

**Measure #391 (NQF 0576): Follow-Up After Hospitalization for Mental Illness (FUH) – National Quality Strategy Domain: Communication and Care Coordination**

**2017 OPTIONS FOR INDIVIDUAL MEASURES:**  
**REGISTRY ONLY**

**MEASURE TYPE:**  
Process

**DESCRIPTION:**

The percentage of discharges for patients 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:

- The percentage of discharges for which the patient received follow-up within 30 days of discharge.
- The percentage of discharges for which the patient received follow-up within 7 days of discharge.

**INSTRUCTIONS:**

This measure is to be reported at **each outpatient visit, intensive outpatient visit or partial hospitalization** occurring within 30 and 7 days of each inpatient setting discharge with a principal diagnosis of mental illness. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

*NOTE: Discharged from an acute inpatient setting (including acute care psychiatric facilities) with a principal diagnosis of mental illness on or between January 1 and December 1 of the measurement period. The denominator for this measure is based on discharges, not on patients. If patients have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement period.*

Use only discharges from the facility to identify denominator events (including readmissions or direct transfers). Do not use professional claims.

If the discharge is followed by readmission or direct transfer to an acute facility for a principal diagnosis of mental health within the 30-day follow-up period, count only the readmission discharge or the discharge from the facility to which the patient was transferred.

**This measure will be calculated with 2 performance rates:**

- 1) The percentage of discharges for which the patient received follow-up within 30 days of discharge

**AND**

- 2) The percentage of discharges for which the patient received follow-up within 7 days of discharge

**Measure Reporting:**

The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

**THERE ARE TWO REPORTING CRITERIA FOR THIS MEASURE:**

- 1) The percentage of discharges for which the patient received follow-up within 30 days of discharge **AND**

- 2) The percentage of discharges for which the patient received follow-up within 7 days of discharge

**REPORTING CRITERIA 1: THE PERCENTAGE OF DISCHARGES FOR WHICH THE PATIENT RECEIVED FOLLOW-UP WITHIN 30 DAYS OF DISCHARGE**

**DENOMINATOR (REPORTING CRITERIA 1):**

Patients 6 years of age and older who were discharged from an acute inpatient setting (including acute care psychiatric facilities) with a principal diagnosis of mental illness on or between January 1 and December 1 of the measurement period

**Denominator Criteria (Eligible Cases) 1:**

Patients aged 6 years and older as of the date of discharge

**AND**

**Diagnosis for mental illness (ICD-10-CM):** F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.81, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F42.2, F42.3, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.9, F44.89, F53, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9

**AND**

**Patient encounter during the performance period (CPT):** 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99291

**AND**

**Patient alive at time of acute inpatient setting discharge**

**AND**

**Patient is discharged from an acute inpatient setting on or between January 1 and December 1 of the measurement period**

**AND**

**Exclude discharges followed by readmission or direct transfer to a Non-acute facility within the 30-day follow-up period, regardless of principal diagnosis for the readmission.**

**AND**

**Exclude discharges followed by readmission or direct transfer to an acute facility within the 30-day follow-up period if the principal diagnosis was for non-mental health**

**AND NOT**

**DENOMINATOR EXCLUSION:**

**Patients who use hospice services any time during the measurement period: G9760**

*NOTE: These discharges are excluded from the measure because readmission or transfer may prevent an outpatient follow-up visit from taking place.*

**NUMERATOR (REPORTING CRITERIA 1): Patient Received Follow-Up within 30 Days from Discharge**

An outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner within 30 days after acute inpatient discharge. Include outpatient visits, intensive outpatient visits or partial hospitalizations that occur on the date of discharge

**Numerator Options:**

***Performance Met:***

Patient received follow-up on the date of discharge or within 30 days after discharge (**G9402**)

**OR**

**Denominator Exception**

Clinician documented reason patient was not able to complete 30 day follow-up from acute inpatient setting discharge (e.g., patient death prior to follow-up visit, patient non-compliant for visit follow-up) (G9403)

**OR**

**Performance Not Met:**

Patient did not receive follow-up on the date of discharge or within 30 days after discharge (G9404)

**REPORTING CRITERIA 2: THE PERCENTAGE OF DISCHARGES FOR WHICH THE PATIENT RECEIVED FOLLOW-UP WITHIN 7 DAYS OF DISCHARGE**

**DENOMINATOR (REPORTING CRITERIA 2):**

Patients 6 years of age and older who were discharged from an acute inpatient setting (including acute care psychiatric facilities) with a principal diagnosis of mental illness on or between January 1 and December 1 of the measurement period

**Denominator Criteria (Eligible Cases) 2:**

Patients aged 6 years and older as of the date of discharge

**AND**

**Diagnosis for mental illness (ICD-10-CM):** F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.81, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F42.2, F42.3, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.8, F43.9, F44.89, F53, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9

**AND**

**Patient encounter during the performance period (CPT):** 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99291

**AND**

**Patient alive at time of acute inpatient setting discharge**

**AND**

**Patient is discharged from an acute inpatient setting on or between January 1 and December 1 of the measurement period**

**AND**

**Exclude discharges followed by readmission or direct transfer to a Non-acute facility within the 30- day follow-up period, regardless of principal diagnosis for the readmission**

**AND**

**Exclude discharges followed by readmission or direct transfer to an acute facility within the 30-day follow-up period if the principal diagnosis was for non-mental health**

**AND NOT**

**DENOMINATOR EXCLUSION:**

**Patients who use hospice services any time during the measurement period: G9760**

**NOTE:** These discharges are excluded from the measure because readmission or transfer may prevent an outpatient follow-up visit from taking place.

**NUMERATOR (REPORTING CRITERIA 2): Patient Received Follow-Up within 7 Days from Discharge**

An outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner within 7 days after acute inpatient discharge. Include outpatient visits, intensive outpatient visits or partial hospitalizations that occur on the date of discharge

**Numerator Options:**

*Performance Met:*

Patient received follow-up within 7 days from discharge (G9405)

**OR**

*Denominator Exception:*

Clinician documented reason patient was not able to complete 7 day follow-up from acute inpatient setting discharge (i.e., patient death prior to follow-up visit, patient non-compliance for visit follow-up) (G9406)

**OR**

*Performance Not Met:*

Patient did not receive follow-up on or within 7 days after discharge (G9407)

**RATIONALE:**

It is important to provide regular follow-up therapy to patients after they have been hospitalized for mental illness. An outpatient visit with a mental health practitioner after discharge is recommended to make sure that the patient's transition to the home or work environment is supported and that gains made during hospitalization are not lost. It also helps health care providers detect early post-hospitalization reactions or medication problems and provide continuing care.

This measure is consistent with guidelines of the National Institute of Mental Health and the Centers for Mental Health Services.

**CLINICAL RECOMMENDATION STATEMENTS:**

According to a guideline developed by the American Academy of Child and Adolescent Psychiatry and the American Psychiatric Association, there is a need for regular and timely assessments and documentation of the patient's response to all treatments.

The organization should make a practice of helping schedule follow-up appointments when a patient is discharged, as part of the treatment or case management plan, and should educate patients and practitioners about the importance of follow-up visits. Systems should be established to generate reminder or "reschedule" notices that are mailed to patients in the event that a follow-up visit is missed or canceled. In many cases, it may also be necessary to develop outreach systems or assign case managers to encourage recently released patients to keep follow-up appointments or reschedule missed appointments.

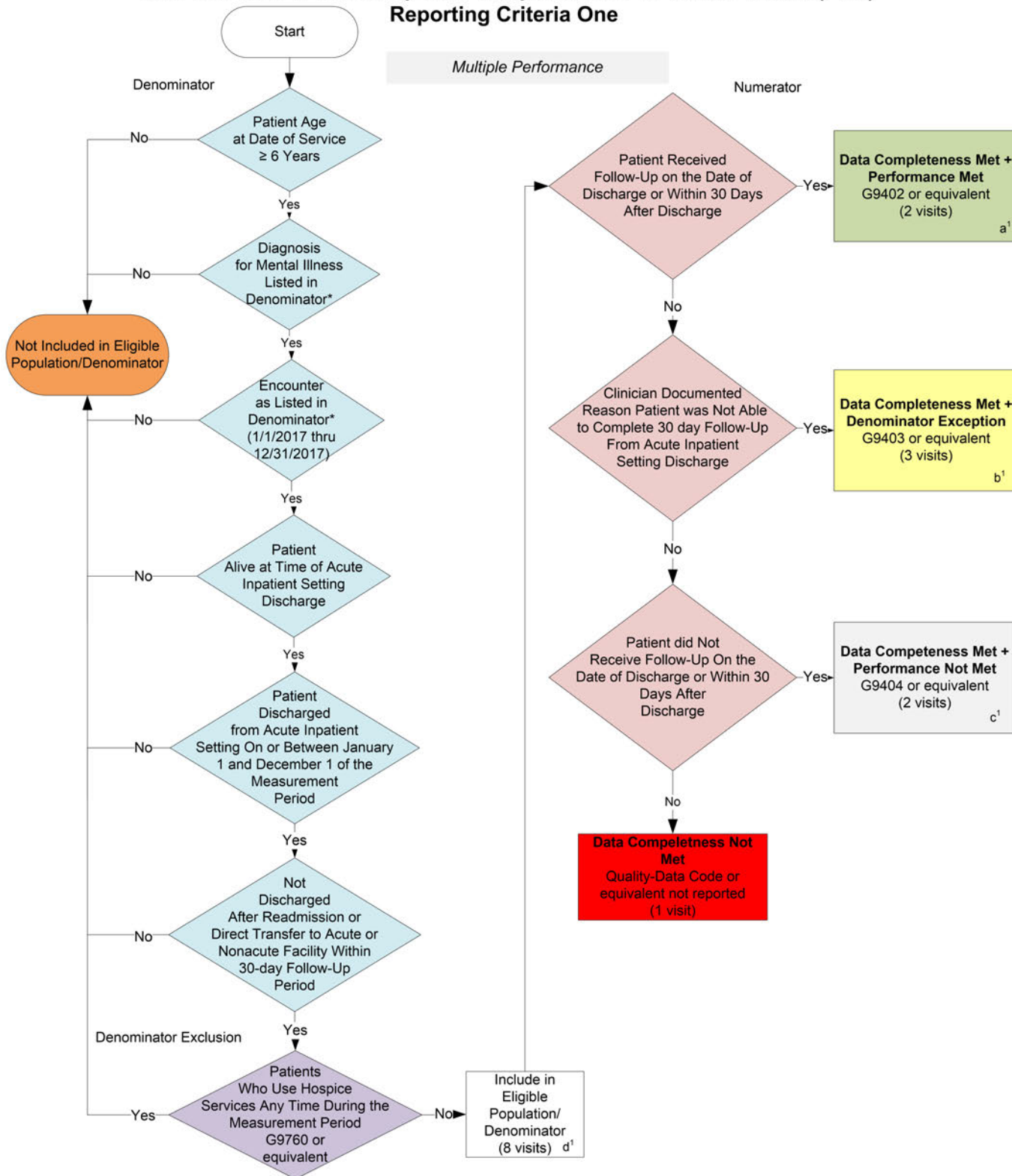
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## 2017 Registry Individual Measure Flow #391 NQF #0576: Follow Up After Hospitalization for Mental Illness (FUH) Reporting Criteria One



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

\*\*It is anticipated for registry reporting that for every performance rate, a reporting rate will be submitted. CMS will determine or use the overall reporting and performance rate. 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

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## 2017 Registry Individual Measure Flow #391 NQF #0576: Follow Up After Hospitalization for Mental Illness (FUH) Reporting Criteria Two



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

\*\*It is anticipated for registry reporting that for every performance rate, a data completeness will be submitted. CMS will determine or use the overall data completeness and performance rate.

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

NOTE: Reporting Frequency: Visit

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**2017 Registry Individual Measure Flow**  
**#391 NQF #0576: Follow Up After Hospitalization for Mental Illness (FUH)**

*Multiple Performance*

**SAMPLE CALCULATIONS: Data Completeness and Performance Rate One: Follow up Received within 30 days**

**Data Completeness=**

$$\frac{\text{Performance Met (a}^1=2 \text{ visits) + Denominator Exception (b}^1=3 \text{ visits) + Performance Not Met (c}^1= 2 \text{ visits)}}{\text{Eligible Population / Denominator (d}^1=8 \text{ visits)}} = \frac{7 \text{ visits}}{8 \text{ visits}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a}^1=2 \text{ visits)}}{\text{Criteria 1 Data Completeness Numerator (7 visits) – Denominator Exception (b}^1=3) = 4 \text{ visits}}} = \frac{2 \text{ visits}}{4 \text{ visits}} = 50.00\%$$

**SAMPLE CALCULATIONS: Data Completeness and Performance Rate Two: Follow Up Received within 7 days**

**Data Completeness=**

$$\frac{\text{Performance Met (a}^2=2 \text{ visits) + Denominator Exception (b}^2=3 \text{ visits) + Performance Not Met (c}^2= 2 \text{ visits)}}{\text{Eligible Population / Denominator (d}^2=8 \text{ visits)}} = \frac{7 \text{ visits}}{8 \text{ visits}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a}^2=2 \text{ visits)}}{\text{Criteria 2 Data Completeness Numerator (7 visits) – Denominator Exception (b}^2=3) = 4 \text{ visits}}} = \frac{2 \text{ visits}}{4 \text{ visits}} = 50.00\%$$

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

\*\*It is anticipated for registry reporting that for every performance rate, a reporting rate will be submitted. CMS will determine or use the overall reporting and performance rate.

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

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**2017 Registry Individual Measure Flow**  
**#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 Criteria 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.
7. 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 Non-acute Facility Within 30-day Follow-Up Period.
8. Check Not Discharged After Readmission or Direct Transfer to Acute or Non-acute Facility Within 30-day Follow-Up Period:

- a. If Not Discharged After Readmission or Direct Transfer to Acute or Non-acute 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 Non-acute Facility Within 30-day Follow-Up Period equals Yes, proceed to check Patients Who Use Hospice Services Any Time During the Measurement Period.
9. Patients Who Use Hospice Services Any Time During the Measurement Period:
- a. If Patients Who Use Hospice Services Any Time During the Measurement Period equals No, include in the Eligible population.
  - b. If Patients Who Use Hospice Services Any Time During the Measurement Period equals Yes, do not include in Eligible Patient Population. Stop Processing.
10. 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.
11. Start Numerator
12. 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 Data Completeness Met and Performance Met.
  - b. Data Completeness Met and Performance Met letter is represented as Data Completeness 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.
13. 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 Data Completeness Met and Denominator Exception.
  - b. Data Completeness Met and Denominator Exception letter is represented as Data Completeness 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.
14. 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 Data Completeness Met and Performance Not Met.
  - b. Data Completeness Met and Performance Not Met letter is represented as Data Completeness 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 Data Completeness Not Met.

15. Check Data Completeness Not Met:

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

**2017 Registry Individual Measure Flow**  
**#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 Criteria 2:**

1. Start with Denominator
2. Check Patient Age:
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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 Non-acute Facility Within 30-day Follow-Up Period.
9. Check Not Discharged After Readmission or Direct Transfer to Acute or Non-acute Facility Within 30-day Follow-Up Period:

- a. If Not Discharged After Readmission or Direct Transfer to Acute or Non-acute 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 Non-acute Facility Within 30-day Follow-Up Period equals Yes, proceed to Patients Who Use Hospice Services Any Time During the Measurement Period.
10. Patients Who Use Hospice Services Any Time During the Measurement Period:
- a. If Patients Who Use Hospice Services Any Time During the Measurement Period equals No, include in the Eligible population.
  - b. If Patients Who Use Hospice Services Any Time During the Measurement Period equals Yes, do not include in Eligible Patient Population. Stop Processing.
11. 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 visits in the sample calculation.
12. Start Numerator
13. 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 Data Completeness Met and Performance Met.
  - b. Data Completeness Met and Performance Met letter is represented as Data Completeness 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.
14. 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 Data Completeness Met and Denominator Exception.
  - b. Data Completeness Met and Denominator Exception letter is represented as Data Completeness 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.
15. 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 Data Completeness Met and Performance Not Met.
  - b. Data Completeness Met and Performance Not Met letter is represented as Data Completeness 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 Data Completeness Not Met.

16. Check Data Completeness Not Met:

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

**SAMPLE CALCULATIONS: Data Completeness and Performance Rate One: Follow up Received within 30 days**

**Data Completeness=**  

$$\frac{\text{Performance Met (a}^1=2 \text{ visits) + Denominator Exception (b}^1=3 \text{ visits) + Performance Not Met (c}^1= 2 \text{ visits)}}{\text{Eligible Population / Denominator (d}^1=8 \text{ visits)}} = \frac{7 \text{ visits}}{8 \text{ visits}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a}^1=2 \text{ visits)}}{\text{Criteria 1 Data Completeness Numerator (7 visits) – Denominator Exception (b}^1=3) = 4 \text{ visits}}} = \frac{2 \text{ visits}}{4 \text{ visits}} = 50.00\%$$

**SAMPLE CALCULATIONS: Data Completeness and Performance Rate Two: Follow Up Received within 7 days**

**Data Completeness=**  

$$\frac{\text{Performance Met (a}^2=2 \text{ visits) + Denominator Exception (b}^2=3 \text{ visits) + Performance Not Met (c}^2= 2 \text{ visits)}}{\text{Eligible Population / Denominator (d}^2=8 \text{ visits)}} = \frac{7 \text{ visits}}{8 \text{ visits}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a}^2=2 \text{ visits)}}{\text{Criteria 2 Data Completeness Numerator (7 visits) – Denominator Exception (b}^2=3) = 4 \text{ visits}}} = \frac{2 \text{ visits}}{4 \text{ visits}} = 50.00\%$$