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

Eligible Professional (EP) Meaningful Use Measures applicable if scheduled to be in Stage 3 in Program Year 2019

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	
Objective: Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.	
Measure: 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.	
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.	○ YES ○ NO

2. Electronic Prescribing	
Objective: EPs must generate and transmit permissible prescriptions electronically (eRx).	
Measure: More than 60 percent of all 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?	○ 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.	
Exclusion 2: 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
Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.	
Denominator: 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.	
CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	○ YES ○ NO

3. Clinical Decision Support	
Objective: Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.	
Measure 1: 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.	
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.	○ YES ○ 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?	○ 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.	
Compliance: 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.	
Exclusion: 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.	
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).	○ YES ○ NO
Measure 2: More than 60 percent of laboratory 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 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.	
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).	○ YES ○ NO
Measure 3: More than 60 percent of diagnostic imaging 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 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.	
Numerator: The number of orders in the denominator recorded using CPOE.	
Denominator: Number of diagnostic imaging 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).	○ 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.

Measure 1: 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.	
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 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?	O YES O NO
Numerator: 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.	
Denominator: The number of unique patients seen by the EP during the EHR reporting period.	
Measure 2: 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.	
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 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?	O YES O NO
Numerator: 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.	
Denominator: The number of unique patients seen by the EP during the EHR reporting period.	

6. Coordination of Care Through Patient Engagement	
Objective: 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.	
Measure 1: 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).	
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 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?	O YES O NO

Numerator: 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.	
Denominator: Number of unique patients seen by the EP during the EHR reporting period.	
Measure 2: 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.	
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 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?	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), during the EHR reporting period.	
Denominator: Number of unique patients seen by the EP during the EHR reporting period.	
Measure 3: 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.	
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 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?	O YES O NO
Numerator: 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.	
Denominator: Number of unique patients seen by the EP during the EHR reporting period.	

7. Health Information Exchange	
Objective: 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. An EP must attest to all 3 measures, but must meet the threshold for at least 2 measures in order to meet the objective.	
Measure 1: 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 : (1) Creates a summary of care record using CEHRT; and (2) Electronically exchanges the summary of care record.	
Exclusion 1: 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 Value box to attest to exclusion from this requirement.	
Exclusion 2: 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?	O YES O NO

Numerator: 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.	
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
Measure 2: 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 .	
Exclusion 1: 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?	O YES O 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.	
Exclusion 2: 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?	O YES O NO
Numerator: 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.	
Denominator: 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.	
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: 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.	
Exclusion 1: 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?	O YES O 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.	
Numerator: 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.	
Denominator: 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.	
CEHRT Records Only: Select Yes if data is extracted only from patient records maintained using Certified EHR Technology (CEHRT).	O YES O 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

Measure: 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).

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 their 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. - 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. 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 and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	○ YES ○ NO

Registry Details

Select Registry	-- Select --
Other Registry Name	
Active Engagement Status	-- Select --
Active Engagement Date	

2. Syndromic Surveillance Reporting

Measure: The EP is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.

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. - 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
Compliance: 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

Registry Details

Select Registry	-- Select --
Other Registry Name	
Active Engagement Status	-- Select --
Active Engagement Date	

3. Electronic Case Reporting

Measure: The EP is in active engagement with a public health agency to submit case reporting of reportable conditions.

Exclusion: 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
Compliance: EPs must attest YES to being in active engagement with a public health agency to submit case reporting of reportable conditions.	○ YES ○ NO

Registry Details

Select Registry	-- Select --
Other Registry Name	
Active Engagement Status	-- Select --
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.

Specialty Registry Availability Verification: - 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

Measure 4.1:

Exclusion 1: 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
Compliance: 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	-- Select --
Other Registry Name	
Active Engagement Status	-- Select --
Active Engagement Date	

Measure 4.2:

Exclusion 1: 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
Compliance: 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	-- Select --
Other Registry Name	
Active Engagement Status	-- Select --
Active Engagement Date	

5. Clinical Data Registry Reporting

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

Specialty Registry Availability Verification: - 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

Measure 5.1:

Exclusion 1: 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
Compliance: EPs must attest YES to being in active engagement to submit data to a clinical data registry.	○ YES ○ NO

Registry Details

Select Registry	-- Select --
Other Registry Name	
Active Engagement Status	-- Select --
Active Engagement Date	

Measure 5.2:

Exclusion 1: 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
Compliance: EPs must attest YES to being in active engagement to submit data to a clinical data registry.	○ YES ○ NO

Registry Details

Select Registry	-- Select --
Other Registry Name	
Active Engagement Status	-- Select --
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	
Objective: 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	
Numerator: Patients with patient-reported functional status assessment (i.e., VR-12, PROMIS-10-Global Health, HOOS) in the 90 days prior to or on the day of primary THA procedure, and 270 - 365 days after THA procedure	
Denominator: Patients 18 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	
Exclusion: - Patients with multiple fractures indicating trauma at the time of the total hip arthroplasty or patients with severe cognitive impairment. - Exclude patients who were in hospice care during the measurement year.	

CMS66**: Functional Status Assessment for Total Knee Replacement	
Objective: 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	
Numerator: Patients with patient-reported functional status assessment results (i.e., VR-12, PROMIS-10 Global Health, KOOS) in the 90 days prior to or on the day of primary TKA procedure, and 270 - 365 days after TKA procedure	
Denominator: Patients 18 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	
Exclusion: - Patients with multiple fractures indicating trauma at the time of the total knee arthroplasty or patients with severe cognitive impairment. - Exclude patients who were in hospice care during the measurement year.	

CMS90**: Functional Status Assessments for Congestive Heart Failure	
Objective: Percentage of patients 18 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments	
Numerator: Patients with patient-reported functional status assessment results (eg, VR-12; VR-36; MLHF-Q; KCCQ; 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	
Denominator: Patients 18 years of age and older who had two outpatient encounters during the measurement year and a diagnosis of congestive heart failure	
Exclusion: - Exclude patients with severe cognitive impairment or patients with a diagnosis of cancer. - Exclude patients who were in hospice care during the measurement year.	

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	

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 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 measurement 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	
Exclusion: 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 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	
Objective: Percentage of patients aged 12 years and older screened for 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 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 Plan	
Objective: 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	
Numerator: 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	
Denominator: All patients 18 and older on the date of the encounter with at least one eligible encounter during the measurement period	
Exclusion: - Patients who are pregnant - Patients receiving palliative care - Patients who refuse measurement of height and/or weight or refuse follow-up	

Exception: Patients with a documented Medical Reason: - Elderly Patients (65 or older) for whom weight reduction/weight gain would complicate other underlying health conditions such as the following examples: * Illness or physical disability * Mental illness, dementia, confusion * Nutritional deficiency, such as Vitamin/mineral deficiency 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	

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	
Exclusion: Exclude patients whose hospice care overlaps the measurement period	

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	
Exclusion: Exclude patients whose hospice care overlaps the measurement period	

CMS127 / NQF0043 : Pneumococcal 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	
Exclusion: Exclude patients whose hospice care overlaps 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 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 screened for tobacco use and 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	
Numerator 1: Patients who were screened for tobacco use at least once within 24 months	

Denominator 1: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period	
Exception 1: Documentation of medical reason(s) for not screening for tobacco use (eg, limited life expectancy, other medical reason)	
Numerator 2: Patients who received tobacco cessation intervention	
Denominator 2: 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	
Exception 2: Documentation of medical reason(s) for not providing tobacco cessation intervention (eg, limited life expectancy, other medical reason)	
Numerator 3: 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 3: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period	
Exception 3: 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 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 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 who were in hospice care during the measurement year.	
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 who were in hospice care during the measurement year.	

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 who were in hospice care during the measurement year.	

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 3-11 years of age who had a height, weight and body mass index (BMI) percentile recorded during the measurement period	
Numerator 2: Patients 3-11 years of age who had counseling for nutrition during a visit that occurs during the measurement period	
Numerator 3: Patients 3-11 years of age who had counseling for physical activity during a visit that occurs during the measurement period	
Denominator 1: 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	
Exclusion 1: - Patients 3-11 years of age who have a diagnosis of pregnancy during the measurement period. - Exclude patients 3-11 years of age who were in hospice care during the measurement year.	
Numerator 4: Patients 12-17 years of age who had a height, weight and body mass index (BMI) percentile recorded during the measurement period	
Numerator 5: Patients 12-17 years of age who had counseling for nutrition during a visit that occurs during the measurement period	
Numerator 6: Patients 12-17 years of age who had counseling for physical activity during a visit that occurs during the measurement period	
Denominator 2: 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	
Exclusion 2: - Patients 12-17 years of age who have a diagnosis of pregnancy during the measurement period. - Exclude patients 12-17 years of age who were in hospice care during the measurement year.	
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. - Exclude patients 3-17 years of age who were in hospice care during the measurement year.	

CMS349 : HIV Screening
Objective: Percentage of patients 15-65 years of age who have been tested for HIV within that age range

Numerator: Patients with documentation of an HIV test between age 15-65 before the end of the measurement period	
Denominator: Patients 15 to 65 years of age who had an outpatient visit during the measurement period	
Exclusion: 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	
Objective: 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, 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 (or very 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 3-18 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 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	
Exclusion: - Children who are taking antibiotics in the 30 days prior to the diagnosis of pharyngitis. - Exclude patients who were in hospice care during the measurement year.	

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. - Exclude patients who were in hospice care during the measurement year.	

CMS249**: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture
Objective: 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.

Numerator: Female patients who received an order for at least one DXA scan in the measurement period	
Denominator: 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 (>=4 combination risk factors) or 1 independent risk factor Ages: 55-59 (>=3 combination risk factors) or 1 independent risk factor Ages: 60-64 (>=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 <= 20 kg/m2 (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 Documentation of history of hip fracture in parent Osteoporotic fracture Glucocorticoids (>= 5 mg/per day) [cumulative medication duration >= 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: Gastric bypass FRAX[R] ten-year probability of all major osteoporosis related fracture >= 9.3 percent Aromatase inhibitors 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.

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	
Exclusion 1: Exclude patients whose hospice care overlaps the measurement period	
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	
Exclusion 2: Exclude patients whose hospice care overlaps the measurement period	
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	
Exclusion 3: Exclude patients whose hospice care overlaps the measurement period	

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

CMS122 / NQF0059*: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	
Objective: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c (HbA1c) > 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	

Exclusion: Exclude patients whose hospice care overlaps the measurement period	

CMS124 / NQF0032 : Cervical Cancer Screening	
Objective: 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	
Numerator: 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	
Denominator: Women 23-64 years of age with a visit during the measurement period	
Exclusion: - Women who had a hysterectomy with no residual cervix. - Exclude patients who were in hospice care during the measurement year.	

CMS125 / NQF2372**: Breast Cancer Screening	
Objective: Percentage of women 50-74 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 15 months prior to the measurement period	
Denominator: Women 51-74 years of age with a visit during the measurement period	
Exclusion: - 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 who were in hospice care during the measurement year.	

CMS128 / NQF0105**: Anti-depressant Medication Management	
Objective: 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)	
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 visit during the measurement period who were dispensed antidepressant medications in the time within 270 days (9 months) prior to the measurement period through the first 90 days (3 months) of the measurement period, and were diagnosed with major depression 60 days prior to, or 60 days after the dispensing event	
Exclusion: - Patients who were actively on an antidepressant medication in the 105 days prior to the Index Prescription Start Date. - Exclude patients who were in hospice care during the measurement year.	

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: - 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	
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. - Exclude patients who were in hospice care during the measurement year.	

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	
Exclusion: Exclude patients whose hospice care overlaps 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 and did not meet any exclusion criteria	
Exclusion: Patients with significant ocular conditions impacting the visual outcome of surgery	

CMS134 / NQF0062 : Diabetes: Medical Attention for Nephropathy	
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	
Exclusion: Exclude patients whose hospice care overlaps the measurement period	

CMS135 / NQF2907 : 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 1: Patients who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting	

Denominator 1: 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	
Exception 1: - 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)	
Numerator 2: Patients who were prescribed ACE inhibitor or ARB therapy either within a 12 month period at each hospital discharge	
Denominator 2: All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40% at each hospital discharge	
Exception 2: - 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**: Follow-Up Care for Children Prescribed ADHD Medication (ADD)	
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: - 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 who were in hospice care during the measurement year.	
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: - 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 who were in hospice care during the measurement year.	

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. - Exclude patients age 13-17 years who were in hospice care during the measurement year.	
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. - Exclude patients 18 years of age and older who were in hospice care during the measurement year.	
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. - Exclude patients 13 years of age and older who were in hospice care during the measurement year.	

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 / NQF2908 : 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 1: Patients who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting	
Denominator 1: 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	

Exception 1: - 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)	
Numerator 2: Patients who were prescribed beta-blocker therapy either within a 12 month period at each hospital discharge	
Denominator 2: All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40% at each hospital discharge	
Exception 2: - 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 with in a 12 month period who also have a prior MI or a current or prior LVEF<40% who were prescribed beta-blocker therapy.	
Numerator 1: Patients in denominator who were prescribed beta-blocker therapy	
Denominator 1: 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%	
Exception 1: - 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)	
Numerator 2: Patients in denominator who were prescribed beta-blocker therapy	
Denominator 2: 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	
Exception 2: - 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	
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	
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	
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	

CMS160 / NQF0712 : Depression Utilization of the PHQ-9 Tool	
Objective: The percentage of adolescent patients 12 to 17 years of age and adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a completed PHQ-9 during each applicable 4 month period in which there was a qualifying depression encounter	
Numerator 1: Adolescent patients 12 to 17 years of age who have a PHQ-9 or PHQ-9M tool administered at least once during the four-month period of September through December	
Denominator 1: Adolescent patients 12 to 17 years of age with an office visit and the diagnosis of major depression or dysthymia during the four month period of September through December	
Exclusion 1: Patients 12 to 17 years of age, during the four month period of September through December: 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	
Numerator 2: Adult patients 18 years of age and older who have a PHQ-9 or PHQ-9M tool administered at least once during the four-month period of September through December	
Denominator 2: Adult patients 18 years of age and older with an office visit and the diagnosis of major depression or dysthymia during the four month period of September through December	

Exclusion 2: Patients 18 years of age and older , during the four month period of September through December: 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	
Numerator 3: Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older who have a PHQ-9 or PHQ-9M tool administered at least once during the four-month period of September through December	
Denominator 3: Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older with an office visit and the diagnosis of major depression or dysthymia during the four month period of September through December	
Exclusion 3: Patients 12 years of age and older, during the four month period of September through December: 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	
Numerator 4: Adolescent patients 12 to 17 years of age who have a PHQ-9 or PHQ-9M tool administered at least once during the four-month period of May through August	
Denominator 4: Adolescent patients 12 to 17 years of age with an office visit and the diagnosis of major depression or dysthymia during the four month period of May through August	
Exclusion 4: Patients 12 to 17 years of age, during the four month period of May through August: 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	
Numerator 5: Adult patients 18 years of age and older who have a PHQ-9 or PHQ-9M tool administered at least once during the four-month period of May through August	
Denominator 5: Adult patients 18 years of age and older with an office visit and the diagnosis of major depression or dysthymia during the four month period of May through August	
Exclusion 5: Patients 18 years of age and older, during the four month period of May through August: 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	
Numerator 6: Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older who have a PHQ-9 or PHQ-9M tool administered at least once during the four-month period of May through August	
Denominator 6: Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older with an office visit and the diagnosis of major depression or dysthymia during the four month period of May through August	

Exclusion 6: Patients 12 years of age and older, during the four month period of May through August: 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	
Numerator 7: Adolescent patients 12 to 17 years of age who have a PHQ-9 or PHQ-9M tool administered at least once during the four-month period of January through April	
Denominator 7: Adolescent patients 12 to 17 years of age with an office visit and the diagnosis of major depression or dysthymia during the four month period of January through April	
Exclusion 7: Patients 12 to 17 years of age, during the four month period of January through April: 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	
Numerator 8: Adult patients 18 years of age and older who have a PHQ-9 or PHQ-9M tool administered at least once during the four-month period of January through April	
Denominator 8: Adult patients 18 years of age and older with an office visit and the diagnosis of major depression or dysthymia during the four month period of January through April	
Exclusion 8: Patients 18 years of age and older, during the four month period of January through April: 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	
Numerator 9: Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older who have a PHQ-9 or PHQ-9M tool administered at least once during the four-month period of January through April	
Denominator 9: Adolescent patients 12 to 17 years of age and adult patients 18 years of age and older with an office visit and the diagnosis of major depression or dysthymia during the four month period of January through April	
Exclusion 9: Patients 12 years of age and older, during the four month period of January through April: 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	
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)	

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. - Exclude patients who were in hospice care during the measurement year.	

CMS347 : Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	
Objective: 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	
Numerator 1: Patients in denominator who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period	
Denominator 1: Patients aged 21 years and older at the beginning of the measurement period with clinical ASCVD diagnosis	
Exclusion 1: Patients who have a diagnosis of pregnancy Patients who are breastfeeding Patients who have a diagnosis of rhabdomyolysis	
Exception 1: Patients with adverse effect, allergy, or intolerance to statin medication Patients who are receiving palliative 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	
Numerator 2: Patients in denominator who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period	
Denominator 2: Patients aged 21 years and older at the beginning of 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	
Exclusion 2: Patients who have a diagnosis of pregnancy Patients who are breastfeeding Patients who have a diagnosis of rhabdomyolysis	
Exception 2: Patients with adverse effect, allergy, or intolerance to statin medication Patients who are receiving palliative 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	
Numerator 3: Patients in denominator who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period	
Denominator 3: Patients aged 40 to 75 years at the beginning of 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	
Exclusion 3: Patients who have a diagnosis of pregnancy Patients who are breastfeeding Patients who have a diagnosis of rhabdomyolysis	

Exception 3: Patients with adverse effect, allergy, or intolerance to statin medication Patients who are receiving palliative 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	
Objective: 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 (indicated by HCPCS code) 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.	
Numerator: 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	
Denominator: Male patients with a diagnosis of prostate cancer and an order for ADT that is intended for greater than or equal to12 months during the measurement period. Also included are male patients with a diagnosis of prostate cancer with ADT that was administered with an intent of 12 months or greater therapy and began during the measurement period.	
Exception: Patient refused recommendation for a bone density evaluation after the start of ADT therapy	