QCDR Name	Organization Type		QCDR Previously Participated in MIPS	Status	Contact Information	Website	Cost	Last Date to Accept New Clients for 2019 MIPS Performance Period	Options Supported	Virtual Groups Specialty Parameters (if applicable)	Services Offered	Performance Categories Supported	Improvement Activities Supported	Promoting Interoperability Measures Supported	Supported	eCQMs Supported	QCDR Measures Supported
MyHealth Access Network	Health Information A Exchange/Regional Health Information Organization	Ν	2017, 2018		Mrifetih Xacesi Network 16 f Linh S. Suite 405 Trais, OK, 7419 (918) 236-3434	http://www.myhealthacce ss.net/	Fees begin at \$60 per provider per month	6/30/2019	Group, Individual MIPS Eligible Clinicians		Myleialth Access Network Services on include: • Oata quilty evaluation and enhancement • Continuous Performance evaluation and eedback • Performance Reporting • Performance Recharacing • Risk Ataffication • Risk Ataffication • Cure coordination support • Admission, Discharge, Transfer Alerting • Jobay Readmission Monitoring • Jobay Readmission Monitoring • Ponder Portal	Improvement Activities, Provoeting Interoperability, Quality	All Improvement Activities	All Promoting Interoperability Measures	All MIPS Registry Eligible Measures		40 Day All Cause Readmit Rate for Discharged Ingasteents NCPR 19)
													Click here for the list of Improvement Activities Supported	Click here for the list of Promoting Interoperability Measures Supported	the list of	Click here for the Measure Specs for eCQMs	

							HIGH PRIORITY	DATA SUBMISSION		
MEASURE NAME Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Pe	MEASURE DESCRIPTION ercentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed	eMEASURE ID	eMEASURE NQF	NQF QI	JALITY ID NQS DOMAIN	MEASURE TYPE	MEASURE	METHOD	SPECIALTY MEASURE SET Emergency Medicine, Family Medicine, Internal	PRIMARY MEASURE STEWARD American Academy of Otolaryngology - Head and Neck
Inappropriate Use sys	ystemic antimicrobial therapy	None	None	654	93 Efficiency and Cost Reduction	Process	TRUE	Claims,Registry	Medicine,Otolaryngology,Pediatrics,Urgent Care	Surgery
	ercentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical reparations	None	None	653	91 Effective Clinical Care	Process	TRUE	Claims,Registry	Emergency Medicine, Family Medicine, Internal Medicine, Otolaryngology, Pediatrics, Urgent Care	American Academy of Otolaryngology - Head and Neck Surgery
Pe	ercentage of individuals at least 18 years of age as of the beginning of the measurement period with schizoohrenia or schizoaffective disorder who had at least two prescriptions filled for any									
an	ntipsychotic medication and who had a Proportion of Days Covered (PDC) of at least 0.8 for								Family Medicine, Internal Medicine, Mental/Behavioral	
	ntipsychotic medications during the measurement period (12 consecutive months) ercentage of patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD)	None	None	1879	383 Patient Safety	Intermediate Outcome	TRUE	Registry	Health	Health Services Advisory Group
wh	who initiate maintenance hemodialysis during the measurement period, whose mode of vascular									
	ccess is a catheter at the time maintenance hemodialysis is initiated ercentage of patients aged 18 years and older with a diagnosis of End Stage Renal Disease (ESRD)	None	None	None	329 Effective Clinical Care	Outcome	TRUE	Registry	n/a	Renal Physicians Association
rec	eceiving maintenance hemodialysis for greater than or equal to 90 days whose mode of vascular									
	ccess is a catheter ercentage of patients aged 18 years and older with a diagnosis of ESRD who withdraw from	None	None	None	330 Patient Safety	Outcome	TRUE	Registry	Nephrology	Renal Physicians Association
Adult Kidney Disease: Referral to Hospice he	emodialysis or peritoneal dialysis who are referred to hospice care	None	None	None	403 Person and Caregiver-Centered Exp	e Process	TRUE	Registry	Nephrology	Renal Physicians Association
Pe	ercentage of medical records of patients aged 18 years and older with a diagnosis of major lepressive disorder (MDD) and a specific diagnosed comorbid condition (diabetes, coronary artery									
	lisease, ischemic stroke, intracranial hemorrhage, chronic kidney disease [stages 4 or 5], End Stage tenal Disease [ESRD] or congestive heart failure) being treated by another clinician with									
Specific Comorbid Conditions co	ommunication to the clinician treating the comorbid condition	None	None	None	325 Communication and Care Coordinal	ti Process	TRUE	Registry	Mental/Behavioral Health	American Psychiatric Association
Pe	ercentage 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								Emergency Medicine, Family Medicine, Mental/Behavioral	
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment ep	pisode was identified	CMS161v7	None	104	107 Effective Clinical Care	Process	FALSE	EHR	Health	Physician Consortium for Performance Improvement
	atients aged 18 years and older who had surgery for primary rhegmatogenous retinal detachment who did not require a return to the operating room within 90 days of surgery	Nono	Nono	None	384 Effective Clinical Care	Outcomo	TRUE	Registry	Ophthalmology	American Academy of Ophthalmology
Pa	atients aged 18 years and older who had surgery for primary rhegmatogenous retinal detachment	NUTE	None	None	384 Effective clinical care	Outcome	TRUE	negistry	opiniumoogy	Anchean Academy of Ophthamology
	nd achieved an improvement in their visual acuity, from their preoperative level, within 90 days of urgery in the operative eye	None	None	None	385 Effective Clinical Care	Outcome	TRUE	Registry	Ophthalmology	American Academy of Ophthalmology
Pe	ercentage of patients, aged 18 years and older, with a diagnosis of acute viral sinusitis who were								Emergency Medicine, Family Medicine, Internal	American Academy of Otolaryngology - Head and Neck
Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse) pre Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without	rescribed an antibiotic within 10 days after onset of symptoms	None	None	None	331 Efficiency and Cost Reduction	Process	TRUE	Registry	Medicine,Otolaryngology,Urgent Care	Surgery
Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Pe	ercentage of patients aged 18 years and older with a diagnosis of acute bacterial sinusitis that were								Emergency Medicine, Family Medicine, Internal	American Academy of Otolaryngology - Head and Neck
Use) pre	rescribed amoxicillin, with or without clavulanate, as a first line antibiotic at the time of diagnosis ercentage of patients aged 18 years and older, with a diagnosis of acute sinusitis who had a	None	None	None	332 Efficiency and Cost Reduction	Process	TRUE	Registry	Medicine,Otolaryngology,Urgent Care	Surgery
	omputerized tomography (CT) scan of the paranasal sinuses ordered at the time of diagnosis or eceived within 28 days after date of diagnosis				333 Efficiency and Cost Reduction	Efficiency	TRUF		Emergency Medicine, Family Medicine, Internal	American Academy of Otolaryngology - Head and Neck
Adult Sinusitis: Computerized Tomography (CT) for Acute Sinusitis (Overuse) rec	ceived within 28 days after date of diagnosis	None	None	None	333 Efficiency and Cost Reduction	Efficiency	TRUE	Registry	Medicine,Otolaryngology,Urgent Care Cardiology,Gastroenterology,Family Medicine,Internal	surgery
									Medicine,Obstetrics/Gynecology,Orthopedic Surgery,Otolaryngology,Physical Medicine,Preventive	
Pe	ercentage of patients aged 65 years and older who have an advance care plan or surrogate								Medicine, Neurology, Vascular Surgery, General	
	lecision maker documented in the medical record or documentation in the medical record that an dvance care plan was discussed but the patient did not wish or was not able to name a surrogate								Surgery, Thoracic Surgery, Urology, Oncology, Hospitalists, Rheumatology, Ne	
Advance Care Plan de	ecision maker or provide an advance care plan	None	None	326	47 Communication and Care Coordinat	ti Process	TRUE	Claims,Registry	phrology, Geriatrics, Skilled Nursing Facility	National Committee for Quality Assurance
	he percentage of patients greater than 85 years of age who received a screening colonoscopy from anuary 1 to December 31	None	None	None	439 Effective Clinical Care	Efficiency	TRUE	Registry	Gastroenterology	American Gastroenterological Association
Pe	ercentage of patients aged 50 years and older with a diagnosis of age-related macular									
de	egeneration (AMD) who had a dilated macular examination performed which included locumentation of the presence or absence of macular thickening or geographic atrophy or									
	emorrhage AND the level of macular degeneration severity during one or more office visits within he 12 month performance period					Process	FALSE		Ophthalmology	American Academy of Ophthalmology
Th	he 30-day All-Cause Hospital Readmission measure is a risk-standardized readmission rate for	None	None	87	14 Effective Clinical Care	Process	FALSE	Claims,Registry	Opitnaimology	American Academy of Oprithalmology
	eneficiaries age 65 or older who were hospitalized at a short-stay acute care hospital and xperienced an unplanned readmission for any cause to an acute care hospital within 30 days of									
All-cause Hospital Readmission dis	lischarge	None	None	1789	458 Communication and Care Coordinat	ti Outcome	TRUE	Administrative Claims	n/a	Yale University
	ercentage of patients diagnosed with Amyotrophic Lateral Sclerosis (ALS) who were offered ssistance in planning for end of life issues (e.g. advance directives, invasive ventilation, hospice) at									
Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences lea	east once annually	None	None	None	386 Person and Caregiver-Centered Exp	e Process	TRUE	Registry	Neurology	American Academy of Neurology
Anastomotic Leak Intervention fol	ercentage of patients aged 18 years and older who required an anastomotic leak intervention ollowing gastric bypass or colectomy surgery	None	None	None	354 Patient Safety	Outcome	TRUE	Registry	n/a	American College of Surgeons
Th	he percentage of current smokers who abstain from cigarettes prior to anesthesia on the day of lective surgery or procedure				404 Effective Clinical Care	Intermediate Outcome	TRUF	Registry	Anesthesiology	American Society of Anesthesiologists
	ective surgery or procedure ercentage of patients, regardless of age, who are active injection drug users who received	None	None	None	404 Effective Clinical Care	Intermediate Outcome	TRUE	Registry	Anesthesiology	American Society of Anestnesiologists
	creening for HCV infection within the 12-month reporting period ercentage of patients 18 years of age and older who were treated with antidepressant medication,	None	None	None	387 Effective Clinical Care	Process	FALSE	Registry	Family Medicine, Internal Medicine	Physician Consortium for Performance Improvement
ha	ad a diagnosis of major depression, and who remained on an antidepressant medication									
tre	reatment. Two rates are reported.a. Percentage of patients who remained on an antidepressant nedication for at least 84 days (12 weeks).b. Percentage of patients who remained on an								Family Medicine.Internal Medicine.Mental/Behavioral	
Anti-Depressant Medication Management and	ntidepressant medication for at least 180 days (6 months)	CMS128v7	None	105	9 Effective Clinical Care	Process	FALSE	EHR	Health	National Committee for Quality Assurance
	ercentage of patients in whom a retrievable IVC filter is placed who, within 3 months post- lacement, have a documented assessment for the appropriateness of continued filtration, device									
Removal rer	emoval or the inability to contact the patient with at least two attempts	None	None	None	421 Effective Clinical Care	Process	FALSE	Registry	Interventional Radiology	Society of Interventional Radiology
Pe	ercentage of final reports for abdominal imaging studies for patients aged 18 years and older with ne or more of the following noted incidentally with follow_up imaging recommended- Liver lesion									
Appropriate Follow-up Imaging for Incidental Abdominal Lesions	ک 0.5 cm- Cystic kidney lesion < 1.0 cm- Adrenal lesion تؤلام 1.0 cm	None	None	None	405 Effective Clinical Care	Process	TRUE	Claims,Registry	Diagnostic Radiology	American College of Radiology
	ercentage of final reports for computed tomography (CT), CT angiography (CTA) or magnetic esonance imaging (MRI) or magnetic resonance angiogram (MRA) studies of the chest or neck for									
pa	atients aged 18 years and older with no known thyroid disease with a thyroid nodule < 1.0 cm									
Appropriate Follow-up Imaging for Incidental Thyroid Nodules in Patients no Pe	oted incidentally with follow-up imaging recommended ercentage of patients aged 50 to 75 years of age receiving a screening colonoscopy without	None	None	None	406 Effective Clinical Care	Process	TRUE	Claims,Registry	Diagnostic Radiology	American College of Radiology
bio	iopsy or polypectomywho had a recommended follow-up interval of at least 10 years for repeat				370 Communication and Care Coordinat				Contractionalization	Annual and Contract and a single Annual Alian
	ercentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic	none	none	658	510 Communication and Care Coordina	uriocess	TRUE	Claims,Registry	Gastroenterology Emergency Medicine, Family Medicine, Pediatrics, Urgent	American Gastroenterological Association
Appropriate Testing for Children with Pharyngitis an	nd received a group A streptococcus (strep) test for the episode ercentage of children 3 months - 18 years of age who were diagnosed with upper respiratory	CMS146v7	None	None	66 Efficiency and Cost Reduction	Process	TRUE	EHR	Care	National Committee for Quality Assurance
	nfection (URI) and were not dispensed an antibiotic prescription on or three days after the episode	CMS154v7	None	69	65 Efficiency and Cost Reduction	Process	TRUE	EHR	Family Medicine, Otolaryngology, Pediatrics, Urgent Care	National Committee for Quality Assurance
Appropriate Treatment for Children with Upper Respiratory Infection (URI) inf	ercentage of patients with sepsis due to MSSA bacteremia who received beta-lactam antibiotic	None	None	None	407 Effective Clinical Care	Process	TRUE	Claims,Registry	Hospitalists,Infectious Disease	Infectious Diseases Society of America
Appropriate Treatment for Children with Upper Respiratory Infection (URI) inf Appropriate Treatment of Methicillin-Susceptible Staphylococcus Aureus (MSSA) Pe	e.g. Nafcillin, Oxacillin or Cefazolin) as definitive therapy				and a second and the later to					
Appropriate Treatment for Children with Upper Respiratory Infection (URI) inf Appropriate Treatment of Methicillin-Susceptible Staphylococcus Aureus (MSSA) Pe Bacteremia (e. Pe	ercentage of female patients 50 to 64 years of age without select risk factors for osteoporotic									
Appropriate Treatment for Children with Upger Respiratory Infection (URI) in Appropriate Treatment of Methicillin-Susceptible Staphylococcus Aureus (MSSA) Pe Bactermia Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet fer fra	erecentage of female patients 50 to 64 years of age without select risk factors for osteoporotic racture who received an order for a dual-energy x-ray absorptiometry (DXA) scan during the	CMS249v1	None	None	472 Efficiency and Cost Reduction	Process	TRUF	EHR	Family Medicine,Internal Medicine.Obstetrics/Gynecology	Centers for Medicare & Medicaid Services
Appropriate Treatment for Children with Upper Respiratory Infection (UR) Inf Appropriate Treatment of Methicillin-Susceptible Staphylococcus Aureus (MSSA) Inf Bacterenia Rei Rei Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Inf Risk Factor Profile for Osteoporolic Fracture Pe	ercentage of female patients 50 to 64 years of age without select risk factors for osteoporotic racture who received an order for a dual-energy x-ray absorptiometry (DXA) scan during the neasurement period. recrentage of women, aged 18 years and older, who undergo endometrial sampling or hysteroscopy	CM5249v1	None	None	472 Efficiency and Cost Reduction	Process	TRUE	EHR	Medicine,Obstetrics/Gynecology	Centers for Medicare & Medicaid Services
Appropriate Treatment for Children with Upper Respiratory Infection (URI) in the Appropriate Treatment of Methicillin-Susceptible Staphylococcus Aureus (MSSA) Pe Bacterenia Appropriate Use of DIXA Scans in Women Under 65 Years Who Do Not Meet the Rok Aractor Profile for Osleeoponotic Practure Appropriate Workup Prior to Endometrial Ablation Pe	errentage of female patients 50 to 64 years of age without select risk factors for osteoponotic racture who neceview an order for a diau-henergy x-ray absorptiometry (DXA) scan during the neasurement period. errentage of women, aged 18 years and older, who undergo endometrial sampling or hysteroscopy with biopsy and results documented before undergoing an endometrial abation errentage of patients aged 18 years and older, who undergo endometrial abation errentage of patients aged 18 years and older with nonvalvatarial throlliation (AP) or atrial	CMS249v1 None	None None	None 567	472 Efficiency and Cost Reduction 448 Communication and Care Coordinal		TRUE	EHR Registry		Centers for Medicare & Medicaid Services Centers for Medicare & Medicaid Services
Appropriate Treatment for Children with Upper Respiratory infection (UR) in (inf. Appropriate Treatment of Methicillin-Susceptible Staphylococcus Aureus (MSSA) Pe Bacteremia Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the I'n Risk Factor Profile for Osteoporotic Fracture ma Appropriate Workup Prior to Endometrial Ablation will Information with the state of the state o	ercentago of fennale patients 50 to 64 years of age without telecit risk factors for osteoporotic acture who received an order for a dual-energy x-ray absorptionnetry (DXA) scan during the heavement period. ercentage of women, aged 18 years and older, who undergo endometrial sampling or hysteroscopy with biopsy and results documented before undergoing an endometrial abattor ercentage of patients aged 18 years and older with norwalvular atrial fibrillation (AF) or atrial tuter who were pre-sched warfarion for another FDA-approved or al anticoaguidant drug for the	CM5249v1 None	None		448 Communication and Care Coordinal	ti Process	TRUE	Registry	Medicine,Obstetrics/Gynecology Obstetrics/Gynecology Cardiology,Family Medicine,Internal Medicine,Skilled	Centers for Medicare & Medicaid Services
Appropriate Treatment for Children with Upper Respiratory Infection (URI) in the Appropriate Treatment of Methicillin-Susceptible Staphylococcus Aureus (MSSA) Pe Bacterent of Methicillin-Susceptible Staphylococcus Aureus (MSSA) Pe Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Tra Resk Tactor Profile for Osteoponotic Pricture in the Appropriate Workup Prior to Endometrial Ablation in Pe Atrial Fibriliation and Atrial Futter: Chronic Anticoguistion Therapy prior	errentag of female patients 30 to 64 years of age without select risk factors for osteoporotic racture who necelward an order for a dual-energy x-ray absorptiometry (DXA) scan during the neasurement period. errentage of women, aged 13 years and older, who undergo endometrial sampling or hysteroscopy with biopsy and results documented before undergoing an endometrial ablation errentage of patients aged 13 ayears and older, who nudward artial fibrilliation (AP) or attail uitter who were prescribed warfarin OR another FDA-approved oral anticcagulant drug for the revention of thrombombolism during the measurement period	CM5249v1 None None	None None None	None 567				Registry	Medicine,Obstetrics/Gynecology Obstetrics/Gynecology	
Appropriate Treatment for Children with Upper Respiratory Infection (URI) (III) (IIII) (III) (II	ercentago of fennale patients 50 to 64 years of age without select risk factors for osteoporotic acture who received an order for a dual-energy x-ray absorptionnetry (DXA) scan during the heavement period. ercentage of women, aged 18 years and older, who undergo endometrial sampling or hysteroscopy with biopsy and results documented before undergoing an endometrial abattor ercentage of patients aged 18 years and older with norwalvular atrial fibrillation (AF) or atrial tuter who were pre-sched warfarion for another FDA-approved or al anticoaguidant drug for the	CMS249v1 None None None	None None None None		448 Communication and Care Coordinal	ti Process Process	TRUE	Registry	Medicine,Obstetrics/Gynecology Obstetrics/Gynecology Cardiology,Family Medicine,Internal Medicine,Skilled	Centers for Medicare & Medicaid Services

MEASURE NAME	MEASURE DESCRIPTION	eMFASURE II	D eMEASURE NO	FNOF	QUALITY I	D NOS DOMAIN	MEASURE TYPE	HIGH PRIORITY MEASURE	DATA SUBMISSION METHOD	SPECIALTY MEASURE SET	PRIMARY MEASURE STEWARD
	The average change (preoperative to postoperative) in functional status using the Oswestry										
Average Change in Functional Status Following Lumbar Discectomy/Laminotomy Surgery	Disability Index (ODI version 2.1a) for patients age 18 and older who had lumbar discectomy/laminotomy procedure	None	None	None	47	1 Person and Caregiver-Centered Expe	Outcome	TRUE	Registry	Orthopedic Surgery, Neurosurgical	Minnesota Community Measurement
Average Change in Functional Status Following Lumbar Fusion Surgery	The average change (preoperative to postoperative) in functional status using the Oswestry Disability Index (ODI version 2. 1a) for patients 18 years of age and older who had a lumbar fusion			264		9 Person and Caregiver-Centered Expe		TRUE		Orthopedic Surgery, Neurosurgical	Minnesota Community Measurement
	The average change (preoperative to postoperative) in functional status using the Oxford Knee	None	None						Registry		
Average Change In Functional Status Following Total Knee Replacement Surgery	Score (OKS) for patients age 18 and older who had a primary total knee replacement The average change (preoperative to three months postoperative) in leg pain for patients 18 years	None	None	265	3 47	0 Person and Caregiver-Centered Expe	Outcome	TRUE	Registry	Orthopedic Surgery	Minnesota Community Measurement
Average Change in Leg Pain Following Lumbar Discectomy and/or Laminotomy	of age or older who had a lumbar discectomy/laminotomy procedure	None	None	None	46	1 Person and Caregiver-Centered Expe	Outcome	TRUE	Registry	Orthopedic Surgery, Neurosurgical	Minnesota Community Measurement
Average Change in Leg Pain Following Lumbar Fusion Surgery	The average change (preoperative to one year postoperative) in leg pain for patients 18 years of age or older who had a lumbar fusion procedure	None	None	None	47	3 Person and Caregiver-Centered Expe	Outcome	TRUE	Registry	Orthopedic Surgery, Neurosurgical	Minnesota Community Measurement
	The percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not	Home	None	Home			Outcome			Emergency Medicine, Family Medicine, Internal	
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	prescribed or dispensed an antibiotic prescription Percentage of esophageal biopsy reports that document the presence of Barrett's mucosa that also	None	None	5	8 11	6 Efficiency and Cost Reduction	Process	TRUE	Registry	Medicine, Preventive Medicine, Urgent Care	National Committee for Quality Assurance
Barrett's Esophagus	include a statement about dysplasia	None	None	185	4 24	9 Effective Clinical Care	Process	FALSE	Claims,Registry	Pathology	College of American Pathologists
Basal Cell Carcinoma (BCC)/Squamous Cell Carcinoma (SCC): Biopsy Reporting	Percentage of biopsies with a diagnosis of cutaneous Basal Cell Carcinoma (BCC) and Squamous Cell Carcinoma (SCC) (including in situ disease) in which the pathologist communicates results to the										
Time - Pathologist to Clinician	clinician within 7 days from the time when the tissue specimen was received by the pathologist	None	None	None	44	0 Communication and Care Coordinati	Process	TRUE	Registry	Dermatology	American Academy of Dermatology
Biopsy Follow-Up	Percentage of new patients whose biopsy results have been reviewed and communicated to the primary care/referring physician and patient	None	None	None	26	5 Communication and Care Coordinati	Process	TRUE	Registry	Dermatology,Obstetrics/Gynecology,Otolaryngology,Urol ogy	American Academy of Dermatology
	Patients determined as having prostate cancer who are currently starting or undergoing androgen										
Bone Density Evaluation for Patients with Prostate Cancer and Receiving	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	r									
Androgen Deprivation Therapy	to the start of ADT or within 3 months of the start of ADT	CMS645v2	None	None	46	2 Effective Clinical Care	Process	FALSE	EHR	Urology,Oncology Family Medicine,Obstetrics/Gynecology,Preventive	Oregon Urology Institute
Breast Cancer Screening	Percentage of women 50 - 74 years of age who had a mammogram to screen for breast cancer	CMS125v7	None	237	2 11	2 Effective Clinical Care	Process	FALSE	Claims,CMS Web Inter		National Committee for Quality Assurance
	The Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Clinician/Group Survey is comprised of 10 Summary Survey Measures (SSMs) and measures patient experience of										
	care within a group practice. The NQF endorsement status and endorsement id (if applicable) for										
	each SSM utilized in this measure are as follows: - Getting timely care, appointments, and information;- How well providers Communicate;- Patient's										
	Rating of Provider;- Access to Specialists;- Health Promotion & Education;- Shared Decision Making;	-									
CAHPS for MIPs Clinician/Group Survey	Health Status/Functional Status;- Courteous and Helpful Office Staff;- Care Coordination; and- Stewardship of Patient Resources	None	None	0005 & 0006	32	1 Person and Caregiver-Centered Evne	Patient Engagement Fy	TRUE	csv	Family Medicine, Internal Medicine	Agency for Healthcare Research & Quality
	Percentage of patients evaluated in an outpatient setting who within the previous 12 months have	- torne	. NOTICE	0000 00000	32	1 Person and Caregiver-Centered Expe	. Locin Lingagement E	HUE		, and the second s	Construction of the second sec
	experienced an acute myocardial infarction (MI), coronary artery bypass graft (CABG) surgery, a percutaneous coronary intervention (PCI), cardiac valve surgery, or cardiac transplantation, or who										
	have chronic stable angina (CSA) and have not already participated in an early outpatient cardiac										
Cardiac Rehabilitation Patient Referral from an Outpatient Setting	rehabilitation/secondary prevention (CR) program for the qualifying event/diagnosis who were referred to a CR program	None	None	64	3 74	3 Communication and Care Coordinati	Process	TRUE	Registry	Cardiology,Family Medicine,Internal Medicine	American College of Cardiology Foundation
	Percentage of stress single-photon emission computed tomography (SPECT) myocardial perfusion	Home	None			5 communication and care coordinate	Hotels	mor	inclusion y		
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Preoperative	imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), or cardiac magnetic resonance (CMR) performed in low-risk surgery patients 18 years or older for										
Evaluation in Low-Risk Surgery Patients	preoperative evaluation during the 12-month submission period	None	None	None	32	2 Efficiency and Cost Reduction	Efficiency	TRUE	Registry	Cardiology	American College of Cardiology
	Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography										
	(CCTA), and cardiovascular magnetic resonance (CMR) performed in patients aged 18 years and										
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Routine Testing After Percutaneous Coronary Intervention (PCI)	older routinely after percutaneous coronary intervention (PCI), with reference to timing of test after PCI and symptom status	None	None	None	32	3 Efficiency and Cost Reduction	Efficiency	TRUE	Registry	Cardiology	American College of Cardiology
	Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography										
Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in	perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in asymptomatic, low coronary	'									
Asymptomatic, Low-Risk Patients Cataract Surgery with Intra-Operative Complications (Unplanned Rupture of	heart disease (CHD) risk patients 18 years and older for initial detection and risk assessment	None	None	None	32	4 Efficiency and Cost Reduction	Efficiency	TRUE	Registry	Cardiology	American College of Cardiology
Posterior Capsule Requiring Unplanned Vitrectomy)	Percentage of patients aged 18 years and older who had cataract surgery performed and had an unplanned rupture of the posterior capsule requiring vitrectomy	None	None	None	38	8 Patient Safety	Outcome	TRUE	Registry	Ophthalmology	American Academy of Ophthalmology
Cataract Surgery: Difference Between Planned and Final Refraction	Percentage of patients aged 18 years and older who had cataract surgery performed and who	News	News	News	20	0 Effective Citered Core	0	TRUE	De el et el	Onhthalmology	American Academy of Ophthalmology
Cataract Surgery: Difference between Planned and Final Refraction	achieved a final refraction within +/- 1.0 diopters of their planned (target) refraction Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had	None	None	None	38	9 Effective Clinical Care	Outcome	TRUE	Registry	Opithalmology	American Academy or Opricialmology
Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract	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										
Surgery	following the cataract surgery	CMS133v7	None	56	5 19	1 Effective Clinical Care	Outcome	TRUE	EHR	Ophthalmology	Physician Consortium for Performance Improvement
	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:										
Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence	CMS132v7	None	56	4 19	2 Patient Safety	Outcome	TRUE	FHD	Ophthalmology	Physician Consortium for Performance Improvement
	Percentage of patients aged 18 years and older who had cataract surgery and had improvement in	CHISISE	None	50	- 10	2 Future Survey	outcome	mor	LTIN.	opratiantico y	righten consorten for renormance improvement
Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	visual function achieved within 90 days following the cataract surgery, based on completing a pre- operative and post-operative visual function survey	None	None	None	30	3 Person and Caregiver-Centered Expe	Outcome	TRUE	Registry	Ophthalmology	American Academy of Ophthalmology
ana ang ang ang ang ang ang ang ang ang	Percentage of patients aged 18 years and older who had cataract surgery and were satisfied with	Home	None	Home		o resonand caregiver centered expe	Outcome	mor	inclusion y		,
Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery	their care within 90 days following the cataract surgery, based on completion of the Consumer Assessment of Healthcare Providers and Systems Surgical Care Survey	None	None	None	30	4 Person and Caregiver-Centered Expe	Patient Engagement Fa	TRUE	Registry	n/a	American Academy of Ophthalmology
	Percentage of women 21-64 years of age who were screened for cervical cancer using either of the										
Cervical Cancer Screening	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	CMS124v7	None	3	2 30	9 Effective Clinical Care	Process	FALSE	FHR	Family Medicine,Internal Medicine,Obstetrics/Gynecology	National Committee for Quality Assurance
	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major		None				Hotels		CT III	· · · · ·	
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	depressive disorder with an assessment for suicide risk Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis	CMS177v7	None	1365e	38	2 Patient Safety	Process	TRUE	EHR	Pediatrics,Mental/Behavioral Health	Physician Consortium for Performance Improvement
	(DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB);										
Childhood Immunization Status	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	CMS117v7	None	3	8 24	0 Community/Population Health	Process	FALSE	EHR	Pediatrics	National Committee for Quality Assurance
	Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period	CM575v7	News	News		8 Community/Population Health	Outcome	TRUE	EHD	Dentistry	Centers for Medicare & Medicaid Services
Children Who Have Dental Decay or Cavities	measurement period Percentage of women 16-24 years of age who were identified as sexually active and who had at		wone	None			outcome		ERK		
Chlamydia Screening for Women	least one test for chlamydia during the measurement period Percentage of patients aged 18 years and older with a diagnosis of COPD (FEV1/FVC < 70%) and who	CMS153v7	None	3	3 31	0 Community/Population Health	Process	FALSE	EHR	Obstetrics/Gynecology,Pediatrics	National Committee for Quality Assurance
Chronic Obstructive Pulmonary Disease (COPD): Long-Acting Inhaled	have an FEV1 less than 60% predicted and have symptoms who were prescribed a long-acting	<u></u>									
Bronchodilator Therapy	inhaled bronchodilator	None	None	10	2 5	2 Effective Clinical Care	Process	FALSE	Claims,Registry	n/a	American Thoracic Society
Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation	Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry results documented	None	None	9	1 5	1 Effective Clinical Care	Process	FALSE	Claims,Registry	n/a	American Thoracic Society
Clinical Outcome Post Endovascular Stroke Treatment	Percentage of patients with a mRs score of 0 to 2 at 90 days following endovascular stroke intervention	None	Nono	Nonc		9 Effective Clinical Care	Outcomo	TRUE	Posistor	Interventional Radiology, Neurosurgical	Society of Interventional Radiology
ennear ouccome i ost Enduvasculai stroke freatment		none	none	None	40	er crieccive clinical care	outcome	TRUE		Allergy/Immunology,Cardiology,Gastroenterology,Dermat	accety or interventional nationogy
		1								ology,Family Medicine,Internal Medicine,Obstetrics/Gynecology,Ophthalmology,Orthop	
		1								edic Surgery,Otolaryngology,Physical	
	Percentage of patients with referrals, regardless of age, for which the referring provider receives a									Medicine, Preventive Medicine, Neurology, Mental/Behavioral	
Closing the Referral Loop: Receipt of Specialist Report	report from the provider to whom the patient was referred	CMS50v7	None	None	37	4 Communication and Care Coordinati	Process	TRUE	EHR	Health, Interventional Radiology, Vascular Surgery, General	Centers for Medicare & Medicaid Services

			,					HIGH	DATA SUBMISSION		
MEASURE NAME	MEASURE DESCRIPTION	eMEASURE IE	D eMEASURE NQF	NQF	QUALITY ID	NQS DOMAIN	MEASURE TYPE	PRIORITY MEASURE	METHOD	SPECIALTY MEASURE SET	PRIMARY MEASURE STEWARD
Colonoscopy Interval for Patients with a History of Adenomatous Polyps	Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior adenomatous polyp(s) in previous colonoscopy findings, which had an interval of 3 or										
 Avoidance of Inappropriate Use 	more years since their last colonoscopy	None	None	659	185	Communication and Care Coordinati	Process	TRUE	Registry	Gastroenterology	American Gastroenterological Association
Colorectal Cancer Screening		CMS130v7	None	34	113	Effective Clinical Care	Process	FALSE	Claims,CMS Web Inter	Family Medicine, Preventive Medicine	National Committee for Quality Assurance
	Percentage of patients aged 50 years and older treated for a fracture with documentation of communication. between the physician treating the fracture and the physician or other clinician			1							
	managing the patient's on-going care, that a fracture occurred and that the patient was or should be	1		1							
Communication with the Physician or Other Clinician Managing On-Going Care Post-Fracture for Men and Women Aged 50 Years and Older	considered for osteoporosis treatment or testing. This measure is submitted by the physician who treats the fracture and who therefore is held accountable for the communication	None	None	None	24	Communication and Care Coordinati	Process	TRUE	Claims,Registry	Family Medicine, Internal Medicine, Orthopedic Surgery, Preventive Medicine, Rheumatology	National Committee for Quality Assurance
	Percentage of adults aged 18 years and older with pharmacotherapy for opioid use disorder (OUD)									Family Medicine, Internal Medicine, Physical	
Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)	who have at least 180 days of continuous treatment	None	None	3175	468	Effective Clinical Care	Process	TRUE	Registry	Medicine,Mental/Behavioral Health Cardiology,Family Medicine,Internal	University of Southern California
	Percentage of patients 18 - 85 years of age who had a diagnosis of hypertension and whose blood			1						Medicine,Obstetrics/Gynecology,Vascular	
Controlling High Blood Pressure	pressure was adequately controlled (< 140/90 mmHg) during the measurement period Percentage of patients aged 18 years and older undergoing isolated CABG surgery who, within 30	CMS165v7	None	18	236	Effective Clinical Care	Intermediate Outcome	TRUE	Claims,CMS Web Inter	Surgery, Rheumatology	National Committee for Quality Assurance
	days postoperatively, develop deep sternal wound infection involving muscle, bone, and/or			1							
Coronary Artery Bypass Graft (CABG): Deep Sternal Wound Infection Rate	mediastinum requiring operative intervention Percentage of patients aged 18 years and older undergoing isolated CABG surgery (without pre-	None	None	130	165	Effective Clinical Care	Outcome	TRUE	Registry	Thoracic Surgery	Society of Thoracic Surgeons
Coronary Artery Bypass Graft (CABG): Postoperative Renal Failure	existing renal failure) who develop postoperative renal failure or require dialysis	None	None	114	167	Effective Clinical Care	Outcome	TRUE	Registry	Thoracic Surgery	Society of Thoracic Surgeons
Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery	Percentage of isolated Coronary Artery Bypass Graft (CABG) surgeries for patients aged 18 years and older who received a beta-blocker within 24 hours prior to surgical incision	None	None	236		Effective Clinical Care	Process	FALSE	Registry	Anesthesiology	Centers for Medicare & Medicaid Services
	Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require	None	None								
Coronary Artery Bypass Graft (CABG): Prolonged Intubation	postoperative intubation > 24 hours Percentage of patients aged 18 years and older undergoing isolated CABG surgery who have a	None	None	129	164	Effective Clinical Care	Outcome	TRUE	Registry	Thoracic Surgery	Society of Thoracic Surgeons
	postoperative stroke (i.e., any confirmed neurological deficit of abrupt onset caused by a			1							
Coronary Artery Bypass Graft (CABG): Stroke	disturbance in blood supply to the brain) that did not resolve within 24 hours Percentage of patients aged 18 years and older undergoing isolated CABG surgery who require a	None	None	131	166	Effective Clinical Care	Outcome	TRUE	Registry	Thoracic Surgery	Society of Thoracic Surgeons
	return to the operating room (OR) during the current hospitalization for mediastinal bleeding with			1							
Coronary Artery Bypass Graft (CABG): Surgical Re-Exploration	or without tamponade, graft occlusion, valve dysfunction, or other cardiac reason	None	None	115	168	Effective Clinical Care	Outcome	TRUE	Registry	Thoracic Surgery	Society of Thoracic Surgeons
Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have diabetes OR a current or prior Left Ventricular Ejection	1		Î.							1
Systolic Dysfunction (LVEF < 40%)	Fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy	None	None	66	118	Effective Clinical Care	Process	FALSE	Registry	Cardiology,Skilled Nursing Facility	American Heart Association
Coronary Artery Disease (CAD): Antiplatelet Therapy	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) seen within a 12 month period who were prescribed aspirin or clopidogrel	Nono	Nono	67		Effective Clinical Care	Process	FALSE	Registry	Cardiology, Family Medicine, Internal Medicine, Skilled Nursing Facility	American Heart Association
	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen	none	Invite	67	6	cricture clinical care	1100035	PALSE	Inc Braci A		
Coronary Artery Disease (CAD): Beta-Blocker Therapy - Prior Myocardial	within a 12-month period who also have a prior MI or a current or prior LVEF < 40% who were prescribed beta-blocker therapy	CMS145v7		70		Effective Clinical Care	Process	FALSE	5110	Cardiology,Family Medicine,Internal Medicine,Skilled	Physician Consortium for Performance Improvement
	Percentage of patients with dementia for whom there was a documented screening for behavioral	CIVIS145V7	None	70	/	Effective clinical care	Process	PALSE	ERK	Nursing Facility	Physician consortium for Performance Improvement
Dementia Associated Behavioral and Psychiatric Symptoms Screening and	and psychiatric symptoms, including depression, and for whom, if symptoms screening was positive,	/		1							
Management	there was also documentation of recommendations for management in the last 12 months Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of	None	None	None	283	Effective Clinical Care	Process	FALSE	Registry	Neurology, Mental/Behavioral Health, Geriatrics	American Academy of Neurology
Dementia: Cognitive Assessment	cognition is performed and the results reviewed at least once within a 12-month period	CMS149v7	None	2872	281	Effective Clinical Care	Process	FALSE	EHR	Neurology,Mental/Behavioral Health,Geriatrics	Physician Consortium for Performance Improvement
	Percentage of patients with dementia whose caregiver(s) were provided with education on dementia disease management and health behavior changes AND were referred to additional			1							
Dementia: Education and Support of Caregivers for Patients with Dementia	resources for support in the last 12 months	None	None	None	288	Communication and Care Coordinati	Process	TRUE	Registry	Neurology, Mental/Behavioral Health, Geriatrics	American Academy of Neurology
Dementia: Functional Status Assessment	Percentage of patients with dementia for whom an assessment of functional status* was performed at least once in the last 12 months	Nono	Nono	Nono	202	Effective Clinical Care	Process	FALSE	Registry	Neurology, Mental/Behavioral Health, Geriatrics	American Academy of Neurology
benefitie. Furterional Status Pasessment	Percentage of patients with dementia or their caregiver(s) for whom there was a documented safety	/	None	None	202	Effective cliffical care	Flocess	PALSE	Negisciy	nearongy, wertally benarional meanin, denames	Anenean Academy of Acadology
	concerns screening in two domains of risk: 1) dangerousness to self or others and 2) environmental			1							
Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia	risks; and if safety concerns screening was positive in the last 12 months, there was documentation of mitigation recommendations, including but not limited to referral to other resources	None	None	None	286	Patient Safety	Process	TRUE	Registry	Neurology,Mental/Behavioral Health,Geriatrics	American Academy of Neurology
	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 six months (+/- 60 days) after an			1							
Depression Remission at Six Months	index event date	None	None	711	411	Effective Clinical Care	Outcome	TRUE	Registry	Mental/Behavioral Health	Minnesota Community Measurement
	The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or										
Depression Remission at Twelve Months	older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event	CMS159v7	None	0710e	370	Effective Clinical Care	Outcome	TRUE	CMS Web Interface,EF	Family Medicine, Internal Medicine, Mental/Behavioral Health, Geriatrics	Minnesota Community Measurement
	The percentage of adolescent patients 12 to 17 years of age and adult patients age 18 and older			1							
Depression Utilization of the PHQ-9 Tool	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	CMS160v7	None	0712e	371	Effective Clinical Care	Process	FALSE	EHR	Family Medicine, Internal Medicine, Mental/Behavioral Health	Minnesota Community Measurement
	The percentage of children screened for risk of developmental, behavioral and social delays using a										
	standardized screening tool in the 12 months preceding or on their first, second, or third birthday. This is a composite measure of screening in the first three years of life that includes three, age-			1							
	specific indicators assessing whether children are screened in the 12 months preceding or on their			1							
Developmental Screening in the First Three Years of Life Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy -	first, second or third birthday Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who had a	None	None	1448	467	Community/Population Health	Process	FALSE	Registry	Pediatrics Family Medicine, Internal Medicine, Preventive	Oregon Health & Science University
Neurological Evaluation	neurological examination of their lower extremities within 12 months	None	None	417	126	Effective Clinical Care	Process	FALSE		Medicine,Podiatry	American Podiatric Medical Association
Diabetes Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention - Evaluation of Footwear	Percentage of patients aged 18 years and older with a diagnosis of diabetes mellitus who were evaluated for proper footwear and sizing	News	1	416		Effective Clinical Care	Process	FALSE	Registry	Podiatry	American Podiatric Medical Association
Fotwear	Percentage of patients 18 - 75 years of age with diabetes who had a retinal or dilated eye exam by	None	None	416	12/	Effective Clinical Care	Process	FALSE	Registry	Poblatry	American Podiatric Medical Association
Diabetes: Eye Exam	an eye care professional during the measurement period or a negative retinal or dilated eye exam (no evidence of retinopathy) in the 12 months prior to the measurement period	CMS131v7	I	55		Effective Clinical Care	_	FALSE		Family Medicine.Internal Medicine.Ophthalmology	National Committee for Quality Assurance
Diabetes: Eye Exam	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the	CMS131v7	None	55	11/	Effective Clinical Care	Process	FALSE	Claims,EHR	Family Medicine, Internal Medicine, Ophthalmology Family Medicine, Internal Medicine, Preventive	National Committee for Quality Assurance
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	measurement period	CMS122v7	None	59	1	Effective Clinical Care	Intermediate Outcome	TRUE	Claims,CMS Web Inter		National Committee for Quality Assurance
Diabetes: Medical Attention for Nephropathy	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	CMS134v7	None	62	119	Effective Clinical Care	Process	FALSE	EHR	Family Medicine, Internal Medicine, Preventive Medicine, Urology, Nephrology	National Committee for Quality Assurance
	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a										
Diabetic Retinopathy: Communication with the Physician Managing Ongoing	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			1							
Diabetes Care	macular or fundus exam at least once within 12 months	CMS142v7	None	89	19	Communication and Care Coordinati	Process	TRUE	Claims,EHR	Ophthalmology	Physician Consortium for Performance Improvement
				1						Allergy/Immunology,Cardiology,Gastroenterology,Dermal ology,Family Medicine,Internal	t
				1						Medicine,Obstetrics/Gynecology,Ophthalmology,Orthop	
				1						edic Surgery,Otolaryngology,Physical Medicine,Plastic	
l	Percentage of visits for patients aged 18 years and older for which the eligible professional or	1		1						Surgery, Preventive Medicine, Neurology, Mental/Behavioral Health, Vascular	
	eligible clinician attests to documenting a list of current medications using all immediate resources	1		1						Surgery, General Surgery, Thoracic	
	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	1		1						Surgery, Urology, Oncology, Hospitalists, Rheumatology, Ne phrology, Infectious Disease, Neurosurgical, Physical	
Documentation of Current Medications in the Medical Record	medications' name, dosage, frequency and route of administration	CMS68v8	None	419	130	Patient Safety	Process	TRUE	Claims,EHR	Therapy/Occupational Therapy, Geriatrics, Urgent Care	Centers for Medicare & Medicaid Services
	All patients 18 and older prescribed opiates for longer than six weeks duration who signed an opioid treatment agreement at least once during Opioid Therapy documented in the medical record	None	None	None		Effective Clinical Care	Process	TRUE	Registry	Family Medicine, Internal Medicine, Orthopedic Surgery, Physical Medicine, Neurology, Geriatrics	American Academy of Neurology
	Percentage of patients undergoing endovascular stroke treatment who have a door to puncture										
Door to Puncture Time for Endovascular Stroke Treatment	time of less than two hours Percentage of patients aged 65 years and older with a documented elder maltreatment screen using	None	None	None	413	Effective Clinical Care	Intermediate Outcome	TRUE	Registry	Interventional Radiology, Neurosurgical Family Medicine. Internal	Society of Interventional Radiology
I	an Elder Maltreatment Screening tool on the date of encounter AND a documented follow-up plan	1		1						Medicine, Neurology, Mental/Behavioral	
1 1											Centers for Medicare & Medicaid Services
Elder Maltreatment Screen and Follow-Up Plan	on the date of the positive screen	None	None	None	181	Patient Safety	Process	TRUE	Claims,Registry	Health, Geriatrics, Skilled Nursing Facility	Centers for Medicare & Medicaid Services
		None	None	None			Process Efficiency	TRUE		Health, Genatrics, Skilled Nursing Facility	American College of Emergency Physicians

								HIGH	DATA SUBMISSION		
MEASURE NAME	MEASURE DESCRIPTION	eMEASURE ID	eMEASURE NQF	NQF	QU	UALITY ID NQS DOMAIN	MEASURE TYPE	MEASURE	METHOD	SPECIALTY MEASURE SET	PRIMARY MEASURE STEWARD
	Percentage of emergency department visits for patients aged 2 through 17 years who presented with a minor blunt head trauma who had a head CT for trauma ordered by an emergency care						l I			1	
Emergency Medicine: Emergency Department Utilization of CT for Minor Blunt	provider who are classified as low risk according to the Pediatric Emergency Care Applied Research									L	
Head Trauma for Patients Aged 2 Through 17 Years	Network (PECARN) prediction rules for traumatic brain injury All female patients of childbearing potential (12 - 44 years old) diagnosed with epilepsy who were	None	None	None		416 Efficiency and Cost Reduction	Efficiency	TRUE	Claims,Registry	Emergency Medicine	American College of Emergency Physicians
Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy	counseled or referred for counseling for how epilepsy and its treatment may affect contraception						L	FALSE		Neurology	American Academy of Neurology
epilepsy: counseling for women of childbearing Potential with epilepsy	OR pregnancy at least once a year All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of	None	None	None		268 Effective Clinical Care	Process	FALSE	Claims,Registry		American Academy of Neurology
Evaluation or Interview for Risk of Opioid Misuse	opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAPP-R) or patient interview documented at least once during Opioid Therapy in the medical record	News		News		414 Effective Clinical Care		TRUE	De sister :	Family Medicine, Internal Medicine, Orthopedic Surgery, Physical Medicine, Neurology, Geriatrics	American Academy of Neurology
Evaluation or Interview for Risk of Opioid Misuse		None	None	None		414 Effective Clinical Care	Process	TRUE	Registry	Family Medicine,Internal Medicine,Orthopedic	American Academy of Neurology
Falls: Plan of Care	Percentage of patients aged 65 years and older with a history of falls that had a plan of care for falls documented within 12 months		News					TRUE	Cision Desistan	Surgery,Otolaryngology,Physical Medicine,Preventive Medicine,Neurology,Podiatry,Skilled Nursing Facility	National Committee for Quality Assurance
Fails: Plan of Care		None	None		101	155 Communication and Care Coordinati I	Process	TRUE	Claims,Registry	Family Medicine, Internal Medicine, Orthopedic	National Committee for Quality Assurance
Falls: Risk Assessment	Percentage of patients aged 65 years and older with a history of falls that had a risk assessment for falls completed within 12 months	News			101	154 Patient Safety	Process	TRUE	Claims, Registry	Surgery, Otolaryngology, Physical Medicine, Preventive Medicine, Neurology, Podiatry, Skilled Nursing Facility	National Committee for Quality Assurance
	Percentage of patients 65 years of age and older who were screened for future fall risk during the	None	None		101	154 Patient Safety	Process		Claims, Registry	Family Medicine,Internal Medicine,Orthopedic	
Falls: Screening for Future Fall Risk	measurement period The percentage of discharges for patients 6 years of age and older who were hospitalized for	CMS139v7	None		101	318 Patient Safety	Process	TRUE	CMS Web Interface,EH	Surgery,Nephrology,Podiatry	National Committee for Quality Assurance
	treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health						1			I	
	practitioner. Two rates are submitted:- The percentage of discharges for which the patient received follow-up within 30 days of discharge The percentage of discharges for which the patient received						1			I	
Follow-Up After Hospitalization for Mental Illness (FUH)	follow-up within 7 days of discharge.	None	None		576	391 Communication and Care Coordinati	Process	TRUE	Registry	Pediatrics,Mental/Behavioral Health	National Committee for Quality Assurance
	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						1			l .	
	authority during the 30-Day Initiation Phaseb. 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						1			I	
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation	CMS136v8	None		108	366 Effective Clinical Care	Process	FALSE	EHR	Pediatrics,Mental/Behavioral Health	National Committee for Quality Assurance
	Percentage of visits for patients aged 18 years and older with documentation of a current functional outcome assessment using a standardized functional outcome assessment tool on the date of the				-						
	encounter AND documentation of a care plan based on identified functional outcome deficiencies						1			Physical Medicine, Nephrology, Physical	
Functional Outcome Assessment	on the date of the identified deficiencies Percentage of patients 18 years of age and older who received an elective primary total hip	None	None	20	2624	182 Communication and Care Coordinati	Process	TRUE	Claims,Registry	Therapy/Occupational Therapy	Centers for Medicare & Medicaid Services
	arthroplasty (THA) and completed a functional status assessment within 90 days prior to the surgery	(1			l i i i i i i i i i i i i i i i i i i i	
Functional Status Assessment for Total Hip Replacement	and in the 270-365 days after the surgery Percentage of patients 18 years of age and older who received an elective primary total knee	CMS56v7	None	None		376 Person and Caregiver-Centered Expe	Process	TRUE	EHR	Orthopedic Surgery	Centers for Medicare & Medicaid Services
	arthroplasty (TKA) who completed baseline and follow-up patient-reported and completed a						1			I	
Current and Charles Assessment for Table View Deplement	functional status assessment within 90 days prior to the surgery and in the 270-365 days after the						L			Orthogonal Teleformer	Centers for Medicare & Medicaid Services
Functional Status Assessment for Total Knee Replacement	surgery Percentage of patients 18 years of age and older with congestive heart failure who completed initial	CMS66v7	None	None		375 Person and Caregiver-Centered Expe	Process	TRUE	EHR	Orthopedic Surgery	
Functional Status Assessments for Congestive Heart Failure	and follow-up patient-reported functional status assessments A patient-reported outcome measure of risk-adjusted change in functional status (FS) for patients	CMS90v8	None	None		377 Person and Caregiver-Centered Expe	Process	TRUE	EHR	Family Medicine,Internal Medicine	Centers for Medicare & Medicaid Services
	14 years+ with elbow, wrist or hand impairments. The change in FD is assessed using the						1			I	
	Elbow/Wrist/Hand FS patient-reported outcome measure (PROM) (Focus on Therapeutic Outcomes, Inc.) The measure is adjusted to patient characteristics known to be associated with FS outcomes						1			l i i i i i i i i i i i i i i i i i i i	
	(risk adjusted) and used as a performance measure at the patient level, at the individual clinician,						1			I	
Functional Status Change for Patients with Elbow, Wrist or Hand Impairments	and at the clinic level to assess quality. The measure is available as a computer adaptive test, for reduced patient burden, or a short form (static survey)					222 Communication and Care Coordinati	l	TRUE		Physical Therapy/Occupational Therapy	Focus on Therapeutic Outcomes, Inc.
Functional Status Change for Patients with Elbow, Wrist or Hand Impairments	A patient-reported outcome measure of risk-adjusted change in functional status (FS) for patients	None	None		427	222 Communication and Care Coordinati	Outcome	TRUE	Registry	Physical Therapy/Occupational Therapy	Focus on Therapeutic Outcomes, Inc.
	aged 14 years+ with general orthopedic impairments (neck, cranium, mandible, thoracic spine, ribs or other general orthopedic impairment). The change in FS is assessed using the General Orthopedic						1			I	
	FS PROM (patient reported outcome measure) (Focus on Therapeutic Outcomes, Inc.). The measure	i					1			I	
	is adjusted to patient characteristics known to be associated with FS outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at the clinic level						1			I	
	to assess quality. The measure is available as a computer adaptive test, for reduced patient burden,						1			I	
Functional Status Change for Patients with General Orthopedic Impairments	or a short form (static survey) A patient-reported outcome measure of risk-adjusted change in functional status for patients 14	None	None		428	223 Communication and Care Coordinati	Outcome	TRUE	Registry	Physical Therapy/Occupational Therapy	Focus on Therapeutic Outcomes, Inc.
	years+ with hip impairments. The change in functional status (FS) is assessed using the Hip FS						1			l .	
	patient-reported outcome measure (PROM) (Focus on Therapeutic Outcomes, Inc.). The measure is adjusted to patient characteristics known to be associated with FS outcomes (risk adjusted) and						1			I	
	used as a performance measure at the patient level, at the individual clinician, and at the clinic level						1			I	
Functional Status Change for Patients with Hip Impairments	to assess quality. The measure is available as a computer adaptive test, for reduced patient burden, or a short form (static survey)	None	None		423	218 Communication and Care Coordinati	Outcome	TRUE	Registry	Physical Therapy/Occupational Therapy	Focus on Therapeutic Outcomes. Inc.
renetional status change for reacing warring impairments	A patient-reported outcome measure of risk-adjusted change in functional status for patients aged	Home	None	1	42.5		outcome	mor	negistry	Thysical merupy, occupational merupy	rocus on merupeate outcomes, me.
	14 years+ with knee impairments. The change in functional status (FS) is assessed using the Knee FS patient-reported outcome measure (PROM) (Focus on Therapeutic Outcomes, Inc.). The measure is						1			I	
	adjusted to patient characteristics known to be associated with FS outcomes (risk adjusted) and						1			I	
	used as a performance measure at the patient level, at the individual clinician, and at the clinic level to assess quality. The measure is available as a computer adaptive test, for reduced patient burden,						1			I	
Functional Status Change for Patients with Knee Impairments	or a short form (static survey)	None	None		422	217 Communication and Care Coordinati	Outcome	TRUE	Registry	Physical Therapy/Occupational Therapy	Focus on Therapeutic Outcomes, Inc.
	A patient-reported outcome measure of risk-adjusted change in functional status for patients 14 years+ with low back impairments. The change in functional status (FS) is assessed using the Low			1			1			1	
	Back FS patient-reported outcome measure (PROM) (Focus on Therapeutic Outcomes, Inc.). The						1			I	
	measure is adjusted to patient characteristics known to be associated with FS outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual clinician, and at						1			I	
Freedowski Charles Charles for Batteria with Law Bash Investments	the clinic level by to assess quality. The measure is available as a computer adaptive test, for reduced patient burden, or a short form (static survey)						l			Physical Therapy/Occupational Therapy	Focus on Therapeutic Outcomes, Inc.
Functional Status Change for Patients with Low Back Impairments	reduced patient burden, or a short form (static survey) A patient-reported outcome measure of risk-adjusted change in functional status for patients 14	None	None		425	220 Communication and Care Coordinati	Outcome	TRUE	Registry	Physical Therapy/Occupational Therapy	Focus on Therapeutic Outcomes, Inc.
	years+ with foot, ankle and lower leg impairments. The change in functional status (FS) assessed						1			l .	
	using the Foot/Ankle FS patient-reported outcome measure (PROM) (Focus on Therapeutic Outcomes, Inc.). The measure is adjusted to patient characteristics known to be associated with FS						1			I	
	outcomes (risk adjusted) and used as a performance measure at the patient level, at the individual						1			I	
Functional Status Change for Patients with Lower Leg, Foot or Ankle Impairment	clinician, and at the clinic level to assess quality. The measure is available as a computer adaptive s test, for reduced patient burden, or a short form (static survey)	None	None		424	219 Communication and Care Coordinati	Outcome	TRUE	Registry	Physical Therapy/Occupational Therapy	Focus on Therapeutic Outcomes, Inc.
	A patient-reported outcome measure of risk-adjusted change in functional status for patients 14	1	1	1	+			1			
	years+ with shoulder impairments. The change in functional status (FS) is assessed using the Shoulder FS patient-reported outcome measure (PROM) (Focus on Therapeutic Outcomes, Inc.).The			1			1			1	
	measure is adjusted to patient characteristics known to be associated with FS outcomes (risk adjusted) and used as a performance measure at the patient level at the individual clinician and at			1			1	1		1	
	the clinic level to assess quality. The measure is available as a computer adaptive test, for reduced	1					1			1	
Functional Status Change for Patients with Shoulder Impairments	patient burden, or a short form (static survey)	None	None		426	221 Communication and Care Coordinati	Outcome	TRUE	Registry	Physical Therapy/Occupational Therapy	Focus on Therapeutic Outcomes, Inc.
Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic	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	1					1			Cardiology,Family Medicine,Internal	
Dysfunction (LVSD)	therapy either within a 12-month period when seen in the outpatient setting OR at each hospital	CMS135v7	2907	4	81	5 Effective Clinical Care	Process	FALSE	EHR	Medicine,Hospitalists	Physician Consortium for Performance Improvement
Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction	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			1			1			Cardiology,Family Medicine,Internal	
(LVSD)		CMS144v7	2908	4	83	8 Effective Clinical Care	Process	FALSE		Medicine,Hospitalists,Skilled Nursing Facility	Physician Consortium for Performance Improvement
		1	1	1			1	1	1	1	
Hematology: Chronic Lymphocytic Leukemia (CLL): Baseline Flow Cytometry	diagnosis of chronic lymphocytic leukemia (CLL) made at any time during or prior to the reporting period who had baseline flow cytometry studies performed and documented in the chart					70 Effective Clinical Care		FALSE			Physician Consortium for Performance Improvement

									HIGH	DATA SUBMISSION		
MEASURE NAME	MEASURE DESCRIPTION	eMEASURE ID	eMEASURE NQF	NQF	F QUAL	LITY ID	NQS DOMAIN	MEASURE TYPE	MEASURE	METHOD	SPECIALTY MEASURE SET	PRIMARY MEASURE STEWARD
	Percentage of patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission, who were prescribed or received intravenous bisphosphonate therapy within the 12-											
Hematology: Multiple Myeloma: Treatment with Bisphosphonates	month reporting period	None	None	None		69	Effective Clinical Care	Process	FALSE	Registry	n/a	American Society of Hematology
Hematology: Myelodysplastic Syndrome (MDS) and Acute Leukemias: Baseline Cytogenetic Testing Performed on Bone Marrow	Percentage of patients aged 18 years and older with a diagnosis of myelodysplastic syndrome (MDS) or an acute leukemia who had baseline cytogenetic testing performed on bone marrow	None	None		377	67	Effective Clinical Care	Process	FALSE	Registry	n/a	American Society of Hematology
	Percentage of patients aged 18 years and older with a diagnosis of myelodysplastic syndrome (MDS)	1								(all all all all all all all all all all		
Hematology: Myelodysplastic Syndrome (MDS): Documentation of Iron Stores in Patients Receiving Erythropoietin Therapy	who are receiving erythropoietin therapy with documentation of iron stores within 60 days prior to initiating erythropoietin therapy	None	None		378	68	Effective Clinical Care	Process	FALSE	Registry	n/a	American Society of Hematology
	Percentage of patients aged 18 years and older with a diagnosis of hepatitis C with whom a											
	physician or other qualified healthcare professional reviewed the range of treatment options appropriate to their genotype and demonstrated a shared decision making approach with the											
	patient. To meet the measure, there must be documentation in the patient record of a discussion											
Hepatitis C: Discussion and Shared Decision Making Surrounding Treatment	between the physician or other qualified healthcare professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of											
Options	effectiveness, and patient preferences toward treatment	None	None	None		390	Person and Caregiver-Centered Expe	Process	TRUE	Registry	Gastroenterology	American Gastroenterological Association
Hepatitis C: Screening for Hepatocellular Carcinoma (HCC) in Patients with	Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C cirrhosis who underwent imaging with either ultrasound, contrast enhanced CT or MRI for hepatocellular											
Cirrhosis	carcinoma (HCC) at least once within the 12 month submission period	None	None	None		401	Effective Clinical Care	Process	FALSE	Registry	Gastroenterology,Family Medicine,Internal Medicine	American Gastroenterological Association
HER2 Negative or Undocumented Breast Cancer Patients Spared Treatment with HER2-Targeted Therapies	Percentage of female patients (aged 18 years and older) with breast cancer who are human epidermal growth factor receptor 2 (HER2)/neu negative who are not administered HER2-targeted	None	None		1857	449	Efficiency and Cost Reduction	Process	TRUE	Registry	Oncology	American Society of Clinical Oncology
The second s	Percentage of patients, regardless of age with a diagnosis of HIV who had at least one medical visit	Home	None		2007		entering and cost neddeaton	i loccas	inde	negistry		
HIV Medical Visit Frequency	in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits	None	None		2079	340	Efficiency and Cost Reduction	Process	TRUE	Registry	Allergy/Immunology,Infectious Disease	Health Resources and Services Administration
The medical state requercy		Home	None		2075	540	Enteriney and cost neducion	1 loccus	inde	incensely.	Family Medicine, Internal	nearth resources and services partitistication
HIV Screening	Percentage of patients 15-65 years of age who have been tested for human immunodeficiency virus	CMS349v1	News	News		475	Community/Population Health	Process	FALSE	5110	Medicine,Obstetrics/Gynecology,Preventive Medicine,Infectious Disease	Centers for Disease Control and Prevention
niv Screening	The percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than	CIVI5349V1	None	None		4/5	Community/Population Health	Process	PALSE	ERR	Allergy/Immunology,Family Medicine,Internal	Centers for Disease Control and Prevention
HIV Viral Load Suppression	200 copies/mL at last HIV viral load test during the measurement year	None	None	;	2082	338	Effective Clinical Care	Outcome	TRUE	Registry	Medicine,Infectious Disease	Health Resources and Services Administration
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	CMS52v7	None		405	160	Effective Clinical Care	Process	FALSE	EHR	Allergy/Immunology,Pediatrics	National Committee for Quality Assurance
HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea,	Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS for whom chlamydia,											
and Syphilis	gonorrhea, and syphilis screenings were performed at least once since the diagnosis of HIV infection Rate of cardiac tamponade and/or pericardiocentesis following atrial fibrillation ablation This	None	None	<u> </u>	409	205	Effective Clinical Care	Process	FALSE	Registry	Pediatrics, Infectious Disease	National Committee for Quality Assurance
	measure is submitted as four rates stratified by age and gender:- Submission Age Criteria 1: Females											
HRS-12: Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation	18-64 years of age- Submission Age Criteria 2: Males 18-64 years of age- Submission Age Criteria 3: Females 65 years of age and older- Submission Age Criteria 4: Males 65 years of age and older	None	None		2474	307	Patient Safety	Outcome	TRUE	Registry	Electrophysiology Cardiac Specialist	The Heart Rhythm Society
	Patients with physician-specific risk-standardized rates of procedural complications following the	Home	None		23/3			outcome		inc.g.s.r.y		
HRS-3: Implantable Cardioverter-Defibrillator (ICD) Complications Rate HRS-9: Infection within 180 Days of Cardiac Implantable Electronic Device (CIED)	first time implantation of an ICD	None	None	None		348	Patient Safety	Outcome	TRUE	Registry	Electrophysiology Cardiac Specialist	The Heart Rhythm Society
Implantation, Replacement, or Revision	Infection rate following CIED device implantation, replacement, or revision	None	None	None		393	Patient Safety	Outcome	TRUE	Registry	Electrophysiology Cardiac Specialist	The Heart Rhythm Society
	Image confirmation of lesion(s) targeted for image guided excisional biopsy or image guided partial mastectomy in patients with nonpalpable, image-detected breast lesion(s). Lesions may include:											
	microcalcifications, mammographic or sonographic mass or architectural distortion, focal suspicious											
	abnormalities on magnetic resonance imaging (MRI) or other breast imaging amenable to											
Image Confirmation of Successful Excision of Image-Localized Breast Lesion	localization such as positron emission tomography (PET) mammography, or a biopsy marker demarcating site of confirmed pathology as established by previous core biopsy	None	None	None		262	Patient Safety	Process	TRUE	Registry	n/a	American Society of Breast Surgeons
	The percentage of adolescents 13 years of age who had the recommended immunizations by their 13th birthday				1407				FALSE			
Immunizations for Adolescents	13th birthday Percentage of patients with a diagnosis of inflammatory bowel disease (IBD) who had Hepatitis B	None	None		1407	394	Community/Population Health	Process	FALSE	Registry	Family Medicine, Pediatrics	National Committee for Quality Assurance
Inflammatory Bowel Disease (IBD): Assessment of Hepatitis B Virus (HBV) Status	Virus (HBV) status assessed and results interpreted prior to initiating anti-TNF (tumor necrosis											
Before Initiating Anti-TNF (Tumor Necrosis Factor) Therapy	factor) therapy Percentage of patients regardless of age with an inflammatory bowel disease encounter who were	None	None	None		275	Effective Clinical Care	Process	FALSE	Registry	Gastroenterology	American Gastroenterological Association
	prescribed prednisone equivalents greater than or equal to 10 mg/day for 60 or greater consecutive											
	days or a single prescription equating to 600 mg prednisone or greater for all fills and were documented for risk of bone loss once during the reporting year or the previous calendar year.											
Inflammatory Bowel Disease (IBD): Preventive Care: Corticosteroid Related	Individuals who received an assessment for bone loss during the year prior and current year are											
latrogenic Injury - Bone Loss Assessment	considered adequately screened to prevent overuse of X-ray assessment Percentage of patients 13 years of age and older with a new episode of alcohol and other drug	None	None	None		271	Effective Clinical Care	Process	FALSE	Registry	Gastroenterology	American Gastroenterological Association
	(AOD) dependence who received the following. Two rates are reported.a. Percentage of patients											
	who initiated treatment within 14 days of the diagnosisb. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the											
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit	CMS137v7	None		4	305	Effective Clinical Care	Process	FALSE	EHR	Family Medicine, Internal Medicine, Pediatrics	National Committee for Quality Assurance
	The IVD All-or-None Measure is one outcome measure (optimal control). The measure contains four										· · · ·	
	goals. All four goals within a measure must be reached in order to meet that measure. The numerator for the all-or-none measure should be collected from the organization's total IVD											
	denominator. All-or-None Outcome Measure (Optimal Control) - Using the IVD denominator optimal	1										
	results include:- Most recent blood pressure (BP) measurement is less than or equal to 140/90 mm Hg – AND- Most recent tobacco status is Tobacco Free – AND- Daily Asoirin or Other Antiplatelet										Cardiology.Family Medicine.Internal Medicine.Vascular	
Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)	Unless Contraindicated AND- Statin Use Unless Contraindicated	None	None	None		441	Effective Clinical Care	Intermediate Outcome	TRUE	Registry	Surgery	Wisconsin Collaborative for Healthcare Quality
	Pathology reports based on biopsy and/or cytology specimens with a diagnosis of primary non-small cell lung cancer classified into specific histologic type or classified as NSCLC-NOS with an											
Lung Cancer Reporting (Biopsy/Cytology Specimens)	explanation included in the pathology report	None	None	None		395	Communication and Care Coordinati	Process	TRUE	Claims,Registry	Pathology	College of American Pathologists
Lung Cancer Reporting (Resection Specimens)	Pathology reports based on resection specimens with a diagnosis of primary lung carcinoma that include the oT category, pN category and for non-small cell lung cancer, histologic type	None	None	None		306	Communication and Care Coordinati	i Process	TRUE	Claims.Registry	Pathology	College of American Pathologists
	The percentage of children who turned 6 months of age during the measurement year, who had a	Home	None	None		550	communication and care coordinate	1 loccus	inde	clums, registry		B
Maternal Depression Screening	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	CMS82v6	None	None		272	Community/Population Health	Process	FALSE	ELID	n/a	National Committee for Quality Assurance
	Percentage of patients, regardless of age, who gave birth during a 12-month period who delivered a	CIVIS82VD	None	None		3/2	Community/Population Health	Process	PALSE	ERR	il/a	National Committee for Quarty Associatice
Maternity Care: Elective Delivery or Early Induction Without Medical Indication at >= 37 and < 39 Weeks (Overuse)	live singleton at>= 37 and < 39 weeks of gestation completed who had elective deliveries or early inductions without medical indication	News	News	News		225	Delland Color	Outcome	TRUE	Baralata :	n/a	Centers for Medicare & Medicaid Services
us >- 37 und 5 33 WEEKS (UVELUSE)	Percentage of patients, regardless of age, who gave birth during a 12-month period who were seen	none	none	None		355	Patient Safety	outcome	INUE	negistry	19 u	concestion medicate or medicate Services
	for post-partum care within 8 weeks of giving birth who received a breast feeding evaluation and education, post-partum depression screening, post-partum glucose screening for gestational	1							1			
Maternity Care: Post-Partum Follow-Up and Care Coordination	education, post-partum depression screening, post-partum glucose screening for gestational diabetes patients, and family and contraceptive planning	None	None	None		336	Communication and Care Coordinati	i Process	TRUE	Registry	n/a	Centers for Medicare & Medicaid Services
	The percentage of patients 5-64 years of age during the measurement year who were identified as											
Medication Management for People with Asthma	having persistent asthma and were dispensed appropriate medications that they remained on for at least 75% of their treatment period	None	None	None		444	Efficiency and Cost Reduction	Process	TRUE	Registry	Family Medicine, Internal Medicine, Pediatrics	National Committee for Quality Assurance
	The percentage of discharges from any inpatient facility (e.g. hospital, skilled nursing facility, or	1										
	rehabilitation facility) for patients 18 years and older of age seen within 30 days following discharge in the office by the physician, prescribing practitioner, registered nurse, or clinical pharmacist			1					1			
	providing on-going care for whom the discharge medication list was reconciled with the current	1							1			
	medication list in the outpatient medical recordThis measure is reported as three rates stratified by age group:- Submission Criteria 1: 18-64 years of age- Submission Criteria 2: 65 years and older-			1					1		Orthopedic Surgery, General	
Medication Reconciliation Post-Discharge	Total Rate: All patients 18 years of age and older	None	None		97	46	Communication and Care Coordinati	i Process	TRUE	Claims,Registry	Surgery,Nephrology,Geriatrics	National Committee for Quality Assurance
Melanoma Reporting	Pathology reports for primary malignant cutaneous melanoma that include the pT category and a statement on thickness, ulceration and mitotic rate	Nono	None	Nor		397	Communication and Care Coordinati	Bracare	TRUE	Claims Bosister	Pathology	College of American Pathologists
inclusions reporting	Percentage of patients, regardless of age, with a current diagnosis of melanoma or a history of	none	none	None		397	communication and Care Coordinati	FILLESS	INUE	Claims,Registry	, union of	concer of American Factor/BSIS
	I A A A TA TA TA TA A A A A A A A A A A	1	1	1	1				1			
	melanoma whose information was entered, at least once within a 12 month period, into a recall							1 1	1	1 1		
	melanoma whose information was entered, at least once within a 12 month period, into a recail system that includes:- A target date for the next complete physical skine wam, AND-A process to follow up with patients who either did not make an appointment within the specified timeframe or											

									HIGH	DATA SUBMISSION		
MEASURE NAME	MEASURE DESCRIPTION	eMEASURE ID	eMEASURE NQF	NQF	QUALITY	Y ID	NQS DOMAIN	MEASURE TYPE	MEASURE	METHOD	SPECIALTY MEASURE SET	PRIMARY MEASURE STEWARD
	Percentage of patient visits, regardless of age, with a new occurrence of melanoma that have a treatment plan documented in the chart that was communicated to the physician(s) providing											
Melanoma: Coordination of Care	continuing care within one month of diagnosis	None	None	None	1	138 Co	ommunication and Care Coordinati	Process	TRUE	Registry	Dermatology	American Academy of Dermatology
Non-Recommended Cervical Cancer Screening in Adolescent Females	The percentage of adolescent females 16-20 years of age who were screened unnecessarily for cervical cancer	None	None	None	4	443 Pa	atient Safety	Process	TRUE	Registry	Family Medicine,Internal Medicine,Obstetrics/Gynecology	National Committee for Quality Assurance
	Percentage of final reports for all patients, regardless of age, undergoing bone scintigraphy that										· · · · •	
Nuclear Medicine: Correlation with Existing Imaging Studies for All Patients Undergoing Bone Scintigraphy	include physician documentation of correlation with existing relevant imaging studies (e.g., x-ray, Magnetic Resonance Imaging (MRI), Computed Tomography (CT), etc.) that were performed	None	None	None	1	147 C	ommunication and Care Coordinati	Process	TRUE	Claims,Registry	Diagnostic Radiology	Society of Nuclear Medicine and Molecular Imaging
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	CMS157v7	News		384 1		erson and Caregiver-Centered Expe	D	TRUE	511D	Oncology,Radiation Oncology	Physician Consortium for Performance Improvement
Oncology, wearcar and Radiación - Pain Intensicy Quantineu	Percentage of patients, regardless of age, with a diagnosis of cancer currently receiving	CM315777	None		384	143 Pt	erson and caregiver-centered Expe	Process	TRUE	ЕПК	oncology, Radiation Oncology	Physician consortium for Performance improvement
Oncology: Medical and Radiation - Plan of Care for Moderate to Severe Pain	chemotherapy or radiation therapy who report having moderate to severe pain with a plan of care to address pain documented on or before the date of the second visit with a clinician	News	News		383 1		and and Council on Contourd Dura	D	TRUE	Description (Oncology,Radiation Oncology	American Society of Clinical Oncology
oncorest, incore and hadration in an or care for moderate to severe ham	Percentage of patients aged 18 years and older with one or more of the following: a history of	None	NUTE		303	144 13	erson and Caregiver-Centered Expe	Flocess	TRUE	Registry	oncology, manager on cology	Sinch an about y of came of oroby
	injection drug use, receipt of a blood transfusion prior to 1992, receiving maintenance hemodialysis, OR birthdate in the years 1945-1965 who received one-time screening for hepatitis C virus (HCV)											
One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk	infection	None	None	3	059 4	400 Ef	ffective Clinical Care	Process	FALSE	Registry	Family Medicine, Internal Medicine, Nephrology	Physician Consortium for Performance Improvement
	Percent of patients undergoing index pediatric and/or congenital heart surgery who die, including both 1) all deaths occurring during the hospitalization in which the procedure was performed, even											
	if after 30 days (including patients transferred to other acute care facilities), and 2) those deaths											
Operative Mortality Stratified by the Five STS-EACTS Mortality Categories	occurring after discharge from the hospital, but within 30 days of the procedure, stratified by the five STAT Mortality Levels, a multi-institutional validated complexity stratification tool	None	None		733 4	446 Pa	atient Safety	Outcome	TRUE	Registry	n/a	Society of Thoracic Surgeons
	All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up											
Oploid Therapy Follow-up Evaluation	evaluation conducted at least every three months during Opioid Therapy documented in the medical record	None	None	None	4	408 Ef	ffective Clinical Care	Process	TRUE	Registry	Family Medicine, Internal Medicine, Orthopedic Surgery, Physical Medicine, Neurology, Geriatrics	American Academy of Neurology
	Composite measure of the percentage of pediatric and adult patients whose asthma is well-											
Optimal Asthma Control	controlled as demonstrated by one of three age appropriate patient reported outcome tools and not at risk for exacerbation	None	None	None	3	398 Ef	ffective Clinical Care	Outcome	TRUE	Registry	Family Medicine,Internal Medicine,Otolaryngology,Pediatrics	Minnesota Community Measurement
	Percentage of final reports for CT imaging studies with a finding of an incidental pulmonary nodule											
Optimizing Patient Exposure to Ionizing Radiation: Appropriateness: Follow-up	for patients aged 35 years and older that contain an impression or conclusion that includes a recommended interval and modality for follow-up (e.g., type of imaging or biopsy) or for no follow-											
CT Imaging for Incidentally Detected Pulmonary Nodules According to Recommended Guidelines	up, and source of recommendations (e.g., guidelines such as Fleischner Society, American Lung		News	News			ommunication and Care Coordinati	D	TRUE	Registry	Diagnostic Radiology	transform Collinso of Dedicing
Recommended Guidelines	Association, American College of Chest Physicians) Percentage of final reports for computed tomography (CT) studies performed for all patients,	None	None	None		364 C	ommunication and Care Coordinati	Process	TRUE	Registry	Diagnostic Radiology	American College of Radiology
	regardless of age, which document that Digital Imaging and Communications in Medicine (DICOM) format image data are available to non-affiliated external healthcare facilities or entities on a secure											
Optimizing Patient Exposure to Ionizing Radiation: Computed Tomography (CT)	media free, reciprocally searchable basis with patient authorization for at least a 12-month period											
Images Available for Patient Follow-up and Comparison Purposes	after the study Percentage of computed tomography (CT) and cardiac nuclear medicine (myocardial perfusion	None	None	None		362 Co	ommunication and Care Coordinati	Structure	TRUE	Registry	Diagnostic Radiology	American College of Radiology
Optimizing Patient Exposure to Ionizing Radiation: Count of Potential High Dose	studies) imaging reports for all patients, regardless of age, that document a count of known											
Radiation Imaging Studies: Computed Tomography (CT) and Cardiac Nuclear Medicine Studies	previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies that the patient has received in the 12-month period prior to the current study	Nono	None	Nono		260 0-	atient Safety	Brocoss	TRUE	Registry	Diagnostic Radiology	American College of Radiology
	Percentage of total computed tomography (CT) studies performed for all patients, regardless of age,	None	NUTE	None	-	300 F	atient salety	Flocess	TRUE	negistry	Displosite randoby	Sinch conce of housing,
Optimizing Patient Exposure to Ionizing Radiation: Reporting to a Radiation Dose Index Registry	that are submitted to a radiation dose index registry that is capable of collecting at a minimum selected data elements	None	None	None		361 P:	atient Safety	Structure	TRUE	Registry	Diagnostic Radiology	American College of Radiology
	Percentage of patient visits for patients aged 21 years and older with a diagnosis of osteoarthritis										Family Medicine, Orthopedic Surgery, Physical	
Osteoarthritis (OA): Function and Pain Assessment	(OA) with assessment for function and pain The percentage of women age 50-85 who suffered a fracture in the six months prior to the	None	None	None	1	109 Pe	erson and Caregiver-Centered Expe	Process	TRUE	Claims,Registry	Medicine, Preventive Medicine	American Academy of Orthopedic Surgeons
	performance period through June 30 of the performance period and who either had a bone mineral										Family Medicine,Internal	
Osteoporosis Management in Women Who Had a Fracture	density test or received a prescription for a drug to treat osteoporosis in the six months after the fracture	None	None		53 4	418 Ef	ffective Clinical Care	Process	FALSE	Claims, Registry	Family Medicine,Internal Medicine,Obstetrics/Gynecology,Orthopedic Surgery	National Committee for Quality Assurance
Otitis Media with Effusion: Systemic Antimicrobials - Avoidance of Inappropriate	Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials	News	News		657 4	454 54	ffective Clinical Care	Process	TRUF	Desister	Family Medicine,Otolaryngology,Pediatrics,Infectious Disease,Urgent Care	American Academy of Otolaryngology - Head and Neck Surgery Foundation
036	Percentage of patients for whom imaging of the head (CT or MRI) is obtained for the evaluation of	None	None		00/ 4	404 EI	nective clinical care	Process		Registry		
Overuse of Imaging for the Evaluation of Primary Headache	primary headache when clinical indications are not present Percentage of visits for patients aged 18 years and older with documentation of a pain assessment	None	None	None	4	419 Ef	fficiency and Cost Reduction	Process	TRUE	Claims,Registry	Neurology Orthopedic Surgery, Physical	American Academy of Neurology
	using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is										Medicine, Urology, Rheumatology, Physical	
Pain Assessment and Follow-Up	present Patients aged 18 and older who report being uncomfortable because of pain at the initial	None	None		420 1	131 Co	ommunication and Care Coordinati	Process	TRUE	Claims,Registry	Therapy/Occupational Therapy, Geriatrics, Urgent Care	Centers for Medicare & Medicaid Services
	assessment (after admission to palliative care services) who report pain was brought to a											
Pain Brought Under Control Within 48 Hours Parkinson's Disease: Cognitive Impairment or Dysfunction Assessment for	comfortable level within 48 hours Percentage of all patients with a diagnosis of Parkinson's Disease [PD] who were assessed for	None	None	None		342 Pe	erson and Caregiver-Centered Expe	Outcome	TRUE	Registry	Family Medicine, Internal Medicine	National Hospice and Palliative Care Organization
Patients with Parkinson's Disease	cognitive impairment or dysfunction in the past 12 months	None	None	None	3	291 Ef	ffective Clinical Care	Process	FALSE	Registry	Neurology	American Academy of Neurology
Parkinson's Disease: Psychiatric Symptoms Assessment for Patients with Parkinson's Disease	Percentage of all patients with a diagnosis of Parkinson's Disease [PD] who were assessed for psychiatric symptoms in the past 12 months	None	None	None		290 Ff	ffective Clinical Care	Process	FALSE	Registry	Neurology	American Academy of Neurology
	Percentage of all patients with a diagnosis of Parkinson's Disease (or caregiver(s), as appropriate)											
Parkinson's Disease: Rehabilitative Therapy Options	who had rehabilitative therapy options (i.e., physical, occupational, and speech therapy) discussed in the past 12 months	None	None	None		293 C	ommunication and Care Coordinati	Process	TRUE	Registry	Neurology	American Academy of Neurology
	Percentage of patients who underwent a non-emergency surgery who had their personalized risks of postoperative complications assessed by their surgical team prior to surgery using a clinical data-	1									Orthopedic Surgery, Otolaryngology, Plastic	
	based, patient-specific risk calculator and who received personal discussion of those risks with the										Surgery, Vascular Surgery, General Surgery, Thoracic	
Patient-Centered Surgical Risk Assessment and Communication Patients with Metastatic Colorectal Cancer and RAS (KRAS or NRAS) Gene	surgeon	None	None	None	3	358 Pe	erson and Caregiver-Centered Expe	Process	TRUE	Registry	Surgery, Urology	American College of Surgeons
Mutation Spared Treatment with Anti-epidermal Growth Factor Receptor (EGFR)	Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer and RAS (KRAS or			1								
Monoclonal Antibodies	NRAS) gene mutation spared treatment with anti-EGFR monoclonal antibodies Percentage of calendar months within a 12-month period during which patients aged 17 years and	None	None	1	860 4	452 Pa	atient Safety	Process	TRUE	Registry	Oncology	American Society of Clinical Oncology
Pediatric Kidney Disease: ESRD Patients Receiving Dialysis: Hemoglobin Level <	younger with a diagnosis of End Stage Renal Disease (ESRD) receiving hemodialysis or peritoneal			1								
10g/dL Pelvic Organ Prolapse: Preoperative Assessment of Occult Stress Urinary	dialysis have a hemoglobin level < 10 g/dL Percentage of patients undergoing appropriate preoperative evaluation of stress urinary	None	None	1	.667 3	328 Ef	ffective Clinical Care	Intermediate Outcome	TRUE	Registry	Nephrology	Renal Physicians Association
Incontinence	incontinence prior to pelvic organ prolapse surgery per ACOG/AUGS/AUA guidelines	None	None	None	4	428 Ef	ffective Clinical Care	Process	FALSE	Registry	Obstetrics/Gynecology,Urology	American Urogynecologic Society
Pelvic Organ Prolapse: Preoperative Screening for Uterine Malignancy	Percentage of patients who are screened for uterine malignancy prior to vaginal closure or obliterative surgery for pelvic organ prolapse	None	None	None		479 P:	atient Safety	Process	TRUE	Claims,Registry	Obstetrics/Gynecology,Urology	American Urogynecologic Society
Percentage of Patients Who Died from Cancer Admitted to Hospice for Less than	Percentage of patients who died from cancer, and admitted to hospice and spent less than 3 days		- ne fle							anan ing we grave y		
3 days (lower score - better) Percentage of Patients Who Died from Cancer Admitted to the Intensive Care	there	None	None		216 4	457 Ef	ffective Clinical Care	Outcome	TRUE	Registry	Oncology	American Society of Clinical Oncology
Unit (ICU) in the Last 30 Days of Life (lower score - better)	Percentage of patients who died from cancer admitted to the ICU in the last 30 days of life	None	None	I	213 4	455 Ef	ffective Clinical Care	Outcome	TRUE	Registry	Oncology,Geriatrics	American Society of Clinical Oncology
Percentage of Patients Who Died From Cancer Not Admitted To Hospice (lower score - better)	Percentage of patients who died from cancer not admitted to hospice	None	None	1	215	456 Ef	ffective Clinical Care	Process	TRUE	Registry	Oncology	American Society of Clinical Oncology
Percentage of Patients Who Died from Cancer Receiving Chemotherapy in the											0	
Last 14 Days of Life (lower score - better) Percentage of Patients who Died from Cancer with More than One Emergency	Percentage of patients who died from cancer receiving chemotherapy in the last 14 days of life Percentage of patients who died from cancer with more than one emergency department visit in	wone	none		210 4	453 Ef	ffective Clinical Care	Process	TRUE	Registry	Oncology	American Society of Clinical Oncology
Department Visit in the Last 30 Days of Life (lower score - better)	the last 30 days of life	None	None	None	4	454 Ef	ffective Clinical Care	Outcome	TRUE	Registry	Oncology	American Society of Clinical Oncology
Performing Cystoscopy at the Time of Hysterectomy for Pelvic Organ Prolapse to Detect Lower Urinary Tract Injury	Percentage of patients who undergo cystoscopy to evaluate for lower urinary tract injury at the time of hysterectomy for pelvic organ prolapse	None	None	2	063 4	422 Pa	atient Safety	Process	TRUE	Claims,Registry	Obstetrics/Gynecology	American Urogynecologic Society
Perioperative Care: Selection of Prophylactic Antibiotic - First OR Second-	Percentage of surgical patients aged 18 years and older undergoing procedures with the indications for a first OR second generation ceohalosporin prophylactic antibiotic who had an order for a first										Orthopedic Surgery,Otolaryngology,Plastic	
Generative Care: Selection of Prophylactic Antibiotic - First OR Second- Generation Cephalosporin	OR second-generation cephalosporin for antimicrobial prophylaxis	None	None	1	268	21 Pa	atient Safety	Process	TRUE	Claims,Registry	Surgery,Vascular Surgery,General Surgery,Thoracic Surgery,Neurosurgical	American Society of Plastic Surgeons
		•	•						•		-	

MEASURE NAME	MEASURE DESCRIPTION	eMEASURE ID	eMEASURE NQF	F NQF	QUALITY	D NQS DOMAIN	MEASURE TYPE	PRIORITY	DATA SUBMISSION METHOD	SPECIALTY MEASURE SET	PRIMARY MEASURE STEWARD
menouse name	Percentage of surgical patients aged 18 years and older undergoing procedures for which venous	chicksone in	chicksone ng		QUALITY	lings bolinkin	increase in c	mensorie	mernob	Si CORETT MERSONE SET	TRANSIT MERSONE STEWARD
	thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH). Low-Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin.									Onthe sea dia Garage and Anna Alexandra	
rioperative Care: Venous Thromboembolism (VTE) Prophylaxis (When	fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within									Orthopedic Surgery,Otolaryngology,Plastic Surgery,Vascular Surgery,General Surgery,Thoracic	
dicated in ALL Patients)	24 hours after surgery end time	None	None	None		3 Patient Safety	Process	TRUE	Claims,Registry	Surgery, Urology, Neurosurgical	American Society of Plastic Surgeons
	Percentage of patients, regardless of age, who undergo surgical or therapeutic procedures under										
	general or neuraxial anesthesia of 60 minutes duration or longer for whom at least one body										
rioperative Temperature Management	temperature greater than or equal to 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) was achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia	None	None	26	81 4	4 Patient Safety	Outcome	TRUE	Registry	Anesthesiology	American Society of Anesthesiologists
	The percentage of patients 18 years of age and older during the measurement year who were	Home	Home			- Indene solety	outcome	mor	incentry		
	hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the										
and the second second second second second	measurement year with adiagnosis of acute myocardial infarction (AMI) and who were prescribed persistent beta-blocker treatment for six months after discharge						_			Conditions - Contine Medicine Internet Medicine	National Councility of the Quality Assume
ersistence of Beta-Blocker Treatment After a Heart Attack	The rate of screening and surveillance colonoscopies for which photodocumentation of at least two	None	None		/1 44	2 Effective Clinical Care	Process	FALSE	Registry	Cardiology,Family Medicine,Internal Medicine	National Committee for Quality Assurance
otodocumentation of Cecal Intubation	landmarks of cecal intubation is performed to establish a complete examination	None	None	None	43	5 Effective Clinical Care	Process	FALSE	Claims, Registry	Gastroenterology	American Society for Gastrointestinal Endoscopy
										Allergy/Immunology,Family Medicine,Internal	
										Medicine,Obstetrics/Gynecology,Otolaryngology,Prevent	1
neumococcal Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine	CMS127v7	None		43 1	1 Community/Population Health	Process	FALSE	Claims.EHR	ve Medicine,Oncology,Rheumatology,Nephrology,Infectious	National Committee for Quality Assurance
	Percentage of patients, regardless of age, who undergo central venous catheter (CVC) insertion for										
	whom CVC was inserted with all elements of maximal sterile barrier technique, hand hygiene, skin										
vention of Central Venous Catheter (CVC) - Related Bloodstream Infections	preparation and, if ultrasound is used, sterile ultrasound techniques followed	None	None	27	26	6 Patient Safety	Process	TRUE	Claims,Registry	Anesthesiology, Interventional Radiology, Hospitalists	American Society of Anesthesiologists
	Percentage of patients, aged 18 years and older, who undergo a procedure under an inhalational general anesthetic, AND who have three or more risk factors for post-operative nausea and vomiting										
vention of Post-Operative Nausea and Vomiting (PONV) - Combination	(PONV), who receive combination therapy consisting of at least two prophylactic pharmacologic										
rapy	antiemetic agents of different classes preoperatively and/or intraoperatively	None	None	None	4	0 Patient Safety	Process	TRUE	Registry	Anesthesiology	American Society of Anesthesiologists
	Percentage of patients aged 3 through 17 years, who undergo a procedure under general anesthesia in which an inhalational anesthetic is used for maintenance AND who have two or more risk factors										
	in which an innalational anesthetic is used for maintenance AND who have two or more risk factors for post-operative vomiting (POV), who receive combination therapy consisting of at least two										
	prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or	1	1	1				1	1		1
vention of Post-Operative Vomiting (POV) - Combination Therapy (Pediatrics)	intraoperatively	None	None	None	4	3 Patient Safety	Process	TRUE	Registry	Anesthesiology	American Society of Anesthesiologists
										Cardiology, Gastroenterology, Family Medicine, Internal	
										Medicine,Obstetrics/Gynecology,Orthopedic Surgery,Otolaryngology,Physical Medicine,Preventive	
	Percentage of patients aged 18 years and older with a BMI documented during the current									Medicine, Mental/Behavioral Health, Vascular	
	encounter or during the previous twelve months AND with a BMI outside of normal parameters, a									Surgery, General	
ventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	follow-up plan is documented during the encounter or during the previous twelve months of the									Surgery, Urology, Rheumatology, Podiatry, Physical	
n	current encounterNormal Parameters: Age 18 years and older BMI => 18.5 and < 25 kg/m2	CMS69v7	None	4	121 1	8 Community/Population Health	Process	FALSE	Claims,EHR	Therapy/Occupational Therapy	Centers for Medicare & Medicaid Services
										Allergy/Immunology,Family Medicine,Internal Medicine,Obstetrics/Gynecology,Otolaryngology,Pediatri	
	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31									cs,Preventive	
	who received an influenza immunization OR who reported previous receipt of an influenza									Medicine, Oncology, Rheumatology, Nephrology, Infectious	
ventive Care and Screening: Influenza Immunization	immunization	CMS147v8	None		41 1:	0 Community/Population Health	Process	FALSE	Claims,CMS Web Inter	Disease, Geriatrics, Skilled Nursing Facility	Physician Consortium for Performance Improvem
	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									Family Medicine, Internal Medicine, Orthopedic Surgery, Pediatrics, Preventive	
ventive Care and Screening: Screening for Depression and Follow-Up Plan	up plan is documented on the date of the positive screen	CMS2v8	None	4	18 1	4 Community/Population Health	Process	FALSE	Claims CMS Web Inter	Medicine Neurology Mental/Behavioral Health	Centers for Medicare & Medicaid Services
8 8 9 9 9 9										Medicine, Neurology, Mental/Behavioral Health Allergy/Immunology, Cardiology, Gastroenterology, Dermal ology, Emergency Medicine, Family Medicine, Internal	1
eventive Care and Screening: Screening for High Blood Pressure and Follow-Up	Percentage of patients aged 18 years and older seen during the reporting period who were screenet for high blood pressure AND a recommended follow-up plan is documented based on the current									Medicine, Obstetrics/Gynecology, Orthopedic Surgery, Proventive Surgery, Preventive Medicine, Neurology, Mental/Behavioral Health, Vascular Surgery, General Surgery, Thoracic Surgery, Urology, Oncology, Rheumatology, Nephrology, Urg	5
cumented	blood pressure (BP) reading as indicated	CMS22v7	None	None	3:	7 Community/Population Health	Process	FALSE	Claims,EHR	ent Care, Skilled Nursing Facility	Centers for Medicare & Medicaid Services
eventive Care and Screening: Tobacco Use: Screening and Cessation evention	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	CMS138v7	None		28 2	6 Community/Population Health	Process	FALSE	Claims,CMS Web Inter	Allergy/immunology,Cardiology,Gastoenterology,Derma dougy,Family Medicine,Internal Medicine,Dotstetrics/Gynecology,Ophthalmology,Orthop edic.Surgeny,Otelanyngology,Physical Medicine,Plastic Surgeny,Toenethy,Behavioral Health,Vascular Surgeny,Cineral Surgeny,Thoracic Surgeny,Cincology,Dheumatology,Neurosurgical,P dolatry,Urgen Care	Physician Consortium for Performance Improvem
										Cardiology,Gastroenterology,Family Medicine,Internal	
	Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using	1	1	1				1	1	Medicine,Obstetrics/Gynecology,Otolaryngology,Physical Medicine,Preventive	1
eventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief	a systematic screening method at least once within the last 24 months AND who received brief	1	1	1				1	1	Medicine,Preventive Medicine,Neurology,Mental/Behavioral	1
unseling	counseling if identified as an unhealthy alcohol user	None	None	21	52 43	1 Community/Population Health	Process	FALSE	Registry	Health, Urology, Oncology, Urgent Care	Physician Consortium for Performance Improven
mary Caries Prevention Intervention as Offered by Primary Care Providers,	Percentage of children, age 0-20 years, who received a fluoride varnish application during the		1						1		
uding Dentists	measurement period Reconstruction of extigent aged 19 years and elder with a diagnostic of extigent energy and elaysema	CMS74v8	None	None	3	9 Effective Clinical Care	Process	FALSE	EHR	Pediatrics,Dentistry	Centers for Medicare & Medicaid Services
nary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	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	CMS143v7	None	1	86	2 Effective Clinical Care	Process	FALSE	Claims,EHR	Ophthalmology	Physician Consortium for Performance Improvem
in a standing in course of the metric constrained	Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma	CH1314397	indie	1			0.00000	PALSE	som 10,cm		ingroued and a second sec
	(POAG) whose glaucoma treatment has not failed (the most recent IOP was reduced by at least 15%		1	1				1	1		
mary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP)	from the pre-intervention level) OR if the most recent IOP was not reduced by at least 15% from the	1	1	1				1	1		
15% OR Documentation of a Plan of Care oportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic	pre-intervention level, a plan of care was documented within the 12 month performance period	None	None	5	63 14	1 Communication and Care Coordina	ti Outcome	TRUE	Claims,Registry	Ophthalmology	American Academy of Ophthalmology
sportion of Patients Sustaining a Bladder Injury at the Time of any Pelvic gan Prolapse Repair	Percentage of patients undergoing any surgery to repair pelvic organ prolapse who sustains an injury to the bladder recognized either during or within 30 days after surgery	None	None	None	A:	2 Patient Safety	Outcome	TRUE	Registry	Obstetrics/Gynecology,Urology	American Urogynecologic Society
gent to experie Medium	Percentage of patients undergoing surgical repair of pelvic organ prolapse that is complicated by a			e	4			INUL	Bran A		
portion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ	bowel injury at the time of index surgery that is recognized intraoperatively or within 30 days after	1	1	1				1	1		1
lapse Repair	surgery	None	None	None	4	3 Patient Safety	Outcome	TRUE	Registry	Obstetrics/Gynecology,Urology	American Urogynecologic Society
2000 - 200	Percentage of patients undergoing pelvic organ prolapse repairs who sustain an injury to the ureter recognized either during or within 30 days after surgery		News			4 Dation 5-6-4	0.1		De altaba i		
portion of Patients Sustaining a Ureter Injury at the Time of Pelvic Organ		None	None	None	4	4 Patient Safety	Outcome	TRUE	Registry	Obstetrics/Gynecology,Urology	American Urogynecologic Society
portion of Patients Sustaining a Ureter Injury at the Time of Pelvic Organ Japse Repair	Dercentage of natients, regardless of age with a diagnosis of prostate cancer at low (or your low)	1	1	1				1	1		
portion of Patients Sustaining a Ureter Injury at the Time of Pelvic Organ lapse Repair	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low (or very low)			1				1	1		1
slapse Repair	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					1		TRUE	ELLD	1	Physician Consortium for Performance Improver
plapse Repair ostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk	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	CMS129v8	None	3	189 10	2 Efficiency and Cost Reduction	Process	TRUE	LHK	Urology,Oncology,Radiation Oncology	Thysician consortium for renormance improver
olapse Repair ostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk ostate Cancer Patients	Percentage of patients, regardless of age, with a diagnosis of postate cancer at low (or very low) risk of recurrence receiving interstital portate barchytherapo, O B external bearm addubteray to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer Percentage of patients, regardless of age, with a diagnosis of prostate cancer at high or very high	CMS129v8	None	3	189 10	2 Efficiency and Cost Reduction	Process	TRUE	Enk	Urology,Oncology,Radiation Oncology	Thyselan consortium for renormance improve
olapse Repair ostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk ostate Cancer Patients ostate Cancer: Combination Androgen Deprivation Therapy for High Risk or	Percentage of patients, regardless of age, with a diagnosis of postate cancer at low (or very low) risk of recurrence receiving interstillar postate brachytherapy. O Re sternal bears maidatherapy to the prostate. OR naicial prostatectomy. OR cryotherapy who did not have a bone scan performed at any time since diagnosis of postate cancer Percentage of patients, regardless of age, with a diagnosis of postate cancer at high or very high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed	CMS129v8	None				Process		Posistor		
Japse Repair state Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk state Cancer Patients sstate Cancer: Combination Androgen Deprivation Therapy for High Risk or	Percentage of patients, regardless of aga, with a diagnosis of postate cancer at low (or very low) risk of recurrence receiving interstituta portate barchytherapo, O B external beam addubteray to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer Percentage of patients, regardless of aga, with a diagnosis of prostate cancer at high or very high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed androgen deprivation therapy in combination with acternal beam radiotherapy to the prostate results of the patients of the prostate and the results who were prescribed androgen deprivation therapy in combination with acternal beam radiotherapy to the prostate for the prostate and the prostant of the prostate beam radiotherapy to the prostate and company.	CM5129v8 None	None	3		Efficiency and Cost Reduction Effective Clinical Care	Process	FALSE	Registry	Urology,Oncology,Radiation Oncology Urology	
olapse Repair ostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk ostate Cancer Patients ostate Cancer: Combination Androgen Deprivation Therapy for High Risk or	Percentage of patients, regardless of age, with a diagnosis of postate cancer at low (or very low) risk of recurrence receiving interstillar postate brachytherapy. O Re sternal bears maidatherapy to the prostate. OR naicial prostatectomy. OR cryotherapy who did not have a bone scan performed at any time since diagnosis of postate cancer Percentage of patients, regardless of age, with a diagnosis of postate cancer at high or very high risk of recurrence receiving external beam radiotherapy to the prostate who were prescribed	CMS129v8 None	None None	3			Process		Registry		
Diapue Repair ostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk state Cancer: Combination Addrogen Deprivation Therapy for High Risk or ry High Risk Prostate Cancer	Percentage of patients, regardless of age, with a diagnosis of postate cancer at low (or very low) risk of recurrece receiving interstituta postate brachytherapo, R0 external beam radiotherapy to the postate, 0R radical postatetoromy. OR cryotherapy who did not have a bone scan performed at any time since diagnosis of postate cancer Percentage of patients, regardless of age, with a diagnosis of postate cancer at high or very high risk of recurrece necking esternal beam radiotherapy to the prostate Percentage of posision upper receiving sternal beam radiotherapy to the prostate Percentage of posision situations receiving sternal beam radiotherapy to the prostate Percentage of socials viguings patient receiving sternal beam radiotherapy to the prostate Percentage of socials viguings patients receiving systemic percentage patient-reported disease activity levels. It is implied that established minimum level of disease catabilished minimum level of disease corrul as measured by physician-adity captent-resported patient-response of patient-response patient-response of patient-response patient-response of patient-response patient patient patient patient	CMS129v8 None	None	3	190 10	4 Effective Clinical Care		FALSE			American Urological Association Education and F
oportion of Patients Sustaining a Ureter Injury at the Time of Pelvic Organ obapte Repair ostate Cancer Avoidance of Overuse of Bone Scan for Staging Low Risk ostate Cancer Patients ostate Cancer: Combination Androgen Deprivation Therapy for High Risk or ry High Risk Prostate Cancer orliais: Clinical Response to Systemic Medications	Percentage of patients, regardless of aga, with a diagnosis of postate cancer at low (or very low) risk of recurrence receiving interstating postate brachytherapy. OR external bears maidwitherapy to the prostate, OR natical prostate to anytherapy who did not have a bone scan performed at any time since diagnosis of postate cancer diseases of postate cancer at high or very high risk of resurrence not send send and the minimum disease postate cancer at high or very high risk of resurrence not send send and the minimum disease postate cancer at high postaneous postate results and the send send and the send send send send send send send procentage of patients, regardless patients receiving systemic therapy who meet minimal physician- or patient-reported issess activity levels. It is implied that extendition and nor patient-reported outcomes will increase patient statisticant with an displication of patient-reported outcomes will necess patients indication with and displication of patient-reported outcomes will necess patient statistication with and displication of provident senders that the statistication will not displication of patient-reported patients and the sender patient receiving a physician and or patient-reported patients will be appress patient statistication with and displication to transman.	CMS129v8 None None	None None None	3 None	190 10				Registry Claims,Registry		
Diapue Repair ostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk state Cancer: Combination Addrogen Deprivation Therapy for High Risk or ry High Risk Prostate Cancer	Percentage of patients, regardles of age, with a diagnosis of postate cancer at low (or very low) risk of recurrence necesing interstrilla prostate brachytherapy. OR external beam radiotherapy to the postate, OR nalical postateatcomy, OR cytaberapy who did not have a bone scan performed at any time since diagnosis of postate cancer. Percentage of patients, regardless of age, with a diagnosis of postate cancer at high or very high risk of recurrence necking external beam radiotherapy to the prostate. Power perceited androgen depirvation therapy in combination with external beam radiotherapy to the prostate. Percentage of posisis vulgaris patient receiving systemic beam radiotherapy to present imming hysiciano- patient-reported disease activity levels. It is implied that established minimum level of disease corrol as measured to physician-and/or patient-reported outcomes will increase patient satisfaction with and atherence to treatment.	CM5129v8 None None	None None None	3 None	190 10	4 Effective Clinical Care		FALSE			American Urological Association Education and R
olapse Repair ostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk sostate Cancer: Ostenbination Adviragen Deprivation Therapy for High Risk or ny High Risk Prostate Cancer	Percentage of patients, regardless of aga, with a diagnosis of postate cancer at low (or very low) risk of recurrence receiving interstating postate brachytherapy. OR external bears maidwitherapy to the prostate, OR natical prostate to anytherapy who did not have a bone scan performed at any time since diagnosis of postate cancer diseases of postate cancer at high or very high risk of resurrence not send send and the minimum disease postate cancer at high or very high risk of resurrence not send send and the minimum disease postate cancer at high postaneous postate results and the send send and the send send send send send send send procentage of patients, regardless patients receiving systemic therapy who meet minimal physician- or patient-reported issess activity levels. It is implied that extendition and nor patient-reported outcomes will increase patient statisticant with an displication of patient-reported outcomes will necess patients indication with and displication of patient-reported outcomes will necess patient statistication with and displication of provident senders that the statistication will not displication of patient-reported patients and the sender patient receiving a physician and or patient-reported patients will be appress patient statistication with and displication to transman.	CMS129v8 None None	None None None	3 None	190 10	4 Effective Clinical Care		FALSE			American Urological Association Education and F

								HIGH	DATA SUBMISSION		
MEASURE NAME	MEASURE DESCRIPTION Percentage of patients with a diagnosis of primary headache disorder whose health related quality	eMEASURE ID	eMEASURE NQF	NQF	QUAL	LITY ID NQS DOMAIN	MEASURE TYPE	MEASURE	METHOD	SPECIALTY MEASURE SET	PRIMARY MEASURE STEWARD
Quality of Life Assessment For Patients With Primary Headache Disorders	of life (HRQoL) was assessed with a tool(s) during at least two visits during the 12 month measurement period AND whose health related quality of life score stayed the same or improved	None	None	None		435 Effective Clinical Care	Outcome	TRUE	Claims, Registry	Neurology	American Academy of Neurology
	Percentage of final reports for patients aged 18 years and older undergoing CT with documentation that one or more of the following dose reduction techniques were used- Automated exposure										American College of Radiology/Ameri can Medical AssociationPhysician Consortium for Performance
Radiation Consideration for Adult CT: Utilization of Dose Lowering Techniques	control- Adjustment of the mA and/or kV according to patient size- Use of iterative reconstruction Percentage of radical prostatectomy pathology reports that include the pT category, the pN	None	None	None		436 Effective Clinical Care	Process	FALSE	Claims,Registry	Diagnostic Radiology	Improvement/ National Committee for Quality Assurance
Radical Prostatectomy Pathology Reporting Radiology: Exposure Dose Indices or Exposure Time and Number of Images	category, the Gleason score and a statement about margin status	None	None	18	53	250 Effective Clinical Care	Process	FALSE	Claims,Registry	Pathology,Oncology	College of American Pathologists
Reported for Procedures Using Fluoroscopy	Final reports for procedures using fluoroscopy that document radiation exposure indices, or exposure time and number of fluorographic images (if radiation exposure indices are not available)	None	None	None		145 Patient Safety	Process	TRUE	Claims,Registry	Diagnostic Radiology, Interventional Radiology	American College of Radiology
Radiology: Inappropriate Use of "Probably Benign" Assessment Category in Screening Mammograms	Percentage of final reports for screening mammograms that are classified as "probably benign"	None	None		08	146 Efficiency and Cost Reduction	Process	TRUE	Claims, Registry	Diagnostic Radiology	American College of Radiology
Radiology: Reminder System for Screening Mammograms	Percentage of patients undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram	None	None		09	225 Communication and Care Coordinati	Structure	TRUE		Diagnostic Radiology	American College of Radiology
and a state of state	Percentage of final reports for carotid imaging studies (neck magnetic resonance angiography [MRA], neck computed tomography angiography [CTA], neck duplex ultrasound, carotid angiogram)	None	None		0.5	215 communication and care coordinate	Structure	mor	clams, (cgisti y		
	performed that include direct or indirect reference to measurements of distal internal carotid										
Radiology: Stenosis Measurement in Carotid Imaging Reports RAS (KRAS and NRAS) Gene Mutation Testing Performed for Patients with	diameter as the denominator for stenosis measurement Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer who receive anti-	None	None	5	07	195 Effective Clinical Care	Process	FALSE	Claims,Registry	Diagnostic Radiology	American College of Radiology
Metastatic Colorectal Cancer who receive Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy	epidermal growth factor receptor monoclonal antibody therapy for whom RAS (KRAS and NRAS) gene mutation testing was performed	None	None	18	59	451 Effective Clinical Care	Process	FALSE	Registry	Oncology	American Society of Clinical Oncology
Rate of Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS) Who Are Stroke Free or Discharged Alive	Percent of asymptomatic patients undergoing CAS who are stroke free while in the hospital or discharged alive following surgery	Nono	Nono	15		345 Effective Clinical Care	Outcome	TRUE	Registry	Cardiology, Vascular Surgery, Neurosurgical	Society for Vascular Surgeons
Rate of Asymptomatic Patients Undergoing Carotid Endarterectomy (CEA) Who	Percent of asymptomatic patients undergoing CEA who are stroke free or discharged alive following	None	None								
Are Stroke Free or Discharged Alive Rate of Carotid Artery Stenting (CAS) for Asymptomatic Patients, Without Major	surgery Percent of asymptomatic patients undergoing CAS who are discharged to home no later than post-	None	None	15	40	346 Effective Clinical Care	Outcome	TRUE	Registry	Vascular Surgery, Neurosurgical	Society for Vascular Surgeons
Complications (Discharged to Home by Post-Operative Day #2) Rate of Carotid Endarterectomy (CEA) for Asymptomatic Patients, without Major	operative day II2 Percent of asymptomatic patients undergoing CEA who are discharged to home no later than post-	None	None	None		344 Effective Clinical Care	Outcome	TRUE	Registry	Cardiology,Vascular Surgery	Society for Vascular Surgeons
Complications (Discharged to Home by Post-Operative Day #2) Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-	operative day #2 Percent of patients undergoing endovascular repair of small or moderate non-ruptured infrarenal	None	None	None		260 Patient Safety	Outcome	TRUE	Registry	Vascular Surgery	Society for Vascular Surgeons
Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) Who Are Discharged	abdominal aortic aneurysms (AAA) who are discharged alive	None	None	15	34	347 Patient Safety	Outcome	TRUE	Registry	Vascular Surgery	Society for Vascular Surgeons
Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non- Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major	Percent of patients undergoing endovascular repair of small or moderate non-ruptured infrarenal abdominal aortic aneurysms (AAA) that do not experience a major complication (discharged to										
Complications (Discharged to Home by Post Operative Day #2) Rate of Open Repair of Small or Moderate Non-Ruptured Infrarenal Abdominal	home no later than post-operative day #2) Percentage of patients undergoing open repair of small or moderate non-ruptured infrarenal	None	None	None	_	259 Patient Safety	Outcome	TRUE	Registry	Vascular Surgery	Society for Vascular Surgeons
Aortic Aneurysms (AAA) Where Patients Are Discharged Alive Rate of Open Repair of Small or Moderate Non-Ruptured Infrarenal Abdominal	abdominal aortic aneurysms (AAA) who are discharged alive Percent of patients undergoing open repair of small or moderate sized non-ruptured infrarenal	None	None	15	23	417 Patient Safety	Outcome	TRUE	Registry	Vascular Surgery	Society for Vascular Surgery
Aortic Aneurysms (AAA) without Major Complications (Discharged to Home by	abdominal aortic aneurysms who do not experience a major complication (discharge to home no										
Post-Operative Day #7) Rate of Surgical Conversion from Lower Extremity Endovascular	later than post-operative day #7) Inpatients assigned to endovascular treatment for obstructive arterial disease, the percent of	None	None	None		258 Patient Safety	Outcome	TRUE	Registry	Vascular Surgery	Society for Vascular Surgeons
Revascularization Procedure	patients who undergo unplanned major amputation or surgical bypass within 48 hours of the index Percentage of patients aged birth and older referred to a physician (preferably a physician specially	None	None	None	_	437 Patient Safety	Outcome	TRUE	Claims,Registry	Interventional Radiology	Society of Interventional Radiology
Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness	trained in disorders of the ear) for an otologic evaluation subsequent to an audiologic evaluation after presenting with acute or chronic dizziness	None	None	None		261 Communication and Care Coordinati	Process	TRUE	Claims,Registry	n/a	Audiology Quality Consortium
Rh Immunoglobulin (Rhogam) for Rh-Negative Pregnant Women at Risk of Fetal Blood Exposure	Percentage of Rh-negative pregnant women aged 14-50 years at risk of fetal blood exposure who	None	None	None		255 Effective Clinical Care	Process	FALSE			
	receive Rh- Immunoglobulin (Rhogam) in the emergency department (ED) Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who	None	None	None					Claims,Registry	Emergency Medicine	American College of Emergency Physicians
Rheumatoid Arthritis (RA): Assessment and Classification of Disease Prognosis	have an assessment and classification of disease prognosis at least once within 12 months Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) for	None	None	None		179 Effective Clinical Care	Process	FALSE	Registry	Orthopedic Surgery, Rheumatology	American College of Rheumatology
Rheumatoid Arthritis (RA): Functional Status Assessment	whom a functional status assessment was performed at least once within 12 months Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who	None	None	None	_	178 Effective Clinical Care	Process	FALSE	Registry	Orthopedic Surgery, Rheumatology	American College of Rheumatology
	have been assessed for glucocorticoid use and, for those on prolonged doses of prednisone >= 10 mg daily (or equivalent) with improvement or no change in disease activity, documentation of										
Rheumatoid Arthritis (RA): Glucocorticoid Management	glucocorticoid management plan within 12 months	None	None	None		180 Effective Clinical Care	Process	FALSE	Registry	Orthopedic Surgery, Rheumatology	American College of Rheumatology
	Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who have an assessment of disease activity at >=50% of encounters for RA for each patient during the										
Rheumatoid Arthritis (RA): Periodic Assessment of Disease Activity	measurement year Percentage of patients aged 18 years and older with a diagnosis of rheumatoid arthritis (RA) who	None	None	None		177 Effective Clinical Care	Process	FALSE	Registry	Rheumatology	American College of Rheumatology
	havedocumentation of a tuberculosis (TB) screening performed and results interpreted within 12 months prior to receiving a first course of therapy using a biologic disease-modifying anti-										
Rheumatoid Arthritis (RA): Tuberculosis Screening	rheumatic drug (DMARD) Percent of patients aged 18 years and older undergoing isolated CABG who die, including both all	None	None	None	_	176 Effective Clinical Care	Process	FALSE	Registry	Rheumatology	American College of Rheumatology
	deaths occurring during the hospitalization in which the CABG was performed, even if after 30 days,										
Risk-Adjusted Operative Mortality for Coronary Artery Bypass Graft (CABG)	and those deaths occurring after discharge from the hospital, but within 30 days of the procedure The percentage of patients age 50 years or older with at least one conventional adenoma or	None	None	1	19	445 Effective Clinical Care	Outcome	TRUE	Registry	Thoracic Surgery	Society of Thoracic Surgeons
Screening Colonoscopy Adenoma Detection Rate	colorectal cancer detected during screening colonoscopy Percentage of female patients aged 65-85 years of age who ever had a central dual-energy X-ray	None	None	None	_	343 Effective Clinical Care	Outcome	TRUE	Registry	Gastroenterology Family Medicine, Internal Medicine, Preventive	American Society for Gastrointestinal Endoscopy
Screening for Osteoporosis for Women Aged 65-85 Years of Age	absorptiometry (DXA) to check for osteoporosis The percentage of clinically node negative (clinical stage T1N0M0 or T2N0M0) breast cancer	None	None		46	39 Effective Clinical Care	Process	FALSE	Claims,Registry	Medicine, Rheumatology, Geriatrics	National Committee for Quality Assurance
Sentinel Lymph Node Biopsy for Invasive Breast Cancer	patients before or after neoadjuvant systemic therapy, who undergo a sentinel lymph node (SLN) Percentage of visits for patients aged 18 years and older with a diagnosis of obstructive sleep apnea	None	None	None		264 Effective Clinical Care	Process	FALSE	Registry	General Surgery	American Society of Breast Surgeons
	who were prescribed positive airway pressure therapy who had documentation that adherence to										
Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy	positive airway pressure therapy was objectively measured Percentage of patients aged 18 years and older with a diagnosis of obstructive sleep apnea who had	None	None	None		279 Effective Clinical Care	Process	FALSE	Registry	Internal Medicine,Otolaryngology	American Academy of Sleep Medicine
Sleep Apnea: Severity Assessment at Initial Diagnosis	an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) measured at the time of initial diagnosis	None	None	None		277 Effective Clinical Care	Process	FALSE	Registry	Internal Medicine,Otolaryngology	American Academy of Sleep Medicine
	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										
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	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	CMS347v2	None	None		438 Effective Clinical Care	Process	FALSE	CMS Web Interface,EF	Cardiology, Family Medicine, Internal Medicine, Preventive Medicine	Centers for Medicare & Medicaid Services
	Percentage of patients aged 18 years and older with a diagnosis of acute ischemic stroke who arrive at the hospital within two hours of time last known well and for whom IV t-PA was initiated within										
Stroke and Stroke Rehabilitation: Thrombolytic Therapy	three hours of time last known well	None	None	None		187 Effective Clinical Care	Process	FALSE	Registry	Emergency Medicine, Neurosurgical	American Heart Association
Surgical Site Infection (SSI)	Percentage of patients aged 18 years and older who had a surgical site infection (SSI)	None	None	None		357 Effective Clinical Care	Outcome	TRUE	Registry	Otolaryngology, Plastic Surgery, Vascular Surgery, General Surgery	American College of Surgeons
										Allergy/Immunology,Cardiology,Gastroenterology,Dermat ology,Family Medicine,Internal	
										Medicine,Obstetrics/Gynecology,Orthopedic Surgery,Otolaryngology,Pediatrics,Physical	
	The percentage of adolescents 12 to 20 years of age with a primary care visit during the									Medicine, Preventive Medicine, Neurology, Mental/Behavioral Health, Vascular	
Takana like and like with Outline Are and the	measurement year for whom tobacco use status was documented and received help with quitting if						L			Surgery, General Surgery, Thoracic	
Tobacco Use and Help with Quitting Among Adolescents	identified as a tobacco user Percentage of patients regardless of age undergoing a total knee replacement whose operative	None	None	None		402 Community/Population Health	Process	FALSE	Registry	Surgery,Oncology,Rheumatology,Urgent Care	National Committee for Quality Assurance
Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report	report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant	None	None	None		353 Patient Safety	Process	TRUE	Registry	Orthopedic Surgery	American Association of Hip and Knee Surgeons
Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet	Percentage of patients regardless of age undergoing a total knee replacement who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet	None	None	None		352 Patient Safety	Process	TRUE		Orthopedic Surgery	American Association of Hip and Knee Surgeons
ourniquet	propriyactic antibiotic completely infused prior to the inflation of the proximal tourniquet	None	none	None		302 Patient Safety	Process	TRUE	registry	or triopedic sufgery	American Association of hip and knee surgeons

								HIGH			
								PRIORITY	DATA SUBMISSION		
MEASURE NAME	MEASURE DESCRIPTION	eMEASURE IE	eMEASURE NQF	NQF	QUALITY ID	NQS DOMAIN	MEASURE TYPE	MEASURE	METHOD	SPECIALTY MEASURE SET	PRIMARY MEASURE STEWARD
	Percentage of patients regardless of age undergoing a total knee replacement with documented										
Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-	shared decision-making with discussion of conservative (non-surgical) therapy (e.g. nonsteroidal										
surgical) Therapy	anti-inflammatory drug (NSAIDs), analgesics, weight loss, exercise, injections) prior to the procedure		None	None	350	Communication and Care Coordinat	ti Process	TRUE	Registry	Orthopedic Surgery	American Association of Hip and Knee Surgeons
	Percentage of patients regardless of age undergoing a total knee replacement who are evaluated fo	r									
	the presence or absence of venous thromboembolic and cardiovascular risk factors within 30 days										
Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk	prior to the procedure (e.g. history of Deep Vein Thrombosis (DVT), Pulmonary Embolism (PE),										
Evaluation	Myocardial Infarction (MI), Arrhythmia and Stroke)	None	None	None	351	Patient Safety	Process	TRUE	Registry	Orthopedic Surgery	American Association of Hip and Knee Surgeons
	Percentage of female patients (aged 18 years and older) with AJCC stage I (T1c) - III, human										
	epidermal growth factor receptor 2 (HER2) positive breast cancer receiving adjuvant chemotherapy										
Breast Cancer Receiving Adjuvant Chemotherapy	who are also receiving Trastuzumab	None	None	1858	450	Effective Clinical Care	Process	TRUE	Registry	Oncology	American Society of Clinical Oncology
	Percentage of pregnant female patients aged 14 to 50 who present to the emergency department										
Ultrasound Determination of Pregnancy Location for Pregnant Patients with	(ED) with a chief complaint of abdominal pain or vaginal bleeding who receive a trans-abdominal or										
Abdominal Pain	trans-vaginal ultrasound to determine pregnancy location	None	None	None	254	Effective Clinical Care	Process	FALSE	Claims, Registry	Emergency Medicine	American College of Emergency Physicians
	Percentage of patients aged 18 years and older who had an unplanned hospital readmission within										
Unplanned Hospital Readmission within 30 Days of Principal Procedure	30 days of principal procedure	None	None	None	356	Effective Clinical Care	Outcome	TRUE	Registry	Plastic Surgery, General Surgery	American College of Surgeons
	Percentage of patients aged 18 years and older who had any unplanned reoperation within the 30										
Unplanned Reoperation within the 30 Day Postoperative Period	day postoperative period	None	None	None	355	Patient Safety	Outcome	TRUE	Registry	Plastic Surgery, General Surgery	American College of Surgeons
										Family Medicine,Internal	
Urinary Incontinence: Assessment of Presence or Absence of Urinary	Percentage of female patients aged 65 years and older who were assessed for the presence or									Medicine,Obstetrics/Gynecology,Preventive	
Incontinence in Women Aged 65 Years and Older	absence of urinary incontinence within 12 months	None	None	None	48	Effective Clinical Care	Process	FALSE	Claims, Registry	Medicine, Urology	National Committee for Quality Assurance
Urinary Incontinence: Plan of Care for Urinary Incontinence in Women Aged 65	Percentage of female patients aged 65 years and older with a diagnosis of urinary incontinence with	1								Family Medicine,Internal	
Years and Older	a documented plan of care for urinary incontinence at least once within 12 months	None	None	None	50	Person and Caregiver-Centered Exp	e Process	TRUE	Claims, Registry	Medicine,Obstetrics/Gynecology,Urology,Geriatrics	National Committee for Quality Assurance
	Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rate	s									
	are submitted.1) Percentage of patients who were ordered at least one high-risk medication2)									Allergy/Immunology,Cardiology,Family Medicine,Internal	
Use of High-Risk Medications in the Elderly	Percentage of patients who were ordered at least two of the same high-risk medication	CMS156v7	None	22	238	Patient Safety	Process	TRUE	EHR	Medicine, Rheumatology, Geriatrics	National Committee for Quality Assurance
	The percentage of patients with documentation of angiographic endpoints of embolization AND the	:									
	documentation of embolization strategies in the presence of unilateral or bilateral absent uterine										
and Interrogation of Ovarian Arteries	arteries	None	None	None	465	Patient Safety	Process	TRUE	Registry	Interventional Radiology	Society of Interventional Radiology
	Percentage of patients treated for varicose veins (CEAP C2-S) who are treated with saphenous										
	ablation (with or without adjunctive tributary treatment) that report an improvement on a disease										
Varicose Vein Treatment with Saphenous Ablation: Outcome Survey	specific patient reported outcome survey instrument after treatment	None	None	None	420	Effective Clinical Care	Outcome	TRUE	Registry	Interventional Radiology, Vascular Surgery	Society of Interventional Radiology
	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										
Weight Assessment and Counseling for Nutrition and Physical Activity for	body mass index (BMI) percentile documentation- Percentage of patients with counseling for										
Children and Adolescents	nutrition- Percentage of patients with counseling for physical activity	CMS155v7	None	24	239	Community/Population Health	Process	FALSE	EHR	Pediatrics	National Committee for Quality Assurance
		1	1				1	1		Family Medicine, Internal Medicine, Preventive	
	The percentage of patients aged 50 years and older who have had a Varicella Zoster (shingles)	1	1				1	1		Medicine,Oncology,Nephrology,Infectious	
Zoster (Shingles) Vaccination	vaccination.	None	None	None	474	Community/Population Health	Process	FALSE	Registry	Disease, Geriatrics, Skilled Nursing Facility	PPRNet
	For patients 18 years of age and older, the number of acute inpatient stays during the measurement	t	1		I –		1	I	1		
	year that were followed by an unplanned acute readmission for any diagnosis within 30 days and	1	1				1	1			
	the predicted probability of an acute readmission. Data are reported in the following categories:	1	1				1	1			
	1. Count of Index Hospital Stays* (denominator)	1	1				1	1			
	2. Count of 30-Day Readmissions (numerator)	1	1				1	1			
	3. Average Adjusted Probability of Readmission	1	1				1	1			
30 Day All Cause Readmit Rate for Discharged Inpatients (HCPR 19)		None	None	1768	1	Patient Safety	Outcome	TRUE	Claims	Hospitalists	HCPR

Additional Measure Sepcs for HCPR 19

							Preferred measure published				
							clinical category (i.e.,			Continuous	1 /
					Denominator	Numerator	Diabetes, Substance	Inverse	Proportional	Variable	Ratio
MEASURE ID	MEASURE NAME	Denominator	Numerator	Denominator Exclusions	Exceptions	Exclusions	Use/Management)	Measure	Measure	Measure	Measure
			At least one acute unplanned readmission for	Exclusions are included in the definition							1
			any diagnosis within 30 days of the date of	of the denominator (see S.9). Exclusions							,
			discharge from the Index Hospital Stay, that is	include discharges for death, pregnancy,							,
		Patients age 18 and older with a discharge from an acute	on or between the second day of the	perinatal condition, or a discharge that							,
		inpatient stay (Index Hospital Stay) on or between January 1	measurement year and the end of the	is followed by a planned admission							,
	30 Day All Cause Readmit Rate for	and December 1 of the measurement year.	measurement year.	within 30 days.							1
HCPR 19	Discharged Inpatients				None	None	Inpatient	Yes	Yes	No	No