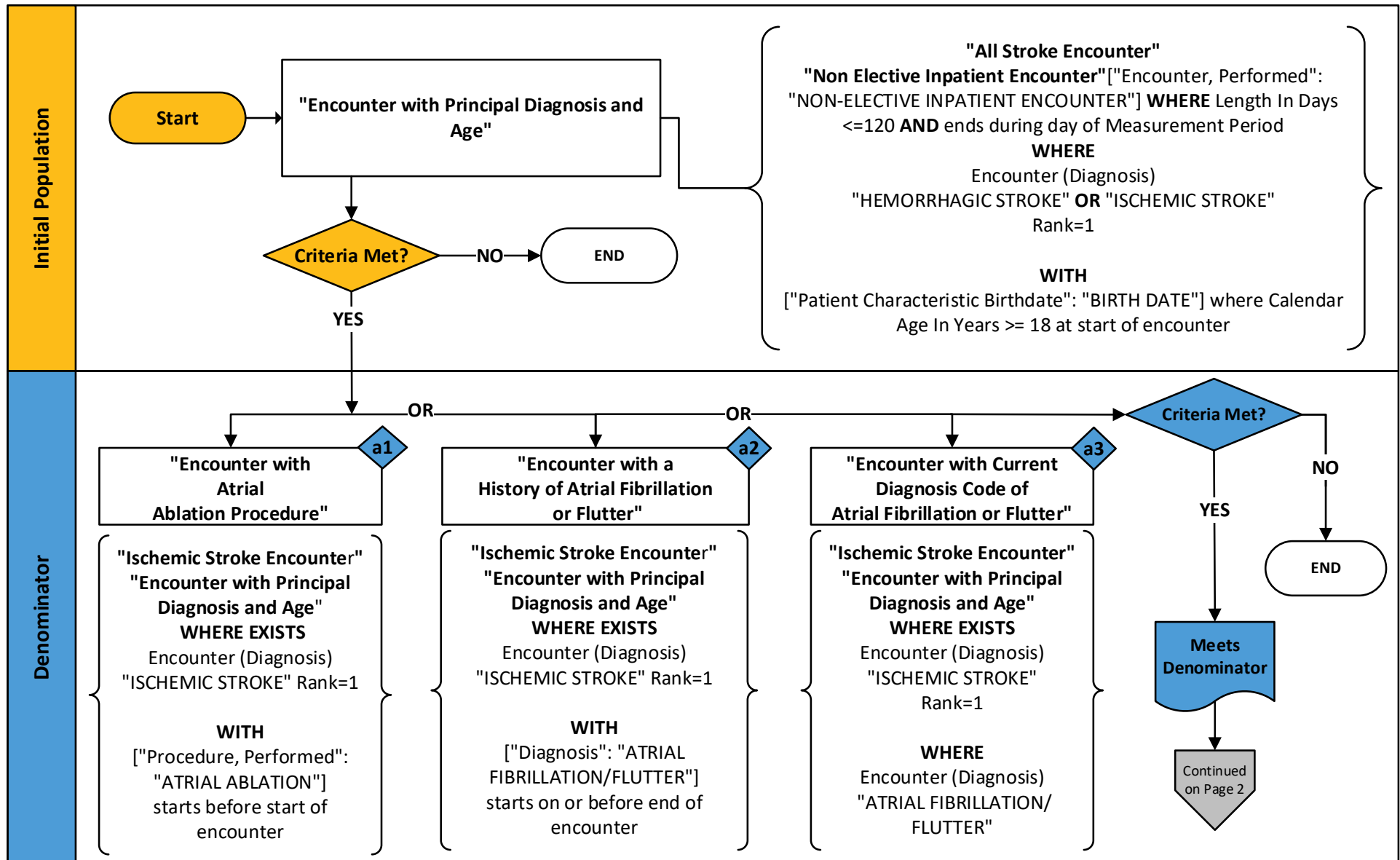


2022 eCQM Flow – CMS71v11: Anticoagulation Therapy for Atrial Fibrillation/Flutter (STK-03)*

*This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.

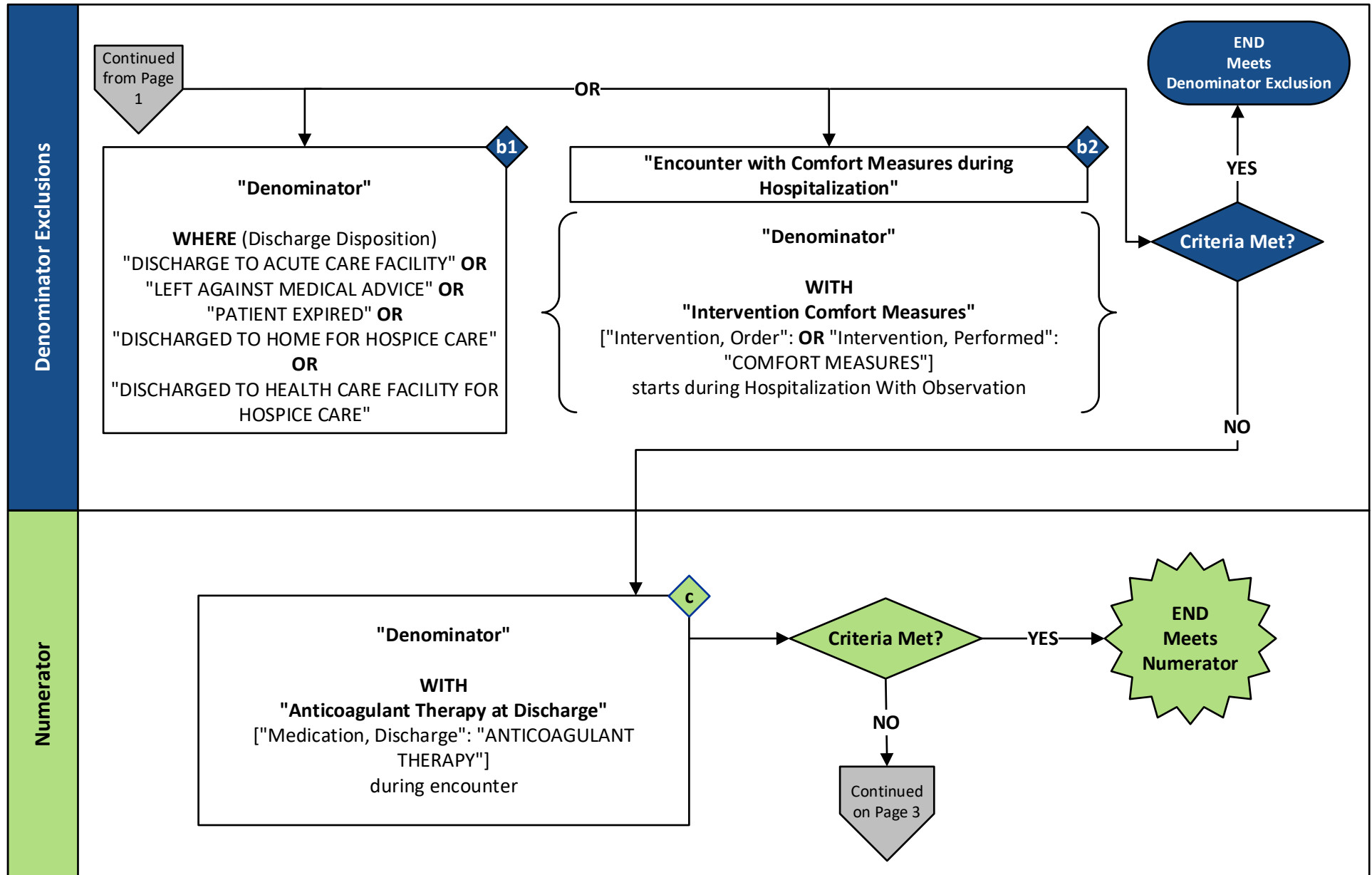
Measure Flow Diagram



2022 eCQM Flow – CMS71v11: Anticoagulation Therapy for Atrial Fibrillation/Flutter (STK-03)*

*This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.

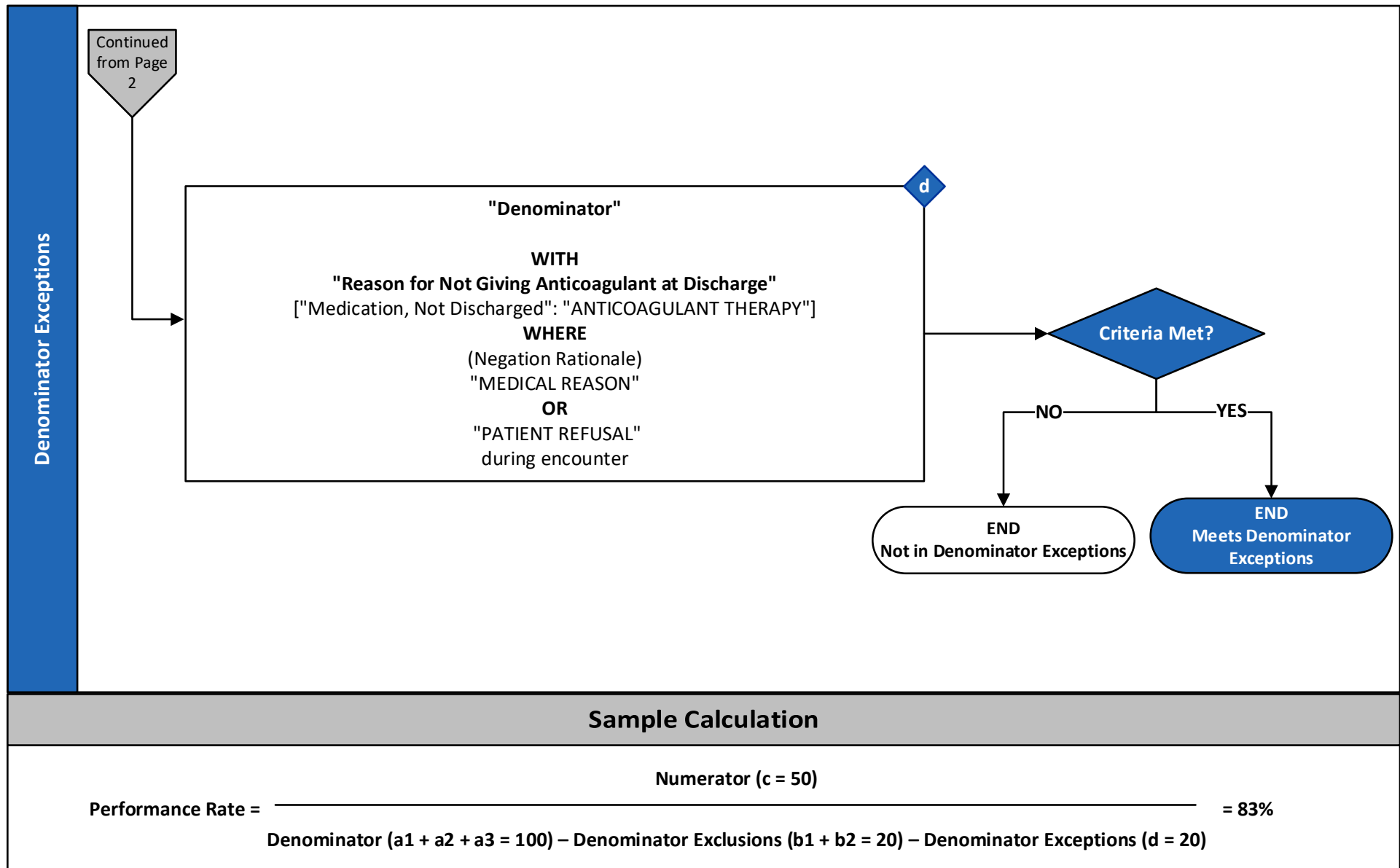
Measure Flow Diagram (Continued)



2022 eCQM Flow – CMS71v11: Anticoagulation Therapy for Atrial Fibrillation/Flutter (STK-03)*

*This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.

Measure Flow Diagram (Continued)



2022 eCQM Flow – CMS71v11: Anticoagulation Therapy for Atrial Fibrillation/Flutter (STK-03)*

**This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.*

Measure Flow Narrative

The measure flow diagram on the preceding pages illustrates the steps to determine the population criteria for this measure.

Measure Description	This measure assesses ischemic stroke patients with atrial fibrillation/flutter who are prescribed or continuing to take anticoagulation therapy at hospital discharge
Initial Population	Start by identifying the initial population criteria as inpatient hospitalization encounters with: <ul style="list-style-type: none">• patients age 18 and older discharged from inpatient care (non-elective admissions)• a principal diagnosis of ischemic or hemorrhagic stroke• a length of stay less than or equal to 120 days that ends during the measurement period
Denominator	The denominator criteria further constrains the initial population by inpatient hospitalizations for patients with: <ul style="list-style-type: none">• a principal diagnosis of ischemic stroke• and a history of atrial ablation, or current or history of atrial fibrillation/flutter
Denominator Exclusions	The denominator exclusions criteria are used to identify a subset of the denominator population by excluding denominator encounters with any of the following: <ul style="list-style-type: none">• patients admitted for elective carotid intervention (implicit by inclusion of only non-elective hospitalizations)• or a documented discharge disposition of:<ul style="list-style-type: none">• discharged to another hospital; or• left against medical advice; or• expired; or• discharged to either a health care facility or home, for hospice care• or have comfort measures documented

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**This flow diagram represents an overview of population criteria requirements. Please refer to the eCQM measure specification for a complete list of definitions, direct reference codes, data or timing elements included in this measure and required for submission.*

Measure Flow Narrative (Continued)

The measure flow diagram on the preceding pages illustrates the steps to determine the population criteria for this measure.

Numerator	The numerator criteria identify a subset of the denominator population (that did not meet the denominator exclusions criteria) by including inpatient hospitalizations for patients prescribed or continuing to take anticoagulation therapy at hospital discharge
Denominator Exceptions	The denominator exceptions criteria identify a subset of the denominator population (that did not meet the denominator exclusions criteria or numerator criteria) by excluding inpatient hospitalizations for patients with a documented reason for not prescribing anticoagulation therapy at hospital discharge - either a qualifying medical or patient refusal