

## Eligible Professional (EP) Meaningful Use Measures applicable if scheduled to be in Stage 3 in Program Year 2020

Note that pdf upload will overwrite all saved meaningful use information, except QRDA III data.

### Meaningful Use Objectives

- EPs must complete all 7 Meaningful Use Objectives.

1. Protect Patient Health Information		
<b>Objective:</b> Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.		
<b>Measure:</b> Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.		
<b>Compliance:</b> Eligible professionals (EPs) must attest YES to conducting or reviewing a security risk analysis and implementing security updates as necessary and correcting identified security deficiencies to meet this measure.	YES	NO

2. Electronic Prescribing		
<b>Objective:</b> EPs must generate and transmit permissible prescriptions electronically (eRx).		
<b>Measure:</b> More than 60 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.		
<b>Exclusion 1:</b> Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period. Exclusion applies to you?	YES	NO
EPs must enter the number of prescriptions written during the EHR reporting period in the Exclusion Value box to attest to exclusion from this requirement.		
<b>Exclusion 2:</b> Any EP who does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period. Exclusion applies to you?	YES	NO
<b>Numerator:</b> The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.		
<b>Denominator:</b> Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period.		
<b>CEHRT Records Only:</b> Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	YES	NO

3. Clinical Decision Support		
<b>Objective:</b> Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.		
<b>Measure 1:</b> Implement five clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.		
<b>Compliance:</b> EPs must attest YES to implementing five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period.	YES	NO
<b>Measure 2:</b> The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.		

<b>Exclusion:</b> Any EP who writes fewer than 100 medication orders during the EHR reporting period. Exclusion applies to you?	YES	NO
EPs must enter the number of medication orders written during the EHR reporting period in the Exclusion Value box to attest to exclusion from this requirement.		
<b>Compliance:</b> EPs must attest YES to enabling and implementing functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	YES	NO

#### 4. Computerized Provider Order Entry (CPOE)

**Objective:** Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.

**Measure 1:** More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

<b>Exclusion:</b> Any EP who writes fewer than 100 medication orders during the EHR reporting period. Exclusion applies to you?	YES	NO
EPs must enter the number of medication orders written during the EHR reporting period in the Exclusion Value box to attest to exclusion from this requirement.		
<b>Numerator:</b> The number of orders in the denominator recorded using CPOE.		
<b>Denominator:</b> Number of medication orders created by the EP during the EHR reporting period.		
<b>CEHRT Records Only:</b> Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	YES	NO
<b>Measure 2:</b> More than 60 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.		
<b>Exclusion:</b> Any EP who writes fewer than 100 laboratory orders during the EHR reporting period. Exclusion applies to you?	YES	NO
EPs must enter the number of laboratory orders written during the EHR reporting period in the Exclusion Value box to attest to exclusion from this requirement.		
<b>Numerator:</b> The number of orders in the denominator recorded using CPOE.		
<b>Denominator:</b> Number of laboratory orders created by the EP during the EHR reporting period.		
<b>CEHRT Records Only:</b> Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	YES	NO
<b>Measure 3:</b> More than 60 percent of diagnostic imaging orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.		
<b>Exclusion:</b> Any EP who writes fewer than 100 diagnostic imaging orders during the EHR reporting period. Exclusion applies to you?	YES	NO
EPs must enter the number of diagnostic imaging orders created during the EHR reporting period in the Exclusion Value box to attest to exclusion from this requirement.		
<b>Numerator:</b> The number of orders in the denominator recorded using CPOE.		
<b>Denominator:</b> Number of diagnostic imaging orders created by the EP during the EHR reporting period.		
<b>CEHRT Records Only:</b> Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	YES	NO

#### 5. Patient Electronic Access to Health Information

**Objective:** The EP provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education.

<b>Measure 1:</b> For more than 80 percent of all unique patients seen by the EP:  -The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and  - The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's CEHRT.		
<b>Exclusion 1:</b> Any EP who has no office visits during the EHR reporting period. Exclusion applies to you?	YES	NO
<b>Exclusion 2:</b> Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period. Exclusion applies to you?	YES	NO
<b>Numerator:</b> The number of patients in the denominator (or patient-authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the provider's CEHRT.		
<b>Denominator:</b> The number of unique patients seen by the EP during the EHR reporting period.		
<b>Measure 2:</b> The EP must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35 percent of unique patients seen by the EP during the EHR reporting period.		
<b>Exclusion 1:</b> Any EP who has no office visits during the EHR reporting period. Exclusion applies to you?	YES	NO
<b>Exclusion 2:</b> Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period. Exclusion applies to you?	YES	NO
<b>Numerator:</b> The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from CEHRT during the EHR reporting period.		
<b>Denominator:</b> The number of unique patients seen by the EP during the EHR reporting period.		

6. Coordination of Care Through Patient Engagement		
<b>Objective:</b> Use CEHRT to engage with patients or their authorized representatives about the patient's care.  An EP must attest to all 3 of the following measures and meet the thresholds for at least 2 measures to meet the objective except those measures for which an EP qualifies for an exclusion.		
<b>Measure 1:</b> During the EHR reporting period, more than 5 percent of all unique patients (or their authorized representatives) seen by the EP actively engage with the electronic health record made accessible by the provider and either :  (1) View, download or transmit to a third party their health information; or  (2) Access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's CEHRT; or  (3) A combination of (1) and (2).		
<b>Exclusion 1:</b> Any EP who has no office visits during the EHR reporting period. Exclusion applies to you?	YES	NO
<b>Exclusion 2:</b> Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period. Exclusion applies to you?	YES	NO

<b>Numerator:</b> The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information during the EHR reporting period and the number of unique patients (or their authorized representatives) in the denominator who have accessed their health information through the use of an API during the EHR reporting period.	
<b>Denominator:</b> Number of unique patients seen by the EP during the EHR reporting period.	
<b>Measure 2:</b> For more than 5 percent of all unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient or their authorized representative.	
<b>Exclusion 1:</b> Any EP who has no office visits during the EHR reporting period. Exclusion applies to you?	YES NO
<b>Exclusion 2:</b> Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period. Exclusion applies to you?	YES NO
<b>Numerator:</b> The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative) or in response to a secure message sent by the patient (or patient-authorized representative), during the EHR reporting period.	
<b>Denominator:</b> Number of unique patients seen by the EP during the EHR reporting period.	
<b>Measure 3:</b> Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP during the EHR reporting period.	
<b>Exclusion 1:</b> Any EP who has no office visits during the EHR reporting period. Exclusion applies to you?	YES NO
<b>Exclusion 2:</b> Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period. Exclusion applies to you?	YES NO
<b>Numerator:</b> The number of patients in the denominator for whom data from non-clinical settings, which may include patient-generated health data, is captured through the CEHRT into the patient record during the EHR reporting period.	
<b>Denominator:</b> Number of unique patients seen by the EP during the EHR reporting period.	

7. Health Information Exchange	
<p><b>Objective:</b> The EP provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.</p> <p>An EP must attest to all 3 measures, but must meet the threshold for at least 2 measures in order to meet the objective.</p>	
<p><b>Measure 1:</b> For more than 50 percent of transitions of care and referrals, the EP that transitions or refers their patient to another setting of care or provider of care :</p> <p>(1) Creates a summary of care record using CEHRT; and</p> <p>(2) Electronically exchanges the summary of care record.</p>	
<b>Exclusion 1:</b> Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period. Exclusion applies to you?	YES NO
EPs must enter the number of patient transfers during the EHR reporting period in the Exclusion Value box to attest to exclusion from this requirement.	
<b>Exclusion 2:</b> Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period Exclusion applies to you?	YES NO

<b>Numerator:</b> The number of transitions of care and referrals in the denominator where a summary of care record was created using certified EHR technology and exchanged electronically.	
<b>Denominator:</b> Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.	
<b>CEHRT Records Only:</b> Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	YES NO
<b>Measure 2:</b> For more than 40 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP incorporates into the patient's EHR an electronic summary of care document .	
<b>Exclusion 1:</b> Any EP for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the EHR reporting period. Exclusion applies to you?	YES NO
EPs must enter the number of patient transfers during the EHR reporting period in the Exclusion Value box to attest to exclusion from this requirement.	
<b>Exclusion 2:</b> Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period Exclusion applies to you?	YES NO
<b>Numerator:</b> Number of patient encounters in the denominator where an electronic summary of care record received is incorporated by the provider into the certified EHR technology.	
<b>Denominator:</b> Number of patient encounters during the EHR reporting period for which an EP was the receiving party of a transition or referral or has never before encountered the patient and for which an electronic summary of care record is available.	
<b>CEHRT Records Only:</b> Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	YES NO
<b>Measure 3:</b> For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets : - Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. - Medication allergy. Review of the patient's known medication allergies. - Current problem list. Review of the patient's current and active diagnoses.	
<b>Exclusion 1:</b> Any EP for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the EHR reporting period. Exclusion applies to you?	YES NO
EPs must enter the number of patient transfers during the EHR reporting period in the Exclusion Value box to attest to exclusion from this requirement.	
<b>Numerator:</b> The number of transitions of care or referrals in the denominator where the following three clinical information reconciliations were performed: medication list, medication allergy list, and current problem list.	
<b>Denominator:</b> Number of transitions of care or referrals during the EHR reporting period for which the EP was the recipient of the transition or referral or has never before encountered the patient.	
<b>CEHRT Records Only:</b> Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	YES NO

## Meaningful Use Public Health Measures

- EPs must minimally complete 2 non-excluded measures through active engagement compliance and provide the corresponding registry details.
- An EP may provide up to 2 registries for measure 4 and measure 5, respectively, which will be counted toward the total number of non-excluded measures necessary to meet the minimum criteria.
- Supporting documentation must be provided for non-State registries via the "Upload Document" card for the reported Public Health Measures.
- If 2 Public Health measures are not reported, all other measures must be set to excluded to be compliant.
- Active engagement means that the provider is in the process of moving towards sending "production data" to a public health agency or clinical data registry, or is sending production data to a public health agency or clinical data registry.
- By selecting "other", a provider may manually enter and count a specialized registry if the provider achieved Active Engagement Option 3: Production, including production data submission with the specialized registry in a prior year under the applicable requirements of the EHR Incentive Programs in 2015 through 2017.
- When attesting to a specialized registry for Stage 3, which was also attested to in a prior program year, you must match the specialized registry as it was entered previously.

1. Immunization Registry Reporting									
<b>Measure:</b> The EP is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).									
<b>Exclusion:</b> Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP: <ul style="list-style-type: none"><li>- Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period.</li><li>- Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.</li><li>- Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.</li></ul> Exclusion applies to you?	YES NO								
<b>Compliance:</b> EPs must attest YES to being in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	YES NO								
<b>Registry Details</b> <table border="1"><tbody><tr><td>Select Registry</td><td></td></tr><tr><td>Other Registry Name</td><td></td></tr><tr><td>Active Engagement Status</td><td></td></tr><tr><td>Active Engagement Date</td><td></td></tr></tbody></table>		Select Registry		Other Registry Name		Active Engagement Status		Active Engagement Date	
Select Registry									
Other Registry Name									
Active Engagement Status									
Active Engagement Date									

2. Syndromic Surveillance Reporting
<b>Measure:</b> The EP is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.



<b>Exclusion:</b> Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP: - Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system. - Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period. - Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs as of 6 months prior to the start of the EHR reporting period. Exclusion applies to you?	YES	NO								
<b>Compliance:</b> EPs must attest YES to being in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.	YES	NO								
<b>Registry Details</b> <table border="1"> <tr> <td>Select Registry</td> <td></td> </tr> <tr> <td>Other Registry Name</td> <td></td> </tr> <tr> <td>Active Engagement Status</td> <td></td> </tr> <tr> <td>Active Engagement Date</td> <td></td> </tr> </table>			Select Registry		Other Registry Name		Active Engagement Status		Active Engagement Date	
Select Registry										
Other Registry Name										
Active Engagement Status										
Active Engagement Date										

3. Electronic Case Reporting										
<b>Measure:</b> The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.										
<b>Exclusion:</b> Any EP meeting one or more of the following criteria may be excluded from the case reporting measure if the EP: - Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period. - Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period. - Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the EHR reporting period. Exclusion applies to you?	YES	NO								
<b>Compliance:</b> EPs must attest YES to being in active engagement with a public health agency to submit case reporting of reportable conditions.	YES	NO								
<b>Registry Details</b> <table border="1"> <tr> <td>Select Registry</td> <td></td> </tr> <tr> <td>Other Registry Name</td> <td></td> </tr> <tr> <td>Active Engagement Status</td> <td></td> </tr> <tr> <td>Active Engagement Date</td> <td></td> </tr> </table>			Select Registry		Other Registry Name		Active Engagement Status		Active Engagement Date	
Select Registry										
Other Registry Name										
Active Engagement Status										
Active Engagement Date										

4. Public Health Registry Reporting		
The EP is in active engagement with a public health agency to submit data to public health registries.		
<b>Specialty Registry Availability Verification:</b> - By selecting Yes, you indicate that you have completed required actions regarding State-endorsed and/or specialty society registries in order to determine available registries for attesting, or claim an exclusion. - By selecting No, you indicate that you did not complete required actions regarding State-endorsed and/or specialty society registries in order to determine available registries for attesting, or claim an exclusion.	YES	NO
<b>Measure 4.1:</b>		

<b>Exclusion 1:</b> Any EP meeting at least one of the following criteria may be excluded from the public health registry reporting measure if the EP: - Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period. - Operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period. - Operates in a jurisdiction where no public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period. Exclusion applies to you?	YES	NO
<b>Compliance:</b> EPs must attest YES to being in active engagement with a public health agency to submit data to public health registries.	YES	NO

#### Registry Details

Select Registry	
Other Registry Name	
Active Engagement Status	
Active Engagement Date	

#### Measure 4.2:

<b>Exclusion 1:</b> Any EP meeting at least one of the following criteria may be excluded from the public health registry reporting measure if the EP: - Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period. - Operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period. - Operates in a jurisdiction where no public health registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period. Exclusion applies to you?	YES	NO
<b>Compliance:</b> EPs must attest YES to being in active engagement with a public health agency to submit data to public health registries.	YES	NO

#### Registry Details

Select Registry	
Other Registry Name	
Active Engagement Status	
Active Engagement Date	

### 5. Clinical Data Registry Reporting

The EP is in active engagement to submit data to a clinical data registry.

<b>Specialty Registry Availability Verification:</b> - By selecting Yes, you indicate that you have completed required actions regarding State-endorsed and/or specialty society registries in order to determine available registries for attesting, or claim an exclusion. - By selecting No, you indicate that you did not complete required actions regarding State-endorsed and/or specialty society registries in order to determine available registries for attesting, or claim an exclusion.	YES	NO
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#### Measure 5.1:



<b>Exclusion 1:</b> Any EP meeting at least one of the following criteria may be excluded from the clinical data registry reporting measure if the EP: - Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period. - Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period. - Operates in a jurisdiction where no clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period. Exclusion applies to you?	YES	NO
<b>Compliance:</b> EPs must attest YES to being in active engagement to submit data to a clinical data registry.	YES	NO

#### Registry Details

Select Registry	
Other Registry Name	
Active Engagement Status	
Active Engagement Date	

#### Measure 5.2:

<b>Exclusion 1:</b> Any EP meeting at least one of the following criteria may be excluded from the clinical data registry reporting measure if the EP: - Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period. - Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period. - Operates in a jurisdiction where no clinical data registry for which the EP is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period. Exclusion applies to you?	YES	NO
<b>Compliance:</b> EPs must attest YES to being in active engagement to submit data to a clinical data registry.	YES	NO

#### Registry Details

Select Registry	
Other Registry Name	
Active Engagement Status	
Active Engagement Date	

## Meaningful Use Clinical Quality Measures

- Providers must report at least 6 measures, one of which must be an Outcome or High-Priority Measure. If no Outcome or High-Priority measure is relevant to the provider's scope of practice, report on any six measures that are relevant.
- Outcome Measures are indicated with an asterisk (\*). High-Priority Measures are indicated with a double asterisk (\*\*).

### Domain: Person and Caregiver-Centered Experience and Outcomes

These CQMs reflect the potential to improve patient-centered care and the quality of care delivered to patients. They emphasize the importance of collecting patient reported data and the ability to impact care at the individual patient level as well as the population level through greater involvement of patients and families in decision making, self care, activation, and understanding of their health condition and its effective management.

CMS56**: Functional Status Assessment for Total Hip Replacement	
<b>Objective:</b> Percentage of patients 18 years of age and older who received an elective primary total hip arthroplasty (THA) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery	
<b>Numerator:</b> Patients with patient-reported functional status assessment results (i.e., VR-12, PROMIS-10-Global Health, Hip Disability and Osteoarthritis Outcome Score [HOOS], HOOS Jr.) in the 90 days prior to or on the day of the primary THA procedure, and in the 270 - 365 days after the THA procedure	
<b>Denominator:</b> Patients 19 years of age and older who had a primary total hip arthroplasty (THA) in the year prior to the measurement period and who had an outpatient encounter during the measurement period	
<b>Exclusion:</b> Patients with two or more fractures indicating trauma at the time of the total hip arthroplasty or patients with severe cognitive impairment that overlaps the measurement period.	

CMS66**: Functional Status Assessment for Total Knee Replacement	
<b>Objective:</b> Percentage of patients 18 years of age and older who received an elective primary total knee arthroplasty (TKA) and completed a functional status assessment within 90 days prior to the surgery and in the 270-365 days after the surgery	
<b>Numerator:</b> Patients with patient-reported functional status assessment results (i.e., VR-12, PROMIS-10 Global Health, Knee Injury and Osteoarthritis Outcome Score [KOOS], KOOS Jr.) in the 90 days prior to or on the day of the primary TKA procedure, and in the 270 - 365 days after the TKA procedure	
<b>Denominator:</b> Patients 19 years of age and older who had a primary total knee arthroplasty (TKA) in the year prior to the measurement period and who had an outpatient encounter during the measurement period	
<b>Exclusion:</b> - Patients with two or more fractures indicating trauma at the time of the total knee arthroplasty or patients with severe cognitive impairment that overlaps the measurement period. - Exclude patients whose hospice care overlaps the measurement period.	

CMS90**: Functional Status Assessments for Congestive Heart Failure	
<b>Objective:</b> Percentage of patients 18 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments	
<b>Numerator:</b> Patients with patient-reported functional status assessment results (i.e., Veterans RAND 12-item health survey [VR-12]; VR-36; Kansas City Cardiomyopathy Questionnaire [KCCQ]; KCCQ-12; Minnesota Living with Heart Failure Questionnaire [MLHFQ]; PROMIS -10 Global Health, PROMIS-29) present in the EHR two weeks before or during the initial FSA encounter and results for the follow-up FSA at least 30 days but no more than 180 days after the initial functional status assessment	
<b>Denominator:</b> Patients 18 years of age and older who had two outpatient encounters during the measurement year and a diagnosis of congestive heart failure	
<b>Exclusion:</b> - Exclude patients with severe cognitive impairment that overlaps the measurement period. - Exclude patients whose hospice care overlaps the measurement period.	

**CMS157 / NQF0384\*\* : Oncology: Medical and Radiation - Pain Intensity Quantified**

**Objective:** Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified

**Numerator 1:** Patient visits in denominator in which pain intensity is quantified

**Denominator 1:** All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy

**Numerator 2:** Patient visits in denominator in which pain intensity is quantified

**Denominator 2:** All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving radiation therapy

**CMS771\* : International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia**

**Objective:** Percentage of patients with an office visit within the measurement period and with a new diagnosis of clinically significant Benign Prostatic Hyperplasia who have International Prostate Symptoms Score (IPSS) or American Urological Association (AUA) Symptom Index (SI) documented at time of diagnosis and again 6-12 months later with an improvement of 3 points

**Numerator:** Patients with a documented improvement of at least 3 points in their urinary symptom score during the measurement period

**Denominator:** Male patients with an initial diagnosis of benign prostatic hyperplasia 6 months prior to, or during the measurement period, and a urinary symptom score assessment within 1 month of initial diagnosis and a follow-up urinary symptom score assessment within 6-12 months, who had a qualifying visit during the measurement period.

**Exclusion:** - Patients with urinary retention that starts within 1 year of initial BPH diagnosis  
- Patients with an initial BPH diagnosis that starts during, or within 30 days of hospitalization  
- Patients with a diagnosis of morbid obesity, or with a BMI Exam >40 before the follow up urinary symptom score.

**Domain: Patient Safety**

These CQMs reflect the safe delivery of clinical services in both hospital and ambulatory settings and include processes that would reduce harm to patients and reduce burden of illness. These measures should enable longitudinal assessment of condition specific, patient-focused episodes of care.

**CMS68 / NQF0419\*\* : Documentation of Current Medications in the Medical Record**

**Objective:** Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.

**Numerator:** Eligible professional or eligible clinician attests to documenting, updating or reviewing the patient's current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosages, frequency and route of administration.

**Denominator:** All visits occurring during the 12 month measurement period for patients aged 18 years and older

**Exception:** Medical Reason: Patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status

**CMS139 / NQF0101\*\* : Falls: Screening for Future Fall Risk**

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

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

<b>Denominator:</b> Patients aged 65 years and older with a visit during the measurement period	
<b>Exclusion:</b> Exclude patients whose hospice care overlaps the measurement period. Exclude patients who were non-ambulatory at some point in the measurement period.	

#### CMS156 / NQF0022\*\*: Use of High-Risk Medications in the Elderly

**Objective:** Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are reported.  
a. Percentage of patients who were ordered at least one high-risk medication.  
b. Percentage of patients who were ordered at least two of the same high-risk medications.

**Numerator 1:** Patients with an order for at least one high-risk medication during the measurement period

**Numerator 2:** Patients with at least two orders for the same high-risk medication on different days during the measurement period

**Denominator:** Patients 65 years and older who had a visit during the measurement period

**Exclusion:** Exclude patients whose hospice care overlaps the measurement period

#### CMS177 / NQF1365\*\*: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

**Objective:** Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk

**Numerator:** Patient visits with an assessment for suicide risk

**Denominator:** All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder

#### Domain: Communication and Care Coordination

These CQMs demonstrate appropriate and timely sharing of information and coordination of clinical and preventive services among health professionals in the care team and with patients, caregivers, and families in order to improve appropriate and timely patient and care team communication.

#### CMS50\*\*: Closing the Referral Loop: Receipt of Specialist Report

**Objective:** Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred

**Numerator:** Number of patients with a referral, for which the referring provider received a report from the provider to whom the patient was referred

**Denominator:** Number of patients, regardless of age, who were referred by one provider to another provider, and who had a visit during the measurement period

#### CMS142 / NQF0089\*\*: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

**Objective:** Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months

**Numerator:** Patients with documentation, at least once within 12 months, of the findings of the dilated macular or fundus exam via communication to the physician who manages the patient's diabetic care

**Denominator:** All patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed

**Exception:**  
- Documentation of medical reason(s) for not communicating the findings of the dilated macular or fundus exam to the physician who manages the ongoing care of the patient with diabetes  
- Documentation of patient reason(s) for not communicating the findings of the dilated macular or fundus exam to the physician who manages the ongoing care of the patient with diabetes

## Domain: Community/Population Health

These CQMs reflect the use of clinical and preventive services and achieve improvements in the health of the population served and are especially focused on the leading causes of mortality. These are outcome-focused and have the ability to achieve longitudinal measurement that will demonstrate improvement or lack of improvement in the health of the US population.

CMS2 / NQF0418**: Preventive Care and Screening: Screening for Depression and Follow-Up Plan	
<b>Objective:</b> Percentage of patients aged 12 years and older screened for depression on the date of the encounter or 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter	
<b>Numerator:</b> Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the eligible encounter	
<b>Denominator:</b> All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period	
<b>Exclusion:</b> Patients with an active diagnosis for Depression or a diagnosis of Bipolar Disorder	
<b>Exception:</b> Patient Reason(s): Patient refuses to participate OR Medical Reason(s): - Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status OR - Situations where the patient's cognitive capacity, functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example: certain court appointed cases or cases of delirium	

CMS22 : Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	
<b>Objective:</b> Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated	
<b>Numerator:</b> Patients who were screened for high blood pressure AND have a recommended follow-up plan documented, as indicated if the blood pressure is pre-hypertensive or hypertensive	
<b>Denominator:</b> All patients aged 18 years and older at the beginning of the measurement period with at least one eligible encounter during the measurement period	
<b>Exclusion:</b> Patient has an active diagnosis of hypertension	
<b>Exception:</b> Patient Reason(s): Patient refuses to participate (either BP measurement or follow-up) OR Medical Reason(s): Patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status This may include but is not limited to severely elevated BP when immediate medical treatment is indicated	

CMS69 / NQF0421 : Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	
<b>Objective:</b> Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter. Normal Parameters: Age 18 years and older BMI => 18.5 and < 25 kg/m2	
<b>Numerator:</b> Patients with a documented BMI during the encounter or during the previous twelve months, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter	
<b>Denominator:</b> All patients 18 and older on the date of the encounter with at least one eligible encounter during the measurement period	
<b>Exclusion:</b> - Patients who are pregnant - Patients receiving palliative or hospice care - Patients who refuse measurement of height and/or weight	

<b>Exception:</b> - Patients with a documented Medical Reason - Patients in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status	
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CMS75*: Children Who Have Dental Decay or Cavities	
<b>Objective:</b> Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period	
<b>Numerator:</b> Children who had a diagnosis of cavities or decayed teeth overlapping the measurement period	
<b>Denominator:</b> Children, age 0-20 years, with a visit during the measurement period	
<b>Exclusion:</b> Exclude patients whose hospice care overlaps the measurement period	

  

CMS117 / NQF0038 : Childhood Immunization Status	
<b>Objective:</b> Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday	
<b>Numerator:</b> Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday	
<b>Denominator:</b> Children who turn 2 years of age during the measurement period and who have a visit during the measurement period	
<b>Exclusion:</b> Exclude patients whose hospice care overlaps the measurement period	

  

CMS127 / NQF0043 : Pneumococcal Vaccination Status for Older Adults	
<b>Objective:</b> Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine	
<b>Numerator:</b> Patients who have ever received a pneumococcal vaccination before the end of the measurement period	
<b>Denominator:</b> Patients 65 years of age and older with a visit during the measurement period	
<b>Exclusion:</b> Exclude patients whose hospice care overlaps the measurement period	

  

CMS138 / NQF0028 : Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	
<b>Objective:</b> Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user. Three rates are reported: a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older who were identified as a tobacco user who received tobacco cessation intervention c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user	
<b>Numerator 1:</b> Patients who were screened for tobacco use at least once within 24 months	
<b>Denominator 1:</b> All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period	
<b>Exception 1:</b> Documentation of medical reason(s) for not screening for tobacco use (eg, limited life expectancy, other medical reason)	
<b>Numerator 2:</b> Patients who received tobacco cessation intervention	
<b>Denominator 2:</b> All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period who were screened for tobacco use and identified as a tobacco user	
<b>Exception 2:</b> Documentation of medical reason(s) for not providing tobacco cessation intervention (eg, limited life expectancy, other medical reason)	



<b>Numerator 3:</b> Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation intervention if identified as a tobacco user	
<b>Denominator 3:</b> All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period	
<b>Exception 3:</b> Documentation of medical reason(s) for not screening for tobacco use OR for not providing tobacco cessation intervention for patients identified as tobacco users (eg, limited life expectancy, other medical reason)	

#### CMS147 / NQF0041 : Preventive Care and Screening: Influenza Immunization

**Objective:** Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization

**Numerator:** Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization

**Denominator:** All patients aged 6 months and older seen for a visit during the measurement period and seen for a visit between October 1 and March 31

**Exception:**

- Documentation of medical reason(s) for not receiving influenza immunization (e.g., patient allergy, other medical reasons)
- Documentation of patient reason(s) for not receiving influenza immunization (e.g., patient declined, other patient reasons)
- Documentation of system reason(s) for not receiving influenza immunization (e.g., vaccine not available, other system reasons)

#### CMS153 / NQF0033\*\*: Chlamydia Screening for Women

**Objective:** Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period

**Numerator 1:** Women 16 to 20 years of age with at least one chlamydia test during the measurement period

**Denominator 1:** Women 16 to 20 years of age who are sexually active and who had a visit in the measurement period

**Exclusion 1:** - Women 16 to 20 years of age who are only eligible for the initial population due to a pregnancy test and who had an x-ray or an order for a specified medication within 7 days of the pregnancy test.  
- Exclude patients 16 to 20 years of age whose hospice care overlaps the measurement period.

**Numerator 2:** Women 21 to 24 years of age with at least one chlamydia test during the measurement period

**Denominator 2:** Women 21 to 24 years of age who are sexually active and who had a visit in the measurement period

**Exclusion 2:** - Women 21 to 24 years of age who are only eligible for the initial population due to a pregnancy test and who had an x-ray or an order for a specified medication within 7 days of the pregnancy test.  
- Exclude patients 21 to 24 years of age whose hospice care overlaps the measurement period.

**Numerator 3:** Women 16 to 24 years of age with at least one chlamydia test during the measurement period

**Denominator 3:** Women 16 to 24 years of age who are sexually active and who had a visit in the measurement period

**Exclusion 3:** - Women 16 to 24 years of age who are only eligible for the initial population due to a pregnancy test and who had an x-ray or an order for a specified medication within 7 days of the pregnancy test.  
- Exclude patients 16 to 24 years of age whose hospice care overlaps the measurement period.

#### CMS155 / NQF0024\*\*: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

<b>Objective:</b> Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period Three rates are reported: - Percentage of patients with height, weight, and body mass index (BMI) percentile documentation - Percentage of patients with counseling for nutrition - Percentage of patients with counseling for physical activity	
<b>Numerator 1:</b> Patients 3-11 years of age who had a height, weight and body mass index (BMI) percentile recorded during the measurement period	
<b>Numerator 2:</b> Patients 3-11 years of age who had counseling for nutrition during the measurement period	
<b>Numerator 3:</b> Patients 3-11 years of age who had counseling for physical activity during the measurement period	
<b>Denominator 1:</b> Patients 3-11 years of age with at least one outpatient visit with a primary care physician (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement period	
<b>Exclusion 1:</b> - Patients 3-11 years of age who have a diagnosis of pregnancy during the measurement period. - Exclude patients 3-11 years of age whose hospice care overlaps the measurement period.	
<b>Numerator 4:</b> Patients 12-17 years of age who had a height, weight and body mass index (BMI) percentile recorded during the measurement period	
<b>Numerator 5:</b> Patients 12-17 years of age who had counseling for nutrition during the measurement period	
<b>Numerator 6:</b> Patients 12-17 years of age who had counseling for physical activity during the measurement period	
<b>Denominator 2:</b> Patients 12-17 years of age with at least one outpatient visit with a primary care physician (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement period	
<b>Exclusion 2:</b> - Patients 12-17 years of age who have a diagnosis of pregnancy during the measurement period. - Exclude patients 12-17 years of age whose hospice care overlaps the measurement period.	
<b>Numerator 7:</b> Patients 3-17 years of age who had a height, weight and body mass index (BMI) percentile recorded during the measurement period	
<b>Numerator 8:</b> Patients 3-17 years of age who had counseling for nutrition during the measurement period	
<b>Numerator 9:</b> Patients 3-17 years of age who had counseling for physical activity during the measurement period	
<b>Denominator 3:</b> Patients 3-17 years of age with at least one outpatient visit with a primary care physician (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement period	
<b>Exclusion 3:</b> - Patients 3-17 years of age who have a diagnosis of pregnancy during the measurement period. - Exclude patients 3-17 years of age whose hospice care overlaps the measurement period.	

CMS349 : HIV Screening	
<b>Objective:</b> Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for HIV	
<b>Numerator:</b> Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday	
<b>Denominator:</b> Patients 15 to 65 years of age at the start of the measurement period AND who had at least one outpatient visit during the measurement period	
<b>Exclusion:</b> Patients diagnosed with HIV prior to the start of the measurement period	

#### Domain: Efficiency and Cost Reduction

These CQMs reflect efforts to significantly improve outcomes and reduce errors. These CQMs also impact and benefit a large number of patients and emphasize the use of evidence to best manage high priority conditions and determine appropriate use of healthcare resources.

CMS129 / NQF0389**: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	
<b>Objective:</b> Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy who did not have a bone scan performed at any time since diagnosis of prostate cancer	
<b>Numerator:</b> Patients who did not have a bone scan performed at any time since diagnosis of prostate cancer	
<b>Denominator:</b> All patients, regardless of age, with a diagnosis of prostate cancer at low (or very low) risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy	
<b>Exception:</b> Documentation of reason(s) for performing a bone scan (including documented pain, salvage therapy, other medical reasons, bone scan ordered by someone other than reporting physician)	

CMS146 / NQF0002**: Appropriate Testing for Children with Pharyngitis	
<b>Objective:</b> Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.	
<b>Numerator:</b> Children with a group A streptococcus test in the 7-day period from 3 days prior through 3 days after the diagnosis of pharyngitis	
<b>Denominator:</b> Children 3-18 years of age who had an outpatient or emergency department (ED) visit with a diagnosis of pharyngitis during the measurement period and an antibiotic ordered on or three days after the visit	
<b>Exclusion:</b> - Children who are taking antibiotics in the 30 days prior to the diagnosis of pharyngitis. - Exclude patients whose hospice care overlaps the measurement period. - Exclude children who had an encounter with a competing diagnosis within three days after the initial diagnosis of pharyngitis	

CMS154 / NQF0069**: Appropriate Treatment for Children with Upper Respiratory Infection (URI)	
<b>Objective:</b> Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode	
<b>Numerator:</b> Children without a prescription for antibiotic medication on or 3 days after the outpatient or ED visit for an upper respiratory infection	
<b>Denominator:</b> Children age 3 months to 18 years who had an outpatient visit with a diagnosis of URI during the measurement period	
<b>Exclusion:</b> - Exclude children who are taking antibiotics in the 30 days prior to the encounter during which the diagnosis was established. - Exclude children who had an encounter with a competing diagnosis within three days after the initial diagnosis of URI. - Exclude patients whose hospice care overlaps the measurement period.	

CMS249**: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	
<b>Objective:</b> Percentage of female patients 50 to 64 years of age without select risk factors for osteoporotic fracture who received an order for a dual-energy x-ray absorptiometry (DXA) scan during the measurement period.	
<b>Numerator:</b> Female patients who received an order for at least one DXA scan in the measurement period	
<b>Denominator:</b> Female patients ages 50 to 64 years with an encounter during the measurement period	

**Exclusion:** Exclude patients with a combination of risk factors (as determined by age) or one of the independent risk factors

Ages: 50-54 ( $\geq 4$  combination risk factors) or 1 independent risk factor

Ages: 55-59 ( $\geq 3$  combination risk factors) or 1 independent risk factor

Ages: 60-64 ( $\geq 2$  combination risk factors) or 1 independent risk factor

**COMBINATION RISK FACTORS** [The following risk factors are all combination risk factors; they are grouped by when they occur in relation to the measurement period]:

The following risk factors may occur any time in the patient's history but must be active during the measurement period:

White (race)

BMI  $\leq 20$  kg/m<sup>2</sup> (must be the first BMI of the measurement period)

Smoker (current during the measurement period)

Alcohol consumption ( $>$  two units per day (one unit is 12 oz. of beer, 4 oz. of wine, or 1 oz. of liquor))

The following risk factor may occur any time in the patient's history and must not start during the measurement period:

Osteopenia

The following risk factors may occur at any time in the patient's history or during the measurement period:

Rheumatoid arthritis

Hyperthyroidism

Malabsorption Syndromes: celiac disease, inflammatory bowel disease, ulcerative colitis, Crohn's disease, cystic fibrosis, malabsorption

Chronic liver disease

Chronic malnutrition

The following risk factors may occur any time in the patient's history and do not need to be active at the start of the measurement period:

Documentation of history of hip fracture in parent

Osteoporotic fracture

Glucocorticoids ( $\geq 5$  mg/per day ) [cumulative medication duration  $\geq 90$  days]

**INDEPENDENT RISK FACTORS** (The following risk factors are all independent risk factors; they are grouped by when they occur in relation to the measurement period):

The following risk factors may occur at any time in the patient's history and must not start during the measurement period:

Osteoporosis

The following risk factors may occur at any time in the patient's history prior to the start of the measurement period, but do not need to be active during the measurement period:

Gastric bypass

FRAX[R] ten-year probability of all major osteoporosis related fracture  $\geq 8.4$  percent

Aromatase inhibitors

The following risk factors may occur at any time in the patient's history or during the measurement period:

Type I Diabetes

End stage renal disease

Osteogenesis imperfecta

Ankylosing spondylitis

Psoriatic arthritis

Ehlers-Danlos syndrome

Cushing's syndrome

Hyperparathyroidism

Marfan syndrome

Lupus

#### Domain: Effective Clinical Care

These CQMs reflect clinical care processes closely linked to outcomes based on evidence and practice guidelines.

#### CMS74 : Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists

**Objective:** Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period

**Numerator 1:** Children, age 0-5 years, who receive a fluoride varnish application during the measurement period

<b>Denominator 1:</b> Children, age 0-5 years, with a visit during the measurement period	
<b>Exclusion 1:</b> Exclude patients, age 0-5 years, whose hospice care overlaps the measurement period	
<b>Numerator 2:</b> Children, age 6-12 years, who receive a fluoride varnish application during the measurement period	
<b>Denominator 2:</b> Children, age 6-12 years, with a visit during the measurement period	
<b>Exclusion 2:</b> Exclude patients, age 6-12 years, whose hospice care overlaps the measurement period	
<b>Numerator 3:</b> Children, age 13-20 years, who receive a fluoride varnish application during the measurement period	
<b>Denominator 3:</b> Children, age 13-20 years, with a visit during the measurement period	
<b>Exclusion 3:</b> Exclude patients, age 13-20 years, whose hospice care overlaps the measurement period	
<b>Numerator 4:</b> Children, age 0-20 years, who receive a fluoride varnish application during the measurement period	
<b>Denominator 4:</b> Children, age 0-20 years, with a visit during the measurement period	
<b>Exclusion 4:</b> Exclude patients, age 0-20 years, whose hospice care overlaps the measurement period	

#### CMS122 / NQF0059\*: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)

<b>Objective:</b> Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	
<b>Numerator:</b> Patients whose most recent HbA1c level (performed during the measurement period) is >9.0%	
<b>Denominator:</b> Patients 18-75 years of age with diabetes with a visit during the measurement period	
<b>Exclusion:</b> - Exclude patients whose hospice care overlaps the measurement period. - Exclude patients 66 and older who are living long term in an institution for more than 90 days during the measurement period. - Exclude patients 66 and older with advanced illness and frailty because it is unlikely that patients will benefit from the services being measured.	

#### CMS124 / NQF0032 : Cervical Cancer Screening

<b>Objective:</b> Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:  - Women age 21-64 who had cervical cytology performed every 3 years - Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years	
<b>Numerator:</b> Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria: - Cervical cytology performed during the measurement period or the two years prior to the measurement period for women who are at least 21 years old at the time of the test - Cervical cytology/human papillomavirus (HPV) co-testing performed during the measurement period or the four years prior to the measurement period for women who are at least 30 years old at the time of the test	
<b>Denominator:</b> Women 23-64 years of age with a visit during the measurement period	
<b>Exclusion:</b> - Women who had a hysterectomy with no residual cervix or a congenital absence of cervix. - Exclude patients whose hospice care overlaps the measurement period.	

#### CMS125 / NQF2372\*\*: Breast Cancer Screening

<b>Objective:</b> Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period	
<b>Numerator:</b> Women with one or more mammograms during the 27 months prior to the end of the measurement period	
<b>Denominator:</b> Women 51-74 years of age with a visit during the measurement period	
<b>Exclusion:</b> - Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy. - Exclude patients whose hospice care overlaps the measurement period. - Exclude patients 66 and older who are living long term in an institution for more than 90 days during the measurement period. - Exclude patients 66 and older with advanced illness and frailty because it is unlikely that patients will benefit from the services being measured.	

#### CMS128 / NQF0105\*\*: Anti-depressant Medication Management

<b>Objective:</b> Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment	
Two rates are reported: a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks) b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months)	
<b>Numerator 1:</b> Patients who have received antidepressant medication for at least 84 days (12 weeks) of continuous treatment during the 114-day period following the Index Prescription Start Date	
<b>Numerator 2:</b> Patients who have received antidepressant medications for at least 180 days (6 months) of continuous treatment during the 231-day period following the Index Prescription Start Date	
<b>Denominator:</b> Patients 18 years of age and older who were dispensed antidepressant medications within 245 days (8 months) prior to the measurement period through the first 120 days (4 months) of the measurement period, and were diagnosed with major depression 60 days prior to, or 60 days after the dispensing event and had a visit 60 days prior to, or 60 days after the dispensing event	
<b>Exclusion:</b> - Patients who were actively on an antidepressant medication in the 105 days prior to the Index Prescription Start Date. - Exclude patients whose hospice care overlaps the measurement period.	

#### CMS130 / NQF0034 : Colorectal Cancer Screening

<b>Objective:</b> Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer	
<b>Numerator:</b> Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria: - Fecal occult blood test (FOBT) during the measurement period - Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period - Colonoscopy during the measurement period or the nine years prior to the measurement period - FIT-DNA during the measurement period or the two years prior to the measurement period - CT Colonography during the measurement period or the four years prior to the measurement period	
<b>Denominator:</b> Patients 50-75 years of age with a visit during the measurement period	
<b>Exclusion:</b> - Exclude patients whose hospice care overlaps the measurement period. - Patients with a diagnosis or past history of total colectomy or colorectal cancer. - Exclude patients 66 and older who are living long term in an institution for more than 90 days during the measurement period. - Exclude patients 66 and older with advanced illness and frailty because it is unlikely that patients will benefit from the services being measured.	

#### CMS131 / NQF0055 : Diabetes: Eye Exam



<b>Objective:</b> Percentage of patients 18-75 years of age with diabetes and an active diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or diabetics with no diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or in the 12 months prior to the measurement period	
<b>Numerator:</b> Patients with an eye screening for diabetic retinal disease. This includes diabetics who had one of the following: - Diabetic with a diagnosis of retinopathy that overlaps the measurement period and a retinal or dilated eye exam by an eye care professional in the measurement period - Diabetic with no diagnosis of retinopathy overlapping the measurement period and a retinal or dilated eye exam by an eye care professional in the measurement period or the year prior to the measurement period	
<b>Denominator:</b> Patients 18-75 years of age with diabetes with a visit during the measurement period	
<b>Exclusion:</b> - Exclude patients whose hospice care overlaps the measurement period. - Exclude patients 66 and older who are living long term in an institution for more than 90 days during the measurement period. - Exclude patients 66 and older with advanced illness and frailty because it is unlikely that patients will benefit from the services being measured.	

CMS133 / NQF0565*: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	
<b>Objective:</b> Percentage of cataract surgeries for patients aged 18 and older with a diagnosis of uncomplicated cataract and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved in the operative eye within 90 days following the cataract surgery	
<b>Numerator:</b> Cataract surgeries with best-corrected visual acuity of 20/40 or better (distance or near) achieved in the operative eye within 90 days following cataract surgery	
<b>Denominator:</b> All patients aged 18 years and older who had cataract surgery and did not meet any exclusion criteria	
<b>Exclusion:</b> Cataract surgeries in patients with significant ocular conditions impacting the visual outcome of surgery	

CMS134 / NQF0062 : Diabetes: Medical Attention for Nephropathy	
<b>Objective:</b> The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period	
<b>Numerator:</b> Patients with a screening for nephropathy or evidence of nephropathy during the measurement period	
<b>Denominator:</b> Patients 18-75 years of age with diabetes with a visit during the measurement period	
<b>Exclusion:</b> - Exclude patients whose hospice care overlaps the measurement period. - Exclude patients 66 and older who are living long term in an institution for more than 90 days during the measurement period. - Exclude patients 66 and older with advanced illness and frailty because it is unlikely that patients will benefit from the services being measured.	

CMS135 / NQF2907 : Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Nepilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	
<b>Objective:</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB or ARNI therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge	
<b>Numerator 1:</b> Patients who were prescribed ACE inhibitor or ARB or ARNI therapy within a 12-month period when seen in the outpatient setting	
<b>Denominator 1:</b> All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40% when seen in the outpatient setting	

<b>Exception 1:</b> - Documentation of medical reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., hypotensive patients who are at immediate risk of cardiogenic shock, hospitalized patients who have experienced marked azotemia, allergy, intolerance, other medical reasons). - Documentation of patient reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., patient declined, other patient reasons). - Documentation of system reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., other system reasons).	
<b>Numerator 2:</b> Patients who were prescribed ACE inhibitor or ARB or ARNI therapy at each hospital discharge	
<b>Denominator 2:</b> All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40% at each hospital discharge	
<b>Exception 2:</b> - Documentation of medical reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., hypotensive patients who are at immediate risk of cardiogenic shock, hospitalized patients who have experienced marked azotemia, allergy, intolerance, other medical reasons). - Documentation of patient reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., patient declined, other patient reasons). - Documentation of system reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., other system reasons).	

#### CMS136 / NQF0108\*\*: Follow-Up Care for Children Prescribed ADHD Medication (ADD)

<b>Objective:</b> Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care  Two rates are reported: a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended	
<b>Numerator 1:</b> Patients who had at least one face-to-face visit with a practitioner with prescribing authority within 30 days after the IPSD	
<b>Denominator 1:</b> Children 6-12 years of age who were dispensed an ADHD medication during the Intake Period and who had a visit during the measurement period	
<b>Exclusion 1:</b> - Exclude patients diagnosed with narcolepsy at any point in their history or during the measurement period. - Exclude patients who had an acute inpatient stay with a principal diagnosis of mental health or substance abuse during the 30 days after the IPSD. - Exclude patients who were actively on an ADHD medication in the 120 days prior to the Index Prescription Start Date. - Exclude patients whose hospice care overlaps the measurement period.	
<b>Numerator 2:</b> Patients who had at least one face-to-face visit with a practitioner with prescribing authority during the Initiation Phase, and at least two follow-up visits during the Continuation and Maintenance Phase. One of the two visits during the Continuation and Maintenance Phase may be a telephone visit with a practitioner	
<b>Denominator 2:</b> Children 6-12 years of age who were dispensed an ADHD medication during the Intake Period and who remained on the medication for at least 210 days out of the 300 days following the IPSD, and who had a visit during the measurement period	
<b>Exclusion 2:</b> - Exclude patients diagnosed with narcolepsy at any point in their history or during the measurement period. - Exclude patients who had an acute inpatient stay with a principal diagnosis of mental health or substance abuse during the 300 days after the IPSD. - Exclude patients who were actively on an ADHD medication in the 120 days prior to the Index Prescription Start Date. - Exclude patients whose hospice care overlaps the measurement period.	

#### CMS137 / NQF0004\*\*: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

<p><b>Objective:</b> Percentage of patients 13 years of age and older with a new episode of alcohol or other drug abuse or (AOD) dependence who received the following.</p> <p>Two rates are reported:</p> <p>a. Percentage of patients who initiated treatment including either an intervention or medication for the treatment of AOD abuse or dependence within 14 days of the diagnosis</p> <p>b. Percentage of patients who engaged in ongoing treatment including two additional interventions or a medication for the treatment of AOD abuse or dependence within 34 days of the initiation visit. For patients who initiated treatment with a medication, at least one of the two engagement events must be a treatment intervention.</p>	
<b>Numerator 1:</b> For patients age 13-17 years, initiation of treatment includes either an intervention or medication for the treatment of AOD abuse or dependence within 14 days of the diagnosis.	
<b>Numerator 2:</b> For patients age 13-17 years, engagement in ongoing treatment includes two additional interventions or a medication for the treatment of AOD abuse or dependence within 34 days of the initiation visit. For patients who initiated treatment with a medication, at least one of the two engagement events must be a treatment intervention (i.e., engagement for these members cannot be satisfied with medication treatment alone).	
<b>Denominator 1:</b> Patients age 13-17 years who were diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency during a visit between January 1 and November 14 of the measurement period	
<p><b>Exclusion 1:</b> - Patients age 13-17 years with a previous active diagnosis of alcohol, opioid or other drug abuse or dependence in the 60 days prior to the first episode of alcohol or drug dependence</p> <p>- Exclude patients age 13-17 years whose hospice care overlaps the measurement period.</p>	
<b>Numerator 3:</b> For patients 18 years of age and older, initiation of treatment includes either an intervention or medication for the treatment of AOD abuse or dependence within 14 days of the diagnosis.	
<b>Numerator 4:</b> For patients 18 years of age and older, engagement in ongoing treatment includes two additional interventions or a medication for the treatment of AOD abuse or dependence within 34 days of the initiation visit. For patients who initiated treatment with a medication, at least one of the two engagement events must be a treatment intervention (i.e., engagement for these members cannot be satisfied with medication treatment alone).	
<b>Denominator 2:</b> Patients 18 years of age and older who were diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency during a visit between January 1 and November 14 of the measurement period	
<p><b>Exclusion 2:</b> - Patients 18 years of age and older with a previous active diagnosis of alcohol, opioid or other drug abuse or dependence in the 60 days prior to the first episode of alcohol or drug dependence</p> <p>- Exclude patients 18 years of age and older whose hospice care overlaps the measurement period.</p>	
<b>Numerator 5:</b> For patients 13 years of age and older, initiation of treatment includes either an intervention or medication for the treatment of AOD abuse or dependence within 14 days of the diagnosis.	
<b>Numerator 6:</b> For patients 13 years of age and older, engagement in ongoing treatment includes two additional interventions or a medication for the treatment of AOD abuse or dependence within 34 days of the initiation visit. For patients who initiated treatment with a medication, at least one of the two engagement events must be a treatment intervention (i.e., engagement for these members cannot be satisfied with medication treatment alone).	
<b>Denominator 3:</b> Patients 13 years of age and older who were diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency during a visit between January 1 and November 14 of the measurement period	
<p><b>Exclusion 3:</b> - Patients 13 years of age and older with a previous active diagnosis of alcohol, opioid or other drug abuse or dependence in the 60 days prior to the first episode of alcohol or drug dependence</p> <p>- Exclude patients 13 years of age and older whose hospice care overlaps the measurement period.</p>	

#### CMS143 / NQF0086 : Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation

**Objective:** Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months

<b>Numerator:</b> Patients who have an optic nerve head evaluation during one or more office visits within 12 months	
<b>Denominator:</b> All patients aged 18 years and older with a diagnosis of primary open-angle glaucoma	
<b>Exception:</b> Documentation of medical reason(s) for not performing an optic nerve head evaluation	

CMS144 / NQF2908 : Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	
<b>Objective:</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge	
<b>Numerator 1:</b> Patients who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting	
<b>Denominator 1:</b> All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40% when seen in the outpatient setting	
<b>Exception 1:</b> - Documentation of medical reason(s) for not prescribing beta-blocker therapy (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons) - Documentation of patient reason(s) for not prescribing beta-blocker therapy (e.g., patient declined, other patient reasons) - Documentation of system reason(s) for not prescribing beta-blocker therapy (e.g., other reasons attributable to the healthcare system)	
<b>Numerator 2:</b> Patients who were prescribed beta-blocker therapy either within a 12 month period at each hospital discharge	
<b>Denominator 2:</b> All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40% at each hospital discharge	
<b>Exception 2:</b> - Documentation of medical reason(s) for not prescribing beta-blocker therapy (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons) - Documentation of patient reason(s) for not prescribing beta-blocker therapy (e.g., patient declined, other patient reasons) - Documentation of system reason(s) for not prescribing beta-blocker therapy (e.g., other reasons attributable to the healthcare system)	

CMS145 / NQF0070 : Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	
<b>Objective:</b> Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12-month period who also have a prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy	
<b>Numerator 1:</b> Patients in denominator who were prescribed beta-blocker therapy	
<b>Denominator 1:</b> All Patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a current or prior LVEF <40%	
<b>Exception 1:</b> - Documentation of medical reason(s) for not prescribing beta-blocker therapy (e.g., allergy, intolerance, other medical reasons) - Documentation of patient reason(s) for not prescribing beta-blocker therapy (e.g., patient declined, other patient reasons) - Documentation of system reason(s) for not prescribing beta-blocker therapy (e.g., other reasons attributable to the health care system)	
<b>Numerator 2:</b> Patients in denominator who were prescribed beta-blocker therapy	
<b>Denominator 2:</b> All Patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have prior (within the past 3 years) MI	
<b>Exception 2:</b> - Documentation of medical reason(s) for not prescribing beta-blocker therapy (e.g., allergy, intolerance, other medical reasons) - Documentation of patient reason(s) for not prescribing beta-blocker therapy (e.g., patient declined, other patient reasons) - Documentation of system reason(s) for not prescribing beta-blocker therapy (e.g., other reasons attributable to the health care system)	

### CMS149 : Dementia: Cognitive Assessment

**Objective:** Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period

**Numerator:** Patients for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period

**Denominator:** All patients, regardless of age, with a diagnosis of dementia

**Exception:** Documentation of patient reason(s) for not assessing cognition

### CMS159 / NQF0710\*: Depression Remission at Twelve Months

**Objective:** The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.

**Numerator 1:** Adolescent patients 12 to 17 years of age who achieved remission at twelve months as demonstrated by a twelve month (+/- 60 days) PHQ-9 or PHQ-9M score of less than five

**Denominator 1:** Adolescent patients 12 to 17 years of age with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9M score greater than nine during the index event. Patients may be screened using PHQ-9 and PHQ-9M up to 7 days prior to the office visit (including the day of the office visit).

**Exclusion 1:** 1. Patients 12 to 17 years of age who died  
2. Patients 12 to 17 years of age who received hospice or palliative care services  
3. Patients 12 to 17 years of age who were permanent nursing home residents  
4. Patients 12 to 17 years of age with a diagnosis of bipolar disorder  
5. Patients 12 to 17 years of age with a diagnosis of personality disorder  
6. Patients 12 to 17 years of age with a diagnosis of schizophrenia or psychotic disorder  
7. Patients 12 to 17 years of age with a diagnosis of pervasive developmental disorder

**Numerator 2:** Adult patients 18 years of age and older who achieved remission at twelve months as demonstrated by a twelve month (+/- 60 days) PHQ-9 or PHQ-9M score of less than five

**Denominator 2:** Adult patients 18 years of age and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9M score greater than nine during the index event. Patients may be screened using PHQ-9 and PHQ-9M up to 7 days prior to the office visit (including the day of the office visit).

**Exclusion 2:** 1. Patients 18 years of age and older who died  
2. Patients 18 years of age and older who received hospice or palliative care services  
3. Patients 18 years of age and older who were permanent nursing home residents  
4. Patients 18 years of age and older with a diagnosis of bipolar disorder  
5. Patients 18 years of age and older with a diagnosis of personality disorder  
6. Patients 18 years of age and older with a diagnosis of schizophrenia or psychotic disorder  
7. Patients 18 years of age and older with a diagnosis of pervasive developmental disorder

**Numerator 3:** Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older who achieved remission at twelve months as demonstrated by a twelve month (+/- 60 days) PHQ-9 or PHQ-9M score of less than five

**Denominator 3:** Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 or PHQ-9M score greater than nine during the index event. Patients may be screened using PHQ-9 and PHQ-9M up to 7 days prior to the office visit (including the day of the office visit).

**Exclusion 3:** 1. Patients who died  
2. Patients who received hospice or palliative care services  
3. Patients who were permanent nursing home residents  
4. Patients with a diagnosis of bipolar disorder  
5. Patients with a diagnosis of personality disorder  
6. Patients with a diagnosis of schizophrenia or psychotic disorder  
7. Patients with a diagnosis of pervasive developmental disorder

### CMS161 / NQF0104 : Adult Major Depressive Disorder (MDD): Suicide Risk Assessment



<b>Objective:</b> Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified	
<b>Numerator:</b> Patients with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified	
<b>Denominator:</b> All patients aged 18 years and older with a diagnosis of major depressive disorder (MDD)	

CMS165 / NQF0018*: Controlling High Blood Pressure	
<b>Objective:</b> Percentage of patients 18-85 years of age who had a diagnosis of hypertension overlapping the measurement period and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period	
<b>Numerator:</b> Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period	
<b>Denominator:</b> Patients 18-85 years of age who had a visit and diagnosis of essential hypertension overlapping the measurement period	
<b>Exclusion:</b> - Patients with evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period. Also exclude patients with a diagnosis of pregnancy during the measurement period. - Exclude patients whose hospice care overlaps the measurement period. - Exclude patients 66 and older who are living long term in an institution for more than 90 days during the measurement period. - Exclude patients 66 and older with advanced illness and frailty because it is unlikely that patients will benefit from the services being measured.	

CMS347 : Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	
<b>Objective:</b> Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period: * Adults aged >= 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR * Adults aged >= 21 years who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level >= 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; OR * Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL	
<b>Numerator 1:</b> Patients in denominator who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period	
<b>Denominator 1:</b> Patients aged 21 years and older at the beginning of the measurement period with a patient encounter during the measurement period with clinical ASCVD diagnosis	
<b>Exclusion 1:</b> Patients who have a diagnosis of pregnancy Patients who are breastfeeding Patients who have a diagnosis of rhabdomyolysis	
<b>Exception 1:</b> Patients with adverse effect, allergy, or intolerance to statin medication Patients who are receiving palliative or hospice care Patients with active liver disease or hepatic disease or insufficiency Patients with end-stage renal disease (ESRD) Patients with diabetes who have the most recent fasting or direct LDL-C laboratory test result < 70 mg/dL and are not taking statin therapy	
<b>Numerator 2:</b> Patients in denominator who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period	
<b>Denominator 2:</b> Patients aged 21 years and older at the beginning of the measurement period with a patient encounter during the measurement period who have ever had a fasting or direct laboratory result of LDL-C >=190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia	
<b>Exclusion 2:</b> Patients who have a diagnosis of pregnancy Patients who are breastfeeding Patients who have a diagnosis of rhabdomyolysis	



<b>Exception 2:</b> Patients with adverse effect, allergy, or intolerance to statin medication Patients who are receiving palliative or hospice care Patients with active liver disease or hepatic disease or insufficiency Patients with end-stage renal disease (ESRD) Patients with diabetes who have the most recent fasting or direct LDL-C laboratory test result < 70 mg/dL and are not taking statin therapy	
<b>Numerator 3:</b> Patients in denominator who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period	
<b>Denominator 3:</b> Patients aged 40 to 75 years at the beginning of the measurement period with a patient encounter during the measurement period with Type 1 or Type 2 diabetes and with an LDL-C result of 70-189 mg/dL recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period	
<b>Exclusion 3:</b> Patients who have a diagnosis of pregnancy Patients who are breastfeeding Patients who have a diagnosis of rhabdomyolysis	
<b>Exception 3:</b> Patients with adverse effect, allergy, or intolerance to statin medication Patients who are receiving palliative or hospice care Patients with active liver disease or hepatic disease or insufficiency Patients with end-stage renal disease (ESRD) Patients with diabetes who have the most recent fasting or direct LDL-C laboratory test result < 70 mg/dL and are not taking statin therapy	

CMS645 : Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy	
<b>Objective:</b> Patients determined as having prostate cancer who are currently starting or undergoing androgen deprivation therapy (ADT), for an anticipated period of 12 months or greater and who receive an initial bone density evaluation. The bone density evaluation must be prior to the start of ADT or within 3 months of the start of ADT.	
<b>Numerator:</b> Patients with a bone density evaluation within the two years prior to the start of or less than three months after the start of ADT treatment	
<b>Denominator:</b> Male patients with a qualifying encounter in the measurement period AND with a diagnosis of prostate cancer AND with an order for ADT or an active medication of ADT with an intent for treatment greater than or equal to 12 months during the measurement period	
<b>Exception:</b> Patient refused recommendation for a bone density evaluation after the start of ADT therapy	