eMIPP
Managing EHR Incentive Payments Today,
Measuring Meaningful Use for the Future

Eligible Professional (EP) Meaningful Use Measures applicable if previously scheduled to be in Stage 1 in Program Year 2016

Note that pdf upload will overwrite all saved meaningful use information.

Meaningful Use Objectives

- EPs must complete all 9 Meaningful Use Objectives.

1. Protect Patient Health Information	
Objective: Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.	
Measure: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.	
Compliance: 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.	O YES O NO

2. Clinical Decision Support	
Objective: Use clinical decision support to improve performance on high-priority health conditions.	
Measure 1: Implement 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. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.	
Compliance: 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.	O YES O NO
Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	
Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period. Exclusion applies to you?	O YES O 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.	
Compliance: EPs must attest YES to enabling and implementing functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	O YES O NO

3. Computerized Provider Order Entry (CPOE)	
Objective: Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional 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.	
Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period. Exclusion applies to you?	O YES O 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.	
Numerator: The number of orders in the denominator recorded using CPOE.	
Denominator: Number of medication orders created by the EP during the EHR reporting period.	

CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	O YES O NO
Measure 2: More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	
Exclusion 1: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period. Exclusion applies to you?	O YES O 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.	
Exclusion 2 *(Alternate)*: Any EP scheduled to demonstrate Stage 1 in 2016 which does not have an equivalent measure. Exclusion applies to you?	O YES O NO
Numerator: The number of orders in the denominator recorded using CPOE.	
Denominator: Number of laboratory orders created by the EP during the EHR reporting period.	
CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	O YES O NO
Measure 3: More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.	
Exclusion 1: Any EP who writes fewer than 100 radiology orders during the EHR reporting period. Exclusion applies to you?	O YES O NO
EPs must enter the number of radiology orders created during the EHR reporting period in the Exclusion Value box to attest to exclusion from this requirement.	
Exclusion 2 *(Alternate)*: Any EP scheduled to demonstrate Stage 1 in 2016 which does not have an equivalent measure. Exclusion applies to you?	O YES O NO
Numerator: The number of orders in the denominator recorded using CPOE.	
Denominator: Number of radiology orders created by the EP during the EHR reporting period.	
CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	O YES O NO

4. Electronic Prescribing	
Objective: Generate and transmit permissible prescriptions electronically (eRx).	
Measure: More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.	
Exclusion 1: Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period. Exclusion applies to you?	O YES O 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.	
Exclusion 2: Any EP who does not have a pharmacy within his or her 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?	O YES O NO
Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.	
Denominator: Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed.	
CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	O YES O NO

5. Health Information Exchange	
Objective: The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.	
Measure: The EP that transitions or refers their patient to another setting of care or provider of care must: (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.	
Exclusion: 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?	O YES O NO
EPs must enter the number of patient transfers during the EHR reporting period in the Exclusion box to attest to exclusion from this requirement.	
Numerator: The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.	
Denominator: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.	
CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	O YES O NO

6. Patient-Specific Education	
Objective: Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.	
Measure: Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.	
Exclusion: Any EP who has no office visits during the EHR reporting period. Exclusion applies to you?	O YES O NO
Numerator: Number of patients in the denominator who were provided patient-specific education resources identified by the CEHRT.	
Denominator: Number of unique patients with office visits seen by the EP during the EHR reporting period.	

7. Medication Reconciliation	
Objective: The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	
Measure: The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.	
Exclusion: Any EP who was not the recipient of any transitions of care during the EHR reporting period. Exclusion applies to you?	O YES O NO
Numerator: The number of transitions of care in the denominator where medication reconciliation was performed.	
Denominator: Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.	
CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	O YES O NO

8. Patient Electronic Access
Objective: Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP.

Measure 1: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.	
Exclusion: Any EP who neither orders nor creates any of the information listed for inclusion as part of the measures except for "Patient Name" and "Provider's name and office contact information." Exclusion applies to you?	O YES O NO
Numerator: The number of patients in the denominator who have access to view online, download and transmit their health information within 4 business days after the information is available to the EP.	
Denominator: Number of unique patients seen by the EP during the EHR reporting period.	
Measure 2: At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits his or her health information to a third party during the EHR reporting period.	
Exclusion 1: Any EP who neither orders nor creates any of the information listed for inclusion as part of the measures except for "Patient Name" and "Provider's name and office contact information." Exclusion applies to you?	O YES O NO
Exclusion 2: Any EP who 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?	O YES O NO
Numerator: The number of patients in the denominator (or patient-authorized representative) who view, download, or transmit to a third party their health information.	
Denominator: Number of unique patients seen by the EP during the EHR reporting period.	

9. Secure Electronic Messaging	
Objective: Use secure electronic messaging to communicate with patients on relevant health information.	
Measure: For at least 1 patient 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 the patient-authorized representative) during the EHR reporting period.	
Exclusion 1: Any EP who has no office visits during the EHR reporting period. Exclusion applies to you?	O YES O NO
Exclusion 2: Any EP who 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?	O YES O NO
Numerator: 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).	
Denominator: Number of unique patients seen by the EP during the EHR reporting period.	

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 3, 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.

1. Immunization Registry Reporting	
Measure: The EP is in active engagement with a public health agency to submit immunization data.	
Exclusion: Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP: - Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period; - 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; or - Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period. Exclusion applies to you?	○ YES ○ NO
Compliance: EPs must attest YES to being in active engagement with a public health agency to submit immunization data.	○ YES ○ NO

Registry Details

Select Registry	
Other Registry Name	

2. Syndromic Surveillance Reporting	
Measure: The EP is in active engagement with a public health agency to submit syndromic surveillance data.	
Exclusion: 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; or - Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period. Exclusion applies to you?	○ YES ○ NO
Compliance: EPs must attest YES to being in active engagement with a public health agency to submit syndromic surveillance data.	○ YES ○ NO

Registry Details

Select Registry	
Other Registry Name	

3. Specialized Registry Reporting

The EP is in active engagement to submit data to a specialized registry. Selecting any exclusion below will exclude the whole measure.

Measure 3.1:

Exclusion: Any EP meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP: - Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period; - Operates in a jurisdiction for which no specialized 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; or - Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period. Exclusion applies to you?	O YES O NO
Compliance: EPs must attest YES to being in active engagement to submit data to a specialized registry.	O YES O NO

Registry Details

Select Registry	
Other Registry Name	

Measure 3.2:

Exclusion: Any EP meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP: - Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period; - Operates in a jurisdiction for which no specialized 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; or - Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period. Exclusion applies to you?	O YES O NO
Compliance: EPs must attest YES to being in active engagement to submit data to a specialized registry.	O YES O NO

Registry Details

Select Registry	
Other Registry Name	

Meaningful Use Clinical Quality Measures

- Providers must respond to 9 measures across 3 domains.
- When reporting as a group practice, EPs must report all available CQMs.

CQM Domain 1 - Patient and Family Engagement: These are CQMs that 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 Hip Replacement	
Objective: Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments	
Numerator: Patients with patient reported functional status assessment results (e.g., VR-12, VR-36,PROMIS-10-Global Health, PROMIS-29, HOOS) not more than 180 days prior to the primary THA procedure, and at least 60 days and not more than 180 days after THA procedure	
Denominator: Adults aged 18 and older who had a primary total hip arthroplasty (THA) within the 12 month period that begins 180 days before the start of the measurement period and ends 185 days after the start of the measurement period and who had an outpatient encounter not more than 180 days prior to procedure, and at least 60 days and not more than 180 days after THA procedure	
Exclusion: Patients with multiple trauma at the time of the total hip arthroplasty or patients with severe cognitive impairment	

CMS66: Functional Status Assessment for Knee Replacement	
Objective: Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments	
Numerator: Patients with patient reported functional status assessment results (e.g., VR-12, VR-36, PROMIS-10 Global Health, PROMIS-29, KOOS) not more than 180 days prior to the primary TKA procedure, and at least 60 days and not more than 180 days after TKA procedure	
Denominator: Adults aged 18 and older who had a primary total knee arthroplasty (TKA) within the 12 month period that begins 180 days before the start of the measurement period and ends 185 days after the start of the measurement period and who had an outpatient encounter not more than 180 days prior to procedure, and at least 60 days and not more than 180 days after TKA procedure	
Exclusion: Patients with multiple traumas at the time of the total knee arthroplasty or patients with severe cognitive impairment	

CMS90: Functional Status Assessment for Complex Chronic Conditions	
Objective: Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments	
Numerator: Patients with patient reported functional status assessment results (e.g., VR-12; VR-36; MLHF-Q; KCCQ; PROMIS-10 Global Health, PROMIS-29) present in the EHR within two weeks before or during the initial encounter and the follow-up encounter during the measurement year	
Denominator: Adults aged 65 years and older who had two outpatient encounters during the measurement year and an active diagnosis of heart failure	
Exclusion: Patients with severe cognitive impairment or patients with an active diagnosis of cancer	

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: Patient visits in which pain intensity is quantified	

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

CQM Domain 2 - Patient Safety: These are CQMs that 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 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 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 reporting period for patients aged 18 years and older before the start of the measurement period	
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	

CMS132 / NQF0564: Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	
Objective: Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence	
Numerator: Patients who had one or more specified operative procedures for any of the following major complications within 30 days following cataract surgery: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence	
Denominator: All patients aged 18 years and older who had cataract surgery and no significant ocular conditions impacting the surgical complication rate	
Exclusion: Patients with any one of a specified list of significant ocular conditions that impact the surgical complication rate	

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	
Denominator: Patients aged 65 years and older with a visit during the measurement period	
Exception: Documentation of medical reason(s) for not screening for fall risk (e.g., patient is not ambulatory)	

CMS156 / NQF0022: Use of High-Risk Medications in the Elderly	
Objective: Percentage of patients 66 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 different high-risk medications	
Numerator 1: Patients with an order for at least one high-risk medication during the measurement period	

Numerator 2: Patients with an order for at least two different high-risk medications during the measurement period	
Denominator: Patients 66 years and older who had a visit during 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	

CMS179: ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	
Objective: Average percentage of time in which patients aged 18 and older with atrial fibrillation who are on chronic warfarin therapy have International Normalized Ratio (INR) test results within the therapeutic range (i.e., TTR) during the measurement period	
Numerator: Average percentage of time that patients in the measure population have INR results within the therapeutic range (i.e., TTR)	
Denominator: Patients aged 18 and older with atrial fibrillation without valvular heart disease who had been on chronic warfarin therapy for at least 180 days before the start of and during the measurement period Patient should have at least one outpatient visit during the measurement period Patients with sufficient international normalized ratio (INR) results to calculate a warfarin time in therapeutic range (TTR)	

CQM Domain 3 - Care Coordination: These are CQMs that 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	

CQM Domain 4 - Population and Public Health: These are CQMs that 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 Clinical Depression and Follow-Up Plan	
Objective: Percentage of patients aged 12 years and older screened for clinical depression on 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 positive screen	
Numerator: Patients screened for clinical depression on 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 positive screen	
Denominator: All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period	
Exclusion: Patients with an active diagnosis for Depression or a diagnosis of Bipolar Disorder	

Exception: 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 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	
Objective: 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	
Numerator: 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	
Denominator: All patients aged 18 years and older before the start of the measurement period with at least one eligible encounter during the measurement period	
Exclusion: Patient has an active diagnosis of hypertension	
Exception: 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	
Objective: Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter Normal Parameters: Age 65 years and older BMI => 23 and < 30 kg/m2 Age 18-64 years BMI => 18.5 and < 25 kg/m2	
Numerator 1: Patients with a documented BMI during the encounter or during the previous six months, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter	
Denominator 1: All patients 18 through 64 years on the date of the encounter with at least one eligible encounter during the measurement period	
Exclusion 1: Patients who are pregnant or encounters where the patient is receiving palliative care, refuses measurement of height and/or weight, the 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, or there is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate	
Numerator 2: Patients with a documented BMI during the encounter or during the previous six months, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter	
Denominator 2: All patients 65 years of age and older on the date of the encounter with at least one eligible encounter during the measurement period	
Exclusion 2: Encounters where the patient is receiving palliative care, refuses measurement of height and/or weight, the 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, or there is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate	

CMS82 / NQF1401: Maternal Depression Screening

Objective: The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life	
Numerator: Children with documentation of maternal screening or treatment for postpartum depression for the mother	
Denominator: Children with a visit who turned 6 months of age in the measurement period	

CMS117 / NQF0038: Childhood Immunization Status	
Objective: 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 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	
Numerator: 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	
Denominator: Children who turn 2 years of age during the measurement period and who have a visit during the measurement period	

CMS138 / NQF0028: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	
Objective: Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	
Numerator: 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	
Denominator: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period	
Exception: Documentation of medical reason(s) for not screening for tobacco use (e.g., 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 at least two visits or at least one preventive 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 19 years of age with at least one chlamydia test during the measurement period	
Denominator 1: Women 16 to 19 years of age who are sexually active and who had a visit in the measurement period	
Exclusion 1: Women 16 to 19 years of age who received a pregnancy test solely as a safety precaution before ordering an x-ray or specified medications	

Numerator 2: Women 20 to 24 years of age with at least one chlamydia test during the measurement period	
Denominator 2: Women 20 to 24 years of age who are sexually active and who had a visit in the measurement period	
Exclusion 2: Women 20 to 24 years of age who received a pregnancy test solely as a safety precaution before ordering an x-ray or specified medications	
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 received a pregnancy test solely as a safety precaution before ordering an x-ray or specified medications	

CMS155 / NQF0024: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	
Objective: 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	
Numerator 1: Patients 3-10 years of age who had a height, weight and body mass index (BMI) percentile recorded during the measurement period	
Numerator 2: Patients 3-10 years of age who had counseling for nutrition during a visit that occurs during the measurement period	
Numerator 3: Patients 3-10 years of age who had counseling for physical activity during a visit that occurs during the measurement period	
Denominator 1: Patients 3-10 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	
Exclusion 1: Patients 3-10 years of age who have a diagnosis of pregnancy during the measurement period	
Numerator 4: Patients 11-17 years of age who had a height, weight and body mass index (BMI) percentile recorded during the measurement period	
Numerator 5: Patients 11-17 years of age who had counseling for nutrition during a visit that occurs during the measurement period	
Numerator 6: Patients 11-17 years of age who had counseling for physical activity during a visit that occurs during the measurement period	
Denominator 2: Patients 11-17 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	
Exclusion 2: Patients 11-17 years of age who have a diagnosis of pregnancy during the measurement period	
Numerator 7: Patients 3-17 years of age who had a height, weight and body mass index (BMI) percentile recorded during the measurement period	
Numerator 8: Patients 3-17 years of age who had counseling for nutrition during a visit that occurs during the measurement period	
Numerator 9: Patients 3-17 years of age who had counseling for physical activity during a visit that occurs during the measurement period	
Denominator 3: 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	
Exclusion 3: Patients 3-17 years of age who have a diagnosis of pregnancy during the measurement period	

CQM Domain 5 - Efficient Use of Healthcare Resources: These are CQMs that 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	
Objective: Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer	
Numerator: Patients who did not have a bone scan performed at any time since diagnosis of prostate cancer	
Denominator: All patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy	
Exception: 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	
Objective: Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode	
Numerator: Children with a group A streptococcus test in the 7-day period from 3 days prior through 3 days after the diagnosis of pharyngitis	
Denominator: Children 2-18 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	
Exclusion: Children who are taking antibiotics in the 30 days prior to the diagnosis of pharyngitis	

CMS154 / NQF0069: Appropriate Treatment for Children with Upper Respiratory Infection (URI)	
Objective: 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	
Numerator: Children without a prescription for antibiotic medication on or 3 days after the outpatient or ED visit for an upper respiratory infection	
Denominator: Children age 3 months to 18 years who had an outpatient or emergency department (ED) visit with a diagnosis of upper respiratory infection (URI) during the measurement period	
Exclusion: - Exclude children who are taking antibiotics in the 30 days prior to the date of 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	

CMS166 / NQF0052: Use of Imaging Studies for Low Back Pain	
Objective: Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis	
Numerator: Patients without an imaging study conducted on the date of the outpatient or emergency department visit or in the 28 days following the outpatient or emergency department visit	
Denominator: Patients 18-50 years of age with a diagnosis of low back pain during an outpatient or emergency department visit	

Exclusion: - Patients with a diagnosis of cancer any time in their history or patients with a diagnosis of recent trauma, IV drug abuse, or neurologic impairment during the 12-month period prior to through the 28 days after the outpatient or emergency department visit - Patients with a diagnosis of low back pain within the 180 days prior to the outpatient or emergency department visit	

CQM Domain 6 - Clinical Processes/Effectiveness: These are CQMs that reflect clinical care processes closely linked to outcomes based on evidence and practice guidelines.

CMS52 / NQF0405: HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) prophylaxis	
Objective: Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis	
Numerator 1: Patients who were prescribed pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 200 cells/mm3	
Denominator 1: All patients aged 6 years and older with a diagnosis of HIV/AIDS and a CD4 count below 200 cells/mm3 who had at least two visits during the measurement year, with at least 90 days in between each visit	
Exception 1: Patient did not receive PCP prophylaxis because there was a CD4 count above 200 cells/mm3 during the three months after a CD4 count below 200 cells/mm3	
Numerator 2: Patients who were prescribed pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 500 cells/ mm3 or a CD4 percentage below 15%	
Denominator 2: All patients aged 1-5 years of age with a diagnosis of HIV/AIDS and a CD4 count below 500 cells/mm3 or a CD4 percentage below 15% who had at least two visits during the measurement year, with at least 90 days in between each visit	
Exception 2: Patient did not receive PCP prophylaxis because there was a CD4 count above 500 cells/mm3 or CD4 percentage above 15% during the three months after a CD4 count below 500 cells/mm3 or CD4 percentage below 15%	
Numerator 3: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis at the time of diagnosis of HIV	
Denominator 3: All patients aged 6 weeks to 12 months with a diagnosis of HIV who had at least two visits during the measurement year, with at least 90 days in between each visit	

CMS61: Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed	
Objective: Percentage of patients aged 20 through 79 years whose risk factors have been assessed and a fasting LDL-C test has been performed	
Numerator 1: (High Risk) Patients who had a fasting LDL-C test performed or a calculated LDL-C during the measurement period	
Denominator 1: (High Risk) All patients aged 20 through 79 years who have CHD or CHD Risk Equivalent OR 10-Year Framingham Risk > 20%	
Exclusion 1: - Patients who have an active diagnosis of pregnancy - Patients who are receiving palliative care	
Exception 1: Patient Reason(s): - Patient Refusal - A fasting LDL-C test is not performed during the measurement period for a valid patient reason	
Numerator 2: (Moderate Risk) Patients who had a fasting LDL-C test performed or a calculated LDL-C during the measurement period	

Denominator 2: (Moderate Risk) All patients aged 20 through 79 years who have 2 or more Major CHD Risk Factors OR 10-Year Framingham Risk 10-20% ** Fasting HDL-C > or equal to 60 mg/dL subtracts 1 risk from the above (This is a negative risk factor)	
Exclusion 2: - Patients who have an active diagnosis of pregnancy - Patients who are receiving palliative care	
Exception 2: Patient Reason(s): - Patient Refusal - A fasting LDL-C test is not performed during the measurement period for a valid patient reason	
Numerator 3: (Low Risk) Patients who had a fasting LDL-C test performed or a calculated LDL-C during the measurement period or up to four (4) years prior to the current measurement period	
Denominator 3: (Low Risk) All patients aged 20 through 79 years who have 0 or 1 Major CHD Risk Factors OR 10-Year Framingham Risk <10% ** Fasting HDL-C > or equal to 60 mg/dL subtracts 1 risk from the above (This is a negative risk factor)	
Exclusion 3: - Patients who have an active diagnosis of pregnancy - Patients who are receiving palliative care	
Exception 3: Patient Reason(s): - Patient Refusal - A fasting LDL-C test is not performed during the measurement period for a valid patient reason	

CMS62 / NQF0403: HIV/AIDS: Medical Visit	
Objective: Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least two medical visits during the measurement year with a minimum of 90 days between each visit	
Numerator: Patients with at least two medical visits during the measurement year with a minimum of 90 days between each visit	
Denominator: All patients, regardless of age, with a diagnosis of HIV/AIDS seen within a 12 month period	

CMS64: Preventive Care and Screening: Risk-Stratified Cholesterol - Fasting Low Density Lipoprotein (LDL-C)	
Objective: Percentage of patients aged 20 through 79 years who had a fasting LDL-C test performed and whose risk-stratified fasting LDL-C is at or below the recommended LDL-C goal	
Numerator 1: Patients whose most recent fasting LDL-C test result is in good control, defined as <100 mg/dL	
Denominator 1: (High Risk) All patients aged 20 through 79 years who had a fasting LDL-C or a calculated LDL-C test performed during the measurement period and have CHD or CHD Risk Equivalent OR 10 year Framingham risk > 20%	
Exclusion 1: - Patients who have an active diagnosis of pregnancy - Patients who are receiving palliative care	
Numerator 2: Patients whose most recent fasting LDL-C test result is in good control, defined as <130 mg/dL	
Denominator 2: (Moderate Risk) All patients aged 20 through 79 years who had a fasting LDL-C or a calculated LDL-C test performed during the measurement period and have 2 or more Major CHD Risk Factors OR 10 year Framingham Risk 10-20% ** HDL-C > or equal to 60 mg/dL subtracts 1 risk from the above (This is a negative risk factor)	

Exclusion 2: - Patients who have an active diagnosis of pregnancy - Patients who are receiving palliative care	
Numerator 3: Patients whose most recent fasting LDL-C test result is in good control, defined as <160 mg/dL	
Denominator 3: (Low Risk) All patients aged 20 through 79 years who had a fasting LDL-C or a calculated LDL-C test performed up to 4 years prior to the current measurement period and have 0 or 1 Major CHD Risk Factors OR 10 year Framingham risk <10% ** HDL-C > or equal to 60 mg/dL subtracts 1 risk from the above (This is a negative risk factor)	
Exclusion 3: - Patients who have an active diagnosis of pregnancy - Patients who are receiving palliative care	

CMS65: Hypertension: Improvement in Blood Pressure	
Objective: Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period	
Numerator: Patients whose follow-up blood pressure is at least 10 mmHg less than their baseline blood pressure or is adequately controlled If a follow-up blood pressure reading is not recorded during the measurement year, the patient's blood pressure is assumed 'not improved'	
Denominator: All patients aged 18-85 years of age, who had at least one outpatient visit in the first six months of the measurement year, who have a diagnosis of essential hypertension documented during that outpatient visit, and who have uncontrolled baseline blood pressure at the time of that visit	
Exclusion: - Patients with evidence of end-stage renal disease (ESRD) on or prior to December 31 of the measurement year Documentation of dialysis or kidney transplant also meets the criteria for evidence of ESRD - Patients with a diagnosis of pregnancy during the measurement year	

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 0-4 years, who receive a fluoride varnish application	
Denominator 1: Children, age 0-4 years, with a visit during the measurement period	
Numerator 2: Children, age 5-11 years, who receive a fluoride varnish application	
Denominator 2: Children, age 5-11 years, with a visit during the measurement period	
Numerator 3: Children, age 12-20 years, who receive a fluoride varnish application	
Denominator 3: Children, age 12-20 years, with a visit during the measurement period	
Numerator 4: Children, age 0-20 years, who receive a fluoride varnish application	
Denominator 4: Children, age 0-20 years, with a visit during the measurement period	

CMS75: Children Who Have Dental Decay or Cavities	
Objective: Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period	
Numerator: Children who had cavities or decayed teeth	
Denominator: Children, age 0-20 years, with a visit during the measurement period	

CMS77: HIV/AIDS: RNA Control for Patients with HIV

Objective: Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, with at least two visits during the measurement year, with at least 90 days between each visit, whose most recent HIV RNA level is <200 copies/mL	
Numerator: Patients whose most recent HIV RNA level is <200 copies/mL	
Denominator: All patients aged 13 years and older with a diagnosis of HIV/AIDS with at least two visits during the measurement year, with at least 90 days between each visit	

CMS122 / NQF0059: Diabetes: Hemoglobin A1c Poor Control	
Objective: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period	
Numerator: Patients whose most recent HbA1c level (performed during the measurement period) is >9.0%	
Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period	

CMS123 / NQF0056: Diabetes: Foot Exam	
Objective: Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period	
Numerator: Patients who received visual, pulse and sensory foot examinations during the measurement period	
Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period	
Exclusion: Patients who have had either a bilateral amputation above or below the knee, or both a left and right amputation above or below the knee before or during the measurement period	

CMS124 / NQF0032: Cervical Cancer Screening	
Objective: Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer	
Numerator: Women with one or more Pap tests during the measurement period or the two years prior to the measurement period	
Denominator: Women 23-64 years of age with a visit during the measurement period	
Exclusion: Women who had a hysterectomy with no residual cervix	

CMS125 / NQF0031: Breast Cancer Screening	
Objective: Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer	
Numerator: Women with one or more mammograms during the measurement period or the year prior to the measurement period	
Denominator: Women 41-69 years of age with a visit during the measurement period	
Exclusion: Women who had a bilateral mastectomy or for whom there is evidence of two unilateral mastectomies	

CMS126 / NQF0036: Use of Appropriate Medications for Asthma	
Objective: Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period	
Numerator 1: Patients 5-10 years of age who were dispensed at least one prescription for a preferred therapy during the measurement period	
Denominator 1: Patients 5-10 years of age with persistent asthma and a visit during the measurement period	
Exclusion 1: Patients 5-10 years of age with emphysema, COPD, cystic fibrosis or acute respiratory failure during or prior to the measurement period	

Numerator 2: Patients 11-17 years of age who were dispensed at least one prescription for a preferred therapy during the measurement period	
Denominator 2: Patients 11-17 years of age with persistent asthma and a visit during the measurement period	
Exclusion 2: Patients 11-17 years of age with emphysema, COPD, cystic fibrosis or acute respiratory failure during or prior to the measurement period	
Numerator 3: Patients 18-49 years of age who were dispensed at least one prescription for a preferred therapy during the measurement period	
Denominator 3: Patients 18-49 years of age with persistent asthma and a visit during the measurement period	
Exclusion 3: Patients 18-49 years of age with emphysema, COPD, cystic fibrosis or acute respiratory failure during or prior to the measurement period	
Numerator 4: Patients 50-64 years of age who were dispensed at least one prescription for a preferred therapy during the measurement period	
Denominator 4: Patients 50-64 years of age with persistent asthma and a visit during the measurement period	
Exclusion 4: Patients 50-64 years of age with emphysema, COPD, cystic fibrosis or acute respiratory failure during or prior to the measurement period	
Numerator 5: Patients 5-64 years of age who were dispensed at least one prescription for a preferred therapy during the measurement period	
Denominator 5: Patients 5-64 years of age with persistent asthma and a visit during the measurement period	
Exclusion 5: Patients 5-64 years of age with emphysema, COPD, cystic fibrosis or acute respiratory failure during or prior to the measurement period	

CMS127 / NQF0043: Pneumonia Vaccination Status for Older Adults	
Objective: Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine	
Numerator: Patients who have ever received a pneumococcal vaccination	
Denominator: Patients 65 years of age and older with a visit during the measurement period	

CMS128 / NQF0105: Anti-depressant Medication Management	
Objective: Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on 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)	
Numerator 1: 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	
Numerator 2: 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	
Denominator: Patients 18 years of age and older with a diagnosis of major depression in the time within 270 days (9 months) prior to the measurement period through the first 90 days (3 months) of the measurement period, who were treated with antidepressant medication, and with a visit during the measurement period	
Exclusion: Patients who were actively on an antidepressant medication in the 90 days prior to the Index Prescription Start Date	

CMS130 / NQF0034: Colorectal Cancer Screening
Objective: Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer

Numerator: Patients with one or more screenings for colorectal cancer Appropriate screenings are defined by any one of the following criteria below: - 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	
Denominator: Patients 50-75 years of age with a visit during the measurement period	
Exclusion: Patients with a diagnosis or past history of total colectomy or colorectal cancer	

CMS131 / NQF0055: Diabetes: Eye Exam	
Objective: Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period	
Numerator: Patients with an eye screening for diabetic retinal disease This includes diabetics who had one of the following: - A retinal or dilated eye exam by an eye care professional in the measurement period or - A negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement period	
Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period	

CMS133 / NQF0565: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	
Objective: Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery 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 within 90 days following the cataract surgery	
Numerator: Patients who had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following cataract surgery	
Denominator: All patients aged 18 years and older who had cataract surgery	
Exclusion: Patients with significant ocular conditions impacting the visual outcome of surgery	

CMS134 / NQF0062: Diabetes: Urine Protein Screening	
Objective: 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	
Numerator: Patients with a screening for nephropathy or evidence of nephropathy during the measurement period	
Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period	

CMS135 / NQF0081: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	
Objective: 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 therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge	
Numerator: Patients who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge	
Denominator: All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40%	

Exception: - Documentation of medical reason(s) for not prescribing ACE inhibitor or ARB 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 therapy (e.g., patient declined, other patient reasons) - Documentation of system reason(s) for not prescribing ACE inhibitor or ARB therapy (e.g., other system reasons)	

CMS136 / NQF0108: ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	
Objective: 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	
Numerator 1: Patients who had at least one face-to-face visit with a practitioner with prescribing authority within 30 days after the IPSD	
Denominator 1: 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	
Exclusion 1: - Patients diagnosed with narcolepsy at any point in their history or during the measurement period - Patients who had an acute inpatient stay with a principal diagnosis of mental health or substance abuse during the 30 days after the IPSD - Patients who were actively on an ADHD medication in the 120 days prior to the Index Prescription Start Date	
Numerator 2: 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	
Denominator 2: 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	
Exclusion 2: - Patients diagnosed with narcolepsy at any point in their history or during the measurement period - 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	

CMS137 / NQF0004: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	
Objective: Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following Two rates are reported: a. Percentage of patients who initiated treatment within 14 days of the diagnosis b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit	
Numerator 1: Patients age 13-17 years who initiated treatment within 14 days of the diagnosis	
Numerator 2: Patients age 13-17 years who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit	
Denominator 1: Patients age 13-17 years who were diagnosed with a new episode of alcohol or drug dependency during a visit in the first 11 months of the measurement period	
Exclusion 1: Patients age 13-17 years with a previous active diagnosis of alcohol or drug dependence in the 60 days prior to the first episode of alcohol or drug dependence	

Numerator 3: Patients 18 years of age and older who initiated treatment within 14 days of the diagnosis	
Numerator 4: Patients 18 years of age and older who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit	
Denominator 2: Patients 18 years of age and older who were diagnosed with a new episode of alcohol or drug dependency during a visit in the first 11 months of the measurement period	
Exclusion 2: Patients 18 years of age and older with a previous active diagnosis of alcohol or drug dependence in the 60 days prior to the first episode of alcohol or drug dependence	
Numerator 5: Patients 13 years of age and older who initiated treatment within 14 days of the diagnosis	
Numerator 6: Patients 13 years of age and older who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit	
Denominator 3: Patients 13 years of age and older who were diagnosed with a new episode of alcohol or drug dependency during a visit in the first 11 months of the measurement period	
Exclusion 3: Patients 13 years of age and older with a previous active diagnosis of alcohol or drug dependence in the 60 days prior to the first episode of alcohol or drug dependence	

CMS140 / NQF0387: Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer	
Objective: Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period	
Numerator: Patients who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period	
Denominator: All female patients aged 18 years and older with a diagnosis of breast cancer with stage IC through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer	
Exception: - Documentation of medical reason(s) for not prescribing tamoxifen or aromatase inhibitor (e.g., patient's disease has progressed to metastatic, patient is receiving a gonadotropin-releasing hormone analogue, patient has received oophorectomy, patient is receiving radiation or chemotherapy, patient's diagnosis date is within 120 days of the end of the 12 month reporting period, other medical reason) - Documentation of patient reason(s) for not prescribing tamoxifen or aromatase inhibitor (e.g., patient refusal, other patient reasons) - Documentation of system reason(s) for not prescribing tamoxifen or aromatase inhibitor (e.g., patient is currently enrolled in a clinical trial, other system reasons)	

CMS141 / NQF0385: Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	
Objective: Percentage of patients aged 18 through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period	
Numerator: Patients who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or who have previously received adjuvant chemotherapy within the 12 month reporting period	
Denominator: All patients aged 18 through 80 years with colon cancer with AJCC Stage III colon cancer	
Exception: - Documentation of medical reason(s) for not referring for or prescribing adjuvant chemotherapy (e.g., medical co-morbidities, diagnosis date more than 5 years prior to the current visit date, patient's diagnosis date is within 120 days of the end of the 12 month reporting period, patient's cancer has metastasized, medical contraindication/allergy, poor performance status, other medical reasons) - Documentation of patient reason(s) for not referring for or prescribing adjuvant chemotherapy (e.g., patient refusal, other patient reasons) - Documentation of system reason(s) for not referring for or prescribing adjuvant chemotherapy (e.g., patient is currently enrolled in a clinical trial that precludes prescription of chemotherapy, other system reasons)	

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	

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

CMS144 / NQF0083: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	
Objective: 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	
Numerator: Patients who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge	
Denominator: All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40%	
Exception: - 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%)	
Objective: 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	
Numerator: Patients who were prescribed beta-blocker therapy	
Denominator: 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 or a current or prior LVEF <40%	

Exception: - 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)	

CMS148 / NQF0060: Hemoglobin A1c Test for Pediatric Patients	
Objective: Percentage of patients 5-17 years of age with diabetes with an HbA1c test during the measurement period	
Numerator: Patients with documentation of date and result for a HbA1c test during the measurement period	
Denominator: Patients 5 to 17 years of age with a diagnosis of diabetes and a face-to-face visit between the physician and the patient that predates the most recent visit by at least 12 months	

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 medical reason(s) for not assessing cognition (e.g., patient with very advanced stage dementia, other medical reason) - Documentation of patient reason(s) for not assessing cognition	

CMS158 / NQF0608: Pregnant women that had HBsAg testing	
Objective: This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy	
Numerator: Patients who were tested for Hepatitis B surface antigen (HBsAg) during pregnancy within 280 days prior to delivery	
Denominator: All female patients aged 12 and older who had a live birth or delivery during the measurement period	
Exception: Patients with current or past Hepatitis B infection	

CMS159 / NQF0710: Depression Remission at Twelve Months	
Objective: Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5 This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment	
Numerator: Adults who achieved remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than five	
Denominator: Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine during an outpatient encounter	
Exclusion: - Patients who died - Patients who received hospice or palliative care services - Patients who were permanent nursing home residents - Patients with a diagnosis of bipolar disorder - Patients with a diagnosis of personality disorder	

CMS160 / NQF0712: Depression Utilization of the PHQ-9 Tool

Objective: Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4-month period in which there was a qualifying visit	
Numerator: Adult patients who have a PHQ-9 tool administered at least once during the four-month period	
Denominator: Adult patients age 18 and older with an office visit and the diagnosis of major depression or dysthymia during each four month period	
Exclusion: - Patients who died - Patients who received hospice or palliative care services - Patients who were permanent nursing home residents - Patients with a diagnosis of bipolar disorder - Patients with a diagnosis of personality disorder	

CMS161 / NQF0104: Major Depressive Disorder (MDD): Suicide Risk Assessment	
Objective: 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	
Numerator: Patients with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified	
Denominator: All patients aged 18 years and older with a diagnosis of major depressive disorder (MDD)	

CMS163 / NQF0064: Diabetes: Low Density Lipoprotein (LDL) Management	
Objective: Percentage of patients 18-75 years of age with diabetes whose LDL-C was adequately controlled (<100 mg/dL) during the measurement period	
Numerator: Patients whose most recent LDL-C level performed during the measurement period is <100 mg/dL	
Denominator: Patients 18-75 years of age with diabetes with a visit during the measurement period	

CMS164 / NQF0068: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	
Objective: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period	
Numerator: Patients who have documentation of use of aspirin or another antithrombotic during the measurement period	
Denominator: Patients 18 years of age and older with a visit during the measurement period, and an active diagnosis of ischemic vascular disease (IVD) or who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period	

CMS165 / NQF0018: Controlling High Blood Pressure	
Objective: Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period	
Numerator: Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period	
Denominator: Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period	
Exclusion: 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	

CMS167 / NQF0088: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	
Objective: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months	
Numerator: Patients who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy AND the presence or absence of macular edema during one or more office visits within 12 months	
Denominator: All patients aged 18 years and older with a diagnosis of diabetic retinopathy	
Exception: - Documentation of medical reason(s) for not performing a dilated macular or fundus examination - Documentation of patient reason(s) for not performing a dilated macular or fundus examination	

CMS169 / NQF0110: Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	
Objective: Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use	
Numerator: Patients in the denominator with evidence of an assessment for alcohol or other substance use following or concurrent with the new diagnosis, and prior to or concurrent with the initiation of treatment for that diagnosis (Note: the endorsed measure calls for the assessment to be performed prior to discussion of the treatment plan with the patient, but the current approach was considered more feasible in an EHR setting The 'Assessment for Alcohol or Other Drug Use' required in the numerator is meant to capture a provider's assessment of the patient's symptoms of substance use The essence of the measure is to avoid treating the patient for unipolar depression or bipolar disorder without an assessment of their use of alcohol or other drugs)	
Denominator: Patients 18 years of age or older at the start of the measurement period with a new diagnosis of unipolar depression or bipolar disorder during the first 323 days of the measurement period, and evidence of treatment for unipolar depression or bipolar disorder within 42 days of diagnosis The existence of a 'new diagnosis' is established by the absence of diagnoses and treatments of unipolar depression or bipolar disorder during the 180 days prior to the diagnosis	

CMS182 / NQF0075: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	
Objective: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had a complete lipid profile performed during the measurement period and whose LDL-C was adequately controlled (< 100 mg/dL)	
Numerator 1: Patients with a complete lipid profile performed during the measurement period	
Numerator 2: Patients whose most recent LDL-C level performed during the measurement period is <100 mg/dL	
Denominator: Patients 18 years of age and older with a visit during the measurement period, and an active diagnosis of ischemic vascular disease (IVD) during the measurement period, or who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period	