CLAIMS-BASED QUALITY MEASURES

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
1	Acute Myocardial Infarction (AMI): Persistence of Beta-Blocker Treatment After a Heart Attack Percentage of patients 18 years or older who were hospitalized with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge	0071	Administrative Claims	Medicare beneficiaries 18 years or older who filled at least 75% of the days supply (≥135 days) of beta-blockers prescribed, within 180 days following a hospital discharge for AMI.	Medicare beneficiaries 18 years or older, discharged alive from an acute inpatient setting with an AMI between 7/1/09 and 6/30/10, who had continuous Medicare Parts A, B, and D coverage from the discharge date through 180 days after discharge. Exclusions: Medicare beneficiaries with a contraindication to beta-blocker therapy or previous adverse reaction (i.e., intolerance) to beta-blocker therapy.
2	Use of Spirometry Testing in the Assessment and Diagnosis of COPD Percentage of patients at least 40 years old who had a new diagnosis of, or newly active, chronic obstructive pulmonary disease (COPD) and who received appropriate spirometry testing to confirm the diagnosis	0577	Administrative Claims	Medicare beneficiaries with at least one claim or encounter with any HCPCS code for spirometry testing within up to 1.5 years (1/1/2009) before to 180 days after the Index Episode Start Date (IESD).	Medicare beneficiaries who were a) 42 years or older as of 12/31/10, b) had continuous coverage for Medicare Parts A and B from up to 1.5 years prior to the IESD through 180 days after the IESD, with one gap in coverage of up to 45 days in each 12-month period prior to the IESD or in the 6-month period after the IESD, for a maximum of two gaps, and was covered as of the IESD, and c) had an outpatient, emergency department, or acute inpatient visit with any diagnosis of COPD between 7/1/09 and 6/30/10. Exclusions: None

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3	New Episode of Depression: (a) Antidepressant Medication During Acute Phase for Patients with MDD Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication and who remained on an antidepressant medication treatment for at least 84 days (12 weeks) (b) Effective Continuation Phase Treatment Percentage of patients who were diagnosed with a new episode of depression and treated with antidepressant medication and who remained on an antidepressant medication treatment for at least 180 days (6 months)	0105	Administrative Claims	Medicare beneficiaries who had at least 84 days of continuous treatment with anti-depressant medication during the 114 days following the Index Prescription Start Date (IPSD), with a gap in medication treatment up to a total of 30 days allowed. (b) Medicare beneficiaries who had at least 180 days of continuous treatment with anti-depressant medication during the 231 days that followed the Index Prescription Start Date (IPSD), with a gap in medication treatment up to a total of 51 days allowed.	Medicare beneficiaries 18 years or older who were diagnosed with a new episode of major depression during the intake period (5/1/09 to 4/30/10) who were treated with anti-depressant medication. Beneficiary must have had continuous coverage for Medicare Parts A, B, and D for 120 days prior to the new episode through 245 days after the new episode with no more than a single 30-day gap in coverage. Exclusions: None

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
4	Follow-Up After Hospitalization for Mental Illness Percentage of discharges for patients who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner after discharge Rate 1: Percentage of patients who received follow-up within 30 days of discharge Rate 2: Percentage of patients who received follow-up within 7 days of discharge	0576	Administrative Claims	Rate 1: Medicare beneficiaries with an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner on or within 30 days of hospital discharge. Rate 2: Medicare beneficiaries with an outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner on or within 7 days of hospital discharge.	Medicare beneficiaries who were a) 6 years or older as of the date of discharge, b) had continuous Medicare Parts A and B coverage on the date of discharge through 30 days after discharge, with no gaps in coverage, c) were discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal mental health diagnosis between 1/1/10 and 12/1/10. *Note:* The eligible population for this measure is based on discharges, not patients. Exclusions: None
5	Osteoporosis management in women who had a fracture Percentage of women 67 years or older who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the 6 months following the date of fracture	0053	Administrative Claims	Medicare beneficiaries who were appropriately treated or tested for osteoporosis after the fracture, defined by any of the following: 1) BMD test on the Index Episode Start Date (IESD) or in the 180-day period after the IESD, or 2) BMD test during the inpatient stay for the fracture (applies only to fractures requiring hospitalization), or 3) dispensed prescription to treat osteoporosis on the IESD or in the 180-day period after the IESD	Medicare beneficiaries who were a) 67 years or older as of 12/31/10, b) had 12 months of continuous Medicare Parts A, B, and D coverage prior to the IESD through 6 months after the IESD, with no more than one gap in coverage of up to 45 days (and the patient must be enrolled on the IESD), and c) have a fracture during the 12-month Intake Period (7/1/09 to 6/30/10). Exclusion: Patients who had a BMD test or who received any osteoporosis treatment during the 365 days prior to the IESD.

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6	Drugs To Be Avoided in the Elderly: (a) Patients Who Receive At Least One Drug To Be Avoided Percentage of patients 65 years or older who received at least one high-risk medication in the measurement year (b) Patients Who Receive At Least Two Different Drugs To Be Avoided Percentage of patients 65 years or older who received at least two different high-risk medications in the measurement year	0022	Administrative Claims	(a): Medicare beneficiaries with at least one prescription dispensed for any high-risk medication during 2010. (b): Medicare beneficiaries with at least two prescriptions dispensed for different high-risk medications during 2010.	Medicare beneficiaries who were a) 65 years and older as of 12/31/10, and b) had continuous Medicare Parts A, B, and D coverage in 2010 with no more than one gap in enrollment of up to 45 days. (*Note:* The patient must be covered as of 12/31/10.)

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
7	Potentially Harmful Drug-Disease Interactions in the Elderly Percentage of patients 65 years or older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a contraindicated medication, concurrent with or after the diagnosis Report each of three rates separately and as a total rate: Rate 1: A history of falls and a prescription for tricyclic antidepressants, antipsychotics or sleep agents Rate 2: Dementia and a prescription for tricyclic antidepressants or anticholinergic agents Rate 3: Chronic renal failure (CRF) and a prescription for non-aspirin NSAIDs or Cox-2 Selective NSAIDs Total rate: The sum of the three numerators divided by the sum of the three denominators	NCQA	Administrative Claims	Rate 1: Medicare beneficiaries dispensed an ambulatory prescription for a tricyclic antidepressant or an antipsychotic or sleep agent on or between the Index Episode Start Date (IESD) and 12/31/10. Rate 2: Medicare beneficiaries dispensed an ambulatory prescription for a tricyclic antidepressant or anticholinergic agent on or between the IESD and 12/31/10. Rate 3: Medicare beneficiaries dispensed an ambulatory prescription for an NSAID or Cox-2 selective NSAID on or between the IESD and 12/31/10.	Medicare beneficiaries who were a) 67 years or older as of 12/31/10, b) had continuous Medicare Parts A, B, and D coverage in 2010 and 2009, with no more than one gap in coverage of up to 45 days during each year (and the patient must be covered as of 12/31/10), and: Rate 1: Had an accidental fall or hip fracture between 1/1/09 and 12/1/10. Rate 1 Exclusions: Medicare beneficiaries with a diagnosis of psychosis between 1/1/09 and 12/1/10. Rate 2: Had a diagnosis of dementia or a dispensed dementia medication between 1/1/09 and 12/1/10. Rate 2 Exclusions: None Rate 3: Had a diagnosis of CRF between 1/1/09 and 12/1/10. Rate 3 Exclusions: None

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8	INR for Beneficiaries Taking Warfarin and Interacting Anti-Infective Medications Percentage of episodes with an INR test performed 3 to 7 days after a newly-started interacting anti-infective medication for patients of patients 18 years or older receiving warfarin	0556	Administrative Claims	Number of episodes for which Medicare beneficiaries prescribed warfarin had an International Normalized Ratio (INR) test performed 3 to 7 days after the start date of an anti-infective medication.	Medicare beneficiaries 18 years or older, alive at the end of 2010, with no more than a 30-day gap in coverage for Medicare Parts A, B, and D, and who had at least two claims for warfarin with different service dates in 2010. The denominator value is the number of episodes for these beneficiaries with a newly-started interacting anti-infective medication that had overlapping days' supply of warfarin. Exclusions: Beneficiaries with a diagnosis of cancer and beneficiaries with mechanical heart valves who are monitoring their INR at home.
9	Appropriate Follow-Up for Patients with HIV Percentage of patients diagnosed with HIV who received a CD4 count and an HIV RNA level laboratory test in the 180 days (6 months) following diagnosis	0568	Administrative Claims	Medicare beneficiaries who received a CD4 count and an HIV RNA level laboratory test during the 0-6 months after the index date. The index date is defined as the first instance of a diagnosis of HIV between 7/1/2009 and 6/30/2010.	Medicare beneficiaries with a diagnosis of HIV between 7/1/09 and 6/30/10, and who had continuous Medicare Parts A and B coverage from 7/1/09 through the six months after the index date. Exclusions: none.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
10	Ischemic Vascular Disease (IVD): Complete Lipid Profile Percentage of patients 18 years or older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) from January 1–November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) in the measurement year and the year prior the measurement year, who had a complete lipid profile during the measurement year.	0075	Administrative Claims	Medicare beneficiaries who had a complete lipid profile in 2010.	Medicare beneficiaries 18 years or older by 12/31/10, had continuous Medicare Parts A and B coverage in 2010 with no more than a 30-day gap in coverage, and 1) were discharged alive for AMI, CABG, or PCI in 2009; or 2) had a diagnosis of IVD in 2010 and 2009. Exclusions: None
11	Breast Cancer – Cancer Surveillance Percentage of female patients 18 years or older with breast cancer who had breast cancer surveillance in the past 12 months	0623	Administrative Claims	Female Medicare beneficiaries with a history of breast cancer who had breast cancer surveillance (e.g., mammogram, MRI, PET scan) between 1/1/2010 and 12/31/2010.	Female Medicare beneficiaries 18 years or older with a history of breast cancer as defined by a combination of breast cancer diagnosis and treatment procedures or medications between 1/1/2009 and 12/31/2010, who had continuous Medicare Parts A and B coverage between 1/1/2010 and 12/31/2010. Exclusions: Female Medicare beneficiaries who had a bilateral mastectomy, bilateral breast implants, or two unilateral mastectomy procedures between 1/1/09 and 12/31/10; or female Medicare beneficiaries who had a unilateral mastectomy, chemotherapy/radiation therapy, or biopsy/excision of breast lesion procedure performed between 10/1/09 and 12/31/10.

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12	Prostate Cancer – Cancer Surveillance Percentage of males with prostate cancer that have had their PSA monitored in the past 12 months	0625	Administrative Claims	Male Medicare beneficiaries who had prostate-specific antigen (PSA) monitoring between 1/1/2010 and 12/31/2010.	Male Medicare beneficiaries diagnosed with prostate cancer between 1/1/09 and 12/31/10, and who had continuous Medicare Parts A and B coverage between 1/1/10 and 12/31/10. Exclusions: Male Medicare beneficiaries who received prostate cancer treatment between 1/1/10 and 12/31/10.
13	Diabetes: Eye Exam Percentage of patients with diabetes ages 18-75 years who received a dilated eye exam by an ophthalmologist or optometrist during the measurement year, or had a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement year	0055	Administrative Claims	Medicare beneficiaries who had at least one eye exam in 2010.	Medicare beneficiaries between the ages of 18 and 75 by 12/31/10, had continuous Medicare Parts A and B coverage in 2010 with no more than a single 30-day gap in coverage, and had type I or type II diabetes. Exclusions: Medicare beneficiaries who ever had evidence of polycystic ovaries or had gestational or steroid induced diabetes during 2010.
14	Diabetes: Hemoglobin A1c Testing Percentage of patients with diabetes ages 18-75 years receiving one or more A1c test(s) per year	0057	Administrative Claims	Medicare beneficiaries who had at least one hemoglobin A1c test in 2010.	Medicare beneficiaries between the ages of 18 and 75 by 12/31/10, had continuous Medicare Parts A and B coverage in 2010 with no more than a single 30-day gap in coverage, and had type I or type II diabetes. Exclusions: Medicare beneficiaries who ever had evidence of polycystic ovaries or had gestational or steroid induced diabetes during 2010.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
15	Diabetes: Urine Protein Screening Percentage of patients with diabetes ages 18-75 years with at least one nephropathy screening test during the measurement year or who had evidence of existing nephropathy	0062	Administrative Claims	Medicare beneficiaries who had medical attention for nephropathy (nephropathy screening test or evidence of existing nephropathy (diagnosis of nephropathy or documentation of microalbuminuria or albuminuria)) in 2010.	Medicare beneficiaries between the ages of 18 and 75 by 12/31/10, had continuous Medicare Parts A and B coverage in 2010 with no more than a single 30-day gap in coverage, and had type I or type II diabetes. Exclusions: Medicare beneficiaries who ever had evidence of polycystic ovaries or had gestational or steroid induced diabetes during 2010.
16	Diabetes: LDL-C Screening Percentage of patients with diabetes ages 18-75 years who had an LDL-C test performed during the measurement year	NCQA	Administrative Claims	Medicare beneficiaries who had at least one LDL-C screening test in 2010.	Medicare beneficiaries between the ages of 18 and 75 by 12/31/10, had continuous Medicare Parts A and B coverage in 2010 with no more than a single 30-day gap in coverage, and had type I or type II diabetes. Exclusions: Medicare beneficiaries who ever had evidence of polycystic ovaries or had gestational or steroid induced diabetes during 2010.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
17	Pharmacotherapy Management of COPD Exacerbation (PCE) Percentage of chronic obstructive pulmonary disease (COPD) exacerbations for patients 40 years or older who had an acute inpatient discharge or emergency department encounter between 1/ 1–11/30 of the measurement year and were dispensed appropriate medications Rate 1: Percentage of patients dispensed a systemic corticosteroid within 14 days of the event Rate 2: Percentage of patients dispensed a bronchodilator within 30 days of the event	0549	Administrative Claims	Rate 1: Medicare beneficiaries dispensed a prescription for systemic corticosteroid on or 14 days after the Episode Date. Rate 2: Medicare beneficiaries dispensed prescription for a bronchodilator on or 30 days after the Episode Date.	Medicare beneficiaries a) 40 years or older as of 1/1/10, b) had continuous Medicare Parts A, B, and D coverage from the Episode Date through 30 days after the Episode Date with no gaps in coverage (note that the patient must be enrolled on the episode date), c) during (1/1/10 through 11/30/10 had an acute inpatient discharge or an emergency department visit with a primary diagnosis of COPD. Note: The eligible population is based on acute inpatient discharges and emergency department visits, not on patients.
18	Arthritis: Disease Modifying Antirheumatic Drug (DMARD) Therapy in Rheumatoid Arthritis Percentage of patients 18 years or older diagnosed with rheumatoid arthritis who had at least one ambulatory prescription dispensed for a DMARD during the measurement year	0054	Administrative Claims	Medicare beneficiaries who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug in 2010.	Medicare beneficiaries 1) 18 years of age or older as of 12/31/10 and who had continuous Medicare Parts A, B, and D coverage with no more than a single 30-day gap in coverage, and 2) had two face-to-face physician encounters in an outpatient or non-acute inpatient setting with any diagnosis of rheumatoid arthritis with different dates of service between 1/1/10 and 11/30/10. Exclusions: Medicare beneficiaries who were pregnant in 2010 or who have ever been diagnosed with HIV.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
19	Coronary Artery Disease and Medication Possession Ratio for Statin Therapy Medication Possession Ratio (MPR) for statin therapy for patients 18 years or older with coronary artery disease Rate 1: Percentage of patients who are prescribed statin therapy in the measurement year Rate 2: Average Medication Possession Ratio (MPR) of patients in the measurement year (MPR= the days supply of medication divided by the number of days in the measurement period) Rate 3: The percentage of patients with MPR ≥ 0.80 in the measurement year	0543	Administrative Claims	Numerator 1: Beneficiaries who filled at least one prescription for a statin in 2010. Numerator 2: The sum of MPRs for all beneficiaries in 2010. Numerator 3: The number of beneficiaries with MPR ≥ 0.80 in 2010.	Medicare beneficiaries 18 years or older, alive as of 12/31/10, had no more than a 30-day gap in Medicare Parts A and B coverage in 2010, no more than a 30-day gap in Medicare Part D coverage during 2010, and no more than a 30-day gap in Medicare Part D coverage during the last 6 months of 2009. Denominator 1: Beneficiaries with a diagnosis of CAD in 2010. Denominators 2 and 3: Beneficiaries with a diagnosis of CAD and with at least 2 valid claims for statins in 2010. Exclusions: Beneficiaries who have a zero or missing value for days supply on any Part D claim for any statin. Beneficiaries with two or more statin prescriptions on the same date of service.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
20	Therapeutic Monitoring: Annual Monitoring for Patients on Persistent Medications Percentage of patients 18 years or older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year Each of the four rates separately and a total rate are calculated: Rate 1: Annual monitoring for patients on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB) Rate 2: Annual monitoring for patients on digoxin Rate 3: Annual monitoring for patients on diuretics Rate 4: Annual monitoring for patients on anticonvulsants Total Rate: The sum of the four numerators divided by the sum of the four denominators	0021	Administrative Claims	Rate 1: Medicare beneficiaries who had at least one serum potassium and either serum creatinine or blood urea nitrogen test in 2010. Rate 2: Medicare beneficiaries who had at least one serum potassium and either serum creatinine or blood urea nitrogen test in 2010. Rate 3: Medicare beneficiaries who had at least one serum potassium and either serum creatinine or blood urea nitrogen test in 2010. Rate 4: Medicare beneficiaries who had at least one drug serum concentration test for the prescribed drug in 2010. If a patient is on multiple anticonvulsants, then there must be evidence that the beneficiary received the appropriate test for each drug.	Medicare beneficiaries 18 years or older as of 12/31/10 who had continuous Medicare Parts A, B, and D coverage with no more than a single 30-day gap in coverage in 2010 and: Rate 1: Who were on persistent ACE/ARB medications. Rate 1 Exclusions: Medicare beneficiaries who had an acute or non-acute hospital stay in 2010. Rate 2: Who were on persistent digoxin medications. Rate 2 Exclusions: Medicare beneficiaries who had an acute or non-acute hospital stay in 2010. Rate 3: Who were on persistent diuretic medications. Rate 3 Exclusions: Medicare beneficiaries who had an acute or non-acute hospital stay in 2010. Rate 4: Who were on persistent anticonvulsant medications. Rate 4 Exclusions: Medicare beneficiaries who had an acute or non-acute hospital stay in 2010. Persistence is defined as receiving a 180-day supply of medication in 2010.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
21	Deep Vein Thrombosis Anticoagulation At Least 3 Months Percentage of patients diagnosed with lower extremity deep vein thrombosis (DVT) who had at least 3 months of anticoagulation after the event, or patients showing compliance with anticoagulation therapy as indicated by a Home PT Monitoring device or multiple instances of prothrombin time testing over the 3-month period following the event	0581	Administrative Claims	Medicare beneficiaries who had at least 3 months of anticoagulation after being diagnosed with lower extremity DVT, or beneficiaries showing compliance with anticoagulation therapy as indicated by a Home PT Monitoring device or multiple instances of prothrombin time testing over the 3-month period following the diagnosis.	Medicare beneficiaries diagnosed with a lower extremity DVT between 1/1/10 and 9/30/10, who had continuous Medicare Parts A and B coverage from 7/1/09 through 12/31/10, and Medicare Part D coverage for at least 90 days following the DVT onset date. The onset of DVT is defined as the earliest instance of lower extremity DVT between 1/1/10 and 9/30/10. Exclusions: Medicare beneficiaries with contraindication to warfarin therapy between 7/1/09 and 12/31/10 (contraindications include: evidence of eye surgery, GI bleed, aortic dissection, cerebral aneurysm, pericarditis, bacterial endocarditis, pregnancy, bleeding diatheses, or head trauma); or who had an inferior vena cava (IVC) filter within 90 days after the onset of DVT.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
22	Pulmonary Embolism Anticoagulation At Least 3 Months Percentage of patients diagnosed with a pulmonary embolism (PE) who had at least 3 months of anticoagulation after the event, or patients showing compliance with anticoagulation therapy as indicated by a Home PT Monitoring device or multiple instances of prothrombin time testing over the 3-month period following the event	0593	Administrative Claims	Medicare beneficiaries who had at least 3 months of anticoagulation after being diagnosed with PE, or beneficiaries showing compliance with anticoagulation therapy as indicated by a Home PT Monitoring device or multiple instances of prothrombin time testing over the 3-month period following the diagnosis.	Medicare beneficiaries diagnosed with a PE between 01/01/10 and 09/30/10, who had continuous Medicare Part D coverage from onset date to 90 days thereafter, and who had continuous Medicare Parts A and B coverage from 7/1/09 through 12/31/10. PE onset date is defined as the earliest instance of a PE diagnosis between 1/1/10 and 9/30/10. Exclusions: Medicare beneficiaries with contraindication to warfarin therapy between 7/1/09 and 12/31/10 (contraindications include: evidence of neurologic surgery, eye surgery, GI bleed, aortic dissection, cerebral aneurysm, pericarditis, bacterial endocarditis, pregnancy, bleeding diatheses, or head trauma), or who had an inferior vena cava (IVC) filter within 90days after the onset of PE.
23	Monthly INR Monitoring for Beneficiaries on Warfarin Average percentage of 40-day intervals in which patients with claims for warfarin do not receive an INR test during the measurement period	0555	Administrative Claims	Sum of the percentage of 40-day intervals without an INR test for each beneficiary in the denominator.	Medicare beneficiaries 18 years or older, alive at the end of 2010, with continuous Medicare Parts A, B, and D coverage in 2010, with no more than a 30-day gap in coverage, and who had warfarin claims for at least 40 days during 2010. Exclusions: Beneficiaries monitoring INR at home.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
24	Steroid Use – Osteoporosis Screening Percentage of patients 18 years or older on chronic steroids for at least 180 days in the past 9 months and who had a bone density evaluation or osteoporosis treatment	0614	Administrative Claims	Medicare beneficiaries who had a bone density evaluation or osteoporosis treatment between 1/1/10 and 12/31/10.	Medicare beneficiaries 18 years or older as of 12/31/10, with continuous Medicare Parts A, B, and D coverage between 1/1/09 and 12/31/10, who were on chronic steroids for at least 180 days between 4/1/10 and 12/31/10. Exclusions: Medicare beneficiaries with two or more diagnoses of corticoadrenal insufficiency between 1/1/09 and 12/31/10, and pregnant beneficiaries.
25	Appropriate Work-Up Prior To Endometrial Ablation Procedure Percentage of female patients who had an endometrial ablation procedure during the measurement year and who received endometrial sampling or hysteroscopy with biopsy during the previous year	0567	Administrative Claims	Female Medicare beneficiaries who received endometrial sampling or hysteroscopy with biopsy during the year prior to the index date. The index date is the first instance of the endometrial ablation procedure between 1/1/10 and 12/31/10.	Female Medicare beneficiaries who had an endometrial ablation procedure between 1/1/10 and 12/31/10, and had continuous Medicare Parts A and B coverage for the 12-month period prior to the index date. Exclusions: Female Medicare beneficiaries who had an endometrial ablation procedure during the 12-month period prior to the index date.

	Measure Title and Description	NQF Measure Number or Measure Steward*	Source of Data	Numerator Statement	Denominator Statement
26	Breast Cancer Screening Percentage of female patients age 40-69 years who receive a mammogram during the measurement year or in the prior year	0031	Administrative Claims	Medicare beneficiaries who had one or more mammograms during 2009 or 2010.	Female Medicare beneficiaries age 40-69 as of 12/31/10 with continuous Medicare Parts A and B coverage during 2009 and 2010 with no more than a single 30-day gap in coverage, and who did not have any hospice coverage in 2009 or 2010. Exclusions: Female Medicare beneficiaries who had a bilateral mastectomy and for whom claims data do not indicate that a mammogram was performed. If claims for 2 separate mastectomies are found, then the beneficiary is excluded. The bilateral mastectomy must have occurred by 12/31/2010.
27	Hepatitis C: Viral Load Test Percentage of patients 18 years or older with Hepatitis C (HCV) who began HCV antiviral therapy during the measurement year and had HCV Viral Load testing prior to initiation of antiviral therapy	0584	Administrative Claims	Medicare beneficiaries who had an HCV Viral Load test between 1/1/09 and the initiation of antiviral therapy in 2010.	Medicare beneficiaries 18 years or older as of 12/31/10, diagnosed with HCV in 2009, who started HCV antiviral therapy between 1/1/10 and 12/31/10, and with Medicare Parts A and B coverage ≥ 89% of the time between 1/1/09 and 12/31/10 and Medicare Part D coverage ≥ 89% of the time between 1/1/10 and 12/31/10. Exclusions: Medicare beneficiaries with an inpatient hospitalization between 1/1/09 and 12/31/10 prior to the initiation of antiviral therapy.

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28	Dyslipidemia New Medication 12 -Week Lipid Test Percentage of patients 18 years or older starting lipid-lowering medication during the measurement year who had a lipid panel checked within 3 months after starting drug therapy	0583	Administrative Claims	Medicare beneficiaries who had a serum lipid panel drawn within 3 months following the start of lipid-lowering therapy.	Medicare beneficiaries 18 years or older as of 12/31/10, who newly started on lipid-lowering medication between 1/1/10 and 9/30/10, who had continuous Medicare Parts A and B coverage for the 90 days following lipid onset date and continuous Part D coverage for the 180 days prior to the lipid onset date through 9/30/10, and had continuous use of lipid-lowering medication for the 90 days following lipid onset date. Lipid onset date is defined as the earliest instance of a Medicare drug claim for lipid-lowering medication between 1/1/10 and 9/30/10. Exclusions: Medicare beneficiaries with a Medicare drug claim for a lipid-lowering medication in the 180 days prior to the lipid onset date, and beneficiaries who had an inpatient hospitalization from 0 to 90 days after the lipid onset date.

* The NQF measure number is reported unless the measure is not NQF-endorsed, in which case the measure steward is reported.