



2014 Clinical Quality Measures (CQMs) Adult Recommended Core Measures



Please note, in Stage 2 of meaningful use, the core set requirement has been removed. Instead, the Centers for Medicare & Medicaid Services (CMS) proposed a recommended core which includes measures aligned with high priority health care improvement goals. If one or more of these measures are not relevant for your organization, please utilize other measures from the approved 2014 CQM set to meet the reporting requirement.

CMS eMeasure ID & CQM Number	CQM Title & Description	Measure Steward & Contact Information	Other Quality Measure Programs that use the Same CQM	Domain
CMS165v1 NQF 0018	Controlling High Blood Pressure 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.	National Committee for Quality Assurance (NCQA): www.ncqa.org	<ul style="list-style-type: none"> ▪ EHR PQRS ▪ ACO ▪ Group Reporting PQRS ▪ UDS 	Clinical Process/ Effectiveness
NEW: CMS156v1 NQF 0022	Use of High-Risk Medications in the Elderly Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported. a. Percentage of patients who were ordered at least one high-risk medication. b. Percentage of patients who were ordered at least two different high-risk medications.	NCQA: www.ncqa.org	PQRS	Patient Safety
CMS138v1 NQF 0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.	AMA Physician Consortium for Performance Improvement (AMA-PCPI): cpe@ama-assn.org	<ul style="list-style-type: none"> ▪ EHR PQRS ▪ ACO ▪ Group Reporting PQRS ▪ UDS 	Population/ Public Health



2014 Clinical Quality Measures (CQMs)
Adult Recommended Core Measures



CMS eMeasure ID & CQM Number	CQM Title & Description	Measure Steward & Contact Information	Other Quality Measure Programs that use the Same CQM	Domain
CMS166v1 NQF 0052	Use of Imaging Studies for Low Back Pain Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	NCQA: www.ncqa.org		Efficient Use of Healthcare Resources
NEW: CMS2v1 NQF 0418	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.	CMS: 1-888-734-6433, or http://questions.cms.hhs.gov/app/ask/p/21,26,1139 Quality Insights of Pennsylvania (QIP): www.usqualitymeasures.org	<ul style="list-style-type: none"> ▪ EHR PQRS ▪ ACO ▪ Group Reporting PQRS 	Population/ Public Health
NEW: CMS68v1 NQF 0419	Documentation of Current Medications in the Medical Record Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list must include ALL prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.	CMS: 1-888-734-6433, or http://questions.cms.hhs.gov/app/ask/p/21,26,1139 QIP: www.usqualitymeasures.org	<ul style="list-style-type: none"> ▪ PQRS ▪ EHR PQRS 	Patient Safety



2014 Clinical Quality Measures (CQMs)
Adult Recommended Core Measures



CMS eMeasure ID & CQM Number	CQM Title & Description	Measure Steward & Contact Information	Other Quality Measure Programs that use the Same CQM	Domain
<p>CMS69v1</p> <p>NQF 0421</p>	<p>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up</p> <p>Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current reporting period documented in the medical record AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented within the past six months or during the current reporting period.</p> <p>Normal Parameters:</p> <ul style="list-style-type: none"> ▪ Age 65 years and older BMI ≥ 23 and < 30 ▪ Age 18-64 years BMI ≥ 18.5 and < 25 	<p>CMS: 1-888-734-6433, or http://questions.cms.hhs.gov/app/ask/p/21,26,1139</p> <p>QIP: www.usqualitymeasures.org</p>	<ul style="list-style-type: none"> ▪ EHR PQRS ▪ ACO ▪ Group Reporting PQRS ▪ UDS 	<p>Population/ Public Health</p>
<p><u>New:</u> CMS50v1</p>	<p>Closing the referral loop: receipt of specialist report</p> <p>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.</p>	<p>CMS: 1-888-734-6433, or http://questions.cms.hhs.gov/app/ask/p/21,26,1139</p>		<p>Care Coordination</p>
<p><u>New:</u> CMS90v1</p>	<p>Functional status assessment for complex chronic conditions</p> <p>Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments</p>	<p>CMS: 1-888-734-6433, or http://questions.cms.hhs.gov/app/ask/p/21,26,1139</p>		<p>Patient and Family Engagement</p>