

MAPIR 6.2.1 Clinical Quality Measures Screenshots for PY2019

Created December 6, 2019

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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	872	165	7.3.000	0018	Outcome	9
2	841	122	7.4.000	0059	Outcome	10
3	849	132	7.2.000	0564	Outcome	11
4	850	133	7.2.000	0565	Outcome	12
5	869	159	7.2.000	0710	Outcome	13
6	837	75	7.2.000	N/A	Outcome	14
7	854	137	7.2.000	0004	High Priority	15
8	867	156	7.3.000	0022	High Priority	16
9	866	155	7.2.000	0024	High Priority	17
10	855	138	7.1.000	0028	High Priority	18
11	864	153	7.4.000	0033	High Priority	19
12	847	130	7.2.000	0034	High Priority	20
13	862	147	8.1.000	0041	High Priority	21
14	865	154	7.2.000	0069	High Priority	22
15	857	142	7.1.000	0089	High Priority	23
16	856	139	7.2.000	0101	High Priority	24
17	845	128	7.2.000	0105	High Priority	25
18	853	136	8.3.000	0108	High Priority	26
19	868	157	7.4.000	0384	High Priority	27
20	846	129	8.2.000	0389	High Priority	28
21	828	2	8.1.000	0418	High Priority	29
22	834	68	8.1.000	0419	High Priority	30
23	873	177	7.2.000	1365	High Priority	31
24	843	125	7.2.000	2372	High Priority	32
25	830	50	7.1.000	N/A	High Priority	33
26	832	56	7.4.000	N/A	High Priority	34
27	833	66	7.5.000	N/A	High Priority	35
28	839	90	8.3.000	N/A	High Priority	36
29	861	146	7.2.000	N/A	High Priority	37
30	876	249	1.4.000	N/A	High Priority	38
31	842	124	7.2.000	0032	Other	39
32	840	117	7.2.000	0038	Other	40
33	848	131	7.2.000	0055	Other	41
34	851	134	7.2.000	0062	Other	42
35	860	145	7.2.000	0070	Other	43
36	852	135	7.1.000	0081	Other	44
37	859	144	7.1.000	0083	Other	45
38	858	143	7.1.000	0086	Other	46
39	871	161	7.2.000	0104	Other	47
40	831	52	7.2.000	0405	Other	48
41	835	69	7.1.000	0421	Other	49
42	870	160	7.3.000	0712	Other	50
43	863	149	7.3.000	2872	Other	51
44	829	22	7.1.000	N/A	Other	52
45	836	74	8.2.000	N/A	Other	53
46	838	82	6.3.000	N/A	Other	54
47	844	127	7.2.000	N/A	Other	55
49	874	347	2.1.000	N/A	Other	56
49	875	645	2.1.000	N/A	Other	57
50	877	349	1.2.000	N/A	Other	58

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 #
21	828	2	8.1.000	0418	High Priority	29
44	829	22	7.1.000	N/A	Other	52
25	830	50	7.1.000	N/A	High Priority	33
40	831	52	7.2.000	0405	Other	48
26	832	56	7.4.000	N/A	High Priority	34
27	833	66	7.5.000	N/A	High Priority	35
22	834	68	8.1.000	0419	High Priority	30
41	835	69	7.1.000	0421	Other	49
45	836	74	8.2.000	N/A	Other	53
6	837	75	7.2.000	N/A	Outcome	14
46	838	82	6.3.000	N/A	Other	54
28	839	90	8.3.000	N/A	High Priority	36
32	840	117	7.2.000	0038	Other	40
2	841	122	7.4.000	0059	Outcome	10
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24	843	125	7.2.000	2372	High Priority	32
47	844	127	7.2.000	N/A	Other	55
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3	849	132	7.2.000	0564	Outcome	11
4	850	133	7.2.000	0565	Outcome	12
34	851	134	7.2.000	0062	Other	42
36	852	135	7.1.000	0081	Other	44
18	853	136	8.3.000	0108	High Priority	26
7	854	137	7.2.000	0004	High Priority	15
10	855	138	7.1.000	0028	High Priority	18
16	856	139	7.2.000	0101	High Priority	24
15	857	142	7.1.000	0089	High Priority	23
38	858	143	7.1.000	0086	Other	46
37	859	144	7.1.000	0083	Other	45
35	860	145	7.2.000	0070	Other	43
29	861	146	7.2.000	N/A	High Priority	37
13	862	147	8.1.000	0041	High Priority	21
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49	874	347	2.1.000	N/A	Other	56
50	877	349	1.2.000	N/A	Other	58
49	875	645	2.1.000	N/A	Other	57

CQM List, Sorted by NQF Number

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44	829	22	7.1.000	N/A	Other	52
25	830	50	7.1.000	N/A	High Priority	33
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24	843	125	7.2.000	2372	High Priority	32
43	863	149	7.3.000	2872	Other	51

UI 821 Splash Screen for MU CQMs in MAPIR 6.2

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 2019 eCQM reporting period is the full 2019 calendar year. (For EPs attesting to MU for the first time, the 2019 reporting period is any continuous 90-day period within CY 2019.)

Important changes to Program Year 2019 Clinical Quality Measures for the Medicaid Promoting Interoperability Program:

- All participating EPs are required to report on any six eCQMs relevant to their scope of practice from the set of 50 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_Guidance_PY2019_Update2019_10_16.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 821

Begin

UI 821-C

UI 827 MU CQM Worklist Table Screenshot from MAPIR

Screenshot 1 of 3

Get StartedR&A/Contact Info Eligibility Patient Volumes Attestation ReviewSubmit

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# <input type="text"/>	Measure# <input type="text"/>	Title	Selection
0018	CMS165 v7.3.000	Controlling High Blood Pressure	<input checked="" type="checkbox"/>
0059	CMS122 v7.4.000	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	<input checked="" type="checkbox"/>
0564	CMS132 v7.2.000	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	<input checked="" type="checkbox"/>
0565	CMS133 v7.2.000	Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	<input checked="" type="checkbox"/>
0710	CMS159 v7.2.000	Depression Remission at Twelve Months	<input checked="" type="checkbox"/>
Not Applicable	CMS75 v7.2.000	Children Who Have Dental Decay or Cavities	<input checked="" 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
0004	CMS137 v7.2.000	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	<input type="checkbox"/>
0022	CMS156 v7.3.000	Use of High-Risk Medications in the Elderly	<input type="checkbox"/>
0024	CMS155 v7.2.000	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	<input type="checkbox"/>
0028	CMS138 v7.1.000	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	<input type="checkbox"/>
0033	CMS153 v7.4.000	Chlamydia Screening for Women	<input type="checkbox"/>
0034	CMS130 v7.2.000	Colorectal Cancer Screening	<input type="checkbox"/>
0041	CMS147 v8.1.000	Preventive Care and Screening: Influenza Immunization	<input type="checkbox"/>
0069	CMS154 v7.2.000	Appropriate Treatment for Children with Upper Respiratory Infection (URI)	<input type="checkbox"/>
0089	CMS142 v7.1.000	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	<input type="checkbox"/>
0101	CMS139 v7.2.000	Falls: Screening for Future Fall Risk	<input type="checkbox"/>
0105	CMS128 v7.2.000	Antidepressant Medication Management	<input type="checkbox"/>
0108	CMS136 v8.3.000	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	<input type="checkbox"/>
0384	CMS157 v7.4.000	Oncology: Medical and Radiation - Pain Intensity Quantified	<input type="checkbox"/>
0389	CMS129 v8.2.000	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	<input type="checkbox"/>
0418	CMS2 v8.1.000	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	<input type="checkbox"/>
0419	CMS68 v8.1.000	Documentation of Current Medications in the Medical Record	<input type="checkbox"/>
1365	CMS177 v7.2.000	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	<input type="checkbox"/>
2372	CMS125 v7.2.000	Breast Cancer Screening	<input type="checkbox"/>
Not Applicable	CMS50 v7.1.000	Closing the Referral Loop: Receipt of Specialist Report	<input type="checkbox"/>
Not Applicable	CMS56 v7.4.000	Functional Status Assessment for Total Hip Replacement	<input type="checkbox"/>
Not Applicable	CMS66 v7.5.000	Functional Status Assessment for Total Knee Replacement	<input type="checkbox"/>
Not Applicable	CMS90 v8.3.000	Functional Status Assessments for Congestive Heart Failure	<input type="checkbox"/>
Not Applicable	CMS146 v7.2.000	Appropriate Testing for Children with Pharyngitis	<input type="checkbox"/>
Not Applicable	CMS249 v1.4.000	Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture	<input type="checkbox"/>

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

Other Clinical Quality Measures			
NQF#	Measure#	Title	Selection
0032	CMS124 v7.2.000	Cervical Cancer Screening	<input type="checkbox"/>
0038	CMS117 v7.2.000	Childhood Immunization Status	<input type="checkbox"/>
0055	CMS131 v7.2.000	Diabetes: Eye Exam	<input type="checkbox"/>
0062	CMS134 v7.2.000	Diabetes: Medical Attention for Nephropathy	<input type="checkbox"/>
0070	CMS145 v7.2.000	Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	<input type="checkbox"/>
0081	CMS135 v7.1.000	Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	<input type="checkbox"/>
0083	CMS144 v7.1.000	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	<input type="checkbox"/>
0086	CMS143 v7.1.000	Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation	<input type="checkbox"/>
0104	CMS161 v7.2.000	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	<input type="checkbox"/>
0405	CMS52 v7.2.000	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis	<input type="checkbox"/>
0421	CMS69 v7.1.000	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	<input type="checkbox"/>
0712	CMS160 v7.3.000	Depression Utilization of the PHQ-9 Tool	<input type="checkbox"/>
2872	CMS149 v7.3.000	Dementia: Cognitive Assessment	<input type="checkbox"/>
Not Applicable	CMS22 v7.1.000	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	<input type="checkbox"/>
Not Applicable	CMS74 v8.2.000	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	<input type="checkbox"/>
Not Applicable	CMS82 v6.3.000	Maternal Depression Screening	<input type="checkbox"/>
Not Applicable	CMS127 v7.2.000	Pneumococcal Vaccination Status for Older Adults	<input type="checkbox"/>
Not Applicable	CMS347 v2.1.000	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	<input type="checkbox"/>
Not Applicable	CMS 645 v2.1.000	Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy	<input type="checkbox"/>
Not Applicable	CMS349 v1.2.000	HIV Screening	<input type="checkbox"/>

Screenshots of MAPIR 6.2.1 CQMs for PY2019

UI 872 CMS165 NQF0018

Attestation Meaningful Use Measures

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- [CMS147](#)
- [CMS154](#)
- [CMS142](#)
- [CMS139](#)

[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: CMS165 v7.3.000
NQF Number: 0018
Measure Title: Controlling High Blood Pressure
Measure Description: Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.

Numerator: 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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UI 872

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

Measure Number: CMS122 v7.4.000
NQF Number: 0059
Measure Title: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)
Measure Description: Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% 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:

UI 841

Attestation Meaningful Use Measures

[CMS165](#)

[CMS122](#)

[CMS132](#)

[CMS133](#)

[CMS159](#)

[CMS75](#)

[CMS137](#)

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[CMS153](#)

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

Measure Number:	CMS132 v7.2.000
NQF Number:	0564
Measure Title:	Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
Measure Description:	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence.

Numerator:	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
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Attestation Meaningful Use Measures

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(*) Red asterisk indicates a required field.

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

Measure Number: CMS133 v7.2.000
NQF Number: 0565
Measure Title: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
Measure Description: Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery.

Numerator: 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: CMS159 v7.2.000
NQF Number: 0710
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: Patient ages 12-17

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

Stratum 2: Patient ages 18 and older

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

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(*) Red asterisk indicates a required field.

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

Measure Number: CMS75 v7.2.000
NQF Number: Not Applicable
Measure Title: Children Who Have Dental Decay or Cavities
Measure Description: Percentage of children, age 0-20 years, who have had tooth decay or cavities 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: CMS137 v7.2.000
NQF Number: 0004
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 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: 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 13 -17

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

Stratum 2 Patient ages >=18

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

Stratum 3 Total Patient ages >=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: CMS156 v7.3.000
NQF Number: 0022
Measure Title: Use of High-Risk Medications in the Elderly
Measure Description: Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are reported;

- a. Percentage of patients who were ordered at least one high-risk medication.
- b. Percentage of patients who were ordered at least two of the same high-risk medications.

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

* 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: CMS155 v7.2.000
NQF Number: 0024
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.

Measure Number: CMS138 v7.1.000
NQF Number: 0028
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 24 months AND who received tobacco cessation intervention if identified as a tobacco user. Three rates are reported;

- a. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months.
- b. Percentage of patients aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention.
- c. Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user.

Numerator: 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: CMS153 v7.4.000
NQF Number: 0033
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: CMS130 v7.2.000
NQF Number: 0034
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: CMS147 v8.1.000
NQF Number: 0041
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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(*) Red asterisk indicates a required field.

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

Measure Number: CMS154 v7.2.000
NQF Number: 0069
Measure Title: Appropriate Treatment for Children with Upper Respiratory Infection (URI)
Measure Description: Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.

Numerator: 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: CMS142 v7.1.000
NQF Number: 0089
Measure Title: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
Measure Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.


Numerator: 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: CMS139 v7.2.000
NQF Number: 0101
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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(*) Red asterisk indicates a required field.

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

Measure Number: CMS128 v7.2.000
NQF Number: 0105
Measure Title: Antidepressant Medication Management
Measure Description: Percentage of patients 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported;

- a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).
- b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).


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

* 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: CMS136 v8.3.000
NQF Number: 0108
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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(*) Red asterisk indicates a required field.

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

Measure Number: CMS157 v7.4.000
NQF Number: 0384
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.

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

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(*) Red asterisk indicates a required field.

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

Measure Number: CMS129 v8.2.000
NQF Number: 0389
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, OR cryotherapy 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.

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(*) Red asterisk indicates a required field.

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

Measure Number:	CMS2 v8.1.000
NQF Number:	0418
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 using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.
Numerator:	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: CMS68 v8.1.000
NQF Number: 0419
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. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.

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


Measure Number: CMS177 v7.2.000
NQF Number: 1365
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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(*) Red asterisk indicates a required field.

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

Measure Number: CMS125 v7.2.000
NQF Number: 2372
Measure Title: Breast Cancer Screening
Measure Description: Percentage of women 50-74 years of age who had a mammogram to screen for breast 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.

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(*) Red asterisk indicates a required field.

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

Measure Number: CMS50 v7.1.000
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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(*) Red asterisk indicates a required field.

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

Measure Number:	CMS56 v7.4.000
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.


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(*) Red asterisk indicates a required field.

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

Measure Number: CMS66 v7.5.000
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.

* 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:	CMS90 v8.3.000
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: CMS146 v7.2.000
NQF Number: Not Applicable
Measure Title: Appropriate Testing for Children with Pharyngitis
Measure Description: Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.

Numerator: 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: CMS249 v1.4.000
NQF Number: Not Applicable
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.

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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 v7.2.000
NQF Number: 0032
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 every 3 years.
*Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 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.

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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 v7.2.000
NQF Number: 0038
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 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.

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

Measure Number:	CMS131 v7.2.000
NQF Number:	0055
Measure Title:	Diabetes: Eye Exam
Measure Description:	Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period.

Numerator:	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:	CMS134 v7.2.000
NQF Number:	0062
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:**

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(*) Red asterisk indicates a required field.

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

Measure Number: CMS145 v7.2.000
NQF Number: 0070
Measure Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
Measure Description: 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.


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: CMS135 v7.1.000
NQF Number: 0081
Measure Title: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) 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 ACE inhibitor or ARB 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.
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(*) Red asterisk indicates a required field.

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

Measure Number: CMS144 v7.1.000
NQF Number: 0083
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.

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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 v7.1.000
NQF Number: 0086
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.

* 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: CMS161 v7.2.000
NQF Number: 0104
Measure Title: Adult Major Depressive Disorder (MDD); Suicide Risk Assessment
Measure Description: Percentage of patients aged 18 years and older with a diagnosis of major depressive disorder (MDD) with a suicide risk assessment completed during the visit in which a new diagnosis or recurrent episode was identified.

Numerator: 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.

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

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(*) Red asterisk indicates a required field.

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

Measure Number:	CMS52 v7.2.000
NQF Number:	0405
Measure Title:	HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis
Measure Description:	Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis.

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.

Population Criteria 1: All patients aged 6 years and older

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

Population Criteria 2: All patients aged 1-5 years of age

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

Population Criteria 3: All patients aged 6 weeks to 12 months

* 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:	CMS69 v7.1.000
NQF Number:	0421
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 during the previous twelve months AND with a BMI outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter.
	Normal Parameters:
	Age 18 years and older BMI=>18.5 and <25 kg/m2.
Numerator:	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: CMS160 v7.3.000
NQF Number: 0712
Measure Title: Depression Utilization of the PHQ-9 Tool
Measure Description: The percentage of adolescent patients 12 to 17 years of age and adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a completed PHQ-9 during each applicable 4 month period in which there was a qualifying depression encounter.

Numerator: 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 12-17

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

Stratum 2: Patient ages 18 and older

* 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: CMS149 v7.3.000
NQF Number: 2872
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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Responses are required for the clinical quality measure displayed on this page.

Measure Number:	CMS22 v7.1.000
NQF Number:	Not Applicable
Measure Title:	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
Measure Description:	Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated.


Numerator:	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: CMS74 v8.2.000
NQF Number: Not Applicable
Measure Title: Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists
Measure Description: Percentage of children, age 0-20 years, 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 0 - 5

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

Measure Number: CMS82 v6.3.000
NQF Number: Not Applicable
Measure Title: Maternal Depression Screening
Measure Description: The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.

Numerator: 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.


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

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

Measure Number: CMS127 v7.2.000
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:	CMS347 v2.1.000
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.

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

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

Measure Number: CMS 645 v2.1.000
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 (indicated by HCPCS code) and who receive an initial bone density evaluation. The bone density evaluation must be prior to the start of ADT or within 3 months of the start of ADT.

Numerator: 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: CMS349 v1.2.000
NQF Number: Not Applicable
Measure Title: HIV Screening
Measure Description: Percentage of patients 15-65 years of age who have been tested for HIV within that age range.

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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