web Interface

Note: This measure applies to each patient visit



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 specification. For Downloadable Resource Mapping, use the Variable Names located on the tabs within the CARE Data Guidance and Code Tables found in the CARE Supporting Document

SAMPLE CALCULATION:

Performance Rate=

$$\frac{\text{Performance Met (a=609 Visits)}}{\text{Eligible Denominator (d=750 Visits) - Denominator Exception (b=22 Visits)}} = \frac{609 \text{ Visits}}{728 \text{ Visits}} = 83.65\%$$

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

*See Data Guidance for further instructions to report this measure

Patient Confirmation Flow

For 2016, 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 12/31/2016) 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 Measure Confirmation Flow for CARE-2.

Measure Confirmation Flow for CARE-2

For 2016, 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 Measure Confirmation Flow for CARE-2. Complete for consecutively ranked patients aged 65 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 CARE-2 measure. If this is the case, the system will automatically remove the patient from the measure requirements.
2. Check to determine if the patient qualifies for the measure (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 measure. “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 measure, continue to the CARE-2 measure flow.

2016 GPRO CARE-2 (NQF 0101): Falls: Screening for Future Fall Risk

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 CARE Data Guidance and Code Tables found in the CARE Supporting Document.

1. Start processing 2016 GPRO CARE-2 (NQF 0101) Flow for the patients that qualified for sample in the Patient Confirmation Flow and the Measure Confirmation Flow for Care-2. 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. 248 patients).
2. Check to determine if the patient was screened for future fall risk at least once during the measurement period.
 - a. If no, the patient was not screened for future fall risk at least once during the measurement period, continue processing.
 - b. If yes, the patient was screened for future fall risk at least once during the measurement period, 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. 212 patients). Stop processing.
3. Check to determine if the patient was Not screened for future fall risk due to a denominator exception, medical reason(s).
 - a. If no, the patient was Not screened for future fall risk due to a denominator exception, medical reason(s), performance is not met and should not be included in the numerator. Stop processing.
 - b. If yes, the patient was Not screened for future fall risk due to a denominator exception, medical reason(s), this is a denominator exception and the case should be subtracted from the eligible denominator. For the sample calculation in the flow these patients would fall into the 'b' category (denominator exception, i.e. 6 patients). Stop processing.

Sample Calculation

Performance Rate Equals

Performance Met is category 'a' in the measure flow (212 patients)

Eligible Denominator is category 'd' in measure flow (248 patients)

Denominator Exception is category 'b' in measure flow (6 patients)

212 (Performance Met) divided by 242 (Eligible Denominator minus Denominator Exception) equals a performance rate of 87.60 percent

Calculation May Change Pending Performance Met

Measure Confirmation Flow for CARE-3

For 2016, 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 Measure Confirmation Flow for CARE-3. Complete pre-populated visit information 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 CARE-3 measure. If this is the case, the system will automatically remove the patient from the measure requirements.
2. Check to determine if the patient qualifies for the measure (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 measure. “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 measure, continue processing.
3. Check to determine if the patient was seen in the group practice/ACO on this visit date (plus or minus two calendar days).
 - a. If no, the patient was not seen in the group practice/ACO on this visit date (plus or minus two calendar days), mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. Stop processing.
 - b. If yes, the patient was seen in the group practice/ACO on this visit date (plus or minus two calendar days), the patient is included in the eligible denominator for performance rate calculations. Continue to the CARE-3 measure flow.

2016 GPRO CARE-3 (NQF 0419): Documentation of Current Medications in the Medical Record

This flow applies to GPRO Web Interface

Note: This measure applies to each patient visit

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 CARE Data Guidance and Code Tables found in the CARE Supporting Document.

1. Start processing 2016 GPRO CARE-3 (NQF 0419) Flow for the patients that qualified for sample in the Patient Confirmation Flow and the Measure Confirmation Flow for Care-3. Note: Include remainder of patients **attributed to the group** listed in the Web Interface for patients 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. 750 visits).
2. Check to determine if the current medications were documented, updated, or reviewed at this visit.
 - a. If no, the current medications were not documented, updated or reviewed at this visit, continue processing.
 - b. If yes, the current medications were documented, updated, or reviewed at this visit, performance is met and this visit will be included in the numerator. For the sample calculation in the flow these patients would fall into the 'a' category (numerator, i.e. 609 visits). Stop processing.
3. Check to determine if the current medications documented, updated or reviewed was Not performed due to a denominator exception, medical reason(s).
 - a. If no, the current medications documented, updated or reviewed was Not performed due to a denominator exception, medical reason(s), performance is not met and should not be included in the numerator. Stop processing.
 - b. If yes, the current medications documented, updated or reviewed was Not performed due to a denominator exception, medical reason(s), this is a denominator exception and the visit should be subtracted from the eligible denominator. For the sample calculation in the flow these visits would fall into the 'b' category (denominator exception, i.e. 22 visits). Stop processing.

Sample Calculation

Performance Rate Equals

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

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

Denominator Exception is category 'b' in measure flow (22 visits)

609 (Performance Met) divided by 728 (Eligible Denominator minus Denominator Exception) equals a performance rate of 83.65 percent

Calculation May Change Pending Performance Met