

# MAPIR 6.4 Clinical Quality Measures Screenshots for PY2021

Updated April 13, 2021

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The page order of the CQM screens in this document follows the default order as they are initially displayed in MAPIR, which is first by the **Outcome CQMs**, then the **High Priority CQMs**, and then by **Other CQMs**.

The CMS Number for each measure is a hyperlink that will bring you to the relevant page.

For ease of reference, there are three tables in which the CMS number for each measure is a hyperlink that will bring you to the relevant page. The first table is sorted by Measure type (Outcome, High Priority or Other), the second table is sorted by CMS number, and the third table is sorted by NQF number.

## CQM List, Sorted by Measure Type: Outcome, High Priority, Other

Click on the link in the CMS# column to navigate directly to the page with the screenshot.

CQM Count	UI Screen #	CMS #	CMS Version #	NQF #	CQM Type	Page #
1	920	<a href="#">133</a>	9.2.000	0565e	Outcome	9
2	939	<a href="#">159</a>	9.4.000	0710e	Outcome	10
3	902	<a href="#">75</a>	9.2.000	N/A	Outcome	11
4	912	<a href="#">122</a>	9.3.000	N/A	Outcome	12
5	941	<a href="#">165</a>	9.2.000	N/A	Outcome	13
6	947	<a href="#">771</a>	2.2.000	N/A	Outcome	14
7	925	<a href="#">138</a>	9.2.000	0028e	High Priority	15
8	932	<a href="#">147</a>	10.2.000	0041e	High Priority	16
9	938	<a href="#">157</a>	9.2.000	0384e	High Priority	17
10	917	<a href="#">129</a>	10.3.000	0389e	High Priority	18
11	901	<a href="#">2</a>	10.2.000	0418e	High Priority	19
12	906	<a href="#">68</a>	10.3.000	0419e	High Priority	20
13	942	<a href="#">177</a>	9.2.000	1365e	High Priority	21
14	943	<a href="#">249</a>	3.2.000	N/A	High Priority	22
15	903	<a href="#">50</a>	9.2.000	N/A	High Priority	23
16	904	<a href="#">56</a>	9.2.000	N/A	High Priority	24
17	905	<a href="#">66</a>	9.3.000	N/A	High Priority	25
18	910	<a href="#">90</a>	10.2.000	N/A	High Priority	26
19	914	<a href="#">125</a>	9.2.000	N/A	High Priority	27
20	916	<a href="#">128</a>	9.2.000	N/A	High Priority	28
21	918	<a href="#">130</a>	9.2.000	N/A	High Priority	29
22	923	<a href="#">136</a>	10.2.000	N/A	High Priority	30
23	924	<a href="#">137</a>	9.3.000	N/A	High Priority	31
24	926	<a href="#">139</a>	9.2.000	N/A	High Priority	32
25	927	<a href="#">142</a>	9.2.000	N/A	High Priority	33
26	931	<a href="#">146</a>	9.2.000	N/A	High Priority	34
27	934	<a href="#">153</a>	9.2.000	N/A	High Priority	35
28	935	<a href="#">154</a>	9.2.000	N/A	High Priority	36
29	936	<a href="#">155</a>	9.2.000	N/A	High Priority	37
30	937	<a href="#">156</a>	9.3.000	N/A	High Priority	38
31	930	<a href="#">145</a>	9.2.000	0070e	Other	39
32	922	<a href="#">135</a>	9.2.000	0081e	Other	40
33	929	<a href="#">144</a>	9.2.000	0083e	Other	41
34	928	<a href="#">143</a>	9.2.000	0086e	Other	42
35	940	<a href="#">161</a>	9.2.000	0104e	Other	43
36	907	<a href="#">69</a>	9.3.000	N/A	Other	44
37	933	<a href="#">149</a>	9.2.000	2872e	Other	45
38	902	<a href="#">22</a>	9.3.000	N/A	Other	46
39	908	<a href="#">74</a>	10.2.000	N/A	Other	47
40	911	<a href="#">117</a>	9.2.000	N/A	Other	48
41	913	<a href="#">124</a>	9.1.000	N/A	Other	49
42	915	<a href="#">127</a>	9.2.000	N/A	Other	50
43	919	<a href="#">131</a>	9.2.000	N/A	Other	51
44	921	<a href="#">134</a>	9.3.000	N/A	Other	52
45	944	<a href="#">347</a>	4.3.000	N/A	Other	53
46	946	<a href="#">645</a>	4.1.000	N/A	Other	54
47	945	<a href="#">349</a>	3.3.000	N/A	Other	55

## CQM List, Sorted by CMS Number

Click on the link in the CMS# column to navigate directly to the page with the screenshot.

CQM Count	UI Screen #	CMS #	CMS Version #	NQF #	CQM Type	Page #
11	901	<a href="#">2</a>	10.2.000	0418e	High Priority	19
38	902	<a href="#">22</a>	9.3.000	N/A	Other	46
15	903	<a href="#">50</a>	9.2.000	N/A	High Priority	23
16	904	<a href="#">56</a>	9.2.000	N/A	High Priority	24
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12	906	<a href="#">68</a>	10.3.000	0419e	High Priority	20
36	907	<a href="#">69</a>	9.3.000	N/A	Other	44
39	908	<a href="#">74</a>	10.2.000	N/A	Other	47
3	902	<a href="#">75</a>	9.2.000	N/A	Outcome	11
18	910	<a href="#">90</a>	10.2.000	N/A	High Priority	26
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29	936	<a href="#">155</a>	9.2.000	N/A	High Priority	37
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46	946	<a href="#">645</a>	4.1.000	N/A	Other	54
6	947	<a href="#">771</a>	2.2.000	N/A	Outcome	14

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Get Started R&A/Contact Info Eligibility Patient Volumes **Attestation** Review Submit

**MEANINGFUL USE CLINICAL QUALITY MEASURES (eCQMs)**

All Clinical Quality Measures in the Promoting Interoperability/EHR Incentive Program are referred to as "eCQMs" because they must be generated by a provider's Certified Electronic Health Record system. Eligible Professionals participating in the Vermont Medicaid PIP/EHRIP are not required to submit eCQMs electronically.

**The 2021 eCQM reporting period for EPs is any continuous 90-day period within CY2021.**

Important information for Program Year Clinical Quality Measures:

- All participating EPs are required to report on any six (6) eCQMs relevant to their scope of practice from the set of 47 available.
- In addition, EPs must report on at least one **Outcome** measure.
- If no outcome measure is relevant to his or her scope of practice, the EP must report on one High Priority measure.
- If no high priority measures are relevant to their scope of practice, they may report on any six relevant **other** measures.
- If none of the Outcome or High Priority eCQMs are relevant to the EP's scope of practice, **they must check the acknowledgement box** within each section in order to proceed to the next screen.

CMS guidance from an updated FAQ, as well as examples of MAPIR screens for Clinical Quality Measure reporting are posted here: [https://healthdata.vermont.gov/sites/healthdata/files/pdfs/EHRIP/CQM\\_Screenshots\\_PY2021\\_MAPIR\\_6.4.pdf](https://healthdata.vermont.gov/sites/healthdata/files/pdfs/EHRIP/CQM_Screenshots_PY2021_MAPIR_6.4.pdf)

**MAPIR NAVIGATION**

CQMs are sorted in ascending order by NQF number. You have the ability to re-sort the CQMs by NQF or CMS number. This sorting function is available at the top of the sort column with arrows to sort the CQMs in ascending or descending order.

You will not be able to proceed with your attestation without selecting the minimum required number of CQMs. Once you have selected the CQMs and advanced to the next screen, you may use the Navigation Panel to the left of the screen to choose the order in which you enter your CQMs. You do not need to enter them in the order that they appear on the screen. You may also advance through the CQMs by completing the fields on the CQM screen and selecting "Save and Continue," which will take you to the next CQM that needs to be completed.

**NOTE:** The white checkmark in the green circle means the section has been completed.

**It is important to SAVE all documentation and reports that support your Meaningful Use attestation, including documentation for exclusions and measures with the value of zero. If you see patients at multiple outpatient practice locations or have multiple employers, please save your Meaningful Use documentation from all sites in case of audit.**

UI 898

**Begin**

UI 898-C

# UI 827 MU CQM Worklist Table Screenshot from MAPIR

Screenshot 1 of 3

**Attestation Meaningful Use Measures**

**Meaningful Use Clinical Quality Measure Worklist**



You must select a minimum of six (6) CQMs in order to proceed. CMS now requires that you must select at least one (1) Outcome measure or if no Outcome measures are applicable, at least one (1) High Priority measure. If no Outcome or High Priority CQMs are relevant to your scope of practice, then please choose a minimum of six (6) CQMs from the list of Other available CQMs.

**If none of the Outcome or High Priority CQMs are relevant to your scope of practice, you must check the acknowledgement box within each section in order to proceed to the next screen.**

CQMs below are listed by NQF number within each section. You have the ability to sort and view the CQMs by NQF or CMS number by clicking on the sort arrows below.

*Please note you are not limited to only selecting one Outcome or High Priority CQM, you may select multiple CQMs from any category with a minimum total of six (6). When all CQMs have been edited and you are satisfied with the entries, select "Return to Main" button to access the main attestation topic list.*

**Outcome Clinical Quality Measures**

NQF# 	Measure# 	Title	Selection
0565e	CMS133 v9.2.000	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	<input type="checkbox"/>
0710e	CMS159 v9.4.000	Depression Remission at Twelve Months	<input type="checkbox"/>
Not Applicable	CMS75 v9.2.000	Children Who Have Dental Decay or Cavities	<input type="checkbox"/>
Not Applicable	CMS122 v9.3.000	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	<input type="checkbox"/>
Not Applicable	CMS165 v9.2.000	Controlling High Blood Pressure	<input type="checkbox"/>
Not Applicable	CMS771 v2.2.000	Urinary Symptom Score Change 6 - 12 Months After Diagnosis of Benign Prostatic Hyperplasia	<input type="checkbox"/>

None of the Outcome Clinical Quality Measures listed above pertain to my scope of practice.



High Priority Clinical Quality Measures			
NQF#	Measure#	Title	Selection
0028e	CMS138 v9.2.000	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	<input type="checkbox"/>
0041e	CMS147 v10.2.000	Preventive Care and Screening: Influenza Immunization	<input type="checkbox"/>
0384e	CMS157 v9.2.000	Oncology: Medical and Radiation - Pain Intensity Quantified	<input type="checkbox"/>
0389e	CMS129 v10.3.000	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	<input type="checkbox"/>
0418e	CMS2 v10.2.000	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	<input type="checkbox"/>
0419e	CMS68 v10.3.000	Documentation of Current Medications in the Medical Record	<input type="checkbox"/>
1365e	CMS177 v9.2.000	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	<input type="checkbox"/>
3475e	CMS249 v3.2.000	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	<input type="checkbox"/>
Not Applicable	CMS50 v9.2.000	Closing the Referral Loop: Receipt of Specialist Report	<input type="checkbox"/>
Not Applicable	CMS56 v9.2.000	Functional Status Assessment for Total Hip Replacement	<input type="checkbox"/>
Not Applicable	CMS66 v9.3.000	Functional Status Assessment for Total Knee Replacement	<input type="checkbox"/>
Not Applicable	CMS90 v10.2.000	Functional Status Assessments for Congestive Heart Failure	<input type="checkbox"/>
Not Applicable	CMS125 v9.2.000	Breast Cancer Screening	<input type="checkbox"/>
Not Applicable	CMS128 v9.2.000	Antidepressant Medication Management	<input type="checkbox"/>
Not Applicable	CMS130 v9.2.000	Colorectal Cancer Screening	<input type="checkbox"/>
Not Applicable	CMS136 v10.2.000	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	<input type="checkbox"/>
Not Applicable	CMS137 v9.3.000	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	<input type="checkbox"/>
Not Applicable	CMS139 v9.2.000	Falls: Screening for Future Fall Risk	<input type="checkbox"/>
Not Applicable	CMS142 v9.2.000	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	<input type="checkbox"/>
Not Applicable	CMS146 v9.2.000	Appropriate Testing for Pharyngitis	<input type="checkbox"/>
Not Applicable	CMS153 v9.2.000	Chlamydia Screening for Women	<input type="checkbox"/>
Not Applicable	CMS154 v9.2.000	Appropriate Treatment for Upper Respiratory Infection (URI)	<input type="checkbox"/>
Not Applicable	CMS155 v9.2.000	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	<input type="checkbox"/>
Not Applicable	CMS156 v9.3.000	Use of High-Risk Medications in Older Adults	<input type="checkbox"/>

None of the High Priority Clinical Quality Measures listed above pertain to my scope of practice.

Other Clinical Quality Measures			
NQF#	Measure#	Title	Selection
0070e	CMS145 v9.2.000	Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	<input type="checkbox"/>
0081e	CMS135 v9.2.000	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Nepriylsin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	<input type="checkbox"/>
0083e	CMS144 v9.2.000	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	<input type="checkbox"/>
0086e	CMS143 v9.2.000	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	<input type="checkbox"/>
0104e	CMS161 v9.2.000	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	<input type="checkbox"/>
2872e	CMS149 v9.2.000	Dementia: Cognitive Assessment	<input type="checkbox"/>
Not Applicable	CMS22 v9.3.000	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	<input type="checkbox"/>
Not Applicable	CMS69 v9.3.000	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	<input type="checkbox"/>
Not Applicable	CMS74 v10.2.000	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	<input type="checkbox"/>
Not Applicable	CMS117 v9.2.000	Childhood Immunization Status	<input type="checkbox"/>
Not Applicable	CMS124 v9.1.000	Cervical Cancer Screening	<input type="checkbox"/>
Not Applicable	CMS127 v9.2.000	Pneumococcal Vaccination Status for Older Adults	<input type="checkbox"/>
Not Applicable	CMS131 v9.2.000	Diabetes: Eye Exam	<input type="checkbox"/>
Not Applicable	CMS134 v9.3.000	Diabetes: Medical Attention for Nephropathy	<input type="checkbox"/>
Not Applicable	CMS347 v4.3.000	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	<input type="checkbox"/>
Not Applicable	CMS645 v4.1.000	Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy	<input type="checkbox"/>
Not Applicable	CMS349 v3.3.000	HIV Screening	<input type="checkbox"/>

• The Clinical Quality Measures reporting date range must consist of at least 90 days.



# Screenshots of MAPIR 6.4 CQMs for PY2021

UI 920 CMS133 NQF0565e

Attestation Meaningful Use Measures

- [CMS133](#) ✓
- [CMS159](#) ✓
- [CMS75](#) ✓
- [CMS122](#) ✓
- [CMS165](#) ✓
- [CMS771](#) ✓

**i** Click [HERE](#) to review CMS Guidelines for this measure.

Click the **Save & Continue** to proceed. Click **Previous** to go to Selection screen. Click **Return to Main** to access the main attestation topic list. Click **Clear All Entries** to remove entered data.

---

**(\*) Red asterisk indicates a required field.**

**Responses are required for the clinical quality measure displayed on this page.**

**Measure Number:** CMS133 v9.2.000  
**NQF Number:** 0565e  
**Measure Title:** Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery  
**Measure Description:** Percentage of cataract surgeries for patients aged 18 and older with a diagnosis of uncomplicated cataract 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 in the operative eye within 90 days following the cataract surgery.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:  \* Denominator:  \* Performance Rate (%):  \* Exclusion:

[Previous](#) [Return to Main](#) [Clear All Entries](#) [Save & Continue](#)

UI 920

Attestation Meaningful Use Measures

- [CMS133](#) ✓
- [CMS159](#) ✓
- [CMS75](#) ✓
- [CMS122](#) ✓
- [CMS165](#) ✓
- [CMS771](#) ✓

 Click [HERE](#) to review CMS Guidelines for this measure.

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(\*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

**Measure Number:** CMS159 v9.4.000  
**NQF Number:** 0710e  
**Measure Title:** Depression Remission at Twelve Months  
**Measure Description:** The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

**Stratum 1: Ages 12 to 17 at the time of the index assessment**

\* Numerator 1:  \* Denominator 1:  \* Performance Rate 1(%):  \* Exclusion 1:

**Stratum 2: Ages 18 and older at the time of the index assessment**

\* Numerator 2:  \* Denominator 2:  \* Performance Rate 2(%):  \* Exclusion 2:

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- [CMS133](#) ✓
- [CMS159](#) ✓
- [CMS75](#) ✓
- [CMS122](#) ✓
- [CMS165](#) ✓
- [CMS771](#) ✓

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**(\*) Red asterisk indicates a required field.**

**Responses are required for the clinical quality measure displayed on this page.**

<b>Measure Number:</b>	CMS75 v9.2.000
<b>NQF Number:</b>	Not Applicable
<b>Measure Title:</b>	Children Who Have Dental Decay or Cavities
<b>Measure Description:</b>	Percentage of children, 6 months - 20 years of age, who have had tooth decay or cavities during the measurement period.


<b>Numerator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Denominator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Performance Rate(%):</b>	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
<b>Exclusion:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.

<b>* Numerator:</b> <input type="text"/>	<b>* Denominator:</b> <input type="text"/>	<b>* Performance Rate (%):</b> <input type="text"/>	<b>* Exclusion:</b> <input type="text"/>
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**Attestation Meaningful Use Measures**

- [CMS133](#) ✓
- [CMS159](#) ✓
- [CMS75](#) ✓
- [CMS122](#) ✓
- [CMS165](#) ✓
- [CMS771](#) ✓

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**(\*) Red asterisk indicates a required field.**

**Responses are required for the clinical quality measure displayed on this page.**

<b>Measure Number:</b>	CMS122 v9.3.000
<b>NQF Number:</b>	Not Applicable
<b>Measure Title:</b>	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
<b>Measure Description:</b>	Percentage of patients 18 - 75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.


<b>Numerator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Denominator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Performance Rate(%):</b>	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
<b>Exclusion:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator:	<input type="text"/>	* Denominator:	<input type="text"/>	* Performance Rate (%):	<input type="text"/>	* Exclusion:	<input type="text"/>
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- [CMS159](#) ✓
- [CMS75](#) ✓
- [CMS122](#) ✓
- [CMS165](#) ✓
- [CMS771](#) ✓

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**(\*) Red asterisk indicates a required field.**

**Responses are required for the clinical quality measure displayed on this page.**

**Measure Number:** CMS165 v9.2.000  
**NQF Number:** Not Applicable  
**Measure Title:** Controlling High Blood Pressure  
**Measure Description:** Percentage of patients 18 - 85 years of age who had a diagnosis of hypertension overlapping the measurement period or the year prior to the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:  \* Denominator:  \* Performance Rate (%):  \* Exclusion:



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- CMS133 ✓
- CMS159 ✓
- CMS75 ✓
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- CMS771 ✓

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**(\*) Red asterisk indicates a required field.**

**Responses are required for the clinical quality measure displayed on this page.**

**Measure Number:** CMS771 v2.2.000  
**NQF Number:** Not Applicable  
**Measure Title:** Urinary Symptom Score Change 6 - 12 Months After Diagnosis of Benign Prostatic Hyperplasia  
**Measure Description:** Percentage of patients with an office visit within the measurement period and with a new diagnosis of clinically significant Benign Prostatic Hyperplasia who have International Prostate Symptoms Score (IPSS) or American Urological Association (AUA) Symptom Index (SI) documented at time of diagnosis and again 6 - 12 months later with an improvement of 3 points.


**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:  \* Denominator:  \* Performance Rate (%):  \* Exclusion:

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Responses are required for the clinical quality measure displayed on this page.

**Measure Number:** CMS138 v9.2.000  
**NQF Number:** 0028e  
**Measure Title:** Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention  
**Measure Description:** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 12 months AND who received tobacco cessation intervention if identified as a tobacco user. Three rates are reported;

- a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 12 months.
- b. Percentage of patients aged 18 years and older who were identified as a tobacco user who received tobacco cessation intervention.
- c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 12 months AND who received tobacco cessation intervention if identified as a tobacco user.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exception:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

**Population 1**

\* Numerator 1:  \* Denominator 1:  \* Performance Rate 1(%):  \* Exception 1:

**Population 2**


\* Numerator 2:  \* Denominator 2:  \* Performance Rate 2(%):  \* Exception 2:

**Population 3**

\* Numerator 3:  \* Denominator 3:  \* Performance Rate 3(%):  \* Exception 3:

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(\*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

**Measure Number:** CMS147 v10.2.000  
**NQF Number:** 0041e  
**Measure Title:** Preventive Care and Screening: Influenza Immunization  
**Measure Description:** Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exception:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:  \* Denominator:  \* Performance Rate (%):  \* Exception:

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**Responses are required for the clinical quality measure displayed on this page.**

**Measure Number:** CMS157 v9.2.000  
**NQF Number:** 0384e  
**Measure Title:** Oncology: Medical and Radiation - Pain Intensity Quantified  
**Measure Description:** Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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**Responses are required for the clinical quality measure displayed on this page.**

**Measure Number:** CMS129 v10.3.000  
**NQF Number:** 0389e  
**Measure Title:** Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients  
**Measure Description:** 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 who did not have a bone scan performed at any time since diagnosis of prostate cancer.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exception:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:  \* Denominator:  \* Performance Rate (%):  \* Exception:

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**Responses are required for the clinical quality measure displayed on this page.**

**Measure Number:** CMS2 v10.2.000  
**NQF Number:** 0418e  
**Measure Title:** Preventive Care and Screening: Screening for Depression and Follow-Up Plan  
**Measure Description:** Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to 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 eligible encounter.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Exception:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:  \* Denominator:  \* Performance Rate(%):  \* Exclusion:  \* Exception:

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**Responses are required for the clinical quality measure displayed on this page.**

**Measure Number:** CMS68 v10.3.000  
**NQF Number:** 0419e  
**Measure Title:** Documentation of Current Medications in the Medical Record  
**Measure Description:** Percentage of visits for patients aged 18 years and older for which the eligible professional or eligible clinician attests to documenting a list of current medications using all immediate resources available on the date of the encounter.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exception:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:  \* Denominator:  \* Performance Rate (%):  \* Exception:

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**Responses are required for the clinical quality measure displayed on this page.**

**Measure Number:** CMS177 v9.2.000  
**NQF Number:** 1365e  
**Measure Title:** Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment  
**Measure Description:** Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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**Responses are required for the clinical quality measure displayed on this page.**

**Measure Number:** CMS249 v3.2.000  
**NQF Number:** 3475e  
**Measure Title:** Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture  
**Measure Description:** Percentage of female patients 50 to 64 years of age without select risk factors for osteoporotic fracture who received an order for a dual-energy x-ray absorptiometry (DXA) scan during the measurement period.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:  \* Denominator:  \* Performance Rate (%):  \* Exclusion:

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**Responses are required for the clinical quality measure displayed on this page.**

**Measure Number:** CMS50 v9.2.000  
**NQF Number:** Not Applicable  
**Measure Title:** Closing the Referral Loop: Receipt of Specialist Report  
**Measure Description:** Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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**Responses are required for the clinical quality measure displayed on this page.**

**Measure Number:** CMS56 v9.2.000  
**NQF Number:** Not Applicable  
**Measure Title:** Functional Status Assessment for Total Hip Replacement  
**Measure Description:** Percentage of patients 18 years of age and older who received an elective primary total hip arthroplasty (THA) and completed a functional status assessment within 90 days prior to the surgery and in the 270 - 365 days after the surgery.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:  \* Denominator:  \* Performance Rate (%):  \* Exclusion:

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**Responses are required for the clinical quality measure displayed on this page.**

**Measure Number:** CMS66 v9.3.000  
**NQF Number:** Not Applicable  
**Measure Title:** Functional Status Assessment for Total Knee Replacement  
**Measure Description:** Percentage of patients 18 years of age and older who received an elective primary total knee arthroplasty (TKA) and completed a functional status assessment within 90 days prior to the surgery and in the 270 - 365 days after the surgery.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

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**Responses are required for the clinical quality measure displayed on this page.**

**Measure Number:** CMS90 v10.2.000  
**NQF Number:** Not Applicable  
**Measure Title:** Functional Status Assessments for Congestive Heart Failure  
**Measure Description:** Percentage of patients 18 years of age and older with congestive heart failure who completed initial and follow-up patient-reported functional status assessments.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.


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**(\*) Red asterisk indicates a required field.**

**Responses are required for the clinical quality measure displayed on this page.**

**Measure Number:** CMS125 v9.2.000  
**NQF Number:** Not Applicable  
**Measure Title:** Breast Cancer Screening  
**Measure Description:** Percentage of women 50 - 74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:  \* Denominator:  \* Performance Rate (%):  \* Exclusion:

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**(\*) Red asterisk indicates a required field.**

**Responses are required for the clinical quality measure displayed on this page.**

<b>Measure Number:</b>	CMS128 v9.2.000
<b>NQF Number:</b>	Not Applicable
<b>Measure Title:</b>	Antidepressant Medication Management
<b>Measure Description:</b>	Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported;
	a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks). b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).
<b>Numerator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Denominator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Performance Rate(%):</b>	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
<b>Exclusion:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.

* Numerator 1:	<input type="text"/>	* Denominator 1:	<input type="text"/>	* Performance Rate 1(%):	<input type="text"/>	* Exclusion 1:	<input type="text"/>
* Numerator 2:	<input type="text"/>	* Denominator 2:	<input type="text"/>	* Performance Rate 2(%):	<input type="text"/>	* Exclusion 2:	<input type="text"/>

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**Responses are required for the clinical quality measure displayed on this page.**

**Measure Number:** CMS130 v9.2.000  
**NQF Number:** Not Applicable  
**Measure Title:** Colorectal Cancer Screening  
**Measure Description:** Percentage of adults 50 - 75 years of age who had appropriate screening for colorectal cancer.


**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:  \* Denominator:  \* Performance Rate (%):  \* Exclusion:

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**Responses are required for the clinical quality measure displayed on this page.**

**Measure Number:** CMS136 v10.2.000  
**NQF Number:** Not Applicable  
**Measure Title:** Follow-Up Care for Children Prescribed ADHD Medication (ADD)  
**Measure Description:** Percentage of children 6 - 12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported;

- a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.
- b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

**Population Criteria 1: Children 6 - 12 years of age**

\* Numerator 1:  \* Denominator 1:  \* Performance Rate 1(%):  \* Exclusion 1:

**Population Criteria 2: Children 6 - 12 years of age**

\* Numerator 2:  \* Denominator 2:  \* Performance Rate 2(%):  \* Exclusion 2:

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Responses are required for the clinical quality measure displayed on this page.

**Measure Number:** CMS137 v9.3.000  
**NQF Number:** Not Applicable  
**Measure Title:** Initiation and Engagement of Alcohol and Other Drug Dependence Treatment  
**Measure Description:** Percentage of patients 13 years of age and older with a new episode of alcohol or other drug abuse or (AOD) dependence who received the following. Two rates are reported;

- a. Percentage of patients who initiated treatment including either an intervention or medication for the treatment of AOD abuse or dependence within 14 days of the diagnosis.
- b. Percentage of patients who engaged in ongoing treatment including two additional interventions or a medication for the treatment of AOD abuse or dependence within 34 days of the initiation visit. For patients who initiated treatment with a medication, at least one of the two engagement events must be a treatment intervention.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

**Stratum 1: Patients age 13 - 17 at the end of the Measurement Period**

\* Numerator 1:  \* Denominator 1:  \* Performance Rate 1(%):  \* Exclusion 1:   
 \* Numerator 2:  \* Denominator 2:  \* Performance Rate 2(%):  \* Exclusion 2:

**Stratum 2: Patients age >=18 at the end of the Measurement Period**


\* Numerator 3:  \* Denominator 3:  \* Performance Rate 3(%):  \* Exclusion 3:   
 \* Numerator 4:  \* Denominator 4:  \* Performance Rate 4(%):  \* Exclusion 4:

**Stratum 3: Total Patients age >=13**

\* Numerator 5:  \* Denominator 5:  \* Performance Rate 5(%):  \* Exclusion 5:   
 \* Numerator 6:  \* Denominator 6:  \* Performance Rate 6(%):  \* Exclusion 6:

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**Responses are required for the clinical quality measure displayed on this page.**

**Measure Number:** CMS139 v9.2.000  
**NQF Number:** Not Applicable  
**Measure Title:** Falls: Screening for Future Fall Risk  
**Measure Description:** Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* **Numerator:**  \* **Denominator:**  \* **Performance Rate (%):**  \* **Exclusion:**

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**Responses are required for the clinical quality measure displayed on this page.**

<b>Measure Number:</b>	CMS142 v9.2.000
<b>NQF Number:</b>	Not Applicable
<b>Measure Title:</b>	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
<b>Measure Description:</b>	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.

<b>Numerator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Denominator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Performance Rate(%):</b>	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
<b>Exception:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator: 
\* Denominator: 
\* Performance Rate (%): 
\* Exception:

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**Responses are required for the clinical quality measure displayed on this page.**

**Measure Number:** CMS146 v9.2.000  
**NQF Number:** Not Applicable  
**Measure Title:** Appropriate Testing for Pharyngitis  
**Measure Description:** The percentage of episodes for patients 3 years and older with a diagnosis of pharyngitis that resulted in an antibiotic dispensing event and a group A streptococcus (strep) test.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

**Stratum 1: 3 - 17 years**

\* Numerator 1:  \* Denominator 1:  \* Performance Rate 1(%):  \* Exclusion 1:

**Stratum 2: 18 - 64 years**

\* Numerator 2:  \* Denominator 2:  \* Performance Rate 2(%):  \* Exclusion 2:

**Stratum 3: 65 years and older**

\* Numerator 3:  \* Denominator 3:  \* Performance Rate 3(%):  \* Exclusion 3:

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Responses are required for the clinical quality measure displayed on this page.

**Measure Number:** CMS153 v9.2.000  
**NQF Number:** Not Applicable  
**Measure Title:** Chlamydia Screening for Women  
**Measure Description:** Percentage of women 16 - 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

**Stratum 1 Patient ages 16 - 20**

\* Numerator 1:  \* Denominator 1:  \* Performance Rate 1(%):  \* Exclusion 1:

**Stratum 2 Patient ages 21 - 24**

\* Numerator 2:  \* Denominator 2:  \* Performance Rate 2(%):  \* Exclusion 2:

**Total Patient ages 16 - 24**

\* Numerator 3:  \* Denominator 3:  \* Performance Rate 3(%):  \* Exclusion 3:

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**Responses are required for the clinical quality measure displayed on this page.**

**Measure Number:** CMS154 v9.2.000

**NQF Number:** Not Applicable

**Measure Title:** Appropriate Treatment for Upper Respiratory Infection (URI)

**Measure Description:** Percentage of episodes for patients 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

**Stratum 1: 3 months - 17 years**

\* Numerator 1:  \* Denominator 1:  \* Performance Rate 1(%):  \* Exclusion 1:

**Stratum 2: 18 - 64 years**

\* Numerator 2:  \* Denominator 2:  \* Performance Rate 2(%):  \* Exclusion 2:

**Stratum 3: 65 years and older**

\* Numerator 3:  \* Denominator 3:  \* Performance Rate 3(%):  \* Exclusion 3:

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Responses are required for the clinical quality measure displayed on this page.

**Measure Number:** CMS155 v9.2.000  
**NQF Number:** Not Applicable  
**Measure Title:** Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents  
**Measure Description:** 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;

- a. Percentage of patients with height, weight, and body mass index (BMI) percentile documentation.
- b. Percentage of patients with counseling for nutrition.
- c. Percentage of patients with counseling for physical activity.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

**Stratum 1 Patient ages 3 - 11**

\* Numerator 1:  \* Denominator 1:  \* Performance Rate 1(%):  \* Exclusion 1:   
 \* Numerator 2:  \* Denominator 2:  \* Performance Rate 2(%):  \* Exclusion 2:   
 \* Numerator 3:  \* Denominator 3:  \* Performance Rate 3(%):  \* Exclusion 3:

**Stratum 2 Patient ages 12 - 17**

\* Numerator 4:  \* Denominator 4:  \* Performance Rate 4(%):  \* Exclusion 4:   
 \* Numerator 5:  \* Denominator 5:  \* Performance Rate 5(%):  \* Exclusion 5:   
 \* Numerator 6:  \* Denominator 6:  \* Performance Rate 6(%):  \* Exclusion 6:

**Total Patient ages 3 - 17**

\* Numerator 7:  \* Denominator 7:  \* Performance Rate 7(%):  \* Exclusion 7:   
 \* Numerator 8:  \* Denominator 8:  \* Performance Rate 8(%):  \* Exclusion 8:   
 \* Numerator 9:  \* Denominator 9:  \* Performance Rate 9(%):  \* Exclusion 9:

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**Responses are required for the clinical quality measure displayed on this page.**

<b>Measure Number:</b>	CMS156 v9.3.000
<b>NQF Number:</b>	Not Applicable
<b>Measure Title:</b>	Use of High-Risk Medications in Older Adults
<b>Measure Description:</b>	Percentage of patients 65 years of age and older who were ordered at least two of the same high-risk medications.

<b>Numerator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Denominator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Performance Rate(%):</b>	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
<b>Exclusion:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:

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**Responses are required for the clinical quality measure displayed on this page.**

<b>Measure Number:</b>	CMS145 v9.2.000
<b>NQF Number:</b>	0070e
<b>Measure Title:</b>	Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
<b>Measure Description:</b>	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.
<b>Numerator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Denominator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Performance Rate(%):</b>	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
<b>Exception:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.

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**Responses are required for the clinical quality measure displayed on this page.**

<b>Measure Number:</b>	CMS135 v9.2.000
<b>NQF Number:</b>	0081e
<b>Measure Title:</b>	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) or Angiotensin Receptor-Neprilysin Inhibitor (ARNI) Therapy for Left Ventricular Systolic Dysfunction (LVSD)
<b>Measure Description:</b>	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 or ARNI therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge.
<b>Numerator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Denominator:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.
<b>Performance Rate(%):</b>	A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.
<b>Exception:</b>	A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:     \* Denominator:     \* Performance Rate (%):     \* Exception:

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**Responses are required for the clinical quality measure displayed on this page.**

**Measure Number:** CMS144 v9.2.000  
**NQF Number:** 0083e  
**Measure Title:** Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)  
**Measure Description:** Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) with a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy either within a 12-month period when seen in the outpatient setting OR at each hospital discharge.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exception:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:  \* Denominator:  \* Performance Rate (%):  \* Exception:

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**(\*) Red asterisk indicates a required field.**

**Responses are required for the clinical quality measure displayed on this page.**

**Measure Number:** CMS143 v9.2.000  
**NQF Number:** 0086e  
**Measure Title:** Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation  
**Measure Description:** Percentage of patients aged 18 years and older with a diagnosis of primary open-angle glaucoma (POAG) who have an optic nerve head evaluation during one or more office visits within 12 months.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exception:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

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**(\*) Red asterisk indicates a required field.**

Responses are required for the clinical quality measure displayed on this page.

**Measure Number:** CMS161 v9.2.000  
**NQF Number:** 0104e  
**Measure Title:** Adult Major Depressive Disorder (MDD): Suicide Risk Assessment  
**Measure Description:** All patient visits during which a new diagnosis of MDD or a new diagnosis of recurrent MDD was identified for patients aged 18 years and older with a suicide risk assessment completed during the visit.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.

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**(\*) Red asterisk indicates a required field.**

Responses are required for the clinical quality measure displayed on this page.

**Measure Number:** CMS69 v9.3.000  
**NQF Number:** Not Applicable  
**Measure Title:** Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan  
**Measure Description:** Percentage of patients aged 18 years and older with a BMI documented during the current encounter or within the previous twelve months AND who had a follow-up plan documented if most recent BMI was outside of normal parameters.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Exception:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:  \* Denominator:  \* Performance Rate(%):  \* Exclusion:  \* Exception:

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**(\*) Red asterisk indicates a required field.**

Responses are required for the clinical quality measure displayed on this page.


**Measure Number:** CMS149 v9.2.000  
**NQF Number:** 2872e  
**Measure Title:** Dementia: Cognitive Assessment  
**Measure Description:** Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12-month period.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exception:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:  \* Denominator:  \* Performance Rate (%):  \* Exception:

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**(\*) Red asterisk indicates a required field.**

Responses are required for the clinical quality measure displayed on this page.

**Measure Number:** CMS22 v9.3.000  
**NQF Number:** Not Applicable  
**Measure Title:** Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented  
**Measure Description:** Percentage of patient visits for patients aged 18 years and older seen during the measurement period who were screened for high blood pressure AND a recommended follow-up plan is documented, as indicated, if blood pressure is pre-hypertensive or hypertensive.


**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Exception:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:  \* Denominator:  \* Performance Rate(%):  \* Exclusion:  \* Exception:



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(\*) Red asterisk indicates a required field.

Responses are required for the clinical quality measure displayed on this page.

**Measure Number:** CMS74 v10.2.000  
**NQF Number:** Not Applicable  
**Measure Title:** Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists  
**Measure Description:** Percentage of children, 6 months - 20 years of age, who received a fluoride varnish application during the measurement period.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

**Population 1: Patients age 6 months - 5 years**

\* Numerator 1:  \* Denominator 1:  \* Performance Rate 1(%):  \* Exclusion 1:

**Population 2: Patients age 6 - 12**

\* Numerator 2:  \* Denominator 2:  \* Performance Rate 2(%):  \* Exclusion 2:

**Population 3: Patients age 13 - 20**

\* Numerator 3:  \* Denominator 3:  \* Performance Rate 3(%):  \* Exclusion 3:

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**(\*) Red asterisk indicates a required field.**

Responses are required for the clinical quality measure displayed on this page.

**Measure Number:** CMS117 v9.2.000  
**NQF Number:** Not Applicable  
**Measure Title:** Childhood Immunization Status  
**Measure Description:** 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 or four H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:  \* Denominator:  \* Performance Rate (%):  \* Exclusion:

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**(\*) Red asterisk indicates a required field.**

Responses are required for the clinical quality measure displayed on this page.

**Measure Number:** CMS124 v9.1.000  
**NQF Number:** Not Applicable  
**Measure Title:** Cervical Cancer Screening  
**Measure Description:** Percentage of women 21 - 64 years of age who were screened for cervical cancer using either of the following criteria:

- \*Women age 21 - 64 who had cervical cytology performed within the last 3 years.
- \*Women age 30 - 64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:  \* Denominator:  \* Performance Rate (%):  \* Exclusion:

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**(\*) Red asterisk indicates a required field.**

Responses are required for the clinical quality measure displayed on this page.

**Measure Number:** CMS127 v9.2.000  
**NQF Number:** Not Applicable  
**Measure Title:** Pneumococcal Vaccination Status for Older Adults  
**Measure Description:** Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:  \* Denominator:  \* Performance Rate (%):  \* Exclusion:

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**(\*) Red asterisk indicates a required field.**

Responses are required for the clinical quality measure displayed on this page.

**Measure Number:** CMS131 v9.2.000  
**NQF Number:** Not Applicable  
**Measure Title:** Diabetes: Eye Exam  
**Measure Description:** Percentage of patients 18 - 75 years of age with diabetes and an active diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or diabetics with no diagnosis of retinopathy overlapping the measurement period who had a retinal or dilated eye exam by an eye care professional during the measurement period or in the 12 months prior to the measurement period.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:  \* Denominator:  \* Performance Rate (%):  \* Exclusion:

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**(\*) Red asterisk indicates a required field.**

Responses are required for the clinical quality measure displayed on this page.

**Measure Number:** CMS134 v9.3.000  
**NQF Number:** Not Applicable  
**Measure Title:** Diabetes: Medical Attention for Nephropathy  
**Measure Description:** The percentage of patients 18 - 75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

\* Numerator:  \* Denominator:  \* Performance Rate (%):  \* Exclusion:

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**(\*) Red asterisk indicates a required field.**

Responses are required for the clinical quality measure displayed on this page.

**Measure Number:** CMS347 v4.3.000  
**NQF Number:** Not Applicable  
**Measure Title:** Statin Therapy for the Prevention and Treatment of Cardiovascular Disease  
**Measure Description:** Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period:  
 \*Adults aged >= 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR  
 \*Adults aged >= 21 years who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level >= 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; OR  
 \*Adults aged 40 - 75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70 - 189 mg/dL.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Exception:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

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**(\*) Red asterisk indicates a required field.**

Responses are required for the clinical quality measure displayed on this page.

**Measure Number:** CMS645 v4.1.000  
**NQF Number:** Not Applicable  
**Measure Title:** Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy  
**Measure Description:** Patients determined as having prostate cancer who are currently starting or undergoing androgen deprivation therapy (ADT), for an anticipated period of 12 months or greater and who receive an initial bone density evaluation. The bone density evaluation must be prior to the start of ADT or within 3 months of the start of ADT.


**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exception:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

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**(\*) Red asterisk indicates a required field.**

Responses are required for the clinical quality measure displayed on this page.

**Measure Number:** CMS349 v3.3.000  
**NQF Number:** Not Applicable  
**Measure Title:** HIV Screening  
**Measure Description:** Percentage of patients aged 15 - 65 at the start of the measurement period who were between 15 - 65 years old when tested for HIV.

**Numerator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Denominator:** A positive whole number, including zero. Use the "Click HERE" above for a definition.  
**Performance Rate(%):** A percent value between 0.0 and 100.0. Use the "Click HERE" above for a definition.  
**Exclusion:** A positive whole number, including zero. Use the "Click HERE" above for a definition.

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