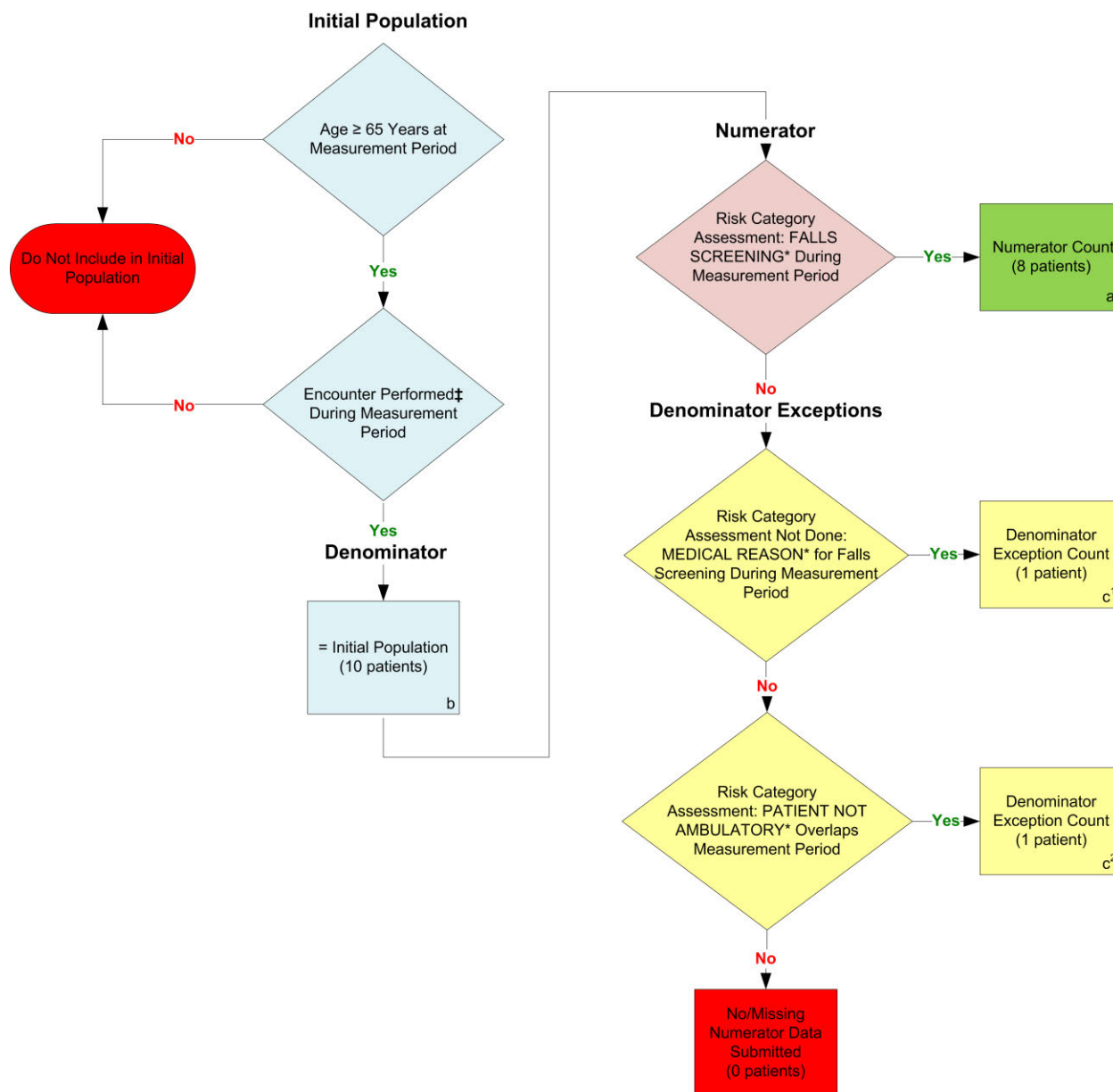


**2014 eCQM Flow**  
**Measure Identifier: CMS139v4**  
 NQF 0101: Falls: Screening for Future Fall Risk



\*Please refer to the specific section of the eCQM to identify the QDM data elements and associated value sets for use in reporting this eCQM.  
 †For a listing of appropriate encounters, please refer to the Population Criteria and associated value sets as specific data elements have not been listed.

**SAMPLE CALCULATION:**

**Performance Rate =**  

$$\frac{\text{Numerator (a=8 patients)}}{\text{Denominator (b=10 patients) - Denominator Exclusions (N/A) - Denominator Exceptions (c¹ + c²=2 patients)}} = 100.00\%$$

2014 eCQM Flows  
Measure Identifier: CMS139v4  
NQF 0101: Falls: Screening for Future Fall Risk

Please refer to the specific section of the eCQM to identify the Population Criteria DM data elements and associated value sets for use in reporting this eCQM.

1. Start Initial Population
2. Check Age:
  - a. If the AGE greater than or equal to 65 years of age at measurement period equals No, do not include in Initial Population. Stop Processing.
  - b. If the AGE greater than or equal to 65 of age years at measurement period equals Yes, go to check Encounter Performed.
3. Check Encounter Performed:
  - a. If the Encounter Performed QDM data element, FACE-TO-FACE INTERACTION, or OFFICE VISIT, or PREVENTIVE CARE SERVICES – INDIVIDUAL COUNSELING, or NURSING FACILITY VISIT, or CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY, or HOME HEALTHCARE SERVICES, or PREVENTIVE CARE SERVICES – INITIAL OFFICE VISIT, 18 AND UP, or PREVENTIVE CARE SERVICES – ESTABLISHED OFFICE VISIT, 18 AND UP, or ANNUAL WELLNESS VISIT, or AUDIOLOGY VISIT, or OPHTHALMOLOGICAL SERVICES, during the measurement period equals Yes, include in the Initial Population and continue on to the Denominator.
  - b. If the Encounter Performed QDM data element, FACE-TO-FACE INTERACTION, or OFFICE VISIT, or PREVENTIVE CARE SERVICES – INDIVIDUAL COUNSELING, or NURSING FACILITY VISIT, or CARE SERVICES IN LONG-TERM RESIDENTIAL FACILITY, or HOME HEALTHCARE SERVICES, or PREVENTIVE CARE SERVICES – INITIAL OFFICE VISIT, 18 AND UP, or PREVENTIVE CARE SERVICES – ESTABLISHED OFFICE VISIT, 18 AND UP, or ANNUAL WELLNESS VISIT, or AUDIOLOGY VISIT, or OPHTHALMOLOGICAL SERVICES, during the measurement period equals No, do not include in Initial Population. Stop Processing.
4. Start Denominator
  - a. Denominator equals the Initial Population. Denominator is represented by Letter b in the sample calculation listed at the end of this document. Letter b equals 10 patients in the sample calculation.
5. Start Numerator
6. Check Risk Category Assessment:
  - a. If the Risk Category Assessment QDM data element, FALLS SCREENING, during measurement period equals No, proceed to Denominator Exceptions.

- b. If the Risk Category Assessment QDM data element, FALLS SCREENING, during measurement period equals Yes, include in Numerator Count. Numerator is represented by Letter a in the sample calculation listed at the end of this document. Letter a equals 8 patients in the sample calculation.
7. Start Denominator Exceptions
8. Check Risk Category Assessment Not Done:
  - a. If the Risk Category Assessment Not Done QDM data element, MEDICAL REASON, for Falls Screening during measurement period equals Yes, include in Denominator Exceptions count. Denominator Exception is represented by Letter c<sup>1</sup> in the sample calculation listed at the end of this document. Letter c<sup>1</sup> equals 1 patient in the sample calculation.
  - b. If the Risk Category Assessment Not Done QDM data element, MEDICAL REASON, for Falls Screening during measurement period equals No, proceed to check Risk Category Assessment.
9. Check Risk Category Assessment:
  - a. If the Risk Category Assessment QDM data element, PATIENT NOT AMBULATORY, overlaps measurement period equals Yes, include in Denominator Exceptions count. Denominator Exception is represented by Letter c<sup>2</sup> in the sample calculation listed at the end of this document. Letter c<sup>2</sup> equals 1 patient in the sample calculation.
  - b. If the Risk Category Assessment QDM data element, PATIENT NOT AMBULATORY, overlaps measurement period equals No, include in the No/Missing Data Submitted count. Stop Processing.

**SAMPLE CALCULATION:**

**Performance Rate =**

$$\frac{\text{Numerator (a=8 patients)}}{\text{Denominator (b=10 patients) - Denominator Exclusions (N/A) - Denominator Exceptions (c<sup>1</sup>+ c<sup>2</sup>=2 patients)}} = 100.00\%$$