

ADDITIONAL INFORMATION REGARDING EP CLINICAL QUALITY MEASURES FOR 2014 EHR INCENTIVE PROGRAMS

The table below entitled “Clinical Quality Measures for 2014 CMS EHR Incentive Programs for Eligible Professionals” contains additional up-to-date information for the EP clinical quality measures finalized in the Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Final Rule. Because measure specifications may need to be updated more frequently than our expected rulemaking cycle will allow for, this table provides updates to the specifications. Subsequent updates will be provided in a new version of this table at least 6 months prior to the beginning of the calendar year for which the measure will be required, and CMS will maintain and publish an archive of each update.

Please note the titles and descriptions for the clinical quality measures included in this table were updated by the measure stewards and therefore may not match the information provided on NQF’s website. Measures that do not have an NQF number are measures that are not currently endorsed.

In an effort to align the clinical quality measures used within the EHR Incentive Program with the goals of CMS and the Department of Health and Human Services, the National Quality Strategy (NQS), and recommendations from the Health Information Technology Policy Committee, each clinical quality measure has been assessed against six domains based on the NQS’s six priorities. These domains have been integrated into this table and are listed below.

Patient and Family Engagement

Patient Safety

Care Coordination

Population/Public Health

Efficient Use of Healthcare Resources

Clinical Process/Effectiveness

CLINICAL QUALITY MEASURES FOR 2014 CMS EHR INCENTIVE PROGRAMS FOR ELIGIBLE PROFESSIONALS

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS146v1	0002	Appropriate Testing for Children with Pharyngitis	Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.	Children with a group A streptococcus test in the 7-day period from 3 days prior through 3 days after the diagnosis of pharyngitis	Children age 2-18 years 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	National Committee for Quality Assurance	Efficient Use of Healthcare Resources.
CMS137v1	0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	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 who initiated treatment within 14 days of the diagnosis Numerator 2: Patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit	Patients age 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	National Committee for Quality Assurance	Clinical Process/ Effectiveness.
CMS165v1	0018	Controlling High Blood Pressure	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.	Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period.	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	National Committee for Quality Assurance	Clinical Process/ Effectiveness.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS156v1	0022	Use of High-Risk Medications in the Elderly	<p>Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported.</p> <p>a. Percentage of patients who were ordered at least one high-risk medication.</p> <p>b. Percentage of patients who were ordered at least two different high-risk medications.</p>	<p>Numerator 1: Patients with an order for at least one high-risk medication during the measurement period.</p> <p>Numerator 2: Patients with an order for at least two different high-risk medications during the measurement period.</p>	Patients 66 years and older who had a visit during the measurement period	National Committee for Quality Assurance	Patient Safety.
CMS155v1	0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	<p>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.</p> <ul style="list-style-type: none"> 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 	<p>Numerator 1: Patients who had a height, weight and body mass index (BMI) percentile recorded during the measurement period</p> <p>Numerator 2: Patients who had counseling for nutrition during the measurement period</p> <p>Numerator 3: Patients who had counseling for physical activity during the measurement period</p>	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	National Committee for Quality Assurance	Population/Public Health.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS138v1	0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user	All patients aged 18 years and older	American Medical Association-convened Physician Consortium for Performance Improvement® (AMA-PCPI)	Population/Public Health.
CMS125v1	0031	Breast Cancer Screening	Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.	Women with one or more mammograms during the measurement period or the year prior to the measurement period	Women 42-69 years of age with a visit during the measurement period	National Committee for Quality Assurance	Clinical Process/ Effectiveness.
CMS124v1	0032	Cervical Cancer Screening	Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.	Women with one or more Pap tests during the measurement period or the two years prior to the measurement period	Women 24–64 years of age with a visit during the measurement period	National Committee for Quality Assurance	Clinical Process/ Effectiveness.
CMS153v1	0033	Chlamydia Screening for Women	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.	Women with at least one chlamydia test during the measurement period	Women 16-24 years of age who are sexually active and who had a visit in the measurement period	National Committee for Quality Assurance	Population/Public Health.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS130v1	0034	Colorectal Cancer Screening	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	<p>Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria below:</p> <ul style="list-style-type: none"> - 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 	Patients 51-75 years of age with a visit during the measurement period	National Committee for Quality Assurance	Clinical Process/ Effectiveness.
CMS126v1	0036	Use of Appropriate Medications for Asthma	Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.	Patients who were dispensed at least one prescription for a preferred therapy during the measurement period	Patients 5-64 years of age with persistent asthma and a visit during the measurement period	National Committee for Quality Assurance	Clinical Process/ Effectiveness.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS117v1	0038	Childhood Immunization Status	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.	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	Children who turn 2 years of age during the measurement period and who have a visit during the measurement period	National Committee for Quality Assurance	Population/Public Health.
CMS147v1	0041	Preventive Care and Screening: Influenza Immunization	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	Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization	All patients aged 6 months and older and seen for a visit between October 1 and March 31	American Medical Association-convened Physician Consortium for Performance Improvement® (AMA-PCPI)	Population/Public Health.
CMS127v1	0043	Pneumonia Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	Patients who have ever received a pneumococcal vaccination	Patients 65 years of age and older with a visit during the measurement period	National Committee for Quality Assurance	Clinical Process/ Effectiveness.
CMS166v2	0052	Use of Imaging Studies for Low Back Pain	Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	Patients without an imaging study conducted on the date of the outpatient or emergency department visit or in the 28 days following the outpatient or emergency department visit	Patients 18-50 years of age with a diagnosis of low back pain during an outpatient or emergency department visit	National Committee for Quality Assurance	Efficient Use of Healthcare Resources.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS131v1	0055	Diabetes: Eye Exam	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	<p>Patients with an eye screening for diabetic retinal disease. This includes diabetics who had one of the following:</p> <p>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</p>	Patients 18-75 years of age with diabetes with a visit during the measurement period	National Committee for Quality Assurance	Clinical Process/ Effectiveness.
CMS123v1	0056	Diabetes: Foot Exam	Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period.	Patients who received a foot exam (visual inspection with either a sensory exam or pulse exam) during the measurement period	Patients 18-75 years of age with diabetes with a visit during the measurement period	National Committee for Quality Assurance	Clinical Process/ Effectiveness.
CMS122v1	0059	Diabetes: Hemoglobin A1c Poor Control	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.	Patients whose most recent HbA1c level (performed during the measurement period) is >9.0%	Patients 18-75 years of age with diabetes with a visit during the measurement period	National Committee for Quality Assurance	Clinical Process/ Effectiveness.
CMS148v1	0060	Hemoglobin A1c Test for Pediatric Patients	Percentage of patients 5-17 years of age with diabetes with an HbA1c test during the measurement period	Patients with documentation of date and result for a HbA1c test during the measurement period	Patients 5 to 17 years of age with a diagnosis of diabetes and a face-to-face visit for diabetes care between the physician and the patient that predates the most recent visit by at least 12 months	National Committee for Quality Assurance	Clinical Process/ Effectiveness.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS134v1	0062	Diabetes: Urine Protein Screening	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.	Patients with a screening for nephropathy or evidence of nephropathy during the measurement period	Patients 18-75 years of age with diabetes with a visit during the measurement period	National Committee for Quality Assurance	Clinical Process/ Effectiveness.
CMS163v1	0064	Diabetes: Low Density Lipoprotein (LDL) Management	Percentage of patients 18-75 years of age with diabetes whose LDL-C was adequately controlled (<100 mg/dL) during the measurement period.	Patients whose most recent LDL-C level performed during the measurement period is < 100 mg/dL	Patients 18-75 years of age with diabetes with a visit during the measurement period	National Committee for Quality Assurance	Clinical Process/ Effectiveness.
CMS164v1	0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period.	Patients who have documentation of use of aspirin or another antithrombotic during the measurement period	Patients 18 years of age and older with a visit during the measurement period, and an active diagnosis of ischemic vascular disease (IVD) or who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period	National Committee for Quality Assurance	Clinical Process/ Effectiveness.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS154v1	0069	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	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.	Children without a prescription for antibiotic medication on or 3 days after the outpatient or ED visit for an upper respiratory infection	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	National Committee for Quality Assurance	Efficient Use of Healthcare Resources.
CMS145v1	0070	Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy	Patients who were prescribed beta blocker therapy	All patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have prior MI or a current or prior LVEF <40%	American Medical Association-convened Physician Consortium for Performance Improvement® (AMA-PCPI)	Clinical Process/ Effectiveness.
CMS182v1	0075	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had a complete lipid profile performed during the measurement period and whose LDL-C was adequately controlled (< 100 mg/dL).	Numerator 1: Patients with a complete lipid profile performed during the measurement period Numerator 2: Patients whose most recent LDL-C level performed during the measurement period is <100 mg/dL	Patients 18 years of age and older with a visit during the measurement period, and an active diagnosis of ischemic vascular disease (IVD) during the measurement period, or who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period	National Committee Quality Assurance	Clinical Process/ Effectiveness.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS135v1	0081	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	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	Patients who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting or at hospital discharge	All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40%	American Medical Association-convened Physician Consortium for Performance Improvement® (AMA-PCPI)	Clinical Process/ Effectiveness.
CMS144v1	0083	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	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	Patients who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting or at hospital discharge	All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40%	American Medical Association-convened Physician Consortium for Performance Improvement® (AMA-PCPI)	Clinical Process/ Effectiveness.
CMS143v1	0086	Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have an optic nerve head evaluation during one or more office visits within 12 months	Patients who have an optic nerve head evaluation during one or more office visits within 12 months	All patients aged 18 years and older with a diagnosis of primary open-angle glaucoma	American Medical Association-convened Physician Consortium for Performance Improvement® (AMA-PCPI)	Clinical Process/ Effectiveness.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS167v1	0088	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months	Patients who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy AND the presence or absence of macular edema during one or more office visits within 12 months	All patients aged 18 years and older with a diagnosis of diabetic retinopathy	American Medical Association-convened Physician Consortium for Performance Improvement® (AMA-PCPI)	Clinical Process/ Effectiveness.
CMS142v1	0089	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	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	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	All patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed	American Medical Association-convened Physician Consortium for Performance Improvement® (AMA-PCPI)	Clinical Process/ Effectiveness.
CMS139v1	0101	Falls: Screening for Future Fall Risk	Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.	Patients who were screened for future fall risk at least once within the measurement period	Patients aged 65 years and older with a visit during the measurement period	National Committee for Quality Assurance	Patient Safety.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS161v1	0104	Major Depressive Disorder (MDD): Suicide Risk Assessment	Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who had a suicide risk assessment completed at each visit during the measurement period.	Patients who had suicide risk assessment completed at each visit	All patients aged 18 years and older with a new diagnosis or recurrent episode of MDD	American Medical Association-convened Physician Consortium for Performance Improvement® (AMA-PCPI)	Clinical Process/ Effectiveness.
CMS128v1	0105	Anti-depressant Medication Management	Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported. a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks). b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).	Numerator 1: Patients who have received antidepressant medication for at least 84 days (12 weeks) of continuous treatment during the 114-day period following the Index Prescription Start Date Numerator 2: Patients who have received antidepressant medications for at least 180 days (6 months) of continuous treatment during the 231-day period following the Index Prescription Start Date	Patients 18 years of age and older with a diagnosis of major depression in the 180 days (6 months) prior to the measurement period or the first 180 days (6 months) of the measurement period, who were treated with antidepressant medication, and with a visit during the measurement period	National Committee for Quality Assurance	Clinical Process/ Effectiveness.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS136v2	0108	ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	<p>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.</p> <p>a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.</p> <p>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.</p>	<p>Numerator 1: Patients who had at least one face-to-face visit with a practitioner with prescribing authority within 30 days after the IPSD</p> <p>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.</p>	<p>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</p> <p>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.</p>	National Committee for Quality Assurance	Clinical Process/ Effectiveness.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS169v1	0110	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.	<p>Patients in the denominator with evidence of an assessment for alcohol or other substance use following or concurrent with the new diagnosis, and prior to or concurrent with the initiation of treatment for that diagnosis.</p> <p>(Note: the endorsed measure calls for the assessment to be performed prior to discussion of the treatment plan with the patient, but the current approach was considered more feasible in an EHR setting. The "Assessment for Alcohol or Other Drug Use" required in the numerator is meant to capture a provider's assessment of the patient's symptoms of substance use. The essence of the measure is to avoid treating the patient for unipolar depression or bipolar disorder without an assessment of their use of alcohol or other drugs.)</p> <p>The intent of the measure is that the appraisal be performed at each and every initial assessment. It is possible for there to be one or two initial assessments during the measurement period. Due to limitations in the current measurement frameworks, the numerator in the current</p>	Patients 18 years of age or older at the start of the measurement period with a new diagnosis of unipolar depression or bipolar disorder during the first 323 days of the measurement period, and evidence of treatment for unipolar depression or bipolar disorder within 42 days of diagnosis. The existence of a 'new diagnosis' is established by the absence of diagnoses and treatments of unipolar depression or bipolar disorder during the 180 days prior to the diagnosis.	Center for Quality Assessment & Improvement in Mental Health (CQAIMH)	Clinical Process/ Effectiveness.

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				measure definition can be satisfied if the appraisal is performed at ANY single initial assessment. Future versions, implemented with ever improving measurement logic frameworks, should close this loophole.			
CMS157v1	0384	Oncology: Medical and Radiation – Pain Intensity Quantified	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	Patient visits in which pain intensity is quantified	All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy	American Medical Association-convened Physician Consortium for Performance Improvement® (AMA-PCPI)	Patient and Family Engagement.
CMS141v2	0385	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients	Percentage of patients aged 18 through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period	Patients who are referred for chemotherapy, prescribed chemotherapy, or who have previously received adjuvant chemotherapy within the 12- month reporting period	All patients aged 18 through 80 years with AJCC Stage III colon cancer	American Medical Association-convened Physician Consortium for Performance Improvement® (AMA-PCPI)	Clinical Process/ Effectiveness.
CMS140v1	0387	Breast Cancer: Hormonal Therapy for Stage IC-III C Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period	Patients who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period	All female patients aged 18 years and older with a diagnosis of stage IC through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer	American Medical Association-convened Physician Consortium for Performance Improvement® (AMA-PCPI)	Clinical Process/ Effectiveness.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS129v2	0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer	Patients who did not have a bone scan performed at any time since diagnosis of prostate cancer	All patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy	American Medical Association-convened Physician Consortium for Performance Improvement® (AMA-PCPI)	Efficient Use of Healthcare Resources.
CMS62v1	0403	HIV/AIDS: Medical Visit	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least two medical visits during the measurement year with a minimum of 90 days between each visit.	Patients with at least two medical visits during the measurement year with a minimum of 90 days between each visit	All patients, regardless of age, with a diagnosis of HIV/AIDS seen within a 12 month period	National Committee for Quality Assurance	Clinical Process/ Effectiveness.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS52v1	0405	HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis	<p>Numerator 1: Patients who were prescribed pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 200 cells/mm³</p> <p>Numerator 2: Patients who were prescribed pneumocystic jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 500 cells/ mm³ or a CD4 percentage below 15%</p> <p>Numerator 3: Patients who were prescribed Pneumocystic jiroveci pneumonia (PCP) prophylaxis at the time of diagnosis of HIV</p>	<p>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</p> <p>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</p> <p>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</p>	National Committee for Quality Assurance	Clinical Process/ Effectiveness.
CMS77v1	TBD (proposed as NQF 0407)	HIV/AIDS: RNA control for Patients with HIV	Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, with at least two visits during the measurement year, with at least 90 days between each visit, whose most recent HIV RNA level is <200 copies/mL.	Patients whose most recent HIV RNA level is <200 copies/mL.	All patients aged 13 years and older with a diagnosis of HIV/AIDS with at least two visits during the measurement year, with at least 90 days between each visit.	National Committee for Quality Assurance	Clinical Process/ Effectiveness.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS2v2	0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow up plan is documented on the date of the positive screen.	Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen	All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period.	Quality Insights of Pennsylvania/ Centers for Medicare & Medicaid Services	Population/Public Health.
CMS68v2	0419	Documentation of Current Medications in the Medical Record	Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list <u>must</u> include ALL prescriptions, over-the-counters, herbals and vitamin/mineral/dietary (nutritional) supplements AND <u>must</u> contain the medications' name, dosage, frequency and route of administration.	Eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list <u>must</u> include ALL prescriptions, over-the-counters, herbals and vitamin/mineral/dietary (nutritional) supplements AND <u>must</u> contain the medications' name, dosages, frequency and route of administration.	All visits occurring during the 12 month reporting period for patients aged 18 years and older before the start of the measurement period	Quality Insights of Pennsylvania/ Centers for Medicare & Medicaid Services	Patient Safety.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS69v1	0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	<p>Percentage of patients aged 18 years and older with an encounter during the reporting period with a documented calculated BMI during the encounter or during the previous six months AND when the BMI is outside of normal parameters, follow-up plan is documented during the encounter or during the previous 6 months of the encounter with the BMI outside of normal parameters.</p> <p>Normal Parameters: Age 65 years and older BMI \geq 23 and $<$ 30</p> <p>Age 18-64 years BMI \geq 18.5 and $<$ 25</p>	<p>Patients with a documented calculated BMI during the encounter or during the previous six months, AND when the BMI is outside of normal parameters, follow-up is documented during the encounter or during the previous six months of the encounter with the BMI outside of normal parameters</p>	<p>Initial Patient Population 1: All patients 65 years of age and older before the beginning of the measurement period with at least one eligible encounter during the measurement period NOT INCLUDING encounters where the patient is receiving palliative care, refuses BMI measurement, the patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status, or there is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate.</p> <p>Initial Patient Population 2: All patients 18 through 64 years before the beginning of the measurement period with at least one eligible encounter during the measurement period NOT INCLUDING encounters where the patient is receiving palliative care, refuses BMI measurement, the</p>	<p>Quality Insights of Pennsylvania/ Centers for Medicare & Medicaid Services</p>	<p>Population/Public Health.</p>

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
					the patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status, or there is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate.		
CMS132v1	0564	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	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.	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	All patients aged 18 years and older who had cataract surgery and no significant pre-operative ocular conditions impacting the surgical complication rate	American Medical Association- convened Physician Consortium for Performance Improvement ® (AMA-PCPI)	Patient Safety.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS133v1	0565	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	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.	Patients who had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following cataract surgery	All patients aged 18 years and older who had cataract surgery	American Medical Association-convened Physician Consortium for Performance Improvement® (AMA-PCPI)	Clinical Process/ Effectiveness.
CMS158v1	0608	Pregnant women that had HBsAg testing	This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy.	Patients who were tested for Hepatitis B surface antigen (HBsAg) during pregnancy within 280 days prior to delivery.	All female patients aged 12 and older who had a full term delivery during the measurement period.	OptumInsight	Clinical Process/ Effectiveness.
CMS159v1	0710	Depression Remission at Twelve Months	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.	Adults who achieved remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than five.	Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine during an outpatient encounter.	MN Community Measurement	Clinical Process/ Effectiveness.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS160v1	0712	Depression Utilization of the PHQ-9 Tool	Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit.	Adult patients who have a PHQ-9 tool administered at least once during the four-month period.	Adult patients age 18 and older with an office visit and the diagnosis of major depression or dysthymia during each four month period	MN Community Measurement	Clinical Process/ Effectiveness.
CMS75v1	TBD	Children who have dental decay or cavities	Percentage of children, ages 0-20 years, who have had tooth decay or cavities during the measurement period.	Children who had cavities or decayed teeth.	Children, age 0-20 years, with a visit during the measurement period.	Maternal and Child Health Bureau, Health Resources & Services Administration	Clinical Process/ Effectiveness.
CMS177v1	1365	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	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.	Patient visits with an assessment for suicide risk	All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder	American Medical Association-Physician Consortium for Performance Improvement (AMA-PCPI)	Patient Safety.
CMS82v1	1401	Maternal depression screening	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.	Children with documentation of maternal screening or treatment for postpartum depression for the mother.	Children with a visit who turned 6 months of age in the measurement period.	National Committee for Quality Assurance	Population/Public Health.
CMS74v2	TBD	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.	Children who receive a fluoride varnish application	Children, age 0-20 years, with a visit during the measurement period.	University of Minnesota	Clinical Process/ Effectiveness.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS61v2	TBD	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed	Percentage of patients aged 20 through 79 years whose risk factors have been assessed and a fasting LDL-C test has been performed.	<p>Numerator 1: (High Risk) Patients who had a fasting LDL-C test performed or a calculated LDL-C during the measurement period</p> <p>Numerator 2: (Moderate Risk) Patients who had a fasting LDL-C test performed or a calculated LDL-C during the measurement period</p> <p>Numerator 3: (Low Risk) Patients who had a fasting LDL-C test performed or a calculated LDL-C during the measurement period or up to four (4) years prior to the current measurement period</p>	<p>Denominator 1: (High Risk) All patients aged 20 through 79 years who have CHD or CHD Risk Equivalent</p> <p>Denominator 2: (Moderate Risk) All patients aged 20 through 79 years who have Multiple Risk Factors (2+) of the following: Cigarette Smoking, Hypertension, Low High Density Lipoprotein (HDL-C)**, Family History of Premature CHD, or Age (men >= 45; women >= 55)</p> <p>Denominator 3: (Low Risk) All patients aged 20 through 79 years who have risk factors 0 or 1 of the following risk factors: Cigarette Smoking, Hypertension, Low High Density Lipoprotein (HDL-C)**, Family History of Premature CHD, or Age (men >= 45; women >= 55)</p> <p>**For Denominator 2 and Denominator 3, HDL-C > or equal to 60 mg/dL subtracts 1 risk from the above (This is a negative risk factor.)</p>	Quality Insights of Pennsylvania/ Centers for Medicare & Medicaid Services	Clinical Process/ Effectiveness.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS64v2	TBD	Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C)	Percentage of patients aged 20 through 79 years who had a fasting LDL-C test performed and whose risk-stratified fasting LDL-C is at or below the recommended LDL-C goal.	<p>Numerator 1: Patients whose most recent fasting LDL-C test is <100 mg/dL</p> <p>Numerator 2: Patients whose most recent fasting LDL-C test is <130 mg/dL</p> <p>Numerator 3: Patients whose most recent fasting LDL-C test is <160 mg/dL</p>	<p>Denominator 1: (High Risk) All patients aged 20 through 79 years who had a fasting LDL-C or a calculated LDL-C test performed during the measurement period and have CHD or CHD Risk Equivalent</p> <p>OR</p> <p>Have Multiple Risk Factors (2+) of the following: Cigarette Smoking, Hypertension, Low High Density Lipoprotein (HDL-C)**, Family History of Premature CHD, or Age (men >= 45; women >= 55) AND a 10-year Framingham risk >20%</p> <p>Denominator 2: (Moderate Risk) All patients aged 20 through 79 years who had a fasting LDL-C or a calculated LDL-C test performed during the measurement period and have Multiple Risk</p>	Quality Insights of Pennsylvania/ Centers for Medicare & Medicaid Services	Clinical Process/ Effectiveness.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
					<p>Factors (2+) of the following: Cigarette Smoking, Hypertension, Low High Density Lipoprotein (HDL-C)**, Family History of Premature CHD, or Age (men >= 45; women >= 55) and AND 10-year Framingham risk <=20% Denominator 3: (Low Risk) All patients aged 20 through 79 years who have had a fasting LDL-C or a calculated LDL-C test performed up to 4 years prior to the current measurement period and have 0 or 1 of the following risk factors: Cigarette Smoking, Hypertension, Low High Density Lipoprotein (HDL-C)**, Family History of Premature CHD, or Age (men >= 45; women >= 55)</p> <p>**HDL-C > or equal to 60 mg/dL subtracts 1 risk from the above (This is a negative risk factor)</p>		

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS149v1	TBD	Dementia: Cognitive Assessment	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.	Patients for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period	All patients, regardless of age, with a diagnosis of dementia.	American Medical Association-convened Physician Consortium for Performance Improvement® (AMA-PCPI)	Clinical Process/ Effectiveness.
CMS65v2	TBD	Hypertension: Improvement in blood pressure	Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.	Patients whose follow-up blood pressure is at least 10 mmHg less than their baseline blood pressure or is adequately controlled. If a follow-up blood pressure reading is not recorded during the measurement year, the patient's blood pressure is assumed "not improved."	All patients aged 18-85 years of age, who had at least one outpatient visit in the first six months of the measurement year, who have a diagnosis of hypertension documented during that outpatient visit, and who have uncontrolled baseline blood pressure at the time of that visit	Centers for Medicare & Medicaid Services	Clinical Process/ Effectiveness.
CMS50v1	TBD	Closing the referral loop: receipt of specialist report	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.	Number of patients with a referral, for which the referring provider received a report from the provider to whom the patient was referred.	Number of patients, regardless of age, who were referred by one provider to another provider, and who had a visit during the measurement period.	Centers for Medicare & Medicaid Services	Care Coordination.
CMS66v1	TBD	Functional status assessment for knee replacement	Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments.	Patients with patient reported functional status assessment results (e.g., VR-12, VR-36, PROMIS-10 Global Health; PROMIS-29, KOOS) not more than 180 days prior to the primary TKA procedure, and at least 60 days and not more than 180 days after TKA procedure	Adults, aged 18 and older, with a primary total knee arthroplasty (TKA) and who had an outpatient encounter not more than 180 days prior to procedure, and at least 60 days and not more than 180 days after TKA procedure.	Centers for Medicare & Medicaid Services	Patient and Family Engagement.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS56v1	TBD	Functional status assessment for hip replacement	Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments.	Patients with patient reported functional status assessment results (e.g., VR-12, VR-36, PROMIS-10-Global Health, PROMIS-29, HOOS) not more than 180 days prior to the primary THA procedure, and at least 60 days and not more than 180 days after THA procedure.	Adults aged 18 and older with a primary total hip arthroplasty (THA) and who had an outpatient encounter not more than 180 days prior to procedure, and at least 60 days and not more than 180 days after THA procedure.	Centers for Medicare & Medicaid Services	Patient and Family Engagement.
CMS90v2	TBD	Functional status assessment for complex chronic conditions	Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments	Patients with patient reported functional status assessment results (e.g., VR-12; VR-36; MLHF-Q; KCCQ; PROMIS-10 Global Health, PROMIS-29) present in the EHR at least two weeks before or during the initial encounter and the follow-up encounter during the measurement year.	Adults aged 65 years and older who had two outpatient encounters during the measurement year and an active diagnosis of heart failure.	Centers for Medicare & Medicaid Services	Patient and Family Engagement.

CMS eMeasure ID	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	Domain
CMS179v1	TBD	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	Average percentage of time in which patients aged 18 and older with atrial fibrillation who are on chronic warfarin therapy have International Normalized Ratio (INR) test results within the therapeutic range (i.e., TTR) during the measurement period.	Average percentage of time that patients in the measure population have INR results within the therapeutic range (i.e., TTR)	Initial Patient Population statement: Patients aged 18 and older with atrial fibrillation without valvular heart disease who had been on chronic warfarin therapy for at least 180 days before the start of and during the measurement period. Patient should have at least one outpatient visit during the measurement period Equals All in Initial Patient Population with sufficient international normalized ratio (INR) results to calculate a warfarin time in therapeutic range (TTR)	National Committee for Quality Assurance	Patient Safety.
CMS22v1	TBD	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	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	Patients who were screened for high blood pressure AND a recommended follow-up plan is documented as indicated if the blood pressure is pre-hypertensive or hypertensive	Percentage of patients aged 18 years and older before the start of the measurement period	Quality Insights of Pennsylvania/ Centers for Medicare & Medicaid Services	Population/Public Health.