

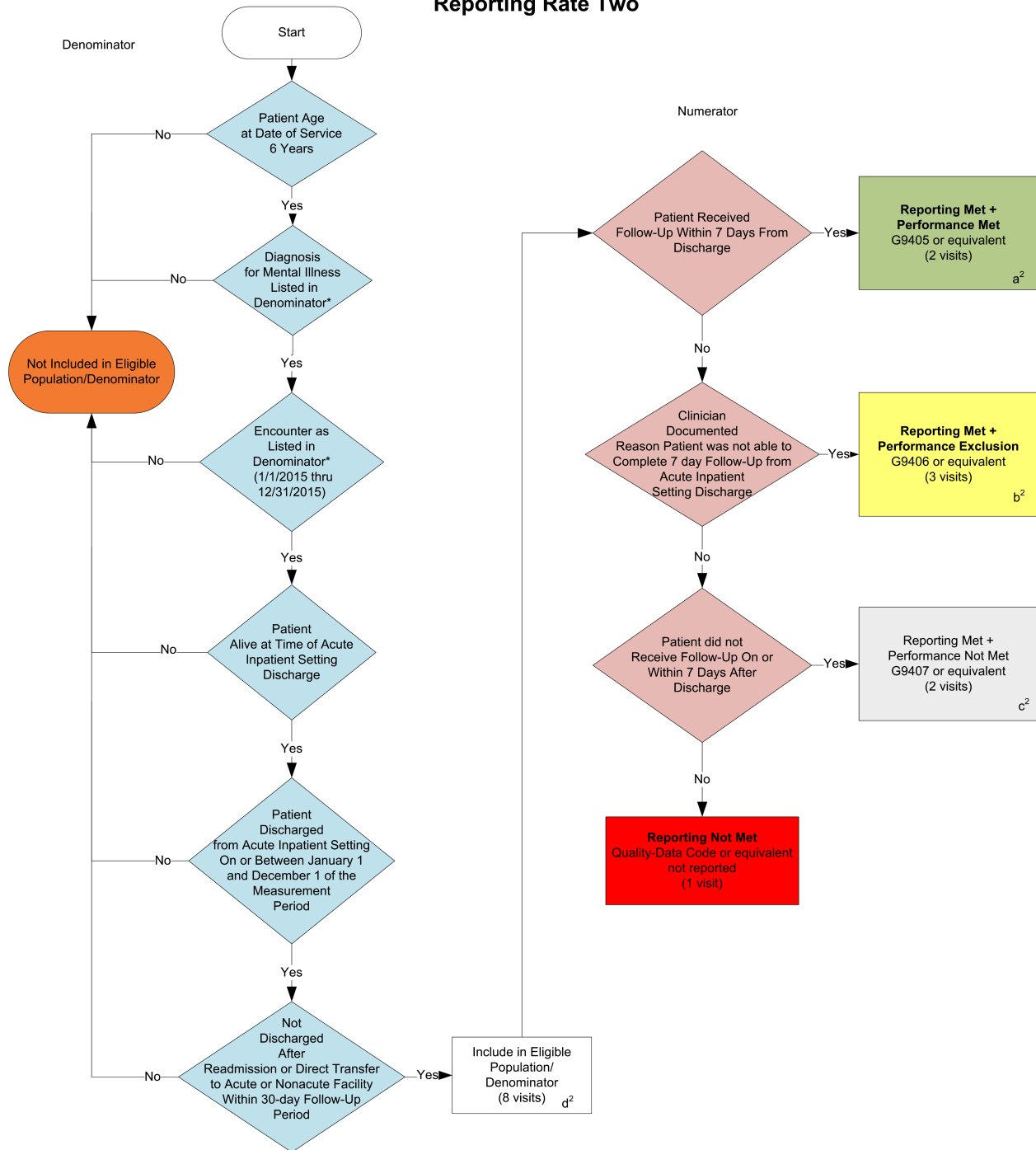
2015 Registry Individual Measure Flow
PQRS #391 NQF #0576: Follow Up After Hospitalization for Mental Illness (FUH)
Reporting Rate One



* See the posted Measure Specification for specific coding and instructions to report this measure.
 This measure should be calculated with 2 Performance Rates. Review the Sample Calculation to ensure the reporting and performance rates are calculated accurately.
 NOTE: Reporting Frequency – Visit

v1

2015 Registry Individual Measure Flow
PQRS #391 NQF #0576: Follow Up After Hospitalization for Mental Illness (FUH)
Reporting Rate Two



* See the posted Measure Specification for specific coding and instructions to report this measure.
 This measure should be calculated with 2 Performance Rates. Review the Sample Calculation to ensure the reporting and performance rates are calculated accurately.
 NOTE: Reporting Frequency – Visit

v1

2015 Registry Individual Measure Flow
PQRS #391 NQF #0576: Follow Up After Hospitalization for Mental Illness (FUH)

This Measure Requires the Reporting of Two Performance Rates

SAMPLE CALCULATIONS: Reporting Rate

Reporting Rate=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=4 visits) + Performance Exclusion (b}^1\text{+b}^2\text{=6 visits) + Performance Not Met (c}^1\text{+c}^2\text{ = 4 visits)}}{\text{Eligible Population / Denominator (d}^1\text{+d}^2\text{=16 visits)}} = \frac{14 \text{ visits}}{16 \text{ visits}} = 87.50\%$$

SAMPLE CALCULATIONS: Performance Rate One: Follow up Received within 30 days

Performance Rate=

$$\frac{\text{Performance Met (a}^1\text{=2 visits)}}{\text{Criteria 1 Reporting Numerator (7 visits) - Performance Exclusion (b}^1\text{=3)}} = \frac{2 \text{ visits}}{4 \text{ visits}} = 50.00\%$$

SAMPLE CALCULATIONS: Performance Rate Two: Follow Up Received within 7 days

Performance Rate=

$$\frac{\text{Performance Met (a}^2\text{=2 visits)}}{\text{Criteria 2 Reporting Numerator (7 visits) - Performance Exclusion (b}^2\text{=3)}} = \frac{2 \text{ visits}}{4 \text{ visits}} = 50.00\%$$

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

This measure should be calculated with 2 Performance Rates. Review the Sample Calculation to ensure the reporting and performance rates are calculated accurately.

NOTE: Reporting Frequency – Visit

v1

2015 Registry Individual Measure Flow

PQRS #391 NQF #0576: Follow Up After Hospitalization for Mental Illness (FUH)

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

This measure includes 2 rates for reporting.

Reporting Rate 1:

1. Start with Denominator
2. Check Patient Age:
 - a. If Age at Date of Service is equal to or greater than 6 Years, equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
 - b. If Age at Date of Service is equal to or greater than 6 Years, equals Yes during the measurement period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
 - a. If Diagnosis of Mental Illness as listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Diagnosis of Mental Illness as listed in the Denominator equals Yes, proceed to check Encounter Performed.
4. 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, proceed to check Patient Alive at Time of Acute Inpatient Setting Discharge.
5. Check Patient Alive at Time of Acute Inpatient Setting Discharge:
 - a. If Patient Alive at Time of Acute Inpatient Setting Discharge equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Patient Alive at Time of Acute Inpatient Setting Discharge equals Yes, proceed to check Patient Discharged from Acute Inpatient Setting On or Between January 1 and December 1 of the Measurement Period.
6. Check Patient Discharged from Acute Inpatient Setting On or Between January 1 and December 1 of the Measurement Period:
 - a. If Patient Discharged from Acute Inpatient Setting On or Between January 1 and December 1 of the Measurement Period equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Patient Discharged from Acute Inpatient Setting On or Between January 1 and December 1 of the Measurement Period equals Yes, proceed to Discharge Followed by Readmission or Direct Transfer to Acute or Nonacute Facility Within 30-day Follow-Up Period.

7. Check Not Discharged After Readmission or Direct Transfer to Acute or Nonacute Facility Within 30-day Follow-Up Period:
 - a. If Not Discharged After Readmission or Direct Transfer to Acute or Nonacute Facility Within 30-day Follow-Up Period equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Not Discharged After Readmission or Direct Transfer to Acute or Nonacute Facility Within 30-day Follow-Up Period equals Yes, include in Eligible Population.
8. 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 d¹ equals 8 patients in the sample calculation.
9. Start Numerator
10. Check Patient Received Follow-Up on the Date of Discharge or Within 30 Days After Discharge:
 - a. If Patient Received Follow-Up on the Date of Discharge or Within 30 Days After Discharge 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 a¹ equals 2 visits in Sample Calculation.
 - c. If Patient Received Follow-Up on the Date of Discharge or Within 30 Days After Discharge equals No, proceed to check Clinician Documented Reason Patient was not able to Complete 30 day Follow-Up from Acute Inpatient Setting Discharge.
11. Check Clinician Documented Reason Patient was not able to Complete 30 day Follow-Up from Acute Inpatient Setting Discharge:
 - a. If Clinician Documented Reason Patient was not able to Complete 30 day Follow-Up from Acute Inpatient Setting Discharge equals Yes, include in Reporting Met and Performance Exclusion.
 - b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter b¹ equals 3 visits in the Sample Calculation.
 - c. If Clinician Documented Reason Patient was not able to Complete 30 day Follow-Up from Acute Inpatient Setting Discharge equals No, proceed to check Patient did not Receive Follow-Up On the Date of Discharge or Within 30 Days After Discharge.
12. Check Patient did not Receive Follow-Up On the Date of Discharge or Within 30 Days After Discharge:
 - a. If Patient did not Receive Follow-Up On the Date of Discharge or Within 30 Days After Discharge equals Yes, include in the Reporting Met and Performance Not Met.
 - b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c¹ equals 2 visits in the Sample Calculation.
 - c. If Patient did not Receive Follow-Up On the Date of Discharge or Within 30 Days After Discharge equals No, proceed to Reporting Not Met.

13. Check Reporting Not Met:

- a. If Reporting Not Met, the Quality Data Code or equivalent was not reported. 1 patient has been subtracted from the reporting numerator in sample calculation.

SAMPLE CALCULATIONS: Performance Rate One: Follow up Received within 30 days

Performance Rate=

$$\frac{\text{Performance Met (a}^1\text{=2 visits)}}{\text{Criteria 1 Reporting Numerator (7 visits) - Performance Exclusion (b}^1\text{=3)}} = \frac{2 \text{ visits}}{4 \text{ visits}} = 50.00\%$$

SAMPLE CALCULATIONS: Reporting Rate

Reporting Rate=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=4 visits) + Performance Exclusion (b}^1\text{+b}^2\text{=6 visits) + Performance Not Met (c}^1\text{+c}^2\text{= 4 visits)}}{\text{Eligible Population / Denominator (d}^1\text{+d}^2\text{=16 visits)}} = \frac{14 \text{ visits}}{16 \text{ visits}} = 87.50\%$$

2015 Registry Individual Measure Flow

PQRS #391 NQF #0576: Follow Up After Hospitalization for Mental Illness (FUH)

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

This measure includes 2 rates for reporting.

Reporting Rate 2:

1. Start with Denominator
2. Check Patient Age:
 - a. If Age at Date of Service is equal to or greater than 6 Years, equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
 - b. If Age at Date of Service is equal to or greater than 6 Years, equals Yes during the measurement period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
 - a. If Diagnosis of Mental Illness as listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Diagnosis of Mental Illness as listed in the Denominator equals Yes, proceed to check Encounter Performed.
4. 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, proceed to check Patient Alive at Time of Acute Inpatient Setting Discharge.
5. Check Patient Alive at Time of Acute Inpatient Setting Discharge:
 - a. If Patient Alive at Time of Acute Inpatient Setting Discharge equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Patient Alive at Time of Acute Inpatient Setting Discharge equals Yes, proceed to check Patient Discharged from Acute Inpatient Setting On or Between January 1 and December 1 of the Measurement Period.
6. Check Patient Discharged from Acute Inpatient Setting On or Between January 1 and December 1 of the Measurement Period:
 - a. If Patient Discharged from Acute Inpatient Setting On or Between January 1 and December 1 of the Measurement Period equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Patient Discharged from Acute Inpatient Setting On or Between January 1 and December 1 of the Measurement Period equals Yes, proceed to Discharge Followed by Readmission or Direct Transfer to Acute or Nonacute Facility Within 30-day Follow-Up Period.

7. Check Not Discharged After Readmission or Direct Transfer to Acute or Nonacute Facility Within 30-day Follow-Up Period:
 - a. If Not Discharged After Readmission or Direct Transfer to Acute or Nonacute Facility Within 30-day Follow-Up Period equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Not Discharged After Readmission or Direct Transfer to Acute or Nonacute Facility Within 30-day Follow-Up Period equals Yes, include in Eligible Population.
8. 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 d² equals 8 patients in the sample calculation.
9. Start Numerator
10. Check Patient Received Follow-Up Within 7 Days From Discharge:
 - a. If Patient Received Follow-Up Within 7 Days From Discharge 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 a² equals 2 visits in Sample Calculation.
 - c. If Patient Received Follow-Up Within 7 Days From Discharge equals No, proceed to check Clinician Documented Reason Patient was not able to Complete 30 day Follow-Up from Acute Inpatient Setting Discharge.
11. Check Clinician Documented Reason Patient was not able to Complete 7 day Follow-Up from Acute Inpatient Setting Discharge:
 - a. If Clinician Documented Reason Patient was not able to Complete 7 day Follow-Up from Acute Inpatient Setting Discharge equals Yes, include in Reporting Met and Performance Exclusion.
 - b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter b² equals 3 visits in the Sample Calculation.
 - c. If Clinician Documented Reason Patient was not able to Complete 7 day Follow-Up from Acute Inpatient Setting Discharge equals No, proceed to check Patient did not Receive Follow-Up On the Date of Discharge or Within 30 Days After Discharge.
12. Check Patient did not Receive Follow-Up On the Date of Discharge or Within 7 Days After Discharge:
 - a. If Patient did not Receive Follow-Up On the Date of Discharge or Within 7 Days After Discharge equals Yes, include in the Reporting Met and Performance Not Met.
 - b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c² equals 2 visits in the Sample Calculation.
 - c. If Patient did not Receive Follow-Up On the Date of Discharge or Within 7 Days After Discharge equals No, proceed to check Reporting Not Met.

13. Check Reporting Not Met:

- a. If Reporting Not Met equals No, Quality Data Code or equivalent was not reported. This is represented by 1 visit in the Sample Calculation.

SAMPLE CALCULATIONS: Performance Rate Two: Follow Up Received within 7 days

Performance Rate=

$$\frac{\text{Performance Met (a}^2\text{=2 visits)}}{\text{Criteria 2 Reporting Numerator (7 visits) - Performance Exclusion (b}^2\text{=3)}} = \frac{2 \text{ visits}}{4 \text{ visits}} = 50.00\%$$

SAMPLE CALCULATIONS: Reporting Rate

Reporting Rate=

$$\frac{\text{Performance Met (a}^1\text{+a}^2\text{=4 visits) + Performance Exclusion (b}^1\text{+b}^2\text{=6 visits) + Performance Not Met (c}^1\text{+c}^2\text{= 4 visits)}}{\text{Eligible Population / Denominator (d}^1\text{+d}^2\text{=16 visits)}} = \frac{14 \text{ visits}}{16 \text{ visits}} = 87.50\%$$