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, F43.24, F43.25, F43.29, F43.8, F43.9, F44.9, F53, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, 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, F43.12, F43.14, 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 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.

**COPYRIGHT:**
These performance measures were developed and are owned by the National Committee for Quality Assurance (“NCQA”). These performance measures are not clinical guidelines and do not establish a standard of medical care. NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures. NCQA holds a copyright in this measure and can rescind or alter this measure at any time. Users of the measure shall not have the right to alter, enhance, or otherwise modify the measure and shall not disassemble, recompile, or reverse engineer the source code or object code relating to the measure. Anyone desiring to use or reproduce the measure without modification for a noncommercial purpose may do so without obtaining any approval from NCQA. All commercial uses must be approved by NCQA and are subject to a license at the discretion of NCQA. Use by health care providers in connection with their own practices is not commercial use. A “commercial use” refers to any sale, license, or distribution of a measure for commercial gain, or incorporation of a measure into any product or service that is sold, licensed, or distributed for commercial gain, even if there is no actual charge for inclusion of the measure. ©2004-2016 National Committee for Quality Assurance, all rights reserved.
Performance measures developed by NCQA for CMS may look different from the measures solely created and owned by NCQA.

CPT® contained in the Measures specifications is copyright 2004-2016 American Medical Association.
2017 Registry Individual Measure Flow
#391 NQF #0576: Follow Up After Hospitalization for Mental Illness (FUH)
Reporting Criteria One

Start

Denominator

Patient Age at Date of Service ≥ 6 Years

Yes

No

Multiple Performance

Numerator

Patient Received Follow-Up on the Date of Discharge or Within 30 Days After Discharge

Yes

Data Completeness Met + Performance Met
G9402 or equivalent (2 visits)

a1

No

Clinician Documented Reason Patient was Not Able to Complete 30 day Follow-Up From Acute Inpatient Setting Discharge

Yes

Data Completeness Met + Denominator Exception
G9403 or equivalent (3 visits)

b1

No

Patient did Not Receive Follow-Up On the Date of Discharge or Within 30 Days After Discharge

Yes

Data Completeness Met + Performance Not Met
G9404 or equivalent (2 visits)

c1

No

Data Completeness Not Met
Quality-Data Code or equivalent not reported (1 visit)

d1

Not Included in Eligible Population/Denominator

Encounter as Listed in Denominator* (1/1/2017 thru 12/31/2017)

Yes

No

Patient Alive at Time of Acute Inpatient Setting Discharge

Yes

No

Patient Discharged from Acute Inpatient Setting On or Between January 1 and December 1 of the Measurement Period

Yes

No

Not Discharged After Readmission or Direct Transfer to Acute or Nonscute Facility Within 30-day Follow-Up Period

Yes

No

Denominator Exclusion

Patients Who Use Hospice Services Any Time During the Measurement Period G9760 or equivalent

Include in Eligible Population/Denominator

* 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

CPT only copyright 2016 American Medical Association. All rights reserved.
2017 Registry Individual Measure Flow

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

Reporting Criteria Two

Start

Denominator

Patient Age at Date of Service ≥ 5 Years

Yes

Diagnosis for Mental Illness Listed in Denominator

No

Not Included in Eligible Population/Denominator

No

Encounter as Listed in Denominator (1/1/2017 thru 12/31/2017)

Yes

Patient Alive at Time of Acute Inpatient Setting Discharge

No

Patient Discharged from Acute Inpatient Setting On or Between January 1 and December 31 of the Measurement Period

No

Not Discharged After Readmission or Direct Transfer to Acute or Nonacute Facility Within 30-day Follow-Up Period

Denominator Exclusion

Yes

Patients Who Use Hospice Services Any Time During the Measurement Period G0760 or equivalent

No

Numerator

Patient Received Follow-Up on the Date of Discharge or Within 7 Days After Discharge

Yes

Clinician Documented Reason Patient was Not Able to Complete 7 day Follow-Up From Acute Inpatient Setting Discharge

No

Clinician Documented Exception (G9406 or equivalent) (3 visits)

Data Completeness Met + Performance Met

b

Patient did not Receive Follow-Up on the Date of Discharge or Within 7 Days After Discharge

No

Patient did Not Receive Follow-Up On the Date of Discharge or Within 7 Days After Discharge

Yes

Data Completeness Not Met Quality Code or equivalent not reported (1 visit)

c

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

Data Completeness = Performance Met (a=7 visits) + Denominator Exception (b=3 visits) + Performance Not Met (c=2 visits) = 7 visits = 87.50%

Performance Rate = Eligible Population / Denominator (d=8 visits) = 8 visits

Criteria 1 Data Completeness Numerator (7 visits) – Denominator Exception (b=3) = 4 visits

Performance Rate = Performance Met (a=7 visits) = 7 visits = 50.00%

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

Data Completeness = Performance Met (a=7 visits) + Denominator Exception (b=3 visits) + Performance Not Met (c=2 visits) = 7 visits = 87.50%

Performance Rate = Eligible Population / Denominator (d=8 visits) = 8 visits

Criteria 2 Data Completeness Numerator (7 visits) – Denominator Exception (b=3) = 4 visits

Performance Rate = Performance Met (a=7 visits) = 7 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
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 7 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=

\[
\text{Performance Met (a=2 visits) + Denominator Exception (b=3 visits) + Performance Not Met (c=2 visits)} = 7 \text{ visits} = 87.50\%
\]

\[
\text{Eligible Population / Denominator (d=8 visits)} = 8 \text{ visits}
\]

Performance Rate=

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

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

Data Completeness=

\[
\text{Performance Met (a=2 visits) + Denominator Exception (b=3 visits) + Performance Not Met (c=2 visits)} = 7 \text{ visits} = 87.50\%
\]

\[
\text{Eligible Population / Denominator (d=8 visits)} = 8 \text{ visits}
\]

Performance Rate=

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