2018 CMS Web Interface

CARE-2 (NQF 0101): Falls: Screening for Future Fall Risk

Measure Steward: NCQA

Contents

INTRODUCTION **3**
CMS WEB INTERFACE SAMPLING INFORMATION **4**
BENEFICIARY SAMPLING 4
NARRATIVE MEASURE SPECIFICATION **5**
DESCRIPTION: 5
IMPROVEMENT NOTATION: 5
INITIAL POPULATION: 5
DENOMINATOR: 5
DENOMINATOR EXCLUSIONS: 5
DENOMINATOR EXCEPTIONS: 5
NUMERATOR: 5
NUMERATOR EXCLUSIONS: 5
DEFINITIONS: 5
GUIDANCE: 5
SUBMISSION GUIDANCE **6**
PATIENT CONFIRMATION 6
SUBMISSION GUIDANCE **7**
DENOMINATOR CONFIRMATION 7
SUBMISSION GUIDANCE **8**
NUMERATOR REPORTING 8
DOCUMENTATION REQUIREMENTS **9**
APPENDIX I: PERFORMANCE CALCULATION FLOW **10**
APPENDIX II: DOWNLOADABLE RESOURCE MAPPING TABLE **16**
APPENDIX III: MEASURE RATIONALE AND CLINICAL RECOMMENDATION STATEMENTS **17**
RATIONALE: 17
CLINICAL RECOMMENDATION STATEMENTS: 17
APPENDIX IV: USE NOTICES, COPYRIGHTS, AND DISCLAIMERS **18**
COPYRIGHT 18

INTRODUCTION

There are a total of 15 individual measures (including one composite consisting of two measures) included in the 2018 CMS Web Interface targeting high-cost chronic conditions, preventive care, and patient safety. The measures documents are represented individually and contain measure specific information. The corresponding coding documents are posted separately in an Excel format.

The measure documents are being provided to allow group practices and Accountable Care Organizations (ACOs) an opportunity to better understand each of the 15 individual measures included in the 2018 CMS Web Interface data submission method. Each measure document contains information necessary to submit data through the CMS Web Interface.

Narrative specifications, supporting submission documentation, and calculation flows are provided within each document. Please review all of the measure documentation in its entirety to ensure complete understanding of these measures.

CMS WEB INTERFACE SAMPLING INFORMATION

BENEFICIARY SAMPLING

For more information on the sampling process and methodology please refer to the 2018 CMS Web Interface Sampling Document, which will be made available during the performance year at CMS.gov.

NARRATIVE MEASURE SPECIFICATION

DESCRIPTION:
Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period

IMPROVEMENT NOTATION:
Higher score indicates better quality

INITIAL POPULATION:
Patients aged 65 years and older with a visit during the measurement period

DENOMINATOR:
Equals Initial Population

DENOMINATOR EXCLUSIONS:
Exclude patients who were assessed to be non-ambulatory during the measurement period

DENOMINATOR EXCEPTIONS:
None

NUMERATOR:
Patients who were screened for future fall risk at least once within the measurement period

NUMERATOR EXCLUSIONS:
Not Applicable

DEFINITION:
Screening for Future Fall Risk: Assessment of whether an individual has experienced a fall or problems with gait or balance. A specific screening tool is not required for this measure, however potential screening tools include the Morse Fall Scale and the timed Get-Up-And-Go test.
Fall: A sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor, or the ground, other than as a consequence of sudden onset of paralysis, epileptic seizure, or overwhelming external force.

GUIDANCE:
None

SUBMISSION GUIDANCE

PATIENT CONFIRMATION

Establishing patient eligibility for reporting requires the following:

- Determine if the patient's medical record can be found
  - If you can locate the medical record select "Yes"

  OR

  - If you cannot locate the medical record select "No - Medical Record Not Found"

  OR

  - Determine if the patient is qualified for the sample
    - If the patient is deceased, in hospice, moved out of the country or was enrolled in HMO select "Not Qualified for Sample", select the applicable reason from the provided drop-down menu, and enter the date the patient became ineligible

Guidance ***Patient Confirmation***

If "No – Medical Record Not Found" or "Not Qualified for Sample" is selected, *the patient is completed but not confirmed. The patient will be "skipped" and another patient must be reported in their place, if available. The CMS Web Interface will automatically skip any patient for whom "No – Medical Record Not Found" or "Not Qualified for Sample" is selected in all other measures into which they have been sampled.*

If "Not Qualified for Sample" is selected and the date is unknown, *you may enter the last date of the measurement period (i.e., 12/31/2018).*

The Measurement Period is defined *as January 1 – December 31, 2018.*

NOTE:

- ***In Hospice****: Select this option if the patient is not qualified for sample due to being in hospice care at any time during the measurement period (this includes non-hospice patients receiving palliative goals or comfort care)*
- ***Moved out of Country:*** *Select this option if the patient is not qualified for sample because they moved out of the country any time during the measurement period*
- ***Deceased:*** *Select this option if the patient died during the measurement period*
- ***HMO Enrollment:*** *Select this option if the patient was enrolled in an HMO at any time during the measurement period (i.e., Medicare Advantage, non-Medicare HMOs, etc.)*

SUBMISSION GUIDANCE

DENOMINATOR CONFIRMATION

- Determine if the patient is qualified for the measure.
  - If you are able to confirm the patient is qualified for the measure select "Yes"

  OR

  - If there is a denominator exclusion for patient disqualification from the measure select "Denominator Exclusion"

  OR

  - If there is an "other" CMS approved reason for patient disqualification from the measure select "No - Other CMS Approved Reason"

Denominator Exclusion codes can be found in the 2018 CMS Web Interface CARE Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

Guidance ***Denominator***

If "Denominator Exclusion" or "No – Other CMS Approved Reason" is selected, *the patient will be "skipped" and another patient must be reported in their place, if available. The patient will only be removed from the measure for which one of these options was selected, not all CMS Web Interface measures.*

Denominator Exclusion, *count as non-ambulatory only if non-ambulatory at the most recent encounter during the measurement period*

Patient is not ambulatory - count as non-ambulatory only if non-ambulatory at the most recent encounter during the measurement period (i.e., patient is not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair)

CMS Approved Reason *may only be selected when approved by CMS. To request a CMS Approved Reason, you would need to provide the patient rank, measure, and reason for request in a Quality Payment Program Service Desk inquiry. A CMS decision will be provided in the resolution of the inquiry. Patients for whom a CMS Approved Reason is selected will be "skipped" and another patient must be reported in their place, if available.*

SUBMISSION GUIDANCE

NUMERATOR SUBMISSION

- Determine if patient was screened for future fall risk at least once during the measurement period
  - If patient was not screened for future fall risk select "No"

  OR

  - If patient was screened for future fall risk select "Yes"

Numerator codes can be found in the 2018 CMS Web Interface CARE Coding Document. The Downloadable Resource Mapping Table can be located in Appendix II of this document.

Guidance Numerator

NOTE:

- ***A clinician*** *with appropriate skills and experience may perform the screening*
- ***Setting of screening*** *is not restricted to an office setting*
- ***Documentation*** *of no falls is sufficient*
- ***Medical record*** *must include documentation of screening performed*
- ***Any history of falls*** *screening during the measurement period is acceptable as meeting the intent of the measure*
- ***A gait or balance*** *assessment meets the intent of the measure*
- ***Screening for future fall risk*** *may be completed during a telehealth encounter*

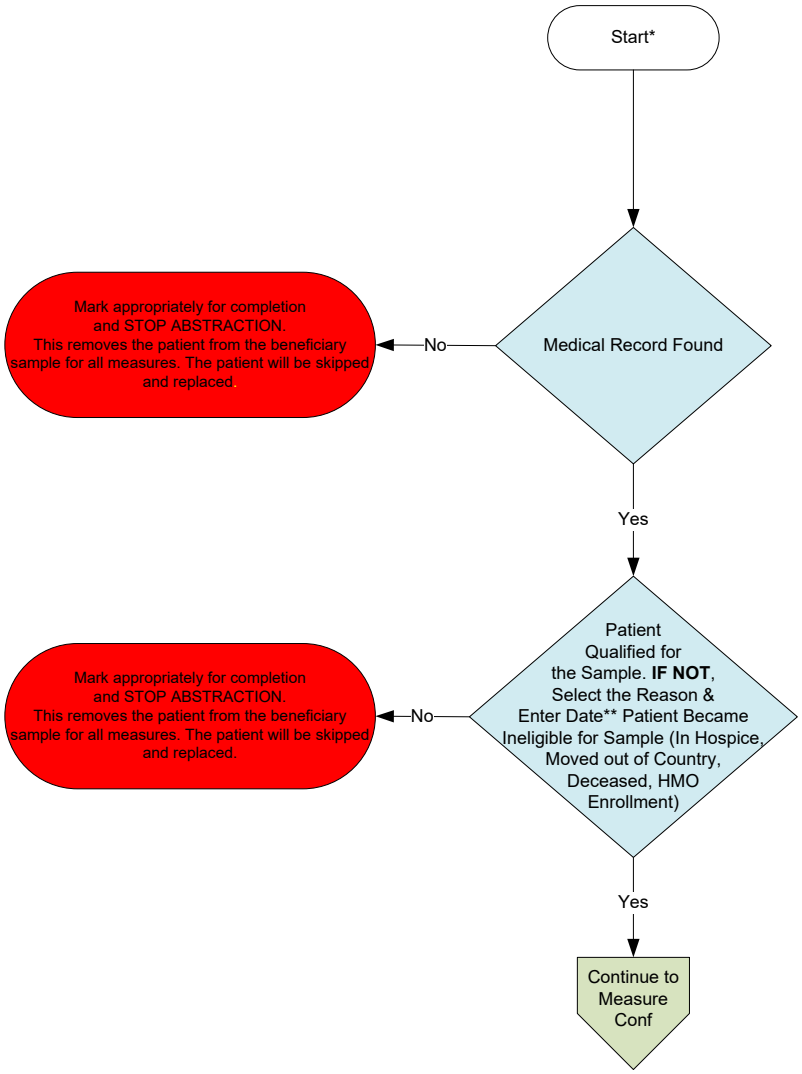
DOCUMENTATION REQUIREMENTS

When submitting data through the CMS Web Interface, the expectation is that medical record documentation is available that supports the action reported in the CMS Web Interface i.e., medical record documentation is necessary to support the information that has been submitted.

Appendix I: Performance Calculation Flow

Patient Confirmation Flow

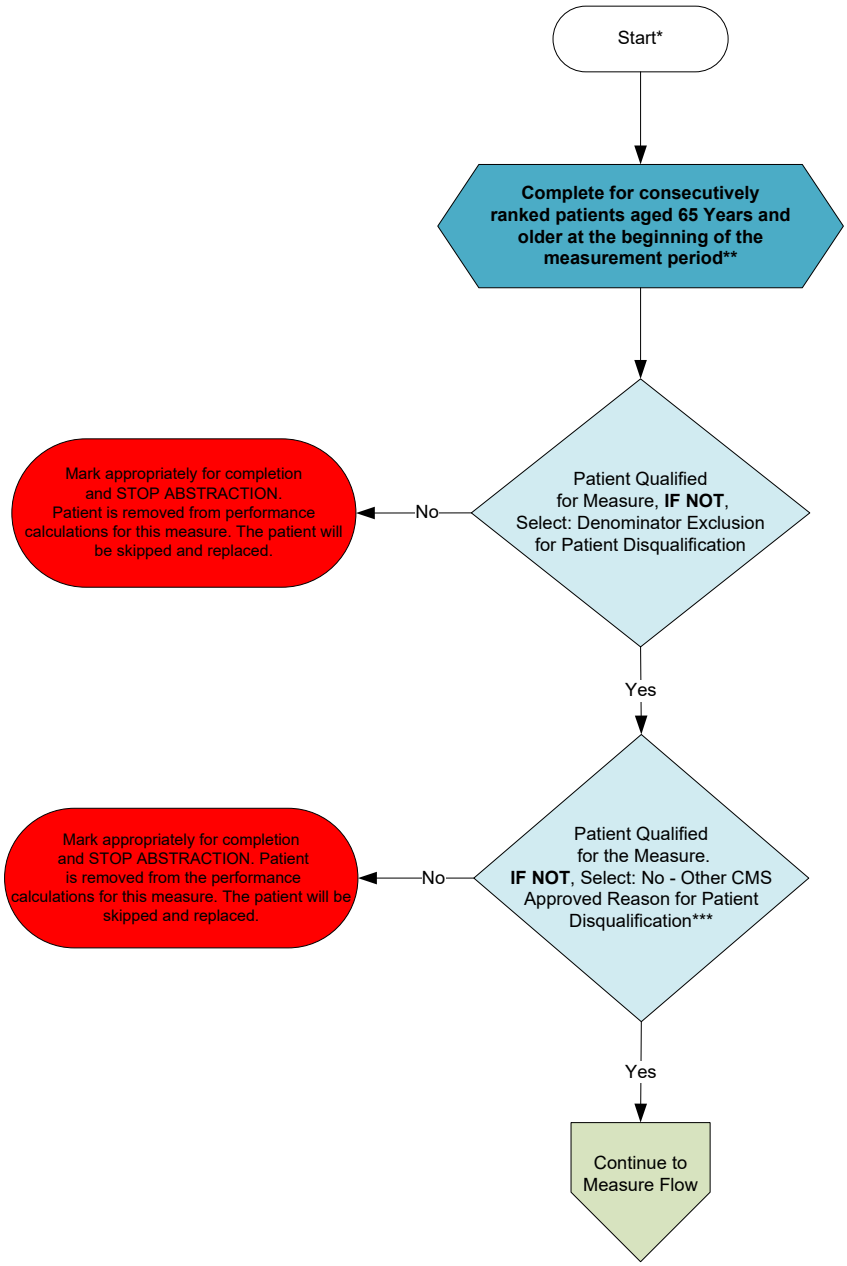
For 2018, confirmation of the “Medical Record Found”, or indicating the patient is “Not Qualified for Sample” with a reason of "In Hospice", "Moved out of Country", "Deceased", or "HMO Enrollment", will only need to be done **once** per patient.



*See the Measure Submission Document for further instructions on how to report this measure
**If date is unknown, enter 12/31/2018

Measure Confirmation Flow for Care-2

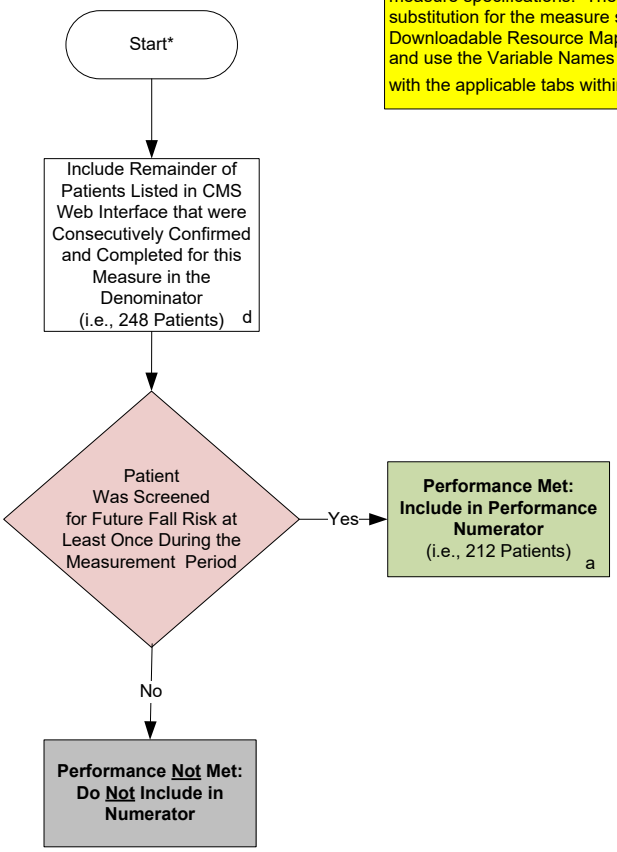
For 2018, measure specific reasons a patient is "Not Confirmed" or excluded for "Denominator Exclusion" or "Other CMS Approved Reason" will need to be done for each measure where the patient appears.



*See the Measure Submission Document for further instructions to submit this measure
**Further information regarding patient selection for specific disease and patient care measures can be found in the CMS 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 CARE-2 measure. If this is the case, the system will automatically remove the patient from the measure requirements.
***"Other CMS Approved Reason" may only be selected if you have received an approval from CMS in the resolution of a requested Quality Payment Program Service Desk Inquiry at qpp.com.hhs.gov

Measure Flow for CARE-2

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 Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the CARE Coding Document.



SAMPLE CALCULATION:

Performance Rate=

Performance Met (a =212 Patients) = 212 Patients = 85.48%
Denominator (d=248 Patients) = 248 Patients

CALCULATION MAY CHANGE PENDING PERFORMANCE MET ABOVE

*See the Measure Submission Document for further instructions to submit this measure

Patient Confirmation Flow

For 2018, 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 Measure Submission Document 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. The patient will be skipped and replaced. 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 12/31/2018) 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. The patient will be skipped and replaced. Stop processing.
    b. If yes, the patient does qualify for the sample; continue to the Measure Confirmation Flow for CARE-2.

Measure Confirmation Flow for CARE-2

For 2018, 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 where the patient appears. Refer to the Measure Submission Document for further instructions.

1. Start Measure Confirmation Flow for CARE-2. 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 and patient care measures can be found in the CMS 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 CARE-2 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. The patient will be skipped and replaced. 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. The patient will be skipped and replaced. "Other CMS Approved Reason" may only be selected by if you have received an approval from CMS in the resolution of a requested Quality Payment Program Service Desk Inquiry at qpp@cms.hhs.gov. Stop processing.
    b. If yes, the patient does qualify for the measure, continue to the CARE-2 measure flow.

Measure Flow for CARE-2

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 Table, go to Appendix II and use the Variable Names located in the appendix along with the applicable tabs within the CARE Coding Document.

1. Start processing 2018 CARE-2 (NQF 0101) Flow for the patients that qualified for sample in the Patient Confirmation Flow and the Measure Confirmation Flow for Care-2. Note: Include remainder of patients listed in the CMS 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 was screened for future fall risk at least once during the measurement period.
    a. If no, the patient was not screened for future fall risk at least once during the measurement period, performance is not met and the patient should not be included in the numerator. Stop processing.
    b. If yes, the patient was screened for future fall risk at least once 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. 212 patients). Stop processing.

Sample Calculation
Performance Rate Equals
Performance Met is category 'a' in the measure flow (212 patients)
Denominator is category 'd' in measure flow (248 patients)
212 (Performance Met) divided by 248 equals a performance rate of 85.48 percent
Calculation May Change Pending Performance Met

Appendix II: Downloadable Resource Mapping Table

Each data element within this measure's denominator or numerator is defined as a pre-determined set of clinical codes. These codes can be found in the 2018 CMS Web Interface CARE Coding Document.

***CARE-2: Falls: Screening for Future Fall Risk**

Measure Component/Excel Tab	Data Element	Variable Name	Coding System(s)
Denominator Exclusion/ Denominator Exclusion Codes	Exclusion	NOT_AMBULATORY_CODE	SNM
Numerator/Numerator Codes	Falls Screening	FALLS_SCREEN_CODE	LN SNM

**For EHR mapping, the coding within CARE-2 is considered to be all inclusive*

Appendix III: Measure Rationale and Clinical Recommendation Statements

RATIONALE:

As the leading cause of both fatal and nonfatal injuries for older adults, falls are one of the most common and significant health issues facing people aged 65 years or older (Schneider, Shubert and Harmon 2010).

Moreover, the rate of falls increases with age (Dykes et al. 2010). Older adults are five times more likely to be hospitalized for fall-related injuries than any other cause-related injury. It is estimated that one in every three adults over 65 will fall each year (Centers for Disease Control and Prevention 2015). In those over age 80, the rate of falls increases to fifty percent (Doherty et al. 2009). Falls are also associated with substantial cost and resource use, approaching $30,000 per fall hospitalization (Woolcott et al. 2011). Identifying at-risk patients is the most important part of management, as applying preventive measures in this vulnerable population can have a profound effect on public health (al-Aama 2011). Family physicians have a pivotal role in screening older patients for risk of falls, and applying preventive strategies for patients at risk (al-Aama 2011).

CLINICAL RECOMMENDATION STATEMENTS:

All other persons who are under the care of a health professional (or their caregivers) should be asked at least once a year about falls. (AGS/BGS/AAOS)

Older persons who present for medical attention because of a fall, report recurrent falls in the past year, or demonstrate abnormalities of gait and/or balance should have a fall evaluation performed. This evaluation should be performed by a clinician with appropriate skills and experience, which may necessitate referral to a specialist (eg, geriatrician). (AGS/DGS/AAOS)

Older people in contact with health care professionals should be asked routinely whether they have fallen in the past year and asked about the frequency, context, and characteristics of the falls. (NICE) (Grade C)

Older people reporting a fall or considered at risk of falling should be observed for balance and gait deficits and considered for their ability to benefit from interventions to improve strength and balance. (NICE) (Grade C)

Appendix IV: Use Notices, Copyrights, and Disclaimers

COPYRIGHT

This Physician Performance Measure (Measure) and related data specifications have been developed by the PCPI(R) Foundation (PCPI[R]) and the National Committee for Quality Assurance (NCQA). This Measure is not a clinical guideline and does not establish a standard of medical care, and has not been tested for all potential applications. The Measure, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, eg, use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measure for commercial gain, or incorporation of the Measure into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the Measure require a license agreement between the user and the PCPI(R) or NCQA. Neither the American Medical Association (AMA), nor the former AMA-convened Physician Consortium for Performance Improvement(R), PCPI, NCQA nor its members shall be responsible for any use of the Measure. (C) 2017 National Committee for Quality Assurance and PCPI (R) Foundation. All Rights Reserved.

Limited proprietary coding is contained in the Measure specifications for user convenience. Users of proprietary code sets should obtain all necessary licenses from the owners of the code sets. NCQA disclaims all liability for use or accuracy of any CPT or other codes contained in the specifications.

CPT(R) contained in the Measure specifications is copyright 2004-2016 American Medical Association. LOINC(R) copyright 2004-2016 Regenstrief Institute, Inc. This material contains SNOMED Clinical Terms(R) (SNOMED CT[R]) copyright 2004-2016 International Health Terminology Standards Development Organisation. ICD-10 copyright 2016 World Health Organization. All Rights Reserved.

The performance Measure is not a clinical guideline and does not establish a standard of medical care, and has not been tested for all potential applications. THE MEASURE AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

Due to technical limitations, registered trademarks are indicated by (R) or [R] and unregistered trademarks are indicated by (TM) or [TM].