

**Document Links:**

- [CGPI Validation Module](#)
- [CGPI PI Module](#)

**COHORT**  
 16. AMI - Outpatient visit  
 36. SCI Dx  
 48. Female, age 20-69  
 50. Random Sample  
 51. Random Sample MH  
 54. Frail/Elderly  
 60. DM Outpatient  
 61. Inpatient SCI  
 68. Contract CBOC

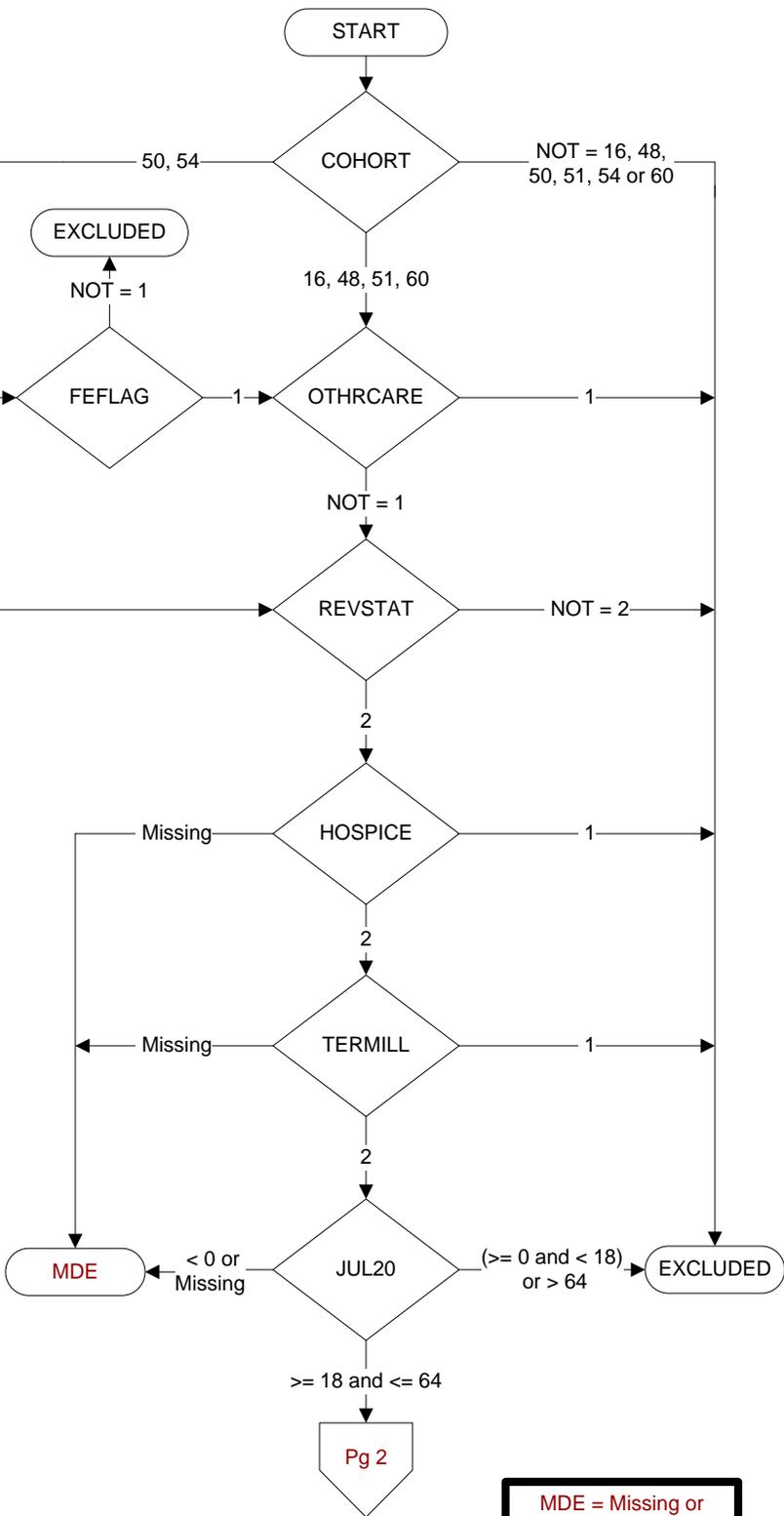
**FEFLAG** (rcvd on pull list)  
 FE case flagged for CGPI review / scoring?  
 0. No  
 1. Yes

**OTHCARE** (Validation)  
 Is there evidence in the medical record that within the past two years, the patient refused VHA Primary Care and is receiving ONLY his/her primary care in a non-VHA setting?  
 1. yes  
 2. no

**REVSTAT**  
 REVIEW STATUS (not abstracted)  
 0. Abstraction has not begun  
 1. Abstraction in progress  
 2. Abstraction completed w/o errors  
 3. TVG failure (exclusion)  
 4. Record contains missing required answers  
 5. Administrative exclusion from all measures

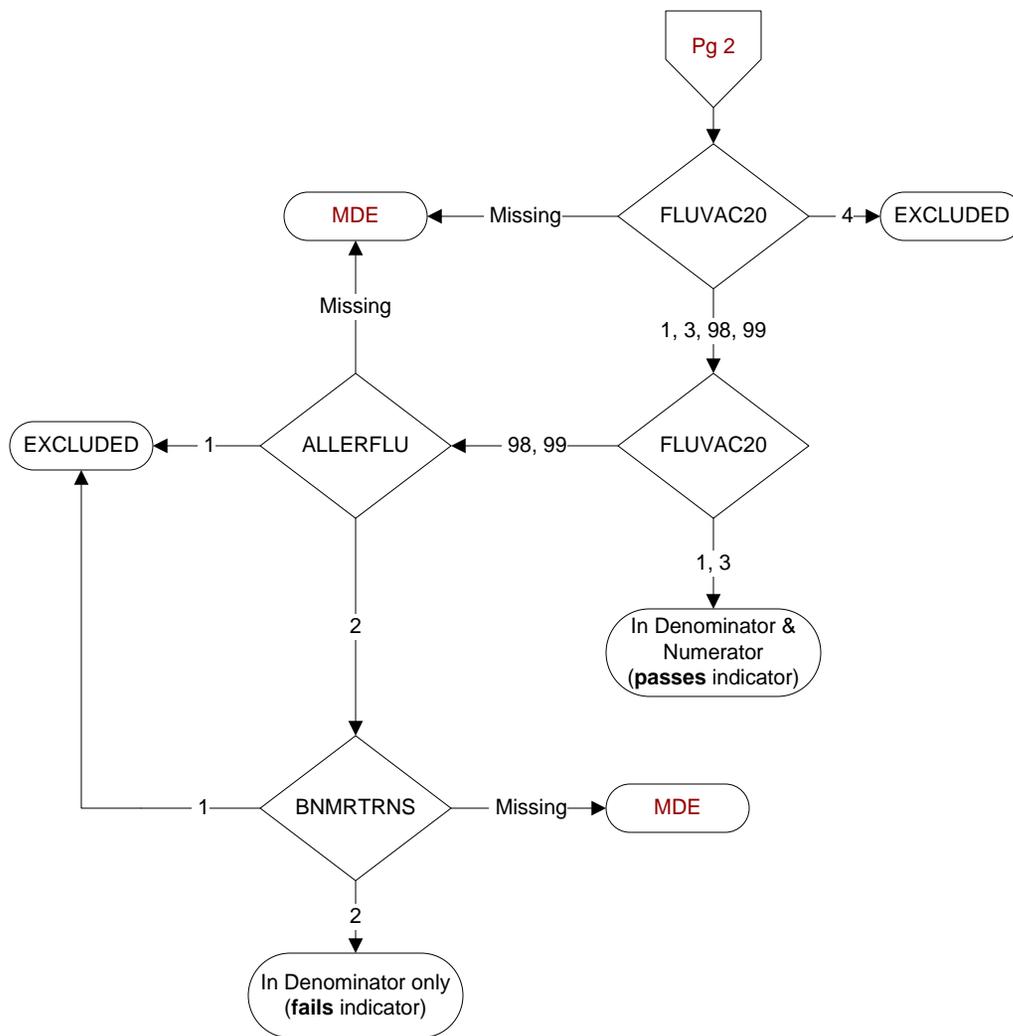
**HOSPICE** (PI module)  
 During the past year is there documentation in the medical record the patient is enrolled in a VHA or community-based hospice program?  
 1. Yes  
 2. No

**TERMILL** (PI module)  
 Is one of the following documented in the medical record?  
 • The patient has a diagnosis of cancer of the liver, pancreas, or esophagus  
 • On the problem list it is documented the patient's life expectancy is less than 6 months?  
 1. Yes  
 2. No



**JUL20**  
 Calculated field  
 (07/01/20 - BIRTHDT).

**MDE = Missing or Invalid Data Exclusion (data error)**



**FLUVAC20 (PI Module)**  
 During the period from (computer display 7/01/2020 to (pulldt or <= stdyend if stdyend > pulldt)), did the patient receive influenza vaccination?  
 1. received vaccination from VHA  
 3. received vaccination from private sector provider  
 4. patient's only visit during immunization period preceded availability of vaccine  
 98. patient refused vaccination  
 99. no documentation patient received vaccination

**ALLERFLU (PI Module)**  
 Is one of the following documented in the medical record?  
 • Previous severe allergic reaction to any component of the influenza vaccine, or after a previous dose of any influenza vaccine  
 • History of Guillain-Barre Syndrome  
 1. Yes  
 2. No

**BNMRTRNS**  
 During the past year is there documentation in the medical record the patient had a bone marrow transplant?  
 1. Yes  
 2. No