

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

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

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

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

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population/Public Health
- Efficient Use of Healthcare Resources
- Clinical Process/Effectiveness

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

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS146v3	0002	Appropriate Testing for Children with Pharyngitis Domain: Efficient Use of Healthcare Resources	Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.	Children with a group A streptococcus test in the 7-day period from 3 days prior through 3 days after the diagnosis of pharyngitis	Children 2-18 years of age who had an outpatient or emergency department (ED) visit with a diagnosis of pharyngitis during the measurement period and an antibiotic ordered on or three days after the visit	National Committee for Quality Assurance	66
CMS137v3	0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment Domain: Clinical Process/ Effectiveness	Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who received the following. Two rates are reported. a. Percentage of patients who initiated treatment within 14 days of the diagnosis. b. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.	Numerator 1: Patients who initiated treatment within 14 days of the diagnosis Numerator 2: Patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit	Patients age 13 years of age and older who were diagnosed with a new episode of alcohol or drug dependency during a visit in the first 11 months of the measurement period	National Committee for Quality Assurance	305

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS165v3	0018	Controlling High Blood Pressure Domain: Clinical Process/ Effectiveness	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.	Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period.	Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period	National Committee for Quality Assurance	236 GPRO HTN-2
CMS156v3	0022	Use of High-Risk Medications in the Elderly Domain: Patient Safety	Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported. a. Percentage of patients who were ordered at least one high-risk medication. b. Percentage of patients who were ordered at least two different high-risk medications.	Numerator 1: Patients with an order for at least one high-risk medication during the measurement period. Numerator 2: Patients with an order for at least two different high-risk medications during the measurement period.	Patients 66 years and older who had a visit during the measurement period	National Committee for Quality Assurance	238

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS155v3	0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents Domain: Population/ Public Health	Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported. - Percentage of patients with height, weight, and body mass index (BMI) percentile documentation - Percentage of patients with counseling for nutrition - Percentage of patients with counseling for physical activity	Numerator 1: Patients who had a height, weight and body mass index (BMI) percentile recorded during the measurement period Numerator 2: Patients who had counseling for nutrition during a visit that occurs during the measurement period Numerator 3: Patients who had counseling for physical activity during a visit that occurs during the measurement period	Patients 3-17 years of age with at least one outpatient visit with a primary care physician (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement period	National Committee for Quality Assurance	239
CMS138v3	0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention Domain: Population/ Public Health	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	Patients who were screened for tobacco use at least once within 24 months AND who received tobacco cessation counseling intervention if identified as a tobacco user	All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the measurement period	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	226 GPRO PREV-10

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS125v3	Not Applicable	Breast Cancer Screening Domain: Clinical Process/ Effectiveness	Percentage of women 40–69 years of age who had a mammogram to screen for breast cancer.	Women with one or more mammograms during the measurement period or the year prior to the measurement period	Women 41–69 years of age with a visit during the measurement period	National Committee for Quality Assurance	112 GPRO PREV-5
CMS124v3	0032	Cervical Cancer Screening Domain: Clinical Process/ Effectiveness	Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.	Women with one or more Pap tests during the measurement period or the two years prior to the measurement period	Women 23-64 years of age with a visit during the measurement period	National Committee for Quality Assurance	309
CMS153v3	0033	Chlamydia Screening for Women Domain: Population/ Public Health	Percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.	Women with at least one chlamydia test during the measurement period	Women 16 to 24 years of age who are sexually active and who had a visit in the measurement period	National Committee for Quality Assurance	310

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS130v3	0034	Colorectal Cancer Screening Domain: Clinical Process/ Effectiveness	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.	<p>Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria below:</p> <ul style="list-style-type: none"> - Fecal occult blood test (FOBT) during the measurement period - Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period - Colonoscopy during the measurement period or the nine years prior to the measurement period 	Patients 50-75 years of age with a visit during the measurement period	National Committee for Quality Assurance	113 GPRO PREV-6
CMS126v3	0036	Use of Appropriate Medications for Asthma Domain: Clinical Process/ Effectiveness	Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.	Patients who were dispensed at least one prescription for a preferred therapy during the measurement period	Patients 5-64 years of age with persistent asthma and a visit during the measurement period	National Committee for Quality Assurance	311

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS117v3	0038	Childhood Immunization Status Domain: Population/ Public Health	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday	Children who turn 2 years of age during the measurement period and who have a visit during the measurement period	National Committee for Quality Assurance	240
CMS147v4	0041	Preventive Care and Screening: Influenza Immunization Domain: Population/ Public Health	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization	All patients aged 6 months and older seen for at least two visits or at least one preventive visit during the measurement period and seen for a visit between October 1 and March 31	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	110 GPRO PREV-7
CMS127v3	0043	Pneumonia Vaccination Status for Older Adults Domain: Clinical Process/ Effectiveness	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	Patients who have ever received a pneumococcal vaccination	Patients 65 years of age and older with a visit during the measurement period	National Committee for Quality Assurance	111 GPRO PREV-8

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS166v4	0052	Use of Imaging Studies for Low Back Pain Domain: Efficient Use of Healthcare Resources	Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	Patients without an imaging study conducted on the date of the outpatient or emergency department visit or in the 28 days following the outpatient or emergency department visit	Patients 18-50 years of age with a diagnosis of low back pain during an outpatient or emergency department visit	National Committee for Quality Assurance	312
CMS131v3	0055	Diabetes: Eye Exam Domain: Clinical Process/ Effectiveness	Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period	Patients with an eye screening for diabetic retinal disease. This includes diabetics who had one of the following: A retinal or dilated eye exam by an eye care professional in the measurement period or a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement period	Patients 18-75 years of age with diabetes with a visit during the measurement period	National Committee for Quality Assurance	117
CMS123v3	0056	Diabetes: Foot Exam Domain: Clinical Process/ Effectiveness	Percentage of patients aged 18-75 years of age with diabetes who had a foot exam during the measurement period.	Patients who received visual, pulse and sensory foot examinations during the measurement period	Patients 18-75 years of age with diabetes with a visit during the measurement period	National Committee for Quality Assurance	163
CMS122v3	0059	Diabetes: Hemoglobin A1c Poor Control Domain: Clinical Process/ Effectiveness	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.	Patients whose most recent HbA1c level (performed during the measurement period) is >9.0%	Patients 18-75 years of age with diabetes with a visit during the measurement period	National Committee for Quality Assurance	1 GPRO DM-2

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS148v3	0060	Hemoglobin A1c Test for Pediatric Patients Domain: Clinical Process/ Effectiveness	Percentage of patients 5-17 years of age with diabetes with an HbA1c test during the measurement period	Patients with documentation of date and result for a HbA1c test during the measurement period	Patients 5 to 17 years of age with a diagnosis of diabetes and a face-to-face visit between the physician and the patient that predates the most recent visit by at least 12 months	National Committee for Quality Assurance	365
CMS134v3	0062	Diabetes: Urine Protein Screening Domain: Clinical Process/ Effectiveness	The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.	Patients with a screening for nephropathy or evidence of nephropathy during the measurement period	Patients 18-75 years of age with diabetes with a visit during the measurement period	National Committee for Quality Assurance	119
CMS163v3	0064	Diabetes: Low Density Lipoprotein (LDL) Management Domain: Clinical Process/ Effectiveness	Percentage of patients 18-75 years of age with diabetes whose LDL-C was adequately controlled (<100 mg/dL) during the measurement period.	Patients whose most recent LDL-C level performed during the measurement period is <100 mg/dL	Patients 18-75 years of age with diabetes with a visit during the measurement period	National Committee for Quality Assurance	2

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS164v3	0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic Domain: Clinical Process/ Effectiveness	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period.	Patients who have documentation of use of aspirin or another antithrombotic during the measurement period	Patients 18 years of age and older with a visit during the measurement period, and an active diagnosis of ischemic vascular disease (IVD) or who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period	National Committee for Quality Assurance	204 GPRO IVD-2
CMS154v3	0069	Appropriate Treatment for Children with Upper Respiratory Infection (URI) Domain: Efficient Use of Healthcare Resources	Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.	Children without a prescription for antibiotic medication on or 3 days after the outpatient or ED visit for an upper respiratory infection	Children age 3 months to 18 years who had an outpatient or emergency department (ED) visit with a diagnosis of upper respiratory infection (URI) during the measurement period	National Committee for Quality Assurance	65

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS145v3	0070	Coronary Artery Disease (CAD): Beta-Blocker Therapy—Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%) Domain: Clinical Process/ Effectiveness	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have a prior MI or a current or prior LVEF <40% who were prescribed beta-blocker therapy	Patients who were prescribed beta-blocker therapy	All patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have prior MI or a current or prior LVEF <40%	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	7
CMS182v4	0075	Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control Domain: Clinical Process/ Effectiveness	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had a complete lipid profile performed during the measurement period and whose LDL-C was adequately controlled (< 100 mg/dL).	Numerator 1: Patients with a complete lipid profile performed during the measurement period Numerator 2: Patients whose most recent LDL-C level performed during the measurement period is <100 mg/dL	Patients 18 years of age and older with a visit during the measurement period, and an active diagnosis of ischemic vascular disease (IVD) during the measurement period, or who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period	National Committee Quality Assurance	241 GPRO IVD-1

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS135v3	0081	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD) Domain: Clinical Process/ Effectiveness	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge	Patients who were prescribed ACE inhibitor or ARB therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge	All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40%	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	5
CMS144v3	0083	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) Domain: Clinical Process/ Effectiveness	Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge	Patients who were prescribed beta-blocker therapy either within a 12 month period when seen in the outpatient setting OR at each hospital discharge	All patients aged 18 years and older with a diagnosis of heart failure with a current or prior LVEF < 40%	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	8 GPRO HF-6
CMS143v3	0086	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation Domain: Clinical Process/ Effectiveness	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	Patients who have an optic nerve head evaluation during one or more office visits within 12 months	All patients aged 18 years and older with a diagnosis of primary open-angle glaucoma	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	12

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS167v3	0088	Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy Domain: Clinical Process/ Effectiveness	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months	Patients who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy AND the presence or absence of macular edema during one or more office visits within 12 months	All patients aged 18 years and older with a diagnosis of diabetic retinopathy	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	18
CMS142v3	0089	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care Domain: Clinical Process/ Effectiveness	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months	Patients with documentation, at least once within 12 months, of the findings of the dilated macular or fundus exam via communication to the physician who manages the patient's diabetic care	All patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	19
CMS139v3	0101	Falls: Screening for Future Fall Risk Domain: Patient Safety	Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.	Patients who were screened for future fall risk at least once within the measurement period	Patients aged 65 years and older with a visit during the measurement period	National Committee for Quality Assurance	318 GPRO CARE-2

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS161v3	0104	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment Domain: Clinical Process/ Effectiveness	Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified	Patients with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified	All patients aged 18 years and older with a diagnosis of major depressive disorder (MDD)	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	107
CMS128v3	0105	Anti-depressant Medication Management Domain: Clinical Process/ Effectiveness	Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported. a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks). b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).	Numerator 1: Patients who have received antidepressant medication for at least 84 days (12 weeks) of continuous treatment during the 114-day period following the Index Prescription Start Date Numerator 2: Patients who have received antidepressant medications for at least 180 days (6 months) of continuous treatment during the 231-day period following the Index Prescription Start Date	Patients 18 years of age and older with a diagnosis of major depression in the 270 days (9 months) prior to the measurement period or the first 90 days (3 months) of the measurement period, who were treated with antidepressant medication, and with a visit during the measurement period	National Committee for Quality Assurance	9

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS136v4	0108	<p>ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication</p> <p>Domain: Clinical Process/ Effectiveness</p>	<p>Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported.</p> <p>a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.</p> <p>b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</p>	<p>Numerator 1: Patients who had at least one face-to-face visit with a practitioner with prescribing authority within 30 days after the IPSD</p> <p>Numerator 2: Patients who had at least one face-to-face visit with a practitioner with prescribing authority during the Initiation Phase, and at least two follow-up visits during the Continuation and Maintenance Phase. One of the two visits during the Continuation and Maintenance Phase may be a telephone visit with a practitioner.</p>	<p>Initial Patient Population 1: Children 6-12 years of age who were dispensed an ADHD medication during the Intake Period and who had a visit during the measurement period</p> <p>Initial Patient Population 2: Children 6-12 years of age who were dispensed an ADHD medication during the Intake Period and who remained on the medication for at least 210 days out of the 300 days following the IPSD, and who had a visit during the measurement period.</p>	National Committee for Quality Assurance	366

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS169v3	0110	<p>Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use</p> <p>Domain: Clinical Process/ Effectiveness</p>	<p>Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.</p>	<p>Patients in the denominator with evidence of an assessment for alcohol or other substance use following or concurrent with the new diagnosis, and prior to or concurrent with the initiation of treatment for that diagnosis.</p> <p>(Note: the endorsed measure calls for the assessment to be performed prior to discussion of the treatment plan with the patient, but the current approach was considered more feasible in an EHR setting. The "Assessment for Alcohol or Other Drug Use" required in the numerator is meant to capture a provider's assessment of the patient's symptoms of substance use. The essence of the measure is to avoid treating the patient for unipolar depression or bipolar disorder without an assessment of their use of alcohol or other drugs.)</p>	<p>Patients 18 years of age or older at the start of the measurement period with a new diagnosis of unipolar depression or bipolar disorder during the first 323 days of the measurement period, and evidence of treatment for unipolar depression or bipolar disorder within 42 days of diagnosis. The existence of a 'new diagnosis' is established by the absence of diagnoses and treatments of unipolar depression or bipolar disorder during the 180 days prior to the diagnosis.</p>	<p>Center for Quality Assessment & Improvement in Mental Health (CQAIMH)</p>	367

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS157v3	0384	Oncology: Medical and Radiation – Pain Intensity Quantified Domain: Patient and Family Engagement	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified	Patient visits in which pain intensity is quantified	All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	143
CMS141v4	0385	Colon Cancer: Chemotherapy for AJCC Stage III Colon Cancer Patients Domain: Clinical Process/ Effectiveness	Percentage of patients aged 18 through 80 years with AJCC Stage III colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.	Patients who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or who have previously received adjuvant chemotherapy within the 12 month reporting period	All patients aged 18 through 80 years with colon cancer with AJCC Stage III colon cancer	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	72
CMS140v3	0387	Breast Cancer: Hormonal Therapy for Stage IC-III C Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer Domain: Clinical Process/ Effectiveness	Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period	Patients who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period	All female patients aged 18 years and older with a diagnosis of breast cancer with stage IC through IIIC, estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	71

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS129v4	0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients Domain: Efficient Use of Healthcare Resources	Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer	Patients who did not have a bone scan performed at any time since diagnosis of prostate cancer	All patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	102
CMS62v3	Not Applicable	HIV/AIDS: Medical Visit Domain: Clinical Process/ Effectiveness	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least two medical visits during the measurement year with a minimum of 90 days between each visit	Patients with at least two medical visits during the measurement year with a minimum of 90 days between each visit	All patients, regardless of age, with a diagnosis of HIV/AIDS seen within a 12 month period	National Committee for Quality Assurance (NCQA)	368

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS52v3	0405	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis Domain: Clinical Process/ Effectiveness	Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis	Numerator 1: Patients who were prescribed pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 200 cells/mm3 Numerator 2: Patients who were prescribed pneumocystis jiroveci pneumonia (PCP) prophylaxis within 3 months of CD4 count below 500 cells/mm3 or a CD4 percentage below 15% Numerator 3: Patients who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis at the time of diagnosis of HIV	Denominator 1: All patients aged 6 years and older with a diagnosis of HIV/AIDS and a CD4 count below 200 cells/mm3 who had at least two visits during the measurement year, with at least 90 days in between each visit Denominator 2: All patients aged 1-5 years of age with a diagnosis of HIV/AIDS and a CD4 count below 500 cells/mm3 or a CD4 percentage below 15% who had at least two visits during the measurement year, with at least 90 days in between each visit Denominator 3: All patients aged 6 weeks to 12 months with a diagnosis of HIV who had at least two visits during the measurement year, with at least 90 days in between each visit	National Committee for Quality Assurance (NCQA)	160
CMS77v3	Not Applicable	HIV/AIDS: RNA Control for Patients with HIV Domain: Clinical Process/ Effectiveness	Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, with at least two visits during the measurement year, with at least 90 days between each visit, whose most recent HIV RNA level is <200 copies/mL.	Patients whose most recent HIV RNA level is <200 copies/mL.	All patients aged 13 years and older with a diagnosis of HIV/AIDS with at least two visits during the measurement year, with at least 90 days between each visit.	Centers for Centers for Medicare & Medicaid Services (CMS)	381

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS2v4	0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan Domain: Population/ Public Health	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	Patients screened for clinical depression on the date of the encounter using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen	All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period.	Quality Insights of Pennsylvania/ Centers for Medicare & Medicaid Services	134 GPRO PREV-12
CMS68v4	0419	Documentation of Current Medications in the Medical Record Domain: Patient Safety	Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	Eligible professional attests to documenting, updating or reviewing the patient's current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosages, frequency and route of administration	All visits occurring during the 12 month reporting period for patients aged 18 years and older before the start of the measurement period	Quality Insights of Pennsylvania/ Centers for Medicare & Medicaid Services	130

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS69v3	0421	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan Domain: Population/ Public Health	Percentage of patients aged 18 years and older with a BMI documented during the current encounter or during the previous six months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter Normal Parameters: Age 65 years and older BMI => 23 and < 30 kg/m2 Age 18 – 64 years BMI => 18.5 and < 25 kg/m2	Patients with a documented BMI during the encounter or during the previous six months, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous six months of the current encounter.	There are two (2) Initial Patient Populations for this measure: Initial Patient Population 1: All patients 65 years of age and older on the date of the encounter with at least one eligible encounter during the measurement period NOT INCLUDING encounters where the patient is receiving palliative care, refuses measurement of height and/or weight, the patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status, or there is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate. Initial Patient Population 2: All patients 18 through 64 years on the date of the encounter with at least one eligible encounter during the measurement period NOT INCLUDING encounters where the patient is receiving palliative care, refuses measurement of height and/or weight, the patient is in an urgent or emergent	Centers for Medicare & Medicaid Services (CMS)	128 GPRO PREV-9

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS69v3 (cont'd)					<p>medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status, or there is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate.</p> <p>Initial Patient Population 2: All patients 18 through 64 years before the beginning of the measurement period with at least one eligible encounter during the measurement period NOT INCLUDING encounters where the patient is receiving palliative care, refuses measurement of height and/or weight, the patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status, or there is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate</p>		

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS132v3	0564	<p>Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures</p> <p>Domain: Patient Safety</p>	<p>Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence</p>	<p>Patients who had one or more specified operative procedures for any of the following major complications within 30 days following cataract surgery: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence</p>	<p>All patients aged 18 years and older who had cataract surgery and no significant ocular conditions impacting the surgical complication rate</p>	<p>American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)</p>	192
CMS133v3	0565	<p>Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery</p> <p>Domain: Clinical Process/ Effectiveness</p>	<p>Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery</p>	<p>Patients who had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following cataract surgery</p>	<p>All patients aged 18 years and older who had cataract surgery</p>	<p>American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)</p>	191

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS158v3	Not Applicable	Pregnant women that had HBsAg testing Domain: Clinical Process/ Effectiveness	This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy.	Patients who were tested for Hepatitis B surface antigen (HBsAg) during pregnancy within 280 days prior to delivery.	All female patients aged 12 and older who had a live birth or delivery during the measurement period.	OptumInsight	369
CMS159v3	0710	Depression Remission at Twelve Months Domain: Clinical Process/ Effectiveness	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment	Adults who achieved remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than five.	Adults age 18 and older with a diagnosis of major depression or dysthymia and an initial PHQ-9 score greater than nine during an outpatient encounter.	MN Community Measurement	370
CMS160v3	0712	Depression Utilization of the PHQ-9 Tool Domain: Clinical Process/ Effectiveness	Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4-month period in which there was a qualifying visit.	Adult patients who have a PHQ-9 tool administered at least once during the four-month period.	Adult patients age 18 and older with an office visit and the diagnosis of major depression or dysthymia during each four month period	MN Community Measurement	371
CMS75v3	Not Applicable	Children Who Have Dental Decay or Cavities Domain: Clinical Process/ Effectiveness	Percentage of children, age 0-20 years, who have had tooth decay or cavities during the measurement period.	Children who had cavities or decayed teeth.	Children, age 0-20 years, with a visit during the measurement period.	Centers for Medicare & Medicaid Services (CMS)	378

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS177v3	1365	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment Domain: Patient Safety	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk	Patient visits with an assessment for suicide risk	All patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	382
CMS82v2	1401	Maternal Depression Screening Domain: Population/ Public Health	The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.	Children with documentation of maternal screening or treatment for postpartum depression for the mother.	Children with a visit who turned 6 months of age in the measurement period.	National Committee for Quality Assurance	372
CMS74v4	Not Applicable	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists Domain: Clinical Process/ Effectiveness	Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period.	Children who receive a fluoride varnish application	Children, age 0-20 years, with a visit during the measurement period.	Centers for Medicare & Medicaid Services (CMS)	379

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS61v4	Not Applicable	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed Domain: Clinical Process/ Effectiveness	Percentage of patients aged 20 through 79 years whose risk factors have been assessed and a fasting LDL-C test has been performed.	Numerator 1: (High Risk) Patients who had a fasting LDL-C test performed or a calculated LDL-C during the measurement period Numerator 2 : (Moderate Risk) Patients who had a fasting LDL-C test performed or a calculated LDL-C during the measurement period Numerator 3 : (Low Risk) Patients who had a fasting LDL-C test performed or a calculated LDL-C during the measurement period or up to four (4) years prior to the current measurement period	Denominator 1: (High Risk) All patients aged 20 through 79 years who have CHD or CHD Risk Equivalent OR 10-Year Framingham Risk > 20% Denominator 2 : (Moderate Risk) All patients aged 20 through 79 years who have 2 or more Major CHD Risk Factors OR 10-Year Framingham Risk 10-20% Denominator 3 : (Low Risk) All patients aged 20 through 79 years who have 0 or 1 Major CHD Risk Factors OR 10-Year Framingham Risk <10% ** For Denominator 2 and Denominator 3, Fasting HDL-C > or equal to 60 mg/dL subtracts 1 risk from the above (This is a negative risk factor.)	Quality Insights of Pennsylvania/ Centers for Medicare & Medicaid Services	316

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS64v4	Not Applicable	Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Domain: Clinical Process/ Effectiveness	Percentage of patients aged 20 through 79 years who had a fasting LDL-C test performed and whose risk-stratified fasting LDL-C is at or below the recommended LDL-C goal.	<p>Numerator 1: Patients whose most recent fasting LDL-C test result is in good control, defined as <100 mg/dL</p> <p>Numerator 2: Patients whose most recent fasting LDL-C test result is in good control, defined as <130 mg/dL</p> <p>Numerator 3: Patients whose most recent fasting LDL-C test result is in good control, defined as <160 mg/dL</p>	<p>Denominator 1: (High Risk) All patients aged 20 through 79 years who had a fasting LDL-C or a calculated LDL-C test performed during the measurement period and have CHD or CHD Risk Equivalent OR 10 year Framingham risk > 20%</p> <p>Denominator 2: (Moderate Risk) All patients aged 20 through 79 years who had a fasting LDL-C or a calculated LDL-C test performed during the measurement period and have 2 or more Major CHD Risk Factors OR 10 year Framingham Risk 10-20%.</p> <p>Denominator 3: (Low Risk) All patients aged 20 through 79 years who had a fasting LDL-C or a calculated LDL-C test performed up to 4 years prior to the current measurement period and have 0 or 1 Major CHD Risk Factors OR 10 year Framingham risk <10%. ** For Denominator 2 and Denominator 3, HDL-C > or equal to 60 mg/dL subtracts 1 risk from the above (This is a negative risk factor.)</p>	Quality Insights of Pennsylvania/ Centers for Medicare & Medicaid Services	316

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS149v3	Not Applicable	Dementia: Cognitive Assessment Domain: Clinical Process/ Effectiveness	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period	Patients for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period	All patients, regardless of age, with a diagnosis of dementia	American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	281
CMS65v4	Not Applicable	Hypertension: Improvement in Blood Pressure Domain: Clinical Process/ Effectiveness	Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement period.	Patients whose follow-up blood pressure is at least 10 mmHg less than their baseline blood pressure or is adequately controlled. If a follow-up blood pressure reading is not recorded during the measurement year, the patient's blood pressure is assumed "not improved."	All patients aged 18-85 years of age, who had at least one outpatient visit in the first six months of the measurement year, who have a diagnosis of essential hypertension documented during that outpatient visit, and who have uncontrolled baseline blood pressure at the time of that visit	Centers for Medicare & Medicaid Services (CMS)	373
CMS50v3	Not Applicable	Closing the Referral Loop: Receipt of Specialist Report Domain: Care Coordination	Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Number of patients with a referral, for which the referring provider received a report from the provider to whom the patient was referred.	Number of patients, regardless of age, who were referred by one provider to another provider, and who had a visit during the measurement period.	Centers for Medicare & Medicaid Services (CMS)	374

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS66v3	Not Applicable	Functional Status Assessment for Knee Replacement Domain: Patient and Family Engagement	Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments.	Patients with patient reported functional status assessment results (e.g., VR-12, VR-36, PROMIS-10 Global Health, PROMIS-29, KOOS) not more than 180 days prior to the primary TKA procedure, and at least 60 days and not more than 180 days after TKA procedure	Adults, aged 18 and older, with who had a primary total knee arthroplasty (TKA) within the 12 month period that begins 180 days before the start of the measurement period and ends 185 days after the start of the measurement period and who had an outpatient encounter not more than 180 days prior to procedure, and at least 60 days and not more than 180 days after TKA procedure.	Centers for Medicare & Medicaid Services (CMS)	375
CMS56v3	Not Applicable	Functional Status Assessment for Hip Replacement Domain: Patient and Family Engagement	Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments	Patients with patient reported functional status assessment results (e.g., VR-12, VR-36, PROMIS-10-Global Health, PROMIS-29, HOOS) not more than 180 days prior to the primary THA procedure, and at least 60 days and not more than 180 days after THA procedure.	Adults aged 18 and older withwho had a primary total hip arthroplasty (THA) within the 12 month period that begins 180 days before the start of the measurement period and ends 185 days after the start of the measurement period and who had an outpatient encounter not more than 180 days prior to procedure, and at least 60 days and not more than 180 days after THA procedure.	Centers for Medicare & Medicaid Services (CMS)	376

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS90v4	Not Applicable	Functional Status Assessment for Complex Chronic Conditions Domain: Patient and Family Engagement	Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments	Patients with patient reported functional status assessment results (e.g., VR-12; VR-36; MLHF-Q; KCCQ; PROMIS-10 Global Health, PROMIS-29) present in the EHR at least within two weeks before or during the initial encounter and the follow-up encounter during the measurement year.	Adults aged 65 years and older who had two outpatient encounters during the measurement year and an active diagnosis of heart failure.	Centers for Medicare & Medicaid Services (CMS)	377
CMS179v3	Not Applicable	ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range Domain: Patient Safety	Average percentage of time in which patients aged 18 and older with atrial fibrillation who are on chronic warfarin therapy have International Normalized Ratio (INR) test results within the therapeutic range (i.e., TTR) during the measurement period.	Measure Observations Statement: Average percentage of time that patients in the measure population have INR results within the therapeutic range (i.e., TTR)	Initial Patient Population Statement: Patients aged 18 and older with atrial fibrillation without valvular heart disease who had been on chronic warfarin therapy for at least 180 days before the start of and during the measurement period. Patient should have at least one outpatient visit during the measurement period Measure Population Statement: Equals All in Initial Patient Population with sufficient international normalized ratio (INR) results to calculate a warfarin time in therapeutic range (TTR)	Centers for Medicare & Medicaid Services (CMS)	380

CMS eMeasure ID (For Reporting in 2015)	NQF #	Measure Title	Measure Description	Numerator Statement	Denominator Statement	Measure Steward	PQRS# (For Reporting in 2015)
CMS22v3	Not Applicable	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented Domain: Population/ Public Health	Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated	Patients who were screened for high blood pressure AND have a recommended follow-up plan documented, as indicated if the blood pressure is pre-hypertensive or hypertensive	All patients aged 18 years and older before the start of the measurement period	Quality Insights of Pennsylvania/ Centers for Medicare & Medicaid Services	317 GPRO PREV-11