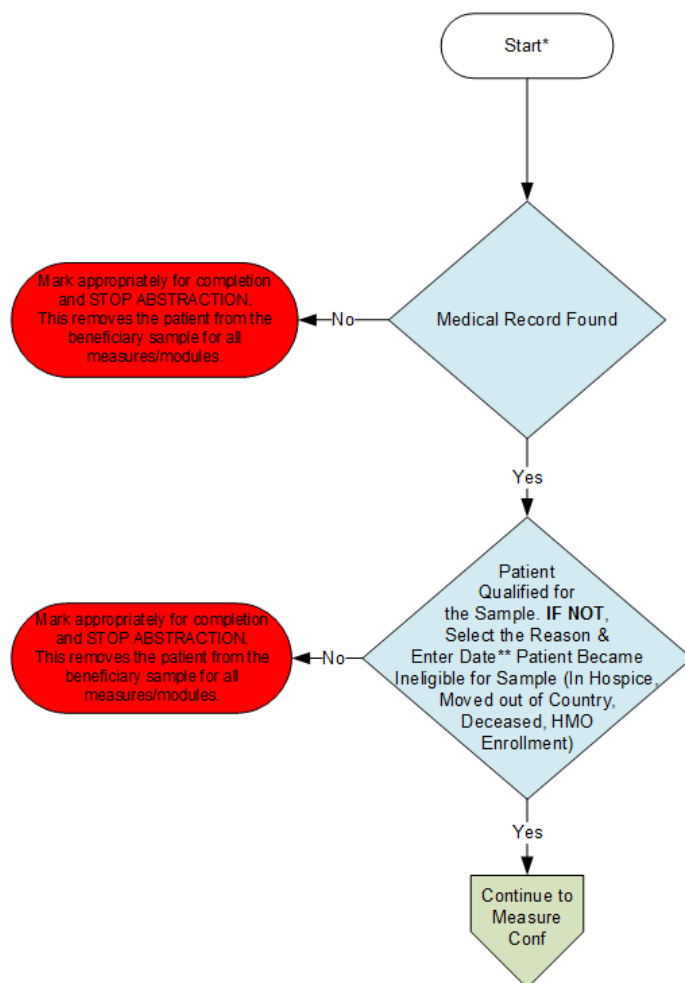


Patient Confirmation Flow

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.



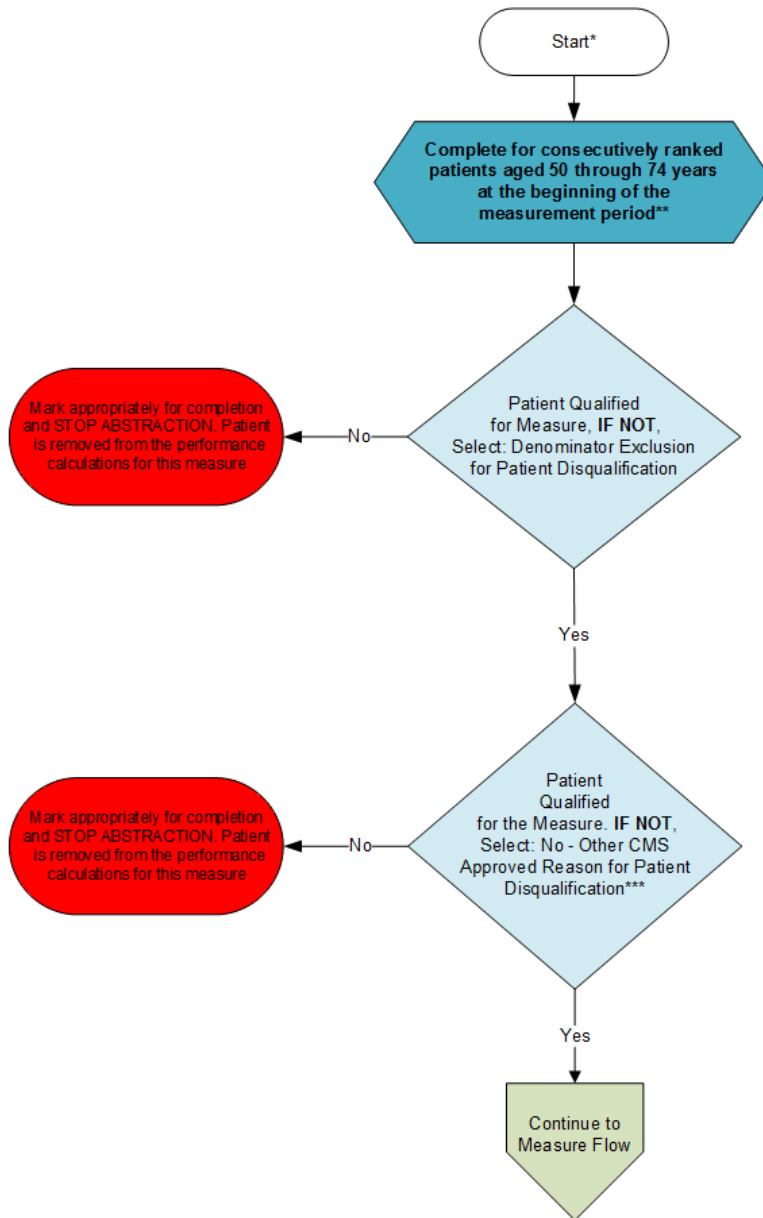
*See Data Guidance for further instructions to report the PREV measures

**If date is unknown, enter 12/31/2015

v3.0

Measure Confirmation Flow for PREV-5

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 measure

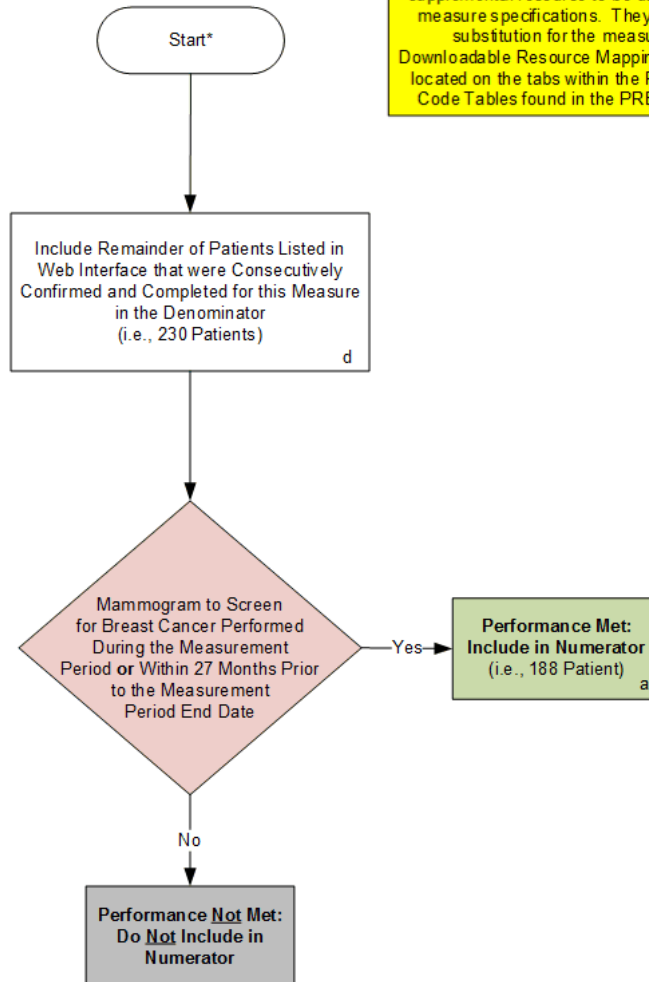
**Further information regarding patient selection for specific disease modules and patient care measures can be found in the Web Interface Sampling Methodology Document. For patients who have the incorrect gender or date of birth listed, a change of the gender or patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-5 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

v3.0

2015 GPRO PREV-5: Breast Cancer Screening
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 specification. For Downloadable Resource Mapping, use the Variable Names located on the tabs within the PREV Data Guidance and Code Tables found in the PREV Supporting Document



Performance Rate=

Performance Met (a=188 Patients)
 Eligible Denominator (d=230 Patients) =

SAMPLE CALCULATION:

$\frac{188 \text{ Patients}}{230 \text{ Patients}} = 81.74\%$

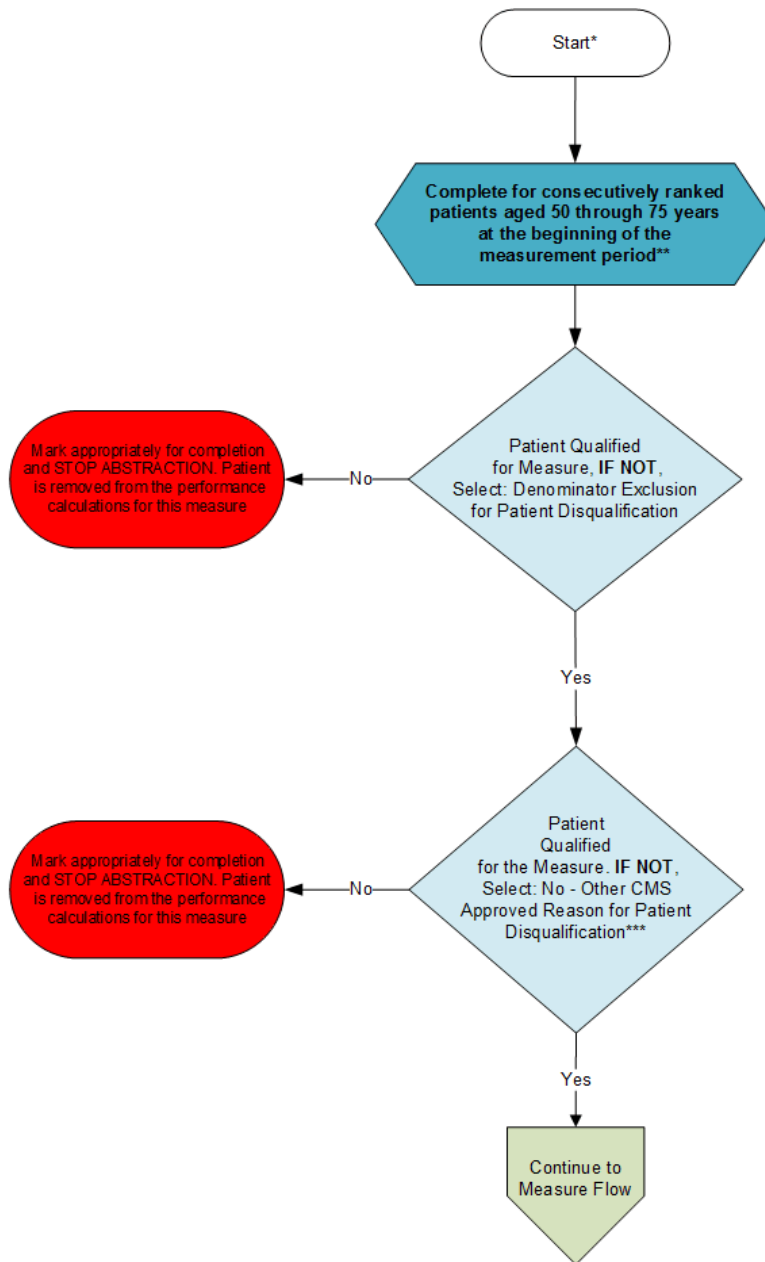
CALCULATION MAY CHANGE PENDING PERFORMANCES MET ABOVE

*See Data Guidance for further instructions to report this measure

v3.0

Measure Confirmation Flow for PREV-6

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.



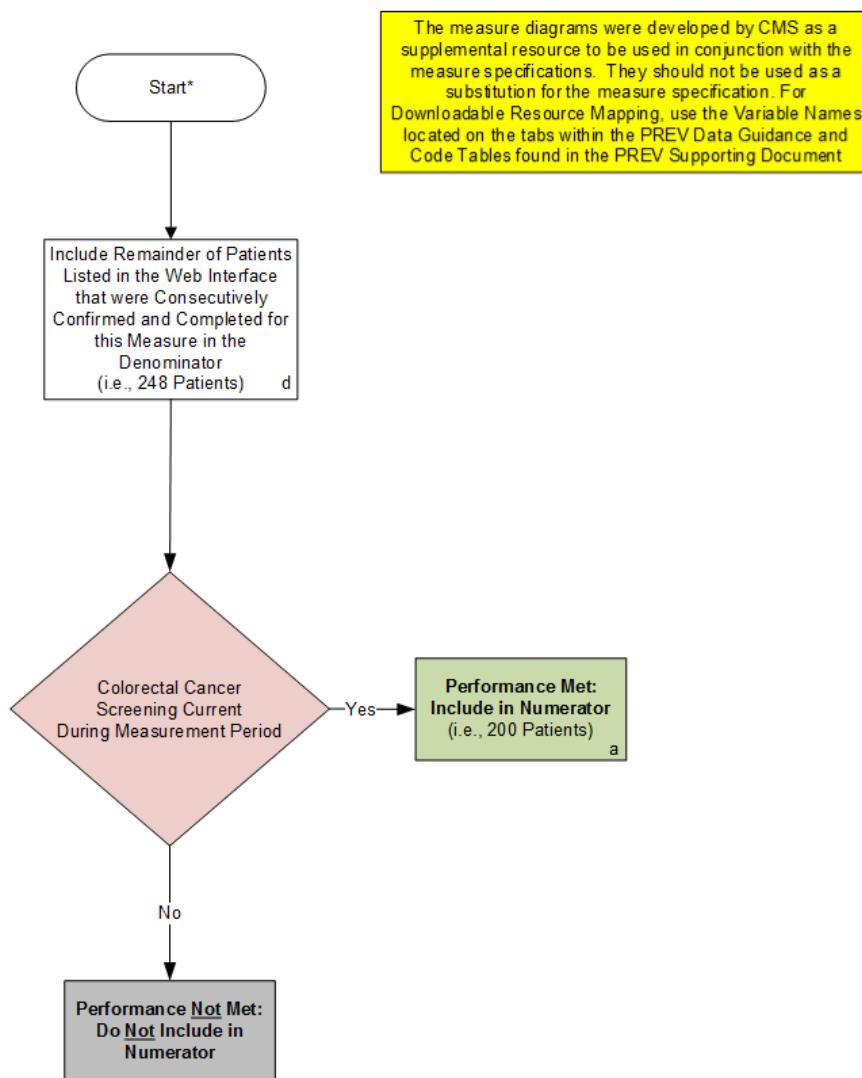
*See Data Guidance for further instructions to report this measure

**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 PREV-6 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

v3.0

2015 GPRO PREV-6 (NQF 0034): Colorectal Cancer Screening
 This flow applies to GPRO Web Interface



SAMPLE CALCULATION:

Performance Rate=

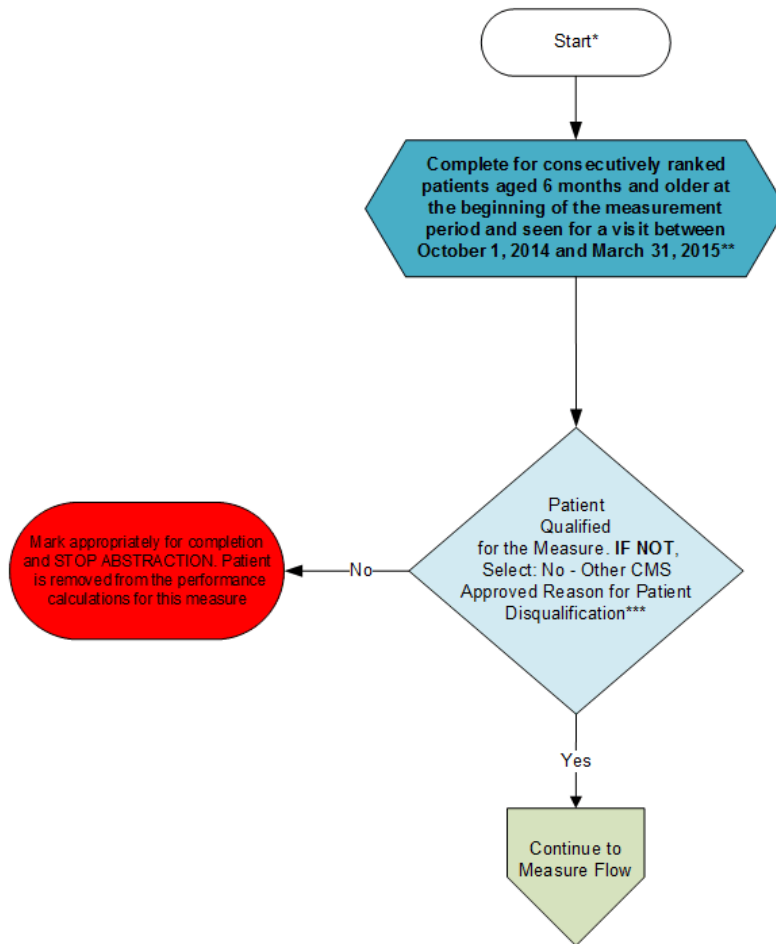
$$\frac{\text{Performance Met (a=200 Patients)}}{\text{Eligible Denominator (d=248 Patients)}} = \frac{200 \text{ Patients}}{248 \text{ Patients}} = 80.65\%$$

CALCULATION MAY CHANGE PENDING PERFORMANCES MET ABOVE

*See Data Guidance for further instructions to report this measure

Measure Confirmation Flow for PREV-7

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.



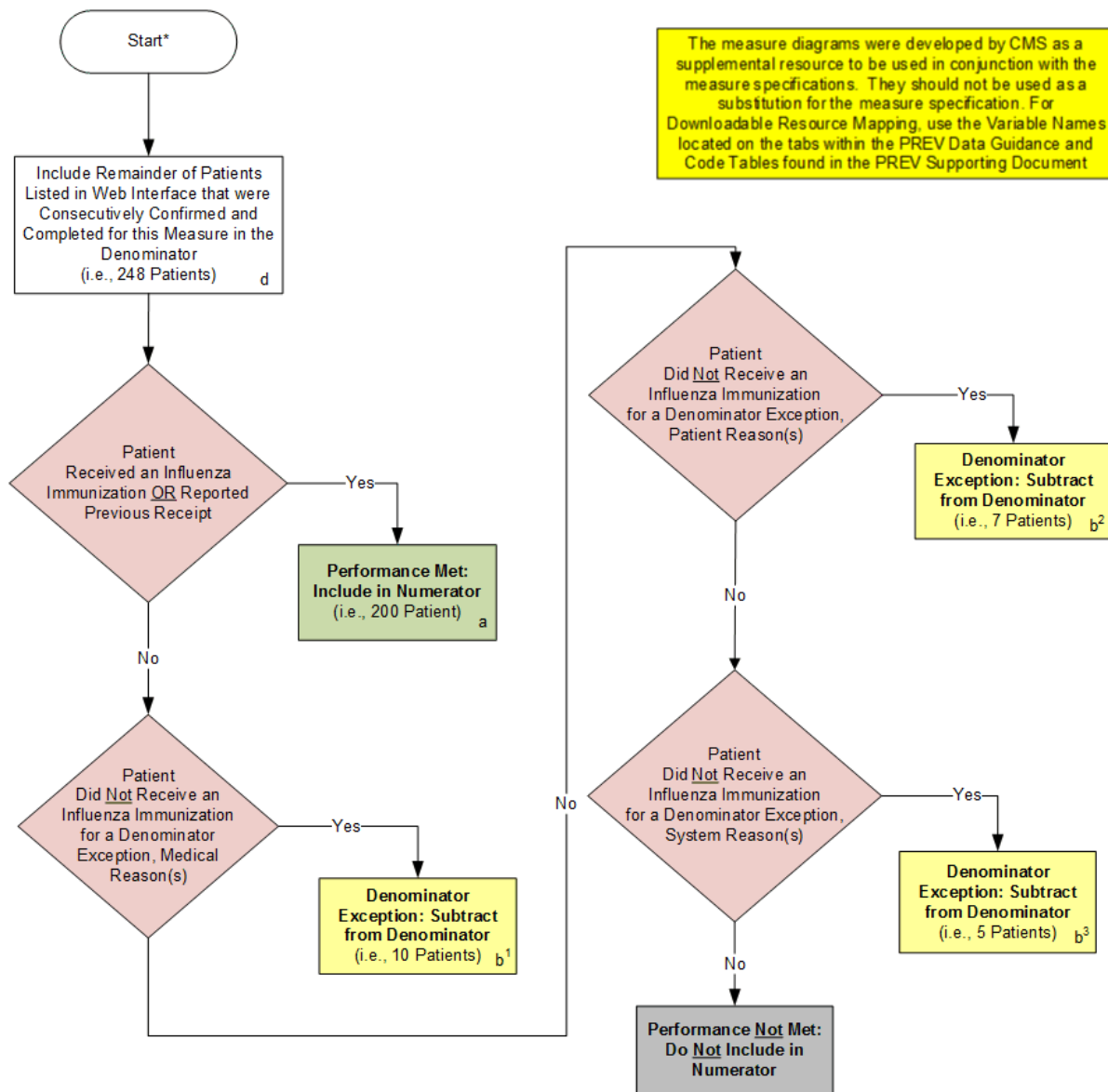
*See Data Guidance for further instructions to report this measure

**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 PREV-7 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

v3.0

2015 GPRO PREV-7 (NQF 0041): Preventive Care and Screening: Influenza Immunization
 This flow applies to GPRO Web Interface



SAMPLE CALCULATIONS:

Performance Rate=

Performance Met (a=200 Patients)

Eligible Denominator (d=248 Patients) - Denominator Exception (b¹=10 Patients + b²=7 Patients + b³=5 Patients) =

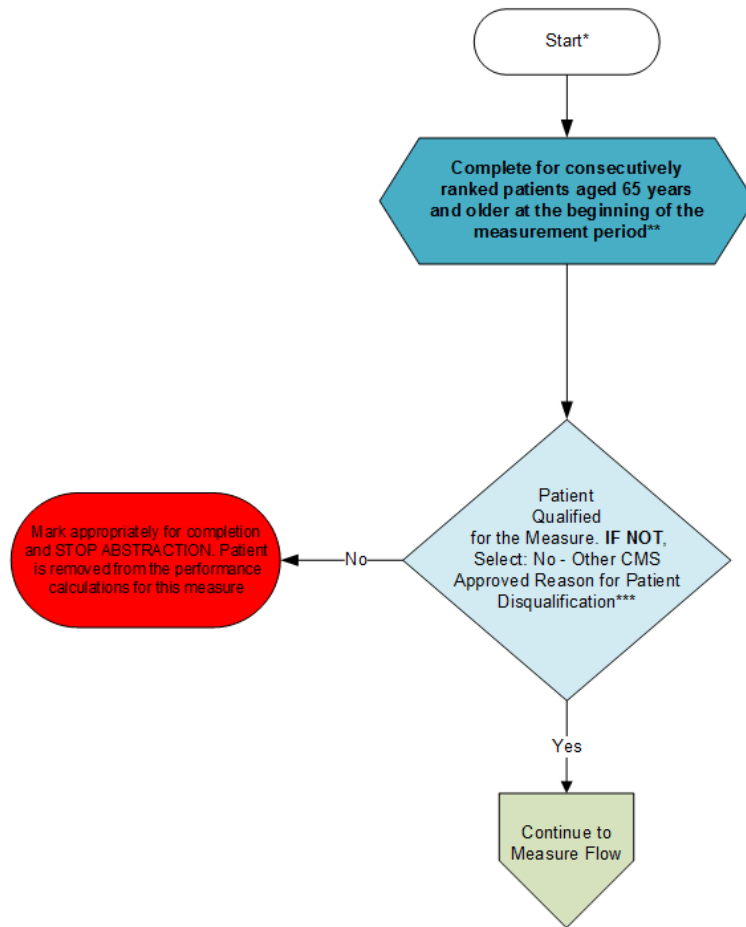
200 Patients = 88.50%
 226 Patients

CALCULATIONS MAY CHANGE PENDING PERFORMANCES MET ABOVE

*See Data Guidance for further instructions to report this measure

Measure Confirmation Flow for PREV-8

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.



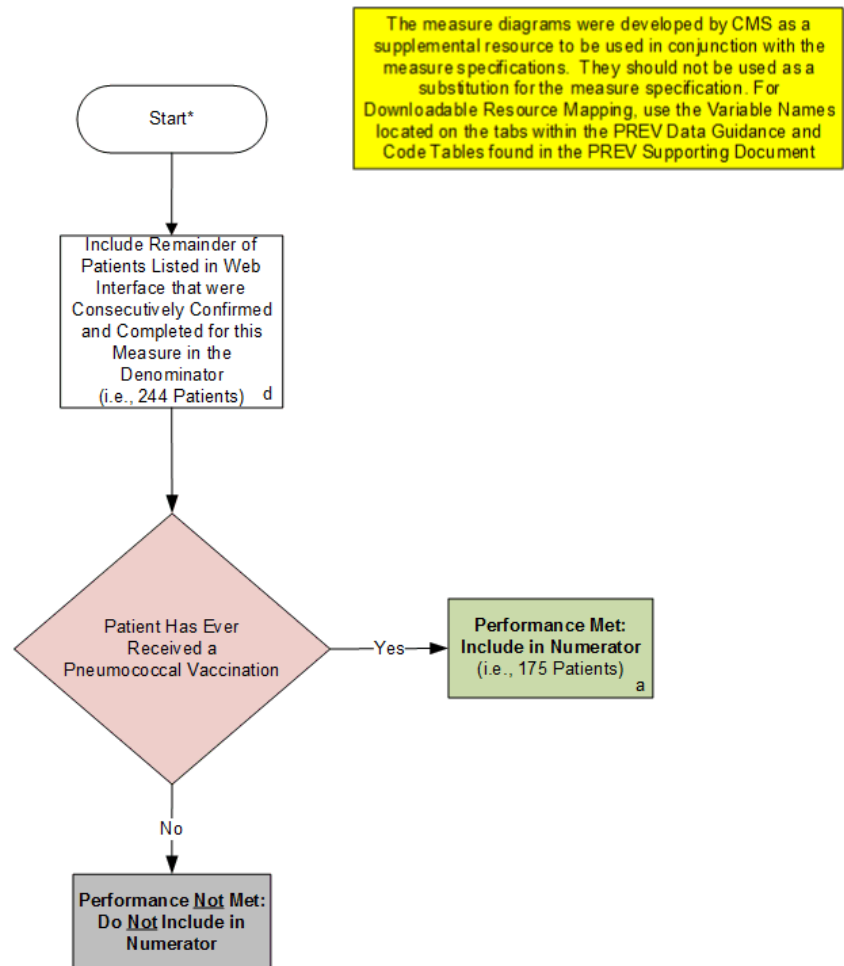
*See Data Guidance for further instructions to report this measure

**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 PREV-8 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

v3.0

2015 GPRO PREV-8 (NQF 0043): Pneumonia Vaccination Status for Older Adults
This flow applies to GPRO Web Interface



Performance Rate=

Performance Met (a=175 Patients) $\frac{175 \text{ Patients}}{244 \text{ Patients}} = 71.72\%$
 Eligible Denominator (d=244 Patients)

SAMPLE CALCULATION:

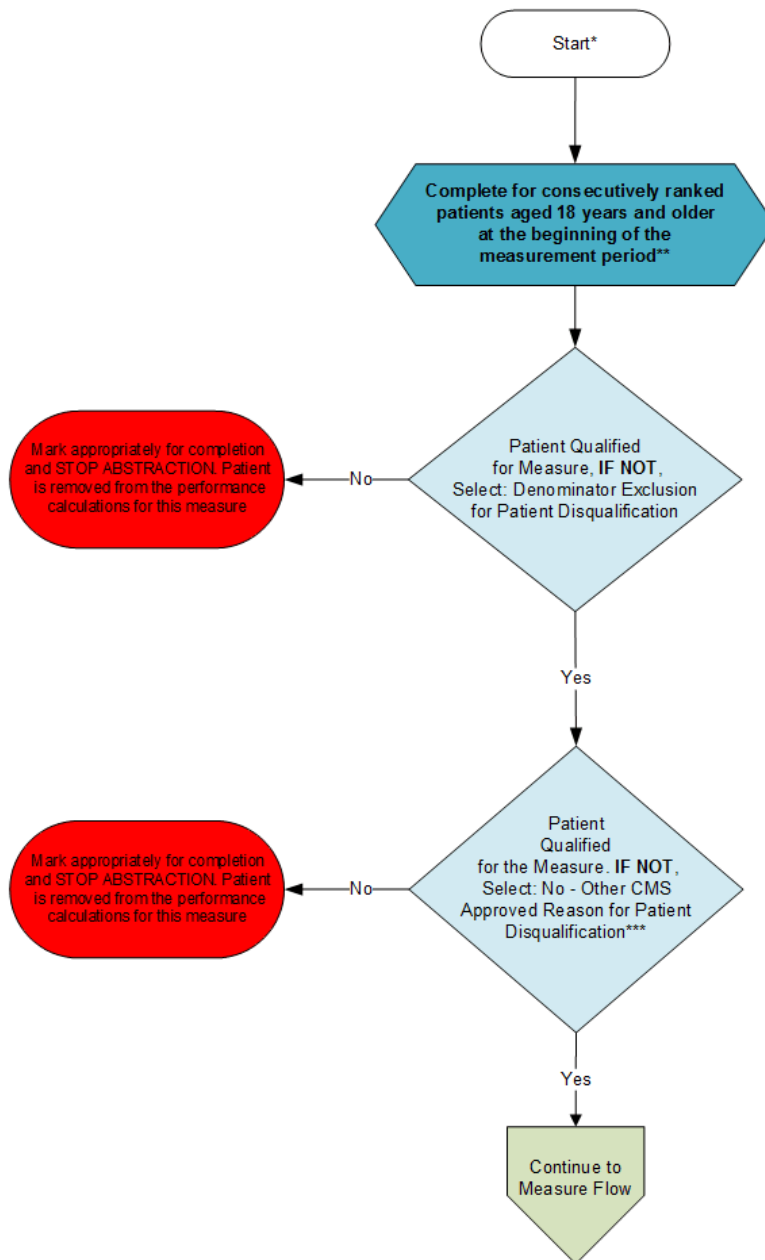
CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

*See Data Guidance for further instructions to report this measure

v3.0

Measure Confirmation Flow for PREV-9

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.



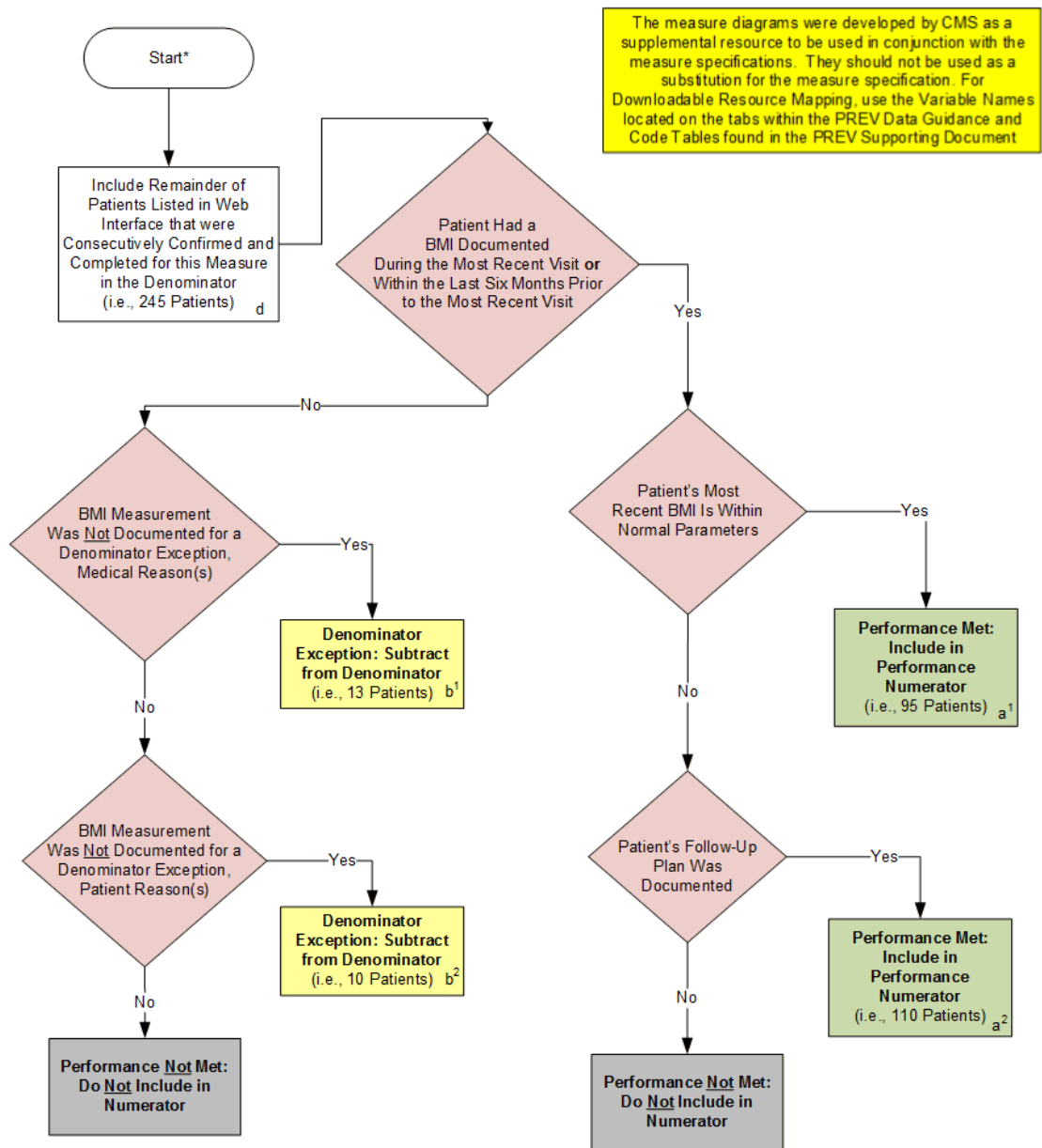
*See Data Guidance for further instructions to report this measure

**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 PREV-9 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

v3.0

2015 GPRO PREV-9 (NQF 0421): Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
 This flow applies to GPRO Web Interface



SAMPLE CALCULATION:

Performance Rate=

Performance Met (a¹=95 Patients + a²=110 Patients)

Eligible Denominator (d=245 Patients) - Denominator Exception (b¹=13 Patients+ b²=10 Patients) =

$\frac{205 \text{ Patients}}{222 \text{ Patients}} = 92.34\%$

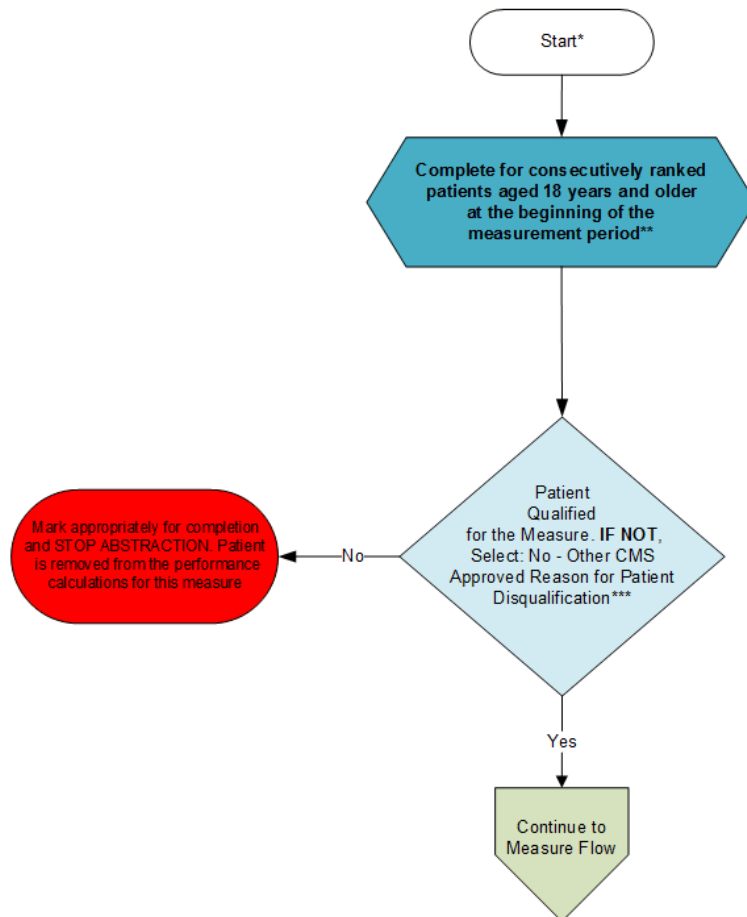
CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

*See Data Guidance for further instructions to report this measure

v3.0

Measure Confirmation Flow for PREV-10

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.



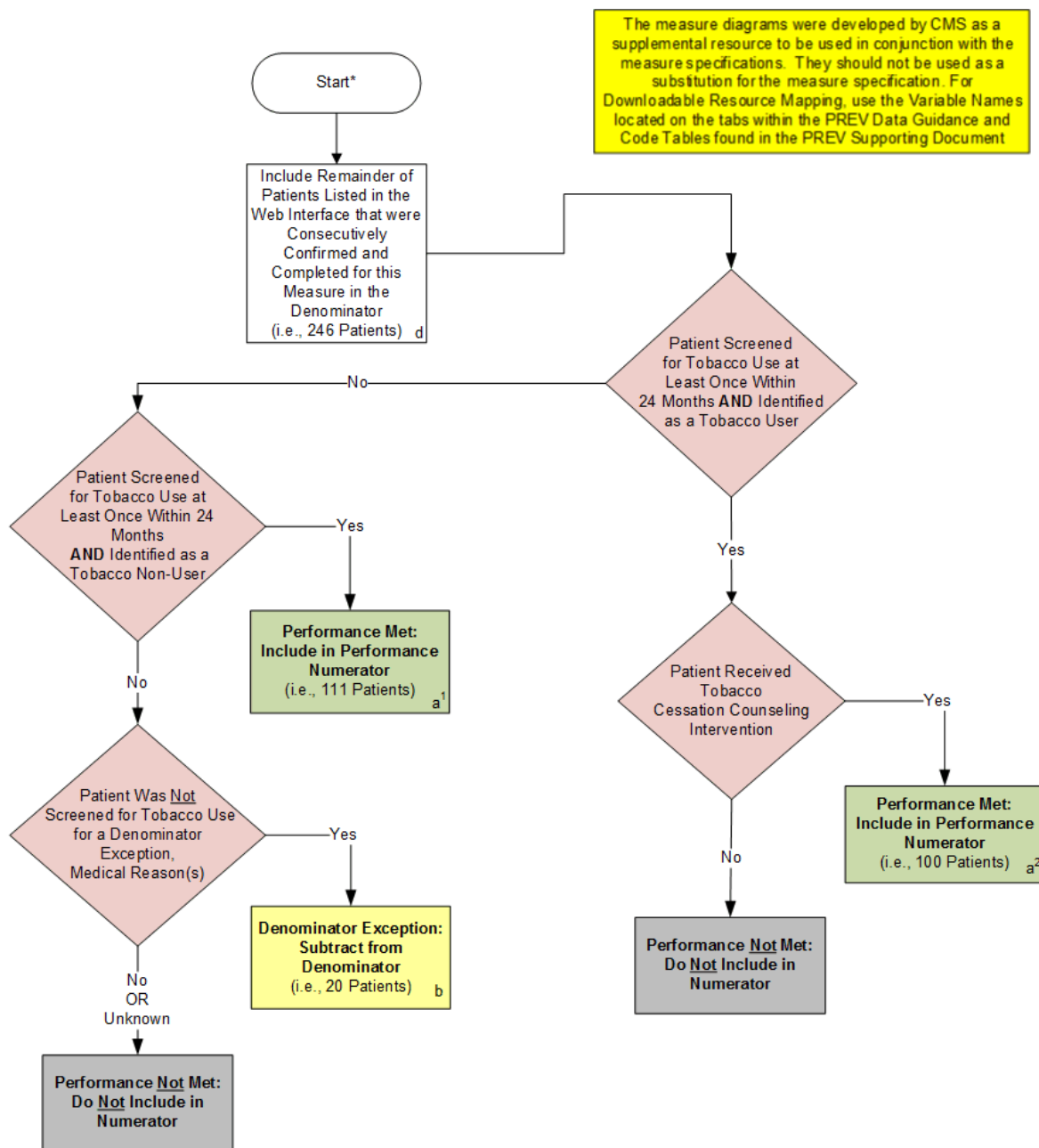
*See Data Guidance for further instructions to report this measure

**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 PREV-10 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

v3.0

2015 GPRO PREV-10 (NQF 0028): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
 This flow applies to GPRO Web Interface



SAMPLE CALCULATION:

Performance Rate=

Performance Met (a¹=111 Patients + a²=100 Patients)

Eligible Denominator (d=246 Patients) - Denominator Exception (b=20 Patients) =

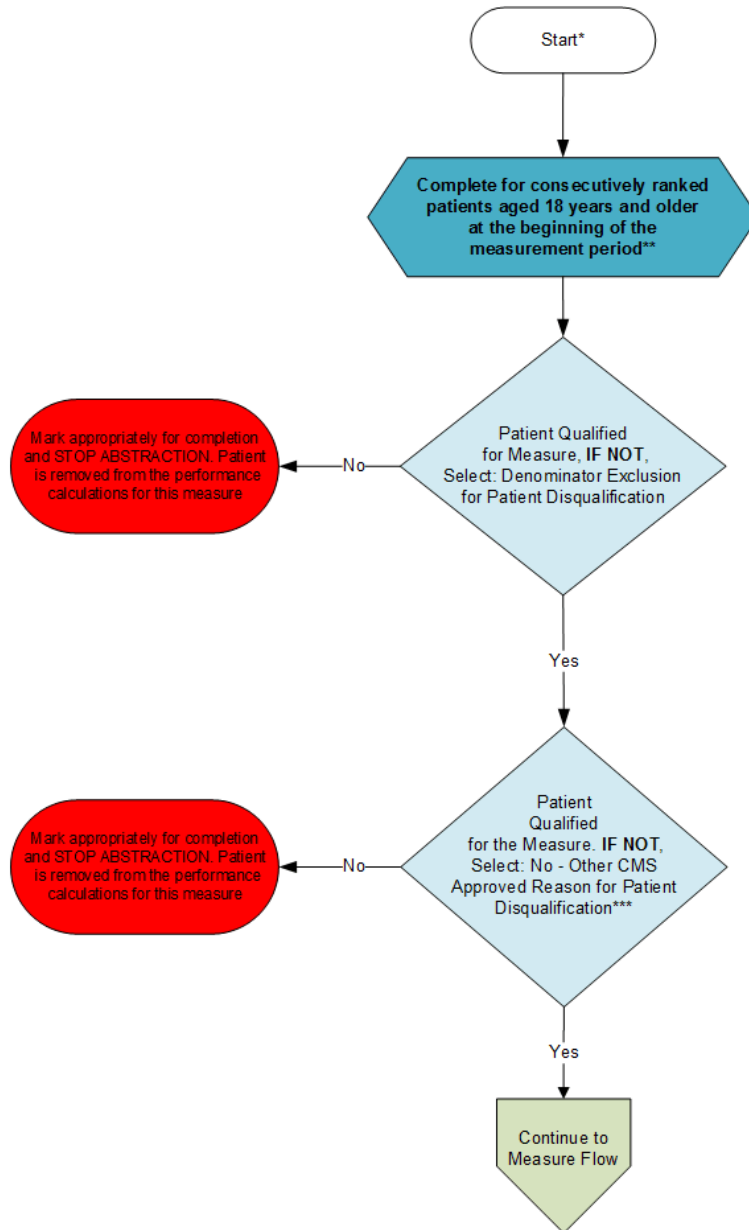
$\frac{211 \text{ Patients}}{226 \text{ Patients}} = 93.36\%$

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

*See Data Guidance for further instructions to report this measure

Measure Confirmation Flow for PREV-11

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 measure

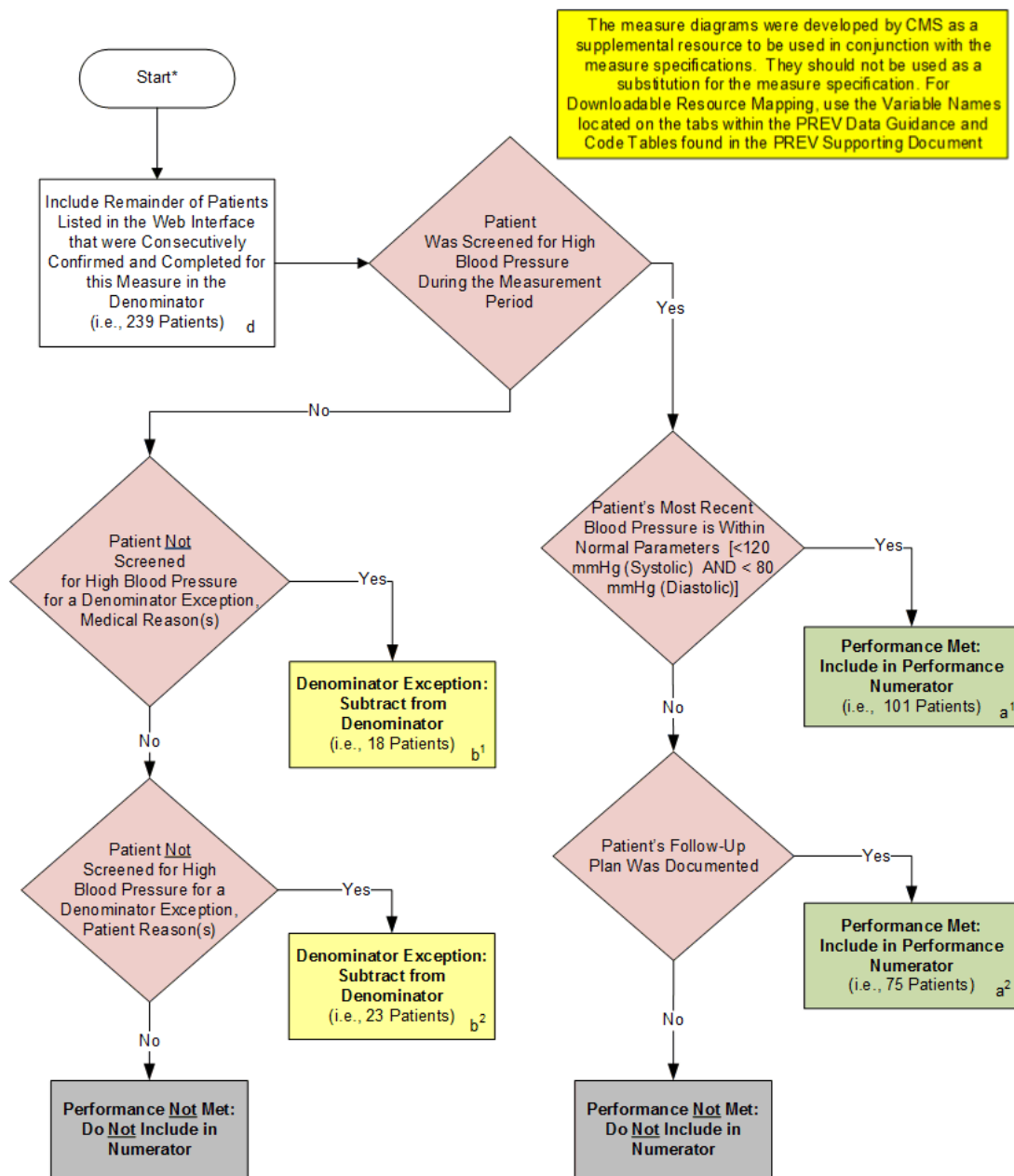
**Further information regarding patient selection for specific disease modules and patient care measures can be found in the Web Interface Sampling Methodology Document. For patients who have the incorrect date of birth listed, a change of the patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-11 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

v3.0

2015 GPRO PREV-11 (NQF N/A): Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up
Documented

This flow applies to the GPRO Web Interface



SAMPLE CALCULATION:

Performance Rate=

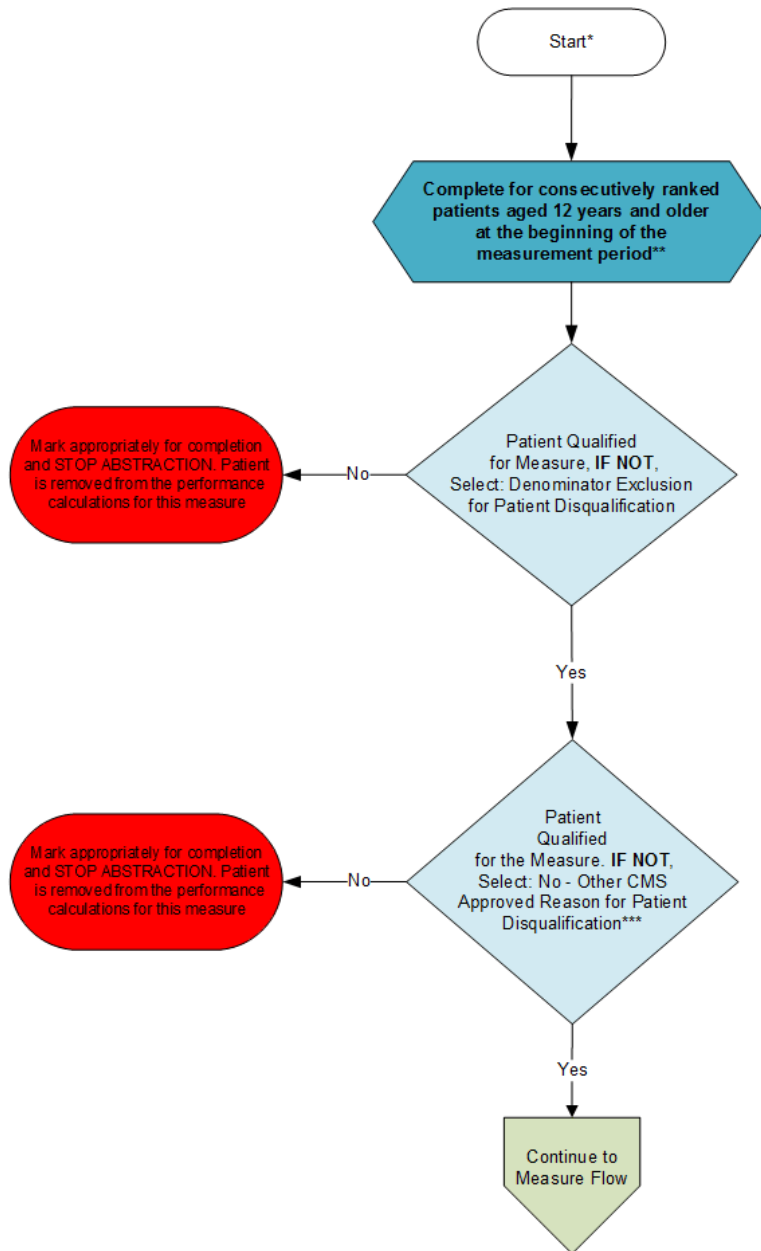
$$\frac{\text{Performance Met (a}^1\text{=101 Patients + a}^2\text{=75 Patients)}}{\text{Eligible Denominator (d=239 Patients) - Denominator Exception (b}^1\text{=18 Patients + b}^2\text{=23 Patients)}} = \frac{176 \text{ Patients}}{198 \text{ Patients}} = 88.89\%$$

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

*See Data Guidance for further instructions to report this measure

Measure Confirmation Flow for PREV-12

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.



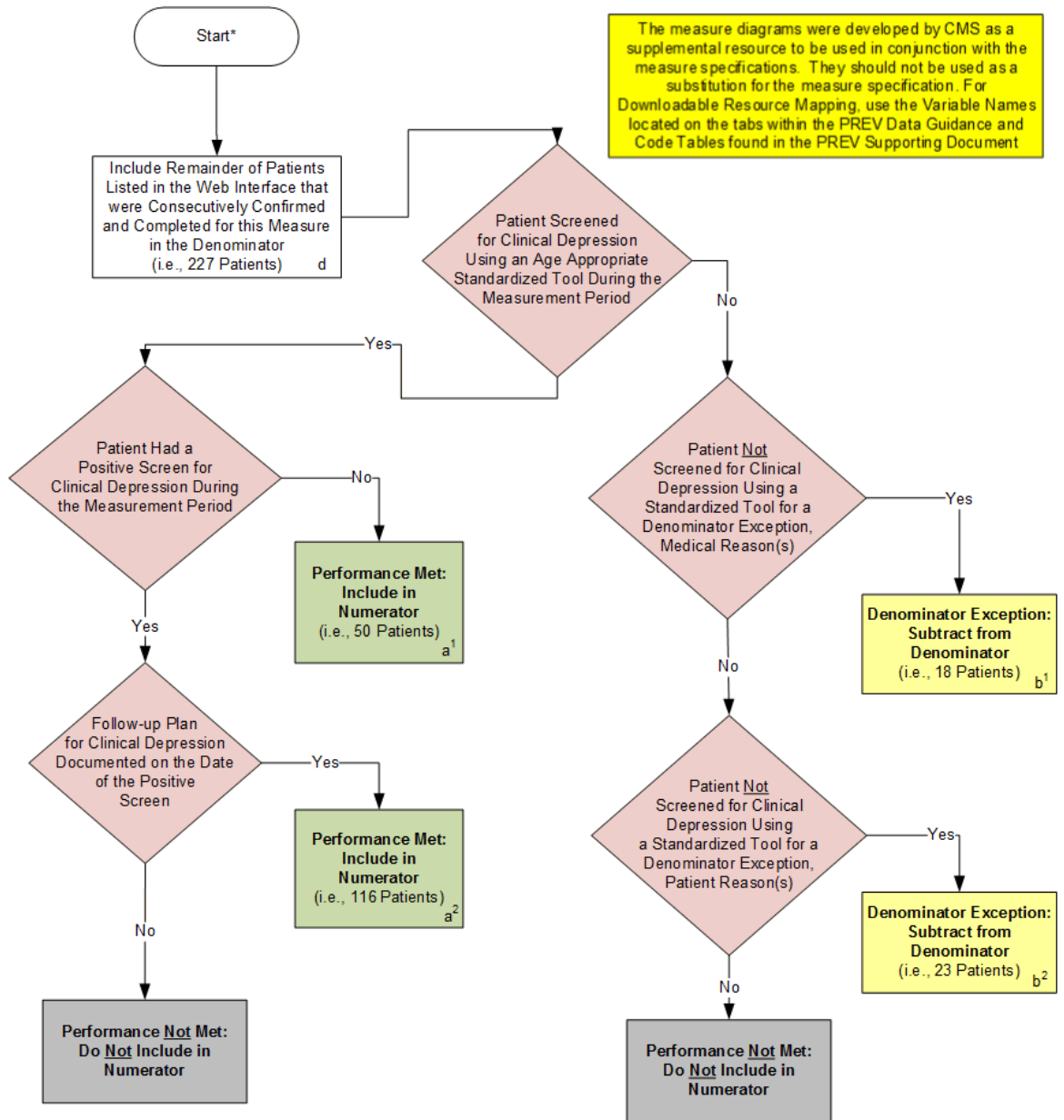
*See Data Guidance for further instructions to report this measure

**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 PREV-12 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

v3.0

2015 GPRO PREV-12 (NQF 0418): Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
 This flow applies to GPRO Web Interface



SAMPLE CALCULATION:

Performance Rate=

$$\frac{\text{Performance Met (a}^1\text{=50 Patients + a}^2\text{=116 Patients)}}{\text{Eligible Denominator (d=227 Patients) - Denominator Exception (b}^1\text{=18 Patients + b}^2\text{=23 Patients)}} = \frac{166 \text{ Patients}}{186 \text{ Patients}} = 89.25\%$$

CALCULATION MAY CHANGE PENDING PERFORMANCES 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 2015 Measure Confirmation Flow for PREV-5.

Measure Confirmation Flow for PREV-5

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 Measure Confirmation Flow for PREV-5. Complete for consecutively ranked patients aged 50 through 74 years 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 gender or date of birth listed, a change of the gender or patient date of birth by the abstractor may result in the patient no longer qualifying for the PREV-5 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 (Denominator Exclusion).
 - a. If no, the patient does not qualify for the measure select: Denominator Exclusion for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. Stop processing.
 - b. If yes, the patient does qualify for the measure, continue processing.
3. Check to determine if the patient qualifies for the measure (Other CMS Approved Reason).
 - a. If no, the patient does not qualify for the measure 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 PREV-5 measure flow.

2015 GPRO-PREV-5: Breast Cancer Screening

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

1. Start processing 2015 GPRO PREV-5 Flow for the patients that qualified for sample in the Patient Confirmation Flow and the Measure Confirmation Flow for PREV-5. Note: Include remainder of patients listed in 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. 230 patients).
2. Check to determine if the patient had a mammogram to screen for breast cancer performed during the measurement period or within the 27 months prior to the measurement period end date.
 - a. If no, the patient did not have a mammogram performed during the measurement period or within the 27 months prior to the measurement period end date, performance is not met and should not be included in the numerator. Stop processing.
 - b. If yes, the patient did have a mammogram performed during the measurement period or within the 27 months prior to the measurement period end 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. 188 patients). Stop processing.

Sample Calculation

Performance Rate Equals

Performance Met is category 'a' in the measure flow (188 patients)

Eligible Denominator is category 'd' in the measure flow (230 patients)

188 (Performance Met) divided by 230 (Eligible Denominator) equals a performance rate of 81.74 percent

Calculation May Change Pending Performance Met

Measure Confirmation Flow for PREV-6

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 Measure Confirmation Flow for PREV-6. Complete for consecutively ranked patients aged 50 through 75 years 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 PREV-6 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 (Denominator Exclusion).
 - a. If no, the patient does not qualify for the measure select: Denominator Exclusion for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. Stop processing.
 - b. If yes, the patient does qualify for the measure, continue processing.
3. Check to determine if the patient qualifies for the measure (Other CMS Approved Reason).
 - a. If no, the patient does not qualify for the measure 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 PREV-6 measure flow.

2015 GPRO-PREV-6 (NQF 0034): Colorectal Cancer Screening

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

1. Start processing 2015 GPRO PREV-6 (NQF 0034) Flow for the patients that qualified for sample in the Patient Confirmation Flow and the Measure Confirmation Flow for PREV-6. Note: Include remainder of patients listed in 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's colorectal cancer screening is current during the measurement period.
 - a. If no, the patient's colorectal cancer screening is not current during the measurement period, performance is not met and should not be included in the numerator. Stop 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 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 (200 patients)

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

200 (Performance Met) divided by 248 (Eligible Denominator) equals a performance rate of 80.65 percent

Calculation May Change Pending Performance Met

Measure Confirmation Flow for PREV-7

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 Measure Confirmation Flow for PREV-7. Complete for consecutively ranked patients aged 6 months and older at the beginning of the measurement period and seen for a visit between October 1, 2014 and March 31, 2015. 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 PREV-7 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 measure 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 PREV-7 measure flow.

2015 GPRO PREV-7 (NQF 0041): Preventive Care and Screening: Influenza Immunization

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

1. Start processing 2015 GPRO PREV-7 (NQF 0041) Flow for the patients that qualified for sample in the Patient Confirmation Flow and the Measure Confirmation Flow for PREV-7. Note: Include remainder of patients listed in 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 received an influenza immunization OR reported previous receipt.
 - a. If no, the patient did not receive an influenza immunization OR did not report previous receipt, continue processing.
 - b. If yes, the patient received an influenza immunization OR reported previous receipt, 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. 200 patients). Stop processing.
3. Check to determine if the patient did Not receive an influenza immunization for a denominator exception, medical reason(s).
 - a. If no, the patient did Not receive an influenza immunization for a denominator exception, medical reason(s), continue processing.
 - b. If yes, the patient did Not receive an influenza immunization for 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 'b1' category (denominator exception, i.e. 10 patients). Stop processing.
4. Check to determine if the patient did Not receive an influenza immunization for a denominator exception, patient reason(s).
 - a. If no, the patient did Not receive an influenza immunization for a denominator exception, patient reason(s), continue processing.
 - b. If yes, the patient did Not receive an influenza immunization for a denominator exception, patient 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 'b2' category (denominator exception, i.e. 7 patients). Stop processing.
5. Check to determine if the patient did Not receive an influenza immunization for a denominator exception, system reason(s).
 - a. If no, the patient did Not receive an influenza immunization for a denominator exception, system reason(s), performance is not met and should not be included in the numerator. Stop processing.
 - b. If yes, the patient did Not receive an influenza immunization for a denominator exception, system 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 'b³' category (denominator exception, 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 (248 patients)

Denominator Exception is category 'b¹ plus b² plus b³' (22 patients)

200 (Performance Met) divided by 226 (Eligible Denominator minus Denominator Exception) equals a performance rate of 88.50 percent

Calculation May Change Pending Performance Met

Measure Confirmation Flow for PREV-8

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 Measure Confirmation Flow for PREV-8. 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 PREV-8 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 measure 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 PREV-8 measure flow.

2015 GPRO PREV-8 (NQF 0043): Pneumonia Vaccination Status for Older Adults

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

1. Start processing 2015 GPRO PREV-8 (NQF 0043) Flow for the patients that qualified for sample in the Patient Confirmation Flow and the Measure Confirmation Flow for PREV-8. Note: Include remainder of patients listed in 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. 244 patients).
2. Check to determine if the patient has ever received a pneumococcal vaccination.
 - a. If no, the patient has not ever received a pneumococcal vaccination, performance is not met and should not be included in the numerator. Stop processing.
 - a. If yes, patient has ever received a pneumococcal vaccination, 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. 175 patients). Stop processing.

Sample Calculation

Performance Rate Equals

Performance Met is category 'a' in the measure flow (175 patients)

Eligible Denominator is category 'd' in measure flow (244 patients)

175 (Performance Met) divided by 244 (Eligible Denominator) equals a performance rate of 71.72 percent

Calculation May Change Pending Performance Met

Measure Confirmation Flow for PREV-9

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 Measure Confirmation Flow for PREV-9. 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 PREV-9 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 (Denominator Exclusion).
 - a. If no, the patient does not qualify for the measure select: Denominator Exclusion for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. Stop processing.
 - b. If yes, the patient does qualify for the measure, continue processing.
3. Check to determine if the patient qualifies for the measure (Other CMS Approved Reason).
 - a. If no, the patient does not qualify for the measure 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 PREV-9 measure flow.

2015 GPRO PREV-9 (NQF 0421): Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

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

1. Start processing 2015 GPRO PREV-9 (NQF 0421) Flow for the patients that qualified for sample in the Patient Confirmation Flow and the Measure Confirmation Flow for PREV-9. Note: Include remainder of patients listed in 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. 245 patients).
2. Check to determine if the patient had a BMI calculated during the most recent visit or within the last six months prior to the most recent visit.
 - a. If no, the patient did not have a BMI calculated during the most recent visit or within the last six months prior to the most recent visit, continue processing.
 - b. If yes, the patient had a BMI calculated during the most recent visit or within the last six months prior to the most recent visit, continue processing and proceed to step 5.
3. Check to determine if BMI measurement was Not performed for a denominator exception, medical reason(s).
 - a. If no, the BMI measurement was Not performed for a denominator exception, medical reason(s), continue processing.
 - b. If yes, the BMI measurement was Not performed for 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. 13 patients). Stop processing.
4. Check to determine if BMI measurement was Not performed for a denominator exception, patient Reason(s).
 - a. If no, the BMI measurement was Not performed for a denominator exception, patient reason(s), performance is not met and should not be included in the numerator. Stop processing.
 - b. If yes, the BMI measurement was Not performed for a denominator exception, patient 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 'b2' category (denominator exception, i.e. 10 patients). Stop processing.
5. Check to determine if the patient's most recent BMI is within normal parameters.
 - 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 calculation in the flow these patients would fall into the 'a1' category (numerator, i.e. 95 patients). Stop processing.
6. Check to determine if the patient's follow-up plan was documented.
 - a. If no, the follow-up plan was not documented, performance is not met and should not be included in the numerator. Stop processing.

- b. If yes, the follow-up plan was documented, 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 'a²' category (numerator, i.e. 110 patients). Stop processing.

Sample Calculation

Performance Rate Equals

Performance Met is category 'a¹ plus a²' in the measure flow (205 patients)

Eligible Denominator is category 'd' in measure flow (245 patients)

Denominator Exception is category 'b¹ plus b²' in measure flow (23 patients)

205 (Performance Met) divided by 222 (Eligible Denominator minus Denominator Exception) equals a performance rate of 92.34 percent

Calculation May Change Pending Performance Met

Measure Confirmation Flow for PREV-10

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 Measure Confirmation Flow for PREV-10. 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 PREV-10 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 measure 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 PREV-10 measure flow.

2015 GPRO PREV-10 (NQF 0028): Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

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

1. Start processing 2015 GPRO PREV-10 (NQF 0028) Flow for the patients that qualified for sample in the Patient Confirmation Flow and the Measure Confirmation Flow for PREV-10. Note: Include remainder of patients listed in 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. 246 patients).
2. Check to determine if the patient has been screened for tobacco use at least once within 24 months **AND** identified as a tobacco user.
 - 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.
 - 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 5.
3. 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.
 - 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 calculation in the flow these patients would fall into the 'a¹' category (numerator, i.e. 111 patients). Stop processing.
4. Check to determine if the patient was Not screened for tobacco use for a denominator exception, medical reason(s).
 - a. If no, the patient was Not screened for tobacco use for a denominator exception, medical reason(s), or screening status is unknown, 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 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. 20 patients). Stop processing.
5. Check to determine if tobacco cessation counseling intervention was received if the patient was identified as a tobacco user.
 - 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 calculation in the flow these patients would fall into the 'a²' category (numerator, i.e. 100 patients). Stop processing.

Sample Calculation

Performance Rate Equals

Performance Met is category 'a' plus a² in the measure flow (211 patients)

Eligible Denominator is category 'd' in measure flow (246 patients)

Denominator Exception is category 'b' in measure flow (20 patients)

211 (Performance Met) divided by 226 (Eligible Denominator minus Denominator Exception) equals a performance rate of 93.36 percent

Calculation May Change Pending Performance Met

Measure Confirmation Flow for PREV-11

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 Measure Confirmation Flow for PREV-11. 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 PREV-11 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 (Denominator Exclusion).
 - a. If no, the patient does not qualify for the measure select: Denominator Exclusion for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. Stop processing.
 - b. If yes, the patient does qualify for the measure, continue processing.
3. Check to determine if the patient qualifies for the measure (Other CMS Approved Reason).
 - a. If no, the patient does not qualify for the measure 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 PREV-11 measure flow.

2015 GPRO PREV-11 (NQF N/A): Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

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

1. Start processing 2015 GPRO PREV-11 (NQF N/A) Flow for the patients that qualified for sample in the Patient Confirmation Flow and the Measure Confirmation Flow for PREV-11. Note: Include remainder of patients listed in 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. 239 patients).
2. Check to determine if the patient was screened for high blood pressure during the measurement period.
 - a. If no, the patient was not screened for high blood pressure during the measurement period, continue processing.
 - b. If yes, the patient was screened for high blood pressure during the measurement period, continue processing and proceed to step 5.
3. Check to determine if the patient was Not screened for high blood pressure for a denominator exception, medical reason(s).
 - a. If no, the patient was Not screened for high blood pressure for a denominator exception, medical reason(s), continue processing.
 - b. If yes, patient was Not screened for high blood pressure for 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 'b1' category (denominator exception, i.e. 18 patients). Stop processing.
4. Check to determine if the patient was Not screened for high blood pressure for a denominator exception, patient reason(s).
 - a. If no, the patient was Not screened for high blood pressure for a denominator exception, patient reason(s), performance is not met and the patient should not be included in the numerator. Stop processing.
 - b. If yes, patient was Not screened for high blood pressure for a denominator exception, patient 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 'b2' category (denominator exception, i.e. 23 patients). Stop processing.
5. Check to determine if the patient's most recent blood pressure is within normal parameters [less than 120 mmHg (Systolic) and less than 80 mmHg (Diastolic)].
 - a. If no, the patient's most recent blood pressure is not within normal parameters, continue processing.
 - b. If yes, the patient's most recent blood pressure is within normal parameters, 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 'a1' category (Numerator, i.e. 101 patients). Stop processing.

6. Check to determine if the patient's follow-up plan was documented.
 - a. If no, the patient's follow-up plan was not documented, performance is not met and the patient should not be included in the numerator. Stop Processing.
 - b. If yes, the patient's follow-up plan was documented, 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 'a2' category (numerator, i.e. 75 patients). Stop processing.

Sample Calculation

Performance Rate Equals

Performance Met is category 'a1' plus a2' in the measure flow (176 patients)

Eligible Denominator is category 'd' in measure flow (239 patients)

Denominator Exception is category 'b1' plus b2' in measure flow (41 patients)

176 (Performance Met) divided by 198 (Eligible Denominator minus Denominator Exception) equals a performance rate of 88.89 percent

Calculation May Change Pending Performance Met

Measure Confirmation Flow for PREV-12

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 Measure Confirmation Flow for PREV-12. Complete for consecutively ranked patients aged 12 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 PREV-12 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 (Denominator Exclusion).
 - a. If no, the patient does not qualify for the measure select: Denominator Exclusion for patient disqualification. Mark appropriately for completion and stop abstraction. Patient is removed from the performance calculations for this measure. Stop processing.
 - b. If yes, the patient does qualify for the measure, continue processing.
3. Check to determine if the patient qualifies for the measure (Other CMS Approved Reason).
 - a. If no, the patient does not qualify for the measure 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 PREV-12 measure flow.

2015 GPRO PREV-12 (NQF 0418): Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan

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

1. Start processing 2015 GPRO PREV-12 (NQF 0418) Flow for the patients that qualified for sample in the Patient Confirmation Flow and the Measure Confirmation Flow for PREV-12. Note: Include remainder of patients listed in 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. 227 patients).
2. Check to determine if the patient was screened for clinical depression using an age appropriate standardized tool during the measurement period.
 - 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 5.
 - b. If yes, the patient was screened for clinical depression using an age appropriate standardized tool during the measurement period, continue processing.
3. Check to determine if the patient had a positive screen for clinical depression during the measurement period.
 - 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 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.
4. Check to determine if the patient had a follow-up plan for clinical depression documented on the date of the positive screen.
 - a. If no, the patient did not have a follow-up plan for clinical depression documented on the date of the positive screen, 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 on the date of the positive screen, 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 'a2' category (numerator, i.e. 116 patients). Stop processing.
5. Check to determine if the patient was Not screened for clinical depression using a standardized tool for a denominator exception, medical reason(s).
 - a. If no, the patient was Not screened for clinical depression using a standardized tool for a denominator exception, medical reason(s), continue processing.
 - b. If yes, the patient was Not screened for clinical depression using a standardized tool for 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 'b¹' category (denominator exception, i.e. 18 patients).
Stop processing.

6. Check to determine if the patient was Not screened for clinical depression using a standardized tool for a denominator exception, patient reason(s).
 - a. If no, the patient Not screened for clinical depression using a standardized tool for a denominator exception, 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 Not screened for clinical depression using a standardized tool for a denominator exception, patient 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 'b²' category (denominator exception, i.e. 23 patients).
Stop processing.

Sample Calculation

Performance Rate Equals

Performance Met is category 'a¹ plus a²' in the measure flow (166 patients)

Eligible Denominator is category 'd' in measure flow (227 patients)

Denominator Exception is category 'b¹ plus b²' in measure flow (41 patients)

166 (Performance Met) divided by 186 (Eligible Denominator minus Denominator Exception) equals a performance rate of 89.25 percent

Calculation May Change Pending Performance Met